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DESCRIPTION

Psychiatry Research: Neuroimaging publishes manuscripts on positron emission tomography, magnetic resonance imaging, computerized electroencephalographic topography, regional cerebral blood flow, computed tomography, magnetoencephalography, autoradiography, post-mortem regional analyses, and other imaging techniques. Reports concerning results in psychiatric disorders, dementias, and the effects of behavioral tasks and pharmacological treatments are featured. We also invite manuscripts on the methods of obtaining images and computer processing of the images themselves. Selected case reports are also published.

AUDIENCE

Psychiatrists, Neurologists, Psychopharmacologists and Clinical Neurophysiologists.

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The Neuroimaging section of Psychiatry Research publishes manuscripts on positron emission tomography, magnetic resonance imaging, magnetic resonance spectroscopy, functional magnetic resonance imaging, single photon emission computed tomography, computerized electroencephalographic topography, regional cerebral blood flow, computed tomography, magnetoencephalography, autoradiography, post-mortem regional analyses, and other imaging techniques. Reports concerning results in psychiatric disorders, dementias and the effects of behavioral tasks and pharmacological treatments are featured. We also invite manuscripts on the methods of obtaining images and computer processing of the images themselves.

Preparation of manuscripts

Title page. The Title page should include the author byline, with names of authors on the same line(s). Superscript letters (a, b, c), not numerals, should be used to key institutional affiliation (if all authors are in the same department, the superscript letter should be omitted); an asterisk should be entered to designate the corresponding author. Underneath the byline, institutional affiliations should be listed (department, institution, city, state or province (if applicable) and country. Funding information should not be included on the title page but should instead be given following the Discussion section. In an asterisked Corresponding Author footnote at the bottom of the title page, telephone/fax numbers and e-mail address of the corresponding author should be provided; e-mail addresses, if desired, may also be provided for the co-authors (or co-corresponding author, if applicable).

Abstract. The Abstract should be 150-200 words for full-length articles and 100 words for short communications (formally known as Brief Communications), summarizing the aims of the study, the methods used, the results and the major conclusions. Do not include a summary at the end of the article. Note that Psychiatry Research: Neuroimaging does not use the structured abstract style; do not include bold-faced headings within the abstract. The Abstract should be a single paragraph. Do not include detailed statistics or p-values in the abstract; simply say “significant” or “non-significant.”

The abstract should be followed by up to seven key words which accord with the indexing conventions of Index Medicus. Note that the keywords should not duplicate words used in the title of the article, which will be automatically indexed.

Text. Although exceptions will be considered, manuscripts should not exceed 5000 words, and shorter manuscripts (e.g., 3000 words) are preferred. Each article should contain the following major headings: Introduction (preceded by arabic number 1.), Methods (preceded by number 2.), Results (preceded by number 3.), Discussion (preceded by number 4.), Acknowledgment (optional section following the discussion, which should not be preceded by a numeral), and References (should not be preceded by a numeral).

Subheadings should follow the numbering system used in the major heading; for example, the subheading "Subjects" within the Methods section should be flush left on a separate line and designated 2.1., the subheading "Procedures" should be designated 2.2., etc.

Lower level headings, if required, should also be numbered (e.g., "2.1.1. Patients." as a lower order heading under "2.1. Subjects."). Only the first letter of the first word of each heading should be capitalized.

The use of abbreviations within the text should be minimized, and each abbreviation, when introduced, must be defined and used consistently thereafter. Systeme International measurements should be used. For products or instruments (do not abbreviate) used in the research reported, provide the name, city and country of the supplier in parentheses. All tables and figures must be referred to in the text.

Manuscript categories

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References (should not be preceded by a numeral). Subheadings should follow the numbering system used in the major heading; for example, the subheading "Subjects" within the Methods section should be flush left on a separate line and designated 2.1., the subheading "Procedures" should be designated 2.2., etc. Lower level headings, if required, should also be numbered (e.g., "2.1.1. Patients." as a lower order heading under "2.1.Subjects."). Only the first letter of the first word of each heading should be capitalized.

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Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to 'the text'. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

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Acknowledgements
Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

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