

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

EDITORIAL

Personalised treatments for traumatic brain injury: cognitive, emotional and motivational targets

Savulich G, Menon DK, Stamatakis EA, Pickard JD & Sahakian BJ 1397

REVIEW ARTICLES

Dementia, post-traumatic stress disorder and major depressive disorder: a review of the mental health risk factors for dementia in the military veteran population

Rafferty LA, Cawkill PE, Stevelink SAM, Greenberg K & Greenberg N 1400

Why are psychotic experiences associated with self-injurious thoughts and behaviours? A systematic review and critical appraisal of potential confounding and mediating factors

Hielscher E, DeVylder JE, Saha S, Connell M & Scott JG 1410

Is cognitive-behavioural therapy more effective than relaxation therapy in the treatment of anxiety disorders?

A meta-analysis

Montero-Marin J, Garcia-Campayo J, Lopez-Montoya A, Zabaleta-del-Olmo E & Cuijpers P 1427

ORIGINAL ARTICLES

Bereavement, multimorbidity and mortality: a population-based study using bereavement as an indicator of mental stress

Prior A, Fenger-Grøn M, Davydow DS, Olsen J, Li J, Guldin M-B & Vestergaard M 1437

The association between systolic blood pressure variability with depression, cognitive decline and white matter hyperintensities: the 3C Dijon MRI study

Tully PJ, Debette S & Tzourio C 1444

Effects of childhood trauma on left inferior frontal gyrus function during response inhibition across psychotic disorders

Quidé Y, O'Reilly N, Watkeys OJ, Carr VJ & Green MJ 1454

Acute LSD effects on response inhibition neural networks

Schmidt A, Müller F, Lenz C, Dolder PC, Schmid Y, Zanchi D, Lang UE, Liechti ME & Borgwardt S 1464

Dissociation between affective experience and motivated behaviour in schizophrenia patients and their unaffected first-degree relatives and schizotypal individuals

Xie D, Lui SSY, Geng F, Yang Z, Zou Y, Li Y, Yeung HKH, Cheung EFC, Heerey EA & Chan RCK 1474

Association of preterm birth with ADHD-like cognitive impairments and additional subtle impairments in attention and arousal malleability

James S-N, Rommel A-S, Cheung C, McLoughlin G, Brandeis D, Banaschewski T, Asherson P & Kuntsi J 1484

Declines in prevalence of adolescent substance use disorders and delinquent behaviors in the USA: a unitary trend?

Grucza RA, Krueger RF, Agrawal A, Plunk AD, Krauss MJ, Bongu J, Cavazos-Rehg PA & Bierut LJ 1494

Sociodemographic inequalities in the management of depression in adults aged 55 and over: an analysis of English primary care data

Walters K, Falcaro M, Freemantle N, King M & Ben-Shlomo Y 1504

Childhood inflammatory markers and intelligence as predictors of subsequent persistent depressive symptoms: a longitudinal cohort study

Khandaker GM, Stochl J, Zammit S, Goodyer I, Lewis G & Jones PB 1514

Conflict and cooperation in paranoia: a large-scale behavioural experiment

Raihani NJ & Bell V 1523

Polygenic risk for schizophrenia, transition and cortical gyration: a high-risk study

Neilson E, Bois C, Clarke T-K, Hall L, Johnstone EC, Owens DGC, Whalley HC, McIntosh AM & Lawrie SM 1532

Childhood interpersonal violence and adult alcohol, cannabis, and tobacco use disorders: variation by race/ethnicity?

Meyers JL, Sartor CE, Werner KB, Koenen KC, Grant BF & Hasin D 1540

Behavioral consequences of mild traumatic brain injury in preschoolers

Gagner C, Landry-Roy C, Bernier A, Gravel J & Beauchamp MH 1551

Socio-economic variations in the mental health treatment gap for people with anxiety, mood, and substance use disorders: results from the WHO World Mental Health (WMH) surveys

Evans-Lacko S, Aguilar-Gaxiola S, Al-Hamzawi A, Alonso J, Benjet C, Bruffaerts R, Chiu WT, Florescu S, de Girolamo G, Gureje O, Haro JM, He Y, Hu C, Karam EG, Kawakami N, Lee S, Lund C, Kovess-Masfety V, Levinson D, Navarro-Mateu F, Pennell BE, Sampson NA, Scott KM, Tachimori H, ten Have M, Viana MC, Williams DR, Wojtyniak BJ, Zarkov Z, Kessler RC, Chatterji S & Thornicroft G On behalf of the WHO World Mental Health Survey Collaborators 1560