

CAMBRIDGE

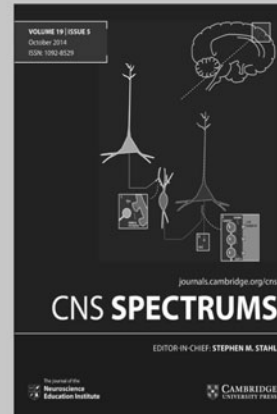
JOURNALS

CNS Spectrums

Editor-in-Chief

Stephen M. Stahl, *University of California San Diego, School of Medicine, USA*

CNS Spectrums aims to be the premier journal covering all aspects of clinical neurosciences, neurotherapeutics and neuropsychopharmacology, particularly those pertinent to the clinician and clinical investigator. The journal, now bimonthly, features focused, in-depth, illustrated, readable reviews, commentaries, and original research articles. New therapeutics of all types in psychiatry, mental health, and neurology are emphasized, especially first in studies on humans and proof of concept studies. Subject coverage spans the full spectrum of neuropsychiatry, focusing on translational issues and those crossing traditional boundaries between neurology and psychiatry.



CNS Spectrums

is available online at:
<http://journals.cambridge.org/cns>

To subscribe contact Customer Services

in Cambridge:

Phone +44 (0)1223 326070
Fax +44 (0)1223 325150
Email journals@cambridge.org

in New York:

Phone +1 (845) 353 7500
Fax +1 (845) 353 4141
Email
subscriptions_newyork@cambridge.org

Free email alerts

Keep up-to-date with new
material – sign up at

journals.cambridge.org/cns-alerts

For more information please visit:
<http://journals.cambridge.org/cns>



CAMBRIDGE
UNIVERSITY PRESS

CAMBRIDGE

JOURNALS

Acta Neuropsychiatrica

Published on behalf of the Scandinavian College of
Neuropsychopharmacology (SCNP)

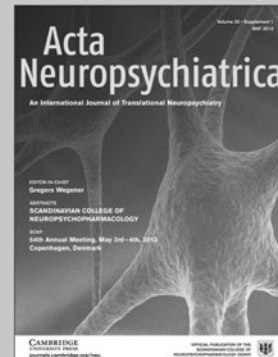
Editor-in-Chief

Gregers Wegener, Aarhus University, Denmark

Acta Neuropsychiatrica is an international journal that publishes translational high-quality research papers in neuropharmacology neuropsychiatry and neuroscience. The journal provides a forum for original basic and clinical research from disciplines and research areas relevant to the pathophysiology, neurobiology, and treatment of neuropsychiatric disorders.

Acta Neuropsychiatrica provides its readership with the latest perspectives from current and emerging fields of psychiatry, neurology, pharmacology, genetics and neuroimaging. Such research may derive from the full spectrum of biological and psychological fields of inquiry encompassing classical and novel techniques/strategies. Emphasis will be given to translational original research that is of wide interest and clearly advances the field.

Acta Neuropsychiatrica welcomes Full-length Original Research Articles, Short Communications, Perspectives, as well as Review Articles. Debate is encouraged in the form of Letters to the Editor. All articles published in *Acta Neuropsychiatrica* undergo peer review.



Acta Neuropsychiatrica

is available online at:
<http://journals.cambridge.org/neu>

To subscribe contact Customer Services

Americas:

Phone +1 (845) 353 7500

Fax +1 (845) 353 4141

Email

subscriptions_newyork@cambridge.org

Rest of world:

Phone +44 (0)1223 326070

Fax +44 (0)1223 325150

Email journals@cambridge.org

Free email alerts

Keep up-to-date with new
material – sign up at

journals.cambridge.org/neu-alerts

For free online content visit:
<http://journals.cambridge.org/neu>



CAMBRIDGE
UNIVERSITY PRESS

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 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 ARTICLE

- A systematic review and meta-analysis of exercise interventions in schizophrenia patients**
Firth J, Cotter J, Elliott R, French P & Yung AR 1343

ORIGINAL ARTICLES

- Childhood abuse and neglect in relation to the presence and persistence of psychotic and depressive symptomatology**
van Dam DS, van Nierop M, Viechtbauer W, Velthorst E, van Winkel R and Genetic Risk and Outcome of Psychosis (GROU) investigators: Bruggeman R, Cahn W, de Haan L, Kahn RS, Meijer CJ, Myin-Germeys I, van Os J & Wiersma D 1363

- Genome-wide scan demonstrates significant linkage for male sexual orientation**
Sanders AR, Martin ER, Beecham GW, Guo S, Dawood K, Rieger G, Badner JA, Gershon ES, Krishnappa RS, Kolundzija AB, Duan J, Gejman PV & Bailey JM 1379

- Cognition, structural brain changes and complicated grief. A population-based study**
Saavedra Pérez HC, Ikram MA, Direk N, Prigerson HG, Freak-Poli R, Verhaaren BFJ, Hofman A, Vernooij M & Tiemeier H 1389

- Long-term efficacy of indicated prevention of depression in non-professional caregivers: randomized controlled trial**
Otero P, Smit F, Cuijpers P, Torres A, Blanco V & Vázquez FL 1401

- Corticostriathalamic reward prediction error signals and executive control in late-life depression**
Dombrovski AY, Szanto K, Clark L, Aizenstein HJ, Chase HW, Reynolds III CF & Siegle GJ 1413

- Neural effects of cognitive-behavioural therapy on dysfunctional attitudes in depression**
Sankar A, Scott J, Paszkiewicz A, Giampietro VP, Steiner H & Fu CHY 1425

- Cost-effectiveness of preventing first-episode psychosis in ultra-high-risk subjects: multi-centre randomized controlled trial**
Ising HK, Smit F, Veling W, Rietdijk J, Dragt S, Klaassen RMC, Savelsberg NSP, Boonstra N, Nieman DH, Linszen DH, Wunderink L & van der Gaag M 1435

- Different neural and cognitive response to emotional faces in healthy monozygotic twins at risk of depression**
Miskowiak KW, Glerup L, Vestbo C, Harmer CJ, Reinecke A, Macoveanu J, Siebner HR, Kessing LV & Vinberg M 1447

- Cost-effectiveness of electroconvulsive therapy compared to repetitive transcranial magnetic stimulation for treatment-resistant severe depression: a decision model**
Vallejo-Torres L, Castilla I, González N, Hunter R, Serrano-Pérez P & Perestelo-Pérez L 1459

- Genetic and environmental overlap between borderline personality disorder traits and psychopathy: evidence for promotive effects of factor 2 and protective effects of factor 1**
Hunt E, Bornovalova MA & Patrick CJ 1471

- Mood, anxiety and psychotic phenomena measure a common psychopathological factor**
Stochl J, Khandaker GM, Lewis G, Perez J, Goodyer IM, Zammit S, Sullivan S, Croudace TJ & Jones PB 1483

- Insecure attachment is associated with paranoia but not hallucinations in psychotic patients: the mediating role of negative self-esteem**
Wickham S, Sitko K & Bentall RP 1495

- The trajectory of cognitive decline in the pre-dementia phase in memory clinic visitors: findings from the 4C-MCI study**
Hamel R, Köhler S, Sistemans N, Koene T, Pijnenburg Y, van der Flier W, Scheltens P, Aalten P, Verhey F, Visser PJ & Ramakers I 1509

- Altered cortical-amygdala coupling in social anxiety disorder during the anticipation of giving a public speech**
Cremers HR, Veer IM, Spinhoven P, Rombouts SAR, Yarkoni T, Wager TD & Roelofs K 1521

- A longitudinal twin study of cluster A personality disorders**
Kendler KS, Aggen SH, Neale MC, Knudsen GP, Krueger RF, Tambs K, Czajkowski N, Ystrom E, Ørstavik RE & Reichborn-Kjennerud T 1531

- Genetic and environmental influences on obsessive-compulsive behaviour across development: a longitudinal twin study**
Krebs G, Waszczuk MA, Zavos HMS, Bolton D & Eley TC 1539

- A heavy burden on young minds: the global burden of mental and substance use disorders in children and youth**
Erskine HE, Moffitt TE, Copeland WE, Costello EJ, Ferrari AJ, Patton G, Degenhardt L, Vos T, Whiteford HA & Scott JG 1551