

## GUIDE FOR AUTHORS

*Biological Psychiatry* is the official journal of the Society of Biological Psychiatry. The *Journal* rapidly publishes reports of novel results on a broad range of topics related to the pathophysiology and treatment of major neuropsychiatric disorders. Both basic and clinical neuroscience contributions are encouraged, particularly those addressing genetic and environmental risk factors, neural circuitry and neurochemistry, and important new therapeutic approaches. Except where explicitly stated otherwise, *Biological Psychiatry* conforms to the guidelines set forth by the International Committee of Medical Journal Editors (ICMJE) (see Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals [August 2013]: Available from <http://www.ICMJE.org>).

All new manuscripts must be submitted through the journal website: <http://ees.elsevier.com/bps>. Please direct questions to the Editorial Office at 214-648-0880, or [Biol.Psych@utsouthwestern.edu](mailto:Biol.Psych@utsouthwestern.edu).

**ARTICLE TYPES AND CONTENT** Our readership is diverse, and authors should consider that many of our readers are in specialty areas other than their own. It is important, therefore, to avoid jargon. A focused and clearly written manuscript is more likely to appeal to the readership. The brevity and clarity of the presentation will be taken into consideration by the Editors. In highly specialized areas, the introduction should be a concise primer.

**Archival Reports** are original research papers reporting novel results on a broad range of topics related to the pathophysiology and treatment of major neuropsychiatric disorders. Clear explication of methods and results is critical to facilitate review of papers and replicability of findings. The main text must be no more than 4000 words, and be structured with sections entitled and ordered as follows: Introduction, Methods and Materials, Results, Discussion. Abstracts should be 250 words or less, structured with sections entitled as follows: Background, Methods, Results, Conclusions. Figures, tables, and references should be included as necessary.

**Priority Communications** are Archival Reports that clearly document novel experimental findings of unusual and timely significance. These papers should represent a conceptual advance in the field and are not intended for publication of preliminary results. They are expected to be acceptable for publication in essentially the form submitted. Papers that require substantial revisions or do not fit the criteria will be considered as Archival Reports. See Archival Reports for structure, word length, and other requirements.

**Reviews** are concise (4000 words or less) and focus on current aspects of interest and research. Up to 150 references are allowed. Abstracts are

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Effective September 1, 2014, the *Journal* has implemented a submission notification policy. Upon receipt of every new submission, the journal will notify every individual named as an author on the submitted article. This email will provide details of the submission, including the full author list and the text of both the acknowledgments and disclosures sections. This policy change means that the journal now requires valid email addresses for all coauthors; institutional email addresses are strongly preferred.

Files (cover letter, text, figures) will be uploaded separately during the submission process, and should be labeled with appropriate and descriptive file names (e.g., SmithText.doc, Fig1.eps, Table3.doc). The system will then build a single PDF of the submission from the uploaded files.

Upon finalizing the submission, the corresponding author will immediately receive an e-mail notification that the submission has been received by the Editorial Office. If such documentation has not been received, then a problem likely occurred during the submission process and should be investigated. Any manuscripts not conforming to these guidelines will be returned to the author for correction before the manuscript is processed. The manuscript status is available to the corresponding author at all times by logging into the website.

**COVER LETTER** A cover letter is required for submissions designated as Priority Communications to outline the significance of the work; it is optional for all other submissions. A cover letter must be uploaded as a separate file, as it is not made available to peer reviewers.

**MANUSCRIPT** Manuscripts should be structured with sections entitled and ordered as follows: Title Page, Abstract, Text, Acknowledgments, Financial Disclosures, References, Footnotes, and Table/Figure Legends. Begin all sections on separate pages. The text of research papers should be organized into sections titled Introduction, Methods and Materials, Results, and Discussion. Tables may also be included in a text format at the end of the manuscript file. The manuscript file should be uploaded in Word, not in PDF.

unstructured and limited to 250 words. Figures and tables should summarize or illustrate important points.

**Techniques and Methods** articles feature new, improved, or noteworthy comments about techniques or methods relevant to basic or clinical research in, or treatment of, psychiatric disorders. Maximum length is 3000 words (main body of text only; excludes acknowledgments, disclosures, legends, and references). Abstracts are unstructured and limited to 150 words. Figures and tables should illustrate important points and are limited to a half-page (typeset).

**Correspondence** is directly related to methods, procedures or interpretation of data presented in work recently published in our journal and uses new analysis of data presented, the support of previously published work, and/or scientific points to be addressed based on methodological issues. It may also present a case-report that clearly and unambiguously illustrates important new principles that have not yet been demonstrated in clinical trials. When warranted, a reply from author(s) of the original work is solicited. Correspondence is published online only as e-content. Maximum length is 1000 words (main body of text only). No abstract and no supplements are allowed. Figures and tables are not encouraged, but allowed to illustrate important points.

**Commentaries and Editorials** address points directly related to articles in the concurrent issue, and/or focus on topics of current research and interest. These are generally invited, but interested contributors are encouraged to contact the Editor. A summarizing figure or table is encouraged. Length is restricted to 1500 words with no more than 10 references.

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**Title Page** On the title page, include the full names of all authors and their academic or professional affiliations, along with the corresponding author's complete contact information. Multiple corresponding authors are not allowed. Six key words, used for indexing, should also be included. Separately list the number of words in both the abstract and article body (excluding abstract, acknowledgments, financial disclosures, legends, and references), and the number of figures, tables, and supplemental information (if zero, state zero for each item). Articles titles may not contain acronyms, and should be less than 100 characters. For full-length articles (Archival Reports, Priority Communications, Reviews), a short title of 55 characters or less (including spaces) must also be included. Only standard acronyms (e.g., ADHD, PTSD, etc.) and gene symbols are permitted in short titles.

**Abstracts** Abstracts should be formatted according to the article type and should not exceed the word limits as detailed above. The Methods section should explicitly state the sample size of the trial. For those manuscripts that require clinical trials registration (see Clinical Trials Registration section, below), the registry name, URL, and registration number should be included at the end of the abstract.

**Acknowledgments** This section should precede the References, and should include acknowledgments for personal and technical assistance, in addition to detailed information regarding all sources of funding, including grant and other material or financial support. The role of study sponsor(s), if any, should also be detailed. If a research group is listed as an author, then the individual members of the research team must be named here. Written permission should be obtained from all individuals named in this section. Data that was published previously, such as in an abstract or poster, should also be identified here.

**Financial Disclosures** This section **must** include the required conflict of interest statements for each author (see section on disclosure, below).

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1. Krystal JH, Carter CS, Geschwind D, Manji HK, March JS, Nestler EJ, *et al.* (2008): It is time to take a stand for medical research and against terrorism targeting medical scientists. *Biol Psychiatry* 63:725–727.
2. American Psychiatric Association (1994): *Diagnostic and Statistical Manual of Mental Disorders, 4th ed.* Washington, DC: American Psychiatric Press.
3. Martin JH (1985): Properties of cortical neurons, the EEG, and the mechanisms of epilepsy. In: Kandel ER, Schwartz JH, editors. *Principles of Neural Science, 2nd ed.* New York: Elsevier, 461–471.

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The preferred file format for figures and graphics is EPS, TIFF, or PDF. Please upload high quality versions of each figure individually (i.e., two figures should be uploaded separately as Figure 1 and Figure 2). Parts/panels in composite figures should be labeled with capital letters (A, B, C). Each figure should be consistent in color, size, and font and be designed proportionally so that each item within it is to scale (particularly numbers, letters, and symbols) so it can later be sized as needed without loss of legibility or quality. Figure titles and legends should be included as text in the manuscript file and not in the figure file itself. Complete instructions for electronic artwork preparation and submission can be found at <http://www.elsevier.com/artwork>.

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**AUTHORSHIP** To qualify for authorship, an individual must have participated sufficiently in the work to take public responsibility for all or part of the content, given final approval of the submitted version, and made substantive intellectual contributions to the submitted work in the form of: 1) conception and design, and/or acquisition of data, and/or analysis of data; and 2) drafting the article, and/or revising it critically for important intellectual content. Authorship also requires agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are

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**REFEREE SUGGESTIONS** For all new submissions (except Commentaries and Correspondence), authors will be required to include the full names and contact information (affiliation, e-mail, and telephone number) of 6 individuals who are especially qualified to referee the work and would not have a conflict of interest in reviewing the manuscript. Affiliations of the suggested referees should all be different, and none should have the same affiliation as any of the authors. Editors are not appropriate to suggest as a reviewer.

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**COVER ART** *Biological Psychiatry* generally selects cover art relevant to an article appearing in that issue. The *Journal* encourages the submission of scientifically and visually interesting images that do not appear in the paper, but that would be suitable for cover art, particularly those that summarize or represent the article's findings. Authors may upload images to be considered for the cover during the submission process, or e-mail them separately to the Editorial Office. Any such images must be the property of the submitting authors. Figures that appear in the paper are automatically considered for covers.

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Dr. Einstein reports having received lecture fees from EMC Laboratories, and research funding from Quantum Enterprises. Dr. Curie disclosed consulting fees from RA Inc. Dr. Newton reported his patent on "Newtonian physics". Dr. Archimedes reported no biomedical financial interests or potential conflicts of interest.

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*Biological Psychiatry* takes seriously its responsibility in ensuring scientific integrity, and will pursue any allegations of misconduct, including but not limited to plagiarism, duplicate submission or publication, data fabrication or falsification, unethical treatment of research subjects, authorship disputes, and undisclosed conflicts of interest. The *Journal* generally follows the guidelines recommended by the Committee on Publication Ethics (<http://publicationethics.org/>), although we also reserve the right to take alternative action(s) as deemed necessary, including contacting the authors' institution(s), funding agency, or other appropriate authority for investigation. Literature corrections, via errata or retractions, are handled on a case-by-case basis.

**CLINICAL TRIALS REGISTRATION** In concordance with the ICMJE, *Biological Psychiatry* requires the registration of all clinical trials whose primary purpose is to affect clinical practice as a condition of submission and consideration for publication. For this purpose, a clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example, drugs, surgical procedures, devices, behavioral treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely

observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

All clinical trials, *regardless of when they were completed*, and secondary analyses of original clinical trials must be registered before submission of a manuscript based on the trial. Trials must have been registered at or before the onset of patient enrollment for any clinical trial that began patient enrollment on or after February 1, 2007. The trial name, URL, and registration number should be included at the end of the abstract. Acceptable registries are ClinicalTrials.gov (<http://www.clinicaltrials.gov>) or any primary registries in the World Health Organization International Clinical Trials Registry Platform (<http://www.who.int/ictpr/network/primary/en/index.html>).

**RESEARCH AND DATA REPORTING GUIDELINES** *Biological Psychiatry* supports initiatives aimed at improving the reporting of biomedical research. Checklists have been developed for a number of study designs, including randomized controlled trials (CONSORT), systematic reviews (PRISMA), meta-analyses of observational studies (MOOSE), diagnostic accuracy studies (STARD), and animal research (ARRIVE). The Minimum Information for Biological and Biomedical Investigations (MIBBI) portal also provides data-reporting standards, such as MIAME for microarray experiments. A comprehensive list of reporting guidelines is available from the EQUATOR Network Library ([http://](http://www.equator-network.org)

[www.equator-network.org](http://www.equator-network.org)). Authors should make use of the appropriate guidelines when drafting their papers. Peer reviewers are asked to refer to these checklists when evaluating these studies.

*Biological Psychiatry* requires the inclusion of the CONSORT materials (flow diagram and checklist) at submission for all randomized controlled trials. Authors of other study designs are encouraged, but not required, to include the relevant checklists at submission. All such materials will be published as supplemental information.

**GENETIC ASSOCIATION STUDIES** The ability to perform a replication of experiments performed by other investigators is a fundamental concept in scientific and biomedical research. Therefore, the failure to replicate the majority of genetic association studies is troubling and provides a challenge for journals attempting to publish work that will stand the test of time, or at the very least, not lead other investigators in non-productive research directions. At the same time, the difficulty in balancing type I error with type II error is a key issue in association studies of neuropsychiatric disease, where sample sizes are often constrained by practicality and the fact that effect sizes due to any single genetic risk factor may be small. Given these tradeoffs, it is often difficult for authors to know what level of proof is acceptable for publication in a given journal, leading to multiple resubmissions and publication delays. We have adopted the following editorial policies to provide guidelines for those submitting manuscripts involving genetic association studies.

always include estimates of power.

We realize that independent replication of an initial finding in the same manuscript may not be feasible in every case, but studies providing such replication of findings in an independent sample will be given highest priority. Confirmation of the functional consequences of a common disease-associated variant is useful information, but does not substitute for a rigorous demonstration of a statistically significant association. Analysis of pathways or candidate regional analysis is encouraged over single gene studies. Candidate gene studies must have strong positional or biological rationale or precedents in the literature that motivate gene choice.

For studies of anonymous variants, there should generally be sufficiently dense marker coverage to allow a relatively comprehensive analysis of common variants within a gene or genes. Analysis of the extent of marker coverage using standard methods to assess linkage disequilibrium should be presented. If rare variants are being tested, the same method of assessment (sequencing, copy number assessment, etc.) should be used in both case and control groups.

We will consider both negative and positive association studies, as well as large replication studies. Negative studies should be based on an attempt to replicate previous studies. Power calculations considering reasonable effect sizes must be provided to show that the study had sufficient power to be informative.

**MATERIALS AND GENES** Upon publication, it is expected that authors willingly distribute to qualified academic researchers any materials (such as viruses, organisms, antibodies, nucleic acids and cell lines) that were utilized in the course of the research and that are not commercially available. GenBank/EMBL accession numbers for primary nucleotide and amino acid sequence data should be included in the manuscript at the end of the Methods and Materials section. All microarray data (proteomic, expression arrays, chromatin arrays, etc.) must be deposited in the appropriate public database and must be accessible without restriction from the date of publication. An entry name or accession number must be included in the Methods and Materials section. Authors should use approved nomenclature for gene symbols by consulting the

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**REPOSITORY DATA** A growing number of private and public repositories are accumulating demographic and clinical data, genetic and genetic analysis data, DNA, and other biomaterials for use in medical research. Manuscripts submitted

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