INSTRUCTIONS FOR CONTRIBUTORS

PAPERS Papers for publication from Europe and Australasia, except those on genetic topics, should be addressed to the UK Editor, Professor Robin M Murray, Psychological Medicine Editorial Office, Cambridge University Press, University Printing House, Cambridge CB2 8BS, UK. Email: Ismith@cambridge.org. Papers from the Americas, Asia, Africa and the Middle East, and all papers dealing with genetic topics, irrespective of country, should be sent to the US Editor, Professor Kenneth S Kendler, MCV, PO Box 980126, Richmond, VA, 23298-0126, USA (Street address: Virginia Biotechnology Center One, Room 1-123, 800E Leigh Street, Richmond, VA, 23219, USA), Email: bherrmann@vcu.edu.

Submissions by email attachments are preferred. Alternatively contributors who wish may send one hard copy of the text, tables and figures, plus an identical copy on computer disk, giving details of format used (e.g. MS Word etc.). Authors should also accompany their submission with a list of 5 or more suggested suitable referees to aid the peer review process.

A covering letter signed by all authors should confirm agreement to submission. The letter should also give full mailing, fax and email contact details of the author who will handle correspondence. Submission of a paper will be held to imply that it contains original work that has not been previously published and that it is not being submitted for publication elsewhere. This should be confirmed in the letter of submission. When an article has been accepted for publication, the authors should email their final version or send a copy on computer disk (indicating format used, e.g. Mac/PC, MS Word/Word Perfect, etc.) together with one hard copy of the typescript and good quality copies of all tables, figures, etc. However, the publisher reserves the right to typeset the material by conventional means if an author's disk proves unsatisfactory.

The following information must be given on the first page (title sheet): (1) title and short title for running head (not more than 60 characters): (2) authors' names, (3) department in which the work was done, (4) word count of text excluding abstract, tables/figures and reference list. Generally papers should not have text more than 4500 words in length (excluding these sections) and should not have more than a combined total of 5 tables and/or figures. Papers shorter than these limits are encouraged. For papers of unusual importance the editors may waive these requirements. A structured abstract of no more than 250 words should be given at the beginning of the article using the headings: Background; Methods; Results; Conclusions. The name of an author to whom correspondence should be sent must be indicated and a full postal address given in the footnote. Any acknowledgements should be placed at the end of the text (before the References section).

Declaration of Interest: A statement must be provided in the acknowledgements listing all financial support received for the work and, for all authors, any financial involvement (including employment, fees, share ownership) or affiliation with any organization whose financial interests may be affected by material in the manuscript, or which might potentially bias it. This applies to all papers including editorials and letters to the editor.

Contributors should also note the following:

- 1. S.I. units should be used throughout in text, figures and tables.
- 2. Authors should spell out in full any abbreviations used in their manuscripts.
- 3. Foreign quotations and phrases should be followed by a translation.
- If necessary, guidelines for statistical presentation may be found in: Altman DG, Gore SM, Gardner MJ & Pocock SJ (1983). Statistical guidelines for contributors to medical journals. British Medical Journal 286, 1489–1493.

REFERENCES (1) The Harvard (author-date) system should be used in the text and a complete list of References cited given at the end of the article. In a text citation of a work by more than two authors cite the first author's name followed by et al. (but the names of all of the authors should be given in the References section). Where several references are cited together they should be listed in rising date order. (2) The References section should be supplied in alphabetical order (authors' names in **bold**, journal titles in full), following the text. Some examples follow:

Miller PM, Byrne M, Hodges A, Lawrie SM, Johnstone EC (2002). Childhood behaviour, psychotic symptoms and psychosis onset in young people at high risk of schizophrenia: early findings from the Edinburgh high risk study. *Psychological Medicine* **32**, 173–179. Cleckley HJ (1941). *The Mask of Sanity*, 2nd edn. Mosby: St. Louis, MO.

Brewer WJ, Wood SJ, DeLuca C, Pantelis C (2006). Models of olfaction for exploring neurodevelopment. In *Olfaction and the Brain* (ed. W. J. Brewer, D. Castle and C. Pantelis), pp. 97–121. Cambridge University Press: Cambridge.

(3) Online citations

doi (when published online prior to printed issue)

Lauritsen MB, Pedersen CB, Mortensen CB (2004). The incidence and prevalence of pervasive developmental disorders: a Danish population-based study. *Psychological Medicine*. Published online: 21 October 2004. doi:10.1017/S0033291704002387.

URL

World Bank (2003). Quantitative techniques for health equity analysis – Technical Notes (http://siteresources.worldbank. org/INTPAH/ Resources/Publications/Quantitative-Techniques/health.eq tn07.pdf). Accessed 15 February 2006.

[Authors are requested to print-out and keep a copy of any online-only material, in case the URL changes or is no longer maintained.]

FIGURES AND TABLES Only essential figures and tables should be included. Further tables, figures, photographs and appendices, may be included with the online version on the journal website. To ensure that your figures are reproduced to the highest possible standards, Cambridge Journals recommends the following formats and resolutions for supplying electronic figures. Please ensure that your figures are saved at final publication size and are in our recommended file formats. Following these guidelines will result in high quality images being reproduced in both the print and the online versions of the journal. Line artwork: Format: tif or eps, Colour mode: black and white (also known as 1-bit), Resolution: 1200 dpi; Combination artwork (line/tone): Format: tif or eps, Colour mode: grayscale (also known as 8-bit), Resolution: 800 dpi; Black and white halftone artwork: Format: tif, Colour mode: grayscale (also known as 8-bit), Resolution: 300 dpi; Colour halftone artwork: Format: tif, Colour mode: CMYK colour, Resolution: 300 dpi. All photographs, graphs, and diagrams should be referred to as figures and should be numbered consecutively in Arabic numerals. Captions for figures should be typed double-spaced on separate sheets. Tables Tables should be typed above the table.

PROOFS AND OFFPRINTS Page proofs will be sent to the author designated to receive correspondence. corrections other than to printer's errors may be charged to the author. Fifty offprints of each paper are supplied free; additional offprints are available according to a scale of charges if they are ordered on the form supplied when the proof is returned.

PSYCHOLOGICAL MEDICINE

CONTENTS

In this Issue	1757	Maladaptive mood repair responses distinguish young adults with early-onset depressive disorders and predict future	
EDITORIAL		depression outcomes	
The future of psychiatry in low- and middle-income countries Patel V	1759	Kovacs M, Rottenberg J & George C	1841
REVIEW ARTICLE	1759	Attitudes that determine willingness to seek psychiatric help for depression: a representative population survey applying	
		the Theory of Planned Behaviour	
Do antipsychotic drugs affect brain structure? A systematic and critical review of MRI findings		Schomerus G, Matschinger H & Angermeyer MC	1855
Navari S & Dazzan P	1763	Hospital admission for non-fatal poisoning with weak analgesics and risk for subsequent suicide: a population study	
COMMENTARIES		Qin P, Jepsen P, Nørgård B, Agerbo E, Mortensen PB, Vilstrup H	
Brain volume changes in schizophrenia: how do they arise? what do they mean?		& Sørensen HT	1867
Lewis DA	1779	Mortality and cause of death among psychiatric	
The effects of antipsychotics on brain structure: what have		patients: a 20-year case-register study in an area with a community-based system of care	
we learnt from structural imaging of schizophrenia?		Grigoletti L, Perini G, Rossi A, Biggeri A, Barbui C, Tansella M	
Borgwardt SJ, Smieskova R, Fusar-Poli P, Bendfeldt K		& Amaddeo F	1875
& Riecher-Rössler A	1781	Differential effects on white-matter systems in	
		high-functioning autism and Asperger's syndrome	
ORIGINAL ARTICLES		McAlonan GM, Cheung C, Cheung V, Wong N, Suckling J	
The effect of COMT, BDNF, 5-HTT, NRG1 and DTNBP1		& Chua SE	1885
genes on hippocampal and lateral ventricular volume in psychosis		Childhood and adolescent hyperactivity-inattention	
Dutt A, McDonald C, Dempster E, Prata D, Shaikh M, Williams I,		symptoms and academic achievement 8 years later: the	
Schulze K, Marshall N, Walshe M, Allin M, Collier D, Murray R &		GAZEL Youth study	
Bramon E	1783	Galéra C, Melchior M, Chastang J-F, Bouvard M-P & Fombonne E	1895
Dissociation of long-term verbal memory and fronto-executive impairment in first-episode psychosis		Most rapid cognitive decline in APOE ε 4 negative Alzheimer's disease with early onset	
Leeson VC, Robbins TW, Franklin C, Harrison M, Harrison I,		van der Vlies AE, Koedam ELGE, Pijnenburg YAL, Twisk JWR,	
Ron MA, Barnes TRE & Joyce EM	1799	Scheltens P & van der Flier WM	1907
Intensive practice of a cognitive task is associated with		Risk markers for both chronic fatigue and irritable bowel	
enhanced functional integration in schizophrenia		syndromes: a prospective case-control study in primary care	4040
Schlösser R, Koch K, Wagner G, Schultz C, Röbel M,	1000	Hamilton WT, Gallagher AM, Thomas JM & White PD	1913
Schachtzabel C, Reichenbach JR & Sauer H	1809	BOOK REVIEWS	
Decision making under uncertainty and mood induction:		Philosophical Issues in Psychiatry: Explanation,	
further evidence for liberal acceptance in schizophrenia		Phenomenology, and Nosology	
Moritz S, Veckenstedt R, Randjbar S, Hottenrott B, Woodward TS, v. Eckstaedt FV, Schmidt C, Jelinek L & Lincoln TM	1821	Owen G	1923
		A Neurodynamic Theory of Schizophrenia (and related	
The BDNF Val66Met polymorphism impacts parahippocampal and amygdala volume in healthy humans:		disorders)	
incremental support for a genetic risk factor for depression		Morrison PD	1925
Montag C, Weber B, Fliessbach K, Elger C & Reuter M	1831	Correspondence	1927



