

## 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](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

### REVIEW ARTICLES

#### **Non-pharmacological interventions for Lewy body dementia: a systematic review**

Connors MH, Quinto L, McKeith I, Brodaty H, Allan L, Bamford C, Thomas A, Taylor J-P & O'Brien JT 1749

#### **Assessing the evidence for shared genetic risks across psychiatric disorders and traits**

Martin J, Taylor MJ & Lichtenstein P 1759

#### **The incidence of very late-onset psychotic disorders: a systematic review and meta-analysis, 1960–2016**

Stafford J, Howard R & Kirkbride JB 1775

### ORIGINAL ARTICLES

#### **The association between executive functioning and psychopathology: general or specific?**

Bloemen AJP, Oldehinkel AJ, Laceulle OM, Ormel J, Rommelse NNJ & Hartman CA 1787

#### **Brain activation during emotion regulation in women with premenstrual dysphoric disorder**

Petersen N, Ghahremani DG, Rapkin AJ, Berman SM, Liang L & London ED 1795

#### **Neurocognitive dysfunctioning and the impact of comorbid depression and anxiety in patients with somatic symptom and related disorders: a cross-sectional clinical study**

de Vroege L, Timmermans A, Kop WJ &

van der Feltz-Cornelis CM 1803

#### **Polygenic prediction of the phenotype, across ancestry, in emerging adulthood**

Docherty AR, Moscati A, Dick D, Savage JE, Salvatore JE, Cooke M, Aliev F, Moore AA, Edwards AC, Riley BP, Adkins DE, Peterson R, Webb BT, Bacanu SA & Kendler KS 1814

#### **Secular trends in the prevalence of major and subthreshold depression among 55–64-year olds over 20 years**

Jeuring HW, Comijs HC, Deeg DJH, Stek ML, Huisman M & Beekman ATF 1824

#### **Heightened connectivity between the ventral striatum and medial prefrontal cortex as a biomarker for stress-related psychopathology: understanding interactive effects of early and more recent stress**

Hanson JL, Knodt AR, Brigidi BD & Hariri AR 1835

#### **Person-fit feedback on inconsistent symptom reports in clinical depression care**

Wanders RBK, Meijer RR, Ruhé HG, Sytema S, Wardenaar KJ & de Jonge P 1844

#### **Psychosocial functioning among regular cannabis users with and without cannabis use disorder**

Foster KT, Arterberry BJ, Iacono WG, McGue M & Hicks BM 1853

#### **Brain correlates of recognition of communicative interactions from biological motion in schizophrenia**

Okruszek Ł, Wordecha M, Jarkiewicz M, Kossowski B, Lee J & Marchewka A 1862

#### **Isolated psychosis during exposure to very high and extreme altitude – characterisation of a new medical entity**

Hüfner K, Brugger H, Kuster E, Dünsser F, Stawinoga AE, Turner R, Tomazin I & Sperner-Unterweger B 1872

#### **Neuroanatomical changes in people with high schizotypy: relationship to glutamate levels**

Modinos G, Egerton A, McLaughlin A, McMullen K, Kumari V, Lythgoe DJ, Barker GJ, Aleman A & Williams SCR 1880

#### **Genetic risk of major depressive disorder: the moderating and mediating effects of neuroticism and psychological resilience on clinical and self-reported depression**

Navrady LB, Adams MJ, Chan SWY, Major Depressive Disorder Working Group of the Psychiatric Genomics Consortium, Ritchie SJ & McIntosh AM 1890

#### **Impaired cognitive plasticity and goal-directed control in adolescent obsessive-compulsive disorder**

Gottwald J, de Wit S, Apergis-Schoute AM, Morein-Zamir S, Kaser M, Cormack F, Sule A, Limmer W, Morris AC, Robbins TW & Sahakian BJ 1900

#### **Intact striatal dopaminergic modulation of reward learning and daily-life reward-oriented behavior in first-degree relatives of individuals with psychotic disorder**

Kasanova Z, Ceccarini J, Frank MJ, van Amelsvoort T, Booij J, van Duin E, Steinhart H, Vaessen T, Heinzel A, Mottaghay F & Myint-Germeyns I 1909

**Correspondence** 1915, 1917

**Erratum** 1920

**Corrigendum** 1921