

## 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: lsmith@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.
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](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 numbered consecutively in the text in Arabic numerals and each typed on a separate sheet after the References section. Titles 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

### EDITORIAL

#### What is a mental/psychiatric disorder? From DSM-IV to DSM-V

Stein DJ, Phillips KA, Bolton D, Fulford KWM, Sadler JZ & Kendler KS 1759

### REVIEW ARTICLE

#### Association of the 5-HTTLPR genotype and unipolar depression: a meta-analysis

Clarke H, Flint J, Attwood AS & Munafò MR 1767

### COMMENTARIES

#### Defining 'mental disorder' in DSM-V

First MB & Wakefield JC 1779

#### What's wrong with 'mental' disorders?

Broome M & Bortolotti L 1783

#### The search for dysfunctions

Verhoeff B & Glas G 1787

### ORIGINAL ARTICLES

#### Quantitative review of the efficacy of slow-frequency magnetic brain stimulation in major depressive disorder

Schutter DJLG 1789

#### Depression and cancer mortality: a meta-analysis

Pinquart M & Duberstein PR 1797

#### Factors associated with deliberate self-harm among Irish adolescents

McMahon EM, Reulbach U, Corcoran P, Keeley HS, Perry IJ & Arensman E 1811

#### The effect of referral for brief intervention for alcohol misuse on repetition of deliberate self-harm: an exploratory randomized controlled trial

Crawford MJ, Csipke E, Brown A, Reid S, Nilsen K, Redhead J & Touquet R 1821

#### Adverse life event reporting and worst illness episodes in unipolar and bipolar affective disorders: measuring environmental risk for genetic research

Hosang GM, Korszun A, Jones L, Jones I, Gray JM, Gunasinghe CM, McGuffin P & Farmer AE 1829

#### Human amygdala reactivity is diminished by the $\beta$ -noradrenergic antagonist propranolol

Hurlemann R, Walter H, Rehme AK, Kukulja J, Santoro SC, Schmidt C, Schnell K, Musshoff F, Keyzers C, Maier W, Kendrick KM & Onur OA 1839

#### A prospective longitudinal study of the prevalence of post-traumatic stress disorder resulting from childbirth events

Alcorn KL, O'Donovan A, Patrick JC, Creedy D & Devilly GJ 1849

#### Mind-mindedness and maternal responsiveness in infant-mother interactions in mothers with severe mental illness

Pavlyb S, Fernyhough C, Meins E, Pariante CM, Seneviratne G & Bental RP 1861

#### Temperamental and acute symptoms of borderline personality disorder: associations with normal personality traits and dynamic relations over time

Hopwood CJ, Donnellan MB & Zanarini MC 1871

#### Temporal and right frontal lobe alterations in panic disorder: a quantitative volumetric and voxel-based morphometric MRI study

Sobanski T, Wagner G, Peikert G, Gruhn U, Schluttig K, Sauer H & Schlösser R 1879

#### Emotional functioning in eating disorders: attentional bias, emotion recognition and emotion regulation

Harrison A, Sullivan S, Tchanturia K & Treasure J 1887

#### Binge eating disorder: a symptom-level investigation of genetic and environmental influences on liability

Mitchell KS, Neale MC, Bulik CM, Aggen SH, Kendler KS & Mazzeo SE 1899

#### Executive functioning in high-IQ adults with ADHD

Antshel KM, Faraone SV, Maglione K, Doyle AE, Fried R, Seidman LJ & Biederman J 1909

#### Deficits in facial, body movement and vocal emotional processing in autism spectrum disorders

Philip RCM, Whalley HC, Stanfield AC, Sprengelmeyer R, Santos IM, Young AW, Atkinson AP, Calder AJ, Johnstone EC, Lawrie SM & Hall J 1919

#### Corrigendum

1907

#### Correspondence

1931