

## 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](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. 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

### INVITED REVIEW

#### Virtual reality in the assessment, understanding, and treatment of mental health disorders

Freeman D, Reeve S, Robinson A, Ehlers A, Clark D, Spanlang B & Slater M 2393

### REVIEW ARTICLE

#### Neurocognitive impairment in deficit and non-deficit schizophrenia: a meta-analysis

Bora E, Binnur Akdede B & Alptekin K 2401

### ORIGINAL ARTICLES

#### Effects of depression, metabolic syndrome, and cardiorespiratory fitness on mortality: results from the Cooper Center Longitudinal Study

Rethorst CD, Leonard D, Barlow CE, Willis BL, Trivedi MH & DeFina LF 2414

#### Evidence that polygenic risk for psychotic disorder is expressed in the domain of neurodevelopment, emotion regulation and attribution of salience

van Os J, van der Steen Y, Islam MdA, Güllöksüz S, Rutten BP, Simons CJ & GROUPE Investigators 2421

#### Genetic and other risk factors for suicidal ideation and the relationship with depression

Dutta R, Ball HA, Siribaddana SH, Sumathipala A, Samaraweera S, McGuffin P & Hotopf M 2438

#### Reactivity to unpredictable threat as a treatment target for fear-based anxiety disorders

Gorka SM, Lieberman L, Klumpp H, Kinney KL, Kennedy AE, Ajilore O, Francis J, Duffecy J, Craske MG, Nathan J, Langenecker S, Shankman SA & Phan KL 2450

#### Specific impact of stimulant, alcohol and cannabis use disorders on first-episode psychosis: 2-year functional and symptomatic outcomes

Ouellet-Plamondon C, Abdel-Baki A, Salvat É & Potvin S 2461

#### Insular pathology in young people with high-functioning autism and first-episode psychosis

Parellada M, Pina-Camacho L, Moreno C, Aleman Y, Krebs M-O, Desco M, Merchán-Naranjo J, Del Rey-Mejias A, Boada L, Llorente C, Moreno D, Arango C & Janssen J 2472

#### Transformation of excess mortality in people with schizophrenia and bipolar disorder in Taiwan

Pan Y-J, Yeh L-L, Chan H-Y & Chang C-K 2483

#### Developing an international scoring system for a consensus-based social cognition measure: MSCEIT-managing emotions

Helleman GS, Green MF, Kern RS, Sitarenios G & Nuechterlein KH 2494

#### Altered activation of the ventral striatum under performance-related observation in social anxiety disorder

Becker MPI, Simon D, Miltner WHR & Straube T 2502

#### Comparison of neural substrates of temporal discounting between youth with autism spectrum disorder and with obsessive-compulsive disorder

Carlisi CO, Norman L, Murphy CM, Christakou A, Chantiluke K, Giampietro V, Simmons A, Brammer M, Murphy DG, MRC AIMS consortium, Mataix-Cols D & Rubia K 2513

#### Promoting medication adherence among patients with bipolar disorder: a multicenter randomized controlled trial of a multifaceted intervention

Pakpour AH, Modabbernia A, Lin C-Y, Saffari M, Ahmadzad Asl M & Webb TL 2528

#### Ten month outcome of cognitive behavioural therapy v. interpersonal psychotherapy in patients with major depression: a randomised trial of acute and maintenance psychotherapy

Mulder R, Boden J, Carter J, Luty S & Joyce P 2540

#### Risk of transition to schizophrenia following first admission with substance-induced psychotic disorder: a population-based longitudinal cohort study

Alderson HL, Semple DM, Blayney C, Queirazza F, Chekuri V & Lawrie SM 2548

#### Pathways from assaultive violence to post-traumatic stress, depression, and generalized anxiety symptoms through stressful life events: longitudinal mediation models

Lowe SR, Joshi S, Galea S, Aiello AE, Uddin M, Koenen KC & Cerdá M 2556

Correspondence 2567