



Early-life stress (ELS)

&

psycho-cardiometabolic comorbidity



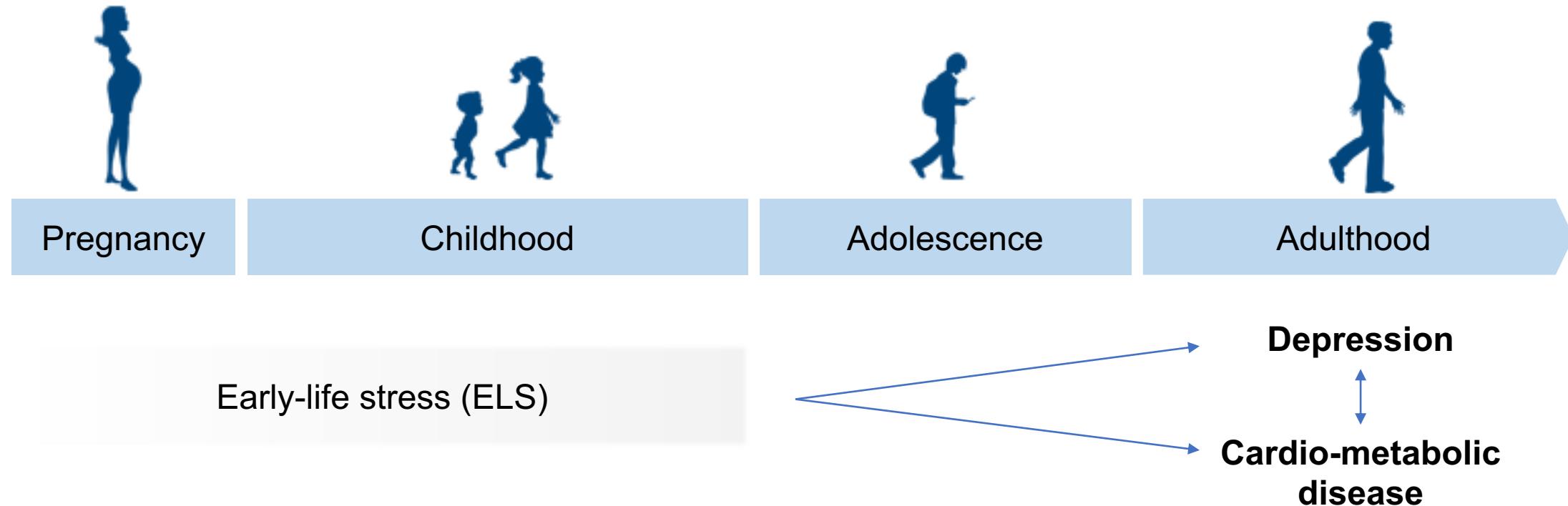
29/03/2023

Serena Defina, Erasmus MC

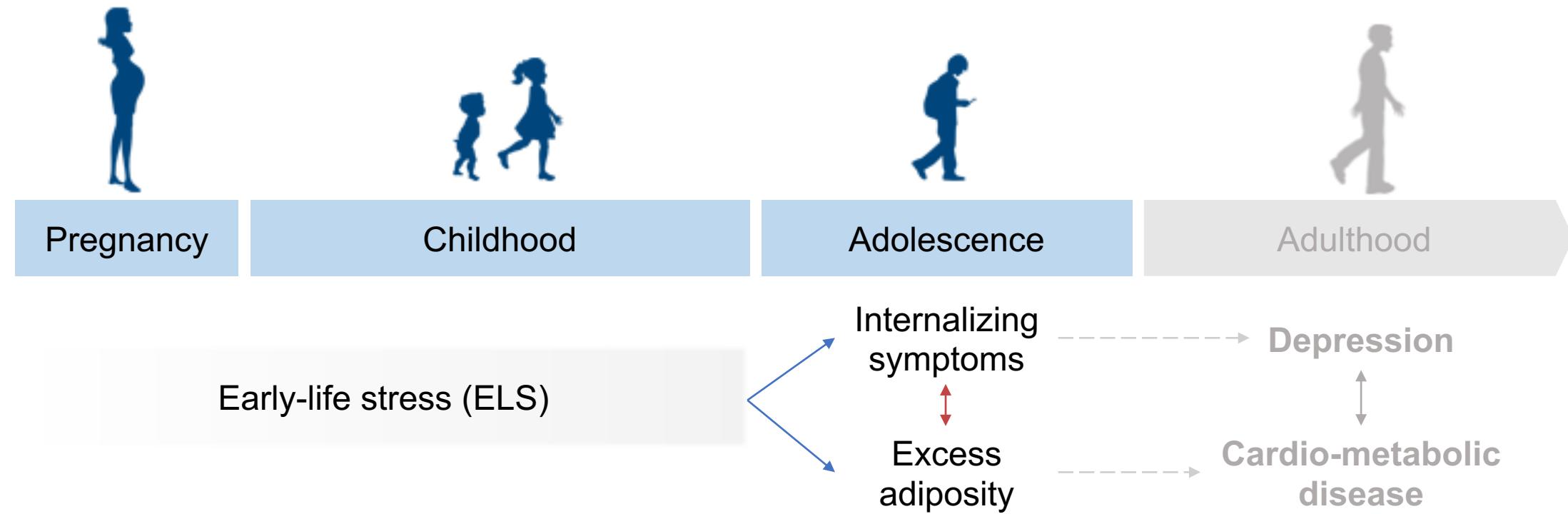


This project has received funding from the European Union's Horizon 2020 research and innovation programme under Grant Agreement N° 848158.

Background



Background



This talk

1

Differential effects of prenatal and postnatal ELS on internalizing symptoms, adiposity and their comorbidity in early adolescence

2

The role of exercise, sleep and diet in the association between ELS and psycho-cardiometabolic health

3

Cross-sectional and longitudinal relations between internalizing symptoms and cardiometabolic health from childhood to early adulthood

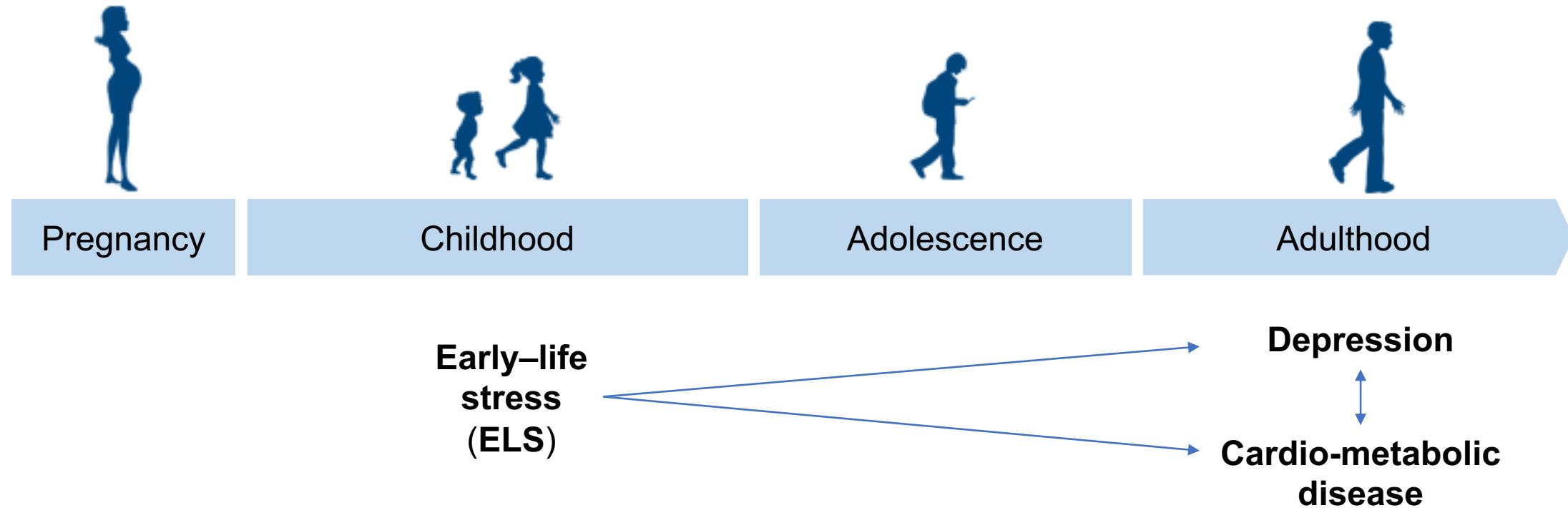


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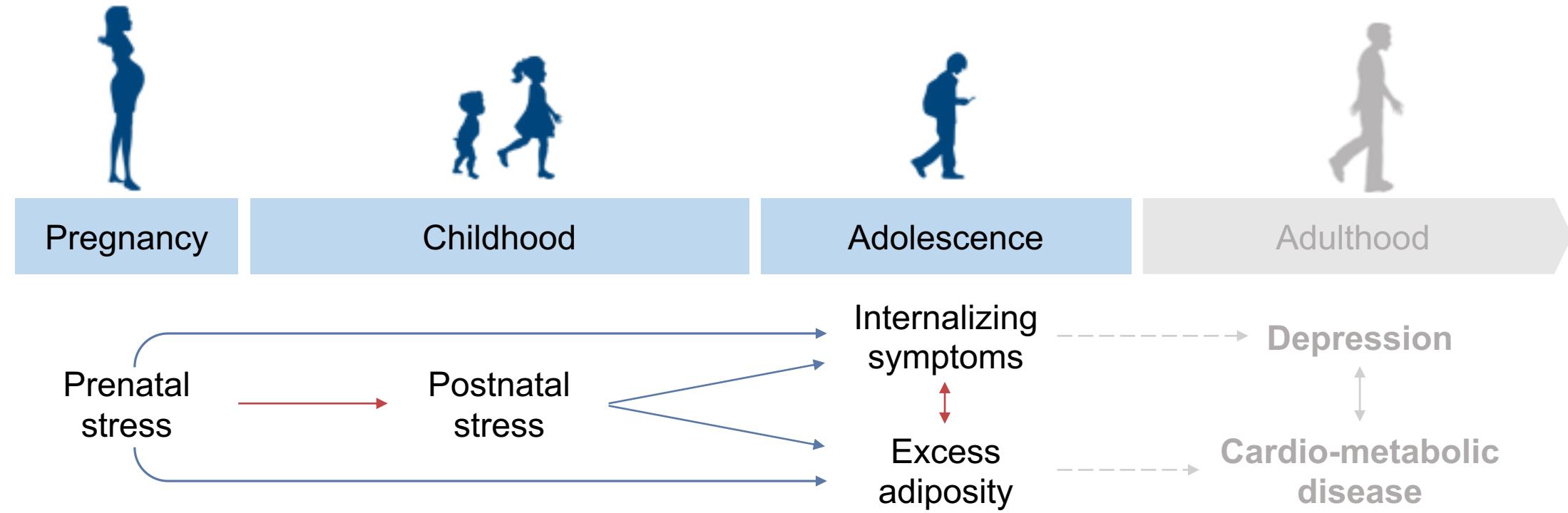
Differential effects of prenatal and postnatal ELS on internalizing symptoms, adiposity and their comorbidity in early adolescence

Serena Defina, Tom Woofenden, Vilte Baltramonyte, Carmine M. Pariante, Karim Lekadir, Vincent W. V. Jaddoe, Fadila Serdarevic, Henning Tiemeier, Esther Walton, Janine F. Felix, and Charlotte A.M. Cecil

Background



Background

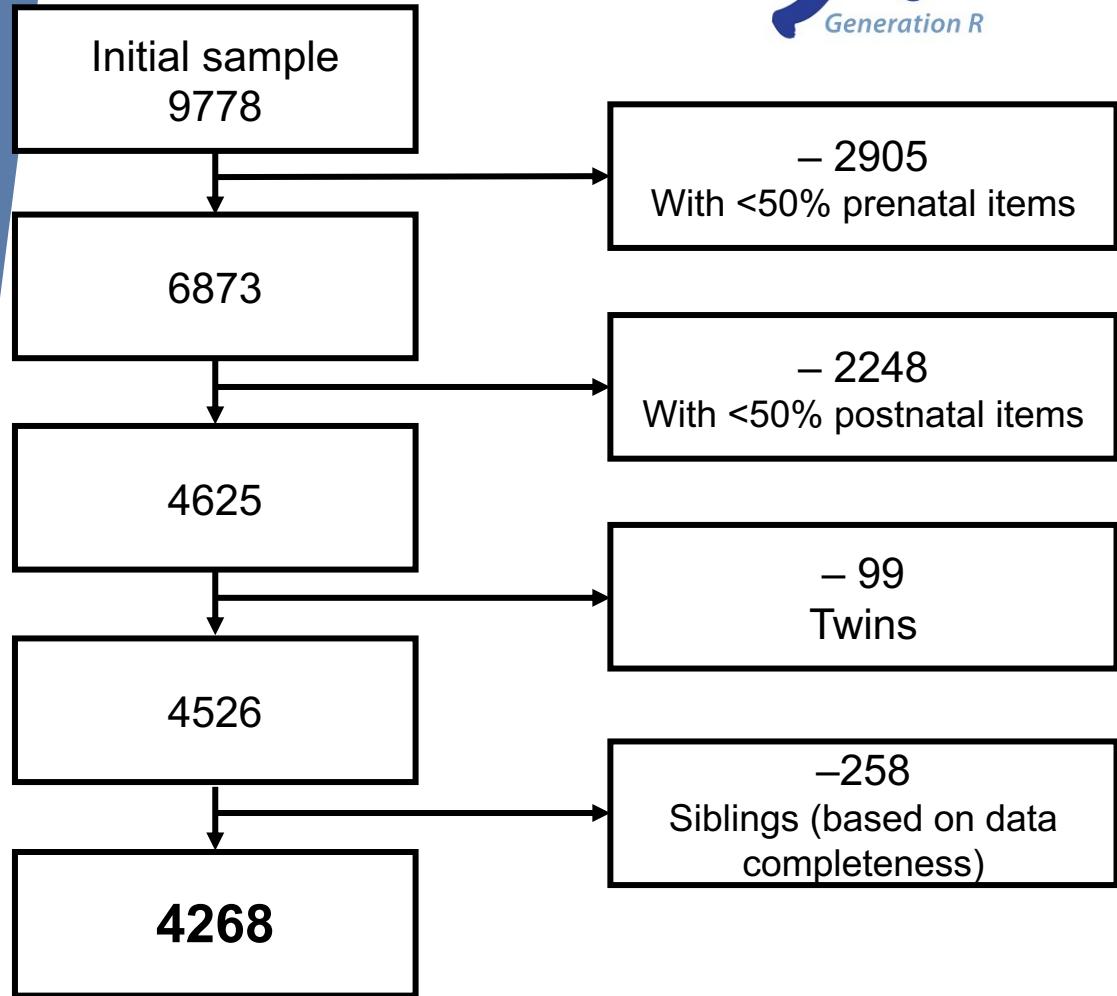


Aims

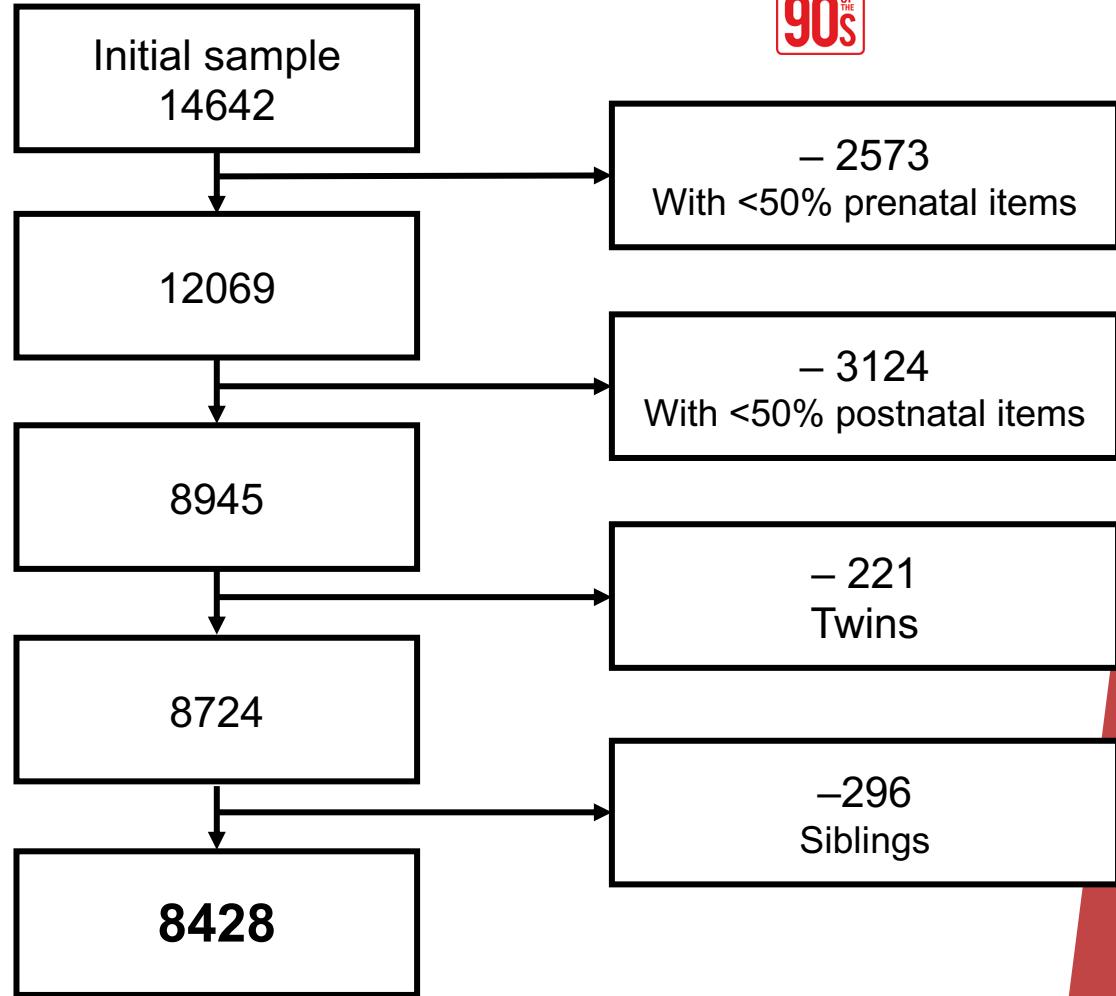
- I. What is the contribution of prenatal vs. postnatal stress?
- II. Is ELS a risk factor for comorbidity?

Sample

Generation R



ALSPAC



Measures: ELS exposure

Pregnancy

PRENATAL STRESS

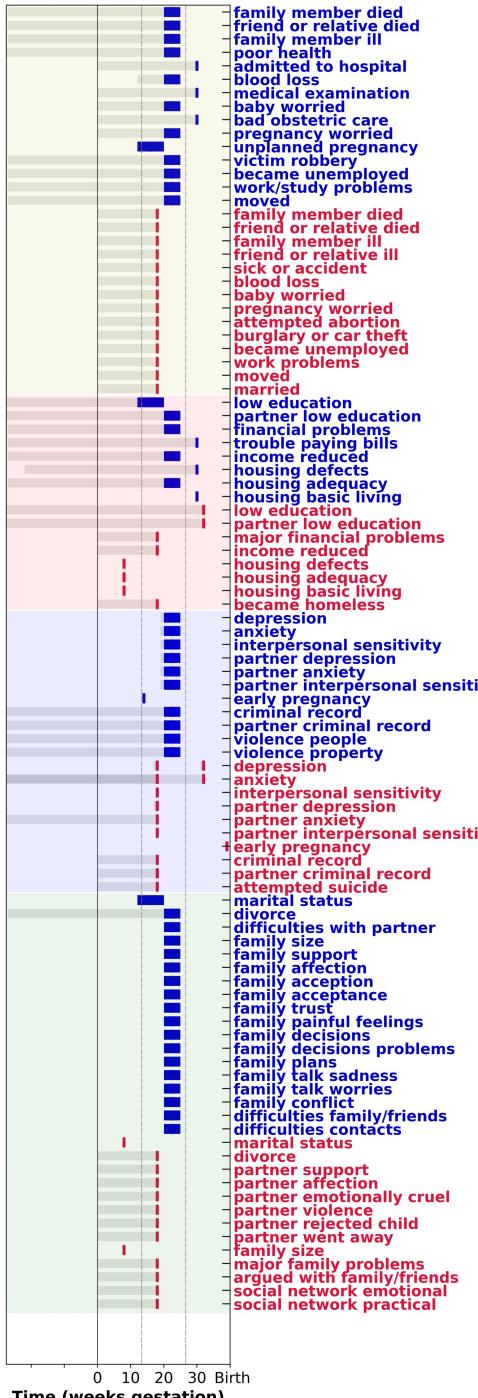
- Life events
 - e.g., victim of robbery
- Contextual risk
 - e.g., financial difficulties
- Parental risk
 - e.g., psychopathology
- Interpersonal risk
 - e.g., family conflicts

Childhood (0 – 10 years)

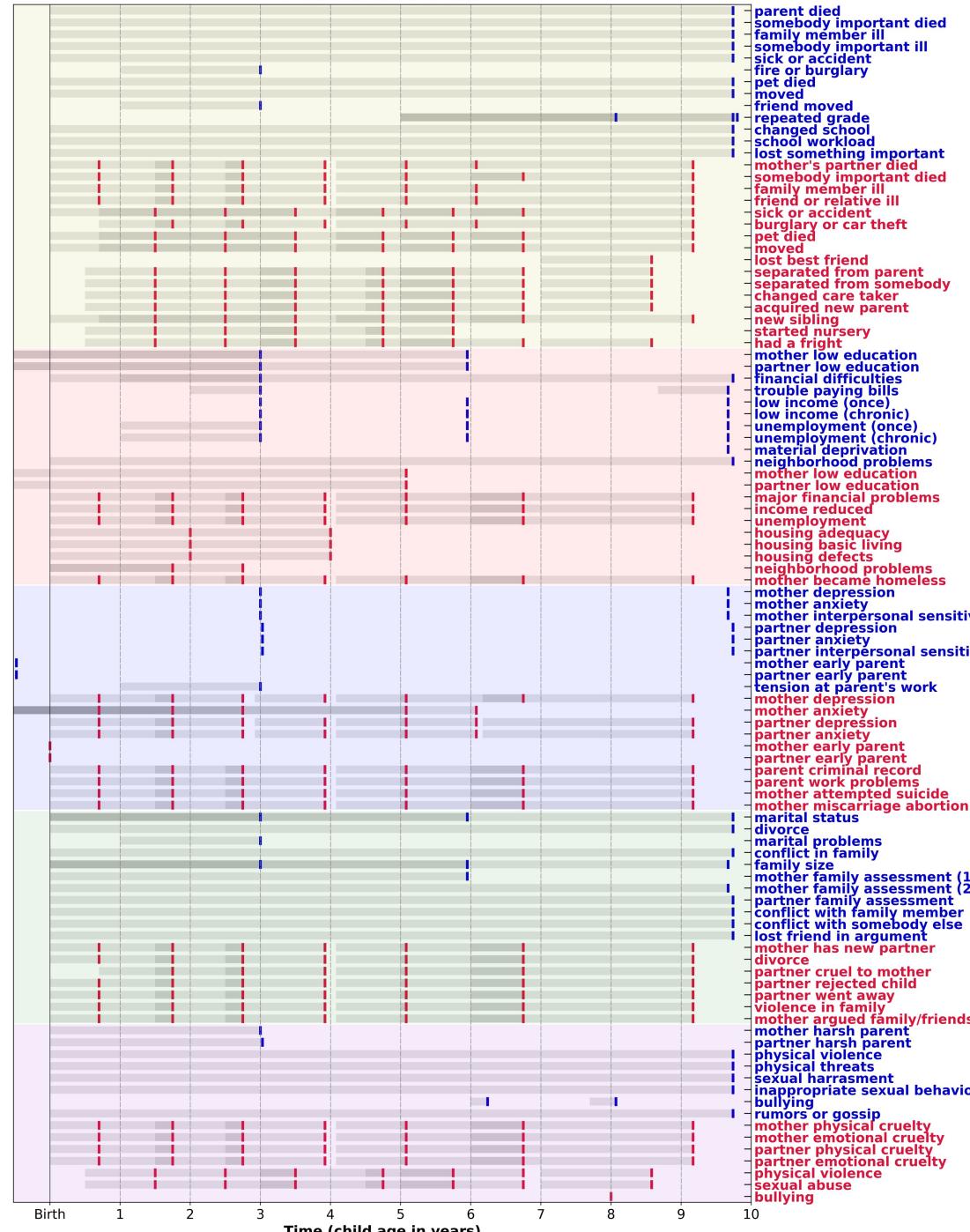
POSTNATAL STRESS

- Life events
 - e.g., death of a relative
- Contextual risk
 - e.g., low parental education
- Parental risk
 - e.g., parental psychopathology
- Interpersonal risk
 - e.g., divorce, overcrowding
- Direct victimization
 - e.g., bullying, harsh parenting

Prenatal stress



Postnatal stress

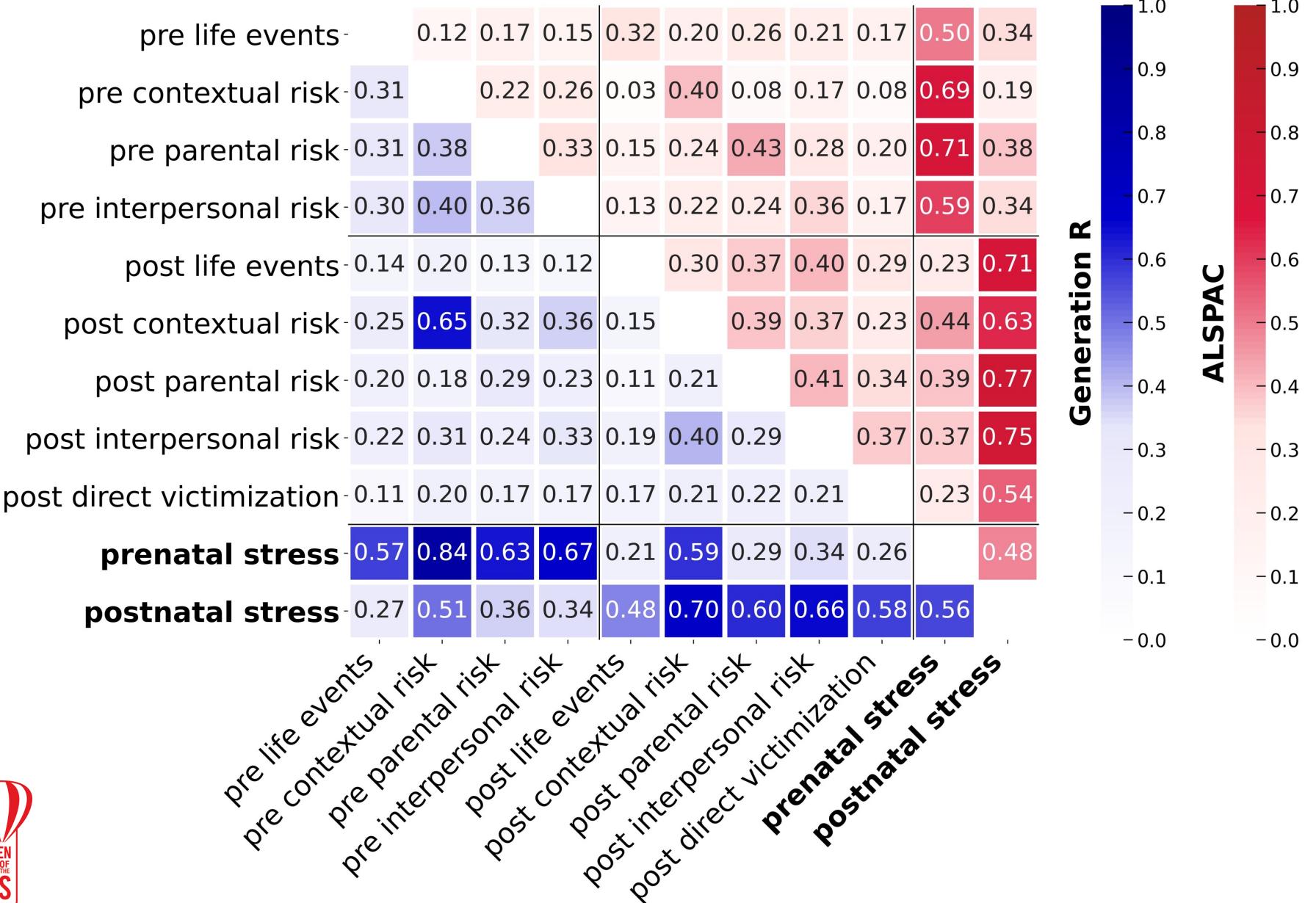


- █ Life events
- █ Contextual risk
- █ Parental risk
- █ Interpersonal risk
- █ Direct victimization



https://github.com/SereD_ef/cumulative-ELS-score

Stress score correlation matrix



Measures: primary health outcomes

Internalizing symptoms @13



- Child behaviour checklist (**CBCL**)
 - Internalizing subscale



- Strengths and Difficulties Questionnaire (**SDQ**)
 - Emotional problems subscale



Cardio-metabolic risk @13



Fat mass percentage =
total body fat mass (kg)* / weight (kg)



Android fat mass*

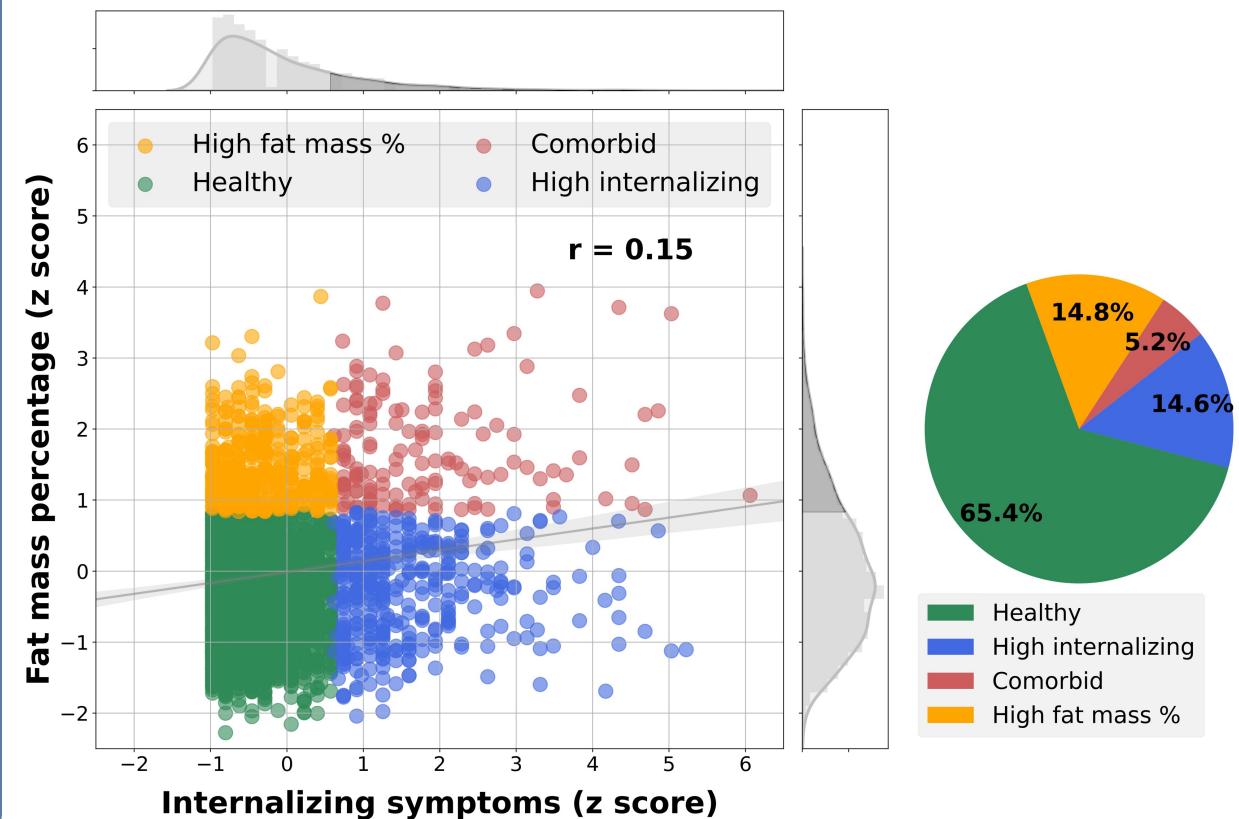
*measured using a dual-energy X-ray absorptiometry (DXA) scanner.



Measures: comorbidity outcome

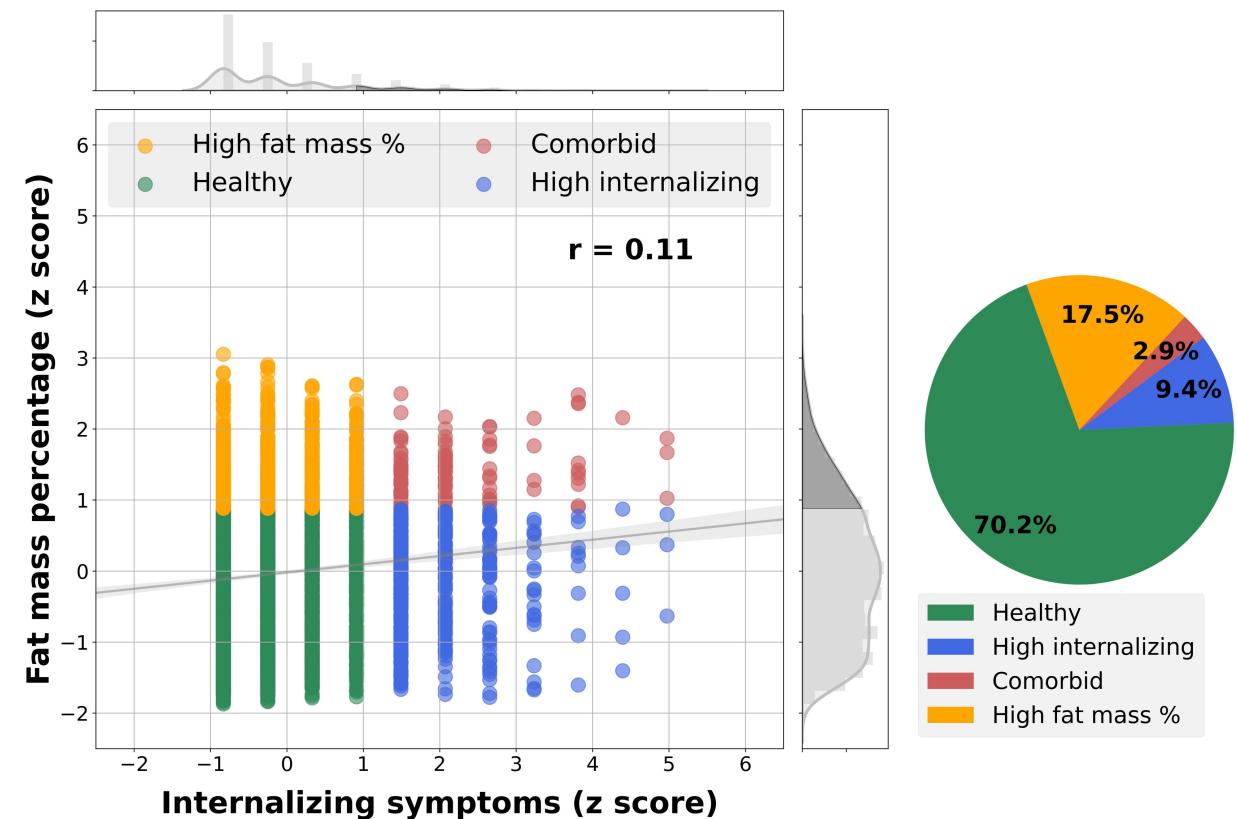
A.

Generation R



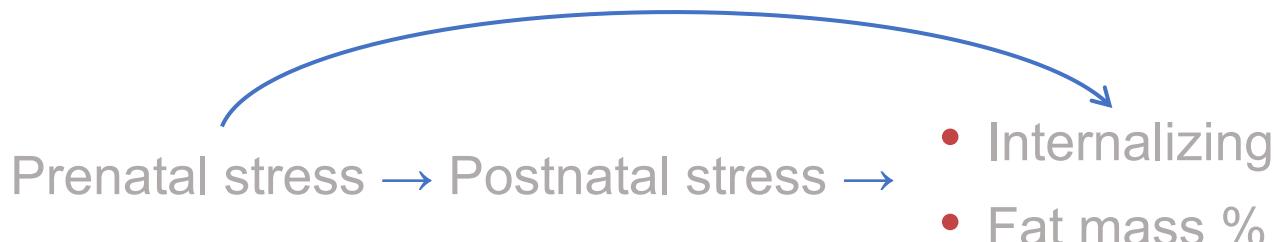
B.

ALSPAC



Modeling strategy

Prenatal contribution ➤ Causal mediation analysis (CMA)



- ▶ Sex
- ▶ Age
- ▶ Ethnicity
- ▶ Maternal BMI (pre-pregnancy)
- ▶ Maternal smoking (during pregnancy)
- ▶ Maternal drinking (during pregnancy)

Postnatal contribution ➤ Hierarchical regression analysis

- Internalizing ~ ① prenatal stress + covariates
- Internalizing ~ ② postnatal stress + covariates
- Internalizing ~ ③ prenatal stress + postnatal stress + covariates
- Fat mass % ~ ① prenatal stress + covariates
- Fat mass % ~ ② postnatal stress + covariates

-
- Co-morbidity** ~ ① prenatal stress + covariates
- ② postnatal stress + covariates

Additional analyses

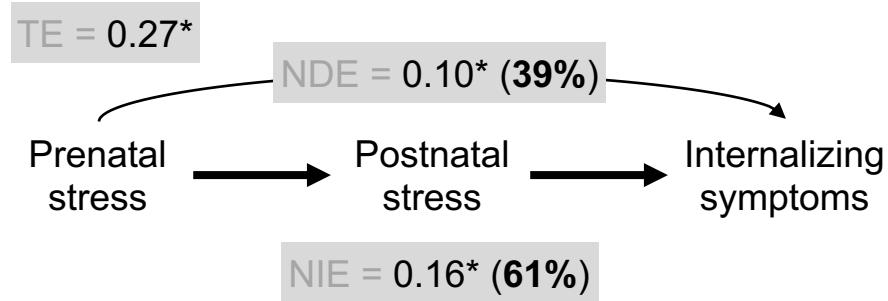
- ▶ Moderation effects of:
 - Sex**
 - Ethnic background**
- ▶ Individual stress **domains** as predictors;
- ▶ Sensitivity analysis:
 - responders only
 - android fat mass

Results: prenatal contribution



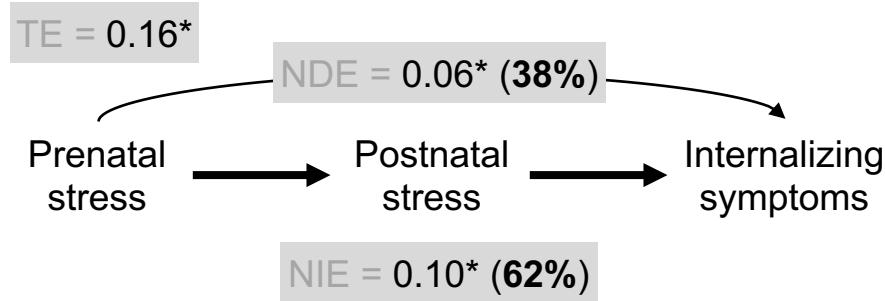
Generation R

A.

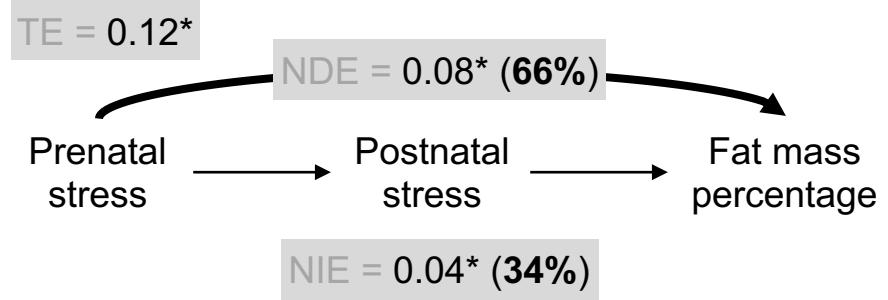


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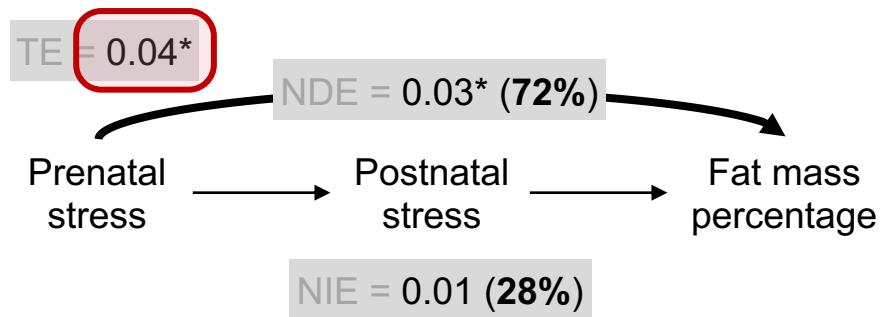
B.



C.



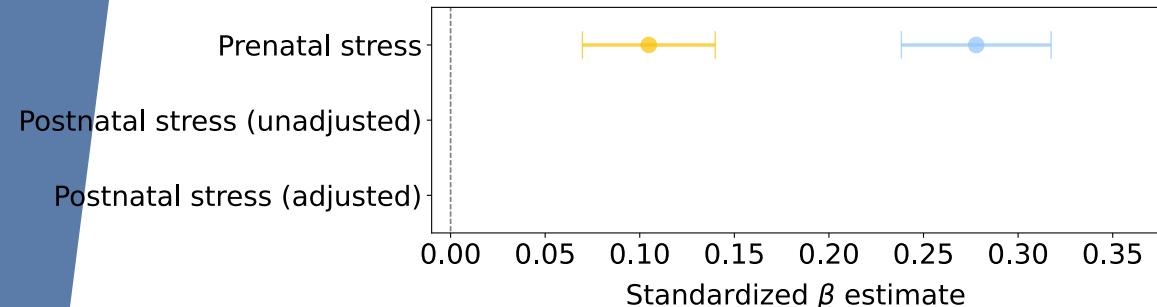
D.



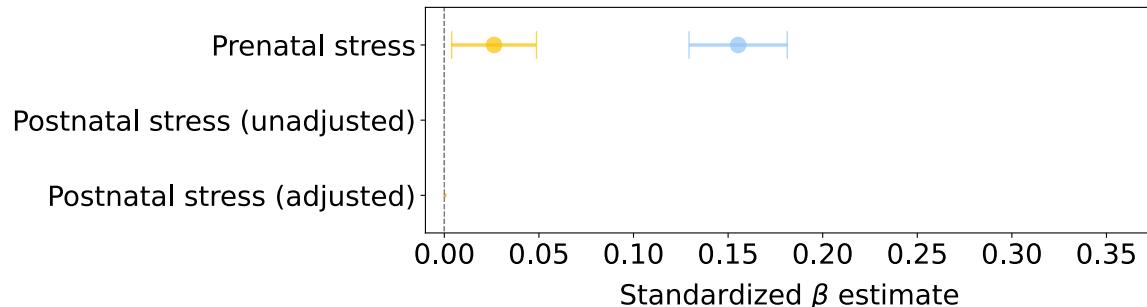
Results: postnatal contribution



Generation R



ALSPAC



Adiposity

● $R^2 = 0.25$; $R_{inc}^2 = 0.01$
● $R^2 = 0.25$; $R_{inc}^2 = 0.01$
● $R^2 = 0.25$; $R_{inc}^2 = 0.01$

Internalizing

● $R^2 = 0.07$; $R_{inc}^2 = 0.06$
● $R^2 = 0.10$; $R_{inc}^2 = 0.09$
■ $R^2 = 0.11$; $R_{inc}^2 = 0.10$

Adiposity

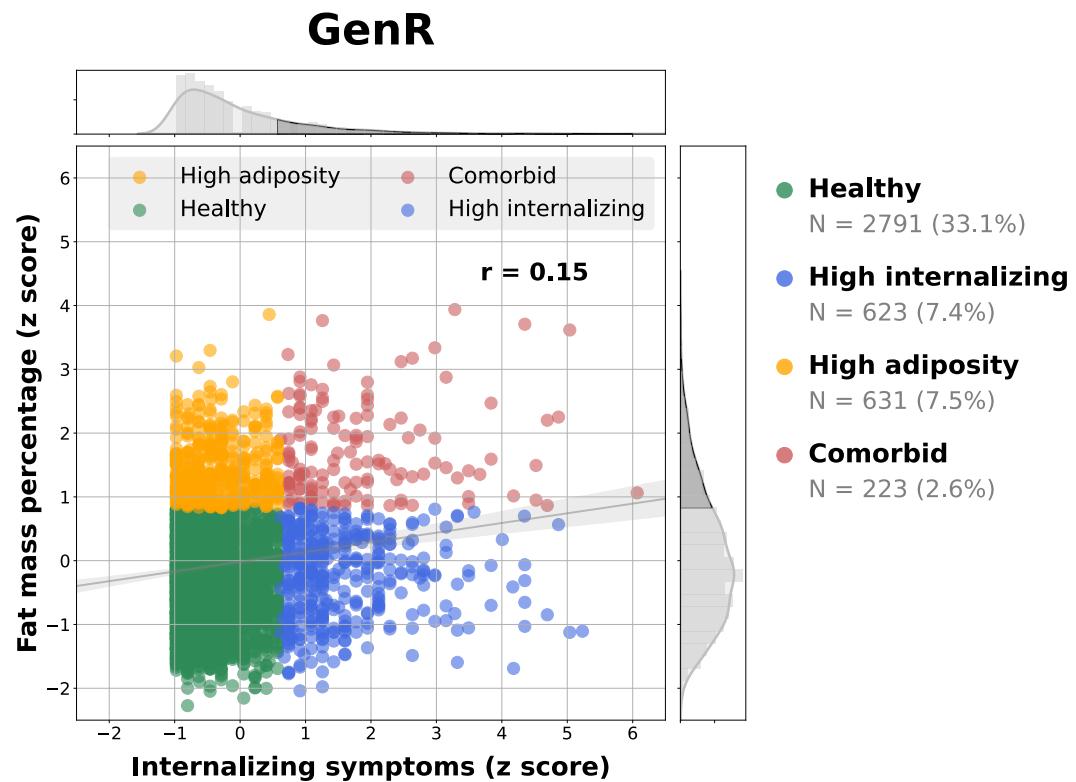
● $R^2 = 0.33$; $R_{inc}^2 < 0.01$
● $R^2 = 0.33$; $R_{inc}^2 < 0.01$
● $R^2 = 0.33$; $R_{inc}^2 < 0.01$

Internalizing

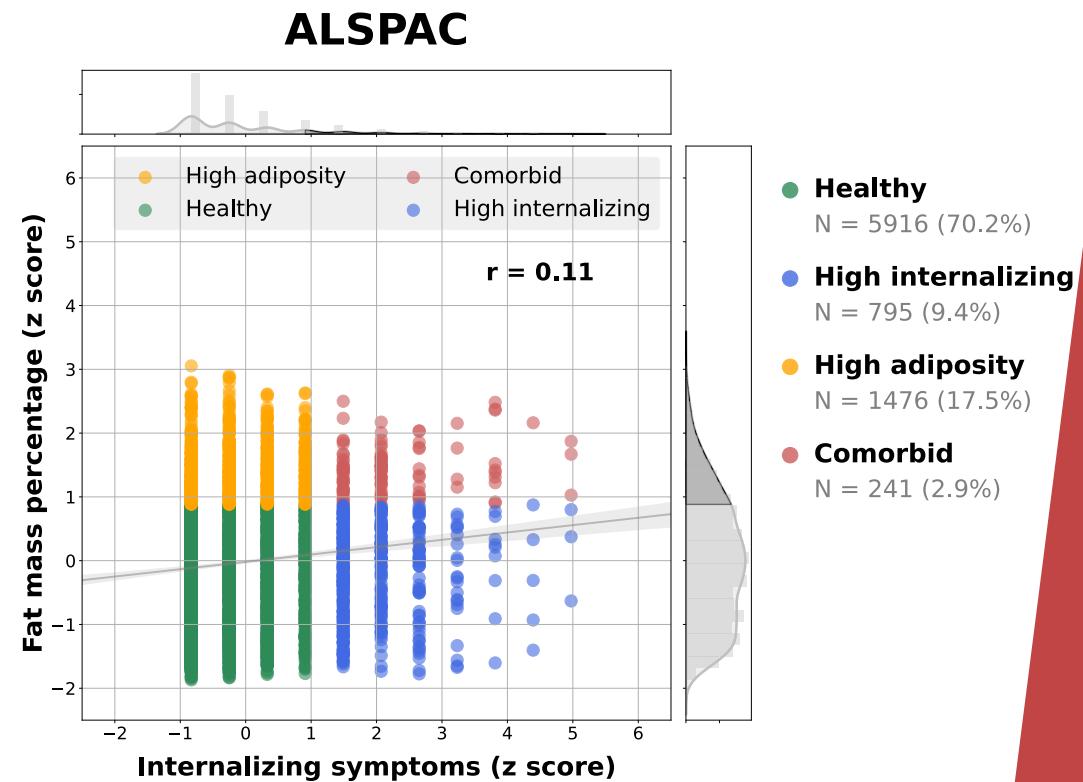
● $R^2 = 0.04$; $R_{inc}^2 = 0.02$
● $R^2 = 0.06$; $R_{inc}^2 = 0.05$
■ $R^2 = 0.07$; $R_{inc}^2 = 0.05$

Results: comorbidity

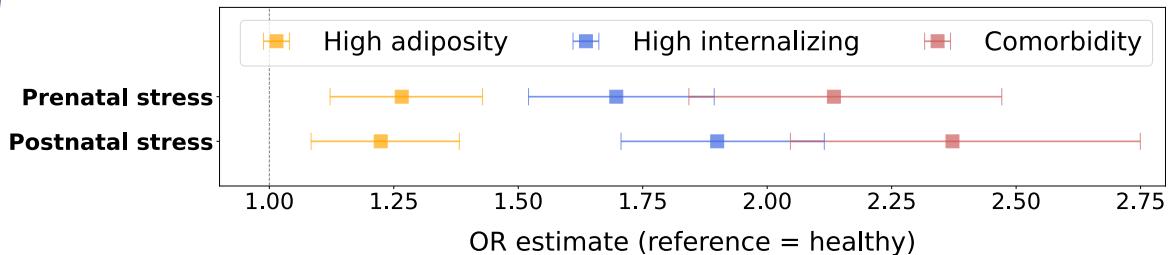
A.



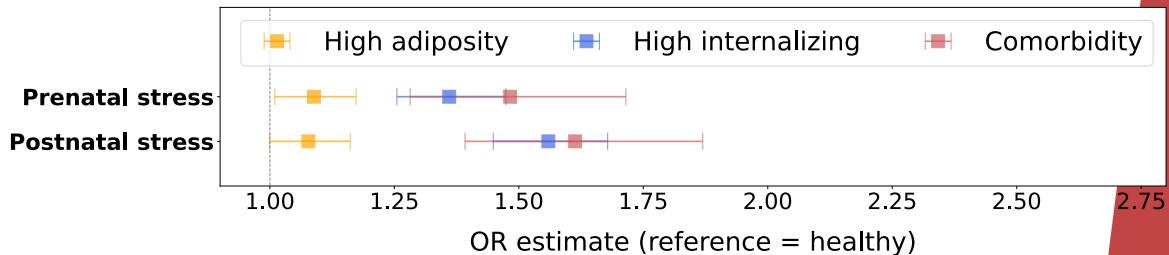
B.



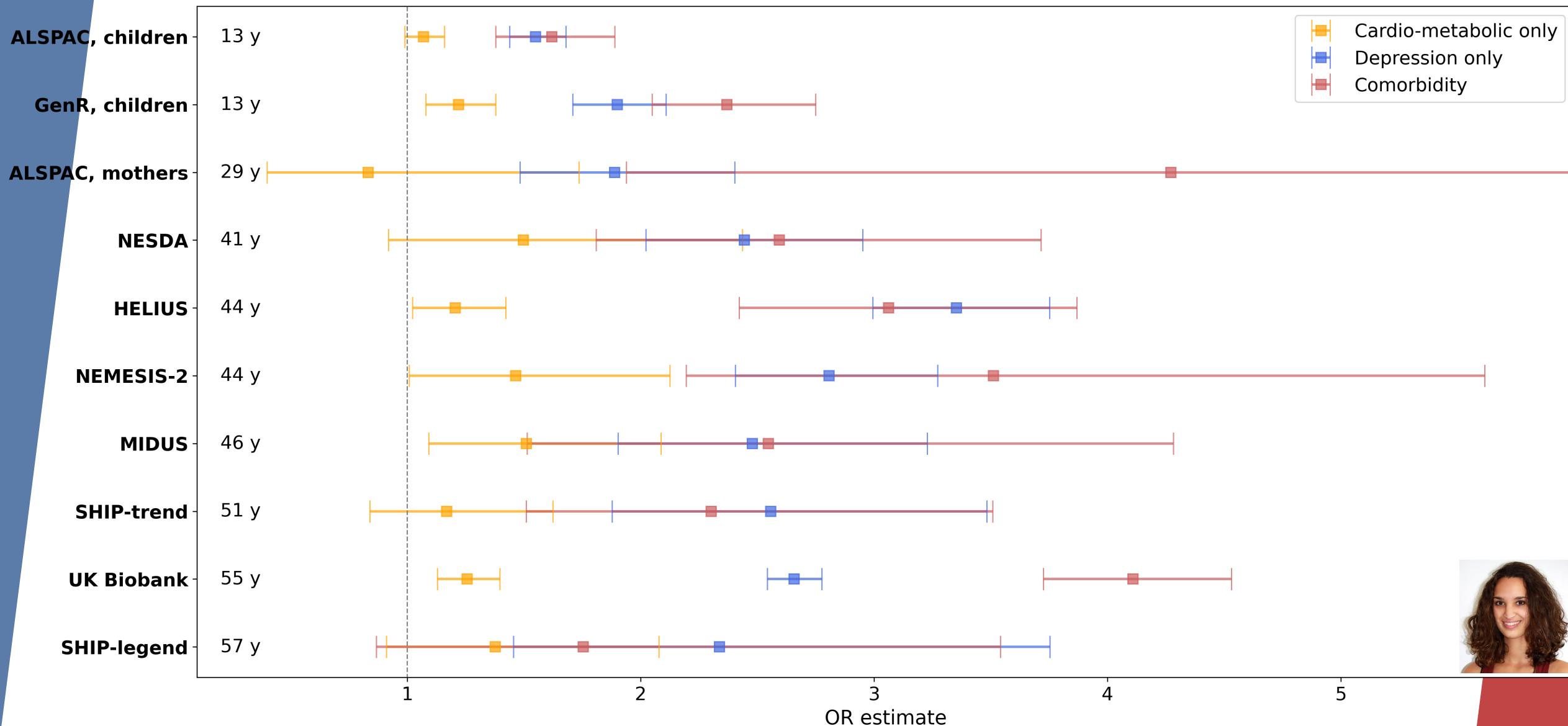
C.



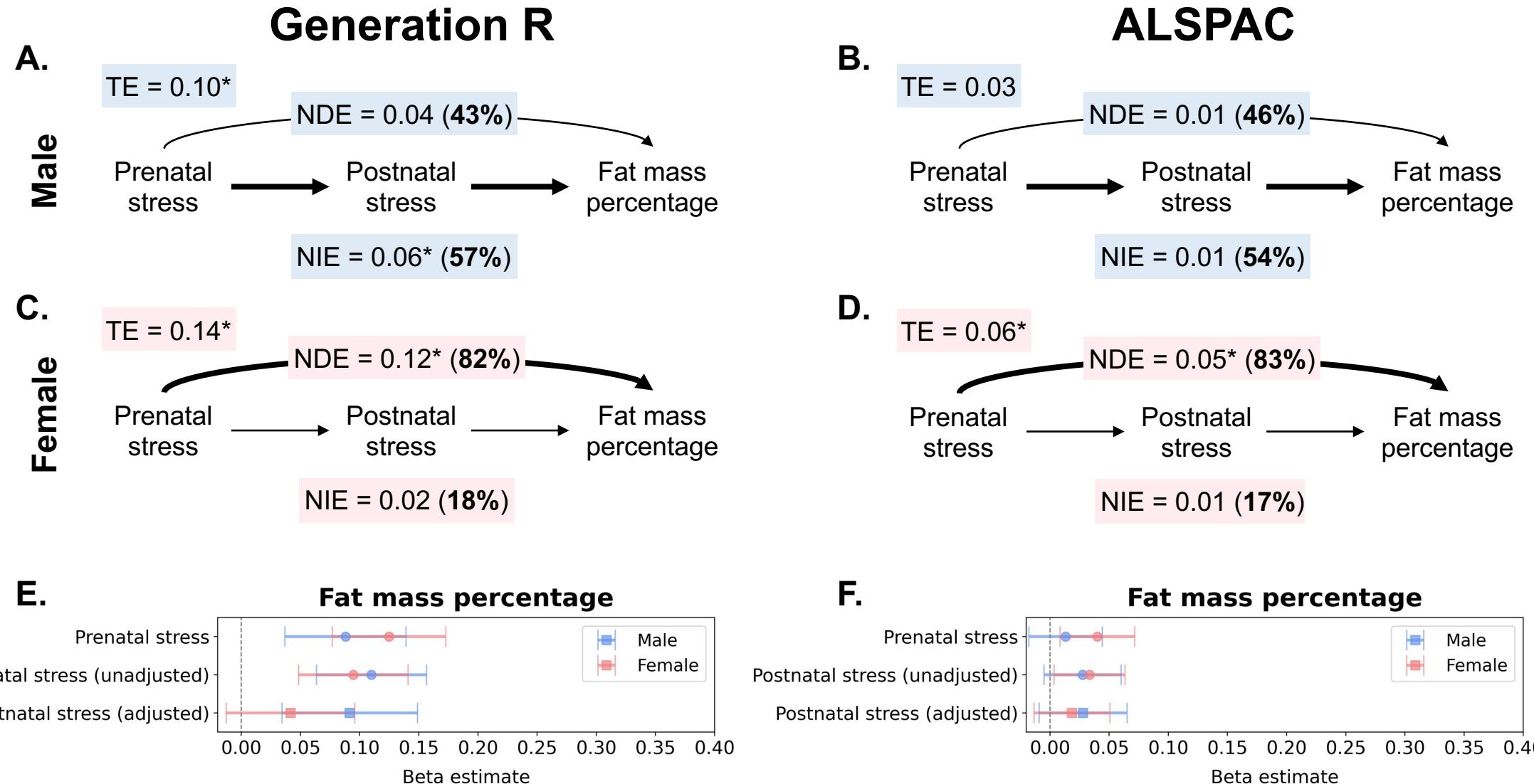
D.



A peek across the lifespan...



Results: adiposity by sex



Summary: main findings

- Both pre- and postnatal ELS predict **internalizing**, with ~60% of the effect of prenatal stress mediated through postnatal exposure.
- Prenatal ELS predicts **adiposity**, and ~70% of its effect is direct (*not* mediated through postnatal stress). Postnatal ELS was significantly associated with adiposity in Generation R only.
- Both pre- and postnatal stress predict **comorbidity**, but *not* significantly more than internalizing problems only (overlapping 95% CIs).

Sex-stratified analyses

- There was some evidence of **sex-specific timing effects** on adiposity, but not internalizing or comorbidity.

Summary: additional analyses



Stress domain contribution

- Pre- and postnatal **parental risk***, postnatal **life events** and **direct victimization** consistently associated with internalizing.
- No consistent domain-specific associations for adiposity.
- Only **postnatal parental risk*** associated with comorbidity in both cohorts.

Sensitivity analyses

- Estimates did not change when restricting to respondents only or using android fat mass.

* i.e. parental psychopathology



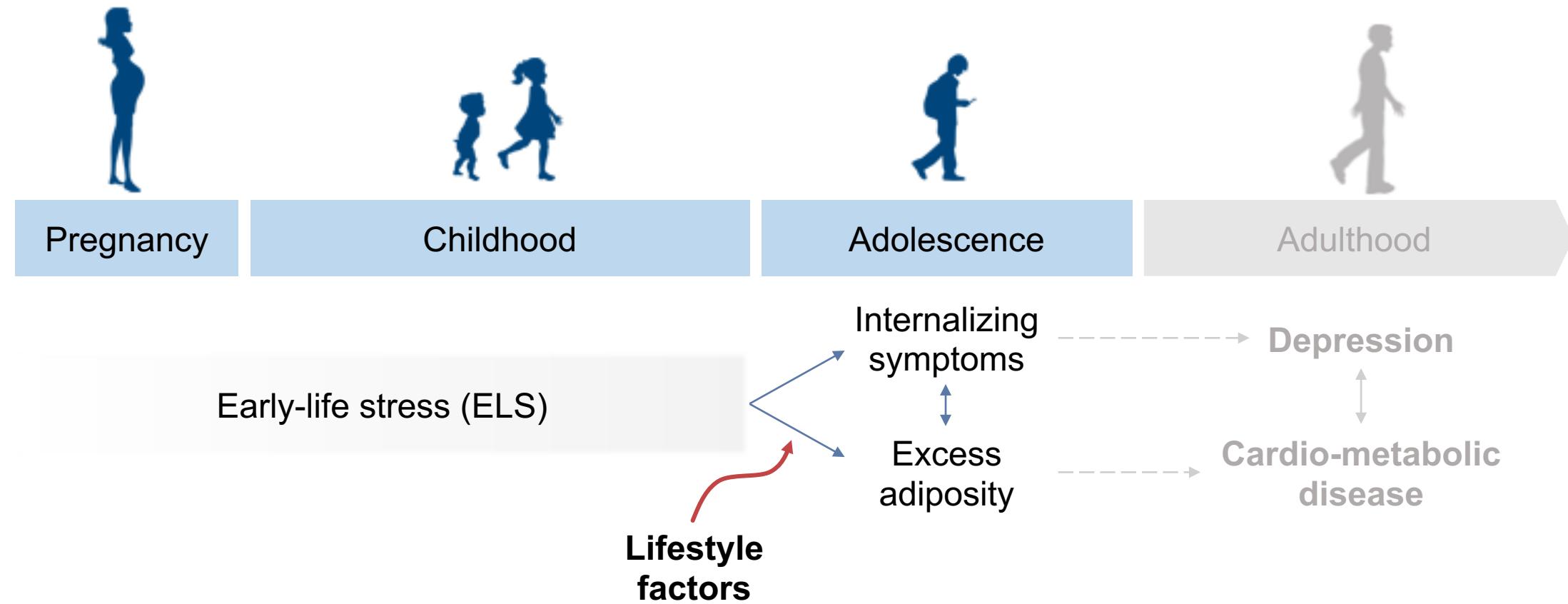
2

The role of exercise, sleep and diet in the association between ELS and psycho- cardiometabolic comorbidity

Serena Defina, Tom Woofenden, Vilte Baltramonyte,
Janine F. Felix, Charlotte A.M. Cecil, and Esther Walton

*not final byline

Background



Aims

- I. What is the role of exercise, sleep and diet in the association between ELS and adolescent health?

Main analyses



**Comorbidity
Internalizing
Adiposity**

~ **ELS
Prenatal
Postnatal**

*

- 1 **Exercise**
- 2 **Sleep**
- 3 **Diet**

+

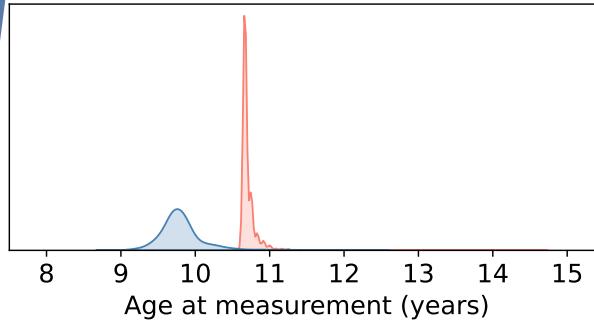
Covariates

- ▶ Sex
- ▶ Age
- ▶ Ethnicity
- ▶ Maternal BMI
(pre-pregnancy)
- ▶ Maternal smoking
(during pregnancy)
- ▶ Maternal drinking
(during pregnancy)

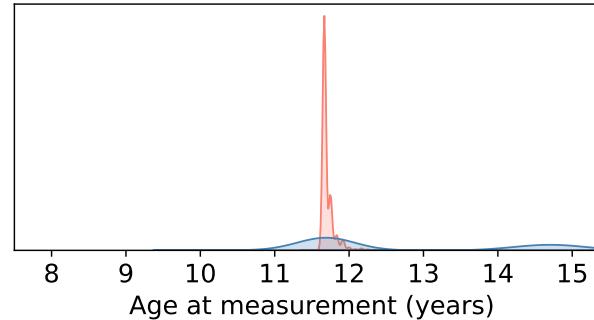
- 3 comorbidity models + 6 primary outcomes models
- 6 pre-/postnatal stress exposure models

Lifestyle factors

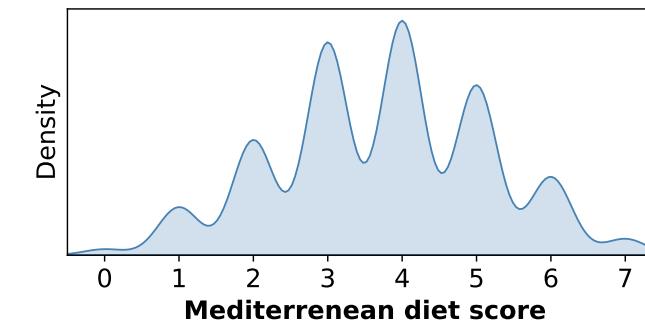
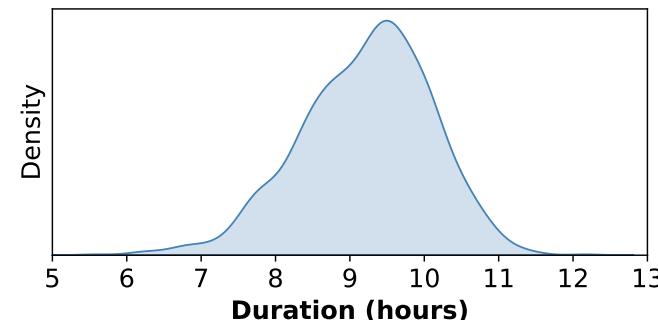
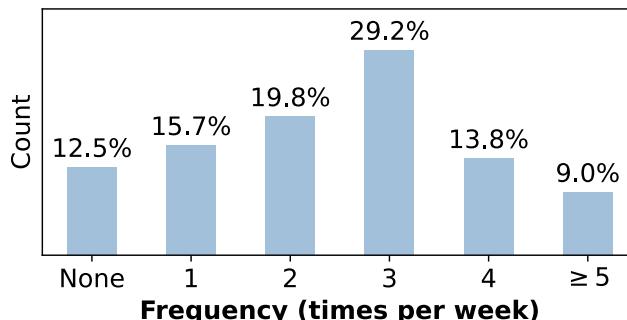
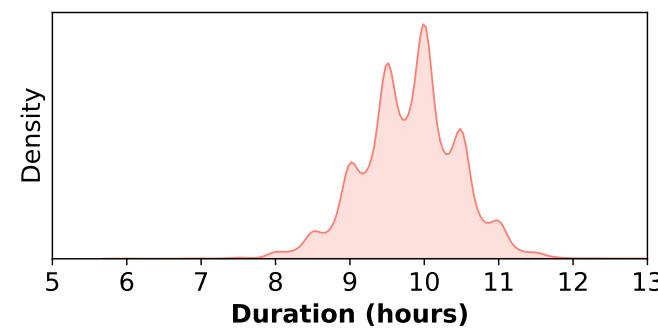
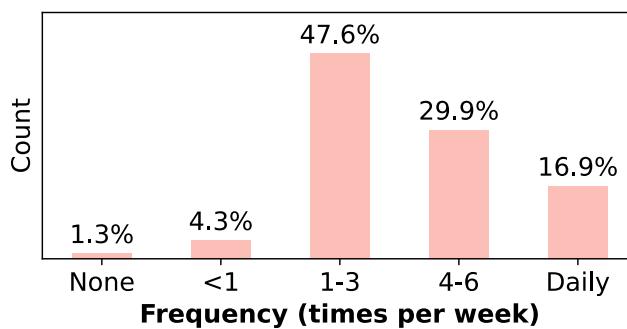
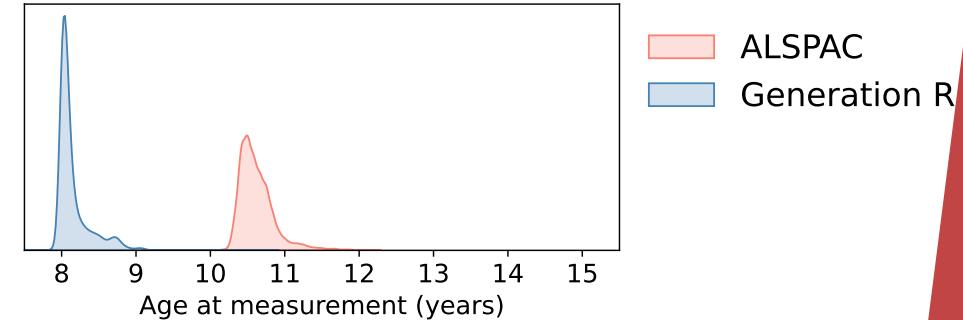
Exercise



Sleep



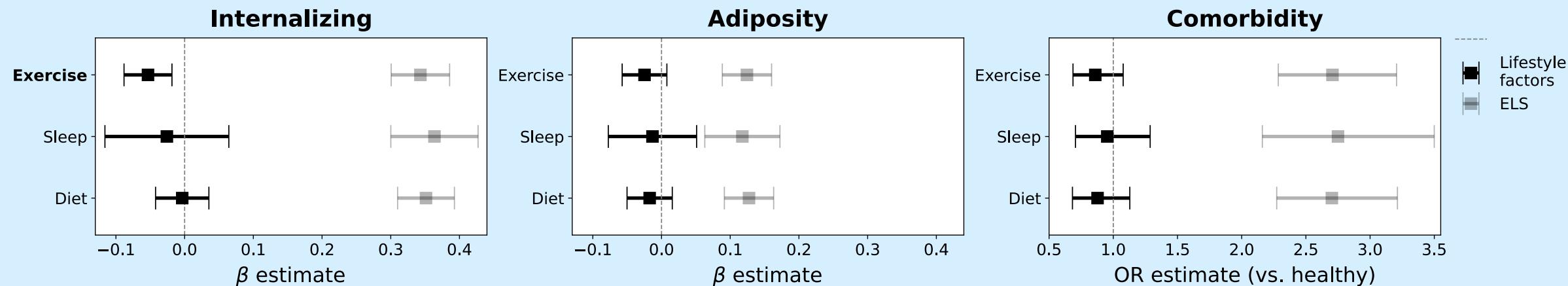
Diet



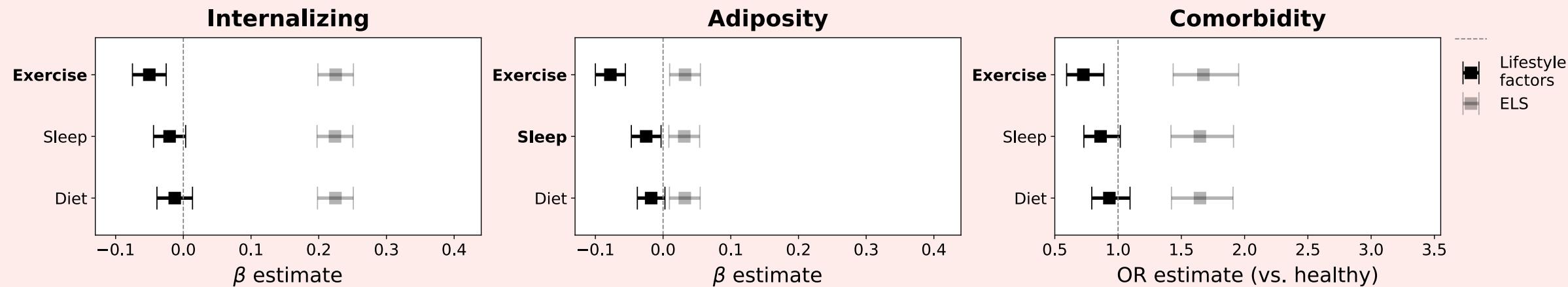
Results

MAIN EFFECTS

GENERATION R



ALSPAC

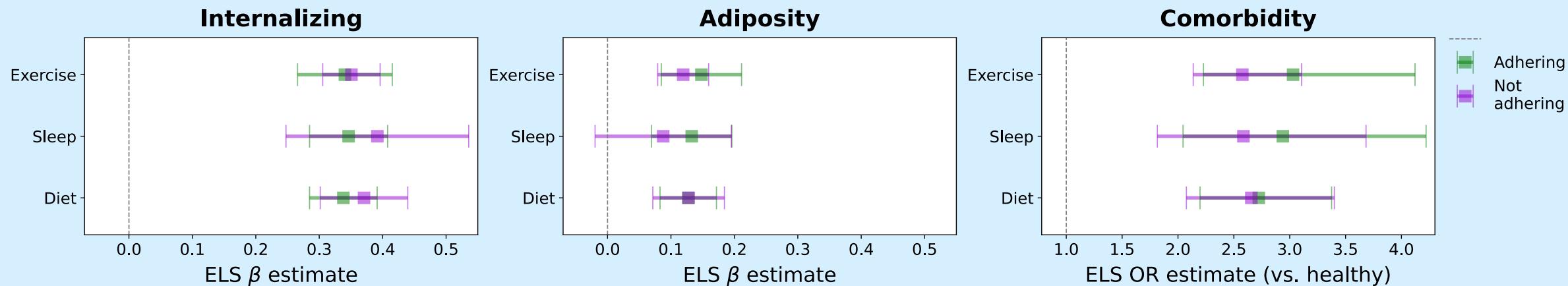


[outcome] ~ ELS * [lifestyle factor] + sex + age + ethnicity
 + maternal BMI + maternal smoking + maternal alcohol consumption

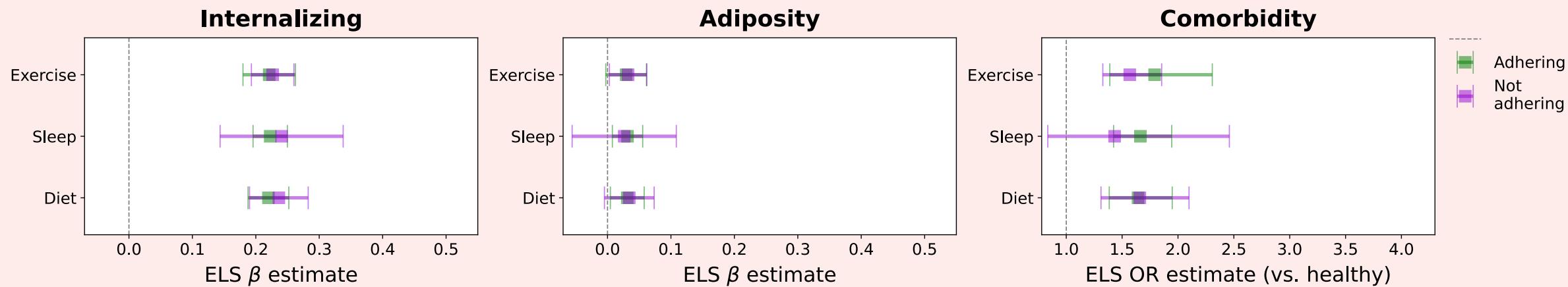
Results

INTERACTION

GENERATION R

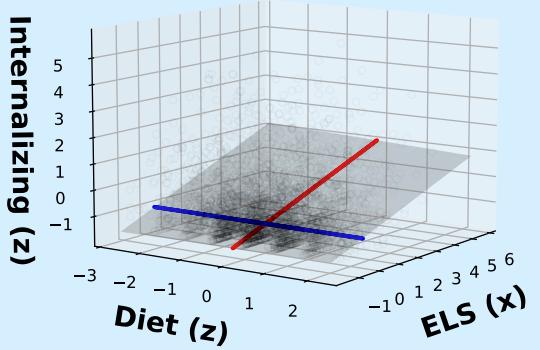
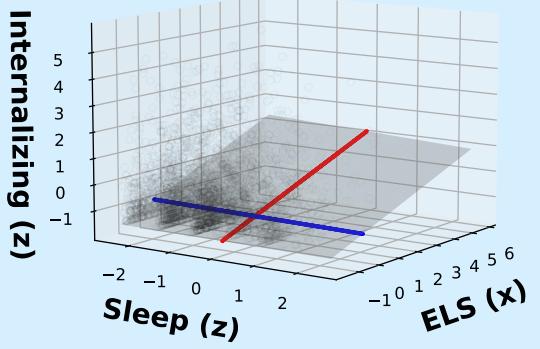
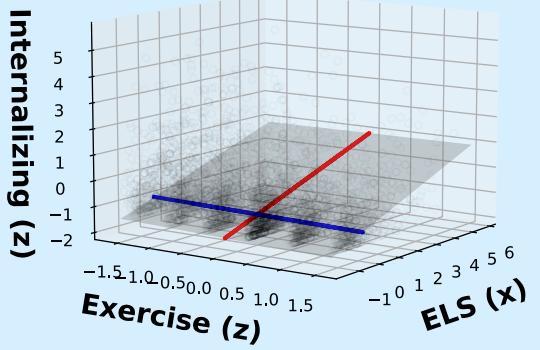


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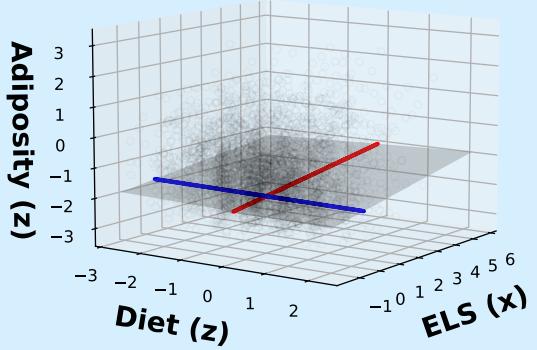
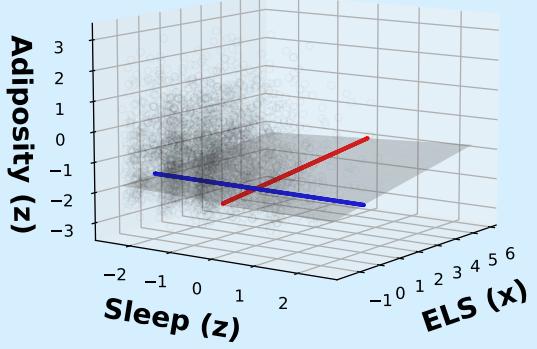
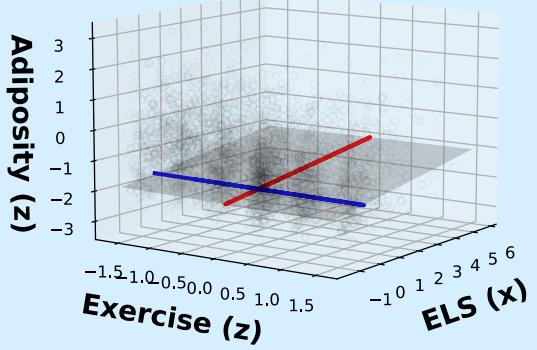


[outcome] ~ ELS * [lifestyle factor (dichotomized)] + sex + age + ethnicity
 + maternal BMI + maternal smoking + maternal alcohol consumption

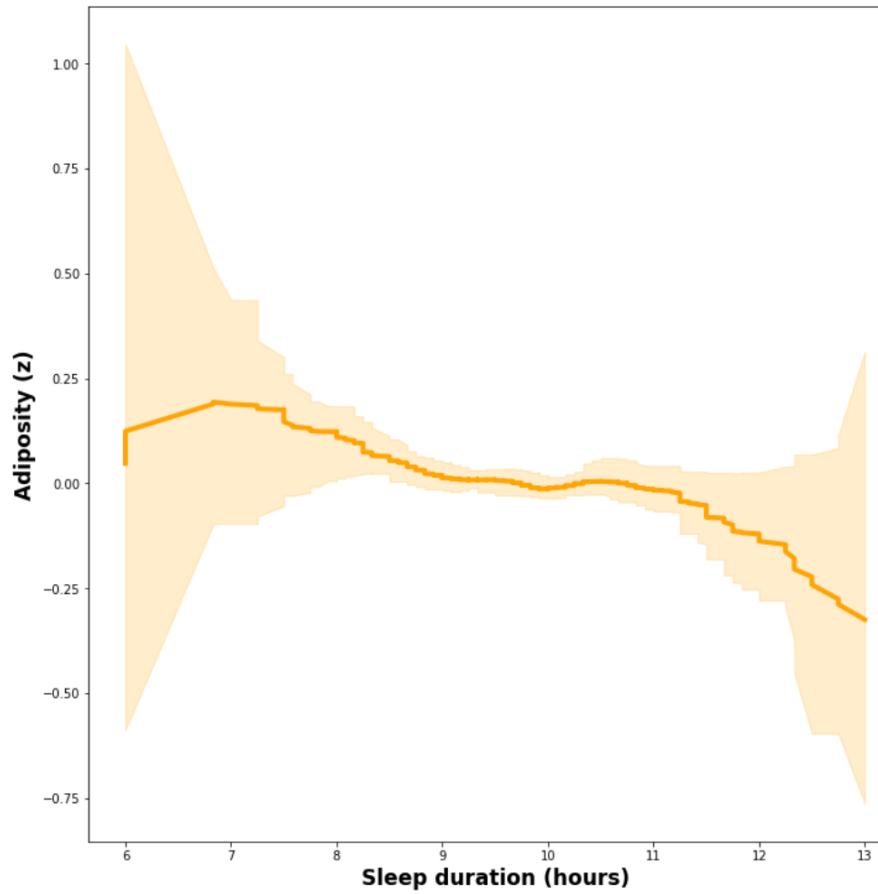
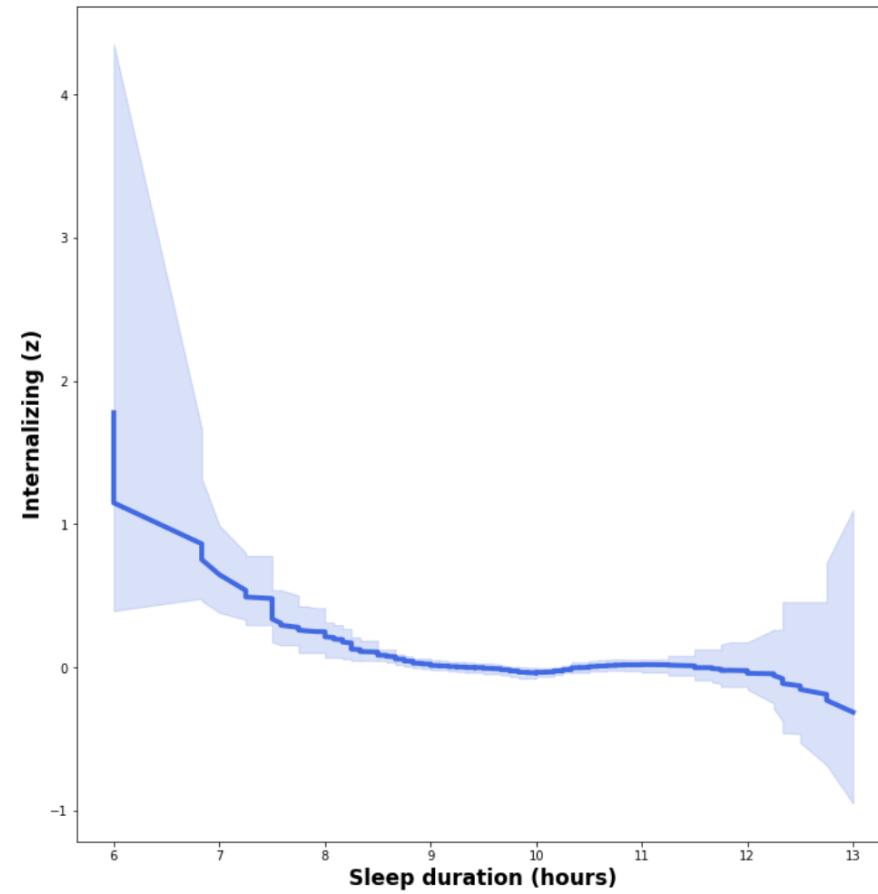
INTERNALIZING



ADIPOSITY



DATA



In summary...

- We did not find evidence supporting the hypothesis that lifestyle factors may attenuate the association between ELS and adolescent physical or mental health
- Sensitivity: this did not differ when prenatal and postnatal stress were examined individually
- Work in progress: non-linearities



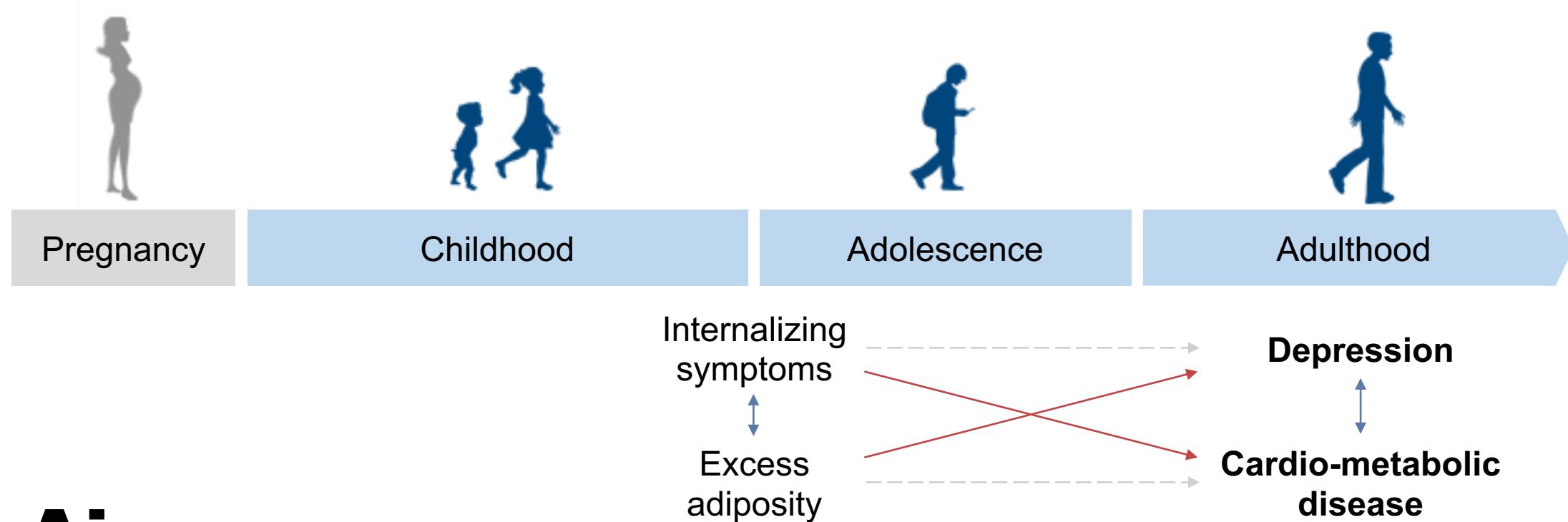
3

Cross-sectional and longitudinal relations between internalizing symptoms and cardiometabolic health from childhood to early adulthood

Serena Defina, Vilte Baltramonyte, Janine F. Felix, Charlotte A.M. Cecil, Esther Walton, and Henning Tiemeier

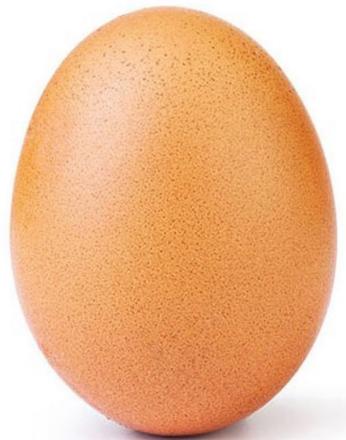
*not final byline

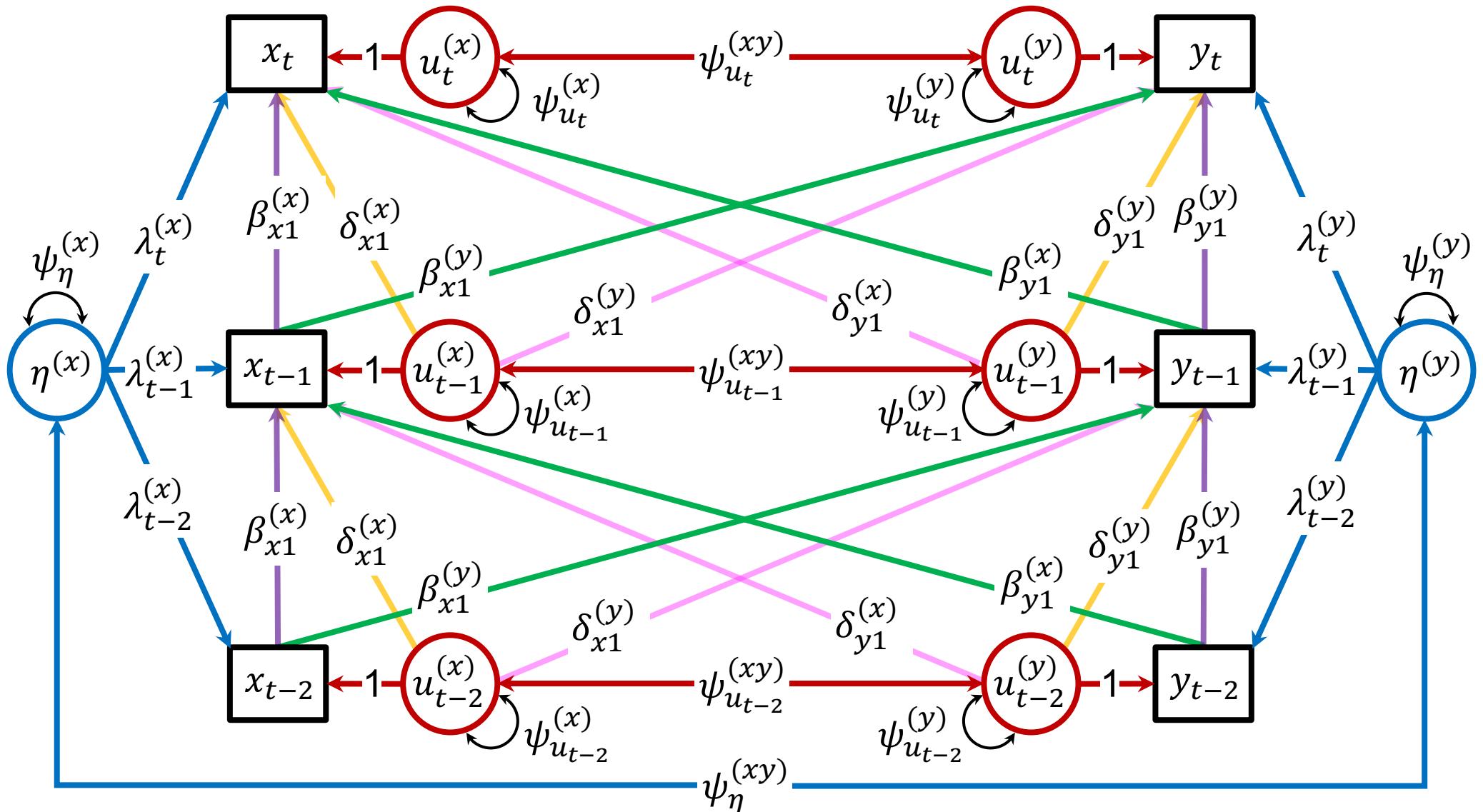
Background



Aims

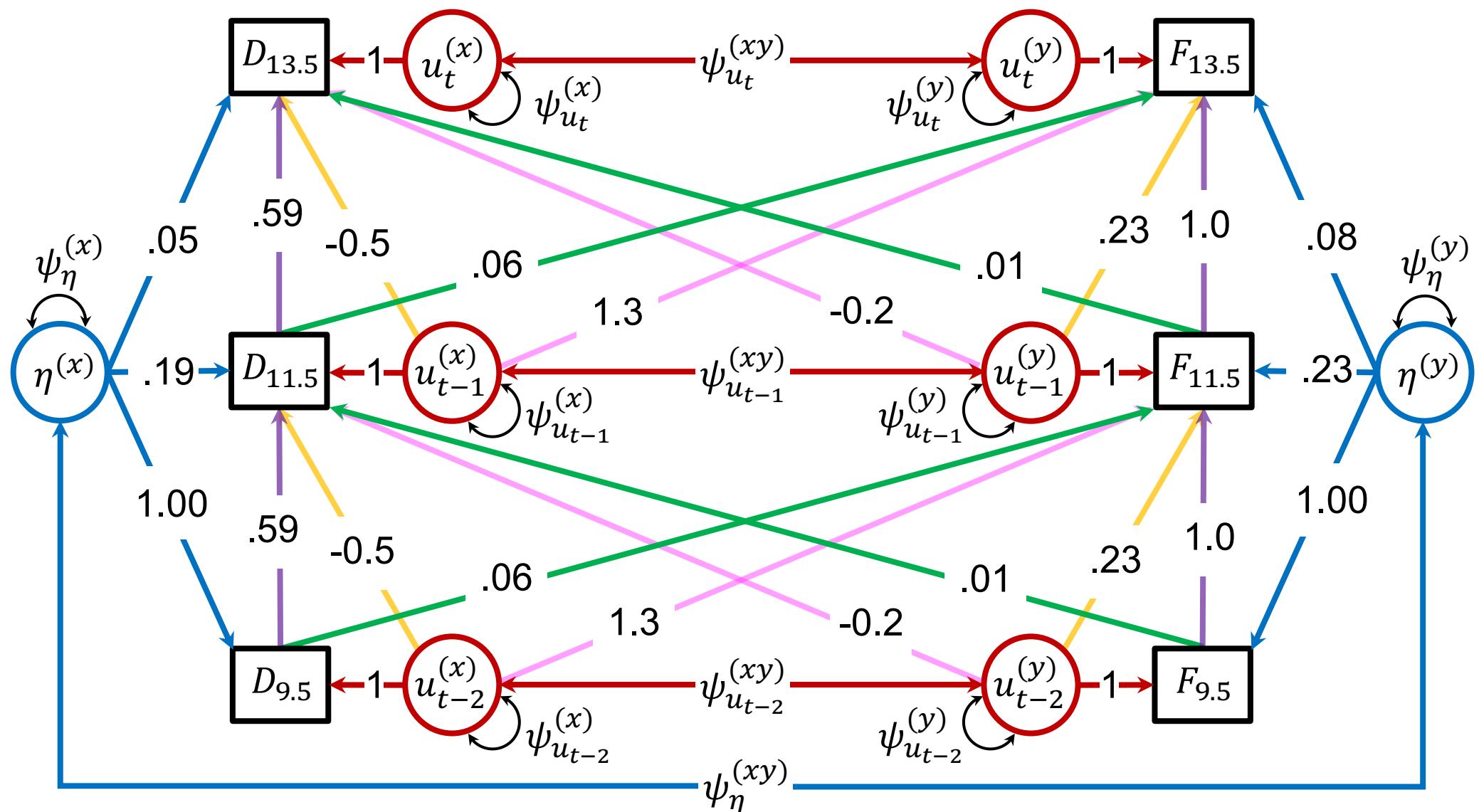
- I. Cross-sectional relationship between internalizing symptoms and cardio-metabolic health markers?
- II. Longitudinal relationship between internalizing symptoms and cardio-metabolic health?





$$x_{it} = \alpha_t^{(x)} + \lambda_t^{(x)} \eta_i^{(x)} + \delta_{x1}^{(x)} u_{it-1}^{(x)} + \beta_{x1}^{(x)} x_{it-1} + \beta_{y1}^{(x)} y_{it-1} + \delta_{y1}^{(x)} u_{it-1}^{(y)} + u_{it}^{(x)}$$

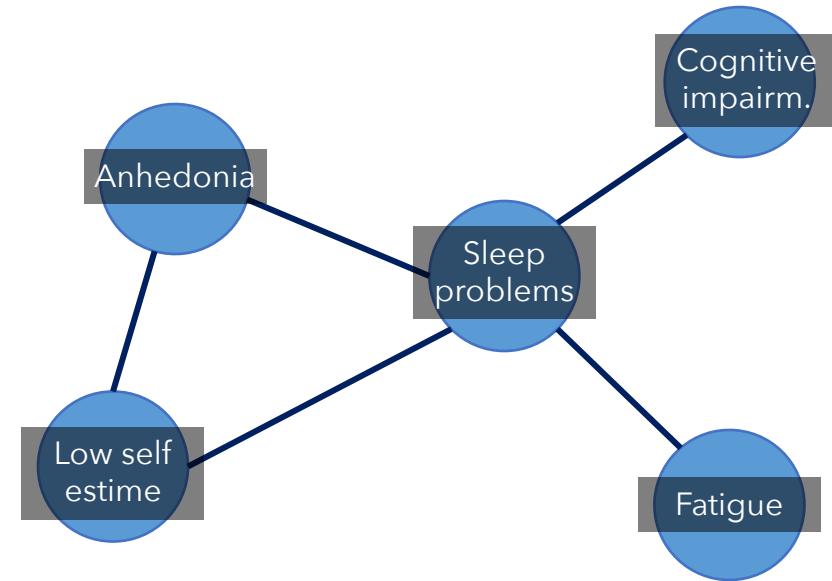
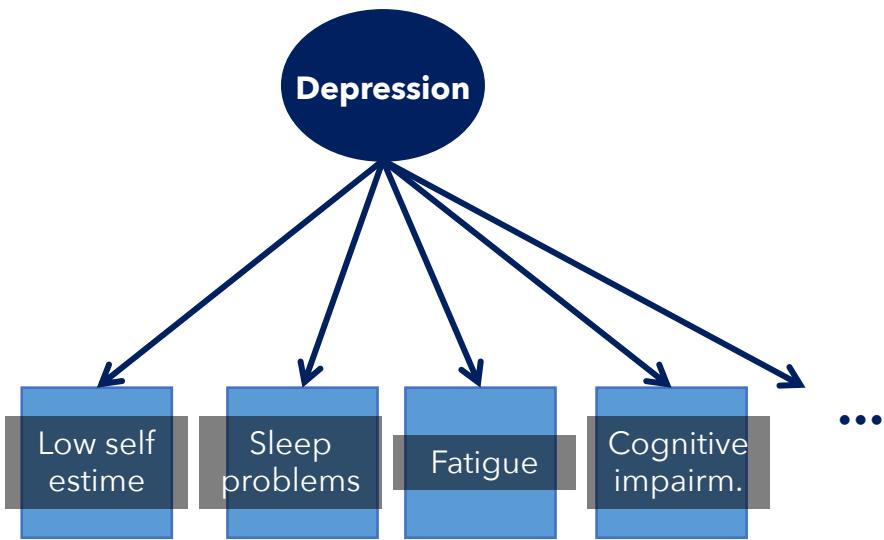
$$y_{it} = \alpha_t^{(y)} + \lambda_t^{(x)} \eta_i^{(x)} + \delta_{y1}^{(y)} u_{it-1}^{(y)} + \beta_{y1}^{(y)} y_{it-1} + \beta_{x1}^{(y)} x_{it-1} + \delta_{x1}^{(y)} u_{it-1}^{(x)} + u_{it}^{(y)}$$



$$x_{it} = \alpha_t^{(x)} + \lambda_t^{(x)} \eta_i^{(x)} + \delta_{x1}^{(x)} u_{it-1}^{(x)} + \beta_{x1}^{(x)} x_{it-1} + \beta_{y1}^{(x)} y_{it-1} + \delta_{y1}^{(x)} u_{it-1}^{(y)} + u_{it}^{(x)}$$

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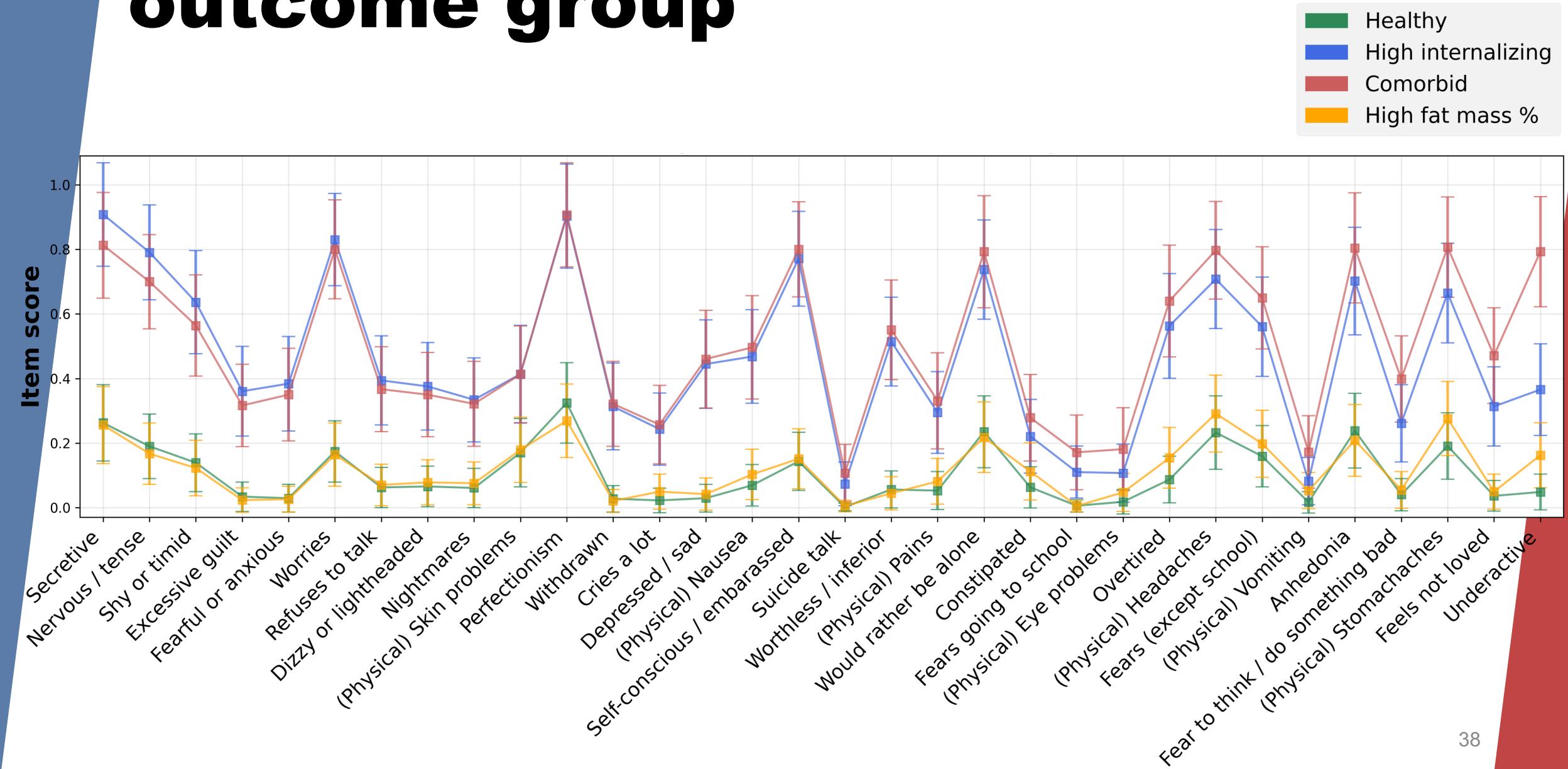
Health is complicated...



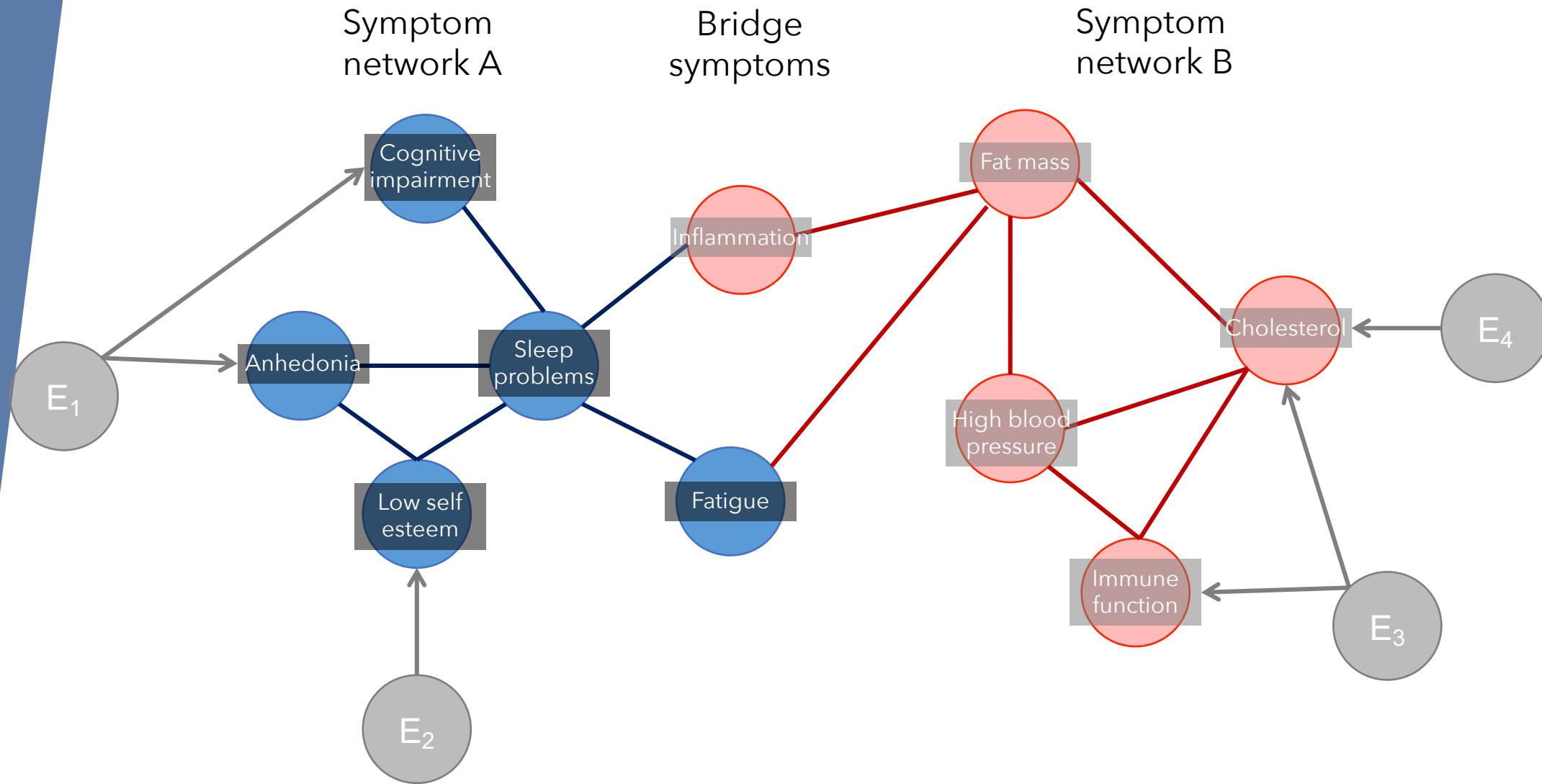
Cramer, A. O. J., Waldorp, L., van der Maas, H., & Borsboom, D. (2010). Comorbidity: A Network Perspective. *Behavioral and Brain Sciences*, 33(2-3), 137– 150. doi: 10.1017/S0140525X09991567

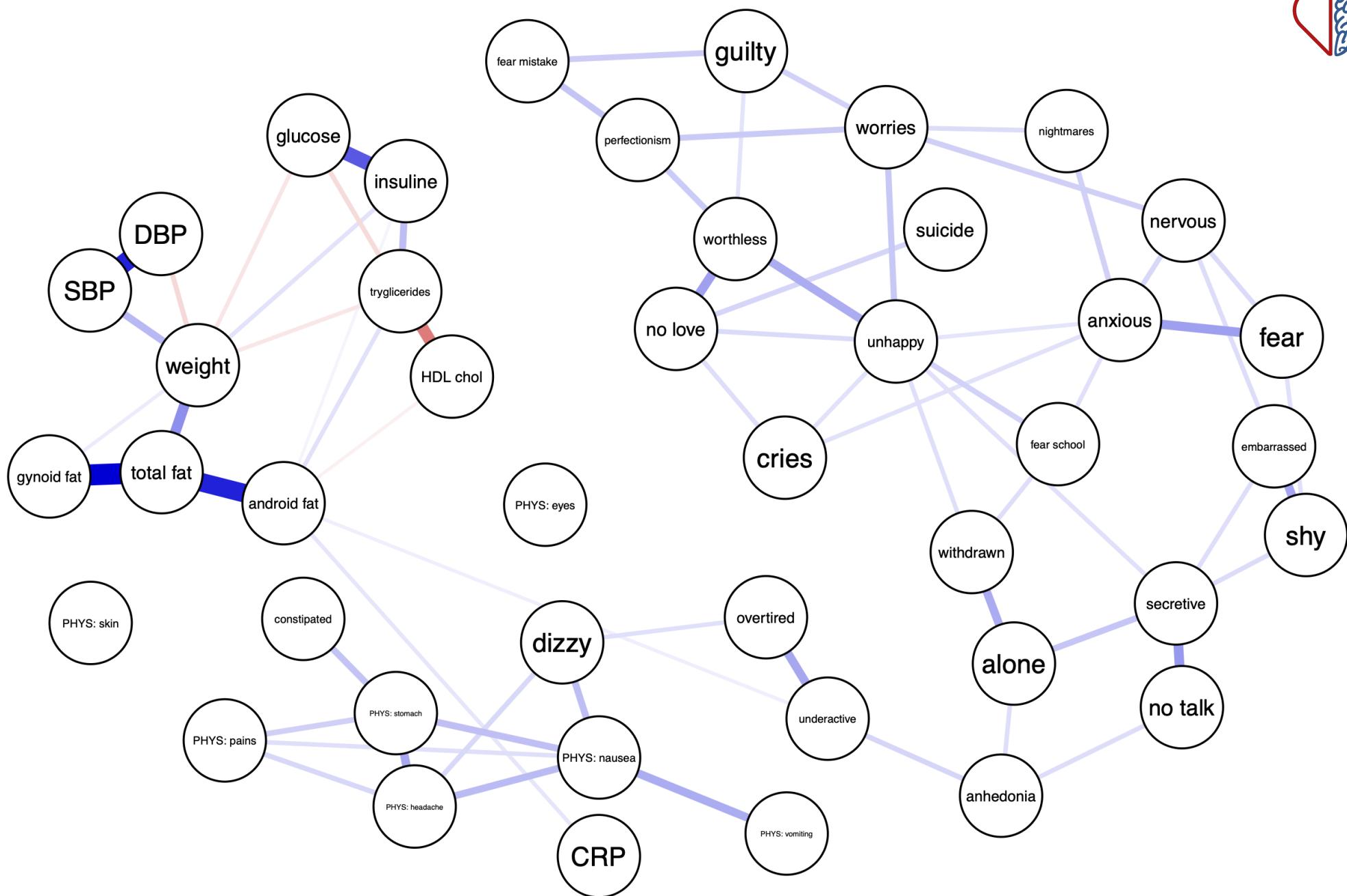
Borsboom, D. (2017). A network theory of mental disorders. *World Psychiatry*, 16(1):5–13.

Internalizing symptoms per outcome group



Network models of comorbidity





Questions?