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Screening for Adverse Childhood Experiences in Primary Care

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**BACKGROUND**

- Adverse childhood experiences (ACE) have been shown to significantly contribute to morbidity and mortality in a dose dependent fashion in the patient population who have been exposed to such experiences. Early intervention and awareness of those at risk can improve the morbidity and mortality of this patient population.
- Adults who report an ACE score of 1-9 also report fair to poor general health, frequent behavioral health problems, disability, MI and asthma when compared to those adults who report an ACE score of 0.
- When a child has a high ACE score which includes abuse, neglect and family dysfunction they are exposed to toxic stress which is thought to influence the hypothalamic pituitary axis and gene alteration leading to earlier disease onset as an adult.

**AIMS STATEMENT**

- Our aim was to screen for adverse childhood experiences in our pediatric to young adult patient population and thus provide for early intervention and referrals to appropriate services.
- If we can detect and diagnose earlier disease outcomes should improve.

**METRICS**

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**OUTCOMES**

- In a short 9 months we were able to screen 2.2% of our patient population based on the age limitation in the study design.
- Of this 2.2% only 3 patients had an ACE score of 0.
- 82% of the patients screened had an ACE score of 1 or higher.
- 27% of the patients screened had a score of 1-3.
- 36% of the patients screened had a score of 4-7.
- One patient had a score of greater than 7.
- 7 of the 8 patients with a score of 1 or greater had some sort of intervention ordered.

**DISCUSSION**

- Most patients who were screened had a significant ACE score putting them at risk for behavioral health disorders and chronic disease in their adult life.
- 90% of patients screened received some type of intervention based on their score and risk factors.
- Future or continued screening in the Primary Care setting may lead to opportunities for more intervention.

**INTERVENTIONS**

- Patients aged 5-25 were given an ACE screening questionnaire from the months of March 2021-December 2021.
- Based on the ACE score and patient assessment, if a risk was identified the patient was referred for appropriate service such as behavioral health counseling or nutrition/diabetes education, screening labs ordered or medication initiated.

**REFERENCES**

IRB Exception Letter Was Obtained: “The IRB has determined that this project, as submitted, does not meet the definition of human subjects research and does not require IRB review as defined in the federal regulations.”
