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Research report

The prevalence and characteristics of complicated grief in older adults

Rachel S. Newson [a], Paul A. Boelen [d], Karin Hek [a,b], Albert Hofman [a], Henning Tiemeier [a,c,*]

[a] Department of Epidemiology, Erasmus University Medical Centre, The Netherlands
[b] O3 Research Centre, Department of Psychiatry, Erasmus University Medical Centre, The Netherlands
[c] Department of Child Psychiatry, Erasmus University Medical Centre, The Netherlands
[d] Department of Clinical and Health Psychology, Utrecht University, The Netherlands

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ABSTRACT

Background: Complicated grief is a prolongation of the normal grieving process with distinct characteristics. It impairs mental and physical health and can potentially greatly impact the quality of life of sufferers and their families. The prevalence and characteristics of complicated grief in the general population are currently unclear. The aims of the present study were therefore to evaluate the prevalence of complicated grief in a population-based cohort, examine the overlap between anxiety and depression and identify common bereavement-related and socio-demographic characteristics.
Methods: Based within the Rotterdam Study, 5741 older adults were evaluated. Complicated grief was assessed with a 17-item Inventory of Complicated Grief.
Results: Prevalence within the general population was 4.8%. Current grief was reported by 1089 participants, and of these 277 (25.4%) were diagnosed with complicated grief. Inflated anxiety and depression rates were documented in people with complicated grief, but the vast majority remained free from co-morbidity. Time since bereavement and relationship to deceased, particularly when the source was a spouse or child, were predictive of complicated grief. People with complicated grief were older, had a lower level of education, and more cognitive impairment.
Conclusions: The prevalence of complicated grief in older adults in the general population was noteworthy. Several factors were predictive of complicated grief and it was demonstrated as a separate condition to anxiety and depression. These findings highlight the need for prevention, diagnosis and treatment options for older adults with complicated grief and for recognition of complicated grief as a distinct diagnosis.

1. Background

Death of a loved one is one of the most common adverse life events of older age (Bonanno, 2004). Although it is a disrupting event and the majority of adults recover, a portion continues to grieve for an extended period of time and begins to exhibit symptoms of a state known as complicated grief (Bonanno, 2004; Prigerson et al., 2009). This has also recently been designated Prolonged Grief Disorder (Workman, 2009). This is distinct from normal grief as the person cannot accept the death and instead experiences disbelief and preoccupations with the deceased (Boelen and van den Bout, 2005). Sufferers exhibit additional symptoms such as intense yearning and searching, distressing memories and difficulties with moving on (Prigerson et al., 1995).

Whilst complicated grief shares some overlapping symptoms with depression, anxiety and post-traumatic stress disorder, it largely exhibits distinct symptoms (Dillen et al., 2009; Boelen and van den Bout, 2005; Bonanno et al., 2007). Standardised diagnostic criteria for complicated grief have been developed (Jacobs et al., 2000; Prigerson et al., 1999,

* Corresponding author at: Department of Epidemiology, Erasmus University Medical Centre, PO Box 2040, 3000 CA Rotterdam, The Netherlands. Tel.: +31 10 7043482; fax: +31 10 7044657.
E-mail address: h.tiemeier@erasmusmc.nl (H. Tiemeier).

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2009; Shear et al., 2001). However, complicated grief has not been recognised as a disorder in classification systems such as the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000) and the International Classification of Diseases (World Health Organisation, 1992).

There is little research on complicated grief in older adults (Glass, 2005), although there is an abundance of research on normal grief. The prevalence of complicated grief is currently unclear and highly debated. Current estimates amongst grievers range from 10 to 40% (Goldsmith et al., 2008; Ott et al., 2007; Piper et al., 2001; Prigerson et al., 1995). To date, prevalence rates have largely been calculated from clinic-based studies (Piper et al., 2001) or small studies of grievers (Ott et al., 2007), but not in the general population. Whilst clinical studies are useful to understand the symptomatic nature of the disorder, this type of study can lead to over-estimation of the prevalence and are not likely to detect sub-clinical cases of the disorder. Large scale population-based studies are required to enhance the generalisability of findings in order to provide better estimates of the general population prevalence.

Understanding the true prevalence of complicated grief is important for evaluating the burden and social significance of this disorder and to aid in the development of prevention and treatment interventions (Glass, 2005; Shear et al., 2001). The current study sought to further the knowledge of complicated grief by evaluating the population-based prevalence in a large-scale cohort study. Additionally, as it was the first investigation in such a broad population, co-morbid anxiety and depression and bereavement-related and socio-demographic characteristics which may indicate vulnerability for complicated grief were evaluated.

2. Methods

2.1. Study population

This study was based within the Rotterdam Study, an ongoing prospective cohort of older adults designed to examine the occurrence and risk factors of chronic diseases. The study design and objectives of this study are described elsewhere (Hofman et al., 2009). The Rotterdam Study comprises two cohorts which were combined in the current study. The first was the original study which commenced in 1990–1993. At this time all inhabitants aged over 55 years living in the Ommoord district of Rotterdam were invited to participate and of these 7983 (78%) participated. In 2000, people who had become 55 years of age, or moved into the study district since the start of the study, were added as a second cohort. Of the residents invited 3011 (67%) participated.

Complicated grief measurement was introduced to the original cohort in the fourth follow-up examination (2002–2004) and to the second cohort in the second follow-up examination (2004–2005). These two examination rounds were identical across the cohorts and therefore combined for the current study. All data for this study were collected during an interview at the participant's home. The baseline interview consisted of 5939 participants. Of these 5820 completed the grief screening: "Are you currently experiencing grief?" Of the people who responded positively to this question, and undertook the Inventory of Complicated Grief, 70 participants did not sufficiently complete the inventory (<75% complete) resulting in 5741 participants for the current analysis. Informed consent was obtained from all participants and the study was approved by the Medical Ethics Committee of Erasmus Medical Centre.

2.2. Complicated grief interview

Complicated grief was diagnosed with a 17-item Dutch version of the Inventory of Complicated Grief (ICG), constructed by Prigerson et al. (1995). Initially, participants were asked if they were currently grieving, and if a positive answer was received the ICG was administered. The ICG was administered in the participants' own home by a trained researcher using a structured interview. The ICG is the most widely used instrument to measure complicated grief and items represent the array of symptoms attributed to complicated grief (items are presented in Table 2). Responses are provided on a 5-point scale to reflect an increase in severity (0—never, 1—seldom, 2—sometimes, 3—often, and 4—always). The measure has high internal consistency and convergent and criterion validity and it is considered the gold standard for measurement of complicated grief in older adults. The inventory is shown to represents a single underlying construct of complicated grief (Boelen and Hoijtink, 2009). In the current setting one item was removed from the original inventory, "I feel bitter over this person's death", as a pilot study revealed that this sentiment has the same meaning within the Dutch language as the included item: "I feel anger over this person's death". Two further items (relating to seeing and hearing the deceased) were collapsed into one due to their similarity and a pilot study indicating these symptoms were low in frequency and often overlapped ("I hear the voice of, or see, the person who died").

2.3. Anxiety and depression interview

Anxiety disorders were evaluated with an adapted version of the Munich version of the Composite International Diagnostic Interview conducted by trained interviewers (Wittchen et al., 1998). A diagnosis of anxiety disorder was derived according to DSM-IV criteria for one or more of: generalised anxiety disorder, panic disorder, agoraphobia, social phobia and specific phobia. Major Depressive Disorder was evaluated amongst participants who scored positive for depression (score $\geq$16) on the Centre for Epidemiological Studies Depression scale (Radloff, 1977). The semi-structured clinical interview with the Present State Examination — Schedules for Clinical Assessment of Neuropsychiatry was used to determine participants who fulfilled the DSM-IV criteria for major depressive disorder (World Health Organisation Mental Health Division, 1997).

2.4. Bereavement-related and socio-demographic variable assessment

Participants who were experiencing grief were asked whom they were grieving over (spouse, partner, child, parent, sibling, other family member, good friend, other, several