EDITORIAL

Visiting Dunblane shortly after the first anniversary of the shootings there, my team from the Traumatic Stress Clinic was impressed by the resources available to those working with the survivors, and by their continued dedication and skill. We were invited to lead workshops, and I was asked to talk about compassion fatigue, or burn-out, and how to avoid it.

Those most prone to burn-out are the most conscientious, idealistic, and devoted to their duties. Selection of workers should involve gauging whether they have recovered from any personal traumas, and looking at their supports and capacity for enjoying leisure. Prevention includes learning to recognise the early signs. Training is essential and must inculcate an awareness of personal limitations and when to refer on, an understanding that grieving reactions are normal in these situations and that it is responsible to accept a supervisor's advice. The Dunblane Health Authority has made imaginative provision for stand-by counselling for staff and their families by issuing vouchers to be handed to the counsellor of the worker's choice. These can then be redeemed directly from the Authority.

Prompt treatment of those already suffering burn-out may prevent chronic psychiatric morbidity; they may then need special surveillance or transfer to less demanding jobs. Therapists must have skilled supervision, and appreciate the importance of rest, recreation, exercise and, especially, the value of experiencing joy in their everyday lives.

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Using tranquillising medication after bereavement

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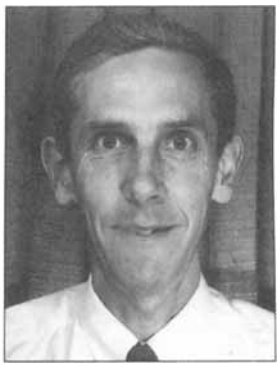

Michael King

Although it is frequently said that tranquillisers inhibit recovery after bereavement there is little evidence to support this. This study aimed to identify the current pattern of usage of these drugs, and their perceived usefulness, in a sample of recently bereaved people.

PREVIOUS FINDINGS

Tranquillisers, especially a group known as benzodiazepines, are useful in treating symptoms of anxiety and distress. Although these drugs are less widely used now because of concerns about addiction in long-term use, they still have a place in the short-term treatment of anxiety. However, there is a dearth of information about the role of tranquillising medication in the management of distress following bereavement. We are not aware of any published studies addressing this issue since Parkes[1] found that up to 45% of individuals either began, or increased their use of tranquillisers after the death of a spouse.

Currently there is widespread concern about the use of tranquillisers following bereavement. The British National Formulary[2] and the Committee on Safety of Medicines[3] advise doctors against their use and suggest that tranquillisers inhibit progress through the grieving process. There is no research underpinning this advice, which appears to be based on anecdote. However, coupled with concern about addiction the advice is likely to deter many doctors from prescribing these drugs. Although tranquillisers are widely held to be safe as a short-term treatment of anxiety the reticence of doctors to prescribe them when indicated clinically may result in bereaved individuals suffering unnecessary distress.

The aims of this study were to identify what proportion of bereaved individuals commence tranquillisers after bereavement and to ascertain their opinion of whether the drugs they took were beneficial or harmful.

EDITOR'S NOTE

Counsellors are often asked their opinion regarding the use of drugs after bereavement. Do they help or harm? Do they interfere with grieving? Are they addictive? Is there a danger that people who are given drugs will think of themselves as sick when, in the words of the popular song, 'You are not sick but just in love'.

In this paper a consultant psychiatrist considers some of these issues and questions received ideas about tranquillisers, a group of drugs which, until recently, were commonly prescribed after bereavement. They should not be confused with the antidepressants which have now overtaken tranquillisers as the most popular choice.

Although a great deal is known about these drugs and there are certain situations in which they can be of great value, we still have much to learn and it is well to err on the side of caution. Most doctors are well aware of any dangers that exist and have a responsibility to explain these to their patients. Counsellors can help by encouraging the patient to ask for information.

THE RESEARCH

We sent a brief, multiple-choice questionnaire to the next of kin of patients who died over a three-month period at the Royal Free Hospital, London. The next of kin were identified using the Patient Administration System. The questionnaire, which was sent out three months after each bereavement, included questions about all new tranquillising medication taken by the next of kin since the death of the relative or friend. Individuals were asked what new medication they had taken, how long it was taken for – less than (<) one week, one-two weeks, or more than (>) two weeks – the dose, and where they obtained it. They were also asked whether they felt the new medication helped, made no difference, or made things worse. Comments were invited from the respondents. Non-respondents were followed up by a second mailing three weeks later.

Results

The questionnaire was sent to 132 bereaved next of kin, and 109 were returned. Five were returned by the Post Office unopened and three questionnaires were incomplete. This left 101 (76%) valid replies of whom seven had begun taking tranquillisers, details of which are given in the Table. Of these, four felt they were beneficial, and three felt they had made no difference. None felt tranquillisers were detrimental.

Three themes emerged when we analysed the comments received: lack of help after bereavement, the distress which resulted from bereavement, and the usefulness or otherwise of medication. Many respondents were encouraging about the research and no adverse comments were received.

Examples of quotes about the lack of help included:

'I did ask for sleeping tablets, but my doctor advised me to try to carry on without them rather than create a dependency which would only delay the natural course of my dilemma.'

'I was not approached by either my own doctor or the hospital to see whether I was OK or not. There was no interest in my welfare, except the palliative care team who looked after my husband.'

'I feel that spouses and partners should be helped more during prolonged illness and be given more back-up after death. After all, it's more painful for the one left behind.'

DETAILS OF NEW PRESCRIPTIONS OF TRANQUILISERS FOLLOWING BEREAVEMENT, AND THEIR REPORTED EFFECT

Tranquilliser taken	Time taken	How acquired	Reported effect
diazepam	> 2weeks	GP	no effect
diazepam	1-2 weeks	hospital	helped
diazepam	>2weeks	GP	helped
diazepam	<1 week	GP	helped
diazepam	<1week	GP	no effect
temazepam	<1 week	GP	helped
temazepam	not known	GP	no effect

Distress of grief included:

'The death of my husband has created so much pain in my body and my heart aches all the time. I only pray to God for healing. Thank you.'

Feelings about the role of medication included:

'I don't believe that tablets help one to face up to the reality of losing one's loved one.'

'The doctor prescribed 20 tablets [of temazepam]. As I didn't find it made any difference I still have 14 in the bottle.'

'I was not prepared for the devastation experienced by the loss of one's husband. I have been having counselling... but still need the help of an antidepressant.'

DISCUSSION

Our relatively high response rate may be due to the brevity of the questionnaire. It may also reflect the sense of neglect felt by the next of kin following the bereavement, and the wish to express their feelings. This was apparent in some of the comments received.

The main finding was that, compared with earlier studies, few of the respondents were given tranquillisers after bereavement. This is not surprising given the prevailing view that these drugs have no place in the management of grief. The fact that some doctors continue to prescribe tranquillisers suggests that they still feel these drugs are useful in this situation. Furthermore, none of the respondents felt that taking tranquillisers was detrimental to them and many felt that they helped. It is difficult to reconcile this finding with the current dogma that tranquillisers are harmful in bereavement.

There are limitations to our study. Only the next of kin were contacted and other, possibly emotionally-closer individuals may have been overlooked. We limited sending the questionnaire to only those individuals whose relative had died in hospital as these are readily identified. Differences may exist between this sample and the experiences of the next of kin of patients who died elsewhere. The small number of individuals taking tranquillising medication means it is difficult to draw any firm conclusions about the usefulness of these drugs.

Our results indicate that doctors are unlikely to prescribe tranquillisers after bereavement. However, given the lack of scientific evidence about the benefit or harm resulting from the use of these drugs in this situation, this stance may not be justified. Although many individuals do not seek medication to relieve distress after bereavement, some do and this group may be denied help unnecessarily, or seek relief by drinking alcohol. Before we accept the view that short-term tranquillisers are not helpful in bereavement, more evidence about their efficacy is needed.

References

1. Parkes CM. Effects of bereavement on physical and mental health- a study of the medical records of widows. *British Medical Journal*, 1964; **2**: 274-279.
2. British National Formulary No 28.British Medical Association and Royal Pharmaceutical Society of Great Britain: London, UK, September 1994.
3. Current Problems No 21 Committee on Safety of Medicines: London, UK, January 1988.

FORTHCOMING CONFERNCE

Grief Counselling and Grief Therapy: a Cruse Scotland Conference, with William Worden, author and world expert on grief and John Donohoe, founder of Ireland's grief journal, *Thanathemes*. 23 September 1997. Edinburgh, UK. Apply before August 23 to Cruse Bereavement Care Scottish Headquarters, 33/35 Boswall Parkway, Edinburgh EH3 2BR. ☎ 0131 551 1511.