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Adverse Childhood Experiences in cSLE: A Clinically Significant but Underrecognized Burden

Ryan Quigley:

You're listening to *Living Rheum* on ReachMD, and this is an *AudioAbstract*. I'm Ryan Quigley, and today, we're diving into compelling new data on the role of early-life trauma on outcomes in childhood-onset systemic lupus erythematosus, or cSLE.

It's becoming increasingly clear that in patients with cSLE, biologic disease activity may only tell part of the story. Psychosocial determinants of health—especially early trauma—may play a critical role in shaping how young patients experience their illness, respond to treatment, and function over time.

At the 2025 American College of Rheumatology Convergence, a team from the Hospital for Sick Children in Toronto presented a study that sheds new light on this issue. Their work examines the prevalence of adverse childhood experiences, or ACEs, and how these experiences relate to mental health, fatigue, and executive functioning in adolescents with cSLE.

This was a cross-sectional study of 50 patients aged 13 to 19. Using the PEARLS screening tool, researchers assessed exposure to 19 categories of childhood adversity, including caregiver abuse or neglect, family disruption, and exposure to violence.

They found that 72% of participants reported at least one ACE, and 30% had experienced four or more. Among the most common ACEs reported were caregiver verbal abuse, emotional neglect, community violence, and caregiver separation or divorce.

But what sets this study apart is its detailed analysis of clinical outcomes relative to ACE exposure. Patients were stratified into low-risk and high-risk ACE groups—those with three or fewer, versus four or more ACEs. The researchers then assessed three key domains using validated tools:

- Mental health outcomes, measured by the PROMIS Pediatric-37 Profile for anxiety, depression, and fatigue;
- Cognitive functioning, using the BRIEF-2 Global Executive Composite score; and
- Lupus disease activity, using the adjusted mean SLEDAI-2K.

The results were compelling. Those in the high-ACE group scored significantly worse across all PROMIS domains, with p-values less than 0.001 for anxiety, depression, and fatigue. They also demonstrated poorer executive function, again with high statistical significance.

However, there was no association between ACE exposure and lupus disease activity, suggesting that these psychosocial impacts are not simply reflections of more active disease.

In clinical terms, these findings suggest that a high burden of early life adversity may independently contribute to the non-inflammatory symptom burden of cSLE, including fatigue, cognitive dysfunction, and psychological distress. These are symptoms that often persist even when lupus appears well-controlled on standard lab and clinical metrics.

So what are the practical implications? First, it may be time to routinely assess ACE exposure in pediatric rheumatology clinics, especially for patients reporting persistent mood symptoms or functional impairments that don't correlate with disease activity.

Second, we should consider how trauma-informed care models—including embedded mental health support—can be integrated into chronic care for children with autoimmune disease.

And third, we need longitudinal studies to explore whether early identification and treatment of ACE-related distress could change long-

term outcomes—both psychosocial and physical.

To put it simply, managing cSLE isn't just about suppressing inflammation. It's about supporting the whole patient—and that includes their history, their mental health, and their capacity to function across all domains of life.

This has been an *AudioAbstract* for *Living Rheum*, and I'm Ryan Quigley. To access this and other episodes in our series, visit ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

Reference:

Zhou J, Fevrier S, Moaf P, et al. Abstract 1290: Adverse childhood experiences: prevalence and relationship to disease and mental health outcomes in childhood-onset systemic lupus erythematosus (cSLE). *Arthritis Rheumatol*. 2025;77(suppl 9). Accessed October 7, 2025. <https://acrabstracts.org/abstract/adverse-childhood-experiences-prevalence-and-relationship-to-disease-and-mental-health-outcomes-in-childhood-onset-systemic-lupus-erythematosus-csle/>