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Diogenes' syndrome

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Abstract

Diogenes' syndrome is a severe, life-threatening neurobehavioral disorder. Its main symptoms are complete negligence of ones hygiene, domestic squalor, emotional and social detachment as well as pathological hoarding of unnecessary things (mostly rubbish). In most cases, it affects elderly and lonesome people. This article shows the history of said disease, starting from early mentions, then going through researches conducted by Duncan Macmillan and Patricia Shaw in 1966, up until later studies done by Clark and his colleagues - this team labeled said illness in 1975 as Diogenes' syndrome. What is more, their work covered majority of the most frequent indications along with its questionable etiopathogenesis. In addition, this article contains criteria, presented by Shehryar Khan in *The American Journal of Psychiatry Residents' Journal*, that can help in diagnosing this affliction. The fact that there is still very little knowledge about the therapy nor the diagnosis of Diogenes' syndrome makes it difficult to treat. This paper describes the newest reports concerning epidemiology and the effectiveness of pharmacological treatment. The aim of that article is to gather and summarize up-to-date knowledge about said disease. Our main concern is the current, very low acquaintance with Diogenes' syndrome which brings the challenge to the current state of medicine, especially psychiatry.

Key words: Diogenes' syndrome, pathological hoarding, elderly neglect

Introduction

Diogenes syndrome is a severe, life-threatening neurobehavioral disorder. This disease is manifested, among other things, by total neglect of personal hygiene, discontinuation of care for conditions at the place of residence, lack of seeking help from the external environment and pathological collection and withdrawal from social life [5]. At first sight, people troubled with such disease seem to be poor and homeless. They are characterized by malnutrition, solitary life with high chances of never making a family/going through a divorce or a death of a loved one [10,15]. Even though they live in unsanitary conditions, in reality they don't have material problems, moreover patients with Diogenes' syndrome are often well-educated and intelligent [14].

The knowledge of this affliction in the medical fields as well as in the society is still very limited. Educating and raising awareness among medical doctors and common people will allow faster recognition hence more efficient and quicker medical intervention. Diogenes' Syndrome is a clinically severe phenomenon that leads the person burdened with it to the total social destruction, it significantly worsens their health, that is why it is so crucial to implement the right treatment as early as possible as well as to surround the patient with the right care. It is also worth noting that this illness affects also their family and those living nearby that is why the Diogenes' syndrome can be treated not only as a purely medical problem, but also as a social one.

History

The first cases of extremely negligent seniors were described in 1925 (Dupré) and in 1966 (Stevens) [3]. More accurate observations of patients were made in Great Britain by Duncan Macmillan and Patricia Shaw in 1966. They introduced the condition described as a 'senile breakdown'. They observed a group of 72 patients (age 60 to 92) who showed significant self-neglect and domestic squalor, generally not accepted by the environment. Other characteristics were: social withdrawal, rejection of the proposed help and sylogomania (pathological, compulsive hoarding). In the analyzed group women were the dominating gender, the average age was over 70 years old. Researchers noticed that the factors leading to the disorder of patients could be: isolation, loneliness, alcoholism, or mourning. Over half of the group showed psychotic symptoms. Macmillan and Shaw were the first to notice that they were dealing with a new, separate syndrome [11].

In 1975, Clark, Mankikar and Gray named the above-mentioned phenomenon as the 'Diogenes' syndrome'. Clark and others, observed thirty patients who exhibited features previously described by Duncan Macmillan and Patricie Shawn. All participants were under surveillance, 28 of whom lived alone. There was no typical material poverty among the analyzed group. Moreover, these people presented high marks in the intelligence test - the average IQ oscillated around 140 and (the range was from 105 to 170 points) [5]. The genesis of the name of the syndrome comes from Ancient Greek philosopher - Diogenes of Sinope (also known as Diogenes the Cynic). He lived from 412 to 323 BC and represented the movement of freedom from all possessions and all material goods. The thinker rejected all the comforts of the world and decided to live in poverty and misery. His house became a barrel, he moved to a desolated area to hideaway from society. Despite his wisdom and intelligence, he decided to live in extreme, unhygienic conditions. Even though there are many similarities, the name of the syndrome only partially reflects this disease because the Greek philosopher did not practice compulsive gathering. What is more, he proclaimed the principle of rejection of goods and self-sufficiency as well as material minimalism [9].

Recently have been proposed alternative names, such as 'the messy house syndrome' or 'Havisham's syndrome' [3]. However, Diogenes' syndrome is still the most frequently used phrase in the literature.

Epidemiology

The disease primarily affects the elderly, mostly women. However, it is difficult to determine the actual data on the frequency of its occurrence. The most possible cause is the withdrawal of these people from society, hence a great number of cases remains unnoticed and thus unregistered until the environment - social workers, their family or neighbors, intervenes [3]. Estimations indicate that 0.5 cases per 1000 elderly is affected by Diogenes' syndrome [2].

Symptoms

Diogenes syndrome is a behavioral disorder in which sufferers display such signs as severe self-neglect and domestic disarray, which may threaten one's health and life as well as those who live nearby [5]. A characteristic feature of patients is the lack of self-care which is manifested by the deficiency of maintaining basic personal hygiene such as regular washing, doing laundry or adjusting garments to the outside weather. For this reason, patients with Diogenes' syndrome often get bacterial, fungal and parasitic infections of the skin and other appendages, hence the disease is also known as 'dermatitits passivata'. Often the cause of the complaint is consequential infection with scabies and lice [4].

Lack of self-care is also reflected in the diet of patients in terms of both quality and quantity of meals. The results of bad dietary habits manifest themselves in coexisting anemia, dehydration, deficiencies of micro and macroelements (Iron), vitamins (Folic acid, B vitamins) and mineral salts (Potassium, Magnesium), which are often the cause of medical intervention.

Apart from the self-negligence, the distinctive element of the disorder is carelessness about the surroundings. Discontinuation of cleaning leads to extreme pollution of their living space and promotes the existence of bedbugs, cockroaches or flies, which are a vector of bacteria and viruses. The disorder is often accompanied by excessive gathering. A person affected by the syndrome cannot get rid of unnecessary items or even rubbish, which creates unhealthy atmosphere filled with odor and shrinking place to exist. These conditions also create the risk of accidents.

The above-mentioned symptoms are often accompanied by the signs of interpersonal problems like isolation and withdrawal from contacts with community. Social maladjustment, suspicion and rejection of help from others leads to frequent marginalization and a lonely lifestyle of those affected by Diogenes' syndrome [1]. Attention is also drawn to the lack of embarrassment or shame connected with the state of their own hygiene and the condition of their residence.

Etiology and pathophysiology

The etiology of Diogenes syndrome is still unknown although there is a correlation - about half of patients have been diagnosed with another mental disorder. Condition that is the most commonly associated with Diogenes' disease is dementia [15], as well as addiction to alcohol, obsessive-compulsive disorder [7] and schizophrenia. However, there are studies showing that Diogenes' syndrome may otherwise be a case of a separate disease entity [11]. It is emphasized that the etiopathogenesis of said syndrome is very complex, in which huge role plays genetic predisposition as well as stress factors such as: loss of a loved one or a job [5]. The key component of the disorder in the elderly is the change in the neurological system. It contributes to the decline in the intellectual performance and to behavioral aberrations, whose aetiology is thought to have roots in neurodegeneration in the frontal lobe [6]

Diagnosis and treatment

Currently there is no detailed diagnostic criteria for the Diogenes' syndrome. An attempt to propose standard means of measure, in the context of gathering, was done by Shehryar Khan in The American Journal of Psychiatry Residents' Journal [8], according to whom these are:

- Excessive and abnormal collection of worthless objects, inapplicable to the transient life situation
- Lack of sentimental attachment to accumulated materials
- Difficulties in getting rid of things that clutter and litter the living space, making it impossible to use them as intended

The above criteria are just another suggestion, however, it is possible that similar ones will be mentioned in the American Psychiatric Association's next edition of the classification of mental disorders. There is a strong need to broaden and master these criteria in order to help people affected by it.

Therapeutic management for people with Diogenes syndrome is problematic.

First of all, due to the social withdrawal of these people and simultaneous perception of their actions as correct, the patient affected by this syndrome will not ask for help, and the support offered to them by others will often be rejected. In addition, this disease does not fit within the criteria for mental disorders and the patient does not pose a direct threat to himself and to the environment, which means that he is not subjected to a forced treatment or a hospitalization. These circumstances create a legal and ethical problem. How to help a person with Diogenes' syndrome without violating their autonomy? This problem requires legal regulations [13].

Another therapeutic problem is the lack of detailed guidelines regarding both pharmacological and non-pharmacological treatment for those who suffer from mentioned disorder. There have been reports on the efficacy of risperidone, paroxetine, quetiapine or valproic acid [2]. However, the effectiveness of these drugs has been confirmed only in selected groups of patients with Diogenes' syndrome, for example quetiapine and valproate in the case of dementia associated with degeneration of frontal lobes. The absence of detailed behavioral guidelines indicate the need for individual approach to each case.

At the same time, it is crucial to apply as early as possible the aid measures to reduce both the effects of the disorder itself and the costs associated with the therapeutic treatment. It is also emphasized to value the importance of supplementing nutritional deficiencies and prevent secondary complications resulting from extreme neglect such as dehydration, anemia or electrolyte disturbances that may be the cause of hospitalization.

Summary

Diogenes' syndrome is a diagnostic and therapeutic challenge for modern medicine, in particular for areas such as psychiatry and geriatrics. It seems necessary to define clear diagnostic criteria that will help to identify patients with this disorder at the earliest stage of the disease. This is a phenomenon that leads to a complete destruction of social life and a significant deterioration of the patient's health, which is why understanding the etiology of this affliction and the developing therapeutic procedures are currently so significant. The population of Poland, as well as of the whole Europe, is aging. It can be assumed that there will be more and more patients struggling with this problem in the near future. There is a huge need for more scientific research to better understand the issue and come up with an effective pharmacological treatment. It is also worth to raise awareness among the entire medical community, as well as among social workers, who could notice disturbing symptoms in their pupils and give them help and support on time. Diogenes' syndrome, despite many uncertainties, deserves attention, and patients with this disorder definitely need professional help and care.

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