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COMPLICATED GRIEF: REVIEW

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ABSTRACT

Complicated grief response occur after loss of loved one and when person can't overcome from grief in time, There is no formal definition of complicated grief, but researchers describe it as an acute form persisting more than six months. An unexpected or violent death, death of a child especially lone child to parents, close or dependent relationship to the deceased person, lack of a support system or friendships, past history of depression are the major risk factors of depression. Complicated grief and major depression are approximately similar to each other. In some cases, clinical depression and complicated grief occur together. Antidepressants & psychotherapy called complicated grief therapy may be effective.

INTRODUCTION

Losing a loved one is more stressful, unfortunate, and these are the common experiences people face. During bereavement period most of the people experience numbness, body aches, sorrow and even anger. Gradually these feelings ease, and it's possible to accept loss and move forward. When feelings of loss are not weaken and don't improve even after time passes, known as complicated grief.

There is no formal definition of complicated grief, but researchers describe it as an acute form persisting more than six months, at least six months after a death. Its chief symptom is yearning for the loved one so intense that it strips a person of other desires. Life has no meaning for them; joy is out of bounds [1].

Prevalence:

In Prolonged Grief Disorder, bereavement difficulties persist or grow and not diminish with time.

The study on 5741 older adults was reported that prevalence within the general population was 4.8%. Current grief was reported by 1089 participants, and of these 277 (25.4%) were diagnosed with complicated grief [2].

Risk Factors:

Several factors that may increase the risk of developing complicated grief include: An unexpected or violent death, death of a child especially lone child to parents, close or dependent relationship to the deceased person, lack of a support system or friendships, past history of depression or other mental health issues, traumatic childhood experiences such as abuse or neglect, lack of resilience or adaptability to life changes, other major life stressors.

A history of trauma or loss, a history of anxiety and mood disorders, insecure attachment style, being a caregiver for the deceased, a violent cause of death (e.g. suicide), and a lack of social support after the loss more prone for developing Prolonged Grief Disorder [3].

Causes:

It is unknown that what causes complicated grief. As with many mental health disorders, it may

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involve inherited traits, environment, individual's coping ability, previous life experiences, available support system and type of personality.

Period of bereavement is a major stressor that can result in physical and mental health problems. When a loss is sudden or unexpected, the loss may be traumatic for the bereaved person and a painful and debilitating complicated grief reaction may develop.

Signs and Symptoms

In initial few months after a loss, many signs and symptoms of complicated grief are same as those of normal grief. Normal grief symptoms gradually start to fade over time; those of complicated grief get longer and worse. Signs and symptoms; intense sorrow, focus on memories of the loved one, intense and persistent suffer a mental and physical decline, especially because of a broken heart, problems accepting the death, numbness or

detachment, feeling that life holds no meaning or purpose, irritability or agitation, inability to enjoy life [4].

Diagnosis

Grieving is varying with person to person, and determining when normal grief becomes complicated grief can be difficult. There's currently no agreement between mental health experts how much time must pass requires to diagnose complicated grief. Complicated grief and major depression are approximately similar to each other, but there are also distinct differences. In some cases, clinical depression and complicated grief occur together. Getting the correct diagnosis is essential for appropriate treatment.

A working group for the next edition of the ICD recently recommended adding a diagnosis of PGD to ICD-11 [5].

Diagnostic Criteria according to ICD-11(purposed) Prolonged Grief Disorder and DSM-5 Persistent Complex Bereavement-Related Disorder

ICD-11 Prolonged Grief Disorder (purposed)	DSM-5 Persistent Complex Bereavement-Related Disorder
<p>A. Death of a close other</p> <p>B. Yearning for the deceased daily or to a disabling degree</p> <p>C. Five or more of the following daily or to a disabling degree:</p> <ol style="list-style-type: none"> 1. Confusion about one's role in life or diminished sense of self 2. Difficulty accepting the loss <p>3. Avoidance of reminders of the reality of the loss</p> <ol style="list-style-type: none"> 4. Inability to trust others since the loss 5. Bitterness or anger related to the loss <p>6. Difficulty moving on with life (e.g., making new friends, pursuing interests)</p> <ol style="list-style-type: none"> 7. Emotional numbness since the loss 8. Feeling that life is unfulfilling, empty, or meaningless since the loss <p>9. Have a feeling of stunning, dazed, or shocked by the loss</p> <p>At least 6 months have passed since the death</p> <p>E. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning</p> <p>F. The disturbance is not better accounted for by major depressive disorder, generalized anxiety disorder, or posttraumatic stress disorder.</p>	<p>A. Death of a close other</p> <p>B. Since the death, at least one of the following on most days to a clinically significant degree for at least 12 months after the death:</p> <ol style="list-style-type: none"> 1. Persistent yearning for the deceased 2. Intense sorrow and emotional pain in response to the death 3. Preoccupation with the deceased 4. Preoccupation with the circumstances of the death <p>C. Since the death, at least six of the following on most days to a clinically significant degree for at least 12 months after the death:</p> <ol style="list-style-type: none"> 1. Marked difficulty accepting the death 2. Emotional numbness or disbelief over the loss 3. Difficulty with positive reminiscing about the deceased 4. Bitterness or anger related to the loss 5. Maladaptive appraisals about oneself in relation to the deceased or the death (e.g., self-blame) 6. Excessive avoidance of reminders of the loss 7. A desire to die to be with the deceased 8. Difficulty trusting other people since the death 9. Feeling alone or detached from other people since the death 10. Feeling that life is empty or meaningless without the deceased or the belief that one cannot function without the deceased 11. Confusion about one's role in life or a diminished sense of one's identity 12. Difficulty or reluctance to pursue interests or to plan for the future (e.g., friendships, activities) since the loss <p>D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning</p> <p>E. The bereavement reaction should be out of proportion with cultural or religious norms</p>

Note. Proposed criteria for ICD-11 PGD are from Prigerson et al. (2009), referenced in Maercker et al. (2013). Criteria for DSM-5 PCBD are from the American Psychiatric Association (2013).



Treatment

Mental health care provider will determine what treatment is likely to work best for one based on particular symptoms and circumstances. Fourteen randomized controlled trials met the inclusion criteria and concluded that treatment interventions can effectively diminish complicated grief symptoms.

Medications

Antidepressants may be helpful in people who have clinical depression as well as complicated grief. There is no solid research to suggest it.

Pharmacotherapy

Some case series and open-label trials have suggested that selective serotonin reuptake inhibitor antidepressants may help in Prolonged Grief Disorder [6]. On the other hand, a randomized controlled trial found a tricyclic antidepressant to be ineffective for grief reduction, even while it exerted a powerful effect on major depressive symptoms in the bereaved [7]. Some experts have suggested that pharmacotherapy may be a useful adjunct to psychotherapy in the treatment of Prolonged Grief Disorder [8]; studies testing this combined approach are ongoing.

Psychotherapy

Complicated grief is sometimes treated with a type psychotherapy called complicated grief therapy. It is similar to psychotherapy techniques used for post-traumatic stress disorder. Other counselling approaches also may be effective.

In a meta-analysis study of randomized controlled trials of psychotherapy for adults with Prolonged Grief Disorder, cognitive-behavioral grief-targeted interventions were found to be more effective than control conditions (i.e., supportive or other nonspecific therapy, or wait list) for reducing PGD symptoms [9].

Coping and support

Although, it is important to get professional treatment for complicated grief. One who experiencing

complicated grief should adhere to following interventions: (1) Stick to treatment plan, (2) Exercise regularly, (3) Self-care, (4) Reach out to faith community, (5) Practice stress management, (6) Socialize, (7) Plan ahead for special dates or anniversaries, (8) Learn new skills, (9) Join a support group.

Prevention

It's not clear how to prevent complicated grief. Getting counselling or psychotherapy soon after a loss may help, especially for people at increased risk of developing complicated grief. Treatment interventions can effectively diminish complicated grief symptoms. Preventive interventions, on the other hand, do not appear to be effective [9].

Counselling. Through early counselling, a person can explore emotions surrounding his/her loss and learn healthy coping skills. This may help prevent negative thoughts and beliefs from gaining such a strong hold that they're difficult to overcome.

Talking. Talking about grief and allowing for crying also can help prevent from getting stuck in sadness.

Support. Family members, friends, group therapy and social support groups are all good options to work through grief. Find a support group focused on a particular type of loss, such as death of a spouse or a child. Ask doctor to recommend local resources.

Complications

Complicated grief can affect physically, mentally and socially. Without appropriate treatment, complications may develop, which include: depression, Anxiety, Suicidal thoughts or behaviours, Increased risk of physical illness, such as heart disease, cancer or high blood pressure, Significant sleep disturbances, Long-term difficulty with daily living, relationships or work activities, Post-traumatic stress disorder, Alcohol or substance misuse, Nicotine use, such as smoking.

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