

Healing Heartache

Complicated grief can emotionally paralyze individuals if left undiagnosed and untreated BY MARY AUCOIN

WHEN A LOVED ONE DIES, WHETHER SUDDENLY or after a long illness, it is impossible to predict whether the survivor will go through a natural normal grieving process or if a different, pathological form of grieving will manifest.

During a patient's assessment, nurses must understand the subtle differences between normal grieving, depression and complicated grief (CG) to provide a healthy outcome by giving appropriate support or referral for psychiatric treatment.

No Ordinary Depression

The degree to which a person successfully navigates grief and achieves resolution following the death of a loved one or some other type of loss can have a profound effect on the biopsychosocial outcome for a patient and/or family, according to Leslie Watson Benton, MS, LPC, partial hospitalization program coordinator/therapist, East Texas Medical Center (ETMC), Tyler.

"Complicated grief includes emotional and cognitive experiences in response to loss that do not evolve or resolve constructively. This can include absent or delayed grief, prolonged or intense grief, or grief associated with psychotic symptoms," Benton explained.

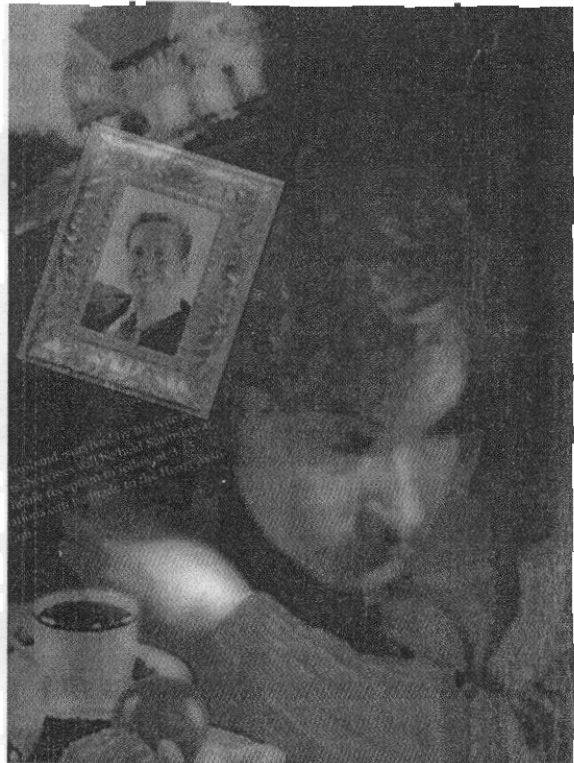
Sometimes, a person suffering from CG is considered "stuck," referring to a lack of progress through phases normally associated with grief (shock/denial, bargaining, anger, depression and acceptance). In addition, individuals with the condition experience symptoms that are distorted and/or unique when compared to the non-pathological, conventional grief experience, Benton added.

Patients can suffer from both depression and CG simultaneously, but the attitudes and experiences of those stuck in the grief process are usually specific to a lost relationship, she noted.

Depression, also called uncomplicated grief, after the death of a significant loved one is a normal part of the grieving process. It does eventually resolve, according to Karen Pejsach, MSN, RN, quality service manager, DePaul-Tulane Behavioral Health Center, New Orleans.

"While symptoms of depression may be present in someone suffering from CG, the patient has a primary difficulty in focusing on living without their loved one," Pejsach explained.

Approximately 20 percent of grieving people will develop major depression, particularly those who have suffered from depression in



the past and have a history of alcohol abuse and/or an inadequate support system.¹

Currently, there is no official diagnosis for CG, although a formal panel of experts has been formed by the American Psychiatric Association to consider its inclusion in the next revision of the *Diagnostic and Statistical Manual of Mental Disorders*, Benton noted. "Nurses are among those individuals on the forefront of recognizing the ➤

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fering from CG. Individuals who need more structured care due to safety concerns or have a temporary inability to function independently may be treated on an inpatient basis. Play therapy is an effective treatment for children up to age 12 who have trauma and grief-related cases, Benton noted.

"When the patient has reached the point where they can no longer function in their daily activities or are having suicidal thoughts, admission is needed," Ally explained. "The patient will participate in active treatment at our facility, to include individual psychotherapy with a psychiatrist, social worker and trained nurses. Group therapy, leisure skill development and ADL independence is a vital part of the program as well."

Better Days Ahead

CG can last anywhere from a few weeks to years, according to Benton. "Most experts agree that uncomplicated grief usually resolves to acceptance within 2 years. The normal process of progressing through stages toward acceptance can occur when a patient has emotional support and the skills they need. It is a gradual, painstaking process to recover from grief, complicated or not, and there is great variability in recovery time."

Perhaps the most significant sign of a patient's recovery is his ability to discuss coming to terms with the death of his loved one, according to Ally. When a patient can relive memories of the deceased loved one in a positive manner, without the memories bringing on sadness and tears, he is no longer experiencing complicated grief. Other milestones to be achieved include returning to the workforce as a productive employee, being able to get out of the house and socialize again, and the ability to laugh and live with a joyous anticipation of the future. ■

References

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2. Prigerson, H.G., & Jacobs, S.C. *Inventory of complicated grief—structured clinical interview*. Retrieved April 4, 2005 from the World Wide Web: <http://www.info.med.yale.edu/psych/cgrief>

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evaluation, can help estimate risk of HF events over the next 2-week period.

All new patients also are screened for sleep-related breathing disorders such as obstructive sleep apnea, which can contribute to higher pulmonary pressures and stress on already weakened hearts.

Lastly, for those NYHA Class III and IV patients unable to maintain adequate hemodynamics in the clinic, routine use of either continual or intermittent inotropic agents and vasodilators such as nesiritide are employed. These patients can be seen every 1-2 weeks and usually have telemonitoring for symptom management.

The clinic's location at the Texas Heart Institute provides extensive research options for advanced HF patients failing maximum medical therapy. Current trials are enrolling patients for the only FDA-approved clinical trial of adult stem cell therapy for HF in the United States, immune modulation therapy, infusions of GLP-1 and ongoing trials of intermittent infusions for use in the inpatient and outpatient populations.

Additionally, many patients are referred for advanced surgical therapies of HF including heart transplantation, left ventricular assist devices and specialized valve surgery.

Education

The clinic's cornerstone of treatment remains patient education. Every new patient is enrolled in a 2-hour, detailed education class and significant others are strongly encouraged to attend. During these classes, patients receive many well-known strategies for HF management: monitoring daily weight and blood pressure/pulse, understanding and adhering to low-salt diets, responsible medication compliance, and signs and symptoms of worsening HF.

Additionally, the patients are personally assisted in learning how to recognize what contributes to their weight gain and symptoms, and given strategies to reduce the likelihood of admission to the hospital, such as diuretic titration with nursing direction.

"We have to give the patients the tools to know and recognize when they are getting into trouble. We empower them to involve the nurses in their care," stated HF Education Coordinator Erin Donaho, BSN, RN. The goals of education are not only to reduce hospitalizations for HF; they are to improve quality of life.

Medication Assistance

Medicare and Medicaid make up about 65 percent of the patient insurance profile in the Heart Failure Clinic. It is not unusual to have

patients taking anywhere from five to 25 medications daily. Many individuals do not have prescription coverage for their medications, leading to serious financial challenges. Patients can cut medication dosages in half, skip days or stop medications entirely depending on how financially impacted they are. This can lead to being labeled "noncompliant" despite the fact they are choosing between food and medications.

Medication noncompliance, regardless of the patient's intentions, is a strong risk for HF exacerbation requiring hospitalization. For all these reasons, the Heart Failure Clinic recently added a dedicated licensed social worker who can help identify individuals at risk for poor medication adherence.

"There are many pharmaceutical companies that have medication assistance programs available to patients," Lauren Barrash, LMSW, stated. "You just have to know where to find them." She also is able to assist patients with advance directives, transportation issues, arranging home hospice and palliative care services, and following patients admitted to the hospital.

Electronic Database

The clinic recently entered the wireless age by employing new computerized pen tablets, allowing nurses to move from room to room with handheld patient files. By entering all data into the computer while in the room with patients, the nurses can save valuable time previously spent documenting after clinic visits.

Eventually, voice recognition software will help physicians and nurses dictate letters to referring physicians, as well as store reports such as cardiac catheterization films. The tablets are the newest step the clinic has embarked upon to improve patient care and streamline the flow of information between providers.

The Heart Failure Clinic and Program at St. Luke's is one example of how nurse-run clinics are contributing to patient care nationwide. Their dedicated employees are passionate about patient care and helping individuals maintain quality of life despite their illness. The focus is not about failure, it's about living successfully with heart failure. ■

Reference

- American Heart Association. (2005). *Heart disease and stroke statistics, 2005 update*. Retrieved May 2, 2005 from the World Wide Web: <http://www.americanheart.org/presenter.jhtml?identifier=3000090>

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