

Editorial Questionnaire

Your comments are important to us. This 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 Questionnaire, you enable us to incorporate your views about our editorial content in future issues. Please fill out this form in its entirety. Thank you.

Name (please print)

Address

City

State

Zip Code

E-mail

Specialty

Date

Fax: 212-328-0600. Mail: CNS SPECTRUMS, 333 Hudson Street, 7th Floor, New York, NY 10013

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.

REVIEW ARTICLES

1 2 3 4 5

ORIGINAL RESEARCH

1 2 3 4 5

CASE REPORT

1 2 3 4 5

DEPARTMENTS

Clinical Updates in Neuropsychiatry

1 2 3 4 5

Interactive Case Conference

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:

- Read cover to cover
- Skimmed table of contents
- Read select items of interest
- Skimmed 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 about *CNS Spectrums'* editorial content, design, or overall usefulness?

6. Please indicate your title:

- Neurologist
- Psychiatrist

Please select any of the following complimentary educational materials you would like to receive:

CME-ACCREDITED CD-ROMS

- Novel Pharmacologic Options in the Treatment of Neuropathic Pain
- Pain, Stress, and Anxiety: Interrelationships and Treatment Necessities
- Depression in the Elderly: The Unique Features Related to Diagnosis and Treatment
- Innovative Drug Delivery Systems in the Management of Anxiety (*non-CME*)

CME-ACCREDITED HYPERCDS®

- Cholinesterase Inhibitors Across Stages of Dementia and Cognitive Impairments in the Elderly
- Anxiety Disorders and Medical Illness: Risk Factors, Effectiveness Trials, and Quality of Care

CLINICAL POCKET REFERENCE GUIDES

- The 2006 Black Book of Psychotropic Dosing and Monitoring
- Pharmacologic Treatment Guidelines for Bipolar Disorder
- 2006 Algorithms for Primary Care: Mood and Anxiety Disorders
- The Contemporary Clinical Guide to Insomnia
- The Black Book of Neuropathic Pain
- Diagnostic Rating Scales and Assessment Tools for Schizophrenia and Bipolar Disorder
- The 2006 Guide to Psychotropic Drug Interactions

Scope of Manuscripts

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

1. **Original Research** presents methodologically sound original data.
2. **Reviews** are **comprehensive** articles summarizing and synthesizing the literature on various neuropsychiatric topics and presented in a scholarly and clinically relevant fashion. Diagnostic and treatment algorithms should be designed to aid the clinician in diagnosis and treatment.
3. **Case Reports**, single or multiple, are encouraged for publication.
4. **Letters to the Editor** will be considered and are encouraged for publication. All letters will be edited for style, clarity, and length.

Manuscript Submission

General Information Two copies of the manuscript with a letter on the author's letterhead should be submitted to **Jack M. Gorman, MD, Editor (or, in Europe, to Joseph Zohar, MD, International Editor), c/o MBL Communications, 333 Hudson Street, 7th Floor, New York, NY 10013**. Authors are also required to submit their manuscripts on computer disk in Microsoft Word format. Disks should be labeled with the word processing program, title of paper, and lead author's name. Accepted manuscripts will be edited for clarity and style.

Letters of Permission to Reproduce Previously Published Material All material reproduced from previously published copyrighted material must be accompanied by a letter of permission from the copyright holder. All such material should include a full credit line (eg, in the figure or table legend) acknowledging the original source. Any citation of unpublished material or personal communication should also be accompanied by a letter of permission for anyone who is not an author of the paper.

Peer Review Authors must provide five to 10 names of qualified potential reviewers with no conflict of interest in reviewing the work. Contact information with affiliations and E-mail address should be included. Peer review is anonymous.

Manuscript Preparation

Length Reviews and Original Research should not exceed 5,000 words (excluding References). Diagnostic and treatment algorithms should contain an introduction, flowcharts or a series of graphs, and a concise summary. Letters should not exceed 1,500 words. Single-Case Reports should not exceed 3,750 words and may be submitted with a photograph, if applicable.

Please note: If your article is Original Research, it should be formatted as: Abstract (100–200 words); Introduction, Methods; Findings; Discussion; Conclusion; References (numbered and comprehensive list).

Spacing and Pagination Manuscripts should be double-spaced and numbered.

Abstract Authors must provide a brief abstract of 100–200 words.

Focus Points Please provide three to six learning objectives that begin with an action verb and specify what the reader should know after reading the article.

Learning Objectives Authors are required provide 3–5

learning objectives, which begin with an action verb and specify what the reader should know after reading the article. See the following examples:

Upon the completion of this lecture the participants will be able to:

- List four causes of aplastic anemia
- Give an example of the effect of a strong alkali reacting with human tissue
- Calculate the amount of AIV fluid necessary to replenish a dehydrated patient

Needs Assessment Please provide a brief summary outlining the educational needs and reasons for reading the article. It should address a deficit or gap in knowledge, skills, attitudes, and/or behavior among the expected readers about the main topic of the article. It should justify the reasons for focusing on the given topic and offering it as a CME activity. Reasons would include recurrent discussions with colleagues about the topic, new therapy or treatment techniques, new data published, "hot topic" in the field, clinical trials in progress, etc. The Needs Assessment should be 35–50 words.

Figures/Tables Please provide original figures and/or tables if content is amenable to it.

References Please use American Medical Association style. References should be superscripted in text, then numbered, and comprehensive in list. For example:

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.
3. Alzheimer's Disease Cooperative Study. Valproate protocol. Available at: http://adcs.ucsd.edu/VP_Protocol.htm. Accessed October 15, 2003.

Continuing Medical Education Authors must submit six multiple-choice questions (three Type A and three Type K), with answers.

Copyright Materials are accepted for exclusive publication in *CNS Spectrums* and become the property of *CNS Spectrums*. Permission to reproduce material must be obtained from the publisher.

Disclosure of Commercial and Non-Commercial Interests

Authors must include a statement about all forms of support, including grant and pharmaceutical support, affiliations, and honoraria received for past and present material. Such information may, at the editor's discretion, be shared with reviewers. If the article is accepted for publication, the editors will consult with the authors as to whether this information should be included in the published paper.

Submission Checklist

- Original manuscript plus one copy, with cover letter on author's letterhead
- Copies of permission letters to reproduce previously published and unpublished material
- A brief abstract of the article
- Six CME multiple-choice questions with answers
- Three to six focus points that dictate the main focus of the manuscript in bulleted format
- Three to six learning objectives, which begin with an action verb and specify what the reader should know after reading the article
- Disk labeled with the word processing program, title of paper, and lead author's name
- Names and affiliations of 3–5 potential peer reviewers

I always wanted to achieve more Now I can

#1

Now the most prescribed atypical*

Proven efficacy

To help patients achieve continued success^{†1-4}

Trusted tolerability

To help patients stay on treatment^{†5}

SEROQUEL is indicated for the treatment of acute manic episodes associated with bipolar disorder, as either monotherapy or adjunct therapy with lithium or divalproex, and the treatment of schizophrenia. Patients should be periodically reassessed to determine the need for continued treatment.

Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk (1.6 to 1.7 times) of death compared to placebo (4.5% vs 2.6%, respectively). SEROQUEL is not approved for the treatment of patients with dementia-related psychosis.

Prescribing should be consistent with the need to minimize the risk of tardive dyskinesia. A rare condition referred to as neuroleptic malignant syndrome has been reported with this class of medications, including SEROQUEL.

Hyperglycemia, in some cases extreme and associated with ketoacidosis, hyperosmolar coma, or death, has been reported in patients treated with atypical antipsychotics, including SEROQUEL. Patients starting treatment with atypical antipsychotics who have or are at risk for diabetes should undergo fasting blood glucose testing at the beginning of and during treatment. Patients who develop symptoms of hyperglycemia should also undergo fasting blood glucose testing.

Precautions include the risk of seizures, orthostatic hypotension, and cataract development. The most commonly observed adverse events associated with the use of SEROQUEL in clinical trials were somnolence, dry mouth, dizziness, constipation, asthenia, abdominal pain, postural hypotension, pharyngitis, SGPT increase, dyspepsia, and weight gain.

* All atypical prescriptions: Total prescriptions, Jan. 05-June 05. New prescriptions, Sept. 04-June 05. IMS Health. National Prescription Audit.

† Significant improvement in all 11 YMRS items was measured at Day 21 and continued through Day 84 in monotherapy mania trials.

Please see Brief Summary of Prescribing Information on adjacent page.

 **Seroquel**[®]
quetiapine fumarate
25 mg, 100 mg, 200 mg & 300 mg tablets

Redefine Success

AstraZeneca 

AstraZeneca Pharmaceuticals LP

© 2005 AstraZeneca Pharmaceuticals LP. All rights reserved.

SEROQUEL is a registered trademark of the AstraZeneca group of companies. 231617 7/05

www.SEROQUEL.com

References: 1. Vieta E, Mullen J, Brecher M, et al. Quetiapine monotherapy for mania associated with bipolar disorder: combined analysis of two international, double-blind, randomised, placebo-controlled studies. *Curr Med Res Opin.* 2005;21:923-934. 2. Sachs G, Chengappa KNR, Suppes T, et al. Quetiapine with lithium or divalproex for the treatment of bipolar mania: a randomized, double-blind, placebo-controlled study. *Bipolar Disord.* 2004;6:213-223. 3. Small JG, Kolar MC, Kellams JJ. Quetiapine in schizophrenia: onset of action within the first week of treatment. *Curr Med Res Opin.* 2004;20:1017-1023. 4. Kasper S, Brecher M, Fitton L, et al. Maintenance of long-term efficacy and safety of quetiapine in the open-label treatment of schizophrenia. *Int Clin Psychopharmacol.* 2004;19:281-289. 5. SEROQUEL Prescribing Information.