TO BE OR NOT TO BE... IS THERE A „DIOGENES SYNDROME" ?

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TO BE OR NOT TO BE ... IS THERE A „DIOGENES SYNDROME" ? (Abstract) : In this article we will focus on a much disputed eponym : "*Diogenes syndrome*" (DS). We reviewed selected key issues about the authors who introduced this entity into psychiatric practice, but also about its definition, risk factors, clinical manifestation, management aspects, as well as the similarities between Diogenes' life and philosophy and clinical manifestation of DS. Also, we will try to find if this syndrome should be maintain or not in the geriatric and psychiatric practices. We conclude that the name of the syndrome correlates well with Diogenes' life and philosophy as the name of the syndrome is a reference to the self-isolation and rejection of the outside world practiced by the cynical philosopher. Although DS is not included in DSM 5 or ICD-11 as a stand-alone entity, we consider that the use of an eponym related to the ancient and well known philosopher can be very useful in teaching medical terminology, but also it could contribute to medicine students' cultural background. **Key-words** : DIOGENES SYNDROME, EXTREME NEGLECTED SELF-CARE, SYLLOGOMANIA, PSYCHIATRIC PRACTICE, THE PHILOSOPHY OF CYNICISM

INTRODUCTION

In the history of medicine, there are certain syndromes with proper names, which we called eponymous syndromes (*eponymos*$_{\text{Greek}}$ = which gives its name), the name of which refers either to the doctor who initially identified the condition or to the patient who was the first presenting those clinical manifestations.

The *Diogenes syndrome* (DS) is an eponym used in psychiatry and geriatric medicine, but it has a curios acceptance from different authors. While some recommend its use in medical practice (1-4), others consider it confusing, and some others authors affirm that it cannot be correlated with the name of the cynic philosopher.

In this article we will focus on this much disputed eponym. We will review selected key issues about the authors who introduced this entity into psychiatric practice, but also about its definition, risk factors, clinical manifestation, management aspects, as well as the similarities between Diogenes' life and philosophy and clinical manifestation of DS. Also, we will try to find if this syndrome should be maintain or not in the geriatric medicine and psychiatric practices.

MATERIAL AND METHODS

We performed searches on the EBSCO, MEDLINE, WEB OF SCIENCES and GOOGLE SCHOLAR databases, from 1966 to 2020, using the terms "Diogenes syndrome", "senile

breakdown", "senile recluse", "senile squalor", "social breakdown", "syllogomania", "compulsive hoarding", "self-neglect / squalor", "management of self-neglect". Abstracts, papers and chapters published in French, Spanish and English have been preserved. Reference volumes in geriatrics and psychiatry were also consulted. In addition, we searched in philosophy books for reference data on "Diogenes the Cynic" and "the philosophy of cynicism".

RESULTS

Who imposed the term "Diogenes Syndrome" ?

This year marks the 15th anniversary of the death of Anthony Neville Gordon Clark (1924-2006), a British physician known not only for setting up a new geriatric medicine department at Brighton Hospital, but also for being an enthusiastic writer. He wrote a number of medical articles on various topics, his name being forever linked to "Diogenes syndrome". This eponym became known after Clark, as a lead author, along with other two colleagues, published an article in the *Lancet* in 1975, in which they described certain similar neurobehaviours in 30 patients (16 women, 14 men), aged between 66 and 92 years old, who were hospitalized in the Geriatrics Department of Brighton Hospital (1). All of them lived in dirty, untidy houses and had a dirty personal appearance, but they did not have any shameless. Their houses excessively accumulated all kinds of useless objects and even garbage. All of them lived alone, being isolated from the community. They were not poor, but had their own house. They were known to social services, but often refused any medical or social assistance. They had multiple physical diseases and had a high mortality rate (46%). They had particular personalities characterized by distancing, suspicion, emotional lability, aggression and distortion of reality (1).

These three authors brought together this complex of symptoms and signs under the term "Diogenes syndrome", but they used this term only in the title of the paper and not in the body of the text. Also, those three geriatricians did not explain why they used the phrase "Diogenes syndrome" only in the title of the article.

However, we consider that A.N.G. Clark, the first who coined this eponym, had solid knowledge of the cultural richness of Greek antiquity because he was born in a highly educated family, his father being a distinguished university lecturer, Cecil Henry Douglas Clark, who in his turn published a number of books. As such, it is for sure that ancient Greek philosophy was well known to Clark junior, and maybe he even had a passion for it because Diogenes has been the founder of a philosophical movement later called the Cynical School.

But Duncan Macmillan and Patricia Shaw were the first to describe an almost similar geriatric syndrome ten years earlier even if they didn't use this eponym. These two authors described a group of 72 patients (60 women and 12 men) over the age of 60, mostly widowed, some of whom had psychotic symptoms but others did not, who were characterized by a lack of interest in maintaining cleanliness of their home and of their personal hygiene, by isolating oneself from society and rejecting any help from others (2).

Epidemiology

Macmillan and Shaw initially reported a incidence of 0,5 per 1,000 persons aged over 60 years per annum (2). More recently, Montfort et al. reported a prevalence of approximately 1,6 per 10,000 persons in France, regardless of their age (3).

Classification of Diogenes syndrome

Based on the fact that almost half of patients with DS have no history of psychiatric illness, Reyes-Ortiz (4) classified this syndrome in : a). a primary form, in which the person is intelligent, but at the same time is aggressive, suspicious, emotionally unstable, stubborn and has no real perception of life ; b). the secondary form, which is correlated with various mental disorders.

Some others authors consider that there are four types of DS :

1. Active (the patient collects objects such as newspapers, other people's clothes, etc. and even garbage from outside and accumulates them inside his house, reaching to excessively crowd the inside of the house). This form can be triggered by an overlapping psychosis, borderline intelligence being the predisposing factor. Sometimes it can be triggered by frontoparietal hyperostosis, i.e. organic illness aetiology (5, 6).
2. Passive (the patient does not collect objects from the external environment, but is invaded by his own garbage that he does not

remove from the house). This form could be triggered by alcoholism and cognitive impairment (5, 6).
3. Diogenes "à deux" ("à deux" French means "with a second person specified") represents a form characterised by sharing the syndrome between two people). In 95% of cases this form of DS involves two people from the same family (two brothers, husband and wife or mother and son) (7-9).
4. "Under-threshold" DS form is the one in which not all of the constituting elements are present. It could be a prodromal phase of DS or a nosographic artefact, caused by early intervention or early institutionalization (5,6).

Etiology of Diogenes syndrome

Even though DS has been known to geriatricians and psychiatrists for more than 40 years, its aetiology is not fully known (10). DS could be the final pathway of several variables : an organic disorder, a psychiatric illness, such as senile dementia, schizophrenia, depression, all of them being aggravating by alcohol abuse, but there may be cases without psychiatric impairment (11, 12). In 1982, Post used the term "senile recluse" for describing the symptoms and sign related to DS and considered it is rather a final stage of the personality disorder (13). Radebaugh et al. defined DS as an interaction between dementia and chronic and debilitating physical illness in a personality prone to reclusivity and hostility (14).

Socio-demographic features of the patients with Diogenes syndrome

Patients with DS present a characteristic socio-demographic profile (4).
1. Initially, it was considered that DS affected elderly persons, aged 60 and over (1, 2), but in recent years it has also been described in younger individuals (15-17).
2. At its initial descriptions, it was thought that DS affect especially women (1,2), but there are currently studies that have shown women and men are similarly affected (4).
3. Most patients have average or above-average intelligence, defining the primary form of DS, but some patients may have psychiatric symptoms and this form represent the secondary DS (15).
4. Most patients with DS are widowed or separated, but a few live with their relatives, i.e. son / daughter, wife / husband, brothers/ sisters, so sometimes there may be two partners with this syndrome, i.e. DS "à deux" (11).
5. Patients with primary DS have good economic conditions (1, 4).
6. Patients with primary form of DS have a particular personality. They are domineering, quarrelsome, and independent individuals (2). Reyez-Ortiz (4) added that these patients are : "quarrelsome, authoritarian, suspicious, lonely, unfriendly, stubborn, aggressive and reserved".
7. Also in the primary form of DS, the patient has a normal IQ, even an above average intelligence (1, 4).

Risk factors for the development of Diogenes syndrome

There are certain risk factors for DS, including : some specific personality traits (unfriendly, stubborn, independent, distant, detached), living alone or in isolation, sensory lack, a somatic illness or a stressful event (loss of a loved one, retirement) (4).

Clinical Characteristics of Diogenes syndrome
1. The patient lacks any self-hygiene and any house cleanliness due to extreme neglected self-care (18). He is dirty, careless and smelly, with various crusts of dirt on the skin of the body, with skin ulcers and poor dentition.
2. When visiting patient's home, a squalor syndrome, signifying extreme neglect of the environment in which the patient lives, is always identified. As such, he/she lives in a dirty house with an extreme clutter, with household waste and useless objects all over the place, including on the floor, on furniture, in all closets, and in every room (4).
3. These patients present compulsive hoarding behaviour or syllogomania, i.e. an irrational grabbing of garbage and collection of all types of useless and no value objects from the external environment and storing them in his/her house. Usually, the patient's next door neighbours had complained many times to the health and social authorities about the smells and pests coming from this person's house (19).

4. All these patients are known for their social withdrawal as they have only limited contacts with the outside world (2, 4, 5, 19).
5. All these patients exhibit a lack of self-consciousness about their personal habits associated with a complete denial of any symptoms and "a tendency to distort the reality" (1, 4, 5, 19).
6. These patients express a shameless attitude to the resulting squalor and to the people around them as they did not feel offending anyone due to their behaviour (7).
7. A stubborn refusal of any help, be it medical or social, characterized all these patients (4, 5, 19).

Clinical complications of Diogenes syndrome

Complications related to DS range from death to the patient's loneliness inside his home (6, 20) and hygienic and medical complications that worsen the pre-existing pathologies. The patient has many mineral and vitamin deficiencies, including deficiencies of iron, folic acid, vitamin B12, vitamin C, calcium and vitamin D, serum protein and albumin, water and potassium (1, 4). As such, malnutrition, cachexia, osteomalacia, dehydration, infections can be identified. Various other pathologies could be associated, namely : renal failure, liver disease, tumours, arthritis, gangrene, cerebral vascular disease, neuropathies, Parkinson's disease, pulmonary embolism and pneumonia (1, 4, 5, 7, 19).

Due to lack of personal hygiene, these patients have numerous dermatological lesions such as bacterial or fungal infections and infestations with various parasites (eg, scabies and lice), as well as plaques with thick crusts covering various parts of the body consisting of dirt and dust or as skin ulcers (21, 22).

Management of the patients with Diogenes syndrome

Behavioral change and functional decline can be found in elderly patients even without DS. Elderly people have various clinical conditions that can simulate a DS. For this reason, the differential diagnosis is one of the key elements in the management of such a patient (23).

DS Management is a difficult problem given that these patients refuse any help because they do not think they have a health problem. In addition, DS is often identified by chance (for example, when a person has a condition that requires emergency hospitalization or there are repeated complaints from neighbours about pestilential odours emanating from a person with this syndrome due to excessive collection of objects and garbage).

The DS assessment should begin with a comprehensive medical and social history of patient's behaviour. A complete physical examination and blood screening are essential : they should include the biochemical laboratory investigation of iron, folic acid, vitamin B12, and calcium concentrations, serum protein, albumin and potassium levels. Liver, kidney, and thyroid function tests should serve as basic tests. Neuroimaging studies are also needed to rule out any underlying medical causes. Also, the neuropsychological and personality assessment, together with the consideration of psychosocial factors that could maintain self-neglect behaviour should be taken into consideration.

Changing the environment, such as cleaning of the house or providing another more suitable home may be indicated in some cases (24).

Regarding pharmacological or non-pharmacological treatment, Zolpidem can be used to ensure sleep, and partial reintegration of the patient can be achieved ; paroxetine could be administrated to treat for compulsive hoarding behaviour (15, 25).

Antipsychotic agents have been used when paranoid symptoms are present. Herran and Vázquez-Barquero reported the case of a 77-year-old woman who met the criteria for dementia with symptoms of DS and treated her with risperidone, thus improving her behaviour (26). Gálvez-Andres obtained the improvement of the behaviour of a patient with fronto-temporal dementia, secondary bipolar disorder and DS using quetiapine and sodium valproate (27). The use of selective serotonin reuptake inhibitors to manage compulsive hoarding behaviours has also been reported (28). However, there is currently emphasis on the long-term and persistent intervention of a multidisciplinary team to help patients with DS (29).

Who was Diogenes ?

Diogenes of Sinope (412-323 BC) distinguished himself in ancient Athens as a philosopher fascinated by Socrates' personality, as did other thinkers of the time, such as Plato (428-348) or Xenophon (445-355 BC). Plato turned

Socrates into the character of his "Dialogues", and Xenophon recounted some Socratic dialogues and wrote "Memorabilia", in which he exposed the ideas of his master (30). Plato and Xenophon were closer to the understanding of the profound message of Socratic philosophy, whose way of thinking began with irony. The purpose of irony was to make a detachment of the spirit from the absurd customs of the polis, in order to prepare the Greek people for the new political realities. Later on, it continued with maieutic method, through which the inner truth, understood by each individual, comes to light; it is an authentic Truth, which is assumed by the individual as it is the result of his own decisions.

In the case of Diogenes we witness a blockage of philosophical thought in the first phase of the Socratic method, respectively in the phase of irony.

Diogenes is not interested in finding the Truth because he remains in the phase of negation, in which he no longer assumes the human; he remains in the company of dogs and not of humans, considering that nothing human has value. We consider that cynicism can be defined as total blindness, as a total distrust of man to access the Truth.

We believe that cynicism can be defined as total blindness, as a total distrust towards man and, especially, a lack of confidence in its ability to access Truth - the supreme moral value.

In this context, irony becomes a goal in itself, and as such Diogenes is pushed into the pathological area, like the miser, who hoards wealth and spends as little money as possible. The miser transforms money into a goal in itself, destroying his own life. Therefore, he enters into a pathological situation, thus dissolving the fundamental Kantian principle according to which man must be seen as a goal in himself, as all other things depend on him. Diogenes - the Cynic pushed Socratic irony into the pathological area by the fact that he did not aim at the Truth, as Socrates did, but he remained in a phase of denying all values and failed to offer anything instead of this denial. Precisely in this denial viewed as a goal in itself lies the great difference between the pathological situations in which Diogenes finds himself compared to Socrates. Socrates' thinking does not stop in the phase of denying traditional values, marked by irony, but aims at the maieutic method of discovering those deeply human truths that the individual finds in his soul.

In both Socrates' and Plato's philosophies, who correctly understood Socraticism, irony is a practice whose fundamental role is to finally discover the individual as a goal in himself, who is capable, through dialectics, through inter-subjective dialogue, to initiate the path to Truth. This is not the case with the philosophy of cynicism. For Diogenes, negation becomes an end in itself, not the emancipation of the individual. He is in a permanent phase of denial, of refusal, including towards himself.

However, Diogenes lived after the principles of his philosophy. He lived alone in a barrel and walked around like a beggar (he had a rough cloak, a stick and a wallet) (Figure 1); he was dirty because he didn't wash and had his dinner in the central market of the city even though this activity was forbidden (31, 32).

Diogenes cultivated the lack of shame that was considered by his followers as a sanction against corrupt leaders, but this shamelessness can also mean a certain impairment of human behaviour if we think that, at a banquet, one of the participants threw him a bone and the philosopher behaved like a dog: "so he, when went away, put up his leg against them as if he had been a dog in reality" (32). Because he was considered to be like dogs accompanying him, Diogenes was called "the cynic" as he manifested a condemnable attitude, defying the rules of morality and the norms of social coexistence (Figure 2).

The cynic shamelessness was publicized by Diogenes. When Alexander the Great visited him, the cynic philosopher treated him like anyone else and when he was asked: "What would you like?", Diogenes ironically replied: "Get out of my sight because the sun's rays no longer reach me" (32).

Cercidas, another cynic philosopher of the Greek antiquity, wrote a poem about Diogenes' death and confirm the fact that Diogenes presented a self-neglect behaviour along his life:

"He, that Sinopian who bore a stick,
Wore his clock doubled, and in th' open air
Dined without washing, would not bear with life
A moment longer: but he shut his teeth,
And held his breath. He truly was the son
Of Jove, and a most heavenly-minded dog,
The wise Diogenes" (32).

It seems that Plato, himself a Socratic philosopher just like Diogenes, but with whom he had many controversies, said once about the famous Cynic that he was "an insane Socrates." Towards the end of his life, Diogenes developed his cynic spirit so much that, in the end, he delimited himself from the fortress, becoming a true misanthrope, an unsociable, unfriendly, and grumpy person (33).

Living on the fringes of society, Diogenes was firmly convinced, however, that no man can rise to the level of Socrates. The legend says that he walked in broad daylight with a lighted lamp looking for „a real man", according to his master. Thus, Diogenes syndrome, at least viewed from philosophical and psychoanalytic points of view, can originate in dissatisfaction, in a complex of inferiority to a master or a spiritual model, which cannot be overcome, despite the endeavour that had to be done in this regard. This fact determines in the end the ruin of any effort towards self-transcendence and perfectibility of one's own condition. In order for fate to be accepted, only the negation of all values was preferred by the ancient cynical philosopher, even in the form of a permanent irony, which becomes an existential status in Diogenes' life.

Should the term "Diogenes Syndrome" be retained in medical literature ?

Although there are many more authors who believe that the term "*Diogenes syndrome*" should be kept in the medical literature and practice, some authors pointed out that this eponym is not correct.

Camps and Le Bigot do not consider that the image of Diogenes would have to do with that of the subjects with DS because the philosopher's lifestyle was a political one as he wanted to denounce the hypocrisy of the social conventions of his time (34).

Even though the name of the syndrome is a reference to the self-isolation and rejection of the outside world practiced by the philosopher, Marcos and de la Cruz Gómez-Pellín (35) did not agree with the use of the philosopher's name to label this syndrome. These authors considered that Diogenes' unconventional manners and haughty contempt for others are not the equivalent to the complex behaviour described by Clark et al. Moreover, since he was begging from the people he met, it could be assume that he did not refuse the help of those around him as a patient with this syndrome does. Given these fact that Diogenes was never diagnosed as having his "own" syndrome and, despite the scarcity of reliable historical sources and the potential mixture of reality and fictional accounts about Diogenes' life, Marcos and de la Cruz Gómez-Pellín believed that the eponym has a insignificant historical basis. These two authors pointed out that this syndrome is not included in ICD-10 because its characteristics are included in many diagnoses (e.g. obsessive-compulsive or personality disorders, or dementia), but not as a specific disease. However, they recognize that the rejection of all conventions, including those of decency, could somehow be interpreted as self-neglect (35).

Burton V. Reifler (36) did not find any particular useful of the term DS and claimed that Diogenes voluntarily chose his lifestyle, while there is no evidence of a voluntary choice in the patients with Diogenes syndrome.

Eva Cybulska (37) considers that it is the time to exonerate Diogenes of Sinope from any connection with this psychiatric syndrome of the elderly because the philosopher was only an exponent of cynicism and did not showed any of the known symptoms that describe what might be better called "gross self neglect" or "senile recluse". She believed that a better name for this syndrome could be "Plyushkin's syndrome" because this character of Gogol's novel *Dead Souls* express better the symptoms and signs included in this syndrome.

Now, it is well known that this syndrome is not included in DSM 5 (38) or ICD-10 (39) as a stand-alone entity, but it is denominated as Hoarding Disorder (collecting and accumulation of unnecessary objects) in the Obsessive-Compulsive Disorder and Related Disorders Chapter (F42) in DSM 5, where the Diagnostic Criteria for this disorder are as followings :

a. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
b. This difficulty is due to a perceived need to save the items and to distress associated with discarding them.
c. Difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If

Fig. 1. "Diogenes" (1882) by John Waterhouse (1849-1917) : the painting represents the cynical philosopher living in a barrel and dressed like a beggar with ragged clothes (Public domain).

Fig. 2. "Diogène" (1873) by Jules Bastien - Lepage (1848-1884) : the painting shows a naked philosopher in a state of apathy, detached of all the attractions of the world (Public domain).

living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

d. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).
e. The hoarding is not attributable to another medical condition (e.g., brain injury, cerebrovascular disease, Prader-Willi syndrome).
f. The hoarding is not better explained by the symptoms of another mental disorder (e.g. obsessions in obsessive-compulsive disorder, decreased energy in major depressive disorder, delusions in schizophrenia or another psychotic disorder, cognitive deficits in major neurocognitive disorder, restricted interests in autism spectrum disorder)" (38).

Although DS is not included in DSM 5 or ICD-10 as an independent entity, we consider that the use of an eponym related to an ancient and well known philosopher could contribute to better mnemonic mental fixation of the described symptoms.

This term explain well the lifestyle exposed by the philosopher of Greek antiquity, Diogenes - the Cynic, who sought self-sufficiency and freedom from social constraint and material value. We also highlight the fact that the term "Diogenes syndrome" should be retain in the medical literature because the story behind this eponym can be very useful in teaching medical terminology to medicine students.

Also, using this eponym in medical practice could keep alive doctors' curiosity about the history of medicine, which is one of the disciplines that bring some "colour" to daily medical practice.

CONCLUSIONS

Doctors have often called various associations of symptoms and signs with particular names so that today there are thousands of eponyms. Even though Clark et al. did not give any explication about the similarities between

their patients' clinical characteristics and Diogenes' social manifestation, we consider that the term is useful in medical practice as the symptoms and signs included under its "umbrella" express well the ideas of cynical philosophy and as such provides rich historical information, contributing to medicine students' cultural background.

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