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Letter to the Editor

Diogenes Syndrome among the Elderly in Iran

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Diogenes Syndrome (DS) is a rare but high-mortality acquired behavioral disorder that mostly affects the elderly but can occur at any age. It is often accelerated by stressful events (1). DS is characterized by extreme self-neglect, domestic squalor, and social withdrawal extreme disregard for the environment, health and hygiene, excessive/abnormal hoarding (silogomania), living in misery, social isolation/isolated life, refusal to help, and a marked lack of concern and shame about one's life situation (2). The word Diogenes refers to a Greek minimalist philosopher (4BC) - named Diogenes - who was one of the early cynic (the word cynic is derived from the Greek word for dog) who lived simply, naked and shamelessly in a barrel. He was begging for food, and used to light a lamp during the day and said while walking, "I am in search of humanity." His ideals were "living according to nature", "self-sufficiency", "liberation from emotions", "no shame", "candor" and "contempt for social structures" (3). The first reports of elderly patients with self-neglect and lack of hygiene were published by Dupré (4). This disorder is also known as self-neglect, senile squalor, or social withdrawal in the elderly. It is also called messy house syndrome and patients as messes in German literature (5). Despite being an uncommon condition, diagnosis is important, because DS is associated with increased morbidity and a 46% 5-year mortality rate (6). Most cases occur in older adults (median age 79 years) living alone, although rare cases have been described in siblings and married couples (3). The accepted incidence of DS is 0.5 per 1000 at the age of > 65 years. Epidemiological data are mainly obtained from case series, which is a poor source (7). Although at first it was thought that women are more affected this disease affects men and women equally and may be seen in all social and economic groups (8). These patients are often difficult to treat because the person resents the intrusion into their life path, which leads to resistance and non-cooperation. If the patient is willing to participate in treatment, the best approach to use is cognitive behavioral therapy. Patients with DS are usually discovered incidentally either because of a physical illness or as a result of social interventions related to their behavioral problems (9). Instead of hospital admission, daily care and community care are the main lines of management. Also, a safe environment should be provided by respecting the patient's wishes as much as possible. If there are paranoid symptoms, atypical antipsychotic drugs are used (5). The terms DS and hoarding/ syllogomania are sometimes used interchangeably, while hoarding disorder is defined as the accumulation of possessions due to excessive acquisition or difficulty disposing of possessions regardless of their true value while is a preference to consider DS as hoarding along with neglecting oneself and the environment, that is misery (7). Hoarding can be found in many psychiatric conditions, including obsessive-compulsive disorder (OCD), schizophrenia and dementia. The act of hoarding in Diogenes is most likely ego-syntonic, unlike the anxiety and intrusive thoughts associated with hoarding in OCD. Diogenes can be distinguished from personality disorders because the personality in Diogenes degenerates in contrast to true personality disorder (10). Self-neglect can also be part of dementia, schizophrenia, OCD, and affective disorders. While frontal lobe dementia occurs approximately ten years before the typical age at which patients with dementia are affected. Diagnosis of schizophrenia can include delusions, hallucinations, and disordered speech, which are not classic features of DS. However, there should be clearer boundaries between disorders. An alternative suggestion was that Diogenes might be the final pathway common to various psychiatric disorders (11).

But as it should be, this syndrome has not been paid attention to in Iran, so that no result was found for the search conducted from 2000 to 2023 in the databases of PubMed, Google Scholar, Magiran, SID, Silivica with keywords: “Diogenes syndrome”; “self-neglect”; “senile squalor”; “social breakdown” in Iran. Only in Mohseni et al.'s 2019 survey, which investigated the factors related to elder abuse, 11.5% of the elderly in the target group reported self-neglect (12); which is much more than the global standard for this disorder.

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Considering the increase in life expectancy and the increase in the number of elderly people in Iran and the fact that this disorder is a common disease among the elderly, there is a need for more study and investigation, and the researchers of geriatric research centers should pay attention to this issue.

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