Screening for adverse childhood experiences within pediatric patients in Rzeszów, Poland

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Introduction

- Adverse childhood experiences (ACEs) are stressful or potentially traumatic events correlated with negative effects on health
- The Kaiser Permanente study (1995 - 1997) found that as the number of ACEs increased, the risk for developing stress-related disease later in life increased in a graded fashion

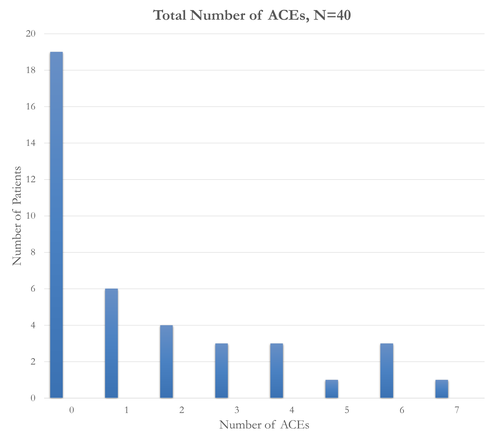
Study Aims

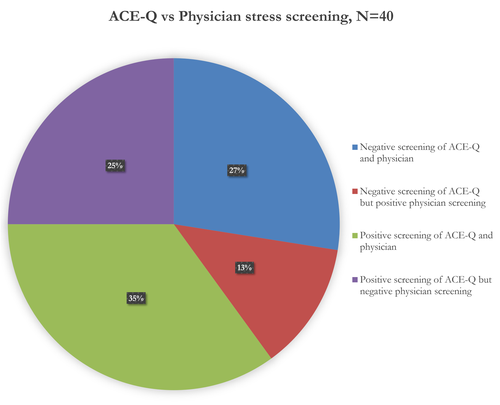
- Identify prevalence of ACEs in pediatric population seen at Sokrates clinic, Rzeszów, Poland
- Assess if primary care pediatricians identify or screen for ACEs
- Explore physician experiences and opinions regarding ACE screening within the following five categories:
  1) Training and awareness of ACEs
  2) Perception and attitude of screening importance
  3) Perceived control over screening and intervention
  4) Perceived cultural acceptance of screening
  5) Perceived social approval of screening

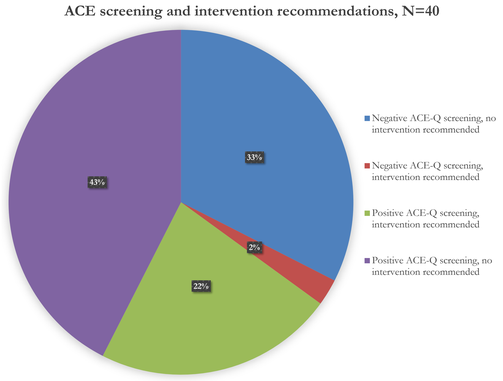
Methods

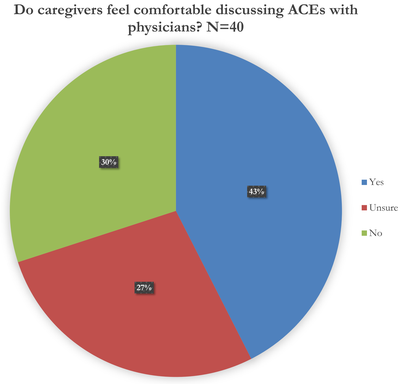
- Institutional Review Board (IRB) approval was obtained by both Rzeszów University and the Medical College of Wisconsin
- From June to July 2016, caregivers of patients aged six months to 18 years completed a modified version of the Adverse Childhood Experiences Questionnaire (CYW ACE-Q) developed by the Center for Youth Wellness, San Francisco, CA prior to their scheduled appointment
- Without having access to the CYW ACE-Q, the patients' physicians completed a questionnaire assessing whether or not they believed that the patient was under a significant amount of stress and would recommend further intervention
- Physicians completed a questionnaire eliciting their opinions and experiences within the aforementioned five categories

Results









Physician Statement, N=10	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Medical experience prepared me to understand the effect of adverse childhood experiences on patient health.	3	7	0	0	0
It is important in primary health care to pay attention to adverse childhood experiences.	1	9	0	0	0
There are resources in my hospital to help families manage life stressors.	0	0	5	3	2
There is not enough time to screen for adverse childhood experiences in primary pediatric health care.	2	6	1	1	0

Discussion

- 20% of patients scored four or higher on the CYW ACE-Q, a positive screening reflecting increased concerns for toxic stress
- No significant differences between ACE scores with regard to educational, economic, or urban/rural status of families
- 25% of patients had positive ACE-Q but negative physician screening
- 13% of patients had negative ACE-Q but positive physician screening
- 43% of caregivers reported feeling comfortable discussing ACEs with their physicians, 27% were unsure, and 30% were not comfortable
- Out of the total patients with a positive ACE-Q screening, 58% had a positive physician stress screening, however physicians only indicated recommendation for further intervention for ~35% of those patients

Conclusion

- There is a significant ACE prevalence in the Rzeszów pediatric population
- Of patients with a positive ACE-Q, 42% received negative physician stress screenings, indicating need to improve screening techniques
- Lack of time to screen and resources to intervene are possible reasons for decreased recommended intervention vs. stress identification
- Patients with negative ACE-Q but positive physician screening could indicate additional ACEs prevalent in Poland not on the ACE-Q
- Next steps are to collect additional questionnaires and draw up recommendations for a screening tool specific to the needs of this population to overcome the barriers of ACE screening

Acknowledgments

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