The association between trauma exposure and weekly mood trajectories.

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Trauma type, severity and mood trajectories

The study explored the impact of trauma on mood disorder trajectories in a clinical sample consisting of 107 adult participants (81 females and 26 males). Participants had all been diagnosed with a mood disorder and the study commenced after participants were discharged from hospital.

Trauma exposure was assessed in terms of childhood abuse and neglect (Childhood Trauma Questionnaire) and common lifetime PTSD-producing traumatic events (Life Events Checklist). The Childhood Trauma Questionnaire assesses total childhood trauma exposure and exposure to different subtypes, i.e. physical abuse/neglect, sexual abuse, and emotional abuse/neglect.

Mood trajectories were telephonically assessed on a weekly basis over 16 weeks using the Quick Inventory of Depressive Symptomatology (QIDS) and the Altman Self-Rating Mania Scale (ASRM).

The specific aims were to investigate:

- The association between trauma exposure (childhood and lifetime) and mood trajectories over 16 weeks;
- The association between trauma exposure severity (childhood and lifetime) and mood symptom severity across time; and
- The influence of trauma on the fluctuation in mood symptom severity over 16 weeks.

**Childhood trauma has an ongoing impact**

**Depression**: Trauma exposure was persistently associated, albeit with some fluctuation in the strength of the association, with depressive symptomatology. Thus, a history of childhood trauma may have an ongoing impact on the manifestation of depressive symptomatology in patients with mood disorders.

**Severity**: The severity of childhood trauma exposure was positively correlated with the severity of depressive symptoms.

**Mania**: Lifetime traumatic events were significantly associated with mania scores, however, there was no association between childhood trauma exposure and mania symptoms.

**Conclusion**

The findings underline the persistent role of childhood trauma exposure in influencing depression symptomatology at multiple points in time, and highlight the importance of assessing childhood trauma exposure, in particular emotional maltreatment, in depressed populations. Moreover, careful enquiry about past trauma exposure in inpatient settings is key and should be factored into clinical monitoring as past trauma has a persistent correlation with symptoms across time.  

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