



Understanding the Role of Medication in Coping with Grief and Loss

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Please note: The information provided on this program is intended for educational purposes only.

If you or a loved one needs professional support, please contact TAPS 24/7 at 800-959-TAPS (8277).



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Learning Objectives

By the end of this session, participants will be able to:

- Understand normal and pathological reactions to the death of a loved one
- Discuss diagnostic criteria for bereavement-related disorders
- Describe the role of medications in pathological reactions to the death of a loved one



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Understanding Bereavement and Grief



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But Achilles went on grieving for his friend, whom he could not banish from his mind, and all-conquering sleep refused to visit him. He tossed to one side and the other, thinking always of his loss, of Patroclus manliness and spirit . . . of fights with the enemy and adventures on unfriendly seas. As memories crowded in on him, the warm tears poured down his cheeks.



- Homer, *The Iliad* (1950)



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Defining a Few Terms...

Bereavement: Experiencing death of someone close

Grief: Natural adaptive response to bereavement

Mourning: Psychological healing processes aimed at acknowledging finality/consequences of loss and re-envisioning life without the deceased person





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Loss is a Major Stressor

Death of someone very close is a trauma that shakes the foundations of a person's life...

...and triggers a full-blown separation response

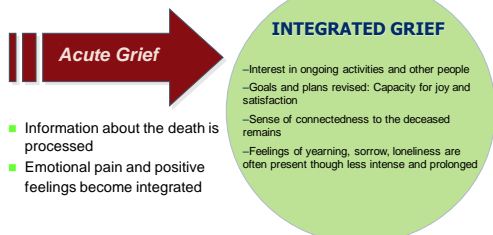
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Acute Grief: Natural Response to a Loss

- **Strong emotions**
 - Feelings of protest; difficulty comprehending the finality of the loss; separation distress
 - Waves of sadness and longing
- **Proximity seeking**
 - Searching behaviors
 - Preoccupation with thoughts, memories and images of the deceased person
- **Inhibition of exploratory system**
 - Decreased interest in activities and other people

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Grief Changes Over Time



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Barriers to the Healing Process...

FEELINGS

- Ineffective emotion regulation, (e.g., sleep disturbance)

THOUGHTS

- Rumination

BEHAVIORS

- Dysfunctional behaviors (e.g., avoidance, alcohol)

SOCIAL/PHYSICAL ENVIRONMENT

- E.g., absence of a close companion (inadequate support)

When the process is interrupted Acute Grief does not evolve...

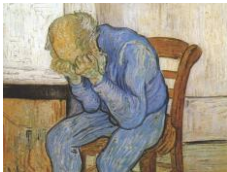
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Complicated Grief or...

- Prolonged grief disorder
- Pathological grief
- Unresolved grief
- Traumatic grief
- *Persistent Complex Bereavement Disorder* in DSM-5



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Pathological Reactions to the Death of a Loved One: Bereavement-Related Disorders

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Pathological Responses to Bereavement

- **Complicated Grief**

Bereavement is major life stressor that can precipitate relapses of preexisting or onset of new conditions:

- **Posttraumatic Stress Disorder (PTSD)**
- **Major Depressive Disorder**
- **Anxiety Disorders**
 - E.g., Panic Disorder, Generalized Anxiety Disorder, Social Anxiety Disorder

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Complicated Grief

- When healing stalls



- **Main Symptoms**

- Persistent yearning/longing for the deceased
- Intense sorrow and emotional pain in response to the death
- Preoccupation with deceased and death

- **Associated Symptoms**

- Reactive distress to the death:
 - E.g., difficulty accepting death, bitterness or anger related to the loss
- Social/Identity disruption:
 - E.g., difficulty trusting other individuals, feelings of loneliness

For 12 months or more

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Major Depressive Disorder: “Clinical Depression”

- **Sadness**

AND/OR

- **Diminished interest or pleasure**

PLUS

- Sudden weight loss (or gain)
- Trouble sleeping (or sleeping more than usual)
- Feeling of slowness (or restlessness)
- Tiredness and lack of energy
- Feelings of worthlessness or excessive guilt
- Trouble concentrating, thinking, or making decisions
- Thoughts about death, or being better off dead

- **Most of the day**
- **Nearly every day**
- **For two weeks or more**

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Posttraumatic Stress Disorder (PTSD)

- **Persistent reexperiencing and intrusive symptoms**
 - E.g., flashbacks, intrusive thoughts
- **Avoidance**
 - E.g., thoughts/feelings and places/people
- **Alterations in cognitions and mood**
 - E.g., distorted cognitions about cause, consequences of trauma
- **Anxiety or hyperarousal**
 - E.g., sleep disturbances, startle response
- **≥ 1 month**

APA, 2013

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Anxiety Disorders

- Bereavement is major life stressor
- Often precipitates anxiety disorders including:
 - Panic Disorder
 - Generalized Anxiety Disorder
 - Social Anxiety Disorder (Social Phobia)

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Panic Disorder

- **Panic attack**: Sensation of intense fear and physical discomfort that peaks in minutes
- Recurrent and unexpected panic attacks
- At least one panic attack in a month followed by
 - Concern about panic attacks
 - Maladaptive change in behavior (e.g., avoidance of situations)



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Generalized Anxiety Disorder

- Worries about many areas of life (“worrywart”)
- Difficult to control the worry
- Associated symptoms
 - Fatigue, restlessness, irritability, difficulty concentrating, muscle tension
- For six months or more (more days than not)

Social Anxiety Disorder

- Fear of social situations involving interaction with others
- Fear and anxiety of being negatively judged and evaluated by others, in all/most areas of life
- Six months or more

Bereavement-Related Psychiatric Disorders

	Main Affects	Main Preoccupations	Diagnostic Timeframe
COMPLICATED GRIEF	Yearning, emotional pain	Deceased/death	≥ 12 months (≥ 6 months for children)
PTSD	Fear	Life threat	≥ 1 month
DEPRESSION	Sadness, loss of pleasure	Worthlessness / guilt	≥ 2 weeks
ANXIETY DISORDERS	Fear and/or worries	Feared situations or outcomes	≥ 6 months (≥ 1 month for Panic Disorder)

These conditions rarely occur alone, comorbidity is the rule.



Treating Bereavement-Related Disorders

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Pathological Responses to Bereavement

- Complicated Grief
- Posttraumatic Stress Disorder (PTSD)
- Major Depressive Disorder
- Anxiety Disorders
 - Panic Disorder
 - Generalized Anxiety Disorder
 - Social Anxiety Disorder

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Complicated Grief

- Study among 395 adults with complicated grief
- Comparing:
 - Antidepressants alone, Placebo alone, Antidepressant + Psychotherapy, and Placebo + Psychotherapy
- Found **no significant difference between antidepressant and placebo** on grief severity at week 20

- So: Antidepressants not recommended for Complicated Grief
- One word on psychotherapy:
 - Complicated Grief Treatment (16 weeks manualized treatment)
 - Cognitive Behavioral Therapy

Shear et al. 2016

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Bereavement-Related Depression

- Guidelines are to treat as one would for any depression
- Includes antidepressants including:
 - Selective Serotonin Reuptake Inhibitors (SSRI) [e.g., sertraline (Zoloft), fluoxetine (Prozac)]
 - Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) [e.g., venlafaxine (Effexor)]

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Bereavement-Related PTSD

- Two FDA-approved SSRI antidepressants specifically for PTSD
 - Sertraline (Zoloft)
 - Paroxetine (Paxil)
- One word on psychotherapies for PTSD
 - Prolonged Exposure
 - Cognitive Processing Therapy
 - EMDR (eye movement desensitization and reprocessing)

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Anxiety Disorders

- FDA-approved antidepressants for Anxiety Disorders include:
 - SSRI
 - Sertraline (Zoloft)
 - Paroxetine (Paxil)
 - Citalopram (Celexa)
 - Escitalopram (Lexapro)
 - SNRI
 - Venlafaxine (Effexor)
- One word on psychotherapies for Anxiety Disorders
 - Cognitive Behavioral Therapy

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How About Anxiolytics/Benzodiazepines?

- Benzodiazepine = Xanax, Ativan, etc.
- No evidence supports their primary efficacy for treating: complicated grief, bereavement-related depression, bereavement-related PTSD, or anxiety disorders
- Given possible long-term prescription dependence and side effects; caution is warranted
- Possible use short-term but may interfere with successful psychotherapy



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Conclusions

- No pharmacological treatments available for Complicated Grief
- But antidepressants can be used for psychiatric disorders associated with bereavement including clinical depression, PTSD, and anxiety disorders
- Caution when using anxiolytics/benzodiazepine
- Future research should focus on novel medication approaches



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Upcoming TAPS Institute Programs

- January 28** **You, Me, Us: Supporting Couples After the Death of a Child**
Live Webinar, Noon-1:00 p.m. ET
With **Tina Barrett**, EdD, LCPC, Executive Director & Co-Founder, Tamarack Grief Resource Center and **Kim Parrow**, MA, LCPC, Lead Grief Specialist, Tamarack Grief Resource Center
- February 11** **Grief River: A Nature-Inspired Map for Understanding Grief & Loss**
Live Webinar, Noon-1:00 p.m. ET
With **Thom Dennis**, DMin, LCPC, CT, Bereavement Coordinator, NorthShore University Health System
- February 25** **Supporting Bereaved Children with Autism**
Live Webinar, Noon-1:30 p.m. ET
With **Margaret Lynn B. Kobb**, MDiv, Staff Chaplain, Co-Chair Elect, Diversity & Inclusion Core Council, Hospital of the University of Pennsylvania and **David Stevenson**, MDiv, CT, Bereavement Coordinator, Crossroads Hospice

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