

INSTRUCTIONS FOR CONTRIBUTORS

SUBMISSION OF MANUSCRIPTS

Manuscripts should be submitted online via our manuscript submission and tracking site, <http://www.editorialmanager.com/psm/>. Full instructions for electronic submission are available directly from this site. To facilitate rapid reviewing, communications for peer review will be electronic and authors will need to supply a current e-mail address when registering to use the system.

Papers for publication from Europe (except those on genetic topics, irrespective of country), and all papers on imaging topics, should be submitted to the UK Office.

Papers from the Americas, Asia, Africa, Australasia and the Middle East (except those dealing with imaging topics), and all papers dealing with genetic topics, irrespective of country, should be sent to US Office.

Generally papers should not have text more than 4500 words in length (excluding these sections) and should not have more than a combined total of 5 tables and/or figures. Papers shorter than these limits are encouraged. For papers of unusual importance the editors may waive these requirements. A structured abstract of no more than 250 words should be given at the beginning of the article using the headings: Background; Methods; Results; Conclusions. The name of an author to whom correspondence should be sent must be indicated and a full postal address given in the footnote. Any acknowledgements should be placed at the end of the text (before the References section).

Declaration of Interest: A statement must be provided in the acknowledgements listing all financial support received for the work and, for all authors, any financial involvement (including employment, fees, share ownership) or affiliation with any organization whose financial interests may be affected by material in the manuscript, or which might potentially bias it. This applies to all papers including editorials and letters to the editor.

Contributors should also note the following:

1. S.I. units should be used throughout in text, figures and tables.
2. Authors should spell out in full any abbreviations used in their manuscripts.
3. Foreign quotations and phrases should be followed by a translation.
4. If necessary, guidelines for statistical presentation may be found in: **Altman DG, Gore SM, Gardner MJ & Pocock SJ** (1983). Statistical guidelines for contributors to medical journals. *British Medical Journal* **286**, 1489–1493.

REFERENCES (1) The Harvard (author-date) system should be used in the text and a complete list of References cited given at the end of the article. In a text citation of a work by more than two authors cite the first author's name followed by et al. (but the names of all of the authors should be given in the References section). Where several references are cited together they should be listed in rising date order. (2) The References section should be supplied in alphabetical order (authors' names in **bold**, journal titles in full), following the text. Some examples follow:

Miller PM, Byrne M, Hodges A, Lawrie SM, Johnstone EC (2002). Childhood behaviour, psychotic symptoms and psychosis onset in young people at high risk of schizophrenia: early findings from the Edinburgh high risk study. *Psychological Medicine* **32**, 173–179.

Cleckley HJ (1941). *The Mask of Sanity*, 2nd edn. Mosby: St. Louis, MO.

Brewer WJ, Wood SJ, DeLuca C, Pantelis C (2006). Models of olfaction for exploring neurodevelopment. In *Olfaction and the Brain* (ed. W. J. Brewer, D. Castle and C. Pantelis), pp. 97–121. Cambridge University Press: Cambridge.

(3) Online citations

doi (when published online prior to printed issue)

Lauritsen MB, Pedersen CB, Mortensen CB (2004). The incidence and prevalence of pervasive developmental disorders: a Danish population-based study. *Psychological Medicine*. Published online: 21 October 2004. doi:10.1017/S0033291704002387.

URL

World Bank (2003). Quantitative techniques for health equity analysis – Technical Notes (http://siteresources.worldbank.org/INTPAH/Resources/Publications/Quantitative-Techniques/health.eq_tn07.pdf). Accessed 15 February 2006.

[Authors are requested to print-out and keep a copy of any online-only material, in case the URL changes or is no longer maintained.]

FIGURES AND TABLES Only essential figures and tables should be included. Further tables, figures, photographs and appendices, may be included with the online version on the journal website. To ensure that your figures are reproduced to the highest possible standards, Cambridge Journals recommends the following formats and resolutions for supplying electronic figures. Please ensure that your figures are saved at final publication size and are in our recommended file formats. Following these guidelines will result in high quality images being reproduced in both the print and the online versions of the journal. **Line artwork:** Format: tif or eps, Colour mode: black and white (also known as 1-bit), Resolution: 1200 dpi; **Combination artwork (line/tone):** Format: tif or eps, Colour mode: grayscale (also known as 8-bit), Resolution: 800 dpi; **Black and white halftone artwork:** Format: tif, Colour mode: grayscale (also known as 8-bit), Resolution: 300 dpi; **Colour halftone artwork:** Format: tif, Colour mode: CMYK colour, Resolution: 300 dpi. All photographs, graphs, and diagrams should be referred to as figures and should be numbered consecutively in Arabic numerals. Captions for figures should be typed double-spaced on separate sheets. *Tables* Tables should be numbered consecutively in the text in Arabic numerals and each typed on a separate sheet after the References section. Titles should be typed above the table.

PROOFS AND OFFPRINTS Page proofs will be sent to the author designated to receive correspondence. corrections other than to printer's errors may be charged to the author. The corresponding author of each paper will receive a PDF file of their article and hard copy offprints may be purchased if they are ordered on the form supplied when the proof is returned.

PSYCHOLOGICAL MEDICINE

CONTENTS

REVIEW ARTICLES

The network approach to psychopathology: a review of the literature 2008–2018 and an agenda for future research
Robinaugh DJ, Hoekstra RHA, Toner ER & Borsboom D 353

Characterizing the phenomenology of passive suicidal ideation: a systematic review and meta-analysis of its prevalence, psychiatric comorbidity, correlates, and comparisons with active suicidal ideation
Liu RT, Bettis AH & Burke TA 367

ORIGINAL ARTICLES

A joint study of whole exome sequencing and structural MRI analysis in major depressive disorder
Zhang Y, Li M, Wang Q, Hsu JS, Deng W, Ma X, Ni P, Zhao L, Tian Y, Sham PC & Li T 384

Anterior hippocampal volume predicts affect-focused psychotherapy outcome
Suarez-Jimenez B, Zhu X, Lazarov A, Mann JJ, Schneier F, Gerber A, Barber JP, Chambless DL, Neria Y, Milrod B & Markowitz JC 396

Neuroimaging auditory verbal hallucinations in schizophrenia patient and healthy populations
Di Biase MA, Zhang F, Lyall A, Kubicki M, Mandl RCW, Sommer IE & Pasternak O 403

Distinct temporal brain dynamics in bipolar disorder and schizophrenia during emotion regulation
Zhang L, Ai H, Opmeer EM, Marsman J-BC, van der Meer L, Ruhé HG, Aleman A & van Tol M-J 413

The reductions in the subcallosal region cortical volume and surface area in major depressive disorder across the adult life span
Wei D, Wang K, Meng J, Zhuang K, Chen Q, Yan W, Xie P & Qiu J 422

Understanding the association between advanced paternal age and schizophrenia and bipolar disorder
Weiser M, Fenchel D, Frenkel O, Fruchter E, Burshtein S, Yehuda AB, Yoffe R, Bergman-Levi T, Reichenberg A, Davidson M & Sandin S 431

Optimizing the clinical utility of four proposed criteria for a persistent and impairing grief disorder by emphasizing core, rather than associated symptoms
Cozza SJ, Shear MK, Reynolds CF III, Fisher JE, Zhou J, Maercker A, Simon N, Mauro C, Skritskaya N, Zisook S, Lebowitz B, Bloom CG, Fullerton CS & Ursano RJ 438

Characteristics of patients with motor functional neurological disorder in a large UK mental health service: a case-control study
O'Connell N, Nicholson TR, Wessely S & David AS 446

Assessing callous-unemotional traits: development of a brief, reliable measure in a large and diverse sample of preadolescent youth
Hawes SW, Waller R, Thompson WK, Hyde LW, Byrd AL, Burt SA, Klump KL & Gonzalez R 456

Abnormal dynamic functional network connectivity in unmedicated bipolar and major depressive disorders based on the triple-network model
Wang J, Wang Y, Huang H, Jia Y, Zheng S, Zhong S, Chen G, Huang L & Huang R 465

Heritability of reflexive social attention triggered by eye gaze and walking direction: common and unique genetic underpinnings
Wang L, Wang Y, Xu Q, Liu D, Ji H, Yu Y, Hu Z, Yuan P & Jiang Y 475

Potential influence of socioeconomic status on genetic correlations between alcohol consumption measures and mental health
Marees AT, Smit DJA, Ong J-S, MacGregor S, An J, Denys D, Vorspan F, van den Brink W & Derks EM 484

Cannabis use disorders may protect against certain disorders of the digestive organs in people with schizophrenia but not in healthy controls
Olesen JA, Posselt CM, Poulsen CH, Nordentoft M & Hjorthøj C 499

Proxy measures of premortem cognitive aptitude in postmortem subjects with schizophrenia
Glausier JR, Kelly MA, Salem S, Chen K & Lewis DA 507

Using life history calendars to improve measurement of lifetime experience with mental disorders
Axinn WG, Chardoul S, Gatny H, Ghimire DJ, Smoller JW, Zhang Y & Scott KM 515

Correspondence 523, 526