

**ORIGINAL RESEARCH**

# Distinguishing Grief From Depression During Acute Recovery From Spinal Cord Injury



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## Abstract

**Objective:** To examine whether grief is a psychometrically sound construct that is distinct from depression in individuals who have recently sustained a spinal cord injury (SCI).

**Design:** Cross-sectional survey.

**Setting:** Inpatient rehabilitation units at 3 geographically diverse, university-affiliated medical centers.

**Participants:** Patients with SCI (N=206) were recruited (163 men [79.1%]). Most patients were non-Hispanic whites (n=175 [85.0%]). Most patients sustained a cervical SCI (n=134 [64.4%]). Various injury etiologies were represented, with the majority being accounted for by falls (n=72 [31.5%]) and vehicle-related accidents (n=69 [33.5%]). The mean time since injury was 53.5±40.5 days.

**Interventions:** Not applicable.

**Main Outcome Measures:** An adapted version of the 12-item structured clinical interview for Prolonged Grief Disorder was used to assess symptoms of grief, and the Patient Health Questionnaire-9 was used to measure depression. Demographic and injury-related data were also collected.

**Results:** A principal component analysis (with direct oblimin rotation) of the grief measure suggested a 2-component solution. The content of items loading on the separate components suggested 2 subscales: loss (6 items; Cronbach  $\alpha$  = .810) and trauma (6 items; Cronbach  $\alpha$  = .823). Follow-up principal component analyses including both grief and depression measures suggested clear differentiation of grief-related loss from depression. The prevalence of clinically significant levels of grief was low (6%), and levels of depression were consistent with previous findings related to inpatient rehabilitation (23.5%).

**Conclusions:** The items used to assess grief symptoms in patients participating in inpatient rehabilitation for recently sustained SCI appear to capture a psychometrically reliable construct that is distinct from that of depression. Research is needed on the predictive validity of early grief symptoms after SCI and the relation of grief to other psychological constructs over time.

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People have diverse emotional responses to losses and traumatic events, including spinal cord injury (SCI).<sup>1,2</sup> Most people are resilient after loss, whereas others can experience significant distress.<sup>1-3</sup> The types of distress studied most commonly in people

with SCI are depression, anxiety, and posttraumatic stress disorder (PTSD).<sup>4</sup> Research in the field of loss and trauma has increasingly included grief as a way to capture more fully the diversity of psychological responses.<sup>3,5</sup> Grief has been examined alongside depression or anxiety in studies of spousal loss,<sup>6</sup> cancer diagnosis,<sup>7</sup> military combat,<sup>8</sup> and divorce.<sup>5</sup> Although there is a general belief that individuals experience grief after acquired disability such as SCI,<sup>9</sup> there has been little empirical research on this topic.<sup>10</sup>

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There are at least 3 reasons to study grief after SCI. First, it is important to accurately assess and understand the varied emotional reactions that people may have after SCI. Research in persons with other types of trauma exposure and loss indicate that grief represents an emotional response distinct from depression and anxiety.<sup>5-7,11,12</sup> For example, consensus-based grief symptoms include unique domains such as separation distress (yearning for what was lost), confusion about one's role in life, difficulty accepting loss, and avoiding reminders of loss.<sup>6</sup> Although grief symptoms are often transient, in 5% to 30% of people exposed to potentially traumatic events, grief symptoms persist beyond 6 months.<sup>2</sup>

Next, grief should be studied because it may help predict outcomes after SCI. In persons with other types of trauma and loss, grief has demonstrated incremental validity. After controlling for depression, anxiety, or PTSD, grief is an independent predictor of diverse outcomes such as functional impairments, suicidal ideation and attempts, immune functioning, cardiovascular reactivity, hypertension, hospitalization, and health behavior.<sup>6-8,11</sup>

Finally, grief merits research in SCI because distinguishing grief-related symptoms from other types of distress may guide clinicians toward more effective treatment approaches. Grief symptoms tend not to respond well to antidepressants such as nortriptyline<sup>13</sup> or to interpersonal therapy.<sup>14</sup> Furthermore, traditional grief therapies tend not to be effective and are associated with high rates of iatrogenic worsening.<sup>15</sup> In contrast, a newly devised therapy for persistent grief has been found to be highly effective in bereaved persons.<sup>14,16</sup> In addition, grief researchers are beginning to uncover how the type of loss, the timing of interventions, and the nature of the treatment may influence outcomes.<sup>15,17,18</sup>

The goal of the present study was to examine the psychometric properties of an established measure of grief symptoms in patients with recent SCI. Specifically, we aimed to (1) determine whether grief symptoms formed a reliable construct in people with recent SCI, including an exploratory analysis of the component structure of the measure we used; (2) determine whether grief was distinct from depression during the acute phase of recovery; and (3) provide preliminary information on the frequency of elevated grief symptoms in this population. These goals represent preliminary steps toward determining whether grief is a clinically useful construct in rehabilitation for SCI and merits further exploration.

## Method

### Participants

This is a secondary analysis of data collected to examine the natural history of depression in the first year after SCI. Participants were recruited between February 2008 and December 2010 at 3 SCI Model System sites. Consistent with the SCI Model System enrollment criteria, consecutively admitted patients were

invited to participate if they were undergoing initial rehabilitation during acute recovery from traumatic SCI, 18 years or older, and fluent English speakers. Exclusion criteria included patients who did not complete inpatient rehabilitation; had severe speech, cognitive, or psychotic disorders precluding reliable responding; or could not be followed by telephone after discharge. The institutional review board at each site approved procedures for the parent study. Data for the present study were collected at only 1 point during inpatient rehabilitation.

### Procedures

Trained research assistants monitored all inpatient rehabilitation admissions and approached eligible patients regarding participation. Those who provided informed consent completed measures in a structured interview format within 7 weeks of injury on average. All data were collected in an interview format conducted by the research assistants to ensure consistency of administration between those with and without upper extremity impairment. Interviews lasted approximately 30 minutes.

### Measures

Demographic and clinical characteristics, including age, sex, race, injury level, cause of injury, and time since injury, were collected from the medical record and by self-report. All symptoms (including depression and grief measures), history of psychiatric disorders, treatment with antidepressants, counseling, or psychiatric hospitalizations were collected via structured interviews.

### Grief

A 12-item structured clinical interview for Prolonged Grief Disorder (PGD) was used to assess grief.<sup>6</sup> The interview questions were adapted to refer to SCI as the type of loss. The PGD interview assesses some grief symptoms (eg, intrusive thoughts, pangs of distress, yearning for the way things were, avoidance of reminders, and feeling stunned/shocked) on a frequency scale from 1 (less than once a month) to 5 (several times a day). Other questions capture the extent to which the respondent feels confused or empty, has difficulty accepting the loss, has difficulty trusting others, feels bitterness, has difficulty maintaining a routine, feels numb, and feels a sense of meaninglessness. These symptoms are rated on a scale of 0 (none) to 5 (overwhelming). We used the PGD interview because the measure represents the consensus of prominent grief researchers. These items were proposed for *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*,<sup>19</sup> and psychometric analyses indicated that they were informative and unbiased predictors of clinically determined grief "caseness."<sup>6</sup> The PGD interview and its predecessor measures have been found to have good internal consistency (Cronbach  $\alpha > .90$ ) and test-retest reliability (reliability coefficient = .80).<sup>6</sup> Items were summed to create total scores for analyses. We used the diagnostic algorithm derived by Prigerson et al<sup>6</sup> to define "caseness" and to estimate the number of cases with clinically elevated symptoms of grief. The algorithm requires endorsement (ie, rating of 4 or 5) of the "yearning" symptom plus any combination of  $\geq 5$  of the other 9 symptoms.<sup>6</sup>

### Depression

The Patient Health Questionnaire-9 (PHQ-9)<sup>20</sup> is a reliable and valid screening measure for major depressive disorder (MDD) in medical patients and patients hospitalized for SCI.<sup>21</sup> It has been shown to provide a unidimensional representation of depressive

#### List of abbreviations:

ASD	acute stress disorder
MDD	major depressive disorder
PCA	principal component analysis
PGD	Prolonged Grief Disorder
PHQ-9	Patient Health Questionnaire-9
PTSD	posttraumatic stress disorder
SCI	spinal cord injury

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