

Family, Neighborhood and Parent/Caregiver Resilience Factors Mitigate Parent Reported Depression In Adolescents Exposed to Adverse Childhood Experiences



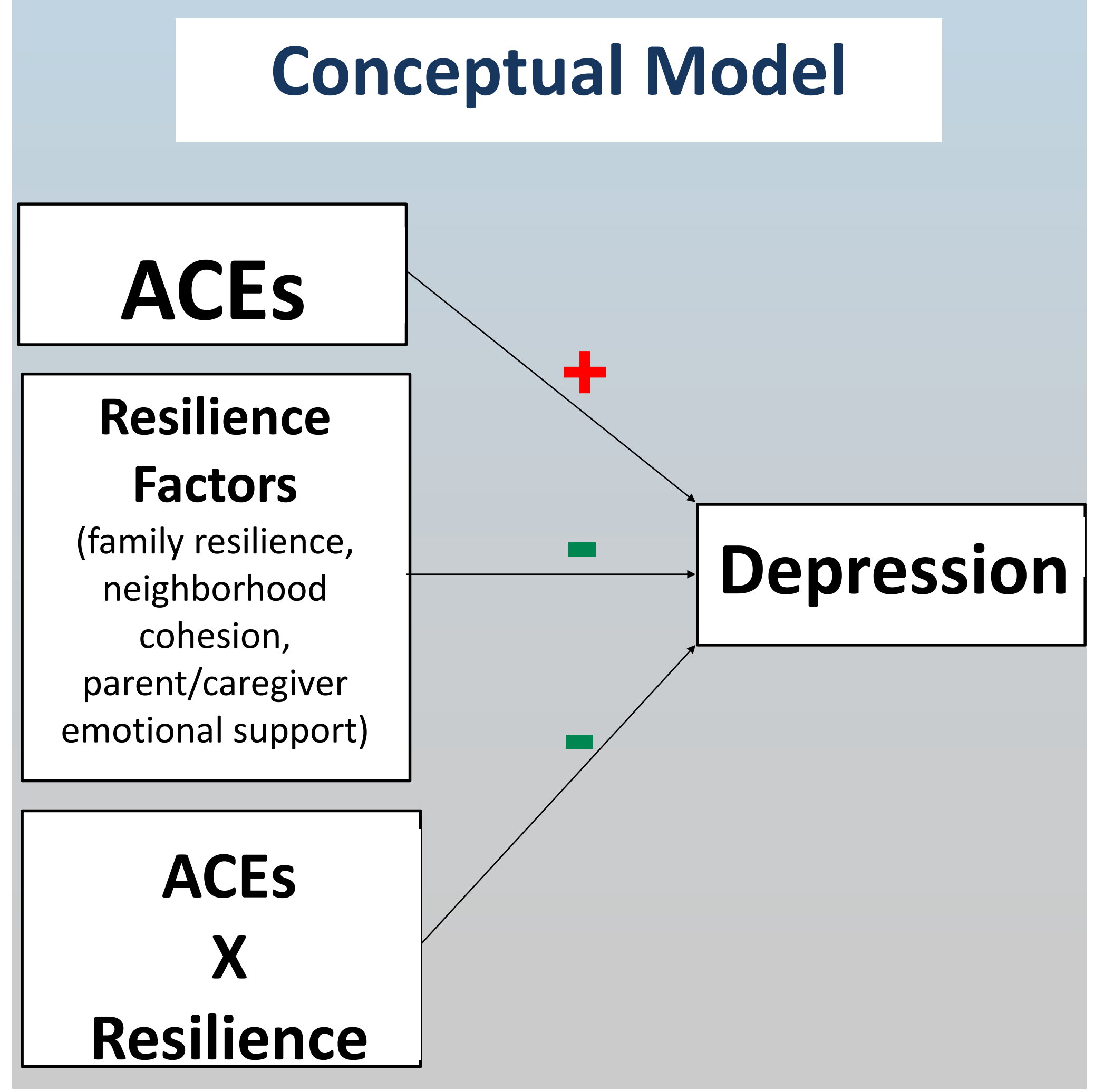
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BACKGROUND

- Adolescents exposed to adverse childhood experiences (ACEs) are more likely to develop depression
- Growing literature shows resilience can buffer depression
- Little is known about the effect of specific resilience factors (RFs) on adolescent diagnosis of depression in the setting of ACEs
- The conceptual model illustrates our hypothesis that resilience factors mitigate the effects of ACEs on a diagnosis of depression in adolescents



OBJECTIVES

To assess the effect of 1) overall resilience and 2) specific RFs, on parent/caregiver reported diagnosis of depression in adolescents exposed to ACEs

METHODS

- Cross sectional analysis was conducted using the 2016-2017 National Survey of Children's Health
- Restricted to adolescents 12 to 17 years old (weighted N = 24,837,790)

METHODS

- Multivariable logistic regression models were performed
- Dependent variable:
 - Parent/caregiver report of current diagnosis of depression: yes vs no
- Independent variables:
 - ACEs: No/Lower (0-3) vs Higher (4 or more)
 - Specific RFs: family resilience, neighborhood cohesion and caregiver emotional support
 - Composite resilience score: No/Lower (0-3) vs Higher (4 or more)
 - Demographic covariates

RESULTS

Demographic Characteristics: weighted N = 24,837,790

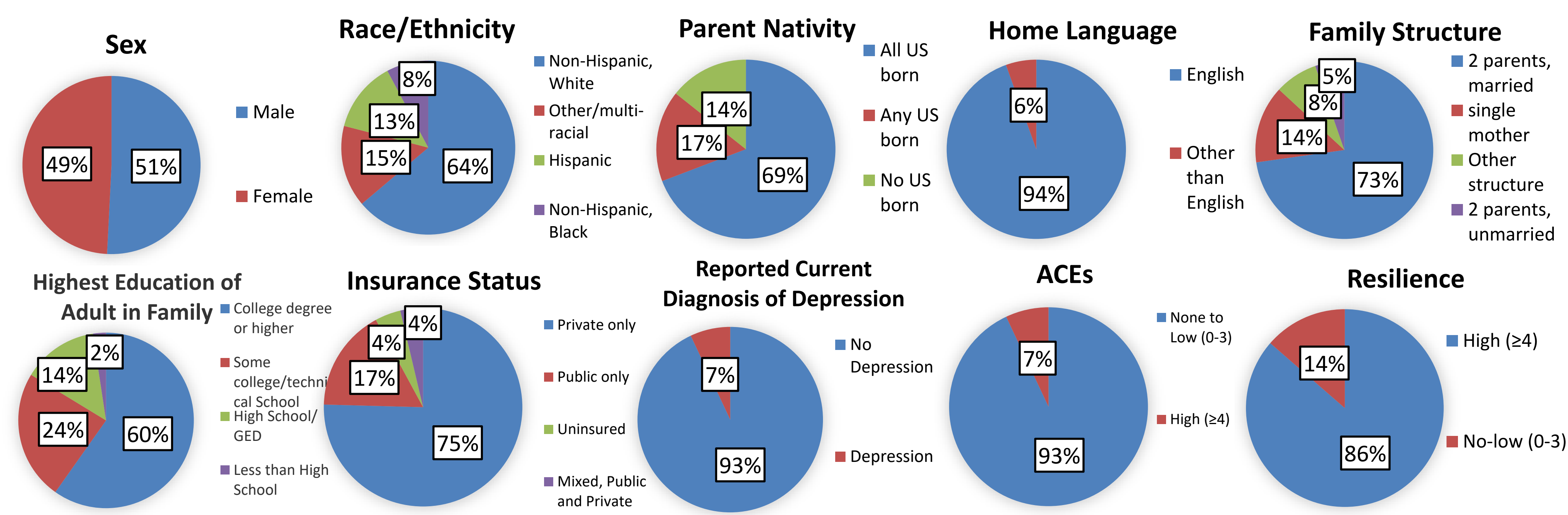


Table 1: Association Between Parent/Caregiver Report of Current Diagnosis of Depression, ACEs (Lower vs Higher) And Resilience (Lower vs Higher)

	aOR (95% CI)	P value
Sex		
Male	0.73 (0.60-0.89)	0.002
Race/Ethnicity		
Non-Hispanic, Black	0.55 (0.38-0.78)	0.001
Hispanic	0.64 (0.47-0.87)	0.004
Other/Multi-racial (ref. white)	0.87 (0.60-1.24)	0.43
Parent Nativity		
Any parent born outside US	0.52 (0.36-0.75)	<0.001
No parent born in the US (ref. both parents born in the US)	2.04 (1.19-3.51)	0.01
Family Structure		
2 parents, unmarried	1.14 (0.78-1.67)	0.69
Single mother	1.47 (1.16-1.88)	0.002
Other (ref 2 married parents)	0.80 (0.54-1.17)	0.25
Insurance status		
Public only	1.82 (1.44-2.30)	<0.001
Mixed public and private	1.88 (1.20-2.96)	0.006
Uninsured (ref Private insurance)	1.03 (0.67-1.58)	0.91
ACEs Category		
Higher ACEs (4 or more)	2.65 (2.01-3.48)	<0.001
Resilience Category		
Higher Resilience (4 or more)	0.34 (0.27-0.45)	<0.001

Adjusted odds ratios for all variables in the table: demographic covariates + ACEs + Resilience Category
CI = confidence interval

RESULTS

Table 2: Association Between Parent/Caregiver Report of Current Diagnosis Of Depression, ACEs (Lower vs Higher) And Specific Resilience Factors

Variable	aOR (95% CI)	P value
ACEs Category		
Higher ACEs (4 or more)	2.49 (1.90-3.26)	<0.001
Resilience Factors		
Family resilience (Higher)	0.49 (0.40-0.61)	<0.001
Neighborhood Cohesion		
Live in supportive neighborhood	0.77 (0.61-1.00)	0.05
Live in a safe neighborhood		
Somewhat agree	0.86 (0.65-.1.12)	0.26
Somewhat or definitely disagree (ref definitely agree)	1.14 (0.70-1.87)	0.60
Safe at school		
Somewhat agree	1.62 (1.29-2.05)	<0.001
Somewhat or definitely disagree (ref definitely agree)	4.49 (2.92-6.92)	<0.001
Parent/Caregiver emotional support (yes)	0.87 (0.69-1.10)	0.24

Adjusted odds ratios for all variables in the table: demographic covariates + ACEs + Resilience Category
CI = confidence interval

- Interaction of ACEs and resilience factors were assessed individually in logistic regression models. Resilience was not an effect modifier.

LIMITATIONS

- Cross sectional analysis - cannot assume causality
- Cannot determine temporal relationships
- Relied on parent/caregiver reported diagnosis of depression
- Looked at limited number of resilience factors
- Unknown other confounders
- Resilience questions are not validated
- May not be generalizable due to demographic distribution

CONCLUSIONS

- In this nationally representative sample, family resilience and neighborhood cohesion mitigate the association of a reported diagnosis of depression in adolescents with no/lower and higher ACEs exposure
- These factors may be important targets for future intervention