ADVERSE CHILD EXPERIENCES: Link Between Exposures and Health

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CPMC Bayview Child Health Center



The ACEs Study



- Vincent J. Felitti, MD and Robert J. Anda, MD, MS
- Asked 26,000 adults at Kaiser, San Diego's Dept of Preventive Medicine.
- 17,421 participated in the study.
- Participants completed a questionnaire.

ACEs Criteria

- 1. Recurrent physical abuse
- 2. Recurrent emotional abuse
- 3. Contact sexual abuse
- 4. An alcohol or drug abuser in the household
- 5. An incarcerated household member
- 6. Someone who was chronically depressed, institutionalized, or suicidal
- 7. Mother treated violently
- 8. One or no parents, or parents divorced.
- 9. Emotional or physical neglect

Relative Risk of disease for ACEs ≥ 4

- □ Hepatitis
- □ STD
- □ COPD
- Depression
- Suicidality

240%
250%
260%
460%
1,220%

Mechanism



Conception



Stress Response

- Activation of the HPA Axis release of ACTH, adrenaline and cortisol
- Increase in centrally controlled peripheral sympathetic nervous system activity
- Activation of nor-adrenaline throughout the midbrain and forebrain including the cortex



Multi-systemic Impacts

- □ Neurologic:
 - HPA Axis Dysregulation
 - Reward center dysregulation
 - Hippocampal neurotoxicity
 - Neurotransmitter and receptor dysregulation
- Immunologic
 - Increased inflammatory mediators and markers of inflammation such as interleukins, TNF alpha, IFN-γ

Multi-systemic Impacts

- □ Epigenetic
 - Changes in the way DNA is read and expressed
 - Changes in the way the brain responds to stress
- □ Endocrine
 - Long-term changes in ACTH, cortisol and adrenaline levels.

Updated Mechanism



Positive Stress

- Normal and essential part of healthy development
- Brief increases in heart rate and blood pressure
- Mild elevations in hormonal levels
- Example: Tough test at school. Playoff game.

Tolerable Stress

- Body's alert systems activated to a greater degree
- Activation is time-limited and buffered by caring adult relationships.
- Brain and organs recover
- Example: Death of a loved one, divorce, natural disaster

Toxic Stress

- Occurs with strong, frequent or prolonged adversity
- Disrupts brain architecture and other organ systems
- Increased risk of stressrelated disease and cognitive impairment
- Example: abuse, neglect, caregiver substance dependence or mental illness

Intense, prolonged, repeated, unaddressed

Social-Emotional buffering, Parental Resilience, Early Detection, Effective Intervention

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$ACEs \ge 1$	67.2%
$ACEs \ge 4$	12%
ACEs \geq 4 and BMI \geq 85%	OR: 2.0
	p<.02
ACEs \geq 4 and learning/beh probs	OR: 32.6
	p<.001

N.J. Burke et al/ Child Abuse and Neglect 35(2011) 408-413

Effect of ACEs on Educational Outcomes



Figure 2: Learning/Behavior Problems by ACEs Score

ACES Score

SCOPE OF THE CHALLENGE

- □ Impacts are pervasive and long-lasting
 - Development
 - Physical and Mental Health
 - Social and Educational impacts
 - Economic impacts
- Prevalence is high
- □ Strong evidence relating the risk
- □ Early intervention improves outcomes

PUBLIC HEALTH APPROACH IS NECESSARY

What would it take?

- Align the activities of NIH, CDC, IOM, MCHB, ACF and CMS to provide the educational, financial, and logistical/administrative/systems support for:
 - Basic science and translational research for the development of evidence-based practices, and
 - Training for clinicians and researchers to develop and implement effective interventions.

What would it take?

- Develop pediatric medical homes that are integrated both vertically and horizontally with the ability to provide:
 - a) universal preventions to toxic stress,
 - b) targeted, evidence-based interventions for those at risk for toxic stress, and
 - c) evidence-based treatments for those symptomatic due to toxic stress)

What We Can Do Now!

□ Start Early!

 Identify kids exposed to ACEs through routine screenings and establish prevention programs in healthcare, schools and youth-serving organizations

- □ Focus on early childhood and early adolescence
 - Critical developmental stages
- □ Invest in programs that heal
 - Don't spend money on programs that don't support the health and development of our kids – punitive school discipline/juvenile justice

What We Can Do Now!

Change Public Policy

- Support prevention and healing using policy to prioritize funding for early detection and effective intervention
- □ Make ACEs a public issue.
 - Educate our community about the impact and the role each of us can play.

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Thank You!



Resources

- Centers for Disease Control and Prevention
 http://www.cdc.gov/ace/index.htm
- UCSF Child Trauma Research Program
 http://childtrauma.ucsf.edu/
- Lucile Packard Early Life Stress Program
 http://childpsychiatry.stanford.edu/clinical/stress.html
- National Child Traumatic Stress Network
 - http://www.nctsn.org/

References

- "The Relationship of Adverse Childhood Experiences to Adult Health: Turning gold into lead" Felitti, VJ
- Insights Into Causal Pathways for Ischemic Heart Disease: Adverse Childhood Experiences Study" Dong et al, Circulation. 2004;110:1761-1776
- Adverse Childhood Experiences and Chronic Obstructive Pulmonary Disease in Adults" Anda et al, Am J Prev Med. 2008 May; 34(5):396-403
- Stress Predicts Brain Changes in Children: A Pilot Longitudinal Study on Youth Stress, Posttraumatic Stress Disorder, and the Hippocampus" Carrion et al, Pediatrics 2007;119:509-516
- Adrenocorticotropic Hormone and Cortisol Plasma Levels Directly Correlate with Childhood Neglect and Depression Measures in Addicted Patients" Gerra et al, Addiction Biology, 13:95-104
- "Adrenergic Receptor Regulation in Posttraumatic Stress Disorder" Perry et al, Advances is Psychiatry: Biological Assessment and Treatment of Post Traumatic Stress Disorder (EL Giller, Ed) American Psychiatric Press, Washington DC, 87-115, 1990

References

- Childhood maltreatment predicts adult inflammation in a life-course study Danese et al, PNAS, January 2007, 1319-1324
- "Treatment o f Posttraumatic Stress Disorder in Postwar Kosovo High School Students Using Mind-Body Skills Groups: A Pilot Study" Gordon et al, Journal of Traumatic Stress, 17(2):143-147
- Mindfulness-Based Stress Reduction in Relation to Quality of Life, Mood, Symptoms of Stress, and Immune Parameters in Breast and Prostate Cancer Outpatients" Carlson et al, Psychosom Med. 2003 Jul-Aug; 65(4):571-81.
- "Usefulness of the transcendental meditation program in the treatment of patients with coronary artery disease." Zamarra et al, Am J Card 1996 Apr 15;77(10):867-70
- "Alterations in Brain and Immune Function Produced by Mindfulness Meditation" Davidson et al, Psychosomatic Medicine 65:564-570 (2003)
- Effect of buddhist meditation on serum cortisol and total protein levels, blood pressure, pulse rate, lung volume and reaction time. Sudsuang et al, Physiology & Behavior, Volume 50, Issue 3 September 1991, Pages 543-548