

## ***International Psychogeriatrics*** **Instructions for contributors**

**These instructions will be published in the February issue of *International Psychogeriatrics* each year. An up-to-date version can be found at the *International Psychogeriatrics* website: <http://www.journals.cambridge.org/ipg>**

**Please read these instructions carefully before submitting articles. Articles which are not prepared in accordance with these guidelines will be returned to authors unreviewed.**

### **Scope and contributions**

*International Psychogeriatrics* is written by and for those doing clinical, teaching, and research work with elderly people. It is the official journal of the International Psychogeriatric Association (IPA) and is published by Cambridge University Press, Cambridge, UK. Although it is concerned primarily with psychogeriatrics, the journal welcomes contributions from all concerned with the field of mental health and aging. Original research papers are particularly sought.

Contributions include original research articles, reviews of the literature, "for debate" articles, case reports, letters to the editor, book reviews and editorials. Apart from editorials, "for debate" articles and book reviews, which are commissioned, contributions to *International Psychogeriatrics* are spontaneously written and submitted by authors. Papers are reviewed by two expert reviewers selected by the Editor-in-Chief. At present, about half of the papers submitted are accepted for publication in this journal which is published six times per annum. The journal's Science Citation Index Impact Factor (2007) is 2.207. Submission of a paper implies that it is neither under consideration for publication elsewhere, nor previously published in English. Manuscripts must be formatted double-spaced with ample margins on all sides and the pages should be numbered. *International Psychogeriatrics* uses the spelling of American English. Manuscripts written by those whose primary language is not English should be edited carefully for language prior to submission. The Editor-in-Chief has formed a Language Advisory Panel of English speakers willing to check manuscripts for style prior to submission. Details can be found at both the journal website (<http://www.journals.cambridge.org/ipg>) and the IPA website (<http://www.ipa-online.org/>).

### **Submission of manuscripts**

Each paper should be submitted by email as an attachment to [ipaj-ed@unimelb.edu.au](mailto:ipaj-ed@unimelb.edu.au) with a cover letter that should have the abstract attached for circulation to potential reviewers as detailed below. Authors with no access to email may submit papers on disk by post to the Kew, Victoria, Australia address below, but submission by email is strongly preferred. The text file should be in MS Word format, and all figures in TIFF or JPEG format. If the paper reports the results of a randomized controlled trial please ensure that it conforms to our requirements listed below under the heading "Submission of randomized clinical trials". If the research was paid for by a funding organization, the cover letter must contain the following three statements. If

the research was not paid for by a funding organization only the third statement is required:

The authors have not entered into an agreement with the funding organization that has limited their ability to complete the research as planned and publish the results.

The authors have had full control of all the primary data.

The authors are willing to allow the journal to review their data if requested.

**Submission of a manuscript will be taken to imply that all listed authors have seen the final version and approved it.**

All papers will be assessed by two reviewers. If their opinions are too disparate to permit the Editor-in-Chief to make a decision on publication, the paper will be assessed by a third reviewer. The Editor-in-Chief's decision to accept or reject the paper for publication will be final. The abstract and author details will be seen by prospective reviewers of the manuscript. Authors can suggest the names and contact information of two experts qualified to review the work, but the Editor-in-Chief is not obliged to follow these suggestions. Papers must bear the authors' names, titles (e.g. Dr, Professor, etc.), affiliation(s), and address(es). This information will be seen by reviewers. Reviewers' names will not be supplied to authors unless a reviewer asks to be so identified. Authors will be provided with a copyright transfer form to sign after acceptance of the manuscript, consenting to publication of the paper in *International Psychogeriatrics*.

The receipt of all submitted papers will be acknowledged. Authors who do not receive an acknowledgement of receipt of their paper within three weeks of submission should assume that their paper has not been received and should contact [ipaj-ed@unimelb.edu.au](mailto:ipaj-ed@unimelb.edu.au), Professor David Ames, Normanby House, St George's Hospital, 283 Cotham Road, Kew, Victoria, 3101, Australia, Tel: +66 3 9816 0477, Fax: +61 9816 0432 or +61 3 9816 0477. Most authors can expect to receive an initial decision on the fate of their paper together with referees' reports within no more than 100 days of submission. Authors who have received no further communication 120 days after acknowledgment of receipt of their article should contact [ipaj-ed@unimelb.edu.au](mailto:ipaj-ed@unimelb.edu.au).

### **Submission of papers reporting randomized controlled trials**

In order to ensure the public availability of the results of randomized controlled trials, the International Committee of Medical Journal Editors has suggested that all such trials should be registered. In common with many leading medical journals *International Psychogeriatrics* has decided to follow this policy. From 31 December 2006 we will no longer review any paper submitted to us reporting a randomized clinical trial unless the trial was registered in a public trial registry from the date it commenced recruitment or, if recruitment started before 30 November 2006, we require that the trial was registered no later than 30 November 2006. For further details on the reasons for this policy see the June 2006

## ii Instructions for contributors

editorial, Ames, D. (2006). Registration of Clinical Trials submitted for publication in *International Psychogeriatrics*. *International Psychogeriatrics*, 18, 191–193.

All manuscripts reporting randomized controlled trials should have the following sent with them or they will be returned to the authors.

- a. A check list and flow chart in accordance with the CONSORT guidelines which can be found at <http://www.consort-statement.org>. Please send in the checklist as a supplementary file and include the flow chart as Figure 1 in the manuscript.
- b. The trial protocol is to be submitted as a supplementary file. This will not be published but it is needed to appraise and peer review the paper.
- c. The registration number of the trial and the name of the trial registry in which it was registered. Please add these to the last line of the paper's structured abstract. Trials that began enrolment of patients after 31 December 2006 must be registered in a public trials registry at or before the onset of enrolment to be considered for publication in *International Psychogeriatrics*. Trials that began enrolment prior to 30 November 2006 must have been registered no later than that date. Our criteria for a suitable public trial registry are: free to access; searchable; identification of trials by unique number; free or minimal cost for registration; validation of registered information; inclusion of details to identify the trial and the investigator within the registered entry (including the status of the trial); research question; methodology; intervention; and funding and sponsorship disclosed.

### Organization and style of research articles

*Title page and corresponding author:* Each article must have a title page with the title of the article, a list of all authors and their titles, affiliations and addresses. The title page should explicitly identify the author to whom correspondence about the study should be addressed and that author's email address, telephone number, fax number and postal address must be clearly stated.

*Abstract:* Abstracts should be brief, structured and should incorporate the sub-headings: background, method(s), results and conclusion(s). Abstracts should communicate the primary findings and significance of the research. They should not exceed 250 words in length.

*Key words:* Under this heading and beneath the abstract, please list up to 8 words which are not included in the title of the article, for the purpose of indexing.

*Running title:* This should contain no more than 50 characters including spaces.

*Introduction:* Briefly state the relevant background to the study to provide the necessary information and context to enable non-specialists to appreciate the objectives and significance of the paper. Most introductions to articles received for review are too long.

*Method(s):* Materials and procedures should be described in sufficient detail to enable replication. Any statistical procedures used should be outlined and their use should be justified

here. Results should not be included in the Method(s) section. If statistical procedures are used, they should be described here in adequate detail. Choice of statistical technique should be justified including some indication of the appropriateness of the data for the technique chosen. Adequacy of the sample size for the statistical technique(s) used must be addressed. If appropriate, a description of the statistical power of the study should be provided. If multiple univariate significant tests are used, probability values (p-values) should be adjusted for multiple comparisons, or alternatively a multivariate test should be considered.

Further advice about statistics and *International Psychogeriatrics* can be found in the following article: Chibnall, J. (2000) Some basic issues for clinicians concerning things statistical. *International Psychogeriatrics*, 12, 3–7. The following article may also be of assistance to intending contributors: Chibnall, J.T. (2004). Statistical audit of original research articles in *International Psychogeriatrics* for the year 2003. *International Psychogeriatrics* 16, 389–396. Both of these are available at the *International Psychogeriatrics* website by following the link to Statistical Advice for intending contributors.

*Results:* This section may contain subheadings. Authors should avoid mixing discussion with the results. Sample sizes should be delineated clearly for all analyses. Some indicator of variability or sampling error should be incorporated into the reporting of statistical results (e.g. standard deviation, standard error of the mean). Wherever possible an indicator of effect size (e.g. Cohens  $d$ ,  $\eta^2$ , Cramers  $V$ , 95% confidence interval) should be reported in addition to p values. If multiple univariate statistical tests are used p values should be adjusted for multiple comparisons or alternatively a multivariate test should be used. Obtained statistical values for tests should be reported with degrees of freedom (e.g.  $t$ ,  $F$ ,  $\chi^2$ ).

*Discussion:* Interpretation of the results with respect to the hypothesis(es) and their significance to the field should be discussed here. Results should be interpreted in the light of the size of the effect found and the power of the study to detect differences. Any methodological weaknesses of the study should be outlined, including limitations imposed by sample size. Careful consideration of the conclusion(s) for accuracy and alternative interpretation, and possible conflicts or resolution of conflicts in the field is encouraged. Limited speculation and directions for future research can be included.

*Conflict of interest declaration:* **This section must be completed.** This should follow the discussion and precede the references. Even where there is no conflict of interest perceived to be present, this heading should be included. For full details see below.

*Description of authors' roles:* **This section must be completed.** It should contain a very brief description of the contribution of each author to the research. Their roles in formulating the research question(s), designing the study, carrying it out, analyzing the data and writing the article should be made plain. For example: "H. Crun designed the study, supervised the data collection and wrote the paper. M. Bannister collected the data and assisted with writing the article. N. Seagoon was responsible for the statistical design of the study and for carrying out the statistical analysis."

**Acknowledgements:** Any acknowledgements other than conflict of interest declarations in regard to sponsorship should be listed briefly here.

**References:** No more than 30 articles that have been published or are in press should be cited. If authors believe that more than 30 references are essential this must be justified in the cover letter. Unpublished data, personal communications, and manuscripts submitted for publication should be cited in the text and the supporting material submitted with the manuscript. *International Psychogeriatrics* uses the Harvard referencing system. Within the text of each paper journal articles should be cited in the style (Smith and Jones, 1999). Where an article quoted in the body of the text has more than two authors the term “*et al.*” should be employed, i.e. (Smith *et al.*, 1999). Text citations of multiple articles should be separated by semicolons, i.e. (Smith and Jones, 1999; Smith *et al.*, 1999). At the end of each paper, all cited references should be listed alphabetically in the style indicated below. If the Digital Object Identifier (doi) is known, it should be added to the reference.

For a journal article: **Smith, J., Jones, W. I. and Doe, J. T.** (1996). Psychogeriatrics for pleasure and profit: an expanding field. *International Journal of Unreproducible Results*, 3, 240–242. doi: 12.3456/S123456789.

For a book: **Smith, J. A., Brown, P. Q., Jones, H. A. and Robinson, D. V.** (2001). *Acute Confusional States*. New York: Cambridge University Press.

For a book chapter. **Park, K., Tiger, B. and Runn, F.** (1999). Psychogeriatrics in context. In G. Verdi and A. Boito, (eds.), *New Medical Specialties* (pp. 240–260). Cambridge: Cambridge University Press.

Where an article or book chapter has more than six authors only the first author’s name should be given followed by the words “*et al.*”.

For further examples of reference style see papers in recent issues of *International Psychogeriatrics*.

**Figures/Tables:** The manuscript should contain no more than five Figures or Tables. The copies submitted with the manuscript must be of sufficient quality to enable reviewers to evaluate the data. Figures that require color to communicate the data will be published only on payment of the additional cost by the authors.

**Figure/Table legends:** Each caption should begin with a brief description of the conclusion or observation provided in the figure. These should be submitted as a separate section after the References.

**Supplementary material:** More detail about the submission of supplementary material is available below – see “Supplementary Material for online only publication” and “Instructions for contributors – Supplementary Material.” in subsequent pages of this document.

**Word limits:** At present *International Psychogeriatrics* does not have a fixed word limit for articles, but because of limited

space, short articles have a higher chance of acceptance than longer ones of an equivalent standard.

### Conflict of interest

Conflict of interest occurs when authors have interests that **might** influence their judgment inappropriately, regardless of whether that judgment is influenced inappropriately or not. *International Psychogeriatrics* aims to conform to the policies of the World Association of Medical Editors in regard to conflict of interest. For full details please see the website <http://www.wame.org/wamestmt.htm#fundres>. To this end all authors must disclose potential conflicts of interest so that others may be aware of their possible effects. Specifically, under the heading conflict of interest, all articles must detail:

The source(s) of financial support for the research (if none, write “none”).

A description of any sponsor’s role(s) in the research (e.g. formulation of research question(s), choice of study design, data collection, data analysis and decision to publish).

Information about any financial relationship between any author and any organization with a vested interest in the conduct and reporting of the study. For example, in a study on the effects of a drug made by *Bigpharma* which directly competes with another drug made by *Megadrug* a declaration might say “Jane Smith has received research support and speaker’s honoraria from *Bigpharma* and has received financial assistance from *Megadrug* to enable her to attend conferences.”

### Reviews of the literature

*International Psychogeriatrics* will publish one or two literature reviews in each issue. Authors intending to submit a literature review should check recent issues of *International Psychogeriatrics* to ensure that no review of the topic they propose to discuss has been published in the journal in recent times. Review articles may have up to 50 relevant references. Authors contemplating the submission of a literature review article are welcome to contact the editor to discuss the appropriateness of the topic prior to submission ([ipaj-ed@unimelb.edu](mailto:ipaj-ed@unimelb.edu)). Literature reviews should have an abstract.

### “For debate” articles

From time to time *International Psychogeriatrics* will publish “For debate” articles on topics of a controversial nature. “For debate” articles will be commissioned by the editor, but readers are welcome to suggest possible topics for debate by contacting the editor at [ipaj-ed@unimelb.edu.au](mailto:ipaj-ed@unimelb.edu.au). To view published debates see journal issues 17(1), 18(3), 19(1), 19(3), 19(6) and 20(2).

### Case reports

Case reports will be accepted for review and considered for publication. They should be of 1200 words or less and should have no more than 10 references. An unstructured

abstract of 100 words or less is required. When submitting case reports authors **must** enclose a letter of consent to publication from each of the patient(s) described or, if the patient(s) is/are deceased or not competent to consent the authors must indicate that they have obtained such consent from the patient's legal guardian(s). These letters will be kept confidential.

### Letters to the Editor

Reader's letters will be considered for publication. Letters should be no longer than 1000 words and should have no more than 5 references. No abstract is required. Tables will not be published in the Letters section of the journal, but may be accepted for online publication as supplementary material at the journal website.

### Supplementary material for online only publication

*International Psychogeriatrics* has the facility to publish unedited figures, tables, appendices and other material which is not suitable for inclusion in papers published in the paper copy of the journal as supplementary online material attached to the electronic version of individual papers at <http://www.journals.cambridge.org/ipg>. This renders such supplementary material accessible without clogging the journal with materials that will be of interest to only a small minority of readers. If submitting such supplementary material please follow the instructions below. If referring to supplementary material in a paper the following form of words should be used: "See table S1/figure S1/appendix A1 published as supplementary material online attached to the electronic version of this paper at <http://www.journals.cambridge.org/ipg>."

### Instructions for contributors – Supplementary Material

There will normally be one of the following reasons for you to be supplying supplementary material to accompany the online version of your article:

1. You wish to link to additional information which due to its nature does not lend itself to print media (e.g. full data sets, movie or sounds files etc. . .)
2. The Editor of the Journal has requested that you extract certain information from the original article in order to allow for space constraints of the print version.
3. You have requested additional material to be available to accompany an article that does not normally allow such material to be included (e.g. tables to accompany a correspondence article).

**N.B.** Please note that no copyediting or quality assurance measures will be undertaken on supplementary material (other than to ensure that the file is intact). The authors therefore warrant that the supplementary material that they submit is in a suitable format for publication in this manner. The material will be published online in exactly the form that it is supplied.

### Submission

Please follow the following instructions to supply supplementary material to accompany the online version of your article:

1. Each supplementary file must be supplied as a separate file. Do not supply this material as part of the file destined for publication in the print journal.
2. Each supplementary file must have a clear title (for example, Supplementary Figure 1).
3. Provide a text summary for each file of no more than 50 words. The summary should describe the contents of the file. Descriptions of individual figures or tables should be provided if these items are submitted as separate files. If a group of figures is submitted together in one file, the description should indicate how many figures are contained within the file and provide a general description of what the figures collectively show.
4. Add the file type and file size in parentheses.
5. Ensure that each piece of supplementary material is clearly referred to at least once in the print version of the paper at an appropriate point in the text, and is also listed at the end of the paper before the reference section.

### Format and file size

- File sizes should be as small as possible in order to ensure that users can download them quickly.
- Images should be a maximum size of 640 × 480 pixels at a resolution of 72 pixels per inch.
- Authors should limit the number of files to under ten, with a total size not normally exceeding 3 MB. Sound/movie files may be up to 10 MB per file; colour PDFs/PowerPoint may be up to 5 MB per file; all other general file types may be up to 2 MB per file but most files should be much smaller.
- We accept files in any of the following formats (if in doubt please enquire first):

MS Word document (.doc), Adobe Acrobat (.pdf), Plain ASCII text (.txt), Rich Text Format (.rtf), WordPerfect document (.wpd), HTML document (.htm), MS Excel spreadsheet (.xls), GIF image (.gif), JPEG image (.jpg), TIFF image (.tif), MS PowerPoint slide (.ppt), QuickTime movie (.mov), Audio file (.wav), Audio file (.mp3), MPEG/MPG animation (.mpg)

If your file sizes exceed these limits or if you cannot submit in these formats, please seek advice from the editor handling your manuscript.

### Supply of author-generated artwork

**Monochrome line subject illustrations supplied as hard copy only:** These should have the author's name and figure number clearly marked on the back of each piece of artwork. The figures will be scanned at 1200 dpi and compressed using LZW. The scanning process can result in problems with some fine ornaments and with any

grey tints used (e.g. tints can fill in; a Moiré interference pattern can be produced; or poor quality, patchy tints result). Illustrations of this kind may be acceptable in a desktop publishing format, but they do not proceed satisfactorily through the several stages before printing. Plain black/white is acceptable, but all other shades/tints should be replaced with distinct PostScript fills or custom fills.

**Monochrome line subject illustrations supplied in digital form:** Macromedia Freehand, Adobe Illustrator and Adobe Photoshop are the preferred graphics packages. Before submitting your artwork, please do the following:

- Where possible, please supply illustrations as TIFF or EPS files (300.000 dpi). When submitting EPS files you must convert your text within the file to artwork/outlines. If your EPS file contains a scanned image, you must ensure that you supply a full EPS, i.e. binary data. Do not supply PostScript files. PostScript files cannot be included within our integrated page make-up system, or worked on in any way. For best results please save your files as TIFF or EPS files. If files cannot be supplied in this way other formats can be handled (although we do not guarantee to use them).
- Draw or scan line artwork to finished size with appropriate line weights and typefaces.
- Indicate the file format (e.g. TIFF or EPS), the graphics software that you have used in originating the artwork files (e.g. Freehand 7.0, Illustrator 8.0, etc.) and the computer operating system used (e.g. Mac OS 8.6, Windows NT).
- Supply a laser print of all figures. List the name and version of the artwork package used and the names and libraries of fonts used in the artwork or EPS files.

**Pattern fills and tints:** Artwork packages do not always generate pattern fills for output on image/ platesetters. Imagesetters will interpret them differently from your Mac or PC and the result often looks pixellated or blocked. Where possible, use PostScript fills, custom fills and conventional tints. PostScript fills frequently do not display well on screen but they do print out correctly. It is best to avoid the use of complex or very detailed tints, patterns and symbols. These seldom reproduce satisfactorily when reduced to fit the page and when used in a caption or legend may be completely illegible when represented on a screen (for example during page make-up, or on the Web) or when output on low-quality CUP artwork instructions.doc 2 laser printers. Supplying as TIFF or EPS files (see above) alleviates this problem.

Please therefore:

- Use only the tints, patterns and symbols shown here.
- Use conventional fills: solids, tints, lines or cross-hatching.
- Use a PostScript fill if possible.
- Do not use a screen value above 133 lpi. Generally, 100 lpi is better (even when scanned at high resolution finer tints do not reproduce satisfactorily when reduced).
- If possible, use just one kind of screen (line angle or dot shape) and one screen value throughout the document.

- Do not use pattern fills from a graphics program, as these are usually bitmap patterns, which do not output adequately to plate/image setters.
- Do not use colour tints, even if the figure is intended for monochrome printing; use black/white/greyscale
- Do not use .hairline. line widths in graphics packages.

**Monochrome halftone subjects:** Figures composed of (hard copy) photographs should be unscreened glossy prints presented at publication scale; each component part should be named with a lower-case letter. Photographic artwork is numbered as part of the sequence of figures, not as separate plates.

If supplying these in digital form, your repro house should follow these instructions:

- Scanning: Scan at a resolution that is around twice the intended screen value; for example scan at 300 dpi for 133 or 150 screen.
- Dot range (halftones only): This is the term we use to describe the highlight/white area and shadow/black areas within a printed image. To prevent the heavy or dark areas of your halftones from filling in or the light areas being washed out we specify a dot range that allows for gains or losses during the process to lithographic printing. Pre-set the dot range at 1% highlight to 96% shadow where possible, we will check your files before outputting as a safeguard.
- Data files: Supply data as TIFF files; if you wish to compress them, use lossless compression software such as the LZW compression package.
- Laser proofs: Supply a good quality laser proof of all figures. List the name and version of the artwork package used and the names and libraries of fonts used in the artwork. If we are unable to use your electronic file, we can scan in the laser proof as an alternative until a revised file can be supplied.
- Line & tone combination: Files scanned as line & tone combination should be scanned at a higher resolution than a standard halftone to ensure better type/line quality, for example, 600 dpi.

**Colour halftone or line subjects:**

- Do not submit line subject drawings with coloured tints unless the figure is required as a colour plate; use only black/white/greyscale.
- If supplying colour subjects in digital form, submit as TIFF or EPS files and choose CMYK colour mode when saving your scans. If you supply files as RGB we need to convert them to the CMYK printing process before we can print, this usually results in a slight change of the colour values; therefore all colour correction must be carried out in CMYK mode on your machine.

**Checklists:**

- Always supply a printed directory of file names, laser proofs of all the figures, and a list of fonts/typefaces used in labelling artwork.
- Transfer media

- You can supply artwork files in any of the following media:
  - Apple Mac/PC:
    - disks at 3.5 inch
    - 100/250 Mb Floppy ZIP drive
    - CD-ROM

**Virus check:** Before dispatching your disks please run them through a virus checker program. If possible, also check Word and Excel files for viruses.

### General notes

Upon acceptance of a manuscript, authors will be requested to submit it to Cambridge University Press by email. They also will be required to complete and forward a copyright form and authors' checklist both of which will be forwarded to the corresponding author by email when the article is accepted. There is an approximate 4–9 month delay from acceptance of an article to its publication in *International Psychogeriatrics*, but accepted articles will be e-published ahead of print as *First View* Articles within 6–10 weeks of acceptance provided authors return proofs promptly. E-publication generates a doi number and counts as full publication for citation purposes.

Editorials, "For Debate" articles and book reviews are commissioned by the editor.

Reviewers who reviewed papers in the previous calendar year will be acknowledged in the subsequent April issue of the journal each year. *International Psychogeriatrics* no longer publishes an annual index as modern computerized search techniques have rendered annual hard copy indices obsolete.

Contributors should refer to recent issues of the journal for examples of formatting (abstracts, headings, references, tables, etc.).

**Send the electronic manuscript either by email (or, if that is not possible, on computer disk) to:**

### Office of the Editor-in-Chief

David Ames  
Professor of Ageing and Health  
Editor-in-Chief, *International Psychogeriatrics*,  
Normanby House, St George's Hospital  
283 Cotham Rd  
Kew, Victoria, 3101  
Australia  
Email: ipaj-ed@unimelb.edu.au  
Tel: + 61 3 9816 0485  
Fax: +61 3 9816 0432 or + 61 3 9816 0477

### For book review submissions:

Dr. Michael Philpot  
Mental Health of Older Adults  
1st floor, Administration Building  
Maudsley Hospital  
Denmark Hill,  
London SE5 8AZ  
UK  
Email: mike.philpot@slam.nhs.uk  
Tel: +44 (0)207 919 2193  
Fax: +44 (0)207 919 2118

### For business matters:

Susan M. Oster  
Managing Editor, *International Psychogeriatrics*  
International Psychogeriatric Association  
550 Frontage Road  
Suite 3759  
Northfield, IL 60093  
USA  
Email: ipa@ipa-online.org  
Tel: +1 847 501 3310  
Fax: +1 847 501 3317  
Web: www.ipa-online.org

(Revised 11 November 2008)



## Scope and contributions

*International Psychogeriatrics* is written by and for those doing clinical, teaching, and research work with older people. It is the official journal of the International Psychogeriatric Association (IPA) and is published by Cambridge University Press, Cambridge, UK. Although it is primarily concerned with psychogeriatrics, the journal welcomes contributions from all concerned with the field of mental health and aging. Original research papers are particularly sought.

Contributions include original research articles, case reports, reviews of the literature, book reviews, letters to the editor, and editorials. Apart from editorials and book reviews, which are commissioned, contributions to *International Psychogeriatrics* are spontaneously written and submitted by authors. Papers are reviewed by two expert reviewers selected by the Editor-in-Chief. At present, about half of the papers submitted are accepted for publication. The journal's Science Citation Index Impact Factor (2007) is 2.207. Submission of a paper implies that it is neither under consideration for publication elsewhere, nor previously published in English. Manuscripts must be formatted double-spaced with ample margins on all sides and the pages should be numbered. *International Psychogeriatrics* uses the spelling of American English. Manuscripts written by those whose primary language is not English should be edited carefully for language prior to submission. The journal has a Language Assistance Panel consisting of both native English speakers willing to check manuscripts for style prior to submission, and bilingual experts willing to assist with the translation of manuscripts into English. Further details including contact information for individual panel members can be found at both the journal and IPA websites ([journals.cambridge.org/ipg](http://journals.cambridge.org/ipg) and [www.ipa-online.org](http://www.ipa-online.org)).

The instructions for contributors are published in the first issue of *International Psychogeriatrics* each year. An up-to-date version can be found at the *International Psychogeriatrics* website [journals.cambridge.org/IPG](http://journals.cambridge.org/IPG). Please read these instructions carefully before submitting articles. Articles that are not prepared in accordance with these guidelines will be returned to authors.

## Send the electronic manuscript by email (or, if that is not possible, on computer disk) to the office of the editor-in-chief:

Professor David Ames, Editor-in-Chief, *International Psychogeriatrics*  
Normanby House,  
St George's Hospital,  
283 Cotham Rd.,  
Kew, Victoria 3101,  
Australia

Email: [ipaj-ed@unimelb.edu.au](mailto:ipaj-ed@unimelb.edu.au)  
Tel +61 3 9816 0485  
Fax +61 3 9816 0477

## For business matters:

Ms. Susan M. Oster  
Managing Editor, *International Psychogeriatrics*  
International Psychogeriatric Association  
550 Frontage Road,  
Suite 3759  
Northfield, IL 60093  
USA

Email: [ipa@ipa-online.org](mailto:ipa@ipa-online.org)  
Tel: +1 847 501 3310  
Fax: +1 847 501 3317  
Web: [www.ipa-online.org](http://www.ipa-online.org)

## For book review matters:

Dr. Michael Philpot  
Maudsley Hospital,  
Mental Health of Older Adults Directorate  
115 Denmark Hill,  
London SE5 8AZ  
U.K.

Email:  
[mike.philpot@slam.nhs.uk](mailto:mike.philpot@slam.nhs.uk)  
Tel: +44 (0) 207 219 2193  
Fax: +44 (0) 207 919 2118

Enquiries about advertising should be sent to the Journal's Promotion Department of the Cambridge or American Branch of Cambridge University Press.

© 2008 International Psychogeriatric Association

PRINTED IN THE UNITED KINGDOM AT THE UNIVERSITY PRESS, CAMBRIDGE

# International Psychogeriatrics

## CONTENTS

- |                                   |  |
|-----------------------------------|--|
| <b>Editorial</b>                  | <b>1</b> <i>International Psychogeriatrics comes of age</i><br>David Ames (Australia)  |
| <b>Top cited paper</b>            | <b>5</b> <b>Top cited papers in <i>International Psychogeriatrics</i>: 1. Long-term use of rivastigmine in patients with dementia with Lewy bodies: an open-label trial</b><br>Ian McKeith (U.K.) and David Ames (Australia)   |
| <b>Reviews</b>                    | <b>7</b> <b>The wills of older people: risk factors for undue influence</b><br>C. Peisah (Australia), S. Finkel (U.S.A.), K. Shulman (Canada), P. Melding (New Zealand), J. Luxenberg (U.S.A.), J. Heinik (Israel), R. Jacoby (U.K.), B. Reisberg (U.S.A.), G. Stoppe (Switzerland), A. Barker (U.K.), H. Firmino (Portugal) and H. Bennett (Australia), for the International Psychogeriatric Association Task Force on Wills and Undue Influence |
|                                   | <b>16</b> <b>Is psychotherapy for depression equally effective in younger and older adults? A meta-regression analysis</b><br>Pim Cuijpers, Annetie van Straten, Filip Smit (The Netherlands) and Gerhard Andersson (Sweden)   |
|                                   | <b>25</b> <b>Systematic review of the effect of education on survival in Alzheimer's disease</b><br>Matt Paradise, Claudia Cooper and Gill Livingston (U.K.)   |
| <b>Original Research Articles</b> | <b>33</b> <b>Narratives in a users' and carers' group: meanings and impact</b><br>Susan M. Benbow, Yong Lock Ong, Sarah Black and Jane Garner (U.K.)   |
|                                   | <b>40</b> <b>Evaluating the working conditions and exposure to abuse of Filipino home care workers in Israel: characteristics and clinical correlates</b><br>Liat Ayalon (Israel)  |
|                                   | <b>50</b> <b>Predicting social isolation among geriatric psychiatry patients</b><br>Trevor Frise Smith and John P. Hirdes (Canada)   |
|                                   | <b>60</b> <b>One-year outcomes of minor and subsyndromal depression in older primary care patients</b><br>Jeffrey M. Lyness, Benjamin P. Chapman, Joanne McGriff, Rebecca Drayer and Paul R. Duberstein (U.S.A.)   |
|                                   | <b>69</b> <b>The relationship between elderly suicide rates and the human development index: a cross-national study of secondary data from the World Health Organization and the United Nations</b><br>Ajit Shah (U.K.)  |
|                                   | <b>78</b> <b>The relationship of excess cognitive impairment in MCI and early Alzheimer's disease to the subsequent emergence of psychosis</b><br>Elise A. Weamer, James E. Emanuel, Daniel Varon, Sachiko Miyahara, Patricia A. Wilkosz, Oscar L. Lopez, Steven T. DeKosky and Robert A. Sweet (U.S.A.)   |
|                                   | <b>86</b> <b>Music in the nursing home: hitting the right note! The provision of music to dementia patients with verbal and vocal agitation in Dutch nursing homes</b><br>E. R. van der Geer, A. C. Vink, J. M. G. A. Schols and J. P. J. Slaets (The Netherlands)   |
|                                   | <b>94</b> <b>Validation study of the Camberwell Assessment of Need for the Elderly (CANE) in Portugal</b><br>Lia Fernandes, Manuel Gonçalves-Pereira, António Leuschner, Sónia Martins, Margarida Sobral, Luís F. Azevedo, Cláudia Dias (Portugal), Raimundo Mateos (Spain) and Martin Orrell (U.K.)   |
|                                   | <b>103</b> <b>The Erlangen Test of Activities of Daily Living: first results on reliability and validity of a short performance test to measure fundamental activities of daily living in dementia patients</b><br>Elmar Graessel (Germany), Reena Viegas (Switzerland), Renate Stemmer, Brita Küchly, Johannes Kornhuber and Carolin Donath (Germany)   |
|                                   | <b>113</b> <b>Cross-cultural comparisons of the Mini-mental State Examination between Japanese and U.S. cohorts</b><br>Hiroko H. Dodge (U.S.A.), Kenichi Meguro, Hiroshi Ishii, Satoshi Yamaguchi (Japan), Judith A. Saxton and Mary Ganguli (U.S.A.)  |
|                                   | <b>123</b> <b>Applicability of the Mini-mental State Examination (MMSE) and the Hindi Mental State Examination (HMSE) to the urban elderly in India: a pilot study</b><br>S. C. Tiwari, Rakesh Kumar Tripathi and Aditya Kumar (India)   |
|                                   | <b>129</b> <b>Japanese-English language equivalence of the Cognitive Abilities Screening Instrument among Japanese-Americans</b><br>Laura E. Gibbons, Susan McCurry, Kristoffer Rhoads, Kamal Masaki, Lon White, Amy R. Borenstein, Eric B. Larson and Paul K. Crane (U.S.A.)  |
|                                   | <b>138</b> <b>Cognitive and psychiatric effects of vitamin B<sub>12</sub> replacement in dementia with low serum B<sub>12</sub> levels: a nursing home study</b><br>Christopher H. van Dyck, Jeffrey M. Lyness, Robert M. Rohrbaugh and Alan P. Siegel (U.S.A.)  |
|                                   | <b>148</b> <b>Decreased cortical glucose metabolism in converters from CDR 0.5 to Alzheimer's disease in a community: the Osaki-Tajiri Project</b><br>Hiroshi Ishii, Hiroyasu Ishikawa, Kenichi Meguro, Manabu Tashiro and Satoshi Yamaguchi (Japan)   |
|                                   | <b>157</b> <b>Exploring the relationship between cognition and self-reported pain in residents of homes for the elderly</b><br>Joukje M. Oosterman, Kerst de Vries, H. Chris Dijkerman, Edward H. F. de Haan and Erik J. A. Scherder (The Netherlands)   |
|                                   | <b>164</b> <b>Subjective memory impairment in a rural population with low education in the Amazon rainforest: an exploratory study</b><br>Sonia Maria Dozzi Brucki and Ricardo Nitrini (Brazil)  |
|                                   | <b>172</b> <b>Use of antipsychotic medications for the management of delirium: an audit of current practice in the acute care setting</b><br>J. Tropea, J. Slee, A. C. N. Holmes, A. Gorelik and C. A. Brand (Australia)   |
|                                   | <b>180</b> <b>Screening for osteoporosis: a survey of older psychiatric inpatients at a tertiary referral centre</b><br>Brendon Stubbs, Enrique Zapata-Bravo and Camilla Haw (U.K.)  |
|                                   | <b>187</b> <b>Risk factors for falls among residents with dementia living in group dwellings</b><br>Tony Pellfolk, Ted Gustafsson, Yngve Gustafson and Stig Karlsson (Sweden)  |
|                                   | <b>195</b> <b>Reduction of suboptimal prescribing and clinical outcome for dementia patients in a senior behavioral health inpatient unit</b><br>Virginia T. Chan, Benjamin K. P. Woo, Daniel D. Sewell, E. Clark Allen, Shahrokh Golshan, Valerie Rice, Arpi Minassian and John W. Daly (U.S.A.)  |
| <b>Letters</b>                    | <b>200</b>   |
| <b>Book Reviews</b>               | <b>209</b>   |