

KING'S
College
LONDON
University of London

Institute of Psychiatry
at the Maudsley

South London and Maudsley NHS
Foundation Trust

**Biological embedding of child stress
through inflammation**

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Department of Child & Adolescent Psychiatry

National & Specialist Child Traumatic Stress and Anxiety Clinic

background

biological studies

clinical implications

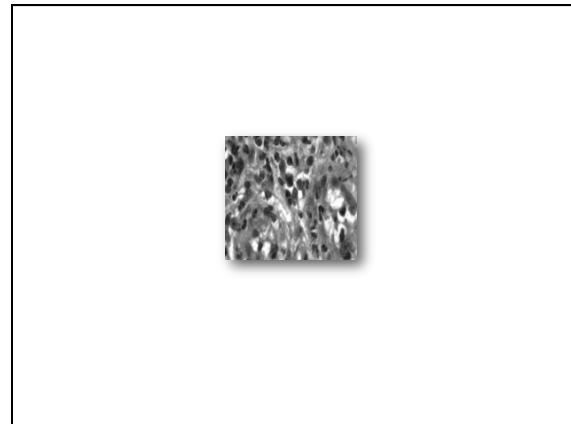
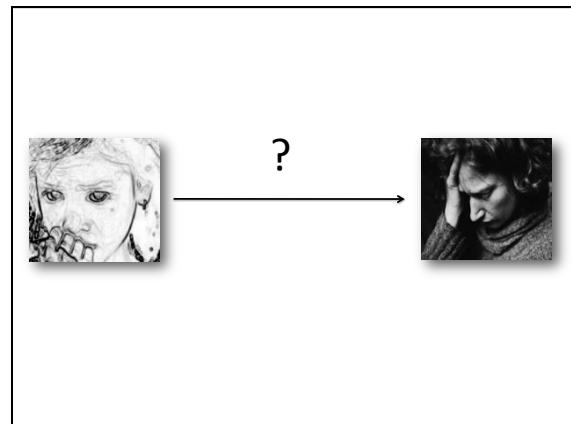
conclusion

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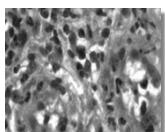


INFLAMMATION

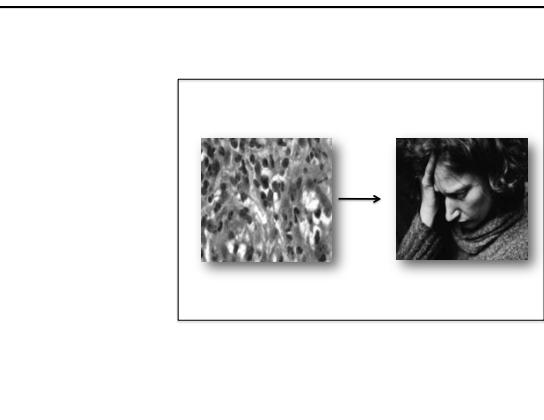
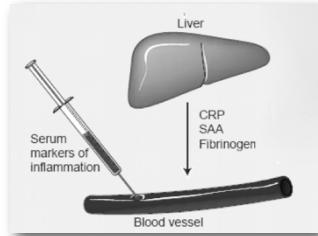
> Innate immunity

- Body physical barriers (e.g., skin, gastrointestinal tract)

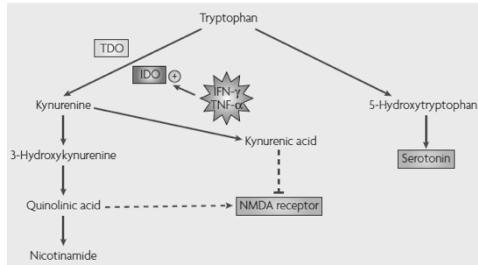
- Non-self recognition (complement system, Toll-like receptors)
- Activation (cytokines, endothelial cells)
- Response (phagocytes, acute phase proteins)



MEASURING INFLAMMATION



INFLAMMATION & DEPRESSION



Dantzer R et al, *Nat Rev Neurosci* 2008, 9: 46-56. Miller AH et al, *Biol Psychiatry* 2009, 65: 372-41

ELEVATED INFLAMMATION IN DEPRESSION

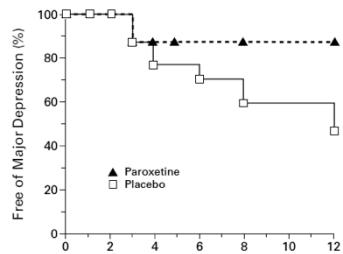
IN ADULTS

- CRP:** $d=0.15$ (95%CI=0.10, 0.21), $p=0.001$;
IL-6: $d=0.25$ (95%CI=0.18, 0.31), $p=0.001$;
IL-1: $d=0.35$ (95%CI=0.03, 0.67), $p=0.03$;
IL-1ra: $d=0.25$ (95% CI 0.04, 0.46), $p=0.02$

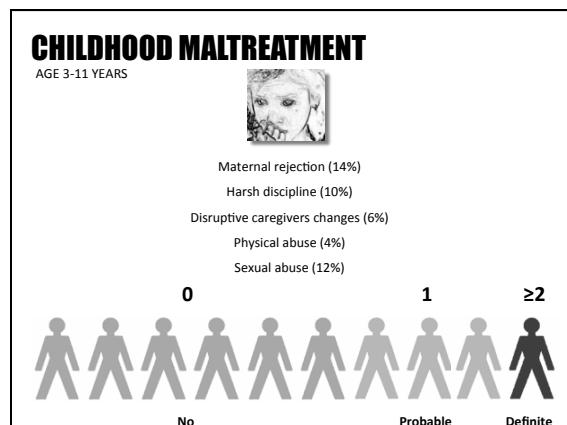
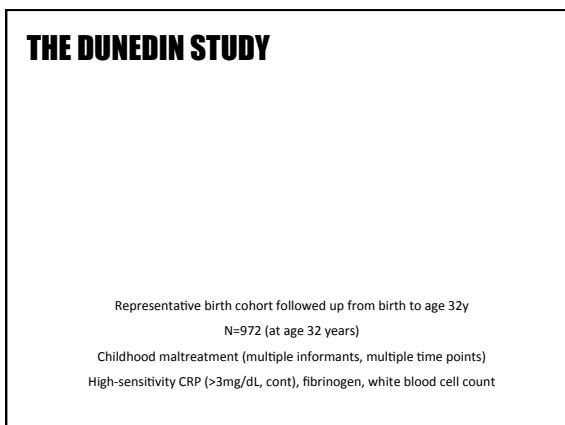
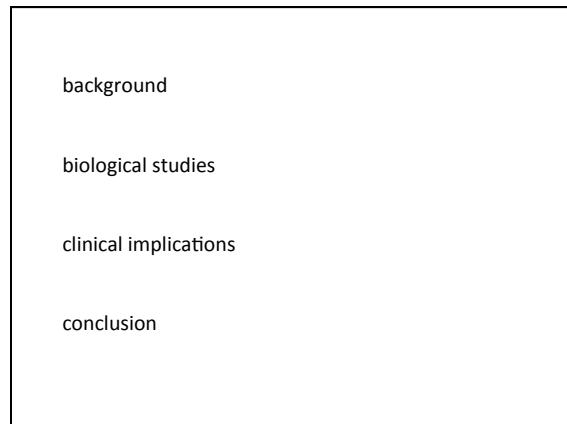
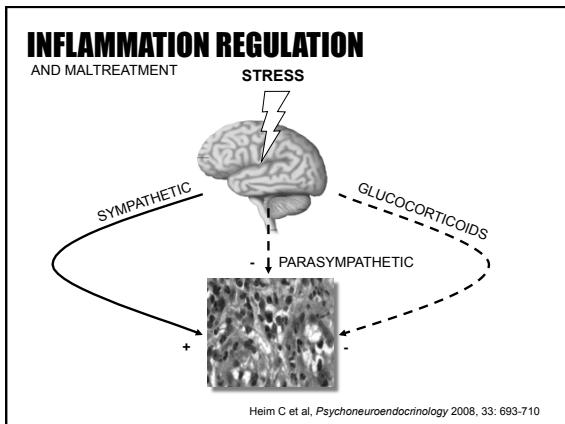
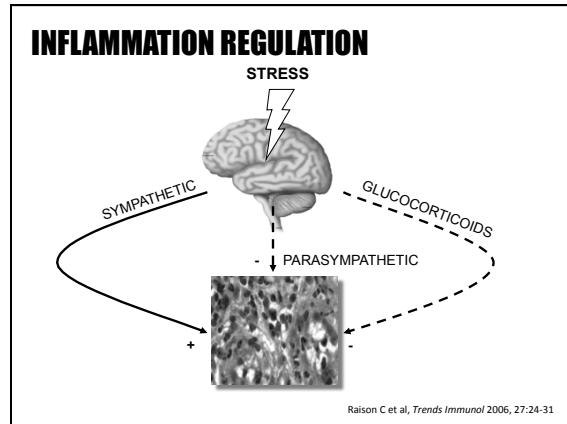
Howren M et al, *Psychosom Med* 2009, 71: 171-86

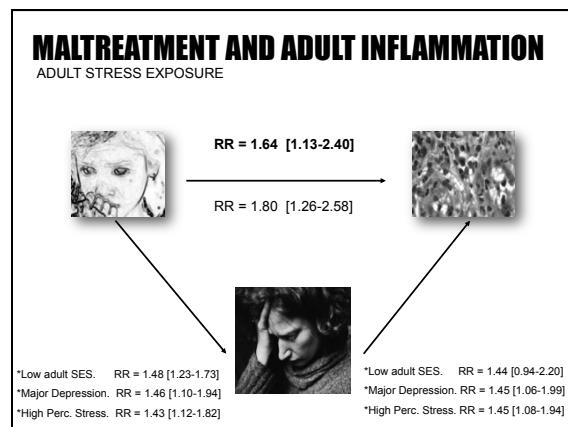
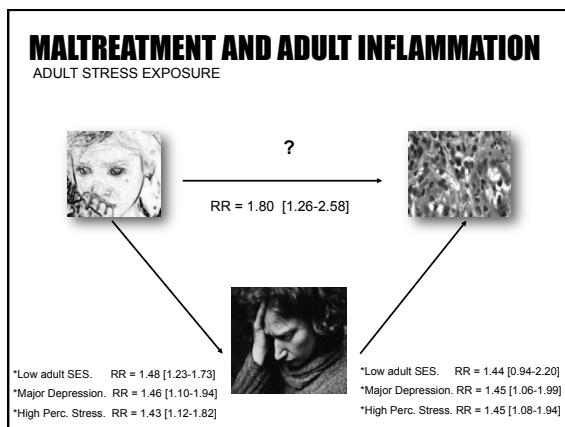
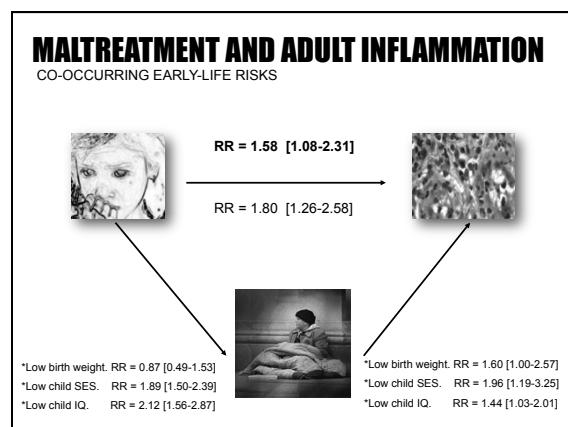
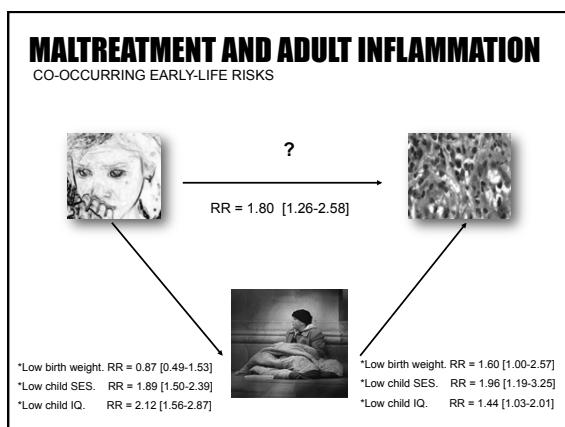
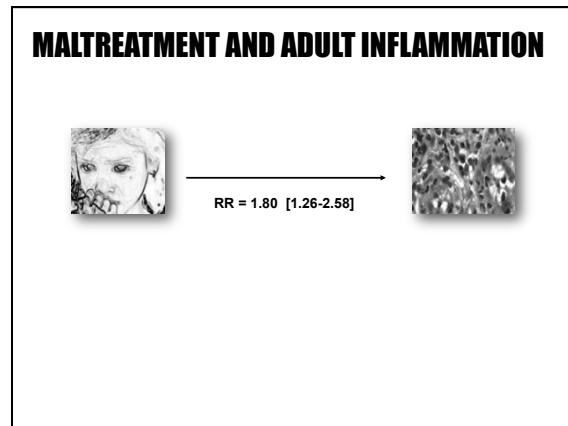
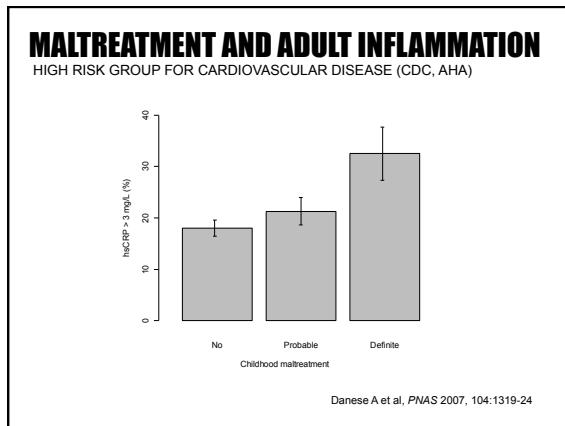
INFLAMMATION CAUSES DEPRESSION

IN ADULTS



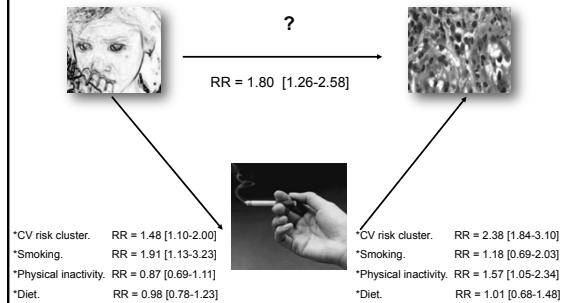
Musselman D et al, *N Engl J Med* 2001, 344: 961-6





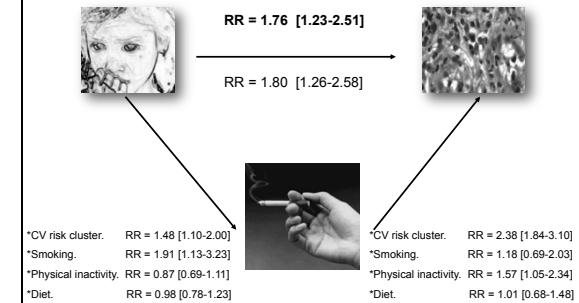
MALTREATMENT AND ADULT INFLAMMATION

ADULT HEALTH & HEALTH BEHAVIOURS

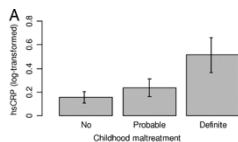


MALTREATMENT AND ADULT INFLAMMATION

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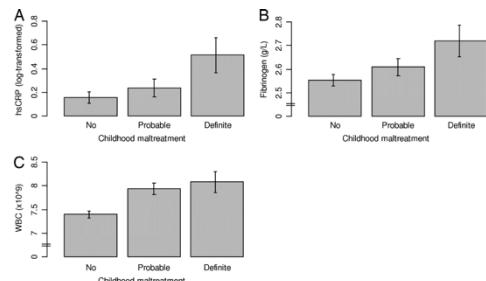


MALTREATMENT & ADULT INFLAMMATION



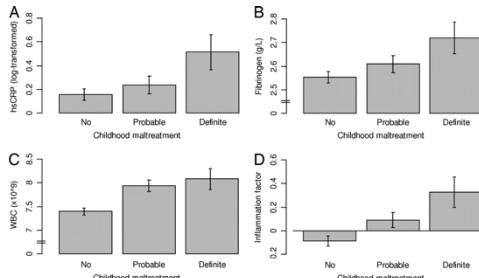
Danese A et al, PNAS 2007, 104:1319-24

MALTREATMENT & ADULT INFLAMMATION



Danese A et al, PNAS 2007, 104:1319-24

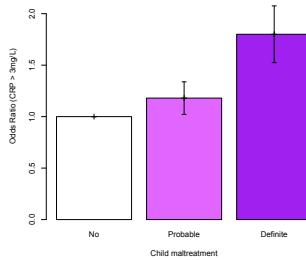
MALTREATMENT & ADULT INFLAMMATION



Danese A et al, PNAS 2007, 104:1319-24

CHILD MALTREATMENT

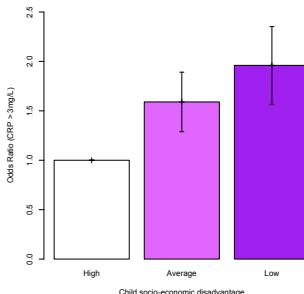
AND ADULT INFLAMMATION



Danese A et al, Arch Pediatr Adolesc Med 2009, 163: 1135-43

CHILD SOCIO-ECONOMIC DISADVANTAGE AND ADULT INFLAMMATION

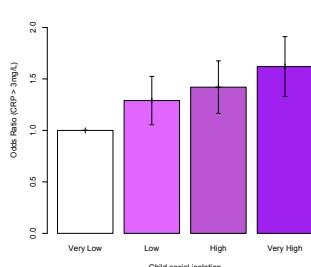
AND ADULT INFLAMMATION



Danese A et al, Arch Pediatr Adolesc Med 2009, 163: 1135-43

CHILD SOCIAL ISOLATION AND ADULT INFLAMMATION

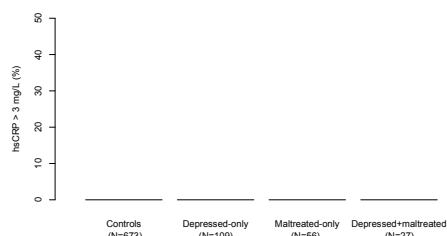
AND ADULT INFLAMMATION



Danese A et al, Arch Pediatr Adolesc Med 2009, 163: 1135-43

MALTREATMENT, DEPRESSION & INFLAMMATION IN ADULTS

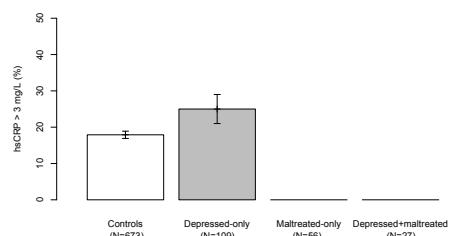
IN ADULTS



Danese A et al, Arch Gen Psychiatry 2008, 65: 409-15

MALTREATMENT, DEPRESSION & INFLAMMATION IN ADULTS

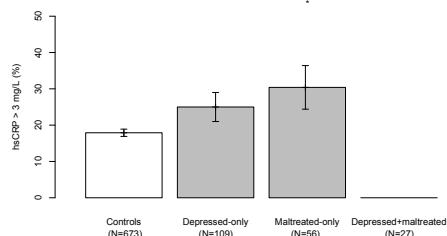
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Danese A et al, Arch Gen Psychiatry 2008, 65: 409-15

MALTREATMENT, DEPRESSION & INFLAMMATION IN ADULTS

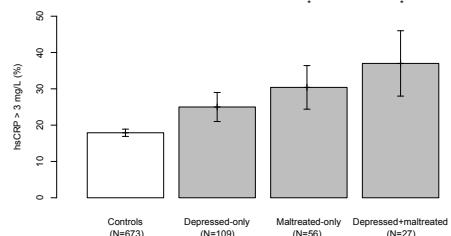
IN ADULTS



Danese A et al, Arch Gen Psychiatry 2008, 65: 409-15

MALTREATMENT, DEPRESSION & INFLAMMATION IN ADULTS

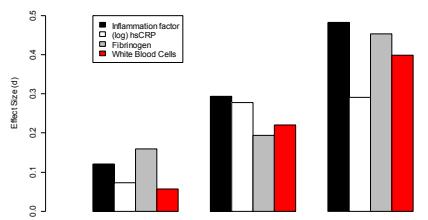
IN ADULTS



Danese A et al, Arch Gen Psychiatry 2008, 65: 409-15

MALTREATMENT, DEPRESSION & INFLAMMATION

IN ADULTS

Danese A et al, *Arch Gen Psychiatry* 2008, 65: 409-15

THE E-RISK STUDY

Longitudinal twin study of children born in 1994-95 in England and Wales

Target sample N=172, age 12 years

Childhood physical abuse: K Dodge's interview with mothers (prospectively collected)

Matched for family SES, gender, zygosity

Depression: Children's Depression Inventory (CDI≥20)

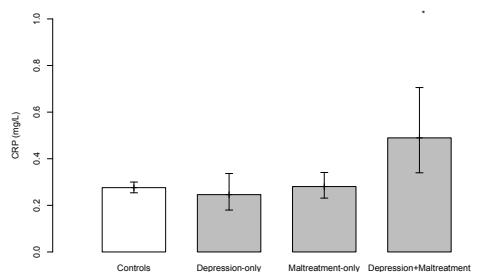
Inflammation: minimally-invasive collection of CRP through dried blood spots

BIMARKERS IN DRIED BLOOD SPOTS

Dove & Danese (*in preparation*)

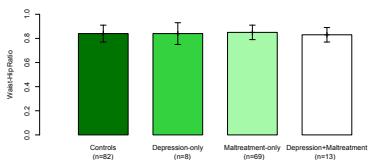
MALTREATMENT, DEPRESSION & INFLAMMATION

IN CHILDREN

Danese A et al, *Mol Psychiatry* 2011, 16: 244-6

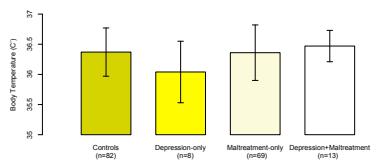
MALTREATMENT, DEPRESSION & INFLAMMATION

IN CHILDREN

 $r(\text{CRPdbs}, \text{WHR}) = .22, p = 0.005$ Danese A et al, *Mol Psychiatry* 2011, 16: 244-6

MALTREATMENT, DEPRESSION & INFLAMMATION

IN CHILDREN

 $r(\text{CRPdbs}, T^\circ) = .18, p = 0.020$ Danese A et al, *Mol Psychiatry* 2011, 16: 244-6

SUMMARY (1)

- > Since childhood, maltreated children show stress-related elevation in inflammation levels.
- > What is the clinical relevance of the observed biological abnormalities?

background

biological studies

clinical implications

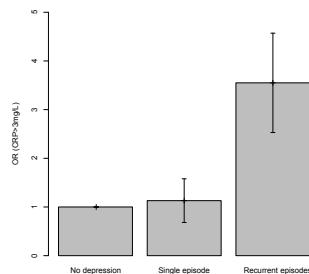
conclusion

DEPRESSION COURSE

- 12-month prevalence: 7%
- Lifetime prevalence: 16%
- 60% of remitted patients will have recurrence in 5 years
- Each new episode increases risk of recurrence
- Each new episode reduces time to recurrence
- > Depression is a *recurrent* and possibly *progressive* illness

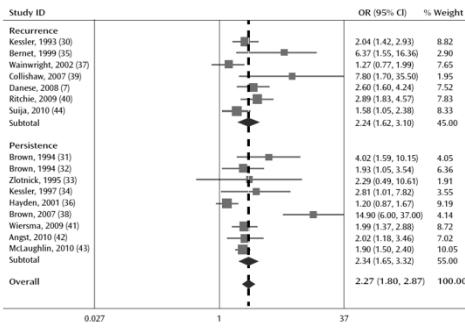
Kessler et al, JAMA 2003, 289:3095-105. Solomon D et al, Am J Psychiatry 2000, 157:229-33

INFLAMMATION & DEPRESSION COURSE



Ford D et al, Arch Intern Med 2004, 164: 1010-4

MALTREATMENT & DEPRESSION COURSE



Nanni, Uher & Danese, Am J Psychiatry 2012, 169: 141-151

TREATING DEPRESSION

NICE GUIDELINES

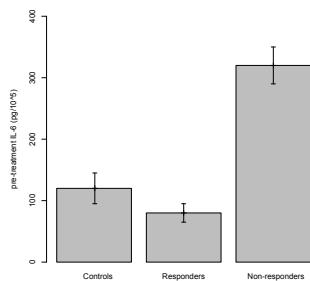
ADULTS

Psychotherapy (CBT, IPT) should be used to treat mild depression.
Pharmacotherapy should be used in addition to psychotherapy to treat moderate and severe depression (*combined therapy*).

YOUNG PEOPLE

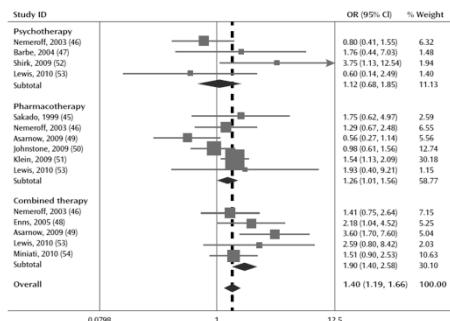
Psychotherapy (CBT, IPT, family therapy) should be used as first-line treatment of depression of any severity.
Pharmacotherapy (SSRIs) should be used in addition to psychotherapy for young people who do not respond to treatment with psychotherapy alone (*combined therapy*).

INFLAMMATION & POOR TREATM. RESPONSE



Lanquillon S et al, *Neuropsychopharmacology* 2000, 22: 370-9

MALTREATMENT & POOR TREATM. RESPONSE



Nanni, Uher & Danese, *Am J Psychiatry* 2012, 169: 141-151

SUMMARY (2)

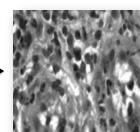
- > Maltreated children are at elevated risk of developing recurrent and progressive episodes of depression throughout the life-course.
- > Depressed individuals with a history of childhood maltreatment are at elevated risk of poor response to antidepressant treatment.

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biological studies

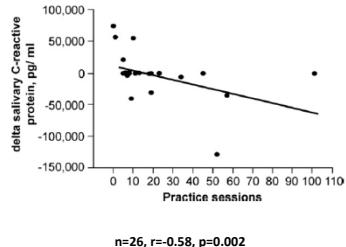
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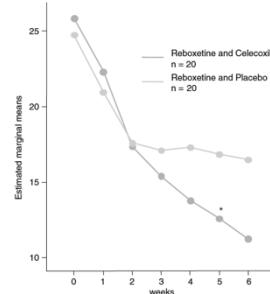
C-B COMPASSION TRAINING

IN FOSTER CHILDREN



Pace T et al, *Psychoneuroendocrinology* 2013, 38:294-9

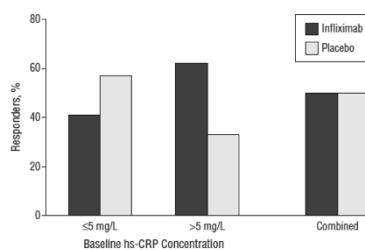
ANTI-INFLAMMATORY MEDS & DEPRESSION



Müller N et al, *Mol Psychiatry* 2006, 11:580-4

TREATMENT-RESISTANT DEPRESSION

AND ANTI-INFLAMMATORY TREATMENT



Raison CL et al, *JAMA Psychiatry* 2013, 70: 31-41

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@stressdev

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wellcome trust



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E-Risk & Dunedin Study Teams
N&S Child Trauma & Anxiety Clinic



NARSAD