

Death, Grief and Bereavement


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- Approved for one hour “ethics” CME
 - Approved for one hour “risk management”

<https://utdirect.utexas.edu/pli/index.WBX>

(drop down window labeled “GR-Grand Rounds”)



Despite all contrary wishes,
loss is a fact of life!

Objectives

1. Recognize that patients experience anticipatory grief
2. Understand grief through the context of five key descriptors
3. Recognize the diagnosis of grief versus psychiatric illness
4. Appropriately treat grief

Different Types of “Loss”

- Death of parent, grandparent, sibling, partner, child, close friend, roommate, classmate, colleague
- Loss/breakup of relationship
- Loss of friendship
- Serious illness in self or other

Grief

- The emotional response associated with loss

Bereavement: Studies of Grief in Adult Life
3rd edition, Madison; International
Universities Press, 1998

Bereavement

- State of loss resulting from death

Handbook of Bereavement. Cambridge University Press, 1993

Mourning

- The process of adaptation, including the cultural and social rituals prescribed as accompaniments


The Anatomy of Bereavement. London; Hutchinson, 1983

What do we know about grief?

- Is grief normal?
- What degree of grieving is normal?
- What defines abnormal grief?
- Do you treat normal grief?
- Who is at risk for abnormal grief?
- What works to treat abnormal grief?

Do animals grieve?

- Darwin documented his observations in “The Expression of the Emotions in Man and Animals” back in 1872
- American Society for Cruelty’s 1966 study
- So.....is it grief genetic imprinting?????



“In many ways grief is the debt that has to be repaid for investment into the joys of life.”

David W. Kissane, Oxford Textbook of Palliative Medicine, 2004

Siggy was first in a long line of theoretical models of grief

- Sigmund Freud 1917
- Erich Lindermann
- John Bowlby
- Collin Murray Parkes
- Therese Rando
- William Worden
- Catherine Sanders
- John Schneider

First attempt to study grief

Cocoanut Nightclub Fire Study

Lidemann, Erich, *Symptomatology and Management of Acute Grief*, American Journal of Psychiatry 1944, 101 (2): 141-148

Five key points about grief

1. Grief is normal
2. Grief is more than sadness
3. Grief is highly individualized
4. Grief is always a process
5. Grieving holds rich possibility

1. Grief is normal



- Human response to loss
- Results from attachment
- It's the mark of a full life

2. Grief is more than sadness



- Affects every part of life
 - Psychological
 - Physical
 - Behavioral
 - Social
 - Spiritual

What can a lay-person expect

- Emotional symptoms

- Disbelief
- Anger
- Denial
- Bargaining
- Acceptance
- Depression
- Relief
- Gratitude
- Joy

- Physical Symptoms

- Sleeplessness
- Restlessness
- Sadness
- Decreased appetite
- Tearfulness
- Fatigue
- Nausea
- Anxiety
- Odd dreams or nightmares
- Lack of concentration
- Obsession

What can a lay person expect

- Social responses

- Social withdrawal
- Avoid being alone

- Spiritual responses

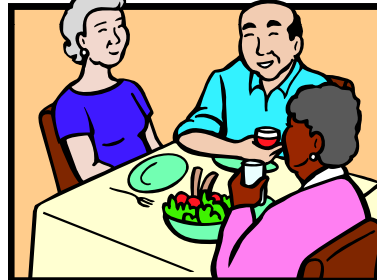
- Changed religious observances
- Changed spiritual practices
- Changed feelings directed to God
- Grappling with meaning
- Deepened spiritual awareness

What are the common complaints that physicians see in a grieving patient

- Throat tightness
- Chest pain
- Gastro-intestinal distress
- Dizziness
- Fatigue
- Susceptibility to illness
- Memory loss



3. Grief is highly individualized





4. Grief is always a process

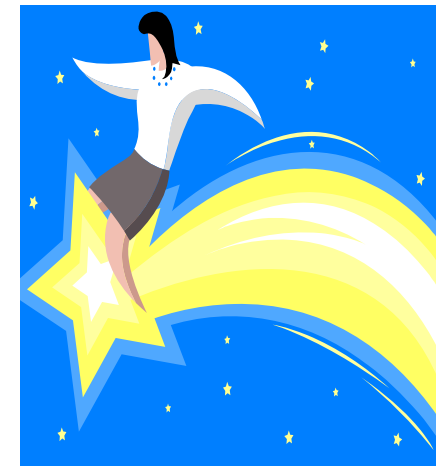
- Begins before the death
- Not orderly or predictable
- Includes a series of stage or tasks
- No one “gets over it”
- Grief work leads to living with the loss

5. Grieving holds rich possibility





Connect with your transcendence

**Renewing old friendships
and making new ones**



Go on and rebuild your life



Bereaved people teach us that they live suspended between a past that they long for and a future for which they hope for.

Associated DSM-IV Grief Diagnoses

- Complicated grief: normal grief reactions that continue longer than 6 months
- Delayed grief: suppressed or postponed normal grief reaction
- Exaggerated grief: survivor may resort to self-destructive behavior
- Masked grief: survivor is not aware that behaviors that interfere with normal functioning are related to the loss



Red flags to recognize possible comorbid PTSD



- Triggered by traumatic event
- Primary emotion is fear – not sadness
- Nightmares are common
- Painful reminders trigger exacerbation

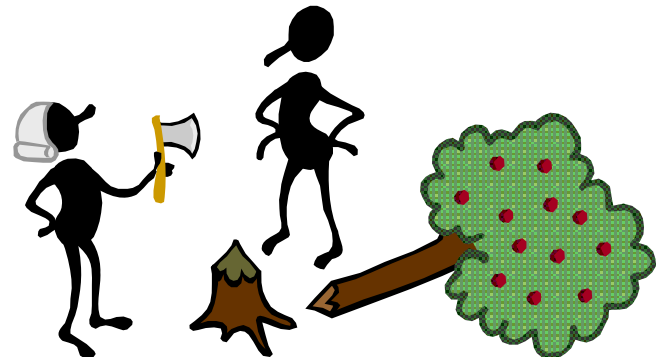
Red flags to recognize possible comorbid MDD

- Pervasive sad mood (> 2 months)
- Suicidal ideations
- Pervasive sense of guilt/worthlessness
- Symptoms do not abate but worsen
- Psychomotor retardation
- Helped by antidepressant meds

Anticipatory grief



Clinician's role – be **honest** about prognosis, goals, and treatment options. (Nothing inhibits normal anticipatory grief more than ambiguity from the clinician).



What treatment do you order for normal grief?

- None

Neimeyer, 2000

What should you do for the patient?

- Provide acceptance and nonjudgmental listening
- Remind bereaved to eat, sleep and take care of themselves
- Give permission to grieve

Unhelpful & Helpful comments

1. I know exactly how you feel.
2. I can imagine how...
3. I understand how....

1. I am sorry that you are going through this painful process.
2. It must be hard to accept that this has happened.
3. It's OK to grieve and be really angry with God and anyone else.

What treatment do you order for complicated grief?

- Psychology Consult
- Anti-anxiety agents – short term use for <2 weeks may be helpful
- Antidepressants – no research on length of treatment
 - Mirtazapine (side effect of sedation)
 - Escitalopram (minimal side effects)

Neimeyer, 2000

Zisook and Schutcher, 2001



Risk factors for complicated grief

- H/O depression, MDD, dysthymic d/o, depressive personality d/o, bipolar d/o
- Under 30 years of age
- Poor general health
- Limited social support system
- Unemployment

What treatment do you order for delayed, exaggerated, or masked grief?

- Psychology consult
- Psychiatry consult

“I told you I was sick!!!”

