

The prevalence and correlates of psychiatric comorbidity in individuals with complicated grief

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Abstract

Background: Complicated grief (CG), variously called *pathological or traumatic grief*, is a debilitating syndrome that is not currently included in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, (DSM-IV)* nomenclature. One issue that remains under debate is whether this condition can be clearly distinguished from other psychiatric disorders, such as major depression and posttraumatic stress disorder, with which CG frequently coexists.

Methods: Using a structured clinical interview for CG and the Structured Clinical Interview for *DSM-IV*, trained experienced raters conducted careful diagnostic assessments of individuals seeking treatment of bereavement-related distress. All study participants met criteria for a current CG syndrome. Liberal criteria were used to diagnose *DSM-IV* disorders, making no attempt to decide if symptoms could be explained by grief.

Results: Of 206 who met the criteria for CG, 25% had no evidence of a current *DSM-IV* Axis I disorder. When present, psychiatric comorbidity was associated with significantly greater severity of grief; however, even after adjustment for the presence of comorbidity, severity of CG symptoms was associated with greater work and social impairment.

Limitations: It is likely that our study underestimated the rate of CG without comorbidity because fewer *DSM* diagnoses would have been made if a judgment about grief had been taken into consideration.

Conclusions: Our data provide further support for the need to identify CG as a psychiatric disorder.

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1. Introduction

The syndrome of complicated grief (CG), variously called *pathological or traumatic grief*, is chronic and debilitating, results in substantial distress and impairment [1-3], worsens quality of life [4], and has been linked to excess medical morbidity [5,6] and suicidality [5,7-9]. As currently defined, CG consists of symptoms at least 6 months after the loss of a loved one that include a sense of disbelief regarding the death; persistent intense longing, yearning, and preoccupation with the deceased; recurrent intrusive images of the dying person; and avoidance of painful reminders of the death [10-14]. Individuals with the syndrome of CG often report anger and bitterness related to the death, feel estranged from other close friends and relatives, and cannot find satisfaction in ongoing life [1,15,16]. Complicated grief has been distinguished from other co-occurring psychiatric

disorders such as major depressive disorder (MDD) and posttraumatic stress disorder (PTSD) [2,17–20]. For example, CG symptoms have been shown to contribute to impairment beyond that associated with PTSD and major depression [2–4].

Nonetheless, there is still controversy regarding the distinctiveness of the syndrome [21]. There are limited data available examining the co-occurrence of CG disorder and other *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, (DSM-IV)* conditions in clinical populations with CG. In addition, little has been done to evaluate the impact of psychiatric comorbidity on the course or severity of CG. In our pilot study of psychotherapy for 23 individuals with CG [22], current MDD was present in 52%, PTSD in 30%, panic disorder in 26%; 48% had more than one comorbid psychiatric disorder. Coexisting psychiatric disorders were associated with greater grief severity [17].

The current article reports secondary analyses conducted to examine both the question of coexisting psychiatric disorders and CG symptoms together with the impact of current psychiatric comorbidity in 206 individuals recruited for participation in a randomized controlled treatment study [1]. We hypothesized that (1) a substantial subgroup of individuals with CG would have no *DSM-IV* comorbidity, (2) grief severity would be linked to greater work and social impairment after controlling for the presence of psychiatric comorbidity, (3) individuals with psychiatric comorbidity would have more severe CG symptoms, and (4) comorbid disorders would commonly be preexisting, supporting the possibility that mood and anxiety disorders may elevate risk for CG.

2. Methods

Data reported here were from participants in a randomized controlled treatment trial comparing traumatic grief therapy and interpersonal psychotherapy [1]. Briefly, bereaved individuals recruited through professional referral, self-referral, and media announcements were assessed with the Inventory of Complicated Grief (ICG) [14]. Complicated grief was diagnosed for participants with a score ≥ 30 on the ICG at least 6 months after the death of a loved one and with endorsement of grief as their primary problem. The ICG score is the sum of ratings for 19 questions that assess the frequency (from 0 = “never” to 4 = “always”; total scale range 0–76) of a range of symptoms that may be categorized as separation distress (eg, recurrent painful emotions about the loss, yearning and longing for the deceased, preoccupation with thoughts of the loved one) and traumatic distress (eg, sense of disbelief regarding the death; anger and bitterness; distressing, intrusive thoughts related to the death; and pronounced avoidance of reminders of the painful loss) [1,14]. The *DSM-IV* Axis I diagnoses were determined using the Structured Clinical Interview for *DSM-IV* (SCID IV) [23] administered by master’s- or doctoral-level trained and

certified experienced clinical raters. To fully characterize current symptoms and disorders without risking errors of omission due to opinions about causality, raters followed the convention of assigning symptoms to *DSM-IV* categories, even if it seemed that they could be explained by grief. When comorbidity was present, the patient, clinical evaluators, and treating therapists agreed in all cases that CG symptoms were the primary clinical problem; if another condition was primary, the patient was not included in the study. All participants gave informed consent, and the Institutional Review Board at the University of Pittsburgh Medical Center approved the study.

For the present report, we examined all patients meeting the study criteria for CG who completed baseline assessments. Assessments included diagnostic evaluation with the SCID-IV, ICG, 25-item Hamilton Rating Scale for Depression [24], Hamilton Rating Scale for Anxiety [25], Impact of Events Scale [26], Pittsburgh Sleep Quality Index [27], and Work and Social Adjustment Scale (WSAS) [28]. Age of onset for *DSM-IV* disorders was determined from SCID modules and compared with the self-reported time of the CG-related death to determine order of onset of the earliest comorbid Axis I disorder and the loss.

2.1. Statistical methods

Binary proportions were tested with the Fisher exact test; *t* tests were used for continuous data. Linear regression was used to examine the association of CG severity (ICG score) with work and social impairment (WSAS score) beyond the contribution of psychiatric comorbidity. We used a *P* value $\leq .05$ for statistical significance.

3. Results

3.1. Characteristics of participants

Of 417 patients who received an initial brief prescreening assessment, 217 patients were evaluated; 206 met the study criteria for CG and were included in analyses. The mean (SD) age of the sample was 46.5 (12.4) years, and 81.6% ($n = 168$) were women. They were 70.1% white, 27% African American, and 2.9% other races ($n = 2$ missing). The mean ICG score ($n = 206$) was 47.1 (± 9.6), and the mean time since the CG-related death ($n = 205$) was 5.0 ± 7.5 years (range 0.42–51.7 years, median 2.4 years; 1 patient was included with a duration of only 5 months).

3.2. Presence of psychiatric comorbidity

After assigning symptoms to *DSM-IV* categories with no attempt to decide if these symptoms were better explained by grief, we observed that 51 participants (25%) had no current *DSM-IV* Axis I disorder and 16% had no lifetime disorder (Table 1). With respect to specific comorbid disorders, 45% (of the entire sample) did not meet the criteria for current MDD and 28% were free of lifetime

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