

Journal Watch

Risk Factors for Developing Prolonged Grief During Bereavement in Family Carers of Cancer Patients in Palliative Care: A Longitudinal Study

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Abstract

Context. Family carers of palliative care patients report high levels of psychological distress throughout the caregiving phase and during bereavement. Palliative care providers are required to provide psychosocial support to family carers; however, determining which carers are more likely to develop prolonged grief (PG) is currently unclear.

Objectives. To ascertain whether family carers reporting high levels of PG symptoms and those who develop PG disorder (PGD) by six and 13 months postdeath can be predicted from predeath information.

Methods. A longitudinal study of 301 carers of patients receiving palliative care was conducted across three palliative care services. Data were collected on entry to palliative care (T1) on a variety of sociodemographic variables, carer-related factors, and psychological distress measures. The measures of psychological distress were then readministered at six (T2; n = 167) and 13 months postdeath (T3; n = 143).

Results. The PG symptoms at T1 were a strong predictor of both PG symptoms and PGD at T2 and T3. Greater bereavement dependency, a spousal relationship to the patient, greater impact of caring on schedule, poor family functioning, and low levels of optimism also were risk factors for PG symptoms.

Conclusion. Screening family carers on entry to palliative care seems to be the most effective way of identifying who has a higher risk of developing PG. We recommend screening carers six months after the death of their relative to identify most carers with PG.

Strengths:

- Innovative approach for a complex research topic
- Use of well-validated measures
- Systematic methodological approach
- Transparency in reporting findings (e.g. attrition rates, missing data)

Weaknesses:

- Extensive battery of instruments may have contributed to caregiver fatigue and high dropout rate (time required to complete instruments not reported in paper)
- Limitations identified by authors
 - Potential sample bias due to poor participation at Time 1 (301/992 = 30%) and high dropouts at Time 2 (45% of sample dropped out)
 - Small number of cases of Prolonged Grief Disorder (PGD) at Time 3 (n=16) limited data analysis
 - Smaller than anticipated sample size at Time 2 also limited data analysis

Relevance to Palliative Care:

Family caregiver distress prior to a patient's death is very common. The provision of emotional and social support to family members while a patient is receiving palliative care may potentially act as a buffer for bereavement distress. Screening family members for psychological distress when patients are admitted to a palliative care service, as well as at 6 months and 12 months post death, can help identify family members at risk and in need of formal support.