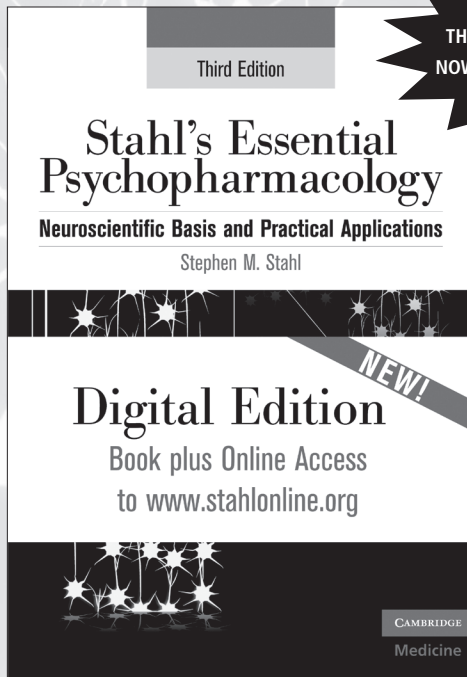


STAHL'S ESSENTIAL PSYCHOPHARMACOLOGY ONLINE

The bestselling series in psychopharmacology is now available in an innovative online format for individuals and institutions!

**Stahl's Essential Psychopharmacology, Third Edition
&
Essential Psychopharmacology: The Prescriber's Guide**



THE BESTSELLER IN PRINT
NOW IN A DIGITAL FORMAT!

For individuals:

One-year single-user site subscription: \$195

Pay-per-view access to entire site for 48 hours: \$40

Stahl's Essential Psychopharmacology, Third Edition paperback PLUS one-year single-user site subscription: \$225

For institutions:

Please email online@cambridge.org for site pricing or for a free trial.

Please visit www.stahlonline.org for a tour!

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, Douglas House, 18E Trumpington Road, Cambridge CB2 8AH, UK, E-mail: lgs21@cam.ac.uk. 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 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. Fifty offprints of each paper are supplied free; additional offprints are available according to a scale of charges if they are ordered on the form supplied when the proof is returned.

PSYCHOLOGICAL MEDICINE

CONTENTS

In this Issue	1229	Suicide in paradise: aftermath of the Bali bombings Suryani LK, Page A, Lesmana CBJ, Jennaway M, Basudewa IDG & Taylor R	1317
INVITED REVIEW			
Extracting a needle from a haystack: reanalysis of whole genome data reveals a readily translatable finding Keers R, Farmer AE & Aitchison KJ	1231	Is adult attention deficit hyperactivity disorder a valid diagnosis in the presence of high IQ? Antshel KM, Faraone SV, Maglione K, Doyle A, Fried R, Seidman L & Biederman J	1325
ORIGINAL ARTICLES			
Mood lability and psychopathology in youth Stringaris A & Goodman R	1237	Attention deficit hyperactivity disorder (ADHD): gender- and age-related differences in neurocognition Bálint S, Czobor P, Komlósi S, Mészáros Á, Simon V & Bitter I	1337
Age transitions in the course of bipolar I disorder Coryell W, Fiedorowicz J, Solomon D & Endicott J	1247	Brainstem volumetric alterations in children with autism Jou RJ, Minshew NJ, Melhem NM, Keshavan MS & Hardan AY	1347
Neurocognitive impairment in unaffected siblings of youth with bipolar disorder Doyle AE, Wozniak J, Wilens TE, Henin A, Seidman LJ, Petty C, Fried R, Gross LM, Faraone SV & Biederman J	1253	Calendar calculating in savants with autism and healthy calendar calculators Dubischar-Krivec AM, Neumann N, Poustka F, Braun C, Birbaumer N & Bölte S	1355
Altered prefrontal lobe oxygenation in bipolar disorder: a study by near-infrared spectroscopy Kubota Y, Toichi M, Shimizu M, Mason RA, Findling RL, Yamamoto K, Hayashi T & Calabrese JR	1265	Mental disorders as risk factors for later substance dependence: estimates of optimal prevention and treatment benefits Glantz MD, Anthony JC, Berglund PA, Degenhardt L, Dierker L, Kalaydjian A, Merikangas KR, Ruscio AM, Swendsen J & Kessler RC	1365
Are auditory P300 and duration MMN heritable and putative endophenotypes of psychotic bipolar disorder? A Maudsley Bipolar Twin and Family Study Hall M-H, Schulze K, Rijdsdijk F, Kalidindi S, McDonald C, Bramon E, Murray RM & Sham P	1277	Symptoms of post-concussional syndrome are non-specifically related to mild traumatic brain injury in UK Armed Forces personnel on return from deployment in Iraq: an analysis of self-reported data Fear NT, Jones E, Groom M, Greenberg N, Hull L, Hodgetts TJ & Wessely S	1379
Set shifting and reversal learning in patients with bipolar disorder or schizophrenia McKirdy J, Sussmann JED, Hall J, Lawrie SM, Johnstone EC & McIntosh AM	1289	Mental capacity, diagnosis and insight in psychiatric in-patients: a cross-sectional study Owen GS, David AS, Richardson G, Szmukler G, Hayward P & Hotopf M	1389
Neighborhood poverty and suicidal thoughts and attempts in late adolescence Dupéré V, Leventhal T & Lacourse É	1295	BOOK REVIEW <i>Fact and Value in Emotion</i> Dudas R	1399
Impact of antidepressants on the risk of suicide in patients with depression in real-life conditions: a decision analysis model Cognard A, Verdoux H, Grolleau A, Moride Y, Begaud B & Tournier M	1307	Correspondence	1401