

Old Age Psychiatry CBL 10: The Sad Patient (Part 2)-Bereavement

Learning Outcomes

- 1) To be aware of the key features of 'normal' and 'abnormal' grief and how to distinguish these
- 2) To recall the main risk factors for depression after bereavement
- 3) To understand the options for the management of 'abnormal' grief

Case history

John is a 77 year old man; he is seen in the community mental health clinic following GP referral for depressive symptoms including sadness, frequent thoughts about dying and possible hallucinations over the past few weeks.

John sadly lost his wife of 30 years, Freda, one year ago after she suffered a sudden stroke in her sleep. They had enjoyed a wonderful and fulfilling marriage with a very close bond. John now lives alone; he has a history of depression treated successfully in primary care. He has no children and married Freda later in life. Freda has one daughter Sarah, from her previous marriage who phones John twice a week. John is close with his neighbour Bill and they enjoy finishing together, although they have not done this for many months.

John remembers vividly receiving the news of his wife's death; initially he couldn't believe what the medical team had told him. For many weeks he felt in shock and numb, and would wonder if this was all a terrible dream. Following this, intense feelings of anger that his wife had died suddenly without warning and deep sadness came. John would frequently sit and cry in his bedroom whilst holding a picture of Freda and her memory was all he could think about. At times John was sure he could hear Freda's voice at night when he would often lie awake. John often didn't feel like eating, but forced himself too.

After the first six months, John's emotions continued to be intense and consuming. He began to feel worthless and that his life was meaningless. He pondered on his existence with strong feelings that he would be better off dead. He felt very guilty that he hadn't noticed any symptoms before his wife's sudden stroke and blamed himself for her death. At times he would hear a voice when in bed at night saying 'it's your fault'. He began to struggle to attend to his personal care. His Step-daughter Sarah noticed large piles of dirty washing and overgrown hair with an unkempt beard when she visited him. Sarah had tried to talk with John on several occasions but he avoided facing the reality of his loss, struggling to accept or make attempts to move on with his life. He continued to yearn for Freda to return to him on a daily basis.

Questions

- 1) What are the risk factors for depression after bereavement included in this case?
- 2) How is "normal" grief defined?
- 3) How is "abnormal" grief defined?
- 4) Which points in the history support your diagnosis?
- 5) Which features make an older adult population more vulnerable following bereavement?
- 6) What investigations are warranted?
- 7) What is the management plan for normal grief?
- 8) What is the management plan for abnormal grief?

Advanced Questions:

- 1) What are the pre-disposing, precipitating and perpetuating factors in the current scenario?
- 2) How might you manage the risks to self in this scenario?
- 3) How is abnormal grief reaction re-classified in the DSM-5/ICD-11?