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Review

# The role of specific early trauma in adult depression: A meta-analysis of published literature. Childhood trauma and adult depression

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ABSTRACT

**Background:** A large literature has long focused on the role of trauma in childhood and risk for psychological disorders in adulthood. Despite several studies performed, to date, it is not clear which weight have different childhood stressors specifically on the risk for depression in adult life. In the present study, we performed a meta-analysis of the literature in order to assess the effective role of childhood traumas as risk factor in the onset of depressive disorders in adults.

**Methods:** Previously published papers investigating the exposure to childhood trauma and their association with depression in adult subjects were retrieved in literature through common databases. Meta-analysis was conducted by the RevMan software. The quality of studies was evaluated by an adapted version of the New-Ottawa Quality Assessment Scale; bias publication was evaluated by the Egger's test. Meta-regression analysis was employed to detect potential confounders and/or moderating variables. Finally, a sensitivity analysis was post-hoc performed to control for potential confounders.

**Results:** Emotional abuse showed the strongest association with depression (OR = 2.78) followed by neglect (OR = 2.75) and sexual abuse (OR = 2.42). Significant associations were also found for domestic violence (OR = 2.06) and physical abuse (OR = 1.98). Nevertheless, in post-hoc analysis, emotional abuse and neglect showed the strongest associations with depression as compared to other kinds of child trauma.

**Conclusions:** These findings support the role of neglect and emotional abuse as significantly associated to depression. Sexual/physical abuse or violence in family may be unspecific risk factors for mental disturbance. Other kind of trauma may play a less relevant role in risk of adult depression, though they should be not underestimated.

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## 1. Introduction

There is a growing awareness that childhood trauma is a relevant risk factor for developing depressive disorders in adulthood. Depression may occur after exposure to acute or chronic life stress, particularly in persons having experienced stressors in childhood: evidence has been reported that early traumatized individuals may be more sensitized to the adverse effects of subsequent stressors [63], thereby increasing the likelihood of developing stress-related disorders [54].

Clinically depressed individuals generally report more severe difficulties in childhood than those who do not suffer from

depression [48,37,21,102]. These difficulties may include sexual, physical and emotional abuse, neglect, separation from a parent, or mental illness in a parent. Childhood trauma may exert deleterious effects on the development of children and adolescents, with long-term consequences that often persist in adulthood [55,75,56]. Some studies have also reported that a problematic childhood may increase the risk for the onset of depression in young age [41,42,18,67,36].

Though in the last decades the scientific research has been much focused on biological risk factors, driven by the development of new and advanced methods of molecular investigation and techniques of structural and functional analysis of brain structures and systems, such advance has lead to new insights which are renewed the interest in environmental risk factors, particularly related to the first years of life. The discovery of epigenetic mechanisms, i.e. mechanisms that alter the expression of genes depending on external environmental conditions, has lead to the

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exploration of biological and environmental interactions. This has resulted in an renewed interest in the role of the environment in etiology of depression, especially early environmental adversity [37,6,1].

The Adverse Childhood Experiences (ACE) Study (<http://acesstudy.org/>) is one of the largest investigation aimed to assess the association between childhood maltreatment and health outcomes. It started in 1995 and it has involved more than 17,000 participants. This study has found that almost two-thirds of their study participants reported at least one child adversity, and more than one out of five patients reported three or more child adversities with long-term consequences, including major psychiatric disorders. The World report on violence and health (2002) ([http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/](http://www.who.int/violence_injury_prevention/violence/world_report/en/)) and the WHO Consultation on Child Abuse Prevention [95] identified four types of child maltreatment: sexual abuse, physical abuse, emotional and psychological abuse and neglect.

These different types of child stressors have been the focus of several studies. A large body of research has focused especially on the relationship between child sexual abuse and the onset of psychiatric disorders in adulthood [48,41,42,10,65,14,23,12]. Much evidence suggests that having been sexually abused in childhood may increase the likelihood to develop a broad range of symptomatology such as depression, anxiety, low self-esteem, guilt, fear, sexual difficulties, suicidality and self-harm behaviour. Prevalence studies confirm that there may be a strong association between child sexual abuse and development of adult depression [48,18,10,65,40,62]. Moreover a history of child sexual abuse increases significantly the risk of chronic depression in adults [97], suicidal behaviour and impulsivity levels [17]. The deleterious effect of child sexual abuse get worse when other negative experiences occur, such as parental indifference, psychological and/or physical abuse and poor parental care [57] and, frequently, child sexual abuse occurs within the context of a disturbed familial and domestic environment [74].

In light of this, early evidence has led to explore other adverse childhood experiences such as emotional abuse, physical maltreatment and emotional/physical neglect [37,6,26,5,32,76]. Several studies have found that, similarly to sexual abuse, physical abuse occurs more frequently in a context of other form of maltreatment and it is associated to the risk of psychological disturbances in adulthood [47,90,96].

The research demonstrates that psychological/emotional abuse is associated with increased risk for lifetime depressive disorders as well [21,12,5,47]. Moreover, psychological/emotional abuse seems enhancing the risk of comorbidity and chronicity in adult depression [59]. Psychological trauma may have tremendous negative impact on mental health as it can affect child's social, emotional, neurological, physical and sensory development, and more severely in children experiencing multiple and/or chronic episodes of emotional abuse [46]. This form of abuse is harder to identify because, differently from physical abuse, the marks are left on the inside instead of the outside [49].

Neglect, another type of maltreatment, have been associated with many negative effects on mental health functioning throughout the lifespan. As regard adult patients affected by major depression, they reported more child neglect than healthy individuals and child neglect has been reported increasing the likelihood to have a early onset of depression [11] and more depressive episodes [9].

According to such evidence, early environment may play a pivotal role in the etiology of depression, as well as other mental disorders, since traumatic experiences during developmental stages may alter the structure and functioning of brain systems, with enduring consequences in adulthood. A focused investigation

on the role of childhood trauma and depression may therefore help to deepen the current knowledge in terms of its effect on psychological and emotional development, underlining biological mechanisms, specific environmental risk factors for depression and their interaction with other biological and individual risk factors (for example personality, life experiences later in life, social support, and so on). However, to date, evidence about the type of child adversity that confers a high risk for depressive disorders is relatively vague, because most studies focused on specific types of trauma or, at the opposite, to unspecified and mixed child adversity.

### 1.1. Objectives

The aim of this study is to clarify the role of different child traumatic experiences in the risk for depression. We specifically aimed to test the exclusive and separate contribution of sexual, physical and emotional abuse, neglect, significant loss and other family adversity to major depression.

## 2. Methods

### 2.1. Criteria for studies' selection and inclusion

#### 2.1.1. Types of studies

In the present study, we included the studies that evaluated depression in adulthood taking into account childhood traumas such as sexual, physical, emotional abuse, neglect, early loss and parental separation. To be included in the meta-analysis, studies should assess both depression and childhood trauma by means of at least an evaluation tool or clinical interview.

#### 2.1.2. Types of participants

Adult men and women of any race, ethnic or religious group, socio-economic status and aged at least 18 (adults).

#### 2.1.3. Types of outcome measures

The presence of depression in adulthood assessed by means of clinical or structured interview or self-report questionnaires. The most frequently employed method to diagnose depression was on the basis of the Diagnostic and Statistical Manual criteria (DSM-III-R, DMS-IV, DSM-IV-TR) [2–4]. Most frequently employed diagnostic interviews were the Structured clinical interview for DMS (SCID-I) [88], the Composite International Diagnostic Interview (CIDI) [100], the Diagnostic Interview Schedule (DIS) [84], the MINI International Neuropsychiatric Interview (MINI) [87], the Present State examination (PSE) [98] or the Schedule for Clinical Assessment in Neuropsychiatry (SCAN) [99]. In some studies diagnosis of depression was based on unstructured clinical interviews or self rated scales such as the Beck Depression Inventory (BDI) [8], the Center for Epidemiologic Studies Depression Scale (CES-D) [80], the Hamilton rating scale for Depression (HAMD) [52], the General Health Questionnaire (GHQ) [50], the Inventory of Depressive Symptomatology (IDS) [86], the instrument developed for Medical Outcomes Study [20], the Symptoms Checklist 90 Revised (SCL-90 R) [29] and the Patient Health Questionnaire (PHQ) [89] (for details see Depression Measures in Table 1).

#### 2.1.4. Search methods for identification of studies

Studies investigating childhood events in depression were searched in common database such as PubMed, ENBASE, PsycINFO, ISI Web of Science through mesh keywords such as “childhood”, “child”, “sexual abuse”, “physical abuse”, “emotional abuse”, “childhood maltreatment”, “neglect”, “trauma”, “early adversity”, “depression”, “depressive disorder” “major depressive disorder”

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