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Global Correlations Between Chronic Inflammation and Violent Incidents: Potential Behavioral Consequences of Infectious Illnesses Across Socio-Demographic Levels

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Global Correlations Between Chronic Inflammation and Violent Incidents: Consequences of Inflammation at the Socio-Demographic Level

Ryan ¹ Castle Introduction: This review explores the potential correlation between chronic inflammation and measures of violent incidents. The hypothesis being that since chronic inflammation is an extreme version of which is violence, there should be a correlation with the contrast group. An extreme correlation among lower socio-demographic index.

William ² C. Busch Methods: To examine this potential correlation, we analyzed data from a large, multi-center study of violence and inflammation. The study included data from a large, multi-center study of violence and inflammation. The study included data from a large, multi-center study of violence and inflammation.

Paul ³ J. Mills Results: The results of the study demonstrate a significant correlation between chronic inflammation and violent incidents. The results of the study demonstrate a significant correlation between chronic inflammation and violent incidents. The results of the study demonstrate a significant correlation between chronic inflammation and violent incidents.

Michelle ⁴ A. Williams Discussion: The findings of this study suggest that chronic inflammation may be a key factor in the development of violent incidents. The findings of this study suggest that chronic inflammation may be a key factor in the development of violent incidents. The findings of this study suggest that chronic inflammation may be a key factor in the development of violent incidents.

Deepak ⁵ Chopra Conclusion: The study concludes that there is a strong correlation between chronic inflammation and violent incidents. The study concludes that there is a strong correlation between chronic inflammation and violent incidents. The study concludes that there is a strong correlation between chronic inflammation and violent incidents.

James A. ⁶ Rindfleisch

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Introduction: This review explores the potential correlation between chronic inflammation and measures of violent incidents. The hypothesis being that since chronic inflammation is an extreme version of which is violence, there should be a correlation with the contrast group. An extreme correlation among lower socio-demographic index.

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Conclusion: The study concludes that there is a strong correlation between chronic inflammation and violent incidents. The study concludes that there is a strong correlation between chronic inflammation and violent incidents. The study concludes that there is a strong correlation between chronic inflammation and violent incidents.

Overview

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Mechanism of Chronic Inflammation

The body of evidence suggests that chronic inflammation underlies many non-communicable diseases. Chronic inflammation is a key factor in the development of violent incidents. The findings of this study suggest that chronic inflammation may be a key factor in the development of violent incidents.

stressors it contributes to the pathophysiology of many chronic diseases. A persistent inflammatory response affects the innate immune system, and inflammation promotes dynamic mechanisms of chronic inflammation associated to tissue damage, oxidative stress, and angiogenesis in a variety of tissues), and, therefore, the end result is

respectively. The system further supports the

Inflammation and Aggression

A recent area of research has involved the study of the influences of the environment on inflammation and its cyclical relationship: it is now clear that inflammation may increase or decrease in response to the environment, possibly contributing to the development of chronic inflammation and hostility appear to involve decreased ne-

Chronic activation of the inflammatory response is associated with increased risk of psychiatric illness^{1,8}. Although many of the psychoneuroimmunological feedback loops include depression, anger, and aggression^{3,4}, the reciprocal relationship between inflammatory conditions and psychiatric symptoms displayed various types of interrelationships. The DSM-V might consider “major depressive disorder with anxious features”⁵ as a subtype of both criteria for aggressive behavior, as chronic inflammation is associated with increased risk of aggression⁶⁻⁹. However, it is not clear from this analysis extrapolates from the findings that this research to search for common pathways between inflammation and aggression level.

[illegible]

Several studies examined influenza A virus infection in patients with hepatitis C virus infection. Although the results are controversial, some studies have suggested that influenza A virus infection may be associated with a higher risk of liver damage in patients with hepatitis C virus infection. However, other studies have found no association between influenza A virus infection and liver damage in patients with hepatitis C virus infection. Therefore, the results of these studies are inconclusive, and further research is needed to clarify the relationship between influenza A virus infection and liver damage in patients with hepatitis C virus infection.

markers of aggression are Hypotheses interpersonal violence and/or self-harm, which can be identified or exacerbated by various agencies and also associated by the GBD was estimated from 446²³ However, reports, there have been only a few significant correlations in a large scale analysis of these inflammatory disease patterns. from the Global Burden of Disease

The relationship between inflammation and violence is assumed to be bidirectional. The long onset time of chronic inflammatory diseases and violence are highly unlikely to be part of the same cascade that results in the same year, though precise disease onset, a common feature of both, is unknown. Conversely, there is evidence that chronic inflammation contributes to inflammatory diseases and psychiatric disorders. The hypothesis was that the study assumes a correlation between inflammatory disease suggests a byproduct of chronic inflammation, rather than a catalyst for incident and inflammatory disease. A precise timeframe for inflammation significantly contributing to behavior is unknown. A simplified model of this proposed set of interactions is shown in Figure 1.

Without examining potential causal relationships between chronic inflammation and violence, it is difficult to either determine the degree to which inflammation influences violence or what reasons for violence such incidents might be. This study calls for further research into psychological symptoms of inflammation and makes policy decisions on excluding violence within inflammation programs unlikely. Both risk excluding millions of incidents. Chronic inflammation and cardiovascular disease (CVD) are closely linked.

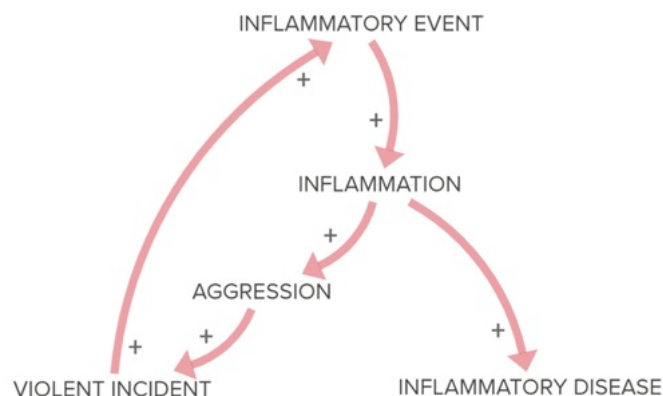


Figure 1: Model of proposed theory of inflammatory aggression and violence. Outline incites, then the different manifestations of Inflammatory Disease and Aggression increase in effect or likelihood of the following stage. Length of connecting

Table 1 Chart of the Rates of Change for Conditions and Contrasts Demographic Index

Low SDI	CVD	COPD	DD	IBD	IV	SH	TB
1991	-0.0024	0.00923	70.01546	56.87E-07	70.00101	30.00142	10.008529
1992	-0.00144	0.01013	50.01316	1-0.00091	0.00196	90.00354	90.00973
1993	-0.00101	0.00997	50.01085	6-0.0018	0.00307	0.00472	60.009364
1994	-0.00126	0.01005	80.00752	1-0.00109	0.00327	50.00414	40.007124
1995	-7.3E-06	0.01113	80.00385	6-0.00063	0.00221	90.00389	10.005668
1996	-7.7E-05	0.01138	8-0.00154	-0.00113	0.00321	40.00528	40.008972
1997	6.07E-05	0.01343	8-0.00656	-0.00163	0.00467	30.00722	60.00305
1998	-0.0001	0.01409	-0.00818	-0.00187	0.00606	10.00888	70.003323
1999	-0.00122	0.01317	2-0.00682	-0.00149	0.00639	40.00913	50.003792
2000	-0.00213	0.01123	-0.00227	-0.00121	0.00517	90.00848	40.005306
2001	-0.00388	0.01027	80.00462	6-0.0006	0.00417	40.00975	50.008159
2002	-0.00426	0.01163	20.01040	6-0.00034	0.00378	20.01237	60.01202
2003	-0.00492	0.01023	80.01398	3-0.00027	0.00332	80.01209	90.01379
2004	-0.00607	0.00586	20.01531	6-0.0005	0.00269	80.00887	60.013456
2005	-0.00574	-0.00027	0.01396	3-0.00138	0.00092	70.00354	0.011632
2006	-0.00683	-0.00757	0.01591	-0.00179	-0.00137	-0.00334	0.011498
2007	-0.00681	-0.01125	0.02034	1-0.00221	-0.00375	-0.0076	0.014438
2008	-0.00637	-0.01262	0.02053	7-0.00267	-0.00548	-0.00922	0.015461
2009	-0.00667	-0.01236	0.01635	5-0.00279	-0.00643	-0.00888	0.014078
2010	-0.00645	-0.01008	0.00739	8-0.00275	-0.00654	-0.00589	0.010928
2011	-0.00749	-0.00853	0.00038	2-0.00121	-0.00659	-0.00315	0.008995
2012	-0.00757	-0.00777	-0.00158	0.00125	7-0.00719	-0.00225	0.009646
2013	-0.00751	-0.00723	-0.0037	0.00303	3-0.00746	-0.00144	0.010304
2014	-0.00788	-0.00713	-0.00615	0.00423	6-0.0077	-0.00111	0.010397
2015	-0.00785	-0.0068	-0.00937	0.00526	4-0.00811	-0.00069	0.009932
2016	-0.00853	-0.0061	-0.01346	0.00621	5-0.00865	0.00012	80.009233
2017	-0.00799	-0.0053	-0.01779	0.00697	7-0.00914	0.00125	80.008417

Abbreviations: CVD, cardiovascular disease; COPD, chronic obstructive pulmonary disease; DD, domestic violence; SH, self-harm; TB, tuberculosis.

aggregate numbers. Illnesses that shift twice as much in phase during similar timeframes (Figure 2) can be reasonably said to be correlated.

Analysis

Correlation Data by the SDI Group The correlation of the rate of change (RoC) for each condition and the corresponding Pearson correlation coefficient (Table 1) tracks how closely changes in one variable are reflected in another value, suggesting a linear relationship between two. As noted above, a value of 0 implies that a linear equation describes the relationship between X and Y perfectly, with all data points falling on a line in which Y increases as X increases. A value of -1 implies that all data points fall on a line in which Y decreases as X increases. A value of 0.5 indicates that there is no linear correlation between the two variables.

Figure 3 shows the correlation of the rate of change (RoC) for each condition and the corresponding Pearson correlation coefficient (Table 1) tracks how closely changes in one variable are reflected in another value, suggesting a linear relationship between two. As noted above, a value of 0 implies that a linear equation describes the relationship between X and Y perfectly, with all data points falling on a line in which Y increases as X increases. A value of -1 implies that all data points fall on a line in which Y decreases as X increases. A value of 0.5 indicates that there is no linear correlation between the two variables.

Table 2: Chart of the Rates of Change for Conditions and Contrast Group Demographic Index

Low Middle	CVD	COPD	DD	IBD	IV	SH	TB
1991	-0.00100	90.000377	60.000964	20.000334	-0.000589	-0.000396	60.0006755
1992	-0.000861	10.000527	50.000809	40.000362	-0.000607	-0.000277	70.0007279
1993	-0.000843	30.000550	10.000610	90.000365	-0.000488	-0.000191	10.0006453
1994	-0.000794	40.000552	90.000406	50.000376	-0.000378	-0.000096	60.0005813
1995	-0.000699	90.000566	40.000230	30.000377	-0.000291	9.2E-05	50.0005132
1996	-0.000636	60.000660	40.000199	90.000413	-0.000167	70.000128	70.0004318
1997	-0.000523	0.000923	30.000669	90.000446	-0.000071	10.000213	40.0004232
1998	-0.000446	60.001077	30.000809	90.000425	-0.000036	60.000290	10.0004607
1999	-0.000468	80.001035	70.000642	20.000391	-0.000032	20.000335	40.0005431
2000	-0.000538	80.000852	20.000198	80.000348	-0.000077	70.000335	20.0006694
2001	-0.000673	30.000849	30.000764	30.000248	-0.000086	60.000495	80.0011025
2002	-0.000752	20.001048	80.001747	80.000139	-0.000077	0.000709	90.0016326
2003	-0.000822	20.000977	80.002248	30.000088	-0.000111	10.000753	50.0018521
2004	-0.000872	20.000598	40.002239	60.000118	-0.000201	10.000597	50.0017488
2005	-0.000888	80.000005	40.001640	40.000195	-0.000324	40.000222	50.0012507
2006	-0.000908	-0.00081	0.001319	90.000231	-0.000595	-0.000176	60.0009498
2007	-0.000839	-0.001178	80.001498	90.00023	-0.000933	-0.000356	60.0011337
2008	-0.000797	-0.001269	0.001341	10.000229	-0.001081	-0.000394	40.0012256
2009	-0.000807	-0.001154	40.000866	20.000228	-0.001038	-0.000315	50.0011839
2010	-0.000803	-0.000748	80.000108	60.000226	-0.000865	-0.000099	90.0010465
2011	-0.000826	-0.000421	0.000503	30.000151	-0.000711	0.000196	60.0010525
2012	-0.00078	-0.000277	70.000781	10.000017	-0.00066	0.000450	70.0012459
2013	-0.000771	-0.000163	30.001059	90.000094	20.000588	80.000644	30.0013824
2014	-0.000793	-0.000083	30.001329	0.000162	20.000515	50.000777	20.0014714
2015	-0.000788	80.000030	80.000161	0.000211	10.000462	0.000894	40.0015355
2016	-0.000834	40.000149	30.001933	30.000265	40.000403	30.001009	90.0015845
2017	-0.000825	50.000283	70.002232	20.000309	70.000335	50.001099	60.0016131

Abbreviations: CVD, cardiovascular disease; COPD, chronic obstructive pulmonary disease; DD, domestic violence; SH, self-harm; TB, tuberculosis.

- 60% of inflammatory conditions showed a moderate correlation with interpersonal violence with interpersonal violence.
- 0% of inflammatory conditions showed a moderate correlation with interpersonal violence with interpersonal violence.
- 20% of inflammatory conditions showed a weak correlation with interpersonal violence with interpersonal violence.
- 0% of inflammatory conditions showed a moderate correlation with interpersonal violence with interpersonal violence.
- 20% of inflammatory conditions showed a moderate correlation with interpersonal violence with interpersonal violence.
- The contrast group showed a decrease in interpersonal violence with interpersonal violence.

In the middle-low socio-demographic index conditions were correlated with interpersonal violence 60% of the time, detailed as follows:

Table 2 Chart of the Rates of Change for Conditions and Contrasts Demographic Index

Middle SD	CVD	COPD	DD	IBD	IV	SH	TB
1991	-0.001712	-0.00147	0.00699	5-0.00323	-0.00556	0.00503	70.01496
1992	-0.001722	0.00021	30.00525	4-0.00318	-0.00462	0.00654	40.016082
1993	-0.001716	0.00138	20.00312	-0.00318	-0.00401	0.00766	40.016259
1994	-0.001745	0.00141	50.00112	4-0.00333	-0.00316	0.00871	70.015619
1995	-0.001684	0.00180	6-0.00044	-0.00321	-0.00282	0.00934	30.014233
1996	-0.001672	0.00621	3-0.00403	-0.00284	-0.00145	0.01159	70.014808
1997	-0.001595	0.01344	1-0.00833	-0.00217	0.00034	10.01451	10.017117
1998	-0.001543	0.01629	9-0.0097	-0.00209	0.00127	80.01594	70.017868
1999	-0.001626	0.01310	8-0.00835	-0.00223	0.00247	0.01604	60.016701
2000	-0.001659	0.00568	7-0.00432	-0.0027	0.00258	70.01453	80.014207
2001	-0.001823	-0.00013	0.00298	4-0.0032	0.00409	40.01601	160.015204
2002	-0.001907	0.00012	50.00944	6-0.00284	0.00645	90.01933	90.019024
2003	-0.001929	-0.00079	0.01238	3-0.00238	0.00726	20.01931	170.019852
2004	-0.001975	-0.00443	0.01227	2-0.00191	0.00684	50.01507	70.017336
2005	-0.001866	-0.00853	0.00886	5-0.00166	0.00475	60.00642	20.012094
2006	-0.00194	-0.01984	0.00970	10.00148	50.00480	1-0.00201	10.012285
2007	-0.002033	-0.03072	0.01444	60.00531	80.00609	7-0.00566	0.01824
2008	-0.002058	-0.03397	0.01450	30.00592	10.00616	5-0.00684	40.021262
2009	-0.002083	-0.03105	0.00950	60.00346	20.00525	1-0.00578	0.02051
2010	-0.00197	-0.01983	-0.0003	-0.00214	0.00257	6-0.0022	0.01502
2011	-0.002005	-0.01074	-0.00936	-0.00862	0.00146	10.00105	10.011272
2012	-0.001968	-0.00597	-0.01451	-0.01376	0.00224	80.00283	10.012672
2013	-0.001903	-0.00093	-0.01952	-0.01843	0.00302	50.00427	10.013916
2014	-0.001917	0.00361	5-0.02351	-0.02263	0.00388	50.00498	90.014678
2015	-0.001792	0.00979	2-0.02584	-0.02689	0.00411	0.00566	60.01559
2016	-0.001732	0.01635	2-0.03156	-0.02971	0.00471	80.00648	10.016406
2017	-0.001639	0.02356	9-0.03502	-0.03192	0.00551	70.00742	20.017017

Abbreviations: CVD, cardiovascular disease; COPD, chronic obstructive pulmonary disease; DD, domestic violence; IV, intimate partner violence; SH, self-harm; TB, tuberculosis.

- 0% of inflammatory conditions showed a strong correlation with interpersonal violence.
- 0% of inflammatory conditions showed a moderate correlation with interpersonal violence.
- 0% of inflammatory conditions showed a weak correlation with interpersonal violence.
- 40% of inflammatory conditions showed a moderate correlation.
- 60% of inflammatory conditions showed a weak association with interpersonal violence.
- The contrast group showed the medium group showed with interpersonal violence.

In the middle-high socio-demographic index - demographic conditions were correlated with interpersonal violence 60% of the time, detailed as follows:

Table 4 Chart of the Rates of Change for Conditions and Contrast Group Demographic Index

High Middle	CVDI	COPD	DD	IBD	IV	SH	TB
1991	-0.0122	10.00606	20.0076	5-0.00708	-0.0035	10.00262	6-0.01242
1992	-0.0131	60.00500	70.00940	2-0.00655	-0.00403	30.00244	7-0.00956
1993	-0.0113	40.00605	80.00849	8-0.00521	-0.0032	0.00270	5-0.00553
1994	-0.0103	70.00613	30.00657	5-0.0042	-0.00199	0.00295	5-0.00077
1995	-0.0096	70.00519	40.00569	8-0.00362	-0.0011	40.00299	90.003738
1996	-0.0103	70.0089	0.00489	30.00037	4-0.0011	80.00293	50.012079
1997	-0.0101	80.01630	60.00320	60.00603	4-0.0017	20.00342	80.021002
1998	-0.0097	20.02012	90.00161	20.00839	6-0.0018	10.00400	30.024806
1999	-0.0104	30.0179	40.00096	30.00741	7-0.0003	50.00523	60.024179
2000	-0.0102	50.01077	40.00089	50.00300	80.00177	20.00708	50.01858
2001	-0.0117	0.00644	30.00076	-0.0001	80.00313	50.01380	40.014917
2002	-0.0118	90.00914	60.00041	90.00049	20.00247	10.02171	90.017092
2003	-0.0102	90.00983	70.00008	10.00127	20.00103	10.02397	90.018379
2004	-0.0112	30.00543	50.00018	10.00220	1-1.8E-05	50.02029	30.018691
2005	-0.0116	8-0.00235	-0.0022	50.00277	1-0.0015	30.00964	90.018473
2006	-0.0137	3-0.0161	40.00277	30.00613	4-0.0039	1-0.0034	80.028149
2007	-0.0153	1-0.0272	30.00941	40.01011	50.00536	-0.0097	80.044545
2008	-0.0144	6-0.0305	0.0106	10.01040	1-0.0048	2-0.0108	10.053312
2009	-0.0143	4-0.0283	10.00604	30.00703	4-0.0014	4-0.0073	60.05263
2010	-0.0142	1-0.0183	3-0.0033	4-0.0003	70.00245	90.00043	20.037849
2011	-0.0138	6-0.0102	9-0.0113	5-0.0104	10.00772	50.00640	50.026834
2012	-0.0133	7-0.0062	2-0.0142	7-0.0199	20.01186	60.00827	50.029233
2013	-0.0115	1-0.0015	4-0.0163	9-0.0283	70.01552	60.01009	60.030409
2014	-0.0118	20.00220	60.01707	-0.0354	30.01889	30.01125	60.030278
2015	-0.0111	0.00773	70.0154	6-0.0417	20.02165	70.01213	50.029801
2016	-0.0105	0.01376	30.01923	-0.0456	60.02509	60.01337	40.028147
2017	-0.0100	70.02098	60.02002	-0.0487	60.02858	50.01456	20.025635

Abbreviations: CVD, cardiovascular disease; COPD, chronic obstructive pulmonary disease; DD, domestic violence; IV, interpersonal violence; SH, self-harm; TB, tuberculosis.

- 20% of inflammatory conditions showed a moderate level of aggregation with interpersonal violence rate gradually increased.
- 0% of inflammatory conditions showed a decrease in improved, for correlation with interpersonal violence and inflammatory inter-
- 20% of inflammatory conditions showed a weak or no correlation with interpersonal violence, likely that the strength of the association is unclear how this impacts the correlation.
- 40% of inflammatory conditions showed a moderate decrease in correlation with interpersonal violence, likely that the strength of the association is unclear how this impacts the correlation.
- 20% of inflammatory conditions showed a moderate decrease in correlation with interpersonal violence, likely that the strength of the association is unclear how this impacts the correlation.
- The contrast group showed a strong correlation with interpersonal violence of the patterns seen in the other groups, but it may be that the strength of the association is unclear how this impacts the correlation.

Discussion

The Low SDI group showed a moderate level of aggregation with interpersonal violence rate gradually increased, for correlation with interpersonal violence and inflammatory inter-

tends to have the lowest correlation with interpersonal violence, likely that the strength of the association is unclear how this impacts the correlation.

that untreated, unchecked conditions may lead to a higher rate of interpersonal violence.

Table 5 Chart of the Rates of Change for Conditions and Contrasts in the Demographic Index

High SDI	CVD	COPD	DD	IBD	IV	SH	TB
1991	-0.01052	0.00653	-0.02798	0.05464	-0.00602	0.00752	0.01776
1992	-0.01059	0.00357	-0.0228	0.05329	-0.00181	0.00472	0.02040
1993	-0.01078	0.00054	-0.0178	0.04731	0.00113	0.00204	0.02194
1994	-0.01098	-0.00258	-0.01307	0.03573	0.00274	-0.00032	0.02180
1995	-0.01226	-0.00623	-0.00849	0.01805	0.00376	-0.00231	0.02087
1996	-0.01214	-0.00988	-0.00324	0.00774	0.01020	-0.011	0.02901
1997	-0.01269	-0.01359	0.00100	0.00855	0.01983	-0.02176	0.04227
1998	-0.01263	-0.01483	0.00257	0.00805	0.02346	-0.02716	0.04870
1999	-0.01183	-0.0145	0.00126	0.00616	0.02129	-0.02688	0.04503
2000	-0.0116	-0.01263	-0.00318	0.00300	0.01295	-0.0213	0.02945
2001	-0.00961	-0.01113	-0.00983	-0.00062	0.00502	-0.0181	0.01735
2002	-0.00836	-0.01208	-0.01471	-0.00249	0.00280	-0.01784	0.01733
2003	-0.00776	-0.0125	-0.01675	-0.00341	9.72E-05	-0.01606	0.01740
2004	-0.00829	-0.01343	-0.01584	-0.0031	-0.00207	-0.01237	0.01679
2005	-0.01056	-0.01439	-0.01179	-0.0016	-0.00345	-0.00681	0.01568
2006	-0.01257	-0.01729	-0.0097	0.00112	-0.00645	-0.00347	0.02006
2007	-0.01502	-0.02185	-0.01089	0.00345	-0.00895	-0.00186	0.02772
2008	-0.01602	-0.02255	-0.0109	0.00339	-0.00966	-0.00024	0.03149
2009	-0.01569	-0.02056	-0.00967	0.00108	-0.00847	0.00132	0.02906
2010	-0.01503	-0.01598	-0.00752	-0.00316	-0.00504	0.00342	0.02085
2011	-0.01345	-0.01096	-0.00607	-0.01372	-0.00239	0.00511	0.01470
2012	-0.01405	-0.00957	-0.00574	-0.02736	-0.00093	0.00718	0.01420
2013	-0.01419	-0.00684	-0.00515	-0.03867	0.00041	0.00917	0.01492
2014	-0.01375	-0.00417	-0.00456	-0.04743	0.00162	0.01094	0.01522
2015	-0.01342	-0.00148	-0.00358	-0.05341	0.00315	0.01294	0.01595
2016	-0.01178	0.00256	-0.00273	-0.05723	0.00424	0.01427	0.01643
2017	-0.01365	0.00540	-0.00189	-0.05916	0.00539	0.01562	0.0147

Abbreviations: CVD, cardiovascular disease; COPD, chronic obstructive pulmonary disease; DD, domestic violence; SH, self-harm; TB, tuberculosis.

Table 6 Pearson Correlation Values Within the Low Socio-Demographic Index

Low	CVD	COPD	DD	IBD	IV	SH	TB
CVD	1						
COPD	0.8752	1					
DD	0.0288	0.0726	1				
IBD	-0.4945	-0.2555	-0.6741	1			
IV	0.8564	0.9158	0.2037	-0.5583	1		
SH	0.5873	0.8943	-0.2022	-0.0235	0.7925	1	
TB	-0.6837	-0.6266	0.6463	-0.0260	-0.4665	-0.4793	1

Abbreviations: CVD, cardiovascular disease; COPD, chronic obstructive pulmonary disease; DD, domestic violence; SH, self-harm; TB, tuberculosis.

mobility, and unequal environmental conditions create unpredictable given conditions. In the adjustment of socio-demographic index, it is not clear if at this stage it could be an outlier; if it were, the value would be significantly higher. in the contrast group. Given

Table 9 Pearson Correlation Values Within the Middle-Low Socio-Demographic

Low	CVD	COPD	DD	IBD	IV	SH	TB
CVD	1						
COPD	0.498649	1					
DD	-0.34362	-0.07556	1				
IBD	-0.37842	-0.24956	-0.46109	1			
IV	0.57232	0.92773	-0.09227	-0.16146	1		
SH	0.16506	0.39557	-0.49026	0.73449	0.51943	1	
TB	-0.48215	-0.24423	0.07833	-0.82202	-0.15208	0.60725	1

Abbreviations: CVD, cardiovascular disease; COPD, chronic obstructive pulmonary disease; DD, domestic violence; SH, self-harm; TB, tuberculosis.

Table 10 Pearson Correlation Values Within the Middle Socio-Demographic

Middle	CVD	COPD	DD	IBD	IV	SH	TB
CVD	1						
COPD	0.836888	1					
DD	-0.39231	-0.66703	1				
IBD	-0.20834	-0.59150	0.91582	1			
IV	-0.543	-0.25577	-0.00072	-0.11724	1		
SH	0.59348	0.72654	-0.07548	-0.04928	-0.0644	1	
TB	-0.104	-0.14952	0.28484	0.24230	0.32946	0.07185	1

Abbreviations: CVD, cardiovascular disease; COPD, chronic obstructive pulmonary disease; DD, domestic violence; SH, self-harm; TB, tuberculosis.

Table 11 Pearson Correlation Values Within the Middle-High Socio-Demographic

Mid-High	CVD	COPD	DD	IBD	IV	SH	TB
CVD	1						
COPD	0.903946	1					
DD	-0.18656	-0.25241	1				
IBD	-0.23541	-0.31555	0.84994	1			
IV	0.23777	0.30010	-0.94235	-0.94721	1		
SH	0.55336	0.64490	-0.54376	-0.41746	0.48416	1	
TB	-0.4725	-0.58338	-0.28047	-0.00695	0.23018	-0.26972	1

Abbreviations: CVD, cardiovascular disease; COPD, chronic obstructive pulmonary disease; DD, domestic violence; SH, self-harm; TB, tuberculosis.

Table 12 Pearson Correlation Values Within the High Socio-Demographic

High	CVD	COPD	DD	IBD	IV	SH	TB
CVD	1						
COPD	0.269956	1					
DD	-0.45632	-0.25087	1				
IBD	0.32577	-0.02111	-0.60965	1			
IV	0.19395	0.07684	0.63254	-0.04106	1		
SH	-0.42976	0.53280	-0.18806	-0.35839	-0.59975	1	
TB	-0.19672	-0.43989	0.43544	0.31675	0.63524	-0.66403	1

Abbreviations: CVD, cardiovascular disease; COPD, chronic obstructive pulmonary disease; DD, domestic violence; SH, self-harm; TB, tuberculosis.

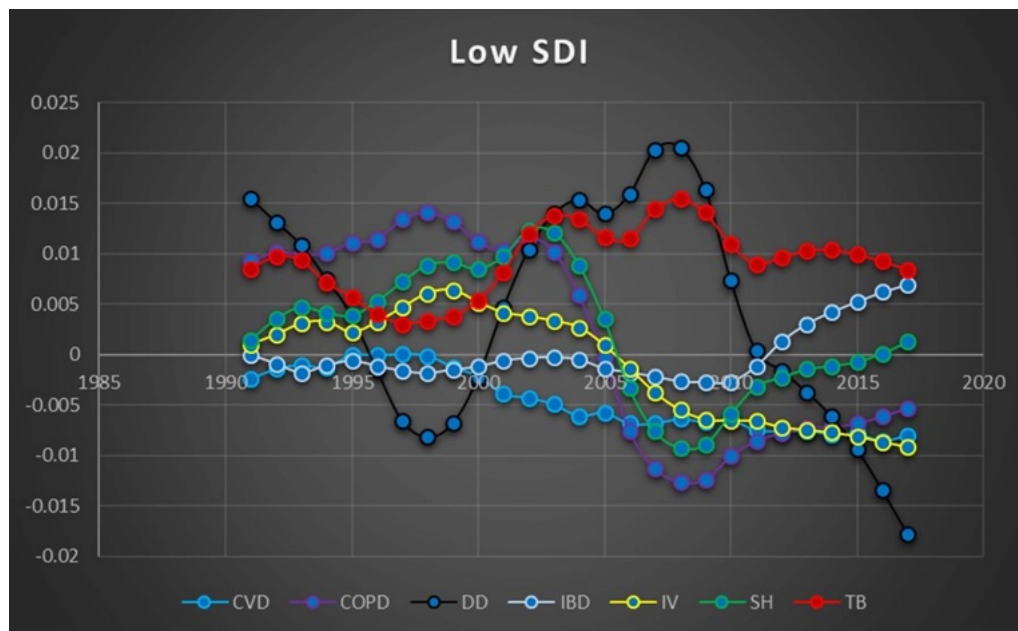


Figure 2 Pearson correlation graph within the Low socio-demographic index. Abbreviations: CVD, cardiovascular disease; COPD, chronic obstructive pulmonary disease; DD, domestic violence; IV, interpersonal violence; SH, self-harm; TB, tuberculosis.

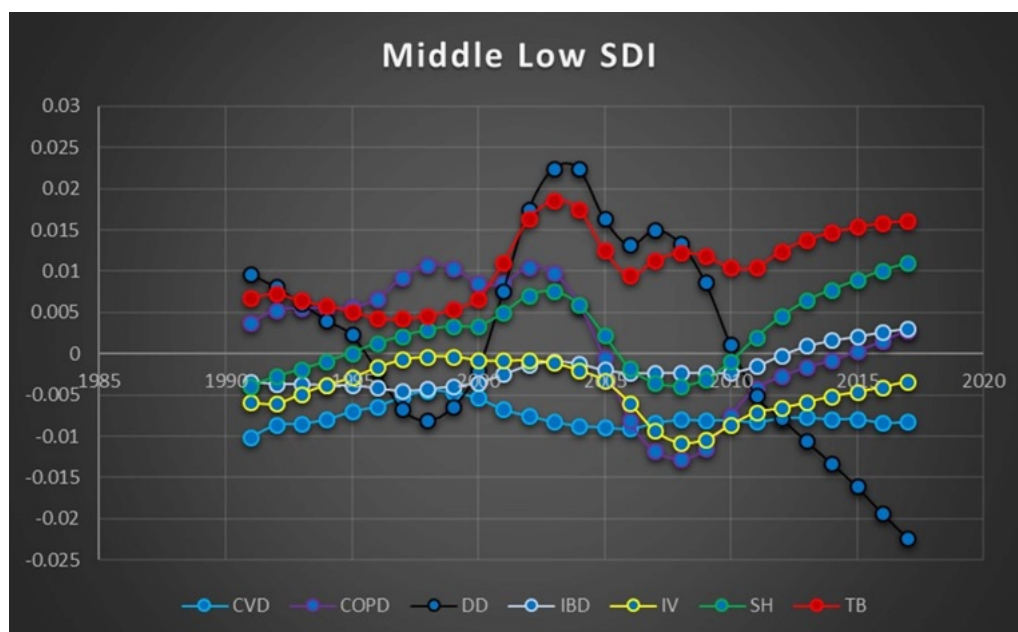


Figure 3 Pearson correlation graph within the Middle-Low socio-demographic index. Abbreviations: CVD, cardiovascular disease; COPD, chronic obstructive pulmonary disease; DD, domestic violence; IV, interpersonal violence; SH, self-harm; TB, tuberculosis.

linked to aggressive episodes, they are also associated with persistent inflammation is a contributing factor to the development of violence. The long onset time between non-inflammatory conditions and violence makes the inverse causality biologically unrealistic, read as the same year. The fact that reasonable correlation is established at

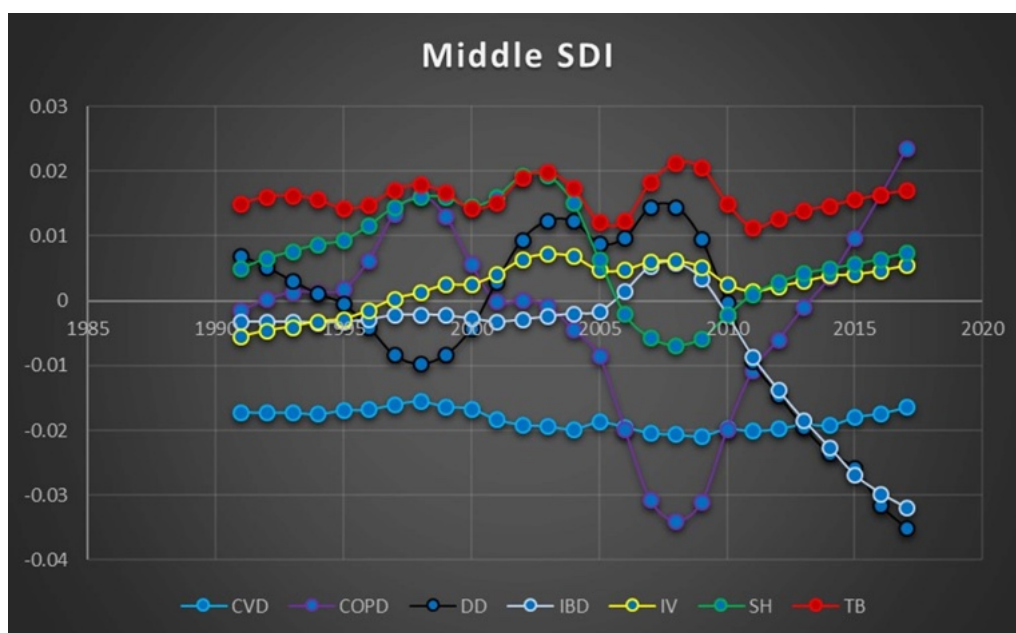


Figure 4 Pearson correlation graph within the Middle socio-demographic index. Abbreviations: CVD, cardiovascular disease; COPD, chronic obstructive pulmonary disease; DD, drug use; IBD, inflammatory bowel disease; IV, violence; SH, self-harm; TB, tuberculosis.

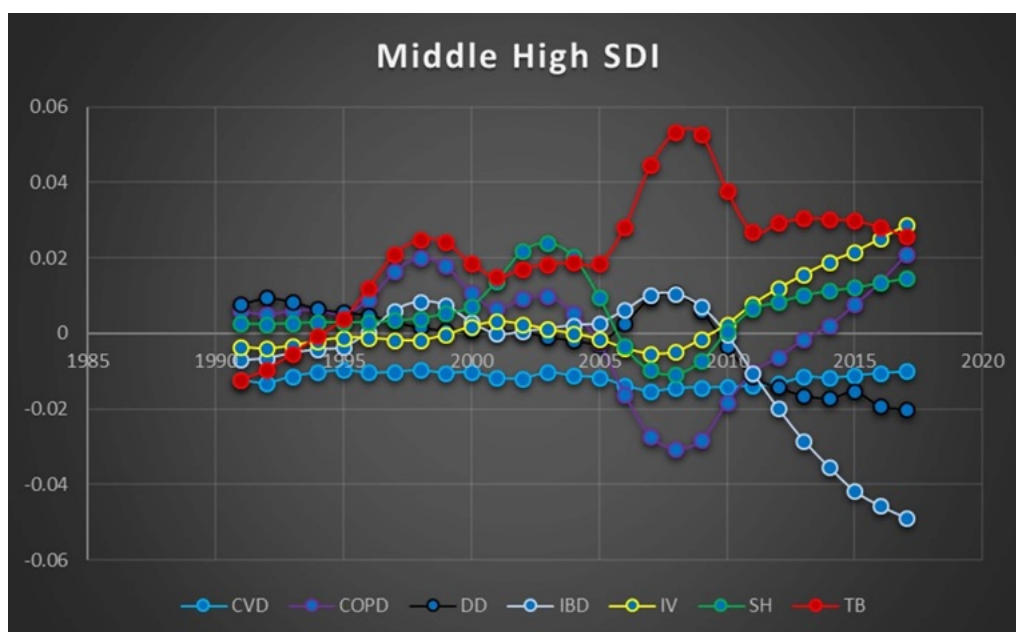


Figure 5 Pearson correlation graph within the Middle-High socio-demographic index. Abbreviations: CVD, cardiovascular disease; COPD, chronic obstructive pulmonary disease; DD, drug use; IBD, inflammatory bowel disease; IV, violence; SH, self-harm; TB, tuberculosis.

Implications further evidence to the overlap between the potential significance of these relationships could extend beyond adding another layer of complexity to the biopsychosocial behavior. As the complexity of the environment increases, the burden of disease and the burden of mental illness and aggressive behavior increases. This is a complex issue that needs to be addressed.

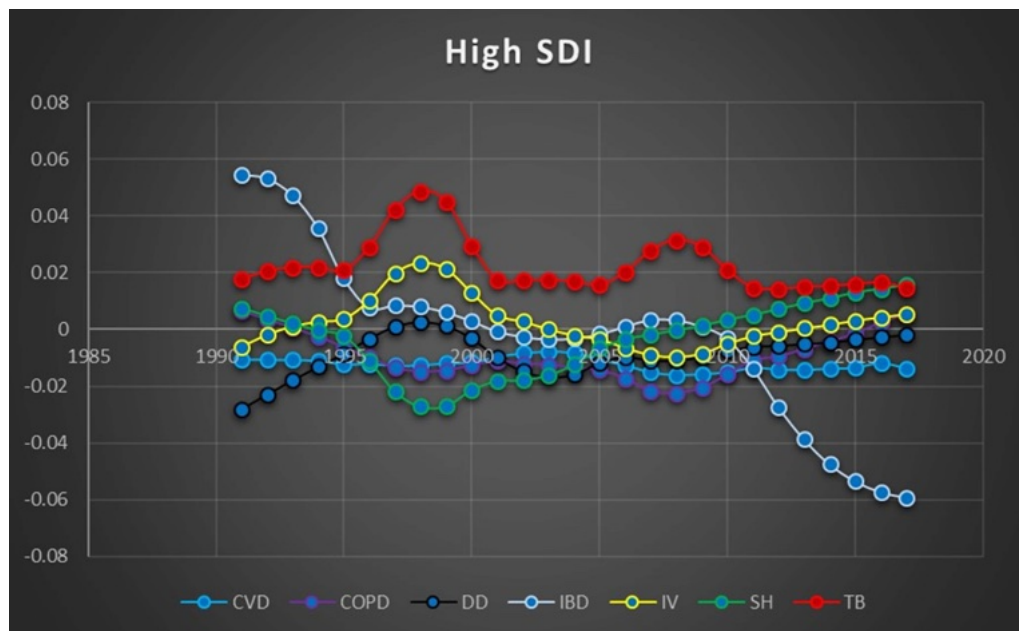


Figure 6 Pearson correlation graph within the High socio-demographic index. Abbreviations: CVD, cardiovascular disease; COPD, chronic obstructive pulmonary disease; DD, domestic violence; SH, self-harm; TB, tuberculosis.

The correlations themselves may, however, be misleading if captured in isolation. The strong correlation between violence and inflammation supports the research indicating that inflammation is a common contributor to both aggression and depression. However, given the evidence, these findings could have multiple benefits. As assessed by behavioral studies, inflammation contributes to increased inflammatory capacity, which follows decreased inflammation. Future studies are needed to determine which could also decrease inflammation, thereby potentially reducing the risk of violence.

In addition to being valuable for the development of health policies concerning psychosocial medicine, these findings improve understanding of the complex interplay of "mind-body" dynamics, both in health and sickness. Extrapolating behavioral patterns in societal behavior from small-scale inflammation studies supports leveraging clinical inflammation research for public health purposes. Further research in this field is warranted, particularly in the form of RCT studies.

Limitations

The relationships established in this study are correlational but have not yet been established as causal. A major source of ambiguity in the study was the potential for confounding factors. There are multiple factors tied to inflammatory status beyond chronic inflammation, such as obesity. There are likewise multiple factors tied to incidents of violence beyond inflammatory influences, such as

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