

# INSTRUCTIONS TO CONTRIBUTORS, REVISTA ESPAÑOLA DE CARDIOLOGÍA

REVISTA ESPAÑOLA DE CARDIOLOGÍA, is an international scientific journal dealing with cardiovascular medicine.

REVISTA ESPAÑOLA DE CARDIOLOGÍA, the official publication of the Spanish Society of Cardiology, publishes research articles related to cardiovascular diseases. Articles are published in Spanish for the paper edition and in both Spanish and English in the electronic edition, which is available on the Internet. Regular sections include original articles reporting clinical or basic research, brief reports, review articles, editorials and letters to the Editor.

The electronic edition of REVISTA ESPAÑOLA DE CARDIOLOGÍA contains the complete version of the journal in Spanish and English and can be found at the following address: [www.revespcardiol.org](http://www.revespcardiol.org).

All original manuscripts will be peer reviewed by specialists appointed by the editors. Submission of a manuscript to REVISTA ESPAÑOLA DE CARDIOLOGÍA implies that it is the author's original work, and that it has not been published or has not been sent for peer review elsewhere. Editorials and review articles are written for publication by invitation of the Editor.

Accepted papers become the property of the Spanish Society of Cardiology and permission must be granted if a published paper is to be reproduced partially or in full. All authors of an article must sign a letter transferring copyright once the paper has been accepted.

## Submit a Paper

REVISTA ESPAÑOLA DE CARDIOLOGÍA now has an online submission and peer review website (known as EES) <http://ees.elsevier.com/rec>. Simply log onto EES and follow the onscreen instructions for submission. For any questions, contact [rec@revespcardiol.org](mailto:rec@revespcardiol.org)

## Ethical guidelines

Authors who submit a manuscript accept full responsibility for its content as defined by the International Committee of Editors of Medical Journals (see [www.icmje.org](http://www.icmje.org) and *Rev Esp Cardiol.* 2004;57:538-56).

The research reported in papers sent to REVISTA ESPAÑOLA DE CARDIOLOGÍA should be carried out in accordance with internationally accepted recommendations for clinical investigation (Declaration of Helsinki, in the recently revised version of the World Medical Association; see [www.wma.net/e/policy](http://www.wma.net/e/policy)), or recommendations for laboratory research involving animals published by the American Physiological Society. Randomized studies should follow the CONSORT guidelines.

## Conflict of interest

Whenever authors maintain any relationship with a public or private entity that might lead to a potential conflict of interest, this circumstance must be explained to the Editor.

Authors must fill out the form for disclosure of potential conflict of interest (available at: [www.revespcardiol.org/eng/-Conflictinterest.pdf](http://www.revespcardiol.org/eng/-Conflictinterest.pdf)).

## Data protection

The personal data we have requested from you will be handled by an automatic database which is the property of the Sociedad Española de Cardiología (SEC; Spanish Society of Cardiology) in order to facilitate the publication of your article in REVISTA ESPAÑOLA DE CARDIOLOGÍA (REC; Spanish Journal of Cardiology). Unless otherwise

stated, by submitting your article you expressly authorize that your name, surname, contact address and email will be published in REC, the annual summary published by SEC on CD, and on the webpage ([www.secardiologia.es](http://www.secardiologia.es)) in order to acknowledge authorship of the article and to assist readers in contacting you.

## INSTRUCTIONS FOR AUTHORS

All manuscripts must follow the style of REVISTA ESPAÑOLA DE CARDIOLOGÍA. It is understood that the first author takes responsibility for following the guidelines and that the other authors are aware of them, have participated in preparing the manuscript and fully agree on its content.

### 1. Original articles

Document form:

- Double spaced, with margins of 2.5 cm and numbered pages.
- The manuscript should not exceed 5,000 words, counting the title page and all other pages except tables.
- It consists of two separate documents: first page and manuscript.
- The order of sections in the manuscript should be as follows: a) structured abstract in English, and key words; b) list of abbreviations; c) body of the text; d) references; e) figure legends; f) tables (optional); and g) figures (optional).

First page

- Title and abbreviated title (fewer than 80 characters) in English.
- Name(s) and surname(s) of the author(s) in the following order: first name, middle initial if any, first surname and second surname (optional).
- Research center(s) the author(s) is(are) affiliated with (department, institution, city and country) and source(s) of funding, if any.
- Full postal address, telephone and fax number and e-mail address of the corresponding author, to whom all communication and proofs will be sent.
- Word count (excluding tables) should be specified.

Structured abstract

- The abstract (maximum 250 words) should be structured in four sections: a) Introduction and Objectives; b) Methods; c) Results, and d) Conclusions.
- The abstract is self-explanatory and should not contain references or abbreviations other than units of measure.
- From 3 to 10 key words are to be appended to the abstract. Key words should preferably be chosen from the list published by REVISTA ESPAÑOLA DE CARDIOLOGÍA, which is derived from the Medical Subject Headings (MeSH) of the National Library of Medicine. Available at: [www.nlm.nih.gov/mesh/meshhome.html](http://www.nlm.nih.gov/mesh/meshhome.html)

Text

- The body of the article should consist of the following sections: a) Introduction; b) Methods; c) Results; d) Discussion; and e) Conclusions or Clinical Implications. Sections should be appropriately subdivided and subtitled.
- Fewer than 6 abbreviations should be used. They should be properly introduced in the text and included in a list of abbreviations on a separate page.

- Units of measure used are those recommended in Rev Esp Cardiol. 2004;57:538-56.
- Acknowledgments should appear at the end of the text.

#### References

- References are to be listed numerically, in superscript format, in the order they first appear in the text.
- References include no mention of personal communications or unpublished data. Such references, however, may be included within brackets in the text.
- When abstracts are cited, they should be identified as such, [abstract] within square brackets after the title, and they should be less than two years old.
- Medical journals are referred to with the abbreviated titles that are used by Index Medicus: List of Journals Indexed, as they are published in the January issue of each year. Available at: [www.ncbi.nlm.nih.gov/entrez/citmatch\\_help.html#JournalLists](http://www.ncbi.nlm.nih.gov/entrez/citmatch_help.html#JournalLists).
- Style and punctuation of references follows the format recommended in Rev Esp Cardiol. 2004;57:538-56.

*Medical journal.* List authors without commas before their initials or periods after them. Initials should appear as capital letters. If more than six authors signed an article, only the first six should be listed, followed by the Latin abbreviation "et al". Example:

1. González M, Ruiz Ros JA, Pérez-Paredes M, Lozano ML, Giménez DM, Martínez-Corbalán F, et al. Efecto de la administración precoz de pravastatina en los valores de proteína C reactiva y de interleucina 6 en la fase aguda del infarto de miocardio con elevación del segmento ST. Rev Esp Cardiol. 2004;57:916-23.

*Book chapter.* Authors, chapter title, editors, book title, city, publisher, year and page numbers. Example:  
23. Nabel EG, Nabel GJ. Gene therapy for cardiovascular disease. In: Haber E, editor. Molecular cardiovascular medicine. New York:Scientific American, 1995; p. 79-96.

*Book.* Cite the specific pages. Example:  
30. Cohn PF. Silent Myocardial Ischemia and Infarction. 3rd ed. New York: Marcel Dekker, 1993; p. 33.

*Electronic source.* Article from an electronic journal. Give the date of consultation (day/month/year). Example:  
15. Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis (e-journal) 1995 Jan-Mar (accessed 05/06/1996). Available at: [www.cdc.gov/ncidod/EID/eid.htm](http://www.cdc.gov/ncidod/EID/eid.htm)

References should be sent as standard text.

#### Figures

- Line drawings or graphs should preferably be sent in TIFF or JPEG format, with a resolution higher than 300 dpi. Figures are designated by Arabic numerals, ordered as they appear in the text.

- Figures, symbols, letters, etc. must be large enough to be read easily when the figure is reduced. Details must be pointed out with arrows. High contrast marking and letters should be used for all symbols or letters added to the figure.
- Figure legends are provided on a separate sheet. At the end of each legend, abbreviations are identified in alphabetical order.
- Figures include no information that would allow a patient or hospital to be identified. Patient photographs must be taken in a way that ensures anonymity, or the consent of that patient must also be sent.

#### Tables

- Arabic numerals are used to number the tables in the order of their appearance in the text.
- Each table is presented double spaced on a separate sheet.
- The title appears at the top and abbreviations appear in alphabetical order at the bottom.
- The content is self-explanatory and information is not repeated in the text or in figures.

#### 2. Brief Reports

Only articles with a minimum of 3 patients will be accepted.

- Double spaced, with 2.5 cm margins
- First page (maximum 8 authors), references, figures and tables are presented as described above for original articles.
- The manuscript is subdivided as follows: *a)* unstructured abstract in English (fewer than 150 words), with 3-5 key words; *b)* introduction; *c)* methods; *d)* results; *e)* discussion; *f)* references; *g)* figure legends; *h)* tables (optional); and *i)* figures (optional).
- The manuscript should not exceed 2,000 words, excluding tables.
- The paper should include no more than 3 figures and two tables.

#### 3. Letters to the editor

- Clinical cases with 1 or 2 patients should be submitted as letter to the Editor.
- Double spaced, with margins of 2.5 cm.
- The title, the names of the authors (maximum 4), their affiliations, addresses and the word count are given as instructed for original articles.
- The manuscript should not exceed 800 words, excluding tables.
- The paper includes no more than 2 figures and no tables.

#### 4. Images in cardiology

- Double spaced, with margins of 2.5 cm.
- The title contains less than 8 words.
- The authors (maximum 3), their affiliation and addresses are presented as described for original articles.
- The accompanying text should not exceed 250 words and should contain information of clear relevance, with no bibliographic references or figure legend. All symbols evident in the images should be adequately explained in the accompanying text.
- The paper includes no more than 3 figures.

## KEY WORDS

### A

Ablation  
Accessory pathway  
Acetylcholine  
Adenosine  
AIDS  
Alcohol  
Amino acids  
Amyloid  
Anemia  
Anesthesia  
Aneurysm  
Angiogenesis  
Angiography  
Angiotensin  
Angiotensin inhibitors  
Anisotropy  
Antiarrhythmic agents  
Antibodies  
Anticoagulants  
Antigens  
Antioxidants  
Aorta  
Aortic regurgitation  
Aortic valve stenosis  
Apolipoproteins  
Apoptosis  
Arrhythmia  
Aspirin  
Atherosclerosis  
Atherosclerotic plaque  
Atrial fibrillation  
Atrial flutter  
Atrial natriuretic factor  
Atrial septal defect  
Atrioventricular node  
Atrium  
Autonomic nervous system

### B

Balloon counterpulsation  
Baroreceptors  
Basic research  
Beta-blockering agents  
Biomechanical stress  
Biopsy  
Blood pressure  
Bradykinin  
Brain  
Bundle-branch block

### C

Calcium  
Calcium antagonists  
Calcium channels  
Capillaries  
Cardiac arrest  
Cardiac morphogenesis  
Cardiac output  
Cardiac tamponade  
Cardiomyopathy

Cardioplegia  
Cardiopulmonary bypass  
Cardiopulmonary resuscitation  
Cardioversion  
Carotid arteries  
Catecholamines  
Catheter ablation  
Catheterization  
Catheters  
Cerebral infarction  
Cerebral ischemia  
Cerebrovascular circulation  
Cerebrovascular disorders  
Cholesterol  
Circadian rhythm  
Circulation  
Circulatory assistance  
Clinical trials  
Coagulation  
Coarctation  
Cocaine  
Collagen  
Collateral circulation  
Complications  
Conduction  
Congenital defects  
Congenital heart disease  
Contractility  
Contrast media  
Converting enzyme inhibitors  
Coronary angiography  
Coronary angioplasty  
Coronary bypass grafting  
Coronary disease  
Cost-benefit analysis  
C-reactive protein  
Creatine kinase

### D

Defibrillator  
Depolarization  
Diabetes mellitus  
Diagnosis  
Diastole  
Diet  
Diuretics  
Drugs  
Ductus arteriosus

### E

Echocardiography  
Edema  
Electrical stimulation  
Electrocardiography  
Electrophysiology  
Embolism  
Endocarditis  
Endocardium  
Endothelin  
Endothelium  
Endothelium-derived factors

Enzymes  
Epidemiology  
Epithelium  
Excitation  
Exercise

### F

Fatty acids  
FGF  
Fibrillation  
Fibrin  
Fibrinogen  
Fibrinolysis  
Fibrosis  
Fistula  
Follow-up studies  
Fontan procedure  
Fourier analysis  
Free radicals

### G

Gender  
Gene mutation  
Gene targeting  
Gene therapy  
Gene transfer  
Genetic models  
Genetics  
Geriatric medicine  
Glucose  
Glycoproteins

### H

Heart block  
Heart defects, congenital  
Heart failure  
Heart rate  
Hemodynamics  
Hemoglobin  
Hemorrhage  
Heparin  
Hibernation  
High density lipoproteins (HDL)  
Hormones  
Human genome project  
Hypercholesterolemia  
Hyperlipoproteinemia  
Hypertension, pulmonary arterial  
Hypertension, systemic arterial  
Hypertrophy  
Hypoxia

### I

Imaging  
Immune system  
Immunohistochemistry  
Immunology  
Infection  
Inflammation  
Inheritance  
Inotropic agents

Insulin  
Interleukins  
Ions  
Isotopes

**K**  
Kidney

**L**  
Laser  
Left ventricle  
Lesion  
Leukocytes  
Lifestyle  
Lipids  
Lipoproteins  
Liver  
Long-QT syndrome  
Low density lipoproteins (LDL)  
Lung  
Lymphocytes

**M**  
Macrophages  
Magnetic resonance imaging  
Mapping  
Meta-analysis  
Metabolism  
Microcirculation  
Mitral regurgitation  
Mitral stenosis  
Mitral valve  
Molecular biology  
Molecular medicine  
Muscle, smooth  
Muscles  
Myocardial contraction  
Myocardial infarction  
Myocardial ischemia  
Myocardial stunning  
Myocarditis  
Myocardium  
Myocytes  
Myoglobin  
Myosin

**N**  
Natriuretic peptides  
Nervous system  
Nitric oxide  
Nitroglycerin  
Norepinephrine  
Nuclear medicine

**O**  
Obesity  
Obstruction  
Occlusion  
Oxidative stress  
Oxygen

**P**  
Pacemakers  
Pacing

Pathology  
Pediatrics  
Peptides  
Perfusion  
Pericardial effusion  
Pericarditis  
Pericardium  
Peripheral arterial disease  
Peripheral vascular disease  
Pharmacokinetics  
Pharmacology  
Phosphates  
Physiology  
Plasma  
Plasminogen  
Plasminogen activators  
Platelet aggregation inhibitors  
Platelet-derived factors  
Platelets  
Polymerase chain reaction  
Population  
Potassium  
Potentials  
Pregnancy  
Pressure  
Prognosis  
Prostaglandins  
Proteins  
Pulmonary disease  
Pulmonary regurgitation  
Pulmonary valve stenosis

**R**  
Radiofrequency  
Radiography  
Radioisotopes  
Receptors  
Receptors, adrenergic, alpha  
Receptors, adrenergic, beta  
Reentry  
Reflex  
Regional blood flow  
Registry  
Regurgitation  
Rejection  
Remodeling  
Renin  
Reperfusion  
Respiration  
Restenosis  
Revascularization  
Rheumatic heart disease  
Right ventricle  
Risk factors  
RNA

**S**  
Scintigraphy  
Shock  
Shunt  
Sinoatrial node  
Sleep  
Smoking  
Smooth muscle cell

Sodium  
Stable angina  
Statistics  
Stenosis  
Stent  
Streptokinase  
Stress  
Stroke  
Structure  
Subaortic stenosis  
Sudden death  
Surgery  
Survival  
Syncope  
Syndrome X

**T**  
Tachyarrhythmias  
Tachycardia  
Test  
Tetralogy of Fallot  
Thrombolysis  
Thrombosis  
Thromboxane  
Thrombus  
Thyroid  
Tomography  
Torsade de pointes  
Transgenesis  
Transplantation  
Transposition of the great arteries  
Tricuspid regurgitation  
Tricuspid stenosis  
Troponine  
Truncus arteriosus

**U**  
Ultrasound  
Unstable angina  
Urokinase

**V**  
Valves  
Valvular prosthesis  
Valvuloplasty  
Valvulotomy  
Vascular biology  
Vasoconstriction  
Vasodilation  
Vasospasm  
VEGF  
Veins  
Ventilation  
Ventricular fibrillation  
Ventricular septal defect  
Vessels  
Virus  
Von Willebrand factor

**W**  
Waves  
Wolff-Parkinson-White syndrome