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HOARDING DISORDER IN A PATIENT WITH SCHIZOPHRENIA: CASE REPORT

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INTRODUCTION

Hoarding Disorder (AD) is defined as a persistent inability to part with or discard possessions, regardless of their actual value (DSM-5). It presents with a chronic and progressive course. The prevalence is 1.5 to 5.8%. Insight is limited in about 50% of cases.

The comorbidity most associated with ED is Obsessive Compulsive Disorder, around 30%. It is also known that hoarding behavior is observed among patients with schizophrenia, dementia and other neurocognitive disorders, anxiety and personality disorders.

Although hoarding behavior has already been established in some patients with schizophrenia, few studies have addressed the association between the two disorders.

GOAL

To report a case of Hoarding Disorder in a patient with Schizophrenia followed at a Psychosocial Care Center, CAPS, in the Municipality of Recife, PE.

METHOD

Observational, descriptive and retrospective study carried out by analyzing the information contained in the medical records of a patient, M.S., male, 52 years old, born in Recife, father of two children, with incomplete secondary education, unemployed, with no history of previous psychiatric care in service and with a history of alcoholism when he was young, but without using other psychoactive substances. As a comorbidity, he had benign prostatic hyperplasia and was using an indwelling urinary catheter.

RESULTS

According to records, assistance at CAPS was requested through the Department of the Environment, contacted by the community due to the accumulation of large quantities of materials in a patient's home. Due to the risk to the health and safety of M.S. and the community, an action coordinated with the Recife health network and health surveillance was carried out.

Monitoring began at the Recife Mental Health Network in 2022 due to the accumulation of materials such as cardboard boxes, construction materials, food and other disposable items. In addition to the aforementioned objects, a proliferation of rodents, insects and scorpions was observed at the site.

Regarding the clinical and psychiatric evaluation, initially carried out at CAPS, it presented: changes in the formal content of thought, with delusional ideas of a mystical-religious and persecutory nature; changes in sensorial perception (auditory and visual hallucinations); impaired self-care; hypothymia; discreet emotional distance. Regarding hoarding behavior: he claimed to be "an assembler who works with crafts". There was no self-pathognosis and he was resistant to the suggestion of cleaning his home.

As a therapeutic approach, the use of: haloperidol 5mg/day, promethazine 25mg/day and fluoxetine 20mg/day on an outpatient basis was started. Interventions were also carried out in the home after authorization from the patient, such as removing accumulated useless objects, and medication adherence was encouraged with integration into the activities carried out at CAPS and psychotherapy.

The patient's condition improved slightly within 6 months, and a therapeutic bond was established. However, there remains criticism of absent illness.

CONCLUSIONS

In the case reported, only partial improvement in AT was observed after adequate use of medications, a finding compatible with existing literature. Given the lack of validated specific protocols and medications for the treatment of ED, it is important to know the associated psychosocial issues, which can contribute to managing the case and carrying out the appropriate intervention for each case. Furthermore, we must seek to respect the patient and jointly decide on the approach, so that adherence to treatment is maintained.

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