



## Brief report

## Grief-related panic symptoms in Complicated Grief



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## ABSTRACT

**Background:** Although Complicated Grief (CG) has been associated with comorbid Panic Disorder (PD), little is known about panic attacks in CG, and whether panic symptoms may be grief-related. The present study examines the presence and impact of grief-related panic symptoms in CG.

**Methods:** Individuals with CG ( $n=146$ , 78% women, mean (SD) age=52.4(15.0)) were assessed for CG, DSM-IV diagnoses, work and social impairment, and with the Panic Disorder Severity Scale modified to assess symptoms "related to or triggered by reminders of your loss" and anticipatory worry.

**Results:** Overall, 39.7% reported at least one full or limited-symptom grief-related panic attack over the past week, and 32.2% reported some level of anticipatory worry about grief-related panic. Of interest, 17% met DSM criteria for PD. Among those without PD, 34.7% reported at least one full or limited-symptom grief-related panic attack over the past week, and this was associated with higher CG symptom severity ( $t=-2.23$ ,  $p<0.05$ ), and functional impairment ( $t=-3.31$ ,  $p<0.01$ ). Among the full sample, controlling for CG symptom severity and current PD, the presence of at least one full or limited-symptom grief-related panic attack was independently associated with increased functional impairment ( $B(SE)=4.86(1.7)$ ,  $p<0.01$ ).

**Limitations:** Limitations include a lack of assessment of non-grief-related panic symptoms and examination of a sample of individuals seeking treatment for CG.

**Conclusions:** Grief-related panic symptoms may be prevalent among individuals with CG and independently contribute to distress and functional impairment.

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## 1. Background

Complicated Grief (CG) is a syndrome of severe, impairing grief-related symptomatology affecting about 7% of bereaved individuals (Kersting et al., 2011). It has been included in the Trauma and Stress-Related Disorders section of the DSM5 as a subtype of "Other Specified Trauma and Stressor-Related Disorders," under the name "Persistent Complex Bereavement Disorder," with criteria under conditions requiring further study (APA, 2013). CG can be reliably identified in clinical and epidemiologic studies.

Despite rates of comorbidity with mood and anxiety disorders in clinical samples (Simon et al., 2007), CG also occurs independently of these conditions, uniquely contributing to suicidality, morbidity, and reduced quality of life (Shear et al., 2011).

Several previous studies from our group documented an association between CG and PD. Simon et al. (2007) found that among 206 treatment-seeking individuals with CG, 63% met diagnostic criteria for a comorbid anxiety disorder, including 14% for PD. We also reported that individuals with CG exhibited higher levels of lifetime panic-spectrum symptoms, than otherwise healthy bereaved individuals, even after controlling for current PD diagnosis (Bui et al., 2013). Correspondingly, we found in a recent study that 18% of individuals with a primary diagnosis of PD, who lost a loved one at least six months prior, screened positive for CG compared to less than 1% in individuals without

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any current DSM-IV psychiatric disorders (Marques et al., 2013), and approximately 7% prevalence in the general population (Kersting et al., 2011).

A body of research indicating that panic attacks may occur across different psychiatric disorders, and may be independently associated with increased symptom severity and poorer outcomes (see Craske et al. (2010) for review), has supported the inclusion of panic attacks as a specifier across all psychiatric diagnoses in the DSM5 (APA, 2013). However, no examination of the presence and impact of panic attacks in CG have been conducted to date.

Furthermore, it is unclear whether these panic attacks in CG may reflect the presence of a comorbid full-blown or sub-threshold PD, and/or if they may be triggered by grief-related thoughts or feelings. Symptoms of CG include psychological and physiological reactivity to reminders of the loss (APA, 2013; Shear et al., 2011), and it is possible that panic attacks are related or triggered by exposures to such reminders.

In the present study, we defined grief-related panic (GRP) symptoms as related to or triggered by reminders of the loss and examined their frequency among treatment-seeking individuals with CG prior to treatment in a randomized controlled CG treatment study. We further investigated the association between GRP symptoms, with CG symptom severity, and functional impairment.

## 2. Methods

### 2.1. Participants and procedures

Participants were 146 treatment-seeking adults with CG (78% ( $n=114$ ) women, mean (SD) age=52.4(15.0)) evaluated before randomization in an ongoing, multi-site clinical trial at Columbia University, Massachusetts General Hospital, University of California – San Diego, and University of Pittsburgh Medical Center. Inclusion criteria for the parent study included: age of 18–95 with CG as the primary diagnosis (having lost a loved one at least 6 months prior and a score  $\geq 30$  on the Inventory of Complicated Grief (Prigerson et al., 1995)). Exclusion criteria included: lifetime bipolar I or psychotic disorders, cognitive impairment (Montreal Cognitive Assessment (Nasreddine et al., 2005) score  $< 21$ ), and current substance or alcohol use disorders. Table 1 reports participant characteristics. The study was approved by the

IRB's of the participating sites, and participants provided informed consent.

### 2.2. Measures

DSM-IV Panic Disorder (current and lifetime) was assessed using the Structured Clinical Interview for the DSM-IV (First et al., 1994) administered by independent evaluators, trained and certified as reliable in assessing Axis I psychiatric disorders.

CG symptom severity was assessed with the 19-item Inventory of Complicated Grief (ICG; Prigerson et al., 1995). The ICG assesses a range of CG symptoms including preoccupation with the person who died, intrusive and distressing thoughts related to the death, avoidance of reminders of the person who died, feelings of yearning for the person who died, loneliness, and feelings of bitterness, anger and/or disbelief regarding the death. Each item is rated on a 5-point scale, with responses ranging from 0=“not at all” to 4=“severe”. Cronbach's alpha in our sample was 0.73.

GRP symptoms were assessed using a modified version of the first three items of the self-report version of the Panic Disorder Severity Scale (PDSS; Houck et al., 2002). The heading was modified to define GRP attack as a panic attack related to or triggered by reminders of the loss (i.e., “For this questionnaire, we define a grief related panic attack as a sudden rush of fear or discomfort that is related to or triggered by reminders of your loss and accompanied by at least 4 of the symptoms listed below.”). Item 1 assessed frequency of grief-related full or sub-threshold panic attacks (“How many grief related panic and limited symptoms attacks did you have during the past week?”); item 2 assessed distress during the grief related panic attacks (“If you had any grief related panic attacks during the past week, how distressing (uncomfortable, frightening) were they while they were happening?”); and item 3 measured anticipatory anxiety over having a GRP attack (i.e., “During the past week, how much have you worried or felt anxious about when your next grief related panic attack would occur, or about fears related to the attacks (for example, that they could mean you have physical or mental health problems or could cause you social embarrassment?)”). Each item is rated on a scale of 0 to 4, with higher scores indicating greater symptom severity. Cronbach's alpha for these three items was 0.91 in our sample.

Functional impairment was assessed using a modified form of the 5-item Work and Social Adjustment Scale (WSAS; Mundt et al.,

**Table 1**  
Socio-Demographic and Clinical Characteristics of  $n=146$  Treatment Seeking Individuals with Complicated Grief.

Gender (female), % ( $n$ )	78 (114)
Age, years, mean (SD)	52.4 (15.0)
Race (White), % ( $n$ )	75.3 (110)
Ethnicity (Hispanic), % ( $n$ )	11.0 (16)
Employed, % ( $n$ )	
Full-time	40.4 (59)
Part-time	15.8 (23)
Retired	21.9 (32)
Full-time homemaker	2.7 (4)
Unemployed	19.2 (28)
Marital status, % ( $n$ )	
Never married	26.7 (39)
Married	21.9 (32)
Divorced/separated	15.8 (23)
Widowed	35.6 (52)
ICG score, range 0–76, mean (SD)	42.4 (8.6)
Current Panic Disorder, %	17.2 (25)
Endorsement PDSS item 1 (grief-related panic and limited symptoms), % ( $n$ )	39.7 (58)
Endorsement PDSS item 2 (distress), % ( $n$ )	38.4 (56)
Endorsement PDSS item 3 (anticipatory worry), % ( $n$ )	32.2 (47)
Grief related PDSS score, range 0–12, mean (SD)	1.99 (2.75)
WSAS score, range 0–40, mean (SD)	21.7 (10.1)

Notes: ICG: Inventory of Complicated Grief; PDSS: Panic Disorder Severity Scale; WSAS: Work and Social Adjustment Scale

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