GUIDE FOR AUTHORS

INTRODUCTION
MEDICINA CLÍNICA, founded in 1946, is a journal devoted to promoting the research and the clinical practice among the specialist of internal medicine and other medical specialist. The journal publishes original scientific articles, editorials, short communications, reviews as well as other relevant information to internal medicine and related fields. Manuscripts can be submitted in Spanish or English. English articles accepted will be published as a Spanish translation in the printed and online formats of the journal. The journal will publish two versions, one in Spanish (printed copy and online) and another one fully translated into English (online).

Types of article
The Journal publishes the following sections or article types:

ORIGINAL ARTICLES

Original research about etiology, physiopathology, pathology, epidemiology, clinical aspects, diagnosis, prognosis and treatment are recommended for this section. Analytic studies like transversal surveys, case-controls studies, cohort studies and randomized controlled trials will be preferentially considered for publication.

The article must have the following headings: Introduction; Patients and Methods; Results; and Discussion. The text is limited to a maximum of 3,000 – 4,000 words, not including references, abstract and figure legends. The abstract is limited to a maximum of 250 words and need to be structured. There should be no more than 30 references. The total combined number of tables and figures should not exceed 6.

BRIEF REPORTS

Original research with a limited number of patients or sample, and specific objectives and results are suitable for this section. The article must have the same headings as those from Original Articles. The text is limited to a maximum of 1,300 words, not including references, abstract and figure legends. The abstract is limited to a maximum of 180 words and need to be structured. There should be no more than 10 references. The total combined number of tables and figures should not exceed 3. Up to 6 authors are accepted.

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Submitted studies from case series with a remarkable contribution to medical knowledge will be
considered in this section. The text is limited to 1,700 words not including figure legends and references. There should be no more than 10 references. The total combined number of tables and figures should not exceed 4. The abstract is limited to a maximum of 180 words and need to be structured. Up to 4 authors are accepted.

REVIEW ARTICLES

Reviews of current work reflecting progress in various fields of medicine are requested from recognized specialists. Voluntary contributions will be subject to consideration by the Editorial Board. The text is limited to 4,200 words not including abstract, figure legends, and references. The abstract is limited to a maximum of 150 words and does not need to be structured. Up to 6 figures or tables will be accepted. References are limited to a maximum of 60. Up to 3 authors are accepted.

SPECIAL ARTICLES

Articles reflecting original opinions and interpretation of relevant topics, narrative and practical reviews are included in this section. Voluntary contributions will be subject to consideration by the Editorial Board. The text is limited to 4,000 words. Up to 4-5 figures or tables will be accepted. References are limited to a maximum of 30. Up to 4 authors are accepted.

DIAGNOSIS AND TREATMENT

Update articles focused on the progress of diagnosis and treatments, enhancing the benefits in continuous medical education for readers will be considered for this section. The text is limited to 3,600 words not including figure legends and references. There should be no more than 30 references. The total combined number of tables and figures should not exceed 4. Up to 3 authors are accepted.

CONSENSUS AND GUIDELINES STATEMENTS

Clinical practice guidelines and Consensus statements must be promoted and endorsed by at least two scientific societies or sponsored by Health authorities. An attached letter is required arguing the importance for the scientific community. Support tools such AGREE are required for the development of the clinical guidelines and consensus statements. The articles of this section will published completely at the WEB. In the print version only title, authors, affiliations and the structured abstract limited to a maximum of 250 words will be published.

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They are always commissioned, although unsolicited editorials may occasionally be considered previous consultation with the Editor. The text is limited to a maximum of 2,000 words, tables and figures are not allowed. There should be no more than 20 references. Up to 2 authors are accepted.

IMAGES IN MEDICINE

Any kind of images (clinical, endoscopic, radiography, microbiological, pathological) of common medical conditions with visual remarks for learning are suitable for this section. The text is limited to a maximum of 200 words. Graphics resources (arrows, asterisk, etc..) can be mandatory for visual remarks. Articles of this section can be selected only for the Web edition.

SCIENTIFIC LETTERS
Letters containing original investigation with small number of cases and with an specific conclusion are the first choice for this section. Letters should contain fewer than 700 words, one table or figure and must contain no more than 5 references. Up to 3 authors are accepted.

**LETTERS TO THE EDITOR**

Letters related to articles published by the journal are the first choice for this section as well as letters providing opinions and unusual observations and experiences. The letters related with published articles must be received within three weeks after the publication of the article and will be sent to the author of the article, who will have 4 weeks in which to answer. Letters should contain fewer than 700 words, one table or figure, and must contain no more than 5 references. After publication of the reply, no further correspondence will be accepted. Up to 3 authors are accepted.

The editorial office will inform authors of manuscript acceptance by the Editorial Board. In accordance with the referees’ reports, papers may be rejected or modifications suggested, if necessary. Authors are entirely responsible for the views, conclusions and methods presented in their manuscripts.

Practical information at submission

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<th>Abstract</th>
<th>References</th>
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You can send your manuscript at http://ees.elsevier.com/medcli/

**Language**

This journal is published in Spanish and in English language.

**Submission checklist**

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• Include keywords
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Further considerations
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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.

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PREPARATION
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use the word processor's options to justify text or to hyphenate words. However, do use bold
face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid,
use only one grid for each individual table and not a grid for each row. If no grid is used, use
tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar
to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that
source files of figures, tables and text graphics will be required whether or not you embed your
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To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-
check' functions of your word processor.

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Subdivision - unnumbered sections
Divide your article into clearly defined sections. Each subsection is given a brief heading. Each
heading should appear on its own separate line. Subsections should be used as much as
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'the text'.

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State the objectives of the work and provide an adequate background, avoiding a detailed
literature survey or a summary of the results.

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be indicated by a reference: only relevant modifications should be described.

Results
Results should be clear and concise.

Discussion
This should explore the significance of the results of the work, not repeat them. A combined
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Conclusions
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.
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A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

The headings will consist of: «Introduction and Objectives», «Patients or Materials and Methods», «Results» y «Conclusions».

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Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. 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.).

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List funding sources in this standard way to facilitate compliance to funder’s requirements:

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