examination, and differing societal contexts. Furthermore, few studies account for current health or health selection effects. Health-related predictors of childlessness may mediate the relationship between childlessness and late life wellbeing and/or influence wellbeing directly. **Methods** This study utilises data from wave two of the Survey of Health, Ageing and Retirement in Europe (SHARE) and SHARELIFE (retrospective life history data) from 11 countries, spanning Northern, Western, Southern and Eastern Europe. The sample is restricted to those aged 55–75 years (N= 21,295). Two measures of wellbeing are employed: the EURO-D depressive mood scale and the CASP–12 quality of life scale. Standard demographic and socio-economic variables (age, gender education, employment, financial circumstance, marital status, and ethnicity) are utilised in addition to self-reported current and childhood health. Region-specific Ordinary Least Squares (OLS) regression analysis is performed to determine the independent effect of childlessness on each wellbeing measure, controlling for demographic, socio-economic and health variables. Interactions between childlessness and childhood health indicate the role of health selection in this relationship. Interactions between childlessness and marital status are also examined.
Results Childlessness significantly increases depressive mood in Northern Europe only. However, this effect is contingent on marital status; widowhood and never being married in particular. Relative to being currently married, never being married and widowhood also have a consistent main effect, reducing quality of life and increasing depressive mood. Across all regions there is no evidence to support the hypothesis that health selection mediates the relationship between childlessness and later life wellbeing.
Conclusion Marital status consistently mediates the relationship between childlessness and wellbeing and therefore should be the context through which the relationship between lifetime childlessness and wellbeing is considered.

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Background In countries of Central and Eastern Europe, prevalence rates of depressive symptoms are as high as 20% in men and 40% in women. Inclusion in social networks has been found to be a strong predictor of depressive symptoms in other countries, but little research on this association has been carried out in Central and Eastern Europe. This study aims to examine this association in the adult urban population in Russia, Poland and the Czech Republic.
Methods Cross-sectional analysis was performed on baseline data (2002–2005) from the Health Alcohol and Psychosocial factors In Eastern Europe (HAPIEE) study, involving men and women aged 45–69 from the adult urban population of the three countries of interest (Total N=25,674). Depressive symptoms were measured by the Centre for Epidemiological Studies Depression (CESD–20) scale. Inclusion in social networks was measured in terms of trust in informal or formal networks, and frequency of contacts with friends and distant relatives.
Results In Russia and the Czech Republic, odds of depressive symptoms were higher for men (Russia, OR 3.94, 95%CI 2.37–6.54; Czech Republic OR 2.04, 95%CI 1.18–3.52) and women (Russia, OR 2.19, 95%CI 1.47–2.99; Czech Republic OR 1.87, 95%CI 1.10–3.16) who had nobody to rely upon, compared with those who relied on friends or family. The pattern of association between frequency of contact with distant relatives or friends and depressive symptoms varied according to gender and country of origin of participants. Not having relatives outside the household was

predictive of depressive symptoms among Polish men (OR 1.54, 95% C.I. 1.10–2.15) and women (OR 2.01, 95% C.I. 1.36–2.97); and not having any friends was associated with higher odds of depressives symptoms among Russian women (OR 1.54, 95% C.I. 1.09–2.19), and Polish men (OR 1.60, 95% C.I. 1.15–2.22).
Conclusion The results presented here suggest that exclusion from social networks is a strong predictor of depressive symptoms and that there is a country specific pattern of variation in how frequency of contact with social networks affects the risk of depressive symptoms. We argue that this variation could be due to differences in economic development and social capital of Russia, Poland and the Czech Republic.

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Background There are several differences in health outcomes between UK and US military personnel who have deployed to the recent conflicts in Iraq or Afghanistan. Rates of survey-based post-traumatic stress disorder (PTSD) tend to be higher in US personnel, whilst self-reported rates of alcohol use tend to be higher in UK personnel. To explore potential reasons why mental health prevalence rates differ in the two countries a comparative analysis of UK and US Armed Forces combined data was carried out.
Methods Two samples of UK (n=313) and US (n=1560) regular enlisted Army male personnel who were deployed to Iraq in 2007 were combined. Primary outcomes included PTSD, alcohol use, anger and physical symptoms. The samples were compared on a list of 11 combat experiences, socio-demographics and military characteristics.
Results There were several differences between the UK and US samples: the UK sample was younger, more likely to hold a degree and a rank of officer, had served for a longer time, more likely to be married or in a long term relationship, and more likely to rate their marriage as good. The US sample reported more combat experiences. The samples did not differ on physical symptoms, but the US sample was more likely to report PTSD, adjusted odds ratio (AOR) 1.75 (95% Confidence Interval 1.01 – 3.03) and less likely to report alcohol misuse, AOR 0.27 (95% CI 0.20 –0.37) compared to the UK sample.
Conclusion US military personnel deployed to Iraq were more likely to report PTSD whilst UK personnel are more likely to report alcohol misuse. Whilst, there were several differences between the US and UK samples in terms of socio-demographics and combat experiences, these did not explain the difference in health outcomes.

Understanding the differences, as well as the similarities, between the UK and US Armed Forces is important, as it can influence the way military personnel are managed in both nations. It can also influence the way military personnel who have developed mental health problems as a result of their service are treated.

HSR: Economics and Cost-Effectiveness Analysis

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