

Prolonged Grief Disorder: Psychometric Validation of Criteria Proposed for *DSM-V* and *ICD-11*

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Abstract

Background: Bereavement is a universal experience, and its association with excess morbidity and mortality is well established. Nevertheless, grief becomes a serious health concern for a relative few. For such individuals, intense grief persists, is distressing and disabling, and may meet criteria as a distinct mental disorder. At present, grief is not recognized as a mental disorder in the *DSM-IV* or *ICD-10*. The goal of this study was to determine the psychometric validity of criteria for prolonged grief disorder (PGD) to enhance the detection and potential treatment of bereaved individuals at heightened risk of persistent distress and dysfunction.

Methods and Findings: A total of 291 bereaved respondents were interviewed three times, grouped as 0–6, 6–12, and 12–24 mo post-loss. Item response theory (IRT) analyses derived the most informative, unbiased PGD symptoms. Combinatorial analyses identified the most sensitive and specific PGD algorithm that was then tested to evaluate its psychometric validity. Criteria require reactions to a significant loss that involve the experience of yearning (e.g., physical or emotional suffering as a result of the desired, but unfulfilled, reunion with the deceased) and at least five of the following nine symptoms experienced at least daily or to a disabling degree: feeling emotionally numb, stunned, or that life is meaningless; experiencing mistrust; bitterness over the loss; difficulty accepting the loss; identity confusion; avoidance of the reality of the loss; or difficulty moving on with life. Symptoms must be present at sufficiently high levels at least six mo from the death and be associated with functional impairment.

Conclusions: The criteria set for PGD appear able to identify bereaved persons at heightened risk for enduring distress and dysfunction. The results support the psychometric validity of the criteria for PGD that we propose for inclusion in *DSM-V* and *ICD-11*.

Please see later in the article for the Editors' Summary.

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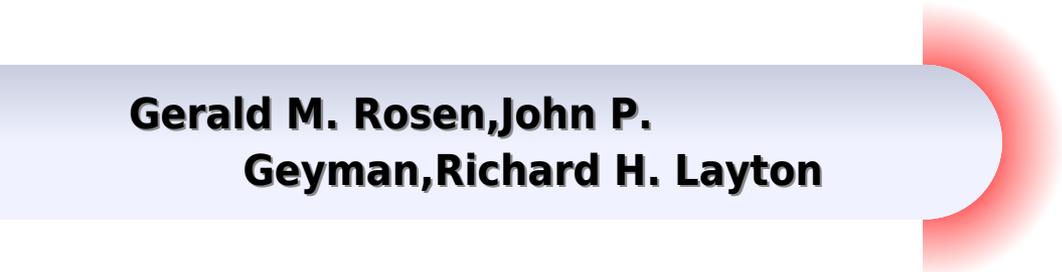
Competing Interests: MBF received consultant fees over the past 5 years from Roche, Concept, Wyeth, Cephalon, Astra-Zeneca, Shire, GSK, and Eli Lilly for preparing diagnostic interviews and/or conducting diagnostic trainings at investigator meetings.

Abbreviations: 2-PL, two-parameter logistic; DIF, differential item functioning; *DSM-IV*, Diagnostic Statistical Manual of Mental Disorders, 4th Edition; GAD, generalized anxiety disorder; *ICD-10*, International Statistical Classification of Diseases and Related Health Problems; ICG-R, Inventory of Complicated Grief—Revised; IIF, item information function; IRT, item response theory; MDD, major depressive disorder; PGD, prolonged grief disorder; PTSD, posttraumatic stress disorder; SCID, Structured Clinical Interview for *DSM-IV*; WPS, Widowed Persons Service; YBS, Yale Bereavement Study.

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Pathologic Grief

**Gerald M. Rosen, John P.
Geyman, Richard H. Layton**



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Treatment of Complicated Mourning Therese A. Rando, Christine M. Nezu, 1993 Focuses specifically on complicated mourning often referred to as pathological unresolved or abnormal grief It provides caregivers with practical therapeutic strategies and specific interventions that are necessary when traditional grief counseling is insufficient The goal is to turn complicated into uncomplicated mourning

Behavioral Science in Family Practice Gerald M. Rosen, John P. Geyman, Richard H. Layton, 1980

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