The prevalence and impact of early childhood trauma in Chronic Fatigue Syndrome

Stefan Kempkea,*, Patrick Luytena,b, Stephan Claesc, Peter Van Wambeke d, Patrick Bekaertd, Lutgarde Goossensd, Boudewijn Van Houdenhovec,d

a Department of Psychology, University of Leuven, Leuven, Belgium
b Research Department of Clinical, Educational and Health Psychology, University College London, London, UK
c Department of Psychiatry, University Hospitals Leuven, University of Leuven, Leuven, Belgium
d Chronic Fatigue Syndrome Reference Center, University Hospitals Leuven, University of Leuven, Leuven, Belgium

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Abstract
Background: Although some studies have found high rates of early childhood trauma in Chronic Fatigue Syndrome (CFS), the role of early trauma in this condition remains controversial.

Methods: This study examined the prevalence of early childhood trauma and its impact on daily fatigue and pain levels over a 14-day period in a sample of 90 carefully screened CFS patients using a diary method approach. Data were analyzed using multilevel analysis.

Results: More than half of the patients (54.4%) had experienced at least one type of early trauma, with the majority of these patients reporting multiple traumas. Prevalence rates were particularly high for emotional trauma (i.e., emotional abuse and/or emotional neglect) (46.7%). Moreover, total trauma scores and emotional abuse significantly predicted higher levels of daily fatigue and pain over the 14-day period, even when controlling for demographic features and depressed mood.

Conclusions: This is the first study to demonstrate that early childhood trauma predicts increasing levels of core symptoms of CFS in the daily flow of life. Moreover, findings of this study suggest that emotional trauma may be particularly important in CFS.

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1. Introduction

Chronic Fatigue Syndrome (CFS) is part of a larger group of functional somatic syndromes (Wessely and Sharpe, 1998). It is a highly debilitating condition that is mainly characterized by medically unexplained fatigue and post-exertional malaise (Carruthers et al., 2011; Fukuda et al., 1994). Studies have found a high degree of comorbidity between CFS and other functional somatic syndromes such as Fibromyalgia (FM) and Irritable Bowel Syndrome (IBS), indicating that similar factors may be involved in the causation of these disorders (Ablin et al., 2012; Van Houdenhove, Kempke, and Luyten, 2010; Van Houdenhove and Luyten, 2009).

A growing body of research suggests that early life stress may be implicated in the development of CFS and related conditions (Van Houdenhove, Egle, and Luyten, 2005; Van Houdenhove and Egle, 2004; Van Houdenhove et al., 2010; Van Houdenhove, Luyten, and Egle, 2009). Indeed, studies have shown elevated rates of early childhood trauma in CFS (see Table 1). In one of the first studies on the role of early trauma in CFS, Van Houdenhove et al. (2001) demonstrated significantly higher rates of victimization, and emotional trauma in particular, in a mixed sample of CFS and FM patients, as compared to normal controls and patients with a chronic disease (i.e. rheumatoid arthritis and multiple sclerosis). Subsequent studies (Clark et al., 2011; Crawley et al., 2012; Fuller-Thomson et al., 2011; Heim et al., 2006, 2009; Johnson et al., 2010; Taylor and Jason, 2001, 2002; Tietjen et al., 2010) have provided further support for an association between early childhood trauma and CFS. For instance, Heim et al. (2006, 2009), in a large population-based study in the US, showed that childhood trauma was associated with an increased risk for CFS. More recently, Crawley et al. (2012), using a population-based cohort study in the UK, demonstrated a significant relationship between early family adversity and chronic disabling fatigue in teenagers.

Assumptions about an association between early childhood trauma and chronic fatigue are reinforced by research suggesting that early trauma may explain in part the neurobiological disturbances that have been observed in at least a subset of CFS patients...
childhood trauma has been related to in
Houdenhove, Van Den Eede, and Luyten, 2009). Moreover, early
biological theories of CFS (Van Houdenhove and Luyten, 2011). a role in CFS continues to be contested by proponents of purely
prevalence of early trauma in a sample of well-screened CFS pa-
tyrka, Price, Marsit, Walters, and Carpenter, in press).
corticoid receptor gene (Houdenhove et al., 2008). In the present study, we therefore
investigated the prevalence of different types of self-reported early
chronic fatigue (N = 45). In the present study, we therefore
investigated the prevalence of different types of self-reported early
childhood trauma and its impact on core symptoms (i.e., fatigue and pain) in CFS in the natural flow of everyday life using daily
diary methodology. Compared to traditional questionnaire research, diary methodology provides a more valid measurement of
symptom severity as it is less prone to recall bias (bolger et al., 2003; Kempke et al., in press). Moreover, we examined the rel-
ationship between childhood trauma and subsequent symptoms after taking into account the effects of depressed mood. Indeed,
studies have amply demonstrated that early childhood trauma is
associated with increased vulnerability to depression (luyten et al.,
2006), even in the daily flow of life (Glaser, van Os, Portegijs, and
Myin-Germeys, 2006). Based on clinical observations and our
previous findings (Van Houdenhove et al., 2001), we expected
a high prevalence of early trauma and emotional trauma in par-
ticular in CFS. Moreover, and most importantly, we hypothesized
that a history of early childhood trauma would be associated with
higher levels of CFS symptoms over time even when controlling for
depressed mood.

2. Method

2.1. Participants

Participants were 144 consecutive patients who were attending a
multidisciplinary treatment program at the Chronic Fatigue Syndrome Reference Center Pellenberg of the University Hospitals of
Leuven (Belgium). Patients were carefully screened according to

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample</th>
<th>Early trauma measure</th>
<th>Distribution of early trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Van Houdenhove et al. (2001)</td>
<td>Mixed sample of clinically confirmed CFS/FM patients (N = 95) recruited from a tertiary care setting</td>
<td>Traumatic Experiences Checklist (TEC; Nijenhuis et al., 2002)</td>
<td>At least one type of trauma: 64.1% Emotional abuse: 37.9% Emotional neglect: 48.4% Physical abuse: 23.2% Sexual abuse: 20% Sexual abuse: 9.5%</td>
</tr>
<tr>
<td>Taylor and Jason (2001)</td>
<td>Community-based sample of clinically confirmed CFS cases (N = 32)</td>
<td>Sexual-Physical Abuse History Questionnaire (Leserman et al., 1995)</td>
<td>Sexual abuse: 16.1%/34.1% Physical abuse: 29%/25% Death threat: 6.5%/9.3%</td>
</tr>
<tr>
<td>Heim et al. (2006)</td>
<td>Population-based sample of clinically confirmed CFS cases (N = 43)</td>
<td>Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003)</td>
<td>At least one type of trauma: 63% Emotional abuse: 42% Emotional neglect: 60% Physical abuse: 16% Sexual abuse: 28%</td>
</tr>
<tr>
<td>Heim et al. (2009)</td>
<td>Population-based sample of clinically confirmed CFS cases (N = 106)</td>
<td>Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003)</td>
<td>At least one type of trauma: 62.3% Emotional abuse: 33% Emotional neglect: 25.5% Physical abuse: 24.5% Sexual abuse: 33%</td>
</tr>
<tr>
<td>Tietjen et al. (2010)</td>
<td>Patients from a headache clinic who fulfilled CDC-criteria for CFS (N = 219)</td>
<td>Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003)</td>
<td>Emotional abuse: 23% Emotional neglect: 20% Physical abuse: 24% Physical abuse: 21%</td>
</tr>
<tr>
<td>Johnson et al. (2010)</td>
<td>Clinically confirmed CFS patients (N = 93) recruited from a tertiary care clinic</td>
<td>Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003)</td>
<td>At least one type of trauma: 45.7% Emotional abuse: 24.7% Emotional neglect: 31.2% Physical abuse: 14% Physical abuse: 24.7% Sexual abuse: 29%</td>
</tr>
<tr>
<td>Clark et al. (2011)</td>
<td>Cohort study with outcomes of self-reported CFS/ME (N = 127)/operationally defined CFS-like illness (N = 241)</td>
<td>Self-reported parental abuse and doctor-reported physical neglect</td>
<td>Neglected/underfed appearance: 11%/15.4% Parental physical abuse: 16.5%/16.2% Parental sexual abuse: 6.3%/6.6%</td>
</tr>
</tbody>
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