

CHILDHOOD TRAUMA, ADULT PAIN

The role of repeated childhood trauma and Complex Post
Traumatic Stress Disorder in difficult to manage adult
physical illness



How common is childhood abuse?

Until the 1970's, child sexual abuse was thought to be rare, and occurred amongst the poor.

International epidemiological studies estimate prevalence rates of serious childhood abuse at between 7 to 36% for females and 3 to 29% for males.

The majority of onset of abuse occurs between 3 to 8 years of age.

In the majority of cases, the abuser is a non-family member known to the child.

Only about 38% of those abused report it, either because they are too young, wanted to protect the offender or were worried they would not be believed.

There is an inverse relationship of Complex PTSD with age. The earlier age the trauma occurs, the more likely the development of Complex PTSD rather than only PTSD.

Post Traumatic Stress Disorder vs Complex Post Traumatic Stress Disorder

Post Traumatic Stress Disorder typically arises out of a terrifying and life threatening event. It is diagnosed by repeated re-experiencing phenomenon, cognitive and behavioural avoidance symptoms and hyperarousal.

Complex Post Traumatic Stress Disorder is a term initially described by Judith Herman in 1992 to explain the symptoms seen in people exposed to serious repeated trauma, especially children. It arises out of the concept that repeated early childhood trauma both forms and deforms personality.

It remains a controversial diagnosis. Although not included in DSM5, the new PTSD criteria in DSM5 are more accepting of the impact on personality and affect regulation of trauma.

It is an important concept because it links childhood trauma and adult somatisation.

Important features of Complex Post Traumatic Stress Disorder

A specific set of psychopathological symptoms and personality features considered to be long-term sequelae of severe, chronic and often interpersonal traumatic experiences, in particular child abuse.

- Impairment of affect regulation, including impulse dyscontrol and self-destructive behaviour
- Dissociation- altered states of consciousness
- Chronic difficulties in self-concept
- Difficulties with interpersonal relationships, especially isolation and difficulties with trust
- Physical symptoms
- Somatisation

Physical illness and childhood trauma

Serious childhood trauma, resulting in Complex PTSD is associated with higher rates of a variety of adult physical illnesses, including:

- 'ill-defined' or 'medically unexplained' somatic syndromes, eg fibromyalgia
- Cardiovascular, esp. coronary heart disease and hypertension
- Respiratory, esp. chronic bronchitis, emphysema and asthma
- Endocrine and immune, esp. metabolic syndrome, Type 2 diabetes, hyperthyroidism and autoimmune disorders
- Musculoskeletal, esp. chronic widespread pain disorders and arthritic disorders
- Genitourinary, esp. chronic pelvic pain and dyspareunia
- Gastrointestinal, esp. irritable bowel syndrome and functional dyspepsia
- Integumentary system, esp. psoriasis, cutaneous sensory complaints and self-induced dermatoses

Complex PTSD and Physical health

In repeated research, there is a robust relationship between trauma exposure and poor physical health.

- There is a graded relationship between trauma exposure, chronic PTSD and the majority of chronic medical conditions.
- The relationship between PTSD and chronic medical conditions is explained by the number of lifetime traumas experienced.
- Research suggests that multiple traumas have a cumulative effect on physical health.

Biological changes in Complex PTSD vs PTSD

Prolonged traumas that occur in childhood, presumably as the basis for Complex PTSD, likely have a differential impact on biological systems as compared to traumas occurring later when key developmental brain, hormonal and immune system phases have occurred or traumas are more discreet.

Traumatic experiences in childhood lead to brain and hormonal changes that impact on subsequent learning, memory and emotional regulation.

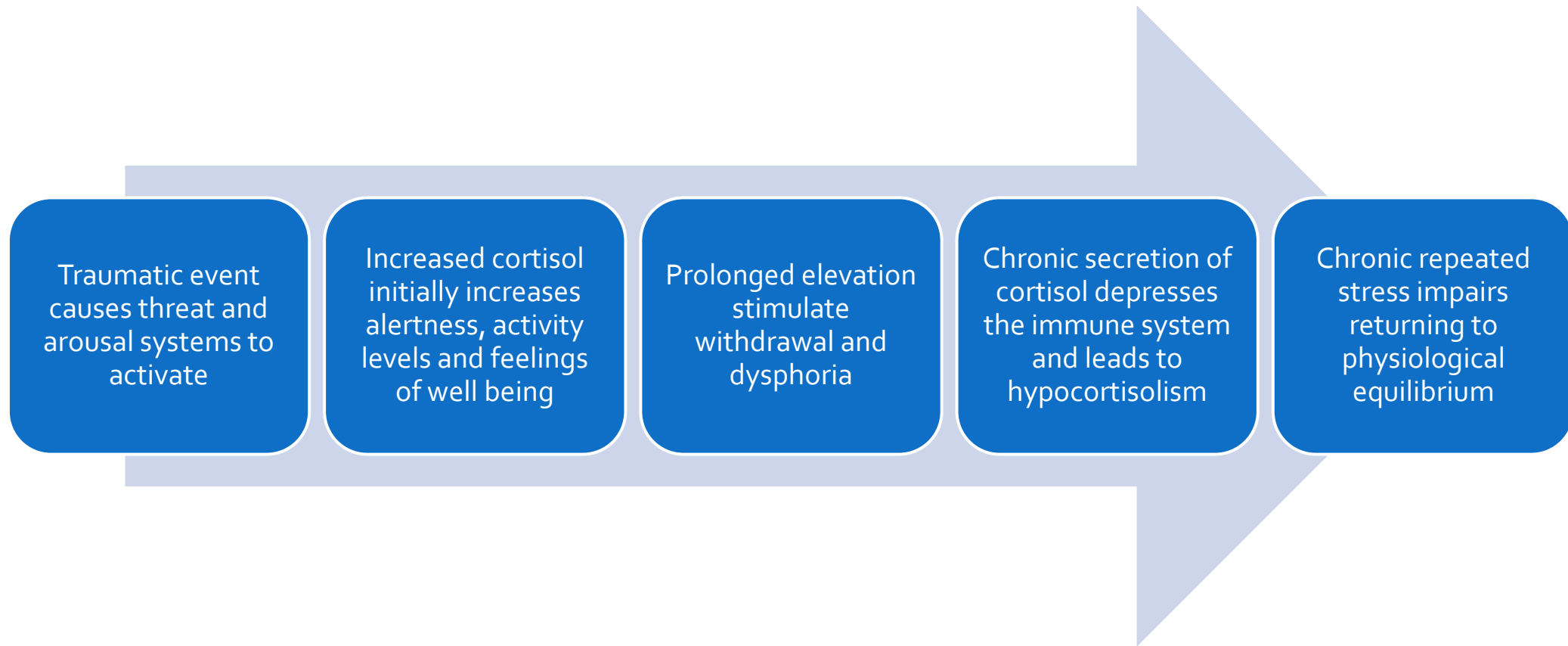
How might Complex PTSD cause physical symptoms?

Early life trauma occurs at a time when the brain and body are developing. Repeated trauma is thought to affect:

1. The hypothalamic-pituitary-adrenal axis and the sympatho-adrenal medullary axis, resulting potentially in

- An effect on neuroendocrine and immune function
- Direct CNS effects, causing direct neurological symptoms, changes in sleep-wake regulation and level of consciousness
- Affect peripheral organ systems

Hypocortisolism



Case History 1

- Mr Smith is a 45 year old married man who was referred by his general practitioner with difficult to manage back pain in the setting of a WorkCover claim. He had already undergone one laminectomy and was taking high doses of opiates, and wanted more.
- Everyone, including his case manager, was focussed on his physical injury and out of control pain behaviour.
- A developmental history uncovered a traumatic childhood characterised by an alcoholic father who regularly and for little reason physically abused Mr Smith. He had developed a belief that the world was not to be trusted, that he could rely on no-one but himself and in the past had abused numerous drugs to 'self-medicate' his internal distress. This and his family history put him at high risk of abusing drugs of dependence.
- Minimising opiate drug use and learning to listen to and care for his body greatly helped his chronic pain.

Case History 2

- Ms G is a 23 year old serving member of the Australian Army. At the age of 21 she was sexually assaulted by a male serviceman whilst working in New South Wales. She kept this to herself initially and presented over and over again to her medical officer with ill defined problems including headaches and abdominal pain. After about eighteen months she disclosed the rape.
- Ms G's father was imprisoned for a violent assault when she was four and her step-father sexually abused her from the age of 8 to 13. In her teenage years she self-harmed, began drinking at an early age and described herself as 'having ADD forever'.
- During consultations it became clear that Ms G had never been in an adult sexual relationship until the rape in the Army.
- Her presentations with physical symptoms after the rape were only recognised as somatisation after she disclosed the rape and her psychological vulnerability to the sexual assault.

Case History 3

- Mr R is a 69 year old Vietnam veteran who was involved in a number of very traumatic experiences during his army service. He presents with all the symptoms of classical PTSD but **severe** episode of dissociation. He has self-harmed during these episodes and loses big chunks of time.
- Over the years he has struggled with poorly controlled Type 2 diabetes, hypertension and chronic headaches that have not responded to treatment.
- A developmental history found treatment for Perthes disease at the age of six. He was hospitalised for over a year in a full body cast. His family visited about once a month. He remembers purposefully soiling his cast so that he could have it redone so that he could talk to someone.
- He coped with his Complex PTSD for many years by hard work and distraction, but suffers a number of chronic physical problems. His dissociation likely relates to his childhood trauma rather than Vietnam trauma.

Challenges for physicians

Childhood trauma can result in chronic changes to personality structure and biological processes. This can result in chronic physical illnesses as well as somatisation.

- If you suspect your patient has somatisation, ie chronic physical symptoms that are not responding to usual treatment or seem out of proportion to their cause, **take a developmental history**. Ask 'as you were growing up, did you have any bad experiences, like abuse or trauma?' When you ask the question, do it at the right time and actually look at the patient and watch their body language. Be interested in their response.
- If your patient has chronic medical conditions that are not responding to usual treatment, or you suspect that there are psychological problems at play, **take a developmental history**.

Taking a developmental history

