

## 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 (December 2014): 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 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

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**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

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 ½ typeset page.

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**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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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.

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

**References** References should be numbered and listed by their order of appearance in the text. Refer to references in the text with the appropriate number in parentheses. References in tables and figures should also be numbered. List all authors; if there are more than seven authors, list the first six then *et al.* Periodical abbreviations should follow those used by Index Medicus. The following are sample references for a journal article (1), a book (2), and an edited book (3).

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, pp 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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*Biological Psychiatry* excludes reviewers who work at the same institution as any author, or those who have any other obvious conflict of interest. The identity of individual reviewers remains confidential to all parties except the Editorial

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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 email 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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**CLINICAL TRIALS REGISTRATION** In concordance with the ICMJE, *Biological Psychiatry* requires the prospective registration of all clinical trials as a condition of 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

**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)

**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

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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,

explicitly stated. Authors should contact the Editorial Office with questions or concerns, but should err on the side of inclusion when in doubt. The following is a sample text:

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.

It is the responsibility of all authors to ensure that their conflicts of interest and financial disclosures are included in the manuscript. Manuscripts that fail to include the complete statements of all authors upon submission will be returned to the corresponding author and will delay the processing and evaluation of the manuscript.

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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.

Trials must have been registered at or before the onset of patient enrollment. Retrospective registration (i.e., at the time of submission) is not acceptable. For all clinical trials and secondary analyses of original clinical trials, 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>).

[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.

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.

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 appropriate public databases for correct gene names and symbols. Please use symbols (e.g., *SLC6A4*, *DISC1*) as opposed to italicized full names, and avoid

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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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