

Adverse Childhood Experiences and Adult Health Outcomes in an Albertan Sample

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Adverse Childhood Experiences (ACEs)

Exposure to childhood abuse, emotional and physical neglect, and/or household dysfunction prior to the age of 18 years.

The original ACE Study:

- Conducted in San Diego, CA: 1995-1997
- One of the largest investigations ever to assess associations between ACEs and later- life health and well-being (N= 17,000)



Adverse Childhood Experiences (ACEs)

Findings of the original ACE Study and subsequent research on ACEs demonstrate robust associations between ACEs and ensuing psychosocial problems, health risk behaviours, disease, and other undesirable long-term outcomes.

(e.g., Hillis et al., 2004; Dube et al., 2006; Anda et al., 2008)



The Present Study: Learning Objectives

- There is limited data on associations between ACEs and adult health outcomes in Canadian, primary care samples.
- Learning objectives:
 1. To assess the extent to which adverse childhood experiences relate to depressive symptoms and chronic health conditions in an Albertan sample,
 2. To identify which types of ACEs have the most salient effects on depressive symptoms and chronic health conditions, and
 3. To determine whether gender differences exist in these relationships.

Methods: ACEs-A Research Program

- This study utilized data from the ACEs-Alberta (ACEs-A) Study, a large-scale research program investigating the relationships between ACEs and health outcomes among Albertan adults.
- Phases of the ACEs-A Study:
 - i. Validate an ACEs inventory best suited for use in primary care settings and gather preliminary data
 - ii. Replicate original ACE findings and examine correlations among various subgroups within the larger population
 - iii. Develop and test treatment protocol
 - iv. Conduct prospective RCT

Methods: Procedure

1. Trained research assistants (RAs) approach patients in primary care clinic waiting areas as they are waiting to see their physician.
2. Following a brief description of the study, written informed consent and contact information is obtained from interested patients.
3. Patients offered a choice between completing the study questionnaire package via either an online or a paper format.

Method

Participants (N=233)

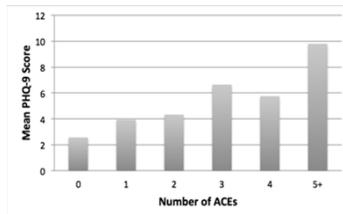
- Recruited from three primary health care clinics in the Calgary, Alberta area
- Predominantly Caucasian (89.4%) and female (71%)
- Age range: 18-89 years, mean age: 52.9 years

Self-report questionnaires:

- ACE Questionnaire
- Patient Health Questionnaire-9 (PHQ-9)
- Chronic Disease Checklist (CDC)

Results: Depressive Symptoms

- Significant effect of ACEs on depressive symptoms for both males, $p=.002$, and females, $p<.001$.

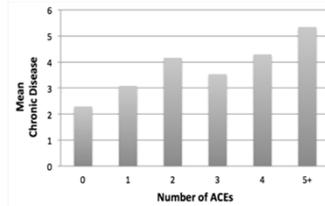


ACE to have most significant effect on depressive symptoms:

- Males:
- emotional neglect
 - criminal household activity
- Females:
- sexual abuse
 - emotional abuse

Results: Chronic Disease

- Significant effect of ACEs on chronic diseases for both males, $p=.032$, and females, $p<.001$.



ACE to have most significant effect on chronic disease:

- Males:
- sexual abuse
- Females:
- all types of ACEs except criminal household activity

Potential Limitations

- Cannot definitively establish the temporal relationship between ACEs and health outcomes
- Reliance on retrospective, self-reported experiences of childhood adversity
- Generalizability and size of sample
 - Some of the groups with higher numbers of ACEs were limited in size.

Rationale and Significance

These findings:

1. Replicate ACEs data from non-Canadian populations
2. Provide novel information about the roles of ACEs and gender in adult depression and chronic disease
3. Highlight the prominent association between ACEs and poor health outcomes in Albertan adults
4. Have the potential to inform health policy and the development and implementation of effective interventions that can be offered in primary care