

Study finds childhood stress impacts adult health

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A small child in Mumbai, with a shaved head, eating bread with her hand.
Credit: Wen-Yan King/Wikipedia

A 45-year study of nearly 7,000 people born in a single week in Great

Britain in 1958 found psychological distress in childhood—even when conditions improved in adulthood—was associated with higher risk for heart disease and diabetes later in life.

The study, published today in the *Journal of the American College of Cardiology*, looked at information related to stress and mental health collected about participants in the 1958 British Birth Cohort Study at ages 7, 11, 16, 23, 33 and 42. Researchers also collected data for nine biological indicators at age 45 using information from blood samples and blood pressure measures to create a score indicating risk for [heart disease](#) and diabetes, known as the cardiometabolic risk score, for each.

The study found that people with persistent [distress](#) throughout their lives had the highest cardiometabolic risk score relative to participants who reported low levels of distress throughout childhood and adulthood. Using the same comparison group, participants with high levels of distress occurring primarily in childhood, and those with high levels of distress occurring primarily in adulthood also exhibited higher cardiometabolic risk. The estimated risk for cardiometabolic disease for people with persistent distress through to middle adulthood was higher than risk commonly observed for people who are overweight in childhood.

After adjusting for a range of factors that might affect these associations, including medication use, socioeconomic status, and health behaviors, the researchers found the risk for people who experienced high distress levels primarily in adulthood was not different compared with those with low levels of distress over their life course. But participants who experienced high distress primarily in childhood and those with persistent distress continued to have significantly higher risk scores even after considering those other factors.

"This study supports growing evidence that [psychological distress](#)

contributes to excess risk of cardiovascular and metabolic disease and that effects may be initiated relatively early in life," said lead author Ashley Winning, ScD, MPH, of Department of Social and Behavioral Sciences at Harvard's T.H. Chan School of Public Health.

"While effects of distress in early childhood on higher cardiometabolic risk in adulthood appeared to be somewhat mitigated if distress levels were lower by adulthood, they were not eradicated," the authors said. "This highlights the potentially lasting impact of childhood distress on adult physical health."

"It is also increasingly apparent that adversity in a child's social environment increases the likelihood of developing high levels of distress. Thus, early prevention and intervention strategies focused not only on the child but also on his or her social circumstances may be an effective way to reduce the long-lasting harmful effects of distress," Winning said.

In the accompanying editorial in the Journal, E. Alison Holman, PhD, FNP, of the Program of Nursing Science at University of California, Irvine, said the study indicates it may not be helpful for clinicians to focus on "managing" known [cardiovascular disease risk](#) factors like smoking, obesity, elevated cholesterol and lack of exercise without addressing underlying risk factors that affect patients.

"When considering our patients in this broader social context, telling them to lose weight, stop smoking, eat a better diet without addressing the underlying stress or distress that may be fueling unhealthy behaviors (and lab values) may be counter-productive," Holman said. "Indeed, by 'advising' or 'directing' our patients to change their behaviors, we undermine their trust in us and may exacerbate their distress, especially if they feel stuck or unable to make the recommended changes."

Holman suggests patient-centered motivational interviewing and more compassionate approaches to patient communication.

JACC Editor-in-Chief Valentin Fuster, MD, PhD, said, "If stress contributes to cardiovascular disease in adults, as this study finds, it is easy to extrapolate the impact that stress may cause in earlier years of life when psychological and biological stages are at such a heightened state for young people."

Provided by American College of Cardiology

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