

Time Does Not Heal All Wounds: Older Adults Who Experienced Childhood Adversities Have Higher Odds of Mood, Anxiety, and Personality Disorders

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Objective: We aimed to examine the prevalence of several types of childhood adversity across adult cohorts, whether age moderates the effect of childhood adversity on mental health, the relationship between childhood adversity and psychopathology among older adults, the dose—response relationship between number of types of childhood adversities and mental disorders in later life, and whether lifetime mental health treatment reduces the odds of psychopathology among older survivors of childhood adversity. **Methods:** In a population-based, cross-sectional study on a nationally representative U.S. sample, we studied 34,653 community-dwelling Americans 20 years and older, including 7,080 adults 65 years and older from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. Trained lay interviewers assessed past-year mood and anxiety disorders and lifetime personality disorders. Participants self-reported childhood adversity based on questions from the Adverse Childhood Experiences Study. **Results:** Childhood adversity was prevalent across five age cohorts. In our adjusted models, age did not moderate the effect of childhood adversity on mental disorders. Older adults who experienced childhood adversity had higher odds of having mood (odds ratio: 1.73; 95% confidence interval: 1.32–2.28), anxiety (odds ratio: 1.48; 95% confidence interval: 1.20–1.83), and personality disorders (odds ratio: 2.11; 95% confidence interval: 1.75–2.54) after adjusting for covariates. An increasing number of types of childhood adversities was associated with higher odds of personality disorders and somewhat higher odds of anxiety disorders. Treatment-seeking was associated with a reduced likelihood of anxiety and, especially, mood disorders in older adult childhood adversity survivors. **Conclusion:** These results emphasize the importance of preventing childhood adversity and intervening once it occurs to avoid the negative mental health effects that can last into old age. (*Am J Geriatr Psychiatry* 2013; ■:■—■)

Key Words: Childhood abuse, childhood neglect, persistence, treatment, risk

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INTRODUCTION

"Time heals all wounds" is an old proverb that is often repeated in times of emotional distress. Although it may seem intuitive that negative emotional experiences become less distressing over time, this often is not the case. Research clearly documents that early relationships and experiences, both positive and negative, have a long-lasting impact on individuals' lives.¹ Furthermore, victims of childhood adversity (i.e., abuse, neglect, and household dysfunction) have negative mental health outcomes years and even decades after these experiences occurred. However, little empirical work has examined the effects of childhood adversity on older adults' mental health.

Research is demonstrating that mental health and well-being typically improve from youth or middle-age until later life.²⁻⁴ However, the strength and vulnerability integration (SAVI) model⁵ provides one possible explanation for how childhood adversity can negatively affect mental health decades later. The SAVI model posits that aging is normally associated with improved emotion regulation abilities that enhance mental health, although situations that result in unavoidable and sustained stress can attenuate or nullify these age-related improvements. Research demonstrates that childhood adversity can impair functioning of the hypothalamic-pituitary-adrenal axis,⁶ and lifelong exposure to stress hormones is thought to result in declining resiliency of the hypothalamic-pituitary-adrenal axis in later life.⁷ Therefore, the current study addresses the possibility that older adult survivors of childhood adversity may be unlikely to experience typical age-related improvements in emotional functioning and instead may be more vulnerable to mental health problems than their peers because of these traumatic experiences.

In 2010, 9.2 per 1,000 American children were reportedly victims of childhood adversity.⁸ Not surprisingly, these children and adolescents have elevated rates of depression, anxiety, and suicidal behaviors⁹ and are more likely to have behavior and fear disorders.¹⁰ In adulthood, a strong link also exists between experiencing childhood adversity and negative physical¹¹ and mental¹² health outcomes, including new-onset mental disorders.¹³ Adult victims of childhood adversity also have elevated odds of risky

sexual behavior,¹⁴ attempting suicide,^{14,15} psychological distress,¹⁶ depression,^{14,17,18} dysthymia,¹⁹ anxiety disorders,^{17,20,21} substance use disorders,^{14,18,20} and personality disorders.^{22,23}

Far less research has examined the effects of childhood adversity on the mental health of older adults. Older adults who endured childhood adversity are more likely to have poor physical and mental health,²⁴ depression or significant depressive symptoms,^{25,26} internalizing disorders,²⁷ and high levels of neuroticism.²⁸ Additionally, older depressed women who reported childhood sexual abuse were more likely to report suicidal ideation and suicide attempts.²⁹

Although this emerging literature is documenting long-lasting effects of childhood adversity, research on this important topic has been limited in several ways. First, there is a dearth of knowledge on the prevalence of childhood adversity across adult age cohorts. Second, research has not examined whether age moderates the effect of childhood adversity on mental health outcomes. Third, we are aware of only one study using a nationally representative community sample that measured Axis I outcomes of childhood adversity in later life,²⁶ however, this study used a small sample and self-reported mental health outcomes rather than *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) diagnoses. Fourth, previous research has focused on the impact of childhood adversity on internalizing disorders; no study has examined a wide range of mental health outcomes. This includes a particular absence of research on the effects of adversity on personality disorders, despite the fact that approximately 8% of older Americans have at least one³⁰ and that they are associated with significant impairment in physical, emotional, and social functioning in later life.³¹ Fifth, we are unaware of research measuring numerous types of childhood adversity across the adult lifespan using high-quality measures. Finally, we are unaware of research examining whether treatment-seeking can reduce associations between childhood adversity and mental disorders in later life.

The current study addresses these limitations using a large, nationally representative survey to (1) describe the prevalence of childhood adversity across five age cohorts, (2) explore whether age moderates the effects of childhood adversity on mental disorders, (3) examine associations between childhood

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