Assessing Adverse Childhood Experiences (ACEs) in a HIV Primary Care Clinic: A Pilot Project in Quality Improvement

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RESULTS

• 20 participants completed surveys, including 75% men, 85% gay/bisexual, with median age of 44.5 years [35.8-52.2]
• Median ACEs score was 4.5 [IQR 3-7] with 60% reporting ≥4 ACEs (Fig. 1)
• Guardian substance abuse/mental illness was most common; >50% reported verbal and sexual abuse (Fig. 2)
• 50% of participants had a positive PC-PTSD screen (≥3) while 67% had moderate depression or greater (≥10) on the PHQ-9
• PC-PTSD scores were higher for ≥4 ACEs than <4 ACEs (Fig. 3)

DISCUSSION

• Prevalence of ≥4 ACEs among PLWH was 3 times higher than that reported for the local general population
• ACEs are not assessed in routine mental health screening tools, highlighting need for trauma-specific screening
• ACEs survey was well-received by participants; however, most were actively engaged in mental health care, limiting opportunity for new linkage
• Further understanding of the impact of childhood trauma on retention in care and control of HIV is needed

METHODS

• Adverse childhood experiences (ACEs) are common, and ≥4 ACEs are associated with negative health outcomes in adulthood
• History of childhood trauma has been associated with increased mortality in people living with HIV (PLWH)
• Screening for childhood trauma is not routinely performed in PLWH

BACKGROUND

• Adverse childhood experiences (ACEs) are common, and ≥4 ACEs are associated with negative health outcomes in adulthood
• History of childhood trauma has been associated with increased mortality in people living with HIV (PLWH)
• Screening for childhood trauma is not routinely performed in PLWH

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OBJECTIVES:

1) Quantify the burden of childhood trauma, as measured by ACEs
2) Improve linkage to mental health care via referral

HYPOTHESIS: Prevalence of ≥4 ACEs in PLWH is >21%, the prevalence reported in the general population of Philadelphia.

TARGET POPULATION: PLWH attending appointments at an academic infectious disease clinic between October 2018 and February 2019

SURVEY FEATURES:
1. ACEs 10-question survey, patient health questionnaire (PHQ-9) and primary care post-traumatic stress disorder (PC-PTSD) score
2. Engagement with mental health services
3. Survey acceptability

• Participants with ≥4 ACEs were referred to on-site counselor or behavioral health specialist
• All participants were provided with a list of crisis resources

References:

Footnotes: PHQ-9 completed for 9 participants.