JNP

Identifying and Treating Complicated Grief in Older Adults

Annie Perng, MSN, AGNP-C, and Susan Renz, PhD, GNP-BC

ABSTRACT

Grief is the natural, instinctive response to the death of a loved one. Adaptation to loss often occurs, but for some, grief persists and can be so severe that it affects functioning and quality of life. This condition is called complicated grief (CG) or persistent complicated bereavement disorder. This article focuses on identifying CG in older adults, some of whom are often not recognized as living with grief. As the body of evidence for CG expands, we review the latest evidence-based practices for treating CG and recommend grief-conscious practice changes for the primary care setting.

Keywords: bereavement disorder, complicated grief, older adults, prolonged grief

Bereavement refers to a period during which a person adjusts to the death of a loved one. Grief is the natural, instinctive response to bereavement and can manifest in a wide variety of emotional, physical, social, and cognitive ways, often with fluctuating levels of intensity. An individual's grief can also vary considerably, depending on the person(s) lost (spouses and children are the most devastating losses, according to research), when in life this loss occurred (late or early in life), and the circumstances of the death (for instance expected or unexpected).[1-3] Although grief manifests uniquely for everyone, certain emotions and behaviors are well understood to be commonly featured in a bereaved state. Feelings of shock, numbness, anger, and sorrow and responses such as denial or yearning often take place. Some grieving people may show no signs of distress whatsoever, whereas others experience fatigue, disturbing dreams, guilt, or distrust of people before acceptance finally takes place.[3]

As profoundly painful as grief often is, positive emotions can also emerge periodically during bereavement. Some people feel happiness reminiscing about their close relationship or experiences with the deceased; others may discover a new appreciation for life and feel inspired.[3] Through a process called mourning, adaptation often occurs, and grief is integrated into one's life; consequences of the loss are accepted, and a future (possibly with happiness even without the deceased) is reimagined. In these cases, clinical treatment is not necessary. Although one is not cured of grief, which is subject to triggers such as anniversaries or holidays, bereaved people are often able to shift their overall attention from the deceased to the rest of the world around them. Grief serves as a way to say goodbye; express pain, sorrow, and love for the deceased; and mourn with the support of family and friends. This article explores the current literature on grief in older adults and how primary care providers (PCPs) can support patients through the latest evidence-based practices.

COMPLICATED GRIEF

In some individuals, grief persists for an unusually long period and can be so severe that it affects functioning and quality of life. When related to the death of a loved one, this condition is called complicated grief (CG), prolonged grief, or persistent complicated bereavement disorder (PCBD), a relatively new diagnosis detailed in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*).[4] According to Shear et al.,[5] grief becomes complicated due to the circumstances surrounding the loss or an "internal problem" with the adaptation process. On most days for at least 6 months after the death of someone close, people with CG have frequent preoccupying thoughts or persistent yearning for the deceased disbelief, self-blame,

distrust in others, an inability to accept the death, excessive avoidance of reminders of the deceased, and/or difficulty imagining a meaningful future.[4] These symptoms and behaviors cause clinically significant distress or impairment, and the level of bereavement is beyond the person's cultural or religious norm.[4] Prolonged social identity disruption, desire to die to be with the deceased, feeling that life is meaningless now, and difficulty or reluctance to plan for the future are also highly suggestive of CG. In great measure, these distressful thoughts and emotions, along with dysfunctional behaviors, compromise a bereaved individual's ability to adjust to the loss of his or her loved one. Although the exact mechanisms are still unclear, numerous studies have shown that CG is associated with increased morbidity and mortality and can commonly coexist with or preclude other mental health disorders such as major depressive disorder (MDD) and posttraumatic stress disorder (PTSD).[6,7]

EPIDEMIOLOGY

Each year, approximately 900,000 people become widows in the United States, adding to the 10 million who already are widowed.[1] The prevalence of child loss is less clear, but PCPs should be mindful that each death can affect a variable number of people emotionally or psychologically. Recent studies suggest that approximately 7%–10% of bereaved people experience CG.[7,8] Older adults (variably defined as being 55–65 years and older) suffer from CG more commonly than younger adults, at estimated rates of 9%–25% compared with 2.4%–6.7%.[9,10]

GRIEF IN OLDER ADULTS

Many health and human science studies focus on either the grief of adults living in the community or the grief of caregivers.[11] This article focuses on CG in older adults, some of whom are not always recognized as living with grief. Preloss function and mental health comorbidities such as depression are beyond the scope of this article because most studies did not capture data on preloss psychopathology. Although grief is a natural part of life, it is beyond dispute that a confluence of factors can make older adults more vulnerable to the staggering impact of grief.

In old age, one may be more encumbered by the cumulative effect of losing multiple loved ones and having more time to think about the deceased, yet fewer resources and outlets for coping, such as work or physical activities enjoyed in better health.[6,12] Although limited research has shown that older adults experience greater emotional well-being as they age (thus enhancing their grief-resilience), older adults can also face substantial pressure to "move on" and resume meaningful activities soon after a significant loss.[6] Social norms can affect bereaved older adults who expect to undergo transitions and outlive their older siblings or friends but do not expect to outlive their children. Furthermore, older adults report being told death should simply be expected in old age.[12] Yet, when older adults lose their spouse or a child, the death can be just as impactful as it is for a young person. An older person may feel shaken about their security, future and/or their life's meaning. In some cases, the loss of an adult child (or spouse) may lead to an older adult's admission to a nursing home and fewer social contacts whom they once encountered through their child's network.[12,13] Investing in new, pro-coping relationships can also be difficult in old age when older adults become more prone to social isolation for functional or medical reasons.[13] Studies suggest that older adults in long-term care settings are frequently not recognized as grieving, despite emotional and behavioral changes congruent with bereavement. In some cases, older adults themselves may perpetuate grief stigma by concealing their grief or declining support for it.[11]

PATHOPHYSIOLOGY

As inevitable and intensely painful as grieving over the loss of a loved one can be, few studies have attempted to investigate the pathophysiology of grief. Instead, several studies uncovered disparate angles of neuronal variations now associated with grief. Shear et al[5] explored dysregulation and dysfunction in CG patients with coexisting MDD or PTSD, revealing deficiencies in memory and problem solving. Other research has revealed that people experiencing acute grief exhibited increased urinary and plasma catecholamines, increased heart rate, blood pressure and peripheral resistance, and stress cardiomyopathy, all potentially related to