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## AIMS AND SCOPE

Psychiatry and Clinical Psychopharmacology (formerly *Bulletin of Clinical Psychopharmacology 1996-2016*) is an international, scientific, open access, online-only periodical published in accordance with independent, unbiased, and double-blinded peer-review principles. The journal is published quarterly in March, June, September, and December. The publication language of the journal is American English.

The aim of the journal is to bridge the gap between basic and clinical application by publishing high quality research in psychiatry and clinical psychopharmacology. The scope of the journal includes but not limited to psychiatry, child and adolescent psychiatry, psychology, neurology, pharmacology, molecular biology, genetics, physiology, neurochemistry, neuroimaging, artificial intelligence, machine learning, neuronal networks, and related sciences. Psychiatry and Clinical Psychopharmacology accepts research articles, reviews, case reports, letters to the editors, editorials, and short communications/brief reports.

The target audience of the journal includes specialists, residents, and scientists in psychiatry, psychology, neurology, pharmacology, molecular biology, genetics, physiology, neurochemistry, and related disciplines.

Psychiatry and Clinical Psychopharmacology is currently indexed in Science Citation Index Expanded, Scopus, Embase, HINARI, Proquest: Proquest Psychology Journals, Proques Health&Medical Complete, PsychINFO, PsycSCAN: Psychopharmacology, EBSCO, and Chemical Abstracts (CAS).

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME), Council of Science Editors (CSE), Committee on Publication Ethics (COPE), European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing ([doaj.org/bestpractice](http://doaj.org/bestpractice)).

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## INSTRUCTIONS TO AUTHORS

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Originality, high scientific quality, and citation potential are the most important criteria for a manuscript to be accepted for publication. Manuscripts submitted for evaluation should not have been previously presented or already published in an electronic or printed medium. The journal should be informed of manuscripts that have been submitted to another journal for evaluation and rejected for publication. The submission of previous reviewer reports will expedite the evaluation process. Manuscripts that have been presented in a meeting should be submitted with detailed information on the organization, including the name, date, and location of the organization.

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Manuscripts submitted to Psychiatry and Clinical Psychopharmacology will go through a double-blind peer-review process. Each submission will be reviewed by at least two external, independent peer reviewers who are experts in their fields in order to ensure an unbiased evaluation process. The editorial board will invite an external and independent editor to manage the evaluation processes of manuscripts submitted by editors or by the editorial board members of the journal. The Editor in Chief is the final authority in the decision-making process for all submissions.

## ETHICAL GUIDELINES

An approval of research protocols by the Ethics Committee in accordance with international agreements (World Medical Association Declaration of Helsinki "Ethical Principles for Medical Research Involving Human Subjects," amended in October 2013, [www.wma.net](http://www.wma.net)) is required for experimental, clinical, and drug studies and for some case reports. If required, ethics committee reports, or an equivalent official document will be requested from the authors. Submissions which do not have ethical approval will be reviewed according to COPE's Research, Audit and Service Evaluations guideline.

Such manuscripts can be rejected after editorial review due to the lack of ethics committee approval.

For manuscripts concerning experimental research on humans, a statement should be included that written informed consent of patients and volunteers was obtained following a detailed explanation of the procedures that they may undergo.

It is the authors' responsibility to protect the patients' anonymity carefully. For photographs that may reveal the identity of the patients, signed releases of the patient or their legal representative should be enclosed, and the publication approval must be provided in the Methods section.

For studies carried out on animals, an approval research protocols by the Ethics Committee in accordance with international agreements (Guide for the care and use of laboratory animals, 8th edition, 2011" and/or "International Guiding Principles for Biomedical Research Involving Animals, 2012") is required. Also, the measures taken to prevent pain and suffering of the animals should be stated clearly in such studies.

Information on patient consent, the name of the ethics committee, and the ethics committee approval number and date should also be stated in the Methods section of the manuscript.

## PLAGIARISM AND ETHICAL MISCONDUCT

Psychiatry and Clinical Psychopharmacology is extremely sensitive about plagiarism. All submissions are screened by a similarity detection software (iThenticate by CrossCheck) at any point during the peer-review and/or production process.

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**Salami slicing:** Using the same data of a research into several different articles. Reporting the same hypotheses, population, and methods of a study is into different papers is not acceptable.

**Data Fabrication:** It is the addition of data that never occurred during the gathering of data or the experiments. Results and their interpretation must be based on the complete data sets and reported accordingly.

**Data Manipulation/Falsification:** It means manipulating research data with the intention of giving a false impression. This includes manipulating images (e.g. micrographs, gels, radiological images), removing outliers or 'inconvenient' results, changing data points, etc.

In the event of alleged or suspected research misconduct, e.g., plagiarism, citation manipulation, and data falsification/fabrication, the Editorial Board will follow and act according to COPE flowcharts.

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Psychiatry and Clinical Psychopharmacology does not consider preprint publications as prior publication. In other words, authors are allowed to present and discuss their findings on a non-commercial preprint server before submission to a journal.

Authors must provide the journal with the pre-print server deposition of their article accompanying its DOI during initial submission.

If the article is published in the Psychiatry and Clinical Psychopharmacology, it is the responsibility of the authors to update the archived preprint and link it to the published version of the article.

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Each person listed as an author should fulfill the authorship criteria recommended by the International Committee of Medical Journal Editors (ICMJE - [www.icmje.org](http://www.icmje.org)). The ICMJE recommends that authorship is based on the following four criteria:

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In addition to being accountable for the parts of the work he/she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. Also, authors should have confidence in the integrity of the contributions of their co-authors.

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The manuscripts should be prepared in accordance with ICMJE-Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (updated in December 2018 - <http://www.icmje.org/icmje-recommendations.pdf>). Authors are required to prepare manuscripts in accordance with the CONSORT guidelines for randomized research studies, STROBE guidelines for observational original research studies, STARD guidelines for studies on diagnostic accuracy, PRISMA guidelines for systematic reviews and meta-analysis, ARRIVE guidelines for experimental animal studies, and TREND guidelines for non-randomized public behavior. The style of the manuscripts should be prepared according to AMA Manual of Style 11th Edition.

Manuscripts can only be submitted through the journal's online manuscript submission and evaluation system, available at [pcp.manuscriptmanager.net](http://pcp.manuscriptmanager.net). Manuscripts submitted via any other medium and submissions by anyone other than one of the authors will not be evaluated.

Manuscripts submitted to the journal will first go through a technical evaluation process where the editorial office staff will ensure that the manuscript has been prepared and submitted in accordance with the journal's guidelines. Submissions that do not conform to the journal's guidelines will be returned to the submitting author with technical correction requests.

Authors are required to submit the following:

- Copyright Agreement and Acknowledgement of Authorship Form, and
- ICMJE Potential Conflict of Interest Disclosure Form (should be filled in by all contributing authors) during the initial submission. These forms are available for download at [www.psychiatry-psychopharmacology.com](http://www.psychiatry-psychopharmacology.com).

## Preparation of the Manuscript

**Title page:** A separate title page should be submitted with all submissions and this page should include:

- The full title of the manuscript as well as a short title (running head) of no more than 50 characters,
- Name(s), affiliations, highest academic degree(s), and ORCID IDs of the author(s),
- Grant information and detailed information on the other sources of support,
- Name, address, telephone (including the mobile phone number), and email address of the corresponding author,
- Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.

**Abstract:** An abstract should be submitted with all submissions except for Letters to the Editor. The abstract of Research Articles should be structured with subheadings (Background, Methods, Results, and Conclusion). Please check Table 1 below for word count specifications.

**Keywords:** Each submission must be accompanied by a minimum of three to a maximum of five keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (<https://www.nlm.nih.gov/mesh/MBrowser.html>).

**Main Points:** All submissions except letters to the editor should be accompanied by 3 to 5 “main points” which should emphasize the most noteworthy results of the study and underline the principal message that is addressed to the reader. This section should be structured as itemized to give a general overview of the article. Since “Main Points” targeting the experts and specialists of the field, each item should be written as plain and straightforward as possible.

## Manuscript Types

**Research Articles:** This is the most important type of article since it provides new information based on original research. Acceptance of original papers will be based upon the originality and importance of the investigation. The main text of original articles should be structured with Introduction, Material and Methods, Results, and Discussion subheadings. Please check Table 1 for the limitations for Original Articles.

## Clinical Trials

Psychiatry and Clinical Psychopharmacology adopts the ICMJE’s clinical trial registration policy, which requires that clinical trials must be registered in a publicly accessible registry that is a primary register of the WHO International Trials Registry Platform (ICTRP) or in ClinicalTrials.gov.

Instructions for the clinical trials are listed below.

- Clinical trial registry is only required for the prospective research projects that study the relationship between a health-related intervention and an outcome by assigning people.
- To have their manuscript evaluated in the journal, author should register their research to a public registry at or before the time of first patient enrollment.
- Based on most up to date ICMJE recommendations, Psychiatry and Clinical Psychopharmacology accepts public registries that include minimum acceptable 24-item trial registration dataset.
- Authors are required to state a data sharing plan for the clinical trial registration. Please see details under “Data Sharing” section.
- For further details, please check ICMJE Clinical Trial Policy at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>

## Data Sharing

As of 1 January 2019, a data sharing statement is required for the registration of clinical trials. Authors are required to provide a data sharing statement for

the articles that reports the results of a clinical trial. The data sharing statement should indicate the items below according to the ICMJE data sharing policy:

- Whether individual deidentified participant data will be shared
- What data in particular will be shared
- Whether additional, related documents will be available
- When the data will be available and for how long
- By what access criteria will be shared

Authors are recommended to check the ICMJE data sharing examples at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>

While submitting a clinical trial to Psychiatry and Clinical Psychopharmacology,

- Authors are required to make registration to a publicly accessible registry according to ICMJE recommendations and the instructions above.
- The name of the registry and the registration number should be provided in the Title Page during the initial submission.
- Data sharing statement should also be stated in the Title Page even the authors do not plan to share it.

Clinical trial and data sharing policy of the journal will be valid for the articles submitted from 1 March 2021.

## Reporting Statistical Analysis

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983; 7; 1489-93). Information on statistical analyses should be provided with a separate sub-heading under the Materials and Methods section and the statistical software that was used during the process must be specified.

Values for reporting statistical data, such as P values and CIs should be presented and rounded appropriately. P values should be expressed to 2 digits to the right of the decimal point unless the first 2 digits are zeros, in which case 3 digits to the right of the decimal place should be provided (eg, instead of  $P < .01$ , report as  $P = .002$ ). However, values close to .05 may be reported to 3 decimal places because the .05 is an arbitrary cut point for statistical significance (eg,  $P = .053$ ). P values less than .001 should be designated as  $P < .001$  rather than exact values (eg,  $P = .000006$ ).

Units should be prepared in accordance with the International System of Units (SI).

**Editorial Comments:** Invited brief editorial comments on selected articles are published in the Psychiatry and Clinical Psychopharmacology. Editorials should not be longer than 1000 words excluding references. Editorial comments aim to provide a brief critical commentary by reviewers with expertise or with high reputation in the topic of the research article published in the journal. Authors are selected and invited by the journal to provide such comments. Abstract, Keywords, and Tables, Figures, Images, and other media are not included.

**Review Articles:** Reviews prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into a high volume of publications with a high citation potential are welcomed. These authors may even be invited by the journal. Reviews should describe, discuss, and evaluate the current level of knowledge of a topic in clinical practice and should guide future studies. The subheadings of the review articles should be planned by the authors. However, each review article should include an “Introduction” and a “Conclusion” section. Please check Table 1 for the limitations for Review Articles.

**Case Reports:** There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not included in the literature, and interesting and educative case reports are accepted for publication. The text should include Introduction, Case Presentation, and Discussion with an unstructured abstract. Please check Table 1 for the limitations for Case Reports.

**Letters to the Editor:** This type of manuscript discusses important parts, overlooked aspects, or lacking parts of a previously published article. Articles on subjects within the scope of the journal that might attract the readers' attention, particularly educative cases, may also be submitted in the form of a "Letter to the Editor." Readers can also present their comments on the published manuscripts in the form of a "Letter to the Editor." Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be unstructured. The manuscript that is being commented on must be properly cited within this manuscript.

#### Tables

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (even if they are defined within the main text). Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

#### Figures and Figure Legends

Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labeled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size (minimum dimensions: 100 × 100 mm). Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition.

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the product, the producer of the product, and city and the country of the company (including the state if in USA), should be provided in parentheses in the following format: "Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA)"

All references, tables, and figures should be referred to within the main text, and they should be numbered consecutively in the order they are referred to within the main text.

Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

#### References

Both in-text citations and the references must be prepared according to the AMA Manual of Style 11th Edition. While citing publications, preference should be given to the latest, most up-to-date publications. Authors are responsible for the accuracy of references. If an ahead-of-print publication is cited, the DOI number should be provided. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/MEDLINE/PubMed. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first three authors should be listed followed by "et al." In the main text of the manuscript, references should be cited in superscript after punctuation. The reference styles for different types of publications are presented in the following examples.

**Journal Article:** Karadere ME, Şahin T, Çobanoğlu E, Yıldız V. Retinal nerve fiber layer thickness in opioid abusers. *Psychiatry Clin Psychopharmacol*. 2020;30(4):369-373.

**Book Section:** Fikremariam D, Serafini M. Multidisciplinary approach to pain management. In: Vadivelu N, Urman RD, Hines RL, eds. *Essentials of Pain Management*. New York, NY: Springer New York; 2011:17-28.

**Books with a Single Author:** Patterson JW. *Weedon's Skin Pathology*. 4th ed. Churchill Livingstone; 2016.

**Editor(s) as Author:** Etzel RA, Balk SJ, eds. *Pediatric Environmental Health*. American Academy of Pediatrics; 2011.

**Conference Proceedings:** Morales M, Zhou X. Health practices of immigrant women: indigenous knowledge in an urban environment. Paper presented at: 78<sup>th</sup> Association for Information Science and Technology Annual Meeting; November 6-10; 2015; St Louis, MO. Accessed March 15, 2016. <https://www.asist.org/files/meetings/am15/proceedings/open-page15.html>

**Table 1. Limitations for each manuscript type**

Type of manuscript	Word limit* (Min-Max)	Abstract Word limit	Reference limit	Table limit	Figure limit
Original Article	3500-5000	200-250 (Structured)	30	6	7 or total of 10 images
Review Article	4000-6000	200-250	50	6	10 or total of 15 images
Case Report	1000-2000	100-150	15	No tables	1 or total of 3 images
Brief Report	2500	200-250	20	6	5 or total of 10 images
Letter to the Editor	500-1000	No abstract	5	No tables	No figures
Editorial	1500-3000	No abstract	20	5	5 or total of 10 images

\*Word limit should not include the abstract, references, tables, and figure legends.

**Thesis:** Maiti N. Association Between Behaviors, Health Characteristics and Injuries Among Adolescents in the United States. Dissertation. Palo Alto University; 2010.

**Online Journal Articles:** Tamburini S, Shen N, Chih Wu H, Clemente KC. The microbiome in early life: implications for health outcompetes. *Nat Med*. Published online July 7, 2016. doi:10.1038/nm4142

**Websites:** International Society for Infectious Diseases. ProMed-mail. Accessed February 10, 2016. <http://www.promedmail.org>

**Epub Ahead of Print Articles:** Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging. *Diagn Interv Radiol*. 2016 Feb 24. doi: 10.5152/dir.2016.15323. [Epub ahead of print].

## REVISIONS

When submitting a revised version of a paper, the author must submit a detailed "Response to the reviewers" that states point by point how each issue raised by the reviewers has been covered and where it can be found (each reviewer's comment, followed by the author's reply and line numbers where the changes have been made) as well as an annotated copy of the main document. Revised manuscripts must be submitted within 30 days from the date

of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be canceled. If the submitting author(s) believe that additional time is required, they should request this extension before the initial 30-day period is over.

Accepted manuscripts are copy-edited for grammar, punctuation, and format. Once the publication process of a manuscript is completed, it is published online on the journal's webpage as an ahead-of-print publication before it is included in its scheduled issue. A PDF proof of the accepted manuscript is sent to the corresponding author and their publication approval is requested within 2 days of their receipt of the proof.

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