

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

REVIEW ARTICLE

Externalizing biases and hallucinations in source monitoring, self-monitoring and signal detection studies: a meta-analytic review

Brookwell ML, Bentall RP & Varese F 2465

INVITED REVIEW

Update on the treatment of anorexia nervosa: review of clinical trials, practice guidelines and emerging interventions

Watson HJ & Bulik CM 2477

ORIGINAL ARTICLES

Treating severe and enduring anorexia nervosa: a randomized controlled trial

Touyz S, Le Grange D, Lacey H, Hay P, Smith R, Maguire S, Bamford B, Pike KM & Crosby RD 2501

Brain connectivity in body dysmorphic disorder compared with controls: a diffusion tensor imaging study

Buchanan BG, Rossell SL, Maller JJ, Toh WL, Brennan S & Castle DJ 2513

Diagnostic trajectory, interplay and convergence/divergence across all 12 DSM-IV psychotic diagnoses: 6-year follow-up of the Cavan-Monaghan First Episode Psychosis Study (CAMFEPS)

Kingston T, Scully PJ, Browne DJ, Baldwin PA, Kinsella A, Russell V, O'Callaghan E & Waddington JL 2523

Cognition in schizophrenia and schizo-affective disorder: impairments that are more similar than different

Owoso A, Carter CS, Gold JM, MacDonald III AW, Ragland JD, Silverstein SM, Strauss ME & Barch DM 2535

Using genetic, cognitive and multi-modal neuroimaging data to identify ultra-high-risk and first-episode psychosis at the individual level

Pettersson-Yeo W, Benetti S, Marquand AF, Dell'Acqua F, Williams SCR, Allen P, Prata D, McGuire P & Mechelli A 2547

Schizophrenia genetic variants are not associated with intelligence

Terwisscha van Scheltinga AF, Bakker SC, van Haren NEM, Derks EM, Buizer-Voskamp JE, Cahn W, Ripke S, Psychiatric GWAS Consortium, Ophoff RA & Kahn RS 2563

Hyperprolactinemia in antipsychotic-naive patients with first-episode psychosis

Riecher-Rössler A, Rybakowski JK, Pflueger MO, Beyrau R, Kahn RS, Malik P, Fleischhacker WW & the EUFEST Study Group 2571

Chronic stressors and trauma: prospective influences on the course of bipolar disorder

Gershon A, Johnson SL & Miller I 2583

Suicide in bipolar disorder in a national English sample, 1996–2009: frequency, trends and characteristics

Clements C, Morriss R, Jones S, Peters S, Roberts C & Kapur N 2593

Elevated alanine aminotransferase independently predicts new onset of depression in employees undergoing health screening examinations

Zelber-Sagi S, Toker S, Armon G, Melamed S, Berliner S, Shapira I, Halpern Z, Santo E & Shibolet O 2603

Father absence and depressive symptoms in adolescence: findings from a UK cohort

Culpin I, Heron J, Araya R, Melotti R & Joinson C 2615

Secular trends in the prevalence of dementia and depression in Swedish septuagenarians 1976–2006

Wiberg P, Waern M, Billstedt E, Östling S & Skoog I 2627

Internet cognitive behavioural therapy for mixed anxiety and depression: a randomized controlled trial and evidence of effectiveness in primary care

Newby JM, Mackenzie A, Williams AD, McIntyre K, Watts S, Wong N & Andrews G 2635

Use of self-administered instruments to assess psychiatric disorders in older people: validity of the General Health Questionnaire, the Center for Epidemiologic Studies Depression Scale and the self-completion version of the revised Clinical Interview Schedule

Head J, Stansfeld SA, Ebmeier KP, Geddes JR, Allan CL, Lewis G & Kivimäki M 2649

Post-traumatic stress disorder symptoms after acute lung injury: a 2-year prospective longitudinal study

Bienvenu OJ, Gellar J, Althouse BM, Colantuoni E, Sricharoenchai T, Mendez-Tellez PA, Shanholtz C, Dennison CR, Pronovost PJ & Needham DM 2657

Paranoia and post-traumatic stress disorder in the months after a physical assault: a longitudinal study examining shared and differential predictors

Freeman D, Thompson C, Vorontsova N, Dunn G, Carter L-A, Garety P, Kuipers E, Slater M, Antley A, Glucksman E & Ehlers A 2673

BOOK REVIEW

The Disordered Mind: An Introduction to Philosophy of Mind and Mental Illness

Zachar P 2685

Correspondence

2687

Corrigendum

2512