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 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 ARTICLES Modality-general and modality-specific processes in hallucinations Fernyhough C	2639	Association between childhood trauma exposure and pro-inflammatory cytokines in schizophrenia and bipolar-l disorder Quidé Y, Bortolasci CC, Spolding B, Kidnapillai S, Watkeys OJ,	0700
Unraveling the genetic architecture of major depressive disorder: merits and pitfalls of the approaches used in genome-wide association studies Schwabe I, Milaneschi Y, Gerring Z, Sullivan PF, Schulte E, Suppli NP, Thorp JG, Derks EM & Middeldorp CM	2646	Cohen-Woods S, Berk M, Carr VJ, Walder K & Green MJ Shared and specific genetic risk factors for lifetime major depression, depressive symptoms and neuroticism in three population-based twin samples Kendler KS, Gardner CO, Neale MC, Aggen S, Heath A,	2736
Towards personalising treatment: a systematic review and meta-analysis of face-to-face efficacy moderators of cognitive-behavioral therapy and interpersonal psychotherapy for major depressive disorder	2657	Colodro-Conde L, Couvyduchesne B, Byrne EM, Martin NG & Gillespie NA Accuracy of diagnostic classification algorithms using cognitive-, electrophysiological-, and neuroanatomical data in antipsychotic-naïve schizophrenia patients	2745
Whiston A, Bockting CLH & Semkovska M ORIGINAL ARTICLES A meta-analysis of neuropsychological, social cognitive, and	2007	Ebdrup BH, Axelsen MC, Bak N, Fagerlund B, Oranje B, Raghava JM, Nielsen MØ, Rostrup E, Hansen LK & Glenthøj BY	2754
olfactory functioning in the behavioral and language variants of frontotemporal dementia Kamath V, Chaney G-AS, DeRight J & Onyike CU	2669	Unconfirmed death as a predictor of psychological morbidity in family members of disappeared persons Isuru A, Hewage SN, Bandumithra P & Williams SS	2764
Where are the breaks in translation from theory to clinical practice (and back) in addressing depression? An empirical graph-theoretic approach Siegle GJ, Cramer AOJ, van Eck NJ, Spinhoven P, Hollon SD, Ormel J, Strege M & Bockting CLH	2681	Auditory hallucinations, top-down processing and language perception: a general population study de Boer JN, Linszen MMJ, de Vries J, Schutte MJL, Begemann MJH, Heringa SM, Bohlken MM, Hugdahl K, Aleman A, Wijnen FNK & Sommer IEC	2772
Translating GWAS findings into therapies for depression and anxiety disorders: gene-set analyses reveal enrichment of psychiatric drug classes and implications for drug repositioning		Longitudinal changes in brain activation during anticipation of monetary loss in bipolar disorder Manelis A, Stiffler R, Lockovich JC, Almeida JRC, Aslam HA & Phillips ML	o f 2781
So H-C, Chau CK-L, Lau A, Wong S-Y & Zhao K Frequency and temporal sequence of clinical features in adults with anti-NMDA receptor encephalitis presenting	2692	Interoceptive deficits, non-suicidal self-injury, and suicide risk: a multi-sample study of indirect effects Hagan CR, Rogers ML, Brausch AM, Muehlenkamp JJ &	
with psychiatric symptoms Gurrera RJ	2709	Joiner Jr TE	2789
Public knowledge, attitudes, social distance and reporting contact with people with mental illness 2009–2017	2.00	Effort valuation and psychopathology in children and adults Nguyen NH, Albert AB, Van Orman S, Forken P, Blatt SD, Fremont WP, Faraone SV & Glatt SJ	2801
Robinson EJ & Henderson C	2717	Correspondence 280	08, 2810
Pre-conception self-harm, maternal mental health and mother–infant bonding problems: a 20-year prospective cohort study		Invited Letter Rejoinder	2812
Borschmann R, Molyneaux E, Spry E, Moran P, Howard LM, Macdonald JA, Brown SJ, Moreno-Betancur M, Olsson CA & Patter CC	0707		



2727



Patton GC