



The Body's Response to Grief *... and how medicine can help*

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Who Am I?

Daughter of a psychiatrist and a high school teacher

Graduate USC School of Medicine

Residency completed at Wake Forest University

Work at Prisma Health in Family Medicine and EMR Optimization

Primary Care Chair of the inVio Health Network

Medical Director of the Taylors Free Medical Clinic

Mother of 2 boys, ages 21 and 22



What is a doctor doing here?

Most of you discussed your grief
with a doctor

Many of you may have been
prescribed something

The Problem with Doctors and Death





Two Stages of Grief

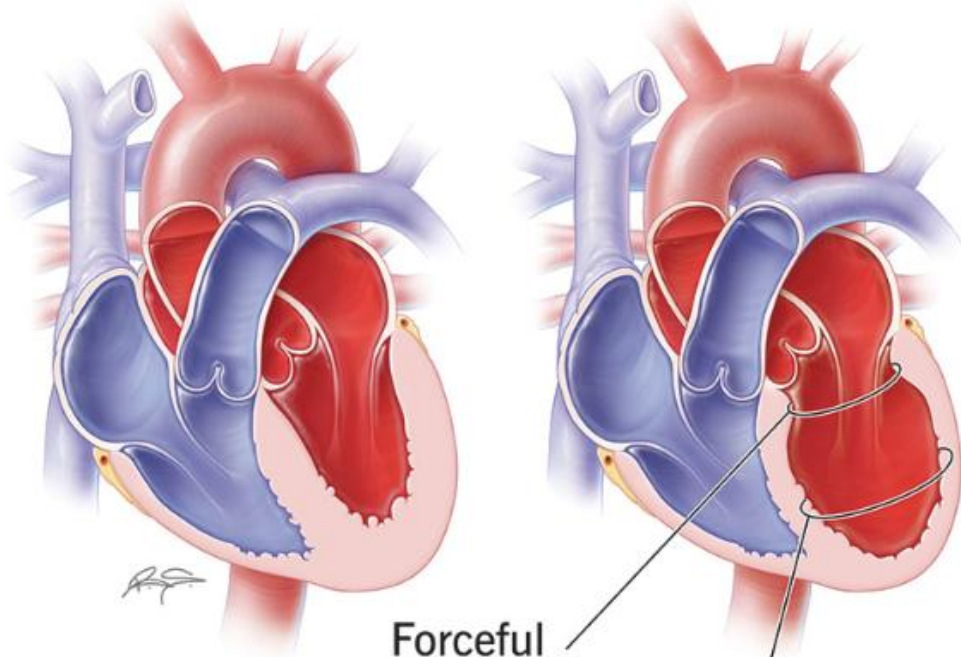
1. Acute Grief
2. Integrated Grief

Acute Grief

anger
overwhelmed helpless
confused lost
sorrow incoherent
disbelief lightheaded
crying guilt anxiety
emptiness weakness angina
distractible anhedonia loneliness
insecurity forgetful

Healthy heart

Broken heart syndrome



Forceful
contractions
with inward
narrowing

Weak
contractions
with outward
ballooning

Takotsubo Cardiomyopathy (Broken Heart Syndrome)

Physical Response to Acute Grief

Increased cortisol secretion

Nausea, diarrhea

Sleeplessness, nightmares

Immune deficiency (reduced T-lymphocyte proliferation)

Increased inflammatory markers

Increased thrombosis due to platelet aggregation

Increased blood pressure and pulse

Integrated Grief

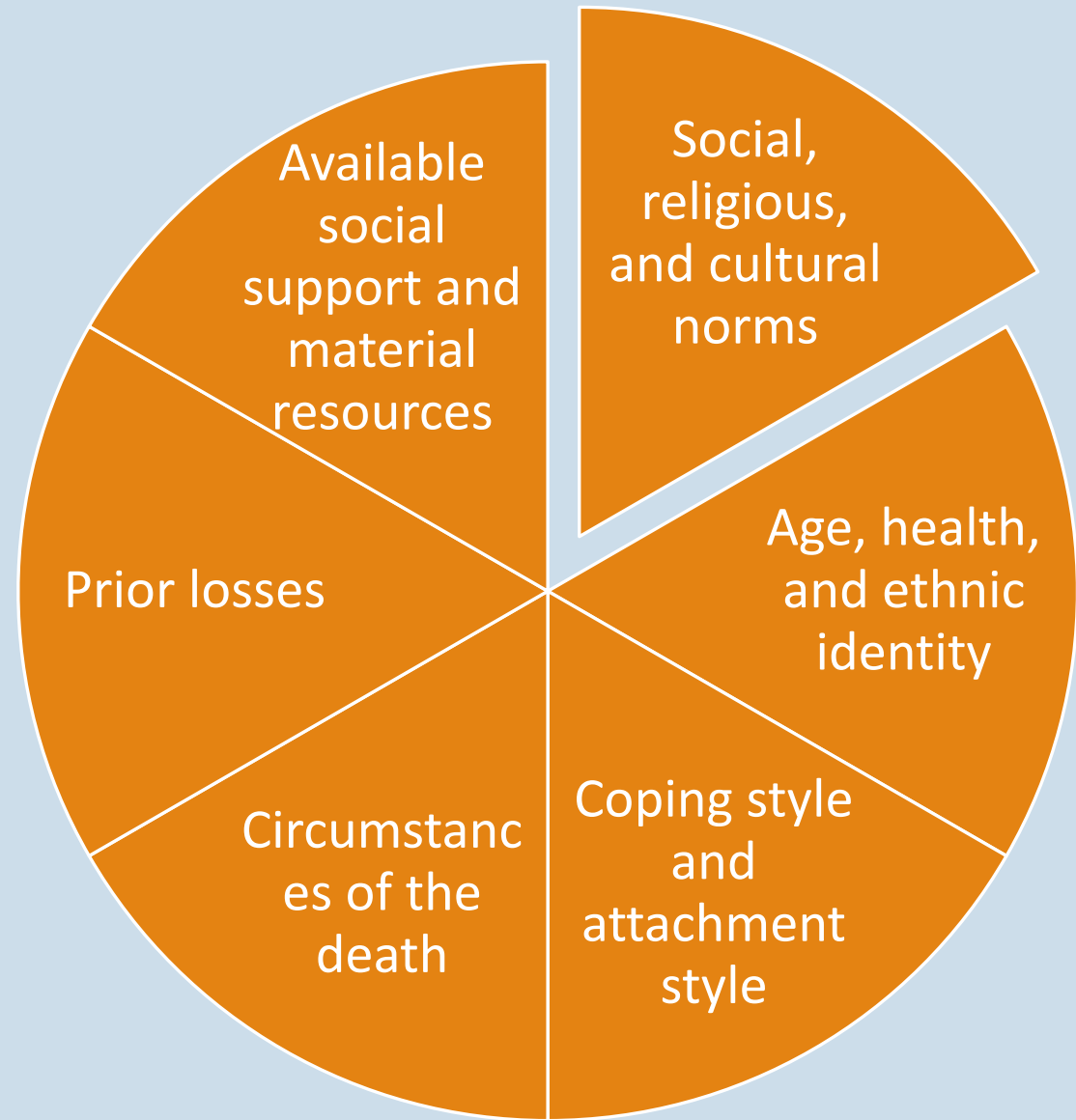
Adapting to the loss

Reorganizing life without the loved one

Finding meaning and joy again

“In integrated grief, individuals who are bereaved recognize what the loss has meant to them and that they are once again capable of experiencing happiness and meaning.”

Grief is
influenced by



Prolonged Grief Disorder (Complicated Grief)

- Occurs in 7%-10% of bereaved adults
- Loss greater than 12 months (6 months for children)
- Three or more of these symptoms

Identity disruption (such as feeling as though part of oneself has died).

Marked sense of disbelief about the death.

Avoidance of reminders that the person is dead.

Intense emotional pain (such as anger, bitterness, sorrow) related to the death.

Difficulty with reintegration (engaging with friends, pursuing interests, planning for the future).

Emotional numbness (absence or marked reduction of emotional experience).

Feeling that life is meaningless.

Intense loneliness (feeling alone or detached from others).

Comorbid Conditions

Major Depressive Disorder

Post-Traumatic Stress Disorder (PTSD)

Generalized Anxiety Disorder

Sleep Disorders

Substance Use Disorders

Table 1. Differentiating Normal Bereavement from Major Depressive Episode

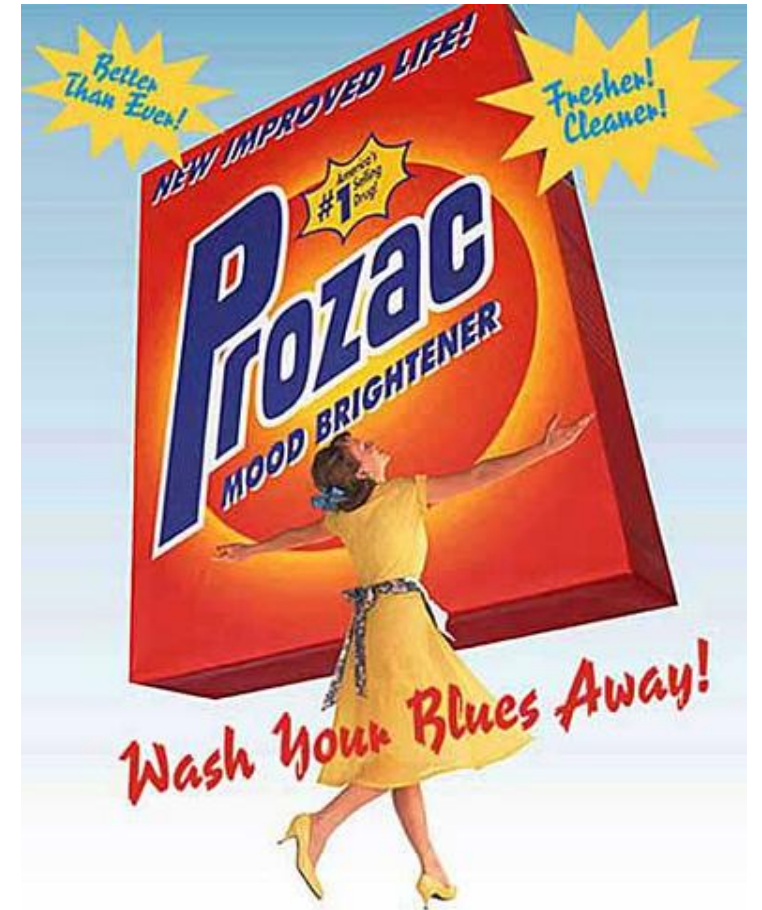
<i>Characteristic</i>	<i>Bereavement</i>	<i>Major depressive episode</i>
Pattern	Waves or pangs of grief associated with thoughts or reminders of the deceased that are likely to spread further apart over time	Negative emotions experienced continually over time
Predominant affect	Emptiness and loss accompanied by occasional pleasant emotions	Pervasive depressed mood and the inability to anticipate happiness or pleasure
Self-esteem	Typically preserved, but if self-derogatory thoughts are present they usually involve perceived failings in relationship to the deceased (e.g., not visiting the deceased more often, failing to communicate their love enough to the deceased)	Critical toward self, feelings of worthlessness, and self-loathing
Sociability	Maintains connections with family and friends who have ability to console	Withdraws from others physically and emotionally and has difficulty being consoled
Thoughts	Preoccupation with thoughts and memories of the deceased; tends to be hopeful	Self-critical or pessimistic thoughts; tends to be hopeless
Thoughts of death or suicide	Thoughts of death and dying focused on the deceased and perhaps reuniting with the deceased	Explicit suicidal thoughts related to feelings of worthlessness, a belief that one is undeserving of life, or a sense that one is no longer able to cope with the pain of depression
Triggers	Depressed mood triggered by thoughts or reminders of the deceased	Depressed mood not tied to specific thoughts or preoccupations

Pause for questions...

Good grief, give me a pill!

Why do people look for medications?

- Sleep
- Anxiety
- Numb symptoms
- Already have an existing diagnosis
- Feels like they are doing something
- Want to feel better



Psychotherapy works better

Complicated Grief Therapy
Cognitive Behavioral Therapy
Dialectical Behavioral Therapy
Bereavement Groups

Complicated Grief Therapy Pillars

Providing information to help patients understand and accept grief

Managing emotional pain and monitoring symptoms

Thinking about the future

Reconnecting with others

Telling the story of the death

Learning to live with reminders

Connecting with memories

Medicines can help, sometimes



TCA's, SSRI's and Bupropion have shown improvement in bereaved symptoms in randomized controlled trials



Antidepressants in combination with CBT improve depressive symptoms



Patients in psychotherapy on antidepressants are more likely to complete therapy and see improvement



More research is needed...

What is a chemical imbalance?

Neurotransmitters, receptors and neurons are physically changed by the experience of grief

The body does not like to be out of balance

Rebalance takes

- 1. Time
- 2. Removal of stress



Neurotransmitters

Serotonin

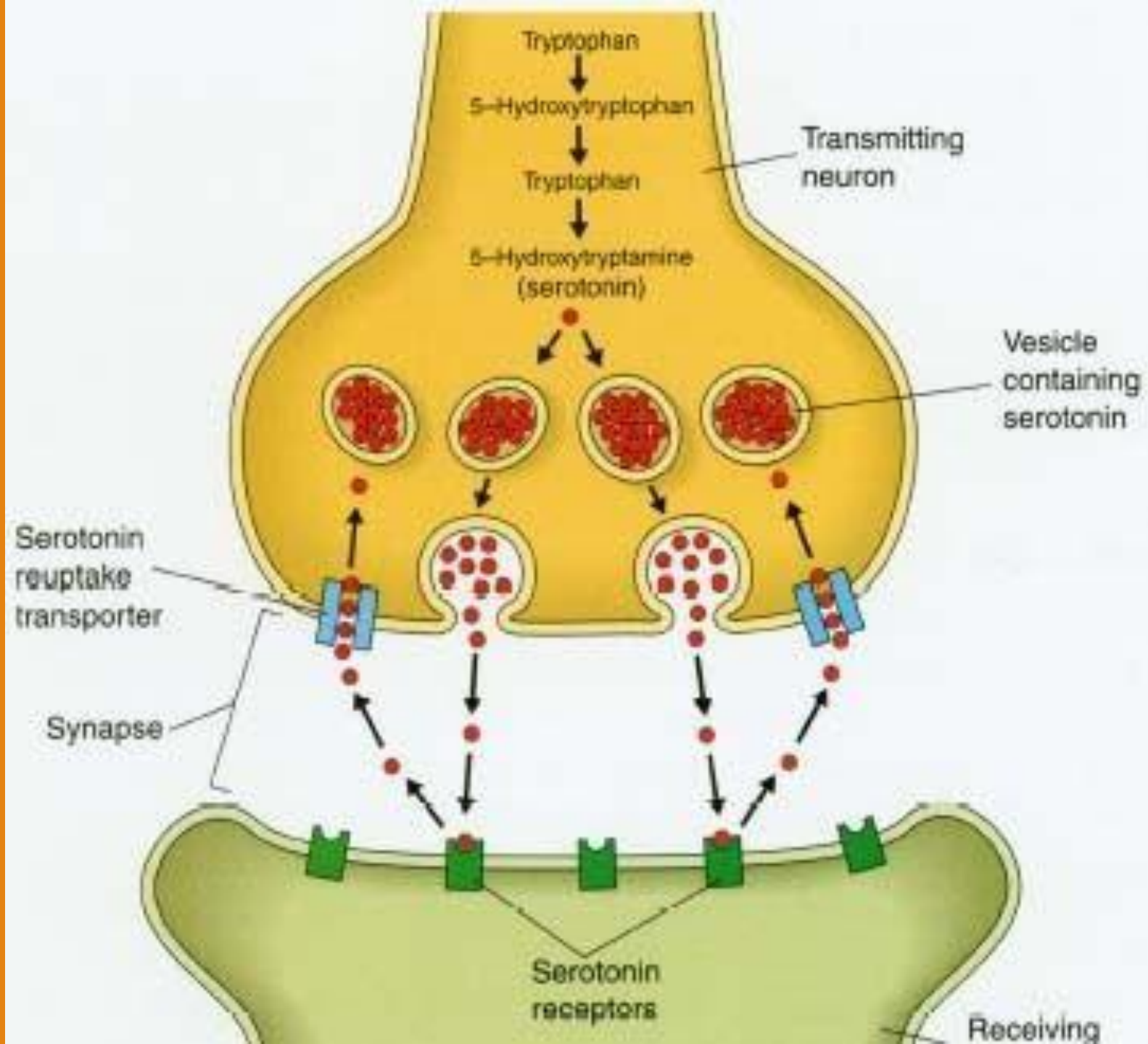
Norepinephrine

Dopamine

Oxytocin

Endorphin

Adrenaline



Serotonin deficient symptoms

Anxious, worried, nervous

Irritable, grumpy

Angry spells, followed by guilt

Evil If Twins (If only... What If...)

Trouble sleeping because of swirling thoughts

SSRI – Selective
Serotonin
Reuptake
Inhibitor

Fluoxetine (Prozac)

Paroxetine (Paxil)

Sertraline (Zoloft)

Citalopram (Celexa)

Escitalopram (Lexapro)

Vilazodone (Viibryd) (brand only)

Vortioxetine (Trintellix) (brand only)

Hypericum perforatum (St. Jon's Wort)

Norepinephrine deficient symptoms

Physical body symptoms

- Headaches
- Nausea, diarrhea
- Palpitations

Can't sleep or sleep all the time

Can't eat or eat all the time

Fatigue easily

SNRI –
Serotonin and
Norepinephrine
Reuptake
Inhibitor

Venlafaxine (Effexor)

Duloxetine (Cymbalta)

Desvenlafaxine (Pristiq)

Milnacipran (Savella) (brand only)

Levomilnacipran (Fetzima) (brand only)

Dopamine
deficient
symptoms

No energy

No motivation to do anything

Avoid social gatherings

Stay in jammies all day

Negative outlook on life

Little pleasure in life

Dopamine
reuptake
inhibitor

Bupropion (Wellbutrin)

Dopamine agents added to
antidepressant therapy:

- Quetiapine (Seroquel)
- Aripiprazole (Abilify)
- Olanzapine (Zyprexa)
- Cariprazine (Vraylar) (brand only)
- Brexpiprazole (Rexulti) (brand only)

Neurotransmitter Deficiencies

May be deficient
in 1, 2, or all 3
neurotransmitters

A replacement of
1 can cause a
deficiency in
another

Pause for questions...



Help
me
sleep!

Trouble sleeping is most
common symptom of grief

Trouble falling asleep

Trouble staying asleep

Benzodiazepines

Clonazepam
(Klonopin)

Diazepam
(Valium)

Lorazepam
(Ativan)

Dependence

Tolerance

Withdrawal

Overdose

GABA agents

Zolpidem
(Ambien)

Eszopiclone
(Lunesta)

Zaleplon
(Sonata)

Dependence

Tolerance

Withdrawal

Overdose

Tricyclic Antidepressants

Using a sleepy
side effect

Amitryptiline
(Elavil)

Nortryptiline
(Pamelor)

No Tolerance

No
Dependence

No
Withdrawal

Overdose

Over the Counter Options



Diphenhydramine (Benadryl, Unisom, ZZZquil)



Doxylamine (Unisom)



Melatonin (Midnite)



Valerian Root

Questions and Comments?