

# GUIDELINES FOR AUTHORS

The aim of the Journal is to publish original scientific contributions in psychiatry, psychological medicine and related sciences: neurosciences, biological, psychological, and social sciences as well as philosophy of science and medical ethics, history, organization and economics of mental health services. Its scope includes mental health in general and all psychological aspects of any branch of medicine, surgery, or obstetrics; and any subspeciality of psychiatry and related clinical and basic sciences. Examples of relevant subspecialities include behavioral pharmacology, biological, psychodynamic and social psychiatry, transcultural psychiatry and ethnopsychology, child and adolescent psychiatry, forensic psychiatry, gerontopsychiatry, epidemiology of mental disorders, political psychology, psycholinguistics, etc.

The specific aim of the Journal is to promote psychiatry in Danube region countries as well as to stimulate collaboration and joint projects.

Manuscripts must be written in standard and grammatical English and should present new results as well as be of scientific value. Contributions will be considered for the following categories:

**Reviews/Mini-reviews; Original investigations/Summaries of original research; Brief reports; Viewpoints; Case reports/Case series; Letters to the editors; Book reviews; Invitations/Announcements.**

Please submit manuscripts by e-mail. Alternatively, manuscripts can be sent on disk (Microsoft Word files are preferred) accompanied by three paper copies. Please ensure that all pages are clearly typed, and use double spacing throughout the manuscript. All manuscript pages should be numbered. Use a clear system of headings to divide up and clarify the text, with not more than three grades of headings. The desired position of figures and tables should be indicated in the manuscript.

Submission of a manuscript implies: that the work described has not been published before (except in the form of an abstract or as part of a published lecture, review or thesis); that it is not under consideration for publication anywhere else; that its publication has been approved by all co-authors, if any, as well as by responsible authorities – tacitly or explicitly – at the institute where the work has been carried out.

The Editorial Office will acknowledge receipt of the manuscript and provide it with a manuscript reference number. Each manuscript will be assigned to at least two reviewers. The reference number of the manuscript should be quoted in all correspondence with the Chief Editor and Editorial Office.

## Arrangement

**Title page.** The first page of each paper should indicate the title (main title underlined), the authors' names, and the institute where the work was conducted. A short title for use running head as well as the full address of the author to whom correspondence should be sent are also required.

**Full address.** The exact postal address complete with postal code must be given at the bottom of the title page. Please also supply **phone** and **fax** numbers, **e-mail address**.

**Summary.** The second page (following the title page) should carry on a Summary of no more than 150 words for unstructured summaries, 250 words for structured summaries, followed by a list of 3-10 Key Words or short phrases drawn, if possible, from the medical subject headings (MeSH) list of Index Medicus. The Title, Key Words and Summary should be useful to potential readers and investigators conducting a literature search of the relevant topics.

Summary should state, whenever applicable, very specifically, the main purposes, procedures, findings, and conclusions of the paper, emphasizing what is new or important. For original papers and review articles, a structured summary using the headings Objective, Subjects and Methods, Results (Findings for review articles), and Conclusions is preferred. Under Summary heading of Subjects and Methods, include wherever applicable the study design, setting, patients/participants (selection criteria, description), interventions, observational and analytical methods and main outcome measures. Under Summary heading of Results, give the most important specific data together with their statistical significance, if possible.

**Small type.** Paragraphs which can or must be set in smaller type (case histories, test methods, etc.) should be indicated with a "p" (petit) in the margin on the left-hand side.

**Footnotes.** Avoid footnotes. When essential, they are numbered consecutively and typed at the foot of the appropriate page.

**References.** Should highlight the study's relevance to current research or clinical practice. References to journal articles (International Committee of Medical Journal Editors 1991) and to books (Daly et al. 1991, Gardner & Altman 1989, American Psychiatric Association 1994) illustrate the "Vancouver" style with journal titles abbreviated as in Index Medicus. In the text give the author(s) name and, in parentheses, the date the paper or book being cited. Differentiate between papers by the same author in the same year by a, b, c etc., immediately after the date. Where there are more than seven authors use six authors with et al. in the text. All works cited must be listed at the end of the paper, ordered alphabetically by first author's name. Each reference should give the names and initials of each author, the title of paper, the name of the journal or book in full, the year of publication, the volume or edition, the first and last page, and for books, the publisher, city and the year of publication.

**Tables and illustrations.** Tables, figures and illustrations (all numbered in Arabic names) should be prepared on separate sheets. Tables require a heading and figures a legend, also prepared on a separate sheet.

Figures and illustrations should be on professional sharp, glossy black and white photographic prints. The figures themselves should be 3.5 inches wide, ie. the width of a column of print (in some cases 7 inches wide, to fit two columns). Do not include the detailed legend in the photographs of the figures.

On the back of each table, figure and illustration, indicate its number, the author's name, and 'top' in pencil.

The cost of reproducing colour illustrations is charged to the authors. Please contact the publishers for an estimate of this cost.

**Subjects and methods.** The methodology section may be set in small print.

*Subjects.* The total number of subjects included in a study should be given. The number of dropouts and the reason for dropping out should be indicated. In addition to a valid case analysis, an intent-to-treat should usually be done. The criteria for selecting subjects should be given. The type of subjects, both control volunteers and patients, should be described in detail; the therapeutic milieu should be mentioned.

*Methods.* All methods and variables used in the trial should be described. If all the variables are not reported in the paper presented, this should be indicated. For each method and variable, either a detailed description including aspects of reliability and validity and/or adequate reference should be given. If possible a placebo group should be included in trials.

In the case of drug studies, the type of study (e.g. phase I, early or late phase II, phase III or IV) and the aim should be clearly defined.

*Rater and interrater training.* The type, qualification and experience of the rater should be indicated. If more than one rater was involved in one rating, it has to be indicated how interrater reliability was ensured. This is of special importance if studies are done in more than one ward of a hospital or center or as multicenter trials.

*Data presentation.* The data presentation should enable a reader to understand the results from the data to a maximum extent. If single values are not presented, means, standard deviations, the type of statistics used (e.g. F, t,  $\chi^2$  and p values, two-tailed) should be given. For nominal or ordinal data, frequency tables are applicable (absolute values, percentages).

*Biometrics and statistics.* The Uniform requirements for manuscripts submitted to biomedical journals (International Committee of Medical Journal Editors 1991) have two paragraphs on statistical guidelines. These have been explained and elaborated by Bailar and Mosteller (1988).

*Ethics.* Ethical consideration, benefits and risks of a trial must be mentioned: in addition it has to be indicated how informed consent was obtained.

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All contributions are peer-reviewed by two anonymous assessors and, where relevant, by the statistical expert from School of Medicine, Zagreb. Assessments will be sent to the corresponding author usually within six weeks. Where revisions are sought prior to publication, authors are advised to return their revision in quadruplicate, incorporating any suggestions which they agree would improve their paper. The covering letter should respond to each comment, numbered, of each assessor, indicating where the revision deals with it, or why the authors disagree or cannot incorporate it. Each assessor will then receive the author's revision, covering letter and the previous comments of the other assessors. After the assessors' further comments have been received, the editors will make the final decision, including priority and time of publication, and the right to style and, if necessary, shorten the material for publication.

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## References

1. American Psychiatric Association: *Diagnostics and Statistical Manual of Mental Disorders. IV edition.* Washington DC: American Psychiatric Association, 1994.
2. Daly LE, Bourke GJ, McGilvray J: *Interpretation and Uses of Medical Statistics, 428-31. 4th ed.* Oxford: Blackwell Scientific Publications, 1991.
3. Gardner MJ, Altman DG (editors): *Statistics with Confidence - Confidence Intervals and Statistical Guidelines.* London: British Medical Journal, 1989:103-5. (Note: British Medical Journal is the publisher here, not the journal BMJ).
4. International Committee of Medical Journal Editors: *Uniform requirements for manuscripts submitted to biomedical journals.* BMJ 1991; 302:338-41.