Atención Primaria Práctica

GUIDE FOR AUTHORS

INTRODUCTION

Atención Primaria Práctica is a Spanish and English language international journal that publishes articles of interest for health professionals that wish to become familiar with the practical aspects of the discipline. Although it is included in the group of “case report” journals, it is not limited to publishing clinical cases, as it also approaches all those aspects that are of interest in Primary Care practice, such as projects on the improvement of clinical quality, patient safety, patient-centred care, community programs, ethical conflicts, or organisational innovations that improve Primary Care.

Descriptive studies of cases and unique experiences are situated at the bottom of the scientific evidence pyramid, and for this reason they are not usually accepted in journals that publish biomedical research; however, these works provide knowledge that can be very useful for the clinician, the student, and the researcher. They are of interest for identifying rare or new diseases, to evaluate the effects of therapeutics, their adverse effects, or the cost of interventions, as well as contributing to problem-based learning and non-repetition of errors. They serve to encourage the creation of guidelines or clinical practice pathways or to suggest future research projects. They are an important part of medical progress.

Types of article

EDITORIALS

Articles that refer to the most current in Primary Health Care or to any of the articles published in the issue. It is expected that the articles of this section are opinions and reflections of interest in Primary Health Care, that might stimulate debate, or present new perspectives on a topic. Opinions of authors that do not necessarily correspond to those of the publisher or those of the editors should be considered.

The maximum number of authors is 3.

The manuscript should include:

- Cover letter (see general guidelines).

- First page (see general guidelines)

- Text (maximum: 1,000 words. not counting the bibliography).

- Tables and Figures (maximum: 1 (See general guidelines).

- The maximum number of literature references is 12.

Each one of the previous parts must be started on a new page.

With the aim of helping in its understanding, it is recommended that the text is structured as
follows: establishment of the problem, positioning of the author, arguments in favour, arguments against, and conclusions. It is important that the discussion is presented logically and that it cites the type of tests on which the key statements are based (personal or expert opinions, observational studies, clinical trials, systematic reviews...).

ORIGINAL ARTICLES

In this section, manuscripts are included that describe an innovative experience such as clinical safety projects, organisational changes in care, implementation of new technologies or quality improvements, as well as community health programs, or a series of clinical cases.

The structure of the works must be as follows:

- Cover letter (see general guidelines).
- First page (See general guidelines). The number of authors should normally be between 4 and 6.
- A structured resumen/abstract in Spanish and in English (maximum: 250 words) (There are specific guidelines for each type of original article)
- Text: a maximum of 2500 words, not counting Tables, literature references or the resumen/abstract. (There are specific guidelines for each type of original article)
- From 3 to 6 key points.
- Study outline (if applicable, according to the specific guidelines for each type of original)
- Tables and Figures: maximum 6 (See general guidelines).

Each one of the previous sections must be started on a new page.

Acknowledgements: To individuals or institutions that, although not having fulfilled the requirements of authorship, may have collaborated in the performing of the work, provided material, technical, or financial help. The type of contribution should be mentioned. They must be included on the first page.

Bibliography: A maximum of 30 literature references is recommended, which must be as recent and relevant as possible, and carefully written in accordance with the Vancouver format.

Key points: All original works must include a Table with the key points to help in the understanding of the work by those readers that do not wish to read the full article. It must include a maximum of 3 short and precise sentences that indicate what is known on the topic before carrying out the study and the need to have carried it out (under the heading “What is known on the topic”), and another maximum of 3 sentences that indicate what this study has contributed to the previous knowledge of the topic (under the heading What this study contributes).

Guidelines for ORIGINALS ON IMPROVEMENT PROJECTS or COMMUNITY PROGRAMS

This format is suitable for presenting works on safety, quality, or outcomes of the health services or programs or health policies

- The guidelines for this type of original follow the Revised Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0): http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&pagId=471

TITLE
Mention that the manuscript refers to an initiative to improve Primary Care (quality, safety, effectiveness, patient-focused care, costs, efficiency, equity, or community programs)

**STRUCTURED ABSTRACT:**

Besides including the title of the work, it should describe the essential aspects of the manuscript and should have the following structure: Context / Local problem/ Methods /Interventions/ Results / Conclusions

**TEXT:**

It must be adapted to the Introduction/Materials and Methods/Results and Discussion / bibliography structure, following the recommendations set out below:

*Introduction:* It should explain the justification of the project. It must mention the nature and significance of the problem to intervene, a summary of what is known of the problem; include previously conducted studies. The framework, concepts or theories that explain the problem and the reasons that justify the intervention are also presented, as well as the reasons that leads to thinking that the intervention may be effective. This section must contain the aim of the study and of the manuscript that is presented. The introduction must be as brief as possible and be supported in a limited number of key literature references.

*Methods:* It attempts to explain what has been done. It has to contain aspects such as the contextual elements that explain the intervention, the timeline, the characteristics of the intervention, with sufficient details so that it can be reproduced, as well as the characteristics of the team that performed it. The approach used to assess the impact of the intervention, and to explain that the results are due to the intervention. The methods used to study the process and the result of the intervention, justifying the validity and quality of the data. The quantitative and qualitative methods employed to extract the data, as well as the ethical aspects. The use of headings is recommended to organise the information (study population, interventions, follow-up, statistical analysis...).

*Results:* It should describe what has been found, mentioning the initial phases of the intervention and any changes. Data on process indicators and results, the contextual elements that have influenced the intervention, as well as the relationship between the contextual aspects, the intervention and the results. The positive unexpected consequences should also be presented, as well as the problems, failures and costs. Also include the details of the missing data. Headings may be used to make the presentation clearer. It is advised to use Tables and Figures without the unnecessary repetition of the data in the text. It is recommended to highlight the Table or Figure that contains the main results of the study, with a description of these in the legend.

*Discussion:* It reflects on the significance of the work done. It is recommended to begin with a summary of the key findings, relating them with the main reason for the intervention, as well as the strengths of the intervention. An interpretation of the findings is then presented: the relationship between the results and the intervention, the comparison with other studies, impact of the study on the population or the health system, the relationship between the results obtained and those expected considering the context, its costs. The limitations of the study must also be mentioned, in relation to their generalisation, their internal validity and the efforts made to minimise the limitations. It must finish with some conclusions on the usefulness of the project, its sustainability, its possibility of being applied in other contexts, its implications for clinical practice, as well as the indications for steps to follow in the future. It is advised to
Guidelines for ORIGINALS of QUANTITATIVE RESEARCH PROJECTS OR CLINICAL CASE SERIES

Works will be included here that present clinical and epidemiological studies that have used quantitative methodology in their design and analysis (for example, prevalence studies, follow-up of a cohort, case control studies, randomised clinical trials, etc.).

The specific guidelines of these works are as follows:

ABSTRACT

It must have the following structure:

**Objective:** clear identification of the main purpose of the study. Design: description of the basic design of the study (randomised clinical trial, case control study...), and its basic characteristics if they are relevant (double blind, multicentre...). If the design of the study is not clear, its main characteristics must be mentioned (cross-sectional or longitudinal, prospective or retrospective, observational or intervention, controlled or uncontrolled...).

**Setting:** place where the study was performed and the type and level of health care (Primary Care, Hospital, Community ...).

**Participants:** patient characteristics, selection criteria, number of enrolled subjects and non-responders and drop-outs that have occurred.

**Interventions** (in intervention studies): main characteristics, including the administration schedule and duration, of the interventions performed in the study groups, as well as any in the comparison groups.

**Main measurements:** primary variables of the study, especially the response variable used and its evaluation method.

**Results:** main quantitative results, identifying the type of measurement used and its corresponding confidence intervals. Where applicable, it should contain the level of statistical significance.

**Conclusions:** the main conclusions arising from the results of the study, including their practical application.

TEXT

It must be adapted to the Introduction /Materials and Methods/ Results and Discussion structure, following the recommendations set out below:

**Introduction.** It must present the current situation on the knowledge of the topic and the context in which the study is framed. The objective of the study must be clearly defined. The introduction must be as brief as possible and be supported in a limited number of key literature references.

**Material and methods:** It must include the design of the study, the centre where the research was carried out, the inclusion and exclusion criteria and the screening procedure of the participants, the interventions performed (if applicable), the definitions, and the measurement
techniques of the variables, the follow-up of the subjects and the analysis strategy, as well as the statistical tests used. It must be written with sufficient detail so that the study could be repeated. The use of headings is recommended to organise the information (study population, interventions, follow-up, statistical analysis...).

Results: It must present, not interpret, the principle findings associated with the aims of the study. Headings may be used to make the presentation clearer. It is advised to use Tables and Figures without the unnecessary repetition of the data in the text. The main results must include the corresponding confidence intervals, and must clearly indicate the type of measurement and the statistical tests used, where applicable. When the significance level is less than 0.20, it is preferable to present its exact value. It is recommended to highlight the Table or Figure that contains the main results of the study, with a description of these in the legend.

Discussion: It is advised to structure it with the following headings (where relevant): limitations of the design used: a comparison with the scientific literature, attempting to explain the differences observed; practical application of the results, performing an evaluation on their clinical relevance; and directions for future research on the topic.

Study outline: A Figure will also be included with an outline of the study in which it indicates the number of subjects in each of the stages of the study and the reasons for the non-responders, losses, and drop-outs that may have occurred. The Figure legend must summarise the main characteristics of the study design. If the study is a randomised clinical trial, this Figure must follow that of the most up to date CONSORT statement, available at: http://www.consort-statement.org

Guidelines for ORIGINALS: SYSTEMATIC REVIEWS (META-ANALYSIS)

This section will include all works that present systematic reviews of the literature and other sources of evidence, which are critically evaluated in order to provide an answer to a particular question; therefore, narrative type reviews or knowledge update articles are not included.

ABSTRACT.

It must have the following structure:

Objective: clear identification of the main purpose of the review. If there is more than one, it is advised to point out the primary one and any secondary ones.

Design: It study must be identified as a systematic review.

Data sources: Data bases consulted, period covered and main characteristics of the search strategy of the individual studies used.

Selection of studies: selection criteria of the studies, number of studies included and excluded, main characteristics of the studies included.

Data extraction: method for assessing the validity of the studies and data collection, and main variables collected.

Results: main quantitative results, identifying the type of measurement used and its corresponding confidence intervals. Where applicable, it should include the level of statistical significance. Where applicable, the results of the sensitivity analysis should be included.
Conclusions: the main conclusions arising from the results of the study, including their practical application.

TEXT

It must be adapted to the Introduction /Materials and Methods/ Results and Discussion structure, following the recommendations set out below:

Introduction: It must present the current situation on the knowledge of the topic and the context in which the study is framed. The question that the review seeks to answer must be clearly defined. The introduction must be as brief as possible and be supported in a limited number of key literature references.

Material and methods: The strategy for identifying the relevant studies must be described, including the data bases consulted and the descriptive terms used, the inclusion and exclusion criteria of the studies, the procedure for assessing their validity, the data extraction methods and the analysis strategy, as well as the statistical tests used for the data analysis. It must be written with sufficient detail so that the study could be repeated. The use of headings is recommended in order to organise the information (identification of studies, selection of studies, data extraction, analysis...).

Results: It must present, not interpret, the principle findings associated with the aims of the review. Headings may be used to make the presentation clearer. It is advised to use Tables and Figures without the unnecessary repetition of the data in the text. It is recommended to include a Table with a breakdown of the main characteristics and results of the studies included in the review. The main results must include the corresponding confidence intervals, and must clearly indicate the type of measurement and the statistical tests used, where applicable. It is recommended to graphically present the confidence intervals in a Figure. When the significance level is less than .20, it is preferable to present its exact value. It is recommended to highlight the Table or Figure that contains the main results of the study, with a description of these in the legend.

Discussion: It is advised to structure it with the following headings (where relevant): limitations of the review, including suggestions on the effect of a possible publication bias, and comments on the homogeneity of the individual studies and the possible influence of variability on the final results; a comparison with the scientific literature, attempting to explain the differences observed; practical application of the results, performing an evaluation on their clinical relevance; and directions for future research on the topic.

Study outline: A Figure will also be included with a diagram that indicates the number of studies selected in each of the stages of the review and the reasons for the exclusions. It is recommended that the outline follows the most up to date PRISMA statement, available at: http://www.prisma-statement.org/

Guidelines for ORIGINAL QUALITATIVE RESEARCH

Works will be included here that present studies that have used qualitative methodologies for the approach to the topic of the research.

ABSTRACT.

It must be structured, include the title of the work in Spanish and in English and should have the following structure:
**Objective**: clear identification of the main purpose of the study. If there is more than one, it is advised to point out the primary one and any secondary ones.

**Design**: a description of the qualitative method and the methodological strategies used, as well as its temporal contextualisation.

**Setting**: place where the study was performed and the type and level of health care (Primary Care, hospital, Community...).

**Participants and / or contexts**: Selection criteria and acquisition process.

**Method**: sample design, description of the information and collection technique/s, mechanisms for ensuring information saturation, strategy and theoretical framework of the analysis.

**Results**: the main findings, interpretations, topics and concepts identified, structure of the segmentation and categories constructed, and relationship within the conceptual framework.

**Conclusions**: the main conclusions arising from the study and their use for the understanding of the problem and for action and change.

**TEXT**

It must be adapted to the Introduction /Materials and Methods/ Results and Discussion structure, following the recommendations set out below (adapted by: Fernández de Sanmamed Santos MJ. *Adecuación de las normas de publicación en revistas científicas a las investigaciones cualitativas*.(Adaptation of the guidelines published in scientific journals to qualitative research) Aten Primaria. 2000;25:502–4):

**Introduction**: The current situation on the knowledge of the topic must be presented, the relevance and the context in which the study is framed, including the formal and informal documental sources, opinions, intuitions and general theoretical and interpretative frameworks, where necessary, all of them in the most concise and brief form as possible, being supported in a reduced number of key literature references. The objective of the study must be clearly defined.

**Participants and methods**: It is recommended to structure this section into the following headings:

- **Design**: projected design and methodological strategies, justification for their use, temporal contextualisation, information collection techniques, changes in the design or emerging design, if applicable, etc.
- **Sample and participants and/or contexts**: sample design, number and description of participants and/or contexts, selection criteria of the informants and/or contexts, acquisition process, mechanisms for ensuring information saturation, etc.
- **Analysis**: strategy and theoretical framework of the analysis, description and validation of the analysis, strategies for ensuring the reliability of the results, etc.

**Results and Discussion**: In qualitative research it is difficult to separate the results from the discussion. The results must be presented in a form that makes the analysis method and the structure of the segmentation and categories constructed clear, and associating them within the prior conceptual framework. An exhaustive presentation of the results must be avoided, only showing the most relevant and significant, that may be real contributions to the knowledge of that examined. It is advisable to use narrative fragments or observations to support the
analytical synthesis, and to use illustrative matrices and Tables to facilitate the reading and comprehension of the results. It is recommended to highlight the Table or Figure that contains the main results of the study, with a description of these in the legend.

Conclusions, usefulness and limitations: The key findings and interpretations of the research must be highlighted, along with their use in the knowledge of the problem and for action or change. The limitations of the study must also be included, as well as proposals for new questions or research lines.

CLINICAL CASE

The presentation of the case must follow the CARE guidelines (Case Reports Guidelines: http://www.care-statement.org) (Annexe 1)

What types of cases are published?

Cases published represent a diagnostic, ethical, or management challenge that has some aspects that provide a teaching interest. In short, they must fulfil any of the following criteria:

- Records of important clinical lessons
- Errors that provide a lesson
- Unusual presentation of a common illness
- Dispels myths
- Rare diseases
- New diseases
- New diagnostic tests
- New treatment
- Unusual combination of diseases
- Unexpected clinical outcome
- New adverse drug effects
- Ethical dilemma
- Cases that could have an epidemiological impact
- Finding that could cast light on the pathogenesis of a disease or an adverse drug effect
- Cases attended to in unusual settings: such as refugee centres, telemedicine, or in novel conditions.

Authors: Normally no more than 4. All of them have to have participated in the writing of the manuscript and not only in the clinical care of the case. Those that have care for the patient may appear in the acknowledgements

Patient consent: The authors must ensure that they have the written consent signed by the patient or relatives available when submitting the manuscript for its publication.

- Cover letter (see general guidelines).

- First page (See general guidelines).

- Text (maximum: 1,000 words, not counting the bibliography). It must have the following sections:

Title: do not include the words “clinical case”

Resumen /Abstract: 250 words in length, summarising the essential aspects of the
manuscript, and preferably structured into the sections:

- **Context:** why the case should be published and its novelty
- **Presentation of the case:** a short description of the clinical picture of the patient and their demographic characteristics, diagnosis, the interventions and the result.
- **Conclusions:** a synthesis of the clinical impact or implications of the case, its main lessons

**Palabras clave/ key words:** from 3 to 6

**Context:** The setting of the case must be described in this section, the relevant literature references, and the objectives that justify its publication

**Presentation of the case:** This section must contain aspects such as, the description of the patient, their family and social context, their demographic data, medical history, signs and symptoms, differential diagnosis, treatment or interventions, results, and any other relevant aspect.

**Discussion and Conclusions:** The case must be discussed in relation to similar cases already published in the international literature. Present its limitation, as well as the main conclusions, demonstrating its relevance for the clinic, teaching, or research.

**Key points:** from 3 to 5 points that summarise the lesson that this case offers us.

**Bibliography:** the literature references numbered and listed in the order of appearance, following the Vancouver guidelines.

**Figures, Tables and other additional documents** (video for example): up to a maximum of 10 Tables and/or Figures

**The patient perspective:** An optional but very interesting section that provides the point of view of the patient and their experience.

**LETTERS TO THE EDITOR**

Letters that comment on articles that have recently appeared in the Journal will be published preferentially and as quickly as possible. The letter will be sent to the authors of the article to which it refers and, and if these wish to reply to it, the letter and its reply will be published simultaneously.

Letters to the Editor will also be accepted that present experiences and opinions of interest to Primary Care other than clinical case descriptions or case series or summaries of research work.

The maximum number of authors will be 4.

The structure of the works must be as follows:

- Cover letter (see general guidelines).
- First page (See general guidelines).
- Text (maximum: 600 words, not counting literature references or Tables).
- Table and/or Figure (maximum: 1 (See general guidelines).

Each one of the previous parts must be started on a new page.

The maximum number of literature references is 6.
For letters that refer to a published article, one of the references must correspond to this article.

IMAGES IN MEDICINE

Images will be accepted that, by themselves, enable a visual diagnosis to be made. These images must be accompanied by a short explanatory text, which may simply be the description of what the image shows, or a comment in the form of a short clinical case. Up to a maximum of 4 authors will be allowed.

The maximum length of the text will be 600 words.

With a maximum of 2 Figures.

A maximum of 6 literature references.

CLINICAL VIDEOS

Videos are of great use to show how to perform procedures in health care. The materials that may be submitted to this journal have to necessarily contribute innovative actions, as well as having to reflect best practice. These documents are essentially for educational purposes. They should last for 2 to 3 minutes and must be accompanied by a text of up to 600 words and a maximum of 6 references. The text has to set a relevant question about the video, as well as its answer.

The patients and professionals that appear in the video must give their consent in writing as well as permission for publication.

See specific guidelines for videos.

Contact details for submission
You can send your manuscript at www.evise.com/evise/jrnl/appr

Language
This journal is published in Spanish and in English language.

Submission checklist
You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.
Ensure that the following items are present:
One author has been designated as the corresponding author with contact details:
• E-mail address
• Full postal address
All necessary files have been uploaded:
Manuscript:
• Include keywords
• All figures (include relevant captions)
• All tables (including titles, description, footnotes)
• Ensure all figure and table citations in the text match the files provided
• Indicate clearly if color should be used for any figures in print
Graphical Abstracts / Highlights files (where applicable)
Supplemental files (where applicable)

Further considerations

• Manuscript has been 'spell checked' and 'grammar checked'
• All references mentioned in the Reference List are cited in the text, and vice versa
• Permission has been obtained for use of copyrighted material from other sources (including the Internet)
  • A competing interests statement is provided, even if the authors have no competing interests to declare
  • Journal policies detailed in this guide have been reviewed
  • Referee suggestions and contact details provided, based on journal requirements

For further information, visit our Support Center.

BEFORE YOU BEGIN

Ethics in publishing
Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

Human and animal rights
If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans; Uniform Requirements for manuscripts submitted to Biomedical journals. Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed.

Declaration of interest
All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding.

Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page file (if double-blind) or the manuscript file (if single-blind). If there are no interests to declare then please state this: 'Declarations of interest: none'. This summary statement will be ultimately published if the article is accepted. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal's official records. It is important for potential interests to be declared in both places and that the information matches. More information.

Submission declaration and verification
Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis, see
Multiple, redundant or concurrent publication’ section of our ethics policy for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service Crossref Similarity Check.

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Authorship
All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

Changes to authorship
Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Clinical trial results
In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration 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.

Reporting clinical trials
Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available...
Registration of clinical trials
Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

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You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

If no funding has been provided for the research, please include the following sentence:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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Language (usage and editing services)
Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's WebShop.

Informed consent and patient details
Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author and copies of the consents or evidence that such consents have been obtained must be provided to Elsevier on request. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals. Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Submission
Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.
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