Case Report

Grief, Caregiving Burden, and the Pandemic: Triggers of Depression in Middle-Aged Women (Case Report)

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ABSTRACT

Introduction: Losing the loved one is an emotional experience that can trigger mental health disorders such as depression, post-traumatic stress disorder, and prolonged grief disorder. When the grieving process is exacerbated by economic pressure and social isolation during the COVID-19 pandemic, the risk of psychiatric disorders increases significantly, especially in middle-aged women who are the primary caregivers in their families. Content: The diagnosis of a moderate depressive episode is confirmed in a 58-year-old female patient who presented to the psychiatric clinic with complaints of difficulty sleeping, prolonged sadness, decreased appetite, and excessive fear of death. This case highlights the complex interaction between grief, caregiving burden, and the pandemic crisis as triggers for depression. Literature studies show that elderly caregivers with dementia during the pandemic have a high risk of depression, especially middle-aged women. Conclusion: This case underscores the importance of a biopsychosocial approach and multidisciplinary interventions in managing depression triggered by grief and caregiving burden, especially in the context of a pandemic.

Keywords **:** *Depression; grief; caregiving burden; pandemic*
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INTRODUCTION

The loss of a loved one can be one of the most common sorrowful events in life, leading to physical and mental health issues, including depression, post-traumatic stress disorder, and prolonged grief disorder (Eisma & Buyukcan-Tetik, 2025). Each person's grieving process is unique, and some types of grief are exhausting, disrupting function and quality of life. This prolonged and complicated response to grief tends to be chronic, depressive, and may develop into a desire that can threaten life (Zisook & Shear, 2009). Prolonged grieving processes can exhibit psychopathological symptoms such as intense sadness, anxiety, somatic symptoms like headaches, chest pain, dizziness, and insomnia, frequent crying, and feelings of loneliness (Redican et al., 2024; Eisma and Buyukcan-Tetik, 2025; Schoo et al., 2025).

Previous scientific studies show that the prevalence of common mental disorders in people undergoing the grieving process indicates a combined prevalence rate of 46% for depression and 27% for anxiety, with 30.8% experiencing severe somatic symptoms (Redican et al., 2024). The highest depression symptoms were found in the age group of 50 to 59 years, and the prevalence of severe depression symptoms decreases with age (Christl et al., 2025).

Therapies conducted for cases of prolonged grief generally include Cognitive Behavioral Therapy (CBT) and Prolonged Grief Disorder Therapy, which have shown effectiveness in more than 50% of cases of prolonged grief and sadness (Eisma & Buyukcan-Tetik, 2025). The occurrence of mental disorders such as depression, anxiety, insomnia, post-traumatic stress, and grief due to the COVID-19 pandemic shows a higher prevalence compared to before the COVID-19 pandemic (Adji & Ariana, 2022). Although the COVID-19 crisis has passed, the long-term effects on mental health, particularly those related to grief and loss, remain. The pandemic caused significant and widespread losses, including disruptions to physical and mental health as well as a decline in economic levels (Nargis, Yusof, & Mohd Nasir, 2024).

In this case, it shows the exacerbation of depressive symptoms during the COVID-19 pandemic and the economic burden during the pandemic. Depression in middle-aged women often arises as a result of the complex interaction between biological, psychological, and social factors. This case highlights a woman who experienced a moderate depressive episode after losing her parents, facing economic pressure, and experiencing social isolation during the COVID-19 pandemic. The combination of these three factors not only exacerbates the emotional burden but also prolongs the grieving process and increases the risk of serious psychiatric disorders. The uniqueness of this case lies in the overlap between Prolonged Grief Disorder (PGD), chronic financial stress, and the pandemic's impact, which exacerbates social isolation, leading to symptoms of depression. Studies show that grief during the COVID-19 pandemic significantly increased the risk of Prolonged Grief Disorder (PGD), especially among the elderly and middle-aged groups. Additionally, the economic pressure accompanying job loss or financial burdens can intensify feelings of helplessness and exacerbate depressive symptoms (Nargis et al., 2024; Stahl et al., 2024).

CASE REPORT

The female patient, Mrs. S, 58 years old, currently works as a Housewife and lives with her husband, a son, and a sister in Lamongan. The patient came to Hospital for a routine check-up at the Psychiatry Clinic, complaining of still having difficulty sleeping without taking medication. The patient first visited the Psychiatry Clinic in 2021 with complaints of difficulty sleeping accompanied by a headache that felt like being pricked by needles, which had been experienced for 1 year since the patient's father passed away. The patient has a history of dyspepsia, which has become more frequent since the patient's father passed away. The patient feels disappointed and still cannot accept the passing of his father after a heart illness for which he had been taken to treatment for about 2 years, spending tens of millions. The patient often feels anxious and afraid of dying, especially when there are announcements of deaths during the COVID-19 pandemic. Due to this fear, the patient often cannot engage in normal activities and has a decreased appetite, leading to a weight loss of 7 kg.

Before seeking treatment at the psychiatric clinic, the patient had no previous history of psychiatric disorders. Before the patient's father passed away, the patient did not feel any disturbances in socializing or other cognitive impairments. The patient admitted that they were very close to their father and lived in the same house with both parents, their husband, and their children. The patient confessed that they had a very close relationship with their father. When

the patient's father was ill, the patient financed his treatment because the patient's father did not want to use the national health insurance due to trust and local cultural reasons. The patient and her husband spent tens of millions of rupiah on his medical treatment, but after two years of treatment, the patient's father passed away. After the patient's father passed away, the patient continued to care for her mother who had been suffering from dementia for a long time. At that time, the patient felt disappointed because her father, whom she had taken to the doctor, died sooner than her mother who had been suffering from dementia for a long time. After the patient's father passed away, the patient became quieter, often daydreamed, lacked enthusiasm for activities, and had difficulty sleeping. The patient's daily activities were disrupted, so the responsibility for daily household activities was transferred to her child and her sister who live in the same house after the patient's father passed away.

To understand the family relationship dynamics and psychosocial factors contributing to the patient's condition, a genogram was created to illustrate the structure of the family and the patient's role within the household. The patient is the third child of seven siblings and previously lived in the same house with her parents, husband, and two children. The patient is a housewife, making her the main support in household matters. The patient directly cared for both of her parents when they were ill. After the patient's father passed away from heart disease after 2 years of treatment, the patient's second sibling moved in with the patient to help care for the patient's mother, who is suffering from severe dementia.

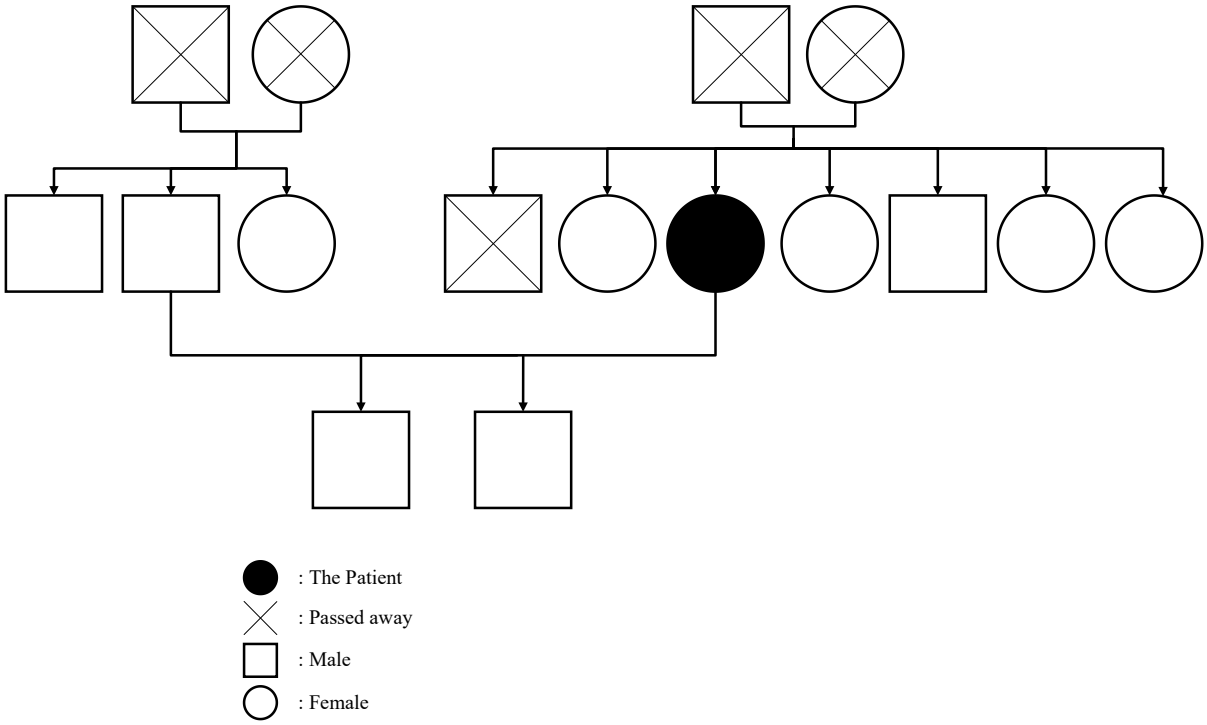

Figure 1. Family Tree of the Patient

Not long after the patient's father passed away, the COVID-19 pandemic spread and social restrictions were implemented in the patient's neighborhood. During the COVID-19 pandemic crisis, the patient became increasingly fearful upon hearing news of the rising death toll in her neighborhood. The patient feels afraid of death and worried about dying. During the

COVID-19 pandemic, the patient's husband's income decreased, but the patient's and her husband's savings had already been largely spent on her father's medical expenses, which made the patient even more disappointed. The patient admitted that she never regretted spending a lot of money on her father's treatment, but she felt disappointed because her father did not recover and instead passed away after being taken for treatment.

The patient admitted that they did not dare to get too involved in caring for their mother who has dementia because they were afraid of seeing death again. The patient also admitted to feeling stressed while caring for their mother who has severe dementia because they could not communicate well with her. The patient admitted that her mother felt she was not being well taken care of, which led her mother to often use harsh words toward the patient. The patient confessed that she could not be patient while taking care of her mother with dementia, and as a result, she often got angry with her mother. Therefore, the patient's older sibling moved into the patient's house and lived with the patient to help take care of the patient's mother, who is suffering from severe dementia.

The patient felt that the complaint of difficulty sleeping improved immediately after taking medication from the psychiatrist, and the complaint of sadness gradually improved. After taking psychiatric medication regularly for one year, the patient was able to accept the passing of their father and return to normal activities. The worsening of depressive symptoms was again shown by the patient after the patient's mother passed away in 2024. The patient admitted not feeling excessively afraid of death when their mother passed away, but the patient expressed regret for not taking good care of their mother before she died. The patient again complained of stomach pain accompanied by dizziness and a feeling of tension in the head. According to the patient's child, the patient showed symptoms of lethargy and tended to stay at home for several weeks after the patient's mother passed away, although the symptoms were not as severe as before.

Currently, the patient complains of still having difficulty sleeping without taking psychiatric medication, accompanied by frequent headaches, especially on the left side. The patient's head sometimes still feels tense. The complaint of stomach pain has improved with medication. The patient's sleep is quite good with medication, and during the day, the patient can sleep. The patient's appetite has improved, and their weight has now returned to normal. Now the patient feels able to carry out daily activities well.

Psychiatric status examination revealed a general impression of a female patient, ideal physique, neat and clean appearance, wearing a hijab, face appropriate for her age. The patient was quite calm and cooperative during the interview with the examiner. Speaks fluently. Clear consciousness, compos mentis GCS 456. The patient's orientation is good; the patient can state where they are currently, recognize those around them, their family, and themselves, and know the current time, day, month, and year. The patient's concentration is good; they can focus and maintain attention. The patient's memory is good, able to recount their life journey. The patient's mood is currently euthymic, and they are speaking with appropriate expressions, with a broad and congruent affect. Thoughts are realistic, coherent stream, normal content. The patient's psychomotor skills appear to be within normal limits. In the patient, no hallucinations or illusions were found. The patient is aware that they are currently ill and has a desire to

recover, which is accompanied by efforts such as regularly taking medication and attending check-ups. The patient has undergone a depression assessment using the BDI (Beck Depression Inventory) questionnaire and received a score of 16, which can be interpreted as good functioning or mild impairment.

Based on the assessment results, a multi-axial diagnosis was established according to PPDGJ-III. On Axis I, the patient was diagnosed with a Moderate Depressive Episode (F.32.1). Axis II showed no personality disorders, Axis III revealed comorbid dyspepsia, Axis IV identified issues with the primary support group (family), and Axis V yielded a GAF score of 80-71 (temporary and manageable symptoms, mild disability in social, work, school, etc.). In the functional assessment using the WHO-DAS 2.0 instrument, a score of 16 was obtained, which can be interpreted as good functioning or mild impairment. The management provided included pharmacotherapy and psychotherapy. The pharmacotherapy provided includes Omeprazole 20 mg once daily, Alprazolam 0.5 mg once daily, a combination of Sertraline 50 mg, Lorazepam 2 mg, Quetiapine 50 mg in one capsule at nite, and a combination of Fluoxetine 20 mg and Aripiprazole 3.3 mg in one capsule in the morning.

DISCUSSION

In this case, the patient exhibits primary symptoms such as prolonged sadness, insomnia, decreased appetite, withdrawal from social activities, and somatic symptoms like headaches and dyspepsia. Based on the DSM-5, the symptoms meet the criteria for a Major Depressive Episode (code F32.1 in ICD-11), which includes a depressed mood and loss of interest or pleasure, accompanied by additional symptoms such as sleep disturbances, fatigue, feelings of worthlessness, and social functioning impairment over a period of more than two weeks. The assessment results showing a score of 16 can support the diagnosis of depression at a mild to moderate level. The diagnosis can be established due to the consideration of symptoms that have persisted for more than 6 months, causing social disturbances, and the absence of other medical comorbidities that could be the cause. Another diagnosis that can be considered is Prolonged Grief Disorder (PGD) because the patient experiences deep and prolonged mourning, Generalized Anxiety Disorder (GAD) due to excessive worry and sleep disturbances, as well as Adjustment Disorder, although in this case, it cannot be established because the symptoms have lasted more than 6 months and meet the criteria for a major depressive episode.

In this case, no family history of psychiatric disorders was found, but the patient has a history of dyspepsia that can worsen the psychosomatic condition. If viewed from a psychological aspect, the patient experiences trauma from the loss of parents, feelings of guilt, and maladaptive coping mechanisms. In addition, the situation is exacerbated by the burden of caring for a mother with dementia, economic pressure, and social isolation during the pandemic. Previous research has shown that dementia caregivers experience significant emotional burden, anxiety, and depression (Manee, Alnaser, Alqattan, Almutairi, & Maqtouf, 2025). Research from (Cai, Xin, & Tsang, 2025) indicates that during the pandemic, there was an increase in depression rates and functional impairment among caregivers. Thus, when

traced, the series of events that occur in patients, such as bereavement situations, caregiving burdens, economic pressures, and the pandemic, can reinforce the risk of depression.

The therapy provided is in the form of a combination of several types of drugs or polypharmacy. In this case, the administration of polypharmacy aims to address the complex symptoms experienced by the patient, including insomnia, anxiety, depressive mood, and psychosomatic disorders. Administering medication at nite (Alprazolam, Lorazepam, Quetiapine) aims to improve sleep quality and reduce anxiety symptoms. Administering medication in the morning (Fluoxetine, Aripiprazole) aims to support mood stabilization. Administering Omeprazole aims to reduce psychosomatic symptoms such as dyspepsia. The use of polypharmacy is more recommended in cases of patients with prolonged depression and sadness, for example, a combination of grief therapy with antidepressants can be given (Komischke-Konnerup, Zachariae, Johannsen, Nielsen, & O'Connor, 2021). In this patient, psychotherapy in the form of supportive psychotherapy and family education is also necessary to improve the adjustment process and social support for the patient. The involvement of the extended family, in this case, the patient's sibling, in the care of the patient's mother also helps reduce the emotional burden. This is related to research findings that women who cared for the elderly during the pandemic experienced deeper depression due to role conflict and minimal support from their environment (Giusti et al., 2023).

The findings in this case have several similarities with previous research. In this case, the patient complained of stiffness and tension in the head, where previous research stated that when someone goes thru the grieving process, they generally show certain responses such as disbelief in reality, stiffness and numbness in the body, anxiety, and the grieving process is often accompanied by symptoms of depression (Audinia & Oriza, 2022). Previous research states that caregivers of elderly individuals with dementia experience moderate to heavy burdens, especially if they do not receive professional support (Biran, Setyawati, & Siwi, 2022). This is in line with this case where the patient admitted to experiencing pressure while caring for her mother with dementia, which could worsen the patient's depressive symptoms. Other research states that female caregivers are more vulnerable to experiencing depression and psychosomatic disorders due to the caregiving burden (Abdelhalim, Ahmed, Hussein, Khalaf, & Sarhan, 2024). This case also exhibits a similar pattern to those findings, particularly in terms of the emotional burden and somatic symptoms experienced by the patient.

This case demonstrates the importance of a biopsychosocial approach in handling cases of depression triggered by grief and caregiving burden. Multidisciplinary interventions, pharmacotherapy, psychotherapy, and family support can enhance therapy effectiveness and have a positive impact. Based on this case, the importance of early screening for caregivers of elderly individuals with dementia can also be considered, especially in the context of crises and extraordinary events such as the COVID-19 pandemic.

CONCLUSION

This case shows that depressive episodes in middle-aged women can be triggered by a complex combination of deep grief, the burden of caring for family members with dementia,

and economic pressures exacerbated by the COVID-19 pandemic situation. The patient experienced significant social and physical dysfunction, with psychiatric and somatic symptoms reinforcing each other. The diagnosis of a moderate depressive episode is established based on the PPDGJ-III and DSM-5 criteria, supported by the results of the BDI and WHO-DAS 2.0 assessments. Management that includes pharmacotherapy, supportive psychotherapy, and family support has proven effective in improving the patient's condition. Based on the assessment of this case, it can demonstrate the importance of a comprehensive biopsychosocial approach, early screening in vulnerable populations, and multidisciplinary interventions to prevent the long-term impact of mood disorders triggered by severe psychosocial factors.

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