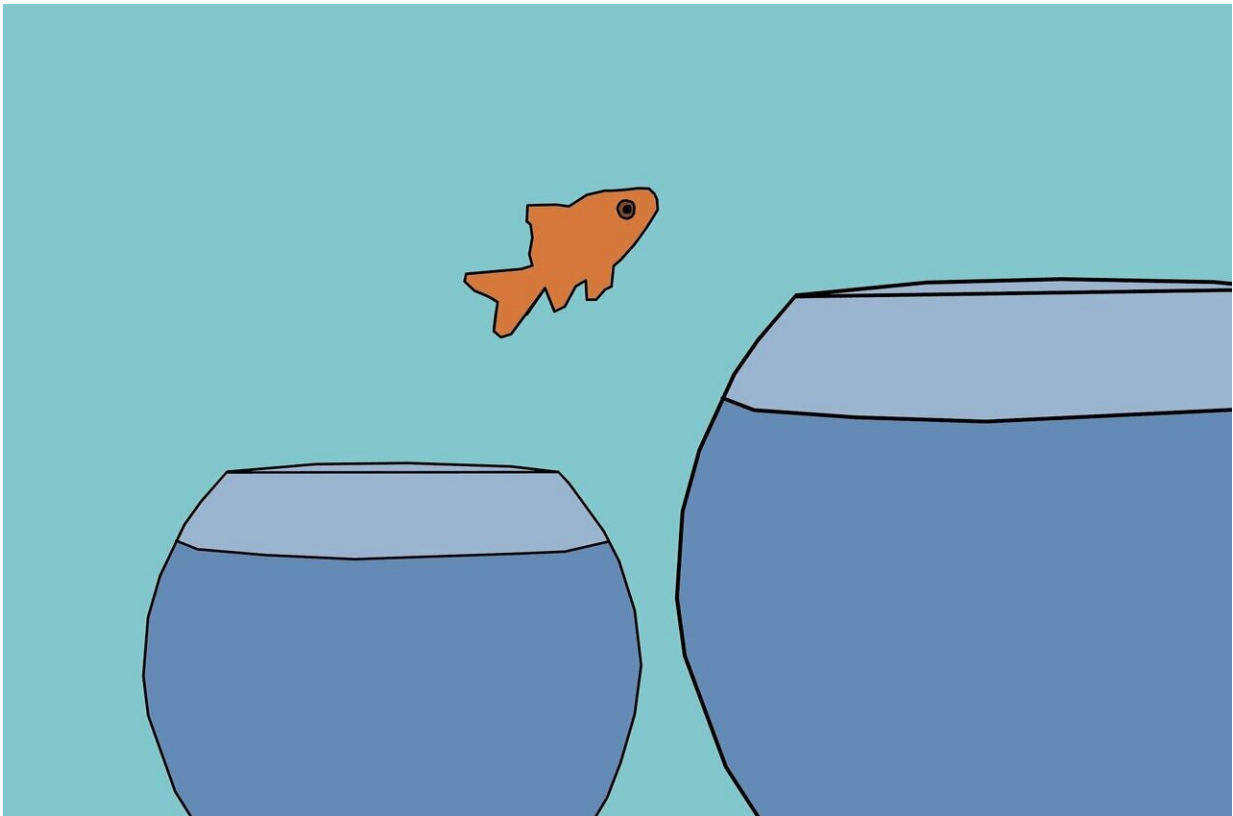


Professor studies link between adversity, psychiatric and cognitive decline

March 1 2024



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Saint Louis University associate professor of health management and policy in the College for Public Health and Social Justice, SangNam Ahn, Ph.D., recently published a paper in [Journal of Clinical Psychology](#)

that examines the relationship between childhood adversity, and psychiatric decline as well as adult adversity and psychiatric and cognitive decline.

His team discovered that just one instance of adversity in childhood can increase cases of mental illness later in life, and adverse events in adults can lead to a greater chance of both mental illness and cognitive decline later in life.

"Life is very complicated, very dynamic," Ahn said. "I really wanted to highlight the importance of looking into the lasting health effect of adversity, not only childhood but also adulthood adversity on health outcomes, especially [physical health](#) and psychiatric and cognitive health. There have been other studies before, but this is one of the first that looks into these issues comprehensively."

Ahn, along with his team of researchers, examined data from more than 3500 individuals over the course of 24 years. The group took the longitudinal data and evaluated it using a list of lifetime potential traumatic events.

The research team included childhood adversity events such as moving due to [financial difficulties](#), family requiring financial help, a parent experiencing unemployment, trouble with law enforcement before the age of 18, repeating school, [physical abuse](#), and parental abuse of drugs or alcohol.

Adulthood adversity events included the death of a child, the death of a spouse, experiencing a natural disaster after age 17, firing a weapon in combat, a partner abusing drugs or alcohol, being a victim of a physical attack after age 17, a spouse or child battling a serious illness, receiving Medicaid or food stamps and experiencing unemployment.

The study determined that nearly 40 percent of all individuals experienced a form of childhood adversity, while that number climbed to nearly 80 percent for adulthood adversity. Those who experienced childhood adversity were also 17 percent more likely to experience adulthood adversity. Only 13 percent of individuals sampled reported two or more forms of childhood adversity, while 52 percent of adults experienced two or more forms of adult adversity.

In cases of either childhood adversity or adulthood adversity, researchers found individuals who experienced adversity were also more likely to experience anxiety and depression later in life, and in the case of adulthood adversity, they were also more likely to experience cognitive decline later in life.

Individuals with one childhood adversity experience saw a five percent higher chance of suffering from anxiety, and those with two or more childhood adversity experiences had 26 percent and 10 percent higher chances of depression and anxiety, respectively. Individuals who experienced two adulthood adversities had a 24 percent higher chance of depression while also experiencing a three percent [cognitive decline](#) later in life.

While most of the results were expected or unsurprising, one area that stood out to Ahn was education. Those individuals who reported higher levels of education saw a reduction in the number of adversity experiences. Ahn hopes to study this avenue more to learn how education may be able to mitigate or prevent these declines.

"Before including education, there was a significant association between childhood adversity and cognitive impairment," Ahn said.

"But when including education as a covariate, that significant association disappeared. Interesting. So, there were important implications here.

With education and attending school, people could be better off even if they were exposed to [childhood adversity](#). They're likely to learn positive coping mechanisms, which may help avoid relying on unhealthy coping mechanisms, such as smoking or excessive drinking or drug use."

"Education is quite important in terms of health outcomes," Ahn added. "If I am educated, I'm likely to get a better job, have a higher income, and live in areas with less crime. I'm likely to buy a gym membership or regularly exercise. I'm likely to shop at Whole Foods and get proper nutrition. All of which help combat these adversities we hinted at in the study. So the education and health outcomes are already closely related, and that is what we saw in our study."

Ahn also encourages clinicians and everyday people alike to discuss their stress. Clinicians can learn more about their patients and have a better approach when it comes to their physical and mental health, while others could potentially relate to shared experiences. However, through awareness and recognition, these adverse experiences could potentially have less serious, lasting effects.

"Public health is very interested in stress," Ahn said.

"But we're still examining how daily stress impacts our long-term [health outcomes](#). So, to see the effects here in the study, I want people to pay attention to their stress and proactively address it. Clinicians should have deep discussions with their patients about their stress and mental state. And those topics can be approached in other areas, too, like the classroom or the dining room table. The more we are aware of stress and discuss our stress, the better we can handle any adversities we find in life."

More information: SangNam Ahn et al, Lifetime adversity predicts depression, anxiety, and cognitive impairment in a nationally

representative sample of older adults in the United States, *Journal of Clinical Psychology* (2024). [DOI: 10.1002/jclp.23642](https://doi.org/10.1002/jclp.23642)

Provided by Saint Louis University

Citation: Professor studies link between adversity, psychiatric and cognitive decline (2024, March 1) retrieved 30 April 2024 from <https://medicalxpress.com/news/2024-03-professor-link-adversity-psychiatric-cognitive.html>

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