

Childhood trauma and adult health: cases from my practice

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How did an internist get so interested in children??



The journey starts here...



And continued here...



Happy Tulsa kids....



Grow up into happy Tulsa adults
Right?





Oklahoma vs. U.S. Rates (per 100,000)

- Heart Disease Deaths 250.4 vs. 211.4
- Cancer Deaths 194.7 vs. 183.9
- Cerebrovascular Deaths 53.2 vs. 46.6
- Chronic Lower Respiratory Deaths 57.1 vs. 43.3
- Unintentional Injury Deaths 56.1 vs. 39.1
- Diabetes Deaths 30.3 vs. 24.6
- Suicides 14.9 vs. 10.9

So I went back here...



A Survey of Physicians' Smoking Counseling Practices

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ABSTRACT: Several techniques used in smoking cessation counseling have been shown to be useful in physicians' efforts to help their patients quit smoking. The use of these techniques by Tulsa physicians was assessed through a survey of private practice internists, internal medicine residents, and family practice residents in a university-based community hospital. The majority of physicians (85%) reported they brought up the subject of smoking with their patients. Other techniques were used less frequently, with 34% of physicians never giving their patients self-help materials, 83% never using a quit date contract, and 73% never making appointments mainly to discuss smoking. Private practice physicians reported using more techniques than did the residents. Internists who practice a subspecialty reported using fewer techniques, and this was especially true in the younger physicians. Ten percent of physicians were often satisfied with their efforts, and 14% had formal training in smoking counseling techniques. Some physicians apparently learn how to better use these techniques as their experience increases. Training physicians while they are in residency and early subspecialty practice may accelerate this process and enable more smokers to quit with their physicians' help. **KEY INDEXING TERMS:** Patient counseling; Physicians; Smoking. [Am J Med Sci 1991; 301(4):250-255.]

Cigarette smoking continues to be the leading cause of preventable premature death in the United States, killing an estimated 390,000 people a

year. Progress has been made in decreasing the number of smokers since the 1964 Surgeon General's report on the health effects of smoking. However, 29% of American adults continue to smoke.¹ The rate for Oklahoma is 32%, resulting in a higher than average smoking-attributable-mortality rate in the state (144.1 vs. 130/100,000).² The majority of smokers would like to quit but have difficulty doing so.³ Physicians' advice can have a significant impact in helping patients quit smoking. A number of smoking cessation counseling techniques have been recommended to increase the effectiveness of physician advice. These include: chart reminders,⁴ referral to smoking cessation programs,⁵ distribution of self-help materials,⁶ helping patients set quit dates,⁷ making a written contract for those quit dates,⁸ prescribing nicotine gum,^{4,8} and making follow-up appointments to discuss smoking.⁷

Several recent studies have looked at the smoking counseling practices of physicians.⁹⁻¹¹ Despite the growing evidence of their effectiveness, physicians tend not to use these techniques and usually concentrate only on patients with smoking-related illnesses. When smokers in Michigan were asked if they had been told to quit smoking by a physician, less than half who had seen a physician in the past year had received such advice.¹² The purpose of this study was to evaluate current smoking counseling practices of private internists, internal medicine residents, and family practice residents, to assess their level of satisfaction with their efforts and to compare practice use between groups of physicians.

Methods

Subjects for this study included internal medicine and family practice residents at the University of Oklahoma College of Medicine-Tulsa and general internists and subspecialists on a mailing list for academic Grand Rounds for the Department of Medicine. The private physicians were mainly part-time volunteer faculty at the College of Medicine. A self-administered questionnaire was mailed to 250 physicians in a single wave in April 1989. The overall response rate was 46% with similar rates for the residents (47%) and the private physicians (45%).

The questionnaire was modeled on the survey by Cummings and his colleagues in their HMO study.⁹ A

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Behavior Change Counseling

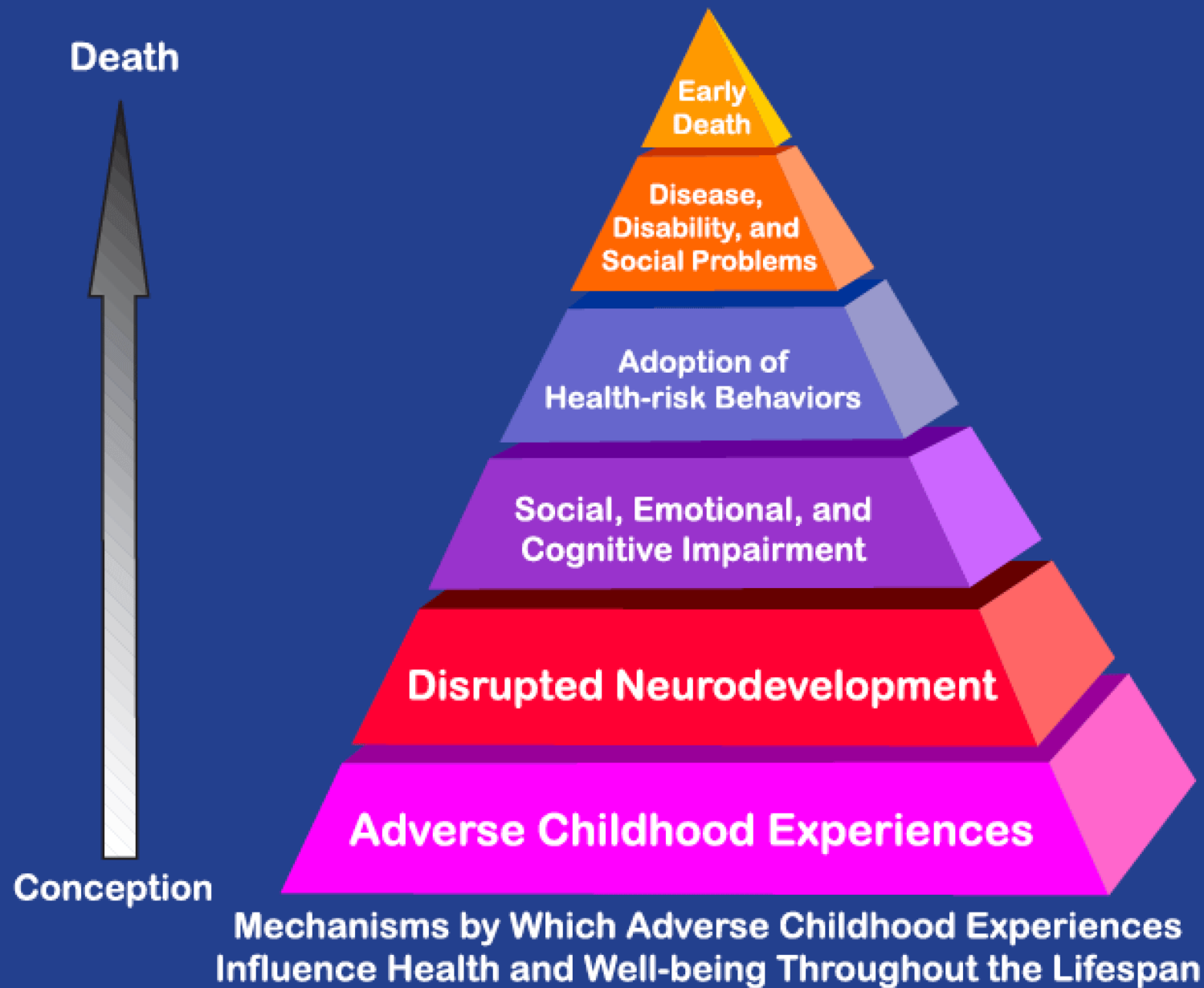
- Classic brief intervention in primary care
- Motivational interviewing, 5As, etc.
- But as with many primary care interventions, there were disappointments....

An now back here...



Dr. Felitti





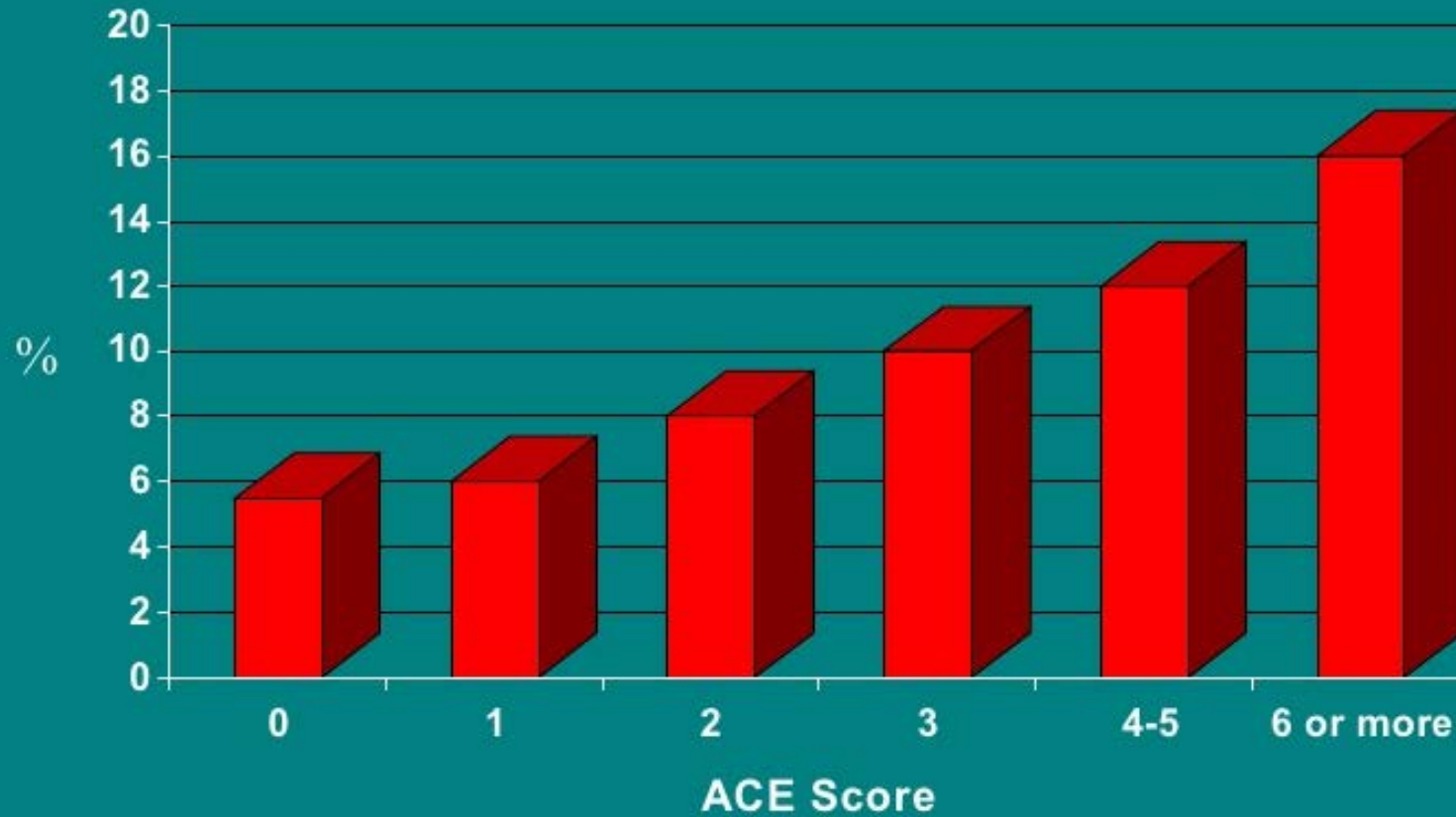
Turning gold into lead





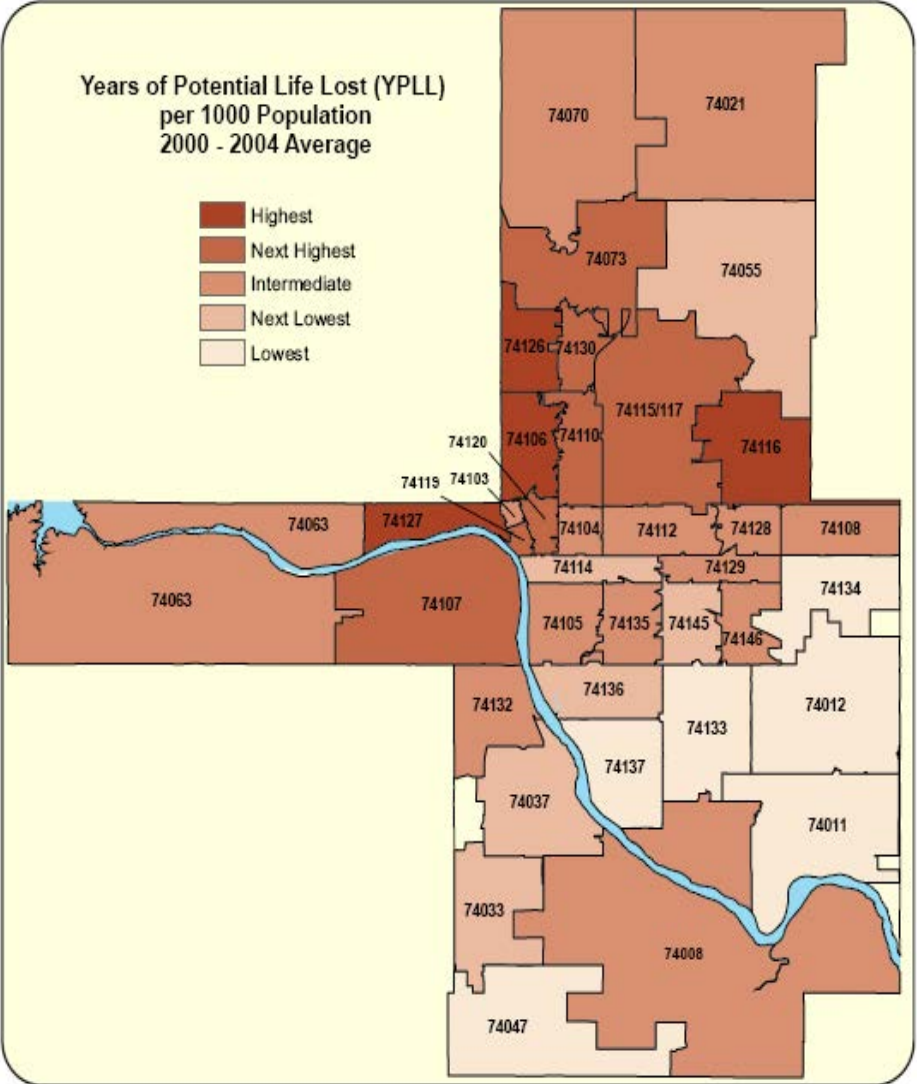


Adverse Childhood Experiences and Current Smoking



Access to and equity in healthcare are key health determinants. Health status is variable across the Tulsa region.

ACEs
?



NORTH TULSA

Shorter Life Expectancy

14 Year difference in Life Expectancy Across Tulsa County

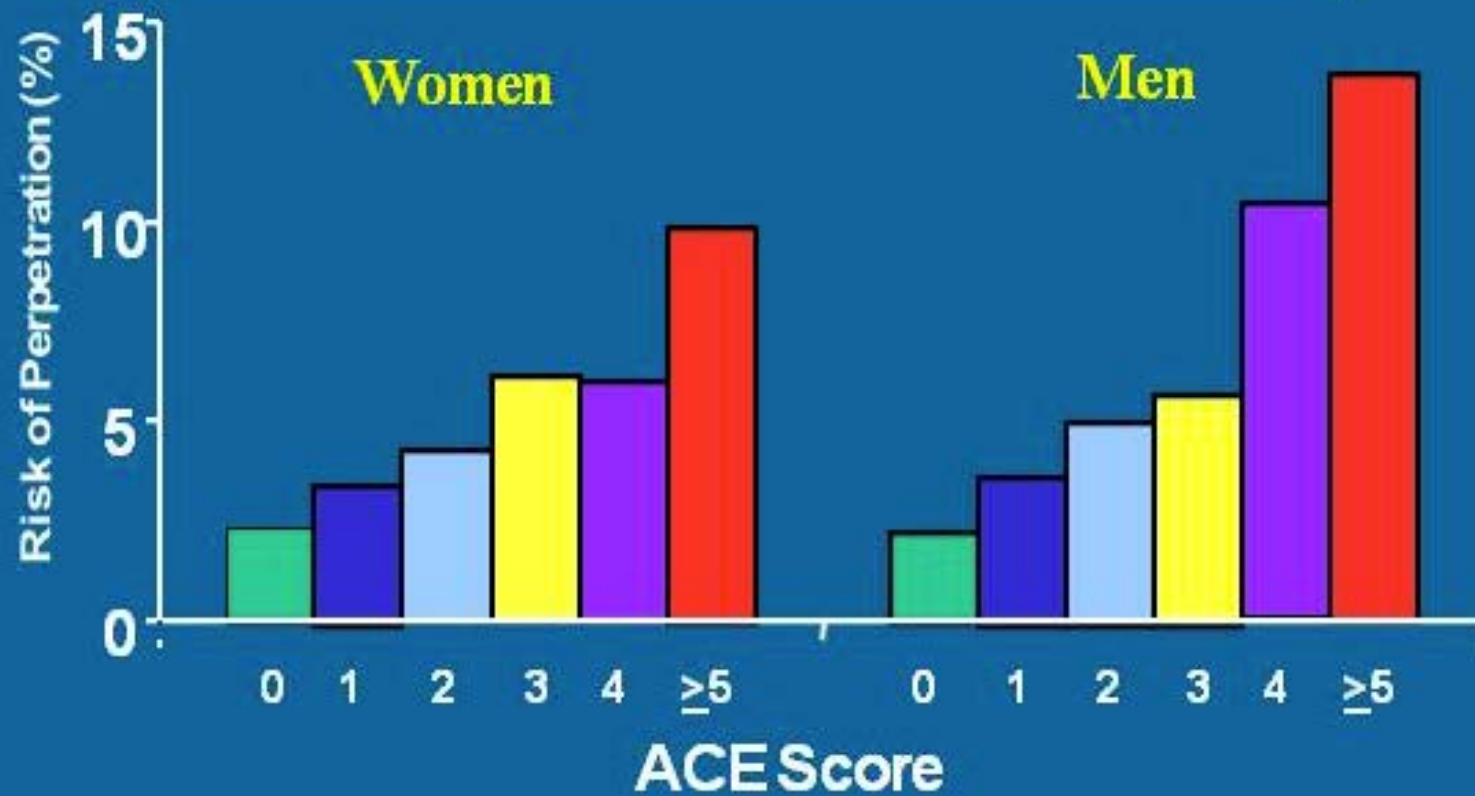
SOUTH TULSA

Longer Life Expectancy

Domestic violence education

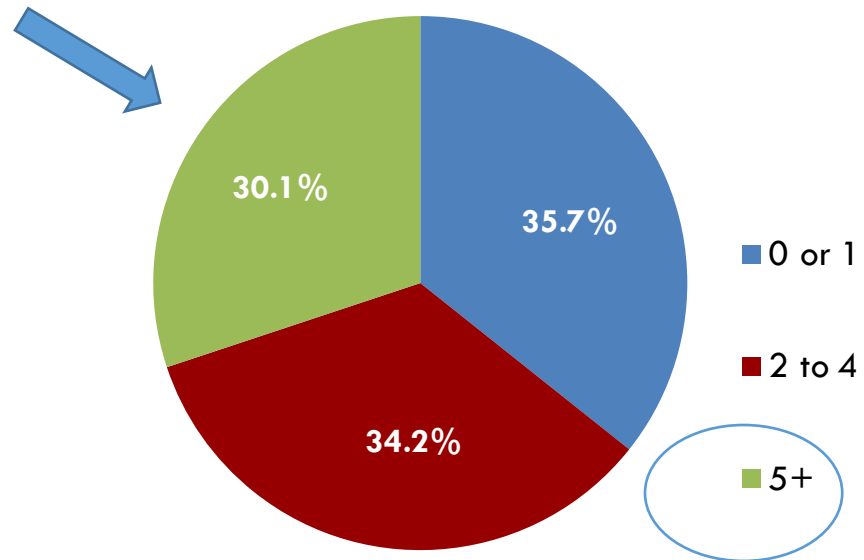


ACE Score and the Risk of *Perpetrating* Domestic Violence

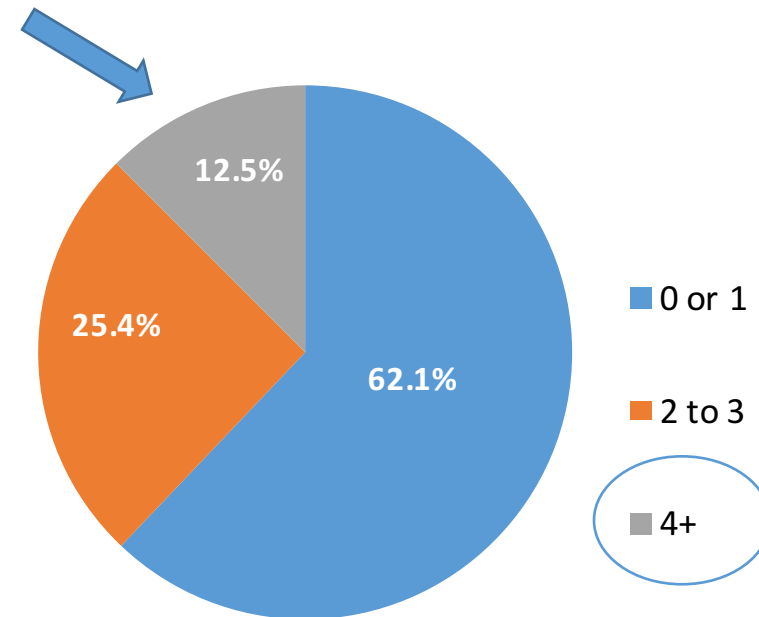


ACEs Comparison

Study Sample: Tulsa



CDC ACEs Study



Combined Data: Health Condition, ACE Mean Score

Health Condition	ACE Mean
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Arthritis*

No	2.3806
Yes	2.9362

Depression*

No	1.6225
Yes	2.1805

Substance Abuse*

No	2.1591
Yes	3.6312

Hypertension*

No	2.2321
Yes	3.0457

Diabetes*

No	2.3801
Yes	3.1646

* Statistically significant difference



One of our clinic's patients

- Female, age 34
- Morbidly obese, BMI 60
- Smoker
- Oxygen-dependent COPD (emphysema)
- Poorly controlled diabetes

Social history (taken directly from her chart)

- *Married, 3 children ages 8, 13, 15.*
- *Molested at 8, raped at 13. Grew up in home with alcoholism, instability and physical abuse.*

The rest of the story

- This patient was found dead at home, age 36
- Death thought to be due to heart attack or respiratory failure



One more of my patients...

- Male, age 57
- High blood pressure, COPD, diabetes, heart failure
- Smoker since childhood
- Alcohol abuse since childhood
- Managed to continue to work regularly although starting to miss more work

His childhood

- Grew up in rural area, oldest of 9 children
- Father was a moonshiner
- Physically and sexually abused as a young boy
- Father abused mother
- Father sent to prison when he was 12
- Had to work to support family

The rest of his story

- Tried alcohol rehab several times
- Never quit drinking or smoking, despite many tries
- Died at age 62 due to heart attack

Another history

- Middle-aged male
 - Chronic pain, panic disorder, disabled
- “Father shot himself when the police were coming to arrest him for molesting multiple children”
- Sexually abused at age 6

One more...

- 44 year old female
- 14 daily medications
- Bipolar, anxiety, COPD, diabetes, high blood pressure
- Mother was alcoholic, severely neglected, 3 year old sister had to change her diapers, went into foster care

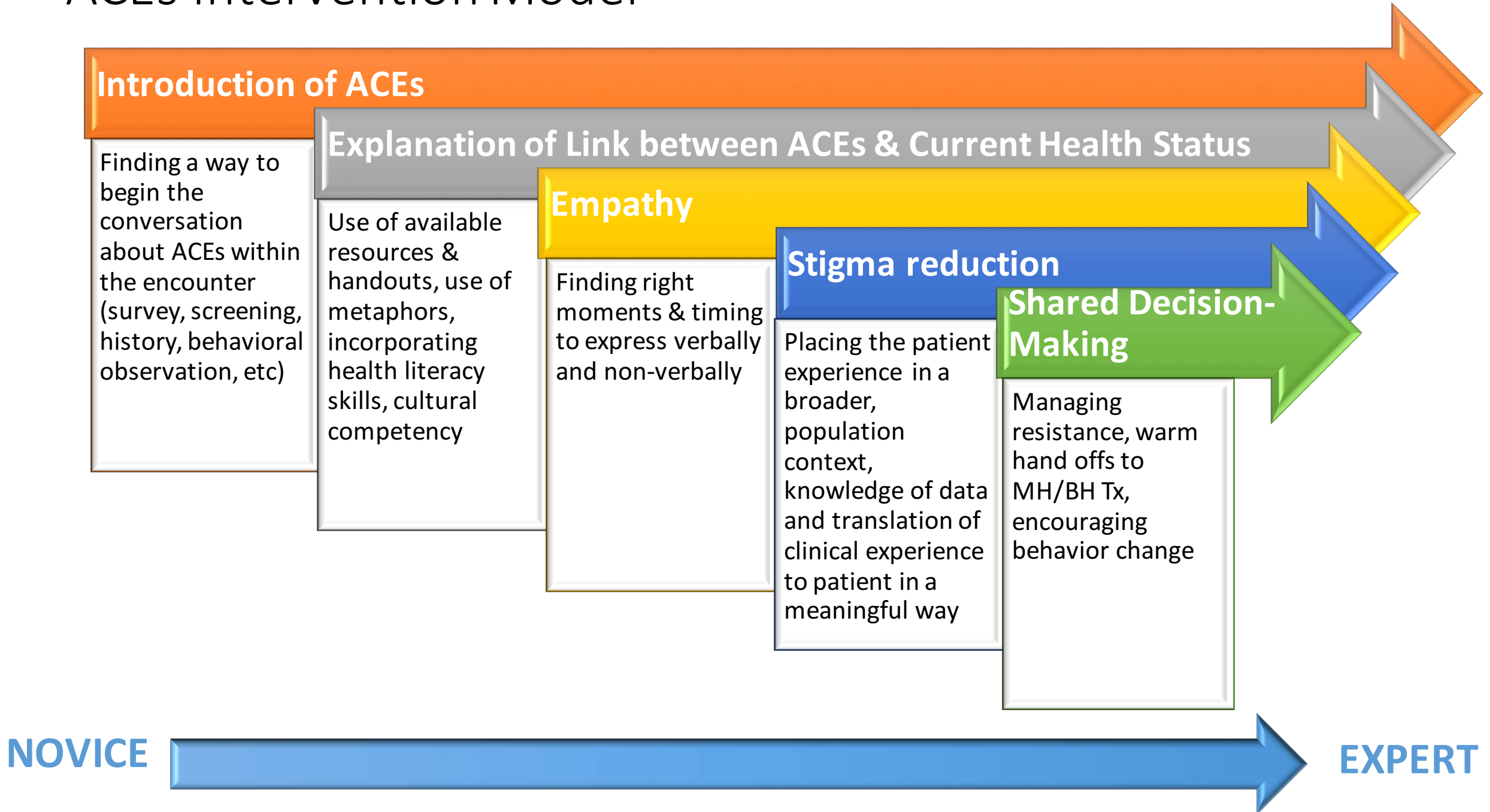
Questions for our patients

- Maybe instead of “What’s wrong with you??”
- We should ask “What happened to you?”

Physician training in caring for high-ACE adults

- Internal medicine and family medicine residents
- Teaching about ACEs and health effects
- Simulation exercises in how to have the conversation and make the connection to current health

ACEs Intervention Model



Communication skills for clinicians



Examples of resident physician training simulations

- How to explain the connection between ACEs and current health
- How to de-stigmatize for the patient

What can a physician do?

- Screen for ACEs – ask the questions
- Acknowledge that ACEs can affect both mental and physical health
 - “You had stressful things happen to you in your childhood. How do you think this has affected your adult health?”
- Make the connection
 - For both the physician and the patient
 - Can take time

