

### Mission Statement for *Archives of General Psychiatry*

The *Archives of General Psychiatry* strives to publish original, state-of-the-art studies and commentaries of general interest to clinicians, scholars, and research scientists in psychiatry, mental health, behavioral science, and allied fields. *Archives* seeks to inform and to educate its readers as well as to stimulate debate and further exploration into the nature, causes, treatment, and public health importance of mental illness.

#### Manuscript Criteria and Information

Submit manuscripts to: Joseph T. Coyle, MD, Editor, *Archives of General Psychiatry*, McLean Hospital, 115 Mill St, Belmont, MA 02478. Manuscripts are received with the understanding that they have the approval of each author, are not under simultaneous consideration by another publication, and have not been published previously in whole or substantial part. This policy applies to the essential contents, tables, or figures, but does not apply to abstracts. Authors must disclose in their cover letters if the submitted manuscript contains any data, patient information, or other material or results that have already been published or are in press, submitted, or nearly submitted. Copies of closely related manuscripts should be submitted to the Editor for examination.

Accepted manuscripts become the permanent property of the ARCHIVES. They may not be republished without permission from the publisher (AMA).

#### Electronic Submission

We encourage authors to submit manuscripts via e-mail to [archgenpsychiatry@jama-archives.org](mailto:archgenpsychiatry@jama-archives.org). To ensure that the electronic submission is usable, please adhere to the following guidelines when submitting your manuscript electronically.

- In the subject line of the e-mail, type "Electronic submission." Include your mailing address, e-mail address, and telephone and fax numbers on the cover page.
- Text: Save the text as a single PDF file to be read by Adobe Acrobat Reader, Version 5.0.
- Tables: Save any tables in the same file, embedded at the end of the manuscript.
- Figures: Save any figures in the same file, embedded at the end of the manuscript.
- Manuscripts submitted by e-mail should not also be submitted by regular mail or fax. If the manuscript is accepted for publication, we will need hard copies of the manuscript and glossies of all figures, as well as 2 sets of slides for each color illustration (if any). We will also need the text, tables, and figures on separate disks at this stage. Make certain that each item in the table is in its own table cell. Do not use paragraph returns (to start new rows) or tabs (to start new columns) to format the table. Please refer to the instructions in "Digital Art Submissions" for proper formatting and resolution requirements.

#### Review Process

A submitted manuscript will be acknowledged and assigned a manuscript number, which is to be used in all further correspondence. Manuscripts are reviewed and given a priority based on their originality, importance of the findings, scientific merit and significance for the field, interest to readers, lucidity, and suitability for publication. Manuscripts with insufficient priority for publication are rejected promptly. Other manu-

scripts are sent to expert consultants for peer review. Author identities are not kept confidential. The existence of a manuscript under review is not revealed to anyone other than peer reviewers and editorial staff. Peer reviewers remain anonymous and are expected to maintain strict confidentiality. Reviewers are also expected to inform the Editor of any conflicts of interest, including any financial arrangements involving companies whose products (or competing products) are featured in the manuscripts they agree to review. After the review process has been completed, authors will be informed by mail of the Editor's decision. Rejected manuscripts will not be returned to authors unless specifically requested in the cover letter. Original illustrations, photographs, and slides will be returned.

#### Editing

Copyediting follows AMA style and requires corresponding author approval. The authors are responsible for all statements made in their work, including changes made by the copy editor and authorized by the corresponding author.

#### Embargo Policy

Information regarding the content and publication date of accepted manuscripts is confidential. Information contained in or about accepted articles cannot appear in print, radio, television or in electronic form or be released in the media until 3 PM CST on the first Monday of the month.

#### Reprints

Forms for ordering are included with the edited typescript sent for approval. Reprints are shipped 3 weeks after publication.

#### Author Information

Designate a corresponding author and provide a complete address, telephone and fax numbers, and e-mail address. The corresponding author will be identified as such in the published article. Authors are required to identify each author's contributions to the work described in the manuscript.

**Data Access and Responsibility.**<sup>1,2</sup> For reports containing original data, at least 1 author (eg, the principal investigator) should indicate that she or he takes responsibility for the integrity of the data and the accuracy of the data analysis, and that all authors had full access to all the data in the study.

**Group Authorship.** If authorship is attributed to a group (either solely or in addition to 1 or more individual authors), all members of the group must meet the full criteria and requirements for authorship described in the following paragraphs. A group must designate at least 1 or more individuals as authors or members of a writing group who meet full authorship criteria and requirements and who will take responsibility for the

group, in which case the other group members are not authors, but may be listed in an acknowledgment.<sup>3(pp93),4</sup>

**Authorship Requirements.** With the cover letter include (1) the statement on and checklist for authorship responsibility, criteria, and contributions, (2) the statement on financial disclosure, and (3) either the statement on copyright or the statement on federal employment. Each of these 3 statements must be read and signed by *all* authors.<sup>3(pp89-93)</sup> (4) The corresponding author must sign the acknowledgment statement. (See the form at the end of these Instructions.)

**1. Authorship Responsibility, Criteria, and Contributions Checklist.** Each author should meet all criteria below and should indicate general and specific contributions by reading criteria A, B, C, and D and checking the appropriate boxes.

- A. I certify that
- the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere, except as described in an attachment; and
  - if requested by the editors, I will provide the data or will cooperate fully in obtaining and providing the data on which the manuscript is based for examination by the editors or their assignees; and
  - for papers with more than 1 author, I agree to allow the corresponding author to serve as the primary correspondent with the editorial office, to review the edited typescript and proof, and to make decisions regarding release of information in the manuscript to the media, federal agencies, or both; or, if I am the only author, I will be the corresponding author and agree to serve in the roles described above.
- B. I have given final approval of the submitted manuscript.
- C. I have participated sufficiently in the work to take public responsibility for (check 1 of 2 below)
- part of the content.
  - the whole content.
- D. To qualify for authorship, you must check at least 1 box for each of the 3 categories of contributions listed below.

I have made substantial contributions to the intellectual content of the paper as described below.

- (check at least 1 of the 3 below)
  - conception and design
  - acquisition of data
  - analysis and interpretation of data
- (check at least 1 of 2 below)
  - drafting of the manuscript
  - critical revision of the manuscript for important intellectual content
- (check at least 1 below)
  - statistical expertise
  - obtaining funding
  - administrative, technical, or material support
  - supervision
  - no additional contributions
  - other (specify) \_\_\_\_\_

## 2. Financial Disclosure.

- I certify that all financial and material support for this research and work are clearly identified in the manuscript.
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with a financial interest in or in financial conflict with the subject matter or materials discussed in the manuscript are completely disclosed here or in an attachment.

- I have no relevant financial interests in this manuscript.

**3. Copyright Transfer.** In consideration of the action of the American Medical Association (AMA) in reviewing and editing this submission, the author(s) undersigned hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership to the AMA in the event that such work is published by the AMA.

or

**Federal Employment.** I was an employee of the US federal government when this work was investigated and prepared for publication; therefore, it is not protected by the Copyright Act, and copyright ownership cannot be transferred.

**4. Acknowledgment Statement.** Authors should obtain written permission from all individuals named in an acknowledgment, since readers may infer their endorsement of data and conclusions.<sup>3(pp96)</sup> The corresponding author must sign the following statement (see the form at the end of these Instructions):

I certify that all persons who have made substantial contributions to the work reported in this manuscript (eg, data collection, analysis, or writing or editing assistance) but who do not fulfill the authorship criteria are named along with their specific contributions in an acknowledgment in the manuscript. If an acknowledgment section is not included, no other persons have made substantial contributions to this manuscript. I certify that all persons named in the acknowledgment section have provided me with written permission to be named.

## Manuscript Preparation<sup>3,5</sup>

- If you choose not to submit electronically, please submit an original double-spaced typescript and 4 copies. Please enclose a diskette with your submission containing the following information: file name, computer make, model number, operating system, word processing program, and version number.
- **Note that manuscripts will not be returned after the review process.** Unpublished manuscripts will be destroyed.
- Type—double-spaced throughout (including references)—on one side only of 8½ × 11-inch white bond paper. Number all pages. Do not justify right-hand margins. Use a printer of at least letter quality.
- The length of the text of the manuscript (not including abstract, tables, figures, or references) should ideally be under 3500 words and *must* be no more than 4500 words.
- Titles should be short, specific, and descriptive, emphasizing the main point of the article. Avoid a 2-part title, if at all possible. Do not number the title, eg, I or Part I. Do not make a declarative statement in the title. Title length, including punctuation and spaces, ideally should be under 100 characters and must not exceed 150 characters.
- The title page should list full names, degrees, academic affiliations and locations of each author, and the name and address to whom reprint requests should be sent. If the paper was presented at a meeting, include the organization, place, and date of presentation. Acknowledgment of all funding support for the work should also be made on this page.
- Include a structured abstract of no more than 300 words for reports of original data, reviews, and meta-analyses. (See “Preparing Structured Abstracts.”) For other major manuscripts, include an unstructured abstract of no more than 200 words that summarizes the objective, main points, and conclusions of the article. Abstracts are not required for editorials, commentaries, and special features.
- Conventional units of measure are preferred, with Système International (SI) units expressed secondarily (in

parentheses). In tables and figures, a conversion factor to SI may be presented in the footnote or legend to economize space. Exceptions to this policy include calories, hematocrit, glycosylated hemoglobin, blood cell counts, and ejection fraction, for which conventional units alone should be expressed. The metric system is preferred for length, area, mass, and volume.

- Use generic names of drugs, unless the specific trade name is directly relevant to the study design or discussion.

- Do not use abbreviations in the title or abstract. Limit their use in the text.

- Do not use footnotes or appendixes. Such materials should either be incorporated into the text or offered to interested readers on request.

- Include a statistical analysis section under *Methods* that fully describes the application of each statistical procedure used. If a test is used that is not commonly presented in the ARCHIVES, briefly describe its purpose and how it is to be interpreted. Results should report the test statistic (eg,  $\chi^2$ , F or *t* value), degrees of freedom, and *P* value or confidence limits. Measures of central tendency (eg, means) should be accompanied by measures of variability (eg, SDs). In the cover letter, state the name of your statistical consultant, if appropriate.

- Acknowledge all illustrations or tables adapted or reproduced from other publications and submit written permission to reproduce (in print and online) from the original publishers. (See permission form online at <http://archpsyc.ama-assn.org/cgi/content/full/61/1/102/DC3>.)

- Tables and figures should provide substantive data and not merely illustrate the text. While the main finding of a table or figure may be discussed in the narrative, the table or figure should not duplicate the text. Although no specific guideline can be applied to all articles, the number and length of tables and figures should be kept to a minimum.

**Tables.** Double-space on separate sheets of 8½ × 11-inch white bond paper. Title each one and number them in the order of their citation in the text. If a table must be continued, repeat the title on a second sheet, followed by “(cont).” Tables should contain sample sizes and units of measurement, when appropriate. Any explanatory notes to be printed with the table must be typed single-spaced beneath the table.

**Figures.** Once manuscripts are accepted, 2 sets of professionally prepared, high-contrast glossy prints (preferably in a proportion of 5 × 7 inches) are required. Illustrations in full color are accepted for publication at no charge to the author if the editor believes that color will add significantly to the published manuscript.

- Number figures according to their order in the text. Type the figure number, proper orientation (eg, “top”), name of the corresponding author, and an abbreviated title on a gummed label; affix it to the back of the print.

- Double-space legends (maximum length, 40 words) on a separate sheet of 8½ × 11-inch paper. Include sample size.

**References.** These should be carefully selected to acknowledge previous work or to document a specific point. They should not be exhaustive. Number references in the order they are mentioned in the text; do *not* alphabetize. In text, tables, and legends, identify references with superscript arabic numbers. Double-space, follow AMA style and abbreviate names of journals according to *Index Medicus* style. List all authors and/or editors. Citation accuracy is the responsibility of the author.

#### Examples:

1. Butler PB, Schechter I, Zemon V, Schwartz SG, Greenstein VC, Gordon J, Schroeder CE, Javitt DC. Dysfunction of early stage visual processing in schizophrenia. *Am J Psychiatry*. 2001; 158:1126-1133.

2. McGuffin P, Rutter M. Genetic influences on normal and abnormal development. In: Rutter M, Taylor E, eds. *Child and Adolescent Psychiatry*. 4th ed. Oxford, England: Blackwell Scientific Publications; 2002:185-204.

3. Traumatic brain injury—National Center for Injury Prevention and Control. Available at: <http://www.cdc.gov/ncipc/factsheets/tbi.htm>. Accessed November 13, 2002.

**Web References.** Please keep a print copy of any reference to Web-only information. If the URL changes or disappears, interested readers may contact the corresponding author for a copy of the information.

**Informed Consent and Confidentiality.** A statement of informed consent for human investigation should be made in the text, along with the name of the institutional review board that approved the study protocol. Authors must ensure that patient confidentiality is in no way breached. Do not use real names, initials, or disclose information that might identify a particular person without informed consent for publication.

**Patient Descriptions, Photographs, and Pedigrees.** Include a signed statement of informed consent to publish (in print and online) patient descriptions, photographs, and pedigrees from all persons (parents or legal guardians for minors) who can be identified in such written descriptions, photographs, or pedigrees. (See patient consent form online at <http://archpsyc.ama-assn.org/cgi/content/full/61/1/102/DC2>.)

### Preparing Structured Abstracts

All reports of original data, reviews, and meta-analyses should be submitted with structured abstracts as described below. No information should be reported in the abstract that does not appear in the text of the manuscript. The following is adapted from Haynes et al.<sup>6</sup>

#### Reports of Original Data

Reports of original data should include an abstract of no more than 300 words using the following headings: Context, Objective, Design, Setting, Patients (or Participants), Interventions (include only if there are any), Main Outcome Measure(s), Results, and Conclusions. For brevity, parts of the abstract should be written as phrases rather than complete sentences. The content following each heading should be as follows:

1. **Context.** The abstract should begin with a sentence or 2 explaining the clinical (or other) importance of the study question.

2. **Objective.** A precise objective or study question addressed in the report should be stated (eg, “To determine whether . . .”). If more than 1 objective is addressed, the main objective should be indicated and only key secondary objectives stated. If an a priori hypothesis was tested, it should be stated.

3. **Design.** The basic design of the study should be described. The years of the study and the duration of follow-up, if any, should be stated. As many of the following terms as apply should be used.

**A. For intervention studies:** randomized controlled trial; non-randomized controlled trial; double-blind; placebo controlled; crossover trial; before-after trial.

**B. For studies of screening and diagnostic tests:** criterion standard (that is, a widely accepted standard with which a new or alternative test is being compared; this term is preferred to gold standard); blinded or masked comparison.

**C. For studies of prognosis:** inception cohort (subjects assembled at a similar and early time in the course of the disorder and followed thereafter); cohort (subjects followed for-

ward in time, but not necessarily from a common starting point); validation cohort or validation sample if the study involves modeling of clinical predictions.

**D. For studies of causation or association:** randomized controlled trial; cohort; survey; case-control.

**E. For descriptions of the clinical features of medical disorders:** survey; case series.

**F. For studies that include a formal economic evaluation:** cost-effectiveness analysis; cost-utility analysis; cost-benefit analysis. For new analyses of existing data sets, the data set should be identified and the basic study design disclosed.

**4. Setting.** To assist readers to determine the applicability of the report to their own clinical circumstances, the study setting(s) should be described. Of particular importance is whether the setting is the general community, a primary care or referral center, private or institutional practice, or ambulatory or hospitalized care.

**5. Patients or Other Participants.** The clinical disorders, important eligibility criteria, and key sociodemographic features of patients should be stated. The numbers of participants and how they were selected should be provided (see below), including the number of otherwise eligible subjects who were approached but refused. If matching is used for comparison groups, characteristics that are matched should be specified. In follow-up studies, the proportion of participants who completed the study must be indicated. In intervention studies, the number of patients withdrawn because of adverse effects should be given. For selection procedures, these terms should be used, if appropriate: random sample (where random refers to a formal, randomized selection in which all eligible subjects have a fixed and usually equal chance of selection); population-based sample; referred sample; consecutive sample; volunteer sample; convenience sample.

**6. Intervention(s).** The essential features of any interventions should be described, including their method and duration of administration. The intervention should be named by its most common clinical name, and nonproprietary drug names should be used.

**7. Main Outcome Measure(s).** The primary study outcome measurement(s) should be indicated as planned before data collection began. If the manuscript does not report the main planned outcomes of a study, this fact should be stated and the reason indicated. If the hypothesis being tested was formulated during or after data collection, this information should be clearly stated.

**8. Results.** The main outcomes of the study should be provided and quantified, including confidence intervals (for example, 95%) or *P* values. For comparative studies, confidence intervals should relate to the differences between groups. Measurements that require explanation for a general medical readership should be defined. Important measurements not included in the presentation of results should be declared. As relevant, it should be indicated whether observers were blinded to patient groupings, particularly for subjective measurements. If differences for the major study outcome measure(s) are not significant, the clinically important difference sought should be stated and the confidence interval for the difference between the groups should be given. When risk changes or effect sizes are given, absolute values should be indicated. Approaches such as number needed to treat to achieve a unit of benefit are encouraged when appropriate; reporting of relative differences alone is insufficient. Studies of screening and diagnostic tests should report sensitivity, specificity, and likelihood ratio. If predictive value or accuracy is given, prevalence or pretest likelihood should be given as well.

All randomized controlled trials should include the results of intention-to-treat analysis, and all surveys should include response rates.

**9. Conclusions.** Only those conclusions of the study that are directly supported by the evidence reported should be given, along with implications for clinical practice (avoiding speculation and overgeneralization). The conclusion should indicate whether additional study is required before the information should be used in usual clinical settings. Equal emphasis must be given to positive and negative findings of equal scientific merit.

#### Systematic Reviews and Meta-analyses

Manuscripts reporting the results of reviews or meta-analyses should include an abstract of no more than 300 words using the following headings: Context, Objective, Data Sources, Study Selection, Data Extraction, Data Synthesis, and Conclusions. The text of the manuscript should also include a section describing the methods used for data sources, study selection, data extraction, and data synthesis. Each heading should be followed by a brief description:

**1. Context.** The abstract should begin with a sentence or 2 explaining the clinical (or other) importance of the review question.

**2. Objective.** The precise primary objective of the review should be stated. The focus of this statement should be guided by whether the review emphasizes factors such as cause, diagnosis, prognosis, therapy, or prevention. It should include information about the specific population, intervention, exposure, and tests or outcomes that are being reviewed.

**3. Data Sources.** A succinct summary of data sources should be given, including years searched. Potential sources include computerized databases and published indexes, registries, abstract booklets, conference proceedings, references identified from bibliographies of pertinent articles and books, experts or research institutions active in the field, and companies or manufacturers of tests or agents being reviewed. If a bibliographic database is used, the exact indexing terms used for article retrieval should be stated, including any constraints (for example, English language or human subjects) and the dates of the search. If abstract space does not permit this level of detail, sources should be summarized in the abstract including databases and years searched, and the remainder of the information should be placed in the "Methods" section.

**4. Study Selection.** Inclusion and exclusion criteria used to select studies for detailed review from among studies identified as relevant to the topic should be described. Details of selection should include particular populations, interventions, outcomes, or methodologic designs. The method used to apply these criteria should be specified (for example, blinded review, consensus, multiple reviewers). The proportion of initially identified studies that met selection criteria should be stated.

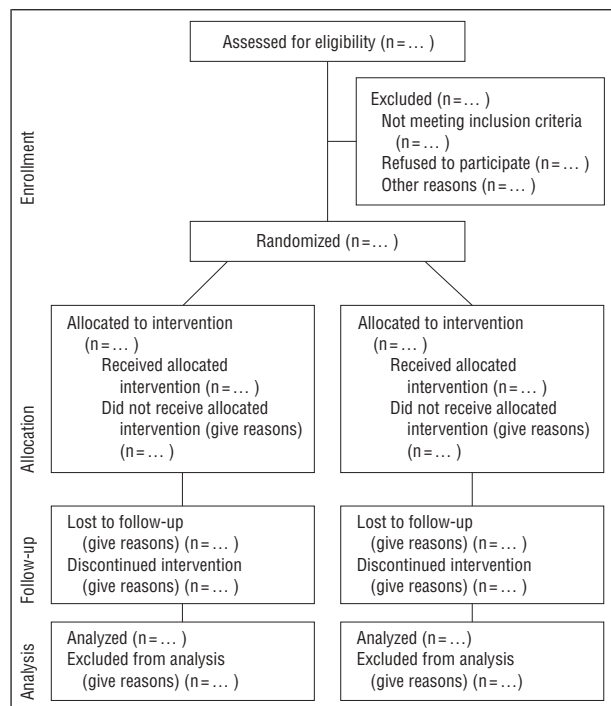
**5. Data Extraction.** Guidelines used for abstracting data and assessing data quality and validity (such as criteria for causal inference) should be described. The method by which the guidelines were applied should be stated (for example, independent extraction by multiple observers).

**6. Data Synthesis.** The main results of the review, whether qualitative or quantitative, should be stated. Methods used to obtain these results should be outlined. Meta-analyses should state the major outcomes that were pooled and include odds ratios or effect sizes and, if possible, sensitivity analyses. Numerical results should be accompanied by confidence intervals, if applicable, and exact levels of statistical significance.

**Checklist of Items to Include When Submitting Reports of Randomized Controlled Trials to the Archives of General Psychiatry\***

Section and Topic	Item	Descriptor	Was It Reported? Yes or No?	If Yes, What Page No.?
<b>Title and abstract</b>	1	How participants were allocated to interventions (eg, "random allocation," "randomized," or "randomly assigned").	___	___
<b>Introduction</b>				
Background	2	Scientific background and explanation of rationale.	___	___
<b>Methods</b>				
Participants	3	Eligibility criteria for participants and the settings and locations where the data were collected.	___	___
Interventions	4	Precise details of the interventions intended for each group and how and when they were actually administered.	___	___
Objectives	5	Specific objectives and hypotheses.	___	___
Outcomes	6	Clearly defined primary and secondary outcome measures and, when applicable, any methods used to enhance the quality of measurements (eg, multiple observations, training of assessors).	___	___
Sample size	7	How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules.	___	___
Randomization				
Sequence generation	8	Method used to generate the random allocation sequence, including details of any restriction (eg, blocking, stratification).	___	___
Allocation concealment	9	Method used to implement the random allocation sequence (eg, numbered containers or central telephone), clarifying whether the sequence was concealed until interventions were assigned.	___	___
Implementation	10	Who generated the allocation sequence, who enrolled participants, and who assigned participants to their groups.	___	___
Blinding (masking)	11	Whether or not participants, those administering the interventions, and those assessing the outcomes were blinded to group assignment. If done, how the success of blinding was evaluated.	___	___
Statistical methods	12	Statistical methods used to compare groups for primary outcome(s); methods for additional analyses, such as subgroup analyses and adjusted analyses.	___	___
<b>Results</b>				
Participant flow	13	Flow of participants through each stage (a diagram is strongly recommended). Specifically, for each group report the numbers of participants randomly assigned, receiving intended treatment, completing the study protocol, and analyzed for the primary outcome. Describe protocol deviations from study as planned, together with reasons.	___	___
Recruitment	14	Dates defining the periods of recruitment and follow-up.	___	___
Baseline data	15	Baseline demographic and clinical characteristics of each group.	___	___
Numbers analyzed	16	Number of participants (denominator) in each group included in each analysis and whether the analysis was by "intention-to-treat." State the results in absolute numbers when feasible (eg, 10/20, not 50%).	___	___
Outcomes and estimation	17	For each primary and secondary outcome, a summary of results for each group, and the estimated effect size and its precision (eg, 95% confidence interval).	___	___
Ancillary analyses	18	Address multiplicity by reporting any other analyses performed, including subgroup analyses and adjusted analyses, indicating those prespecified and those exploratory.	___	___
Adverse events	19	All important adverse events or side effects in each intervention group.	___	___
<b>Comment</b>				
Interpretation	20	Interpretation of the results, taking into account study hypotheses, sources of potential bias or imprecision, and the dangers associated with multiplicity of analyses and outcomes.	___	___
Generalizability	21	Generalizability (external validity) of the trial findings.	___	___
Overall evidence	22	General interpretation of the results in the context of current evidence.	___	___

\*This checklist of 22 items is intended to assist authors, editors, and reviewers by ensuring that information pertinent to the trial is included in the study report. Adapted from Moher D, Schulz KF, Altman D, for the CONSORT Group. The CONSORT statement: revised recommendations for improving the quality of reports of parallel-group randomized trials. *JAMA*. 2001;285:1987-1991.



Flow diagram of subject progress through the phases of a randomized trial. Adapted from Moher D, Schulz KF, Altman D, for the CONSORT Group. The CONSORT statement: revised recommendations for improving the quality of reports of parallel-group randomized trials. *JAMA*. 2001;285:1987-1991.

Evaluations of screening and diagnostic tests should address issues of sensitivity, specificity, likelihood ratios, receiver operating characteristic curves, and predictive values. Assessments of prognosis should summarize survival characteristics and related variables. Major identified sources of variation between studies should be stated, including differences in treatment protocols, co-interventions, confounders, outcome measures, length of follow-up, and dropout rates.

**7. Conclusions.** The conclusions and their applications (clinical or otherwise) should be clearly stated, limiting interpretation to the domain of the review. The need for additional studies may be suggested.

### Reports of Randomized Controlled Trials

Manuscripts reporting the results of randomized controlled trials should include the CONSORT flow diagram as a figure in the

manuscript to illustrate the progress of all patients in the study (**Figure**). In addition, the CONSORT checklist (**Table**) should be completed and submitted with the manuscript.

### Letters to the Editor

Letters to the Editor will be considered for publication if they are accompanied by a cover letter stating they are “for publication.” Their purpose should be to comment on articles published in the ARCHIVES or to provide significant news that can be conveyed in a short format. Letters commenting on published articles will be sent to the original author for reply. The Editor reserves the right to edit the material prior to publication.

Letters intended for publication *must* follow manuscript preparation guidelines (eg, double-spaced, copyright transfer). They generally should not exceed 400 words. Include 3 copies. A brief table or single figure may be considered. Keep references to a minimum. Authors will receive only a brief acknowledgment of acceptance or rejection.

### References

1. Davidoff F, DeAngelis CD, Drazen JM, Hoey J, Højgaard L, Horton R, Kotzin S, Nicholls MG, Nylenna M, Overbeke AJPM, Sox HC, Van Der Weyden MB, Wilkes MS. Sponsorship, authorship, and accountability. *JAMA*. 2001;286:1232-1234.
2. DeAngelis CD, Fontanarosa PB, Flanagin A. Reporting financial conflicts of interest and relationships between investigators and research sponsors. *JAMA*. 2001;286:89-91.
3. Iverson CL, Flanagin AF, Fontanarosa PB, Glass RM, Glitman P, Lantz JC, Meyer HS, Smith JM, Winker MA, Young RK. *American Medical Association Manual of Style: A Guide for Authors and Editors*. 9th ed. Baltimore, Md: Williams & Wilkins; 1998.
4. Flanagin A, Fontanarosa PB, DeAngelis CD. Authorship for research groups. *JAMA*. 2002;288:3166-3168.
5. International Committee of Medical Journal Editors. Uniform Requirements for Manuscripts Submitted to Biomedical Journals. Available at: <http://www.icmje.org>.
6. Haynes RB, Mulrow CD, Huth EJ, Altman DG, Gardner MJ. More informative abstracts revisited. *Ann Intern Med*. 1990; 113:69-75.

**AUTHORSHIP RESPONSIBILITY FORM**

**AUTHORSHIP RESPONSIBILITY, FINANCIAL DISCLOSURE, COPYRIGHT TRANSFER, AND ACKNOWLEDGMENT**

Each author must read and sign (1) the statement on authorship responsibility, criteria, and contributions; (2) the statement on financial disclosure; and (3) either the statement on copyright transfer or the statement on federal employment. In addition, the corresponding author must sign (4) the acknowledgment statement. If necessary, photocopy this document to distribute to coauthors for their signatures. Please return all copies to Joseph T. Coyle, MD, Editor, Archives of General Psychiatry, McLean Hospital, 115 Mill St, Belmont, MA 02478; (617) 855-2579 (fax).

**1. Authorship Responsibility, Criteria, and Contributions.** Each author should meet all criteria below (A, B, C, and D) and should indicate general and specific contributions by reading criteria A, B, C, and D and checking the appropriate boxes.

- A. I certify that
  - the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere, except as described in an attachment; and
  - if requested by the editors, I will provide the data or will cooperate fully in obtaining and providing the data on which the manuscript is based for examination by the editors or their assignees; and
  - for papers with more than 1 author, I agree to allow the corresponding author to serve as the primary correspondent with the editorial office, to review the edited typescript and proof, and to make decisions regarding release of information in the manuscript to the media, federal agencies, or both; or, if I am the only author, I will be the corresponding author and agree to serve in the roles described above.
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- C. I have participated sufficiently in the work to take public responsibility for (check 1 of 2 below)
  - part of the content.
  - the whole content.
- D. To qualify for authorship, you must check at least 1 box for each of the 3 categories of contributions listed below.
 

I have made substantial contributions to the intellectual content of the paper as described below.

  1. (check at least 1 of the 3 below)
    - conception and design
    - acquisition of data
    - analysis and interpretation of data
  2. (check at least 1 of 2 below)
    - drafting of the manuscript
    - critical revision of the manuscript for important intellectual content
  3. (check at least 1 below)
    - statistical expertise
    - obtaining funding
    - administrative, technical, or material support
    - supervision
    - no additional contributions
    - other (specify)

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