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AUTHOR GUIDELINES 2000

Introduction

CNS Spectrums is a peer-reviewed journal that publishes original scientific literature and reviews on a wide variety of neuroscientific topics of interest to the clinician. *CNS Spectrums* publishes 12 issues in 2000. As the immense prevalence of comorbid diseases among patients seen by psychiatrists and neurologists increases, these physicians will jointly diagnose and treat the neuropsychiatrically ill. Our mission is to provide these physicians with an editorial package that will enhance and increase their understanding of neuropsychiatry; therefore, manuscripts that address crossover issues germane to neurology and psychiatry will be given immediate priority.

Scope of Manuscripts

CNS Spectrums will consider the following types of articles for publication:

Original Reports: Original reports present methodologically sound original data.

Reviews: Reviews are overview articles that summarize and synthesize the literature on various topics in a scholarly and clinically relevant fashion. Suitable topics include mood disorders, schizophrenia and related disorders, personality disorders, substance-use disorders, anxiety disorders, neuroscience, psychosocial aspects of psychiatry, child psychiatry, geriatric psychiatry, and other topics of interest to clinicians. nb: Original flowcharts designed to aid the clinician in diagnosis and treatment will be considered for publication in reviews and are encouraged.

Case Reports: Single or multiple case reports will be considered for publication.

Letters to the Editor: Letters will be considered for publication.

Manuscript Submissions

General information: Four copies of the manuscript should be submitted to Eric Hollander, editor (or in Europe to Joseph Zohar, international editor), c/o MBL Communications, Inc., 665 Broadway, Suite 805, New York, NY 10012; T: 212.328.0800, F: 212.328.0600. Authors are required to submit their manuscripts on computer disks. If possible, please provide them in MSWord, WordPerfect, or Word for Windows in either a Macintosh or IBM format. (Saving the file in a lower version, eg, MSWord 3.0, is also encouraged.) Disks should be labeled with the word-processing program, title of paper, and first author's name.

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Peer review: Authors should provide five names of particularly qualified potential reviewers with no conflict of interest in reviewing the work. Contact information, including complete

address, phone, fax numbers, E-mail address, and affiliations, should be included. The corresponding author will be notified by the editors when a decision regarding acceptance has been made. Accepted manuscripts and letters will be edited for clarity and style.

Manuscript Preparation

Length: Reviews should not exceed 20 manuscript pages (10,000 words). Original reports should not exceed 15–25 manuscript pages (6,250 words, maximum). Letters should not exceed 2–6 manuscript pages (1,500 words, maximum). Single case reports should not exceed 10–15 manuscript pages (3,750 words, maximum) and may be submitted with a photograph, if applicable. Diagnostic/treatment algorithms (see Reviews) should contain an extensive introduction, a flowchart or series of graphs that fill eight to 12 journal pages, and a concise summary.

Spacing: One space should be left after commas and periods. Manuscripts should also be double-spaced.

Abstract: Authors should provide a brief abstract.

References: American Medical Association style. See the following examples:

1. Jones J. Necrotizing *Candida* esophagitis. *JAMA*. 1980;244:2190-2191.
2. Stryer L. *Biochemistry*. 2nd ed. San Francisco, Calif: WH Freeman Co; 1980:559-596.

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Reprints: Authors of reviews and original materials published in *CNS Spectrums* may order reprints of their articles directly from the publisher, James La Rossa Jr., MBL Communications, Inc., New York, NY 10012; T:212.328.0800, F: 212.328.0600.

Continuing Medical Education requirements: Authors must submit two multiple-choice questions with answers.

Submission Checklist

1. Original manuscript plus copies
2. Copies of permission letters to reproduce previously published and unpublished material
3. A brief abstract of article.
4. Two multiple-choice questions with answers
5. Disk labeled with the word-processing program, title of paper, and first author's name
6. Names and addresses of five potential reviewers.

GUIDE TO *DSM-IV* AND *ICD-10* CODES

	DSM-IV	ICD-10
Dementia of the Alzheimer Type, With Early Onset With Depressed Mood Specify if: With Behavioral Disturbance	290.13	F00.03
Dementia of the Alzheimer's Type, With Late Onset With Depressed Mood Specify if: With Behavioral Disturbance	290.21	F00.13
Delirium Due to: Indicate General Medical Condition	293.0	F05.0
Psychotic Disorder Due to: Indicate General Medical Condition With Delusions With Hallucinations	293.81 293.82	F06.2 F06.0
Mood Disorder Due to: Indicate General Medical Condition	293.83	F06
Anxiety Disorder Due to: Indicate General Medical Condition	293.89	F06.4
Amnesic Disorder Due to: Indicate General Medical Condition	294.0	F02.8
Dementia NOS	294.8	F03
Amnesic Disorder NOS	294.8	R41.3
Schizophrenia	295	F20
Schizophrenia—Disorganized Type	295.10	F20.1
Schizophrenia—Catatonic Type	295.20	F20.2
Schizophrenia—Paranoid Type	295.30	F20.0
Schizophrenia—Residual Type	295.60	F20.5
Schizoaffective Disorder	295.70	F25
Schizophrenia—Undifferentiated Type	295.90	F20.3
Major Depressive Disorder	296	F32
Bipolar I Disorder	296	F30
Bipolar Disorder NOS	296.80	F39
Bipolar II Disorder	296.89	F31.8
Mood Disorder NOS	296.90	F39
Psychotic Disorder NOS	298.9	F29
Autistic Disorder	299.00	F84
Asperger's Disorder	299.80	F84.5
Pervasive Developmental Disorder NOS	299.80	F84.9
Anxiety Disorder NOS	300.00	F41.9
Panic Disorder Without Agoraphobia	300.01	F41
Generalized Anxiety Disorder	300.02	F41.1
Dissociative Identity Disorder	300.14	F44.81
Dissociative Disorder NOS	300.15	F44.9
Factitious Disorder NOS	300.19	F68.1
Panic Disorder With Agoraphobia	300.21	F40.01
Agoraphobia Without History of Panic Disorder	300.22	F40
Social Phobia		300.23 F40.1
Specific Phobia	300.29	F40.2
Obsessive-Compulsive Disorder	300.3	F42.8
Dysthymic Disorder	300.4	F34.1
Depersonalization Disorder	300.6	F48.1
Body Dysmorphic Disorder	300.7	F45.2
Somatization Disorder	300.81	F45
Somatiform Disorder NOS	300.81	F45.9
Cyclothymic Disorder	301.13	F34
Alcohol Dependence	303.90	F10.2
Cocaine Dependence	304.20	F14.2
Cannabis Dependence	304.30	F12.2
Amphetamine Dependence	304.40	F15.2
Alcohol Abuse	305.00	F10.1
Cannabis Abuse	305.20	F12.1
Cocaine Abuse	305.60	F14.1
Amphetamine Abuse	305.70	F15.1
Stuttering	307.0	F98.5
Anorexia Nervosa	307.1	F50
Tic Disorder NOS	307.20	F95.9
Tourette Disorder	307.23	F95.2
Primary Insomnia	307.42	F51.0
Primary Hypersomnia	307.44	F51.1
Sleepwalking Disorder	307.46	F51.3
Dyssomnia NOS	307.47	F51.9
Nightmare Disorder	307.47	F51.5
Parasomnia NOS	307.47	F51.8
Eating Disorder NOS	307.50	F50.9
Bulimia Nervosa	307.51	F50.2
Feeding Disorders of Infancy or Early Childhood	307.59	F98.2
Communication Disorder NOS	307.9	F80.9
Posttraumatic Stress Disorder	309.81	F43.1
Depressive Disorder NOS	311	F32.9
Impulse-Control Disorder NOS	312.30	F63.9
Pathological Gambling	312.31	F63.0
Pyromania	312.33	F63.1
Kleptomania	312.34	F63.2
Trichotillomania	312.39	F63.3
Disruptive Behavior Disorder NOS	312.9	F91.9
Attention-Deficit/Hyperactivity Disorder, Combined Type	314.01	F90
Attention-Deficit/Hyperactivity Disorder NOS	314.9	F90.9
Learning Disorder NOS	315.9	F81.9
Developmental Coordination Disorder	315.4	F82
Narcolepsy	347	G47.4
Sleep Disorder Due to: Indicate General Medical Condition	780	G47
Delirium NOS	780.09	F05.9

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Your comments are important to us. This easy-to-use form provides you with the opportunity to express your opinions. Our goal is to make **CNS Spectrums** your source for practical and clinical neuropsychiatric information. By filling out this FaxBack form, you will enable us to incorporate your views about our editorial content in future issues. Please fill out this form in its entirety. Thank you.

1. On a scale of 1 to 5 (1=Poor, 5=Excellent), please indicate your level of interest and/or satisfaction with the editorial content in this issue.

Cover Story

1 2 3 4 5

Departments

CNS News

1 2 3 4 5

CME

1 2 3 4 5

2. Which areas of neuropsychiatry would you like us to cover in the future?

3. Please describe your reading pattern for this issue:

- cover to cover
- skim Table of Contents
- select items of interest
- skim text
- did not read

4. On a scale of 1 to 5 (1=Incomplete, 5=Comprehensive), how would you describe the depth of coverage for this issue?

1 2 3 4 5

5. Any other comments?

6. Please indicate your title:

- psychiatrist
- neurologist

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SLIDE LIBRARIES

- Current Uses of Dopamine Agonists*
- Monotherapeutic Uses for Dopamine Agonists*
- Management of Social Anxiety Disorder (Social Phobia)*
- Diagnosis and Treatment of Premenstrual Dysphoric Disorder*
- Current Treatment for Restless Legs Syndrome*
- The Use of Anticonvulsants in the Treatment of Neuropathic Pain*
- Overview of Social Anxiety Disorder (Social Phobia): Recognition and Treatment*

REFERENCE MATERIALS

- The Black Book of Psychotropic Dosing and Monitoring 2000*
- 1999 Guide to Psychotropic Drug Interactions*

**"My doctor diagnosed
obsessions and compulsions
and prescribed LUVOX® Tablets."**

**#1
SSRI
prescribed
by psychiatrists
for OCD¹**



▼ **IMPROVES OBSESSIVE-COMPULSIVE SYMPTOMS
IN ADULTS, CHILDREN, AND ADOLESCENTS^{2,3}**

▼ **LOW INCIDENCE OF SEXUAL DYSFUNCTION IN ADULTS⁴**

LUVOX® Tablets vs placebo: decreased libido 2% vs 1%; delayed ejaculation 8% vs 1%; impotence 2% vs 1%

▼ **LOW INCIDENCE OF AGITATION IN ADULTS⁴**

2% vs 1% for placebo

In adults, the most commonly observed adverse events compared to placebo were somnolence 22% vs 8%; insomnia 21% vs 10%; nervousness 12% vs 5%; nausea 40% vs 14%; asthenia 14% vs 6%⁴

In children and adolescents, the most commonly observed adverse events compared to placebo were: agitation 12% vs 3%; hyperkinesia 12% vs 3%; depression 5% vs 0%; dysmenorrhea 7% vs 3%; flatulence 5% vs 0%; rash 7% vs 3%⁴

Concomitant use of LUVOX® Tablets and monoamine oxidase inhibitors is not recommended.⁴

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References: 1. Physician Drug & Diagnosis Audit (PDDA) and Source™ Prescription Audit (SPA) August 1998-September 1999. Scott-Levin, a division of Scott-Levin PMSI Inc. 2. Goodman WK, Kozak MJ, Liebowitz M, et al. Treatment of obsessive-compulsive disorder with fluvoxamine: a multi-centre, double-blind, placebo-controlled trial. *Int Clin Psychopharmacol.* 1996;11:21-29. 3. Data on file, Study in Children and Adolescents (Report No. CR200.0116), Solvay Pharmaceuticals. 4. LUVOX® Tablets Full Prescribing Information.

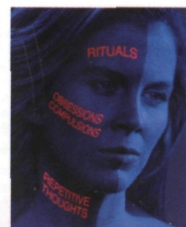
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