## **C**AMBRIDGE

## **JOURNALS**

# Brain Impairment

A Journal of the Australian Society for the Study of Brain Impairment (ASSBI)

### **Editors**

Jacinta Douglas, La Trobe University, Australia Robyn Tate, Royal Rehabilitation Centre, Sydney, Australia

A multidisciplinary Journal of the Australian Society for the Study of Brain Impairment. Topics covered include neurology, neuropsychology, psychiatry, clinical psychology, neuropathology, occupational therapy, physiotherapy, speech pathology and anatomy. Submissions are welcome across the full range of conditions that affect brain function (stroke, tumour, dementing illnesses, traumatic brain injury, epilepsy etc.) throughout the lifespan.



### Brain Impairment

is available online at: http://journals.cambridge.org/bim

### 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/bim-alerts

For free online content visit: http://journals.cambridge.org/bim



### 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**

REVIEW ARTICLES Group therapy for people with bulimia nervosa: systematic review and meta-analysis Polnay A, James VAW, Hodges L, Murray GD, Munro C & Lawrie SM		The global burden of anxiety disorders in 2010 Baxter AJ, Vos T, Scott KM, Ferrari AJ & Whiteford HA	2363
	2241	The structure of genetic and environmental risk factors for fears and phobias  Loken EK, Hettema JM, Aggen SH & Kendler KS	2375
Azapirone 5-HT <sub>1A</sub> receptor partial agonist treatment for major depressive disorder: systematic review and meta-analysis Kishi T, Meltzer HY, Matsuda Y & Iwata N	2255	Anticipating agoraphobic situations: the neural correlates of panic disorder with agoraphobia Wittmann A, Schlagenhauf F, Guhn A, Lueken U, Gaehlsdorf C, Stoy M, Bermpohl F, Fydrich T, Pfleiderer B, Bruhn H, Gerlach AL	
ORIGINAL ARTICLES The effects of circulating testosterone and pubertal maturation on risk for disordered eating symptoms in		Kircher T, Straube B, Wittchen H-U, Arolt V, Heinz A & Ströhle A  The contribution of familial internalizing and externalizing	2385
adolescent males Culbert KM, Burt SA, Sisk CL, Nigg JT & Klump KL	2271	liability factors to borderline personality disorder Hudson JI, Zanarini MC, Mitchell KS, Choi-Kain LW & Gunderson JG	2397
Altered white-matter architecture in treatment-naive adolescents with clinical depression  Aghajani M, Veer IM, van Lang NDJ, Meens PHF, van den Bulk BG, Rombouts SARB, Vermeiren RRJM & van der Wee NJ	2287	Altered plasma glutathione levels in bipolar disorder indicate higher oxidative stress; a possible risk factor for illness onse despite normal brain-derived neurotrophic factor (BDNF) levels	es
ORIGINAL ARTICLES Primary-care patients' trade-off preferences with regard to		Rosa AR, Singh N, Whitaker E, de Brito M, Lewis AM, Vieta E, Churchill GC, Geddes JR & Goodwin GM	2409
antidepressants Wouters H, Van Dijk L, Van Geffen ECG, Gardarsdottir H, Stiggelbout AM & Bouvy ML	2301	The effect of the environment on symptom dimensions in the first episode of psychosis: a multilevel study  Oher FJ, Demjaha A, Jackson D, Morgan C, Dazzan P, Morgan R	
Early predictive biomarkers for postpartum depression point to a role for estrogen receptor signaling  Mehta D, Newport DJ, Frishman G, Kraus L, Rex-Haffner M,		Boydell J, Doody GA, Murray RM, Bentall RP, Jones PB & Kirkbride JB	2419
Ritchie JC, Lori A, Knight BT, Stagnaro E, Ruepp A, Stowe ZN & Binder EB	2309	A longitudinal follow-up study of people with Prader–Willi syndrome with psychosis and those at increased risk of developing psychosis due to genetic subtype.	
A pocket of very high suicide rates in a non-violent, egalitarian and cooperative population of South-East Asia		developing psychosis due to genetic subtype Larson FV, Whittington J, Webb T & Holland AJ	2431
Jollant F, Malafosse A, Docto R & Macdonald C  Is transition to disability pension in young people associated	2323	Learning by observation in children with autism spectrum disorder	
with changes in risk of attempted suicide?  Mittendorfer-Rutz E, Alexanderson K, Westerlund H & Lange T	2331	Foti F, Mazzone L, Menghini D, De Peppo L, Federico F, Postorino V, Baumgartner E, Valeri G, Petrosini L & Vicari S	2437
DSM-5 disruptive mood dysregulation disorder: correlates and predictors in young children Dougherty LR, Smith VC, Bufferd SJ, Carlson GA, Stringaris A,	0000	Effect of neighbourhood deprivation and social cohesion on mental health inequality: a multilevel population-based longitudinal study Fone D, White J, Farewell D, Kelly M, John G, Lloyd K,	
Leibenluft E & Klein DN  Threshold and subthreshold generalized anxiety disorder	2339	Williams G & Dunstan F	2449
among US adolescents: prevalence, sociodemographic, and clinical characteristics		Erratum  Corrigenda 24	2299 61, 2462
Rurstoin M. Roosdo-Raum K. Ho. L-P & Merikangas KR	2351	oonigenaa 24	01, 2402





