

Information for Authors

GENERAL INFORMATION

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SCOPE OF SUBMITTED MANUSCRIPTS

All submissions to *The Journal of Clinical Psychiatry* should be relevant and interesting to practicing clinical psychiatrists. We strive to publish academically sophisticated, methodologically sound manuscripts geared more toward the practitioner than the researcher. Manuscripts should be concisely written, appropriately referenced, and coherently focused. Conclusions should flow logically from the data presented, and methodological flaws and limitations should be acknowledged.

Manuscripts eligible to be published as articles include controlled studies, clinical observations of wide importance, critical overviews, pilot studies, open trials, chart reviews, and case series with literature reviews. Experimental drug trials involving a compound not currently available in the United States may be considered if (1) the compound is expected to be released soon in the United States or (2) it offers some unique and interesting clinical features. Manuscripts should deal with the epidemiology, classification, and treatment of psychiatric disorders and should not exclusively emphasize laboratory techniques, biostatistical models, validity studies, or the development of measurement instruments.

Single case reports are typically Letters to the Editor, and only exceptional cases (e.g., those involving multiple crossover trials or sophisticated laboratory techniques) will be considered for publication as full articles. Case reports should describe novel, well-documented findings that will be of help and interest to the practitioner.

Letters to the Editor should not exceed 500 words and include no tables or figures. All letters must be typed double-spaced throughout, including references. Letters that pertain to recent articles in the *Journal* may be sent to the author(s) for response. Letters will be edited for clarity and conformity to *Journal* style.

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.

Manuscripts on diskettes. At the time of final revision, authors are encouraged to submit a computer diskette along with the print-out of the manuscript version on the diskette. The author should include the file name and software and hardware information on the diskette label.

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, and FAX number (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 three 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.

Acknowledgments. At the bottom of the title page, list (1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chairperson, critical review of

study proposal, or data collection; (2) acknowledgments of technical help; (3) acknowledgments of financial and material support, specifying the nature of the support; and (4) indications of previous oral presentation. Authors must submit written permission from persons acknowledged for other than financial or technical support.

ABSTRACT AND KEY WORDS

Provide a structured abstract of no more than 250 words on the second page. The abstract should consist of four 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 five 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-III.

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Patient Confidentiality. Ethical and legal considerations dictate protection of patients' anonymity. Do not use patients' names, initials, or hospital numbers in text or illustrative material. Avoid dates and disguise characteristics and personal history that would identify a patient.

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.

REFERENCES

The reference list should include only references to published material. Authors are responsible for the accuracy and completeness of the references. The references must be verified by the author(s) against the original documents.

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.

"In press" references can be cited if the title and journal name or book publisher are given. "Unpublished observations" and "personal communications" may not be included in the reference list but can be cited parenthetically in text. Information from manuscripts submitted but not yet accepted should be cited in text as "unpublished observations" (within parenthesis marks). Authors must submit a letter of permission from cited persons to cite such unpublished works. Symposium papers may be cited in the reference list only if published proceedings of the meeting are available.

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. O'Rourke D, Wurtman JJ, Wurtman RJ, et al. Treatment of seasonal depression with *d*-fenfluramine. *J Clin Psychiatry* 1989;50:343-347
2. Davis JM. Antipsychotic drugs. In: Kaplan HI, Sadock BJ, eds. *Comprehensive Textbook of Psychiatry*, vol 2. 4th ed. Baltimore, Md: Williams & Wilkins; 1985:1481-1513
3. Black DW, Noyes R, Goldstein R, et al. Family study of OCD. In: *New Research Program and Abstracts of the 144th annual meeting of the American Psychiatric Association*; May 14, 1991; New Orleans, La. Abstract NR359:134
4. Huth EJ. *How to Write and Publish Papers in the Medical Sciences*. 2nd ed. Baltimore, Md: Williams & Wilkins; 1990
5. Dubovsky SL. Generalized anxiety disorder: new concepts and psychopharmacologic therapies. *J Clin Psychiatry* 1986;47(4, suppl):46-66
6. Lieb J. Antidepressant tachyphylaxis [letter]. *J Clin Psychiatry* 1990;51:36

TABLES

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Do not use internal horizontal and vertical rules.

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