



Childhood maltreatment and the persistence of smoking: A longitudinal study among adults in the US



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ABSTRACT

The current study examined the relationship between childhood maltreatment—emotional, physical, and severe physical maltreatment—and the initiation and persistence of smoking. Data were drawn from the Midlife Development in the United States (MIDUS) Survey Waves 1 and 2. Frequency of childhood emotional, physical, and severe physical maltreatment (never, rare, intermittent, frequent) reported at Wave 1 was examined in relation to ever smoking, smoking daily, and persistent daily smoking at Waves 1 and 2. Logistic regression analyses were used to calculate odds ratios (with 95% confidence intervals), which were then adjusted for potential confounders. Childhood emotional, physical, and severe physical maltreatment were associated with increased odds of ever smoking, smoking daily, and persistent smoking at Waves 1 and 2. The majority of these associations remained significant after adjusting for confounding variables. These results suggest a history of trauma may play a prominent role in recalcitrant cigarette smoking and suggest that the success rates of treatments for smoking cessation may be improved by integrating trauma treatment where appropriate.

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Introduction

Cigarette smoking remains common, nearly one in five (18.1%) of adults in the United States (Centers for Disease Control and Prevention, 2012) and one in five adult deaths (Nelson et al., 2002) is attributable to cigarette smoking. The majority of smokers would like to quit, and have made a quit attempt in the past year. Yet, the majority of quit attempts do not result in sustained abstinence. Moreover, data on the prevalence of tobacco use among adults in the US have shown a nearly 7% decrease from 1994 to 2012 while the decline in the prevalence rate from 2004 to 2012 has been more modest at nearly 3% (Centers for Disease Control and Prevention, 2011, 2012). At the current rate of decline, it is predicted that in 2020, the adult smoking rates in the US will reach approximately 17%, which is substantially higher than the Healthy People 2020 target goal of $\leq 12\%$ (Healthy People 2020, 2014). Therefore, efforts to reduce smoking in the population must be informed by an understanding of both proximal and distal factors that may contribute to persistence of smoking and failure to quit.

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Identifying risk factors for the initiation and persistence of smoking will enable the development more targeted clinical cessation interventions that can help further reduce the prevalence of cigarette smoking among adults in the US.

In recent years, a growing number of studies have documented a relationship between exposure to childhood physical maltreatment and cigarette use in adolescence and adulthood (Green et al., 2010; Huang et al., 2011; Keyes et al., 2012; Lin, Li, Fan, & Fang, 2011; Moran, Vuchinich, & Hall, 2004; Walton et al., 2011). Specifically, studies have linked childhood maltreatment with earlier smoking initiation (Anda et al., 1999), prenatal smoking (Grimstad & Schei, 1999), heavier smoking (Anda et al., 1999), current smoking (Anda et al., 1999; Spratt et al., 2009), and nicotine dependence (Nelson et al., 2002). A dose–response relationship between number of adverse childhood maltreatment experiences and likelihood of various smoking behaviors in adulthood (Anda et al., 1999) has been documented. Yet, two important aspects of the link between childhood maltreatment and subsequent adult smoking remain unclear. First, it is not known whether childhood maltreatment is associated with persistence of smoking through adulthood in the general population. Previous prospective studies have been limited to selected or clinical samples and/or fairly short follow-ups. Second, the mechanisms that link childhood maltreatment to adult smoking remain unclear. It is conceivable, for instance, that this relationship is mediated by depression and anxiety disorders—for which childhood maltreatment is a risk factor (Dunn, McLaughlin, Slopen, Rosand, & Smoller, 2013; Scott, McLaughlin, Smith, & Ellis, 2012b; Teicher & Samson, 2013) and which are also associated with vulnerability to smoking initiation (Allen & Lauterbach, 2007; Roy, 2002). Specific personality traits, such as neuroticism, have also been linked with smoking and substance use problems (Anderson, Tapert, Moadab, Crowley, & Brown, 2007; Kotov, Gamez, Schmidt, & Watson, 2010; Turiano, Whiteman, Hampson, Roberts, & Mroczek, 2012). As such, it is conceivable that either of these factors may mediate the relationship between childhood maltreatment and smoking onset and persistence. Furthermore, findings from previous studies indicate a disproportionately high prevalence of childhood maltreatment histories in populations of treatment-seeking individuals with other addictive disorders (e.g., substance and alcohol use disorders) (Bernstein, Stein, & Handelsman, 1998; Triffleman, Marmar, Delucchi, & Ronfeldt, 1995). Yet, to our knowledge, the potential role of childhood maltreatment in the persistence of smoking has not been examined prospectively in the general population. A more complete understanding of the factors that may contribute to the intractability of smoking in the general population is needed to develop better prevention and treatment strategies that can improve success in smoking cessation and move the prevalence lower (Fenton et al., 2012). Finally, there is limited information on frequency and specific forms of maltreatment (e.g., emotional vs. physical) in relation to smoking persistence.

Against this background, the present study will begin to fill these gaps. First, the current study investigated the relationship between childhood emotional, physical, and severe physical maltreatment and the persistence of cigarette smoking over a ten-year period. Specifically, we examined whether varying frequencies of each type of reported maltreatment (emotional, physical, severe physical) were associated with ever smoking, daily smoking at Wave 1 or Wave 2, and persistent daily smoking over a ten year period, compared with those without a history of maltreatment. Second, the study examined whether and to what degree sociodemographic characteristics (i.e., age, gender, and education) confound the relationship between childhood maltreatment and the aforementioned smoking outcomes. We also explored the potentially confounding role of depression, anxiety, and personality traits in these relationships.

Methods

Participants

Data were drawn from the two waves of the Midlife Development in the United States Survey (MIDUS) (Brim et al., 1996). The MacArthur Midlife Research Network collected Wave 1 data from 1994 to 1995 and Wave 2 data from 2004 to 2006; a national survey of Americans in adulthood that investigated behavioral, psychological, and social factors related to physical and mental health. Wave 1 consisted of a nationally representative multistage probability sample (main sample) of community-dwelling English speakers in the continental United States ($n = 3,032$). Participants completed a telephone interview and were mailed a self-administered questionnaire. Approximately 70% of Wave 1 participants took part in the Wave 2 survey collected by the Institute on Aging at the University of Wisconsin–Madison and supported by the National Institute on Aging (2004–2006). Wave 2 participants completed a 30-min telephone interview and a self-administered questionnaire was mailed to them. Of the 3,032 participants from Wave 1, 2,101 completed the Wave 2 telephone and mail-in surveys. For this study, we analyzed only data from those who participated in the Wave 1 main sample who completed both the phone and mail-in surveys, participated in the Wave 2 survey, and had complete information for Wave 2 outcome variables.

Measures

Childhood Maltreatment

Emotional, physical and severe physical childhood maltreatment categories were modeled after the Conflict Tactics Scale (Straus, 1979) using 15 different item measures from the MIDUS self-administered questionnaire. To assess emotional maltreatment, respondents indicated how frequently members of their family including their mother, father, sister, brother,

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