Adverse Childhood Experiences in People Living With HIV

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Background

Though the HIV epidemic has existed for almost half a century and there has been many advances in treatment over this time period, there is still 1.2 million people living with HIV in the United States and about 13 percent of this population is unaware and in need of testing (Volume 28 Number 4 | HIV Surveillance | Reports | Resource Library | HIV/AIDS | CDC, 2023).

Adverse Childhood Experiences Scores were first studied from 1995 to 1996 utilizing the information from 13,494 people on the Kaiser Health Plan (Felitti, V. J. et al., 1998). This study showed that childhood neglect, abuse, and household problems could potentially play a role in one’s health later in life (About the CDC-Kaiser ACE Study, 2022).

This practicum aimed to explore current literature about adverse childhood experiences involving a population of people living with HIV.

Methods

A literature review was conducted utilizing PubMed to focus on literature where the population studied is PLWH in the United States and Adverse Childhood Experience Scores are utilized. Only articles with primary research being conducted were reviewed, there were no literature reviews or other commentaries included. Any non-English articles were excluded, and any articles not published in scholarly journals were also excluded.

Study Characteristics

<table>
<thead>
<tr>
<th>Author, Date</th>
<th>Title</th>
<th>Publication</th>
<th>Location</th>
<th>Data Type</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overwijk et al., 2002</td>
<td>Adverse Childhood Experiences Among a Sample of Youth and Public Health</td>
<td>International Journal of Environmental Research and Public Health</td>
<td>Southeastern United States</td>
<td>Case-control study</td>
<td>451 youth living with HIV (ages 10-24) and 516 non-HIV controls</td>
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<td>Waller et al., 2005</td>
<td>Adverse Childhood Experiences, Smoking and Alcohol Use, and9311 Associated Poor Health Among African American PLWH</td>
<td>AIDS Care</td>
<td>New Orleans, Louisiana</td>
<td>Cross-sectional study</td>
<td>654 HIV-infected black men aged 18-59</td>
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<tr>
<td>Anand et al., 2022</td>
<td>Adverse Childhood Experiences in People Living With HIV</td>
<td>AIDS Care</td>
<td>Philadelphia, Pennsylvania</td>
<td>Cross-sectional study</td>
<td>1,869 PLWH aged 18-59 (336 women, 1,533 men)</td>
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<tr>
<td>Germain et al., 2009</td>
<td>Adverse Childhood Experiences Among HIV-Related Populations</td>
<td>Journal of the Association of Nurses in AIDS Care</td>
<td>Southeastern United States</td>
<td>Survey</td>
<td>155 HIV</td>
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<tr>
<td>Woodard et al., 2017</td>
<td>Adverse Childhood Experiences and Intervention Among Children and Adults Living With HIV</td>
<td>Journal of the Association of Nurses in AIDS Care</td>
<td>Southeastern United States</td>
<td>Secondary analysis of pilot data</td>
<td>160 PLWH</td>
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<td>Young-DeMarco et al., 2015</td>
<td>Adverse Childhood Experiences and Mental Health, Substance Use, and HIV-Related Disease Among Persons with HIV</td>
<td>AIDS Care</td>
<td>Western United States</td>
<td>Cross-sectional study</td>
<td>Includes 500 PLWH (458 women, 42 men)</td>
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Discussion: Adherence to Care

Understanding how childhood trauma may affect adherence to care, trusting medical professionals, and the ability to take care of oneself is incredibly important to helping patients become successful in their HIV treatment. Anand and colleagues had the largest cohort and found that more than half of their participants reported a clinically significant amount of adverse childhood experiences, which was twice the prevalence of the general population in that area (Anand, P. et al., 2022). It is known that high exposure to adverse childhood experiences influences adult health outcomes and behaviors. Campbell and colleagues found in their cohort patients with four or more adverse childhood experiences, the high-risk group, were eight times more likely to have a viral load greater than 200. Viral loads indicate the effectiveness of the medication the patient is taking and the adherence the patient is having to the medication (Campbell, K. et al.).

It is important to note that each of the articles contain participants that currently are or at the time of data collection engaged in healthcare, this may create a bias in the results. Additionally, it is leaving a key group of people within the United States, uninsured and/or people without access to care. As well as access to care, it is important to highlight the small sample size is some of the studies, which may inflate or deflate the results and may not be agreeable to prior research regarding ACEs because of the small sample size.

Public Health Implications

Adherence to care is fundamental for people living with HIV but the literature reviewed showed high exposure to adverse childhood experiences can be related to poor adherence to care plans. This represents a great need for these scores to be well established in HIV or primary care clinics to give physicians and other care providers the opportunity to give trauma informed care. Trauma informed care would allow providers to take additional steps that they may not need to with patients with low exposure to adverse childhood experiences, these extra steps would ensure high-risk patients have their needs met so they can be successful in their treatment. This is essential for helping patients become successful in their ongoing battle with HIV.

Deliverables

My deliverables included a literature review of the studies outlined in this poster and an IRB proposal that will continue into my capstone project.

Lessons Learned & Next Steps

From this practicum I learned how to complete a proper literature review. I acquired a deeper understanding for adverse childhood experiences in many different populations and how high exposure can affect long-term health outcomes. I gained knowledge on how high exposure to adverse childhood experiences can affect populations that have chronic illness, like HIV. Additionally, I learned how to complete an IRB proposal which will be utilized in my capstone.

The next steps are to continue in the IRB proposal process to obtain the approval to use the Adverse Childhood Experiences Survey in the Special Immunology Unit. We will survey a group of patients and then look at the survey scores, along with demographic information, and determine the relationship between high exposure to adverse childhood experiences and clinical outcomes for patients in our clinic.

Acknowledgements

I would like to give a special thank you to Dr. Jeffrey Jacobson, my preceptor. I would also like to thank Mary Midea for her continued support and encouragement.