

## Practitioner's Corner: "Would You Like To Try A Prescription?"

by Christine Lewis

**Editor's Note:** Christine Lewis is a MCDES Board member, Clinical Nurse Specialist in Adult Mental Health, and ADEC-certified Fellow in Thanatology.

It's a rare griever who hasn't heard a kindly suggestion from a concerned neighbor, friend, or even their care provider, to "try a med" for the insomnia, frequent crying, appetite loss, low mood, fatigue, nervousness, seeming personality change, or little flits of the sight or sound of their loved one who is gone. Not that it's a bad idea, since a prescription or two is usually pretty harmless. But one must wonder WHOSE pain is being treated, the griever's, or that of the witness?

That said, sometimes those pills really do help to reduce suffering, prevent total sleeplessness, and rekindle an interest in food and activities. And as we know, what started as grief can morph into actual depression, though it usually doesn't. Both grief and depression can cause many similar symptoms better left to a mental health or bereavement provider to sort out.

Generally speaking, there are three main uses for medications to assist someone through heavy grief. Although many are classified as psychiatric or "psychotropic" drugs, most are ordered by primary care providers in "family clinic" settings.

The three main medication groups used, if needed, during bereavement are:

1. prescription sleep aids (sometimes called "hypnotics"),
2. antidepressants (which also are first-choice drugs for anxiety), and

3. anxiety-reducing prescriptions, most of which are controlled substances.

**Note:** "Controlled Substance" medications are just that: subject to control by the prescriber, pharmacy, health insurance company, and federal Drug Enforcement Administration or DEA, because they can cause dependency, and if misused, death. The writer offers no endorsement of any products listed below.

### Medications for Sleep

Most people struggling with insomnia take over-the-counter medications, such as melatonin, Sominex, Nytol, Benadryl, Unisom, etc., found in the Sleep Aids aisle, with some success.

Trazodone, a prescription in wide use for insomnia, is not actually a "sleeping pill" but an old antidepressant which is now used for its sedative side effect quite safely.

Tricyclic antidepressants, also "old," can also be used for sleep because of their sedating side effects, but are not quite as safe as trazodone.

Commonly prescribed, but classified as Controlled Substances, are the so-called "Z-drugs" because their generic names all have Z in them; their brand names include Ambien, Lunesta, Sonata. These relatively recent sleep aids have been engineered to avoid most of the problems of traditional sedatives. They are quite safe unless the user leaves bed and sleepwalks, which can happen.



Christine Lewis

Benzodiazepines ("benzos" for short) are actually anti-anxiety medications, sometimes used to promote sleep by calming down both thought and physical processes. All are controlled substances with some dangers, but the advantage of acting quickly. They are meant for short-term use. (See Anxiety-Reducing Medications, below.)

Stronger prescription antihistamines are sometimes used. Please see an excellent review of insomnia treatment at [www.sleepfoundation.org](http://www.sleepfoundation.org).

Any discussion of insomnia must include a strong statement about the pharmacological effect of one of our beloved national drugs, caffeine. The cases of chronic insomnia directly caused by caffeine use cannot be overstated, and can be much improved by limiting caffeine intake to morning hours, because chemically it has an 8+ hour length of action in the body as a stimulant. One can imagine many grieving people who persuade themselves to rise and dress only by imagining their beloved cup(s) of coffee, which can easily cause some of their sleeplessness. Tea, chocolate, and cola soft drinks also can cause significant insomnia and anxiety. Unfair, but true.

**Prescription** continued on page 7

Prescription continued from page 6

## Antidepressant Medications

This category of medications used to treat depression and anxiety has become huge in the past thirty years and is too big a topic to cover here in much detail. Several types are in wide use, and altogether are among the most frequently prescribed medications. In 2016, *NBC News* reported that one in every six Americans were prescribed antidepressants. I can guarantee that number is larger in the past year due to the pandemic.

Most medicines in this category are either “SSRI’s” (such as Prozac, Zoloft, Celexa, Lexapro, etc) or “SNRI’s” (Cymbalta, Effexor). Other common antidepressants not fitting into those categories are Wellbutrin, Trintellix, Remeron. They all take a few weeks to make noticeable improvement, because our own bodies produce the brain chemicals needed to prevent or reduce depression, and the job of the medication is to hold those chemicals inside us longer, somewhat like a dam in a river. The river isn’t deeper overnight after the dam is built, and neither is the amount of good brain chemicals larger immediately after the addition of an antidepressant.

All of these are brand names. Not all antidepressants are mentioned here. Some are more energizing or motivating, while others are more calming. The goal of the prescription, in each case, is to increase hopefulness, normal activities, and a sense of wellbeing, and decrease anxiety, tearfulness, and hopeless or helpless feelings. These medicines have transformed the treatment of serious depression, but the “gold standard” of depression treatment, as determined by research outcomes, still is a combination of medication AND

some type of psychotherapy either individually or in a group. See <https://www.webmd.com/> or <https://medline-plus.gov> for more information.

Prescribers usually want to obtain some lab testing when prescribing antidepressants, because physical conditions such as low thyroid or hemoglobin can easily look like depression, which would not improve until those conditions are treated.

## Anxiety-Reducing Medications

It seems impossible to suffer and grieve a loss without anxiety. Even seasoned mourners who have endured many losses still face the fear surrounding THIS loss, the yet-unknown struggles of THIS grief. Fear is as debilitating as sorrow; it robs griever of sleep, appetite, and sometimes even the ability to move around.

The same medications listed above for depression symptoms are usually the first ones ordered by prescribers for anxiety, because they are safe, effective, and uncomplicated. Their only drawback is a lag time between first dose and feelings of improvement. They are the best choice for most people. Again, they work by causing a net increase in the amount of helpful neurochemicals available for best possible mood regulation in our brains. As such they also promote a calm state.

If immediate results are needed or antidepressants have already been tried, the next step would be anxiolytics such as the benzodiazepines (previously discussed as Sleep Medications) including Klonopin, Ativan, Valium, Xanax. They are all controlled substances and should be tightly regulated. They work by a complex series of chemical actions in different parts of the brain, resulting in mild sedation of all brain functions. I sometimes say it is like covering the

whole brain with a light-weight blanket. However, such generalized sedation, even minimal, can cause negative side effects such as balance issues, falling, driving impairment, or short-term memory issues. The controlled substances also tend to become less effective over time as the brain gets used to them, causing increased need.

An under-used but safe and helpful group are the “blockers” such as propranolol and prazosin, usually used for cardiovascular issues, but very effective in reducing anxiety symptoms such as trembling, sweating, nightmares. They are not habit-forming and not “controlled.”

A novel anti-anxiety medication not in any group above is buspirone (brand name BuSpar) which is quite effective, but has a wait time like antidepressants.

Check [www.helpguide.org](http://www.helpguide.org) or <https://adaa.org> for more information.

Herbal remedies for anxiety, such as valerian, passionflower, and lavender, have become more popular and researched recently, and some people “swear by” them. While being “natural” does not make them entirely safe for everyone, they are definitely underused and worth trying. One should always tell care providers of herbal substance use because they can interact with prescriptions. A good summary is at [www.medicinenet.com/supplements\\_anxiety/article.htm](http://www.medicinenet.com/supplements_anxiety/article.htm).

Well-regarded American author Eric Hodgins, who graduated from MIT as a chemical engineer, went on to edit *Fortune* magazine and become VP of *Time Inc.*, (and who surely understood grief, losing his first wife during childbirth in 1933) said, “A miracle drug is any drug that will do what the label says it will do.”

Prescription continued on page 12

**Prescription** continued from page 7

We should remember that sentence. Most prescriptions of all types work relatively well, depending on numerous other factors, including whether or not the patient believes they will work and takes them somewhat reliably. And most are quite safe when used as directed. But, none is perfect.

All my clients get this same advice from me, even if I am prescribing medicines for them. The more we can learn strategies to help ourselves behaviorally (such as guided imagery, meditation, forms of prayer, pushing ourselves to join a support group, simple physical exercise such as walking, eating at least one nutritious meal per day OR a nutrition drink), the less need we have for prescriptions. Nobody can ever take these skills away from us! The gain in self-efficacy helps us handle whatever large and small losses we face. As we grow in strength, medications can be a true blessing to lessen our pain and keep us moving forward.