



# Nurturing syndrome: a form of pathological bereavement with delusions in Alzheimer's disease

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## Abstract

We report the history and neuroimaging profile of two patients, CS and KC who developed an unusual bereavement reaction with delusions following the deaths of their husbands. Their neuropsychological profiles met criteria for dementia of Alzheimer type. The delusions about their husbands' existence were persistent despite a considerable passage of time after their deaths. SPECT investigation showed reduction of blood flow in the frontal area in both patients when compared with demented controls and in particular a significant reduction in perfusion was observed in the right frontal regions. We argue that this significant reduction of blood flow in the right frontal area, in the context of severe cognitive deterioration, might be responsible for their delusional reaction to bereavement which we interpret as result of reality monitoring and episodic memory failure. © 1999 Elsevier Science Ltd. All rights reserved.

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## 1. Introduction

Delusions are frequently observed as a primary manifestation of Alzheimer Disease (AD) [17,61]. Alzheimer himself [3] reported that one of the first symptoms of his patient August D. was an unjustified 'strong feeling of jealousy towards her husband' (Engl. transl. [4], p. 1); August D. had several episodes of hallucinations and delusions [39,46]. Long before Alzheimer's original description, delusions were reported in the course of what now appear to be typical dementing illnesses. A good example is the case of a tax-collector, Johann Christoph Becker, described in 1785 [6,23], who became amnesic and demented and was convinced, against all evidence, that 'he shall be

slaughtered and that sausages shall be made from his flesh' ([23], p. 432). Delusions were also a key feature of King Lear's dementia<sup>1</sup> (see [31] for a detailed analysis of Lear's cognitive and behavioural failures).

Metanalysis studies by Wragg and Jeste [62], and Absher and Cummings [1] report an average frequency of delusions in AD of about 35%. The links between delusions and demographic variables such as age of the patient (e.g. [35]), gender (e.g. [10]) and level of formal education (e.g. [18]) remain matters for debate. Similarly, authors disagree on the relationship between the presence of delusions and the duration (see e.g. [44]) or severity of the disease (see e.g. [19,53]). Delusions are distressing symptoms for AD patients and their carers and are often a reason for institutionalising a patient [16,45,59]. In this paper we report two patients showing an as yet unreported form of delusion with a content relating to their bereavement.

One of the most profound losses experienced by adults is the death of a spouse. Studies of bereavement

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<sup>1</sup> Look, look a mouse! Peace, peace; this piece of toasted cheese will do't. There's my gauntlet; I'll prove it on a giant (IV, vi, 89)

in healthy elderly emphasise the frequency of visual and auditory hallucinations and illusions concerning the dead spouse [11,25,26,47]. In normal old people the hallucinations and illusions of bereavement may persist for long periods and are often perceived as comforting and helpful in easing the adjustment to separation and loss. These experiences, although vivid, occur in inner subjective space and insight is usually present. In most instances the mourning process leads to spontaneous resolution. Occasionally, the grief process may take a pathologic form: searching behaviour and denial of loss may then be associated with enduring functional and emotional impairments, and the grief process may be complicated by clinically significant depressive and anxiety states [51]. Fixed delusions and related abnormal behaviours are, however, very unusual in normal elderly people. When bereavement occurs in the setting of an organic amnesic syndrome, a phenomenon which might be called 'frozen grief' can appear, with every reminder of loss triggering anew the anguish of separation, and preventing the normally extended and healing processes of mourning. Insight in these cases is variable and, over time and with support and counselling, the death is often accepted. Anecdotes of frank delusional episodes are frequent, however, in old people with more global cognitive impairment [30]. The old person may be described by relatives and staff making preparations for the arrival of a dead spouse who is always about to appear or has recently visited. Examples are the laying of an extra place at table and the purchase and preparation of extra food. The appearance of such nurturing behaviours is clinically very common in old people who are cognitively impaired at the time of bereavement (Shanks and Venneri, unpublished data).

Given the frequency of both bereavement and degenerative brain disease in old people, it is surprising that so little attention has been paid to the effect of dementia on the phenomenology of the reaction to such loss. We report the history and the neuropsychological and neuroimaging profile of two patients with probable AD dementia, CS and KC, who demonstrated a pathological bereavement reaction and persistent delusional beliefs which followed the deaths of their husbands.

## 2. Case CS

CS is a 78 year-old woman with 11 yr of formal education. She was in good physical and mental health before the death of her husband (who was an opera singer). She now has continuously documented history of progressive cognitive decline with an episode symptomatic of incipient cognitive deterioration (place misidentification) that can be traced back to eight months

before her husband's death in January 1994. Her neurological examination is unremarkable. In particular there are no extrapyramidal signs, increased tone or other features of motor dysfunction. Her background history is uninformative, and there is no record of her having suffered from any mental disorders or manifested any psychotic symptoms earlier in life. In January 1995, 12 months after the death of her husband, she was referred to a psychiatrist because of visual hallucinations and delusions about her husband's continued existence dating from his funeral. A Mini Mental State Examination (MMSE) [22] was performed and CS scored 27/30. The UCLA Neuropsychiatric Inventory [14] was administered which showed that delusions were rather frequent and marked and were found moderately distressing by her relatives. Occasionally she manifested moderate dysphoric behaviour. No other symptoms were reported. Treatment with neuroleptic drugs did not show any effect.

### 2.1. Characteristics of delusions

CS was very fond of her husband, very dependent upon him; since he was the dominant force in her life, his death represented a huge loss for her. Because of his profession, he was often abroad and every time he returned home, this represented an occasion for celebration for CS who made elaborate meals for him. By interviewing her relatives, we found out that there had been only one unusual episode of place misidentification eight months before the death of her husband. CS and her family were gathered together in a hotel. One evening, she had gone to bed, but a little later she re-entered the hotel lounge for a drink wearing her night-dress. She showed no awareness of being in a hotel and when questioned about her dress, she did not find it to be inappropriate because she believed she was in her daughter's house abroad. She then remained apparently well until the death of her husband. When first referred to a psychiatrist, in 1995, CS claimed that her husband visited her most evenings at their home and that sometimes he was accompanied by other people, often children. She maintained that his visits gave her comfort. At the time CS was oriented in time and place, no signs of depression were present. Her relatives described a series of strange episodes beginning at her husband's funeral. CS's husband was very fond of Luciano Pavarotti's songs, especially '*Nessun Dorma*' from Giacomo Puccini's *Turandot* and when this record was played during his funeral, CS suddenly said "Oh, he's not dead, that is him singing!". It was clear to her relatives that she mistook Pavarotti's voice for that of her husband. After this incident she behaved normally for a few weeks. About six weeks after the funeral, she began to report that her husband

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