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**Search details**

- Diogenes syndrome/Adult squalor syndrome

**Resources searched**

- NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; HMIC; MEDLINE; PsychINFO; Google Scholar; Psychology and Behavioural Science database

**Database search terms** :

**Google search string** :

**Summary**

**Guidelines**

**Evidence-based reviews**

**Published research**

1. *Diogenes syndrome and hoarding in the elderly: Case reports.*
   **Author(s):** Rosenthal, Michal, Stelian, Jan, Wagner, Jacob, Berkman, Pinhas
Abstract: Presented here are 2 case reports of elderly persons (aged 86 and 80 yrs) with Diogenes syndrome (variously known as senile breakdown, social breakdown and senile squallor syndrome). Diogenes syndrome is often (but not always) characterized by a tendency to hoard excessively (sylogomania). The first patient was diagnosed as having both a schizotypal personality disorder and obsessive-compulsive disorders (OCD) while the second was diagnosed as having a schizoid personality disorder. Only the former demonstrated the tendency to hoard rubbish. The Diogenes syndrome in both cases can be hypothesized to be a reaction to stress in elderly people with certain personality characteristics or as the end stage of a personality disorder. The hoarding behavior that was manifested only in the first case can probably be the result of the presence of an OCD. The authors raise the possibility that OCD may be the cause of hoarding rubbish in those cases of Diogenes syndrome in which hoarding exists and cannot be explained by psychotic disorders, dementia or any other mental disorders due to a general medical condition or substance-related disorders. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

2. A case of senile self-neglect in a married couple: "Diogenes a deux"

Author(s): Cole, Andrew J, Gillett, Timothy P, Fairbairn, Andrew

Citation: International Journal of Geriatric Psychiatry, November 1992, vol./is. 7/11(839-841), 0885-6230;1099-1166 (Nov 1992)

Abstract: Presents a case of shared senile self-neglect in a married couple in their late 60s. The couple exhibited many features of what has come to be called Diogenes syndrome: a breakdown in standards of personal and environmental hygiene, social withdrawal, and an apathetic attitude to the resulting squallor. Etiological factors are discussed and parallels with models for folie a deux are drawn. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

3. The effectiveness of services and treatment in psychogeriatrics

Author(s): Draper, Brian

Citation: Australian and New Zealand Journal of Psychiatry, June 1990, vol./is. 24/2(238-251), 0004-8674;1440-1614 (Jun 1990)

Abstract: Considers factors relevant to the development of potentially effective psychogeriatric services. Research findings suggest that effective psychogeriatric services require an integrated range of hospital and community-based staff and resources that should be used in a style acceptable to the user, staff, and other professionals. Efficacy of treatment is discussed for the following major psychiatric disorders of old age: depression, manic disorders, paranoid psychoses, delirium, and dementia. Other disorders discussed include chronic, organic nondementing brain
syndromes; alcohol abuse; functional disorders; conjugal bereavement; and senile squalor syndrome.

4. **The need to consider mood disorders, and especially chronic mania, in cases of Diogenes syndrome (squalor syndrome).**

**Author(s):** Fond, G, Jollant, F, Abbar, M

**Citation:** International Psychogeriatrics, April 2011, vol./is. 23/3(505-507), 1041-6102;1741-203X (Apr 2011)

**Abstract:** We report the case of a 69 year-old female patient who was hospitalized for Diogenes syndrome, defined by marked self-neglect, social withdrawal and excessive hoarding, leading to squalor. Somatic causes were eliminated. Her personal history showed an eight-year depressive episode followed by a 20-year hypomanic episode without remission, followed by a persistent manic episode associated with Diogenes syndrome for four years. The Diogenes syndrome was successfully treated with mood stabilizers. Mood disorders - in particular chronic mania (i.e. a manic episode lasting more than two years) - should be considered in cases of Diogenes syndrome and in current classifications.

5. **Comorbid Diogenes and Capgras syndromes.**

**Author(s):** Donnelly, Reesa, Bolouri, Marjan S, Prashad, Sandhya J, Coverdale, John H, Hays, J. Ray, Kahn, David A

**Citation:** Journal of Psychiatric Practice, September 2008, vol./is. 14/5(312-317), 1527-4160;1538-1145 (Sep 2008)

**Abstract:** Capgras syndrome is the delusion that a person, usually someone of importance to the patient, has been replaced by an imposter. Our case report presents a woman who developed the Diogenes syndrome followed by the Capgras syndrome. We discuss pertinent factors related to both syndromes and their management. Mrs. D, a 51-year-old female with no history of previous psychiatric treatment, was brought by her husband to the psychiatric emergency center due to bizarre and disorganized behavior. This case report provides three contributions to the current literature on the Capgras and Diogenes syndromes. First, this case is an example of Diogenes syndrome preceding the Capgras syndrome. Second, risperidone may be effective in reducing both syndromes when they co-occur. Third, this report corroborates previous findings of frontal lobe impairment in both Capgras and Diogenes syndrome disorders. Our findings suggest that clinicians should be alert to the possibility of Capgras syndrome exacerbating self-neglect, and that risperidone should be considered a treatment option when Capgras and Diogenes syndromes co-occur.

6. **Diogenes syndrome in a patient with obsessive-compulsive disorder without hoarding.**

**Author(s):** Fontenelle, Leonardo F
**Abstract:** Diogenes syndrome (DS) is characterized by self-neglect, classically portrayed by a filthy personal appearance, dirty home, and hoarding of rubbish. We report a patient with DS who presented obsessive-compulsive disorder and Tourette syndrome in the absence of hoarding. We suggest that hoarding may be a symptom of the conditions that are frequently comorbid with DS, but is not one of its fundamental features.

7. **Secondary bipolar disorder and Diogenes syndrome in frontotemporal dementia: Behavioral improvement with quetiapine and sodium valproate.**

**Author(s):** Galvez-Andres, Ana, Blasco-Fontecilla, Hilario, Gonzalez-Parra, Silvia, de Dios Molina, Juan, Padin, Jose Manuel, Rodriguez, Rosalia Hillers

**Citation:** Journal of Clinical Psychopharmacology, December 2007, vol./is. 27/6(722-723), 0271-0749;1533-712X (Dec 2007)

**Abstract:** Presents a case report of a 59-year-old woman who was suffering from frontotemporal dementia. Frontotemporal dementia (FTD) is usually a presenile disorder accounting for 20% of dementias in people aged 65 years or younger. Depression and dementia are associated with self-neglect in the elderly. The annual incidence rate of Diogenes syndrome is 0.5 per 1000 in people 60 years or older. There is currently no cure for FTD, but an effective treatment of associated behavioral disorders, for example, Diogenes syndromes, may help to decrease caregiver stress. She was treated with valpromide and quetiapine. The significant improvements seen in both affective state and behavior of this patient soon after the start of treatment with quetiapine and sodium valproate suggest that a controlled treatment trial with these agents in FTD might be promising.

8. **Diogenes’ syndrome: Review and case history.**

**Author(s):** O'Shea, Brian, Falvey, Jane

**Citation:** Irish Journal of Psychological Medicine, September 1997, vol./is. 14/3(115-116), 0790-9667 (Sep 1997)

**Abstract:** Presents a case of Diogenes' syndrome in a 67-yr-old reclusive single woman and former laboratory scientist and examines the evolution of thinking about the phenomenon. The S had been treated for schizophrenia as a young woman, and according to her brother, had suffered "numerous mental breakdowns." A review of the literature from 1986 to date indicate that the syndrome has been reported most often in the elderly and in higher socioeconomic groups. Diogenes syndrome appears to be a nonspecific final common pathway for a number of variables: personality, psychosis, alcoholism, organic illness, therefore a detailed multidisiplinary assessment is indicated. The question of intervention in cases of Diogenes' syndrome has been hotly debated. The authors view is that psychiatric intervention is
essential when insight is impaired by illness, whether organic or functional.

9. **Diogenes’ syndrome: A load of old rubbish?**

**Author(s):** Drummond, Lynne M, Turner, Joanne, Reid, Steven

**Citation:** Irish Journal of Psychological Medicine, September 1997, vol./is. 14/3(99-102), 0790-9667 (Sep 1997)

**Abstract:** It has been suggested that presentation with self-neglect, domestic squalor and hoarding, represents a distinct syndrome, widely known as Diogenes' syndrome. The validity of this syndrome is controversial and the authors suggest that in previous series of such patients other psychiatric diagnoses, particularly obsessive compulsive disorder (OCD), may have been missed. Case notes 50 patients (aged 18-70 yrs) admitted for treatment of OCD were reviewed for presentation with self-neglect, domestic squalor and hoarding. Response to treatment was also measured by comparing pre- and posttreatment scores on the Beck Depression Inventory and Activity Checklist. Of the sample 8% presented with all 3 features. This sub-group of patients had a poorer outcome than other patients with OCD. Results show that presentation with self-neglect, domestic squalor and hoarding is not uncommon in patients with severe OCD and this supports the suggestion that patients previously described as having Diogenes' syndrome may have had undiagnosed OCD.

10. **Re: Diogenes syndrome: Review and case history.**

**Author(s):** Sheehan, Bart, Geddes, John

**Citation:** Irish Journal of Psychological Medicine, June 1998, vol./is. 15/2(77), 0790-9667 (Jun 1998)

**Abstract:** B. Sheehan and J. Geddes respond to B. O'Shea and J. Falvey's (see record 1997-43089-010) report of a case of Diogenes syndrome in which they emphasise the interplay of factors contributory to the presentation, including organic brain disease, psychotic illness, and personality. Sheehan and Geddes report a case of a 50-yr-old female patient, in which all 3 factors appeared to contribute to the classic presentation and discuss implications for investigation of the purported syndrome. A magnetic resonance imaging (MRI) scan revealed a large sessile meningioma in the left middle cranial fossa, with temporo-parietal mass effect and some cerebral atrophy. Sheehan and Geddes feel that the organic brain disease had released the behavioural syndrome at an early age and that organic brain disease should be suspected in all cases of severe neglect, while acknowledging the potential contribution of multiple factors to the phenomenon.

11. **Coexisting Diogenes and Capgras syndromes.**

**Author(s):** Al-Adwani, Andrew, Nabi, Waheed

**Citation:** International Journal of Psychiatry in Clinical Practice, March
Abstract: Notes that the co-occurrence of Diogenes and Capgras syndromes, both unusual in themselves, would be expected to be rare. A MEDLINE search using the terms Diogenes, Capgras, self-neglect and domestic squalor revealed no previous reports of this combination of disorders. Both conditions are somewhat dubiously named as "syndromes" when in fact they are probably no more than symptoms with different causes. Of particular interest in this case of a 67-yr-old woman is the exacerbation of the self-neglect, characteristic of the Diogenes syndrome, by the delusional misidentification which marks the Capgras syndrome; as well as the reinforcement of the previously recognized association with frontal lobe pathology. The role of medication, though limited, is described.


Author(s): Herran, Andres, Vazquez-Barquero, Jose Luis

Citation: Aging, Neuropsychology, and Cognition, June 1999, vol./is. 6/2(96-98), 1382-5585;1744-4128 (Jun 1999)

Abstract: Diogenes syndrome is characterized by shameless neglect of the body and personal environment, hoarding, and the rejection of any help. It occurs among patients with and without other psychiatric disorders. The initial treatment should be a behavioral program, but there is no information about the pharmacological treatment of this syndrome. This article reports the case of a 77-yr-old woman with symptoms of Diogenes syndrome. After an unsuccessful behavioral program, treatment with risperidone initially improved the behavioral symptoms but impaired cognitive function, and was followed by marked global deterioration, fulfilling criteria for dementia.

13. Diogenes syndrome -- how should we manage it?

Author(s): Jackson, Graham A

Citation: Journal of Mental Health, April 1997, vol./is. 6/2(113-116), 0963-8237;1360-0567 (Apr 1997)

Abstract: Discusses Diogenes Syndrome - or self-neglect in the elderly - including description, history and management. The case of a 68-yr-old man referred to psychiatric services for suspected depression and dementia is presented. When seen on a home visit by a psychiatrist, the S was quite agitated, deliberately giving wrong answers to inquiries. His accommodation was very neglected and filthy. He had occasional personal or written contact with relatives, but the latter expressed no feelings of concern. After further contact, dementia or depressive illness were ruled out; his agitation settled after he became familiar with the psychiatrist. It is proposed that Diogenes Syndrome is often a positive reaction than a passive deterioration. The rights of the individual must be considered and, in the absence of illness, management must be by persuasion and consensus. The number of support people should be kept to a minimum to avoid further alienation of
14. **Forensic issues in cases of Diogenes syndrome.**  
American Journal of Forensic Medicine & Pathology, Jun 2007, vol./is. 28/2(177-81), 0195-7910;0195-7910 (2007 Jun)  
**Author(s):**  
Byard RW, Tsokos M  
**Abstract:**  
Diogenes syndrome is a syndrome described in the clinical literature in elderly individuals characterized by social isolation and extreme squalor. A number of typical features are found in the forensic evaluation of these deaths as the cases usually initiate medicolegal investigations due to the circumstances and the lack of recorded medical histories. Examinations of the death scenes are often difficult as victim's houses are in a state of disrepair, with filth and clutter, and pet dogs may resent the intrusion of strangers. Bodies are often filthy, with parasitic infestations, and are often putrefied due to the social isolation of the deceased and the delay in the finding of the corpse. Bodies may be traumatized from postmortem animal depredation by rodents or pets (eg, cats, dogs), and injuries such as bruises and lacerations may be present from falls associated with terminal illnesses or alcoholism. Blood or putrefactive fluids may be spread throughout the house by pets. Treatable medical conditions are often present in advanced stages, and features of hypothermia may be found. Attending police may suspect robbery due to disarray of the house and homicide due to apparent "bleeding" around the body from purging of putrefactive fluids, injuries from falls, or postmortem animal activity and "blood stains" throughout the house from antemortem injuries and/or fluid spread by animals. Finally, the identification of the deceased may be compromised by decay and/or postmortem animal activity. Thus, in addition to having typical clinical manifestations, such individuals appear to form a distinct subset of forensic cases having characteristic death scene and autopsy features and presenting particular difficulties in postmortem evaluations.

15. **Re: Diogenes syndrome in a pair of siblings.**  
**Author(s):** Halliday G, Snowdon J, Simpson B  
**Citation:** Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie, August 2005, vol./is. 50/9(567), 0706-7437;0706-7437 (2005 Aug)

16. **Reaction to 'personality disorder masquerading as dementia: a case of apparent Diogenes syndrome'.**  
**Author(s):** van Alphen SP, Engelen GJ  
**Citation:** International Journal of Geriatric Psychiatry, February 2005, vol./is. 20/2(189; author reply 190), 0885-6230;0885-6230 (2005 Feb)

17. **Adult service refusers in the greater Dublin area.**
18. **Diogenes syndrome: a case report.**

**Author(s):** Sikdar S

**Citation:** Hospital Medicine (London), September 1999, vol./is. 60/9(679), 1462-3935;1462-3935 (1999 Sep)

19. **Review: diogenes syndrome.**

**Author(s):** Cooney C, Hamid W

**Citation:** Age & Ageing, September 1995, vol./is. 24/5(451-3), 0002-0729;0002-0729 (1995 Sep)

20. **Severe domestic squalor.** [Article in Norwegian]

*Holm M.*


**Abstract BACKGROUND:** People who live in domestic squalor and deny help may have a condition known as severe domestic squalor, previously Diogenes syndrome. The object of this article is to provide a review of incidence, possible etiology, clinical description and management of this condition.

**MATERIAL AND METHODS:** The article is based on literature retrieved through a non-systematic search in PubMed and the author's clinical experience.

**RESULTS:** Severe domestic squalor may affect people of all ages, but is particularly prevalent among the elderly. Those affected live in severe squalor with garbage, rotting food, rats and mice, urine and faeces in furniture. Some tend to hoard. The annual incidence among persons above 60 years of age, referred to a specialist, is approximately 0.5 per 1000. True community prevalence is unknown. More than 50% of cases have a concomitant diagnosis of dementia, schizophrenia or substance dependency. An association between frontal dysfunction and severe domestic squalor is sparsely, but increasingly documented. Those affected do not express concern about their situation and are unwilling to be helped. Cases are complex and very difficult to handle for general practitioners and district nurses. Respect for autonomy and a wish to help contradict each other.

**INTERPRETATION:** It is very difficult to help persons who live in severe domestic squalor. The incidence in Norway is unknown and should be
Community study of people who live in squalor.

Halliday G, Banerjee S, Philpot M, Macdonald A.


Source  Section of Old Age Psychiatry, Institute of Psychiatry, King's College, London, UK.

Abstract BACKGROUND: The reasons why people live in squalor have been the subject of much debate but little systematic research other than reports of case series from secondary health-care services. We did a study in the community using standardised instruments to investigate the relation between squalor and mental and physical disorders.

METHODS: We did a cross-sectional study of the clients of a local-authority special cleaning service. Levels of domestic squalor and self neglect were measured with the living conditions rating scale, and diagnoses of mental disorder were made by use of WHO's schedules for clinical assessment in neuropsychiatry (SCAN).

FINDINGS: 91 individuals were eligible for inclusion; 81 from 76 households consented and were interviewed (a response rate of 89%). 41 (51%) were younger than 65 years of age. 57 individuals (70%) were diagnosed as having a mental disorder at interview, as defined by the SCAN, and 21 participants (26%) had a physical health problem which contributed significantly to the unclean state of their living environment. Those with a contributory physical disorder had a lower severity of domestic squalor. People older than 65 years were less likely to have a mental disorder than those younger than 65 years, but a contributory physical disorder was not associated with the presence of active mental disorder. Only 30 (53%) of the 57 individuals with active mental disorder had had any contact with mental-health services in the previous year.

INTERPRETATION: People who live in squalor and who receive special cleaning services have high rates of mental disorder, and squalor affects younger as well as older people. Living in squalid conditions in the group was generally associated with a mental or physical disorder, and there were possible deficits in the health care received. The extent to which these disorders might respond to more assertive treatment from health services requires further study, but questions are raised about the adequacy of their current health care.


A study of persons living in neglect, filth and squalor or who have a tendency to hoard. [Article in German]

Wustmann T, Brieger P.
Abstract PURPOSE: Who develops neglect, lives in filth and squalor or tends to hoard? What happens to people with such tendencies, after having been discovered by community mental health services?

MATERIALS AND METHODS: During a two-year observation period it was attempted to study all such persons in the city of Halle/Saale. Life history as well as medical, social and psychiatric variables were assessed. After a mean period of 11 months these persons were re-assessed.

RESULTS: 35 persons who lived in squalor and filth or in a neglected condition or who were known to hoard were assessed (60 % male, mean age: 63 years). 17 persons (49 %) suffered from an organic brain disease, 14 (40 %) fulfilled criteria of psychotic illness (mainly schizophrenia). In 9 cases a comorbid physical disorder contributed to the prevailing living conditions. After 11 months, for 21 persons (60 %) no amelioration of neglect, squalor or hoarding was observed, which was especially true for persons suffering from a psychotic illness. The results yielded some evidence that interventions, which aimed at living conditions (such as moving to sheltered accommodation), had positive effects, while this was not true for standard mental health care within community services and hospital treatment.

CONCLUSION: Neglect, living in squalor and hoarding are frequently symptoms of an underlying psychiatric or somatic illness. In this respect the results suggest that "standard care" proved to be of limited effect -- especially for subjects with a psychotic illness.


Snowdon J, Shah A, Halliday G.


Source Discipline of Psychological Medicine, University of Sydney, and Rozelle Hospital, Sydney, Australia. jsnowdon@mail.usyd.edu.au

Abstract BACKGROUND: Referrals to clinical services of people living in severe domestic squalor are not uncommon. It is timely to review literature concerning and discussing such cases. Method: Using Medline, Psychinfo, Embase, CINAHL and reference lists from relevant publications, literature referring to over 1100 cases was identified and then reviewed.

RESULTS: Half of those described as living in severe squalor are elderly. Outcomes of intervention are often poor. People living in severe squalor are most commonly diagnosed as having dementia, alcoholism or schizophrenia, though personality problems are evident in a high proportion.
There is evidence to suggest that neglect of hygiene and of attention to cleanliness of accommodation may be largely attributable to frontal lobe changes. The review also revealed a second body of literature, not often cited in papers focussed on unclean living conditions and published in psychiatric or medical journals, that concludes that hoarding is most commonly due to obsessive-compulsive disorder (OCD). Accumulation of rubbish is described in over half of the case reports on severe domestic squalor, but it is suggested that this should only be called hoarding if it results from purposeful collection of items. Lack of impulse control may contribute to collecting behavior, resulting in reduction in living space if there is also a failure to discard.

CONCLUSIONS: There is a need for further studies, using standardized ratings of living conditions, investigating and trying to understand the complex interplay of triggers and vulnerabilities, exploring how best to intervene and examining outcomes of interventions.

24. How and when to intervene in cases of severe domestic squalor.

Snowdon J, Halliday G.


Source Discipline of Psychological Medicine, University of Sydney, Concord Hospital, Sydney, Australia. jsnowdon@mail.usyd.edu.au

Abstract BACKGROUND: Little has been published concerning how best to intervene in cases of severe domestic squalor.

METHODS: Background literature and reports on how best to intervene in cases of severe domestic squalor were reviewed.

RESULTS: Reports by groups in London (Ontario), and Sydney (Australia) have provided recommendations for development of coordinated services to intervene in cases of squalor. Guidelines have been issued. Treatments for compulsive hoarding may contribute to improvement in cases where squalor is attributable to restricted access due to clutter.

CONCLUSIONS: Effective interventions in cases of severe domestic squalor are commonly expensive and require good inter-agency collaboration. Budgetary support must be available to enable appropriate services to take on cases and provide case management.


[Article in Dutch]

Koeck A, Bouckaert F, Peuskens J.
Source  Universitair Psychiatrisch Centrum ku Leuven, Kortenberg, België.

Abstract  The subject of this case study is a 69-year-old woman with the Diogenes syndrome. Hoarding, the major symptom of this syndrome, has been investigated more thoroughly in the literature than the syndrome itself. However, so far no consensus has been reached about the pathogenesis. Selective serotonin reuptake inhibitors or antipsychotics can be useful as treatment, depending on the underlying aetiology. Non-pharmacological forms of treatment such as behavioural and environmental interventions may also be required. The limited information about the prognosis is not encouraging.

26. **A tale of misnamed eponym: Diogenes syndrome.**

Author(s): Marcos, Miguel, de la Cruz Gomez-Pellin, Maria

Citation: International Journal of Geriatric Psychiatry, September 2008, vol./is. 23/9(990-991), 0885-6230;1099-1166 (Sep 2008)

27. **Diogenes' syndrome and intellectual disability: An uncommon association or under diagnosed?**

Author(s): Boyd, Andrew M, Alexander, Jacob

Citation: Australian and New Zealand Journal of Psychiatry, 2010, vol./is. 44/5(488-489), 0004-8674;1440-1614 (2010)

28. **Late-onset diogenes syndrome in Chinese - an elderly case series in Hong Kong.**

Author(s): Chan, Sau Man Sandra, Leung, Pui Yiu Vivian, Chiu, Fung Kum Helen

Citation: Neuropsychiatric Disease and Treatment, 2007, vol./is. 3/5(589-596), 1176-6328 (2007)

29. **Diogenes syndrome: A five-year follow-up.**

Author(s): Greve, Kevin W, Curtis, Kelly L, Bianchini, Kevin J

Citation: International Journal of Geriatric Psychiatry, November 2007, vol./is. 22/11(1166-1167), 0885-6230;1099-1166 (Nov 2007)

30. **Diogene syndrome, a clinical presentation of fronto-temporal dementia or not?**

Author(s): Lebert, Florence

Citation: International Journal of Geriatric Psychiatry, December 2005,
31. Is collectionism a diagnostic clue for Diogenes syndrome?

Author(s): Montero-Odasso, Manuel, Schapira, Marcelo, Duque, Gustavo, Chercovsky, Mariana, Fernandez-Otero, Lucas, Kaplan, Roberto, Camera, Luis A

Citation: International Journal of Geriatric Psychiatry, August 2005, vol./is. 20/8(709-711), 0885-6230;1099-1166 (Aug 2005)

32. Personality disorder masquerading as dementia: A case of apparent Diogenes syndrome.

Author(s): Greve, Kevin W, Curtis, Kelly L, Bianchini, Kevin J, Collins, Bradley T

Citation: International Journal of Geriatric Psychiatry, July 2004, vol./is. 19/7(703-705), 0885-6230;1099-1166 (Jul 2004)

33. Diogenes Syndrome presenting with a stroke in an elderly, bereaved woman.

Author(s): Ngeh, Joseph K. T

Citation: International Journal of Geriatric Psychiatry, May 2000, vol./is. 15/5(468-469), 0885-6230;1099-1166 (May 2000)

34. Diogenes' syndrome in patients with intellectual disability: 'A rose by any other name'?

Author(s): Williams, H, Clarke, R, Fashola, Y, Holt, Geraldine

Citation: Journal of Intellectual Disability Research, August 1998, vol./is. 42/4(316-320), 0964-2633;1365-2788 (Aug 1998)

35. A case of Diogenes syndrome.

Author(s): Reyes-Ortiz, Carlos A, Mulligan, Thomas

Citation: Journal of the American Geriatrics Society, December 1996, vol./is. 44/12(1486), 0002-8614;1532-5415 (Dec 1996)

36. Diogenes syndrome.

Author(s): Jolley D, Read K

Citation: International Journal of Geriatric Psychiatry, July 2009, vol./is. 24/7(778-9), 0885-6230;1099-1166 (2009 Jul)

38. Could self-neglect in older adults be a geriatric syndrome?

Author(s): Pavlou MP, Lachs MS

Citation: Journal of the American Geriatrics Society, May 2006, vol./is. 54/5(831-42), 0002-8614;0002-8614 (2006 May)

39. Diogenes syndrome in a pair of siblings.

Author(s): Esposito D, Rouillon F, Limosin F

Citation: Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie, September 2003, vol./is. 48/8(571-2), 0706-7437;0706-7437 (2003 Sep)