

50 healthy lifestyle & healthy aging abstracts **february '16 newsletter**

(Bertram-Hümmer and Baliki 2015; Carmichael, Reis et al. 2015; Castelnovo, Cavallotti et al. 2015; Chen, Hunt et al. 2015; Coulton, Clift et al. 2015; Del Gobbo, Falk et al. 2015; Dolan and Kudrna 2015; Dunbar, Arnaboldi et al. 2015; Franssen, Van Puyenbroeck et al. 2015; Gähler and Palmtag 2015; Galla and Duckworth 2015; George, Rapsomaniki et al. 2015; Gielinek, Spitzmuller et al. 2015; Girmé, Overall et al. 2015; Gothe and McAuley 2015; Hollænder, Ross et al. 2015; Irwin 2015; Jelinek, Marck et al. 2015; Jetten, Branscombe et al. 2015; Johnson, Galambos et al. 2015; Kant and Graubard 2015; Kendler, Lönn et al. 2015; Larsson, Åkesson et al. 2015; Lull and Bushman 2015; Mikolajczak, Avalosse et al. 2015; Moore, Wiffen et al. 2015; Muise, Schimmack et al. 2015; North and Fiske 2015; Orquin and Kurzban 2015; Pachankis, Cochran et al. 2015; Peyrin-Biroulet, Williet et al. 2015; Prakash, Voss et al. 2015; Researchers 2015; Richard, Rohrmann et al. 2015; Robinson, Hoplock et al. 2015; Rowe and Kahn 2015; Sani, Madhok et al. 2015; Schellenberg and Bailis 2015; Smit 2015; Tamir, Schwartz et al. 2015; Tsai, Lucas et al. 2015; Vachon, Krueger et al. 2015; Vukasovic and Bratko 2015; Wallace, Grotzinger et al. 2015; Yap, Fowler et al. 2015; Yáñez-Yaben and Garmendia 2015; Appleby, Crowe et al. 2016; Baker, Piper et al. 2016; Copen, Chandra et al. 2016; Richards 2016)

Appleby, P. N., F. L. Crowe, et al. (2016). **"Mortality in vegetarians and comparable nonvegetarians in the united kingdom."** *The American Journal of Clinical Nutrition* 103(1): 218-230. <http://ajcn.nutrition.org/content/103/1/218.abstract>
(Free full text available) Background: Vegetarians and others who do not eat meat have been observed to have lower incidence rates than meat eaters of some chronic diseases, but it is unclear whether this translates into lower mortality. Objective: The purpose of this study was to describe mortality in vegetarians and comparable nonvegetarians in a large United Kingdom cohort. Design: The study involved a pooled analysis of data from 2 prospective studies that included 60,310 persons living in the United Kingdom, comprising 18,431 regular meat eaters (who ate meat ≥ 5 times/wk on average), 13,039 low (less-frequent) meat eaters, 8516 fish eaters (who ate fish but not meat), and 20,324 vegetarians (including 2228 vegans who did not eat any animal foods). Mortality by diet group for each of 18 common causes of death was estimated with the use of Cox proportional hazards models. Results: There were 5294 deaths before age 90 in >1 million y of follow-up. There was no significant difference in overall (all-cause) mortality between the diet groups: HRs in low meat eaters, fish eaters, and vegetarians compared with regular meat eaters were 0.93 (95% CI: 0.86, 1.00), 0.96 (95% CI: 0.86, 1.06), and 1.02 (95% CI: 0.94, 1.10), respectively; P-heterogeneity of risks = 0.082. There were significant differences in risk compared with regular meat eaters for deaths from circulatory disease [higher in fish eaters (HR: 1.22; 95% CI: 1.02, 1.46)]; malignant cancer [lower in fish eaters (HR: 0.82; 95% CI: 0.70, 0.97)], including pancreatic cancer [lower in low meat eaters and vegetarians (HR: 0.55; 95% CI: 0.36, 0.86 and HR: 0.48; 95% CI: 0.28, 0.82, respectively)] and cancers of the lymphatic/hematopoietic tissue [lower in vegetarians (HR: 0.50; 95% CI: 0.32, 0.79)]; respiratory disease [lower in low meat eaters (HR: 0.70; 95% CI: 0.53, 0.92)]; and all other causes [lower in low meat eaters (HR: 0.74; 95% CI: 0.56, 0.99)]. Further adjustment for body mass index left these associations largely unchanged. Conclusions: United Kingdom-based vegetarians and comparable nonvegetarians have similar all-cause mortality. Differences found for specific causes of death merit further investigation.

Baker, T. B., M. E. Piper, et al. (2016). **"Effects of nicotine patch vs varenicline vs combination nicotine replacement therapy on smoking cessation at 26 weeks: A randomized clinical trial."** *JAMA* 315(4): 371-379. <http://dx.doi.org/10.1001/jama.2015.19284>

Importance Smoking cessation medications are routinely used in health care; it is vital to identify medications that most effectively treat this leading cause of preventable mortality. Objective To compare the efficacies of varenicline, combination nicotine replacement therapy (C-NRT), and the nicotine patch for 26-week quit rates. Design, Setting, and Participants Three-group randomized intention-to-treat clinical trial occurring from May 2012 to November 2015 among smokers recruited in the Madison, Wisconsin, and Milwaukee, Wisconsin, communities; 65.5% of smokers offered the study (2687/4102) refused participation prior to randomization. Interventions Participants were randomized to one of three 12-week open-label smoking cessation pharmacotherapy groups: (1) nicotine patch only (n = 241); (2) varenicline only (including 1 prequit week; n = 424); and (3) C-NRT (nicotine patch + nicotine lozenge; n = 421). Six counseling sessions were offered. Main Outcomes and Measures The primary outcome was carbon monoxide-confirmed self-reported 7-day point-prevalence abstinence at 26 weeks. Secondary outcomes were carbon monoxide-confirmed self-reported initial abstinence, prolonged abstinence at 26 weeks, and point-prevalence abstinence at weeks 4, 12, and 52. Results Among 1086 smokers randomized (52% women; 67% white; mean age, 48 years; mean of 17 cigarettes smoked per day), 917 (84%) provided 12-month follow-up data. Treatments did not differ on any abstinence outcome measure at 26 or 52 weeks, including point-prevalence abstinence at 26 weeks (nicotine patch, 22.8% [55/241]; varenicline, 23.6% [100/424]; and C-NRT, 26.8% [113/421]) or at 52 weeks (nicotine patch, 20.8% [50/241]; varenicline, 19.1% [81/424]; and C-NRT, 20.2% [85/421]). At 26 weeks, the risk differences for abstinence were, for patch vs varenicline, -0.76% (95% CI, -7.4% to 5.9%); for patch vs C-NRT, -4.0% (95% CI, -10.8% to 2.8%); and for varenicline vs C-NRT, -3.3% (95% CI, -9.1% to 2.6%). All medications were well tolerated, but varenicline produced more frequent adverse events than did the nicotine patch for vivid dreams, insomnia, nausea, constipation, sleepiness, and indigestion. Conclusions and Relevance Among adults motivated to quit smoking, 12 weeks of open-label treatment with nicotine patch, varenicline, or C-NRT produced no significant differences in biochemically confirmed rates of smoking abstinence at 26 weeks. The results raise questions about the relative effectiveness of intense smoking pharmacotherapies.

Bertram-Hümmer, V. and G. Baliki (2015). **"The role of visible wealth for deprivation."** *Social Indicators Research* 124(3): 765-783. <http://link.springer.com/article/10.1007/s11205-014-0824-2>

Motivated by the lack of literature linking actual to perceived relative deprivation, this paper assesses the role of visibility in goods and assets vis-à-vis income behind perceptions of relative deprivation. We rely on household survey data that include unique information on reported perceived deprivation with a pre-specified reference group, namely others in the same town or village. Based on a large number of asset and consumption items, we create an index of visible wealth by aggregating visible goods and assets using principal component weights. We show that relative deprivation in visible wealth has a significantly stronger effect than income in determining levels of perceived relative deprivation. The finding is robust under various sensitivity checks and for a number of controls. Our result sheds light on the importance of the visibility of the objects of comparison on an individual's assessment of the own relative economic situation and proposes that future research should not only rely on income-based deprivation measures.

Carmichael, C. L., H. T. Reis, et al. (2015). **"In your 20s it's quantity, in your 30s it's quality: The prognostic value of social activity across 30 years of adulthood."** *Psychol Aging* 30(1): 95-105.
<http://www.ncbi.nlm.nih.gov/pubmed/25774426>

Social connection, a leading factor in the promotion of health, well-being, and longevity, requires social knowledge and the capacity to cultivate intimacy. Life span development theorists have speculated that social information-seeking goals, emphasized at the beginning of early adulthood, give way to emotional closeness goals in later stages of early adulthood. Drawing on developmental theory (Baltes & Carstensen, 2003; Baltes, 1997), this 30-year prospective study assessed social activity at age 20 and age 30 with experience sampling methods, and psychosocial outcomes (social integration, friendship quality, loneliness, depression, and psychological well-being) at age 50. Results supported the hypothesis that the quantity (but not the quality) of social interactions at age 20, and the quality (but not the quantity) of social interactions at age 30 predict midlife psychosocial outcomes. Longitudinal structural models revealed that age-20 interaction quantity had a direct, unmediated effect on age-50 social and psychological outcomes. The effects of age-20 interaction quality on midlife outcomes, on the other hand, were mediated by age-30 interaction quality. Our findings are consistent with the idea that selection and optimization serve important functions in early adulthood, and that engaging in developmentally appropriate social activity contributes to psychosocial adjustment in the decades that follow.

Castelnovo, A., S. Cavallotti, et al. (2015). **"Post-bereavement hallucinatory experiences: A critical overview of population and clinical studies."** *Journal of Affective Disorders* 186: 266-274.
<http://www.sciencedirect.com/science/article/pii/S0165032715301968>

Background Removal of the "bereavement exclusion" criterion for major depression and proposed research criteria for persistent complex bereavement disorder in DSM-V pose new compelling issues regarding the adequacy of current nosographical boundaries. Post-bereavement hallucinatory experiences (PBHE) are abnormal sensory experiences that are frequently reported by bereaved individuals without a history of mental disorder. Given current uncertainty over the continuum of psychotic experiences in the general population, whether or not they should be considered pathological remains unclear. Methods In order to systemize available knowledge, we reviewed the literature describing general population and clinical studies on PBHEs. Given the relatively low number of articles, all peer-reviewed, published studies in English were included. No study characteristics or publication date restrictions were imposed. Results Overall, evidence suggests a strikingly high prevalence of PBHEs – ranging from 30% to 60% – among widowed subjects, giving consistence and legitimacy to these phenomena. Limitations Whereas general population studies had adequate sample size numbers, all studies in the bereaved population had a very small number of subjects. No consensus for method of evaluation exists in the literature, with some studies using a free interview method and others using semi-structured interviews. Conclusions The available literature appears to support an elevated frequency of PBHEs in bereaved individuals, but further research is needed to increase the reliability of these findings and refine the boundaries between physiological and pathological experiences.

Chen, Y.-W., M. A. Hunt, et al. (2015). **"The effect of tai chi on four chronic conditions—cancer, osteoarthritis, heart failure and chronic obstructive pulmonary disease: A systematic review and meta-analyses."** *British Journal of Sports Medicine*. <http://bjsm.bmj.com/content/early/2015/09/04/bjsports-2014-094388.abstract>

Background Many middle-aged and older persons have more than one chronic condition. Thus, it is important to synthesise the effectiveness of interventions across several comorbidities. The aim of this systematic review was to summarise current evidence regarding the effectiveness of Tai Chi in individuals with four common chronic conditions—cancer, osteoarthritis (OA), heart failure (HF) and chronic obstructive pulmonary disease (COPD). Methods 4 databases (MEDLINE, EMBASE, CINAHL and SPORTDiscus) were searched for original articles. Two reviewers independently screened the titles and abstracts and then conducted full-text reviews, quality assessment and finally data abstraction. 33 studies met the inclusion criteria. Meta-analyses were performed on disease-specific symptoms, physiological outcomes and physical performance of each chronic condition. Subgroup analyses on disease-specific symptoms were conducted by categorising studies into subsets based on the type of comparison groups. Results Meta-analyses showed that Tai Chi improved or showed a tendency to improve physical performance outcomes, including 6-min walking distance (6MWD) and knee extensor strength, in most or all four chronic conditions. Tai Chi also improved disease-specific symptoms of pain and stiffness in OA. Conclusions The results demonstrated a favourable effect or tendency of Tai Chi to improve physical performance and showed that this type of exercise could be performed by individuals with different chronic conditions, including COPD, HF and OA. [BMJ] comment: T'ai chi can improve physical performance of patients with certain chronic conditions without exacerbating their pain or making them breathless, concludes a systematic review and meta-analysis published in the British Journal of Sports Medicine. The Chinese martial art t'ai chi consists of slow, gentle, and flowing movements that involve strengthening, balance, postural alignment, mind concentration, relaxation, and breath control. Canadian researchers examined the current evidence on the effectiveness of t'ai chi in people with breast cancer, osteoarthritis, heart failure, and chronic obstructive pulmonary disease. They found 33 randomised controlled trials, with a total of 1584 participants, that met the inclusion criteria. The meta-analysis included 21 of these studies. The average age of participants ranged from the mid-50s to the early 70s. The average length of the t'ai chi training programmes was 12 weeks, with most individual sessions lasting an hour. Training in t'ai chi was usually offered two or three times a week. For all four conditions t'ai chi, when compared with other interventions or a control group, was found to improve results in the six minute walking test. T'ai chi also improved knee extensor muscle strength in participants with heart failure and chronic obstructive pulmonary disease but showed only a tendency to improvement in participants with osteoarthritis. It was not measured in patients with breast cancer. T'ai chi was also associated with an improvement in symptoms of pain and stiffness in patients with osteoarthritis and in breathlessness in patients with chronic obstructive pulmonary disease. It was also associated with improved sit to stand times in patients with osteoarthritis. However, the meta-analysis had some limitations. Only studies in English were included, and with the exception of osteoarthritis trials there were few randomised controlled trials. Sample sizes tended to be small, which meant that the studies had limited power. The researchers concluded that t'ai chi "demonstrates improvement in functional exercise capacity in individuals with different chronic conditions without aggravating symptoms of pain and dyspnoea." They added that it could be a suitable exercise to prescribe to people with several comorbidities.]

Copen, C. E., A. Chandra, et al. (2016). **"Sexual behavior, sexual attraction, and sexual orientation among adults aged 18–44 in the united states: Data from the 2011–2013 national survey of family growth."** *National Health Statistics Reports* 88. <http://www.cdc.gov/nchs/data/nhsr/nhsr088.pdf>

(Available in free full text) Objective—This report provides national estimates of sexual behavior, sexual attraction, and sexual orientation among women and men aged 18–44 in the United States, based on the 2011–2013 National Survey of Family Growth (NSFG). Methods—Data for the 2011–2013 NSFG were collected through in-person interviews with 10,416 women and men aged 15–44 in the household population in the United States. In this report, data are shown only for 9,175 adults aged 18–44. The data presented in this report were primarily collected using audio computer-assisted self-interviewing, in which the respondent enters his or her answers into the computer without telling them to an interviewer. The overall response rate for the 2011–2013 NSFG was 72.8%. Results—Regarding opposite-sex sexual behavior, 94.2% of women and 92.0% of men aged 18–

44 had ever had vaginal intercourse; 86.2% of women and 87.4% of men had ever had oral sex; and 35.9% of women and 42.3% of men had ever had anal sex. Almost three times as many women (17.4%) reported any same-sex contact in their lifetime compared with men (6.2%) aged 18–44. Feelings of attraction “only to the opposite sex” were more common for men (92.1%) compared with women (81.0%) aged 18–44. Among those aged 18–44, 92.3% of women and 95.1% of men said they were “heterosexual or straight”; 1.3% of women and 1.9% of men said they were “homosexual, gay, or lesbian”; 5.5% of women and 2.0% of men said they were bisexual; and 0.9% of women and 1.0% of men said “don’t know” or “refused” (i.e., “did not report”) on sexual orientation. Sexual attraction and sexual orientation correlate closely but not completely with reports of sexual behavior. Sexual behavior, sexual attraction, and sexual orientation vary by age, marital or cohabiting status, education, and race and Hispanic origin.

Coulton, S., S. Clift, et al. (2015). ***“Effectiveness and cost-effectiveness of community singing on mental health-related quality of life of older people: Randomised controlled trial.”*** *The British Journal of Psychiatry* 207(3): 250-255. <http://bjpr.rcpsych.org/bjprpsych/207/3/250.full.pdf>

Background As the population ages, older people account for a greater proportion of the health and social care budget. Whereas some research has been conducted on the use of music therapy for specific clinical populations, little rigorous research has been conducted looking at the value of community singing on the mental health-related quality of life of older people. Aims To evaluate the effectiveness and cost-effectiveness of community group singing for a population of older people in England. Method A pilot pragmatic individual randomised controlled trial comparing group singing with usual activities in those aged 60 years or more. Results A total of 258 participants were recruited across five centres in East Kent. At 6 months post-randomisation, significant differences were observed in terms of mental health-related quality of life measured using the SF12 (mean difference = 2.35; 95% CI = 0.06–4.76) in favour of group singing. In addition, the intervention was found to be marginally more cost-effective than usual activities. At 3 months, significant differences were observed for the mental health components of quality of life (mean difference = 4.77; 2.53–7.01), anxiety (mean difference = –1.78; –2.5 to –1.06) and depression (mean difference = –1.52; –2.13 to –0.92). Conclusions Community group singing appears to have a significant effect on mental health-related quality of life, anxiety and depression, and it may be a useful intervention to maintain and enhance the mental health of older people.

Del Gobbo, L. C., M. C. Falk, et al. (2015). ***“Effects of tree nuts on blood lipids, apolipoproteins, and blood pressure: Systematic review, meta-analysis, and dose-response of 61 controlled intervention trials.”*** *American Journal of Clinical Nutrition* 102(6): 1347-1356. <http://ajcn.nutrition.org/content/102/6/1347.abstract>

Background: The effects of nuts on major cardiovascular disease (CVD) risk factors, including dose-responses and potential heterogeneity by nut type or phytosterol content, are not well established. Objectives: We examined the effects of tree nuts (walnuts, pistachios, macadamia nuts, pecans, cashews, almonds, hazelnuts, and Brazil nuts) on blood lipids [total cholesterol, low-density lipoprotein (LDL) cholesterol, high-density lipoprotein, and triglycerides], lipoproteins [apolipoprotein A1, apolipoprotein B (ApoB), and apolipoprotein B100], blood pressure, and inflammation (C-reactive protein) in adults aged ≥18 y without prevalent CVD. Design: We conducted a systematic review and meta-analysis following Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Two investigators screened 1301 potentially eligible PubMed articles in duplicate. We calculated mean differences between nut intervention and control arms, dose-standardized to one 1-oz (28.4 g) serving/d, by using inverse-variance fixed-effects meta-analysis. Dose-response for nut intake was examined by using linear regression and fractional polynomial modeling. Heterogeneity by age, sex, background diet, baseline risk factors, nut type, disease condition, duration, and quality score was assessed with meta-regression. Publication bias was evaluated by using funnel plots and Egger’s and Begg’s tests. Results: Sixty-one trials met eligibility criteria (n = 2582). Interventions ranged from 3 to 26 wk. Nut intake (per serving/d) lowered total cholesterol (–4.7 mg/dL; 95% CI: –5.3, –4.0 mg/dL), LDL cholesterol (–4.8 mg/dL; 95% CI: –5.5, –4.2 mg/dL), ApoB (–3.7 mg/dL; 95% CI: –5.2, –2.3 mg/dL), and triglycerides (–2.2 mg/dL; 95% CI: –3.8, –0.5 mg/dL) with no statistically significant effects on other outcomes. The dose-response between nut intake and total cholesterol and LDL cholesterol was nonlinear (P-nonlinearity < 0.001 each); stronger effects were observed for ≥60 g nuts/d. Significant heterogeneity was not observed by nut type or other factors. For ApoB, stronger effects were observed in populations with type 2 diabetes (–11.5 mg/dL; 95% CI: –16.2, –6.8 mg/dL) than in healthy populations (–2.5 mg/dL; 95% CI: –4.7, –0.3 mg/dL) (P-heterogeneity = 0.015). Little evidence of publication bias was found. Conclusions: Tree nut intake lowers total cholesterol, LDL cholesterol, ApoB, and triglycerides. The major determinant of cholesterol lowering appears to be nut dose rather than nut type. Our findings also highlight the need for investigation of possible stronger effects at high nut doses and among diabetic populations.

Dolan, P. and L. Kudrna (2015). ***“More years, less yawns: Fresh evidence on tiredness by age and other factors.”*** *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 70(4): 576-580. <http://psychsocgerontology.oxfordjournals.org/content/70/4/576.abstract>

Objectives. It is commonplace for people to complain about being tired. There have been actually few studies of tiredness in large general population samples, and where studies do exist, the measures often rely on external assessments. We use a diary-based method to overcome these limitations in a representative sample of U.S. residents. Methods. Data come from the 2010 American Time Use Survey. Around 13,000 respondents provided a diary about the prior day and rated how tired they felt during selected activities. Regression analysis is used to explain variance in tiredness by age. Results. Regression analysis reveals that tiredness decreases with age. This relationship exists when we control for hours of sleep, gender, self-rated health, ethnic group, number of children, marital status, employment status, level of education, and the amount of time participants spent doing tiring activities. Discussion. Contrary to much previous research, tiredness decreases with age. People who are more than 65 years of age are almost one point on a 0–6 scale less tired than people aged between 15 and 24. Clinical implications and methodological limitations are discussed.

Dunbar, R. I. M., V. Arnaboldi, et al. (2015). ***“The structure of online social networks mirrors those in the offline world.”*** *Social Networks* 43: 39-47. <http://www.sciencedirect.com/science/article/pii/S0378873315000313>

(Available in free full text) We use data on frequencies of bi-directional posts to define edges (or relationships) in two Facebook datasets and a Twitter dataset and use these to create ego-centric social networks. We explore the internal structure of these networks to determine whether they have the same kind of layered structure as has been found in offline face-to-face networks (which have a distinctively scaled structure with successively inclusive layers at 5, 15, 50 and 150 alters). The two Facebook datasets are best described by a four-layer structure and the Twitter dataset by a five-layer structure. The absolute sizes of these layers and the mean frequencies of contact with alters within each layer match very closely the observed values from offline networks. In addition, all three datasets reveal the existence of an innermost network layer at ~1.5 alters. Our analyses thus confirm the existence of the layered structure of ego-centric social networks with a very much larger sample (in total, >185,000 egos) than those previously used to describe them, as well as identifying the existence of an additional network

layer whose existence was only hypothesized in offline social networks. In addition, our analyses indicate that online communities have very similar structural characteristics to offline face-to-face networks.

Fransen, K., S. Van Puyenbroeck, et al. (2015). **"Who takes the lead? Social network analysis as a pioneering tool to investigate shared leadership within sports teams."** *Social Networks* 43: 28-38.
<http://www.sciencedirect.com/science/article/pii/S0378873315000295>

Leaders do not operate in social vacuums, but are imbedded in a web of interpersonal relationships with their teammates and coach. The present manuscript is the first to use social network analysis to provide more insight in the leadership structure within sports teams. Two studies were conducted, including respectively 25 teams (N = 308; Mage = 24.9 years old) and 21 teams (N = 267; Mage = 24.3 years old). The reliability of a fourfold athlete leadership categorization (task, motivational, social, external leader) was established by analyzing leadership networks, which mapped the complete leadership structure within a team. The study findings highlight the existence of shared leadership in sports teams. More specifically, regarding the task and external leadership roles, no significant differences were observed between the leadership quality of coaches and athlete leaders. However, athlete leaders were perceived as better motivational and social leaders than their coaches. Furthermore, both the team captain and informal athlete leaders shared the lead on the different leadership roles. Social network analysis was found to be a pioneering but valuable tool for obtaining a deeper insight in the leadership structure within sports teams.

Gähler, M. and E.-L. Palmtag (2015). **"Parental divorce, psychological well-being and educational attainment: Changed experience, unchanged effect among swedes born 1892–1991."** *Social Indicators Research* 123(2): 601-623.
<http://dx.doi.org/10.1007/s11205-014-0768-6>

During the last century, the proportion of children and adolescents who have experienced a parental divorce or separation has increased dramatically, in Sweden and elsewhere. Vast research has shown that children in these families fare less well than children in intact families, both in the short and in the long run and on a number of outcomes. Much less is known about whether parental divorce means the same for children and adolescents today as it did a century ago. Have living conditions changed and, if so, how? Moreover, has the association between parental divorce and child well-being changed in magnitude over time? To answer these questions six waves of the Swedish Level of Living Survey were used. The data set contains indicators on childhood living conditions for an entire century of Swedes, born 1892–1991. We show that living conditions for children of divorce have indeed changed on a number of dimensions but there is no evidence of magnitude change in the association between parental divorce/separation and two child outcomes, psychological well-being and educational attainment.

Galla, B. M. and A. L. Duckworth (2015). **"More than resisting temptation: Beneficial habits mediate the relationship between self-control and positive life outcomes."** *J Pers Soc Psychol* 109(3): 508-525.
<http://www.ncbi.nlm.nih.gov/pubmed/25643222>

Why does self-control predict such a wide array of positive life outcomes? Conventional wisdom holds that self-control is used to effortfully inhibit maladaptive impulses, yet this view conflicts with emerging evidence that self-control is associated with less inhibition in daily life. We propose that one of the reasons individuals with better self-control use less effortful inhibition, yet make better progress on their goals is that they rely on beneficial habits. Across 6 studies (total N = 2,274), we found support for this hypothesis. In Study 1, habits for eating healthy snacks, exercising, and getting consistent sleep mediated the effect of self-control on both increased automaticity and lower reported effortful inhibition in enacting those behaviors. In Studies 2 and 3, study habits mediated the effect of self-control on reduced motivational interference during a work-leisure conflict and on greater ability to study even under difficult circumstances. In Study 4, homework habits mediated the effect of self-control on classroom engagement and homework completion. Study 5 was a prospective longitudinal study of teenage youth who participated in a 5-day meditation retreat. Better self-control before the retreat predicted stronger meditation habits 3 months after the retreat, and habits mediated the effect of self-control on successfully accomplishing meditation practice goals. Finally, in Study 6, study habits mediated the effect of self-control on homework completion and 2 objectively measured long-term academic outcomes: grade point average and first-year college persistence. Collectively, these results suggest that beneficial habits—perhaps more so than effortful inhibition—are an important factor linking self-control with positive life outcomes.

George, J., E. Rapsomaniki, et al. (2015). **"How does cardiovascular disease first present in women and men?: Incidence of 12 cardiovascular diseases in a contemporary cohort of 1 937 360 people."** *Circulation* 132(14): 1320-1328. <http://circ.ahajournals.org/content/132/14/1320.abstract>

(Available in free full text) Background—Given the recent declines in heart attack and stroke incidence, it is unclear how women and men differ in first lifetime presentations of cardiovascular diseases (CVDs). We compared the incidence of 12 cardiac, cerebrovascular, and peripheral vascular diseases in women and men at different ages. Methods and Results—We studied 1 937 360 people, aged ≥ 30 years and free from diagnosed CVD at baseline (51% women), using linked electronic health records covering primary care, hospital admissions, acute coronary syndrome registry, and mortality (Cardiovascular Research Using LInked Bespoke Studies and Electronic Records [CALIBER] research platform). During 6 years median follow-up between 1997 and 2010, 114 859 people experienced an incident cardiovascular diagnosis, the majority (66%) of which were neither myocardial infarction nor ischemic stroke. Associations of male sex with initial diagnoses of CVD, however, varied from strong (age-adjusted hazard ratios, 3.6–5.0) for abdominal aortic aneurysm, myocardial infarction, and unheralded coronary death (particularly >60 years), through modest (hazard ratio, 1.5–2.0) for stable angina, ischemic stroke, peripheral arterial disease, heart failure, and cardiac arrest, to weak (hazard ratio <1.5) for transient ischemic attack, intracerebral hemorrhage, and unstable angina, and inverse (0.69) for subarachnoid hemorrhage (all $P < 0.001$). Conclusions—The majority of initial presentations of CVD are neither myocardial infarction nor ischemic stroke, yet most primary prevention studies focus on these presentations. Sex has differing associations with different CVDs, with implications for risk prediction and management strategies.

Gielnik, M. M., M. Spitzmuller, et al. (2015). **"I put in effort, therefore i am passionate": Investigating the path from effort to passion in entrepreneurship."** *Academy of Management Journal* 58(4): 1012-1031.
<http://amj.aom.org/content/58/4/1012.abstract>

Most theoretical frameworks in entrepreneurship emphasize that entrepreneurial passion drives entrepreneurial effort. We hypothesize that the reverse effect is also true, and investigate changes in passion as an outcome of effort. Based on theories of self-regulation and self-perception, we hypothesize that making new venture progress and free choice are two factors that help to explain why and under which conditions entrepreneurial effort affects entrepreneurial passion. We undertook two studies to investigate our hypotheses. First, we conducted a weekly field study with 54 entrepreneurs who reported entrepreneurial effort and passion over 8 weeks (341 observations). The results showed that entrepreneurial effort predicted changes in entrepreneurial passion. Second, we conducted an experiment (n = 136) to investigate the effect of effort on passion

and the underlying psychological processes in a laboratory setting. The results revealed that new venture progress mediated the effect of entrepreneurial effort on passion, and that free choice moderated the mediated effect. Overall, our findings provide a new theoretical perspective on the relationship between entrepreneurial effort and passion.

Girme, Y. U., N. C. Overall, et al. (2015). **"Happily single: The link between relationship status and well-being depends on avoidance and approach social goals."** *Social Psychological and Personality Science*.
<http://spp.sagepub.com/content/early/2015/08/07/1948550615599828.abstract>

(Available in free full text) Although prior research suggests that single people experience lower well-being than those involved in romantic relationships, the effect of relationship status is small. Moreover, relationships can be a source of hurt and conflict, which single people can avoid. The current research examined for whom being involved in a relationship versus being single enhances versus undermines well-being by testing whether social goals moderated the link between relationship status and (1) daily life satisfaction (Study 1, N = 187, undergraduate sample) and (2) life satisfaction/well-being across time (Study 2, N = 4,024, nationally representative sample). In both studies, single people high in avoidance goals who strive to prevent relationship conflict and disagreements were just as happy as people involved in a relationship. In addition, individuals high in approach goals who strive to enhance relationship closeness experienced greater life satisfaction/well-being but particularly when they were involved in a relationship (Study 2).

Gothe, N. P. and E. McAuley (2015). **"Yoga and cognition: A meta-analysis of chronic and acute effects."** *Psychosomatic Medicine* 77(7): 784-797.
http://journals.lww.com/psychosomaticmedicine/Fulltext/2015/09000/Yoga_and_Cognition__A_Meta_Analysis_of_Chronic.9.aspx

Objectives: To review and synthesize the existing literature on the effects of yoga on cognitive function by determining effect sizes that could serve as a platform to design, calculate statistical power, and implement future studies. Methods: Through electronic databases, we identified acute studies and randomized controlled trials (RCTs) of yoga that reported cognitive outcomes. Inclusion criteria included the following: use of an objective measure of cognition and sufficient data reported to estimate an effect size. The meta-analysis was conducted using Comprehensive Meta-Analysis software. A random-effects model was used to calculate the overall weighted effect sizes, expressed as Hedge g. Results: Fifteen RCTs and 7 acute exposure studies examined the effects of yoga on cognition. A moderate effect (g = 0.33, standard error = 0.08, 95% confidence interval = 0.18–0.48, p < .001) of yoga on cognition was observed for RCTs, with the strongest effect for attention and processing speed (g = 0.29, p < .001), followed by executive function (g = 0.27, p = .001) and memory (g = 0.18, p = .051). Acute studies showed a stronger overall effect of yoga on cognition (g = 0.56, standard error = 0.11, 95% confidence interval = 0.33–0.78, p < .001). The effect was strongest for memory (g = 0.78, p < .001), followed by attention and processing speed measures (g = 0.49, p < .001) and executive functions (g = 0.39, p < .003). Conclusions: Yoga practice seems to be associated with moderate improvements in cognitive function. Although the studies are limited by sample size, heterogeneous population characteristics, varied doses of yoga interventions, and a myriad of cognitive tests, these findings warrant rigorous systematic RCTs and well-designed counterbalanced acute studies to comprehensively explore yoga as a means to improve or sustain cognitive abilities across the life span.

Holländer, P. L., A. B. Ross, et al. (2015). **"Whole-grain and blood lipid changes in apparently healthy adults: A systematic review and meta-analysis of randomized controlled studies."** *The American Journal of Clinical Nutrition* 102(3): 556-572. <http://ajcn.nutrition.org/content/102/3/556.abstract>

Background: Whole grains are recognized for their potential role in preventing cardiovascular diseases; however, results from randomized controlled studies on blood lipids are inconsistent, potentially because of compositional differences between individual grain types for some nutrients, including dietary fiber. Objective: Using a meta-analytic approach, we assessed the effect of whole-grain compared with non-whole-grain foods on changes in total cholesterol (TC), LDL cholesterol, HDL cholesterol, and triglycerides. Design: We conducted a systematic literature search in selected databases. Studies were included if they were randomized controlled comparisons between whole-grain foods and a non-whole-grain control in adults. A total of 6069 articles were screened for eligibility, and data were extracted from 24 studies. Weighted mean differences were calculated, and meta-regression analyses were performed for whole-grain dose, study duration, and baseline TC concentration. Results: Overall, whole-grain intake lowered LDL cholesterol (weighted difference: -0.09 mmol/L; 95% CI: -0.15, -0.03 mmol/L; P < 0.01) and TC (weighted difference: -0.12 mmol/L; 95% CI: -0.19, -0.05 mmol/L; P < 0.001) compared with the control. Whole-grain oat had the greatest effect on TC (weighted difference: -0.17 mmol/L; 95% CI: -0.10, -0.25 mmol/L; P < 0.001). No effect of whole-grain foods on HDL cholesterol was seen, whereas whole-grain foods tended to lower triglycerides compared with the control (weighted difference: -0.04 mmol/L; 95% CI: -0.08, 0.01; P = 0.10). No association was found between whole-grain dose or baseline TC concentration and any of the outcomes, whereas study duration was positively associated with changes in TC and LDL cholesterol. Conclusions: Consumption of whole-grain diets lowers LDL cholesterol and TC, but not HDL cholesterol or triglycerides, compared with consumption of non-whole-grain control diets. Whole-grain oat appears to be the most effective whole grain for lowering cholesterol.

Irwin, M. R. (2015). **"Why sleep is important for health: A psychoneuroimmunology perspective."** *Annual Review of Psychology* 66(1): 143-172. <http://www.annualreviews.org/doi/abs/10.1146/annurev-psych-010213-115205>

Sleep has a critical role in promoting health. Research over the past decade has documented that sleep disturbance has a powerful influence on the risk of infectious disease, the occurrence and progression of several major medical illnesses including cardiovascular disease and cancer, and the incidence of depression. Increasingly, the field has focused on identifying the biological mechanisms underlying these effects. This review highlights the impact of sleep on adaptive and innate immunity, with consideration of the dynamics of sleep disturbance, sleep restriction, and insomnia on (a) antiviral immune responses with consequences for vaccine responses and infectious disease risk and (b) proinflammatory immune responses with implications for cardiovascular disease, cancer, and depression. This review also discusses the neuroendocrine and autonomic neural underpinnings linking sleep disturbance and immunity and the reciprocal links between sleep and inflammatory biology. Finally, interventions are discussed as effective strategies to improve sleep, and potential opportunities are identified to promote sleep health for therapeutic control of chronic infectious, inflammatory, and neuropsychiatric diseases.

Jelinek, G., C. Marck, et al. (2015). **"Latitude, sun exposure and vitamin d supplementation: Associations with quality of life and disease outcomes in a large international cohort of people with multiple sclerosis."** *BMC Neurology* 15(1): 132. <http://www.biomedcentral.com/1471-2377/15/132>

(Available in free full text) BACKGROUND: A growing evidence base implicates vitamin D, sun exposure and latitude in the aetiology of multiple sclerosis (MS), however there are less data on the associations of these variables with disease outcomes. METHODS: We undertook a cross-sectional survey of over 2000 people with MS recruited through internet platforms, seeking self-reported data on geographical location, intentional sun exposure for health, and supplementation with vitamin D,

among other lifestyle variables. We also requested data on health-related quality of life (MSQOL-54), self-reported doctor-diagnosed relapse rate, and disability (Patient Determined Disease Steps). Bivariate and multivariate analyses were used for comparisons, including multiple linear regression modeling. RESULTS: Of 2301 participants, 82.3% were female, median age was 45 years (IQR 38-53 years), with a median time since diagnosis of 6 years (IQR 3-12 years), the majority (61.6%) having relapsing-remitting MS. Nearly two-thirds (64.6%) lived in the Northern hemisphere, mostly in developed countries. Most (66.8%) reported deliberate sun exposure to raise their vitamin D level, and the vast majority (81.8%) took vitamin D supplements, mostly 2000-5000 IU a day on average. Unadjusted regression modeling incorporating deliberate sun exposure, latitude and vitamin D supplementation showed strong associations of sun exposure with HRQOL which disappeared when controlling for gender, age, disability, physical activity, and fish consumption. In contrast, associations between vitamin D supplementation and HRQOL were maintained adjusting for these variables, with a dose-response effect. Only latitude had significant adjusted associations with disability, with an increase of latitude by one degree (further from the equator) predicting increased odds of moderate disability (OR 1.02 (95% CI 1.01-1.04)) or high disability (OR 1.03 (95% CI 1.01-1.05)) compared to no/mild disability. Similarly, latitude was related to relapse rate, with increase in latitude of 1 degree associated with increased odds of having more relapses over the previous year (1.01 (1.00-1.02)). CONCLUSIONS: We detected significant associations between latitude, deliberate sun exposure and vitamin D supplementation and health outcomes of this large group of people with MS. Vitamin D is likely to have a key role in these associations and its role in the health outcomes of people with MS urgently requires further study.

Jetten, J., N. R. Branscombe, et al. (2015). **"Having a lot of a good thing: Multiple important group memberships as a source of self-esteem."** *PLoS One* 10(5): e0124609.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0124609>

(Available in free full text) Membership in important social groups can promote a positive identity. We propose and test an identity resource model in which personal self-esteem is boosted by membership in additional important social groups. Belonging to multiple important group memberships predicts personal self-esteem in children (Study 1a), older adults (Study 1b), and former residents of a homeless shelter (Study 1c). Study 2 shows that the effects of multiple important group memberships on personal self-esteem are not reducible to number of interpersonal ties. Studies 3a and 3b provide longitudinal evidence that multiple important group memberships predict personal self-esteem over time. Studies 4 and 5 show that collective self-esteem mediates this effect, suggesting that membership in multiple important groups boosts personal self-esteem because people take pride in, and derive meaning from, important group memberships. Discussion focuses on when and why important group memberships act as a social resource that fuels personal self-esteem.

Johnson, M. D., N. L. Galambos, et al. (2015). **"Skip the dishes? Not so fast! Sex and housework revisited."** *J Fam Psychol.* <http://www.ncbi.nlm.nih.gov/pubmed/26461485>

Using data from 1,338 couples who remained partnered over the first 5 waves of the German Panel Analysis of Intimate Relationships and Family Dynamics (pairfam) project, this study investigated longitudinal associations between male partner contributions to housework and couple sexual satisfaction and frequency. The effect of 2 housework variables was examined: male partners' share of housework and perceived fairness of male partners' housework contributions. Results from a series of autoregressive cross-lagged models revealed no direct or indirect longitudinal associations between male partner share of housework and sexual frequency or satisfaction. Rather, when male partners reported making a fair contribution to housework, the couple experienced more frequent sexual encounters, and each partner reported higher sexual satisfaction 1 year later. This study provides a robust counterpoint to recent findings suggesting that men's participation in housework is harmful to a couple's sex life.

Kant, A. K. and B. I. Graubard (2015). **"Within-person comparison of eating behaviors, time of eating, and dietary intake on days with and without breakfast: Nhanes 2005–2010."** *The American Journal of Clinical Nutrition* 102(3): 661-670. <http://ajcn.nutrition.org/content/102/3/661.abstract>

Background: Breakfast omission is known to be associated with lower 24-h energy intake. However, little is known about downstream eating behaviors subsequent to skipping breakfast in free-living individuals. Objective: We replicated the traditional crossover design of nutrition studies in a naturalistic setting to compare within-person differences in self-reported eating behaviors, energy intake, and other dietary characteristics of individuals on a day that included breakfast with a day that omitted breakfast. Design: We used cross-sectional dietary data for 2132 adult respondents who reported breakfast in only one of 2 dietary recalls in the NHANES 2005–2010. Dietary outcomes examined included meal- and snack-eating behaviors, clock time of eating episodes, and intakes of energy, macronutrients, and food groups. Regression methods accounted for replicate diet measurements, covariates, and survey-design characteristics. Results: The breakfast meal provided a mean of 508 kcal in men and 374 kcal in women, but differences in 24-h energy intakes between the breakfast and no-breakfast day were 247 and 187 kcal, respectively. Energy intakes at the lunch meal were higher on the no-breakfast day (202 kcal in men and 121 kcal in women), and the reported time of lunch was ~35 min earlier. The energy contribution of dinner or its reported time did not differ. A higher number of energy-adjusted servings of fruit and whole grains were reported on the breakfast day, but the energy and macronutrient density of reported foods were not different. Conclusions: In free-living American adults, the eating time for lunch was earlier, and the lunch meal provided more energy on the no-breakfast day than on the breakfast day. Although the quality of dietary selections reflected in the energy and macronutrient density of a day's intake did not differ between the breakfast and the no-breakfast day, breakfast skippers may need encouragement to consume fruit and whole grains at other eating episodes.

Kendler, K. S., S. L. Lönn, et al. (2015). **"Smoking and schizophrenia in population cohorts of Swedish women and men: A prospective co-relative control study."** *American Journal of Psychiatry* 172(11): 1092-1100.

<http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2015.15010126>

Objective: The purpose of this study was to clarify the causes of the smoking-schizophrenia association. Method: Using Cox proportional hazard and co-relative control models, the authors predicted future risk for a diagnosis of schizophrenia or nonaffective psychosis from the smoking status of 1,413,849 women and 233,879 men from, respectively, the Swedish birth and conscript registries. Results: Smoking was assessed in women at a mean age of 27 and in men at a mean age of 18. The mean age at end of follow-up was 46 for women and 26 for men. Hazard ratios for first-onset schizophrenia were elevated both for light smoking (2.21 [95% CI=1.90–2.56] for women and 2.15 [95% CI=1.25–3.44] for men) and heavy smoking (3.45 [95% CI=2.95–4.03] for women and 3.80 [95% CI=1.19–6.60] for men). These associations did not decline when schizophrenia onsets 3–5 years after smoking assessment were censored. When age, socioeconomic status, and drug abuse were controlled for, hazard ratios declined only modestly in both samples. Women who smoked into late pregnancy had a much higher risk for schizophrenia than those who quit early. Hazard ratios predicting nonaffective psychosis in the general population, in cousins, in half siblings, and in full siblings discordant for heavy smoking were, respectively, 2.67, 2.71, 2.54, and 2.18. A model utilizing

all relative pairs predicted a hazard ratio of 1.69 (95% CI=1.17–2.44) for nonaffective psychosis in the heavy-smoking member of discordant monozygotic twin pairs. Conclusions: Smoking prospectively predicts risk for schizophrenia. This association does not arise from smoking onset during a schizophrenic prodrome and demonstrates a clear dose-response relationship. While little of this association is explained by epidemiological confounders, a portion arises from common familial/genetic risk factors. However, in full siblings and especially monozygotic twins discordant for smoking, risk for nonaffective psychosis is appreciably higher in the smoking member. These results can help in evaluating the plausibility of various etiological hypotheses for the smoking-schizophrenia association.

Larsson, S. C., Åkesson, et al. (2015). **"Egg consumption and risk of heart failure, myocardial infarction, and stroke: Results from 2 prospective cohorts."** *The American Journal of Clinical Nutrition* 102(5): 1007-1013. <http://ajcn.nutrition.org/content/102/5/1007.abstract>

Background: Some studies have found that egg consumption is associated with a higher risk of ischemic heart disease in patients with diabetes. Epidemiologic studies of egg consumption in relation to risk of heart failure (HF) and stroke types are scarce. Objective: The aim of this study was to examine whether egg consumption is associated with incidence of HF, myocardial infarction (MI), or stroke types. Design: In prospective cohorts of 37,766 men (Cohort of Swedish Men) and 32,805 women (Swedish Mammography Cohort) who were free of cardiovascular disease (CVD), egg consumption was assessed at baseline with a food-frequency questionnaire. Incident CVD cases were identified through linkage with the Swedish National Patient and Cause of Death Registers. The data were analyzed with the use of a Cox proportional hazards regression model. Results: During 13 y of follow-up, we ascertained 1628 HFs, 3262 MIs, 2039 ischemic strokes, and 405 hemorrhagic strokes in men and 1207 HFs, 1504 MIs, 1561 ischemic strokes, and 294 hemorrhagic strokes in women. There was no statistically significant association between egg consumption and risk of MI or any stroke type in either men or women or HF in women. In men, consumption of ≤ 6 eggs/wk was not associated with HF risk; however, daily egg consumption ($\geq 1/d$) was associated with a 30% higher risk of HF (RR: 1.30; 95% CI: 1.01, 1.67). Egg consumption was not associated with any CVD outcome in individuals with diabetes. Conclusions: Daily egg consumption was not associated with risk of MI or any stroke type in either men or women or with HF in women. Consumption of eggs ≥ 1 time/d, but not less frequent consumption, was associated with an elevated risk of HF in men.

Lull, R. B. and B. J. Bushman (2015). **"Do sex and violence sell? A meta-analytic review of the effects of sexual and violent media and ad content on memory, attitudes, and buying intentions."** *Psychol Bull* 141(5): 1022-1048. <http://www.ncbi.nlm.nih.gov/pubmed/26191956>

It is commonly assumed that sex and violence sell. However, we predicted that sex and violence would have the opposite effect. We based our predictions on the evolution and emotional arousal theoretical framework, which states that people are evolutionarily predisposed to attend to emotionally arousing cues such as sex and violence. Thus, sexual and violent cues demand more cognitive resources than nonsexual and nonviolent cues. Using this framework, we meta-analyzed the effects of sexual media, violent media, sexual ads, and violent ads on the advertising outcomes of brand memory, brand attitudes, and buying intentions. The meta-analysis included 53 experiments involving 8,489 participants. Analyses found that brands advertised in violent media content were remembered less often, evaluated less favorably, and less likely to be purchased than brands advertised in nonviolent, nonsexual media. Brands advertised using sexual ads were evaluated less favorably than brands advertised using nonviolent, nonsexual ads. There were no significant effects of sexual media on memory or buying intentions. There were no significant effects of sexual or violent ads on memory or buying intentions. As intensity of sexual ad content increased, memory, attitudes, and buying intentions decreased. When media content and ad content were congruent (e.g., violent ad in a violent program), memory improved and buying intentions increased. Violence and sex never helped and often hurt ad effectiveness. These results support the evolution and emotional arousal framework. Thus, advertisers should consider the effects of media content, ad content, content intensity, and congruity to design and place more effective ads.

Mikolajczak, M., H. Avalosse, et al. (2015). **"A nationally representative study of emotional competence and health."** *Emotion* 15(5): 653-667. <http://www.ncbi.nlm.nih.gov/pubmed/25893449>

Emotional competence (EC; also called "emotional intelligence"), which refers to individual differences in the identification, understanding, expression, regulation, and use of one's emotions and those of others, has been found to be an important predictor of individuals' adaptation to their environment. Higher EC is associated with greater happiness, better mental health, more satisfying social and marital relationships, and greater occupational success. Whereas a considerable amount of research has documented the significance of EC, 1 domain has been crucially under investigated: the relationship between EC and physical health. We examined the relationship between EC and objective health indicators in 2 studies (N1 = 1,310; N2 = 9,616) conducted in collaboration with the largest Mutual Benefit Society in Belgium. These studies allowed us (a) to compare the predictive power of EC with other well-known predictors of health such as age, sex, Body Mass Index, education level, health behaviors (diet, physical activity, smoking and drinking habits), positive and negative affect, and social support; (b) to clarify the relative weight of the various EC dimensions in predicting health; and (c) to determine to what extent EC moderates the effect of already known predictors on health. Results show that EC is a significant predictor of health that has incremental predictive power over and above other predictors. Findings also show that high EC significantly attenuates (and sometimes compensates for) the impact of other risk factors. Therefore, we argue that EC deserves greater interest and attention from health professionals and governments. (PsycINFO Database Record

Moore, R. A., P. J. Wiffen, et al. (2015). **"Non-prescription (otc) oral analgesics for acute pain - an overview of cochrane reviews."** *Cochrane Database Syst Rev* 11: CD010794. <http://www.ncbi.nlm.nih.gov/pubmed/26544675>

BACKGROUND: Non-prescription (over-the-counter, or OTC) analgesics (painkillers) are used frequently. They are available in various brands, package sizes, formulations, and dose. They can be used for a range of different types of pain, but this overview reports on how well they work for acute pain (pain of short duration, usually with rapid onset). Thirty-nine Cochrane reviews of randomised trials have examined the analgesic efficacy of individual drug interventions in acute postoperative pain. OBJECTIVES: To examine published Cochrane reviews for information about the efficacy of pain medicines available without prescription using data from acute postoperative pain. METHODS: We identified OTC analgesics available in the UK, Australia, Canada, and the USA by examining online pharmacy websites. We also included some analgesics (diclofenac potassium, dexametopropfen, dipyrrone) of importance in parts of the world, but not currently available in these jurisdictions. We identified systematic reviews by searching the Cochrane Database of Systematic Reviews (CDSR) on The Cochrane Library through a simple search strategy. All reviews were overseen by a single review group, had a standard title, and had as their primary outcome numbers of participants with at least 50% pain relief over four to six hours compared with placebo. From individual reviews we extracted the number needed to treat for an additional beneficial outcome (NNT) for this outcome for each drug/dose combination, and also calculated the success rate to achieve at least 50% of maximum pain relief. We also examined the number of participants experiencing any adverse event, and whether the incidence was different from placebo. MAIN RESULTS: We found information on 21 different OTC analgesic drugs, doses, and formulations, using information from 10

Cochrane reviews, supplemented by information from one non-Cochrane review with additional information on ibuprofen formulations (high quality evidence). The lowest (best) NNT values were for combinations of ibuprofen plus paracetamol, with NNT values below 2. Analgesics with values close to 2 included fast acting formulations of ibuprofen 200 mg and 400 mg, ibuprofen 200 mg plus caffeine 100 mg, and diclofenac potassium 50 mg. Combinations of ibuprofen plus paracetamol had success rates of almost 70%, with dipyron 500 mg, fast acting ibuprofen formulations 200 mg and 400 mg, ibuprofen 200 mg plus caffeine 100 mg, and diclofenac potassium 50 mg having success rates above 50%. Paracetamol and aspirin at various doses had NNT values of 3 or above, and success rates of 11% to 43%. We found no information on many of the commonly available low dose codeine combinations. The proportion of participants experiencing an adverse event were generally not different from placebo, except for aspirin 1000 mg and (barely) ibuprofen 200 mg plus caffeine 100 mg. For ibuprofen plus paracetamol, adverse event rates were lower than with placebo. AUTHORS' CONCLUSIONS: There is a body of reliable evidence about the efficacy of some of the most commonly available drugs and doses widely available without prescription. The postoperative pain model is predominantly pain after third molar extraction, which is used as the industry model for everyday pain. The proportion of people with acute pain who get good pain relief with any of them ranges from around 70% at best to less than 20% at worst; low doses of some drugs in fast acting formulations were among the best. Adverse events were generally no different from placebo. Consumers can make an informed choice based on this knowledge, together with availability and price. Headache and migraine were not included in this overview.

Muise, A., U. Schimmack, et al. (2015). **"Sexual frequency predicts greater well-being, but more is not always better."** *Social Psychological and Personality Science*. <http://spp.sagepub.com/content/early/2015/11/16/1948550615616462.abstract>

Is it true that engaging in more frequent sex is associated with greater well-being? The media emphasizes—and research supports—the claim that the more sex you have, the happier you will feel. Across three studies (N = 30,645), we demonstrate that the association between sexual frequency and well-being is best described by a curvilinear (as opposed to a linear) association where sex is no longer associated with well-being at a frequency of more than once a week. In Study 1, the association between sexual frequency and well-being is only significant for people in relationships. In Studies 2 and 3, which included only people in relationships, sexual frequency had a curvilinear association with relationship satisfaction, and relationship satisfaction mediated the association between sexual frequency and well-being. For people in relationships, sexual frequency is no longer significantly associated with well-being at a frequency greater than once a week. [Note helpful further discussion of this article at <http://www.cbsnews.com/news/does-more-sex-make-couples-happier/> and the fascinating finding in the article that the increase in well-being gained from engaging in sex once a week compared with less than once a month is larger than the increase in well-being gained from making US\$50–US\$75,000 per year making rather than only between US\$15–US\$25,000 per year].

North, M. S. and S. T. Fiske (2015). **"Modern attitudes toward older adults in the aging world: A cross-cultural meta-analysis."** *Psychol Bull* 141(5): 993–1021. <http://www.ncbi.nlm.nih.gov/pubmed/26191955>

Prevailing beliefs suggest that Eastern cultures hold older adults in higher esteem than Western cultures do, due to stronger collectivist traditions of filial piety. However, in modern, industrialized societies, the strain presented by dramatic rises in population aging potentially threatens traditional cultural expectations. Addressing these competing hypotheses, a literature search located 37 eligible papers, comprising samples from 23 countries and 21,093 total participants, directly comparing Easterners and Westerners (as classified per U.N. conventions) in their attitudes toward aging and the aged. Contradicting conventional wisdom, a random-effects meta-analysis on these articles found such evaluations to be more negative in the East overall (standardized mean difference = -0.31). High heterogeneity in study comparisons suggested the presence of moderators; indeed, geographical region emerged as a significant moderating factor, with the strongest levels of senior derogation emerging in East Asia (compared with South and Southeast Asia) and non-Anglophone Europe (compared with North American and Anglophone Western regions). At the country level, multiple-moderator meta-regression analysis confirmed recent rises in population aging to significantly predict negative elder attitudes, controlling for industrialization per se over the same time period. Unexpectedly, these analyses also found that cultural individualism significantly predicted relative positivity—suggesting that, for generating elder respect within rapidly aging societies, collectivist traditions may backfire. The findings suggest the importance of demographic challenges in shaping modern attitudes toward elders—presenting considerations for future research in ageism, cross-cultural psychology, and even economic development, as societies across the globe accommodate unprecedented numbers of older citizens.

Orquin, J. L. and R. Kurzban (2015). **"A meta-analysis of blood glucose effects on human decision making."** *Psychol Bull*. <http://psycnet.apa.org/?&fa=main.doiLanding&doi=10.1037/bul0000035>

The academic and public interest in blood glucose and its relationship to decision making has been increasing over the last decade. To investigate and evaluate competing theories about this relationship, we conducted a psychometric meta-analysis on the effect of blood glucose on decision making. We identified 42 studies relating to 4 dimensions of decision making: willingness to pay, willingness to work, time discounting, and decision style. We did not find a uniform influence of blood glucose on decision making. Instead, we found that low levels of blood glucose increase the willingness to pay and willingness to work when a situation is food related, but decrease willingness to pay and work in all other situations. Low levels of blood glucose increase the future discount rate for food; that is, decision makers become more impatient, and to a lesser extent increase the future discount rate for money. Low levels of blood glucose also increase the tendency to make more intuitive rather than deliberate decisions. However, this effect was only observed in situations unrelated to food. We conclude that blood glucose has domain-specific effects, influencing decision making differently depending on the relevance of the situation to acquiring food. (PsycINFO Database Record

Pachankis, J. E., S. D. Cochran, et al. (2015). **"The mental health of sexual minority adults in and out of the closet: A population-based study."** *J Consult Clin Psychol* 83(5): 890–901. <http://www.ncbi.nlm.nih.gov/pubmed/26280492>

OBJECTIVES: Previous studies have found that sexual orientation concealment affords escape from stigma and discrimination but also creates a psychological toll. While disclosure alleviates the mental burden of concealment, it invites the stress of navigating a new public identity. Population-based samples that include both "in" and "out" sexual minorities provide an ideal opportunity to resolve limitations and inconsistencies of previous nonprobability investigations into the mental health correlates of concealment and disclosure. METHOD: Sexual minority participants in the California Quality of Life Survey (n = 2,083) indicated whether and when they first disclosed their sexual orientation to others. Prevalence of 1-year major depressive disorder and generalized anxiety disorder was derived from the Composite International Diagnostic Interview-Short Form. RESULTS: Closeted men (n = 84) were less likely to be depressed than out men, n = 1,047; odds ratio (OR) = 0.41; 95% CI [0.17, 0.996]. Men who were recently out (n = 201) experienced higher odds of major depressive disorder, OR = 6.21; 95% CI [1.53, 24.47], and generalized anxiety disorder, OR = 5.51; 95% CI [1.51, 20.13], as compared to closeted men. Men who were distantly out (n = 846) also experienced higher odds of major depressive disorder than men who were closeted, OR = 2.91; 95% CI [1.10, 7.69]. Recently out women (n = 243) experienced lower odds of depression than closeted women, n = 63;

OR = 0.21; 95% CI [0.05, 0.96]. CONCLUSION: Whether being in or out of the closet is associated with depression and anxiety largely depends on gender. Clinical and policy implications are discussed in terms of the unique stressors facing men and women both in and out of the closet.

Peyrin-Biroulet, L., N. Williet, et al. (2015). **"Guidelines on the diagnosis and treatment of iron deficiency across indications: A systematic review."** *American Journal of Clinical Nutrition* 102(6): 1585-1594.
<http://ajcn.nutrition.org/content/102/6/1585.abstract>

Background: Guidelines on the diagnosis and treatment of iron deficiency (ID) vary widely across indications. Objective: We reviewed all available guidelines on the management of ID worldwide. Design: A literature search was conducted in PubMed, Cochrane, and EMBASE and in main professional association websites, limited to documents published between 1 January 2004 and 30 June 2014. Results: Of 127 guidelines identified, 29 were selected, involving 29 professional associations and issued from the United States (n = 8), Europe (n = 6), Britain (n = 4), Canada (n = 3), international organizations (n = 2), France (n = 2), Poland (n = 1), Australia (n = 1), Mexico (n = 1), and Japan (n = 1). A total of 22 and 27 guidelines provided recommendations on diagnosis and treatment of ID, respectively. To define ID, all guidelines recommended a concentration for serum ferritin. One-half of them (10 of 22) proposed transferrin saturation (TSAT) as an alternative or complementary diagnostic test. To treat ID, most of the guidelines (18 of 27) recommended preferentially the oral route if possible, particularly in children and in women in the pre- or postpregnancy period. Iron supplementation should be administered intravenously according to 13 of 27 guidelines, particularly in patients with chronic kidney disease (CKD) (n = 7) and chemotherapy-induced anemia (n = 5). Treatment targets for ID included an increase in hemoglobin concentrations to 10–12 g/dL or normalization (n = 8) and serum ferritin >100 µg/L (n = 7) or 200 µg/L (n = 4). For the latter, in some situations, such as CKD, ferritin concentrations should not exceed 500 µg/L (n = 5) or 800 µg/L (n = 5). Only 9 guidelines recommended TSAT as a target, proposing various thresholds ranging from 20% to 50%. Conclusions: It appears that for the diagnosis of ID, a cutoff of 100 µg/L for serum ferritin concentration should be considered in most conditions and 20% for TSAT, except in particular situations, including young healthy women with heavy menstrual flow. New indications of intravenous iron supplementation are emerging.

Prakash, R. S., M. W. Voss, et al. (2015). **"Physical activity and cognitive vitality."** *Annual Review of Psychology* 66(1): 769-797. <http://www.annualreviews.org/doi/abs/10.1146/annurev-psych-010814-015249>

We examine evidence supporting the associations among physical activity (PA), cognitive vitality, neural functioning, and the moderation of these associations by genetic factors. Prospective epidemiological studies provide evidence for PA to be associated with a modest reduction in relative risk of cognitive decline. An evaluation of the PA-cognition link across the life span provides modest support for the effect of PA on preserving and even enhancing cognitive vitality and the associated neural circuitry in older adults, with the majority of benefits seen for tasks that are supported by the prefrontal cortex and the hippocampus. The literature on children and young adults, however, is in need of well-powered randomized controlled trials. Future directions include a more sophisticated understanding of the dose-response relationship, the integration of genetic and epigenetic approaches, inclusion of multimodal imaging of brain-behavior changes, and finally the design of multimodal interventions that may yield broader improvements in cognitive function.

Researchers, O. (2015) **Coping with self harm: A guide for parents and carers.** 1-13

(Freely downloadable 13 page PDF) Self-harm is very common in young people, with 10-15% of young people in the UK reporting that they self-harm. Young people's self-harm can leave families confused, anxious and feeling like there's nowhere to turn. Now, based on in-depth research with parents, a team from Oxford University's Centre for Suicide Research are launching a guide to help parents and carers who are trying to cope with this difficult situation.

Richard, A., S. Rohrmann, et al. (2015). **"Associations between fruit and vegetable consumption and psychological distress: Results from a population-based study."** *BMC Psychiatry* 15: 213.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4590213/>

(Available in free full text) BACKGROUND: Several studies observed associations of various aspects of diet with mental health, but little is known about the relationship between following the 5-a-day recommendation for fruit and vegetables consumption and mental health. Thus, we examined the associations of the Swiss daily recommended fruit and vegetable intake with psychological distress. METHODS: Data from 20,220 individuals aged 15+ years from the 2012 Swiss Health Survey were analyzed. The recommended portions of fruit and vegetables per day were defined as 5-a-day (at least 2 portions of fruit and 3 of vegetables). The outcome was perceived psychological distress over the previous 4 weeks (measured by the 5-item mental health index [MHI-5]). High distress (MHI-5 score ≤ 52), moderate distress (MHI-5 > 52 and ≤ 72) and low distress (MHI-5 > 72 and ≤ 100) were differentiated and multinomial logistic regression analyses adjusted for known confounding factors were performed. RESULTS: The 5-a-day recommendation was met by 11.6 % of the participants with low distress, 9.3 % of those with moderate distress, and 6.2 % of those with high distress. Consumers fulfilling the 5-a-day recommendation had lower odds of being highly or moderately distressed than individuals consuming less fruit and vegetables (moderate vs. low distress: OR = 0.82, 95 % confidence interval [CI] 0.69-0.97; high vs. low distress: OR = 0.55, 95 % CI 0.41-0.75). CONCLUSIONS: Daily intake of 5 servings of fruit and vegetable was associated with lower psychological distress. Longitudinal studies are needed to further determine the causal nature of this relationship.

Richards, L. (2016). **"For whom money matters less: Social connectedness as a resilience resource in the uk."** *Social Indicators Research* 125(2): 509-535

(Available in free full text) The current literature shows that both absolute and relative income are important for happiness, but there is little work emphasising how the strength of the relationship is dependent on personal and social factors. I hypothesise that social connectedness influences the money-happiness relationship because the effect of money is in part felt through the acquisition of social status, whereas status (and associated psychological benefits such as self-worth) can alternatively be gained through social connectedness. In particular, it is theorised that 'weak ties' when co-existing with good quality informal ties have a separable and additional benefit to subjective well-being, and that it is the socially isolated who have the most to gain from doing well financially. Social connectedness is conceptualised as a 'resilience resource' which has a buffering effect on subjective well-being. Data from the British Household Panel Survey are used, first to establish a measurement schema of connectedness using latent class analysis, and secondly in a multilevel model of life satisfaction with observations from seven consecutive years nested within individuals. The results show that connectedness makes a larger difference to satisfaction in times of financial stress, and that the satisfaction of the socially isolated can 'catch up' to some degree with those with larger networks when things are going well financially. The findings also confirm that those for whom money makes the smallest contribution to happiness are those with both strong and weak ties. Weak ties have an additional benefit compared to having strong ties alone. In summary, connectedness has the power to narrow the well-being gap that exists between times of financial struggle and times of relative comfort. It suggests that the psychological benefits of social

integration have the capacity to displace money as a source of status and self-worth, and similarly that the importance of money may be exaggerated where these psychological gains are not available through other domains of life.

Robinson, K. J., L. B. Hoplock, et al. (2015). **"When in doubt, reach out: Touch is a covert but effective mode of soliciting and providing social support."** *Social Psychological and Personality Science* 6(7): 831-839.
<http://spp.sagepub.com/content/6/7/831.abstract>

Social support is critical to personal and relational well-being. Yet, receiving support appears to be contingent upon adequately conveying need to a receptive partner who both understands and is willing to provide said support. Or is it? We provide the first evidence of a covert haptic support system between adult intimates, showing that literally reaching out to a loved one can result in feeling supported even when the receiver of haptic support requests does not perceive them as bids for comfort. We tested this by unobtrusively observing support interactions between dating partners. As expected, those experiencing distress were more likely to seek touch from their partners, which elicited responsive touch—even though receivers failed to discern need from support-seekers' touch. Importantly, those who received responsive touch from their romantic partners felt more supported. Because touch begets touch, clear communication between intimates is not always necessary for successful support interactions.

Rowe, J. W. and R. L. Kahn (2015). **"Successful aging 2.0: Conceptual expansions for the 21st century."** *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 70(4): 593-596.
<http://psychsocgerontology.oxfordjournals.org/content/70/4/593.short>

(Free full text available) The MacArthur model of successful aging encompasses three principal components: low risk of disease and disease-related disability; maintenance of high mental and physical function; and continued engagement with life, which includes relations with others and productive activity, either paid or volunteered. In the 27 years since we first articulated the core principles of the model, it has received sustained attention in gerontological theory, empirical research, and practice (Rowe & Kahn, 1987, 1997, 1998). Thousands of articles have been written on the concept and its components, and more than 100 variations of the original model have been proposed. Some of these variations call for a greater emphasis on social factors that may influence the capacity for successful aging (Riley, 1999); others propose a more subjective definition of the concept itself and greater attention to individuals' perceptions of their own aging and the effects of earlier life experiences. The importance of antecedent events as determinants of successful aging is emphasized in the suggestion that the model incorporate a life-course perspective. The model's far reach and impact also is reflected in the establishment of successful aging centers at several universities, including Rowan University in New Jersey, the University of Toledo in Ohio, and California State University in Fullerton. The model is not without its critics, however. In fact, the number and variety of critiques has become so large that Martinson and Berridge (2015, 4), in a special issue of *The Gerontologist* dedicated to the concept of successful aging, divided them into four distinct categories. The missing voices critique, which accounted for 45% of published critiques, calls for greater consideration of subjective components of successful aging; add and stir (25%) calls for other expansions to the model; hard hitting (20%), demands a more inclusive definition of successful aging ...

Sani, F., V. Madhok, et al. (2015). **"Greater number of group identifications is associated with healthier behaviour: Evidence from a scottish community sample."** *British Journal of Health Psychology* 20(3): 466-481.
<http://dx.doi.org/10.1111/bjhp.12119>

Objectives This paper investigates the interplay between group identification (i.e., the extent to which one has a sense of belonging to a social group, coupled with a sense of commonality with in-group members) and four types of health behaviour, namely physical exercise, smoking, drinking, and diet. Specifically, we propose a positive relationship between one's number of group identifications and healthy behaviour. **Design** This study is based on the Scottish portion of the data obtained for Wave 1 of the two-wave cross-national Health in Groups project. Totally 1,824 patients from five Scottish general practitioner (GP) surgeries completed the Wave 1 questionnaire in their homes. **Methods** Participants completed measures of group identification, group contact, health behaviours, and demographic variables. **Results** Results demonstrate that the greater the number of social groups with which one identifies, the healthier one's behaviour on any of the four health dimensions considered. **Conclusions** We believe our results are due to the fact that group identification will generally (1) enhance one's sense of meaning in life, thereby leading one to take more care of oneself, (2) increase one's sense of responsibility towards other in-group members, thereby enhancing one's motivation to be healthy in order to fulfil those responsibilities, and (3) increase compliance with healthy group behavioural norms. Taken together, these processes amply overcompensate for the fact that some groups with which people may identify can actually prescribe unhealthy behaviours. **Statement of contribution** What is already known on this subject? Researchers from a number of disciplines – especially social epidemiologists – have investigated the link between social ties and health behaviour in the past. These researchers have shown that, overall, greater ties predict healthier behaviour. However, the vast majority of studies have operationalized 'social ties' as the amount of contact (e.g., frequency of interactions) with close others or members of relevant groups, while generally neglecting the subjective dimension of ties with others and groups (e.g., sense of belonging and affiliation). More recently, some researchers have begun to look at the link between group identification and health behaviour. However, to date, this new research approach has focussed on the linear association between identification with one specific group and health behaviours. **What does this study add?** * This is the first quantitative study looking at the impact of one's number of high group identifications on four crucial health behaviours (smoking, drinking, exercise, and diet) in a large community sample. * This is the first study that looks at how number of group identifications and number of contact-intensity groups compare, in terms of their effects on health behaviours.

Schellenberg, B. J. I. and D. S. Bailis (2015). **"Can passion be polyamorous? The impact of having multiple passions on subjective well-being and momentary emotions."** *Journal of Happiness Studies* 16(6): 1365-1381.
<http://link.springer.com/article/10.1007/s10902-014-9564-x>

Having a harmonious passion (HP) can contribute to overall subjective well-being (Philippe et al. in *Appl Psychol Health Well Being* 1:3-22, 2009). We examined if people who had two passions in life reported even higher levels of well-being, and tested if these relationships depended on the extent to which the passions were harmonious or obsessive (OP). Undergraduates (N = 1,218) completed measures of HP and OP for their favorite and second favorite activities, along with assessments of well-being. In a follow-up study, a subsample of students (N = 62) who reported having an HP for one activity but an OP for another participated in an experiment in which we measured momentary emotions after priming either their HP, OP or a control activity. We found that students with at least one HP reported higher levels of well-being compared to those without an HP, and those with two HPs reported higher levels of well-being compared to those with only one HP, independent of the total time spent in passionate activities. In the follow-up study, participants' levels of momentary positive and negative affect depended on whether their HP or OP was primed. These results suggest that, rather than introducing conflict or dividing a fixed sum of activity-related potential, having two HPs creates novel opportunities for subjective well-being.

Smit, B. W. (2015). **"Successfully leaving work at work: The self-regulatory underpinnings of psychological detachment."** *Journal of Occupational and Organizational Psychology*: n/a-n/a. <http://dx.doi.org/10.1111/joop.12137>

Detaching from work – defined as mentally and physically disengaging from work during off-hours – is an important prerequisite to effective daily recovery and psychological well-being. However, the extant literature has yet to articulate exactly why some employees fail to detach from work and, furthermore, offers few concrete recommendations on how to increase detachment on a daily basis. I illustrate how both of these limitations may be resolved by extending the definition of psychological detachment to more clearly specify from what employees are failing to detach. Drawing from self-regulation research, the theoretical framework developed in this study proposes that employees' minds continue to linger over goal-related content after the workday is finished. This proposition was supported in a longitudinal sample of 103 employees pursuing 1,127 goals. Consistent with a self-regulatory perspective, employees had more difficulty detaching from incomplete (vs. completed) work goals later in the day, especially when these goals possessed high valence. Furthermore, an experimental manipulation demonstrated that creating plans to resolve incomplete goals increased psychological detachment among employees with traits that chronically inhibit detachment. I discuss how this refined conceptualization of psychological detachment catalyses future theoretical development and provides groundwork for evidence-based interventions. Practitioner points * Creating plans at the end of the day that describe where, when, and how unfulfilled work goals will be completed is an effective, low-cost intervention that enhances psychological detachment among employees, which will ultimately improve occupational health and performance. * The planning intervention was primarily effective among employees who typically have difficulty detaching from work during leisure time, indicating that intervention efforts should be targeted at specific types of employees. * When setting daily work goals, employees should be encouraged to focus on smaller, concrete goals at the end of the day in order to reduce unfulfilled work goals and facilitate psychological detachment.

Tamir, M., S. H. Schwartz, et al. (2015). **"Desired emotions across cultures: A value-based account."** *J Pers Soc Psychol*. <http://www.ncbi.nlm.nih.gov/pubmed/26524003>

Values reflect how people want to experience the world; emotions reflect how people actually experience the world. Therefore, we propose that across cultures people desire emotions that are consistent with their values. Whereas prior research focused on the desirability of specific affective states or 1 or 2 target emotions, we offer a broader account of desired emotions. After reporting initial evidence for the potential causal effects of values on desired emotions in a preliminary study (N = 200), we tested the predictions of our proposed model in 8 samples (N = 2,328) from distinct world cultural regions. Across cultural samples, we found that people who endorsed values of self-transcendence (e.g., benevolence) wanted to feel more empathy and compassion, people who endorsed values of self-enhancement (e.g., power) wanted to feel more anger and pride, people who endorsed values of openness to change (e.g., self-direction) wanted to feel more interest and excitement, and people who endorsed values of conservation (e.g., tradition) wanted to feel more calmness and less fear. These patterns were independent of differences in emotional experience. We discuss the implications of our value-based account of desired emotions for understanding emotion regulation, culture, and other individual differences. (PsycINFO Database Record

Tsai, A. C., M. Lucas, et al. (2015). **"Association between social integration and suicide among women in the united states."** *JAMA Psychiatry* 72(10): 987-993. <http://dx.doi.org/10.1001/jamapsychiatry.2015.1002>

Importance Suicide is one of the top 10 leading causes of mortality among middle-aged women. Most work in the field emphasizes the psychiatric, psychological, or biological determinants of suicide. Objective To estimate the association between social integration and suicide. Design, Setting, and Participants We used data from the Nurses' Health Study, an ongoing nationwide prospective cohort study of nurses in the United States. Beginning in 1992, a population-based sample of 72 607 nurses 46 to 71 years of age were surveyed about their social relationships. The vital status of study participants was ascertained through June 1, 2010. Exposures Social integration was measured with a 7-item index that included marital status, social network size, frequency of contact with social ties, and participation in religious or other social groups. Main Outcomes and Measures The primary outcome of interest was suicide, defined as deaths classified using the codes E950 to E959 from the International Classification of Diseases, Eighth Revision. Results During more than 1.2 million person-years of follow-up (1992-2010), there were 43 suicide events. The incidence of suicide decreased with increasing social integration. In a multivariable Cox proportional hazards regression model, the relative hazard of suicide was lowest among participants in the highest category of social integration (adjusted hazard ratio, 0.23 [95% CI, 0.09-0.58]) and second-highest category of social integration (adjusted hazard ratio, 0.26 [95% CI, 0.09-0.74]). Increasing or consistently high levels of social integration were associated with a lower risk of suicide. These findings were robust to sensitivity analyses that accounted for poor mental health and serious physical illness. Conclusions and Relevance Women who were socially well integrated had a more than 3-fold lower risk for suicide over 18 years of follow-up.

Vachon, D. D., R. F. Krueger, et al. (2015). **"Assessment of the harmful psychiatric and behavioral effects of different forms of child maltreatment."** *JAMA Psychiatry* 72(11): 1135-1142. <http://dx.doi.org/10.1001/jamapsychiatry.2015.1792>

Importance Several widely held beliefs about child abuse and neglect may be incorrect. It is most commonly assumed that some forms of abuse (eg, physical and sexual abuse) are more harmful than others (eg, emotional abuse and neglect); other assumptions are that each form of abuse has specific consequences and that the effects of abuse differ across sex and race. Objective To determine whether widely held assumptions about child abuse and neglect are valid by testing the hypothesis that different types of child maltreatment (CM) actually have equivalent, broad, and universal effects. Design, Setting, and Participants This observational study assessed 2292 racially and ethnically diverse boys (1254 [54.7%]) and girls (1038 [45.3%]) aged 5 to 13 years (mean [SD] age, 9.0 [2.0] years) who attended a research summer camp program for low-income, school-aged children from July 1, 1986, to August 15, 2012. Of these children, 1193 (52.1%) had a well-documented history of maltreatment. Analysis was conducted from September 25, 2013, to June 1, 2015. Main Outcomes and Measures Various forms of internalizing and externalizing personality and psychopathologic traits were assessed using multiple informant ratings on the California Child Q-Set and Teacher Report Form as well as child self-reported depression and peer ratings of aggression and disruptive behavior. Results Structural analysis showed that different forms of CM have equivalent psychiatric and behavioral effects, ranging from anxiety and depression to rule-breaking and aggression. We also found that nonsexual CM alters 2 broad vulnerability factors, internalizing ($\beta = 0.185$; SE = 0.028; $P < .001$) and externalizing ($\beta = 0.283$; SE = 0.023; $P < .001$), that underlie multiple forms of psychiatric and behavioral disturbance. We show that CM has comparable consequences for boys and girls of different races, and our results allowed us to describe a base rate and co-occurrence issue that makes it difficult to identify the unique effects of child sexual abuse. Conclusions and Relevance Our findings challenge widely held beliefs about how child abuse should be recognized and treated—a responsibility that often lies with the physician. Because different types of child abuse have equivalent, broad, and universal effects, effective treatments for maltreatment of any sort are likely to have comprehensive psychological benefits. Population-level prevention and intervention strategies should emphasize emotional abuse, which occurs with high frequency but is less punishable than other types of child maltreatment.

Vukasovic, T. and D. Bratko (2015). **"Heritability of personality: A meta-analysis of behavior genetic studies."** *Psychol Bull* 141(4): 769-785. <http://www.ncbi.nlm.nih.gov/pubmed/25961374>

The aim of this meta-analysis was to systematize available findings in the field of personality heritability and test for possible moderator effects of study design, type of personality model, and gender on heritability estimates. Study eligibility criteria were: personality model, behavior genetic study design, self-reported data, essential statistical indicators, and independent samples. A total of 134 primary studies with 190 potentially independent effect sizes were identified. After exclusion of studies that did not meet inclusion criteria and/or met 1 of the exclusion criteria, the final sample included 62 independent effect sizes, representing more than 100,000 participants of both genders and all ages. Data analyses were performed using the random-effects model, software program R package metafor. The average effect size was .40, indicating that 40% of individual differences in personality were due to genetic, while 60% are due to environmental influences. After correction for possible publication bias the conclusion was unaltered. Additional analyses showed that personality model and gender were not significant moderators of personality heritability estimate, while study design was a significant moderator with twin studies showing higher estimates, .47, compared to family and adoption studies, .22. Personality model also was not a significant moderator of heritability estimates for neuroticism or extraversion, 2 personality traits contained in most personality trait theories and/or models. This study is the first to empirically test and confirm moderator effect of study design on heritability estimates in the field of personality. Limitations of the study, as well as suggestion for future studies, are discussed. (PsycINFO Database Record

Wallace, H. M., A. Grotzinger, et al. (2015). **"When people evaluate others, the level of others' narcissism matters less to evaluators who are narcissistic."** *Social Psychological and Personality Science* 6(7): 805-813. <http://spp.sagepub.com/content/6/7/805.abstract>

Prior studies have documented how people in general respond to others' narcissism, but existing research offers few clues about whether and how evaluator narcissism influences judgments of traits associated with narcissism. Participants completed the Narcissistic Personality Inventory and then evaluated hypothetical target persons. Target narcissism was conveyed through a single trait description (Study 1), a list of traits (Study 2), or Facebook content (Study 3). Narcissistic qualities were reliably viewed unfavorably, but narcissistic participants were comparatively less bothered by target narcissism and less positive in their judgments of targets without narcissistic qualities. In each study, symptoms of the presence or absence of narcissism had less impact on the social judgments of participants who were narcissistic.

Yap, M. B. H., M. Fowler, et al. (2015). **"Parenting strategies for reducing the risk of childhood depression and anxiety disorders: A delphi consensus study."** *Journal of Affective Disorders* 183: 330-338. <http://www.sciencedirect.com/science/article/pii/S016503271530080X>

Background Substantial evidence that some modifiable parental factors are associated with childhood depression and anxiety indicates that parents can play a crucial role in the prevention of these disorders in their children. However, more effective translation of research evidence is required. Methods This study employed the Delphi methodology to establish expert consensus on parenting strategies that are important for preventing depression or anxiety disorders in children aged 5–11 years. A literature search identified 289 recommendations for parents. These were presented to a panel of 44 international experts over three survey rounds, who rated their preventive importance. Results 171 strategies were endorsed as important or essential for preventing childhood depression or anxiety disorders by $\geq 90\%$ of the panel. These were written into a parenting guidelines document, with 11 subheadings: Establish and maintain a good relationship with your child, Be involved and support increasing autonomy, Encourage supportive relationships, Establish family rules and consequences, Encourage good health habits, Minimise conflict in the home, Help your child to manage emotions, Help your child to set goals and solve problems, Support your child when something is bothering them, Help your child to manage anxiety, and Encourage professional help seeking when needed. Limitations This study relied on experts from Western countries; hence the strategies identified may not be relevant for all ethnic groups. Conclusions This study produced new parenting guidelines that are supported by research evidence and/or international experts, which can now be promoted in Western English-speaking communities to help parents protect their children from depression and anxiety disorders.

Yárnoz-Yaben, S. and A. Garmendia (2015). **"Parental divorce and emerging adults' subjective well-being: The role of "carrying messages"."** *Journal of Child and Family Studies*: 1-9. <http://dx.doi.org/10.1007/s10826-015-0229-0>

Parental divorce is assumed to negatively affect diverse aspects of emerging adults' functioning. The aims of this study were to analyze the effects of parental divorce and to identify divorce-related factors that may have an impact on the well-being of emerging adults from divorced families. Participants were 964 Spanish emerging adults (45 % women). One hundred and twenty-five of them were from divorced families. They completed an anonymous survey that included measures of subjective well-being (satisfaction with life, positive and negative affect), romantic status, length of the current relationship, age at onset of the divorce, parental remarriage and the experience of "carrying messages" between their divorced parents. Preliminary results revealed small differences in satisfaction with life and no differences in positive affect between emerging adults from divorced and non-divorced families. However, emerging adults from divorced families showed significantly higher levels of negative affect. Negative affect was not related to gender, romantic status or parental remarriage, but it was related to parental demands to carry messages. Children, who were older when their parents divorced, and females were more likely to have been asked to carry messages and showed the highest levels of negative affect. In fact, controlling for gender and age at onset of the divorce, carrying messages was the main predictor of negative affect for the emerging adults in this sample. The implications of these findings for work with divorced families and their children are discussed.