

In June 2011, the University of Cambridge Institute of Continuing Education (ICE) will host an extraordinary event. For three days, some of the world's finest psychiatrists, both practitioners and academics, will give their time to speak on the most recent advances in the field of neuropsychopharmacology.

Held at historic Madingley Hall, this residential programme is led by world-renowned clinician and author **Dr Stephen Stahl** (*Essential Psychopharmacology*) and **Professor Peter B Jones**, Head of Psychiatry at the University of Cambridge School of Clinical Medicine.

Delegates will be invited to attend morning seminars, join discussion groups each afternoon and participate fully with speakers and colleagues.

The three-day residential course costs £1,850, to include room and board at Madingley Hall; book before 1 January 2011 for a £200 discount on the full price. Online booking is available at **www.ice.cam.ac.uk/cnp**.

Speakers include Dr Stephen M Stahl, Professor Peter Jones, Professor Barbara J Sahakian, Professor Trevor Robbins, Professor Ed Bullmore and Professor Phillip Cowen.

Topics covered at the course will include the major disease states and their neurobiology across the spectrum of mental illness and the mechanisms of action of the psychopharmacologic agents used to treat these conditions. Throughout the course, the application of these concepts and clinical skills will be illustrated with reference to a wide range of descriptive case studies. Full details can be found on **www.ice.cam.ac.uk/cnp**.

www.ice.cam.ac.uk/cnp







INSTRUCTIONS FOR CONTRIBUTORS

PAPERS Papers for publication from Europe and Australasia, except those on genetic topics, should be addressed to the UK Editor, Professor Robin M Murray, Psychological Medicine Editorial Office, Cambridge University Press, University Printing House, Cambridge CB2 8BS, UK. Email: Ismith@cambridge.org. Papers from the Americas, Asia, Africa and the Middle East, and all papers dealing with genetic topics, irrespective of country, should be sent to the US Editor, Professor Kenneth S Kendler, MCV, PO Box 980126, Richmond, VA, 23298-0126, USA (Street address: Virginia Biotechnology Center One, Room 1-123, 800E Leigh Street, Richmond, VA, 23219, USA), Email: bherrmann@vcu.edu.

Submissions by email attachments are preferred. Alternatively contributors who wish may send one hard copy of the text, tables and figures, plus an identical copy on computer disk, giving details of format used (e.g. MS Word etc.). Authors should also accompany their submission with a list of 5 or more suggested suitable referees to aid the peer review process.

A covering letter signed by all authors should confirm agreement to submission. The letter should also give full mailing, fax and email contact details of the author who will handle correspondence. Submission of a paper will be held to imply that it contains original work that has not been previously published and that it is not being submitted for publication elsewhere. This should be confirmed in the letter of submission. When an article has been accepted for publication, the authors should email their final version or send a copy on computer disk (indicating format used, e.g. Mac/PC, MS Word/Word Perfect, etc.) together with one hard copy of the typescript and good quality copies of all tables, figures, etc. However, the publisher reserves the right to typeset the material by conventional means if an author's disk proves unsatisfactory.

The following information must be given on the first page (title sheet): (1) title and short title for running head (not more than 60 characters): (2) authors' names, (3) department in which the work was done, (4) word count of text excluding abstract, tables/figures and reference list. 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		Trajectories of stress reactions and somatization symptoms	
Evolution of neuropsychological dysfunction during the course of schizophrenia and bipolar disorder		among war veterans: a 20-year longitudinal study Ginzburg K & Solomon Z	353
Lewandowski KE, Cohen BM & Öngur D	225	Mental health and health service use among post-national service	
ORIGINAL ARTICLES		veterans: results from the 2007 Adult Psychiatric Morbidity Survey of England	
Outreach and Support in South London (OASIS). Outcomes of non-attenders to a service for people at high risk of psychosis:		Woodhead C, Rona RJ, Iversen A, MacManus D, Hotopf M, Dean K, McManus S, Meltzer H, Brugha T, Jenkins R,	000
the case for a more assertive approach to assessment Green CEL, McGuire PK, Ashworth M & Valmaggia LR	243	Wessely S & Fear NT	363
The relationship of social function to depressive and negative		A randomized trial of sertraline, self-administered cognitive behavior therapy, and their combination for panic disorder	
symptoms in individuals at clinical high risk for psychosis Corcoran CM, Kimhy D, Parrilla-Escobar MA, Cressman VL,		Koszycki D, Taljaard M, Segal Z & Bradwejn J	373
Stanford AD, Thompson J, Ben David S, Crumbley A, Schobel S, Moore H & Malaspina D	251	Controlled cross-over study in normal subjects of naloxone- preceding-lactate infusions; respiratory and subjective responses: relationship to endogenous opioid system,	
Do COMT, BDNF and NRG1 polymorphisms influence		suffocation false alarm theory and childhood parental loss	
P50 sensory gating in psychosis?		Preter M, Lee SH, Petkova E, Vannucci M, Kim S & Klein DF	385
Shaikh M, Hall M-H, Schulze K, Dutt A, Walshe M, Williams I, Constante M, Picchioni M, Toulopoulou T, Collier D, Rijsdijk F, Powell J, Arranz M, Murray RM & Bramon E	263	A population-based twin study of the genetic and environmental relationship of major depression, regular tobacco use and nicotine dependence	
Measuring patients' views: a bifactor model of distinct		Edwards AC, Maes HH, Pedersen NL & Kendler KS	395
patient-reported outcomes in psychosis Reininghaus U, McCabe R, Burns T, Croudace T & Priebe S	277	A randomized controlled trial of internet-based cognitive- behavioural therapy for bulimia nervosa or related disorders in a	
Impulsivity and neural correlates of response inhibition in schizophrenia		student population Sánchez-Ortiz VC, Munro C, Stahl D, House J, Startup H,	
Kaladjian A, Jeanningros R, Azorin J-M, Anton J-L &		Treasure J, Williams C & Schmidt U	407
Mazzola-Pomietto P Altered microstructure integrity of the amygdala in schizophrenia:	291	Serotonin and dopamine transporters in relation to neuropsychological functioning, personality traits and mood in	
a bimodal MRI and DWI study		young adult healthy subjects Burke SM, van de Giessen E, de Win M, Schilt T, van Herk M,	
Tomasino B, Bellani M, Perlini C, Rambaldelli G, Cerini R, Isola M, Balestrieri M, Cali S, Versace A, Pozzi Mucelli R, Gasparini A,		van den Brink W & Booij J	419
Tansella M & Brambilla P Youth suicide attempts and the dose–response relationship to	301	A randomized clinical trial of cognitive behavioural therapy versus short-term psychodynamic psychotherapy versus no intervention for patients with hypochondriasis	
parental risk factors: a population-based study	0.10	Sørensen P, Birket-Smith M, Wattar U, Buemann I & Salkovskis P	431
Christiansen E, Goldney RD, Beautrais AL & Agerbo E	313		
Efficacy of the sequential integration of psychotherapy and		BOOK REVIEWS	
pharmacotherapy in major depressive disorder: a preliminary meta-analysis		Addiction: A Disorder of Choice Passetti F	443
Guidi J, Fava GA, Fava M & Papakostas Gl	321		443
Age- and puberty-dependent association between IQ score in		The Recognition and Management of Early Psychosis: A Preventive Approach	
early childhood and depressive symptoms in adolescence Glaser B, Gunnell D, Timpson NJ, Joinson C, Zammit S,		Valmaggia LR	444
Davey Smith G & Lewis G	333	Correspondence	446
The associations of high levels of C-reactive protein with depression and myocardial infarction in 9258 women and men			



345



from the HUNT population study

Bjerkeset O, Romild U, Davey Smith G & Hveem K

