It has been 5 years since the transition of *CNS Spectrums* to Cambridge University Press and my editorship. What an exhilarating run it has been. Our impact factor has doubled twice, placing us in the upper tier of psychiatry journals as well as neurology journals now, with record numbers of downloads and citations year after year. We continue our association with the Neuroscience Education Institute, whose members get free full-text download access to the journal, whose poster presenters at the NEI Congress have their abstracts published as indexed and citable entries in the journal, and who sponsors and edits a special CME issue with multiple articles every year. Those activities will continue moving forward as well.

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of our editorial board, with some new blood coming on board, and with some retirements to keep things fresh, and these announcements will be coming soon. We will also be featuring new cover art starting in 2017, and some changes to the formats of articles we accept (see Table 3).

We especially continue to encourage original articles of new data, increasingly featuring preclinical studies of translational value as well as clinical studies, especially in popular areas already being published extensively in *CNS Spectrums* (see Table 2). For example, in the pipeline for 2017 are some very notable thematic issues including one on “Depression with Mixed Features,” another on “Psychiatry and Terrorism,” and yet another showcasing our second special issue on “Neuropsychiatry.”

Hopefully, this kick-off editorial will help answer the question, “What is *CNS Spectrums*?” and will demonstrate that our journal is certainly on the move. I look forward to the exciting developments in store for us, and invite you all to submit your important work to our journal.

### TABLE 3. Summary of article types and requirements

<table>
<thead>
<tr>
<th>Article type</th>
<th>Length</th>
<th>Abstract</th>
<th>Figures/Tables</th>
<th>Purpose/ features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original research</td>
<td>6,000 words</td>
<td>Structured &lt;250 words</td>
<td>Minimum 2 tables and/or figures</td>
<td>Original Research: Reports the results of a formal study based on original research. Structured abstract</td>
</tr>
<tr>
<td>Review article</td>
<td>No limit</td>
<td>Unstructured &lt;250 words</td>
<td>Minimum 2 tables and/or figures</td>
<td>Review: Written as a literature review of an established topic, as suggested by its name. Clinical Implication points</td>
</tr>
<tr>
<td>Perspectives</td>
<td>3,000 words</td>
<td>Unstructured &lt;150 words</td>
<td>Maximum 6 tables and/or figures</td>
<td>Perspective: A type of review that is a short, focused summary of a single recent advance, a sort of spotlight on the topic, which could be for example a single point hypothesis or a novel model. It can stimulate debate and new research.</td>
</tr>
<tr>
<td>Meta guidelines</td>
<td>6,000 words</td>
<td>Unstructured &lt;250 words</td>
<td>Maximum 6 tables and/or figures</td>
<td>Meta guidelines: A meta-guideline. Is a “guideline of guidelines” put together by several leading figures in a field in which there are multiple competing guidelines that require synthesis and updating. Outlines diagnostic and treatment options and medications. Includes an abstract, introduction, and optional additional text.</td>
</tr>
<tr>
<td>Editorial</td>
<td>900-1,500 words</td>
<td>Unstructured 150 words</td>
<td>1 table or 1 figure (excluding invited guest editorials for thematic issues)</td>
<td>Editorial: Introduces a new idea or a particular theme, usually written by the editor-in-chief and occasionally submitted by a guest editor. A luminary in the field might also be approached to provide a guest editorial.</td>
</tr>
</tbody>
</table>