

Randomized Controlled Trials and Quasi-Experimental Therapies for Hoarding Disorder: A Review of the Literature

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Abstract

Aims: This study identified therapies for hoarding disorder.

Methods: The literature review method was employed with several databases: EBSCOhost, PubMed, Sage Journals, and ScienceDirect, and the Google Scholar search engine. Articles were sorted based on the following inclusion criteria: published between 2011–2021, written in Indonesian or English, full-text available, experimental study (RCT or quasi), focused on hoarding or compulsive hoarding and its effects on daily life, and including adult and elderly hoarders aged 19 years or older.

Results: Five articles were found discussing therapies using an experimental method of treating hoarding disorder. The findings showed improvement in hoarding symptoms with outcomes of 23–28% for support group therapy, 31.8% for contingency management therapy, 38% for cognitive rehabilitation and exposure/sorting therapy (CREST), 43% for community-based CREST, and four out of six (66.67%) participants experiencing clinically significant changes following clutter buddies therapy.

Conclusion: The procedures, periods, and number of sessions allotted to each study could have influenced the effectiveness of the intervention. However, since only one study used an RCT, further research is recommended using this method regarding therapies for hoarding disorder.

Keywords: intervention, hoarding disorder, RCT, quasi-experimental, therapy

(J Med J 2023; Vol. 57 (2): 126-138)

Received

Accepted

February 1, 2022

April 20, 2022

INTRODUCTION

Hoarding disorder occurs when an individual has continuous difficulty discarding items because they cannot get rid of, or have a need to keep, items, regardless of their actual value [1]. This disorder has core symptoms, namely excessive acquisition, the difficulty of discarding, and a tendency to accumulate items [2]. Symptoms emerge in adolescence or young

adulthood, such as by having a cluttered room so that activities are hampered and having various reasons for keeping things [3]. The same phenomenon is found in Indonesia, namely, symptoms emerge when the client is still young, and worsen after the client experiences a traumatic event, such as interpersonal conflict with family members [4].

According to Postlethwaite, Kellett, and Mataix-Cols [5], the estimated prevalence of hoarding was 2.5% among 53,378 respondents. Symptoms are most likely to occur before the age of 20 and continue to develop with age [6]. This can be seen from the prevalence in the

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elderly, which is three times higher than the prevalence in the general population [7]. Several factors that cause hoarding are genetics, beliefs, neurocognitive function, personality factors, attachment to possessions, avoidance behavior, and life events. The severity of symptoms may increase due to demographic factors such as age, gender, and socioeconomic status [6]. Clients with hoarding generally experience occupational and social impairment, have low marriage rates, experience interpersonal conflict, and have high self-isolation [8].

Children living with hoarding parents grow up in distress, unhappiness, and shame about the condition of their home [9]. For older adults, the more serious consequences of hoarding are an increased risk of falls, fire, lack of hygiene, poor nutrition problems, food contamination, social isolation, medication errors, and the risk of becoming homeless [10]. Although the impact of hoarding is significant for clients and those around them, society views hoarding more negatively than obsessive compulsive disorder (OCD) because of misconceptions in the media. Inappropriate media promotion and the absence of a foundation for hoarding affect the level of public understanding and lack of education [11].

Unlike other mental disorders, hoarding can cross boundaries and become a social problem. The greatest threat to the community is fire, with a 60% higher risk of fires spreading than with ordinary fires [12]. Traditionally, hoarding has been treated with approaches designed for OCD, but specific intervention strategies should be applied when hoarding becomes an independent or comorbid disorder [8]. Nurses, especially community nurses, play a role in helping clients become healthier by preventing and reducing the dangers of hoarding, educating clients and families about available treatments and resources, and promoting hoarding to improve public education [13].

Hoarding is a complex, chronic, and progressive disorder that often remains neglected by the public, including clients and health workers. The lack of education due to the

limited literature in health services and websites such as that of the Ministry of Health, the use of terminology rarely found in hospitals or electronic medical glossaries, and the significant impact on clients and those around them, make hoarding a mental disorder that requires awareness and intervention that involves the community. Various therapies have begun to be widely researched and this literature study aims to review therapies for hoarding disorder.

METHODS

This study used a literature review method to establish current and comprehensive information on studies using RCT and quasi-experimental therapies for hoarding disorder. The search for articles was conducted on databases, namely CINAHL from EBSCOhost, PubMed, Sage Journals, and ScienceDirect, and Google Scholar search engine. The keywords search was for 'hoarding disorder', 'therapy', 'intervention', 'trial', 'clinical trial', 'quasi-experimental', and 'experimental study'. From the search databases and search engines, we found 28,230 articles, after the removal of duplicates, identified based on the following inclusion criteria: articles published between 2011–2021, written in Indonesian or English, containing a full text, employing experimental research such as RCT and quasi-experimental, focusing on hoarding disorder or compulsive hoarding and the effect of the intervention on hoarding in daily life, primary research, a research sample of adults and elderly with hoarding aged 19 years plus. Following this initial screening, we reviewed 14 articles and reviewed them against exclusion criteria: articles older than 10 years, not in Indonesian or English, literature reviews, intervention for hoarding with definition or diagnostic criteria other than DSM-5, pharmacological intervention, intervention for individuals with animal hoarding, therapy for OCD. This process left five articles, selected according to PRISMA reporting guidelines, as shown in Figure 1.

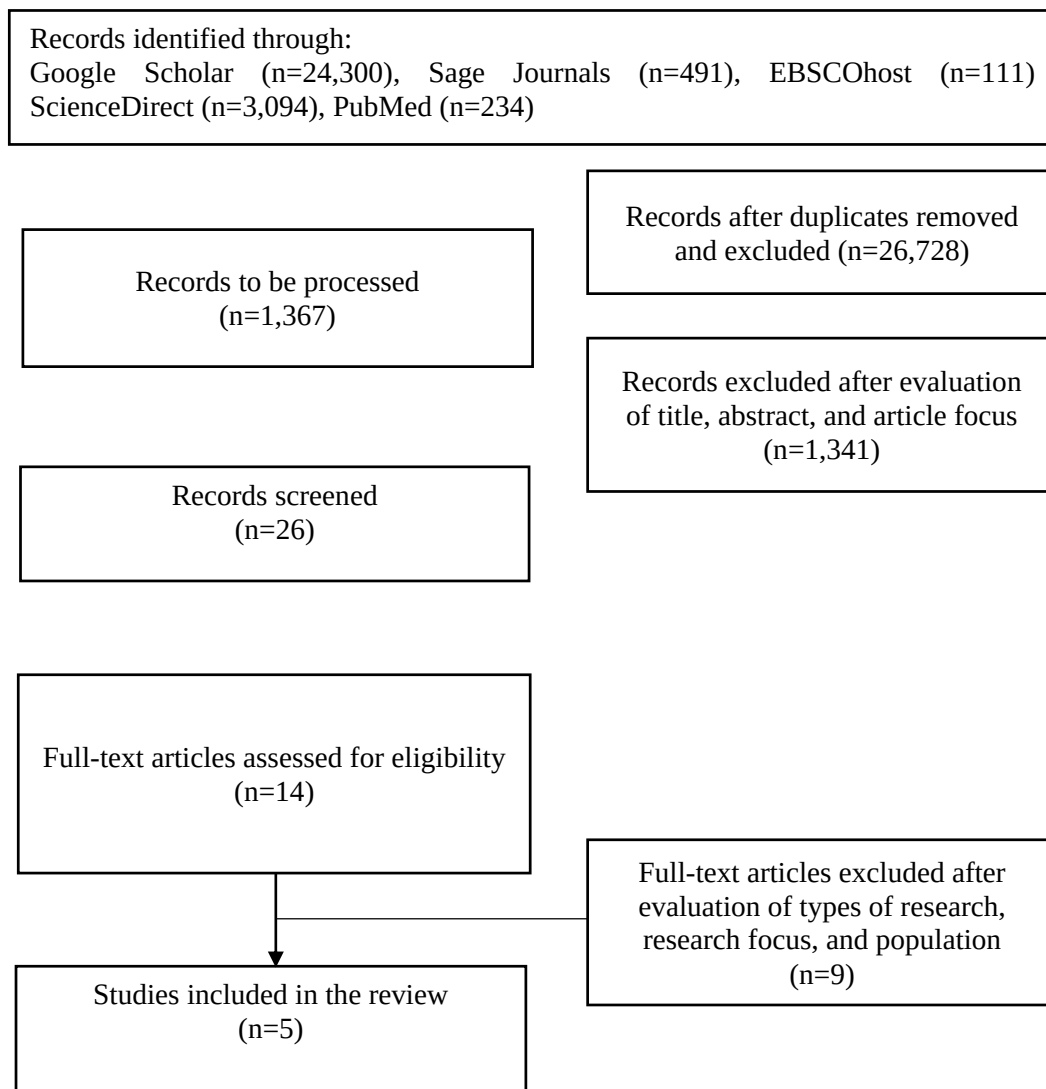


Figure 1. Article selection process

RESULTS

Study characteristic

The characteristics of all the research articles used in this literature study were published between 2011–2021. Three studies used quasi-experimental methods [14–16], one used mixed-methods and quasi-experimental [7], and one used an RCT [17]. Of the five articles reviewed, four therapies were conducted in the USA [7, 14–15, 17] and one in Australia [16].

Characteristics of participants

The numbers and characteristics of the participants in the five articles varied. The sample sizes ranged from 6 participants [16] to

58 participants [17]. The majority were female and Caucasian [7, 14–17]. In [14], twelve people in study one and six people in study two were on medication for anxiety, depression, or ADHD, three were on psychotherapy, and several were undergoing eviction procedures or had been visited by a department of health. Six participants had been undergoing group cognitive-behavioral therapy (CBT) for 15 weeks [14]. As many as 16 participants were experiencing chronic pain, ten needed assistance to get or keep housing, and 12 had become homeless for life [7].

Assessment tools

The instruments used to assess the effect of the therapies found in the reviewed studies were the clutter image rating (CIR) [7, 14–17], the saving inventory-revised (SI-R) [7, 15–17], the clinical global impression-severity (CGI-S) and improvement (CGI-I) [14–15, 17], hoarding rating scale (HRS) [7, 14], and the UCLA hoarding severity scale (UHSS) [17].

Types of therapy

Biblio-based support group therapy

Biblio-based support group therapy was conducted by Frost et al. (14) for two hours in 13 weekly sessions. Participants were divided into two groups with the same activity, accompanied by 2–3 facilitators in the Smith College classroom and participants' homes, and assessments were completed independently in the first, seventh, and thirteenth sessions. Participants completed a follow-up assessment four weeks after therapy ended.

Cognitive-behavioral therapy (CBT)

CBT was a contingency management therapy that lasted for 90 minutes and consisted of 16 weekly sessions. Participants had group CBT and were informed about contingency management options. The evaluator visited the homes of 14 participants to complete the CIR assessment and took photos of all rooms in weeks one, four, eight, 12, 14, and 16. Participants received a contingency for point deductions in average CIR score of \$30 for each point deduction and \$10 for every point deduction retained from the previous rating. CIR ratings were reviewed, and incentives were given during group CBT sessions each month [15].

Cognitive rehabilitation and exposure/sorting therapy (CREST)

The therapy conducted by Ayers et al. [17]

was cognitive rehabilitation and exposure/sorting that lasted for 60 minutes and consisted of 26 weekly sessions. CREST involved education sessions, preparation for exposure therapy sessions, exposure sessions, symptom relapse prevention, and maintenance of new behaviors sessions. Participants were given daily homework that was reviewed together at the start of each session.

Clutter-buddies program

Clutter-buddies was initiated by two volunteers after the twelfth session of group CBT, lasted for two hours, and consisted of eight weekly sessions at participants' homes. The clutter buddies explained their role as facilitators, participants completed the CI-R assessment, and the clutter buddy calculated their scores immediately. Activities were repeated weekly, with clutter buddies discussing participants' progress and changing strategies if the therapy did not seem to be working. Two weeks after the last session, participants completed a post-treatment assessment [16].

Community-based cognitive rehabilitation and exposure/sorting therapy (CREST)

CREST community program (CCP) staff identified several facilitators, including the ability to provide services in participants' 'homes', funding to address physical limitations, such as helping to move large items and renting dumpsters, provision of ongoing training and supervision in CREST, and leadership support. In addition, CCP staff identified the main goals of therapy and barriers to delivering the intervention [7].

A summary of the characteristics of the articles is given in Tables 1–2

Table 1. Summary of Study Characteristics

Authors, year, country	Mean of Age (years)	Sample size	Methods	Assessment tools
Frost et al. [14] (2011) USA	53–61	27 participants	Quasi-experimental with single group pre- and post-test design	Saving inventory-revised (SI-R), clutter image rating (CIR), activities of daily living for hoarding (ADL-H), clinical global impression-severity (CGI-S) and improvement (CGI-I), saving cognitions inventory (SCI), depression anxiety stress scales (DASS-21), attention deficit hyperactivity disorder symptoms scale (ADHDSS), hoarding rating scale-interview (HRS-I)
Worden et al. [15] (2017) USA	51	14 participants	Quasi-experimental with single group pre- and post-test design	Mini-international neuropsychiatric interview (MINI), structured interview for hoarding disorder (SIHD), diagnostic interview for DSM-5 anxiety, mood, obsessive-compulsive, and related neuropsychiatric disorders (DIAMOND), structured clinical interview for DSM-Axis II personality disorders (SCID-II), clutter image rating scale (CIR), clinical global impression-severity (CGI-S) and improvement (CGI-I), saving inventory-revised (SI-R), the readiness ruler, client satisfaction questionnaire-8 (CSQ-8)

Authors, year, country	Mean of Age (years)	Sample size	Methods	Assessment tools
Ayers et al. [17] (2018) USA	Not mentioned	58 participants	RCT	Saving inventory-revised (SI-R), UCLA hoarding severity scale (UHSS), clutter image rating scale (CIR), hospital anxiety and depression scale (HADS), activities of daily living-hoarding scale (ADL-H), the clinical global impression-severity (CGI-S) and improvement (CGI-I)
Crone et al. [16] (2020) Australia	49	6 participants	Quasi-experimental single-group pre-test–post-test design	Saving inventory-revised (SI-R), clutter image rating scale (CIR), home environment index (HEI), client satisfaction questionnaire-8 (CSQ-8)
Pittman et al. [7] (2021) USA	>60	37 participants	Mixed-methods, quasi-experimental pre-and post-test design	Structured interview for hoarding disorder (SIHD), clutter image rating (CIR), hoarding rating scale (HRS), homelessness risk assessment, mini-international neuropsychiatric interview (MINI), staff survey assessment

Table 2. Hoarding Disorder Therapy Characteristics

Authors	Therapy	Therapy procedure	Results
Frost et al. [14]	Biblio-based support group therapy	Study 1: Self-report assessments were completed by participants in session 1 (pre), session 7 (mid), session 13 (post), and follow-up session (4 weeks after the program ended). Providing education related to hoarding and CBT models in the first 4 sessions. Development of various skills and implementation in the	From the results of both studies, this intervention can significantly reduce hoarding-related symptoms and beliefs. Symptoms decreased by 23–28% for 61% (n=17 of 28) of participants, with improvements in daily habits at follow-up sessions with $p < 0.001$ for SI-R, CIR, ADL-H

Authors	Therapy	Therapy procedure	Results
		next 4 sessions. Sorting and discarding of items in sessions 5–8. Translating these skills to controlling acquisition in sessions 9–10. Discarding of items that were more difficult to get rid of and participants preparation to keep discarding and not hoarding after the program ended in sessions 11–13 Study 2: Similar to study 1, the changes were in the form of additional discarding sessions, interview sessions, and direct observation at the participants' homes by the assessor	
Worden et al. [15]	Cognitive-behavioral therapy	Independent evaluators visited participants' homes, filled out CIRs for all rooms, and took photos of each room in weeks 1, 4, 8, 12, 14, 16 of the CBT group. Participants were awarded \$30 for each deduction of 1 point and \$10 for each deduction of 1 point retained from the previous mean CIR score. CIRs were reviewed and incentives were awarded each month during group CBT sessions	A total of 6 out of 10 participants who completed therapy (66.7%) showed significant clinical changes. The decrease in the total SI-R score was 31.8% and was one of the largest in the total SI-R score in publications on therapies for hoarding with SI-R ($p<0.0001$) and CIR ($p=0.005$)
Ayers et al. [17]	Cognitive rehabilitation and exposure/sorting therapy (CREST)	CREST: Individual sessions of 60 minutes for 6 months were given to 31 participants. Education for prospective memory, planning, cognitive flexibility, and problem-solving (sessions 1–6). Preparation of participants for exposure therapy (sessions 7–9). Exposure in the clinic and at the participant's home (sessions 10–24).	CREST participants experienced a significant improvement in SI-R and ADL-H over CM participants, with $p=0.029$ and $p=0.035$. The average reduction in hoarding symptoms in CREST participants was 38% and in CM participants was 25%. The average increase in ADL-H in the CREST participants was 32% and

Authors	Therapy	Therapy procedure	Results
		Maintenance and prevention of relapse (sessions 25-26). Daily homework was emphasized and reviewed at the beginning of each session CM: Individual sessions for 45-60 minutes totaling 26 sessions for 6 months on 27 participants. The initial assessment was carried out by the case manager to evaluate the participants' homes, health, safety, and well-being and to provide case management when needed. Participants were provided with appropriate advocacy support and resources for social services but were not assisted in decluttering	for the CM participants 13%. In contrast, there was no significant change in UHSS ($p=0.144$) and participants were given follow-up sessions at 6 months
Crone et al. [16]	Clutter-buddies program	Therapy began after the 12th session of group CBT for hoarding and was conducted for 2 hours per 8 weekly sessions at participants' homes. In the first session, participants completed the SI-R and the clutter buddy graphed their scores immediately. Participants completed the SI-R weekly, examined their scores on the graph, and discussed progress during therapy. Participants completed the post-test 2 weeks after the last session	Overall, hoarding symptoms decreased, participants' homes became cleaner, and 4 participants (66.67%) experienced clinically significant changes in SI-R with $p < 0.001$
Pittman et al. [7]	Community-Based CREST Therapy	The CCP program ran for 2 years and the CCP staff identified the main program goal using the comprehensive EBP (i.e., CREST protocol). The CCP staff identified several facilitators, including the ability to provide services 'in clients' homes', funding to address physical and finance limitations for removal of	Overall, CCP results showed improvements in hoarding severity (43%) with $p=0.0007$ and clutter volume (28%) with $p=0.005$ among elderly adults with low income, at risk of being evicted from home, and with disabilities

Authors	Therapy	Therapy procedure	Results
		items, ongoing training and supervision at CREST, and leadership support	

DISCUSSION

In the five articles reviewed, most participants were adults and older adults. Age affects the severity of hoarding symptoms, which continue to develop with age [6]. This can be seen from the prevalence in the elderly, which is three times higher than the prevalence in the general population [7].

The results in the five articles stated that the five types of therapies obtained results with different levels of significance in improving hoarding symptoms. Several additional therapies could increase the efficacy of individual or group CBT, as the standard intervention for hoarding disorder, and the latest intervention was considered more effective than individual or group CBT to reduce hoarding symptoms significantly in the geriatric population. These results were obtained from the procedures, periods, and number of sessions in each study. The procedures included the type of service or facility provided. Support group therapy provided education about hoarding disorder [14], CREST provided education about prospective memory, planning, cognitive flexibility, and problem-solving [17], community-based CREST provided education about family psychoeducation [7]. Three studies included exposure therapy in the form of participants sorting and discarding items in their homes [7, 14, 17]. The exposure exercises performed at home were aimed at improving the clients' new skillsets in general, and participants reported that exposure therapy was the most helpful aspect of CBT [18].

Four articles included daily homework that was discussed with the facilitator at the beginning of the session to increase the participants' understanding of issues or address issues related to hoarding [7, 14–15, 17]. Giving homework is considered important because homework compliance is correlated with a decrease in the severity of hoarding

symptoms [17] and failure to complete homework can significantly hinder the intervention progress [14].

The periods of the therapies varied from three weeks to two years, and the number of sessions was between 8–40, with a session length of 1–2 hours. Clutter buddies became the shortest therapy, lasting three weeks and having a duration of two hours every eight sessions; participants suggested the next program include more and longer sessions [16]. Contingency management therapy may require more time and sessions because 16 weeks was considered too short to make significant changes in reducing the volume of items [15].

The effectiveness of CBT for hoarding therapy can be enhanced by additional therapies such as contingency management therapy. This therapy does not rely on intrinsic motivation, which is one of the obstacles to the success of hoarding therapies. The intervention was carried out by giving incentives to participants who were willing to discard things at home so that they could challenge their dysfunctional beliefs and behaviors. A total of 6 of the 9 participants (66.67%) who completed the CM intervention met the criteria for clinically significant change [15].

The effectiveness of CBT for hoarding therapy can be increased by involving more therapy sessions at home [19]. Clutter buddies therapy could be an additional intervention because it is carried out in participants' homes with volunteers and without increasing the cost. The results found that 4 of the 6 participants (66.67%) met the criteria for clinically significant change, with SI-R scores not significantly reduced from the start of CBT to the start of clutter buddies, but significantly reduced from the beginning to the end of the clutter buddies session.

CBT for hoarding therapy is ineffective for the geriatric population because elderly adults commonly have neurocognitive disorders that

affect the executive function and CREST is designed to improve executive function. Participants in the CREST group experienced an average decrease in symptoms of 38% and the CM group participants an average decrease of 25%. There was no change in symptoms in the CREST and CM groups at the 6-month post-treatment on follow-up session [17].

Community-based CREST aimed to reduce symptoms of hoarding and volume clutter through the provision of comprehensive evidence-based services. This therapy showed significant changes in the reduction of hoarding symptoms (HRS score 42.9%) and clutter volume (CIR score 28.3%) among low-income elderly adults, at risk of eviction, and had disabilities [7]. These results are particularly promising because geriatrics are a difficult population to treat with limited resources [19].

Support group therapy can be useful for maintaining motivation to change because groups can provide a strong sense of responsibility. Participants attended sessions and did homework because they did not want to disappoint the facilitator or other group members. The results showed that support group therapy could significantly reduce symptoms and change beliefs related to hoarding. Symptoms decreased by 23–28% or 17 of the 28 participants (61%) experienced an improvement in their daily habits during the follow-up session [14].

CREST in the study of Ayers et al. [17] was conducted at the clinic and participants' homes. During educational sessions and initial presentations in the clinic, nurses can educate about CREST and hoarding disorders, become facilitators during exposure sessions, and become caregivers in meeting client needs during therapy so that hoarding symptoms can decrease due to changes in beliefs and behavior to become more functional.

Contingency management therapy was carried out at the participants' homes. This therapy is an adjunct intervention for group CBT performed in the clinic. During CBT group therapy, nurses can: provide therapies that focus on developing skills to discard and

reduce excessive acquisition; give education regarding the organization, time management, motivation to change; and, challenge pessimistic thoughts regarding the inability to change hoarding behavior. During contingency management therapy, nurses can become evaluators by visiting participants' homes to assess the level of hoarding and provide appreciation in the form of incentives [15].

Community mental health nurses are often the first to identify cases of hoarding and early detection is the key to successful hoarding therapies. However, before undertaking any nursing intervention, community mental health nurses need to understand the true nature of hoarding, the factors that contribute to the complexity of hoarding, and the resources available in the clients' community. Therapies may be influenced by the accuracy of community mental health nurses' understanding of the complexity of hoarding, and so recognizing the various multifactorial biological, psychological, and environmental implications will help nurses understand more about individual reasons for hoarding [20].

CONCLUSION

Based on the results of the literature study, five articles regarding therapies for hoarding disorder were found. Two articles discussed additional therapies for optimizing CBT for hoarding therapy, namely contingency management and a clutter buddies program, two articles discussed the effectiveness of CREST on hoarding symptoms for older adults, and one article discussed an intervention by a support group. The procedures, periods, and number of sessions differed in each study and could have influenced the effectiveness of the interventions. All the studies had results of different levels of significance; moreover, because only one article used an RCT, the findings cannot be generalized. In future, further research using the RCT method is needed.

ACKNOWLEDGMENTS:

The authors thank Universitas Padjadjaran for supporting us in this research.

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العلاجات باستخدام التجارب المعشاة ذات الشواهد وشبه التجريبية في اضطراب الاكتئاب: مراجعة للأدبيات

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الملخص

الأهداف: تهدف مراجعة الأدبيات إلى تحديد العلاجات في اضطراب الاكتئاب.

الأساليب: استخدمت هذه الدراسة طريقة مراجعة الأدبيات مع قواعد البيانات EBSCOhost و PubMed و Sage و Journals و ScienceDirect ومحرك بحث Google Scholar. تم فرز المقالات بناءً على معايير التضمين مثل التي نشرت في السنوات العشر الماضية (2011-2021)، باللغة الإندونيسية أو الإنجليزية، وهي دراسة تجريبية كاملة النص (RCT)، شبه ذلك (، تركز على الاكتئاب أو الاكتئاب القهري وآثاره على الحياة اليومية، وكانت عينة الدراسة الأولية من البالغين وكبار السن الذين يعانون من الاكتئاب الذين تتراوح أعمارهم بين 19 عاماً وما فوق.

النتائج: وجدت نتائج مراجعة الأدبيات خمس مقالات تناقش العلاجات باستخدام طريقة تجريبية لاضطراب الاكتئاب. أظهرت النتائج تحسناً في أعراض الاكتئاب مع نتائج تتراوح بين 23 و 28% على العلاج الجماعي الداعم، و 31.8% على علاج إدارة الطوارئ، و 38% على إعادة التأهيل المعرفي والتعرض / العلاج بالفرض (CREST)، و 43% على إعادة التأهيل المعرفي المجتمعي والتعرض / العلاج بالفرض (CREST)، و 4 و 6 (66.67%) من المشاركين الذين شهدوا تغييرات مهمة سريريا على علاج Clutter-Buddies.

الاستنتاج: كان الاستنتاج في هذه الدراسة هو أن الإجراءات والفترات وعدد الجلسات المعطاة لكل دراسة يمكن أن تؤثر على فعالية التدخل. ومع ذلك، نظراً لوجود مقالة واحدة فقط تستخدم RCT، فمن المستحسن إجراء مزيد من الأبحاث باستخدام طريقة RCT فيما يتعلق بعلاجات اضطراب الاكتئاب.

الكلمات الدالة: التدخل، اضطراب الاكتئاب، التجارب العشوائية المضبوطة، شبه التجريبية، العلاج.