Factsheet
Prolonged Grief Disorder
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What is Prolonged Grief Disorder?

- Prolonged Grief Disorder (PGD) is a pathological form of grief, which may develop in individuals following the loss of a loved one. The prevalence of PGD following a non-violent loss has been estimated around 10% and following a violent loss around 50% (1, 2).

- The World Health Organization (WHO) formally introduced the diagnosis of Prolonged Grief Disorder (PGD) in the International Classification of Diseases and Related Health Problems (ICD-11) (3). In 2013, PGD, under the name of Persistent Complex Bereavement Disorder (PCBD) was included in the fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as a condition for further study (4).

- PGD has been named Complicated Grief (CG) or Traumatic Grief (TG) in the past. TG also refers to the combination of post-traumatic stress, depression and prolonged grief symptoms in distressed bereaved individuals (5).

What are the symptoms of Prolonged Grief Disorder?

- There is an ongoing discussion about which exact criteria exactly describe the phenomenon of PGD (6-10). However, globally, in most grief disorder conceptualizations the following symptoms have been described.

Symptoms of Prolonged Grief Disorder.

1. Separation distress
   - This includes longing for the deceased, emotional pain, preoccupation with the deceased and/or circumstances around the death.

2. Other symptoms
   - This can include symptoms like difficulty accepting the death, emotional numbness, feeling life is meaningless without the loved one, feeling distant from others, anger, guilt, excessive avoidance of reminders of the loved one.

3. Impact on life
   - Significant impairment in personal, family, social, educational, or occupational functioning.

4. Symptom duration
Because grieving is in general a natural process, there is some debate about the specific time following loss before PGD can be diagnosed (ICD-11: 6 months and DSM-5: 12 months following the loss).

5. Severity

Reactions are inconsistent with the normal expectations of an individual’s community.

Who are more at risk to develop PGD?

The following predictors have been found in recent meta-analyses: violent loss, loss of child or partner, older age, shorter time since loss, multiple losses (1, 2, 11).

How is PGD treated?

There are several evidence-based targeted psychotherapies for PGD. Most of these protocolled psychotherapies include psycho-education, strategies to accept the loss, integration of the loss in the personal autobiography and encouragement to engage in social and occupational activities again (12, 13).

There is also scientific support for the use of antidepressant medication in case of a co-morbid depression (14).

References: