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Letter to the Editor

An extreme form of elder self-neglect: Revisiting the diogenes syndrome

Sir,

Diogenes syndrome (DS) or senile squalor is a rare neurobehavioural syndrome that occurs in elderly people and is characterized by pathological hoarding, domestic squalor, severe self-neglect and absence of insight to the condition which in turn leads to refusal to seek and accept help (Clark et al., 1975). It is known for more than 40 years to philosophers, psychiatrists and geriatricians but the underlying mechanism for such a condition was never fully understood (Assal, 2017). The condition derived its name from a Greek philosopher, Diogenes (412-323 BC) who used to deliberately live in a desolate barrel and actively shunned away from any form of social help and comfort. He used to live on minimum food and clothing (Clark et al., 1975). The cases described by Clarke et al (1975), who coined the term 'diogenes syndrome', all lived in severe form of self neglect, they wore unclean clothes and would smell badly (Clark et al., 1975). Their depiction lacked syllogomania i.e. hoarding of rubbish and filth, but over time, later descriptions also reported of compulsive hoarding to be an important component of the syndrome.

The current incidence of the syndrome with all its components is estimated to be 0.05% in people over the age of 60 and it predominantly shows a female preponderance (Cipriani et al., 2012). Monfort et al. (2010) in their retrospective observational study in France, reported 1.6 case per 10,000 population out of which only 25% met the full syndrome while 75% had partial presentations (Monfort et al., 2010).

There appears to be no particular factor or cause responsible for this rare entity. Personality factors like neuroticism and extraversion has been proposed to be linked with emergence of severe neglect in late life which is thought of to be occurring as a reaction to the hostile external world. Vostanis and Dean (1992) proposed that Diogenes syndrome might be due to unmasking of an underlying schizoid and paranoid personality which got manifested in later life (Vostanis and Dean, 1992). It has been shown to be highly associated with dementia mainly Fronto-temporal dementia of frontal/behavioural variant (FTD) since symptoms suggestive of frontal dysexecution (with predominant involvement of the dorsolateral prefrontal cortex) are found in both (Grignon et al., 1999). Apart from FTD, this syndrome has also been seen in late Alzheimer's dementia (AD), more so with those having a lower Mini Mental State Examination (MMSE) score (Assal, 2017). From a neurobiological point of view, an interplay of the dopaminergic and serotonergic neurotransmitters through the brain substrates of dorsolateral prefrontal cortex, orbitofrontal cortex, basal forebrain and the right ventromedial caudate has been looked upon to be linked with squalor and severe rubbish hoarding (Funayama et al., 2010).

Psychiatric comorbidity with DS is not always the norm. Only 50% of subjects having Diogenes syndrome were reported to have a comorbid psychiatric diagnosis in studies which comprised mainly of psychotic disorders, alcoholism, mood disorder, obsessive-compulsive disorder (OCD) and neurodegenerative disorders like FTD etc (Clark et al., 1975). Majority of the cases are primary Diogenes syndrome which lacks a secondary psychiatric cause with normal intellectual functioning. There lacks a consensus on the diagnostic criteria for DS. Snowdon et al (2012) (Snowdon et al., 2012) proposed some criteria which although closely resembles the DSM-5 criteria for hoarding disorder (American Psychiatric Association, DSM-5th edition, 2013), but otherwise stands out distinct (Table 1).

As has been pointed out, there are no proper diagnostic criteria for DS, but a high degree of suspicion about the possibility of such in an old individual can be justifiable when evidence of foul smell, multiple layers of soiled clothing etc is found. Such can be confirmed after a short visit to the person's place of residence (Assal, 2017). There remains a high degree of physical morbidity in the form of infections,

Table 1
Points of differentiation between Hoarding syndrome and Diogenes syndrome (severe domestic squalor). [adapted from Khan et al. (2017)] (Khan, 2017)

Hoarding Disorder (diagnostic criteria A-D)	Diogenes syndrome (severe domestic squalor)
Persistent difficulty discarding possessions regardless of their actual value.	Excessive abnormal cluttering of invaluable possessions resulting secondary to a transient life circumstance.
The difficulty is because of a perceived need to save the items and also to avoid distress associated with discarding them.	There is no emotional attachment to the Cluttered possessions.
It results in the accumulation of possessions that congest and clutter active living areas	same as hoarding disorder
The hoarding causes clinically significant distress or impairment in social, occupational or other areas of functioning (including maintaining a safe environment for self and others).	The individual has poor insight; He may not report distress. The impairment may be apparent only to those around the individual.

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trauma, malnutrition, dehydration etc from the clutter and these needs to be taken due care before proceeding to unravel the reason for such a standard of living (Khan, 2017). Though there is no proper treatment guidelines for DS, it is prudent to approach the case on an individual level taking due consideration of the comorbid psychiatric condition that might have contributed or has occurred as a result of DS. Both pharmacological and non-pharmacological approaches might be difficult considering loss of insight, judgement and severe form of social isolation. Thus, a community approach might prove beneficial in such cases that should address the primary psychiatric morbidity along with due consideration of maintenance of proper and adequate nutrition, hygiene and recreational activities (Assal, 2017).

Conflict of interest

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