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**UNIVERSITY OF
BIRMINGHAM**

Writing review articles

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Associate Professor of Medicine

Member, World Association of Medical Editors

MeSH

MeSH ▾

Limits Advanced

Full ▾

Send to: ▾

Review [Publication Type]

An article or book published after examination of published material on a subject. It may be comprehensive to various degrees and the time range of material scrutinized may be broad or narrow, but the reviews most often desired are reviews of the current literature. The textual material examined may be equally broad and can encompass, in medicine specifically, clinical material as well as experimental research or case reports. State-of-the-art reviews tend to address more current matters. A review of the literature must be differentiated from HISTORICAL ARTICLE on the same subject, but a review of historical literature is also within the scope of this publication type.

Year introduced: 2008(1966)

MeSH

MeSH ▾

Limits Advanced

Full ▾

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Review Literature as Topic

Works about published materials which provide an examination of recent or current literature. These articles can cover a wide range of subject matter at various levels of completeness and comprehensiveness based on analyses of literature that may include research findings. The review may reflect the state of the art and may also include reviews as a literary form.

Year introduced: 2008(1988)

<https://www.ncbi.nlm.nih.gov/mesh>



MeSH

MeSH

[Limits](#) [Advanced](#)[Search](#)

[Systematic Review](#) [\[Publication Type\]](#)

A review of primary literature in health and health policy that attempts to identify, appraise, and synthesize all the empirical evidence that meets specified eligibility criteria to answer a given research question. Its conduct uses explicit methods aimed at minimizing bias in order to produce more reliable findings regarding the effects of interventions for prevention, treatment, and rehabilitation that can be used to inform decision making.

Year introduced: 2019

[Systematic Reviews as Topic](#)

Works about a review of primary literature in health and health policy that attempt to identify, appraise, and synthesize all the empirical evidence that meets specified eligibility criteria to answer a given research question. Its conduct uses explicit methods aimed at minimizing bias in order to produce more reliable findings regarding the effects of interventions for prevention, treatment, and rehabilitation that can be used to inform decision making.

Year introduced: 2019

<https://www.ncbi.nlm.nih.gov/mesh>



MeSH

MeSH

[Limits](#) [Advanced](#)[Search](#)

Editorial [Publication Type]

Work consisting of a statement of the opinions, beliefs, and policy of the editor or publisher of a journal, usually on current matters of medical or scientific significance to the medical community or society at large. The editorials published by editors of journals representing the official organ of a society or organization are generally substantive.

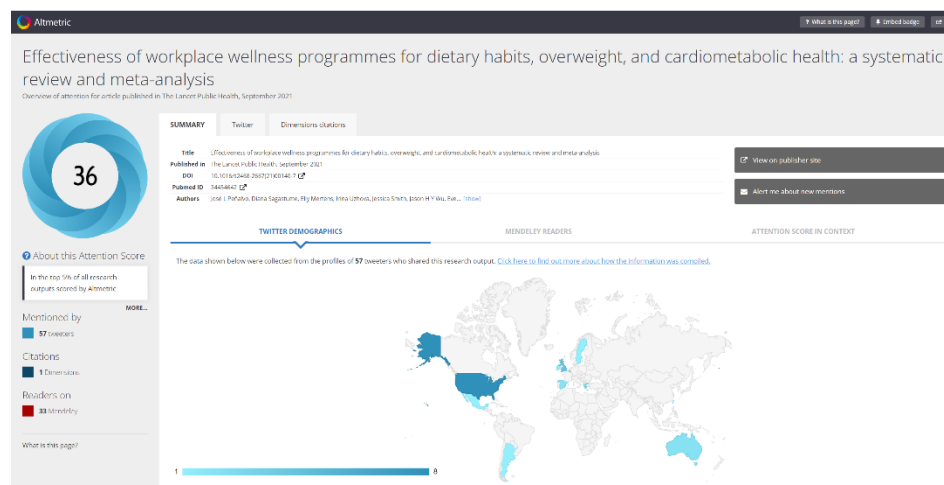
Year introduced: 2008(1991)

<https://www.ncbi.nlm.nih.gov/mesh>



Effectiveness of workplace wellness programmes for dietary habits, overweight, and cardiometabolic health: a systematic review and meta-analysis

José L Peñalvo, Diana Sagastume, Elly Mertens, Irina Uzhova, Jessica Smith, Jason H Y Wu, Eve Bishop, Jennifer Onopa, Peilin Shi, Renata Micha, Dariush Mozaffarian



...a unique opportunity for effective health promotion. We aimed to comprehensively assess the effectiveness of workplace wellness programmes for improving diet and cardiometabolic

Lancet Public Health 2021; 6: e648-60

Methods

Search strategy and selection criteria

This systematic review and meta-analysis was done in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.¹⁵ The protocol is presented in the appendix (pp 5–6).

The systematic search was done in PubMed-MEDLINE, Embase, the Cochrane Library, Web of Science, and the Education Resources Information Center, for studies published in English from Jan 1, 1990, to June 30, 2020. The search strategy was developed and implemented under the guidance of experts of library services from Tufts University (Boston, MA, USA). The search terms included different synonyms and combinations of words for workplaces, health promotion, weight loss, diet, and cardiometabolic factors (appendix pp 7–8). Online searches were supplemented by hand searches of reference lists of the first 20 related articles suggested in PubMed for each of the final included articles. Titles and abstracts were screened in duplicate and, for all potentially relevant articles, full-text manuscripts were retrieved for further review and eligibility check.



About this Attention Score

In the top 5% of all research outputs scored by Altmetric

Mentioned by
 8 new outlets
 75 sources
 1 poster

Citations
 2 dimensions

Readers on
 28 Monday

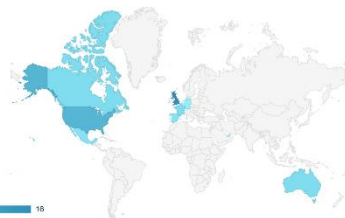
What is this page?

SUMMARY

Title: What is sexual wellbeing and why does it matter for public health?
 Published in: The Lancet Public Health, August 2021
 DOI: 10.1016/S2468-2667(21)00099-1
 Published ID: 34744629
 Authors: Kirstin R Mitchell, Ruth Lewis, Lucia F O'Sullivan, J Dennis Fortenberry

TWITTER DEMOGRAPHICS

The data shown below were collected from the profiles of 75 tweeters who shared this research output. Click here to find out more about how the information was compiled.



What is sexual wellbeing and why does it matter for public health?

Kirstin R Mitchell, Ruth Lewis, Lucia F O'Sullivan, J Dennis Fortenberry

Sexual health has provided a guiding framework for addressing sexuality in public health for several decades. Although the WHO definition of sexual health is revolutionary in acknowledging positive sexuality, public health



Lancet Public Health 2021;
 6: e608-13

Search strategy and selection criteria

Our initial search terms focused on “sexual wellbeing” using multiple databases, including Google Scholar, Psycinfo, and Ovid. No specific inclusion criteria were used other than relevance to emerging concepts. On the basis of this extensive process, we produced an initial set of sexual wellbeing domains summarised in the table. Additional literature reviews were based on key words “sexual safety,” “sexual security,” “sexual respect,” “sexual self-esteem,” “sexual resilience,” “sexual forgiveness,” “sexual self-determination,” and “sexual comfort.” No date limits were used in these reviews. Abstracts of retrieved articles were reviewed for relevance, with detailed review of selected papers, books, and book chapters. Additional resources were identified by hand searching the citation lists of relevant sources.

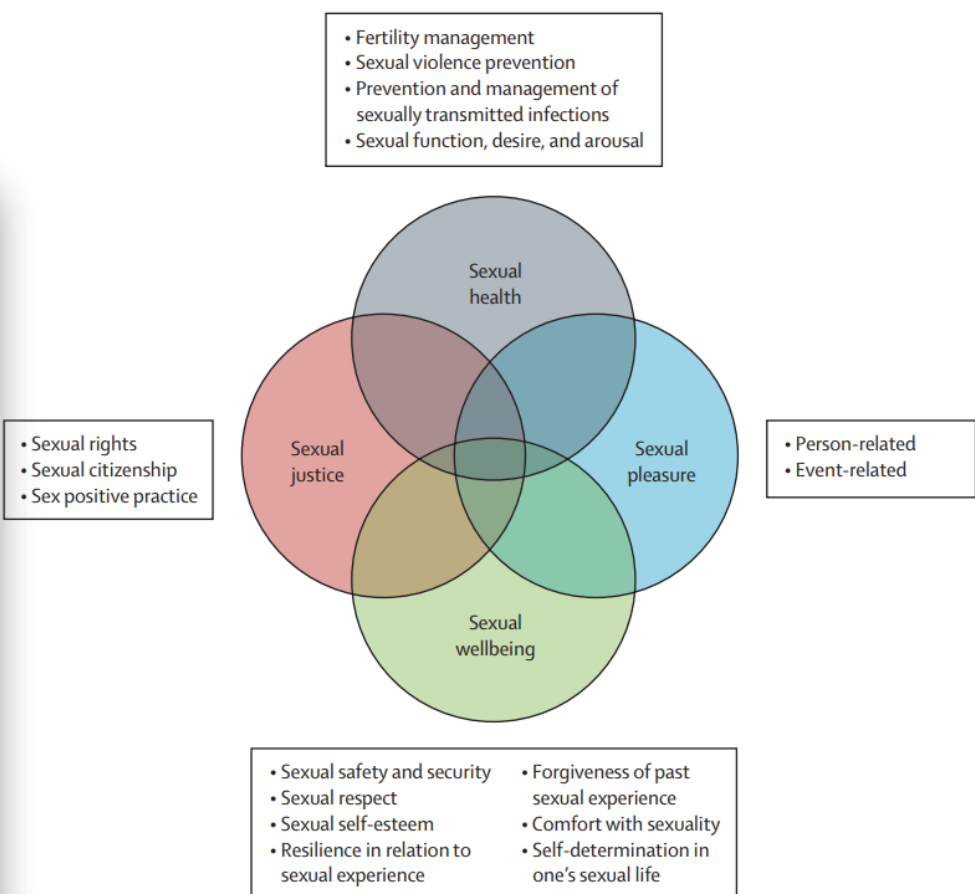


Figure: Four pillars of comprehensive public health focused inquiry and intervention in relation to sexuality



Hazardous alcohol use and alcohol-related harm in rural and remote communities: a scoping review

Erik Loewen Friesen, Jacob Bailey, Sarah Hyett, Sina Sedighi, Mitchell Lennax de Snoo, Kenneth Williams, Rebecca Barry, Anders Erickson, Farid Foroutan, Peter Selby, Laura Rosella, Paul Kurdyak

Alcohol use is a major risk factor for death and disease worldwide and alcohol-related harms appear to be more prevalent in rural and remote, relative to urban, communities. This Review synthesised international research on rural-urban

Search strategy and selection criteria

We searched MEDLINE, PsycInfo, Embase, CINAHL, and Sociological Abstracts on Dec 5, 2019, using search strategies described in the study protocol and provided in the appendix (pp 5–7).¹² Identified studies were downloaded into EndNote (version X9) and uploaded to Covidence systematic review software for study selection. Study

Methods

Study design

This Scoping Review adhered to the six-stage method developed by Arksey and O'Malley,⁸ Levac and colleagues,⁹ and the Joanna Briggs Institute,¹⁰ and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) checklist (appendix p 1).¹¹ The methods for this Scoping Review are described in depth in a previously published protocol,¹² and summarised here.

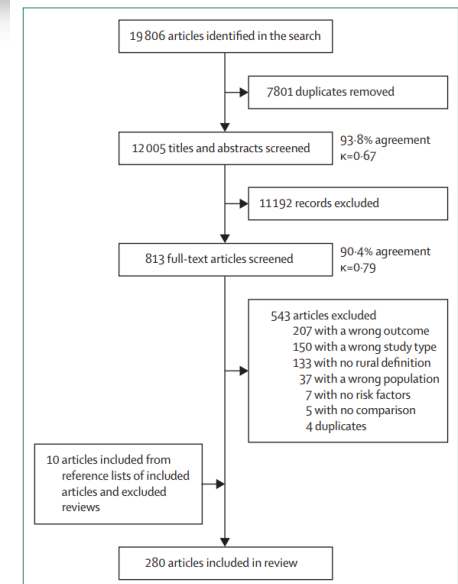


Figure: PRISMA flow diagram of study selection

Associations concerned with scholarly writing

ICMJE INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS



Council of Science Editors



WAME

world association of medical editors



COMMITTEE ON PUBLICATION ETHICS



equator
network

Enhancing the QUALity and
Transparency Of health
Research



EUROPEAN MEDICAL WRITERS ASSOCIATION

Main recommendations for authors, reviewers and editors



CSE's White Paper on Promoting Integrity in Scientific Journal Publications

http://www.councilscienceeditors.org/wp-content/uploads/entire_whitepaper.pdf



Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals

ANNOUNCEMENTS

Up-Dated ICMJE Recommendations (December 2021), New ICMJE Member Journals – December, 2021
ICMJE Disclosure Form Updated, No change to Recommendations – February, 2021

Proposed ICMJE Disclosure Form – read the editorial and see submitted comments. – May, 2020

Up-dated ICMJE Recommendations – December, 2019

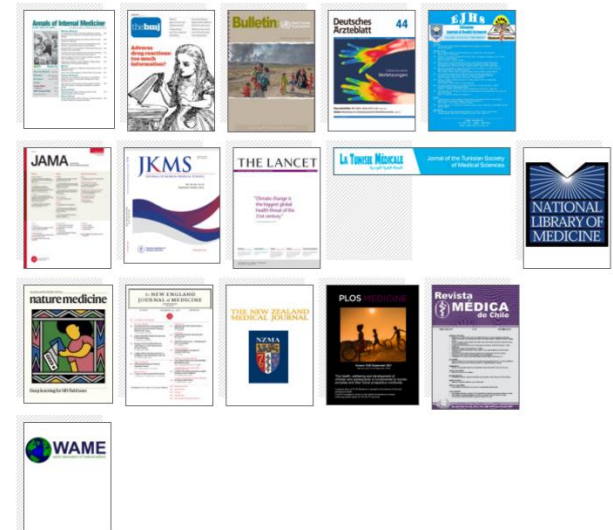
Quick Links

- Clinical Trial Registration
- Who is an Author?
- FAQs
- Request to receive an E-mail when the Recommendations are updated.

About ICMJE

The ICMJE is a small group of general medical journal editors and representatives of selected related organizations working together to improve the quality of medical science and its reporting. ICMJE meets annually to refine its *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals*.

Member Publications & Organizations



<http://www.icmje.org/icmje-recommendations.pdf>

2. Who Is an Author?

The ICMJE recommends that authorship be based on the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

numbers and e-mail address. ICMJE encourages the listing of authors' Open Researcher and Contributor Identification (ORCID).

The ORCID logo, featuring the word "ORCID" in a sans-serif font. The "ORCID" part is in grey, and the "iD" part is in a vibrant green color.

a. Predatory Journals

A growing number of entities are advertising themselves as “medical journals” yet do not function as such (“predatory journals”). Authors have a responsibility to evaluate the integrity, history, practices and reputation of the journals to which they submit manuscripts. Further guidance is available at <http://www.wame.org/about/principles-of-transparency-and-best-practice>.

III. Statistics

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to judge its appropriateness for the study and to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as *P* values, which fail to convey important information about effect size and precision of estimates. References for the

g. References

1. General Considerations

Authors should provide direct references to original research sources whenever possible. References should not be used by authors, editors, or peer reviewers to promote

Recommendations

Disclosure of Interest

Journals

Stating That They Follow the ICMJE Recommendations

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News & Editorials

Recommendations



Read the **Recommendations** for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals.



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The image shows a template for the "ICMJE DISCLOSURE FORM". It includes fields for "Date:", "Your Name:", "Manuscript Title:", and "Manuscript number (if known):". The form has a blue border and a blue bookmark icon in the top right corner.

Use the **ICMJE form** for Disclosure of Interests.



ACCESS THE FORM

<http://www.icmje.org/>

Narrative reviews

- ✓ **Often favoured by Publishers**
- ✓ **Highly cited**
- ✓ **Contain updated information for practitioners**

Review articles

 **Editorials**

 **Authoritative reviews**

 **Recommendations**

 **Narrative reviews (with systematic approach)**

 **Qualitative systematic reviews**

 **Quantitative systematic reviews**

Hypotheses

Table 1. Characteristics of scientific hypotheses and narrative and systematic reviews

Characteristics	Hypothesis	Narrative review	Systematic review
Authors and contributors	Any researcher with interest in the topic	Usually seasoned authors with vast experience in the subject	Any researcher with interest in the topic; information facilitators as contributors
Registration	Not required	Not required	Registration of the protocol with the PROSPERO registry (https://www.crd.york.ac.uk/prospero/) is required to avoid redundancies
Reporting standards	Not available	Not available	Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standard (http://www.prisma-statement.org/)
Search strategy	Searches through credible databases to retrieve items supporting and opposing the innovative ideas	Searches through multidisciplinary and specialist databases to comprehensively cover the subject	Strict search strategy through evidence-based databases to retrieve certain type of articles (e.g., reports on trials and cohort studies) with inclusion and exclusion criteria and flowcharts of searches and selection of the required articles
Structure	Sections to cover general and specific knowledge on the topic, research design to test the hypothesis, and its ethical implications	Sections are chosen by the authors, depending on the topic	Introduction, Methods, Results and Discussion (IMRAD)
Search tools for analyses	Not available	Not available	Population, Intervention, Comparison, Outcome (Study Design) (PICO, PICOS)
References	Limited number	Extensive list	Limited number
Target journals	Handful of hypothesis journals	Numerous	Numerous
Publication ethics issues	Unethical statements and ideas in substandard journals	'Copy-and-paste' writing in some reviews	Redundancy of some nonregistered systematic reviews
Citation impact	Low (with some exceptions)	High	Moderate

<https://jkms.org>

<https://doi.org/10.3346/jkms.2019.34.e300>

4/10

J Korean Med Sci. 2019 Nov 25;34(45):e300
<https://doi.org/10.3346/jkms.2019.34.e300>
 eISSN 1598-6357-pISSN 1011-8934

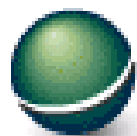
JKMS

Special Article
 Editing, Writing &
 Publishing



Scientific Hypotheses: Writing, Promoting, and Predicting Implications

Armen Yuri Gasparyan ,¹ Lilit Ayyvazyan ,² Ulzhan Mukanova ,³
 Marlen Yessirkepov ,⁴ and George D. Kitas ^{1,5}



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Welcome to the EQUATOR Network website – the resource centre for good reporting of health research studies



Too often, good research evidence is undermined by poor quality reporting.

The EQUATOR Network is an international initiative that seeks to improve reliability and value of medical research literature by promoting transparent and accurate reporting of research studies.

PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)



PRISMA

TRANSPARENT REPORTING of SYSTEMATIC REVIEWS and META-ANALYSES



PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	

ABSTRACT
Structured summary

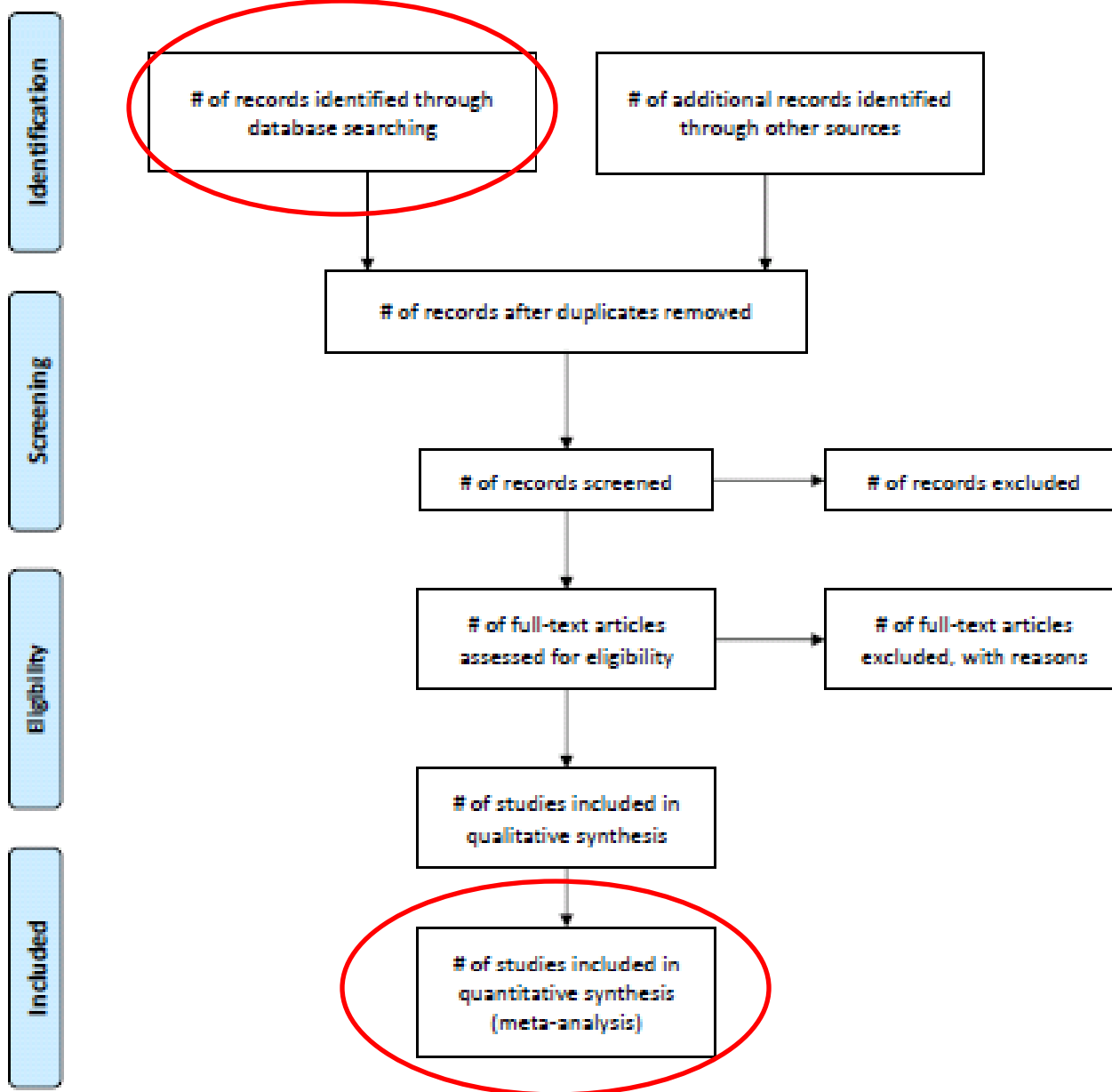


PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
INTRODUCTION			
Rationale	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	
Objectives	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	
METHODS			
RESULTS			
Protocol and registration	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	
Eligibility criteria	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	
Information sources	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	
Search	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	
Study selection	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	
Data collection process	22	Present results of any assessment of risk of bias across studies (see Item 15).	
	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	
DISCUSSION			
Data items	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	
Risk of bias in individual studies	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	
Summary measures	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	
FUNDING			
Synthesis of results	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	



PRISMA 2009 Flow Diagram



METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	

Annals of Internal Medicine RESEARCH AND REPORTING METHODS

PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation

<http://www.prisma-statement.org/Extensions/ScopingReviews>

http://www.prisma-statement.org/documents/PRISMA-ScR-Fillable-Checklist_11Sept2019.pdf

Prospective register of systematic reviews

PROSPERO

International prospective register of systematic reviews



*National Institute for
Health Research*

<https://www.crd.york.ac.uk/prospero/>

Guidelines

The AGREE Reporting Checklist: a tool to improve reporting of clinical practice guidelines

Melissa C Brouwers, Kate Kerkvliet, Karen Spithoff; AGREE Next Steps Consortium

AGREE II is a widely used standard for assessing the methodological quality of practice guidelines. This article describes the development of the AGREE Reporting Checklist, which was designed to improve the quality of practice guideline reporting and aligns with AGREE II in its structure and content.

quality aspects of practice guidelines, and its consensus process included participants from the United States, Canada, and United Kingdom only. For these reasons, the AGREE research team has developed a resource based on AGREE II, called the AGREE Reporting Checklist, specifically to facilitate reporting of practice guidelines. The AGREE Reporting Checklist is a contemporary resource based on a comprehensive review of the literature and consensus among a wider international team of practice guideline stakeholders. This article introduces the AGREE Reporting Checklist, describes its development, and out-



<http://www.right-statement.org/>

<https://www.equator-network.org/wp-content/uploads/2016/03/AGREE-Reporting-Checklist.pdf>

<https://www.bmj.com/content/bmj/352/bmj.i1152.full.pdf>



AGREE Reporting Checklist 2016

This checklist is intended to guide the reporting of clinical practice guidelines.

CHECKLIST ITEM AND DESCRIPTION	REPORTING CRITERIA	Page #
DOMAIN 1: SCOPE AND PURPOSE		
1. OBJECTIVES <i>Report the overall objective(s) of the guideline. The expected health benefits from the guideline are to be specific to the clinical problem or health topic.</i>	<input type="checkbox"/> Health intent(s) (i.e., prevention, screening, diagnosis, treatment, etc.) <input type="checkbox"/> Expected benefit(s) or outcome(s) <input type="checkbox"/> Target(s) (e.g., patient population, society)	
2. QUESTIONS <i>Report the health question(s) covered by the guideline, particularly for the key recommendations.</i>	<input type="checkbox"/> Target population <input type="checkbox"/> Intervention(s) or exposure(s) <input type="checkbox"/> Comparisons (if appropriate) <input type="checkbox"/> Outcome(s) <input type="checkbox"/> Health care setting or context	
3. POPULATION <i>Describe the population (i.e., patients, public, etc.) to whom the guideline is meant to apply.</i>	<input type="checkbox"/> Target population, sex and age <input type="checkbox"/> Clinical condition (if relevant) <input type="checkbox"/> Severity/stage of disease (if relevant) <input type="checkbox"/> Comorbidities (if relevant) <input type="checkbox"/> Excluded populations (if relevant)	

DOMAIN 3: RIGOUR OF DEVELOPMENT		
7. SEARCH METHODS <i>Report details of the strategy used to search for evidence.</i>	<input type="checkbox"/> Named electronic database(s) or evidence source(s) where the search was performed (e.g., MEDLINE, EMBASE, PsycINFO, CINAHL) <input type="checkbox"/> Time periods searched (e.g., January 1, 2004 to March 31, 2008) <input type="checkbox"/> Search terms used (e.g., text words, indexing terms, subheadings) <input type="checkbox"/> Full search strategy included (e.g., possibly located in appendix)	
8. EVIDENCE SELECTION CRITERIA <i>Report the criteria used to select (i.e., include and exclude) the evidence. Provide rationale, where appropriate.</i>	<input type="checkbox"/> Target population (patient, public, etc.) characteristics <input type="checkbox"/> Study design <input type="checkbox"/> Clinical condition (if relevant) <input type="checkbox"/> Comparisons (if relevant) <input type="checkbox"/> Outcomes <input type="checkbox"/> Language (if relevant) <input type="checkbox"/> Context (if relevant)	

13. EXTERNAL REVIEW <i>Report the methodology used to conduct the external review.</i>	<input type="checkbox"/> Purpose and intent of the external review (e.g., to improve quality, gather feedback on draft recommendations, assess applicability and feasibility, disseminate evidence) <input type="checkbox"/> Methods taken to undertake the external review (e.g., rating scale, open-ended questions) <input type="checkbox"/> Description of the external reviewers (e.g., number, type of reviewers, affiliations) <input type="checkbox"/> Outcomes/information gathered from the external review (e.g., summary of key findings) <input type="checkbox"/> How the information gathered was used to inform the guideline development process and/or formation of the recommendations (e.g., guideline panel considered results of review in forming final recommendations)	
14. UPDATING PROCEDURE <i>Describe the procedure for updating the guideline.</i>	<input type="checkbox"/> A statement that the guideline will be updated <input type="checkbox"/> Explicit time interval or explicit criteria to guide decisions about when an update will occur	

Writing a narrative biomedical review: considerations for authors, peer reviewers, and editors

Armen Yuri Gasparyan ¹, Lilit Aivazyan, Heather Blackmore, George D Kitas

Affiliations + expand

PMID: 21800117 DOI: 10.1007/s00296-011-1999-3

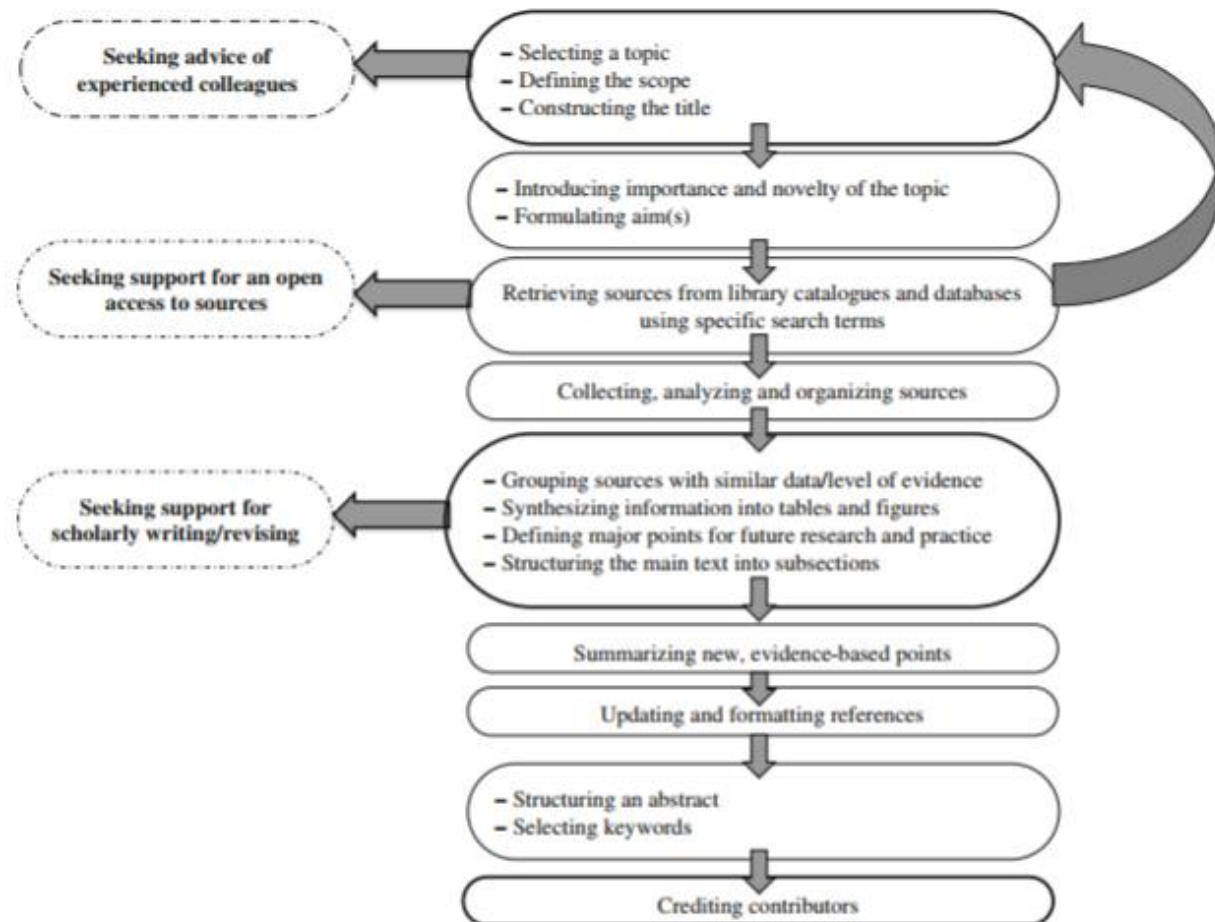


Fig. 1 The main steps in writing a narrative review

Narrative reviews

Titles

- **The title should reflect the content, be concise and short. Put question when the review yield an answer(s)**
- **Some editors and reviews provide alternative titles**

Osteoarthritis

David J Hunter, Sita Bierma-Zeinstra

Osteoarthritis is a leading cause of disability and source of societal cost in older adults. With an ageing and increasingly obese population, this syndrome is becoming even more prevalent than in previous decades. In recent years, we have gained important insights into the cause and pathogenesis of pain in osteoarthritis. The diagnosis of osteoarthritis is clinically based despite the widespread overuse of imaging methods. Management should be tailored to the presenting individual and focus on core treatments, including self-management and education, exercise, and weight loss as relevant. Surgery should be reserved for those that have not responded appropriately to less invasive methods. Prevention and disease modification are areas being targeted by various research endeavours, which have indicated great potential thus far. This narrative Seminar provides an update on the pathogenesis, diagnosis, management, and future research on osteoarthritis for a clinical audience.



Lancet 2019; 393: 1745-59
Rheumatology Department,
Royal North Shore Hospital and
Institute of Bone and Joint
Research, Kolling Institute,
University of Sydney, Sydney,
NSW, Australia
(Prof D J Hunter PhD); and
Departments of General
Practice and Orthopaedic
Surgery, Erasmus University
Rotterdam, The Netherlands

Search strategy and selection criteria

We searched PubMed with the search term "osteoarthritis" in combination with the terms "incidence"; "prevalence"; "burden"; "economic"; "costs"; "comorbidity"; "mortality"; "pain mechanisms"; "etiology"; "diagnosis"; "guidelines"; "recommendation"; "management"; "surgery"; "replacement", or "arthroplasty"; "disease modification"; and "prevention". We focused on publications from the past 5 years (Jan 31, 2014, to Jan 31, 2019), published in English on meta-analyses or systematic reviews, and on hip and knee osteoarthritis, but did not exclude other articles.



Osteoarthritis

Overview of attention for article published in



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In the top 5% of all research outputs scored by Altmetric

MORE...

Mentioned by

- 158 tweets
- 5 Facebook pages
- 1 research highlight platform


Citations

- 44 Dimensions

Readers on

- 2658 Mendeley

Does exercise impact on sleep for people who have rheumatoid arthritis? A systematic review

Sean McKenna¹  · Alan Donnelly² · Alexander Fraser^{3,4} · Laura Comber¹ · Norelee Kennedy¹

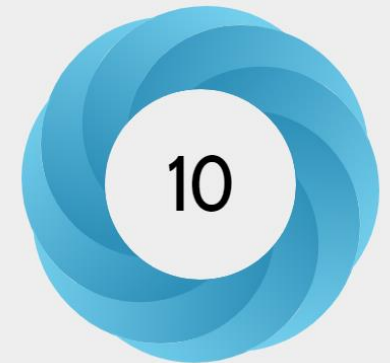
Search strategy

A comprehensive search of the literature was performed by two reviewers (SMcK and LC) in January 2016, to identify published literature in relation to exercise interventions on sleep in people who have RA. The following databases were searched: EbscoHost (Academic Search Complete, AMED, CINAHL, MEDLINE and SPORTDiscus), PUBMED and Web of Science. Based on a scoping review undertaken to determine the best terms to use, a combina



Does exercise imp

Overview of attention for article published in



? About this Attention Score

In the top 25% of all research outputs scored by Altmetric

MORE...

Mentioned by

 15 tweeters

Citations

 7 Dimensions

Readers on

 41 Mendeley

Titles

- **Indicate the subject**
- **Short**
- **Informative**
- **Attractive**

✓ **Declarative**

✓ **Descriptive or neutral**

✓ **Interrogative (question)**

Recommended for reviews

Table 1 Number of downloads and citations for articles with different types of title

Title type	No	Download		Citation	
		Mean	Median	Mean	Median
Descriptive	1,442	3,906	2,754	16.92	14.23
Declarative	660	3,588	2,565	16.93	12
Question	45	5,817	3,723	10.47	6

 **Articles with question titles
downloaded more but cited less than
the others**

Analysis was based on PLoS articles

Jamali HR, Nikzad M. Article title type and its relation with the number of downloads and citations. Scientometrics DOI 10.1007/s11192-011-0412-z

• **Analysis of 25 most cited and the 25 least cited in 2005 in top rank journals (*TLN, BMJ, J Clin Pathol*)**

Poor predictors of citations

✓ **Reference to a specific country in the title**

Jacques TS, Sebire NJ. The impact of article titles on citation hits: an analysis of general and specialist medical journals. *Journal of the Royal Society of Medicine Short Reports* 2009, 1(2), 1–5.

Structuring review

- ✓ **Structured abstract (preferable)**
- ✓ **Keywords (from MeSH)**
- ✓ **Introduction. Justify novelty and aim**
- ✓ **Structuring by the topic major subheadings**

Format: Abstract ▾

[N Engl J Med](#). 2016 Sep 8;375(10):997. doi: 10.1056/NEJMc1608044.

Longer-Term Therapy for Symptoms Attributed to Lyme Disease.

[Wormser GP](#)¹.

[+ Author information](#)

Comment in

Longer-Term Therapy for Symptoms Attributed to Lyme Disease. [N Engl J Med. 2016]

Comment on

Randomized Trial of Longer-Term Therapy for Symptoms Attributed to Lyme Disease. [N Engl J Med. 2016]

PMID: 27602674 DOI: 10.1056/NEJMc1608044

[Indexed for MEDLINE]



Publication types, MeSH terms, Substance

Publication types

[Letter](#)

[Comment](#)

MeSH terms

[Anti-Bacterial Agents/therapeutic use](#)

[Borrelia burgdorferi*](#)

[Humans](#)

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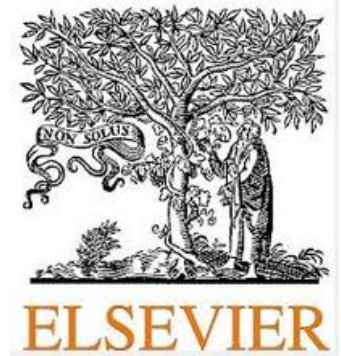
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- **EMBASE/Excerpta Medica**

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- **The Cochrane Library**



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- **Cumulative Index to Nursing and Allied Health Literature (CINAHL)**

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- **Global Health**

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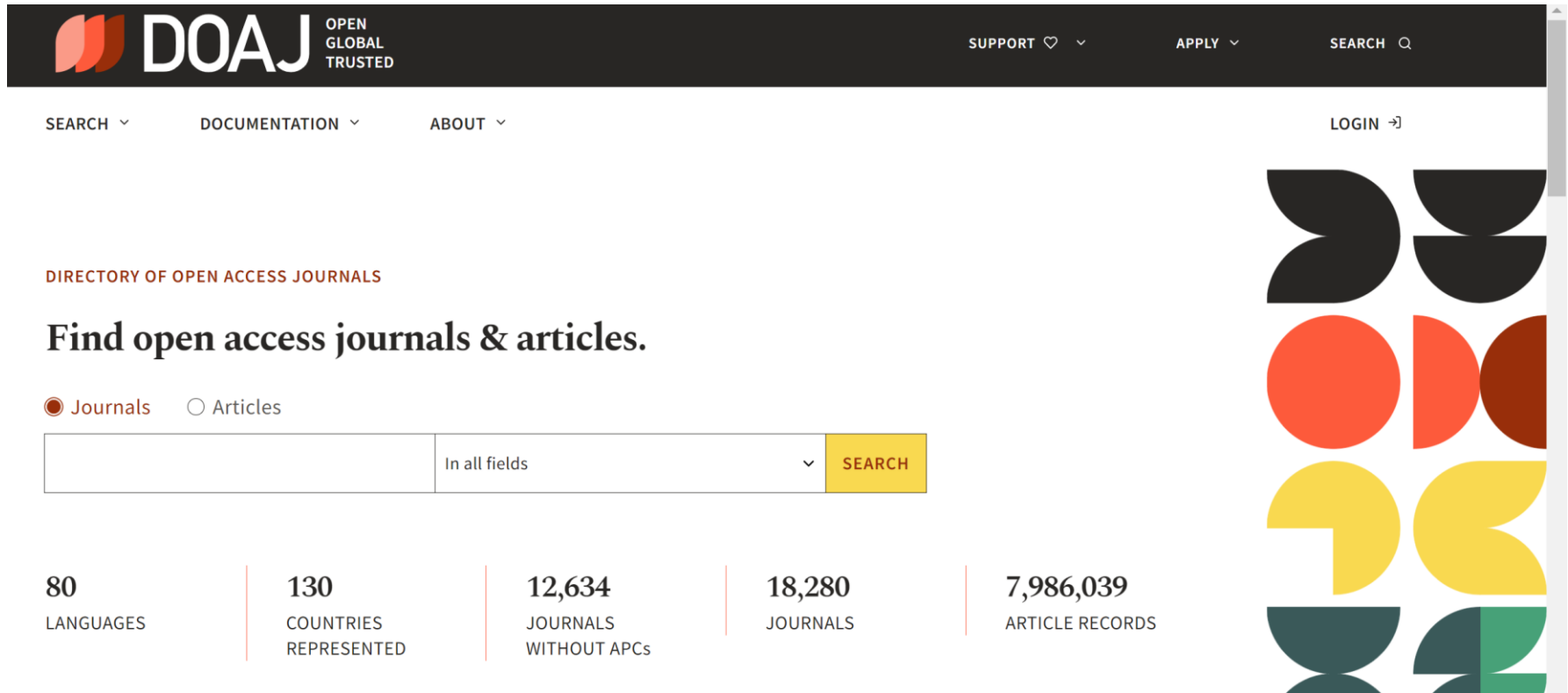


- **PsycINFO**

www.apa.org/pubs/databases/psycinfo



DOAJ for retrieving free items



The screenshot shows the DOAJ homepage with a dark header bar. The header contains the DOAJ logo (three overlapping circles) and the text 'DOAJ OPEN GLOBAL TRUSTED'. To the right of the logo are links for 'SUPPORT' (with a heart icon), 'APPLY' (with a dropdown arrow), and 'SEARCH' (with a magnifying glass icon). Below the header, there are links for 'SEARCH' (with a dropdown arrow), 'DOCUMENTATION' (with a dropdown arrow), 'ABOUT' (with a dropdown arrow), and 'LOGIN' (with a right arrow icon). The main content area features the text 'DIRECTORY OF OPEN ACCESS JOURNALS' and 'Find open access journals & articles.' Below this is a search section with radio buttons for 'Journals' (selected) and 'Articles', a search input field, a dropdown menu set to 'In all fields', and a yellow 'SEARCH' button. At the bottom, there are five statistics: '80 LANGUAGES', '130 COUNTRIES REPRESENTED', '12,634 JOURNALS WITHOUT APCs', '18,280 JOURNALS', and '7,986,039 ARTICLE RECORDS'. On the right side of the page, there is a decorative graphic consisting of a grid of stylized, overlapping shapes in various colors (black, red, yellow, green, and teal).

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80 LANGUAGES

130 COUNTRIES REPRESENTED

12,634 JOURNALS WITHOUT APCs

18,280 JOURNALS

7,986,039 ARTICLE RECORDS

Structuring review

- **Unbiased & Comprehensive searches:**
retrieve items with evidence from at least 2 global databases (eg MEDLINE, Scopus, Cochrane Datab Syst Rev)
- **Consider highly-cited items**
- **Set datelines**
- **Do not cite unpublished and retracted items, textbooks, congress abstracts, dissertations, not peer-reviewed magazines and newspapers**

Table 1. Examples of recommended and unacceptable references for scholarly articles

Recommended references	Unacceptable references
Regular articles of peer-reviewed, indexed in global databases, and widely-visible periodicals with Digital Object Identifiers (DOIs)	Papers in nonpeer-reviewed magazines, newspapers, and illegitimate (predatory) journals
Peer-reviewed and indexed in reputable databases articles – output of PhD dissertations and degree theses	PhD dissertations, theses, annotations and other nonpeer-reviewed outputs of degree projects
Chapters of widely visible handbooks and monographs with DOIs	Nondigitized, hardly visible for the global community and outdated handbooks, textbooks, and monographs
Web pages of reputable and permanently preserved online resources of professional information (blogs, listservs, discussion platforms, professional forums controlled by moderators)	Web pages of uncontrolled, poorly edited, and otherwise unreliable online resources
Widely visible online and print guidelines of large professional associations and other types of grey literature	Nonevidence-based and hardly visible recommendations of small societies, instructions and orders of local administrative organizations (ministries)
Video articles with DOIs and other attributes of scholarly articles	Audio and video materials from uncontrolled, unchecked and poorly edited Web resources (e.g., promotional YouTube films containing controversial and potentially harmful information)
	Retracted items



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SPECIAL ARTICLE
Editing, Writing & Publishing

<http://dx.doi.org/10.3346/jkms.2015.30.11.1545> • J Korean Med Sci 2015; 30: 1545-1552

JKMS

Preserving the Integrity of Citations and References by All Stakeholders of Science Communication

Armen Yuri Gasparian,¹
Medan, Indonesia²

Citations to scholarly items are building bricks for multidisciplinary science communication.

Case-based reviews

Rheumatol Int
DOI 10.1007/s00296-017-3843-x

Rheumatology
INTERNATIONAL



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CASE BASED REVIEW

The multifactorial origin of posterior reversible encephalopathy syndrome in cyclophosphamide-treated lupus patients

Tatjana Zekić¹ · Mirjana Stanić Benić² · Ronald Antulov³ · Igor Antončić^{4,5} · Srđan Novak^{1,5}

Case presentation

The written informed consent for patient information to be published was provided by the patient. Ethical approval is provided by the hospital Ethical committee. A 17-year-old Caucasian female patient was diagnosed with SLE at the Paediatric clinic. A lupus nephritis class IV was confirmed

after the results (Fig. 1) showed complete remission. One complete clinical remission was achieved after treatment.

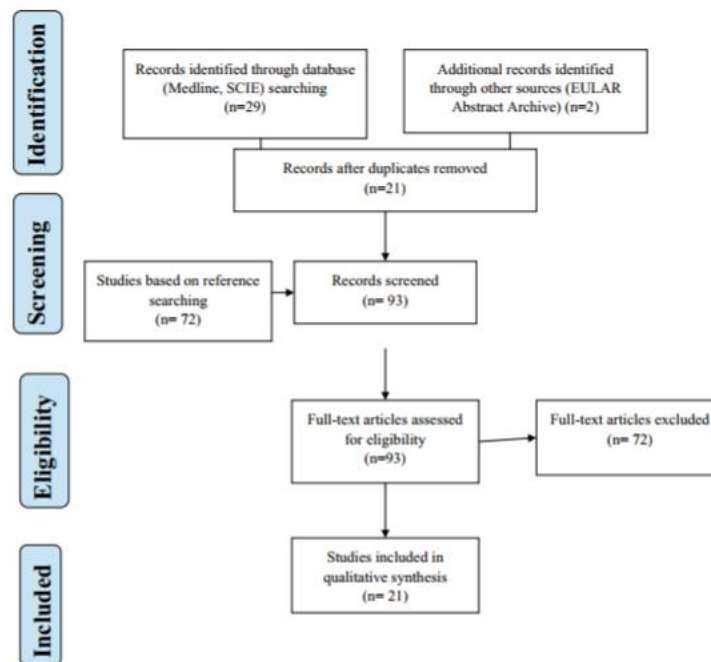


Fig. 3 PRISMA flow diagram for systematic review on PRES occurrence after treatment with cyclophosphamide in SLE patients

Target journals

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Rheumatology

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1 Lancet Rheumatology, The	journal	6.633 Q1	28	206	252	3887	2413	92	9.58	18.87	
2 Annals of the Rheumatic Diseases	journal	5.366 Q1	257	549	1444	10130	12404	624	8.54	18.45	
3 Arthritis and Rheumatology	journal	3.205 Q1	328	365	899	10002	6351	605	7.43	27.40	
4 Nature reviews. Rheumatology	journal	2.719 Q1	152	177	609	6781	4043	359	7.04	38.31	
5 Osteoarthritis and Cartilage	journal	1.823 Q1	167	191	590	8732	3679	534	6.03	45.72	
6 RMD Open	journal	1.669 Q1	44	155	351	5945	1752	345	4.95	38.35	
7 Arthritis Care and Research	journal	1.566 Q1	172	248	743	7777	2990	658	3.79	31.36	
8 Rheumatology	journal	1.563 Q1	181	735	1615	18133	6403	1058	3.65	24.67	

<https://www.scimagojr.com/journalrank.php?category=2745>


All subject areas

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










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2	Annals of the Rheumatic Diseases 	journal	5.366 	257	549	1444	10130	12404	624	8.54	18.45	
3	RMD Open 	journal	1.669 	44	155	351	5945	1752	345	4.95	38.35	
4	Arthritis Research and Therapy 	journal	1.403 	158	295	858	11492	4448	828	4.93	38.96	
5	BMC Rheumatology 	journal	0.886 	13	59	149	1962	471	149	2.45	33.25	
6	Biologics: Targets and Therapy 	journal	0.832 	41	40	48	2810	217	48	5.17	70.25	
7	Therapeutic Advances in Musculoskeletal Disease 	journal	0.818 	39	109	124	5973	478	119	3.03	54.80	

Conclusions

- ✓ **Authors, reviewers and editors should be aware of reporting guidelines and skilled to perform systematic and comprehensive searches through multidisciplinary and specialist databases.**
- ✓ **Adherence to authorship, conflict of interest, target journal selection, and proper (innovative) writing recommendations of global editorial associations is advisable.**