the CANDLE study

3rd Annual Conference: Pathways to Health and Well-Being

Infomercial Packet:

- Characteristics of CANDLE Sample
- Update Status:
 - Cohort
 - Bio-repository
 - Biomarkers
 - Genetics

the CANDLE stucky

THE CONDITIONS AFFECTING NEUROCOGNITIVE DEVELOPMENT AND LEARNING IN EARLY CHILDHOOD

Community, Family and Individual Characteristics for SE Problems and Physical Attributes

Fran Tylavsky, Dr. P.H., Principal Investigator

Professor, Preventive Medicine

Adverse Events(AE) and Childhood Adverse Events (ACE) in CANDLE

- Background
- Community Characteristics
- Maternal AE and ACE effects on SE and physical health in CANDLE children
- Individual Characteristics- Fred Palmer will present







Case Study AE vs. ACE

Tad Tsarmina



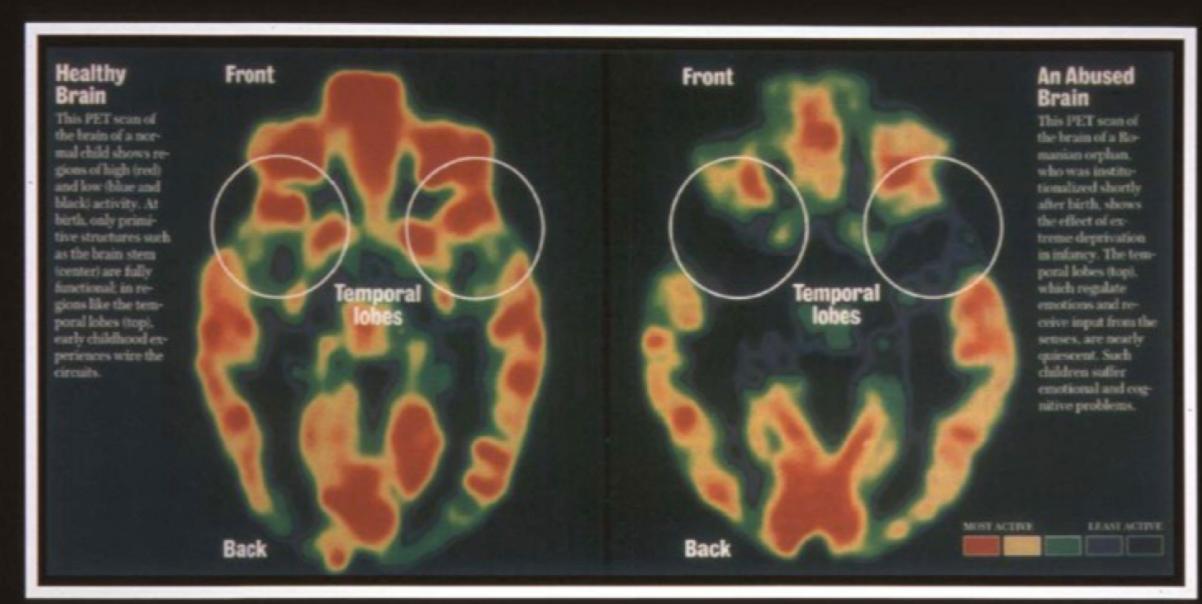








Brain Images: The ACE Study

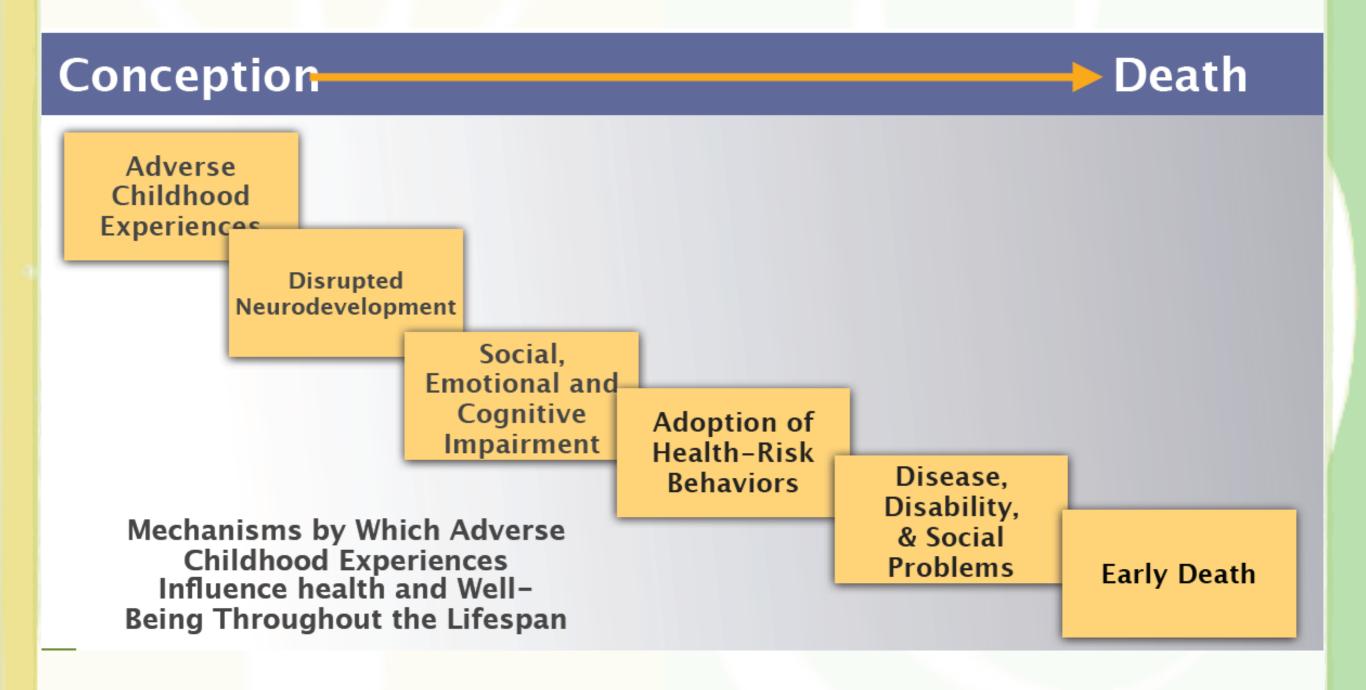








Adverse Experiences Can Last a Lifetime











Child Abuse & Neglect 30 (2006) 599-617

Intimate partner violence and child maltreatment: Understanding intra- and intergenerational connections[☆]

Lynette M. Renner^a, Kristen Shook Slack^{b,*}

• What role or affect does adverse experiences of the mother have on factors that affect socio emotional and physical health in early childhood?





^a University of Missouri-Columbia, School of Social Work, Columbia, MO, USA

b University of Wisconsin, Madison, Institute for Research on Poverty, Madison, School of Social Work, 1350 University Avenue, Madison, WI 53706, USA

Risk Factors for ACE

- Children younger than 4 years of age
- Special needs that may increase caregiver burden (e.g., disabilities, mental retardation, mental health issues, and chronic physical illnesses)
- Parents' lack of understanding of children's needs, child development and parenting skills
- Parents' history of child maltreatment in family of origin





Risk Factors for ACE

- Substance abuse and/or mental health issues including depression in the family
- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income
- Nonbiological, transient caregivers in the home (e.g., mother's male partner)
- Parental thoughts and emotions that tend to support or justify maltreatment behaviors







Adverse Child Events (ACE) Relevance for SE and Physical Health in CANDLE

ACE

Childhood Physical Abuse by parents/peers Sexual Abuse Witnessing family violence

CANDLE Child:

Socio-Emotional Development Depression, Anxiety, Anger Physical symptoms Obesity Chronic Disease

Maternal:

Socio-Emotional

Development

Depression, Anxiety, Anger

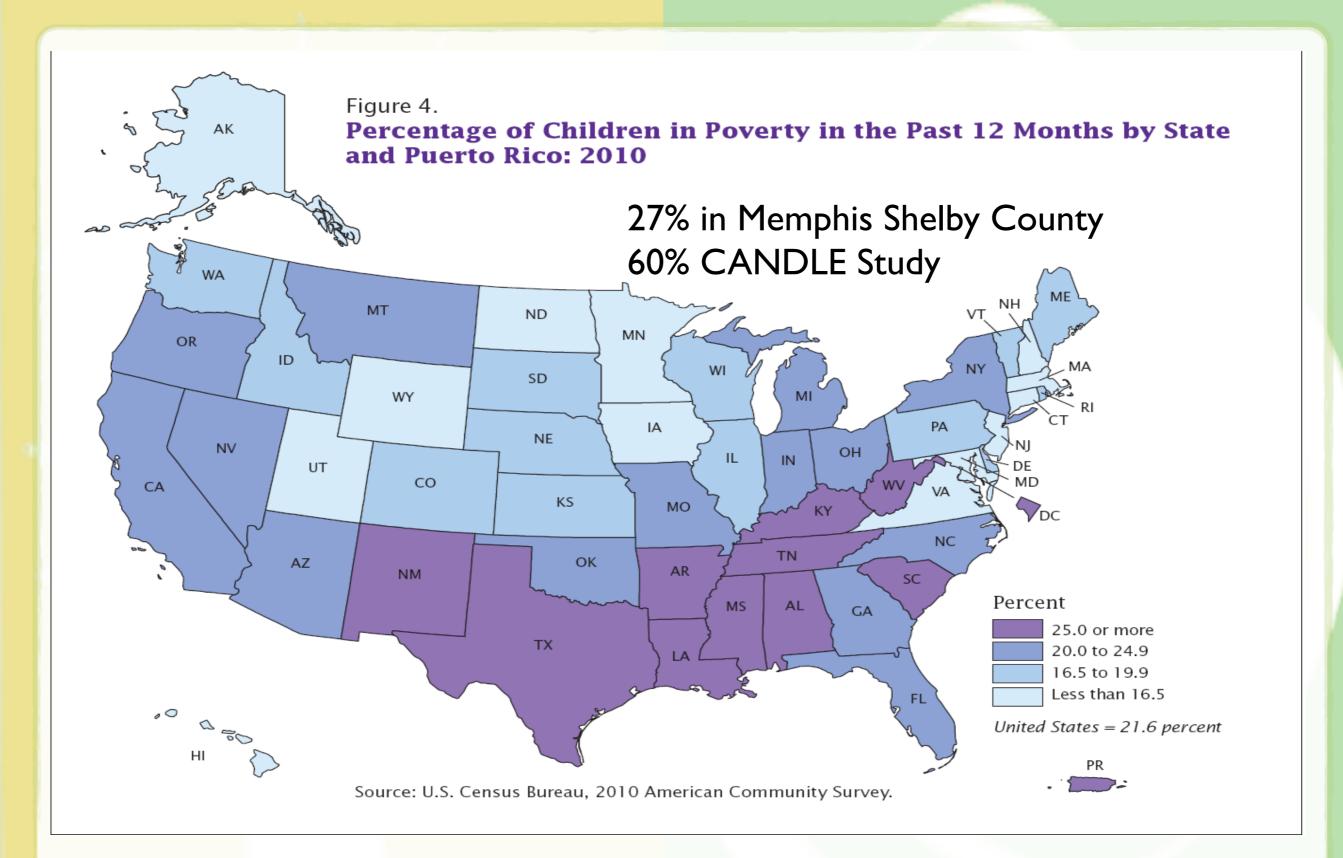
Physical symptoms

Obesity

Chronic Disease

Springer et al Child Abuse & Neglect 31 (2007) 517–530) ;Gonzelaz et al J of Psych Res 46 : 1475 2012; Midei, Obesity Reviews 12 159, 2011; Kvalevaag, Peds 131 463 2013; Kahn et al Arch Ped Adolesc Med 158 721, 2004









% of Children with Emotional or Behavior Problems Reported by Parents

	US	2010 Cens 4-7 years,	CANDLE ² I-2 years	
	Serious	Minor	Total	
Total in US	4.1	14.2	18.3	23.9
Poverty Level				
Below 200%	16	36.3	52.3	33.5
200% and above	4.6	14.6	19.2	12
Race				
Black	6.7	16.4	23.1	29.9
White	6.1	18.6	24.7	10.5
Family Structure				
Two parents	4.4	13.8	18.2	17.6
Mother only	9.6	21.0	30.6	31.7

¹Child has difficulties in one or more the following areas: emotions, concentration, behavior or being able to get along with other people?

¹Briief Infant Toddler Socio-Emotional Assessment: Possible Problem, Average 1 & 2 yr





Study Characteristics

The ACE¹ Study

- 17,000 middle-class adults
- 80% white, 10% black, and 10% Asian
- Average age 57 years
- 26% <= hs, 74% > hs
- Kaiser Permanente participants

Adverse Child Events

CANDLE Study

- 1425 mother-child dyads
- 32% white, 68% black, and
- Average age of mother at time of delivery: 26 years
- 60% <= hs, 40%> hs
- 60% TennCare Insurance





Adverse Events(AE) and Childhood Adverse Events (ACE) in CANDLE

- Family AE and ACE- CANDLE
 - Primary Caregiver (Mother)







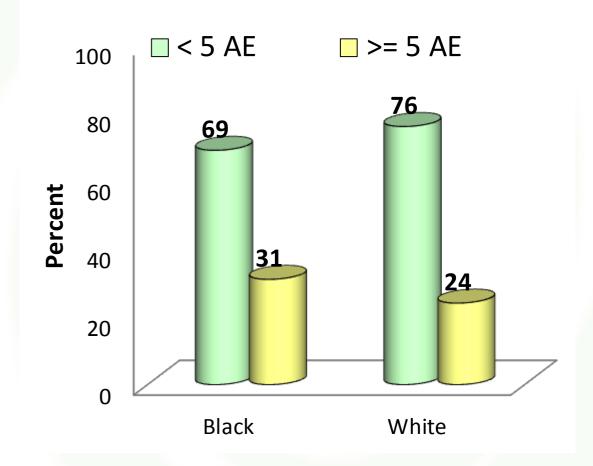


Maternal Adverse Events (AE)- Prevalence-CANDLE

3rd Trimester Questionnaires:

Traumatic Life Events (3rd Trimester)

- 20 Events possible
 - Whole life (AE) -16 questions
 - Childhood (ACE)-4 questions (44%- reported yes to ACE)





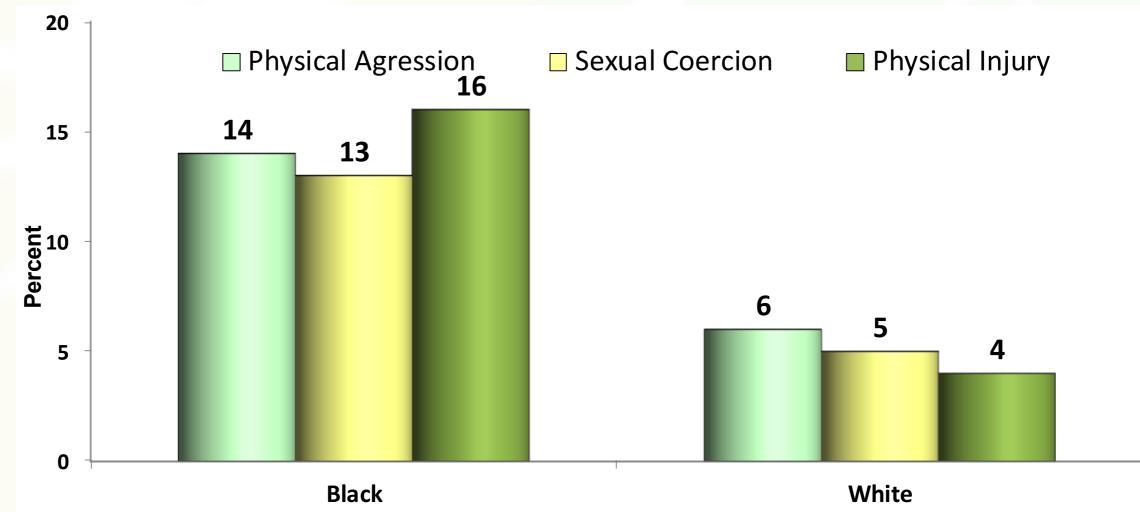


Maternal Adverse Events (AE)- Prevalence

3rd Trimester Questionnaire: Conflict Tactics Scale

Psychological Abuse (insulted, swore, yelled)- Black- 69%, White- 65%

Negotiation with Partner: - Black-94%, White- 99%







Prevalence of Adverse Experiences

Characteristic	Prevalence (%)		
	ACE	CANDLE	
		Black	White
Abuse (child)			
Psychological	11	31	16
Physical	28	7	6
Sexual	22	17	13

<u>Neglect</u>			
Emotional	15	-	-
Physical	10	-	-

Source for CANDLE: Traumatic Life Event Questionnaire; and Conflict Tactics Scale





Prevalence of Adverse Experiences

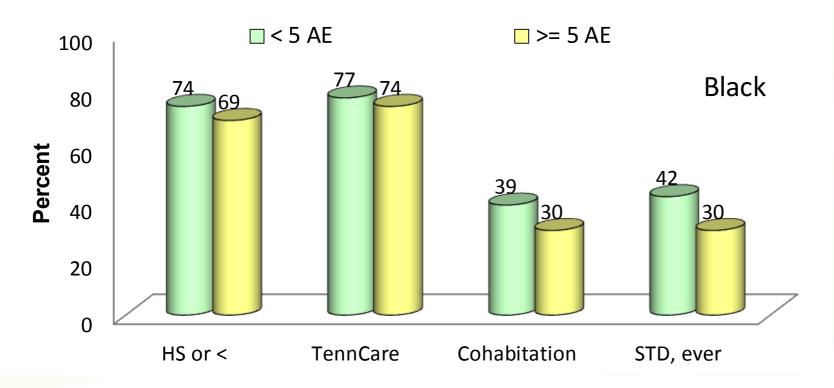
	Prevalence (%)		
Characteristic	AE	CAN	IDLE
		Black	White
Household			
Alcoholism or drug use in House	27	-	23-
Loss of biological parent < 18 yrs	23	-	-
Unexpected loss of a close friend or loved one	-	68	58
Depression or mental illness	17	11-12	7-9
Mother Treated violently	13	29	9
Imprisoned household member	5	37	16

Source for CANDLE: Traumatic Life Event Questionnaire; and Conflict Tactics Scale



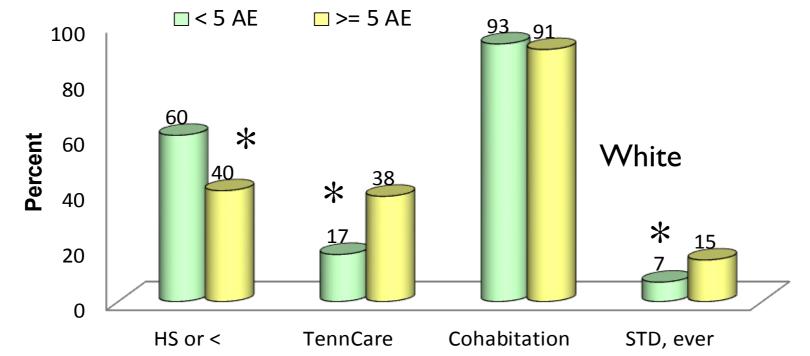


AE and Maternal Characteristics



≥ 5 ACE: Blacks had younger mothers,

* P< 0.01



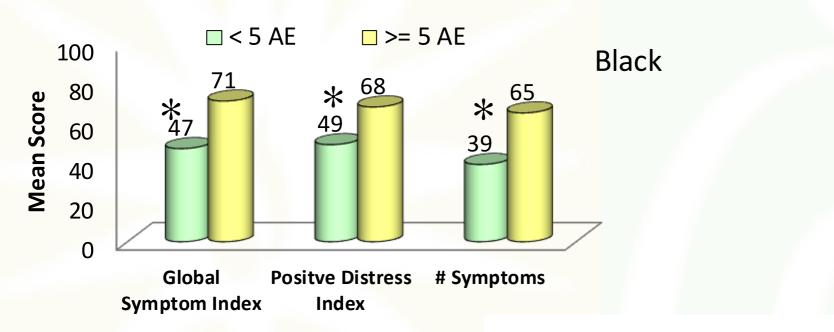
≥ 5 ACE: Whites No Difference in mother's age





AE and Maternal Functioning- CANDLE

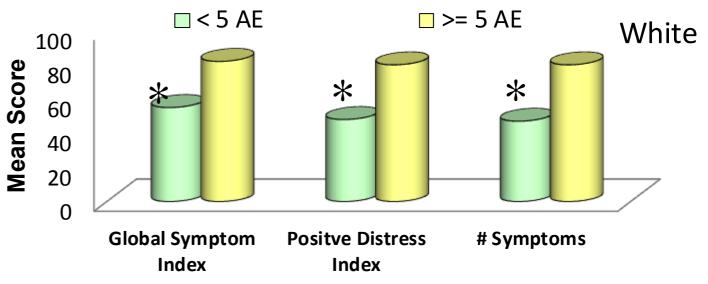
Brief Symptom Index -3rd Trimester



* P< 0.0001

- Similar Results Sub scales
 - Hostility
 - Somatization
 - Depression
 - **Anxiety**
 - Paranoid Ideation
 - **Psychoticism**

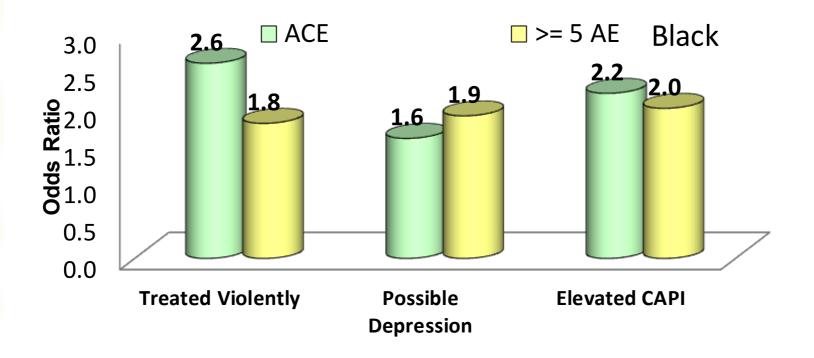
BSI- Brief Symptom Inventory; Derogatis & Melisaratos, 1983

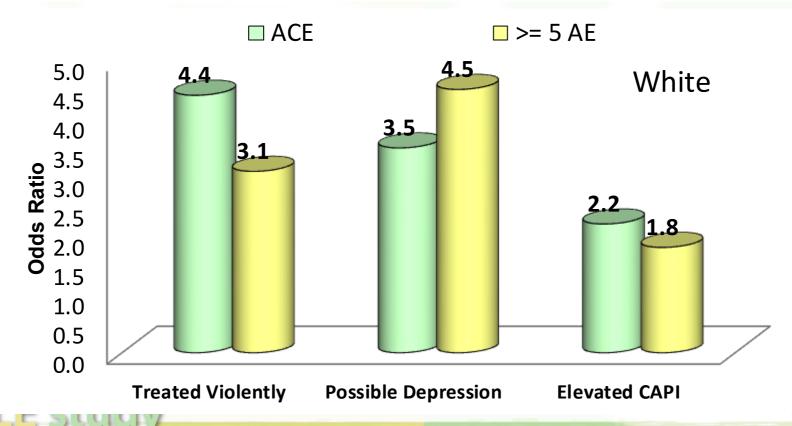






Odds Ratio for Maternal Treatment or Functioning: ACE or AE

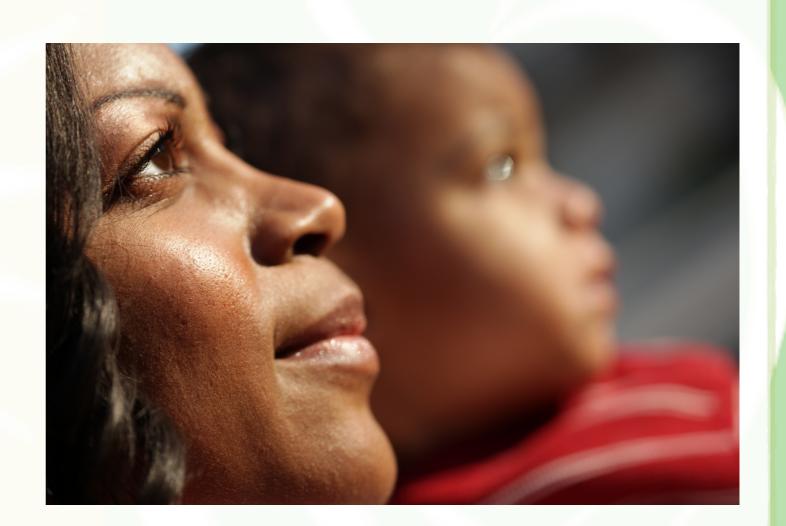






AE or ACE and Maternal Health Indices

- No effect on
 - BMI
 - Blood Pressure

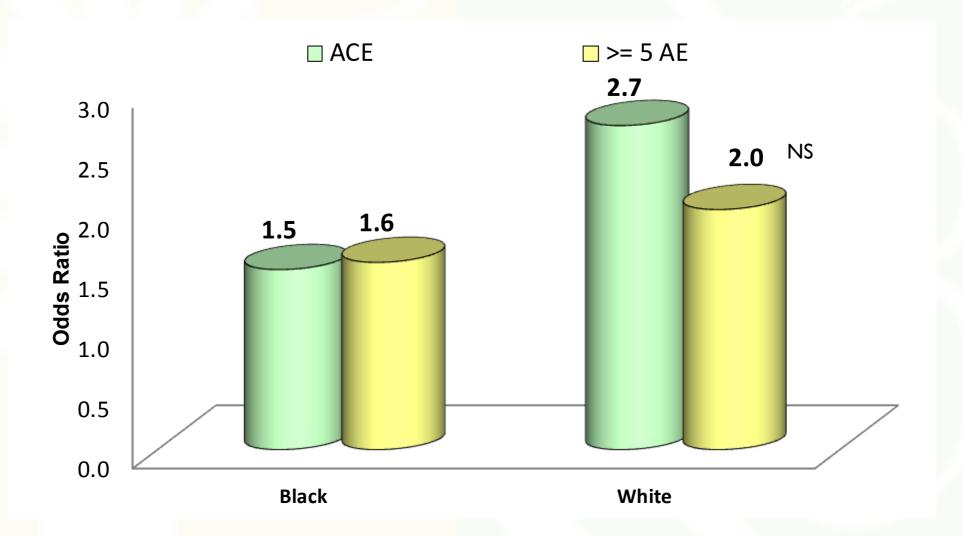








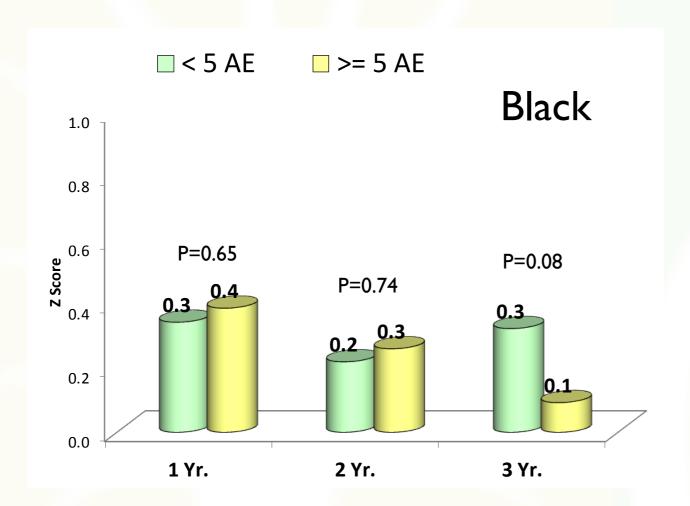
Odds for Maternal Report of SE Problems-CANDLE Child

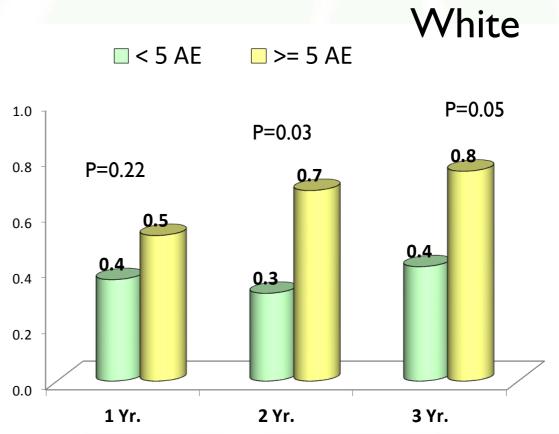






AE's and CANDLE Child's Weight for Length/Height at I-3 years









Case Study AE vs. ACE

Tad



1994-2006

Tsarmina



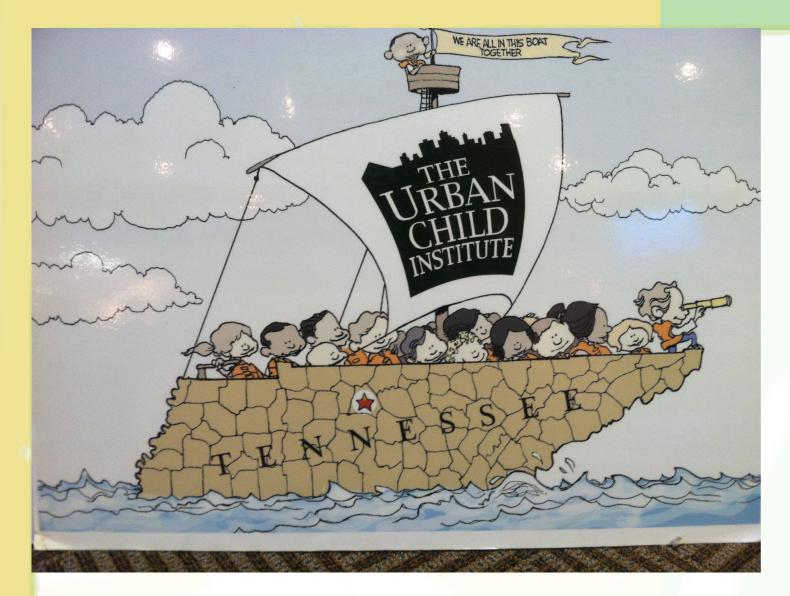
1998-2013

Role of Genetics/Epigenetics and other confounders?











CANDLE Participants: parents and their children



CANDLE Staff

Maureen Sorrells, MPH, Study Manager Matt Hood, MS, Research Specialist

• Emerging Science Coordinator

Amy Scheck, MA

• Data Analysts

Thuy Nguyen, MPH

Angela Moore, MPH, CPH

Yanhua Qu, PhD

Caiqin Liu, MD, MS

Biostatisticians

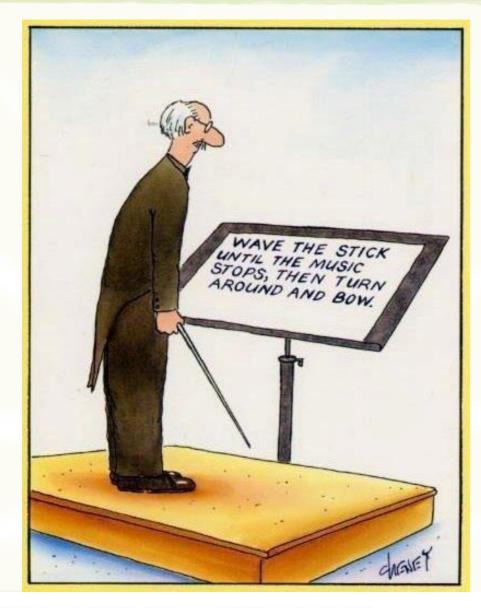
Mehmet Kocak, PhD

Quynh Tran, PhD

- CANDLE Research Assistants
- Cognitive Examiners









at Le Bonheur Children's Medical Center





University of Tennessee Health Science Center at Memphis

Grant Somes (deceased), Ron Adkins (now NIH), Julia Krushkal, Adkins (now NIH), Fred Palmer, Fridtjof Thomas, Jeanie Peeples, Priyanka Jani, Laura Murphy, Carolyn Graff, Pamela Connor, Andy Bush, Risa Ramsey, Owen Phillips, Marion Hare, Anand Kulkarni,

Charles Handorf, Vickie Park, Catherine Wentworth, Phyllis Richey, Karen Johnson, Sunny Anand, Fred Perkins, Mark McMannis, Rob Williams, Wonsuk Yoo, Liang Hong, Mehmet Kocak, Gail Beeman, Dennis Black, Roozbeh Rezaie, Andy Papanicolaou, Eszter Völgyi, Carolyn Harraway-Smith, Lauren Benner, Beni Mozhui

University of Memphis

Tom Sutter, Doug Imig, Phyllis Betts, Sunil Mather, Kris Berlin, ShaKema Blackmon, Jeffery Foran, Fawaz Myazek, Wilfried Karmaus

University of Southern Mississippi

Natalie Williams

University of Alabama at Birmingham

Chandrika Piyathilake

Vanderbilt University

Kecia Carroll, Tina Hartet, Amy Non, Phani Veeranki

George Washington University

Uri Colon-Ramos

University of Southern California Mount Sinai School of Medicine Pat Levitt, Alexander Bonin Roslind

Wright, MD

Tulane University

Felicia Rabito

Johns Hopkins School Of Medicine

Robert Hamilton

Emory University California San Francisco

Alicia Smith, Nicki Bush PhD James Schroeder Kaja LeWinn,PhD



TODAY'S DISCOVERIES, TOMORROW'S HEALTHCARE SOL TIONS

CLINICAL & TRANSLATIONAL SCIENCE INSTITUTE

