



# INFORMATION FOR AUTHORS

## Introduction

The *Psychiatry Investigation* is published on the 25th day of every month in English by the Korean Neuropsychiatric Association (KNPA). The *Journal* covers the whole range of psychiatry and neuroscience. Both basic and clinical contributions are encouraged from all disciplines and research areas relevant to the pathophysiology and management of neuropsychiatric disorders and symptoms, as well as researches related to cross cultural psychiatry and ethnic issues in psychiatry. The *Journal* publishes *Original Article, Review Article, Study Protocol, Editorial, Perspective, Viewpoint, and Correspondence*. All research articles are peer reviewed. Contributions are accepted for publication on the condition that their substance has not been published or submitted for publication elsewhere. Authors submitting papers to the *Journal* (serially or otherwise) with a common theme or using data derived from the same sample (or a subset thereof) must send details of all relevant previous publications and simultaneous submissions. The *Journal* is not responsible for statements made by contributors. Material in the *Journal* does not necessarily reflect the views of the Editor or of the KNPA. Manuscripts accepted for publication are copy-edited to improve readability and to ensure conformity with house style.

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### Authorship

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## Author Contributions

This section should describe what each author has done in the study. To qualify for authorship, all contributors must meet at least one of the seven core contributions by CRediT (conceptualization, methodology, software, validation, formal analysis, investigation, data curation), as well as at least one of the writing contributions (original draft preparation, review, and editing). Authors may also satisfy other remaining contributions; however, satisfying these alone will not qualify them for authorship.

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*Psychiatry Investigation* aims to ensure that all articles published in the journal report on work that is morally acceptable, and expects authors to follow the World Medical Association's Declaration of Helsinki (<https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>). All of the manuscripts should be prepared in strict observation of research and publication ethics guidelines recommended by the Council of Science Editors (<http://www.councilscienceeditors.org/>), International Committee of Medical Journal Editors (ICMJE, <https://www.icmje.org/>), World Association of Medical Editors (WAME, <http://www.wame.org/>), and the Korean Association of Medical Journal Editors (KAMJE, <https://www.kamje.or.kr/>). Any study including human data must be reviewed and approved by a responsible Institutional Review Board (IRB). Animal experiments also should be reviewed by an appropriate committee (IACUC) for the care and use of animals. Also studies with pathogens requiring a high degree of biosafety should pass review of a relevant committee (IBC). The editor may request submission of copies of informed consents from human subjects in clinical studies or IRB approval documents. The *Psychiatry Investigation* will follow the guidelines by the Committee on Publication Ethics (COPE, <http://publicationethics.org/>) for settlement of any misconduct.

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All submitted papers are peer-reviewed before it is decided whether they should be accepted, minor revision, major revision, or rejected. Authors must suggest 5 preferred reviewers. The journal reserves the right to edit the language of papers accepted for publication for clarity and grammatical correctness, and to make formal changes to ensure compliance with this Journal. Proofs will be sent to the corresponding author for final approval. Upon acceptance of a manuscript for publication, the all authors will be required to sign an agreement transferring copyright to the publisher. The completed copyright transfer form should be scanned and uploaded online through the website (<https://mc03.manuscriptcentral.com/psychiatryinvestig>).

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A submitted manuscript will be acknowledged and assigned a manuscript number, which is to be used in all further correspondence. Manuscripts are reviewed and given a priority based on their originality, importance of the findings, scientific merit and significance for the field, interest to readers, lu-

curacy, and suitability for publication. Manuscripts with insufficient priority for publication are rejected promptly. Other manuscripts are sent to expert consultants for peer review. The existence of a manuscript under review is not revealed to anyone other than peer reviewers and editorial staff. Peer reviewers remain anonymous and are expected to maintain strict confidentiality. Reviewers are also expected to inform the Editor of any conflicts of interest, including any financial arrangements involving companies whose products (or competing products) are featured in the manuscripts they agree to review. All manuscripts from editors, employees, or members of the editorial board are processed same to other unsolicited manuscripts. If manuscripts from Editor-in-Chief or Associate Editors are submitted, it is also treated through same process with other manuscripts. However, those authors are not involved in the peer reviewer selection, review process, or final decision.

## Preparation of Manuscripts

The manuscript must be written in English. The manuscript (including references, legends, and tables) must be typed double-spaced. Start each of these sections on a new page, numbered consecutively, beginning with the title page. Use only 10- or 12-point font size. Manuscripts should be concisely written in a readily understandable style. Standard nomenclature should be used throughout; unfamiliar or new terms and arbitrary abbreviations should be defined when first used.

### Reporting Guidelines for Specific Study Designs

It is recommended for authors to follow the established reporting guidelines (<http://www.equator-network.org>) for the specific study design, such as randomized control study (i.e., CONSORT), study of diagnostic accuracy (i.e., STARD), meta-analyses and systematic reviews of randomized controlled trials (i.e., PRISMA), meta-analysis of observational studies in epidemiology (i.e., MOOSE), and strengthening the reporting of observational studies in epidemiology (i.e., STROBE).

### Titles and Authors

Each manuscript must have a separate title page which includes only the title, authors' full names, academic or professional affiliations and complete addresses, as well as the name, address, e-mail, telephone, fax numbers, ORCID iDs (all authors), and Author contributions of the author to whom proofs and correspondence should be addressed. If an author's affiliation has changed since the work was done, list the new affiliation as well. The title should be short, clear and concise and should indicate the major point of the paper. They should not exceed 42 characters per line, including punctuation and spaces, and should be limited to 2 lines, if possible. Do not use abbreviations in the title. The running title should consist of no more than 8 words.

### Abstract

Original articles and review articles should include structured abstracts no longer than 250 words with the following information, under the headings indicated: **Objective** - the primary purpose of the article; **Methods** - data sources, subjects, design, measurements, data analysis; **Results** - key findings; and **Conclusion** - implications, future directions. Study protocols require an unstructured abstract of one paragraph, not exceeding 150 words. A list of key words, with a maximum of six items, should be included at the end of the abstract. The selection of key words should be based on Medical Subject Heading (MeSH) of National Library of Medicine (NLM; <https://meshb.nlm.nih.gov/search>). An abstract is not required for Editorial, Perspective, Viewpoint, Correspondences, and Study Protocol.

### Text

**Original Article** The contents of the text should include four major sections: *Introduction*, *Methods*, *Results*, and *Discussion*. The *Introduction* should give the reasons for undertaking the study and a summary of the experimental plan. Exhaustive reviews of literature should be avoided. The *Methods* should be described in sufficient detail so that the work can be duplicated, or by reference to previous descriptions if they are readily available. Commonly used

methods require only a citation of the original source unless they have been substantially modified. Statistical tests used for evaluation of data should be briefly explained. Special chemicals and drugs with their sources should be grouped under a separate sub-heading ("material" or "drugs"). For drugs, generic names should be used; trade names may be given in brackets where the drug is first mentioned. In case of new drugs, a detailed chemical description (formula) should be given. Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance. The *Results* should be described clearly, concisely, and in logical order without extended discussions of their significance. Results should usually be presented in graphic or tabular form, rather than discursively. There should be no duplication in text, tables and figures. The *Discussion* should be as concise as possible. In this section, conclusions should be drawn from the results accompanied by an assessment of their significance in relation to previous works. The original articles should not exceed 5,000 words (excluding references, tables and figure legends).

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**Perspective** Perspective describes the practice of psychiatry and social, historical, cultural, economic, or even political issues. It should not exceed 1,000 words (excluding references, tables and figure legends) and contain no more than 10 references and contain no more than one figure or table.

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**Correspondence** A brief text should be prepared with less than 5 references. Maximum word count of the text is 1,000. If an individual patient is described, his or her consent should be obtained and submitted with the manuscript.

### Acknowledgments

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#### Journal Article

1. Kwon JS, Shin YW, Kim CW, Kim YI, Youn T, Han MH, et al. Similarity and disparity of obsessive-compulsive disorder and schizophrenia in MR volumetric abnormalities of the hippocampus-amygdala complex. *J Neurol Neurosurg Psychiatry* 2003;74:962-964.

#### Book

2. Tudor I. *Learner-centeredness as language education*. Cambridge: Cambridge University Press; 1996.

#### Book Chapter

3. Fairburn CG, Cooper Z. The eating disorders examination (12th ed). In: Fairburn CG, Wilson GT, editors. *Binge eating: nature, assessment, and treatment*. New York: The Guilford Press, 1993, p.317-331.

#### Web

4. Korea Disease Control and Prevention Agency. Korean Community Health Survey. Data request process [Internet]. Available at: <https://chs.kdca.go.kr/chs/rdr/rdrInfoProcessMain.do>. Accessed May 1, 2020.

#### Web References

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Methods of statistical analysis should be described in language that is comprehensible to the numerate psychiatrist as well as the medical statistician.

Particular attention should be paid to clear description of study designs and objectives, and evidence that the statistical procedures used were both appropriate for the hypotheses tested and correctly interpreted. The statistical analyses should be planned before data are collected and full explanations given for any post hoc analyses carried out. The value of test statistics used (e.g. t, F-ratio) should be given as well as their significance levels so that their derivation can be understood. Trends should not be reported unless they have been supported by appropriate statistical analyses for trends. The use of percentages to report results from small samples is discouraged, other than where this facilitates comparisons. The number of decimal places to which numbers are given should reflect the accuracy of the determination, and estimates of error should be given for statistics. A brief and useful introduction to the place of confidence intervals is given by Gardner & Altman (*Br J Psychiatry* 1990;156:472-474). Use of these is encouraged but not mandatory. Authors are encouraged to include estimates of statistical power where appropriate. To report a difference as being statistically significant is generally insufficient, and comment should be made about the magnitude and direction of change.

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The Editorial Office  
*Psychiatry Investigation*, RN 522, 27 Seochojungang-ro 24-gil, Seocho-gu, Seoul 06601, Korea  
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