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Introduction: The original Profile of Mood States (McNair et al. 1971) is composed of 65 items to measure six affect dimensions. There is a Portuguese shorter version (POMS-27) for the perinatal period (Bos et al. 2013), which reduced the number of items (adjectives) down to 27. Although briefer, it still covers relevant mood states with good psychometric properties, being considered a good alternative to use during this demanding and busy period.
Objectives: To test if PoMS-27, composed of four dimensions (Depression, Anxiety, Vigour, Fatigue) and one second-order factor (Negative Affect, composed by the former two) is valid and reliable to be used with pregnant women from Brazil.
Methods: After confirming the items semantic equivalence and slightly adapt two adjectives from European to Brazilian Portuguese, 350 pregnant women (Mean age: 30.01±5.452; Mean gestation weeks=25.17±6.55), with uncomplicated pregnancies, completed the PoMS-27 and the Brazilian recently validated versions of Perinatal Depression Screening Scale and Perinatal Anxiety Screening Scale (PDSS; PASS; Barros et al. 2021). SPSS and AMOS software were used.
Results: After deleting two items (20 and 22) and some errors were correlated, CFA indicated that the PoMS-25 four-dimensional model presented an acceptable fit ($\chi2$=3.163; RMSEA=.079, CFI=.868, TLI=.849). The Cronbach alphas of the dimensions were: Depression (.82), Anxiety (.86), Negative Affect (.89), Fatigue (.80) and Vigor (.50).
Conclusions: Within this psychometric study we found useful, valid and reliable measure of negative and positive affect for Brazilian pregnant women. From now on we will denominate it Profile of Mood States-25Br

Keywords: negative affect; Depression; validation; pregnancy

EPP0718

Brazilian version of the postpartum depression screening scale-24

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Introduction: The PDSS-24 is a Portuguese short version of the Postpartum Depression Screening Scale (Beck and Gable, 2002). Items were selected on the basis of exploratory factor analysis (those with loadings >.60). The PDSS-24 proved to be superior to the 35-items PDSS in reliability, validity and screening ability (Pereira et al. 2013).
Objectives: To analyze the psychometric properties (construct validity using Confirmatory Factor Analysis, discriminant validity and reliability) of the Brazilian preliminary version of PDSS-24
Methods: After confirming the items semantic equivalence and slightly adapt two adjectives from European to Brazilian Portuguese, 350 pregnant women (Mean age: 30.01±5.452; Mean gestation weeks=25.17±6.55), with uncomplicated pregnancies, completed the PDSS-24 and the Brazilian recently validated versions of Profile of Mood States-25 (PoMS; Barros et al. 2021). SPSS and AMOS software were used.
Results: After some errors were correlated the multidimensional second-order model of PDSS-24 presented an aceptable fit ($\chi2$=3.448; RMSEA=.099; CFI=.817, TLI=.886, GFI=.886). The PDSS Cronbach's alpha for the total was α=.90. Cronbach alpha was .90 for the total and >.75 for the dimensions. Appling the Portuguese validated cut-off score for Major Depression/DSM-5 (>42) to this sample 224 (64.0%) participants presented clinical relevant depressive symptoms.
Conclusions: The Brazilian PDSS-24 has acceptable validity and reliability. The percentage of women with high depressive symptomatology is three times higher than the figures reported in Portuguese Studies. This can be partly explained by the fact that data collection was done during the COVID19 pandemic. It is important to determine the PDSS cut-offs to screen for perinatal depression in Brazil.

Keywords: Reliability; Depression; Validity; Scale

EPP0722

History of medical body: Demystifying the continuum of psychiatry and psychoanalysis

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Introduction: The aim of this paper lies in demystifying, historicizing, and de-alienating the relationship between psychiatry and psychoanalysis. Both psychiatry and psychoanalysis inform each other and are informed by each other in various ways which are on one hand similar and on the other hand unique. Medicine can be seen psychoanalytically, and a presenting complaint to a psychoanalytic psychotherapist can be seen in psychiatric terms.
Objectives: This paper theorizes the 'and' between psychiatry and psychoanalysis. What is that bridging telling us? There is already an invisible 'and' which joins psychiatry and psychoanalysis even before this visible 'and' was placed in between them. The effort here is not to undermine the difference. It is to be aware that the thing which separates is also a thing which connects. In other words, each separation is a link. It is to understand how psychiatrists have contributed to the method and practice of psychoanalysis and visa versa. It is about witnessing the continuum that is ever-present between psychiatry, psychology, and psychoanalysis.
Methods: This research used primary sources like books and articles to historicize the psychiatric conceptualization of the medical body.
Results: It shows how psychiatry and psychoanalysis inform each other and are informed by each other. To locate the historical conceptions which are still ever-present in modern psychiatry. How the 18th-century division between normal and abnormal is based on an older division between good and evil.
Conclusions: Good and evil continue to operate in the realm of psychiatry and the confessional becomes a prime source for psychiatry and psychoanalysis.

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