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.

Dora Black, UK

Using tranquillising medication after bereavement

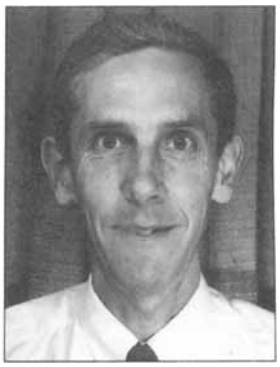
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Although it is frequently said that tranquillisers inhibit recovery after bereavement there is little evidence to support this. This study aimed to identify the current pattern of usage of these drugs, and their perceived usefulness, in a sample of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