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From the Editor's desk

By Peter Tyrer

Sound bites and sound cites

One of my editorial colleagues recently reminded me that the average number of citations to a paper published in a learned journal is less than 1. How can we reconcile this sad statistic of neglect with the tremendous desire and motivation of authors to set before the world the fruits of their labours, and their persistence and determination to do so despite the scorn of reviewers and the caprice of editors? What chef would spend hours of planning a new dish to find that none of the diners ever bothers to order it, and how many authors of books would continue writing if they hardly ever sold a copy? The answer must be pathological optimism, or the Micawber syndrome. Like Arthur Miller's Willy Loman, the aspiring contributor to the *British Journal of Psychiatry* is 'a man way out there in the blue, riding on a smile and a shoeshine, and when the world stops smiling back its an earthquake'.[1] But, although the disappointed 80% of authors who get their manuscripts rejected may feel that success is determined by a lottery only, there is a system of assessment that is defensible.

My assessment of papers follows the MINI system. Is this context the MINI system is the consequence of a disease that will certainly find its way into the psychiatric classifications eventually, acronymania, first described in the *Lancet*,[2] and of which I am a chronic sufferer. MINI stands for 'methodology, innovation, novelty and implications', the four questions that I ask myself when assessing a paper. Each of these has to be superior to the average paper and one will usually take precedence. Even if these are all present in abundance, a paper can still be published and remain moribund in a citationless sea. What worries me increasingly is the need for each paper to generate quotable sound bites if it is to attract attention. A sound bite tells all without any need for further explanation, but a sound cite is one that represents the kernel of a paper that demands attention and further explanation; unlike a sound bite, it makes you think.

Here are some of the sound cites in this issue: 'duration of untreated prodromal symptoms may be a potentially modifiable prognostic factor' (Fusar-Poli *et al*, pp. 181–182); 'deficits of grey matter volume in different brain regions are positively correlated with severity of formal thought disorder and the TLC' (a schedule for measuring thought disorder; Horn *et al*, pp. 130–138); 'the increased mortality of opioid users accounted for about half the SMR rate (of 20.7)' (Fazel & Benning, pp. 183–184); 'our data show a very low prevalence of suicide in the first 12 months after dementia has been diagnosed' (Purandare *et al*, pp. 175–180); 'a standard protocol could aid regular audits and users' experience of services' (Taylor *et al*, pp. 104–110); 'the association between childhood family adversities and adult onset of headache is independent of mental disorders' (Lee *et al*, pp. 111–116); 'the recognition of this illness rather than the illness itself may be culturally induced' (Cho *et al*, pp. 117–122); 'replication of these findings in the presence of a placebo control is warranted' (Haas *et al*, pp. 158–164).

The reasons why these sound cites are not sound bites is that each of them demands the reader to look at the paper further – as I hope you all now will. As an example I address the last of these. Haas *et al* (pp. 158–164) describe the results of a randomised controlled trial in which patients with adolescent psychoses were allocated to two different doses of risperidone. So far so good, but when you look at the lower dose regimen (0.15–0.6 mg/day) some might conclude that the study to all intents and purposes already includes a placebo control. I should also admit a minor addition to my acronym of selection for possible publication. Although I try to follow the MINI system, it sometimes becomes MINIC, where C is for 'controversy'. Controversy is the central component of many of our papers, particularly in our supplements where we can cover all aspects of a controversy with a set of learned papers;[3] however, in this area we may fall into the sound bite trap. 'Wake-up call for British psychiatry'[4] is both the title of an interesting paper and a sound bite, and this is not a bad thing if it makes the audience read the paper. From the highly intelligent and considered responses we have to this article, it is clear that we have stimulated our readers in a way that our straight scientific papers seldom seem able to do.[5–8]

Journal of selected novelties

I frequently receive submissions from authors suggesting that their article is suitable for publication in the *British Journal of Psychiatry* because we 'have published articles on this subject before'. This is a perfectly reasonable suggestion but it is usually wrong. Novelty and variety are the essential mix in a general journal. If we published new articles only on neuroimaging, in the belief that these are at the forefront of the new psychiatric understanding, there would be a cry of anger from the ranks of the psychiatrists to whom the published presentation of an illuminated brain makes absolutely no appeal. So we have to present a varied menu for our readers, extending from the diagnostic habits of Inca healers[9] to brain dopamine response in heroin addicts[10] and hope that we can snare the interest of all our readers. So when I read about 'refreshing new data' and 'entirely new approaches' my ears prick up, especially if my MINIC antennae pick up additional comments such as 'challenging current orthodoxies' that will bring out the correspondents. But of course all other editors are likely to want these papers too, so you have a wide choice, but we hope the *British Journal of Psychiatry* will at least be in the frame.

1 Miller A. *Death of a Salesman.* Viking Press, 1949.

2 Sharp D. Acronymania. *Lancet* 1999; **353**: 172.

3 Tyrer P. An agitation of contrary opinions. *Br J Psychiatry* 2007; **190**: (suppl. 49): s1–2.

4 Craddock N, Antebi D, Attenburrow M-J, Bailey A, Carson A, Cowen P, et al. Wake-up call for British psychiatry. *Br J Psychiatry* 2008; **193**: 6 –9.

5 Cohen A, Tylee A, Manning C. Wake-up call for British psychiatry: responses. *Br J Psychiatry* 2008, **193**: 512.

6 Holmes J. Wake-up call for British psychiatry: responses. *Br J Psychiatry* 2008, **193**: 511–2.

7 Vize CM, Atkinson P, Brimblecombe N, Crawshaw M, Davidson B, Hope R, et al. Wake-up call for British psychiatry: responses. *Br J Psychiatry* 2008, **193**: 513–4.

8 Boardman J, Hampson M. Wake-up call for British psychiatry: responses. *Br J Psychiatry* 2008, **193**: 513.

9 Incayawar M. Efficacy of Quichua healers as psychiatric diagnosticians. *Br J Psychiatry* 2008, **192**: 390–1.

10 Daglish MRC, Williams TM, Wilson SJ, Taylor LG, Eap CB, Augsburger M, et al. Brain dopamine response in human opioid addiction. *Br J Psychiatry* 2008, **193**: 65–72.