Post-print/Accepted manuscript cheat sheet

This is the version most widely permitted to be archived when the publisher version cannot be.

- Also referred to as Author Version, Author’s Manuscript, Accepted Manuscript, Post-Print.
- Often does not contain publisher badging.
- No pagination OR pagination starting at 1.
- Contains a statement such as: “Accepted 17 Nov 2016”, or “Accepted for publication”.
- Does not contain a statement such as: “Advance Access publication”, “Published on April 15, 2014”
- Often contains a DOI, but not always.
- Often does not contain journal title, issue and volume number.
- This version incorporates or proposes changes recommended during the referee process, and could contain post-refereeing formatting.
- It is best practice to always try to source the version mandated by the NHMRC and ARC (please see below for more details)

NHMRC and ARC funded research papers

The NHMRC and ARC require the final accepted version post-peer review, with revisions having been made i.e. no proofing numbers or other refereeing annotations (as in the example below). The example below is a post-print, but is not sufficient for the NHMRC/ARC mandates.

- For non-NHMRC/ARC funded research, you ARE permitted to upload one with post-refereeing formatting, if a final accepted version cannot be found.
- For NHMRC and ARC funded research if the final accepted version with revisions incorporated is not available, you are NOT permitted to upload anything else, and you MUST add detailed notes explaining why this is not possible.

Natasha Watts 30/11/16
Post-print/Accepted Manuscript example, followed by Final published version for comparison:

Original Contribution

**Longitudinal Associations Between Fish Consumption and Depression in Young Adults**

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Initially submitted November 27, 2013; accepted for publication February 18, 2014.

A few studies have examined longitudinal associations between fish consumption and depression; none have defined depression using a diagnostic tool. We investigated whether fish consumption was associated with fewer new depression episodes in a national study of Australian adults. In 2004–2006, 1,386 adults aged 29–36 years (38% males) completed a 127-item (9 fish items) food frequency questionnaire. Fish intake was examined continuously (times/week) and dichotomously (reference group: <2 times/week). During 2009–2011, the lifetime version of the Composite International Diagnostic Interview was administered by telephone. New episodes of major depression/dysthmic disorder (since baseline) were defined using the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. During follow-up, 160 (18.8%) women and 70 (13.1%) men experienced depression. For women, each additional weekly serving of fish consumed at baseline decreased the risk of having a new depressive episode by 6% (adjusted relative risk = 0.94, 95% confidence interval: 0.87, 1.01). Women who ate fish >2 times/week at baseline had a 25% lower risk of depression during follow-up than those who ate fish <2 times/week (adjusted relative risk = 0.75, 95% confidence interval: 0.57, 0.99). Reverse causation was also suggested but appeared to be restricted to persons with recent depression. Fish consumption was not associated with depression in men. These findings provide further evidence that fish consumption may be beneficial for women’s mental health.

**Abbreviations:** CDAH, Childhood Determinants of Adult Health; CIDI, Composite International Diagnostic Interview; DHA, docosahexaenoic acid; EPA, eicosapentaenoic acid; FFQ, food frequency questionnaire.

Depression affects approximately 340 million people worldwide and is the second leading cause of years lived with disability (1). The onset of depression increases with age through adolescence, with the highest prevalence in young adulthood (2). Despite low compliance with antidepressant medications and some undesirable side effects (3), there is increasing interest in how modifiable lifestyle factors may help prevent depression (4).

There is emerging evidence that fish and fish oils are beneficial for mental health. In cross-sectional studies, the prevalence of depression is lower in countries with higher apparent fish consumption (5) and among persons with higher fish intake (6–13). Interestingly, studies that have stratified analyses by sex have found significant associations in only women (7, 8) or only men (13). Some cross-sectional studies have found no association between fish consumption and depression (14–16). Very few longitudinal studies exist. In a national study of 5,069 adults aged 25–74 years from the United States, baseline fish consumption appeared protective against severely depressed mood 10 years later among men but not women (17). However, depression was assessed using a screening tool, not a diagnostic tool, which may have overestimated the effect.

Omega-3 fatty acids are the component of fish believed to be beneficial for mental health. Persons with depression tend to have lower serum ω-3 fatty acid concentrations than those...
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Few studies have examined longitudinal associations between fish consumption and depression; none have defined depression using a diagnostic tool. We investigated whether fish consumption was associated with fewer new depression episodes in a national study of Australian adults. In 2004–2006, 1,386 adults aged 26–59 years (38% males) completed a 127-item (9 fish items) food frequency questionnaire. Fish intake was examined continuously (times/week) and dichotomously (reference group: <2 times/week). During 2009–2011, the lifetime version of the Composite International Diagnostic Interview was administered by telephone. New episodes of major depression/dysthymic disorder (since baseline) were defined using the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. During follow-up, 160 (19.8%) women and 70 (13.1%) men experienced depression. For women, each additional weekly serving of fish consumed at baseline decreased the risk of having a new depressive episode by 6% (adjusted relative risk = 0.94, 95% confidence interval: 0.87, 1.01). Women who ate fish ≥2 times/week at baseline had a 28% lower risk of depression during follow-up than those who ate fish <2 times/week (adjusted relative risk = 0.72, 95% confidence interval: 0.57, 0.91). Reverse causation was also suggested but appeared too restricted to persons with recent depression. Fish consumption was not associated with depression in men. These findings provide further evidence that fish consumption may be beneficial for women’s mental health.

depression; depressive disorders; diet; fish; longitudinal studies

Abbreviations: CDWI, Childhood Determinants of Adult Health; CIDI, Composite International Diagnostic Interview; DHA, docosahexaenoic acid; EPA, eicosapentaenoic acid; FFQ, food frequency questionnaire.

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