Editorial

Style and substance: further improvements

A year ago the *British Heart Journal* made important changes to its appearance and at the same time introduced more variation into its contents, which were expanded to include new sections on technology, news about the British Cardiac Society, historical vignettes, and reviews of selected books.¹ The larger format, enhanced quality of illustrations, and altered layout gave greater flexibility in presenting material; and the response from readers has been favourable.

More informative abstracts

But change is not something done in one fell swoop. Now that these modifications have been tested we will continue the process. Our wish to have structured abstracts² will be implemented and advice on how to prepare them is reprinted below. We have extracted our guidelines on structured abstracts from a recent paper in the *Annals of Internal Medicine*.³ The detailed headings—Objective, Design, Setting, Patients (Participants), Interventions, Main outcome measures, Results, Conclusions—cannot be applied to all papers, but where they can we propose to use them as a framework for organisation and will not necessarily print the headings. Some of the headings, such as “Setting”, use terms more suited to North American practice, and the local equivalent reflecting the background of the author(s) and their work will be acceptable; so, too, will the recommendations of the *New England Journal of Medicine*, which are to specify Background, Methods, Results, and Conclusions, sometimes combining two of the first three headings, when appropriate.⁴

We will welcome all submitted articles that use this format, but the change will be a progressive one that we plan to implement during 1991. Some articles are already in the press, so no immediate change is possible. But new articles should now be submitted with “more informative abstracts”. Should articles already with us need to be returned to authors for amendment, we will ask for the abstract to be rewritten. We expect that in the second

volume of the *British Heart Journal* for 1991 the abstracts in the new style will prevail.

Avoiding duplicate publication

Like the *British Medical Journal*, our publishers,⁵ we want to avoid repetitive publication. The problems that this raises are restated clearly by the new editors of the *Annals of Internal Medicine*, whose views are well worth reading.⁶ We urge authors who are in doubt about previous letters or papers they may have written on the same topic to raise this point in the covering letter, when they submit their paper, so that we can offer advice at an early stage.

We beg to differ with those who think that these matters are of editorial concern only. Specialty journals, such as the *British Heart Journal*, are often edited by part time editors who are also authors themselves. That our interests are mutual is set out most clearly in a perceptive analysis of the role of the medical author by Fye, a distinguished practising cardiologist who is also renowned for his literary and historical accomplishments.⁷ All will endorse his hope that “growing awareness of the problems of the ‘publish or perish’ ethic” will enable us to achieve the aim that “quality rather than quantity will be the bench mark of success”. The changes that we are now implementing are directed towards this goal and will be followed by other journals; readers and authors should be reassured that we are constantly seeking ways by which we can enhance the quality of the *British Heart Journal*.

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Editor

- 1 Krikler DM, Dawson J. British Heart Journal: content . . . and style. *Br Heart J* 1990;63:1–2.
- 2 Lock S. Structured abstracts. *Br Med J* 1988;297:156.
- 3 Haynes RB, Mulrow CD, Huth EJ, Altman DG, Gardner MJ. More informative abstracts revisited. *Ann Intern Med* 1990;113:69–76.
- 4 Relman AS. New “information for authors”—and readers. *N Engl J Med* 1990;323:56.
- 5 Lock S. Publication: duplicate, salami, meat extender—all redundant. *Br Med J* 1989;298:1203–4.
- 6 The editors. Policy on repetitive publication and copyright: *Annals of Internal Medicine*. *Ann Intern Med* 1990;113:182.
- 7 Fye WB. Medical authorship: traditions, trends and tribulations. *Ann Intern Med* 1990;113:317–25.

Abbreviated instructions for authors on structured abstracts

Articles containing original data concerning the course (prognosis), cause (aetiology), diagnosis, treatment, prevention, or economic analysis of a clinical disorder or an intervention to improve the quality of health care should include a structured abstract of no longer than 250 words with the following headings and information:

Objective: State the main question or objective of the study and the major hypothesis tested, if any.

Design: Describe the design of the study indicating, as appropriate, use of randomisation, blinding, criterion standards for diagnostic tests, temporal direction (retrospective or prospective), and so on.

Setting: Indicate the study setting, including the level of clinical care (for example, primary or tertiary; private practice or institutional).

Patients, Participants: State selection procedures, entry criteria, and numbers of participants entering and finishing the study.

Interventions: Describe the essential features of any interventions, including their method and duration of administration.

Main Outcome Measure(s): The primary study outcome measures should be indicated as planned before data collection began. If the hypothesis being reported was formulated during or after data collection, this fact should be clearly stated.

Results: Describe measurements that are not evident from the nature of the main results and indicate any blinding. If possible, the results should be

accompanied by confidence intervals (most often the 95% interval) and the exact level of statistical significance. For comparative studies confidence intervals should relate to the differences between groups. Absolute values should be indicated when risk changes or effect sizes are given.

Conclusions: State only those conclusions of the study that are directly supported by data, along with their clinical application (avoiding overgeneralisation) or whether additional study is required before the information should be used in usual clinical settings. Equal emphasis must be given to positive and negative findings of equal scientific merit.

Abstracts for review articles should have the following headings and information:

Objective: State the primary objective of the review article.

Data Sources: Describe the data sources that were searched, including dates, terms, and constraints.

Study Selection: Identify the number of studies reviewed and the criteria used for their selection.

Data Extraction: Summarise guidelines used for abstracting data and how they were applied.

Data Synthesis: State the main results of the review and the methods used to obtain these results.

Conclusions: State primary conclusions and their clinical applications, avoiding overgeneralisation. Suggest areas for additional research if needed. (Further details can be obtained from: Haynes RB, *et al.* More informative abstracts revisited. *Ann Intern Med* 1990;113:69–76.)