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Profile of medically unexplained symptoms associated with adverse childhood experiences

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Aims: We report the prevalence of children with medically unexplained symptoms in a pediatric neurology clinic, describe their symptom profiles, and explore their association with adverse childhood experiences (ACEs).

Methods: We retrospectively reviewed 100 consecutive patients from an outpatient pediatric neurology clinic. Patients were included if they were >5 years old and reported >4 medically unexplained symptoms (MUS) for >3-months. Symptom profiles across six functional domains were recorded: They are executive dysfunction, sleep disturbances, autonomic dysregulation, somatization, digestive symptoms, and emotional dysregulation. ACEs were scored for all patients.

Results: Seventeen patients reported >4 MUS. Somatization, sleep disturbances and emotional dysregulation occurred in 100% patients, with executive dysfunction (94%), autonomic dysregulation (76%) and digestive problems (71%) in the majority. Forty-two children reported >1 ACE, but children with >4 MUS were more likely to report ACEs compared to other children (88% vs. 33%; $p<0.0001$), and had a higher median total ACE score (3 vs 1; $p<0.001$).

Conclusions: Children with multiple medically unexplained symptoms should be screened for potential exposure to ACEs. A clinical profile of unexplained medical symptoms across multiple functional domains within the nervous system suggests putative neurobiological mechanisms involving nervous system dysregulation that require further study.

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