Exposure to adverse childhood experiences is associated with poor analgesia-related outcomes.

The impact of adverse childhood experiences on analgesia-related outcomes: a systematic review Dhaneesha N.S. Senaratne, Mia Koponen, Karen N. Barnett, Blair H. Smith, Tim G. Hales, Louise Marryat, Lesley A. Colvin



Adverse childhood experiences (ACEs) are potentially stressful events or environments that occur before the age of 18 (e.g. abuse, neglect, household challenges).



Analgesia-related outcomes are consequences arising from the relating to the use, benefits, and harms of analgesic medications (e.g. side-effects, hospital admissions).

47%

The proportion of adults in the UK that have been exposed to at least one ACE¹.



There is a dose-dependent relationship between ACE exposure and chronic pain in adulthood².



How ACE exposure may influence the management of chronic pain is unclear. In this review we focused on the pharmacological management (analgesia-related outcomes).



Seven databases were searched from inception to 26/09/2023. The search strategy included terms for ACEs, analgesic classes, and 59 analgesics taken from the British National Formulary.



Inclusion criteria: 1) adverse events aged <18 years, 2) analgesia-related outcomes aged ≥18 years, 3) human studies, English language. Exclusion criteria: 1) adversity in adulthood, 2) editorials, case reports, or conference abstracts.



Title/abstract screening, full text review, data extraction, and risk of bias assessment were performed in duplicate. (← Scan QR code for PROSPERO registration)



University of Dundee, UK

From 7,351 identified records, we included 66 studies involving 137,395 participants.

Compared to no/low ACE exposure, high ACE exposure was linked to...



...any analgesic prescription (3/4 studies) and over-the-counter analgesia (1/1 study), partially associated with opioid prescription (3/7 studies), but not associated with sedative use (0/1 study).



...opioid misuse (21/27 studies), severity of opioid misuse (4/4 studies), younger age at opioid initiation (7/8 studies), opioid relapse (1/1 study), and sedative misuse (4/5 studies).



...medication side-effects (5/5 studies), endogenous pain signalling (2/4 studies), lifetime overdose (2/2 studies), and attempted suicide (1/1 study).



No studies assessed whether ACE exposure influenced the benefits of analgesic medications (e.g. effectiveness).



Many papers focused on opioid-related outcomes. Other highrisk analgesic classes (e.g. gabapentinoids) were notably absent. More research is required to address these evidence gaps.



The findings reinforce the need to adopt trauma-informed approaches to healthcare, especially in specialties like chronic pain where the prevalence of ACEs is high.