PATHWAYS LINKING ADVERSE CHILDHOOD EXPERIENCES TO ADULT DISORDERS OF GUT-BRAIN INTERACTION: UPREGULATION OF ADVERSE PSYCHOLOGICAL TRAITS AND DOWNREGULATION OF POSITIVE TRAITS

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A community study of 231 adults found that 98% of the association between adverse childhood experiences and gastrointestinal symptom burden was explained by indirect paths through psychological traits, particularly mindfulness and anxiety.

KEY POINTS

- In a path model including neuroticism, anxiety, depression, and mindfulness, 98% of the association between adverse childhood experiences and gastrointestinal symptom burden was accounted for by indirect paths via these psychological traits.
- The strongest indirect paths were via mindfulness (44%) and anxiety (23%), while individual path analyses showed mindfulness explained 74% and neuroticism 70% of the ACEs-GSRS association.
- GSRS scores correlated positively with ACEs (r=0.16), neuroticism (r=0.35), anxiety (r=0.38), and depression (r=0.27), but negatively with dispositional mindfulness (r=-0.39).
- The sample comprised 231 community individuals (mean age 19 years, 76% female) after excluding 10 with organic GI conditions; 38% met Rome IV criteria for IBS and/or functional dyspepsia.
- The authors suggest these findings offer opportunity for early intervention with buffering effects of positive traits and support prior work showing mindfulness can buffer negative traits.

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