

38th International Conference on

NURSING & HEALTHCARE

October 16-18, 2017 | New York, USA

Adverse childhood experiences and behavioral health screening in pediatrics

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Adverse childhood experiences (ACEs) are traumatic events that can have lasting consequences for overall health and well-being. ACEs include physical, emotional, or sexual abuse, parental divorce, incarceration, and other adverse events. Research has demonstrated a direct link between ACEs and negative behavioral and health outcomes, but ACEs are rarely screened for or addressed in primary care, despite how commonly they occur. By five years of age, more than one in four children are exposed to economic hardship, one in five have experienced parental divorce or separation, and one in ten have lived in a household where an adult abuses drugs or alcohol. These experiences have physiologic and psychologic consequences, ranging from a positive stress response, short periods of increased heart rate and blood pressure which return to normal once the child is no longer exposed to the stressor, to a toxic stress response, frequent and/or continuous activation preventing the body from returning to homeostasis. Toxic stressors permanently impact a child's physiology, and increase susceptibility to non-optimal developmental, biological, psychological and behavioral outcomes. Research further demonstrates that these children are at greater risk for a variety of health determinants in adulthood, including: cardiovascular disease, cancers, asthma, autoimmune diseases, and depression. Family nurse practitioners are in a unique position to identify behavioral health problems and ACEs in the pediatric population and to implement interventions to prevent potential long-term health consequences. Given the evidence base and an established screening tool, routine screening for ACEs should be integrated into primary care.

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