

# CNS SPECTRUMS - Instructions for Contributors

## Aims and scope

*CNS Spectrums* aims to be the premier journal covering all aspects of clinical neurosciences, neurotherapeutics and neuropsychopharmacology. From 2012 the journal will primarily focus on the publication of authoritative, cross-disciplinary review and opinion material publishing advances and controversial issues with pertinence to the clinician. In particular we aim to publish reviews and articles in translational neuroscience, biological psychiatry and neuropsychopharmacology that explain clinically relevant neuroscience discoveries in a way that makes these findings accessible and understandable to clinicians and clinical investigators. We will emphasize new therapeutics of all types in clinical neurosciences, mental health, psychiatry, and neurology, especially first-in-man studies and proof-of-concept studies. Our focus will be not just drugs, but novel psychotherapies and neurostimulation therapeutics as well. *CNS Spectrums* will in addition, continue to publish original research and commentaries that focus on emergent areas of research. Subject coverage shall span the full spectrum of neuropsychiatry focusing on translational issues and those crossing traditional boundaries between neurology and psychiatry.

## Manuscript preparation

### Article type descriptions

We will consider and encourage the following types of articles.

### Original Research articles:

Articles in this category should present methodologically sound, new original study data that is in the following format: objective, methods, results, discussion, and conclusion. 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 in psychiatry, psychology, mental health disciplines, neurology and/or to clinical investigators in the neurosciences.

- 6,000 words; Up to 100 references
- 5–10 key words

### Review articles:

Review articles should be concise, accessible, accurate and precise reviews of recent research and emergent areas. May include speculation and debate, but this should be clearly indicated. Focus on published authoritative and recent data from past 2–3 years. The introduction should be aimed at non-specialists and indicate the timeliness and rationale for the article. Inclusion of didactic and explanatory illustrations is strongly encouraged.

- 2,500–3,000 words; Up to 60 references
- [Optional clinical implications summary](#)
- 5–10 key words

### Opinions:

An opinion article should be a personal viewpoint on a topical research topic, aimed to stimulate debate and new research. It should address a current topic of high interest, which has substantial evidence but has not yet been established. The opinion may be purposefully controversial, reinterpret the status quo, or speculate on future directions for research. It may also opine about socio-economic and policy issues relating to drug discovery, research and clinical intervention. Criticism of published material should be constructive and aim to lead the field in new directions.

- 2,000–3,000 words; Up to 30–60 references
- [Optional clinical implications summary](#)
- 5–10 key words

### Commentaries:

A commentary will generally address a specific article or articles, either in the current issue or in a previously published

issue of the journal. The commentary would be written either by the Editor-in-Chief, a member of the editorial board, or a reviewer or expert selected by the Editor-in-Chief or editorial board—often one of the reviewers for the manuscript that is the focus of the commentary. The manuscript would address how that article fits into that topic, and it would also address how the article advances the topic or changes a point of view or paradigm. Overall, a commentary is a commissioned manuscript that is written in reaction to previously published articles; usually encourages a certain level of debate.

- 1,500 words; Up to 6 references
- [Optional clinical implications summary](#)
- 5–10 key words

The following article types are for information only and unsolicited submissions shall not be considered.

### Brainstorms:

Brainstorms are editorials or comments on a topic in the field, not directed towards content in the current issue, which provide a short background and overview of a current topic in the field or ongoing controversy or evolving point of view in the field and often provide illustrations of the topic as well in order to inform readers and set a context for them for the editorial opinion and commentary also included on that topic. Brainstorms, which are written by the Editor-in-Chief, have been an ongoing feature of the editor in chief in other journals for the past 15 years and will now continue exclusively in *CNS Spectrums*.

- 1,500 words; Up to 6 references
- 5–10 key words

### Editorials:

Editorials, when submitted by an invited contributor, shall not be a simple listing of contents within the issue, but may for instance be used by the Guest Editor of a special issue or thematic section to introduce the subject being brought into focus. On occasion a luminary in the field might be approached to provide a guest editorial. Generally discursive in nature, an editorial will most likely form a short opinion piece or reflection upon the field but not constitute a full article.

- 1,500 words; Up to 10 references
- 5–10 key words

### Abstract preparation

(format required for each article type):

- **Reviews and Opinions** The abstract should be unstructured (one paragraph, not divided into different sections) and no more than 250 words long.
- **Original Research articles** The abstract should be structured, i.e. divided into the following sections - Objective, Methods, Results, Conclusion, and no more than 250 words long.
- **Brainstorms and Commentaries** The abstract will be a very short summary, no more than 50 words long.
- **Editorials** shall not require an abstract, if one is included it will be a very short summary.

### Clinical implications

Where appropriate, authors of reviews, opinions and commentaries may elect to also include a number of clinical implication points to be presented in addition to the abstract and conclusion. These will be most appropriate for articles that discuss material from preclinical studies and will be used to explain the findings and comment on their possible clinical applications.

Authors may include 3 to 5 points that are constructed as full sentences. They should be clear, unambiguous and aid the comprehension of the material being discussed.

Clinical implications will be assessed as part of the peer review process and authors may be asked to alter and update the points, or to remove them if they are not felt to add to the article.

### Prior to submission

Although it is not required, for some review content, special series or special issues, prior to preparing a full-length manuscript, you may wish to consider sending a synopsis or abstract of your proposed submission for consideration by the Editor-in-Chief, Stephen Stahl. Please send to Lisa Arrington, Content Editor, *CNS Spectrums* (larrington@cambridge.org), so that we can first determine whether your submission is appropriate for consideration.

### Formatting your article

The article type should be included in the upper right hand corner (original research, review article, opinion, etc.). Pages should be numbered consecutively in the upper right hand corner, beginning with the title page.

**Original Research articles** should be separated into the following sections: Title page, acknowledgements, abstract, introduction, Methods, Results, Discussion, Conclusion, References, Tables and/or Figures. Abstracts should be divided into specific sections as well (*please refer to the Article Type Description Grid for further details*).

**Review articles** should be arranged in the following order: Title page, acknowledgements, abstract (unstructured), introduction, body, conclusion, references, tables and figures. (*please refer to the Article Type Description Grid for further details*).

### Co-authors' professional titles, departments, affiliations, and middle initials

The co-authors' names must be listed along with each person's professional title (Professor, Chairperson, Student, etc.), department (Department of Psychiatry, etc.), and professional affiliation (Johns Hopkins, Massachusetts General Hospital, Pfizer, etc.). If applicable, please also include each co-author's middle initial(s).

### Figures/Tables:

- Original research article: Minimum 2 tables and/or figures
- Review article: Minimum 2 tables and/or figures; Maximum 6 tables and/or figures
- Opinions: Minimum 2 tables and/or figures; Maximum 6 tables and/or figures
- Commentaries: 1 table or 1 figure
- Editorial: 1 table or 1 figure

*Please refer to the Article Type Description Grid for further details.*

To ensure that your figures are reproduced to the highest possible standards and your article is published quickly and efficiently, please ensure that your figures are saved at final publication size and are in our recommended file formats (please see the latest issue of the journal for column widths).

Following these guidelines will result in high quality images being reproduced in the published document.

Please note that submitting low-quality tables and/or figures may result in a delay in publishing your manuscript. For further information about submitted tables and figures, please refer to the [Artwork Guide](#) for instructions on how to prepare your figures appropriately:

Link to the Artwork Guide:  
<http://journals.cambridge.org/artwork>

### Corresponding Author

The specific author to whom correspondence should be sent must be clearly indicated in your submission. Please include the corresponding author's contact information (mailing address, telephone number, fax number, e-mail address,

website, etc.) in the way that he or she wants it to appear in the published version.

### Permission required for previously published items included in the submitted manuscript (tables, figures, photos, etc.)

Please obtain written permission to reprint previously published figures and/or tables in your manuscript. Clearly indicate which figures and/or tables fall under this category (an e-mail from the publisher or letter on the publisher's letterhead will suffice). Permission to reproduce material must be obtained from the publisher.

Please include a reference for each such figure and/or table so that the journal editor and/or guest editor can easily verify that you have obtained the necessary reprint permissions. Adaptation refers to figures and/or tables based on information or a concept from a previously published figure and/or table but that have been altered to the point of not being recognizably based on a previous publication. If there is doubt, please seek permission.

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. Copyright materials are accepted for exclusive publication in *CNS Spectrums* and become the property of Cambridge University Press, other than the non-transferable rights retained by authors (<http://journals.cambridge.org/copyright>).

### Permission required for previously published original items included in the submitted manuscript (tables, figures, photos, etc.)

Please note that if the tables and/or figures were original (created by you) but have also been published elsewhere, you will still need to obtain written permission from the original publisher to include them in your *CNS Spectrums* submission. If they have not been published elsewhere, you will not need to obtain permission.

### Funding

Please list sources of financial support (including grant numbers) for all authors.

Multiple grant numbers should be separated by a comma and a space. Where research was funded by more than one agency, the different agencies should be separated by a semi-colon, with 'and' before the final funder. Grants held by different authors should be identified as belonging to individual authors by the authors' initials. For example, 'This work was supported by the Wellcome Trust (A.B., grant numbers XXXX, YYYY), (C.D., grant number ZZZZ); the Natural Environment Research Council (E.F., grant number FFFF); and the National Institutes of Health (A.B., grant number GGGG), (E.F., grant number HHHH).'

### References

Please use American Medical Association (AMA) style. References should be superscripted in text, then numbered, and comprehensive in list. Please number these references in the order that they appear in the text. These superscript numbers in the text should match the numbers and order of the references in the reference list (you should not list the references by alphabetical order). Abbreviations of journals' names should conform to the style used in *Index Medicus*; journals that are not indexed there should not be abbreviated. When following this format, please do not list any reference in your reference list more than once.

See the following examples:

- Journals:  
Goodkin K, Antoni MH, Helder L, et al. Psychoneuroimmunological aspects of disease progression among women and human papillomavirus-associated cervical dysplasia and human immunodeficiency virus type 1 co-infection. *Int J Psychiatry Med.* 1993;23(2):119-148.

- **Books:**  
Raine A. *The Psychopathology of Crime: Criminal Behavior as a Clinical Disorder*. San Diego, Calif: Academic Press; 1993.
- **Parts of Books:**  
Thase ME, Rush AJ. Treatment-resistant depression. In: Bloom FK, Kupfer DJ, eds. *Psychopharmacology: The Fourth Generation of Progress*. Baltimore, MD: Raven Press Ltd; 1995:1081–1097.
- **Unpublished Materials:**  
Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC.  
Jones JL, Hanson DL, Ward JW, et al. Incidence and trends in AIDS-related opportunistic illnesses in injecting drug users and men who have sex with men. In: Program and abstracts of the XI International Conference on AIDS; July 7–12, 1996; Vancouver, British Columbia. Abstract We.C.3418.  
Klassen TP, Watters LK, Feldman ME, et al. The efficacy of nebulized budesonide in dexamethasone-treated outpatients with croup. *Pediatrics*. In press.

## Manuscript submission

### Submission:

Please submit your manuscript directly to *CNS Spectrums* via the CNS ScholarOne Manuscripts website: [mc.manuscriptcentral.com/cnsspectr](http://mc.manuscriptcentral.com/cnsspectr).

Set up or login to your account, enter your Author Center, follow the instructions carefully, and upload your manuscript for submission.

A generic Author Quick Start Guide is available to download from: [mchelp.manuscriptcentral.com/tutorials/Author.pdf](http://mchelp.manuscriptcentral.com/tutorials/Author.pdf)

A chapter on manuscript submission is also available in the online interactive guide: [mcv3help.manuscriptcentral.com/stalkjdfesd/MC4Help.htm](http://mcv3help.manuscriptcentral.com/stalkjdfesd/MC4Help.htm)

Once you submit your manuscript you will receive an automated e-mail confirmation stating that your manuscript was submitted successfully. In addition, a manuscript reference number will be generated for your submission automatically. If we decide to consider your manuscript for publication, our Editor-in-Chief will assign it to a Field Editor and peer reviewers. The unique reference number of the manuscript should be quoted in all correspondence with the *CNS Spectrums*' Office and Publisher.

## Peer review and revision process

### Peer reviewer suggestions:

Authors must provide at minimum of three (3) names of qualified potential reviewers with the necessary contact information (affiliation and e-mail address). Reviewers should be specialists in the topic of the submitted paper, who have no conflict of interest and who are not affiliated with the company, organization, or institution that employ any of the co-authors of the manuscript. We may contact one or more of your suggested reviewers once we receive your manuscript, but we reserve the right to not do so. Peer review is anonymous.

### Revision process:

The Field Editor and/or Editor-in-Chief will check the reviewers' overall assessment of the article. Peer review comments are then forwarded to the corresponding author for revisions. Authors are expected to incorporate all revisions to the best of their ability, unless otherwise noted. In addition, the authors' list of incorporated changes must accompany their revised manuscript. Authors are expected to submit revised manuscripts by the designated due date(s).

If there are any questions about the reviewers' comments and/or suggested revisions, please contact the Field Editor

and/or Content Editor directly, who will follow-up with the reviewer(s) for further clarification.

## Failure to meet deadlines during the revision process

It is very important that authors meet all deadlines for submitted material (manuscripts, revisions, etc.). If you have problems meeting your deadlines, please call the Field Editors of *CNS Spectrums* or contact Lisa Arrington, Content Editor, at [larrington@cambridge.org](mailto:larrington@cambridge.org) and explain your situation. You may be granted an extension. However, please note that late draft submissions are problematic. If delays start to significantly jeopardize our publication schedule, your article will be cut.

## Post-acceptance/Production workflow

Upon final acceptance of a manuscript for publication, it is passed on to our production department, who will send it out for copyediting. The copyeditor will be in contact with the corresponding author directly regarding any queries about the article. The Corresponding author will need to respond to the copyeditor in a timely manner (usually within 48 hours), to ensure the prompt and efficient processing of the article. Typeset proofs shall be issued to the corresponding author as a final check – no substantive change shall be introduced at this stage.

Once the typeset version is posted on the Cambridge Journals Online web site, please note that it cannot be changed, as it will constitute the version of record (VoR).

All accepted articles are published online as soon as they are ready in *FirstView*. If an article is slated for a specific issue dated for a particular month, the approved article may be published online, prior to that publication date.

## Proofs

The publisher reserves the right to copy-edit all accepted manuscripts. The corresponding author will receive page proofs for proofreading. These should be checked and returned by designated due date, which is within 48 hours of your receipt. The publisher reserves the right to charge authors for excessive correction of non-typographical errors.

## Offprints

The corresponding author will receive a pdf file of the article when it is published. Additional offprints must be ordered when page proofs are returned. Price lists and order forms will be sent with page proofs.

## Journal policies

### NIH Open Access Archiving Mandate

In compliance with the National Institutes of Health Open Access Policy, under the Publisher's standard transfer of copyright agreement, the publisher shall autodeposit the manuscript to PubMed Central upon acceptance, as long as the author has indicated the NIH funding and the grant number upon submission. A final version of an article may be made publicly available no sooner than 12 months after the official date of publication.

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Cambridge allows authors to make their articles freely available through the Cambridge University Press Open Access initiative, *Cambridge Open*. This initiative enables immediate open access publication of an author's article, upon acceptance and after an article processing fee has been received from the author or their sponsoring body.

All articles will continue to be handled in the same way during the peer-review process, professional production and online publication on Cambridge Journals Online. Articles will be included in the relevant Abstracting & Indexing services, and can have supplementary content added to their online versions.

Once manuscripts have been accepted for publication, authors can choose whether or not to publish open access. In this way, all of the editorial decision processes are unbiased. The journal's Editor and reviewers will not know that the paper

is to be included in Cambridge Open Option. Cambridge asks in order to provide this service is that the author, or their institution or funding body, pays an article processing fee to cover costs associated with the publication process, from peer review of the submitted manuscript, through the copy-editing and typesetting, to online-hosting of the definitive version of the published article.

The article processing fee ensures permanent archiving by both Cambridge University Press and the author, and allows anyone else to view, search, download or archive for personal and non-commercial use. The only condition for this is that the author and original source are properly acknowledged.

#### **Issue-based publication of accepted manuscripts:**

All articles will be prepared for publication immediately upon their acceptance and published online in full before being allocated to an issue. Our intention is to allocate articles to the next available issue in order of date of acceptance. From time to time we are forced to allocate the publication accepted manuscripts to later issues in order to accommodate thematic content.

#### **Co-Author Approval**

Papers with multiple authors are reviewed with the assumption that all authors have contributed materially to the research reported, have approved the submitted manuscript, and concur with its submission to *CNS Spectrums*. A Copyright Transfer Agreement, with certain specified rights reserved by the author, must be signed and returned to the Publisher by each co-author listed at the time of submission. This is necessary for the wide distribution of research findings, and the protection of both author and Cambridge University Press under copyright law.

#### **Authorship Disclosure Form - Disclosure of Commercial and Non-Commercial Interests**

All co-authors for each submission must list all of their disclosure information, including all forms of support, including grant and pharmaceutical support, affiliations, honoraria, received for past and present material, *regardless of whether the author(s) feel that it directly pertains to their submitted material*. Such information may, at the Editor's discretion, be shared with reviewers.

*CNS Spectrums* requires that an online [Authorship Disclosure Form](#) is completed by **every author** of the manuscript. Therefore, **before you start submitting your paper, please make sure that all co-authors have submitted their completed Authorship Disclosure Forms directly on ScholarOne.**

*If you do not have any disclosures, please type:* Disclosures: The author[s] do not have any disclosures, and the author[s] do not have any affiliation with or financial interest in any organization that might pose a conflict of interest.

#### **The Publisher shall not after publication online correct any error or omission in author disclosure forms if not submitted correctly during the peer review process.**

We are aware that authors sometimes receive assistance from technical writers, language editors and/or writing agencies in preparing manuscripts for publication. Such assistance must be noted in the cover letter and in the Acknowledgements section along with a declaration that the author(s) are entirely responsible for the scientific content of the paper.

Failure to acknowledge assistance from technical writers, language editors and/or writing agencies in preparing manuscripts for publication in the cover letter and in the Acknowledgements section may lead to disqualification of the paper.

#### **Originality and Copyright**

To be considered for publication in *CNS Spectrums*, a manuscript cannot have been published previously, nor can

it be under review for publication elsewhere. (Previously published figures may be sparingly used in Reviews, with appropriate permission.)

If you have an article currently under review pending a decision, you are welcome to keep it submitted to the journal or withdraw it at anytime. **However, if you decide to submit your article to a different publication, you must officially withdraw it from *CNS Spectrums* before submitting it elsewhere.** You can withdraw your paper through the Author Center on the CNS ScholarOne Manuscripts site. Alternatively, you may send an e-mail request specifying that you are asking to withdraw your manuscript and you must include the manuscript title and the names of your co-authors (if applicable), and the unique article identifier issued upon submission.

The posting of a brief summary of clinical trial outcomes on a pharmaceutical website (such as the PhRMA-sponsored database <[www.clinicalstudyresults.org](http://www.clinicalstudyresults.org)>) will not necessarily count as prior publication nor impede full consideration of a manuscript: *CNS Spectrums* will look at this on a case-by-case basis to determine the extent of overlap between the trial data posted and the manuscript as submitted, and will decide whether the manuscript contains sufficiently new perspectives or sufficient additional data for it to count as original. Authors should declare when submitting manuscripts that such data have already been posted and *CNS Spectrums* will review this sympathetically.

#### **Clinical Trials**

As a condition of consideration for publication, registration of clinical trials in a public trials registry is required. A clinical trial is defined by the International Committee of Medical Journal Editors (in accordance with the definition of the World Health Organisation) as any research project that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Trials must be registered before the start of patient enrollment. The registry must be accessible to the public at no charge. It must be open to all prospective registrants and managed by a not-for-profit organization. There must be a mechanism to ensure the validity of the registration data, and the registry should be electronically searchable. An acceptable registry must include at minimum a unique trial number, trial registration date, secondary identification information if assigned by sponsors or others, funding source(s), primary and secondary sponsor(s), responsible contact person, research contact person, official scientific title of the study, research ethics review, the medical condition being studied, intervention(s), key inclusion and exclusion criteria, study type, anticipated trial start date, target sample size, recruitment status, primary outcome, and key secondary outcomes. Registration information must be provided at the time of submission. Trial registry name, registration identification number, and the URL for the registry should be included at the end of the abstract.

Manuscripts reporting the results of randomized controlled trials should include a "CONSORT" flow diagram as a figure in the manuscript to illustrate the progress of all patients in the study (See: 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(15):1987-1991.)

#### **Ethical considerations**

Papers reporting experiments involving human subjects must contain the statement that the research was approved by an Internal Review Board, Helsinki Committee or similar body and that subjects gave informed consent. Papers describing animal experiments must indicate that the research was approved by a Review Committee or clearly state that the experiments were performed in accordance with accepted guidelines such as 'Guiding principles in the care and use of animals (DHEW Publications, NIH, 80-23). Papers that do not contain an Ethics Statement will not be reviewed.

### Summary of article types and requirements

Article type	Length	Abstract	Figs/ Tables	Purpose/ features
Original research	<ul style="list-style-type: none"> <li>• 6,000 words</li> <li>• Up to 100 references</li> </ul>	<ul style="list-style-type: none"> <li>• Structured</li> <li>• ≤ 250 words</li> <li>• No citations</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum 2 tables and/or figures</li> </ul>	<p>Original Research: Reports the results of a formal study based on original research.</p> <ul style="list-style-type: none"> <li>• Structured abstract</li> </ul>
Review article	<ul style="list-style-type: none"> <li>• 3,000 words</li> <li>• Up to 60 references</li> </ul>	<ul style="list-style-type: none"> <li>• Unstructured</li> <li>• ≤ 250 words</li> <li>• No citations</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum 2 tables and/or figures</li> <li>• Maximum 6 tables and/or figures</li> </ul>	<p>Review: Written as a literature review of an established topic, as suggested by its name.</p> <ul style="list-style-type: none"> <li>• Clinical implication points</li> </ul>
Opinions	<ul style="list-style-type: none"> <li>• 3,000 words</li> <li>• 30–60 references</li> </ul>	<ul style="list-style-type: none"> <li>• Unstructured</li> <li>• ≤ 150 words</li> <li>• No citations</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum 2 tables and/or figures</li> <li>• Maximum 6 tables and/or figures</li> </ul>	<p>Opinion: Addresses a current topic of high interest, which has substantial evidence but has not yet been established.</p> <ul style="list-style-type: none"> <li>• Clinical implication points</li> </ul>
Commentaries	<ul style="list-style-type: none"> <li>• 1,500 words</li> <li>• Up to 6 references</li> </ul>	<ul style="list-style-type: none"> <li>• Unstructured</li> <li>• ≤ 100 words</li> <li>• No citations</li> </ul>	<ul style="list-style-type: none"> <li>• 1 table or 1 figure</li> </ul>	<p>Commentary: Commissioned manuscript that is written in reaction to previously published articles; usually encourages a certain level of debate.</p> <ul style="list-style-type: none"> <li>• Clinical implication points</li> </ul>
Editorial	<ul style="list-style-type: none"> <li>• 1,000 words</li> </ul>	<ul style="list-style-type: none"> <li>• Unstructured</li> <li>• 150 words</li> </ul>	<ul style="list-style-type: none"> <li>• 1 table or 1 figure</li> </ul>	<p>Editorial: Introduces a new idea or a particular theme, usually written by the editor-in-chief and occasionally submitted by a guest editor.</p>

# THE STORY OF Stahl's Essential Psychopharmacology

The Essential Psychopharmacology franchise began 17 years ago as a published offshoot of my lectures for mental health professionals.

I have always had to 'see' something before I could understand it, especially disease mechanisms and drug actions, and thus developed a compendium of figures and diagrams for my lectures. With my long term illustrator Nancy Muntner, we gradually developed a 'visual language' for psychopharmacology with icons and figures that have become the signature feature of **Stahl's Essential Psychopharmacology**.

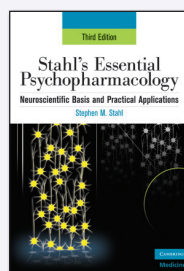
The original textbook – **Stahl's Essential Psychopharmacology** – explained how drugs work but not how to use them, so the **Prescriber's Guide** was created as a companion to the textbook. For this, in addition to our characteristic use of unique icons, we also included standard evidence based drug information. I also added 'tips and pearls' based on the art of psychopharmacology and derived as much from my experience in clinical practice as from the evidence.

More recently, we added the third leg of the stool. The **Case Studies** book is about living through the treatments that work, the treatments that fail, and the mistakes made along the journey. This is psychiatry in real life, these are the patients from your waiting room. The intention of the book is that it will reassure, inform, and guide better clinical decision making.

And now, in early 2012, I am pleased to announce the publication of a brand new book of **self-assessment questions** in psychiatry.



## *Stahl's Essential Psychopharmacology* – four 'must-haves'

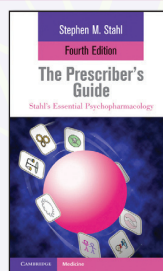


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- Long established as the preeminent source of education and information in its field
- Features the author's highly-praised writing style and clear, easy-to-follow illustrations
- Thoroughly updated and much-expanded for the third edition, taking account of advances in neurobiology and recent clinical developments to explain the concepts underlying the drug treatment of psychiatric disorders

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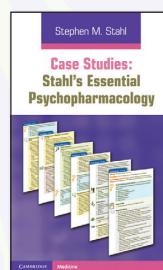


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- With new drug additions, and every drug entry revised and updated to take into account new regulations and uses
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### *new*



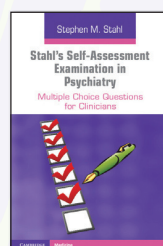
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- Cases are followed through the complete clinical encounter, from start to resolution, acknowledging all the complications, issues, decisions, twists and turns along the way
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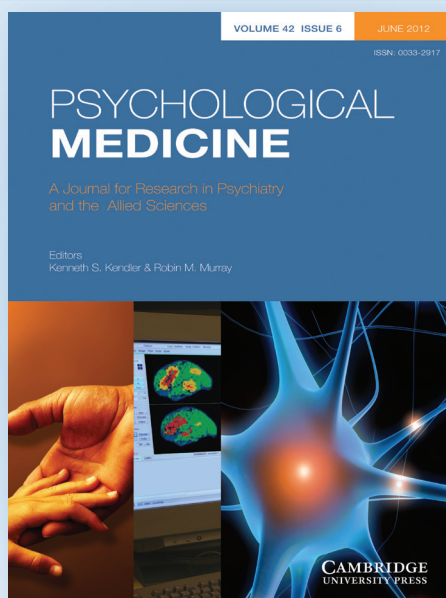
# PSYCHOLOGICAL MEDICINE

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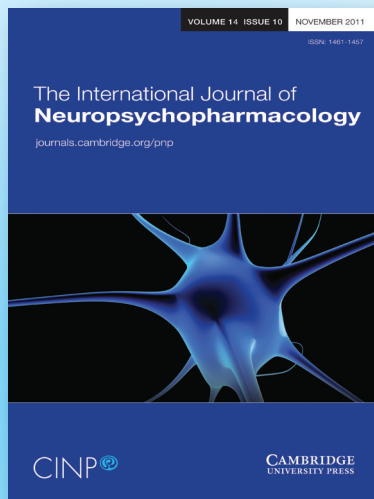
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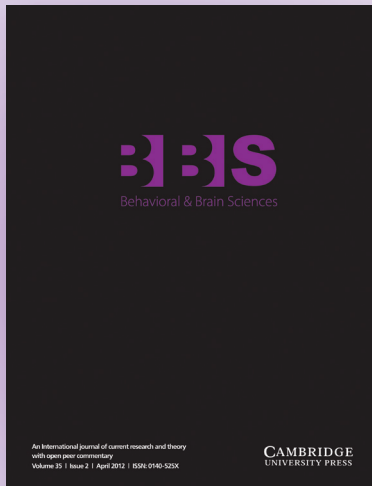
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