Medicine Abstracts

Annals of Intensive Care

N. Embriaco et al., **Symptoms of Depression in ICU Physicians**, *Ann Intensive Care* 2.1 (July 27, 2012): 34 • *Background*: Work and family are the two domains from which most adults develop satisfaction in life. They also are responsible for stressful experiences. There is a perception in the community that work is increasingly the source of much of our stress and distress. Depressive symptoms may be related to repeated stressful experiences. Intensive care unit (ICU) physicians are exposed to major stressors. However, the existence of depressive symptoms in these doctors has been poorly studied. This study was designed to evaluate the prevalence and associated risk factors of depressive symptoms in junior and senior ICU physicians. *Method*: A one-day national survey was conducted in adult intensive care units (ICU) in French public hospitals. Symptoms of depression were assessed using the Centers of Epidemiologic Studies Depression Scale (CES-D). *Results*: A total of 189 ICUs participated, and 901 surveys were returned (75.8% response rate). Symptoms of depression were found in 23.8% of the respondents using the CES-D scale. Fifty-eight percent of these intensivists presenting symptoms of depression wished to leave their job compared with only 33% of those who did not exhibit signs of depression as assessed by the CES-D scale ($p < 0.0001$). Multiple logistic regression showed that organizational factors were associated with the presence of depressive symptoms. Workload (long interval since the last nonworking weekend, absence of relief of service until the next working day after a night shift) and impaired relationships with other intensivists were independently associated with the presence of depressive symptoms. A high level of burnout also was related to the presence of depressive symptoms. In contrast, no demographic factors regarding ICU physicians and no factor related to the severity of illness of patients were retained by the model. The quality of relationships with other physicians (from other departments) was associated with the absence of depressive symptoms (protective effect). *Conclusions*: Approximately one of four intensivists presented symptoms of depression. The next step could be to test whether organization modification is associated with less depressive symptoms and less desire to leave the job.

Annals of Internal Medicine

B. B. Pavri et al., **Reuse of Explanted, Resterilized Implantable Cardioverter-Defibrillators: A Cohort Study**, *Ann Intern Med* 157.8 (October 16, 2012): 542–548 • *Background*: Implantable cardioverter-defibrillators (ICDs) often have clinically useful battery life remaining when explanted because of upgrades, infection, or patient death. *Objective*: To show that explanted ICDs can be resterilized and reused. *Design*: Retrospective cohort study. *Setting*: Multicenter ICD acquisition and single-center ICD reimplantation. *Patients*: Indigent persons in India who had class I indications for cardiac resynchronization therapy with an ICD and were unable to afford such a device. *Measurements*: Device longevity after reimplantation, device-related complications, number of appropriate therapies, patient clinical characteristics, and deaths. *Results*: Eighty-one consecutive consenting patients (mean age, 52.6 years; 66 male patients) received 106 explanted devices. Twenty-two patients received a second device and 3 patients received a third device after the prior one reached replacement voltage. Mean time to ICD replacement was 1287.4 days. Follow-up data were available for 75 of 81 (92.6%) patients. Mean follow-up duration for all devices was 824.9 days. No infectious

complications occurred; 1 lead dislodgement and 1 lead fracture required repeated surgery. Appropriate therapy (shocks or antitachycardia pacing) was delivered by 64 of 106 (60.4%) devices in 44 of 81 (54.3%) patients. Nine of 81 (11.1%) patients died; mean time from implantation to death was 771.3 days. *Limitations*: This is a retrospective report of a single-center experience with a modest number of patients and devices. Follow-up data were missing for 6 patients. No records were kept of the number of devices obtained through postmortem versus antemortem explantation or whether explantation was due to infection or upgrade. Complete data were not available on exact battery voltage at the time of reimplantation, left ventricular ejection fraction, or number of inappropriate shocks. A control group was not possible. *Conclusion*: Explanted ICDs with 3 or more years of estimated remaining battery life can be reused after they are cleaned and resterilized. These devices functioned normally and delivered life-saving therapies, without an increased risk for complications. These preliminary data deserve further validation and, if confirmed, could have important societal and economic implications.

Archives of Internal Medicine

D. W. Kissane, **The Relief of Existential Suffering**, *Arch Intern Med* 172.19 (October 22, 2012): 1501–1505 • Advanced and progressive illnesses bring existential suffering to patients as an inevitable consequence of the disease and its treatment. Physicians need a typology of existential distress to aid its recognition and improved management. The major forms of existential challenge include (1) death anxiety, (2) loss and change, (3) freedom with choice or loss of control, (4) dignity of the self, (5) fundamental aloneness, (6) altered quality of relationships, (7) our search for meaning, and (8) mystery about what seems unknowable. An adaptive response to each challenge promotes equanimity, peace, and fulfillment while sustaining engagement with life, creativity, and joy. Physicians can do much to nurture courage and maintain each person's sense of meaning, value, and purpose.

T. D. Shanafelt et al., **Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population**, *Arch Intern Med* 172.18 (October 8, 2012): 1337–1385 • *Background*: Despite extensive data about physician burnout, to our knowledge, no national study has evaluated rates of burnout among US physicians, explored differences by specialty, or compared physicians with US workers in other fields. *Methods*: We conducted a national study of burnout in a large sample of US physicians from all specialty disciplines using the American Medical Association Physician Masterfile and surveyed a probability-based sample of the general US population for comparison. Burnout was measured using validated instruments. Satisfaction with work-life balance was explored. *Results*: Of 27,276 physicians who received an invitation to participate, 7,288 (26.7%) completed surveys. When assessed using the Maslach Burnout Inventory, 45.8% of physicians reported at least 1 symptom of burnout. Substantial differences in burnout were observed by specialty, with the highest rates among physicians at the front line of care access (family medicine, general internal medicine, and emergency medicine). Compared with a probability-based sample of 3,442 working US adults, physicians were more likely to have symptoms of burnout (37.9% vs 27.8%) and to be dissatisfied with work-life balance (40.2% vs 23.2%) (P < 0.001 for both). Highest level of education completed also related to burnout in a pooled multivariate analysis adjusted for age, sex, relationship status, and hours worked per week. Compared with high school graduates, individuals with an MD or DO degree were at increased risk for burnout (odds ratio [OR], 1.36; P < 0.001), whereas individuals with a bachelor's degree (OR, 0.80; P = 0.048), master's degree (OR, 0.71; P = 0.01), or professional or doctoral degree other than an MD or DO degree (OR, 0.64; P = 0.04) were at lower risk for burnout. *Conclusions*: Burnout is more common among physicians than among other US workers. Physicians in specialties at the front line of care access seem to be at greatest risk.

JAMA

J. M. Gaziano et al., **Multivitamins in the Prevention of Cancer in Men: The Physicians' Health Study II Randomized Controlled Trial**, *JAMA* 308.18 (November 14, 2012): 1871–1880 • *Context*: Multivitamin preparations are the most common dietary supplement, taken by at least one-third of all US adults. Observational studies have not provided evidence regarding associations of multivitamin use with total and site-specific cancer incidence or mortality. *Objective*: To determine whether long-term multivitamin supplementation decreases the risk of total and site-specific cancer events among men. *Design, Setting, and Participants*: A large-scale, randomized, double-blind, placebo-controlled trial (Physicians' Health Study II) of 14,641 male US physicians initially aged 50 years or older (mean [SD] age, 64.3 [9.2] years), including 1,312 men with a history of cancer at randomization, enrolled in a common multivitamin study that began in 1997 with treatment and follow-up through June 1, 2011. *Intervention*: Daily multivitamin or placebo. *Main Outcome Measures*: Total cancer (excluding nonmelanoma skin cancer), with prostate, colorectal, and other site-specific cancers among the secondary end points. *Results*: During a median (interquartile range) follow-up of 11.2 (10.7-13.3) years, there were 2,669 men with confirmed cancer, including 1,373 cases of prostate cancer and 210 cases of colorectal cancer. Compared with placebo, men taking a daily multivitamin had a statistically significant reduction in the incidence of total cancer (multivitamin and placebo groups, 17.0 and 18.3 events, respectively, per 1000 person-years; hazard ratio [HR], 0.92; 95% CI, 0.86-0.998; P = 0.04). There was no significant effect of a daily multivitamin on prostate cancer (multivitamin and placebo groups, 9.1 and 9.2 events, respectively, per 1000 person-years; HR, 0.98; 95% CI, 0.88-1.09; P = 0.76), colorectal cancer (multivitamin and placebo groups, 1.2 and 1.4 events, respectively, per 1000 person-years; HR, 0.89; 95% CI, 0.68-1.17; P = 0.39), or other site-specific cancers. There was no significant difference in the risk of cancer mortality (multivitamin and placebo groups, 4.9 and 5.6 events, respectively, per 1000 person-years; HR, 0.88; 95% CI, 0.77-1.01; P = 0.07). Daily multivitamin use was associated with a reduction in total cancer among 1,312 men with a baseline history of cancer (HR, 0.73; 95% CI, 0.56-0.96; P = .02), but this did not differ significantly from that among 13,329 men initially without cancer (HR, 0.94; 95% CI, 0.87-1.02; P = 0.15; P for interaction = 0.07). *Conclusion*: In this large prevention trial of male physicians, daily multivitamin supplementation modestly but significantly reduced the risk of total cancer.

H. D. Sesso et al., **Multivitamins in the Prevention of Cardiovascular Disease in Men: The Physicians' Health Study II Randomized Controlled Trial**, *JAMA* 308.17 (November 7, 2012): 1751–1760 • *Context*: Although multivitamins are used to prevent vitamin and mineral deficiency, there is a perception that multivitamins may prevent cardiovascular disease (CVD). Observational studies have shown inconsistent associations between regular multivitamin use and CVD, with no long-term clinical trials of multivitamin use. *Objective*: To determine whether long-term multivitamin supplementation decreases the risk of major cardiovascular events among men. *Design, Setting, and Participants*: The Physicians' Health Study II, a randomized, double-blind, placebo-controlled trial of a common daily multivitamin, began in 1997 with continued treatment and follow-up through June 1, 2011. A total of 14,641 male US physicians initially aged 50 years or older (mean, 64.3 [SD, 9.2] years), including 754 men with a history of CVD at randomization, were enrolled. *Intervention*: Daily multivitamin or placebo. *Main Outcome Measures*: Composite end point of major cardiovascular events, including nonfatal myocardial infarction (MI), nonfatal stroke, and CVD mortality. Secondary outcomes included MI and stroke individually. *Results*: During a median follow-up of 11.2 (interquartile range, 10.7-13.3) years, there were 1732 confirmed major cardiovascular events. Compared with placebo, there was no significant effect of a daily multivitamin on major cardiovascular events (11.0 and

10.8 events per 1000 person-years for multivitamin vs placebo, respectively; hazard ratio [HR], 1.01; 95% CI, 0.91-1.10; P = 0.91). Further, a daily multivitamin had no effect on total MI (3.9 and 4.2 events per 1000 person-years; HR, 0.93; 95% CI, 0.80-1.09; P = 0.39), total stroke (4.1 and 3.9 events per 1000 person-years; HR, 1.06; 95% CI, 0.91-1.23; P = 0.48), or CVD mortality (5.0 and 5.1 events per 1000 person-years; HR, 0.95; 95% CI, 0.83-1.09; P = 0.47). A daily multivitamin was also not significantly associated with total mortality (HR, 0.94; 95% CI, 0.88-1.02; P = 0.13). The effect of a daily multivitamin on major cardiovascular events did not differ between men with or without a baseline history of CVD (P = 0.62 for interaction). *Conclusions*: Among this population of US male physicians, taking a daily multivitamin did not reduce major cardiovascular events, MI, stroke, and CVD mortality after more than a decade of treatment and follow-up.

New England Journal of Medicine

A. Bleyer and H. G. Welch, **Effect of Three Decades of Screening Mammography on Breast-Cancer Incidence**, *N Engl J Med* 367.21 (November 22, 2012): 1998–2005 • *Background*: To reduce mortality, screening must detect life-threatening disease at an earlier, more curable stage. Effective cancer-screening programs therefore both increase the incidence of cancer detected at an early stage and decrease the incidence of cancer presenting at a late stage. *Methods*: We used Surveillance, Epidemiology, and End Results data to examine trends from 1976 through 2008 in the incidence of early-stage breast cancer (ductal carcinoma in situ and localized disease) and late-stage breast cancer (regional and distant disease) among women 40 years of age or older. *Results*: The introduction of screening mammography in the United States has been associated with a doubling in the number of cases of early-stage breast cancer that are detected each year, from 112 to 234 cases per 100,000 women—an absolute increase of 122 cases per 100,000 women. Concomitantly, the rate at which women present with late-stage cancer has decreased by 8%, from 102 to 94 cases per 100,000 women—an absolute decrease of 8 cases per 100,000 women. With the assumption of a constant underlying disease burden, only 8 of the 122 additional early-stage cancers diagnosed were expected to progress to advanced disease. After excluding the transient excess incidence associated with hormone-replacement therapy and adjusting for trends in the incidence of breast cancer among women younger than 40 years of age, we estimated that breast cancer was overdiagnosed (i.e., tumors were detected on screening that would never have led to clinical symptoms) in 1.3 million U.S. women in the past 30 years. We estimated that in 2008, breast cancer was overdiagnosed in more than 70,000 women; this accounted for 31% of all breast cancers diagnosed. *Conclusions*: Despite substantial increases in the number of cases of early-stage breast cancer detected, screening mammography has only marginally reduced the rate at which women present with advanced cancer. Although it is not certain which women have been affected, the imbalance suggests that there is substantial overdiagnosis, accounting for nearly a third of all newly diagnosed breast cancers, and that screening is having, at best, only a small effect on the rate of death from breast cancer.

B. S. Kennedy et al., **Outbreak of Mycobacterium Chelonae Infection Associated with Tattoo Ink**, *N Engl J Med* 367.11 (September 13, 2012): 1020–1024 • *Background*: In January 2012, on the basis of an initial report from a dermatologist, we began to investigate an outbreak of tattoo-associated Mycobacterium chelonae skin and soft-tissue infections in Rochester, New York. The main goals were to identify the extent, cause, and form of transmission of the outbreak and to prevent further cases of infection. *Methods*: We analyzed data from structured interviews with the patients, histopathological testing of skin-biopsy specimens, acid-fast bacilli smears, and microbial cultures and antimicrobial susceptibility testing. We also performed DNA sequencing, pulsed-field gel electrophoresis (PFGE), cultures of the ink and ingredients used in the preparation and packaging of the ink, assessment of source water and faucets at tattoo parlors,

and investigation of the ink manufacturer. *Results*: Between October and December 2011, a persistent, raised, erythematous rash in the tattoo area developed in 19 persons (13 men and 6 women) within 3 weeks after they received a tattoo from a single artist who used premixed gray ink; the highest occurrence of tattooing and rash onset was in November (accounting for 15 and 12 patients, respectively). The average age of the patients was 35 years (range, 18 to 48). Skin-biopsy specimens, obtained from 17 patients, showed abnormalities in all 17, with M. chelonae isolated from 14 and confirmed by means of DNA sequencing. PFGE analysis showed indistinguishable patterns in 11 clinical isolates and one of three unopened bottles of premixed ink. Eighteen of the 19 patients were treated with appropriate antibiotics, and their condition improved. *Conclusions*: The premixed ink was the common source of infection in this outbreak. These findings led to a recall by the manufacturer.

P. Lichtenstein et al., **Medication for Attention Deficit-Hyperactivity Disorder and Criminality**, *N Engl J Med* 367.21 (November 22, 2012): 2006–2014 • *Background*: Attention deficit-hyperactivity disorder (ADHD) is a common disorder that has been associated with criminal behavior in some studies. Pharmacologic treatment is available for ADHD and may reduce the risk of criminality. *Methods*: Using Swedish national registers, we gathered information on 25,656 patients with a diagnosis of ADHD, their pharmacologic treatment, and subsequent criminal convictions in Sweden from 2006 through 2009. We used stratified Cox regression analyses to compare the rate of criminality while the patients were receiving ADHD medication, as compared with the rate for the same patients while not receiving medication. *Results*: As compared with nonmedication periods, among patients receiving ADHD medication, there was a significant reduction of 32% in the criminality rate for men (adjusted hazard ratio, 0.68; 95% confidence interval [CI], 0.63 to 0.73) and 41% for women (hazard ratio, 0.59; 95% CI, 0.50 to 0.70). The rate reduction remained between 17% and 46% in sensitivity analyses among men, with factors that included different types of drugs (e.g., stimulant vs. nonstimulant) and outcomes (e.g., type of crime). *Conclusions*: Among patients with ADHD, rates of criminality were lower during periods when they were receiving ADHD medication. These findings raise the possibility that the use of medication reduces the risk of criminality among patients with ADHD. (Funded by the Swedish Research Council and others.).

D. A. Redelmeier et al., **Physicians' Warnings for Unfit Drivers and the Risk of Trauma from Road Crashes**, *N Engl J Med* 367.13 (September 27, 2012): 1228–1236 • *Background*: Physicians' warnings to patients who are potentially unfit to drive are a medical intervention intended to prevent trauma from motor vehicle crashes. We assessed the association between medical warnings and the risk of subsequent road crashes. *Methods*: We identified consecutive patients who received a medical warning in Ontario, Canada, between April 1, 2006, and December 31, 2009, from a physician who judged them to be potentially unfit to drive. We excluded patients who were younger than 18 years of age, who were not residents of Ontario, or who lacked valid health-card numbers under universal health insurance. We analyzed emergency department visits for road crashes during a baseline interval before the warning and a subsequent interval after the warning. *Results*: A total of 100,075 patients received a medical warning from a total of 6098 physicians. During the 3-year baseline interval, there were 1430 road crashes in which the patient was a driver and presented to the emergency department, as compared with 273 road crashes during the 1-year subsequent interval, representing a reduction of approximately 45% in the annual rate of crashes per 1000 patients after the warning (4.76 vs. 2.73, $P<0.001$). The lower rate was observed across patients with diverse characteristics. No significant change was observed in subsequent crashes in which patients were pedestrians or passengers. Medical warnings were associated with an increase in subsequent emergency department visits for depression and a decrease

in return visits to the responsible physician. *Conclusions*: Physicians' warnings to patients who are potentially unfit to drive may contribute to a decrease in subsequent trauma from road crashes, yet they may also exacerbate mood disorders and compromise the doctor-patient relationship. (Funded by the Canada Research Chairs program and others.).

B. D. Sommers et al., **Mortality and Access to Care among Adults after State Medicaid Expansions**, *N Engl J Med* 367.11 (September 13, 2012): 1025–1034 • *Background*: Several states have expanded Medicaid eligibility for adults in the past decade, and the Affordable Care Act allows states to expand Medicaid dramatically in 2014. Yet the effect of such changes on adults' health remains unclear. We examined whether Medicaid expansions were associated with changes in mortality and other health-related measures. *Methods*: We compared three states that substantially expanded adult Medicaid eligibility since 2000 (New York, Maine, and Arizona) with neighboring states without expansions. The sample consisted of adults between the ages of 20 and 64 years who were observed 5 years before and after the expansions, from 1997 through 2007. The primary outcome was all-cause county-level mortality among 68,012 year- and county-specific observations in the Compressed Mortality File of the Centers for Disease Control and Prevention. Secondary outcomes were rates of insurance coverage, delayed care because of costs, and self-reported health among 169,124 persons in the Current Population Survey and 192,148 persons in the Behavioral Risk Factor Surveillance System. *Results*: Medicaid expansions were associated with a significant reduction in adjusted all-cause mortality (by 19.6 deaths per 100,000 adults, for a relative reduction of 6.1%; P=0.001). Mortality reductions were greatest among older adults, nonwhites, and residents of poorer counties. Expansions increased Medicaid coverage (by 2.2 percentage points, for a relative increase of 24.7%; P=0.01), decreased rates of uninsurance (by 3.2 percentage points, for a relative reduction of 14.7%; P<0.001), decreased rates of delayed care because of costs (by 2.9 percentage points, for a relative reduction of 21.3%; P=0.002), and increased rates of self-reported health status of "excellent" or "very good" (by 2.2 percentage points, for a relative increase of 3.4%; P=0.04). *Conclusions*: State Medicaid expansions to cover low-income adults were significantly associated with reduced mortality as well as improved coverage, access to care, and self-reported health.

Pediatrics

R. A. Bednarczyk et al., **Sexual Activity-Related Outcomes after Human Papillomavirus Vaccination of 11- to 12-Year-Olds**, *Pediatrics* 130.5 (November 2012): 798–805 • *Objective*: Previous surveys on hypothesized sexual activity changes after human papillomavirus (HPV) vaccination may be subject to self-response biases. To date, no studies measured clinical markers of sexual activity after HPV vaccination. This study evaluated sexual activity-related clinical outcomes after adolescent vaccination. *Methods*: We conducted a retrospective cohort study utilizing longitudinal electronic data from a large managed care organization. Girls enrolled in the managed care organization, aged 11 through 12 years between July 2006 and December 2007, were classified by adolescent vaccine (HPV; tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis, adsorbed; quadrivalent meningococcal conjugate) receipt. Outcomes (pregnancy/sexually transmitted infection testing or diagnosis; contraceptive counseling) were assessed through December 31, 2010, providing up to 3 years of follow-up. Incidence rate ratios comparing vaccination categories were estimated with multivariate Poisson regression, adjusting for health care-seeking behavior and demographic characteristics. *Results*: The cohort included 1398 girls (493 HPV vaccine-exposed; 905 HPV vaccine-unexposed). Risk of the composite outcome (any pregnancy/sexually transmitted infection testing or diagnosis or contraceptive counseling) was not significantly elevated in HPV vaccine-exposed girls relative to HPV vaccine-unexposed girls (adjusted incidence rate ratio: 1.29, 95% confidence interval

[CI]: 0.92 to 1.80; incidence rate difference: 1.6/100 person-years; 95% CI: -0.03 to 3.24). Incidence rate difference for Chlamydia infection (0.06/100 person-years [95% CI: -0.30 to 0.18]) and pregnancy diagnoses (0.07/100 person-years [95% CI: -0.20 to 0.35]), indicating little clinically meaningful absolute risk differences. *Conclusions*: HPV vaccination in the recommended ages was not associated with increased sexual activity-related outcome rates.

S.J. Opree et al., **Lower Life Satisfaction Related to Materialism in Children Frequently Exposed to Advertising**, *Pediatrics* 130.3 (September 2012): e486–e491 • *Objective*: Research among adults suggests that materialism and life satisfaction negatively influence each other, causing a downward spiral. So far, cross-sectional research among children has indicated that materialistic children are less happy, but causality remains uncertain. This study adds to the literature by investigating the longitudinal relation between materialism and life satisfaction. We also investigated whether their relation depended on children's level of exposure to advertising. *Methods*: A sample of 466 children (aged 8-11; 55% girls) participated in a 2-wave online survey with a 1-year interval. We asked children questions about material possessions, life satisfaction, and advertising. We used structural equation modeling to study the relationship between these variables. *Results*: For the children in our sample, no effect of materialism on life satisfaction was observed. However, life satisfaction did have a negative effect on materialism. Exposure to advertising facilitated this effect: We only found an effect of life satisfaction on materialism for children who were frequently exposed to advertising. *Conclusions*: Among 8- to 11-year-old children, life satisfaction leads to decreased materialism and not the other way around. However, this effect only holds for children who are frequently exposed to television advertising. It is plausible that the material values portrayed in advertising teach children that material possessions are a way to cope with decreased life satisfaction. It is important to reduce this effect, because findings among adults suggest that materialistic children may become less happy later in life. Various intervention strategies are discussed.

E.P. Parks et al., **Influence of Stress in Parents on Child Obesity and Related Behaviors**, *Pediatrics* 130.5 (November 2012): e1096–e1104 • *Objective*: To assess associations of the number of parent stressors and parent-perceived stress with obesity and related behaviors in their children. *Methods*: This cross-sectional analysis used data from the 2006 Southeastern Pennsylvania Household Health Survey in which 2119 parents/caregivers answered questions about themselves and their children (ages 3-17 years). Survey data were used to assess the main exposure variables: the number of stressors (measured using a stressor index) and parent-perceived stress (the response to a general stress question); child covariates (age, race/ethnicity, health quality, and gender); adult covariates (education, BMI, gender, poor sleep quality) and study outcomes (child obesity, fast-food consumption, fruit and vegetable consumption, and physical activity). To account for developmental differences, analyses were also stratified by age group (3-5, 6-8, 9-12, and 13-17 years). Analyses used multiple logistic regression, with results expressed as odds ratios and 95% confidence intervals. *Results*: The number of parent stressors was related to child obesity in unadjusted (1.12, 1.03-1.22, $P = 0.007$) and adjusted models (1.12, 1.03-1.23, $P = 0.010$). Parent-perceived stress was related to fast-food consumption in unadjusted (1.07, 1.03-1.10, $P < 0.001$) and adjusted (1.06, 1.02-1.10, $P < 0.001$) models. *Conclusions*: The number of parent stressors was directly related to child obesity. Parent-perceived stress was directly related to child fast-food consumption, an important behavioral indicator of obesity risk. Clinical care models and future research that address child obesity should explore the potential benefits of addressing parent stressors and parent-perceived stress.