

EPP1478

Postpartum depression screening scale-7: A valid and reliable short version both for Portugal and Brazil

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Introduction: Screening programs for perinatal depression are systematically implemented in developed countries. To circumvent the most commonly pointed limitation by the primary healthcare professionals (the questionnaires length), we have developed shorter forms of the Beck and Gable Postpartum Depression Screening Scale-35. The shortest version consists of seven items, each one representing a dimension evaluated by the PDSS. This PDSS-7 demonstrated equal levels of reliability and validity as the 35-item PDSS with the advantage of being completed in as little as 1-2 minutes (Pereira et al. 2013).

Objectives: To analyze the construct validity of the PDSS-7 using Confirmatory Factor Analysis, to use both in Portugal and in Brazil.

Methods: The Portuguese sample was composed of 616 women (Mean age: 32.29±4.466; Mean gestation weeks=17.13±4.929). These participants were not the same who participated in the psychometric study that led to the selection of the seven items. The Brazilian sample was composed of 350 women (Mean age: 30.01±5.452; Mean gestation weeks=25.17±6.55). They all had uncomplicated pregnancies and completed the European/Brazilian Portuguese versions of PDSS-24 (Pereira et al. 2013/ Barros et al. 2021), which was composed of the same items and included the seven items that compose the PDSS-7.

Results: The unidimensional model of PDSS-7 presented a good fit in both samples (Portuguese/Brazilian: $\chi^2/d.f.=3.439/2.653$; RMSEA=.066/.069, CFI=.974/.981, TLI=.947/.957, GFI=.939/.957; $p<.001$). The PDSS-7 Cronbach's alphas were .82/.83 and all the items contribute to the internal consistency.

Conclusions: The PDSS-7 is a valid and precise, economic, fast and easy screening instrument for perinatal depression, a major public health problem, both in Portugal and in Brazil.

Keywords: PDSS-7; Perinatal depression; Postpartum depression

EPP1477

Can stress predict delivery date?: Role of chronic and acute stress to the threatened preterm labor as predictors of delivery date.

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Introduction: Threatened preterm labor (TPL) is a traumatic event during pregnancy that involves a threat to the physical integrity of the upcoming baby. Despite biomarkers would be the strongest delivery date predictors, an assessment of chronic and acute stress response to TPL diagnosis may improve this prediction.

Objectives: The objective is to predict delivery date in women with TPL based on their response to this diagnosis and chronic stressors, along with relevant obstetric variables.

Methods: A prospective cohort study was conducted with a sample was formed by 157 pregnant women with TPL diagnosis between 24 and 31 weeks. Determination of salivary cortisol, α -amylase levels, along with anxiety and depression symptoms were measured to estimate stress response to TPL. Cumulative life stressors as traumas, social and familiar functioning were also registered. To examine the effect of the possible predictor variables of delivery date, linear regression models were used.

Results: A correlation was found between the variables of response to chronic stress and between the variables of psychological response to stress. The main predictors of preterm delivery were low family adaptation, higher BMI, higher cortisol levels, and the week of diagnosis of TPL (<29 weeks of gestation).

Conclusions: The best predictor of delivery date was the combination of the stress response to the diagnosis of TPL measured by cortisol in saliva, cumulative life stressors (mainly family adaptation) and obstetric factors (week TPL and BMI). Through psychosocial therapeutic intervention programs, it is possible to influence this modifiable predictive factors of preterm birth in symptomatic women.

Keywords: stress; Threatened preterm labor; predictor

EPP1478

Together we stand, resilient we stay : The effect of minority stress and resilience on transgender mental health

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Introduction: Prejudice, stigmatization and discrimination behaviors causes social stress and lead vulnerability to mental and physical health problems in Transgender and Gender Nonconforming (TGNC) individuals. The prevalence of mental disorders that can be associated with "minority group stress", especially major depression and anxiety disorders, are known to be higher in the TGNC group in comparison to general population.

Objectives: The aim of this study was to reveal the impact of minority stress on TGNC individuals' mental health. Resilience factors like gender identity pride, social support, community connectedness expected to diminish the negative impact of stigmatization and discrimination.

Methods: The study sample consisted of 48 volunteered participants who consulted to Psychiatry Department for gender transition process. After semi-structured interview, applicants were given Gender Minority Stress and Resilience Scale-Turkish Form (GMSR-Tr), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Perceived Stress Scale (PSS), Multidimensional Scale of Perceived Social Support (MSPSS).

Results: Analysis revealed a negative correlation between the stress subscales of GMSR-Tr scale and BDI ($p < .001$; $r_s = .727$), BAI ($p <$

$.001$; $r_s = .649$), PSS ($p < .001$; $r_s = .671$). For psychological resilience, the strongest positive relationship was found with the community connectedness subscale ($p < .001$; $r_s = .864$); the strongest negative relationship was observed with the internalized transphobia subscale ($p < .001$; $r_s = .750$).

Conclusions: Our study presented the importance of internalized transphobia and protective effect of resilience factors for mental health outcomes of TGNC individuals exposed to minority stress. The depression, anxiety and stress scores decreases with increasing psychological resilience.

Keywords: Transgender; resilience; minority stress; mental health