

# 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>).

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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.

**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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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.

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

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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.

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**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.

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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/ictpr/network/primary/en/index.html>).

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[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.

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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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