



INSTITUTE FOR INNOVATION
IN PALLIATIVE CARE

Interprofessional Webinar Series



INSTITUTE FOR INNOVATION
IN PALLIATIVE CARE

Grief and Bereavement

E. Alessandra Strada, PhD, MSCP, FT

Director of Integrative Medicine and Bereavement Services

MJHS Institute for Innovation in Palliative Care

MJHS Hospice and Palliative Care

Disclosure Slide

E. Alessandra Strada, PhD, MSCP, FT, has no financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in these materials. Any discussion of investigational or unlabeled uses of a product will be identified.

Russell K. Portenoy, MD, Planner, has indicated a relationship with the following: Pfizer Inc. No other Planning Committee Member has any disclosures.

Objectives

- Present update on grief and bereavement models
- Review anticipatory grief and complicated grief in patients and caregivers
- Discuss elements of assessment and differential diagnosis
- Explain application of evidence-based interventions

Relevance of the Topic

- Grief and bereavement commonly in the experience of patients and caregivers
- Grief and bereavement care as mandate for palliative care clinicians
- Symptom overlap makes diagnosis difficult
- Diagnosis drives treatment
- Adequate treatment approach makes a significant difference in quality of life

Definitions and Key Concepts

- **Loss**

- being deprived of someone or something important

- **Grief**

- normal reaction to loss

- **Bereavement**

- grief from death of someone close

- **Mourning**

- psychological process of integrating the pain of grief; cultural practices in expression of grief

- **Anticipatory aka Preparatory Grief**

- Precedes the death and results from expectation of the death

Definitions and Key Concepts

- **Complicated Grief aka Prolonged Grief Disorder** – Shear 2005
 - Grieving process symbolically stuck
- **Disenfranchised Grief** – Doka, 2002
 - Not sanctioned by society
- **Chronic Sorrow** – Eekes et al, 1998
 - Ongoing progressive losses

Conceptualizations of Grief and Bereavement

- **Early Models--“Grieving the right way and moving on”**
 - Importance of “detaching” from the deceased
 - Freud: Mourning and Melancholia
 - “Absent grief” (Deutch, 1937)
 - Importance of intense “grief work”
 - Phases or stages (Kubler-Ross, 1969)
 - Importance of exhibiting strong affect

Conceptualizations of Grief and Bereavement

- **Recent Models – Uniqueness of the Grieving Process**
 - Grieving Styles (Martin and Doka, 2000)
 - Maintaining a connection with the deceased (Klass et al, 1996)
 - Resilience (Bonanno, 2004)
 - Complicated grief and pathology (Prigerson, 2001; Shear, 2005)
 - Dual Model (loss-restoration) (Stroebe, 1999)

Physical Manifestations of Grief

- SOB
- Tightness in the throat
- Body aches, muscle tension
- Dizziness, nausea, GI problems
- Anxiety, panic attacks, heart palpitations
- Weight gain or loss
- Physical numbness

Zisook et al., 1982; Clieren, 1993; Raphael, 2000

Psychological/Cognitive Reactions of Grief

- Numbness, shock, disbelief, euphoria, sadness, yearning, anxiety, anger, guilt, confusion, loneliness, irritability, anguish, and relief
- Disorganized thinking, transient auditory and visual hallucinations, impaired memory, constant worry. Greater risk for destructive behavior and disruption in familiar relationships

Spiritual Manifestations of Grief

- Hopelessness
- Anger at God or Higher Power
- Conflicts in faith beliefs
- Loss of meaning

Anticipatory aka Preparatory Grief in Patients

- “The grief the terminally ill patient has to undergo to prepare himself for his final separation from this world”
– Kubler-Ross
- NOT pathology
- Different from Depression, but could be comorbid
- Mood fluctuation and generally lack of worthlessness or irrational guilt – Mistakidou et al., 2008

Anticipatory Grief in Caregivers

- May become unmanageable
- Requires ongoing monitoring
- Need to identify concerning behaviors
- Respect cultural expressions of grief
- Possible risk factor for complicated grief

Reynolds & Botha., 2006; Holley & Mast, 2009

Preparatory Grief

- Mood fluctuates
- Self-esteem is generally intact
- Patient able to enjoy seeing and interacting with friends and family
- Able to look forward to special occasions
- Sense of meaning fluctuates

Clinical Depression

- The patient feels sad or low most of the time
- Feelings of worthlessness and guilt
- Patient withdraws from friends and family
- Less talkative, not engaging
- Anhedonia
- Complete loss of meaning

Complicated Grief

- The bereaved individual is frozen or stuck in a chronic/constant state of mourning.
- Much of the individual mental anguish stems from their ***psychological protest against the reality of the loss*** and a general reluctance to make adaptation to life in the absence of the loved one
- Symptoms experienced for at least six months
 - Consider cultural differences

Complicated Grief

- **Separation distress with intense longing and yearning**
- **Anger and bitterness**
- **Shock and disbelief**
- **Behavior change**

- Different from depression – Jacobsen et al., 2010

- Caregivers
 - Identify risk factors during palliative care

Risk Factor for CG

- Relationship and attachment style
 - Extremely dependent, unable to imagine life without deceased
- Personal vulnerability
 - Prior or current psychiatric history
- Circumstances of the death
 - Traumatic, unexpected
- Psychosocial context of the death
 - Financial stressors

Shear et al., 2005; Simon et al., 2011

Grief and the DSM-5

1. Complicated grief not included as diagnostic entity, but as condition for further study: Persistent Complex Bereavement Disorder
 2. Elimination of bereavement exclusion criterion in diagnosis of Major Depression
- Major depressive episode:
 - 29% to 58% after first year
 - 50% of widows and widowers in first year of bereavement

Psychosocial Approaches

- Supportive Education
 - By each member of PC team
 - Clarify and normalize
 - Grieving style
- Counseling
 - Facilitate normal grieving
 - Here and now
- Psychotherapy
 - Family-Focused Grief Therapy – Kissane et al., 2006
 - Complicated Grief Treatment – Shear et al., 2005; 2014
 - Complex grieving process
 - Pathological grief
 - Depression

Worden, 2009; Strada, 2013

Pharmacological Approaches

- Complications of grief reactions: major depression, anxiety disorders, and complicated grief
- Combined therapy → best results
- ***Concern that medication interferes with mourning process not supported by evidence***
- Not recommended immediately after bereavement
- Problematic prescribing practices
 - benzodiazepines

Woods and Winger, 1995; Warner and Metcalf, 2001; Cook et al, 2007 a; Cook et al., 2007b

Antidepressants in Bereavement-Related Depression

- Safe and moderately effective
- Better for depression than grief symptoms
- Desipramine (Jacobs et al., 1987)
- Nortriptyline (Pasternak et al., 1991)
- Nortriptyline and interpersonal therapy (Reynolds et al., 1999)
- Antidepressants and ADLs in older patients (Oakley et al., 2002)
- Sertraline for disturbing dreams (Ishida et al., 2010)

Antidepressants in Complicated Grief

- Antidepressants some efficacy
- Depressive symptoms improve earlier
- Comorbid with depression
- Paroxetine and therapy for traumatic grief (Zygmunt et al. 1998)
- Escitalopram (Simon et al., 2007; Hensley et al., 2009)
- Concurrent naturalistic pharmacotherapy and Complicated Grief Therapy (Simon et al., 2008)

Summary

- Recognize and support grief reactions in patients and caregivers
- Provide psycho-education and normalize manifestations of normal grief
- Identify presence of risk factors for complications of bereavement
- Develop integrated treatment plans to address patients' and caregivers' distress

Grief and Bereavement

Q/A