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## SCOPE OF SUBMITTED MANUSCRIPTS

*The Primary Care Companion to The Journal of Clinical Psychiatry* seeks to advance the clinical expertise of nonpsychiatrists who provide mental health care services to their patients by supplying a publication forum for research and commentary on mental illness as it presents in generalist settings. Submissions of high clinical value will be given priority. Practice-based research from individuals and groups with interest and clinical expertise in the area is particularly welcome. The *Companion* will focus on providing information of direct clinical utility and giving a voice to clinician researchers. Pertinent scholarly subject reviews, straightforward case reviews, brief reports, and timely clinician commentary will augment original research.

The *Companion* is open to medicine, nursing, social work, psychology, or other disciplines with a role in mental health and primary care, especially as they pertain to integrated delivery systems and interdisciplinary collaboration.

### Content Sections.

**Original Research.** Report of data collection and analysis with a discussion of the analysis.

**Clinical Review.** Investigation of a specific condition based on a thorough and critical review of the literature.

**Case Series.** Report of a series of patients with a defined disorder, often a consecutive sample, with a report of characteristics, clinical course, and outcome.

**Editorials.** Opinions on relevant topics or commentary on a current article in *The Primary Care Companion*.

**Grand Rounds.** Case presentation for which a clinical unknown is followed from initial presentation, diagnostic workup, treatment selection, and management with commentary from experts in the field.

**Brief Report.** Submission focusing on a clinical entity, interesting case finding, or other pertinent topic.

**Letters to the Editor.** Comments on articles previously published in *The Primary Care Companion* or the conveyance of information of interest.

**Book Reviews.** Critical reviews of relevant publications.

**Literature Review.** Review of articles dealing with common primary care problems that report outcomes of consequence to patients and have the potential to change the way family physicians practice.

## MANUSCRIPT FORMAT AND STYLE

Type the manuscript on one side of white, nonerasable bond paper (8½ × 11 in), with margins of at least 1 in. Double space throughout, including title page, abstract, text, references, tables, and legends for figures. Number pages consecutively in the upper right-hand corner, beginning with the title page. Each section should begin on a separate page, and the sections should be arranged in the following order: (1) title page and acknowledgments, (2) abstract and key words, (3) text, (4) references, and (5) tables and legends for figures.

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### TITLE PAGE

**Title.** The title of the article should be concise but informative.

**Byline.** For each author, include first name, middle initial, and last name along with highest academic degree(s) and institutional affiliation. The full address, telephone number, FAX number, and e-mail address (if available) of the corresponding author should appear on the title page.

**Criteria for Authorship.** Authorship should be assigned only to persons who contributed to the intellectual content of the paper and can take public responsibility for that content. Authors should meet the following 3 criteria: (1) conceived and designed the work or analyzed and interpreted the data, (2) drafted the article or reviewed it for intellectual content, and (3) approved the final version to be published. Participation solely in the acquisition of funding or the collection of data does not justify authorship. Department chairpersons who were not involved directly in the study, physicians who referred patients or interpreted routine studies,

technicians who supplied routine services, and persons who provided technical help in preparing the paper should not be listed as authors.

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**ABSTRACT AND KEY WORDS**

Provide a structured abstract of no more than 250 words on the second page. The abstract should consist of 4 paragraphs with headings and information as follows: *Background*—the question addressed in the study; *Method*—how the study was performed (selection of study subjects, observational and analytic methods, criteria for diagnosis); *Results*—the key findings (give specific data and their statistical significance, if possible); and *Conclusion*—what the authors conclude from the results.

Below the abstract, provide up to 5 key words or short phrases that will assist in indexing your article.

**TEXT**

The text of observational and experimental articles is usually—but not necessarily—divided into sections with the headings Introduction, Method, Results, and Discussion. Lengthy articles may need subheadings within some sections to clarify their content.

**Introduction.** State the purpose of the article. Summarize the rationale for the study or observation. Give only strictly pertinent references, and do not review the subject extensively. Do not include data or conclusions from the work being reported.

**Method.** Describe your selection of the observational or experimental subjects (including controls) clearly. Identify the methods, apparatus (manufacturer's name and address within parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below). Describe new or modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration. Justify the use of diagnostic criteria other than DSM-IV.

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**Statistics.** Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid sole reliance on statistical hypothesis testing, such as the use of p values, which fails to convey important quantitative information. Discuss eligibility of experimental subjects. Give details about randomization. Describe the methods for, and success of, any blinding of observations. Report treatment complications. Give numbers of observations. Report losses to observation (such as dropouts from a clinical trial). Reference statistical tests that are not well known. Specify any general-use computer programs used.

**Results.** Present your results in logical sequence. Do not repeat in the text all the data in the tables or figures; emphasize or summarize only important observations.

**Discussion.** Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail material given in the Introduction or the Results section. Include in the Discussion section the implications of the findings and their limitations, including implications for future research. Relate the observations to other relevant studies. Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not completely supported by your data.

**Abbreviations.** Use only standard abbreviations. Avoid abbreviations in the title and abstract. The full term for which an abbreviation stands

should precede its first use in the text unless it is a standard unit of measurement.

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Number references consecutively in the order in which they are cited in text. Identify references by superscript arabic numerals. References cited only in tables or in figure legends should be numbered in accordance with the sequence at the point of identification in the text of the particular table or figure.

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Double-space throughout the reference list. Abbreviations of journal names must conform to *Index Medicus* style. Examples of correct forms of references are illustrated below:

1. Manning JS, Connor PD, Sahai A. The bipolar spectrum: a review of current concepts and implications for depression management in primary care. *Arch Fam Med* 1998;7:63-71
2. Hirshfeld DR, Smoller JW, Fredman SJ, et al. Early antecedents of panic disorder: genes, childhood, and the environment. In: Rosenbaum JF, Pollack MH, eds. *Panic Disorder and Its Treatment*. New York, NY: Marcel Dekker; 1998:93-151
3. Mah L. Mania in HIV illness. In: *New Research Program and Abstracts of the 151st Annual Meeting of the American Psychiatric Association*; June 1, 1998; Toronto, Ontario, Canada. Abstract NR111:98
4. Huth EJ. *How to Write and Publish Papers in the Medical Sciences*. 2nd ed. Baltimore, Md: Williams & Wilkins; 1990
5. Simon GE. Can depression be managed appropriately in primary care? *J Clin Psychiatry* 1998;59(suppl 2):3-8
6. Goldstein DJ. Use of serotonin reuptake inhibitors by women of child-bearing potential [letter with reply]. *JAMA* 1998;279:1873-1874

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Do not use internal horizontal and vertical rules.

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