

The long-term physical-psychiatric effects of childhood trauma

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Exposure to trauma in childhood is associated with both psychiatric and physical problems for decades afterward, according to new research presented here today at the American Psychiatric Association's (APA) Annual Meeting. Researchers are longitudinally assessing more than 1,000 individuals who were directly exposed to the 9/11 terror attack as



children, as well as a matched control group of 500 individuals who were not.

The research was carried out by the Global Psychiatric Epidemiology Group at Columbia University-New York State Psychiatric Institute. Today at the APA, Lawrence Amsel, M.D., will present initial findings from that investigation, which is the largest and longest longitudinal faceto-face study of individuals exposed to the 9/11 attack as children. While there has been extensive research into the long-term consequences of 9/11 exposure among those exposed as adults, there has been far less research on how <u>traumatic experiences</u> occurring during the developmentally sensitive periods of childhood affect long-term physicalpsychiatric status and comorbidities throughout the lifespan. This investigation found that 14 years after 9/11 those individuals who had a direct exposure to this mass trauma as children have higher rates of psychiatric disorders, higher rates of physical disorders and higher rates of physical-psychiatric comorbidities than the matched <u>control group</u>.

The data being presented are from the baseline assessment of the ongoing Stress and Well Being Study that compares a control group with individuals who either were in school or at home below Canal Street in New York City, witnessed the moment of attack, or were in the dust cloud after the buildings fell on 9/11 as children. In-home assessments of physical health conditions were obtained through self and parent-report; psychiatric conditions were assessed with the NIMH Diagnostic Interview Schedule for Children, based on parent and youth report.

The study found that individuals with direct exposure to 9/11 were more likely to have had a psychiatric disorder in the past year, compared to those not exposed (36 percent vs. 28 percent) and were more likely to have any lifetime physical health condition (27 percent vs. 11 percent). In addition, among those directly exposed, 14 percent had physicalpsychiatric comorbidity compared to 4 percent of those unexposed.



Thus, the exposed group was four times more likely to have physicalpsychiatric comorbidity than the unexposed group. In addition, the association with physical-psychiatric comorbidity was marginally significantly greater than for those with physical morbidity alone, indicating that the increased comorbidity was not due simply to an increase in physical conditions. They also found that the exposed group had significantly greater functional impairment compared to controls.

This research strongly indicates that clinicians treating individuals at any age who have experienced a childhood trauma "should pay attention to mind-body consequences, regardless of whether the presentation is for physical or psychiatric complaints."

Amsel is a research psychiatrist with the Global Psychiatric Epidemiology Group at New York State Psychiatric Institute and Columbia University and Assistant Professor of Clinical Psychiatry, at Columbia University Medical Center. His research has included issues related to PTSD, including psychological responses to terrorism and pharmacologic and psychosocial treatments; the study of risk factors for suicide and suicide prevention strategies, including biological and behavioral aspects; and incorporating mathematical models from Decision Theory and Game Theory into traditional psychiatric epidemiologic approaches.

Provided by American Psychiatric Association

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