

Delirium and Dreams Influenced by Complex Bereavement Disorder

A Case Report

Yuliya Goykhman, MD; David Austin Finch, MD; Sandra Eisen, DO; Shanthi Lewis, MD
Lehigh Valley Health Network, Allentown, Pennsylvania

Introduction

- Delirium involves acute, fluctuating changes in attention and cognition.
- Causes of delirium include physiological factors and biopsychosocial stressors.
- Complex bereavement can lead to biological dysregulation and inflammation.
- Grief may sensitize the immune system to future stress.
- No direct link between grief and delirium is established.
- Case: Unspecified encephalopathy with hallucinations, likely influenced by a bereavement disorder.

Methodology

A 79 year-old female with history of major neurocognitive disorder, urinary tract infections, and suspected neurosarcoidosis, presented to the hospital with altered mental status significantly below her cognitive baseline. Psychiatry was consulted for management of patient's agitation, suspected grief reaction, and insomnia. The patient's grief was in response to her husband's passing away the previous year. Scheduled mirtazapine and quetiapine were initiated, along with as needed quetiapine. The patient's sleep disturbance gradually improved; however, her altered mental status did not improve and she continued to display fixed delusions and vivid dreams related to her husband. While psychotropic medications were titrated, the psychiatry team also engaged in therapeutic interviews regarding grief.



Photo from the NCCHC.

Results

- Extensive evaluations by neurology, rheumatology, infectious disease, and psychiatry found no clear cause for the patient's persistent encephalopathy.
- Trials of prednisone and broad-spectrum antibiotics were ineffective.
- The patient's mental status fluctuations and sleep disturbances gradually stabilized.
- The patient was discharged to assisted living after stabilization.
- Clarifying grief as a significant contributor to cognitive decline improved patient rapport.
- Addressing grief helped reduce episodes of agitation and anxiety.

Discussion

- Grief exhibited features of complex bereavement disorder, affecting encephalopathy severity.
- Addressing grief improved patient-staff rapport, allowing more productive daily sessions, and stabilized patient's mood.
- Fluctuating mental status prevented cumulative benefits.
- This approach helped address sleep disturbances and agitation more effectively.

Conclusions

- Severe grief can worsen cognitive decline and symptoms of encephalopathy.
- Grief may have the ability to influence hallucinations in periods of encephalopathy.
- Addressing unprocessed grief may be crucial in treating encephalopathic patients.
- Addressing grief benefits the physician-patient relationship.

1. Brown RL, LeRoy AS, Chen MA, et al. Grief Symptoms Promote Inflammation During Acute Stress Among Bereaved Spouses. *Psychol Sci.* 2022;33(6):859-873.

2. Cunningham C. Systemic inflammation and delirium: important co-factors in the progression of dementia. *Biochem Soc Trans.* 2011;39(4):945-953.

3. Nakajima S. Complicated grief: recent developments in diagnostic criteria and treatment. *Philos Trans R Soc Lond B Biol Sci.* 2018 Sep 5;373(1754):20170273.

4. Khoo S. Acute grief with delirium in an elderly: holistic care. *Malays Fam Physician.* 2011 Aug 31;6(2-3):51-7.