

# Impact of Childhood Trauma on Patients with Schizophrenia

#### **Thesis**

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### List of Abbreviations

**ACC** : Anterior cingulate cortex

**ACEs** : Adverse childhood experiences

**APA** : American Psychiatric Association

**APSAC**: American Professional Society on the Abuse

of Children

**ASI** : Attachment style interview

**AVP** : Arginine vasopressin gene

**BDNF** : Brain derived neurotrophic factor

 $(\chi)$ : Chi - square test of significance

**CT** : Childhood trauma

**CSA** : Child sexual abuse

**CPA** : Child physical abuse

**CDC**: Centers for Disease Control and Prevention

CECA -Q: Childhood experience of care and abuse

questionnaire

**COMT** : Catechol-O-methyltransferase

**CRF** : Chronically elevated

**CT** : Childhood trauma

**CTQ** : Childhood trauma questionnaire

**DID** : Dissociative identity disorder

**DMN**: Default mode network

**DSM-5**: Diagnostic and statistical manual of mental

disorders

#### List of Abbreviations &

**DSM-IV-**: Diagnostic and statistical manual of mental

**TR** disorders four text revised

**DUP** : Duration of untreated psychosis

**EE** : Expressed Emotion

**ET** : Early trauma

Fisher's exact test of significance

**FKBP5** : Factors including genes

**GPS**: General psychopathology subscale

subscale

**HPA**: Hypothalamic pituitary adrenal

**IQR** : Interquartile range

**MMPI**: Multiphase Personality Inventory

**mPFC**: Medial prefrontal cortex

NAA : N-acetyl aspartate

NR3C1 : Neuron-specific glucocorticoid receptor

**PANSS**: Positive and Negative Syndrome Scale

**PBI**: Parental Bonding Instrument scale

**PD** : Personality disorder

**PFC**: Prefrontal cortex

**PTSD** : Post-traumatic stress disorder

**SCID-I**: Structured Clinical Interview for DSM-IV-TR

Axis I Disorders

**SCID-II** : DSM-IV-TR Axis II personality Disorders

**SCL-90-R**: Symptom Checklist-90-Revised

**SES** : Socio-Economic Status

**SN** : Salience networks

**SNS** : Sympathetic nervous system

SZ : Schizophrenia

T : Student t-test of significance

**WHO**: World Health Organization

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#### Introduction

Traumatic childhood experiences are major public health problem with a lifelong adverse effect on victims if there is no proper treatment. It is defined as any act (s) or failure of act (s) by parent or caregiver that results in actual or potential harm to a child's health or development, including neglect and abuse [physical, psychological, and sexual abuse] (World Health Organization, 2014). It also includes peer victimization (bullying), domestic violence and experiences of parental loss and separation. They are common experience worldwide, with some estimates suggesting that about a third of the general population may be affected. CT occurs in different forms and is deeply rooted in cultural, economic and social practices (*Matheson et al.*, 2013).

Modern studies explain how childhood trauma interacts with genes and environmental factors to affect the developing brain and neuronal network (*Hart and Rubia*, 2012; *Bair-Merritt et al.*, 2013; *Matheson et al.*, 2013).

There is a wealth of evidence suggestive of an association between childhood trauma and psychosis (*Matheson et al., 2013*). And this is important because

schizophrenia is considered one of the world's top ten causes of disability (*Matheson*, 2018).

Moreover patients with psychotic disorders who suffered from childhood trauma had a more persistence of psychotic symptoms, higher number of suicide attempts, poor medication adherence, and increased risk of readmission and relapse (Alvarez et al., 2011, Garno et al., 2005, Lecomte et al., 2008, Trotta et al., 2016). In terms of social and vocational functioning, childhood trauma is linked with a higher rate of unemployment and increased service costs (Álvarez-Jiménez et al., 2012, Davidson et al., 2009).

The relationship between different types of child abuse and psychosis symptom dimensions in adulthood suggests that distinct pathways may be involved in the child abuse psychosis association. These potentially different routes to developing psychosis merit further empirical and theoretical exploration (*Trotta et al.*, 2016). All 5 types of child abuse and positive and negative symptoms of psychosis are connected through symptoms of general psychopathology. These findings are in line with the theory of an affective pathway to psychosis. After exposure to child abuse, with anxiety as a main connective