How the DSM can improve upon the ICD in Defining Prolonged Grief Disorder (PGD)

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Origins of DSM-5's Persistent Complex Bereavement Disorder (PCBD)

As Matthew Friedman, MD, PhD, chair of DSM-5's Sub-Workgroup on Trauma-/Stress-Related and Dissociative Disorders, wrote in the AJP (2016)…

"… the DSM-5 sub-workgroup … had two overlapping but different … criteria for an abnormal grief reaction…

… they [the DSM-5 sub-workgroup] did not believe that they could or should choose between prolonged grief disorder and complicated grief…

As a result, ***persistent complex bereavement disorder was …constructed as an amalgam of all of the symptoms … in … prolonged grief disorder or complicated grief*** *and placed in DSM-5's section III …"*

- **Thus, DSM-5 decided to defer actual naming of the disorder and specification of its criteria**

Evidentiary Scorecard at Time of DSM-5 Sub-Workgroup (2010) & Publication of DSM-5 (APA 2013)

		Prolonged Grief Disorder (PGD)			Complicated Grief (CG)		
Domain	**Item**	**Yes**	**No**	**Unknown**	**Yes**	**No**	**Unknown**
Validity	Construct	√					√
	Concurrent	√					√
	Discriminant	√					√
	Predictive	√					√
Measurement	Reliability	√					√
	Sensitivity	√					√
	Specificity	√					√
	Accuracy	√					√
Acceptability	Stigma	√					√
	Clinical Utility			√			√
Robustness	Cross-Validation			√			√
	Cross-Cultural Validity			√			√

- PCBD is, therefore, a non-starter – a provisional place-holder amalgam of PGD & CG (despite no evidence in support of CG)

- Priority should be on harmonizing and improving on ICD-11's PGD…

Origins of ICD-11's PGD

Killikelly & Maercker (2018) wrote:

"In 2009, a broad group of authors developed a consensus on the criteria for a clinical diagnosis of PGD… [based on] an analysis of [data] from the ***Yale Bereavement Study*** *(Prigerson et al., 2009)…*

[it] generated sensitive and specific items for the PGD-2009 criteria…

… predictive validity (Prigerson et al., 2009) and the diagnostic distinction of PGD have been consistently confirmed…

Based on the important research findings outlined above, with the new refinements by the WHO working group, [we] offer valid and clinically useful diagnostic guidelines for the inclusion of ***PGD in the ICD-11*** *…"*

- **Thus, ICD-11 decided to act on evidence supporting PGD criteria**

Evidence for ICD-11's PGD was based mostly on data from Yale Bereavement Study NIMH R01, *PLoS Medicine* (2009)

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RESEARCH ARTICLE

Prolonged Grief Disorder: Psychometric Validation of Criteria Proposed for *DSM-V* and *ICD-11*

Holly G. Prigerson, Mardi J. Horowitz, Selby C. Jacobs, Colin M. Parkes, Mihaela Aslan, Karl Goodkin, Beverley Raphael, Samuel J. Marwit, Camille Wortman, Robert A. Neimeyer, George Bonanno, Susan D. Block, David Kissane, [...], Paul K. Maciejewski [view all]

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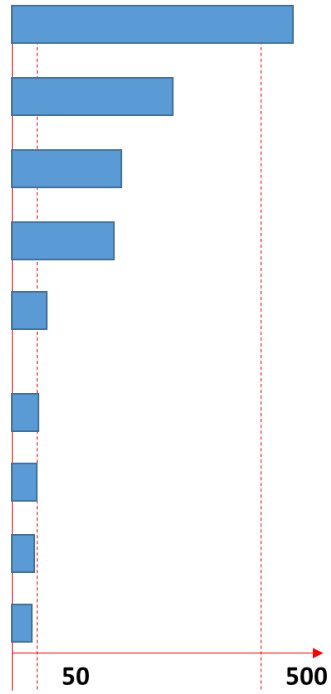
Title	Reference
Prolonged Grief Disorder: Psychometric Validation of Criteria Proposed for DSM-V and ICD-11	Prigerson et al. PloS Medicine 2009
Place of Death: Correlations With Quality of Life of Patients With Cancer and Predictors of Bereaved Caregivers' Mental Health	Wright et al. J Clinical Oncology 2010
Diagnosis and classification of disorders specifically associated with stress: proposals for ICD-11	Maercker et al. World Psychiatry 2013
Prevalence of complicated grief in a representative population-based sample	Kersting et al. J Affective Disorders 2011
Prolonged grief disorder and persistent complex bereavement disorder, but not complicated grief, are one and the same diagnostic entity: an analysis of data from the Yale Bereavement Study	Maciejewski et al. World Psychiatry 2016
Euthanasia and Assisted Suicide of Patients With Psychiatric Disorders in the Netherlands 2011 to 2014	Kim et al. JAMA Psychiatry 2016
Prevalence of prolonged grief disorder in adult bereavement: A systematic review and meta-analysis	Lundorff et al. J Affective Disorders 2017
Disorders specifically associated with stress: A case-controlled field study for ICD-11 mental and behavioural disorders	Keeley et al. Int J Clin Health Psychol. 2016
Optimizing Treatment of Complicated Grief A Randomized Clinical Trial	Shear et al. JAMA Psychiatry 2016

Number of Times Cited



Yale Bereavement Study (YBS)

NIMH R01 Field Trial of PGD Consensus Criteria for DSM-5

1st we published preliminary consensus criteria in *BJP* (1999): →

Consensus criteria for traumatic grief

A preliminary empirical test

H. G. PRIGERSON, M. K. SHEAR, S. C. JACOBS, C. F. REYNOLDS III, P. K. MACIEJEWSKI, J. R. T. DAVIDSON, R. ROSENHECK, P. A. PILKONIS, C. B. WORTMAN, J. B. W. WILLIAMS, T. A. WIDIGER, E. FRANK, D. J. KUPFER and S. ZISOOK

2nd we published their psychometric validation in *PLoS Med* (2009): ↓

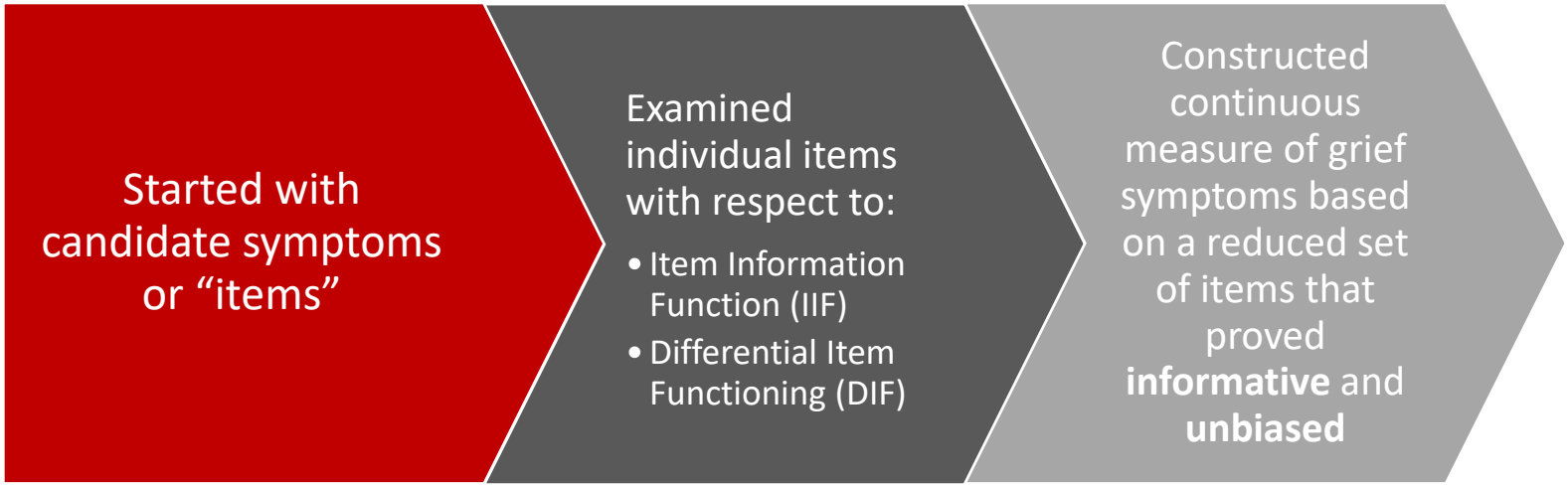
Prolonged Grief Disorder: Psychometric Validation of Criteria Proposed for *DSM-V* and *ICD-11*

Holly G. Prigerson[1,2,3*], Mardi J. Horowitz[4], Selby C. Jacobs[5], Colin M. Parkes[6], Mihaela Aslan[7], Karl Goodkin[8,9], Beverley Raphael[10], Samuel J. Marwit[11], Camille Wortman[12], Robert A. Neimeyer[13], George Bonanno[14], Susan D. Block[1,2,3], David Kissane[15], Paul Boelen[16], Andreas Maercker[17], Brett T. Litz[18,19,20], Jeffrey G. Johnson[21], Michael B. First[21], Paul K. Maciejewski[1,2]

Sample: 291 community-based bereaved subjects interviewed longitudinally

Assessment Schedule: 0-6, 6-12, 12-24 months post-loss

Yale Bereavement Study used Item Response Theory (IRT) to construct a continuous symptom measure



Evaluation of Item Information and Differential Item Functioning

Table 1. Evaluation of candidate symptoms for PGD ($n = 287$).

Candidate PGD Symptom	Rate (%)	IRT IIF Analysis[a]		IRT DIF Analysis[b]		
		I_{max}[c]	Θ_{max}[d]	Sex	Spouse	Time
Inability to care about others since the death	6.6	1.00	1.70		**Biased**	
Yearning for, or preoccupation with, deceased	68.3	0.94	−0.53			
Life empty, meaningless without deceased	34.8	0.93	0.46			
Stunned, dazed, or shocked about the death	19.2	0.58	1.07			
Trouble accepting the death	32.7	0.56	0.56			
Feel part of you died along with the deceased	37.6	0.49	0.41			
Difficulty moving on with life without deceased	18.1	0.46	1.17			
Sense of numbness since the death	13.6	0.46	1.41			
Future holds no meaning without the deceased	14.6	0.38	1.40		**Biased**	
Hard for you to trust others since the death	7.0	0.36	2.00			
Avoid reminders of deceased	12.5	0.26	1.67			
Survivor guilt	8.4	0.25	2.04			
Loneliness as a result of the death	57.1	0.24	−0.26	**Biased**	**Biased**	**Biased**
Lost sense of security since the death	23.3	0.23	1.09	**Biased**		
Bitterness or anger related to the death	25.1	0.23	1.01			
On edge, jumpy since the death	11.5	0.20	1.88			
Envious of others who have not lost someone close	7.0	**0.16**	2.51			
Memories of the deceased upset you	22.6	**0.14**	1.31			
Drawn to places, things associated with deceased	31.0	**0.14**	0.86			
Disturbed sleep since the death	23.3	**0.13**	1.28			
The death has shattered your world view	28.6	**0.13**	1.02			
Lost sense of control since the death	16.4	**0.10**	1.93			

"Criterion Standard" to identify "Cases"

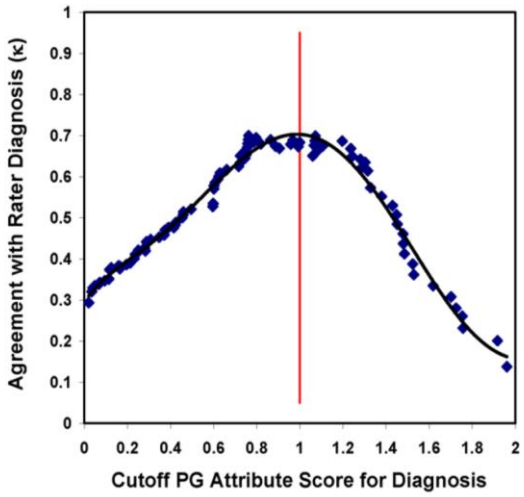


Figure 3. Agreement between rater diagnoses and dichotomized prolonged grief attribute score diagnoses of PGD as a function of cutoff PG attribute score for diagnosis. Dichotomized IRM PG attribute scores provide objective, reliable criterion standard diagnoses for PGD. This figure illustrates how rater diagnoses were used to establish a minimum-threshold cutoff PG attribute score for diagnosis of PGD (i.e., PG attribute score≥minimum-threshold cutoff PG attribute score). An optimal cutoff PG attribute score of 1 maximized agreement between rater diagnoses and dichotomized IRM PG attribute score diagnoses of PGD.
doi:10.1371/journal.pmed.1000121.g003

➢ **Maximize agreement between rater dx and IRT score to determine threshold for dx "cases"**

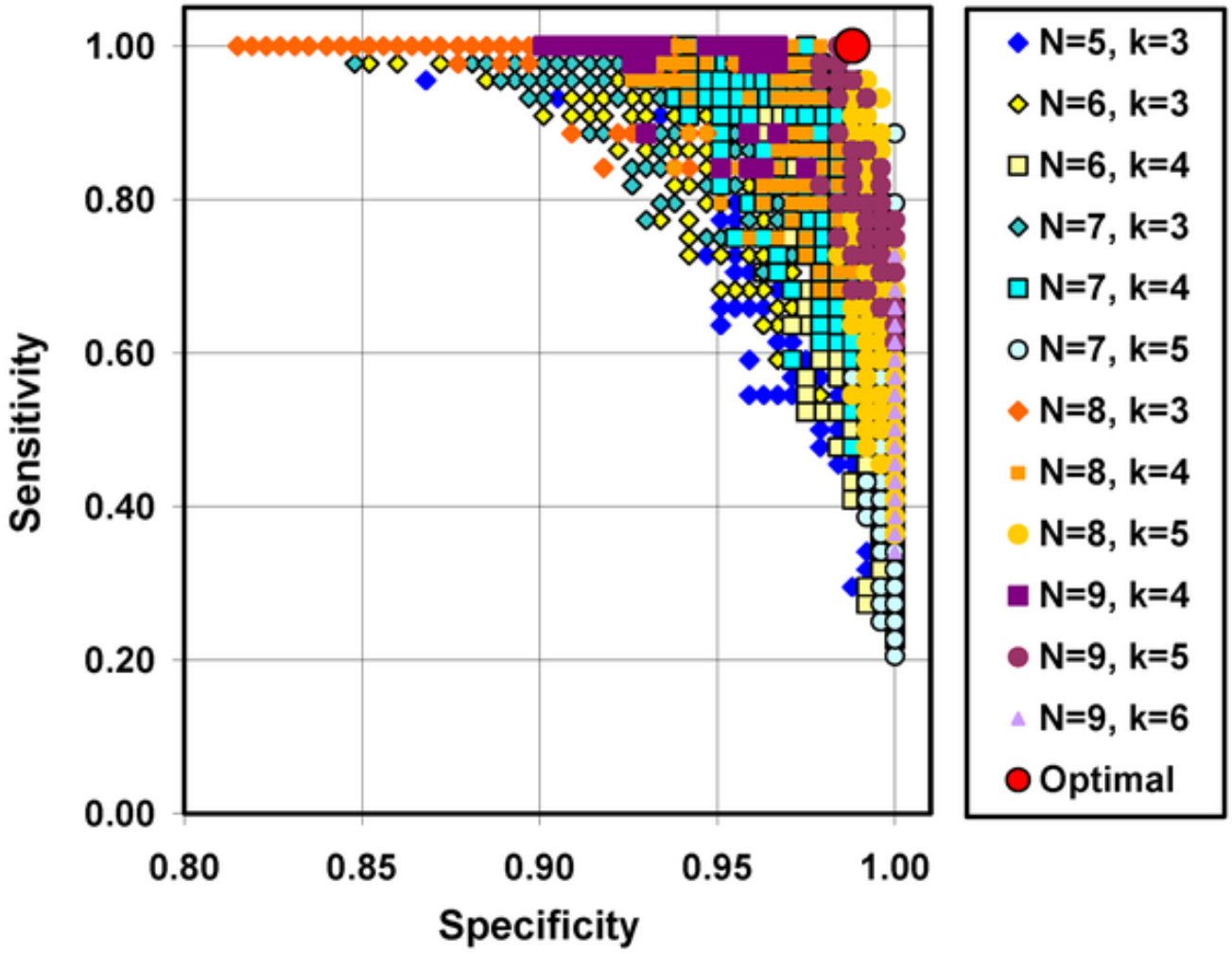
PG Attribute Score

- Benefit
  - objective
  - applied consistently, in standard way
  - doesn't require clinician
- Problems
  - doesn't leverage clinical insight

Rater Diagnosis of PGD

- Benefit
  - reflects best clinical judgment
- Problems
  - subjective
  - inconsistent with underlying grief attribute

Alternative diagnostic algorithms for meeting symptom criteria for PGD



Optimum Diagnostic Algorithm and Its Properties

Optimum Algorithm

Gateway "B" symptom: Yearning

5 of 9 "C" symptoms: Stunned by the loss, confused about role in life, trouble accepting the loss, bitter over the loss, difficulty moving on, emotional numbness, life empty since loss, difficulty trusting others, avoidance of reminders of deceased

Properties

Construct Validity: Derived from underlying, dimensional grief attribute

Convergent Validity: With respect to the previously proposed diagnostic algorithm for PGD (κ = 0.68) and the rater diagnosis of PGD (κ = 0.68)

Discriminant Validity: With respect to other mood and anxiety disorders (ϕ with MDD= 0.36; PTSD = 0.31; GAD= 0.17)

Reliability: Internal consistency of grief attribute items (Cronbach's α = 0.82)

Diagnostic Accuracy: High sensitivity (1.00), specificity (0.99), positive predictive value (0.94), negative predictive value (1.00) with respect to criterion standard

Predictive Validity of Temporal Subtypes to Determine 6-months Criterion for PGD

6-months post-loss
Point Prevalence = 11.6%

Table 2. Mental health and functional consequences of meeting symptom criteria for PGD by temporal subtype

Outcome (12–24 Mo Post-Loss)	Relative Risk for Outcome Associated with PGD Temporal Subtype:							
	Acute (15/172 [8.7%])[a]		Delayed (6/172 [3.5%])[a]		Persistent (12/172 [7.0%])[a]		Delayed or persistent (28/242 [11.6%])[b]	
	RR	95% CI	RR	95% CI	RR	95% CI	RR	95% CI
MDD, PTSD, or GAD	1.54	(0.20–11.98)	3.86	(0.55–27.22)	11.58***	(4.41–30.43)	10.19***	(4.72–21.99)
Suicidal ideation (n = 171:241)[c]	1.97	(0.64–6.09)	4.93***	(1.92–12.64)	3.29*	(1.28–8.43)	4.44***	(2.62–7.53)
Functional disability (n = 170:240)[c]	0.51	(0.18–1.45)	1.54	(0.73–3.25)	1.40	(0.79–2.50)	1.65**	(1.16–2.34)
Poor quality of life (n = 168:238)[c]	0.76	(0.20–2.89)	3.78***	(1.93–7.40)	2.58*	(1.23–5.41)	3.17***	(2.03–4.95)

PGD – (Incremental) Predictive Validity

Table 4. Mental health and functional impairment at 12–24 mo post-loss associated with PGD among those not meeting *DSM* criteria for MDD, PTSD, or GAD at 6–12 mo post-loss ($n = 215$).

Outcome (12–24 Mo Post-Loss)	PGD Diagnosis (6–12 Mo Post-Loss)			
	Yes (3.3%)	No (96.7%)	RR	95% CI
MDD, PTSD, or GAD	28.6%	3.4%	8.49**	(2.14–33.72)
Suicidal ideation[a] ($n = 214$)	57.1%	10.1%	5.63***	(2.64–12.03)
Functional disability[a] ($n = 213$)	71.4%	35.9%	1.99**	(1.20–3.29)
Poor quality of life[a] ($n = 210$)	83.3%	14.7%	5.67***	(3.48–9.22)

Prigerson et al., *PLoS Med* 2009

Would those diagnosed with PGD feel …

- Stigmatized – would bereaved be labeled as inferior and blamed for their distress?

- Rejected, unsupported, misunderstood by their family – would family members w/draw support?

- Want help for their emotional distress – would they be receptive to treatments to minimize their distress?

Yale Bereavement Study
Johnson et al. 2009

Stigma & Receptivity to Treatment re: PGD

- > 90% subjects think family/friends would be ***more*** understanding if diagnosed w/ PGD

- If told they had PGD:
  - > 95 % of subjects would be relieved to have a recognizable problem
  - > 98% would be interested in treatment for this condition – 100% of those meeting criteria for PGD

Yale Bereavement Study
Johnson et al. 2009

Clinical Utility of a PGD Diagnosis

In the DSM 5, p. 20 it states:

- "…a mental disorder should have clinical utility [*that is*]: *it should help clinicians to determine prognosis, treatment plans, and potential treatment outcomes for their patients…*

Spitzer in "Diagnosis and need for treatment are not the same."

Arch Gen Psychiatry. 1998;5:120

cautioned that…

- ***"the diagnosis of a mental disorder is not equivalent to a need for treatment … [and]…***

- ***To confuse making a mental disorder diagnosis with demonstrating treatment need [is] a serious mistake."***

Clinicians Found the PGD Criteria Clinically Useful

"**Testing the Clinical Utility of PGD Diagnosis**"
(NIMH R21 MPI: Lichtenthal/Prigerson)

World Psychiatry
OFFICIAL JOURNAL OF THE WORLD PSYCHIATRIC ASSOCIATION (WPA)

Evidence of the clinical utility of a prolonged grief disorder diagnosis

Wendy G. Lichtenthal, Paul K. Maciejewski, Caraline Craig Demirjian, Kailey E. Roberts, Michael B. First, David W. Kissane, Robert A. Neimeyer, William Breitbart, Elizabeth Slivjak, Greta Jankauskaite, Stephanie Napolitano, Andreas Maercker, Holly G. Prigerson ... See fewer authors

First published: 07 September 2018 | https://doi.org/10.1002/wps.20544 | Cited by: 2

- the majority of clinicians rating those criteria as **easy to use** (97%)
- overall **clinically useful** (95%)

Virtual Standardized Patients
"**Testing the Clinical Utility of PGD Diagnosis**"
(NIMH R21 MPI: Lichtenthal/Prigerson)

PGD PTSD Normal Grief

Clinicians can accurately diagnose PGD

Patient Vignette	Diagnosis	Full Sample		Tutored		Untutored					
		n	%	n	%	n	%	OR	Lower	Upper	p
PTSD	Correct	71	88.8%	42	87.5%	29	90.6%	0.72	0.17	3.13	0.666
	Incorrect	9	11.3%	6	12.5%	3	9.4%				
MDD	Correct	61	76.3%	36	75.0%	25	78.1%	0.84	0.29	2.43	0.748
	Incorrect	19	23.8%	12	25.0%	7	21.9%				
PGD	Correct	122	76.3%	83	86.5%	39	60.9%	**4.09**	**1.89**	**8.85**	**0.000**
	Incorrect	38	23.8%	13	13.5%	25	39.1%				
Normative Grief	Correct	132	82.5%	78	81.3%	54	84.4%	0.80	0.34	1.87	0.611
	Incorrect	28	17.5%	18	18.8%	10	15.6%				

- Clinicians who received a brief tutorial on PGD were **4x more likely** to accurately diagnose patients with PGD
- Mental health clinicians who received the tutorial were *not more likely* to pathologize normal grief

Cross-Validation: Item Information

TABLE 2. Prevalence of symptoms, factor analysis and IRT parameter estimates for full bereaved sample ($n = 728$)

		Factor analysis parameters[a]						IRT parameters[b]		
		One-factor	Two factors		Three factors					
	Prevalence	1	1	2	1	2	3	Severity	Discrim-ination	Imax
13. I feel that life is empty without the person who died	.36	.95	.95		.92			0.44	4.20	1.00
19. I feel lonely a great deal of the time ever since he/she died	.38	.95	.95		.92			0.40	4.03	0.92
8. I feel stunned or dazed over what happened	.33	.94	.89		.91			0.55	3.45	0.67
3. I feel I cannot accept the death of the person who died	.32	.89	.88		.89			0.58	3.38	0.65
7. I feel disbelief over what happened	.36	.95	.91		.92			0.44	3.36	0.64
4. I feel myself longing for the person who died	.47	.92	.93		.90			0.11	3.32	0.62
1. I think about this person so much, it's hard to do the things I normally do	.26	.86	.86		.85			0.77	3.10	0.54
17. I feel bitter over this person's death	.28	.87	.86		.89			0.71	2.93	0.49
2. Memories of the person who died upset me	.42	.86	.87		.87			0.26	2.85	0.46
16. I feel that it is unfair that I should live when this person died	.17	.80	.80		.79			1.15	2.57	0.37
6. I can't help feeling angry about his/her death	.32	.85	.84		.86			0.61	2.54	0.37
10. Ever since he/she died I have lost the ability to care about other people	.22	.79	.79	.43	.77		.47	0.99	2.20	0.27
9. Ever since he/she died it is hard for me to trust people	.24	.73	.73	.41	.73		.51	1.00	1.83	0.19
15. I see the person who died stand before me	.04	.64	.62		.58	.53		2.44	1.76	0.18
18. I feel envious of others who have not lost someone close	.22	.69	.70		.70			1.11	1.73	0.17
14. I hear the voice of the person who died speak to me	.04	.61	.60		.55	.55		2.54	1.72	0.17
5. I feel drawn to places and things associated with the person who died	.26	.64	.64		.62			1.00	1.45	0.12
12. I go out of my way to avoid reminders of the person who died	.15	.59	.59		.60			1.61	1.41	0.11
11. I have pain in the same area of my body as the person who died	.07	.53	.54		.52			2.41	1.37	0.11
Test Statistics	Chi-square	671	426			223				
	Df	152	134			117				
	Pvalue	<.0001	<.0001			<.0001				
	RMSEA	.066	.053			.034				
	CFI	.982	.990			.996				

[a]All factor loadings smaller than .40 are suppressed for ease of interpretation.
[b]The Severity parameter represents the location (on the standardized trait scale) where the prevalence of the item is expected to be 0.5 which also corresponds to the location of maximum item information. The Discrimination parameter is directly proportional to the maximum item information (i.e. precision) for measuring the one underlying trait. Imax is the relative item information as compared to the overall most informative item (Q13: I feel that life is empty without the person who died).

Simon et al. *Depression & Anxiety* 2011

Cross-Validation: Psychometric Performance

Table 3 Diagnostic sensitivity and specificity of the tests in relation to the criterion standard (N=268)

Test	True positive	False positive	True negative	False negative	Positive predictive value	Negative predictive value	Sensitivity	Specificity
PGD	28	4	234	2	87.5%	99.2%	93.3%	98.3%
CG	30	51	187	0	37.0%	100.0%	100.0%	78.6%
PCBD	26	12	226	4	68.4%	98.3%	86.7%	95.0%
ICD-11	25	9	229	5	73.5%	97.9%	83.3%	96.2%

PGD – prolonged grief disorder test (original version), CG – complicated grief test, PCBD – persistent complex bereavement disorder test, ICD-11 – prolonged grief disorder test (ICD-11 proposed version)

Maciejewski et al. *World Psychiatry* 2016

Cross-Validation: Predictive (Incremental) Validity

Predictive validity of symptom-diagnostic tests in the absence of other mental disorders (N=213)

	Outcome (12-24 months post-loss)							
Test	**Other mental disorders**		**Suicidal ideation**		**Functional impairment**		**Low quality of life**	
(6-12 months post-loss)	**RR**	**p**	**RR**	**p**	**RR**	**p**	**RR**	**p**
PGD	**4.40**	**0.048**	**3.06**	**0.017**	**2.08**	**0.001**	**3.40**	**0.001**
CG	2.90	0.101	–	–	0.98	0.926	1.08	0.834
PCBD	3.52	0.097	–	–	1.61	0.058	**2.68**	**0.006**
ICD-11	3.52	0.097	**5.04**	**0.001**	**2.07**	**0.001**	**3.23**	**0.001**

PGD – prolonged grief disorder test (original version), CG – complicated grief test, PCBD – persistent complex bereavement disorder test, ICD-11 – prolonged grief disorder test (ICD-11 proposed version)

Other mental disorders considered were major depressive disorder, post-traumatic stress disorder and generalized anxiety disorder

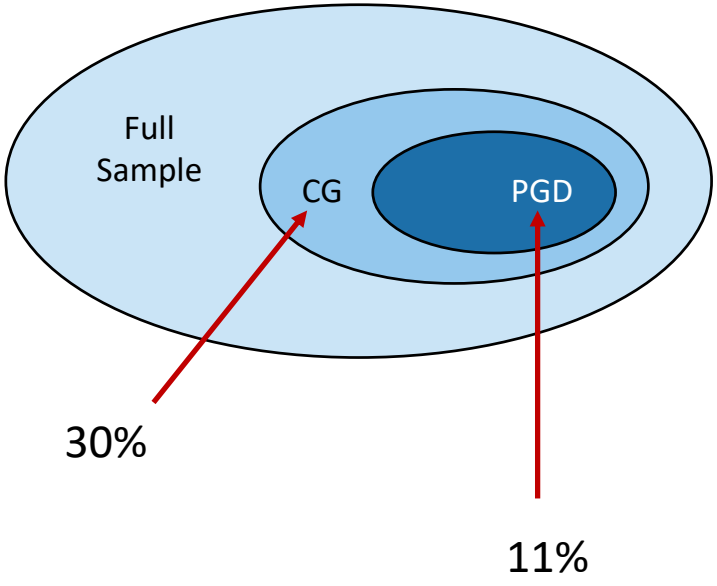
Suicide ideation is not considered as a potential outcome for CG and PCBD, because they include suicidal ideation as an item

Statistically significant values are highlighted in bold prints

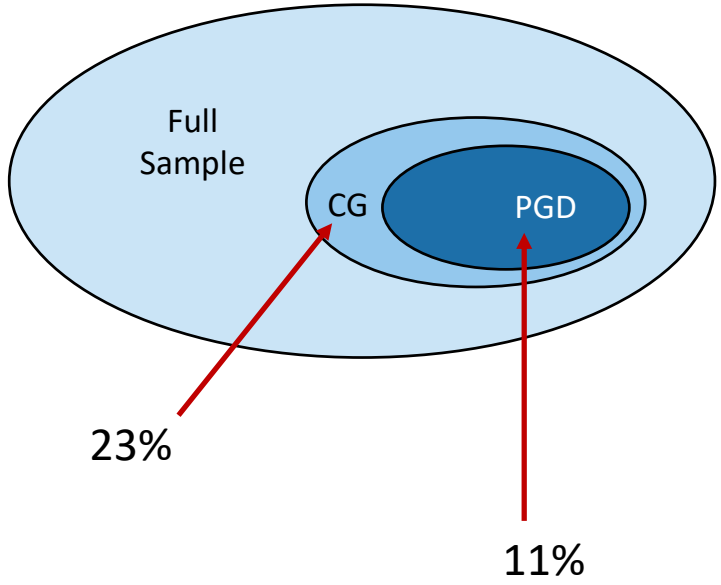
Maciejewski et al. *World Psychiatry* 2016

Cross-Validation: Reliable Rate of Diagnosis of PGD in Two Community Samples

Yale Bereavement Study



National Military Family Bereavement Study



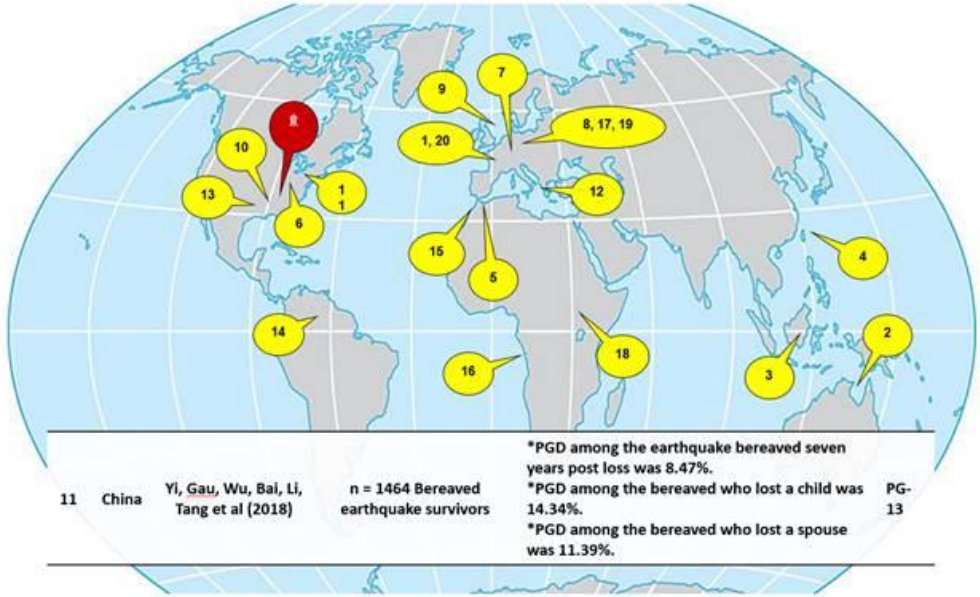
Maciejewski et al. *World Psychiatry* 2016

Cozza et al. *AJP* 2016

PGD/PG-13 Validated Cross-culturally

(> 24 published studies & counting; ~600 citations)

Worldwide Research on PGD:



11	China	Yi, Gau, Wu, Bai, Li, Tang et al (2018)	n = 1464 Bereaved earthquake survivors	*PGD among the earthquake bereaved seven years post loss was 8.47%. *PGD among the bereaved who lost a child was 14.34%. *PGD among the bereaved who lost a spouse was 11.39%.	PG-13

Prevalence of PGD in Adult Bereavement = 10% [95% CI: (7%, 14%)]

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Review article

Prevalence of prolonged grief disorder in adult bereavement: A systematic review and meta-analysis

Marie Lundorff[a,*], Helle Holmgren[a], Robert Zachariae[b], Ingeborg Farver-Vestergaard[b], Maja O'Connor[a]

Table 1
Characteristics of included studies.

Author (s) (year)	Study setting	Study design	Diagnostic criteria (terminology; assessment instrument)
Byrne and Raphael (1994)	Australia	Longitudinal, other-report	Chronic grief; BPQ
Fujisawa et al. (2010)	Japan	Cross-sectional, self-report	Complicated grief; BGQ
Goldsmith et al. (2008)	USA	Longitudinal, self-report	Prolonged grief; ICG-R
He et al. (2014)	China	Cross-sectional, self-report	Prolonged grief; PG-13
Kersting et al. (2011)	Germany	Cross-sectional, self-report	Complicated grief; ICG-R
Kim et al. (2015)	USA	Longitudinal, self-report	Prolonged grief; ICG
Li and Prigerson (2016)	China	Cross-sectional, self-report	Prolonged grief; ICG
Middleton et al. (1996)	Australia	Longitudinal, other-report	Chronic grief; CBI
Miyajima et al. (2014)	Japan	Cross-sectional, self-report	Complicated grief; BGQ
Mizuno et al. (2012)	Japan	Cross-sectional, self-report	Complicated grief; BGQ
Newson et al. (2011)	Netherlands	Cross-sectional, other-report	Complicated grief; ICG
O'Connor et al. (2010)	Denmark	Cross-sectional, self-report	Complicated grief; ICG-R
Prigerson et al. (2009)	USA	Longitudinal, other-report	Prolonged grief; PG-13
Varga et al. (2015)	USA	Cross-sectional, self-report	Prolonged grief; PG-13

Evidentiary Scorecard as of **DSM-5** TR (June 2019)

		Prolonged Grief Disorder (PGD)			**Complicated Grief (CG)**		
Domain	**Item**	**Yes**	**No**	**Unknown**	**Yes**	**No**	**Unknown**
Validity	Construct	√					√
	Concurrent	√					√
	Discriminant	√					√
	Predictive	√				√	
Measurement	Reliability	√			√		
	Sensitivity	√			√		
	Specificity	√				√	
	Accuracy	√				√	
Acceptability	Stigma	√					√
	Clinical Utility	√					√
Robustness	Cross-Validation	√					√
	Cross-Cultural Validity	√					√

Now that we've reviewed evidence validating our PGD criteria, let's turn to how we can improve upon ICD-11 PGD criteria …

PGD as Defined in ICD-11

ICD-11 (2018)

Prolonged grief disorder is a disturbance in which, following the death of a partner, parent, child, or other person close to the bereaved, there is persistent and pervasive grief response characterized by longing for the deceased or persistent preoccupation with the deceased accompanied by intense emotional pain (e.g. sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, an inability to experience positive mood, emotional numbness, difficulty in engaging with social or other activities). The grief response has persisted for an atypically long period of time following the loss (more than 6 months at a minimum) and clearly exceeds expected social, cultural or religious norms for the individual's culture and context. Grief reactions that have persisted for longer periods that are within a normative period of grieving given the person's cultural and religious context are viewed as normal bereavement responses and are not assigned a diagnosis. The disturbance causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Key Elements

Context
Death of a person close to the bereaved

Gateway Symptom
Persistent longing for or preoccupation with the deceased

Other Symptoms
Sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, an inability to experience positive mood, emotional numbness, difficulty in engaging with social or other activities

Time from Loss Criterion
Grief response has persisted for an atypically long period of time following the loss (more than 6 months at a minimum)

Qualifications
Grief response falls outside social, cultural or religious norms and causes impairment

Recommendation #1

Recommendation

- Call the disorder prolonged grief disorder (PGD)

Reasons

- Most evidence validates the syndrome identified in *PLoS Medicine* named PGD
- A new name would imply a new set of untested symptoms
- ICD-11 calls it PGD, a new name would create added confusion about harmonizing with ICD-11
- The scientific community has and will continue publishing on PGD
- The concept of unresolving intense grief, is neither “complicated” nor “complex”

Recommendation #2

Recommendation

- Move the disorder to Section II in DSM-5-TR

Reasons

- Evidence supports PGD as a mental disorder
- ICD-11 recognizes PGD

Recommendation #3

Recommendation

- Require yearning (i.e., longing, pining, pangs of grief) as the sole, mandatory, “gateway” symptom

Reasons

- Yearning is the defining characteristic of grief
- Yearning is a common, hence sensitive, symptom
- Simplifies diagnostic criteria
- Neurobiological correlates of yearning in bereavement

PGD in ICD-11 -- Criterion B

*"**Gateway Symptom**: Persistent longing for, or preoccupation with, the deceased"*

Yearning Key ***Gateway*** Symptom for PGD

- **Yearning** is a defining, essential characteristic of grief as attachment disturbance (~ sadness for depression; ~fear for anxiety)
- Yearning is **unique** to PGD; not symptom of other disorders
- Intense yearning is a **common** (~60%), thus, highly **sensitive**, grief indicator
- **Preoccupation** with deceased is relatively **rare** (~10%) in bereavement; nearly all individuals who experience preoccupation also experience yearning, so little gained by adding preoccupation

Neurobiological Correlates of Yearning

Heliyon. 2018 Oct 13;4(10):e00852. doi: 10.1016/j.heliyon.2018.e00852. eCollection 2018 Oct.

Yearning predicts subgenual anterior cingulate activity in bereaved individuals.

McConnell MH[1], Killgore WDS[2], O'Connor MF[1].

Author information

1 Department of Psychology, University of Arizona, United States.
2 Department of Psychiatry, University of Arizona, United States.

Abstract

Complicated grief, or persistent complex bereavement disorder, is a condition that affects approximately 10% of bereaved individuals and is marked by intense longing and yearning for the deceased. Little is known about the neurocognitive mechanisms contributing to this syndrome, but previous research suggests that reward pathways in the brain may play a role. Twenty-five older adults were categorized based on grief severity into one of three groups: complicated grief (CG), non-complicated grief (NCG) and non-bereaved married controls (NB). Neural activation was examined using fMRI while participants viewed a countdown on the screen (anticipation) followed by a photo of their (living or deceased) spouse. There was no significantly differential activation between the three groups for the spouse v. stranger photo contrast, nor for anticipation period v. spouse photo. Post-hoc analyses were conducted using self-reported yearning scores as a regressor across all bereaved participants, which revealed that greater symptoms of yearning predicted greater activation in the subgenual anterior cingulate cortex (sgACC). Given the small sample size, the results should be considered preliminary and in need of replication, but may suggest a more nuanced, transdiagnostic role of the sgACC. This region of the brain has been previously linked to depression and suggests that symptoms of yearning may present an opportune place to intervene to improve outcomes in CG.

Neuroimage. 2008 Aug 15;42(2):969-72. doi: 10.1016/j.neuroimage.2008.04.256. Epub 2008 May 10.

Craving love? Enduring grief activates brain's reward center.

O'Connor MF[1], Wellisch DK, Stanton AL, Eisenberger NI, Irwin MR, Lieberman MD.

Author information

Abstract

Complicated Grief (CG) occurs when an individual experiences prolonged, unabated grief. The neural mechanisms distinguishing CG from Noncomplicated Grief (NCG) are unclear, but hypothesized mechanisms include both pain-related activity (related to the social pain of loss) and reward-related activity (related to attachment behavior). Bereaved women (11 CG, 12 NCG) participated in an event-related functional magnetic resonance imaging scan, during grief elicitation with idiographic stimuli. Analyses revealed that whereas both CG and NCG participants showed pain-related neural activity in response to reminders of the deceased, only those with CG showed reward-related activity in the nucleus accumbens (NA). This NA cluster was positively correlated with self-reported yearning, but not with time since death, participant age, or positive/negative affect. This study supports the hypothesis that attachment activates reward pathways. For those with CG, reminders of the deceased still activate neural reward activity, which may interfere with adapting to the loss in the present.

Recommendation #4

Recommendation

- Prioritize diagnostic specificity

Reasons

- Avoid pathologizing normal grief
- Avoid inflating prevalence rate of diagnosis
- Minimize misdiagnosis and mistreatment

Prevalence Rates by Diagnosis

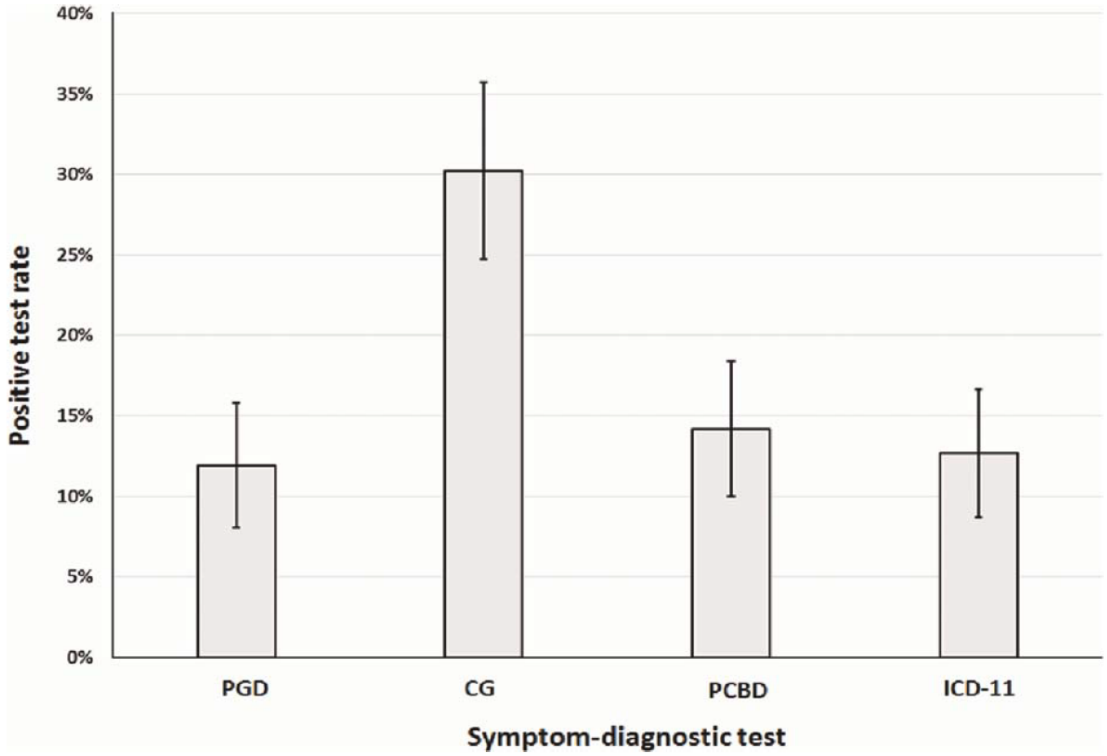


Figure 1 Positive symptom-diagnostic test rates (N=268). PGD – prolonged grief disorder test (original version), CG – complicated grief test, PCBD – persistent complex bereavement disorder test, ICD-11 – prolonged grief disorder test (ICD-11 proposed version)

Maciejewski et al. *World Psychiatry* 2016

Recommendation #5

Recommendation

- Permit diagnosis after 6 months post-loss

Reasons

- Evidence supports robust recognition of PGD after 6 months
- Symptoms in normal grief generally subside within 6 months
- Early diagnosis permits early treatment

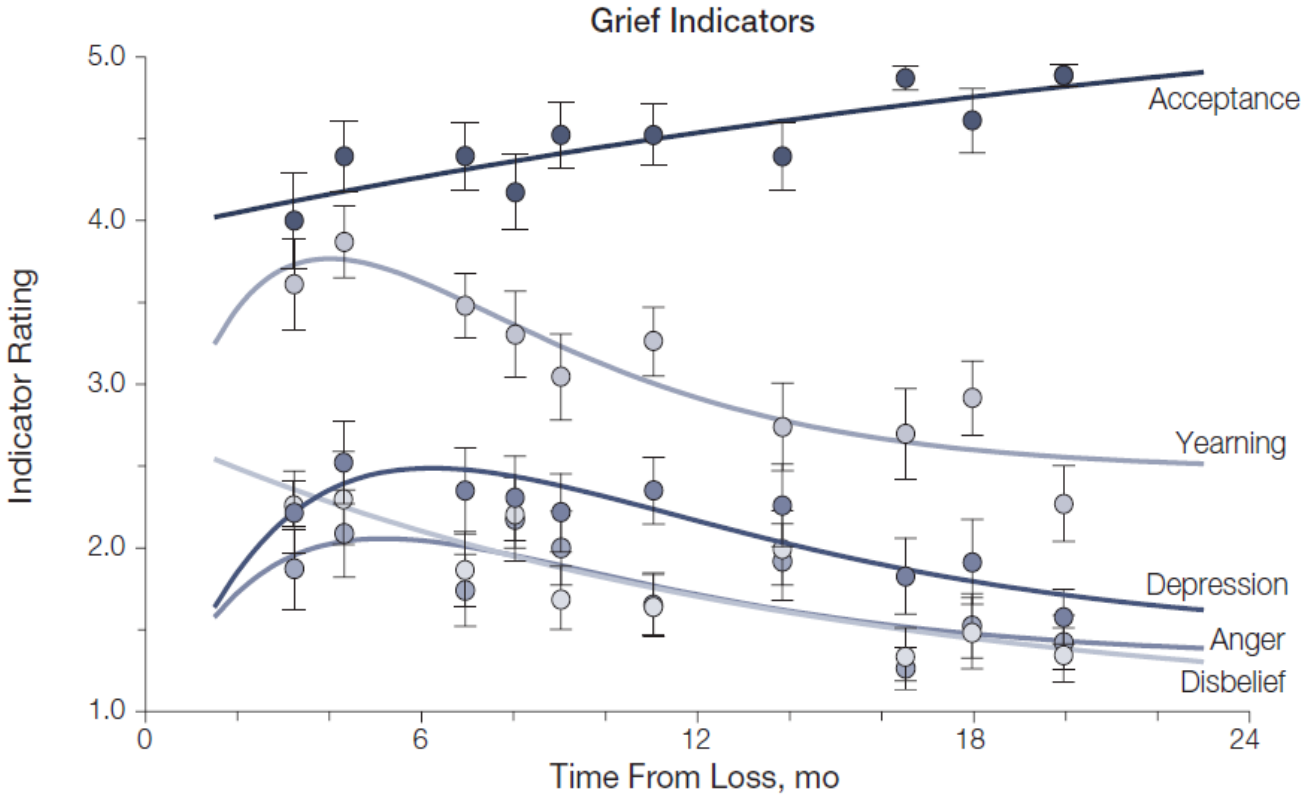
Predictive Validity of Temporal Subtypes to Determine 6-months Criterion for PGD

6-months post-loss
Point Prevalence = 11.6%

Table 2. Mental health and functional consequences of meeting symptom criteria for PGD by temporal subtype

Outcome (12–24 Mo Post-Loss)	Relative Risk for Outcome Associated with PGD Temporal Subtype:							
	Acute (15/172 [8.7%])[a]		Delayed (6/172 [3.5%])[a]		Persistent (12/172 [7.0%])[a]		Delayed or persistent (28/242 [11.6%])[b]	
	RR	95% CI	RR	95% CI	RR	95% CI	RR	95% CI
MDD, PTSD, or GAD	1.54	(0.20–11.98)	3.86	(0.55–27.22)	11.58***	(4.41–30.43)	10.19***	(4.72–21.99)
Suicidal ideation (n = 171:241)[c]	1.97	(0.64–6.09)	4.93***	(1.92–12.64)	3.29*	(1.28–8.43)	4.44***	(2.62–7.53)
Functional disability (n = 170:240)[c]	0.51	(0.18–1.45)	1.54	(0.73–3.25)	1.40	(0.79–2.50)	1.65**	(1.16–2.34)
Poor quality of life (n = 168:238)[c]	0.76	(0.20–2.89)	3.78***	(1.93–7.40)	2.58*	(1.23–5.41)	3.17***	(2.03–4.95)

Time from Loss: Course of Normal Grief



Maciejewski et al. (JAMA 2007)

Recommendation #6

Recommendation

- Include only tested, grief-specific, “accessory” symptoms

Reasons

- Minimize overlap with other disorders
- Establish PGD as a grief-specific disorder
- Facilitates clinical and general understanding of the disorder

PGD in ICD-11 – Criterion C – the Missteps

*"**Intense Emotional Pain**: This may be manifest as:*

sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, an inability to experience positive mood, emotional numbness, difficulty in engaging with social or other activities"

- **ICD-11 doesn't specify how many symptoms needed**
- **Grief symptoms --OK:** Anger, difficulty accepting the death, feeling one has lost a part of one's self, emotional numbness, and difficulty in engaging with social or other activities --*validated*
- **Depressive symptoms -- not OK:** Sadness, guilt, blame, an inability to experience positive mood
- **Specious Symptom:** Denial – *unvalidated, how assess?*

Problematic Symptoms for Diagnosing PGD

Table 1 Factor loadings for symptoms of Prolonged Grief Disorder (PGD), depression, and anxiety from confirmatory factor analysis among 96 bereaved individuals

	Loadings on Factor 1 (PGD)	Loading on Factor 2 (depression)	Loading on Factor 3 (anxiety)
Symptoms of PGD[a]			
Separation distress:			
Unbidden memories or intrusive thoughts related to lost relationship	NA		
Intense spells or pangs of severe distress related to lost relationship	NA		
Distressingly strong yearnings for that which was lost	0.54		
Cognitive, emotional, behavioural symptoms:			
Sense of self as confused or empty since the loss because a part of self died as a result of the loss	0.65		
Trouble accepting the loss as real	0.47		
Avoidance of reminders of the loss	0.20		
Inability to trust others since the loss	0.55		
Extreme bitterness or anger related to the loss	0.49		
Extreme difficulty moving on with life (e.g., making new friends, pursuing interests)	NA		
Pervasive numbness (absence of emotion) since the loss	0.83		
Feeling that life is unfulfilling, empty, and meaningless since the loss	0.66		
Feeling stunned, dazed or shocked by the loss	0.83		
Symptoms of depression[b]			
Poor appetite		0.49	
Feeling blue		0.87	
Worrying too much about things		0.74	
Feeling no interest in things		0.77	
Blaming yourself for things		0.53	
Symptoms of anxiety[b]			
Nervousness or shakiness inside			0.64
Feeling fearful			0.69
Heart pounding or racing			0.60
Spells of terror or panic			0.69
Feeling restless			0.56

Boelen, Prigerson (Eur Arch Psychiatry Clin Neurosci 2007)

Cluster Analysis: grief, depression, anxiety symptoms

VOICE NCI R01 (MPI: Duberstein/Prigerson) 2014-2019

			R^2 with:			
Cluster	**Item**	**Source**	**Own Cluster**	**Next Closest**	**1-R^2 Ratio**	**Interpretation**
1	Has it been hard for you to trust others since your loss?	PG-13	0.345	0.174	0.792	Depression
	Little interest or pleasure in doing things.	PHQ-9	0.488	0.229	0.664	
	Feeling down, depressed, or hopeless.	PHQ-9	0.699	0.413	0.512	
	Trouble falling asleep, staying asleep, or sleeping too much.	PHQ-9	0.271	0.089	0.801	
	Feeling tired or having little energy.	PHQ-9	0.751	0.317	0.364	
	Poor appetite or overeating.	PHQ-9	0.485	0.288	0.723	
	Feeling bad about yourself - or that you're a failure or have let down yourself or your family.	PHQ-9	0.421	0.188	0.713	
2	In the past month, how often have you felt yourself longing or yearning for ( )?	PG-13	0.305	0.006	0.699	Grief
	In the past month, how often have you felt stunned, shocked, or dazed by your loss?	PG-13	0.531	0.157	0.556	
	Do you feel confused about your role in life or feel like you don't know who you are (i.e., feeling that a part of yourself has died)?	PG-13	0.592	0.272	0.560	
	Have you had trouble accepting the loss?	PG-13	0.501	0.120	0.567	
	Do you feel bitter over your loss?	PG-13	0.328	0.082	0.732	
	Do you feel that moving on (e.g., making new friends, pursuing new interests) would be difficult for you now?	PG-13	0.494	0.268	0.691	
	Do you feel emotionally numb since your loss?	PG-13	0.450	0.177	0.668	
	Do you feel that life is unfulfilling, empty, or meaningless since your loss?	PG-13	0.553	0.246	0.593	
3	Feeling nervous, anxious or on edge	GAD-7	0.699	0.296	0.427	Anxiety
	Not being able to stop or control worrying	GAD-7	0.852	0.312	0.215	
	Worrying too much about different things	GAD-7	0.879	0.389	0.198	
	Trouble relaxing	GAD-7	0.821	0.389	0.294	
	Becoming easily annoyed or irritable	GAD-7	0.630	0.482	0.713	
	Feeling afraid as if something awful might happen	GAD-7	0.431	0.246	0.755	
4	Trouble concentrating on things, such as reading the newspaper or watching television.	PHQ-9	0.705	0.338	0.446	Mixed
	Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual.	PHQ-9	0.709	0.109	0.326	
	Being so restless that it is hard to sit still	GAD-7	0.688	0.272	0.429	
5	In the past month, how often have you tried to avoid reminders of ( )?	PG-13	1.000	0.067	0.000	PTSD

Incremental Predictive Validity of a Simple, Grief-Specific, Symptom-Diagnostic Test

Gateway "B" symptom: Yearning

Accessory "C" symptoms: Stunned by the loss, confused about role in life, trouble accepting the loss, bitterness over the loss, difficulty moving on, emotional numbness, life empty since loss

Predictive validity of tests in the absence of other mental disorders (N=213)

	Outcome (12-24 months post-loss)							
Test	**Other Mental Disorders**		**Suicidal ideation**		**Functional impairment**		**Low quality of life**	
(6-12 months post-loss)	**RR**	**p**	**RR**	**p**	**RR**	**p**	**RR**	**p**
PGD (5 of 7 "C" symptoms)	**5.80**	0.017	**4.04**	0.002	**2.11**	0.001	**2.87**	0.010
PGD (4 of 7 "C" symptoms)	3.10	0.139	**4.44**	0.000	1.59	0.054	**2.34**	0.022

Proposed Modifications to DSM-5 and ICD-11

PGD ~~PCBD~~ (DSM-5, 2013)

Gateway Symptom

Persistent yearning/longing for the deceased~~, intense sorrow and emotional pain in response to the death, preoccupation with the deceased, or preoccupation with the circumstances of the death~~

Other Symptoms (~~6 of 12~~ 5 of 7 required)

Stunned by the loss, difficulty accepting the death, ~~disbelief or~~ emotional numbness over the loss, ~~difficulty with positive reminiscing about the deceased,~~ bitterness or anger related to the loss, ~~maladaptive appraisals about oneself in relation to the deceased or the death (e.g., self-blame), excessive avoidance of reminders of the loss, desire to die in order to be with the deceased, difficulty trusting other individuals since the death, feeling alone or detached from other individuals since the death,~~ feeling that life is meaningless or empty without the deceased ~~(or the belief that one cannot function without the deceased)~~, confusion about one's role in life, or a diminished sense of one's identity (e.g., feeling that a part of oneself died ~~with the deceased~~), or difficulty ~~or reluctance to pursue interests since the loss or to plan for the future~~ in engaging with social or other activities

Time from Loss Criterion

Diagnosed only if at least ~~12~~ 6 months have elapsed since the death

PGD (ICD-11, 2018)

Gateway Symptom

Persistent yearning/longing for ~~or preoccupation with~~ the deceased

Other Symptoms (number required not specified)

~~Sadness, guilt, anger, denial, blame,~~ Stunned by the loss, difficulty accepting the death, feeling that life is meaningless or empty without the deceased, feeling one has lost a part of one's self, ~~an inability to experience positive mood,~~ bitterness or anger related to the loss, emotional numbness, or difficulty in engaging with social or other activities

Time from Loss Criterion

Grief response has persisted for an atypically long period of time following the loss (more than 6 months at a minimum)

Summary of Recommendations to DSM-5.1-TR

Recommendations:

- Call the disorder prolonged grief disorder (PGD)
- Move the disorder to Section II in DSM-5-TR
- Require yearning (i.e., longing, pining, pangs of grief) as the sole, mandatory, “gateway” symptom
- Prioritize diagnostic specificity
- Permit diagnosis after 6 months post-loss
- Include only tested, grief-specific, “accessory” symptoms (remove symptoms of depression, anxiety, PTSD)

Thank you for the opportunity to present and synthesize decades of work on diagnosing PGD

Extra slides

Predictive Validity of a Simple, Grief-Specific, Symptom-Diagnostic Test

Gateway "B" symptom: Yearning

Accessory "C" symptoms: Stunned by the loss, confused about role in life, trouble accepting the loss, bitter over the loss, difficulty moving on, emotionally numbness, life empty since loss

Predictive validity of symptom-diagnostic tests in the absence of other mental disorders (N=213)

		Outcome (12-24 months post-loss)							
Test		**Other Mental Disorders**		**Suicidal ideation**		**Functional impairment**		**Low quality of life**	
(6-12 months post-loss)	**Rate of Dx**	**RR**	**p**	**RR**	**p**	**RR**	**p**	**RR**	**p**
PGD (5 of 7 "C" symptoms)	4.7%	**5.80**	0.017	**4.04**	0.002	**2.11**	0.001	**2.87**	0.010
PGD (4 of 7 "C" symptoms)	8.5%	3.10	0.139	**4.44**	0.000	1.59	0.054	**2.34**	0.022

Predictive validity of symptom-diagnostic tests in the presence of other mental disorders (N=27)

		Outcome (12-24 months post-loss)							
Test		**Other Mental Disorders**		**Suicidal ideation**		**Functional impairment**		**Low quality of life**	
(6-12 months post-loss)	**Rate of Dx**	**RR**	**p**	**RR**	**p**	**RR**	**p**	**RR**	**p**
PGD (5 of 7 "C" symptoms)	40.7%	2.04	0.102	1.45	0.303	1.13	0.697	0.66	0.264
PGD (4 of 7 "C" symptoms)	55.6%	**4.00**	0.039	**2.93**	0.040	1.03	0.930	0.80	0.480

PGD vs. MDD

Attachment disturbance -- triggered by loss, craving for lost object	Not Attachment disturbance – not loss specific, craving for lost object
Factor/Cluster analyses reveal different **symptoms:** **Yes:** yearning disbelief, emotional numbness, identity confusion, feeling a part of you has died, bitter about loss **No**: sad, low mood, blame, loss of interest, loss of energy, appetite, sleep disturbance	Factor/Cluster analyses reveal different **symptoms**: **No**: yearning not disbelief, emotional numbness, identity confusion, feeling a part of you has died, bitter about loss **Yes**: sad, low mood, blame, loss of interest, loss of energy, appetite, sleep disturbance
Discriminant Validity – phi ~.3-.5	**Discriminant Validity** – phi ~.3-.5
Different **resolution over time** – grief persists longer, unabated	Different **resolution over time** – depressed mood more episodic less chronic
Different **treatment response (tcas, IPT, CGT, HEAL)**	Different **treatment response (tcas, IPT, CGT, HEAL)**
Different neurobiology (nucleus accumbens activation)	**Different neurobiologically** (no nucleus accumbens activation)
Clinically distinguishable (clinicians can reliably make differential diagnosis)	**Clinically distinguishable** (differential diagnosis)

Making the Distinction: How is PGD Different from Normal Grief?

- It is not normal for a bereaved person to feel unsure of who s/he is or where s/he fits in after the loss
- It is not normal to be chronically disengaged from others and the world around him/her
- It is not normal to feel emotionally numb and disconnected
- It is not normal to feel empty without the deceased
- It is not normal to feel unsafe and insecure without the deceased

Making the Distinction: Why is PGD not Major Depressive Disorder?

- PGD uniquely includes "separation distress" (yearning and pining for the deceased), which is not seen in other mental disorders
- MDD is characterized more by sadness than PGD
- PGD symptoms are more stable over time than MDD symptoms

Making the Distinction: Why is PGD not PTSD?

- Yearning is only found in PGD and not present in PTSD
- In PGD, memories of the deceased are bittersweet – at once comforting but distressing because they remind the bereaved of the loss
- In PTSD, the world is a scary place with danger at every turn and fear is more prominent than PGD's sorrow over being without a primary source of security and safety

Making the Distinction: Why is PGD not PTSD?

In PGD, the precipitating event of “loss” is a universal experience

PGD symptoms are related to

- Attachment to the deceased
- Difficulty processing the reality of the loss and reorienting in the world without the deceased

In PGD, there is always an impact on social support network

Fear and threat are less prominent in PGD; sadness is less prominent in PTSD

Adapted from Lichtenthal 2014

Simon et al.'s (2011) Cases vs. non-Cases of CG – Diagnostic Confounds

Diagnostic Variable	Cases (N=288)		non-Cases (N=377)		Statistical Difference			
	n	%	n	%	OR	χ^2	df	p
Bipolar Disorder	3	1.0%	79	21.0%	0.04	59.89	1	0.000
Generalized Anxiety Disorder	60	20.8%	31	8.2%	2.94	21.98	1	0.000
Major Depressive Disorder	146	50.7%	48	12.7%	7.05	113.88	1	0.000
Posttraumatic Stress Disorder	97	33.7%	17	4.5%	10.75	97.82	1	0.000
Panic Disorder	30	10.4%	37	9.8%	1.07	0.07	1	0.798
Seasonal Affective Disorder	22	7.6%	74	19.6%	0.34	19.00	1	0.000
None	78	27.1%	91	24.1%	1.17	0.75	1	0.387

- **Cases significantly more GAD, MDD, and PTSD; less Bipolar D, SAD**
- **Criteria for "cases" vs. "non-cases" used to inform proposed diagnostic criteria for Complicated Grief (CG; Shear et al. 2011)**
- **Hence, CG criteria tailored to pick out GAD, MDD, and PTSD as opposed to Bipolar D and SAD**

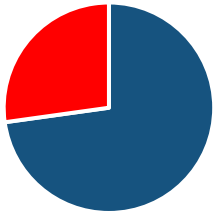
Concerns in Defining "Cases" in Two Recent Studies

Mauro et al. (2019)

"Cases" were participants in a treatment study, had an ICG ≥ 30, and were judged by clinician to have CG as the condition most in need of treatment.

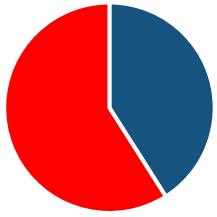
- **Treatment-seeking sample**
- **Comorbid "cases"**
- **Reliant on Clinical Opinion**

MMD among cases



73% of "cases" had MDD

PTSD among cases



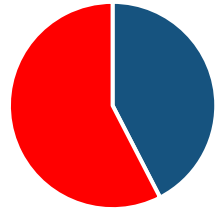
41% of "cases" had PTSD

Cozza et al. (2019)

"Cases" defined as a combination of intense grief (ICG ≥ 30) and at least moderate functional impairment (WSAS ≥ 20).

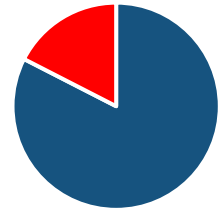
- **Military deaths 0.05% of US deaths**
- **"Cases" determined largely by functional impairment**
- **"Cases" non-specific to grief**

Cases among those with intense grief



42% w/ intense grief are "cases"

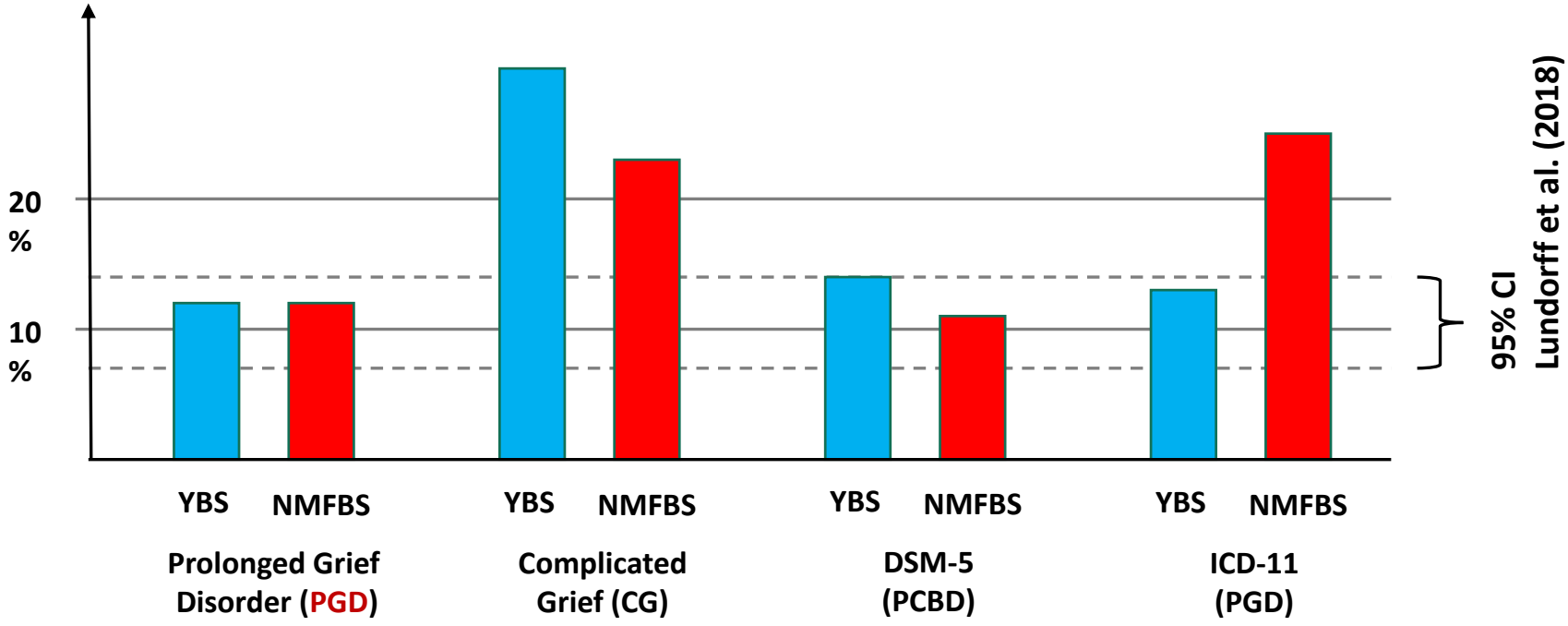
Cases among those with impairment



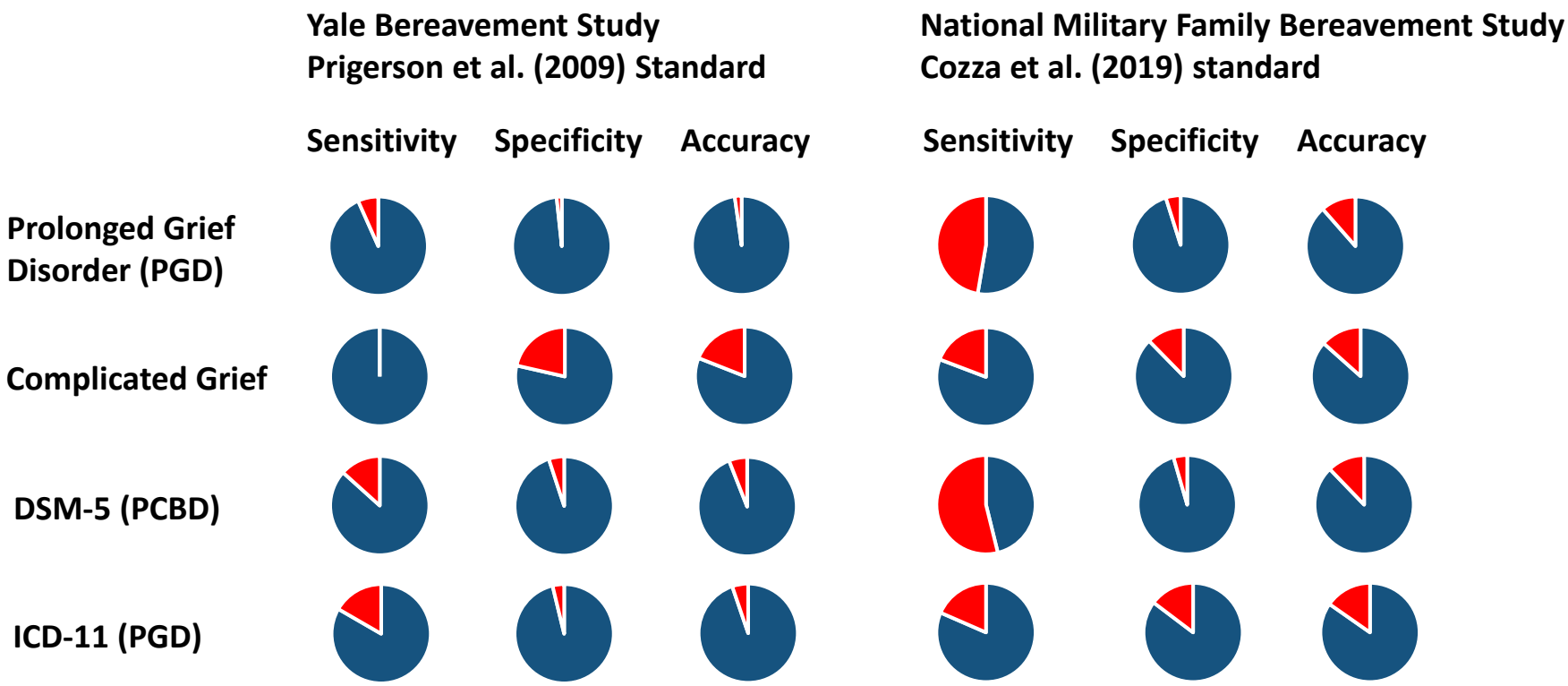
83% w/ functional impairment are "cases"

Rates of Diagnosis by Competing Algorithms in Two Studies:

Yale Bereavement Study (YBS) and National Military Family Bereavement Study (NMFBS)

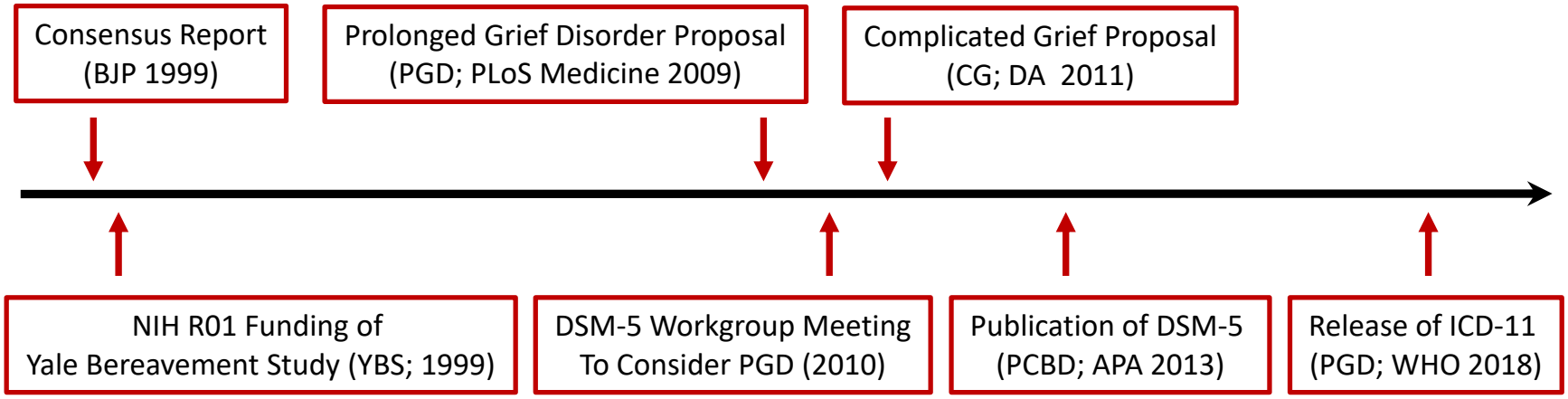


Properties of Diagnostic Algorithms in Two Studies Using Two Different Standards



First, some history…

Timeline of Events Leading Up to Inclusion of Prolonged Grief Disorder in ICD-11



Depress Anxiety. 2019 Apr 22. doi: 10.1002/da.22902. [Epub ahead of print]

Trajectories of grief: Comparing symptoms from the DSM-5 and ICD-11 diagnoses.

Bonanno GA[1], Malgaroli M[2].

Author information

Abstract

BACKGROUND: Diagnostic criteria for prolonged grief have appeared in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; persistent complex bereavement disorder, PCBD) and in the ICD-11 (prolonged grief disorder, PGD), and the question of which diagnosis is most clinically useful has been hotly debated. This study provides the first longitudinal comparison of PCBD and PGD in their ability to capture symptom change over time and their relation to long-term outcomes.

METHODS: A community sample was recruited consisting of 282 individuals who had recently lost a spouse. Structured clinical interviews were conducted at 3, 14, and 25 months postloss for symptoms corresponding to PCBD and PGD criteria. Outcomes at 25 months included PCBD and PGD caseness, depression, global functioning, and interviewer ratings of participant suffering.

RESULTS: PCBD and PGD trajectories determined by growth mixture modeling, each captured three primary outcomes: resilience, moderate-improving symptoms, and prolonged-stable symptoms. The PGD solution also identified trajectories of increasing and decreasing distress: prolonged-worsening and acute-recovering symptoms. Prediction of 25-month outcomes indicated differences conforming to the severity of PGD symptoms, and the prolonged-worsening trajectory was associated with the worst adjustment.

CONCLUSIONS: PGD symptoms were more differentiated, better-captured psychopathology, and other outcomes and were more sensitive to change over time compared to PCBD.

Superiority of PGD Replicated in Danish Sample

J Affect Disord. 2019 Mar 18;251:52-59. doi: 10.1016/j.jad.2019.01.056. [Epub ahead of print]

Comparison of proposed diagnostic criteria for pathological grief using a sample of elderly bereaved spouses in Denmark: Perspectives on future bereavement research.

O'Connor M[1], Lasgaard M[2], Larsen L[3], Johannsen M[4], Lundorff M[4], Farver-Vestergaard I[4], Boelen PA[5].

Author information

Abstract

BACKGROUND: A distinct grief-specific disorder is included in the ICD-11. Lack of clarity remains regarding whether different proposed diagnostic criteria capture similar or different diagnostic entities. Our aim was to examine the specificity of four proposed diagnostic criteria-sets for pathological grief in a population-based sample.

METHODS: Participants were 206 conjugally bereaved elderly Danes (59% female; mean age = 72.5 years, SD = 4.2; range 65-81) who completed self-report questionnaires six months post-loss. The main measure was the Danish version of Inventory of Complicated Grief-Revised.

RESULTS: Results indicate substantial agreement between Prolonged Grief Disorder (PGD), Persistent Complex Bereavement Disorder (PCBD) and ICD-11-PGD (kappa's = 0.69-0.84), which found 6-9% of cases tested positive for pathological grief. Complicated Grief (CG) was partly in agreement with the three other symptom-diagnostic tests (kappa's = 0.13-0.20), and the prevalence-rate of pathological grief was 48%.

LIMITATIONS: The low response-rate of 39%. The selective inclusion of data ≥6 months post-loss prevents a comparison of acute and prolonged grief reactions. Using self-reported data, not diagnostic interviews, challenges the validity of our findings. Using a sample of elderly people may limit the generalizability of our results to other age groups.

CONCLUSION: We suggest that PGD, PCBD and ICD-11-PGD may be more discriminative in identifying a specific grief-related psychopathology, while CG may identify a broader set of grief reactions.

- Thus, CG is not valid, and PCBD, a compromise between PGD and CG, is also not the superior diagnosis
- PGD criteria are superior to the others and validated with longitudinal data and cross-culturally

Format: Abstract Send to

BMC Psychiatry. 2019 May 14;19(1):148. doi: 10.1186/s12888-019-2136-1.

Prevalence of prolonged grief disorder in a sample of female refugees.

Steil R[1], Gutermann J[2], Harrison O[2], Starck A[2], Schwartzkopff L[2], Schouler-Ocak M[3], Stangier U[2].

Author information

Abstract

BACKGROUND: Prolonged Grief Disorder (PGD) is a distinct syndrome that follows bereavement. It is different from other mental disorders and is characterized by symptoms such as yearning for the bereaved, or intense emotional pain or distress. Violent loss is one major risk factor for the development of PGD.

OBJECTIVES: PGD has been studied in different populations, mostly in small samples, with only a few of them being representative. Although research highlighted that traumatic experiences paired with challenges related to migration make refugees particularly vulnerable to PGD, PGD has only rarely been studied in refugees. Thus, this article a) examines the prevalence of PGD in female refugees in Germany according to the criteria proposed by Prigerson and colleagues in 2009, and b) associates PGD with other common psychopathology (e.g. anxiety, depression, somatization and trauma).

METHOD: A total of 106 female refugees were assessed for bereavement and PGD. Of these 106 individuals, 85 were interviewed using the **Prolonged Grief Disorder** Scale (PG-13). Symptoms of anxiety and depression were assessed by the Hopkins Symptom Checklist-25 (HSCL-25), somatization was assessed by the Somatization Subscale of the Symptom-Checklist-90 (SCL-90), and the number of witnessed and experienced trauma was assessed by the Posttraumatic Diagnostic Scale (PDS/HTQ).

RESULTS: Ninety of the 106 participants had experienced bereavement, and among those, 9.41% met criteria for PGD. The most frequent PGD symptoms were bitterness, longing or yearning for the bereaved, and lack of acceptance of the loss. Furthermore, **grief** symptoms were significantly associated with symptoms of depression, anxiety, somatization, and the number of experienced traumatic events.

CONCLUSION: The PGD prevalence rate found corresponds with previous studies, demonstrating that prevalence rates for PGD are especially high in refugees. High prevalence rates of bereavement as well as PGD highlight the need for assessment and specifically tailored treatment of PGD in refugees. PGD goes along with significant psychopathology, which further emphasizes the need for treatment.

KEYWORDS: Asylum seekers; Prevalence; **Prolonged grief disorder**; Refugees

Eur J Psychotraumatol. 2019 Mar 29;10(1):1591330. doi: 10.1080/20008198.2019.1591330. eCollection 2019.

Prolonged grief disorder among asylum seekers in Germany: the influence of losses and residence status.

Comtesse H[1], Rosner R[1].

Author information

Abstract in **English**, Chinese, Spanish

Background: Besides the high exposure to traumatic events, many refugees to Europe experienced tremendous interpersonal losses. **Objective**: The aim of this study was to investigate the rate and potential risk factors of **prolonged grief disorder** (PGD) in recently fled asylum seekers who lived in collective accommodations in Germany. **Method**: Three groups of asylum seekers from different countries (*N* = 99) completed the Traumatic **Grief** Inventory Self-Report Version (TGI-SR), Posttraumatic Stress **Disorder** Checklist-5 (PCL-5), and Patient Health Questionnaire depression module (PHQ-9). Individuals in Group 1 were waiting for asylum decisions (*n* = 29), Group 2 members were in appeal against rejected asylum claims (*n* = 32), and Group 3 members had been permitted temporary residence status (*n* = 38). **Results**: The loss of a loved person was reported by 92% of participants. The criteria for provisional PGD diagnosis according to Prigerson criteria were met by 20% of participants, 16% fulfilled the criteria for DSM-5 persistent complex bereavement **disorder**. Probable posttraumatic stress **disorder** (45%) and depression (42%) rates were high. The total number of lost nuclear family members and PTSD symptoms were associated with higher and temporary residence status was predicted lower PGD symptom levels. **Conclusions**: These results show that a substantial proportion of asylum seekers suffer from PGD. This points to the need to screen for problematic **grief** in the current refugee population in Europe.

Psych J. 2019 Apr 15. doi: 10.1002/pchj.286. [Epub ahead of print]

Revalidation of Adjustment Disorder-New Module-4 screening of adjustment disorder in a non-clinical sample: Psychometric reevaluation and correlates with other ICD-11 mental disorders.

Lavenda O[1], Mahat-Shamir M[1], Lorenz L[2,3], Hamama-Raz Y[1], Greenblatt-Kimron L[1], Pitcho-Prelorentzos S[1], Ring L[1], Bar-Shua E[1], Ben-Ezra M[1].

Author information

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journal homepage: www.elsevier.com/locate/psychres

e 11th revision of the International Classification of Diseases (ICD-
ed - the Adjustment **Disorder**-New Module (ADNM). However, such a
idemiological and clinical settings. Therefore, an ultra-brief measure
ucted with a representative national sample. The aim of the present
ablish cutoff scores for clinical use. An online survey was conducted
recruited via social media. Participants filled out self-report
, that is, AjD (the original and ultra-brief modules), **prolonged grief**
nant, and convergent validity were assessed via confirmatory factor
d through receiver-operating characteristic analysis. The findings
construct validity, and the correlations with the various stress-related
ores resembled earlier cutoff scores calculated with a representative
These findings provide additional evidence for the psychometric
ning tool for assessing AjD symptoms according to the ICD-11
ipt screening is required, as well as for research purposes.

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37,650 ways to have "persistent complex bereavement disorder" yet only 48 ways to have "prolonged grief disorder"

Lonneke I.M. Lenferink, Maarten C. Eisma*,[1]

Department of Clinical Psychology and Experimental Psychopathology, Faculty of Behavioral and Social Sciences, University of Groningen, Grote Kruisstraat 2/1, 9712 TS Groningen, The Netherlands

Eur J Psychotraumatol. 2019 Mar 27;10(1):1583524. doi: 10.1080/20008198.2019.1583524. eCollection 2019.

A systematic review and meta-analysis of correlates of prolon exposed to violent loss.

Heeke C[1,2], Kampisiou C[1], Niemeyer
Open/close author information list
Author information

Abstract in **English**, Chinese, Spanish

Background: Violent loss (i.e. loss through homicide, suicide, or accident) is associated v
Objective: The current meta-analysis aims at identifying correlates of PGD in adults expo
systematic literature search in PsycINFO, PsycARTICLES, PubMed, Web of Science, and
coefficient *r* as an effect size measure and a random effects model was applied to calcula
studies published between 2003 and 2017 (*N* = 5911) revealed 29 potential correlates. Mc
revealed large significant effect sizes for comorbid psychopathology (*r* = .50-.59), suicidali
and rumination (*r* = .42, 95% CI [.31; .52]), while medium effect sizes were found for expos
relationship to the deceased. Small effect sizes emerged for sociodemographic characteri
religious beliefs. Ten variables did not show a significant association with PGD. Heteroger
certain correlates were observed. **Conclusions**: The associations with psychological diso
psychopathology. Moreover, we recommend that clinicians carefully assess suicidal ideati
exposed to violent loss. Further research is warranted using longitudinal study designs wit
of these factors for the development of PGD.

J Affect Disord. 2019 May 1;250:71-78. doi: 10.1016/j.jad.2019.02.046. Epub 2019 Feb 19.

Comparison of DSM-5 criteria for persistent complex bereavement disorder and ICD-11 criteria for prolonged grief disorder in help-seeking bereaved children.

Boelen PA[1], Spuij M[2], Lenferink LIM[3].
Author information

Abstract

BACKGROUND: Persistent complex bereavement **disorder** (PCBD) is a **disorder** of **grief** that newly entered DSM-5. **Prolonged grief disorder** (PGD) is a **disorder** of **grief** included in ICD-11. No prior studies examined and compared the dimensionality, prevalence, and concurrent validity of both conditions among bereaved children.

METHODS: With data from 291 help-seeking bereaved 8-18 year old children, we used confirmatory factor analysis to evaluate the fit of different factor models for PCBD and PGD. In addition, we determined diagnostic rates for probable PCBD and PGD and calculated associations of PCBD and PGD caseness with concurrently assessed symptoms of overall disturbed **grief**, depression, posttraumatic stress, and parent-rated problem behavior.

RESULTS: For PCBD and PGD, one-factor models-with all symptoms forming a unidimensional factor of disturbed **grief**-fit the data best. The prevalence of probable DSM-5 PCBD (3.4%) was significantly lower than ICD-11 PGD (12.4%). Both PCBD and PGD were significantly associated with concurrently assessed overall disturbed **grief**, depression, and posttraumatic stress; associations with parent-rated problems were moderate.

LIMITATIONS: Findings were based on self-reported ratings of symptoms, obtained from three different scales not specifically designed to assess PCBD and PGD. The use of a help-seeking sample limits the generalization of findings to bereaved children generally.

CONCLUSIONS: Findings support the validity of DSM-5 PCBD and ICD-11 PGD. Prevalence rates of both constructs differ. This needs

Psychiatry Res. 2019 Jan 3;273:206-210. doi: 10.1016/j.psychres.2019.01.006. [Epub ahead of print]

Further evaluation of the factor structure, prevalence, and concurrent validity of DSM-5 criteria for Persistent Complex Bereavement Disorder and ICD-11 criteria for Prolonged Grief Disorder.

Boelen PA[1], Lenferink LIM[2], Smid GE[3].
Author information

Psychol Med. 2018 Nov 9:1-9. doi: 10.1017/S0033291718003264. [Epub ahead of print]

Pre-loss personal factors and prolonged grief disorder in bereaved mothers.

Goldstein RD[1], Petty CR[2], Morris SE[3], Human M[4], Odendaal H[4], Elliott A[5], Tobacco D[5], Angal J[5], Brink L[4], Kinney HC[6], Prigerson HG[7]; PASS Network.
Author information

Abstract

BACKGROUND: Identifying characteristics of individuals at greatest risk for **prolonged** elucidate the etiology of the **disorder**. The Safe Passage Study, a study of women at hig prospectively examined the psychosocial functioning of women while monitoring their he SIDS were followed in bereavement.

METHODS: Pre-loss data were collected from 12 000 pregnant mothers and analyzed fo 50 mothers whose infants died from SIDS, from 2 to 48 months after their infant's death, depression, alcohol use, maternal age, the presence of other living children in the home,

RESULTS: The presence of any four risk factors significantly predicted PGD for 24 mont PGD for 12 months (p = 0.02). PGD rates increased in the second post-loss year, conve Pre-loss depressive symptoms were significantly associated with PGD. Higher alcohol ir positively associated with PGD. Predicted risk scores showed good discrimination betwe (C-statistic = 0.83).

CONCLUSIONS: A combination of personal risk factors predicted PGD in 2 years of bere high rates at 2-3 years, marked by increased PGD rates in mothers at low risk. The risk

isorder (PGD) is included in
study explored and
ic and loss-related correlates
is showed that for DSM-5
toms a one-factor model

Psychiatry Res. 2018 Sep;267:560-565. doi: 10.1016/j.psychres.2018.06.004. Epub 2018 Jun 6.

Psychometric properties of the Prolonged Grief Disorder-13 (PG-13) in bereaved Swedish parents.

Pohlkamp L[1], Kreicbergs U[2], Prigerson HG[3], Sveen J[4].
Author information

Abstract

This study aimed to validate the Swedish version of the **Prolonged Grief Disorder**-13 tool (PG-13) by examining its psychometric properties, including factor structure, discriminant and concurrent validity. The PG-13 was assessed in a sample of Swedish parents who had lost a child to cancer 1-5 years previously. The sample included 225 parents (133 mothers and 92 fathers) with a mean age of 46.02 years (SD = 8.15) and 16.0% met the criteria for **Prolonged Grief Disorder** (PGD). A principal component analysis was performed, and the results supported a one-factor structure of the PG-13. The PG-13 was shown to have high internal consistency and intelligible associations with concurrent psychological symptoms and **grief** rumination as well as with known risk factors for PGD. These results indicate satisfactory psychometric properties of the instrument, thus supporting the use of the PG-13 as a valid measure of PGD.