

Grief in Neuropsychological Assessment Among Culturally Diverse Middle-Old Older Adults



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BACKGROUND:

- Bereavement, exacerbated by losses stemming from the COVID-19 pandemic, contributes to high rates of grief and associated mood disturbances among older adults, potentially impacting neurocognition (Goveas & Shear, 2020; O'Connor & Arizmendi, 2014).
- Middle-old cohorts (ages 75–84) are particularly vulnerable due to elevated levels of baseline depression, complicated grief, and perceived lower quality of life (Newson et al., 2011; Reynolds et al., 2015; Zauszniewski et al., 2004).
- The contributory role of grief and culturally relevant manifestations of bereavement should be carefully considered as potential confounds or performance contributors.

METHODS:

Four cases seen for neuropsychological assessment in the Department of Neurological Surgery referred due to cognitive concerns.

1. A 75-year-old bilingual (Russian, English) patient with a meningioma and h/o acute COVID-19 who noticed cognitive changes following spouse's death from COVID-19.
2. A 77-year-old monolingual (English) patient with Parkinson's disease undergoing a pre-surgical work-up prior to Deep Brain Stimulator insertion. Mood reportedly worsened sharply since spouse's death.
3. An 81-year-old monolingual (Cantonese) patient undergoing a pre-surgical work-up prior to Deep Brain Stimulator insertion. Shared grieving the recent death of a younger sibling from COVID-19.
4. An 84-year-old, monolingual (English) patient who was evaluated due to longstanding cognitive challenges in the context of cerebrovascular disease (monitored by Neurological Surgery). Cognitive deficits reportedly precipitously worsened following spouse's death.

Grief and associated mood disturbances are to be prioritized and carefully considered in the evaluation and treatment plan with middle-old older adults.

Thorough, culturally-sensitive clinical interviewing and instruments are needed to elicit nuanced information.



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RESULTS:

Grief risk factors (common factors in bold):

1. **Case 1:** Collective intergenerational trauma, financial and political instability in childhood, past experience of a violent crime, **COVID-19-related death** in the family, COVID-19 illness and "long COVID" symptoms, **loneliness**, progression of cognitive deficits following spouse's death, **adjustment to disability**, progressive **loss of functional independence** following spouse's death, **diminished opportunities for stimulation**, severe manifestations of emotional distress
2. **Case 2:** Isolation, **loneliness**, prolonged grief, progressive **loss of independence**, **adjustment to disability**, increase in mood disturbance following spouse's death, **diminished opportunities for stimulation**
3. **Case 3:** **COVID-19-related death** in the family, inability to attend the funeral due to COVID-19 restrictions and long distance, progressive **loss of functional independence**, **diminished opportunities for stimulation**, safety concerns at home
4. **Case 4:** **COVID-19-related death** in the family, **loneliness**, progressive **loss of functional independence** and rapid progression of cognitive deficits following spouse's death, **adjustment to disability**, increased symptoms of anxiety and depression following spouse's death, **diminished opportunities for stimulation**, safety concerns at home

DISCUSSION:

- Mood disturbance and affective distress likely reduced engagement in the testing process, resulting in questionable interpretability of formal cognitive metrics.
- The intersection of brain, behavior, and mood symptomatology leads to underestimation or overestimation of neurocognitive deficits, which may result in diagnostic uncertainty that must be clearly and directly communicated to referring providers.
- While culturally sensitive grief interviews exist (e.g., Bereavement and Grief Cultural Formulation Interview [BG-CFI]; Smid et al., 2018), instruments for neuropsychological purposes still need to be developed, with a specific focus on common risk factors.



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