

The Prevalence of ACEs Among Obese Pediatric Patients Presenting in Primary Care  
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The obesity epidemic has been of increasing concern in the United States for years (Ogden et al., 2014). According to the CDC, childhood obesity affects nearly one fifth of the children in the U.S. (Hales et al., 2017). Many of the widely known risk factors have been identified, however, there are other factors that are harder to identify (Agras et al., 2004). Research has established a relationship between stress and weight gain. Persistent and prolonged stressors can lead to an overreactive response to stress and the dysregulation of hunger hormones as well as maladaptive coping mechanisms such as overeating (Bose, Oliván, & Laferrère, 2009; Dallman et al., 2003; Saplowsky, 2004). An example of the types of stressors frequently associated with weight gain is traumatic experiences or adverse childhood experiences (ACEs). In addition to a heightened stress response, the emotional dysregulation resulting from trauma is frequently associated with disordered eating behaviors (Dye, 2018; Micanti et al., 2015). While adverse childhood experiences (ACEs) have been identified as risk factors for multiple health issues including obesity in adults, there is a lack of research identifying if this risk factor increases risk of obesity earlier in life as well (Felitti et al., 1998). To fully understand the childhood obesity epidemic and effectively implement preventative and remedial treatments, we must understand the impact traumatic experiences have on the health of children prior to adulthood, when the treatment of obesity-related illnesses becomes significantly more complex with varying comorbidities and other obstacles. By collecting archival data from electronic health records at community health clinics, this study plans to investigate relationships between pediatric patients with a history of ACEs and their BMI. Based on similar studies with adults, we expect children who have ACEs to have higher BMIs, and the severity increasing as number of ACEs increases. The results of this study have important implications for the treatment of pediatric obesity in primary care. Not only does it highlight the importance of educating patients on preventing the occurrence of ACEs, but it provides justification for early intervention provided by mental health providers in integrated healthcare settings. The processing of trauma with children and families and provision of education on healthy coping offers a new avenue for the treatment of pediatric obesity in primary care with the ultimate goal being prevention of childhood obesity, generating a more positive trajectory for health and wellness into adulthood.

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