

## Editorial

# Being on Time

Our journal has been a quarterly for nearly 4 years. Prior to that, it came out twice a year. Now, a quarterly can come out by season or by named month. Season proved not to work for us because of objections from colleagues in the southern hemisphere. Specifying months has been better except that the journal has been coming out late. This has annoyed our readers. Why has this been happening?

When the new team took over the journal in early 1996, the publication procedure had two parts. First, the time to receive, review, and accept/reject a manuscript could take from many months to years. Second, the time from acceptance to the paper's appearance took a number of months. The first has been reduced to 3 to 4 months and the second

will be similarly reduced. Nevertheless, for the moment, we are still playing catch-up. There have been delays both at the editorial office and at the printers. However, these can be remedied. One way, which will be tried, is to work on two or three issues at a time. The plan is to get on time by the March 1998 issue. One of the greatest impediments for us though is getting reviewers. A large network of reviewers and a speedy turnaround time are vital to the journal. So we expect things to improve. In the meantime, would volunteer reviewers please step forward?

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### **BPSD: NEW TERMINOLOGY**

At IPA's 1996 International Consensus Conference, "Behavioral Disturbances of Dementia," 60 researchers from 16 countries determined that the phrase *behavioral disturbances* was too general, had too many meanings, and was difficult to define. They recommended that it be replaced by the term *behavioral and psychological signs and symptoms of dementia* (BPSD), defined as signs and symptoms of disturbed perception, thought content, mood, or behavior that frequently occur in patients with dementia.

Since that time, the term has had extensive utilization and exposure. The feedback overwhelmingly supports keeping the term "behavior" and incorporating "symptoms" into

the definition. The term "psychological" (referring to phenomena such as depression, hallucinations, and delusions) has been generally well accepted, though in some jurisdictions, the term "psychiatric" is utilized. Use of the word "signs," on the other hand, has led to differences of opinion. The specific meaning of "signs" is not identical in the United States and in parts of Europe; thus, certain professionals prefer not to use the term "signs." Accordingly, and henceforth, we will utilize the term *behavioral and psychological symptoms of dementia* (BPSD).

This change is in keeping with the group's decision that an initial definition be tried for a period of time to determine its usefulness and applicability, with readiness to refine the terminology when necessary.