

Psychological effects of dementia diagnoses on patients, relatives, and staff







# How to Break Bad News

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*A Guide for Health  
Care Professionals*

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**ROBERT BUCKMAN, M.D.**

*with contributions by Yvonne Kason, M.D.*







# ON DEATH & DYING

What the Dying  
Have to Teach Doctors,  
Nurses, Clergy &  
Their Own Families

ELISABETH KÜBLER-ROSS, M.D.

*foreword by* IRA BYOCK, M.D.

Elisabeth Kübler-Ross  
author of *On Death and Dying*

and David Kessler  
co-author of *Life Lessons*

# On Grief and Grieving

*Finding the Meaning of Grief  
Through the Five Stages of Loss*





## Resilience to Loss and Chronic Grief: A Prospective Study From Preloss to 18-Months Postloss

George A. Bonanno  
Teachers College, Columbia University

Camille B. Wortman  
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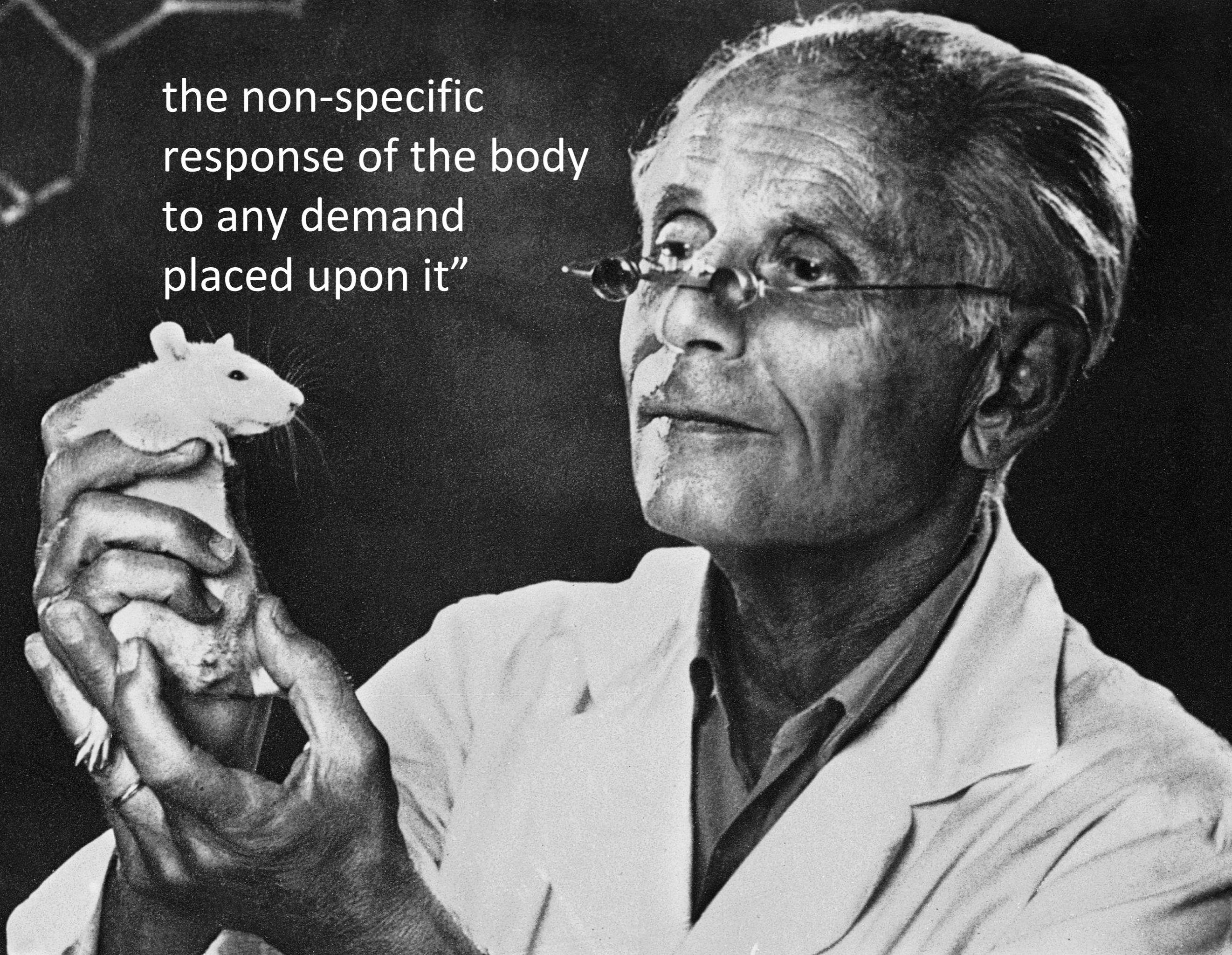
The vast majority of bereavement research is conducted after a loss has occurred. Thus, knowledge of the divergent trajectories of grieving or their antecedent predictors is lacking. This study gathered prospective data on 205 individuals several years prior to the death of their spouse and at 6- and 18-months postloss. Five core bereavement patterns were identified: common grief, chronic grief, chronic depression, improvement during bereavement, and resilience. Common grief was relatively infrequent, and the resilient pattern most frequent. The authors tested key hypotheses in the literature pertaining to chronic grief and resilience by identifying the preloss predictors of each pattern. Chronic grief was associated with preloss dependency and resilience with preloss acceptance of death and belief in a just world.

The death of a spouse is generally assumed to be one of the most stressful experiences that people encounter during the course of their lives (Holmes & Rahe, 1967). However, there are marked individual differences in how much and for how long people grieve (Bonanno & Kaltman, 1999, 2001; Wortman & Silver, 1989, 2001). In addition to what is assumed to be the typical or common reaction, an initial increase in depression that gradually subsides over time, several other patterns of grief have been

Martinek, 1996), bereavement studies have examined adjustment by aggregating data across respondents, making it impossible to determine what percentage of respondents follow different trajectories over time. Moreover, virtually none of the studies that have provided data about divergent patterns of reaction to loss included preloss data.

This is problematic for two reasons. First, as we demonstrate below, some patterns of grief reaction are not possible to detect

the non-specific  
response of the body  
to any demand  
placed upon it”





**Stress**

**Strain**

## THE SOCIAL READJUSTMENT RATING SCALE\*†

THOMAS H. HOLMES and RICHARD H. RAHE‡

(Received 12 April 1967)

IN PREVIOUS studies [1] it has been established that a cluster of social events requiring change in ongoing life adjustment is significantly associated with the time of illness onset. Similarly, the relationship of what has been called 'life stress,' 'emotional stress,' 'object loss,' etc. and illness onset has been demonstrated by other investigations [2-13]. It has been adduced from these studies that this clustering of social or life events achieves etiologic significance as a necessary but not sufficient cause of illness and accounts in part for the time of onset of disease.

Methodologically, the interview or questionnaire technique used in these studies has yielded only the *number* and *types* of events making up the cluster. Some estimate of the magnitude of these events is now required to bring greater precision to this area of research and to provide a quantitative basis for new epidemiological studies of diseases. This report defines a method which achieves this requisite.

### METHOD

A sample of convenience composed of 394 subjects completed the paper and pencil test (Table 1). (See Table 2 for characteristics of the sample.) The items were the 43 life events empirically derived from clinical experience. The following written instructions were given to each subject who completed the Social Readjustment Rating Questionnaire (SRRQ).

(A) Social readjustment includes the amount and duration of change in one's accustomed pattern of life resulting from various life events. As defined, social readjustment measures the inten-

Death of spouse	100
Divorce	73
Separation	65
Death in family	63
Major illness / injury	53
Marriage	50
Retirement	45
Major change in health of family member	44
Pregnancy	40

New family member	39
Sexual difficulties	39
Change in finances	38
New line of work	36
Purchasing a home	31
Change in responsibilities at work	29
Major change in social activities	18
Major change in sleep habits	16
Christmas	12



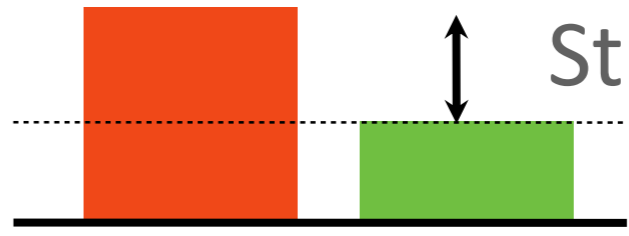
Diana



Etta



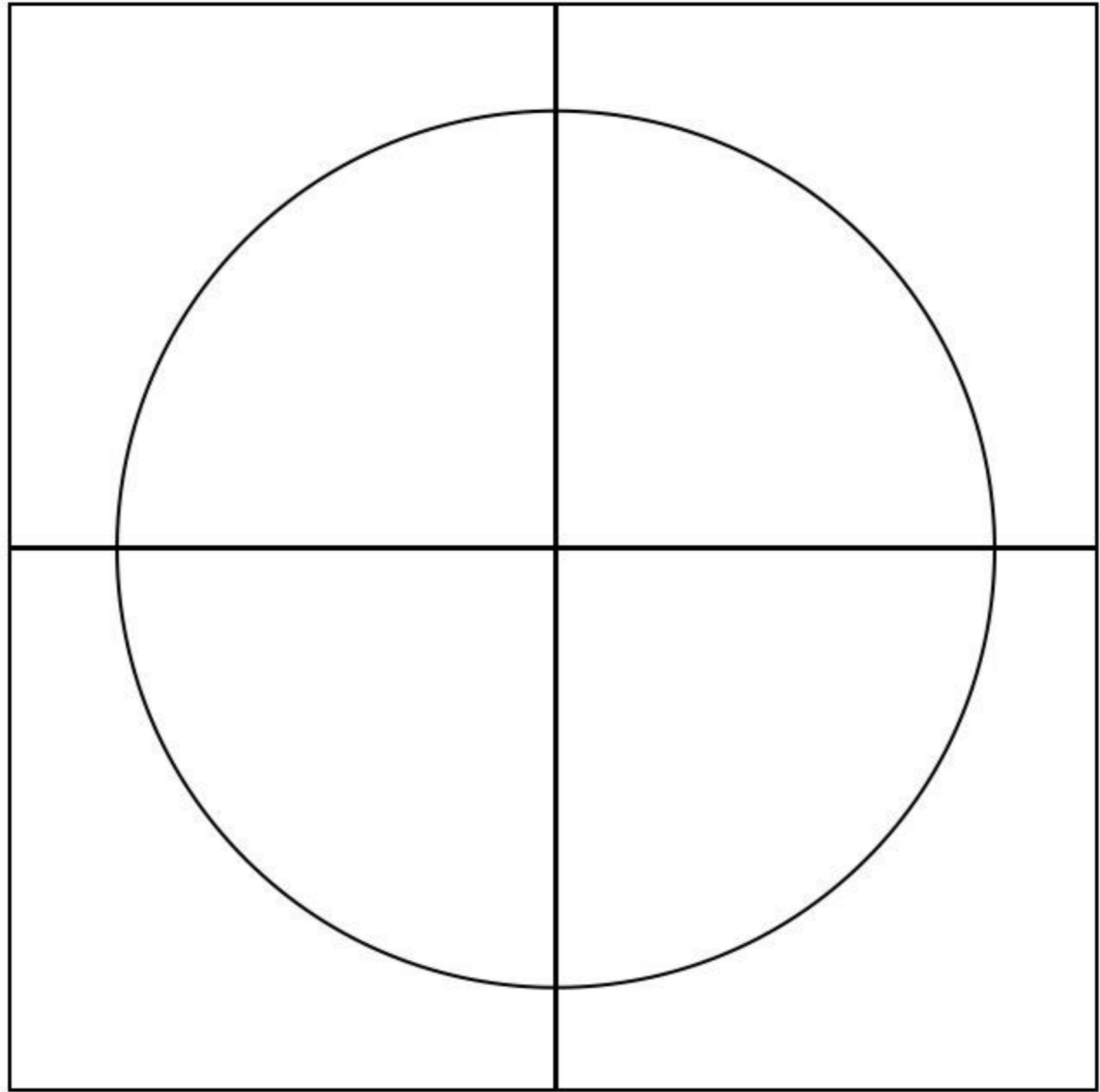
Diana



Etta

Home

Family



Friends  
& Leisure

Work



Home

investment payoff?

clothes don't fit

games night

befriending

rejoined gym

walking daily

can't workout

embarrassed on beach

funeral

aunt's death

uncle's death

estate

trusted lawyer

family dinners

business mentor

increasing costs

reduced demand

Family

Friends  
& Leisure

Work

# Cognitive functioning



Time

# Cognitive functioning



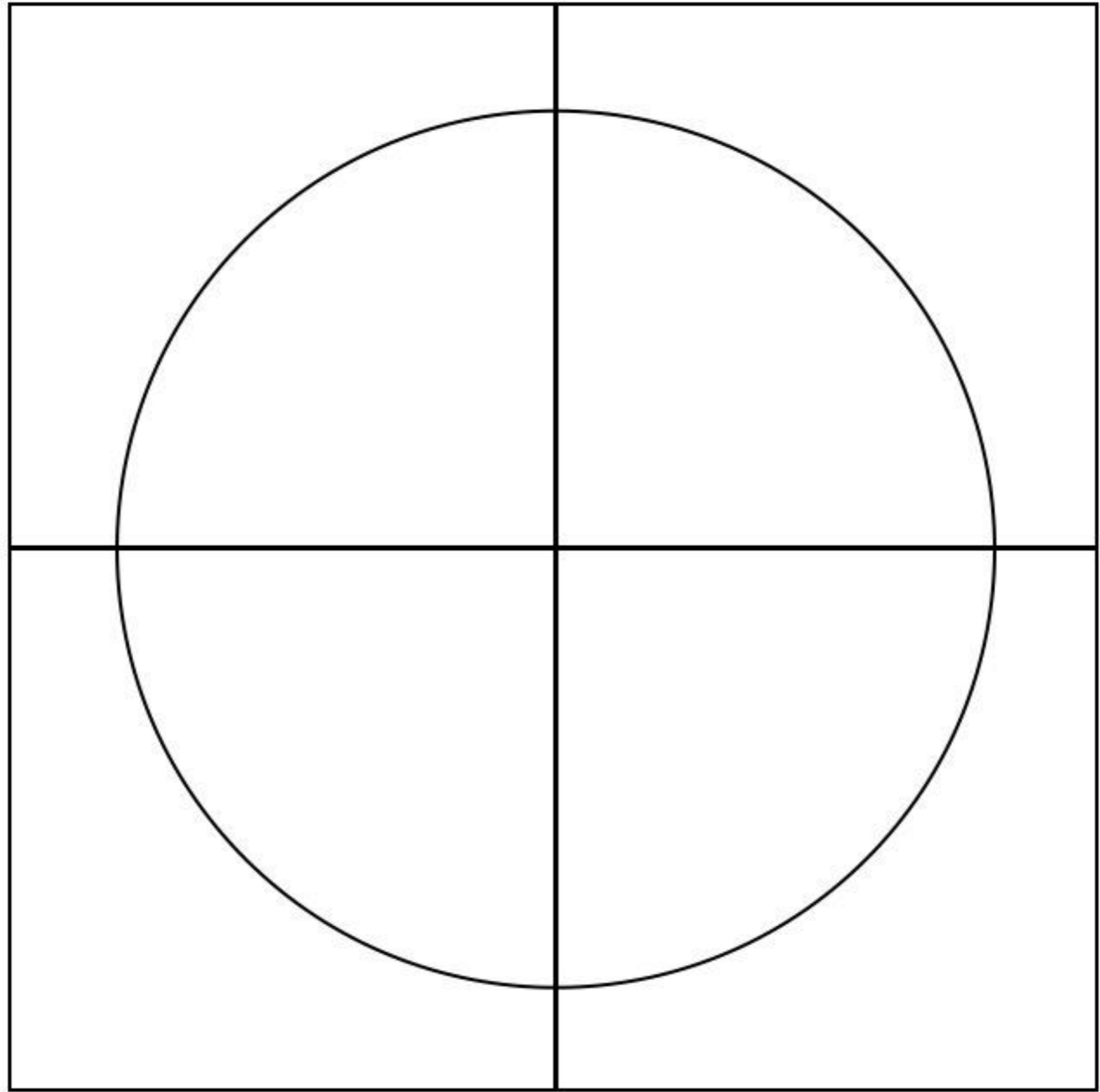
Time





Home

Family



Friends  
& Leisure

Work

*I'm lost without her...  
it's hard after being  
together  
for well over 60 years.*

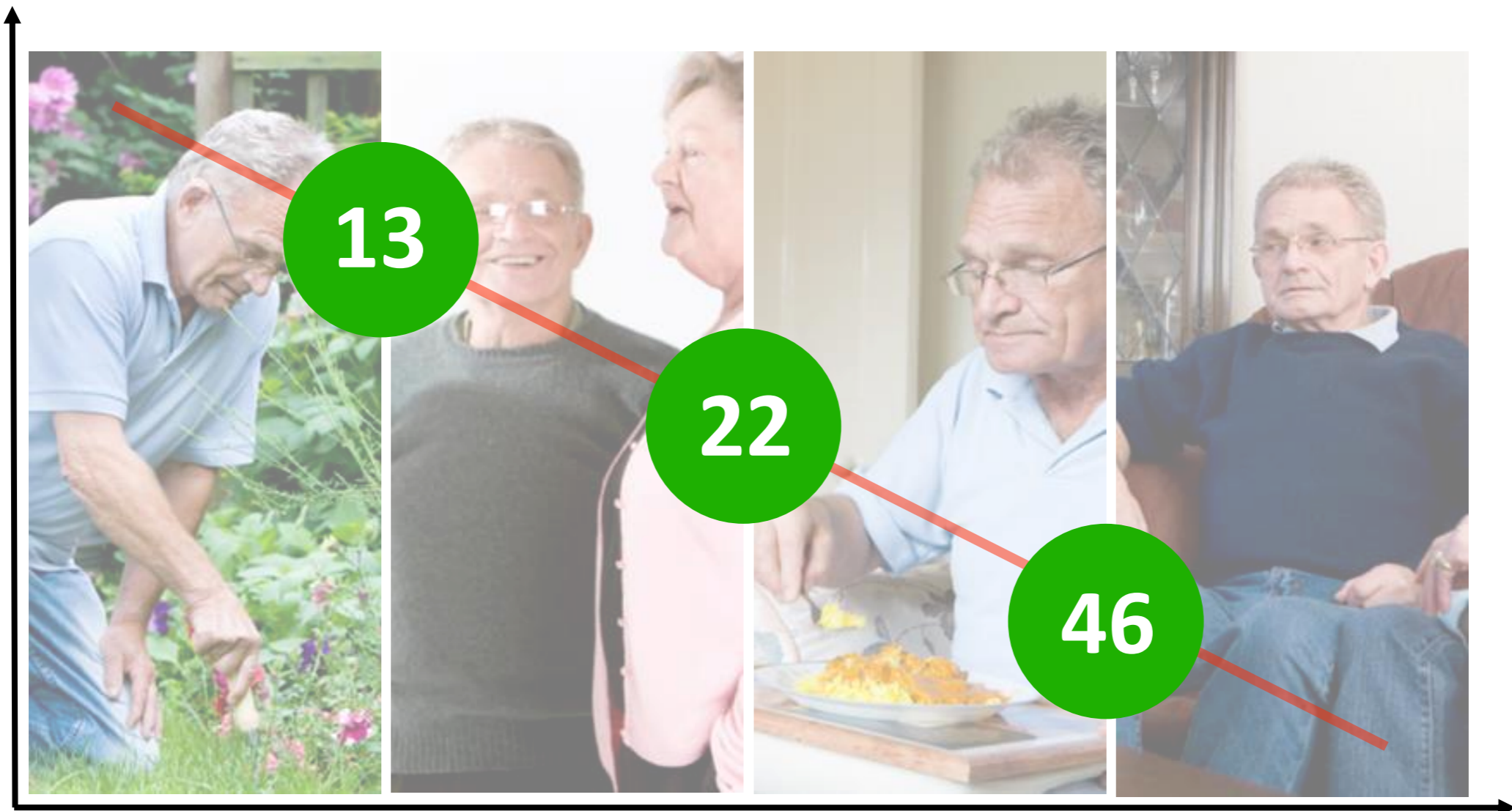
—Steve, husband







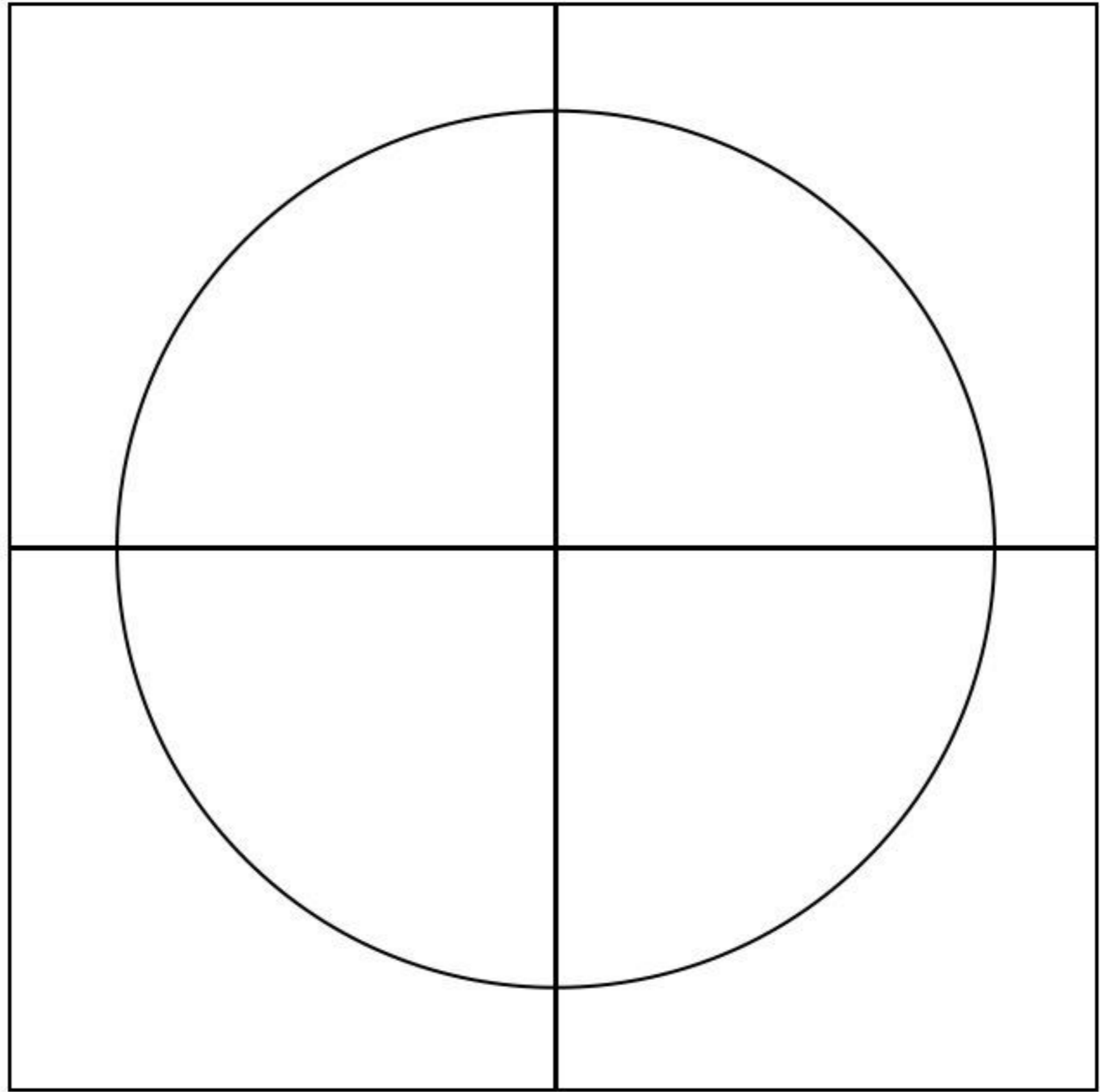
# Cognitive functioning



Time

Home

Family



Friends  
& Leisure

Work







## Review

# Clinical recognition of dementia and cognitive impairment in primary care: a meta-analysis of physician accuracy

Mitchell AJ, Meader N, Pentzek M. Clinical recognition of dementia and cognitive impairment in primary care: a meta-analysis of physician accuracy.

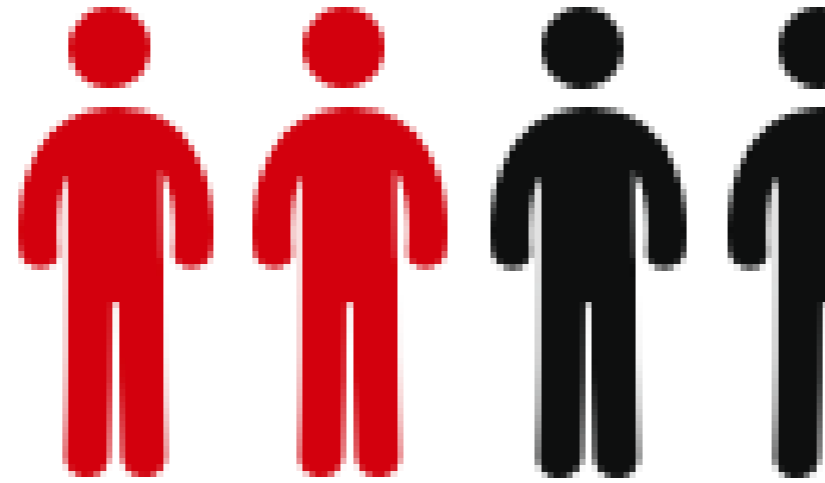
**Objective:** We aimed to examine the ability of the general practitioners (GPs) to recognize a spectrum of cognitive impairment from mild cognitive impairment (MCI) to severe dementia in routine practice using their own clinical judgment.

**Method:** Using PRISMA criteria, a meta-analysis of studies testing clinical judgment and clinical documentation was conducted against semi-structured interviews (for dementia) and cognitive tests (for cognitive impairment). We located 15 studies reporting on dementia, seven studies that examined recognition of broadly defined cognitive impairment, and eight regarding MCI.

**Results:** By clinical judgment, clinicians were able to identify 73.4% of

**Alex J Mitchell<sup>1,2</sup>, Nicholas Meader<sup>3</sup>, Michael Pentzek<sup>4</sup>**

<sup>1</sup>Leicester General Hospital, Leicestershire Partnership Trust, Leicester, UK, <sup>2</sup>Department of Cancer and Molecular Medicine, Leicester Royal Infirmary, University of Leicester, Leicester, UK, <sup>3</sup>National Collaborating Centre for Mental Health, London, UK and <sup>4</sup>Department of General Practice, University of Dusseldorf, Medical Faculty, Dusseldorf, Germany



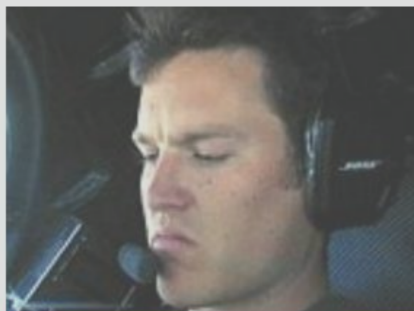












**EXCLUSIVE:** Pilot who survived Virgin



**BREAKING NEWS:** ISIS leader Abu Bakr



British jihadist convicted of gay



Ed shadow minister plunges in the



Britain braced for a 'conveyor belt' of



The world on the brink of

## Outrage as GPs are paid £55 incentive to diagnose dementia

- Move is response to fewer than half of cases being picked up by GPs
- But leading family doctors say patients could be wrongly diagnosed
- More than 400,000 people are thought to have undiagnosed dementia

By SOPHIE BORLAND, HEALTH CORRESPONDENT FOR THE DAILY MAIL

**PUBLISHED:** 23:23 GMT, 21 October 2014 | **UPDATED:** 06:28 GMT, 22 October 2014



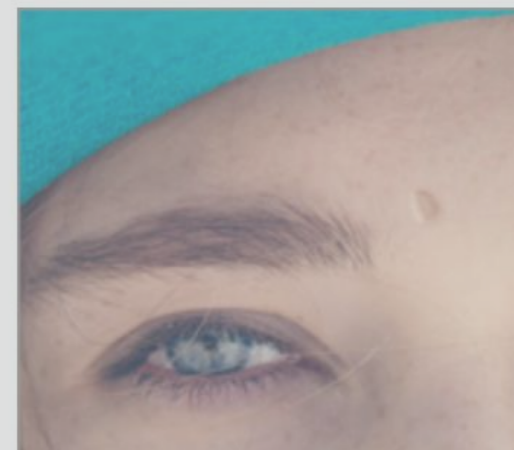
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GPs will be paid £55 for every patient diagnosed with dementia under a controversial scheme to boost detection.

It is being rolled out by the NHS over concerns that family doctors are picking up less than half of all cases.

But leading GPs have branded the incentives unethical and say they will lead to patients being wrongly diagnosed and suffering needless anxiety.

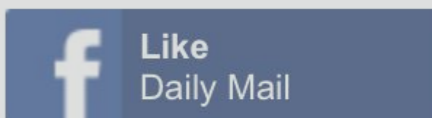
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**Chickenpox can scar you**

**Read Niki's story & find out more**

To find out how you can protect from chickenpox, talk to your GP





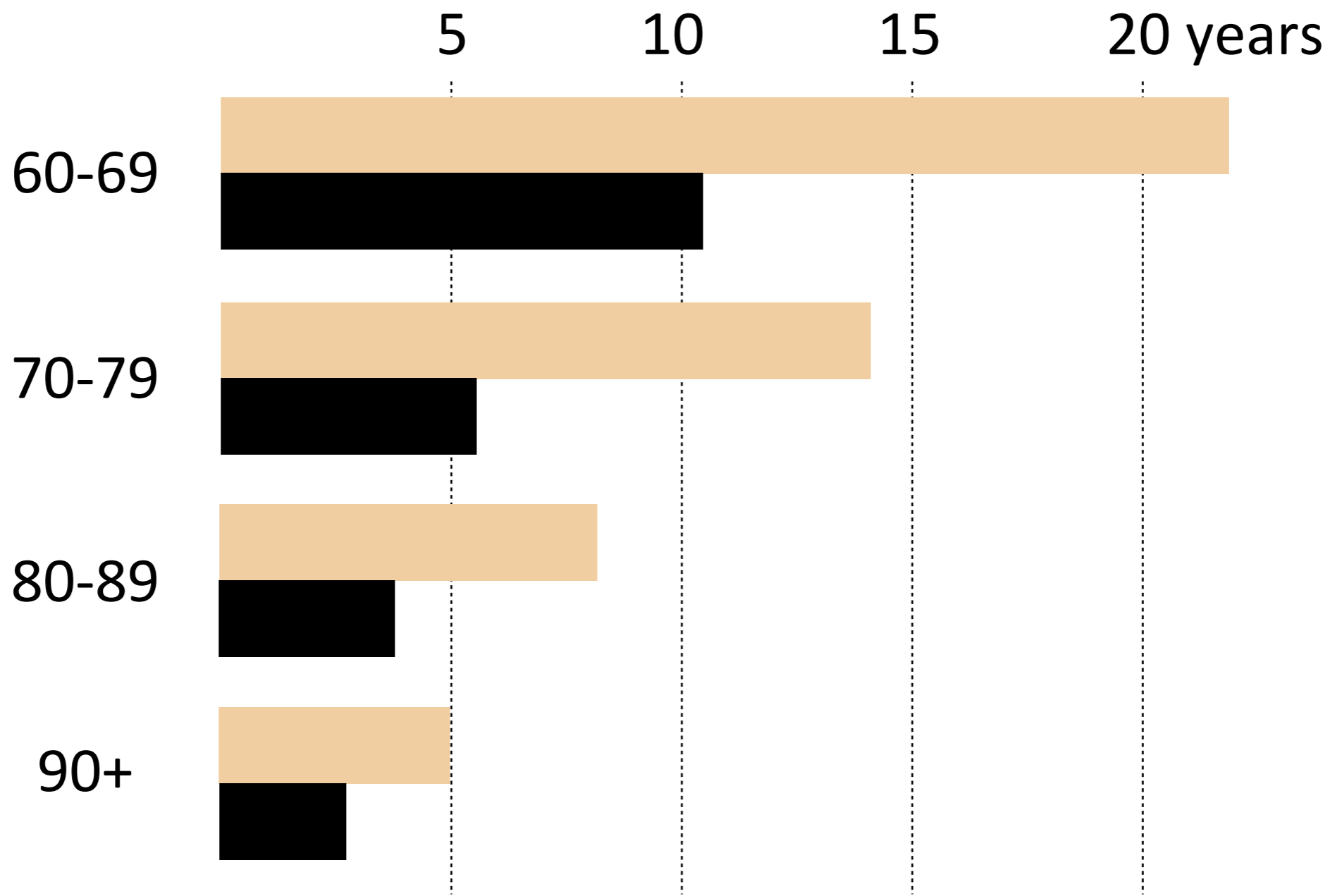


3.3% to 86.4%. However, routine detection and documentation of dementia has an average value from six studies of 39.1%. The probability of a documented dementia diagnosis, the frequency of consultation also predict documentation. The discrepancy between documented dementia and unmet help-seeking. It may also be that non-specialists either do not attend to dementia or that dementia does not occur to them. The availability of evidence-based treatment guidelines.

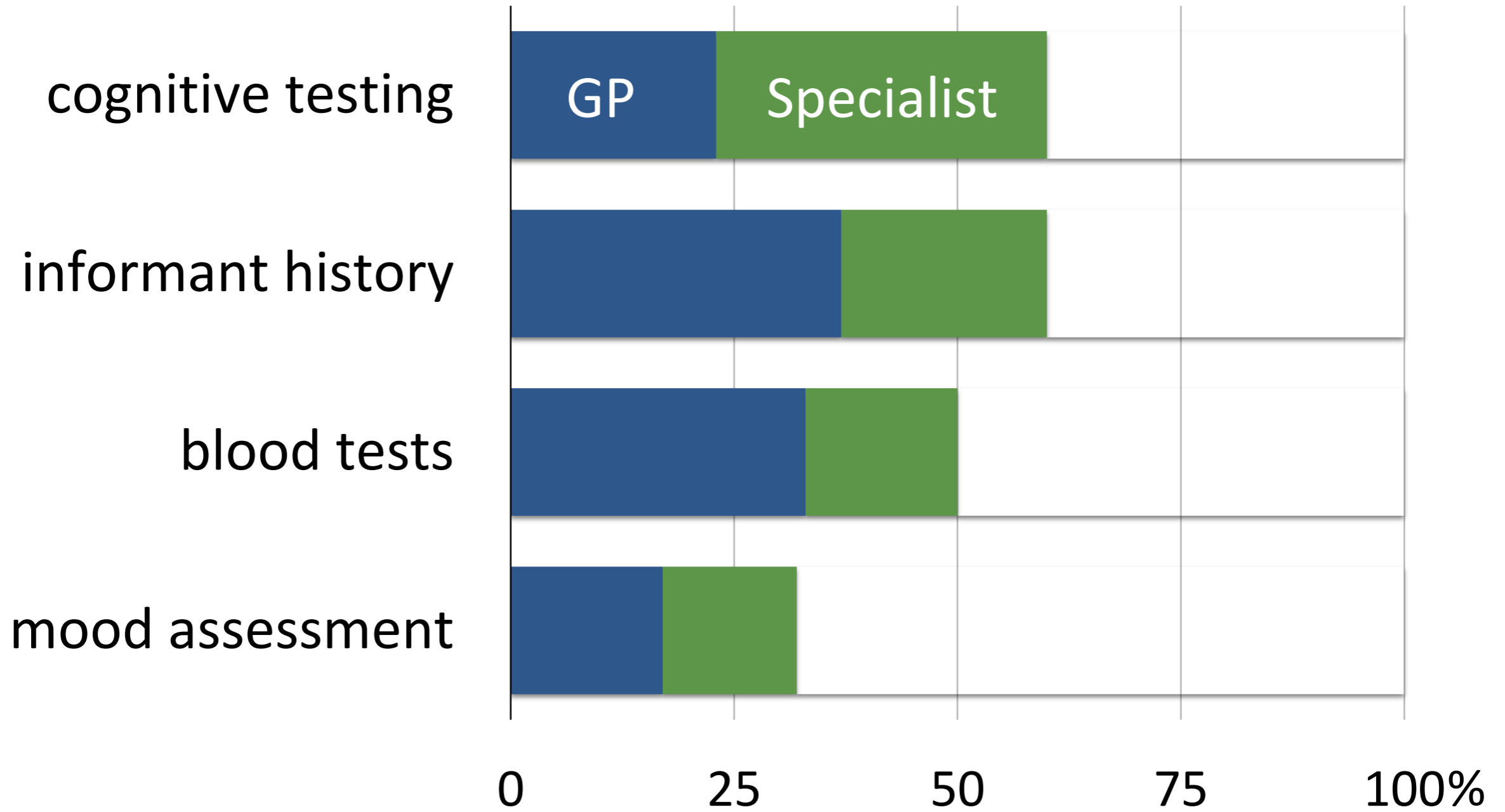
**Most of the available research evidence is more than 10 years old, and there are limited trends regarding diagnostic efficacy and documentation.**

Screening as being at higher risk requires the use of very brief screening as the upper limit for the duration of such a test, ruling out most available tests. A test suitable for application in LAMIC should also be even briefer. A test suitable for application in LAMIC should also be suitable for use by those with low education and/ or who are illiterate, without undue bias. A large body of research is based on educational bias, in contrast to those based on cognitive assessment. The validity of informant interview screening tests for dementia status. The validity of informant interview screening tests is important have a reliable informant to complete these assessments, and





# initiated by





1

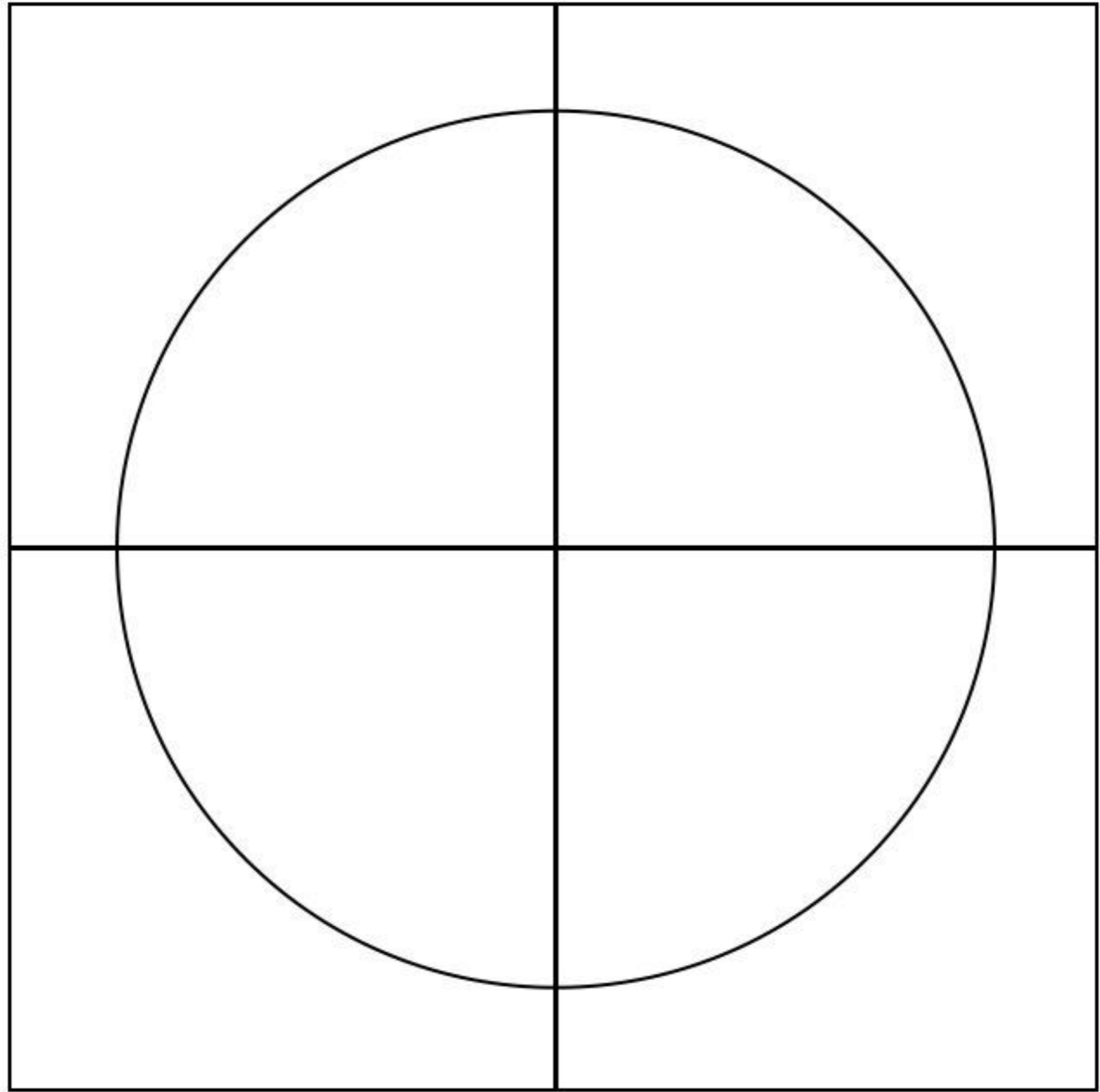


*I just don't know how to act with it. Like what happens, how long...*

*I wanna know in another year, will it be worse or in five years from now?*

Home

Family



Friends  
& Leisure

Work





# ON DEATH & DYING

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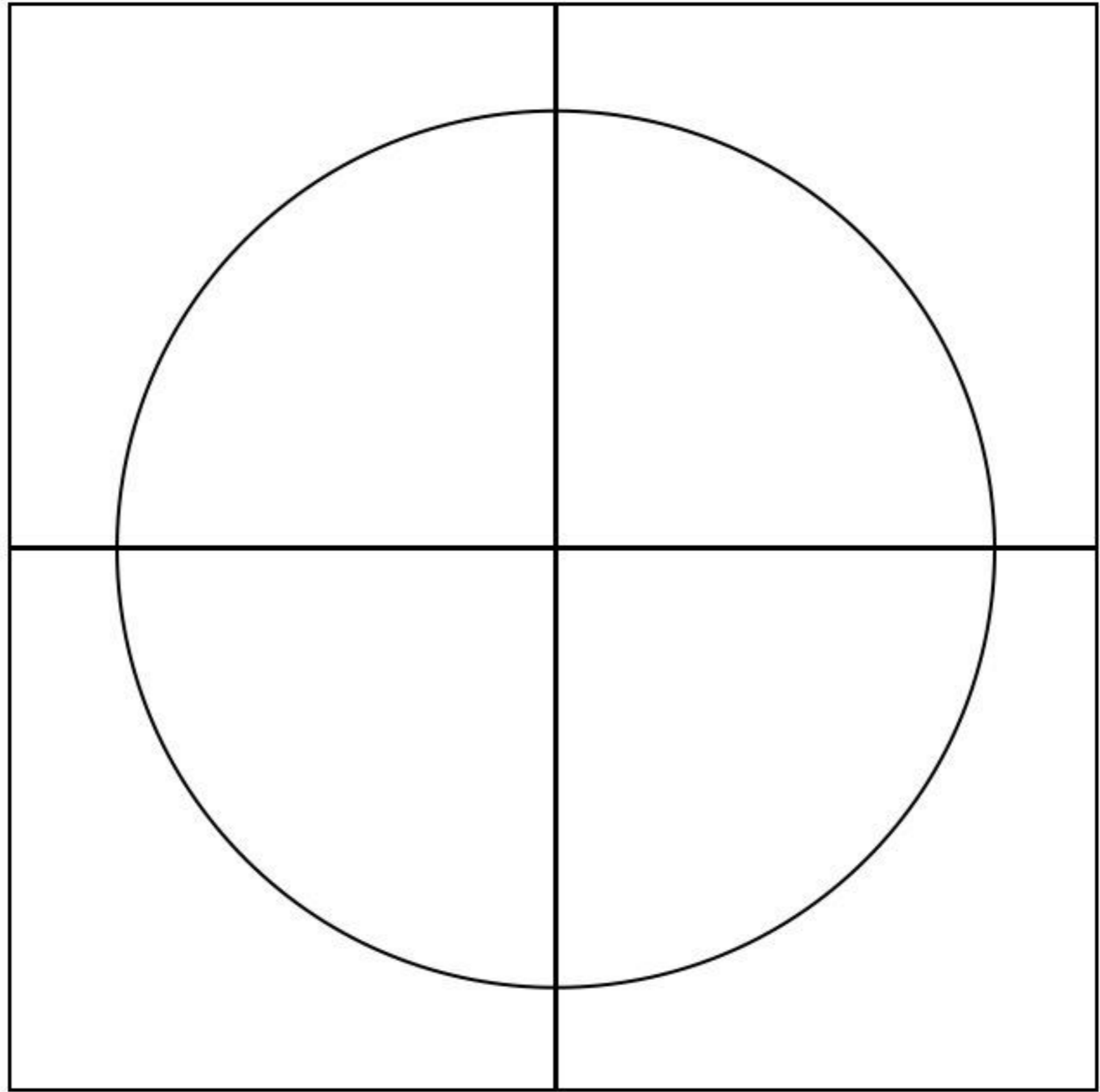
*The diagnosis put everything in perspective...*

*I became more gentle towards her. I showed her more empathy...*

*I didn't yell at her anymore...*

Home

Family



Friends  
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Work

ΑΙ ΔΙΑΚΡΟΝΗΘΕΝΤΑΙ  
ΜΑΘΗΤΑΙ ΤΟΙΣ  
ΟΤΕ ΤΟΙΣ ΚΑΤΑ  
ΧΙΜΗΝΤΑΙΣ  
ΚΑΙ ΕΠΙΣΚΙΟΝΕ  
ΔΙΔΑΧΕ ΔΕ ΟΥ ΒΕ  
ΕΠΙΔΙΣΚΡΗΓΟΝ  
ΤΩΝ ΕΠΙΟΛΕΜΩΝ  
ΕΞΩΚΑΤΑΓΝΩ  
ΥΔΕΝΙΦΑΡΜΑ  
ΤΟΝ ΟΥ ΔΕΝ  
ΧΙΜΗΝΤΑΙΣ  
ΤΕΣ ΟΥΔΕΝ  
ΩΣ ΚΑΙ

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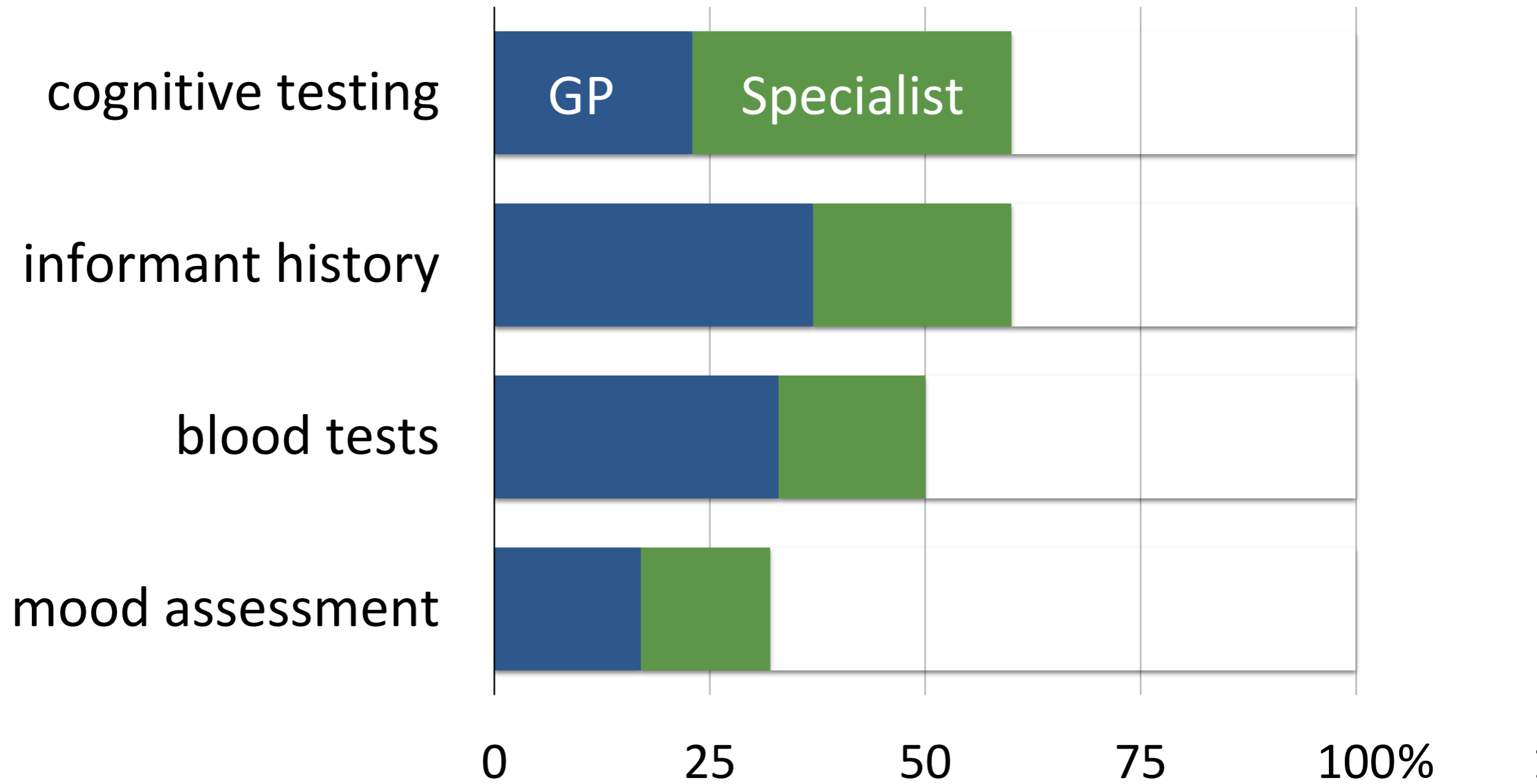
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*all of our decisions were crisis  
driven...*

*it could have been so much better  
had we been able to do some  
planning and discussion*

# initiated by

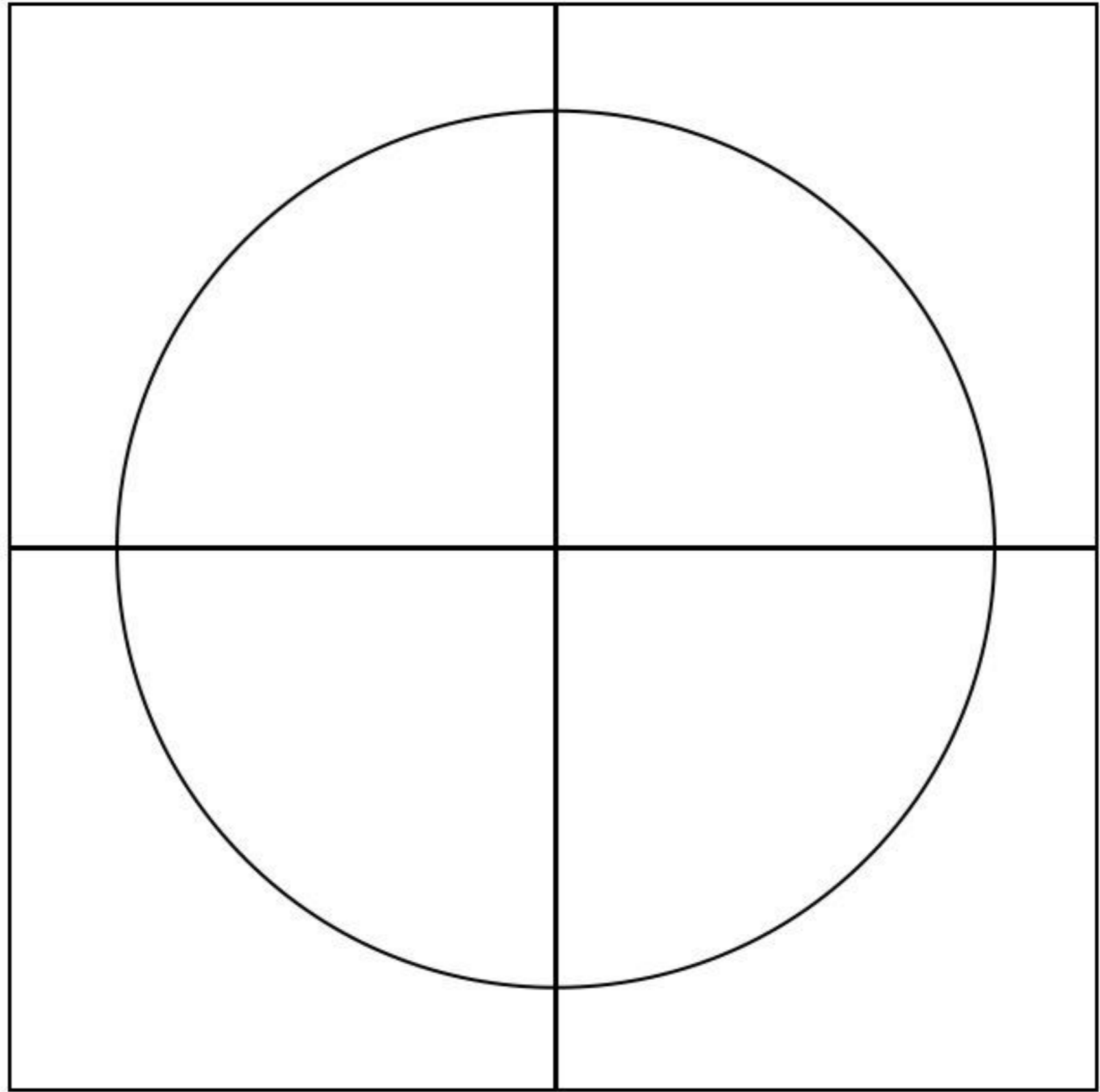






Home

Family



Friends  
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Work

# Cognitive functioning



Time





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