

# Detection of 'prolonged grief disorder' may help bereaved individuals

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Identification of criteria for the detection of prolonged grief disorder (PGD) appear able to identify bereaved persons at heightened risk for enduring distress and dysfunction, says a new study in this week's open access journal *PLoS Medicine*. The results support the psychometric validity of the criteria for PGD and should be included in the Diagnostic Statistical Manual of Mental Disorders, 5th Edition (DSM-V) and the International Statistical Classification of Diseases and Related Health Problems (ICD-11), say the authors.

Dr. Holly Prigerson from the Dana Farber Cancer Institute in Boston, Massachusetts and her colleagues conducted a field trial to develop and evaluate algorithms for diagnosing PGD based on a set of symptoms agreed upon by experts in bereavement, mood and anxiety disorders, and psychiatric nosology.

They interviewed 291 bereaved individuals three times in the two years following the loss of a spouse about their experiences of these symptoms. Using item response theory and combinatoric analysis, the researchers identified the most sensitive and specific algorithm for the diagnosis of PGD. This algorithm included yearning (physical or emotional suffering because of an unfulfilled desire for reunion with the deceased) and at least five of nine additional symptoms including emotional numbness, feeling that life is meaningless, and avoidance of the reality of the loss, which had to have persisted for at least 6 months after the bereavement and to be associated with functional impairment.

In addition, the researchers report that individuals in their study given a diagnosis of PGD 6 months after a death had a higher subsequent risk of mental health and functional impairment than people not diagnosed with PGD.

Currently, grief is not recognized as a mental disorder in the DSM-IV or the ICD-10.

The authors say that their work confirms the distinctiveness of the symptoms of PGD, and "that PGD meets DSM criteria for inclusion as a distinct mental disorder on the grounds that it is a clinically significant form of psychological distress associated with substantial disability."

In an accompanying Perspective article, Dr. Stephen Workman (not involved in the research) from the Queen Elizabeth II Health Sciences Center in Halifax, Nova Scotia, Canada, says that by persuasively establishing PGD as a uniquely identifiable illness that may require specific treatments, Dr. Prigerson and colleagues have separated PGD from normal grief and from other forms of pathologic grief responses. He says from a clinician's perspective that the work is "rigorous, compassionate, and humane."

More information: Prigerson HG, Horowitz MJ, Jacobs SC, Parkes CM, Aslan M, et al. (2009) Prolonged Grief Disorder: Psychometric Validation of Criteria Proposed for DSMV and ICD-11. *PLoS Med* 6(8): e1000121. [doi:10.1371/journal.pmed.1000121](https://doi.org/10.1371/journal.pmed.1000121)

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