

Rush to prescribe: Study questions speed in giving antidepressants to grieving parents

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This is a photo of Jeffrey Lacasse, Assistant Professor of social work at Florida State University. Credit: Florida State University Photography Services/Bill Lax

Some doctors are too quick to prescribe antidepressants to parents who have suffered the death of a child either during pregnancy or within the first month of life, according to a study conducted by Florida State University researcher Jeffrey R. Lacasse.

In a study of 235 bereaved parents participating in an online support community, Lacasse found that 88—or 37.4 percent—of them were prescribed a [psychiatric medication](#) to help them cope. Some women received prescriptions with a week of losing their children.

"This is simply too soon after the loss to reasonably conclude that these women need long-term treatment with [antidepressants](#)," said Lacasse, an assistant professor in the College of Social Work. "Even though our sample is select, the data raise disturbing questions about [prescribing](#) practices for grieving parents."

The study, "Prescribing of Psychiatric Medication to Bereaved Parents Following Perinatal/Neonatal Death: An Observational Study," conducted with Joanne Cacciatore, a professor of [social work](#) at Arizona State University, has been published in the journal *Death Studies*.

Of the 88 parents, the study found that 79.5 percent were written prescriptions for antidepressants and 19.5 percent were only prescribed sedatives or sleep aids. Prescriptions were written shortly after the loss in many cases: 32.2 percent within 48 hours; 43.87 percent within a week; and 74.7 percent within a month. Most women prescribed antidepressants took them long term, some for years.

The research revealed that the clinicians doing the bulk of the prescribing were obstetrician/gynecologists.

"We did not see the same pattern of prescribing from psychiatrists or general practitioners," said Lacasse, who suggests that OB/GYNs should refer their patients to [mental health](#) practitioners in such tragic and highly emotional situations.

The study raises a number of thorny questions surrounding the practice of prescribing psychiatric medication to someone who is grieving,

according to Lacasse.

The usefulness of prescribing antidepressants in this situation is questionable given the time it takes for them to take effect—two to four weeks, in some cases.

"We also don't know how prescribing a psychotropic drug so soon after a bereavement affects the normal process of grieving," Lacasse said. "The assumption is that it helps, but we don't know that."

There is no evidence that says giving antidepressants to parents who have lost a child will help them get over the loss faster than through a grieving process that does not include psychiatric medication, he said.

The effectiveness of antidepressants, which were highly touted in the 1990s and 2000s, has been called into question in recent years.

"It is pretty well accepted at this point that antidepressants are not as effective as it was hoped they would be, and thus should be used carefully," he said.

Common sense dictates that grief is not a mental illness. By the very act of prescribing an antidepressant, clinicians are tacitly labeling a patient as mentally ill, according to Lacasse.

"If it's only been 48 hours since a mother lost a child, it would be normal for her to experience an extreme state of grief," he said. "This is a natural reaction to tragic circumstances, not a mental disorder. To treat it as a [mental disorder](#) so soon is contrary to the concept of evidence-based medicine."

These concerns should cause medical practitioners to hesitate before they write a newly bereaved parent a prescription for an antidepressant.

"Nowhere in our paper do we say that people should never be prescribed antidepressants," Lacasse said. "But there are other options that should be tried first. Given the lack of evidence to support the efficacy of antidepressants in bereavement, physicians should take a conservative approach in prescribing to avoid overtreatment."

The researchers suggest first using psychosocial interventions such as peer support or psychotherapy with social workers, psychologists and mental health specialists.

"If these options do not work, and it's clear that something beyond normal grieving is going on, then we can have a conversation about psychiatric treatment," he said.

Provided by Florida State University

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