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

Thought disorder in mid-childhood as a predictor of

CONTENTS

REVIEW ARTICLE

Global prevalence of anxiety disorders: a systematic review and meta-regression		adulthood diagnostic outcome: findings from the New York High-Risk Project	
Baxter AJ, Scott KM, Vos T & Whiteford HA	897	Gooding DC, Ott SL, Roberts SA & Erlenmeyer-Kimling L	1003
ORIGINAL ARTICLES Anxiety is related to Alzheimer cerebrospinal fluid markers in subjects with mild cognitive impairment		Cohabitation patterns among patients with severe psychiatric disorders in the entire Danish population Thomsen AF, Olsbjerg M, Andersen PK & Kessing LV	1013
Ramakers IHGB, Verhey FRJ, Scheltens P, Hampel H, Soininen H, Aalten P, Olde Rikkert M, Verbeek MM, Spiru L, Blennow K, Trojanowski JQ, Shaw LM & Visser PJ; the Alzheimer's Disease Neuroimaging Initiative and DESCRIPA Investigators The population impact of common mental disorders and	911	Persistent infection with neurotropic herpes viruses and cognitive impairment Watson AMM, Prasad KM, Klei L, Wood JA, Yolken RH, Gur RC, Bradford LD, Calkins ME, Richard J, Edwards N, Savage RM, Allen TB, Kwentus J, McEvoy JP, Santos AB, Wiener HW, Go RCP,	1010
long-term physical conditions on disability and hospital admission Weich S, Bebbington P, Rai D, Stranges S, McBride O, Spiers N, Meltzer H & Brugha T	921	Perry RT, Nasrallah HA, Gur RE, Devlin B & Nimgaonkar VL Adolescent bullying, cannabis use and emerging psychotic experiences: a longitudinal general population study	1023
Longitudinal course of depressive symptoms in adulthood: linear stochastic differential equation modeling	921	Mackie CJ, O'Leary-Barrett M, Al-Khudhairy N, Castellanos-Ryan N, Struve M, Topper L & Conrod P Combined role of childhood maltreatment, family history, and	1033
Rosenström T, Jokela M, Hintsanen M, Pulkki-Råback L, Hutri-Kähönen N & Keltikangas-Järvinen L	933	gender in the risk for alcohol dependence Fenton MC, Geier T, Keyes K, Skodol AE, Grant BF & Hasin DS	1045
Does early-onset chronic or recurrent major depression impact outcomes with antidepressant medications? A CO-MED Trial Report		Shifted risk preferences in pathological gambling Ligneul R, Sescousse G, Barbalat G, Domenech P & Dreher J-C	1059
Sung SC, Wisniewski SR, Balasubramani GK, Zisook S, Kurian B, Warden D, Trivedi MH & Rush AJ; for the CO-MED Study Team	945	Neurological soft signs in obsessive-compulsive disorder: two empirical studies and meta-analysis	
Occupations, work characteristics and common mental disorder Stansfeld SA, Pike C, McManus S, Harris J, Bebbington P,		Jaafari N, Fernández de la Cruz L, Grau M, Knowles E, Radua J, Wooderson S, Segalas C, Alonso P, Phillips ML, Menchón JM & Mataix-Cols D	1069
Brugha T, Hassiotis A, Jenkins R, Meltzer H, Moran P & Clark C A randomized, prospective pilot study of patient expectancy and antidepressant outcome	961	Surface anatomical profile of the cerebral cortex in obsessive–compulsive disorder: a study of cortical thickness, folding and surface area	
Rutherford BR, Marcus SM, Wang P, Sneed JR, Pelton G, Devanand D, Duan N & Roose SP	975	Fan Q, Palaniyappan L, Tan L, Wang J, Wang X, Li C, Zhang T, Jiang K, Xiao Z & Liddle PF	1081
Prospective predictors of adolescent suicidality: 6-month post-hospitalization follow-up Yen S, Weinstock LM, Andover MS, Sheets ES, Selby EA &		Disturbed microstructural integrity of the frontostriatal fiber pathways and executive dysfunction in children with attention deficit hyperactivity disorder	
Spirito A	983	Shang CY, Wu YH, Gau SS & Tseng WY	1093
Self-critical perfectionism and its relationship to fatigue and pain in the daily flow of life in patients with chronic fatigue syndrome		A 4-year prospective observational follow-up study of course and predictors of course in body dysmorphic disorder Phillips KA, Menard W, Quinn E, Didie ER & Stout RL	1109
Kempke S, Luyten P, Claes S, Goossens L, Bekaert P, Van Wambeke P & Van Houdenhove B	995	Books received	1119



