Improved Diagnostic Criteria Needed for Individuals Suffering From Complicated Grief

Bethesda, Md. – To better identify and diagnose those suffering from debilitating grief after the death of a loved one, proposed diagnostic criteria need significant modifications, according to research published today in the American Journal of Psychiatry – the first study of its kind to study the performance of newly proposed criteria.

Researchers from the Uniformed Services University of the Health Sciences (USU), in Bethesda, Md., and Columbia University, in New York City, studied the performance of diagnostic criteria for persistent complex bereavement disorder (PCBD), which was recently added as a condition for further study in the Diagnostic Statistical Manual of Mental Disorders, fifth edition (DSM-5). Also referred to as prolonged grief disorder or complicated grief, PCBD is associated with long-term intense distress and suffering. It affects about seven to 15 percent of those grieving the loss of a loved one, and is typically diagnosed when persistent and severe grief continues beyond twelve months after the death of a loved one, resulting in functional impairment.

To assess these criteria, the researchers examined responses of study participants from USU’s National Military Family Bereavement Study, which is examining the impact of military service member death on family members. Participants included surviving family members of military members who died, by any cause, since Sept. 11, 2001. Researchers found that the proposed DSM-5 criteria for PCBD were not adequate to accurately identify individuals with clinically impairing grief.

Based on their findings, the researchers suggest a modification of the proposed DSM-5 criteria for PCBD. A diagnosis of PCBD should be considered when patients exhibit prolonged distress and disability associated with the death of a loved one, including symptoms of persistent yearning or sorrow, or preoccupation with the deceased. While a number of additional symptoms may be present, study findings suggest that only one, rather than six as currently proposed by DSM-5, of twelve additional symptom criteria be required. The researchers also encourage clinicians to remain vigilant to suicidal thinking, which is prevalent in those with persistent and impairing grief.
“It is imperative for clinicians to have reliable criteria to accurately identify and diagnose those individuals suffering from prolonged and impairing grief. We hope this study will contribute to DSM criteria development for PCBD and raise awareness of clinicians who work with bereaved populations,” said first author Dr. Stephen Cozza, professor of Psychiatry and Associate Director for the Center of Traumatic Stress at the Uniformed Services University of the Health Sciences.

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