

Exposure to childhood adversity linked to early mortality

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The findings of a new study suggest that childhood adversity is a major contributor to early and preventable causes of mortality and a powerful determinant of long term physical and mental health. Researchers at Columbia University Mailman School of Public Health and Harvard University found that childhood adversity is associated with elevated risk for chronic disease including heart disease and cancer. Until now the

degree to which childhood adversity contributed to mortality as a preventable driver of ill-health and death was unknown. The findings are published in *JAMA Pediatrics*.

"Childhood adversity has consistently been identified as a powerful determinant of physical and [mental health](#)," said Katherine M. Keyes, Ph.D., associate professor of epidemiology at Columbia Mailman School, and a study co-author. "Our research is a novel synthesis of evidence to estimate the scope of [health](#) burden and preventable mortality. Incorporating a life-course perspective, the findings indicates that [childhood adversity](#) is closely linked to morbidity and mortality in the U.S. and a preventable determinant of mortality."

Using the databases PsycINFO and MEDLINE the researchers reviewed meta-analyses in publications through mid-November 2019 to investigate associations between childhood adversity and morbidity outcomes. The prevalence of childhood adversity was extracted from the National Comorbidity Survey Adolescent Supplement, a population-representative survey of children and their caregivers.

A total of 19 meta-analyses with 20, 654, 832 participants were reviewed. Childhood adversity accounted for approximately 439,072 deaths annually in the U.S. through associations with leading causes of death including [heart disease](#), cancer, and suicide, or 15 percent of the 2,854,838 total number of U.S. mortalities in 2019. In addition, CA was associated with millions of cases of unhealthy behaviors and disease markers, including more than 22 million cases of sexually transmitted infections, 21 million cases of illicit drug use, 19 million cases of elevated inflammation, and more than 10 million cases each of smoking and physical inactivity.

Exposure to one or more experiences of adversity before the age of 18

years was considered and also included abuse, neglect, family violence, and economic adversity. The greatest proportion of outcomes attributable to CA were for suicide attempts and sexually transmitted infections, for which adversity accounted for up to 38 percent and 33 percent, respectively.

"These findings give greater urgency to recent efforts to screen for early adversity in pediatric primary care as a way of identifying children at risk for poor health and delivering early interventions," said Keyes. "Considering CA as a preventable contributing factor to early mortality may help to shift action and funding into prevention of adversity."

"Our study adds to a growing literature demonstrating that social determinants of health are important to consider as preventable causes of death. By reframing how we think about the causes of death, the resources available to address population health may be allocated more effectively."

"The prevention of [childhood adversity](#) and the intervention on pathways that tie these experiences to elevated disease risk should be considered a critical public health priority."

More information: Lucinda Rachel Grummitt et al, Association of Childhood Adversity With Morbidity and Mortality in US Adults, *JAMA Pediatrics* (2021). [DOI: 10.1001/jamapediatrics.2021.2320](https://doi.org/10.1001/jamapediatrics.2021.2320)

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