

Aims and Scope

Psychopharmacology Bulletin publishes full-length research articles, review articles, brief reports, clinical case studies, commentary, and letters. Manuscripts submitted to Bulletin's new section, Negative and Failed Clinical Trial Reports will be entitled to fast-track review

Psychopharmacology Bulletin is committed to the highest ethical standards in medical research. Accordingly, we ask authors to provide specific information regarding ethical treatment of research participants, patient consent, patient privacy, protocols, authorship, and competing interests. We also ask that reports of certain specific types of studies adhere to generally accepted standards. Our requirements are based on the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, issued by the International Committee for Medical Journal Editors. (<http://www.icmje.org/>)

Manuscript Submission

Manuscript files can be in the following formats: DOC, DOCX, or PDF. Microsoft Word documents should not be locked or protected. An electronic file of manuscripts (including all illustrations and tables) should be submitted to editorial@medworksmedia.com, or sent to MedWorks Media's submission receiving address:

MedWorks Media Inc.
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Redondo Beach CA. 90278
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Manuscripts for consideration by *Psychopharmacology Bulletin* must be submitted solely to *Psychopharmacology Bulletin*, and may not have been published in another publication of any type, professional or lay. Manuscripts will be reviewed by a member of the Editorial Board, depending on the principle topic and focus of the submission. The journal will not be responsible for loss of manuscripts at any time. Upon acceptance of a manuscript for publication, the corresponding author will be required to sign an agreement transferring copyright to the publisher. All such manuscripts become the property of the publisher, and no material published in the journal may be reproduced or published elsewhere without written permission from the publisher, who reserves copyright.

Any possible conflict of interest, financial or otherwise, related to the submitted work must be clearly indicated in the manuscript, or in a cover letter accompanying the submission. All statements in, or omissions from, published manuscripts are the responsibility of the authors, who will be asked to review proofs prior to publication. Reprint order forms will be sent with the page proofs. No page charges will be levied against authors or their institutions for publication in *Psychopharmacology Bulletin*.

Format of Manuscript Elements

Manuscripts must be in English with wide (1 inch) margins, typed and double-spaced throughout. Number pages consecutively. Manuscripts should contain each of the following elements in sequence: 1) title page, 2) abstract, 3) text, 4) acknowledgements, 5) references, 6) tables, and 7) figure legends. Start each subdivision on a new page. Define abbreviations at the first mention in the text. Manuscripts should be prepared using American Medical Association style. Use generic drug names in the text. The text should be written in a uniform style, and its contents as submitted for consideration should be deemed final by the author and suitable for publication as follows:

Title Page

The title page should contain the complete title of the manuscript, author names with degrees, and each author's title(s) and affiliation, institution(s) at which the work was performed, and name, address, telephone, and tel/fax numbers, and e-mail address of the author responsible for correspondence. Authors should also provide a short title of not more than

45 characters (including spaces), and 5 to 10 key words, not in the title but taken from Index Medicus, that will highlight the subject matter of the article.

Abstract

Abstracts must be 250 words or less, and should be intelligible without reference to the text. Objectives, experimental design, principal observations, and conclusions should be succinctly summarized for research articles, brief reports, and reviews.

Research articles

There are no restrictions on the number of pages or figures. Introduction, Materials and Methods, Results, Discussion, and Conclusion sections conforming to standard scientific reporting style are required (where appropriate, Results and Discussion may be combined). Research articles should include a hypothesis. Detailed information on statistics should be provided such as name of statistical test, whether tests were one- or two-tailed, test used for each set of data, and correction factors, if any, for multiple comparisons. Data and figures should present or reflect standard deviations rather than standard error of means. All significant and relevant nonsignificant results must include test values, degree(s) of freedom, and probability.

Brief reports

Brief reports are intended for presentation of data on research projects which have progressed to a point where preliminary observations should be disseminated (eg, pilot studies, initial drug trials, significant findings in need of replication). Brief reports may not exceed four printed pages (approximately six double-spaced manuscript pages, inclusive of text, references, figures, and legends). Section headings are not necessary. Concise abstracts should be included.

Review articles

Review and theoretical articles are usually invited, but submitted reviews or theory-oriented articles will be considered. Such articles should provide a critical review and interpretation of the literature and current research directions in a given area. An abstract is required. The text should flow smoothly, and subdivisions (eg, Introduction, Methods, Results) within the manuscript are not necessary. There are no a priori page limitations for reviews or theoretical papers; however, proposals for papers of this nature should be directed to the *Psychopharmacology Bulletin* editor, who will consult with the author before manuscript submission.

Clinical case studies

Clinical case reports should comprise two to four printed pages (approximately 4–6 manuscript pages including illustrations and tabular material). Studies should be divided into the following sections: Case History, Symptomatology, Diagnosis, Treatment, and Discussion. Presentation of clinical data should be accompanied by appropriate patient releases/permissions.

Peer-reviewed letters

Letters are encouraged as a mechanism for rapid communication of novel observations or important research findings; however, space limitations do not enable the journal to publish all letters received. Letters are also welcomed from readers who wish to comment on investigations within the editorial scope and content of *Psychopharmacology Bulletin*. Opinions and views expressed by authors in letters to the editor are their own and do not necessarily reflect the views of the MedWorks Media publisher James M. La Rossa Jr., the editor Dr. Michael E. Thase, or the editorial advisory board. All submissions will be peer-reviewed, and may be altered for space or clarity. Letters should be typewritten double-spaced, and should not exceed 1,000 words of text, although exceptions may be made at the discretion of the editor. References should be held to a minimum. Letters referring to a recent *Psychopharmacology Bulletin* article shall not exceed 500 words and must be received within 6 weeks of the article's publication. Letters must not duplicate other material published or submitted for publication. A signed statement for transfer of copyright, authorship responsibility, and financial disclosure is essential for publication.

References

References should be submitted in American Medical Association style. Please see the following examples:

Journal:

Londos E, Passant U, Brun A, Gustafson L. Clinical Lewy body dementia and the impact of vascular components. *Int J Geriatr Psychiatry*. 2000;15(1):40-49.

Book:

Schatzberg AF, Nemeroff CB, eds. *Textbook of Psychopharmacology*. 2nd ed. New York, NY: APA Press; 1998:155-169.

Chapter in book:

Weissman M, Klerman G. Interpersonal psychotherapy for depression. In: Wolman B, Stricker G, eds. *Depressive Disorders: Facts, Theories, and Treatment Methods*. New York, NY: John Wiley & Sons Inc.; 1990:379-395.

References should be listed in order of appearance at the end of the text and represented in the text using the corresponding reference numbers.

Tables

Each table must have a title and should be self-explanatory. Avoid duplicating information in the text. Number tables with Arabic numerals in order of appearance in the text.

Illustrations

Illustrations should be numbered consecutively using Arabic numerals and should include the name of the author(s), manuscript title, and illustration number.

Each figure requires a corresponding legend; legends should be double-spaced. Each legend should describe briefly the information presented; detailed descriptions of results or procedures should appear in the Results or Materials and Methods sections. Abbreviations used in figures and photographs must match exactly those used in the text. Do not write directly on glossy prints, front or back, and do not use devices such as paper clips, which might scratch or dent photographic prints. Authors are encouraged to submit color illustrations that highlight the text and convey essential scientific information. For best reproduction, bright, clear colors should be used. Dark colors against a dark background do not reproduce well; please place your color images against a white background wherever possible.