## 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 ARTICLE Foetal origins of depression? A systematic review and meta-analysis of low birth weight and later depression Wojcik W, Lee W, Colman I, Hardy R & Hotopf M	1	Neuropsychological performanc children at age 7 who develop at psychosis in the New England F. Seidman LJ, Cherkerzian S, Golds Tsuang MT & Buka SL
ORIGINAL ARTICLES Trajectories of maternal depressive symptoms predict child problem behaviour: The Generation R Study		Social anxiety disorder and shan Michail M & Birchwood M
Cents RAM, Diamantopoulou S, Hudziak JJ, Jaddoe VVV, Hofman A, Verhulst FC, Lambregtse-van den Burg MP & Tiemeier H	13	Brain functional abnormality in san fMRI study
'The risks of playing it safe': a prospective longitudinal study of response to reward in the adolescent offspring of depressed parents		Madre M, Pomarol-Clotet E, McKe Panicali F, Goikolea JM, Vieta E, Sa
Rawal A, Collishaw S, Thapar A & Rice F	27	Gender difference in age at onse meta-analysis
Recurrence of major depressive disorder and its predictors in		Eranti SV, MacCabe JH, Bundy H &
the general population: results from The Netherlands Mental Health Survey and Incidence Study (NEMESIS) Hardeveld F, Spijker J, De Graaf R, Nolen WA & Beekman ATF	39	Inefficient cerebral recruitment a schizophrenia
Cognitive ability in early adulthood is associated with later		Liddle EB, Bates AT, Das D, White Jackson GM, Hollis C & Liddle PF
suicide and suicide attempt: the role of risk factors over the life course Sörberg A, Allebeck P, Melin B, Gunnell D & Hemmingsson T	49	Poor attention rather than hyperacademic achievement in very padolescents
Psychiatric in-patient care and suicide in England,		Jaekel J, Wolke D & Bartmann P
1997 to 2008: a longitudinal study		Genetic and environmental influence
Kapur N, Hunt IM, Windfuhr K, Rodway C, Webb R, Rahman MS, Shaw J, & Appleby L	61	deficit hyperactivity disorder syn population-based study of twins
Adverse childhood experiences in relation to mood and anxiety disorders in a population-based sample of active		Larsson H, Asherson P, Chang Z, L Larsson J-O & Lichtenstein P
military personnel Sareen J, Henriksen CA, Bolton S-L, Afifi TO, Stein MB & Asmundson GJG	73	Association between urine cotini performance test variables, and disorder and learning disability s
Cognitive control of attention is differentially affected in trauma-exposed individuals with and without post-traumatic stress disorder		children Cho S-C, Hong Y-C, Kim J-W, Parl Hong S-B, Lee J-H, Shin M-S, Kim
Blair KS, Vythilingam M, Crowe SL, McCaffrey DE, Ng P, Wu CC,		Bhang S-Y & Han S-K
Scaramozza M, Mondillo K, Pine DS, Charney DS & Blair RJR	85	Corrigendum
The structure of common and uncommon mental disorders Forbush KT & Watson D	97	Acknowledgement to assessors
Event-related potential examination of facial affect processing in bipolar disorder and schizophrenia		
	109	
vvynn Jr., Janshan C, Aitshuler LL, Glann DC & Green MF	109	

Neuropsychological performance and family history in children at age 7 who develop adult schizophrenia or bipolar psychosis in the New England Family Studies Seidman LJ, Cherkerzian S, Goldstein JM, Agnew-Blais J, Tsuang MT & Buka SL	119
Social anxiety disorder and shame cognitions in psychosis Michail M & Birchwood M	133
Brain functional abnormality in schizoaffective disorder: an fMRI study Madre M, Pomarol-Clotet E, McKenna P, Radua J, Ortiz-Gil J, Panicali F, Goikolea JM, Vieta E, Sarró S, Salvador R & Amann BL	143
Gender difference in age at onset of schizophrenia: a meta-analysis Eranti SV, MacCabe JH, Bundy H & Murray RM	155
Inefficient cerebral recruitment as a vulnerability marker for schizophrenia Liddle EB, Bates AT, Das D, White TP, Groom MJ, Jansen M, Jackson GM, Hollis C & Liddle PF	169
Poor attention rather than hyperactivity/impulsivity predicts academic achievement in very preterm and full-term adolescents  Jaekel J, Wolke D & Bartmann P	183
Genetic and environmental influences on adult attention deficit hyperactivity disorder symptoms: a large Swedish population-based study of twins  Larsson H, Asherson P, Chang Z, Ljung T, Friedrichs B, Larsson J-O & Lichtenstein P	197
Association between urine cotinine levels, continuous performance test variables, and attention deficit hyperactivity disorder and learning disability symptoms in school-aged children	
Cho S-C, Hong Y-C, Kim J-W, Park S, Park M-H, Hur J, Park E-J, Hong S-B, Lee J-H, Shin M-S, Kim B-N, Yoo H-J, Cho I-H, Bhang S-Y & Han S-K	209
Corrigendum	220







221