



Tips for Authors

Clinical Therapeutics, Current Therapeutic Research, and The American Journal of Geriatric Pharmacotherapy

The editors of *Clinical Therapeutics, Current Therapeutic Research, and The American Journal of Geriatric Pharmacotherapy* expect all manuscripts to conform to the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals,” also known as Vancouver style (*N Engl J Med.* 1997;336:309–315). Authors are encouraged to refer to the latest edition of the *AMA Manual of Style: A Guide for Authors and Editors*. The journals’ specific style can be found in the “Information for Authors” printed in the back of each issue.

The following are selected tips for authors from *CT, CTR,* and *AJGP*’s editors-in-chief, section editors, editors, and peer reviewers.

GENERAL REMARKS

- Avoid subjective words and phrases (define in a quantitative manner or eliminate words such as *low, mild, moderate, severe, good, few, many, most, vast majority, usually, young, elderly, quick, rapid, short, standard, generally, and randomly selected*).
- Reference or provide data for all statements of fact (even those that appear obvious). Without a reference or data, observations should be identified as personal opinion to prevent others who may reference the paper from interpreting these statements as fact.
- “Data on file” references are unacceptable. If the results of an internal company report must be cited, include the manufacturer’s unique internal study number, investigators, and year of the study. Referencing statements as “personal communication” is acceptable, but the date of the communication should be included.
- *P* values should be included whenever statistical significance is claimed. (*Approaching significance or a trend toward significance* is not acceptable.)
- *Safety* may be used as a title to a section in the paper, but cannot be applied to the results of studies, which can, at best, show *tolerability or safety profile*. An appropriate statement in a study might be, “The drug appeared to be safe in this patient population.”

ABSTRACT

- Should be ~300 words (or less); should be structured (Background, Objective, Methods, Results, Conclusions, Key words).
- Study design must be included (eg, *randomized, placebo-controlled, double-blind, uncontrolled, open-label*) in the Methods section.
- Also in the Methods section, briefly indicate the population studied (including age range for eligibility and severity of disease), setting, and methods used.
- Results should include number of patients included in the analyses and their sex and mean age.
- Efficacy and adverse effects should be summarized in detail and balanced without bias. Please provide data and *P* values.
- Everything mentioned in the abstract should be contained in the body of the paper.
- All data and *P* values should match between the abstract, body, tables, and figures.

INTRODUCTION

- Include background information and the objectives of the study or review.
- Details of background studies should include study design, sample size, dose and duration of treatment studied, and relevant data and *P* values.

MATERIALS AND METHODS

- Indicate number and location of study site(s) and protocol approval (or waiver) by IRB or ethics committee.
- Inclusion/exclusion criteria: include sex, age range for eligibility (eg, 18–65 years), and disease severity (with blood levels, if applicable). Indicate written or oral informed consent.
- For review articles, detail the literature search (databases, key terms, languages, and years). At least 2 databases in addition to MEDLINE are suggested.
- Study drug administration: indicate method of randomization, route and duration of administration. Indicate blinding/unblinding procedures and parties involved. For PK/PD, indicate whether study drug was given with water/food, standardization of meals, duration of fast, and range for bioavailability. Indicate whether and how compliance was assessed.
- Efficacy/lab analysis: include collection method and volume, handling, centrifugation (g or rpm, duration, and temperature), and storage. Detail all levels measured and indicate normal values, citing references as necessary. Provide the lab's coefficients of variation.
- Tolerability: indicate how AEs were determined (eg, lab analysis, patient questioning, spontaneous reporting) and whether AE severity and treatment association were determined. Vital signs: indicate what was measured (eg, resting BP, heart rate, respiratory rate) and at what intervals and by whom.
- Statistical analysis: include power analysis, and provide a reference for statistical methods used (even if only a book). Define ITT and PP populations. If possible, indicate the name and version number of the software used.

RESULTS

- Provide all pertinent patient demographic characteristics and numbers of patients in each group.
- Use both numbers (n/N) and percentages of patients for clarity.
- Provide detailed data on efficacy and all adverse events. These results should be presented in a balanced fashion, without bias. Provide compliance results.
- Avoid including comments in this section that belong in the Discussion section, such as possible reasons for results.
- Tables should be included at the end of the reference list; figures should be provided as a separate .pdf or .eps file. All figures are redrawn to achieve uniformity throughout the journal.

DISCUSSION

- Details of background studies should include study design, sample size, dose and duration of treatment studied, and relevant data and *P* values.
- Include limitations of the study, and, where appropriate, why improvements were not incorporated into the study.
- In review articles, the author is encouraged to comment on the limitations of the search or the studies cited.
- If applicable, acknowledge that the study design (eg, inclusion/exclusion criteria) may limit the generalizability of the conclusions.
- Include suggestions for future research.

CONCLUSIONS

- Extrapolations should be reasonable and conclusions justified by the data and/or material presented.
- Reflect the objectives and include only conclusions from the present study; reserve limitations and future direction for the Discussion section.

ACKNOWLEDGMENTS

- Indicate study support and editorial assistance.
- Any current or previous support that the authors received from industry, including grants, honoraria, consultancies, speakers' bureau or advisory-board positions, and significant stockholdings for the present or any other research/work, should also be acknowledged.

REFERENCES

- Follow AMA and journal style. References to articles "submitted for publication" are not acceptable.
- For nonjournal references, authors are encouraged to include an Internet/WWW address and approximate date accessed.
- Should be comprehensive and <10 years old if possible.

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