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THE ROLE OF PERFECTIONISM IN PERINATAL DEPRESSION (ICD-10, DSM-IV AND BDI-II, PDSS)

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Aims: The role of perfectionism as a correlate of perinatal depressive symptomatology, and as a predictor of postpartum depressive disorder was examined.

Methods: 386 women in their third trimester of pregnancy (mean age=30.08 years; SD=4.205; range=19-44) completed the Portuguese versions of Multidimensional Perfectionism Scale, Beck Depression Inventory-II/BDI-II, Postpartum Depression Screening Scale/PDSS and three additional questions evaluating anxiety trait, life stress perception and social support. Diagnoses of depression (ICD-10/DSM-IV) were obtained using the Portuguese version of the Diagnostic Interview for Genetic Studies/OPCRIT system. Women who were clinically depressed in pregnancy (ICD-10/DSM-IV) were excluded from the analysis.

Results: Self-Oriented Perfectionism/SOP and Socially Prescribed Perfectionism/SPP subcomponents were significant correlates of depressive symptomatology (BDI-II/PDSS) in pregnancy. SPP-Others High Standards/OHS was a significant predictor of postpartum depressive symptomatology (BDI-II/PDSS), and SPP-Conditional Acceptance/CA was a predictor of postpartum depressive symptomatology (PDSS). None of the perfectionism subscales predicted postpartum depressive disorder (ICD-10/DSM-IV).

Conclusions: SOP and SPP have shown to be relevant correlates of depressive symptomatology in pregnancy. In the present study, SPP-OHS and SPP-CA were also significant correlates of perinatal depressive symptomatology, as well as important risk factors for depressive symptomatology in postpartum. Perfectionism subscales were not significant predictors of postpartum depressive disorder (ICD-10/DSM-IV). While SPP maladaptive influence was supported, SOP was shown to be more heterogeneous in its consequences. These findings may have important implications both for clinical practice and for research.