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Research article

Impact of adverse childhood experiences on quality-adjusted life expectancy in the U.S. population

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Abstract

Background

Adverse childhood experiences (ACEs) adversely impact morbidity and mortality.

Objective

To quantify burden of disease associated with ACEs among U.S. adults by estimating quality-adjusted life expectancy (QALE) according to number of ACEs reported.

Participants and setting

Data from respondents' adverse experiences occurring before age 18 were collected in nine states through the 2011 and 2012 Behavioral Risk Factor Surveillance System (BRFSS).

Methods

We estimated health-related quality of life (HRQOL) scores from BRFSS data. We constructed life tables from the Compressed Mortality Files to calculate QALE, a generalization of life expectancy that weights expected years of life lived with the HRQOL score, according to number of ACEs.

Results

The QALE for an 18-year-old person reporting 0, 1–2, and 3+ ACEs was 55.1, 53.4, and 45.6 years, respectively. Reporting 3+ ACEs was associated with a 9.5-year decrease (17%) in QALE. The adverse impact of ACEs are present according to age, gender, and race/ethnicity subgroups. The impact of 3+ ACEs on QALE was nearly 3-fold greater for women than men (13.2 vs. 4.7-year decrease). By contrast, an 18-year-old reporting 1–2 ACEs experienced a small decrease in QALE (1.7 years).

Conclusions

Reporting 3+ ACEs led to a significant burden of disease, as assessed by QALE loss, to a similar degree as many other well-established behavioral risk factors and chronic conditions. Providers and policymakers should focus on efforts to prevent ACEs, initiate early detection of and interventions to minimize the impact of an ACE, and reduce the likelihood of engaging in maladaptive risky behaviors.

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Keywords

Adverse childhood experiences (ACEs); Health-related quality-of-life (HRQOL); Quality-adjusted life expectancy (QALE)

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