

A framework based on the Research Domain Criteria (RDoC) comparing individuals with severe mental illness with and without history of child sexual abuse: Clinical Evaluation and Characteristics.

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Introduction: The DSM has been an invaluable tool in establishing reliability and creating a common language to facilitate communication about mental-illnesses. However, contemporary neuroscience-research shows that current diagnostic-system is not informed by recent scientific-breakthroughs. The NIMH-RDoC-Initiative calls for the development of new ways of classifying mental-disorders based on dimensions of observable behavior and neurobiological-measures. **Objective:** Clustering patients according to the RDoC-concept, we compared hospitalized-patients with severe-mental-illness and child-history of sexual-abuse[SMISA]vs.those without [SMINSA] by clinical-evaluation and characteristics.

Methods: After written-informed-consent was obtained, we included 174-patients and, then, divided in two-groups: SMISA (n=17,9.8%,Mean-age41.3SD13.3yrs;Women n=15,8.2%) vs.SMINSA (n=157,90.2%, Mean-age46.9SD14.9yrs;Women n=85, 54.1%).They were consecutively hospitalized(January-June2018)at the Acute-Psychiatric-Unit "Policlinico Tor Vergata" Hospital, Rome,Italy. The Brief-Psychiatric-Rating-Scale(BPRS), the DSMV-categorical-diagnostic evaluations and medical-records were used to evaluate clinical-characteristics.

Results:

Tab.1 Patients Characteristics

N= 174	SMISA-PATIENTS (N=17)	SMINSA-PATIENTS (N=157)
Women (N,%)	15 (88.2%)	85 (54.1%)
Age (Mean, SD)	41.3(+/-13.3yrs)	46.9 (+/-14.9yrs)
Married (N,%)	5 (29%)	60 (38%)
Employed (N,%)	5 (29%)	30(19%)
High School Grade (N,%)	1(6%)	1(0,6%)
Psychiatric Family Hx (N,%)	11(65%)	77(49%)
Length of stay (Mean, SD)	14,18 (+/- 7,12)	15 (+/- 9,62)

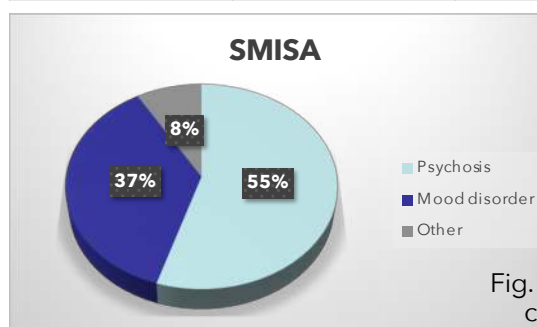


Fig.1 Diagnostic categories SMISA vs. SMINSA

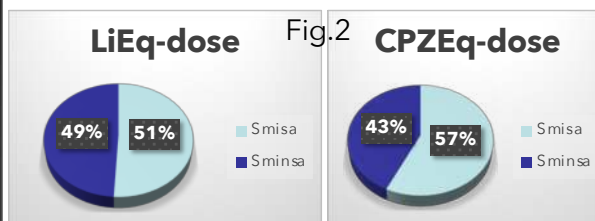
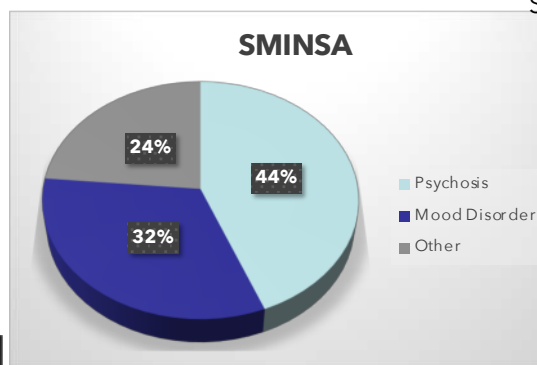


Fig.3 Age at onset psychiatric illness

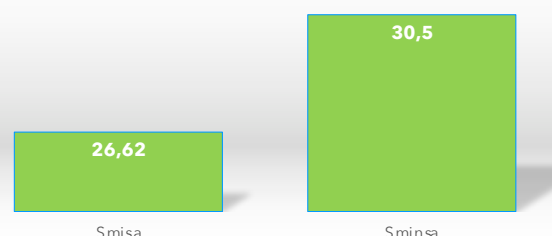
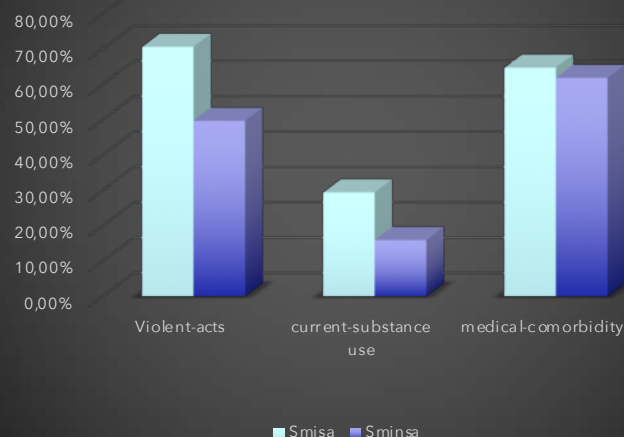


Fig.4 Clinical Characteristics of SMISA vs. SMINSA



Conclusions: We found a tendency of SMISA-patients to have more severe-general-illness vs. SMINSA-patients and, therefore, a more relatively homogenous-sample. Moreover, this is one of few studies evaluating acute-hospitalized-patients based on the RDoC-framework. Further, insight into the role of this conceptualization might help to ultimate the long-term-goal of the NIMH-RDoC-Initiative, such as precision medicine in psychiatry.

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