Medicina Intensiva

AUTHORS INFORMATION PACK

GUIDE FOR AUTHORS

INTRODUCTION

MEDICINA INTENSIVA will consider for publication those works based on topics related to the practice of intensive medicine, medical emergencies, and critical care medicine in coronary units. Manuscripts will be evaluated for publication if they meet the following requirements: the material is original, presentation is clear, the methodology of the study is appropriate, the results are valid, the conclusions are reasonable, and the information is relevant. MEDICINA INTENSIVA complies with the guidelines of the International Committee of Medical Journal Editors: Uniform requirements for manuscripts submitted to biomedical journals. If the authors have further questions that are not answered within these instructions, they should refer to http://www.icmje.org.

Types of articles, sections

The MEDICINA INTENSIVA journal is comprised of the following sections:

Original Articles. This category includes randomised clinical trials, cohort studies, studies on screening or diagnostic tests, cost-effective analyses, meta-analyses, systematic reviews, decision-making evaluation studies, other interventionist studies, and case-control studies. Meta-analyses and systematic reviews must be registered in PROSPERO. This section will include clinical articles as well as animal research or experimental studies. The maximum length of the text must not exceed 3,000 words (excluding the *Resumen*/Abstract, Tables and References). The information that cannot be included in the manuscript due to this word count limit can be published as electronic supplementary material (ESM), which has no length limitations, with addition of the tables and figures considered opportune. The maximum allowed literature references is 40. Up to 6 Tables and Figures will be admitted (e.g. 4 Tables and 2 Figures). In multicentre studies, the number of authors will be limited to 12; the rest will appear at the end of the article. The total number of Tables and Figures will not exceed 6. The length of the structured *Resumen*/ Abstract will be 250 words.

Review Articles. These articles present updates on a specific topic in the field of intensive care medicine. Reviews will preferably be commissioned by the Editorial Committee, although those proposed by collaborators may be accepted. Thus, before submitting the manuscript, the authors should always contact the Editorial Committee in order to propose the review article in question, at which time it will be determined whether the journal would be interested in its publication. The maximum length of the text will not exceed 4,000 words (excluding the *Resumen*/Abstract, Tables and References). The maximum number of literature references permitted is 80. Authors may also make use of the ESM for more extensive information that cannot be included in the print edition due to the Word count limitations, with addition of the tables and figures considered opportune. Up to 6 Tables and Figures will be allowed (e.g. 4 Tables and 2 Figures). It is recommended to include one or several figures in this type of manuscripts. The number of authors will be limited to 4. The *Resumen*/Abstract will not be

structured, but it must provide information on its content, with a length limit of 150 words.

Special Articles. This section includes articles written by scientific societies, workgroups or groups of experts (clinical practice guidelines, consensus conferences, systematic reviews, etc.) that review a topic of current interest in intensive care medicine. Other publications include articles sent by renowned experts that analyse current social aspects or those of special interest for our specialty. The maximum length must not exceed 4,000 words (excluding the Resumen/Abstract, Tables and References). The maximum number of references permitted is 80. Up to 4 Tables and Figures will be allowed (e.g. 3 Tables and a Figure). It must include an unstructured Abstract in English (and a *Resumen* in Spanish) of approximately 150 words.

Types of article (continuation)

Updates. Reviews commissioned by the Editorial Committee of MEDICINA INTENSIVA are included in this section and will be part of a series that will review in detail current topics in intensive care medicine in successive issues of the journal. The maximum length must not exceed 4,000 words (excluding the *Resumen*/Abstract, Tables and References). The maximum number of literature references permitted is 80. The ESM may be used for information that cannot be included in the print edition due to the word count limit, with addition of the tables and figures considered opportune. Up to include always 6 Tables and 6 Figures will be allowed. It is recommended to include always one or several figures in this type of manuscripts. The number of authors is limited to 4. It must include an unstructured Abstract in English (and a *Resumen* in Spanish) of approximately 150 words.

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Editorials. Included in this section are works in which the author/s discuss and analyse an Original published in the Journal. The Editorials will always be commissioned by the Editorial Committee. Also included in this section will be articles that summarise the view of a current topic by the Editorial Committee of MEDICINA INTENSIVA or the Board of Directors of *Sociedad Española de Medicina Intensiva , Crítica y Unidades Coronarias* (SEMICYUC). The maximum length of the text must not exceed 1,000 words (excluding the bibliography). The maximum number of references allowed is 10 and one Table or Figure will be admitted. The number of authors will be limited to 2. It will not include a *Resumen* or Abstract.

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Letters to the editor. In this open section, objections or comments related to articles recently published in the Journal, and possibly on relevant articles published in other journals of special interest for intensive medicine, or comments on topics of importance associated with the speciality. Letters to the Editor sent to Medicina Intensiva must refer to articles published within the two previous months at most. The maximum length of the text must not exceed 500 words, and up to 5 literature references will be allowed. There must be no more than four signing authors. Those Letters to the Editor that deal with articles previously published in the Journal will have the right to reply. They will be submitted to the author of the original work, who will be able to reply in a letter of the same length within a period of one month. The Editorial Committee will try to publish the Letter to the Editor and the reply together.

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Contact details for submission

You can send your manuscript at https://www.editorialmanager.com/MEDINTENSIVA/default.aspx

Language

This journal is published in Spanish and in English language.

Submission checklist

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BEFORE YOU BEGIN

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All research involving humans or animals must specify (under Material and Methods) approval of the study by the corresponding Ethics Committee, indicating the date of approval or the pertinent Committee-assigned code or reference. In addition, it should be stated whether the Committee considered written informed consent (in the case of human studies) to be necessary or not.

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information.

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Contributors

Each author is required to declare his or her individual contribution to the article: all authors must have materially participated in the research and/or article preparation, so roles for all authors should be described. The statement that all authors have approved the final article should be true and included in the disclosure.

Changes to authorship

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resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

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PREPARATION

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Double-blind review

This journal uses double-blind review, which means the identities of the authors are concealed from the reviewers, and vice versa. More information is available on our website. To facilitate this, please include the following separately:

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To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-

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Each part of the manuscript should start on a new page, in the following order: title on the first page, together with the information specified in the previous section, then the text, references, figure and table legends. The figures (diagrams, photos, algorithms) should be attached as independent files through the EES in the Attach Files section.

Text. The text should be divided into sections. Original articles will have the following headings: Introduction, Patients and Methods, Results and Discussion. Especially complex articles can include subsections to aid in the comprehension of the information.

Contribution of the authors. In the case of Original Articles, the contribution of each of the authors should be explained in detail at the end of the manuscript n on a separate page.

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Summary of a manuscript structure (Original Article)
1. Title
2. Abstract: a) Objective, b) Design, c) Setting, d) Patients or participants, e) Interventions, f) Main variables of interest, g) Results, h) Conclusions
3. Text: a) Introduction, b) Patients and Methods, c) Results, d) Discussion
4. Contribution of the Authors
5. Funding
6. Conflict of Interest
7. Acknowledgements
8. References
9. Tables
10. Figures

Introduction

The introduction should be clear and concise while establishing the purpose of the study and reasonably summarising the current situation of the topic to be discussed. The introduction should prepare the reader to comprehend the text that follows. It should not be a review of the topic itself, nor a hurried discussion. It should finish with a clear and specific description of the study objectives.

Patients and methods

This section should provide sufficient details so that a specific experience can be reproduced based on the information given. It should indicate the hospital where the experiment or research has been conducted, its duration, characteristics of the series studied, selection criteria used, variables of interest (primary and secondary) and the techniques used (devices

used with name and city of manufacturer in parentheses), drugs used with generic name, dose and means of administration). If the methods or procedures are widely used and well known, the corresponding bibliographic reference should be provided to avoid a detailed description. In the case of clinical trials with randomised distribution, randomisation methods should be explained and it should be stated whether the random assignation was blinded. The statistical methods used should be appropriately described.

Results

The findings should be quantified and presented with the appropriate indicators for error or uncertainty (such as confidence intervals). This section should state, but not discuss, the observations made of the patients and the method used, in logical sequence. The results can be expressed in detail in the text or rather in the form of tables and ¿gures, but unnecessary repetitions should be avoided of the results shown in the tables and ¿gures. Manuscripts that present results of a clinical trial of parallel groups with random distribution should include the CONSORT flowchart (http://www.consort-statement.org/), which illustrates the distribution and patient progress throughout the study. Manuscripts that present reports about systematic reviews or meta-analyses will follow the guidelines from the PRISMA declaration (http://www.prisma-statement.org). The manuscripts that assess the utility of diagnostic tests should follow the STARD format (http://www.consort-statement.org/stardstatement.htm).

Discussion

The authors should expand on their own opinion about the topic without repeating data provided in the Introduction or Results. This section should include the following aspects: a) the most relevant findings; b) the practical application of the results; c) the possible methodological limitations and the reasons for which the results are valid; d) the correlation with similar publications and the analysis of the similarities and differences with the findings of other authors; and e) the indications and suggestions for further research, providing new hypotheses when justified, and clearly stating them as such. It is not necessary to include conclusions; these should be exclusively derived from the study.

Conclusions

It is not necessary to include conclusions; these should be exclusively derived from the study. The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

Essential title page information

• ***Title*****.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.

• ***Author names and affiliations*****.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all

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Abstract

A concise and factual abstract is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

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Original abstracts will include an Abstract of 250 words of extension, structured in the following sections:

Objective. It will state the reason for the study that will be evaluated or the hypothesis that is established.

Design. Tthe basic design of the study will be described, including the study period and follow-up period. The following terms should be used:
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– For the *description of clinical signs and symptoms or diseases*:
case series.
– For *financial evaluation studies*: cost-effectiveness analysis; cost-benefit analysis.

Setting. The setting in which the study has been carried out will be mentioned so that the readers may determine the applicability of the results to their particular work environment.

Patients or participants. The selection criteria must be described, as well as the demographic characteristics of the study subjects, the number of eligible subjects and the number of participating subjects. In case control studies the characteristics used for matching must be specified. In follow-up studies, it must state the proportion of participants that completed the study. In interventionist studies, it must mention the number of patients in whom the intervention was stopped due to the appearance of adverse effects. In prognostic studies, it will mention the percentage losses. The following terms must be employed when referring to the selection process: random sample; consecutive sample: volunteer sample.

Interventions. The essential aspects of each intervention and its duration will be mentioned.

Main variables of interest. It must mention what were the main variables of interest, as were established before starting collecting the data.

Results. A quantitative estimation of the main study variables must be presented, including the confidence intervals (for example, 95%). In comparative studies, mention must be made of the confidence intervals for the differences between the groups studied. In the event that the main variables of interest are subjective measurements, it must state whether the observers knew the group to which each patient had been assigned. All clinical trials with a random distribution must present the results in accordance with the analysis by intention to treat (the patients are analysed in the group to which they were randomly assigned). All questionnaire-type studies must mention the response rate. Diagnostic tests studies must report the sensitivity, the specificity and the likelihood ratio. If the predictive value is presented, it must also mention the prevalence or pre-test probability.

Conclusions. Conclusions must only be presented that are based directly on the results and the implications for clinical practice, avoiding speculation and excessive generalisation.

Keywords

Immediately after the abstract, provide 3 to 10 keywords, using British spelling, to identify the content of the study for its inclusion in national and international biomedical databases. Terms should be used from the Medical Subject Headings of the Index Medicus, available at: http://www.nlm.nih.gov/mesh/meshhome.html. If no adequate terms are found within the MeSH because if its recent development, commonly used terms can be utilised. Only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes. These keywords will be used for indexing purposes. Keywords must be included in English and Spanish.

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Only commonly used abbreviations in the field of intensive care medicine will be accepted. The authors should avoid the use of abbreviations in the title and in the abstract of the paper. When an abbreviation first appears in the paper, it should be preceded by the complete defining term, except in the case of common units
of measure. Units of measure should preferably be expressed in accordance with the International System of Units. Chemical, physical, biological and clinical units should always be defined. Ensure consistency of abbreviations throughout the article.

Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

Units

Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

Artwork

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All the graphs, diagrams and photos are considered ¿gures and will be numbered with Arabic numerals in correlation with the order of appearance in the text. They will be sent separately from the text and in as many files as there are ¿gures. Histology photos should indicate the type of stain and the magnification.

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