## INSTRUCTIONS FOR CONTRIBUTORS

## SUBMISSION OF MANUSCRIPTS

Manuscripts should be submitted online via our manuscript submission and tracking site, http://www.editorialmanager.com/psm/. Full instructions for electronic submission are available directly from this site. To facilitate rapid reviewing, communications for peer review will be electronic and authors will need to supply a current e-mail address when registering to use the system.

Papers for publication from Europe (except those on genetic topics, irrespective of country), and all papers on imaging topics, should be submitted to the UK Office.

Papers from the Americas, Asia, Africa, Australasia and the Middle East (except those dealing with imaging topics), and all papers dealing with genetic topics, irrespective of country, should be sent to US Office.

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.
- 4. 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. The corresponding author of each paper will receive a PDF file of their article and hard copy offprints may be purchased if they are ordered on the form supplied when the proof is returned.

## PSYCHOLOGICAL MEDICINE

## **CONTENTS**

ORIGINAL ARTICLES Social disorganization of neighborhoods and incidence of psychotic disorders: a 7-year first-contact incidence study Veling W, Susser E, Selten J-P & Hoek HW	1789	Does Internet-based cognitive behavioral therapy (iCBT) prevent major depressive episode for workers? A 12-month follow-up of a randomized controlled trial Imamura K, Kawakami N, Furukawa TA, Matsuyama Y, Shimazu A, Umanodan R, Kawakami S & Kasai K	1907
Joint effects of gray matter atrophy and altered functional connectivity on cognitive deficits in amnestic mild cognitive impairment patients  Xie C, Bai F, Yuan B, Yu H, Shi Y, Yuan Y, Wu D, Zhang Z-S & Zhang Z-J	1799	Factorial validity, measurement equivalence and cognitive performance of the Cambridge Neuropsychological Test Automated Battery (CANTAB) between patients with first-episode psychosis and healthy volunteers  Haring L, Mõttus R, Koch K, Trei M & Maron E	1919
Prevention Across the Spectrum: a randomized controlled trial of three programs to reduce risk factors for both eating disorders and obesity  Wilksch SM, Paxton SJ, Byrne SM, Austin SB, McLean SA, Thompson KM, Dorairaj K & Wade TD	1811	Depression, depressive symptoms, and rate of hippocampal atrophy in a longitudinal cohort of older men and women Elbeijani M, Fuhrer R, Abrahamowicz M, Mazoyer B, Crivello F, Tzourio C & Dufouil C	1931
Cortical morphology and early adverse birth events in men with first-episode psychosis Smith GN, Thornton AE, Lang DJ, MacEwan GW, Kopala LC, Su W & Honer WG  Minor physical anomalies and craniofacial measures in	1825	The similarity of the structure of DSM-IV criteria for major depression in depressed women from China, the United States and Europe Kendler KS, Aggen SH, Li Y, Lewis CM, Breen G, Boomsma DI, Bot M, Penninx BWJH & Flint J	1945
patients with treatment-resistant schizophrenia Lin A-S, Chang S-S, Lin S-H, Peng Y-C, Hwu H-G & Chen WJ	1839	Impulsivity in borderline personality disorder Barker V, Romaniuk L, Cardinal RN, Pope M, Nicol K & Hall J	1955
Maternal depression symptoms, unhealthy diet and child emotional-behavioural dysregulation Pina-Camacho L, Jensen SK, Gaysina D & Barker ED	1851	The familial basis of facial emotion recognition deficits in adolescents with conduct disorder and their unaffected relatives	
Depressive symptoms are doubled in older British South Asian and Black Caribbean people compared with Europeans: associations with excess co-morbidity and socioeconomic disadvantage Williams ED, Tillin T, Richards M, Tuson C, Chaturvedi N, Hughes AD & Stewart R	1861	Sully K, Sonuga-Barke EJS & Fairchild G  Course of cannabis use and clinical outcome in patients with non-affective psychosis: a 3-year follow-up study van der Meer FJ, Velthorst E & Genetic Risk and Outcome of Psychosis (GROUP) Investigators  Investigating genetic and environmental contributions to	1965 1977
The etiologic role of genetic and environmental factors in criminal behavior as determined from full- and half-sibling pairs: an evaluation of the validity of the twin method Kendler KS, Lönn SL, Maes HH, Sundquist J & Sundquist K	adolescent externalizing behavior in a collectivistic of a multi-informant twin study  Chen J, Yu J, Zhang J, Li X & McGue M  1873	•	1989
Are common mental disorders more prevalent in the UK serving military compared to the general working population? Goodwin L, Wessely S, Hotopf M, Jones M, Greenberg N, Rona RJ, Hull L & Fear NT	1881	Predictors of persistent maternal depression trajectories in early childhood: results from the EDEN mother-child cohort study in France van der Waerden J, Galéra C, Saurel-Cubizolles M-J, Sutter-Dallay A-L, Melchior M & the EDEN Mother-Child Cohort Study Group	1999
Cognitive—behavioural therapy for patients with schizophrenia: a multicentre randomized controlled trial in Beijing, China			



1893



Yan L-Q, Ng RMK, Turkington D & Kingdon D