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Early life racial discrimination linked to depression, accelerated aging

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Source: Georgia State University

Summary: Early life stress from racial discrimination puts African Americans at greater risk for accelerated

aging, a marker for premature development of serious health problems and perhaps a shorter life

expectancy, according to a new study.

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FULL STORY

Early life stress from racial discrimination puts African Americans at greater risk for accelerated aging, a marker for premature development of serious health problems and perhaps a shorter life expectancy, according to a study led by a Georgia State University psychology researcher.

Sierra Carter, an assistant professor of psychology at Georgia State, and her collaborators used data based on questionnaires as well as blood samples to examine aging at the cellular level.

"What we found was for these African American youth, experiences of early life racial discrimination was influencing an accelerated aging process within the body," said Carter.

"The stress of racial discrimination can be thought of as a chronic stressful stimulus that can wear and tear down body systems," she said. "By following these individuals over time, we can see that this stressor is influencing a physiological weathering process that results in premature aging of body systems. This accelerated weathering process that we see from the stress of racial discrimination could be influencing some of the racial health disparities that we see for African American populations, such as diabetes and cardiovascular disease."

Carter and her collaborators used data from The Family and Community Health Study (FACHS), a longitudinal study of more than 800 African American families conducted in multiple cities, starting in 1996. The ongoing study, supported by the National Institutes of Health and housed at the University of Georgia, focuses on of the effect of parental support and discipline styles, family interactions, neighborhood characteristics and other contextual factors affecting African American parents and their children.

Data, including self-reported questionnaires, were collected every two to three years and expanded in 2015 to include blood draws to assess participants' risks for heart disease and diabetes and to test for biomarkers that predict the early onset of these diseases. Carter included data from 368 people in her analyses.

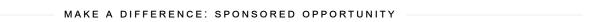
"What we found was that experiences of racial discrimination were related to elevated depressive symptoms at age 10-15 and 20-29, even when controlling for health behaviors like smoking and alcohol use," Carter said. "So, we are looking at this elevation in depressive symptoms over many years that's really influencing accelerated aging. So, our results are suggesting that early life experiences of racial discrimination is related to accelerated aging, but really the mechanism that could be driving a part of this is depressive symptoms. We might want to think about how these mental and physical health factors intertwine."

Carter is planning the next steps of the study to focus more closely on accelerated aging processes, resiliency, life course trajectories toward depression and possible early life interventions.

The ultimate goal for society would be to prevent racial discrimination from happening, she said, but in addition to a wide range of systematic changes to accomplish that goal, the field of psychology can integrate with other disciplines to play a stronger role in thinking about intervention strategies.

"We do have evidence-based treatments for mental health conditions like depression" Carter said. "As a clinical psychologist, I think it is important that we start acknowledging within our treatments that the stress of racism can influence both mental and physical health symptoms at an early age in life. I'm hoping that this research will help us to think critically about racism as an impactful stressor on health and ways that culturally-informed intervention strategies can aid in reducing the long-term impact of this stressor."

Carter's co-authors include Mei Ling Ong, Ronald L. Simons, Man Kit Lei, and Steven Beach, all from the University of Georgia, and Frederick Gibbons of the University of Connecticut. The research was supported by the National Institute of Child Health and Human Development; the National Heart, Lung, and Blood Institute; and the National Institute of Drug Abuse. Additional support was provided by the Center for Translational and Prevention Science, funded by the National Institute on Drug Abuse.





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	10%					
	25%					
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