

## Aim and editorial policy

The São Paulo Medical Journal / Revista Paulista de Medicina, founded in 1932, is one of the oldest medical publications in Brazil. Published bimonthly by the Associação Paulista de Medicina, the journal accepts original articles in the field of Clinical Health Science (Internal Medicine, Gynecology and Obstetrics, Mental Health, Surgery, Pediatrics, and Public Health).

Articles will also be accepted in the form of review papers, updating papers, case reports, short communications and letters to the Editor. Papers with a commercial objective will not be accepted.

Papers should be sent to the Publications Unit at the address below, and must comply with the editorial regulations for papers submitted to biomedical journals (ICMJE, 1997), the rules for reports on clinical trials (Begg, 1996), and systematic reviews (Moher, 1999).

All papers will be analyzed by the editorial council of the journal, which will have the final word regarding acceptance. The referees' reports will be sent to the authors by the secretary of the journal, without revealing their identity. If authors agree with the corrections suggested by the referees, the papers should be rewritten and sent to the journal once again.

## The manuscript

The manuscript must be sent in English and in Portuguese (two copies of each), printed and on disk (3½"). Papers submitted must be original and accompanied by a declaration from the authors that the paper has not and will not be published in any other journal.

Research articles involving human beings must be submitted together with a copy of the authorization from the Ethical Committee of the institution in which the work was performed.

The paper must be structured so as to contain Introduction, Methods, Results, Discussion and Conclusion.

The illustrations and photographs must be of good quality and be marked on their reverse only with the figure number and title of the paper. The legends for photographs, illustrations and tables must be printed on separate sheets of paper. The number of illustrations must not exceed half the total number of pages minus one.

Abbreviations must not be used, even those in common use. Drugs must be referred to by their generic names, avoiding commercial terms.

Acknowledgments, if necessary, must be placed after the references.

## First page

The first page must contain: 1) the title of the paper, which must be short but informative; 2) the type of paper (original article, review article, updating article, short communication, letter to the editor); 3) the name of each author (do not abbreviate), his/her highest academic title attained and the institution where he/she works; 4) the place where the work was developed; 5) the meeting, date, and place where the paper was presented, if applicable; 6) the complete address and telephone number of the author to be contacted regarding the manuscript; 7) the complete address, telephone number and e-mail address of the main author for publication; 8) sources of support in the forms of finance, equipment or drugs; 9) any conflicts of interest held by the authors.

## Second page

The second page must include three to five keywords (NLM, 1998), and an abstract structured (Haynes, 1990) in accordance with the classification of the article. For original articles there are nine items: 1) context; 2) objective; 3) type of study; 4) setting (where the study was performed); 5) participants (the sample); 6) procedures (intervention or diagnostic test or exposition, if necessary); 7) main outcomes measurements; 8) results; 9) conclusions.

## References

The references (Vancouver style - ICMJE, 1997) should be laid out on the final pages of the article and numbered in the order of citation. References cited in legends of tables and figures must maintain sequence with references cited in the text. List all the authors if there are less than six; if there are six or more, cite the first three and then add "et al". Some examples of references:

- Lahita R, Kluger J, Drayer DE, Koffler D, Reidenber MM. Antibodies to nuclear antigens in patients treated with procainamide or acetylprocainamide. *N Engl J Med* 1979; 301:1382-5.

- Reppert SM. Circadian rhythms: basic aspects and pediatric implications. In: Styne DM, Brook CGD, editors. *Current concepts in pediatric endocrinology*. New York: Elsevier; 1987:91-125.

## Original articles

The text must not exceed 5,000 words (excluding tables, figures and references) and must include a structured abstract with a maximum of 350 words. The structure of the text should whenever possible follow the format laid out below:

1) **Introduction:** specify the reasons for carrying out the study, describing the present state of knowledge of the theme. Cite only those references deemed essential, and do not include any results or conclusions of the study. Use the last paragraph to specify the principal question or objective of the study, and the principal hypothesis tested, if there is one.

### 2) Methods

2.1) **Type of study:** describe the design of the study specifying, if appropriate, the use of randomization, blind studies, diagnostic test standards, time direction (retrospective or prospective). For example: randomized clinical trial, double-blind, controlled placebo; study of accuracy.

2.2) **Setting:** indicate where the study was carried out, including the health care ranking (for example: primary or tertiary; private or public institution).

2.3) **Sample (participants or patients):** describe the selection procedures, inclusion criteria, and the number of patients at the beginning and end of the study.

2.4) **Procedures (intervention or diagnostic test or exposition, if necessary):** describe the principal characteristics of any intervention, including the method and duration of its administration.

2.5) **Main measurements:** describe the method of measuring the primary result, in the way it was planned before data collection. If the hypothesis reported was formulated during or after data collection, this fact needs to be specified.

2.6) **Statistical methods:** first item, describe the sample size calculation method; second item, describe planned statistical analysis, statistical tests used, and significance levels, and some *post hoc* analysis.

3) **Results:** describe the principal results and, if possible, these should be accompanied by their 95%

confidence interval and by the exact level of statistical significance. For comparative studies, the confidence interval must be stated for the differences between the groups.

4) **Discussion:** emphasize the new and important factors encountered in the study, which will form part of the conclusion. Do not repeat data presented in the introduction or results in detail. Mention any implications or limitations of your findings that should be noted, including implications for future research. Relate any observations from other relevant studies.

5) **Conclusions:** specify only the conclusions that can be sustained by the data of the study, together with its clinical significance (avoiding excessive generalization), or whether additional studies would be necessary before the information could be put into practice. The same emphasis should be placed on studies with positive and negative results.

## Review and updating Articles

Review and updating articles have free format. Systematic review articles must comply with the rules for reports on systematic reviews (Moher, 1999).

## Short communications or Case series / Case reports

These must be limited to 1,000 words and four references, including an abstract with key-words, a description of the case and a pertinent discussion.

Letter to the editor

In this category the text must not exceed 500 words and four references.

## Procedures of the journal

After receipt of the article by the Publications Unit, the authors will be supplied with a protocol number. This number serves to maintain good understanding between the authors and the Publications Unit.

Following this, the article will be examined to verify whether it complies with the journal's instructions. Only then will the article be submitted to peer review for analysis and approval, in addition to approval by the Editor. After approval it will enter the queue for publication.

## Documents cited

International Committee of Medical Journal Editors. Uniform Requirements for Manuscripts Submitted to Biomedical Journals. *Ann Intern Med* 1997; 126:36-47. Available on website: [www.acponline.org/journals/annals/01jan97/unifreqr.htm]

Begg C, Cho M, Eastwood S, et al. Improving the quality of reporting of randomized controlled trials. The CONSORT statement. *JAMA* 1996;276:637-9. Available on website: [www.ama-assn.org/sci-pubs/journals/archive/jama/vol\_276/no\_8/sc6048x.htm]

Haynes RB, et al. More informative abstracts revisited. *Ann Intern Med* 1990; 113:69-76. Available on website: [www.acponline.org/journals/resource/90aim.htm]

Moher D, Cook DJ, Eastwood S, Olkin I, Rennie D, Stroup DF. Improving the quality of reports of meta-analyses of randomised controlled trials: the QUOROM statement. Quality of Reporting of Meta-analyses. *Lancet* 1999 Nov 27; 354(9193):1896-900. Available on website: [www.thelancet.com/newlancet/eprint/2/index.html]

National Library of Medicine. Medical Subject Headings: Annotated alphabetic list. Bethesda: NLM; 1998. Available on website: [www.nlm.nih.gov/mesh]