3-338 Grief vs. depression and when to use antidepressants

TIPS Question:

Given that many of the people entering a LTCF have experienced many different types of loss and that their symptoms of grieving can be similar to those of depression, how does one determine if/when antidepressants are indicated?

What are the significant factors you have learned as a result of working through the six-question template?

- I've learned how much I don't know about the residents I care for. My need for getting information from other Partners in Care.
- Helps one think outside the "box" of the questions I would normally ask i.e. – focus on "physical" element.

Response:

Loss: When is it grief? When is it depression? And when to use antidepressants?

A few keys may help to identify those that have a pathological grief reaction and may be more likely to respond or one should more likely consider the use of an antidepressant. It is the additive effects of these keys that are important and not necessarily just one element being present. In other words, a combination leads you to be thinking more of an abnormal grief reaction in considering a decision for antidepressants.

The final decision, obviously, should be done with yourself, the person, the family, the doctors, and the specialist, keeping in mind the important principle of psychopharmacology to ensure that the treatment outweighs the harm.

The following keys:

1. Is there a psychotic component to grief?
2. Does the person have suicidal ideation and poor self-esteem? This is usually not part of a normal grieving reaction.
3. Does the person, over time, start to show improvement in functioning, interacting, and mood? Or is there no such improvement, a decline in improvement, or a levelling off of improvement, which would be more suggestive of an abnormal grief reaction.
4. The person has vegetative shifts, but if they have guilt that is beyond the relationship around the person that they lost, particularly around the death, one should be more concerned that we are not getting into a pathological problem.
5. Is the person vulnerable? Have they had multiple losses during the grief period? It has been identified that people who have more than one loss during a year or have poor supports are more susceptible to abnormal grief reactions and depression.
6. Is the person vulnerable? Have they had a depression in the past? Do they relate that it feels like this again? Often, some people may be able to distinguish their grief, the feelings associated with it from the depression, which may have a particular quality such as hollowness or emptiness which is different from a grieving process.
7. It is interesting that one author was able to distinguish those with normal grieving from abnormal grieving by asking the simple question to the individual if they thought what they were going through was normal. There was an increased correlation of pathological grief with those who reported that what they were going through was not normal.
8. Has the person had an ambivalent relationship? Individuals who have had a love-hate relationship with the individual that they lost have been noted to be more vulnerable to pathological grief.

All of the above will help in identifying those with pathological grief from normal. A subset of these people do respond to antidepressants and particularly if there is a full diagnostic of a major mood disorder identified. Grief, may take months or even a year to resolve. What is of particular importance is the course as was highlighted above. If there is a continual improvement, this is a far different

situation than if there has been a levelling off and/or deterioration. In these circumstances, a careful review of the above is imperative to ensure that a pathological grief or major mood disorder is not present.

Finally, at times, in terms of antidepressants, small doses of sedating antidepressants are often used in people with normal grief reactions. This is to treat the symptoms such as abnormal insomnia. Medication such as trazodone or mirtazapine is often used in this regard.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*