Biological Psychiatry

A Journal of Psychiatric Neuroscience and Therapeutics

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.

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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.

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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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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.

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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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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/ictrp/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://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.

Biological Psychiatry is interested in Genetics/Association studies that are replicable and generalizable. The following guidelines are offered in pursuit of this goal. 1) Studies need to be sufficiently large. 2) Information about subject ethnicity, and how it was determined, should be provided. The use of an analytic strategy that controls for potential stratification, such as family-controlled association, or structured association, is encouraged. 3) There must be a clear description of how the phenotype was ascertained. 4) Negative studies should 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.

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Authors should use approved nomenclature for gene symbols by consulting the appropriate public databases for correct gene names and symbols. Please use symbols (e.g., *SLC6A4, DISC1*), as opposed to italicized full names and avoid listing multiple names separated by a slash, such as "*Oct4/Pou5f1*". Use one name throughout and include any alias(es) upon the first reference. Approved human gene symbols are available from HUGO Gene Nomenclature Committee (HGNC) at http://www.genenames.org/. Approved mouse symbols are provided by The Jackson Laboratory at http://www.informatics.jax.org/mgihome/nomen. Authors should submit proposed gene names that are not already approved to the appropriate nomenclature committees as soon as possible. It is the authors' responsibility to ensure these are deposited and approved before publication of an article.

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