

A Short Note on Prolonged Grief Disorder

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Description

Prolonged grief disorder (PGD) is a disorder characterized by a specific set of symptoms. About 10% of bereaved survivors suffer from PGD, though rates vary according on the circumstances. The person is unable to concentrate on their works due to grief, and he or she is concerned with the loss to the point where it's impossible to care about anything else while you're in this situation. He or she frequently ruminates about the death and hopes for a reunion with the deceased, all the while questioning his or her own identity and purpose in life. The person will have a depressive view of life, believing that there is no prospect for happiness, contentment, or enjoyment in the future. The bereaved person experiences worthless and in perpetual conflict as a result of PGD, and is unable to adapt to life without their loved ones.

PGD is distinguished by its symptoms, duration, and power. Personality disorder, difficulty bearing sorrow, harshness, enthusiastic deadness, feebleness to trust people, and a sense of being caught in depression are all symptoms. These are always present, causing serious distress and practical inability, and remain extreme, persistent, and incapacitating for months or years after death.

Risk Factors

Realized danger factors incorporate one-time and progressing occasions and conditions

- Miscarriage
- Youth detachment anxiety
- Controlling parents
- Parental maltreatment or death
- Close connection relationship to the expired (e.g., parents)
- Unreliable connection styles
- Enthusiastic dependency
- Enthusiastic closeness to the perished before death
- Absence of groundwork for death
- Passing in hospital
- No abbreviated fast eye development (REM) latency
- Initiation of the core accumbens

These risk factors and clinical associations have been linked to PGD side effects rather than symptoms of Major Depressive Disorder (MDD), Posttraumatic Stress Disorder (PTSD), or Generalized Anxiety Disorder (GAD). Distress is a common

response to loss. According to experts, 10%-20% of people have a long-term reaction to deprivation that affects their ability to work and has negative long-term health ramifications.

Bereavement Due to Suicide and PGD

Suicide death can cause the natural mourning process to be disrupted, if not fully stopped, increasing the risk of developing pathological grief responses. When a person loses a loved one due to suicide, they often experience yearning, loneliness, and a failure to accept the loss. Even after controlling for characteristics like time since death and relationship to the departed, evidence suggests that losing a loved one to suicide has a poorer prognosis than other types of loss, such as accidental death, assault, war, and death from natural causes. Bereaved people frequently have a strong desire to know why their loved one committed suicide, especially if there was no message left behind by the departed. People may be confused as to why this person chose to destroy their life and could become obsessed on questions that cannot be fully answered. These unanswered questions and misunderstandings are known to obstruct the natural grieving processes of acknowledgment and acceptance.

Diagnosis

The Diagnosis of PGD represents a unitary concept that is distinct from the symptoms of bereavement-related depression and anxiety, according to factor analytic investigations. PGD has been studied extensively to identify and isolate the symptoms that make things happen, as well as to distinguish it from diagnostic peers such Major Depressive Disorder and Posttraumatic Stress Disorder. These studies combine clinical knowledge with scientifically valid analysis to identify the symptoms that most accurately predict which bereaved survivors will have long-term dysfunction and distress.

Treatment

PGD's unique symptom profile and progression necessitates specialized therapy. Tricyclic antidepressants alone or in combination with relational psychotherapy have been shown to be ineffective in reducing PGD symptoms; however psychotherapy designed specifically for PGD has been shown to be useful. In a study named "HEAL" (Healthy Experiences after Loss); preliminary results of an online, self-administration

intervention to prevent PGD in recently deprived adults are highly encouraging. There will be a larger randomized controlled preliminary.