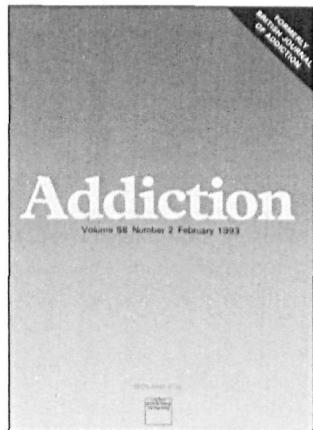


FORMERLY
BRITISH JOURNAL OF ADDICTION

Addiction



EDITOR

Professor **Griffith Edwards**,
National Addiction Centre, London, United Kingdom

DEPUTY EDITOR

Martin Raw

REGIONAL EDITORS

Thomas F. Babor
(*The Americas*)

Tim Stockwell
(*Australasia*)

EDITORIAL EXECUTIVE GROUP

Michael Farrell, Ilana Glass, Michael Gossop,
Robert West

Addiction, formerly the "British Journal of Addiction", is the longest established addictions journal in its field in the world. It aims to provide researchers and clinicians with the latest information and bridges the gap between science and policy. The journal publishes many different kinds of articles in addition to original research, breaking down geographical, professional and intellectual barriers.

In January 1993, *Addiction* further strengthens its role in serving an international community with the opening of regional editorial offices in the USA and in Australia. Professor Thomas F. Babor and Associate Professor Tim Stockwell become regional editors for the Americas and Australasia respectively. In addition to this development, the journal continues to strengthen its team of distinguished assistant editors throughout the world.

1993 – Volume 88 (12 issues). ISSN 0965 – 2140.

Subscriptions

Institutional rate: EC: £320.00; Outside EC: £399.00/US\$698.00

Personal rate: EC: £110.00; Outside EC: £144.00/US\$252.00

ORDER FORM

Please invoice me at the institutional personal rate

Please send me an inspection copy of *Addiction*

Name _____

Address _____



CARFAX PUBLISHING COMPANY

PO Box 25 Abingdon, Oxfordshire OX14 3UE, UK

UK Fax +44 (0)235 553559

PO Box 2025, Dunnellon, Florida 34430-2025, USA

Instructions to authors

Submission procedure. Submission of a paper to *European Psychiatry* is understood to imply that the data contained therein has not previously been published (except in abstract form) or is being considered for publication elsewhere.

There are no submission or page charges.

Only submissions in English will be considered. One original plus three copies (one set of photographs must be original prints) should be submitted to one of the following five receiving centres according to geographical location:

Pr C BALLUS
Unidad de Psiquiatria
Facultad de Medicina
Casanova, 143
08036 Barcelona, Spain
Fax: (34) 32 54 66 91

Pr M MAJ
Universita di Napoli
Ist di Psichiatria
Largo Madonna delle Grazie
80138 Napoli Italy
Fax: (39) 81 44 99 38

Pr JD GUELFI
Clinique de la Faculté
100, rue de la Santé
75674 Paris Cedex 14 France
Fax: (33) 1 45 65 89 43

Pr CB PULL
Centre Hospitalier de Luxembourg
4, rue Barblé
1210 Luxembourg
Fax: (352) 45 87 62

Pr H HEIMANN
Goethestrasse 23
7400 Tübingen Germany
Fax: (49) 70 71 29 41 41

Pr M ACKENHEIL
Psychiatrische Klinik
und Poliklinik
der Universität München
Nussbaumstr 7
8000 München 2 Germany
Fax: (49) 89 51 60 47 41

Pr RM MURRAY
Institute of Psychiatry
De Crespigny Park
London SE5 8AF UK
Fax: (44) 71 70 35 796

Dr P BECH
Dept of Psychiatry
Frederiksborg General Hospital
DK-3400 Hillerød Denmark
Fax: (45) 48 24 20 16

Deputy Editors

Dr P BOYER
Inserm, Clinique des maladies
mentales et de l'encéphale
100, rue de la Santé
75014 Paris
Fax: (33) 1 45 65 89 43

Dr Y LECRUBIER
Hôpital de la Salpêtrière
Pavillon Clémambault U 302
47, boulevard de l'Hôpital
75651 Paris Cedex 13
Fax: (33) 1 44 23 92 49

Submissions from Eastern Europe
should, for the time being, be sent
to the Deputy Editors.

Submissions from non European
countries can be sent to any of the
preceding editors.

Papers that do not conform to the general criteria for publication in *European Psychiatry* will be returned immediately to authors to avoid unnecessary delay in submission elsewhere.

Organisation of the manuscript. Manuscripts should be typewritten/printed double-spaced with wide margins throughout. Title page, abstracts, tables, legends to figures and reference list should each be provided on separate sheets of paper. The title page should include: the title, the name(s) and affiliation(s) of the author(s), an address for correspondence, and telephone/fax numbers for editorial queries. All original and review articles should include an abstract (a single paragraph of no more than 150 words) and 3-6 key words for abstracting and indexing purposes. For original and review articles, the text should be ordered under the following headings: Introduction, Subjects and methods/Materials and methods, Results, Discussion (may be combined with Results), Conclusion, Acknowledgments (when appropriate), References.

• **Short communications** should not exceed 1 500 words or the equivalent space including figures and tables, with abstracts of no more than 50 words.

• **Rapid communications** should not exceed 1 000 words or the equivalent space. The summary should consist of no more than 50 words. Only one table and one figure are accepted. Figures (glossy) should be submitted in a form suitable for direct reproduction. References should be limited to a maximum of 10 and are in addition to the 1 000 words. To ensure rapid publication, articles must meet a high standard, both in terms of scientific content and presentation. Following acceptance of an article in this category, no further modifications by the author will be allowed. Rapid communications are considered to be articles comprising preliminary but consistent results and will be published within three months following acceptance.

• **Letters to the Editor** (maximum of 500 words) will be processed rapidly and therefore should be sent to the Deputy Editors. To ensure speedy publication, please adhere strictly to the general instructions on style and arrangement; provide only figures and tables suitable for direct reproduction.

• **Illustrations.** Photographs should be presented as glossy prints with high contrast. Figures should be completely and consistently lettered, the size of the lettering being appropriate to that of the illustration, taking into account the necessary reduction in size. Illustrations should be designed to fit either a single column or the full text width. Each illustration should be clearly marked on the reverse side with the name of the author(s), the number of the illustration and its orientation (top).

Colour figures will be included subject to the author's agreement to defray part of the cost.

• **Tables.** All tables must be cited in the text, have titles and be numbered consecutively with roman numerals. Only horizontal lines should be included, and kept to a minimum.

• **References** (Harvard System) Authors are responsible for the accuracy of the references. Only published articles and those in press (the journal should be stated) may be included; unpublished results and personal communications should be cited as such in the text. In the text, a reference should be cited by author and date; when there are more than two authors, state the first author's name followed by 'et al'. References should be arranged alphabetically at the end of the paper and include, in the following order: all authors (surnames followed by initials), year in parentheses, journal title (abbreviated according to the Serial Sources for the Biosis Data Base), volume number, and inclusive page numbers.

For a book, the editor's names, book title, publisher and publisher's location should appear before volume and page numbers.

Examples:

Journal article

Löö H, Rein W, Souche A, Dufour H, Guelfi JD, Makla R, Olié JP (1990) Psychopathological and sociodemographic characteristics of 1231 depressed patients with and without co-existing alcoholism. *Psychiatr & Psychobiol* 5, 249-256

Book

Takahashi R, R Flor-Henry P, Gruzelier J, Niwa SI (1987) *Dynamics, Laterality and Psychopathology*, Elsevier, Amsterdam

Chapter in a book

Pinard G, Tetreault L (1974) Concerning semantic problems in psychological evaluation. In: *Psychological Measurements in Psychopathology. Modern Problems in Pharmacopsychiatry*, Vol 7 (Pichot P, ed) Karger, Basel, 8-22

• **Nomenclature.** Metric units must be used through-out, laboratory units must be followed by SI units. The generic name of a drug should be used unless the specific trade name of the drug is directly relevant to the discussion.

• **Proofs and reprints.** Proofs will be sent to the author indicated on the title page; no changes to the original manuscript will be allowed at this stage. They should be carefully corrected and returned (preferably by fax) to the publisher within 48 hours after reception. If this period is exceeded, the galley will be proofread by the editorial staff of the publishing house only and printed without the author's corrections.

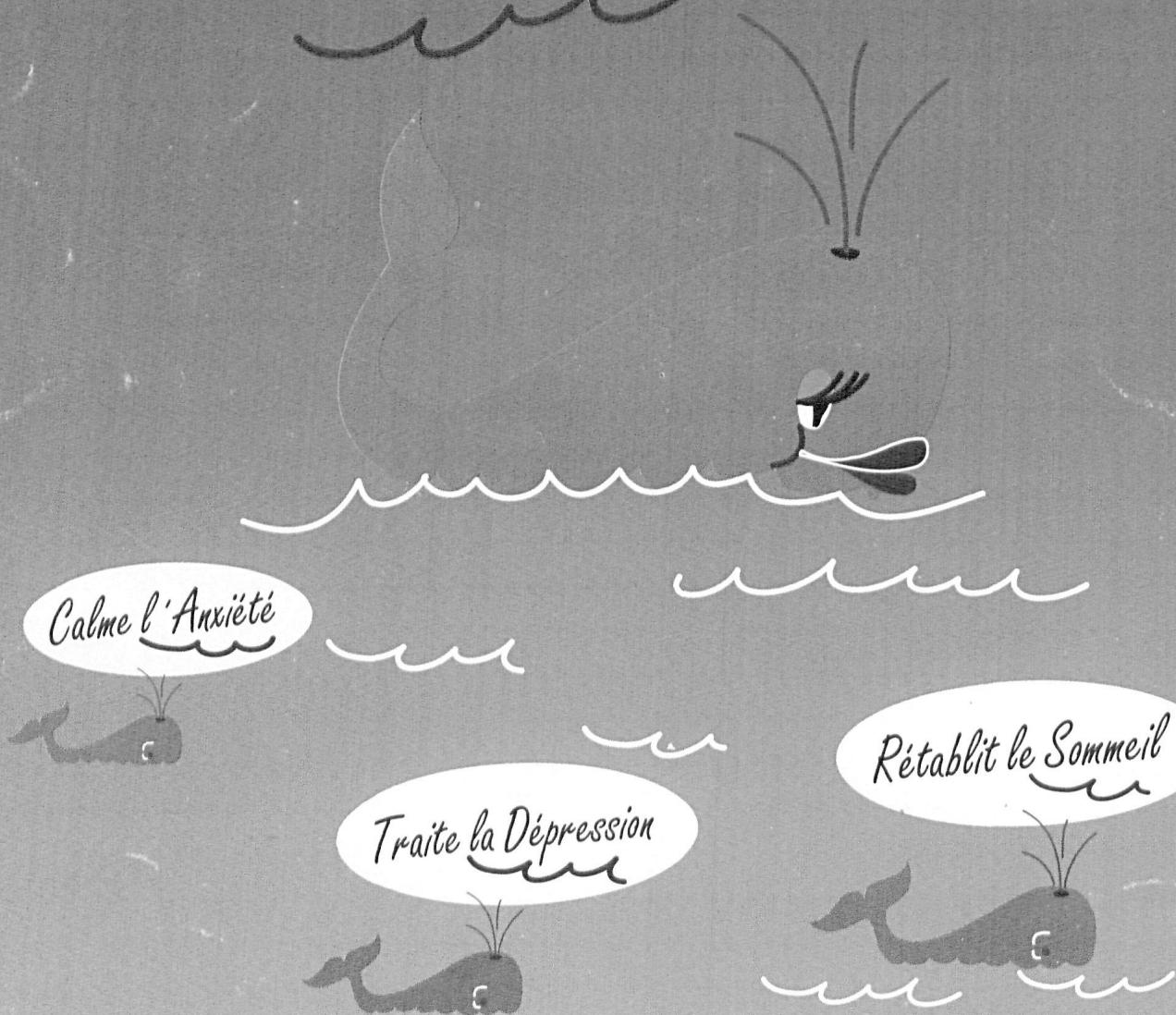
25 free reprints are supplied per contribution. Additional reprints may be ordered at the prices quoted on the order form sent to the corresponding author.

• **Copyright.** As soon as the article is published, the author is considered to have transferred his rights to the publisher. Requests for reproduction should be sent to the latter.

Quitaxon

DOXEPIINE

le Tricyclique du bien-être



Formes et présentations : comprimés pelliculés sécables à 10 mg (boîte de 40) et de 50 mg (boîte de 20). Solution buvable en gouttes de 10mg/ml (flacon de 30 ml) et solution injectable à 25 mg/2 ml (bouteille de 10 ml).

Propriétés : antidiépresseur imipraminique ayant également une activité anxiolytique et sédatrice. **Sort du médicament :** la doxépine est bien absorbée par voie orale et elle est rapidement détectable dans le sang [pic 1 h après administration]. **Indications :** comprimés à 50 mg et solution injectable : états dépressifs. Comprimés à 10 mg et solution buvable : états anxiodépressifs et états dépressifs. **Contre indications :** association aux IMAO, nitrates, (Respecter un délai de 15 jours après l'arrêt d'un traitement de ce type de médicament). Risques de rétention urinaire liés à des troubles urétrorénaux. Glaucome par fermeture de l'angle. Insuffisance rénale ou hépatique. **Contre indications relatives :** alcool, adrénaline, noradrénaline [cf. interactions médicamenteuses]. **Précautions d'emploi :** l'alcool est fortement déconseillé. Prudence en cas d'hypertrophie prostatique, en cas d'hypertension artérielle, chez les patients présentant des antécédents cardiaques. Egalement prudence chez les sujets épileptiques. **Grossesse :** le risque tératogène, s'il existe semble faible, il semble raisonnable d'essayer de limiter les durées de traitement pendant la grossesse. Si possible il est souhaitable de diminuer les posologies en fin de grossesse en raison des effets atropiniques des antidiépresseurs. (Il semble justifié d'observer une période de surveillance diurne et nocturne chez les nouveau-nés). L'allaitement est déconseillé pendant la durée du traitement. **Interactions médicamenteuses :** Association contre indiquée : IMAO non sélectifs (risque de collapsus paroxystique, hyperthermie, convulsions, décès). **Associations déconseillées :** alcool (majoration par l'alcool de l'effet sédatif). Epinephrine ou Adrénaline, Norépinephrine ou Noradrénaline (risque d'HTA paroxystique), justifiant une précaution d'emploi : anticonvulsivants. Autres dépresseurs du SNC : anti-histaminique H1, barbituriques, benzodiazépines, clonidine et apparentés, hypnotiques, dérivés morphiniques, neuroleptiques, autres que benzodiazépine. Antihypertenseurs (risque de majoration d'hypotension orthostatique). Atropine et autres substances atropiniques : la plupart des anti-histaminiques H1, les antiparkinsoniens, anticholinergiques, antispasmodiques, atropiniques, la disopyramide, les neuroleptiques phénothiaziniques (addition des effets indésirables atropiniques à type de rétention urinaire, constipation, sécheresse de bouche...). **Effets indésirables :** somnolence initiale, effets atropiniques cités précédemment, rares manifestations allergiques, possibilités de réactivation des crises comitiales. **Mode d'emploi et posologie :** en fonction de l'indication (état dépressif, anxiodépressif) la posologie et la forme employées seront adoptées. Pour une information complète, voir la Vidol. **Surdosage :** faire évacuer le produit ingéré et faire hospitaliser immédiatement le malade. Liste 1 A.M.N. 2 (1990) comprimés 50 mg, 333 292 6 (1990) comprimés 10 mg, 312 597 2 (1988) solution buvable en goutte; 312 602-6 (1988) solution injectable.