



# Living Grief

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ST5 Old Age Psychiatry

- Eighty year old lady seen in 2019
- Concerns over poor memory
- Progressive decline in Cognitive functioning

- Poor at remembering days ,dates and messages.
- Variable at remembering day to day events with family and friends.
- Repetitive in conversation within a few minutes.

- Daughter Concerned
- Feels her mother has short and long term memory impairment.
- Difficulty concentrating.
- Medication was put in a blister pack but forgetting to take it. Her daughter now prompts this on a daily basis .

- Getting mixed up with paying her bills .
- Forgetting her bank PIN .
- Her daughter has power of attorney.
- Daughter has taken over her mother's finances in the past two years.

- Needs help from her daughter with washing and dressing.
- Pt. has not cooked for two years .
- Her family do all the cleaning and shopping.
- She is never out on her own.

- Pt. herself was relatively unconcerned about her cognition.
- Her mobility has declined .
- Now has a stair lift in place which she can forget how to use.
- She is physically frail and prone to falls but no Parkinsonism of note.

- She can use a phone appropriately but not a mobile.
- She is a non-driver.



# Medication

- Insulin.
- Strivit-D3.
- Citalopram 20mgs od.
- Isosorbide
- Risedronate.
- Pantoprazole.
- Aspirin.
- GTN spray.

# Past Medical History

- Chronic Kidney Disease stage 3.
- Gallstones.
- Type II diabetes on insulin.
- Glaucoma.
- TIA 2001 and 1998.
- Irritable Bowel Syndrome.
- Hypertension.
- Angina.

# Family History

- Sister has memory problems but further details are unclear.

# Personal and Social History

- Left school at age sixteen and was a cook.
- She did struggle to recall her personal history.
- She divorced many years ago.
- She had four children but a son died in October 2018.
- The daughter moved in the house after her son's death and has remained there since.

- Daughter provides 24 hour support for her mother.
- Pt is a non-smoker and non-drinker.

# Mental State Examination

- Appropriately dressed and well kempt.
- Polite and cooperative .
- Maintained good eye contact.
- Hesitant and repetitive in speech.
- Struggled to recall her history.
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# Mental State Examination

- On recent cognitive testing scored 48/100 on an ACE III.
- Testing today and it was evident she clearly struggled in drawing a clock, concentrating, orientation and memory.



- Pt lives at home .
- Her daughter comes every day to care for her.
- Over recent months she has been staying over night too.
- She is very reliant on her daughter for many activities of daily living and clearly would not be able to live independently.

# Conclusion

- CT head showed moderate atrophy and small vessel disease .
- Impairment is likely to be primarily due to cerebrovascular disease although there may also be an element of Alzheimer's disease i.e.: a mixed type dementia.
- Diagnosis of Dementia syndrome given.

# Feelings of Daughter



# Feelings of Daughter

- Describes how her mothers personality has gone.
- The woman that she was is no longer there, but that is still her mother in front of her.
- She describes feeling bereaved.
- confused as to why she felt like this when her mother is still alive.

# Daughters Living Grief

- Through discussing how dementia has impacted her mother.
- She was able to see that the loss of her personality
- coupled with the knowing that her mother may continue to show decline in her Cognition let her understand that the feelings of bereavement are normal.

# Daughters Living Grief

- Daughter wants to look after her mum at home as long as she can.
- When distressed, she seeks reassurance and support from CPN and the diabetes nurse, who also visits regularly.
- Although they are there to support her mother, the support they provide has kept the daughter going and lets her feel valued for the job as her mothers carer.

# Grief

- Grief is a universal experience and response to significant loss.
- Dementia is a unique disease process that creates an unusual situation:
- the person with dementia gradually recedes from their loved ones while still alive.

# Living Grief

- Adjustment in expectations of what you are now able to do.
- Loss of your employment, relationships, hobbies, time to yourself, identity and sense of self.



# Living Grief

Loss for the :

- Life you expected to have .
- Relationship or connection with the person.
- Life you used to have on behalf of the person with dementia.

# Living Grief

- Family loses the person they loved before physical death .
- Profound physical and psychological impact on carers and those around them.

# Living Grief

- At points of transition e.g.
- when the person with dementia is admitted to hospital .
- moves into a care home.
- has a significant deterioration in their condition or symptoms.

# Coping with the Dementia Grief

- Education around Dementia.
- Find a community of other Alzheimer's families, in support of groups and/or online.
- Opportunity for Respite.

# Coping with the Dementia Grief

- Find time to mourn and grieve in your own way .
- Self nurturing ways.
- Cultivating the ability to still be present in a non Judgemental way.

