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By

Prof. Yuh-Shan Ho

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[Title: Business and Society 2029](#_Toc420814863)

# Title: AAA-Arbeiten aus Anglistik und Amerikanistik

Full Journal Title: AAA-Arbeiten aus Anglistik und Amerikanistik

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0171-5410

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bernhart, W. and Zach, W. (1984), In honor of Stanzel, Franz, K. 60th birthday - a bibliography of his works and works quoting him compiled from the Arts and Humanities Citation Index. *AAA-Arbeiten aus Anglistik und Amerikanistik*, **9** (1), 3-21.

# Title: Abacus-A Journal of Accounting and Business Studies

Full Journal Title: [Abacus-A Journal of Accounting and Business Studies](http://www3.interscience.wiley.com/journal/118480526/home)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

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Full Text: [1992\Aba- J Acc Bus Stu28, 168.pdf](1992/Aba-%20J%20Acc%20Bus%20Stu28,%20168.pdf)

Abstract: This study examines whether any regularity exists in the publication pattern among accounting researchers. The empirical results reveal that a strong bibliometric regularity exists in the accounting literature: the number of authors publishing in papers is approximately 1/n(c) of those publishing one paper. It is shown that the accounting literature conforms very well to the model with c=1.872 if data are taken from a large collection of journals. When applied to individual journals, the result shows that values of c range from 2.220 to 4.368. The graduates of seven graduate programs are found to account for more than one-third of the most prolific authors, indicating strong institutional dominance in the production of accounting literature.

Keywords: Bibliometric, Concentration, Journals, Literature, Model, Publication, Publishing, Research, Research Output, Researchers

# Title: Abstracts of Papers of the American Chemical Society

Full Journal Title: Abstracts of Papers of the American Chemical Society

ISO Abbreviated Title: Abstr. Pap. Am. Chem. Soc.

JCR Abbreviated Title: Abstr Pap Amer Chem Soc

ISSN: 0065-7727

Issues/Year:

Journal Country/Territory:

Language:

Publisher: Amer Chemical Soc, Washington

Publisher Address:

Subject Categories:

: Impact Factor

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Keywords: Chemistry, Citation, Science Citation Index

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Keywords: Authors

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Keywords: Science Citation Index

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Keywords: Chemistry, Mar, Top 100

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Keywords: Analysis, Application, Bibliometric, Bibliometric Analysis, Discovery, Drug, Drug Discovery, Information, Public

# Title: Academia-Revista Latinoamericana de Administracion

Full Journal Title: Academia-Revista Latinoamericana de Administracion

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

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Full Text: [2008\Aca-Rev Lat Adm41, V.pdf](2008/Aca-Rev%20Lat%20Adm41,%20V.pdf)

Abstract: This issue -on research in marketing in Latin America-includes six articles, an essay, and a case study, written by researchers from Brazil, Chile, Spain, Mexico and Nicaragua. The introductory essay, written by the issue’s guest editor, analyzes the challenges of market research in our region, especially in focusing on priority real and global problems, such as generating more research cases. The articles deal with female and male stereotypes in advertising, changes in the consumers’ expectations with respect to different types of shops, the consumer experience as a determining factor of satisfaction, perceived value and consumer loyalty, customer satisfaction and dissatisfaction with respect to Internet banking, an instrument to measure consumer based brand equity components, and whether internet advertising can improve the efficiency of advertising. The case study is about Unilever’s decision to change the name of a shampoo brand for the Central American region. At the end of a ten year period -the second stage of the magazine- we have received ISI (Social Sciences Citation Index) indexing. This issue is an academic contribution that deals with factors that affect our countries such as managing some of the challenges, supporting the practice of marketing, and the issue of competitiveness.

Keywords: Advertising, Brazil, Case Study, Changes, Chile, Citation, Decision, Efficiency, Equity, Expectations, Experience, Female, Global, Indexing, Internet, ISI, Male, Market, Marketing, Measure, Mexico, Nicaragua, Practice, Region, Research, Satisfaction, Second Stage, Social Sciences, Social Sciences Citation Index, Spain, Value

# Title: Academic Emergency Medicine

Full Journal Title: [Academic Emergency Medicine](http://global.umi.com/pqdweb?TS=0&JSEnabled=1&RQT=317&SK=2&ScQ=000046162&TS=1047692192)

ISO Abbreviated Title: Acad. Emerg. Med.

JCR Abbreviated Title: Acad Emerg Med

ISSN: 1069-6563

Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Hanley & Belfus Inc

Publisher Address: 210 s 13th St, Philadelphia, PA 19107

Subject Categories:

Emergency Medicine: Impact Factor 1.144, 3/12 (2001)

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Full Text: [1995\Aca Eme Med2, 651.pdf](1995/Aca%20Eme%20Med2,%20651.pdf)

Abstract: Purpose: To determine whether inhaled ipratropium bromide provides an additive, clinically important improvement in children with acute asthma who are being treated with beta(2)-agonists. Methods: An English-language literature search was conducted employing MEDLINE (1966 to 1992), Science Citation Index (1986 to 1992) using key citations, bibliographic reviews of primary research and review articles, and correspondence with authors of recent articles. After independent review by two observers, six studies were selected on the basis of prespecified selection criteria. Two observers independently assessed the selected papers by using explicit methodologic criteria for evaluating the quality of studies dealing with therapeutic intervention. Results: None of the six studies found a significant difference in clinical rating score, admission rate; or length of stay in hospital between the ipratropium bromide and the control groups. The three studies with the highest methodologic validity measured the change in percentage predicted forced expiratory volume in 1 second (FEV(1)) from baseline to 60 minutes. The pooled effect size (95% CI) for these studies was 0.88 (0.42-1.34), which translates to an improvement in percentage predicted FEV(1) over the control group of 12.5% (95% CI, 6.6-18.4). In a subset of 23 children who had severe airway obstruction, peak expiratory flow rate (PEFR) responded better to a beta(2)-agonist alone (p = 0.007). Conclusion: the existing evidence reveals that the addition of ipratropium bromide to a beta(2)-agonist offers a statistically significant improvement in percentage predicted FEV(1) but no clinical improvement. As it may cause deterioration in PEFR in severely asthmatic children, ipratropium bromide should not be used universally for acute childhood asthma until further research determines the clinical significance of these spirometric changes.

Keywords: Additive, Airway, Asthma, Childhood, Children, Citations, Clinical, Clinical Significance, Control, Fenoterol, Flow, Flow Rate, Forced Expiratory Volume, Group, Groups, Hospital, Inhalation, Intervention, Ipratropium Bromide, Key, Length of Stay, Management, MEDLINE, Metaanalysis, Pediatrics, Quality, Recent, Research, Review, Reviews, Salbutamol, Science Citation Index, Selection, Size, Validity

? Federiuk, C.S. (1999), The effect of abbreviations on MEDLINE searching. *Academic Emergency Medicine*, **6** (4), 292-296.

Full Text: [1999\Aca Eme Med6, 292.pdf](1999/Aca%20Eme%20Med6,%20292.pdf)

Abstract: Objective: To determine the effect of the use of abbreviations and acronyms on citation retrieval in MEDLINE searches. Methods: Twenty common medical abbreviations that retrieved a minimum of 400 citations each in MEDLINE text, word searches were studied. Each abbreviation was entered in a MEDLINE subject search to determine whether it mapped to an appropriate medical subject heading (MeSH) term. The MeSH category and the number of citations retrieved were recorded. The abbreviation and its definition were each entered in separate text word searches, and the number of citations retrieved was recorded. Sets were combined to determine the number of identical and unique citations retrieved in the searches. Results: MEDLINE recognized all 20 abbreviations and mapped them to appropriate MeSH headings. MeSH term assignment, however, may be case- and space-sensitive, MeSH term searches retrieved more citations than text word searches for 18 of 20 abbreviations. Comparison of the document sets yielded by each search method revealed a subset of citations common to each. Although all sets retrieved showed overlap, no two were identical. In addition, each citation set contained a proportion of unique documents. Conclusion: Retrieval of all unique citations required three searches; subject with abbreviation, text word with abbreviation, and text word with definition. These results have important implications for MEDLINE. users.

Keywords: Abbreviations, End-User, Information Storage and Retrieval, MEDLINE, Review Literature, Subject Headings

? Gaeta, T.J. (1999), Authorship: “law” and order. *Academic Emergency Medicine*, **6** (4), 297-301.

Full Text: [1999\Aca Eme Med6, 297.pdf](1999/Aca%20Eme%20Med6,%20297.pdf)

Abstract: Publication is a marker of academic success. In academia, appointments and promotions are in many cases strongly linked to the candidate’s bibliography. The “publish or perish” mindset has placed extraordinary pressures on scientists and academic physicians alike. Authorship controversies have received considerable attention in the medical literature. Although guidelines are available to help determine how attribution should be acknowledged, anecdotal experiences with disputes associated with authorship continue to exist. This paper addresses several key problems facing authorship. A discussion of who should be given authorship, the responsibilities of an author, and a method for assigning authorship in a multiauthored publication is provided.

Keywords: Authorship, Publication, Ethics, Coauthorship

? Feeser, V.R. and Simon, J.R. (2008), The ethical assignment of authorship in scientific publications: Issues and guidelines. *Academic Emergency Medicine*, **15** (10), 963-969.

Full Text: [2008\Aca Eme Med15, 963.pdf](2008/Aca%20Eme%20Med15,%20963.pdf)

Abstract: Properly assigning authorship of academic papers is often an ethical challenge. Through a hypothetical case study, the authors examine some of the potential ethical issues involved in determining who should and should not be listed as an author: the problems of honorary authorship, coerced authorship, and ghost authorship, as well as the question of how to order authors. Guidelines for avoiding and negotiating these issues are also discussed. ACADEMIC EMERGENCY MEDICINE 2008; 15:963-969 (C) 2008 by the Society for Academic Emergency Medicine.

Keywords: Authors, Authorship, Case Study, Challenge, Emergencies, Emergency, Emergency Medicine, Emergency-Medicine, Ethical, Ethical Issues, Ethics, Honorary, Medical Journals, Medicine, Naproxen, Negotiating, Paper, Papers, Potential, Prevalence, Proposal, Publications, Research, Rheumatoid-Arthritis, Rofecoxib, System, Upper Gastrointestinal Toxicity

? Wing, A., Villa-Roel, C., Yeh, B., Eskin, B., Buckingham, J. and Rowe, B.H. (2010), Effectiveness of corticosteroid treatment in acute Pharyngitis: A systematic review of the literature. *Academic Emergency Medicine*, **17** (5), 476-483.

Full Text: [2010\Aca Eme Med17, 476.pdf](2010/Aca%20Eme%20Med17,%20476.pdf)

Abstract: Objectives: the objective was to examine the effectiveness of corticosteroid treatment for the relief of pain associated with acute pharyngitis potentially caused by group A beta-hemolytic Streptococcus (GABHS). Methods: This was a systematic review of the literature. Data sources used were electronic databases (Cochrane Library, MEDLINE, EMBASE, Biosis Previews, Scopus, and Web of Science), controlled trial registration websites, conference proceedings, study references, experts in the field, and correspondence with authors. Selection criteria consisted of randomized controlled trials (RCTs) in which corticosteroids, alone or in combination with antibiotics, were compared to placebo or any other standard therapy for treatment of acute pharyngitis in adult patients, pediatric patients, or both. Two reviewers independently assessed for relevance, inclusion, and study quality. Weighted mean differences (WMDs) were calculated and are reported with corresponding 95% confidence intervals (CIs). Results: From 272 potentially relevant citations, 10 studies met the inclusion criteria. When compared to placebo, corticosteroids reduced the time to clinically meaningful pain relief (WMD = -4.54 hours; 95% CI = -7.19 to -1.89); however, they provided only a small reduction in pain scores at 24 hours (WMD = -0.90 on a 0-10 visual analog scale; 95% CI = -1.5 to -0.3). Heterogeneity among pooled studies was identified for both outcomes (I(2) = 81 and 74%, respectively); however, the GABHS-positive subgroup receiving corticosteroid treatment did have a significant mean reduction in time to clinically meaningful pain relief of 5.22 hours (95% CI = -7.02 to -3.42; I(2) = 0%). Short-term side effect profiles between corticosteroids and placebo groups were similar. Conclusions: Corticosteroid administration for acute pharyngitis was associated with a relatively small effect in time to clinically meaningful pain relief (4.5-hour reduction) and in pain relief at 24 hours (0.9-point reduction), with significant heterogeneity in the pooled results. Decision-making should be individualized to determine the risks and benefits; however, corticosteroids should not be used as routine treatment for acute pharyngitis. ACADEMIC EMERGENCY MEDICINE 2010; 17:476-483 (C) 2010 by the Society for Academic Emergency Medicine.

Keywords: Acute Exudative Pharyngitis, Adjuvant Therapy, Adult, Antibiotics, Authors, Children, Citations, Cochrane, Confidence Intervals, Controlled-Trial, Correspondence, Corticosteroid, Databases, Decision Making, Decision-Making, Effectiveness, Efficacy, Embase, Emergency, Emergency-Medicine, Literature, Medicine, MEDLINE, Metaanalysis, Methods, Oral Dexamethasone, Outcomes, Pain, Pediatric, Pharyngitis, Randomized Controlled Trials, Registration, Review, Science, Scopus, Sore Throat, Streptococcal Pharyngitis, Systematic, Systematic Review, Therapy, Treatment, Web of Science, Websites

? Kuhn, G.J., Shayne, P., Coates, W.C., Fisher, J., Lin, M., Maggio, L.A. and Farrell, S.E. (2010), Critical appraisal of emergency medicine educational research: the best publications of 2009. *Academic Emergency Medicine*, **17** (10), S16-S25.

Full Text: [2010\Aca Eme Med17, S16.pdf](2010/Aca%20Eme%20Med17,%20S16.pdf)

Abstract: Objectives: the objective was to critically appraise and highlight methodologically superior medical education research specific to emergency medicine (EM) published in 2009. Methods: A search of the English language literature in 2009 querying Ovid MEDLINE In-Process & Other Non-Indexed Citations, Ovid MEDLINE 1950 to Present, Web of Science, Education Resources Information Center (ERIC), and PsychInfo identified 36 EM studies that used hypothesis-testing or observational investigations of educational interventions. Six reviewers independently ranked all publications based on 10 criteria, including four related to methodology, that were chosen a priori to standardize evaluation by reviewers. This was a refinement of the methods used to appraise medical education published in 2008. Results: Seven studies met the standards as determined by the averaged rankings and are highlighted and summarized here. This year, 16 of 36 (44%) identified studies had funding, compared to 11 of 30 (36%) identified last year; five of seven (71%) highlighted publications were funded in 2009 compared to three of five (60%) highlighted in 2008. Use of technology in medical education was reported in 14 identified and four highlighted publications, with simulation being the most common technology studied. Five of the seven (71%) featured publications used a quasi-experimental or experimental design, one was observational, and one was qualitative. Practice management topics, including patient safety, efficiency, and revenue generation, were examined in seven reviewed studies. Conclusions: Thirty-six medical education publications published in 2009 focusing on EM were identified. This critical appraisal reviews and highlights seven studies that met a priori quality indicators. Current trends are noted. ACADEMIC EMERGENCY MEDICINE 2010; 17:S16-S25 (C) 2010 by the Society for Academic Emergency Medicine.

Keywords: Citations, Continuing Medical Education, Critical, Critical Appraisal, Education, Education Research, Emergency, Emergency Medicine, Emergency-Medicine, Environment, Evaluation, Experience, Funding, Graduate Medical Education, High-Fidelity Simulation, Interventions, Literature, Management, Medical, Medicine, MEDLINE, Methodology, Methods, Perceptions, Performance, Practice, Publications, Qualitative Research, Quality Indicators, Real-Time, Reliability, Research, Residents, Safety, Science, Standards, Topics, Training-Program, Trends, Undergraduate Medical Education, Web of Science

? Rowe, B.H., Guo, X.Y., Villa-Roel, C., Schull, M., Holroyd, B., Bullard, M., Vandermeer, B., Ospina, M. and Innes, G. (2011), The role of triage liaison physicians on mitigating overcrowding in emergency departments: A systematic review. *Academic Emergency Medicine*, **18** (2), 111-120.

Full Text: [2011\Aca Eme Med18, 111.pdf](2011/Aca%20Eme%20Med18,%20111.pdf)

Abstract: Objectives: the objective was to examine the effectiveness of triage liaison physicians (TLPs) on mitigating the effects of emergency department (ED) overcrowding. Methods: Electronic databases (Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, Web of Science, HealthSTAR, Dissertation Abstracts, and ABI/INFORM Global), controlled trial registry websites, conference proceedings, study references, contact with experts in the field, and correspondence with authors were used to identify potentially relevant TLP studies. Intervention studies in which a TLP was used to influence ED overcrowding metrics (length of stay [LOS] in minutes, physician initial assessment [PIA], and left without being seen [LWBS]) were included in the review. Two reviewers independently conducted data extraction and assessed the citation relevance, inclusion, and study quality. For continuous outcomes, weighted mean differences (WMD) were calculated and reported with corresponding 95% confidence intervals (CIs). For dichotomous variables, individual and pooled statistics were calculated as relative risk (RR) with 95% CI. Results: From 14,446 potentially relevant studies, 28 were included in the systematic review. Thirteen were journal publications, 12 were abstracts, and three were Web-based articles. Most studies employed before-after designs; 23 of the 28 studies were considered of weak quality. Based on the statistical pooling of data from two randomized controlled trials (RCTs), TLP resulted in shorter ED LOS compared to nurse-led triage (WMD =) -36.85 min; 95% CI =) -51.11 to -22.58). One of these RCTs showed a significant reduction in the PIA associated to TLP presence (WMD =) -30.00 min; 95% CI =) -56.91 to -3.09); the other RCT showed no change in LWBS due to a CI that included unity (RR = 0.82; 95% CI = 0.67 to 1.00). Conclusions: While the evidence summarized here suggests that to have a TLP is an effective intervention to mitigate the effects of ED overcrowding, due to the weak research methods identified, more research is required before its widespread implementation. ACADEMIC EMERGENCY MEDICINE 2011; 18:111-120 (C) 2011 by the Society for Academic Emergency Medicine.

Keywords: Assessment, Authors, Citation, Clinical-Trials, Cochrane, Confidence Intervals, Correspondence, Databases, Doctor, Effectiveness, EMBASE, Emergency, Emergency Department, Emergency-Medicine, Impact, Intervention, Intervention Studies, Journal, Journal Publications, Length of Stay, Medicine, MEDLINE, Methods, Metrics, Outcomes, Physicians, Publications, Randomized Controlled Trials, Relative Risk, Research, Review, Risk, Science, Statistical, Statistics, Systematic, Systematic Review, Web of Science, Websites

? Rowe, B.H., Villa-Roel, C., Guo, X.Y., Bullard, M.J., Ospina, M., Vandermeer, B., Innes, G., Schull, M.J. and Holroyd, B.R. (2011), The role of triage nurse ordering on mitigating overcrowding in emergency departments: A systematic review. *Academic Emergency Medicine*, **18** (12), 1349-1357.

Full Text: [2011\Aca Eme Med18, 1349.pdf](2011/Aca%20Eme%20Med18,%201349.pdf)

Abstract: Objectives: the objective was to examine the effectiveness of triage nurse ordering (TNO) on mitigating the effect of emergency department (ED) overcrowding. Methods: Electronic databases (Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, CINAHL, SCOPUS, Web of Science, HealthSTAR, Dissertation Abstracts, ABI/INFORM Global), controlled trial registry websites, conference proceedings, study references, experts in the field, and correspondence with authors were used to identify potentially relevant studies. Interventional studies in which TNO was used to influence ED overcrowding metrics (length of stay [LOS] and physician initial assessment [PIA]) were included in the review. Two reviewers independently assessed study eligibility and methodologic quality. Mean differences were calculated and reported with corresponding 95% confidence intervals (CIs). Results: From more than 14,000 potentially relevant studies, 14 were included in the systematic review. Most were single-center ED studies; the overall quality was rated as weak, due to methodologic deficiencies and variable outcome reporting. TNO was associated with a 37-minute mean reduction (95% CI = -44.10 to -30.30 minutes) in the overall ED LOS in one randomized clinical trial (RCT); a 51-minute mean reduction (95% CI = -56.3 to -45.5 minutes) was observed in non-RCTs. When applied to injured subjects with suspected fractures, TNO interventions reduced ED LOS by 20 minutes (95% CI = -37.5 to -1.9 minutes) in three RCTs and by 18 minutes (95% CI = -23.2 to -13.2) in two non-RCTs. No significant reduction in PIA was observed in two RCTs. Conclusions: Overall, TNO appears to be an effective intervention to reduce ED LOS, especially in injury and/or suspected fracture cases. The available evidence is limited by small numbers of studies, weak methodologic quality, and incomplete reporting. Future studies should focus on a better description of the contextual factors surrounding these interventions and exploring the impact of TNO on other indicators of productivity and satisfaction with health care delivery.

Keywords: Assessment, Authors, Care, Clinical Trial, Clinical-Trials, Cochrane, Confidence Intervals, Correspondence, Databases, Differences, Effectiveness, Embase, Emergency, Emergency Department, Fracture, Health Care, Health Care Delivery, Impact, Indicators, Injury, Intervention, Interventions, Length of Stay, Medicine, MEDLINE, Methods, Metrics, Outcome, Physician, Productivity, Quality, Randomized Clinical Trial, Randomized Controlled-Trial, Reduction, Review, Science, Scopus, Systematic, Systematic Review, Web of Science, Web-of-Science, Websites, X-Rays

? Carpenter, C.R., Sarli, C.C., Fowler, S.A., Kulasegaram, K., Vallera, T., Lapaine, P., Schalet, G. and Worster, A. (2013), Best evidence in emergency medicine (BEEM) rater scores correlate with publications’ future citations. *Academic Emergency Medicine*, **20** (10), 1004-1012.

Full Text: [2013\Aca Eme Med20, 1004.pdf](2013/Aca%20Eme%20Med20,%201004.pdf)

Abstract: BackgroundThe BEEM (best evidence in emergency medicine) rater scale was created for emergency physicians (EPs) to evaluate the physician-derived clinical relevance score of recently published, emergency medicine (EM)-related studies. BEEM therefore is designed to help make EPs aware of studies most likely to confirm or change current clinical practice. ObjectivesThe objective was to validate the BEEM rater score as a predictor of literature citation, using a bibliometric construct of clinical relevance to EM based on author-, document-, and journal-level measures (first and last author h-indices, number of authors including corporate and group authors, citations from date of publication to 2011, and journal impact factor scores) and study characteristics (design, category, and sample size). MethodsEach month from 2007 through 2012, approximately 200 EPs from around the world voluntarily reviewed the titles and conclusions of recently published EM-related studies identified by BEEM faculty via the McMaster Health Information Research Unit. Using the BEEM rater scale, a reliable seven-item instrument that evaluates the clinical relevance of studies, raters independently assigned BEEM scores to approximately 10 to 20 articles each month. Two investigators independently abstracted the bibliometric indices for these articles. A citation rate for each article was calculated by dividing the Thomson Reuters Web of Science (WoS) total citation count by the number ofyears in publication. BEEM rater scores were correlated with the citation rate using Spearman’s rho. The performance of the BEEM rater score was assessed for each article using negative binomial regression with composite citation count as the criterion standard, while controlling for other independent bibliometric variables in three models. ResultsThe BEEM raters evaluated 605 articles with a mean (SD) BEEM score of 3.84 (0.7) and a median BEEM score of 3.85 (interquartile range= 3.38 to 4.30). Articles were primarily therapeutic (59%) and diagnostic (27%), with various designs, including 37% systematic reviews, 32% randomized controlled trials (RCTs), and 30% observational designs. The citation rate and BEEM rater score correlated positively (0.144), while the BEEM rater score and the Journal Citation Report (JCR) impact factor score were minimally correlated (0.053). In the first model, the BEEM rater score significantly predicted WoS citation rate (p<0.0001) with an odds ratio (OR) of 1.24 (95% confidence interval [CI]=1.106 to 1.402). In subsequent models adjusting for the JCR impact factor score, the h-indices of the first and last authors, number of authors, and study design, the BEEM rater score was not significant (p=0.08). ConclusionsTo the best of our knowledge, the BEEM rater score is the only known measure of clinical relevance. It has a high interrater reliability and face validity and correlates with future citations. Future research should assess this instrument against alternative constructs of clinical relevance.

Keywords: Alternative, Article, Articles, Authors, Bibliometric, Characteristics, Citation, Citations, Clinical, Clinical Practice, Clinical-Relevance, Composite, Confidence, Correlates, Cr, Design, Emergency, Emergency Medicine, Evidence, Factor Scores, Faculty, First, Health-Care, Impact, Impact Factor, Impact Factor Scores, Indexes, Indices, Information, Interrater Reliability, Interval, JCR, Journal, Journal Citation Report, Journal Impact, Journal Impact Factor, Knowledge, Knowledge Translation, Literature, Literature Citation, Measure, Medicine, Mo, Model, Models, Observational, Odds Ratio, Performance, Physicians, Practice, Publication, Publications, Quality, Randomized, Randomized Controlled Trials, Regression, Relevance, Reliability, Research, Reviews, River, Sample Size, Scale, Science, Size, Specialties, Standard, Study Design, Systematic Reviews, Therapeutic, Thomson Reuters, Thomson-Reuters, USA, Validity, Washington, Web of Science, World, WoS

? Carpenter, C.R., Cone, D.C. and Sarli, C.C. (2014), Using publication metrics to highlight academic productivity and research impact. *Academic Emergency Medicine*, **21** (10), 1160-1172.

Full Text: [2014\Aca Eme Med21, 1160.pdf](2014/Aca%20Eme%20Med21,%201160.pdf)

Abstract: This article provides a broad overview of widely available measures of academic productivity and impact using publication data and highlights uses of these metrics for various purposes. Metrics based on publication data include measures such as number of publications, number of citations, the journal impact factor score, and the h-index, as well as emerging metrics based on document-level metrics. Publication metrics can be used for a variety of purposes for tenure and promotion, grant applications and renewal reports, benchmarking, recruiting efforts, and administrative purposes for departmental or university performance reports. The authors also highlight practical applications of measuring and reporting academic productivity and impact to emphasize and promote individual investigators, grant applications, or department output. Resumen Este articulo proporciona una amplia vision de las medidas disponibles del rendimiento academico y del impacto mediante los datos de las publicaciones, y destaca los usos de estos indicadores para varios propositos. Los indicadores basados en los datos de publicacion incluyen medidas como el numero de publicaciones, el numero de citaciones, la puntuacion del factor de impacto de la revista y el indice h, asi como indicadores emergentes basados en indicadores del documento. Los indicadores de publicacion pueden ser utilizados para una variedad de propositos como los nombramientos y ascensos, la solicitud de becas e informes de renovacion, la evaluacion comparativa, los esfuerzos de reclutamiento. Tambien pueden utilizarse con propositos administrativos para los informes de rendimiento universitario o del servicio. Los autores tambien destacan las aplicaciones practicas de las mediciones y documentan el rendimiento academico y el impacto para enfatizar y promocionar investigadores individuales, solicitud de ayudas o la salida del servicio.

Keywords: Academic, Academic Productivity, Article, Authors, Benchmarking, Bibliometric Indicators, Citation Analysis, Citations, Data, Folia-Phoniatrica, H Index, H-Index, Health, Impact, Impact Factor, Journal, Journal Impact, Journal Impact Factor, Measures, Medical Informatics, Metrics, Network Analysis, Overview, Performance, Productivity, Promotion, Publication, Publications, Quality, Reporting, Research, Scientific-Research, Tenure, Translational Research, University

# Title: Academic Medicine

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? Halperin, E.C., Scott, J. and George, S.L. (1992), Multiple authorship in two English-language journals in radiation oncology. *Academic Medicine*, **67** (12), 850-856.

Full Text: [1992\Aca Med67, 850.pdf](1992/Aca%20Med67,%20850.pdf)

Abstract: Multiple authorship is the listing of more than one person as author of an article in the scholarly literature. Editors, researchers, and others in science publishing have raised concerns about the increasing number of authors being listed per article, the practice of “honorary authorship” (listing as an author someone who made little or no contribution to the work being reported), and the danger of the dilution of responsibility when many authors are involved. The authors studied multi-authorship in the two most popular English-language journals on radiation oncology, examining 1,908 papers and letters published in the International Journal of Radiation Oncology, Biology, and Physics (IJROBP) and Radiotherapy and Oncology (RO) from 1983 through 1987. There was no increase in the number of authors per article during this period, when the median number for IJROBP was four and that for RO was three. The number of authors varied by type of article, by country (France had the largest median number, six for IJROBP and five for RO), and by the author’s institution. The first author’s gender was unrelated to the number of subsequent authors for an article. The proportion of men first authors varied widely between countries and institutions. Possible explanations for these variations include the multidisciplinary nature and complexity of some forms of research, institutional policies concerning the use of authorship as a commodity of exchange, and social-cultural factors.

Keywords: Authors, Authorship, Complexity, Countries, Country, Dilution, Editors, First, Forms, France, Gender, Impact, Institutions, Journal, Journals, Literature, Men, Multidisciplinary, Oncology, Paper, Papers, Perish, Person, Policies, Practice, Publish, Publishing, Radiation, Radiation Oncology, Radiotherapy, Research, Responsibility, Science, Work, Write

? Bilge, A., Shugerman, R.P. and Robertson, W.O. (1998), Misrepresentation of authorship by applicants to pediatrics training programs. *Academic Medicine*, **73** (5), 532-533.

Full Text: [1998\Aca Med73, 532.pdf](1998/Aca%20Med73,%20532.pdf)

Abstract: Purpose. To determine whether applicants to pediatrics residency and fellowship programs misrepresented authorship of publications.

Method. The authors sampled 1995 applications to the University of Washington School of Medicine’s pediatrics residency program and pediatrics pulmonary fellowship program. They submitted all publications claimed in the submitted applications to extensive efforts to authenticate both their existence and authorship.

Results. Among the 404 pediatrics residency program applications studied, 147 claimed authorship of publications; 29 (19.7%) of these contained at least one unverifiable publication. of the 401 publications claimed in the 147 applications, 41 (10.2%) could not be confirmed. Among 31 fellowship applications, 14 claimed publications. At least one citation was unverifiable for each of the 14 applications. of the total 77 publications claimed, 31 (40%) could not be confirmed.

Conclusion. Misrepresentation occurs on graduate medical education applications; solutions are needed to address this problem.

Keywords: Credentials

? Goe, L.C., Herrera, A.M. and Mower, W.R. (1998), Misrepresentation of research citations among medical school faculty applicants. *Academic Medicine*, **73** (11), 1183-1186.

Full Text: [1998\Aca Med73, 1183.pdf](1998/Aca%20Med73,%201183.pdf)

Abstract: Purpose. A descriptive study of bibliographic misrepresentations by applicants to medical school faculty positions. Method. The authors reviewed 250 1995 faculty applicant bibliographies from eight medical institutions, representing six medical specialities. Using computerized library database searches or direct retrieval, they evaluated the legitimacy of each journal, abstract, and book citation. The authors classified and tabulated the following discrepancies as misrepresentations: (1) citing a nonexistent article in an existent source, (2) claiming authorship on an article that did not list the applicant as an author, and (3) altering authorship order to enhance the applicant’s position. Results. The authors found 56 misrepresented citations among 2,149 verified articles (2.6%). These misrepresentations were distributed among 39 applicants (15.6%; 95% CI, 11.5% to 20.9%); 11 of whom (4.4%) had multiple discrepancies. Sixty-eight percent of all misrepresentations were due to discrepancies in authorship order, while journal citations constituted the most frequent source of misrepresentation (77%). Conclusions. Misrepresentation of bibliographic citations does exist among medical school faculty applicants. One possible solution to this problem would be to require applicants to document their bibliographic citations.

Keywords: Author, Authors, Authorship, Bibliographic, Citation, Citations, Faculty, Journal, Medical, Medical School, Research

Notes: TTopic

Adler, M.D. and Johnson, K.B. (2000), Quantifying the literature of computer-aided instruction in medical education. *Academic Medicine*, **75** (10), 1025-1028.

Full Text: [2000\Aca Med75, 1025.pdf](2000/Aca%20Med75,%201025.pdf)

Abstract: Purpose. To characterize the literature about computer-aided instruction (CAI) as it relates to medical education.

Method. A descriptive study using the MEDLINE and ERIC databases, reviewing articles pertaining to CAI for medical professionals. The literature was evaluated with respect to type of article, journal, language, and year of publication.

Results. The search yielded 2,840 citations, 92% of which were in English. The number of journals with at least one citation was 747. Less than 5% of the 5,147 authors had three or more articles published in the CAI literature. of the citations with abstracts, 60% were demonstrations of a CAI application, 11% were media-comparative studies, and 13% were analyses of the CAI field. While the pace of article publication increased markedly over time, the percentages of article types did not change significantly over time. Less than 10% of CAI articles appeared in core medical journals.

Conclusion. Medical CAI is an increasingly popular topic of research and publication. However, these studies appear in journals with smaller circulations, are predominantly demonstration articles, and are generally written by authors with two or fewer publications. Evaluation articles remain less common. A series of analytic articles has appeared offering substantive suggestions for better research design. These suggestions appear to have gone unheeded. CAI investigators need be more aware of the gaps in the existing body of CAI publications, and the inherent difficulties of this type of research, if this literature is to move beyond this early stage of development.

Bordage, G. and McGaghie, W.C. (2001), Title, authors, and abstract. *Academic Medicine*, **76** (9), 945-947.

Full Text: [2001\Aca Med76, 945.pdf](2001/Aca%20Med76,%20945.pdf)

Keywords: Informative Abstracts, Structured Abstracts, Research Articles, Proposal, Accuracy

Kostoff, R. (2001), The extraction of useful information from the biomedical literature. *Academic Medicine*, **76** (12), 1265-1270.

Full Text: [2001\Aca Med76, 1265.pdf](2001/Aca%20Med76,%201265.pdf)

Abstract: Modern information technology provides the biomedical professionalwith powerful tools and processes for extracting useful informationfrom large volumes of text. Presently, little use is made of the full capabilities of these tools to supplement research and teaching. This article gives an overview of these tools and processes, and shows the diversity of ways they can be appliedto enhance the capabilities of biomedical professionals. The articledefines information technology terms, presents the requirementsfor extracting high-quality information, describes some availabletechniques for extracting information, and summarizes myriadinformation-extraction applications. While the biomedical researcheror teacher can gain substantial benefits by using effectiveinformation-extraction techniques, substantial time and effort and technical expertise are required to generate a credible high-qualityproduct, that is, the information needed.

Notes: TTopic

? Beasley, B.W., Scrase, D.R. and Schulz, H.J. (2002), Determining the predictors of internal medicine residency accreditation: What they do (not what they say). *Academic Medicine*, **77** (3), 238-246.

Full Text: [2002\Aca Med77, 238.pdf](2002/Aca%20Med77,%20238.pdf)

Abstract: Purpose. The Accreditation Council for Graduate Medical Education and the Residency Review Committee for Internal Medicine (RRC-IM) evaluate internal medicine residence programs using a list of 301 program requirements. The authors investigated which requirements, program demographics, and site-visitor characteristics were the strongest predictors of accreditation.

Method. The authors surveyed the program directors of all 405 accredited internal medicine residency programs in February 1998, obtaining data on the duration of the accreditation process, site visitors, and number and quality of citations. They also requested a copy of the notification letter containing citations and length of time until the next accreditation site visit (cycle length).

Results. A total of 217 responses (54%) was received. The mean cycle length was 3.0 years, and the accreditation process averaged 14.5 months. Smaller programs had a shorter average cycle length. Site visitors were reported to be prepared and professional overall. However, site visitors with the lowest evaluations by program directors were associated with shorter cycle lengths. Four program characteristics and program citations accounted for 60% of the variation in cycle length: total number of citations in the notification letter, percentage of graduates passing the American Board of Internal Medicine Certifying Examination, inadequate demonstration of resident scholar, hip, and inadequate ambulatory care experience.

Conclusion. The authors devised an independent mechanism for determining the duration of the RRC-IM review process, influence of program demographics on the process, influence of site visitors on the accreditation action, and program requirements having the greatest effect on cycle length.

Keywords: Directors, Requirements

Hebert, R.S., Levine, R.B., Smith, C.G. and Wright, S.M. (2003), A systematic review of resident research curricula. *Academic Medicine*, **78** (1), 61-68.

Full Text: [2003\Aca Med78, 61.pdf](2003/Aca%20Med78,%2061.pdf)

Abstract: Purpose. To review in a systematic manner the published curricula for training house officers in research.

Method. Articles were identified by searching the MEDLINE, Educational Resources Information Center, and Science Citation Index databases, educational Web sites, and bibliographies of captured articles, and by contacting experts who had developed resident research curricula. Demographic information, curriculum development steps, educational strategies, evaluation methods, and outcomes were abstracted.

Results. The search identified 41 articles describing curricula. The most common curricular objectives were to increase house officers’ research productivity and improve their critical appraisal skills. Only one curriculum was designed with the goal of producing academic physicians. Among many instructional methods, conducting research projects, exposing learners to role models or mentors, and providing house officers with multiple opportunities to present their work were common. Only 27 articles (66%) articulated goals or objectives, and 11 included (27%) needs assessments. Evaluation methods were often rudimentary, frequently limited to learners’ self-assessments or authors’ anecdotal reports. Five (12%) reported pre-postintervention testing of learners’ knowledge. No curricula were evaluated as prospective pretest - posttest controlled trials. A minority of articles reported costs, obstacles encountered, or modifications made in the curriculum.

Conclusion. Successful educational interventions should incorporate needs assessments, clearly defined learning objectives, and evaluation methods. While many curricula for resident research exist, the lack of detailed developmental information and meaningful evaluations hinders educators interested in adopting these curricula.

Keywords: Graduate Medical-Education, Clinical Research, Scientific Method, Program, Challenge, Radiologists, Psychiatry, Obstetrics, Gynecology

? Boex, J.R. and Leahy, P.J. (2003), Understanding residents’ work: Moving beyond counting hours to assessing educational value. *Academic Medicine*, **78** (9), 939-944.

Full Text: [2003\Aca Med78, 939.pdf](2003/Aca%20Med78,%20939.pdf)

Abstract: Purpose. To begin to understand how residents’ work affects their own educations and the hospitals in which most of their training takes place, the authors undertook a systematic review of the literature analyzing residents’ activities. This review sought to analyze resident physicians’ activities to assess the educational value of residents’ work. Method. The published literature was searched in 2001 using the MEDLINE and Science Citation Index databases, and the unpublished literature was searched using bibliographies and key informants. One hundred six studies were rated for methodological rigor using the Cochrane Collaboration protocol, as modified by Bland et al. for nonclinical trials. Only those studies undertaken following the Bell Commission’s report in 1987 and whose methodological rigor score fell at or above the median for all studies rated were included in the data synthesis. Results data from 16 studies that included over 1,000 residents in six different specialties, were combined under the definitions of types of residents’ activities: marginal, patient care, teaching and learning, and other. Results. This preliminary analysis found that residents devoted approximately 36% of their effort to direct patient care necessary to achieve specialty-specific learning objectives, 15% to the residency program’s organized teaching activities, and potentially as much as 35% to delivering patient care of marginal or no educational value. An additional 16% of residents’ waking time on duty was spent in other, unspecified activities. Conclusion. It is possible and potentially valuable to consider not only the number of hours worked by residents, but the educational content of their work when considering residency work and hour reforms.

Keywords: Bibliographies, Call, Care, Citation, Collaboration, Counting, Databases, Internal-Medicine, Learning, Literature, Medicine House Staff, MEDLINE, Nights, Residents, Review, Science, Science Citation Index, Service, Spend, Surgical Residents, Systematic Review, Time Use, Training

? McCarty, T., Parkes, M.V., Anderson, T.T., Mines, J., Skipper, B.J. and Grebosky, J. (2005), Improved patient notes from medical students during Web-based teaching using faculty-calibrated peer review and self-assessment. *Academic Medicine*, **80** (10), S67-S70.

Full Text: [2005\Aca Med80, S67.pdf](2005/Aca%20Med80,%20S67.pdf)

Abstract: Background This study examines the effectiveness of Calibrated Peer Review (TM) (CPR), a Web-based writing development program, to teach and assess medical students’ patient note-writing skills in a standardized fashion. Method At the end of the clerkship year, 67 medical students were divided into three groups, introduced to CPR, and instructed in patient note-writing. Students then wrote notes for three clinical cases, presented in different order to each group. After training on faculty-calibrated standards, students evaluated their peers’ notes and their own notes. Trained faculty, blinded to author, order, and group, also graded student notes. Results Faculty gave lower scores than students, but both groups found students’ scores improved significantly from the first to the third note written. Conclusions Student-written patient notes improved in quality while using CPR. The program uses approaches valued in medicine (accurate peer review and self -reflection) to enhance performance.

Keywords: Author, Development, Education, Effectiveness, Faculty, Medical, Medicine, Peer Review, Peer-Review, Quality, Review, Standards, Students, Teaching, Training, Writing

? Kennedy, T.J.T., Regehr, G., Baker, G.R. and Lingard, L.A. (2005), Progressive independence in clinical training: A tradition worth defending? *Academic Medicine*, **80** (10), S106-S111.

Full Text: [2005\Aca Med80, S106.pdf](2005/Aca%20Med80,%20S106.pdf)

Abstract: Background Progressive independence is a traditional premise of clinical training. Recently, issues such as managed care, work hours limitation, and patient safety have begun to impact the degree of autonomy afforded to clinical trainees. This article reviews empirical evidence and theory pertaining to the role of progressive autonomy in clinical learning. Method A computerized literature search was performed using MEDLINE, PsycINFO, Social Sciences Citation Index, and Educational Resources information Center. This article presents a synthetic review of relevant empirical and theoretical concepts from the domains of medicine, psychology, education, kinesiology, and sociology. Results the clinical psychology and medical education literatures provide evidence that clinical trainees act more independently as their training progresses, but have not yet evaluated the educational efficacy of providing progressive independence, or the consequences of failing to do so. The expertise and motor learning literatures provide some theoretical evidence (as yet untested in complex clinical environments) that the provision of too much guidance or feedback to trainees could be educationally detrimental in the long term. The sociology literature provides insight into the cultural values underlying the behavior of clinical teachers and trainees relating to issues of supervision and independence. Conclusions There is limited empirical support for the current model of progressive independence in clinical learning; however, diverse theoretical perspectives raise concern about the potential educational consequences of eroding progressive independence. These perspectives could inform future research programs that would create a creative and effective response to the social and economic forces impacting clinical education.

Keywords: Autonomy, Behavior, Care, Clinical, Clinical Psychology, Cultural, Economic, Education, Efficacy, Evidence, Guidance, Impact, Information, Learning, Limitation, Literature, Long Term, Long-Term, Managed Care, Medical, Medical Education, Medicine, Model, Patient Safety, Potential, Psychology, PsycINFO, Research, Review, Reviews, Role, Safety, Social, Sociology, Support, Term, Theory, Training, Work, Work Hours

? Cook, D.A., Levinson, A.J., Garside, S., Dupras, D.M., Erwin, P.J. and Montori, V.M. (2010), Instructional design variations in internet-based learning for health professions education: A systematic review and meta-analysis. *Academic Medicine*, **85** (5), 909-922.

Full Text: [2010\Aca Med85, 909.pdf](2010/Aca%20Med85,%20909.pdf)

Abstract: Purpose A recent systematic review (2008) described the effectiveness of Internet-based learning (IBL) in health professions education. A comprehensive synthesis of research investigating how to improve IBL is needed. This systematic review sought to provide such a synthesis. Method the authors searched MEDLINE, CINAHL, EMBASE, Web of Science, Scopus, ERIC, TimeLit, and the University of Toronto Research and Development Resource Base for articles published from 1990 through November 2008. They included all studies quantifying the effect of IBL compared with another Internet-based or computer-assisted instructional intervention on practicing and student physicians, nurses, pharmacists, dentists, and other health professionals. Reviewers working independently and in duplicate abstracted information, coded study quality, and grouped studies according to inductively identified themes. Results From 2,705 articles, the authors identified 51 eligible studies, including 30 randomized trials. The pooled effect size (ES) for learning outcomes in 15 studies investigating high versus low interactivity was 0.27 (95% confidence interval, 0.08-0.46; P = .006). Also associated with higher learning were practice exercises (ES 0.40 [0.08-0.71; P = .01]; 10 studies), feedback (ES 0.68 [0.01-1.35; P = .047]; 2 studies), and repetition of study material (ES 0.19 [0.09-0.30; P < .001]; 2 studies). The ES was 0.26 (-0.62 to 1.13; P = .57) for three studies examining online discussion. Inconsistency was large (I(2) >= 89%) in most analyses. Meta-analyses for other themes generally yielded imprecise results. Conclusions Interactivity, practice exercises, repetition, and feedback seem to be associated with improved learning outcomes, although inconsistency across studies tempers conclusions. Evidence for other instructional variations remains inconclusive.

Keywords: Authors, Computer-Assisted, Computer-Assisted-Instruction, Continuing Medical-Education, Crossover Trial, Dentists, Education, Effectiveness, Embase, Feedback, Health, Information, Intervention, Knowledge, Learning, MEDLINE, Nurses, Nursing-Students, Online, Outcomes, Outcomes Research, Pharmacists, Physicians, Practice, Randomized Controlled-Trial, Research, Review, Science, Scopus, Spaced Education, Systematic, Systematic Review, University, Web of Science, Web-Based Instruction

? Davis, O.C. and Nakamura, J. (2010), A proposed model for an optimal mentoring environment for medical residents: A literature review. *Academic Medicine*, **85** (6), 1060-1066.

Full Text: [2010\Aca Med85, 1060.pdf](2010/Aca%20Med85,%201060.pdf)

Abstract: Purpose To develop a model of the optimal mentoring environment for medical residents. The authors propose that such an environment is a function of a relationship that rests upon a set of interactional foundations that allow a protege to capitalize on the strengths of the mentor, and it facilitates behaviors that will enable the protege to develop and internalize the requisite knowledge, skills, and attitudes (KSAs) as fully as possible. Method the authors searched the literature using Web of Science and Google Scholar in 2007-2008 to identify articles addressing the mentoring process and the context in which it occurs (mentoring environment), and the effect both have on KSA development. The authors distilled the attributes of a good mentor that were consistent across the 20 papers that met inclusion criteria and described good mentoring of residents or curricula for training mentors or residents. Results the authors identified six interactional foundations that underlie the optimal mentoring relationship: emotional safety, support, protege-centeredness, informality, responsiveness, and respect. These foundations enable proteges to engage in four key developmental behaviors: exercising independence, reflecting, extrapolating, and synthesizing. Conclusions This model identifies mentoring practices that empower proteges to engage in developmental behaviors that will help them become the best physicians possible. Educators may use this model to develop training tools to teach attendings how to create an optimal mentoring environment. Researchers can use the model to help guide their future investigations of mentoring in medicine.

Keywords: Academic Medicine, Authors, Core Competences, Development, Environment, Faculty, Google Scholar, Knowledge, Literature, Literature Review, Medical, Medicine, Model, Papers, Physicians, Researchers, Residents, Review, Safety, Science, Students, Supervision, Training, Training-Program, Web of Science

? Wiggins, M.N. (2010), A meta-analysis of studies of publication misrepresentation by applicants to residency and fellowship programs. *Academic Medicine*, **85** (9), 1470-1474.

Full Text: [2010\Aca Med85, 1470.pdf](2010/Aca%20Med85,%201470.pdf)

Abstract: Purpose Many studies from various fields of medicine about the accuracy of residency and fellowship applications have reported disturbing percentages of candidates with publication misrepresentation on their applications. However, other similar studies have found much lower percentages. No evaluation of these types of studies is currently available to explain this disparity. Therefore, this study evaluated the wide range of percentages of applicants with publication misrepresentation reported in the literature. Method Studies of residency and fellowship applicant misrepresentation were identified and reviewed. Using uniform inclusion criteria, the data reported by each study were recalculated to determine the percentage of candidates with misrepresentation. Results Thirteen out of 18 studies (eight residency and five fellowship) found in the literature from 1995 to 2008 reported sufficient details to perform a recalculation. The most common type of misrepresentation reported was listing nonexistent articles, followed by errors in authorship order and nonauthorship. After recalculation, the mean percentage of candidates with misrepresentation per applicant pool decreased significantly (7.2% to 4.9%, P = .03048). No study characteristic, such as sample size, was found to be predictive of the percentage of applicants with misrepresentation. No difference was found in the percentage of applicants with misrepresentation in residency versus fellowship programs. Conclusions the variance in study results of misrepresentation decreases when uniform inclusion criteria are applied. Caution must be used in directly comparing the results of these studies as originally reported. Program directors should be aware that self-promotion in the authorship list is a common form of misrepresentation.

Keywords: Accuracy, Authorship, Disparity, Evaluation, Literature, Medicine, Meta-Analysis, Publication, Residency

? Buchanan, I.M. and Besdine, R.W. (2011), A systematic review of curricular interventions teaching transitional care to physicians-in-training and physicians. *Academic Medicine*, **86** (5), 628-639.

Full Text: [2011\Aca Med86, 628.pdf](2011/Aca%20Med86,%20628.pdf)

Abstract: Purpose To systematically review and describe published interventions about teaching continuity-of-care best practices, embodied by transitional care, to physician-trainees and physicians. Method the authors performed a systematic review of interventions indexed in PUBMED, ISI Web of Science, Educational Resources Information Center, professional society Web sites, education databases, and hand-selected references. English-language articles published between 1973 and 2010 that demonstrated purposeful, directed education of physician-trainees and physicians on topics consistent with the contemporary definition of transitional care were included. Abstracted data included intended audience, duration/intensity, objectives, resources used, learner assessment, and curricular evaluation method. Results A dramatic increase in the number of published interventions teaching transitional care was noted in the last 10 years. Learners included preclinical medical students through attending physicians and also included allied health professionals. Brief, self-limited interactions in large groups were the most frequent mode of interaction. A wide array of objectives and resources used were represented. Most interventions provided a method for assessing knowledge acquisition by the learner; however, few interventions provided a mechanism for eliciting feedback from learners. Conclusions Proficiency in providing transitional care is an essential skill for medical practitioners. Historically, there have been few curricular interventions teaching this topic; however, recently a dramatic increase in the number of interventions has occurred. A diverse range of learners, modes of delivery, and intended objectives are represented. In establishing a pooled description of published interventions, this review provides a comprehensive and novel resource for educators charged with designing curricula for all medical professionals.

Keywords: Assessment, Authors, Care, Databases, Education, Elders, Evaluation, Feedback, Follow-up, Handovers, Hospital Discharge, Interventions, ISI, Knowledge, Mechanism, Medical, Older-Adults, Patterns, Physicians, Professional, Program, PUBMED, Review, Science, Settings, Students, Systematic, Systematic Review, Topics, Trial, Web of Science

? Sampson, M., Horsley, T. and Doja, A. (2013), A bibliometric analysis of evaluative medical education studies: Characteristics and indexing accuracy. *Academic Medicine*, **88** (3), 421-427.

Full Text: [2013\Aca Med88, 421.pdf](2013/Aca%20Med88,%20421.pdf)

Abstract: Purpose To determine the characteristics of medical education studies published in general and internal medicine (GIM) and medical education journals, and to analyze the accuracy of their indexing. Method The authors identified the five GIM and five medical education journals that published the most articles indexed in MEDLINE as medical education during January 2001 to January 2010. They searched Ovid MEDLINE for evaluative medical education studies published in these journals during this period and classified them as quantitative or qualitative studies according to MEDLINE indexing. They also examined themes and learner levels targeted. Using a random sample of records, they assessed the accuracy of study-type indexing. Results of 4,418 records retrieved, 3,853 (87.2%) were from medical education journals and 565 (12.3%) were from GIM journals. Qualitative studies and program evaluations were more prevalent within medical education journals, whereas GIM journals published a higher proportion of clinical trials and systematic reviews (chi(2) = 74.28, df = 3, P<.001). Medical education journals had a concentration of studies targeting medical students, whereas GIM journals had a concentration targeting residents; themes were similar. The authors confirmed that 170 (56.7%) of the 300 sampled articles were correctly classified in MEDLINE as evaluative studies. Conclusions The majority of the identified evaluative studies were published in medical education journals, confirming the integrity of medical education as a specialty. Findings concerning the study types published in medical education versus GIM journals are important for medical education researchers who seek to publish outside the field’s specialty journals.

Keywords: Accuracy, Authors, Bibliometric, Bibliometric Analysis, Characteristics, Citation Patterns, Clinical, Clinical Trials, Concentration, Education, General, Health, Indexing, Internal Medicine, Journals, Mar, Medical, Medical Education, Medical Students, Medicine, MEDLINE, Qualitative, Random Sample, Records, Results, Reviews, Specialty, Students, Systematic Reviews, Targeting

? Orom, H., Semalulu, T. and Underwood, W. (2013), The social and learning environments experienced by underrepresented minority medical students: A narrative review. *Academic Medicine*, **88** (11), 1765-1777.

Full Text: [2013\Aca Med88, 1765.pdf](2013/Aca%20Med88,%201765.pdf)

Abstract: Purpose To review the literature on the social and learning environments experienced by underrepresented minority (URM) medical students to determine what type of interventions are needed to eliminate potential barriers to enrolling and retaining URM students. Method The authors searched MEDLINE, PubMed, Ovid HealthStar, and Web of Science, and the reference lists of included studies, published between January 1, 1980, and September 15, 2012. Studies of the learning and social environments and of students’ satisfaction, experiences with discrimination or unfair practices, and academic performance or progress, as well as assessments of programs or interventions to improve URM students’ academic performance, were eligible for inclusion. Results The authors identified 28 studies (27 unique data sets) meeting the inclusion criteria. The results of the included studies indicated that URM students experienced less supportive social and less positive learning environments, were subjected to discrimination and racial harassment, and were more likely to see their race as having a negative impact on their medical school experiences than non-URM students. Academic performance on standardized exams was worse, progress less timely, and attrition higher for URM students as well. Conclusions For URM students, an adverse climate may be decreasing the attractiveness of careers in medicine, impairing their academic performance, and increasing attrition. Improvements to the social and learning environments experienced by URM students are needed to make medicine a more inclusive profession. The current environment of health care reform creates an opportunity for institutions to implement strategies to achieve this goal.

Keywords: Academic, Assessments, Authors, Barriers, Care, Careers, Climate, Criteria, Data, Discrimination, Environment, Harassment, Health, Health Care, Health Care Reform, Impact, Institutions, Interventions, Learning, Literature, Medical, Medical Students, Medicine, Medline, Nov, Performance, Potential, Practices, Profession, Progress, Pubmed, Race, Reference, Reference Lists, Reform, Results, Review, Satisfaction, Science, Social, Students, Web of Science

? O’Brien, B.C., Harris, I.B., Beckman, T.J., Reed, D.A. and Cook, D.A. (2014), Standards for reporting qualitative research: A synthesis of recommendations. *Academic Medicine*, **89** (9), 1245-1251.

Full Text: [2014\Aca Med89, 1245.pdf](2014/Aca%20Med89,%201245.pdf)

Abstract: Purpose Standards for reporting exist for many types of quantitative research, but currently none exist for the broad spectrum of qualitative research. The purpose of the present study was to formulate and define standards for reporting qualitative research while preserving the requisite flexibility to accommodate various paradigms, approaches, and methods. Method The authors identified guidelines, reporting standards, and critical appraisal criteria for qualitative research by searching PubMed, Web of Science, and Google through July 2013; reviewing the reference lists of retrieved sources; and contacting experts. Specifically, two authors reviewed a sample of sources to generate an initial set of items that were potentially important in reporting qualitative research. Through an iterative process of reviewing sources, modifying the set of items, and coding all sources for items, the authors prepared a near-final list of items and descriptions and sent this list to five external reviewers for feedback. The final items and descriptions included in the reporting standards reflect this feedback. Results The Standards for Reporting Qualitative Research (SRQR) consists of 21 items. The authors define and explain key elements of each item and provide examples from recently published articles to illustrate ways in which the standards can be met. Conclusions The SRQR aims to improve the transparency of all aspects of qualitative research by providing clear standards for reporting qualitative research. These standards will assist authors during manuscript preparation, editors and reviewers in evaluating a manuscript for potential publication, and readers when critically appraising, applying, and synthesizing study findings.

Keywords: Articles, Authors, Care, Coding, Criteria, Editors, Education, Experts, Flexibility, Google, Guidelines, Health-Services Research, Medical Literature, Methods, Paradigms, Perspective, Potential, Preparation, Publication, Published Articles, Pubmed, Purpose, Qualitative, Qualitative Research, Quantitative Research, Reference, Reference Lists, Reporting, Research, Research Articles, Results, Reviewers, Science, Sources, Standards, Statement, Synthesis, Transparency, Users Guides, Web Of Science

? Rosenman, E.D., Shandro, J.R., Ilgen, J.S., Harper, A.L. and Fernandez, R. (2014), Leadership training in health care action teams: A systematic review. *Academic Medicine*, **89** (9), 1295-1306.

Full Text: [2014\Aca Med89, 1295.pdf](2014\Aca%20Med89,%201295.pdf)

Abstract: Purpose To identify and describe the design, implementation, and evidence of effectiveness of leadership training interventions for health care action (HCA) teams, defined as interdisciplinary teams whose members coordinate their actions in time-pressured, unstable situations. Method The authors conducted a systematic search of the PubMed/MEDLINE, CINAHL, ERIC, EMBASE, PsycINFO, and Web of Science databases, key journals, and review articles published through March 2012. They identified peer-reviewed English-language articles describing leadership training interventions targeting HCA teams, at all levels of training and across all health care professions. Reviewers, working in duplicate, abstracted training characteristics and outcome data. Methodological quality was evaluated using the Medical Education Research Study Quality Instrument (MERSQI). Results Of the 52 included studies, 5 (10%) focused primarily on leadership training, whereas the remainder included leadership training as part of a larger teamwork curriculum. Few studies reported using a team leadership model (2; 4%) or a theoretical framework (9; 17%) to support their curricular design. Only 15 studies (29%) specified the leadership behaviors targeted by training. Forty-five studies (87%) reported an assessment component; of those, 31 (69%) provided objective outcome measures including assessment of knowledge or skills (21; 47%), behavior change (8; 18%), and patient-or system-level metrics (8; 18%). The mean MERSQI score was 11.4 (SD 2.9). Conclusions Leadership training targeting HCA teams has become more prevalent. Determining best practices in leadership training is confounded by variability in leadership definitions, absence of supporting frameworks, and a paucity of robust assessments.

Keywords: Articles, Assessment, Assessments, Authors, Behavior, Behavior Change, Cardiopulmonary-Resuscitation, Care, Characteristics, Curriculum, Data, Databases, Design, Education, Effectiveness, Embase, Emergency-Medicine, Evidence, Framework, Health, Health Care, High-Fidelity Simulation, Implementation, Instrument, Interdisciplinary, Interventions, Journals, Knowledge, Leadership, Life-Support, Measures, Medical, Medical-Education Research, Methodological Quality, Metrics, Model, Operating-Room, Outcome, Outcome Measures, Patient Safety, Peer-Reviewed, Practices, Prisma Statement, Professions, Psycinfo, Quality, Randomized Controlled-Trial, Research, Results, Review, Reviewers, Science, Support, Systematic, Systematic Review, Targeting, Teamwork, Theoretical, Training, Trauma Teams, Variability, Web Of Science, Web Of Science Databases

# Title: Academic Pediatrics

Full Journal Title: Academic Pediatrics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

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? Pearson, N., Braithwaite, R. and Biddle, S.J.H. (2015), The effectiveness of interventions to increase physical activity among adolescent girls: A meta-analysis. *Academic Pediatrics*, **15** (1), 9-18.

Full Text: [2015\Aca Ped15, 9.pdf](2015/Aca%20Ped15,%209.pdf)

Abstract: BACKGROUND: Research has shown that a clear decline in physical activity among girls starting in early adolescence. Therefore, adolescent girls have been identified as a key target population for physical activity behavior change. The quantification of intervention effectiveness for this group has not been previously reported in a meta-analysis, and this therefore was the objective of the current meta-analysis. STUDY SELECTION: Included were interventions in which the main component, or 1 of the components, was aimed at promoting physical activity through behavior change in any setting. Interventions had to include a non physical activity control group or comparison group, and include a quantitative outcome assessment of physical activity behavior in girls aged 12 to 18 years. DATA SOURCES: Science Direct, PubMed, PsychINFO, Web of Science, Cochrane Libraries, and EPPI Centre databases were searched up to and including May 2013. DATA EXTRACTION AND SYNTHESIS: Forty-five studies (k = 34 independent samples) were eligible from an initial 13,747 references. A random-effects meta-analysis was conducted. RESULTS: The average treatment effect for adolescent girls involved in physical activity interventions was significant but small (g = 0.350, 95% confidence interval 0.12, 0.58, P < .001). Moderator analyses showed larger effects for interventions that were theory based, performed in schools, were girls only, with younger girls, used multicomponent strategies, and involved targeting both physical activity and sedentary behavior. CONCLUSIONS: Interventions to increase physical activity in adolescent girls show small but significant effects, suggesting that behavior change may be challenging. Results suggest some approaches that appear to be successful.

Keywords: Activity, Activity Participation, Adolescence, Adolescent, Adolescent Girls, Aged, Analyses, Assessment, Background, Behavior, Behavior Change, Children, Comparison, Conclusions, Confidence, Control, Correlation-Coefficients, Databases, Effectiveness, Effects, Exercise, Extraction, Female, From, Girls, Health Behavior, Heart-Health-Program, Interval, Intervention, Intervention Studies, Interventions, Libraries, Meta Analysis, Meta-Analysis, Metaanalysis, Moderator, Motor Activity, Obesity, Obesity, Outcome, Outcome Assessment, Overweight, P, Physical, Physical Activity, Population, Publication Bias, Pubmed, Quantification, Randomized Controlled-Trial, References, Research, Results, School-Based Intervention, Science, Sedentary, Sedentary Behavior, Sedentary Lifestyle, Selection, Small, Targeting, Theory, Treatment, Web, Web Of Science, Youth

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Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ko, K. and Goebert, D. (2011), Factors influencing consent to having videotaped mental health sessions. *Academic Psychiatry*, **35** (3), 199-201.

Full Text: 2011\Aca Psy35, 199.pdf

Abstract: Objective: the authors critically reviewed the literature regarding factors influencing consent to having videotaped mental health sessions. Methods: the authors searched the literature in PUBMED, PsycINFO, Google Scholar, and Web of Science from the mid-1950s through February 2009. Results: the authors identified 27 studies, of which 19 (73%) examined general practice. Only 4 (15%) were in mental health. Most patients agree to be videotaped when asked. Those who did not consent tended to be female and younger, with previous psychiatric history or psychological distress. The data are mixed about whether psychiatric patients felt inhibited in videotaped sessions. Conclusion: the mental health literature in this area is limited and dated. Implications for practice are drawn inferentially from the general-practice literature. Recommendations for increasing the consent rate include building a relationship with patients before asking them for videotaping and, when asking, explaining the educational value and specific purpose of the recording. Academic Psychiatry 2011; 35: 199-201.

Keywords: Authors, Distress, General Practice, General-Practice, Google Scholar, Health, History, Literature, Mental Health, Methods, Practice, Psychotherapy, PUBMED, Science, Web of Science

? Stone, K., Whitham, E.A. and Ghaemi, S.N. (2012), A comparison of psychiatry and internal medicine: A bibliometric study. *Academic Psychiatry*, **36** (2), 129-132.

Full Text: 2012\Aca Psy36, 129.pdf

Abstract: Objective: Psychiatric education needs to expose students to a broad range of topics. One resource for psychiatric education, both during initial training and in later continuing medical education, is the scientific literature, as published in psychiatric journals. The authors assessed current research trends in psychiatric journals, as compared with internal-medicine counterparts and examined their relevance to psychiatric education. Methods: the authors classified abstracts and original articles as biological or non-biological, based on methodology, from 2008 in Archives of General Psychiatry and the American Journal of Psychiatry, as compared with the Archives of Internal Medicine and Annals of Internal Medicine. Results: Biological and non-biological studies were similarly frequent in psychiatric journals (48.2% and 51.8%, respectively). Internal-medicine journals had a non-biological and epidemiological predominance (22.2% biological, 77.8% non-biological: epidemiological, 59.9%; reviews, 21.4%; clinical, 13.2%; other, 5.4%). Conclusion: Psychiatric journals publish more biological studies than internal-medicine journals. This tendency may influence psychiatric education and practice in a biological direction, with less attention to psychosocial or clinical approaches to psychiatry.

Keywords: Articles, Authors, Bibliometric, Biological, Clinical, Continuing Medical Education, Education, Initial Training, Journal, Journals, Literature, Medical, Medical Education, Medicine, Methodology, Needs, Practice, Psychiatry, Psychosocial, Relevance, Research, Research Trends, Reviews, Scientific Literature, Students, Topics, Training, Trends

? Hodges, B.D., Hollenberg, E., McNaughton, N., Hanson, M.D. and Regehr, G. (2014), The psychiatry OSCE: A 20-year retrospective. *Academic Psychiatry*, **38** (1), 26-34.

Full Text: 2014\Aca Psy38, 26.pdf

Abstract: Objective Twenty years ago researchers at the University of Toronto launched the Psychiatry Skills Assessment Project (PSAP), a research program exploring Objective Structured Clinical Examinations (OSCEs) in psychiatry. Between 1994 and 2005 PSAP produced publications on the feasibility, reliability, validity, ethics, and practical concerns of OSCEs in psychiatry. The current review has two parts: a review of the state of the art of OSCEs in psychiatry 20 years after they were introduced and documentation of the impact of the PSAP research program. Methods A literature search identified all publications on OSCEs and psychiatry. Articles were coded thematically, and locations of agreement and controversies were identified. Bibliometric analysis identified citations of PSAP research papers, which were analyzed thematically. Results As of May 2013, there were 250 publications related to OSCEs in psychiatry (not including 10 PSAP papers), published in 29 different countries and ten languages. Prominent topics were the validity and acceptability of OSCEs and SPs, systems issues in adopting OSCEs in psychiatry, and the effects on learning. Eighty-eight percent of all publications cited PSAP work (300 citations). Citations were employed for four purposes: as evidence/justification (54 %); to frame replication research (14 %); to support adaptation of OSCEs in other countries and professions (15 %); and for debate (18 %). Conclusions Over the past 20 years, use of OSCEs has grown steadily in psychiatry, and several national certification organizations have adopted OSCEs. PSAP work, introduced two decades ago, continues to provide a scholarly foundation for psychometric, practical, and ethical issues of interest to this field.

Keywords: Acceptability, Adaptation, Adolescent Standardized Patients, Analysis, Art, Articles, Assessment, Bibliometric, Bibliometric Analysis, Certification, Citations, Clerkship, Documentation, Effects, Ethical, Ethical Issues, Ethics, Feasibility, Field, Impact, Issues, Languages, Learning, Literature, Literature Search, Medical Education, Medical-Students, Methods, Objective Structured Clinical Examination, Papers, Patient, Professions, Psychiatry, Psychiatry Education, Publications, Reliability, Replication, Research, Residents, Results, Review, Simulated Patients, State, State-Of-The-Art, Structured Clinical Examination, Support, Systems, University, Validity, Work

# Title: Academic Radiology

Full Journal Title: [Academic Radiology](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=12985&_auth=y&_acct=C000048059&_version=1&_urlVersion=0&_userid=1516938&md5=8bd9f19ddd6355dc7c59958b0f664e22)

ISO Abbreviated Title: Acad. Radiol.

JCR Abbreviated Title: Acad Radiol

ISSN: 1076-6332

Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Assoc Univ Radiologists

Publisher Address: 820 Jorie Blvd, Oak Brook, IL 60523-2251

Subject Categories:

Radiology, Nuclear Medicine & Medical Imaging: Impact Factor 1.644, 41/84 (2005)

? Hunter, T.B. (1994), Point-counterpoint. Plagiarism: What is it, whom does it offend, and how does one deal with it? *Academic Radiology*, **1** (2), 191-193.

Full Text: 1994\Aca Rad1, 191.pdf

Abstract: In the article entitled “Plagiarism: What Is It, Whom Does It Offend, and How Does One Deal with It?” [1], John D. Armstrong II presents a scholarly account of the following: “What constitutes plagiarism, and how is it so judged? Whom does plagiarism offend, and how does one respond when it is discovered? How does one avoid plagiarism?” Dr. Armstrong first presents a short case history as a background for his article. In the case history, a young university radiologist recognizes his own writing in a professional journal. Unfortunately, the young radiologist is not given credit for his work, and the writing is attributed to another person, who happens to be a revered figure in the young radiologist’s subspecialty. Because the young radiologist is afraid of being harmed professionally by the plagiarist, he elects to pursue no formal action.

There are several reasons why authors are responsible for formally citing the work of others in any scientific communication. Such citations give due credit, place one’s work in context with those of others, and leave a paper trail. Such a paper trail is an important path toward finding sources of error or sources of inspiration. In other words, “citations assign credit as well as responsibility”.

Baker, D.R. and Jackson, V.P. (2000), Misrepresentation of publications by radiology residency applicants. *Academic Radiology*, **7** (9), 727-729.

Full Text: [2000\Aca Rad7, 727.pdf](2000/Aca%20Rad7,%20727.pdf)

Abstract: Rationale and Objectives. The authors’ purpose was to determine the extent of misrepresentation of research publications by radiology resident applicants.

Materials and Methods. The authors reviewed 379 consecutive applications, including curricula vitae, for a radiology residency program in 1996. All reported publications and ‘in-press’ articles were checked by means of a MEDLINE search.

Results. of the 379 applicants, 108 were from medical schools in the United States, and 271 were from international medical schools. Seventy-three applicants listed articles published or in press on their applications (24 U.S., 49 international applicants). of 286 separate citations in the applications, 105 were found with the MEDLINE search, and 181 were not found. of the latter, 168 cited journals were not indexed in MEDLINE or the applicants did not include sufficient information to verify their existence. Thirteen citations (from eight applicants; three U.S., five international) were not found even though they cited journals indexed by MEDLINE.

Conclusion. of all applicants reporting publications, 11% likely misrepresented them on their applications. A large percentage of citations, however, could not be verified because of insufficient information in the citation or claimed publication in a journal not available on MEDLINE. Radiology residency program directors should be aware of this uncommon, but important, problem.

Keywords: Fellowships

Notes: FField

Rahman, M., Haque, T.L. and Fukui, T. (2005), Research articles published in clinical radiology journals: Trend of contribution from different countries. *Academic Radiology*, **12** (7), 825-829.

Full Text: [2005\Aca Rad12, 825.pdf](2005/Aca%20Rad12,%20825.pdf)

Abstract: Rationale and Objectives. To determine different countries’ trend of contribution to clinical radiology journals and its relationship with impact factor.

Materials and Methods. All the journals, which publish articles on clinical radiology, were selected from the category of Radiology and Nuclear Medicine group of journals, and articles published in these journals between 1991 and 2000 were searched for the authors’ affiliation using the MEDLINE database. Then, share of research output of the top-ranking 20 countries was determined along with the trend over time. Also, the relationship of different countries’ contribution with the impact factor of journals was examined by cross-sectional time-series linear model.

Results. of total articles (38,359), The United States’ share for the selected journals in clinical radiology was 43.2% (16,582 articles) and ranked top in the world, followed by the United Kingdom (9.9%) and Japan (8.0%). The recent increase in the share was statistically significant for Japan, France, Germany, Italy, South Korea, Turkey, Spain, Switzerland, Austria, and China. On the other hand, the United States, United Kingdom, and Canada showed a significant negative trend. Among the top-ranking 10 countries, the US contribution was significantly higher to journals with high-impact factors, whereas the opposite was true for France.

Conclusion. The United States, United Kingdom, and Canada showed a negative trend over the last decade in terms of proportion of contribution of articles to the clinical radiology journals. However, only the United States published more articles in high-impact factor journals.

Keywords: MEDLINE Database, Publication, Radiologic Research, Research Output, Research Productivity

? Mullins, M.E. (2010), Has the time come for bibliometrics and the *h-Index* in *Academic Radiology*? *Academic Radiology*, **17** (7), 815-816.

Full Text: [2010\Aca Rad17, 815.pdf](2010/Aca%20Rad17,%20815.pdf)

Keywords: Bibliometrics, Quality

? Rad, A.E., Brinjikji, W., Cloft, H.J. and Kallmes, D.F. (2010), The h-Index in *Academic Radiology*. *Academic Radiology*, **17** (7), 817-821.

Full Text: [2010\Aca Rad17, 817.pdf](2010/Aca%20Rad17,%20817.pdf)

Abstract: Rationale and Objectives: the h Index is a recently developed tool to assess the impact of an author’s publications. The purpose of this study was to apply and evaluate the h Indexes of US academic radiologists.

Materials and Methods: Radiology programs that participated in the residency match in 2009 were identified through the National Resident Matching Program’s Web site. One third of programs were randomly selected. The academic ranks (instructor, assistant professor, associate professor, professor, or chairperson) of faculty members were determined on the basis of information from the programs Web sites during October and November 2009. One third of radiologists at each randomly selected institution were randomly selected for detailed analysis. For each radiologist, an automatically computed h Index was obtained through the Scopus database. The h Index was compared across ranks using analysis of variance. A multivariate logistic regression analysis was also performed to determine the best predictors (number of publications, number of citations, h Index, and number of citations per publication) of academic rank.

Results: Sixty hundred eighty-three radiologists from 47 programs were included in this study. The mean h Indexes were 1.1±2.7 for instructors, 2.3±4.1 for assistant professors, 6.2±7.2 for associate professors, 12.5±10.8 for full professors, and 12.0±9.5 for chairpersons. There was a significant relationship between h Index and academic rank (P<.0001). Multivariate logistic regression analysis demonstrated that h Index (P<.0001) and number of publications (P<.0001) were the best predictors of academic rank.

Conclusion: There exists a significant relationship between h Index and academic rank, with h Index increasing with academic rank. These results offer a benchmark for comparing a given academic radiologist to national averages.

Keywords: h-Index, Radiology, Impact Factor

? Pagni, M., Khan, N.R., Cohen, H.L. and Choudhri, A.F. (2014), Highly cited works in radiology: The top 100 cited articles in radiologic journals. *Academic Radiology*, **21** (8), 1056-1066.

Full Text: [2014\Aca Rad21, 1056.pdf](2014/Aca%20Rad21,%201056.pdf)

Abstract: Rationale and Objectives: The number of citations a publication receives can be used to show its impact on a field of study. It may indicate the-educational interest in a given population or underline a perceived or real educational-gap. This article identifies and characterizes the 100 top cited publications in radiologic journals as of May 2013. Materials-and Methods: All clinical radiologic journals listed by Thomson Reuters Journal Citation Reports in 2011 were identified. A total of 46 journals were identified, and all articles published within these journals were analyzed for citation counts. The top 100 highly cited articles were recorded. Results: The most frequently cited radiologic articles appeared in 9 of the 46 journals. These included 59 articles in Radiology, 17 in Journal of Nuclear Medicine, 9 in the American Journal of Roentgenology, 5 in the British Journal of Radiology, 4 in Investigative Radiology, 2 in American Journal of Neuroradiology, 2 in European Radiology, 2 in Radiologic Clinics of North America, 1 in the Seminars in Nuclear Medicine, and 1 in Pediatric Radiology. The citation values ranged from 422 to 7506 with a mean of 751. Publication dates ranged from 1967 to 2006 with the 5-year period between 1986 and 1990 accounting for the: largest percentage of articles. The most frequently studied radiologic modality was magnetic resonance imaging (MRI; 28 articles), followed by vascular/interventional (19 articles) and nuclear medicine (13 articles). The central nervous system-was the most frequently studied organ system (22 articles), followed by Mixed organ systems (14 articles) and liver (12 articles). Conclusions: the top Cited articles in radiologic journals span a wide range of imaging modalities, subspecialties, and organ systems. Topics that occurred frequently in the top 100 cited articles included contrast and radiopharmaceutical characterization, MRI of motion, percutaneous radiofrequency ablation in the liver and percutaneous vertebroplasty. We present a methodology that uses citation analysis to identify and characterize these articles. Its use may aid radiologists, academic organization, and editorial staff in determining areas-of imaging interest or perceived educational gap. It also highlights the importance of including classic articles in current imaging education.

Keywords: Ablation, Ajr, Analysis, Article, Articles, Bibliometrics, Characterization, Citation, Citation Analysis, Citation Counts, Citation-Classics, Citations, Clinical, Education, Field, Google Scholar, Highly Cited, Highly Cited Articles, Highly-Cited, Imaging, Impact, Impact Factor, Journal, Journal Citation Reports, Journals, Liver, Magnetic, Magnetic Resonance, Magnetic Resonance Imaging, Medicine, Methodology, Methods, Modalities, Mri, North, North America, Nuclear Medicine, Ophthalmology Journals, Organization, Orthopedic-Surgery, Pediatric Neurosurgery, Percutaneous, Population, Publication, Publications, Radiologists, Radiology, Results, Scientometrics, Scopus, Surgery Journals, Systems, Thomson Reuters, Thomson-Reuters, Top 100, Top-Cited, Topics, Urology, Web Of Science

# Title: Academy of Management Journal

Full Journal Title: [Academy of Management Journal](http://proquest.umi.com/pqdweb?TS=0&JSEnabled=1&RQT=317&SK=2&ScQ=000024476&TS=1029995676)

ISO Abbreviated Title: Acad. Manage. J.

JCR Abbreviated Title: Acad Manage J

ISSN: 0001-4273

Issues/Year: 6

Journal Country/Territory: United States

Language: English

Publisher: Acad Management

Publisher Address: Pace Univ, PO Box 3020, 235 Elm Rd, Briarcliff Manor, NY 10510-8020

Subject Categories:

Business: Impact Factor 2.375, 7/54 (2000) SSCI

Management: Impact Factor 2.375, 6/60 (2000) SSCI

Notes: TTopic

Gomez-Mejia, L.R. and Balkin, D.B. (1992), Determinants of faculty pay: An agency theory perspective. *Academy of Management Journal*, **35** (5), 921-955.

Full Text: [1992\Aca Man J35, 921.pdf](1992/Aca%20Man%20J35,%20921.pdf)

Abstract: This study tested 12 hypotheses on the determinants of faculty pay using an agency theory perspective. The sample consisted of 353 professors of management. Data were collected from survey responses, curricula vitae, and the Social Science Citation Index. Results show that the primary determinants of faculty pay, in both institutions that grant doctorates and those that do not, are the number of top-tier journal publications a faculty member has authored and changes in institutional affiliation. Teaching performance and numbers of citations, second-tier publications, and books published affect pay allocations only for faculty members who have exceptional research records.

Keywords: Students Evaluations, Management Journals, Performance, Productivity, Instruction, University, Salaries, Departments, Economics, Validity

# Title: Academy of Management Learning & Education

Full Journal Title: Academy of Management Learning & Education

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Adler, N.J. and Harzing, A.W. (2009), When knowledge wins: Transcending the sense and nonsense of academic rankings. *Academy of Management Learning & Education*, **8** (1), 72-95.

Full Text: [2009\Aca Man Lea Edu8, 72.pdf](2009/Aca%20Man%20Lea%20Edu8,%2072.pdf)

Abstract: Has university scholarship gone astray? Do our academic assessment systems reward scholarship that addresses the questions that matter most to society? Using international business as an example, we highlight the problematic nature of academic ranking systems and question if such assessments are drawing scholarship away from its fundamental purpose. We call for an immediate examination of existing ranking systems, not only as a legitimate scholarly question vis-a-vis performance-a conceptual lens with deep roots in management research-but also because the very health and vibrancy of the field are at stake. Indeed in light of the data presented here,. which suggest that current systems are dysfunctional and potentially cause more harm than good a temporary moratorium on rankings may be appropriate until more valid and reliable ways to assess scholarly contributions can be developed The worldwide community of scholars, along with the global network of institutions interacting with and supporting management scholarship (such as the Academy of Management, AACSB, and Thomson Reuters Scientific) are invited to innovate and design more reliable and valid ways to assess scholarly contributions that truly promote the advancement of relevant 21st century knowledge, and likewise recognize those individuals and institutions that best fulfill the university’s fundamental purpose.

Keywords: International-Business Research, Bad Management Theories, Journals, Quality, Publication, Relevance, Science, Editors, Field, Citations

? Bedeian, A.G., Taylor, S.G. and Miller, A.N. (2010), Management science on the credibility bubble: Cardinal sins and various misdemeanors. *Academy of Management Learning & Education*, **9** (4), 715-725.

Full Text: [2010\Aca Man Lea Edu9, 715.pdf](2010/Aca%20Man%20Lea%20Edu9,%20715.pdf)

Abstract: This research-based essay presents survey results-collected from faculty in 104 PhD-granting management departments of AACSB-accredited business schools in the United States-regarding 11 different types of questionable research conduct, including data fabrication, data falsification, plagiarism, inappropriately accepting or assigning authorship credit, and publishing the same data or results in two or more publications. Findings suggest that instances of research misconduct covering a broad array of behaviors are not unknown to survey respondents.

Keywords: Authorship, Climate, Decision-Making, Ethics, Integrity, Knowledge, Others, Plagiarism, Publications, Publishing, Questions, Research, Scientific Misconduct, Survey

? Schulz, A.C. and Nicolai, A.T. (2015), The intellectual link between management research and popularization media: A bibliometric analysis of the *Harvard Business Review*. *Academy of Management Learning & Education*, **14** (1), 31-49.

Full Text: [2015\Aca Man Lea Edu14, 31.pdf](2015/Aca%20Man%20Lea%20Edu14,%2031.pdf)

Abstract: We explore the intellectual link between management research and popularization media. In the “dominant view” of popularization in the sociology of science, the process of popularization is understood as a one-way movement of ideas from the field of science to the general public. Thus, it is seen as unlikely to influence management research. However, more recent research has challenged the assumptions of this view and has offered an alternative perspective, which can be termed the “revised view” of popularization. In this view, interactions between science and popularization media are much more complex, and relevant feedback effects from popularization media to scholarly journals are possible. Against this theoretical background, we investigate the role played by an important example of popularization media in the field of management, the Harvard Business Review, in management discourse. Using a bibliometric analysis of 231 Harvard Business Review articles, we analyze the degree, direction, and type of intellectual influence of the publication. Our findings suggest that this magazine’s role differs significantly from the traditional view of popularization. According to our results, the Harvard Business Review is not only a widely quoted scientific source, but it also has a significant impact on the scientific discourse in management research.

Keywords: Alternative, Analysis, Articles, Assumptions, Bibliometric, Bibliometric Analysis, Business, Citation Analysis, Community, Discourse, Education, Effects, Evolution, Field, From, General, Human-Resource Management, Impact, Influence, Journals, Knowledge, Management, Mar, Media, Movement, Public, Publication, Recent, Research, Review, Review Articles, Role, Scholarly Journals, Science, Separate Worlds, Sociology, Sociology Of Science, Source, Theoretical, View

# Title: Accident Analysis and Prevention

Full Journal Title: [Accident Analysis and Prevention](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=5794&_auth=y&_acct=C000047720&_version=1&_urlVersion=0&_userid=2007471&md5=4ea2d6adacb296ee4a3bdb98b6d175b1)

ISO Abbreviated Title: Accid. Anal. Prev.

JCR Abbreviated Title: Accident Anal Prev

ISSN: 0001-4575

Issues/Year: 5

Journal Country/Territory: United States

Language: English

Publisher: Pergamon-Elsevier Science Ltd

Publisher Address: the Boulevard, Langford Lane, Kidlington, Oxford OX5 1GB, England

Subject Categories:

Ergonomics: Impact Factor 0.754,/(2001); Impact Factor 0.820, 5/13 (2002) SSCI

Public, Environmental & Occupational Health: Impact Factor 0.754,/(2001); Impact Factor 0.820, 23/55 (2002) SSCI

Social Sciences, Interdisciplinary: Impact Factor 0.754,/(2001); Impact Factor 0.820, 9/56 (2002) SSCI

Transportation: Impact Factor 0.754,/(2001); Impact Factor 0.820, 3/11 (2002) SSCI

Notes: TTopic

Cushman, L.A., Good, R.G. and States, J.D. (1991), Characteristics of motor vehicle accidents resulting in spinal cord injury. *Accident Analysis and Prevention*, **23** (6), 557-560.

Full Text: [1991\Acc Ana Pre23, 557.pdf](1991/Acc%20Ana%20Pre23,%20557.pdf)

Abstract: the majority of cases of spinal cord injury (SCI) occur during car crashes. Yet, relatively little is known about the precise accident factors involved. The present study investigated 30 cases of SCI in automobile drivers that occurred in a series of 91 spinal cord injuries. A matched control group was also studied. SCI drivers were not different from controls in terms of mortality, number of rollover crashes, alcohol use, citations for contributing human factors, nighttime accidents, or unfavorable weather and road conditions. However, SCI drivers less frequently used restraints. Results are discussed in terms of preventive measures, specifically, those concerning restraint use, alcohol use, and driving behavior.

Kmet, L., Brasher, P. and Macarthur, C. (2003), A small area study of motor vehicle crash fatalities in Alberta, Canada. *Accident Analysis and Prevention*, **35** (2), 177-182.

Full Text: [2003\Acc Ana Pre35, 177.pdf](2003/Acc%20Ana%20Pre35,%20177.pdf)

Abstract: This study examined the small area variation in motor vehicle crash fatality rates in the province of Alberta, Canada. Motor vehicle crash fatality rates per 100,000 population (1995–1997, inclusive) were determined for five geographic areas in the province. The rates showed substantial, statistically significant variation across areas, with fatality rates lowest in the urban areas of Calgary and Edmonton, and highest in the rural areas (south, central, and northern Alberta). Examination of area-level predictors––population density, impaired driving citation rates, education level, unemployment levels, and ethnicity––showed that population density and impaired driving rates were associated with motor vehicle crash fatality rates. There was a five-fold difference in annual motor vehicle crash fatality rates between rural (22.9/100,000) and urban areas (4.4/100,000), whereas annual impaired driving rates were around 1.8% in rural areas, compared with 0.6% in urban areas. Because of multicollinearity problems, it was not possible to estimate a multivariable Poisson regression model. In conclusion, rural areas in the province of Alberta demonstrate a significantly higher motor vehicle crash fatality rate, compared with urban areas.

Keywords: Traffic Accidents, Mortality, Small Area Study, Population Surveillance

# Title: Accountability in Research-Policies and Quality Assurance

Full Journal Title: [Accountability in Research-Policies and Quality Assurance](http://www.informaworld.com/smpp/title~db=all~content=t713453593~tab=issueslist)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0898-9621

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Carlin, A.P. (2003), Some bibliographic practices in interdisciplinary work: Accounting for citations in library and information sciences. *Accountability in Research-Policies and Quality Assurance*, **10** (1), 27-45.

Full Text: [2003\Acc Res Pol Qua Ass10, 27.pdf](2003/Acc%20Res%20Pol%20Qua%20Ass10,%2027.pdf)

Abstract: Interdisciplinary studies involve the use of concepts, methods and theories developed in other disciplines. Using sociology and library and information science as researchable fields, this paper examines how interdisciplinary presentations appropriate discipline-specific concepts. Itemizing materials in a bibliography is a claim to familiarity with the content of those materials. Bibliographic anomalies are apparent in papers by Elfreda Chatman, published in library and information science journals. Misspellings and disjunctive uses of material suggests that Chatman is unfamiliar with the literature bases she invokes. Working through texts and accompanying bibliographies, this article shows how the entailments of research programs that Chatman claims to use can be reflected back onto her own work. The article provides suggestions on how to make interdisciplinary studies more accountable to academic communities.

Keywords: Bibliography, Citation, Impression Management, Interdisciplinary, Scholarly Communication, Trust

? Foo, J.Y.A. (2009), Effect of bibliographical classification on the impact factor of science- and engineering-based journals. *Accountability in Research-Policies and Quality Assurance*, **16** (1), 1-12.

Full Text: [2009\Acc Res Pol Qua Ass16, 1.pdf](2009/Acc%20Res%20Pol%20Qua%20Ass16,%201.pdf)

Abstract: the simplest and widely used assessment of academic research and researchers is the journal impact factor (JIF). However, the JIF may exhibit patterns that are skewed towards journals that publish high number of non-research items and short turnover research. Moreover, there are concerns as the JIF is often used as a comparison for journals from different disciplines. In this study, the JIF computation of eight top ranked journals from four different subject categories was analyzed. The analysis reveals that most of the published items (> 65%) in the science disciplines were nonresearch items while fewer such items (< 22%) were observed in engineering-based journals. The single regression analysis confirmed that there is correlation (R-2 >= .99) in the number of published items or citations received over the two-year period used in the JIF calculation amongst the eight selected journals. A weighted factor computation is introduced to compensate for the smaller journals and journals that publish longer turnover research. It is hoped that the approach can provide a comprehensive assessment of the quality of a journal regardless of the disciplinary field.

Keywords: Analysis, Authors, Bibliographical Database, Citation, Citations, Concerns, Editors, Impact Factor, Indexing, Journals, Medical Journals, Peer-Reviewed Journals, Publication, Quality, Research, Researchers, Science, Self-Citation

Notes: FField

? Foo, J.Y.A. (2009), A 9-year analysis of bibliographical trends for journals in the subject category of general and internal medicine. *Accountability in Research-Policies and Quality Assurance*, **16** (3), 127-152.

Full Text: [2009\Acc Res Pol Qua Ass16, 127.pdf](2009/Acc%20Res%20Pol%20Qua%20Ass16,%20127.pdf)

Abstract: For academic research outcomes, an important bibliometric scoring termed as the journal impact factor (JIF) is used when assessment of the quality of research is required. No known study has been conducted to explore the bibliographical trends of ‘Medicine, General & Internal’ journals indexed by the annual Journal Citation Reports. Data from the Journal Citation Reports and Web of Science database were extracted to formulate a comprehensive analysis. In this study, the trends of 15 journals (5 top ranked and 10 low ranked; 5 English and 5 non-English based) were selected and analysed over a 9-year period (starting from year 1999 to 2007). Using the year 1999 as the base year, the results showed that the JIF rose significantly for the selected top ranked journals (up to 180.9%) while the low ranked ones slipped in their JIF value (down to -44.4%). The observed upward or downward trend was caused by a combination of other bibliographical measures like citations, number of citable, and total items published. It is postulated that changes in bibliographical trends can be classified as editorial and non-editorial influences. The impacts of these influences on the 15 selected journals over the 9-year period were also discussed retrospectively.

Keywords: Assessment, Bibliographical Database, Bibliometric, Citation, Citation Analysis, Citations, Database, English, Impact, Impact Factor, Impact Factor, Indexing, Journal, Journal Citation Reports, Journal Impact, Journal Impact Factor, Journals, Outcomes, Quality, Research, Science, Trends, Web of Science

? Moffatt, B. (2011), Responsible authorship: Why researchers must forgo honorary authorship. *Accountability in Research-Policies and Quality Assurance*, **18** (2), 76-90.

Full Text: [2011\Acc Res Pol Qua Ass18, 76.pdf](2011/Acc%20Res%20Pol%20Qua%20Ass18,%2076.pdf)

Abstract: Although widespread throughout the biomedical sciences, the practice of honorary authorshipthe listing of authors who fail to merit inclusion as authors by authorship criteriahas received relatively little sustained attention. Is there something wrong with honorary authorship, or is it only a problem when used in conjunction with other unethical authorship practices like ghostwriting? Numerous sets of authorship guidelines discourage the practice, but its ubiquity throughout biomedicine suggests that there is a need to say more about honorary authorship. Despite its general acceptance among many scientists, honorary authorship is unethical. Even if burdensome, responsible researchers are obligated to forgo honorary authorship.

Keywords: Acceptance, Accountability, Articles, Authors, Authorship, Biomedical, Biomedicine, General, Guidelines, Honorary Authorship, Practice, Practices, Prevalence, Research Ethics, Sciences

? de Gloucester, P.C. (2013), Referees often miss obvious errors in computer and electronic publications. *Accountability in Research-Policies and Quality Assurance*, **20** (3), 143-166.

Full Text: [2013\Acc Res Pol Qua Ass20, 143.pdf](2013/Acc%20Res%20Pol%20Qua%20Ass20,%20143.pdf)

Abstract: Misconduct is extensive and damaging. So-called science is prevalent. Articles resulting from so-called science are often cited in other publications. This can have damaging consequences for society and for science. The present work includes a scientometric study of 350 articles (published by the Association for Computing Machinery; Elsevier; The Institute of Electrical and Electronics Engineers, Inc.; John Wiley; Springer; Taylor & Francis; and World Scientific Publishing Co.). A lower bound of 85.4% articles are found to be incongruous. Authors cite inherently self-contradictory articles more than valid articles. Incorrect informational cascades ruin the literature’s signal-to-noise ratio even for uncomplicated cases.

Keywords: Articles, Citations, Co, Computer Science, Electronic Engineering, Impact Factor, Journals, Misconduct, Misconduct, Publications, Publishing, Refereeing Shortcomings, Science, Scientometric, Society, Springer, Work

? Foo, J.Y.A. (2013), Implications of a single highly cited article on a journal and its citation indexes: A tale of two journals. *Accountability in Research-Policies and Quality Assurance*, **20** (2), 93-106.

Full Text: [2013\Acc Res Pol Qua Ass20, 93.pdf](2013/Acc%20Res%20Pol%20Qua%20Ass20,%2093.pdf)

Abstract: Citation indexes such as journal impact factor are increasingly used to evaluate the quality of a scholarly work and/or assess one’s scientific contributions. However, this simplistic approach has increasingly been refuted with publication gaming and incorrect applications to rank one’s academic significance. These indexes are being game not only by researchers but also subtly by journal editors. Although the attention drawn from the public pertaining to such misbehaviors from editors is limited, the associated implications cannot be undermined. In this article, the focus will be on the motivations, impacts, and lessons learnt from how single highly cited article can have on the reactions from and the reputation of two academic journals: Folia Phoniatrica et Logopaedica and Acta Crystallographica Section A. For the former, it adopted an unconventional approach to improve its prominence in the field while the latter reiterates the correct and the original intent of citation indexes, as well as the importance of good editorial governance. From these incidents, few considerations are proposed to assist in minimising the recurrence of possible publication gaming in the editorial process. However, the inherent ethical values of an individual should still take precedence of any preventive measure.

Keywords: Approach, Article, Attention, Author, Bibliometric Data, Citation, Citation Indexes, Ethical, Field, Folia-Phoniatrica, Governance, Highly Cited, Highly-Cited, History, Impact, Impact Factor, Impacts, Indexing, Journal, Journal Editors, Journal Impact, Journal Impact Factor, Journals, Logopaedica, Mar, Measure, Public, Publication, Publication Ethics, Quality, Quality Of, Rank, Recurrence, Reputation, Research Integrity, Research Misconduct, Science, Shelx, Significance, Work

# Title: Accounting, Business and Financial History

Full Journal Title: [Accounting, Business and Financial History](http://weblinks3.epnet.com/authHjafDetail.asp?tb=1&_ua=bo+B%5F+db+buhjnh+bt+TD++%225AU%22+BD54&_ug=sid+3BE5FDC8%2D7732%2D49C0%2D964F%2D1F344691324F%40sessionmgr2+dbs+buh+268E&_us=sm+ES+E6C7&_uso=st%5B0+%2DTD++%225AU%22+tg%5B0+%2D+db%5B0+%2Dbuh+op%5B0+%2D+h); [Accounting, Business and Financial History](http://www.ingentaconnect.com/content/routledg/rabf); [Accounting, Business and Financial History](http://taylorandfrancis.metapress.com/(4rmckr55oxmidb55jwdzjp45)/app/home/journal.asp?referrer=parent&backto=linkingpublicationresults,1:100111,1)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

Anderson, M. (2002), An analysis of the first ten volumes of research in *Accounting, Business and Financial History*. *Accounting, Business and Financial History*, **12** (1), 1-24.

Full Text: [2002\Acc Bus Fin His12, 1.pdf](2002/Acc%20Bus%20Fin%20His12,%201.pdf)

Abstract: Although numerous studies have focused upon the publishing patterns of leading academic accounting journals, the area of accounting history has largely been neglected. This paper uses standard content and citation techniques to analyse the 155 articles published in the first ten volumes of *Accounting, Business and Financial History* across the period 1990 to 2000. It highlights the leading individual and institutional contributors to ABFH, the major foci of their studies and the journals, articles and scholars exerting the greatest influence upon ABFH authors.

Keywords: Accounting History, ABFH, Publishing Patterns, Content Analysis, Citation Analysis

# Title: Accounting Organizations and Society

Full Journal Title: [Accounting Organizations and Society](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=5957&_auth=y&_acct=C000047720&_version=1&_urlVersion=0&_userid=2007471&md5=f4237b11e7ccfe2f917c68d921075b0f)

ISO Abbreviated Title: Account. Organ. Soc.

JCR Abbreviated Title: Account Org Soc

ISSN: 0361-3682

Issues/Year: 7

Journal Country/Territory: England

Language: English

Publisher: Pergamon-Elsevier Science Ltd

Publisher Address: the Boulevard, Langford Lane, Kidlington, Oxford OX5 1GB, England

Subject Categories:

Business, Finance: Impact Factor 0.343,/(2001)

Notes: JJournal

Solomon, I. and Trotman, K.T. (2003), Experimental judgment and decision research in auditing: the first 25 years of *AOS*. *Accounting, Organizations and Society*, **28** (4), 395-412.

Full Text: [2003\Acc Org Soc28, 395.pdf](2003/Acc%20Org%20Soc28,%20395.pdf)

Abstract: We review the papers published in *Accounting, Organizations and Society* (*AOS*) during the period 1976–2000 that report auditing judgment and decision experiments. We also review the *AOS* papers during the same period that attempt to influence the future directions of such studies. Our review is focussed on describing the characteristics and quantity of such papers and assessing their impact on the scholarly literature. We employ citation data and analysis as the primary means of judging scholarly impact and we draw comparisons with other leading research journals. Our inquiry and analysis reveals that *AOS* papers reporting auditing judgment and decision experiments have been a significant component of the audit judgment and decision literature, although the impact of the *AOS* papers is less than that of papers appearing in the other leading journals. For the *AOS* future-directions papers, however, we find a relatively large number and citations that compare favorably with citations of both papers reporting experiments and future-direction papers in other leading journals.

Keywords: Auditors Judgments, Belief-Adjustment Model, Experience, Hypothesis Generation, Impact, Independence, Knowledge, Performance, Research, Revision, Risk Judgments, Task Complexity

# Title: Accounts of Chemical Research

Full Journal Title: Accounts of Chemical Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Salem, L. (1986), Self-citation and ethical transgression. *Accounts of Chemical Research*, **19** (11), 376.

Full Text: [1986\Acc Che Res19, 376.pdf](1986/Acc%20Che%20Res19,%20376.pdf)

# Title: ACIMED

Full Journal Title: ACIMED

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Arencibia Jorge, R. and Perezleo Solorzano, L., Achón Veloz, G. and Araújo Ruiz, J.A. (2001), La informática biomedical desde una perspectiva bibliométrica. *ACIMED*, **9** (3), 201-208.

Full Text: [2001\ACIMED9, 201.pdf](2001/ACIMED9,%20201.pdf)

Abstract: A bibliometric study was conducted to determine the development of biomedical informatics in the last decade of the 20th century. Thirty-four journals specialized in this field and indexed by the Institute for Scientific Information of Philadelphia were selected and the Journal Citation Report covering the evaluated period was consulted to determine the average impact factor as well as the increase index of the impact factor of each of them. Also the general average impact factor of journals published between 1992 and 1999 and the general increase index of the general average impact factor were estimated. The results were shown in graphs and the 10 top journals according to the highest average impact factor reached, the highest increase index of their impact factor and the highest impact factors accrued in the evaluated period were recorded. Finally comments are made on the main applications of informatics in Biomedicine and the advantages of the analysis of citations made by the Institute for Scientific Information to assess the performance of a biomedical discipline.

Keywords: Informatica Medica, Bibliometria, Factor de Impacto, Analisis de Citas, Medical Informatics, Bibliometrics, Impact Factor, Citation Analysis

Notes: MModel

Spinak, E. (2001), Indicadores cienciométricos. *ACIMED*, **9** (Supl.), 42-49.

Full Text: [2001\ACIMED9S, 42.pdf](2001/ACIMED9S,%2042.pdf)

Abstract: Scientific indicators arise from the measurement of inputs and results of the scientific institution. Scientometrics develops methodologies for set up those indicators based on interdisplinary technics from the economics, statistics, management and documentation. The methodologies that are internationally accepted (Frascati Manual, Oslo Manual and Canberra Manual) constitute the classical references to measure the econocmic inputs and results, as well as the technological results of the research and development. However, there is no international consensus about how to measure and evaluate intellectual and academic production in the ways in which it is expressed in the editorial system, either in the interpretation of its impacts e influences. Defining bibliometrics, scientometrics and infometrics, as well as their scope and application, this paper presents alternative views to interpret current scientometric indicators, which greatly outcome from compilation of the Citation Index, published by the Institute for Scientific Information, and other similar databases. Particularly, an hypothesis is presented aiming at explaining the bias of the Citation Index in favour of the publications that belong to the mainstream of the developed countries, against those publications of similar quality published by Third World countries.

Keywords: Indicadores/Utilización, Bibliometria, Cienciometria, ley de Bradford, ley de Zipf, ley de Sengupta, ley de Lotka, Analisis de Citas, Factor de Impacto, Indicators/Utilization, Bibliometrics, Scientometrics, Bradford’s Law, Zinpf’s Law, Sengupta’s Law, Lotka’s Law, Citation Analysis, Impact Factor

Rousseau, R. (2001), Indicadores bibliométricos y econométricos en la evaluación de instituciones científicas. *ACIMED*, **9** (Supl.), 50-60.

Full Text: [2001\ACIMED9S, 50.pdf](2001/ACIMED9S,%2050.pdf)

Abstract: This article consists of two parts: the first part describes the evaluation of a small university it is based on scientometric data and aims mainly at the evaluation of internationally visible research. The second part shows how an econometric method (DEA: data enveloping analysis) can be used to include teaching and other aspects, e.g. fund raising, into the evaluation. Both approaches show how a body of bibliometric, scientometric and econometric theory can be applied to real world problems.

Keywords: Cienciometria, Investigacion, Evaluacion, Econometria/Métodos, Factor de Impacto, Analisis de Citas, Produccion Cientifica, Publicacion Electronica, Bibliometria, Universidades/Eficiencia, Universidades/Efectividad, Scientometrics, Research, Evaluation, Econometrics/Methods, Impact Factor, Citation Analysis, Scientific Production, Electronic Publishing, Bibliometrica Universities/Efficiency, Universities/Effectiveness

Worwell, I. (2001), Informetría: Explorando bases de datos como instrumentos de análisiss. *ACIMED*, **9** (Supl.), 115-121.

Full Text: [2001\ACIMED9S, 115.pdf](2001/ACIMED9S,%20115.pdf)

Abstract: This paper gives a sample of the research programmes of the Centre for Informetric Studies, Copenhaguen. It also describes informetrics as a sub-field of bibliometrics discussing its new approach, i.e. The combination of advan-ced information retrieval theories and methodologies with the scientific study of information flows. The Centre aims to apply bibliometric methods not only to scientometric studies and research evaluations of science and technology, but also the analysis of their societal, industrial and other special relations. This means an extension of the traditional bibliometric analyses to cover non-scholarly communities in which information produced, communicated and used. The author also appeals to LIS professionals to face the challenge of this new area of quantitative studies, learning to explore data bases also as a tool to carry out analytical work, emphasizing the possibilities for those professionals to raise their positions in the information work hierarchies, as well as to explore informetric techniques to support the management of decisions and policy making.

Keywords: Bibliometria, Informetria, Bases de Datos/Análisis, Bibliometrics, Informetrics, Databases/Analysis

Sanz Casado, E., Martín Moreno, C., García Zorita, C., Suárez Balseiro, C. and Lascurain Sánchez, M.L. (2002), La actividad científica española en ciencias médicas en el período 1991-1999. *ACIMED*, **10** (1).

Full Text: [2002\ACIMED10-Sanz.pdf](2002/ACIMED10-Sanz.pdf)

Abstract: the group of Spanish medical sciences researchers is studied. Unidimensional and relational bibliometric indicators are used to analyze the papers published by the researchers processed in the MEDLINE database from 1991 to 1999. The results show that the Spanish scientific production in medical sciences has raised in more than 70 %. Likewise, its weight concerning world production has increased from 1.4 % to 2 %. Biology-biochemistry, general medicine, neurosciences and nephrology-urology are the most published topics. A rise has also been observed in the size of the research groups and in the coauthorship index from 4.58 to 5.09 authors/document. The journal article has been the most used type of document to spread research. 15 of the 17 most productive journals are Spanish. The relational indicators utilized, which are based on the correspondence analysis, reveal a clear differentiation between institutional sectors, according to the topics in which their researchers work. Hospitals show their preference for clinical areas, whereas the universities prefer basic research areas. The scientific activity in the field of medical sciences has had a significant change in Spain. Most of the research activity is developed by the health sector, where applied investigation is made.

Keywords: Produccion Cientifica, Produccion Cientifica/Tendencias, Investigadores, Bibliometria, España, Scientific Production, Scientists, Bibliometry, Spain

Pérez Matos, N.E. (2002), La bibliografía, bibliometría y las ciencias a. *ACIMED*, **10** (3).

Full Text: [2002\ACIMED10-Perez.pdf](2002/ACIMED10-Perez.pdf)

Abstract: the fundamental characteristics revealing the upsurge of an incipient digital culture at present are described starting from the changes taking place in the so-called information society. Bibliography is presented as a new science in the complex bibliological-informational world, whereas bibliometry is defined as a metric science. The appearance and importance of publications in science, as well as the possibilities offered by the electronic formats are studied. Bibliometry is analyzed as a science that reckons from the descriptive elements of scientific documentation and from the need to assess the documental typology in order to attain results reflecting the scientific phenomenon with more accuracy. The significance of bibliometry for information and knowledge management is stressed and the librarian’s work is considered as the oldest and most professional in the organization of information.

Keywords: Procesamiento Automatizado de Datos, Bibliometria, Bibliografías, Ciencias de la Información, Firma Editora, Automatic Data Processing, Bibliometrics, Bibliography, Information Science, Publishing

Araújo Ruiz, J.A. and Arencibia Jorge, R. (2002), Informetría, bibliometría y cienciometría: Aspectos teórico-prácticos. *ACIMED*, **10** (4).

Full Text: [2002\ACIMED10-Araujo.pdf](2002/ACIMED10-Araujo.pdf)

Abstract: Mathematical methods have been applied to the study of scientific literature since the beginning of the last century. They gave origin to bibliometry. The eagerness for measuring the results of sciences in countries and organizations made possible the appearance of informetry and sciencetometrics. There is no doubt about the existance of similar characteristics among these 3 disciplines; however, each of them has its specific object and topic of study. This paper tries to define in a synthetized way the concept and object of these disciplines as well as some theoretical and practical aspects of the sciences to which they serve as instruments.

Keywords: Scientometrics, Informetrics, Bibliometrics, Mathematical Models, Information Science, Bibliometría, Modelos Matemáticos, Cienias de la Información

Perezleo Solórzano, L., Arencibia Jorge, R., Conill González, C., Achón Veloz, G. and Araújo Ruiz, J.A. (2003), Impacto de la Bioinformática en las ciencias biomédicas. *ACIMED*, **11** (4).

Full Text: [2003\ACIMED11-Perezleo.pdf](2003/ACIMED11-Perezleo.pdf)

Abstract: the advances reached by the genetic engineering and the development of new information technologies during the last decade, conditioned the emergence of a discipline that has created indissoluble bonds between the Computer Sciences and the Biological Sciences: the Bioinformatics. The present work demonstrates the impact of the Bioinformatics in the Medical Sciences, through the bibliometric analysis of MEDLINE, the most important database of the biomedical environment at the present time. The main applications of this discipline in the registrations obtained in MEDLINE were directed to the data management in the laboratory, the automation of experiments, the assembling of contiguous sequences, the prediction of functional domains in gene sequences, the alignment of sequences, the searches in databases of structures, the structure determination and prediction of macro-molecules, the molecular evolution and the phylogenetic trees. The medical specialties mostly influenced by the Bioinformatics were the Medical Genetics, Clinical Biochemistry, Pharmacology, Neurosciences, Medical Statistic, Immunology, Physiology and Oncology.

Keywords: Informatica Médica, Biologia Computacional, Bibliometria, Tecnologia de la Informacion, Medical Informatics, Computational Biology, MEDLINE, Bibliometrics, Medical Informatics, Information Technology

López Espinosa, J.A. and Díaz del Campo, S. (2003), Introducción al estudio bibliométrico de la bibliografía activa de Carlos J. Finlay. *ACIMED*, **11** (5).

Full Text: [2003\ACIMED11-Lopez.pdf](2003/ACIMED11-Lopez.pdf)

Abstract: the results from the retrospective and descriptive study aimed at knowing the features of active bibliography of Dr Carlos J Finlay published in journal articles are exposed. A procedure of bibliometric profile analysis was carried out in which the folliwing indicators were taking into account: the temporary extent of his scientific production, the researches published in Cuban and foreing journals, the articles he wrote as sole author and in colaboration, his original contribution’s in Spanish and other languages, his translations and the topics he discussed as a publicist. From 1864 to 1912, Finlay wrote a total of 187 articles published in 11 Cuban journals and 9 foreing journals, 168 of them as sole author. of a total numbers of 182 original works, 163 were written in Spanish. The other original works were written in English and Germany as well as 5 translation of texts from English and French. The most referred topics were yellow fever, cholera and eye diseases. The possible usefulness of this original study as a reference for further researches on Finlaist literature is established and the encouragement for the examination of other remarkable features of Cuban medical bibliography that remains unexplored.

Keywords: Estudios Retrospectivos, Estudios Descriptivos, Personajes, Bibliografia de Medicina, Fiebre Amarilla, Colera, Oftalmopatias, Bibliometria, Produccion Cientifica, Bibliografia de Medicina/Historia, Bibliografia Retrospectiva, Retrospective Studies, Epidemiology, Descriptive, Famous Persons, Bibliography of Medicine, Yellow Fever, Cholera, Eye Diseases, Scientific Production, Bibliography of Medicine/History, Bibliography, Bibliometrics, Cuba

Cañedo Andalia, R., Arencibia Jorge, R., Perezleo Solórzano, L. and Araújo Ruiz, J.A. (2004), La Colaboración Cochrane en Cuba. Parte VI. Producción de guías para la práctica clínica: Una visión desde la perspectiva de la base de datos MEDLINE. *ACIMED*, **12** (4).

Full Text: [2004\ACIMED10-Canedo.pdf](2004/ACIMED10-Canedo.pdf)

Abstract: AIM: To show the qualitative and quantitative features of information flow of medical practice guides processed by MEDLINE in 1993 and 2004. METHODS: the guides for medical practice procesed by MEDLINE were identified using search approach design for that purpose. The relevant of retrieved records was handy reviewed. The frecuency indexes were prepared for a variable group chosen according relevance to distinguish the study flow. The foremention indexes were conceived using the Procite software. The study of topic distribution was carried out using the Refvitz software, a tool for data mining created by Institute for Scientific Information. RESULTS: the identification of 6 350 clinical guides processed by MEDLINE in the years 1993 and 2004 was possible. These guides, written in 22 languages proceedings from 43 countries, were published in 1 094 different journals. According to country, the United States of America produced more than the half (53,5%) of the clinical guides published in MEDLINE. The most productive journal was Pediatrics from U.S.A containing 208 contributions. The most productive institutions were the American College of Obstetricians and Gynecologists, the American Heart Association, the American Academy of Pediatrics, the American College of Cardiology and the American Diabetes Association. The majority of the most treated thematic subgroups were concentrated in 4 areas: therapy of general diseases, cancer and malignant tumors as well as the infectious and cardiovascular diseases. CONCLUSION: Even though the predominance of the U.S.A in clinical guide production is unquestionable, the recognized trend of MEDLINE database to process mainly publications from U.S.A and also from English speaking countries could a disavantage for the results and positions occupied by other countries.

Keywords: Guías Para La Práctica Clínica, Informetría, Bibliometría, MEDLINE, Clinical Practice Guidelines, Informetrics, Bibliometrics, MEDLINE

# Title: ACS NANO

Full Journal Title: ACS NANO

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Weiss, P.S. (2012), Who are corresponding authors? *ACS NANO*, **6** (4), 2861.

Full Text: [2012\ACS NANO19, 2861.pdf](2012/ACS%20NANO19,%202861.pdf)

# Title: Acta Agriculturae Zhejiangensis

Full Journal Title: [Acta Agriculturae Zhejiangensis](http://e42.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=ZJNB&NaviLink=%e6%b5%99%e6%b1%9f%e5%86%9c%e4%b8%9a%e5%ad%a6%e6%8a%a5)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Guo, K., Liu, Y.F., Zeng, C., Chen, Y.Y. and Wei, X.J. (2014), Global research on soil contamination from 1999 to 2012: A bibliometric analysis. *Acta Agriculturae Scandinavica Section B-Soil and Plant Science*, **64** (5), 377-391.

Full Text: [2014\Act Agr Sca Sec B-Soi Pla Sci64, 377.pdf](2014/Act%20Agr%20Sca%20Sec%20B-Soi%20Pla%20Sci64,%20377.pdf)

Abstract: We evaluated soil contamination research based on a bibliometric analysis of 14,090 articles published in journals in the Science Citation Index and Social Sciences Citation Index bibliographic databases from 1999 to 2012, which revealed scientific outputs, subject categories and major journals, international collaboration and geographic distribution of authors and countries, keywords, and hot issues. The results suggested that research on soil contamination developed well with increasing scientific production and research collaboration. Environmental science, engineering environment, soil science, and applied microbiology were the most frequently used subject categories in soil contamination studies. Chemosphere was the most active journal in this field. The clusters of authors were more in the USA, Western European countries, China, Japan, and India. Q. X. Zhou of Nankai University was the most productive author, and S. P. Mcgrath of Rothamsted Research England published the most influential articles. The USA exceeded all other countries with the most independent and collaborative papers in research on global soil contamination. Heavy metal pollution was the hottest issue, and bioremediation is the most promising research topic in combating against heavy metal pollution of soils. The status of publication on soil contamination research described here is significant for researchers on soil contamination in their future work.

Keywords: Agricultural Soils, Analysis, Articles, Authors, Bibliographic, Bibliographic Databases, Bibliometric, Bibliometric Analysis, Bibliometrics Analysis, Bioremediation, China, Citation, Collaboration, Contamination, Databases, Diffuse-Reflectance Spectroscopy, Distribution, Engineering, England, Environment, Environmental, Environmental Science, Field, Geographic Distribution, Global, Heavy Metal, Heavy Metal Pollution, Heavy-Metal, Heavy-Metals, Hot Issues, Human Health, India, Influential Articles, International, International Collaboration, Issues, Japan, Journal, Journals, Metal, Microbial Community Composition, Microbiology, Natural Attenuation, P, Papers, Polluted Soils, Pollution, Publication, Research, Research Collaboration, Researchers, Risk Assessment, S, Science, Science Citation Index, Sciences, Scientific Production, Social Sciences, Social Sciences Citation Index, Soil, Soil Contamination, Soil Science, Soils, Topic, Trace-Elements, University, USA, Work

# Title: Acta Agriculturae Zhejiangensis

Full Journal Title: [Acta Agriculturae Zhejiangensis](http://e42.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=ZJNB&NaviLink=%e6%b5%99%e6%b1%9f%e5%86%9c%e4%b8%9a%e5%ad%a6%e6%8a%a5)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Yuan, Z.M. and Chen, H.P. (2007), Analysis on the papers published in *Acta Agriculturae Zhejiangensis* from year 2003 to 2005. *Acta Agriculturae Zhejiangensis*, **19** (1), 60-64.

Full Text: [2007\Act Agr Zhe19, 60.pdf](2007/Act%20Agr%20Zhe19,%2060.pdf)

Abstract: Statistical analysis on the bibliometric indicators, including quantity of papers, publishing latency, rate of foundation-supported papers, reference, mean citation rate, average number of authors per article, regional and institutional distributions by origin, and rate of international contributions, was done using literature metrological methods for the papers published in Acta Agriculturae Zhejiangensis from year 2003 to 2005. Evaluation on citation frequency, impact factor, immediacy index, cited rate, rate of

Keywords: Academic Journals, Acta Agriculturae Zhejiangensis, Bibliometric Indicator, Citation Indicator

# Title: Acta Anaesthesiologica Scandinavica

Full Journal Title: [Acta Anaesthesiologica Scandinavica](http://www.blackwell-synergy.com/servlet/useragent?func=showIssues&code=aas)

ISO Abbreviated Title: Acta Anaesthesiol. Scand.

JCR Abbreviated Title: Acta Anaesth Scand

ISSN: 0001-5172

Issues/Year: 10

Journal Country/Territory: Denmark

Language: English

Publisher: Blackwell Munksgaard

Publisher Address: 35 Norre Sogade, PO Box 2148, DK-1016 Copenhagen, Denmark

Subject Categories:

Anesthesiology: Impact Factor

? Gisvold, S.E. (1995), What is happening to the quality of research - and how can quality be measured? *Acta Anaesthesiologica Scandinavica*, **39** (1), 1-2.

Full Text: [1995\Act Ana Sca39, 1.pdf](1995/Act%20Ana%20Sca39,%201.pdf)

Keywords: Bibliometric Indicators, Ethics, Research, Research Quality

? Nishina, K., Asano, M., Mikawa, K., Maekawa, N. and Obara, H. (1995), The accuracy of reference lists in *Acta Anaesthesiologica Scandinavica*. *Acta Anaesthesiologica Scandinavica*, **39** (5), 577-578.

Full Text: [1995\Act Ana Sca39, 577.pdf](1995/Act%20Ana%20Sca39,%20577.pdf)

Abstract: To determine the accuracy of bibliographic citation in Acta Anaesthesiologica Scandinavica, we reviewed all 1990 volumes and part of 1994 volumes of the journal and sequentially numbered all references appearing in those years (n = 2701 and 2158 in 1990 (No. 1-No. 8) and 1994 (No. 1-No. 5), respectively). We randomly selected 100 references from each year. After citations of nonjournal articles were excluded. The remaining 195 citations were carefully scrutinized. Authors’ names, article title, journal title, volume number, page numbers, and year were examined in each selected reference. A reference was deemed correct if each element of the citation was identical to its source. of the examined references. 40% and 45% contained one or more errors in 1990 and 1994, respectively. The elements most likely to be inaccurate were, in descending order of frequency article title, author, and page number. No significant differences existed in the error rate between the two years. We have found many citation errors in the reference lists of Acta Anaesthesiologica Scandinavica and no improvement in these latest four years. All contributors to Acta Anaesthesiologica Scandinavica should thoroughly check the accuracy of reference lists.

Keywords: Accuracy, Citation, Citation Errors, Citations, Documentation,Acta Anaesthesiologica Scandinavica, Error, Error Rate, Errors, Improvement, Journal, Reference, References, Source, Volume

Gisvold, S.E. (1999), Citation analysis and journal impact factors - is the tail wagging the dog? *Acta Anaesthesiologica Scandinavica*, **43** (10), 971-973.

Full Text: [1999\Act Ana Sca43, 971.pdf](1999/Act%20Ana%20Sca43,%20971.pdf)

? Boldt, J., Haisch, G. and Maleck, W.H. (2000), Changes in the impact factor of anesthesia/critical care journals within the past 10 years. *Acta Anaesthesiologica Scandinavica*, **44** (7), 842-849.

Full Text: [2000\Act Ana Sca44, 842.pdf](2000/Act%20Ana%20Sca44,%20842.pdf)

Abstract: Background: the impact factor (IF) is published by the Institute for Scientific Information (ISI). There is a tendency to assess quality of scientific journals with the help of the IF. An analysis of the changes in the EF over time in the different specialities may help to further enlighten the worth and problems of the IF Methods: the IFs listed under the subheadings Anesthesiology and Emergency Medicine & Critical Care in the Science Citation Index - Journal Citation Report were descriptively analysed over the past 10 years. Additionally, IFs of some other important journals (subheadings Surgery, Cardiovascular, General Medicine) were analysed. Results: the IF of most of the journals showed a constant increase over the years (average in Anesthesiology: +65%; average in Emergency Medicine gr Critical Care: +145%). IFs of the highest ranked journals of other specialities showed a similar increase over the years (average in surgical journals: +56%; average in cardiac journals: +59%; average in general journals: +40%). More Anesthesiology and Emergency Medicine & Critical Care journals originated from the USA show an IF >2.0 over the past 10 years than do European journals. Conclusion: Although the value of the IF is highly controversial, it is a frequently used tool to assess rating of a medical journal. Anesthesiology and Emergency Medicine & Critical Care journals showed a continuous increase in the IF over the past 10 years.

Keywords: Analysis, Care, Changes, General, Impact, Impact Factor, Institute for Scientific Information, ISI, Journal, Journals, Medical, Quality, Quality of, Science Citation Index, Scientific Journals, Specialities, USA, Value

? Boldt, J., Maleck, W.H. and Fent, T. (2001), Price development in important anesthesia and critical care medicine journals in comparison to journals of other disciplines. *Acta Anaesthesiologica Scandinavica*, **45** (4), 458-464.

Full Text: [2001\Act Ana Sca45, 458.pdf](2001/Act%20Ana%20Sca45,%20458.pdf)

Abstract: Background: in today’s climate of financial restrictions, Libraries and individual subscribers complain about the price increase of scientific journals. The development in prices of anesthesia/ critical care journals was analysed over the past 6 years and compared to prices of some journals of other disciplines. Methods: Important journals in the categories Anesthesiology, Emergency Medicine & Critical Care, Surgery, Medicine (General), and Cardiac & Cardiovascular Systems listed in the 1999 Science Citation Index of Journal Citation Report were included and prices for the years 1995 to 2000 were analysed. Results: Increase in prices ranged from +13% to +199%. The mean increase in journal prices was lowest in the category Anesthesiology (+61%), higher in the category Critical Cave (+73%), and highest in the category Medicine, General (+101%). Changes in the impact factor (IF) varied widely, ranging from a decrease (Lancet: -43%; J Neurosurg Anesth: -44%) to a tremendous increase (e.g. Reg Anesth +165%; Ann Emerg Med +149%). The journals’ size (number of articles or pages) did not increase proportionally with the increase in prices. Conclusion: A disproportionate rise in journal prices was seen over the past 6 years. The large increase in cost may have multiple reasons. The rapidly increasing cost of research journals may affect research quality because economic pressure may result in reduction in availibility of information due to cancellation of subscriptions to journals.

Keywords: Anesthesia, Articles, Citation, Comparison, Costs, Critical Care, Critical Care Medicine, Development, Economic, General Medicine, IF, Impact, Impact Factor, Journal, Journals, Libraries, Medicine, Price, Prices, Reduction, Research, Research Journals, Research Quality, Science, Science Citation Index, Scientific Journals, Surgery

Fassoulaki, A., Papilas, K., Paraskeva, A. and Patris, K. (2002), Impact factor bias and proposed adjustments for its determination. *Acta Anaesthesiologica Scandinavica*, **46** (7), 902-905.

Full Text: [2002\Act Ana Sca46, 902.pdf](2002/Act%20Ana%20Sca46,%20902.pdf)

Abstract: Background: the impact factor (IF), a qualitative parameter used to evaluate scientific journals, has several flaws. The aim of the study was to evaluate two of its important constraints, journal self-citation and scientific field, and to investigate the potential for improvement. Methods: We studied the five or six highest impact journals from each of seven medical fields: anesthesiology, dermatology, genetics and heredity, immunology, general and internal medicine, ophthalmology and surgery. To correct for journal self-citation, we divided the number of 1998 citations of papers published in 1996 and 1997, minus the self-citations, by the number of papers published in the same period. For inter-field normalization we divided the IF by the mean of the IFs of the upper quartile for the same category of medical field (IF/f(cat)). Results: For the 36 journals, there was a negative correlation between IF and self-cited and self-citing rates (r (s) = -0.765, P < 0.001 and r (s) = -0.479, P < 0.003, respectively). Self-cited rate is the ratio of a journal’s self-citations to the number of times it is cited by all journals including itself. Self-citing rate relates a journal’s self-citations to the total references it makes. The IF/f(cat) for the 36 journals are positively correlated with their conventional IF (r (s) = 0.91, P < 0.001). Conclusion: Correcting the IF of the 36 journals for self-citation did not significantly change journal rankings. The adjusted IF/f(cat) to normalize for the scientific field was positively correlated with the conventional IF.

Keywords: Anesthesia-Journals, Correction Factors, Impact Factor, Medical Journals, Scientific Field

Notes: TTopic

Figueredo, E., Perales, G.S. and Blanco, F.M. (2003), International publishing in anaesthesia - how do different countries contribute? *Acta Anaesthesiologica Scandinavica*, **47** (4), 378-382.

Full Text: [2003\Act Ana Sca47, 378.pdf](2003/Act%20Ana%20Sca47,%20378.pdf)

Abstract: Background: the evaluation of the international distribution in biomedicine research is a subject that creates expectations. This study assesses the recent evolution of world-wide distribution of research in the anaesthesiology field and discusses some of the possible factors which could give rise to changes in the interpretation of absolute results.

Methods: A search on MEDLINE was run to obtain the source country of the journal articles (with abstract) from 10 important anaesthesia journals in the 1997-2001 period. The data were analysed and standardized to journal impact factor values of each publication and population size. Annual evolution in the number of publications in the countries with the largest scientific production was analysed. Furthermore, the distribution of articles by country of origin was studied for each journal.

Results: the 9724 publications came from 65 countries. In absolute numbers, the USA leads research in anaesthesiology (24.4%). The evaluation of the contribution of the more productive countries revealed a progressive increase in the German contribution (from 5.1% to 9.4%) and a decrease in the American contribution (from 28.6% to 21.8%) over the 5 years analysed. In relative terms, Finland, Sweden and Denmark were the most productive countries per million inhabitants (8.8, 7.2 and 6 publications/year, respectively).

Conclusion: the geographic distribution of the publications on anaesthesiology must not only be analysed in absolute numbers, where the USA is the most productive. The North-European countries show the largest production/number of inhabitants ratio; whereas the largest percentage increase during the period is found in Germany.

Keywords: Anesthesia, Journals, Information Science, Publications, Manuscripts, Biomedical Publications, Anesthesia-Journals, Impact Factors, Care Journals, Geography, US

Terajima, K. and Åneman, A. (2003), Citation classics in anaesthesia and pain journals: A literature review in the era of the internet. *Acta Anaesthesiologica Scandinavica*, **47** (6), 655-663.

Full Text: [2003\Act Ana Sca47, 655.pdf](2003/Act%20Ana%20Sca47,%20655.pdf)

Abstract: Background: the number of citations an article receives reflects its scientific impact. The introduction of internet-based resources to search and access articles has made it possible to review even whole scientific areas. This study identifies the top 50 most-cited articles over the last 25 years in speciality journals dedicated to anaesthesia and pain, respectively. Methods: Twenty-two journals listed in the Science Citation Index Expanded(TM) in the field of anaesthesiology and nine major medical journals were screened using the cited reference option to identify articles cited more than 100 times between 1986 and 2002. The top 50 articles in speciality journals and the top 10 articles in major medical journals concerning anaesthesia and pain were retrieved for further analysis. Results: the most-cited articles in speciality journals were published from 1986 to 1997 and received a mean of 222 (anaesthesia) and 279 (pain) citations. Sixty-seven institutions produced the most-cited articles and of those 28 were located outside North America. The articles were published in six journals led by the Journal of Pain (50 articles) and Journal of Anaesthesiology (39 articles). Forty-seven articles were classified as related to clinical experience, 33 were review articles, and 20 discussed basic science. Conclusion: To make an article a possible ‘citation classic’ in anaesthesiology, it should be published in one of six leading journals and originate from an established institute in North America. Internet resources to publish and cite the literature have to date not advanced any article published in the last 5 years to the top 100 list.

Keywords: Access, Anaesthesia, Anaesthesiology, Analysis, Citation, Citations, Clinical, Clinical Experience, Experience, Field, Impact, Institutions, Internet, Journals, Literature, Literature Review, Medical, Medical Journals, North, Pain, Review, Science, Science Citation Index

Skram, U., Larsen, B., Ingwersen, P. and Viby-Mogensen, J. (2004), Scandinavian research in anaesthesiology 1981-2000: Visibility and impact in EU and world context. *Acta Anaesthesiologica Scandinavica*, **48** (8), 1006-1013.

Full Text: [2004\Act Ana Sca48, 1006.pdf](2004/Act%20Ana%20Sca48,%201006.pdf)

Abstract: Background: We wished to assess the development in number and impact of publications in anaesthesiology and intensive care medicine from 1981 to 2000 in the four Scandinavian countries: Sweden, Norway, Finland, and Denmark. For comparison, we also analyzed data from the UK and the Netherlands. Methods: Publication and citation data from 1981 to 2000 were gathered from National Science Indicators (2001), covering 33 journals indexed in Current Contents. Data were analyzed in running 5-year periods. The following informetric indicators were used: absolute number of publications; absolute number of citations; absolute citation impact (average number of citations per publication per 5-year period); citation impact relative to the European Union and the world; and the percentage of cited papers from each country. Results: the annual number of publications from Denmark was stable over the 20-year period. Sweden increased its production by 35%, while the remaining four countries showed increases from 100% to 146%. Thus, Sweden and Denmark lost visibility within the European Union (EU) and in world context. The EU and world citation shares of Finland and Norway increased slightly, whereas those of Sweden, Denmark, the UK, and the Netherlands all declined significantly. The absolute citation impact (ACI) increased for all the four Scandinavian countries. The ACI of the Netherlands did not change and was surpassed by all the Scandinavian countries by 1994-98, while the UK finished below the other five countries. Conclusions: (1) the annual number of publications from Sweden, Norway, Finland, the UK, and the Netherlands increased after the late eighties, whereas the net publication output from Denmark was stagnant over the 20-year period investigated; (2) the international publication and citation visibility of Finland and Norway increased slightly, as opposed to the significant decrease seen by the other four countries; (3) judging from the increase in absolute and relative citation impact and in the percentage of cited papers, the recognition of publications from the four Scandinavian countries increased over the past 20 years.

Keywords: Anaesthesiology, Anesthesiology, Standards, Anesthesiology, Statistics and Numerical Data, Anesthesiology, Trends, Bibliometrics, Citation, Citation Analysis, Citation Impact, Citations, Countries, Departments, Development, European Union, Impact, Indicators, Journals, Papers, Publication, Publications, Publishing, Standards, Publishing, Statistics and Numerical Data, Publishing, Trends, Research, Research, Standards, Research, Statistics and Numerical Data, Research, Trends, Science, Scientific Publications, Visibility

? Pagel, P.S. and Hudetz, J.A. (2011), h-Index is a sensitive indicator of academic activity in highly productive anaesthesiologists: Results of a bibliometric analysis. *Acta Anaesthesiologica Scandinavica*, **55** (9), 1085-1089.

Full Text: [2011\Act Ana Sca55, 1085.pdf](2011/Act%20Ana%20Sca55,%201085.pdf)

Abstract: Background: H-Index distinguishes differences in scholarly output across faculty ranks in anaesthesiologists, but whether h-Index also identifies differences in other aspects of productivity is unknown. We tested the hypothesis that h-Index is an indicator of not only publication record, but also grant funding and mentoring in highly productive US academic anaesthesiologists. Methods: We conducted an internet analysis of the Foundation for Anesthesia Education and Research Academy of Research Mentors in Anesthesiology (n = 43). Publications, citations, citations per publication, and h-Index for each investigator were obtained using the Scopus (R). Total grants, active grants, years of funding, and duration of longest funded grant were recorded using the US National Institutes of Health Research Portfolio Online Reporting Tools (R). Members were surveyed to identify the number of their career trainees and those who obtained independent funding. Results: the median [IRQ (Interquartile range)] h-Index of members was 23 [17-32 (8-50)]. Members published 136 [100-225 (39-461)] papers with 3573 [1832-5090 (150-11,601)] citations and 21 [15-32 (4-59)] citations per publication. Members received four [3-7 (0-10)] grants and were funded for 29 [17-45 (0-115)] grant-years. Survey respondents (79%) mentored 40 [26-69 (15-191)] trainees, three [2-6 (0-20)] of which subsequently received funding. Members with h-indices greater than the median had more publications, citations, citations per publication, grants, and years of funding compared with their counterparts. H-Index was associated with total citations, active grants, and the number of trainees. Conclusions: In addition to publication record, h-Index sensitively indicates grant funding and mentoring in highly productive US academic anaesthesiologists.

Keywords: Analysis, Anesthesia, Bibliometric, Bibliometric Analysis, Citation Analysis, Citations, Differences, Education, Faculty, Funding, h Index, h-Index, h-Indices, Health, Journal Impact Factors, Medicine, Methods, Papers, Productivity, Publication, Publications, Research, Scopus, US

? Pashkova, A.A., Svider, P.F., Chang, C.Y., Diaz, L., Eloy, J.A. and Eloy, J.D. (2013), Gender disparity among US anaesthesiologists: Are women underrepresented in academic ranks and scholarly productivity? *Acta Anaesthesiologica Scandinavica*, **57** (8), 1058-1064.

Full Text: [2013\Act Ana Sca57, 1058.pdf](2013/Act%20Ana%20Sca57,%201058.pdf)

Abstract: Introduction: The h-Index is an objective indicator of research productivity and influence on scholarly discourse within a discipline. It may be a valuable adjunct for measuring research productivity, a key component in decisions regarding appointment and promotion in academic medicine. The objectives of this analysis were to (1) examine whether there are gender disparities in research productivity among academic anaesthesiologists, and (2) compare results to measures of research productivity in other specialties. Methods: A bibliometric analysis of faculty members from 25 academic anaesthesiology departments was performed using the Scopus database. Academic anaesthesiologists were organised by academic rank and gender. The h-Index and publication range (in years) of faculty members were calculated. Results: Male anaesthesiologists had higher research productivity, as measured by the h-Index, than female colleagues. Organised by rank, this difference was noted only among full professors. Men had higher overall and early-career research productivity, while women had mid-career research productivity rates equivalent to and surpassing that of their male colleagues. Gender disparities in research productivity were also noted among a sample of academic physicians in other specialties. Conclusions: While men had higher overall research productivity, women had equivalent or higher mid-career research output, suggesting that early-career considerations unique to women should be taken into account during appointment and promotion in academic anaesthesiology. While disparities in gender representation among anaesthesiologists have also been noted in Europe, further study as to whether these differences also extend to research productivity and academic promotion outside of the US would be of interest.

Keywords: Academic, Academic Promotion, Anaesthesiology, Analysis, Article, Bibliometric, Bibliometric Analysis, Citation, Database, Discourse, Disparities, Disparity, Europe, Faculty, Female, Gender, Gender Disparities, h Index, h-Index, Impact, Indicator, Influence, Jersey, Male, Medicine, Men, Methods, New Jersey, Otolaryngology, Physician Scientists, Physicians, Power, Productivity, Professors, Promotion, Publication, Rank, Rates, Representation, Research, Research Output, Research Productivity, Residency, Results, River, Scopus, Specialty, US, USA, Women

? Blaser, A.R., Starkopf, J., Kirsimagi, U. and Deane, A.M. (2014), Definition, prevalence, and outcome of feeding intolerance in intensive care: A systematic review and meta-analysis. *Acta Anaesthesiologica Scandinavica*, **58** (8), 914-922.

Full Text: [2014\Act Ana Sca58, 914.pdf](2014/Act%20Ana%20Sca58,%20914.pdf)

Abstract: Clinicians and researchers frequently use the phrase ‘feeding intolerance’ (FI) as a descriptive term in enterally fed critically ill patients. We aimed to: (1) determine what is the most accepted definition of FI; (2) estimate the prevalence of FI; and (3) evaluate whether FI is associated with important outcomes. Systematic searches of peer-reviewed publications using PubMed, MEDLINE, and Web of Science were performed with studies reporting FI extracted. We identified 72 studies defining FI. In 33 studies, the definition was based on large gastric residual volumes (GRVs) together with other gastrointestinal symptoms, while 30 studies relied solely on large GRVs, six studies used inadequate delivery of enteral nutrition (EN) as a threshold, and three studies gastrointestinal symptoms without reference to GRV. The median volume used to define a ‘large’ GRV was 250 ml (ranges from 75 to 500 ml). The pooled proportion (n = 31 studies) of FI was 38.3% (95% CI 30.7-46.2). Five studies reported outcomes, all of them observed adverse outcome in FI patients. In three studies, respectively, FI was associated with increased mortality and ICU length-of-stay. In summary, FI is inconsistently defined but appears to occur frequently. There are preliminary data indicating that FI is associated with adverse outcomes. A standard definition of FI is required to determine the accuracy of these preliminary data. (C) 2014 The Acta Anaesthesiologica Scandinavica Foundation. Published by John Wiley & Sons Ltd.

Keywords: Accuracy, Adverse Outcome, Adverse Outcomes, Care, Critical Illness, Critically-Ill Patients, Data, Definition, Delivery, Early Enteral Nutrition, Enteral, Enteral Nutrition, Feeding, From, Gastric, Gastric Residual Volumes, Gastrointestinal Symptoms, ICU, Intensive Care, Length Of Stay, Mechanically Ventilated Patients, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Mortality, Nutrition, Outcome, Outcomes, Patients, Peer-Reviewed, Peer-Reviewed Publications, Pneumonia, Prevalence, Prospective Cohort, Publications, Pubmed, Randomized Controlled-Trial, Reference, Reporting, Researchers, Review, Science, Standard, Symptoms, Systematic, Systematic Review, Term, Threshold, Traumatic Brain-Injury, Volume, Web Of Science

# Title: Acta Anatomica Sinica

Full Journal Title: [Acta Anatomica Sinica](http://scholar.ilib.cn/P-jpxb.html)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0529-1356

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: TTopic

? Zhou, P. and Tang, M. (2008), A bibliometric analysis of the research on anterolateral thigh flap. *Acta Anatomica Sinica*, **39** (2), 264-266.

Full Text: [2008\Act Ana Sin39, 264.pdf](2008/Act%20Ana%20Sin39,%20264.pdf)

Abstract: Objective To understand the status and developmental trends of the research on anterolateral thigh flap. Methods the PUBMED search was downloaded and the results were imported into the EndNote database, then the distribution was analysed by age, nation, language, periodical and frequency. Results There were 236 articles on anterolateral thigh flap in PUBMED from 1996 to August 2006. The amount of articles multiply increased from 2002 to August 2006, at eighty percent of all. They were published in 8 languages, in 47 journals and from 9 countries. China and the USA are the major countries of the publication, with 77 articles each, which altogether took up 65.2% of the total. Words of a high frequency are as follows: free skip flap, island skin flap, ultrathin skin flap, perforating artery, and descending branch of lateral circumflex femoral artery, the frequency ratio of which is up to 97.46%. Conclusion the papers on anterolateral thigh flap are written mainly by China and USA; English is the main publishing language; the articles are chiefly published by Plast Reconstr Surg and other 8 journals. The research emphases of the anterolateral thigh flap are on free skip flap, perforating flap, ultrathin skin flap, and island flap. Angiography and 3D-reconstruction are the recent techniques for the research.

Keywords: Age, Analysis, Artery, Bibliometric, Bibliometric Analysis, China, Database, Distribution, Journals, Languages, Papers, Periodical, Publication, Publishing, PUBMED, Research, Skin, Techniques, Trends, USA

# Title: Acta Arachnologica Sinica

Full Journal Title: [Acta Arachnologica Sinica](http://e29.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=ZXXB&NaviLink=%e8%9b%9b%e5%bd%a2%e5%ad%a6%e6%8a%a5)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1005-9628

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Yang, Z.Q., Fan, H.L. and Liu, Y.R. (2003), Bibliometric analysis of scientific papers of “*Acta Arachnologica Sinica*” from 1992 to 2001. *Acta Arachnologica Sinica*, **12** (2), 122-124.

Full Text: [2003\Act Ara Sin12, 122.pdf](2003/Act%20Ara%20Sin12,%20122.pdf)

Abstract: the scientific papers in ‘Acta A rachno logica Sinica’ from l992 to 2001 have been analysed by bibliometrics, including the characteristics of the periodical, it sauthor’s areas, units distribution and quotations. Some suggest ions have been put forward to promote the Acta Arachnologica Sinica.

Keywords: Acta Arachnologica Sinica, Bibliometric Analysis, Periodical Review

# Title: Acta Bioethica

Full Journal Title: [Acta Bioethica](http://www.actabioethica.cl/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

? Stepke, F.L. (2010), *Acta Bioethica*: A decade of history. *Acta Bioethica*, **16** (2), 115-118.

Full Text: [2010\Act Bio16, 115.pdf](2010/Act%20Bio16,%20115.pdf)

Abstract: A historical account of origin and evolution of Acta Bioethica (ISSN 0717-5906) is presented, emphasizing the topics addressed and the geographical origin of its authors during its first ten years of existence. Indexed in SciELO, Science Citation Index, Latindex and other bibliographic databases, the journal has become standard reference for scholars. Its papers, in English, Spanish and Portuguese, are cited with increasingly higher frequency. The Centro Interdisciplinario de Estudios en Bioetica (CIEB), at the University of Chile, which edited it during the time of the consortium with the PAHO/WHO Bioethics Program, continues increasing its presence in specialized circles.

Keywords: Acta Bioethica, Authors, Bibliographic Databases, Bioethics History, Bioethics Publication, Chile, Citation, Databases, Evolution, First, History, Journal, Origin, Papers, Reference, SCIELO, Science, Science Citation Index, Standard, University

? Thevenet, P.S. and Del Rio, C.J. (2011), Relationship between bioethics and life sciences research in Argentina: Descriptive study at national level. *Acta Bioethica*, **17** (1), 105-114.

Full Text: [2011\Act Bio17, 105.pdf](2011/Act%20Bio17,%20105.pdf)

Abstract: the aim of this study is to explore and update the relationship between bioethics and life sciences research in Argentina at national level. For this a descriptive, transversal, content analysis and bibliometric section study was carried out about observable public products of national character. Bioethical elements were found in national norms related to scientific research in this science field. It was evident that the ethical requirements asked in scientific research for the publication of studies in these sciences needs optimization. The contribution of Argentinean authors to bibliography production in the discipline was established since 1988. Results indicate situations that contribute to a consolidation of bioethics discipline in relation to life sciences in Argentina.

Keywords: Analysis, Argentina, Authors, Bibliography, Bibliometric, Bioethics, Content Analysis, Ethical, Field, Life, Life Sciences, Needs, Norms, Optimization, Public, Publication, Research, Science, Sciences, Scientific Research

? Hossne, W.S. (2011), Bioethics journals: Are there many? Are there few? What the situation is? *Acta Bioethica*, **17** (1), 115-121.

Full Text: [2011\Act Bio17, 115.pdf](2011/Act%20Bio17,%20115.pdf)

Abstract: This work presents a bibliometric profile of Bioethics Journal according to the following journal databases: MEDLINE, LILACS, the Philosopher’ s Index, Ulrich’s, SciELO and Qualis classification system (Brazil). We found that: from 38 titles indexed in MEDLINE, 25 (66%) still exist; the country with the highest number is the U. S. A (36%); most Bioethics journals appeared in the 1990’s (47%), and 36% have less than 10 years of existence. From those that disappeared (34%), The average survival time was about 4 years. There are only 12 countries with Indexed journals. In Brazil, from 3 Bioethics journals, only one is (partially) indexed. English is the preponderant language (45%). Only 3% of journals are monthly. LILACS has two additional publications (Acta Bioethica, Chile, and Revista Latino Americana, Colombia). SciELO has only Acta Bioethica. In Ulrich’s database, there are eight additional publications. In “Qualis” classification system there are four journals.

Keywords: Acta Bioethica, Bibliometric, Bibliometric Profile, Bioethics-Publications, Brazil, Chile, Classification, Colombia, Countries, Country, Database, Databases, Journal, Journals, MEDLINE, Publications, Scielo, Scientific Journal, Survival, U, Work

# Title: Acta Botanica Brasilica

Full Journal Title: [Acta Botanica Brasilica](http://www.scielo.br/scielo.php/script_sci_serial/lng_pt/pid_0102-3306/nrm_iso)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0102-3306

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

? Scarano, F.R., De Toni, K. and Amarante, C.V.G. (2009), A profile of the impact of *Acta Botanica Brasilica*: Reflections on how to improve visibility and recognition of a scientific journal. *Acta Botanica Brasilica*, **23** (2), 606-611.

Full Text: [2009\Act Bot Bra23, 606.pdf](2009/Act%20Bot%20Bra23,%20606.pdf)

Abstract: We have estimated the ISI-impact factor of Acta Botanica Brasilica for the past six years, calculated the journal’s h-Index., calculated the journal’s self-citation, examined country and institutions of origin of the papers that cite Acto papers, and examined scope and profile of the most-cited papers published by the journal. Results demonstrated a steep rise in impact factor and citation frequency in 2008, which is most encouraging. but also revealed that the journal is below the level of maturity expected of a 20-year old journal. Visibility of the journal is mostly national although, surprisingly, journal’s self-citation of 12% is fairly low. We use Acta as an example to discuss possible strategies to enhance the international visibility of botanical journals that are newcomers to ISI.

Keywords: h-Index, Impact Factor, Science, Scientometrics, Self-Citation, Successive h-Indexes

? Morais, J.M. and Cianciaruso, M.V. (2014), Plant functional groups: Scientometric analysis focused on removal experiments. *Acta Botanica Brasilica*, **28** (4), 502-511.

Full Text: [2014\Act Bot Bra28, 502.pdf](2014/Act%20Bot%20Bra28,%20502.pdf)

Abstract: Understanding what determines species co-occurrence and its consequences for ecosystem functioning is central to the study of plant ecology. The ecological similarity of species can explain co-occurrence patterns, species interactions, and how species affect ecosystem processes. A useful approach to answer these questions is to group similar species in functional groups and then perform removal experiments. Here, we conducted a scientometric review of articles about plant functional diversity and plant functional group removal. We identified publication patterns and impact; environmental and geographic gaps; ecological effects being tested; which groups are removed; and what the removal methods are. We analyzed articles published between 1991 and 2012 in journals indexed for the Thomson ISI Web of Science database. Although the number of articles and citations of experimental articles increased during that period, the corresponding increase for functional diversity articles was 12 times greater. This might be because field and cafeteria experiments are harder to conduct. Most studies were performed in temperate regions, where taxonomic knowledge and scientific investment is greater. Studies on herbaceous vegetation predominate, probably because short-lived species are more easily removed and manipulated than are trees. The main reason for the removal experiments was to test hypotheses related to competition, and clipping at ground level was the most common removal method. Few studies were performed in the field and in greenhouses, which could control for differential responses of natural conditions and controlled environments.

Keywords: Affect, Analysis, Approach, Articles, Biodiversity, Citations, Communities, Competition, Control, Database, Diversity, Ecology, Ecosystem, Effects, Environmental, Experimental, Experimental Research, Experiments, Field, Field Experiments, Floral Traits, Forest Ecosystem, Functional Group, Functional Group Removal, Functional Groups, Grassland, Group Diversity, Group Identity, Groups, Impact, Interspecific Competition, ISI, ISI Web Of Science, Journals, Knowledge, Methods, Natural, Plant, Plant Removal, Publication, Removal, Review, Science, Scientometric, Scientometric Analysis, Similarity, Species, Species Interactions, Temperate, Trees, Vegetation, Web, Web Of Science

Notes: CCountry

? Ritter, M.R., da Silva, T.C., Araujo, E.D. and Albuquerque, U.P. (2015), Bibliometric analysis of ethnobotanical research in Brazil (1988-2013). *Acta Botanica Brasilica*, **29** (1), 113-119.

Full Text: [2015\Act Bot Bra29, 113.pdf](2015/Act%20Bot%20Bra29,%20113.pdf)

Abstract: This study aimed to define the current status of ethnobotanical research in Brazil based on published scientific articles and to detect current knowledge gaps in Brazil’s ethnobotany. A database, including articles published in national and international scientific journals from 1988 to 2013, was gathered for this purpose. This report discusses the growing number of publications in ethnobotanical research and the main techniques used in the discipline. To identify current knowledge gaps, his report emphasizes the main focus of the different studies, target regions, and communities targeted or involved in the original study. Most publications focused on the northeast and southeast Brazil, and the most frequently studied biomes were the Caatinga and Atlantic forest. Further, the most frequently studied communities were located in rural areas, although the number of studies focused in urban areas has been steadily increasing. A lack of human resources in ethnobotanical research and a lack of current studies in the Amazon, Cerrado, Pampa, and Pantanal regions were the main identified gaps. These data provide a basis for future studies and investments aimed at strengthening ethnobotanical research in Brazil.

Keywords: Amazon, Analysis, Articles, Bibliometric, Bibliometric Analysis, Brazil, Caatinga, Data, Database, Economic Botany, Ethnobiology, Ethnoecology, Forest, From, Human, International, Journals, Knowledge, Publications, Purpose, Research, Resources, Rural, Rural Areas, Scientific Journals, Scientometrics, Techniques, Traditional Knowledge, Urban, Urban Areas

# Title: Acta Botanica Croatica

Full Journal Title: [Acta Botanica Croatica](http://hirc.botanic.hr/actabot/actahome.htm)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

? Jokić, M. and Sirotić, G. (2002), The communicability of the journal *Acta Botanica Croatica* over the 1991-2000 period. *Acta Botanica Croatica*, **61** (2), 221-230.

Full Text: [2002\Act Bot Cro61, 221.pdf](2002/Act%20Bot%20Cro61,%20221.pdf)

Abstract: the papers published in the journal Acta botanica croatica in the period from 1991 to 2000 are analysed from a scientometric point of view. The purpose of this article is to determine the communicability of this journal through parameters such as the extent to which institutions and countries are represented in the authors of the papers, the number of citations per year measured in the SCI (Web of Science), The age of the literature quoted in terms of years, the distribution of and list of journals that cite Acta botanica croatica, and the geographical origin of the journals that cite it. Acta botanica croatica is read and available in 24 countries, it has been cited by 101 journals covered in the SCI; since 1998 original scientific papers have been written in English, and the potential accessibility of the journal has been increased. In 2000 the percentage of foreign authors publishing in the journal rose to 57%.

# Title: Acta Cardiologica

Full Journal Title: Acta Cardiologica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hilderson, D., Van Deyk, K. and Moons, P. (2008), Empirical evidence on transfer and transition in congenital heart disease: A bibliometric study. *Acta Cardiologica*, **63** (1), 124

Keywords: Bibliometric, Bibliometric Study, Evidence

# Title: Acta Chirurgica Belgica

Full Journal Title: Acta Chirurgica Belgica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Willaert, W., Van de Putte, D., Van Renterghem, K., Van Nieuwenhove, Y., Ceelen, W. and Pattyn, P. (2013), Training models in laparoscopy: A systematic review comparing their effectiveness in learning surgical skills. *Acta Chirurgica Belgica*, **113** (2), 77-95.

Full Text: [2013\Act Chi Bel113, 77.pdf](2013/Act%20Chi%20Bel113,%2077.pdf)

Abstract: Background: Surgery has traditionally been learned on patients in the operating room, which is time-consuming, can have an impact on the patient outcomes, and is of variable effectiveness. As a result, surgical training models have been developed, which are compared in this systematic review. Methods: We searched Pubmed, CENTRAL, and Science Citation index expanded for randomised clinical trials and randomised cross-over studies comparing laparoscopic training models. Studies comparing one model with no training were also included. The reference list of identified trials was searched for further relevant studies. Results: Fifty-eight trials evaluating several training forms and involving 1591 participants were included (four studies with a low risk of bias). Training (virtual reality (VR) or video trainer (VT)) versus no training improves surgical skills in the majority of trials. Both VR and VT are as effective in most studies. VR training is superior to traditional laparoscopic training in the operating room. Outcome results for VR robotic simulations versus robot training show no clear difference in effectiveness for either model. Only one trial included human cadavers and observed better results versus VR for one out of four scores. Contrasting results are observed when robotic technology is compared with manual laparoscopy. Conclusion: VR training and VT training are valid teaching models. Practicing on these models similarly improves surgical skills. A combination of both methods is recommended in a surgical curriculum. VR training is superior to unstructured traditional training in the operating room. The reciprocal effectiveness of the other models to learn surgical skills has not yet been established.

Keywords: Acquisition, Bias, Box Trainer, Citation, Citation Index, Clinical, Clinical Trials, Curriculum, Effectiveness, Forms, Human, Impact, Improves Performance, Index, Laparoscopic, Laparoscopy, Low Risk, Medical-Students, Methods, Model, Models, Operating-Room, Outcomes, Patients, Proficiency, Randomised, Randomized-Controlled-Trial, Reference, Results, Review, Risk, Robotic Surgery, Science, Surgery, Suturing Skills, Systematic Review, Teaching, Technology, Training, Trial, Video, Virtual Reality, Virtual-Reality Simulator

# Title: Acta Cirurgica Brasileira

Full Journal Title: [Acta Cirúrgica Brasileira](http://www.scielo.br/scielo.php?script=sci_serial&pid=0102-8650&lng=en&nrm=iso)

ISO Abbreviated Title:

JCR Abbreviated Title: Acta Cir Bras

ISSN: 0102-8650

Issues/Year:

Journal Country/Territory: Brazil

Language: Portuguese

Publisher: Sociedade Brasileira Para O Desenvolvimento Da Pesquisa Em Cirurgia Curso De Pos-Graduacao Em Tecnica Operatoria E Cirurgia Experimental Escola Paulista De Medicina

Publisher Address:

Subject Categories:

Surgery: Impact Factor

Amorim, K.P.C., Alves, M.D.S.C.F. and Germano, R.M. (2005), Construction of knowledge in odontology: The scientific production in debate. *Acta Cirúrgica Brasileira*, **20** (Suppl 1), 12-15.

Full text: [2005\Act Cir Bra20, 12.pdf](2005/Act%20Cir%20Bra20,%2012.pdf)

Abstract: PURPOSE: Analyze, quantitatively, which odontology magazines are being consulted and read by surgeon-dentists, and evaluate the profiles of the mostly cited. METHODS: 370 polls were made, during the XVII Congresso Pernambucano de Odontologia (Pernambucan Congress of Odontology) and the IX Congresso de Odontologia do Rio Grande do Norte (Congress of Odontology of Rio Grande do Norte), which took place, respectively, in April and September 2004. The participants were volunteering professionals divided among General Practice (37.84%) and ten differing specialties (62.16%); of which 77.02% had up to ten years of graduation. RESULTS: Resulting the researches made, 620 quotes were generated, in which, 35 different magazines, national and international, were quoted. By analyzing the data collected, we observe that three magazines summed more than half of the quota (52.74%), which are: Revista da Associacao Paulista de Cirurgioes Dentistas-APCP (Magazine of the Paulista Association of Surgeon-Dentists), Revista da Associacao Brasileira de Odontologia - ABO national (Magazine of the Brazilian Association of Odontology) and the Revista Brasileira de Odontologia-RBO (Brazilian Magazine of Odontology). CONCLUSION: Despite the participants of the research being, in their majority, specialists, we observe a tendency of a greater consultation of the magazines of general characteristic. These magazines predominantly tackle clinical and technical subjects and present an expressive circulation, great penetration in the odontologic world, easy accessibility and a long time in the market (two of them are over 50 years-old). According to CAPES - QUALIS, all possess a B national concept. Therefore, it is necessary a deepening of this study, so as to analyze qualitatively what kind of subjects and themes these magazines touch, since they influence the odontologic formation and practice.

Keywords: Clinical, Consultation, Data, General, International, Knowledge, Market, Methods, Practice, Profiles, Purpose, Research, Rio Grande, Scientific Production, World

? Guimaraes, C.A., Pellizzon, R.D. and Koike, M.K. (2013), Brazilian Scientific Journals in Surgery. Quality control in the abstract structure of non-experimental articles. *Acta Cirúrgica Brasileira*, **28** (1), 84-87.

Full text: [2013\Act Cir Bra28, 84.pdf](2013/Act%20Cir%20Bra28,%2084.pdf)

Abstract: PURPOSE: To evaluate the quality of abstracts of original non-experimental research articles in Brazilian Journals in Surgery. METHODS: Convenience sample of 471 abstracts of original research articles from six Brazilian surgical journals indexed in Thomson Reuters (ISI) Web of Knowledge. The quality of abstracts was measured against a checklist of eight evaluation criteria, which were divided into 32 categories. The total score for each abstract was obtained by summing the score of all criteria present. The overall mean score was also determined. RESULTS: The overall mean score of abstract quality was that of a good abstract. Most of the abstracts contained some information from each of the eight basic categories of an abstract. All abstracts were structured ones. CONCLUSION: The overall quality, for abstracts of original articles of six Brazilian non-experimental journals in surgery, was classified as good.

Keywords: Abstracting and Indexing As Topic, American-Medical-Association, Bibliometrics, Control, Criteria, Evaluation, General Surgery, Information, Informative Abstracts, ISI, Journals, Methods, Original Research Articles, Periodicals As Topic, Purpose, Quality, Quality Control, Quality Improvement, Quality Of, Research, Scientific Journals, Structure, Surgery, Thomson Reuters, Thomson-Reuters, Web of Knowledge

? Lao, L.F., Daubs, M.D., Phan, K.H. and Wang, J.C. (2013), Comparative study of scientific publications in orthopedics journals originating from USA, Japan and China (2000-2012). *Acta Cirúrgica Brasileira*, **28** (11), 800-806.

Full text: [2013\Act Cir Bra28, 800.pdf](2013/Act%20Cir%20Bra28,%20800.pdf)

Abstract: PURPOSE: To compare orthopedics publications from USA, Japan and China. METHODS: Scientific papers belong to “Orthopedics” category of Science Citation Index Expanded subject categories were retrieved from the “PubMed” and “Web of Knowledge” online databases. RESULTS: In the field of orthopedics, the annual number increased significantly from 2000 to 2012 in the three countries (p<0.001). The share of articles increased significantly in China, but decreased significantly in Japan and USA (p<0.05). In 2012, USA contributed 35.3% of the total world output in orthopedics field and ranked 1st; Japan contributed 5.9% and ranked 4th; China contributed 5.2% and ranked 5th. Publications from USA had the highest accumulated IFs and the highest total citations of articles (USA > Japan > China, p<0.001). Average IF from USA was much higher than Japan and China (p<0.001). USA published the most articles in the top ten orthopedics journals (USA (14355) > Japan (1702) > China (487), p<0.01). CONCLUSION: Although China has undergone significant increase in annual number and percentage of scientific publication in orthopedics journals, it still lags far behind USA and Japan in the field of orthopedics in terms of quantity and quality.

Keywords: Article, Brazil, China, Citation, Citations, Countries, Databases, Disease, Field, Global Burden, Impact, Injuries, Japan, Journals, Methods, Nov, Online, Orthopedics, Papers, Publication, Publications, Purpose, Quality, Sao, Sao-Paulo, Science, Science Citation Index, Science Citation Index Expanded, Sciences, Scientific Publication, Scientific Publication Indicators, Scientific Publications, Surgery, United States, United-States, USA, World

? Concha, J.A.M., Cartes-Velásquez, R. and Delgado, C.M. (2014), Single-incision laparoscopic appendectomy versus conventional laparoscopy in adults. A systematic review. *Acta Cirurgica Brasileira*, **29** (12), 826-831.

Full text: [2014\Act Cir Bra29, 826.pdf](2014/Act%20Cir%20Bra29,%20826.pdf)

Abstract: PURPOSE: To determine the best treatment option for not complicated acute appendicitis (AA) in adult patients, between single incision laparoscopy (SIL) and conventional laparoscopy (CL), measured by morbidity associated with disease. METHODS: Systematic review. Articles of adults diagnosed with AA treated by SIL or CL were analyzed. Databases included: MEDLINE, LILACS, IBECS, Web of Science, Scopus and Cochrane, using MeSH terms and free words. The studies were analyzed using the MINCIR methodology. Variables included: conversion rate, morbidity, hospital stay, surgery duration, and methodological quality (MQ) of primary studies. Averages, medians and weighted averages were calculated. RESULTS: Thirteen articles were analyzed. For SIL and CL the conversion rate were 3.4% and 0.7 %, the morbidity were 8% and 6.5%, the hospital stay were 2.5 and 2.8 days, the surgery duration were 53.4 and 53.8 minutes, and the MQ were 14.3 +/- 6.6 and 16.0 +/- 6.9 points, respectively. CONCLUSION: With the exception of the conversion rate, there are no differences between single incision laparoscopy and conventional laparoscopy for the treatment of acute appendicitis in adults.

Keywords: 3-Port Appendectomy, Adult, Appendectomy, Appendicitis, Articles, Cl, Conventional, Conversion, Databases, Disease, Duration, Hospital, Hospital Stay, Initial-Experience, Laparoscopic, Laparoscopy, Medline, Metaanalysis, Methodological Quality, Methodology, Methods, Morbidity, Patients, Port Appendectomy, Postoperative Complications, Primary, Purpose, Quality, Review, Scale, Science, Scopus, Single Incision, Single-Incision, Site Access, Surgery, Systematic, Systematic Review, Therapy, Treatment, Treatment Option, Trial, Web, Web of Science

# Title: Acta Clinica Belgica

Full Journal Title: Acta Clinica Belgica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hamen, J. and Wennig, R. (1999), Diagnosis of an acute parathion-intoxication and forensic consequences. *Acta Clinica Belgica*, **S1**, 54-58.

Full Text: 1999\Act Cli BelS1, 54.pdf

Abstract: During a toxicological screening of a 16-year-old girl, in a clinical toxicological case, a parathion-intoxication has been detected. GC/MS revealed the presence of ethyl parathion in the gastric content and p-nitrophenol in urine. p-Nitrophenol is a major metabolite of ethyl-parathion, A serum concentration of 0.07mg/L of ethyl parathion was measured by GC/MS-SIM. During hospitalisation the severity of parathion intoxication was monitored by measurement of pseudo-cholinesterase activities in serum. The young girl recovered well of her intoxication after a few days, without any apparent sequellae. A preliminary inquiry revealed that the adolescent had consumed a bowl of soup at the home of a 67-year-old female neighbour, who died the same day. Her corpse was found at her home. The certificate of death, written by the doctor in charge, attested a heart failure. Due to the results of the toxicological analyses from the kid, the juridical authorities ordered an autopsy of the corpse of the lady. Ethyl parathion was found in the gastric content and p-nitrophenol in urine. Even after several temptations it has not been possible to detect ethyl parathion neither in blood nor in some organs. But it was possible to detect traces of p-nitrophenol her blood.

Keywords: Activities, Acute, Adolescent, Blood, Diagnosis, Measurement, P-Nitrophenol, Screening, Severity, Urine

? Devroey, D. and Betz, W. (2003), An analysis of first authorisations for lipid-lowering drugs in Belgium. *Acta Clinica Belgica*, **58** (3), 152-158.

Full Text: [2003\Act Cli Bel58, 152.pdf](2003/Act%20Cli%20Bel58,%20152.pdf)

Abstract: Introduction: In Belgium lipid-lowering drugs are reimbursed in primary and secondary prevention when after a non-specified diet of at least three months total cholesterol (TC) remains higher than 250 mg/dl or triglycerides (TG) remain higher than 200 mg/dl. Low-density lipoprotein cholesterol (LDL-C) is only taken into account for the reimbursement of fibrates when it remains higher than 160 mg/dl in secondary prevention. The aim of this study was to evaluate the changes in fasting lipoproteins levels among patients who wait for the reimbursement of a lipid-lowering drug. Additionally, the parameters influencing the physicians’ choice to prescribe a statin or a fibrate were analysed. Methods: In total 286 first authorisations for the reimbursement of lipid-lowering drugs were recorded during February and March of 2002 at two regional health insurance offices. We studied a mixed primary and secondary prevention population. Results: the mean age at the initiation of the treatment was 61 years (SD=12). Mean fasting TC was 285 mg/dl before the diet and 286 mg/dl after the diet. Fasting TC and TG did not decrease with the diet for respectively 51% and 54% of the patients. High TC and an improvement of TG during the diet were the only two factors correlated with the prescription of a statin instead of a fibrate. Conclusions: Half of the patients receiving lipid-lowering drugs in Belgium were not able to decrease their TC with diet before the initiation of the treatment. Cardiovascular risk factors were not taken into account for the reimbursement of statins. Belgian reimbursement criteria should be adapted.

Keywords: Belgium, Cholesterol, Cholesterol, Coronary-Heart-Disease, Diet, Drug Therapy, Hyperlipidemia, Prevention, Program, Treatment, Treatment Guidelines

# Title: Acta Clinica Croatica

Full Journal Title: Acta Clinica Croatica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ramljak, G. (2014), Acta clinica croatica: Progress of a journal step by step. *Acta Clinica Croatica*, **53** (1), 37-43.

Full Text: 1999\Act Cli Cr053, 37.pdf

Abstract: The journal Acta Clinica Croatica (ACC) was founded in 1962 under the title Anali Bolnice Dr. M. Stojanovic In 1995, the title of the journal was changed into its present form and ever since all papers have been published in English. In 2000, the electronic (online) edition of the ACC was released in addition to the print version. The paper presents development of the journal from 1962 to 2012 based on the analysis of the following SCOPUS citation index parameters: type and number of documents published in the journal; number of citations; and number of domestic and foreign authors. The studied period was analyzed in three time segments: the period from 1995 to 1999, the period from 2000 to 2006 and the period from 2007 to 2012. The same parameters were analyzed in the Web of Science/SCI-Expanded bibliographic and citation index for the 2007-2012 period. The increasing number of documents, authors (both domestic and foreign) and citations demonstrates gradual rise in the quality, visibility and impact of the journal. The fifty years of experience show that a goal, at first very distant and almost unachievable, may be reached by progressing step by step.

Keywords: Analysis, Authors, Bibliographic, Bibliometrics, Citation, Citation Index, Citations, Croatia, Development, Documents, English, Experience, First, Impact, Index, Indexing, Journal, Mar, Medical Journals, Online, Papers, Publishing, Quality, Scopus, Version, Visibility

# Title: Acta Crystallographica Section A

Full Journal Title: [Acta Crystallographica Section A](http://journals.iucr.org/a/contents/backissues.html); [Acta Crystallographica Section A](http://www.blackwell-synergy.com/loi/aya); [Acta Crystallographica Section A](http://journals.iucr.org/a/journalhomepage.html)

ISO Abbreviated Title: Acta crystallogr. Sect. A

JCR Abbreviated Title: Acta Crystallogr A

ISSN: 0108-7673

Issues/Year: 6

Journal Country/Territory: Denmark

Language: Multi-Language

Publisher: Blackwell Munksgaard

Publisher Address: 35 Norre Sogade, PO Box 2148, DK-1016 Copenhagen, Denmark

Subject Categories:

Crystallography: Impact Factor 1.417,/

Notes: TTopic

Hawkins, D.T. (1980), Crystallographic literature: A bibliometric and citation analysis. *Acta Crystallographica Section A*, **36** (3), 475-482.

Full Text: [1960-80\Act Cry Sec A36, 475.pdf](1960-80/Act%20Cry%20Sec%20A36,%20475.pdf)

Abstract: Citation analysis has been widely used to quantify the influence of research articles on the development of science. This paper reports a citation analysis of ten highly cited papers associated with the Cambridge Crystallographic Data Centre (CCDC), covering the variation of citation with time, the journals in which citations occur, and the types of organization and the geographic regions that use the Cambridge Structural Database. The ten most highly cited papers, comprising four database descriptions (CSD), two geometrical tabulations (TAB) and four basic research papers (RES), received a total of 8494 citations over the period 1981-1998, with more than half of these citations occurring in the literature published from 1995 onwards. The high citation rates of the database descriptions (3573 of 8494) indicate the value of crystallographic data. However, the large number of citations of the geometrical tables (3172) and the research papers (1767) indicate that this value resides not just in the raw data held in the Cambridge Structural Database, but also in the structural knowledge that can be derived from it. In the most recent years covered by the analysis (1995-1998), These ten CCDC publications have received more than 1000 citations per annum (CSD 507, TAB 398 and RES 153 citations per annum) and the detailed analysis shows that these papers, and the data that they discuss, are used not only by crystallographers but also by researchers across the entire range of the chemical sciences.

Keywords: Citation Analysis, Information Science, Cambridge Crystallographic Data Centre, Cambridge Structural Database

# Title: Acta Crystallographica Section B-Structural Science

Full Journal Title: [Acta Crystallographica Section B-Structural Science](http://scripts.iucr.org/)

ISO Abbreviated Title: Acta crystallogr. Sect. B

JCR Abbreviated Title: Acta Crystallogr B

ISSN: 0108-7681

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: TTopic, MModel

? Behrens, H. and Luksch, P. (2006), A bibliometric study in crystallography. *Acta Crystallographica Section B-Structural Science*, **62**, 993-1001.

Full Text: [2006\Act Cry Sec B62, 993.pdf](2006/Act%20Cry%20Sec%20B62,%20993.pdf)

Abstract: This is an application of the mathematical and statistical techniques of bibliometrics to the field of crystallography. This study is, however, restricted to inorganic compounds. The data were taken from the Inorganic Crystal Structure Database, which is a well defined and evaluated body of literature and data published from 1913 to date. The data were loaded in a relational database system, which allows a widespread analysis. The following results were obtained: the cumulative growth rate of the number of experimentally determined crystal structures is best described by a third-degree polynomial function. Except for the upper end of the curve, Bradford’s plot can be described well by the analytical Leimkuhler function. The publication process is dominated by a small number of periodicals. The probability of the author productivity in terms of publications follows an inverse power law of the Lotka form and in terms of database entries an inverse power law in the Mandelbrot form. In both cases the exponent is about 1.7. For the lower tail of the data an exponential correction factor has to be applied. Multiple authorship has increased from 1.4 authors per publication to about four within the past eight decades. The author distribution itself is represented by a lognormal distribution.

Keywords: Analysis, Bibliometric Study, Bibliometrics, Citation Analysis, Crystal-Structure Database, Distribution, Function, Growth, Growth Rate, ICSD, Inorganic, Law, Laws, Periodicals, Probability, Process, Productivity, Publication, Publications, Techniques, Upper

# Title: Acta Dermato-Venereologica

Full Journal Title: [Acta Dermato-Venereologica](http://www.medicaljournals.se/acta/content/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Haslund, P., Lee, R.A. and Jemec, G.B.E. (2009), Treatment of hidradenitis suppurativa with tumour necrosis factor-alpha inhibitors. *Acta Dermato-Venereologica*, **89** (6), 595-600.

Full Text: [2009\Act Der-Ven89, 595.pdf](2009/Act%20Der-Ven89,%20595.pdf)

Abstract: Hidradenitis suppurativa (HS) is a common inflammatory skin disease. Medical treatment is often disappointing and in severe disease surgery remains the therapy of choice. Extensive surgery may be effective but also mutilating. Patients experience a significant reduction in quality of life and the need for new treatment modalities are urgent. In recent years patients with HS have been treated off-label with tumour necrosis factor-alpha (TNF-alpha) inhibitors with a varying degrees of effect. We performed a systematic review of papers retrieved from two databases (PUBMED and Web of Science) using the following keywords: hidradenitis suppurativa, acne inversa, infliximab, etanercept, and adalimumab. A total of 34 publications were retrieved, describing treatment of 105 patients. Most cases report treatment with infliximab (52/105). A positive treatment outcome was reported in 90/105 cases, with only 7/105 non-responders and 8/105 patients experiencing side-effects. The side-effects were comparable to those seen in other TNF-alpha inhibitor studies. In the majority of cases the treatment was effective when given as a suppressive therapy, but 15/105 cases were described with long-term remission (>= 3 months) after the end of therapy. In most publications follow-up was, however, insufficient to allow a systematic exploration of this. TNF-alpha inhibitors seem to be effective in the treatment of HS. However, several questions remain to be answered through specific studies. This review has also identified a need for more standardized reporting of the outcomes as well as randomized controlled trials in this disease.

Keywords: Acne Inversa, Adalimumab, Clindamycin, Crohns-Disease, Databases, Disease, Etanercept, Etanercept: Adalimumab, Follow-up, Hidradenitis Suppurativa, Infliximab, Infliximab, Long-Term Efficacy, Management, Outcome, Outcomes, Papers, Patient, Publications, PUBMED, Quality of Life, Randomized Controlled Trials, Remission, Review, Science, Surgery, Systematic, Systematic Review, Therapy, Treatment, Treatment Outcome, Tumour Necrosis Factor-Alpha Inhibitors, Web of Science

? Enery-Stonelake, M. and Bernhard, J. (2011), The bibliometrics of itch. *Acta Dermato-Venereologica*, **91** (5), 621.

Full Text: [2011\Act Der-Ven91, 621.pdf](2011/Act%20Der-Ven91,%20621.pdf)

Keywords: Bibliometrics

? McEnery-Stonelake, M. (2013), The bibliometrics of itch: 2013 update. *Acta Dermato-Venereologica*, **93** (5), 632.

Full Text: 2013\Act Der-Ven93, 632.pdf

Keywords: Bibliometrics

# Title: Acta Ecologica Sinica

Full Journal Title: Acta Ecologica Sinica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Wang, X.M., Qu, J.S., Li, Y.M. and Zhang, Z.Q. (2010), Analysis on situation and tendency of international biodiversity research. *Acta Ecologica Sinica*, **30** (4), 1066-1073.

Full Text: [2010\Act Eco Sin30, 1066.pdf](2010/Act%20Eco%20Sin30,%201066.pdf)

Abstract: Study on the biodiversity is a comprehensive and interdisciplinary subject. By the end of 1997, the Science Magazine made a prediction about thatBiodiversitywould be one of the six research hotspots in 1998 and in the near future. Research papers on biodiversity during 1986 to 2008, which included articles, proceedings papers, and reviews, were retrieved from Science Citation Index Expanded (SCIE) database. The hotspots and development trends of the biodiversity research were extracted based on data mining by using the Thomson Data Analyzer (TDA) and Aureka analysis platform of Thomson Reuters Company. The results indicated that biodiversity research involved many interrelated fields, such as ecology, environmental science, botany, biodiversity conservation, genetics, marine and freshwater biology, microbiology, agronomy, and so on. Among these fields, biodiversity conservation, genetics, biochemistry and molecular biology had shown relatively fast increase in paper number. The International biodiversity research paid more and more attentions on microsatellites, AFLP, and biogeography. Its hotspots mainly focused on plant diversity development, biodiversity conservation, species richness, genetic diversity, sustainable management, climatic change, forest, soil, ecosystem, etc. The international biodiversity research focused more on the interaction between human society and biodiversity. In addition, the advanced technologies, such asDNA technology and genetic engineering, played a more prominent role in research and conservation of biodiversity.

Keywords: Biodiversity, Ecology, Species, Global Change, Bibliometrical Analysis

# Title: Acta Endocrinologica

Full Journal Title: Acta Endocrinologica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Binder, C. (1990), Self-plagiarism and multiple publications - Negligence or epidemic disease. *Acta Endocrinologica*, **122** (1), 7.

Full Text: 1990\Act End122, 7.pdf

Keywords: Publications

# Title: Acta Endocrinologica-Bucharest

Full Journal Title: Acta Endocrinologica-Bucharest

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Zhou, J. and Xu, H. (2014), Low carbohydrate and high protein diets and all-cause, cancer and cardiovascular diseases mortalities: A systematic review and meta-analysis from 7 cohort studies. *Acta Endocrinologica-Bucharest*, **10** (2), 259-266.

Full Text: [2014\Act End-Buc10, 259.pdf](2014/Act%20End-Buc10,%20259.pdf)

Abstract: Background & Aims. Results from observational studies on low carbohydrate and high protein (LCHP) diets on all-cause mortality and cause-specific mortality are inconsistent. The objective of the present meta-analysis was to investigate LCHP diets and mortality, and cause-specific mortality. Methods. Med line, EMBASE and web of science database were searched for cohort studies published from January 2000 to April 2013. A database was developed on the basis of 7 cohorts from 6 studies, including 279,332 individuals with an average 13.2 years of follow-up. Results. A significantly increased risk of all-cause mortality was observed among those who adhere to LCHP diets [(HR (95% CI): 1.06 (1.04, 1.09); p = 0.001; 12 = 8.2% (p = 0.336)]. However, there were no significant associations between LCHP diets and mortalities from cancer [(HR (95% CI): 1.02 (0.98, 1.05); p = 0.097; 12 = 59.9% (p = 0.041)] and CVD [(HR (95% CI): 1.01 (0.98, 1.03); p = 0.428; 12 = 24.0% (p = 0.0.254)]. Furthermore, a significantly decreased risk of all-cause mortality among those who adhere to high carbohydrate diets [(HR (95% CI): 0.97 (0.94, 0.98); p <0.001; 12 = 5.7% (p = 0.364)] was observed. Conclusion. Present results support that long-term LCHP diets could cause increased mortality of all-cause, while high carbohydrate diets have a protective effect for all-cause mortality. Our analysis provides health professionals with an incentive to pay attention to the adverse effects of LCHP diets on health.

Keywords: Adverse Effects, Analysis, Attention, Cancer, Carbohydrate, Cardiovascular Disease, Cardiovascular Diseases, Cohort, Database, Effects, Embase, Follow-Up, Glycemic Load, Health, Health Professionals, Index, Long Term, Long-Term, Low-Fat Diet, Men, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Nutrition, Observational, Observational Studies, Population, Protein, Results, Review, Risk, Science, Support, Survival, Systematic Review, Web, Web Of Science, Weight-Loss, Women

? Ren, H., Tan, S., Zhang, Y., Lin, Z., Peng, D., Liu, W., Huang, T. and Hu, J. (2014), The C677T methylenetetrahydrofolate reductase mutation and Alzheimer’s disease: A Meta-analysis of 33 studies. *Acta Endocrinologica-Bucharest*, **10** (3), 443-456.

Full Text: [2014\Act End-Buc10, 443.pdf](2014/Act%20End-Buc10,%20443.pdf)

Abstract: Context. Data are conflicting concerning risk for Alzheimer’s disease (AD) and 5,10-methylenetetrahydrofolate reductase genetic variant (MTHFR C677T). Objective. The aim of the study was to investigate the associations of MTHFR C677T and risk of developing AD. Design and Methods. We searched the relevant articles by using Medline, web of science, and abstracts of conference proceedings. The meta-analysis and statistical analyses were performed using Stata. Results. In 33 included studies which provided 4518 cases and 5476 controls, the analysis for investigating the association between C677T allele T and the risk of developing AD relative to the allele C revealed no heterogeneity (p=0.088, I2=26.1%) between the 33 studies; the random effects (RE) pooled OR was significant: [RE OR=1.13(1.05-1.22)]. In subgroup analysis, we only observed the significant results in Asian populations. The pooled analysis for MTHFR 677 CT+TT vs. 677CC revealed a significant result [fixed effect (FE) OR=1.22(1.10-1.34)]. However, we did not observe significant associations in Europeans when comparing MTHFR 677 CT+TT with 677CC in subgroup analysis. The pooled analysis for MTHFR 677 IT vs. 677CC+CT did not reveal significant results: [FE OR=1.08(0.95-1.22)]. Conclusion. The risk allele T of MTHFR C677T is associated with high risk of AD in Asian populations, but not in Europeans.

Keywords: Ad, Alzheimer’S Disease, Analyses, Analysis, Articles, Asian, Association, Conference Proceedings, Data, Design, Developing, Disease, Effects, Environmental-Factors, Fe, Folate, Genetic, Genetic Variant, Heterogeneity, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mthfr, Mthfr C677t, Mthfr Gene, Plasma Homocysteine, Polymorphisms, Pooled Analysis, Populations, Re, Results, Risk, Risk-Factors, Science, Stata, Statistical Analyses, Susceptibility, Total Homocysteine Levels, Vascular Dementia, Web, Web Of Science

# Title: Acta Geographica Slovenica-Geografski Zbornik

Full Journal Title: Acta Geographica Slovenica-Geografski Zbornik

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1581-6613

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Zorn, M. and Komac, B. (2010), The history of *Acta Geographica Slovenica*. *Acta Geographica Slovenica-Geografski Zbornik*, **50** (1), 8-25.

Full Text: [2010\Act Geo Slo50, 8.pdf](2010/Act%20Geo%20Slo50,%208.pdf)

Abstract: Acta geographica Slovenica is a research journal for geography and related disciplines published by the Anton Melik Geographical Institute of Scientific Research Centre of the Slovenian Academy of Sciences and Arts. It has been published since 1952 and is the second-oldest Slovenian geographical journal. Volume 50 was published in 2010, and this article is dedicated to this special anniversary. The journal was only published occasionally until 1976, when the volume 14 appeared, but afterwards it began to be published annually, with two volumes a year since 2003 (volume 43). With volume 43, the journal was included in Science Citation Index Expanded (SCIE). Since 2010, it has also had an impact factor. For 2009, this factor was 0.714, which ranks the journal in third place among all indexed Slovenian journals. In all the volumes, a total of 273 research articles have been published on more than 12,000 pages; half of these articles were written by the institute members.

Keywords: Acta Geographica Slovenica, Anton Melik Geographical Institute, Geography, History, Impact, Impact Factor, Journal, Journals, Research, Science Citation Index, Scientific Research Centre of the Slovenian Academy of Sciences and Arts, Slovenia, Volume

# Title: Acta Haematologica

Full Journal Title: Acta Haematologica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher: Scandinavian University Press, Oslo

Publisher Address:

Subject Categories:

: Impact Factor

? Sheng, Z.X., Ma, H.W., Pang, W.Z., Niu, S.N. and Xu, J.B. (2013), In vivo T-cell depletion with antithymocyte globulins improves overall survival after myeloablative allogeneic stem cell transplantation in patients with hematologic disorders. *Acta Haematologica*, **129** (3), 146-153.

Full Text: [2013\Act Hae129, 146.pdf](2013/Act%20Hae129,%20146.pdf)

Abstract: To assess the effect of prophylactic treatment with antithymocyte globulin (ATG) on graft-versus-host disease (GvHD) in myeloablative transplant patients, we performed a meta-analysis of randomized and cohort studies. MEDLINE, Embase, the Cochrane Controlled Trial Register and the Science Citation Index were searched for studies on ATG treatment in patients with hematologic disorders undergoing myeloablative transplantation. Four randomized controlled trials, six retrospective and one prospective cohort study were included, covering 1,549 patients. The summary hazard ratios (HRs) for overall survival were 0.84 [95% confidence interval (CI) 0.63-1.12; p = 0.23] for randomized studies, 0.70 (95% CI 0.57-0.88; p = 0.002) for cohort studies and 0.75 (95% CI 0.63-0.89; p = 0.001) for all studies combined. The corresponding HRs for treatment-related mortality (TRM) were 0.81 (95% CI 0.54-1.22; p = 0.32) for randomized studies, 0.70 (95% CI 0.49-0.99; p = 0.05) for cohort studies and 0.74 (95% CI 0.57-0.95; p = 0.02) for all studies combined. The corresponding HRs for relapse mortality were 1.18 (95% CI 0.69-2.02; p = 0.55) for randomized studies, 1.02 (95% CI 0.65-1.61; p = 0.93) for cohort studies and 1.05 (95% CI 0.74-1.50; p = 0.79) for all studies combined. In conclusion, the addition of ATG to standard GvHD prophylaxis might improve survival due to improved TRM without decreasing relapse mortality. Copyright (C) 2012 S. Karger AG, Basel.

Keywords: Ag, Allogeneic Stem Cell Transplantation, Antithymocyte Globulins, Bone-Marrow-Transplantation, Citation, Cohort, Cohort Study, Confidence, Disease, Graft, Graft Versus Host Disease, Graft-Versus-Host Disease, Hazard, Hematologic, Interval, Leukemia, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Mortality, Myeloablative Transplant, Myeloablative Transplantation, Overall Survival, Patients, Prophylactic, Prophylaxis, Prospective, Randomized, Randomized Controlled Trials, Randomized-Trial, Relapse, Science, Science Citation Index, Standard, Survival, T-Cell Depletion, Term-Follow-Up, Thymoglobulin, Transplantation, Treatment, Treatment-Related Mortality, Unrelated Donors, Versus-Host-Disease

? Yin, J., Wei, J., Xu, J.H., Xiao, Y. and Zhang, Y.C. (2014), Autologous stem cell transplantation as the first-line treatment for peripheral T cell lymphoma: Results of a comprehensive meta-analysis. *Acta Haematologica*, **131** (2), 114-125.

Full Text: [2014\Act Hae131, 114.pdf](2014/Act%20Hae131,%20114.pdf)

Abstract: Objective: In view of the poor prognosis of most peripheral T cell lymphoma (PTCL) subtypes treated with conventional chemotherapy such as CHOP/CHOP-like regimens, high-dose chemotherapy followed by autologous stem cell transplantation (HDT/ASCT) seems a reasonable option in eligible patients: Nevertheless, owing to the small size of the study and the heterogeneity of most published series, a consensus on the role of ASCT as the first-line consolidation therapy for high-risk PTCL patients has not been reached so far. Study Design: We searched MEDLI NE, EMBASE, EBSCO, Web of Science, clinicaltrials.gov and the Cochrane Library. Hazard ratio (HR) and 95% confidence intervals (CIs) were calculated by a fixed/random effect model. Results: Twenty-one studies were eligible. Although no statistical significance was observed in these studies, there was a trend toward survival advantage for the HDT/ASCT group as compared to the historical control group (HR 0.81, 95% Cl 0.31-2.13). Statistical differences were confirmed in terms of overall survival (OS) between complete remission (CR) and non-CR patients (HR 3.17, 95% CI 0.92-5.42), patients with good and poor risk according to the International Prognostic Index (IPI; HR 0.36, 95% CI 0.22-0.60, I-2 49%) and Prognostic Index for PTCL (PIT; HR 0.31, 95% CI 0.17-0.58; HR 0.31, 95% CI 0.18-0.54). Conclusion: The clear and convincing proof of the effects of upfront HDT/ASCT still depends on sufficient large PTCL-restricted randomized trials in the future. Patients who failed to attain CR before transplant exhibited a worse prognosis; patients with good risk of IPI or PIT had a substantially better OS after ASCT. (C) 2013 S. Karger AG, Basel.

Keywords: Ag, Autologous Stem Cell Transplantation, Bone-Marrow-Transplantation, Cell Transplantation, Chemotherapy, Clinical-Outcomes, Complete, Complete Remission, Confidence, Confidence Intervals, Consensus, Control, Conventional, Cr, Design, Effects, Embase, European Group, Gel-Tamo Experience, Heterogeneity, High Dose, High-Dose Chemotherapy, International Prognostic Index, Intervals, Lymphoma, Meta-Analysis, Model, Non-Hodgkins-Lymphoma, Patients, Peripheral T Cell Lymphoma, Prognosis, Prolonged Survival, Randomized, Results, Risk, Role, Science, Sequential Chemotherapy, Significance, Size, Small, Stem Cell, Stem Cell Transplantation, Survival, Therapy, Transplantation, Treatment, Trend, Web of Science

# Title: Acta Medica Croatica

Full Journal Title: Acta Medica Croatica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher: Scandinavian University Press, Oslo

Publisher Address:

Subject Categories:

: Impact Factor

? Silobrcic, V. (2004), Relative scales and their possible use in evaluation of scientific research in a small scientific community. *Acta Medica Croatica*, **58** (3), 173-176.

Abstract: the most appropriate way of evaluating the quality of scientific research is peer review by competent and objective colleagues. An objective review, however, is practically impossible within a small scientific community like the Croatian one, and the only solution in this case is internationalization of the process. In order to upgrade the objectivity of the evaluation, bibliometric/scientiometric indicators can be used, provided they are interpreted by experts in the field. The author believes that relative scales based on these indicators are of particular relevance for such small scientific communities. They enable determination of relative positions of a scientist, or a group of scientists, within a given scientific discipline, and for a given indicator, both at the international and/or national level. Such relative positions can often serve better for more objective evaluation than absolute values of the same indicators. An example of relative scales and their use is presented.

# Title: Acta Médica Portuguesa

Full Journal Title: [Acta Medica Portuguesa](http://www.actamedicaportuguesa.com/)

ISO Abbreviated Title:

JCR Abbreviated Title: Acta Med Port

ISSN: 0870-399X (Print), 1646-0758 (Electronic)

Issues/Year:

Journal Country/Territory: Portugal

Language: English, Portuguese

Publisher: Centro Editor Livreiro da Ordem dos Médicos

Publisher Address:

Subject Categories:

: Impact Factor

Notes: TTopic

? Donato, H.M. and De Oliveira, C.F. (2006), Breast pathology: Evaluation of the Portuguese scientific activity based on bibliometric indicators. *Acta Médica Portuguesa*, **19** (3), 225-234.

Full Text: [2006\Act Méd Por19, 225.pdf](2006/Act%20Méd%20Por19,%20225.pdf)

Abstract: Introduction and objectives: the bibliometric analysis of the portuguese scientific production in the field of breast pathology since 1995 to date (July 2005) Provides an overview on the developed scientific activity on this subject and allows the characterisation of some relevant features as well as its evolution along the studied period. Material and methods: Documents collected, reflecting the national scientific production in the field of breast pathology between 1995 and July 2005 in 3 databases, MEDLINE (With search interface PUBMED), Science citation index and index of the portuguese medical journals were studied. We applied quantitative and qualitative bibliometric indicators to the found number of articles and the journals where they were published. The quantitative indicators based on the number of published articles illustrate portugal’s position in the area of breast pathology within the international scientific community; Further, it also allows the identification of the participation of the different institutions and national bodies, allocated by geographic areas, in scientific production as well as the establishment of international collaboration. Qualitative indicators were used to investigate the influence, and the impact of the scientific production. These are indicators based on the journal classification where the articles were published and also the citations they received. The number of citations obtained by the articles collected in the performed search, was determined, based on the science citation index and the impact factor (If) of the journals, which is annually published in the journal citation reports (JCR). In spite of all its constraints, it is difficult not to accept the opinion that the impact factor is today one of the few means (If not the sole one) Which enables an assessment of the influence of a journal in the international scientific community. Results: During the evaluated period, the portuguese scientific production in the selected area showed an increase of 200%. We analysed 348 documents (232 Published in the selected international databases and 16 in the national database. We noticed that articles published by one single author are very rare, n=6 and that co-authorship is the most common way of publishing. The distribution of article production is as follows: 59% In the north zone, 26% in the south zone and 15% in the central zone of the country. The national institutions with a higher rate of publishing in renowned international journals are ipatimup, ipo porto and ipo lisboa. The institutions which publish the larger number of papers in portuguese journals are hospitals and health centres. The international journals selected by the national scientists present a high impact factor. In the whole of the 232 articles selected in the international databases, 81 have not received any citation and 120 obtained a total of 1.856 Citations. It should be noted that the more recent articles have not yet received citations. The articles resulting from international collaboration, were those receiving an higher rate of citations. Conclusions: An increase of the investigation in breast pathology is observed, this being illustrated by the increase in the number of articles published in well-recognized international journals. It is also noticed a trend to publish in journals with a higher impact factor as well as an increasing role of co-authorship and international collaboration.

Keywords: Analysis, Assessment, Bibliometric, Bibliometric Analysis, Bibliometric Indicators, Bodies, Citation, Citations, Classification, Co-Authorship, Coauthorship, Collaboration, Community, Country, Database, Databases, Distribution, Evaluation, Evolution, Field, Health, Hospitals, Identification, Impact, Impact Factor, Index, Indicators, Institutions, International, Investigation, Journal, Journals, Medical, Medical Journals, MEDLINE, Methods, Papers, Participation, Pathology, Publishing, Qualitative, Role, Science, Science Citation Index, Scientific Production, Trend

? Nunes, P. (2008), Portuguese indexed medical act of the Science Citation Index. *Acta Médica Portuguesa*, **21** (6), 525.

? Donato, H. and De Oliveira, C.F. (2009), Bibliometry of cancer in Portugal: 1997 to 2006. *Acta Médica Portuguesa*, **22** (1), 41-50.

Full Text: [2009\Act Méd Por22, 41.pdf](2009/Act%20Méd%20Por22,%2041.pdf)

Abstract: Introduction: the scientific production of Portuguese institutions in the specific field Oncology during a 10 year period (1997-2006) was evaluated. The contribution of national authors to the international scientific production was verified. This enabled to assess and quantify the importance of authors, departments, institutions and scientific investigations. Material and Methods: Using version 2006 of Web of Science, section Science Citation Index, a database of literature references which enables analysis of citations, and also the Journal Citation Reports (tools produced by ISI Thomson Scientific), a quantitative and qualitative analysis of the Portuguese scientific production on cancer between 1997 to 2006 was performed. Results: during the studied period, 1.384 articles were published in scientific journals with given impact factor, which obtained a total of 16.484 citations, corresponding to a mean of 11.91 citations per article. Between 1997 and 2006 an increase of 214% was noticed in the national scientific production in the selected field. Ten authors represent 46% of the produced documents. The majority of published articles were performed by Universities, being Oporto University the one with highest contribution. Co-authorship is the rule in the production of articles and Portugal is no exception. Articles with international collaboration where those which obtained the highest citation rate. The Portuguese contribution to the international scientific production in the field of Oncology in the studied period was of 0.21%. Conclusions: Bibliometric analysis is a reliable tool to evaluate the development and quality of scientific production. A growing visibility of investigation in this area was observed. This conclusion is based on the increase in the number of articles published in international journals of recognized reputation. National authors publish few articles, but they select high standard journals.

Keywords: Analysis, Authors, Bibliometric, Bibliometric Analysis, Cancer, Citation, Citations, Collaboration, Contribution, Database, Development, Field, Fields, Impact, Impact Factor, Institutions, International, Investigation, Investigations, ISI, Journal Citation Reports, Journal Impact, Journals, Literature, Majority, National, Portugal, Portuguese, Production, Qualitative, Qualitative Analysis, Quality, Quality of, References, Reputation, Science, Science Citation Index, Scientific Journals, Scientific Production, Standard, Strengths, Tool, Version, Visibility, Weaknesses, Web of Science

? Fernandez-Llimos, F. and Mendes, A.M. (2010), Scientific production in international journals by *Acta Médica Portuguesa* authors. *Acta Médica Portuguesa*, **23** (4), 561-566.

Full Text: [2010\Act Méd Por23, 561.pdf](2010/Act%20Méd%20Por23,%20561.pdf)

Abstract: Local and national scientific journals have been widely criticized by some authors. Additionally, they are quite rarely indexed at international databases, which results in a reduced visibility of their articles. Objective: To analyze international scientific productions of authors publishing in Acta Medica Portuguesa during 2008. Methods: A database with all the authors publishing in Acta Medica Portuguesa in 2008 was built. In July 2009, production of all those authors from the previous five years (20032007) was retrieved from Science Citation Index. Journals where they published, Impact Factors of those journals, articles’ references, and times cited were analyzed. Results: the 78 articles published by Acta Medica Portuguesa in 2008 were produced by 259 different authors. Ninety four (36.3%) of those authors wrote 420 articles from 2003 to 2007 indexed at Science Citation Index. These articles were published in 249 different journals, with an average Impact Factor of 2.973 (SD = 2.92). Journal with highest Impact Factor was the Lancet (IF2008 = 28.409) with two papers published. Eighty seven of those authors received some citation to their articles, with a total amount of 5001 cites. Out of the 14035 references on those 420 articles, only 10 cited any article published in Acta Medica Portuguesa. Conclusion: Authors publishing in Acta Medica Portuguesa produce a good amount of international publications in journals with an acceptable Impact Factor and they receive quite a good number of citations. Conversely, these authors when publishing in international journals have an extremely low citation of articles published in Acta Medica Portuguesa.

? Coelho, A., Leone, C., Ribeiro, V., Sa Moreira, P. and Dussault, G. (2014), Integrated disease management: A critical review of foreign and portuguese experience. *Acta Médica Portuguesa*, **27** (1), 116-125.

Full Text: [2014\Act Méd Por27, 116.pdf](2014/Act%20Méd%20Por27,%20116.pdf)

Abstract: Introduction: The present article reviews findings from empirical evaluations of integrated disease management programmes. The objective is to provide insights on integration levels, priority interventions and their effect on patient outcomes. Material and Methods: The literature review identified 1 251 articles, published from 2006 to 2011. Upon a detailed screening 61 articles were selected for bibliometric analysis and critical discussion. Results: Among several findings, it can be noted that United States of America is the country with the highest amount of published evidence on the subject under study. The most frequently referred disease is diabetes mellitus and the main reported issue of integrated disease management is self-management support. The majority of the studies were developed and exclusively managed by managed care organizations, organized family doctors or hospitals. From a total of 360 interventions reported in studies, patient interventions are the most frequently used across all disease groups, followed by professional interventions. To monitor the effectiveness of the disease programmes, the most frequently used outcomes are patient physiological measures, service use and patient health status. Discussion: Every country has its own way to implement the integrated disease management strategy. The focus of practice lies on patient empowerment, particularly through self-management. Physiological measures and service use are the outcomes with the highest rate of assessment, which are also the indicators that show higher impact among all integrated disease management programmes. Conclusion: The Portuguese health care system still faces challenges in the coordination and integration of care for patients with chronic disease thus improvements at integrated disease management programmes should be incorporate.

Keywords: Analysis, Assessment, Bibliometric, Bibliometric Analysis, Care, Case Management, Chronic, Chronic Disease, Chronic Illness, Coordination, Country, Delivery of Health Care,Integrated, Diabetes, Diabetes Mellitus, Disease, Disease Management, Doctors, Effectiveness, Empowerment, Evidence, Experience, Family, Groups, Health, Health Care, Health Care System, Health Status, Hospitals, Impact, Indicators, Integration, Interventions, Literature, Literature Review, Managed Care, Management, Measures, Metaanalysis, Methods, Model, Outcomes, Patients, Policy, Portugal, Practice, Programmes, Results, Review, Reviews, Screening, Self Management, Service, Strategy, Support, United States, United-States

# Title: Acta Naturae

Full Journal Title: Acta Naturae

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Kotsemir, M.N. (2012), Publication activity of Russian researches in leading international scientific journals. *Acta Naturae*, **4** (2), 14-34.

Full Text: [2012\Act Nat4, 14.pdf](2012/Act%20Nat4,%2014.pdf)

Abstract: the primary aim of this research report is to analyse the dynamics and structure of the publications of Russian authors, as well as to define the place of Russian science in the global scientific process. Bibliometric analysis methods are the main methods for quantitative analysis of scientific cooperation, efficiency, and other aspects of scientific activity. The information base for this research includes materials from science citation databases containing bibliographic descriptions of the articles published in scientific journals (mainly written in English) in a significant number of fields of science. Various parameters (e.g. dynamics of the number of publications, the number of citation, the level of co-authorship, the scientific specialization index, etc.) at various levels of aggregation (e.g. individual researchers, research organizations, countries and regions of the world) can be calculated based on these data. The results of bibliometric studies can be used in a number of ways: - analysis of latest trends in the development of various scientific fields; - evaluation of the effectiveness of research organizations; - overall assessment of the scientific potential of Russia (its strengths and weaknesses); - identification the most productive scientists in various fields of science; - drawing the international comparisons of publications; - analysis of collaboration networks of scientific teams. The paper analyses the basic indicators of the publication activity of scientists in Russia and the leading countries over the period between 2001 and 2011. Publication activity of Russian scientists is analysed in the context of specific areas of science. This allows the identification of areas of specialization of Russian publications. The paper also examines the dynamics of highly-cited publications and the indicators of the international scientific collaboration of Russian researchers. In this paper, materials of Web of Science database were used for analysis of publication activity.

Keywords: Activity, Aggregation, Analyses, Analysis, Assessment, Authors, Bibliographic, Bibliometric, Bibliometric Analysis, Bibliometric Indicators, Bibliometric Studies, Citation, Co-Authorship, Coauthorship, Collaboration, Collaboration Networks, Context, Cooperation, Cross-Country Analysis, Data, Database, Databases, Development, Dynamics, Effectiveness, Efficiency, Evaluation, Global, Highly Cited, Highly-Cited, Identification, Index, Indicators, Information, International, Journals, Methods, Networks, Potential, Primary, Publication, Publication Activity, Publications, Publications of Russian Authors, Quantitative Analysis, Research, Russia, Science, Scientific Collaboration, Scientific Cooperation, Scientific Journals, Structure, the Level of Citation, Trends, Web of Science, World

? Libkind, A.N., Markusova, V.A. and Mindeli, L.E. (2013), Bibliometric indicators of Russian journals by JCR-science edition, 1995-2010. *Acta Naturae*, **5** (3), 6-12.

Full Text: [2013\Act Nat5, 6.pdf](2013/Act%20Nat5,%206.pdf)

Abstract: A representative empirical bibliometric analysis of Russian journals included in the Journal Citation Reports-Science Edition (JCR-SE) for the time period 1995-2010 was conducted at the macro level (excluding the subject categories). It was found that the growth in the number of articles covered by JCR (a 1.8-fold increase compared to 1995) is ahead of the growth rates of Russian publications (1.2-fold increase). Hence, the share of Russian articles covered by JCR-SE was down from 2.5% in 1995 to 1.7% in 2010. It was determined that the number of articles published in an average Russian journal reduced by 20% as compared to the number of articles in an average journal of the full data set. These facts could partly shed light on the question why Russian research performance is staggering (approximately 30,000 articles per year), although the coverage of Russian journals has expanded to 150 titles. Over the past 15 years, a twofold increase in the impact factor of the Russian journals has been observed, which is higher than that for the full data set of journals (a 1.4-fold increase). Measures to improve the quality of Russian journals are proposed.

Keywords: Analysis, Article, Bibliometric, Bibliometric Analysis, Bibliometric Indicators, Citation, Coverage, Data, Data Set, Expected Citation Rate, Full Data Set, Growth, Impact, Impact Factor, Indicators, JCR, Journal, Journals, Performance, Publications, Quality, Quality Of, Rates, Research, Research Performance, Russian Journal, Time Period

# Title: Acta Neuropsychiatrica

Full Journal Title: Acta Neuropsychiatrica

ISO Abbreviated Title:

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ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? San, L. and Arranz, B. (2006), Mirtazapine: Only for depression? *Acta Neuropsychiatrica*, **18** (3-4), 130-143.

Full Text: [2006\Act Neu18, 130.pdf](2006/Act%20Neu18,%20130.pdf)

Abstract: Background: Mirtazapine is an antidepressant first approved in the Netherlands in 1994 for the treatment of major depressive disorder. However, evidence suggests its effectiveness in a variety of other psychiatric disorders and non-psychiatric medical conditions.

Objective: The present paper reviews the published literature on the off-label indications of Mirtazapine.

Methods: A search of the relevant literature from MEDLINE, PsycLIT and EMBASE databases, included in the Science Citation Index and available up to March 2006, was conducted using the terms mirtazapine, case-reports, open-label trials and randomized controlled trials. Only articles referring to conditions other than major depression were included in this present review.

Results: Off-label use of mirtazapine has been reported in panic disorder, post-traumatic stress disorder, generalized anxiety disorder, social phobia, obsessive-compulsive disorder, dysthymia, menopausal depression, poststroke depression, depression as a result of infection with human immunodeficiency virus, elderly depression, Methylenedioxymethamphetamine (MDMA)-induced depression, hot flashes, alcohol and other substance use disorders, sleep disorders, sexual disorders, tension-type headaches, cancer pain, fibromyalgia, schizophrenia and other less frequent conditions.

Conclusions: So far, data on the off-label usefulness of mirtazapine are limited and mainly based on observations from case reports or open-label studies. However, positive cues suggest that confirmation of these preliminary data with randomized controlled trials may give sufficient evidence to warrant the use of mirtazapine in a broad range of disorders.

Keywords: Case Reports, Controlled Trials, Mirazapine, Open-Label Trials, Randomized, Posttraumatic-Stress-Disorder, Obsessive-Compulsive Disorder, Neuroleptic-Induced Akathisia, Generalized Anxiety Disorder, Induced Sexual Dysfunction, Tension-Type Headache, Low-Dose Mirtazapine, Open-Label Trial, Double-Blind, Major Depression

? Hunt, G.E. (2011), Making sense of bibliometrics. *Acta Neuropsychiatrica*, **23** (2), 80-81.

Full Text: [2011\Act Neu23, 80.pdf](2011/Act%20Neu23,%2080.pdf)

Keywords: Bibliometrics, Citations, h-Index, Impact Factor, Science

? Zhu, H.C., Lu, Z.M., Jin, Y.T., Duan, X.J., Teng, J.F. and Duan, D.X. (2015), Low-frequency repetitive transcranial magnetic stimulation on Parkinson motor function: A meta-analysis of randomised controlled trials. *Acta Neuropsychiatrica*, **27** (2), 82-89.

Full Text: [2015\Act Neu27, 82.pdf](2015/Act%20Neu27,%2082.pdf)

Abstract: Objectives: Previous studies have demonstrated inconsistent findings regarding the efficacy of low-frequency repetitive transcranial magnetic stimulation (rTMS) in treating motor symptoms of Parkinson’s disease (PD). Therefore, this meta-analysis was conducted to assess the efficacy of low-frequency rTMS. Methods: A comprehensive literature search (including PubMed, CCTR, Embase, Web of Science, CNKI, CBM-disc, NTIS, EAGLE, Clinical Trials, Current Controlled Trials, International Clinical Trials Registry) was conducted dating until June 2014. The key search terms (‘Parkinson’, ‘PD’, ‘transcranial magnetic stimulation’, ‘TMS’, ‘RTMS’ and ‘noninvasive brain stimulation’) produced eight high-quality randomised controlled trials (RCT) of low-frequency rTMS versus sham stimulation. Results: These eight studies, composed of 319 patients, were meta-analysed through assessment of the decreased Unified Parkinson’s Disease Rating Scale (UPDRS part III) score. Pooling of the results from these RCTs yielded an effect size of -0.40 (95% CI = -0.73 to -0.06, p<0.05) in UPDRS part III, which indicated that low-frequency rTMS could have 5.05 (95% CI = -1.73 to -8.37) point decrease in UPDRS part III score than sham stimulation. Discussion: Low-frequency rTMS had a significant effect on motor signs in PD. As the number of RCTs and PD patients included here was limited, further large-scale multi-center RCTs were required to validate our conclusions.

Keywords: Assessment, Brain, Brain-Stimulation, Clinical Trials, Disease, Effect Size, Efficacy, From, Function, International, Literature, Literature Search, Magnetic, Magnetic Stimulation, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Motor Function, Parkinson’s Disease, Patients, Pd, Pubmed, Randomised, Randomised Controlled Trials, RCT, Repetitive Transcranial Magnetic Stimulation, Results, Rtms, Rtms, Safety, Scale, Science, Size, Symptoms, Therapy, Tms, Transcranial Magnetic Stimulation, Treating Major Depression, Web, Web Of Science

# Title: Acta Obstetricia et Gynecologica Scandinavica

Full Journal Title: Acta Obstetricia et Gynecologica Scandinavica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Tummon, I., Gavrilova-Jordan, L., Allemand, M.C. and Session, D. (2005), Polycystic ovaries and ovarian hyperstimulation syndrome: A systematic review. *Acta Obstetricia et Gynecologica Scandinavica*, **84** (7), 611-616.

Full Text: [2005\Act Obs Gyn Sca84, 611.pdf](2005/Act%20Obs%20Gyn%20Sca84,%20611.pdf)

Abstract: Objectives. To assess and quantify the relationship between polycystic ovaries (PCOs) and ovarian hyperstimulation syndrome (OHSS). Data Sources. Published studies, any language, identified through MEDLINE, EMBASE, BIOSIS, Web of Science, and bibliographies. Studies were selected if exposure (ultrasound findings of PCO before treatment) and outcome (OHSS) could be abstracted to two-by-two tables. Results. Ten studies, meeting inclusion and exclusion criteria, were analyzed. When PCO were present, the combined odds ratio for OHSS was 6.8 (95% confidence interval 4.9-9.6). Conclusion. There is a significant and consistent relationship between PCO and OHSS. When PCO are present before treatment with assisted reproduction, deliberate policies to moderate treatment appear justified.

Keywords: Embase, Features, Gonadotropin-Releasing-Hormone, In-Vitro Fertilization, Invitro Fertilization, MEDLINE, Morphology, Number, Outcome, Ovarian Hyperstimulation Syndrome, Policies, Polycystic Ovaries, Pregnancy, Ratio, Reproduction, Review, Risk-Factors, Science, Sources, Stimulation, Systematic, Systematic Review, Treatment, Ultrasonography, Ultrasound, Web of Science, Women

? Hansen, A.K., Wisborg, K., Uldbjerg, N. and Henriksen, T.B. (2007), Elective caesarean section and respiratory morbidity in the term and near-term neonate. *Acta Obstetricia et Gynecologica Scandinavica*, **86** (4), 389-394.

Full Text: [2007\Act Obs Gyn Sca86, 389.pdf](2007/Act%20Obs%20Gyn%20Sca86,%20389.pdf)

Abstract: Aim. The aim of this review was to assess the relationship between delivery by elective caesarean section and respiratory morbidity in the term and near-term neonate. Methods. Searches were made in the MEDLINE database, EMBASE, Cochrane database and Web of Science to identify peer-reviewed studies in English on elective caesarean section and respiratory morbidity in the newborn. We included studies that compared elective caesarean section to vaginal or intended vaginal delivery, with clear definition of outcome measures and information about gestational age. Results. Nine eligible studies were identified. All studies found that delivery by elective caesarean section increased the risk of various respiratory morbidities in the newborn near term compared with vaginal delivery, although the findings were not statistically significant in all studies. It was inappropriate to carry out a meta-analysis with a pooled risk estimate because of a variety of methodological differences between the studies. The overall risk for respiratory morbidity, however, seemed to increase about 2 to 3 times, though some studies presented much higher risk estimates. A decreasing risk with increasing gestational age was shown in 2 studies. Conclusion. Delivery by elective caesarean section was shown to increase the risk of respiratory morbidity in all studies eligible for inclusion. The magnitude of this relative risk seemed to depend on gestational age even in deliveries after 37 completed weeks of gestation.

Keywords: Cochrane, Delivery, Distress Syndrome, Elective Caesarean Section, Embase, Gestational-Age, Infants, Information, Labor, MEDLINE, Meta-Analysis, Methods, Mode, Morbidity, Outcome, Relative Risk, Respiratory Morbidity in the Newborn, Review, Risk, Route, Science, Systematic Review, Trial, Web of Science

? Sandven, I., Abdelnoor, M., Nesheim, B.I. and Melby, K.K. (2009), *Helicobacter pylori* infection and hyperemesis gravidarum: A systematic review and meta-analysis of case-control studies. *Acta Obstetricia et Gynecologica Scandinavica*, **88** (11), 1190-1200.

Full Text: [2009\Act Obs Gyn Sca88, 1190.pdf](2009/Act%20Obs%20Gyn%20Sca88,%201190.pdf)

Abstract: Objective. To summarize the evidence from epidemiological studies examining the association between Helicobacter pylori infection and hyperemesis gravidarum. Design. Systematic review and meta-analysis of case-control studies. Material and methods. We searched the MEDLINE/PUBMED, Embase, Cinahl, ISI Web of Science and Biological Abstracts databases from 1966 to 17 June 2008 and finally Google Scholar. A total of 25 case-control studies were identified. Both fixed-effect and random-effect models were used to synthesize the results of individual studies. The Cochran Q, tau(2) of between-study variance and index of heterogeneity (I(2)) were used to evaluate heterogeneity. Heterogeneity between studies was examined by subgroup and random effect meta-regression analyses. Publication bias was evaluated. Results. Publication bias was not observed. The random model pooled estimate was odds ratio = 3.32, 95 % confidence interval (CI): 2.25-4.90. A high heterogeneity was pinpointed (I(2) = 80 %, 95 % CI: 65-89). Subgroup analysis and meta-regression showed a weaker association in studies with a clear definition of hyperemesis gravidarum compared to studies without this condition, and weaker association in recent studies compared to earlier studies. Meta-regression showed that these two study characteristics explained 40% of heterogeneity between studies. Conclusions. Exposure to H. pylori appears to be associated with an increased risk of hyperemesis gravidarum. The residual heterogeneity might have different reasons. Given the high prevalence of H. pylori, the public health consequence of H. pylori with regard to hyperemesis gravidarum may be important.

Keywords: Analysis, Bias, Case-Control Studies, Case-Control Study, Databases, Epidemiology, Google Scholar, Helicobacter Pylori, Hyperemesis Gravidarum, Infection, ISI, Meta-Analysis, Model, Population, Pregnancy, Prevalence, Public Health, Publication Bias, Ratio, Response Bias, Review, Risk, Risk-Factors, Science, Seropositivity, Symptoms, Systematic, Systematic Review, Web of Science

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Full Text: [2011\Act Obs Gyn Sca90, 1307.pdf](2011/Act%20Obs%20Gyn%20Sca90,%201307.pdf)

Abstract: Objective. We reviewed the evidence for three theories of how preconceptional psychosocial stress could act as a contributing determinant of excess preterm birth risk among African American women: early life developmental plasticity and epigenetic programming of adult neuroendocrine systems; blunting, weathering, or dysfunction of neuroendocrine and immune function in response to chronic stress activation through the life course; individuals adoption of risky behaviors such as smoking as a response to stressful stimuli. Methods. Basic science, clinical, and epidemiologic studies indexed in MEDLINE and Web of Science databases on preconceptional psychosocial stress, preterm birth and race were reviewed. Results. Mixed evidence leans towards modest associations between preconceptional chronic stress and preterm birth (for example common odds ratios of 1.21.4), particularly in African American women, but it is unclear whether this association is caUSAl or explains a substantial portion of the BlackWhite racial disparity in preterm birth. The stress-preterm birth association may be mediated by hypothalamic-pituitary-adrenal axis dysfunction and susceptibility to bacterial vaginosis, although these mechanisms are incompletely understood. Evidence for the role of epigenetic or early life programming as a determinant of racial disparities in preterm birth risk is more circumstantial. Conclusions. Preconceptional stress, directly or in interaction with host genetic susceptibility or infection, remains an important hypothesized risk factor for understanding and reducing racial disparities in preterm birth. Future studies that integrate adequately sized epidemiologic samples with measures of stress, infection, and gene expression, will advance our knowledge and allow development of targeted interventions.

Keywords: Activation, Adult, African American, African-American Women, Association, Bacterial, Bacterial Vaginosis, Behavioral Risk-Factors, Black-Women, Corticotropin-Releasing Hormone, Databases, Delivery, Development, Discrimination, Disparities, Disparity, Epidemiologic Studies, Fetal-Growth, Gene Expression, Genetic, Genetic Susceptibility, Health Disparities, Immune, Infant Health, Infection, Interventions, Knowledge, Maternal Age, Mechanisms, MEDLINE, Methods, Overview, Preterm, Preterm Birth, Psychosocial, Psychosocial Stress, Race, Racial Disparities, Risk, Risk Factor, Science, Severe Life Events, Smoking, Stress, Susceptibility, Theories, Web of Science, White Women, Women

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Full Text: [2013\Act Obs Gyn Sca92, 496.pdf](2013/Act%20Obs%20Gyn%20Sca92,%20496.pdf)

Abstract: We reviewed the evidence on the duration, causes and effects of delays in providing emergency obstetric care to women attending health facilities (the third delay) in low-and middle-income countries. We performed a critical literature review using terms related to obstetric care, birth outcome, delays and developing countries. A manual search of reference lists of key articles was also performed. 69 studies met the inclusion criteria. Most studies reported long delays in providing care, and the mean waiting time for women admitted with complications was as much as 24 h before treatment. The three most cited barriers to providing timely care were shortage of treatment materials, surgery facilities and qualified staff. Existing evidence is insufficient to estimate the effect of delays on birth outcomes. Delays in providing emergency obstetric care seem common in resource-constrained settings but further research is necessary to determine the effect of the third delay on birth outcomes.

Keywords: Argentina, Barriers, Birth, Birth Outcomes, Care, Complications, Criteria, Developing, Developing Countries, Duration, Effects, Emergency, Emergency Obstetric Care, Evidence, Facilities, Health, Health Services Research, Hospitals, Literature, Literature Review, Low-And Middle-Income Countries, Maternal Mortality, Neonatal Deaths, Nigeria, Obstetric, Obstetric Care, Outcome, Outcomes, Reference, Reference Lists, Research, Responsiveness, Review, Stillbirths, Surgery, Survival 1, Systems, Third Delay, To-Delivery Interval, Treatment, Women

? Balsells, M., Garcia-Patterson, A., Gich, I. and Corcoy, R. (2014), Ultrasound-guided compared to conventional treatment in gestational diabetes leads to improved birthweight but more insulin treatment: Systematic review and meta-analysis. *Acta Obstetricia et Gynecologica Scandinavica*, **93** (2), 144-151.

Full Text: [2014\Act Obs Gyn Sca93, 144.pdf](2014/Act%20Obs%20Gyn%20Sca93,%20144.pdf)

Abstract: ObjectiveTo perform a systematic review and meta-analysis of randomized controlled trials assessing ultrasound-guided versus conventional management in women with a broad severity-spectrum of gestational diabetes mellitus. DesignSystematic review and meta-analysis of trials published until August 2012. SettingPubMed and Web of Science databases. Study selection and methodsEighteen studies were reviewed in full text. Eligibility criteria were (i) randomized controlled trials comparing metabolic management in women with gestational diabetes mellitus and ultrasound-based vs. The conventional management to assess fetal growth, (ii) representative of the whole spectrum of hyperglycemia and fetal growth, (iii) data on perinatal outcomes. Review Manager 5.0 was used to summarize the results. ResultsTwo studies fulfilled inclusion criteria. The ultrasound-guided group had a lower rate of large-for-gestational age newborns (relative risk 0.58, 95% confidence interval 0.34-0.99), macrosomia (relative risk 0.32, 95% confidence interval 0.11-0.95) and abnormal birthweight (small/large-for-gestational age, relative risk 0.64, 95% confidence interval 0.45-0.93) and a higher rate of insulin treatment (relative risk 1.58, 95% confidence interval 1.14-2.20). The number of women with gestational diabetes with a need to treat to prevent an additional newborn with abnormal birthweight was 10. ConclusionsIn women with a broad severity-spectrum of gestational diabetes mellitus, ultrasound-guided management improves birthweight distribution, but increases the need for insulin treatment. More research is needed in this area because results are derived from a limited number of patients.

Keywords: Age, Assessing, Birthweight, Confidence, Conventional, Criteria, Data, Databases, Diabetes, Diabetes Mellitus, Distribution, Fetal, Fetal Growth, Fetal Ultrasound, Gestational, Gestational Diabetes, Gestational Diabetes Mellitus, Growth, Hyperglycemia, Insulin, Insulin Therapy, Interval, Macrosomia, Management, Mellitus, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolic Therapy, Newborn, Newborns, Outcomes, Patients, Perinatal, Perinatal Outcomes, Pregnancies, Prevent, Randomized, Randomized Control Trial, Randomized Controlled Trials, Randomized-Trial, Relative Risk, Research, Review, Risk, Science, Selection, Systematic Review, Treatment, Ultrasound, Web of Science, Web of Science Databases, Women

? Du, Y.M., Ye, M. and Zheng, F.Y. (2014), Active management of the third stage of labor with and without controlled cord traction: A systematic review and meta-analysis of randomized controlled trials. *Acta Obstetricia et Gynecologica Scandinavica*, **93** (7), 626-633.

Full Text: [2014\Act Obs Gyn Sca93, 626.pdf](2014/Act%20Obs%20Gyn%20Sca93,%20626.pdf)

Abstract: Objective. To determine the specific effect of controlled cord traction in the third stage of labor in the prevention of postpartum hemorrhage. Data sources. We searched PubMed, Scopus and Web of Science (inception to 30 October 2013). Study selection. Randomized controlled trials comparing controlled cord traction with hands-off management in the third stage of labor were included. Results. Five randomized controlled trials involving a total of 30 532 participants were eligible. No significant difference was found between controlled cord traction and hands-off management groups with respect to the incidence of severe postpartum hemorrhage (relative risk 0.91, 95% confidence interval 0.77-1.08), need for blood transfusion (relative risk 0.96, 95% confidence interval 0.69-1.33) or therapeutic uterotonics (relative risk 0.94, 95% confidence interval 0.88-1.01). However, controlled cord traction reduced the incidence of postpartum hemorrhage in general (relative risk 0.93, 95% confidence interval 0.87-0.99; number-needed-to-treat 111, 95% confidence interval 61-666), as well manual removal of the placenta (relative risk 0.70, 95% confidence interval 0.58-0.84) and duration of the third stage of labor (mean difference -3.20, 95% confidence interval -3.21 to -3.19). Conclusions. Controlled cord traction appears to reduce the risk of any postpartum hemorrhage in a general sense, as well as manual removal of the placenta and the duration of the third stage of labor. However, the reduction in the occurrence of severe postpartum hemorrhage, need for additional uterotonics and blood transfusion is not statistically significant.

Keywords: Active Management Of The Third Stage Of Labor, Blood, Blood Transfusion, Confidence, Controlled Cord Traction, Data, Duration, General, Groups, Hemorrhage, Incidence, Interval, Labor, Labor Stage Third, Management, Manual Removal, Maternal Morbidity, Meta Analysis, Meta-Analysis, Metaanalysis, Number Needed To Treat, Obstetric, Placenta, Postpartum, Postpartum Hemorrhage, Postpartum Hemorrhage, Prevention, Prevention Of Postpartum Hemorrhage, Pubmed, Randomized, Randomized Controlled Trials, Reduction, Relative Risk, Removal, Results, Review, Risk, Science, Scopus, Selection, Sources, Systematic, Systematic Review, Therapeutic, Third Stage, Third Stage Of Labor, Transfusion, Web Of Science

? Vos, A.A., Posthumus, A.G., Bonsel, G.J., Steegers, E.A.P. and Denktas, S. (2014), Deprived neighborhoods and adverse perinatal outcome: A systematic review and meta-analysis. *Acta Obstetricia et Gynecologica Scandinavica*, **93** (8), 727-740.

Full Text: [2014\Act Obs Gyn Sca93, 727.pdf](2014/Act%20Obs%20Gyn%20Sca93,%20727.pdf)

Abstract: Objectives. This study aims to summarize evidence on the relation between neighborhood deprivation and the risks for preterm birth, small-for-gestational age, and stillbirth. Design. The design was a systematic review and meta-analysis. Main outcome measures. The main outcome measures included studies that directly compared the risk of living in the most deprived neighborhood quintile with least deprived quintile for at least one perinatal outcome of interest (preterm delivery, small-for-gestational age and stillbirth). Methods. Study selection was based on a search of Medline, Embase and Web of Science for articles published up to April 2012, reference list screening, and email contact with authors. Data on study characteristics, outcome measures, and quality were extracted by two independent investigators. Random-effects meta-analysis was performed to estimate unadjusted and adjusted summary odds ratios with the associated 95% confidence intervals. Results. We identified 2863 articles, of which 24 were included in a systematic review. A meta-analysis (n = 7 studies, including 2 579 032 pregnancies) assessed the risk of adverse perinatal outcomes by comparing the most deprived neighborhood quintile with the least deprived quintile. Compared with the least deprived quintile, odds ratios for adverse perinatal outcomes in the most deprived neighborhood quintile were significantly increased for preterm delivery (odds ratio 1.23, 95% confidence interval 1.18-1.28), small-for-gestational age (odds ratio 1.31, 95% confidence interval 1.28-1.34), and stillbirth (odds ratio 1.33, 95% confidence interval 1.21-1.45). Conclusions. Living in a deprived neighborhood is associated with preterm birth, small-for-gestational age and stillbirth.

Keywords: Age, Area-Based Measure, Articles, Authors, Birth, Characteristics, Confidence, Confidence Intervals, Data, Delivery, Deprivation, Design, Determinants, Evidence, Health Inequalities, Income, Interval, Intervals, Living, Low-Birth-Weight, Maternal Education, Measures, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Neighborhood Deprivation, Neonatal Care, Odds Ratio, Outcome, Outcome Measures, Outcomes, Perinatal, Perinatal Mortality, Perinatal Outcome, Perinatal Outcomes, Preterm, Preterm Birth, Preterm Birth, Preterm Delivery, Quality, Reference, Results, Review, Risk, Risks, Science, Screening, Selection, Small For Gestational Age, Small-For-Gestational Age, Social Deprivation, Socioeconomic Inequalities, Stillbirth, Systematic, Systematic Review, Urban Perinatal Health, Web Of Science

# Title: Acta Odontologica Scandinavica

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? Bondemark, L. and Lilja-Karlander, L. (2004), A systematic review of Swedish research in orthodontics during the past decade. *Acta Odontologica Scandinavica*, **62** (1), 46-50.

Full Text: [2004\Act Odo Sca62, 46.pdf](2004/Act%20Odo%20Sca62,%2046.pdf)

Abstract: the aims of this systematic review were to identify the study designs and topics of Swedish orthodontic articles, to elucidate their international position, and to verify in which scientific journals the articles had been published in the past decade. A search of the MEDLINE database for papers published between 1992 and 2002 was made using the Medical Search Heading terms ‘orthodontics’, ‘malocclusion’, ‘cephalometry’, and ‘facial bones and growth’. Two independent reviewers selected the articles of Swedish origin and categorized each article according to research design and principal topic. Overall, 15,571 articles in orthodontic research were found, and the Swedish contribution was 1.9% with the majority of these (71.5%) being submitted by universities. Most of the Swedish articles (84.5%) had been published in 10 journals and many high-quality studies with orthodontic interest were published in nonorthodontic journals with higher impact factor scores than the orthodontic journals. Every second study was prospective, and of these, 15 (5.2% of all Swedish articles) were randomized clinical trials (RCTs). It was found that nearly every third study, prospective as well as retrospective, was uncontrolled. The main classification was treatment studies (51.9%), followed by development (18.6%) and diagnostic information (10.7%) studies. Thus, the majority of the articles evaluated therapeutic interventions; however, although the RCT is the preferred study design in evaluation studies, few used this method. In an era focused on evidence-based medicine, studies with an RCT design will be the future challenge for research in the field of orthodontics.

Keywords: Challenge, Classification, Clinical, Clinical Trials, Database, Design, Development, Evaluation, Evaluation Studies, Evidence Based, Evidence Based Medicine, Evidence-Based, Evidence-Based Medicine, Factor Scores, Field, Growth, Impact, Impact Factor, Impact Factor Scores, Information, International, Interventions, Journals, Medicine, Origin, Papers, Prospective, Randomized, RCT, Research, Research Design, Review, Scientific Journals, Study Design, Systematic Review, Therapeutic, Treatment, Universities

? Poulsen, S., Gjorup, H., Haubek, D., Haukali, G., Hintze, H., Lovschall, H. and Errboe, M. (2008), Amelogenesis imperfecta - A systematic literature review of associated dental and oro-facial abnormalities and their impact on patients. *Acta Odontologica Scandinavica*, **66** (4), 193-199.

Full Text: [2008\Act Odo Sca66, 193.pdf](2008/Act%20Odo%20Sca66,%20193.pdf)

Abstract: Objective. Amelogenesis imperfecta (AI) is a disease primarily affecting amelogenesis, but other aberrations have been reported. The purposes of this review were: (1) to identify other anomalies associated with AI, and (2) to describe the impact of the disease and its associated conditions on the oral health-related quality of life of patients, and the economic consequences. Material and methods. A literature search was conducted in the following databases: PUBMED, EMBASE, Bibliotek.dk, the Cochrane Library, Web of Science, and OMIM, supplemented by a search for selected authors. Based on titles and abstracts, 137 papers were identified. Results. Most articles were case reports or case series with few cases. Aberrations were reported in the eruption process, in the morphology of the crown, in the pulp-dentine organ, and in the number of teeth. Gingival conditions and oral hygiene were usually reported to be poor, and calculus was a common finding. Open bite was the most commonly reported malocclusion. A negative impact on patients’ oral health-related quality of life was described, but information was scarce. No information was found on the economic impact. Conclusions. A number of aberrations associated with AI have been reported, but not sufficiently systematic to allow for a secondary analysis and synthesis of the findings. The impact on patients in terms of reduced quality of life and economic burden needs to be studied.

Keywords: Amelogenesis Imperfecta, Analysis, Associated Anomalies, Authors, Burden, Case Reports, Case Series, Ceramic Restorations, Clinical Report, Cochrane, Databases, Disease, Economic Burden, Embase, Health-Related Quality of Life, Hereditary, Hypomaturation Type, Impact, Information, Literature, Literature Review, Northern Swedish County, Open Bite Deformity, Oral Rehabilitation, Papers, PUBMED, Quality of Life, Restoring Function, Review, Science, Skeletal Open Bite, Systematic, Systematic Literature Review, Systematic Review, Taurodontism, Web of Science

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Full Text: [2010\Act Odo Sca68, 249.pdf](2010/Act%20Odo%20Sca68,%20249.pdf)

Abstract: Objective. To conduct a systematic review of studies concerning the psychosocial well-being of surgical orthodontic patients. Material and methods. Articles published between 2001 and 2009 were searched using PUBMED, Web of Science, and PsycInfo. Only articles written in English were included. Articles on methodological issues or on patients with clefts or syndromes or studies in which treatment had included surgically assisted maxillary expansion or intermaxillary fixation were excluded. The exclusion of articles was carried out in collaboration with two reviewers. To find new relevant articles, references from all the obtained review articles were hand-searched. Thirty-five articles fulfilled the selection criteria and were included in this review. Results. The main motives for seeking treatment were improvements in self-confidence, appearance, and oral function. Patients were not found to suffer from psychiatric problems. Treatment resulted in self-reported improvements in well-being, even though these improvements were not found with current assessment methods. Changes in well-being were most often registered using measures designed for evaluation of the impact of oral health on quality of life (e.g. The Orthognathic Quality of Life Questionnaire and the Oral Health Impact Profile). Conclusions. Surgical orthodontic patients do not experience psychiatric problems related to their dentofacial disharmony in general. However, subgroups of patients may still experience problems, such as anxiety or depression, as many studies only report patients’ mean problem scores and compare them to controls’ scores or population norms. New assessment methods focusing on day-to-day changes in mood and well-being, as well as prospective studies with controls, are needed.

Keywords: Anxiety, Articles, Assessment, Body-Image, Collaboration, Dentofacial Deformity, Depression, Depression Scale, Disorder, Evaluation, Facial Appearance, Follow-up, Health, Impact, Mood, Perceptions, Profile, Prospective Studies, Psychological, Psychosocial, PUBMED, Quality, Quality of Life, Quality-of-Life, Review, Satisfaction, Science, Social, Surgery, Surgical, Systematic, Systematic Review, Treatment, Web of Science

# Title: Acta Oecologica-International Journal of Ecology

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? Schnitzler, A. (1995), Community Ecology of Arboreal Lianas in Gallery Forests of the Rhine Valley, France. *Acta Oecologica-International Journal of Ecology*, **16** (2), 219-236.

Abstract: the phanerophyte liana population of Clematis vitalba and Hedera helix is described in different successional stands of the gallery forests of the Rhine valley, Alsace, France. The liana population presents a wide variety of abundance along the Rhine and its tributary, the Ill, according to gradients of light, flooding severity, hydromorphy or presence of shade tree species. In the Rhine forests, young (30 years) and old (150 years) stands were chosen of Salici-Populetum (including two sub-associations), Fraxino-Populetum albae and Ligustro-Populetum nigrae. Four stands were selected in end-successional Querco-Ulmetum: 2 in the sub-association populetosum (one prone to flooding, the other deprived of flooding since the Rhine canalization in 1960), one in the sub-association carpinetosum (deprived of flooding since the building of dykes in 1850) and one in the sub-association tilietosum, on high, sandy high terraces. In the Ill forests, the liana population was studied in 4 associations which segregate along a moisture gradient: Alnetum glutinosae, Pruno-Fraxinetum, Alno-Carpinetum and Stellario-Carpinetum In each stand, the structure in the woody layers (density in stems.ha-1; basal area in m(2).ha-1) was studied during the summers of 1990 and 1992. Species diversity was calculated with the Shannon H’ index. The study focuses on the liana population, with calculation of total liana density, basal area of giant lianas, percentage of giant lianas in the total woody population, in the canopy and the underlayers. Linear regression between structure of the stands and structure of the liana population was used. Results show that liana density and basal area peak when total density and basal area of the stands are highest. Liana density is highest in the Rhine forests, due to the absence of below-hydromorphic horizons and of shade trees in the canopy. The liana population peaks in most of the young stands except the densest (Fraxino-Populetum albae) and the driest ones (Hippophae-Betuletum). Giant lianas (30-15 m high, 6-8 cm DBH) are characteristics of old stands. Most of them are Hedera helix. The number of giant lianas.ha-1 is significantly correlated to total stand density, but not to canopy density. The number of giant lianas in the canopy is high in Querco-Ulmetum populetosum (30%; 42.7%). In Querco-Ulmetum carpinetosum, the number of giant lianas decreases to 7.3%, due to decrease in nutrient supply, but probably also following the more intense and long-term influence of man. These results indicate the favourable influence of flooding on the ecology of lianas by regular supplies of nutrients and water, if the soils are not hydromorphic. Flooding plays an indirect role on the integration of lianas in the forest ecosystem through its influence on the woody density of the underlayers and its internal organization. This explains the peaks of giant lianas in some flooded highly-levelled ecosystems such as Qeurco-Ulmetum (H’ = 3.4), Alno-Carpinetum (H’ = 2.8) or Salici-Populetum populetosum (H’ = 2.8). Extreme moisture is the main unfavourable factor preventing liana growth in the Ill swamps and old channels, colonized by Alnetum glutinosae and Pruno-Flaxinetum. In mesophilic sites, dominance of shade species (Carpinus betulus) in the canopy is a very unfavourable factor for the growth of woody lianas. This factor limits the liana population in Alno-Carpinetum and totally eliminates it in Stellario-Carpinetum.

Keywords: Canopy Arboreal Liana, Characteristics, Ecosystem, Flooding Stress, France, Gallery Forests, Gap, Growth, Integration, Liana Population, Linear Regression, Long Term, Long-Term, Moisture, Organization, Population, Regression, Rhine Valley, Soils, Structure, Succession, Water

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? Inzelt, A. and Schubert, A. (2011), Collaboration between researchers from academic and non-academic organisations a case study of co-authorship in 12 Hungarian Universities. *Acta Oeconomica*, **61** (4), 441-463.

Full Text: [2011\Act Oec61, 441.pdf](2011/Act%20Oec61,%20441.pdf)

Abstract: Throughout the reform process of the European university system, the importance of collaboration between actors at the academy and other areas of the economy and society are ever increasing, as evidenced by a growing number of co-authored articles and the number of citations to such works. This article analyses the characteristics of publications co-authored by Hungarian university researchers with non-academic partners. Scientometric indicators are used as primary methodological tools. Our sample was the publication output of 12 universities, which covers 90% of the university sphere’s publications, between 2001 and 2005 and was taken from the publications of Hungarian institutions of higher education appearing in the Web of Science database. The authors employed a new, important aspect in the cooperation activity of Hungarian universities: their connection with the non-academic partners. The selection and the institutional location of the co-authors resulted in an important database for further analysis. Based on the empirical analysis of the publication and citation performance data of 12 such universities the authors concluded that the proportion of citations to publications co-authored with either academic or non-academic partners is significantly higher for international partners than it is for Hungarian ones. For one publication, the proportion of citations to articles co-authored with foreign non-academic partners, such as firms or health care institutions, was five times higher than the number relating to papers co-authored with Hungarian firms or health care institutions. Higher citedness of the joint articles with the foreign country institutes than domestic partners are in harmony with observation in other countries. Generally the rate of the co-authored articles with non-academic partners is rather low. However it scatters to a great extent concerning the different universities. The presence or absence of medicine in the profile of the universities seems an important factor of that difference.

Keywords: Analysis, Authors, Bibliometrics, Care, Citation, Citations, Collaboration, Cooperation, Education, Health Care, Higher Education, Hungary, Indicators, Joint, Low, Medicine, Methodological Tools, Observation, Papers, Performance, Primary, Process, Profile, Publication, Publication Output, Publications, Research Collaboration, Researchers, Science, Scientometrics, Third Mission, Universities, University, Web of Science, Web-of-Science

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Subject Categories:

Oncology: Impact Factor 1.909, 60/114 (2002)

? Chu, D., Lacouture, M.E., Fillos, T. and Wu, S.H. (2008), Risk of hand-foot skin reaction with sorafenibo: A systematic review and metes-analysis. *Acta Oncologica*, **47** (2), 176-186.

Full Text: [2008\Act Onc47, 176.pdf](2008/Act%20Onc47,%20176.pdf)

Abstract: Background. Hand-foot skin reaction (HFSR) is a dose-limiting toxicity associated with sorafenib, an oral multi-kinase inhibitor with clinical activity against solid tumors. This study was conducted to determine the risk of developing HFSR among patients receiving sorafenib. Patients and Methods. Databases from PUBMED, Web of Science, and abstracts presented at the American Society of Clinical Oncology annual meetings from 2004 through July, 2007 were searched to identify relevant studies. Eligible studies were prospective clinical trials using single agent sorafenib. The summary incidence rate and the relative risk (RR) were calculated using random-effects model. Results. A total of 4 883 patients in 11 trials with metastatic tumors were included for analysis. Among patients receiving sorafenib, the summary incidence of all-grade HFSR was 33.8% (95% CI: 24.5-44.7%) with significant difference between patients with RCC and non-RCC malignancy (RR 1.52, 95% CI: 1.32-1.75%, p <0.001). The incidence of high-grade HFSR was 8.9% (95% CI: 7.3-10.7%). In addition, sorafenib was associated with a significant increased risk of HFSR with RR of 6.6 (95% CI: 3.7 to 11.7, p <0.001) in comparison with controls. Conclusion. There is a significant risk of HFSR associated with sorafenib. Proper management and further study are recommended to reduce the risk.

Keywords: Advanced Solid Tumors, Analysis, Bay-43-9006, C-Kit, Clinical Trials, Clinical-Trials, Databases, Kinase Inhibitors, Kit-Ligand, Malignancy, Management, Methods, Model, Oncology, Phase-I, Pyridoxine Therapy, Relative Risk, Renal-Cell Carcinoma, Review, Risk, Science, Sunitinib, Systematic, Systematic Review, Toxicity, Web of Science

? Zhu, X.L., Stergiopoulos, K. and Wu, S. (2009), Risk of hypertension and renal dysfunction with an angiogenesis inhibitor sunitinib: Systematic review and meta-analysis. *Acta Oncologica*, **48** (1), 9-17.

Full Text: [2009\Act Onc48, 9.pdf](2009/Act%20Onc48,%209.pdf)

Abstract: Background. Sunitinib is a multitargeted tyrosine kinase inhibitor used in the treatment of metastatic renal cell carcinoma (RCC) and gastrointestinal stromal tumor (GIST), and undergoing evaluation for other malignancy. Hypertension is one of its major side effects with a substantial variation in the reported incidences among clinical studies. We here performed a systematic review and meta-analysis of published clinical trials to determine its overall risk. Methods. Relevant studies were searched and identified in MEDLINE (OVID 1966 to July, 2007), Web of Science, and abstracts presented at the American Society of Clinical Oncology annual meetings from 2004 through 2007. Eligible studies were prospective clinical trials that had described events of hypertension for patients who received single agent sunitinib. The incidence of hypertension and relative risk (RR) were calculated using the random-effects or the fixed-effects model. Results. A total of 4, 999 patients with RCC and other malignancies from 13 clinical trials were included for analysis. Among patients receiving sunitinib, the incidence of all-grade and high-grade hypertensions were 21.6% (95% CI: 18.7-24.8%) and 6.8% (95% CI: 5.3-8.8%) respectively. The risk may vary with tumor type and the dosing schedule of sunitinib. Sunitinib was associated with a significantly increased risk of high-grade hypertension (RR = 22.72, 95% CI: 4.48 to 115.29, p < 0.001) and renal dysfunction (RR: 1.36, 95% CI: 1.20 to 1.54, p < 0.001) in comparison with controls. Conclusions. There is a significant risk of developing hypertension and renal dysfunction among patients receiving sunitinib. Adequate monitoring and treatment of hypertension is recommended.

Keywords: Analysis, Angiogenesis, Cancer, Carcinoma, Cell Carcinoma, Clinical Trials, Endothelial Growth-Factor, Evaluation, Factor Receptor, Gastrointestinal, Hypertension, Malignancy, MEDLINE, Meta-Analysis, Methods, Model, Models, Monitoring, Oncology, Proteinuria, Relative Risk, Review, Risk, Science, Su11248, Systematic, Systematic Review, Therapy, Treatment, Tyrosine Kinase Inhibitor, Web of Science

? Ranpura, V., Hapani, S., Chuang, J. and Wu, S.H. (2010), Risk of cardiac ischemia and arterial thromboembolic events with the angiogenesis inhibitor bevacizumab in cancer patients: A meta-analysis of randomized controlled trials. *Acta Oncologica*, **49** (3), 287-297.

Full Text: [2010\Act Onc49, 287.pdf](2010/Act%20Onc49,%20287.pdf)

Abstract: Background. The risk of cardiovascular toxicities is a serious concern with the increased application of angiogenesis inhibitors in current cancer therapy. Arterial thromboembolic events (ATE) were associated with bevacizumab, an antibody against vascular endothelial growth factor. To determine the risk of ATE including cardiac ischemia and stroke, a systematic review and meta-analysis of published randomized controlled trials (RCTs) was performed. Methods. We searched the databases of PUBMED, Web of Science, and American Society of Clinical Oncology conferences to identify relevant clinical trials up to May, 2009. Eligible studies included prospective RCTs in which bevacizumab was compared to a control concurrently in combination with standard anti-neoplastic therapy. Summary incidence rates, relative risks (RRs), and 95% confidence intervals (CIs) were calculated using random-effects or fixed-effects models. Results. A total of 12 617 patients with a variety of advanced solid tumors from 20 RCTs were included for analysis. The incidences of all-grade and high-grade ATE in patients receiving bevacizumab were 3.3% (95% CI, 2.0-5.6%) and 2.0% (95% CI, 1.7-2.5) respectively. Patients treated with bevacizumab had a significantly increased risk of ATE with an RR of 1.44 (95% CI, 1.08-1.91; p=0.013) compared with controls. The risk similarly increased for bevacizumab at 2.5 and 5 mg/kg/week; in addition, significantly increased risks were observed in patients with renal cell cancer (RR, 3.72, 95% CI, 1.15-12.04; p=0.029) and colorectal cancer (RR, 1.89, 95% CI, 1.28-2.80, p=0.001). Notably, the risk of high-grade cardiac ischemia with bevacizumab was significantly higher than controls with an RR of 2.14 (95% CI, 1.12-4.08, p=0.021); however, the risk of ischemic stroke with bevacizumab was not significantly different from controls (RR, 1.37, 95% Cl, 0.67-2.79, p=0.39). Discussion. Treatment with bevacizumab may significantly increase the risk of cardiac ischemic events in cancer patients.

Keywords: 1st-Line Therapy, Analysis, Angiogenesis, Bevacizumab, Breast-Cancer, Cancer, Cardiovascular, Clinical Trials, Colorectal Cancer, Combination, Confidence Intervals, Control, Databases, Endothelial Growth-Factor, Fluorouracil, Ischemia, Lung-Cancer, Meta-Analysis, Metastatic Colorectal-Cancer, Methods, Oncology, Phase-III Trial, PUBMED, Randomized Controlled Trials, Renal-Cell Carcinoma, Review, Risk, Science, Stroke, Systematic, Systematic Review, Therapy, Tumor-Growth, Vascular Endothelial Growth Factor, Web of Science

? Sher, A. and Wu, S.H. (2011), Anti-vascular endothelial growth factor antibody bevacizumab reduced the risk of anemia associated with chemotherapy: A meta-analysis. *Acta Oncologica*, **50** (7), 997-1005.

Full Text: [2011\Act Onc50, 997.pdf](2011/Act%20Onc50,%20997.pdf)

Abstract: Introduction. Vascular endothelial growth factor (VEGF) may play a role in erythropoiesis. We performed a meta-analysis of randomized controlled trials (RCT) to determine the effect of the anti-VEGF antibody bevacizumab on anemia in cancer patients treated with chemotherapy. Methods. Databases from PUBMED, the Web of Science, Embase, the Cochrane Library, and abstracts presented at the American Society of Clinical Oncology (ASCO) conferences until May 2010 were searched to identify relevant studies. Eligible studies included prospective RCTs in which the combination of bevacizumab and chemotherapy was compared with chemotherapy alone. Summary incidence rate, relative risk (RR), and 95% confidence interval (CI) were calculated. Results. A total of 6439 patients with a variety of solid tumors were included for analysis from 11 RCTs. Among those patients receiving bevacizumab and chemotherapy, the incidences of all-grade and high-grade (grade 3 and above) anemia were 17.8% (95% CI: 11.1-27.1%) and 2.8% (95% CI: 1.6-5.0%) respectively. In comparison with chemotherapy alone, bevacizumab significantly reduced all-grade (RR, 0.79; 95% CI: 0.66-1.0, p = 0.007) and high-grade anemia (RR, 0.72; 95% CI: 0.57-0.90, p = 0.005). The effect did not vary significantly among bevacizumab doses (p = 0.88), tumor types (p = 0.75) or chemotherapy regimens (p = 0.98). Discussion. Bevacizumab may significantly reduce the risk of anemia with chemotherapy in cancer patients.

Keywords: Analysis, Anti-Vegf Antibody, Bevacizumab, Cancer, Chemotherapy, Cochrane, Combination, Databases, Erythropoiesis, Gemcitabine, Growth, Incidence, Lung-Cancer, Meta Analysis, Meta-Analysis, Metastatic Breast-Cancer, Methods, Oncology, Paclitaxel, Patients, Phase-III Trial, Randomized Controlled Trials, Relative Risk, Renal-Cell Carcinoma, Risk, Science, VEGF, Venous Thromboembolism, Web of Science

? Kapadia, S., Hapani, S., Choueiri, T.K. and Wu, S.H. (2013), Risk of liver toxicity with the angiogenesis inhibitor pazopanib in cancer patients. *Acta Oncologica*, **52** (6), 1202-1212.

Full Text: [2013\Act Onc52, 1202.pdf](2013/Act%20Onc52,%201202.pdf)

Abstract: Purpose. The angiogenesis inhibitor pazopanib has been approved for the treatment of advanced renal cell cancer (RCC) and soft tissue sarcoma. Severe and fatal hepatotoxicity has been observed in its clinical studies. This analysis was conducted to determine the risk of liver toxicity by a systematic review and meta-analysis of clinical trials. Patients and methods. Databases from PubMed, Web of Science and abstracts presented at ASCO meetings up to January, 2012 were searched to identify relevant studies. Eligible studies included prospective trials of cancer patients treated with pazopanib starting at 800 mg daily. Summary incidence rates, relative risks, and 95% confidence intervals (CIs) were calculated using a fixed- or random-effects model. Results. A total of 1478 patients from 10 clinical trials were included. The incidences of all-grade aspartate aminotransferase (AST), alanine transaminase (ALT), and bilirubin elevation were 39.6% (95% CI 31.2-48.6%), 41.4% (95% CI 34.1-49.0%), and 24.8% (95% CI 16.3-35.3%), respectively. The incidences of high-grade (Grade 3 and 4) AST, ALT and bilirubin elevation were 6.9% (95% CI 5.5-8.6%), 9.4% (95% CI 7.8-11.4%), and 3.4% (2.4-5.0%), respectively. In comparison with placebo, pazopanib significantly increased the risk of high-grade AST elevation (RR 6.56, 95% CI 2.04-21.07, p = 0.002) and ALT elevation (RR 4.33, 95% CI 1.88-10.0, p = 0.001). However, the risks of high-grade bilirubin elevation (RR 1.31, 95% CI 0.47-3.64) and fatal hepatotoxicity (RR 2.51, 95% CI 0.12-51.91, p = 0.55) were not significantly elevated. Conclusion. The use of pazopanib was associated with a significantly increased risk of severe non-fatal hepatotoxicity in cancer patients.

Keywords: Endothelial Growth-Factor, Renal-Cell Carcinoma, Soft-Tissue Sarcoma, Phase-II, Induced Hepatotoxicity, Ovarian-Cancer, Tumor-Growth, Open-Label, Recurrent, Trial

# Title: Acta Ophthalmologica

Full Journal Title: Acta Ophthalmologica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Stefansson, E. (2014), The state of your journal. A bibliometric analysis. *Acta Ophthalmologica*, **92** (5), 403.

Full Text: [2014\Act Oph92, 403.pdf](2014/Act%20Oph92,%20403.pdf)

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Journal, State

# Title: Acta Orthopaedica

Full Journal Title: [Acta Orthopaedica](http://203.64.48.29/cgi-bin/er/browse.cgi?ccd=6LRoTi&o=e0&s=c-1-4424); [Acta Orthopaedica](http://taylorandfrancis.metapress.com/(y0wi13bczi2y0w55motajb55)/app/home/journal.asp?referrer=parent&backto=linkingpublicationresults,1:300377,1)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0001-6470

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Seglen, P.O. (1998), Citation rates and journal impact factors are not suitable for evaluation of research. *Acta Orthopaedica*, **69** (3), 224-229.

Full Text: [1998\Act Ort69, 224.pdf](1998/Act%20Ort69,%20224.pdf)

Keywords: Bibliometric Indicators, Chance, Citedness, Evaluation, Field, Impact, Journal Impact, Model, Publications, Research, Science, Tool

? Cheng, T., Zhu, C., Wang, J.X., Cheng, M.Q., Peng, X.C., Wang, Q. and Zhang, X.L. (2014), No clinical benefit of gender-specific total knee arthroplasty: A systematic review and meta-analysis of 6 randomized controlled trials. *Acta Orthopaedica*, **85** (4), 415-421.

Full Text: [2014\Act Ort85, 415.pdf](2014/Act%20Ort85,%20415.pdf)

Abstract: Background and purpose - There is no consensus regarding the clinical relevance of gender-specific prostheses in total knee arthroplasty (TKA). We summarize the current best evidence in a comparison of clinical and radiographic outcomes between gender-specific prostheses and standard unisex prostheses in female patients. Methods - We used the PubMed, Embase, Cochrane, Science Citation Index, and Scopus databases. We included randomized controlled trials published up to January 2013 that compared gender-specific prostheses with standard unisex prostheses in female patients who underwent primary TKAs. Results - 6 trials involving 423 patients with 846 knee joints met the inclusion criteria. No statistically significant differences were observed between the 2 designs regarding pain, range of motion (ROM), knee scores, satisfaction, preference, complications, and radiographic results. The gender-specific design (Gender Solutions; Zimmer Inc, Warsaw, Indiana) reduced the prevalence of overhang. However, it had less overall coverage of the femoral condyles compared to the unisex group. In fact, the femoral prosthesis in the standard unisex group matched better than that in the gender-specific group. Interpretation - Gender-specific prostheses do not appear to confer any benefit in terms of clinician-and patient-reported outcomes for the female knee.

Keywords: Anatomic Variations, Anthropometric Measurements, Arthroplasty, Chinese Population, Citation, Clinical, Comparison, Complications, Consensus, Coverage, Criteria, Databases, Design, Evidence, Female, Female Knee, Femoral Component, Flexion, Follow-Up, Gender, Gender-Specific, Interpretation, Knee Arthroplasty, Lower-Extremity, Methods, Outcomes, Pain, Patients, Population Correlation, Preference, Prevalence, Primary, Pubmed, Purpose, Randomized, Randomized Controlled Trials, Relevance, Results, Satisfaction, Science, Science Citation Index, Scopus, Standard, TKA

# Title: Acta Orthopaedica Belgica

Full Journal Title: Acta Orthopaedica Belgica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Koutras, C., Antoniou, S.A. and Heep, H. (2014), Geographic origin of publications in major spine journals. *Acta Orthopaedica Belgica*, **80** (4), 508-514.

Full Text: [2014\Act Ort Bel80, 508.pdf](2014/Act%20Ort%20Bel80,%20508.pdf)

Abstract: Aim of the present study was to assess the contribution of each country in the field of spine surgery. Three major spine journals were included in our study and the search conducted in PubMed for a 5-year period (2007-2012). Publications on spine surgery were assessed according to the country. A total of 6312 articles were identified and 5842 were included. Fifteen countries generated 86.9% of publications, with 31.7% by the United States, followed by Japan (9.6%), China (8.1%) and Canada (5.2%). After correction for population size Switzerland (19 studies per 106 inhabitants), the Netherlands (10), Sweden (9), Canada (9) and Australia (6) ranked the top. The USA was placed 7th after correction for population size. Small European countries with modest research funding and non-native English speaking population are more productive in relation to their population size, despite the fact that the contribution of USA is the greatest in the field of the major peer-reviewed indexed spine surgery journals.

Keywords: Articles, Australia, Bibliometrics, Canada, China, Contribution, Country, English, Field, Funding, Japan, Journals, Peer-Reviewed, Population, Population Size, Publications, Publications By Country, Pubmed, Research, Research Funding, Research Productivity, Research Productivity, Size, Spine, Spine Research, Surgery, Sweden, Switzerland, The Netherlands, United States, USA

# Title: Acta Orthopaedica et Traumatologica Turcica

Full Journal Title: Acta Orthopaedica et Traumatologica Turcica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Yalcinkaya, M. and Bagatur, A.E. (2014), Articles published in *Acta Orthopaedica et Traumatologica Turcica* between 2003-2012: Content, characteristics and publication trends. *Acta Orthopaedica et Traumatologica Turcica*, **48** (5), 576-583.

Full Text: [2014\Act Ort Tra Tur48, 576.pdf](2014/Act%20Ort%20Tra%20Tur48,%20576.pdf)

Abstract: Objective: The aim of this study was to examine publications in Acta Orthopaedica et Traumatologica Turcica (AOTT) between 2003 and 2012 using bibliometric methods and to describe publication trends, characteristics and patterns of orthopedic publications in Turkey. Methods: All articles published in AOTT between 2003 and 2012 were identified and classified according to their study design and subspecialty of orthopedics. The following parameters from each manuscript were also identified: (1) the number of authors, (2) the number of institutions of the authors, (3) institutional affiliation of the first author, (4) origin of country of the first author, (5) sample size, (6) study outcome, (7) presence or absence of statistical methods, (8) presence of funding, and (9) time from submission to acceptance. Results: A total of 699 eligible articles were identified. The most common study designs were retrospective observational studies and case reports. The most common subspecialties of orthopedics were orthopedic trauma and hand and microsurgery. Institutional affiliation of the first author was a university hospital in 56.4% of the studies and origin of country of the first author was Turkey in 93.4%. Time from submission to acceptance was a mean of 7.11 months. Conclusion: This study revealed the current status and trends of orthopedic publications in Turkey in the leading Turkish orthopedic journal AOTT over a 10-year period. The impact factor of AOTT shows a slow but stable increasing trend indicating a growing attention towards the journal.

Keywords: Acceptance, Affiliation, Articles, Attention, Authors, Bibliometric, Bibliometric Analysis, Bibliometric Methods, Case Reports, Characteristics, Content, Country, Design, First, From, Funding, Hospital, Impact, Impact Factor, Institutions, Journal, Journals, Methods, Microsurgery, Observational, Observational Studies, Origin, Orthopedics, Outcome, Publication, Publication Trend, Publication Trends, Publications, Rates, Results, Sample Size, Size, Study Design, Time, Trauma, Trend, Trends, Turkey, University, University Hospital

? Gürbüz, Y., Süğün, T.S. and Özaksar, K. (2015), A bibliometric analysis of orthopedic publications originating from Turkey. *Acta Orthopaedica et Traumatologica Turcica*, **49** (1), 57-66.

Full Text: 2015\Act Ort Tra Tur49, 57.pdf

Abstract: Objective: The objective of this study was to analyze the research productivity originating in Turkey using articles published in the top 40 orthopedic journals according to the Journal Citation Reports for 2013. Methods: All scientific papers published in English and included in the Science Citation Index Expanded between 1980 and 2013 were analyzed using the “Web of Science”. The number of publications per million (PmP) was calculated. All selected journals were analyzed for the numbers of articles, authorships, institutions and 100 most frequently cited papers. Results: From a total of 130,494 articles published worldwide, the United States ranked first according to output. Turkey ranked 14th in the number of orthopedic publications and 26th out of 30 countries in the PmP index. 2012 produced the greatest number of publications worldwide and 2008 for Turkey. Gunal I., Yazici M. and Ozturk C. were the most frequent contributors. Hacettepe University, Istanbul University and Ankara University were the most frequent intuitions among all Turkish publications. The Archives of Orthopaedic and Trauma Surgery was the most frequently published journal in this period with a rate of 16.3%. There was a total of 9,085 (8,765; excluding self-citations) citations of the 1,398 publications published in Turkey until December 2013, with a citation-to-work ratio of 7.47 and an h-index of 34. Conclusion: With the newly established universities, as well as training and research clinics, the approach of increasing number of orthopedics and traumatology clinics and specialists to scientific activities would be more fruitful in the light of these data.

Keywords: Analysis, Approach, Archives, Articles, Bibliometric, Bibliometric Analysis, Citation, Citations, Data, English, First, Fixation, Fractures, From, H Index, H-Index, Impact, Impact Factor, Index, Injury, Institutions, Instrumentation, Journal, Journal Citation Reports, Journals, Lesions, Methods, Most Frequently Cited Papers, Orthopedics, Papers, Productivity, Publications, Research, Research Productivity, Results, Science, Science Citation Index, Science Citation Index Expanded, Scientific Activities, Self-Citations, Spinal Tuberculosis, Surgery, Training, Trauma, Turkey, United States, Universities, University, Web Of Science

# Title: Acta Otorrinolaringológica Española

Full Journal Title: Acta Otorrinolaringológica Española

ISO Abbreviated Title:

JCR Abbr0001-6519eviated Title: Acta Otorrinolaringol Esp

ISSN:

Issues/Year:

Journal Country/Territory: Spain

Language: Spanish

Publisher: Editorial Garsi

Publisher Address:

Subject Categories:

: Impact Factor

? Suarez Nieto, C. (1993), The impact of Spanish otolaryngology on the international scientific community in 1981-1990. *Acta Otorrinolaringológica Española*, **44** (4), 273-276.

Abstract: the number of papers published by Spanish otolaryngologists, as well as the number of citations received in journals indexed in the Science Citation Index CD-ROM during 1981-1990, were studied. The survey revealed a total of 87 papers published, with 40 of them on basic research, and 195 citations. Finally, the need of a research development in this field is stressed.

Keywords: CD-ROM, Citations, Community, Development, Field, Impact, International, Journals, Papers, Research, Science Citation Index, Survey

# Title: Acta Paediatrica

Full Journal Title: [Acta Paediatrica](http://haly.ingentaselect.com/vl=4964193/cl=59/nw=1/rpsv/catchword/tandf/08035253/m_cp1-1.htm)

ISO Abbreviated Title: Acta Paediatr.

JCR Abbreviated Title: Acta Paediatr

ISSN: 0803-5253

Issues/Year: 12

Journal Country/Territory: Sweden

Language: English

Publisher: Scandinavian University Press

Publisher Address: PO Box 2959 Toyen, Journal Division Customer Service, N-0608 Oslo, Norway

Subject Categories:

Pediatrics: Impact Factor 1.582, 16/69 (2001)

Notes: JJournal

? Zetterström, R. (1999), Impact factor and the future of *Acta Paediatrica* and other European medical journals. *Acta Paediatrica*, **88** (8), 793-796.

Full Text: [1999\Act Pae96, 793.pdf](1999/Act%20Pae96,%20793.pdf)

Abstract: Most European medical journals attain very low impact factors, as reported in Journal Citation Reports, and from the European point of view the depressing outlook is continually falling values. Among many reasons behind the low impact factor of European journals is citation bias as a consequence of the low prestige of European journals. In the case of Acta Paediatrica, which has published between 4 and 15 supplements annually during the period 1994-98, the low impact factor of the articles included in these supplements reduces the overall impact factor to less than half of what it would be had no supplements been published, i.e. from 1.88 to 0.81. It is obvious that by refusing to publish supplements the impact factor of Acta Paediatrica would be dramatically elevated. Some of the supplements, such as the one on persistent diarrhoeal disease which had to be reprinted as the original edition was sold out (1), are undoubtedly of great educational value and have an important role as sources of references. However, it is difficult for Acta Paediatrica to continue to publish supplements because of the load imposed on the impact factor of the journal. It is suggested that a scientific committee within the European Union seriously considers the importance of supporting European Biomedical Science, and that one way of doing so is to improve the prestige and quality of European journals.

Keywords: Bias, Citation, Citation Bias, European Union, Impact, Impact Factor, Impact Factors, Journal, Journal Citation Reports, Journals, Load, Medical, Medical Journals, Quality, Quality Of, Role, Sources, Value

Notes: JJournal

Zetterström, R. (2002), Bibliometric data: A disaster for many non-American biomedical journals. *Acta Paediatrica*, **91** (10), 1020-1024.

Full Text: [2002\Act Pae91, 1020.pdf](2002/Act%20Pae91,%201020.pdf)

Abstract: Bibliometric data published by the Institute of Scientific Information in Philadelphia (ISI), and which was previously discussed in Acta Paediatrica, has increasingly been used despite all the relevant and severe criticism that has been raised against this method of evaluating individual research results and grading scientific journals. It is obvious that the present trend regarding the use of bibliometric data as a basis for priorities and funding of research and for the promotion of individual scientists favours American-oriented research projects at the expense of those that are based on concepts of predominantly European relevance. Conclusion: For the future of non-American research, it is important that no single super-power, i.e. The USA, should dominate scientific priorities. The condition for efficient European competition is that European Centres with high levels of competence for creative research and training of scientists from all over the world are established. In addition, it is important that the results of European research are published in prestigious European journals, as was the situation before World War II.

Keywords: Bibliometric, Biomedical, Biomedical Journals, Competence, Competition, Data, Funding, ISI, Journals, Promotion, Relevance, Research, Research and Training, Research Results, Scientific Journals, Training, Trend, USA, World

Notes: TTopic

? Tov, A.B., Lubetzky, R., Mimouni, F.B., Alper, A. and Mandel, D. (2007), Trends in neonatology and pediatrics publications over the past 12 years. *Acta Paediatrica*, **96** (7), 1080-1082.

Full Text: [2007\Act Pae96, 1080.pdf](2007/Act%20Pae96,%201080.pdf)

Abstract: OBJECTIVE: To test the hypothesis that the number of publications in Neonatology and Pediatrics increases over time, and to verify whether the categories of publications all follow the same pattern over time. DESIGN and SETTING: We evaluated all MEDLINE articles during 1994-2005. Search was limited to humans, English and to ‘newborn’ or ‘all-child’. We used regression analysis to determine the effect of year-of-publication upon the number-of-publications of each type. RESULTS: MEDLINE reported 36,141 publications in Neonatology and 169,823 in Pediatrics during the evaluation period. There was a significant linear increase in the number of publications in Neonatology and Pediatrics. There was a steady increase over time in Neonatology and in Pediatrics in meta-analyses, reviews and editorials. There was a steady decrease over time in letters in Neonatology, but no significant change in letters in Pediatrics. While there was no significant change in clinical trials (CTs), randomized control trials (RCTs) in Neonatology, there was a significant increase in CTs and RCTs in Pediatrics. CONCLUSIONS: the field of neonatology has not had a significant yearly increase of original studies, but has seen an increase of reviews, meta-analyses and editorials. This contrasts with Pediatrics, which shows a similar increase in reviews, meta-analyses and editorials, but also an increase in the number of CTs and RCTs and guidelines.

Keywords: Analysis, Clinical, Clinical Trials, Control, Design, Evaluation, Field, Guidelines, Humans, Newborn, Pattern, Pediatrics, Publications, Randomized, Regression, Regression Analysis, Reviews

# Title: Acta Paulista de Enfermagem

Full Journal Title: [Acta Paulista de Enfermagem](http://www.scielo.br/scielo.php/script_sci_serial/pid_0103-2100/lng_en/nrm_iso)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? das Mercês, N.N.A. and Erdman, A.L. (2010), Nursing and hematopoietic stem cell transplantation: Scientific production from 1997 to 2007. *Acta Paulista de Enfermagem*, **23** (2), 271-277.

Full Text: [2010\Act Pau Enf23, 271.pdf](2010/Act%20Pau%20Enf23,%20271.pdf)

Abstract: Objective: To identify the existing nursing publications in the period 1997 to 2007 relating to the topic of bone marrow transplantation and its main characteristics. Methods: Bibliometric study of scientific productions indexed on the following data bases: BDENE LILACS, SciElo, CEPEn and CAPES’s theses and dissertations data bank, using the key words: nursing and bone marrow transplantation, in the period from 1997 to 2007. Results: Were included 37 papers nationwide, including 17 dissertations, 2 theses and 18 articles, published in Brazilian magazines, related to nursing care, organization and administration of bone marrow transplantation services, quality of life, psychological suffering and knowledge production. Conclusions: The scientific production, even if quantitatively small, is increasing and it is based on theories, concepts and methods, primarily qualitatively oriented.

Keywords: Bone Marrow Transplantation, Nursing Research, Scientific and Technical Publications

? Fumincelli, L.F., Mazzo, A., da Silva, A.D.T., Pereira, B.J.D. and Mendes, I.A.C. (2011), Scientific literature on urinary elimination in Brazilian nursing journals. *Acta Paulista de Enfermagem*, **24** (1), 127-131.

Full Text: [2011\Act Pau Enf24, 127.pdf](2011/Act%20Pau%20Enf24,%20127.pdf)

Abstract: Objective: To assess the scientific literature on urinary elimination in nursing journals published in Brazil. Methods: An integrative literature review was used to review the databases MEDLINE, LILACS and Web of Science. The authors used 30 descriptors to search for articles published between the years 1999 to 2009, resulting in a total of 18 articles that met criteria and which were published by nurses. The papers were analyzed using a data collection instrument to identify journal name, year of publication, type of study, subject matter, and level of evidence. Results: Eighteen studies were classified as Level of Evidence IV; urinary incontinence was the most frequent theme in the articles analyzed. Conclusion: While the clinical practice of nurses was integrated into articles addressing changes in urinary elimination, we found that this topic was narrowly defined, studies used lower level research designs, and it was noted that few authors published on the topic. All of these findings indicate the importance of greater investment in nursing research in this area of nursing knowledge and practice.

Keywords: Authors, Brazil, Data Collection, Databases, Incontinence, Journal, Journals, Knowledge, Literature, Literature Review, MEDLINE, Methods, Nurses, Nursing, Nursing Journals, Papers, Practice, Publication, Quality-of-Life, Research, Review, Review Literature, Science, Scientific and Technical Publications, Urinary Tract Physiological Phenomena, Web of Science, Women

? Ribeiro, R.P., Ribeiro, P.H.V., Marziale, M.H.P., Martins, M.B. and dos Santos, M.R. (2011), Obesity and stress among workers from different sectors of production: An integrative review. *Acta Paulista de Enfermagem*, **24** (4), 577-581.

Full Text: [2011\Act Pau Enf24, 577.pdf](2011/Act%20Pau%20Enf24,%20577.pdf)

Abstract: Objective: To identify the relationship between obesity and stress among workers in various sectors of production. Methods: This is a study conducted using the method of integrative literature review. To search for articles, we used the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE), The Latin American and Caribbean Health Sciences (LILACS); Scientific Electronic Library Online (SciELO), Scopus; Web of Science (ISI). Descriptors used for this search were: obesity, occupational stress and workers. Results: Seven articles were included. Regarding the purpose of the study, the selected articles showed no significant relationship between obesity and stress. Conclusion: We reiterate the need for studies with more precise designs to show the relationship between obesity and stress of the worker.

Keywords: Body-Mass Index, Databases, Eating Behavior, Health, Integrative Review, ISI, Job Stress, Latin American, Literature, Literature Review, Male Japanese Workers, MEDLINE, Methods, Obesity, Occupational, Occupational Health, Review, Scielo, Science, Scopus, Stress, Stress Occupacional, Web of Science, Women, Workers

? Cabral, D.B. and de Andrade, D. (2011), Nontuberculous mycobacteria in surgery: Challenges likely to be faced in Brazil? *Acta Paulista de Enfermagem*, **24** (5), 715-720.

Full Text: [2011\Act Pau Enf24, 715.pdf](2011/Act%20Pau%20Enf24,%20715.pdf)

Abstract: Infections caused by nontuberculous mycobacteria (MNT) represent an epidemiological and health emergency, especially in patients undergoing invasive procedures. Based on these, we aimed to analyze the scientific evidence, the scientific literature, on the occurrence in Brazil of MNT infections in surgical patients. We used as a research method integrative review of the literature using the databases Lilacs, MEDLINE/Pubmed, ISI Web of Science and the Cochrane Library. We selected 15 publications on this theme from the last 30 years that were directed at methods of prevention and control, with a focus on post-discharge surveillance, the use of antibiotics and glutaraldehyde. Eye surgery, cosmetic, heart, laparoscopic and arthroscopic procedures were the most commonly investigated. The national situation of MNTs is concerning, especially when one recognizes the possibility of underreporting.

Keywords: Antibiotics, Brazil, Cochrane, Control, Databases, Emergency, Health, Integrative Review, ISI, ISI Web of Science, Keratitis, Lasik, Literature, Mycobacteria, Atypical, Mycobacterium Infections Atypical, Outbreak, Patients, Prevention, Prevention and Control, Publications, Research, Research Method, Review, Science, Scientific Literature, Surgery, Surgical, Surgical Procedures Operative, Surveillance, Web of Science, Web-of-Science, Wound-Infection

# Title: Acta Physica et Chemica

Full Journal Title: Acta Physica et Chemica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0001-6721

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Gyulai, J. (1967), Anon - Science Citation Index 1965. *Acta Physica et Chemica*, **13** (1-2), 93-??.

Keywords: Citation, Science Citation Index

# Title: Acta Physica Polonica A

Full Journal Title: Acta Physica Polonica A

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Sangwal, K. (2013), Czochralski method of crystal growth in the scientific literature: An informetric study. *Acta Physica Polonica A*, **124** (2), 173-180.

Full Text: [2013\Act Phy Pol A124, 173.pdf](2013/Act%20Phy%20Pol%20A124,%20173.pdf)

Abstract: Bibliometric data on the growth dynamics of papers devoted to the Czochralski method of crystal growth and citations to these papers published in the scientific literature are analyzed using mathematical functions based on progressive nucleation mechanism and power-law approaches. It is shown that the basic concepts of progressive nucleation mechanism originally developed for crystal growth can satisfactorily be applied to explain the citation behavior of papers published on the Czochralski method of crystal growth. It is also found that: (1) cumulative number N(t) of papers and cumulative number L(t) of citations to them at time t are mutually related, and (2) as determined by the plot of the parameter L(t)/t(2) against the number Delta N(t) of papers published per year, the citation behavior of papers published on the Czochralski method follows three distinct periods: 1954-1988, 1988-2001 and 2001-2012, which are related to the dependence of the number Delta N(t) of papers published per year on publication time t.

Keywords: Behavior, Bibliometric, Bibliometric Data, Citation, Citations, Crystal Growth, Cumulative, Data, Dynamics, Functions, Growth, Literature, Mechanism, Nucleation, Papers, Power Law, Publication, Scientific Literature, SI, T

# Title: Acta Physica Sinica

Full Journal Title: Acta Physica Sinica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Guang, C. (2002), Complete gravitational solution of a star with uniform density and zero pressure. *Acta Physica Sinica*, **51** (1), 197-200.

Full Text: [2002\Act Phy Sin51, 197.pdf](2002/Act%20Phy%20Sin51,%20197.pdf)

Abstract: the collapse solution of a star with uniform density and zero pressure given in the classic paper of Oppenheimer and Snyder is proved to be incomplete; it cannot correctly connect the Friedmann and Schwarzschild metrics as the interior and exterior solutions. By the extension of solution parameter in the discrete spacetime, we construct a complete gravitational solution, which could make an equivalence connection between the Friedmann and Schwarzschild metrics and is proves to be singularity-free. The solution shows that there exists a relationship among matter, gravitation and discrete spacetime configuration.

Keywords: Discrete Spacetime, Friedmann Metric, Metrics, Pressure, Schwarzschild Metric, Solution, Solutions, Uniform Density and Zero Pressure Star

# Title: Acta Physiologica

Full Journal Title: Acta Physiologica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Musa, M.G., Torrens, C. and Clough, G.F. (2014), The microvasculature: A target for nutritional programming and later risk of cardio-metabolic disease. *Acta Physiologica*, **210** (1), 31-45.

Full Text: [2014\Act Phy210, 31.pdf](2014/Act%20Phy210,%2031.pdf)

Abstract: There is compelling evidence that microvascular deficits affecting multiple tissues and organs play an important role in the aetiopathogenesis of cardio-metabolic disease. Furthermore, both in humans and animal models, deficits in small vessel structure and function can be detected early, often before the onset of macrovascular disease and the development of end-organ damage that is common to hypertension and obesity-associated clinical disorders. This article considers the growing evidence for the negative impact of an adverse maternal diet on the long-term health of her child, and how this can result in a disadvantageous vascular phenotype that extends to the microvascular bed. We describe how structural and functional modifications in the offspring microcirculation during development may represent an important and additional risk determinant to increase susceptibility to the development of cardio-metabolic disease in adult life and consider the cell-signalling pathways associated with endothelial dysfunction that may be primed’ by the maternal environment. Published studies were identified that reported outcomes related to the microcirculation, endothelium, maternal diet and vascular programming using NCBI PubMed.gov, MEDLINE and ISI Web of Science databases from 1980 until April 2013 using pre-specified search terms. Information extracted from over 230 original reports and review articles was critically evaluated by the authors for inclusion in this review.

Keywords: Adult, Authors, Child, Clinical, Damage, Databases, Development, Developmental Programming, Diet, Disease, Endothelial Dysfunction, Endothelium, England, Environment, Evidence, Function, Health, High-Fat Diet, Higher Blood-Pressure, Humans, Hypertension, Impact, Information, Intrauterine Undernourished Rats, ISI, ISI Web of Science, Life, Long Term, Long-Term, Low-Birth-Weight, Maternal, Maternal Protein Restriction, Medline, Microvasculature, Models, Nutrition, Obese Zucker Rats, Onset, Outcomes, Pathways, Programming, Review, Risk, River, Role, Science, Si, Skeletal-Muscle Development, Small, Small Mesenteric-Arteries, Structure, Thrifty Phenotype Hypothesis, USA, Visceral Organ Mass, Web of Science, Web of Science Databases

? Persson, P.B. (2014), Bibliometric performance of *Acta Physiologica*. *Acta Physiologica*, **212** (2), 119.

Full Text: [2014\Act Phy212, 119.pdf](2014/Act%20Phy212,%20119.pdf)

Keywords: Bibliometric, Performance

# Title: Acta Physiologica Scandinavica

Full Journal Title: [Acta Physiologica Scandinavica](http://www.blackwell-synergy.com/loi/aps)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

(2001), Instructions to authors. *Acta Physiologica Scandinavica*, **171** (1), 113-116.

Full Text: [2001\Act Phy Sca171, 113.pdf](2001/Act%20Phy%20Sca171,%20113.pdf)

(2002), Instructions to authors. *Acta Physiologica Scandinavica*, **174** (1), 87-90.

Full Text: [2002\Act Phy Sca174, 87.pdf](2002/Act%20Phy%20Sca174,%2087.pdf)

(2003), Instructions to authors. *Acta Physiologica Scandinavica*, **177** (1), 101-104.

Full Text: [2003\Act Phy Sca177, 104.pdf](2003/Act%20Phy%20Sca177,%20104.pdf)

# Title: Acta Psychiatrica Scandinavica

Full Journal Title: [Acta Psychiatrica Scandinavica](http://www.blackwell-synergy.com/servlet/useragent?func=showIssues&code=acp)

ISO Abbreviated Title: Acta psychiatr. Scand.

JCR Abbreviated Title: Acta Psychiat Scand

ISSN: 0001-690x

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Journal Country/Territory: Denmark

Language: English

Publisher: Blackwell Munksgaard

Publisher Address: 35 Norre Sogade, PO Box 2148, DK-1016 Copenhagen, Denmark

Subject Categories:

Psychiatry: Impact Factor 2.259/(2002)

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Full Text: [2001\Act Psy Sca104, 243.pdf](2001/Act%20Psy%20Sca104,%20243.pdf)

Abstract: Objective: To review validation studies of the Edinburgh Postnatal Depression Scale (EPDS). Method: A systematic search was performed in MEDLINE and the Science Citation Index Expanded (ISI) from the period 1987-2000. For sensitivity and specificity of the EPDS presented in each study, 95% confidence intervals were estimated. Positive and negative predictive values were estimated assuming prevalences of postpartum depression ranging from 5% to 20%. Results: Eighteen validation studies were identified. The study design varied between studies. The sensitivity and specificity estimates also varied: 65-100% and 49-100%, respectively. The confidence intervals were estimated to be wide. Our estimates suggest a lower positive predictive value in a normal population than in the validation study samples. Conclusion: Most studies show a high sensitivity of the EPDS. Because of the differences in study design and large confidence intervals, uncertainty remains regarding the comparability between the sensitivity and specificity estimates of the different EPDS versions.

Keywords: Citation, Community Sample, Confidence Interval, Confidence Intervals, Depression, Disorders, EPDS, ISI, Mass Screening, MEDLINE, Population, Post-Natal Depression, Postpartum Depression, Postpartum Depression, Predictive Value of Tests, Rationale, Science, Science Citation Index, Science Citation Index Expanded, Sensitivity and Specificity, Version, Women

Bilsbury, C.D. and Richman, A. (2002), A staging approach to measuring patient-centred subjective outcomes. *Acta Psychiatrica Scandinavica*, **106** (S414), 5-40.

Full Text: [2002\Act Psy Sca106, 5.pdf](2002/Act%20Psy%20Sca106,%205.pdf)

Abstract: Introduction: In assessing clinical change, measurement is often based on psychometric scales. However, change is best revealed within the constellation of problems salient to the patient, rather than in alterations in the abstract constructs, psychometrically measured. These patients’ problems often serially unfold in qualitative stages, even before the full-blown disorder emerges. These qualitative stages constitute the natural history extending from early to late, fluctuating from mild to severe, and progressing from full-blown disorder to recovery.

Method: We reviewed the literature on clinimetrics and patient-centred subjective measures, and related these findings to the use of the discretized-analogue scaling method.

Results: There is increasing recognition of clinimetric approaches that structure the pre-clinical and clinical material into a scale that reflects the symptoms, consequences and complications in a manner understandable to the patient, and enabling the quantification of severity or change. This monograph provides criteria and methods for developing these building blocks that enable the assessment of severity, stage or change. We show examples of their use in quantitative clinical outcome measurement.

Conclusion: We encourage further studies in the ideology and procedures for measuring clinical change in terms of personally subjective experiences.

? Soldani, F., Ghaemi, S.N. and Baldessarini, R.J. (2005), Research reports on treatments for bipolar disorder: Preliminary assessment of methodological quality. *Acta Psychiatrica Scandinavica*, **112** (1), 72-74.

Full Text: [2005\Act Psy Sca112, 72.pdf](2005/Act%20Psy%20Sca112,%2072.pdf)

Abstract: Objective: To assess frequencies of types of publications about bipolar disorder (BD) and evaluate methodological quality of treatment studies. Method: We classified 100 randomly selected articles (1998-2002) from five psychiatric journals with highest impact ratings, by topic areas, and assessed methods employed in treatment studies. Results: Topics ranked: treatment (41%; 37% on pharmacotherapy) > biology (31%) > psychopathology (14%) = miscellaneous (14%). of treatment studies, only 19% of original articles were randomized, 15% were relatively large (n >= 50) but non-randomized, 65% were small non-randomized, case-series or -reports, and 53% relied on baseline-to-endpoint contrasts without a control group. Patient dropout rates were >= 40% in 43% of prospective studies. Only two reports provided confidence intervals; one included a power analysis, and 53% included no references on study design or statistical methods. Conclusion: Even in highly respected journals, the typical methodological quality of recent reports on therapeutics for BD was unexpectedly limited, and psychopathology and psychotherapies were little studied.

Keywords: Assessment, Bibliometrics, Biology, Bipolar Disorder, Case Series, Confidence Intervals, Control, Control Groups, Epidemiologic Research Design, Impact, Journal Article, Journals, Publications, Randomized Controlled Trials, Reproducibility of Results, Research, Statistical, Statistical Methods

? Sher, L. (2006), Alcoholism and suicidal behavior: A clinical overview. *Acta Psychiatrica Scandinavica*, **113** (1), 13-22.

Full Text: [2006\Act Psy Sca113, 13.pdf](2006/Act%20Psy%20Sca113,%2013.pdf)

Abstract: Objective: the purpose of this paper was to provide a clinical review of the literature on the relation of alcoholism to suicidal behavior. Method: Studies of alcoholism and suicidal behavior available in MEDLINE. Institute for Scientific Information Databases (Science Citation Index Expanded., Social Sciences Citation Index, and Arts & Humanities Citation Index), EMBASE, and Cochrane Library were identified and reviewed. Results: Alcoholism is associated with a considerable risk of suicidal behavior. Individuals with alcoholism who attempt or complete suicide are characterized by major depressive episodes, stressful life events, particularly interpersonal difficulties, poor social support, living alone, high aggression/impulsivity, negative affect, hopelessness, severe alcoholism. comorbid substance, especially cocaine abuse, serious medical illness, suicidal communication, and prior suicidal behavior. Partner-relationship disruptions are strongly associated with suicidal behavior in individuals with alcoholism. Conclusion: All individuals with alcoholism should receive a suicide risk assessment based on known risk factors.

Keywords: Abuse, Affect, Alcoholism, Assessment, Behavior, Citation, Clinical, Cocaine, Cocaine Abuse, Communication, Completed Suicide, Depressed-Patients, Events, Hopelessness, Illness, Institute for Scientific Information, Life, Life Events, Literature, Living, Major Depression, Medical, MEDLINE, Mental-Disorders, National Comorbidity Survey, Negative Affect, Placebo-Controlled Trial, Psychiatric-Disorders, Purpose, Randomized Controlled-Trial, Review, Risk, Risk Assessment, Risk Factors, Science Citation Index, Social, Social Networks, Social Support, Stressful Life Events, Substance, Suicidal Behavior, Suicide, Support, United-States

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Full Text: [2005\Act Psy Sca104, 411.pdf](2005/Act%20Psy%20Sca104,%20411.pdf)

Abstract: Objective: To review the literature on the psychobiology and pharmacotherapy of PTSD. Method: Relevant studies were identified by literature searches (PUBMED, Web of Science) and through reference lists. The search was ended by May 2001. Results: There is evidence of involvement of opioid, glutamatergic, GABAergic, noradrenergic, serotonergic and neuroendocrine pathways in the pathophysiology of PTSD. Medications shown to be effective in double-blind placebo-controlled trials includes selective serotonin reuptake inhibitors, reversible and irreversible MAO-inhibitors, tricyclic antidepressants and the anticonvulsant lamotrigine. Still more agents appear promising in open-label trials. Conclusion: the complexity of the psychobiology is reflected by the difficulties in treating the disorder. According to the present knowledge, suggestions for drug treatment of PTSD are made.

Keywords: Antidepressants, Combat Veterans, Cortisol, Disorder, Double-Blind, Drug, Hippocampal Volume, Inescapable Shock, Involvement, Knowledge, Literature, Noradrenaline, Open Trial, Opiate-Withdrawal, Opioid, Pharmacotherapy, PTSD, Pyramidal Neurons, Review, Science, Selective Serotonin Reuptake Inhibitors, Serotonin, Stress, Term Follow-up, Treatment, Vietnam Veterans, Web of Science, Withdrawal Symptoms

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Full Text: [2007\Act Psy Sca116, 156.pdf](2007/Act%20Psy%20Sca116,%20156.pdf)

Keywords: Papers, Science

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Full Text: [2007\Act Psy Sca116, 157.pdf](2007/Act%20Psy%20Sca116,%20157.pdf)

Keywords: Papers, Science

? Van den Eynde, F., Guillaume, S., Broadbent, H., Stahl, D., Campbell, I.C., Schmidt, U. and Tchanturia, K. (2011), Neurocognition in bulimic eating disorders: A systematic review. *Acta Psychiatrica Scandinavica*, **124** (2), 120-140.

Full Text: [2011\Act Psy Sca124, 120.pdf](2011/Act%20Psy%20Sca124,%20120.pdf)

Abstract: Objective: the aim of this study was to review the literature on neurocognition comparing people with a bulimic eating disorder in the acute phase of the illness with healthy controls (HC). Method: the review follows the PRISMA (preferred reporting items for systematic reviews and meta-analysis) statement guidelines. Three databases (MEDLINE, Web of Science, and Scopus) were searched combining the search terms ‘bulimic disorder’, ‘bulimia nervosa (BN)’, ‘binge-eating disorder (BED)’ with terms referring to cognitive domains (e. g. ‘executive functions’). Results: Thirty-seven studies on people with BN and four on people with BED were selected for review. Overall, sample sizes were relatively small [bulimic disorders: median and range 22 (12-83); HC: 27 (13-172)]. The diversity in methodology precluded a meta-analytical approach. People with a bulimic disorder did not present with a clear neurocognitive profile. Inclusion of salient, disorder-related stimuli (e. g. body weight/shape words) in the neurocognitive paradigms tended to generate differences between people with a bulimic disorder and HC. Conclusion: Neurocognition in bulimic eating disorders is under researched, and the available evidence is inconclusive. This review outlines strategies for further research in this area.

Keywords: Anorexia-Nervosa, Binge-Eating Disorder, Bulimia Nervosa, Central Coherence, Cognition, Databases, Decision-Making, Disorder, Effect Sizes, Guidelines, Literature, Memory Bias, Meta-Analysis, Methodology, Neuropsychology, Performance, Profile, Quantitative Measure, Research, Review, Science, Scopus, Stroop Test, Systematic, Systematic Review, Systematic Reviews, Task, Web of Science, Women

? Kolshus, E., Dalton, V.S., Ryan, K.M. and McLoughlin, D.M. (2014), When less is more - microRNAs and psychiatric disorders. *Acta Psychiatrica Scandinavica*, **129** (4), 241-256.

Full Text: [2014\Act Psy Sca129, 241.pdf](2014/Act%20Psy%20Sca129,%20241.pdf)

Abstract: Objective MicroRNAs are small non-coding RNA molecules that regulate gene expression, including genes involved in neuronal function and plasticity that have relevance for brain function and mental health. We therefore performed a systematic review of miRNAs in general adult psychiatric disorders. Method Systematic searches in PubMed/MEDLINE and Web of Science were conducted to identify published clinical articles on microRNAs in general adult psychiatric disorders. We also reviewed references from included articles. Results There is mounting evidence of microRNAs’ regulatory roles in a number of central nervous system processes, including neurogenesis and synaptic plasticity. The majority of clinical studies of microRNAs in psychiatric disorders are in schizophrenia, where a number of specific microRNAs have been identified in separate studies. There is some evidence of marked downregulation of some microRNAs in affective disorders. Treatment with antidepressants appears to upregulate microRNA levels. There is currently little evidence from human studies in anxiety, addiction or other psychiatric disorders. Conclusion MicroRNA research in psychiatry is currently in a nascent period, but represents an emerging and exciting area, with the potential to clarify molecular mechanisms of disease and identify novel biomarkers and therapeutic agents.

Keywords: Addiction, Adult, Anxiety, Biomarkers, Bipolar Disorder, Brain, Brain-Expressed Micrornas, Central Nervous System, Clinical, Clinical Studies, Cocaine Intake, Depression, Disease, Evidence, Expression, Function, Gene, Gene Expression, General, Genes, Genome-Wide Association, Health, Human, Human-Disease, Lithium Treatment, Lymphoblastoid Cell-Lines, Mechanisms, Mental Health, Microrna, Neurogenesis, Neuropsychiatric Disorders, Potential, Prefrontal Cortex, Psychiatric Disorders, Psychiatry, References, Relevance, Research, Results, Review, RNA, Schizophrenia, Science, Small, Susceptibility Gene, Systematic Review, Therapeutic, Treatment, Web of Science

? Prieto, M.L., Cuellar-Barboza, A.B., Bobo, W.V., Roger, V.L., Bellivier, F., Leboyer, M., West, C.P. and Frye, M.A. (2014), Risk of myocardial infarction and stroke in bipolar disorder: A systematic review and exploratory meta-analysis. *Acta Psychiatrica Scandinavica*, **130** (5), 342-353.

Full Text: [2014\Act Psy Sca130, 342.pdf](2014/Act%20Psy%20Sca130,%20342.pdf)

Abstract: ObjectiveTo review the evidence on and estimate the risk of myocardial infarction and stroke in bipolar disorder. MethodA systematic search using MEDLINE, EMBASE, PsycINFO, Web of Science, Scopus, Cochrane Database of Systematic Reviews, and bibliographies (1946 - May, 2013) was conducted. Case-control and cohort studies of bipolar disorder patients age 15 or older with myocardial infarction or stroke as outcomes were included. Two independent reviewers extracted data and assessed quality. Estimates of effect were summarized using random-effects meta-analysis. ResultsFive cohort studies including 13115911 participants (27092 bipolar) were included. Due to the use of registers, different statistical methods, and inconsistent adjustment for confounders, there was significant methodological heterogeneity among studies. The exploratory meta-analysis yielded no evidence for a significant increase in the risk of myocardial infarction: [relative risk (RR): 1.09, 95% CI 0.96-1.24, P=0.20; I-2=6%]. While there was evidence of significant study heterogeneity, the risk of stroke in bipolar disorder was significantly increased (RR 1.74, 95% CI 1.29-2.35; P=0.0003; I-2=83%). ConclusionThere may be a differential risk of myocardial infarction and stroke in patients with bipolar disorder. Confidence in these pooled estimates was limited by the small number of studies, significant heterogeneity and dissimilar methodological features.

Keywords: 6-Year Follow-Up, Age, Bibliographies, Bipolar, Bipolar Disorder, Cardiovascular Diseases, Cardiovascular-Disease, Cohort, Data, Database, Diabetes-Mellitus, Embase, Estimates, Evidence, Excess Mortality, Heart-Disease, Heterogeneity, Infarction, Ischemic-Stroke, Medical Conditions, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Myocardial Infarction, Nov, Outcomes, Patients, Psychiatric Research, Psycinfo, Quality, Register, Review, Reviewers, Risk, Schizophrenia, Science, Scopus, Small, Stroke, Systematic, Systematic Review, Systematic Reviews, Web Of Science

# Title: Acta Radiologica

Full Journal Title: Acta Radiologica

ISO Abbreviated Title: Acta Radiol.

JCR Abbreviated Title: Acta Radiol

ISSN: 0284-1851

Issues/Year: 6

Journal Country/Territory: Sweden

Language: English

Publisher: Munksgaard Int Publ Ltd

Publisher Address: 35 Norre Sogade, PO Box 2148, DK-1016 Copenhagen, Denmark

Subject Categories:

Radiology, Nuclear Medicine & Medical Imaging: Impact Factor

? Hansen, J. and Jurik, A.G. (2009), Diagnostic Value of Multislice Computed tomography and magnetic resonance imaging in the diagnosis of retroperitoneal spread of testicular cancer: A literature review. *Acta Radiologica*, **50** (9), 1064-1070.

Full Text: [2009\Act Rad50, 1064.pdf](2009/Act%20Rad50,%201064.pdf)

Abstract: Testicular cancer is the most frequent malignant disorder in men aged 15-35 years. Generally, diagnosing and follow-up include computer tomography (CT) examinations to detect possible retroperitoneal spread (abdomen and pelvis), resulting in at least eight CT examinations. This patient group is thereby exposed to a non-neglectable radiation dose, increasing the risk of future radiation-induced secondary cancer. This is especially problematic in potentially surgically cured patients with stage I testicular cancer. Thus, it can be beneficial to substitute CT with magnetic resonance imaging (MRI), provided there is valid evidence that the diagnostic value of MRI is at least comparable to current multislice CT (MSCT). The purpose of this study was to analyze whether there is evidence to recommend a substitution of MSCT with MRI in the diagnosis of retroperitoneal spread of testicular cancer. A literature search on the diagnostic accuracy, specificity, and sensitivity of MSCT and MRI in the diagnosis of retroperitoneal spread of testicular cancer was performed in the following databases: PUBMED, EmBase, and ISI Web of Science. The search was limited to include the period from 2000 to September 2008, and to human and English-language publications. Forty-four publications were obtained for formal review (27 from PUBMED, 15 from EmBase, two from ISI Web of Science). None of the publications reviewed encompassed diagnostic specificity and sensitivity of MSCT, and they lacked systematic comparison of MSCT and MRI. Only one study included sensitivity and specificity of MRI compared to single-slice CT. Both methods had a sensitivity and a specificity of approximately 70%. The literature review did not reveal valid data regarding diagnostic accuracy of MRI compared with MSCT for diagnosing retroperitoneal spread of testicular cancer. A prospective blinded comparative study is needed to provide valid evidence.

Keywords: Accuracy, Aged, Cancer, Chemotherapy, Comparative Study, CT, Databases, Diagnosis, Disorder, FDG-PET, Fine-Needle-Aspiration, Follow-up, Germ-Cell Tumors, Human, Imaging, ISI, Literature, Literature Review, Lymph-Node, Magnetic Resonance Imaging, Magnetic Resonance Imaging (MRI), MRI, Multislice Computed Tomography (MSCT), Positron-Emission-Tomography, Publications, PUBMED, Residual Masses, Review, Risk, Science, Seminoma, Sensitivity and Specificity, Systematic, Testicular Cancer, Urological Tumors, Web of Science

# Title: Acta Scientiarum Biological Sciences

Full Journal Title: [Acta Scientiarum Biological Sciences](http://www.periodicos.uem.br/ojs/index.php/ActaSciBiolSci/index)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1679-9283

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

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Subject Categories:

: Impact Factor

? Lima-Ribeiro, M.d.S., Nabout, J.C., Pinto, M.P., de Moura, I.O., de Melo, T.L., Costa, S.S. and Valle de Britto Rangel, T.F.L. (2007), Scientometric analysis in population ecology: Importance and trends over the last 60 years. *Acta Scientiarum Biological Sciences*, **29** (1), 39-47.

Full Text: [2007\Act Sci Bio Sci29, 39.pdf](2007/Act%20Sci%20Bio%20Sci29,%2039.pdf)

Abstract: the aim of this paper was to carry out a scientometric analysis in population ecology. We seek to understand the importance and trends of that Population ecology field throughout years, connecting them with the principal geopolitical regions around the world. To that end, a bibliographic Survey at Thomson ISI web site was carried out, at the period between 1942 and 2005, using the key-word “population ecology”. Data showed an exponential growth in the number of publications on population ecology, most of them developed in USA and Europe and publicized in ecological journals of wide international distribution and high Citation Index. A Principal Component Analysis (PCA) showed distinct temporal trends in population ecology researche, leading to more recent decades (1990 and 2000, until 2005) a great variety of organisms studied and related with other ecology fields (conservation biology and community ecology) and natural sciences (biogeography, genetics, evolution, epidermiology and demography). These results contrast with the scientific stagnation widely criticized in ecology and indicate the progress of the Population ecology as science, persuing new horizons as well as new paradigms, laws, theories and principles that might be useful to the society.

Keywords: Analysis, Biogeography, Biology, Community, Conservation, Conservation Biology, Demography, Distribution, Ecology, Europe, Evolution, Field, Genetics, Growth, International, ISI, Journals, Laws, PCA, Population, Population Ecology, Principles, Publications, Science, Sciences, Scientometric, Site, Society, Temporal, Trends, USA, Web, World

# Title: Acta Scientiarum Naturalium Universitatis Pekinensis

Full Journal Title: Acta Scientiarum Naturalium Universitatis Pekinensis

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Liu, X.P. and Zhou, H. (2007), Statistical analysis on the SCI papers of Peking University in 2005. *Acta Scientiarum Naturalium Universitatis Pekinensis*, **43** (5), 723-727.

Full Text: [2007\Act Sci Nat Uni Pek43, 723.pdf](2007/Act%20Sci%20Nat%20Uni%20Pek43,%20723.pdf)

Abstract: In 2005, scientists of Peking University, as primary authors, published 2009 SCI papers in 772 kinds of journals, including lots of top journals in different fields. Average impact factor of these papers is 2.103, which is obviously higher than that in 2004. SCI papers of Peking University in 2005 are analyzed, and suggestions are given on current problems and improvement in the future.

Keywords: SCI Papers, Statistical Analysis, Impact Factor, Cited Times

# Title: Acta Societatis Ophthalmologicae Sinicae

Full Journal Title: [Acta Societatis Ophthalmologicae Sinicae](http://www.ceps.com.tw/ec/ecJnlIntro.aspx?Jnliid=3185)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1021-3120

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: TTopic

? Tsai, C.L., Wang, M.H. and Ho, Y.S. (2008), Bibliometric analysis of cataract research from 1991 through 2006, analyzed with the Science Citation Index. *Acta Societatis Ophthalmologicae Sinicae*, **47** (2), 101-111.

Full Text: [2008\Act Soc Oph Sin47, 101.pdf](2008/Act%20Soc%20Oph%20Sin47,%20101.pdf)

Abstract: Objective: the purpose of the study is to investigate the quantity and quality of studies on cataract in the category of ophthalmology to provide valuable information for future cataract-related research and aid researchers to focus their research findings on a specific subject.

Methods: A bibliometric analysis based on the *Science Citation Index* (SCI) distributed by the Institute of Scientific Information (*ISI*) was conducted on cataract-related studies published between 1991 and 2005 in ophthalmology field based on year of publication, authorship, international collaborations, and keyword trends. 8,186 articles of 41 journals were analyzed totally.

Results: Among the 8,186 articles, Journal articles were the most frequent document type. English was the dominant language of most publication in the subject category of ophthalmology. *Journal of Cataract and Refractive Surgery* accounts for mostly published papers on cataract. USA is the most popular international collaborator and single country publication in various research fields. Dr. R. Menapace at the University of Vienna in Austria was the highest contributing author. The average number of authors per article, from 1991 to 2005, was 4.5. Additionally, the most frequently used keyword was ‘cataract’ which was used in 729 articles followed by ‘cataract surgery’.

Conclusion: Cataract studies in the *ISI* subject categories of ophthalmology have tripled and steadily increasing trend was noticed during the last 15 years. The top-ranking countries in terms of number of articles published were the United States. Scientists from Japan were ranked as the most prolific first author and corresponding author the top three most frequently used author keyword were ‘cataract’, ‘cataract surgery’, and ‘phacoemulsification’. In non-cataract related keywords, glaucoma was the most frequently used one.The top journal with the most articles addressing cataract research was *Journal of Cataract and Refractive Surgery*.

Keywords: Cataract, Scientometrics, SCI, Cataract Surgery, Phacoemulsification

# Title: Acta Sociologica

Full Journal Title: [Acta Sociologica](http://ca2.csa.com/ids70/browse_toc.php?SID=3c5356efe6ea3d2857d04d61cacc7b9b&db=sagesoc-set-c&docid=sage-set-c%2FASJ_2005_48_4_cln3.wais+0+sagesoc-set-c); [Acta Sociologica](http://weblinks2.epnet.com/authHjafDetail.asp?tb=1&_ua=bo+B%5F+db+buhjnh+bt+TD++%22ACT%22+CB8F&_ug=sid+2220A5CD%2D917B%2D46E3%2D9A1A%2DAC75BC8A3AA8%40sessionmgr2+dbs+buh+4C99&_us=sm+ES+E6C7&_uso=st%5B0+%2DTD++%22ACT%22+tg%5B0+%2D+db%5B0+%2Dbuh+op%5B0+%2D+h)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Bjarnason, T. and Sigfusdottir, I.D. (2002), Nordic impact: Article productivity and citation patterns in sixteen Nordic sociology departments. *Acta Sociologica*, **45** (4), 253-267.

Full Text: [2002\Act Soc45, 253.pdf](2002/Act%20Soc45,%20253.pdf)

Abstract: the sociology departments in the Nordic countries provide the institutional platform for *Nordic Sociology* and for the Nordic national sociological associations that form the Scandinavian Sociological Association. This paper focuses on journal articles produced by current (as of 1 January 2001) faculty of 16 of these Nordic Sociology departments in the period 1981-2000. First, we provide a brief overview of article productivity and citations to articles produced in this period by country and department. Second, we estimate a multilevel model of citation patterns by articles published, the academic position and productivity of each author, and the structure and productivity of each department as a whole. Third, we test the extent to which the effects of such factors differ between departments and individuals. In all departments, publications in high-impact journals increase the number of citations to any given article, to other work of the same author, and to the work of other faculty in the department. The effect of publishing in high-impact journals differs significantly between individual authors, and work in certain types of journals yields more citations than the journal impact factor would predict. We argue that departmental affiliations with outside faculty and departmental productivity can be seen as a form of social capital that benefits both individuals and departments as a whole. These findings strongly suggest that diversity is a defining characteristic of this sociological community, precluding monolithic definitions of Nordic sociology.

# Title: Acta Stomatologica Croatica

Full Journal Title: [Acta Stomatologica Croatica](http://www.kbd.hr/hsd/ascro/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bacic, M., Kaic, Z. and Keros, J. (1996), Bibliometric quantitative and qualitative analysis of the journal *Acta Stomatologica Croatica* in the period 1985-1991. *Acta Stomatologica Croatica*, **30** (4), 239-247.

Full Text: Act Sto Cro30, 239.pdf

Abstract: the study contains a bibliometric quantitative and qualitative analysis of the journal Acta Stomatologica Croatica, based on twenty-five parameters, over a period of seven years. The analysis resulted in a large number of data, which is an indicator of scientific, professional and educational work in the field of dental medicine in Croatia. The authors consider that the obtained data will contribute to the quality of Croatian scientific publications, including the journal Acta Stomatologica Croatica.

? Borić, V. (2006), Bibliometric analysis of the articles from the School of Dental Medicine, University of Zagreb, indexed in Web of Science database (1976-2005). *Acta Stomatologica Croatica*, **40** (3), 218-235.

Full Text: [2006\Act Sto Cro40, 218.pdf](2006/Act%20Sto%20Cro40,%20218.pdf)

Abstracts: This article represents bibliometric analysis of published articles with the address of the School of Dental Medicine, University of Zagreb, indexed in Web of Science database in the period 1976-2005. The sample consisted of 428 articles that were analyzed according to the authors’ address, productivity markers (authors, institutions, year of publication, article type, language, journal) and citation. The analysis of the structure showed that the University of Zagreb affi liation was mentioned in 87.7% of the addresses, and School of Dental Medicine affi liation in 98.8% of the addresses, in 13 different ways. Most publications (82.5%) are scientifi c articles, 15.2% are congress abstracts, while reviews, short communications, letters, and book reviews and personal articles are present in less that 1%. The articles were published in 88 different journals, mostly in Coll Antropol (39.9%). According to the JCR database, the journals are from 31 different scientifi c areas. Although most of the publications (24) are from the fi eld of Dentistry, Oral Surgery & Medicine, the greatest number of articles is published in two journals from the fi eld of Anthropology. There are 1866 authors of 428 articles, mostly with four authors (23.8%); greatest number of authors being eleven. Mean number of authors per article is 4.4. Collaboration inside the School yielded 45.1% of the articles; slightly more in collaboration with the authors form other Croatian institution (47.4%), and 6.1% in collaboration with foreign authors. The analysis showed that 41.1% of the articles has no citation; the most cited article has 54 citations, mean citation being 2.68 per article. Out of the ten most cited articles, two are published in collaboration with foreign authors, one is a result of collaboration inside the School, and six are result of collaboration with the scientists from the Institute Ruđer Bošković.

Keywords: Bibliometrics, Authorship, Productivity, School of Dental Medicine University of Zagreb

? Borić, V. and Strujić, M. (2006), Bibliometric analysis of *Acta Stomatologica Croatica*: 1987-2006. *Acta Stomatologica Croatica*, **40** (4), 336-346.

Full Text: [2006\Act Sto Cro40, 336.pdf](2006/Act%20Sto%20Cro40,%20336.pdf)

Abstracts: This article presents a bibliometrical analysis of the journal Acta Stomatologica Croatica from 1987 until 2006. The sample consists of 711 articles, categorized as original scientific articles, preliminary publications, reviews, professional papers, editorials, congress presentations, case reports, and one bibliography. The analysis included publications (according to number, type, language and number of pages), authors (institutional affiliation and country of origin), used bibliographical citations (references, according to type and date of used data) and independent citations and self-citations. The analyis of the number of articles shows that most articles are original scientific works (62.2%). Out of the total number of the articles between 1987 and 1997, 46.7% was published in Croatian, 8.6% in English. Since 1998 all articles were published bilingually (44.7%). Analyzed articles cite a total of 16597 articles, giving a mean of 23.3 references per article. Most references are from foreign journals (76.9%), Then from foreign books (10.8%), articles from Croatian journals (6.1%), Croatian books (5.8%), electronic data (0.3%), and other sources (0.1%). 30% of references were published in the last five years. The share of independent citations is 94.1%, giving a mean 22 independent references per article. Mean number of authors is 3.3, maximum being 9; the articles with three authors have the highest percentage (23.1%). The addresses of clinical institutions are most frequent (84), followed by scientific and educational and other (20), and scientific ones (9). Authors from 35 countries have published their work in the analyzed journal during the observed period.

Keywords: Bibliometrics, Journals, Publishing

? Borić, V. (2008), Citation analysis of the papers’ published in *Acta Stomatologica Croatica* using Web of Science database. *Acta Stomatologica Croatica*, **42** (2), 123-139.

Full Text: [2008\Act Sto Cro42, 123.pdf](2008/Act%20Sto%20Cro42,%20123.pdf)

Abstracts: Bibliometric analysis of the journal Acta stomatologica Croatica (ASCRO) was made for the period of 1966-2006. Purpose: the research was to determine a degree of communicability of the journal, i.e. The influence of the papers published in the journal on the other papers and scientists. Materials and Methods: Citation analysis was conducted on a specimen acquired by browsing the Web of Science (WoS) databases and the data were processed by descriptive statistics. Results: the 185 papers with a total of 257 citations were singled out by a search. Each of the cited papers has an average of 1,4 citations. If we know that a total of 1.273 papers have been published in the journal, each paper has been cited 0,2 times on average. An analysis of the errors has shown that in 50,2% of papers all the elements of the bibliographic record have been cited correctly and a total of 163 citation errors have been made. Most of the errors (65%) are present in the title of the journal. The highest number of citations per paper is 5. The highest number of citations per year is 28, in the year 1991. The division of the citations by age of the paper shows that a maximum of 9,3% citations has been accomplished in the 3rd year of publishing the paper, after which the number of citations has decreased. ASCRO has been cited in 65 journals, mostly (44,7%) in Coll. Antropol. A total of 60,7% self-citations has been registered and 21% of the citations have been quoted by foreign authors only. Conclusions: It is fi nally possible to determine that we should not be content with the present level of infl uence of ASCRO to the domestic and foreign scientifi c community. The analysis shows a relatively modest total number of citations, a large number of self-citation and a small share of the foreign authors’ citations which doesn’t contribute to the communicability of the journal on the worldwide level. Excellence needs to be set as a general goal. In order to achieve that, the level of quality of all of its segments needs to be elevated in a complex process of publishing a scientific journal, especially excellence of published papers.

Keywords: Periodicals as Topic, Bibliometrics, Citation Analysis, Self-Citations

# Title: Acta Tropica

Full Journal Title: [Acta Tropica](http://sdos.ejournal.ascc.net/cgi-bin/sciserv.pl?collection=journals&journal=0001706x)

ISO Abbreviated Title: Acta Trop.

JCR Abbreviated Title: Acta Trop

ISSN: 0001-706X

Issues/Year: 4

Journal Country/Territory: Switzerland

Language: English

Publisher: Elsevier Science BV

Publisher Address: PO Box 211, 1000 AE Amsterdam, Netherlands

Subject Categories:

Parasitology Tropical Medicine: Impact Factor

Notes: FField, TTrend

? Falagas, M.E., Karavasiou, A.I. and Bliziotis, I.A. (2006), A bibliometric analysis of global trends of research productivity in tropical medicine. *Acta Tropica*, **99** (2-3), 155-159.

Full Text: [2006\Act Tro99, 155.pdf](2006/Act%20Tro99,%20155.pdf)

Abstract: the field of tropical medicine has a long history due to the significance of the relevant diseases for the humanity. We estimated the contribution of different world regions to research published in the main journals of tropical medicine. Using the PUBMED and the Institute for Scientific Information (ISI) ‘Web of Science’ databases, we retrieved articles from 12 journals included in the ‘Tropical Medicine’ category of the ‘Journal Citation Reports’ database of ISI for the period 1995–2003. Data on the country of origin of the research were available for 11,860 articles in PUBMED (98.1% of all articles from the tropical medicine category). The contribution of different world regions during the studied period, as estimated by the location of the affiliation of the first author, was: Western Europe 22.7%, Africa 20.9%, Latin America and the Caribbean 20.7%, Asia (excluding Japan) 19.8%, USA 10.6%, Oceania 2.1%, Japan 1.5%, Eastern Europe 1.3%, and Canada 0.6%. The contribution of regions, estimated by the location of the affiliation of at least one author of the published papers (retrieved from the ISI database), was similar: Western Europe 36.6%, Africa 27.7%, Latin America and the Caribbean 24.4%, and Asia 23.3%. The mean impact factor of articles published in tropical medicine journals was highest for the USA (1.65). Our analysis suggests that the developing areas of the world produce a considerable amount of research in tropical medicine; however, given the specific geographic distribution of tropical diseases they probably still need help by the developed nations to produce more research in this field.

Keywords: 10 : 90 GAP, Africa, Analysis, Articles, Asia, Bibliometric, Bibliometric Analysis, Bibliometrics, Canada, Caribbean, Countries, Databases, Diseases, Distribution, Eastern Europe, Europe, Global, History, Impact, Impact Factor, Indexes, Institute for Scientific Information, International Representation, ISI, Japan, Journals, Latin America, Location, Medicine, Productivity, Publication, Research, Research and Development, Research Collaboration, Research Productivity, Science, Trends, Tropical Medicine Literature, USA, World

Notes: TTopic

? Lewison, G. and Srivastava, D. (2008), Malaria research, 1980-2004, and the burden of disease. *Acta Tropica*, **106** (2), 96-103.

Full Text: [2008\Act Tro106, 96.pdf](2008/Act%20Tro106,%2096.pdf)

Abstract: Malaria is estimated to cause about 1.6% of the 57 million deaths occurring annually and 2.3% of the disease burden. However, it accounts for only about 0.4% of world biomedical research, and this percentage is barely changing. Most of the research takes place in Europe and North America, which are little affected directly by the disease, 90% of whose burden occurs in sub-Saharan Africa. Research includes both pharmaceutical and non-pharmaceutical approaches; the fastest growing ones involve the artemisinins and genetics. Leading countries in malaria research (including India, Thailand, Kenya and Nigeria) differ greatly in the subjects that they favour. (C) 2008 Elsevier B.V. All rights reserved.

Keywords: Africa, Biomedical, Biomedical Research, Burden, Europe, Genetics, India, Kenya, Malaria, Nigeria, North, Research, Rights, Sub-Saharan Africa, Thailand, World

# Title: Actas Espanolas de Psiquiatria

Full Journal Title: Actas Espanolas de Psiquiatria

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Alonso-Arroyo, A., Gonzalez-Alcaide, G., Pizarro, M.B., Cogollos, L.C., Valderrama-Zurian, J.C. and eixandre-Benavent, R. (2008), Gender analysis of papers published in *Actas Espanolas de Psiquiatria* (1999-2006). *Actas Espanolas de Psiquiatria*, **36** (6), 314-322.

Full Text: 2008\Act Esp Psi36, 314.pdf

Abstract: Introduction. The governments and organizations responsible for scientific policies try to encourage equality of gender, among their priorities that of obtaining equal participation and full integration of women in all aspects of the scientific profession. The study analyzes the scientific production of women in the areas of psychiatry by means of the bibliometric study of the papers published in *Actas Espanolas de Psiquiatria*. Method. A total of 458 papers published from 1999 2006 period were downloaded from the Science Citation Index-Expanded database, these including original research papers, review articles and clinical cases. A bibliometric study broken down by gender was carried out to determine the existence or inequalities between men and women regarding scientific productivity, type of document, order of author signatures, on the institutional and geographical level. Results. The papers were published by 1,194 different authors. The gender of 977 authors was identified, 587 (60.08%) men and 390 (39.92%) women. The percentage of women authorship has risen from 29.92% in 1999 to 38.86% in 2006. A total of 42.92% of authors having one published article were women, while “the multiple article producing women” (those with more than 9 articles) only accounted for 33%. Conclusion. Bibliometric studies on scientific activity provide essential information to promote gender equality. An annual increase over 1% in the number of female authors in the journal has been observed, which if it continues, will lead to a parity in coming years.

Keywords: *Actas Espanolas de Psiquiatria*, Authors, Authorship, Bibliometric, Bibliometric Analysis, Bibliometric Study, Citation, Database, Gender Analysis, Papers, Productivity, Psychiatry, Research, Science, Scientific Journals, Scientific Production, Scientific Productivity, Women

? Benavent, R.A., Zurian, J.C.V., Gomez, M.C., Melende, R.S. and Molina, C.N. (2004), National and international impact factor of *Actas Espanolas de Psiquiatria*. *Actas Espanolas de Psiquiatria*, **32** (6), 329-332.

Full Text: 2004\Act Esp Psi32, 329.pdf

Abstract: the aim of this paper is to present the bibliometric indicators of *Actas Espanolas de Psiquiatria* that were obtained from the study <<Potential impact factor of the Spanish medical journals in 2001>>, financed by the Spanish Ministerio, de Educacion, Cultura y Deporte. The citations made in *Actas Espanolas de Psiquiatria* and its national and international impact factor and immediacy index have been obtained by the use of a methodology similar to the one used by the Institute for Scientific Information. The national indicators only take into account the citations made in 87 Spanish journals considered as sources, while those from the foreign source journals of Science Citation Index have been added to the previously cited ones. *Actas Espanolas de Psiquiatria* has obtained a national impact factor of 0.315 and an international impact factor of 0.395, which places it as a leader in the Spanish psychiatric journals.

Keywords: *Actas Espanolas de Psiquiatria*, Bibliometric, Bibliometric Indicators, Bibliometric Indicators, Citation, Citation Index, Citations, Immediacy Index, Impact, Impact Factor, Indicators, Information, Journals, Medical, Medical Journals, Science, Science Citation Index, Scientific Activity, Spanish Psychiatric Journals

? Blanco, R.O. and Iglesias, S.S. (2005), Comparative bibliometric study of the publications in Spanish and other European publications. *Actas Espanolas de Psiquiatria*, **33** (3), 154-159.

Full Text: 2005\Act Esp Psi33, 154.pdf

Abstract: Introduction. Investigation in biomedicine carried out in Spain presently has a good level and has evolved positively in the last two decades. In order to know the research situation in psychiatry, the bibliometric study was used as a method of approach to the mentioned analysis. Objectives. To identify the Spanish scientific production in psychiatry during the last decade, its repercussion worldwide and to compare it to other countries of our surroundings. Method. Bibliographical revision of the psychiatric magazines with greater impact factor at present. Thematic magazines of psychiatry and other areas (child and adolescent psychiatry and the addictions) are reviewed. The articles of Spanish authors were analyzed and compared with other countries of the surroundings (Germany, France, Holland, Italy and Sweden). The data obtained are linked with the economic data of the countries in question, it being possible to obtain how much each one of the investigations in the diverse countries cost per citizen. Results. Globally, the countries analyzed have increased their international scientific production and, specifically, Spain has doubled its scientific activity in psychiatry. Conclusions. Investigation in psychiatry in Spain is represented in publications of greater impact factor of the speciality and is comparable in volume to the other countries of our surroundings.

Keywords: Articles, Authors, Barcelona, Bibliographical Revision, Bibliometric, Bibliometric Study, Countries, Germany, Impact, Impact Factor, International Projection, Italy, Psychiatry of Impact, Publications, Publications of Impact, Research, Scientific Production, Spain

? Diáz-Moran, S. and Tobeña, A. (2011), Research contributions of Spanish Psychiatry (2004-2009): A bibliometric analysis of a University department. *Actas Espanolas de Psiquiatria*, **39** (5), 294-301.

Full Text: [2011\Act Esp Psi39, 294.pdf](2011/Act%20Esp%20Psi39,%20294.pdf)

Abstract: Psychiatric research in Spain went through a notorious increase in quality and quantity of peer-reviewed papers during the last decade of the previous century, in parallel with other medical disciplines. Although there have been systematic studies of scientific production, they are inadequate from the perspective of the research groups and particularly from university departments. We considered this bibliometric study, in order to analyze the scientific production of the Department of Psychiatry and Forensic Medicine, at the Autonomous University of Barcelona, UAB [DPsML]. Methodology. In a cross-sectional survey of independent groups (n = 57, 54% men), indicators were applied to production, quality, visibility/distribution and sustained popularity. Results. DPsML research groups, published 314 articles and/or reviews (216 international) between 2004 2009, reaching a total of 974 quotations in the period (16 quots./basic researcher and 11.3 quots./clinical researcher). Contributions at the Thomson Scientific Index [TSI], come from clinical groups (56.48%), and basic groups: 43.52%. The basic groups showed on average impact factor of 5.12 and clinical groups of 2. Conclusions. DPsML published 11.84% of most cited papers in Spanish psychiatry, 20% in the field of drug addiction and 20.84% in the field of behavioral science,1 the inconsistent results with other bibliometric studies2 on the same researchers, shows the need for more tight and demanding indicators and mapping of production encompassing, both research groups as molar units (university departments).

Keywords: Addiction, Analysis, Articles, Barcelona, Bibliometric, Bibliometric Analysis, Bibliometric Study, Bibliometrics, Citation Analysis, Clinical, Cross Sectional Survey, Drug, Drug Addiction, Field, Impact, Impact Factor, Impact Index, Index, Indicators, International, Mapping, Medical, Medicine, Men, Methodology, Output, Papers, Peer-Reviewed, Psychiatry, Quality, Research, Reviews, Science, Scientific Output, Scientific Production, Spain, Survey, University

Notes: CCountry

? Lopez-Munoz, F., Rubio, G., Molina, J.D., Shen, W.W., Perez-Nieto, M.A., Moreno, R., Huelves, L., Noriega, C., Garcia-Garcia, P. and Alamo, C. (2013), Mapping the scientific research on atypical antipsychotic drugs in Spain: A bibliometric assessment. *Actas Espanolas de Psiquiatria*, **41** (6), 349-360.

Full Text: [2013\Act Esp Psi41, 349.pdf](2013/Act%20Esp%20Psi41,%20349.pdf)

Abstract: Objectives: We carried out a bibliometric study on the scientific publications in relation to atypical antipsychotic drugs (AADs) in Spain. Methods: We used the EMBASE and MEDLINE databases and we applied some bibliometric indicators of paper production and dispersion (Price’s law and Bradford’s law, respectively). We also calculated the participation index of the different countries and correlated the bibliometric data with some social and health data (total per capita expenditure on health and gross domestic expenditure on research and development). Results: We collected 656 original papers published between 1988 and 2011. Our study results fulfilled Price’s law with scientific production on AADs showing exponential growth (correlation coefficient r = 0.9693, vs. r = 0.9177 after linear adjustment). The most widely studied drugs were risperidone (181 papers), olanzapine (143), clozapine (94), and quetiapine (74). Division into Bradford zones yielded a nucleus occupied by the European Psychiatry and European Neuropsychopharmacology (70 articles). Totally 194 different journals were published, with 5 of the first 10 used journals having an impact factor being greater than 4. Conclusion: The publications on AADs in Spain have undergone exponential growth over the studied period, without evidence of reaching a saturation point.

Keywords: Assessment, Atypical Antipsychotic, Atypical Antipsychotics, Bibliometric, Bibliometric Assessment, Bibliometric Data, Bibliometric Indicators, Bibliometric Study, Bibliometry, Bipolar Disorder, Bipolar Disorder, Bradford’s Law, Care, Clozapine, Correlation, Correlation Coefficient, Data, Databases, Development, Dispersion, Drugs, Embase, Evidence, First, Growth, Health, Impact, Impact Factor, Index, Indicators, Journals, Law, Mapping, Medline, Methods, Olanzapine, Papers, Participation, Psychiatry, Publications, Quetiapine, Research, Research and Development, Results, Risperidone, Saturation, Schizophrenia, Schizophrenia, Scientific Production, Scientific Publications, Scientific Research, Social, Spain

? Rabito-Alcon, M.F. and Correas-Lauffer, J. (2014), Treatment guidelines for Attention Deficit and Hyperactivity Disorder: A critical review. *Actas Espanolas de Psiquiatria*, **42** (6), 315-324.

Full Text: 2014\Act Esp Psi42, 315.pdf

Abstract: A series of clinical guidelines for Attention Deficit and Hyperactivity Disorder throughout life have been published in recent years. The aim is to provide a synthesis of the best available scientific knowledge and facilitate clinical work as well as to make a critical review of the latest clinical guidelines based on treatment and recommendations. Searches of the following databases were performed: MEDLINE/ PubMed/ Index Medicus, PsycINFO/ PsyLIT and the Science Citation Index at Web of Science (ISI). The indexed MeSH terms “ADHD,” “guideline,” “therapeutics” were used for the search, and a total of 10 articles and 9 guides were selected. The guidelines indicate that the diagnosis of ADHD is made by clinical assessment and must be performed by a health professional with training and experience in the disorder. Multimodal treatment is ideal for the integral management of ADHD. Pharmacotherapy remains the first choice treatment for ADHD throughout life, particularly stimulant medication and among them, highlighting treatment with methylphenidate and all guidelines agree that psychological therapy increases the effectiveness of treatment as co-adjuncts to pharmacotherapy.

Keywords: Adhd, Adolescents, Adult Adhd, Articles, Assessment, Attention, Choice, Citation, Clinical, Clinical Assessment, Clinical Guidelines, Critical Review, Databases, Deficit, Hyperactivity Disorder, Diagnosis, Effectiveness, Experience, First, Guidelines, Health, Health Professional, ISI, Knowledge, Life, Management, Methylphenidate, Pharmacotherapy, Prevalence, Psychological, Psychostimulants, Recent, Recommendations, Review, Science, Science Citation Index, Synthesis, Therapy, Training, Treatment, Treatment Guidelines, Web, Web Of Science, Work

# Title: Actas Urologicas Espanolas

Full Journal Title: [Actas Urológicas Españolas](http://www.elsevier.es/es/revistas/actas-urologicas-espa%C3%B1olas-292)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Martínez-Salamanca, J.I., Martínez-Ballesteros, C., Portillo, L., Moncada, I. and Carballido, J. (2010), Penile morphometric changes after radical prostatectomy: Evidence-based. *Actas Urológicas Españolas*, **34** (7), 579-585.

Full Text: [2010\Act Uro Esp34, 579.pdf](2010/Act%20Uro%20Esp34,%20579.pdf)

Abstract: Introduction: Radical prostatectomy in all its approaches is the treatment of choice for localized prostate cancer and especially in young, sexually active patients with a desire to keep their sex life. In addition to the well-known and defined postoperative erectile dysfunction, erectile silent period causes, in many patients (9-1%), structural changes, in the penile structure, sometimes irreversible. These tissue changes, resulting in a loss of length and girth, that concern patients. Objective: To systematically review to date published data in the literature regarding penile changes after radical prostatectomy. Material and methods: We performed a systematic search in: PUBMED, EMBASE, Cochrane, SCOPUS, Science Citation Index period January 1990 to September 2009 for the terms “prostatectomy”, “organ size”, “fibrosis”, “sexual activity”, “erectile dysfunction”, “penile size”, “radical prostatectomy”, “prostatic neoplasms”, “body weights” and “penis measures”. Seven series of patients were selected for analysis. Results: We described the different measurement methods and their potential biases and differences. Also, we reviewed main physiopathogenic theories to explain this phenomenon. Finally, we detail the results of different series of patients reported. Conclusions: It seems to be a proven fact that the penis undergoes major changes in its length and girth after radical prostatectomy. Several authors have communicated the data of their series and the different treatment options (5PDE inhibitors, vacuum devices, penile extenders, etc.). Strategies addressed to preserve and protect cavernous tissue and tunica albuginea after the procedure, as well as to increase oxygenation and allow erection to be recovered in the shortest posible time positive will impact on the quality of life of our patients. (C) 2009 AEU. Published by Elsevier Espana, S.L. All rights reserved.

Keywords: Authors, Cancer, Citation, Corpus Cavernosum, Embase, Erectile Dysfunction, Erectile Dysfunction, Guidelines, Length, Literature, Measurement, Penile Changes, Penile Girth, Penile Lenght, Prostate Cancer, PUBMED, Quality of Life, Radical Prostatectomy, Rat, Retropubic Prostatectomy, Review, Science Citation Index, Scopus, Self-Injection, Sexual Function, Smooth-Muscle, Vacuum Constriction Device

? Tortajada, J., Castell, J., Berbel-Tornero, O. and Ortega-Garcia, J.A. (2011), Constitutional risk factors in prostate cancer. *Actas Urológicas Españolas*, **35** (5), 282-288.

Full Text: [2011\Act Uro Esp35, 282.pdf](2011/Act%20Uro%20Esp35,%20282.pdf)

Abstract: Introduction: the aim of this review is to update and divulge the main constitutional risk factors involved in the etiopathology of prostate cancer. Materials and methods: Bibliographic review of the scientific literature on the constitutional risk factors associated with prostate cancer between 1985 and 2010, obtained from MEDLINE, CancerLit, Science Citation Index and Embase. The search profiles were Risk Factors, Genetic Factors, Genetic Polymorphisms, Genomics, Etiology, Epidemiology, Hormonal Factors, Endocrinology, Primary Prevention and Prostate Cancer. Results: the principal constitutional risk factors are: age (before the age of 50 years at least 0.7% of these neoplasms are diagnosed and between 75-85% are diagnosed after the age of 65 years), ethnic-racial and geographic (African Americans present the highest incidence rates, and the lowest are found in South East Asia), genetic, family and hereditary (family syndromes cover 13-26% of all prostate cancers, of which 5% are of autosomal dominant inheritance), hormonal (it is a hormone-dependent tumour), anthropometric (obesity increases the risk), perinatal, arterial hypertension and type 2 diabetes. Conclusions: Constitutional risk factors play a very important role in the etiopathology of prostate cancer, especially age, ethnic-racial-geographic factors and genetic-family factors. We cannot know what percentage of these neoplasms are a result of constitutional factors, because our knowledge of these factors is currently lacking. (C) 2010 AEU. Published by Elsevier Espana, S.L. All rights reserved.

Keywords: Bibliographic, Birth-Weight, Blood-Pressure, Body-Mass, Cancer, Carcinogenesis, Citation, Cohort, Constitutional Risk Factors, Epidemiology, Epidemiology, Insulin, Literature, Mortality, Obesity, Polymorphisms, Prostate Cancer, Retrospective Analysis, Review, Science Citation Index, United-States

? Tortajada, J., Berbel-Tornero, O., Castell, J., López-Andreu, J.A., Sobrino-Najul, E. and Ortega-García, J.A. (2011), Constitutional risk factors in prostate cancer. *Actas Urológicas Españolas*, **35** (5), 289-295.

Full Text: [2011\Act Uro Esp35, 289.pdf](2011/Act%20Uro%20Esp35,%20289.pdf)

Abstract: Introduction: the aim is to update and disclose the main environmental risk factors, excluding dietary factors, involved in the etiopathology of prostate cancer. Materials and method: Bibliographic review of the last 25 years of non-dietary environmental risk factors associated with prostate cancer between 1985 and 2010, obtained from MEDLINE, CancerLit, Science Citation Index and Embase. The search profiles were Environmental Risk Factors/Tobacco/Infectious-Inflammatory Factors/Pesticides/Vasectomy/Occupational Exposures/Chemoprevention Agents/Radiation and Prostate Cancer. Results: While some non-dietary environmental risk factors increase the risk of acquiring the disease, others decrease it. of the former, it is worth mentioning exposal to tobacco smoke, chronic infectious-inflammatory prostatic processes and occupational exposure to cadmium, herbicides and pesticides. The first factors that reduce the risk are the use of chemopreventive drugs (Finasterida, Dutasteride) and exposure to ultraviolet solar radiation. With the current data, a vasectomy does not influence the risk of developing the disease. Conclusions: the slow process of prostate carcinogenesis is the final result of the interaction of constitutional risk and environmental factors. Non-dietary environmental factors play an important role in the etiopathology of this disease. To appropriately assess the risk factors, extensive case studies that include all the possible variables must be analysed. (C) 2010 AEU. Published by Elsevier Espana, S.L. All rights reserved.

Keywords: Agent-Orange, Bibliographic, Cancer, Citation, Constitutional Risk Factors, Environmental Risk Factors, Epidemiology, Health, Manufacturing Workers, Metaanalysis, Occupational Exposure, Occupational-Exposure, Pesticides, Polycyclic Aromatic-Hydrocarbons, Primary Prevention, Prospective Cohort, Prostate Cancer, Review, Science Citation Index, Smoking, Smoking, Tobacco, United-States, Vasectomy

? Ferris-Tortajada, J., Berbel-Tornero, O., Garcia-Castell, J., Ortega-Garcia, J.A. and Lopez-Andreu, J.A. (2012), Dietetic factors associated with prostate cancer. Protective effects of mediterranean diet. *Actas Urológicas Españolas*, **36** (4), 239-245.

Full Text: 2012\Act Uro Esp36, 239.pdf

Abstract: Objective: To review diet risk factors (RF) implied, more or less evidence-based, in the etiopathology of prostate carcinoma (PC), especially those that characterize the traditional mediterranean diet (MD). Material and methods: Literature review of PC related diet RF in MEDLINE, CancerLit, Science Citation Index y Embase. Search profiles were “Dietetic Factors/Nutritional Factors/Mediterranean Diet/Primary Prevention”, and “Prostate Cancer”. Results: Diet RF are associated with 35% of cancer mortality and 10-12% of PC mortality. The main diet RF, implied in the development of PC but with a protective effect, which are considered characteristic of MD are: high daily ingestion of vegetarian products (cereals, legums, dried and fresh fruits, tubercles, vegetables..); olive oil as main lipid source; low intake of animal saturated fat, processed red meat, milk and dairy products; regular consumption of small fish; and low alcohol intake (wine with meals). The MD contains many phytoactive compounds (lycopene, lupeol, quercetin, genistein, carnosol, resveratrol, catechins, vitamins..) with PC protective effects. Conclusions: Diet RF have a role on prostatic carcinogenesis. Further epidemiologic studies with better designs are needed to clarify PC related diet RE PC risk is reduced in persons on MD compared with those on western diet. The preventive effect of MD is due to the great number and quality of phytochemicals with antioxidant and antinflammatory properties that contains. (C) 2011 AEU. Published by Elsevier Espana, S.L. All rights reserved.

Keywords: Alcohol, Alcohol Intake, Antioxidant, Cancer, Citation, Consumption, Dairy, Development, Diet, Dietetic Risk Factors, Effects, Evidence Based, Evidence-Based, Fatty-Acids, Fish, Focus, Fruits, Health, Lipid, Literature, Low, Lycopene, Mediterranean, Mediterranean Diet, Metaanalysis, Methods, Milk, Mortality, Phytochernicals Antioxidants, Prevention, Profiles, Prostate Cancer, Quality, Quality Of, Review, Rights, Risk, Risk Factors, Role, Science, Science Citation Index, Search, Small, Source, Vegetables

? Ferris, J., Garcia, J., Berbel, O. and Ortega, J.A. (2013), Constitutional and occupational risk factors associated with bladder cancer. *Actas Urológicas Españolas*, **37** (8), 513-522.

Full Text: 2013\Act Uro Esp37, 513.pdf

Abstract: Objective: Bladder carcinoma (BC) is the fourth most common type of cancer in males from Western countries, with primary prevention an important healthcare challenge. We review the associated constitutional and occupational risk factors (RF), with greater or lesser scientific evidence, in the aetiology of BC. Material and methods: Literature review of the last 25 years of the constitutional and occupational RF associated with BC, conducted on MEDLINE, CancerLit, Science Citation Index and Embase. The search profiles were Risk factors/Genetic factors/Genetic polymorphisms/Epidemiology/Occupational factors and Bladder cancer. Results: The main RF were a) age and gender (diagnosed at age 65 and over, with a 4:1 ratio of males to females); b) race, ethnicity and geographic location (predominantly in Caucasians and in Southern European countries); c) genetic (N-acetyltransferase-2 and glutathione s-transferase M1 gene mutations, which significantly increase the risk for BC); d) occupational, which represent 5%-10% of BC RF; and f) occupations with high BC risk, such as aluminium production, the manufacture of dyes, paints and colourings, the rubber industry and the extraction and industrial use of fossil fuels. Conclusions: BC is the end result of the variable combination of constitutional and environmental RF, the majority of which are unknown. The most significant constitutional RF are related to age, gender, race, ethnicity geographic location and genetic polymorphisms. The main occupational RF are those related to aromatic amines and polycyclic aromatic hydrocarbons. (C) 2013 AEU. Published by Elsevier Espana, S.L. All rights reserved.

Keywords: Aetiology, Age, Aluminium, Aromatic Amines, Bc, Bladder, Bladder Cancer, Cancer, Challenge, Citation, Dyes, Environmental, Epidemiology, Epidemiology, Ethnicity, Evidence, Exposures, Extraction, Fossil, Fossil Fuels, Gender, Gene, Genetic, Genetic Polymorphisms, Genetic Risk Factors, Glutathione, Industry, Literature, Location, Metaanalysis, Methods, Occupational, Occupational Exposure, Occupational Risk, Polycyclic Aromatic Hydrocarbons, Polymorphisms, Prevention, Primary, Primary Prevention, Profiles, Prostate-Cancer, Race, Results, Review, Rights, Risk, Risk Factors, Science, Science Citation Index, Scientific Evidence, Urinary-Tract

? Ferris, J., Berbel, O., Alonso-Lopez, J., Garcia, J. and Ortega, J.A. (2013), Environmental non-occupational risk factors associated with bladder cancer. *Actas Urologicas Espanolas*, **37** (9), 579-586.

Full Text: 2013\Act Uro Esp37, 579.pdf

Abstract: Context: Bladder carcinoma (BC), due its high morbidity and relapsing course, generates significant economic and health care costs. Accordingly, review the environmental nonoccupational risk factors (RF), more or less evidence-based, in the etiology and pathogenesis of BC, because the involvement of urologists is essential for prevention. Acquisition of evidence: Review of the peer-reviewed literature (1987-2012) on nonoccupational environmental RE associated with BC retrieved from MEDLINE, Embase and Science Citation Index. The search profiles have been “Risk factors/Epidemiology/Tobacco-smoking/Diet-nutrition-water-liquids/Radiation/Infectious/Farmacological drugs” and “Bladder cancer”. Synthesis of evidence: Smoking was associated with 50% of BC in both sexes. Smokers have a 2-5 times higher risk than nonsmokers, directly proportional to the amount and duration of addiction. Drinking water contaminated with arsenic and chromium chlorination byproducts increases the risk of BC. High consumption of red meat and saturated fat may increase the risk, while high intake of fruits and vegetables decreases it. Patients treated with cyclophosphamide, ifosfamide and ionizing radiation have an increased risk of BC. Frequent and prolonged use of hair dyes and Schistosoma haematobium infestation increases the risk of BC. Conclusions: The reduction or the cessation of smoking decrease BC. The contaminant-free water consumption with the increase of vegetal foods favour BC prevention. Cancer survivors treated with cyclophosphamide, ifosfamide and radiation therapy should be monitored for early diagnosis of BC. (c) 2013 AEU. Published by Elsevier Espana, S.L. All rights reserved.

Keywords: Addiction, Arsenic, Bc, Bladder, Bladder Cancer, Cancer, Care, Cessation, Chlorination By-Products, Chromium, Cigarette-Smoking, Citation, Consumption, Costs, Course, Cyclophosphamide, Diagnosis, Drinking, Drinking Water, Duration, Dyes, Early Diagnosis, Economic, Environmental, Epidemiology, Etiology, Evidence, Evidence Based, Evidence-Based, Fat, Fluid Intake, Fruits, Hair-Dyes, Health, Health Care, Health Care Costs, Ifosfamide, Literature, MEDLINE, Metaanalysis, Morbidity, Pathogenesis, Peer-Reviewed, Prevention, Profiles, Prolonged, Prostate, Radiation, Radiation Therapy, Re, Reduction, Review, Rights, Risk, Risk Factors, Schistosoma Haematobium, Science, Science Citation Index, Smoking, Synthesis, Tea Consumption, Therapy, Vegetables, Water

# Title: Actes de la Recherche en Sciences Sociales

Full Journal Title: Actes de la Recherche en Sciences Sociales

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0335-5322

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Wouters, P. (2006), Towards the origins of scientometrics the emergence of the Science Citation Index. *Actes de la Recherche en Sciences Sociales*, **164**, 10-21.

Abstract: the article analyzes the emergence of the Science Citation Index (SCI) and argues that the concept of citation indexing was not a ‘natural’ outgrowth of the scientific field. It originated in the area of US legal publishing and information services, and was translated into a scientific reference service by an information entrepreneur, Eugene Garfield. The actual creation of the Science Citation Index and the subsequent development of the field of scientometrics were strongly shaped by the political and technological context of the late 1950s -early 1960s. The way the US responded to the Sputnik crisis and the Soviet challenge provided the opportunity for Garfield to build the Science Citation Index in close cooperation with the Nobel laureate Joshua Lederberg and to gain the legitimacy that his project previously lacked.

Keywords: Challenge, Citation, Citation Indexing, Context, Cooperation, Development, Emergence, Field, Indexing, Information, Information Services, Legal, Publishing, Reference, SCI, Science Citation Index, Scientometrics, Service, Services, Soviet, US

# Title: Action Research

Full Journal Title: Action Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: CCountry

? McVicar, A., Munn-Giddings, C. and Abu-Helil, C. (2012), Exploring the development of action research in nursing and social care in the UK: A comparative bibliometric review of action research designs in social work (2000-2010). *Action Research*, **10** (1), 79-101.

Full Text: [2012\Act Res10, 79.pdf](2012/Act%20Res10,%2079.pdf)

Abstract: Action research is promoted in the UK as a vehicle for practice development in health and social care, but its application has not been evaluated. This study reviews research designs in published social work studies, 2000-2010. Applying the analytic strategy of Munn-Giddings et al. (2008) also enabled comparison to be made with nursing action research. Action research has a strong presence in social work. Studies were highly collaborative, mainly qualitative and largely focused on practice or educational development, though user-focused change had a presence. Participant groups generally were ‘active’ in the research process, but participation by academics was low. In contrast, authorship was dominated by academics. External funding suggested an attractiveness of action research to funders. Action research in social work shared similarities with nursing. Main differences were involvement of the voluntary sector, the favouring of interactive group working, and a greater likelihood of service users being co-researchers. of most concern is the lack of authorship (and by implication, ownership) by practitioners or service users. This is contrary to the underpinning inclusive philosophy, and researchers should be more proactive in acknowledging the contribution of individuals, groups or organizations, as appropriate, and so evidence their growth in research capability and capacity.

Keywords: Academics, Action Research, Application, Authorship, Bibliometric, Capacity, Care, Challenges, Comparison, Development, Evidence, Funding, Growth, Health, Health and Social Care, Intervention Research, Low, Mar, Nursing, Participation, Philosophy, Practice, Qualitative, Research, Research Capacity, Review, Reviews, Sector, Service, Social, Social Work, Strategy, UK, Vehicle, Work

# Title: Activitas Nervosa Superior

Full Journal Title: Activitas Nervosa Superior

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0001-7604

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ruttkayn, I. (1966), Anon - Science Citation Index. *Activitas Nervosa Superior*, **8** (4), 467-??.

Keywords: Citation, Science Citation Index

# Title: Actualite Chimique

Full Journal Title: Actualite Chimique

ISO Abbreviated Title: Actual Chim.

JCR Abbreviated Title: Actual Chimique

ISSN: 0151-9093

Issues/Year: 11

Journal Country/Territory: France

Language: English

Publisher: Soc Francaise Chimie

Publisher Address: 250 Rue Saint-Jacques, 75005 Paris, France

Subject Categories:

Chemistry, Multidisciplinary: Impact Factor 0.096, /

? Russell, C. (2000), Europe’s favourite chemists? Choosing Europe’s top 100 chemists was never going to be easy, in Colin Russell’s view. *Actualite Chimique*, **2**, 41-44.

Full Text: 2000\Act Chi2, 41.pdf

# Title: Acupuncture in Medicine

Full Journal Title: Acupuncture in Medicine

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Kim, S., Sagong, H.S., Kong, J.C., Choi, J.Y., Lee, M.S., Wieland, L.S., Manheimer, E. and Shin, B.C. (2014), Randomised clinical trials on acupuncture in the Korean literature: Bibliometric analysis and methodological quality. *Acupuncture in Medicine*, **32** (2), 160-166.

Full Text: [2014\Acu Med32, 160.pdf](2014/Acu%20Med32,%20160.pdf)

Abstract: Objective Acupuncture systematic reviewers have increasingly searched Chinese databases and journals to identify eligible randomised clinical trials (RCTs). However, reviewers have infrequently searched for eligible RCTs in Korean databases and journals. This study aimed to identify difficult to locate acupuncture RCTs in Korean databases and journals and to assess the characteristics and quality of the identified RCTs. Methods Eleven electronic databases and seven journals were searched up to December 2012. All RCTs using needle acupuncture were considered for inclusion. Key study characteristics were extracted and risk of bias was assessed using the Cochrane Collaboration tool. Results One hundred and forty-three publications met our inclusion criteria. Acupuncture RCTs in the Korean literature emerged in the mid-1990s and increased in the mid-2000s. Diverse methods of acupuncture were used, including some methods unique to Korea (eg, Saam acupuncture). The largest proportion of trials evaluated acupuncture for musculoskeletal conditions (27.3%). The mean sample size was 44.3 +/- 25.3 per trial. Random sequence generation methods were reported in 44.8% of the RCTs, whereas only 11.9% reported methods of allocation concealment. A low proportion of trials reported participant blinding (32.9%) and outcome assessment blinding (18.9%). Conclusions Korean acupuncture trials, many of which evaluate acupuncture styles unique to Korea, are typically omitted from systematic reviews of acupuncture, resulting in the potential for language bias. The development of this database of difficult to locate Korean trials, which includes English language translations of abstracts, will enable these trials of varying quality to be assessed for inclusion in future acupuncture systematic reviews.

Keywords: Acupuncture, Allocation, Analysis, Assessment, Bias, Bibliometric, Bibliometric Analysis, Characteristics, Chinese, Clinical, Clinical Trials, Cochrane Collaboration, Collaboration, Criteria, Database, Databases, Development, English, Generation, Journals, Korea, Language, Literature, Methods, Musculoskeletal, Outcome, Outcome Assessment, Potential, Publications, Quality, Quality Of, Randomised, Results, Reviews, Risk, Sample Size, Size, Systematic Reviews, Traditional Chinese Medicine, Trial

# Title: Adapted Physical Activity Quarterly

Full Journal Title: [Adapted Physical Activity Quarterly](http://weblinks3.epnet.com/authHjafDetail.asp?tb=1&_ua=bo+B%5F+db+pbhjnh+bt+ID++ADP+88ED&_ug=sid+5F41C0A1%2D97E5%2D41D5%2D924F%2DA163E7023529%40sessionmgr2+dbs+pbh+8A78&_us=hd+True+sm+ES+4DBA&_uso=st%5B0+%2DID++ADP+tg%5B0+%2D+db%5B0+%2Dpbh+op%5B0+)

ISO Abbreviated Title: Adapt. Phys. Act. Q.

JCR Abbreviated Title: Adapt Phys Act Q

ISSN: 0965-2140

Issues/Year: 4

Journal Country/Territory: United States

Language: English

Publisher: Human Kinetics Publ Inc

Publisher Address: 1607 N Market St, Champaign, IL 61820-2200

Subject Categories:

Rehabilitation: Impact Factor 1.000,/(2001)

Sport Sciences: Impact Factor 1.000,/(2001)

Notes: MModel

O’Connor, J., French, R. and Sherrill, C. (2001), Scholarly productivity in adapted physical activity pedagogy: A bibliometric analysis. *Adapted Physical Activity Quarterly*, **18** (4), 434-450.

Full Text: [2001\Ada Phy Act Qua18, 434.pdf](2001/Ada%20Phy%20Act%20Qua18,%20434.pdf)

Abstract: the purpose was to determine whether publications pertaining to adapted physical activity (APA) pedagogy in the core serials from 1988 to 1998 adhere to library science laws. A bibliometric analysis was conducted on 770 articles in 259 serials selected from 4,130 serials initially identified in four databases (Article First, ERIC, MEDLINE, Sport Discus). Results indicated that 1,720 authors have constructed the early APA pedagogy literature. of these, only 11 contributed four or more articles. The scatter of APA pedagogy literature over four zones, with 4, 15, 64, and 176 journals in the zones, respectively, supports Bradford’s law of scattering. Price’s law was not supported because most authors contributed only one article. Most pedagogy articles (n = 184) were published in Adapted Physical Activity Quarterly, Medicine and Science in Sport and Exercise, Physician and Sports Medicine, and Palaestra. Graduate education should include exposure to bibliometrics and collaboration with library and information science specialists.

Keywords: Authors, Bibliometric, Bibliometric Analysis, Bibliometrics, Bradford Law, Collaboration, Core, Databases, Documentary Analysis, Education, Guidelines, Information Science, Journals, Library Science, Literature, MEDLINE, Productivity, Publications, Science, Serials, United-States

? Hodge, S.R., Kozub, F.M., Robinson, L.E. and Hersman, B.L. (2007), Reporting gender, race, ethnicity, and sociometric status: Guidelines for research and professional practice. *Adapted Physical Activity Quarterly*, **24** (1), 21-37.

Full Text: Ada Phy Act Qua24, 21.pdf

Keywords: Ethnicity, Gender, Practice, Professional Practice, Race, Research

# Title: Addiction

Full Journal Title: [Addiction](http://www.blackwell-synergy.com/servlet/useragent?func=showIssues&code=add)

ISO Abbreviated Title: Addiction

JCR Abbreviated Title: Addiction

ISSN: 0965-2140

Issues/Year: 12

Journal Country/Territory: England

Language: English

Publisher: Carfax Publishing

Publisher Address: Rankine Rd, Basingstoke RG24 8PR, Hants, England

Subject Categories:

Substance Abuse: Impact Factor 2.399, / (2001)

Psychiatry: Impact Factor 2.399, / (2001)

West, R. and McIlwaine, A. (2002), What do citation counts count for in the field of addiction? An empirical evaluation of citation counts and their link with peer ratings of quality. *Addiction*, **97** (5), 501-504.

Full Text: [2002\Addiction97, 501.pdf](2002/Addiction97,%20501.pdf)

Abstract: Aims This study investigated the value of citation counts as an index of quality in the field of addiction and examined factors that contribute to papers being cited more or less frequently.

Design the number of times papers published by the journal Addiction in 1995-98 that had been cited up to May 2000 were counted using the Science and the Social Science Citation Indexes. Articles in nine of the monthly issues from 1997 were rated by two independent expert raters for quality. Factors related to citation counts were also examined including: country of origin of the paper, substance type, solicited versus unsolicited papers and methodology used.

Findings A total of 417 unsolicited research reports were included in the citation analysis, of which 79 were also subjected to quality ratings. The experts showed a moderate level of agreement in their ratings (intraclass correlation = 0.39, p < 0.001). However, there was no correlation between number of citations and expert ratings of article quality (R < 0.1). papers from developing countries received significantly fewer citations than papers from other countries but substance type (e.g. nicotine. opiate. alcohol) and methodology (e.g. survey, treatment trial) were not related to number of citations.

Conclusions This study involved just one journal but raised an important issue: the number of citations received by papers on addiction appears to reflect the geographical region of study rather than what experts would consider as ‘quality’. If these findings are found to generalize they call into question the use of citation-related indices as measures of quality in this field and perhaps in others as well. To our knowledge our methodology has not been used before and could be adapted to study the value of citations more widely.

Keywords: Addiction, Bias, Bibliometric Analysis, Citation, Citations, Evaluation, Index Impact Factor, Medical Journals, Psychiatric Journals, Publications, Research

? Pennings, E.J.M., Leccese, A.P. and de Wolff, F.A. (2002), Effects of concurrent use of alcohol and cocaine. *Addiction*, **97** (7), 773-783.

Full Text: [2002\Addiction97, 773.pdf](2002/Addiction97,%20773.pdf)

Abstract: the combination of alcohol and cocaine is popular among drug users, perhaps because of more intense feelings of ‘high’ beyond that perceived with either drug alone, less intense feelings of alcohol-induced inebriation and tempering of discomfort when coming down from a cocaine ‘high’. A review is presented of the medical literature on psychological and somatic effects and consequences of combined use of alcohol and cocaine in man. The search was carried out with MEDLINE. The Science Citation Index/Web of Science and Toxline. Exclusion and inclusion criteria for this search are identified. There is generally no evidence that the combination of the two drugs does more than enhance additively the already strong tendency of each drug to induce a variety of physical and psychological disorders. A few exceptions must be noted. Cocaine consistently antagonizes the learning deficits, psychomotor performance deficits and driving deficits induced by alcohol. The combination of alcohol and cocaine tends to have greater-than-additive effects on heart rate, concomitant with up to 30% increased blood cocaine levels. Both prospective and retrospective data further reveal that co-use leads to the formation of cocaethylene, which may potentiate the cardiotoxic effects of cocaine or alcohol alone. More importantly, retrospective data suggest that the combination can potentiate the tendency towards violent thoughts and threats, which may lead to an increase of violent behaviours.

Keywords: Abuse, Alcohol, Alcohol-Related Disorders, Behavior, Blood, Citation, Cocaethylene, Cocaine, Cocaine-Related Disorders, Combination, Dependent Patients, Driving, Drug, Drug Interactions, Drug-Use, Ethanol, Ethanol Ingestion, Fatally Injured Drivers, Heart Rate, Human, Humans, Induced, Lead, Learning, Literature, Medical, New-York, Psychomotor, Review, Science

? Gable, R.S. (2004), Comparison of acute lethal toxicity of commonly abused psychoactive substances. *Addiction*, **99** (6), 686-696.

Full Text: [2004\Addiction99, 686.pdf](2004/Addiction99,%20686.pdf)

Abstract: Aims To determine the acute lethal toxicity of a range of psychoactive substances in terms of the dose customarily used as a single substance for non-medical purposes. Design and method A structured English-language literature search was conducted to identify experimental studies and clinical reports that documented human and non-human lethal doses of 20 abused substances that are distributed widely in Europe and North America. Four inclusion criteria were specified for the reports, and approximately 3000 relevant records were retrieved from search engines at Biosis, Science Citation Index, Google and the National Library of Medicine’s Gateway. In order to account for different drug potencies, a ‘safety ratio’ was computed for each substance by comparing its reported acute lethal dose with the dose most commonly used for non-medical purposes. Findings the majority of published reports of acute lethal toxicity indicate that the decedent used a co-intoxicant (most often alcohol). The calculated safety ratios varied between substances by more than a factor of 100. Intravenous heroin appeared to have the greatest direct physiological toxicity; several hallucinogens appeared to have the least direct physiological toxicity. Conclusions Despite residual uncertainties, the substantial difference in safety ratios suggests that abused substances can be rank-ordered on the basis of their potential acute lethality.

Keywords: Acute Toxicity, Blood, Citation, Death, Europe, Heroin Overdose, Humans, Intranasal Cocaine, Lethality, Literature, Methadone, Morphine Concentrations, Pharmacokinetics, Positive Subjective Effects, Relative Toxicity, Safety, Safety Ratio, Science, Science Citation Index, Serotonin Reuptake Inhibitors, Therapeutic Index, Toxicity

? Sanchez-Carbonell, X., Guardiola, E., Belles, A. and Beranuy, M. (2005), European Union scientific production on alcohol and drug misuse (1976-2000). *Addiction*, **100** (8), 1166-1174.

Full Text: [2005\Addiction100, 1166.pdf](2005/Addiction100,%201166.pdf)

Abstract: Backgrounds Alcohol and drug misuse is a social and health phenomenon of great relevance in the European Union (EU). One indicator of scientific production in a given area is the analysis of publications included in bibliographic databases. Scientific production on alcohol and drug misuse was analysed in EU member countries, and comparisons were made between countries. Methods Analysis of articles on alcohol and drug misuse published during the period 1976-2000 by institutions based in a country of the EU, indexed by PsycINFO. Results A total of 4825 citations was retrieved. Great Britain published 38.6%, while Sweden, Germany and Spain accounted for a further 30%. The articles dealt with drug and alcohol USAge (12.8%), substance abuse (53.5%) and drug and alcohol rehabilitation (34.5%). The articles were published in 13 different languages, more than three-quarters being in English. Spanish was the second language, and was followed by French, German, Dutch and Italian. The articles were published in 521 different journals, and 62 of these published more than 10 articles. The journals publishing most were Addiction, Alcohol and Alcoholism and Drug and Alcohol Dependence. Sixty-eight per cent of the articles were signed by more than one author, and the index of collaboration, between 1996 and 2000, was 3.24. Discussions and conclusions PsycINFO is useful for making comparisons between countries, because it includes the name and country of the institution. The number of publications in the EU on alcohol and drug misuse increased over the quarter-century analysed. The most used language was English, as it also is for PsycINFO as a whole, and a tendency towards its increased use was observed. Classification of the articles by subject by the Classification Code is too general, and makes it difficult to distinguish between the areas it proposes. Production tends to be concentrated in journals dealing specifically with drug dependence and psychiatry. The index of collaboration is similar to that found in other scientific areas.

Keywords: Addiction, Alcohol and Drug Misuse, Bibliographic Databases, Bibliometrics, Citation Analysis, Citations, Cocaine, Collaboration, Countries, Databases, Dependence, English, European Union, Germany, Impact, Journal Articles, Journals, Language, Psycinfo, Publication Trends, Publications, Publishing, Rehabilitation, Scientific Production, Spain, Substance Dependence, Tobacco

? Webb, G., Shakeshaft, A., Sanson-Fisher, R. and Havard, A. (2009), A systematic review of work-place interventions for alcohol-related problems. *Addiction*, **104** (3), 365-377.

Full Text: [2009\Addiction104, 365.pdf](2009/Addiction104,%20365.pdf)

Abstract: the aims of this study were to (1) gauge any improvement in methodological quality of work-place interventions addressing alcohol problems; and (2) to determine which interventions most effectively reduce work-place-related alcohol problems. A literature search was undertaken of the data bases, Ovid MEDLINE, PsychINFO, Web of Science, Scopus, HSELINE, OSHLINE and NIOSHTIC-2 for papers published between January 1995 and September 2007 (inclusive). Search terms varied, depending on the database. Papers were included for analysis if they reported on interventions conducted at work-places with the aim of reducing alcohol problems. Methodological adequacy of the studies was assessed using a method derived from the Cochrane Collaboration guidelines. Ten papers reporting on work-place alcohol interventions were located. Only four studies employed randomized controlled trials (RCT), but all these had methodological problems. Weaknesses in all studies related to representativeness of samples, consent and participation rates, blinding, post-test time-frames, contamination and reliability, and validity of measures used. All except one study reported statistically significant differences in measures such as reduced alcohol consumption, binge drinking and alcohol problems. The literature review revealed few methodologically adequate studies of work-place alcohol interventions. Study designs, types of interventions, measures employed and types of work-places varied considerably, making comparison of results difficult. However, it appears from the evidence that brief interventions, interventions contained within health and life-style checks, psychosocial skills training and peer referral have potential to produce beneficial results.

Keywords: Alcohol, Alcohol Abuse, Alcohol Consumption, Analysis, Cochrane, Collaboration, Consumption, Guidelines, Health-Promotion, Impact, Intervention Studies, Interventions, Literature, Literature Review, Papers, Problem Drinking, Program, Psychosocial, Randomized Controlled Trials, Reliability, Review, Science, Scopus, Substance-Abuse Prevention, Systematic, Systematic Review, Training, Validity, Web of Science, Work-Place, Work-Site, Workers

? Saraceno, L., Munafó, M., Heron, J., Craddock, N. and van den Bree, M.B.M. (2009), Genetic and non-genetic influences on the development of co-occurring alcohol problem use and internalizing symptomatology in adolescence: A review. *Addiction*, **104** (7), 1100-1121.

Full Text: [2009\Addiction104, 1100.pdf](2009/Addiction104,%201100.pdf)

Abstract: Alcohol problem use during adolescence has been linked to a variety of adverse consequences, including cigarette and illicit drug use, delinquency, adverse effects on pubertal brain development and increased risk of morbidity and mortality. In addition, heavy alcohol-drinking adolescents are at increased risk of comorbid psychopathology, including internalizing symptomatology (especially depression and anxiety). A range of genetic and non-genetic factors have been implicated in both alcohol problem use as well as internalizing symptomatology. However, to what extent shared risk factors contribute to their comorbidity in adolescence is poorly understood. We conducted a systematic review on MEDLINE, PsycINFO, Embase and Web of Science to identify epidemiological and molecular genetic studies published between November 1997 and November 2007 that examined risk factors that may be shared in common between alcohol problem use and internalizing symptomatology in adolescence. Externalizing disorders, family alcohol problems and stress, as well as the serotonin transporter (5-HTT) S-allele, the monoamine oxidase A (MAOA) low-activity alleles and the dopamine D2 receptor (DDR2) Taq A1 allele have been associated most frequently with both traits. An increasing number of papers are focusing upon the role of gene-gene (epistasis) and gene-environment interactions in the development of comorbid alcohol problem use and internalizing symptomatology. Further research in adolescents is warranted; the increasing availability of large longitudinal genetically informative studies will provide the evidence base from which effective prevention and intervention strategies for comorbid alcohol problems and internalizing symptomatology can be developed.

Keywords: Activity-Dependent Secretion, Adolescents, Adverse Effects, Alcohol, Alcohol Drinking, Alcohol Problem Use, Anxiety, Brain, Brain Development, Catechol-O-Methyltransferase, Comorbidity, Deficit Hyperactivity Disorder, Depression, Depression and Anxiety, Development, Dopamine-Receptor Gene, Drug, Drug Use, Genetic, Illicit Drug-Use, Intervention, Molecular, Morbidity, Mortality, Muscarinic Acetylcholine-Receptor, Neurotrophic Factor BDNF, Oxidase-A Gene, Papers, Prevention, Research, Review, Risk, Risk Factors, Science, Serotonin, Serotonin Transporter Gene, Stress, Substance Use Disorders, Systematic, Systematic Review, Web of Science

? Boden, J.M. and Fergusson, D.M. (2011), Alcohol and depression. *Addiction*, **106** (5), 906-914.

Full Text: [2011\Addiction104, 906.pdf](2011/Addiction104,%20906.pdf)

Abstract: Aims To examine the literature on the associations between alcohol use disorders (AUD) and major depression (MD), and to evaluate the evidence for the existence of a caUSAl relationship between the disorders. Methods PsycInfo; PUBMED; Embase; Scopus; ISI Web of Science database searches for studies pertaining to AUD and MD from the 1980 to the present. Random-effects models were used to derive estimates of the pooled adjusted odds ratios (AOR) for the links between AUD and MD among studies reporting an AOR. Results the analysis revealed that the presence of either disorder doubled the risks of the second disorder, with pooled AORs ranging from 2.00 to 2.09. Epidemiological data suggest that the linkages between the disorders cannot be accounted for fully by common factors that influence both AUD and MD, and that the disorders appear to be linked in a caUSAl manner. Further evidence suggests that the most plausible caUSAl association between AUD and MD is one in which AUD increases the risk of MD, rather than vice versa. Potential mechanisms underlying these caUSAl linkages include neurophysiological and metabolic changes resulting from exposure to alcohol. The need for further research examining mechanisms of linkage, gender differences in associations between AUD and MD and classification issues was identified. Conclusions the current state of the literature suggests a caUSAl linkage between alcohol use disorders and major depression, such that increasing involvement with alcohol increases risk of depression. Further research is needed in order to clarify the nature of this caUSAl link, in order to develop effective intervention and treatment approaches.

Keywords: Alcohol, Alcohol Use Disorder, Analysis, Antisocial Personality, Binge Drinking, CaUSAlity, Chrm2 Gene, Controlled-Trial, Depression, Disorder, DSM-IV, Epidemiology, Gender, Intervention, Involvement, ISI, Literature, Literature Review, Major Depression, Major Depression, Mental-Health, Methods, Mood Disorders, National Epidemiologic Survey, PUBMED, Research, Risk, Science, Scopus, Substance Use Disorders, Treatment, Web of Science

? Vangeli, E., Stapleton, J., Smit, E.S., Borland, R. and West, R. (2011), Predictors of attempts to stop smoking and their success in adult general population samples: A systematic review. *Addiction*, **106** (12), 2110-2121.

Full Text: [2011\Addiction106, 2110.pdf](2011/Addiction106,%202110.pdf)

Abstract: Aims To identify the predictors of attempts to stop smoking and the predictors of quit attempt success in adult general population samples. Methods We performed an electronic search of EMBASE, Pubmed, Web of Science, PsychINFO and the Cochrane Tobacco Addiction Group specialized register for articles that examined, in prospective adult general population samples, predictors of quit attempts and the success of quit attempts. Experts were contacted for knowledge of other relevant studies. Eight studies met the inclusion criteria and results were extracted independently by two researchers. Results There was considerable methodological heterogeneity between studies. Motivational factors dominated the prediction of quit attempts, whereas only cigarette dependence consistently predicted success after an attempt had been made. Social grade also appeared to predict success but was only examined in two studies. None of the other socio-demographic factors consistently predicted making a quit attempt or success. Conclusions Population-level studies from a number of countries show that past quit attempts and measures of motivation to stop are highly predictive of quit attempts, whereas only measures of dependence are consistently predictive of success of those attempts. Gender, age and marital status and educational level are not related consistently to quit attempts or quit success across countries.

Keywords: 4 Country Survey, Abstinence, Addiction, Adult, Behaviors, Beliefs, Cessation, Cochrane, Embase, Gender, General Population, Itc 4-Country Survey, Knowledge, Methods, Motivation, Predictors, Quit Attempt Success, Quit Attempts, Quitting Findings, Relapse, Researchers, Review, Review of Observational Studies, Science, Smokers, Smoking, Success, Systematic, Systematic Review, Tobacco, Web of Science

? Zhou, X.Y., Qin, B., Del Giovane, C., Pan, J.X., Gentile, S., Liu, Y.Y., Lan, X.H., Yu, J. and Xie, P. (2015), Efficacy and tolerability of antidepressants in the treatment of adolescents and young adults with depression and substance use disorders: A systematic review and meta-analysis. *Addiction*, **110** (1), 38-48.

Full Text: [2015\Addiction110, 38.pdf](2015/Addiction110,%2038.pdf)

Abstract: AimsTo measure the effectiveness of antidepressants for adolescents and young adults with co-occurring depression and substance use disorder. Design, Setting and ParticipantsMeta-analysis of randomized controlled clinical trials. A comprehensive literature search of PubMed, Cochrane, Embase, Web of Science and PsychINFO was conducted (from 1970 to 2013). Prospective, parallel groups, double-blind, controlled trials with random assignment to an antidepressant or placebo on young patients (age25 years) who met diagnostic criteria of both substance use and unipolar depressive disorder were included. Five trials were selected for this analysis and included 290 patients. MeasurementsOur efficacy outcome measures were depression outcomes (dichotomous and continuous measures) and substance-use outcomes (change of frequency or quantity of substance-use). Secondary analysis was conducted to access the tolerability of antidepressant treatment. FindingsFor dichotomous depression outcome, antidepressants group was significantly more effective than placebo group [risk ratio (RR)=1.21; 95% confidence interval (CI) 1.01-1.45], with low heterogeneity (I-2=0%). Although no statistically significant effects for continuous depression outcome [standardized mean differences (SMD)=-0.13; 95% CI, -0.55 to 0.30] were found with moderate heterogeneity (I-2=63%), subgroup analysis showed that the medicine group with a sample size of more than 50 showed statistically significant efficacy compared with the placebo group (SMD -0.53, 95% CI -0.82 to -0.25). Moreover, there was no significant difference for substance-use outcomes and tolerability outcomes between the medication and placebo groups. ConclusionsAntidepressant medication has a small overall effect in reducing depression in young patients with combined depressive and substance-use disorders, but does not appear to improve substance use outcomes.

Keywords: Access, Adolescents, Alcohol-Use, Analysis, Antidepressant, Antidepressants, Clinical, Clinical Trials, Cognitive-Behavioral Therapy, Comorbid Depression, Confidence, Criteria, Dependence, Depression, Design, Diagnostic, Diagnostic Criteria, Double-Blind, Effectiveness, Effects, Efficacy, Fluoxetine, From, Groups, Heterogeneity, Interval, Literature, Literature Search, Major Depression, Major Depressive Disorder, Measure, Measures, Medicine, Meta Analysis, Meta-Analysis, Metaanalysis, Outcome, Outcome Measures, Outcomes, Patients, Placebo, Placebo-Controlled Trial, Prospective, Pubmed, Randomized, Randomized Controlled-Trial, Review, Sample Size, Science, Size, Small, Small Sample-Size, Substance Use, Substance Use Disorders, Systematic, Systematic Review, Treatment, Web, Web Of Science, Young, Young Adults

? Cheng, H.G., Deng, F., Xiong, W. and Phillips, M.R. (2015), Prevalence of alcohol use disorders in mainland China: A systematic review. *Addiction*, **110** (5), 761-774.

Full Text: [2015\Addiction110, 761.pdf](2015/Addiction110,%20761.pdf)

Abstract: AimsTo identify studies about the prevalence of alcohol use disorder (AUD) in mainland China, evaluate the quality of these studies and conduct a meta-analysis of the prevalence of AUD in China’s adult population and in population subgroups defined by sex, age and urban versus rural residency. MethodsRelevant studies published prior to January 2014 were identified from the following databases: China Knowledge Resource Integrated (CNKI), Wanfang, Pubmed, EmBase and Web of Science. A 16-item quality assessment inventory for epidemiological studies in mainland China was constructed to evaluate the methodological rigor of the studies. A total of 38 studies including 1304354 individuals were identified. Outcomes included current and life-time prevalence of AUD, alcohol dependence and alcohol abuse. ResultsThe pooled life-time and current prevalence of alcohol dependence were 1.4% [95% confidence interval (CI)=1.3, 1.5] and 1.5% (95% CI=1.2, 1.9). For males, pooled estimates of the current prevalence of alcohol dependence, alcohol abuse and AUD were 4.4 (95% CI=3.1, 5.7), 4.0 (95% CI=2.2, 5.7) and 10.1% (95% CI=4.7, 15.4), respectively; the corresponding values for females were all below 0.2, 0.1, and 0.1%. There was large between-study heterogeneity in the prevalence measures that was associated with sample size, the use of key informants and the use of substitute respondents. The quality of included studies was generally low. Higher-quality studies reported higher prevalence. ConclusionsAlcohol use disorder is an urgent public health problem in China, especially among males. When using high-quality studies, current and life-time prevalence estimates of alcohol dependence in China measure 2.2% and 3.7%, respectively, approaching those of the Netherlands, United States and other western countries.

Keywords: Abuse, Adult, Age, Alcohol, Alcohol Use, Alcohol Use Disorder, Aldehyde Dehydrogenase Genotypes, Assessment, China, Confidence, Constructed, Databases, Dependence, Disability, Drinking Behavior, Epidemiologic Survey, Estimates, Health, Health Problem, Heterogeneity, Informants, Interval, Inventory, Measure, Mental-Health, Meta-Analysis, Metaanalysis, Population, Prevalence, Public, Public Health, Public Health Problem, Quality, Quality Assessment, Quality Of, Residency, Review, Rural, Sample Size, Science, Sex, Size, Systematic Review, The Netherlands, Trials, United States, Urban, Web Of Science

# Title: Addictive Behaviors

Full Journal Title: Addictive Behaviors

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Edwards, S.A., Bondy, S.J., Callaghan, R.C. and Mann, R.E. (2014), Prevalence of unassisted quit attempts in population-based studies: A systematic review of the literature. *Addictive Behaviors*, **39** (3), 512-519.

Full Text: [2014\Add Beh39, 512.pdf](2014/Add%20Beh39,%20512.pdf)

Abstract: Aims: The idea that most smokers quit without formal assistance is widely accepted, however, few studies have been referenced as evidence. The purpose of this study is to systematically review the literature to determine what proportion of adult smokers report attempting to quit unassisted in population-based studies. Methods: A four stage strategy was used to conduct a search of the literature including searching 9 electronic databases (PUBMED, MEDLINE (OVID) (1948-), EMBASE (1947-), CINAHL, ISI Web of Science with conference proceedings, PsycINFO (1806-), Scopus, Conference Papers Index, and Digital Dissertations), the gray literature, online forums and hand searches. Results: A total of 26 population-based prevalence studies of unassisted quitting were identified, which presented data collected from 1986 through 2010, in 9 countries. Unassisted quit attempts ranged from a high of 95.3% in a study in Christchurch, New Zealand, between 1998 and 1999, to a low of 40.6% in a national Australian study conducted between 2008 and 2009. In 24 of the 26 studies reviewed, a majority of quit attempts were unassisted. Conclusions: This systematic review demonstrates that a majority of quit attempts in population-based studies to date are unassisted. However, across and within countries overtime, it appears that there is a trend toward lower prevalence of making quit attempts without reported assistance or intervention. (C) 2013 Elsevier Ltd. All rights reserved.

Keywords: Adult, Assistance, Attitudes, Australian, Conference, Conference Proceedings, Data, Databases, Digital, Dissertations, Embase, Evidence, Gray Literature, International Tobacco Control, Intervention, Isi, Isi Web of Science, Knowledge, Literature, Mar, Medline, Methods, New Zealand, Nicotine Replacement, Online, Population Based, Population-Based, Population-Based Studies, Predictors, Prevalence, Prevalence Studies, Psycinfo, Purpose, Quitting, Results, Review, Rights, Science, Scopus, Smokers, Smoking, Smoking-Cessation Treatments, Strategy, Systematic Review, Therapy, Trend, Unassisted Quit Attempts, United-States, Web of Science

# Title: Adicciones

Full Journal Title: [Adicciones](http://www.adicciones.es/numerospublicados_new.php)

ISO Abbreviated Title: Adicciones

JCR Abbreviated Title: Adicciones

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Miquel, L., Roncero, C., Lopez-Ortiz, C. and Casas, M. (2011), Epidemiological and diagnostic axis I gender differences in Dual Diagnosis patients. *Adicciones*, **23** (2), 165-172.

Full Text: [2011\Adicciones23, 165.pdf](2011/Adicciones23,%20165.pdf)

Abstract: Introduction: Dual diagnosis is the co-occurrence of a substance abuse disorder and a psychiatric condition. Gender has been found to be associated with differences in prevalence of mental disorders as well as outcome, prognosis and treatment-seeking. Material and Methods: Articles published in MEDLINE, Web of Science and Journal Citation Reports up to December 2009 that examined gender, prevalence and clinical characteristics of dual-diagnosis patients aged over 18 were reviewed. Conclusions: the distribution of Axis I disorders by gender is similar for dually diagnosed patients and single-disorder patients. The prevalence of psychotic and bipolar disorders is higher in men, whereas anxiety and affective disorders are more prevalent in women. Dually diagnosed females with psychotic disorders do not show better prognosis than men. Finally, polydrug use among dual-diagnosis individuals is more prevalent in males.

Keywords: Addiction, Aged, Alcohol-Use Disorders, Anxiety, Articles, Bipolar Disorder, Citation, Comorbid Anxiety Disorder, Diagnosis, Disorder, Dual Diagnosis, Gender, Initial Evaluation, Journal, Journal Citation Reports, Mental Disorders, Mental-Disorders, Methods, Outcome, Prevalence, Prognosis, Psychiatric Comorbidity, Risk-Factors, Science, Sex-Differences, Stress-Disorder, Substance Use Disorder, Substance Use Disorders, Web of Science, Women

? Gonzalez-Alcaide, G., Calafat, A. and Becona, E. (2014), Core research areas on addiction in Spain through the Web of Science bibliographic coupling analysis (2000-2013). *Adicciones*, **26** (2), 168-183.

Full Text: 2014\Adicciones26, 168.pdf

Abstract: The present study identifies the main Spanish core research areas in the area of addictions through the bibliographic coupling analysis of the publications at the Web of Science under the substance abuse heading. The bibliographic coupling methodology is the analytical procedure that determines the thematic-intellectual proximity of the documents under consideration through the identification of the shared or simultaneously cited bibliography by those documents. A factor analysis and network analysis have been carried out to cluster documents, graphically represent the existing core research areas, and analyse the interrelations between them. We have identified 30 core research areas. Alcohol is the topic of attention of 17 areas and cocaine has a strong presence in 6. Heroin and opiates are only present as prominent substances in 4 areas and cannabis and tobacco in other two for each substance. It has been found that there is a significant degree of fragmentation in the area, with the existence of numerous research foci but with few connections with each other and few documents showing shared common knowledge. Also noteworthy is the large number of emerging research areas, reflecting an incipient stage in many of the research topics. Consideration must be placed in promoting scientific consensus and cohesion of the discipline as well as to encouraging the consolidation of main lines that respond to the social problems and research challenges.

Keywords: Abuse, Addiction, Alcohol, Analysis, Attention, Bibliographic, Bibliographic Coupling, Bibliography, Bibliometrics, Cannabis, Citation, Cluster, Cocaine, Cocitation, Consensus, Documents, Factor Analysis, Field, Fragmentation, Identification, Intellectual Structure, Knowledge, Methodology, Network, Network Analysis, Procedure, Publications, Research, Research Areas, Research-Front, Science, Social, Spain, Substance Abuse, Tobacco, Topic, Web Of Science

# Title: Adult Education Quarterly

Full Journal Title: Adult Education Quarterly

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Rachal, J.R. and Sargent, S.F. (1995), Publication productivity of North-American institutions in selected adult-education journals, 1983-1992. *Adult Education Quarterly*, **45** (2), 63-78.

Full Text: [1995\Adu Edu Qua45, 63.pdf](1995/Adu%20Edu%20Qua45,%2063.pdf)

Abstract: Although publication productivity studies have been conducted in several other disciplines, no previous research has specifically examined institutional productivity in the field of adult education. The Commission of Professors of Adult Education was surveyed to determine the top journals in the field. The five journals emerging from the survey were each examined issue by issue for the ten-year period 1983-1992 to determine institutional affiliation of contributing authors. Institutional rankings for the composite five journals for the total period and each of the two five-year periods were determined by awarding credit to the authors’ institutions based on authorship order. Separate productivity rankings were determined for Adult Education Quarterly alone. In the composite of the five journals, Northern Illinois, British Columbia and Georgia (tie), Pennsylvania State, and Rutgers were the top five most productive institutions for the overall ten-year period on this one measure of program quality.

Keywords: Adult, Affiliation, Authors, Authorship, Education, Institutions, Journals, Productivity, Professors, Psychological-Association, Publication, Publication Productivity, Quality, Rankings, Research, Survey

? Mott, V.W. (2011), My word! Plagiarism and college culture. *Adult Education Quarterly*, **61** (2), 201-203.

Full Text: [2011\Adu Edu Qua61, 201.pdf](2011/Adu%20Edu%20Qua61,%20201.pdf)

Keywords: Plagiarism

? Fejes, A. and Nylander, E. (2014), The anglophone international(e): A bibliometric analysis of three *Adult Education Journals*, 2005-2012. *Adult Education Quarterly*, **64** (3), 222-239.

Full Text: [2014\Adu Edu Qua64, 222.pdf](2014/Adu%20Edu%20Qua64,%20222.pdf)

Abstract: Research funding, promotions, and career trajectories are currently increasingly dependent on the emerging economy of publications and citations across the globe. Such an economy encourages scholars to publish in international journals that are indexed in databases such as Scopus and Web of Science. These developments place an increased emphasis on the question of who is allowed to publish in the journals listed there and whose research counts as valuable. Based on bibliographic data from articles submitted to three main journals in the field of adult education research between 2005 and 2012, we scrutinize the extent to which the emerging economy of publications and citations is dependent on national and regional boundaries. Our results show how four Anglophone countries dominate the field in relation to both published articles and the share of most cited articles and where the publication pattern of these authors are national and regional rather than international.

Keywords: Adult, Adult Education Research, Analysis, Articles, Authors, Bibliographic, Bibliometric, Bibliometric Analysis, Bibliometrics, Boundaries, Citations, Data, Databases, Economy, Economy Of Publications And Citations, Education, Field, From, Funding, International, Journals, Main Journals, Most Cited Articles, Pattern, Publication, Publications, Published Articles, Regional, Research, Research Funding, Science, Scopus, Web Of Science

# Title: Advanced Drug Delivery Reviews

Full Journal Title: [Advanced Drug Delivery Reviews](http://www.sciencedirect.com/science/journal/0169409X)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Peppas, N.A. (2012), An introduction to the most cited papers in the history of *Advanced Drug Delivery Reviews* (1987-2012). *Advanced Drug Delivery Reviews*, **64**, 1-3.

Full Text: [2012\Adv Dru Del Rev64, 1.pdf](2012/Adv%20Dru%20Del%20Rev64,%201.pdf)

Keywords: Biomedical Applications, Block-Copolymer Micelles, Cancer-Therapy, Design, Drug, History, Hydrogels, Nanoparticles, Papers, Release, Systems

# Title: Advanced Engineering Materials

Full Journal Title: [Advanced Engineering Materials](http://www3.interscience.wiley.com/journal/67500980/toc)

ISO Abbrev. Title: Adv. Eng. Mater.

JCR Abbrev. Title: Adv Eng Mater

ISSN: 1438-1656

Issues/Year: 12

Language: English

Journal Country/Territory: Germany

Publisher: Wiley-V C H Verlag Gmbh

Publisher Address: Po Box 10 11 61, D-69451 Weinheim, Germany

Subject Categories:

Materials Science, Multidisciplinary: Impact Factor 1.761, 61/212 (2009)

? (2001), AEM top-articles. *Advanced Engineering Materials*, **3** (12), 944.

Full Text: Adv Eng Mat3, 944.pdf

? (2002), AEM top-articles 2002. *Advanced Engineering Materials*, **4** (9), 650.

Full Text: Adv Eng Mat4, 650.pdf

? (2003), Top articles 2003. *Advanced Engineering Materials*, **5** (8), 537.

Keywords: Articles

Full Text: Adv Eng Mat5, 537.pdf

? (2005), Top articles 2005. *Advanced Engineering Materials*, **7** (10), 874.

Keywords: Articles

Full Text: Adv Eng Mat7, 874.pdf

# Title: Advanced Materials

Full Journal Title: [Advanced Materials](http://www3.interscience.wiley.com/cgi-bin/jhome/109614369)

ISO Abbreviated Title: Adv. Mater.

JCR Abbreviated Title: Adv Mater

ISSN: 0935-9648

Issues/Year: 24

Journal Country/Territory: United States

Language: English

Publisher: Wiley-V C H Verlag Gmbh

Publisher Address: PO BOX 10 11 61, D-69451 Berlin, Germany

Subject Categories:

Materials Science, Multidisciplinary: Impact Factor

Notes: TTopic

? Gregory, P. (1996), The impact of interdisciplinary materials science. *Advanced Materials*, **8** (3), 201-202.

Full Text: [1996\Adv Mat8, 201.pdf](1996/Adv%20Mat8,%20201.pdf)

Abstract: Essay: How ‘hot’ is published research? the Institute of Scientific Information (ISI), an independent organization from the USA, follows the citation behavior of scientists on a regular basis. Which journals do they cite? How often? Which journals are cited the most? Which papers in which journals are cited immediately on publication? the ISI has recently published its evaluation for 1994. The performance of Advanced Materials is discussed.

? Gao, S., Wu, K. and Liu, Z.F. (2010), Chemistry at play in materials science: the centennial celebration of chemistry at Peking University. *Advanced Materials*, **22** (13), 1428-1429.

Full Text: [2010\Adv Mat22, 1428.pdf](2010/Adv%20Mat22,%201428.pdf)

? Zhang, X. (2011), Chemistry and physics at play in materials science: the centennial celebration of Tsinghua University. *Advanced Materials*, **23** (9), 1042-1043.

Full Text: [2011\Adv Mat23, 1042.pdf](2011/Adv%20Mat23,%201042.pdf)

# Title: Advances in Anatomic Pathology

Full Journal Title: Advances in Anatomic Pathology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Fisher, C. (2006), Epithelioid sarcoma of Enzinger. *Advances in Anatomic Pathology*, **13** (3), 114-121.

Full Text: [2006\Adv Ana Pat13, 114.pdf](2006/Adv%20Ana%20Pat13,%20114.pdf)

Abstract: Epithelioid sarcoma was named in 1970 in a classic paper by Enzinger, who expanded the observations in a larger series in 1985. He defined a sarcoma with a peak incidence in young adult males and a predilection for extremities, involving subcutis or deeper tissue and extending along tendon sheaths or aponeuroses. The tumor forms nodules with central necrosis surrounded by bland polygonal cells with eosinophilic cytoplasm and peripheral spindling. Fibromalike, angiomatoid, and proximal aggressive variants (with larger cells, prominent nuceloi, and rhabdoid change) have since been described. Epithelioid sarcomas regularly express vimentin, cytokeratins, and epithelial membrane antigen, and about half are positive for CD34, but a wide range of other antigens can be expressed. S 100 protein, desmin, and FLI-1 are usually negative. The ultrastructure displays epithelial and mesenchymal features including myofibroblastic differentiation. There are no specific genetic findings but several cases display chromosomal abnormalities in the 22q region. The tumor has no normal cellular counterpart and differs from both synovial sarcoma and carcinoma. There is a wide differential diagnosis from numerous benign and malignant conditions, including granuloma annulare, melanoma, and epithelioid vascular neoplasms. Epithelioid sarcoma has a high recurrence rate, which can be reduced by adequate surgery, and up to 40% metastasize, to regional lymph nodes, to lung, and other locations including scalp. Adverse prognostic factors include large size, male sex, older age, necrosis, vascular invasion, rhabdoid cytomorphology, and inadequate excision. Thirty-six years after Enzinger’s original account, epithelioid sarcoma remains a clinically and pathologically distinct, indolent but aggressive sarcoma of indeterminate lineage.

Keywords: Adult, Age, CD34, Cytogenetic Characterization, Diagnosis, Differential Diagnosis, Differential-Diagnosis, Differentiation, Epithelioid, Expression, Features, Forms, Genetic, Immunohistochemical Analysis, Incidence, Keratin, Lung, Male, Malignant Rhabdoid Tumor, Melanoma, Membrane, Necrosis, Neoplasms, Normal, Prognostic, Prognostic Factors, Protein, Recurrence, Region, Regional, S-100, Sarcoma, Scalp, Sex, Size, Soft Tissue Sarcoma, Soft-Tissue Sarcoma, Surgery, Synovial Sarcoma, Tumor, Ultrastructure, Young Adult

# Title: Advances in Atmospheric Sciences

Full Journal Title: [Advances in Atmospheric Sciences](http://www.springerlink.com/content/119821/?p=0a918f17398345d4b28a8fe84cb48311&pi=0)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Wu, G.X., Wang, H.J. and Zhang, D.L. (2008), Advances in atmospheric sciences: A featured journal from Essential Science Indicators (reprinted from ScienceWatch.com). *Advances in Atmospheric Sciences*, **25** (5), 705-708.

Full Text: [2008\Adv Atm Sci25, 705.pdf](2008/Adv%20Atm%20Sci25,%20705.pdf)

Keywords: Air Chemistry, Article Downloads, Atmospheric Sciences, Chinese Journals, Climate Dynamics, Indicators, Journal, Marine Meteorology, Meteorology-Associated Geophysics, Publisher Collaborations, Remote Sensing, Satellite Meteorology, Science, Weather Systems

? Shi, A.L. and Leydesdorff, L. (2011), What do the cited and citing environments reveal about advances in atmospheric physics? *Advances in Atmospheric Sciences*, **28** (1), 238-244.

Full Text: [2011\Adv Atm Sci28, 238.pdf](2011/Adv%20Atm%20Sci28,%20238.pdf)

Abstract: the networking status of journals reflects their academic influence among peer journals. This paper analyzes the cited and citing environments of this journal, Advances in Atmospheric Sciences (Adv. Atmos. Sci.), using methods from social network analysis. Since its initial publication, Adv. Atmos. Sci. has been actively participating in the international journal environment and international journals are frequently cited in Adv. Atmos. Sci. Particularly, this journal is intensely interrelated with its international peer journals in terms of their similar citing patterns. The international influence of Adv. Atmos. Sci. is comparatively bigger than other Chinese SCI journals in atmospheric sciences as reflected by total cites to Adv. Atmos. Sci. and the total number of international journals citing it. The academic visibility of Adv. Atmos. Sci. is continuing to improve in the international research community as the number of reference citation it receives in its peer journals internationally increases over time.

Keywords: Advances in Atmospheric Sciences, Chinese Journal, Citation, Cited Environment, Citing Environment, Environment, Exercise, Journal, Journal Networking, Journals, Publication, Research, SCI, Scientific Journals, Social Network Analysis, Visibility

# Title: Advances in Classification Research

Full Journal Title: Advances in Classification Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ruiz, M.E. and Srinivasan, P. (1998), Automatic text categorization using neural networks. *Advances in Classification Research*, **8**, 59-72.

Full Text: [1998\Adv Cla Res8, 59.pdf](1998/Adv%20Cla%20Res8,%2059.pdf)

Abstract: This paper presents the results obtained from a series of experiments in automatic text categorization of MEDLINE articles. The main goal of this research is to build neural networks and to train them in assigning MeSH phrases based on term frequency of single words from title and abstract. The experiments compare the performance of a counterpropagation network against a backpropagation neural network. Results obtained by using a set of 2,344 MEDLINE documents are presented and discussed.

Keywords: Classification, MEDLINE, Research, Retrieval

# Title: Advances in Climate Change Research

Full Journal Title: [Advances in Climate Change Research](http://www.climatechange.cn/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Li, S.S., Hong, S. and Liu, X.J. (2011), World climate change research trends. *Advances in Climate Change Research*, **7** (1), 73-76.

Full Text: [2011\Adv Cli Cha Res7, 73.pdf](2011/Adv%20Cli%20Cha%20Res7,%2073.pdf)

# Title: Advances in Complex Systems

Full Journal Title: Advances in Complex Systems

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Krapivin, M., Marchese, M. and Casati, F. (2010), Exploring and understanding citation-based scientific metrics. *Advances in Complex Systems*, **13** (1), 59-81.

Full Text: [2010\Adv Com Sys13, 59.pdf](2010/Adv%20Com%20Sys13,%2059.pdf)

Abstract: This paper explores citation-based metrics, how they differ in ranking papers and authors, and why. We initially take as example three main metrics that we believe significant; the standard citation count, the more and more popular h-Index, and a variation we propose of PageRank applied to papers (called PaperRank), that is appealing as it mirrors proven and successful algorithms for ranking web pages. As part of analyzing them, we develop generally applicable techniques and metrics for qualitatively and quantitatively analyzing indexes that evaluate content and people, as well as for understanding the causes of their different behaviors. Finally, we extend the analysis to other popular indexes, to show whether the choice of the index has a significant effect in how papers and authors are ranked. We put the techniques at work on a dataset of over 260 K ACM papers, and discovered that the difference in ranking results is indeed very significant (even when restricting to citation-based indexes), with half of the top-ranked papers differing in a typical 20-element long search result page for papers on a given topic, and with the top researcher being ranked differently over half of the times in an average job posting with 100 applicants.

Keywords: Citation, Citation Analyses, Citation Count, h Index, h-Index, Metrics, Pagerank, Scientometrics, Techniques, Topic, Web Pages

# Title: Advances in Consumer Research

Full Journal Title: [Advances in Consumer Research](http://weblinks3.epnet.com/authHjafDetail.asp?tb=1&_ua=bo+B%5F+db+pbhjnh+bt+ID++ACR+3FE1&_ug=sid+2730F771%2D4B76%2D462A%2DABA0%2DEC5FC2F0FEC2%40sessionmgr2+dbs+pbh+0329&_us=hd+True+sm+ES+4DBA&_uso=st%5B0+%2DID++ACR+tg%5B0+%2D+db%5B0+%2Dpbh+op%5B0+)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

Phillips, D.M., Baumgartner, H. and Pieters, R. (1999), Influence in the evolving citation network of the *Journal of Consumer Research*. *Advances in Consumer Research*, **26**, 203-210.

Full Text: [1999\Adv Con Res26, 203.pdf](1999/Adv%20Con%20Res26,%20203.pdf)

Abstract: We report a bibliometric study of 27 journals with which the Journal of Consumer Research (JCR) has had significant communication links over the 12-year period 1982 to 1993. Two issues that have not been considered in previous citation studies in marketing are addressed: how influential are journals, and how does influence evolve over time? the analyses indicate that a small set of marketing and psychology journals wields a disproportionate amount of influence and that the influence of marketing journals is almost entirely confined to the marketing field. Longitudinal analyses show substantial stability in the network over the 12-year period, although JCR has clearly increased in influence

Keywords: Bibliometric, Citation, Index, Journals, Research

# Title: Advances in Data Analysis and Classification

Full Journal Title: Advances in Data Analysis and Classification

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Chen, M.L., Wang, H.W. and Qin, Z.F. (2015), Principal component analysis for probabilistic symbolic data: A more generic and accurate algorithm. *Advances in Data Analysis and Classification*, **9** (1), 59-79.

Full Text: [2015\Adv Dat Ana Cla9, 59.pdf](2015/Adv%20Dat%20Ana%20Cla9,%2059.pdf)

Abstract: In the symbolic data framework, probabilistic symbolic data are considered as those whose components are random variables with general probability distributions. Intervals (or uniform distributions), histograms (or empirical distributions), Gaussian distribution and Chi-squared distribution are all the special cases of them. The existing approaches devoted to the subject have a common shortcoming since they can not obtain the distributions of linear combinations (i.e., principal components) of random variables especially for not identically distributed ones. This paper will overcome the shortcoming by providing an exact probability density function for each principal component by using the inversion theorem. Further, the paper defines a covariance matrix for probabilistic symbolic data and presents a new principal component analysis based on this variance-covariance structure. The effectiveness of the proposed method is illustrated by a simulated numerical experiment, and two real-life cases including clustering of oils and fats data, and evaluation of indexed journals of Science Citation Index.

Keywords: Algorithm, Analysis, Characteristic Function, Citation, Clustering, Data, Density, Distributed, Distribution, Effectiveness, Evaluation, Experiment, Framework, Function, General, Interval-Valued Data, Inversion, Journals, Mar, Matrix, Principal Component Analysis, Probabilistic Symbolic Data, Probability, Science, Science Citation Index, Si, Structure, Symbolic Data

# Title: Advances in Earth Science

Full Journal Title: [Advances in Earth Science](http://e29.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=DXJZ&NaviLink=%e5%9c%b0%e7%90%83%e7%a7%91%e5%ad%a6%e8%bf%9b%e5%b1%95)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1001-8166

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Zhang, Z., Xu, X.F., Wang, W.D., Wang, X.C., Zhang, H.G., Leng, C.X. and Hu, X. (2006), A bibliometric analysis on the priority areas in atmospheric sciences. *Advances in Earth Science*, **21** (7), 757-762.

Full Text: [2006\Adv Ear Sci21, 757.pdf](2006/Adv%20Ear%20Sci21,%20757.pdf)

Abstract: Based on the survey of the domestic organizations in atmospheric sciences and the related areas, as well as the recent papers of international and Chinese journals of atmospheric sciences, a bibliometric analysis on priority areas in atmospheric sciences ismade. The study is conducted from 4 different aspects: domestic basis, national research hot issues, international hot issues and domestic demand. The sequence of the distinct atmospheric fields is collated by assigningweight based on various policy preferences. The analysis shows thatwhether the basic research or the applied research is emphasized, more returnsmay be obtained by giving priorities to weathermodification and the atmospheric physics. When scientific hot topics and the scientific frontiers are focused, we may acquire greater research achievements as climate system and global change, weather dynamics and weather forecast being given priorities. Giving priorities to comp rehensive sounding system and atmospheric chemistry may bring more benefitswhen development demand and the scientific frontiers are stressed. The results provide abasis for better understanding the development situation of atmospheric sciences in China, establishing medium and long term strategies of atmospheric sciences, as well as develop ing p riority strategies for 11th five year plan.

Keywords: Atmospheric Sciences, Priority Areas, Bibliometric Analysis

# Title: Advances in Gerontology

Full Journal Title: Advances in Gerontology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Anisimov, V.N. (2007), [Ten year jubilee of the journal “Advances in Gerontology”]. *Advances in Gerontology*, **20** (4), 9-15.

Abstract: the article presents the report of the editorial board of the journal “Advances in Gerontology” devoted to 10th anniversary since the first publication. Analysis of character of the articles printed during last 5 years has been given, including their distribution by geography, departmental membership, and science themes. Geographic widening of the publications, increasing of number of institutions delivering the articles and of number of articles as well as number of the authors has been shown. These showings are the evidence of the fact that gerontology attracts more and more attention of the specialists.

Keywords: Evidence, First, Gerontology, Institutions, Journal, Publication, Publications, Science

# Title: Advances in Knowledge Discovery and Data Mining, Proceedings

Full Journal Title: Advances in Knowledge Discovery and Data Mining, Proceedings

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Qian, T.Y., Srivastava, J., Peng, Z.Y. and Sheu, P.C.Y. (2009), Simultaneously finding fundamental articles and new topics using a community tracking method. *Advances in Knowledge Discovery and Data Mining, Proceedings*, **5476**, 796-803.

Abstract: In this paper, we study the relationship between fundamental articles and new topics and present a new method to detect recently formed topics and its typical articles simultaneously. Based on community partition, the proposed method first identifies the emergence of a new theme by tracking the change of the community where the top cited nodes lie. Next, the paper with a high citation number belonging to this new topic is recognized as a fundamental article. Experimental results on real dataset show that our method can detect new topics with only a subset of data in a timely manner, and the identified papers for these topics are found to have a long lifespan and keep receiving citations in the future.

Keywords: Citation, Citations, Community Tracking, Fundamental Article Finding, New Topic Identification

# Title: Advances in Management of Technology

Full Journal Title: Advances in Management of Technology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Wang, J. and Huang, L.C. (2008), The future of the technology management: Intelligent management. *Advances in Management of Technology, Pt 1*, 318-322.

Abstract: Technology is very important for both enterprises and organizations. Products and services are often on the base of the technology and technology is used in manufacturing, administration, sales, distribution etc. Research has shown a clear correlation between investment in technological development and competitive performance. Enterprises and organizations are putting more money into the technology, how to use a set of methods and tools to manage the technology is becoming more important. This paper presents some definitions of technology management, defines the technology management tool, lists some technology management tools and distinguishes between the technology management method and technology management tool. Technology management methods, which are based on data, are programs, rules and projects; together with technology management tools, it can solve the problem of the technology development and technology application. From bibliometrics to computer, this article also summarily describes the evolution of technology management method. Technology management is a complex process, which includes a lot of different qualitative and quantitative analysis. An effective technology management system contains a set of methods and tools; it must solve two key questions. At last, the paper has discussed the future of the technology management, focusing specifically on two technical problems: intelligence and integration.

Keywords: Bibliometrics, Development, Integration, Intelligence, Management, Quantitative Analysis, Research, System, Technology, Technology Management Method, Technology Management Tool, Tools

? Deng, B., Shao, P.J. and Zhao, D. (2008), Analysis on the current situations of data mining pplications in the telecommunications industry in China (2000-2007). *Advances in Management of Technology, Pt 2*, 728-732.

Abstract: Data mining is increasingly popular because of the substantial contribution it can make. In China, many scholars pay more attention to the effective application-oriented data mining research. This study reviews the relevant literatures on data mining applications in the telecommunications industry from 2000 to 2007 in China. With the method of bibliometric analysis makes a statistical analysis on literatures from the perspectives of time distribution, research methods, research topics, and research techniques. This paper concludes data mining in the telecommunications industry research topics and applies research characteristic in China. With the overseas research situation contrast, this paper makes some suggestions on the improvement of data mining applications in China.

Keywords: Bibliometric, Bibliometric Analysis, Data Mining, Research, Research Topics, Retention, Telecommunications Industry

# Title: Advances in Meditation Research: Neuroscience and Clinical Applications

Full Journal Title: Advances in Meditation Research: Neuroscience and Clinical Applications

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Gard, T., Holzel, B.K. and Lazar, S.W. (2014), The potential effects of meditation on age-related cognitive decline: A systematic review. *Advances in Meditation Research: Neuroscience and Clinical Applications*, **1307**, 89-103.

Full Text: [2014\Adv Med Res Neu Cli App1307, 89.pdf](2014/Adv%20Med%20Res%20Neu%20Cli%20App1307,%2089.pdf)

Abstract: With a rapidly aging society it becomes increasingly important to counter normal age-related decline in cognitive functioning. Growing evidence suggests that cognitive training programs may have the potential to counteract this decline. On the basis of a growing body of research that shows that meditation has positive effects on cognition in younger and middle-aged adults, meditation may be able to offset normal age-related cognitive decline or even enhance cognitive function in older adults. In this paper, we review studies investigating the effects of meditation on age-related cognitive decline. We searched the Web of Science (1900 to present), PsycINFO (1597 to present), MEDLINE (1950 to present), and CABI (1910 to present) to identify original studies investigating the effects of meditation on cognition and cognitive decline in the context of aging. Twelve studies were included in the review, six of which were randomized controlled trials. Studies involved a wide variety of meditation techniques and reported preliminary positive effects on attention, memory, executive function, processing speed, and general cognition. However, most studies had a high risk of bias and small sample sizes. Reported dropout rates were low and compliance rates high. We conclude that meditation interventions for older adults are feasible, and preliminary evidence suggests that meditation can offset age-related cognitive decline.

Keywords: Age-Related, Aging, Attention, Bias, Cognition, Cognitive Function, Compliance, Context, Dropout, Effects, Evidence, Function, General, Interventions, Medline, Memory, Normal, Potential, Psycinfo, Randomized, Randomized Controlled Trials, Rates, Research, Review, Risk, Science, Small, Society, Systematic Review, Techniques, Training, Web of Science

# Title: Advances in Meteorology

Full Journal Title: Advances in Meteorology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Che, T., Xiao, L. and Liou, Y.A. (2014), Changes in glaciers and glacial lakes and the identification of dangerous glacial lakes in the Pumqu River Basin, Xizang (Tibet). *Advances in Meteorology*, Article Number: 903709.

Full Text: [2014\Adv Met903709.pdf](2014/Adv%20Met903709.pdf)

Abstract: Latest satellite images have been utilized to update the inventories of glaciers and glacial lakes in the Pumqu river basin, Xizang (Tibet), in the study. Compared to the inventories in 1970s, the areas of glaciers are reduced by 19.05% while the areas of glacial lakes are increased by 26.76%. The magnitudes of glacier retreat rate and glacial lake increase rate during the period of 2001-2013 are more significant than those for the period of the 1970s-2001. The accelerated changes in areas of the glaciers and glacial lakes, as well as the increasing temperature and rising variability of precipitation, have resulted in an increased risk of glacial lake outburst floods (GLOFs) in the Pumqu river basin. Integrated criteria were established to identify potentially dangerous glacial lakes based on a bibliometric analysis method. It is found, in total, 19 glacial lakes were identified as dangerous. Such finding suggests that there is an immediate need to conduct field surveys not only to validate the findings, but also to acquire information for further use in order to assure the welfare of the humans.

Keywords: Alps, Analysis, Basin, Bibliometric, Bibliometric Analysis, Changes, Criteria, Field, Floods, Glaciers, Hazards, Humans, Information, Lake, Lakes, Nepal, Outburst Floods, Precipitation, Risk, River, River Basin, River-Basin, Surveys, Temperature, Variability, Welfare

# Title: Advances in Physiology Education

Full Journal Title: [Advances in Physiology Education](http://advan.physiology.org/contents-by-date.0.shtml)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Benos, D.J., Fabres, J., Farmer, J., Gutierrez, J.P., Hennessy, K., Kosek, D., Lee, J.H., Olteanu, D., Russell, T., Shaikh, F. and Wang, K. (2005), Ethics and scientific publication. *Advances in Physiology Education*, **29** (2), 59-74.

Full Text: [2005\Adv Phy Edu29, 59.pdf](2005/Adv%20Phy%20Edu29,%2059.pdf)

Abstract: This article summarizes the major categories of ethical violations encountered during submission, review, and publication of scientific articles. We discuss data fabrication and falsification, plagiarism, redundant and duplicate publication, conflict of interest, authorship, animal and human welfare, and reviewer responsibility. In each section, pertinent historical background and citation of relevant regulations and statutes are provided. Furthermore, a specific case(s) derived from actual situations is (are) presented. These cases were chosen to highlight the complexities that investigators and journals must face when dealing with ethical issues. A series of discussion questions follow each case. It is our hope that by increasing education and awareness of ethical matters relevant to scientific investigation and publication, deviations from appropriate conduct will be reduced.

Keywords: Plagiarism, Redundant, Falsification, Conflict of Interest, Fabrication, Conflicts-of-Interest, Duplicate Publication, Authorship, Impact

? Raff, H. (2005), Using classic papers to teach physiology. *Advances in Physiology Education*, **29** (3), 138.

Full Text: [2005\Adv Phy Edu29, 138.pdf](2005/Adv%20Phy%20Edu29,%20138.pdf)

? McGeown, J.G. (2006), Passing on the legacy: Teaching capillary filtration and developing presentation skills using classic papers. *Advances in Physiology Education*, **30** (3), 108-112.

Full Text: [2006\Adv Phy Edu30, 108.pdf](2006/Adv%20Phy%20Edu30,%20108.pdf)

Abstract: Capillary filtration is a key area in the understanding of cardiovascular function and has both physiological and pathophysiological relevance in nearly every organ system. This article describes how classic papers in the Legacy collection of American Physiological Society publications can be used in a teaching symposium exploring the evidence supporting current concepts of capillary fluid exchange. Individual students are given papers to read, edit, and present to the class. The appropriate selection and sequencing of these papers allows the development of important physiological concepts to be tracked. A series of papers concerned with capillary filtration is suggested, and the contribution of each to the developing story is outlined. This approach allows students to develop critical and presentation skills and provides them with a case study of the scientific method as it is applied to physiology as well as establishing an appropriate knowledge base concerning the role of hydrostatic and oncotic forces in capillary fluid exchange. Relevant teaching points are explored further using questions based on a figure from one of the three classic papers used: “Microinjection studies of capillary permeability: II. The relationship between capillary pressure and the rate at which fluid passes through the walls of single capillaries,” by E. M. Landis (Am J Physiol 82: 217 - 238, 1927).

Keywords: Teaching Methods, Oncotic Pressures, Frog Mesentery, Microinjection

# Title: Advances in Psychological Science

Full Journal Title: [Advances in Psychological Science](http://e45.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=XLXD&NaviLink=%e5%bf%83%e7%90%86%e7%a7%91%e5%ad%a6%e8%bf%9b%e5%b1%95)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Liu, Z.Y. and Li, L.Y. (2007), Quantitative analysis on literatures of self-disclosure in SSCI. *Advances in Psychological Science*, **15** (3), 476-481.

Full Text: [2007\Adv Psy Sci15, 476.pdf](2007/Adv%20Psy%20Sci15,%20476.pdf)

Abstract: Based on bibliometric approach, the authors make a statistical analysis of the literatures on self-disclosure from 1975 to 2005 in SSCI, and reveal the main subject areas, sources, researchers and development trends in this specific research area, especially those of the 38 domestic academic papers by experts from Hongkong, Taiwan and China mainland, which focus on the influence of Chinese culture and on some similar hot issues, research subjects, and methods compared with the foreign studies. From the perspec...

Keywords: Self-Disclosure, SSCI, Bibliometric Analysis

# Title: Aesthetic Plastic Surgery

Full Journal Title: Aesthetic Plastic Surgery

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ferreira, L.M., Hochman, B., Locali, R.F. and Rosa-Oliveira, L.M.Q. (2006), A stratigraphic approach to the superficial musculoaponeurotic system and its anatomic correlation with the superficial fascia. *Aesthetic Plastic Surgery*, **30** (5), 549-552.

Full Text: [2006\Aes Pla Sur30, 549.pdf](2006/Aes%20Pla%20Sur30,%20549.pdf)

Abstract: the superficial musculoaponeurotic system (SMAS) is not included in the International Anatomic Terminology, although it is a fundamental anatomical structure in plastic surgeons. In the literature, the concept of the SMAS is not clear, leading to repercussions in the treatment of the SMAS via the various techniques for rhytidoplasty. This review article, in its aim to conceptualize the SMAS, has as a referential parameter the basic stratigraphic pattern of the human body construction. A systematic review of the literature was performed through MEDLINE, ISI-Web of Science, and Lilacs databases as well as through classical treatises of anatomy for analyses of the stratigraphic principle of SMAS and its relationship to the fascia. In fact, SMAS, an anatomic entity, is part of this construction model. The stratigraphic approach followed in this article to describe the SMAS is novel in the literature and allows for a unified anatomic understanding of SMAS for the scientific community.

Keywords: Anatomy, Databases, Face, Face, Human, Literature, Model, Nose, Review, Science, Smas, Subcutaneous Tissue, Superficial Musculo-Aponeurotic System, Surgery, Surgical Anatomy, Systematic, Systematic Review, Treatment, Vectors, Viscoelastic Properties

? Momeni, A., Becker, A., Torio-Padron, N., Iblher, N., Stark, G.B. and Bannasch, H. (2008), Nipple reconstruction: Evidence-based trials in the plastic surgical literature. *Aesthetic Plastic Surgery*, **32** (1), 18-20.

Full Text: [2008\Aes Pla Sur32, 18.pdf](2008/Aes%20Pla%20Sur32,%2018.pdf)

Abstract: Although many technical descriptions of nipple reconstruction exist in the medical literature, insufficient evidence-based data are present about the outcome. This study aimed to identify randomized controlled trials (RCTs) and controlled clinical trials (CCTs) in the plastic surgical literature addressing nipple reconstruction, and to elucidate whether a hand search was superior to an extensive database search in retrieving all pertinent studies. The hand search included analysis of all “original articles” published in four of the leading plastic surgery journals from January 1990 to December 2005, with subsequent identification of RCTs and CCTs. Additionally, a computerized search was conducted including the following databases: PUBMED, Web of Science, and Evidence-Based Medicine Reviews. From a total of 10,476 published original articles in four plastic surgery journals over a 16-year period, only one RCT was identified that addressed nipple reconstruction. The database search, however, retrieved two trials: the RCT identified by hand search and one CCT. The impact of nipple reconstruction is well described in the literature. However, it is astonishing that the plastic surgical literature lacks evidence-based trials addressing this issue. Clearly, more evidence-based trials are necessary to ensure that recommendations for a particular technique are based on solid scientific data.

Keywords: Analysis, Areola Complex, Clinical Trials, Controlled Clinical Trials, Databases, Evidence-Based Medicine, Flap, Impact, Journals, Literature, Medical, Nipple Reconstruction, Outcome, Projection, PUBMED, Randomized Controlled Trials, Science, Surgery, Surgical, Web of Science

? Joyce, C.W., Joyce, K.M., Kelly, J.C., Kelly, J.L., Carroll, S.M. and Sugrue, C. (2015), An analysis of the “classic” papers in aesthetic surgery. *Aesthetic Plastic Surgery*, **39** (1), 8-16.

Full Text: [2015\Aes Pla Sur39, 8.pdf](2015/Aes%20Pla%20Sur39,%208.pdf)

Abstract: Over the past 50 years, there has been a significant increase in published articles in the medical literature. The aesthetic surgery literature is vast, consisting of a plethora of diverse articles written by a myriad of illustrious authors. Despite this considerable archive of published material, it remains nebulous as to which precise papers have had the greatest impact on our specialty. The aim of our study was to identify and analyse the characteristics of the top 50 papers in the field of aesthetic surgery in the published literature. The 50 most cited papers were identified in several surgical journals through the Web of Science. The articles were ranked in order of the number of citations received. These classic 50 papers were analysed for article type, their journal distribution, level of evidence as well as geographic and institutional origin. Six journals contributed to the top 50 papers in aesthetic surgery with Plastic and Reconstructive Surgery contributing the most with 31 papers. This journal requires that authors assign a level of evidence to each submission to which Evidence-Based Medicine rankings are applicable. This excludes Review Articles, Book Reviews and manuscripts that concern Basic Science, Animal Studies, Cadaver Studies and Experimental Studies. For a full description of these Evidence-Based Medicine ratings, please refer to the Table of Contents or the online Instructions to Authors http://www.springer.com/00266.

Keywords: 100 Citation-Classics, Aesthetic, Aesthetic Surgery, Analysis, Article, Articles, Augmentation Mammaplasty, Authors, Bibliometric, Characteristics, Citation Analysis, Citations, Complications, Connective-Tissue Diseases, Distribution, Evidence, Fat Grafts, Field, Impact, Impact Factor, Journal, Journals, Literature, Medical, Medical Literature, Medicine, Most Cited, Online, Origin, Papers, Plastic-Surgery, Published Articles, Rankings, Reduction Mammaplasty, Review, Science, Silicone Breast Implants, Specialty, Surgery, Top 50, Web, Web Of Science

# Title: Aesthetic Surgery Journal

Full Journal Title: Aesthetic Surgery Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Reavey, P.L., Klassen, A.F., Cano, S.J., McCarthy, C., Scott, A., Rubin, J.P., Shermak, M. and Pusic, A.L. (2011), Measuring quality of life and patient satisfaction after body contouring: A systematic review of patient-reported outcome measures. *Aesthetic Surgery Journal*, **31** (7), 807-813.

Full Text: [2011\Aes Sur J31, 807.pdf](2011/Aes%20Sur%20J31,%20807.pdf)

Abstract: Evidence-Based Background: In both cosmetic and postbariatric body contouring populations, the primary determinants of success are patient satisfaction and quality of life (QOL). These patient-reported outcomes (PRO) are ideally measured with specially-designed, procedure-or condition-specific questionnaires.. Objective: the authors identify and appraise all patient-reported outcome (PRO) measures (questionnaires) developed for patients undergoing body contouring surgery. Methods: MEDLINE, EMBASE, PsychINFO, Ebase, CINAHL, HAPI, Science Citation Index/Social Sciences Citation Index, Ovid Evidence Based Medicine databases were searched from the inception of each database through August 2010. Articles included in the study described the development and/or psychometric evaluation of a PRO measure developed for body contouring patients. Each measure was then appraised for adherence to internationally-recommended guidelines for item generation, item reduction, and psychometric evaluation. Results: the following five PRO questionnaires were identified by our search: one liposuction (the Freiburg Questionnaire on Aesthetic Dermatology and Cosmetic Surgery, FQAD), one general plastic surgery (Derriford Appearance Scale, DAS-59/24), and three breast reduction measures (the Breast Reduction Assessed Severity Scale Questionnaire, BRASSQ; Breast Related Symptoms questionnaire, BRS; and the BREAST-Q reduction module. Detailed examination of these measures revealed that the FQAD, DAS-59, and BRS are limited by both their content range and psychometric properties. The BRASSQ and BREAST-Q both have strong psychometric properties, and the BREAST-Q is unique in its inclusion of items covering specific postoperative issues such as scarring. Conclusions: While instruments are available for measuring outcomes in breast reduction patients, reliable, valid, and responsive PRO measures are lacking for the majority of body contouring procedures. To demonstrate the unique outcomes of body contouring surgery, future research to rigorously develop and validate new PRO measures in this population is necessary.

Keywords: Abdominoplasty, Adherence, Articles, Authors, Bariatric Surgery, Body Contouring, Brachioplasty, Breast Hypertrophy, Breast Reduction, Citation, Cosmetic Surgery, Databases, Dermatolipectomy, Derriford Appearance, Determinants, Development, Embase, Evaluation, Guidelines, Image, Liposuction, Massive Weight Loss, Measure Individual-Responses, MEDLINE, Methods, Obesity, Outcome, Outcomes, Patient Satisfaction, Patients, Primary, Quality, Quality of Life, Questionnaire, Questionnaires, Reduction, Research, Review, Scale, Scale DAS59, Science, Sciences, Short-Form, Success, Surgery, Systematic, Systematic Review, Thighplasty, Weight-Loss

? Galanis, C., Sanchez, I.S., Roostaeian, J. and Crisera, C. (2013), Factors influencing patient interest in plastic surgery and the process of selecting a surgeon. *Aesthetic Surgery Journal*, **33** (4), 585-590.

Full Text: [2013\Aes Sur J33, 585.pdf](2013/Aes%20Sur%20J33,%20585.pdf)

Abstract: Background: Understanding patient interest in cosmetic surgery is an important tool in delineating the current market for aesthetic surgeons. Similarly, defining those factors that most influence surgeon selection is vital for optimizing marketing strategies. Objective: The authors evaluate a general population sample’s interest in cosmetic surgery and investigate which factors patients value when selecting their surgeon. Methods: An anonymous questionnaire was distributed to 96 individuals in waiting rooms in nonsurgical clinics. Respondents were questioned on their ability to differentiate between a “plastic” surgeon and a “cosmetic” surgeon, their interest in having plastic surgery, and factors affecting surgeon and practice selection. Univariate and multivariate analyses were conducted to define any significant correlative relationships. Results: Respondents consisted of 15 men and 81 women. Median age was 34.5 (range, 18-67) years. Overall, 20% were currently considering plastic surgery and 78% stated they would consider it in the future. The most common area of interest was a procedure for the face. The most important factors in selecting a surgeon were surgeon reputation and board certification. The least important were quality of advertising and surgeon age. The most cited factor preventing individuals from pursuing plastic surgery was fear of a poor result. Most (60%) patients would choose a private surgicenter-based practice. Conclusions: The level of importance for each studied attribute can help plastic surgeons understand the market for cosmetic surgery as well as what patients look for when selecting their surgeon. This study helps to define those attributes in a sample population.

Keywords: Advertising, Aesthetic Surgery, Aesthetic Surgery, Age, Analyses, Anonymous, Authors, Certification, Cosmetic Surgery, Decision-Making, Distributed, Fear, General, Influence, Market, Marketing, Median, Men, Methods, Multivariate, Multivariate Analyses, Patient Interest, Patients, Perceptions, Plastic Surgery, Population, Practice, Procedure, Quality, Quality Of, Questionnaire, Reputation, Results, Selection, Surgeon Selection, Surgery, Value, Women

? Van Borsel, J., De Vos, M.C., Bastiaansen, K., Welvaert, J. and Lambert, J. (2014), The effectiveness of facial exercises for facial rejuvenation: A systematic review. *Aesthetic Surgery Journal*, **34** (1), 22-27.

Full Text: [2014\Aes Sur J34, 22.pdf](2014/Aes%20Sur%20J34,%2022.pdf)

Abstract: Background: Although aesthetic correction of facial aging had long been the exclusive domain of plastic surgeons and dermatologists, alternative nonmedical approaches to facial rejuvenation are becoming more popular, such as facial acupuncture, facial acupressure, and facial exercises. However, the effectiveness of these alternative approaches is still a topic of debate. Objectives: The authors review the evidence of the effectiveness of facial exercises for facial rejuvenation. Methods: A literature search was performed in Medline, Web of Science, Science Direct, SciELO, and LILACS databases for the terms facial rejuvenation, facial exercises, facial massage, face building, face yoga, (oro)facial (a)esthetics, (a)esthetic logopedics, and (a)esthetic speech therapy. Nine reports were identified from the search and were subject to further assessment. Results: Although positive outcomes were achieved in all 9 studies, none of the studies used a control group and randomization process. They were single case reports, small case series, or studies with a single-group pretest-posttest design. Moreover, the effectiveness assessments in most of the studies were purely subjective, carried out by the authors and/or the patients themselves, without blinding. Conclusions: The evidence to date is insufficient to determine whether facial exercises are effective for facial rejuvenation. Evidence from large randomized controlled trials will be needed before conclusions can be drawn.

Keywords: Acupuncture, Aging, Alternative, Assessment, Assessments, Authors, Building, Case Reports, Control, Databases, Design, Effectiveness, Esthetic Logopedics, Evidence, Exercises, Facial Aging, Facial Exercises, Facial Rejuvenation, Literature, Literature Search, Massage, Medline, Methods, Outcomes, Patients, Positive Outcomes, Randomization, Randomized, Randomized Controlled Trials, Results, Review, Scielo, Science, Small, Systematic Review, Therapy, Topic, Web Of Science

? Gruber, R.P., Kwon, E., Berger, A. and Belek, K.A. (2014), Supratip-plasty: A completely cartilaginous tip complex to maintain nasal tip width. *Aesthetic Surgery Journal*, **34** (1), 34-44.

Full Text: [2014\Aes Sur J34, 34.pdf](2014/Aes%20Sur%20J34,%2034.pdf)

Abstract: Background: Although aesthetic correction of facial aging had long been the exclusive domain of plastic surgeons and dermatologists, alternative nonmedical approaches to facial rejuvenation are becoming more popular, such as facial acupuncture, facial acupressure, and facial exercises. However, the effectiveness of these alternative approaches is still a topic of debate. Objectives: The authors review the evidence of the effectiveness of facial exercises for facial rejuvenation. Methods: A literature search was performed in Medline, Web of Science, Science Direct, SciELO, and LILACS databases for the terms facial rejuvenation, facial exercises, facial massage, face building, face yoga, (oro)facial (a)esthetics, (a)esthetic logopedics, and (a)esthetic speech therapy. Nine reports were identified from the search and were subject to further assessment. Results: Although positive outcomes were achieved in all 9 studies, none of the studies used a control group and randomization process. They were single case reports, small case series, or studies with a single-group pretest-posttest design. Moreover, the effectiveness assessments in most of the studies were purely subjective, carried out by the authors and/or the patients themselves, without blinding. Conclusions: The evidence to date is insufficient to determine whether facial exercises are effective for facial rejuvenation. Evidence from large randomized controlled trials will be needed before conclusions can be drawn.

Keywords: Acupuncture, Aesthetics, Aging, Alar Retraction, Alternative, Anatomy, Assessment, Assessments, Authors, Building, Case Reports, Control, Databases, Design, Effectiveness, Esthetic Logopedics, Evidence, Exercises, Facial Aging, Facial Exercises, Facial Rejuvenation, Literature, Literature Search, Massage, Medline, Methods, Nasal-Tip, Nose, Outcomes, Patients, Positive Outcomes, Preservation, Randomization, Randomized, Randomized Controlled Trials, Refinement, Results, Review, Rhinoplasty, Scielo, Science, Small, Supratip Deformity, Systematic Review, Therapy, Topic, Web Of Science

# Title: AJAR-African Journal of AIDS Research

Full Journal Title: AJAR-African Journal of AIDS Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Onyancha, O.B. (2008), Growth, productivity, and scientific impact of sources of HIV/AIDS research information, with a focus on eastern and southern Africa. *AJAR-African Journal of AIDS Research*, **7** (1), 55-70.

Full Text: [2008\AJAR7, 55.pdf](2008/AJAR7,%2055.pdf)

Abstract: As channels of communicating HIV/AIDS research information, serial publications and particularly journals are increasingly used in response to the pandemic. The last few decades have witnessed a proliferation of sources of HIV/AIDS-related information, bringing many challenges to collection-development librarians as well as to researchers. This study uses an informetric approach to examine the growth, productivity and scientific impact of these sources, during the period 1980 to 2005, and especially to measure performance in the publication and dissemination of HIV/AIDS research about or from eastern or southern Africa. Data were collected from MEDLINE, Science Citation Index (SCI), Social Sciences Citation Index (SSCI), and Ulrich’s Periodical Directory. The analysis used Sitkis version 1.5, Microsoft Office Access, Microsoft Office Excel, Bibexcel, and Citespace version 2.0.1. The specific objectives were to identify the number of sources of HIV/AIDS-related information that have been published in the region, the coverage of these in key bibliographic databases, the most commonly used publication type for HIV/AIDS research, the countries in which the sources are published, the sources’ productivity in terms of numbers of papers and citations, the most influential sources, the subject coverage of the sources, and the core sources of HIV/AIDS-information.

Keywords: Africa, Analysis, Approach, Bibliographic Databases, Citations, Coverage, Databases, Growth, HIV, AIDS, Impact, Information, Journals, Measure, MEDLINE, Papers, Performance, Productivity, Proliferation, Publication, Publications, Research, SCI, Science Citation Index, Sources, SSCI, Version

? Breuer, E., Myer, L., Struthers, H. and Joska, J.A. (2011), HIV/AIDS and mental health research in sub-Saharan Africa: A systematic review. *AJAR-African Journal of AIDS Research*, **10** (2), 101-122.

Full Text: [2011\AJAR10, 101.pdf](2011/AJAR10,%20101.pdf)

Abstract: the relationship between mental illness and HIV/AIDS is complex and bidirectional. A significant amount of research has been performed in high-income countries but less is known about HIV and mental health in sub-Saharan Africa. The objectives of the review were to search the literature for quantitative studies conducted in sub-Saharan Africa on mental health and HIV and to critically evaluate and collate the studies in order to identify research needs and priorities. The databases Ovid, MEDLINE, PsycINFO and the Social Sciences Citation Index (SSCI) were searched for variations of search terms related to HIV/AIDS and mental health and studies limited to the populations of African countries. In addition, we hand-searched indexes of key journals and the databases of academic theses. We included 104 papers or research publications. The majority of these were published after 2005. The major topics covered were: mental-health-related HIV-risk behaviour, HIV in psychiatric populations, and mental illness in HIV-positive populations. The reported prevalence levels of mental illness among people living with HIV or AIDS (PLHIV) was high, with all but one study noting a prevalence of 19% or higher. Neurocognitive changes in adults with HIV were also prevalent, with reported deficits of up to 99% in symptomatic PLHIV and 33% in non-symptomatic PLHIV. Research on HIV in relation to mental health is increasing; however, there is a need for good-quality prospective studies to investigate the bidirectional effects of mental illness and HIV on each other.

Keywords: Active Antiretroviral Therapy, Adults, Africa, African Countries, AID, AIDS, CD4 Cell Count, Citation, Databases, HIV, HIV-Infected Individuals, HIV, AIDS, Human-Immunodeficiency-Virus, Indexes, Journals, Literature, Literature Reviews, MEDLINE, Mental Health, Mental Illness, Neurocognitive Deficits, Papers, Positive Pregnant-Women, Posttraumatic-Stress-Disorder, Prevalence, Priorities, Prospective Studies, Psychiatric Disorders, Psychological Distress Symptoms, Publications, Quality-of-Life, Quantitative, Quantitative Research, Randomized Controlled-Trial, Recently Diagnosed Patients, Research, Review, Social Sciences, Social Sciences Citation Index, SSCI, Sub-Saharan Africa, Systematic, Systematic Review, Topics

# Title: African Health Sciences

Full Journal Title: African Health Sciences

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Poreau, B. (2014), Mapping Rwanda public health research (1975-2014). *African Health Sciences*, **14** (4), 1078-1084.

Full Text: [2014\Afr Hea Sci14, 1078.pdf](2014/Afr%20Hea%20Sci14,%201078.pdf)

Abstract: Background: Since the genocide occurred in 1994, Rwanda has faced up to the challenge of rebuilding. Public health is a main field to understand this rebuilding. Objectives: In this paper, the aim was to map the scientific research on public health in Rwanda after the genocide and to present the links between different financing systems. Methods: We used bibliographic analyses with Web of Science of papers published during the period 1975-2014. We performed analyses on journals, most cited articles, authors, publication years, organizations, funding companies, countries, and keywords. Results: We obtained 86 articles between 1975 and 2014. Most articles were published after 2007. The main countries of research laboratories were the United States of America, Rwanda, England and Belgium and represented the main network collaboration. The relevant keywords were: HIV, woman, child, program, rural and violence. Conclusions: Public health research on Rwanda appeared 14 years after the genocide. A main field was emerging: the spread of HIV with mother-child transmission, and the policies to take this subject into account in rural zones. The network of institutions developing these studies was USA-Rwanda.

Keywords: Analyses, Articles, Authors, Belgium, Bibliographic, Bibliometrics, Challenge, Child, Collaboration, Developing, England, Field, Financing, Funding, Health, Health Research, Hiv, Institutions, Journals, Mapping, Methods, Most Cited, Most Cited Articles, Mother-Child Transmission, Network, Papers, Policies, Public, Public Health, Public Health Research, Publication, Research, Results, Rural, Rwanda, Science, Scientific Research, Social Network Analysis, Systems, Transmission, United States, Violence, Web, Web Of Science, Woman

# Title: African Journal of Biotechnology

Full Journal Title: [African Journal of Biotechnology](http://www.bioline.org.br/jb); [African Journal of Biotechnology](http://www.academicjournals.org/AJB/Archive.htm)

ISO Abbrev. Title: Afr. J. Biotechnol.

JCR Abbrev. Title: Afr J Biotechnol

ISSN: 1684-5315

Issues/Year: 12

Language: English

Journal Country/Territory: Kenya

Publisher: Academic Journals

Publisher Address: P O Box 5170-00200 Nairobi, Victoria Island, Lagos 73023, Nigeria

Subject Categories:

Biotechnology & Applied Microbiology: Impact Factor 0.565, 131/150 (2009); Impact Factor 0.573, 137/160 (2010)

? Gastrow, M. (2008), Great expectations: the state of biotechnology research and development in South Africa. *African Journal of Biotechnology*, **7** (4), 342-348.

Full Text: [2008\Afr J Bio7, 342.pdf](2008/Afr%20J%20Bio7,%20342.pdf)

Abstract: As biotechnology industries are knowledge-intensive, Research and Experimental Development (R and D) are key drivers of growth. Governments and businesses have an interest in creating an environment that stimulates R and D and the commercialisation thereof. Discourse relating to the best means to support biotechnology R and D is extensive. However, there has to date a paucity of quantitative data describing biotechnology R and D in South Africa. This paper therefore offers a brief quantitative profile of South Africa’s biotechnology R and D. These findings provide key indicators of scale, scope, ownership, sectorial division, geographical distribution and collaborative structure. Bibliometric and patent data are used, as well as data sourced from the National Survey of Research and Experimental Development Inputs. It is found that South Africa’s biotechnology R and D investment is small by international standards, but a leader in the African context. There are moreover certain collaborative networks, geographical clusters, and industry applications that demonstrate a high concentration of R and D, which may indicate a path towards achieving critical mass in these areas. Finally, the 2005/6 data used here may be used as baseline data to monitor and evaluate the national 2008 National Biotechnology strategy.

Keywords: Africa, Baseline Data, Biotechnology, Concentration, Context, Data, Development, Distribution, Environment, Growth, Indicators, International, Networks, Patent, Research, Research and Development, Scale, Scope, Small, South Africa, Standards, State, Structure, Support

? Hao, D.C., Xiao, P.G. and Ho, Y.S. (2013), Global *Taxus* research trend and performance in science citation index from 1991 to 2010. *African Journal of Biotechnology*, **??** (??), ??-??.

Full Text: [2013\Afr J Bio-Hao.pdf](2013/Afr%20J%20Bio-Hao.pdf)

Abstract: In this study, we aimed to evaluate the global scientific production of *Taxus* (yew) research, study the characteristics of *Taxus* research activities, and identify patterns, tendencies, and regularities of *Taxus*-related articles. Data were based on the online version of Science Citation Index Expanded (SCI-Expanded), from the Web of Science database. Articles referring to *Taxus* were assessed by the trend of publication output during 1991 to 2010. Globally, 2,916 papers were published during the 20-year study period. The most productive countries, institutions, Web of Science subject categories, and journals, as well as the most cited articles, were identified. The mainstream research on *Taxus* was in the plant sciences, biochemistry and molecular biology, cardiac and cardiovascular systems, biotechnology and applied microbiology. The G7 industrial countries, as well as China and India held the majority of total world production. Research on the various economically important *Taxus* species remained the hotspot during the 20-year study period, whereas that on the related topic “paclitaxel eluting stents” increased dramatically since 2002. With synthetic analysis of word in article title, author keyword, abstract, and key words Plus, it can be concluded that application of compounds derived from *Taxus* in clinical cardiology, pharmacology and oncology, and research related to *Taxus* chemistry, metabolism, cytology and microbiology is the ongoing *Taxus*-related research in the 21st century. Gaps are present in knowledge about the genomics, epigenomics, transcriptomics, proteomics, metabolomics and bioinformatics of *Taxus and* their endophytic fungi.

Keywords: Science citation index (SCI), bibliometric, research trend, *Taxus*

? Sun, Y.D., Fu, H.Z. and Ho, Y.S. (2013), A bibliometric analysis of global research on genome sequencing from 1991 to 2010. *African Journal of Biotechnology*, **12** (51), 7043-7053.

Full Text: [2013\Afr J Bio12, 7043.pdf](2013/Afr%20J%20Bio12,%207043.pdf); [2013\Afr J Bio-Sun.pdf](2013/Afr%20J%20Bio-Sun.pdf)

Abstract: This study was carried out to evaluate the global scientific production of genome sequencing research to assess the characteristics of the research performances and the research tendencies. Data were obtained from Science Citation Index Expanded database during 1991-2010. Conventional methods including document types, journals, categories, countries and institutions were used to analyze publication output to reveal the global performance. The development of genome sequencing research during last 20 years was described by synthetically analyzing the distribution of words in article title, author keywords, and KeyWords Plus in different periods. The results show that disease and protein related researches were the leading research focuses, and comparative genomics and evolution related research had strong potential in the near future.

Keywords: Genome Sequencing, Research Trend, Scientometrics, Science Citation Index Expanded (SCI-Expanded), Word Cluster Analysis, Keywords

# Title: African Journal of Business Management

Full Journal Title: [African Journal of Business Management](http://www.academicjournals.org/ajbm/Archive.htm)

ISO Abbrev. Title: Afr. J. Bus. Manag.

JCR Abbrev. Title: Afr J Bus Manage

ISSN: 1993-8233

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Language: English

Journal Country/Territory: Nigeria

Publisher: Academic Journals

Publisher Address: P O Box 5170-00200 Nairobi, Victoria Island, Lagos 73023, Nigeria

Subject Categories:

Business: Impact Factor 0.107, 77/77 (2008) SSCI; Impact Factor 1.105, 54/87 (2009) SSCI

Management: Impact Factor 0.107, 88/89 (2008) SSCI; Impact Factor 1.105, 58/112 (2009) SSCI

? Chen, Y.H., Chen, C.Y. and Lee, S.C. (2010), Technology forecasting of new clean energy: The example of hydrogen energy and fuel cell. *African Journal of Business Management*, **4** (7), 1372-1380.

Full Text: [2010\Afr J Bus Man4, 1372.pdf](2010/Afr%20J%20Bus%20Man4,%201372.pdf)

Abstract: Due to energy shortage, global warming and climate change, balanced development of energy security, economic growth, and environmental protection (3Es) has become a major energy policy issue and prompted the development of low-carbon economies. The goals of exploiting new clean energies, improving the efficiency of conventional energy sources, and improving renewable energy technologies have gathered considerable attention of governments worldwide. Among the many clean energies, hydrogen energy plays an important part in new clean energy fields nowadays. However, little has been done in discussing the technology forecasting for the hydrogen energy development. Therefore, this study predicts the technological S-curves for hydrogen energy and fuel cell technologies by integrating bibliometric and patent analysis into the logistic growth curve model, which includes generation, storage, proton exchange membrane fuel cell (PEMFC), solid oxide fuel cell (SOFC) and direct methanol fuel cell/direct alcohol fuel cell (DMFC/DAFC). Empirical analysis is via an expert survey and co-word analysis using the USPTO database to obtain useful data. The results demonstrate that technologies for generating and storing hydrogen have not yet reached technological maturity, and the fuel cell technology is either in the mature stage or approaching maturity.

Keywords: Bibliometric Analysis, Databases, Diffusion, Fuel Cell, Hydrogen Energy, Industry, S-Curves, Technology Forecasting

? Chang, C.C. and Ho, Y.S. (2010), Bibliometric analysis of financial crisis research. *African Journal of Business Management*, **4** (18), 3898-3910.

Full Text: [2010\Afr J Bus Man4, 3898.pdf](2010/Afr%20J%20Bus%20Man4,%203898.pdf); [2010\Afr J Bus Man-Chang.pdf](2010/Afr%20J%20Bus%20Man-Chang.pdf)

Abstract: the bibliometric analytical approach has not yet been applied in financial crisis research. The aim of the study was to apply bibliometric analysis to financial crisis publications in 362 journals listed in the four ISI subject categories of economics, finance business, business, and management in the Social Science Citation Index (SSCI). Analyzed parameters were publication language, document type, publication output, authorship, publication patterns, subject category distribution, region, country, publication institute, most frequently cited articles, and hot issues. This study demonstrates that the amount of research increased markedly during financial crises, especially during the Asian financial crisis and global financial crisis. Furthermore, the most frequently cited articles and topics associated with the currency crisis, policy, and banking crisis were popular during the Asian financial crisis and global financial crisis.

Keywords: Analysis, Approach, Asian, Authorship, Bibliometric, Bibliometric Analysis, Business, Citation, Country, Crisis, Currency Crises, Distribution, Distributions, Economics, ISI, Journals, Management, Policy, Publication, Publications, Research, Research Trend, Science, Science Citation Index, Scientometrics, Social Science Citation Index, SSCI, Web of Science

? Alam, G.M. (2011), A further editorial guideline for writing manuscript in the field of social science: A special perspective for *African Journal of Business Management* (AJBM). *African Journal of Business Management*, **5** (1).

Full Text: [2011\Afr J Bus Man5.pdf](2011/Afr%20J%20Bus%20Man5.pdf)

Abstract: With the breathtaking success of African Journal of Business Management-AJBM in the recent years, has become one of most commanding podiums for the scholar especially from the developing world. In 2009, not only its impact factor has increased substantially, but also one of its published papers “has been selected by Essential Science Indicators(SM) from Thomson Reuters as the most-cited paper in the research area of Economics and Business”. With its success, submissions have increased dramatically with an equal increased figure of rejection. Huge rejection is not good news for any party. It is now thus important to provide a better editorial guideline for research community to prepare their works making it more suitable and also to help them in targeting the right journal for appropriate readership and audience. This editorial is prepared with the consultation of more than 800 papers submitted from around the globe for the publication in AJBM. A portion of them are published, while a significant numbers are also rejected. Since, research community from Africa, Fareast, Middle-East and the Western world are contributing for AJBM. Every community has some strengths and weaknesses to offer lessons for others. Keeping this in mind, it is thus also important to have a common understanding about the research in business management and writing manuscripts. With an optimistic attitude, this editorial aims to provide a guideline for writing manuscript in the field of Social Science with a special focus on AJBM.

Keywords: Africa, Ajbm, Attitude, Buffalo City Municipality, Consultation, Disabilities Travel Behaviors, Economics, Epistemological Foundation for Research, High-Technology Industry, Hypothesis, Research Questions, Impact, Impact Factor, Journal, Management, Methodology, Methods, Organizational Commitment, Papers, Private Higher-Education, Publication, Research, Research In Business Management, Research-And-Development, Results, Findings, Scholars, Academics, Science, Service Quality, Small Manufacturing Firms, Social, Social Science, South-Africa, Success, Supply Chain Management, Thomson Reuters, Writing

? Huang, C.Y. and Ho, Y.S. (2011), Historical research on corporate governance: A bibliometric analysis. *African Journal of Business Management*, **5** (2), 276-284.

Full Text: [2011\Afr J Bus Man5, 276.pdf](2011/Afr%20J%20Bus%20Man5,%20276.pdf); [2010\Afr J Bus Man-Huang1.pdf](2010/Afr%20J%20Bus%20Man-Huang1.pdf); [2010\Afr J Bus Man-Huang.pdf](2010/Afr%20J%20Bus%20Man-Huang.pdf)

Abstract: Bibliometric analysis provides historical information on research of trend and performance. A publication analysis was carried out using the related literature in the Social Science Citation Index (SSCI) from 1992 - 2008, collected from the Web of Science databases of the Institute for Scientific Information (ISI). Articles of such literature were concentrated on the analysis by the scientific output and distribution of subject categories and journals. The author’s keywords were also analyzed to evaluate the research hotspots. The results from this analysis indicate that, yearly, production of the related scientific articles increased steadily over the investigation period and that in the year 2008, there was a peak. “Ownership structure”, “board of directors” and “executive compensation” were the three most used author’s keywords. In addition, the agency theory in historical corporate governance research was also discussed.

Keywords: Agency Theory, Asian Financial Crisis, Bibliometric, Bibliometric Analysis, Board-of-Directors, Citation, Corporate Governance, Databases, Economics, Finance Business, Firm, Impact, Information, Journals, Literature, Market, Ownership, Publication, Research, Research Hotspots, Rules, Sarbanes-Oxley Act, Science Citation Index, Scientometrics, Trend

? Kraus, S. (2011), State-of-the-art current research in international entrepreneurship: A citation analysis. *African Journal of Business Management*, **5** (3), 1020-1038.

Full Text: [2011\Afr J Bus Man5, 1020.pdf](2011/Afr%20J%20Bus%20Man5,%201020.pdf)

Abstract: This article applies a literature-based analysis in its discussion of the research field of international entrepreneurship. It uses bibliometric citation analysis as its primary investigative method. The basis of the citation analysis was formed by articles coming from a number of electronic publication databases that contained the term “international entrepreneurship” in their titles, and which could thus be clearly categorized into this research field. The 40 publications identified in this manner resulted in a database of 2,659 citations. Upon observing the citation analysis and the clusters of topics that result, it becomes clear that the research on international entrepreneurship is influenced by the scientific fields of international business, entrepreneurship theory, SME internationalization, and born global/international new venture theory.

Keywords: International Entrepreneurship, State of the Art, Bibliometrics, Citation Analysis, Venture Internationalization, Future-Directions, Business Research, Market Entry, Firms, Performance, Behavior, Bibliometrics, Dynamics, Trends

? Kraus, S. (2011), State-of-the-art current research in international entrepreneurship: A citation analysis. *African Journal of Business Management*, **5** (3), 1020-1038.

Full Text: [2011\Afr J Bus Man5, 1020.pdf](2011/Afr%20J%20Bus%20Man5,%201020.pdf)

Abstract: This article applies a literature-based analysis in its discussion of the research field of international entrepreneurship. It uses bibliometric citation analysis as its primary investigative method. The basis of the citation analysis was formed by articles coming from a number of electronic publication databases that contained the term “international entrepreneurship” in their titles, and which could thus be clearly categorized into this research field. The 40 publications identified in this manner resulted in a database of 2,659 citations. Upon observing the citation analysis and the clusters of topics that result, it becomes clear that the research on international entrepreneurship is influenced by the scientific fields of international business, entrepreneurship theory, SME internationalization, and born global/international new venture theory.

Keywords: International Entrepreneurship, State of the Art, Bibliometrics, Citation Analysis, Venture Internationalization, Future-Directions, Business Research, Market Entry, Firms, Performance, Behavior, Bibliometrics, Dynamics, Trends

? Tu, P.P.N. (2011), A study of influential authors, works and research network of consumer behavior research. *African Journal of Business Management*, **5** (23), 9838-9854.

Full Text: [2011\Afr J Bus Man5, 9838.pdf](2011/Afr%20J%20Bus%20Man5,%209838.pdf)

Abstract: With the proliferation of consumer behavior research in recent decades, the ability to effectively identify the most influential and representative collection of research articles had become significantly important. Research in the consumer behavior area had developed rapidly, but no recent studies had examined contemporary consumer behavior research. This paper employed author co-citation analysis, a bibliometric methodology and social network analysis methodology to highlight the most influential authors, to analyze citation relationships, to exploit changes in the intellectual base and to show trends and patterns in the consumer behavior field over two consecutive time periods, 1989 to 1998 and 1999 to 2008. In order to analyze the dynamic intellectual structure of consumer behavior research, author co-citation analysis was conducted of 16,536 references from 606 articles found in the SSCI and SCI databases from 1989 to 2008. In addition, factor analysis was used to examine the breadth of the authors’ research areas. The aims of this paper were twofold: to provide a valuable direction for future consumer behavior research, and to propose an objective means of establishing the relative importance of different knowledge nodes in the recent development of the consumer behavior field.

Keywords: Analysis, Author, Author Co-Citation Analysis, Authors, Behavior, Bibliometric, Bibliometric Analysis, Citation, Co-Citation Analysis, Cocitation, Cocitation Analysis, Consciousness, Consumer, Consumer Behavior, Consumption, Databases, Development, Electronic Marketplaces, Factor-Analysis, Intellectual Structure, Knowledge, Knowledge of Network, Methodology, Modeling Approach, Network, Operations Management, Planned Behavior, Research, SCI, Self, Social, Social Network, Social Network Analysis, SSCI, Themes, Trends

? Curado, C., Oliveira, M. and Maçada, A.C.G. (2011), Mapping knowledge management authoring patterns and practices. *African Journal of Business Management*, **5** (22), 9137-9153.

Full Text: [2011\Afr J Bus Man5, 9137.pdf](2011/Afr%20J%20Bus%20Man5,%209137.pdf)

Abstract: This paper examines the literature on knowledge management (KM) in order to identify the typical authoring patterns and the focus of the content of published research. The study explores the argument that the inter-organizational level of analysis is explored less frequently than the intra-organizational level. The article reports on KM researchers and practices based on evidence from six journals ranked in the journal citation report covering several decades of publications. Based on this review, articles can generally be seen to have two co-authors from two different universities within the same country. The study confirms that published research is mainly empirical; largely adopting the intra-organizational level of analysis, with the people element being the least explored comparing to technology and process elements. This research gap represents an opportunity for authors to contribute with studies focusing on the inter-organizational level.

Keywords: Analysis, Authors, Citation, Competitive Advantage, Document Collection, Empirical-Examination, Indigenous Knowledge, Information-Systems Research, Inter-Organizational, Intra-Organizational, Journal, Journals, Knowledge, Knowledge Management, Literature, Management, Organizational Knowledge, People, Process, Processes, Product Development, Publications, Published Research, Reference Discipline, Research, Research Mapping, Researchers, Review, Scientometric Analysis, Software-Development, Technology, Universities

# Title: African Journal of Library Archives and Information Science

Full Journal Title: [African Journal of Library Archives and Information Science](http://vnweb.hwwilsonweb.com/hww/Journals/getIssues.jhtml?sid=HWW:OMNIS&issn=0795-4778)

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Notes: TTopic, CCountry

? Nwagwu, W.E. (2007), A comparative study of the productivity of HIV/AIDS literature on Nigeria and South Africa in MEDLINE and Science Citation Index. *African Journal of Library Archives and Information Science*, **17** (1), 1-13.

Full Text: [2007\Afr J Lib Arc Inf Sci17, 1.pdf](2007/Afr%20J%20Lib%20Arc%20Inf%20Sci17,%201.pdf)

Abstract: Bibliographic data on HIV/AIDS literature on Nigeria and South Africa were drawn from MEDLINE and Science Citation Index (SCI) respectively, covering the period 2000-2004, to study the productivity of literature produced by ‘all authors’, first authors, ‘non-collaborative authors’ and ‘co-authors’ using Lotka Law. The first authors in MEDLINE did not yield USAble result for Nigeria, but the characteristic exponents for the other categories of authors are higher for Nigeria (6 ranging between 2 and 4) than South Africa (6 ranging between 2 and 3). Based on SCI, the model yielded only useful result for the Nigerian co-authors, whereas all other categories of authors yielded exponents that ranged between 1 and 3 for South Africa. We deduce that MEDLINE appears to accommodate HIV/AIDS literature emanating from Nigeria more than it does those coming-from South Africa, while the opposite is the case with SCI Finally, scientific productivity in Nigeria is more significant when assessed based on MEDLINE than SCI. The reverse is the case for South Africa.

Keywords: Africa, Authors, Citation, Co-Authors, Communication, Comparative Study, Data, First, HIV, AIDS, Literature, Lotka, Model, Nigeria, Patterns, Productivity, SCI, Science Citation Index, Scientific Productivity, South Africa

Notes: CCountry

? Sam, J. (2008), An analysis of Ghana library journal: A bibliometric study. *African Journal of Library Archives and Information Science*, **18** (1), 55-62.

Full text: [2008\Afr J Lib Arc Inf Sci18, 55.pdf](2008/Afr%20J%20Lib%20Arc%20Inf%20Sci18,%2055.pdf)

Abstract: This paper presents the results of an analysis of articles published in the Ghana Library Journal over a seven-year period from 2000 to 2006. The majority of the items cited were journals (44.5%), followed by books (32.5%), and reports (9.4%). Current sources of information were about 62.9% of the journals and 48.8% of the books appearing in the reference lists were published in 1990 or later Only four of the top twenty-two journals cited frequently were of African origin, the rest were European or US-based. The subject area most researched was academic libraries. Majority of the authors were from universities. The journal did not attract many authors from outside Ghana. Recommendations are made on how to the journal could attract authors from outside Ghana.

Keywords: Academic, Africa, African, Analysis, Authors, Bibliometric, Bibliometric Study, Collection Development, Ghana, Information, Journal, Journals, Majority, Origin, Reference, Reference Lists, Sources, Sources of Information, Trends, Universities

? Onyancha, O.B. (2009), A citation analysis of sub-saharan African library and information science journals using Google Scholar. *African Journal of Library Archives and Information Science*, **19** (2), 101-116.

Full text: [2009\Afr J Lib Arc Inf Sci19, 101.pdf](2009/Afr%20J%20Lib%20Arc%20Inf%20Sci19,%20101.pdf)

Abstract: In bibliometrics, the numbers of research articles and citations constitute the main measurement indicators of research output and impact respectively This study evaluates the library and information science/studies (LIS) Journals published in sub-Saharan African countries in order to assess their performance. Drawing its data from Google Scholar, the paper compares the performance of 13 LIS, journals using the following indicators: number of publications: average number of records; number of citations; citations per year; citations per article; citedness and uncitedness of the records published in each journal: h-Index and g-index: and citation impact factor the paper also identifies journals with the most cited works and ranks the journals according to the above measurement indicators. Results indicate that publication of LIS journals in Sub-Saharan Africa is a relatively recent practice; a number of journals have not published any issues for close to 5 years; some Journals have ceased publication: there is irregular publication of journals; there are about five core LIS journals in the region: AJLAIS was the most highly cited journal, but the most influential journals in terms of the IF include SAJLIS. Innovation and MoUSAion. The challenges faced by journal publishers and researchers in sub-Saharan Africa, as well as recommendations on improving the visibility and impact of journals in the region and internationally, are outlined.

Keywords: Informetrics, Citation Analysis, Library and Information Science Journals, Journal Productivity, Impact Analysis, Impact Factor, Index, Databases

? Okafor, V.N. and Dike, V.W. (2010), Research output of academics in the science and engineering faculties of federal universities in Southern Nigeria. *African Journal of Library Archives and Information Science*, **20** (1), 41-51.

Full text: [2010\Afr J Lib Arc Inf Sci20, 41.pdf](2010/Afr%20J%20Lib%20Arc%20Inf%20Sci20,%2041.pdf)

Abstract: This paper analysed the research output of Introduction academics in the science and engineering faculties of Federal Government-owned universities in Nigeria. It explored their level of research output during 1997-2006 in terms of the publication of journal articles and linked research and publication trends with place of publication and journal title. The stratified random sampling technique was used to select six out of the 13 Federal universities in southern Nigeria. Data on research output were collected through a questionnaire survey of the academics. In all, 435 copies of questionnaire were distributed to the academics, out which 353 copies were returned and only 291 were found USAble for the analyses. The study revealed that 30.6% of the academics published between 0-4 journal articles; that only 2.7% of them published 30 or more journal articles during the period; and that as many as 42.1% did not have any article in overseas journals. The study recommends that Nigerian governments, university administrators and other stakeholders in scientific and technological research should improve the research environment in the universities by providing essential research resources. The National University Commission should establish a database of research publications by Nigerian academics to facilitate access to and analysis of data on research productivity.

Keywords: Academics, Articles, Bibliometrics, Database, Engineering, Environment, Journal, Journals, Lotka’s Law, Productivity, Publication, Publications, Questionnaire, Research, Research Output, Research Productivity, Sampling, Science, Trends, Universities, University

? Onyancha, O.B. (2011), Research collaborations between South Africa and other countries, 1986-2005: An informetric analysis. *African Journal of Library Archives and Information Science*, **21** (2), 99-112.

Full Text: [2011\Afr J Lib Arc Inf Sci21, 99.pdf](2011/Afr%20J%20Lib%20Arc%20Inf%20Sci21,%2099.pdf)

Abstract: the paper reports the findings of an informetric study of the countries with which South Africa collaborates in research. The study period spans 20 years (10 years each during and after the apartheid era). Data were extracted from the Thomson Reuters citation indexes, namely: Science Citation Index (SCI), Social Sciences Citation Index (SSCI) and Arts and Humanities Citation Index (ANCI). Among the findings, it was observed that multiple-country-author papers, as well as the number of collaborating countries are 077 the rise since 1986. The USA topped the list of the countries outside Africa collaborating with South Africa while Zimbabwe topped the list of African countries. However, the strength of research collaboration was low for both categories of countries. Regarding impact, international collaboration yielded higher average citations per paper than continental collaboration. The study concludes that there are many Unique research areas in which African countries can collaborate, and recommends that these areas should form themes along which scholars in Africa could conduct collaborative research.

Keywords: Africa, African Countries, AIDS, Arts, Citation, Citation Indexes, Citations, Collaboration, Geographical Proximity, Humanities, Impact, Indexes, International Collaboration, Low, Papers, Research, Research Collaboration, Research Impact, SCI, Science, Science Citation Index, Sciences, Social Sciences, Social Sciences Citation Index, South Africa, SSCI, Strength, Thomson Reuters, USA

? Onyancha, O.B. (2013), Adjusted count, complete count, and straight count: Does it matter when appraising research performance? A case study of LIS research in post-apartheid South Africa. *African Journal of Library Archives and Information Science*, **23** (2), 93-103.

Full Text: [2013\Afr J Lib Arc Inf Sci23, 93.pdf](2013/Afr%20J%20Lib%20Arc%20Inf%20Sci23,%2093.pdf)

Abstract: Counting of publications and citations is the fundamental yet important technique used in bibliometric/informetric measurements of research performance. Informetricians are however divided on the most appropriate method of counting publications and citations as a means of assessing the authors, institutions and countries’ research output and citation impact, respectively. This paper reports on the results generated from a case study of the US researchers’ output using three methods of publications count, namely, adjusted count (A(c)), complete count (C-c) and straight count (S-c). Using data extracted from the Library, Information Science and Technology Abstracts (LISTA) database, the study found that there are differences in the number of articles generated in each counting method per author, as well as in the authors’ rankings. The study concludes that in informetric studies, the method of counting chosen for purposes of assessing the performance of researchers matters as each method produces different results. The study recommends that the choice of the counting method should largely depend on the purpose for which the informetric study is being conducted.

Keywords: Adjusted Count, Africa, Article, Assessing, Authors, Bibliometrics, Case Study, Choice, Citation, Citation Impact, Citations, Complete, Complete Count, Data, Database, Impact, Information, Informetrics, Institutions, LI, LIS, Methods, Nigeria, Performance, Productivity Measures, Publication, Publications, Publications Count, Purpose, Rankings, Research, Research Output, Research Performance, Science, Service, Services, South Africa, Straight Count, Technology, US

# Title: African Journal of Traditional Complementary and Alternative Medicines

Full Journal Title: African Journal of Traditional Complementary and Alternative Medicines

ISO Abbreviated Title:

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Journal Country/Territory:

Language:

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Subject Categories:

: Impact Factor

? Zhong, Y.Q., Wang, X.F., Xu, G.L., Mao, B., Zhou, W., Min, J., Jiang, H.L., Diao, X. and Fu, J.J. (2014), Modified Yupingfeng formula for the treatment of stable chronic obstructive pulmonary disease: A systematic review of randomized controlled trials. *African Journal of Traditional Complementary and Alternative Medicines*, **11** (1), 1-14.

Full Text: 2014\Afr J Tra Com Alt Med11, 1.pdf

Abstract: Background: Chronic obstructive pulmonary disease (COPD), is a very common disease of respiratory system. An increasing number of clinical trials on Yupingfeng formula in the management of stable COPD have been performed. However, the evidence base for it remains unknown. This review aims at assessing the efficacy, and safety of modified Yupingfeng formula in the treatment of stable COPD through a systematic review of all available randomized controlled trials. Materials and Methods: Literature retrieval was conducted using four English databases (CENTRAL, PubMed, EMBASE, and ISI Web of Science), and four Chinese databases (CBM, CNKI, VIP, and WANFANG), from respective inception to January 2013, and supplemented with a manual search. Review authors independently extracted the trial data, and assessed the quality of each trial. Methodological quality was assessed by Cochrane risk of bias and Jadad’s scale. The following outcomes were evaluated: (1) lung function; (2) 6-minute walk distance (6MWD); (3) effective rate; (4) serum levels of IgA, IgG and IgE; and (5) adverse events. Data were analyzed using STATA 12.0 software. Results: A total of nine studies involving 660, stable COPD patients were identified. Patients from all studies included in this review were randomized to receive Yupingfeng formula combined with Western medications in comparison with Western medications. In general, the methodological quality of the included trials was poor. The results of this systematic review indicates that, compared with Western medications alone, the use of Yupingfeng formula, if combined with Western medications could significantly improve FEV1 (WMD = 0.30L; 95% CI: 0.19, 0.42), FEV1/FVC ratio (SMD = 0.69; 95% CI: 0.48, 0.91), 6MWD (WMD = 31.73m; 95% CI: 19.29, 44.17), and effective rate (RR = 1.24; 95% CI: 1.10, 1.41), and increase the serum levels of IgA (WMD = 0.25; 95% CI: 0.16, 0.34) and IgG (WMD = 1.10; 95% CI: 0.53, 1.68), but no difference was found in the serum IgE levels (WMD = 0.47; 95% CI: -0.32, 1.27) between the two groups. No serious adverse events were reported. Conclusions: Within the limitations of this systematic review, we may conclude that compared with Western medications alone, Yupingfeng formula, when combined with Western medications can provide more benefits for patients with stable COPD, without any serious adverse reactions being identified. However, these benefits need to be further confirmed through high-quality prospective placebo-controlled trials that should be strictly conducted in accordance with methodological principles and procedures.

Keywords: Assessing, Authors, Benefits, Bias, Chinese, Chronic Obstructive Pulmonary Disease, Clinical, Clinical Trials, Clinical-Trials, Comparison, Data, Databases, Disease, Efficacy, Embase, Events, Evidence, Function, General, Groups, GyokuheifUSAn, IGG, ISI, ISI Web of Science, Literature, Lung, Lung Function, Management, Materials, Medicine, Methodological Quality, Methods, Modified, Outcomes, Patients, Pharmacological-Properties, Principles, Procedures, Prospective, Pubmed, Quality, Quality Of, Randomized, Randomized Controlled Trials, Respiratory System, Results, Review, Risk, Safety, Sample-Size, San, Scale, Science, Serum, Software, Systematic Review, Treatment, Trial, Web of Science, Yupingfeng Formula

? Feng, R. and Zhang, F. (2014), The neuroprotective effect of electro-acupuncture against ischemic stroke in animal model: A review. *African Journal of Traditional Complementary and Alternative Medicines*, **11** (3), 25-29.

Full Text: 2014\Afr J Tra Com Alt Med11, 25.pdf

Abstract: Background: It is well established that electro-acupuncture can exert neuroprotection in animal experiments. However, the exact mechanism of electro-acupuncture against ischemic stroke is not very clear. Materials and methods: Literature retrieval was performed in four databases (OVID, PUBMED, EMBASE, and ISI Web of Science), from respective inception to July 2013. Results: Series of studies have demonstrated that electro-acupuncture might be a promising method in reducing brain damage after stroke and induce brain ischemic tolerance before stroke through the promotion of angiogenesis, alleviation of the inflammatory response, regulation of the blood brain barrier (BBB), inhibition of apoptosis, and so on. Through these mechanisms, electro-acupuncture may reduce the neural damages associated with stroke. Conclusion: An awareness of the benefits of acupuncture might lead more patients into accepting acupuncture therapy for the management of patients with ischemic stroke and patients with high risk of ischemic stroke.

Keywords: Activation, Acupuncture, Acupuncture, Angiogenesis, Animal Experiments, Apoptosis, Artery-Occlusion, Barrier, Benefits, Blood, Blood-Flow, Brain, Brain Damage, Brain Ischemic Tolerance, Cerebral Ischemia, Damage, Databases, Effect, Embase, Experiments, Expression, Focal Cerebral-Ischemia, Inflammatory Response, Inhibition, Ischemic Stroke, ISI, ISI Web Of Science, Lead, Literature, Management, Materials, Mechanism, Mechanisms, Methods, Model, Patients, Pretreatment, Promotion, Rapid Tolerance, Rat Brains, Receptor, Regulation, Response, Results, Review, Risk, Science, Stroke, Therapy, Tolerance, Web Of Science

# Title: Age

Full Journal Title: Age

ISO Abbreviated Title: Age

JCR Abbreviated Title: Age

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Cadore, E.L. and Izquierdo, M. (2013), How to simultaneously optimize muscle strength, power, functional capacity, and cardiovascular gains in the elderly: An update. *Age*, **35** (6), 2329-2344.

Full Text: [2013\Age35, 2329.pdf](2013/Age35,%202329.pdf)

Abstract: The purpose of the present study was to review the scientific literature that investigated concurrent training adaptations in elderly populations, with the aim of identifying the optimal combination of both training program variables (i.e., strength and endurance) to avoid or minimize the interference effect in the elderly. Scielo, Science Citation Index, MEDLINE, Scopus, SPORTDiscus, and ScienceDirect databases were searched. Concurrent training is the most effective strategy by which to improve neuromuscular and cardiorespiratory functions as well as functional capacity in the elderly. The volume and frequency of training appears to play a critical role in concurrent training-induced adaptations in elderly subjects. Furthermore, new evidence indicates that the intra-session exercise order may influence the magnitude of physiological adaptations. Despite the interference effect on strength gains that is caused by concurrent training, this type of training is advantageous in that the combination of strength and endurance training produces both neuromuscular and cardiovascular adaptations in the elderly. The interference phenomenon may be observed in elderly subjects when a moderate weekly volume of concurrent training (i.e., three times per week) is performed. However, even with the occurrence of this phenomenon, the performance of three concurrent training sessions per week appears to optimize the strength gains in relative brief periods of training (12 weeks). Moreover, performing strength prior to endurance exercise may optimize both neuromuscular and cardiovascular gains.

Keywords: Age, Aging, Article, Capacity, Cardiovascular, Citation, Combined Endurance, Combined Resistance, Combined Training, Concurrent Strength, Databases, Dwelling Older-Adults, Elderly, Evidence, Exercise, Force Production, Functions, Influence, Life-Style Interventions, Literature, Magnitude, Maximal Strength, MEDLINE, Muscle, Muscle Mass, Netherlands, Neural Adaptations, Neuromuscular Adaptations, Performance, Physical Training, Populations, PostmenopaUSAl Women, Power, Purpose, Randomized Controlled-Trial, Review, Role, Science, Science Citation Index, Scientific Literature, Scopus, Spain, Strategy, Strength, The Elderly, Training, Van, Volume

# Title: Age and Ageing

Full Journal Title: [Age and Ageing](http://ageing.oxfordjournals.org/archive/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

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Journal Country/Territory:

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Publisher:

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Subject Categories:

: Impact Factor

? Campbell, S.E., Seymour, D.G. and Primrose, W.R. (2004), A systematic literature review of factors affecting outcome in older medical patients admitted to hospital. *Age and Ageing*, **33** (2), 110-115.

Full Text: [2004\Age Age33, 110.pdf](2004/Age%20Age33,%20110.pdf)

Abstract: Introduction: the ACMEplus project aims to devise a standardised system for measuring case-mix and outcome in older patients admitted to hospitals in different parts of Europe for primarily ‘medical’ (i.e. not surgical or psychiatric) reasons. As a first step in this project, a systematic review was carried out to identify, factors which had a significant influence on outcome in such patients. Methods: the systematic search used MEDLINE 1966-2000, Cinahl 1982-2000, Web of Science 1981-2000, reference lists of relevant papers and a hand search of Age and Ageing 1974-2000. A six-category grading system was devised to classify the 313 identified papers with regard to their relevance to the ACMEplus project, study design and power. The analysis of the 14 ‘category 1’ papers is presented. Results: the main areas of assessment of case-mix were function, cognition, depression, illness severity, nutrition, social elements, aspects of diagnosis and demographic details. Statistically significant predictors, for the four outcome measures, listed below were: i. For length of stay: functional status score, illness severity, cognitive Score, poor nutrition, comorbidity score, diagnosis or presenting illness, polypharmacy, age and gender. ii. For mortality: functional status score, illness severity, cognitive score, comorbidity score, diagnosis or presenting illness, polypharmacy, age and gender. iii. For discharge destination: functional status score, cognitive score, diagnosis or presenting illness and age. iv. For readmission rate: functional status score, illness severity, co-morbidity, polypharmacy diagnosis or presenting illness and age. Conclusions: factors affecting outcome in older medical patients are complex. When looking at outcomes of hospital admission in older people it is important not just to look at routinely available statistics such as age, gender and diagnosis but also to take into account multifaceted aspects such as functional status and cognitive function.

Keywords: Acme, Admission, Age, Aged (80 Years and Over), Analysis, Assessment, Care, Case-Mix System, Cognition, Comorbidity, Depression, Diagnosis, Elderly, Elderly Patients, Europe, Functional, Functional Status, Gender, Geriatric-Patients, Hospital, Hospital Admission, Hospitals, Length, Length of Stay, Literature, Literature Review, Medical, Methods, Mortality, Nutrition, Older Patients, Older People, Outcome, Outcome Assessment (Health Care), Outcomes, Papers, Prognosis, Prospective Studies, Review, Science, Social, Statistics, Stay, Surgical, Systematic, Systematic Literature Review, Systematic Review, Web of Science

? Borst, S.E. (2004), Interventions for sarcopenia and muscle weakness in older people. *Age and Ageing*, **33** (6), 548-555.

Full Text: [2004\Age Age33, 548.pdf](2004/Age%20Age33,%20548.pdf)

Abstract: Objective: three major strategies have been tested for combating the losses in muscle mass and strength that accompany ageing. Those strategies are testosterone replacement for men, growth hormone replacement and resistance exercise training. This review will cover the risks and benefits associated with each of these interventions. Methods: searches of PUBMED and Web of Science through May 2004 yielded 85 relevant citations for the following descriptors: sarcopenia, aging/ageing, elderly, testosterone, hormone replacement, growth hormone, resistance training, exercise, muscle mass, nutrition and strength. Results and conclusions: testosterone replacement in elderly hypogonadal men produces only modest increases in muscle mass and strength, which are observed in some studies and not in others. Higher doses have not been given for fear of accelerating prostate cancer. Growth hormone replacement in elderly subjects produces a high incidence of side-effects, does not increase strength and does not augment strength gains resulting from resistance training. Some alternate strategies for stimulating the growth hormone/insulin-like growth factor (IGF) pathway continue to hold promise. The latter include growth hormone releasing hormone (GHRH) and the complex of IGF-I with its major circulating binding protein (IGF-I/IGFBP-3). Resistance training remains the most effective intervention for increasing muscle mass and strength in older people. Elderly people have reduced food intake and increased protein requirements. As a result, adequate nutrition is sometimes a barrier to obtaining full benefits from resistance training in this population.

Keywords: Ageing, Body-Composition, Cancer, Citations, Elderly, Elderly-Men, Exercise, Gene-Expression, Growth Hormone, Human Growth-Hormone, Hypogonadal Men, Intervention, Interventions, Methods, Muscle Atrophy, Nutrition, Older People, Physical Performance, Prostate Cancer, PUBMED, Resistance, Resistance Exercise, Resistance Training, Review, Sarcopenia, Science, Skeletal-Muscle, Strength, Testosterone, Testosterone Replacement, Training, Web of Science

? Mold, F., Fitzpatrick, J.M. and Roberts, J.D. (2005), Minority ethnic elders in care homes: A review of the literature. *Age and Ageing*, **34** (2), 107-113.

Full Text: [2005\Age Age34, 107.pdf](2005/Age%20Age34,%20107.pdf)

Abstract: Background: health and social care services are required to provide quality service provision to meet all older people’s needs, including any needs specific to minority ethnic groups. The heterogeneity of the population, however, highlights the need to offer a range of services that reflect people’s language, cultural and religious differences. Objectives: this paper reviews the literature concerned with minority ethnic elders in care homes. Methods: systematic searches were conducted using the following online databases: Web of Science, Pub Med, Sociological Abstracts, Social Sciences Index, AMED, British Nursing Index, MEDLINE, PsycInfo and CINAHL. Independent reviewers undertook a structured assessment of each piece of literature. Data extraction and analysis were in accordance with established methods. Findings: the literature has been classified into two key areas. First, issues arising from international literature, including factors relating to access, equality and workforce issues, care satisfaction and placement decision-making. The second area focuses on the issues emerging from the UK literature. Issues of particular concern include barriers to care provision for minority ethnic older people, loss of independence and the recognition of cultural needs. Conclusion: the review indicates how problems remain in ensuring the delivery of best-quality long-term care to ethnic elders in care homes. The review also highlights the absence of studies focusing on the perception of care from residents’ perspectives and their involvement in making placement and care decisions.

Keywords: Analysis, Assessment, Barriers, Care Homes, Databases, Decision Making, Decision-Making, Health and Social Care, Homes, Involvement, Literature, Long-Term Care, Methods, Minority Ethnic Elders, Nursing, Older People, People, Perception, Pub Med, Residents, Review, Science, Social, Social Sciences, Systematic, UK, Web of Science

? Burt, J. and Raine, R. (2006), The effect of age on referral to and use of specialist palliative care services in adult cancer patients: A systematic review. *Age and Ageing*, **35** (5), 469-476.

Full Text: [2006\Age Age35, 469.pdf](2006/Age%20Age35,%20469.pdf)

Abstract: Objective: to investigate variations in the use of specialist palliative care (SPC) services for adult cancer patients, in relation to age. Design: systematic review of studies examining use of or referral to SPC services in adult cancer patients. Search strategy and selection criteria: six electronic databases (MEDLINE, Embase, Web of Science, HMIC, SIGLE and AgeInfo) were searched for studies published between 1966 and March 2005, and references in the articles identified were also examined. Inclusion criteria were all studies which provided data on age in relation to use of or referral to SPC. Two reviewers independently selected studies, extracted data and assessed methodological quality according to defined criteria. Main outcome measures: use of or referral to SPC services, determined from all sources of report (patient, informal carer, health care professional, health care records). Results: 14 studies were identified. All reported a statistically significant lower use of SPC among older cancer patients (65 and above or older) at a univariate level [crude odds ratios ranged from 0.33 (0.15-0.72) to 0.82 (0.80-0.82)]. However, there were important methodological weaknesses in all of the studies identified; most crucially, studies failed to consider variations in use in relation to need for SPC. Conclusions: there is some evidence that older people are less likely to be referred to, or to use, SPC. These findings require confirmation in studies using prospectively collected data which control for patient’s need for SPC.

Keywords: Adult, Age Factors, Breast, Cancer, Control, Coverage, Databases, Death, Elderly, Equity, Health, Health Care, Home, Hospice Use, Life, Need, Older People, Oncology, Outcome, Palliative Care, Professional, Review, Science, Search Strategy, Specialist Palliative Care, Strategy, Symptoms, Systematic, Systematic Review, Utilisation, Web of Science

? Fudge, N., Wolfe, C.D.A. and Mckevitt, C. (2007), Involving older people in health research. *Age and Ageing*, **36** (5), 492-500.

Full Text: [2007\Age Age36, 492.pdf](2007/Age%20Age36,%20492.pdf)

Abstract: Background it is a UK policy requirement to involve patients and the public in health research as active partners. Objective we reviewed published reports of studies which involved older people in commissioning, prioritising, designing, conducting or disseminating research. Search strategy and selection criteria systematic searches of databases (PUBMED, SCI-EXPANDED, SSCI, AHCI, ASSIA, Embase, CINAHL and MEDLINE) for English language studies published between 1995 and 2005 which had involved older people as partners in the reserch process as opposed to research subjects. Articles were reviewed by two authors using a standardised matrix for data extraction. Results thirty studies were included and classified according to the stage in the research process in which older people were involved. Barriers to involving older people were: cultural divisions, language barriers, research skills capacity, ill health, time and resources. Four of the studies had been formally evaluated to identify the impact of involvement. Evaluation focussed on the impact on participants rather than on impact on research processes and outcomes. Benefits to participants included: increased knowledge, awareness and confidence, meeting others in similar situations, empowering older people to become active in their community regarding decisions/policies which affect them. Conclusions factors hindering the involvement of older people in research were the same as reported factors hindering involvement of younger people, suggesting that age, per se, is not a barrier. To demonstrate the impact of user involvement on research quality, the definition of user involvement requires clarification, and systematic evaluation of research involving older people needs to be developed.

Keywords: Agenda, Capacity, Community, Consumer Involvement, Consumer Participation, Design, Elderly, Older People, Research, Systematic Review, User Involvement

? Luppa, M., Luck, T., Weyerer, S., Konig, H.H., Brahler, E. and Riedel-Heller, S.G. (2010), Prediction of institutionalization in the elderly. A systematic review. *Age and Ageing*, **39** (1), 31-38.

Full Text: [2010\Age Age39, 31.pdf](2010/Age%20Age39,%2031.pdf)

Abstract: Design: relevant articles were identified by searching the databases MEDLINE, Web of Science, Cochrane Library and PSYNDEXplus. Studies based on population-based samples with prospective study design and identification of predictors by multivariate analyses were included. Quality of studies and evidence of predictors were determined. Results: thirty-six studies were identified; one-third of the studies were of high quality. Predictors with strong evidence were increased age, low self-rated health status, functional and cognitive impairment, dementia, prior NHP and a high number of prescriptions. Predictors with inconsistent results were male gender, low education status, low income, stroke, hypertension, incontinence, depression and prior hospital use. Conclusions: findings suggested that predictors of NHP are mainly based on underlying cognitive and/or functional impairment, and associated lack of support and assistance in daily living. However, the methodical quality of studies needs improvement. More theoretical embedding of risk models of NHP would help to establish more clarity in complex relationships in using nursing homes.

Keywords: Admission, Cochrane, Community, Databases, Death, Dementia, Depression, Education, Elderly, Follow-up, Functional, Gender, Health Status, Homes, Hospital, Hypertension, Income, Incontinence, Institutionalization, Long-Term-Care, MEDLINE, NHA, Nursing, Nursing Home Admission, Nursing Home Placement, Nursing Homes, Nursing-Home Placement, Old Age, Older-Adults, Prediction, Quality, Representative Sample, Review, Risk, Risk-Factors, Science, Stroke, Systematic, Systematic Review, Web of Science

? Forster, A., Lambley, R. and Young, J.B. (2010), Is physical rehabilitation for older people in long-term care effective? Findings from a systematic review. *Age and Ageing*, **39** (2), 169-175.

Full Text: [2010\Age Age39, 169.pdf](2010/Age%20Age39,%20169.pdf)

Abstract: Design: systematic review of randomised controlled trials. Data sources: the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, AMED, CINAHL, PEDro, British Nursing Index, ASSIA, IBSS, PsychINFO, DARE, HMIC, NHS EED, HTA, Web of Science, AsLib Index to UK Theses and Dissertation Abstracts, the National Research Register, Medical Research Council Register, CRIB, Current Controlled Trials and HSRPRoj. Trials: all randomised trials investigating physical rehabilitation for people permanently resident in long-term care aged >= 60 years. The primary outcome was measures of activity restriction. Results: 49 trials were identified involving 3,611 subjects with an average age of 82 years. Intervention duration was typically 12 weeks with a treatment intensity of three 30-min sessions per week. Exercise was the main component of the interventions. The mean attendance rate for 17 studies was 84% (range 71-97%). Thirty-three trials, including the nine trials recruiting over 100 subjects, reported positive findings, mostly improvement in mobility but also strength, flexibility and balance. Conclusion: physical rehabilitation for older people in long-term care is acceptable and potentially effective. Larger scale studies are needed to confirm the findings and should include longer term follow-up and assessment for possible harms.

Keywords: Aged, Assessment, Balance, Cochrane, Elderly, Embase, Exercise, Follow-up, Intervention, Interventions, Long-Term Care, Medical Research, Nursing, Older People, Outcome, Primary, Rehabilitation, Research, Review, Science, Systematic, Systematic Review, Treatment, UK, Web of Science

? Horsman, M., Suto, M., Dudgeon, B. and Harris, S.R. (2010), Ageing with cerebral palsy: Psychosocial issues. *Age and Ageing*, **39** (3), 294-299.

Full Text: [2010\Age Age39, 294.pdf](2010/Age%20Age39,%20294.pdf)

Abstract: Objective: the purpose of this narrative review is to critically examine studies that have addressed needs for social support, as well as issues affecting morale, self-efficacy, health attitudes, employment and sense of coherence (SOC) in adults ageing with CP. Design: a systematic and detailed search of the literature was conducted. Methods: searches of CINAHL (1982-present), ERIC, PUBMED (1950-present), MEDLINE (Ovid) and Web of Science databases, as well as the American Academy of Cerebral Palsy and Developmental Medicine website, were conducted. Key search terms included ‘cerebral palsy and ageing’, ‘adults with cerebral palsy’, ‘secondary conditions’, ‘functional loss’, ‘health’ and ‘psychosocial’. Nine studies were recovered that described psychosocial consequences of living with a lifespan disability. We used McMaster University’s Guidelines for Critical Review Form - Quantitative and Qualitative Studies to evaluate the studies. Results: psychosocial issues of concern to adults ageing with CP include the need for social support, self-acceptance and acceptance by others; the need for accommodations in the workplace and the environment; and SOC of adults ageing with CP. Conclusions: several studies concluded that adults with CP need greater knowledge and understanding to enhance decision-making processes about their health. The studies reviewed also provide knowledge for healthcare and social service providers who care for adults with CP to better understand how psychosocial health can be preserved during the ageing process.

Keywords: Adults, Ageing, Cerebral Palsy, Critical, Databases, Decision Making, Decision-Making, Disabilities, Elderly, Employment, Environment, Experiences, Functional, General-Population, Health, Health Attitudes, Knowledge, Literature, Locomotion, MEDLINE, Methods, Psychosocial, PUBMED, Review, Science, Self-Efficacy, Social, Systematic, Web of Science, Women

? Roberts, H.C., Denison, H.J., Martin, H.J., Patel, H.P., Syddall, H., Cooper, C. and Sayer, A.A. (2011), A review of the measurement of grip strength in clinical and epidemiological studies: Towards a standardised approach. *Age and Ageing*, **40** (4), 423-429.

Full Text: [2011\Age Age40, 423.pdf](2011/Age%20Age40,%20423.pdf)

Abstract: Methods: a literature search was conducted to review articles describing the measurement of grip strength listed in MEDLINE, Web of Science and Cochrane Library databases up to 31 December 2009. Results: there is wide variability in the choice of equipment and protocol for measuring grip strength. The Jamar hand dynamometer is the most widely used instrument with established test-retest, inter-rater and intra-rater reliability. However, there is considerable variation in how it is used and studies often provide insufficient information on the protocol followed making comparisons difficult. There is evidence that variation in approach can affect the values recorded. Furthermore, reported summary measures of grip strength vary widely including maximum or mean value, from one, two or three attempts, with either hand or the dominant hand alone. Conclusions: there is considerable variation in current methods of assessing grip strength which makes comparison between studies difficult. A standardised method would enable more consistent measurement of grip strength and better assessment of sarcopenia. Our approach is described.

Keywords: Assessment, Cochrane, Databases, Elbow, Elderly, Grip Strength, Hand Strength, Information, Literature, Measurement, Metaanalysis, Methods, Mortality, Physical Capability, Pinch Strength, Position, Protocol, Reference Values, Reliability, Review, Sarcopenia, Sarcopenia, Science, Variability, Web of Science

? Ahmed, S., Leurent, B. and Sampson, E.L. (2014), Risk factors for incident delirium among older people in acute hospital medical units: A systematic review and meta-analysis. *Age and Ageing*, **43** (3), 326-333.

Full Text: [2014\Age Age43, 326.pdf](2014/Age%20Age43,%20326.pdf)

Abstract: Background: delirium affects up to 40% of older hospitalised patients, but there has been no systematic review focussing on risk factors for incident delirium in older medical inpatients. We aimed to synthesise data on risk factors for incident delirium and where possible conduct meta-analysis of these. Methods: PubMed and Web of Science databases were searched (January 1987-August 2013). Studies were quality rated using the Newcastle-Ottawa Scale. We used the Mantel-Haenszel and inverse variance method to estimate the pooled odds ratio (OR) or mean difference for individual risk factors. Results: eleven articles met inclusion criteria and were included for review. Total study population 2338 (411 patients with delirium/1927 controls). The commonest factors significantly associated with delirium were dementia, older age, co-morbid illness, severity of medical illness, infection, ‘high-risk’ medication use, diminished activities of daily living, immobility, sensory impairment, urinary catheterisation, urea and electrolyte imbalance and malnutrition. In pooled analyses, dementia (OR 6.62; 95% CI (confidence interval) 4.30, 10.19), illness severity (APACHE II) (MD (mean difference) 3.91; 95% CI 2.22, 5.59), visual impairment (OR 1.89; 95% CI 1.03, 3.47), urinary catheterisation (OR 3.16; 95% CI 1.26, 7.92), low albumin level (MD -3.14; 95% CI -5.99, -0.29) and length of hospital stay (OR 4.85; 95% CI 2.20, 7.50) were statistically significantly associated with delirium. Conclusion: we identified risk factors consistently associated with incident delirium following admission. These factors help to highlight older acute medical inpatients at risk of developing delirium during their hospital stay.

Keywords: Admission, Age, Albumin, Analyses, Apache-Ii, Articles, Care, Confidence, Confusion, Criteria, Data, Databases, Delirium, Dementia, Developing, Hospital, Hospital Stay, Hospitalised, Illness Severity, Infection, Inpatients, Interval, Length, Living, Malnutrition, Medical, Medical Unit, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Odds Ratio, Older People, Patients, Population, Predictive Model, Pubmed, Quality, Results, Review, Risk, Risk Factors, Scale, Science, Sensory Impairment, Systematic, Systematic Review, Urinary, Validation, Web Of Science, Web Of Science Databases

? Wang, X.Q., Pi, Y.L., Chen, P.J., Liu, Y., Wang, R. and Chan, C. (2015), Cognitive motor interference for preventing falls in older adults: A systematic review and meta-analysis of randomised controlled trials. *Age and Ageing*, **44** (2), 205-212.

Full Text: [2015\Age Age44, 205.pdf](2015/Age%20Age44,%20205.pdf)

Abstract: Objective: we conducted a systematic review to determine the effect of cognitive motor interference (CMI) for the prevention of falls in older adults. Methods: we searched studies through Medline, Embase, the Cochrane Library, Web of Science, CINAHL, PEDro and the China Biology Medicine disc. Only randomised controlled trials examining the effects of CMI for older people were included. The primary outcome measure was falls; the secondary outcome measures included gait, balance function and reaction time. Results: a total of 30 studies of 1,206 participants met the inclusion criteria, and 27 studies of 1,165 participants were used as data sources for the meta-analyses. The pooling revealed that CMI was superior to control group for fall rate [standard mean difference (SMD) (95% CI) = -3.03 (-4.33, -1.73), P < 0.0001], gait speed [SMD (95% CI) = 0.36 (0.07, 0.66), P = 0.01], step length [SMD (95% CI) = 0.48 (0.16, 0.80), P = 0.003], cadence [SMD (95% CI) = 0.19 (0.01, 0.36), P = 0.03], timed up and go test [SMD (95% CI) = -0.22 (-0.38, -0.06), P = 0.007], centre of pressure displacement [SMD (95% CI) = -0.32 (-1.06, 0.43), P = 0.04] and reaction time [SMD (95% CI) = -0.47 (-0.86, -0.08), P = 0.02]. Conclusion: the systematic review demonstrates that CMI is effective for preventing falls in older adults in the short term. However, there is, as yet, little evidence to support claims regarding long-term benefits. Hence, future studies should investigate the long-term effectiveness of CMI in terms of fall prevention in older adults.

Keywords: Adults, Balance, Balance, Benefits, Biology, China, Cognitive, Cognitive Motor Interference, Control, Criteria, Data, Displacement, Dual-Task Conditions, Dynamics, Effectiveness, Effects, Elderly-People, Evidence, Exercise, Fall Prevention, Falls, Function, Gait, Gait, Injuries, Interventions, Length, Library, Long Term, Long-Term, Mar, Measure, Measures, Medicine, Medline, Meta Analysis, Meta-Analyses, Meta-Analysis, Metaanalysis, Methods, Older, Older Adults, Older People, Outcome, Outcome Measure, Outcome Measures, P, Performance, Pressure, Prevention, Primary, Randomised, Randomised Controlled Trials, Results, Review, Science, Single-Task, Sources, Support, Systematic, Systematic Review, Term, Web, Web Of Science

# Title: Ageing and Society

Full Journal Title: [Ageing and Society](http://journals.cambridge.org/action/displayJournal?jid=ASO)

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JCR Abbreviated Title: Ageing Soc

ISSN: 0144-686x

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Journal Country/Territory: England

Language: English

Publisher: Cambridge Univ Press

Publisher Address: 40 West 20th St, New York, NY 10011-4221

Subject Categories:

Gerontology: Impact Factor 0.542/(2002)

? Warnes, A.M. (1993), Being old, old-people and the burdens of burden. *Ageing and Society*, **13**, 297-338.

Abstract: Burden is today often applied to elderly people in two senses, for the fiscal load of income support and health and social care costs, and for notions and scales of care-giving effort and stress. It does not however convey straightforward meanings for its understanding is affected by two millenia of metaphorical and rhetorical USAge. The use of burden tends to simplify relationships, whether between age-groups of a population or between a carer and an elderly person, and it communicates senses of a nuisance and an excessive charge. Portentous implications are invoked from biblical senses and derogatory overtones are strengthened by association, earlier this century, with racial stereotyping. An etymological survey reveals many sources of the word’s versatility and rhetorical power. Important extensions of USAge towards the two contemporary gerontological applications are then studied. A bibliometric examination of the surge in the word’s social science use since the early 1980s is undertaken, and the paper concludes with a discussion of current USAge as evidence of current attitudes towards, and constructions of, old age on the part of politicians and policy analysts.

Keywords: Age, Bibliometric, Caregivers, Dementia

# Title: Ageing Research Reviews

Full Journal Title: Ageing Research Reviews

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Baert, V., Gorus, E., Mets, T., Geerts, C. and Bautmans, I. (2011), Motivators and barriers for physical activity in the oldest old: A systematic review. *Ageing Research Reviews*, **10** (4), 464-474.

Full Text: [2011\Age Res Rev10, 464.pdf](2011/Age%20Res%20Rev10,%20464.pdf)

Abstract: Worldwide, people engage insufficiently in physical activity, particularly subjects aged 80 years and over. For optimal life-style campaigns, knowledge of motivators and barriers for physical activity is mandatory. Given their specific needs, it is conceivable that these would be different for the oldest old compared to younger subjects. Pubmed, Web of Science and Psychinfo were systematically screened for articles reporting motivators and barriers for physical activity. Papers were excluded if data regarding elderly aged >79 years were absent. Forty-four relevant articles were included, involving a total of 28,583 subjects. Sixty one motivators and 59 barriers for physical activity in the elderly were identified, including those who are relevant for persons aged 80 years and over. Based on the results of our literature review, we recommend that when promoting physical activity in the oldest old, special attention is paid to the health benefits of physical activity, to the subject’s fears, individual preferences and social support, and to constraints related to the physical environment. However, no studies were found exclusively describing people aged 80 years and over, and future research is necessary to differentiate the barriers or motivators that are specific for the oldest old from those of younger elderly. (C) 2011 Elsevier B.V. All rights reserved.

Keywords: Adults, Aged, Attention, Barrier, Barriers, Behavior, Elderly, Environment, Exercise Program, Health Benefits, Hip Fracture, Knowledge, Literature, Literature Review, Mandatory, Motivational Factors, Motivator, Oldest Old, Participation, Perceived Barriers, Perceptions, Physical Activity, Preferences, Research, Review, Science, Social, Social Support, Systematic, Systematic Review, Web of Science, Women

? Sabayan, B., Jansen, S., Oleksik, A.M., van Osch, M.J.P., van Buchem, M.A., van Vliet, P., de Craen, A.J.M. and Westendorp, R.G.J. (2012), Cerebrovascular hemodynamics in Alzheimer’s disease and vascular dementia: A meta-analysis of transcranial Doppler studies. *Ageing Research Reviews*, **11** (2), 271-277.

Full Text: [2012\Age Res Rev11, 271.pdf](2012/Age%20Res%20Rev11,%20271.pdf)

Abstract: Background and purpose: Alteration in cerebrovascular hemodynamics has reported in both ageing and dementia. However, it is still unclear whether this alteration follows similar pattern in ageing and in different dementia pathologies. The aim of this meta-analysis was to investigate changes in cerebral blood flow velocity and pulsatility index in two most common forms of dementia; Alzheimer’s disease and vascular dementia, using transcranial Doppler studies.

Methods: A literature search was conducted in Pubmed, EMBASE and Web of Science. After initial screening of 304 articles and removing duplicates, a total of 53 articles, published between 1980 and 2010, were reviewed. Finally 12 articles were included in the meta-analysis. For each study, effect sizes (ES) indicating the standardized mean differences of the hemodynamic measures between two groups were calculated. Using random effect models, pooled estimates of ES were measured.

Results: Patients with Alzheimer’s disease (ES = -1.09, 95% CI -1.77 to -0.44, p = 0.004) and vascular dementia (ES = -1.62, 95% CI -2.26 to -0.98, p < 0.001) had significantly lower cerebral blood flow velocity compared with healthy aged-matched controls. In addition, pulsatility index was significantly higher in both Alzheimer’s disease (ES = 0.5, 95% CI 0.28-0.72, p < 0.001) and vascular dementia patients (ES = 2.34, 95% CI 1.39-3.29, p < 0.001). Patients with Alzheimer’s disease had lower pulsatility index (ES = -1.22, 95% CI -1.98 to -0.46, p = 0.002) compared to subjects with vascular type of dementia.

Conclusions: Patients with Alzheimer’s disease and vascular dementia have a pronounced disturbance in their cerebrovascular hemodynamics. The severity of disturbances in cerebral hemodynamics is significantly lower in Alzheimer’s disease compared to vascular dementia. (C) 2011 Elsevier B.V. All rights reserved.

Keywords: Cerebrovascular Hemodynamics, Alzheimer’s Disease, Vascular Dementia, Transcranial Doppler, Meta-Analysis, Blood-Flow-Velocity, Differential-Diagnosis, Cerebral Hemodynamics, Multiinfarct Dementia, Risk-Factors, Sonography, Hypoperfusion, Criteria, Autoregulation, Pathogenesis

? Pieper, M.J.C., van Dalen-Kok, A.H., Francke, A.L., van der Steen, J.T., Scherder, E.J.A., Husebo, B.S. and Achterberg, W.P. (2013), Interventions targeting pain or behaviour in dementia: A systematic review. *Ageing Research Reviews*, **12** (4), 1042-1055.

Full Text: [2013\Age Res Rev12, 1042.pdf](2013/Age%20Res%20Rev12,%201042.pdf)

Abstract: Background: Both pain and challenging behaviour are highly prevalent in dementia, and multiple studies show that some of these behaviours may be correlated. Pain, especially in non-communicative patients, can cause challenging behaviour, and treatment of pain therefore may have an effect on behaviour. This review aims to provide a comprehensive overview of the current state of evidence regarding the effectiveness of interventions targeting pain on the outcome behaviour, and interventions targeting behaviour on pain, in dementia. Method: PubMed (MEDLINE), EMBASE, COCHRANE, CINAHL, PsychINFO and Web of Science were searched systematically. Studies were included if they focused on an intervention targeting a reduction in the person’s distress, pain, and/or behaviour, and included adults with a main diagnosis of dementia. Results: of a total of 893 potentially relevant publications that were identified, 16 publications met the inclusion criteria and were eligible for further analysis; 6 studies focused on a pain intervention targeting behaviour, 1 study focused on a behavioural intervention targeting pain, and 9 studies focused on an intervention targeting both pain and behaviour. Conclusion: Available evidence suggests that (pain) interventions targeting behaviour, and (behavioural) interventions targeting pain are effective in reducing pain and behavioural symptoms in dementia. (C) 2013 Elsevier B.V. All rights reserved.

Keywords: Agitation, Analysis, Behavior, Behaviour, Clinical-Trial, Controlled-Trial, Criteria, Dementia, Diagnosis, Discomfort, Distress, Effectiveness, Embase, Evidence, Intervention, Interventions, Long-Term-Care, Medline, Neuropsychiatric Symptoms, Neuropsychiatric Symptoms, Non-Pharmacological and Pharmacological Interventions, Nonpharmacological Interventions, Nursing-Home Residents, Older-Adults, Outcome, Pain, Patients, Publications, Pubmed, Quality-Of-Life, Reduction, Results, Review, Rights, Science, State, Symptoms, Systematic Review, Targeting, Treatment, Treatment of Pain, Web of Science

# Title: Aging Clinical and Experimental Research

Full Journal Title: Aging Clinical and Experimental Research

ISO Abbreviated Title: Aging Clin. Exp. Res.

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Publisher Address: Via Luigi Zoja 30, 20153 Milan, Italy

Subject Categories:

Geriatrics & Gerontology: Impact Factor

Mussi, C., Palazzi, C., Pasqualini, R. and Salvioli, G. (2002), Impact factor of medical journals: Problems in geriatrics. *Aging Clinical and Experimental Research*, **14** (1), 64-68.

Abstract: the Impact Factor (IF) is one of the most reliable methods for evaluating the quality of scientific journals. To date, no one has studied the IF of geriatric journals over time. Our aims were 1) to evaluate the IF trend of geriatric journals in general, and with respect to internal medicine, which is the nearest discipline, and 2) to assess the proportion of papers on common geriatric topics published in geriatric journals, with respect to other general periodicals. The current literature was studied to define what IF is and describe its good points and deficiencies. We then analyzed the situation regarding geriatric journals. A bibliometric analysis addressed the kind of journal interested in important geriatric themes (syncope, falls, hip fractures, delirium). Geriatric journals have a low IF, but their importance has been growing over the years. Despite this, papers regarding geriatric themes are published mainly in non-specific journals, and the number of publications regarding syncope, falls, hip fractures, and delirium has not increased during the period in question. In conclusion, it is difficult to use the IF for comparisons between different disciplines, in particular when the one under consideration (geriatrics and gerontology) is spread over a wide range of medical fields. The increase in IF of geriatric journals over time is the most important result of our analysis; this finding will encourage geriatric scientists to submit their papers to geriatric periodicals and will increase the specificity of the gerontological discipline.

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Delirium, General, Geriatrics, Gerontology, Hip Fractures, Journal, Journals, Literature, Medical, Medical Journals, Medicine, Methods, Papers, Periodicals, Publications, Quality, Quality of, Scientific Journals, Specificity, Syncope, Trend

# Title: Aging Male

Full Journal Title: Aging Male

ISO Abbreviated Title:

JCR Abbreviated Title:

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Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? He, Q.Q., Wang, H.Z., Yue, Z.J., Yang, L., Tian, J.Q., Liu, G.M., Gupta, S., Daneshgari, F. and Wang, Z.P. (2014), Waist circumference and risk of lower urinary tract symptoms: A meta-analysis. *Aging Male*, **17** (4), 223-229.

Full Text: [2014\Agi Mal17, 223.pdf](2014/Agi%20Mal17,%20223.pdf)

Abstract: Background and objective: Epidemiological studies have reported conflicting results concerning the role of central obesity in lower urinary tract symptoms. We performed a meta-analysis to determine whether larger waist circumference (WC) is a predicted signal for Lower Urinary Tract Symptoms (LUT). Data resource: Eligible studies were retrieved by searching PubMed, Web of science, and the Cochrane Library database up to January 2014. Study eligibility criteria: Prospective and retrospective cohort, case-controlled trials and observational studies. Data extraction: Data were extracted and analyzed using random effect models to reveal an array of risk factors. Dose-response meta-analysis was performed for studies reporting categorical risk estimates at multiple exposure levels. Study heterogeneity and publication biases were assessed. Data synthesis: A total of 12 studies met the inclusion criteria of the meta-analysis. A positive association with waist circumference (WC) was observed between WC and LUTS at an odds ratio of 1.49, (95% confidence intervals 1.34-1.64). In subgroup analysis, WC exhibited a positive dose-dependent relationship with LUTS in mostly study design, region and primary outcomes. Limitation: Potential biases from preferential publication and selective reporting. Conclusion: Large WC is associated with increased risk of LUTS. Further studies are needed to confirm this finding and to define related biological mechanisms.

Keywords: Analysis, Association, Benign Prostatic Hyperplasia, Biological, Body-Mass Index, Central Obesity, Cohort, Confidence, Confidence Intervals, Criteria, Data, Database, Design, Dose Response, Estimates, Exposure, Extraction, Factors, From, Health, Heterogeneity, Impact, Incontinence, Insulin-Resistance, Intervals, Lower Urinary Tract Symptoms, Luts, Mechanisms, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolic Syndrome, Models, Obesity, Observational, Observational Studies, Odds Ratio, Outcomes, Primary, Prospective, Publication, Pubmed, Quality-Of-Life, Region, Reporting, Risk, Risk Factors, Role, Science, Study Design, Symptoms, Synthesis, Urinary, Waist Circumference, Web, Web Of Science, Women

# Title: Aging & Mental Health

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ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bowling, A., Rowe, G., Adams, S., Sands, P., Samsi, K., Crane, M., Joly, L. and Manthorpe, J. (2015), Quality of life in dementia: A systematically conducted narrative review of dementia-specific measurement scales. *Aging & Mental Health*, **19** (1), 13-31.

Full Text: [2015\Agi Men Hea19, 13.pdf](2015/Agi%20Men%20Hea19,%2013.pdf)

Abstract: Objectives: Ascertaining the quality of life (QoL) in people with dementia is important for evaluating service outcomes and cost-effectiveness. This paper identifies QoL measures for people with dementia and assesses their properties. Method: A systematic narrative review identified articles using dementia QoL measures. Electronic databases searched were AMED, CINAHL, EMBASE, Index to Theses, IBSS, MEDLINE, PsycINFO, Sociological Abstracts, and Web of Science. All available years and languages (if with an English language abstract) were included. Results: Searches yielded 6806 citations; 3043 were multiple duplicates (759 being true duplicates). Abstracts were read; 182 full papers were selected/obtained, of which 126 were included as relevant. Few measures were based on rigorous conceptual frameworks. Some referenced Lawton’s model (Dementia Quality of Life [DQOL] and Quality of Life in Alzheimer’s Disease [QOL-AD]), though these tapped part of this only; others claimed relationship to a health-related QoL concept (e.g. DEMQOL), though had less social relevance; others were based on limited domains (e.g. activity, affect) or clinical opinions (Quality of Life in Late-Stage Dementia [QUALID]). Many measures were based on proxy assessments or observations of people with dementia’s QoL, rather than their own ratings. The Bath Assessment of Subjective Quality of Life in Dementia (BASQID) was developed involving people with dementia and caregivers, but excluded some of their main themes. All measures were tested on selective samples only (ranging from community to hospital clinics, or subsamples/waves of existing population surveys), in a few sites. Their general applicability remains unknown, and predictive validity remains largely untested. Conclusion: The lack of consensus on measuring QoL in dementia suggests a need for a broader, more rigorously tested QoL measure.

Keywords: Activity, Affect, Alzheimer’s, Alzheimers-Disease Patients, Articles, Assessment, Assessments, Care, Caregivers, Citations, Clinical, Cognitive Impairment, Community, Concept, Consensus, Cost Effectiveness, Cost-Effectiveness, Databases, Dementia, Disease, Embase, English, Events Schedule-Ad, From, General, Hospital, Instrument, Language, Languages, Life, Measure, Measurement, Measurement Scale, Measures, Medline, Model, Observations, Opinions, Outcomes, Papers, People, Performance, Population, Predictive, Properties, Psychometrics, Psycinfo, Quality, Quality Of, Quality Of Life, Questionnaire, Relevance, Reliability, Results, Review, Scales, Science, Service, Social, Surveys, Symptoms, Systematic, Theses, To-Moderate Dementia, Validity, Web, Web Of Science

# Title: Aging Neuropsychology and Cognition

Full Journal Title: Aging Neuropsychology and Cognition

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Morra, L., Zade, D., McGlinchey, R.E. and Milberg, W.P. (2013), Normal aging and cognition: The unacknowledged contribution of cerebrovascular risk factors. *Aging Neuropsychology and Cognition*, **20** (3), 271-297.

Full Text: [2013\Agi Neu Cog20, 271.pdf](2013/Agi%20Neu%20Cog20,%20271.pdf)

Abstract: Despite the widespread assumption that cognitive decline is an inherent part of the normal aging process, research suggests that part of the variance in age-related cognitive decline is attributable to modifiable factors common in geriatric populations such as cerebrovascular risk factors. We completed a literature search using Science Citation Index and evaluated the most cited articles from the last 10 years to determine the extent to which investigations of normal aging and cognition account for the influence of cerebrovascular risk factors. We found that the majority of the most frequently cited literature does not adequately account for the contribution of cerebrovascular risk factors and therefore, it is possible that many conclusions about normal aging and cognition are flawed or incomplete. Further investigation of the role of cerebrovascular risk factors in age-related cognitive decline is imperative to more accurately understand the effect of aging on cognition.

Keywords: Aging, Blood-Pressure, Cardiovascular Risk, Cerebrovascular, Citation, Cognition, Differential Vulnerability, Dopaminergic System, Geriatric, Investigation, Investigations, Literature, Neuropsychology, Normal, Older-Adults, Populations, Research, Risk, Risk Factors, Role, Science, Science Citation Index, Self-Report, United-States, Vascular Risk, White-Matter, Working-Memory

# Title: Agrekon

Full Journal Title: Agrekon

ISO Abbreviated Title: Agrekon

JCR Abbreviated Title: Agrekon

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Kirsten, J.F. (2011), Agricultural economics scholarship in South Africa at the crossroads: Is it time for a national institute of food, agricultural and resource economics? *Agrekon*, **50** (3), 124-144.

Full Text: [2011\Agrekon50, 124.pdf](2011/Agrekon50,%20124.pdf)

Abstract: This paper reflects on the standing and impact of the work of agricultural economists in South Africa to illustrate the critical decisions faced by the profession as it contemplates its future. The focus is on the agricultural economic scholarship per se and not on the policy and practice issues of the discipline. Following the review of agricultural economic research output in South Africa the paper then also raises questions about relevance and impact of the discipline and the quality of training. Given these concerns the paper makes the case for improved coordination and perhaps consolidation of the discipline and presents a proposal for the establishment of a national institute that will consolidate and improve training at the various universities as well as adequately fund and direct research.

Keywords: Africa, Agricultural Economics Scholarship, Bibliometric Analysis, Economics, Impact, Policy, Practice, Research, Research Output, Review, Scholarship, South Africa, Time, Training

# Title: Agricultural Administration and Extension

Full Journal Title: Agricultural Administration and Extension

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Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bennell, P. and Thorpe, P. (1987), Crop science research in sub-Saharan Africa: A bibliometric overview. *Agricultural Administration and Extension*, **25** (2), 99-123.

Full Text: [1987\Agr Adm Ext25, 99.pdf](1987/Agr%20Adm%20Ext25,%2099.pdf)

Keywords: Bibliometric, Research, Science

# Title: Agriculture and Human Values

Full Journal Title: A Agriculture and Human Values

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Warner, K.D., Daane, K.M., Getz, C.M., Maurano, S.P., Calderon, S. and Powers, K.A. (2011), The decline of public interest agricultural science and the dubious future of crop biological control in California. *Agriculture and Human Values*, **28** (4), 483-496.

Full Text: [2011\Agr Hum Val28, 483.pdf](2011/Agr%20Hum%20Val28,%20483.pdf)

Abstract: Drawing from a four-year study of US science institutions that support biological control of arthropods, this article examines the decline in biological control institutional capacity in California within the context of both declining public interest science and declining agricultural research activism. After explaining how debates over the public interest character of biological control science have shaped institutions in California, we use scientometric methods to assess the present status and trends in biological control programs within both the University of California Land Grant System and the California Department of Food and Agriculture. We present available data on the number of scientific positions and the types of positions to discuss the impact on the amount of public interest research on biological control in California. We use sociograms to depict how biological control science networks have been reconfigured over time. Our quantitative and qualitative analyses indicate that the following factors contributed to the decline of biological control science in California over the 45-year period analyzed: (1) the institutional reconfiguration of university research priorities; (2) the fraying networks within and increasing specialization of biological control science; (3) the transformation of the social organization of the life science work, including privatization; and (4) the abandonment of this thematic area by civil society activist groups. This broad array of forces suggests that biological control, as a public interest science, will require a deliberate intervention, based on advocacy of clear public interest criteria.

Keywords: Advocacy, Agricultural Science, Agriculture, Biological Control, Biotechnology, Capacity, Control, Ever, Hightower, Impact, Insects, Institutional Capacity, Integrated Pest-Management, Interest, Intervention, Molecular Age, Pest Control, Politics, Priorities, Public Interest Science, Qualitative, Quantitative, Research, Research Activism, Science, Social, Social Networks, Trends, University, University-Industry Relationships, US

# Title: Agro Food Industry Hi-Tech

Full Journal Title: Agro Food Industry Hi-Tech

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bartlett, H. and Eperjesi, F. (2004), Carotenoids and ocular disease: A review. *Agro Food Industry Hi-Tech*, **15** (6), 19-21.

Full Text: 2004\Agr Foo Ind Hi-Tec15, 19.pdf

Abstract: Background Carotenoids are not considered to be essential nutrients, but their antioxidant and photoprotective properties have prompted interest in their potential role in disease prevention. Our aim is to review the evidence In relation to ocular disease. Method Web of Science and MEDLINE via PUBMED database search. Results Lutein and zeaxanthin intake has been associated with a 22% reduced risk of cataract extraction in women (RR 0.78, p = 0.04), and a 19% lower risk of cataract in men (RR 0.8, p = 0, 03). A randomised controlled trial (RCT) found a significant improvement in visual acuity in cataract patients supplemented with lutein. Two RCTs investigating the effect of P-carotene, in combination with other nutrients, on cataract report conflicting results. Several studies show no inverse association between cataract and P-carotene. Lutein and zeaxanthin are the only carotenoids found in the human macula. RCTs have found beneficial effects of both lutein and beta-carotene supplementation, in combination with other antioxidants, on visual function age-related macular disease affected subjects. Evidence for a role of lutein in preventing deterioration of visual function in retinitis pigmentosa patients is conflicting. CONCLUSIONS Further research into the role of lutein and zeaxanthin in prevention of onset and progression of ocular disease is warranted.

Keywords: Age-Related Maculopathy, Beta-Carotene, Carotenoids, Cataract-Extraction, Disease, Disease Prevention, Human, Interest, Lung-Cancer, Lutein Supplementation, Macular Pigment Density, Nuclear Cataract, Prevention, Protective Role, PUBMED, Randomised Controlled Trial, Research, Resonance Raman Measurement, Retinitis-Pigmentosa, Review, Risk, Science, Web of Science, Women

# Title: Agronomy for Sustainable Development

Full Journal Title: Agronomy for Sustainable Development

ISO Abbrev. Title: Agron. Sustain. Dev.

JCR Abbrev. Title: Agron Sustain Dev

ISSN: 1774-0746

Issues/Year: 4

Language: Multi-Language

Journal Country/Territory: France

Publisher: Springer France

Publisher Address: 22 Rue De Palestro, Paris 75002, France

Subject Categories:

Agronomy: Impact Factor 3.330, 4/79 (2011)

? Ferguson, R.S. and Lovell, S.T. (2014), Permaculture for agroecology: Design, movement, practice, and worldview. A review. *Agronomy for Sustainable Development*, **34** (2), 251-274.

Full Text: [2014\Agr Sus Dev34, 251.pdf](2014/Agr%20Sus%20Dev34,%20251.pdf)

Abstract: Agroecology is a promising alternative to industrial agriculture, with the potential to avoid the negative social and ecological consequences of input-intensive production. Transitioning to agroecological production is, however, a complex project that requires diverse contributions from the outside of scientific institutions. Agroecologists therefore collaborate with traditional producers and agroecological movements. Permaculture is one such agroecological movement, with a broad international distribution and a unique approach to system design. Despite a high public profile, permaculture has remained relatively isolated from scientific research. Though the potential contribution of permaculture to agroecological transition is great, it is limited by this isolation from science, as well as from oversimplifying claims, and the lack of a clear definition. Here, we review scientific and popular permaculture literature. A systematic review discusses quantitative bibliometric data, including keyword analysis. A qualitative review identifies and assesses major themes, proposals, and claims. The manuscript follows a stratified definition of permaculture as design system, best practice framework, worldview, and movement. The major points of our analysis are as follows: (1) Principles and topics largely complement and even extend principles and topics found in the agroecological literature. (2) Distinctive approaches to perennial polyculture, water management, and the importance of agroecosystem configuration exceed what is documented in the scientific literature and thus suggest promising avenues of inquiry. (3) Discussions of practice consistently underplay the complexity, challenges, and risks that producers face in developing diversified and integrated production systems. (4) The movement is mobilizing diverse forms of social support for sustainability, in geographically diverse locations. (5) And scholarship in permaculture has always been a diverse marginal sector, but is growing.

Keywords: Agriculture, Agroecological Movement, Agroecological Transition, Agroecology, Agroecosystem, Alternative, Analysis, Approach, Bibliometric, Bibliometric Data, Complexity, Contribution, Cropping Systems, Data, Design, Developing, Distribution, Diversified Farming Systems, Ecological Analysis, Farmdesign, Food Sovereignty, Forms, Framework, Google Scholar, Institutions, Integrated Farming Systems, International, Keyword Analysis, Literature, Management, Movement, Northeast Thailand, Perennial Polyculture, Perennial-Grain Crops, Permaculture, Potential, Practice, Principles, Public, Qualitative, Research, Review, Risks, Scholarship, Science, Scientific Institutions, Scientific Literature, Scientific Research, Sector, Social, Social Support, Social-Movement, Support, Sustainability, Sustainable Agriculture, Systematic, Systematic Review, Systems, United-States, Water, Water Management

# Title: AI Communications

Full Journal Title: AI Communications

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? van den Besselaar, P. and Leydesdorff, L. (1993), Research performance in artificial intelligence and robotics: An international comparison. *AI Communications*, **6** (2), 83-91.

Full Text: AI Com6, 83.pdf

Abstract: the authors give a brief overview of the AI and robotics research performance of several countries in the 1980s, but focus on the EC and some of its main competitors: the US, Canada, Japan and Sweden. Shares in research output are changing and the patterns differ between AI and robotics. First, they specify what counts as AI research output and robotics-research output. Although research has various types of output, the authors focus on research output in terms of publications in scientific journals. By making this selection, they neglect other types of output like patents, artifacts, books and congress papers. The empirical base are the journals as included in the Science Citation Index and the Social Sciences Citation Index. They use the results of searching these databases to review the research.

Keywords: Canada, Comparison, Databases, EC, International, International Comparison, Japan, Journals, Neglect, Papers, Patents, Performance, Publications, Research, Research Performance, Review, Science Citation Index, Scientific Journals, Sweden, US

# Title: AIDS

Full Journal Title: AIDS

ISO Abbrev. Title: AIDS

JCR Abbrev. Title: AIDS

ISSN: 0269-9370

Issues/Year: 18

Language: English

Journal Country/Territory: United States

Publisher: Lippincott Williams & Wilkins

Publisher Address: 530 Walnut St, Philadelphia, PA 19106-3621

Subject Categories:

Immunology: Impact Factor 6.245, 18/139 (2011)

Infectious Diseases: Impact Factor 6.245, 4/70 (2011)

Virology: Impact Factor 6.245, 5/32 (2011)

? Wyatt, C.A., Malvestutto, C., Coca, S.G., Klotman, P.E. and Parikh, C.R. (2008), The impact of hepatitis C virus coinfection on HIV-related kidney disease: A systematic review and meta-analysis. *AIDS*, **22** (14), 1799-1807.

Full Text: [2008\AIDS22, 1799.pdf](2008/AIDS22,%201799.pdf)

Abstract: Background: In the era of antiretroviral therapy, non-AIDS complications such as kidney disease are important contributors to morbidity and mortality. Objective: To estimate the impact of hepatitis C coinfection on the risk of kidney disease in HIV patients. Design and methods: Two investigators identified English-language citations in MEDLINE and Web of Science from 1989 through 1 July 2007. References of selected articles were reviewed. Observational studies and clinical trials of HIV-related kidney disease and antiretroviral nephrotoxicity were eligible if they included at least 50 subjects and reported hepatitis C status. Data on study characteristics, population, and kidney disease Outcomes were abstracted by two independent reviewers. Results: After screening 251 6 articles, 27 studies were eligible and 24 authors confirmed or provided data. Separate meta-analyses were performed for chronic kidney disease outcomes (n=10), proteinuria (n=4), acute renal failure (n=2), and indinavir toxicity (n=5). The pooled incidence of chronic kidney disease was higher in patients with hepatitis C coinfection [6.2 versus 4.01%; relative risk 1.49, 95% confidence interval (CI) 1.08-2.06]. in meta-regression, prevalence of black race and the proportion of patients with documented hepatitis C status were independently associated with the risk of chronic kidney disease. The relative risk associated with hepatitis C coinfection was significantly increased for proteinuria (1.15; 95% CI 1.02-1.30) and acute renal failure (1.64; 95% CI 1.21-2.23), with no significant statistical heterogeneity. The relative risk of indinavir toxicity was 1.59 (95%) CI 0.99-2.54) with hepatitis C coinfection. Conclusion: Hepatitis C coinfection is associated with a significant increase in the risk of HIV-related kidney disease. (C) 2008 Wolters Kluwer Health vertical bar Lippincott Williams &Wilkins.

Keywords: Active Antiretroviral Therapy, Antiretroviral, Antiretroviral Therapy, Authors, Chronic Kidney Disease, Citations, Clinical Trials, Cohort, Diabetes-Mellitus, Disease, Failure, Health, Hepatitis, Hepatitis C, Hepatitis Coinfection, HIV, HIV-1-Infected Patients, Impact, Infected Patients, Kidney Disease, MEDLINE, Meta-Analysis, Morbidity, Mortality, Nephrotoxicity, Outcomes, Prevalence, Proteinuria, Race, References, Relative Risk, Review, Risk, Risk-Factors, Science, Screening, Stage Renal-Disease, Statistical, Systematic, Systematic Review, Therapy, Toxicity, United-States, Web of Science

? Nachega, J.B., Uthman, O.A., Anderson, J., Peltzer, K., Wampold, S., Cotton, M.F., Mills, E.J., Ho, Y.S., Stringer, J.S.A., McIntyre, J.A. and Mofenson, L.M. (2012), Adherence to antiretroviral therapy during and after pregnancy in low-income, middle-income, and high-income countries: A systematic review and meta-analysis. *AIDS*, **26** (16), 2039-2052.

Full Text: [2012\AIDS26, 2039.pdf](2012/AIDS26,%202039.pdf); [2012\AIDS-Nachegaa.pdf](2012/AIDS-Nachegaa.pdf)

Abstract: Objective: To estimate antiretroviral therapy (ART) adherence rates during pregnancy and postpartum in high-income, middle-income, and low-income countries.

Design: Systematic review and meta-analysis.

Methods: MEDLINE, EMBASE, SCI Web of Science, NLM Gateway, and Google scholar databases were searched. We included all studies reporting adherence rates as a primary or secondary outcome among HIV-infected pregnant women. Two independent reviewers extracted data on adherence and study characteristics. A random-effects model was used to pool adherence rates; sensitivity, heterogeneity, and publication bias were assessed.

Results: of 72 eligible articles, 51 studies involving 20 153 HIV-infected pregnant women were included. Most studies were from United States (n = 14, 27%) followed by Kenya (n = 6, 12%), South Africa (n = 5, 10%), and Zambia (n = 5, 10%). The threshold defining good adherence to ART varied across studies (>80, >90, >95, 100%). A pooled analysis of all studies indicated a pooled estimate of 73.5% [95% confidence interval (CI) 69.3–77.5%, I2 = 97.7%] of pregnant women who had adequate (≥80%) ART adherence. The pooled proportion of women with adequate adherence levels was higher during the antepartum (75.7%, 95% CI 71.5–79.7%) than during postpartum (53.0%, 95% CI 32.8–72.7%; P = 0.005). Selected reported barriers for nonadherence included physical, economic and emotional stresses, depression (especially postdelivery), alcohol or drug use, and ART dosing frequency or pill burden. Conclusion: Our findings indicate that only 73.5% of pregnant women achieved optimal ART adherence. Reaching adequate ART adherence levels was a challenge in pregnancy, but especially during the postpartum period. Further research to investigate specific barriers and interventions to address them is urgently needed globally.

? Peletz, R., Mahin, T., Elliott, M., Harris, M.S., Chan, K.S., Cohen, M.S., Bartram, J.K. and Clasen, T.F. (2013), Water, sanitation, and hygiene interventions to improve health among people living with HIV/AIDS: A systematic review. *AIDS*, **27** (16), 2593-2601.

Full Text: [2013\AIDS27, 2593.pdf](2013/AIDS27,%202593.pdf)

Abstract: Design: People living with HIV/AIDS (PLHIV) are at increased risk of diarrhoeal disease and enteric infection. This review assesses the effectiveness of water, sanitation, and hygiene (WASH) interventions to prevent disease among PLHIV. Methods: We searched MEDLINE, EMBASE, Global Health, The Cochrane Library, Web of Science, LILACS, Africa-wide, IMEMR, IMSEAR, WPRIM, CNKI, and WanFang. We also hand searched conference proceedings, contacted researchers and organizations, and checked references from identified studies. Eligible studies were those involving WASH interventions among PLHIV that reported on health outcomes and employed a controlled study design. We extracted data, explored heterogeneity, sub-grouped based on outcomes, calculated pooled effects on diarrhoeal disease using meta-analysis, and assessed studies for methodological quality. Results: Ten studies met the eligibility criteria and are included in the review, of which nine involved water quality interventions and one involved promotion of handwashing. Among eight studies that reported on diarrhoea, water quality interventions (seven studies, pooled RR=0.57, 95% CI: 0.38-0.86) and the handwashing intervention (one study, RR=0.42, 95% CI: 0.33-0.54) were protective against diarrhoea. One study reported that household water treatment combined with insecticide treated bednets slowed the progression of HIV/AIDS. The validity of most studies is potentially compromised by methodological shortcomings. Conclusion: No studies assessed the impact of improved water supply or sanitation, the most fundamental of WASH interventions. Despite some evidence that water quality interventions and handwashing are protective against diarrhoea, substantial heterogeneity and the potential for bias raise questions about the actual level of protection. (C) 2013 Wolters Kluwer Health vertical bar Lippincott Williams & Wilkins.

Keywords: AID, AIDs, Article, Bias, Children, Conference Proceedings, Control, Controlled-Trials, Criteria, Cryptosporidiosis, Data, Design, Diarrhoea, Disease, Drinking-Water, Effectiveness, Effects, Embase, England, Evidence, Health, Health Outcomes, Heterogeneity, HIV, HIV-1 Infection, HIV, AIDs, Human-Immunodeficiency-Virus, Hygiene, Impact, Infection, Insecticide, Intervention, Interventions, Living, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Mortality, Outcomes, Persistent Diarrhea, Potential, Prevent, Progression, Promotion, Protection, Quality, References, Review, Risk, Sanitation, Science, Study Design, Systematic Review, Treatment, Tropical Enteropathy, USA, Validity, Vertical, Viral Load, Virology, Water, Water Quality, Water Supply, Water Treatment, Water-Quality, Web of Science

? Shaffer, N., Abrams, E.J. and Becquet, R. (2014), Option B+ for prevention of mother-to-child transmission of HIV in resource-constrained settings: Great promise but some early caution: A systematic review. *AIDS*, **28** (4), 599-601.

Full Text: [2014\AIDS28, 599.pdf](../HO-reference/2014/AIDS28,%20599.pdf)

Keywords: Mother-To-Child Transmission, Loss To Follow-Up, Malawi, Retention, HIV, Kesho Bora, Countries, Metaanalysis, Pregnancy, Mortality, Women, Plus

? Suthar, A.B., Rutherford, G.W., Horvath, T., Doherty, M.C. and Negussie, E.K. (2014), Improving antiretroviral therapy scale-up and effectiveness through service integration and decentralization. *AIDS*, **28**, S175-S185.

Full Text: [2014\AIDS28, S175.pdf](2014/AIDS28,%20S175.pdf)

Abstract: Background: Current service delivery systems do not reach all people in need of antiretroviral therapy (ART). In order to inform the operational and service delivery section of the WHO 2013 consolidated antiretroviral guidelines, our objective was to summarize systematic reviews on integrating ART delivery into maternal, newborn, and child health (MNCH) care settings in countries with generalized epidemics, tuberculosis (TB) treatment settings in which the burden of HIV and TB is high, and settings providing opiate substitution therapy (OST); and decentralizing ART into primary health facilities and communities. Design: A summary of systematic reviews. Methods: The reviewers searched PubMed, Embase, PsycINFO, Web of Science, CENTRAL, and the WHO Index Medicus databases. Randomized controlled trials and observational cohort studies were included if they compared ART coverage, retention in HIV care, and/or mortality in MNCH, TB, or OST facilities providing ART with MNCH, TB, or OST facilities providing ART services separately; or primary health facilities or communities providing ART with hospitals providing ART. Results: The reviewers identified 28 studies on integration and decentralization. Antiretroviral therapy integration into MNCH facilities improved ART coverage (relative risk [RR] 1.37, 95% confidence interval [CI] 1.05-1.79) and led to comparable retention in care. ART integration into TB treatment settings improved ART coverage (RR 1.83, 95% CI 1.48-2.23) and led to a nonsignificant reduction in mortality (RR 0.55, 95% CI 0.29-1.05). The limited data on ART integration into OST services indicated comparable rates of ART coverage, retention, and mortality. Partial decentralization into primary health facilities improved retention (RR 1.05, 95% CI 1.01-1.09) and reduced mortality (RR 0.34, 95% CI 0.13-0.87). Full decentralization improved retention (RR 1.12, 95% CI 1.08-1.17) and led to comparable mortality. Community-based ART led to comparable rates of retention and mortality. Conclusion: Integrating ART into MNCH, TB, and OST services was often associated with improvements in ART coverage, and decentralization of ART into primary health facilities and communities was often associated with improved retention. Neither integration nor decentralization was associated with adverse outcomes. These data contributed to recommendations in the WHO 2013 consolidated antiretroviral guidelines to integrate ART delivery into MNCH, TB, and OST services and to decentralize ART. (C) 2014 Wolters Kluwer Health vertical bar Lippincott Williams & Wilkins.

Keywords: Adverse Outcomes, Antenatal Care, Antiretroviral Therapy, Art, Burden, Care, Child, Child Health, Cohort, Collaborative TB, HIV Activities, Confidence, Coverage, Data, Databases, Decentralization, Delivery, Effectiveness, Facilities, Guidelines, Health, HIV, HIV-Positive Patients, Hospitals, Inject Drugs, Integration, Interval, Mar, Maternal, Maternal Neonatal And Child Health, Methadone Maintenance Treatment, Mortality, Newborn, Observational, Opiate Substitution Therapy, Outcomes, Primary, Primary Health, Primary-Care, Psycinfo, Pubmed, Randomized Controlled Trials, Randomized-Trial, Rates, Recommendations, Reduction, Relative Risk, Retention, Reviewers, Reviews, Risk, Rural Kenya, Science, Service, Services, South-Africa, Sub-Saharan Africa, Substitution, Substitution Therapy, Systematic, Systematic Review, Systematic Reviews, Systems, TB, Therapy, Treatment, Tuberculosis, Tuberculosis, Vertical, Web Of Science, WHO

? Chaiyachati, K.H., Ogbuoji, O., Price, M., Suthar, A.B., Negussie, E.K. and Barnighausen, T. (2014), Interventions to improve adherence to antiretroviral therapy: A rapid systematic review. *AIDS*, **28**, S187-S204.

Full Text: [2014\AIDS28, S187.pdf](2014/AIDS28,%20S187.pdf)

Abstract: Introduction: Access to antiretroviral treatment (ART) has substantially improved over the past decade. In this new era of HIV as a chronic disease, the continued success of ART will depend critically on sustained high ART adherence. The objective of this review was to systematically review interventions that can improve adherence to ART, including individual-level interventions and changes to the structure of ART delivery, to inform the evidence base for the 2013 WHO consolidated antiretroviral guidelines. Design: A rapid systematic review. Methods: We conducted a rapid systematic review of the global evidence on interventions to improve adherence to ART, utilizing pre-existing systematic reviews to identify relevant research evidence complemented by screening of databases for articles published over the past 2 years on evidence from randomized controlled trials (RCTs). We searched five databases for both systematic reviews and primary RCT studies (Cochrane Library, EMBASE, MEDLINE, Web of Science, and WHO Global Health Library); we additionally searched ClinicalTrials.gov for RCT studies. We examined intervention effectiveness by different study characteristics, in particular, the specific populations who received the intervention. Results: A total of 124 studies met our selection criteria. Eighty-six studies were RCTs. More than 20 studies have tested the effectiveness of each of the following interventions, either singly or in combination with other interventions: cognitive-behavioural interventions, education, treatment supporters, directly observed therapy, and active adherence reminder devices (such as mobile phone text messages). Although there is strong evidence that all five of these interventions can significantly increase ART adherence in some settings, each intervention has also been found not to produce significant effects in several studies. Almost half (55) of the 124 studies investigated the effectiveness of combination interventions. Combination interventions tended to have effects that were similar to those of single interventions. The evidence base on interventions in key populations was weak, with the exception of interventions for people who inject drugs. Conclusion: Tested and effective adherence-enhancing interventions should be increasingly moved into implementation in routine programme and care settings, accompanied by rigorous evaluation of implementation impact and performance. Major evidence gaps on adherence-enhancing interventions remain, in particular, on the cost-effectiveness of interventions in different settings, long-term effectiveness, and effectiveness of interventions in specific populations, such as pregnant and breastfeeding women. (C) 2014 Wolters Kluwer Health vertical bar Lippincott Williams & Wilkins.

Keywords: Adherence, Antiretroviral Adherence, Antiretroviral Therapy, Art, Articles, Breastfeeding, Care, Changes, Characteristics, Chronic, Chronic Disease, Cognitive-Behavioral Intervention, Combination, Cost Effectiveness, Cost-Effectiveness, Criteria, Databases, Delivery, Disease, Education, Effectiveness, Effects, Embase, Evaluation, Evidence, Global, Health, HIV, HIV Medication Adherence, Impact, Implementation, Injection-Drug Users, Intervention, Interventions, Long Term, Long-Term, Long-Term Adherence, Mar, Medline, Mobile, Of-The-Literature, Performance, Populations, Pregnant, Primary, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, RCT, Research, Resource-Limited Settings, Review, Reviews, Risk Reduction Intervention, Science, Screening, Selection, Selection Criteria, Self-Administered Therapy, Structure, Sub-Saharan Africa, Success, Systematic, Systematic Review, Systematic Reviews, Therapy, Treatment, Vertical, Web Of Science, Who, Women

? Fox, M.P. and Rosen, S. (2015), Systematic review of retention of pediatric patients on HIV treatment in low and middle-income countries 2008-2013. *AIDS*, **29** (4), 493-502.

Full Text: 2015\AIDS29, 493.pdf

Abstract: Objectives: There are several published systematic reviews of adult retention in care after antiretroviral therapy (ART) initiation among adults, but limited information on pediatric retention. Design: Systematic review of pediatric retention on ART in low and middle-income countries during 2008-2013. Methods: We estimated all-cause attrition (death and loss to follow-up) and retention for pediatric patients receiving first-line ART in routine settings. We searched PubMed, Embase, Cochrane Register, and ISI Web of Science (January 2008-January 2014) and abstracts from AIDS and IAS (2008-2013). We estimated mean retention across cohorts using simple averages; interpolated any time period not reported to, up to the last period reported; summarized total retention in the population using Kaplan-Meier survival curves; and compared pediatric to adult retention. Results: We found 39 reports of retention in 45 patient cohorts and 55 904 patients in 23 countries. Among them, 37% of patients not retained in care were known to have died and 63% were lost to follow-up. Unweighted averages of reported retention were 85, 81, and 81% at 12, 24, and 36 months after ART initiation. From life-table analysis, we estimated retention at 12, 24, and 36 months at 88, 72, and 67%. We estimated 36-month retention at 66% in Africa and 74% in Asia. Conclusion: Pediatric ART retention was similar to that among adults. There were limited data from Asia, only one study from Latin America and the Caribbean, and no data from Eastern Europe, Central Asia, or the Middle East. Copyright (C) 2015 Wolters Kluwer Health, Inc. All rights reserved.

Keywords: Abstracts, Adult, Adults, Africa, Aid, Aids, Analysis, Antiretroviral, Antiretroviral Therapy, Antiretroviral Therapy Program, Art, Art Initiation, Asia, Attrition, Care, Central Asia, Cohort, Data, Death, Design, Eastern Europe, Europe, First Line, Follow-Up, From, Health, HIV, HIV-1-Infected Children, Immunological Outcomes, Infected Children, Information, Initiation, ISI, ISI Web Of Science, Latin America, Life Table Analysis, Loss To Follow-Up, Low And Middle-Income Countries, Massachusetts, Meta-Analysis, Methods, Middle East, Mortality, Patient, Patients, Patients Lost, Pediatric, Population, Pubmed, Results, Retention, Retention In Care, Review, Reviews, Rights, Scale-Up, Science, South-Africa, Survival, Systematic, Systematic Review, Systematic Reviews, Therapy, Time Period, Treatment, USA, Web, Web Of Science

# Title: AIDS and Behavior

Full Journal Title: AIDS and Behavior

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Mccoy, S.I., Kangwende, R.A. and Padian, N.S. (2010), Behavior change interventions to prevent HIV infection among women living in low and middle income countries: A systematic review. *AIDS and Behavior*, **14** (3), 469-482.

Abstract: We conducted a systematic review of behavioral change interventions to prevent the sexual transmission of HIV among women and girls living in low- and middle-income countries. PUBMED/MEDLINE, Web of Science, the Cochrane Library, and other databases and bibliographies were systematically searched for trials using randomized or quasi-experimental designs to evaluate behavioral interventions with HIV infection as an outcome. We identified 11 analyses for inclusion reporting on eight unique interventions. Interventions varied widely in intensity, duration, and delivery as well as by target population. Only two analyses showed a significant protective effect on HIV incidence among women and only three of ten analyses that measured behavioral outcomes reduced any measure of HIV-related risk behavior. Ongoing research is needed to determine whether behavior change interventions can be incorporated as independent efficacious components in HIV prevention packages for women or simply as complements to biomedical prevention strategies.

Keywords: Behavioral Interventions, Biomedical, Cochrane, Condom Use, Databases, Health Intervention, HIV, HIV, AIDS Prevention, Infection, Interventions, Low- and Middle-Income Countries, Outcome, Outcomes, Prevention, Randomized-Controlled-Trial, Research, Review, Risk, Risk Behavior, Rural South-Africa, Science, Sex Workers, Sexually-Transmitted-Diseases, Stepping Stones, Systematic, Systematic Review, Transmission Dynamics, United-States, Web of Science, Women

# Title: AIDS Care-Psychological and Socio-Medical Aspects of AIDS/HIV

Full Journal Title: AIDS Care-Psychological and Socio-Medical Aspects of AIDS/HIV

ISO Abbreviated Title: AIDS Care-Psychol. Socio-Med. Asp. AIDS/HIV

JCR Abbreviated Title: AIDS Care

ISSN: 0954-0121

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Journal Country/Territory: England

Language: English

Publisher: Carfax Publishing

Publisher Address: Rankine Rd, Basingstoke RG24 8PR, Hants, England

Subject Categories:

Health Policy & Services: Impact Factor 0.942, / (2000); Impact Factor 1.123, 14/68 (2001)

Public, Environmental & Occupational Health: Impact Factor 0.942, / (2000); Impact Factor 1.123, 13/68 (2001)

Psychology, Multidisciplinary: Impact Factor 0.942, / (2000); Impact Factor 1.123, 28/68 (2001)

Social Sciences, Biomedical: Impact Factor 0.942, / (2000); Impact Factor 1.123, 7/68 (2001)

? Frankis, J. and Flowers, P. (2005), Men who have sex with men (MSM) in public sex environments (PSEs): A systematic review of quantitative literature. *AIDS Care-Psychological and Socio-Medical Aspects of AIDS/HIV*, **17** (3), 273-288.

Full Text: [2005\AIDS Care17, 273.pdf](2005/AIDS%20Care17,%20273.pdf)

Abstract: We systematically review quantitative research relating to the sexual behaviours of MSM in PSEs. We examine the methodological rigour of these studies to determine an appropriate framework for future PSE-based research and quantify sexual behavioural trends therein. MEDLINE, BIDS, Web of Science and recent HIV/AIDS conferences were searched according to a systematic inclusion criteria. Nine papers were included for review. Recruitment of participants’ outwith PSE settings, and low response rates (6%) of participants contacted in situ, question the validity and generalizability of current evidence. Most PSE users were gay or bisexually identified and half of men in the gay community reported recent PSE use. Around 10% of men reported casual status-unknown/serodiscordant unprotected anal intercourse (UAI) within PSEs. HIV testing rates amongst PSE users were similar to the wider gay community, though the proportion of men who tested positive was twice as high. Rates of casual UAI suggest that PSEs represent important sites for HIV prevention. However, since extant evidence is scant and methodologically flawed, further research is urgent. Such work must recruit participants in situ, and obtain satisfactory response rates, to be generalizable to the wider population of men who cruise.

Keywords: Anonymous Sex, Behavior, Bisexual Men, Gay Men, Hepatitis-A, Highway Rest Area, HIV, HIV Risk, HIV, AIDS, Homosexually Active Men, Literature, Papers, Prevention, Quantitative, Quantitative Research, Research, Review, San-Francisco, Science, Syphilis, Systematic, Systematic Review, Trends, Validity, Web of Science

? Wright, N.M.J. and Walker, J. (2006), Homelessness and drug use - A narrative systematic review of interventions to promote sexual health. *AIDS Care-Psychological and Socio-Medical Aspects of AIDS/HIV*, **18** (5), 467-478.

Full Text: [2006\AIDS Care18, 467.pdf](2006/AIDS%20Care18,%20467.pdf)

Abstract: the objective of this research project was to examine the effectiveness of sexual health promotion interventions in homeless drug using populations. The following databases were searched: MEDLINE (1966 to 2003), EMBASE (1980 to 2003), psycinfo (1985 to 2003), CINAHL (1982 to 2003), Web of Science (1981 to 2003) and the Cochrane Library (Evidence Based health). Two independent researchers selected studies for inclusion. Inclusion criteria covered longitudinal studies using comparative statistics examining interventions to promote sexual health amongst homeless drug users. Studies excluding drug users from the study sample or where no mention was made of housing status were excluded. A narrative analysis of the papers was adopted to elicit common themes emerging from the studies. of 99 papers identified, only 6 fulfilled the inclusion criteria. Interventions which seek to effect attitudinal and behavioural change through interactive methods such as role-play, video games and group work led to a self-reported reduction in both risk from drugs and sexual activity. The evidence for maintenance of risk reduction over one year remains unclear. Interventions do not appear to promote risky sexual activity in previously sexually inactive participants.

Keywords: Aids, Analysis, Cochrane, Databases, Drug, Drug Use, Education, Effectiveness, Embase, Games, Group Work, Health Promotion, Human-Immunodeficiency-Virus, Interventions, Longitudinal Studies, Men, Papers, People, Program, Promotion, Provision, Reduction, Research, Researchers, Review, Risk, Risk Behaviors, Risk Reduction, Science, Statistics, Systematic, Systematic Review, Women

? Beard, J., Feeley, F. and Rosen, S. (2009), Economic and quality of life outcomes of antiretroviral therapy for HIV/AIDS in developing countries: A systematic literature review. *AIDS Care-Psychological and Socio-Medical Aspects of AIDS/HIV*, **21** (11), 1343-1356.

Full Text: [2009\AIDS Care21, 1343.pdf](2009/AIDS%20Care21,%201343.pdf)

Abstract: the impacts of antiretroviral therapy (ART) on quality of life, mental health, labor productivity, and economic wellbeing for people living with HIV/AIDS in developing countries are only beginning to be measured. We conducted a systematic literature review to analyze the effect of ART on these economic and quality of life indicators in developing countries and assess the state of research on these topics. We searched Ovid/MEDLINE, PUBMED, Psych Info, Web of Science, Google Scholar, and the abstract database of the International AIDS Society Conference and the Conference on Retroviruses and Opportunistic Infections. Both qualitative and quantitative studies were included, as were peer-reviewed articles, gray literature, and conference abstracts and presentations. Findings are reported from 21 publications, including 14 full-length articles, six abstracts, and one presentation (representing 16 studies). Compared to HIV-positive patients not yet on treatment, patients on ART reported significant improvements in physical, emotional and mental health, and daily function. Work performance improved and absenteeism decreased, with the most dramatic changes occurring in the first three months of treatment and then leveling off. Little research has been done on the impact of ART on household wellbeing, with modest changes in child and family wellbeing within households where adults are receiving ART reported so far. Most studies from developing countries have not yet assessed economic and quality of life outcomes of therapy beyond the first year; therefore, longitudinal outcomes are still unknown. Findings were limited geographically, with an emphasis on sub-Saharan Africa and adult treatment. As ART roll out extends throughout high HIV prevalence, low-resource countries and is sustained over years and decades, research on pediatric and differential gender economic and quality of life outcomes will become increasingly urgent, as will systematic evaluation of ART programs.

Keywords: Absenteeism, Adult, Adults, Adverse Events, Africa, AID, AIDS, Antiretroviral, Antiretroviral Therapy, Art, Child, Conference, Developing Countries, Evaluation, Gender, Google Scholar, Haart, HIV, HIV-Infected Adults, HIV, AIDS, Household Wellbeing, Impact, Individuals, Labor Productivity, Literature, Literature Review, Mental Health, Outcomes, Pediatric, Performance, Prevalence, Program, Publications, PUBMED, Quality of Life, Quantitative, Research, Review, Risk Behavior, Science, South-Africa, Sub-Saharan Africa, Systematic, Systematic Literature Review, Therapy, Topics, Treatment, Web of Science

? Rungsiyanont, S., Vacharotayangul, P., Lam-ubol, A., Ananworanich, J., Phanuphak, P. and Phanuphak, N. (2012), Perceived dental needs and attitudes toward dental treatments in HIV-infected Thais. *AIDS Care-Psychological and Socio-Medical Aspects of AIDS/HIV*, **24** (12), 1584-1590.

Full Text: [2012\AIDS Care24, 1584.pdf](2012/AIDS%20Care24,%201584.pdf)

Abstract: Despite the advancement in highly active antiretroviral therapy and improved health status of HIV-infected individuals, dental problems are still affecting their life and well-beings. We aimed to establish the prevalence of oral and dental complaints among HIV-infected patients, the prevalence of delayed access to dental service, and factors related with delayed access to dental service. A cross-sectional study using self-report questionnaire completed by the HIV-positive subjects was conducted at the largest HIV research clinic in Thailand during 2009-2010. of all 299 subjects (28.6% males, 71% females, and 0.4% sex change from male to female: ages ranged from 22 to 59 years [mean 36.7 +/- 5.53)]), 84.3% reported of having past or present illnesses or problems related to the dental or oral conditions. The most reported problems were dental hypersensitivity (93.3%), bleeding from the gum (92.1%), and having dental caries (65.9%). Two-hundred and forty-two subjects (80.9%) would not disclose their HIV status when seeing a dentist. The most cited reasons of such behavior were their personal right whether to reveal or not, and being afraid of not receiving dental treatment from the dentists or staffs (51.7 and 40.9%, respectively). It is important to note that HIV-subjects admitted to having fear of being discriminated by the dental staffs even if they trusted their dentists as having high morality. In conclusion, our HIV-subjects had good basic knowledge of oral health with regard to HIV infection, experienced common dental problems, and wished to have accesses to HIV-dental specialist services, if possible.

Keywords: Access, Aids, Antiretroviral Therapy, Attitude, Attitudes, Behavior, Bleeding, Care, Caries, Clinic, Dental Treatment, Dentists, Disease, Fear, Female, Health, Health Status, Highly Active, Highly Active Antiretroviral Therapy, HIV, HIV Infection, HIV, AIDS, Infection, Knowledge, Knowledge, Life, Male, Medical Patients, Morality, Needs, Oral, Oral-Health, Patients, Prevalence, Questionnaire, Research, Right, Self-Report Questionnaire, Service, Services, Sex, Thailand, Therapy, Treatment, Unmet Need

# Title: AIDS Patient Care and STDs

Full Journal Title: [AIDS Patient Care and STDs](http://www.liebertonline.com/toc/apc/2005/19/1)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1087-2914

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Olfson, E. and Laurence, J. (2005), Accessibility and longevity of Internet citations in a clinical AIDS journal. *AIDS Patient Care and STDs*, **19** (1), 5-8.

Abstract: Little is known about the accessibility and longevity of Internet references in medical and scientific journals. This is particularly problematic in the ever changing field of HIV/AIDS. We examined all issues of AIDS Patient Care and STDs between 2001 and 2004 to test the use and accessibility of Internet citations during this period. The results were compared to findings from a similar evaluation by Hester and collagues in 2004 of oncology journals. We found that Internet referencing increased from a mean of 0.7% (range, 0.0% - 2.1%) of all citations in 2001 to a mean of 3.5% (range, 0.0% - 11.2%) in 2004. As the period of time increased from an article’s publication, the proportion of inactive Internet references increased (21.3% [1 year] to 41.7% [4 years]). These findings demonstrate the need to adapt new citation policies to facilitate the accessibility of referenced Internet information.

Keywords: AID, AIDS, Citation, Citations, Clinical, Evaluation, Field, Information, Internet, Journal, Journals, Medical, Oncology, Policies, Publication, Referencing, Scientific Journals

? Phiri, K., Fischer, M.A., Mogun, H., Williams, P.L., Palmsten, K., Seage, G.R. and Hernandez-Diaz, S. (2014), Trends in antiretroviral drug use during pregnancy among HIV-infected women on medicaid: 2000-2007. *AIDS Patient Care and STDs*, **28** (2), 56-65.

Full Text: 2014\AID Pat Car STD28, 56.pdf

Abstract: Optimal use of antiretroviral drugs by pregnant women living with human immunodeficiency virus (HIV) is crucial to treat maternal HIV infection and prevent perinatal transmission of the virus effectively. Our goal was to describe national trends of antiretroviral (ARV) use during pregnancy among HIV-infected women living in the U.S. and enrolled in Medicaid. We used the 2000-2007 Medicaid Analytic eXtract (MAX) files to identify our study cohort. ARV use was defined as the dispensing of at least one ARV drug prescription during pregnancy based on Medicaid pharmacy claims. The prevalence of HIV was calculated, and temporal trends of ARV use during pregnancy were compared to the U.S. perinatal treatment guidelines. Predictors of ARV use during pregnancy were assessed using logistic regression models. From 1,106,757 pregnancies (955,251 women), 3083 (2856 women, 0.28%) were identified as HIV positive. We found striking regional variations in the prevalence of HIV and ARV prescription dispensing among pregnant women. The states with the highest HIV prevalence were Washington DC (5.8%), Maryland (0.90%), and New York (0.89%); all other states had a prevalence below 0.5%. A substantial fraction of women did not have any ARV dispensing throughout pregnancy (637 of 3083 (21%) pregnancies), and women with limited health care utilization were the least likely to have ARV dispensings. This finding calls for further research to better characterize HIV-positive women who are enrolled in Medicaid prior to pregnancy and yet have no ARV prescriptions so that appropriate interventions can be implemented.

Keywords: United-States, Adherence

? Oramasionwu, C.U., Moore, H.N. and Toliver, J.C. (2014), Barriers to hepatitis C antiviral therapy in HIV/HCV co-infected patients in the United States: A review. *AIDS Patient Care and STDS*, **28** (5), 228-239.

Full Text: 2014\AID Pat Car STD28, 228.pdf

Abstract: This review synthesized the literature for barriers to HCV antiviral treatment in persons with HIV/HCV co-infection. Searches of PubMed, Embase, CINAHL, and Web of Science were conducted to identify relevant articles. Articles were excluded based on the following criteria: study conducted outside of the United States, not original research, pediatric study population, experimental study design, non-HIV or non-HCV study population, and article published in a language other than English. Sixteen studies met criteria and varied widely in terms of study setting and design. Hepatic decompensation was the most commonly documented absolute/nonmodifiable medical barrier. Substance use was widely reported as a relative/modifiable medical barrier. Patient-level barriers included nonadherence to medical care, refusal of therapy, and social circumstances. Provider-level barriers included provider inexperience with antiviral treatment and/or reluctance of providers to refer patients for treatment. There are many ongoing challenges that are unique to managing this patient population effectively. Documenting and evaluating these obstacles are critical steps to managing and caring for these individuals in the future. In order to improve uptake of HCV therapy in persons with HIV/HCV co-infection, it is essential that barriers, both new and ongoing, are addressed, otherwise, treatment is of little benefit.

Keywords: Active Antiretroviral Therapy, Antiviral, Article, Articles, Barrier, Barriers, Care, Caring, Coinfection, Criteria, Design, English, Experimental, HCV, HCV Treatment, HIV Coinfection, Human-Immunodeficiency-Virus, Initial Treatment, Injection-Drug Users, Interferon-Alpha Therapy, Language, Literature, Medical, Medical Care, Patients, Pediatric, Plus Ribavirin, Population, Providers, Pubmed, Refusal, Research, Review, Science, Social, Study Design, Therapy, Treatment, Treatment Decision-Making, Treatment Eligibility, United States, Uptake, Web Of Science

# Title: AIDS Research and Human Retroviruses

Full Journal Title: AIDS Research and Human Retroviruses

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Falagas, M.E., Bliziotis, I.A., Kondilis, B. and Soteriades, E.S. (2006), Eighteen years of research on AIDS: Contribution of and collaborations between different world regions. *AIDS Research and Human Retroviruses*, **22** (12), 1199-1205.

Full Text: [2006\AID Res Hum Ret22, 1199.pdf](2006/AID%20Res%20Hum%20Ret22,%201199.pdf)

Abstract: the scientific community invests significant resources on HIV/AIDS research to confront the current epidemic. We reviewed the medical literature in order to evaluate the contribution of different world regions on HIV/AIDS research during the past 18 years. We retrieved articles, using an elaborate methodology, from three journals focusing on HIV/AIDS between 1986 and 2003, indexed in the Journal Citation Reports (JCR) and the Web of Science databases of the Institute for Scientific Information (ISI). Comparisons were made by dividing the world into nine geographic regions, and by using the human development index (HDI) categorization. A total of 9502 articles on HIV/AIDS were retrieved from three AIDS journals over an 18-year study period. The United States and Western Europe together and five developed out of nine world regions made up a striking 83% and 92% of the world’s research production on HIV/AIDS, respectively. Scientists from the developing world participated in 10.4% of the articles published during 1986-1991, 14.7% during 1992-1997, and 21.3% during 1998-2003. Researchers from countries included in the high, medium, and low HDI category produced 2240, 9, and 15 articles per billion population, respectively. About half of articles originating in Latin America and the Caribbean and half in Asia were produced in collaboration with the United States. However, 40% of articles from Africa and 58% from Eastern Europe were produced in cooperation with Western Europe. Collaboration between researchers within developing regions was negligible. The vast majority of the world’s research on AIDS is produced in the developed world. Although research production was minimal in the developing world, we found that regions included in the low and medium HDI categories showed a higher proportion of increase in research productivity than the developed countries. International collaborations should significantly increase and expand beyond the traditional cultural and political lines of international relationships.

Keywords: Adult Mortality, Africa, Aid, Aids, Asia, Challenges, Citation, Collaboration, Contribution, Databases, Development, Epidemic, Europe, HIV, HIV, AIDS, Human, Impact, ISI, Journal, Journal Citation Reports, Journals, Latin America, Literature, Medical, Methodology, Research, Research Production, Research Productivity, Researchers, Science, Scientific Information, Thailand, Traditional, Web of Science

# Title: AIDS Reviews

Full Journal Title: AIDS Reviews

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bravo, P., Edwards, A., Rollnick, S. and Elwyn, G. (2010), Tough decisions faced by people living with HIV: A literature review of psychosocial problems. *AIDS Reviews*, **12** (2), 76-88.

Full Text: [2010\AID Rev12, 76.pdf](2010/AID%20Rev12,%2076.pdf)

Abstract: People living with HIV have faced a new situation since the arrival of the antiretroviral treatments. HIV has become a long-term condition, which not only affects physical health, but also causes psychological and social problems because of stigma and discrimination. These challenges present many decisions and dilemmas for people living with HIV, which involve complex emotional and psychological issues. The aim of this study was to examine the psychosocial decision needs of people living with HIV. To undertake the literature review, a search strategy was designed. Sources included databases (Web of Science, Scopus, ProQuest, and PUBMED) as well as electronic journals (AIDS and Behavior, AIDS Care, and Social Science and Medicine). The following search terms were used: (HIV) and (decision making; OR decision need; OR decision) and (psychosocial; OR psychological; OR social). All languages were included, using articles from 1990 to 2009. The search was conducted from September 2008 to November 2009, and identified 123 articles. After analysis, 46 articles were included for detailed assessment. The results show that people living with HIV face three key decisions: (i) whether or not to disclose their diagnosis to others; (ii) decisions about adherence to treatments; and (iii) decisions about sexual activity and desires about parenthood. Problems associated with these decisions often result in isolation and mental illness such as depression and anxiety, lack of access to social support, and refUSAl to seek treatment. Despite the importance of HIV and its public health impact, few studies have considered the psychosocial needs of people living with HIV, but the results demonstrated the burden as a consequence of those needs and that greater support would be of benefit to face them in an effective way. Therefore, the results of this review highlight the requirement to develop interventions to support the psychosocial needs of people living with HIV, to accurately reflect the views and needs of the target users. (AIDS Rev. 2010;12:76-88).

Keywords: Adherence, AID, AIDS, Analysis, Antiretroviral, Anxiety, Assessment, Burden, Care, Databases, Decision Making, Decision Needs, Decision-Making, Depression, Depression and Anxiety, Diagnosis, Disclosure Process, Discrimination, Face, Health Impact, Health-Care Providers, HIV, HIV, AIDS, Impact, Infected Women, Interventions, Journals, Literature, Literature Review, Medication Adherence, Men, People Living with HIV, Positive Women, Psychosocial, Public Health, PUBMED, Reproductive Health, Review, Science, Scopus, Serodiscordant Couples, Serostatus Disclosure, Sexual Behavior, Social, Sources, South-Africa, Strategy, Treatment, Web of Science

# Title: Aktuelle Neurologie

Full Journal Title: Aktuelle Neurologie

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language: English

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Mache, S., Tropp, S., Vitzthum, K., Kusma, B., Scutaru, C., Quarcoo, D., Klapp, B.F. and Groneberg, D.A. (2010), Alzheimer’s disease - A scientometric analysis and data acquisition. *Aktuelle Neurologie*, **37** (5), 206-212.

Full Text: [2010\Akt Neu37, 206.pdf](2010/Akt%20Neu37,%20206.pdf)

Abstract: Background Research activities on Alzheimer’s disease have increased enormously recently. A differentiation between publications of major and minor importance has become difficult even for experts. Scientometric data on developments and tendencies in Alzheimer’s disease research were not available to date. The aim of this study was to evaluate the scientific efforts in Alzheimer’s disease research. Methods Large-scale data analyses, density-equalising algorithms and scientometric methods were used to evaluate the quantity and quality of research achievements of scientists studying Alzheimer’s disease. Density-equalising algorithms were applied to data retrieved from ISI-Web. Results From 1985 to 2008, 50030 publications on Alzheimer’s disease were published and included in the database. Approximately 97% of the articles were written in English. The USA was identified as the most prolific country during that period, Canada and the UK were the most important cooperation partners followed by Germany and France, as well as other industrialised countries such as Japan and Australia. Conclusion Our results indicate an increase in research activities after 1990 which can be explained by some important research results and an increasing importance in the media. The study results imply that currently established measures of research output (i.e., impact factor, h-Index) should be evaluated critically because trends, such as self-citation and co-authorship, distort the results and limit their suitability as measures of research quality.

Keywords: Alzheimer’s Disease, Data Acquisition, Dementia, Index, Prevalence, Scientometric Analysis

# Title: Alaska Medicine

Full Journal Title: Alaska Medicine

ISO Abbreviated Title:

JCR Abbreviated Title: Alaska Med

ISSN: 0002-4538 (Print)

Issues/Year:

Journal Country/Territory: United States

Language: English

Publisher: Alaska State Medical Association

Publisher Address:

Subject Categories:

: Impact Factor

? Mahoney, M.C. and Michalek, A.M. (1995), A bibliometric analysis of cancer among American Indians & Alaska Natives, 1966-1993. *Alaska Medicine*, **37** (2), 59-62, 77.

Abstract: A bibliometric analysis was employed to objectively assess scientific studies published between 1966 and 1993 which have described cancer among American Indians and Alaska Natives. Searches of the MEDLINE (1966-1993) and CANCERLIT data bases (1983-1994) were used to identify relevant publications. In addition to examining publication sources and quantitative temporal trends, further bibliometric analyses were completed by considering a subset of papers published between 1982 and 1992. A total of 128 studies of cancer among American Indians and Alaska Natives were published between 1966 and 1993; 62 of these articles (48%) appeared between 1988 and 1993. Nine journals accounted for 53% of the total publications. The subset of 68 papers published between 1982 and 1992 were cited a total of 388 times in 136 different journals; the median number of citations was 2. Results demonstrate a limited number of published papers on cancer among American Indians and Alaska Natives. It is hoped that this paper will increase the awareness of cancer as an important health problem among American Indian and Alaska Natives and thereby serve to stimulate additional cancer-related research activities involving these groups.

Keywords: Alaska, Analyses, Analysis, Bibliometric, Bibliometric Analyses, Bibliometric Analysis, Cancer, Citations, Data, Health, Journals, MEDLINE, Papers, Publication, Publications, Research, Sources, Temporal, Trends

# Title: Albion

Full Journal Title: Albion

ISO Abbreviated Title: Albion

JCR Abbreviated Title: Albion

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Madison, K.G. (1977), The troglodyte connection: A case of self-plagiarism. *Albion*, **9** (2), 188-192.

Full Text: [1960-80\Albion9, 188.pdf](1960-80/Albion9,%20188.pdf)

? Lander, J.R. (1977), The troglodyte connection: A case of self-plagiarism - Reply. *Albion*, **9** (2), 193-194.

Full Text: [1960-80\Albion9, 188.pdf](1960-80/Albion9,%20188.pdf)

# Title: Alcohol and Alcoholism

Full Journal Title: [Alcohol and Alcoholism](http://alcalc.oupjournals.org/)

ISO Abbreviated Title: Alcohol Alcohol.

JCR Abbreviated Title: Alcohol Alcoholism

ISSN: 0735-0414

Issues/Year: 6

Journal Country/Territory: England

Language: English

Publisher: Oxford Univ Press

Publisher Address: Great Clarendon st, Oxford OX2 6DP, England

Subject Categories:

Substance Abuse: Impact Factor 1.753, 4/9 (2001)

Notes: JJournal

Jones, A. (1999), Invited special article. The impact of *Alcohol and Alcoholism* among substance abuse journals. *Alcohol and Alcoholism*, **34** (1), 25-34.

Full Text: [1999\Alc Alc34, 25.pdf](1999/Alc%20Alc34,%2025.pdf)

Abstract: This article concerns the question of journal impact factor and other bibliometric indicators made available by the Institute for Scientific Information in their Journal Citation Report for 1996. The impact factors of journals within the subject category ‘substance abuse’ are listed along with total citations, immediacy indices, and cited half-lives. The relationship between cited and citing journals is discussed with the main focus on the data available for *Alcohol and Alcoholism*. Some of the problems and limitations of bibliometric measures of productivity are dealt with, especially when these are used to evaluate the work of individual scientists. Although bibliometric measures are easy to compute, they become difficult to interpret, such as when dealing with collaborative research and the problem posed by multiple authorship. The need to adjust impact factors and citation counts for the number of co-authors in a paper becomes important when credit has to be attributed to one individual from a multi-author paper. This is often necessary in connection with grant applications and when making decisions about academic promotion and tenure. The impact factor of *Alcohol and Alcoholism* has increased steadily over the past 5 years, even after adjusting for the number of self-citations, which resulted in an even greater increase in impact. However, the impact factors of substance abuse journals are generally low, compared with disciplines such as immunology, genetics, and biochemistry. Some suggestions are made for increasing the impact factors of substance abuse journals if this is considered necessary. But instead of paying attention to the impact factor of a journal, scientists should give more consideration to the speed and efficiency of the editorial handling of their manuscripts and particularly to the quality and timeliness of the peer review.

Keywords: Abuse, Academic, Academic Promotion, Attention, Authorship, Bibliometric, Bibliometric Indicators, Biochemistry, Citation, Citation Analysis, Citation Counts, Citations, Co-Authors, Collaborative Research, Data, Efficiency, Genetics, Impact, Impact Factor, Impact Factors, Indicators, Indices, Institute For Scientific Information, Journal, Journal Impact, Journal Impact Factor, Journals, Peer, Peer Review, Peer-Review, Productivity, Promotion, Promotion and Tenure, Quality, Research, Review, Science Policy, Self-Citations, Substance, Substance Abuse, Tenure, Tool, Work

? Rajendram, R., Lewison, G. and Preedy, V. (2006), Worldwide Alcohol-related research and the disease burden. *Alcohol and Alcoholism*, **41** (1), 99-106.

Full Text: [2006\Alc Alc41, 99.pdf](2006/Alc%20Alc41,%2099.pdf)

Abstract: Aims: the purpose of this study was to determine the international commitment to alcohol-related research relative to its global burden of disease, which is 4% of disability adjusted life years (DALYs). Methods: the worldwide literature indexed in the Science Citation Index® and the Social Sciences Citation Index® during 1992-2003 was analysed using advanced bibliometric techniques. Results: Biomedical research and the global disease burden due to alcohol both increased during 1992-2003, whilst the number of papers from alcohol-related research remained static and declined to <0.7% of all biomedical research literature. Nearly 58% of all alcohol-related research papers were from Canada and the United States, 30% from Western Europe, and 10% from Australia, New Zealand, or Japan. However, these regions suffer only 13% of the global burden of disease due to alcohol; meanwhile, the rest of the world contributed only 8% of the total research whilst suffering from 87% of the disease burden. The estimated annual expenditure on alcohol-related research in 2001 was $730 million, or about $12 per DALY due to alcohol. Conclusions: the global commitment to alcohol-related research is only one-sixth of that warranted by the burden of disease due to alcohol. Most such research is conducted in the developed world but is still less than that appropriate to the regional burden of disease. There is a need for more interest in alcohol-related research in the developing world, particularly in Latin America and Eastern Europe in view of their high burden of disease due to alcohol. © the Author 2005. Published by Oxford University Press on behalf of the Medical Council on Alcohol. All rights reserved.

Keywords: Alcohol, Australia, Bibliometric, Bibliometric Techniques, Biomedical, Biomedical Research, Burden, Canada, Commitment, Developing, Developing World, Disability, Disease, Eastern Europe, Europe, International, Japan, Latin America, Life, Literature, New Zealand, Papers, Purpose, Regional, Research, Suffering, Techniques, United States, World

? Roberts, S.C.M. (2011), What can alcohol researchers learn from research about the relationship between macro-level gender equality and violence against women? *Alcohol and Alcoholism*, **46** (2), 95-104.

Full Text: [2011\Alc Alc46, 95.pdf](2011/Alc%20Alc46,%2095.pdf)

Abstract: Aims: This systematic review focuses on research about macro-level gender equality and violence against women (VAW) and identifies conceptually and theoretically driven hypotheses as well as lessons relevant for alcohol research. Hypotheses include: amelioration-increased equality decreases VAW; backlash-increased equality increases VAW; and convergence-increased equality reduces the gender gap; and hypotheses that distinguish between relative and absolute status, with relative status comparing men’s and women’s status and absolute status measuring women’s status without regard to men. Methods: Systematic review of studies published through June 2009 identified through PUBMED and Web of Science, as well as citing and cited articles. Results: A total of 30 studies are included. of 85 findings examining amelioration/backlash, 25% support amelioration, 22% backlash; and 53% are null. of 13 findings examining convergence, 31% support and 23% are inconsistent with convergence; 46% are null. Conclusion: Neither the existence nor the direction of the equality and VAW relationship can be assumed. This suggests that the relationship between macro-level gender equality and alcohol should also not be assumed, but rather investigated through research.

Keywords: Alcohol, Domestic Violence, Drinking Behavior, Female Homicide Victimization, Gender, Inequality, Intimate Partner Violence, Methods, Multilevel Analysis, PUBMED, Rape, Research, Researchers, Review, Science, Suicide Rates, Systematic, Systematic Review, United-States, US Cities, Violence, Web of Science, Women

? Bramness, J., Henriksen, B., Persson, O. and Mann, K. (2013), A bibliometric analysis of European vs. USA research in the addiction field. research on alcohol, narcotics, prescription drug abuse, tobacco and steroids 2001-2011. *Alcohol and Alcoholism*, **48B** (1S), i3.

Full Text: [2013\Alc Alc48, i3.pdf](2013/Alc%20Alc48,%20i3.pdf)

Keywords: Bibliometric, Bibliometric Analysis, Drug, Field, Research

? Gell, L., Meier, P.S. and Goyder, E. (2015), Alcohol consumption among the over 50s: International comparisons. *Alcohol and Alcoholism*, **50** (1), 1-10.

Full Text: [2015\Alc Alc50, 1.pdf](2015/Alc%20Alc50,%201.pdf)

Abstract: Aim: Research exploring alcohol consumption patterns and behaviour change among older adults is relatively scarce, often necessitating reliance on international evidence. To understand the degree to which findings may be generalizable across countries, this review compares recent epidemiological evidence from developed countries on the prevalence of abstention and potentially problematic alcohol consumption in older adults. Methods: Medline, EMBASE, Web of Science and PsychInfo were searched for English language publications, identifying 21 peer-reviewed publications and six reports, including data from 17 national surveys and 10 general practice and community samples published since 2000. Results: Of the developed countries for which data are available on adults aged over 50 years, rates of past 12-month abstention and former drinking are lowest in England and Finland, and highest in Korea and the USA. The prevalence of binge drinking varies widely between studies, whilst rates of alcohol dependence are broadly similar. Conclusions: Older adults in developed countries report different rates of abstention and alcohol consumption. This places obvious limitations on the extrapolation of results from specific research findings and policy strategies to other countries.

Keywords: Aged, Alcohol, Behaviour, Community, Community Sample, Consumption, Data, Embase, England, English, Evidence, Extrapolation, Finland, From, General, General Practice, Health, International, Korea, Language, Late-Life, Longitudinal Analysis, Medline, Methods, Older, Older Adults, Older-Adults, Peer-Reviewed, Peer-Reviewed Publications, People, Policy, Practice, Prevalence, Primary-Care Patients, Publications, Rates, Recent, Research, Results, Review, Science, Surveys, Unhealthy Drinking, United-States, USA, Use Disorders, Web, Web Of Science

# Title: Alcoholism-Clinical and Experimental Research

Full Journal Title: Alcoholism-Clinical and Experimental Research

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JCR Abbreviated Title:

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Subject Categories:

: Impact Factor

? Schepis, T.S., Rao, U., Yadav, H. and Adinoff, B. (2011), The limbic-hypothalamic-pituitary-adrenal axis and the development of alcohol use disorders in youth. *Alcoholism-Clinical and Experimental Research*, **35** (4), 595-605.

Full Text: [2011\Alc-Cli Exp Res35, 595.pdf](2011/Alc-Cli%20Exp%20Res35,%20595.pdf)

Abstract: Objective: As the initiation and acceleration of alcohol use commonly occurs during adolescence, the etiological basis for this phenomenon is of critical importance. Using the diathesis-stress model as a framework, this review will evaluate the emerging evidence implicating the limbic-hypothalamic-pituitary-adrenal (LHPA) axis in the development of alcohol use disorder (AUD). Method: Searches were conducted of the PUBMED/MEDLINE, PsycInfo, PsycBooks, Cochrane and ISI Web of Science databases, using a specified set of search terms. Results: Genetic liabilities, antenatal stress/anxiety or exposure to addictive substances, exposure to maltreatment or other traumatic events in childhood and psychiatric illness in childhood/adolescence can all increase the risk, or diathesis, for AUD. Greater LHPA dysfunction may serve as a marker for higher diathesis levels in youth. When exposed to stressors in adolescence, high-risk youth (or those with greater LHPA dysfunction) may use alcohol and/or other substances to cope with stressors and, in turn, become more vulnerable to AUD. Conclusion: Evidence suggests that LHPA dysfunction and stress play an important role in the development of AUD. Genetic liabilities, antenatal insults, maltreatment, and psychiatric illness appear to increase LHPA dysfunction, raising risk for AUD. Further research is needed to clarify the complex interplay among adverse developmental experiences, LHPA dysfunction, and the development of AUD in adolescents.

Keywords: Addiction, Adolescent, Adolescents, Alcohol, Alcohol Use Disorder, Antisocial-Behavior, Attention-Deficit, Hyperactivity Disorder, Child, Cochrane, Corticotropin-Releasing-Factor, Databases, Development, Disorder, Family-History, HPA-AXIS, Hypothalamic-Pituitary-Adrenal AXIS, ISI, Model, Posttraumatic-Stress-Disorder, Prenatal Alcohol, Psychosocial Stress, Research, Review, Risk, Salivary Cortisol Responses, Science, Stress, Striatal Dopamine Release, Traumatic Events, Web of Science, Youth

? González-Alcaide, G., Castelló-Cogollos, L., Castellano-Gómez, M., Agullo-Calatayud, V., Aleixandre-Benavent, R., Álvarez, F.J. and Valderrama-Zurián, J.C. (2013), Scientific publications and research groups on alcohol consumption and related problems worldwide: Authorship analysis of papers indexed in PubMed and Scopus databases (2005 to 2009). *Alcoholism-Clinical and Experimental Research*, **37**, E381-E393.

Full Text: [2013\Alc-Cli Exp Res37, E381.pdf](2013/Alc-Cli%20Exp%20Res37,%20E381.pdf)

Abstract: Background The research of alcohol consumption-related problems is a multidisciplinary field. The aim of this study is to analyze the worldwide scientific production in the area of alcohol-drinking and alcohol-related problems from 2005 to 2009. Methods A MEDLINE and Scopus search on alcohol (alcohol-drinking and alcohol-related problems) published from 2005 to 2009 was carried out. Using bibliometric indicators, the distribution of the publications was determined within the journals that publish said articles, specialty of the journal (broad subject terms), article type, language of the publication, and country where the journal is published. Also, authorship characteristics were assessed (collaboration index and number of authors who have published more than 9 documents). The existing research groups were also determined. Results About 24,100 documents on alcohol, published in 3,862 journals, and authored by 69,640 authors were retrieved from MEDLINE and Scopus between the years 2005 and 2009. The collaboration index of the articles was 4.83 +/- 3.7. The number of consolidated research groups in the field was identified as 383, with 1,933 authors. Documents on alcohol were published mainly in journals covering the field of Substance-Related Disorders, 23.18%, followed by Medicine, 8.7%, Psychiatry, 6.17%, and Gastroenterology, 5.25%. Conclusions Research on alcohol is a consolidated field, with an average of 4,820 documents published each year between 2005 and 2009 in MEDLINE and Scopus. Alcohol-related publications have a marked multidisciplinary nature. Collaboration was common among alcohol researchers. There is an underrepresentation of alcohol-related publications in languages other than English and from developing countries, in MEDLINE and Scopus databases.

Keywords: Addiction Journals, Alcohol, Alcohol Drinking, Alcohol-Drinking, Alcohol-Related Problems, Authors, Authorship, Bibliometric, Bibliometric Indicators, Bibliometrics, Characteristics, Collaboration, Country, Databases, Developing, Developing Countries, Distribution, Field, Groups, Health, Index, Indicators, Journal, Journals, Language, Languages, Medicine, MEDLINE, Multidisciplinary, Periodicals as Topic, Psychiatry, Publication, Publications, Publish, Pubmed, Research, Results, Scientific Production, Scopus, Specialty, Statistics and Numerical Data, Trends

# Title: Algal Research-Biomass Biofuels and Bioproducts

Full Journal Title: Algal Research-Biomass Biofuels and Bioproducts

ISO Abbreviated Title:

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Subject Categories:

: Impact Factor

? Coelho, M.S., Barbosa, F.G. and de Souza, M.D.A.Z. (2014), The scientometric research on macroalgal biomass as a source of biofuel feedstock. *Algal Research-Biomass Biofuels and Bioproducts*, **6**, 132-138.

Full Text: [2014\Alg Res-Bio Bio Bio6, 132.pdf](2014/Alg%20Res-Bio%20Bio%20Bio6,%20132.pdf)

Abstract: We performed a scientometric analysis to determine the main trends and gaps in the studies on macroalgal biomass as a source of biofuel feedstock conducted between 1945 and 2013. We used the database from the Thomson Institute for Scientific Information. We found 160 papers published in 78 journals. The number of papers on using macroalgal biomass as a source of biofuel feedstock over the years has increased, especially in the last four years of the study period. The majority of the publications were from Asia (79 papers) and Europe (60 papers). Ulva spp. and Saccharina spp. were the most studied genera of macroalgae. Nine biofuel types (bio-oil, bioethanol, biodiesel, biogas, biomethane, biohydrogen, biochar, bio-crude and hydrochar) produced from macroalgae were studied, with bioethanol being the most studied. The important gaps in the research that need to be addressed are that few studies have been conducted in countries situated in climatic zones that favor the large-scale cultivation of algae for biofuel production (particularly countries from Africa and South America), as well as on some types of biofuels (e.g., biohydrogen, biochar, and hydrochar). (C) 2014 Elsevier B.V. All rights reserved.

Keywords: Africa, Algae, Analysis, Asia, Bio-Oil, Biochar, Biodiesel, Bioethanol Production, Biofuel, Biofuels, Biogas, Biohydrogen, Biomass, Database, Energy, Enteromorpha, Europe, Fermentation, From, Fuels, Gelidium-Amansii, Information, Institute For Scientific Information, Journals, Macroalgae, Macroalgae Biofuels, Nations, Opportunities, Papers, Publications, Research, Resource, Rights, Scientific Production, Scientific Production, Scientometric, Scientometric Analysis, Source, South America, Trends

# Title: Alimentaria

Full Journal Title: Alimentaria

ISO Abbreviated Title: Alimentaria

JCR Abbreviated Title: Alimentaria

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Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ugena, S., Resco, E. and Ferreiro, L. (1990), Scientific and technical food journals reviewed by the Journal Citation Reports bibliometric classification. *Alimentaria*, **27** (218), 15-27.

# Title: Alimentary Pharmacology & Therapeutics

Full Journal Title: [Alimentary Pharmacology & Therapeutics](http://www3.interscience.wiley.com/journal/117987555/home)

ISO Abbreviated Title:

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ISSN:

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Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Simin, M., Brok, J., Stimac, D., Gluud, C. and Gluud, L.L. (2007), Cochrane systematic review: Pegylated interferon plus ribavirin vs. interferon plus ribavirin for chronic hepatitis C. *Alimentary Pharmacology & Therapeutics*, **25** (10), 1153-1162.

Full Text: [2007\Ali Pha The25, 1153.pdf](2007/Ali%20Pha%20The25,%201153.pdf)

Abstract: Background About 170 million patients worldwide have chronic hepatitis C. Pegylated interferon plus ribavirin is currently the recommended therapy. Aim To evaluate the beneficial and harmful effects of pegylated interferon plus ribavirin vs. interferon plus ribavirin for chronic hepatitis C infection. Methods We searched the Cochrane Library, MEDLINE, EMBASE, LILACS, Science Citation Index Expanded and contacted pharmaceutical companies and authors of trials (to March 2005). Results We included 18 randomized clinical trials with 4811 patients. Eleven trials (61%) had allocation bias risks and all had assessment bias risk because of lack of blinding. Compared with interferon plus ribavirin, pegylated interferon plus ribavirin had significant beneficial effects on sustained virological response [risk ratio (RR): 0.80; 95% CI: 0.74 - 0.88]. Data were insufficient to determine impact on long-term outcomes. Pegylated interferon plus ribavirin significantly increased dose reductions (RR: 1.44; 95% CI: 1.14 - 1.82) and adverse events including neutropenia (RR: 2.25; 95% CI: 1.58 - 3.21), thrombocytopenia (RR: 2.28; 95% CI: 1.14 - 4.54), arthralgia (RR: 1.19; 95% CI: 1.05 - 1.35), and injection-site reaction (RR: 2.56; 95% CI: 1.06 - 6.22). Conclusions Pegylated interferon plus ribavirin compared with interferon plus ribavirin increased the proportion of patients with sustained virological response, but at the cost of more adverse events.

Keywords: Antiviral Therapy, Chronic Hepatitis C, Citation, Clinical-Trials, Combination Therapy, Cost, Embase, Hepatocellular-Carcinoma Development, High Viral Load, Initial Treatment, Liver-Disease, MEDLINE, Naive Patients, Natural-History, Pharmaceutical, Randomized Controlled-Trial, Science Citation Index, Science Citation Index Expanded, Therapy

? Mccrea, G.L., Miaskowski, C., Stotts, N.A., Macera, L., Hart, S.A. and Varma, M.G. (2008), Review article: Self-report measures to evaluate constipation. *Alimentary Pharmacology & Therapeutics*, **27** (8), 638-648.

Full Text: [2008\Ali Pha The27, 638.pdf](2008/Ali%20Pha%20The27,%20638.pdf)

Abstract: Background Constipation is a subjective phenomenon, and as such must be evaluated using patient self-report. Valid and reliable measures of constipation are essential to standardize the diagnosis, assess the severity and evaluate the effectiveness of treatments. Aim To compare and contrast published self-report measures of constipation in terms of development, content, general characteristics, psychometric properties and clinical utility. Methods MEDLINE (1966-2007), CINAHL (1980-2007), Cochrane (1993-2007) and Web of Science (1995-2007) were searched to identify self-report measures of constipation. Measures of constipation were selected if they: (i) were self-report measures that measured only constipation; (ii) had undergone psychometric testing; (iii) were used in adults and (iv) were written in English. Results Seven self-report measures of constipation were identified. The content areas evaluated by these measures varied. Only two measures had adequate validity and reliability, sensitivity to change, or were tested in more than one sample. Conclusions Findings from this review suggest that the Chinese Constipation Questionnaire and the Patient Assessment of Constipation-Symptom Questionnaire demonstrate adequate psychometric properties for a constipation measure. Additional research is warranted to refine or develop a more comprehensive self-report measure to evaluate constipation in adults.

Keywords: Adults, Assessment, Clinical Utility, Cochrane, Constipation, Definition, Development, Diagnosis, Effectiveness, Epidemiology, Functional Bowel Disorders, MEDLINE, Methods, Population, Questionnaire, Reliability, Research, Review, Scale, Science, Scoring System, Symptoms, United-States, Validation, Validity, Web of Science

? Gluud, L.L., Klingenberg, S.L. and Langholz, S.E. (2008), Systematic review: Tranexamic acid for upper gastrointestinal bleeding. *Alimentary Pharmacology & Therapeutics*, **27** (9), 752-758.

Full Text: [2008\Ali Pha The27, 752.pdf](2008/Ali%20Pha%20The27,%20752.pdf)

Abstract: Background Tranexamic acid may reduce upper gastrointestinal bleeding and stabilize patients before endoscopic treatments. Aim To review randomized trials on tranexamic acid for upper gastrointestinal bleeding. Methods Manual and electronic searches of the Cochrane Library, MEDLINE, EMBASE and Science Citation Index were combined. Intention-to-treat random effect meta-analyses were performed and results presented as RRs with 95% confidence intervals. Results Seven double-blind randomized trials on tranexamic acid vs. placebo were included. of 1754 patients randomized, 21% were excluded. Only one trial included endoscopic treatments or proton pump inhibitors. Five per cent of patients on tranexamic acid and 8% of controls died (RR: 0.61, 95% CI: 0.42-0.89). No significant differences were found on bleeding, bleeding-related mortality, surgery or transfusion requirements. Adverse events were unclearly reported. Data from three of the included trials suggested that tranexamic acid did not significantly increase the risk of thromboembolic disease. Conclusions the present review suggests that tranexamic acid may reduce all-cause mortality. However, because of limitations in the internal and external validity of included trials, additional evidence is needed before treatment recommendations can be made.

Keywords: Antifibrinolytic Therapy, Citation, Disease, MEDLINE, Metaanalysis, Mortality, Placebo, Review, Risk, Science, Science Citation Index, Subarachnoid Hemorrhage, Surgery, Systematic Review, Thrombosis, Tract, Transplantation, Treatment, Validity

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Full Text: [2009\Ali Pha The29, 605.pdf](2009/Ali%20Pha%20The29,%20605.pdf)

Abstract: Certolizumab pegol is the third anti-TNF-alpha agent approved by the Food and Drug Administration of the United States. To provide a comprehensive up-to-date review of the efficacy and safety of certolizumab in Crohn’s disease (CD). Electronic databases, including PUBMED, EMBASE, the Cochrane library and the Science Citation Index, were searched to retrieve relevant trials. In addition, meeting abstracts and the reference lists of retrieved articles were reviewed for further relevant studies. Three trials, enrolling a total of 1040 patients, are included in the meta-analysis to evaluate the short-term efficacy of certolizumab, which is effective for rapid induction and long-term maintenance of clinical response or remission and can improve quality of life in patients with Crohn’s disease. Certolizumab is also effective for patients who have lost response to infliximab. However, its efficacy in infliximab-exposed patients is probably less than in infliximab-naive patients. Re-induction with certolizumab in patients who have flared on maintenance therapy can rescue a significant proportion of patients. There is no significant association between the efficacy of certolizumab and the baseline C-reactive protein level. In comparison with placebo, certolizumab does not increase the risk of serious adverse events. Certolizumab is effective and safe in treating Crohn’s disease. Further studies are still required to assess its full safety profile.

Keywords: Anti-Tnf-Alpha, Antitumor Necrosis Factor, C-Reactive Protein, Clinical-Trials, Inflammatory-Bowel-Disease, Maintenance Therapy, Monoclonal-Antibody, Placebo-Controlled Trial, Quality-of-Life, Randomized-Trial

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Full Text: [2009\Ali Pha The29, 1155.pdf](2009/Ali%20Pha%20The29,%201155.pdf)

Abstract: Effects of octreotide on post-endoscopic retrograde cholangiopancreatography pancreatitis have been studied in many clinical trials. These trials have yielded inconclusive results. Results of more recent studies using larger doses, however, seem to be more optimistic. To examine effects of octreotide at different doses on PEP. A comprehensive search of relevant databases, including MEDLINE, Embase, the Cochrane Controlled Trials Register, the Cochrane Library and Science Citation Index yielded 18 randomized controlled trials (RCTs). Trials were divided into two groups according to the total dosage of octreotide: < 0.5 mg (OCT1), >= 0.5 mg (OCT2). The rate of PEP was analysed using a fixed effect model. At doses of >= 0.5 mg, octreotide reduced the rate of PEP. In the OCT2 group, analysis revealed a statistically significant difference on PEP between the octreotide group and the controls (3.4% vs. 7.5%, pooled OR = 0.45; 95% CI: 0.28-0.73; P = 0.001, NNT = 25). In the OCT1 group, the rate of PEP was similar between patients receiving octreotide and the controls (7.2% vs. 6.0%, pooled OR = 1.23; 95% CI: 0.80-1.91; P = 0.35). Octreotide is effective in preventing PEP, but only at sufficient doses (>= 0.5 mg).

Keywords: Allopurinol, Clinical-Trials, Endoscopic Retrograde Cholangiopancreatography, Hyperamylasemia, Multicenter, Placebo, Prophylactic Octreotide, Randomized Controlled Trial, Risk, Somatostatin Analog Octreotide

? Cohen, R.D., Yu, A.P., Wu, E.Q., Xie, J., Mulani, P.M. and Chao, J. (2010), Systematic review: the costs of ulcerative colitis in Western countries. *Alimentary Pharmacology & Therapeutics*, **31** (7), 693-707.

Full Text: [2010\Ali Pha The31, 693.pdf](2010/Ali%20Pha%20The31,%20693.pdf)

Abstract: P>Background Early onset and complications such as hospitalization and surgery contribute to the economic burden of ulcerative colitis. Aim To review systematically the literature on costs of ulcerative colitis in Western countries. Methods Studies estimating costs of ulcerative colitis in Western countries were identified using MEDLINE, EMBASE and ISI Web of Science and were rated based on relevance and reliability of estimates. All costs were adjusted to 2008 currency values. A parallel review focused on the impact of disease severity on costs, hospitalizations and surgeries. Results Estimated annual per-patient direct medical costs of ulcerative colitis ranged from $6217 to $11 477 in the United States and from euro8949 to euro10 395 in Europe. Hospitalizations accounted for 41-55% of direct medical costs. Indirect costs accounted for approximately one-third of total costs in the United States and 54-68% in Europe. Total economic burden of ulcerative colitis was estimated at $8.1-14.9 billion annually in the United States and at euro12.5-29.1 billion in Europe; total direct costs were $3.4-8.6 billion in the United States and euro5.4-12.6 billion in Europe. Direct costs, hospitalizations and surgeries increased with worsening disease severity. Conclusions Ulcerative colitis is a costly disease. Hospitalizations contribute significantly to direct medical costs, and indirect costs are considerable, having previously been substantially underestimated.

Keywords: Burden, Costs, Crohns-Disease, Direct Medical Costs, Disease, Economic Burden, EMBASE, Europe, Follow-up, Health-Care Costs, Hospitalization, Hospitalizations, Impact, Inflammatory-Bowel-Disease, ISI, Literature, Medical, Medical Therapy, Methods, Pouch-Anal Anastomosis, Prevalence, Reliability, Resource Utilization, Review, Science, Surgery, Systematic, Systematic Review, Total Colectomy, Ulcerative Colitis, United-States, Web of Science

? Bai, Y., Guo, J.F. and Li, Z.S. (2011), Meta-analysis: Erythromycin before endoscopy for acute upper gastrointestinal bleeding. *Alimentary Pharmacology & Therapeutics*, **34** (2), 166-171.

Full Text: [2011\Ali Pha The34, 166.pdf](2011/Ali%20Pha%20The34,%20166.pdf)

Abstract: Background Studies evaluating the effect of erythromycin on patients with acute upper gastrointestinal bleeding (UGIB) had been reported, but the results were inconclusive. Aims To compare erythromycin with control in patients with acute UGIB by performing a meta-analysis. Methods Electronic databases including PUBMED, EMBASE and the Cochrane Library, Science Citation Index, were searched to find relevant randomised controlled trials (RCTs). Two reviewers independently identified relevant trials evaluating the effect of erythromycin on patients with acute UGIB. Outcome measures were the incidence of empty stomach, need for second endoscopy, blood transfusion, length of hospital stay, endoscopic procedure time and mortality. Results Four RCTs including 335 patients were identified. Meta-analysis demonstrated the incidence of empty stomach was significantly increased in patients receiving erythromycin (active group 69%, control group 37%, P < 0.00001). The need for second endoscopy, amount of blood transfusion and the length of hospital stay were also significantly reduced (all P < 0.05). A trend for shorter endoscopic procedure time and decreased mortality rate was observed. Conclusions Prophylactic erythromycin is useful for patients with upper gastrointestinal bleeding to decrease the amount of blood in the stomach and reduce the need for second endoscopy, amount of blood transfusion. It may shorten the length of hospital stay, but its effects on mortality need further larger trials to be confirmed.

Keywords: Bias, Citation, Databases, Double-Blind Trial, Embase, Hemorrhage, Improves, Infusion, Management, Meta-Analysis, PUBMED, Quality, Science Citation Index, Trend

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Full Text: [2011\Ali Pha The34, 509.pdf](2011/Ali%20Pha%20The34,%20509.pdf)

Abstract: Background Antibiotic prophylaxis seems to decrease the incidence of bacterial infections in patients with cirrhosis and upper gastrointestinal bleeding and is considered standard of care. However, there is no updated information regarding the effects of this intervention. Aim To assess the benefits and harms of antibiotic prophylaxis in cirrhotic patients with gastrointestinal bleeding by performing a systematic review of randomised trials. Methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials in the Cochrane Library, MEDLINE, EMBASE and Science Citation Index EXPANDED until June 2010. We statistically combined data calculating relative risk (RR) for dichotomous outcomes and mean difference (MD) for continuous outcomes. Results Twelve trials (1241 patients) evaluating antibiotic prophylaxis against placebo or no antibiotic prophylaxis were included. Antibiotic prophylaxis was associated with reduced mortality (RR 0.79, 95% CI 0.63-0.98), mortality from bacterial infections (RR 0.43, 95% CI 0.19-0.97), bacterial infections (RR 0.35, 95% CI 0.26-0.47), rebleeding (RR 0.53, 95% CI 0.38-0.74) and days of hospitalisation (MD) 1.91, 95% CI) 3.80-0.02). Trials analysing rebleeding rate and hospitalisation length are still scarce, thus, caution should be exerted when interpreting the results. Conclusions Antibiotic prophylaxis in patients with cirrhosis and upper gastrointestinal bleeding significantly reduced bacterial infections, and reduce all-cause mortality, bacterial infection mortality, rebleeding events and hospitalisation length. Novel clinically significant outcomes were included in this metaanalysis. Some benefits are biased and the risks are not yet properly assessed, this encourages future research in this field.

Keywords: Acute Variceal Hemorrhage, Ceftriaxone, Ciprofloxacin, Citation, Embase, Endoscopic Sclerotherapy, Esophageal-Varices, Information, Intervention, MEDLINE, Meta-Analysis, Methods, Norfloxacin, Outcomes, Portal-Hypertension, Prevents Bacterial-Infection, Randomized-Trial, Research, Review, Science, Science Citation Index, Systematic Review, Therapy

? Qureshi, J., Sud, A. and Vakil, N. (2012), Funding source and conflict of interest disclosures by authors and editors in gastroenterology specialty journals revisited. *Alimentary Pharmacology & Therapeutics*, **35** (6), 690-695.

Full Text: [2012\Ali Pha The35, 690.pdf](2012/Ali%20Pha%20The35,%20690.pdf)

Abstract: Background A survey of journals published in the field of Gastroenterology conducted 5 years ago showed marked variability in reporting of conflicts of interest or funding sources in these journals. Aim To re-examine reporting of conflicts of interest and funding sources for original articles and editorials in Gastroenterology and Hepatology journals. Methods We evaluated all original articles and editorials in 15 leading journals (determined by impact factor-Thomson Reuter Science Citation Index) devoted to Gastroenterology and Hepatology for disclosures of conflicts and for editor’s self disclosures. We examined each journal’s editorial policy by contacting the journal directly if the information was not revealed on the Web site or print versions of the journal. Results of the 1574 articles evaluated, a total of 1207 (77%) reported the presence or absence of a potential conflict of interest and 1047 (67%) reported the presence or absence of funding sources. A total of 3 of the 15 (20%) journals (American Journal of Gastroenterology, Gastroenterology, and Alimentary Pharmacology and Therapeutics reported the presence or absence of funding sources in all their published original articles. Only 5 of 15 (33%) journals (Gut, Gastrointestinal Endoscopy, American Journal of Gastroenterology, Neurogastroenterology & Motility and Alimentary Pharmacology and Therapeutics) publicly disclosed the conflicts of interest of the editors. Conclusions (i) Funding sources and conflicts of interest are still reported variably in the GI literature. (ii) Editorials and review articles are influential, but have poor reporting of conflicts of interest. (iii) Editors of many journals still do not report their conflicts of interest.

Keywords: Authors, Citation, Conflict of Interest, Conflicts of Interest, Editors, Field, Funding, Gastroenterology, Impact, Information, Journal, Journals, Literature, Mar, Policy, Potential, Reporting, Review, Science, Science Citation Index, Self, Site, Source, Sources, Specialty, Survey, Variability

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Full Text: [2014\Ali Pha The39, 239.pdf](2014/Ali%20Pha%20The39,%20239.pdf)

Abstract: Background Highly selective 5-HT4 agonists have been suggested for the treatment of chronic constipation (CC). Aim To assess the effects of highly selective 5-HT4 agonists (prucalopride, velusetrag or naronapride) on patient-important clinical efficacy outcomes and safety in adults with CC. Methods We searched the medical literature in January 2013 using MEDLINE/Pubmed, Embase, Cochrane Library, and Web of Science/Scopus for randomised, controlled trials of highly selective 5-HT4 agonists in adults with CC, with no minimum duration of therapy (maximum 12weeks) or date limitations. Data were extracted from intention-to-treat analyses, pooled using a random-effects model, and reported as relative risk (RR), mean differences, or standardised mean differences with 95% confidence intervals (CI). Results Main outcomes included stool frequency, Patient-Assessment of Constipation Quality of Life (PAC-QOL), PAC of symptoms (PAC-SYM) and adverse events. Thirteen eligible trials were identified: 11 prucalopride, 1 velusetrag, 1 naronapride. Relative to control, treatment with highly selective 5-HT4 agonists was superior for all outcomes: mean 3 spontaneous complete bowel movements (SCBM)/week (RR=1.85; 95% CI 1.23-2.79); mean 1 SCBM over baseline (RR=1.57; 95% CI 1.19, 2.06); 1 point improvement in PAC-QOL and PAC-SYM scores. The only active comparator trial of prucalopride and PEG3350 suggested PEG3350 is more efficacious for some end points. Adverse events were more common with highly selective 5-HT4 agonists, but were generally minor; headache was the most frequent. Most trials studied prucalopride. Conclusion Demonstration of efficacy on patient-important outcomes and a favourable safety profile support the continued use and development of highly selective 5-HT4 agonists in the treatment of chronic constipation.

Keywords: Adverse Events, Analyses, Bowel, Chronic, Chronic Idiopathic Constipation, Clinical, Clinical-Trial, Colonic Transit, Complete, Confidence, Confidence Intervals, Constipation, Control, Data, Development, Double-Blind, Duration, Effects, Efficacy, Events, High Intrinsic Activity, Improvement, Intervals, Laxatives, Literature, Medical, Medical Literature, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Minimum, Minor, Model, Outcomes, Pac, Prokinetic Agent Cisapride, Quality, Quality Of Life, Questionnaire, Random Effects Model, Randomised, Receptor Agonist, Relative, Relative Risk, Results, Review, Risk, Safety, Spontaneous, Support, Symptoms, Systematic Review, Therapy, Treatment, Trial

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Full Text: [2014\Ali Pha The39, 569.pdf](2014/Ali%20Pha%20The39,%20569.pdf)

Abstract: Background Interferon lambda 3 (IFN-lambda 3) polymorphisms are the strongest genetic predictor of outcome of hepatitis C virus infection and of response to Pegylated interferon (PegIFN)-based therapy. Whether this holds true for hepatitis B virus (HBV) infection is matter of controversy. Aim To review the association between host genomics and spontaneous or interferon-induced clearance of HBV with specific reference to the recently identified interleukin 28B gene now renamed IFN-lambda 3. Methods A literature search was performed on MEDLINE, EMBASE and Web of Science for English articles and abstracts using free text words and combinations of the following terms ‘IL28B’, ‘IFN lambda’, ‘genomics’, ‘hepatitis B virus’, ‘interferon’ ‘GWAS’, ‘treatment’, ‘SNPs’, ‘HLA’, ‘polymorphisms’. Results Genome-wide association studies convincingly demonstrated an association between SNPs in the HLA locus and spontaneous resolution of HBV infection in subgroups of Asian patients, yet no information is available for Caucasians. The preliminary observations of an association between IFN-lambda 3 SNP and virological and serological responses to IFN in both HBeAg-positive and -negative patients could not be replicated by subsequent studies. Yet, majority of studies performed so far suffer several limitations in terms of sample size, selection of the patients, endpoints of therapy, treatment strategies and duration of follow-up. Conclusions While host genetics is associated with an increased likelihood of spontaneous clearance of HBV among genotype B/C patients, the relationship between IFN-lambda 3 polymorphisms and response to IFN has not been confirmed. Further studies in large cohorts of homogeneous patients are required, before this genetic test can be recommended in clinical practice.

Keywords: Asian, Association, Clinical, Clinical Practice, Combination, Duration, Embase, English, Follow-Up, Gene, Genetic, Genetic-Variation, Genetics, Genome-Wide Association, Genomics, Hbv, Hbv Infection, Hepatitis, Hepatitis B, Hepatitis B Virus, Hepatitis C, Hepatitis C Virus, Hla-Dp, Host, Il28b, Infection, Information, Interferon, Lambda, Lamivudine, Literature, Literature Search, Mar, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Observations, Outcome, Patients, Peginterferon Alpha-2A, Polymorphisms, Practice, Reference, Response, Results, Review, Sample Size, Science, Selection, Size, SNP, Spontaneous, Spontaneous Clearance, Systematic Review, Therapy, Treatment, Virus Infection, Web of Science

? Nagaraja, V. and Eslick, G.D. (2014), Systematic review with meta-analysis: The relationship between chronic *Salmonella typhi* carrier status and gall-bladder cancer. *Alimentary Pharmacology & Therapeutics*, **39** (8), 745-750.

Full Text: [2014\Ali Pha The39, 745.pdf](2014/Ali%20Pha%20The39,%20745.pdf)

Abstract: Background Carcinoma of the gall-bladder is the fifth commonest gastrointestinal tract cancer and is endemic in several countries. An association of chronic typhoid carriage and carcinoma of the gall-bladder has been reported. Aim To clarify whether chronic Salmonella typhi carrier state is associated with carcinoma of the gall-bladder. Methods A systematic search was conducted using MEDLINE, PubMed, EMBASE, Current Contents, Cochrane library, Google Scholar, Science Direct and Web of Science. Original data were abstracted from each study and used to calculate a pooled odds ratio (OR) and 95% confidence interval (95% CI). Results Of the articles selected, only 17 studies met full criteria for analysis. The overall OR for chronic S. typhi carrier state was 4.28(95% CI: 1.84-9.96). Most of the studies were from South Asia especially India and China. When a subgroup analysis was performed according to region, a significant association was observed in South-East Asia (OR: 4.13, 95% CI: 2.87-5.94, P value <0.01). Chronic S. typhi carrier state was associated with carcinoma of the gall-bladder based on detection methods of S. typhi antibody levels (OR: 3.52, 95% CI: 2.48-5.00, P value <0.01) and even more so on culture (OR: 4.14, 95% CI: 2.41-7.12, P value <0.01). The association was prominent in controls without gallstones (OR: 5.86, 95% CI: 3.84-8.95, P value <0.01) when compared with controls with gallstones (OR: 2.71, 95% CI: 1.92-3.83, P value <0.01). Conclusions Chronic S. typhi carrier state is an important risk factor among patients with carcinoma of the gall-bladder. Given the high risk associated with this carrier state, management options should include either elective cholecystectomy or careful monitoring using ultrasound.

Keywords: Analysis, Antibody, Asia, Association, Bile, Cancer, Carcinogenesis, Carcinoma, Carrier State, China, Cholecystectomy, Chronic, Chronic Bacterial-Infection, Confidence, Criteria, Culture, Data, Elective, Embase, Gallstones, Google, Google Scholar, India, Interval, Management, Management Options, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Monitoring, Odds Ratio, Options, P, Patients, Pubmed, Region, Results, Review, Risk, Risk Factor, Risk-Factors, Salmonella, Salmonella Typhi, Science, South Asia, South East Asia, State, Stones, Systematic Review, Ultrasound, Value, Web Of Science

? Luo, J., Yang, Y., Liu, J., Lu, K., Tang, Z., Liu, P., Liu, L. and Zhu, Y. (2014), Systematic review with meta-analysis: Meat consumption and the risk of hepatocellular carcinoma. *Alimentary Pharmacology & Therapeutics*, **39** (9), 913-922.

Full Text: [2014\Ali Pha The39, 913.pdf](2014/Ali%20Pha%20The39,%20913.pdf)

Abstract: Background The association between meat consumption and the risk of hepatocellular carcinoma (HCC) is still inconclusive. Aim To conduct a systematic review and meta-analysis to quantitatively assess the relationship between meat intake and the risk of HCC. Methods We searched the PubMed, Web of Science and EMBASE databases for relevant studies published before July 2013. The summary relative risks were pooled using the fixed-effects model when no substantial heterogeneity was detected, otherwise, the random-effects model was used. Heterogeneity and publication bias were also analysed. Results Finally, seven cohort studies and 10 case-control studies were included. The pooled relative risks (RRs) of HCC for the highest vs. lowest consumption levels were 1.10 (95% confidence interval, CI: 0.85-1.42) for red meat, 1.01 (95% CI: 0.79-1.28) for processed meat and 0.97 (95% CI: 0.85-1.11) for total meat. Moreover, white meat and fish consumption were found to be inversely associated with HCC risk, the summary RRs were 0.69 (95% CI: 0.58-0.81) and 0.78 (95% CI: 0.67-0.90) respectively, and the results remained quite stable after stratification by the confounding factors. Conclusions The present meta-analysis indicates that a high level of white meat or fish consumption can reduce the risk of HCC significantly, while intake of red meat, processed meat or total meat is not associated with HCC risk. Our findings suggest that dietary intervention may be a promising approach for prevention of HCC, which still need to be confirmed by further well-designed prospective studies and experimental research.

Keywords: Approach, Association, Bias, Cancer-Risk, Carcinoma, Case-Control, Case-Control Studies, Cohort, Colorectal-Cancer, Confidence, Confounding, Consumption, Databases, Embase, Epidemiology, Experimental, Fatty-Acids, Fish, Fixed Effects Model, Hepatocellular Carcinoma, Heterocyclic Amines, Heterogeneity, Interval, Intervention, Liver-Disease, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Prevention, Prospective, Prospective Studies, Publication, Publication Bias, Pubmed, Random Effects Model, Red Meat, Research, Results, Review, Risk, Risks, Science, Stratification, Supplementation, Systematic Review, Web of Science

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Full Text: [2014\Ali Pha The40, 863.pdf](2014/Ali%20Pha%20The40,%20863.pdf)

Abstract: BackgroundAdvances in hepatitis C therapies have led to increasing numbers of patients seeking treatment. As a result, logistical and financial concerns regarding how treatment can be provided to all patients with chronic hepatitis C (CHC) have emerged. AimTo evaluate predictors and predictive models of histological progression and clinical outcomes for patients with CHC. MethodsMEDLINE via PubMed, EMBASE, Web of Science and Scopus were searched for studies published between January 2003 and June 2014. Two authors independently reviewed articles to select eligible studies and performed data abstraction. ResultsTwenty-nine studies representing 5817 patients from 20 unique cohorts were included. The outcome incidence rates were widely variable: 16-61% during median follow-up of 2.5-10years for fibrosis progression; 13-40% over 2.3-14.4years for hepatic decompensation and 8-47% over 3.9-14.4years for overall mortality. Multivariate analyses showed that baseline steatosis and baseline fibrosis score were the most consistent predictors of fibrosis progression (significant in 6/21 and 5/21, studies, respectively) while baseline platelet count (significant in 6/13 studies), aspartate and alanine aminotransferase (AST/ALT) ratio, albumin, bilirubin and age (each significant in 4/13 studies) were the most consistent predictors of clinical outcomes. Five studies developed predictive models but none were externally validated. ConclusionsOur review identified the variables that most consistently predict outcomes of patients with chronic hepatitis C allowing the application of risk based approaches to identify patients in need of early treatment and intensive monitoring. This approach maximises effective use of resources and costly new direct-acting anti-viral agents.

Keywords: Age, Alanine Aminotransferase, Alanine Aminotransferase Levels, Albumin, Analyses, Antiviral, Application, Approach, Articles, Authors, Bilirubin, Chronic, Chronic Hepatitis, Cirrhosis Trial, Clinical, Clinical Outcomes, Data, Disease, Disease Progression, Embase, Fibrosis, Fibrosis Progression, Follow-Up, From, Hepatitis, Hepatitis C, Incidence, Liver-Disease, Long-Term Treatment, Models, Monitoring, Mortality, Outcome, Outcomes, Patients, Platelet Count, Predictive, Predictors, Progression, Pubmed, Rates, Resources, Review, Risk, Science, Scopus, Steatosis, Systematic, Systematic Review, Treatment, Untreated Patients, Virus-Infection, Web Of Science

# Title: Allergy

Full Journal Title: [[Allergy](http://www3.interscience.wiley.com/journal/118519659/home)](http://www.blackwell-synergy.com/servlet/useragent?func=showIssues&code=all)

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Subject Categories:

Allergy: Impact Factor 0.2552,/(2001)

Immunology: Impact Factor 0.2552,/(2001)

? Seglen, P.O. (1997), Citations and journal impact factors: Questionable indicators of research quality. *Allergy*, **52** (11), 1050-1056.

Full Text: [1997\Allergy52, 1050.pdf](1997/Allergy52,%201050.pdf)

Keywords: Impact, Impact Factors, Indicators, Journal, Journal Impact, Journal Impact Factors, Quality, Research, Research Quality

Notes: TTopic

? Hoeffel, C. (1998), Journal impact factors. *Allergy*, **53** (12), 1225.

Full Text: [1998\Allergy53, 1225.pdf](1998/Allergy53,%201225.pdf)

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Full Text: [2007\Allergy62, 115.pdf](2007/Allergy62,%20115.pdf)

Keywords: Allergy, Analysis, Hymenoptera, Productivity, Scientific Productivity

? Sheikh, A., ten Broek, V., Brown, S.G.A. and Simons, F.E.R. (2007), H1-antihistamines for the treatment of anaphylaxis: Cochrane systematic review. *Allergy*, **62** (8), 830-837.

Full Text: [2007\Allergy62, 830.pdf](2007/Allergy62,%20830.pdf)

Abstract: Background: Anaphylaxis is an acute systemic allergic reaction, which can be life-threatening. H-1-antihistamines are commonly used as an adjuvant therapy in the treatment of anaphylaxis. We sought to assess the benefits and harm of H-1-antihistamines in the treatment of anaphylaxis. Methods:We searched the Cochrane Central Register of Controlled Trials (CENTRAL, the Cochrane Library); MEDLINE (1966 to June 2006); EMBASE (1966 to June 2006); CINAHL (1982 to June 2006) and ISI Web of Science (1945 to July 2006). We also contacted pharmaceutical companies and international experts in anaphylaxis in an attempt to locate unpublished material. Randomized and quasi-randomized-controlled trials comparing H-1-antihistamines with placebo or no intervention were eligible for inclusion. Two authors independently assessed articles for inclusion. Results:We found no studies that satisfied the inclusion criteria. Conclusions:Based on this review, we are unable to make any recommendations for clinical practice. Randomized-controlled trials are needed, although these are likely to prove challenging to design and execute.

Keywords: Adjuvant Therapy, Adolescents, Anaphylaxis, Authors, Children, Cochrane, Double-Blind, Effectiveness, Efficacy, Embase, Emergency-Department, Food, H1-Antihistamines, Intervention, ISI, Management, MEDLINE, Multicenter, Pharmaceutical Companies, Placebo, Practice, Randomized Controlled Trials, Review, Science, Severity, Systematic, Systematic Review, Therapy, Treatment, Web of Science

? Anandan, C., Nurmatov, U. and Sheikh, A. (2009), Omega 3 and 6 oils for primary prevention of allergic disease: Systematic review and meta-analysis. *Allergy*, **64** (6), 840-848.

Full Text: [2009\Allergy64, 840.pdf](2009/Allergy64,%20840.pdf)

Abstract: There is conflicting evidence on the use of omega 3 and omega 6 supplementation for the prevention of allergic diseases. We conducted a systematic review evaluating the effectiveness of omega 3 and 6 oils for the primary prevention of sensitization and development of allergic disorders. We searched the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, LILACS, PsycInfo, AMED, ISI Web of Science and Google Scholar for double-blind randomized controlled trials. Two authors independently assessed articles for inclusion. Meta-analyses were undertaken using fixed effects modelling, or random effects modelling in the event of detecting significant heterogeneity. of the 3129 articles identified, 10 reports (representing six unique studies) satisfied the inclusion criteria. Four studies compared omega 3 supplements with placebo and two studies compared omega 6 supplements with placebo. There was no clear evidence of benefit in relation to reduced risk of allergic sensitization or a favourable immunological profile. Meta-analyses failed to identify any consistent or clear benefits associated with use of omega 3 [atopic eczema: RR = 1.10 (95% CI 0.78-1.54); asthma: RR = 0.81 (95% CI 0.53-1.25); allergic rhinitis: RR = 0.80 (95% CI 0.34-1.89) or food allergy RR = 0.51 (95% CI 0.10-2.55)] or omega 6 oils [atopic eczema: RR = 0.80 (95% CI 0.56-1.16)] for the prevention of clinical disease. Contrary to the evidence from basic science and epidemiological studies, our systematic review and meta-analysis suggests that supplementation with omega 3 and omega 6 oils is probably unlikely to play an important role as a strategy for the primary prevention of sensitization or allergic disease.

Keywords: Allergic Rhinitis, Asthma, Atopic-Dermatitis, Authors, Childhood Asthma Prevention, Children, Cochrane, Development, Disease, Eczema, Effectiveness, Embase, Fish Consumption, Food Allergy, Google Scholar, High-Risk, Infants, ISI, Linolenic Acid Supplementation, MEDLINE, Meta-Analysis, Omega Oils, Outcomes, Pregnancy, Prevention, Primary, Primary Prevention, Profile, Randomized Controlled Trials, Randomized Controlled-Trial, Review, Risk, Science, Strategy, Systematic, Systematic Review, Web of Science

? Anandan, C., Nurmatov, U., van Schayck, O.C.P. and Sheikh, A. (2010), Is the prevalence of asthma declining? Systematic review of epidemiological studies. *Allergy*, **65** (2), 152-167.

Full Text: [2010\Allergy65, 152.pdf](2010/Allergy65,%20152.pdf)

Abstract: P>Asthma prevalence has increased very considerably in recent decades such that it is now one of the commonest chronic disorders in the world. Recent evidence from epidemiological studies, however, suggests that the prevalence of asthma may now be declining in many parts of the world, which, if true is important for health service planning and also because this offers the possibility of generating and testing new aetiological hypotheses. Our objective was to determine whether the prevalence of asthma is declining worldwide. We undertook a systematic search of EMBASE, MEDLINE, Web of Science and Google Scholar, for high quality reports of cohort studies, repeat cross-sectional studies and analyses of routine healthcare datasets to examine international trends in asthma prevalence in children and adults for the period 1990-2008. There were 48 full reports of studies that satisfied our inclusion criteria. The large volume of data identified clearly indicate that there are, at present, no overall signs of a declining trend in asthma prevalence; on the contrary, asthma prevalence is in many parts of the world still increasing. The reductions in emergency healthcare utilization being reported in some economically developed countries most probably reflect improvements in quality of care. There remain major gaps in the literature on asthma trends in relation to Africa and parts of Asia. There is no overall global downward trend in the prevalence of asthma. Healthcare planners will for the foreseeable future, therefore, need to continue with high levels of anticipated expenditure in relation to provision of asthma care.

Keywords: 14-Year-Old Children, Adults, Africa, Allergic Rhinitis, Asia, Asthma, Atopic Eczema, Childhood Asthma, Children, Cohort Studies, Embase, Epidemiology, Google Scholar, Healthcare, Increasing Prevalence, Isaac Phase-I, Literature, National Databases, Prevalence, Primary-School Children, Quality of Care, Respiratory Symptoms, Review, Science, South-Australia, Systematic, Systematic Review, Trend, Trends, Utilization, Web of Science

? Radulovic, S., Wilson, D., Calderon, M. and Durham, S. (2011), Systematic reviews of sublingual immunotherapy (SLIT). *Allergy*, **66** (6), 740-752.

Full Text: [2011\Allergy66, 740.pdf](2011/Allergy66,%20740.pdf)

Abstract: P>Allergic rhinitis is common worldwide, with significant morbidity and impact on quality of life. In patients who don’t respond adequately to anti-allergic drugs. Subcutaneous allergen immunotherapy is effective although requires specialist administration. Sublingual immunotherapy may represent an effective and safer alternative. This Cochrane systematic review is an update of one published in 2003. We searched Cochrane ENT Group Trials Register, Central, PUBMED, EMBASE, CINAHL, Web of Science, Biosis Previews, Cambridge Scientific Abstarcts, mRCT and additional sources. We included randomised, double-blind, placebo- controlled trials of sublingual immunotherapy in adults and children. Two authors selected studies and assessed them for quality. Data were put into RevMan 5.0 for a statistical analysis. We used standardised mean difference (SMD), with a random effect model to combine data. Sixty studies were included, with 49 suitable for meta-analysis. We found significant reductions in symptoms (SMD -0.49; 95%CI (-0.64 to -0.34, P < 0.00001)) and medication requirements (SMD -0.32; 95%CI (-0.43 to -0.21, P < 0.00001)) compared with placebo. None of the trials reported severe systemic reactions, anaphylaxis or use of Adrenaline. This updated review reinforces the conclusion of the original 2003 Cochrane Review that sublingual immunotherapy is effective for allergic rhinitis and appears a safe route of administration.

Keywords: Adults, Allergic Rhinitis, Analysis, Anaphylaxis, Authors, Children, Clinical-Efficacy, Cochrane, Double-Blind, EMBASE, Grass Allergen Tablets, House-Dust-Mite, Immunotherapy, Impact, Medication, Meta-Analysis, Model, Morbidity, Parietaria-Judaica Extract, Placebo-Controlled Trial, Pollen Extract, PUBMED, Quality of Life, Randomized Controlled-Trial, Review, Science, Standardized 5-Grass-Pollen Extract, Statistical, Swallow Immunotherapy, Symptoms, Systematic, Systematic Review, Web of Science

? Hagan, J.B., Samant, S.A., Volcheck, G.W., Li, J.T., Hagan, C.R., Erwin, P.J. and Rank, M.A. (2014), The risk of asthma exacerbation after reducing inhaled corticosteroids: A systematic review and meta-analysis of randomized controlled trials. *Allergy*, **69** (4), 510-516.

Full Text: [2014\Allergy69, 510.pdf](2014/Allergy69,%20510.pdf)

Abstract: Background Asthma guidelines suggest reducing controller medications when asthma is stable. Methods The purpose of the study is to estimate the risk of asthma exacerbation in stable asthmatics who reduce inhaled corticosteroids (ICS) compared to those who maintain a stable ICS dose. We identified articles from a systematic review of English and non-English articles using MEDLINE, EMBASE, Web of Science, and CENTRAL (inception to May 25, 2013). We included randomized controlled trials (RCTs) with a stable asthma run-in period of 4weeks or more, an intervention to reduce ICS, and a follow-up period of at least 3months. Results The search strategy identified 2253 potential articles, of which 206 were reviewed at the full-text level and 6 met criteria for inclusion. The relative risk of an asthma exacerbation in individuals who reduced ICS compared to those who maintained the same ICS dose was 1.25 (95% CI 0.96, 1.62; P=0.10; I-2=0%) in studies with a mean follow-up of 22weeks. Individuals who reduced ICS had a decreased% predicted FEV1 of 0.87% (95% CI -1.58%,3.33%; P=0.49, I-2=58%) and a decreased mean morning peak expiratory flow of 9.57l/min (95% CI 1.25, 17.90; P=0.02; I-2=74%) compared to those individuals who maintained a stable ICS dose. Conclusions Asthma exacerbations were statistically no more likely among individuals who reduced ICS compared to those who maintained their ICS dose, supporting current guidelines which recommend decreasing ICS by 50% after a period of asthma stability.

Keywords: Anti-Asthmatic Agents, Asthma, Beclomethasone, Childhood, Clinical Trial, Corticosteroids, Criteria, Embase, English, Flow, Follow-Up, Glucocorticoids, Guidelines, Height, Inhaled Corticosteroids, Intervention, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Potential, Purpose, Randomized, Randomized Controlled Trials, Relative Risk, Results, Review, Risk, Science, Search Strategy, Stability, Step Down, Strategy, Systematic Review, Web of Science

# Title: Allergy Asthma and Clinical Immunology

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Subject Categories:

: Impact Factor

? de Silva, N.L., Damayanthi, H., Rajapakse, A.C., Rodrigo, C. and Rajapakse, S. (2014), Leukotriene receptor antagonists for chronic urticaria: A systematic review. *Allergy Asthma and Clinical Immunology*, **10**, Article Number: 24.

Full Text: [2014\All Ast Cli Imm10, 24.pdf](2014/All%20Ast%20Cli%20Imm10,%2024.pdf)

Abstract: A significant proportion of patients with chronic urticaria respond inadequately to first line treatment with antihistamines. Leukotreine receptor antagonists (LTRA) are also used for chronic urticaria, although firm recommendations on their use are lacking. We performed a systematic review of randomised trials to determine the role of LTRA in treatment of chronic urticaria. A search of PUBMED, EMBASE, SCOPUS, LILACS, the Cochrane Central Register of Controlled Trials, and the Web of Science for relevant randomized control trials or cross over studies yielded 10 eligible studies. The heterogeneity of trials were high, preventing valid meta-analysis of data. Most trials indicated that LTRA are not superior to placebo or antihistamine therapy, while combination therapy of LTRA and antihistamines appear to be more efficacious compared to antihistamine alone. The side effect profile and tolerability of this group of drugs is acceptable. The use of LTRA as monotherapy cannot be recommended. LTRA are effective add-on therapy to anti-histamines, and their use in patients responding poorly to antihistamines is justifiable. Further well designed randomized controlled trials with clear and standardized outcome measures are needed to determine the role of LTRA in chronic urticaria.

Keywords: Antihistamines, Cetirizine, Chronic, Chronic Idiopathic Urticaria, Chronic Urticaria, Combination, Combination Therapy, Control, Data, Desloratadine, Double-Blind, Drugs, Efficacy, Embase, First, Heterogeneity, Leukotreine, Leukotreine Receptor Antagonists, Management, Measures, Meta Analysis, Meta-Analysis, Metaanalysis, Montelukast, Montelukast, Outcome, Outcome Measures, Patients, Placebo, Randomised, Randomized, Randomized Controlled Trials, Recommendations, Review, Role, Science, Scopus, Side Effect, Side-Effect, Systematic, Systematic Review, Therapy, Treatment, Web Of Science, Zafirlukast, Zafirlukast

# Title: Allergy and Asthma Proceedings

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Language: English

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Subject Categories:

Allergy: Impact Factor 0.975, / (2002)

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Full Text: [2010\All Ast Pro31, 428.pdf](2010/All%20Ast%20Pro31,%20428.pdf)

Abstract: Acquired Angioedema (AAE) is a rare condition classified into two subtypes: Type I, which is associated with lymphoproliferative disorders, and Type II, which is linked with autoantibodies against C1-esterase inhibitor (C1-INH). Unlike Type I AAE, Type II has no correlation with lymphoproliferative disorders. We report the evaluation of angioedema that was associated with an underlying lymphoproliferative disorder for the purpose of discussing the relationship between C1q and a diagnosis of AAE. A literature review was completed for the purpose of assessing the diagnostic value of C1q when used in the workup of AAE. A PUBMED/Web of Science search (1976-2010) produced 78 references (yielding 167 individual cases of AAE) using terminology “AAE.” the case described a patient with a depressed C1q (<3.5 mg/dL), decreased C4 (<3 mg/dL), decreased C1-inhibitor (1 mg/dL), decreased functional C1-INH (12%), and decreased total complement (<10 U/mL). Autoantibodies against C1-INH (free and bound respectively) were normal (12.4% and 10.1% of the standard of deviation). Using the above figures and data collected from the literature search, we tabulated 168 individual cases of AAE. of the 168 cases, C1q was drawn in 104 cases, and 64 cases have no information regarding C1q. There are 10 cases where the C1q was documented as normal. With these values, a correlation between C1q and a diagnosis of AAE was assessed: A decreased C1q correlated with a diagnosis of AAE approximately 56%-94% of the time. C1q is a useful tool when working up a case of AAE.

Keywords: Angioneurotic-Edema, Antiphospholipid Syndrome, C1-Inhibitor Deficiency, Diagnosis, Disorder, Esterase Inhibitor Deficiency, Evaluation, Functional, Hereditary Angioedema, Information, Literature, Literature Review, Lymphoproliferative Disorders, Monoclonal Gammopathy, Non-Hodgkins-Lymphoma, Normal, Recurrent Angioedema, Review, Science, Systemic-Lupus-Erythematosus

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Full Text: 2014\All Ast Pro35, 171.pdf

Abstract: Peanut allergy is one of the most common food allergies. Allergen-specific oral immunotherapy (OIT) and sublingual immunotherapy (SLIT) for peanut allergy aim to induce desensitization and then tolerance to peanuts. However, there is still considerable uncertainty about the safety of these two approaches and if the risk is justified by the benefit of the therapy. We performed a systematic review and meta-analysis to assess the efficacy and safety of OIT and SLIT in patients with peanut allergy. We performed searches of the MEDLINE, CINAHL, EMBASE, ISI Web of Science, and Cochrane databases (through March 18, 2013) for randomized controlled trials (RCTs) that compared OIT or SLIT with a placebo in patients with peanut allergy. The study selection and data extraction were independently performed by two reviewers. The primary outcome was the proportion of patients whose condition improved. We also analyzed immunologic changes and adverse events. A meta-analysis was performed using a random effects model. Three RCTs that comprised a total of 86 subjects were analyzed. OIT or SLIT had a significantly positive effect on peanut allergy (odds ratio [OR], 38.44; 95% confidential interval [CI] 6.01-245.81). Several immunologic changes associated with the induction of tolerance were improvements. There is no difference between the OIT or SLIT group and placebo group in the number of patients who required epinephrine during the study (OR, 0.51; 95% CI, 0.03-10.20). This study showed a statistically significant benefit of peanut immunotherapy in patients with peanut allergy. However, these findings are based on an analysis of a small number of RCTs. Additional larger, well-designed and double-blind RCTs are needed.

Keywords: Allergies, Allergy, Analysis, Atopic-Dermatitis, Challenge, Changes, Confidential, Data, Databases, Double-Blind, Effects, Efficacy, Embase, Epinephrine, Events, Extraction, Food, Food Allergy, Identification, Immunotherapy, Induction, Interval, ISI, ISI Web of Science, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Model, Natural-History, Odds Ratio, Oral, Oral Immunotherapy, Outcome, Patients, Placebo, Prevalence, Primary, Random Effects Model, Randomized, Randomized Controlled Trials, Ready, Review, Risk, Safety, Science, Selection, Sera, Small, Sublingual, Systematic Review, Therapy, Tolerance, Uncertainty, Web of Science

? Zhang, H.P., Jia, C.E., Lv, Y., Gibson, P.G. and Wang, G. (2014), Montelukast for prevention and treatment of asthma exacerbations in adults: Systematic review and meta-analysis. *Allergy and Asthma Proceedings*, **35** (4), 278-287.

Full Text: 2014\All Ast Pro35, 278.pdf

Abstract: It has proven efficacy in reducing asthma exacerbations, but the effect size of montelukast (a leukotriene receptor antagonist) for varied severity of asthma exacerbations is not systematically assessed. This study was designed to systematically explore the evidence for montelukast, as first-line or add-on therapy, in preventing and treating asthma exacerbations in adult patients with asthma. Randomized controlled trials were searched in PubMed, CENTRAL, Web of Science, Embase, and OVID up to March 2013, where montelukast prevented or treated asthma exacerbations in adults. Primary outcomes were the number of patients experiencing exacerbations in chronic asthma and hospitalizations in acute asthma.. Odds ratio (OR) with 95% confidence intervals (CI), risk difference, and number needed to treat (NNT) were calculated and pooled. Adverse events were also assessed in chronic asthma. Twenty trials for chronic asthma and six for acute asthma were identified. In comparison with placebo, adults with chronic asthma receiving montelukast had significantly reduced number of exacerbations (OR = 0.60 and 95% CI, 0.49, 0.74; NNT = 17 and 95% CI, 12, 29). However, montelukast was inferior to inhaled corticosteroids (ICSs) (OR = 1.63; 95% CI, 1.29, 2.0) and ICS plus long-acting beta(2)-agonist (LABA; OR = 3.94; 95% CL 1.64, 9.48) as the first-line therapies and LABA (OR = 1.22; 95% CI, 1.05, 1.42) as the add-on therapies in reducing asthma exacerbations. In acute asthma, montelukast could statistically improve peak expiratory flow percent predicted (p = 0.008) and reduce systemic corticosteroid intake (p = 0.005). Montelukast had low risk in hoarseness and insomnia. Our meta-analysis suggests that montelukast significantly reduces mild, moderate, and part of severe exacerbations in chronic mild to moderate asthma, but it has inferior efficacy to ICS or ICS plus LABA.

Keywords: Add-On Therapy, Adult, Adverse Events, Asthma, Beta(2) Agonist, Chronic, Cl, Combination Therapy, Comparison, Confidence, Confidence Intervals, Corticosteroids, Double-Blind, Effect Size, Efficacy, Events, Evidence, First Line, Flow, Hoarseness, Inhaled Corticosteroids, Inhaled Glucocorticoids, Insomnia, Intervals, Intravenous Montelukast, Leukotriene Receptor Antagonists, Low Risk, Meta Analysis, Meta-Analysis, Metaanalysis, Mild, Moderate Asthma, Montelukast, Number Needed To Treat, Oral Montelukast, Outcomes, Patients, Persistent Asthma, Placebo, Prevention, Pubmed, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, Receptor Antagonist, Review, Risk, Science, Size, Systematic, Systematic Review, Therapy, Treatment, Web, Web Of Science

# Title: Alternative Therapies in Health and Medicine

Full Journal Title: [Alternative Therapies in Health and Medicine](http://global.umi.com/pqdweb?TS=0&JSEnabled=1&RQT=317&SK=2&ScQ=000038441&TS=1030080836)

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? Tian, X., Liang, H., Yi, L.J., Song, G.M. and Wang, T.H. (2014), Effects of moxibustion or acupoint therapy for the treatment of primary dysmenorrhea: A meta-analysis. *Alternative Therapies in Health and Medicine*, **20** (4), 33-42.

Full Text: 2014\Alt The Hea Med20, 33.pdf

Abstract: Context center dot Primary dysmenorrhea (PD) is a common gynecological syndrome that is characterized by cramping in the lower abdomen during menstruation, particularly during puberty: Treatment for PD includes a. variety of pharmacological, nonpharmacological, and surgical options. Although Studies supporting use of traditional Chinese medicine (TCM) have helped in the proliferation of its comprehensive therapy, their results do not determine with certainty whether rnoxibustion and acupoint therapy are better for the treatment of PD than nonacupuncture-related therapy. Objective center dot The study intended to compare the effectiveness of moxibustion and acupoint therapy-such as sandwiched moxibustion, moxibustion, acupuncture, eye of floating needle, and acupoint application-with other therapeutic methods for the treatment of PD. Design center dot Six electronic databases-PubMed, Web of Science, the Chinese Biomedical Literature Database (CBM), the Chinese Journal Full-text Database (CNKI), the Chinese Science and Technology Journal Full-text Database (VIP), and Chinese Wanfang Data-were searched electronically, from inception to December; 2012, to find randomized, controlled trials (RCTs). Relevant references in articles used in the current study were searched manually. Literature was screened, data were extracted, and the methodological quality of the included studies was assessed: Then, meta-analyses were performed. Setting center dot All of processes of this study were conducted at Tianjin :University of Traditional Chinese Medicine and School of Nursing at Tianjin Medical University. Participants center dot The research team divided the selected RCTs into 2 groups based on the type of PD that the participants had: (1) the undifferentiated type group (UTG) and (2) the told-damp stagnation type group (CDSTG). Outcome Measures center dot The research team measured total effective rate; symptom score, and variation of peripheral blood-prostaglandin F-2 alpha (PGF(2 alpha)). Results center dot A total of 20 RCTs, involving 2134 participants, were included in the current study. Results of the meta-analysis showed that (1) the total efficacy for-the 2 studied interventions was better, with a statistically significant difference from that of the control methods: degrees of freedom (df) = 14, relative risk (RR)=1.19, 95% confidence interval (95% CI) = (1.14 - 1.24), P < .000 for the UTG, and df = 4, RR = 1.15, 95% CI (1.02 - 1.29), P = .03 for the CDSTG; (2) the studied interventions were better-than the control methods, with statistically significant differences, in relieving the severity of symptoms of PD: df = 3, mean difference (MD) = 3.20, 95% CI (2.36 - 4.04), P < .000 for the UTG and df = 1, MD = 2.09, 95% CI (0.16 - 4.02), P =.03 for the CDSTG; and (3) no statistical difference existed between the intervention and control Methods groups in the reduction of the level of peripheral blood PGF(2 alpha): df=2, Standardized Mean difference (SMD)= 0.13; 95% CI (-0.13 - 0.39), P = .32. Conclusions center dot Moxibustion and acupoint therapy can relieve pain, effectively for individuals with PD, and these treatments have advantages in overall, efficiency. Because of limitations oft the quantity and quality of the included studies and the lack of a large, multicenter study, the research team’s conclusion has yet to be substantiated.

Keywords: Acupoint, Acupuncture, Articles, Biomedical, Blood, Care, Chinese, Chinese Medicine, Confidence, Control, Data, Database, Design, Dysmenorrhea, Effectiveness, Efficacy, Efficiency, Freedom, From, Groups, Interval, Intervention, Interventions, Journal, Literature, Management, Mean, Medical, Medicine, Menstruation, Meta Analysis, Meta-Analyses, Meta-Analysis, Metaanalysis, Methodological Quality, Methods, Nursing, Options, Outcome, P, Pain, Pd, Peripheral, Peripheral Blood, Prevalence, Proliferation, Puberty, Quality, Quality Of, Randomized, Reduction, References, Relative Risk, Research, Results, Risk, Science, Science And Technology, Symptoms, Syndrome, Technology, Therapeutic, Therapy, Traditional, Traditional Chinese Medicine, Treatment, University, Web, Web Of Science, Young-Women

# Title: American Anthropologist

Full Journal Title: American Anthropologist

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country

Language:

Publisher:

Publisher Address:

Subject Categories:

Impact Factor

? Demerath, P. (2011), My word! Plagiarism and college culture. *American Anthropologist*, **113** (1), 163-164.

Full Text: [2011\Ame Ant113, 163.pdf](2011/Ame%20Ant113,%20163.pdf)

Keywords: Plagiarism

# Title: American Bar Association Journal

Full Journal Title: [American Bar Association Journal](http://www.heinonline.org/HOL/Index?index=journals/abaj&collection=journals)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country

Language:

Publisher:

Publisher Address:

Subject Categories:

Impact Factor

? Herbert, W.A. (1969), Treadmills of self-citation. *American Bar Association Journal*, **55** (NOV), 1006.

Full Text: [1969\Ame Bar Ass J55, 1006.pdf](1969/Ame%20Bar%20Ass%20J55,%201006.pdf)

# Title: American Behavioral Scientist

Full Journal Title: American Behavioral Scientist

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country

Language:

Publisher:

Publisher Address:

Subject Categories:

Impact Factor

? Garfield, E. and Sher, I.H. (1967), ASCA (Automatic Subject Citation Alert) - A new personalized current awareness service for scientists. *American Behavioral Scientist*, **10** (5), 29-32.

Full Text: [1960-80\Ame Beh Sci10, 29.pdf](1960-80/Ame%20Beh%20Sci10,%2029.pdf)

Abstract: Citation indexing serves as the basis for a large-scale personalized reference system offered on a subscription basis by the Institute for Scientific Information in Philadelphia, Pennsylvania. Dr. Eugene Garfield is President of ISI and Irving Sher is Vice-President in charge of Research and Development.

Keywords: Citation

# Title: American Documentation

[American Documentation](http://proquest.umi.com/pqdweb?RQT=318&pmid=66158) 1950-1969 Vol 1-20, [Journal of the American Society for Information Science](http://www3.interscience.wiley.com/journal/117946195/grouphome/home.html) 1970- Vol 21-

Full Journal Title: [American Documentation](http://proquest.umi.com/pqdweb?RQT=318&pmid=66158)

ISO Abbreviated Title:

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ISSN: 0096-946X

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Burton, R.E. and Kebler, R.W. (1960), The ‘half-life’ of some scientific and technical literature. *American Documentation*, **11** (1), 18-22.

Full Text: [1960-80\Ame Doc11, 18.pdf](1960-80/Ame%20Doc11,%2018.pdf)

Abstract: A consideration of the analogy between the half-life of radioactive substances and the rate of obsolescence of scientific literature. The validity of this analogy suggests the possibility of more accurate prognostications concerning the period of time during which scientific literature may be used and hence might help to guide the planning of library collections and technical information services.

Note: highly cited

? Garfield, E. and Sher, I.H. (1963), New factors in evaluation of scientific literature through citation indexing. *American Documentation*, **14** (3), 195-201.

Full Text: [1960-80\Ame Doc14, 195.pdf](1960-80/Ame%20Doc14,%20195.pdf)

Abstract: This article focuses on a study that deals with new factors in the evaluation of scientific literature through citation indexing. The article makes specific reference to a project of citation indexing funded by the U.S. National Science Foundation, National Institutes of Health, and the Institute for Scientific Information. In contrast to conventional indexes, which take one back in time, a citation index brings one forward in time and thereby writes the “subsequent history” of the particular document under investigation. In the aforesaid project, citations from the scientific literature are entered on punched cards and processed by computer to produce citation indexes, that is, ordered lists of references which are accompanied by citations for documents in which they have been cited.

Keywords: Citation

Lipetz, B.A. (1965), Improvement of the selectivity of citation indexes to science literature through inclusion of citation relationship indicators. *American Documentation*, **16** (2), 81-90.

Full Text: [1960-80\Ame Doc16, 81.pdf](1960-80/Ame%20Doc16,%2081.pdf)

Abstract: Citation indexes to large bodies of science literature can often list far more citing references under the known cited reference than the user can afford the time to look up. By providing some additional information, beyond the minimal association of the citing reference with the cited reference, a citation index could provide the means for the user to select from a long list those citing references which are most relevant to his immedi- ate search requirement. Means of providing this selec- tivity are discussed. Particular attention is given to the possibility of adding short codes to the citation entries which would be informative on the way in which the citing publication is operationally related to the cited one (this method is an integral feature of the Shepard’s legal citations). A scheme of citation relationships of potential value to users of science literature is presented. These relationships were tested on a sampling of physics literature. The suggested categories include indicators of the relation of the citing reference to the scientific proc- ess in general, as well as indicators of its relationship to the cited reference in particular. Assignment of the categories to a citation requires the exercise of judg- ment, as in subject indexing, but does not involve the use of subject terminology. An illustration is provided of the application of citation relationship indicators to an excerpt from a citation index to physics literature.

Kaplan, N. (1965), The norms of citation behavior: Prolegomena to the footnote. *American Documentation*, **16** (3), 179-184.

Full Text: [1960-80\Ame Doc16, 179.pdf](1960-80/Ame%20Doc16,%20179.pdf)

Abstract: the publications explosion has focused renewed attention on the lowly footnote. While we are all at least partially aware of the technical functions of the citation for both the writer and the reader of the scientific paper, little is known about the norms operating in actual practice. Even less is known about the operating norms with respect to the more sociological functions, including the acknowledgement of intellectual debts or the conferral of recognition upon the works of others. This paper reviews the state of our knowledge, raises questions, and proposes suggestions and hypotheses for studying the relationships between footnoting practices among scientists and the social system of science.

Groos, O.V. (1967), Bradford’s law and the Keenan-Atherton data. *American Documentation*, **18** (1), 46.

Full Text: [1960-80\Ame Doc18, 46.pdf](1960-80/Ame%20Doc18,%2046.pdf)

Abstract: Bradford’s methods are applied to the Keenan-Ather- ton data. The results do not fit Bradford’s Law.

Notes: TTopic

? Spencer, C.C. (1967), Subject searching with Science Citation Index: Preparation of a drug bibliography using Chemical Abstracts Index Medicus and Science Citation Index 1961 and 1964. *American Documentation*, **18** (2), 87-96.

Full Text: [1960-80\Ame Doc18, 87.pdf](1960-80/Ame%20Doc18,%2087.pdf)

Keywords: Chemical Abstracts, Citation, Science Citation Index

Groos, O.V. (1968), Relative importance of articles-cited versus titles-cited in frequency counts. *American Documentation*, **19** (1), 102.

Full Text: [1960-80\Ame Doc19, 102.pdf](1960-80/Ame%20Doc19,%20102.pdf)

Abstract: A frequency count was made on the Bibliographie Geo- desique Internationale for the period 1928 through 1945, with cumulations for 1928-1934, 1928-1937, 1928-1940, and 1928-1945. The results were arranged in Bradford order of decreasing citations per title. This Bradford list was then split between the values for the ‘most-cited’ serial titles carrying 50% of the citations and the ‘least-cited’ titles carrying the other half of the citations.

# Title: American Family Physician

Full Journal Title: [American Family Physician](http://www.aafp.org/online/en/home/publications/journals/afp/afpsearch.html)

ISO Abbreviated Title: Am. Fam. Physician

JCR Abbreviated Title: Am Fam Physician

ISSN: 0002-838X

Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Amer Acad Family Physicians

Publisher Address: 8880 Ward Parkway, Kansas City, MO 64114-2797

Subject Categories:

Medicine, General & Internal: Impact Factor

? Cayley, W.E. (2005), Pharmacologic cardioversion for atrial fibrillation and flutter. *American Family Physician*, **72** (11), 2217-2219.

Full Text: 2005\Ame Fam Phy72, 2217.pdf

Abstract: Background. Atrial fibrillation is the most common cardiac dysrhythmia. It is associated with significant morbidity and mortality. There are two approaches to the management of atrial fibrillation: controlling the ventricular rate or converting to sinus rhythm in the expectation that this would abolish its adverse effects. Objectives. To assess the effects of pharmacologic cardioversion of atrial fibrillation in adults on the annual risk of stroke, peripheral embolism, and mortality. Search Strategy. The authors’ searched the Cochrane Controlled Trials Register (issue 3, 2002), MEDLINE (2000 to 2002), EMBASE (1998 to 2002), CINAHL (1982 to 2002), and Web of Science (1981 to 2002). They hand searched the following journals (all 1997 to 2002): Circulation, Heart, European Heart Journal, and Journal of the American College of Cardiology, and selected abstracts published on the Web site of the North American Society of Pacing and Electrophysiology (2001, 2002). Selection Criteria. Randomized controlled trials or controlled clinical trials of pharmacologic cardioversion versus rate control in adults (older than 18 years) with acute, paroxysmal, or sustained atrial fibrillation or atrial flutter, of any duration and of any etiology. Data Collection and Analysis. One reviewer applied the inclusion criteria and extracted the data. Trial quality was assessed and the data were entered into RevMan. Primary Results. The authors identified two completed studies: AFFIRM(2) (n = 4,060) and PIAF(3) (n = 252). The authors found no difference in mortality between rhythm control and rate control (relative risk = 1.14; 95% confidence interval, 1.00 to 1.31). Both studies showed significantly higher rates of hospitalization and adverse events in the rhythm-control group and no difference in quality of life between the two treatment groups. In AFFIRM, there was a similar incidence of ischemic stroke, bleeding, and systemic embolism in the two groups. Certain malignant dysrhythmias were significantly more likely to occur in the rhythm-control group. There were similar scores of cognitive assessment. In PiAF, cardio-verted patients enjoyed an improved exercise tolerance, but there was no overall benefit in terms of symptom control or quality of life. Reviewers’ Conclusions. The authors conclude that there is no evidence that pharmacologic cardioversion of atrial fibrillation to sinus rhythm is superior to rate control. Rhythm control is associated with more adverse effects and increased hospitalization, and it does not reduce the risk of stroke. This conclusion cannot be generalized to all persons with atrial fibrillation. Most of the patients included in these studies were older than 60 years and had significant cardiovascular risk factors.

Keywords: Adults, Adverse Effects, Assessment, Authors, Cardiology, Cardiovascular, Cardiovascular Risk, Clinical Trials, Cochrane, Control, Controlled Clinical Trials, Embase, Etiology, Exercise, Hospitalization, Journal, Journals, Management, MEDLINE, Morbidity, Mortality, Primary, Quality of Life, Randomized Controlled Trials, Relative Risk, Rhythm, Risk, Risk Factors, Science, Stroke, Treatment, Web of Science

? Roskos, S.E. (2006), Vaccines for preventing influenza in healthy children. *American Family Physician*, **74** (7), 1123-1125.

Full Text: 2006\Ame Fam Phy74, 1123.pdf

Abstract: Background: In children and adults, the consequences of influenza mainly are absences from school and work; however, the risk of complications is greatest in children and in persons older than 65 years. Objectives: To appraise all comparative studies evaluating the effects of influenza vaccines in healthy children, to assess vaccine efficacy (i.e., prevention of confirmed influenza) and effectiveness (i.e., prevention of influenza-like illness), and to document adverse events associated with receiving influenza vaccines. Search Strategy: the reviewers’ searched the Cochrane Central Register of Controlled Trials (CENTRAL, Cochrane Library Issue 1, 2005), OLD MEDLINE (1966 to 1969), MEDLINE (1969 to December 2004), EMBASE (1974 to December 2004), Biological Abstracts (1969 to December 2004), and Science Citation Index (1974 to December 2004). They wrote to vaccine manufacturers and a number of corresponding authors of studies in the review. Selection Criteria: Any randomized controlled trials (RCTs) and cohort or case-control studies of any influenza vaccine in healthy children younger than 16 years. Data Collection and Analysis: Two authors independently assessed trial quality and extracted data. Primary Results: Fifty-one studies involving a total of 263,987 children were included. Seventeen papers were translated from Russian. Fourteen RCTs and 11 cohort studies were included in the analysis of vaccine efficacy and effectiveness. From RCTs, live vaccines showed an efficacy of 79 percent (95% confidence interval [CI], 48 to 92) and an effectiveness of 33 percent (95% Cl, 28 to 38) in children older than two years compared with placebo or no intervention. Inactivated vaccines had a lower efficacy (59 percent; 95% Cl, 41 to 71) than live vaccines but similar effectiveness (36 percent; 95% Cl, 24 to 46). In children younger than two years, the efficacy of inactivated vaccine was similar to placebo. Thirty-four reports containing safety outcomes were included: 22 of live vaccines, eight of inactivated vaccines, and four of both types. The most commonly presented short-term outcomes were temperature and local reactions. The variability in design of studies and presentation of data was such that meta-analysis of safety outcome data was not feasible. Reviewers’ Conclusions: Influenza vaccines are efficacious in children older than two years, but little evidence is available for children younger than two years. There was a marked difference between vaccine efficacy and effectiveness. That no safety comparisons could be carried out emphasizes the need for standardization of methods and presentation of vaccine safety data in future studies. It was surprising to find only one study of inactivated vaccine in children younger than two years given recent recommendations to vaccinate healthy children from six months of age in the United States and Canada. If immunization in children is to be recommended as public health policy, large-scale studies assessing important outcomes and directly comparing vaccine types are urgently required.

Keywords: Case-Control, Citation, Cohort, MEDLINE, Meta-Analysis, Review, Science Citation Index, Temperature

? Hitzeman, N. and Masley, C. (2008), Arthroscopic surgery for knee osteoarthritis. *American Family Physician*, **78** (3), 331-332.

Full Text: 2008\Ame Fam Phy78, 331.pdf

Abstract: Background: Knee osteoarthritis is a progressive disease that initially affects the articular cartilage. Observational studies have shown benefits for arthroscopic debridement on the osteoarthritic knee, but other recent studies have yielded conflicting results that suggest arthroscopic debridement may not be effective. Objectives: To identify the effectiveness of arthroscopic debridement in knee osteoarthritis on pain and function. Search Strategy: the authors searched the Cochrane Central Register of Controlled Trials (The Cochrane Library Issue 2, 2006), MEDLINE (1966 to August 2006), CINAHL (1982 to 2006), EMBASE (1988 to 2006), and Web of Science (1900 to 2006), and screened the bibliographies, reference lists, and cited Web sites of papers. Selection Criteria: the authors included randomized controlled trials (RCTs) or controlled clinical trials assessing effectiveness of arthroscopic debridement compared with another surgical procedure (including sham or placebo surgery and other nonsurgical interventions) in patients with a diagnosis of primary or secondary osteoarthritis of the knee who did not have other joint involvement or conditions requiring long-term use of nonsteroidal anti-inflammatory drugs. The main outcomes were pain relief and improved function of the knee. Data Collection and Analysis: Two review authors independently selected trials for inclusion, assessed trial quality, and extracted the data. Results are presented using weighted mean difference for continuous data and relative risk for dichotomous data, as well as the number needed to treat (NNT) and the number needed to harm (NNH). Main Results: Three RCTs, with a total of 271 patients, were included. They had different comparison groups and a moderate risk of bias. One study compared arthroscopic debridement with lavage and with sham surgery. The study found no significant difference when compared with lavage. Compared with sham surgery, the study found worse outcomes for arthroscopic debridement at two weeks (weighted mean difference for pain = 8.7; 95% confidence interval [CI], 1.7 to 15.8; function = 7.7; 95% Cl, 1.1 to 14.3; NNH = 5) and no significant difference at two years. The second trial, at higher risk of bias, compared arthroscopic debridement with arthroscopic washout and found that arthroscopic debridement significantly reduced knee pain compared with washout at five years (relative risk = 5.5; 95% Cl, 1.7 to 15.5; NNT = 3). The third trial, also at higher risk of bias, compared arthroscopic debridement with closed-needle lavage and found no significant difference. Authors’ Conclusions: There is high-quality evidence that arthroscopic debridement has no benefit for typical osteoarthritis of the knee (mechanical or inflammatory causes).

Keywords: Authors, Bias, Clinical Trials, Cochrane, Controlled Clinical Trials, Diagnosis, Disease, Effectiveness, EMBASE, Interventions, Involvement, Outcomes, Pain, Papers, Primary, Randomized Controlled Trials, Relative Risk, Review, Risk, Science, Surgery, Surgical, Web of Science

? Hitzeman, N. and Dyer, A. (2010), Influenza vaccination of health care personnel working with older patients. *American Family Physician*, **82** (7), 763-764.

Full Text: [2010\Ame Fam Phy82, 763.pdf](2010/Ame%20Fam%20Phy82,%20763.pdf)

Abstract: Background: Health care personnel influenza rates are unknown, but may be similar to the general public and they may transmit influenza to patients. Objectives: To identify studies of vaccinating personnel and the incidence of influenza, its complications, and influenza-like illness in patients 60 years and older in long-term care facilities. Search Strategy: We searched CENTRAL (The Cochrane Library 2009, issue 3), which contains the Cochrane Acute Respiratory Infections Group’s Specialised Register, MEDLINE (1966 to 2009), EMBASE (1974 to 2009), and Biological Abstracts and Science Citation Index-Expanded. Selection Criteria: Randomized controlled trials (RCTs) and non-RCTs of influenza vaccination of personnel caring for patients 60 years and older in long-term care facilities and the incidence of laboratory-proven influenza, its complications, or influenza-like illness. Data Collection and Analysis: Two authors independently extracted data and assessed risk of bias. Main Results: We identified four cluster-RCTs (C-RCTs; n = 7,558) and one cohort (n = 12,742) of influenza vaccination for personnel caring for patients 60 years and older in long-term care facilities. Pooled data from three C-RCTs showed no effect on specific outcomes: laboratory-proven influenza, pneumonia, or deaths from pneumonia. For nonspecific outcomes, pooled data from three C-RCTs showed personnel vaccination reduced influenza-like illness; data from one C-RCT showed that personnel vaccination reduced primary care consultations for influenza-like illness; and pooled data from three C-RCTs showed reduced all-cause mortality in patients 60 years and older. Authors’ Conclusions: No effect was shown for specific outcomes: laboratory-proven influenza, pneumonia, and death from pneumonia. An effect was shown for the nonspecific outcomes of influenza-like illness, primary care consultations for influenza-like illness, and all-cause mortality in patients 60 years and older. These nonspecific outcomes are difficult to interpret because influenza-like illness includes many pathogens, and winter influenza contributes less than 10 percent to all-cause mortality in patients 60 years and older. The key interest is preventing laboratory-proven influenza in patients 60 years and older, pneumonia, and deaths from pneumonia, and we cannot draw such conclusions. The identified studies are at high risk of bias. Some health care personnel remain unvaccinated because they do not perceive risk, doubt vaccine effectiveness, and are concerned about adverse effects. This review did not find information on co-interventions with personnel vaccination: hand washing, face masks, early detection of laboratory-proven influenza, quarantine, avoiding admissions, antivirals, and asking personnel with influenza-like illness not to work. We conclude there is no evidence that vaccinating personnel prevents influenza in older residents in long-term care facilities. High-quality RCTs are required to avoid risks of bias in methodology and conduct, and to test these interventions in combination.

Keywords: Citation, Science Citation Index Expanded

# Title: American Heart Journal

Full Journal Title: [American Heart Journal](http://www.sciencedirect.com./science/journal/00028703)

ISO Abbreviated Title: Am. Heart J.

JCR Abbreviated Title: Am Heart J

ISSN: 0002-8703

Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Mosby, Inc

Publisher Address: 11830 Westline Industrial DR, St Louis, MO 63146-3318

Subject Categories:

Cardiac & Cardiovascular Systems: Impact Factor

? Hovens, M.M.C., Snoep, J.D., Eikenboom, J.C.J., van der Bom, J.G., Mertens, B.J.A. and Huisman, M.V. (2007), Prevalence of persistent platelet reactivity despite use of aspirin: A systematic review. *American Heart Journal*, **153** (2), 175-181.

Full Text: [2007\Ame Hea J153, 175.pdf](2007/Ame%20Hea%20J153,%20175.pdf)

Abstract: Background the absolute risk of recurrences among patients using aspirin for prevention of cardiovascular events remains high. Persistent platelet reactivity despite aspirin therapy might explain this in part. Reported prevalences of this so-called aspirin resistance vary widely, between 0% and 57%. Objectives the aim of the study was to systematically review all available evidence on prevalence of aspirin resistance and to study determinants of reported prevalence. Methods Using a predefined search strategy, we searched electronic databases MEDLINE, EMBASE, CENTRAL, and Web of Science. To be included in our analysis, articles had to contain a laboratory definition of aspirin resistance, use aspirin as secondary prevention, and report associated prevalence. Results We included 34 full-text articles and 8 meeting abstracts. The mean prevalence of aspirin resistance was 24% (95% Cl 20%-28%). After adjustment for differences in definition, used dosage, and population, a statistically significant higher prevalence was found in studies with aspirin dosage <= 100 mg compared with >= 300 mg (36% [95% Cl 28%-43%] vs 19% [95% Cl 11%-26%], P < .0001). Studies measuring platelet aggregation using light aggregometry with arachidonic acid as an agonist had a pooled unadjusted prevalence of 6% (95% Cl 0%-12%). In studies using point-of-care platelet function-analyzing devices, the unadjusted prevalence was significantly higher, at 26% (95% Cl 21%-31%). Conclusions Prevalences widely differ between studies reporting on aspirin resistance. Both aspirin dosage and the method of defining aspirin resistance strongly influence estimated prevalence, which explains found heterogeneity among studies. On average, it appears that about 1 in 4 individuals may express biochemically defined aspirin resistance.

Keywords: Analysis, Antiplatelet Therapy, Cardiovascular, Cardiovascular-Disease, Coronary-Artery-Disease, Databases, Determinants, EMBASE, Function Analyzer, Healthy-Individuals, IIIA Polymorphism, Ischemic Stroke, Low-Dose Aspirin, MEDLINE, Methods, Myocardial-Infarction, Prevalence, Prevention, Resistance, Resistance In-Vitro, Review, Risk, Science, Secondary Prevention, Strategy, Systematic, Systematic Review, Therapy, Web of Science

? Oreopoulos, A., Padwal, R., Kalantar-Zadeh, K., Fonarow, G.C., Norris, C.M. and McAlister, F.A. (2008), Body mass index and mortality in heart failure: A meta-analysis. *American Heart Journal*, **156** (1), 13-22.

Full Text: [2008\Ame Hea J156, 13.pdf](2008/Ame%20Hea%20J156,%2013.pdf)

Abstract: Background In patients with chronic heart failure (CHF), previous studies have reported reduced mortality rates in patients with increased body mass index (BMI). The potentially protective effect of increased BMI in CHF has been termed the obesity paradox or reverse epidemiology. This meta-analysis was conducted to examine the relationship between increased BMI and mortality in patients with CHF. Methods We searched the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, Scopus, and Web of Science to identify studies with contemporaneous control groups (cohort, case-control, or randomized controlled trials) that examined the effect of obesity on all-cause and cardiovascular mortality. Two reviewers independently assessed studies for inclusion and performed data extraction. Results Nine observational studies met final inclusion criteria (total n = 28,209). Mean length of follow-up was 2.7 years. Compared to individuals without elevated BMI levels, both overweight (BMI similar to 25.0-29.9 kg/m(2), RR 0.84, 95% CI 0.79-0.90) and obesity (BMI similar to >= 30 kg/m(2), RR 0.67, 95% CI 0.62-0.73) were associated with lower all-cause mortality. Overweight (RR 0.81, 95% CI 0.72-0.92) and obesity (RR 0.60, 95% CI 0.53-0.69) were also associated with lower cardiovascular mortality. In a risk-adjusted sensitivity analysis, both obesity (adjusted HR 0.88, 95% CI 0.83-0.93) and overweight (adjusted HR 0.93, 95% CI 0.89-0.97) remained protective against mortality. Conclusions Overweight and obesity were associated with lower all-cause and cardiovascular mortality rates in patients with CHF and were not associated with increased mortality in any study. There is a need for prospective studies to elucidate mechanisms for this relationship.

Keywords: Analysis, Bmi, Body Mass Index, Cachexia, Cardiovascular, Cochrane, Control, Control Groups, EMBASE, Epidemiology, Follow-up, Hypothesis, MEDLINE, Meta-Analysis, Methods, Morbidity, Mortality, Natriuretic Peptide, Obesity, Obesity Paradox, Observational Studies, Overweight, Prognosis, Prospective Studies, Randomized Controlled Trials, Reverse Epidemiology, Risk-Factors, Science, Scopus, Tumor-Necrosis-Factor, Web of Science, Weight-Loss

? Abdel-Latif, A., Bolli, R., Zuba-Surma, E.K., Tleyjeh, I.M., Hornung, C.A. and Dawn, B. (2008), Granulocyte colony-stimulating factor therapy for cardiac repair after acute myocardial infarction: A systematic review and meta-analysis of randomized controlled trials. *American Heart Journal*, **156** (2), 216-U17.

Full Text: [2008\Ame Hea J156, 216.pdf](2008/Ame%20Hea%20J156,%20216.pdf)

Abstract: Background Small clinical studies of granulocyte colony-stimulating factor (G-CSF) therapy for cardiac repair after acute myocardial infarction (MI) have yielded divergent results. The effect of G-CSF therapy on left ventricular (LV) function and structure in these patients remains unclear. Methods We searched MEDLINE, EMBASE, Science Citation Index, CINAHL, and the Cochrane CENTRAL database of controlled clinical trials (July 2007) for randomized controlled trials of G-CSF therapy in patients with acute MI. We conducted a fixed-effects, meta-analysis across 8 eligible studies (n = 385 patients). Results Compared with controls, G-CSIF therapy increased LV ejection fraction (EF) by 1.09%, increased LV scar size by 0.22%, decreased LV end-diastolic volume by 4.26 mL, and decreased LV end-systolic volume by 2.50 mL. None of these effects were statistically significant. The risk of death, recurrent MI, and in-stent restenosis was similar in G-CSF-treated patients and controls. Subgroup analysis revealed a modest but statistically significant increase in EF (4.73%, P < .0001) with G-CSF therapy in studies that enrolled patients with mean EF < 50% at baseline. Subgroup analysis also showed a significant increase in EF (4.65%, P < .0001) when G-CSF was administered relatively early (<= 37 hours) after the acute event. Conclusions Granulocyte colony-stimulating factor therapy in unselected patients with acute MI appears safe but does not provide an overall benefit. Subgroup analyses suggest that G-CSF therapy may be salutary in acute MI patients with LV dysfunction and when started early. Larger randomized studies may be conducted to evaluate the potential benefits of early G-CSF therapy in acute MI patients with LV dysfunction.

Keywords: Analyses, Analysis, Bone-Marrow-Cells, Citation, Clinical, Clinical Studies, Clinical Trials, Clinical-Trials, Database, Death, Double-Blind, Effects, Embase, Function, G-Csf, Granulocyte, Granulocyte Colony-Stimulating Factor, Infarction, Left-Ventricular Function, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Myocardial Infarction, P, Patients, Peripheral-Blood, Potential, Progenitor Cells, Quality, Randomized, Randomized Controlled Trials, Recurrent, Regeneration, Restenosis, Results, Review, Risk, Science, Science Citation Index, Size, Stem-Cell Mobilization, Structure, Systematic Review, Therapy, Tissue, Volume

? Tleyjeh, I.M., Kashour, T., Zimmerman, V., Steckeelberg, J.M., Wilson, W.R. and Baddour, L.M. (2008), The role of valve surgery in infective endocarditis management: A systematic review of observational studies that included propensity score analysis. *American Heart Journal*, **156** (5), 901-909.

Full Text: [2008\Ame Hea J156, 901.pdf](2008/Ame%20Hea%20J156,%20901.pdf)

Abstract: Background the potential role of valve surgery in infective endocarditis (IE) management is controversial. No randomized trials have been conducted to date; accordingly, some studies use propensity score analysis (PSA) to minimize selection bias in observational studies. Methods A systematic review of the literature addressing the role of valve surgery in IE was performed. Studies in which PSA was applied to the management of IE were identified using MEDLINE, Web of Science, Zetoc, and Article First from inception to June 2007. Cohort studies that compared valve surgery (combined with antimicrobial therapy) to antimicrobial therapy alone and used PSA to adjust for selection bias were eligible. Methodological details and outcomes were compared to assess methodclogical quality. Results Six cohort studies that enrolled a total of 3,409 patients with either native valve endocarditis (NVE) or prosthetic valve endocarditis (PVE) were eligible. The proportions of IE cases undergoing valve surgery ranged from 28.9% to 41.7% for PVE and from 20.8% to 49.3% for NVE. Two studies suggested a statistically significant survival benefit with surgery in patients with NVE Data from 2 other patient cohorts (PVE and NVE) revealed conflicting results. No statistically significant associations were found in the remaining studies. Conclusions There am several limitations of available cohort studies that assess the role of valve surgery in IE. Well-designed prospective siudies that address these limitations ore needed to further define the role of surgery in IE. Until then, careful scrutiny is warranted when making management decisions in complicated, left-sided IE. (Am Heart J 2008; 156:901-9.).

Keywords: 6-Month Mortality, Adults, Analysis, Antimicrobial Therapy, Association, Bias, Cohort, Cohort Studies, Endocarditis, Impact, Instrumental Variables, Literature, Management, Methods, Observational Studies, Outcomes, Propensity Score, Review, Science, Selection Bias, Stroke, Surgery, Survival, Systematic, Systematic Review, Therapy, Web of Science

? Mommersteeg, P.M.C., Denollet, J., Spertus, J.A. and Pedersen, S.S. (2009), Health status as a risk factor in cardiovascular disease: A systematic review of current evidence. *American Heart Journal*, **157** (2), 208-218.

Full Text: [2009\Ame Hea J157, 208.pdf](2009/Ame%20Hea%20J157,%20208.pdf)

Abstract: Background Patient-perceived health status is receiving increased recognition as a patient-centered outcome in chronic heart failure (CHF) and coronary artery disease (CAD), but poor health status is also associated with adverse prognosis. In this systematic review, we examined current evidence on the influence of health status on prognosis in CHF and CAD. Methods We conducted a search of PUBMED using a set of a priori-defined search terms, the Web of Science for newly cited articles, and the reference lists of eligible articles, resulting in 34 articles. Results Poor physical health status was a significant predictor for adverse health outcomes inpatients with CHF and CAD. In CHF, poor physical health status seemed to be a stronger predictor of hospitalization than mortality. Little evidence was found that poor mental health status is associated with adverse prognosis in CHF and CAD. A disease-specific measure was a better predictor in CHF, but not in CAD. The majority of studies adjusted for an objective measure of disease severity. Neither the index event nor time to follow-up appeared to influence the predictive value of health status. Conclusions Poor physical health status is associated with adverse CAD and CHF prognosis. Heterogeneity across studies makes definitive conclusions difficult as to which components of health status may be detrimental to patients’ health, and how health status as a potential risk factor should be assessed, monitored, and intervened upon in clinical practice. (Am Heart J 2009; 157:208-18.).

Keywords: Bypass Graft-Surgery, Cardiac Patients, Cardiovascular, Cardiovascular Disease, Chronic Heart-Failure, Coronary-Artery-Disease, Disease, Elderly-Patients, Follow-up, Health, Health Outcomes, Health Status, Hospitalization, Mental Health, Methods, Mortality, Myocardial-Infarction, Outcome, Outcomes, Practice, Prognosis, Prognostic Value, PUBMED, Quality-of-Life, Review, Risk, Science, Self-Rated Health, Systematic, Systematic Review, Web of Science

? Siontis, G.C.M., Tatsioni, A., Katritsis, D.G. and Ioannidis, J.P.A. (2009), Persistent reservations against contradicted percutaneous coronary intervention indications: Citation content analysis. *American Heart Journal*, **157** (4), 695-701.

Full Text: [2009\Ame Hea J157, 695.pdf](2009/Ame%20Hea%20J157,%20695.pdf)

Abstract: Background Two large trials, Clinical Outcomes Utilizing Revascularization and Aggressive Drug Evaluation (COURAGE) and Occluded Artery Trial (OAT), found no benefits of percutaneous coronary intervention (PCI) versus optimal medical therapy in chronic stable coronary artery disease and chronic total occlusion. Methods We examined the stance of articles citing COURAGE and OAT to determine whether some authors continue to defend PCI despite this evidence, what persisting counterarguments are raised to express reservations, and whether specific characteristics of the citations are associated with reservations. We evaluated all citing articles entered in the Web of Science until February 1, 2008. Specific characteristics were recorded for each eligible citation, and a citation content analysis was performed. Counterarguments were categorized on participants, interventions, comparisons, and outcomes. Results of 54 articles citing COURAGE and 33 articles citing OAT, 10 (19%) and 5 (15%), respectively, had an overall reserved stance. Alluded reservations included lack of power, eroded effects from crossover, selective inclusion and exclusion of specific types of patients, suboptimal clinical setting, use of bare-metal stents, suspiciously good results in the conservative treatment arm, and suboptimal outcome choices or definitions. Reserved articles were more likely than unreserved ones to have an interventional cardiologist as corresponding author (odds ratio 5.2, 95% confidence interval 1.6-17.1; P = .007) and to be commentaries focusing on one of these trials (odds ratio 3.3, 95% confidence interval 1.0-11.0; P = .05). Conclusions Despite strong randomized evidence, a fraction of the literature, mostly corresponded by interventional cardiologists, continues to raise reservations about recently contradicted indications of PCI. (Am Heart J 2009; 157:695-701.).

Keywords: Analysis, Author, Authors, Bare Metal Stents, Chronic Total Occlusions, Citation, Citations, Clinical-Outcomes, Content Analysis, Coronary Artery Disease, Courage Trial, Definitions, Disease, Evaluation, Intervention, Interventions, Late Reperfusion, Literature, Medical, Medical Therapy, Methods, Myocardial-Infarction, Open-Artery Hypothesis, Outcome, Outcomes, Patients, PCI, Percutaneous Coronary Intervention, Power, Randomized Controlled-Trials, Ratio, Science, Stable Angina, Therapy, Treatment, Web of Science

? Poggio, R., Arazi, H.C., Giorgi, M. and Miriuka, S.G. (2010), Prediction of severe cardiovascular events by VE/Vco2 slope versus peak Vo2 in systolic heart failure: A meta-analysis of the published literature. *American Heart Journal*, **160** (6), 1004-1014.

Full Text: [2010\Ame Hea J160, 1004.pdf](2010/Ame%20Hea%20J160,%201004.pdf)

Abstract: Background Peak VO(2) has traditionally been used for prognostic evaluation in systolic heart failure. However, in the past years, VE/VCO(2) slope has been shown to be similar or even superior in many studies. We performed a systematic review and a meta-analysis of diagnostic studies of VE/VCO(2) slope to assess its ability to predict cardiovascular events in systolic heart failure. Methods We searched the published literature in PUBMED and ISI Web of Science for VE/VCO(2) slope in heart failure, and performed a systematic review and a meta-analysis of diagnostic studies in articles fulfilling previously established selection criteria. End points were serious cardiovascular events defined as death or the combined end point of death, ventricular assist device implantation, or heart transplant. A sub-analysis was also performed with those articles providing enough data to compare VE/VCO(2) slope prognostic ability to that of peak VO(2). Results Four hundred ninety-one articles that are potentially relevant were identified, and 12 studies were selected based on our predefined criteria. No heterogeneity or evidence of publication bias was found. The 12 studies included a total of 2,628 patients with a mean follow-up of 31 months (95% CI 16-46 months). The combined event rate at 1 year was 11.2% (95% CI 7.8%-14.6%). Diagnostic odds ratio and area under the curve for serious cardiovascular events were 5.02 (95% CI 4.06-6.21) and 0.75 (95% CI 0.72-0.78), respectively. Six studies provided sufficient data for VE/VCO(2) slope and peak VO(2) comparison. Both variables showed similar performance, although VE/VCO(2) did present a trend to superiority. Conclusions In this meta-analysis, VE/VCO(2) slope represents a reasonable ability to predict serious cardiovascular events in systolic heart failure, and is at least as effective as peak VO(2). (Am Heart J 2010;160:1004-14.).

Keywords: Ambulatory Patients, Beta-Blocker Therapy, Bias, Brain Natriuretic Peptide, Cardiovascular, Care, Death, Evaluation, Exercise Oxygen-Consumption, Follow-up, ISI, Literature, Meta-Analysis, Methods, Mortality, Points, Prediction, Prognostic Value, Publication, Publication Bias, PUBMED, Ratio, Review, Science, Survival, Systematic, Systematic Review, Trend, Ventilatory Efficiency, Web of Science

? Bainey, K.R., Mehta, S.R., Lai, T. and Welsh, R.C. (2014), Complete vs culprit-only revascularization for patients with multivessel disease undergoing primary percutaneous coronary intervention for ST-segment elevation myocardial infarction: A systematic review and meta-analysis. *American Heart Journal*, **167** (1), 1-14.

Full Text: [2014\Ame Hea J167, 1.pdf](2014/Ame%20Hea%20J167,%201.pdf)

Abstract: Background Patients with ST-segment elevation myocardial infarction (STEMI) and multivessel coronary artery disease who undergo primary percutaneous coronary intervention (PCI) are most commonly treated with PCI to the culprit lesion only. Whether a strategy of complete revascularization in these patients is superior is unknown. We performed a meta-analysis comparing the benefits and risks of routine culprit-only PCI vs multivessel PCI in STEMI. Methods MEDLINE, EMBASE, ISI Web of Science, and The Cochrane Register of Controlled Trials were searched from 1996 to January 2011. Relevant conference abstracts were searched from January 2002 to January 2011. Studies included STEMI with multivessel disease receiving primary PCI. The primary end point was long-term mortality. Data were combined using a fixed-effects model. Results of 507 citations, 26 studies (3 randomized, 23 nonrandomized; 46,324 patients, 7886 multivessel PCI and 38,438 culprit-only PCI) were included. There was no significant difference in hospital mortality with multivessel PCI vs culprit-only PCI (odds ratio [OR] 1.11, 95% CI 0.98-1.25, P = .10 [randomized OR 0.24, 95% CI 0.06-0.91, P = .04; nonrandomized OR 1.12, 95% CI 1.00-1.27, P = .06]). However, if multivessel PCI during index catheterization was performed, hospital mortality was increased (OR 1.35, 95% CI 1.19-1.54, P < .001). When multivessel PCI was performed as a staged procedure, hospital mortality was lower (OR 0.35, 95% CI 0.21-0.59; P < .001; P interaction < .001). Reduced long-term mortality (OR 0.74, 95% CI 0.65-0.85, P < .001[randomized OR 0.61, 95% CI 0.28-1.33, P = .22; nonrandomized OR 0.75, 95% CI 0.65-0.86, P < .001]) and repeat PCI (OR 0.65; 95% 0.46-0.90, P = .01[randomized OR 0.31, 95% CI 0.17-0.57, P < .001; nonrandomized OR 0.88, 95% CI 0.59-1.31, P = .54]) were observed with multivessel PCI. Conclusion Overall, staged multivessel PCI improved short-and long-term survival and reduced repeat PCI. Still, large randomized trials are required to confirm the benefits of staged multivessel PCI in STEMI.

Keywords: Adverse Cardiac Events, Am, Artery, Artery-Disease, Article, Benefits, Canada, Cardiology, Catheterization, Citations, Complete, Coronary Artery, Coronary Artery Disease, Disease, Embase, Fibrinolytic Therapy, Fixed Effects Model, Follow-up, Heart, Hospital, Immediate Angioplasty, Index, Infarction, Interaction, Intervention, ISI, ISI Web of Science, Long Term, Long-Term, Long-Term Mortality, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Mortality, Myocardial Infarction, New-York, Odds Ratio, P, Park, Patients, Percutaneous, Percutaneous Coronary Intervention, Primary, Primary Angioplasty, Primary PCI, Procedure, Randomized, Results, Revascularization, Review, Risks, Science, South, Strategy, Survival, Systematic Review, Thrombolytic Therapy, USA, Vessel, Web of Science

# Title: American Historical Review

Full Journal Title: American Historical Review

ISO Abbreviated Title:

Jcr Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Blum, C. (2001), On Jean-Jacques Rousseau: Considered as one of the first authors of the revolution. *American Historical Review*, **106** (3), 927-928.

Full Text: [2001\Ame His Rev106, 927.pdf](2001/Ame%20His%20Rev106,%20927.pdf)

# Title: American Journal of Agricultural Economics

Full Journal Title: American Journal of Agricultural Economics

ISO Abbreviated Title:

Jcr Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Beilock, R. and Polopolus, L. (1988), Ranking of agricultural-economics departments: Influence of regional journals, joint authorship, and self-citations. *American Journal of Agricultural Economics*, **70** (2), 403-409.

Full Text: [1988\Ame J Agr Eco70, 403.pdf](1988/Ame%20J%20Agr%20Eco70,%20403.pdf)

Abstract: Citations are increasingly used to indicate the quality of an academic unit’s work. The set of literature or journals, however, becomes crucial to any ranking scheme. Citations from the broadly based Social Science Citations Index suggest a different ranking of departments than the ranking obtained from a somewhat narrowly focused set of North American journals of agricultural economics. The paper seeks to determine the influence of regional journals, joint authorship, and self-citations on departmental rankings. Data bases of citations are developed for the faculty of seventy-three departments of agricultural economics in the United States and Canada.

Keywords: Authorship, Ranking

? Bhat, M. (2002), Classic papers in natural resource economics. *American Journal of Agricultural Economics*, **84** (3), 867-868.

Full Text: [2002\Ame J Agr Eco84, 867.pdf](2002/Ame%20J%20Agr%20Eco84,%20867.pdf)

Keywords: Economics, Natural, Natural Resource, Papers

Graff, G.D. (2003), Observing technological trajectories in patent data: Empirical methods to study the emergence and growth of new technologies. *American Journal of Agricultural Economics*, **85** (5), 1266-1274.

Full Text: [2003\Ame J Agr Eco85, 1266.pdf](2003/Ame%20J%20Agr%20Eco85,%201266.pdf)

? Hilmer, C.E. and Hilmer, M.J. (2005), How do journal quality, co-authorship, and author order affect agricultural economists’ salaries? *American Journal of Agricultural Economics*, **87** (2), 509-523.

Full Text: [2005\Ame J Agr Eco87, 509.pdf](2005/Ame%20J%20Agr%20Eco87,%20509.pdf)

Abstract: Utilizing an original data set containing annual salaries and peer-reviewed publication histories for 326 faculty members from top-ranked Ph.D.-granting programs, we examine the labor market for academic agricultural economists. The results suggest that higher quality publications have a greater impact on annual earnings, that sole authored articles have a higher return than multi-authored articles, and that no wage premium exists for being the lead author of a non-alphabetic article.

Keywords: Allocation, Author, Author Order, Citations, Co-Authorship, Departments, Discipline, Discrimination, Faculty Salaries, Gender, Lead, Production of Science, Profession, Promotion, Publication, Publications, Seniority

# Title: American Journal of Alzheimer’s Disease and Other Dementias

Full Journal Title: American Journal of Alzheimer’s Disease and Other Dementias

ISO Abbreviated Title:

Jcr Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

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Full Text: [2011\Ame J Alz Dis Oth Dem26, 169.pdf](2011/Ame%20J%20Alz%20Dis%20Oth%20Dem26,%20169.pdf)

Abstract: the objective of this review is to summarize the current data on the use of antidepressants in the treatment of behavioral and psychological symptoms of dementia (BPSD) and to determine whether these medications can be recommended for routine clinical use. A literature search of six major databases (PUBMED, MEDLINE, PsychINFO, Scopus, Web of Science and Cochrane collaboration) trials, 8 using a selective serotonin reuptake inhibitor (SSRI) compound and 3 using trazodone showed benefit in the treatment of BPSD. The antidepressant drug was well tolerated in at least 14 of the 19 trials with information about tolerability in one trial not provided in the study (paroxetine or placebo for FTD). This review indicates that antidepressants can be an effective in the treatment of BPSD and are generally well tolerated in elderly demented patients.

Keywords: Alzheimers-Disease, Antidepressants, Behavioral and Psychological Symptoms of Dementia, BPSD, Cochrane, Collaboration, Controlled Clinical-Trial, Databases, Dementia, Disturbances, Double-Blind, Drug, Efficacy, Elderly, Frontotemporal Dementia, Information, Literature, Literature Review, Neuropsychiatric Symptoms, Placebo, Psychological, Psychotic Symptoms, PUBMED, Randomized-Controlled-Trial, Review, Science, Scopus, Selective Serotonin Reuptake Inhibitors, Serotonin, Sertraline, Symptoms, Trazodone, Treatment, Web of Science

# Title: American Journal of Bioethics

Full Journal Title: American Journal of Bioethics

ISO Abbreviated Title:

Jcr Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Smith, E. and Boulanger, R. (2011), What about author order and acknowledgments? Suggestions for additional criteria for conceptual research in bioethics. *American Journal of Bioethics*, **11** (10), 24-26.

Full Text: [2011\Ame J Bio11, 24.pdf](2011/Ame%20J%20Bio11,%2024.pdf)

Keywords: Research

# Title: American Journal of Botany

Full Journal Title: [American Journal of Botany](http://uk.jstor.org/browse/00029122?frame=noframe&userID=527bfbc0@ic.ac.uk/018258cb3a95110217e8942d&dpi=3&config=jstor)

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Language: English

Publisher: Botanical Soc Amer Inc

Publisher Address: Ohio State Univ-Dept Botany, 1735 Neil Ave, Columbus, OH 43210

Subject Categories:

Plant Sciences: Impact Factor 2.350, 17/137 (2000)

? Shaw, J., Shafer, H.L., Leonard, O.R., Kovach, M.J., Schorr, M. and Morris, A.B. (2014), Chloroplast DNA sequence utility for the lowest phylogenetic and phylogeographic inferences in angiosperms: The tortoise and the hare IV. *American Journal of Botany*, **101** (11), 1987-2004.

Full Text: 2014\Ame J Bot101, 1987.pdf

Abstract: Premise of the study: Noncoding chloroplast DNA (NC-cpDNA) sequences are the staple data source of low-level phylogeographic and phylogenetic studies of angiosperms. We followed up on previous papers (tortoise and hare II and III) that sought to identify the most consistently variable regions of NC-cpDNA. We used an exhaustive literature review and newly available whole plastome data to assess applicability of previous conclusions at low taxonomic levels. Methods: We aligned complete plastomes of 25 species pairs from across angiosperms, comparing the number of genetic differences found in 107 NC-cpDNA regions and matK. We surveyed Web of Science for the plant phylogeographic literature between 2007 and 2013 to assess how NC-cpDNA has been used at the intraspecific level. Key results: Several regions are consistently the most variable across angiosperm lineages: ndhF-rpl32, rpl32-trnL((UAG)), ndhC-trnV((UAC)), 5’rps16-trnQ((UUG)), psbE-petL, trnT((GGU))-psbD, petA-psbJ, and rpl16 intron. However, there is no universally best region. The average number of regions applied to low-level studies is similar to 2.5, which may be too little to access the full discriminating power of this genome. Conclusions: Plastome sequences have been used successfully at lower and lower taxonomic levels. Our findings corroborate earlier works, suggesting that there are regions that are most likely to be the most variable. However, while NC-cpDNA sequences are commonly used in plant phylogeographic studies, few of the most variable regions are applied in that context. Furthermore, it appears that in most studies too few NC-cpDNAs are used to access the discriminating power of the cpDNA genome.

Keywords: Access, Chloroplast, Complete, Context, Data, DNA, DNA Barcode, From, Genetic, Genetic Differentiation, Genome Sequence, Intergenic Spacer, Intraspecific, Intraspecific Variation, Intron, Land Plants, Literature, Literature Review, Methods, Next-Generation, Noncoding Cpdna, Noncoding Regions, Nov, Nucleotide-Sequences, Papers, Phylogeography, Plant, Plant Systematics, Plastid Region, Plastome, Power, Rapidly Evolving Cpdna, Region, Review, Science, Sequence, Source, Species, Tortoise And Hare, Universal Primers, Web Of Science

# Title: American Journal of Cardiology

Full Journal Title: American Journal of Cardiology

ISO Abbreviated Title:

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Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Jeevanantham, V., Ntim, W., Navaneethan, S.D., Shah, S., Johnson, A.C., Hall, B., Shah, A., Hundley, W.G., Daubert, J.P. and Fitzgerald, D. (2010), Meta-analysis of the effect of radiofrequency catheter ablation on left atrial size, volumes and function in patients with atrial fibrillation. *American Journal of Cardiology*, **105** (9), 1317-1326.

Full Text: [2010\Ame J Car105, 1317.pdf](2010/Ame%20J%20Car105,%201317.pdf)

Abstract: the effects of radiofrequency catheter ablation (RFCA) on left atrial (LA) size, volumes, and function in patients with atrial fibrillation (AF) are not well understood. The aim of this study was to systematically review the effects of RFCA on LA size, volumes, and function in patients with AF. MEDLINE, the Web of Science, the Cochrane Central Register of Controlled Trials, and the reference lists of retrieved reports were searched for relevant studies through April 2009. Studies conducted in patients with AF were included if their primary outcomes were changes in LA size or volumes and/or function before and after RFCA. Weighted mean differences for changes in LA diameter, LA maximum volume, LA minimum volume, LA ejection fraction, and LA active emptying fraction were estimated using fixed- and random-effects meta-analyses. Seventeen relevant studies (enrolling 869 patients) among 192 identified studies were included in the final analysis. Compared to preablation values, there were significant decreases in LA diameter and LA volumes at postablation follow-up. However, compared to preablation values, there were no significant differences in LA ejection fraction and LA active emptying fraction at postablation follow-up. Decreases in LA diameter and LA volumes remained significant in those without AF recurrence but not in those with AF recurrence. LA ejection fraction and LA active emptying fraction did not decrease in patients without AF recurrence, whereas they decreased in patients with AF recurrence. In conclusion, successful RFCA in patients with AF significantly decreases LA size and volumes and does not seem to adversely affect LA function. (C) 2010 Elsevier Inc. All rights reserved. (Am J Cardiol 2010;105:1317-1326).

Keywords: Analysis, Cochrane, Dysfunction, Exercise Capacity, Follow-up, Heart-Failure, Outcomes, Primary, Pulmonary Veins, Recurrence, Review, Science, Time 3-Dimensional Echocardiography, Web of Science

? Petretta, M., Pirozzi, F., Sasso, L., Paglia, A. and Bonaduce, D. (2011), Review and Metaanalysis of the frequency of familial dilated cardiomyopathy. *American Journal of Cardiology*, **108** (8), 1171-1176.

Full Text: [2011\Ame J Car108, 1171.pdf](2011/Ame%20J%20Car108,%201171.pdf)

Abstract: Several studies have investigated the frequency of familial dilated cardiomyopathy (FDC). However, no systematic review and meta-analysis on this topic are available. Therefore, using the PubMed, MEDLINE, Cochrane, and the ISI Web of Science databases, relevant reports published through December 2010 were identified. For the summation of prevalence findings, prevalence point estimates and 95% confidence intervals were computed using the logit transformation formula. An aggregate estimate of clinically confirmed FDC of 23% (95% confidence interval 0.17 to 0.31) was found. However, the prevalence rates reported across these studies varied widely, ranging from 2% to 65%, and the analysis showed very high heterogeneity (Q = 295, p <0.001, I(2) = 93%). Meta regression analysis between logit event rate and year of publication explained 23% of between-study variance (p <0.05). Cumulative meta-analysis confirmed the influence of year of publication on the reported prevalence of FDC among the different studies. However, most of the observed heterogeneity may be explained by the fact that the various studies used different preselected criteria for the diagnosis of FDC. In conclusion, data obtained from trials performed using standardized criteria are needed to better define the true prevalence of FDC. (C) 2011 Elsevier Inc. All rights reserved. (Am J Cardiol 2011;108: 1171-1176).

Keywords: Aggregation, Analysis, Bias, Children, Cochrane, Confidence Intervals, Congestive Cardiomyopathy, Databases, Diagnosis, Dilated Cardiomyopathy, Frequency, ISI, ISI Web of Science, MEDLINE, Meta Analysis, Meta-Analysis, Prevalence, Publication, Pubmed, Regression Analysis, Relatives, Review, Science, Society, Statement, Systematic, Systematic Review, Transplantation, Web of Science

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Full Text: [2011\Ame J Car108, 1207.pdf](2011/Ame%20J%20Car108,%201207.pdf)

Abstract: the impact of a coronary revascularization strategy (early or deferred) on clinical outcomes of non-ST-segment elevation acute coronary syndrome (NSTE-ACS) has not been well established. The goal of this study was to systematically review randomized trials comparing early to deferred revascularization for NSTE-ACS. A systematic literature search of MEDLINE, ISI Web of Science, and Cochrane databases was conducted. Two reviewers independently determined the eligibility of clinical trials. Five trials with 4,155 patients were included for analysis. Meta-analysis showed that early revascularization produced no significant differences in the incidence of death (risk ratio [RR] 0.88, p = 0.47), recurrent myocardial infarction (RR 0.92, p = 0.58), and repeat revascularization compared to a deferred intervention. However, a significant decrease in refractory ischemia was observed in the early intervention group (RR 0.47, p<0.01), and the procedure also showed a tendency toward decreasing major bleeding events (RR 0.77, p = 0.08). According to stratification based on intervention era, extent of revascularization, and time of revascularization, subgroup analysis did not show between-group differences in all-cause mortality, recurrent myocardial infarction, and major bleeding events. Also, sensitivity analysis by alternatively using a random-effects model did not find any relevant influence on overall results in direction and magnitude. In conclusion, meta-analysis demonstrated that early coronary revascularization is feasible and safe for patients with NSTE-ACS, might markedly decrease the incidence of refractory ischemia, and appears to produce less bleeding. (C) 2011 Elsevier Inc. All rights reserved. (Am J Cardiol 2011;108:1207-1213).

Keywords: Acute, Acute Coronary Syndrome, Analysis, Angiography, Angioplasty, Catheterization, Clinical Trials, Cochrane, Databases, Differences, Guidelines, Immediate, Impact, Incidence, Intervention, Invasive Management, Ischemia, ISI, ISI Web of Science, Literature, MEDLINE, Meta Analysis, Meta-Analysis, Model, Mortality, Myocardial Infarction, Outcomes, Patients, Randomized-Trial, Ratio, Review, Risk, Science, Sensitivity, Strategy, Systematic, Web of Science

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Full Text: [2013\Ame J Car112, 1322.pdf](2013/Ame%20J%20Car112,%201322.pdf)

Abstract: Neointimal hyperplasia after percutaneous coronary intervention is a major determinant of in-stent restenosis (ISR). Drug-eluting stents (DES) mitigate neointimal hyperplasia and thereby lead to a lower rate of ISR compared with bare-metal stents (BMS). Recent studies have demonstrated that short-term use of oral sirolimus after BMs leads to a significant reduction in ISR. We therefore sought to do a systematic review of studies to determine the angiographic and clinical benefits of early short-term use of oral sirolimus after BMs of native coronary arteries. We conducted PubMed, Embase, Cochrane database review, and Web of Science search of studies comparing oral sirolimus after BMs to BMs alone or DES. Outcomes analyzed, were ISR and target lesion revascularization (TLR) as well as major adverse cardiovascular events. A total of 488 patients from 4 studies were included in the review (2006 to 2010). Three studies, comparing BMs alone versus BMs plus oral sirolimus, demonstrated significant reduction in ISR in the oral sirolimus group. Two of these studies also demonstrated significant reduction in TLR at 6-12 month follow-up. The fourth study comparing BMs plus oral sirolimus versus DEs showed a lower but nonsignificant reduction in TLR in addition to significant cost saving in the group treated with oral sirolimus. In conclusion, our systematic review demonstrates that early short-term systemic use of sirolimus after BMs resulted in a significant reduction in ISR and TLR. In addition, ISR rates were comparable to DEs with the added benefit of cost saving. (C) 2013 Elsevier Inc. All rights reserved.

Keywords: Argentina, Arteries, Benefits, Cardiovascular, Clinical, Cost, Database, De-Novo Lesions, Drug-Eluting Stents, Efficacy, Events, Everolimus, Follow-Up, Implantation, Intervention, Intravascular Ultrasound, ISR, Lead, Nov, Oral, Outcomes, Patients, Percutaneous, Percutaneous Coronary Intervention, Prevention, Pubmed, Rapamycin, Rates, Recent, Reduction, Restenosis, Revascularization, Review, Rights, Science, Sirolimus, Stents, Systematic Review, Transplant Recipients, Trial, Web of Science

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Full Text: [2014\Ame J Car113, 731.pdf](2014/Ame%20J%20Car113,%20731.pdf)

Abstract: We compare the diagnostic accuracy of multidetector row computed tomography (MDCT) to cardiac magnetic resonance imaging (CMR) for evaluating global left ventricular function. We systematically searched PubMed, CINAHL, Cochrane CENTRAL, Scopus, and the Web of Science databases for studies published between 1966 to January 2013 that compared left, ventricle (LV) volumes, ejection fraction (EF) and LV mass measured by MDCT and CMR. We performed meta-analyses and used random-effects model with inverse variance weighting test to determine the overall bias and limits of agreement of LV end-diastolic volume, end-systolic volume, stroke volume, and EF measured by MDCT and CMR. Furthermore, subgroup analyses were performed to compare 16-slice and 64-slice MDCT with CMR. Two study authors independently reviewed the 90 articles originally identified and selected 27 studies (n = 831) for analysis. Excellent correlation and a linear relation were seen between MDCT and CMR for LV end-diastolic volume (r = 0.93; p <0.001), LV end-systolic volume (r = 0.95; p <0.001), LV stroke volume (r = 0.85; p <0.001), LV ejection fraction (r = 0.93; p <0.001), and LV mass (r = 0.86; p <0.001). Subgroup analyses showed strong positive correlations for both 16- and 64-slice MDCT. In conclusion, although not the first-line test for LV function assessment in most patients, when appropriate, retrospectively gated 1VIDCT provides an accurate and valid assessment of LV function compared with CMR. (C) 2014 Elsevier Inc. All rights reserved.

Keywords: 16-Slice Spiral-Ct, 2-Dimensional Transthoracic Echocardiography, Accuracy, Analyses, Analysis, Angiography, Assessment, Authors, Bias, Computed Tomography, Coronary-Artery-Disease, Correlation, Correlations, Databases, Diagnostic Accuracy, Diagnostic Performance, Ejection Fraction, Function, Global, Global Left Ventricular Function, Heart-Disease, Imaging, Left Ventricular Function, Magnetic, Magnetic Resonance, Magnetic Resonance Imaging, Model, Mri, Myocardial-Infarction, Patients, Pubmed, Random Effects Model, Rights, Row CT, Science, Scopus, Stroke, Stroke Volume, Volume, Web of Science, Web of Science Databases, Weighting

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Full Text: [2014\Ame J Car113, 1173.pdf](2014/Ame%20J%20Car113,%201173.pdf)

Abstract: Dabigatran is a novel oral anticoagulant and may be useful during atrial fibrillation (AF) ablation for prevention of thromboembolic events. However, the benefits and adverse effects of periprocedural dabigatran therapy have not been thoroughly evaluated. A meta-analysis was performed to evaluate the efficacy and safety of dabigatran for anticoagulation in AF ablation. PubMed, The Cochrane Library, EMBASE, Web of Science, and CINAHL databases were searched from January 01, 2001 through July 30, 2013. Two reviewers reviewed the studies for inclusion and extracted data from studies comparing dabigatran with warfarin for AF ablation. A total of 5,513 patients undergoing catheter ablation were included in 17 observational studies and 1 randomized trial. Fourteen events of stroke or transient ischemic attacks were reported in the dabigatran group and 4 in the warfarin group (Peto’s odds ratio 3.94, 95% confidence interval [CI] 1.54 to 10.08, number needed to harm = 284 patients). The risk of all thromboembolic complications was also higher in the dabigatran group compared with the warfarin group (Peto’s odds ratio 2.81, 95% CI 1.23 to 6.45). No major differences were observed for the risk of major bleeding (odds ratio 0.99, 95% CI 0.55 to 1.78), pericardial tamponade, and groin hematoma. A lower risk of minor bleeding was observed with dabigatran (odds ratio 0.60, 95% CI 0.41 to 0.87). In conclusion, periprocedural use of dabigatran for AF ablation was related to a higher risk of thromboembolic complications including stroke and transient ischemic attack. (C) 2014 Elsevier Inc. All rights reserved.

Keywords: Ablation, Adverse Effects, Af, Anticoagulant, Anticoagulation, Atrial Fibrillation, Benefits, Bleeding, Catheter, Catheter Ablation, Complications, Confidence, Data, Databases, Effects, Efficacy, Embase, Etexilate, Events, Hematoma, Interval, Meta Analysis, Meta-Analysis, Metaanalysis, Minor, Observational, Observational Studies, Odds Ratio, Oral, Patients, Periprocedural Anticoagulation, Prevention, Pubmed, Radiofrequency Ablation, Randomized, Randomized Trial, Rights, Risk, Safety, Science, Stroke, Tamponade, Therapy, Transient, Trial, Warfarin, Web Of Science

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Full Text: [2014\Ame J Car114, 187.pdf](2014\Ame%20J%20Car114,%20187.pdf)

Abstract: Mental stress-induced myocardial ischemia (MSIMI) has been associated with adverse prognosis in patients with coronary artery disease (CAD), but whether this is a uniform finding across different studies has not been described. We conducted a systematic review and meta-analysis of prospective studies examining the association between MSIMI and adverse outcome events in patients with stable CAD. We searched PubMed, EMBASE, Web Of Science, and PsycINFO databases for English language prospective studies of patients with CAD who underwent standardized mental stress testing to determine presence of MSIMI and were followed up for subsequent cardiac events or total mortality. Our outcomes of interest were CAD recurrence, CAD mortality, or total mortality. A summary effect estimate was derived using a fixed-effects meta-analysis model. Only 5 studies, each with a sample size of <200 patients and fewer than 50 outcome events, met the inclusion criteria. The pooled samples comprised 555 patients with CAD (85% male) and 117 events with a range of follow-up from 35 days to 8.8 years. Pooled analysis showed that MSIMI was associated with a twofold increased risk of a combined end point of cardiac events or total mortality (relative risk 2.24, 95% confidence interval 1.59 to 3.15). No heterogeneity was detected among the studies (Q = 0.39, I-2 = 0.0%, p = 0.98). In conclusion, although few selected studies have examined the association between MSIMI and adverse events in patients with CAD, all existing investigations point to approximately a doubling of risk. Whether this increased risk is generalizable to the CAD population at large and varies in patient subgroups warrant further investigation. (C) 2014 Elsevier Inc. All rights reserved.

Keywords: Adverse Outcome, Analysis, Artery, Association, Cad, Confidence, Coronary Artery, Coronary Artery Disease, Criteria, Databases, Disease, Embase, English, Events, Follow-Up, Heterogeneity, Implantable Cardioverter-Defibrillators, Interval, Investigation, Investigations, Ischemia, Language, Male, Meta Analysis, Meta-Analysis, Metaanalysis, Model, Mortality, Myocardial Ischemia, Outcome, Outcomes, Patients, Population, Prognosis, Prospective, Prospective Studies, Psycinfo, Pubmed, Recurrence, Relative Risk, Responses, Review, Rights, Risk, Sample Size, Science, Size, Stress, Systematic, Systematic Review, T-Wave Alternans, Testing, Ventricular-Arrhythmias

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Full Text: [2014\Ame J Car114, 541.pdf](2014/Ame%20J%20Car114,%20541.pdf)

Abstract: Preprocedural statin administration may reduce contrast-induced acute kidney injury (CI-AKI), but current evidence is controversial. Randomized controlled trials (RCTs) comparing preprocedural statin administration before coronary catheterization with standard strategies were searched in MEDLINE/PubMed, EMBASE, Scopus, Cochrane Library, Web of Science, and Science Direct databases. The outcome of interest was the incidence of postprocedural CI-AKI. Prespecified subgroup analyses were performed according to baseline glomerular filtration rate (GFR), statin type, and N-acetylcysteine use. Eight RCTs were included for a total of 4,984 patients. The incidence of CI-AKI was 3.91% in the statin group (n = 2,480) and 6.98% in the control group (n = 2,504). In the pooled analysis using a random-effects model, patients receiving statins had 46% lower relative risk (RR) of CI-AKI compared with the control group (RR 0.54, 95% confidence interval [CI] 0.38 to 0.78, p = 001). A moderate degree of non-significant heterogeneity was present (I-2 = 41.9%, chisquare = 12.500, p = 0.099, tau(2) = 0.100). In the subanalysis based on GFR, the pooled RR indicated a persistent benefit with statins in patients with GFR <60 ml/min (RR 0.67, 95% CI 0.45 to 1.00, p = 0.050) and a highly significant benefit in patients with GFR 60 ml/min (RR 0.40, 95% CI 0.27 to 0.61, p <0.0001). Stalin type and N-acetylcysteine or hydration did not significantly influence the results. In conclusion, preprocedural statin use leads to a significant reduction in the pooled RR of CI-AKI. (C) 2014 Elsevier Inc. All rights reserved.

Keywords: Acute Kidney Injury, Administration, Analyses, Analysis, Angiography, Catheterization, Confidence, Control, Databases, Embase, Evidence, Filtration, Glomerular Filtration Rate, Heterogeneity, High-Dose Atorvastatin, Hydration, Incidence, Induced Nephropathy Trial, Influence, Injury, Interval, Intervention, Kidney, Meta-Analysis, Model, N-Acetylcysteine, Outcome, Patients, Pooled Analysis, Pretreatment, Prevention, Random Effects Model, Randomized Controlled Trials, Reduction, Relative Risk, Rights, Risk, Rosuvastatin, Science, Scopus, Short-Term, Standard, Statin, Statin Therapy, Web Of Science

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Full Text: [2014\Ame J Car114, 1049.pdf](2014/Ame%20J%20Car114,%201049.pdf)

Abstract: Presence of left ventricular hypertrophy (LVH) has been reported to be associated with supraventricular and ventricular arrhythmias, but the association has not been systematically quantified and evaluated. A systematic search of studies in MEDLINE, EMBASE, CINAHL, Scopus, Web of Science, and Cochrane Central Register of Controlled Trials databases was undertaken through April 2014. Studies reporting on LVH and sustained arrhytlunias such as atrial fibrillation and supraventricular tachycardias (SVTs) and ventricular arrhythmias (tachycardia and fibrillation) were identified. Pooled, effect estimates were calculated with random-effects models (DerSimonian and Laird). A total of 10 eligible studies with 27,141 patients were included in the analysis. The incidence of SVT in patients with LVH was 11.1% compared with 1.1% among patients without LVH (p <0.001). Patients with LVH had 3.4-fold greater odds of developing SVT (odds ratio 3.39, 95% confidence interval 1.57 to 7.31) than those without LVH, although significant heterogeneity was present (I-2 = 98%). Meta-regression analyses revealed the heterogeneity to have originated from differences in the baseline covariates such as age, male gender, hypertension, and diabetes of the individual studies. The incidence of ventricular arrhytlunias was 5.5% compared with 1.2% in patients without LVH (p <0.001). The occurrence of ventricular tachycardia or fibrillation was 2.8-fold greater, in the presence of LVH (odds ratio 2.83, 95% confidence interval 1.78 to 4.51), and there was no significant heterogeneity (I-2 = 9%). Presence of LVH in hypertensive patients is associated with a greater risk of sustained supraventricular/atrial and ventricular arrhythmias, and there is an unmet need for identifying and refining risk stratification for this group. (C) 2014 Elsevier Inc. All rights reserved.

Keywords: Age, Analyses, Analysis, Association, Atrial Fibrillation, Confidence, Databases, Developing, Diabetes, Embase, Essential-Hypertension, Estimates, From, Gender, Heart-Disease, Heterogeneity, Hypertension, Incidence, Interval, Male, Male Gender, Mass, Mechanisms, Medline, Meta-Analysis, Meta-Regression, Models, Mortality, Odds Ratio, Onset Atrial-Fibrillation, Patients, Prevalence, Regression, Reporting, Rights, Risk, Risk Stratification, Science, Scopus, Stratification, Sudden-Death, Supraventricular, Systematic, Tachycardia, Web Of Science

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Full Text: [2015\Ame J Car115, 972.pdf](2015/Ame%20J%20Car115,%20972.pdf)

Abstract: The number of citations an article receives is an important indication of its impact and contribution to the clinical world. There is a paucity of literature concerning top article citations in cardiology. The main objective of this investigation was to bridge this gap and to provide readers a practical guide in evaluating the cardiovascular literature. Scopus Library database was searched to determine the citations of all published cardiovascular articles. One hundred two journals were included in our investigation under the Institute of Science Information Web of Science subject category “cardiology, cardiovascular, and heart.” We did not apply any time or study-type restriction in our search. The top 100 cited articles were selected and analyzed by 2 independent investigators. The journal with the highest number of top 100 cited articles was Circulation with 36, followed by 28 in the European Heart Journal. A statistically significant association was found between the journal impact factor and the number of top 100 cited articles (p < 0.005). United States had the highest number of articles (49). Contrary to bibliometric analyses published in other medical fields, the largest subset of the cardiology articles (n = 42) was published in the 5-year period from 2006 to 2010. General medical journals such as The Lancet (n = 4) and The New England Journal of Medicine (n = 1) contributed only 5 articles to the list despite their extremely high impact factors. In conclusion, our analysis provides an insight on the citation frequency of top cited articles published in cardiovascular medicine to help recognize the quality of the works, discoveries, and the trends steering cardiology. (C) 2015 Elsevier Inc. All rights reserved.

Keywords: Analyses, Analysis, Article, Articles, Association, Bibliometric, Bibliometric Analyses, Bibliometric Analysis, Bridge, Cardiology, Cardiovascular, Citation, Citation Frequency, Citation-Classics, Citations, Clinical, Contribution, Database, Disease, England, Factors, From, Impact, Impact Factor, Impact Factors, Impact-Factor, Indication, Information, Investigation, Journal, Journal Impact, Journal Impact Factor, Journal Impact Factors, Journals, Library, Literature, Medical, Medical Journals, Medicine, Quality, Quality Of, Radiology, Rights, Science, Scopus, Top 100, Top-Cited, Trends, United States, Web, Web Of Science, World

# Title: American Journal of Cardiovascular Drugs

Full Journal Title: American Journal of Cardiovascular Drugs

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Subject Categories:

: Impact Factor

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Full Text: 2011\Ame J Car Dru11, 115.pdf

Abstract: Background: Recent meta-analyses of randomized clinical trials (RCTs) demonstrated a higher risk of heart failure (HF) with the use of thiazolidinediones (TZDs). However, this effect may have been diluted by including active controls. Also, it is uncertain whether the risk of HF is similar with rosiglitazone and pioglitazone. Objectives: This study quantified the risks of HF with the use of TZDs in patients with or at high risk of developing type 2 diabetes mellitus (DM), and evaluated differential effects by type of TZD. Secondarily, we evaluated risks of peripheral edema. Methods: We performed a systematic review and meta-analysis of placebo-controlled RCTs evaluating the effect of rosiglitazone or pioglitazone on investigator-reported HF and edema. Articles published before 31 December 2009 were searched in MEDLINE, the Web of Science, and Scopus, and the data were extracted by three investigators. RCTs with >= 100 patients and >= 3 months of follow-up were included. We quantified the effect of TZDs as odds ratios (ORs) by using the Mantel-Haenzel and alternative models. We further evaluated the risk of serious/severe HF, and the effect of several trial characteristics on HF risk by subgroup analysis and meta-regression analysis. Results: 29 trials (n = 20 254) were evaluated. TZDs were significantly associated with HF (TZD 360/6807 [5.3%] vs placebo 234/6328 [3.7%], OR 1.59; 95% CI 1.34, 1.89; p <0.00001). The risk of HF was higher with rosiglitazone than with pioglitazone (2.73 [95% CI 1.46, 5.10] vs 1.51 [1.26, 1.81]; p = 0.06). TZDs were associated with a similar risk of serious/severe HF (OR 1.47; 95% CI 1.16, 1.87; p = 0.002). Use of TZDs was also associated with edema (OR 2.04; 95% CI 1.85, 2.26; p < 0.00001). HF and edema risks were consistent using Peto and random effects models. Risks of HF were significantly high for the subgroups of trials including patients with or at high risk for type 2 DM, and for the subgroup of trials with >= 12 months of follow-up. Meta-regression analysis showed that trials with lower overall baseline risk had higher HF risks. Conclusion: In placebo-controlled trials of adult patients with or at high risk for type 2 DM, TZD therapy is significantly and consistently associated with a higher risk of HF. The risk of serious/severe HF is also increased with the use of TZDs. HF risks are similar to those of meta-analyses combining active- and placebo-controlled trials. The benefit/risk profile of TZDs should be considered when treating diabetic patients with or without prior HF.

Keywords: Adult, Analysis, Articles, Cardiovascular Events, Clinical Trials, Combination Therapy, Diabetes, Diabetes Mellitus, Double-Blind, Follow-up, Improves Glycemic Control, Insulin Therapy, MEDLINE, Meta-Analysis, Methods, Myocardial-Infarction, Parallel-Group, Pioglitazone Hydrochloride, Profile, Randomized Clinical Trials, Review, Risk, Rosiglitazone, Science, Scopus, Sulfonylurea Monotherapy, Systematic, Systematic Review, Therapy, Type 2, Type 2 Diabetes, Type 2 Diabetes Mellitus, Web of Science

# Title: American Journal of Clinical Dermatology

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? Braun, L.R., Fisk, W.A., Lev-Tov, H., Kirsner, R.S. and Isseroff, R.R. (2014), Diabetic foot ulcer: An evidence-based treatment update. *American Journal of Clinical Dermatology*, **15** (3), 267-281.

Full Text: [2014\Ame J Car Der15, 267.pdf](2014/Ame%20J%20Car%20Der15,%20267.pdf)

Abstract: Background Diabetic foot ulcers (DFUs) are extremely debilitating and difficult to treat. Multidisciplinary management, patient education, glucose control, debridement, offloading, infection control, and adequate perfusion are the mainstays of standard care endorsed by most practice guidelines. Adjunctive therapies represent new treatment modalities endorsed in recent years, though many lack significant high-powered studies to support their use as standard of care. Objective This update intends to identify recent, exclusively high level, evidence-based evaluations of DFU therapies. Furthermore, it suggests a direction for future research. Methods PubMed, Embase, Ovid Technologies, CI-NAHL, Cochrane, and Web of Science databases were systematically searched for recent systematic reviews published after 2004, and randomized controlled trials published in 2012-2013 that evaluated treatment modalities for DFUs. These papers are reviewed and the quality of available evidence is discussed. Results A total of 34 studies met inclusion criteria. Studied therapies include debridement, off-loading, negative pressure therapy, dressings, topical therapies, hyperbaric oxygen therapy, growth factors, bioengineered skin substitutes, electrophysical therapy, and alternative therapy. Good-quality evidence is lacking to justify the use of many of these therapies, with the exception of standard care (offloading, debridement) and possibly negative pressure wound therapy. Limitations There is an overall lack of high-level evidence in new adjunctive management of DFU. Comparison of different treatment modalities is difficult, since existing studies are not standardized. Conclusions Many therapeutic modalities are available to treat DFU. Quality high-level evidence exists for standard care such as off-loading. Evidence for adjunctive therapies such as negative pressure wound therapy, skin substitutes, and platelet-derived growth factor can help guide adjunctive care but limitations exist in terms of evidence quality.

Keywords: Alternative, Alternative Therapy, Care, Comparison, Control, Criteria, Databases, Debridement, Diabetic Foot, Education, Evidence, Evidence Based, Evidence-Based, Foot, Glucose, Glucose Control, Growth, Growth Factor, Growth Factors, Guidelines, Hyperbaric Oxygen, Hyperbaric-Oxygen Therapy, Infection, Infection Control, International-Consensus, Lower-Extremity Ulcers, Management, Metaanalysis, Methods, Modalities, Multidisciplinary, Negative, Off-Loading Devices, Oxygen, Papers, Patient Education, Practice, Practice Guidelines, Pressure, Pressure Wound Therapy, Prevention, Pubmed, Quality, Quality Of, Randomized, Randomized Controlled Trials, Randomized Controlled-Trials, Recent, Research, Results, Reviews, Risk-Factors, Science, Skin, Standard, Standard Of Care, Support, Systematic, Systematic Reviews, Therapeutic, Therapy, Topical, Treatment, Web, Web Of Science, Web Of Science Databases, Wound

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Full Text: [2015\Ame J Car Der16, 89.pdf](2015/Ame%20J%20Car%20Der16,%2089.pdf)

Abstract: Background An association between dermatomyositis (DM) and cancer has been reported since 1916; however, estimates of the associated risk vary widely. For cost-effectiveness reasons it might be important to elucidate the degree of overall cancer risk in DM. Objective The aim of this systematic review was to investigate the association of cancer in DM by performing a meta-analysis of cohort studies. Data Sources A systematic literature search of PubMed, Ovid MEDLINE, EMBASE, Web of Science, Scopus, and the Cochrane Collaboration was conducted without language restriction, to 1 May 2014. Study Selection Inclusion criteria included cohort studies assessing overall cancer risk in DM. Two reviewers independently performed the study selection. Inter-rater reliability for inclusion decisions was quantified using Cohen’s kappa statistic. Disagreements were resolved by discussion. Data Extraction and Synthesis Desired variables were extracted from eligible studies independently by two investigators and disagreements were resolved by discussion. Quality of the selected studies was assessed using a modification of a recently employed system designed with reference to Meta-analysis Of Observational Studies in Epidemiology (MOOSE), Quality Assessment Tool for Systematic Reviews of Observational Studies (QATSO), and Strengthening the Reporting of Observational Studies in Epidemiology (STROBE). Summary estimates were derived using a random-effects model. Main Outcome(s) and Measure(s) Main outcome was the calculated relative risk of developing cancer after diagnosis of DM compared with the general population, estimated as the age- and sex-adjusted standardized incidence ratio (SIR). We hypothesized a priori that the relative risk would be higher in patients diagnosed with DM. Results A total of 1,272 articles were initially identified but only ten studies met the inclusion criteria. Selected studies included seven population-based and three hospital-based DM cohorts that ranged from 49 to 1,012 patients and had mean follow-up times from 3.7 to 10.4 years. The pooled SIR for the incidence of overall cancer in DM patients was 4.79 (95 % confidence interval 3.71-5.87) with significant heterogeneity (I-2 = 85.8 %). However, the heterogeneity had no substantial influence on the pooled SIR for overall cancer in DM according to the sensitivity analysis. Conclusions Compared with the general population, DM patients are at a significantly increased risk for developing cancer. Understanding the magnitude of this risk is highly relevant toward assisting healthcare providers in clinical decision making, such as screening DM patients for cancer.

Keywords: Age, Analysis, Anti-P155 Autoantibody, Articles, Assessing, Assessment, Association, Cancer, Cancer Risk, Clinical, Cochrane Collaboration, Cohort, Collaboration, Confidence, Cost Effectiveness, Cost-Effectiveness, Criteria, Data, Decision, Decision Making, Decision-Making, Developing, Diagnosis, Embase, Epidemiology, Estimates, Extraction, Follow-Up, From, General, General Population, Heterogeneity, Idiopathic Inflammatory Myopathy, Incidence, Influence, Interval, Korean Patients, Language, Literature, Literature Search, Magnitude, Malignancy, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Model, Modification, Myositis, Nationwide Cohort, Observational Studies, Outcome, Patients, Polymyositis-Dermatomyositis, Population, Population Based, Population-Based, Population-Based Cohort, Providers, Pubmed, Quality, Random Effects Model, Reference, Relative Risk, Reliability, Results, Review, Reviewers, Risk, Science, Scopus, Screening, Selection, Sensitivity, Sensitivity Analysis, Synthesis, Systematic, Systematic Literature Search, Systematic Review, Systematic Reviews, Taiwan, Web, Web Of Science

# Title: American Journal of Clinical Nutrition

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Sabaté, J., Duk, A. and Lee, C.L. (1999), Publication trends of vegetarian nutrition articles in biomedical literature, 1966–1995. *American Journal of Clinical Nutrition*, **70** (3), 601S-607S.

Full Text: [1999\Ame J Cli Nut70, 601S.pdf](1999/Ame%20J%20Cli%20Nut70,%20601S.pdf)

Abstract: We documented publication trends of vegetarian nutrition articles in biomedical literature between 1966 and 1995 using the National Institutes of Health MEDLINE bibliographic database. The publication rate of vegetarian articles increased steadily during the 3 decades, from an average of <10/y in the late 1960s to 76/y in the early 1990s. After adjusting for the total number of articles indexed in MEDLINE annually, we found that publication of vegetarian nutrition articles increased dramatically, by 4-fold, during the 1970s and reached an oscillating plateau during the 1980s. In the early 1990s, the proportion of vegetarian nutrition articles 8 articles per 1000 vegetarian nutrition articles and ≈20 per 100000 articles indexed by MEDLINE. Non-nutrition journals have progressively published a larger share of all vegetarian articles in the biomedical literature during the period studied. The nature and study design of published vegetarian research has changed over the years as well. The proportion of original research and review articles increased whereas case series and letters to the editor decreased. Reports of epidemiologic studies of vegetarians with longitudinal designs have superseded cross-sectional designs in number and proportion. In 40% of all publications, preventive and therapeutic applications of vegetarian diets constituted the major themes of vegetarian articles in the decade of 1986–1995. However, 20 y earlier the main focus was on the nutritional adequacy of vegetarian diets. The progressive change in the themes of vegetarian nutrition publications is interpreted as a shift in the role of vegetarian diets in human nutrition.

Keywords: Adequacy, Biomedical, Database, Design, Human, Journals, Literature, Longitudinal, MEDLINE, National Institutes of Health, Nutrition, Publication, Publications, Research, Review, Role, Study Design, Therapeutic, Trends

Kostoff, R.N. (2001), Energy restriction. *American Journal of Clinical Nutrition*, **74**, 556-557.

Full Text: [2001\Ame J Cli Nut74, 556.pdf](2001/Ame%20J%20Cli%20Nut74,%20556.pdf)

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Full Text: [2003\Ame J Cli Nut77, 1052S.pdf](2003/Ame%20J%20Cli%20Nut77,%201052S.pdf)

Abstract: Background: Dietary advice to lower blood cholesterol may be given by a variety of means. The relative efficacy of the different methods is unknown. Objective: the objective was to assess the effects of dietary advice given by dietitians compared with advice from other health professionals, or self-help resources, in reducing blood cholesterol in adults. Design: We performed a systematic review, identifying potential studies by searching the electronic databases of the Cochrane Library, MEDLINE, EMBASE, CINAHL, Human Nutrition, Science Citation Index, and Social Sciences Citation Index. We also hand-searched relevant conference proceedings, reference lists in trial reports, and review articles. Finally, we contacted experts in the field. The selection criteria included randomized trials of dietary advice given by dietitians compared with advice given by other health professionals or self-help resources. The main outcome was difference in blood cholesterol between the dietitian group compared with other intervention groups. Inclusion decisions and data extraction were duplicated. Results: Eleven studies with 12 comparisons met the inclusion criteria. Four studies compared dietitians with doctors, 7 with self-help resources, and 1 with nurses. Participants receiving advice from dietitians experienced a greater reduction in blood total cholesterol than those receiving advice from doctors (-0.25 mmol/L, 95% CI-0.37, -0.12 mmol/L). There was no statistically significant difference in change in blood cholesterol between dietitians and self-help resources (-0.10 mmol/L, 95% CI -0.22, 0.03 mmol/L). Conclusions: Dietitians appeared to be better than doctors at lowering blood cholesterol in the short to medium term, though the difference was small (about 4%), but there was no evidence that they were better than self-help resources or nurses.

Keywords: Blood, Cholesterol, Criteria, Data, Databases, Dietary Advice, Doctors, Efficacy, Evidence, Experts, Extraction, Field, Health, Health Professionals, Intervention, MEDLINE, Methods, Nurses, Outcome, Potential, Randomized, Reduction, Review, Science Citation Index, Selection Criteria, Small, Systematic Review, Term, Trial

? Sood, N., Baker, W.L. and Coleman, C.I. (2008), Effect of glucomannan on plasma lipid and glucose concentrations, body weight, and blood pressure: Systematic review and meta-analysis. *American Journal of Clinical Nutrition*, **88** (4), 1167-1175.

Full Text: [2008\Ame J Cli Nut88, 1167.pdf](2008/Ame%20J%20Cli%20Nut88,%201167.pdf)

Abstract: Background: Several clinical trials have investigated the impact of glucomannan on plasma lipids, body weight, fasting blood glucose (FBG), and blood pressure (BP), but have yielded conflicting results and had only modest sample sizes. Objective: the objective was to perform a meta-analysis of randomized controlled trials of glucomannan to better characterize its impact on plasma lipids, FBG, body weight, and BP. Design: A systematic literature search of MEDLINE, EMBASE, CINAHL, Web of Science, the Cochrane Library, and the Natural Medicines Comprehensive Database was conducted from the earliest possible date through November 2007. A random-effects model was used to calculate the weighted mean difference(WMD) and 95% CIs as the difference between the mean for the glucomannan and control groups. Standard methods for assessing statistical heterogeneity and publication bias were used. Results: Fourteen studies (n = 531) met the inclusion criteria. The use of glucomannan significantly lowered total cholesterol [weighted mean difference (WMD): -19.28 mg/dL; 95% CI: -24.30, -14.26], LDL cholesterol (WMD: -15.99 mg/ dL; 95% CI: -21.31, -10.67), triglycerides(WMD: -11.08 mg/ dL; 95% CI: -22.07, -0.09), body weight (WMD: -0.79 kg; 95% CI: -1.53, -0.05), and FBG (WMD: -7.44 mg/dL; 95% CI: -14.16, -0.72). The use of glucomannan did not appear to significantly alter any other study endpoints. Pediatric patients, patients receiving dietary modification, and patients with impaired glucose metabolism did not benefit from glucomannan to the same degree. Conclusions: Glucomannan appears to beneficially affect total cholesterol, LDL cholesterol, triglycerides, body weight, and FBG, but not HDL cholesterol or BP.

Keywords: Bias, Blood, Blood Pressure, Body Weight, Clinical Trials, Clinical-Trials, Cochrane, Control, Control Groups, Density-Lipoprotein Cholesterol, Diet, Embase, Endpoints, Fasting, Fiber, HDL, Hypercholesterolemia, Impact, LDL, Lipid, Lipids, Literature, MEDLINE, Men, Meta-Analysis, Model, Modification, Plasma, Pressure, Publication, Publication Bias, Randomized Controlled Trials, Review, Science, Statistical, Systematic, Systematic Review, Total Cholesterol, Web of Science

? Dangour, A.D., Dodhia, S.K., Hayter, A., Allen, E., Lock, K. and Uauy, R. (2009), Nutritional quality of organic foods: A systematic review. *American Journal of Clinical Nutrition*, **90** (3), 680-685.

Full Text: [2009\Ame J Cli Nut90, 680.pdf](2009/Ame%20J%20Cli%20Nut90,%20680.pdf)

Abstract: Background: Despite growing consumer demand for organically produced foods, information based on a systematic review of their nutritional quality is lacking. Objective: We sought to quantitatively assess the differences in reported nutrient content between organically and conventionally produced foodstuffs. Design: We systematically searched PUBMED, Web of Science, and CAB Abstracts for a period of 50 y from 1 January 1958 to 29 February 2008, contacted subject experts, and hand-searched bibliographies. We included peer-reviewed articles with English abstracts in the analysis if they reported nutrient content comparisons between organic and conventional foodstuffs. Two reviewers extracted study characteristics, quality, and data. The analyses were restricted to the most commonly reported nutrients. Results: From a total of 52,471 articles, we identified 162 studies (137 crops and 25 livestock products); 55 were of satisfactory quality. In an analysis that included only satisfactory-quality studies, conventionally produced crops had a significantly higher content of nitrogen, and organically produced crops had a significantly higher content of phosphorus and higher titratable acidity. No evidence of a difference was detected for the remaining 8 of 11 crop nutrient categories analyzed. Analysis of the more limited database on livestock products found no evidence of a difference in nutrient content between organically and conventionally produced livestock products. Conclusions: On the basis of a systematic review of studies of satisfactory quality, there is no evidence of a difference in nutrient quality between organically and conventionally produced foodstuffs. The small differences in nutrient content detected are biologically plausible and mostly relate to differences in production methods. Am J Clin Nutr 2009;90:680-5.

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Full Text: [2010\Ame J Cli Nut92, 203.pdf](2010/Ame%20J%20Cli%20Nut92,%20203.pdf)

Abstract: Background: There is uncertainty over the nutrition-related benefits to health of consuming organic foods. Objective: We sought to assess the strength of evidence that nutrition-related health benefits could be attributed to the consumption of foods produced under organic farming methods. Design: We systematically searched PUBMED, ISI Web of Science, CAB Abstracts, and Embase between 1 January 1958 and 15 September 2008 (and updated until 10 March 2010); contacted subject experts; and hand-searched bibliographies. We included peer-reviewed articles with English abstracts if they reported a comparison of health outcomes that resulted from consumption of or exposure to organic compared with conventionally produced foodstuffs. Results: From a total of 98,727 articles, we identified 12 relevant studies. A variety of different study designs were used; there were 8 reports (67%) of human studies, including 6 clinical trials, 1 cohort study, and 1 cross-sectional study, and 4 reports (33%) of studies in animals or human cell lines or serum. The results of the largest study suggested an association of reported consumption of strictly organic dairy products with a reduced risk of eczema in infants, but the majority of the remaining studies showed no evidence of differences in nutrition-related health outcomes that result from exposure to organic or conventionally produced foodstuffs. Given the paucity of available data, the heterogeneity of study designs used, exposures tested, and health outcomes investigated, no quantitative meta-analysis was justified. Conclusion: From a systematic review of the currently available published literature, evidence is lacking for nutrition-related health effects that result from the consumption of organically produced foodstuffs. Am J Clin Nutr 2010;92:203-10.

Keywords: Antioxidant, Capacity, Clinical Trials, Cohort Study, Consequences, Consumer, Consumption, Density-Lipoprotein Oxidation, Eczema, Guidelines, Health Benefits, Health Outcomes, Human, Humans, Infants, ISI, Literature, Meta-Analysis, Netherlands, Outcomes, Polyunsaturated Fatty-Acids, PUBMED, Quantitative, Review, Risk, Science, Systematic, Systematic Review, Web of Science

? Zittermann, A., Iodice, S., Pilz, S., Grant, W.B., Bagnardi, V. and Gandini, S. (2012), Vitamin D deficiency and mortality risk in the general population: A meta-analysis of prospective cohort studies. *American Journal of Clinical Nutrition*, **95** (1), 91-100.

Full Text: [2012\Ame J Cli Nut95, 91.pdf](2012/Ame%20J%20Cli%20Nut95,%2091.pdf)

Abstract: Background: Low vitamin D status may increase mortality risk. Objective: We used nonparametric (“highest compared with lowest” categories) and parametric (>2 categories) statistical models to evaluate associations of 25-hydroxyvitamin D [25(OH)D] serum concentrations and mortality in observational studies among general populations. Design: We searched PubMed, EMBASE, Web of Science, and reference lists for relevant articles. We included studies that contained data on relative risks (RRs) for mortality for different 25(OH)D concentrations, which included a corresponding measure of uncertainty, and this yielded 14 prospective cohort studies that involved 5562 deaths out of 62,548 individuals. We applied log-transformed RRs and CIs, adjusted for the maximal number of confounding variables. In the parametric model, which is based on 11 studies and 59,231 individuals, we used the lowest quantile as the reference category. Results: For “highest compared with lowest” categories of 25(OH)D, the estimated summary RR of mortality was 0.71 (95% CI: 0.50, 0.91). In the parametric model, the estimated summary RRs (95% CI) of mortality were 0.86 (0.82, 0.91), 0.77 (0.70, 0.84), and 0.69 (0.60, 0.78) for individuals with an increase of 12.5, 25, and 50 nmol 25(OH)D serum values/L, respectively, from a median reference category of similar to 27.5 nmol/L. There was, however, no significant decrease in mortality when an increase of similar to 87.5 nmol/L above the reference category occurred. Conclusion: Data suggest a nonlinear decrease in mortality risk as circulating 25(OH) D increases, with optimal concentrations similar to 75-87.5 nmol/L. Am J Clin Nutr 2012;95:91-100.

Keywords: All-Cause Mortality, Cancer-Risk, Cardiovascular-Disease Mortality, Cohort Studies, Confounding, D Supplementation, D-Receptor, Dose-Response Data, Embase, Meta Analysis, Meta-Analysis, Meta-Regression, Model, Mortality, Nonlinear, Nonparametric, Observational, Observational Studies, Older Men, Pubmed, Randomized-Controlled-Trials, Risk, Science, Serum 25-Hydroxyvitamin D, Statistical, Vitamin D, Web of Science

? Te Morenga, L.A., Howatson, A.J., Jones, R.M. and Mann, J. (2014), Dietary sugars and cardiometabolic risk: Systematic review and meta-analyses of randomized controlled trials of the effects on blood pressure and lipids. *American Journal of Clinical Nutrition*, **100** (1), 65-79.

Full Text: [2014\Ame J Cli Nut100, 65.pdf](2014/Ame%20J%20Cli%20Nut100,%2065.pdf)

Abstract: Background: Dietary sugars have been suggested as a cause of obesity, several chronic diseases, and a range of cardiometabolic risk factors, but there is no convincing evidence of a causal relation between sugars and risk factors other than body weight. Objective: We conducted a systematic review and meta-analysis of randomized controlled trials that examined effects of the modification of dietary free sugars on blood pressure and lipids. Design: Systematic searches were conducted in OVID Medline, Embase, Scopus, Cumulative Index to Nursing and Allied Health Literature, and Web of Science databases (to August 2013) to identify studies that reported intakes of free sugars and at least one lipid or blood pressure outcome. The minimum trial duration was 2 wk. We pooled data by using inverse-variance methods with random-effects models. Results: A total of 39 of 11,517 trials identified were included; 37 trials reported lipid outcomes, and 12 trials reported blood pressure outcomes. Higher compared with lower sugar intakes significantly raised triglyceride concentrations [mean difference (MD): 0.11 mmol/L; 95% CI: 0.07, 0.15 mmol/L; P < 0.0001], total cholesterol (MD: 0.16 mmol/L; 95% CI: 0.10, 0.24 mmol/L; P < 0.0001), low-density lipoprotein cholesterol (0.12 mmol/L; 95% CI: 0.05, 0.19 mmol/L; P = 0.0001), and high-density lipoprotein cholesterol (MD: 0.02 mmol/L; 95% CI: 0.00, 0.03 mmol/L; P = 0.03). Sub-group analyses showed the most marked relation between sugar intakes and lipids in studies in which efforts were made to ensure an energy balance and when no difference in weight change was reported. Potential explanatory factors, including a weight change, in most instances explained <15% of the heterogeneity between studies (I-2 = 36-75%). The effect of sugar intake on blood pressure was greatest in trials >= 8 wk in duration [MD: 6.9 mm Hg (95% CI: 3.4, 10.3 mm Hg; P < 0.001) for systolic blood pressure and 5.6 mm Hg (95% CI: 2.5, 8.8 mm Hg; P = 0.0005) for diastolic blood pressure]. Conclusions: Dietary sugars influence blood pressure and serum lipids. The relation is independent of effects of sugars on body weight. Protocols for this review were registered separately for effects of sugars on blood pressure and lipids in the PROSPERO International prospective register of systematic reviews as PROSPERO 2012: CRD42012002379 and 2012: CRD42012002437, respectively.

Keywords: Analyses, Balance, Blood, Blood Pressure, Body Weight, Body-Weight, Cholesterol, Chronic, Data, Databases, Design, Diseases, Duration, Effects, Energy, Energy Balance, Evidence, Fructose Corn Syrup, Health, Heterogeneity, Hyperlipoproteinemic Patients, Ii Diabetic Subjects, Influence, Insulin Sensitivity, Lipid, Lipids, Literature, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolic Syndrome, Methods, Minimum, Models, Modification, Nursing, Obesity, Outcome, Outcomes, P, Plasma Triglyceride Levels, Pressure, Prospective, Randomized, Randomized Controlled Trials, Results, Review, Reviews, Risk, Risk Factors, Science, Scopus, Serum, Serum-Lipids, Sweetened Beverage Consumption, Systematic, Systematic Review, Systematic Reviews, Trial, Triglyceride, Uric-Acid, Web Of Science, Web Of Science Databases

? Mohammadifard, N., Salehi-Abargouei, A., Salas-Salvado, J., Guasch-Ferre, M., Humphries, K. and Sarrafzadegan, N. (2015), The effect of tree nut, peanut, and soy nut consumption on blood pressure: A systematic review and meta-analysis of randomized controlled clinical trials. *American Journal of Clinical Nutrition*, **101** (5), 966-982.

Full Text: 2015\Ame J Cli Nut101, 966.pdf

Abstract: Background: Although several studies have assessed the effects of nut consumption (tree nuts, peanuts, and soy nuts) on blood pressure (BP), the results are conflicting. Objective: The aim was to conduct a systematic review and meta-analysis of published randomized controlled trials (RCTs) to estimate the effect of nut consumption on BP. Design: The databases MEDLINE, SCOPUS, IS! Web of Science, and Google Scholar were searched for RCTs carried out between 1958 and October 2013 that reported the effect of consuming single or mixed nuts (including walnuts, almonds, pistachios, cashews, hazelnuts, macadamia nuts, pecans, peanuts, and soy nuts) on systolic BP (SBP) or diastolic BP (DBP) as primary or secondary outcomes in adult populations aged >= 18 y. Relevant articles were identified by screening the abstracts and titles and the full text. Studies that evaluated the effects for <2 wk or in which the control group ingested different healthy oils were excluded. Mean +/- SD changes in SBP and DBP in each treatment group were recorded for meta-analysis. Results: Twenty-one RCTs met the inclusion criteria. Our findings suggest that nut consumption leads to a significant reduction in SBP in participants without type 2 diabetes [mean difference (MD): -1.29; 95% CI: -2.35, -0.22; P = 0.02] but not in the total population. Subgroup analyses of different nut types suggest that pistachios, but not other nuts, significantly reduce SBP (MD: -1.82; 95% CI: -2.97, -0.67; P = 0.002). Our study suggests that pistachios (MD: -0.80; 95% CI: -1.43, -0.17; P = 0.01) and mixed nuts (MD: -1.19; 95% CI: -2.35, -0.03; P = 0.04) have a significant reducing effect on DBP. We found no significant changes in DBP after the consumption of other nuts. Conclusions: Total nut consumption lowered SBP in participants without type 2 diabetes. Pistachios seemed to have the strongest effect on reducing SBP and DBP. Mixed nuts also reduced DBP.

Keywords: Adult, Aged, Almond, Almond Consumption, Analyses, Blood, Blood Pressure, Cardiovascular Risk-Factors, Cashew, Changes, Clinical, Clinical Trials, Consumption, Control, Criteria, Crossover Trial, Databases, Diabetes, Effects, Elderly-Women, Endothelial Function, Google Scholar, Heart-Disease, Insulin-Resistance, Is, Medline, Meta-Analysis, Metaanalysis, Metabolic Syndrome, Nut, Outcomes, P, Pistachio, Population, Populations, Pressure, Primary, Randomized, Randomized Controlled Trials, Reduction, Review, Science, Scopus, Screening, Serum-Lipid Levels, Systematic Review, Treatment, Type 2 Diabetes, Type-2 Diabetes-Mellitus, Walnut, Web Of Science

# Title: American Journal of Clinical Oncology-Cancer Clinical Trials

Full Journal Title: American Journal of Clinical Oncology-Cancer Clinical Trials

ISO Abbreviated Title: Am. J. Clin. Oncol.-Cancer Clin. Trials

JCR Abbreviated Title: Am J Clin Oncol-Canc

ISSN: 0277-3732

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Language: English

Publisher: Lippincott Williams & Wilkins

Publisher Address: 530 Walnut St, Philadelphia, PA 19106-3621

Subject Categories:

Oncology: Impact Factor 1.136, 90/114 (2002)

? Ramirez-Fort, M.K., Case, E.C., Rosen, A.C., Cerci, F.B., Wu, S.H. and Lacouture, M.E. (2014), Rash to the mTOR inhibitor everolimus systematic review and meta-analysis. *American Journal of Clinical Oncology-Cancer Clinical Trials*, **37** (3), 266-271.

Full Text: 2014\Ame J Cli Onc-Can Cli Tri37, 266.pdf

Abstract: Background: Everolimus is a mammalian target of rapamycin (mTOR) inhibitor approved for treatment of renal cell carcinoma, subependymal giant cell astrocytoma, breast cancer, and progressive neuroendocrine tumors of pancreatic origin. Its use may be hindered because of adverse events, including rash. The reported incidence and risk of a rash to everolimus varies widely and has not been closely investigated. Therefore, we conducted a systematic review and meta-analysis of the literature to determine the incidence and risk of developing a rash. Methods: We searched PubMed and Web of Science databases and abstracts presented at the American Society of Clinical Oncology from 1998 to December 2011 using the keyword “everolimus” to identify relevant clinical trials. Eligible studies included prospective phase II and III clinical trials of cancer patients on 10 mg of everolimus daily with available data on incidence of rash. The summary incidence and relative risk (RR) of rash were calculated using either the random-effects or fixed-effects model, depending on the heterogeneity of the constituent studies. Results: A total of 2242 patients with various malignancies from 13 clinical trials were included in the analysis. The summary incidences of all-grade and high-grade rash in patients on everolimus were 28.6% [95% confidence interval (CI), 20.8-38.0] and 1.0% (95% CI, 0.6-1.8), respectively. Everolimus was associated with a statistically significant increased risk of all-grade rash (RR = 3.853, 95% CI, 2.470-6.013, P = 0.000), but the RR for high-grade rash (RR = 2.997, 95% CI, 0.633-14.185) was not statistically significant, with a P value of 0.166. Conclusions: Everolimus is associated with a significant risk of developing a rash. Management of rash to everolimus is critical to prevent dose modifications and decreased quality of life, both of which can negatively affect overall clinical outcomes.

Keywords: Analysis, Breast Cancer, Breast-Cancer, Cancer, Carcinoma, Cell, Clinical, Clinical Outcomes, Clinical Trials, Clinical-Trials, Confidence, Data, Databases, Developing, Egfr Inhibitors, Events, Everolimus, Fixed Effects Model, Heterogeneity, In-Vitro, Incidence, Inhibitor, Interval, Life, Literature, Mammalian Target, Management, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Mtor Inhibitor, Oncology, Origin, Outcomes, P, Patients, Phase II, Phase-II, Prevent, Prospective, Pubmed, Quality, Quality Of, Quality Of Life, Rapamycin, Relative Risk, Renal, Renal-Cell Carcinoma, Results, Review, Risk, Science, Skin Rash, Systematic, Systematic Review, Transplant Recipients, Treatment, Value, Web Of Science, Web Of Science Databases

# Title: American Journal of Clinical Pathology

Full Journal Title: [American Journal of Clinical Pathology](http://ajcp.metapress.com/(0mneta45oj0i5mfn01a4mnfd)/app/home/journal.asp?referrer=parent&backto=linkingpublicationresults,1:300401,1)

ISO Abbreviated Title: Am. J. Clin. Pathol.

JCR Abbreviated Title: Am J Clin Pathol

ISSN: 0002-9173

Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Amer Soc Clin Pathologists

Publisher Address: 2100 W Harrison St, Chicago, IL 60612

Subject Categories:

Pathology: Impact Factor

? Hartmann, W.H. (1985), Reference citation accuracy. *American Journal of Clinical Pathology*, **82** (4), 513.

? Baron, D.N. (1985), Reference citation accuracy. *American Journal of Clinical Pathology*, **83** (3), 405.

# Title: American Journal of Community Psychology

Full Journal Title: [American Journal of Community Psychology](http://www.springerlink.com/content/104830/?p=a7fcdd329d2b426488db315f043717f6&pi=0)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0091-0562 (Print) 1573-2770 (Online)

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Angelique, H.L. and Culley, M.R. (2000), Searching for feminism: An analysis of community psychology literature relevant to women’s concerns. *American Journal of Community Psychology*, **28** (6), 793-813.

Full Text: [2000\Ame J Com Psy28, 793.pdf](2000/Ame%20J%20Com%20Psy28,%20793.pdf)

Abstract: Articles published in both the American Journal of Community Psychology and Journal of Community Psychology, from their inception in 1973 through 1997, were content analyzed for women relevance, diversity, feminism, and historical change. Overall, 9.8% of the articles reviewed (N = 2,178) were considered women relevant, 4% recognized diversity among women, and 3% were considered feminist. There was an average yearly increase in women-relevant and feminist articles from 7.3 pre-1990 to 11.2 post-1990, and 1.6 pre-1990 to 4.6 post-1990, respectively. Overall, mental health and motherhood were the most addressed content areas. Among feminist articles, gender roles and violence against women were most salient. Race and SES were the most noted issues of diversity in both women-relevant and feminist articles. While an increase in feminist publications by both journals is promising, stereotypes of women and other oppressed groups continue to be perpetuated.

Keywords: Analysis, Community, Diversity, Gender, Health, Historical Change, Journals, Literature, Mental Health, N, Psychology, Publications, Relevance, SE, SES, Violence, Violence Against Women, Women

# Title: American Journal of Dentistry

Full Journal Title: American Journal of Dentistry

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Magno, M.B., Nascimento, G.C.R., Da Penha, N.K.S., Pessoa, O.F., Loretto, S.C. and Maia, L.C. (2015), Difference in effectiveness between strontium acetate and arginine-based toothpastes to relieve dentin hypersensitivity. A systematic review. *American Journal of Dentistry*, **28** (1), 40-44.

Full Text: 2015\Ame J Den28, 40.pdf

Abstract: Purpose: To present an overview of clinical evidence of strontium acetate and arginine-based toothpastes, in order to determine which of these substances was the most effective to relieve dentin hypersensitivity (DH). Methods: An electronic search was performed in PubMed, EMBASE, The Cochrane Library, LILACS, Web of Science and Open Grey databases. The search strategy included MeSH terms, synonyms and keywords with no language or date restriction. Randomized controlled clinical trial studies that compared the effectiveness of arginine/calcium carbonate and strontium acetate toothpaste were included. The risk of bias in the included studies was assessed and classified through the Cochrane Collaboration’s common scheme for bias. Data were subgrouped and heterogeneity was tested via comprehensive meta-analysis. Results: A total of 3,883 potentially relevant studies were identified. After title and abstract examination, only six studies fulfilled the eligibility criteria and were classified as having a “low risk of bias”. The majority of studies found better results for arginine/calcium carbonate in comparison with strontium acetate in alleviating DH. Only one study reported superior efficacy of strontium acetate, and only for tactile stimuli, after 8 weeks of home use. The arginine/calcium carbonate-based toothpaste provided a higher level of efficacy in terms of DH relief than the strontium-based toothpaste.

Keywords: Acetate, Bias, Carbonate, Clinical, Clinical Trial, Comparison, Controlled Clinical Trial, Criteria, Data, Databases, Effectiveness, Efficacy, Embase, Evidence, Examination, Heterogeneity, Hypersensitivity, Language, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Overview, Pain, Prevalence, Pubmed, Randomized, Results, Review, Risk, Science, Search Strategy, Sensitivity, Strategy, Strontium, Systematic, Systematic Review, Trial, Web, Web Of Science

# Title: American Journal of Economics and Sociology

Full Journal Title: American Journal of Economics and Sociology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lee, F.S., Grijalva, T.C. and Nowell, C. (2010), Ranking economics departments in a contested discipline: A bibliometric approach to quality equality between theoretically distinct subdisciplines. *American Journal of Economics and Sociology*, **69** (5), 1345-1375.

Full Text: [2010\Ame J Eco Soc69, 1345.pdf](2010/Ame%20J%20Eco%20Soc69,%201345.pdf)

Abstract: P>Quality ranking of economic journals and departments is a widespread practice in the United States. The methods used are peer review and bibliometric measures. In a divided discipline such as economics scientific knowledge is contested. So knowing which journals and departments are the best in terms of research is somewhat muddied. If the methods used to measure the production of quality scientific knowledge are tilted towards one of the contested approaches, the resulting quality rankings of journals and departments are tilted as well. So if the objective is the open-minded pursuit of the production of scientific knowledge, then it is important to have measures of quality that treat the different contested approaches equally. Our article explores this issue by examining the impact that a quality-equality bibliometric measure can have on the quality rankings of doctoral economic programs in the United States.

Keywords: Bibliometric, Core, Expertise, Impact, Journals, Peer-Review, Production, Quality, Ranking, Research, US

? Lee, F.S., Cronin, B.C., McConnell, S. and Dean, E. (2010), Research quality rankings of heterodox economic journals in a contested discipline. *American Journal of Economics and Sociology*, **69** (5), 1409-1452.

Full Text: [2010\Ame J Eco Soc69, 1409.pdf](2010/Ame%20J%20Eco%20Soc69,%201409.pdf)

Abstract: P>This article argues that the discipline of economics consists of two subdisciplines: heterodox and mainstream economics. Being distinct bodies of knowledge, it is possible that the processes of building scientific knowledge are different enough so to generate distinctly different referencing and citation practices. Therefore, a specific impact contribution score is necessary for ranking heterodox journals in terms of their contribution to building heterodox economics. If properly developed such a metric could also be used to produce a single overall quality-equality ranking of mainstream and heterodox journals. Utilizing citation data and peer evaluations of 62 heterodox economics journals, a research quality measure is developed and then used to rank the journals. The measure is then used in conjunction with the SSCI five-year impact factor to produce a comparative research quality-equality rankings of the 62 heterodox and the 192 mainstream journals in the SSCI.

Keywords: Bibliometrics, Citation, Communication, Contribution, Econometrics, Impact Factor, Impact Factors, Journals, Quality, Rankings, Referencing, Research

? Sutter, D. (2012), Different but equal? On the contribution of dissident economists. *American Journal of Economics and Sociology*, **71** (5), 1143-1156.

Full Text: [2012\Ame J Eco Soc71, 1143.pdf](2012/Ame%20J%20Eco%20Soc71,%201143.pdf)

Abstract: The availability of publication and citation databases facilitate construction of rankings of economics journals, economists, and departments. Mainstream economists typically find the research questions and methods of heterodox economists dubious, and this reaction creates a bias against heterodox research in peer review, which extends to traditional bibliometric rankings. University administrators interested in improving the quality of the economics department, as conventionally measured, will see heterodox economists as a liability. But establishing the bias of conventional metrics of scholarship quality and the consequences of these biases does not establish the comparable worth of the contributions of dissident economists. This special issue seeks innovated ways to document the relative quality of the contributions of dissident economists.

Keywords: Availability, Bias, Bibliometric, Citation, Construction, Conventional, Databases, Economics, Journals, Liability, Mainstream, Methods, Metrics, Nov, Peer Review, Peer-Review, Publication, Quality, Quality Of, Ranking, Rankings, Research, Review, Scholarship, Universities, University

# Title: American Journal of Emergency Medicine

Full Journal Title: [American Journal of Emergency Medicine](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6685&_auth=y&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=7563655ba58342160504797825b5593b)

ISO Abbreviated Title: Am. J. Emerg. Med.

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ISSN: 0735-6757

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Publisher Address: Independence Square West Curtis Center, Ste 300, Philadelphia, PA 19106-3399

Subject Categories:

Emergency Medicine: Impact Factor 1.054, /(2000); Impact Factor 1.208, 4/12 (2002)

Powers, R.D. and Calkins, K.K. (1998), Multiple authorship revisited: How much is enough? *American Journal of Emergency Medicine*, **16** (7), 708-709.

Full Text: [1998\Ame J Eme Med16, 708.pdf](1998/Ame%20J%20Eme%20Med16,%20708.pdf)

Keywords: Authorship, Emergency Medicine Literature

? Singer, A.J., Homan, C.S., Brody, M., Thode, H.C. and Hollander, J.E. (1999), Evolution of abstracts presented at the annual scientific meetings of academic emergency medicine. *American Journal of Emergency Medicine*, **17** (6), 540-543.

Full Text: [1999\Ame J Eme Med17, 540.pdf](1999/Ame%20J%20Eme%20Med17,%20540.pdf)

Abstract: There has been a general trend in medicine toward greater sophistication in research design. To assess this trend in emergency medicine, we compared the characteristics of abstracts presented at the 1974, 1983, 1989, and 1997 annual scientific meetings of Academic Emergency Medicine. All 870 abstracts were reviewed by 1 of 3 investigators who determined research design attributes using a standardized classification scheme that has good interrater reliability. Over the last 25 years, the following trends were noted: more surveys (0% v 1% v 3% v 8%, P = .002), more randomized studies (0% v 10% v 12% v 15%, P = .05), and more blinded studies (0% v 7% v 5% v 11%, P = .01). Tests of statistical significance were reported with increasing frequency (8% v 26% v 59% v 69%, P < .001), as were power calculations (0% v 0% v 1% v 3%, P = .02), During the study period, there were also increases in the median number of authors, proportion of foreign lead authors, and the proportion of studies involving human subjects. These results reflect considerable improvement in the degree of research design sophistication reported in selected abstracts of academic emergency medicine over the study period. Further strategies to assure continued enhancement of emergency medicine research should be explored. (C) 1999 by W.B. Saunders Company.

Keywords: Characteristics, Classification, Design, Emergency, Emergency Medicine, General, Human, Improvement, Interrater Reliability, Lead, Medicine, P, Power, Randomized, Reliability, Research, Research Design, Significance, Surveys, Trend, Trends

? Tsai, Y.L., Lee, C.C., Chen, S.C. and Yen, Z.S. (2006), Top-cited articles in emergency medicine. *American Journal of Emergency Medicine*, **24** (6), 647-654.

Full Text: [2006\Ame J Eme Med24, 647.pdf](2006/Ame%20J%20Eme%20Med24,%20647.pdf)

Abstract: Study Objective: Our purpose was to identify and examine the characteristics of the most frequently cited articles in the field of emergency medicine (EM). Methods: Top-cited EM articles in 9 EM journals were identified by searching the computerized database of the Science Citation Index Expanded and the Web of Science (1972 to present). Median citation numbers, authors’ nationalities, publication year, and fields of study were described and discussed. Mann-Whitney U and Kruskal-Wallis tests were used to compare groups. Results: All top-cited articles were published during 1972 and 2002. We identified 100 top-cited articles published in 6 EM journals, led by Annals of Emergency Medicine (66) and American Journal of Emergency Medicine (22). Toxicology, traumatology, resuscitation medicine, and cardiovascular medicine were the primary focus of study. The median citation number for these top-cited articles was 102 (range, 71-335). Conclusion: Our analysis gives an encyclopedic review of citation frequency of top-cited articles published in EM journals, which may provide information for those who want to find the history, evolution, and areas of high-impact research activities of EM. (c) 2006 Elsevier Inc. All rights reserved.

Keywords: Activities, Articles, Characteristics, Citation, Citation Frequency, Citation-Classics, Database, Elsevier, Evolution, Frequency, Groups, History, Journal Impact Factors, Journals, Median, Medicine, Primary, Publication, Research, Review, Science, Science Citation Index, Web of Science

? Li, Q., Jiang, Y. and Zhang, M. (2012), National representation in the emergency medicine literature: A bibliometric analysis of highly cited journals. *American Journal of Emergency Medicine*, **30** (8), 1530-1534.

Full Text: [2012\Ame J Eme Med30, 1530.pdf](2012/Ame%20J%20Eme%20Med30,%201530.pdf)

Abstract: Objective: In recent years, significant growth has been seen in the field of emergency medicine. However, the national productivity to the field of emergency medicine remains unknown. This study aimed to reveal the national contributions in the field of emergency medicine. Methods: Articles published in 13 highly cited journals in emergency medicine in 2006 to 2010 were retrieved from PubMed and Science Citation Index. The number of total articles, the per-capita numbers, impact factors (IFs), and citations were tabulated to assess the contribution of different countries. Results: A total number of 9775 articles were published in the 13 journals from 2006 to 2010 worldwide. West Europe, North America, and East Asia were the most productive regions. High-income countries published 87.9% of the total articles. United States published the most number of articles in 2006 to 2010 (4523/9775, or 46.3%), followed by United Kingdom, Australia, China, and Canada. Besides, United States also had the highest total IFs (8729.73) and total citations (22 117). When normalized to population size, Australia had the highest number of articles per million persons (26.00). Germany had the highest mean IF (2.27) and mean citations (6.87). Conclusions: United States is the most productive country in the field of emergency medicine. (c) 2012 Elsevier Inc. All rights reserved.

Keywords: 10-Year Survey, Analysis, Articles, Asia, Australia, Bibliometric, Bibliometric Analysis, Canada, China, Citation, Citations, Country, Emergency, Emergency Medicine, Europe, Field, Germany, Growth, Highly Cited, Highly-Cited, Impact, Impact Factors, Journals, Language, Literature, Medicine, North, North America, Population, Population Size, Productivity, Pubmed, Recent, Representation, Rights, Science, Science Citation Index, Scientific Publications, Size, United Kingdom, United States

# Title: American Journal of Enology and Viticulture

Full Journal Title: American Journal of Enology and Viticulture

ISO Abbreviated Title:

JCR Abbreviated Title: Am J Dis Child

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Glänzel, W. and Veugelers, R. (2006), Science for wine: A bibliometric assessment of wine and grape research for wine-producing and consuming countries. *American Journal of Enology and Viticulture*, **57** (1), 23-32.

Abstract: A bibliometric analysis of wine publications and citations by country and over time related a country’s scientific performance in wine research to its position in the global wine market as a producer, a consumer, or both. Results highlight the extent to which scientific positions can help to explain the emergence of some countries as new participants in the wine industry and established countries as old participants defending their positions. We also examined the extent to which the scientific wine community is in itself becoming increasingly more global through international co-publications. Results suggest that geographical trends in the scientific wine community are only partly related to the shifts in globalization patterns in the wine industry.

Keywords: Assessment, Bibliometric, Bibliometric Assessment, Bibliometric Study, Changes, Citations, Community, Country, Globalization, International, Performance, Publications, Research, Research Performance, Science, Scientific Research, Sector, Trends, Wine and Grape Research, World

# Title: American Journal of Epidemiology

Full Journal Title: [American Journal of Epidemiology](http://aje.oupjournals.org/)

ISO Abbreviated Title: Am. J. Epidemiol.

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ISSN: 0002-9262

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Publisher: Johns Hopkins Univ School Hygiene Pub Health

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Subject Categories:

Public, Environmental & Occupational Health: Impact Factor, 3.978, 2/85 (1999); Impact Factor, 3.870, 3/89 (2000)

Notes: TTopic

? Dannenberg, A.L. (1985), Use of epidemiology in medical specialties: An examination by citation analysis. *American Journal of Epidemiology*, **121** (1), 140-151.

Full Text: [1985\Ame J Epi121, 140.pdf](1985/Ame%20J%20Epi121,%20140.pdf)

Abstract: Epidemiologic methods have been applied unevenly among medical specialties. Identifying current uses and areas of potential research helps clarify and define the field. Using citation analysis of published data, the patterns of references to and by the American Journal of Epidemiology were examined for 1974-1982; 17,574 citations to and 15,872 citations by that Journal were classified according to the subject category of the referencing or referenced journal. Internal medicine and public health/epidemiology journals accounted for the largest proportion of all citations, followed by journals of immunology, cancer, microbiology, pediatrics, cardiovascular system, virology, tropical medicine, statistics, and obstetrics/gynecology. Few citations to or by the Journal were found in the allergy, anesthesiology, dermatology, geriatrics, hematology, nephrology, orthopedics, otorhinolaryngology, radiology, rheumatology, and urology journals. Examination of citations between clinical and epidemiologic literature suggests that adequate interchange between clinicians and epidemiologists is occurring. Citation analysis results for the American Journal of Epidemiology were significantly correlated (p less than 0.05) with those from a MEDLINE search on epidemiologic methods used in research in 22 clinical specialties. Despite inherent limitations, citation analysis appears to be a useful tool for examining interactions and trends in epidemiology and for identifying fields which may be ripe for new epidemiologic studies.

? Savitz, D.A. (1999), What can we infer from author order in epidemiology? *American Journal of Epidemiology*, **149** (5), 401-403.

Full Text: [1999\Ame J Epi149, 401.pdf](1999/Ame%20J%20Epi149,%20401.pdf)

Keywords: Author, Author Order, Contributors, Responsibility

? Baughman, A.L. (1999), Re: “Invited commentary: What can we infer from author order in epidemiology?”. *American Journal of Epidemiology*, **150** (6), 663.

Full Text: [1999\Ame J Epi150, 663.pdf](1999/Ame%20J%20Epi150,%20663.pdf)

Keywords: Author, Author Order

? Hasbrouck, L.M., Taliano, J.M., Hirshon, J.M. and Dannenberg, A.L. (2001), Trends in communication between epidemiology and clinical medicine, 1983-1999: A citation analysis. *American Journal of Epidemiology*, **153** (11S), 766.

Notes: TTopic

Hasbrouck, L.M., Taliano, J., Hirshon, J.M. and Dannenberg, A.L. (2003), Use of epidemiology in clinical medical publications, 1983-1999: A citation analysis. *American Journal of Epidemiology*, **157** (5), 399-408.

Full Text: [2003\Ame J Epi157, 399.pdf](2003/Ame%20J%20Epi157,%20399.pdf)

Abstract: Epidemiologists respond to the information needs of health professionals. Although medical professionals are routine users of epidemiologic information, use within medical specialties varies remarkably. To explore the variation in use of epidemiologic information across clinical medical specialties, the authors examined the scientific literature by analyzing patterns of citation of specific journal articles to and by the American Journal of Epidemiology (AJE). A total of 178,396 journal citations to and 126,478 citations by AJE were made from 1983 through 1999; citations were classified according to the subject category of the referencing or referenced journal. Clinical medical journals accounted for 50.6% of all citations combined (both referenced to and referenced by AJE); general/internal medicine (17.9%), cancer (10.4%), and cardiovascular (4.9%) journals had the highest number of citations. Few citations to and by AJE were found in publications specializing in dermatology, gastroenterology, orthopedics, allergy, anesthesiology, surgery, rheumatology, and other areas. Trend patterns of citations between clinical and epidemiologic literature indicated that citations to the fields of cardiovascular disease and cancer are increasing, whereas citations regarding pediatrics have remained stable. This analysis suggests an increasing interchange of information between epidemiologists and clinicians specializing in certain fields, uncovering potential research opportunities for epidemiologists.

Keywords: Allergy, Analysis, Anesthesiology, Cancer, Cardiovascular, Cardiovascular Disease, Citation, Citation Analysis, Citations, Clinical, Epidemiology, Gastroenterology, Health, Health Professionals, Information, Journal, Journal Articles, Journal Citations, Journals, Literature, Medical, Medical Journals, Medicine, Needs, Pediatrics, Potential, Publications, Referencing, Research, Rheumatology, Scientific Literature, Surgery

Notes: JJournal

? Oakes, J.M. (2005), An analysis of *American Journal of Epidemiology* citations with special reference to statistics and social science. *American Journal of Epidemiology*, **161** (5), 494-500.

Full Text: [2005\Ame J Epi161, 494.pdf](2005/Ame%20J%20Epi161,%20494.pdf)

Abstract: In an effort to inform the ongoing discussion about the purpose, purview, theoretical orientation, and viability of epidemiology, this paper considers the contemporary epistemological foundations of the discipline by analyzing article citations. Two principal questions are the following: 1) What research do American Journal of Epidemiology (AJE) authors rely on to support, inform, and frame their investigations? and 2) to what extent do such authors use social scientific and statistical citations? the data used appear to be superior to those used in previous efforts because they contain complete citations for all articles published, along with complete within-article citations, for all AJE articles published from January 1981 to December 2002. The most frequent AJE citations are statistically oriented works. About 9% of citations are to AJE articles, 15% are to a larger set of eight epidemiologic journals, 15% are to a select set of eight medical journals, 3% are to (bio) statistics journals, and just 0.2% are to social science journals. Trend analysis reveals little change during the 22-year study period. The principal implication is that AJE authors are overlooking a vast literature that could inform their understanding of how exposures emerge and are maintained.

Keywords: Analysis, Citations, Data, Epidemiology, Exposures, Investigations, Journal, Journals, Literature, Medical, Medical Journals, Purpose, Research, Science, Science Journals, Social, Statistics, Support, Trend Analysis, Understanding, Viability

Notes: TTopic

? Navas-Acien, A., Sharrett, A.R., Silbergeld, E.K., Schwartz, B.S., Nachman, K.E., Burke, T.A. and Guallar, E. (2005), Arsenic exposure and cardiovascular disease: A systematic review of the epidemiologic evidence. *American Journal of Epidemiology*, **162** (5), 1-13.

Full Text: [2005\Ame J Epi162, 1.pdf](2005/Ame%20J%20Epi162,%201.pdf)

Abstract: Arsenic exposure is a likely cause of blackfoot disease and a potential risk factor for atherosclerosis. The authors performed a systematic review of the epidemiologic evidence on the association between arsenic and cardiovascular outcomes. The search period was January 1966 through April 2005. Thirteen studies conducted in general populations (eight in high-arsenic areas in Taiwan, five in other countries) and 16 studies conducted in occupational populations were identified. Exposure was assessed ecologically in most studies. In Taiwan, relative risks comparing the highest arsenic exposure category with the lowest ranged from 1.59 to 4.90 for coronary disease, from 1.19 to 2.69 for stroke, and from 1.66 to 4.28 for peripheral arterial disease. In other general populations, relative risks ranged from 0.84 to 1.54 for coronary disease, from 0.69 to 1.53 for stroke, and from 0.61 to 1.58 for peripheral arterial disease. In occupational populations, relative risks ranged from 0.40 to 2.14 for coronary disease mortality and from 0.30 to 1.33 for stroke mortality. Methodologic limitations, however, limited interpretation of the moderate-to-strong associations between high arsenic exposure and cardiovascular outcomes in Taiwan. In other populations or in occupational settings, the evidence was inconclusive. Because of the high prevalence of arsenic exposure, carefully performed studies of arsenic and cardiovascular outcomes should be a research priority.

Keywords: Arsenic, Arteriosclerosis, Cardiovascular Diseases, Review

? Morton, L.M., Cahill, J. and Hartge, P. (2006), Reporting participation in epidemiologic studies: A survey of practice. *American Journal of Epidemiology*, **163** (3), 197-203.

Full Text: [2006\Ame J Epi163, 197.pdf](2006/Ame%20J%20Epi163,%20197.pdf)

Abstract: Self-selection bias may threaten the internal validity of epidemiologic studies. Studies with a low level of participation are particularly vulnerable to this bias, and commentators note apparent declines in participation in recent years. The authors therefore conducted a retrospective review to survey the practice of reporting participation in epidemiologic studies, to assess changes in participation over time, and to evaluate the impact of increased biologic specimen collection on participation. The authors abstracted selected study characteristics from 355 peer-reviewed, original, analytic-epidemiology research articles published from January 1 to April 30, 2003, in 10 high-impact general epidemiology, public health, and medical journals. At least some information regarding participation was provided in 59% of cross-sectional studies, 44% of case-control studies, and 32% of cohort studies. Participation appears to have declined during 1970-2003 for all study designs. Participation declined most steeply for controls in population-based, case-control studies (-1.86% per year, 95% confidence interval: -3.03, -0.69), with steeper declines after 1990. Proportionately more studies collected biologic specimens over time, particularly for cohort and case-control study designs (p(trend) = 0.06 and 0.03, respectively), yet participation was reported separately for the biologic specimen study component in only 27% of studies. The authors conclude that epidemiologists need to address declining participation and to report participation consistently, including for biologic specimen collection.

Keywords: Bias, Case-Control, Case-Control Studies, Case-Control Study, Changes, Characteristics, Cohort, Collection, Confidence, Cross-Sectional Studies, Epidemiology, General, Health, Impact, Information, Interval, Journals, Medical, Medical Journals, Participation, Peer-Reviewed, Population-Based, Practice, Public, Public Health, Reporting, Research, Review, Survey, Validity

? Bao, W., Song, F.F., Li, X.Y., Rong, S.A., Yang, W., Wang, D., Xu, J.Q., Fu, J.A., Zhao, Y.T. and Liu, L.G. (2010), Association between heme oxygenase-1 gene promoter polymorphisms and type 2 diabetes mellitus: A HuGE review and meta-analysis. *American Journal of Epidemiology*, **172** (6), 631-636.

Full Text: [2010\Ame J Epi172, 631.pdf](2010/Ame%20J%20Epi172,%20631.pdf)

Abstract: Several studies have recently focused on the association between heme oxygenase-1 (HMOX1) gene promoter polymorphisms and susceptibility to type 2 diabetes mellitus; however, results have been conflicting. This systematic Human Genome Epidemiology review and meta-analysis was undertaken to integrate previous findings and summarize the effect size of the association of HMOX1 gene promoter polymorphisms with susceptibility to type 2 diabetes. The authors retrieved all studies matched to search terms from the PUBMED/MEDLINE, EMBASE, and ISI Web of Science databases that had been published through December 31, 2009. The articles were then checked independently by 2 investigators according to the eligibility and exclusion criteria. For all alleles and genotypes, odds ratios were pooled using either fixed-effects or random-effects models. An increased odds ratio for type 2 diabetes was observed in persons with the (GT)(n) L (long) allele as compared with those with the (GT)(n) S (short) allele (odds ratio = 1.12, 95% confidence interval: 1.02, 1.24; P = 0.02). Furthermore, the diabetes odds ratio for persons with the LL genotype, versus those with the SS genotype, was significantly increased (odds ratio = 1.25, 95% confidence interval: 1.04, 1.50; P = 0.02). Persons carrying longer (GT)(n) repeats in the HMOX1 gene promoter may have a higher risk of type 2 diabetes.

Keywords: Apoptosis, Authors, Coronary-Artery Disease, Databases, Diabetes, Diabetes Mellitus, Embase, Epidemiology, Genetics, Genome, Heme Oxygenase-1, Human, ISI, Japanese, Meta-Analysis, Microsatellite Polymorphism, Polymorphism, Polymorphisms, Ratio, Review, Risk, Science, Single Nucleotide, Susceptibility, Systematic, Type 2, Type 2 Diabetes, Type 2 Diabetes Mellitus, Web of Science

? Dufault, B. and Klar, N. (2011), The quality of modern cross-sectional ecologic studies: A bibliometric review. *American Journal of Epidemiology*, **174** (10), 1101-1107.

Full Text: [2011\Ame J Epi174, 1101.pdf](2011/Ame%20J%20Epi174,%201101.pdf)

Abstract: the ecologic study design is routinely used by epidemiologists in spite of its limitations. It is presently unknown how well the challenges of the design are dealt with in epidemiologic research. The purpose of this bibliometric review was to critically evaluate the characteristics, statistical methods, and reporting of results of modern cross-sectional ecologic papers. A search through 6 major epidemiology journals identified all cross-sectional ecologic studies published since January 1, 2000. A total of 125 articles met the inclusion requirements and were assessed via common evaluative criteria. It was found that a considerable number of cross-sectional ecologic studies use unreliable methods or contain statistical oversights; most investigators who adjusted their outcomes for age or sex did so improperly (64%), statistical validity was a potential issue for 20% of regression models, and simple linear regression was the most common analytic approach (31%). Many authors omitted important information when discussing the ecologic nature of their study (31%), The choice of study design (58%), and the susceptibility of their research to the ecological fallacy (49%). These results suggest that there is a need for an international set of guidelines that standardizes reporting on ecologic studies. Additionally, greater attention should be given to the relevant biostatistical literature.

Keywords: Attention, Authors, Bibliometric, Bibliometric Review, Cross-Sectional Studies, Design, Ecological Models, Epidemiologic Methods, Epidemiology, Guidelines, Individuals, Information, Journals, Linear Regression, Literature, Outcomes, Papers, Quality, Regression, Research, Research Design, Review, Sex, Statement, Statistical, Statistical Methods, Susceptibility, Trials, Validity

? Thacker, S.B., Stroup, D.F. and Sencer, D.J. (2011), Epidemic assistance by the centers for disease control and prevention: Role of the epidemic intelligence service, 1946-2005. *American Journal of Epidemiology*, **174**, S4-S15.

Full Text: [2011\Ame J Epi174, S4.pdf](2011/Ame%20J%20Epi174,%20S4.pdf)

Abstract: Since 1946, the Centers for Disease Control and Prevention has responded to urgent requests from US states, federal agencies, and international organizations through epidemic-assistance investigations (Epi-Aids). The authors describe the first 60 years of Epi-Aids, breadth of problems addressed, evolution of methodologies, scope of activities, and impact of investigations on population health. They reviewed Epi-Aid reports and EIS Bulletins, contacted current and former Epidemic Intelligence Service staff, and systematically searched the PubMed and Web of Science databases. They abstracted information on dates, location, staff involved, health problems, methods, and impacts of investigations according to a preplanned protocol. They assessed the methods presented as well as the quality of reports. During 1946-2005, a total of 4,484 investigations of health events were initiated by 2,815 Epidemic Intelligence Service officers. In the early years, the majority were in response to infectious agents, although environmental problems emerged. Investigations in subsequent years focused on occupational conditions, birth defects, reproductive health, tobacco use, cancer, violence, legal debate, and terrorism. These Epi-Aids heralded expansion of the agency’s mission and presented new methods in statistics and epidemiology. Recommendations from Epi-Aids led to policy implementation, evaluation, or modification. Epi-Aids provide the Centers for Disease Control and Prevention with the agility to respond rapidly to public health crises.

Keywords: Activities, Authors, Cancer, Centers for Disease Control and Prevention U, Databases, EIS, Environmental, Epidemiology, Evaluation, Evolution, Field Investigations, Impact, Information, Modification, Occupational, Policy, Population Health, Population Surveillance, Preventive Medicine, Protocol, Public Health, Pubmed, Quality, S, Science, Sentinel Surveillance, Statistics, Terrorism, Tobacco, US, Web of Science

? Shiri, R., Lallukka, T., Karppinen, J. and Viikari-Juntura, E. (2014), Obesity as a risk factor for sciatica: A meta-analysis. *American Journal of Epidemiology*, **179** (8), 929-937.

Full Text: [2014\Ame J Epi179, 929.pdf](2014/Ame%20J%20Epi179,%20929.pdf)

Abstract: The aim of this study was to assess the associations of overweight and obesity with lumbar radicular pain and sciatica using a meta-analysis. We searched the PubMed, Embase, Scopus, and Web of Science databases from 1966 to July 2013. We performed a random-effects meta-analysis and assessed publication bias. We included 26 (8 cross-sectional, 7 case-control, and 11 cohort) studies. Both overweight (pooled odds ratio (OR) 1.23, 95 confidence interval (CI): 1.14, 1.33; n 19,165) and obesity (OR 1.40, 95 CI: 1.27, 1.55; n 19,165) were associated with lumbar radicular pain. The pooled odds ratio for physician-diagnosed sciatica was 1.12 (95 CI: 1.04, 1.20; n 109,724) for overweight and 1.31 (95 CI: 1.07, 1.62; n 115,661) for obesity. Overweight (OR 1.16, 95 CI: 1.09, 1.24; n 358,328) and obesity (OR 1.38, 95 CI: 1.23, 1.54; n 358,328) were associated with increased risk of hospitalization for sciatica, and overweight/obesity was associated with increased risk of surgery for lumbar disc herniation (OR 1.89, 95 CI: 1.25, 2.86; n 73,982). Associations were similar for men and women and were independent of the design and quality of included studies. There was no evidence of publication bias. Our findings consistently showed that both overweight and obesity are risk factors for lumbar radicular pain and sciatica in men and women, with a dose-response relationship.

Keywords: Back Pain, Bias, Body-Mass Index, Case-Control, Cohort, Confidence, Databases, Design, Disease, Disorders, Evidence, Follow-Up, Hospitalization, Hospitalization, Interval, Intervertebral Disc Displacement, Intervertebral Disc Herniation, Low-Back-Pain, Men, Meta Analysis, Meta-Analysis, Metaanalysis, Obesity, Odds Ratio, Overweight, Overweight, Pain, Predictors, Publication, Publication Bias, Pubmed, Quality, Quality Of, Risk, Risk Factors, Sciatica, Science, Scopus, Surgery, Web Of Science, Web Of Science Databases, Women, Young Finns

? Jayasekara, H., English, D.R., Room, R. and MacInnis, R.J. (2014), Alcohol consumption over time and risk of death: A systematic review and meta-analysis. *American Journal of Epidemiology*, **179** (9), 1049-1059.

Full Text: [2014\Ame J Epi179, 1049.pdf](2014/Ame%20J%20Epi179,%201049.pdf)

Abstract: The results from the few cohort studies that have measured usual alcohol consumption over time have not been summarized. We therefore conducted a systematic review and meta-analysis to quantify mortality risk. Pertinent studies were identified by searching the Medline, Web of Science, Cumulative Index to Nursing and Allied Health Literature (CINAHL) Plus, and Scopus databases through August 2012 using broad search criteria. Studies reporting relative mortality risks for quantitatively defined categories of alcohol consumption over time were eligible. Nine cohort studies published during 1991-2010 (comprising 62,950 participants and 10,490 deaths) met the inclusion criteria. For men, there was weak evidence of lower mortality risk with low levels of alcohol intake over time but higher mortality risk for those with intakes over 40 g/day compared with abstainers using a random-effects model (P for nonlinearity = 0.02). The pooled relative risks were 0.90 (95% confidence interval: 0.81, 0.99) for 1-29 g/day, 1.19 (95% confidence interval: 0.89, 1.58) for 30-59 g/day, and 1.52 (95% confidence interval: 0.78, 2.98) for 60 or more g/day compared with abstention. There was moderate between-study heterogeneity but no evidence of publication bias. Studies including women were extremely scarce. Our findings include a curvilinear association between drinking over time and mortality risk for men overall and widespread disparity in methods used to capture exposure and report results.

Keywords: Alcohol, Alcohol Consumption Over Time, Alcohol Intake, All-Cause Mortality, Association, Bias, British Men, Cardiovascular-Disease, Cohort, Confidence, Consequences, Consumption, Coronary-Heart-Disease, Criteria, Databases, Disparity, Evidence, Exposure, Health, Heterogeneity, Interval, Lifetime Drinking, Literature, Medline, Men, Meta Analysis, Meta-Analysis, Metaanalysis, Methodology, Methods, Middle-Age, Model, Mortality, Nursing, P, Patterns, Publication, Publication Bias, Random Effects Model, Reporting, Review, Risk, Risks, Science, Scopus, Systematic, Systematic Review, Time, Web Of Science, Women

# Title: American Journal of Evaluation

Full Journal Title: [American Journal of Evaluation](http://aje.sagepub.com/archive/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Trochim, W.M., Marcus, S.E., Masse, L.C., Moser, R.P. and Weld, P.C. (2008), The evaluation of large research initiatives: A participatory integrative mixed-methods approach. *American Journal of Evaluation*, **29**, 8-28.

Full Text: [2008\Ame J Eva29, 8.pdf](2008/Ame%20J%20Eva29,%208.pdf)

Abstract: Over the past few decades there has been a rise in the number of federally funded large scientific research initiatives, with increased calls to evaluate their processes and outcomes. This article describes efforts to evaluate such initiatives in one agency within the U.S. federal government. The authors introduce the Evaluation of Large Initiatives (ELI) project, a preliminary effort to explore how to accomplish such evaluation. They describe a pilot effort of this project to evaluate the Transdisciplinary Tobacco Use Research Center (TTURC) initiative of the National Cancer Institute. They present a summary of this pilot evaluation including the methods used (concept mapping, logic modeling, a detailed researcher survey, content. analysis and systematic peer-evaluation of progress reports, bibliometric analysis and peer evaluation of publications and citations, and financial expenditures analysis) and a brief overview of results. Finally, they discuss several important lessons and recommendations that emerged from this work.

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Citations, Evaluation, Integrative, Methods, Modeling, Outcomes, Pilot, Publications, Recommendations, Research, Scientific Research, Survey, Work

? Heberger, A.E., Christie, C.A. and Alkin, M.C. (2010), A bibliometric analysis of the academic influences of and on evaluation theorists’ published works. *American Journal of Evaluation*, **31** (1), 24-44.

Full Text: [2010\Ame J Eva31, 24.pdf](2010/Ame%20J%20Eva31,%2024.pdf)

Abstract: As is the case with other fields, there is motivation for studying the impact that the body of evaluation theory literature has within and outside the field. The authors used journal articles written by theorists included on the evaluation theory tree by Alkin and Christie (2004; Christie & Alkin, 2008) and published in the Web of Science, an online academic database, as a data source to address the questions: “What fields of knowledge do evaluation theorists draw upon in their publications?” and “What fields draw upon the published articles of evaluation theorists in their work?” the bibliometric analysis of 731 journal articles published by evaluation theorists shows that evaluation is an intellectual field that is strongly informed by psychology and education, as well as a range of other subjects. There are some consistencies in the publishing patterns of the theorists across the three branches of the theory tree (methods, use, and valuing), but multidimensional scaling maps show that each branch also exhibits a distinctive character of its own. References to a random sample of 500 articles from a subset of 9 theorists indicate that these theorists were cited not only in the areas that they themselves cite, but also in areas beyond where they routinely publish.

Keywords: Articles, Bibliometric, Bibliometric Analysis, Citation Analysis, Database, Education, Evaluation, Evaluation Theory, Impact, Interdisciplinary, Journal, Knowledge, Literature, Methods, Publishing, Research on Evaluation, Scaling, Science, Theory, Web of Science

Notes: CCountry

? Campbell, D., Picard-Aitken, M., Cote, G., Caruso, J., Valentim, R., Edmonds, S., Williams, G.T., Macaluso, B., Robitaille, J.P., Bastien, N., Laframboise, M.C., Lebeau, L.M., Mirabel, P., Lariviere, V. and Archambault, E. (2010), Bibliometrics as a performance measurement tool for research evaluation: the case of research funded by the National Cancer Institute of Canada. *American Journal of Evaluation*, **31** (1), 66-83.

Full Text: [2010\Ame J Eva31, 66.pdf](2010/Ame%20J%20Eva31,%2066.pdf)

Abstract: As bibliometric indicators are objective, reliable, and cost-effective measures of peer-reviewed research outputs, they are expected to play an increasingly important role in research assessment/management. Recently, a bibliometric approach was developed and integrated within the evaluation framework of research funded by the National Cancer Institute of Canada (NCIC). This approach helped address the following questions that were difficult to answer objectively using alternative methods such as program documentation review and key informant interviews: (a) Has the NCIC peer-review process selected outstanding Canadian scientists in cancer research? (b) Have the NCIC grants contributed to increasing the scientific performance of supported researchers? (c) How do the NCIC-supported researchers compare to their neighbors supported by the U. S. National Cancer Institute? Using the NCIC evaluation as a case study, this article demonstrates the usefulness of bibliometrics to address key evaluation questions and discusses its integration, along complementary indicators (e. g., peer ratings), in a practice-driven research evaluation continuum.

Keywords: Bibliometrics, Citation Analysis, Grant Program, Performance Measurement, Research Evaluation, Citation, Indicators, Journals

# Title: American Journal of Forensic Medicine and Pathology

Full Journal Title: American Journal of Forensic Medicine and Pathology

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Medicine, Legal Pathology: Impact Factor

? Kanchan, T., Menezes, R.G. and Kalthur, S.G. (2010), “Unintentional” self-plagiarism. *American Journal of Forensic Medicine and Pathology*, **31** (4), E10.

Keywords: South-Africa, Transkei Region

# Title: American Journal of Gastroenterology

Full Journal Title: [American Journal of Gastroenterology](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6076&_auth=y&_acct=C000047720&_version=1&_urlVersion=0&_userid=2007471&md5=a1d285eb7160f060b830b38d751622c4)

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Subject Categories:

Gastroenterology & Hepatology: Impact Factor 3.549,/(2001)

Marshall, J.K., Cawdron, R., Yamamura, D.L.R., Ganguli, S., Lad, R. and O’Brien, B.J. (2002), Use and misuse of cost-effectiveness terminology in the gastroenterology literature: A systematic review. *American Journal of Gastroenterology*, **97** (1), 172-179.

Full Text: [2002\Ame J Gas97, 172.pdf](2002/Ame%20J%20Gas97,%20172.pdf)

Abstract: OBJECTIVES: the increased popularity of economic analyses for evaluating medical interventions has given rise to concern about the rigor with which economic constructs and terminology are used. True cost-effectiveness analysis considers both the costs and outcomes of alternative interventions. A systematic review of the gastroenterology literature was undertaken to evaluate how appropriately cost-effectiveness is assessed.

METHODS: A structured MEDLINE search identified all studies published in major gastroenterology journals between 1980 and 1998 that claimed in their abstracts to have assessed the cost-effectiveness of an intervention. Blinded copies of eligible studies were assessed by two independent reviewers who used standard criteria to evaluate the use of economic terminology and key economic constructs. Discrepancies were resolved by consensus. Studies met a ‘broad criterion’ for appropriateness by evaluating both costs and effects and a ‘strict criterion’ by demonstrating dominance of one strategy or considering both incremental costs and incremental effects.

RESULTS: of 110 eligible studies, 77 (70.0%) met the broad criterion and 62 (56.4%) met the strict criterion for appropriateness. This did not seem to vary with either journal impact factor or publication year. Only eight of 18 studies reporting an incremental cost-effectiveness ratio compared its value to an external standard. Few studies explicitly stated their analytic perspective, and a minority of those with time horizons longer than 1 yr had discounted future costs or effects.

CONCLUSIONS: Although most studies seem to use cost-effectiveness terminology well, there remains room to improve the rigor with which economic terminology and constructs are applied.

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Full Text: [2002\Ame J Gas97, 2695.pdf](2002/Ame%20J%20Gas97,%202695.pdf)

Keywords: Diseases, Trends

? Sebastian, S., Johnston, S., Geoghegan, T., Torreggiani, W. and Buckley, M. (2004), Pooled analysis of the efficacy and safety of self-expanding metal stenting in malignant colorectal obstruction. *American Journal of Gastroenterology*, **99** (10), 2051-2057.

Full Text: [2004\Ame J Gas99, 2051.pdf](2004/Ame%20J%20Gas99,%202051.pdf)

Abstract: BACKGROUND: Self-expanding metal stents have been used in the management of colorectal obstruction as an alternative to emergency surgery. Our aim was to systematically review the efficacy and safety of these stents in the setting of malignant colorectal obstruction. METHODS: Both English and foreign language reports were identified from MEDLINE, Embase, Cancerlit, Science Citation Index, Cochrane Library, and proceedings of relevant meetings. Data were collected on technical success, clinical success, and safety parameters. RESULTS: Fifty-four studies reported the use of stents in a total of 1,198 patients. The median technical and clinical success rates were 94% (i.q.r. 90-100) and 91% (i.q.r. 84-94), respectively. The clinical success when used as a bridge to surgery was 71.7%. Major complications related to stent placement included perforation (3.76%), stent migration (11.81%), and reobstruction (7.34%). Factors related to an increased complication risk were identified. Stent-related mortality was 0.58%. Limited available data suggest that this approach may be cost effective in the preoperative setting. CONCLUSION: Placement of self-expanding metal stents is an effective and safe definitive procedure in the palliation of malignant colorectal obstruction. In operable patients, it provides a useful option to avoid colostomy, by facilitating safer single-stage surgery.

Keywords: Cancer, Citation, Colonic Obstruction, Cost-Effectiveness, English, Follow-up, Language, Large-Bowel Obstruction, Management, MEDLINE, Metal, Migration, Neoplastic Obstructions, Palliative Treatment, Placement, Review, Risk, Science, Science Citation Index, Surgery

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Full Text: 2005\Ame J Gas100, 1037.pdf

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Full Text: [2005\Ame J Gas100, 1345.pdf](2005/Ame%20J%20Gas100,%201345.pdf)

Abstract: OBJECTIVES: We performed a systematic review with metaanalysis of observational studies evaluating the association between 5-ASA use and colorectal cancer (CRC) or dysplasia among patients with ulcerative colitis. METHODS: We conducted a search of MEDLINE Embase Biosis, Web of Science, Cochrane Collaboration, manually reviewed the literature, and consulted with experts. Studies were included if they 1) evaluated and clearly defined exposure to 5-aminosalicylates in patients with ulcerative colitis, 2) reported CRC or dysplasia outcomes, 3) reported relative risks or odds ratio or provided data for their calculations. Quantitative analysis using a random-effects model is presented. RESULTS: Nine studies (3 cohort, 6 case-control) containing 334 cases of CRC, 140 cases of dysplasia, and a total of 1,932 subjects satisfied all inclusion criteria. Five studies reported CRC outcomes alone, two studies reported separate cancer and dysplasia outcomes, and two studies reported a combined outcome of CRC or dysplasia. All primary estimates are homogenous. Pooled analysis showed a protective association between use of 5-aminosalicylates and CRC (OR = 0.51; 95% confidence interval (CI): 0.37-0.69) or a combined endpoint of CRC/dysplasia (OR 0.51; 95% CI: 0.38-0.69). 5-ASA use was not associated with a lower risk of dysplasia, although only two studies evaluated this outcome (OR = 1.18; 95% CI: 0.41-3.43). CONCLUSION: Pooled results of observational studies support a protective association between 5-aminosalicylates and CRC or a combined endpoint of CRC/dysplasia in patients with ulcerative colitis. Additional studies analyzing the effect of 5-ASA on risk of dysplasia are needed.

Keywords: Acid, Analysis, Cancer, Clinical-Trials, Cochrane, Collaboration, Colorectal Cancer, Inflammatory-Bowel-Disease, Literature, Model, Neoplasia, Nonsteroidal Antiinflammatory Drugs, Observational Studies, Outcome, Outcomes, Pooled Analysis, Prevention, Primary, Primary Sclerosing Cholangitis, Ratio, Review, Risk, Science, Sulfasalazine, Supplementation, Systematic, Systematic Review, Ulcerative Colitis, Ulcerative-Colitis, Web of Science

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Full Text: [2005\Ame J Gas100, 2431.pdf](2005/Ame%20J%20Gas100,%202431.pdf)

Abstract: OBJECTIVES: To examine the association between the impact factor and characteristics of hepatobiliary randomized clinical trials. METHODS: A cohort study of 530 hepatobiliary randomized clinical trials was performed. The journal impact factor was extracted from Science Citation Index. For each trial, we extracted the sample size, the quality of randomization and blinding methods, and the statistical significance of the primary outcome measure. RESULTS: the median sample size was 45 participants (interquartile range 25-88). The allocation sequence generation was adequate in 273 trials (52%). Allocation concealment was adequate in 178 trials (34%). The primary outcome measure was statistically significant in 374 (71%) trials. Nonparametric analyses for trend indicated that the impact factor was significantly associated with the sample size (p < 0.01) and the proportion of trials with adequate allocation sequence generation (p < 0.01) or allocation concealment (p= 0.02). The impact factor was not significantly associated with the study outcome (p= 0.28). CONCLUSIONS: the present study supports the use of the impact factor as a rough quality indicator. However, even trials in high impact journals may be small or may have inadequate quality. Critical appraisal of individual trials is always necessary, irrespective of the place of publication.

Keywords: Allocation, Analyses, Association, Characteristics, Clinical, Clinical Trials, Cohort, Cohort Study, Generation, Impact, Impact Factor, Indicator, Journal, Journal Impact, Journal Impact Factor, Journals, Methods, Objectives, Outcome, Outcomes, Primary, Publication, Quality, Quality of, Randomization, Randomized, Sample Size, Science Citation Index, Significance, Size, Small, Trend, Trial

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Full Text: [2006\Ame J Gas101, 1529.pdf](2006/Ame%20J%20Gas101,%201529.pdf)

Abstract: OBJECTIVES: the effect of ursodeoxycholic acid (UDCA) treatment on survival and liver histological progression of primary biliary cirrhosis (PBC) remains uncertain. The aim of this study is to assess the long-term efficacy of mid-dose UDCA treatment for PBC. METHODS: Electronic databases including MEDLINE, Embase, Cochrane controlled trials register, Science Citation Index, and PUBMED (updated to Nov 2005), and manual bibliographical searches were conducted. A meta-analysis of all long-term randomized controlled trials (RCTs) comparing mid-dose UDCA with placebo or no treatment was performed. RESULTS: Seven RCTs and six reports of their extended follow-up including 1,038 patients were assessed. UDCA could significantly improve liver biochemistry, but had no effect on pruritus and fatigue. UDCA could delay the progression of PBC, especially for early-stage patients. Meta-analysis of the seven RCTs including their extended follow-up showed a significant reduction of the incidence of liver transplantation (OR 0.65, p = 0.01), and a marginally significant reduction of the rate of death or liver transplantation (fixed-effect model: OR 0.76, p = 0.05; random-effect model: OR 0.77, p = 0.3) in the UDCA group, except death (OR 1.01, p = 1). In the sensitivity analyses, which included studies administrating placebo as control, long-term studies (>= 48 months), or large size studies (total number of patients >= 100), we all found long-term treatment with UDCA could significantly reduce the incidence of liver transplantation, and death or liver transplantation. CONCLUSIONS: Long-term treatment with mid-dose UDCA can improve liver biochemistry and survival free of liver transplantation in patients with PBC. In addition, UDCA therapy can delay the histological progression in the early-stage patients.

Keywords: Citation, Clinical-Trials, Colchicine, Control, Databases, Death, Double-Blind, Follow-up, Liver, MEDLINE, Meta-Analysis, Model, Multicenter Trial, Placebo-Controlled Trial, Progression, Quality, Randomized Controlled Trials, Reduction, Science, Science Citation Index, Survival, Therapy, Treatment, Ursodiol

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Full Text: 2006\Ame J Gas101, 2619.pdf

Abstract: BACKGROUND: Gastroesophageal reflux disease (GERD) is a common cause of morbidity and health-care utilization in many countries. Obesity is a potentially modifiable risk factor, but existing studies have conflicting results, possibly due to differences in study design, definitions, or populations. METHODS: We performed a systematic review and meta-analysis of studies identified using MEDLINE, the Web of Science electronic database, manual literature review, and a review of expert bibliographies. Studies were included if they: (1) evaluated obesity, body mass index (BMI), or another measure of body size; (2) included data on reflux symptoms, esophagitis, or a GERD-related hospitalization; and (3) reported a relative risk or odds ratio (OR) with confidence intervals or provided sufficient data to permit their calculation. RESULTS: We identified 20 studies that included 18,346 patients with GERD. Studies from the United States demonstrated an association between increasing BMI and the presence of GERD (95% confidence interval [CI] = 1.36-1.80, overweight, OR = 1.57, P value homogeneity = 0.51, 95% CI = 1.89-2.45, obese, OR = 2.15, P = 0.10). Studies from Europe provided heterogeneous results despite stratification for several factors; individual studies demonstrated both positive associations and no association. CONCLUSIONS: This analysis demonstrates a positive association between increasing BMI and the presence of GERD within the United States; this relationship became apparent only after stratification by country and level of BMI. These results support the evaluation of weight reduction as a potential therapy for GERD. Further studies are needed to evaluate potential mechanisms and any differences in this relationship among different study populations.

Keywords: Analysis, Bmi, Body Mass Index, Confidence Intervals, Controlled Clinical-Trials, Definitions, Disease, Erosive Esophagitis, Esophageal Adenocarcinoma, Europe, Evaluation, Gastric Cardia, Health Care, Hiatal-Hernia, Hospitalization, Literature, Literature Review, MEDLINE, Meta-Analysis, Morbidity, Obesity, Overweight, Ratio, Regional Variation, Relative Risk, Review, Rising Incidence, Risk, Risk-Factors, Science, Symptoms, Systematic, Systematic Review, Therapy, United-States, Utilization, Web of Science

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Full Text: [2007\Ame J Gas102, 1528.pdf](2007/Ame%20J%20Gas102,%201528.pdf)

Abstract: OBJECTIVES: the objective of this review was to evaluate the efficacy and safety of rifampin, opioid antagonists, or bile acid binding agents in the treatment of cholestasis-related pruritus (CAP) from available randomized controlled trial evidence. METHODS: In addition to a comprehensive gray literature search, the Cochrane Library, MEDLINE, EMBASE, PUBMED, and Web of Science were searched. Only full-text RCTs in participants (> 75% adult) with CAP on at least one of the three medications were included. The primary outcome was change in pruritus score, recorded as a continuous or dichotomous outcome. Two independent reviewers performed trial selection and quality assessment. RESULTS: From 487 citations, 12 RCTs were included. Rifampin (standardized mean difference [SMD] -1.62, 95% CI -3.05 to -0.18) and opioid antagonists (SMD -0.68, 95% CI -1.19 to -0.17) significantly reduced CAP. The two cholestyramine studies were too heterogeneous to pool. Although cholestyramine (P = 0.35) and rifampin (P = 0.96) were not associated with greater side effects compared with placebo, opioid antagonists were (number needed to harm = 2.6, 95% CI 1.4-25). CONCLUSIONS: the available RCTs are small, few in number, and use varying scales for measuring pruritus. Although both opioid antagonists and rifampin demonstrated a reduction in pruritus, there were insufficient data to judge the efficacy of cholestyramine. Opioid antagonists were associated with transient side effects in a significant proportion of patients. A longer well-designed randomized controlled trial is needed to confirm the efficacy of bile acid binding agents and accurately assess adverse events.

Keywords: Adult, Assessment, Cholestyramine, Citations, Cochrane, Controlled-Trial, Double-Blind, Efficacy, Embase, Intrahepatic Cholestasis, Literature, Liver-Disease, Malignant Cholestasis, MEDLINE, Opiate Antagonist, Opioid, Oral Naltrexone Treatment, Outcome, Primary, Primary Biliary-Cirrhosis, PUBMED, Randomized Controlled Trial, Review, Safety, Science, Treatment, Ursodeoxycholic Acid, Web of Science, Withdrawal-Like Reactions

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Full Text: [2008\Ame J Gas103, 104.pdf](2008/Ame%20J%20Gas103,%20104.pdf)

Abstract: BACKGROUND: There is no agreement whether intravenous prophylactic antibiotics can reduce infected pancreatic necrosis and mortality in acute necrotizing pancreatitis (ANP). We performed a meta-analysis comparing intravenous antibiotics with placebo or no treatment in randomized controlled trials (RCTs). METHODS: Databases including MEDLINE, EMBASE, the Cochrane controlled trials register, the Cochrane Library, and Science Citation Index were searched to find relevant trials. Outcome measures were infected necrosis and mortality. RESULTS: Seven trials involving 467 patients were included. Analysis suggested infected pancreatic necrosis rates were not significantly different (antibiotics 17.8%, controls 22.9%), RR 0.81 (95% CI 0.54-1.22). There was nonsignificantly decreased mortality with antibiotics (9.3%) versus controls (15.2%), RR 0.70 (95% CI 0.42-1.17). Subsequent subgroup analysis confirmed antibiotics were not statistically superior to controls in reduction of infected necrosis and mortality. CONCLUSIONS: Prophylactic antibiotics cannot reduce infected pancreatic necrosis and mortality in patients with ANP.

Keywords: Antibiotics, Bias, Citation, Clinical-Trial, Databases, Double-Blind, Efficacy, Evidence, Imipenem, Management, MEDLINE, Meta-Analysis, Placebo, Quality, Reduction, Science, Science Citation Index, Surgery, Treatment

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Full Text: [2008\Ame J Gas103, 3195.pdf](2008/Ame%20J%20Gas103,%203195.pdf)

Abstract: BACKGROUND: Clostridium difficile infection (CDI) is a frequent cause of morbidity and mortality among elderly hospitalized patients. A small but increasing number of patients have developed fulminant CDI, and a significant number of these patients require emergency colectomy. In this review, we discuss the risk factors, pathophysiology, diagnosis, and management of fulminant CDI. DATA SOURCES: A literature search (MEDLINE, Embase, Cochrane Library, Biosis, Science Citation Index, Ovid Journals) was performed from the period between January 1980 and June 2008 using the key words “Clostridium difficile,” “pseudomembranous enterocolitis,” “colectomy,” “acute abdomen,” “antibiotic-associated diarrhea,” or “fulminant Clostridium difficile colitis.” Articles not in English or not related to human subjects were excluded. For this review, we analyzed the articles identified in our original search and those articles cited in the original review articles. No randomized trials were found on the surgical management of fulminant CDI and only retrospective studies with a minimum of five patients were used in the review. With respect to medical treatment, we based our review on guideline articles, systematic reviews, and available randomized trials. CONCLUSION: Both the incidence and severity of CDI are increasing. Fulminant CDI is underappreciated as a life-threatening disease because of a lack of awareness of its severity and its nonspecific clinical syndrome. Early diagnosis and treatment are essential for a good outcome, and early surgical intervention should be used in patients who are unresponsive to medical therapy. The surgical procedure of choice is a total abdominal colectomy with end ileostomy, although the mortality rate remains high. (Am J Gastroenterol 2008;103:3195-3203).

Keywords: Acute Abdomen, Antibiotic-Associated Diarrhea, Articles, Awareness, Citation, Clostridium, Critically-ILL, Diagnosis, Elderly, English, Hospitalized-Patients, Hypervirulent Strain, Intervention, Intracolonic Vancomycin, Journals, Literature, Management, Medical, MEDLINE, Pseudomembranous Colitis, Review, Risk, Risk Factors, Risk-Factors, Science, Science Citation Index, Surgical Disease, TOX A, B Test, Treatment

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Full Text: [2009\Ame J Gas104, 1548.pdf](2009/Ame%20J%20Gas104,%201548.pdf)

Abstract: OBJECTIVES: the aim of this study was to conduct a meta-analysis of randomized evidence to determine the relative merits of laparoscopic anti-reflux surgery (LARS) and open anti-reflux surgery (OARS) for proven gastro-esophageal reflux disease (GERD). METHODS: A search of the MEDLINE, Embase, Science Citation Index, Current Contents, and PUBMED databases identified all randomized clinical trials that compared LARS and OARS and that were published in the English language between 1990 and 2007. A meta-analysis was carried out in accordance with the QUOROM (Quality of Reporting of Meta-Analyses) statement. The six outcome variables analyzed were operating time, hospital stay, return to normal activity, perioperative complications, treatment failure, and requirement for further surgery. Random-effects meta-analyses were carried out using odds ratios (ORs) and weighted mean differences (WMDs). RESULTS: Twelve trials were considered suitable for the meta-analysis. A total of 503 patients underwent OARS and 533 had LARS. For three of the six outcomes, the summary point estimates favored LARS over OARS. There was a significant reduction of 2.68 days in the duration of hospital stay for the LARS group compared with that for the OARS group (WMD: -2.68, 95% confidence interval (CI): -3.54 to -1.81; P<0.0001), a significant reduction of 7.75 days in return to normal activity for the LARS group compared with that for the OARS group (WMD: -7.75, 95% CI: -14.37 to -1.14; P=0.0216), and finally, there was a statistically significant reduction of 65% in the relative odds of complication rates for the LARS group compared with that for the OARS group (OR: 0.35, 95% CI: 0.16-0.75; P=0.0072). The duration of operating time was significantly longer (39.02 min) in the LARS group (WMD: 39.02, 95% CI: 17.99-60.05; P=0.0003). Treatment failure rates were comparable between the two groups (OR: 1.39, 95% CI: 0.71-2.72; P=0.3423). Despite this, the requirement for further surgery was significantly higher in the LARS group (OR: 1.79, 95% CI: 1.00-3.22; P=0.05). CONCLUSIONS: On the basis of this meta-analysis, the authors conclude that LARS is an effective and safe alternative to OARS for the treatment of proven GERD. LARS enables a faster convalescence and return to productive activity, with a reduced risk of complications and a similar treatment outcome, than an open approach. However, there is a significantly higher rate of re-operation (79%) in the LARS group.

Keywords: Bias, Conventional Nissen Fundoplication, Cost, Dysphagia, Follow-up, Gastroesophageal-Reflux Disease, Heterogeneity, Quality, Redo, Repair

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Full Text: [2011\Ame J Gas106, 699.pdf](2011/Ame%20J%20Gas106,%20699.pdf)

Abstract: OBJECTIVES: Crohn’s disease is often purely inflammatory at presentation, but most patients develop strictures and fistulae over time (complicated disease). Many studies have suggested that nucleotide-binding oligomerization domain 2 (NOD2) mutations are associated with a varying but increased risk of complicated disease. An accurate and sufficiently powerful predictor of complicated disease could justify the early use of biological therapy in high-risk individuals. We performed a systematic review and meta-analysis to obtain accurate estimates of the predictive power of the identified mutations (such as p.R702W, P.G908R, and p.Leu1007fsX1008) in NOD2 for the risk of complicated disease. METHODS: An electronic search of MEDLINE, Embase, and Web of Science identified 917 relevant papers. Inclusion required specification of genetic mutations at the individual level and disease phenotypes by Vienna classification (inflammatory (B1), stricturing (B2), and fistulizing (B3)). A total of 49 studies met these criteria, which included 8,893 subjects, 2,897 of whom had NOD2 mutations. Studies were weighted by median disease duration. Studies not providing duration data were weighted at the level of the study with the shortest disease duration (3.9 years). RESULTS: the relative risk (RR) of the presence of any NOD2 mutant allele for complicated disease (B2 or B3) was 1.17 (95% confidence interval (95 % CI) 1.10-1.24; P < 0.001). P.G908R was associated with an RR of complicated disease of 1.33 (95 % CI 1.11-1.60; P = 0.002). NOD2 did not predict perianal disease (P = 0.4). The RR of surgery was 1.58 (95 % CI 1.38-1.80; P < 0.001). There was substantial heterogeneity across all studies (I(2) = 66.7 %). On the basis of logistic regression of these data, the sensitivity of any mutation in predicting complicated disease was 36% and specificity was 73 %, with the area under the receiver operating characteristic curve 0.56. CONCLUSIONS: the presence of a single NOD2 mutation predicted an 8 % increase in the risk for complicated disease (B2 or B3), and a 41 % increase with 2 mutations. Surgery risk is increased by 58 % with any NOD2 mutation, whereas perianal disease was unchanged. The predictive power associated with a single NOD2 mutation is weak. The RR of any NOD2 mutations for complicated disease was only 17 % across 36 studies. However, the presence of two NOD2 mutations had 98 % specificity for complicated disease. These data provide insufficient evidence to support top-down therapy based solely on single NOD2 mutations, but suggest that targeted early-intensive therapy for high-risk patients with two NOD2 mutations might be beneficial, if prospective trials can demonstrate changes in the natural history in this subset of patients.

Keywords: Card15 Gene, Crohn’s Disease, Disease, Frameshift Mutation, Genetic, High-Risk Patients, History, Inflammatory-Bowel-Disease, Insertion Mutation, Italian Population, MEDLINE, Meta-Analysis, NOD2, Card15 Gene Polymorphisms, Papers, Phenotype Analysis, Relative Risk, Review, Risk, Science, Spanish Population, Surgery, Susceptibility Loci, Systematic, Systematic Review, Therapy, Web of Science, Working Party

? Tong, J.L., Zheng, Q., Zhang, C.P., Lo, R.Y., Shen, J. and Ran, Z.H. (2015), Incidence, prevalence, and temporal trends of microscopic colitis: A systematic review and meta-analysis. *American Journal of Gastroenterology*, **110** (2), 265-276.

Full Text: 2015\Ame J Gas110, 265.pdf

Abstract: OBJECTIVES: A systematic review and meta-analysis was conducted to provide an accurate estimate of the incidence rate of microscopic colitis (MC) and to assess the association between medication use and the risk of MC. METHODS: We searched Medline, Embase, and Institute for Scientific Information (ISI) Web of Science up to 26 September 2014 to identify published epidemiological studies of MC. The pooled incidence rate, female-to-male incidence rate ratio, age at diagnosis, prevalence, as well as odds ratios (ORs) of MC in association with medication use were calculated using a fixed-effects model or a random-effects model. RESULTS: Of the 1,972 citations retrieved, 25 studies were included. Pooled incidence rate of collagenous colitis (CC) was 4.14 (95% confidence interval (CI) 2.89-5.40) per 100,000 person-years and 4.85 (95% CI, 3.45-6.25) for lymphocytic colitis (LC). The female-to-male incidence rate ratios were 3.05 (95% CI 2.92-3.19) for CC and 1.92 (95% CI 1.53-2.31) for LC. The median age at diagnosis for CC was 64.9 (range, 57.03-72.78) years, similar to LC (median 62.18, range 53.99-70.38). Furthermore, the incidence rate of MC increased with rising age. A steadily increasing trend of incidence rate for both CC and LC was observed before 2000; however, the incidence rate since then has become stable in the United States, Sweden, and Spain. An increased risk of MC was associated with the use of proton pump inhibitors (PPIs) and selective serotonin reuptake inhibitors (SSRIs) (OR 2.68, 95% CI 1.73-4.17 and OR 2.41, 95% CI 1.64-3.53, respectively). CONCLUSIONS: MC is a common disease process. Female gender, increased age, and the use of PPIs and SSRIs are associated with a significantly increased risk of developing MC. Further work is needed to evaluate reported data from developing countries and to elucidate the biologic mechanisms behind the risk factors for MC.

Keywords: Age, Association, Citations, Clinical-Features, Collagenous Colitis, Conclusions, Confidence, Data, Developing, Developing Countries, Diagnosis, Diarrhea, Disease, Epidemiology, Factors, Female, Fixed Effects Model, From, Gender, Incidence, Information, Inhibitors, Institute For Scientific Information, Interval, ISI, Lymphocytic Colitis, Mechanisms, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Microscopic, Model, Objectives, Orebro, Prevalence, Pump, Random Effects Model, Region, Review, Risk, Risk Factors, Risk-Factors, Science, Selective Serotonin Reuptake Inhibitors, Serotonin, Spain, Ssris, Sweden, Systematic, Systematic Review, Temporal, Trend, Trends, United States, Web, Web Of Science, Work

# Title: American Journal of Geriatric Pharmacotherapy

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? Gates, B.J., Sonnett, T.E., Duvall, C.A.K. and Dobbins, E.K. (2009), Review of osteoporosis pharmacotherapy for geriatric patients. *American Journal of Geriatric Pharmacotherapy*, **7** (6), 293-323.

Full Text: [2009\Ame J Ger Pha7, 293.pdf](2009/Ame%20J%20Ger%20Pha7,%20293.pdf)

Abstract: Background: Fractures are a significant problem in geriatric patients, and understanding the evidence for benefit and possible harm of osteoporosis treatments is critical to appropriate management of tills patient population. Objective: the purpose of this article was to review the evidence and treatment considerations related to use of the approved osteoporosis treatments in the United States across the continuum of ages in the geriatric population. Methods: MEDLINE and the Web of Science were searched to find English-language articles published from 2000 through July 2009. Search terms included: practice guideline, osteoporosis, calcium, vitamin D, pharmacoeconomics, ethnicity, and treatment. The generic names of each of the osteoporosis treatments approved in the United States were searched to find relevant clinical trials and randomized controlled trials (RCTs). Pivotal trials that included fracture data or focused specifically on elderly patients (>= 60 years of age) were selected. Bibliographies in the identified articles were searched for additional articles, and the prescribing information for each of the approved treatments was reviewed. Results: Many osteoporosis studies have a mean patient age >60 years, but data for older patients are limited. Subanalyses of older patient groups have found risedronate to be beneficial for vertebral fractures in patients aged 70 to 79 years (absolute risk reduction [ARR], 8.4%; P < 0.001) and teriparatide to be beneficial for both vertebral (ARR, 6.4%; P < 0.05) and new nonvertebral fragility fractures (ARR, 9.9%; P < 0.05) in women aged :75 years. However, no RCTs of geriatric patients who were either nonambulatory or had multiple comorbidities were identified in the literature. Conclusions: Evidence indicates that the osteoporosis treatments Currently available in the United States are beneficial for treating osteoporosis in geriatric patients. However, data are limited for the oldest patients (>= 80 years) and those with significant comorbidities. Because of the limited availability of data for geriatric patients with significant comorbidities, the properties of the various agents, including efficacy, tolerability, and potential contraindications, should be considered carefully for each geriatric patient. (Am J Geriatr Pharmacother. 2009;7:293-323) (C) 2009 Excerpta Medica Inc.

Keywords: Aged, Alendronate 70 Mg, Bibliographies, Bone-Mineral Density, Calcium, Clinical Trials, Clinical-Practice Guideline, Efficacy, Elderly, Ethnicity, Falls, Fracture, Geriatric, Information, Literature, Management, MEDLINE, Methods, Nitrogen-Containing Bisphosphonates, Older Patients, Osteoporosis, Parathyroid-Hormone, Pharmacoeconomics, PostmenopaUSAl Osteoporosis, Practice, Prior Antiresorptive Treatment, Randomized Controlled Trials, Randomized-Trial, Review, Risk, Risk Reduction, Science, Treatment, Vertebral Fracture Risk, Vitamin D, Vitamin-D Supplementation, Web of Science, Women

? Barnard, K. and Colón-Emeric, C. (2010), Extraskeletal effects of vitamin D in older adults: Cardiovascular disease, mortality, mood, and cognition. *American Journal of Geriatric Pharmacotherapy*, **8** (1), 4-33.

Full Text: [2010\Ame J Ger Pha8, 4.pdf](2010/Ame%20J%20Ger%20Pha8,%204.pdf)

Abstract: Background: Vitamin D insufficiency is prevalent among older adults and may be associated with higher risk for cardiovascular (CV) disease, mortality, depression, and cognitive deficits. Objective: the aim of this article was to review published observational and experimental Studies that explored the association between vitamin D insufficiency and CV disease, mortality, mood, and cognition with an emphasis on older adults. Methods: PUBMED and Web of Science databases were searched for English-language articles from January 1966 through June 2009 relating to vitamin D, using the following MeSH terms: aged, vitamin D deficiency, physiopathology, drug therapy, cardiovascular diseases, blood pressure, mortality, delirium, dementia, cognitive disorders, depression, depressive disorder, seasonal affective disorder, mental disorders, and vitamin D/therapeutic use. Publications had to include patients 65 years of age who had >= 1 recorded measurement of 25-hydroxyvitamin D (25[OH]D) or were receiving vitamin D supplementation. All case-control, cohort, and randomized studies were reviewed. Results: Forty-two case-control, cohort, and randomized trials were identified and included in the review. Based on these publications, the prevalence of vitamin D insufficiency (25[OH]D concentration <30 ng/mL) in community-dwelling older adults (>= 65 years of age) ranged from 40% to 100%. Epidemiologic data and several small randomized trials found a potential association between vitamin D deficiency (25[OH]D concentration <10 ng/mL) and CV disease, including hypertension and ischemic heart disease. Although subgroup analyses of data from the Women’s Health Initiative Randomized Trial (the largest randomized, placebo-controlled trial of vitamin D Plus calcium therapy) did not find reductions in blood pressure, myocardial infarction, or CV disease-related deaths, intervention contamination limited the findings. Observational Studies and a meta-analysis of randomized controlled trials found a mortality benefit associated with higher serum 25(OH)D concentrations or vitamin D(2) or D(3) supplementation (mean dose, 528 IU/d). Observational and small randomized trials found a potential benefit of sunlight or vitamin D on symptoms of depression and cognition, but the findings were limited by methodologic problems. Conclusions: Vitamin D insufficiency appears to be highly prevalent among older adults. Evidence from epidemiologic studies and small clinical trials suggests an association between 25(OH)D concentrations and systolic blood pressure, risk for CV disease-related deaths, symptoms of depression, cognitive deficits, and mortality. The Women’s Health Initiative Randomized Trial did not find a benefit of vitamin D supplementation on blood pressure, myocardial infarction, or mortality in postmenopaUSAl women. (Am J Geriatr Pharmacother. 2010;8:4-33) (C) 2010 Excerpta Medica Inc.

Keywords: 3rd National-Health, Adults, Aged, Blood, Blood Pressure, Blood-Pressure, Calcium, Cardiovascular, Cardiovascular Diseases, Clinical Trials, Cognition, Cognitive Disorders, D Deficiency, D Supplementation, Databases, Dementia, Depression, Disease, Disorder, Drug, Epidemiologic Studies, Health, Hypertension, Incident Hypertension, Intervention, Measurement, Mental Disorders, Meta-Analysis, Methods, Mood, Mortality, Myocardial Infarction, Nutrition Examination Survey, Older Adults, Parathyroid-Hormone Levels, PostmenopaUSAl Women, Pressure, Prevalence, Publications, PUBMED, Randomized Controlled Trials, Randomized Controlled-Trials, Review, Risk, Science, Serum 25-Hydroxyvitamin-D, Symptoms, Therapy, Vitamin D, Vitamin D Deficiency, Web of Science, Women

? Fleming, V. and Wade, W.E. (2010), A review of laxative therapies for treatment of chronic constipation in older adults. *American Journal of Geriatric Pharmacotherapy*, **8** (6), 514-550.

Full Text: [2010\Ame J Ger Pha8, 514.pdf](2010/Ame%20J%20Ger%20Pha8,%20514.pdf)

Abstract: Background: Multiple studies have addressed the treatment of chronic constipation in adults in general; however, less guidance is available for treating this condition in older patients. Objective: the aim of this paper was to review the effectiveness of laxatives for chronic constipation in the elderly Methods: MEDLINE, Web of Science, International Pharmaceutical Abstracts, and the Cochrane Database of Systematic Reviews were searched for English-language articles evaluating the treatment of chronic constipation in older individuals from the inception of the databases until October 2010. Search terms included constipation, treatment, laxative, elderly, and geriatric. Articles were excluded if the mean age was <65 years. Results: Thirty-one trials were identified. These studies varied widely in terms of methodology, quality, sample size, efficacy end points, and duration. Mean stool frequency was 9.08 bowel movements per week with psyllium and 8.29 per week with calcium polycarbophil (P = 0.04). DocUSAte sodium daily, docUSAte sodium q12h, and docUSAte calcium daily for 3 weeks produced a mean stool frequency of 1.95 bowel movements per week versus 1.50 for placebo (P = NS), 2.29 versus 1.76 (P = NS), and 2.83 versus 1.75 (P < 0.02), respectively. Mean stool frequency with lactulose versus placebo was 0.7 and 0.5 bowel movements per day (P < 0.02). In patients receiving polyethylene glycol or lactulose, mean stool frequency was 1.3 and 0.9 bowel movements per day (P = 0.005). In a study comparing senna plus a bulking agent with lactulose, mean stool frequency was 4.5 per week for the combination product versus 2.2 per week for lactulose (P < 0.001). A study comparing sodium picosulfate with senna reported a mean stool frequency of 0.71 and 0.63 per day (P value not reported). Lubiprostone was associated with 5.69 spontaneous bowel movements per week versus 3.46 per week for placebo (P = 0.001). Conclusions: Higher-quality trials evaluating the treatment of constipation in older patients are needed to create a basis for more definitive recommendations in this population. The approach to older adults with constipation should be individualized. (Am J Geriatr Pharmacother. 2010;8:514-550) (C) 2010 Elsevier HS Journals, Inc.

Keywords: Adults, Articles, Balanced Solution Pmf-100, Calcium, Calcium Polycarbophil, Chloride Channel Activator, Chronic Idiopathic Constipation, Cochrane, Constipation, Databases, Double-Blind, Effectiveness, Efficacy, Elderly, Frequency, Gastrointestinal Transit-Time, Geriatric, Laxatives, MEDLINE, Methodology, Methods, Older Adults, Older Patients, Placebo-Controlled Trial, Points, Quality-of-Life, Review, Science, Stay Elderly Patients, Stool Softeners, Systematic, Treatment, United-States, Web of Science

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Full Text: [2015\Ame J Ger Psy23, 335.pdf](2015/Ame%20J%20Ger%20Psy23,%20335.pdf)

Abstract: The aim of this study was to assess the efficacy of cognitive training, specifically computerized cognitive training (CCT) and virtual reality cognitive training (VRCT), programs for individuals living with mild cognitive impairment (MCI) or dementia and therefore at high risk of cognitive decline. After searching a range of academic databases (CINHAL, PSYCinfo, and Web of Science), the studies evaluated (N = 16) were categorized as CCT (N = 10), VRCT (N = 3), and multimodal interventions (N = 3). Effect sizes were calculated, but a meta-analysis was not possible because of the large variability of study design and outcome measures adopted. The cognitive domains of attention, executive function, and memory (visual and verbal) showed the most consistent improvements. The positive effects on psychological outcomes (N = 6) were significant reductions on depressive symptoms (N = 3) and anxiety (N = 2) and improved perceived use of memory strategy (N = 1). Assessments of activities of daily living demonstrated no significant improvements (N = 8). Follow-up studies (N = 5) demonstrated long-term improvements in cognitive and psychological outcomes (N = 3), and the intervention groups showed a plateau effect of cognitive functioning compared with the cognitive decline experienced by control groups (N = 2). CCT and VRCT were moderately effective in long-term improvement of cognition for those at high risk of cognitive decline. Total intervention time did not mediate efficacy. Future research needs to improve study design by including larger samples, longitudinal designs, and a greater range of outcome measures, including functional and quality of life measures, to assess the wider effect of cognitive training on individuals at high risk of cognitive decline.

Keywords: Aging Brain, Alzheimer, Alzheimers-Disease, Anxiety, Attention, Brain Plasticity, Clinical-Trial, Cognition, Cognitive, Cognitive Impairment, Cognitive Training, Computer, Control, Control Groups, Databases, Dementia, Depressive Symptoms, Design, Double-Blind, Effect, Effects, Efficacy, Function, Groups, Healthy Older-Adults, Impairment, Improvement, Intervention, Intervention Programs, Interventions, Life, Literature, Living, Long Term, Long-Term, Longitudinal, Mci, Measures, Memory, Meta Analysis, Meta-Analysis, Metaanalysis, Mild, Mild Cognitive Impairment, N, Needs, Outcome, Outcome Measures, Outcomes, Psychological, Quality, Quality Of, Quality Of Life, Randomized Controlled-Trial, Rehabilitation Program, Research, Review, Risk, Science, Strategy, Study Design, Symptoms, Systematic, Systematic Review, Training, Variability, Virtual Reality, Web, Web Of Science

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? Fagerlin, A., Ubel, P.A., Smith, D.M. and Zikmund-Fisher, B.J. (2007), Making numbers matter: Present and future research in risk communication. *American Journal of Health Behavior*, **31**, S47-S56.

Full Text: [2007\Ame J Hea Beh31, S47.pdf](2007/Ame%20J%20Hea%20Beh31,%20S47.pdf)

Abstract: Objective: To summarize existing research on individual numeracy and methods for presenting risk information to patients. Methods: We selectively retrieved articles from MEDLINE and the Social Sciences Citation Index. Results: Many Americans have low numeracy skills, a deficit that impedes effective health care. Approaches to risk communication vary in current practice, but how risks are presented can significantly affect both patients’ risk perceptions and their knowledge. Conclusions: Adhering to some basic principles for presenting risk information to patients can improve understanding. However, different risk-communication methods may be needed for individuals with high versus low levels of numeracy.

Keywords: Care, Communication, Health, Health Care, Information, Knowledge, MEDLINE, Methods, Patients, Practice, Principles, Research, Risk, Risk Information, Risks, Understanding

# Title: American Journal of Health Promotion

Full Journal Title: American Journal of Health Promotion

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

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: Impact Factor

? Horowitz, S.M. (2003), Applying the transtheoretical model to pregnancy and STD prevention: A review of the literature. *American Journal of Health Promotion*, **17** (5), 304-328.

Full Text: [2003\Ame J Hea Pro17, 304.pdf](2003/Ame%20J%20Hea%20Pro17,%20304.pdf)

Abstract: Purpose. To conduct a systematic review of the peer-reviewed literature on the Trans-theoretical Model (TTM) and pregnancy and STD prevention. Data Sources. Computer database search (Applied Social Science Index and Abstracts [ASSIA], Biological Abstracts, Criminal Justice Abstracts, CINAHL-Allied Health, Current Contents, Current Index to Journals in Education, Education Index, ERIC, Excerpta Medica, Family Index, Index Medicus, MEDLINE, Multicultural Education Abstracts, PsychInfo, Psychological Abstracts, Research Alert, Social Science Citation Index, Social Work Abstracts, and Sociological Abstracts), and manual journal search. Study Inclusion and Exclusion Criteria. All English, peer-reviewed, original articles on the TTM as it relates to Pregnancy and STD prevention published prior to December 31, 2001, were included. Editorials, commentaries, theses/dissertations, unpublished studies, technical reports, and books were not included. Data Extraction Methods. Articles were categorized as Intervention, Population (stage distribution), or Validation studies. Within each category, articles were subdivided into groups, summarized, and analyzed. Data Synthesis. The 32 articles reviewed included 9 intervention studies, 11 population studies, and 12 validation studies. Studies represented a variety of U.S. populations of a broad demographic range. Evidence both for and against criterion-related and construct validity of the TTM was found. Major Conclusions. Age, partner type, gender, reasons for engaging in safer sex behaviors (i.e., pregnancy vs. disease prevention), self-efficacy, sexual assertiveness, and perceived of condom use were related to stage of change. The use of the TTM to reduce risk of pregnancy and STDs is a relatively new, but important, area of research. However, because of the wide-ranging differences in methodologies and samples, no strong conclusions about its effectiveness can yet be made.

Keywords: Age, Citation, Condom Use Adoption, Contraceptive Use, Decisional Balance, Drug-Users, HIV Prevention, Intervention, Journal, Literature, Pregnancy, Prevention Research, Rural South, Self-Efficacy, Sexual Risk Reduction, STD Prevention, Transtheoretical Model, Women

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Full Text: [2003\Ame J Hea Pro18, 21.pdf](2003/Ame%20J%20Hea%20Pro18,%2021.pdf)

Abstract: Purpose. This paper reviews existing environmental audit instruments used to capture the walkability and bikability of environments. The review inventories and evaluates individual measures of environmental factors used in these instruments. It synthesizes the current state of knowledge in quantifying the built environment. The paper provides health promotion professionals an understanding of the essential aspects of environments influencing walking and bicycling for both recreational and transportation purposes. It serves as a basis to develop valid and efficient tools to create activity-friendly communities. Data Sources. Keyword searches identified journal articles from the computer-based, Academic Citation Databases, including the National Transportation Library, the Web of Science Citation Database, and MEDLINE. Governmental publications and conference proceedings were also searched. Study Inclusion and Exclusion Criteria. All instruments to audit physical environments have been included in this review, considering both recreation- and transportation-related walking and bicycling. Excluded are general methods devised to estimate walking and cycling trips, those used in empirical studies on land use and transportation, and research on walking inside buildings. Data Extraction Methods. Data have been extracted from each instrument using a template of key items developed for this review. The data were examined for quality assurance among three experienced researchers. Data Synthesis. A behavioral model of the built environment guides the synthesis according to three components: the origin and destination of the walk or bike trip, the characteristics of the road traveled, and the characteristics of the areas surrounding the trip’s origin and destination, These components, combined with the characteristics of the instruments themselves, lead to a classification of the instruments into the four categories of inventory, route quality assessment, area quality assessment, and approaches to estimating latent demand for walking and bicycling. Furthermore, individual variables used in each instrument to measure the environment are grouped into four classes: spatiophysical, spatiobehavioral, spatiopsychosocial, and polity-based. Major Conclusions. Individually, existing instruments rely on selective classes of variables and therefore assess only parts of built environments that affect walking and bicycling. Most of the instruments and individual measures have not been rigorously tested because of a lack of available data on walking and bicycling and because of limited research budgets. Future instrument development will depend an the acquisition of empirical data on walking and bicycling, on inclusion of all three components of the behavioral model, and on consideration of all classes of variables identified.

Keywords: Assessment, Biking, Citation, Databases, Determinants, Development, Environment, Environmental, Environmental Audit Instruments, Evaluation, Exercise, Extraction, Health Promotion, Journal, Knowledge, Lead, MEDLINE, Methods, Model, Physical Environmental Factors, Physical-Activity, Preferences, Prevention Research, Promotion, Publications, Research, Researchers, Review, Science, Sources, Travel-Related and Recreation-Related Walking and Bicycling, Walking, Web of Science

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Full Text: [2005\Ame J Hea Pro19, 167.pdf](2005/Ame%20J%20Hea%20Pro19,%20167.pdf)

Abstract: Objective. To review the literature to determine whether policy and environmental interventions can increase people’s physical activity or improve their nutrition. Data Source. The following database were searched for relevant intervention studies: MEDLINE, Chronic Disease Prevention File, PsychInfo, Health Star, Web of Science, ERIC, the U.S Department of Transportation, and the U.S Department of Agriculture. Study Selection. To be included in the review, studies must have (1) addressed policy or environmental interventions to promote physical activity and or good nutrition; (2) been published from 1970 to October 2003; (3) provided a description of the intervention; and (4) reported behavioral, physiological, or organizational change outcomes. Studies that had inadequate interventions descriptions or that focused on determinants research, individual-level interventions only, the built environment, or media-only campaigns were excluded. Data Extraction. We extracted and summarized studies conducted before 1990 (n = 65) and during 1990-2003 (n = 64). Data Synthesis. Data were synthesized by topic (i.e., physical activity or nutrition), by type of intervention (i.e., point-of-purchase), and by setting (i.e., community, health care facility, school, worksite). Current studies published during 1990-2003 are described in more detail, including setting and location, sample size and characteristics, intervention to show the strength of the study designs and the associations of policy and environmental interventions with physical activity and nutrition. Conclusion. The results of our review suggest that policy and environmental strategies may promote physical activity and good nutrition. Based on the experimental and quasi-experimental studies in this reviews, the following interventions provide the strongest evidence for influencing these behaviors: prompts to increase stair use (N = 5); access to places and opportunities for physical activity (N = 6); school-based physical education(PE) with better-trained PE teachers, and increased length of time students are physically active (N = 7); comprehensive work-site approaches, including eduction, employee and peer support for physical activity, incentives, and access to exercise facilities (N = 5); the availability of nutritious foods (N = 33), point-of-purchase strategies (N = 29); and systemalic officer reminders and training of health care providers to provide nutritional counseling (N = 4). Further research is needed to determine the long-term effectiveness of different policy and environmental interventions with various populations and to identify the steps necessary to successfully implement these types of interventions.

Keywords: Cardiovascular, Cardiovascular Health, City Latino Community, Community-Based Intervention, Coronary-Heart-Disease, Determinants, Effectiveness, Environment, Environmental, Exercise, Extraction, Fruit and Vegetable Consumption, Health, Health Care, Incentives, Increase Fruit, Intervention, Intervention Studies, Interventions, Literature, Literature Review, Low-Fat Milk, North-Karelia Project, Nutrition, Outcomes, Physical Activity, Policy, Randomized Controlled-Trial, Reminders, Research, Review, Science, Stair Use, Students, Training, Vegetable Consumption, Web of Science, Worcester-Area Trial, Work-Site

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Full Text: [2005\Ame J Hea Pro20, 96.pdf](2005/Ame%20J%20Hea%20Pro20,%2096.pdf)

Abstract: Objective. We conducted a systematic review to examine the effectiveness of educational interventions in increasing mammography screening among low-income women. Data Sources. Bibliographic databases, including MEDLINE, the Cochrane Central Register of Controlled Dials, the Cochrane Database of Systematic Reviews, and the ISI Web of Science, were searched for relevant articles. Study Inclusion and Exclusion Criteria. Randomized, community-based trials targeting low-income women and published between January 1980 and March 2003 were included. Data Extraction. The search yielded 242 studies; 24 met all inclusion criteria. Data Synthesis. Three studies used mammography vans, three used low-cost vouchers or provided free mammograms, three used home visits, one used community education alone, one provided referrals, five incorporated multiple intervention strategies, two used phone calls, one used videos and print material, and five used primarily print material. Results. of nine studies that reduced barriers to care via mammography vans, cost vouchers, or home visits, eight showed statistically significant increases in mammography screening. Seven of the eight studies that used peer educators had significant increases in screening, as did four of the five studies that used multiple (intervention) components. Conclusions. Interventions that used peer educators, incorporated multiple intervention strategies, or provided easy access via vans, cost vouchers, or home visits were effective in increasing screenings. Mailed letter or telephone reminders were not effective in trials involving low-income women, which is contrary to findings from middle upper-income studies.

Keywords: African-American Women, Barriers, Bibliographic, Bibliographic Databases, Breast-Cancer, Cochrane, Databases, Education, Effective Interventions, Effectiveness, Extraction, Health Focus : Medical Self-Care, Health-Education, Inner-City, Intervention, Interventions, Invitation Strategies, ISI, Mammography Screening, Manuscript Format : Literature Review, MEDLINE, Older Women, Prevention Research, Primary Variables : Behavioral, Program, Randomized Controlled Trial, Reminders, Review, Science, Screening, Screening Mammography, Setting : Local Community, Sources, Strategy : Skill Building, Behavior Change, Systematic, Systematic Review, Tailored Messages, Target Population : Adults and Seniors, Target Population Circumstances : Education, Income Level, Geographic Location,Race, Ethnicity, Web of Science, Women

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Full Text: [2008\Ame J Hea Pro22, 183.pdf](2008/Ame%20J%20Hea%20Pro22,%20183.pdf)

Abstract: Purpose. This study evaluated the consistency of cardiovascular health information in popular women’s magazines against the American Heart Association’s (AHA) guidelines for nutrition, physical activity, weight management, and smoking. Design. Six issues of four publications, Cosmopolitan, Glamour, Vogue, and Shape (24 total) were reviewed for inclusion. Setting. Content analysis was performed by two independent raters on 162 articles (283 instances of priority-related information). Measures. Articles were rated using a questionnaire developed from the AHA-recommended priorities. Analysis. Results are presented primarily in qualitative form, supplemented by analyses of variance and correlation significance tests when appropriate. Results. Physical activity was the most common topic, followed by nutrition, weight management, and cigarette smoking. Information about weight management was less consistent than other areas. Although publications varied widely in the frequency of coverage, there was no significant difference among them in overall consistency of the information. No articles gave information directly contrary to the AHA recommendations. Limitations include the subjective nature of the content analysis and the limited number of publications and time period for review. Conclusion. Women are receiving information related to diet, exercise, weight management, and cigarette smoking in popular magazines. However, the information is variable to the extent that it is consistent with evidence-based prevention guidelines.

Keywords: Analysis, Cardiovascular, Evidence Based, Guidelines, Health, Information, Management, Nutrition, Physical Activity, Prevention, Publications, Qualitative, Questionnaire, Recommendations, Review, Smoking, Women

? Frost, S.S., Goins, R.T., Hunter, R.H., Hooker, S.P., Bryant, L.L., Kruger, J. and Pluto, D. (2010), Effects of the built environment on physical activity of adults living in rural settings. *American Journal of Health Promotion*, **24** (4), 267-283.

Full Text: [2010\Ame J Hea Pro24, 267.pdf](2010/Ame%20J%20Hea%20Pro24,%20267.pdf)

Abstract: Objective. To conduct a systematic review of the literature to examine the influence of the built environment (BE) on the physcial activity (PA) of adults in rural settings. Data Source. Key word searches of Academic Search Premier, PUBMED, CINAHL, Web of Science, and Sport Discus were conducted. Study Inclusion and Exclusion Criteria. Studies published prior to June 2008 were included if they assessed one or more elements of the BE, examined relationships between the BE and PA, and focused on rural locales. Studies only reporting descriptive statistics of assessing the reliability of measures were excluded. Data Extraction. Objective(s), sample size, sampling technique, geographic location, and definition of rural were extracted from each study, Methods of assessment and outcomes were extracted from the quantitative literature, and overarching themes were identified from the qualitative literature. Data Synthesis. Key characteristics and findings from the data are summarized in Tables 1 through 3. Results. Twenty studies met inclusion and exclusion criteria. Positive associations were found among pleasant aesthetics, trails, safety/crime, parks, and walkable destinations. Conclusions. Research in this area is limited. Associations among elements of the BE and PA among adults appear to differ between rural and urban areas. Considerations for future studies include identifying parameters used to define rural, longitudinal research, and more diverse geographic sampling. Development and refinement of BE assessment tools specific to rural locations are also warranted. (Am J Health Promot. 2010:[4]:267-283.).

Keywords: Adults, Aesthetics, African-American Women, Assessment, Belgian Adults, Built Environment, Environment, Ethnic-Groups, Extraction, Health, Health-Professionals, Literature, Methods, Neighborhood Environment, Northern California, Older-Adults, Outcomes, Physical Activity, Prevetion Research, Promoting Walking, PUBMED, Quantitative, Reliability, Research, Review, Rural, Science, South-Carolina, Statistics, Systematic, Systematic Review, United-States, Urban, Walking

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Full Text: [2014\Ame J Hea Pro29, 71.pdf](2014/Ame%20J%20Hea%20Pro29,%2071.pdf)

Abstract: Objective. This systematic review synthesizes the evidence on the cost-effectiveness of population-level interventions to promote physical activity. Data Source. A systematic literature search was conducted between May and August 2013 in four databases: PubMed, Scopus, Web of Science, and SPORTDiscus. Study Inclusion and Exclusion Criteria. Only primary and preventive interventions aimed at promoting and maintaining physical activity in wide population groups were included. An economic evaluation of both effectiveness and cost was required. Secondary interventions and interventions targeting selected population groups or focusing on single individuals were excluded. Data Extraction. Interventions were searched for in six different categories: (1) environment, (2) built environment, (3) sports clubs and enhanced access, (4) schools, (5) mass media and community-based, and (6) workplace. Data Synthesis. The systematic search yielded 2058 articles, of which 10 articles met the selection criteria. The costs of interventions were converted to costs per person per day in 2012 U.S. dollars. The physical activity results were calculated as metabolic equivalent of task hours (MET-hours, or MET-h) gained per person per day. Cost-effectiveness ratios were presented as dollars per MET-hours gained. The intervention scale and the budget impact of interventions were taken into account. Results. The most efficient interventions to increase physical activity were community rail-trails ($.006/MET-h), pedometers ($.014/MET-h), and school health education programs ($.056/MET-h). Conclusion. Improving opportunities for walking and biking seems to increase physical activity cost-effectively. However, it is necessary to be careful in generalizing the results because of the small number of studies. This review provides important information for decision makers.

Keywords: Access, Activity, Articles, Budget, Built Environment, Community, Community Based, Cost, Cost Effectiveness, Cost-Effectiveness, Costs, Criteria, Data, Databases, Decision, Economic, Economic Evaluation, Economic-Evaluation, Economics, Education, Effectiveness, Environment, Evaluation, Evidence, Exercise, Exercise, Extraction, Groups, Health, Health Education, Impact, Information, Intervention, Interventions, Literature, Literature Search, Mass Media, Media, Metabolic Equivalent, Motor Activity, Obesity, Person, Physical, Physical Activity, Population, Primary, Program Evaluation, Pubmed, Quality, Results, Review, Scale, School Health, School Health Education, School-Children, Science, Scopus, Selection, Selection Criteria, Small, Steps Ghent, Synthesis, Systematic, Systematic Literature Search, Systematic Review, Targeting, Trial, Walking, Web, Web Of Science

# Title: American Journal of Health-System Pharmacy

Full Journal Title: American Journal of Health-System Pharmacy

ISO Abbrev. Title: Am. J. Health-Syst. Pharm.

JCR Abbrev. Title: Am J Health-Syst Ph

ISSN: 1079-2082

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Language: English

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Publisher: Amer Soc Health-System Pharmacists

Publisher Address: 7272 Wisconsin Ave, Bethesda, MD 20814

Subject Categories:

Pharmacology & Pharmacy: Impact Factor 2.219, 130/252 (2010)

? Baker, W.L. and Couch, K.A. (2007), Azithromycin for the secondary prevention of coronary artery disease: A meta-analysis. *American Journal of Health-System Pharmacy*, **64** (8), 830-836.

Full Text: [2007\Ame J Hea-Sys Pha64, 830.pdf](2007/Ame%20J%20Hea-Sys%20Pha64,%20830.pdf)

Abstract: Purpose. A meta-analysis of randomized, controlled trials that evaluated the effect of the macrolide antibiotic, azithromycin, on clinical outcomes in patients with coronary artery disease (CAD) was conducted. Methods. A systematic literature search of MEDLINE, EMBASE, Web of Science, and the Cochrane Database of Systematic Reviews was conducted using specific search terms. Randomized, controlled trials comparing azithromycin or placebo in secondary CAD patients with adequately reported data on mortality and clinical cardiac endpoints were included. A random-effects model was used. Results. Six studies (n = 13,77:3) met the inclusion criteria. The trials varied in their design. On meta-analysis, azithromycin resulted in a nonsignificant reduction in mortality versus placebo (odds ratio [OR], 0.91; 95% confidence interval [CI], 0.77-1.09; p = 0.31). Four trials reported the rate of nonfatal myocardial infarction (MI). Azithromycin did not have an effect on the rate of nonfatal MI versus placebo (OR, 0.95; 95% Cl, 0.80-1.13; p = 0.57). Five trials reported rates of hospitalization in which no significant difference was seen with azithromycin versus placebo (OR, 0.97; 95% Cl, 0.80-1.17; p = 0.76). Six trials were used to evaluate the composite cardiovascular endpoint. Again, no significant benefit was seen with azithromycin versus placebo (OR, 0.93; 95% Cl, 0.84-1.03; p = 0:218). Conclusion. Meta-analysis showed that azithromycin does not appear to reduce the frequency of recurrent cardiac events in patients with CAD. Results from ongoing trials may clarify the role of azithromycin in the secondary prevention of coronary events.

Keywords: Antibiotic, Antibiotic-Therapy, Atherosclerosis, Azithromycin, Cardiovascular, Chlamydia-Pneumoniae, Clinical-Trials, Cochrane, Coronary Disease, Disease, Embase, Endpoints, Events, Frequency, Heart-Disease, Hospitalization, Literature, Macrolides, MEDLINE, Meta Analysis, Meta-Analysis, Methods, Model, Mortality, Myocardial Infarction, Myocardial-Infarction, Outcomes, Prevention, Randomized Controlled-Trials, Ratio, Science, Secondary Prevention, Seropositivity, Susceptibilities, Systematic, Web of Science

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Full Text: [2009\Ame J Hea-Sys Pha66, 1726.pdf](2009/Ame%20J%20Hea-Sys%20Pha66,%201726.pdf)

Abstract: Purpose. Significant publications on infectious diseases (ID) pharmacotherapy in 2008 were compiled and summarized. Summary. On December 31, 2008, the Houston Infectious Diseases Network compiled a listing of published articles identified as having a significant impact on ID pharmacotherapy. The publication period was limited to January 1 through December 31, 2008. Articles were selected based on prior presentations at ID and pharmacy meetings or were listed as major articles in prominent ID journals. Priority was given to articles that were published in peer-reviewed journals and to treatment guidelines endorsed by major medical and pharmacy organizations. A bibliography of 56 articles (40 not related to human immunodeficiency virus [HIV] infection and 16 related to HIV infection) was distributed to members of the Society of Infectious Diseases Pharmacists (SIDP) via an Internet survey in early January 2009. Members were asked to select 10 publications not related to HIV infection and 1 HIV-related publication that they believed made the greatest contribution to the antimicrobial-related medical literature in 2008. A total of 115 SIDP members participated in the survey. Summaries of the top articles selected, along with an interpretation of their effect on clinical practice, are included. Conclusion. The increasing number of articles in the peer-reviewed medical literature related to the diagnosis and treatment of ID has made it challenging to maintain a contemporary knowledge base of key publications. This summary of significant ID articles published in 2008 can help to alleviate this burden.

Keywords: Antiinfective Agents, Articles, Bactericidal Activity, Bibliography, Blood-Stream Infections, Burden, Clinical, Clinical Practice, Clostridium-Difficile, Communicable Diseases, Community-Acquired Pneumonia, Complicated Skin, Diagnosis, Diseases, Distributed, Double-Blind, Guidelines, HIV, HIV Infection, Human, Human Immunodeficiency Virus, Impact, Infection, Infectious Diseases, Internet, Interpretation, Journals, Knowledge, Knowledge Base, Literature, Medical, Medical Literature, Naive HIV-1-Infected Patients, Network, Peer Reviewed Journals, Peer-Reviewed, Pharmacotherapy, Pharmacy, Practice, Publication, Publications, Resistant Staphylococcus-Aureus, Skin-Structure Infections, Survey, Treatment, Treatment Guidelines, Ventilator-Associated Pneumonia

? Dotson, B. and Slaughter, R.L. (2011), Prevalence of articles with honorary and ghost authors in three pharmacy journals. *American Journal of Health-System Pharmacy*, **68** (18), 1730-1734.

Full Text: [2011\Ame J Hea-Sys Pha68, 1730.pdf](2011/Ame%20J%20Hea-Sys%20Pha68,%201730.pdf)

Abstract: Purpose. The prevalence of honorary and ghost authors in articles published in 2009 in three peer-reviewed pharmacy journals was studied. Methods. A 20-question survey was e-mailed to corresponding authors of articles with two or more authors published in 2009 in the American Journal of Health-System Pharmacy, Annals of Pharmacotherapy, and Pharmacotherapy. The survey solicited the following information: demographic characteristics of the corresponding author, information about the published article, information to determine whether any of the authors did not meet the International Committee of Medical Journal Editors criteria for authorship, and information to determine if an individual contributed substantially to the research or writing of the article but was not listed as an author. Results. of the 491 corresponding authors to whom the survey was sent, 457 had a working e-mail address; 114 surveys were completed (24.9% response rate). USAble responses were provided by 112 authors. The prevalence of articles with honorary and ghost authors was 14.3% and 0.9%, respectively. Honorary authorship was more common in original research than review articles. Articles with honorary authors had longer bylines than articles without honorary authors (mean number of authors, 4.9 versus 3.7; p = 0.002). The proportion of articles with an honorary author was 1.9% for articles with fewer than 4 authors, 25% for articles with 4 or 5 authors, and 29.4% for articles with more than 5 authors (p = 0.001). Conclusion. A survey sent to the corresponding authors of articles published in 2009 in three peer-reviewed pharmacy journals revealed that a substantial percentage of articles demonstrated evidence of honorary or ghost authorship.

Keywords: American Journal of Health-System Pharmacy, Annals of Pharmacotherapy, Articles, Authors, Authorship, Characteristics, Criteria, Data Collection, Editors, Evidence, Information, Journal, Journals, Medical Journals, Peer-Reviewed, Pharmacotherapy, Pharmacy, Prevalence, Research, Review, Survey, Surveys

# Title: American Journal of Hematology

Full Journal Title: American Journal of Hematology

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JCR Abbreviated Title: Am J Hematol

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Language: English

Publisher: Wiley-Liss

Publisher Address: Div John Wiley & Sons Inc, 605 Third Ave, New York, NY 10158-0012

Subject Categories:

Hematology: Impact Factor

? Velazquez, I. and Alter, B.P. (2004), Androgens and liver tumors: Fanconi’s anemia and non-Fanconi’s conditions. *American Journal of Hematology*, **77** (3), 257-267.

Full Text: [2004\Ame J Hem77, 257.pdf](2004/Ame%20J%20Hem77,%20257.pdf)

Abstract: the association between anabolic androgenic steroids and liver tumors was first noted in patients with Fanconi’s anemia (FA). The hypotheses which led to this review were as follows: (1) androgen-treated individuals who do not have FA are also at risk of liver tumors; (2) parenteral as well as oral androgens may be responsible for liver tumors; (3) FA patients develop liver tumors after smaller and briefer androgen exposure than non-FA individuals; (4) the risk of hepatic neoplasms may depend on the specific androgen. MEDLINE and Web of Science were searched for all cases of liver tumors associated with androgens. Information from individual cases was entered into a spreadsheet and descriptive statistical analyses were performed. Thirty-six FA cases and 97 non-FA cases with both nonhematologic disorders and acquired aplastic anemia (non-FA AA) were identified. The most common androgens were oxymetholone, methyltestosterone, and danazol. Hepatocellular carcinomas (HCC) were more often associated with oxymetholone and methyltestosterone, while adenomas were associated with danazol. Tumors were reported in six patients who received only parenteral and not oral androgens. FA patients were younger than non-FA patients when androgen use was initiated, and the FA patients developed tumors at younger ages. Non-AA patients were treated with androgens for longer periods of time, compared with FA and non-FA AA patients. All patients on anabolic androgenic steroids are at risk of liver tumors, regardless of underlying diagnosis. The magnitude of the risk cannot be determined from currently available ata, because the number of patients receiving androgens is unknown. Published 2004 Wiley-Liss, Inc.(dagger).

Keywords: Adenomas, Anabolic Steroids, Anabolic-Steroid-Therapy, Androgens, Aplastic-Anemia, Bone-Marrow-Transplantation, Cell Adenoma, Danazol Therapy, Diagnosis, FA, Hepatocellular Carcinomas, Hepatomas, Hereditary Angio-Edema, Induced Hepatocellular Adenoma, Liver Tumors, Long-Term Methyltestosterone, Multiple Hepatic Adenomas, Neoplasms, Peliosis Hepatis, Review, Risk, Science, Statistical, Web of Science

? Anderson, L.A., Duncombe, A.S., Hughes, M., Mills, M.E., Wilson, J.C. and McMullin, M.F. (2012), Environmental, lifestyle, and familial/ethnic factors associated with myeloproliferative neoplasms. *American Journal of Hematology*, **87** (2), 175-182.

Full Text: [2012\Ame J Hem87, 175.pdf](../HO-reference/2012/Ame%20J%20Hem87,%20175.pdf)

Abstract: Myeloproliferative neoplasms (MPNs) are characterized by overproduction of mature functional blood cells and are often associated with an acquired genetic mutation of Janus Kinase 2V617F. The etiology of MPNs remains unknown. The aim of this article was to review and collate all known published data investigating environmental and lifestyle factors associated with MPNs. MEDLINE, Embase, PubMed, Cochrane, and Web of Science were systematically searched using terms for MPNs and observational study designs to identify studies investigating the risk factors for MPNs published before March 2010. of 9,156 articles identified, 19 met the selection criteria. Although the studies exhibited heterogeneity, in case definitions, study design, and risk factors investigated, several themes emerged. A strong association was found with Jewish descent, and with a family history of MPNs. Autoimmune conditions, specifically Crohn’s disease, were more common in patients with MPNs. Certain occupational groups were significantly associated with MPNs including occupations with potential exposure to benzene and/or petroleum. Blood donation was associated with an increased risk of polycythemia vera specifically. The vast heterogeneity in studies identified as part of this review suggests that large scale systematic assessment of etiological factors associated with MPNs is warranted. (C) 2011 Wiley-Liss, Inc.

Keywords: Articles, Assessment, Association, Autoimmune, Benzene, Blood, Cochrane, Crohn’S Disease, Definitions, Design, Disease, Environmental, Essential Thrombocythemia, Etiology, Exposure, Family, Functional, Genetic, Giant-Cell Arteritis, History, JAK2, Lymphoproliferative Disorders, MEDLINE, Mortality, Mutations, Myeloid Disorders, Neoplasms, Observational, Observational Study, Occupational, Occupational-Exposure, Patients, Polycythemia-Vera, Pubmed, Review, Risk, Risk Factors, Science, Systematic, Web of Science, Web-of-Science

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Full Text: [2014\Ame J Hem89, 581.pdf](2014/Ame%20J%20Hem89,%20581.pdf)

Abstract: Myeloproliferative neoplasms (MPNs) are a heterogeneous group of diseases including polycythemia vera (PV), essential thrombocythemia (ET), and primary(idiopathic) myelofibrosis (PMF). In this systematic review, we provide a comprehensive report on the incidence and prevalence of MPNs across the globe. Electronic databases (PubMed, EMBASE, MEDLINE, and Web of Science) were searched from their inception to August 2012 for articles reporting MPN incidence or prevalence rates. A random effects meta-analysis was undertaken to produce combined incidence rates for PV, ET, and PMF. Both heterogeneity and small study bias were assessed. Thirty-four studies were included. Reported annual incidence rates ranged from 0.01 to 2.61, 0.21 to 2.27, and 0.22 to 0.99 per 100,000 for PV, ET, and PMF, respectively. The combined annual incidence rates for PV, ET, and PMF were 0.84, 1.03, and 0.47 per 100,000. There was high heterogeneity across disease entities (I-2 97.1-99.8%) and evidence of publication bias for ET and PMF (Egger test, P=0.007 and P0.001, respectively).The pooled incidence reflects the rarity of MPNs. The calculated pooled incidence rates do not reflect MPN incidence across the globe due to the high unexplained heterogeneity. Improved, widespread registration of MPNs would provide better information for global comparison of the incidence and prevalence of MPNs. Am. J. Hematol. 89:581-587, 2014. (c) 2014 Wiley Periodicals, Inc.

Keywords: Acute-Leukemia, Articles, Bias, Clinical-Trials, Comparison, Databases, Disease, Diseases, Effects, Embase, Essential Thrombocythemia, Evidence, Global, Hematological Malignancies, Heterogeneity, Incidence, Information, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Myelodysplastic Syndromes, Myeloid Malignancies, Neoplasms, Olmsted County, Periodicals, Polycythemia, Polycythemia-Vera, Prevalence, Publication, Publication Bias, Pubmed, Rarity, Rates, Reporting, Review, Science, Sex Distributions, Small, Systematic, Systematic Review, Web Of Science, World-Health-Organization

# Title: American Journal of Hospice and Palliative Medicine

Full Journal Title: [American Journal of Hospice and Palliative Medicine](http://ajh.sagepub.com/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hermsen, M.A. and ten Have, H.A.M.J. (2004), Pastoral care, spirituality, and religion in palliative care journals. *American Journal of Hospice and Palliative Medicine*, **21** (5), 353-356.

Full Text: [2004\Ame J Hos Pal Med21, 353.pdf](2004/Ame%20J%20Hos%20Pal%20Med21,%20353.pdf)

Abstract: With the growth and development of palliative care, interest in pastoral care, spirituality, and religion also seems to be growing. The aim of this article is to review the topic of pastoral care, spirituality, and religion appearing in the journals of palliative care, between January 1984 and January 2002.

Keywords: Care, Development, Growth, Journals, Palliative Care, Religion, Review

# Title: American Journal of Human Biology

Full Journal Title: [American Journal of Human Biology](http://www3.interscience.wiley.com/journal/37873/home)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Stinson, S. (2003), Participation of women in human biology, 1975-2001. *American Journal of Human Biology*, **15** (3), 440-445.

Full Text: [2003\Ame J Hum Bio15, 440.pdf](2003/Ame%20J%20Hum%20Bio15,%20440.pdf)

Abstract: This study examines trends in women’s participation in human biology as indicated by women’s membership in the Human Biology Council/Association, first authorship of articles in the Human Biology Council/Association journal, and the extent to which women have been the subjects of research published in the organization’s journal. Gender of members was determined from seven membership lists published in the organization’s journal from 1977 to 1998, and the gender of the first authors was determined for 1,616 articles published in Human Biology or the American Journal of Human Biology from 1975 to 2001. Each journal article was also coded as to the first author’s country and whether the subjects of the research were only females, only males, or both males and females. From the late 1970s to the late 1990s, the percent of women members of the Human Biology Council/Association increased from under 25% to over 40%. Women were the first authors of fewer than 20% of articles in the organization’s journal in the late 1970s; by the late 1990s over 30% of articles had a female first author. The clearest increase in female authorship through time is seen for articles with a first author from the U.S. Even when women were not well represented as human biologists, a substantial proportion of human biology research published in the organization’s journal dealt with females, and over the last 15 years there have been more research articles having only females as research subjects than articles having only males as research subjects. (C) 2003 Wiley-Liss, Inc.

Keywords: Authorship, Biology, Country, Female, First, Gender, Human, Journal, Journal Article, Participation, Research, Trends, Women

# Title: American Journal of Human Genetics

Full Journal Title: [American Journal of Human Genetics](http://weblinks1.epnet.com/authHjafDetail.asp?tb=1&_ua=bo+B%5F+db+bmhjnh+bt+ID++1WZ+DE7F&_ug=sid+7FB2CCF2%2D1778%2D4BEA%2D92DA%2D92C2C2F5A66F%40sessionmgr2+dbs+bmh+9F46&_us=hd+True+sm+ES+4DBA&_uso=st%5B0+%2DID++1WZ+tg%5B0+%2D+db%5B0+%2Dbmh+op%5B0+)

ISO Abbreviated Title: Am. J. Hum. Genet.

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ISSN: 0002-9297

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Journal Country/Territory: United States

Language: English

Publisher: Univ Chicago Press

Publisher Address: 1427 E 60th St, Chicago, IL 60637-2954

Subject Categories:

Genetics & Heredity: Impact Factor 10.649 (2002)

? Cohen, M.M. (1995), Who are we - Where are we going - Anticipating the 21St-Century. *American Journal of Human Genetics*, **56** (1), 1-10.

Full Text: [1995\Ame J Hum Gen56, 1.pdf](1995/Ame%20J%20Hum%20Gen56,%201.pdf)

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Full Text: 2000\Ame J Hum Gen67, 104.pdf

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Full Text: Ame J Hum Gen67, 511.pdf

Keywords: Bibliometric, Bibliometric Study, Cancer, Research

# Title: American Journal of Hygiene

Full Journal Title: American Journal of Hygiene

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lotka, A.J. (1923), Contribution to the analysis of malaria epidemiology. I. General part. *American Journal of Hygiene*, **3** (S), 1-37.

Full Text: [-1959\Ame J Hyg3, 1.pdf](-1959/Ame%20J%20Hyg3,%201.pdf)

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Full Text: [-1959\Ame J Hyg3, 38.pdf](-1959/Ame%20J%20Hyg3,%2038.pdf)

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Full Text: [-1959\Ame J Hyg3, 55.pdf](-1959/Ame%20J%20Hyg3,%2055.pdf)

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Full Text: [-1959\Ame J Hyg3, 96.pdf](-1959/Ame%20J%20Hyg3,%2096.pdf)

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Full Text: [-1959\Ame J Hyg3, 113.pdf](-1959/Ame%20J%20Hyg3,%20113.pdf)

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Full Text: [-1959\Ame J Hyg7, 299.pdf](-1959/Ame%20J%20Hyg7,%20299.pdf)

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Full Text: [-1959\Ame J Hyg8, 875.pdf](-1959/Ame%20J%20Hyg8,%20875.pdf)

# Title: American Journal of Hypertension

Full Journal Title: [American Journal of Hypertension](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=4875&_auth=y&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=dd288086027019bdc298536dac7b1de1)

ISO Abbreviated Title: Am. J. Hypertens.

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Journal Country/Territory: United States

Language: English

Publisher: Elsevier Science Inc

Publisher Address: 655 Avenue of the Americas, New York, NY 10010

Subject Categories:

Peripheral Vascular Disease: Impact Factor

? Ranpura, V., Pulipati, B., Chu, D., Zhu, X.L. and Wu, S.H. (2010), Increased risk of high-grade hypertension with Bevacizumab in cancer patients: A meta-analysis. *American Journal of Hypertension*, **23** (5), 460-468.

Full Text: [2010\Ame J Hyp23, 460.pdf](2010/Ame%20J%20Hyp23,%20460.pdf)

Abstract: BACKGROUND Hypertension is associated with the use of bevacizumab, an angiogenesis inhibitor widely used in cancer therapy. Currently, the risk of severe hypertension associated with bevacizumab is unclear. We performed a systematic review and meta-analysis of published randomized-controlled clinical trials (RCTs) to assess the risk of high-grade hypertension in cancer patients treated with bevacizumab. METHODS Databases from PUBMED, the Web of Science, and abstracts presented at the American Society of Clinical Oncology conferences until May 2009 were searched to identify relevant studies. Eligible studies included prospective RCTs in which bevacizumab was directly compared with controls in cancer patients receiving concurrent antineoplastic therapy. Summary incidence, relative risk (RR), and 95% confidence interval (CI) were calculated employing a fixed- or random-effects model based upon the heterogeneity of the included studies. RESULTS A total of 12,656 patients with a variety of tumors from 20 studies were included for the analysis. The incidence of all-grade hypertension in patients receiving bevacizumab was 23.6% (95% CI: 20.5-27.1) with 7.9% (95% CI: 6.1-10.2) being high-grade (grade 3 or 4). Patients treated with bevacizumab had a significantly increased risk of developing high-grade hypertension with an RR of 5.28(95% CI: 4.15-6.71, P < 0.001) in comparison with controls. Even though not statistically significant, there was a trend suggesting that bevacizumab may increase the risk of hypertensive crisis (grade 4) with an RR of 3.16(95% CI: 0.91-10.90). The increased risk of high-grade hypertension was observed in patients receiving bevacizumab at 2.5 mg/kg/week (RR = 4.78,95% CI: 3.59-6.36) as well as 5 mg/kg/week (RR = 5.39,95% CI: 3.68-7.90). The risk of high-grade hypertension may vary with tumor types, with RRs ranging from 2.49 (95% CI: 0.94-6.59) in patients with mesothelioma to 14.80(95% CI: 0.92-238.51) in patients with breast cancer. CONCLUSION Bevacizumab may significantly increase the risk of high-grade hypertension in cancer patients. Close monitoring and adequate management are highly recommended to decrease cardiovascular complications.

Keywords: 1st-Line Therapy, Analysis, Angiogenesis, Angiogenesis Inhibitor, Bevacizumab, Blood Pressure, Breast Cancer, Breast-Cancer, Cancer, Cardiovascular, Clinical Trials, Crisis, Databases, Endothelial Growth-Factor, Hypertension, Lung-Cancer, Management, Meta-Analysis, Metastatic Colorectal-Cancer, Model, Monitoring, Oncology, Phase-III Trial, Randomized-Trial, Relative Risk, Renal-Cell Carcinoma, Review, Risk, Science, Systematic, Systematic Review, Therapy, Trend, Tumor-Growth, Vascular Endothelial Growth Factor, Web of Science

# Title: American Journal of Industrial Medicine

Full Journal Title: [American Journal of Industrial Medicine](http://www3.interscience.wiley.com/cgi-bin/jtoc?ID=34471)

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JCR Abbreviated Title: Am J Ind Med

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Journal Country/Territory: United States

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Publisher: Wiley-Liss

Publisher Address: Div John Wiley & Sons Inc, 605 Third Ave, New York, NY 10158-0012

Subject Categories:

Public, Environmental & Occupational Health: Impact Factor, 1.368, 40/85

? Deatherage, J.H., Furches, L.K., Radcliffe, M., Schriver, W.R. and Wagner, J.P. (2004), Neglecting safety precautions may lead to trenching fatalities. *American Journal of Industrial Medicine*, **45** (6), 522-527.

Full Text: [2004\Ame J Ind Med45, 522.pdf](2004/Ame%20J%20Ind%20Med45,%20522.pdf)

Abstract: Background Trench collapses ranked as the seventh leading cause of the possible twenty-nine causes of OSHA-inspected fatal construction events during the period 1991-2001. This study aims to examine why these fatalities occurred. Methods Forty-four case files from OSHA inspections of fatal trench collapses were reviewed. Results Improper protection of the excavation site where work was taking place was the leading fatality cause. Several organizational or physical conditions were present at many fatal sites; the most frequent was that no training had been provided for trenching. Conclusions Presence of a competent, diligent person at the site would have prohibited most fatalities. The top cited violation was lack of protection, that is, benching, shoring, sloping, trench boxes, etc. (29 CFR 1926.652 (a) (1)). (C) 2004 Wiley-Liss, Inc.

Keywords: 29 CFR 1926, Construction Fatalities, OSHA Violation, Trench Collapse

? Osborne, A., Blake, C., Fullen, B.M., Meredith, D., Phelan, J., McNamara, J. and Cunningham, C. (2012), Prevalence of musculoskeletal disorders among farmers: A systematic review. *American Journal of Industrial Medicine*, **55** (2), 143-158.

Full Text: [2012\Ame J Ind Med55, 143.pdf](2012/Ame%20J%20Ind%20Med55,%20143.pdf)

Abstract: Objective To determine the prevalence of musculoskeletal disorders (MSDs) among farmers and to establish the most common regional MSDs reported. Methods Comprehensive electronic searches of Pubmed, Web of Science, CINAHL, SCOPUS, EMBASE, Agris Database, and Cochrane Library were carried out using keywords for MSDs and farmers. Pooled estimates of prevalence with 95% confidence intervals were calculated for overall MSD prevalence and the most common regional MSDs reported. Results Twenty-four studies fulfilled the inclusion criteria and were incorporated into this review. From these studies, life-time prevalence of any form of MSD among farmers was 90.6% while 1-year MSD prevalence was 76.9% (95% CI 69.8-82.7). The majority of studies focused on spinal MSDs with low back pain (LBP) the most frequently investigated. Life-time LBP prevalence was 75% (95% CI 67-81.5) while 1-year LBP prevalence was 47.8% (95% CI 40.2-55.5). The next most common regional MSDs reported were upper (range 3.6-71.4%) and lower extremities (range 10.4-41%). Conclusions the systematic review identified the prevalence of MSDs by body region in farmers and established that LBP was the most common MSD, followed by upper and then lower extremity MSDs. Reported trends suggest that the prevalence of MSDs in farmers is greater than in non-farmer populations. Case-definition uniformity among MSD researchers is warranted. More studies are needed regarding upper and lower extremity MSDs, gender, workplace, and task context of MSDs. Am. J. Ind. Med. 55: 143-158, 2012. (C) 2011 Wiley Periodicals, Inc.

Keywords: Cochrane, Confidence Intervals, Dairy Farmers, Database, Embase, Family Health, Farmers, Gender, Hip, Irish Farmers, Life-Time, Lifetime, Low, Low-Back-Pain, Methods, Musculoskeletal Disorders, Osteoarthritis, Pain, Population, Prevalence, Researchers, Review, Risk-Factors, Science, Scopus, Symptoms, Systematic, Systematic Review, Trends, Web of Science, Web-of-Science, Work, Workplace

? Mattioli, S., Gori, D., Di Gregori, V., Ricotta, L., Baldasseroni, A., Farioli, A., Zanardi, F., Galletti, S., Colosio, C., Curti, S. and Violante, F.S. (2013), PubMed search strings for the study of agricultural workers’ diseases. *American Journal of Industrial Medicine*, **56** (12), 1473-1481.

Full Text: [2013\Ame J Ind Med56, 1473.pdf](2013/Ame%20J%20Ind%20Med56,%201473.pdf)

Abstract: BackgroundSeveral optimized search strategies have been developed in Medicine, and more recently in Occupational Medicine. The aim of this study was to identify efficient PubMed search strategies to retrieve articles regarding putative occupational determinants of agricultural workers’ diseases. MethodsWe selected the Medical Subjects Heading (MeSH) term agricultural workers’ diseases and six MeSH terms describing farm work (agriculture, agrochemicals NOT pesticides, animal husbandry, pesticides, rural health, rural population) alongside 61 other promising terms. We estimated proportions of articles containing potentially pertinent information regarding occupational etiology to formulate two search strategies (one more specific, one more sensitive). We applied these strategies to retrieve information on the possible occupational etiology among agricultural workers of kidney cancer, knee osteoarthritis, and multiple sclerosis. We evaluated the number of needed to read (NNR) abstracts to identify one potentially pertinent article in the context of these pathologies. ResultsThe more specific search string was based on the combination of terms that yielded the highest proportion (40%) of potentially pertinent abstracts. The more sensitive string was based on use of broader search fields and additional coverage provided by other search terms under study. Using the more specific string, the NNR to find one potentially pertinent article were: 1.1 for kidney cancer; 1.4 for knee osteoarthritis; 1.2 for multiple sclerosis. Using the sensitive strategy, the NNR were 1.4, 3.6, and 6.3, respectively. ConclusionThe proposed strings could help health care professionals explore putative occupational etiology for agricultural workers’ diseases (even if not generally thought to be work related). Am. J. Ind. Med. 56:1473-1481, 2013. (c) 2013 Wiley Periodicals, Inc.

Keywords: Agricultural, Agriculture, Agrochemicals, Animal Husbandry, Cancer, Care, Context, Coverage, Diseases, Etiology, Health, Health Care, Information, Kidney, Medical, Medicine, Multiple Sclerosis, Occupational, Periodicals, Pesticides, Population, Pubmed, Rural, Rural Health, Rural Population, Search, Search Strategies, Strategy, Term, Work

# Title: American Journal of Infection Control

Full Journal Title: American Journal of Infection Control

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Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Nasiri, M.J., Dabiri, H., Darban-Sarokhalil, D., Rezadehbashi, M. and Zamani, S. (2014), Prevalence of drug-resistant tuberculosis in Iran: Systematic review and meta-analysis. *American Journal of Infection Control*, **42** (11), 1212-1218.

Full Text: [2014\Ame J Inf Con42, 1212.pdf](2014/Ame%20J%20Inf%20Con42,%201212.pdf)

Abstract: Background: The spread of multidrug-resistant tuberculosis (MDR-TB) is a major public health problem worldwide. Although drug resistance is common in some countries and rare in others, the extent of this condition is not precisely known in Iran. Methods: We searched several databases including PubMed, Web of Science, Scopus, Iran Medex, and Scientific Information Database to identify studies addressing drug-resistant tuberculosis in Iran. A total of 19 reports published from different regions of Iran from March 1999-May 2013 were included in this study. Results: The meta-analyses revealed that 23% (95% confidence interval [CI], 21.8-24.2) of new cases and 65.6% (95% CI, 62.5-68.5) of previously treated cases were resistant to at least 1 drug. Furthermore, MDR-TB was found in 5.1% (95% CI, 4.4-5.8) of new cases, whereas it was found in 33.7% (95% CI, 30.8-36.7) of retreatment cases. The highest rate of resistance in new and previously treated cases was seen against streptomycin (19%) and isoniazid (47%), respectively. Conclusion: The results of the present study underscore the need for further enforcement of TB control strategies. Drug susceptibility testing, establishing advanced diagnostic facilities, and continuous monitoring of drug resistance are recommended for prevention and control of MDR- TB. Copyright (C) 2014 by the Association for Professionals in Infection Control and Epidemiology, Inc. Published by Elsevier Inc. All rights reserved.

Keywords: Association, Confidence, Control, Database, Databases, Diagnostic, Drug, Drug Resistance, Enforcement, Epidemiology, Facilities, From, Health, Health Problem, Infection, Information, Interval, Iran, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Monitoring, Mycobacterium-Tuberculosis, Nov, Pattern, Prevalence, Prevention, Prevention And Control, Public, Public Health, Public Health Problem, Pubmed, Resistance, Results, Review, Rights, Science, Scopus, Strains, Streptomycin, Susceptibility, Systematic, Systematic Review, Tb, Testing, Tuberculosis, Web, Web Of Science

# Title: American Journal of Kidney Diseases

Full Journal Title: American Journal of Kidney Diseases

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Subject Categories:

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? Zhu, X.L., Wu, S.H., Dahut, W.L. and Parikh, C.R. (2007), Risks of proteinuria and hypertension with bevacizumab, an antibody against vascular endothelial growth factor: Systematic review and meta-analysis. *American Journal of Kidney Diseases*, **49** (2), 186-193.

Full Text: [2007\Ame J Kid Dis49, 186.pdf](2007/Ame%20J%20Kid%20Dis49,%20186.pdf)

Abstract: Background: Angiogenesis inhibitors have emerged as an effective targeted therapy in the treatment of patients with many cancers. One of the most widely used angiogenesis inhibitors is bevacizumab, a neutralizing antibody against vascular endothelial growth factor. The overall risk of proteinuria and hypertension in patients with cancer on bevacizumab therapy is unclear. We performed a systematic review and meta-analysis of published clinical trials of bevacizumab to quantify the risk of proteinuria and hypertension. Methods: the databases MEDLINE (OVID, 1966 to June 2006) and Web of Science and abstracts presented at the American Society of Clinical Oncology annual meetings from 2004 through 2006 were searched to identify relevant studies. Eligible studies were randomized controlled trials of patients with cancer treated with bevacizumab that described the incidence of proteinuria and hypertension. Relative risk (RR) was calculated by using the fixed-effects model. Results: A total of 1,850 patients were included in the 7 trials identified from the literature. Bevacizumab was associated with a significant increased risk of proteinuria (RR, 1.4 with low-dose bevacizumab; 95% confidence interval [Cl], 1.1 to 1.7; FIR, 2.2 with high dose; 95% Cl, 1.6 to 2.9). Hypertension also was increased significantly among patients receiving bevacizumab (FIR, 3.0 for low dose; 95% Cl, 2.2 to 4.2; FIR, 7.5 for high dose; 95% Cl, 4.2 to 13.4). Conclusion: There was a significant dose-dependent increase in risk of proteinuria and hypertension in patients with cancer who received bevacizumab.

Keywords: Angiogenesis, Anti-Vegf Antibody, Bevacizumab, Cancer, Clinical Trials, Combination, Databases, Fluorouracil, Hypertension, Leucovorin, Literature, MEDLINE, Meta-Analysis, Metastatic Colorectal-Cancer, Methods, Model, Oncology, Phase-Ii Trial, Preeclampsia, Proteinuria, Randomized Controlled Trials, Randomized-Trial, Receptor-1, Review, Risk, Science, Systematic, Systematic Review, Therapy, Treatment, Vascular Enclothelial Growth Factor (VEGF), Vascular Endothelial Growth Factor, Web of Science

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Full Text: [2011\Ame J Kid Dis58, 921.pdf](2011/Ame%20J%20Kid%20Dis58,%20921.pdf)

Abstract: Background: Diagnostic errors represent an important cause of preventable harm in health care that may be reduced through evidence-based choice, use, and interpretation of diagnostic tests. We hypothesized that diagnostic errors are reduced through evidence-based choice, use, and interpretation of diagnostic tests. Study Design: Retrospective cohort study. Setting & Population: Diagnostic test studies. Selection Criteria for Studies: Publications from 1966-2008 retrieved from MEDLINE. Intervention: the Quality of Diagnostic Accuracy Studies (QUADAS) tool. Outcomes: Number and coverage of diagnostic studies in nephrology and methodological quality of the test accuracy subset. Results: Fewer diagnostic studies were published in nephrology than other areas of internal medicine, although the proportion of total citations that were diagnostic studies (4.9% +/- 2.8% [SD]) was not statistically different from other specialties (P = 0.2). Within nephrology, some topic areas (eg, urinary tract infections) were over-represented, whereas others (eg, acute kidney injury) had relatively few diagnostic studies (range, 2.7%-12.5%). Examining the randomly selected subset of studies that were diagnostic test accuracy studies (120) showed variable quality. Ninety-seven percent (116 of 120) of studies adequately described index test procedure, but only 27% (32 of 120) adequately blinded investigators to results of index tests, and 36% (43 of 120), to results of reference tests. The quality of nephrology diagnostic test accuracy studies has not improved substantially during the past 30 years. Limitations: Comparing nephrology with other specialties, some potential inequalities of scale could not be addressed, which may influence research output results across specialties. Conclusions: Diagnostic research in nephrology is published less frequently than most other medical specialties. The quality of diagnostic test accuracy studies that are published is variable and leaves room for improvement. Am J Kidney Dis. 58(6): 921-927. (C) 2011 by the National Kidney Foundation, Inc. Published by Elsevier Inc. All rights reserved.

Keywords: Accuracy, Acute, Bibliometrics, Cancer, Care, Citations, Cohort Study, Coverage, Diagnostic Test, Diagnostic Tests, Errors, Health Care, Injury, Interpretation, Intervention, Kidney, Medical, Medicine, MEDLINE, Nephrology, Outcomes, Publications, Quality, Quantity, Research, Research Output, Selection, Test Accuracy Studies, Tract, Urinary Tract Infections

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Full Text: [2014\Ame J Kid Dis63, 479.pdf](2014/Ame%20J%20Kid%20Dis63,%20479.pdf)

Abstract: Background: Citrate solution has been suggested as an effective and safe catheter lock in hemodialysis. However, whether a citrate lock is superior to a heparin lock in preventing catheter-related infections and maintaining catheter patency is inconclusive. Study Design: A systematic review and meta-analysis was performed by searching in PubMed, EMBASE, Ovid, the Cochrane Library, and Web of Science databases and major nephrology journals. Setting & Population: Patients receiving hemodialysis with central venous catheters. Selection Criteria for Studies: Randomized controlled trials comparing citrate locks with heparin locks in hemodialysis patients with central venous catheters. Intervention: Locking central venous catheters with citrate locks. Outcomes: Primary outcomes include catheter-related bloodstream infection (CRBSI), exit-site infection, catheter removal for poor flow, and thrombolytic treatment. Results: 13 randomized controlled trials (1,770 patients, 221,064 catheter-days) met the inclusion criteria. Pooled analyses found that citrate locks could significantly reduce the incidence of CRBSI (risk ratio [ RR], 0.39; 95% CI, 0.27-0.56; P, 0.001). Subgroup analysis showed that antimicrobial-containing citrate locks (citrate1gentamicin, citrate1taurolidine, and citrate1methylene blue1methylparaben1propylparaben) were superior to heparin locks in the prevention of CRBSI (P, 0.001, P 5 0.003, and P 5 0.008, respectively), whereas citrate alone failed to show a similar advantage (P 5 0.2). Low-(1.04%-4%) to moderate-concentration (4.6%-7%) citrate locks were associated with decreased CRBSI incidence (P, 0.001 and P 5 0.003, respectively), but patients receiving high-concentration (30%-46.7%) citrate and heparin locks had similar incidences (P 5 0.3). The incidence of bleeding episodes (RR, 0.48; 95% CI, 0.30-0.76; P 5 0.002) was significantly lower in patients receiving citrate locks, whereas both groups were similar in terms of exit-site infection (P 5 0.2), catheter removal for poor flow (P 5 0.9), thrombolytic treatment (P 5 0.8), all-cause death (P 5 0.3), catheter thrombosis (P 5 0.9), mean catheter duration (P 5 0.2), CRBSI-free catheter survival (P 5 0.2), and catheter-related readmission (P 5 0.5). Limitations: All studies used in the meta-analysis were performed in Western countries. The applicability of our findings to other regions remains to be clarified. Conclusions: An antimicrobial-containing citrate lock is better than a heparin lock in the prevention of catheter-related infection, while citrate alone fails to show a similar advantage. Citrate locks of low to moderate concentrations, rather than high concentration, were superior to heparin locks in preventing CRBSI. Citrate locks also might decrease bleeding episodes. No difference has been identified in the efficacy to prevent exit-site infection or preserve catheter patency between citrate and heparin locks. (C) 2014 by the National Kidney Foundation, Inc.

Keywords: 4-Percent, Analyses, Analysis, Antimicrobial Solution, Bacteremia, Biofilm Formation, Bleeding, Catheter, Catheter Lock, Catheter-Related Bacteremia, Central Venous Catheters, Citrate, Concentration, Criteria, Databases, Death, Design, Dialysis Catheters, Duration, Efficacy, Embase, Exit-Site Infection, Flow, Gentamicin, Groups, Hemodialysis, Heparin, Incidence, Infection, Infections, Intervention, Journals, Lock Solution, Mar, Meta Analysis, Meta-Analysis, Metaanalysis, Nephrology, Outcomes, P, Patients, Population, Prevent, Prevention, Pubmed, Randomized, Randomized Controlled Trials, Readmission, Reduction, Removal, Renal Replacement Therapy, Results, Review, Risk, Science, Solution, Survival, Systematic Review, Thrombosis, Treatment, Trisodium Citrate, Vascular Access, Web of Science, Web of Science Databases

? Heiwe, S. and Jacobson, S.H. (2014), Exercise training in adults with CKD: A systematic review and meta-analysis. *American Journal of Kidney Diseases*, **64** (3), 383-393.

Full Text: [2014\Ame J Kid Dis64, 383.pdf](2014/Ame%20J%20Kid%20Dis64,%20383.pdf)

Abstract: Background: Whether exercise can affect health outcomes in people with chronic kidney disease (CKD) and what the optimal exercise strategies are for patients with CKD remain uncertain. Study Design: Systematic review and meta-analysis of randomized controlled trials. Setting & Population: Adults with CKD stages 2-5, dialysis therapy, or a kidney transplant. Selection Criteria for Studies: Trials evaluating regular exercise training outcomes identified by searches in Cochrane CENTRAL, MEDLINE, EMBASE, CINAHL, Web of Science, BIOSIS, PEDro, AMED, AgeLine, PsycINFO, and KoreaMed, without language restriction. Intervention: Regular exercise training for at least 8 weeks. Outcomes: Vary by study but could include aerobic capacity, muscular functioning, cardiovascular function, walking capacity, and health-related quality of life. Treatment effects were summarized as standardized difference with 95% CIs using random-effects meta-analysis. Results: 41 trials (928 participants) comparing exercise training with sham exercise or no exercise were included; overall, improved aerobic capacity, muscular functioning, cardiovascular function, walking capacity, and health-related quality of life were associated with various exercise interventions, although the preponderance of data were for dialysis patients and used aerobic exercise programs. Limitations: Unclear or high risk of bias in 32% of the trials, few trial data concerning resistance training, and limited data for several important outcomes. Conclusions: Regular exercise training generally is associated with improved health outcomes in individuals with CKD. Correctly designed exercise rehabilitation may be an effective part of care for adults with CKD. Future studies should examine longer term outcomes and strategies to translate exercise done in a supervised setting to the home setting for broader applicability. (C) 2014 by the National Kidney Foundation, Inc.

Keywords: Adults, Aerobic Exercise, Bias, Capacity, Cardiovascular, Cardiovascular Function, Cardiovascular-Disease, Care, Chronic, Chronic Kidney Disease, Chronic-Hemodialysis Patients, Data, Design, Dialysis, Disease, Effects, Embase, Exercise, Exercise Training, Function, Health, Health Outcomes, Health-Related Quality Of Life, Heart-Rate-Variability, Intervention, Interventions, Intradialytic Exercise, Kidney, Kidney Disease, Language, Life, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Outcomes, Patients, Physical Fitness, Population, Psycinfo, Quality, Quality Of, Quality Of Life, Quality-Of-Life, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, Regular, Rehabilitation, Resistance, Resistance Exercise, Resistance Training, Resting Blood-Pressure, Results, Review, Risk, Science, Stage Renal-Disease, Systematic, Systematic Review, Systematic Reviews, Term, Therapy, Training, Treatment, Trial, Walking, Web Of Science

# Title: American Journal of Managed Care

Full Journal Title: American Journal of Managed Care

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: Impact Factor

? Oake, N., Jennings, A., van Walraven, C. and Forster, A.J. (2009), Interactive voice response systems for improving delivery of ambulatory care. *American Journal of Managed Care*, **15** (6), 383-391.

Full Text: [2009\Ame J Man Car15, 383.pdf](2009/Ame%20J%20Man%20Car15,%20383.pdf)

Abstract: Objective: To comprehensively describe the populations, interventions, and outcomes of interactive voice response system (IVRS) clinical trials. Methods: We identified studies using MEDLINE (1950-2008) and EMBASE (1980-2008). We also identified studies using hand searches of the Science Citation Index and the reference lists of included articles. Included were randomized and controlled clinical trials that examined the effect of an IVRS intervention on clinical end points, measures of disease control, process adherence, or quality-of-life measures. Continuous and dichotomous outcomes were meta-analyzed using mean difference and median effects methodology, respectively. Results: Forty studies (n = 106,959 patients) met inclusion criteria. of these studies, 25 used an IVRS intervention aimed at encouraging adherence with recommended tests, treatments, or behaviors; the remaining 15 used an IVRS for chronic disease management. Three studies reported clinical end points, which could not be statistically pooled. In 6 studies that reported objective clinical measures of disease control (glycosylated hemoglobin, total cholesterol, and serum glucose), The IVRS was associated with nonsignificant improvements. In 14 studies that measured objective process adherence outcomes, the median effect was 7.9% (25th-75th percentile: 2.8%, 19.5%). For the 16 studies that assessed patient-reported measures of disease control and the 11 studies that assessed patient-reported process adherence outcomes, approximately one-third of the outcomes significantly favored the IVRS group. Conclusion: IVRS interventions, which enable patients to interact with computer databases via telephone, have shown a significant benefit in adherence to various processes of care. Future IVRS studies should include clinically relevant outcomes. (Am J Manag Care. 2009; 15(6): 383-391).

Keywords: Automated Calls, Cholesterol Reduction, Generated Telephone Messages, Heart-Failure, Information-Technology, Management, Nurse Follow-up, Physical-Activity, Randomized Controlled-Trial, Smoking-Cessation, Telecommunications System

? Sobieraj, D.M., Coleman, S.M. and Coleman, C.I. (2011), US prevalence of upper gastrointestinal symptoms: A systematic literature review. *American Journal of Managed Care*, **17** (11), E449-EU78.

Full Text: [2011\Ame J Man Car17, E449.pdf](2011/Ame%20J%20Man%20Car17,%20E449.pdf)

Abstract: Objectives: To quantify the prevalence of dyspeptic and gastroesophageal symptoms and peptic ulcer disease (PUD) in the United States and to identify factors affecting their prevalence. Study Design: Systematic search of MEDLINE and Web of Science through November 2010. Methods: We identified studies of US patients and evaluated a general (not disease-specific) adult sample that reported the prevalence of 1 or more upper gastrointestinal (GI) outcomes of interest, including dyspeptic symptoms, gastroesophageal symptoms, dyspeptic and/or gastroesophageal symptoms, or PUD. Proportions of individuals in each study reporting each symptom were pooled to derive separate prevalence estimates. Qualitative synthesis of data depicting multivariate relationships between covariates and upper GI outcomes was undertaken. Results: A total of 36 citations representing 24 studies were included: 9 studies reporting dyspeptic symptoms (n = 14,1811, 14 reporting gastroesophageal symptoms (n = 58,7011, 5 reporting dyspeptic and/or gastroesophageal symptoms (n = 103,175), and 7 reporting PUD prevalence (n = 269,299). The pooled prevalences of dyspeptic, gastroesophageal, and dyspeptic and/or gastroesophageal symptoms were 16.3% (95% confidence interval [CI] 9.1%-25.1%), 24.2% (95% Cl 18.2%-30.5%), and 35.2% (95% Cl 14.9%-58.9%). The pooled prevalence for studies asking for shorter-term PUD recall was 3.3% (95% Cl 2.2%-4.6%), with lifetime PUD prevalence estimated at 13.8%(95% Cl 10.7%-17.0%). The influence of covariates evaluated as part of multivariate analyses was often inconsistent. Conclusions: It appears that upper GI symptoms and disorders are common in US inhabitants. We identified patient- and study-level factors that should be considered when assessing upper GI symptom prevalence and conducting future research. (Am J Manag Care. 2071;17(11):e449-e458).

Keywords: Adult, Adult-Population, African-Americans, Care, Citations, Disease, Extraesophageal Reflux, Gastroesophageal-Reflux Disease, Gastrointestinal, Interest, Irritable-Bowel-Syndrome, Lifetime, Literature, Literature Review, MEDLINE, Methods, Outcomes, Patients, Peptic-Ulcer Disease, Prevalence, Quality-of-Life, Research, Review, Risk-Factors, Science, Symptoms, Synthesis, Systematic, Uninvestigated Dyspepsia, United States, United-States, US, Web of Science

# Title: American Journal of Mathematics

Full Journal Title: [American Journal of Mathematics](http://uk.jstor.org/journals/00029327.html)

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Newcomb, S. (1881), Note on the frequency of use of the different digits in natural numbers. *American Journal of Mathematics*, **4** (1), 39-40.

Full Text: [1981\Ame J Mat4, 39.pdf](1981/Ame%20J%20Mat4,%2039.pdf)

# Title: American Journal of Medical Genetics Part B-Neuropsychiatric Genetics

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? Zwijnenburg, P.J.G., Meijers-Heijboer, H. and Boomsma, D.I. (2010), Identical but not the same: the value of discordant monozygotic twins in genetic research. *American Journal of Medical Genetics Part B-Neuropsychiatric Genetics*, **153B** (6), 1134-1149.

Full Text: [2010\Ame J Med Gen Par B-Neu Gen153B, 1134.pdf](2010/Ame%20J%20Med%20Gen%20Par%20B-Neu%20Gen153B,%201134.pdf)

Abstract: Monozygotic (MZ) twins show remarkable resemblance in many aspects of behavior, health, and disease. Until recently, MZ twins were usually called “genetically identical”; however, evidence for genetic and epigenetic differences within rare MZ twin pairs has accumulated. Here, we summarize the literature on MZ twins discordant for Mendelian inherited disorders and chromosomal abnormalities. A systematic literature search for English articles on discordant MZ twin pairs was performed in Web of Science and PUBMED. A total number of 2,016 publications were retrieved and reviewed and 439 reports were retained. Discordant MZ twin pairs are informative in respect to variability of phenotypic expression, pathogenetic mechanisms, epigenetics, and post-zygotic mutagenesis and may serve as a model for research on genetic defects. The analysis of single discordant MZ twin pairs may represent an elegant approach to identify genes in inherited disorders. (C) 2010 Wiley-Liss, Inc.

Keywords: Analysis, Chromosome Disorders, Discordant, Disease, Duanes Retraction Syndrome, Duchenne Muscular-Dystrophy, Epigenetics, Genetic, Genetic Diseases, Hereditary Optic Neuropathy, Inborn, Literature, Mccune-Albright Syndrome, Model, Monozygotic, Of-the-Literature, Publications, PUBMED, Research, Russell-Silver Syndrome, Science, Systematic, Systemic-Lupus-Erythematosus, Twin Studies, Twins, Ullrich-Turner-Syndrome, Variability, Web of Science, Wiedemann-Beckwith Syndrome, X-Chromosome Inactivation

# Title: American Journal of Medical Quality

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? Sun, G.H., MacEachern, M.P., Perla, R.J., Gaines, J.M., Davis, M.M. and Shrank, W.H. (2014), Health care quality improvement publication trends. *American Journal of Medical Quality*, **29** (5), 403-407.

Full Text: [2014\Ame J Med Qua29, 403.pdf](2014/Ame%20J%20Med%20Qua29,%20403.pdf)

Abstract: To analyze the extent of academic interest in quality improvement (QI) initiatives in medical practice, annual publication trends for the most well-known QI methodologies being used in health care settings were analyzed. A total of 10 key medical- and business-oriented library databases were examined: PubMed, Ovid MEDLINE, EMBASE, CINAHL, PsycINFO, ISI Web of Science, Scopus, the Cochrane Central Register of Controlled Trials, ABI/INFORM, and Business Source Complete. A total of 13 057 articles were identified that discuss at least 1 of 10 well-known QI concepts used in health care contexts, 8645 (66.2%) of which were classified as original research. “Total quality management” was the only methodology to demonstrate a significant decline in publication over time. “Continuous quality improvement” was the most common topic of study across all publication years, whereas articles discussing Lean methodology demonstrated the largest growth in publication volume over the past 2 decades. Health care QI publication volume increased substantially beginning in 1991.

Keywords: Articles, Bibliometrics, Business, Care, Databases, Embase, Growth, Health, Health Care, Improvement, ISI, ISI Web Of Science, Medical, Medical Practice, Medicare, Medline, Methodologies, Methodology, Practice, Psycinfo, Publication, Publication Trends, Pubmed, QI, Quality, Quality Assurance, Quality Improvement, Quality Of Health Care, Research, Safety, Science, Scopus, Topic, Trends, Volume, Web Of Science

# Title: American Journal of the Medical Sciences

Full Journal Title: American Journal of the Medical Sciences

ISO Abbreviated Title:

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Subject Categories:

: Impact Factor

? Falagas, M.E. and Bliziotis, I.A. (2007), Albendazole for the treatment of human echinococcosis: A review of comparative clinical trials. *American Journal of the Medical Sciences*, **334** (3), 171-179.

Full Text: 2007\Ame J Med Sci334, 171.pdf

Abstract: Background: Albendazole has been used in various ways in the treatment of cystic echinococcosis (CE). Methods: We reviewed the available evidence regarding the role of albendazole for the treatment of patients with CE. The available comparative clinical trials (randomized or not) that examined the use of albenclazole in CE were identified from the PUBMED and the ISI Web of Science databases. Relevant data from the trials were extracted and evaluated. Results: Thirteen studies were included in the review. Albendazole is superior to placebo for inoperable, symptomatic patients (I study). In addition, in 4 trials that tested albendazole as a preoperative adjuvant therapy, the drug resulted in degeneration of hydatid cysts at the time of surgery in a considerable proportion of patients. Furthermore, combined therapy with albenclazole and PAIR (Puncture, Aspiration, Injection of scolicidal agent, and Re-aspiration) technique was found more effective than albendazole or PAIR treatment alone, in a randomized controlled trial examining this issue. Finally, although existing evidence shows some superiority for albendazole compared to mebendazole, there is no definite proof about this. Conclusions: Although the available comparative trials provide considerable evidence for the role of albendazole in patients with CE, there are some important clinical questions that remained unanswered by the studies. One of them is whether the combination of albendazole with praziquantel is superior to albendazole alone when both effectiveness and drug toxicity are taken into account. Also, further studies should also compare the combination of albendazole/ PAIR with albendazole/surgery focusing on both short and long term outcomes.

Keywords: Adjuvant Therapy, Benzimidazoles, Chemotherapy, Clinical Trials, Combination, Databases, Drug, Echinococciasis, Echinococcus Granulosus, Effectiveness, Experience, Granulosus, Human, Human Cystic Echinococcosis, Hydatid Cyst, Hydatid-Disease, ISI, Liver Hydatidosis, Mebendazole, Mebendazole, Methods, Outcomes, Pair, Percutaneous Drainage, Percutaneous Therapy, Praziquantel, Praziquantel, PUBMED, Randomized Controlled Trial, Review, Science, Surgery, Surgical Therapy, Therapy, Toxicity, Treatment, Web of Science

? Falagas, M.E., Charitidou, E. and Alexiou, V.G. (2008), Article and journal impact factor in various scientific fields. *American Journal of the Medical Sciences*, **335** (3), 188-191.

Full Text: [2008\Ame J Med Sci335, 188.pdf](2008/Ame%20J%20Med%20Sci335,%20188.pdf)

Abstract: Background: We tried to provide the scientific community with data to answer the following simple question: What proportion of publications in the various scientific fields is published in journals with impact factor above the median and mean values of the distribution of journal impact factor? Methods: We analyzed and compared the distribution of the impact factor data reduced to the unit of science publication, the article. We calculated the proportion of articles published in journals with impact factor above the journal mean impact factor, journal median impact factor, and article mean impact. Results: For all categories examined, at the article level, the mean impact factor was higher than the median (by 13.7% to 500% for the various scientific categories). The mean impact factor of journals was considerably lower than the mean impact factor of articles (by 0.3 to 6.4 units). The proportion of articles that were published in journals with impact factor above the journals’ median impact factor was well above 50% in 17 of 19 scientific fields examined (all except mathematics and computer science). Significance: Our analysis shows that in most scientific fields examined, it is quite easier to publish an article in the top 50% of journals (based on impact factor calculations) than it is for the article to be included in the top 50% of published articles (based on the assumption made regarding the article’ impact factor).

Keywords: Analysis, Community, Computer, Data, Distribution, Evaluation, Impact, Impact Factor, Journal, Journal Impact, Journal Impact Factor, Journals, MAR, Mathematics, Publication, Publications, Research Funding, Research Productivity, Science, Values

? Zbar, A. and Frank, E. (2011), Significance of authorship position: An open-ended international assessment. *American Journal of the Medical Sciences*, **341** (2), 106-109.

Full Text: 2011\Ame J Med Sci341, 106.pdf; [2011\Ame J Med Sci341, 106-1.pdf](2011/Ame%20J%20Med%20Sci341,%20106-1.pdf)

Abstract: Introduction: the International Committee of Medical Journal Editors (ICMJE) does not recommend guidelines on authorship position, despite its important role in academic promotion. To identify perceptions of authorship position, the authors performed the first study of authorship position using only open-ended questioning. Methods: Articles with at least 3 authors were selected from the top 10 cited and 20 other medical journals. The first, last, and 1 author in-between were selected and asked to identify contributions of first and last authors listed in medical journal articles. The responses were analyzed for differences between perceptions of first versus last authorship. Results: Respondents were more likely to report ICMJE criteria being fulfilled by first authors; however, only 1.1% identified all 3 ICMJE conditions of authorship for either author. ICMJE criteria were no more likely identified by authors of high-impact versus low-impact journals. Significant differences existed between the understandings of appropriate roles for first-versus last-listed authors. First-listed authors were viewed at least 7 times more likely to be involved in study conduct, manuscript writing, have a major study contribution and perform the majority of the work involved. Last-listed authors were at least 7 times more likely to be viewed as having a minor or no contribution to the study, provide funding, be a laboratory head/mentor, hold a senior position and supervise/oversee the study. Conclusions: ICMJE authorship criteria were poorly identified by respondents in this open-ended, international sampling of medical journal authors. Although ICMJE criteria are ideally met by all authors, this does not seem to be well understood or accepted.

Keywords: Articles, Assessment, Author, Authors, Authorship, Authorship Order, Contribution, Differences, Funding, Guidelines, ICMJE, International, Journal, Journals, Medical, Medical Journals, Methods, Order, Perceptions, Promotion, Significant, Writing

? Santos-Oliveira, R. and Machado, M. (2011), Pitfalls with radiopharmaceuticals. *American Journal of the Medical Sciences*, **342** (1), 50-53.

Full Text: [2011\Ame J Med Sci342, 50.pdf](2011/Ame%20J%20Med%20Sci342,%2050.pdf)

Abstract: Introduction: There is a considerable body of evidence describing that the pharmacokinetics and pharmacodynamics of radiopharmaceuticals may be changed by a variety of drugs, disease states and in some cases, surgical procedures. Objective: To systematically search the medical literature and review the published evidence on adverse reactions to radiopharmaceuticals. Method: MEDLINE, EMBASE, International Pharmaceutical Abstracts and Science Citation Index were searched for studies reporting adverse reactions to radiopharmaceuticals. Controlled trials, cohort studies, case-control studies and case series published in major Western languages were considered for the review. Each study included in the present review was described in a narrative way, and major components of each study were reported (ie, research design, patient characteristics, types of drugs and radiopharmaceuticals, dosing information and adverse reactions). Results: the majority of adverse reactions to radiopharmaceuticals described in the literature required little or no treatment, and their negative effects were generally mild and self-limited. Large longitudinal greater than 5-year studies reported prevalence rates of adverse reactions due to radiopharmaceuticals ranging from 0 to 25 cases per 100,000 administrations. Case studies on the use of technetium reported mild adverse reactions; however, some led to potentially harmful complications. Similarly, studies involving fluorodeoxyglucose reported more severe adverse reactions. Conclusion: the literature on radiopharmaceuticals adverse effects is scarce, and just a few studies were conducted to investigate the association between radiopharmaceuticals and adverse reactions. Despite relatively mild and self-limited symptoms, the current widespread use of radiopharmaceuticals requires constant monitoring for adverse reactions.

Keywords: Adverse Reaction, Adverse-Reactions, Case Series, Chemotherapy, Citation, Clinical Report, Drug Interaction, Drug-Interactions, Embase, Information, Literature, Literature Review, Medical, MEDLINE, Nuclear-Medicine, Prevalence, Radiopharmaceuticals, Research, Research Design, Review, Science Citation Index, Sestamibi, TC-99M

# Title: American Journal of Medicine

Full Journal Title: [[American Journal of Medicine](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=5195&_auth=y&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=c25b2bd4798ad393ff537cd421c428df)](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=5195&_auth=y&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=c25b2bd4798ad393ff537cd421c428df)

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Saint, S. and Matthay, M.A. (1998), Risk reduction in the intensive care unit. *American Journal of Medicine*, **105** (6), 515-523.

Full Text: [1998\Ame J Med105, 515.pdf](1998/Ame%20J%20Med105,%20515.pdf)

Abstract: Many potentially preventable complications occur in patients who receive intensive care. We have reviewed the epidemiology of three important complications (venous thromboembolism, stress-related upper gastrointestinal bleeding, and vascular catheter-related infection) and evaluated common preventive treatments to provide evidence-based recommendations for prevention. We used English language articles located by MEDLINE or cross-citation, giving preference to articles published in the last 10 years, meta-analyses, and clinical trials that were randomized, double-blinded, and used intention-to-treat analysis. We recommend prophylaxis against venous thromboembolism in most patients, whereas those without respiratory failure or coagulopathy may not require prophylaxis against stress-related upper gastrointestinal hemorrhage. Chlorhexidine gluconate is the preferred antiseptic for disinfecting the skin prior to and during intravascular catheterization. Central venous catheters impregnated with antibacterial or antiseptic agents should be considered in patients at high risk for vascular catheter-related infection. Finally, central venous, pulmonary arterial, and systemic arterial catheters should be changed only when clinically indicated. Am J Med. 1998;105: 515-523. (C) 1998 by Excerpta Medica, Inc.

Keywords: Deep-Vein Thrombosis, Molecular-Weight Heparin, Critically Ill Patients, Low-Dose Heparin, Central Venous Catheters, Pulmonary-Artery Catheters, Cost-Effectiveness Analysis, Total Parenteral-Nutrition, Stress-Ulcer Prophylaxis, Double-Blind Trial

Rodrigo, G., Rodrigo, C. and Burschtin, O. (1999), A meta-analysis of the effects of ipratropium bromide in adults with acute asthma. *American Journal of Medicine*, **107** (4), 363-370.

Full Text: [1999\Ame J Med107, 363.pdf](1999/Ame%20J%20Med107,%20363.pdf)

Abstract: PURPOSE: To review the literature to determine whether inhaled ipratropium bromide provides additive benefits to adults with acute asthma who are being treated with beta-agonists in an emergency department. SUBJECTS and METHODS: English-language studies, both published (1978 to 1999) and unpublished, were retrieved using MEDLINE, Science Citation Index, Current Contents, bibliographic reviews of primary research, review articles, consultation with experts, and the register of Medical Editors’ Trial Amnesty. Only randomized, double-blind, controlled trials that enrolled patients having an exacerbation of asthma were included. The main outcome measure was pulmonary function; hospital admission rate was also evaluated. RESULTS: Ten studies including 1,483 adults with acute asthma were selected (mean age 32±13 years, 36% men). The overall effect size in SD units of pulmonary function showed a significant benefit from ipratropium (effect size 0.14, 95% confidence interval [CI]: 0.04 to 0.24, P = 0.008). Study-specific effect sizes ranged from 0.03 to 0.63. This pooled effect size was equivalent to a 10% (95% CI: 2% to 18%) increase in forced expiratory volume in 1 second (FEV) or peak expiratory flow in the ipratropium group compared with the control group. Analysis of the four studies that included patients with extreme obstruction (: FEV, or peak flow <35% of predicted at presentation) showed substantial improvement with ipratropium therapy (effect size 0.38, 95% CI: 0.09 to 0.67). In the five trials (1, 186 patients) that studied the effect of ipratropium administration on hospital admissions, pooled results revealed that ipratropium reduced admission rates significantly (odds ratio 0.62, 95% CI: 0.44 to 0.88, P = 0.007). CONCLUSIONS: the addition of ipratropium to beta-agonist therapy offers a statistically significant, albeit modest, improvement in pulmonary function, as well as a reduction in the rate of hospital admissions. (C) 1999 by Excerpta Medica, Inc.

Keywords: Acute Childhood, Adding Ipratropium, Additive, Administration, Adults, Age, Albuterol, Asthma, Benefit, Conclusions, Confidence, Control, Effects, Efficacy, Emergency, Flow, Forced Expiratory Volume, Function, Group, Hospital, Hospital Admissions, Management, Meta-Analysis, Metaanalysis, Method, Methods, Nebulized Ipratropium, Outcome, Outcome Measure, P, Patients, Randomized, Reduction, Research, Review, Reviews, Salbutamol, Science Citation Index, Size, Subject, Therapy, Trials

Ray, J., Berkwits, M. and Davidoff, F. (1999), The fate of manuscripts rejected by a general medical journal. The *American Journal of Medicine*, **109** (2), 131-135.

Full Text: [1999\Ame J Med109, 131.pdf](1999/Ame%20J%20Med109,%20131.pdf)

Abstract: PURPOSE: the fate of research manuscripts that have been rejected by medical journals is of interest to authors, editors, and peer reviewers, but previous studies were conducted before the widespread availability of computerized literature searches. We update the previous investigations of the fate of rejected research manuscripts by using an electronic literature search and a larger sample, a longer follow-up, and more descriptive journal indexes.

METHODS: Using a retrospective cohort study design, we examined 350 manuscripts rejected by the *Annals of Internal Medicine*, a general medical journal, during 1993 and 1994. We assessed the number of manuscripts that were published after initial rejection, time to eventual publication, journal type (general versus specialty), and journal impact factor (higher scores indicated greater impact) and immediacy index.

RESULTS: of 350 rejected manuscripts, 240 (69%, 95% confidence interval [CI]: 64% to 73%) were eventually published after a mean of 552 days (95% CI: 479 to 544 days, range 121 to 1, 792 days). of 226 rejected research articles and reviews, 159 (70%, 95% CI: 64% to 76%) were subsequently published in specialty journals. During 1993 and 1994, the mean impact factor for articles published in the *Annals* was 9.60 (95% CI: 9.56 to 9.64), compared with a mean of 3.09 (95% CI: 2.80 to 3.37) for the journals in which the rejected articles were subsequently published (mean difference 6.52, 95% CI: 6.24 to 6.81, *P* < 0.0001). The immediacy index was also lower for these journals. Time to publication had a weak negative correlation with the impact factor of the journal in which the article was published (correlation coefficient -0.15, *P* = 0.007).

CONCLUSIONS: the majority of the manuscripts that were rejected from a large general medical journal were eventually published after an average of 18 months. Most were published in specialty journals with lower impact factor and immediacy index ratings.

Lyman, G.H., Kuderer, N.M. and Djulbegovic, B. (2002), Prophylactic granulocyte colony-stimulating factor in patients receiving dose-intensive cancer chemotherapy: A meta-analysis. The *American Journal of Medicine*, **112** (5), 406-411.

Full Text: [2002\Ame J Med112, 406.pdf](2002/Ame%20J%20Med112,%20406.pdf)

Abstract: PURPOSE: Several studies have evaluated the efficacy of the recombinant colony-stimulating factors in reducing the severity and duration of neutropenia and the risk of infection associated with dose-intensive cancer chemotherapy. We performed a meta-analysis to define better the magnitude of this effect and to assess the generalizability of the results among different diseases and types of treatment.

MATERIALS and METHODS: We used electronic databases and citation lists to identify controlled clinical trials of the prophylactic efficacy of the colony-stimulating factors on neutropenic complications. We selected randomized trials of the use of recombinant colony-stimulating factors before the onset of fever or neutropenia following systemic chemotherapy for solid tumors or malignant lymphomas.

RESULTS: We identified eight controlled trials (n = 1144 patients) of prophylactic colony-stimulating factors, including five trials of filgrastim (recombinant granulocyte colony-stimulating factors) and three studies of lenograstim (glycosylated granulocyte recombinant colony-stimulating factors). Five trials were double-blind and placebo-controlled; three included untreated controls. Use of recombinant colony-stimulating factors was associated with a reduced risk of febrile neutropenia (odds ratio [OR] = 0.38; 95% confidence interval [CI]: 0.29 to 0.49), documented infection (OR = 0.51; 95% CI: 0.36 to 0.73), and infection-related mortality (OR = 0.60; 95% CI: 0.30 to 1.22), but a greater risk of bone pain (OR = 2.9; 95% CI: 1.6 to 4.8).

CONCLUSION: In this meta-analysis, recombinant colony-stimulating factors were effective in reducing the risk of febrile neutropenia and documented infection associated with several malignancies and dose-intensive treatment regimens. (C) 2002 by Excerpta Medica, Inc.

Keywords: Non-Hodgkins-Lymphoma, Induction Chemotherapy, Neutropenia, Lenograstim, Filgrastim, Morbidity, Trials, CSF

Nordmann, A.J., Woo, K., Parkes, R. and Logan, A.G. (2003), Balloon angioplasty or medical therapy for hypertensive patients with atherosclerotic renal artery stenosis? A meta-analysis of randomized controlled trials. The *American Journal of Medicine*, **114** (1), 44-50.

Full Text: [2003\Ame J Med114, 44.pdf](2003/Ame%20J%20Med114,%2044.pdf)

Abstract: PURPOSE: the optimal treatment for hypertensive patients with atherosclerotic renal artery stenosis is controversial. We performed a meta-analysis comparing the effects of balloon angioplasty and medical therapy in these patients.

METHODS: We searched MEDLINE, EMBASE, the Science Citation index, the Cochrane Controlled Trials Registry, and reference lists. Authors of published trials were contacted.

RESULTS: We identified three trials involving a total of 210 patients with moderate-to-severe (greater than or equal to 50%) unilateral or bilateral atherosclerotic renal artery stenosis and poorly controlled hypertension who were followed for at least 3 months after intervention. Balloon angioplasty was significantly more effective in reducing blood pressure than was medical therapy; the weighted mean difference between the two treatments was - 7 mm Hg (95% confidence interval [CI]: - 12 to - 1 mm Hg) for systolic blood pressure and - 3 mm Hg (95% CI: - 6 to - 1 mm Hg) for diastolic blood pressure. There was no consistent difference in changes in renal function. Patients treated with balloon angioplasty were more likely to have patent renal arteries after 12 months (52% vs. 19%; odds ratio [OR] = 4.2; 95% CI: 1.8 to 9.8), used fewer antihypertensive medications, and appeared to have fewer major cardiovascular and renovascular complications (OR = 0.27; 95% CI: 0.06 to 1.23; P = 0.09).

CONCLUSION: Balloon angioplasty has a modest but significant effect on blood pressure and should be considered for patients with atherosclerotic renal artery stenosis and poorly controlled hypertension. There is no evidence supporting its use in improving or preserving renal function, although none of the trials were designed to address this issue. (C) 2003 by Excerpta Medica Inc.

Keywords: Blood-Pressure, Renovascular Disease, Clinical-Trials, Quality, Bias

? Rahman, M. and Fukui, T.S. (2003), Geography of randomized controlled trials in general internal medicine: Is the United States’ share declining? *American Journal of Medicine*, **114** (6), 510-511.

Full Text: [2003\Ame J Med114, 510.pdf](2003/Ame%20J%20Med114,%20510.pdf)

Keywords: General, Medicine, Randomized, Randomized Controlled Trials, United States

? Wijeysundera, D.N., Naik, J.S. and Beattie, W.S. (2003), Alpha-2 adrenergic agonists to prevent perioperative cardiovascular complications: A meta-analysis. *American Journal of Medicine*, **114** (9), 742-752.

Full Text: [2003\Ame J Med114, 742.pdf](2003/Ame%20J%20Med114,%20742.pdf)

Abstract: PURPOSE: To investigate the effects of alpha(2)-adrenergic agonists on perioperative mortality and cardiovascular complications in adults undergoing surgery. METHODS: MEDLINE (1966 to May 2002), EMBASE (1980 to May 2002), The Cochrane Clinical Trials Register, the Science Citation Index, and bibliographies of included articles were searched without language restriction. Randomized trials comparing preoperative, intraoperative, or postoperative (first 48 hours) administration of clonidine, dexmedetomidine, or mivazerol with controls were included. Studies had to report any of the following outcomes: mortality, myocardial infarction, ischemia, or supraventricular tachyarrhythmia. Treatment effects were calculated using the fixed-effects model. Heterogeneity was assessed using the Q test. RESULTS: Twenty-three trials comprising 3395 patients were included. Overall, alpha(2)-adrenergic agonists reduced mortality (relative risk [RR] = 0.64; 95% confidence interval [CI]: 0.42 to 0.99; P = 0.05) and ischemia (RR = 0.76; 95% CI: 0.63 to 0.91; P = 0.003) significantly. They also reduced mortality (RR = 0.47; 95% CI: 0.25 to 0.90; P = 0.02) and myocardial infarction (RR = 0.66; 95% CI: 0.46 to 0.94; P = 0.02) during vascular surgery. During cardiac surgery, alpha(2)-adrenergic agonists reduced ischemia (RR = 0.71; 95% CI: 0.54 to 0.92; P = 0.01) and were associated with trends toward lower mortality (RR = 0.49; 95% CI: 0.12 to 1.98; P = 0.3) and a reduced risk of myocardial infarction (RR = 0.83; 95% CI: 0.35 to 1.96; P = 0.7). CONCLUSION: Alpha-2 adrenergic agonists reduce mortality and myocardial infarction following vascular surgery. During cardiac surgery, they reduce ischemia and may also have effects on mortality and myocardial infarction. Large randomized trials are needed to evaluate these agents during cardiac and vascular surgery.

Keywords: Artery Bypass-Surgery, Articles, Bibliographies, Citation, Clinical-Trials, Dexmedetomidine Infusion, Double-Blind, High-Risk Patients, Hypertensive Patients, Intensive-Care Unit, Language, MEDLINE, Meta-Analysis, Model, Myocardial-Ischemia, Noncardiac Surgery, Outcomes, Risk, Science, Science Citation Index, Surgery, Trends, Vascular Surgery, Vascular-Surgery

Druss, B.G. and Marcus, S.C. (2005), Tracking publication outcomes of National Institutes of Health grants. The *American Journal of Medicine*, **118** (6), 658-663.

Full Text: [2005\Ame J Med118, 658.pdf](2005/Ame%20J%20Med118,%20658.pdf)

Abstract: PURPOSE: the peer-review literature is the primary medium through which the findings of funded research are evaluated by and disseminated to the broader scientific community. This study examines when and how grants funded by the National Institutes of Health (NIH) lead to publications. METHODS: Data on all investigator-initiated R01 grants funded during 1996 (n = 18 211) were extracted from the NIH’s Computer Retrieval of Information on Scientific Projects Web site. These data were linked with all MEDLINE articles published during and up through 4 years after completion of each grant using NIH grant numbers reported in the manuscript. Analyses examined the number, timing, and correlates of all linked publications and publications in core journals (179 journals, comprising the top 100 Institute for Scientific Information or 120 Abridged Index Medicus journals). RESULTS: On average, each grant produced 7.6 MEDLINE manuscripts (95% confidence interval [CI]: 7.47 to 7.69) and 1.61 publications in a core journal (95% CI: 1.56 to 1.65). In multivariable analyses among universities, more manuscripts and publications in core journals were seen for competing renewals versus new grants, for projects reviewed by basic science study sections, for full professors, and for universities with graduate programs ranked in the top 10 by US News and World Report. However, all grant, investigator, and institutional strata produced substantial numbers of publications per grant. CONCLUSIONS: the findings support the feasibility and potential utility of efforts to study the link between grant funding and research findings, an early step in the process by which funded science leads to improved clinical and public health. &COPY; 2005 Elsevier Inc. All rights reserved.

Keywords: Bibliometric Methods, Clinical-Trials, Impact, Institute for Scientific Information, Journal, Journals, Public Health, Publication, Publications, Research, Research Funding Policy, Translation, Universities, US

? Siris, E.S., Selby, P.L., Saag, K.G., Borgstrom, F., Herings, R.M.C. and Silverman, S.L. (2009), Impact of osteoporosis treatment adherence on fracture rates in North America and Europe. *American Journal of Medicine*, **122** (2), S3-S13.

Full Text: [2009\Ame J Med122, S3.pdf](2009/Ame%20J%20Med122,%20S3.pdf)

Abstract: Fragility fractures associated with osteoporosis constitute a significant public health concern. Clinical trials have shown that a variety of agents-bisphosphonates, raloxifene, calcitonin, hormone replacement therapy, teriparatide, and strontium ranelate-can reduce the risk of osteoporosis-related fragility fractures. However, low levels of compliance and persistence in the real-life setting mean that efficacy benefits observed in clinical trials with these agents may not translate into equivalent effectiveness in daily practice. The aim of this review is to provide a comprehensive evaluation of compliance and persistence data from retrospective/observational studies, with particular reference to studies that consider the effects on fracture rates. PUBMED of the National Center for Biotechnology Information (NCBI) and Web of Science databases were searched for publications detailing observational or retrospective analyses of adherence, compliance, and persistence with osteoporosis therapies. In addition, authors provided relevant studies that were not retrieved using the search criteria. In total, 17 unique publications were identified. Analysis of the publications indicated that low compliance and persistence rates for osteoporosis therapies in the real-life setting result in increased rates of fragility fractures. The results emphasize the importance of good treatment compliance and persistence with osteoporosis therapies in order to achieve a significant therapeutic benefit and thereby reduce the burden that osteoporosis and associated fractures place on individuals and healthcare systems. (C) 2009 Elsevier Inc. All rights reserved. The American Journal of Medicine (2009) 122, S3-S13.

Keywords: Adherence, Authors, Biotechnology, Bisphosphonate Therapy, Burden, Clinical Trials, Compliance, Database Analysis, Databases, Drug-Therapy, Economic Burden, Effectiveness, Efficacy, Europe, Evaluation, Fracture, Impact, Journal, Medication Compliance, Osteoporosis, Persistence, Persistence, PostmenopaUSAl Osteoporosis, Practice, Public Health, Publications, PUBMED, Review, Risk, Science, Therapy, Treatment, United-States, Web of Science, Women

? Nordmann, A.J., Suter-Zimmermann, K., Bucher, H.C., Shai, I., Tuttle, K.R., Estruch, R. and Briel, M. (2011), Meta-analysis comparing mediterranean to low-fat diets for modification of cardiovascular risk factors. *American Journal of Medicine*, **124** (9), 841-851.

Full Text: [2011\Ame J Med124, 841.pdf](2011/Ame%20J%20Med124,%20841.pdf)

Abstract: BACKGROUND: Evidence from individual trials comparing Mediterranean to low-fat diets to modify cardiovascular risk factors remains preliminary. METHODS: We systematically searched MEDLINE, EMBASE, Biosis, Web of Science, and the Cochrane Central Register of Controlled Trials from their inception until January 2011, as well as contacted experts in the field, to identify randomized controlled trials comparing Mediterranean to low-fat diets in overweight/obese individuals, with a minimum follow-up of 6 months, reporting intention-to-treat data on cardiovascular risk factors. Two authors independently assessed trial eligibility and quality. RESULTS: We identified 6 trials, including 2650 individuals (50% women) fulfilling our inclusion criteria. Mean age of enrolled patients ranged from 35 to 68 years, mean body mass index from 29 to 35 kg/m(2). After 2 years of follow-up, individuals assigned to a Mediterranean diet had more favorable changes in weighted mean differences of body weight (-2.2 kg; 95% confidence interval [CI], -3.9 to -0.6), body mass index (-0.6 kg/m(2); 95% CI, -1 to -0.1), systolic blood pressure (-1.7 mm Hg; 95% CI, -3.3 to -0.05), diastolic blood pressure (-1.5 mm Hg; 95% CI, -2.1 to -0.8), fasting plasma glucose (-3.8 mg/dL, 95% CI, -7 to -0.6), total cholesterol (-7.4 mg/dL; 95% CI, -10.3 to -4.4), and high-sensitivity C-reactive protein (-1.0 mg/L; 95% CI, -1.5 to -0.5). The observed heterogeneity across individual trials could, by and large, be eliminated by restricting analyses to trials with balanced co-interventions or trials with restriction of daily calorie intake in both diet groups. CONCLUSION: Mediterranean diets appear to be more effective than low-fat diets in inducing clinically relevant long-term changes in cardiovascular risk factors and inflammatory markers. (C) 2011 Elsevier Inc. All rights reserved. The American Journal of Medicine (2011) 124, 841-851.

Keywords: Adherence, Authors, Blood, Blood Pressure, Body Mass Index, Body Weight, Cardiovascular, Cardiovascular Risk, Cholesterol, Clinical-Trials, Cochrane, Coronary-Heart-Disease, Diet, Embase, Factors, Fasting, Follow-Up, Health-Care, Journal, Low-Fat Diet, Mediterranean Diet, MEDLINE, Meta-Analysis, Myocardial-Infarction, Patients, Plasma, Pressure, Randomized Controlled Trials, Randomized-Trial, Risk, Risk Factors, Science, Style Diet, Total Cholesterol, Web of Science, Weight-Loss, Women

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Full Text: [2013\Ame J Med126, 633.pdf](2013/Ame%20J%20Med126,%20633.pdf)

Abstract: BACKGROUND: Covert duplicate publication is unquestionably unethical and problematic. Approximately 3000 articles describing Budd-Chiari syndrome in China have been published. However, no study has yet explored the prevalence of covert duplicate publications among these articles. METHODS: We retrieved original articles regarding Budd-Chiari syndrome in China via the PubMed, Chinese Scientific and Technological Journal (VIP), and China National Knowledge Infrastructure databases. The prevalence of covert duplicate publications was evaluated across publication dates, institutional grades, and academic levels of the journals. RESULTS: Overall, 1914 articles were included in our analysis. These articles were produced by 632 institutions and published in 463 journals. Overall, 10% (184/1914) of the articles, 10% (62/632) of the institutions, and 26% (119/463) of the journals were involved in covert duplicate publications. A decreasing trend in the prevalence of covert duplicate publications over time was observed. The prevalence of covert duplicate publications was significantly higher in tertiary hospitals than in primary hospitals or unclassified institutions (10.0% vs 3.8%, P = .038), but the prevalence was similar between tertiary and secondary hospitals (10.0% vs 9.3%, P = .72). The prevalence of covert duplicate publications was significantly higher in Science Citation Index journals than in Chinese Academic Core journals (23.9% vs 10.3%, P = .001) and other journals (23.9% vs 8.3%, P < .001). CONCLUSIONS: Covert duplicate publications are relatively common among articles on Budd-Chiari syndrome in China. The high prevalence of covert duplicate publication in Science Citation Index journals should remind English-language journal editors to verify whether the articles submitted by Chinese researchers have been published in Chinese-language journals. (C) 2013 Elsevier Inc. All rights reserved.

Keywords: Academic, Analysis, Articles, Background, Budd-Chiari Syndrome, China, Chinese, Citation, Databases, Hospitals, Institutions, Journal, Journal Editors, Journals, Knowledge, Methods, P, Prevalence, Primary, Publication, Publications, Pubmed, Rights, Science, Science Citation Index, Syndrome, Trend

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Full Text: [2014\Ame J Med124, 1242.e1.pdf](2014/Ame%20J%20Med124,%201242.e1.pdf)

Abstract: BACKGROUND: All 5 components of metabolic syndrome have been shown to improve with lifestyle and diet modification. New strategies for achieving adherence to meaningful lifestyle change are needed to optimize atherosclerotic cardiovascular risk reduction. We performed a systematic literature review, based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses framework (PRISMA), investigating optimal methods for achieving lifestyle change in metabolic syndrome. METHODS: We submitted standardized search terms to the PubMed Central, CINAHL, Web of Science, and Ovid databases. Within those results, we selected randomized controlled trials (RCTs) presenting unique methods of achieving lifestyle change in patients with one or more components of the metabolic syndrome. Data extraction using the population, intervention, comparator, outcome, and risk of bias framework (PICO) was used to compare the following endpoints: prevalence of metabolic syndrome, prevalence of individual metabolic syndrome components, mean number of metabolic syndrome components, and amount of weight loss achieved. RESULTS: Twenty-eight RCTs (6372 patients) were included. Eight RCTs demonstrated improvement in metabolic syndrome risk factors after 1 year. Team-based, interactive approaches with high-frequency contact with patients who are motivated made the largest and most lasting impact. Technology was found to be a useful tool in achieving lifestyle change, but ineffective when compared with personal contact. CONCLUSION: Patient motivation leading to improved lifestyle adherence is a key factor in achieving reduction in metabolic syndrome components. These elements can be enhanced via frequent encounters with the health care system. Use of technologies such as mobile and Internet-based communication can increase the effectiveness of lifestyle change in metabolic syndrome, but should not replace personal contact as the cornerstone of therapy. Our ability to derive quantitative conclusions is limited by inconsistent outcome measures across studies, low power and homogeneity of individual studies, largely motivated study populations, short follow-up periods, loss to follow-up, and lack of or incomplete blinding. (C) 2014 Elsevier Inc. All rights reserved.

Keywords: Adherence, Background, Bias, Cardiovascular, Cardiovascular-Disease, Care, Communication, Data, Databases, Diet, Effectiveness, Exercise, Extraction, Factors, Follow-Up, Framework, Health, Health Care, Health Care System, Homogeneity, Impact, Improvement, Intervention, Literature, Literature Review, Loss To Follow-Up, Management, Measures, Metabolic Syndrome, Methods, Mobile, Modification, Modification Program, Motivation, Outcome, Outcome Measures, Patient, Patients, Physical-Activity, Population, Populations, Power, Prevalence, Prevention, Pubmed, Pubmed Central, Randomized, Randomized Controlled Trials, Randomized-Controlled-Trial, Reduction, Review, Rights, Risk, Risk Factors, Risk-Factors, Science, Syndrome, Systematic, Systematic Literature Review, Systematic Review, Systematic Reviews, Technologies, Technology, Therapy, Web, Web Of Science, Weight Loss, Weight-Loss

# Title: American Journal of Mens Health

Full Journal Title: American Journal of Mens Health

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Robinson, C.A., Bottorff, J.L., Pesut, B., Oliffe, J.L. and Tomlinson, J. (2014), The male face of caregiving: A scoping review of men caring for a person with dementia. *American Journal of Mens Health*, **8** (5), 409-426.

Full Text: [2014\Ame J Men Hea8, 409.pdf](2014/Ame%20J%20Men%20Hea8,%20409.pdf)

Abstract: The purpose of this scoping review was to examine the empirical evidence published since 2007 on men as family caregivers of persons with dementia. Searches were conducted on Academic Search Complete, Ageline, CINAHL, Embase, Medline, PsychINFO, Social Work Abstracts, and Web of Science using database-specific controlled (i.e., MeSH terms) vocabulary related to dementia, men, and caregiving. Studies published in English between 2007 and 2012 that provided evidence of the experiences of male family caregivers of persons with dementia were included in the review. A total of 30 articles were selected for inclusion. Studies were grouped into three major themes for review: men’s experiences of caregiving, relational factors, and outcomes of caregiving. The reviewed studies build on and support previous findings related to stress, burden, accessing services, and the importance of relational factors to men’s caregiving experiences. However, there is a need for a framework that explains these findings in relation to masculinities. Such a framework would provide the necessary unifying context for a more powerful explanatory account. Furthermore, there appears to be the potential for great benefit in fully linking men’s caregiver research to men’s health issues as a means to articulate strategies to sustain the health and well-being of men caregivers. This seems especially relevant in light of the closing gender gap in life expectancy, which will ultimately see many men providing direct care to their partners.

Keywords: Academic, Alzheimers-Disease, Articles, Burden, Care, Caregivers, Caregiving, Context, Dementia, Dementia Care, English, Evidence, Expectancy, Family, Family Caregivers, Framework, Gender, Gender-Differences, Health, Healthy Aging, Help-Seeking, Husbands, Issues, Life, Male, Male Caregivers, Masculinities, Medline, Men, Outcomes, Potential, Purpose, Quality-Of-Life, Research, Review, Science, Search, Services, Spousal Caregivers, Stress, Support, Web Of Science, Well-Being, Wives

# Title: American Journal of Nephrology

Full Journal Title: American Journal of Nephrology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

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Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ahmadi, S.F., Zahmatkesh, G., Streja, E., Molnar, M.Z., Rhee, C.M., Kovesdy, C.P., Gillen, D.L., Steiner, S. and Kalantar-Zadeh, K. (2014), Body mass index and mortality in kidney transplant recipients: A systematic review and meta-analysis. *American Journal of Nephrology*, **40** (4), 315-324.

Full Text: 2014\Ame J Nep40, 315.pdf

Abstract: Background: A higher body mass index (BMI) seems to be linked to survival advantage in maintenance hemodialysis patients. However, it is uncertain if this ‘obesity survival paradox’ is also observed in kidney transplant recipients. Hence, we systematically reviewed the literature on the impact of pre-transplantation BMI on all-cause mortality in this population. Methods: We searched MEDLINE, EMBASE, Web of Science, CINAHL, and Cochrane CENTRAL for relevant studies up to July 2013. Two investigators independently selected the studies using predefined criteria, abstracted the data from the included studies, and independently assessed each study’s quality using the Newcastle-Ottawa Quality Assessment Scale. In addition to the qualitative synthesis, we quantitatively pooled the results of the studies with clinical, methodological, and statistical homogeneity. Results: We screened 7,123 records, from which we included 11 studies (with a total of 305,392 participants) in this systematic review and 4 studies in the meta-analyses. In the only study that included children, obesity was linked to higher mortality in children of 6-12 years old. For adults, our meta-analyses indicated that compared to normal BMI, underweight [Hazard Ratio (HR): 1.09; 95% Confidence Interval (CI): 1.02-1.20], overweight (HR: 1.07; 95% CI: 1.04-1.12), and obese (HR: 1.20; 95% CI: 1.14-1.23) levels of BMI were associated with higher mortality. Conclusion: The presence of the obesity survival paradox is unlikely in kidney transplant recipients since both extremes of pre-transplantation BMI are linked to higher mortality in this population. (C) 2014 S. Karger AG, Basel.

Keywords: Ag, All-Cause Mortality, Assessment, Associations, Bmi, Body Mass Index, Children, Clinical, Criteria, Data, Dialysis, Disease Patients, Embase, From, Hemodialysis, Homogeneity, Impact, Index, Kidney, Kidney Transplantation, Literature, Medline, Meta-Analysis, Methods, Mortality, Muscle Mass, Normal, Obese, Obesity, Obesity Paradox, Outcomes, Overweight, Patients, Population, Qualitative, Quality, Records, Renal-Transplantation, Results, Reverse Epidemiology, Review, S, Scale, Science, Survival, Survival, Synthesis, Systematic, Systematic Review, Web, Web Of Science, Weight

# Title: American Journal of Neuroradiology

Full Journal Title: American Journal of Neuroradiology

ISO Abbreviated Title:

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ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Mamourian, A. (2008), The journal formerly known as the *American Journal of Neuroradiology*. *American Journal of Neuroradiology*, **29** (1), 5.

Full Text: [2008\Ame J Neu29, 5.pdf](2008/Ame%20J%20Neu29,%205.pdf)

Keywords: Journal

? Greenberg, E.D., Gold, R., Reichman, M., John, M., Ivanidze, J., Edwards, A.M., Johnson, C.E., Comunale, J.P. and Sanelli, P. (2010), Diagnostic accuracy of CT angiography and CT perfusion for cerebral vasospasm: A meta-analysis. *American Journal of Neuroradiology*, **31** (10), 1853-1860.

Full Text: [2010\Ame J Neu31, 1853.pdf](2010/Ame%20J%20Neu31,%201853.pdf)

Abstract: Background and purpose: In recent years, the role of cta and ctp for vasospasm diagnosis in the setting of asah has been the subject of many research studies. The purpose of this study was to perform a meta-analysis of the diagnostic performance of cta and ctp for vasospasm in patients with asah by using dsa as the criterion standard. Materials and methods: the search strategy for research studies was based on the cochrane handbook for systematic reviews, including literature data bases (PUBMED, embase, cochrane database of systematic reviews, and the Web of Science) and reference lists of manuscripts published from january 1996 to February 2009. The inclusion criteria were the following: 1) Published manuscripts, 2) Original research studies with prospective or retrospective data, 3) Patients with asah, 4) Cta or ctp as the index test, and 5) Dsa as the reference standard. Three reviewers independently assessed the quality of these research studies by using the quadas tool. Pooled estimates of sensitivity, specificity, lr+, lr-, dor, and the sroc curve were determined. Results: Cta and ctp searches yielded 505 and 214 manuscripts, respectively. Ten research studies met inclusion criteria for each cta and ctp search. Six cta and 3 ctp studies had sufficient data for statistical analysis. Cta pooled estimates had 79.6% Sensitivity 195% ci, 74.9%-83.8%), 93.1% Specificity 195% ci, 91.7%-94.3%), 18.1 Lr+ (95% Ci, 7.3-45.0), and 0.2 Lr- (95% Ci, 0.1-0.4); and ctp pooled estimates had 74.1% Sensitivity (95% Ci, 58.7% - 86.2%), 93.0% Specificity (95% Ci, 79.6%-98.7%), 9.3 Lr+ (95% Ci, 3.4-25.9), and 0.2 Lr- (95% Ci, 0.04-1.2). Overall dors were 124.5 (95% Ci, 28.4-546.41 For cta and 43.0 (95% Ci, 6.5-287.1) For ctp. Area under the sroc curve was 98 +/- 2.0% For cta and 97 +/- 3.0% For ctp. Conclusions: the high diagnostic accuracy determined for both cta and ctp in this meta-analysis suggests that they are potentially valuable techniques for vasospasm diagnosis in asah. Awareness of these results may impact patient care by providing supportive evidence for more effective use of cta and ctp imaging in asah.

Keywords: Accuracy, Analysis, Aneurysmal Subarachnoid Hemorrhage, Computed Tomographic Angiography, CT, Curve, Diagnosis, Digital-Subtraction-Angiography, Health-Care, Imaging, Impact, Literature, Management, Meta-Analysis, Research, Science, Statistical, Strategy, System, Systematic, Systematic Reviews, Utility, Web of Science

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Full Text: 2014\Ame J Neu35, 1877.pdf

Abstract: BACKGROUND AND PURPOSE: Neurointerventional therapy of cerebrovascular disease is a greatly expanding field across many specialty disciplines. The goal of this study was to analyze the characteristics and trends of scientific publications that focused on neurointervention during the past decade. MATERIALS AND METHODS: A bibliometric evaluation of neurointerventional research published between 2003 and 2012 was conducted by using the PubMed data base. Analyzed parameters included the year of publication, type of document, language of the article, topic, declared funding, country of origin, type of collaboration between disciplines, the first author’s specialty, and subject category and the Impact Factor of the publishing journal. RESULTS: Between 2003 and 2012, a total of 2123 articles were published, of which 1107 (52.1%) were original articles, 1948 (91.8%) were written in English, 192 (9.0%) received funding, 661 (31.1%) were published by the United States, and 1060 (49.9%) resulted from interdisciplinary collaboration. Neurosurgery departments produced the most articles (n = 910,42.9%), followed by radiology (n = 747,35.2%) and neurology (n = 270, 12.7%). The time-trend analysis in the number of publications demonstrated slow growth from 2003 to 2012, with an average annual growth rate of +6.0%. CONCLUSIONS: The fields of neurosurgery, radiology, and neurology have contributed substantially to neurointervention research. Slow growth, high interdisciplinary collaboration, and a low level of funding are peculiar characteristics of research in this field.

Keywords: Ajr, Analysis, Article, Articles, Background, Bibliometric, Bibliometric Evaluation, Cerebrovascular Disease, Characteristics, Collaboration, Conclusions, Country, Country Of Origin, Data, Data Base, Data-Base, Disciplines, Disease, English, Evaluation, Field, First, From, Funding, Growth, Growth Rate, Impact, Impact Factor, Interdisciplinary, Journal, Journals, Language, Methods, Neurology, Neurosurgery, Origin, Productivity, Publication, Publications, Publishing, Pubmed, Purpose, Radiology, Research, Scientific Publications, Specialty, Therapy, Time Trend, Topic, Trends, United States

# Title: American Journal of Nursing

Full Journal Title: American Journal of Nursing

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ISSN: 0002-936X

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Language:

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: Impact Factor

? Raisig, L.M. (1959), Keeping up with professional literature. *American Journal of Nursing*, **59** (4), 544-545.

Full Text: [-1959\Ame J Nur59, 544.pdf](-1959/Ame%20J%20Nur59,%20544.pdf)

# Title: American Journal of Obstetrics and Gynecology

Full Journal Title: [American Journal of Obstetrics and Gynecology](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6688&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=2e3ee2498c68929d556651561d218903)

ISO Abbreviated Title: Am. J. Obstet. Gynecol.

JCR Abbreviated Title: Am J Obstet Gynecol

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Publisher Address: 11830 Westline Industrial DR, St Louis, MO 63146-3318

Subject Categories:

Obstetrics & Gynecology: Impact Factor 2.871,/(2001); Impact Factor 2.556, 5/52 (2002)

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Full Text: 1994\Ame J Obs Gyn170, 495.pdf

Abstract: OBJECTIVE: We compared trends and current levels of cesarean section delivery by indication in four countries to help us understand factors underlying national differences in obstetric delivery practice and identify pathways to lower cesarean rates.

STUDY DESIGN: We carried out a measurement of change in the use of cesarean delivery by indication in Norway Scotland, Sweden, and the United States during intervals centered on 1980, 1985, and 1990. Indication for cesarean delivery was determined by a standard set of selection rules.

RESULTS: the rate of growth of national cesarean section rates dropped significantly between the time periods 1980 to 1985 and 1985 to 1990 in all four countries; in Sweden this led to an actual decline in the cesarean section rate. Fetal distress and previous cesarean section were important contributors to cesarean section growth in three of the countries in 1980 to 1985, but their contribution to growth dropped off sharply in 1985 to 1990. By the 1990 interval, the overall rate ranged from 24% (United States) to 11% (Sweden), and all four countries had similar cesarean section rates for breech presentation, fetal distress, and ‘other’ indications. Cesarean section deliveries for previous cesarean section and dystocia accounted for the substantially higher U.S. cesarean section rate.

CONCLUSIONS: Cesarean section rates are approaching stability in the four countries and have declined in Sweden, Previous cesarean delivery and dystocia may be the major sources of future reductions in the U.S. cesarean rate. The Swedish example shows that it is possible to reduce a relatively low national cesarean section rate.

Keywords: Cesarean Section Delivery, International Comparisons, Perinatal-Mortality, Rates, Trial, Risk

Roach, V.J., Lau, T.K. and Kee, W.D.N. (1997), The quality of citations in major international obstetrics and gynecology journals. *American Journal of Obstetrics and Gynecology*, **177** (4), 973-975.

Full Text: [1997\Ame J Obs Gyn177, 973.pdf](1997/Ame%20J%20Obs%20Gyn177,%20973.pdf)

Abstract: OBJECTIVE: Our goal was to determine the error rate in references in articles published in three major international journals in obstetrics and gynecology.

STUDY DESIGN: All issues (excluding supplements) for the year 1995 of the American Journal of Obstetrics and Gynecology, the Australian and New Zealand Journal of Obstetrics and Gynaecology, and the British Journal of Obstetrics and Gynaecology were examined. References were numbered sequentially, and 50 randomly selected references from each journal were checked against the original for accuracy.

RESULTS: Errors were found in the majority of references. The lowest error rate was 55.6% from the Australian and New Zealand Journal of Obstetrics and Gynaecology, and the highest was 66.7% from the British Journal of Obstetrics and Gynaecology. The difference between journals was not statistically significant. The most frequent types of error were in the title of the article or in the authors’ names.

CONCLUSIONS: Error rates in major international journals in obstetrics and gynecology are high, and care must be taken by authors and journal staff to improve the quality of published articles.

Keywords: Bibliography, Citations, References, Publications, References, Accuracy, Anesthesia

Kroumpouzos, G. and Cohen, L.M. (2003), Specific dermatoses of pregnancy: An evidence-based systematic review. *American Journal of Obstetrics and Gynecology*, **188** (4), 1083-1092.

Full Text: [2003\Ame J Obs Gyn188, 1083.pdf](2003/Ame%20J%20Obs%20Gyn188,%201083.pdf)

Abstract: OBJECTIVE: We conducted an evidence-based systematic analysis of the literature on specific dermatoses of pregnancy.

STUDY DESIGN: the bibliographic databases MEDLINE and EMBASE were screened for studies and reports in all languages about herpes pastationis, pruritic urticarial papules and plaques of pregnancy, pruritic folliculitis of pregnancy, and prurigo of pregnancy from January 1962 to January 2002. As main index terms, including analogs and derivatives, we used the names of specific dermatoses of pregnancy. Intrahepatic cholestasis of pregnancy, not a primary dermatosis, was included herein because this disorder is associated with pregnancy and its secondary skin manifestations must be differentiated from specific dermatoses of pregnancy. Other sources were abstract books of symposia and congresses, theses, textbooks, monographs, reviews, editorials, letters to the editor, free or rapid communications, and the reference lists from all the articles that were retrieved. All articles selected for inclusion in this review were evaluated critically with regard to their impact factor and evidence-based contribution to this field, as measured by their citation index and impact factor of the journal in which they were published. Approximately 39% of articles met the selection criteria.

RESULTS: the clinical features and prognosis of the specific, dermatoses of pregnancy have been delineated through a number of retrospective and cohort studies. The molecular biologic and immunogenetic properties of herpes gestationis, pruritic urticarial papules and plaques of pregnancy, and intrahepatic cholestasis of pregnancy have been further clarified. A meta-analysis in this review reveals a higher prevalence of multiple gestation pregnancy (11.7%) among patients with pruritic urticarial papules and plaques of pregnancy. Several investigations have unraveled the fetal complications in intrahepatic cholestasis of pregnancy and herpes gestationis. New treatment modalities in intrahepatic cholestasis of pregnancy (cholestyramine, ursodeoxycholic acid) and herpes gestationis (cyclosporin, intravenous immunoglobulin, and tetracyclines postpartum) have shown promise and warrant further evaluation.

CONCLUSION: During the past few decades, a significant amount of new data has provided new insights into the classification, pathogenesis, treatment, prognosis, and fetal risks that are associated with the specific dermatoses of pregnancy.

Keywords: Intrahepatic Cholestasis of Pregnancy, Herpes Gestationis, Pruritic Urticarial Papules and Plaques of Pregnancy, Pruritic Folliculitis of Pregnancy, Prurigo of Pregnancy, Pruritic Urticarial Papules, Familial Intrahepatic Cholestasis, Herpes-Gestationis Autoantibodies, Ursodeoxycholic Acid Therapy, Anti-Hla Antibodies, Pemphigoid-Gestationis, Bile-Acids, Polymorphic Eruption, S-Adenosylmethionine, Double-Blind

? Sung, V.W., Schleinitz, M.D., Rardin, C.R., Ward, R.M. and Myers, D.L. (2007), Comparison of retropubic vs transobturator approach to midurethral slings: A systematic review and meta-analysis. *American Journal of Obstetrics and Gynecology*, **197** (1), 3-11.

Full Text: 2007\Ame J Obs Gyn197, 3.pdf

Abstract: To systematically review the literature and to quantitatively compare outcomes and complications following retropubic vs transobturator approach to midurethral slings. We searched PUBMED, OVID, EMBASE, CINAHL, POPLINE, Web of Science, Cochrane Collaboration resources, TRIP, Global Health databases, and abstracts from relevant meetings from 1990 to 2006. We included all studies that compared retropubic and transobturator approaches to midurethral slings and that defined outcomes. We used random-effects models to estimate pooled odds ratios and 95% confidence intervals for objective and subjective failure, complications, and de novo irritative voiding symptoms. Six randomized trials and 11 cohort studies compared transobturator and retropubic approaches to midurethral slings. There was insufficient evidence to support if one approach leads to better objective outcomes. We found no difference in subjective failure between the 2 approaches after pooling data from randomized trials (pooled odds ratio OR 0.85, confidence interval 95% Cl 0.38- 1.92). The transobturator approach was associated with a decreased risk of complications (pooled OR 0.40, 95% Cl 0.19- 0.83]). The transobturator approach to midurethral slings is associated with a lower risk of complications; however, it is still unclear if one approach results in superior objective or subjective outcomes.

Keywords: Cochrane, Cohort Studies, Collaboration, Complications, Confidence Intervals, Databases, EMBASE, Follow-up, Free Vaginal Tape, Health, Literature, Meta-Analysis, Midurethral Sling, Multicenter, Outcomes, Quality, Randomized-Trial, Ratio, Retropubic, Review, Risk, Science, Stress Urinary-Incontinence, Suburethral Tape, Surgical-Treatment, Symptoms, Systematic, Systematic Review, Transobturator, TVT, Web of Science

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Full Text: [2010\Ame J Obs Gyn203, 355.e1.pdf](2010/Ame%20J%20Obs%20Gyn203,%20355.e1.pdf)

Abstract: OBJECTIVE: Our objective was to characterize the most frequently cited articles published in obstetrics and gynecology journals during the last 50 years. STUDY DESIGN: We utilized the 2008 edition of Journal Citation Reports and Social Sciences Citation Index database to determine the most frequently cited articles published after 1956. Articles were evaluated for several characteristics, and an unadjusted categorical analysis was performed to compare pre- and post-1980 articles. RESULTS: the 100 most frequently cited articles were published in 11 journals between 1957 and 2004. Most articles were published by US-based authors. Forty-four articles were related to obstetrics and 56 were related to gynecology. The most common study design was observational. There were only 7 randomized controlled trials, and randomized controlled trials were not more common after 1980 (6.3% vs 8.1%; P = .71). CONCLUSION: Most “citation classics” in obstetrics and gynecology are observational studies published in high-impact journals by US-based authors after 1980.

Keywords: Bibliometrics, Citation, Citation Analysis, Citation Classics, Design, Gynecology, Journals, Landmark Articles, Obstetrics

? Gallos, I.D., Shehmar, M., Thangaratinam, S., Papapostolou, T.K., Coomarasamy, A. and Gupta, J.K. (2010), Oral progestogens vs levonorgestrel-releasing intrauterine system for endometrial hyperplasia: A systematic review and metaanalysis. *American Journal of Obstetrics and Gynecology*, **203** (6), Article Number: e1-10.

Full Text: 2010\Ame J Obs Gyn203, e1.pdf

Abstract: OBJECTIVE: To conduct a systematic review and metaanalysis of studies evaluating the regression rate of endometrial hyperplasia with oral progestogens and levonorgestrel-releasing intrauterine system. STUDY DESIGN: Searches were conducted on MEDLINE, Embase, Cochrane Library, and Web of Science, and reference lists of relevant articles were examined. The methodologic index for nonrandomized studies was used for quality assessment. Metaanalysis was performed with random effects model. RESULTS: There were 24 observational studies (1001 women), of low methodologic quality, evaluating the outcome of regression of endometrial hyperplasia with oral progestogens or levonorgestrel-releasing intrauterine system. Metaanalysis showed that oral progestogens achieved a lower pooled regression rate compared with levonorgestrel-releasing intrauterine system for complex (pooled rate, 66% vs 92%; P < .01) and atypical hyperplasia (pooled rate, 69% vs 90%; P = .03). There was no statistical difference in simple hyperplasia (pooled rate, 89% vs 96%; P = .41). CONCLUSION: Oral progestogens appear to induce a lower disease regression rate than Levonorgestrel-releasing intrauterine system in the treatment of endometrial hyperplasia.

Keywords: Adenocarcinoma, Assessment, Cochrane, Complex Atypical Hyperplasia, Design, Disease, Endometrial Hyperplasia, IUD, LNG-IUS, Long-Term, Management, Model, Observational Studies, Outcome, Progestogens, Review, Science, Statistical, Systematic, Systematic Review, Term-Follow-up, Therapy, Treatment, Web of Science, Well-Differentiated Carcinoma, Women, Young-Women

? Bissonnette, J.M. and Smith, V.J. (2011), Comment on the 100 most frequently cited ob-gyn journal articles in the last 50 years. *American Journal of Obstetrics and Gynecology*, **204** (6), E12-E13.

Full Text: [2011\Ame J Obs Gyn204, E12.pdf](2011/Ame%20J%20Obs%20Gyn204,%20E12.pdf)

Keywords: Journal

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Full Text: [2011\Ame J Obs Gyn204, E13.pdf](2011/Ame%20J%20Obs%20Gyn204,%20E13.pdf)

Keywords: Journal

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Full Text: [2013\Ame J Obs Gyn209, 505.pdf](2013/Ame%20J%20Obs%20Gyn209,%20505.pdf)

Abstract: Bacterial vaginosis (BV) enhances the acquisition and transmission of a range of sexually transmitted infections including human immunodeficiency virus. This has made it more important to uncover the reasons why some populations have very high BV prevalences and others not. This systematic review describes the global epidemiology of BV. It summarizes data from peer-reviewed publications detailing the population prevalence of BV as diagnosed by a standardized and reproducible methodology-Nugent scoring system. BV variations between countries, and between ethnic groups within countries, are described. We evaluated 1692 English- and non-English-language articles describing the prevalence of BV using MEDLINE and the Web of Science databases. A total of 86 articles met our inclusion criteria. BV prevalences were found to vary considerably between ethnic groups in North America, South America, Europe, the Middle East, and Asia. Although BV prevalence is, in general, highest in parts of Africa and lowest in much of Asia and Europe, some populations in Africa have very low BV prevalences and some in Asia and Europe have high rates.

Keywords: Africa, Asia, Bacterial Vaginosis, Chlamydia-Trachomatis Infection, Concurrency, Criteria, Data, Databases, Disease Acquisition, Epidemiology, Ethnic Groups, Ethnicity, Europe, General, Global, Gram Stain, Groups, Hormonal Contraception, Human, Human Immunodeficiency Virus, Infections, MEDLINE, North, North America, Peer-Reviewed, Peer-Reviewed Publications, Population, Populations, Prevalence, Publications, Rates, Reproductive-Tract Infections, Review, Risk Pregnant-Women, Rural Northeast Brazil, Science, Scoring System, Sexual Networks, Sexually Transmitted Infections, Sexually-Transmitted Infections, South America, Systematic Review, Transmission, Vaginal Infections, Web of Science, Web of Science Databases, Young-Women

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Full Text: [2014\Ame J Obs Gyn210, 44.e1.pdf](2014/Ame%20J%20Obs%20Gyn210,%2044.e1.pdf)

Abstract: OBJECTIVE: Considerable time and resources are allocated to carry out qualitative research. The purpose of our study was to evaluate the availability of qualitative research on women’s health screening and assess its influence on screening practice guidelines in the United States, Canada, and the United Kingdom. STUDY DESIGN: Medline, CINHAL, and WEB of Science databases were used to identify the availability of qualitative research conducted in the past 15 years on 3 different women’s health screening topics: cervical cancer screening, breast cancer screening, and prenatal first-trimester screening. Key national practice guidelines on women’s health screening were selected using the National Guideline Clearinghouse web site. Bibliometric analysis was used to determine the frequency of qualitative references cited in the guidelines. RESULTS: A total of 272 qualitative research papers on women’s health screening was identified: 109 on cervical cancer screening, 104 on breast cancer screening, and 59 on prenatal first-trimester screening. The qualitative studies focused on health care provider perspectives as well as ethical, ethnographic, psychological, and social issues surrounding screening. Fifteen national clinical practice guidelines on women’s health screening were identified. A total of 943 references was cited, only 2 of which comprised of qualitative research cited by only 1 clinical practice guideline. CONCLUSION: Although there is considerable qualitative research that has been carried out on women’s health screening, its incorporation into clinical practice guidelines is minimal. Further exploration of the disconnect between the two is important for enhancing knowledge translation of qualitative research within clinical practice.

Keywords: Analysis, Availability, Bibliometric, Bibliometric Analysis, Breast Cancer, Breast-Cancer, Canada, Cancer, Cancer Screening, Care, Cervical Cancer, Cervical Cancer Screening, Cervical-Cancer, Clinical, Clinical Practice, Clinical Practice Guidelines, Clinical-Practice Guidelines, Databases, Design, Ethical, First Trimester, Force Recommendation Statement, Guideline, Guidelines, Health, Health Care, Influence, Issues, Journals, Knowledge, Knowledge Translation, Medline, Papers, Practice, Practice Guideline, Practice Guidelines, Prenatal, Psychological, Purpose, Qualitative, Qualitative Research, References, Research, Resources, Science, Screening, Services, Site, Social, Society, Translation, United Kingdom, United States, Web, Women’s Health

? Pamidi, S., Pinto, L.M., Marc, I., Benedetti, A., Schwartzman, K. and Kimoff, R.J. (2014), Maternal sleep-disordered breathing and adverse pregnancy outcomes: A systematic review and metaanalysis. *American Journal of Obstetrics and Gynecology*, **210** (1), Article Number: 52.e1.

Full Text: [2014\Ame J Obs Gyn210, 52.e1.pdf](2014/Ame%20J%20Obs%20Gyn210,%2052.e1.pdf)

Abstract: OBJECTIVE: Symptoms of sleep-disordered breathing (SDB) are increased in pregnancy compared to the nongravid state. Maternal SDB may be associated with adverse pregnancy outcomes, but this is still under investigation. We performed a systematic literature review, and where feasible, a metaanalysis, to evaluate whether women with SDB in pregnancy have a higher risk of specific adverse pregnancy outcomes compared with women without SDB. STUDY DESIGN: Original studies published until June 2012 evaluating the association between gestational hypertension/ preeclampsia, gestational diabetes, low birthweight infants, and maternal SDB, defined either by symptoms or the reference standard polysomnography, were identified from PubMed, EMBASE, and Web of Science. Data were extracted on study design and outcome estimates. When appropriate, effect estimates from each study were pooled using a random-effects model. RESULTS: of the 4386 studies identified, 31 met the defined criteria. Twenty-one studies, all observational in design, reported dichotomous outcomes; 9 of these adjusted for potential confounders. Maternal SDB was significantly associated with gestational hypertension/preeclampsia (pooled adjusted odds ratio [aOR], 2.34; 95% confidence interval [CI], 1.60-3.09; 5 studies), and gestational diabetes (pooled aOR, 1.86; 95% CI, 1.30-2.42; 5 studies). CONCLUSION: Based on published observational studies to date, maternal SDB is associated with an increased risk of gestational hypertension and gestational diabetes after adjusting for potential confounders. However, large-scale, prospective cohort, and interventional studies are needed to further elucidate the relationship between maternal SDB and adverse pregnancy outcomes.

Keywords: Adverse Pregnancy Outcomes, Apnea, Association, Birthweight, Cohort, Confidence, Criteria, Design, Diabetes, Embase, Estimates, Fetal-Growth Restriction, Gestational, Gestational Diabetes, Gestational Hypertension, Gestational Hypertension, Hypertension, Induced-Hypertension, Infants, Intermittent Hypoxia, Interval, Investigation, Literature, Literature Review, Low Birthweight, Low Birthweight Infants, Maternal, Metaanalysis, Model, Nasal Cpap, Observational, Observational Studies, Odds Ratio, Outcome, Outcomes, Potential, Preeclampsia, Pregnancy, Pregnancy Outcomes, Prospective, Pubmed, Random Effects Model, Reference, Review, Risk, Science, Sleep Apnea, Standard, State, Study Design, Symptoms, Systematic Review, Upper Airway, Web of Science, Women

? Saad, A.F., Rahman, M., Costantine, M.M. and Saade, G.R. (2014), Blunt versus sharp uterine incision expansion during low transverse cesarean delivery: A metaanalysis. *American Journal of Obstetrics and Gynecology*, **211** (6), Article Number: 684.e1.

Full Text: [2014\Ame J Obs Gyn210, 684.e1.pdf](2014/Ame%20J%20Obs%20Gyn210,%20684.e1.pdf)

Abstract: OBJECTIVE: We sought to review and update available evidence regarding outcomes after cesarean delivery (CD) using blunt vs sharp expansion of the uterine incision. STUDY DESIGN: We queried the database of PubMed (US National Library of Medicine, 1946 through December 2013), the Cochrane Library Database of Systematic Reviews, ClinicalTrials.gov, and Web of Science. All relevant bibliographies were reviewed. Randomized controlled trials comparing blunt with sharp expansion of the lower segment during CD were evaluated for inclusion and methodological quality. The primary outcome was occurrence of unintended extensions. Secondary outcomes were drop in hematocrit or hemoglobin and estimated maternal blood loss, need for transfusion, operative time, use of uterotonics, rate of endometritis, and neonatal outcomes. Data extraction, analysis, and results were based on the preferred reporting items for systematic review and metaanalysis guidelines. RESULTS: Six randomized controlled trials (2908 patients) were included. Blunt expansion technique was associated with lower drop in postoperative hematocrit (weighted mean difference [WMD],-1.07%; P = .05) and hemoglobin (WMD, -0.64 g/dL; P < .05), lower rate of unintended extensions (pooled relative risk, 0.47; P < .05), and a shorter operative time (WMD, -2 minutes; P < .05). Lower estimated blood loss was also observed but the difference was not significant (WMD, -88.07 mL; P > .05). There were no differences in the rates of blood transfusion, endometritis, use of uterotonics, and neonatal outcomes between both techniques. CONCLUSION: Blunt expansion of uterine incision during CD is associated with less unintended extensions and favorable maternal outcomes. Although the drop in hemoglobin, hematocrit, and operative times were in favor of blunt expansion, the degree of reduction may not be clinically relevant.

Keywords: Analysis, Bibliographies, Blood, Blood Loss, Blood Transfusion, Blunt, Cd, Cesarean, Cesarean Delivery, Data, Database, Delivery, Design, Endometritis, Estimated Blood Loss, Evidence, Expansion Techniques, Extraction, Guidelines, Hemoglobin, Injury, Maternal, Maternal Outcomes, Medicine, Metaanalysis, Neonatal, Neonatal Outcomes, Operative, Operative Time, Outcome, Outcomes, P, Patients, Postoperative, Primary, Pubmed, Quality, Randomized, Randomized Controlled Trials, Rates, Reduction, Relative Risk, Reporting, Review, Risk, Science, Section, Sharp, Systematic, Systematic Review, Systematic Reviews, Techniques, Transfusion, Us, Uterine, Uterine Incision, Web, Web of Science

# Title: American Journal of Occupational Therapy

Full Journal Title: American Journal of Occupational Therapy

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Holguin, J.A. (2009), Occupational therapy and the *Journal Citation Reports*: 10-Year performance trajectories. *American Journal of Occupational Therapy*, **63** (1), 105-112.

Full Text: [2009\Ame J Occ The63, 105.pdf](2009/Ame%20J%20Occ%20The63,%20105.pdf)

Abstract: the purpose of this study was to document performance of occupational therapy journals on the metrics of the Journal Citation Reports (JCR), The annually appearing index used as a yardstick to assess the quality of scholarly publications. Outcomes for the field’s two indexed journals, the American Journal of Occupational Therapy and OTJR: Occupation, Participation and Health, were assessed over a 10-year period (1996-2005) to determine their overall standing and patterns of change on each of the JCR’s five metrics. The mean category ranking for the two journals was generally above the 50th percentile. However, they performed least adequately and evidenced a downward trend over time on the most widely used metric (the journal impact factor). Possible reasons underlying this latter result are explored, pressing implications of the overall findings for practice and research are discussed, and strategic steps toward ethically safeguarding the profession’s viability are offered.

Keywords: American, Bibliometrics, Change, Citation, Health, Impact, Impact Factor, Index, Journal, Journal Citation Reports, Journal Impact, Journal Impact Factor, Journals, Metrics, Occupational, Occupational Therapy, Peer Review, Performance, Periodicals, Practice, Publication, Publications, Purpose, Quality, Quality of, Ranking, Research, SI, Strategic, Therapy, Time, Trend, Viability

? Classen, S., Levy, C., McCarthy, D., Mann, W.C., Lanford, D. and Waid-Ebbs, J.K. (2009), Traumatic brain injury and driving assessment: An evidence-based literature review. *American Journal of Occupational Therapy*, **63** (5), 580-591.

Full Text: [2009\Ame J Occ The63, 508.pdf](2009/Ame%20J%20Occ%20The63,%20508.pdf)

Abstract: OBJECTIVE. We conducted a literature review of assessment tools predicting driving performance for people with traumatic brain injury (TBI). METHOD. Data sources were Web of Science, EBSCOhost, PUBMED, and recently published literature from experts and team members not yet catalogued in the databases. We used the American Academy of Neurology’s classification criteria to extract data from 13 studies, and we assigned a class (I-IV, with I being the highest level of evidence) to each study. We grouped primary studies into categories of driving assessment (neuropsychological; simulator; off-road; self-report, other report, and postinjury disability status; and comprehensive driving evaluation) and synthesized the predictability of these tools as it relates to driving performance for people with TBI. CONCLUSIONS. To assist clinicians and researchers in making decisions regarding testing the driving performance of people with TBI, we provide recommendations for neuropsychological tests; off-road tests; self-report, other report, and postinjury disability status; and comprehensive driving evaluation.

Keywords: Ability, Assessment, Automobile Driving, Brain, Brain Injuries, Databases, Driving, Evaluation, Fitness, Injury, Literature, Literature Review, Primary, Psychological Tests, PUBMED, Reproducibility of Results, Researchers, Return, Review, Risk Assessment, Science, TBI, Tests, Traumatic Brain Injury, Web of Science

? Gutman, S.A. (2010), Online Publication and the Impact Factor. *American Journal of Occupational Therapy*, **64** (1), 7-8.

Full Text: [2010\Ame J Occ The64, 7.pdf](2010/Ame%20J%20Occ%20The64,%207.pdf)

Keywords: Bibliometrics, Impact, Impact Factor, Impact-Factor, Journal Impact Factor, Occupational Therapy, Occupational-Therapy, Publication, Publications

? Classen, S., Bewernitz, M. and Shechtman, G. (2011), Driving simulator sickness: An evidence-based review of the literature. *American Journal of Occupational Therapy*, **65** (2), 179-188.

Full Text: [2011\Ame J Occ The65, 179.pdf](2011/Ame%20J%20Occ%20The65,%20179.pdf)

Abstract: OBJECTIVE. Guided by the Occupational Therapy Practice Framework: Domain and Process (2nd edition; American Occupational Therapy Association, 2008), we conducted an evidence-based review on simulator sickness (SS). METHOD. We searched Web of Science, PUBMED, Safety Lit, Google Scholar, and recently published literature. We used the American Academy of Neurology’s classification criteria to extract data from 10 studies and assign each a level of 1-4, with “1” indicating the highest level of evidence. We grouped studies that addressed SS into client factors, context and environment factors, and activity demands. RESULTS. Client factors (i.e., older clients [> 70 yr; Level B], women [Level B]) and context/environment factors (e.g., refresh rates, scenario design and duration, simulator configuration, and calibration; Level B) probably increase the rates of SS, whereas activity demands (vection, speed of driving, and postural instability; Level C) possibly contribute to SS. CONCLUSION. We classified factors contributing to SS and identified the need for randomized trials to identify causes of SS.

Keywords: Automobile Driving, Computer Simulation, Driving, Environment, Google Scholar, History, Literature, Motion Sickness, Motion Sickness, Occupational, Older Drivers, Practice, Prediction, Proprioception, PUBMED, Review, Safety, Science, Somatosensory Disorders, Web of Science, Women

? Brown, T. (2011), Journal quality metrics: Options to consider other than Impact Factors. *American Journal of Occupational Therapy*, **65** (3), 346-350.

Full Text: [2011\Ame J Occ The65, 346.pdf](2011/Ame%20J%20Occ%20The65,%20346.pdf)

Abstract: Journal quality metrics (also referred to as bibliometrics), such as impact factors, are increasingly being used as a measure of researchers’ and educators’ success and prestige. Occupational therapists who submit articles to peer-reviewed journals may face a professional and research dilemma: Do they submit their articles to journals that largely have a professional audience and potentially do not have an impact factor, or do they opt not to publish their research material in occupational therapy oriented journals? Occupational therapy authors can consider other journal quality metric alternatives, in addition to the impact factor option, including the Eigenfactor Score, Article Influence Score, h-Index, SCImago Journal Rank (SJR), Source Normalised Impact per Paper (SNIP), and discipline-specific generated journal quality measures. These other journal quality metrics can be important reference points for occupational therapists who publish and may encourage authors to publish in journals relevant to the discipline. This process, in turn, will build the occupational therapy body of knowledge as well as provide an essential, growing reference source for evidence-based practice.

Keywords: Bibliometrics, Journal Impact Factors, Occupational Therapy, Publications, Occupational-Therapy, h-Index, Citations

? Brown, T. (2011), Journal quality metrics: Options to consider other than Impact Factors. *American Journal of Occupational Therapy*, **65** (3), 346-350.

Full Text: [2011\Ame J Occ The65, 346.pdf](2011/Ame%20J%20Occ%20The65,%20346.pdf)

Abstract: Journal quality metrics (also referred to as bibliometrics), such as impact factors, are increasingly being used as a measure of researchers’ and educators’ success and prestige. Occupational therapists who submit articles to peer-reviewed journals may face a professional and research dilemma: Do they submit their articles to journals that largely have a professional audience and potentially do not have an impact factor, or do they opt not to publish their research material in occupational therapy oriented journals? Occupational therapy authors can consider other journal quality metric alternatives, in addition to the impact factor option, including the Eigenfactor Score, Article Influence Score, h-Index, SCImago Journal Rank (SJR), Source Normalised Impact per Paper (SNIP), and discipline-specific generated journal quality measures. These other journal quality metrics can be important reference points for occupational therapists who publish and may encourage authors to publish in journals relevant to the discipline. This process, in turn, will build the occupational therapy body of knowledge as well as provide an essential, growing reference source for evidence-based practice.

Keywords: Bibliometrics, Journal Impact Factors, Occupational Therapy, Publications, Occupational-Therapy, h-Index, Citations

# Title: American Journal of Ophthalmology

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ISO Abbreviated Title:

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ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Buchan, J.C., Norris, J. and Kuper, H. (2005), Accuracy of referencing in the ophthalmic literature. *American Journal of Ophthalmology*, **140** (6), 1146-1148.

Full Text: [2005\Ame J Oph140, 1146.pdf](2005/Ame%20J%20Oph140,%201146.pdf)

Abstract: Purpose. To investigate the frequency of citation and quotation errors in the ophthalmic literature. Design. Analysis of 200 references from 100 papers published in 10 ophthalmic journals. Methods. A sample of 20 references was randomly selected from each of the 10 journals and each reference was checked for accuracy. Quotations were categorized as totally, partially, or not accurate. Results. There were 35 citation errors in 32 references, only four of which were errors in PUBMED. Thirty quotations of references were not accurate; 20 were partially accurate. Conclusions. Citation and quotation errors are relatively common within the ophthalmic literature. This may be improved through technical editing.

Keywords: Accuracy, Citation, Citation Errors, Design, Errors, Journals, Literature, Medical Journals, Methods, Papers, PUBMED, Purpose, Quotation, Quotation Errors, Reference, References, Referencing

? Schachat, A.P. (2007), Peers review, editors decide, and then, what? *American Journal of Ophthalmology*, **143** (4), 677-678.

Full Text: [2007\Ame J Oph143, 677.pdf](2007/Ame%20J%20Oph143,%20677.pdf)

Keywords: Review

? Liesegang, T.J., Shaikh, M. and Crook, J.E. (2007), The outcome of manuscripts submitted to the *American Journal of Ophthalmology* between 2002 and 2003. *American Journal of Ophthalmology*, **143** (4), 551-560.

Full Text: [2007\Ame J Oph143, 551.pdf](2007/Ame%20J%20Oph143,%20551.pdf)

Abstract: center dot PURPOSE: To investigate the outcome of manuscripts submitted to the American Journal of Ophthalmology (AJO) between July 23, 2002 and December 31, 2003. center dot DESIGN: Observational series. center dot METHODS: Data were collected on all Full,Length Articles and Brief Reports submitted to the AJO. Data were recorded for rejected or withdrawn manuscripts about the date of submission and decision, category of decision, type of article, manuscript region of origin, alternate journal of manuscript, date of publication, and impact factor and immediacy index of the subsequent journal. Corresponding data were collected from the manuscripts accepted over the same period. The Advanced PUBMED online database was searched to determine if the rejected or withdrawn manuscripts were published elsewhere. The impact factor and the immediacy index of the journal of the subsequent journal was then recorded and compared with those of the AJO, using the year 2004 for comparison. center dot RESULTS: of 2,026 manuscripts submitted, 1,444 were rejected by the AJO or withdrawn by the authors and 50% of these were subsequently published elsewhere in a PUBMED listed journal. The rejected or withdrawn articles were typically published in lower impact journals, most commonly in general ophthalmology journals in the author’s region or in subspecialty journals, although several were published in higher impact journals. The 727 articles were published in 94 different journals and usually with an extended delay. center dot CONCLUSIONS: Rejection of a manuscript by the AJO does not preclude publication, but rejected manuscripts are published more often in journals that serve a smaller readership and are cited less frequently, although exceptions exist.

Keywords: Comparison, Data, Database, Decision, Design, General, Immediacy Index, Impact, Impact Factor, Index, Journal, Journals, Methods, Origin, Outcome, Publication, PUBMED, Purpose

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Full Text: [2007\Ame J Oph144, 222.pdf](2007/Ame%20J%20Oph144,%20222.pdf)

Abstract: PURPOSE: To examine reported clinical trials on herpes simplex virus epithelial keratitis as a case study for the configuration and possible motives of overlapping publications in the ophthalmic literature. DESIGN: Cross-sectional bibliometric survey. METHODS: One hundred and forty, four reports of 98 randomized clinical trials that formed the framework for a systematic review on dendritic and geographic keratitis were assembled by electronic and manual searching of biomedical journals and transactions, excluding meeting abstracts. Overlapping reports were identified by comparing methods and results. Main articles giving the most detailed results among overlapping reports were contrasted with trial reports without duplication. Annual citation rates since publication were estimated from the number of times each report was cited by subsequent scientific articles indexed in an online citation database. RESULTS: Sixty-one articles were published once, while 83 articles overlapped in 23 clusters, of which 14 (50%) lacked bibliographic cross, reference. of 55 secondary reports, 34 (62%) had a smaller sample size than their corresponding main report. Secondary articles were less likely to appear in an ophthalmological publication than main reports (P < .001) and were later cited less often (P =.01). Compared to trial reports published once, main articles with an overlapping report had a significantly higher citation rate (P =.04). CONCLUSION: Overlapping publications of therapeutic trials on herpetic keratitis often had undisclosed or fragmentary interconnections. Subsequent authors cited articles having an overlapping report more often than trials published once.

Keywords: Authors, Duplicate Publication, Editors, Journals, Misconduct, Publications, Responsibilities, Reviewers, Series, Statement

? Cauchi, P.A., Ang, G.S., Azuara-Blanco, A. and Burr, J.M. (2008), A systematic literature review of surgical interventions for limbal stem cell deficiency in humans. *American Journal of Ophthalmology*, **146** (2), 251-259.

Full Text: [2008\Ame J Oph146, 251.pdf](2008/Ame%20J%20Oph146,%20251.pdf)

Abstract: PURPOSE: To evaluate the relative benefits and to identify any adverse effects of surgical interventions for limbal stem cell deficiency (LSCD). DESIGN: Systematic literature review. METHODS: We searched the following electronic databases from January 1, 1989 through September 30, 2006: MEDLINE, EMBASE, Science citation index, BIOSIS, and the Cochrane Library. In addition, reference lists were scanned to identify any additional reports. The quality of published reports was assessed using standard methods. The main outcome measure was improvement in vision of at least two Snellen lines of best,corrected visual acuity (BCVA). Data on adverse outcomes also were collected. RESULTS: Twenty-six studies met the inclusion criteria. There were no randomized controlled studies. All 26 studies were either prospective or retrospective case series. For bilateral severe LSCD, keratolimbal allograft was the most common intervention with systemic immunosuppression. Other interventions included eccentric penetrating keratolimbal allografts and cultivated autologous oral mucosal epithelial grafts. An improvement in BCVA of two lines or more was reported in 31% to 67% of eyes. For unilateral severe LSCD, the most common surgical intervention was contralateral conjunctival limbal autograft, with 35% to 88% of eyes gaining an improvement in BCVA of two lines or more. The only study evaluating partial LSCD showed an improvement in BCVA of two lines or more in 39% of eyes. CONCLUSIONS: Studies to date have not provided strong evidence to guide clinical practice on which surgery is most beneficial to treat various types of LSCD. Standardized data collection in a multicenter LSCD register is suggested.

Keywords: Amniotic Membrane Transplantation, Autograft Transplantation, Burns, Case Series, Chronic Phases, Citation, Conjunctival, Corneal Surface, Criteria, Data Collection, Databases, Design, Intervention, Keratolimbal Allograft, Literature, Literature Review, MEDLINE, Methods, Ocular-Surface Disorders, Outcomes, Penetrating Keratoplasty, Reconstruction, Review, Science, Science Citation Index, Surgery, Systematic Literature Review

# Title: American Journal of Orthodontics and Dentofacial Orthopedics

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Dentistry, Oral Surgery & Medicine: Impact Factor 0.732/(2002)

? Hunt, O.T., Johnston, C.D., Hepper, P.G. and Burden, D.J. (2001), The psychosocial impact of orthognathic surgery: A systematic review. *American Journal of Orthodontics and Dentofacial Orthopedics*, **120** (5), 490-496.

Full Text: [2001\Ame J Ort Den Ort120, 490.pdf](2001/Ame%20J%20Ort%20Den%20Ort120,%20490.pdf)

Abstract: the aim of this study was to review the reported psychosocial benefits of orthognathic surgery. A systematic review of the literature was conducted using MEDLINE (1966 to December 2000), Web of Science (1981 to December 2000), and reference sections of identified articles. We also hand searched key orthodontic, oral surgery, and psychology journals. No language limitations were imposed. Randomized controlled trials, other controlled clinical trials, prospective studies (with or without controls), and retrospective studies (with or without controls) were considered for inclusion. Two reviewers extracted the data and independently assessed the quality of the studies. In all, 29 studies, including a number of prospective and retrospective studies, were identified as relevant. The results of the review indicated that orthognathic patients experience psychosocial benefits as a result of orthognathic surgery, including improved self-confidence, body and facial image, and social adjustment. However, there were wide variations in the study designs and a lack of uniformity in measuring the psychosocial constructs. This made it difficult to quantify the extent and the duration of the psychosocial benefits.

Keywords: Clinical Trials, Controlled Clinical Trials, Dimensions, Expectations, Follow-up, Impact, Journals, Literature, MEDLINE, Motivation, Prospective Studies, Psychological-Factors, Psychosocial, Randomized Controlled Trials, Review, Satisfaction, Science, Social, Surgery, Systematic, Systematic Review, Web of Science

Mavropoulos, A. and Kiliaridis, S. (2003), Orthodontic literature: An overview of the last 2 decades. *American Journal of Orthodontics and Dentofacial Orthopedics*, **124** (1), 30-40.

Full Text: [2003\Ame J Ort Den Ort124, 30.pdf](2003/Ame%20J%20Ort%20Den%20Ort124,%2030.pdf)

Abstract: the aim of this study was to explore the orthodontic literature in the most important orthodontic and other dental and medical journals from 1981 to 2000. The most commonly used medical bibliographic database, MEDLINE, was used. In addition, some journals were hand searched to estimate the error of the method. Despite some indexing inconsistencies, MEDLINE was found to be a powerful and relatively accurate tool for use in bibliometric studies. About 16,000 articles with orthodontic interest were published during this period. The number of orthodontic articles written in English rose during this period, but almost half of them (45%) were published in nonorthodontic journals. Articles in the orthodontic journals are focusing more and more on diagnosis and treatment evaluation as the need for high-quality evidence becomes obvious, while other topics, such as new techniques and new materials, are losing ground. Many high-quality studies with orthodontic interest are published in nonorthodontic journals with a high Impact Factor, remaining more or less out of reach for most orthodontists.

Keywords: Areas, Benchmarking, Bibliographic Database, Bibliometric, Bibliometric Studies, Controlled Trials, Database, Diagnosis, Evaluation, Impact, Indexing, Journals, Literature, Medical, Medical Journals, MEDLINE, Treatment

? Ng, J., Major, P.W., Heo, G. and Flores-Mir, C. (2005), True incisor intrusion attained during orthodontic treatment: A systematic review and meta-analysis. *American Journal of Orthodontics and Dentofacial Orthopedics*, **128** (2), 212-219.

Full Text: [2005\Ame J Ort Den Ort128, 212.pdf](2005/Ame%20J%20Ort%20Den%20Ort128,%20212.pdf)

Abstract: Introduction: the purpose of this meta-analysis was to quantify the amount of true incisor intrusion attained during orthodontic treatment. Methods: Electronic databases (PUBMED, MEDLINE, MEDLINE In-Process & Other Non-Indexed Citations, all EBM reviews [Cochrane Database of Systematic Reviews, ASP Journal Club, DARE, and CCTR], Embase, Web of Science, and Lilacs) were searched with the help of a senior health sciences librarian. The goal was to identify clinical trials that assessed true incisor intrusion through cephalometric analysis and factored out craniofacial growth when required. From the selected abstracts, original articles were retrieved, and their references were hand searched for missing articles. Results: Twenty-eight articles met the initial inclusion criteria, but 24 were rejected because they did not quantify true incisor intrusion or factor out normal growth impact when required. The remaining 4 articles showed that true incisor intrusion is attainable (0.26 to 1.88 mm for the maxillary incisors and -0.19 to 2.84 mm for the mandibular incisors) but with large variability depending on the appliance used. A meta-analysis with results from the 2 articles that used the segmental technique was completed. The combined mean estimates of intrusion and 95% CI were 1.46 mm (1.05-1.86 mm) for the maxillary incisors and 1.90 mm (1.22-2.57 mm) for the mandibular incisors. Conclusions: True incisor intrusion is achievable in both arches, but the clinical significance of the magnitude of true intrusion as the sole treatment option is questionable for patients with severe deepbite. In nongrowing patients, the segmented arch technique can produce 1.5 mm of incisor intrusion in the maxillary arch and 1.9 mm in the mandibular arch.

Keywords: Adult Patients, Analysis, Appliance, Arch Leveling Techniques, Citations, Class-II Malocclusion, Clinical Trials, Databases, Force Systems, Health Sciences, Impact, Jasper Jumper, Journal, Meta-Analysis, Methods, Normal, Overbite, PUBMED, Retraction, Review, Root Resorption, Science, Sciences, Systematic, Systematic Review, Tooth Movements, Treatment, Variability, Web of Science

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Full Text: [2006\Ame J Ort Den Ort130, 516.pdf](2006/Ame%20J%20Ort%20Den%20Ort130,%20516.pdf)

Abstract: Introduction: the purposes of this study were to analyze the types of articles and their authorship characteristics in the 3 orthodontic journals with impact factors-American Journal of Orthodontics and Dentofacial Orthopedics (AJODO), Angle Orthodontist (AO), and European Journal of Orthodontics (EJO) during 2 intervals of 5 years each (1993-1997 and 1998-2002) and to assess the changes in their contents during these periods. Methods: the results of 3004 article entries were analyzed with the Pearson chi-square test, and the examination of the variability of the parameters studied among journals and across the 2 time intervals was performed at the 0.05 level of significance. Results and Conclusions: Significant differences were found between the journals with respect to the research component of articles (higher in the EJO) and case reports (higher in the AJODO and the AO). For each journal, differences were also identified between the 2 time intervals, with multi-authored papers and multiple affiliations appearing more frequently in the second interval. The contributions of articles from the United States and Canada to the AJODO and the AO were statistically higher than to the EJO. A similar trend was found for articles from Europe, which comprise more than 70% of the content of the EJO. An increased contribution of articles from East Asia and Oceania was noted in the second time interval, which reached almost 100% of the previous time frame. The potential sources of variation in the studied parameters are discussed.

Keywords: Asia, Authorship, Canada, Case Reports, Changes, Characteristics, Chi-Square, Europe, Examination, Impact, Impact Factors, Interval, Intervals, Journal, Journals, Papers, Potential, Research, Significance, Sources, Trend, United States, Variability

? Major, M.P., Flores-Mir, C. and Major, P.W. (2006), Assessment of lateral cephalometric diagnosis of adenoid hypertrophy and posterior upper airway obstruction: A systematic review. *American Journal of Orthodontics and Dentofacial Orthopedics*, **130** (6), 700-708.

Full Text: [2006\Ame J Ort Den Ort130, 700.pdf](2006/Ame%20J%20Ort%20Den%20Ort130,%20700.pdf)

Abstract: Introduction: Our objective was to evaluate the capability of lateral cephalograms in diagnosing hypertrophied adenoids and obstructed posterior nasopharyngeal airways. Methods: A systematic review of the literature by using several electronic databases (Cochrane Library, MEDLINE, MEDLINE in progress, PUBMED, Web of Science, Embase, and Lilacs) was performed with the help of a senior health-sciences librarian. The electronic search was followed up with hand searches. After applying our inclusion-exclusion criteria, the search yielded 11 articles that were then scored based on their methodological validity. Results: Lateral cephalograms performed reasonably well in evaluating adenoid size; both quantitative measures of adenoid area and subjective grading of adenoid size on lateral cephalograms had reasonable correlations to actual adenoid size (range of r, 0.60 to 0.88). However, evidence suggested that cephalograms were less ideal for evaluating the size of the posterior nasopharyngeal airway. The diagnostic difference is likely because the adenoid is a simpler 3-dimensional structure than the nasopharynx; therefore, it loses less information when compressed into 2 dimensions by the radiograph. Conclusions: Being used as a screening tool to determine the need for more rigorous ENT follow-up appears to be the greatest utility of lateral cephalograms. Because no consensus could be reached on what are the most useful landmarks, we recommend that clinicians look for multiple deviant measures of adenoid size rather than one definitive quantification.

Keywords: Airway, Assessment, Children, Clinical-Trials, Cochrane, Craniofacial Morphology, Databases, Diagnosis, Follow-up, Growth, Head Posture, Health Sciences, Information, Literature, Methods, Nasal, Nasopharyngeal Airway, PUBMED, Quantitative, Radiographic Evaluation, Radiological Assessment, Review, Science, Screening, Sleep-Apnea Syndrome, Systematic, Systematic Review, Validity, Web of Science

? Ng, J., Major, P.W. and Flores-Mir, C. (2006), True molar intrusion attained during orthodontic treatment: A systematic review. *American Journal of Orthodontics and Dentofacial Orthopedics*, **130** (6), 709-714.

Full Text: [2006\Ame J Ort Den Ort130, 709.pdf](2006/Ame%20J%20Ort%20Den%20Ort130,%20709.pdf)

Abstract: Introduction: the aim of this systematic review was to quantify the amount of true molar intrusion attainable during orthodontic treatment. Methods: A literature search was conducted to identify clinical trials that assessed true molar intrusion through superimposition of lateral cephalogram tracings. Craniofacial growth had to be factored out when appropriate. Electronic databases (PUBMED, MEDLINE, MEDLINE In-Process & Other Non-Indexed Citations, all EBM reviews, Embase, Web of Science, and Lilacs) were searched with the help of a senior health-sciences librarian. Abstracts that appeared to fulfill the initial selection criteria were selected, and the full-text original articles were then retrieved and analyzed. Only articles that fulfilled the final selection criteria were finally considered. Their references were also hand-searched for possible missing articles from the database searches. Results: Thirty abstracts met the initial inclusion criteria, and these articles were retrieved. From these, 29 were later rejected because they did not either quantify true molar intrusion or factor out normal craniofacial growth when required. Only 1 article remained, and it showed a mean maxillary molar intrusion of 0.96 mm (SD, 0.54) in 12 subjects. Conclusions: True molar intrusion appears to be achievable in the maxillary arch, although the amount of evidence is minimal. The clinical significance of the magnitude of the true intrusion reported is questionable as the sole treatment option to correct open-bite malocclusions. Better quantification method of the true intrusion attained has to be utilized.

Keywords: 2nd Molars, Anterior Open Bites, Cephalometric Evaluation, Citations, Class-II, Clinical Trials, Databases, Deep Overbite Correction, Headgear, Health Sciences, Herbst Appliance, Jasper Jumper, Literature, Long-Term, Methods, Normal, Review, Science, Systematic, Systematic Review, Treatment, Vertical Control, Web of Science

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Full Text: [2009\Ame J Ort Den Ort135, 16.pdf](2009/Ame%20J%20Ort%20Den%20Ort135,%2016.pdf)

Abstract: Introduction: Recently, several reviews have been published on the effects of medications on bone physiology and the clinical side effects in orthodontics. However, the effects of medications on the rate of orthodontic tooth movement have not been evaluated. Methods: A systematic literature review on the effects of medications and dietary supplements on the rate of experimental tooth movement was performed by using PUBMED (1953-Oct 2007), Web of Science, and Biosis, complemented by a hand search. Results: Forty-nine articles were included in the review, but their interpretation was hindered by the variability in experimental design, magnitude of force applied during tooth movement, and medication regimens. Therapeutic administration of eicosanoids resulted in increased tooth movement, whereas their blocking led to a decrease. Nonsteroidal anti-inflammatory drugs (NSAIDs) decreased tooth movement, but non-NSAID analgesics, such as paracetamol (acetaminophen), had no effect. Corticosteroid hormones, parathyroid hormone, and thyroxin have all been shown to increase tooth movement. Estrogens probably reduce tooth movement, although no direct evidence is available. Vitamin D3 stimulates tooth movement, and dietary calcium seemed to reduce it. Bisphosphonates had a strong inhibitory effect. Conclusions: Medications might have an important influence on the rate of tooth movement, and information on their consumption is essential to adequately discuss treatment planning with patients. (Am J Orthod Dentofacial Orthop 2009; 135:16-26).

Keywords: Acetaminophen, Acetylsalicylic-Acid, Bone, Bone Turnover, Calcium, Cyclooxygenase-2, Indomethacin, Information, Inhibition, Interpretation, Literature, Literature Review, Local Use, Medication, Methods, Movement, Prostaglandin E-2, PUBMED, Review, Root Resorption, Science, Systematic, Systematic Literature Review, Treatment, Variability, Vitamin-D, Web of Science

? Chen, Y., Kyung, H.M., Zhao, W.T. and Yu, W.J. (2009), Critical factors for the success of orthodontic mini-implants: A systematic review. *American Journal of Orthodontics and Dentofacial Orthopedics*, **135** (3), 284-291.

Full Text: [2009\Ame J Ort Den Ort135, 284.pdf](2009/Ame%20J%20Ort%20Den%20Ort135,%20284.pdf)

Abstract: Introduction: This systematic review was undertaken to discuss factors that affect mini-implants as direct and indirect orthodontic anchorage. Methods: the data were collected from electronic databases (MEDLINE [Entrez PUBMED], Embase, Web of Science, Cochrane Library, and All Evidence Based Medicine Reviews). Randomized clinical trials, prospective and retrospective clinical studies, and clinical trials concerning the properties, affective factors, and requirements of mini-implants were considered. The titles and abstracts that appeared to fulfill the initial selection criteria were collected by consensus, and the original articles were retrieved and evaluated with a methodologic checklist. A hand search of key orthodontic journals was performed to identify recent unindexed literature. Results: the search strategy resulted in 596 articles. By screening titles and abstracts, 126 articles were identified. After the exclusion criteria were applied, 16 articles remained. The analyzed results of the literature were divided into 2 topics: placement-related and loading-related factors. Conclusions: Mini-implants are effective as anchorage, and their success depends on proper initial mechanical stability and loading quality and quantity. (Am J Orthod Dentofacial Orthop 2009;135:284-91).

Keywords: Anchorage, Clinical Trials, Cochrane, Critical, Databases, Journals, Literature, Methods, Microimplants, Review, Science, Screening, Stability, Strategy, Success, Systematic, Systematic Review, Titanium Screws, Topics, Web of Science

? Mai, W.J., He, J.A., Meng, H.Y., Jiang, Y.P., Huang, C.X., Li, M., Yuan, K. and Kang, N. (2014), Comparison of vacuum-formed and Hawley retainers: A systematic review. *American Journal of Orthodontics and Dentofacial Orthopedics*, **145** (6), 720-727.

Full Text: [2014\Ame J Ort Den Ort145, 720.pdf](2014/Ame%20J%20Ort%20Den%20Ort145,%20720.pdf)

Abstract: Introduction: Hawley retainers (HRs) and vacuum-formed retainers (VFRs) are the 2 most commonly used retainers in orthodontics. However, the basis for selection of an appropriate retainer is still a matter of debate among orthodontists. In this systematic review, we evaluated the differences between VFRs and HRs. Methods: Electronic databases (PubMed, EMBASE, Cochrane Library, ISI Web of Science, LILACS, and Pro-Quest) were searched with no language restriction. The relevant orthodontic journals and reference lists were checked for all eligible studies. Two article reviewers independently screened the retrieved studies, extracted the data, and evaluated the quality of the primary studies. Results: A total of 89 articles were retrieved in the initial search. However, only 7 articles met the inclusion criteria. Some evidence suggested that no difference exists to distinguish between the HRs and VFRs with respect to changes in intercanine and intermolar widths after orthodontic retention. In terms of occlusal contacts, cost effectiveness, patient satisfaction, and survival time, there was insufficient evidence to support the use of VFRs over HRs. Conclusions: Additional high-quality, randomized, controlled trials concerning these retainers are necessary to determine which retainer is better for orthodontic procedures.

Keywords: Article, Articles, Changes, Clear Overlay Retainers, Comparison, Cost, Cost Effectiveness, Cost-Effectiveness, Criteria, Data, Databases, Effectiveness, Embase, Evidence, ISI, ISI Web Of Science, Journals, Language, Methods, Occlusal Contact Changes, Orthodontic Retainers, Patient Satisfaction, Period, Phase, Primary, Procedures, Protocols, Pubmed, Quality, Quality Of, Randomized, Reference, Reference Lists, Results, Retention, Retention Procedures, Review, Reviewers, Satisfaction, Science, Selection, Support, Survival, Systematic, Systematic Review, Trial, United-States, Web Of Science

# Title: American Journal of Perinatology

Full Journal Title: American Journal of Perinatology

ISO Abbreviated Title:

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ISSN:

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Language:

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Publisher Address:

Subject Categories:

: Impact Factor

? Zhang, Z.Q., Wu, Q.Q., Huang, X.M. and Lu, H. (2013), Prevention of respiratory distress syndrome in preterm infants by antenatal ambroxol: A meta-analysis of randomized controlled trials. *American Journal of Perinatology*, **30** (7), 529-536.

Full Text: [2013\Ame J Per30, 529.pdf](2013/Ame%20J%20Per30,%20529.pdf)

Abstract: Objective To evaluate the efficacy and safety of antenatal ambroxol as a preventive therapeutic of respiratory distress syndrome (RDS) in preterm infants. Methods Randomized controlled trials of antenatal ambroxol treatment for RDS in preterm infants published up to March 2012 were downloaded from the Cochrane Library, PubMed, EMBASE, Science Citation Index, and Google Scholar databases. Data were evaluated for homogeneity and analyzed by the Cochrane Collaboration’s RevMan software. Result Twelve trials involving a total of 1335 premature infants were selected for meta-analysis. Neonatal RDS was lower in the ambroxol-treated group than in the groups treated with placebo (risk ratio [RR] = 0.38, 95% confidence interval [CI]: 0.24 to 0.59) or corticosteroids (RR = 0.49, 95% CI: 0.31 to 0.78). The ambroxol-treated group had lower risk of neonatal infection than the corticosteroid-treated group (RR = 0.36, 95% CI: 0.18 to 0.73). Conclusions In cases of inevitable preterm birth, antenatal ambroxol is recommended over corticosteroids to prevent neonatal RDS. However, further research is necessary to determine the optimal treatment dosages and regimens of antenatal ambroxol to achieve consistent superior results over corticosteroids.

Keywords: Birth, Citation, Confidence, Corticosteroids, Databases, Distress, Efficacy, Embase, Google, Google Scholar, Groups, Homogeneity, Infants, Infection, Interval, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Neonatal, Neonatal Infection, Placebo, Premature, Premature Infants, Preterm, Preterm Birth, Preterm Infants, Prevent, Prevention, Pubmed, Randomized Controlled Trials, RDS, Research, Respiratory Distress Syndrome, Risk, Safety, Science, Science Citation Index, Software, Syndrome, Therapeutic, Treatment

? Bernhard, K.A., Siddiqui, D.S., Leonard, K.M. and Chauhan, S.P. (2014), American college of obstetricians and gynecologists practice bulletins: Ascertaining their citation, influence, and utilization. *American Journal of Perinatology*, **31** (5), 373-381.

Full Text: 2014\Ame J Per31, 373.pdf

Abstract: Objective To ascertain the influence and utilization of the American College Obstetricians and Gynecologists practice bulletins (PBs) by measuring their citations in three different search tools. Study Design PBs in obstetrics (OB-PBs) and gynecology (GYN-PBs) published from September 1998 to December 2009 were identified. PubMed, Ovid MEDLINE, and Web of Science were utilized to determine how often PBs were cited. The citations were quantified by three parameters, most citations, highest citation rate, and highest impact factor. Results The OB-PB with the most citations (125) was PB no. 33 (Diagnosis and Management of Preeclampsia and Eclampsia), highest citation rate (44) was PB no. 101 (Ultrasonography in Pregnancy), highest OBGYN impact factor (4.39) was PB no. 71 (Episiotomy), and highest non-OBGYN impact factor (53.49) was PB no. 38 (Perinatal Care at Threshold of Viability). The GYN-PB with the highest citation rate (103) was PB no. 109 (Cervical Cytology Screening), highest OBGYN impact factor (3.85) was PB no. 103 (Hereditary Breast and Ovarian Cancer Syndrome), and highest non-OBGYN impact factor (20.89) was PB no. 35 (Cervical Carcinoma). Conclusions No one PB had the most citations, highest citation rate, and highest impact factor.

Keywords: Acog, American College Of Obstetricians And Gynecologists, Articles, Breast, Cancer, Carcinoma, Citation, Citations, Databases, Design, Diagnosis, Gynecology, Impact, Impact Factor, Influence, Management, Medline, Obstetrics, Pb, Practice, Practice Bulletins, Pregnancy, Pubmed, Results, Science, Screening, Search Tools, Utilization, Web Of Science

# Title: American Journal of Pharmaceutical Education

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ISSN: 0002-9459

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Publisher Address:

Subject Categories:

: Impact Factor

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Keywords: Citation, Science Citation Index

? Assemi, M., Corelli, R.L. and Ambrose, P.J. (2011), Development needs of volunteer pharmacy practice preceptors. *American Journal of Pharmaceutical Education*, **75** (1), Article Number: 10.

Full Text: [2011\Ame J Pha Edu75, 10.pdf](2011/Ame%20J%20Pha%20Edu75,%2010.pdf)

Abstract: Objective. To determine the training needs and interests of volunteer pharmacy preceptors. Methods. Volunteer preceptors (n5576) were surveyed on various aspects of precepting and their needs related to additional training. Results. Two hundred thirty-six preceptors (40.9%) responded. Preceptors were less confident about enforcing attendance policies, identifying and managing unmotivated or failing students, identifying dishonesty or plagiarism, and handling conflict. While only 29.5% of respondents agreed that having an APPE student decreased their overall workload, approximately half (48.1%) indicated that student pharmacists helped them complete their daily tasks and 67.8% agreed that APPE students extended patient care. Respondents who had received training were significantly more confident than preceptors who had not received training in their abilities to clarify expectations, evaluate a student’s knowledge, and foster skills related to critical thinking and problem solving. Conclusions. Training programs for pharmacy preceptors are effective; however, important areas in which additional training is needed or desired were identified among both new and experienced preceptors.

Keywords: Advanced Pharmacy Practice Experience, Clerkship Students, Clinical Interventions, Continuing Education, Faculty Development, Plagiarism, Preceptors

? Thompson, D.F. and Nahata, M.C. (2012), Pharmaceutical science faculty publication records at research-intensive pharmacy colleges and schools. *American Journal of Pharmaceutical Education*, **76** (9), Article Number: 173.

Full Text: [2012\Ame J Pha Edu76, 173.pdf](2012/Ame%20J%20Pha%20Edu76,%20173.pdf)

Abstract: Objective. To determine yearly (phase 1) and cumulative (phase 2) publication records of pharmaceutical science faculty members at research-intensive colleges and schools of pharmacy. Methods. The publication records of pharmaceutical science faculty members at research-intensive colleges and schools of pharmacy were searched on Web of Science. Fifty colleges and schools of pharmacy were randomly chosen for a search of 1,042 individual faculty members’ publications per year from 2005 to 2009. A stratified random sample of 120 faculty members also was chosen, and cumulative publication counts were recorded and bibliometric indices calculated. Results. The median number of publications per year was 2 (range, 0-34). Overall, 22% of faculty members had no publications in any given year, but the number was highly variable depending on the faculty members’ colleges or schools of pharmacy. Bibliometric indices were higher for medicinal chemistry and pharmaceutics, with pharmacology ranking third and social and administrative sciences fourth. Higher bibliometric indices were also observed for institution status (ie, public vs private) and academic rank (discipline chairperson vs non-chairperson and professor vs junior faculty member) (p<0.01 for each). The median number of cumulative publications per faculty member was 34 (range, 0-370). Conclusion. Significant differences exist in yearly and cumulative publication rates for faculty members and bibliometric indices among pharmaceutical science disciplines and academic ranks within research-intensive colleges and schools of pharmacy. These data may be important for benchmarking purposes.

Keywords: Articles, Authors, Benchmarking, Bibliometric, Bibliometric Indices, Chemistry, Cumulative, Data, Faculty, Faculty Member Productivity, Google Scholar, H-Index, Indices, Medical Journals, Name, Pharmaceutical, Pharmaceutical Sciences, Pharmacology, Pharmacy, Professor, Public, Publication, Publication Counts, Publications, Random Sample, Rank, Ranking, Rates, Records, Scholarship, Science, Sciences, Scopus, Social, Web, Web of Science

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Full Text: [2013\Ame J Pha Edu77, 167.pdf](2013/Ame%20J%20Pha%20Edu77,%20167.pdf)

Abstract: Objective. To determine the amount and potential impact of scholarly works that directors of experiential education in US colleges and schools of pharmacy have published since 2001. Methods. A search in Web of Science was used to identify publications and citations for the years 2001-2011 by experiential education directors as identified by the American Association of Colleges of Pharmacy (AACP) Roster of Faculty and Professional Staff in 2011. Publication productivity was analyzed by position title, faculty rank, and type of institution (public vs private, research vs nonresearch-intensive). Types of published works were characterized, related citations were identified, and a reported h-Index was collected for each person who published during this period. Results. Ninety-seven of 226 (43%) experiential education directors published 344 scholarly works which had received 1841 citations, for an average of 1 publication every 3 years and an average citation rate of 5.3 per publication. Directors at publicly funded and research-intensive institutions published slightly more than did their counterparts at private and nonresearch-intensive schools. Publications were concentrated in 6 journals with a weighted mean publication impact factor of 1.5. Conclusion. Many experiential education directors have published scholarly works even though their titles and ranks vary widely. While the quantity of such works may not be large, the impact is similar to that of other pharmacy practice faculty members. These results could be used to characterize the scholarly performance of experiential education directors in recent years as well as to establish a culture of scholarship in this emerging career track within pharmacy education.

Keywords: Citation, Citations, Culture, Education, Faculty, h Index, h-Index, Impact, Impact Factor, Institutions, Journals, Methods, Performance, Person, Pharmacy, Pharmacy Practice, Potential, Practice, Productivity, Public, Publication, Publication Productivity, Publications, Published Works, Rank, Recent, Research, Results, Scholarship, Science, US, Web of Science

# Title: American Journal of Physical Medicine & Rehabilitation

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ISO Abbreviated Title:

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: Impact Factor

? Gholizadeh, H., Abu Osman, N.A., Eshraghi, A. and Ali, S. (2014), Transfemoral prosthesis suspension systems: A systematic review of the literature. *American Journal of Physical Medicine & Rehabilitation*, **93** (9), 809-823.

Full Text: [2014\Ame J Phy Med Reh93, 809.pdf](2014/Ame%20J%20Phy%20Med%20Reh93,%20809.pdf)

Abstract: The purpose of this study was to find the scientific evidence pertaining to various transfemoral suspension systems to provide selection criteria for clinicians. To this end, databases of PubMed, Web of Science, and ScienceDirect were explored. The following key words, as well as their combinations and synonyms, were used for the search: transfemoral prosthesis, prosthetic suspension, lower limb prosthesis, above-knee prosthesis, prosthetic liner, transfemoral, and prosthetic socket. The study design, research instrument, sampling method, outcome measures, and protocols of articles were reviewed. On the basis of the selection criteria, 16 articles (11 prospective studies and 5 surveys) were reviewed. The main causes of reluctance to prosthesis, aside from energy expenditure, were socket-related problems such as discomfort, perspiration, and skin problems. Osseointegration was a suspension option, yet it is rarely applied because of several drawbacks, such as extended rehabilitation process, risk for fracture, and infection along with excessive cost. In conclusion, no clinical evidence was found as a "standard" system of suspension and socket design for all transfemoral amputees. However, among various suspension systems for transfemoral amputees, the soft insert or double socket was favored by most users in terms of function and comfort.

Keywords: Above-Knee Prosthesis, Amputation Stumps, Articles, Clinical, Cost, Criteria, Databases, Design, Energy, Energy Expenditure, Evidence, Fracture, Function, Gel Liner, Infection, Instrument, Limb Prosthesis, Literature, Lower-Limb Amputees, Measures, Outcome, Outcome Measures, Perceived Problems, Prospective, Prospective Studies, Protocols, Pubmed, Purpose, Quadrilateral Socket, Rehabilitation, Rehabilitation, Research, Review, Risk, Sampling, Satisfaction, Science, Scientific Evidence, Selection, Selection Criteria, Skin, Skin Problems, Study Design, Suction, Surveys, Suspension, Systematic Review, Systems, Trans-Femoral Amputation, Walking, Web Of Science

? Meng, X.G. and Yue, S.W. (2015), Efficacy of aerobic exercise for treatment of chronic low back pain: A meta-analysis. *American Journal of Physical Medicine & Rehabilitation*, **94** (5), 358-365.

Full Text: [2015\Ame J Phy Med Reh94, 358.pdf](2015/Ame%20J%20Phy%20Med%20Reh94,%20358.pdf)

Abstract: Objective: A meta-analysis of relevant cohort studies was performed to investigate the efficacy of aerobic exercise for the treatment of patients with chronic low back pain (CLBP). Method: A range of electronic databases were searched: MEDLINE (1966-2013), the Cochrane Library Database (issue 12, 2013), EMBASE (1980-2013), CINAHL (1982-2013), Web of Science (1945 similar to 2013), and the Chinese Biomedical Database (1982-2013), without language restrictions. The Roland-Morris Disability Questionnaire, the Oswestry Disability Questionnaire, the McGill Pain Questionnaire, visual analog scale, and heart rate, sit-and-reach test, and maximum oxygen consumption were used to evaluate the efficacy of aerobic exercise. Meta-analysis was performed with the use of the STATA statistical software. The standardized mean difference (SMD) with its corresponding 95% confidence interval (CI) was calculated. Eight clinical cohort studies with a total of 310 CLBP patients were included in the meta-analysis. Results: The results of this meta-analysis indicated that CLBP patients exhibited positive decreases in scores on the Roland-Morris Disability Questionnaire (SMD, 0.44; 95% CI, 0.20-0.68; P < 0.001), Oswestry Disability Questionnaire (SMD, 1.03; 95% CI, 0.67-1.39; P < 0.001), Hospital Anxiety and Depression Scale (SMD, 1.35; 95% CI, 0.34-2.37; P = 0.009), and McGill Pain Questionnaire (SMD, 0.32; 95% CI, 0.07-0.56; P = 0.011) after aerobic exercise. It was also observed that aerobic exercise could markedly reduce the visual analog scale score for pain of CLBP patients (SMD, 0.75; 95% CI, 0.48-1.02; P < 0.001). Nevertheless, this study’s findings showed that aerobic exercise had no effects on heart rate, sit-and-reach test, and maximum oxygen consumption of CLBP patients (all P > 0.05). Conclusion: The current meta-analysis provides reliable evidence that aerobic exercise could effectively diminish pain intensity and improve the physical and psychologic functioning of CLBP patients. Thus, aerobic exercise may be a good choice in the treatment for CLBP.

Keywords: Aerobic Exercise, Back Pain, Chinese, Choice, Chronic, Chronic Low Back Pain, Clinical, Cohort, Confidence, Consumption, Controlled-Trial, Databases, Effects, Efficacy, Evidence, Exercise, Fear, Heart, Heart Rate, Interval, Interventions, Low Back, Low Back Pain, Medline, Meta-Analysis, Metaanalysis, Oxygen, P, Pain, Patients, Physical, Prevalence, Rehabilitation, Restrictions, Scale, Science, Software, Therapy, Treatment, Visual Analog Scale, Web Of Science

# Title: American Journal of Physics

Full Journal Title: American Journal of Physics

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Subject Categories:

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? van den Broek, J.A. (1947), Euler’s classic paper “On the strength of columns”. *American Journal of Physics*, **15** (4), 309-314.

Full Text: [-1959\Ame J Phy15, 309.pdf](-1959/Ame%20J%20Phy15,%20309.pdf)

? Park, D. (1966), Garfield, E - Science Citation Index 1964. *American Journal of Physics*, **34** (10), 993-994.

Full Text: [1960-80\Ame J Phy34, 993.pdf](1960-80/Ame%20J%20Phy34,%20993.pdf)

Keywords: Citation, Science Citation Index

? Park, D. (1969), Science Citation Index, A second look. *American Journal of Physics*, **37** (11), 1162.

Full Text: [1960-80\Ame J Phy37, 1162.pdf](1960-80/Ame%20J%20Phy37,%201162.pdf)

Keywords: Citation, Science Citation Index

# Title: American Journal of Preventive Medicine

Full Journal Title: [American Journal of Preventive Medicine](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6075&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=fb5fbbbf00ddfe0338c88d81617ea617)

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Public, Environmental & Occupational Health: Impact Factor, 1.442, 38/85 (1999); Impact Factor, 2.064, 18/88 (2001)

Medicine, General & Internal: Impact Factor, 1.442,/(1999); Impact Factor, 2.064, 22/112 (2001)

Notes: highly cited

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Full Text: [2001\Ame J Pre Med20, 21.pdf](2001/Ame%20J%20Pre%20Med20,%2021.pdf)

Abstract: the U.S. Preventive Services Task Force (USPSTF/Task Force) represents one of several efforts to take a more evidence-based approach to the development of clinical practice guidelines. As methods have matured for assembling and reviewing evidence and for translating evidence into guidelines, so too have the methods of the USPSTF. This paper summarizes the current methods of the third USPSTF, supported by the Agency for Healthcare Research and Quality (AHRQ) and two of the AHRQ Evidence-based Practice Centers (EPCs). The Task Force limits the topics it reviews to those conditions that cause a large burden of suffering to society and that also have available a potentially effective preventive service. It focuses its reviews on the questions and evidence most critical to making a recommendation. It uses analytic frameworks to specify the linkages and key questions connecting the preventive service with health outcomes. These linkages, together with explicit inclusion criteria, guide the literature searches for admissible evidence. Once assembled, admissible evidence is reviewed at three strata: (1) the individual study, (2) the body of evidence concerning a single linkage in the analytic framework, and (3) the body of evidence concerning the entire preventive sen ice. For each stratum, the Task Force uses explicit criteria as general guidelines to assign one of three grades of evidence: good, fair, or poor. Good or fair quality evidence for the entire preventive service must include studies of sufficient design and quality to provide an unbroken chain of evidence-supported linkages, generalizable to the general primary care population, that connect the preventive service with health outcomes. Poor evidence contains a formidable break in the evidence chain such that the connection between the preventive service and health outcomes is uncertain. For services supported by overall good or fair evidence, the Task Force uses outcomes tables to help categorize the magnitude of benefits, harms, and net benefit fi-om implementation of the preventive service into one of four categories: substantial, moderate, small, or zero/negative. The Task Force uses its assessment of the evidence and magnitude of net benefit to make a recommendation, coded as a letter: from A (strongly recommended) to D (recommend against). It gives an I recommendation in situations in which the evidence is insufficient to determine net benefit. The third Task Force and the EPCs will continue to examine a variety of methodologic issues and document work group progress in future communications.

Keywords: MEDLINE, Preventive Health Services, Evidence-Based Medicines, Methods, Practice Guidelines, Clinical-Practice Guidelines, Evidence-Based Medicine, Users Guides, Article

Phillips, K.A. and Chen, J.L. (2002), Impact of the US panel on cost-effectiveness in health and medicine. *American Journal of Preventive Medicine*, **22** (2), 98-105.

Full Text: [2002\Ame J Pre Med22, 98.pdf](2002/Ame%20J%20Pre%20Med22,%2098.pdf)

Abstract: Objective: To examine whether recommendations made by the U.S. Panel on Cost-Effectiveness in Health and Medicine (Panel Report) have been associated with changes in how cost-effectiveness analyses are conducted.

Methods: We examined Whether Studies published after the Panel Report was issued and which cited the Panel Report were more likely to follow its recommendations oil discounting, quality-adjusted life years (QALYs), and incremental ratios than (1) Studies published before the Panel Report, and (2) studies published after the Panel Report but that did not cite the Panel Report. We used the Science Citation Index to identify all studies Citing the Panel Report that were also empirical, cost-effectiveness analyses (n = 18). We randomly selected two groups for comparison (N = 54). Studies Were Compared rising contingency tables.

Results: Significantly more studies that cited the Panel Report used a 3% discount rate than did post-report comparison studies (p = 0.03) and pre-report comparison studies (p = 0.03). There was a nonsignificant trend for studies citing the Panel Report to be more likely to use QALYs and incremental ratios (range of p = 0.11 to p = 0.20).

Conclusions: We found evidence that the Panel Report had an impact oil practice. However, 31% of the studies citing the Panel Report did not follow the recommendation to use a 3% discount rate, and only 28% followed all three recommendations.

Keywords: Costs and Cost Analysis, Cost-Benefit Analysis, Nonvalvular Atrial-Fibrillation, Total Hip-Replacement, Deep-Vein Thrombosis, Utility Analyses, Benefit-Analysis, Contingent Valuation, Economic-Evaluation, Infected Persons, Cystic-Fibrosis, Prevention

Notes: IInstitute

? Silver Wallace, L. and Leenders, N. (2004), Content analysis of prime-time television coverage of physical activity, 1970-2001. *American Journal of Preventive Medicine*, **26** (2), 130-134.

Full Text: [2004\Ame J Pre Med26, 130.pdf](2004/Ame%20J%20Pre%20Med26,%20130.pdf)

Abstract: BACKGROUND: the purpose of this study was to examine how major nightly television networks reported on the health benefits of physical activity. METHODS: A retrospective content analysis of physical activity coverage on four major nightly television networks from 1970 to 2001 was performed. The Vanderbilt Television News Archives were searched for keywords “physical activity,” “physical fitness,” and “exercise.” RESULTS: During the 31-year time period, 111 non-overlapping reports aired on all networks combined. The link between physical activity and health was reported in 53 (47.7%) articles, with general health (n =16, 14.4%) and heart disease (n =12, 12.6%) cited most frequently. Just three broadcasts related to the Surgeon’s General Report on Physical Activity and Health were aired following its publication in 1996. CONCLUSIONS: Although the protective health benefits of physical activity are well established, physical activity received a modest amount of television coverage from 1970 through 2001.

Keywords: Analysis, Background, Content Analysis, Coverage, General, Health, Heart, Methods, Networks, Physical, Physical Activity, Publication, Purpose

? Franks, A.L., Simoes, E.J., Singh, R. and Gray, B.S. (2002), Assessing prevention research impact: A bibliometric analysis. *American Journal of Preventive Medicine*, **30** (3), 211-216.

Full Text: [2006\Ame J Pre Med30, 211.pdf](2006/Ame%20J%20Pre%20Med30,%20211.pdf)

Abstract: Background: This study was undertaken to explore a bibliometric approach to assessing the impact of selected prevention research center (PRC) peer-reviewed publications. Methods: the 25 eligible PRCs were asked to submit 15 papers that they considered the most important to be published in the decade 1994-2004. journal articles (n =227) were verified in 2004 and categorized: 73% were research reports, 10% discussion articles, 9% dissemination articles, and 7% review articles. Results: Only 189 articles (83%) were searchable via the Institute of Scientific Information (ISI), Web of Science databases for citation tracking in 2004. These 189 articles were published in 76 distinct journals and subsequently, cited 4628 times (range 0 to 1523) in 1013 journals. Articles published before 2001 were cited a median of 14 times each. Publishing journals had a median ISI impact factor of 2.6, and ISI half-life of 7.2. No suitable benchmarks were available for comparison. The PRC influence factor (number of PRCs that considered a journal highly influential) was only weakly correlated with the ISI impact factor and was not correlated with half-life. Conclusions: Conventional bibliometric analysis to assess the scientific impact of public health prevention research is feasible, but of limited utility because of omissions from ISI’s databases, and because citation benchmarks for prevention research have not been established: these problems can and should be addressed. Assessment of impact on public health practice, policy, or on the health of populations, will require more than a bibliometric approach.

Keywords: Analysis, Bibliometric Analysis, Citations, Databases, Half-Life, Health, Impact, Impact Factor, ISI, Journals, Policy, Practice, PRCS, Prevention, Public Health, Publications, Range, Research, Review, Tracking, Utility

? Kremers, S.P.J., de Bruijn, G.J., Droomers, M., van Lenthe, F. and Brug, J. (2007), Moderators of environmental intervention effects on diet and activity in youth. *American Journal of Preventive Medicine*, **32** (2), 163-172.

Full Text: [2007\Ame J Pre Med32, 163.pdf](2007/Ame%20J%20Pre%20Med32,%20163.pdf)

Abstract: Background: the complexity of the relationship between environmental factors on the one hand and dietary behavior and physical activity on the other necessitates the search for moderators of environmental influences. The current evidence base is reviewed regarding potential moderating factors in the effectiveness of environmental interventions aimed at diet and/or physical activity of children and adolescents. Methods: the following databases were used: (1) MEDLINE, (2) PUBMED, (3) PsychInfo, (4) Web of Science, and (5) ERIC. Additionally, all potentially relevant references in recent reviews were checked. Results: of the 41 studies included in the review, only seven studies (17%) were identified that reported tests of potential moderators of intervention effects. Gender proved to be the most frequently studied potential moderator. Additionally, race, age, and site have been studied regarding their potential role in modifying the effect of environmental interventions. Discussion: the small number of studies identified in this review prohibited us from attempting to formulate a conclusion on differential environment-behavior relationships in distinct subgroups. Rather than being an exception, it is argued that tests of effect modifiers should become common practice in behavioral nutrition and physical activity research to increase our understanding of mechanisms of behavior change and to optimize interventions.

Keywords: Adolescents, Cardiovascular Health, Childhood Obesity, Children, Databases, Effectiveness, Elementary-School-Children, Environmental, Gender, Intervention, Interventions, Methods, Multiple-Regression, Neighborhood Environment, Nutrition, Nutrition Education, Physical Activity, Practice, Pricing Strategy, Promote Physical-Activity, PUBMED, Race, Randomized Controlled-Trial, Research, Review, Science, Vegetable Consumption, Web of Science, Youth

? Vandelanotte, C., Spathonis, K.M., Eakin, E.G. and Owen, N. (2007), Website-delivered physical activity interventions: A review of the literature. *American Journal of Preventive Medicine*, **33** (1), 54-64.

Full Text: [2007\Ame J Pre Med33, 54.pdf](2007/Ame%20J%20Pre%20Med33,%2054.pdf)

Abstract: Background: Evidence-based physical activity interventions that can be delivered to large numbers of adults at an acceptable cost are a public health priority; website-delivered programs have this potential. The purpose of this study was to systematically review the research findings and outcomes of website-delivered physical activity interventions and to identify relationships of intervention attributes with behavioral outcomes. Methods: A structured search of PUBMED, MEDLINE, PsycInfo, and Web of Science was conducted for intervention studies published up to July 2006. Studies included in the review were those that (1) used websites or e-mail, (2) had physical activity behavior as an outcome measure, (3) had randomized controlled or quasi-experimental designs, (4) targeted adults, and (5) were published in English. Results: of the fifteen studies reviewed, improvement in physical activity was reported in eight. Better outcomes were identified when interventions had more than five contacts with participants and when the time to follow-up was short (<= 3 months; 60% positive outcomes), compared to medium-term (3-6 months, 50%) and long-term (> 6 months, 40%) follow-up. There were no clear associations of outcomes with other intervention attributes. Conclusions: A little over half of the controlled trials of website-delivered physical activity interventions have reported positive behavioral outcomes. However, intervention effects were short lived, and there was limited evidence of maintenance of physical activity changes. Research is needed to identify elements that can improve behavioral outcomes, the maintenance of change and the engagement and retention of participants; larger and more representative study samples are also needed.

Keywords: Activity Motivational Program, Adults, Behavior-Change, Computer, Follow-up, Health, Information-Technology, Internet Support, Intervention, Intervention Studies, Interventions, Literature, Methods, Outcome, Outcomes, Physical Activity, Preventive Medicine, Public Health, PUBMED, Randomized-Trial, Research, Review, Science, Tailored Interventions, Web of Science, Websites, Weight-Loss

? Ottoson, J.M., Green, L.W., Beery, W.L., Senter, S.K., Cahill, C.L., Pearson, D.C., Greenwald, H.P., Hamre, R. and Leviton, L. (2009), Policy-contribution assessment and field-building analysis of the Robert Wood Johnson Foundation’s Active Living Research Program. *American Journal of Preventive Medicine*, **36** (2), S34-S43.

Full Text: [2009\Ame J Pre Med36, S34.pdf](2009/Ame%20J%20Pre%20Med36,%20S34.pdf)

Abstract: Background: the Robert Wood Johnson Foundation requested this utilization-focused evaluation of its Active Living Research (ALR) program. This evaluation reports on the trajectory of influence of past and future ALR outcomes on field-building and policy contributions as well as on possible users of completed and disseminated ALR products. Methods: In 2006 and 2007, key-informat interviews were conducted with 136 representatives of first-line potential users of ALR research products, including state physical activity and nutrition program coordinators, policymakers, scientists, and funders. Literature reviews, bibliometric analyses, and document reviews served to describe the context for ALR’s work and the ways it could enhance its utility for field building and policymaking. Results: the contributions of ALR to the emerging transdisciplinary field included leadership in the development of measurement tools, epidemiologic studies, implementation research, the translation of research to practice, and the communication of learned lessons to diverse audiences. ALR’s contributions to policy discussions were found across a spectrum of policy-development phases that included describing the problem, raising awareness of alternative strategies for increasing physical activity, convening nontraditional partners, and evaluating policy implementation. Conclusions: Policy-relevant research can make contributions to policymakers’ thinking but almost never causes a change by itself. Five years after the original authorization of ALR, there is ample evidence of its recognition as a resource by key players, its field-building influence, and its contributions to policy discussions. All these bear promise for a broader contribution to obesity prevention. Recommendations for increasing ALR’s impact on policy and practice are offered. (Am J Prev Med 2009;36(2S):S34-S43) (C) 2009 American journal of Preventive Medicine.

Keywords: Activity, Alternative, American, Analyses, Awareness, Bear, Bibliometric, Bibliometric Analyses, Building, Change, Communication, Context, Contribution, Development, Emerging, Evaluation, Evidence, Field, Impact, Implementation, Influence, Interventions, Interviews, Journal, Leadership, Living, Measurement, Nutrition, Obesity, Obesity Prevention, Outcomes, Physical, Physical Activity, Physical-Activity, Policy, Policy Development, Policy Implementation, Potential, Practice, Prevention, Problem, Recognition, Research, Reviews, State, Trajectory, Transdisciplinary, Translation, Utility, Wood, Work

? Yen, I.H., Michael, Y.L. and Perdue, L. (2009), Neighborhood environment in studies of health of older adults: A systematic review. *American Journal of Preventive Medicine*, **37** (5), 455-463.

Full Text: [2009\Ame J Pre Med37, 455.pdf](2009/Ame%20J%20Pre%20Med37,%20455.pdf)

Abstract: Context: Epidemiologists and public health researchers are studying neighborhood’s effect on individual health. The health of older adults may be more influenced by their neighborhoods as a result of decreased mobility. However, research on neighborhood’s influence on older adults’ health, specifically, is limited.

Evidence acquisition: Recent studies on neighborhood and health for older adults were identified. Studies were identified through searches of databases including PsycINFO, CINAHL, PUBMED, Academic Search Premier, Ageline, Social Science Citation Index, and Health Source. Criteria for inclusion were as follows: human studies; English language; study sample included adults aged >= 55 years; health outcomes, including mental health, health behaviors, morbidity, and mortality; neighborhood as the primary exposure variable of interest; empirical research; and studies that included >= 10 neighborhoods. Air pollution studies were excluded. Five hundred thirty-eight relevant articles were published during 19972007; a total of 33 of these articles met inclusion criteria.

Evidence synthesis: the measures of objective and perceived aspects of neighborhood were summarized. Neighborhood was primarily operationalized using census-defined boundaries. Measures of neighborhood were principally derived from objective sources of data; eight studies assessed perceived neighborhood alone or in combination with objective measures. Six categories of neighborhood characteristics were socioeconomic composition, racial composition, demographics, perceived resources and/or problems, physical environment, and social environment. The studies are primarily cross-sectional and use administrative data to characterize neighborhood.

Conclusions: These studies suggest that neighborhood environment is important for older adults’ health and functioning. (Am J Prev Med 2009;37(5):455-463) (C) 2009 American Journal of Preventive Medicine

Keywords: Coronary-Heart-Disease, Quality-of-Life, Self-Rated Health, Population-Based Cohort, Physical-Activity, Socioeconomic-Status, Built Environment, Depressive Symptoms, United-States, Multilevel Analysis

? Cohen, J.E., Chaiton, M.O. and Planinac, L.C. (2010), Taking stock a bibliometric analysis of the focus of tobacco research from the 1980s to the 2000s. *American Journal of Preventive Medicine*, **39** (4), 352-356.

Full Text: [2010\Ame J Pre Med39, 352.pdf](2010/Ame%20J%20Pre%20Med39,%20352.pdf)

Abstract: Background: Little is known about the body of tobacco research as a whole. Purpose: This paper examines the changes in literature focus (1980s to 2000s) and identifies areas in need of increased attention. Methods: Tobacco articles randomly selected from searches of the MEDLINE and Web of Science databases were coded according to (1) epidemiologic framework component; (2) study focus; and (3) form of tobacco. Frequencies, cross-tabulations, and tests of proportions were conducted. The analysis was conducted in 2009. Results: From the 1980s to the 2000s, there was a significant decrease in tobacco-related articles focusing on the “agent” and an increase in articles focusing on the “host.” Few articles in either decade focused on the “environment” or on the “vector” (<10%). The percentage of study foci addressing health effects decreased, whereas prevalence, use and cessation foci increased. Approximately two thirds of articles focused on the cigarette. Conclusions: the nature of tobacco research has shifted from examining the links between cigarettes and disease to understanding why people smoke and how to help them quit. Proportionately more research could focus on the environment and vector components of the epidemiologic framework, to expand strategies for reducing tobacco-related disease. (Am J Prev Med 2010;39(4):352-356) (C) 2010 American Journal of Preventive Medicine.

Keywords: Alcohol, Bibliometric, Databases, Drug, Environment, Journal, Literature, MEDLINE, Model, Research, Science, Tobacco, Web of Science

? van Uffelen, J.G.Z., Wong, J., Chau, J.Y., van der Ploeg, H.P., Riphagen, I., Gilson, N.D., Burton, N.W., Healy, G.N., Thorp, A.A., Clark, B.K., Gardiner, P.A., Dunstan, D.W., Bauman, A., Owen, N. and Brown, W.J. (2010), Occupational sitting and health risks a systematic review. *American Journal of Preventive Medicine*, **39** (4), 379-388.

Full Text: [2010\Ame J Pre Med39, 379.pdf](2010/Ame%20J%20Pre%20Med39,%20379.pdf)

Abstract: Context: Emerging evidence suggests that sedentary behavior (i.e., time spent sitting) may be negatively associated with health. The aim of this study was to systematically review the evidence on associations between occupational sitting and health risks. Evidence acquisition: Studies were identified in March-April 2009 by literature searches in PUBMED, PsycINFO, CENTRAL, CINAHL, EMBASE, and PEDro, with subsequent related-article searches in PUBMED and citation searches in Web of Science. Identified studies were categorized by health outcome. Two independent reviewers assessed methodologic quality using a 15-item quality rating list (score range 0-15 points, higher score indicating better quality). Data on study design, study population, measures of occupational sitting, health risks, analyses, and results were extracted. Evidence synthesis: 43 papers met the inclusion criteria(21% cross-sectional, 14% case-control, 65% prospective); they examined the associations between occupational sitting and BMI (n = 12); cancer (n = 17); cardiovascular disease (CVD, n = 8); diabetes mellitus (DM, n = 4); and mortality (n = 6). The median study-quality score was 12 points. Half the cross-sectional studies showed a positive association between occupational sitting and BMI, but prospective studies failed to confirm a caUSAl relationship. There was some case-control evidence for a positive association between occupational sitting and cancer; however, this was generally not supported by prospective studies. The majority of prospective studies found that occupational sitting was associated with a higher risk of DM and mortality. Conclusions: Limited evidence was found to support a positive relationship between occupational sitting and health risks. The heterogeneity of study designs, measures, and findings makes it difficult to draw definitive conclusions at this time. (Am J Prev Med 2010;39(4):379-388) (C) 2010 American Journal of Preventive Medicine.

Keywords: Acute Myocardial-Infarction, Aged Finnish Men, Bmi, Body-Mass Index, Breast-Cancer, Cancer, Cardiovascular, Cardiovascular Disease, Cardiovascular-Disease, Citation, Diabetes, Diabetes Mellitus, Disease, Embase, Health, Health Risks, Ischemic Heart-Disease, Journal, Leisure-Time, Literature, Mortality, Occupational, Outcome, Papers, Points, Prospective Studies, PUBMED, Renal-Cell Cancer, Review, Risk, Science, Sedentary Behaviors, Systematic, Systematic Review, Time Physical-Activity, Web of Science

? Thorp, A.A., Owen, N., Neuhaus, M. and Dunstan, D.W. (2011), Sedentary behaviors and subsequent health outcomes in adults a systematic review of longitudinal studies, 1996-2011. *American Journal of Preventive Medicine*, **41** (2), 207-215.

Full Text: [2011\Ame J Pre Med41, 207.pdf](2011/Ame%20J%20Pre%20Med41,%20207.pdf)

Abstract: Context: To systematically review and provide an informative synthesis of findings from longitudinal studies published since 1996 reporting on relationships between self-reported sedentary behavior and device-based measures of sedentary time with health-related outcomes in adults. Evidence acquisition: Studies published between 1996 and January 2011 were identified by examining existing literature reviews and by systematic searches in Web of Science, MEDLINE, PUBMED, and PsycINFO. English-written articles were selected according to study design, targeted behavior, and health outcome. Evidence synthesis: Forty-eight articles met the inclusion criteria; of these, 46 incorporated self-reported measures including total sitting time; TV viewing time only; TV viewing time and other screen-time behaviors; and TV viewing time plus other sedentary behaviors. Findings indicate a consistent relationship of self-reported sedentary behavior with mortality and with weight gain from childhood to the adult years. However, findings were mixed for associations with disease incidence, weight gain during adulthood, and cardiometabolic risk. of the three studies that used device-based measures of sedentary time, one showed that markers of obesity predicted sedentary time, whereas in conclusive findings have been observed for markers of insulin resistance. Conclusions: There is a growing body of evidence that sedentary behavior may be a distinct risk factor, independent of physical activity, for multiple adverse health outcomes in adults. Prospective studies using device-based measures are required to provide a clearer understanding of the impact of sedentary time on health outcomes. (Am J Prev Med 2011;41(2):207-215) (C) 2011 American Journal of Preventive Medicine.

Keywords: Adult, Adults, Cardiovascular-Disease, Disease, Endometrial Cancer, Health, Health Outcomes, Impact, Insulin, Journal, Lipoprotein-Lipase Activity, Literature, Longitudinal Studies, MEDLINE, Mortality, NIH-AARP Diet, Obesity, Outcome, Outcomes, Physical Activity, Population-Based Cohort, Prospective Studies, PUBMED, Recreational Physical-Activity, Resistance, Review, Risk, Science, Sitting Time, Systematic, Systematic Review, Television Viewing Time, Type-2 Diabetes-Mellitus, Web of Science, Weight-Gain

? Ding, D., Sallis, J.F., Kerr, J., Lee, S. and Rosenberg, D.E. (2011), Neighborhood environment and physical activity among youth: A review. *American Journal of Preventive Medicine*, **41** (4), 442-455.

Full Text: [2011\Ame J Pre Med41, 442.pdf](2011/Ame%20J%20Pre%20Med41,%20442.pdf)

Abstract: Context: Research examining the association between environmental attributes and physical activity among youth is growing. An updated review of literature is needed to summarize the current evidence base, and to inform policies and environmental interventions to promote active lifestyles among young people. Evidence acquisition: A literature search was conducted using the Active Living Research (ALR) literature database, an online database that codes study characteristics and results of published papers on built/social environment and physical activity/obesity/sedentary behavior. Papers in the ALR database were identified through PubMed, Web of Science, and SPORT Discus using systematically developed and expert-validated search protocols. For the current review, additional inclusion criteria were used to select observational, quantitative studies among youth aged 3-18 years. Evidence synthesis: Papers were categorized by design features, sample characteristics, and measurement mode. Relevant results were summarized, stratified by age (children or adolescents) and mode of measurement (objective or perceived) for environmental attributes and physical activity. Percentage of significant results was calculated. Conclusions: Mode of measurement greatly influenced the consistency of associations between environmental attributes and youth physical activity. For both children and adolescents, the most consistent associations involved objectively measured environmental attributes and reported physical activity. The most supported correlates for children were walkability, traffic speed/volume, access/proximity to recreation facilities, land-use mix, and residential density. The most supported correlates for adolescents were land-use mix and residential density. These findings support several recommendations for policy and environmental change from such groups as the IOM and National Physical Activity Plan. (Am J Prev Med 2011;41(4):442-455) (C) 2011 American Journal of Preventive Medicine.

Keywords: Adolescent Girls, Adolescents, Aged, Author, Behavior, Built Environment, Children, Correlates, Cross-Sectional Survey, Design, Elementary-School, Environment, Environmental, Interventions, Journal, Literature, Local Neighborhood, Measurement, Observational, Papers, Physical Activity, Policies, Policy, Pubmed, Quantitative, Recommendations, Recreational Facilities, Research, Residential, Review, School-Aged Children, Science, Socioeconomic-Status, Sport, Synthesis, Urban Form, US Children, USA, Web of Science, Youth

? Hall, K.L., Stokols, D., Stipelman, B.A., Vogel, A.L., Feng, A., Masimore, B., Morgan, G., Moser, R.P., Marcus, S.E. and Berrigan, D. (2012), Assessing the value of team science a study comparing center- and investigator-initiated grants. *American Journal of Preventive Medicine*, **42** (2), 157-163.

Full Text: [2012\Ame J Pre Med42, 157.pdf](../HO-reference/2012/Ame%20J%20Pre%20Med42,%20157.pdf)

Abstract: Background: Large cross-disciplinary scientific teams are becoming increasingly prominent in the conduct of research. Purpose: This paper reports on a quasi-experimental longitudinal study conducted to compare bibliometric indicators of scientific collaboration, productivity, and impact of center-based transdisciplinary team science initiatives and traditional investigator-initiated grants in the same field. Methods: All grants began between 1994 and 2004 and up to 10 years of publication data were collected for each grant. Publication information was compiled and analyzed during the spring and summer of 2010. Results: Following an initial lag period, the transdisciplinary research center grants had higher overall publication rates than the investigator-initiated R01 (NIH Research Project Grant Program) grants. There were relatively uniform publication rates across the research center grants compared to dramatically dispersed publication rates among the R01 grants. On average, publications produced by the research center grants had greater numbers of coauthors but similar journal impact factors compared with publications produced by the R01 grants. Conclusions: the lag in productivity among the transdisciplinary center grants was offset by their overall higher publication rates and average number of coauthors per publication, relative to investigator-initiated grants, over the 10-year comparison period. The findings suggest that transdisciplinary center grants create benefits for both scientific productivity and collaboration. (Am J Prev Med 2012; 42(2): 157-163) Published by Elsevier Inc. on behalf of American Journal of Preventive Medicine.

Keywords: Address, Bibliometric, Bibliometric Indicators, Collaboration, Health, Impact, Impact Factors, Indicators, Information, Journal, Journal Impact, Journal Impact Factors, Longitudinal Study, Methods, NIH, Outcomes, Productivity, Publication, Publications, Readiness, Research, Science, Scientific Collaboration, Scientific Productivity, Traditional, Transdisciplinary Research, Value

? Pitts, S.I., Maruthur, N.M., Millar, K.R., Perl, T.M. and Segal, J. (2014), A systematic review of mandatory influenza vaccination in healthcare personnel. *American Journal of Preventive Medicine*, **47** (3), 330-340.

Full Text: [2014\Ame J Pre Med47, 330.pdf](2014/Ame%20J%20Pre%20Med47,%20330.pdf)

Abstract: Context: Influenza is a major cause of patient morbidity. Mandatory influenza vaccination of healthcare personnel (HCP) is increasingly common yet has uncertain clinical impact. This study systematically examines published evidence of the benefits and harm of influenza vaccine mandates. Evidence acquisition: MEDLINE, Embase, the Cochrane Library, Cumulative Index to Nursing and Allied Health Literature, Science Citation Index Expanded, and Conference Proceedings Citations Index were searched and analyzed in 2013. Studies must have assessed the effect of a requirement of influenza vaccination among HCP for continued employment or clinical practice. Studies were not limited by comparison group, outcome, language, or study design. Two reviewers independently abstracted data and assessed bias risk. Evidence synthesis: Twelve observational studies were included in the study from 778 citations. Following implementation of a vaccine mandate, vaccination rates increased in all eight studies reporting this outcome, exceeding 94%. Three studies documented increased vaccination rates in hospitals with mandates compared to those without (p < 0.001 for all comparisons). Two single-institution studies reported limited, inconclusive results on absenteeism among HCP. No studies reported on clinical outcomes among patients. Medical and religious exemptions and terminations or voluntary resignations were rare. Conclusions: Evidence from observational studies suggests that a vaccine mandate increases vaccination rates, but evidence on clinical outcomes is lacking. Although challenging, large healthcare employers planning to implement a mandate should develop a strategy to evaluate HCP and patient outcomes. Further studies documenting the impact of HCP influenza vaccination on clinical outcomes would inform decisions on the use of mandatory vaccine policies in HCP. (Am J Prey Med 2014;47(3):330-340) (C) 2014 American Journal of Preventive Medicine.

Keywords: Benefits, Bias, Citation, Citations, Clinical, Clinical Impact, Clinical Outcomes, Clinical Practice, Comparison, Conference, Data, Design, Employment, Evidence, Exemptions, Health, Healthcare, Hospitals, Impact, Implementation, Influenza, Journal, Language, Literature, Mandatory, Medical, Medicine, Medline, Morbidity, Nursing, Observational, Observational Studies, Outcome, Outcomes, Patient Safety, Patients, Personnel, Planning, Policies, Policy, Practice, Proceedings, Rates, Reporting, Requirement, Review, Reviewers, Risk, Science, Science Citation Index, Science Citation Index Expanded, Seasonal Influenza, Strategy, Study Design, Synthesis, Systematic, Systematic Review, United-States, Vaccination, Vaccine, Workers

? Khalil, G.M. and Crawford, C.A.G. (2015), A bibliometric analysis of US-based research on the behavioral risk factor surveillance system. *American Journal of Preventive Medicine*, **48** (1), 50-57.

Full Text: [2015\Ame J Pre Med48, 50.pdf](2015/Ame%20J%20Pre%20Med48,%2050.pdf)

Abstract: Background: Since Alan Pritchard defined bibliometrics as “the application of statistical methods to media of communication” in 1969, bibliometric analyses have become widespread. To date, however, bibliometrics has not been used to analyze publications related to the U.S. Behavioral Risk Factor Surveillance System (BRFSS). Purpose: To determine the most frequently cited BRFSS-related topical areas, institutions, and journals. Methods: A search of the Web of Knowledge database in 2013 identified U.S.-published studies related to BRFSS, from its start in 1984 through 2012. Search terms were BRFSS, Behavioral Risk Factor Surveillance System, or Behavioral Risk Survey. The resulting 1,387 articles were analyzed descriptively and produced data for VOSviewer, a computer program that plotted a relevance distance-based map and clustered keywords from text in titles and abstracts. Results: Topics, journals, and publishing institutions ranged widely. Most research was clustered by content area, such as cancer screening, access to care, heart health, and quality of life. The American Journal of Preventive Medicine and American Journal of Public Health published the most BRFSS-related papers (95 and 70, respectively). Conclusions: Bibliometrics can help identify the most frequently published BRFSS-related topics, publishing journals, and publishing institutions. BRFSS data are widely used, particularly by CDC and academic institutions such as the University of Washington and other universities hosting top-ranked schools of public health. Bibliometric analysis and mapping provides an innovative way of quantifying and visualizing the plethora of research conducted using BRFSS data and summarizing the contribution of this surveillance system to public health. (C) 2015 American Journal of Preventive Medicine. All rights reserved.

Keywords: Access, Analyses, Analysis, Application, Articles, Bibliometric, Bibliometric Analyses, Bibliometric Analysis, Bibliometrics, Cancer, Cancer Screening, Care, Content, Contribution, Data, Database, From, Health, Heart, Institutions, Journal, Journals, Knowledge, Life, Mapping, Media, Medicine, Methods, Papers, Public, Public Health, Publications, Publishing, Quality, Quality Of, Quality Of Life, Relevance, Research, Results, Rights, Risk, Screening, Search, Surveillance, Survey, Topical, Topics, Trends, Universities, University, Vosviewer, Washington, Web, Web Of Knowledge

? Suglia, S.F., Sapra, K.J. and Koenen, K.C. (2015), Violence and cardiovascular health: A systematic review. *American Journal of Preventive Medicine*, **48** (2), 205-212.

Full Text: [2015\Ame J Pre Med48, 205.pdf](2015/Ame%20J%20Pre%20Med48,%20205.pdf)

Abstract: Context: Violence, experienced in either childhood or adulthood, has been associated with physical health outcomes, including cardiovascular disease. However, the consistency of the existing literature has not been evaluated. Evidence acquisition: In 2013, the authors conducted a Pub Med and Web of Science review of peer-reviewed articles published prior to August 2013 on the relation between violence exposure, experienced in either childhood or adulthood, and cardiovascular outcomes. To meet inclusion criteria, articles had to present estimates for the relation between violence exposure and cardiovascular outcomes (e.g., hypertension, blood pressure, stroke, coronary disease, or myocardial infarction) adjusted for demographic factors. Articles focusing on violence from television, video games, natural disasters, terrorism, or war were excluded. Evidence synthesis: The initial search yielded 2,273 articles; after removing duplicates and applying inclusion and exclusion criteria, 30 articles were selected for review. A consistent positive relation was noted on the association between violence experienced during childhood and cardiovascular outcomes in adulthood (i.e., hypertension, coronary heart disease,. and myocardial infarction). Associations across genders with varying types of violence exposure were also noted. By contrast, findings were mixed on the relation between adult violence exposure and cardiovascular outcome. Conclusions: Despite varying definitions of violence exposure and cardiovascular endpoints, a consistent relation exists between childhood violence exposure, largely assessed retrospectively, and cardiovascular endpoints. Findings are mixed for the adult violence cardiovascular health relation. The cross-sectional nature of most adult studies and the reliance of self-reported outcomes can potentially be attributed to the lack of findings among adult violence exposure studies. (C) 2015 American Journal of Preventive Medicine.

Keywords: Adult, Adverse Childhood Experiences, Articles, Association, Authors, Blood, Blood Pressure, Blood-Pressure, Cardiovascular, Cardiovascular Disease, Childhood, Consistency, Coronary Disease, Coronary Heart Disease, Criteria, Cross-Sectional, Disasters, Disease, Estimates, Evidence, Evidence Synthesis, Exposure, Factors, From, Health, Health Outcomes, Heart, Heart-Disease, Hypertension, Infarction, Intimate Partner Violence, Journal, Literature, Medicine, Myocardial Infarction, Natural, Outcome, Outcomes, Peer-Reviewed, Physical, Physical Health, Population-Based Sample, Pressure, Psychiatric-Disorders, Pub Med, Review, Risk-Factor, Science, Sexual-Abuse, Stroke, Synthesis, Systematic, Systematic Review, Television, Terrorism, Video, Video Games, Violence, War, Web, Web Of Science, Women

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? Sarringhaus, L.A., McGrew, W.C. and Marchant, L.F. (2005), Misuse of anecdotes in primatology: Lessons from citation analysis. *American Journal of Primatology*, **65** (3), 283-288.

Full Text: [2005\Ame J Pri65, 283.pdf](2005/Ame%20J%20Pri65,%20283.pdf)

Abstract: This study analyzes the accuracy of anecdotes cited in behavioral primatology publications. Anecdotes (n = 1 cases) recounting tool use were sought in the four main primatological journals. Citations of anecdotes in the scientific literature that met three criteria were systematically coded for recognition and accuracy. The results showed that 60% of the time, authors who cited anecdotes did not explicitly acknowledge them as such. To a lesser extent, the citations exaggerated the frequency of anecdotal events or misrepresented their status. For tool use specifically, the actor was misreported more often than the tool or its target. Multiple citations were incorrect more often than single citations. Overall, it seems that citation of anecdotes is problematic and may have far-reaching implications in terms of misleading overgeneralizations. Primatologists should take care in citing singular or rare events. (c) 2005 Wiley-Liss, Inc.

Keywords: Citation Accuracy, Anecdote, Tool Use, Methodology, Chimpanzee, Capuchin Monkey, Tool-Set, Chimpanzees, Anthropomorphism, Predation, Capuchin

# Title: American Journal of Psychiatry

Full Journal Title: [American Journal of Psychiatry](http://global.umi.com/pqdweb?TS=0&JSEnabled=1&RQT=317&SK=2&ScQ=000028648&TS=1030081)

ISO Abbreviated Title: Am. J. Psychiat.

JCR Abbreviated Title: Am J Psychiat

ISSN: 0002-953X

Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Amer Psychiatric Press, Inc

Publisher Address: 1400 K ST, N W, Ste 1101, Washington, DC 20005

Subject Categories:

Psychiatry: Impact Factor

? Fishbein, M. (1952), Gobbledygook in Psychiatric Writing. *American Journal of Psychiatry*, **108** (9), 705.

Full Text: -1959\Ame J Psy108, 705.pdf

? Brady, J.P. (1962), Publication trends in American psychiatry: 1844-1960. 1. General subject category and etiology. *American Journal of Psychiatry*, **118** (12), 1069-1077.

Full Text: -1959\Ame J Psy118, 1069.pdf

Keywords: Trends

? Crawford, J.W. and Crawford, S. (1980), Research in psychiatry - Co-citation analysis. *American Journal of Psychiatry*, **137** (1), 52-55.

Full Text: Ame J Psy137, 52.pdf

? Cox, B.J., Wessel, I., Norton, G.R. and Swinson, R.P. (1994), Citation patterns in anxiety disorders research in 14 journals: 1990-1991. *American Journal of Psychiatry*, **151** (6), 933-936.

Full Text: 1994\Ame J Psy151, 933.pdf

Abstract: the authors reviewed the distribution of citations in 278 anxiety disorder studies published in 14 journals in 1990 and 1991. Although both psychiatrists and psychologists frequently authored studies, few journals showed evidence of a substantial interdisciplinary perspective. The 278 anxiety disorder studies contained 3,199 references to articles in the 14 journals. There was a high percentage of “self-citation” in some of the journals and only limited evidence of citations across journal and author disciplines. These findings suggest that anxiety disorder research findings are often not widely disseminated across disciplines.

Keywords: Author, Citation, Citations, General Psychiatric Journals, Journals, Psychology, Research, Trends

# Title: American Journal of Psychology

Full Journal Title: [American Journal of Psychology](http://pao.chadwyck.co.uk/journals/displayItemFromId.do?QueryType=journals&ItemID=1016); [American Journal of Psychology](http://uk.jstor.org/journals/00029556.html); [American Journal of Psychology](http://galenet.galegroup.com/servlet/IOURL?issn=0002-9556&title=American+Journal+of+Psychology&locID=jrycal5&prod=HWRC&finalAuth=true); [American Journal of Psychology](http://infotrac.galegroup.com/itw/infomark/0/1/1/purl=rc18_EAIM_0__jn+%22American+Journal+of+Psychology%22?sw_aep=jrycal5)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0002-9556

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: MModel

? Zipf, G.K. (1945), Some psychological determinants of the structure of publications. *American Journal of Psychology*, **58** (4), 425-442.

Full Text: [-1959\Ame J Psy58, 425.pdf](-1959/Ame%20J%20Psy58,%20425.pdf)

? Zipf, G.K. (1946), Some determinants of the circulation of information. *American Journal of Psychology*, **59** (3), 401-421.

Full Text: [-1959\Ame J Psy59, 401.pdf](-1959/Ame%20J%20Psy59,%20401.pdf)

? Zipf, G.K. (1947), On Dr. Miller’s contribution to the P1P2/D hypothesis. *American Journal of Psychology*, **60** (2), 284-287.

Full Text: [-1959\Ame J Psy60, 284.pdf](-1959/Ame%20J%20Psy60,%20284.pdf)

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Full Text: [-1959\Ame J Psy61, 79.pdf](-1959/Ame%20J%20Psy61,%2079.pdf)

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Full Text: [-1959\Ame J Psy63, 342.pdf](-1959/Ame%20J%20Psy63,%20342.pdf)

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Full Text: [1960-80\Ame J Psy81, 269.pdf](1960-80/Ame%20J%20Psy81,%20269.pdf)

? Mounts, J.R.W. (2012), From classic to current: A look back on attention research in *the* *American Journal of Psychology*. *American Journal of Psychology*, **125** (4), 423-434.

Full Text: [2012\Ame J Psy125, 423.pdf](2012/Ame%20J%20Psy125,%20423.pdf)

Abstract: This review examines attention research appearing in The American Journal of Psychology over the journal’s rich 125-year history. In particular, the review examines studies focused on selective attention’s role in modulating the influence of distraction and the methods used to capture the nature of selective attention. Special attention is given to classic articles by Treisman (1964a, 1964b), Neisser (1963), and Eriksen and Rohrbaugh (1970), whose methods and results are examined in detail in light of current theory and research in selective attention.

Keywords: Asymmetries, Determinant, Efficiency, History, Intensity, Journal, Locus, Methods, Perceptual Load, Research, Review, Role, Selective Attention, Stimulus, Theory, Vision, Visual-Search

# Title: American Journal of Public Health

Full Journal Title: American Journal of Public Health

ISO Abbreviated Title: Am. J. Public Health

JCR Abbreviated Title: Am J Public Health

ISSN: 0090-0036

Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Amer Public Health Assoc Inc

Publisher Address: 1015 Fifteenth St NW, Washington, DC 20005

Subject Categories:

Public, Environmental & Occupational Health: Impact Factor, 3.015, 7/85 (1999)

? Eichorn, P. and Yankauer, A. (1987), Do authors check their references: A survey of accuracy of references in 3 public-health journals. *American Journal of Public Health*, **77** (8), 1011-1012.

Full Text: [1987\Ame J Pub Hea77, 1011.pdf](1987/Ame%20J%20Pub%20Hea77,%201011.pdf)

? Mackenzie, S. (2000), Scientific silence: AIDS and African Americans in the medical literature. *American Journal of Public Health*, **90** (7), 1145-1146.

Full Text: [2000\Ame J Pub Hea90, 1145.pdf](2000/Ame%20J%20Pub%20Hea90,%201145.pdf)

Almeida-Filho, N., Kawachi, I., Pellegrini, A. and Dachs, J.N.W. (2003), Research on health inequalities in Latin America and the Caribbean: Bibliometric analysis (1971-2000) and descriptive content analysis (1971-1995). *American Journal of Public Health*, **93** (12), 2037-2043.

Full Text: [2003\Ame J Pub Hea93, 2037.pdf](2003/Ame%20J%20Pub%20Hea93,%202037.pdf)

Abstract: We conducted a bibliometric and content analysis of research on health inequalities produced in Latin American and Caribbean countries. In our bibliometric analysis (n = 576), we used indexed material published between 1971 and 2000. The content analysis (n = 269) covered the period 1971 to 1995 and included unpublished material.

We found recent rapid growth in overall output. Brazil, Chile, and Mexico contributed mostly empirical research, while Ecuador and Argentina produced more conceptual studies.

We found, in the literature reviewed, a relative neglect of gender, race, and ethnicity issues. We also found remarkable diversity in research designs, however, along with strong consideration of ecological and ethnographic methods absent in other research traditions.

Keywords: Social Medicine, Brazil

? Rock, M. (2005), Diabetes portrayals in north American print media: A qualitative and quantitative analysis. *American Journal of Public Health*, **95** (10), 1832-1838.

Full Text: [2005\Ame J Pub Hea95, 1832.pdf](2005/Ame%20J%20Pub%20Hea95,%201832.pdf)

Abstract: Objectives. This study investigated how media coverage has portrayed diabetes as newsworthy. Methods. The quantitative component involved tabulating diabetes coverage in 2 major Canadian newspapers, 1988-2001 and 1991-2001. The qualitative component focused on high-profile coverage in 2 major US magazines and 2 major Canadian newspapers, 1998-2000. Results. Although coverage did not consistently increase, the quantitative results suggest an emphasis on linking diabetes with heart disease and mortality to convey its seriousness. The qualitative component identified 3 main ways of portraying type 2 diabetes: as an insidious problem, as a problem associated with particular populations, and as a medical problem. Conclusions. Overall, the results suggest that when communicating with journalists, researchers and advocates have stressed that diabetes maims and kills. Yet even when media coverage acknowledged societal forces and circumstances as causes, the proposed remedies did not always include or stress modifications to social contexts. Neither the societal causes of public health problems nor possible societal remedies automatically received attention from researchers or from journalists. Skilled advocacy is needed to put societal causes and solutions on public agendas.

Keywords: Advocacy, Analysis, Coverage, Diabetes, Health, Heart, Journalists, Media, Medical, Mortality, Populations, Public, Public Health, Qualitative, Quantitative Analysis, Social, Solutions, Stress, Type 2 Diabetes, US

? Kulkarni, S.P., Shah, K.R., Sarma, K.V. and Mahajan, A.P. (2013), Clinical uncertainties, health service challenges, and ethical complexities of HIV “test-and-treat”: A systematic review. *American Journal of Public Health*, **103** (6), E14-E23.

Full Text: [2013\Ame J Pub Hea103, E14.pdf](2013/Ame%20J%20Pub%20Hea103,%20E14.pdf)

Abstract: Despite the HIV “test-and-treat” strategy’s promise, questions about its clinical rationale, operational feasibility, and ethical appropriateness have led to vigorous debate in the global HIV community. We performed a systematic review of the literature published between January 2009 and May 2012 using PubMed, SCOPUS, Global Health, Web of Science, BIOSIS, Cochrane CENTRAL, EBSCO Africa-Wide Information, and EBSCO CINAHL Plus databases to summarize clinical uncertainties, health service challenges, and ethical complexities that may affect the test-and-treat strategy’s success. A thoughtful approach to research and implementation to address clinical and health service questions and meaningful community engagement regarding ethical complexities may bring us closer to safe, feasible, and effective test-and-treat implementation.

Keywords: Active Antiretroviral Treatment, Approach, Clinical, Community, Databases, Drug-Users, Engagement, Ethical, Feasibility, Global, Health, HIV, HPTN 052, Implementation, Information, Literature, Preserving Human-Rights, Public-Health, Pubmed, Research, Review, Riskier Routes, Science, Scopus, Service, Sub-Saharan Africa, Systematic Review, Treatment Strategies, Treatment-As-Prevention, Uncertainties, Viral Load, Web of Science

? George, S., Duran, N. and Norris, K. (2014), A systematic review of barriers and facilitators to minority research participation among African Americans, Latinos, Asian Americans, and pacific islanders. *American Journal of Public Health*, **104** (2), E16-E31.

Full Text: [2014\Ame J Pub Hea104, E16.pdf](2014/Ame%20J%20Pub%20Hea104,%20E16.pdf)

Abstract: To assess the experienced or perceived barriers and facilitators to health research participation for major US racial/ethnic minority populations, we conducted a systematic review of qualitative and quantitative studies from a search on PubMed and Web of Science from January 2000 to December 2011. With 44 articles included in the review, we found distinct and shared barriers and facilitators. Despite different expressions of mistrust, all groups represented in these studies were willing to participate for altruistic reasons embedded in cultural and community priorities. Greater comparative understanding of barriers and facilitators to racial/ethnic minorities’ research participation can improve population-specific recruitment and retention strategies and could better inform future large-scale prospective quantitative and in-depth ethnographic studies.

Keywords: African Americans, African-Americans, Articles, Asian, Barriers, Breast-Cancer, Cancer Clinical-Trials, Community, Cultural, Cultural Competence, Facilitators, Groups, Health, Health Research, Health-Care, Informed-Consent, Latinos, Medical-Research, Minorities, Participation, Populations, Prospective, Pubmed, Qualitative, Quantitative Studies, Racial, Ethnic Groups, Recruitment, Research, Retention, Review, Science, Socioeconomic-Status, Systematic, Systematic Review, Tuskegee Syphilis, Underrepresented Populations, Understanding, Us, Web Of Science

# Title: American Journal of Reproductive Immunology

Full Journal Title: American Journal of Reproductive Immunology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Yang, Y., Su, X.W., Xu, W.M. and Zhou, R. (2014), Interleukin-18 and interferon gamma levels in preeclampsia: A systematic review and meta-analysis. *American Journal of Reproductive Immunology*, **72** (5), 504-514.

Full Text: [2014\Ame J Rep Imm72, 504.pdf](2014/Ame%20J%20Rep%20Imm72,%20504.pdf)

Abstract: ProblemThis systematic review and meta-analysis aimed to investigate the relationship between preeclampsia (PE) and circulating interleukin-18 (IL-18) and interferon gamma (IFN-). Method of studyThree electronic databases (PubMed, EMBASE, and Web of Science) were searched. ResultsEleven studies with 947 participants reporting IL-18 and 16 studies with 2230 subjects reporting IFN- were included. There was no significant difference in the IL-18 levels in PE patients compared with controls. However, IFN- was found to be significantly higher in women with PE than that in normotensive pregnant women (standardized mean difference=0.93; 95% confident interval: 0.07, 1.79). Furthermore, stratification by specimen type, quality score, method of estimation of mean and standard deviation, and whether sampling not in labor/premature rupture of membrane/infection also showed significant differences in standardized mean difference of IL-18, as well as IFN-. ConclusionThis meta-analysis suggests that circulating higher IFN- levels may be associated with preeclampsia.

Keywords: Biomarkers, Blood Specimen Collection, Cytokine Secretion, Databases, Embase, Gamma, Human-Pregnancy, Ifn-, Ifn-Gamma, Il-18, Inflammation, Interferon, Interferon-Gamma, Interleukin-18, Interval, Meta Analysis, Meta-Analysis, Metaanalysis, NK Cells, Nov, Patients, Peripheral-Blood, Plasma, Preeclampsia, Pregnant, Pregnant Women, Pubmed, Quality, Reporting, Review, Rupture, Sampling, Science, Serum, Standard, Stratification, Systematic, Systematic Review, Th1, Web Of Science, Women

# Title: American Journal of Respiratory and Critical Care Medicine

Full Journal Title: [American Journal of Respiratory and Critical Care Medicine](http://ajrccm.atsjournals.org/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1073-449X

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Hoppin, Jr., F.G. (2002), How I review an original scientific article? *American Journal of Respiratory and Critical Care Medicine*, **166** (8), 1019-1023.

Full Text: [2002\Ame J Res Cri Car Med166, 1019.pdf](2002/Ame%20J%20Res%20Cri%20Car%20Med166,%201019.pdf)

Keywords: Peer, Quality

? Tobin, M.J. (2004), Thirty years of impact factor and the journal. *American Journal of Respiratory and Critical Care Medicine*, **170** (4), 351-352.

Full Text: [2004\Ame J Res Cri Car Med170, 351.pdf](2004/Ame%20J%20Res%20Cri%20Car%20Med170,%20351.pdf)

Keywords: Impact, Impact Factor

# Title: American Journal of Rhinology

Full Journal Title: American Journal of Rhinology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Dalziel, K., Stein, K., Round, A., Garside, R. and Royle, P. (2006), Endoscopic sinus surgery for the excision of nasal polyps: A systematic review of safety and effectiveness. *American Journal of Rhinology*, **20** (5), 506-519.

Abstract: Background: Functional endoscopic sinus surgery (FESS) has been used for > 20 years for the management of sinus disease including the excision of nasal polyps. Our objective was to perform a systematic review of safety and effectiveness of FESS for the removal of nasal polyps. Methods: the Cochrane Library, MEDLINE, Embase, Science Citation Index, other databases, and websites were searched in January and December 2005 using key words for nasal polyps and endoscopic surgery. All randomized controlled trials, nonrandomized comparative studies, and case series studies that described outcomes associated with FESS for the excision of nasal polyps were included. Forty-two publications were included from the 632 (6.6%) articles initially identified. Two reviewers assessed validity of included,studies and extracted relevant data. Results: Three randomized controlled trials, 4 nonrandomized comparative studies, and 35 case series studies were included in the review. FESS was compared with endoscopic polypectomy, Caldwell-Luc, radical nasalization, and intranasal ethmoidectomy. In general, studies were of poor quality and lacked description of important variables influencing surgical outcome. Overall complications for FESS from case series studies ranged from 0.3 to 22.4% (median, 7.0%). Major complications ranged from 0 to 1.5% (median, 0%) and minor complications ranged from 1.1 to 20.8% (median, 7.5%). The potentially most serious complications were cerebrospinal fluid leaks, injury to the internal carotid artery, dural exposure, meningitis, bleeding requiring transfusion, periorbital/orbital fat exposure, and orbital penetration. Symptomatic improvement ranged from 78 to 88% for FESS compared with 43 to 84% for comparative procedures. From case series, symptomatic improvement ranged from 40 to 98% (median, 88%). Conclusion: FESS may offer some advantages in safety and effectiveness over comparative techniques, but wide variation in reported results and methodological shortcomings of studies limit the certainty of these conclusions. Wide variation in complication rates suggests the need for audit of existing practice. Additional high-quality studies with a fuller description of potential confounding factors and effect modifiers will help to define the effectiveness of FESS more clearly.

Keywords: Articles, Case Series, Chronic Rhinosinusitis, Citation, Complications, Databases, Diffuse, Effectiveness, Follow-up, Intranasal Ethmoidectomy, Management, MEDLINE, Mucosa, Operation, Outcomes, Publications, Rates, Removal, Review, Science, Science Citation Index, Surgery, Systematic Review, Techniques, Validity

# Title: American Journal of Rhinology & Allergy

Full Journal Title: American Journal of Rhinology & Allergy

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Svider, P.F., Blake, D.M., Setzen, M., Folbe, A.J., Baredes, S. and Eloy, J.A. (2013), Rhinology fellowship training and its scholarly impact. *American Journal of Rhinology & Allergy*, **27** (5), E131-E134.

Full Text: [2013\Ame J Rhi All27, E131.pdf](2013/Ame%20J%20Rhi%20All27,%20E131.pdf)

Abstract: Background: Previous examination of the impact of fellowship training on scholarly productivity among otolaryngologists found that head and neck surgeons and otologists had a higher mean h-Index than fellowship-trained rhinologists. Because fellowship training in rhinology is a historically newer trend, the objectives of the present analysis were to further characterize research productivity among fellowship-trained academic rhinologists, including geographic and temporal trends, to gain insight into the future direction of scholarly pursuits within the field. Methods: Fellowship-trained rhinologists in academic practices were identified from the American Rhinologic Society online listings and organized by academic rank, number of years in practice, location, and h-Index, as calculated using the Scopus database. Results: Mean h-Index rose with increasing years in practice after fellowship. The h-Index, number of publications, and the E-factor (a newly described bibliometric) increased with successive academic rank. The E-factor for rhinologists in this current analysis was not statistically different from the values calculated for other otolaryngology subspecialties (p > 0.05). Conclusion: Fellowship-training in rhinology is a relatively recent development, with half of the academic rhinologists included in this analysis having completed fellowship training within the past 5 years. Scholarly productivity among academic rhinologists increases with academic seniority. As the current cohort of fellowship-trained rhinologists progress in their academic careers, previously described deficits in scholarly productivity relative to other subspecialties are expected to diminish.

Keywords: Academic Otolaryngology, Analysis, Bibliometric, Careers, Cohort, Database, Development, Examination, Fellowship, Field, h Index, h-Index, Head, Impact, Location, Methods, Neck, Online, Otolaryngology, Practice, Practices, Productivity, Progress, Publications, Rank, Recent, Research, Research Productivity, Results, Scholarly Impact, Scopus, Scopus Database, Society, Surgeons, Temporal, Training, Trend, Trends

? Yip, J., Yao, C.M. and Lee, J.M. (2014), State of the art: A systematic review of the surgical management of aspirin exacerbated respiratory disease. *American Journal of Rhinology & Allergy*, **28** (6), 493-501.

Full Text: 2014\Ame J Rhi All28, 493.pdf

Abstract: Background: Endoscopic sinus surgery is an important modality to the armamentarium of the otolaryngologist managing chronic rhinosinusitis (CRS). Within the spectrum of CRS, there exists a subset of patients who are recalcitrant to conventional treatment strategies, including those with aspirin-exacerbated respiratory disease (AERD). Although surgery is frequently undertaken in this group, there has been no general consensus on the efficacy or optimal extent of surgery. Methods: Following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, a systematic review of published studies was conducted. Inclusion criteria included original publications of adult patients with AERD undergoing surgery, cohorts of greater than five subjects, a minimum follow-up of 3 months, and measurable clinical outcomes. An electronic search was performed using OVID MEDLINE, EMBASE, Cochrane Central Register of Controlled Trials, and Web of Science. Results: Sixteen studies met the criteria for analysis. For our primary objective, sinus surgery appeared to improve patient-reported quality of life (QoL) and symptom profile in AERD. Overall, most studies reported a decrease in radiographic grading, endoscopy scores, and asthma severity. Compared with aspirin-tolerant asthmatic patients, AERD patients may have worse objective measures of disease severity both pre-and postoperatively; however, patient-reported QoL and symptom improvement may be similar after sinus surgery. Finally, this review showed that patients with AERD required revision surgeries sooner and more frequently compared with other subtypes of CRS. We also discussed the role of maximal surgical techniques and additional benefit of postoperative adjunctive therapies in the management of this disease entity. Conclusion: The state of the art in the management of AERD patients suggests that surgery does play an important role in helping establish symptomatic control. In the future, more rigorous studies evaluating the comprehensiveness of surgery and postoperative adjuncts are required to understand their impact on long-term patient outcomes.

Keywords: Adult, Analysis, Art, Aspirin, Asthma, Asthmatic, Asthmatic-Patients, Chronic, Chronic Rhinosinusitis, Clinical, Clinical Outcomes, Consensus, Control, Conventional, Cr, Criteria, Desensitization, Disease, Efficacy, Embase, Endoscopic, Endoscopic Sinus Surgery, Endoscopy, Follow-Up, General, Guidelines, Impact, Improvement, Inflammation, Life, Long Term, Long-Term, Management, Measures, Medline, Metaanalysis, Methods, Minimum, Nasal Polyps, Outcome Analysis, Outcomes, Patients, Postoperative, Primary, Publications, Quality, Quality Of, Quality Of Life, Respiratory Disease, Results, Review, Rhinosinusitis, Role, Samters Triad, Science, State, State-Of-The-Art, Surgery, Surgical Management, Surgical Techniques, Systematic, Systematic Review, Systematic Reviews, Techniques, Tolerant, Treatment, Web, Web Of Science

# Title: American Journal of Roentgenology

Full Journal Title: [American Journal of Roentgenology](http://www.ajronline.org/)

ISO Abbreviated Title: Am. J. Roentgenol.

JCR Abbreviated Title: Am J Roentgenol

ISSN: 0361-803X

Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Amer Roentgen Ray Soc

Publisher Address: 1891 Preston White Dr, Subscription Fulfillment, Reston, VA 22091

Subject Categories:

Radiology, Nuclear Medicine & Medical Imaging: Impact Factor 1.998, (2001)

? Allan, N.K. (1979), Uniform requirements for manuscripts submitted to biomedical journals. *American Journal of Roentgenology*, **133** (3), 564.

Full Text: -1959\Ame J Roe133, 564.pdf

? Kaude, J.V., Williams, C.M., Millner, M.R., Scott, K.N. and Finlayson, B. (1985), Renal morphology and function immediately after extracorporeal shock-wave lithotripsy. *American Journal of Roentgenology*, **145** (2), 305-313.

Full Text: [1985\Ame J Roe145, 305.pdf](1985/Ame%20J%20Roe145,%20305.pdf)

? Chew, F.S. and Relyeachew, A. (1988), How research becomes knowledge in radiology: An analysis of citations to published papers. *American Journal of Roentgenology*, **150** (1), 31-37.

Full Text: [1988\Ame J Roe150, 31.pdf](1988/Ame%20J%20Roe150,%2031.pdf)

? Chew, F.S. (1988), *AJR*: the 50 most frequently cited papers in the past 50 years. *American Journal of Roentgenology*, **150** (2), 227-233.

Full Text: [1988\Ame J Roe150, 227.pdf](1988/Ame%20J%20Roe150,%20227.pdf)

? Armstrong, J.D. (1993), Plagiarism - What is it, whom does it offend, and how does one deal with it. *American Journal of Roentgenology*, **161** (3), 479-484.

Full Text: [1993\Ame J Roe161, 479.pdf](1993/Ame%20J%20Roe161,%20479.pdf)

Abstract: Academic plagiarism is a thorny ethical and practical problem. Perhaps readers have never personally encountered or recognized a case of plagiarism so its immediate interest and relevance may be obscure. A short case history may provide evidence that the issue of plagiarism is germane to the contemporary academic endeavor. A young university radiologist recognized his own writing in a professional journal under another’s authorship, without attribution to himself, and had no idea what to do about it. He finally wrote to the author of the article who answered something to the effect that it was indeed a “remarkable coincidence” and that “great minds think alike.” Unsatisfied with the response, he considered reporting the matter to the journal editor, but he was a junior faculty member while the plagiarist was a revered figure in his subspecialty. He chose not to pursue the issue further because he was afraid that the plagiarist would harm him professionally [1].

Keywords: Publication

? Mussurakis, S. (1993), Do citation conventions influence coauthorship patterns. *American Journal of Roentgenology*, **161** (6), 1317-1319.

Full Text: [1993\Ame J Roe161, 1317.pdf](1993/Ame%20J%20Roe161,%201317.pdf)

Abstract: the main purpose of contributing to radiologic publications should be to advance the state of knowledge or increase awareness of issues useful in radiologic practice and research. According to experts on medical writing, however, the pride of discovery and the communication of scientific information for the enrichment of public knowledge are not the sole motives of authors [1]. Success in the profession, prestige, and tenure have long been associated with prolific publishing in peer-reviewed journals. A proof of this association is the documented rise through recent years in the number of authors per paper [2, 3]. The phenomenon has been attributed in part to the increasing complexity and labor intensiveness of biomedical research, but this speculation remains unproved, and it is believed that often the allocation of authorship has a volitional component [4].

Keywords: Radiology

Notes: JJournal

? Elster, A.D. and Chen, M.Y.M. (1994), The Internationalization of the *American Journal of Roentgenology*: 1980-1992. *American Journal of Roentgenology*, **162** (3), 519-522.

Full Text: [1994\Ame J Roe162, 519.pdf](1994/Ame%20J%20Roe162,%20519.pdf)

Abstract: OBJECTIVE, the purpose of this study was to determine whether significant changes have occurred in the number of foreign articles published in the American Journal of Roentgenology since 1980. MATERIALS and METHODS, A total of 3398 articles published in AJR during two 3-year periods (1980-1982 and 1990-1992) were classified by type, subject, radiologic technique, organ system, and national origin. Additionally, 2865 manuscripts submitted to AJR from 1990 to 1992 were analyzed to determine the probability of manuscript acceptance based on country of origin. RESULTS. From 1980 to 1982, 158 (10%) of 1610 articles published in AJR originated from institutions outside the United States. By 1990-1992, international articles accounted for 441 (25%) of 1788 published papers (p < .00001). Although the total number of published articles from most nations increased during the decade, Korea, Japan, and Germany made the largest advances. International contributions in the 1990s were most numerous in the following areas: adult radiology, abdominal/gastrointestinal imaging, pulmonary/thoracic imaging, sonography, and interventional radiology. Notwithstanding these trends, manuscripts submitted from international sources are somewhat less likely to be accepted for publication than those originating from the United States (acceptance rate for major papers 27% vs 33%, p = .01). CONCLUSION. The American Journal of Roentgenology is becoming increasingly internationalized, with Korea, Japan, and Germany making particularly striking advances in the past decade.

Keywords: Acceptance, Adult, Advances, Changes, Country, Country of Origin, Germany, Institutions, International, Japan, Korea, Methods, Nations, Origin, Papers, Publication, Purpose, Radiology, Sonography, Sources, Trends, United States

? Hansen, M.E. and Mcintire, D.D. (1994), Reference citations in radiology: Accuracy and appropriateness of use in two major journals. *American Journal of Roentgenology*, **163** (3), 719-723.

Full Text: [1994\Ame J Roe163, 719.pdf](1994/Ame%20J%20Roe163,%20719.pdf)

Abstract: OBJECTIVE. Errors in reference citation and use are common in the medical and scientific literature. The prevalence of such errors in the radiology literature has not been reported. We did a study to assess the accuracy and appropriateness of use of references cited in two general radiology journals. MATERIALS and METHODS. All references cited in the June 1993 issues of the American Journal of Roentgenology and Radiology were numbered consecutively. Fifty references were chosen at random from each journal, and copies of the original publications were obtained from the medical library at our institution or through interlibrary loan. Each reference was studied for accuracy and appropriateness of its citation in the June 1993 journal article (the “index article”). Errors were classified as major or minor in each category. Data were analyzed with the SAS statistical package. RESULTS. Forty-seven (94%) of 50 references were obtained from AJR, and 48 (96%) of 50 from Radiology. of the 47 from the AJR, one (2%) had a major error and 21 (45%) had a minor error in accuracy. of the 48 from Radiology, two (4%) had a major error and 11 (23%) had a minor error in accuracy. These Values were significantly different for minor errors (p = .0188), but not for major ones (p = 1.000). When we adjusted for index article type, error rates for the two journals were not significantly different (p = .0612). We found four major errors (9%) and two minor errors (4%) in appropriateness of citation in the AJR references we studied. Three references (6%) from Radiology contained major errors in appropriateness of use; we found no minor errors of that type. These values were not significantly different (p = .232 for minor errors; p = .709 for major errors). One error in accuracy prevented location of the original reference. Errors were not related to the number of references cited in an index article (p = .528 for accuracy; p = .092 for appropriateness). CONCLUSION. The rate of minor errors in accuracy of references is fairly high in the two journals studied and is comparable to rates previously reported for other types of journals. The rate of major errors in accuracy of references is slightly lower than rates for other types of journals. The percentage of cited references that could not be located was also smaller than in previous reports. Errors in citation appropriateness were less common as well. Given the small number of errors that prevented references from being located, significant expenditure of time and money by journal staff members in checking references is probably not justified. However, authors should be encouraged to exercise greater care in checking all of their references for both accuracy and appropriateness of use. Differences in error rates between AJR and Radiology may have resulted in part from the random sampling method, which produced different mixtures of index articles for the two journals.

Keywords: Accuracy, Care, Citation, Error, Errors, Exercise, General, Index, Journal, Journal Article, Journals, Literature, Location, Medical, Methods, Minor, Prevalence, Publications, Radiology, Rates, Sampling, Scientific Literature, Small

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Full Text: [1996\Ame J Roe166, 517.pdf](1996/Ame%20J%20Roe166,%20517.pdf)

Abstract: Multiple-reader study designs have become popular in the radiology literature. We reviewed the major papers published in the American Journal of Roentgenology in the first 4 months of each of the years 1990 and 1995. The review was restricted to prospective studies of image interpretation. In the 1990 literature, we noted eight multiple-reader and 18 single-reader studies; in contrast, in the 1995 literature, we found 29 multiple-reader and eight single-reader studies. This trend reflects an increased awareness of the importance of multiple-reader studies. We examined the Results sections of the 29 multiple-reader studies from 1995 to assess the authors’ motives for incorporating such a design. In 16 studies (55%), readers independently interpreted all images. However, the authors usually reported only the average interpretation of the readers; in only seven of the 29 studies (24%) did the authors describe differences among readers’ interpretations. In 13 studies, interpretations were performed exclusively through “consensus reading.” the method(s) used to achieve a consensus often were not explained. Only two of the 29 studies had more than three readers. In contrast, all of these studies included multiple patients. The average patient sample size was 45. Furthermore, differences observed among patients were routinely reported and/or depicted.

Keywords: Consensus, Design, First, Literature, Papers, Patients, Prospective, Prospective Studies, Radiology, Review, Sample Size, Size, Trend

? Slone, R.M. (1996), Coauthors’ contributions to major papers published in the *AJR*: Frequency of undeserved coauthorship. *American Journal of Roentgenology*, **167** (3), 571-579.

Full Text: [1996\Ame J Roe167, 571.pdf](1996/Ame%20J%20Roe167,%20571.pdf)

Abstract: OBJECTIVE. Over half of the major papers published in the American Journal of Roentgenology (AJR) have five or more coauthors. This project was designed to evaluate the specific contributions of coauthors and the prevalence of undeserved authorship in major papers from institutions in the United States.

MATERIALS and METHODS. Questionnaires were mailed to the first author of 275 major papers from institutions in the United States that were published in the AJR in 1992 and 1993. Questions focused on coauthors’ contributions to research design, data collection, data analysis, and manuscript preparation, and on undeserving authorship.

RESULTS. One hundred ninety-six (72%) of the surveys were returned. Ninety-nine percent of first authors, 75% of second authors, fewer than half of third authors, and one third of fourth authors and beyond were said to have contributed to at least three of the following: research design, data collection, data analysis, and manuscript preparation (p < .02). A strong correlation was indicated between authorship position and contribution (r = -.69, p < .001), with a mean overall contribution of 63 +/- 17% (mean +/- SD) for the first author, 20 +/- 12% for the second author, 10 +/- 7% for the third author, 7 +/- 6% for the fourth author, and 5 +/- 5% for all other authors. Coauthors were listed in decreasing order of contribution in 70% of articles. However, the last author was the second major contributor in 10% of articles with three or more authors.

The incidence of ‘‘undeserved’’ coauthors increased from 9% on papers with three authors to 30% on papers with more than six authors (mean, 17%; r = .97; p < .001). Undeserved authorship was attributed largely to individuals who contributed only cases (29%) or who created a sense of obligation or fear in the first author (40%). Manuscripts were more likely to include an undeserved coauthor when the first author was a nontenured staff member (45%) than when he or she was tenured faculty (28%) (p < .02). When decisions about authorship were made at project conception, there were fewer coauthors (3.9 versus 5.4, p < .02) and a lower incidence of manuscripts with undeserving coauthors (23% versus 47%, p < .01). The final manuscript was read by all coauthors in 80% of manuscripts, and all coauthors were thought to understand the manuscript to the extent they could publicly defend it in 78% of manuscripts. The most commonly cited reason that otherwise honest individuals accept undeserved authorship was academic promotion.

CONCLUSION. Undeserved authorship is a common and serious problem that is motivated primarily by academic promotion policies. The first two authors are said to account for the preponderance of work in almost all major papers.

Keywords: Authorship, Journals, Radiology, Fraud, Publication, Standards, Readers, Science, Trends, Perish

Lee, F.R. (2002), Impact factor: the numbers game. *American Journal of Roentgenology*, **178** (3), 541-542.

Full Text: [2002\Ame J Roe178, 541.pdf](2002/Ame%20J%20Roe178,%20541.pdf)

Notes: JJournal

Chen, M.Y., Jenkins, C.B. and Elster, A.D. (2003), Internationalization of the *American Journal of Roentgenology*: 1980-2002. *American Journal of Roentgenology*, **181** (4), 907-912.

Full Text: [2003\Ame J Roe181, 907.pdf](2003/Ame%20J%20Roe181,%20907.pdf)

Abstract: Objective. The objective of this study was to analyze trends in the number of articles from international authors submitted to or published by the American Journal of Roentgenology (AJR) between 1980 and 2002.

Materials and Methods. More than 5000 articles published by the AJR during three 3-year periods (1980-1982, 1990-1992, and 2000-2002) were categorized by country of residence of the corresponding author, type of article, subject matter and age of patients, organ system, and radiologic technique. Additionally, 6202 manuscripts submitted to the AJR (19911992 and 2001-2002) were used to calculate the acceptance rates for the two 2-year periods.

Results. The percentage of articles published by the AJR from international authors was 10% (158/1610) in 1980-1982, 25% (441/1788) in 1990-1992, and 37% (602/1624) in 2000-2002 (p<0.0001). Japanese, South Korean, and German authors achieved the largest increases during the 22 years covered by our research, and Canada had the largest decrease. The increase in international articles at the AJR was accompanied by an absolute decrease in publications from authors in the United States. Nonetheless, during 2000-2002, the acceptance rate for major papers from authors in the United States was 45% and the acceptance rate for foreign authors was 31%. During 1990-1992, the acceptance rates for major papers were 33% and 27%, respectively.

Conclusion. The contents of the AJR reflect a continually increasing number of international. articles during the past two decades.

Keywords: AJR

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Full Text: [2005\Ame J Roe185, 597.pdf](2005/Ame%20J%20Roe185,%20597.pdf)

Keywords: Computed-Tomography, Diagnosis

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Full Text: [2006\Ame J Roe186, 3.pdf](2006/Ame%20J%20Roe186,%203.pdf)

Keywords: Abdominal Abscesses, AJR Centennial, Arterial Occlusions, Articles, Computed-Tomography, Contrast-Media, Digital Subtraction, Education, Gadolinium-Dtpa Complex, History, MR-Angiography, Needle Aspiration Biopsy, Publishing, Pulmonary-Embolism, Radiation-Therapy, Research

? Krishan, S., Pandiratne, N., Verma, R. and Robertson, R. (2011), Incremental value of ct venography combined with pulmonary CT angiography for the detection of thromboembolic disease: Systematic review and meta-analysis. *American Journal of Roentgenology*, **196** (5), 1065-1072.

Full Text: [2011\Ame J Roe196, 1065.pdf](2011/Ame%20J%20Roe196,%201065.pdf)

Abstract: OBJECTIVE. The objective of our study was to assess the incremental role of CT venography (CTV) combined with pulmonary CT angiography (CTA) in detecting venous thromboembolic disease with a systematic review and meta-analysis of the literature. MATERIALS and METHODS. MEDLINE, Embase, and Web of Science were searched for relevant original articles published from January 1, 1995, to December 31, 2009. A random-effects model was used to obtain the incremental value of CTV in detecting thromboembolic disease. RESULTS. Twenty-four studies, which included 17,373 patients, met our inclusion criteria. A meta-analysis showed that CTV increased detection rates of venous thromboembolic disease by identifying an additional 3% of cases (95% CI, 2-4%) of isolated deep venous thrombosis (DVT). A subgroup analysis of a high-risk group did not show any difference in the detection of isolated DVT. CONCLUSION. The addition of CTV results in the increased detection of thromboembolic disease. CTV combined with pulmonary CTA has a promising role as a quick and efficient test for venous thromboembolism.

Keywords: Analysis, Care-Unit Patients, Clinically Sound Treatment, Computed-Tomography Venography, CT, Deep Vein Thrombosis, Deep Venous Thrombosis, Diagnostic Pathways, Disease, Emergency-Departments, Interobserver Agreement, Literature, MEDLINE, Meta-Analysis, Model, Pioped-II Investigators, Pulmonary Embolism, Review, Science, Search Strategies, Systematic, Systematic Review, Thrombosis, Vein Thrombosis, Venous Thromboembolic Disease, Venous Thrombosis, Web of Science

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Full Text: [2012\Ame J Roe198, 1247.pdf](2012/Ame%20J%20Roe198,%201247.pdf)

Abstract: OBJECTIVE. The objective of our study was to determine the prevalence of honorary authorship in articles published in the American Journal of Roentgenology (AJR) and to evaluate the factors that might influence the perception of honorary authorship. MATERIALS and METHODS. Corresponding authors of 1333 Original Research articles published in AJR between 2003 and 2010 were invited by e-mail to complete a Web-based, self-administered survey. Univariable analysis of sample proportions was performed using the chi-square test. Multivariable logistic regression models were used to assess the independent factors that were associated with the probability of honorary authorship. RESULTS. Responses were received from authors of 490 articles (36.8% response rate). Most respondents were aware of the authorship guidelines proposed by the International Committee of Medical Journal Editors (n = 399, 81.4%) and the issue of honorary authorship (n = 353, 72.0%). Authorship was most commonly decided by the first author (n = 256, 52.2%). One hundred twenty-one authors (24.7%) perceived that one or more coauthors listed for the respective article did not make sufficient contributions. Factors most strongly associated with honorary authorship included a work environment where a senior department member was automatically listed (odds ratio [OR], 1.33), the suggestion that an honorary author should be included (OR, 5.96), and the perception that a coauthor performed only a single nonauthor task (i.e., reviewing the manuscript: OR, 1.54). CONCLUSION. A substantial proportion of articles had evidence of honorary authorship. The rate of honorary authors was higher among authors who worked in an environment where senior members were routinely added to all manuscripts submitted for publication, authors who perceived that a coauthor listed had only reviewed the manuscript, and authors who reported that someone suggested they should include an honorary author.

Keywords: Analysis, Authors, Authorship, Authorship, Chi-Square, Coauthorship, Complete, Editors, Environment, Ethics, Evidence, First, Guidelines, Honorary Authorship, Influence, Journal, Logistic Regression, Medical, Methods, Models, Odds Ratio, Perception, Prevalence, Publication, Radiology, Regression, Research, Suggestion, Survey, Work, Work Environment

? Yun, E.J., Yoon, D.Y., Kim, B.Y., Kim, Y.J., Baek, S., Lim, K.J. and Seo, Y.L. (2013), Where do radiologists publish their work? A comparative analysis of publications by radiologists in nonradiology journals in 2000 and 2010. *American Journal of Roentgenology*, **200** (6), W560-W565.

Full Text: [2013\Ame J Roe200, W560.pdf](2013/Ame%20J%20Roe200,%20W560.pdf)

Abstract: OBJECTIVE. We performed a comparative bibliometric study of the scientific publications by radiologists in radiology and nonradiology journals in 2000 and 2010. MATERIALS and METHODS. A PubMed database search was conducted for all articles published by radiologists in journals indexed by Science Citation Index and Science Citation Index Expanded in 2000 and 2010 by using the search term “radiol\*” or “imag\*” in the first author’s affiliation field. Subject categories and the impact factor (IF) of the publishing journal, which were based on information contained in the Institute for Scientific Information’s Web of Knowledge Journal Citation Reports, were assigned to each article. We compared the number and proportion of articles published and the IF of radiology and nonradiology journals. RESULTS. of the articles published by radiologists, 25.4% (1677/6598) in 2000 and 35.7% (4479/12,559) in 2010 were published in nonradiology journals. The articles were published in 552 and 1329 nonradiology journals in 2000 and 2010, respectively. The IFs of the nonradiology journals were significantly higher than those of the radiology journals (2.4 +/- 3.0 vs 1.5 +/- 1.2 in 2000 and 3.2 +/- 3.8 vs 2.3 +/- 1.4 in 2010; p < 0.0001). When we considered the subject categories, “Oncology,”“Surgery,”and “Neurosciences”accounted for the highest proportion of radiologic publications. CONCLUSION. Radiologic publications in nonradiology journals have increased in terms of number, percentage, journal IF, and range of contributions.

Keywords: Affiliation, Ajr, Bibliometric, Bibliometric Study, Citation, Citation Analysis, Database, Fate, Field, First, Impact, Impact Factor, Information, Journal, Journal Citation Reports, Journals, Knowledge, Methods, Publication, Publications, Publishing, Pubmed, Radiologists, Radiology, Science, Science Citation Index, Science Citation Index Expanded, Scientific Publications, Subject Categories, Term, Web of Knowledge

? Yoon, D.Y., Yun, E.J., Ku, Y.J., Baek, S., Lim, K.J., Seo, Y.L. and Yie, M. (2013), Citation classics in radiology journals: The 100 top-cited articles, 1945-2012. *American Journal of Roentgenology*, **201** (3), 471-481.

Full Text: 2013\Ame J Roe201, 471.pdf

Abstract: OBJECTIVE. The number of citations an article receives after its publication reflects its impact in the scientific community. The aim of this study was to identify and characterize the 100 top-cited articles published in radiology journals. MATERIALS and METHODS. The top-cited articles published in 12 radiology journals were identified using the database of Science Citation Index Expanded (1945-2012). The 100 top-cited articles were selected and analyzed with regard to the number of citations, year of publication, publishing journal, authorship, institution and country of origin, type of article, radiologic subspecialty, main topic, and radiologic technique. RESULTS. The 100 top-cited articles were published in eight radiology journals, led by Radiology (n = 67) and followed by the American Journal of Roentgenology (n = 11). These articles were published between 1939 and 2006 with a mean of 664.3 citations per article (range, 371-6931). Seventy-eight articles were published after 1979, 57 originated from the United States, and 69 were original articles. The most common subspecialties of study were interventional radiology (n = 19), neuroradiology (n = 15), and breast imaging (n = 11). The main topics of articles were radiofrequency ablation of hepatic tumors (n = 9), followed by receiver operating characteristic curves (n = 6). CONCLUSION. Our study presents a detailed list and analysis of the 100 top-cited articles published in radiology journals, which provides insight into historical developments in the field of radiology.

Keywords: AJR, Analysis, Articles, Authorship, Bias, Cancer, Citation, Citation Analysis, Citation Classics, Citations, Community, Country, Country of Origin, Database, Field, Hepatic Tumors, Imaging, Impact, Impact Factors, Journal, Journals, Methods, Origin, Publication, Publishing, Radiology, Rates, Science, Science Citation Index, Science Citation Index Expanded, Topic, Tumors, United States

? Ha, R., Chow, D. and Wynn, R. (2014), Global trend in breast cancer imaging research 1992-2012: Bibliometric study. *American Journal of Roentgenology*, **202** (3), 696-697.

Full Text: 2014\Ame J Roe202, 696.pdf

Keywords: Bibliometric, Bibliometric Study, Breast, Breast Cancer, Cancer, Global Trend, Imaging, Mar, Research

? Chow, D.S., Ha, R. and Filippi, C.G. (2015), Increased rates of authorship in radiology publications: A bibliometric analysis of 142,576 articles published worldwide by radiologists between 1991 and 2012. *American Journal of Roentgenology*, **204** (1), W52-W57.

Full Text: 2015\Ame J Roe204, W52.pdf

Abstract: OBJECTIVE. There is evidence in academic medicine that the number of authors per paper has increased over time. The goal of this study was to quantitatively analyze authorship trends in the field of radiology over 20 years. MATERIALS AND METHODS. A search of the National Library of Medicine MEDLINE database was conducted to identify articles published by radiology departments between 1991 and 2012. Country of origin, article study design, and journal impact factor were recorded. The increase in number of authors per paper was assessed by linear and nonlinear regression. Pearson correlation was used to assess the relation between journal impact factor and number of authors. RESULTS. A total of 142,576 articles and 699,257 authors were identified during the study period. The mean number of authors per paper displayed linear growth from 3.9 to 5.7 (p < 0.0001). The proportion of single authors declined from 11% in 1991 to 4.4% in 2012. The number of clinical trials increased in a linear pattern, review articles in an exponential pattern, and case reports in a logistic pattern (p < 0.0001 for each). Countries with the highest number of authors per paper were Japan, Italy, and Germany. The number of articles funded by the U. S. National Institutes of Health (NIH) displayed exponential growth and of non-NIH- funded articles displayed linear growth (p < 0.0001 for each). A negligible relation was observed between journal impact factor and number of authors (Pearson r = 0.1066). CONCLUSION. Radiology has had a steady increase in mean number of authors per paper since the early 1990s that has varied by study design. The increase is probably multifactorial and includes components of author inflation and increasing complexity of research. Findings support the need for reemphasis of authorship criteria to preserve authorship value and accountability.

Keywords: Accountability, Analysis, Article, Articles, Authors, Authorship, Bibliometric, Bibliometric Analysis, Case Reports, Clinical, Clinical Trials, Coauthorship, Complexity, Correlation, Countries, Country, Criteria, Database, Design, Evidence, Field, Focus, Frequency, From, Germany, Growth, Health, Impact, Impact Factor, Italy, Japan, Journal, Journal Impact, Journal Impact Factor, Journals, Medicine, Medline, Methods, National Institutes Of Health, New York, Nih, Nonlinear, Nonlinear Regression, Origin, Pattern, Productivity, Publications, Radiology, Regression, Research, Review, S, Study Design, Support, Trends, U, Usa, Value

# Title: American Journal of Science

Full Journal Title: American Journal of Science

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lotka, A.J. (1907), Studys on the mode of growth of maternal aggregates. *American Journal of Science*, **24** (141), 199-216.

Full Text: [-1959\Ame J Sci24, 199.pdf](-1959/Ame%20J%20Sci24,%20199.pdf)

# Title: American Journal of Sociology

Full Journal Title: American Journal of Sociology

ISO Abbrev. Title: Am. J. Sociol.

JCR Abbrev. Title: Am J Sociol

ISSN: 0002-9602

Issues/Year: 6

Language: English

Journal Country/Territory: United States

Publisher: Univ Chicago Press

Publisher Address: 1427 E 60th St, Chicago, IL 60637-2954

Subject Categories:

Sociology: Impact Factor 3.358, 3/132 (2010)

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Full Text: [1960-80\Ame J Soc74, 276.pdf](1960-80/Ame%20J%20Soc74,%20276.pdf)

Abstract: With increasing scientific collaboration, visibility of individual role-performance has diminished. Ordering of authors’ names is an adaptive device which symbolizes their relative contributions to research. Interviews with Nobel laureates and comparisons of their name-order practices to those of other scientists suggest that this symbol is ambiguous and makes evaluation of individual role-performance difficult. A probability model of expected distributions of name orders is used in measuring preferences for particular sequences, and these preferences vary with the authors’ eminence. On the assumption that authors’ names are listed in order of the value of their contributions, laureates should be first-authors more often than other scientists; in fact, they are not. Instead, they exercise their noblesse oblige by giving credit to less eminent co-workers increasingly as their eminence grows. They do so more often after the prize, and eminent laureates-to-be forego first-authorship more often than those as yet unrecognized. This noblesse oblige, however, has its limits; laureates’ contributions to prize-winning research are more visible than contributions to their other research.

# Title: American Journal of Sports Medicine

Full Journal Title: American Journal of Sports Medicine

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Reider, B. (2010), Under surveillance. *American Journal of Sports Medicine*, **38** (12), 2391-2393.

Full Text: [2010\Ame J Spo Med38, 2391.pdf](2010/Ame%20J%20Spo%20Med38,%202391.pdf)

Keywords: Duplicate Publication, Editors, Plagiarism

# Title: American Journal of Surgery

Full Journal Title: [American Journal of Surgery](http://www.sciencedirect.com/science/journal/00029610)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Memon, M.A., Hassaballa, H. and Memon, M.I. (2000), Laparoscopic common bile duct exploration: The past, the present, and the future. *American Journal of Surgery*, **179** (4), 309-315.

Full Text: [2000\Ame J Sur179, 309.pdf](2000/Ame%20J%20Sur179,%20309.pdf)

Abstract: BACKGROUND: the advent of laparoscopic cholecystectomy (LC) has created a dilemma for treating patients with known or suspected choledocholithiasis, With rapid technologic growth and experience in laparoscopic skills, many surgeons are now routinely performing laparoscopic common bile duct exploration (LCBDE) and questioning the wisdom of preoperative endoscopic retrograde cholangiography (ERC) with or without endoscopic sphincterotomy. The purpose of this article is to review the current literature on the subject of LCBDE and critically evaluate the clinical results of this emerging technology. METHODS: MEDLINE and Science Citation Index databases were used to search English language articles published on LCBDE since 1989, RESULTS: Transcystic common bile duct exploration has a better clearance rate, and carries less morbidity and mortality compared with laparoscopic choledochotomy. Compared with two-stage ERCP and LC, one-stage LC and LCBDE seems to be associated with a shorter hospital stay, a quicker recovery, less expense, and less morbidity and mortality. CONCLUSIONS: LCBDE is a feasible, safe and effective procedure that carries a low morbidity and mortality and will decrease the need for unnecessary ERC in the future for suspected or proved choledocholithiasis, Am J Surg. 2000;179:309-315, (C) 2000 by Excerpta Medica, Inc.

Keywords: Antegrade Sphincterotomy, Articles, Calculi, Cholecystectomy, Choledocholithiasis, Choledochoscopy, Citation, Databases, Endoscopic Sphincterotomy, English, Follow-up, Growth, Language, Literature, Management, MEDLINE, Randomized Trial, Recovery, Review, Science, Science Citation Index, Stones, Technology

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Full Text: [2013\Ame J Sur206, 560.pdf](2013/Ame%20J%20Sur206,%20560.pdf)

Abstract: BACKGROUND: The Hirsch Index (h-Index) is recognized as an effective way to summarize an individual’s scientific research output. However, a benchmark for evaluating surgeon scientists in the field of hepatic surgery is still not available. METHODS: A total of 3,251 authors who published between 1949 and 2011 were identified using the Scopus identification number. The h-Index, the total number of cited document, the total number of citations, and the scientific age were calculated for each author using both Scopus and Google Scholar. RESULTS: The median h-Index was 6 and the median scientific age, assessed with Google Scholar, was 19 years. The numbers of cited documents, numbers of citations, and h-Indexes obtained from Scopus and Google Scholar showed good correlation with one another; however, the results from the 2 databases were modified in different ways by scientific age. By plotting scientific age against h-Index percentiles an h-Index growth chart for both Scopus database and Google Scholar was provided. CONCLUSIONS: This analysis provides a first benchmark to assess surgeon scientists’ productivity in the field of liver surgery. (C) 2013 Elsevier Inc. All rights reserved.

Keywords: Academic Research, Age, Analysis, Authors, Background, Benchmarking, Bibliometric Measures, Citations, Conclusions, Correlation, Database, Databases, Field, First, Google, Google Scholar, Growth, h Index, h-Index, h-Index, Hepatic Surgery, Hirsch, Hirsch Index, Hirsch-Index, Identification, Index, Indicators, Liver, Methods, Modified, Percentiles, Productivity, Ranking, Research, Research Output, Rights, Scientific Research, Scientists, Scopus, Scopus Database, Surgery, Surgical Therapy

? Long, X., Huang, J.Z and Ho, Y.S. (2014), A historical review of classic articles in surgery field. *American Journal of Surgery*, **208** (5), 841-849.

Full Text: [2014\Ame J Sur208, 841.pdf](2014/Ame%20J%20Sur208,%20841.pdf); [2014\Ame J Sur-Long.pdf](2014/Ame%20J%20Sur-Long.pdf)

Abstract: Surgery is one of the most rapidly developing specialties in the past century. The articles in the field of surgery have been cited at least 1,000 times since its publication to 2011 were analyzed. By categorizing the publication year, journals, authors, institutions, countries, life citation cycles, level of evidence provided and characteristics of the topmost articles, we intended to determine what qualities make the articles important to the specialty. Topmost articles covered eight subspecialties of surgery and were published in 17 journals. The publication year varied from 1940-1999 and the articles provided different level of evidence, most of which are retrospective studies of case series. Six articles were research articles including animal model, histology analysis, and lab research. The others were clinical articles. The introduction of a commonly used classification or scoring system is a major factor in propelling citation by other authors. The most cited articles in surgery present their long academic life in spite of their level of evidence and journal impact factor in which they were published.

Keywords: Advances, Analysis, Animal Model, Article Life, Articles, Authors, Background, Bibliometric, Characteristics, Citation, Citation Analysis, Citation-Classics, Citations, Classic Papers, Classification, Clinical, Community, Database, Developing, Diseases, Evidence, Field, From, Histology, Historical Review, History, Impact, Impact Factor, Institutions, Intervention, Intracranial Aneurysms, Journal, Journal Citation Reports, Journal Impact, Journal Impact Factor, Journals, Knowledge, Laboratory, Level Of Evidence, Life, Medical, Medicine, Methodology, Methods, Model, Most Cited Articles, Nov, Operation, Orthopedic-Surgery, Papers, Plastic-Surgery, Publication, References, Research, Retrospective Studies, Review, Rights, Science, Science Citation Index, Science Citation Index Expanded, Scientific Community, Scoring System, Specialty, Standard, Surgery, Surgical Journals, Thomson Reuters, Thomson-Reuters, Top Cited Articles, Top-Cited Articles, Total Hip-Replacement, Web, Web Of Science, Work, World

# Title: American Journal of Therapeutics

Full Journal Title: [American Journal of Therapeutics](http://ovidsp.uk.ovid.com/sp-2.3/ovidweb.cgi?QS2=434f4e1a73d37e8c55ee654abafc9a936733407cbee9e50245056a0f390ad7183f7405c82794ce46a3974eaf386883fe836b4fec070951fd2286480f0ebfbeb91971934474d86b064a9598a6771b1c33fcfe37368a81ebb6062b05f24e1c973999a98e80ee08c5b)

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JCR Abbreviated Title:

ISSN: 1075-2765

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Silva, H., Sungar, E., Kleinstiver, S.J. and Rubin, R.H. (2006), Opportunities and challenges for clinical and cardiovascular research in Latin America. *American Journal of Therapeutics*, **13** (4), 309-314.

Full Text: [2006\Ame J The13, 309.pdf](2006/Ame%20J%20The13,%20309.pdf)

Abstract: Latin America in the past two decades has increasingly become a significant contributor of clinical research. The future capacity of clinical and specifically cardiovascular research has the potential to positively affect human health in the region and foster economic growth. However, the challenges of conducting clinical research in Latin America include a need for logistical support from local governments, continued commitment to education of physicians and ethics committees, and creation of oversight bodies to guarantee the highest quality of research. Bibliometric analyses were conducted to assess trends in clinical research. Latin American investigators demonstrated a tendency to publish clinical results in local and regional journals. The region offers many opportunities for clinical research including large treatment-naive patient populations and most importantly motivated investigators capable of producing high-quality results. Strategies to foster clinical research in Latin America must be based on development of a positive regulatory environment, leveraged protection of intellectual property, creation of alliances between private and public sectors with incentives for investment in science and technology, and finally focus on areas of clinical expertise such as cardiovascular disease, epidemiology, gastroenterology, and infectious diseases. Fostering the creation of research alliances across and between continents will help in establishing the supportive environment for dissemination of important ethical clinical research in the region.

Keywords: Analyses, Bodies, Capacity, Cardiovascular, Cardiovascular Disease, Clinical, Clinical Research, Commitment, Development, Diseases, Economic, Education, Environment, Epidemiology, Ethical, Ethics, Gastroenterology, Growth, Health, Human, Human Health, Incentives, Infectious Diseases, Intellectual Property, Journals, Latin America, Local, Physicians, Populations, Potential, Protection, Public, Quality, Quality of, Regional, Research, Science, Science and Technology, Support, Technology, Trends

? Yang, A.F. and Wang, B. (2015), Sirolimus versus tacrolimus in kidney transplant recipients receiving mycophenolate mofetil and steroids: Focus on acute rejection, patient and graft survival. *American Journal of Therapeutics*, **22** (2), 98-104.

Full Text: 2015\Ame J The22, 98.pdf

Abstract: The study aims to conduct a meta-analysis of randomized controlled trials to compare the efficacy of tacrolimus (TAC)/mycophenolate mofetil (MMF)/corticosteroids (CSs) with sirolimus (SRL)/MMF/CSs in renal transplant recipients: Research 2 databases, PubMed, and Web of Science, selecting relevant articles. Data were selected for acute rejection and patient and graft survival. Statistical value relative risk (RR) and 95% confidence intervals (CIs) were recorded. Six randomized controlled trials involving 885 patients were included. There was a significant difference in acute rejection (P = 0.001, RR = 1.69, 95% CI, 1.23-2.34). Two groups, patient survival (P = 0.96, RR = 1.02, 95% CI, 0.54-1.91) and graft survival (P = 0.09, RR = 1.56, 95% CI, 0.93-2.60), had no statistical difference. Acute rejection by those taking SRL/MMF/CSs is worse than those taking TAC/MMF/CSs. Patient and graft survival in TAC/MMF/CSs is similar to that in SRL/MMF/CSs.

Keywords: Articles, Calcineurin Inhibitors, Confidence, Confidence Intervals, Data, Databases, Efficacy, Graft, Graft Survival, Groups, Immunosuppressant, Immunosuppressive Regimens, Intervals, Meta Analysis, Meta-Analysis, Metaanalysis, Mycophenolate Mofetil, P, Patient, Patients, Pubmed, Randomized, Randomized Controlled Trials, Rejection, Relative Risk, Renal, Renal Transplant, Renal Transplant Recipients, Renal Transplantation, Renal-Allograft Recipients, Research, Risk, Science, Sirolimus, Steroids, Survival, Tacrolimus, Value, Web, Web Of Science

# Title: American Journal of Transplantation

Full Journal Title: [American Journal of Transplantation](http://www3.interscience.wiley.com/journal/118499698/toc?journal=ajt&CRETRY=1&SRETRY=0); [American Journal of Transplantation](http://web.ebscohost.com/ehost/detail?vid=1&hid=3&sid=fe144a58-df00-418c-84e2-84d2fe6243b6%40sessionmgr4&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&jid=HXS)

ISO Abbreviated Title:

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ISSN:

Issues/Year:

Journal Country/Territory:

Language:

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? Clemens, K.K., Thiessen-Philbrook, H., Parikh, C.R., Yang, R.C., Karley, M.L., Boudville, N., Prasad, G.V.R. and Garg, A.X. (2006), Psychosocial health of living kidney donors: A systematic review. *American Journal of Transplantation*, **6** (12), 2965-2977.

Full Text: 2006\Ame J Tra6, 2965.pdf

Abstract: Knowledge of the psychosocial benefits and harms faced by living kidney donors is necessary for informed consent and follow-up. We reviewed any English language study where psychosocial function was assessed using questionnaires in 10 or more donors after nephrectomy. We searched MEDLINE, EMBASE, Web of Science, Psych INFO, Sociological Abstracts and CINAHL databases and reviewed reference lists from 1969 through July 2006. Independently, two reviewers abstracted data on study, donor and control group characteristics, psychosocial measurements and their outcomes. Fifty-one studies examined 5139 donors who were assessed an average of 4 years after nephrectomy. The majority experienced no depression (77-95%) or anxiety (86-94%), with questionnaire scores similar to controls. The majority reported no change or an improved relationship with their recipient (86-100%), spouse (82-98%), family members (83-100%) and nonrecipient children (95-100%). Some experienced an increase in self-esteem. A majority (83-93%) expressed no change in their attractiveness. Although many scored high on quality of life measures, some prospective studies described a decrease after donation. A small proportion of donors had adverse psychosocial outcomes. Most kidney donors experience no change or an improvement in their psychosocial health after donation. Harms may be minimized through careful selection and follow-up.

Keywords: Anxiety, Children, Control, Databases, Depression, Donation, Embase, Flank Incision, Follow-up, Impact, Informed Consent, Knowledge, Living Kidney Donors, Long-Term, MEDLINE, Mini-Incision, Nephrectomy, Outcomes, Prospective Studies, Psychosocial, Quality of Life, Quality-of-Life, Questionnaire, Questionnaires, Renal-Transplantation, Review, Science, Short Form-36, Systematic, Systematic Review, Term-Follow-up, Web of Science

? Ellis, M.J., Parikh, C.R., Inrig, J.K., Kambay, M. and Patel, U.D. (2008), Chronic kidney disease after hematopoietic cell transplantation: A systematic review. *American Journal of Transplantation*, **8** (11), 2378-2390.

Full Text: [2008\Ame J Tra8, 2378.pdf](2008/Ame%20J%20Tra8,%202378.pdf)

Abstract: Advances in hematopoietic cell transplantation (HCT) have broadened its indications for use and resulted in more long-term HCT survivors. Some survivors develop chronic kidney disease (CKD); however, the incidence and risk factors are unclear. We performed a systematic review of studies identified from databases (MEDLINE, EMBASE, Science Citation Index), conference abstracts and reference lists from selected manuscripts. From 927 manuscripts, 28 patient cohorts were identified in which 9317 adults and children underwent HCT and 7317 (79%) survived to at least 100 days, permitting inclusion of 5337 (73% of survivors) in quantitative analyses. Although definitions and measurements varied widely, approximately 16.6% of HCT patients developed CKD and estimated glomerular filtration rate (eGFR in mL/min/1.73 m(2)) decreased by 24.5 after 24 months. This decrease was greater amongst patients undergoing allogeneic HCT (Delta eGFR = -40.0 versus -18.6 for autologous transplants). Several commonly reported risk factors for CKD were investigated, including acute renal failure, total body irradiation, graft versus host disease and long-term cyclosporine use. In conclusion, CKD following HCT is likely to be common; however, prospective studies with uniform definitions of CKD and risk factors are needed to confirm these findings and better define the underlying mechanisms to promote therapies that prevent this complication.

Keywords: Bone-Marrow-Transplantation, Chronic Kidney Disease (Ckd), Citation, Complications, Creatinine Clearance, Databases, Embase, Glomerular-Filtration-Rate, Hematopoietic Stem Cell Transplantation, Hemolytic-Uremic Syndrome, Irradiation, Liver-Disease, Long-Term Survivors, Mechanisms, MEDLINE, Meta-Analysis, Patient, Risk Factor, Risk-Factors, Science, Science Citation Index, Stage Renal-Disease, Systematic Review, Total-Body Irradiation, Versus-Host-Disease

? Bekker, J., Ploem, S. and de Jong, K.P. (2009), Early hepatic artery thrombosis after liver transplantation: A systematic review of the incidence, outcome and risk factors. *American Journal of Transplantation*, **9** (4), 746-757.

Full Text: [2009\Ame J Tra9, 746.pdf](2009/Ame%20J%20Tra9,%20746.pdf)

Abstract: To clarify inconsistencies in the literature we performed a systematic review to identify the incidence, risk factors and outcome of early hepatic artery thrombosis (eHAT) after liver transplantation. We searched studies identified from databases (MEDLINE, EMBASE, Science Citation Index) and references of identified studies. Seventy-one studies out of 999 screened abstracts were eligible for this systematic review. The incidence of eHAT was 4.4% (843/21, 822); in children 8.3% and 2.9% in adults (p < 0.001). Doppler ultrasound screening (DUS) protocols varied from ‘no routine’ to ‘three times a day.’ the median time to detection was at day seven. The overall retransplantation rate was 53.1% and was higher in children (61.9%) than in adults (50%, p < 0.03). The overall mortality rate of patients with eHAT was 33.3% (range: 0-80%). Mortality in adults (34.3%) was higher than in children (25%, p < 0.03). The reported risk factors for eHAT were, cytomegalovirus mismatch (seropositive donor liver in seronegative recipient), retransplantation, arterial conduits, prolonged operation time, low recipient weight, variant arterial anatomy, and low volume transplantation centers. eHAT is associated with significant graft loss and mortality. Uniform definitions of eHAT and uniform treatment modalities are obligatory to confirm these results and to obtain a better understanding of this disastrous complication.

Keywords: Biliary Complications, Blood-Flow, Clinical Presentation, Complications, Hepatic Artery, Hepatic Artery Thrombosis, Implantable Doppler Probe, Liver Graft Survival, Liver Transplantation, Living-Related Donors, Mortality, Outcomes, Reduced-Size, Risk Factor, Risk Factors, Single-Center Experience, Solid Organ Transplantation, Systematic Review, Thrombosis, Thrombotic Complications, Thrombus, United-States, Urgent Revascularization, Vascular Complications

# Title: American Journal of Tropical Medicine and Hygiene

Full Journal Title: American Journal of Tropical Medicine and Hygiene

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Subject Categories:

Public, Environmental & Occupational Health: Impact Factor 1.932, 18/85 (2000); Impact Factor 2.126, 15/88 (2001)

Tropical Medicine: Impact Factor 1.932 (2000); Impact Factor 2.126, 1/12 (2001)

? Amato, V.S., Tuon, F.F., Siqueira, A.M., Nicodemo, A.C. and Neto, V.A. (2007), Treatment of mucosal leishmaniasis in Latin america: Systematic review. *American Journal of Tropical Medicine and Hygiene*, **77** (2), 266-274.

Abstract: Mucosal leishmaniasis (ML) is an important endemic disease and public-health problem in underdeveloped countries because of its significant morbidity and mortality. Increases in ecological tourism have extended this problem to developed countries. This form of leishmaniasis, caused by reactivation after primary cutaneous lesion, has a natural history of progressive destruction of the nasal septa and soft and hard palates, causing facial disfiguration and leading to respiratory disturbances. Treatment of ML, based on several therapies, depends on use of toxic compounds, and few drugs have emerged over the past 40 years. Drug resistance has increased, and the cure rate is no better than 70% in the largest studies. Despite these data, there has been no systematic review of therapies used to treat this important tropical disease. The aim of this study is to determine the best drug management for treatment of ML in Latin America based on the best studies offered by the medical literature. The MEDLINE, LILACS, EMBASE, Web of Science, and Cochrane Library databases were searched to identify articles related to ML and therapy. The studies were independently selected by 2 authors. Articles with sufficient data for cure and treatment failures, internal and external validity information, and > 4 patients in each treatment were included. Validation of this systematic review was based on guidelines to guarantee quality; 22 articles met our inclusion criteria. Stibogluconate achieved a 51% cure rate (76/150 patients), and 88% of patients treated with meglumine were cured (121 patients). Pentamidine and amphotericin were as effective as meglumine. Use of itraconazole and other therapies (pentoxifylline, allopurinol, or interferon-gamma) was controversial, and numbers of patients in some studies were insufficient for statistical analysis. Meglumine may be the drug of choice in the treatment of ML, as it offers similar cure rates when compared with amphotericin B and pentamidine. Cost, adverse effects, local experience, and availability of drugs to treat ML are strong points to be considered before determining the best management of this disease, especially in developing countries.

Keywords: Adverse Effects, Allopurinol, Amphotericin-B, Analysis, Articles, Authors, Braziliensis-Braziliensis, Cochrane, Cutaneous Leishmaniasis, Databases, Developing Countries, Disease, Drug, Drug Resistance, Efficacy, Embase, Guidelines, History, Information, Itraconazole, Latin America, Literature, Management, Medical, MEDLINE, Meglumine Antimoniate, Morbidity, Mortality, Mucocutaneous Leishmaniasis, Points, Primary, Public Health, Resistance, Review, Science, Sodium Stibogluconate, Statistical, Systematic, Systematic Review, Therapy, Transplant Recipient, Treatment, Validation, Validity, Web of Science

# Title: American Mineralogist

Full Journal Title: American Mineralogist

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0003-004X

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Putirka, K., Kunz, M., Swainson, I. and Thomson, J. (2013), Journal Impact Factors: Their relevance and their influence on society-published scientific journals. *American Mineralogist*, **98** (5-6), 1055-1065.

Full Text: [2013\Ame Min98, 1055.pdf](2013/Ame%20Min98,%201055.pdf)

Abstract: We examine the nature and temporal trends of science journal publishing, and seek to explain why some journals have higher Journal Impact Factors (JIF) than others. The investigation has implications for how we assess the importance of scientific contributions. National Laboratories run by the U.S. Department of Energy, for example, compare JIF across disciplines, while some academic institutions look at JIF when evaluating publication records. Problematic to these policies are several results, which have long been known in the medical and biological sciences, and are shown here to apply to the Earth sciences as well. In particular, citations are distributed almost logarithmically in any given issue of a journal, and so JIFs say nothing about the actual number of citations acquired by any given paper. In the area of mineralogy and petrology, for example, 25% of articles in a typical issue will capture >50% of all citations that accrue to that issue. For some issues the asymmetry is greater; we use such citation asymmetry to develop a classification for journals as “super elite,” “elite,” “influential,” and “minor.” We also find that JIFs are inherently larger for large disciplines, in part because as the size of a discipline increases (as measured by total papers published), the top journals benefit to a greater extent than other journals. For this and other reasons, JIF cannot be compared across disciplines. A heretofore unknown and disconcerting result is the incredible growth in JIFs for commercially published journals compared to their society-published counterparts a growth that coincides with the advent of electronic distribution models (e.g., bundling) that were instituted by commercial publishers at the beginning of the 21st century. Journals, which only a decade ago had similar JIFs, and were viewed as being scientifically equivalent, now have very different JIFs. These contrasts may nucleate feedback loops (as authors look to higher JIF journals in which to publish) that threaten the health of society-published journals. Our analysis however, shows that in spite of growing contrasts in JIF, many society-published journals still provide a greater value (JIF/cost) compared to their commercially published counterparts. While we acknowledge that citations and citation rates can be useful tools to compare scientific influence and importance, the results of this and other bibliometric studies cause us to conclude that in the evaluation of science and scientists, it is a grave error to substitute numerical values for human judgment. and if professional societies are to continue to play a significant role in science publication, it is incumbent upon scientists-now more than ever-to send their best works to society-published journals. Keywords: Impact factor, bibliometrics, mineralogy, petrology, geochemistry.

Keywords: Analysis, Asymmetry, Authors, Bibliometric, Bibliometric Studies, Bibliometrics, Biological, Biological Sciences, Citation, Citation Rates, Citations, Classification, Distributed, Distribution, Energy, Error, Evaluation, Geochemistry, Growth, Health, History, Human, Impact, Impact Factor, Influence, Institutions, Investigation, Journal, Journals, Keywords, Medical, Mineralogy, Models, Papers, Petrology, Policies, Publication, Publishing, Rates, Records, Relevance, Role, Science, Sciences, Scientific Journals, Scientists, Size, Temporal, Trends, Value

# Title: American Psychologist

Full Journal Title: [American Psychologist](http://ovidsp.uk.ovid.com/sp-2.3/ovidweb.cgi?QS2=434f4e1a73d37e8c2871575337c986e9f1f4ed67c4b87d69ed26292731ac5873182492c3f78598b53ba90fbe6f972a591bb4496467f62f700d07e5322c8340258dc1165d5c5aed59ea941d33f051f8aa2ff1777f3a0b389152e5429d0e08f0e420481c43f2c48b9)

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Language: English

Publisher: Amer Psychological Assoc

Publisher Address: 750 First St NE, Washington, DC 20002-4242

Subject Categories:

Psychology, Multidisciplinary: Impact Factor 5.981, / (2002)

? Over, R. and Smallman, S. (1973), Maintenance of individual visibility in publication of collaborative research by psychologists. *American Psychologist*, **28** (2), 161-166.

Full Text: [1960-80\Ame Psy28, 161.pdf](1960-80/Ame%20Psy28,%20161.pdf)

? Markley, R.P. and Adams, R.M. (1973), Science Citation Index. *American Psychologist*, **28** (6), 534.

Full Text: [1960-80\Ame Psy28, 534.pdf](1960-80/Ame%20Psy28,%20534.pdf)

Abstract: Two recent comments have discussed the problems of assuring relative completeness in the conduct of a literature search (see records 1990-56978-001 and 1990-58219-001). Both letters failed to mention the Science Citation Index, which can be found in most major university libraries. The SCI lists for any particular source article all or nearly all subsequent papers that have cited or referenced the source. All older references used in recent periodicals are included. The use of the SCI in conjunction with the hierarchal search procedure suggested by Goldsamt would seem to be an obvious advantage. (PsycINFO Database Record (c) 2006 APA, all rights reserved)

Keywords: Science Citation Index, Automated Information Retrieval, Literature Review, Psychology, Scientific Communication, Information Services, Libraries

? Rushton, J.P. and Roediger, H.L. (1978), Evaluation of 80 psychology journals based on Science Citation Index. *American Psychologist*, **33** (5), 520-523.

Full Text: [1960-80\Ame Psy33, 520.pdf](1960-80/Ame%20Psy33,%20520.pdf)

Abstract: Ranked 80 psychology journals and those from closely related fields in terms of their impact factors (average citations per article) where the numerator for the impact factor was based on the total number of citations accruing to 1972-1973 articles in that journal in the 1974 Science Citation Index. The top 3 journals were Psychological Review, Cognitive Psychology, and Psychological Bulletin. Comparisons are made with a ranking study conducted by M. J. White and K. G. White (1977). For related article, see PA, Vol 56:4649. (PsycINFO Database Record (c) 2006 APA, all rights reserved)

Keywords: Evaluation, Science Citation Index, Citation Analysis for Relative Impact of Psychology Journals

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Full Text: [1960-80\Ame Psy34, 725.pdf](1960-80/Ame%20Psy34,%20725.pdf)

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Full Text: [1982\Ame Psy37, 975.pdf](1982/Ame%20Psy37,%20975.pdf)

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Full Text: [1993\Ame Psy48, 658.pdf](1993/Ame%20Psy48,%20658.pdf)

Abstract: Many psychologists believe a Kuhnian revolution-a competitive event between incommensurate paradigms in which a winner displaces losers after chaotic upheaval-has occurred in psychology. Cognitive psychology is said to be displacing behavioral psychology and psychoanalysis, but few published data support this thesis. Social science citation records from the leading journals in cognitive psychology, behavioral psychology, and psychoanalysis between 1979 and 1988 were analyzed. Results show an increasing trend for cognitive psychology but also high citation rates with no downward trends for behavioral psychology. Citation rates for psychoanalysis are not as high, but indications of decline are marginal. These findings do not support the Kuhnian displacement thesis on changes in modern psychology.

? Fine, M.A. and Kurdek, L.A. (1993), Reflections on determining authorship credit and authorship order on faculty student collaborations. *American Psychologist*, **48** (11), 1141-1147.

Full Text: [1993\Ame Psy48, 1141.pdf](1993/Ame%20Psy48,%201141.pdf)

Abstract: the purpose of this article is to explore the process of determining authorship credit and authorship order on collaborative publications with students. The article presents hypothetical cases that describe relevant ethical issues, highlights ethical principles that could provide assistance in addressing these dilemmas, and makes recommendations to faculty who collaborate with students on scholarly projects. It is proposed that authorship credit and order decisions should be based on the relative scholarly abilities and professional contributions of the collaborators. Furthermore, it is recommended that both faculty and students participate in the authorship decision-making process early in the collaborative endeavor.

Keywords: Authorship, Ethics, Psychologists, Publications

? Thompson, B. (1994), The big picture(s) in deciding authorship order. *American Psychologist*, **49** (12), 1095-1096.

Full Text: [1994\Ame Psy49, 1095.pdf](1994/Ame%20Psy49,%201095.pdf)

Keywords: Authorship

? Gibson, K.R. (2000), Corroboration. *American Psychologist*, **55** (2), 271-272.

Full Text: [2000\Ame Psy55, 271.pdf](2000/Ame%20Psy55,%20271.pdf)

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Full Text: [2000\Ame Psy55, 272.pdf](2000/Ame%20Psy55,%20272.pdf)

Keywords: Psychology, Trends

? Friman, P.C., Allen, K.D., Kerwin, M.L.E. and Larzelere, R. (2000), Questionable validity, not vitality. *American Psychologist*, **55** (2), 274-275.

Full Text: [2000\Ame Psy55, 274.pdf](2000/Ame%20Psy55,%20274.pdf)

Keywords: Validity

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Full Text: [2000\Ame Psy55, 275.pdf](2000/Ame%20Psy55,%20275.pdf)

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Full Text: [2000\Ame Psy55, 276.pdf](2000/Ame%20Psy55,%20276.pdf)

Keywords: Psychology

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Full Text: [2004\Ame Psy59, 49.pdf](2004/Ame%20Psy59,%2049.pdf)

Keywords: Journals, Quality, Self-Citations

? Stroebe, W. (2000), The graying of academia will it reduce scientific productivity? *American Psychologist*, **65** (7), 660-673.

Full Text: [2010\Ame Psy65, 660.pdf](2010/Ame%20Psy65,%20660.pdf)

Abstract: the belief that science is a young person’s game and that only young scientists can be productive and publish high-quality research is still widely shared by university administrators and members of the scientific community. Since the average age of university faculties is increasing not only in the United States but also in Europe, the question arises as to whether this belief is correct. If it were valid, the abolition of compulsory retirement in the United States and some parts of Canada would lower the productivity of these university systems. To address this question, this article reviews research on the association of age and scientific productivity conducted during the last four decades in North America and Europe. Whereas early research typically showed a decline in productivity after the ages of 40 to 45 years, this decline has been absent in more recent studies. Explanations for this change are discussed.

Keywords: Academic Productivity, Scientific Achievement, Age Discrimination, Creative Potential, Cum Laude Doctorates, Bibliometric Indicators, Mandatory Retirement, Brainstorming Groups, Faculty Retirement, Age, Impact, Psychologists, Personality, Performance

# Title: American Review of Public Administration

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ISO Abbreviated Title:

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ISSN:

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? Walker, R.M., Brewer, G.A. and Choi, Y. (2014), Public administration research in east and southeast Asia: A review of the English language evidence, 1999-2009. *American Review of Public Administration*, **44** (2), 131-150.

Full Text: [2014\Ame Rev Pub Adm44, 131.pdf](2014/Ame%20Rev%20Pub%20Adm44,%20131.pdf)

Abstract: In this article, we describe and explore the topics, methods, and author arrangements of the English language literature on public administration in East and Southeast Asia. Articles in the review are for the period 1999-2009 and were identified in the Web of Science. Searches identified 309 articles in the disciplinary area of public administration. The emphasis of scholarly attention is on East AsiaChina, Japan, Hong Kong, Taiwan, and South Korea. Four major characteristics of this literature are noted. First, it is comparative in nature. Second, it focuses on system and regime change, as well as policies, as the major topics and units of analysis. Thirdly, it is primarily based on normative argumentation, and where it is empirical, it typically relies on secondary data. Fourth, it is largely interdisciplinary in nature, drawing on many disciplines and scholars from around the globe, but it is dominated by scholars based in English language speaking countries. In conclusion, we discuss the implications of these findings for the public administration discipline and research in the region.

Keywords: Administration, Analysis, Articles, Asia, Attention, Characteristics, China, Collaboration, Data, Disciplines, East And South East Asia, Evidence, Germany, Government, Hong Kong, Hong-Kong, Interdisciplinary, Japan, Korea, Language, Literature, Management, Mar, Methodology, Methods, Perspective, Policies, Public, Public Administration, Region, Research, Review, Science, Social-Policy, South Korea, Southeast Asia, State, Taiwan, Web of Science

? Walker, R.M. (2014), Public administration research in east and southeast Asia: Concluding symposium remarks. *American Review of Public Administration*, **44** (2), 203-209.

Full Text: [2014\Ame Rev Pub Adm44, 203.pdf](2014/Ame%20Rev%20Pub%20Adm44,%20203.pdf)

Abstract: An integration of the research reported in the American Review of Public Administration symposium on public administration scholarship in East and Southeast Asia is offered. The overview finds that the extent of the English language research published in public administration journals as listed in the Social Science Citation Index (SSCI) is limited and largely focused on East Asia. However, a review of studies published in the native languages of Hong Kong, Macau, Mainland China, South Korea, and Taiwan points to a robust and healthy community that actively publishes on topics of administration and policy. The topics studied reflect international trends in research on management reform and social policy but show distinct differences at the country level, where local debates are more of an influence on academic writing. The scholarship tends toward the descriptive, and much needs to be done to improve the methodology. There is evidence that approaches to research are changing, and a shift in focus toward explanatory work and theory testing is occurring.

Keywords: Administration, Asia, China, Citation, Community, Country, East Asia, Evidence, Hong Kong, Influence, Integration, International, Journals, Korea, Language, Languages, Local, Mainland China, Management, Mar, Methodology, Needs, Policy, Public, Public Administration, Reform, Research, Review, Scholarship, Science, Science Citation Index, Social, Social Policy, Social Science Citation Index, South East Asia, South Korea, Southeast Asia, SSCI, Taiwan, Testing, Theory, Trends, Work

? Vogel, R. (2014), What happened to the public organization? A bibliometric analysis of public administration and organization studies. *American Review of Public Administration*, **44** (4), 383-408.

Full Text: [2014\Ame Rev Pub Adm44, 383.pdf](2014/Ame%20Rev%20Pub%20Adm44,%20383.pdf)

Abstract: Despite their common roots in the early theories of organization, public administration and organization studies have evolved separately. This article explores the conditions that favor and initiate the cross-boundary exchange of knowledge between these two fields. The study applies bibliometric methodology and advances standard methods of science-mapping by combining different levels of analysis in a two-mode network, drawing on citation data from 16 European and North American top journals in organization studies and public administration, spanning the period 2000 to 2010. None of the 18 clusters of current research extracted from these data can be traced in both organization studies and public administration, however closer analysis reveals two strong links between these fields and indicates that the boundaries between them are semipermeable, allowing the unidirectional, rather than bidirectional, transfer of knowledge from organization studies to public administration. This study argues for greater rapprochement between these two fields and suggests ways in which this could be achieved.

Keywords: Administration, Advances, Agencies, Analysis, Article, Bibliometric, Bibliometric Analysis, Bibliometric Methodology, Boundaries, Capabilities, Citation, Co-Citation Analysis, Cocitation, Combining, Data, Embeddedness, Firm, Journals, Knowledge, Methodology, Methods, Network, Network Analysis, Networks, North, Organization, Performance, Public, Public Administration, Public Organization, Research, Science Mapping, Social-Structure, Standard, Top Management Team, Two-Mode Network

# Title: American Scientist

Full Journal Title: [American Scientist](http://www.americanscientist.org/issues/past.aspx); [American Scientist](http://web.ebscohost.com/ehost/detail?vid=1&hid=6&sid=46c8df41-b124-4618-8da5-4c4e50721708%40sessionmgr3&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=aph&jid=ASI)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Galvez, A., Maqueda, M., Martinez-Bueno, M. and Valdivia, E. (2000), Scientific publication trends and the developing world - What can the volume and authorship of scientific articles tell us about scientific progress in various regions? *American Scientist*, **88** (6), 526-533.

Full Text: Ame Sci88, 526.pdf

Keywords: Authorship, Developing, Developing World, Publication, Scientific Progress, Trends, Volume, World

# Title: American Sociological Review

Full Journal Title: American Sociological Review

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Baldi, S. (1998), Normative versus social constructivist processes in the allocation of citations: A network-analytic model. *American Sociological Review*, **63** (6), 829-846.

Full Text: [1998\Ame Soc Rev63, 829.pdf](1998/Ame%20Soc%20Rev63,%20829.pdf)

Abstract: I assess competing arguments on the determinants of scientists’ citation patterns by developing a new approach to the multivariate study of citations that builds upon a network-analytic model. Using data on articles about celestial masers, an astrophysics research area, logistic regressions with robust standard errors examine the extent to which characteristics of both potentially citing and potentially cited papers influence the probability that a citation exists between the papers. The results identify significant positive, effects of cited article cognitive content and cited article quality, providing support for a normative interpretation of the allocation of citations in which citations reflect payment of intellectual debt. In contrast, indicators of an author’s position within the stratification structure of science fail to significantly improve the fit of the model, and thus provide no support for the social constructivist claim that citations are rhetorical tools of persuasion. Furthermore, the lack of effects of social ties between citing and cited authors provides little support for the argument that authors who know one another are more likely to cite one another’s work. Overall, these results suggest that authors are likely to cite those articles most relevant to their work in terms of intellectual content, and seem little concerned with the characteristics of authors who write them.

Keywords: Self-Citations, Index

# Title: American Sociologist

Full Journal Title: [American Sociologist](http://www.springerlink.com/content/107894/); [American Sociologist](http://www.springerlink.com/content/107894/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0003-1232

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Oromaner, M.J. (1968), Most cited sociologists: Analysis of introductory text citations. *American Sociologist*, **3** (2), 124-126.

Full Text: [1960-80\Ame Soc3, 124.pdf](1960-80/Ame%20Soc3,%20124.pdf)

Keywords: Citations

? Cole, J. and Cole, S. (1971), Measuring Quality of Sociological Research - Problems in Use of Science Citation Index. *American Sociologist*, **6** (1), 23-??.

Keywords: Citation, Science Citation Index

? Chubin, D. (1973), Use of Science Citation Index in Sociology. *American Sociologist*, **8** (4), 187-191.

Keywords: Citation, Science Citation Index

? Garfield, E. (1974), Social Sciences Citation Index. *American Sociologist*, **9** (3), 164-165.

Full Text: Ame Soc9, 164.pdf

? Chubin, D. (1974), Social Sciences Citation Index - Reply. *American Sociologist*, **9** (3), 165.

Full Text: Ame Soc9, 165.pdf

# Title: American Statistician

Full Journal Title: [American Statistician](http://uk.jstor.org/journals/00031305.html); [American Statistician](http://infotrac.galegroup.com/itw/infomark/1/1/1/purl=rc18_EAIM_0__jn+%22American+Statistician%22?sw_aep=jrycal5); [American Statistician](http://proquest.umi.com/pqdweb?RQT=318&pmid=28405)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0003-1305

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? (1963), Recent developments in statistical bibliography. *American Statistician*, **17** (1), 25.

Full Text: [1960-80\Ame Sta17, 25.pdf](1960-80/Ame%20Sta17,%2025.pdf)

? Rubin, E. (1964), Developments in statistical bibliography, 1963. *American Statistician*, **18** (1), 24-25.

Full Text: [1960-80\Ame Sta18, 24.pdf](1960-80/Ame%20Sta18,%2024.pdf)

Leemis, L.M., Schmeiser, B.W. and Evans, D.L. (2000), Survival distributions satisfying Benford’s law. American Statistician, **54** (4), 236-241.

Full Text: [2000\Ame Sta54, 1.pdf](2000/Ame%20Sta54,%201.pdf)

Abstract: Hill stated that ‘An interesting open problem is to determine which common distributions (or mixtures thereof) satisfy Benford’s law ….’ This article quanties compliance with Benford’s law for several popular survival distributions. The traditional analysis of Benford’s law considers its applicability to datasets. This article switches the emphasis to probability distributions that obey Benford’s law.

Keywords: Lifetimes, Random Variables, Variate Generation

# Title: American Surgeon

Full Journal Title: [American Surgeon](http://web.ebscohost.com/ehost/detail?vid=1&hid=3&sid=17f27e89-089a-4b98-aee7-d639e67aee7f%40sessionmgr12&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&jid=AUR); [American Surgeon](http://www.ingentaconnect.com/content/sesc/tas)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0003-1348

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Mittal, V., Salem, M., Tyburski, J., Brocato, J., Lloyd, L., Silva, Y., Silbergleit, A., Shanley, C. and Remine, S. (2004), Residents’ working hours in a consortium-wide surgical education program. *American Surgeon*, **70** (2), 127-131.

Full Text: [2004\Ame Sur70, 127.pdf](2004/Ame%20Sur70,%20127.pdf)

Abstract: Traditional work schedules of surgical residents have been cited as a factor that negatively influences education and the quality of patient care. Demands by federal and state legislators as well as the general public have forced a re-evaluation of the issue. Long working hours and resulting sleep deprivation affect the lives of residents profoundly, but the question remains does it lower the quality of medical care? the justification for the long hours is that they are vital to medical education, but residents are so drained by their schedules that they are rarely in the best state of mind to learn from their experiences. Under the scrutiny of the Resident Review Committee (RRC), many programs and institutions have been cited in the recent past in violation of resident working hour requirements. As a result, many institutions have implemented reforms, thereby reducing the number of citations they received. In spite of having the highest number of citations, the field of general surgery has failed to show any improvement. The Oakland Health Education Programme Center for Medical Education (OHEP), a consortium of 16 teaching hospitals in the State of Michigan, set out to review the components of general surgery residency training in order to be able to make recommendations that might assist program directors in making appropriate changes where necessary to enhance resident education and the quality of patient care as well as to meet the personal demands of residents. Questionnaires on residents’ attitudes concerning their working hours and possible reforms were sent to all general surgery residency programs in the OHEP consortium. The questionnaire consisted of 25 questions divided into three major sections: the first section encompassed demographic information including current work hours and on-call schedules. The second section consisted of questions relating to attitudes toward work hours and the options for change. The third section consisted of questions that viewed the perceived effects of limited work hours. From the seven participating hospitals with surgery residency programs in OHEP, 92 residents responded to our survey. The majority of residents were in the first 3 years of postgraduate training. The mean age of residents was 30 years old. Sixty-four per cent of respondents were male, and 18 per cent were female. Residents reported an average of 56 with a range of 0 to 110 hours on call. Variations in the number of hours had to do with the various rotations residents were on, in that during certain elective rotations, residents were not assigned to any call. The on-call schedule varied; alternate nights were reported by 11 per cent, every third night by 33 per cent, and every fourth night or more by 53 per cent. The majority of surgical residents did express the need for reform and did not feel that reforms would affect the quality of resident education. However, residents did not want to lengthen residency training beyond the 5 years. The results of our study indicates that the majority of residents in general surgery programs in Michigan perceive a need for reform of work schedules. Surgical educators may have underestimated this need in the past. Most residents thought that long hours impaired their educational experience and at times compromised their clinical care.

? Zheng, L.J., Ding, W.X., Zhou, D.L., Lu, L.S. and Yao, L. (2014), Laparoscopic versus open resection for gastric gastrointestinal stromal tumors: A meta-analysis. *American Surgeon*, **80** (1), 48-56.

Full Text: [2014\Ame Sur80, 49.pdf](2014/Ame%20Sur80,%2049.pdf)

Abstract: We conducted our meta-analysis to compare outcomes between laparoscopic resection and open resection for gastric gastrointestinal stromal tumors (GISTs) from all published comparative studies in the literature. Databases, including PubMed, Embase, Cochrane Library, Ovid, Web of Science, and CNKI, were searched to identify studies comparing outcomes after laparoscopic resection and open resection for gastric GISTs. The meta-analysis was performed by RevMan 5.1. Eleven comparative studies comprising 495 patients were identified. Patients undergoing laparoscopic resection of gastric GISTs were found to have similar operative time (weighted mean difference [WMD], 2.29; 95% confidence interval [CI], -16.01 to 11.43; P < 0.74) and complications rate (odds ratio [OR], 0.76; 95% CI, 0.36 to 1.58; P < 0.46). Less intraoperative blood loss (WMD, -55.91; 95% CI, -90.26 to -21.56; P < 0.001), earlier passing first flatus (WMD, -0.89, 95% CI, -1.60 to -0.18; P < 0.01), earlier having the first liquid diet (WMD, -1.54; 95% CI, -2.44 to -0.64; P < 0.0008), and shorter hospital stay (WMD, -4.25; 95% CI, -5.63 to -2.88; P = 0.00001) were observed in the laparoscopic resection group. The recurrence rate was higher in the group of open resection compared with the group of laparoscopic resection (OR, 0.26; 95% CI, 0.09 to 0.75; P < 0.01). Laparoscopic resection is safe and efficient in the treatment of patients with gastric GISTs as compared with open resection procedure. Laparoscopic resection may be a preferred treatment for gastric GISTs.

Keywords: Blood, Blood Loss, Complications, Confidence, Criteria, Databases, Diagnosis, Diet, Experience, First, Flatus, Gastric, Gastrointestinal, Gist, Hospital, Hospital Stay, Interval, Intraoperative Blood Loss, Laparoscopic, Liquid, Literature, Management, Meta Analysis, Meta-Analysis, Metaanalysis, Odds Ratio, Open, Operative, Operative Time, Outcomes, P, Pathology, Patients, Procedure, Prognostic-Factors, Pubmed, Recurrence, Risk Stratification, Science, Stomach, Treatment, Vs. Open Resection, Web Of Science

# Title: American Zoologist

Full Journal Title: [American Zoologist](http://www.jstor.org/action/showPublication?journalCode=amerzool&cookieSet=1); [American Zoologist](http://www.bioone.org/loi/azoo?genre=journal&stitle=azoo&cookieSet=1); [American Zoologist](http://vnweb.hwwilsonweb.com/hww/Journals/getIssues.jhtml?sid=HWW:OMNIS&id=-4568); [American Zoologist](http://icb.oxfordjournals.org/archive/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0003-1569

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Sower, S.A., Suzuki, K. and Reed, K.L. (2000), Perspective: Research activity of enteropancreatic and brain/central nervous system hormones across invertebrates and vertebrates. *American Zoologist*, **40** (2), 165-178.

Full Text: [2000\Ame Zoo40, 165.pdf](2000/Ame%20Zoo40,%20165.pdf)

Abstract: During the past two decades there have been rapid advances in our knowledge of the structure and function of the protein hormones in the brain and gastroenteropancreatic system (GEP). Many published articles have highlighted the superfamily of hormonal peptides, specifically, the mechanisms and control of peptide synthesis in neural and non-neural tissues, and gene structure. Here we present an analysis of the annual trends, between 1980 and 1997, of research emphasis on six protein/peptide hormones, as reflected by their individual frequency of publication per year. Although this symposium is focused on the GEP hormones, we provide herein a perspective on the level of research activity of the hormones Insulin, glucagon, cholecystokinin, insulin-like growth factor-I and -II, neuropeptide Y and somatostatin in the brain/gut systems throughout the vertebrates and invertebrates. Many publications deal with the evolution of these peptides and their superfamilies, yet as noted in this review, there are relatively few references to these peptides in invertebrates and non-mammalian species. Typically in invertebrates, the number of citations is low and mostly focused on three phyla, the arthropods, mollusks and helminths. Generally, in the vertebrates the smallest number of citations is in the cyclostomes and elasmobranchs. Because most groups of invertebrates and vertebrates have received scant attention, phylogenetic comparisons are limited. Evolutionary information concerning Important groups of animals, such as helminths, mollusks, protochordates and cyclostomes, is essential to establish the phylogenetic histories of the hormonal peptides. The challenge to comparative endocrinologists is to examine species in key evolutionary positions in order to gain an understanding of the diversity and function of the hormones and to determine the molecular features that form clues to their phyletic interrelationships and progression.

Keywords: Brain, Evolution, Glucagon-Like Peptides, Growth-Factors, Insulin, Neuropeptide-Y, Phylogeny, Polypeptide, Publications, Receptors, Research

# Title: Amfiteatru Economic

Full Journal Title: Amfiteatru Economic

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bogdan, I., Iuliana, I., Valentin, D. and Vasile, G. (2009), The quality management of the services of scientometric quantification of the research of the members of the university community deployed within the “E-Univroscient” concept. *Amfiteatru Economic*, **11** (26), 429-440.

Full Text: [2009\Amf Eco11, 429.pdf](2009/Amf%20Eco11,%20429.pdf)

Abstract: the concept called “e-UnivRoScient” (e-University Romanian Scient) proposes the search of new opportunities of information and documentation, at the basis level of structuring in the university scientific research - the individual, the collectivity, the chair or the department. By deploying the concept e-UnivRoScient in an on line database it permits to obtain a harmonious relationship between the creators of scientific information from the level of the university degree units and its consumers, through the achievement of an informational system with visible database at the national level, which will present the scientific preoccupations of the university researchers under all the aspects and components of the research activity. By synthesizing and weighting all the components of the research activity it can be obtained the profile of a researcher which activates in the university environment, joining normative assessment rules for the evaluation of scientific activity with rules resulted from an empirical research. This concept will approach the university research on the principle of a scientific exchange in which the academic community will participate. The aspects presented in this paper have an original character and fulfill in the opinion of the authors with qualitative elements the scientometric quantification of the scientific research management.

Keywords: Management, Online Database, Research, Research Scientific Portfolio, Researcher’s Profile, Scientific Research, Scientometrics

# Title: Anadolu Kardiyoloji Dergisi-the Anatolian Journal of Cardiology

Full Journal Title: Anadolu Kardiyoloji Dergisi-the Anatolian Journal of Cardiology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Yildiz, B.S., Alkan, M.B., Gungor, H., Gul, I., Bilgin, M., Akin, M., Nalbantgil, S. and Zoghi, M. (2011), A survey for the evaluation of the training period of cardiology specialists in Turkey. *Anadolu Kardiyoloji Dergisi-the Anatolian Journal of Cardiology*, **11** (8), 661-665.

Full Text: [2011\Ana Kar Der Ana J Car11, 661.pdf](2011/Ana%20Kar%20Der%20Ana%20J%20Car11,%20661.pdf)

Abstract: Objective: To evaluate postgraduate training period, social life and problems of cardiology residents in Turkey by using a questionnaire form and to compare with the core curriculum of European Society of Cardiology for general cardiology. Methods: Overall, 529 residents of cardiology ages in range of 24-35 years (mean age: 26.5 +/- 2.0 years, 81.4% male) participated as volunteers in this cross-sectional survey study. An 86-item questionnaire form was used to evaluate the education process, capacity of knowledge and skill and social effectiveness level of participants. The questionnaire were composed both closed- and open-ended questions. The questionnaire form was filled in with the face-to-face communication method. The data of survey were compared with the core curriculum of European Society of Cardiology for general cardiology training period. Chi-square or Fischer exact test was used for statistical analysis. Results: the participants were working in various university hospitals (70.3%) and training-research (state) hospitals in 31 different provinces in Turkey (40.8% in Marmara region). They visited 40 +/- 10 outpatients and 10 +/- 5 hospitalized pts daily in the clinics. The 3-5 residents worked at the clinic on night shifts and mostly (89%) 8 or more night shifts per month were held in their first training years. During first three-years of training 76% of residents have performed echocardiography, 40.8%-transesophageal echocardiography and 10%-intraoperative echocardiography. The 84.3% of them evaluated exercise tests, 76.4%-Holter electrocardiography and 53.3%-tilt-table tests. The rate of residents working in coronary angiography laboratories was 54.3%. The 53.7% of residents performed coronary angiography and 64%-only in the 4th year of their training. The number of coronary angiography performance was under expected when compared with European Society of Cardiology curriculum. The 18.5% of residents were participated as assistant researcher in an international multi-center study and only 10% had an article published in national journals (4.3% published in Science Citation Index). The 30.6% considered the cardiology training period in their centers to be insufficient, whereas 37.4% found it partially sufficient and 31.9% sufficient. Only 32.9% of participants could dedicate time for social activities. Conclusion: According to the referred core curriculum of ESC for general cardiology the training of cardiology residents in non-invasive applications is adequate however coronary angiography applications are slightly insufficient in Turkey. In addition, the number of publications per capita is quiet low. (Anadolu Kardiyol Derg 2011; 11: 661-5).

Keywords: Activities, Analysis, Capacity, Cardiology, Citation, Communication, Education, Effectiveness, Evaluation, Exercise, Hospitals, Journals, Knowledge, Low, Male, Medicine, Methods, Process, Publications, Questionnaire, Resident Physicians, Residents, Science, Science Citation Index, Social, Statistical, Surgical Residents, Survey, Training, Turkey, University

? Huang, Q.J., Liu, J., Chen, M.H. and Li, J.J. (2014), Relation of diabetes to coronary artery ectasia: A meta-analysis study. *Anadolu Kardiyoloji Dergisi-the Anatolian Journal of Cardiology*, **14** (4), 322-327.

Full Text: [2014\Ana Kar Der Ana J Car14, 332.pdf](2014/Ana%20Kar%20Der%20Ana%20J%20Car14,%20332.pdf)

Abstract: Objective: Previous studies have shown a significant negative association between diabetes and abdominal aortic aneurysm. However, the relation of diabetes to coronary artery ectasia (CAE) has not well established. The aim of the current study was to conduct a systemic review for evaluating the relationship between diabetes and CAE. Methods: A systemic search of electronic databases (PUBMED, EMBASE, OVID, WEB OF SCIENCE, THE COCHRANCE LIBRARY) from 1970 to March 2013 was performed. Additionally, checking reference lists from identified articles, reviews, and the abstracts presented at related scientific meetings were also carried out. All case-control studies investigating appropriate prevalence data were included. Results: Among 328 articles, 10 case-control studies were finally identified. The prevalence of diabetes in studied patients with CAE was 8% to 33%, while in those without CAE was ranged from 13.5% to 35%. Pooled analysis showed a reduced rate of diabetes amongst patients with CAE compared to those without (OR 0.65, 0.54-0.77, p<0.0001). Conclusion: Our findings suggested that diabetes might play a protective role for the development of CAE, indicating that further study is needed to evaluate the association diabetes and CAE including underlying mechanisms and future medical interventional strategies.

Keywords: Abdominal, Abdominal Aortic Aneurysm, Abdominal Aortic-Aneurysms, Analysis, Aneurysm, Artery, Articles, Association, Atherosclerosis, Case-Control, Case-Control Studies, Coronary Artery, Coronary Artery Ectasia, Data, Databases, Development, Diabetes, Embase, Expression, Glycation End-Products, Kawasaki-Disease, Libraries, Library, Matrix Metalloproteinases, Mechanisms, Medical, Mellitus, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Natural-History, Of-Science, Patients, Prevalence, Reference, Reference Lists, Results, Review, Reviews, Risk-Factors, Role, Science, Systemic Review, Web, Web-Of-Science

# Title: Anaesthesia

Full Journal Title: [Anaesthesia](http://www.ingentaconnect.com/content/bsc/anae;jsessionid=5r5dr0q7o0q9g.victoria); [Anaesthesia](http://www.blackwell-synergy.com/servlet/useragent?func=showIssues&code=ana)

ISO Abbreviated Title: Anaesthesia

JCR Abbreviated Title: Anaesthesia

ISSN: 0003-2417

Issues/Year: 12

Journal Country/Territory: Germany

Language: English

Publisher: Springer Verlag

Publisher Address: 175 Fifth Ave, New York, NY 10010

Subject Categories:

Anesthesiology: Impact Factor

? Asano, M., Mikawa, K., Nishina, K., Maekawa, N. and Obara, H. (1995), The accuracy of references in *Anesthesia*. *Anaesthesia*, **50** (12), 1080-1082.

Full Text: [1995\Anaesthesia50, 1080.pdf](1995/Anaesthesia50,%201080.pdf)

Abstract: We reviewed all the references quoted in Volume 45 (1990)(n = 3967) and half the references quoted in Volume 49(1994)(n = 2183) of Anaesthesia. The references were numbered sequentially and 100 references from each year were randomly selected. Citations of non-journal articles were omitted leaving 197 citations for careful scrutiny. The authors’ names, article title, journal title, volume number, page numbers, and year were examined in each selected reference. A reference was deemed correct if each element of the citation was identical to its source. of the references examined, 32% and 41% contained one or more errors in 1990 and 1994, respectively. The elements most likely to be inaccurate were, in descending order of frequency, article title, author, and page number. There was no significant difference in the error rate between the 2 years. It is the responsibility of contributors to ensure that all references are carefully checked.

Keywords: Anesthesia, Publications, Documentation, Citation, Citations, Error, Errors, Journal, Responsibility, Source, Volume

Arrowsmith, J.E. (1996), The accuracy of references in journal articles. *Anaesthesia*, **51** (5), 517-518.

Full Text: [1996\Anesthesia51, 517.pdf](1996/Anesthesia51,%20517.pdf)

Keywords: Accuracy, Journal, Journal Articles

Asai, T. and Shingu, K. (1999), Ethical considerations in anaesthesia journals. *Anaesthesia*, **54** (2), 192-197.

Full Text: [1999\Anesthesia54, 192.pdf](1999/Anesthesia54,%20192.pdf)

Abstract: It has been shown that instructions to authors in nonanaesthesia biomedical journals often fail to require authors to state that the study was approved by an ethics committee and informed consent obtained from participants; articles also often omit mentioning these points. We examined 11 English-language journals, which are listed in the ‘Anesthesiology’ category of 1995 *SCI Journal Citation Reports*, to see whether the instructions to authors of anaesthesia journals mention the following ethical factors: approval of the study by an ethics committee, informed consent, redundant publication, fraud, authorship, conflict of interest and protection of patients’ privacy. We also examined 673 articles which appeared in these anaesthesia journals (July to December issues of 1996) to see whether they stated acquirement of ethics committee approval and informed consent. All journals addressed the avoidance of redundant publications and unjustifiable authorship. Ten journals required approval of studies and signatures from all authors, eight journals mentioned informed consent. Only seven required the disclosure of any conflict of interest and the protection of patients’ privacy. More than 90% of the articles stated that the study was approved and informed consent obtained.

? Mason, R.A. (2001), The case report - an endangered species? *Anaesthesia*, **56** (2), 99-102.

Full Text: [2001\Anesthesia56, 99.pdf](2001/Anesthesia56,%2099.pdf)

Keywords: Case Report, Endangered Species, Species

Tiefenthaler, W., Hohlrieder, M., Hauffe, H., Heidegger, Th. and Benzer, A. (2004), Proposal for a different ranking of anaesthesia journals. *Anaesthesia*, **59** (8), 831-832.

Full Text: [2004\Anesthesia59, 831.pdf](2004/Anesthesia59,%20831.pdf)

Schreiber, K., Girard, T. and Kindler, C.H. (2004), Bibliometric analysis of original molecular biology research in anaesthesia. *Anesthesia*, **59** (10), 1002-1007.

Full Text: [2004\Anesthesia59, 1002.pdf](2004/Anesthesia59,%201002.pdf)

Abstract: Molecular biology has expanded the horizons of anaesthesia during the last 20 years and has led to an increase of basic science articles that are published in the specialised anaesthetic journals or originate in anaesthetic institutions. We searched for and analysed the specific features, such as year of publication, publishing journal, and country of origin, of all such molecular biology articles stored in the MEDLINE database during the period 1986–2002. We identified 1265 original articles that used molecular biology techniques; 223 (18%) of these articles were published in anaesthetic journals and 1042 (82%) articles in 556 other biomedical journals. While in the late 1980s only a few molecular biology articles were published each year by anaesthetic institutions, worldwide this number reached approximately 200 basic science articles by the end of 2002. The USA clearly dominates the field of anaesthesia with respect to molecular biology research with 839 (66%) such articles.

Keywords: Information Science, Publishing, Molecular Biology, Academic Anesthesia, Europe, Countries, Journals, Medicine, Publication, Millennium, Primer, Life

? Pandit, J.J. (2008), Anaesthetic research in the United Kingdom: publishing or perishing? *Anaesthesia*, **63** (3), 225-227.

Full Text: [2008\Anaesthesia63, 225.pdf](2008/Anaesthesia63,%20225.pdf)

Keywords: Publishing, Research, United Kingdom

Notes: CCountry

? Feneck, R.O., Natarajan, N., Sebastian, R. and Naughton, C. (2008), Decline in research publications from the United Kingdom in anaesthesia journals from 1997 to 2006. *Anaesthesia*, **63** (3), 270-275.

Full Text: [2008\Anaesthesia63, 270.pdf](2008/Anaesthesia63,%20270.pdf)

Abstract: We undertook this survey to identify the trend in the published output of original research in anaesthesia emanating from the United Kingdom (UK) in a 10-year period from 1997 to 2006, inclusive. We examined seven major anaesthetic journals for each of the 10 years, and four other specialist journals for the years 1997, 2000, 2003 and 2006. We included papers on experimental research, randomised controlled clinical trials, large observational studies and case series, formal equipment and apparatus assessments, but we excluded editorials, comments, reviews including systematic reviews, special articles, small case series and case reports, questionnaire surveys of clinical practice and correspondence. We found a highly significant reduction in published research output from the UK in the period under study (% change per year; -5.7 (95% CI -7.4 to -4.0), a trend which was significantly different (p < 0.001) from the trend of changes in research publications worldwide (-1.0% change per year; 95% CI -1.7 to 0.0). We discuss the implications of these findings for UK anaesthesia research strategy.

Keywords: Anaesthesia, Assessments, Case Reports, Changes, Clinical, Clinical Practice, Clinical Trials, Equipment, Experimental, Journals, Observational, Observational Studies, Papers, Practice, Publications, Questionnaire, Randomised, Reduction, Research, Reviews, Small, Survey, Surveys, Systematic Reviews, Trend, UK, United Kingdom

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Full Text: [2008\Anesthesia63, 1017.pdf](2008/Anesthesia63,%201017.pdf)

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Full Text: [2009\Anesthesia64, 984.pdf](2009/Anesthesia64,%20984.pdf)

Abstract: P>The clinical indications for anaesthetic drugs are developed through peer-reviewed publication of clinical trials. We performed a bibliometric analysis of all human research papers reported in nine general anaesthesia journals over 6 years (n = 6489), to determine any effects of the 2004 European Clinical Trials Directive on reported drug research in anaesthesia originating from Europe and the United Kingdom. We found 89% studies involved patients and 11% volunteers. of 3234 (50%) drug studies, 96% were phase IV (post-marketing) trials. Worldwide, the number of research papers fell by 3.6% (p < 0.004) in the 3 years following introduction of the European Clinical Trials Directive (5% Europe, 18% United Kingdom), and drug research papers fell by 12% (p < 0.001; 15% Europe, 29% United Kingdom). The introduction of the Clinical Trials Directive has therefore coincided with a decline in European drug research, particularly that originating from the United Kingdom. We suggest a number of measures researchers could take in response, and we propose a simplification of the application process for phase IV clinical trials, emphasising patient risk assessment.

Keywords: Bibliometric Analysis, Cancer, Conduct, Future, Impact, Long, Medical-Journal-Editors, Publications, Registration, Research, UK, United-Kingdom

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Full Text: [2010\Anesthesia65, 799.pdf](2010/Anesthesia65,%20799.pdf)

Abstract: While previous studies have investigated the country of origin of anaesthetic publications, they have generally used a MEDLINE computer search to identify original articles and have often excluded non-English language articles. We undertook a hand-search of journals in the Journal Citation Reports (R) using the subject category of Anesthesiology. We quantified the number of original articles, editorials, review articles, case reports and correspondence attributed to each country. We also calculated the proportion of articles of each type from countries of each national income category. We analysed 9684 articles published in 2007 and 2008. The United States published more original articles than any other country. High-income countries published 89.2% of original articles, middle-income countries 10.5%, and low-income countries just 0.3%. There were more articles published by middle-income countries during the study period than a decade earlier, notably from Turkey, China and India. We discuss barriers to publications from low-income countries.

Keywords: Bias, Departments, Developing-Countries, India, Publications

? White, S.M. (2011), Self-plagiarism. *Anaesthesia*, **66** (3), 220-221.

Full Text: [2011\Anesthesia66, 220.pdf](2011/Anesthesia66,%20220.pdf)

Keywords: Anesthesia, Consent, Ethics

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Full Text: [2011\Anesthesia66, 873.pdf](2011/Anesthesia66,%20873.pdf)

Abstract: the h-Index is used to evaluate scholarly productivity in academic medicine, but has not been extensively used in anaesthesia. We analysed the publications, citations, citations per publication and h-Index from 1996 to date using the Scopus (R) database for 1630 (1120 men, 510 women) for faculty members from 24 randomly selected US academic anaesthesiology departments the median (interquartile range [range]) h-Index of US academic anaesthesiologists was 1 [0-5 (0-44)] with 3 [0-18 (0-398)] total publications, 24 [0-187 (0-8515)] total citations, and 5 [0-14 (0-252)] citations per publication. Faculty members in departments with National Institutes of Health funding were more productive than colleagues in departments with little or no government funding. The h-Index increased significantly between successive academic ranks concomitant with increases in the number of publications and total citations. Men had higher median h-Index than women concomitant with more publications and citations, but the number of citations per publication was similar between groups. Our results suggest that h-Index is a reasonable indicator of scholarly productivity in anaesthesia. The results may help comparisons of academic productivity across countries and may be used to assess whether new initiatives designed to reverse recent declines in academic anaesthetic are working.

Keywords: Anaesthesia, Anaesthesiology, Analysis, Bibliometrics, Citation, Citations, Faculty, Funding, h Index, h-Index, Health, Impact, Journals, Kingdom, Medicine, Men, Physician Scientists, Productivity, Publication, Publications, Radiology, Scopus, Time, US, Women

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Full Text: [2012\Anesthesia67, 185.pdf](2012/Anesthesia67,%20185.pdf)

Keywords: Bibliometrics, Productivity

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Full Text: [2012\Anesthesia67, 186.pdf](../HO-reference/2012/Anesthesia67,%20186.pdf)

Keywords: Academic Productivity, Bibliometrics, Career Choice, Impact, Medicine, Scholarly Productivity

? Partridge, J.S.L., Harari, D., Martin, F.C. and Dhesi, J.K. (2014), The impact of pre-operative comprehensive geriatric assessment on postoperative outcomes in older patients undergoing scheduled surgery: A systematic review. *Anaesthesia*, **69**, 8-16.

Full Text: [2014\Anesthesia69, 8.pdf](2014/Anesthesia69,%208.pdf)

Abstract: Comprehensive geriatric assessment is an established clinical approach. It reduces mortality and improves the physical wellbeing of older people in the community or hospitalised for medical reasons. Pre-operative comprehensive geriatric assessment seems a plausible method for reducing adverse postoperative outcomes. The objectives of this systematic review and narrative synthesis are to describe how pre-operative comprehensive geriatric assessment has been used in surgical patients and to examine the impact of comprehensive geriatric assessment on postoperative outcomes in older patients undergoing scheduled surgery. We searched MEDLINE, EMBASE and Web of Science from 1980 to 2013 (week 26). We included five studies: two randomised controlled trials and three before-and-after intervention quasi-experimental studies. Patient populations, interventions and outcome measures varied between studies. Both the randomised trials showed benefit on postoperative outcomes, including medical complications. Two of the before-and-after studies reported a positive impact on postoperative length of stay and other outcomes. The heterogeneity of study methods, populations, interventions and outcomes precluded meta-analysis. Based on this narrative synthesis, pre-operative comprehensive geriatric assessment is likely to have a positive impact on postoperative outcomes in older patients undergoing elective surgery, but further definitive research is required. Clinical services providing pre-operative comprehensive geriatric assessment for older surgical patients should be considered.

Keywords: Approach, Assessment, Cancer, Care, Clinical, Community, Complications, Elective, Embase, Geriatric Assessment, Heterogeneity, Hip, Impact, Intervention, Interventions, Length, Length of Stay, Measures, Medical, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Older People, Outcome, Outcome Measures, Outcomes, Patients, People, Physical, Populations, Postoperative, Preoperative, Randomised, Randomised Controlled Trials, Research, Review, Science, Service, Services, Si, Surgery, Surgical Outcomes, Synthesis, Systematic Review, Trial, Web of Science

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Full Text: [2014\Anesthesia69, 1251.pdf](2014/Anesthesia69,%201251.pdf)

Abstract: Sugammadex is a drug used to reverse neuromuscular blockade induced by rocuronium or vecuronium. It has not yet been approved by the Food and Drug Administration in the USA due to concerns regarding hypersensitivity. The objective of this review was to identify similarities in the presentation of hypersensitivity reactions to sugammadex. A comprehensive search was performed in PubMed, Scopus and Web of Science for cases reporting hypersensitivity reactions to sugammadex. In addition, we contacted regulatory agencies and the company marketing the drug for unpublished reports. Reports were included if they were in English, primary investigations, lacked an alternative probable explanation for the reaction and included a comprehensive description of the hypersensitivity. We identified 15 cases of hypersensitivity following sugammadex administration. All cases that reported exact timing (14/15) occurred in 4min or less. Most of the patients (11/15; 73%) met World Anaphylaxis Organization criteria for anaphylaxis. Awareness must be raised for the possibility of drug-induced hypersensitivity during the critical 5-min period immediately following sugammadex administration.

Keywords: Administration, Alternative, Anaphylaxis, Criteria, Drug, English, Explanation, Food, Hypersensitivity, Induced, Investigations, Marketing, Nov, Patients, Presentation, Primary, Pubmed, Regulatory Agencies, Reporting, Review, Safety, Science, Scopus, Systematic, Systematic Review, Timing, USA, Web Of Science

# Title: Anaesthesia and Intensive Care

Full Journal Title: Anaesthesia and Intensive Care

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0310-057X

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Teoh, D.C.A. and Schramm, B. (2006), Changes in clinical research in anaesthesia and intensive care from 1974-2004. *Anaesthesia and Intensive Care*, **34** (6), 753-757.

Full Text: [2006\Ana Int Car34, 753.pdf](2006/Ana%20Int%20Car34,%20753.pdf)

Abstract: the purpose was to identify how the quality of anaesthesia research has improved from articles published in Anaesthesia and Intensive Care over 25 years. Original papers were included during the periods 1974-1978 and 2000-2004. Each article was classified according to principal research designs and the two five-year periods were compared. All interventional trials were evaluated according to the following a priori criteria: author number; ethics approval; informed consent; competing financial interest; eligibility criteria; sample size calculation; method of randomization; patients accounted for, blind assessment of outcome; adverse outcomes; statistical method stated; type I error; type II error; and anaesthetic department of origin. Comparisons of above criteria were made between the two groups rising chi-square test or Fischer’s exact test. Two-hundred-and-ninety-two articles were reviewed in 1974-1978 and 529 articles were reviewed in 2000-2004. Animal/laboratory articles decreased from 17.47% to 12.28% (P = 0.05). Review articles decreased from 34.35% to 10.4% (P < 0.0001). Descriptive trials increased from 28.4% to 52.72% (P < 0.0001). Interventional trials increased from 18.84% to 22.31% (P = 0.269). Uncontrolled clinical trials decreased from 27.27% to 12.71%, non-randomized controlled trials decreased from 50.91% to 7.63%, and randomized controlled trials increased from 21.82% to 79.66% (P < 0.0001). All interventional trials criteria improved and were statistically significant except competing financial interest, method of randomization, patients accounted for, and type II error: the quality of anaesthetic research has improved in Anaesthesia and Intensive Care over the past 30 years. However, there is still room for improvement.

Keywords: Adverse Outcomes, Anaesthesia, Assessment, Calculation, Care, Chi-Square, Clinical, Clinical Research, Clinical Trials, Consent, Criteria, Error, Ethics, Improvement, Informed Consent, Intensive Care, Origin, Outcome, Outcomes, P, Papers, Patients, Purpose, Quality, Quality of, Randomization, Randomized, Randomized Controlled Trials, Research, Sample Size, Size, Type II Error

? Li, Z., Qiu, L.X., Wu, F.X., Yang, L.Q., Sun, S. and Yu, W.F. (2011), Scientific publications in international anaesthesiology journals: A 10-year survey. *Anaesthesia and Intensive Care*, **39** (2), 268-273.

Full Text: [2011\Ana Int Car39, 268.pdf](2011/Ana%20Int%20Car39,%20268.pdf)

Abstract: Significant growth has been seen in the field of anaesthesiology in recent decades. The current geographic distribution of the publications on anaesthesia research may be different from ten years ago. We performed this literature survey to examine the national origin of articles published in international anaesthesiology journals and to evaluate their contribution to anaesthesia research. Articles published in 18 major anaesthesiology journals from 2000 to 2009 were identified from the PUBMED database and the Science Citation Index. A total of 30,191 articles were published in the selected 18 journals from 2000 to 2009. The country responsible for the largest number of articles was the United States of America (29.4%), followed by the United Kingdom, Germany, Japan, Canada, Australia and France. Denmark, Switzerland and Finland had the largest number of articles per capita. Anesthesia & Analgesia published the most number of articles from 2000 to 2009, followed by Anesthesiology, Pain and the British Journal of Anaesthesia. The numbers of clinical studies and randomised controlled trials decreased markedly from 2000 to 2009.

Keywords: Anaesthesia, Anaesthesiology, Articles, Australia, Bibliometric Analysis, Canada, Citation, Clinical, Clinical Studies, Country, Database, Denmark, Distribution, Field, Finland, France, Germany, Growth, International, Japan, Journal, Journals, Language, Literature, Mar, Origin, Pain, Publications, PUBMED, Randomised, Randomised Controlled Trials, Recent, Research, Science, Science Citation Index, Survey, Switzerland, United Kingdom, United States, Web of Science

# Title: Anaesthesist

Full Journal Title: [Anaesthesia](http://www.ingentaconnect.com/content/bsc/anae;jsessionid=5r5dr0q7o0q9g.victoria); [Anaesthesia](http://www.blackwell-synergy.com/servlet/useragent?func=showIssues&code=ana)

ISO Abbreviated Title: Anaesthesist

JCR Abbreviated Title: Anaesthesist

ISSN: 0003-2417

Issues/Year: 12

Journal Country/Territory: Germany

Language: English

Publisher: Springer Verlag

Publisher Address: 175 Fifth Ave, New York, NY 10010

Subject Categories:

Anesthesiology: Impact Factor

? Salomon, F. (1987), Responsible decisions: Guidelines for managing critical situations in intensive-care medicine. *Anaesthesist*, **36** (3), 97-101.

Full Text: 1987\Anaesthesist36, 97.pdf

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Full Text: 1997\Anaesthesist46, 1.pdf

Keywords: Impact, Impact Factor

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Full Text: [1998\Anaesthesist47, 439.pdf](1998/Anaesthesist47,%20439.pdf)

? Dick, W. (2000), Research - publications - Impact Factor - “industry-method” corruption. Thoughts on a German phenomenon. *Anaesthesist*, **49** (5), 371-372.

Full Text: [2000\Anaesthesist49, 371.pdf](2000/Anaesthesist49,%20371.pdf)

Keywords: Corruption, Publications

Notes: CCountry

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Full Text: [2005\Anaesthesist54, 1094.pdf](2005/Anaesthesist54,%201094.pdf)

Abstract: Back ground. In the last 20 years molecular biology has expanded the horizons of medical research including anaesthesia. Preoperative identification of genetic disorders relevant to anaesthesia or increased perioperative risk will be available in the near future using molecular biology techniques. There has been a global increase of such publications, but the contributions from Germany, Switzerland and Austria are unknown. Material and methods. An internet-based MEDLINE search was used to an a lyse specific features such as year of publication, journal and origin of molecular biology articles produced by German, Swiss and Austrian anaesthesia institutions from 1988 to 2002. Results. During the study period 121 articles from German institutions were published, 18 from Switzerland and 5 from Austria, corresponding to 10%, 1.5% and 0.4%, respectively, of global publications. In Germany the number of anaesthesia publications with a molecular biology content has continuously increased, but in Switzerland and Austria the numbers have remained constant. The majority of articles were published in high-impact non-anaesthesia journals. Discussion and conclusion. The results of this study show the quantitative development of molecular biology research that has been done in anaesthesia institutions in Germany, Switzerland and Austria from 1988 to 2002. A continuous increase of publications with a molecular biology con tent occurred only in Germany.

Keywords: Academic Anesthesia, Anaesthesia, Bibliometric Analysis, Cardiopulmonary Bypass, Information Science, Intensive-Care, Journal, Journals, Medicine, Molecular Biology, Platelet Pl(A2) Polymorphism, Publication, Publications, Research, Risk, University Departments

# Title: Anais da Academia Brasileira de Ciencias

Full Journal Title: [Anais da Academia Brasileira de Ciencias](http://www.scielo.br/scielo.php?script=sci_serial&pid=0001-3765&lng=en&nrm=iso)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0001-3765

Issues/Year:

Journal Country/Territory:

Language:

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Publisher Address:

Subject Categories:

: Impact Factor

? Packer, A.L. and Meneghini, R. (2006), Articles with authors affiliated to Brazilian institutions published from 1994 to 2003 with 100 or more citations: I - the weight of international collaboration and the role of the networks. *Anais da Academia Brasileira de Ciências*, **78** (4), 841-853.

Full Text: [2006\Ana Aca Bra Cie78, 841.pdf](2006/Ana%20Aca%20Bra%20Cie78,%20841.pdf)

Abstract: Articles with 100 citations or more in the scientific literature and with at least one author with Brazilian affiliation, were identified in the Thomson-ISI (Institute for Scientific Information) Web of Science bibliometric database, covering a 10-year period, from 1994 to 2003; 248 (0.23%) out of a total of 109,916 articles with Brazilian affiliation were identified. This study was primarily carried out to identify thematic nuclei of excellence in research that had major impact in the international literature (Meneghini and Packer 2006). The regional and institutional affiliation distributions of these articles follow approximately that of the total of Brazilian articles in the ISI database. However, some significant deviations are observed derived from the outstanding performance of a few groups responsible for the publication of the HC-ISI (Highly cited ISI) papers. The international collaboration and the network organization of work played a fundamental role in these results. It is evident that the role played by organizations in research networks as well as the international collaborations exerted strong influence, in the impact of these articles, although with distinct amplitude in the different fields.

Keywords: Authorship, Bibliometric, Bibliometry, Citations, Collaboration, DEC, Distributions, Editing, Statistics and Numerical Data, Groups, Impact, Impact Factor, Information Service, Institute for Scientific Information, Institutions, International Collaboration, ISI, Journals, Rules, Networks, Organizations, Performance, Publication, Regional, Research, Role, Science, Scientific Collaboration, Scientific Network, Scientometrics, Storage and Retrieval Information, Web of Science

? Meneghini, R. and Packer, A.L. (2006), Articles with authors affiliated to Brazilian institutions published from 1994 to 2003 with 100 or more citations: II - Identification of thematic nuclei of excellence in Brazilian science. *Anais da Academia Brasileira de Ciências*, **78** (4), 855-883.

Full Text: [2006\Ana Aca Bra Cie78, 855.pdf](2006/Ana%20Aca%20Bra%20Cie78,%20855.pdf)

Abstract: Articles with 100 citations or more in the scientific literature and with at least one author with Brazilian affiliation, were identified in the Thomson-ISI (Institute for Scientific Information) Web of Science bibliometric database covering a 10-year period, from 1994 to 2003 (see Packer and Meneghini 2006); 248 (0.23%) out of a total of 109,916 articles with Brazilian affiliation were identified. This study was primarily carried out to identify thematic nuclei of excellence in research that had major impact in the international literature. Twelve of these nuclei in the fields of Biomedicine, Medicine, Biology, Physic, Chemistry and Astronomy were considered outstanding and their genesis and development were described. The weight of factors such as international collaboration and network organization are distinct in these areas and the reasons for that are discussed.

Keywords: Bibliometric, Bibliometrics, Brazil, Citations, Collaboration, DEC, Development, Impact, Impact Factor, Indicators, Information Services, Information Storage and Retrieval, Institute for Scientific Information, Institutions, International Collaboration, Journal Quality, Research, Science, Scientific Institutions, Scientific Policy, Scientometrics, Web of Science

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Full Text: [2008\Ana Aca Bra Cie80, 771.pdf](2008/Ana%20Aca%20Bra%20Cie80,%20771.pdf)

Abstract: Bibliometric parameters have been used in order to evaluate a scientist’s performance. The h-Index has been gradually accepted as the most adequate parameter for this purpose. To have an idea of this index among Brazilian scientists, we performed an analysis of this parameter for the full members of the Brazilian Academy of Sciences (BAS). The h-Index of 402 members listed in 10 distinct categories by the BAS was determined, cross-checked with the curriculum vitae of each of them listed at the Plataforma Lattes database (CVL) and compared with each other. Despite the large production, mostly in journals without impact factor, the h-Indexes among the BAS members are comparatively low and show a large variation in all of the 10 categories, particularly in Biomedical and Physical sciences. The highest average of h-Index values was found in Biomedical, Health and Chemical sciences; the lowest values were found in Human sciences where this index is meaningless. Several problems due to the trend that new and “fresh” publications need be constantly produced (the “bakery-effect”) are discussed. This study points to the need of developing countries such as Brazil to invest in national scientific journals in order to make them gradually part of the mainstream journals. This would have a positive effect on bibliometric parameters of Brazilian researchers, including the h-Index.

Keywords: Analysis, Articles, Bibliometric, Bibliometric Indexes, Brazil, Brazilian, Brazilian Academy of Sciences, Citations, Comments, Curriculum, Database, Developing, Developing Countries, h Index, h-Index, Impact, Impact Factor, Index, Journals, National, Performance, Production, Publications, Purpose, Sciences, Scientific Journals, Scientists, Scientometrics, Trend, Values

? Meneghini, R. and Gamba, E.C. (2011), Assessment of the scientific-technological production in molecular biology in Brazil (1996-2007): the contribution of genomics programs. *Anais da Academia Brasileira de Ciencias*, **83** (2), 745-760.

Full Text: [2011\Ana Aca Bra Cie83, 745.pdf](2011/Ana%20Aca%20Bra%20Cie83,%20745.pdf)

Abstract: Several genome sequencing programs were launched in Brazil by the end of the nineties and the early 2000s. The most important initiatives were supported by the ONSA program (http://watson.fapesp.br/onsa/Genoma3.htm) and aimed at gaining domain in genomic technology and bringing molecular biology to the state of art. Two main sets of data were collected in the 1996-2007 period to evaluate the results of these genome programs: the scientific production (Scopus and Web of Science databases) and the register of patents (US Patent and Trademark Office), both related to the progress of molecular biology along this period. In regard to the former, Brazil took a great leap in comparison to 17 other developed and developing countries, being only surpassed by China. As to the register of patents in the area of molecular biology, Brazil’s performance lags far behind most of the countries focused in the present study, confirming the Brazilian long-standing tendency of poor achievements in technological innovations when compared with scientific production. Possible solutions to surpass this inequality are discussed.

Keywords: Biology, Brazil, China, Databases, Developing Countries, Genomics, Molecular Biology, Multidisciplinary, Science Assessment, Scientometrics, Scopus, Sequence, US, Web of Science

? Barbosa, F.G. (2014), The scientific literature on *Limnoperna fortunei* (Dunker 1857) from 1982 to 2012. *Anais da Academia Brasileira de Ciências*, **86** (3), 1373-1383.

Full Text: [2014\Ana Aca Bra Cie86, 1373.pdf](2014/Ana%20Aca%20Bra%20Cie86,%201373.pdf)

Abstract: Limnoperna fortunei (golden mussel) is a freshwater bivalve native to Southeast Asia, but is becoming an invasive species in several aquatic ecosystems in the world. In this study, a scientometric analysis was performed to identify the patterns, trends and gaps of knowledge for this invasive species. A survey of the published literature was conducted using the database of the Thomson Institute for Scientific Information (ISI). A total of 107 papers were surveyed that were published between 1982 and 2012 in 60 journals. The number of papers on L. fortunei over the years has increased, especially within the last eight years of the study period. Argentina, Brazil, and Japan are the countries that contributed the most papers to the literature on invasive bivalve. The majority of papers were field-observational studies. Among some important gaps that need to be addressed are the relatively small number and/or lack of studies conducted in the native countries and in countries invaded by L. fortunei, the lack of internationally collaborative publications in these countries, as well as a low number of internationally collaborative studies.

Keywords: Analysis, Aquatic, Aquatic Ecosystems, Argentina, Asia, Biological Invasions, Bivalvia, Brazil, Database, De-La-Plata, Ecosystems, Freshwater, From, Golden Mussel, Golden Mussel, Information, Institute For Scientific Information, Invasion Ecology, Invasive, ISI, Japan, Journals, Knowledge, Literature, Mytilidae, Nuisance Mussel, Papers, Paraguay River, Potential Spread, Publications, Scientific Literature, Scientific Production, Scientometric, Scientometric Analysis, Small, South-America, Southeast Asia, Species, Survey, Trends, World

? Campos, F.S., Brito, D. and Sole, M. (2014), Diversity patterns, research trends and mismatches of the investigative efforts to amphibian conservation in Brazil. *Anais da Academia Brasileira de Ciencias*, **86** (4), 1873-1886.

Full Text: [2014\Ana Aca Bra Cie86, 1873.pdf](2014/Ana%20Aca%20Bra%20Cie86,%201873.pdf)

Abstract: The number of papers on biology of amphibians has increased in the recent years. A detailed overview of the publications on amphibians can be very useful in assessing the status of our knowledge about this taxonomic group. Due to the large number of articles published, we aimed to assess the scientific contribution of herpetological researches carried out between the years 2001 and 2010 on Brazilian amphibians, considering the diversity patterns, the threats and the research topics that have been published most often. We applied scientometric attention indexes in the reviewed studies from seven scientific databases. To examine the relationship between the numbers of species recorded locally and regionally at different spatial scales, we used an additive partitioning of diversity in three hierarchical levels (i.e., states, geographic regions and biomes). We evaluated 892 articles and 914 species, which showed that 65 % of the total diversity of Brazilian amphibian species was represented by the beta diversity among the biomes. We identified many differences in the allocation of research efforts for taxonomic groups, threats categories, geographic regions, and research topics, highlighting the main research trends conducted and the priority themes for investigation of further papers on Brazilian amphibians.

Keywords: Additive Diversity Partitioning, Allocation, American Bullfrog, Amphibians, Anurans, Articles, Assessing, Attention, Attention Index, Biology, Brazil, Conservation, Contribution, Databases, Diversity, Extinctions, Frogs, From, Groups, Investigation, Knowledge, Lithobates-Catesbeianus, Overview, Papers, Partitioning, Population Declines, Priorities, Publications, Recent, Research, Research Trends, Scales, Scientometric, Scientometry, Species, Temporal Trend, Trends

# Title: Anales Españoles de Pediatria

Full Journal Title: [Anales Espanoles de Pediatria](http://dialnet.unirioja.es/servlet/revista?codigo=2479)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Vila, A.G. (1978), Pediatric bibliometrics. 1. Descriptive statistics on pediatric books and pamphlets. *Anales Españoles de Pediatria*, **11** (4), 295-300.

? Vila, A.G. (1978), Pediatric bibliometrics. 2. Descriptive statistics on pediatric periodicals and papers. *Anales Españoles de Pediatria*, **11** (4), 301-318.

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# Title: Anales de Farmacia Hospitalaria

Full Journal Title: Anales de Farmacia Hospitalaria

ISO Abbreviated Title:

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ISSN: 1130-6343

Issues/Year:

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? Santos Ramos, B., Artacho Criado, S., Clopes Estela, A., Guerrero Aznar, M.D., Ferriols Lisart, R., Martinez Bengoechea, M.J., Ordovas Baines, J.P. and Otero Lopez, M.J. (2007), The international situation and the *Farmacia Hospitalaria* journal. *Anales de Farmacia Hospitalaria*, **31** (3), 137-140.

Keywords: International

# Title: Anales Otorrinolaringologicos Ibero-Americanos

Full Journal Title: Anales Otorrinolaringologicos Ibero-Americanos

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Pisonero Ruiz, M.P. (1988), Statistic and sociometric analysis of the articles of the otologic review issued from XVI century till 1932. *Anales Otorrinolaringologicos Ibero-Americanos*, **15** (3), 307-342.

Notes: MModel

? Pisonero, R.P. (1988), Part three development of the otologic literature Price’s law. *Anales Otorrinolaringologicos Ibero-Americanos*, **15** (4), 409-428.

Abstract: the author discusses the results of an analytic and sociometric study of all the books and review articles on Otology, from the XVIth century up to 1932, taking as sample all books and papers indexed in the ‘Index-Catalogue of the Library of the Surgeon-General’s Office’ in its first three series. By creating a catalogue of 15,605 publications using descriptive statistics and bibliometrical analysis, the author verified results satisfying the following laws: Lotka’s Law relating to the author’s productivity; Bradford’s Law which measures distribution of the publications and finally; Price’s Law which registers the increase of scientific literature.

# Title: Anales de Psicologia

Full Journal Title: Anales de Psicologia

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Olivas-Avila, J.A., Musi-Lechuga, B., Guillen-Riquelme, A. and Castro, Á. (2012), Psychology professors research production differences in theses and articles in Spain by gender. *Anales de Psicologia*, **28** (2), 597-603.

Full Text: [2012\Ana Psi28, 597.pdf](2012/Ana%20Psi28,%20597.pdf)

Abstract: the aim of this work is to analyze whether differences exist in the scientific research of the most productive professors in Spanish psychology based on their gender. For this purpose, we analyzed the production of a sample of the 610 most productive professors in the different areas of psychology in articles published in journals of the Journal Citation Reports, by citations of these articles and in doctoral dissertations directed. The results show that the production of males higher than is for women in the indicators analyzed, with variable differences based on psychology areas. The discussion examines the causes of these differences, focusing in the later entry of women to the Spanish university.

Keywords: Anales-De-Psicologia, Articles, Bibliometric Analysis, Citation, Citations, Doctoral Programs, Gender, Indicators, Journal, Journal Articles, Journal Citation Reports, Journals, Performance, Professors, Psychology, Purpose, Quality Mention, Research, Science, Scientific Production, Scientific Research, Sex, Sex-Differences, Spain, Spanish Public Universities, Spanish University, University, Web, Women, Work

? Aroca-Montolío, C., Lorenzo-Moledo, M. and Miró-Pérez, C. (2014), Violence against parents: Key factors analysis. *Anales de Psicologia*, **30** (1), 157-170.

Full Text: [2014\Ana Psi30, 157.pdf](2014/Ana%20Psi30,%20157.pdf)

Abstract: The Prosecutor’s Office of Spain, in the 2009 October report, emphasized that the violence of sons and daughters against parents was the most disturbing crime among those committed by underage adolescents because of an increase in prevalence and incidence. For this reason; it is important to understand some characteristics of the families who suffer it and the children who ill-treat. To achieve these objectives, we have carried out a bibliometric review of qualitative analyses, on the basis of documents and books from 1957 until 2011, mainly from countries such as Australia, Japan, Canada, New Zealand, France, USA or Spain, from which we intend to understand: (a) what the violence against parents is, (b) the cycle of this kind of violence, (c) characteristics of the families who suffer this violence, and (d) the characteristics of the children who ill-treat. In the same way, with the information that emerges from this review of research, we can know the state of the question in order to define guidelines focused on the design of new research of violence of children under age.

Keywords: Abuse, Adolescent Violence, Adolescents, Age, Analyses, Analysis, Australia, Battered Parents, Bibliometric, Canada, Characteristics, Child, Children, Crime, Design, Families, Family Violence, France, Guidelines, Incidence, Information, Japan, Marital Violence, Mothers, New Zealand, Parents, Physical Aggression, Prevalence, Psychological-Emotional Violence, Qualitative, Research, Review, Spain, State, Strategies, Teenage Violence, Types of Child-Parents Violence, USA, Violence, Violence Against Parents, Violence Cycle

? Jeanneret, G., Ona, A., Rego, P., Vaiman, M. and Pereno, G. (2015), A bibliometric study of the scientific publications that use facial emotion recognition tests. *Anales de Psicologia*, **31** (1), 324-337.

Full Text: 2015\Ana Psi31, 324.pdf

Abstract: This work is in line with the evolutionary theory, which supports the existence of basic and universal emotions, stress the study of his facial expression and his recognition. Though the development of FAGS in 1978 for Ekman motivated the creation of facial emotion recognition test, there is not in Argentine test that measure the above mentioned ability. The aim of this study was carry out a bibliometric study of the scientific publications that use facial emotion recognition tests published between 1976 and August, 2011. This process of systematizing offers visibility on the current condition of the science in relation to the above mentioned tests, constituting the first step for the development of a local test. In effect, there were analyzed the productivity, scientific collaboration, h-index and matter analysis indicators. These demonstrated a systematic growth increasingly in researches in facial emotions recognition. These studies use photographs as the POFA and the JACFEE in adult population of both male and female sexes, becomes more relevant the study of pathologies, mainly the schizophrenia. These results, in turn, will be able to be in use as base for successive research projects that contribute to the progress of the science.

Keywords: Adult, Analysis, Autism, Basic, Bibliometric, Bibliometric Study, Children, Collaboration, Development, Disorders, Ekman, Emotion, Evolutionary Theory, Expression, Expressions, Facial Emotions Recognition Test, Female, First, Growth, H Index, H-Index, Indicators, Local, Male, Measure, Perspectives, Population, Productivity, Progress, Psychology, Publications, Research, Schizophrenia, Science, Scientific Collaboration, Scientific Publications, Stress, System, Systematic, Theory, Visibility, Work

# Title: Anales del Sistema Sanitario de Navarra

Full Journal Title: [Anales del Sistema Sanitario de Navarra](http://scielo.isciii.es/scielo.php?script=sci_serial&pid=1137-6627&lng=en&nrm=iso)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Miro, O. and Burbano, P. (2013), The impact factor, the h index and other bibliometric indicators. *Anales del Sistema Sanitario de Navarra*, **36** (3), 371-377.

Full Text: 2013\Ana Sis San Nav36, 371.pdf

Keywords: Bibliometric, Bibliometric Indicators, Care, Emergency-Medicine, h Index, H-Index, Impact, Impact Factor, Index, Indicators, Misuse, Physicians, Productivity, Research Output

# Title: Analusis

Full Journal Title: [Analusis](http://sdos.ejournal.ascc.net/cgi-bin/sciserv.pl?collection=journals&journal=03654877)

ISO Abbreviated Title: Analusis

JCR Abbreviated Title: Analusis

ISSN: 0365-4877

Issues/Year: 10

Journal Country/Territory: France

Language: Multi-Language

Publisher: E D P Sciences

Publisher Address: 7, Ave DU Hoggar, Parc D Activites Courtaboeuf, BP 112, F-91944 Les Ulis Cedexa, France

Subject Categories:

Chemistry, Analytical: Impact Factor 0.520, / (2001)

? Quoniam, L., Dou, H., Hassanaly, P. and Mille, G. (1991), Bibliometrics and chemistry - an example on fatty-acids and phospholipides. *Analusis*, **19** (1), I48-I52.

Notes: TTopic

Kister, J., Pieri, N., Quoniam, L. and Dou, H. (1995), Bibliometric tools applied to analytical chemistry. Example of UV fluorescence spectroscopy. *Analusis*, **23** (10), 518-522.

Full Text: [1995\Analusis23, 518.pdf](1995/Analusis23,%20518.pdf)

Abstract: Scientific information (SI) is becoming a real strategic tool for research management. Bibliographical data analysis can be used to locate the research network of a subject, a used methodology or a scientific approach in national, European or international scientific fields. SI appears to be one of the deciding factors, including parameters such as the initial investment, the cost of use and the specification. in the scope of the choice or the development of analytical techniques in chemistry. Scientific information is used to determine the interest or the relevance of a technique in laboratory topics or in the relevant research institution areas (university, CNRS, itc.) A bibliographical database allows to identify local, national or international teams which develop the same scientific approach in the same subject or in a similar field of work. Analytical techniques can also be compared to the other methods in terms of relevance, competition or as complementary tools. The information provided about the chosen technique allows us to be situated in the innovative or the routine field. Therefore, UV fluorescence appears to be an analytical technique well suited to the study of polyaromatic hydrocarbons in all environmental media. As a matter of fact, simplified signals can be obtained from one of the UV fluorescence techniques, known as the synchronous UV fluorescence.

Keywords: Bibliometrics, Information Science, UV Fluorescence, Coal, Constituents, Oxidation

Baretta, A., Loigerot, J., Dos Santos, R. and Dou, H. (1996), Economic intelligence and bibliometric treatments in chemistry: Alkylpolyglucosides. *Analusis*, **24** (9-10), M42-M46.

Full Text: [1996\Analusis24, M42.pdf](1996/Analusis24,%20M42.pdf)

# Title: Analytica Chimica Acta

Full Journal Title: [Analytica Chimica Acta](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=5216&_auth=y&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=46ce481bf3a6d69e9ef8c986b0c147ea); [Analytica Chimica Acta](http://sciencejournals.info/Analytica_Chimica_Acta.html)

ISO Abbreviated Title: Anal. Chim. Acta

JCR Abbreviated Title: Anal Chim Acta

ISSN: 0003-2670

Issues/Year: 52

Journal Country/Territory: Netherlands

Language: English

Publisher: Elsevier Science BV

Publisher Address: PO Box 211, 1000 AE Amsterdam, Netherlands

Subject Categories:

Chemistry, Analytical: Impact Factor

Thomaidis, N.S., Georgiou, C.A. and Calokerinos, A.C. (2004), Analytical chemistry in Balkan and East Mediterranean countries during 1994–2001. *Analytica Chimica Acta*, **505** (1), 3-8.

Full Text: [2004\Ana Chi Act505, 3.pdf](2004/Ana%20Chi%20Act505,%203.pdf)

Abstract: Research activity in the Balkan and East Mediterranean countries was evaluated on the basis of publications appearing in Analytical Abstracts (AA) during the cumulative 8-year period of 1994–2001. This was accomplished by assessing the scientific publication productivity in analytical chemistry as the number of publications from each country and the number of publications per population unit. To assess the impact in the scientific community, the mean impact factor for each country was calculated. The publication productivity trend was recorded for the 7-year period 1994–2000. Moreover, the preference to publish in specific journals per country was appraised. According to the total number of publications, Egypt (765 publications) and Greece (717 publications) are the most productive countries, while Slovenia shows the highest number of publications per million of population (140). Scientists from Israel published their work in the highest impact analytical journals with a mean impact factor of 2.02, followed by Slovenia (mean impact factor of 1.67) and Greece (mean impact factor of 1.53). Studies of scientists from different countries do not show any obvious preference to a single specific journal. It is interesting to note that preference for journals reveals the research interests of scientists from each country for sub-fields of analytical chemistry.

Keywords: Assessing, Chemistry, Community, Country, Cumulative, Egypt, Greece, Impact, Impact Factor, Israel, Journal, Journals, Mediterranean, Population, Preference, Productivity, Publication, Publications, Research, Rights, Slovenia, Trend, Work

# Title: Analytical and Bioanalytical Chemistry

Full Journal Title: [Analytical and Bioanalytical Chemistry](http://www.environmental-center.com/magazine/springer/00216/); [Analytical and Bioanalytical Chemistry](http://www.springeronline.com/sgw/cda/frontpage/0,11855,5-175-70-1023710-0,00.html)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1618-2642

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Fetzer, J. (2004), Writing an eye-catching, high-impact paper. *Analytical and Bioanalytical Chemistry*, **378** (1), 9-10.

Full Text: [2004\Ana Bio Che378, 9.pdf](2004/Ana%20Bio%20Che378,%209.pdf)

? Robinson, I., Junqua, G., Van Coillie, R. and Thomas, O. (2007), Trends in the detection of pharmaceutical products, and their impact and mitigation in water and wastewater in North America. *Analytical and Bioanalytical Chemistry*, **387** (4), 1143-1151.

Full Text: [2007\Ana Bio Che387, 1143.pdf](2007/Ana%20Bio%20Che387,%201143.pdf)

Keywords: Personal Care Products, Tandem Mass-Spectrometry, Solid-Phase Extraction, US Surface Waters, Liquid-Chromatography, Estrogenic Chemicals, River Water, In-Vitro, Environment, Diclofenac

Notes: UUniversity

? Annibaldi, A., Truzzi, C., Illuminati, S. and Scarponi, G. (2010), Scientometric analysis of national university research performance in analytical chemistry on the basis of academic publications: Italy as case study. *Analytical and Bioanalytical Chemistry*, **398** (1), 17-26.

Full Text: [2010\Ana Bio Che398, 17.pdf](2010/Ana%20Bio%20Che398,%2017.pdf)

Keywords: Analysis, Bibliometric Indicators, Case Study, Chemistry, Citation, Countries, Evolution, Hirsch-Index, Italy, Journals, Normalized Impact Factor, Performance, Productivity, Publications, Research, Research Performance, Scientific-Research Output, Scientometric, Subject Categories, University

Notes: UUniversity

? Annibaldi, A., Truzzi, C., Illuminati, S. and Scarponi, G. (2010), Scientometric analysis of national university research performance in analytical chemistry on the basis of academic publications: Italy as case study (vol 398, pg 17, 2010). *Analytical and Bioanalytical Chemistry*, **398** (7-8), 3227.

Full Text: [2010\Ana Bio Che398, 3227.pdf](2010/Ana%20Bio%20Che398,%203227.pdf)

Keywords: Analysis, Italy, Performance, Publications, Research, Research Performance

# Title: Analytical Chemistry

Full Journal Title: [Analytical Chemistry](http://pubs3.acs.org/acs/journals/TOC.page?incoden=ancham&indecade=&involume=0&inissue=0); [Analytical Chemistry](http://pubs3.acs.org/acs/journals/toc.page?incoden=ancham)

ISO Abbreviated Title: Anal. Chem.

JCR Abbreviated Title: Anal Chem

ISSN: 0003-2700

Issues/Year: 24

Journal Country/Territory: United States

Language: English

Publisher: Amer Chemical Soc

Publisher Address: 1155 16th St, NW, Washington, DC 20036

Subject Categories:

Chemistry, Analytical: Impact Factor 4.587, 2/65 (2000)

? Edmonds, D. and Harris, W.E. (1977), Citation error and one scientist. *Analytical Chemistry*, **49** (14), A208.

Full Text: [1960-80\Ana Che49, A208.pdf](1960-80/Ana%20Che49,%20A208.pdf)

? Riordon, J., Zubritsky, E. and Newman, A. (2000), Top 10 articles - Analytical chemistry looks at 10 seminal papers. *Analytical Chemistry*, **72** (9), 324A-329A.

Full Text: [2000\Ana Che72, 324A.pdf](2000/Ana%20Che72,%20324A.pdf)

Keywords: Articles, Chemistry

? Kostoff, R.N. and de Marco, R.A. (2001), Extracting information from the literature by text mining. *Analytical Chemistry*, **73** (13), 370A-378A.

Full Text: [2001\Ana Che73, 370A.pdf](2001/Ana%20Che73,%20370A.pdf)

Keywords: Database Tomography, Fish-Oil, Science, Bibliometrics, Management, Discovery, Raynauds

? Braun, T., Schubert, A. and Schubert, G. (2001), The most cited books in analytical chemistry. *Analytical Chemistry*, **73** (23), 667A-669A.

Full Text: [2001\Ana Che73, 667A.pdf](2001/Ana%20Che73,%20667A.pdf)

Notes: JJournal

Braun, T., Schubert, A. and Schubert, G. (2002), Mapping the world of analytical chemistry. *Analytical Chemistry*, **74** (17), 477A-479A.

Full Text: [2002\Ana Che74, 477A.pdf](2002/Ana%20Che74,%20477A.pdf)

# Title: Analytical Letters

Full Journal Title: [Analytical Letters](http://weblinks2.epnet.com/authHjafDetail.asp?tb=1&_ua=bo+B%5F+db+aphjnh+bt+TD++%22I3D%22+8B5A&_ug=sid+261C2A2F%2DA9D9%2D4324%2D920A%2D66A2C0906496%40sessionmgr2+dbs+aph+0F44&_us=hd+False+sm+ES+1C03&_uso=st%5B0+%2DTD++%22I3D%22+tg%5B0+%2D+db%5B0+%2Daph+op%25)

ISO Abbreviated Title: Anal. Lett.

JCR Abbreviated Title: Anal Lett

ISSN: 0003-2719

Issues/Year: 15

Journal Country/Territory: United States

Language: Multi-Language

Publisher: Marcel Dekker Inc

Publisher Address: 270 Madison Ave, New York, NY 10016

Subject Categories:

Chemistry, Analytical: Impact Factor 0.968,/(2000)

? Cano Paón, J.M., Garcí De Torres, A. and Vereda Alonso, E. (2001), Analytical chemistry in Spain in recent years and at present. *Analytical Letters*, **34** (2), 177-183.

Full Text: [2001\Ana Let34, 177.pdf](2001/Ana%20Let34,%20177.pdf)

Abstract: This paper analyses in depth the situation of Spanish analytical chemistry in recent years (particularly the 1990–1999 period). The analysis is preceded by an overview of Spanish scientific research in the period studied, which is followed by a bibliometric study and a review of the work of the most prominent current analytical research groups.

# Title: Analytical Proceedings

Full Journal Title: [Analytical Proceedings](http://www.rsc.org/Publishing/Journals/AP/article.asp); [Analytical Proceedings](http://www.rsc.org/Publishing/Journals/AI/Index.asp)

ISO Abbreviated Title: Anal. Proc.

JCR Abbreviated Title: Anal Proc

ISSN: 0144-557X

Issues/Year:

Journal Country/Territory:

Language:

Publisher: Royal Soc Chemistry

Publisher Address:

Subject Categories:

: Impact Factor

Schubert, A. and Maczelka, H. (1994), All quiet on the eastern front? Analysis of the publication, reference and citation patterns of *Zhurnal Analiticheskoy Khimii*, 1990-91 versus 1980-81. *Analytical Proceedings*, **31** (4), 141-144.

Full Text: [1994\Ana Pro31, 141.pdf](1994/Ana%20Pro31,%20141.pdf)

Abstract: Reflections of the dramatic political, social, and economic changes of the eighties in the former USSR were sought for in the publication, reference, and citation patterns of one of the leading scientific journals of the country, Zhurnal Analiticheskoy Khimii. It was found that, although no spectacular changes in the main scientometric indicators and the underlying publication, reference, and citation patterns could be observed, the journal had definitely lost impact due to an inevitable ‘dilution’ of publications. This effect seems to be the consequence of the ‘opening’ of the scientific community to foreign journals and the apparent lack of a sufficient strategy for Zh. Anal. Khim. to match its competitors successfully.

# Title: Analytical and Quantitative Cytology and Histology

Full Journal Title: Analytical and Quantitative Cytology and Histology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0884-6812

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Montironi, R. and Mazzucchelli, R. (2007), Analytical and quantitative cytology and histology - Reflection on the past 2 years. *Analytical and Quantitative Cytology and Histology*, **29** (3), 123-127.

Keywords: Cytology, Histology

# Title: Anasthesiologie Intensivmedizin Notfallmedizin Schmerztherapie

Full Journal Title: Anasthesiologie Intensivmedizin Notfallmedizin Schmerztherapie

ISO Abbreviated Title: Anasthesiol. Intensivmed. Notfmed. Schmerzther.

JCR Abbreviated Title: Anasth Intensiv Notf

ISSN: 0939-2661

Issues/Year: 6

Journal Country/Territory: Germany

Language: Multi-Language

Publisher: Georg Thieme Verlag KG

Publisher Address: Rudigerstr 14, D-70469 Stuttgart, Germany

Subject Categories:

Anesthesiology: Impact Factor 0.408/(2002)

Critical Care Medicine: Impact Factor 0.408/(2002)

Notes: TTopic, CCountry

Kolbitsch, Ch., Balogh, D., Hauffe, H., Lockinger, A. and Benzer, A. (1999), National publication output in medical research. *Anasthesiologie Intensivmedizin Notfallmedizin Schmerztherapie*, **34** (4), 214-217.

Abstract: Objective: Both the total number of publications and the number of publications in high-ranking journals determine a country’s reputation in scientific research. A predominance of national authors in a country’s international high-ranking journals has occasionally been presumed. We therefore analysed the publication output of various countries and the proportion of national authors in international high-ranking journals. Methods: the database EMBASE(R) (Excerpta Medical by means of the online service Dialog(R) was used to analyse the national publication output of various countries during the years 1986 to 1990 and 1991 to 1995 and the proportion of national authors in the Lancet and the New England journal of Medicine (NEJM.). Results: American and British publications played the leading roles in the total number of medical publications from 1986 to 1990 (35.6 % and 8.8 %, respectively) and also from 1991 to 1995 (34.3 % and 9.1 %, respectively). A more detailed analysis revealed an unexpectedly high national publication output (publications per million inhabitants) of smaller countries, which exceeded that of larger nations during both periods studied (national publication output 1986-90 vs. 1991-95: Israel: (3386 vs. 3447), Sweden: (3303 vs. 3620), Switzerland: (2930 vs. 3722), Denmark: (2884 vs. 3167), UK: (2186 vs. 2825), USA: (2042 vs. 2388)). Furthermore, the proportion of national authors during both periods (1986-90 vs. 1991-95) studied was 41.8% vs. 34.1 % in the case of the Lancet and 77.9 % vs. 69.5 % in the case of the New England journal of Medicine. Conclusions: the present study found an unexpectedly high national publication output of smaller countries as well as a clearly disproportionate number of published articles from national authors in the Lancet and the NEJM during the years 1986 to 1990 and 1991 to 1995.

Keywords: Publication Frequency, Publication Output, National Publication Bias, Bias

# Title: Anesthesia and Analgesia

Full Journal Title: [Anesthesia and Analgesia](http://www.anesthesia-analgesia.org/); [Anesthesia and Analgesia](http://ovidsp.uk.ovid.com/spa/ovidweb.cgi)

ISO Abbreviated Title: Anesth. Analg.

JCR Abbreviated Title:

ISSN: 0003-2999

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Roland, C.G. (1976), Thoughts about medical writing. XXXVII. Verify your references. *Anesthesia and Analgesia*, **55** (5), 717-718.

Full Text: [1960-80\Ane Ana55, 717.pdf](1960-80/Ane%20Ana55,%20717.pdf)

? Nishina, K., Asano, M., Mikawa, K., Maekawa, N. and Obara, H. (1995), Accuracy of references in *Anesthesia and Analgesia* does not improve. *Anesthesia and Analgesia*, **80** (3), 641-642.

Full Text: [1995\Ane Ana80, 641.pdf](1995/Ane%20Ana80,%20641.pdf)

Keywords: Mar

Notes: TTopic

Asano, M., Mikawa, K., Nishina, K., Maekawa, N. and Obara, H. (1996), Research activity among Japanese anesthetists. *Anesthesia and Analgesia*, **82** (1), 220-221.

Full Text: [1996\Ane Ana82, 220.pdf](1996/Ane%20Ana82,%20220.pdf)

? Cross, D.A. (1996), When not to give a test dose: One more reason? *Anesthesia and Analgesia*, **82** (1), 221-222.

Full Text: [1996\Ane Ana82, 221.pdf](1996/Ane%20Ana82,%20221.pdf)

? Boldt, J., Maleck, W. and Koetter, K.P. (1999), Which countries publish in important anesthesia and critical care journals? *Anesthesia and Analgesia*, **88** (5), 1175-1180.

Full Text: [1999\Ane Ana88, 1175.pdf](1999/Ane%20Ana88,%201175.pdf)

Abstract: Using a MEDLINE-based analysis, we studied the national origin of articles published in important anesthesia, pain, critical care, and emergency medicine journals. All journals in English listed in the Science Citation Index (SCI) of Journal Citation Reports under the subheadings Anesthesiology (*n* = 17) and Emergency Medicine & Critical Care (*n* = 13) were analyzed with the help of MEDLINE. Issues from 1996 and 1997 were included and summarized. Letters, abstracts, editorials, meeting reports, and news were not included. MEDLINE printouts were studied, and we classified the country of origin of the first author. The following subsets were defined: Anesthesia, Regional Anesthesia and Pain, Clinical Monitoring and Computing, Intensive Care Medicine and Resuscitation, and Emergency Medicine and Trauma. A total of 10, 643 publications in 30 journals were published during 1996 and 1997. of the 30 journals, 17 originate in the United States (US) and 8 from United Kingdom (UK). In 14 of the 17 US journals, >50% of the publications came from the US. The US was the most active nation, with a total of 4, 283 articles (40.2% of all contributions), followed by the UK with 1, 418 articles (13.3%). When looking at the number of publications with regard to inhabitants or impact factor per million inhabitants, small highly industrialized nations (Finland 35.41 and Sweden 33.9 articles/million inhabitants) were significantly more active than large highly industrialized countries (US 16.2, Germany 6.1, Japan 4.5 articles/million inhabitants). It is presumed that indicators of productivity in medical research are the number of articles published and the cumulative impact factor. During 1996 and 1997, the US was the most active nation with regard to publications in important journals in the areas of anesthesia, pain, critical care, and emergency medicine. Small highly industrialized nations, however, had a higher activity rate than larger countries.

Implications: In a MEDLINE-based analysis, we examined the number of publications in important anesthesia, pain, critical care, and emergency medicine journals (*n* = 30) for the years 1996 and 1997 and analyzed these with regard to national origin. The United States was by far the most active nation in this medical area (4283 articles [40.2%]), followed by the United Kingdom (13.3%). With regard to publications per million inhabitants, small highly industrialized nations contributed overproportionally to publications in this area.

? Hernandez-Borges, A.A., Macias-Cervi, P., Gaspar-Guardado, M.A., de Arcaya, M.L.T.A., Ruiz-Rabaza, A. and Ormazabal-Ramos, C. (1999), Assessing the relative quality of anesthesiology and critical care medicine Internet mailing lists. *Anesthesia and Analgesia*, **89** (2), 520-525.

Full Text: [1999\Ane Ana89, 520.pdf](1999/Ane%20Ana89,%20520.pdf)

Abstract: We studied the relative quality of a subset of anesthesiology and critical care medicine Internet mailing lists regarding the publishing capacity of their members to compare them with the major journals and conferences regarding these specialties. Using systematic searches on MEDLINE and according to the Science Citation Index 1995, we investigated the impact factor of mailing list subscribers, of the first authors of the selected articles, and of the first authors of published abstracts from conferences. We studied six mailing lists, seven journals, and four conferences. Journals and conferences showed a higher percentage of published authors and higher average impact factor among their first authors than the mailing Lists did per subscriber. However, when only the subset of publishing authors from the three media was considered, no significant differences were found. We conclude that qualified authors may be found among the subscribers of Internet medical mailing Lists on anesthesiology and critical care medicine. These professional discussion groups could complement peer-reviewed publications and conferences in professional information exchange and continuing medical education. Implications: Internet publishing is not governed by rules that assure certain basic quality standards. Methods for assessing these standards are needed. We compared discussion groups with medical journals and conferences on anesthesiology and critical care medicine by calculating the impact factor of their members and first authors, respectively. Our study shows that qualified authors may be found in all three media.

Keywords: Clinical-Practice Issues, Newly Emerging Legal, Health Information, Journals, Impact, Communication, Pediatrics, Tool

Notes: TTopic

? Strassels, S.A., Carr, D.B., Meldrum, M. and Cousins, M.J. (1999), Toward a canoe of the pain and analgesia literature: A citation analysis. *Anesthesia and Analgesia*, **89** (6), 1528-1533.

Full Text: [1999\Ane Ana89, 1528.pdf](1999/Ane%20Ana89,%201528.pdf)

Abstract: the purpose of this study was to use citation analysis to identify major themes and contributors to the pain and analgesia Literature over the past two decades. A citation analysis was performed on a database of more than 110,000 articles in the biomedical literature from January 1981 through June 1997, and in the interval from January 1988 through June 1997. Articles and authors related to pain and analgesia research and practice were identified by searching approximately 7,700 journals. The 20 articles and 20 authors with the most citations were then checked by hand to ensure relevance to pain or analgesia. Most of the high-impact articles identified pertained to research on basic pain pathways. Nearly all the articles concerned opioids, nonsteroidal antiinflammatory drugs, and consequences of analgesic use. None of the highest-impact articles address assessment of clinical pain. Few women were first authors of any most frequently cited paper. Citation analysis is a useful tool in identifying important contributions to the biomedical literature. Recent and continuing research trends include the use of nonsteroidal antiinflammatory drugs, opioid mechanisms, and persistent pain disorders. Current trends expected to become stronger include description of pain from the patient’s perspective and mechanisms of the transit-ion from acute to chronic pain. Implications: We performed a citation analysis to identify important contributions and contributors to the biomedical literature. Recent pain and analgesia research has been focused on mechanisms of pain, but evidence suggests the importance of understanding the pain experience from the patient’s perspective and the transition from acute to chronic pain.

Keywords: Analgesia, Analgesic, Analysis, Assessment, Biomedical, Chronic, Chronic Pain, Citation, Citation Analysis, Citations, Clinical, Database, Drugs, Evidence, Experience, First, Interval, Journals, Literature, Mechanisms, Opioid, Opioids, Pain, Pathways, Practice, Purpose, Relevance, Research, Trends, Understanding, Women

? Wijeysundera, D.N. and Beattie, W.S. (2003), Calcium channel blockers for reducing cardiac morbidity after noncardiac surgery: A meta-analysis. *Anesthesia and Analgesia*, **97** (3), 634-641.

Full Text: [2003\Ane Ana97, 634.pdf](2003/Ane%20Ana97,%20634.pdf)

Abstract: Cardiac complications are the leading cause of death after noncardiac surgery. Despite theoretical benefits, calcium channel blockers (CCB) are not widely used in the perioperative setting. This systematic review assessed the efficacy of CCBs during noncardiac surgery. MEDLINE, EMBASE, Science Citation Index, PUBMED, and reference lists were searched without language restriction for randomized controlled trials (RCT) evaluating CCBs during noncardiac surgery. Two reviewers independently abstracted data on death, myocardial infarction (MI), ischemia, supraventricular tachyarrhythmia (SVT), and congestive heart failure (CHF). Treatment effects were calculated as relative risks (RR) with 95% confidence intervals (CI). Eleven studies (1007 patients) were included. CCBs significantly reduced ischemia (RR, 0.49; 95% CI, 0.30-0.80; P = 0.004) and SVT (RR, 0.52; 95% CI, 0.37-0.72; P < 0.0001). CCBs were associated with trends towards reduced death and MI. In post hoc analyses, CCBs significantly reduced cleath/Ml (RR, 0.35; 95% CI, 0.15-0.86; P = 0.02) and major morbid events (MME), defined as death, MI, or CHF (RR, 0.39; 95% CI, 0.17-0.89; P = 0.02). In subgroup analyses, diltiazem significantly reduced ischemia, SVT, death/ MI, and MMEs. This meta-analysis shows CCBs significantly reduced ischemia, SVT, and combined end-points in the setting of noncardiac surgery. The majority of these benefits are attributable to diltiazem, suggesting the need for further evaluation of this drug in a large RCT.

Keywords: Blockade, Calcium, Citation, Diltiazem, Evaluation, Language, MEDLINE, Meta-Analysis, Mortality, Nifedipine, Postoperative Myocardial-Ischemia, Quality, Randomized Trials, Review, Science, Science Citation Index, Surgery, Systematic Review, Therapy, Trends, Vascular-Surgery, Verapamil

Notes: JJournal

? Baltussen, A. and Kindler, C.H. (2004), Citation classics in anesthetic journals. *Anesthesia and Analgesia*, **98** (2), 443-451.

Full Text: [2004\Ane Ana98, 443.pdf](2004/Ane%20Ana98,%20443.pdf)

Abstract: the number of citations an article receives after its publication reflects its recognition in the scientific community. In the present study, therefore, we identified and examined the characteristics of the top 100 most frequently cited articles published in anesthetic journals. These articles were identified using the database of the Science Citation Index Expanded (SCI-EXPANDED, 1945 to present) and the Web of Science(R). The most-cited article received 707 citations and the least cited article received 197 citations, with a mean of 283 citations per article. These citation classics were published between 1954 and 1997 in 5 high-impact anesthetic journals, led by Anesthesiology (73 articles) followed by Anesthesia & Analgesia (10), British Journal of Anesthesia (10), Anesthesia (6), and Acta Anaesthesiologica Scandinavica (2). Seventy-eight articles were original publications, 22 were review articles, and one was an editorial. They originated from nine countries, with the United States contributing 70 articles. Within the United States, California leads the list of citation classics with 25 articles. Twenty-nine persons authored two or more of the top-cited articles. The main topics covered by the top-cited articles are pharmacology, volatile anesthetics, circulation, regional anesthesia, and lung physiology. This analysis of citation rates allows for the recognition of seminal advances in anesthesia and gives a historic perspective on the scientific progress of this specialty.

Keywords: Archives, Impact Factors, Most-Cited Articles, Pain, PCO2, PO2, Temperature, Toxicity

? Herrera, F.J., Wong, J. and Chung, F. (2007), A systematic review of postoperative recovery outcomes measurements after ambulatory surgery. *Anesthesia and Analgesia*, **105** (1), 63-69.

Abstract: BACKGROUND: Mortality and morbidity in ambulatory surgery are rare, and thus the patient’s quality of life (i.e., the ability to resume normal activities after discharge home) should be considered one of the principle end-points after ambulatory surgery and anesthesia. We conducted a systematic review of the instruments to measure the quality of recovery of ambulatory surgical patients in order to advise on the selection of appropriate measures for research and quality assurance. METHODS: A systematic literature search of MEDLINE, EMBASE, CINAHL, HAPI, PsycINFO, Web of Science Search History, Biosys Previews Search, HealthStar, and ASSIA was performed to identify patient-based outcome measures to assess postoperative recovery from ambulatory anesthesia. The instruments were assessed for eight criteria: appropriateness, reliability, validity, responsiveness, precision, interpretability, acceptability, and feasibility. RESULTS: Seven articles met the inclusion criteria set for the review. The quality of the identified instruments was variable. CONCLUSION: Only one instrument, 40-item Quality of recovery score, fulfilled all eight criteria, however this instrument was not specifically designed for ambulatory surgery and anesthesia.

Keywords: Activities, Anesthesia, EMBASE, Endpoints, Feasibility, Health-Status, History, Literature, MEDLINE, Morbidity, Mortality, Normal, Outcome, Outcomes, Quality, Quality of Life, Quality-of-Life, Reliability, Research, Review, Scales, Science, Score, Surgery, Surgical, Systematic, Systematic Review, Tool, Validity, Web of Science

? Jankovic, M.P., Kaufmann, M. and Kindler, C.H. (2008), Active research fields in anesthesia: A document co-citation analysis of the anesthetic literature. *Anesthesia and Analgesia*, **106** (5), 1524-1533.

Full Text: [2008\Ane Ana106, 1524.pdf](2008/Ane%20Ana106,%201524.pdf)

Abstract: BACKGROUND: the expansion of science has resulted in an increased information flow and in an exponentially growing number of connections between knowledge in different research fields. In this study, we used methods of scientometric analysis to obtain a conceptual network that forms the structure of active scientific research fields in anesthesia. METHODS: We extracted from the Web of Science (R) (Institute for Scientific Information) all original articles (n = 3275) including their references (n = 79,972) that appeared in 2003 in all 23 journals listed in the Institute for Scientific Information journal Citation Reports’ under the subject heading “Anesthesiology.” After identification of highly cited references (>= 5), pairs of co-cited references were created and grouped into uniformly structured clusters of documents using a single linkage and variable level clustering method. In addition, for each such cluster of documents, we identified corresponding front papers published in 2003, each of which co-cited at least two documents of the cluster core. Active anesthetic research fields were then named by examining the titles of the documents in both the established clusters and in their corresponding front papers. These research fields were sorted according to the proportion of recent documents in their cluster core (immediacy index) and were further analyzed. RESULTS: Forty-six current anesthetic research fields were identified. The research field named “ProSeal laryngeal mask airway” showed the highest immediacy index (100%) whereas the research fields “Experimental models of neuropathic pain” and “Volatile anesthetic-induced cardioprotection” exhibited the highest level of co-citation strength (level 9). The research field with the largest cluster core, containing 12 homogeneous papers, was “Postoperative nausea and vomiting.” the journal Anesthesia & Analgesia published most front papers while Anesthesiology published most of the fundamental documents used as references in the front papers. CONCLUSIONS: Using co-citation analysis, we identified distinct homogenous clusters of highly cited documents representing 46 active current anesthetic research fields and determined multiple nets of knowledge among them.

Keywords: Analysis, Anesthesia, Bispectral Index, Citation, Citation Analysis, Co-Citation Analysis, Cocitation, Highly-Cited, Information, Informetrics, Journal, Journals, Knowledge, Literature, Networks, Neuropathic Pain, Papers, Propofol, Rat, Remifentanil, Research, Science, Scientific Information, Scientific Research, Scientometric Analysis, Scientometrics, Web of Science

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Full Text: [2007\Ane Ana105, 1741.pdf](2007/Ane%20Ana105,%201741.pdf)

Abstract: BACKGROUND: Few studies have investigated the diversity in research conducted by anesthesia-based researchers. We examined global clinical research attributed to anesthesia departments using MEDLINE (R) and Ovid (R) databases. We also investigated the impact of economic development on national academic productivity. METHODS: We conducted a MEDLINE search for English-language publications from 2000 to 2005. The search included only clinical research in which institutional affiliation included words relating to anesthesia (e.g., anesthesiology, anesthesia, etc.). Population and gross national income data were obtained from publicly available databases. Impact factors for journals were obtained from Journal Citation Reports (Thomson Scientific). RESULTS: There were 6736 publications from 64 countries in 551 journals. About 85% of all publications were represented by 46 journals. Randomized controlled trials constituted 4685 (70%) of publications. Turkey had the highest percentage of randomized controlled trials (88%). The United States led the field in quantity (20% of total) and mean impact factor (3.0) of publications. Finland had the highest productivity when adjusted for population (36 publications per million population). Publications from the United States declined from 23% in 2000 to 17% in 2005. CONCLUSIONS: Clinical research attributable to investigators in our specialty is diverse, and extends beyond the traditional field of anesthesia and intensive care. The United States produces the most clinical research, but per capita output is higher in European nations.

Keywords: Affiliation, Analysis, Anesthesia, Anesthesiology, Background, Bibliometric, Bibliometric Analysis, Care, Clinical, Clinical Research, Data, Databases, Development, Diversity, Economic, Economic Development, Field, Finland, Gross National Income, Impact, Impact Factor, Intensive Care, Journal Citation Reports, Journals, Methods, Nations, Population, Productivity, Publications, Randomized, Randomized Controlled Trials, Research, Specialty, Turkey, United States

? Jankovic, M.P., Kaufmann, M. and Kindler, C.H. (2008), Active research fields in anesthesia: A document co-citation analysis of the anesthetic literature. *Anesthesia and Analgesia*, **106** (5), 1524-1533.

Full Text: [2008\Ane Ana106, 1524.pdf](2008/Ane%20Ana106,%201524.pdf)

Abstract: BACKGROUND: the expansion of science has resulted in an increased information flow and in an exponentially growing number of connections between knowledge in different research fields. In this study, we used methods of scientometric analysis to obtain a conceptual network that forms the structure of active scientific research fields in anesthesia. METHODS: We extracted from the Web of Science (R) (Institute for Scientific Information) all original articles (n = 3275) including their references (n = 79,972) that appeared in 2003 in all 23 journals listed in the Institute for Scientific Information journal Citation Reports’ under the subject heading “Anesthesiology.” After identification of highly cited references (>= 5), pairs of co-cited references were created and grouped into uniformly structured clusters of documents using a single linkage and variable level clustering method. In addition, for each such cluster of documents, we identified corresponding front papers published in 2003, each of which co-cited at least two documents of the cluster core. Active anesthetic research fields were then named by examining the titles of the documents in both the established clusters and in their corresponding front papers. These research fields were sorted according to the proportion of recent documents in their cluster core (immediacy index) and were further analyzed. RESULTS: Forty-six current anesthetic research fields were identified. The research field named “ProSeal laryngeal mask airway” showed the highest immediacy index (100%) whereas the research fields “Experimental models of neuropathic pain” and “Volatile anesthetic-induced cardioprotection” exhibited the highest level of co-citation strength (level 9). The research field with the largest cluster core, containing 12 homogeneous papers, was “Postoperative nausea and vomiting.” the journal Anesthesia & Analgesia published most front papers while Anesthesiology published most of the fundamental documents used as references in the front papers. CONCLUSIONS: Using co-citation analysis, we identified distinct homogenous clusters of highly cited documents representing 46 active current anesthetic research fields and determined multiple nets of knowledge among them.

Keywords: Analysis, Anesthesia, Background, Cluster, Clustering, Co-Citation, Co-Citation Analysis, Cocitation, Field, Flow, Identification, Immediacy Index, Index, Information, Institute for Scientific Information, Journal, Journals, Knowledge, Laryngeal Mask, Linkage, Literature, Methods, Models, Nausea, Network, Neuropathic, Papers, Research, Science, Scientific Research, Scientometric, Strength, Structure, Web of Science

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Full Text: [2008\Ane Ana106, 1589.pdf](2008/Ane%20Ana106,%201589.pdf)

Keywords: Assessment, Publication, Quality

? Ramsdell, R., Lerman, J., Pickhardt, D., Feldman, D., Foster, J. and Houle, T.T. (2009), Subspecialty Impact Factors: the contribution of pediatric anesthesia and pain articles. *Anesthesia and Analgesia*, **108** (1), 105-110.

Full Text: [2009\Ane Ana108, 105.pdf](2009/Ane%20Ana108,%20105.pdf)

Abstract: BACKGROUND: the Science Citation Index “Journal Impact Factor” (JIF) is widely used to assess journal quality and prestige. The JIFs for the specialty anesthesia are reported annually, however, the impact factors (IFs) for subspecialties in those journals have not been reported. Therefore, we compared the TFs of pediatric anesthesia (Ped IFs) and pain (Pain IFs) articles from four anesthesia journals for two epochs. METHODS: An article-by-article manual search for “source” pediatric anesthesia and pain articles published in 1998, 1999, 2003, and 2004 in Anesthesiology, Anesthesia & Analgesin, British Jounal of Anaesthesia, and Canadian Journal of Anesthesia was performed. The citations for each of these articles in each of the years were surveyed in the ISI Web of Science database. Ped IFs and Pain IFs for the 2000 and 2005 epochs were calculated and compared with the JIF from which they were derived and to those of the journal, Pediatric Anesthesia. RESULTS: Ped IFs for the four journals in 2005 exceeded those in 2000, whereas the Pain IFs were unchanged. For both the Ped IFs and the Pain IFS, there was a significant effect of the journal. The Pain IFs were 70%, greater than the Ped IFs. CONCLUSIONS: Ped IFs were consistently less than the JIFs in which they were published and the Pain IFs, except for the British Journal of Annaesthesia 2005 in the latter case. The numbers of citations of pediatric anesthesia articles were greater in journals with greater IFs. The implications of subspecialty IFs warrant further consideration.

Keywords: Future, Medical Journals

? Chung, S.A., Yuan, H. and Chung, F. (2008), A systemic review of obstructive sleep apnea and its implications for anesthesiologists. *Anesthesia and Analgesia*, **107** (5), 1543-1563.

Full Text: [2008\Ane Ana107, 1543.pdf](2008/Ane%20Ana107,%201543.pdf)

Abstract: BACKGROUND: Obstructive sleep apnea (OSA) is present in a significant proportion of the population, but the majority of patients remain undiagnosed. It is crucial that anesthesiologists and surgeons recognize the increased perioperative risks associated with undiagnosed OSA. We present a systematic review of the literature on the perioperative management of surgical patients with OSA. METHODS: the scope of this review is restricted to publications in all surgical specialties and in the adult patient population. The main search key words were: “perioperative care,” “sleep apnea,” “obstructive sleep apnea,” “perioperative risk,” and “perioperative care.” the databases MEDLINE, Embase, Biological Abstract, Science Citation Index, and Healthstar were searched for relevant English language articles from 1966 to March 2007. RESULTS: the literature supports an increased perioperative risk in OSA patients. The American Society of Anesthesiologists guidelines support the routine screening for OSA during preoperative asSEssment, and methods of OSA screening are discussed in this review. This review suggests a number of perioperative management strategies to reduce surgical risk in patients with OSA. However, apart from the consensus-based American Society of Anesthesiologists guidelines, it is important to note that evidence-based recommendations are lacking in the literature. CONCLUSIONS: This review suggests ways to screen for OSA in the preoperative setting and proposes perioperative management strategies. The ultimate goal is to reduce the perioperative risk of OSA patients but, to realize that goal, research will be needed to determine whether screening for OSA and/or adapting specific perioperative management approaches:. translates into a lessening of adverse events in surgical patients with undiagnosed OSA.

Keywords: Articles, Blood-Pressure, Body-Mass Index, Breathing Disorders, Cardiac-Arrhythmias, Citation, Databases, Difficult Tracheal Intubation, English, Language, Literature, Management, MEDLINE, Methods, Oxygen Desaturation, Patient-Controlled Analgesia, Positive Airway Pressure, Publications, Randomized Controlled-Trial, Research, Review, Risk, Risk-Factor, Science, Science Citation Index, Screening, Sleep, Systematic Review

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Full Text: [2010\Ane Ana110, 918.pdf](2010/Ane%20Ana110,%20918.pdf)

Abstract: BACKGROUND: the past 20 yr have seen significant growth in China’s role in the international community. This same growth and international presence is occurring in the field of anesthesiology. The research status in anesthesiology among Chinese individuals in the 3 major regions of China-mainland China, Hong Kong, and Taiwan-is unknown. We analyzed articles published in peer-reviewed international anesthesiology journals cited by both PUBMED and Science Citation Index from these 3 regions. METHODS: Articles published in 21 journals in anesthesiology originating from mainland China, Taiwan, and Hong Kong from 1999 to 2008 were retrieved from the PUBMED database and the Science Citation Index. The number of total articles, clinical trials, randomized controlled trials, impact factors, citations, and articles published in “high-impact” journals were tabulated to assess both the quantity and quality of research arising from China. RESULTS: From 1999 to 2008 there were 721 articles published in high-impact anesthesiology journals from China, including 204 from mainland China, 317 from Taiwan, and 200 from Hong Kong. The number of articles published each year increased from 50 published in 1999 to 101 published in 2008. From 2005 onward, the number of articles published from mainland China exceeded that from Hong Kong and in 2008 mainland China exceeded Taiwan. The average impact factor of the articles was similar for mainland China (2.84), Taiwan (2.41), and Hong Kong (2.16). The total citations to articles from Taiwan (2376) exceeded citations to articles from mainland China (1143) and Hong Kong (1540). Anesthesia & Analgesia published more articles than any other journal from all 3 regions. CONCLUSION: the total number of articles from China published in highly cited anesthesiology journals increased markedly from 1999 to 2008, with articles from mainland China increasing substantially after 2004, whereas the number of publications from Hong Kong decreased. The average impact factor was similar for all 3 regions, ranging from 2.2 to 2.8. Anesthesia & Analgesia published more articles from Chinese authors from all 3 regions than any other journal. (Anesth Analg 2010;110:918-21).

Keywords: Articles, China, Citation, Citations, Database, Growth, Hong Kong, Impact, Impact Factor, Impact Factors, International, Journal, Journals, Literature, Number of Publications, Publications, Research, Science, Science Citation Index

? Neuman, S.A., Long, T.R. and Rose, S.H. (2011), Publication misrepresentation among anesthesiology residency applicants. *Anesthesia and Analgesia*, **112** (3), 674-677.

Full Text: [2011\Ane Ana112, 674.pdf](2011/Ane%20Ana112,%20674.pdf)

Abstract: BACKGROUND: Publication misrepresentation has been documented among applicants for residency positions in several specialties. However, these data are not available for anesthesiology applicants. Our purpose in this study was to document the prevalence of publication misrepresentation among applicants to a single anesthesiology residency, to compare anesthesiology publication misrepresentation data with similar data in other specialties, and to determine how often publication misrepresentation leads to an unfair competitive advantage in the application process. METHODS: Applications to the Mayo School of Graduate Medical Education anesthesiology core residency in Rochester, Minnesota, were reviewed for publication misrepresentations using MEDLINE and PUBMED databases, Mayo Clinic library databases, and/or review by a qualified medical librarian. Misrepresented publications underwent further review to identify fraudulent publications and/or citation errors that provide an unfair competitive advantage. RESULTS: the authors found that 2.4% of the applications (13 of 532) included fraudulent publications, 6.6% of the applications with at least 1 publication (13 of 197) included >= 1 that was fraudulent, and 2.9% of all cited publications (15 of 522) were fraudulent. In addition, 0.9% of the applications (5 of 532) contained a citation error that, although not grossly fraudulent, could have favorably affected the applicant’s competitiveness for a residency position. CONCLUSIONS: Misrepresented publications were fairly common among anesthesiology residency applicants. However, only a small percentage of applicants listed misrepresented publications that were clearly fraudulent or contained a citation error that conferred a competitive advantage. Identification of fraudulent publications on Electronic Residency Application Service applications is important to maintain the integrity of the application process. (Anesth Analg 2011;112:674-7).

Keywords: Anesthesiology, Application, Authors, Authorship, Background, Citation, Citation Error, Citation Errors, Competitive, Data, Databases, Error, Errors, Fellowships, Mar, Medical, Methods, Prevalence, Program, Publication, Publications, PUBMED, Purpose, Residency, Review, Small

? Afshari, A., Brok, J., Moller, A.M. and Wetterslev, J. (2011), Inhaled nitric oxide for acute respiratory distress syndrome and acute lung injury in adults and children: A systematic review with meta-analysis and trial sequential analysis. *Anesthesia and Analgesia*, **112** (6), 1411-1421.

Full Text: 2011\Ane Ana112, 1411.pdf

Abstract: BACKGROUND: Acute hypoxemic respiratory failure, defined as acute lung injury and acute respiratory distress syndrome, are critical conditions associated with frequent mortality and morbidity in all ages. Inhaled nitric oxide (iNO) has been used to improve oxygenation, but its role remains controversial. We performed a systematic review with meta-analysis and trial sequential analysis of randomized clinical trials (RCTs). We searched CENTRAL, MEDLINE, EMBASE, International Web of Science, LILACS, the Chinese Biomedical Literature Database, and CINHAL (up to January 31, 2010). Additionally, we hand-searched reference lists, contacted authors and experts, and searched registers of ongoing trials. Two reviewers independently selected all parallel group RCTs comparing iNO with placebo or no intervention and extracted data related to study methods, interventions, outcomes, bias risk, and adverse events. All trials, irrespective of blinding or language status were included. Retrieved trials were evaluated with Cochrane methodology. Disagreements were resolved by discussion. Our primary outcome measure was all-cause mortality. We performed subgroup and sensitivity analyses to assess the effect of iNO in adults and children and on various clinical and physiological outcomes. We assessed the risk of bias through assessment of trial methodological components. We assessed the risk of random error by applying trial sequential analysis. RESULTS: We included 14 RCTs with a total of 1303 participants; 10 of these trials had a high risk of bias. iNO showed no statistically significant effect on overall mortality (40.2% versus 38.6%) (relative risks [RR] 1.06, 95% confidence interval [CI] 0.93 to 1.22; I(2) = 0) and in several subgroup and sensitivity analyses, indicating robust results. Limited data demonstrated a statistically insignificant effect of iNO on duration of ventilation, ventilator-free days, and length of stay in the intensive care unit and hospital. We found a statistically significant but transient improvement in oxygenation in the first 24 hours, expressed as the ratio of PO(2) to fraction of inspired oxygen (mean difference [MD] 15.91, 95% CI 8.25 to 23.56; I(2) = 25%). However, iNO appears to increase the risk of renal impairment among adults (RR 1.59, 95% CI 1.17 to 2.16; I(2) = 0) but not the risk of bleeding or methemoglobin or nitrogen dioxide formation. CONCLUSION: iNO cannot be recommended for patients with acute hypoxemic respiratory failure. iNO results in a transient improvement in oxygenation but does not reduce mortality and may be harmful. (Anesth Analg 2011; 112: 1411-21).

Keywords: Adults, Analysis, Assessment, Authors, Bias, Children, Clinical Trials, Clinical-Trials, Cochrane, Cumulative Metaanalysis, Distress, Failure, Hospital, Inhalation, Injury, Intensive Care, Intensive Care Unit, Intervention, Interventions, Length of Stay, Limitations, Meta-Analysis, Methodology, Monitoring Boundaries, Morbidity, Mortality, Multicenter, Outcome, Outcomes, Primary, Randomized Clinical Trials, Randomized Controlled-Trial, Ratio, Respiratory Distress Syndrome, Review, Risk, Science, Systematic, Systematic Review, Therapy, Ventilation, Web of Science

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Full Text: [2012\Ane Ana115, 1286.pdf](2012/Ane%20Ana115,%201286.pdf)

Keywords: Article, Impact, Impact Factor

? Mihara, T., Tojo, K., Uchimoto, K., Morita, S. and Goto, T. (2013), Reevaluation of the effectiveness of Ramosetron for preventing postoperative nausea and vomiting: A systematic review and meta-analysis. *Anesthesia and Analgesia*, **117** (2), 329-339.

Full Text: 2013\Ane Ana117, 329.pdf

Abstract: BACKGROUND: Ramosetron has been shown to have a very strong effect for preventing postoperative nausea and vomiting (PONV) in previous meta-analyses. However, these previous meta-analyses included a number of studies by Fujii et al. which have now been proven to have been fabricated. In the present meta-analysis, we reevaluated the effectiveness of ramosetron in preventing PONV after excluding Fujii et al.’s randomized controlled trials. METHODS: We searched MEDLINE, Cochrane Central Register of Controlled Trials (CENTRAL), Embase, and Web of Science. All double-blind randomized controlled trials that tested the efficacy of ramosetron compared with a placebo or other drugs as a control in the prophylaxis of PONV were considered to be eligible. The first postoperative 24 hours were divided into early (0-6 hours) and late (6-24 hours) time periods, and we collected these data separately. RESULTS: A total of 1372 patients were included in the final analysis. Compared with a placebo, ramosetron reduced the incidence of early postoperative nausea (PON) (relative risk [RR] [95% confidence interval] 0.59 [0.47-0.73]: number needed to treat [NNT] [95% confidence interval] 6.0 [4.3-9.7]), late PON (RR 0.65 [0.49-0.85]: NNT 7.2 [4.6-16.6]), early postoperative vomiting (POV) (RR 0.48 [0.31-0.74]: NNT 14.8 [8.3-70.4]), and late POV (RR 0.50 [0.35-0.73]: NNT 12.3 [7.1-47.6]). Compared with ondansetron, ramosetron reduces early POV (RR 0.50 [0.28-0.90]: NNT 24.1 [10.7-98.0]) and late POV (RR 0.53 [0.34-0.81]: NNT 27.2 [12.0-102.0]) but not PON. CONCLUSIONS: Ramosetron has a significant effect for preventing PONV compared with a placebo, but less than that reported in previous analyses. Ramosetron also has statistically significant differences in preventing early and late POV compared with ondansetron, but the clinical significance may be questioned because the NNTs are large.

Keywords: 5-HT3 Receptor Antagonists, Analyses, Analysis, Background, Clinical, Combination, Conclusions, Confidence, Control, Data, Dexamethasone, Double-Blind, Drugs, Effectiveness, Efficacy, First, Fujii et-al., Incidence, Laparoscopic Cholecystectomy, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Nausea, Nausea and Vomiting, Number Needed To Treat, Ondansetron, Patient-Controlled Analgesia, Patients, Placebo, Postoperative, Postoperative Nausea and Vomiting, Prophylaxis, Randomized, Randomized Controlled Trials, Randomized Controlled-Trials, Relative Risk, Review, Risk, Science, Significance, Surgery, Vomiting, Web of Science

? Hurley, R.W., Zhao, K., Tighe, P.J., Ko, P.S., Pronovost, P.J. and Wu, C.L. (2014), Examination of publications from academic anesthesiology faculty in the united states. *Anesthesia and Analgesia*, **118** (1), 192-199.

Full Text: 2014\Ane Ana118, 192.pdf

Abstract: BACKGROUND: Leaders in academic anesthesiology in the United States have called for an examination of the state of scholarship within anesthesiology departments. National Institutes of Health funding and publication quality of subsets of U.S anesthesiologists have been examined; however, the publication output of and the demographic characteristics that are associated with academic anesthesiologists, defined as faculty associated with a medical college, are unknown. A database from the American Association of Medical Colleges containing demographic information of all academic anesthesiologists in the United States was used to examine the publication output and demographic characteristics of anesthesiology faculty during a 2-year period from 2006 to 2008. METHOD: All the publications found in the PubMed database for each faculty member were retrieved and included in a database containing their demographics including institution, gender, academic degree, academic rank, nature of appointment (part versus full-time), status of appointment (joint versus primary), departmental division, subspecialty certification status, and additional graduate medical education training. RESULTS: Six thousand one hundred forty-three faculty who held positions at the 108 U.S. academic anesthesiology programs published 8521 manuscripts between 2006 and 2008. Thirty-seven percent of faculty published a manuscript, and the overall median publication rate was 0. The proportion of faculty with at least 1 publication was larger among faculty with higher rank (Odds Ratio [OR] for professors versus instructors = 6.4; confidence interval [CI], 4.57-8.49; P < 0.0001), male gender (OR 1.3; CI, 0.14-1.47; P < 0.0001), possessing a courtesy appointment status (OR 2.1; CI, 1.25-3.52; P = 0.0048) and lacking postgraduate training and subspecialty certification (OR for MD versus MD w/training + certification 1.3; CI, 1.11-1.60; P = 0.0020). Those faculty with an MD had lower probablility of publishing when compared with MD/PhD or PhD faculty (OR 0.45; CI, 0.32-0.65; P < 0.0001; OR 0.27; CI, 0.20-0.37; P < 0.0001, respectively). Within the group of faculty who published at least 1 paper, full professor faculty had 3.8 times more publications than instructors (CI, 2.99-4.88; P < 0.0001), and those who lacked postgraduate training had 1.4 times more publications than those who were trained and certified (CI, 1.16-1.78; P = 0.0009). PhD degree (P = 0.006), male gender (P = 0.013), and courtesy anesthesia appointment (P = 0.037) also were associated with higher publication rates. CONCLUSIONS: The overall publication rate of anesthesiologists associated with medical schools was low in this time period. These data establish the pre-call to action baseline of scholarly activity by U.S. academic anesthesiologists for future comparisons. Increased use of structured resident and fellow research education programs as well as recruiting more MD/PhD and PhD scientists to the field may help to improve the publication productivity of academic anesthesiology departments.

Keywords: Academic, Activity, Anesthesia, Anesthesiology, Association, Background, Bibliometrics, Certification, Characteristics, College, Conclusions, Confidence, Data, Database, Departments, Education, Examination, Faculty, Field, Funding, Gender, Graduate, Health, Information, Interval, Leadership, Male, Male Gender, Medical, Medical Education, Medical Schools, Medicine, National Institutes Of Health, National Institutes Of Health Funding, Odds Ratio, P, PhD, Physician Scientists, Postgraduate Training, Primary, Productivity, Professor, Professors, Programs, Publication, Publication Productivity, Publication Rate, Publications, Publishing, Pubmed, Quality, Quality Of, Radiology, Rank, Rates, Research, Research Education, Resident, Scholarly Productivity, Scholarship, Scientists, State, Time Period, Training, United States, University, Women

? Kim, S.H., Lilot, M., Murphy, L.S.L., Sidhu, K.S., Yu, Z.X., Rinehart, J. and Cannesson, M. (2014), Accuracy of continuous noninvasive hemoglobin monitoring: A systematic review and meta-analysis. *Anesthesia and Analgesia*, **119** (2), 332-346.

Full Text: 2014\Ane Ana119, 332.pdf

Abstract: BACKGROUND: Noninvasive hemoglobin (Hb) monitoring devices are available in the clinical setting, but their accuracy and precision against central laboratory Hb measurements have not been evaluated in a systematic review and meta-analysis. METHODS: We conducted a comprehensive search of the literature (2005 to August 2013) with PubMed, Web of Science and the Cochrane Library, reviewed references of retrieved articles, and contacted manufactures to identify studies assessing the accuracy of noninvasive Hb monitoring against central laboratory Hb measurements. Two independent reviewers assessed the quality of studies using recommendations for reporting guidelines and quality criteria for method comparison studies. Pooled mean difference and standard deviation (SD) (95% limits of agreement) across studies were calculated using the random-effects model. Heterogeneity was assessed using the l(2) statistic. RESULTS: A total of 32 studies (4425 subjects, median sample size of 44, ranged from 10 to 569 patients per study) were included in this meta-analysis. The overall pooled random-effects mean difference (noninvasive central laboratory) and SD were 0.10 +/- 1.37 g/dL (-2.59 to 2.80 g/dL, l(2) = 95.9% for mean difference and 95.0% for SD). In subgroup analysis, pooled mean difference and SD were 0.39 +/- 1.32 g/dL (-2.21 to 2.98 g/dL, P = 93.0%, 71.4%) in 13 studies conducted in the perioperative setting and were -0.51 +/- 1.59 g/dL (-3.63 to 2.62 g/dL, l(2) = 83.7%, 96.4%) in 5 studies performed in the intensive care unit setting. CONCLUSIONS: Although the mean difference between noninvasive Hb and central laboratory measurements was small, the wide limits of agreement mean clinicians should be cautious when making clinical decisions based on these devices.

Keywords: Accuracy, Agreement, Analysis, Articles, Assessing, Automated Hematology Analyzer, Background, Blood Hemoglobin, Care, Children, Clinical, Comparison, Conclusions, Criteria, Guidelines, Hemocue(R), Hemoglobin, Intensive Care, Intensive Care Unit, Literature, Measuring Devices, Meta Analysis, Meta-Analysis, Metaanalysis, Method Comparison, Methods, Model, Monitoring, Occlusion Spectroscopy, P, Patients, Precision, Pubmed, Pulse Co-Oximetry, Quality, Quality Criteria, Quality Of, Random Effects Model, Recommendations, References, Reporting, Review, Reviewers, Sample Size, Science, Size, Small, Spectrophotometry, Spine Surgery, Standard, Systematic, Systematic Review, Web Of Science

# Title: Anesthesiology

Full Journal Title: [Anesthesiology](http://ovidsp.uk.ovid.com/spa/ovidweb.cgi)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0003-3022

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Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Biebuyck J.F. (1992), Concerning the ethics and accuracy of scientific citations. *Anesthesiology*, **77** (1), 1-2.

Full Text: [1992\Anesthesiology77, 1.pdf](1992/Anesthesiology77,%201.pdf)

McLellan, M.F., Case, L.D. and Barnett, M.C. (1992), Trust, but verify - the accuracy of references in four anesthesia journals. *Anesthesiology*, **77** (1), 185-188.

Full Text: [1992\Anesthesiology77, 185.pdf](1992/Anesthesiology77,%20185.pdf)

Abstract: To determine the accuracy of bibliographic citation in the anesthesia literature, we reviewed all 1988 volumes of ANESTHESIOLOGY, Anesthesia and Analgesia, British Journal of Anaesthesia, and Canadian Journal of Anaesthesia and sequentially numbered all references appearing in that year (n = 22,748). One hundred references from each of the four journals were randomly selected. After citations to nonjournal articles (i.e., books or book chapters) were excluded, the remaining 348 citations were analyzed in detail. Six standard bibliographic elements-authors’ names, article title, journal title, volume number, page numbers, and year-were examined in each selected reference. Primary sources were reviewed, unless our institution did not own the source or could not obtain it through interlibrary loan, in which case standard indexes, abstracting services, and computerized databases were consulted. Each element was checked for accuracy, and references were classified as either correct or incorrect. A reference was correct if each element of the citation was identical to its source. of the examined references, more than half (50.3%) contained an error in at least one element. The elements most likely to be inaccurate were, in descending order, article title, author, page numbers, journal title, volume number, and year. No significant differences (P = 0.283) existed in the error rates of the four journals; the percentage of citations containing at least one error ranged from 44% (Anesthesia and Analgesia) to 56% (British Journal of Anaesthesia). The citation error rate of anesthesia journals is similar to that reported in other specialties, where error rates ranging from 38% to 54% have been documented.

Keywords: Accuracy, Anesthesia, Anesthesia and Analgesia, British Journal of Anesthesia, Anesthesiology, Canadian Journal of Anesthesia, Citation, Citation Error, Citations, Databases, Error, Error Rate, Journal, Journals, Literature, P, Publications, Documentation, Anesthesiology, Rates, Reference, References, Services, Source, Sources, Standard, Volume

Nishina, K., Asano, M., Mikawa, K., Maekawa, N. and Obara, H. (1995), Improvement of the accuracy of references in *Anesthesiology*. *Anesthesiology*, **83** (2), 599-600.

Full Text: [1995\Anesthesiology82, 599.pdf](1995/Anesthesiology82,%20599.pdf)

? Svircevic, V., van Dijk, D., Nierich, A.P., Passier, M.P., Kalkman, C.J., van der Heijden, G.J.M.G. and Bax, L. (2011), Meta-analysis of thoracic epidural anesthesia versus general anesthesia for cardiac surgery. *Anesthesiology*, **114** (2), 271-282.

Full Text: [2011\Anesthesiology114, 271.pdf](2011/Anesthesiology114,%20271.pdf)

Abstract: Background: A combination of general anesthesia (GA) with thoracic epidural anesthesia (TEA) may have a beneficial effect on clinical outcomes after cardiac surgery. We have performed a meta-analysis to compare mortality and cardiac, respiratory, and neurologic complications in patients undergoing cardiac surgery with GA alone or a combination of GA with TEA. Methods: Randomized studies comparing outcomes in patients undergoing cardiac surgery with either GA alone or GA in combination with TEA were retrieved from PUBMED, Science Citation index, EMBASE, CINHAL, and Central Cochrane Controlled Trial Register databases. Results: the search strategy yielded 1,390 studies; 28 studies that included 2,731 patients met the selection criteria. Compared with GA alone, the combined risk ratio for patients receiving GA with TEA was 0.81 (95% CI: 0.40-1.64) for mortality, 0.80 (95% CI: 0.52-1.24) for myocardial infarction, and 0.59 (95% CI: 0.24-1.46) for stroke. The risk ratios for the respiratory complications and supraventricular arrhythmias were 0.53 (95% CI: 0.40-0.69) and 0.68 (95% CI: 0.50-0.93), respectively. Conclusions: This meta-analysis showed that the use of TEA in patients undergoing cardiac surgery reduces the risk of postoperative supraventricular arrhythmias and respiratory complications. The sparsity of events precludes conclusions about mortality, myocardial infarction, and stroke, but the estimates suggest a reduced risk after TEA. The risk of side effects of TEA, including epidural hematoma, could not be assessed with the current dataset, and therefore TEA should be used with caution until its benefit-harm profile is further elucidated.

Keywords: Anesthesia, Artery-Bypass-Surgery, Cardiopulmonary Bypass, Citation, Clinical, Clinical Outcomes, Complications, Criteria, Databases, Epidural, Epidural Anesthesia, Epidural Hematoma, Estimates, Events, General, General Anesthesia, Graft-Surgery, Hematoma, Hospital Stay, Index, Infarction, Inflammatory Response, Meta-Analysis, Metaanalysis, Mortality, Myocardial Blood-Flow, Myocardial Infarction, Neurologic, Outcomes, Patients, Postoperative, Postoperative Atrial-Fibrillation, PUBMED, Randomized Controlled-Trial, Risk, Science, Search Strategy, Selection Criteria, Side Effects, Strategy, Stroke, Supraventricular, Surgery, Troponin-T, Ventilation-Perfusion Relationships

? Kossowsky, J., Donado, C. and Berde, C.B. (2015), Immediate rescue designs in pediatric analgesic trials a systematic review and meta-analysis. *Anesthesiology*, **122** (1), 150-171.

Full Text: 2015\Anesthesiology122, 150.pdf

Abstract: Background: Designing analgesic clinical trials in pediatrics requires a balance between scientific, ethical, and practical concerns. A previous consensus group recommended immediate rescue designs using opioid sparing as a surrogate measure of analgesic efficacy. The authors summarize the performance of rescue analgesic designs in pediatric trials of four commonly used classes of analgesics: opioids, nonsteroidal antiinflammatory drugs, acetaminophen, and local anesthetics. Methods: MEDLINE, Embase, CINAHL, The Cochrane Library, and Web of science were searched in April 2013. The 85 studies selected were randomized or controlled clinical trials using immediate rescue paradigms in postoperative pain settings. A random-effects meta-analysis was used to synthesize predefined outcomes using Hedges’ g. Difference between the means of the treatment arms were also expressed as a percentage of the corresponding value in the placebo group (placebo-treatment/placebo). Distributions of pain scores in study and control groups and relationships between opioid sparing and pain scores were examined. Results: For each of the four study drug classes, significant opioid sparing was demonstrated in a majority of studies by one or more of the following endpoints: (1) total dose (milligram per kilogram per hour), (2) percentage of children requiring rescue medication, and (3) time to first rescue medication (minutes). Pain scores averaged 2.4/10 in study groups, 3.4/10 in control groups. Conclusions: Opioid sparing is a feasible pragmatic endpoint for pediatric pain analgesic trials. This review serves to guide future research in pediatric analgesia trials, which could test whether some specific design features may improve assay sensitivity while minimizing the risk of unrelieved pain.

Keywords: Acetaminophen, Analgesia, Analgesic, Analgesics, Anesthetics, Authors, Balance, Children, Cleft-Palate Repair, Clinical, Clinical Trials, Consensus, Control, Control Groups, Controlled Clinical-Trial, Design, Designing, Dose Intrathecal Morphine, Double-Blind, Drug, Drug Classes, Drugs, Efficacy, Ethical, First, Groups, Library, Local, Local Anesthetics, Lower Abdominal-Surgery, Measure, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Open-Heart-Surgery, Opioid, Opioids, Outcomes, Pain, Paradigms, Patient-Controlled Analgesia, Pediatric, Pediatrics, Performance, Placebo, Post-Tonsillectomy Pain, Posterior Spinal-Fusion, Postoperative, Postoperative Pain, Randomized, Research, Results, Review, Risk, Science, Sensitivity, Surrogate, Systematic, Systematic Review, Treatment, Value, Web, Web Of Science

# Title: Angewandte Chemie-International Edition

Full Journal Title: [Angewandte Chemie-International Edfvition](http://www3.interscience.wiley.com/cgi-bin/jtoc/26737/all); [Angewandte Chemie-International Edition](http://www3.interscience.wiley.com/cgi-bin/jtoc/106572259/)

ISO Abbreviated Title: Angew. Chem.-Int. Edit.

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ISSN: 0003-3146

Issues/Year:

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Subject Categories:

: Impact Factor

Notes: JJournal

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Full Text: [2001\Ang Che40, 139.pdf](2001/Ang%20Che40,%20139.pdf)

Keywords: Citation, Impact, Journals, Science Citation Index

# Title: Angewandte Informatik

Full Journal Title: Angewandte Informatik

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Grochla, E., Seibt, D., Schmitz, P. and Szypersk, N. (1972), Proposal for a course of study bachelor of commerce specialized in informatics. *Angewandte Informatik*, (2), 81-??.

# Title: Angle Orthodontist

Full Journal Title: [Angle Orthodontist](http://www.angleorthodontist.org/anglonline/?request=index-html)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0003-3219

Issues/Year:

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Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Sun, R.L., Conway, S., Zawaideh, S. and Niederman, R. (2000), Benchmarking the clinical orthodontic evidence on MEDLINE. *Angle Orthodontist*, **70** (6), 464-470.

Full Text: [2000\Ang Ort70, 464.pdf](2000/Ang%20Ort70,%20464.pdf)

Abstract: the purpose of this study was to identify and quantify the availability of orthodontic literature for evidence-based clinical decision-making (ie, sound clinical studies of etiology, diagnosis, treatment, or prognosis meeting basic methodologic criteria for direct clinical use). This is a first step toward developing online decision analysis systems. A search strategy based on Medical Subject Headings (MeSH) for orthodontics was developed to examine MEDLINE using the Ovid Web Gateway search engine. Sensitive and specific methodologic search filters were then employed to identify the 4 categories of information. The results were then subdivided by year to identify trends and sorted to identify source of publications, In the period 1990 to 1998, the MEDLINE searches identified 6938 English-language articles about orthodontics. The mean number of articles (±SD) per year ranged from 42±25 for specific searches to 314±214 for sensitive searches. The number of articles identified by the specific or sensitive searches increased 14% to 21% annually. When subdivided by clinical category, the mean numbers of articles per year for specific and sensitive searches were respectively: etiology 19±15 and 91±37, diagnosis 11±5 and 80±35, therapy 3±1 and 50±23, and prognosis 10±7 and 93±33. Five dental journals accounted for nearly half of these publications. These results provide several key findings: (1) there is a substantial literature of clinically relevant information in orthodontics upon which to base clinical decisions; (2) the information appears to be balanced between etiology, diagnosis, treatment, and prognosis; (3) approximately 45% of the articles reside in 5 journals, whereas the remainder reside in approximately 66 other journals, making it difficult to stay current; (4) the number of articles is increasing significantly each year; (5) to stay current, one would need to read between 1 and 6 articles per week, 52 weeks per year; (6) these trends suggest the need fur computer-based clinical knowledge systems; and (7) the methods used here can be immediately employed to identify the best and most current clinical orthodontic evidence. (Angle Orthod 2000;70: 000-000.).

Keywords: Analysis, Availability, Clinical, Clinical Studies, Criteria, Decision, Decision Analysis, Decision Making, Decision-Making, Developing, Diagnosis, Engine, Etiology, Evidence, Evidence Based, Evidence-Based, First, Fur, Information, Journals, Knowledge, Literature, MEDLINE, Methods, Prognosis, Publications, Purpose, Search Strategy, Source, Systems, Therapy, Treatment, Trends

? Ohashi, E., Pecho, O.E., Moron, M. and Lagravere, M.O. (2006), Implant vs screw loading protocols in orthodontics: A systematic review. *Angle Orthodontist*, **76** (4), 721-727.

Full Text: [2006\Ang Ort76, 721.pdf](2006/Ang%20Ort76,%20721.pdf)

Abstract: Objective: This systematic review presents the loading protocols applied when using implants and/or screws in orthodontic treatments. Materials and Methods: Clinical trials which assessed the use of implants and/or screws for orthodontic anchorage and studies involving treatment on syndromic patients, surgery, other simultaneous treatments, or appliances (ie mini-plates) were considered. Electronic databases (MEDLINE, MEDLINE In-Process & Other Non-Indexed Citations, Lilacs, PUBMED, EMBASE, Web of Science, and All Evidence Based Medicine Reviews) were searched with the help of a senior Health Sciences librarian. Abstracts which appeared to fulfill the selection criteria were selected by consensus. The original articles were then retrieved and evaluated with a methodological checklist. References were also hand searched for possible missing articles. Results: Eleven articles fulfilled the selection criteria established. Five studies involved the use of implants while six involved the use of screws for orthodontic purposes. An individual methodological analysis for each article was made. Conclusions: Loading protocols for implants involve a minimum waiting period of 2 months before applying orthodontic forces while loading protocols for screws involve immediate loading or a waiting period of 2 weeks to apply forces. Success rates for implants were on average higher than for screws.

Keywords: Analysis, Anchorage, Bone, Citations, Clinical Trials, Databases, Health, Humans, Implants, Methods, Orthodontic Loading, References, Region, Review, Science, Screws, Surgery, Systematic, Systematic Review, Temporary Anchorage Devices, Titanium Screws, Treatment, Web of Science

? Flores-Mir, C. and Major, P.W. (2006), Cephalometric facial soft tissue changes with the twin block appliance in class II division 1 malocclusion patients. *Angle Orthodontist*, **76** (5), 876-881.

Full Text: [2006\Ang Ort76, 876.pdf](2006/Ang%20Ort76,%20876.pdf)

Abstract: Objective: To evaluate facial soft tissue changes after the use of the twin block appliance in Class 11 division 1 malocclusion patients. Materials and Methods: Several electronic databases (PUBMED, MEDLINE, MEDLINE In-Process & Other Non-Indexed Citations, Cochrane databases, EMBASE, Web of Science, and LILACS) were searched with the help of a senior health-sciences librarian. Abstracts that appeared to fulfill the initial selection criteria were selected by consensus, and the original articles were retrieved. The article references were hand-searched for possible missing articles. Clinical trials that assessed facial soft tissue changes with the use of the twin block appliance without any surgical intervention or syndromic characteristics were considered. A comparable untreated control group was required to factor out normal growth changes. Results: Two articles fulfilled the selection criteria and quantified facial soft tissue changes. Although some statistically significant changes in the soft tissue profile were found, the magnitude of the changes may not be perceived as clinically significant. Changes produced in the upper lip seem to be controversial, although the study with sounder methodological quality did not report significant changes. No change in the anteroposterior position of the lower lip and the soft tissue menton or improvement of the facial convexity was found. Conclusions: Three-dimensional quantification of the soft tissue changes is required to overcome current limitations in our understanding of the soft tissue changes obtained after the use of the twin block appliance in Class II division 1 malocclusion patients.

Keywords: Bass, Bionator, Citations, Clinical Trials, Clinical-Trials, Cochrane, Control, Databases, Efficacy, EMBASE, Facial Changes, Functional Appliances, Functional Appliances, Health Sciences, Intervention, Mandibular Growth, MEDLINE, Methods, Normal, Profile, PUBMED, Quality, Science, Soft Tissue, Surgical, Systematic Reviews, Twin Block, Web of Science

? Leonardi, R., Giordano, D., Maiorana, F. and Spampinato, C. (2008), Automatic cephalometric analysis: A systematic review. *Angle Orthodontist*, **78** (1), 145-151.

Full Text: [2008\Ang Ort78, 145.pdf](2008/Ang%20Ort78,%20145.pdf)

Abstract: Objective: To describe the techniques used for automatic landmarking of cephalograms, highlighting the strengths and weaknesses of each one and reviewing the percentage of success in locating each cephalometric point. Materials and Methods: the literature survey was performed by searching the MEDLINE, the Institute of Electrical and Electronics Engineers, and the ISI Web of Science Citation Index databases. The survey covered the period from January 1966 to August 2006. Abstracts that appeared to fulfill the initial selection criteria were selected by consensus. The original articles were then retrieved. Their references were also hand-searched for possible missing articles. The search strategy resulted in 118 articles of which eight met the inclusion criteria. Many articles were rejected for different reasons; among these, the most frequent was that results of accuracy for automatic landmark recognition were presented as a percentage of success. Results: A marked difference in results was found between the included studies consisting of heterogeneity in the performance of techniques to detect the same landmark. All in all, hybrid approaches detected cephalometric points with a higher accuracy in contrast to the results for the same points obtained by the model-based, image filtering plus knowledge-based landmark search and “soft-computing” approaches. Conclusions: the systems described in the literature are not accurate enough to allow their use for clinical purposes. Errors in landmark detection were greater than those expected with manual tracing and, therefore, the scientific evidence supporting the use of automatic landmarking is low.

Keywords: Accuracy, Analysis, Automatic, Cephalogram Analysis, Cephalometry, Citation, Computer-Assisted, Craniofacial Landmarks, Databases, Error, ISI, Landmark Identification, Literature, Localization, Methods, Points, Radiographs, Recognition, Reliability, Review, Reviewing, Science, Science Citation Index, Strategy, Success, Survey, Systematic, Systematic Review, Web of Science

? Korayem, M., Flores-Mir, C., Nassar, U. and Olfert, K. (2008), Implant site development by orthodontic extrusion: A systematic review. *Angle Orthodontist*, **78** (4), 752-760.

Full Text: [2008\Ang Ort78, 752.pdf](2008/Ang%20Ort78,%20752.pdf)

Abstract: Objective: To determine the effectiveness of orthodontic extrusion of nonrestorable teeth prior to implant placement for improving the alveolar bone and gingival characteristics of implant recipient sites. Materials and Methods: Electronic database searches of the following databases were conducted with the help of a senior health sciences librarian: MEDLINE, PUBMED, EMBASE, Scopus, Web of Science, and CINAHL Plus. Hand searches of the reference lists of selected articles were also conducted. Abstracts that appeared to fulfill the initial selection criteria were selected for full article retrieval. Retrieved articles were then carefully evaluated, and more specific selection criteria were applied. The authors conducted the selection processes independently, and any differences were resolved through discussion. An analysis of timing, type, and magnitude of forces applied was sought. Results: Eighteen articles were considered for review. Most of the selected articles were case reports or case series describing orthodontic extrusion of periodontally hopeless maxillary anterior teeth. The results of the reported cases were evaluated individually and collectively with regard to various hard and soft tissue implant site characteristics. Clinically significant gains in alveolar bone and gingival tissue were reported in all cases, resulting in significant quantitative and qualitative improvements in the implant sites. Conclusions: Based on the available literature, orthodontic extrusion of nonrestorable teeth prior to implant placement appears to be a viable alternative to conventional surgical augmentative procedures in implant site development. No direct comparison to any other method was found, and therefore no conclusion could be made about its relative efficacy.

Keywords: analysis, authors, bone, case reports, case series, databases, development, effectiveness, efficacy, EMBASE, FORCED ERUPTION, health sciences, implant site, literature, Methods, orthodontic extrusion, PUBMED, quantitative, review, Science, sciences, Scopus, soft tissue, surgical, systematic, systematic review, Web of Science

? Ehsani, S., Mandich, M.A., El-Bialy, T.H. and Flores-Mir, C. (2009), Frictional resistance in self-ligating orthodontic brackets and conventionally ligated brackets. *Angle Orthodontist*, **79** (3), 592-601.

Full Text: [2009\Ang Ort79, 592.pdf](2009/Ang%20Ort79,%20592.pdf)

Abstract: Objective: To compare the amount of expressed frictional resistance between orthodontic self-ligating brackets and conventionally ligated brackets in vitro as reported in the literature. Methods: Several electronic databases (MEDLINE, PUBMED, EMBASE, Cochrane Library, and Web of Science) were searched without limits. In vitro studies that addressed friction of self-ligating brackets compared with conventionally ligated brackets were selected and reviewed. In addition, a search was performed by going through the reference lists of the selected articles to identify any paper that could have been missed by the electronic searches. Results: A total of 70 papers from the electronic database searches and 3 papers from the secondary search were initially obtained. After applying the selection criteria, only 19 papers were included in this review. A wide range of methods were applied. Conclusions: Compared with conventional brackets, self-ligating brackets produce lower friction when coupled with small round archwires in the absence of tipping and/or torque in an ideally aligned arch. Sufficient evidence was not found to claim that with large rectangular wires, in the presence of tipping and/or torque and in arches with considerable malocclusion, self-ligating brackets produce lower friction compared with conventional brackets. (Angle Orthod. 2009;79: 592-601.).

Keywords: 4 Alloys, Archwire Combinations, Brackets, Ceramic Brackets, Cochrane, Databases, Edgewise Brackets, Elastomeric Ligatures, Forces, Friction, In Vitro, In-Vitro, Literature, Methods, Papers, PUBMED, Resistance, Review, Science, Self-Ligation, Sliding Mechanics, Stainless-Steel, Systematic Review, Web of Science, Wire Combinations

? Leonardi, R., Annunziata, A., Licciardello, V. and Barbato, E. (2010), Soft tissue changes following the extraction of premolars in nongrowing patients with bimaxillary protrusion. *Angle Orthodontist*, **80** (1), 211-216.

Full Text: [2010\Ang Ort80, 211.pdf](2010/Ang%20Ort80,%20211.pdf)

Abstract: Objective: To quantify the amount of perioral tissue changes following the extraction of four premolars in patients with bimaxillary protrusion who had nearly completed active growth. Materials and Methods: A literature search was conducted to identify clinical trials that assessed cephalometric perioral soft tissue changes in patients affected by biprotrusion and treated with extractions. Electronic databases (PUBMED, ISI WoS Science Citation Index Expanded, and HubMed) were searched. Abstracts that appeared to fulfill the initial selection criteria were selected, and the full-text original articles were retrieved and analyzed. Only articles that fulfilled the final selection criteria were finally considered. Their references were also hand-searched for possible missing articles from the database searches. Results: Nine abstracts met the initial inclusion criteria and these articles were retrieved. From these, five were later rejected mostly because the sample dealt with growing subjects. Four articles remained and they showed that the upper and lower lips retracted and the nasolabial angle increased following premolar extraction. Upper lip retraction ranged from 2 mm to 3.2 mm, lower lip retraction ranged from 2 mm to 4.5 mm. Conclusions: the lip procumbency improves following the extraction of four premolars and this improvement is predictable. However, the changes are small and do not dramatically modify the profile. A “dished in” profile is not to be expected. Individual variation in response is large. (Angle Orthod 2010;80:211-216.).

Keywords: African-American Patients, Articles, Bimaxillary, Changes Concurrent, Citation, Database, Databases, Extraction, Growth Changes, Incisor Retraction, ISI, Literature, Matched Samples, Orthodontic Treatment, Premolars, Profile, Profile Changes, Protrusion, Science, Science Citation Index, Tooth Retraction

? Janson, G., Branco, N.C., Fernandes, T.M.F., Sathler, R., Garib, D. and Lauris, J.R.P. (2011), Influence of orthodontic treatment, midline position, buccal corridor and smile arc on smile attractiveness: A systematic review. *Angle Orthodontist*, **81** (1), 153-161.

Full Text: [2011\Ang Ort81, 153.pdf](2011/Ang%20Ort81,%20153.pdf)

Abstract: Objective: To assess the scientific evidence of the influence of some variables on smile attractiveness: orthodontic treatment, midline position, axial midline angulation, buccal corridor, and smile arc. Materials and Methods: Literature was searched through PUBMED, Web of Science, EMBASE, and All EBM Reviews. The inclusion criteria consisted of studies written in English; published in the past three decades; concerning the influence of orthodontic treatment, midline position, axial midline angulation, buccal corridor, and smile arc on smile esthetics; and judged by a minimum of 10 raters. Quality features evaluated were adequate description of samples, absence of confounding factors, and description of methods used to evaluate the smiles and statistical analyses. Results: Initially, 203 articles were retrieved. of these, 20 abstracts met the initial inclusion criteria and were selected. Thirteen articles were classified as high quality, seven as average, and none as low quality. Conclusion: Four-premolar extraction or nonextraction treatment protocols seem to have no predictable effect on overall smile esthetics, meaning that if well indicated, extraction in orthodontics does not necessarily have a deleterious effect on facial esthetics. The selected articles recommend that a small dental midline deviation of 2.2 mm can be considered acceptable by both orthodontists and laypeople, whereas an axial midline angulation of 10 degrees (2 mm measured from the midline papilla and the incisal edges of the incisors) is already very apparent, and considering studies dealing with real smiles, buccal corridor sizes and smile arc alone do not seem to affect smile attractiveness. (Angle Orthod. 2011;81:153-161.).

Keywords: Confounding, Dental Aesthetics, Discrepancies, Esthetics, Extraction, Impact, Laypersons, Methods, Orthodontics, Perception, PUBMED, Quality, Ratings, Review, Science, Space, Statistical, Systematic, Systematic Review, Treatment, Web of Science

? Long, H., Pyakurel, U., Wang, Y., Liao, L.N., Zhou, Y. and Lai, W.L. (2013), Interventions for accelerating orthodontic tooth movement A systematic review. *Angle Orthodontist*, **83** (1), 164-171.

Full Text: [2013\Ang Ort83, 164.pdf](2013/Ang%20Ort83,%20164.pdf)

Abstract: Objective: To evaluate the effectiveness of interventions on accelerating orthodontic tooth movement. Materials and Methods: We searched the databases of PubMed, Embase, Science Citation Index, CENTRAL, and SIGLE from January 1990 to August 2011 for randomized or quasi-randomized controlled trials that assessed the effectiveness of interventions on accelerating orthodontic tooth movement. The processes of study search, selection, and quality assessment were conducted independently in duplicate by two review authors. Original outcome data, if possible, underwent statistical pooling by using Review Manager 5. Results: Through a predefined search strategy, we finally included nine eligible studies. Among them, five interventions were studied (ie, low-level laser therapy, corticotomy, electrical current, pulsed electromagnetic fields, and dentoalveolar or periodontal distraction). Six outcomes were evaluated in these studies (ie, accumulative moved distance or movement rate, time required to move tooth to its destination, anchorage loss, periodontal health, pulp vitality, and root resorption). Conclusion: Among the five interventions, corticotomy is effective and safe to accelerate orthodontic tooth movement, low-level laser therapy was unable to accelerate orthodontic tooth movement, current evidence does not reveal whether electrical current and pulsed electromagnetic fields are effective in accelerating orthodontic tooth movement, and dentoalveolar or periodontal distraction is promising in accelerating orthodontic tooth movement but lacks convincing evidence. (Angle Orthod. 2013; 83:164-171.).

Keywords: Accelerate, Assessment, Authors, Bias, Citation, Corticotomy, Corticotomy-Facilitated Orthodontics, Data, Databases, Distraction, Duration, Effectiveness, Electromagnetic Fields, Evidence, Extraction, Health, Interventions, Laser, Materials, Maxillary Canine Retraction, Movement, Orthodontic Tooth Movement, Outcome, Outcomes, Periodontal-Ligament, Pubmed, Quality, Randomized, Rats, Results, Review, Science, Science Citation Index, Search Strategy, Selection, Strategy, Systematic Review, Therapy, Velocity

? Yan, B.X. (2013), Re: The 100 top-cited articles in orthodontics from 1975 to 2011 by Jifang Hui, Zongkai Han, Guannan Geng, Weijun Van and Ping Shao. The Angle Orthodontist; on line early: http://dx.doi.org/10. 23191040512-284.1. *Angle Orthodontist*, **83** (2), 365.

Full Text: [2013\Ang Ort83, 365.pdf](2013/Ang%20Ort83,%20365.pdf)

Keywords: Mar

? Hui, J.F., Han, Z.K., Geng, G.N., Yan, W.J. and Shao, P. (2013), Re response to: The 100 top-cited articles in orthodontics from 1975 to 2011 by Jifang Hui, Zongkai Han, Guannan Geng, Weijun Yan and Ping Shao. The Angle Orthodontist; on line early: http://dx.dolorg/10.2319/040512-284.1. *Angle Orthodontist*, **83** (2), 366.

Full Text: [2013\Ang Ort83, 366.pdf](2013/Ang%20Ort83,%20366.pdf)

Keywords: Anchorage, Citation-Classics, Journals, Mar

? Hui, J.F., Han, Z.K., Geng, G.N., Yan, W.J. and Shao, P. (2013), The 100 top-cited articles in orthodontics from 1975 to 2011. *Angle Orthodontist*, **83** (3), 491-499.

Full Text: [2013\Ang Ort83, 491.pdf](2013/Ang%20Ort83,%20491.pdf)

Abstract: Objective: To identify the 100 top-cited articles published in orthodontics journals and to analyze their characteristics to investigate the achievement and development of orthodontics research in past decades. Methods and Materials: The Institute for Scientific Information Web of Knowledge Database and the 2011 Journal Citation Report Science Editions were used to retrieve the 100 top-cited articles published in orthodontics journals since 1975. Some basic information was collected by the Analyze Tool on the Web of Science, including citation time, publication title, journal name, publication year, and country and institution of origin. A further study was then performed to determine authorship, article type, field of study, study design, and level of evidence. Results: The 100 target articles were retrieved from three journals: American Journal of Orthodontics and Dentofacial Orthopedics (n = 74), The Angle Orthodontist (n = 15), and European Journal of Orthodontics (n = 11). Since 1975, the articles cited 89 to 545 times mainly originated from the United States, and the overwhelming majority of articles were clinical. The most common study design was case series; 40 articles were classified as level IV and 12 as level V evidence. Conclusions: The 100 top-cited articles in orthodontics are generally old articles, rarely possessing high-level evidence. (Angle Orthod. 2013;83:491-499.).

Keywords: Achievement, Anchorage, Authorship, Bibliometrics, Characteristics, Citation, Citation Analysis, Citation-Classics, Clinical, Country, Design, Development, Evidence, Field, Impact, Information, Institute For Scientific Information, Iv, Journal, Journal Citation Report, Journals, Knowledge, Materials, Methods, Origin, Orthodontics, Publication, Research, Results, Science, Study Design, Top-Cited, United States, Web of Knowledge, Web of Science

? Long, H., Zhou, Y., Pyakurel, U., Liao, L.N., Jian, F., Xue, J.J., Ye, N.S., Yang, X., Wang, Y. and Lai, W.L. (2013), Comparison of adverse effects between lingual and labial orthodontic treatment A systematic review. *Angle Orthodontist*, **83** (6), 1066-1073.

Full Text: [2013\Ang Ort83, 1066.pdf](2013/Ang%20Ort83,%201066.pdf)

Abstract: Objective: To compare adverse effects between labial and lingual orthodontic treatments through a systematic review of the literature. Materials and Methods: The protocol of this systematic review (CRD42012002455) was registered in the International Prospective Register of Systematic Reviews (PROSPERO). An electronic search was conducted in PubMed, Embase, Web of Science, CENTRAL, SIGLE, Pro Quest Dissertations & Theses, and ClinicalTrial.gov for articles published between January 1980 and December 2012. Primary outcomes included pain and caries; secondary outcomes were eating difficulty, speech difficulty, oral hygiene, and treatment duration. Meta-analyses were conducted in Comprehensive Meta-Analysis version 2.2.064. Results: Six studies were included, two randomized controlled trials and four clinical controlled trials; of these, four were medium quality and two were low quality in terms of the risk of bias. Five of the six outcomes were evaluated in the included studies, and treatment duration was not; pain, eating difficulty, speech difficulty were statistically pooled. Meta-analysis revealed that the pooled odds ratios were 1.20 (95% confidence interval [Cl] = 0.30-4.87) for overall pain, 32.24 (95% Cl = 14.13-73.55) for pain in tongue, 0.08 (95% Cl = 0.04-0.18) for pain in cheek, 0.11 (95% Cl = 0.03-0.42) for pain in lip, 3.59 (95% Cl = 1.85-6.99) for eating difficulty, and 8.61 (95% Cl = 3.55 20.89) for speech difficulty. Sensitivity analysis showed consistent results except for eating difficulty. No publication bias was detected. Conclusions: The likelihood of overall pain was similar between the two modalities. Patients who underwent lingual orthodontic treatment were more likely to suffer from pain in the tongue and less likely to suffer from pain in the cheek and lip. Lingual orthodontic treatment increased the likelihood of speech difficulty. Eating difficulty, oral hygiene, caries, and treatment duration could not be compared in this systematic review.

Keywords: Adult Patients Adjustability, Adverse Effect, Adverse Effects, Analysis, Bias, Caries, Clinical, Comparison, Confidence, Discomfort, Dissertations, Duration, Eating, Effects, Fill, Fixed Appliances, Hygiene, Interval, Labial Orthodontics, Lingual Orthodontics, Literature, Materials, Meta-Analysis, Metaanalysis, Methods, Modalities, Nov, Oral, Outcomes, Pain, Protocol, Publication, Publication Bias, Pubmed, Quality, Randomized, Randomized Controlled Trials, Results, Review, Risk, Science, Sensitivity, Sensitivity Analysis, Systematic Review, Systematic Reviews, Theses, Treatment, Trim, Version, Web of Science

? Baumgartner, S., Pandis, N. and Eliades, T. (2014), Exploring the publications in three major orthodontic journals A comparative analysis of two 5-year periods. *Angle Orthodontist*, **84** (3), 397-403.

Full Text: [2014\Ang Ort84, 397.pdf](2014/Ang%20Ort84,%20397.pdf)

Abstract: Objective: To analyze the types of articles and authorship characteristics of three orthodontic journals-American Journal of Orthodontics and Dentofacial Orthopedics (AJODO), The Angle Orthodontist (AO), and European Journal of Orthodontics (EJO)-published between 2008 and 2012 and to assess the differences in content within this period and an earlier period of 1998 to 2002. Materials and Methods: Each journal’s content was accessed through the web edition. From each article, the following parameters were recorded: article type, number of authors, number of affiliations, source of article (referring to the first author’s affiliation), and geographic origin. Descriptive statistics were performed and selected parameters were analyzed with the Pearson chi-square or Fisher exact test for independence at the .05 level of significance. Results: Review of differences between the two periods showed that the number of publications was almost double. The percentages of multi-authored articles increased. Fewer studies derived from the United States/Canada and European Union countries. Increases for articles from non-European Union countries, Asia, and other countries were found. Characteristics of the second period showed that the EJO and AO published more research articles, whereas the AJODO regularly published case reports and other articles. Approximately 75% of all studies derived from orthodontic departments. Conclusions: The publications from 1998-2002 and 2008-2012 were significantly different both in terms of numbers and characteristics. Within 2008-2012 there were notable differences between the three journals concerning the type and origin of the publications.

Keywords: Affiliation, Analysis, Article, Article Characteristics, Articles, Asia, Authors, Authorship, Authorship Characteristics, Bibliometrics, Case Reports, Characteristics, Chi-Square, Citation-Classics, Descriptive Statistics, European Union, European Union Countries, First, Journal, Journals, Materials, Methods, Origin, Orthodontic Journals, Orthodontics, Orthopedics, Perspective, Publications, Research, Results, Review, Significance, Source, Statistics, Top-Cited Articles, Trends, Web

? Pacheco-Pereira, C., Canto, G.D., Major, P.W. and Flores-Mir, C. (2015), Variation of orthodontic treatment decision-making based on dental model type: A systematic review. *Angle Orthodontist*, **85** (3), 501-509.

Full Text: [2015\Ang Ort85, 501.pdf](2015/Ang%20Ort85,%20501.pdf)

Abstract: Objective: To determine in which clinical scenarios digital models are valid as replacements for plaster models during orthodontic treatment decision-making process and treatment planning. Materials and Methods: An attempt to identify all pertinent published information was made. Retained articles were those where a decision-making process leading to differential orthodontic treatment plans based on either method were compared. The search was tailored for PubMed and adapted for EMBASE, MEDLINE, the Cochrane Library, LILACS, and Web of Science. A partial grey literature search was conducted through Google Scholar. References lists of the included articles were screened for potential relevant studies. The methodology of selected studies was evaluated using the Quality Assessment Tool for Diagnostic Accuracy Studies (QUADAS). Results: Only two studies were finally selected for the qualitative and quantitative synthesis. QUADAS results scores from selected studies ranged from 61% to 83% of 11 items evaluated. In one, the overall treatment plan regarding orthognathic surgery for Class II malocclusion changed in 13% to 22% of the cases. In the other one, 6% of the orthodontic treatment plans changed. Conclusion: Digital models could be used to replace plaster models in Class II malocclusion treatment planning.

Keywords: Accuracy, Clinical, Computational Formulation, Decision Making, Decision-Making, Decision-Making Process, Digital Models, Digital Models, Google Scholar, Information, Literature, Medline, Methodology, Model, Models, Orthodontics, Planning, Plaster Models, Plaster Models, Potential, Pubmed, Qualitative, Quality, Reliability, Review, Scenarios, Science, Space Analysis, Surgery, Synthesis, Systematic Review, Technology, Treatment, Treatment Planning, Validity, Web Of Science

# Title: Animal Behaviour

Full Journal Title: Animal Behaviour

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bee, M.A., Schwartz, J.J. and Summers, K. (2013), All’s well that begins Wells: Celebrating 60 years of *Animal Behaviour* and 36 years of research on anuran social behaviour. *Animal Behaviour*, **85** (1), 5-18.

Full Text: [2013\Ani Beh85, 5.pdf](../HO-reference/2013/Ani%20Beh85,%205.pdf)

Abstract: The scientific study of frogs and toads as important systems in behavioural ecology traces its roots to an influential review published in this journal 36 years ago (Wells 1977a, ‘The social behaviour of anuran amphibians’, Animal Behaviour, 25, 666-693). In just 28 pages, Wells summarized the state of knowledge on important behaviours associated with anuran breeding and introduced an evolutionary framework ‘for understanding the relationship between social behaviour and ecology’ (page 666) that was largely lacking in earlier treatments of this group. Not only is Wells’s review one of the most cited papers ever published in Animal Behaviour, it is also responsible for setting broad research agendas and shaping much of our current thinking on social behaviour in an entire order of vertebrates. As such, it is entirely appropriate that we honour Wells’s review and its contributions to the study of animal behaviour in this inaugural essay celebrating 12 papers selected by the community as the most influential papers published in the 60-year history of Animal Behaviour. In our essay, we place Wells’s review in historical context at the dawn of behavioural ecology, highlight the field’s progress in answering some major research questions outlined in the review, and provide our own prospectus for future research on the social behaviour of anuran amphibians. (C) 2012 The Association for the Study of Animal Behaviour. Published by Elsevier Ltd. All rights reserved.

Keywords: Aggression, Anuran, Behaviour, Call Timing, Chorus, Community, Context, Dart-Poison Frog, Ecology, Energetics, Framework, Graded Aggressive Calls, Great-Plains Toad, History, Journal, Knowledge, Male Calling Behavior, Male Green Frogs, Male Mating Success, Mate Choice, Neighbor-Stranger Discrimination, Papers, Parental Care, Progress, Research, Review, Rights, Social, Social Behaviour, State, Systems, Territorial-Male Bullfrogs, Toad Bufo-Woodhousei, Treefrog Hyla-Microcephala, Understanding, Vertebrates

# Title: Animal Breeding Abstracts

Full Journal Title: Animal Breeding Abstracts

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0003-3499

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: TTopic

? Russell, J. and Galina, C. (1987), Research and publishing trends in cattle reproduction in the tropics: Part 2. A Third World prerogative. *Animal Breeding Abstracts*, **55** (11), 819-828.

Abstract: A bibliometric analysis of documents published on the subject of cattle reproduction in the tropics, and indexed in the CAB Abstracts database, showed a marked participation of the Third World in this field of research. A small number of these studies reached the mainstream scientific literature, as publication occurrred to a large extent through national journals, as well as in non-conventional document formats, particularly conference proceedings and theses. Devoloping countries showed a notable preference for publishing in their native language. The main obstacle limiting the world-wide dissemination of Third World research appears to be the difficulties involved in distributing copies of documents published in these regions, as well as language barriers restricting the assimilation and use of the information they contain.

Keywords: Analysis, Barriers, Bibliometric, Bibliometric Analysis, Cattle, Database, Field, Information, Journals, Literature, Participation, Preference, Publication, Publishing, Reproduction, Research, Scientific Literature, Small, Trends

# Title: Animal Health Research Reviews

Full Journal Title: Animal Health Research Reviews

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Dzikamunhenga, R.S., Anthony, R., Coetzee, J., Gould, S., Johnson, A., Karriker, L., McKean, J., Millman, S.T., Niekamp, S.R. and O’Connor, A.M. (2014), Pain management in the neonatal piglet during routine management procedures. Part 1: A systematic review of randomized and non-randomized intervention studies. *Animal Health Research Reviews*, **15** (1), 14-38.

Full Text: [2014\Ani Hea Res Rev15, 14.pdf](2014/Ani%20Hea%20Res%20Rev15,%2014.pdf)

Abstract: Routine procedures carried out on piglets (i.e. castration, tail docking, teeth clipping, and ear notching) are considered painful. Unfortunately the efficacy of current pain mitigation modalities is poorly understood. The aim of this systematic review was to synthesize the existing primary scientific literature regarding the effectiveness of pain management interventions used for routine procedures on piglets. The review question was, ‘In piglets under twenty-eight days old, undergoing castration, tail docking, teeth clipping, and/or methods of identification that involve cutting of the ear tissue, what is the effect of pain mitigation compared with no pain mitigation on behavioral and non-behavioral outcomes that indicate procedural pain and post-procedural pain?’ A review protocol was designed a priori. Data sources used were Agricola (EBSCO), CAB Abstracts (Thomson Reuters), PubMed, Web of Science (Thomson Reuters), BIOSIS Previews (Thomson Reuters), and ProQuest Dissertations & Theses Full Text. No restrictions on year of publication or language were placed on the search. Eligible studies assessed an intervention designed to mitigate the pain of the procedures of interest and included a comparison group that did not receive an intervention. Eligible non-English studies were translated using a translation service. Two reviewers independently screened titles and abstracts for relevance using pre-defined questions. Data were extracted from relevant articles onto pre-defined forms. From the 2203 retrieved citations forty publications, containing 52 studies met the eligibility criteria. In 40 studies, piglets underwent castration only. In seven studies, piglets underwent tail docking only. In one study, piglets underwent teeth clipping only, and in one study piglets underwent ear notching only. Three studies used multiple procedures. Thirty-two trial arms assessed general anesthesia protocols, 30 trial arms assessed local anesthetic protocols, and 28 trial arms assessed non-steroidal anti-inflammatory drugs (NSAIDs) protocols. Forty-one trial arms were controls where piglets received either placebo or no treatment. Forty-five outcomes were extracted from the studies, however only the results from studies that assessed cortisol (six studies), beta-endorphins (one study), vocalisations (nine studies), and pain-related behaviors (nine studies) are reported. Other outcomes were reported in only one or two studies. Confident decision making will likely be difficult based on this body of work because lack of comprehensive reporting precludes calculation of the magnitude of pain mitigation for most outcomes.

Keywords: Analgesia, Anesthesia, Anesthesia Systematic Review, Articles, Behavior, Cab, Calculation, Castration, Castration, Citations, Comparison, Cortisol, Criteria, Data, Decision, Decision Making, Decision-Making, Dissertations, Drugs, Effectiveness, Efficacy, Forms, General, General Anesthesia, Identification, Inhalation Anesthesia, Intervention, Intervention Studies, Interventions, Language, Literature, Local, Local Anesthetic, Local-Anesthesia, Magnitude, Management, Meta-Analysis, Methods, Mitigation, Modalities, Neonatal, Newborn Piglets, Nsaids, Outcomes, Pain, Pain Management, Placebo, Primary, Procedures, Protocol, Protocols, Publication, Publications, Pubmed, Randomized, Relevance, Reporting, Responses, Restrictions, Review, Reviewers, Science, Scientific Literature, Service, Sources, Stress, Suckling Piglets, Swine, Systematic, Systematic Review, Tail Docking, Theses, Thomson Reuters, Thomson-Reuters, Translation, Treatment, Trial, Vocalization, Web Of Science, Work

# Title: Annalen der Physik

Annalen der Physik und Chemie 1824-1899

Full Journal Title: [Annalen der Physik](http://www3.interscience.wiley.com/journal/5006612/toc); [Annalen der Physik](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1521-3889/issues)

ISO Abbrev. Title: Ann. Phys.-Berlin

JCR Abbrev. Title: Ann Phys-Berlin

ISSN: 0003-3804

Issues/Year: 12

Language: Multi-Language

Journal Country/Territory: Germany

Publisher: Wiley-Blackwell

Publisher Address: Commerce Place, 350 Main St, Malden 02148, MA,

Subject Categories:

Physics, Multidisciplinary: Impact Factor 0.861, 44/80 (2010)

? Mie, G. (1908), Beiträge zur Optik trüber Medien, speziell kolloidaler Metallösungen. *Annalen der Physik*, **330** (3), 377-445.

Full Text: [-1959\Ann Phy330, 377.pdf](-1959/Ann%20Phy330,%20377.pdf)

? Mie, G. (1908), Contribution on optical properties of turbid solutions, with special reference to colloid etallic solutions. *Annalen der Physik*, **330** (3), 377-445.

Full Text: [-1959\Ann Phy330, 377.pdf](-1959/Ann%20Phy330,%20377.pdf)

? Bethe, H.A. (1929), Energy level cleavage in crystals. *Annalen der Physik*, **3**, 133-208.

Full Text: -1959\Ann Phy3, 133.pdf

? Cardona, M. and Marx, W. (2006), The posthumous impact of Paul Drude. *Annalen der Physik*, **15** (7-8), 461-468.

Full Text: [2006\Ann Phy15, 461.pdf](2006/Ann%20Phy15,%20461.pdf)

Abstract: In this study the long-term impact of the works of Paul Drude has been analyzed by bibliometric methods. His overall citation impact and rank within the pre-1910 authors in chemistry and physics has been determined. The time-dependent number of mentions of his name. The overall citation impact and the citation numbers of single articles and books have been investigated. The impact time curves of his most frequently cited articles and books are presented and discussed. The scientific contributions of the most influential Drude works for solid state physics are analyzed. in particular their impact oil recent research. (C) 2006 WILEY-VCH VCH GmbH & Co. KGaA. Weinheim.

Keywords: Bibliometric, Bibliometric Indicators, Citations, CO, Course, Data, Dating, H Index, h-Index, Hirsch, Hirsch Index, History of Science, Impact Analysis, Index, Indicators, Informal, Informal Citations, Investigations, Journal, Journal Articles, Journals, Methodology, Policy, Presentation, Qualitative, Science, Science Citation Index, Science Policy, Web of Science

? Schreiber, M. (2007), A case study of the Hirsch Index for 26 non-prominent physicists. *Annalen der Physik*, **16** (9), 640-652.

Full Text: [2007\Ann Phy16, 640.pdf](2007/Ann%20Phy16,%20640.pdf)

Abstract: the h Index was introduced by Hirsch to quantify an individual’s scientific research output. It has been widely used in different fields to show the relevance of the research work of prominent scientists. I have worked out 26 practical cases of physicists which are not so prominent. Therefore this case study should be more relevant to discuss various features of the Hirsch Index which are interesting or disturbing or both for the more average situation. In particular, I investigate quantitatively some pitfalls in the evaluation and the influence of self-citations.

Keywords: Case Study, Citation, Citation Analysis, Evaluation, h Index, h-Index, Hirsch Index, Relevance, Research, Research Work, Researchers, Science, Scientific Research, Scientists, Self-Citations, Work

? Cardona, M., Chamberlin, R.V. and Marx, W. (2007), The history of the stretched exponential function. *Annalen der Physik*, **16** (12), 842-845.

Full Text: [2007\Ann Phy16, 842.pdf](2007/Ann%20Phy16,%20842.pdf)

Keywords: Citation Analysis, Decay, Function, History, History of Physics, Relaxation, Stretched Exponential

? Cardona, M. and Marx, W. (2008), Max Born and his legacy to condensed matter physics. *Annalen der Physik*, **17** (7), 497-518.

Full Text: [2008\Ann Phy17, 497.pdf](2008/Ann%20Phy17,%20497.pdf)

Abstract: After a presentation of Max Born’s most salient biographical data, we discuss his contributions to science and science policy, with special emphasis on those related to condensed matter physics. Our discussion includes journal articles as well as books. The methodology used is both qualitative and quantitative, including number of items, number of formal and informal citations, and other bibliometric indicators such as the recently proposed Hirsch Index (h-Index). The data are mainly based on the Thomson/ISI Web of Science (WoS) which covers a carefully selected set of the more prestigious journals dating back to 1900. Born’s books and articles not published in the journals covered by the WoS can also be evaluated, provided they are cited within the WoS journals. Some anecdotic and historical details, which have come to the fore in the course of our bibliometric investigations, are included. (C) 2008 WILEY-VCH Verlag GmbH & Co. KGaA, Weinheim.

Keywords: Bibliometric, Bibliometric Indicators, Citations, Course, Data, h Index, h-Index, Hirsch, Hirsch Index, History of Science, Impact Analysis, Index, Indicators, Informal Citations, Investigations, Journal, Journal Articles, Journals, Methodology, Policy, Presentation, Qualitative, Science, Science Citation Index, Science Policy, Web of Science

? Romero, A.H., García, A. and Kiwi, M. (2009), Evaluation of the scientific impact, productivity and biological age based upon the h-Index in three Latin American countries: the materials science case. *Annalen der Physik*, **18** (4), 198-205.

Full Text: [2009\Ann Phy18, 198.pdf](2009/Ann%20Phy18,%20198.pdf)

Abstract: We discuss the scientific impact of Latin American scientists in the field of materials science. The analysis is based on the h-Index as the scientometric index used to quantify the scientific productivity of an individual. In particular, we focus our analysis in Mexico, Chile and Colombia. We compare the level of productivity between all these countries. We also analyzed the h-Index as function of the biological age, by using the first year of publication of a given scientists as a reference and discussed the general distribution of its quantification. We do not find a clear relationship between these two quantities. Based in our results we propose some political measures that these countries could implement to improve productivity as well as scientific development in this field. (C) 2009 WILEY-VCH Verlag GmbH & Co. KGaA, Weinheim

Keywords: h-Index, Bibliometric Indices, Research Evaluation, Field Scientific Performance, Hirsch-Index, Bibliometric Indicators

? Schreiber, M. (2009), The influence of self-citation corrections and the fractionalised counting of multi-authored manuscripts on the Hirsch Index. *Annalen der Physik*, **18** (9), 607-621.

Full Text: [2009\Ann Phy18, 607.pdf](2009/Ann%20Phy18,%20607.pdf)

Abstract: the Hirsch Index or h-Index is widely used to quantify the impact of an individual’s scientific research output, determining the highest number h of a scientist’s papers that received at least h citations. Fractionalised counting of the publications is an appropriate way to distribute the impact of a paper among all the coauthors of a multi-authored manuscript in an easy way, leading to a simple modification h(m) of the h-Index. On the other hand the exclusion of self-citations allows one to sharpen the index, what is appropriate, because self-citations are usually not reflecting the significance of a publication. I have previously analysed the citation records of 26 physicists discussing the sharpened index h(s) as well as the modification h(m) of the original h-Index. In the present investigation I combine these two procedures yielding the modified sharpened index h(ms). For a better comparison, interpolated indices are utilized. The correlations between the indices are rather strong, but nevertheless the positions of some datasets change, in a few cases significantly, depending on whether they are put into order according to the values of h, h(m), h(s), or h(ms). This leads to the conclusion that the additional effort in determining the modified sharpened index h(ms) is worth performing in order to obtain a fairer evaluation of the citation records. (C) 2009 WILEY-VCH Verlag GmbH & Co. KGaA, Weinheim.

Keywords: Citation, Citation Analysis, Citations, Coauthors, Evaluation, h Index, h-Index, Hirsch Index, Physicists, Publication, Publications, Research, Research Output, Self-Citations

? Schreiber, M. (2010), Twenty Hirsch Index variants and other indicators giving more or less preference to highly cited papers. *Annalen der Physik*, **522** (8), 536-554.

Full Text: [2010\Ann Phy522, 536.pdf](2010/Ann%20Phy522,%20536.pdf)

Abstract: the Hirsch Index or h-Index is widely used to quantify the impact of an individual’s scientific research output, determining the highest number h of a scientist’s papers that received at least it citations. Several variants of the index have been proposed in order to give more or less preference to highly cited papers. I analyse the citation records of 26 physicists discussing various suggestions, in particular A, e, f, g, h(2), h(w), h(T), h, m, pi, R, s, t, w, and maxprod. The total number of all and of all cited publications as well as the highest and the average number of citations are also compared. Advantages and disadvantages of these indices and indicators are discussed. Correlation coefficients are determined quantifying which indices and indicators yield similar and which yield more deviating rankings of the 26 datasets. For 6 datasets the determination of the indices and indicators is visualized. (C) 2010 WILEY-VCH Verlag GmbH & Co. KGaA. Weinheim.

Keywords: Citation, Citation Analysis, Citations, Correlation, Economics, g Index, h Index, h-Index, Hirsch Index, Ireland, Output, Papers, Physicists, Publications, R-Index, Research, Research Output, Sciences, Scientific Impact, Scientific Research

? Romero, A.H., Kremer, R.K. and Marx, W. (2011), The scientific road of Manuel Cardona: A bibliometric analysis. *Annalen der Physik*, **523** (1-2), 179-190.

Full Text: [2011\Ann Phy523, 179.pdf](2011/Ann%20Phy523,%20179.pdf)

Abstract: We present a detailed bibliometric analysis of the scientific contributions of Manuel Cardona, who represents an interesting example of a renowned scientist with a long and fruitful career. His publications provide an appropriate basis to apply various bibliometric techniques to measure the impact of his scientific achievements. For this purpose, we have taken into account his full publication record, the institutions of all his coauthors, the journals where his papers have been published, and the citations of his papers as a measure of their impact. We have analyzed in more detail some of his most important publications, which appeared as journal papers and book contributions. Additionally, we have broken down the complete ensemble of the citing papers with respect to the countries of authors, the journals, and the subject areas. The analysis performed in this study also makes use of the Hirsch Index as one of the most recognized bibliometric indicators which has rapidly captured the field of research evaluation. Finally, we have established the citation historiogram based on the most highly-cited papers to visualize their citation network. (C) 2011 WILEY-VCH Verlag GmbH & Co. KGaA, Weinheim.

Keywords: Analysis, Authors, Bibliometric, Bibliometric Analysis, Bibliometric Indicators, Bibliometric Techniques, Citation, Citation Network, Citations, Co, Evaluation, Field, h Index, h-Index, Hirsch, Hirsch Index, Hirsch Index, Impact, Index, Indicators, Institutions, Journal, Journals, Manuel Cardona, Measure, Network, Papers, Publication, Publication Record, Publications, Purpose, Record, Research, Research Evaluation, Road, Scientific Impact, SI, Techniques

# Title: Annalen der Physik und Chemie

Full Journal Title: Annalen der Physik und Chemie

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: highly cited

? Einstein, A. (1910), Theory of opalescence of homogenous liquids and liquid mixtures near critical conditions. *Annalen der Physik und Chemie*, **338** (16), 1275-1298.

Full Text: [-1959\Ann Phy Che338, 1275.pdf](-1959/Ann%20Phy%20Che338,%201275.pdf)

# Title: Annales de Chirurgie

Full Journal Title: [Annales de Chirurgie](http://sdos.ejournal.ascc.net/cgi-bin/sciserv.pl?collection=journals&journal=00033944)

ISO Abbreviated Title: Ann. Chir.

JCR Abbreviated Title: Ann Chir

ISSN: 0003-3944

Issues/Year: 10

Journal Country/Territory: France

Language: French

Publisher: Editions Scientifiques Medicales Elsevier

Publisher Address: 23 Rue Linois, 75724 Paris Cedex 15, France

Subject Categories:

Surgery: Impact Factor 0.602, /(2001)

? Pocard, M. (1998), The impact factor of medical journals: Salomon’s judgement or the dance of the seven veils? *Annales de Chirurgie*, **52** (7), 595-597.

Full Text: Ann Chi52, 595.pdf

Keywords: Bibliometric, Classification, Impact, Journals, Periodical, Standards

? Pocard, M. (2001), The impact factor or in publishing is it necessary to choose between the Orthopedic Surgery Review and the impact factor? *Annales de Chirurgie*, **126** (9), 932-933.

Full Text: [2001\Ann Chi126, 932.pdf](2001/Ann%20Chi126,%20932.pdf)

Keywords: Impact, Impact Factor, Publishing

# Title: Annales de Chirurgie Plastique Esthetique

Full Journal Title: Annales de Chirurgie Plastique Esthetique

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0151-9638

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Pluvy, I., Garrido, I., Pauchot, J., Saboye, J., Chavoin, J.P., Tropet, Y., Grolleau, J.L. and Chaput, B. (2015), Smoking and plastic surgery, part I. Pathophysiological aspects: Update and proposed recommendations. *Annales de Chirurgie Plastique Esthetique*, **60** (1), E3-E13.

Full Text: [2015\Ann Chi Pla Est60, E3.pdf](2015/Ann%20Chi%20Pla%20Est60,%20E3.pdf)

Abstract: Objectives. - Smoking patients undergoing a plastic surgery intervention are exposed to increased risk of perioperative and postoperative complications. It seemed useful to us to establish an update about the negative impact of smoking, especially on wound healing, and also about the indisputable benefits of quitting. We wish to propose a minimum time lapse of withdrawal in the preoperative and postoperative period in order to reduce the risks and maximize the results of the intervention. Methods. - A literature review of documents from 1972 to 2014 was carried out by searching five different databases (Medline, PubMed Central, Cochrane library, Pascal and Web of Science). Results. - Cigarette smoke has a diffuse and multifactorial impact in the body. Hypoxia, tissue ischemia and immune disorders induced by tobacco consumption cause alterations of the healing process. Some of these effects are reversible by quitting. Data from the literature recommend a preoperative smoking cessation period lasting between 3 and 8 weeks and up until 4 weeks postoperatively. Use of nicotine replacement therapies doubles the abstinence rate in the short term. When a patient is heavily dependent, the surgeon should be helped by a tobacco specialist. Conclusions. - Total smoking cessation of 4 weeks preoperatively and lasting until primary healing of the operative site (2 weeks) appears to optimize surgical conditions without heightening anesthetic risk. Tobacco withdrawal assistance, both human and drug-based, is highly recommended. (C) 2014 Elsevier Masson SAS. All rights reserved.

Keywords: Benefits, Blood-Flow, Cessation, Cigarette-Smoking, Complications, Consumption, Data, Databases, Documents, Effects, Free Period, From, Habitual Smokers, Healing, Human, Immune, Impact, Induced, Intervention, Ischemia, Literature, Literature Review, Medline, Methods, Minimum, Negative, Nicotine, Nicotine Replacement Therapy, Nicotine Replacement Therapy, Operative, Patient, Patients, Physiopathology, Plastic Surgery, Postoperative, Postoperative Complications, Postoperative Pulmonary Complications, Preoperative, Preoperative Nicotine Withdrawal, Primary, Pubmed, Pubmed Central, Quit Smoking, Recommendations, Results, Reversible, Review, Rights, Risk, Risks, Science, Site, Smoking, Surgery, Term, Tissue Oxygen, Tobacco, Transdermal Nicotine, Web, Web Of Science, Wound, Wound Healing

# Title: Annales de Dermatologie et de Venereologie

Full Journal Title: Annales de Dermatologie et de Venereologie

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0151-9638

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lorette, G. (1995), What’s the future of French dermatological publications? *Annales de Dermatologie et de Venereologie*, **122** (11-12), 748-750.

Keywords: Publications

? Bolac, C., Orosco, A., Guillet, G., Quist, D. and Derancourt, L. (2009), Publication rate for oral presentations made at the Journees Dermatologiques de Paris meeting. *Annales de Dermatologie et de Venereologie*, 136 (1), 21-27.

Abstract: Background. - the fate of oral presentations presented at a dermatological meeting has not been assessed to date. Our aim was to determine the publication rate for oral presentations presented at the “Journees dermatologiques de Paris” (JDP) meeting in peer-reviewed journals. Our secondary goals were to identify factors associated with publication and to examine the consistency of reporting of research findings presented in the conference abstract and subsequent full publication. Methods. - Abstracts presented orally at the JDP 1999-2004 were identified in the book of congress abstracts. Two independent operatives performed a MEDLINE search cross-referencing lead and last authors and keywords. Results. - the publication rate was 57.6% with mean time to publication of 20.3 months. The median impact factor was 2.8. Factors associated with subsequent publication were study topic (p=0.04 for oncotogy) and study type (p = 0.03 for fundamental research and p= 0.005 for randomized controlled trials). The congress abstracts and full-text publication differed primarily in terms of sample size and data given in the “Results” section. Discussion. - More than half of all abstracts presented orally at the JDP congress are subsequently published in journals with a median impact factor comparable to those seen for other scientific congresses for which similar analysis has been conducted. These results confirm the scientific quality of this particular congress, in addition to its vocation of continuous medical training. (C) 2009 Published by Elsevier Masson SAS.

Keywords: Abstracts, Analysis, Authors, Congress, Consistency, Controlled, Controlled Trials, Data, Dermatology, Factors, Fate, Goals, Impact, Impact Factor, Journals, Lead, Medical, Oral, Peer Reviewed Journals, Peer-Reviewed, Peer-Reviewed Journals, Period 2000-2004, Publication, Publication Rate, Quality, Quality of, Radiology, Randomized, Randomized Controlled Trials, Randomized Controlled-Trials, Reporting, Research, Sample Size, Search, Size, Society, Subsequent Publication, Surgeons, Time, Training, Transition

# Title: Annales Françaises d’Anesthésie et de Réanimation

Full Journal Title: [Annales Francaises d’Anesthesie et de Reanimation](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6122&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=b500c487b46cb031306bbde598659dee)

ISO Abbreviated Title: Ann. Fr. Anest. Reanim.

JCR Abbreviated Title: Ann Fr Anesth

ISSN: 0750-7658

Issues/Year: 6

Journal Country/Territory: France

Language: Multi-Language

Publisher: Editions Scientifiques Medicales Elsevier

Publisher Address: 23 Rue Linois, 75724 Paris Cedex 15, France

Subject Categories:

Anesthesiology: Impact Factor 0.424,/

Pinaud, M. and Otteni, J.C. (2000), Le «facteur d’impact» des revues d’anesthésie-réanimation: the «impact factor» of *Anaesthesia and Intensive Care* journals. *Annales Françaises d’Anesthésie et de Réanimation*, **19** (6), 492-497.

Full Text: [2000\Ann Fra dAn Rea19, 492.pdf](2000/Ann%20Fra%20dAn%20Rea19,%20492.pdf)

Abstract: the «impact factor» (IF) of scientific journals is defined as the number of citations obtained over a one-year period of articles published during the two previous years in a journal, divided by the number of articles published in that journal during the preceding two years. The IF, initially devised as an indicator of the quality of a journal, is at present mainly considered as an indicator of the quality of an article contained in that journal. However the IF of a journal is not equivalent to the actual impact of an article. Therefore the IF is not an accurate tool for assessment of the scientific quality of the author of that article.

The IFs of journals published in English are significantly higher than the IFs of those in another language, mainly as English is the language used for international communication and as English speaking authors rarely cite articles published in another language. The IF of the journal of the French society for anaesthesiology and intensive care, the *Annales françaises d’anesthésie et de réanimation* (*Afar*), is about seven times below the IF of *Anesthesiology*, which has the highest IF in the category «*Anesthesiology*». From 1992 to 1998, the relative impact value of the *Afar* has increased by 429 %. However the absolute value remains low.

Keywords: Anaesthesia, Anaesthesiology, Assessment, Care, Citations, Communication, Impact, Impact Factor, Indicator, Intensive Care, International, Journal, Journals, Quality, Quality of, Scientific Journals, Society, Value

Beye, M.D., Diouf, E., Kane, O., Ndoye, M.D., Seydi, A., Ndiaye, P.I. and Sall, B.K. (2003), Prise en charge de l’éclampsie grave en réanimation en milieu tropical africain. À propos de 28 cas: Intensive care management of 28 patients with severe eclampsia in a tropical African setting. *Annales Françaises d’Anesthésie et de Réanimation*, **22** (1), 25-29.

Full Text: [A\Ann Fra dAn Rea22, 25.pdf](A/Ann%20Fra%20dAn%20Rea22,%2025.pdf)

Abstract: *Objective –* To study the specific management problems of severe eclampsia under tropical latitudes.

*Study design –* A two years retrospective study in a University hospital in the tropics.

*Patients and Methods –* In all patients admitted for eclampsia between January 1997 et December 1999, the following parameters were studied: age, parity, interval between disease et admission, post-eclampsia Glasgow Coma Scale (GCS), time of occurrence of eclampsia during pregnancy, delivery route, blood pressure data at admission, the occurrence of complications at admission or during hospital stay.

*Results –* Twenty-eight mainly primiparous patients (mean age: 26 ±6) were admitted with an average delay of 8.5 ±10.2 hours after the first symptoms. The time of occurrence was prepartum in 6, perpartum in 14 and postpartum in 8 cases. All patients were hypertensive and comatose with an average GCS of 8 ±2.2. Twenty patients had been previously intubated and ventilated. Delivery was natural in 22 and by caesarean section in 6 patients. The following complications were found: acute oliguric renal failure (9), HELLP-syndrome (4), cerebral haemorrhage (4), acute lung oedema (3) and acute respiratory distress syndrome (1). Maternal and child mortality were 35 and 42.8% respectively.

*Conclusion –* Eclampsia is a major cause of both maternal and infantile mortality in developing countries. The authors insist that prevention and management require speedy transfers to adapted specialized obstetrical intensive care structures.

? Lienhart, A. (2011), Citation errors: Uplavici (for Hlava) and William the Silent (for Jules Verne and Mignet). *Annales Françaises d’Anesthésie et de Réanimation*, **30** (5), 429-431.

Full Text: [2011\Ann Fra dAn Rea30, 429.pdf](2011/Ann%20Fra%20dAn%20Rea30,%20429.pdf)

Abstract: A certain ‘O Uplavici’ was cited for more than fifty years, although he had never existed. This error probably came from a misinterpretation of the Czech language, in which the real author’s name - Hlava - can mean ‘Title’. It was finally recognized, which was not the case for the author of the sentence: I have no need of hope to take action, nor of success to persevere: it is still regularly attributed in France to William I, Prince of Orange, called the Silent. It is a mistake, and no serious reference certifies that an historical figure would have pronounced this sentence. It was written by the historian Mignet in 1841, to describe the character of William III, Prince of Orange and King of England. It was then used in 1875 by Jules Verne, to describe a character in the Mysterious Island. (C) 2011 Published by Elsevier Masson SAS.

Keywords: Citation, Documentations, England, History, Publications

# Title: Annales Geophysicae

Full Journal Title: Annales Geophysicae

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Dubyagin, S., Ganushkina, N., Apatenkov, S., Kubyshkina, M., Singer, H. and Liemohn, M. (2013), Geometry of duskside equatorial current during magnetic storm main phase as deduced from magnetospheric and low-altitude observations. *Annales Geophysicae*, **31** (3), 395-408.

Full Text: [2013\Ann Geo31, 395.pdf](2013/Ann%20Geo31,%20395.pdf)

Abstract: We present the results of a coordinated study of the moderate magnetic storm on 22 July 2009. The THEMIS and GOES observations of magnetic field in the inner magnetosphere were complemented by energetic particle observations at low altitude by the six NOAA POES satellites. Observations in the vicinity of geosynchronous orbit revealed a relatively thin (half-thickness of less than 1 R-E) and intense current sheet in the dusk MLT sector during the main phase of the storm. The total westward current (integrated along the z-direction) on the duskside at r similar to 6.6 R-E was comparable to that in the midnight sector. Such a configuration cannot be adequately described by existing magnetic field models with predefined current systems (error in B > 60 nT). At the same time, low-altitude isotropic boundaries (IB) of > 80 keV protons in the dusk sector were shifted similar to 4 degrees equatorward relative to the IBs in the midnight sector. Both the equatorward IB shift and the current strength on the duskside correlate with the Sym-H\* index. These findings imply a close relation between the current intensification and equatorward IB shift in the dusk sector. The analysis of IB dispersion revealed that high-energy IBs (E > 100 keV) always exhibit normal dispersion (i.e., that for pitch angle scattering on curved field lines). Anomalous dispersion is sometimes observed in the low-energy channels (similar to 30-100 keV). The maximum occurrence rate of anomalous dispersion was observed during the main phase of the storm in the dusk sector.

Keywords: Altitude, Analysis, Boundaries, Boundary, Current Systems, Dispersion, DST, Energetic Particles, Precipitating, Energetic Proton Precipitation, Error, Field, Geomagnetic Storms, IB, Index, Inner Magnetosphere, Intensification, Ion-Cyclotron Waves, Magnetic, Magnetic Field, Magnetic Storm, Magnetosphere, Magnetospheric Physics, Models, Normal, Ring Current, Scattering, Sector, Storms and Substorms, Strength, Systems

# Title: Annales Historiques de la Revolution Francaise

Full Journal Title: Annales Historiques de la Révolution Francaise

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Laurentin, J. (2000), “Killing the father”: A tentative psycho-sociological approach to the mathematicians who succeeded Gaspard Monge. *Annales Historiques de la Révolution Francaise*, **320**, 183-196.

Full Text: [2000\Ann His Rev Fra320, 183.pdf](2000/Ann%20His%20Rev%20Fra320,%20183.pdf)

Abstract: the interdisciplinarity sought by the workshop was fostered by a number of historians and sociologists specialising in the sciences. However, it is full of pitfalls which arouse passions and trigger dissension, exacerbated more often than not by the fear of compromising scientific authority. Mindful of these apprehensions, I would nonetheless wish to go beyond a strictly internal survey of the work of Gaspard Monge’s pupils, with a view to seeking in their relationships with the master, in the changes made to teaching practice, in a family romance disrupted by the Revolution, the rationale for a style and the choice of a whole range of mathematical research topics. This approach focusses on Michel-Ange Lancret and Charles-Julien Brianchon, two of the students most closely associated with Gaspard Monge by historical tradition. The manner in which they called into question his teaching will be highlighted and may help demonstrate that a study confined to their scientific treatises cannot fully account for the existence of an intellectual school. Some sociological and psychological indicators are briefly addressed, based on their own accounts and their scientific treatises, using the modern tools of scientometrics, in order to show that methodological relativism has a significant contribution to make, in the history of mathematics as well.

Keywords: Approach, Authority, Changes, Choice, Contribution, Family, Fear, History, Indicators, Interdisciplinarity, Mathematics, Practice, Psychological, Relationships, Research, School, Sciences, Scientometrics, Students, Style, Survey, Teaching, Tradition, Work

# Title: Annales Medico-Psychologiques

Full Journal Title: Annales Medico-Psychologiques

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ducasse, D. and Fond, G. (2013), Resistant obsessive compulsive disorder and antipsychotic agents: Current neurobiological and therapeutic data. *Annales Medico-Psychologiques*, **171** (10), 725-732.

Full Text: [2013\Ann Med-Psy171, 725.pdf](2013/Ann%20Med-Psy171,%20725.pdf)

Abstract: Introduction. - Forty to sixty percent of patients with obsessive compulsive disorder (OCD) are resistant to well conducted treatment with selective serotonin reuptake inhibitors (SSRIs) over 8 weeks. The data concerning effectiveness of the addition of antipsychotics in this indication is controversial. Aims of the study. - To synthesize the neurobiological mechanisms at work in order to understand the action of pharmacological treatments in this disease and to propose a systematic review of the literature on effectiveness of different antipsychotic drugs according to their pharmacological profiles, in monotherapy or in combination with SSRIs in OCD. Method. - We conducted a systematic review of the literature using the criteria according to the PRISMA research paradigm “obsessive compulsive disorder and antipsychotic agents”. Research bases MEDLINE, Cochrane and Web of science have been explored. Results. - Unlike the classical serotonergic hypothesis, OCD may result from striatal dopaminergic hyperactivity, modulated in some patients by an underlying serotonergic hypoactivity. Most studies report effectiveness of first-generation antipsychotics (amisulpride and haloperidol) and some second-generation antipsychotics (risperidone, olanzapine, aripiprazole, quetiapine) in combination with an SSRI in the treatment of resistant OCD. Recrudescence or onset of OCD in patients with schizophrenia have been described in a relay from first generation antipsychotic to olanzapine, risperidone, aripiprazole or clozapine in case reports, but not amisulpride and quetiapine. (C) 2013 Elsevier Masson SAS. All rights reserved.

Keywords: Antipsychotic, Antipsychotics, Atypical Antipsychotics, Case Reports, Clozapine, Criteria, Data, Disease, Dopamine, Double-Blind, Drugs, Effectiveness, First, First Generation, Generation, Hyperactivity, Indication, Inhibitors, Literature, Mechanisms, Medline, Obsessive Compulsive Disorder, Ocd, Olanzapine, Olanzapine Augmentation, Onset, Paradigm, Patients, Placebo-Controlled Trial, Profiles, Quetiapine, Quetiapine Augmentation, Research, Resistant, Results, Review, Rights, Risperidone, Risperidone Augmentation, Schizophrenia, Science, Second Generation, Serotonin, Serotonin Reuptake Inhibitors, Single-Blind, Ssri, Symptoms, Systematic Review, Therapeutic, Treatment, Web of Science, Work

? Ouzir, M. and Azorin, J.M. (2014), Neuroimaging of insight in schizophrenia: A review of the literature. *Annales Medico-Psychologiques*, **172** (9), 727-734.

Full Text: [2014\Ann Med-Psy172, 727.pdf](2014/Ann%20Med-Psy172,%20727.pdf)

Abstract: Objectives. - Insight in psychiatry has been defined and conceptualized in a number of ways but none of them was found to be self-explanatory. There has been an exponential rise in studies of insight, in part accelerated by the availability of several psychometric scales for measuring insight. Lack of insight has been associated in schizophrenia with low treatment adherence, a high number of relapses, increased number of hospital admissions, and subsequently poorer psychological and cognitive functioning. For this reason, there is considerable interest in understanding the underlying neural mechanisms of insight, which may have important implications for the development of future insight-oriented neuro-psychiatric treatment. Neuroimaging may be considered an important technique to help understand the anatomical, functional and metabolic neurocircuitry underlying poor insight in schizophrenia. Growing neuroimaging research provides evidence for underlying brain impairment in insight deficits in schizophrenia. In order to expose a panoramic view to the readers, this article reviews the neuroimaging studies conducted to date, which have investigated the neural bases of insight in schizophrenia. Methods. - Electronic searches were performed in PubMed, PsycINFO, Sciencedirect and Web of Science databases, using the following keywords: Imaging; neuroimaging; Positron Emission Tomography (PET); spectroscopy; functional Magnetic Resonance Imaging (fMRI); structural Magnetic Resonance Imaging (MRI); Single Photon Emission Computed Tomography (SPECT); Voxel Based Morphometry (VBM); Diffusion Tensor Imaging (DTI); Computed Tomography (CT); Insight; schizophrenia; awareness of illness. Searches were also performed from the references of the systematic review articles on neurobiological correlates of insight in schizophrenia. Animal studies and single case reports were excluded. Twenty-five articles were selected for the present review. From these; 12 used structural MRI; 6 used VBM; 3 used fMRI; 2 used CT; 1 used DTI and 1 used VBM combined to DTI. Results. - The search showed that studies in this area were published recently and that the neuroanatomic substrate of insight in schizophrenia has not yet been consolidated. This inconsistency could arise from the complex nature of insight and the use of a variety of insight assessments. Most of the studies analyzed in this review used structural neuroimaging techniques to assess brain abnormalities associated with poor insight. The functional neuroanatomy of insight has only recently been investigated and to our knowledge, there are only 3 studies that have examined brain activity with fMRI in relation to insight in schizophrenia. Conclusion. - This review investigated the neural deficiencies underlying poor insight in schizophrenic patients. In spite of methodological differences among studies, results provide evidence of structural and functional brain abnormalities in frontal, parietal and temporal region related to insight deficits. Some studies have found a hemispheric asymmetry in relationship to poor in insight (the majority of brain abnormalities concern the right hemisphere). In addition, growing research indicated that the prefrontal cortex, particularly the dorsolateral prefrontal cortex, the anterior cingulated cortex, the insula, the precuneus and the cerebellum can also underlying insight in schizophrenia. It is interesting to mention that some authors have suggested that each dimension of insight can be specifically linked to certain brain structures. Taking together, data on the neuropsychological and neuroanatomical correlates of clinical insight suggested that lack of insight in schizophrenia could be conceived as a neurocognitive deficit, analogously to anosognosia in brain injury and dementia. On the contrary, to date, the neuroanatomical correlates of cognitive insight have been scarcely studied. Only two studies reported that Self-reflectiveness was positively related to gray matter volume of the right ventro-lateral prefrontal cortex, the BCIS composite index was positively correlated with total left hippocampal volume, and Self-certainty was inversely correlated with bilateral hippocampal volumes. However, it is important to note that neuroimaging research on cognitive insight in schizophrenia is in a preliminary, and the results on this are inconclusive. Further research is needed to better understand the causal relationships between brain abnormalities and degradation of insight in schizophrenia. (C) 2014 Elsevier Masson SAS. All rights reserved.

Keywords: 1st-Episode Psychosis, Activity, Adherence, Article, Articles, Assessments, Asymmetry, Authors, Availability, Awareness, Bilateral, Brain, Brain Imaging, Brain Injury, Case Reports, Cerebellum, Clinical, Cognitive, Cognitive Function, Cognitive Insight, Composite, Correlates, Ct, Data, Databases, Deficiency, Degradation, Dementia, Development, Diffusion, Evidence, Fmri, From, Hospital, Illness, Imaging, Impairment, Index, Injury, Insight, Knowledge, Literature, Magnetic, Mechanisms, Methods, Mood Disorders, Mri, Neuroimaging, Neuropsychological Function, Nov, Patients, Pet, Poor Insight, Prefrontal Cortex, Psychiatry, Psychological, Psycinfo, Pubmed, References, Region, Research, Results, Review, Review Of The Literature, Reviews, Right, Rights, Scales, Schizoaffective Disorder, Schizophrenia, Science, Spect, Spectroscopy, Systematic, Systematic Review, Techniques, Temporal, Tomography, Treatment, Unawareness, Understanding, Vbm, Verbal Memory, Volume, Web, Web of Science, Web of Science Databases

# Title: Annals Academy of Medicine Singapore

Full Journal Title: Annals Academy of Medicine Singapore

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Rogers, L.F. (2003), Impact factor: Myths and realities. *Annals Academy of Medicine Singapore*, **32** (4), 429-432.

Abstract: the Impact Factor was original devised as an index of the quality of scientific journals and has since obtained mythical proportions. Authors select journals to which they submit their work on the basis of that journal’s Impact Factor. Medical school deans and administrators have adopted the Impact Factor as a means of judging the quality of the academic efforts of individual faculty, as well as the aggregate academic productivity of medical school departments. Departmental budgets have been based on the Impact Factor. There are serious questions as to the validity of using the Impact Factor for these purposes.

Keywords: Faculty, Index, Journals, Medical, Productivity, Quality, Quality Of, Scientific Journals, Validity, Work

? Ha, T.C., Tan, S.B. and Soo, K.C. (2006), The journal impact factor: Too much of an impact? *Annals Academy of Medicine Singapore*, **35** (12), 911-916.

Abstract: Introduction: the journal impact factor is often used to judge the scientific quality of individual research articles and individual journals. Despite numerous reviews in the literature criticising such use, in some countries the impact factor has become an outcome measure for grant applications, job applications, promotions and bonuses. The aim of this review is to highlight the major issues involved with using the journal impact factor as a measure of research quality. Methods: A literature review of articles on journal impact factors, science citation index, and bibliometric methods was undertaken to identify relevant articles. Results: the journal impact factor is a quantitative measure based on the ratio between yearly citations in a particular journal to total citations in that journal in the previous 2 years. Its use as a criterion for measuring the quality of research is biased. The major sources of bias include database problems from the Institute for Scientific Information and research field effects. The journal impact factor, originally designed for purposes other than the individual evaluation of research quality, is a useful tool provided its interpretation is not extrapolated beyond its limits of validity. Conclusion: Research quality cannot be measured solely using the journal impact factor. The journal impact factor should be used with caution, and should not be the dominant or only factor determining research quality.

Keywords: Applications, Bias, Bibliometric, Bibliometric Methods, Citation, Citation Analysis, Citations, DEC, Effects, Evaluation, Impact, Impact Factor, Impact Factors, Index, Institute for Scientific Information, Journal, Journal Impact Factors, Journals, Literature Review, Methods, Outcome, Outcome Measure, Quality, Research, Research Articles, Research Quality, Review, Reviews, Science, Science Citation Index, Sources, Validity

# Title: Annals of Allergy

Full Journal Title: Annals of Allergy

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Sly, R.M. (1993), Another look at the most frequently cited articles from the *Annals of Allergy*. *Annals of Allergy*, **71** (1), 1-2.

# Title: Annals of Allergy Asthma & Immunology

Full Journal Title: Annals of Allergy Asthma & Immunology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Simons, F.E.R., Lieberman, P.L., Read, E.J. and Edwards, E.S. (2009), Hazards of unintentional injection of epinephrine from autoinjectors: A systematic review. *Annals of Allergy Asthma & Immunology*, **102** (4), 282-287.

Full Text: [2009\Ann All Ast Imm102, 282.pdf](2009/Ann%20All%20Ast%20Imm102,%20282.pdf)

Abstract: Objectives: To ascertain the rate of occurrence of unintentional injections from epinephrine autoinjectors used in the first aid treatment of anaphylaxis and to provide information about the resulting needle stick injuries. Data Sources: A systematic review was performed. The MEDLINE, Scirus, CINAHL, ISI Web of Science, and Google Scholar databases were searched by title and abstract to identify reports of unintentional injections from epinephrine autoinjectors published in peer-reviewed journals. Study Selection: Publications were selected for inclusion based on predefined strict criteria. Results: In 26 reports published during the past 20 years, we identified 69 people with an unintentional injection of epinephrine from an autoinjector. More than 68% of them were reported in the past 6.3 years, 58% were female, 42% were injured in the home, and 91% sustained injury to a finger or thumb. More than 65% of the 69 individuals were evaluated in an emergency department; 13% of the 69 were not treated or were treated only with observation. Warming of the injured part was used in 25%, nitroglycerin paste application in 9%, local injections of phentolamine and/or lidocaine in 22%, and other treatments in 20%; treatment, or lack thereof, was not described in 12%. No permanent sequelae were reported. Conclusions: the true rate of occurrence of unintentional injection of epinephrine from autoinjectors is unknown but is increasing. People at risk for anaphylaxis need regular coaching in how to use epinephrine autoinjectors correctly and safely. Improved autoinjector design will address the safety concerns identified in this review.

Keywords: Accidental Digital Injection, Adrenaline, Allergy, Anaphylaxis, Databases, Device, Emergency Department, Epipen, Finger, Google Scholar, Information, Injury, Ischemia, ISI, Journals, Management, MEDLINE, Observation, Phentolamine, Publications, Review, Risk, Safety, Science, Sources, Systematic, Systematic Review, Treatment, Web of Science

? Arroyave, W.D., Rabito, F.A., Carlson, J.C., Friedman, E.E. and Stinebaugh, S.J. (2014), Impermeable dust mite covers in the primary and tertiary prevention of allergic disease: A meta-analysis. *Annals of Allergy Asthma & Immunology*, **112** (3), 237-248.

Full Text: [2014\Ann All Ast Imm112, 237.pdf](2014/Ann%20All%20Ast%20Imm112,%20237.pdf)

Abstract: Background: Up to 40% of the world’s population has been diagnosed with an allergic disease. The most prevalent allergy is to house dust mites. Impermeable mattress covers are often the first treatment in the prevention and decrease of symptoms of allergic disease. Objective: To perform a meta-analysis evaluating the effectiveness of impermeable mattress covers in the primary prevention of allergic disease and as a single intervention in the tertiary prevention of allergic disease symptoms. Methods: MEDLINE, Embase, Web of Science, and CINAHL were systematically searched for relevant publications. Seven primary prevention trials (n = 3,461) and 17 tertiary prevention trials (n 1,671) met the inclusion criteria and were included in the review. All article reviews and abstractions were performed in duplicate. Results: No significant pooled relative risks were found for the prevention of allergic disease. The pooled relative risks were 0.97 (95% confidence interval [CI] 0.62-1.51) for house dust mite sensitization, 0.92 (95% CI 0.81-1.05) for wheeze, 0.85 (95% CI 0.70-1.02) for asthma, 1.03 (95% CI 0.90-1.19) for allergic rhinitis, and 1.05 (95% CI 0.84-1.32) for allergic dermatitis. Likewise, no significant pooled standardized mean differences were found in the tertiary prevention of symptoms. The pooled standardized mean differences were -0.03 (95% CI -0.15 to 0.09) for peak flow, -0.06 (95% CI -0.32 to 0.20) for asthma symptom score, and -0.39 (95% CI -0.88 to 0.11) for nasal symptom score. A significant effect was seen in the decrease of house mite dust level in the mattress (-0.79, 95% CI -0.98 to -0.60). Conclusion: No evidence was found to support the use of impermeable mattress covers in the primary prevention of allergic disease or in the tertiary prevention of allergic disease symptoms. (C) 2014 American College of Allergy, Asthma & Immunology. Published by Elsevier Inc. All rights reserved.

Keywords: Allergic Rhinitis, Allergy, Asthma, Childhood Asthma Prevention, Confidence, Criteria, Disease, Double-Blind, Dust, Early-Life, Effectiveness, Environmental-Control, Evidence, Fatty-Acid Modification, First, Flow, Interval, Intervention, Mar, Mattress Encasings, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Peak Flow, Piama Intervention, Population, Prevention, Primary, Primary Prevention, Publications, Randomized Controlled-Trial, Reducing House-Dust, Respiratory Symptoms, Results, Review, Reviews, Rhinitis, Rights, Risks, Science, Sensitization, Support, Symptoms, Treatment, Web of Science

? North, M.L., Takaro, T.K., Diamond, M.L. and Ellis, A.K. (2014), Effects of phthalates on the development and expression of allergic disease and asthma. *Annals of Allergy Asthma & Immunology*, **112** (6), 496-502.

Full Text: [2014\Ann All Ast Imm112, 496.pdf](2014/Ann%20All%20Ast%20Imm112,%20496.pdf)

Abstract: Objective: To review recent evidence relating phthalate exposures to allergies and asthma and to provide an overview for clinicians interested in the relevance of environmental health research to allergy and who may encounter patients with concerns about phthalates from media reports. Data Sources: PubMed, TOXLINE, and Web of Science were searched using the term phthalate(s) combined with the keywords allergy, asthma, atopy, and inflammation. Study Selections: Articles were selected based on relevance to the goals of this review. Studies that involved humans were prioritized, including routes and levels of exposure, developmental and early-life exposures, immunotoxicity, and the development of allergic disease. Results: The general public and those with allergy are exposed to significant levels of phthalates via diet, pharmaceuticals, phthalate-containing products, and ambient indoor environment via air and dust. Intravenous exposures occur through medical equipment. Phthalates are metabolized and excreted quickly in the body with metabolites measured in urine. Phthalates, which are known endocrine disrupting compounds, have been associated with oxidative stress and alterations in cytokine expression. Metabolites in human urine, particularly of the higher-molecular-weight phthalates, have been associated with allergies and asthma in multiple studies. Conclusion: Despite mounting evidence implicating phthalates, causation of allergic disease by these compounds cannot currently be established. In utero and early-life exposures and possible transgenerational effects are not well understood. However, considering the current evidence, reducing exposures to phthalates by avoiding processed and foods packaged and stored in plastics, personal care products with phthalates, polyvinyl chloride materials indoors, and reducing home dust is advised. Further longitudinal, molecular, and intervention studies are needed to understand the association between phthalates and allergic disease. (C) 2014 American College of Allergy, Asthma & Immunology. Published by Elsevier Inc. All rights reserved.

Keywords: Air, Allergies, Allergy, Articles, Association, Asthma, Atopy, Care, Chloride, Cytokine, Cytokine Expression, Data, Development, Di(2-Ethylhexyl) Phthalate, Di-(2-Ethylhexyl) Phthalate, Di-Isodecyl Phthalate, Diet, Disease, Dust, Effects, Environment, Environmental, Environmental Health, Environmental Health Research, Equipment, Evidence, Exposure, Exposures, Expression, General, Health, Health Research, Human, Humans, In-House Dust, Indoor Air, Inflammation, Intensive-Care-Unit, Intervention, Intervention Studies, Longitudinal, Media, Medical, Medical Equipment, Metabolites, National-Health, Nutrition Examination Survey, Overview, Oxidative Stress, Patients, Personal Care Products, Pharmaceuticals, Phthalate, Public, Pubmed, Recent, Relevance, Research, Results, Review, Rights, Science, Stress, Term, Urban Cohort, Urinary Levels, Urine, Web Of Science

? Li, L., Gao, W., Yang, X., Wu, D.D., Bi, H., Zhang, S.N., Huang, M. and Yao, X. (2014), Asthma and toxocariasis. *Annals of Allergy Asthma & Immunology*, **113** (2), 187-192.

Full Text: [2014\Ann All Ast Imm113, 187.pdf](2014/Ann%20All%20Ast%20Imm113,%20187.pdf)

Abstract: Background: Asthma is the most common chronic disease in children and a major public health problem in adults. A relation between asthma and toxocariasis has been hypothesized. Objective: To evaluate the strength of association between asthma and Toxocara species seropositivity by conducting a systematic review and a meta-analysis of available data. Methods: PubMed, EMBASE, Web of Science, and the reference lists of all relevant articles and books were screened until October 2013. Two authors independently assessed eligibility and study quality and extracted data. A common odds ratio was estimated using a random-effects meta-analysis model of aggregated published data. Results: Ten studies met the inclusion criteria, for a total of 1,530 participants (723 cases and 807 controls). This meta-analysis found a significantly higher prevalence of Toxocara canis infection in patients with asthma than in controls (odds ratio 3.36, 95% confidence interval 1.76-6.42, P < .001). Similar results were found when meta-analysis was restricted to the studies considering only children or adults. Conclusion: The results support the existence of a positive association between asthma and Toxocara species seropositivity. (C) 2014 American College of Allergy, Asthma & Immunology. Published by Elsevier Inc. All rights reserved.

Keywords: Allergy, Articles, Association, Asthma, Authors, Bronchial-Asthma, Canis, Childhood, Children, Chronic, Chronic Disease, Clinical Expression, Confidence, Criteria, Data, Disease, Eggs, Embase, Health, Health Problem, Infection, Inflammation, Interval, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Neglected Infection, Odds Ratio, P, Patients, Prevalence, Public, Public Health, Public Health Problem, Pubmed, Quality, Reference, Reference Lists, Results, Review, Rights, Science, Seroprevalence, Species, Strength, Support, Systematic, Systematic Review, Web Of Science

? Brigham, E.P., Kolahdooz, F., Hansel, N., Breysse, P.N., Davis, M., Sharma, S., Matsui, E.C., Diette, G. and McCormack, M.C. (2015), Association between Western diet pattern and adult asthma: A focused review. *Annals of Allergy Asthma & Immunology*, **114** (4), 273-280.

Full Text: [2015\Ann All Ast Imm114, 273.pdf](2015/Ann%20All%20Ast%20Imm114,%20273.pdf)

Abstract: Objective: Radical changes in diet have paralleled the increase in asthma with shifts toward a “Western” diet pattern, characterized by the high intake of processed meats and refined grains, high-fat dairy products, and sugary desserts and drinks. Because diet represents a modifiable risk factor in numerous chronic diseases, the authors examined the association between consumption of a Western diet pattern and asthma incidence, prevalence, and morbidity in adults. Data Sources: PubMed, Cochrane, Web of Science, and Scopus were searched for peer-reviewed publications published from January 1980 to April 2014. Study Selection: Studies retrieved for inclusion assessed dietary patterns representative of a Western diet and asthma incidence, prevalence, respiratory symptoms, and lung function. Results: Ten observational studies conducted in North American, European, and Asian countries, ranging from 153 to more than 70,000 individuals, did not provide evidence to support an association between a Western dietary pattern and asthma incidence and prevalence. Five of these studies also investigated asthma morbidity, with variable findings. Conclusion: Current evidence does not support an association between a Western diet and incident or prevalent adult asthma but does suggest a possible link between a Western diet pattern and adult asthma morbidity. (C) 2015 American College of Allergy, Asthma & Immunology. Published by Elsevier Inc. All rights reserved.

Keywords: Adult, Adults, Airway, Allergy, Asian, Association, Asthma, Authors, Changes, Chronic, Consumption, Coronary-Heart-Disease, Dairy, Data, Diet, Diseases, Evidence, Factor-Kappa-B, From, Function, Gut Microbiome, Incidence, Inflammation, Lung, Lung Function, Morbidity, North, Nutrition, Observational, Observational Studies, Obstructive Pulmonary-Disease, Pattern, Peer-Reviewed, Peer-Reviewed Publications, Preservatives, Prevalence, Publications, Pubmed, Randomized Controlled-Trial, Results, Review, Rights, Risk, Risk Factor, Science, Scopus, Support, Symptoms, Web, Web Of Science

# Title: the Annals of the American Academy of Political and Social Science

Full Journal Title: [The Annals of the American Academy of Political and Social Science](http://uk.jstor.org/journals/00027162.html); [The Annals of the American Academy of Political and Social Science](http://www.ingentaconnect.com/content/sage/ann)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Petrosino, A. (2003), Estimates of randomized controlled trials across six areas of childhood intervention: A bibliometric analysis. The *Annals of the American Academy of Political and Social Science*, **589** (1), 190-202.

Full Text: Ann Ame Aca Pol Soc Sci589, 190

Abstract: Data on the frequency of experiments are elusive. One way to estimate how many experiments are done is by analyzing the contents of bibliographic databases. This article analyzes the citation information from six major bibliographic databases to estimate the proportion of randomized (or possibly randomized) experiments compared to all outcome or impact evaluation studies. The focus of the article is on the evaluation of programs designed for children (from birth to eighteen years of age). The results indicate that randomized studies are used in nearly 70 percent of childhood interventions in health care but probably in 6 to 15 percent of kindergarten through twelfth-grade interventions in education and juvenile justice. The article concludes with discussion about these data, particularly on suggestions of how to produce more outcome studies, and randomized experiments, of childhood interventions.

Keywords: Randomized Experiments, Evaluation Studies, Programs for Children, Bibliometrics

# Title: Annals of Anatomy-Anatomischer Anzeiger

Full Journal Title: Annals of Anatomy-Anatomischer Anzeiger

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Halbach, O.V.U. (2011), How to judge a book by its cover? How useful are bibliometric indices for the evaluation of “scientific quality” or “scientific productivity”? *Annals of Anatomy-Anatomischer Anzeiger*, **193** (3), 191-196.

Full Text: [2011\Ann Ana93, 191.pdf](2011/Ann%20Ana93,%20191.pdf)

Abstract: How to pre-select the most promising candidates for an open position out of several applications? One of the possibilities is to check the personal bibliometric indices of these candidates by looking into appropriate databases. In these databases the number of publications, the total number of citations, the average number of citations per paper and the h-Index are easy to find. Thus, it is easy to use these parameters for a pre-election. First, the particular values for the several bibliometric indicators could be retrieved for scientists working in the field of Anatomy & Cell Biology. Next, an analysis of how useful and reliable these bibliometric indicators are is performed. Most of the indicators strongly depend on the seniority of a researcher. Thus, these indicators favour older scientists over younger ones. Based on that, these indicators are not well-suited to identify young and promising scientists. Therefore, it is proposed that indicators, which correct for the time a scientists spends working in the field, may be better suited for such a pre-election, such as the hy index (also known as m-index) or the Py index. In this context, it should be emphasized that these indicators may be useful for pre-selection. All available indicators are based on data obtained from the past achievements of the scientists and may not predict their future achievements. However, despite the availability of these indicators, the best method to gain an impression of the quality is currently still the old-fashioned method of reading the papers. (C) 2011 Elsevier GmbH. All rights reserved.

Keywords: Bibliometric, Bibliometric Indicators, Bibliometric Indices, Bibliometrics, Citations, Databases, Evaluation, Germany, h Index, h-Index, h-Index, Impact Factors, M-Index, Papers, Publications

# Title: Annals of Applied Biology

Full Journal Title: [Annals of Applied Biology](http://www.blackwell-synergy.com/loi/aab); [Annals of Applied Biology](http://www.swetswise.com/eAccess/viewTitleIssues.do?titleID=11319)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0003-4746

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Eales, N.B. (1917), The life history and economy of the cheese mites. *Annals of Applied Biology*, **4** (1-2), 28-35.

# Title: Annals of Behavioral Medicine

Full Journal Title: [Annals of Behavioral Medicine](http://weblinks1.epnet.com/authHjafDetail.asp?tb=1&_ua=bo+B%5F+db+aphjnh+bt+TD++%22H5U%22+6A7D&_ug=sid+D020F96A%2DAC57%2D4E03%2D8BA6%2DDE1A1179EA90%40sessionmgr2+dbs+aph+187A&_us=hd+False+sm+ES+1C03&_uso=st%5B0+%2DTD++%22H5U%22+tg%5B0+%2D+db%5B0+%2Daph+op%25)

ISO Abbreviated Title: Ann. Behav. Med.

JCR Abbreviated Title: Ann Behav Med

ISSN: 0883-6612

Issues/Year: 4

Journal Country/Territory: United States

Language: English

Publisher: Soc Behavioral Medicine

Publisher Address: 7600 Terrace Ave, Ste 203, Middleton, WI 53562-3174

Subject Categories:

Psychology: Impact Factor 2.506, / (2000)

? Kroeze, W., Werkman, A. and Brug, J. (2006), A systematic review of randomized trials on the effectiveness of computer-tailored education on physical activity and dietary behaviors. *Annals of Behavioral Medicine*, **31** (3), 205-223.

Abstract: Background: Although computer-tailored promotion of dietary change and physical activity has been identified as a promising intervention strategy, there is a need for a more systematic evaluation of the evidence. Purpose: This study systematically reviews the scientific literature on computer-tailored physical activity and nutrition education. Methods: Intervention studies published from 1965 up to September 2004 were identified through a structured search in PUBMED, PsycInfo, and Web of Science and an examination of reference lists of relevant publications. Studies were included that applied a pretest-post-test randomized-controlled trial design, were aimed at primary prevention among adults, used computer-tailored interventions to change physical activity and dietary behaviors, and were published in English. The search resulted in 30 publications- I on physical activity behaviors and 26 on nutrition behaviors, some studies investigated multiple behaviors. Results: Three of I I of the physical activity studies and 20 of 26 of the nutrition studies found significant effects of the tailored interventions. The evidence was most consistent for tailored interventions on fat reduction. Conclusions: Overall, there seems to be potential for the application of computer tailoring for promoting healthy diets, but more research is needed to test computer-tailored interventions against other state-of-the-art intervention techniques and to identify the mechanisms underlying successful computer tailoring.

Keywords: Adults, Base-Line Survey, Education, Effectiveness, Evaluation, Information-System, Intervention, Intervention Studies, Interventions, Literature, Methods, Nutrition, Nutrition Education, Physical Activity, Prevention, Primary, Primary Prevention, Primary-Care, Promotion, Promotion Interventions Work, Publications, PUBMED, Randomized Controlled Trial, Receiving Food Assistance, Reduce Fat Intake, Research, Review, Science, State of the Art, Strategy, Systematic, Systematic Review, Transtheoretical Model, United-States, Vegetable Intake, Web of Science

? Goldbacher, E.M. and Matthews, K.A. (2007), Are psychological characteristics related to risk of the metabolic syndrome? A review of the literature. *Annals of Behavioral Medicine*, **34** (3), 240-252.

Abstract: Background: We evaluate the evidence that depression, anger, hostility, and anxiety are related to risk for the metabolic syndrome, focusing as well on its components of central adiposity and insulin resistance. In addition, we identify possible moderators of these associations and summarize plausible underlying biobehavioral pathways. Methods: MEDLINE, PsycINFO, PUBMED, and Web of Science searches were conducted using the keywords metabolic syndrome, syndrome x, central adiposity/obesity, visceral adiposity/obesity, body fat distribution, waist circumference, waist hip ratio, insulin resistance/sensitivity, glucose tolerance, psychological, depression, hostility, anger, cynicism, and anxiety. Results: the current literature provides cross-sectional evidence for an association between psychological characteristics and the metabolic syndrome. Prospective data, though limited, suggest that depression, hostility, and anger predict increased risk for the metabolic syndrome. Data on modifiers are too limited to permit definitive conclusions. Negative health behaviors and hypothalamic and sympathetic dysregulation are identified as plausible underlying pathways. Conclusions: More prospective studies, conducted with diverse samples, are needed to delineate the direction of this relationship and the proposed biobehavioral mechanisms; experimental investigations are needed to test for caUSAlity. Nevertheless, findings suggest that psychological characteristics, especially depression, hostility, and anger, may increase risk for the metabolic syndrome, providing a novel direction for prevention and treatment interventions.

Keywords: 1966 Birth Cohort, Adiposity, Anxiety, Body-Fat Distribution, CaUSAlity, Coronary-Heart-Disease, Depression, Healthy PostmenopaUSAl Women, Insulin, Insulin-Induced Hypoglycemia, Interventions, Life-Style Intervention, Literature, Methods, Middle-Aged Women, Nutrition Examination Survey, Pituitary-Adrenal Axis, Prevention, Prospective Studies, PUBMED, Ratio, Resistance, Review, Risk, Science, Treatment, Visceral Adipose-Tissue, Web of Science

# Title: Annals of Biomedical Engineering

Full Journal Title: Annals of Biomedical Engineering

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Foo, J.Y.A. (2009), The retrospective analysis of bibliographical trends for nine biomedical engineering journals from 1999 to 2007. *Annals of Biomedical Engineering*, **37** (7), 1474-1481.

Full Text: [2009\Ann Bio Eng37, 1474.pdf](2009/Ann%20Bio%20Eng37,%201474.pdf)

Abstract: For academic research outcomes, there is an increasing emphasis on the bibliometric scorings like the journal impact factor (JIF) when assessment of the quality of research is required. Currently, no known study has been conducted to explore the bibliographical trends of the biomedical engineering journals indexed by the annual Journal Citation Reports(A (R)) of the Thomson Scientific. In this study, the trends of nine reputable journals were selected and analyzed over a 9-year period (year 1999 to year 2007). The results show that the JIF rose exponentially for some journals (up to 597.0%) while for others, it shrank (down to -19.5%). A similar trend is observed for the citations trend over the same period and there was a significant increase in the number of citable articles published (a parts per thoUSAnd yen23.6%) in all the selected journals using year 1999 as the base year. However, journals which published significant more non-research articles (a parts per thoUSAnd yen10%) saw favorable subsequent effects on their citations. It is postulated that the changes in bibliographical trends can be classified as editorial and non-editorial influences. The retrospective impacts of these influences on the nine selected journals over the 9-year period were also discussed in this study.

Keywords: Assessment, Bibliographical Database, Bibliometric, Citation, Citation Impact, Citations, Downloads, Impact, Impact Factor, Impact Factor, Indexing, Journals, Online, Quality, Research, Trends, USAge Statistics

# Title: Annals of Clinical Biochemistry

Full Journal Title: [Annals of Clinical Biochemistry](http://acb.rsmjournals.com/archive/)

ISO Abbreviated Title: Ann. Clin. Biochem.

JCR Abbreviated Title: Ann Clin Biochem

ISSN: 0004-5632

Issues/Year: 6

Journal Country/Territory: England

Language: English

Publisher: Royal Soc Medicine Press Ltd

Publisher Address: 1 Wimpole Street, London W1m 8AE, England

Subject Categories:

Biochemistry & Molecular Biology: Impact Factor 1.113, / (2000); Impact Factor 1.130, / (2001)

Medical Laboratory Technology: Impact Factor 1.113, / (2000); Impact Factor 1.130, / (2001)

? Venner, A.A., Doyle-Baker, P.K., Lyon, M.E. and Fung, T.S. (2009), A meta-analysis of leptin reference ranges in the healthy paediatric prepubertal population. *Annals of Clinical Biochemistry*, **46**, 65-72.

Full Text: 1991\Ann Cli Bio28, 19.pdf

Abstract: Objective: the initial discovery of leptin (11994) has given rise to a substantial number of published studies. This study aimed at identifying the published data on the reference ranges of total, free and bound leptin concentration in the healthy prepubertal population. Methods: A search was conducted on original English language studies published from 1994 to 2005 in the following databases: PUBMED (n = 58), EMBASE (n = 4), Biological Abstracts In = 2) and Science Finder Scholar In = 66). A cited reference search was completed in Science Citation Index on studies with a leptin range. A meta-analysis was completed on included studies containing a dataset and a sample size for a leptin concentration range and/or mean +/- standard deviation for a healthy prepubertal population. Preanalytical and analytical variations were examined. Preanalytical variables included aspects such as fasting state and gender, while analytical variation comprised the type of leptin assay methodology. Results: Twelve studies met the inclusion criteria. One study examined free leptin; 11 studies examined total concentration. No studies reported leptin reference ranges established by Clinical and Laboratory Standards Institute (CLSI) criteria, although four studies reported specific study leptin ranges. The methodology of enzyme-linked immunosorbent assay demonstrated a wider leptin range than radio immunoassay (0.56-36.35 vs. 1.01-12.21 ng/mL). Males had a significantly lower mean leptin concentration than females (P = 0.0006); obese children had a higher concentration than non-obese (P = 0.0001). Conclusion: No studies have established CLSI-based leptin reference ranges in prepubertal healthy children and there is a wide variation in the published leptin concentrations. These differences suggest that caution should be used in the interpretation and comparison between studies.

Keywords: Body-Composition, Circulating Leptin, Citation, Clinical-Implications, Energy-Expenditure, Fat Distribution, Insulin-Sensitivity, Normal-Children, Plasma Leptin, Pubertal Changes, Sex-Differences

? Everett, J.R., Loo, R.L. and Pullen, F.S. (2013), Pharmacometabonomics and personalized medicine. *Annals of Clinical Biochemistry*, **50** (6), 523-545.

Full Text: 2013\Ann Cli Bio50, 523.pdf

Abstract: Background Pharmacometabonomics is a new branch of science, first described in 2006 and defined as the prediction of the effects of a drug on the basis of a mathematical model of pre-dose metabolite profiles’. Pharmacometabonomics has been used to predict drug metabolism, pharmacokinetics (PK), drug safety and drug efficacy in both animals and humans and is complementary to both pharmacogenomics (PGx) and pharmacoproteomics. Methods A literature review using the search terms pharmacometabonomics, pharmacometabolomics, pharmaco-metabonomics, pharmaco-metabolomics and the singular form of all those terms was conducted in October 2012 using PubMed and Web of Science. The review was updated until mid April 2013. Results Since the original description of pharmacometabonomics in 2006, 21 original publications and eight reviews have emerged, covering a broad range of applications from the prediction of PK to the prediction of drug metabolism, efficacy and safety in humans and animals. Conclusions Pharmacometabonomics promises to be an important new approach to the delivery of personalized medicine to improve both drug efficacy and safety for patients in the future. Pharmacometabonomics is particularly powerful as it is sensitive to both genetic and environmental factors such as diet, drug intake and most importantly, a person’s microbiome. PGx is now over 50 years old and although it has not achieved as much as some hoped, it is starting to have important applications in personalized medicine. We predict that pharmacometabonomics will be equally important in the next few decades and will be both valuable in its own right and complementary to pharmacoproteomics and PGx.

Keywords: Animals, Approach, Complementary, Delivery, Diet, Drug, Drug Safety, Effects, Efficacy, Environmental, First, Genetic, Humans, Literature, Literature Review, Mathematical Model, Medicine, Metabolism, Methods, Model, Nov, Patients, Personalized Medicine, Pharmacokinetics, Prediction, Profiles, Publications, Pubmed, Results, Review, Reviews, Right, Safety, Science, Web of Science

# Title: Annals of Clinical and Laboratory Science

Full Journal Title: Annals of Clinical and Laboratory Science

ISO Abbreviated Title: Ann. Clin. Lab. Sci.

JCR Abbreviated Title: Ann Clin Lab Sci

ISSN: 0091-7370

Issues/Year: 6

Journal Country/Territory: United States

Language: English

Publisher: Inst Clinical Science Inc

Publisher Address: 1833 Delancey Place, Philadelphia, PA 19103

Subject Categories:

Medical Laboratory Technology: Impact Factor

? Beri, A. and Boydell, J. (2014), Clozapine in borderline personality disorder: A review of the evidence. *Annals of Clinical Psychiatry*, **26** (2), 139-144.

Abstract: BACKGROUND: Borderline personality disorder (BPD) is a serious mental disorder that is difficult to treat. Possible targets for pharmacotherapy include affective symptoms, cognitive disturbances, and impulsive, self-injurious behaviors. Although many of the medications tested for treatment of BPD have been demonstrated to be useful, no clear pharmacologic treatment has emerged. Clozapine is one of the medications that has been evaluated for the treatment of severe BPD. The aim of this review is to summarize the evidence examining the effectiveness of clozapine in the treatment of BPD. METHODS: A comprehensive search of the health science databases PubMed, EMBASE, CINAHL, PsycINFO, Web of Science, Cochrane Library, and Google Scholar was performed for studies describing the use of clozapine in the treatment of BPD. RESULTS: After the initial search, no randomized controlled trials evaluating the effectiveness of clozapine in BPD were identified. Therefore, case reports and case series were reviewed, with 12 articles selected for final review. CONCLUSIONS: This review suggests that clozapine may be a beneficial treatment option for BPD especially in controlling symptom severity, psychotic symptoms, impulsivity, self-mutilation, number of days on enhanced observation, use of restraint, and overall functioning.

Keywords: Antipsychotics, Articles, Background, Borderline, Borderline Personality Disorder, Case Reports, Clozapine, Conclusions, Databases, Disturbances, Double-Blind, Effectiveness, Efficacy, Embase, Evidence, Google, Google Scholar, Health, Mental Disorder, Metaanalysis, Methods, Observation, Personality, Pharmacotherapy, Pharmacotherapy, Prevalence, Psychotherapy, Psycinfo, Pubmed, Randomized, Randomized Controlled Trials, Review, Risk, Schizophrenia, Science, Severe Self-Mutilation, Symptoms, Treatment, Treatment Option, Trials, Web Of Science

# Title: Annals of Emergency Medicine

Full Journal Title: [Annals of Emergency Medicine](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6696&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=59497c3bdb7daf9b4b8f0f2cef7906a8)

ISO Abbreviated Title: Ann. Emerg. Med.

JCR Abbreviated Title: Ann Emerg Med

ISSN: 0196-0644

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Journal Country/Territory: United States

Language: English

Publisher: Mosby, Inc

Publisher Address: 11830 Westline Industrial DR, St Louis, MO 63146-3318

Subject Categories:

Emergency Medicine: Impact Factor 2.323, /(2001)

? Goldberg, R., Newton, E., Cameron, J., Jacobson, R., Chan, L., Bukata, W.R. and Rakab, A. (1993), Reference accuracy in the Emergency-Medicine literature. *Annals of Emergency Medicine*, **22** (9), 1450-1454.

Full Text: [1993\Ann Eme Med22, 1450.pdf](1993/Ann%20Eme%20Med22,%201450.pdf)

Abstract: Study objective: To determine the incidence and nature of errors in the citation and quotation of references contained in the emergency medicine literature. Design: A retrospective analysis of a random sample of articles and references found in the three major emergency medicine journals, Setting: A university/county hospital. Methods: We examined single issues of three emergency medicine journals: Annals of Emergency Medicine, Journal of Emergency Medicine, and American Journal of Emergency Medicine. Interventions: None. Measurements: Four independent reviewers assessed 145 references from 46 referring authors for citational and quotational accuracy. Main results: Major and minor citation errors were found in 10.3% and 17.2% of reference listings, respectively. Qualitative quotational errors were found in 35.2% of references. Eighty-two percent of these errors were considered to be major. Quantitative quotational errors were found in 47% of references reviewed. Secondary rather than primary reference sources were used in 41.4% of references reviewed. Conclusion: This study demonstrates a substantial error rate in the citation and quotation of reference sources in the emergency medicine literature. In addition, verification of primary source material was not done by a large percentage of the authors reviewed. Recommendations for improving the accuracy of the emergency medicine literature are offered.

Keywords: Accuracy, Analysis, Authors, Citation, Citation Errors, Emergency, Emergency Medicine, Error, Error Rate, Errors, Hospital, Incidence, Journal, Journals, Literature, Medicine, Minor, Primary, Quotation, Random Sample, Reference, References, Retrospective Analysis, Source, Sources, Verification

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Full Text: [1996\Ann Eme Med26, 327.pdf](1996/Ann%20Eme%20Med26,%20327.pdf)

Abstract: Study objective: To assess the prevalence of misrepresented citations among emergency medicine residency applicants and to determine whether misrepresentation increases as the number of citations increases.

Methods: We examined 350 consecutive emergency medicine residency applications and then reviewed all cited publications to determine whether they were genuine or misrepresented. Applicants with citations were divided into three groups: those who listed one citation, those with two to four citations, and those with five or more citations. The numbers of individuals and misrepresentations were then tabulated and compared among the groups.

Results: Publications were cited on 113 applications (32.3%). Twenty-three applicants (20.4% of those who cited publications and 6.6% of ail applicants) misrepresented citations. Misrepresentations were found in 8 of 56 applications listing single citations (14.3%), 8 of 46 applications (17.4%) claiming two to four citations, and 7 of 11 (63.6%) applications claiming five or more citations (P = .00081, Pearson (2)(chi) test).

Conclusion: Emergency medicine residency applications may contain misrepresented citations. The number of misrepresentations in this study increased as the number of citations increased.

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Full Text: [1998\Ann Eme Med31, 78.pdf](1998/Ann%20Eme%20Med31,%2078.pdf)

Abstract: Study objective: the Science Citation Index “impact factor” is the only available quantitative estimate of a journal’s scientific contributions. However, the derivation of this factor contains an intrinsic bias that underestimates the impact of emergency medicine journals. We wished to test the hypothesis that use of an alternative criterion standard would provide an improved profile of the scientific contributions of emergency medicine journals relative to those of other specialties. Methods: We used an observational, longitudinal, comparative design in which all Index Medicus citations from Advanced Cardiac life Support (ACLS) publications were aggregated by journal and then stratified by specialty. Proportions and proportionate trends, relative to total citations, were reported by specialty, facilitating comparison of emergency medicine with other disciplines. Results: Among all eight ACLS publications (1974-1994) 4,062 citations met the inclusion criteria. Emergency medicine journals were referenced in 16% of eligible citations (99% confidence interval [CI], 14% to 17%), a figure exceeded only by internal medicine and cardiology journals. Emergency medicine was the only discipline to show a significant proportionate increase in contributions over the 20-year study period (P<.001 by chi(2) for linear trend analysis). Conclusion: Contrary to the implications of a low impact factor, an analysis of journal citations in ACLS publications over two decades suggests that emergency medicine has made significant contributions to a broad and important area of scientific inquiry.

Keywords: Advanced, Alternative, Analysis, Assessment, Bias, Cardiology, Citation, Citations, Comparison, Confidence, Criteria, Design, Emergency, Emergency Medicine, Impact, Impact Factor, Interval, Journal, Journal Citations, Journals, Life, Longitudinal, Medicine, Observational, Publications, Science Citation Index, Specialty, Standard, Trend, Trend Analysis, Trends

? Gallagher, E.J. and Barnaby, D.P. (1998), Evidence of methodologic bias in the derivation of the Science Citation Index impact factor. *Annals of Emergency Medicine*, **31** (1), 83-86.

Full Text: [1998\Ann Eme Med31, 83.pdf](1998/Ann%20Eme%20Med31,%2083.pdf)

Abstract: Study objective: the “impact factor” published in Science Citation Index (SCI) is widely used in the scientific community to measure the relative importance of a medical journal. In contrast to all other indicators of academic growth in emergency medicine, impact factors for emergency medicine journals have remained low and unchanged since the inception of the specialty. We wished to investigate this incongruity. Methods: We examined the methodology used to derive the SCI’s journal impact factor. Results: the impact factor for journals is defined mathematically as the number of times a journal is cited over a period of time (the numerator) divided by the number of articles published by that journal during the same period (the denominator). Citation counts are derived from examination of all references contained in a subset of journals known as “source” journals, No emergency medicine journals are included in this group. The only source of citations for emergency medicine journals is from journals outside of emergency medicine. This produces small numerators with relatively constant denominators, leading to low impact factors. Conclusion: the apparent failure of emergency medicine journals, as measured by the SCI impact factor, to keep pace with other indicators of academic development of the field is at least in part attributable to a methodologic bias inherent in the derivation of this factor.

Keywords: Academic, Bias, Citation, Citations, Community, Contrast, Development, Emergency, Emergency Medicine, Examination, Failure, Field, Group, Growth, Impact, Impact Factor, Impact Factors, Indicators, Journal, Journal Impact, Journal Impact Factor, Journals, Measure, Medical, Medicine, Methodology, References, SCI, Science Citation Index, Small, Source, Specialty

Notes: TTopic

Cherry, D., Annest, J.L., Mercy, J.A., Kresnow, M.J. and Pollock, D.A. (1998), Trends in nonfatal and fatal firearm-related injury rates in the United States, 1985-1995. *Annals of Emergency Medicine*, **32** (1), 51-59.

Full Text: [1998\Ann Eme Med32, 51.pdf](1998/Ann%20Eme%20Med32,%2051.pdf)

Abstract: Study objective: To characterize trends in annual estimates of nonfatal firearm-related injuries treated in US hospital emergency departments and to compare trends in quarterly rates of such injuries with those of firearm-related fatalities in the US population.

Methods: Data on nonfatal firearm-related injuries were obtained from the National Electronic Injury Surveillance System (NEISS) by review of medical records for June 1, 1992, through May 31, 1995. Data on firearm-related fatalities were obtained from the National Vital Statistics System for January 1, 1985, through December 31, 1995. NEISS comprises 91 hospitals that represent a stratified probability sample of all hospitals in the United States and its territories that have at least six beds and provide 24-hour emergency service. The main outcome measures were numbers, percentages, and quarterly population rates for nonfatal and fatal firearm-related injuries.

Results: An estimated 288, 538 nonfatal firearm-related injuries (95% confidence interval [CI], 169, 776 to 407, 300) were treated in EDs during the 3-year study period. The annual number of nonfatal firearm-related injuries increased from 99, 025 for June 1992 through May 1993 (95% CI, 58, 266 to 139, 784) to 101, 669 for June 1993 through May 1994 (95% CI, 59, 822 to 143, 516), Then decreased to 87, 844 for June 1994 through May 1995 (95% CI, 51, 687 to 124, 001). Before the third quarter of 1993, quarterly nonfatal and fatal firearm-related injury rates in the total US population and quarterly nonfatal firearm assaultive injury and firearm homicide rates for males aged 15 to 24 years were observed to be on the rise. Since then, these rates have significantly declined.

Conclusion: Analysis of national trends indicates that nonfatal and fatal firearm-related injuries are declining in the United States, although the rate of firearm-related deaths remains high, especially among males aged 15 to 24 years, in relation to other leading causes of injury death. An assessment of factors responsible for the decline in firearm-related injuries is needed to design further prevention efforts.

Keywords: Trauma System, Gun Ownership, Homicide, Violence, Surveillance, Institution, Emergency, Handguns, Suicide, Home

? Callaham, M., Weber, E. and Wears, R. (2001), Citation characteristics of research published in emergency medicine versus other scientific journals. *Annals of Emergency Medicine*, **38** (5), 513-517.

Full Text: [2001\Ann Eme Med38, 513.pdf](2001/Ann%20Eme%20Med38,%20513.pdf)

Abstract: Study Objective: We sought to examine how a cohort of published emergency medicine research is cited in scientific journals. Methods: Data were collected on all research submitted to the 1991 Society for Academic Emergency Medicine meeting and subsequently published. Outcome measures included all citations of these studies found in journals listed in the Science Citation Index, as well as the impact factors (citations per manuscript per year) of citing journals. Results: Two hundred four of the 493 submitted studies were published and met study entry criteria; the average article was cited 2.04 times a year during the study period. Twelve percent were never cited, and 39% were cited only once or twice. Thirty percent were published in non–emergency medicine journals, and these were cited at least twice as often (and by almost 3 times as many journals) as apparently similar studies published in emergency medicine journals. The percentage of studies never cited by anyone was about threefold higher when published in emergency medicine journals. Forty-two percent of the citations of research published in emergency medicine journals came from within the specialty. Emergency medicine journals provided only 16% of the citations of emergency medicine research published in non–emergency medicine journals because these studies were cited 3 times as often by authors in other disciplines. Rejection of research for presentation at the meeting did not predict the number or quality of citations or citing journals. Conclusion: Research submitted to the Society for Academic Emergency Medicine meeting and subsequently published is cited about as often as the average scientific journal article but receives more impact, is cited more widely, and is more likely to be cited by a broader range of authors when published by non–emergency medicine journals. The ability of emergency medicine journals to compete with larger non–emergency medicine journals for their larger audiences may help shape perceptions of the specialty. [Callaham M, Weber E, Wears R. Citation characteristics of research published in emergency medicine versus other scientific journals. Ann Emerg Med. November 2001;38:513-517.]

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Full Text: [2002\Ann Eme Med39, 622.pdf](2002/Ann%20Eme%20Med39,%20622.pdf)

Abstract: Study objective: We determine whether members of the public understand that alcohol contributes to each of the leading causes of unintentional-injury death in the United States and not just to motor vehicle-related fatalities Public opinions. of selected alcohol control policies were also assessed.

Methods: We used a national telephone survey of 943 adults, who were selected by random-digit dialing techniques. Respondents’ mean estimates of alcohol’s involvement in fatal injuries were compared with published data from a meta-analysis of medical examiner data.

Results: the study population accurately estimated the proportion of fatal fall, drowning, and poisoning victims who were legally drunk when they died. Respondents overestimated the proportion of drivers killed in motor vehicle crashes who were intoxicated and underestimated the proportion of fire/burn victims. Fifty-seven percent of participants endorsed the myth that alcohol intoxication is protective against injury in the event of a motor vehicle crash. Participants were divided over whether increasing the legal drinking age to 21 had resulted in fewer injury deaths, Seventy-eight percent of participants did not believe that raising alcohol taxes would reduce fatal injuries. A majority (58%) of respondents supported taking blood alcohol levels on all ‘seriously injured’ patients brought to the hospital.

Conclusion: This report suggests that public awareness of alcohol’s contribution to the breadth of the injury problem in the United States is high. Conversely, public understanding of whether prevention strategies have proven to be effective is poor. Emergency medicine practitioners can serve as credible sources of more accurate information for patients and the community at large.

Keywords: United-States, Policy

Ballard, D.W., Derlet, R.W., Rich, B.A. and Lowe, R.A. (2004), EMF-7 EMTALA: Two decades later. *Annals of Emergency Medicine*, **44** (4), S117-S117.

Full Text: [2004\Ann Eme Med44, S117.pdf](2004/Ann%20Eme%20Med44,%20S117.pdf)

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Full Text: [2008\Ann Eme Med52, 211.pdf](2008/Ann%20Eme%20Med52,%20211.pdf)

Abstract: Study objective: Evidence-based medical literature is lacking about the best methods to train health care providers in disaster response. We systematically review the recent literature to report whether training interventions in disaster preparedness improve knowledge and skills in disaster response. Methods: We searched MEDLINE through PUBMED, ISI Web of Science, BIOSIS, Cumulative Index to Nursing and Allied Health (CINAHL), The Cochrane Library, ClinicalTrials.gov, the Public Affairs Information Service, and Education Full Text. Selected journals, articles, and other comprehensive reports were also reviewed for relevant citations. Subjects of eligible articles were hospital-based and out-of-hospital health care providers. Articles meeting inclusion criteria were published in English between January 2000 and December 2005, described a training exercise undertaken to further knowledge or skills in disaster response, measured a quantitative and objective outcome, and used a control group. Included studies were independently reviewed by 2 researchers, and study quality was assessed with criteria adapted from the US Preventive Services Task Force and the Centre for Reviews and Dissemination. Results: We identified 258 studies. Nine studies are included in this review. Computer- and lecture-based training interventions may be effective in increasing disaster-related knowledge for out-of-hospital providers, though questions about study design and quality may cast doubt on the results. Evidence about effectiveness of training for inhospital providers is inconclusive. Comparison across studies is difficult because of diversity in study subjects, designs, and interventions. Results are likely biased by contamination from outside events. Conclusion: the available evidence is insufficient to determine whether training interventions for health care providers are effective in improving knowledge and skills in disaster response.

Keywords: Articles, Bioterrorism, Citations, City, Clinician, Cochrane, Control, Education, Effectiveness, Exercise, Health, Health Care, Health Care Workers, Interventions, ISI, Journals, Knowledge, Literature, Medical, MEDLINE, Methods, Nursing, Outcome, Preparedness, Professionals, PUBMED, Quantitative, Researchers, Review, Science, Statement, Systematic, Systematic Review, Tabletop Exercise, Task-Force, Terrorism, Raining, US, Web of Science

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Full Text: [2011\Ann Eme Med58, 41.pdf](2011/Ann%20Eme%20Med58,%2041.pdf)

Abstract: Study objective: Frequent users of emergency departments (EDs) are a relatively small group of vulnerable patients accounting for a disproportionally high number of ED visits. Our objective is to perform a systematic review of the type and effectiveness of interventions to reduce the number of ED visits by frequent users. Methods: We searched MEDLINE, EMBASE, CINAHL, PsychINFO, the Cochrane Library, and ISI Web of Science for randomized controlled trials, nonrandomized controlled trials, interrupted time series, and controlled and noncontrolled before-and-after studies describing interventions targeting adult frequent users of EDs. Primary outcome of interest was the reduction in ED use. We also explored costs analyses and various clinical (alcohol and drug use, psychiatric symptoms, mortality) and social (homelessness, insurance status, social security support) outcomes. Results: We included 11 studies (3 randomized controlled trials, 2 controlled and 6 noncontrolled before-and-after studies). Heterogeneity in both study designs and definitions of frequent users precluded meta-analyses of the results. The most studied intervention was case management (n=7). Only 1 of 3 randomized controlled trials showed a significant reduction in ED use compared with usual care. Six of the 8 before-and-after studies reported a significant reduction in ED use, and 1 study showed a significant increase. ED cost reductions were demonstrated in 3 studies. Social outcomes such as reduction of homelessness were favorable in 3 of 3 studies, and clinical outcomes trended toward positive results in 2 of 3 studies. Conclusion: Interventions targeting frequent users may reduce ED use. Case management, the most frequently described intervention, reduced ED costs and seemed to improve social and clinical outcomes. It appears to be beneficial to patients and justifiable for hospitals to implement case management for frequent users in the framework of a clear and consensual definition of frequent users and standardized outcome measures. [Ann Emerg Med. 2011;58:41-52.].

Keywords: Adult, Alcohol, Care, Clinical Case-Management, Cochrane, Costs, Definitions, Disease Management, Drug, Drug Use, Ed Users, Effectiveness, EMBASE, Follow-up, Heavy Users, Hospital Emergency, Hospitals, Interest, Intervention, Interventions, ISI, Management, MEDLINE, Methods, Mortality, Outcome, Outcomes, Primary, Program, Randomized Controlled Trials, Randomized-Trial, Review, Science, Services, Social, Symptoms, Systematic, Systematic Review, Web of Science

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Full Text: [2011\Ann Eme Med58, S96.pdf](2011/Ann%20Eme%20Med58,%20S96.pdf)

Abstract: Objectives: Casual review of existing literature reveals a multitude of individualized approaches to emergency department (ED) HIV testing. Cataloging the operational options of each approach could assist translation by disseminating existing knowledge, endorsing variability as a means to address testing barriers, and laying a foundation for future work in the area of operational models and outcomes investigation. The objective of this study is to provide a detailed account of the various models and operational constructs that have been described for performing HIV testing in EDs. Methods: Systematic review of PUBMED, EMBASE, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), and the Web of Science through February 6, 2009 was performed. Three investigators independently reviewed all potential abstracts and identified all studies that met the following criteria for inclusion: original research, performance of HIV testing in an ED in the United States, description of operational methods, and reporting of specific testing outcomes. Each study was independently assessed and data from each were abstracted with standardized instruments. Summary and pooled descriptive statistics were reported by using recently published nomenclature and definitions for ED HIV testing. Results: the primary search yielded 947 potential studies, of which 25 (3%) were included in the final analysis. of the 25 included studies, 13 (52%) reported results using nontargeted screening as the only patient selection method. Most programs reported using voluntary, opt-in consent and separate, signed consent forms. A variety of assays and communication methods were used, but relatively limited outcomes data were reported. Conclusion: Currently, limited evidence exists to inform HIV testing practices in EDs. There appears to be recent progression toward the use of rapid assays and nontargeted patient selection methods, with the rate at which reports are published in the peer-reviewed literature increasing. Additional research will be required, including controlled clinical trials, more structured program evaluation, and a focus on an expanded profile of outcome measures, to further improve our understanding of which HIV testing methods are most effective in the ED. [Ann Emerg Med. 2011;58:S96-S103.].

Keywords: Adolescents, Analysis, Barriers, Clinical Trials, Communication, Controlled Clinical Trials, Definitions, EMBASE, Emergency Department, Evaluation, Experience, Health, HIV, Human-Immunodeficiency-Virus, Implementation, Infection, Knowledge, Literature, Methods, Nursing, Outcome, Outcomes, Prevalence Area, Prevention, Primary, Profile, Program Evaluation, Research, Review, Science, Screening, Screening-Program, Sexually-Transmitted-Disease, Statistics, Systematic, Systematic Review, Translation, United-States, Variability, Web of Science

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Full Text: [2015\Ann Eme Med65, 162.pdf](2015/Ann%20Eme%20Med65,%20162.pdf)

Abstract: Study objective: Federal regulations permitting an exception from informed consent for research in emergency settings require community consultation before study approval. Rates of acceptance of exception from informed consent in community consultation are often reported, but predictors of acceptance are not well understood, and investigators and institutional review boards struggle to interpret and use acceptance data. Methods: We systematically reviewed empirical literature on community consultation for exception from informed consent trials in the PubMed, EMBASE, and Web of Science databases. We included peer-reviewed articles reporting acceptance data from community consultation for US exception from informed consent trials. Questions were categorized by enrollment focus (eg, personal enrollment versus more general exception from informed consent acceptance), and observed acceptance was compared across studies. We also compared potential predictors of acceptance, including demographic factors, consultation method, and target community. Results: Nine studies (total n=9,036 participants) were included in the final analysis. Personal acceptance of enrollment in the proposed exception from informed consent study ranged from 45% to 93% and clustered in the range of 64% to 80%. Acceptance of the exception from informed consent mechanism in general (without reference to personal inclusion) was lower (35% to 84%) than personal acceptance. The effect of demographic characteristics on acceptance was inconsistent, and meeting-based consultation methods were associated with greater acceptance than survey-based methods. Finally, acceptance rates varied substantially according to the phrasing of the question. Conclusion: Personal acceptance clustered between 64% and 80%. This range may be informative for institutional review boards and investigators evaluating community consultation results. However, numerous factors affect acceptance, and there is a need for considerable caution against overreliance on acceptance data.

Keywords: Acceptance, Affect, Analysis, Articles, Characteristics, Committee, Community, Consent, Consultation, Data, Databases, Embase, Emergency, Emergency Research, Exception, Experience, Factors, From, General, Implementation, Informed Consent, Informed-Consent, Institutional Review Boards, Literature, Mechanism, Methods, Peer-Reviewed, Potential, Predictors, Pubmed, Rates, Reference, Regulations, Reporting, Research, Results, Resuscitation, Review, Science, Systematic, Systematic Review, Trauma Community, Trials, US, Web, Web Of Science, Web Of Science Databases

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? Akhabue, E. and Lautenbach, E. (2010), “Equal” contributions and credit: An emerging trend in the characterization of authorship. *Annals of Epidemiology*, **20** (11), 868-871.

Full Text: [2010\Ann Epi20, 868.pdf](2010/Ann%20Epi20,%20868.pdf)

Abstract: PURPOSE: Scientific manuscripts sometimes have two or more authors explicitly designated as having “contributed equally” to the study. The prevalence and characteristics of this practice are not known. The goal of this study was to identify longitudinal trends and characteristics of the practice of explicitly giving authors equal credit in publications found in major medical journals.

METHODS: We conducted electronic keyword searches looking for original research articles with equally credited authors (ECAs) published between Jan. 1, 2000 and Dec. 31, 2009 in the five general medicine journals with the highest impact factors (New England Journal of Medicine, Journal of the American Medical Association, Lancet, Annals of Internal Medicine, and British Medical Journal). The annual prevalence of original research articles with ECAs for each journal.

RESULTS: Original research articles with authors explicitly given equal credit were found in all five journals. Articles with ECAs formed a greater proportion of the total number of articles published in each journal in 2009 versus published in 2000 (NEJM: 8.6% vs. <1%; JAMA: 7.5% vs. 0%; Annals: 3.8% vs. 0%; Lancet: 3.6% vs. <1%; BMJ: 1.0% vs. 0%). There was a statistically significant increasing trend in yearly prevalence of ECA articles for all the journals (NEJM: p < 0.0001; JAMA: p < 0.001; Annals: p < 0.001; Lancet: p < 0.001, BMJ: p = 0.001]. The first two authors listed in the byline received equal credit the majority of the time, but the practice was also applied to authors in nearly every position in the byline. Finally, none of the journals provided specific guidance regarding this practice in their instructions to authors.

CONCLUSIONS: The practice of explicitly giving authors equal credit is increasingly common in original research publications. Scientific journals should consider providing guidance for authors regarding this practice. Furthermore, the potential impact of this practice on evaluations for academic promotion should be assessed. Ann Epidemiol 2010;20:868-871. (C) 2010 Elsevier Inc. All rights reserved.

Keywords: Authorship, Contributions, Credit, Equal, Practice

? Wosu, A.C., Valdimarsdóttir, U., Shields, A.E., Williams, D.R. and Williams, M.A. (2013), Correlates of cortisol in human hair: Implications for epidemiologic studies on health effects of chronic stress. *Annals of Epidemiology*, **23** (12), 797-811.

Full Text: [2013\Ann Epi23, 797.pdf](2013/Ann%20Epi23,%20797.pdf)

Abstract: Assessment of cortisol concentrations in hair is one of the latest innovations for measuring long-term cortisol exposure. We performed a systematic review of correlates of cortisol in human hair to inform the design, analysis, and interpretation of future epidemiologic studies. Relevant publications were identified through electronic searches on PubMed, WorldCat, and Web of Science using keywords, “cortisol,” “hair,” “confounders,” “chronic,” “stress,” and “correlates.” Thirty-nine studies were included in this review. Notwithstanding scarce data and some inconsistencies, investigators have found hair cortisol concentrations to be associated with stress-related psychiatric symptoms and disorders (e.g., post-traumatic stress disorder), medical conditions indicating chronic activation of the hypothalamic-pituitary-adrenal axis (e.g., Cushing’s syndrome), and other life situations associated with elevated risk of chronic stress (e.g., shiftwork). Results from some studies suggest that physical activity, adiposity, and substance abuse may be correlates of hair cortisol concentrations. In contrast to measures of short-term cortisol release (saliva, blood, and urine), cigarette smoking and use of oral contraceptives appear not to be associated with hair cortisol concentrations. Studies of pregnant women indicate increased hair cortisol concentrations across successive trimesters. The study of hair cortisol presents a unique opportunity to assess chronic alterations in cortisol concentrations in epidemiologic studies. (C) 2013 Elsevier Inc. All rights reserved.

Keywords: Abuse, Activation, Activity, Analysis, Assessment, Blood, Body-Mass Index, Cardiovascular-Disease, Chronic, Chronic Pelvic Pain, Chronic Stress, Contraceptives, Correlates, Cortisol, Cushing’s, Cushing’s Syndrome, Cushings-Syndrome, Data, Design, Determinants, Effects, Exposure, Hair, Health, Human, Human Hair, Life, Long Term, Long-Term, Long-Term Cortisol, Measures, Medical, Metabolic Syndrome, Oral, Physical, Physical Activity, Pituitary-Adrenal Axis, Post Traumatic Stress Disorder, Post-Traumatic Stress, Post-Traumatic Stress Disorder, Posttraumatic Stress, Posttraumatic Stress Disorder, Pregnant, Pregnant Women, Psychiatric Disorders, Psychiatric Symptoms, Psychological Stress, Publications, Pubmed, Release, Results, Review, Rights, Risk, Salivary Cortisol, Science, Smoking, Stress, Substance Abuse, Symptoms, Syndrome, Systematic Review, Urine, Urine-Free Cortisol, Web of Science, Women

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Full Text: [2014\Ann Epi24, 383.pdf](2014/Ann%20Epi24,%20383.pdf)

Abstract: Purpose: To estimate the global lifetime prevalence rate of anabolic-androgenic steroid (AAS) use and investigate moderators of the prevalence rate. Methods: A meta-analysis and meta-regression analysis was performed using studies gathered from searches in PsycINFO, PubMed, ISI Web of Science, and Google Scholar among others. Included were 187 studies that provided original data on 271 lifetime prevalence rates. Studies were coded for publication year, region, sample type, age range, sample size, assessment method, and sampling method. Heterogeneity was assessed by the I-2 index and the Q-statistic. Random effect-size modeling was used. Subgroup comparisons were conducted using Bonferroni correction. Results: The global lifetime prevalence rate obtained was 3.3% (95% confidence interval [CI], 2.8-3.8; I-2 = 99.7, P < .001). The prevalence rate for males, 6.4% (95% CI, 5.3-7.7, I-2 = 99.2, P < .001), was significantly higher (Q(bet) = 100.1, P < .001) than the rate for females, 1.6% (95% CI, 1.3-1.9, I-2 = 96.8, P < .001). Sample type (athletes), assessment method (interviews only and interviews and questionnaires), sampling method, and male sample percentage were significant predictors of AAS use prevalence. There was no indication of publication bias. Conclusion: Nonmedical MS use is a serious widespread public health problem. (C) 2014 Elsevier Inc. All rights reserved.

Keywords: Aas, Age, Analysis, Assessment, Athletes, Bias, Body-Image, Confidence, Data, Drug-Use, Effect Size, Enhancing Substances, Epidemiology, Female Adolescents, Global, Google, Google Scholar, Health, Health Problem, High-School-Students, Index, Indication, Interval, Interviews, ISI, ISI Web Of Science, Male, Meta Analysis, Meta-Analysis, Meta-Regression, Metaanalysis, Methods, Modeling, Ms, P, Physical-Education, Predictors, Prevalence, Psycinfo, Public, Public Health, Public Health Problem, Publication, Publication Bias, Pubmed, Questionnaires, Rates, Region, Regression, Results, Rights, Risk-Factors, Sample, Sample Size, Sampling, Science, Size, Sports Participation, Steroids, Substance Use, Systematic Review, United-States, Web Of Science

? Kunutsor, S.K., Abbasi, A. and Adler, A.I. (2014), Gamma-glutamyl transferase and risk of type II diabetes: An updated systematic review and dose-response meta-analysis. *Annals of Epidemiology*, **24** (11), 809-816.

Full Text: [2014\Ann Epi24, 809.pdf](2014/Ann%20Epi24,%20809.pdf)

Abstract: Purpose: We assessed the nature of the dose-response relationship between gamma-glutamyl transferase (GGT) levels and risk of incident type II diabetes mellitus (T2DM) in the general population. Methods: Systematic review and dose-response meta-analysis of published prospective studies. Relevant studies were identified in a literature search of MEDLINE, EMBASE, and Web of Science databases up to June 2014. We examined a potential nonlinear relationship using restricted cubic splines. Results: Of the 300 titles reviewed, we included 24 cohort studies with data on 177,307 participants and 11,155 T2DM cases. In pooled analysis of 16 studies with relevant data, there was evidence of a nonlinear association between GGT and T2DM risk in both males (P for nonlinearity = .02) and females (P for nonlinearity = .0005). In a comparison of extreme thirds of baseline levels of GGT, relative risk for T2DM in pooled analysis of all 24 studies was 1.34 (95% confidence interval, 1.27-1.42). There was heterogeneity among the studies (P < .001), which was to a large part explained by blood sample used, study size, degree of confounder adjustment, and quality of studies. Conclusions: Circulating level of GGT contributes to an increased risk of T2DM in the general population in a nonlinear dose-response pattern. (C) 2014 Elsevier Inc. All rights reserved.

Keywords: Alanine Aminotransferase, Analysis, Association, Atherosclerosis Risk, Blood, Cardiovascular-Disease, Cohort, Comparison, Confidence, Data, Databases, Diabetes, Diabetes Mellitus, Dose Response, Embase, Evidence, Fatty Liver, Gamma-Glutamyl Transferase, General, General Population, Healthy-Individuals, Heterogeneity, Insulin-Resistance, Interval, Literature, Literature Search, Liver-Enzymes, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolic Syndrome, Methods, Nonlinear, Nov, P, Pattern, Pooled Analysis, Population, Potential, Prospective, Prospective Studies, Publication Bias, Quality, Quality Of, Relative Risk, Results, Review, Rights, Risk, Science, Size, Systematic, Systematic Review, Trend Estimation, Type H Diabetes Mellitus, Web Of Science, Web Of Science Databases

# Title: Annals of Eugenics

Full Journal Title: Annals of Eugenics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Williams, C.B. (1943), The numbers of publications written by biologists. *Annals of Eugenics*, **12**, 143-146.

# Title: Annals of Family Medicine

Full Journal Title: Annals of Family Medicine

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Matthys, J., De Meyere, M., van Driel, M.L. and De Sutter, A. (2007), Differences among international pharyngitis guidelines: Not just academic. *Annals of Family Medicine*, **5** (5), 436-443.

Abstract: PURPOSE Many countries have national guidelines for the treatment of pharyngitis. We wanted to compare the recommendations and the reported evidence in national guidelines for the management of acute sore throat in adults. METHODS Guidelines were retrieved via MEDLINE and EMBASE and through a Web-based search for guideline development organizations. The content of the recommendations and the underlying evidence were analyzed with qualitative and bibliometric methods. RESULTS We included 4 North American and 6 European guidelines. Recommendations differ with regard to the use of a rapid antigen test and throat culture and with the indication for antibiotics. The North American, French, and Finnish guidelines consider diagnosis of group A streptococcus essential, and prevention of acute rheumatic fever remains an important reason to prescribe antibiotics. In 4 of the 6 European guidelines, acute sore throat is considered a self-limiting disease and antibiotics are not recommended. The evidence used to underpin these guidelines was different in North America and Europe. North American guidelines cited more North American references than did European guidelines (87.2% vs 48.0%; ods ratio, 4.6-11.9; P <.001). CONCLUSION Although the evidence for the management of acute sore throat is easily available, national guidelines are different with regard to the choice of evidence and the interpretation for clinical practice. Also a transparent and standardized guideline development method is lacking. These findings are important in the context of appropriate antibiotic use, the problem of growing antimicrobial resistance, and costs for the community.

Keywords: Acute Rheumatic-Fever, Acute Sore Throat, Antibiotics, Attack Rate, Bibliometric Methods, Clinical-Practice Guidelines, Evidence-Based Medicine, Family Practice, General Population, Glomerulonephritis, Pharyngitis, Practice Guideline [Publication Type], Primary Health Care, Primary-Care, Sore Throat, Streptococcal Pharyngitis, Systematic Reviews

? Richardson, C.R., Newton, T.L., Abraham, J.J., Sen, A., Jimbo, M. and Swartz, A.M. (2008), A meta-analysis of pedometer-based walking interventions and weight loss. *Annals of Family Medicine*, **6** (1), 69-77.

Abstract: PURPOSE: Cross-sectional studies show that individuals who walk more tend to be thinner than those who walk less. This does not mean, however, that the association between higher step counts and lower weight is caUSAl or that encouraging sedentary individuals to increase step counts helps them lose weight. METHODS: In this meta-analysis, we searched 6 electronic databases and contacted pedometer experts to identify pedometer-based walking studies without a dietary intervention that reported weight change as an outcome. We included randomized controlled trials and prospective cohort studies published after January 1, 1995, in either English or Japanese, with 5 or more adult participants and at least 1 cohort enrolled in a pedometer-based walking intervention lasting at least 4 weeks. RESULTS: Nine studies met the study inclusion criteria. Cohort sample size ranged from 15 to 106, for a total of 307 participants, 73% of whom were women and 27% of whom were men. The duration of the intervention ranged from 4 weeks to 1 year, with a median duration of 16 weeks. The pooled estimate of mean weight change from baseline using a fixed-effects model and combining data from all 9 cohorts was -1.27 kg (95% confidence interval, -1.85 to -0.70 kg). Longer intervention duration was associated with greater weight change. On average, participants lost 0.05 kg per week during the interventions. CONCLUSION: Pedometer-based walking programs result in a modest amount of weight loss. Longer programs lead to more weight loss than shorter programs.

Keywords: Adult, Association, Confidence, Criteria, Lead, Men, Meta-Analysis, Model, Randomized Controlled Trials, Sample Size, Size, Women

# Title: Annals of Forest Research

Full Journal Title: Annals of Forest Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Malesios, C. and Arabatzis, G. (2012), An evaluation of forestry journals using bibliometric indices. *Annals of Forest Research*, **55** (2), 147-164.

Full Text: [2012\Ann For Res55, 147.pdf](2012/Ann%20For%20Res55,%20147.pdf)

Abstract: The increasing number of scientific journals, especially over the last 20 years, created the need for methodologies based on simple metrics, to accurately capture the “quality” of those journals and their impact on the scientific community. Especially in the case of journals from the field of forestry, relatively little work has been conducted on providing valid journal classifications. In this paper we attempt to assess the impact of journals from this field in terms of bibliometric data. In addition to the already proposed metrics (complementary to the journal h-Index), we also apply a new measure to rank journals, that provides a more balanced evaluation of the journal performance, by adjusting for various biases affecting the h-Index. We examined the relationships between various bibliometric indicators proposed for assessing the journal impact and wo found high correlations between most indices, with only few exceptions. According to citation analysis, Canadian Journal of Forest Research, Journal of Vegetation Science, Forest Science, Tree Physiology, International Journal of Wildland Fire, Holzforschung, Trees-Structure and Function, Silva Fennica, Agricultural and Forest Meteorology and Wood and Fiber Science are the top forestry journals. These publish articles related to all the domains of forestry science. More specialized journals are also included, dealing with specific issues of scientific interest and also of major importance to the scientific community.

Keywords: Analysis, Assessing, Bibliometric, Bibliometric Indicators, Business, Citation, Citation Analysis, Citation-Based Metrics, Community, Complementary, Correlations, Data, Evaluation, Facts, Field, Forestry, Function, h Index, h-Index, h-Index, Impact, Impact Factor (IF), Impact Factors, Indicators, Indices, Journal, Journal Impact, Journals, Measure, Methodologies, Metrics, Output, Performance, Rank, Ranking, Research, Researchers, Science, Scientific Journals, Wood, Work

# Title: Annals of Forest Science

Full Journal Title: Annals of Forest Science

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

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Publisher:

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Subject Categories:

: Impact Factor

Notes: JJournal

? Dobbertin, M.K. and Nobis, M.P. (2010), Exploring research issues in selected forest journals 1979-2008. *Annals of Forest Science*, **67** (8), Article Number: 800.

Full Text: [2010\Ann For Sci67, 800.pdf](2010/Ann%20For%20Sci67,%20800.pdf)

Abstract: Forest science and policy have experienced significant changes under the pressure of global change. Assuming that scientific publications mirror contemporary issues, our objective was to verify whether titles of articles show a temporal trend, and whether it coincides with the new agenda set by sustainable forest management. We used ISI Web of Science to collect articles published 1979-2008 in 6 peer-reviewed forest(ry) journals (n = 20 677). We split titles into strings and processed them to increase the homogeneity of our sample. We applied principal components analysis (PCA) as an indirect gradient analysis. We also searched titles for words related to the social, political and economic components of forestry. The PCA ordination revealed a dominant and distinct time gradient in the use of title words in our corpus. A few words have disappeared, but those with a positive trend clearly dominate, reflecting an opening of forest science towards more process-oriented research, especially in ecology and environmental and climate change. However, socio-economic aspects are still underrepresented. In our study, titles of forest(ry) publications increasingly include topics from neighboring natural sciences, but still very few from socio-economic disciplines.

Keywords: Analysis, Bibliometrics, Climate Change, Ecology, Europe, Forest Research, Global Change, Interface, ISI, Journals, Peer-Reviewed Publications, Pressure, Principal Component Analysis, Publications, Research, Research Trends, Science, Trend, Web of Science

? Keenan, R.J. (2015), Climate change impacts and adaptation in forest management: A review. *Annals of Forest Science*, **72** (2), 145-167.

Full Text: [2015\Ann For Sci72, 145.pdf](2015/Ann%20For%20Sci72,%20145.pdf)

Abstract: Adaptation of forest management to climate change requires an understanding of the effects of climate on forests, industries and communities; prediction of how these effects might change over time; and incorporation of this knowledge into management decisions. This requires multiple forms of knowledge and new approaches to forest management decisions. Partnerships that integrate researchers from multiple disciplines with forest managers and local actors can build a shared understanding of future challenges and facilitate improved decision making in the face of climate change. Climate change presents significant potential risks to forests and challenges for forest managers. Adaptation to climate change involves monitoring and anticipating change and undertaking actions to avoid the negative consequences and to take advantage of potential benefits of those changes. This paper aimed to review recent research on climate change impacts and management options for adaptation to climate change and to identify key themes for researchers and for forest managers. The study is based on a review of literature on climate change impacts on forests and adaptation options for forest management identified in the Web of Science database, focusing on papers and reports published between 1945 and 2013. One thousand one hundred seventy-two papers were identified in the search, with the vast majority of papers published from 1986 to 2013. Seventy-six percent of papers involved assessment of climate change impacts or the sensitivity or vulnerability of forests to climate change and 11 % (130) considered adaptation. Important themes from the analysis included (i) predicting species and ecosystem responses to future climate, (ii) adaptation actions in forest management, (iii) new approaches and tools for decision making under uncertainty and stronger partnerships between researchers and practitioners and (iv) policy arrangements for adaptation in forest management. Research to support adaptation to climate change is still heavily focused on assessing impacts and vulnerability. However, more refined impact assessments are not necessarily leading to better management decisions. Multi-disciplinary research approaches are emerging that integrate traditional forest ecosystem sciences with social, economic and behavioural sciences to improve decision making. Implementing adaptation options is best achieved by building a shared understanding of future challenges among different institutions, agencies, forest owners and stakeholders. Research-policy-practice partnerships that recognise local management needs and indigenous knowledge and integrate these with climate and ecosystem science can facilitate improved decision making.

Keywords: Adaptation, Adaptive Capacity, Analysis, Assessing, Assessment, Assessments, Benefits, Biodiversity Management, British-Columbia, Building, Change Vulnerability, Changes, Climate, Climate Change, Database, Decision, Decision Making, Decision-Making, Disciplines, Economic, Ecosystem, Effects, Forest, Forest Management, Forests, Forms, From, Global Climate, Impact, Impact Assessments, Impacts, Indigenous Knowledge, Institutions, Knowledge, Literature, Local, Management, Management Options, Mar, Monitoring, Multi-Disciplinary, Multidisciplinary, Needs, Negative, New Approaches, Options, Papers, Partnerships, Policy, Potential, Prediction, Recent, Research, Researchers, Responses, Review, Review Of Literature, Risks, Science, Sciences, Sea-Level Rise, Sensitivity, Social, Species, Stakeholders, Support, Terrestrial Ecosystems, Tree Growth, Tropical Forests, Uncertainty, Understanding, Vulnerability, Web, Web Of Science

# Title: Annals of General Psychiatry

Full Journal Title: Annals of General Psychiatry

ISO Abbreviated Title:

JCR Abbreviated Title: Ann Gen Psychiatry

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Turner, O., Windfuhr, K. and Kapur, N. (2007), Suicide in deaf populations: A literature review. *Annals of General Psychiatry*, **6**, 26.

Full Text: [2007\Ann Gen Psy6, 26.pdf](2007/Ann%20Gen%20Psy6,%2026.pdf)

Abstract:Abstract: BACKGROUND: Studies have found that deaf individuals have higher rates of psychiatric disorder than those who are hearing, while at the same time encountering difficulties in accessing mental health services. These factors might increase the risk of suicide. However, the burden of suicidal behaviour in deaf people is currently unknown.The aim of the present review was to provide a summary of literature on suicidal behaviour with specific reference to deaf individuals. The objectives of the review were to establish the incidence and prevalence of suicidal behaviour in deaf populations; describe risk factors for suicidal behaviour in deaf populations; describe approaches to intervention and suicide prevention that have been used in deaf populations. METHODS: A number of electronic databases (e.g. MEDLINE, PsycINFO, CINAHL, EMBASE, Dissertation Abstracts International, Web of Science, ComDisDome, ASSIA, Education Sage Full Text, Google Scholar, and the grey literature databases FADE and SIGLE) were explored using a combination of key words and medical subject headings as search terms. Reference lists of papers were also searched. The Science and Social Sciences Citation Index electronic databases were used to identify studies that had cited key papers. We also contacted experts and organisations with an interest in the field. RESULTS: Very few studies focussed specifically on suicide in deaf populations. Those studies that were included (n = 13) generally involved small and unrepresentative samples. There were limited data on the rate of suicidal behaviour in deaf people. One study reported evidence of hearing impairment in 0.2% of all suicide deaths. Another found that individuals with tinnitus seen in specialist clinics had an elevated rate of suicide compared to the general population. The rates of attempted suicide in deaf school and college students during the previous year ranged from 1.7% to 18%, with lifetime rates as high as 30%. Little evidence was found to suggest that risk factors for suicide in deaf people differed systematically from those in the general population. However, studies did report higher levels of depression and higher levels of perceived risk among deaf individuals than hearing control groups. No firm evidence was found regarding the effectiveness of suicide prevention strategies in deaf people, but suggested strategies include developing specific screening tools, training clinical staff, promoting deaf awareness, increasing the availability of specialist mental health services for deaf people. CONCLUSION: There is a significant gap in our understanding of suicide in deaf populations. Clinicians should be aware of the possible association between suicide and deafness. Specialist mental health services should be readily accessible to deaf individuals and specific preventative strategies may be of benefit. However, further research using a variety of study designs is needed to increase our understanding of this issue.

Keywords: Association, Availability, Background, Behaviour, Burden, Clinical, College, Control, Control Groups, Data, Databases, Deafness, Depression, Developing, Effectiveness, Evidence, Experts, Field, General, Health, Health Services, Hearing Impairment, Incidence, Intervention, Literature, Literature Review, Medical, Mental Health, Methods, Papers, Population, Populations, Prevalence, Prevention, Psycinfo, Rates, Research, Review, Risk, Risk Factors, Screening, Services, Small, Students, Suicide, Suicide Prevention, Training, Understanding, Web of Science

# Title: Annals of Hematology

Full Journal Title: Annals of Hematology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Yang, Y.N., Wang, X.R., Zhao, C.X., Wang, C. and Qin, Y.W. (2015), Prognostic significance of diagnosed WT1 level in acute myeloid leukemia: A meta-analysis. *Annals of Hematology*, **94** (6), 929-938.

Full Text: [2015\Ann Hem94, 929.pdf](2015/Ann%20Hem94,%20929.pdf)

Abstract: The Wilms’ tumor 1 (WT1) expression has been recognized in a substantial number of acute myeloid leukemia (AML) patients. Some studies indicated the association of diagnosed WT1 higher expression (WT1(H)) and poor outcome in the AML patients, while other studies had different opinions. Therefore, we performed a meta-analysis to evaluate the controversial prognostic significance of diagnosed WT1(H) in AML. Eligible studies were identified from several databases including PubMed, Embase, Web of Science, and the Cochrane Library (up to September 2014). The primary end point was overall survival (OS) and disease-free survival (DFS) was chosen as secondary end point. If possible, we would pool estimate effects (hazard ratio [HR] with 95 % confidence interval [CI]) of outcomes in both fixed and random effects models. Eleven studies, covering 1497 AML patients, were included in this meta-analysis. Pooled HRs indicated that diagnosed WT1(H) had a poor impact on the survival of AML patients (HR for OS, 1.37; HR for DFS, 1.38). Furthermore, diagnosed WT1(H) appeared to be an adverse prognostic indicator in adult AML (HR for OS, 1.43; HR for DFS, 1.41) and non-promyelocytic AML (non-M3 AML) (HR for OS, 1.46; HR for DFS, 1.41). Diagnosed WT1(H) had slightly but significantly poor prognostic impact on OS and DFS of patients with AML in total population and some specific subgroups.

Keywords: Acute Myeloid Leukemia, Adult, Association, Bone-Marrow, Confidence, Databases, Effects, Expression, Hazard, Impact, Indicator, Interval, Leukemia, Marker, Messenger-Rna, Meta-Analysis, Metaanalysis, Minimal Residual Disease, Models, Opinions, Outcome, Outcomes, Patients, Pcr, Population, Predicts, Primary, Prognosis, Prognostic, Pubmed, Science, Significance, Single Nucleotide Polymorphism, Survival, Time, Tumor, Web Of Science, Wilms’ Tumor 1, Wilms-Tumor Gene

# Title: Annals of Hepatology

Full Journal Title: Annals of Hepatology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Jiang, Q., Jiang, G., Shi, K.Q., Cai, H., Wang, Y.X. and Zheng, M.H. (2013), Oral Acetyl-L-Carnitine treatment in hepatic encephalopathy: View of evidence-based medicine. *Annals of Hepatology*, **12** (5), 803-809.

Full Text: [2013\Ann Hep12, 803.pdf](2013/Ann%20Hep12,%20803.pdf)

Abstract: Objective. To systematically review the effect of Acetyl-L-Carnitine in patients with hepatic encephalopathy. Material and methods. Design: systematic review and meta-analysis. Data sources: The Cochrane Library, MEDLINE, EMBASE.com, Science Citation Index, Google search and the China Biological Medicine Database to June 2012. Review methods: randomized placebo controlled trials of Acetyl-L-Carnitine in patients with hepatic encephalopathy assessing whether Acetyl-L-Carnitine an effective therapy or not. No language restrictions were applied. Two reviewers independently extracted data and assessed quality. Results. 7 methodologically sound randomized controlled trials were identified involving 660 participants with hepatic encephalopathy, totaling 249 with subclinical hepatic encephalopathy, 189 with West Haven grade 1, 162 with West Haven grade 2 and 60 with West Haven grade 3. Acetyl-L-Carnitine was effective to improve serum ammonia level (weighted mean difference 25.90, 95% confidence intervals 20.89 to 30.91, P < 0.05) and the number connection test completion time (weighted mean difference 16.62, 95% confidence intervals 9.88 to 23.36, P < 0.05). The outcome was consistent in subgroup analyses. No publication bias was detected. Adverse events were reported infrequently and were minor. Conclusions. Acetyl-L-Carnitine is promising as an effective and tolerable treatment for hepatic encephalopathy that associated with improved serum ammonia levels and the number connection test.

Keywords: Ammonia, Analyses, Assessing, Bias, China, Citation, Confidence, Confidence Intervals, Data, Database, Design, Encephalopathy, Events, Evidence Based, Evidence Based Medicine, Evidence-Based, Evidence-Based Medicine, Google, Hepatic Encephalopathy, Intervals, Language, Medicine, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Minor, Outcome, P, Patients, Placebo, Publication, Publication Bias, Quality, Randomized, Randomized Controlled Trials, Restrictions, Results, Review, Science, Science Citation Index, Serum, Sound, Sources, Systematic Review, Therapy, Treatment

# Title: Annals of Human Genetics

Full Journal Title: Annals of Human Genetics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Fan, S.L., Li, X., Chen, S.J. and Qi, G.X. (2014), ABCA1 rs4149313 polymorphism and susceptibility to coronary heart disease: A meta-analysis. *Annals of Human Genetics*, **78** (4), 264-276.

Full Text: [2014\Ann Hum Gen78, 264.pdf](2014/Ann%20Hum%20Gen78,%20264.pdf)

Abstract: Many existing studies have demonstrated that common polymorphisms in the ABCA1 gene may play important roles in the development and progression of coronary heart disease (CHD), but individually published results are inconclusive. This meta-analysis aimed to derive a more precise estimation of the relationship between the ABCA1 rs4149313 polymorphism and CHD risk. We searched the CISCOM, CINAHL, Web of Science, PubMed, Google Scholar, EBSCO, Cochrane Library, and CBM databases from inception through 1 September 2013. Meta-analysis was performed using the STATA 12.0 software. Odds ratios (OR) and their 95% confidence intervals (CI) were estimated. Eleven case-control studies were included with a total of 5416 CHD patients and 20,897 healthy controls. Our meta-analysis results revealed that the ABCA1 rs4149313 polymorphism may be associated with an increased risk of CHD. Subgroup analysis by ethnicity suggested that there were significant associations between the ABCA1 rs4149313 polymorphism and an increased risk of CHD in Asian populations, but not in Caucasian populations (all P > 0.05). Meta-regression analyses showed that ethnicity may be a main source of heterogeneity. The present meta-analysis suggests that the ABCA1 rs4149313 polymorphism may contribute to the risk of CHD, especially in Asian populations.

Keywords: Abca1, Analyses, Analysis, Artery-Disease, Asian, Association, Atp-Binding Cassette, Cardiovascular-Disease, Case-Control, Case-Control Studies, Caucasian, Cholesterol, Confidence, Confidence Intervals, Coronary Heart Disease, Databases, Development, Disease, Ethnicity, Gene, Gene Polymorphisms, Google, Google Scholar, Heart, Heterogeneity, High-Density-Lipoprotein, Intervals, Meta Analysis, Meta-Analysis, Meta-Regression, Metaanalysis, Myocardial-Infarction, P, Patients, Polymorphism, Polymorphisms, Populations, Progression, Pubmed, Risk, Science, Software, Source, Susceptibility, Transporter A1, Web Of Science

# Title: Annals of Indian Academy of Neurology

Full Journal Title: Annals of Indian Academy of Neurology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Kumar, K.V.S.H. and Aravinda, K. (2012), Publication trends of neurology articles in a biomedical journal from India. *Annals of Indian Academy of Neurology*, **15** (3), 170-174.

Full Text: [2012\Ann Ind Aca Neu15, 170.pdf](2012/Ann%20Ind%20Aca%20Neu15,%20170.pdf)

Abstract: Background: the details about the research productivity in the neurology specialty from India is lacking. We analyzed the publishing trends and the research productivity of neurology-related articles in the Journal of the Association of Physicians of India (JAPI). Materials and Methods: We carried the bibliometric analysis of articles related to neurology specialty from JAPI published between 2000 and 2011. Data were derived from the journals website and the articles were analyzed for type (original article, case reports, etc.), disease (infection, vascular, etc.), place, and timelines for publication. Results: Out of total 2977 articles published, 256 articles belong to neurology. Neurology contributed to 7--20 of the published articles per year in JAPI. Case reports (52) constitute the majority type of articles followed by Original Articles (20), Correspondence and Images (15 each). Infections (27), structural disorders (19), cerebrovascular and peripheral nervous system disorders (16 each) contribute the majority of research articles in Neurology. Mumbai (15), Delhi (13), and Chennai (9) are the top three contributors followed by Lucknow and Varanasi. All types of articles took about 9--10 months for acceptance and another 4--5 months for publication. Letters to the Editor were published faster when compared to other articles (P=0.0035). Conclusion: Neurology specialty contributes an average 14 of articles per annum in JAPI. Infections, vascular, structural, and peripheral nervous system disorders together account for 80 of published literature with a small representation from other diseases. Mumbai and Delhi are the leading contributors toward research productivity in neurology.

Keywords: Acceptance, Analysis, Articles, Bibliometric, Bibliometric Analysis, Biomedical, Biomedical Journals, Case Reports, Disease, Diseases, India, Infection, Journal, Journals, Literature, Mumbai, Neurology, Peripheral Nervous System, Productivity, Publication, Publication Trends, Publishing, Representation, Research, Research Output, Research Productivity, Small, Specialty, Trends

? Li, X.M., Rastogi, P., Gibbons, J.A. and Chaudhury, S. (2014), Visuo-cognitive skill deficits in Alzheimer,s disease and Lewy body disease: A comparative analysis. *Annals of Indian Academy of Neurology*, **17** (1), 12-18.

Full Text: [2014\Ann Ind Aca Neu17, 12.pdf](2014/Ann%20Ind%20Aca%20Neu17,%2012.pdf)

Abstract: Dementia is a chronic neurodegenerative disorder characterized by progressive cognitive loss. Alzheimers disease (AD) and the Lewy body disease are the two most common causes of age-related degenerative dementia. Visuo-cognitive skills are a combination of very different cognitive functions being performed by the visual system. These skills are impaired in both AD and dementia with Lewy bodies (DLB). The aim of this review is to evaluate various studies for these visuo-cognitive skills. An exhaustive internet search of all relevant medical databases was carried out using a series of key-word applications, including The Cochrane Library, MEDLINE, PSYCHINFO, EMBASE, CINAHL, AMED, SportDiscus, Science Citation Index, Index to Theses, ZETOC, PEDro and occupational therapy (OT) seeker and OT search. We reviewed all the articles until March 2013 with key words of: Visual skills visual cognition dementia AD, but the direct neurobiological etiology is difficult to establish., Dementia of Lewy body disease. Although most studies have used different tests for studying these abilities, in general, these tests evaluated the individuals ability of (1) visual recognition, (2) visual discrimination, (3) visual attention and (4) visuo-perceptive integration. Performance on various tests has been evaluated for assessing these skills. Most studies assessing such skills show that these skills are impaired in DLB as compared with AD. Visuo-cognitive skills are impaired more in DLB as compared with AD. These impairments have evident neuropathological correlations, but the direct neurobiological etiology is difficult to establish.

Keywords: Ad, Age-Related, Alzheimers Disease, Analysis, Assessing, Attention, Bodies, Cerebral Glucose-Metabolism, Chronic, Citation, Cognition, Correlations, Databases, Dementia, Differentiate Dementia, Discrimination, Disease, Embase, Etiology, Functions, General, Integration, Lewy Body Disease, Medical, Medline, Neuropsychological Performance, Occupational, Ot, Parkinsons-Disease, Performance, Review, Science, Science Citation Index, Senile Dementias, Spatial Cognition, Therapy, Theses, Topographical Disorientation, Visuo-Cognitive Skills, Visuospatial Deficits

# Title: Annals of Internal Medicine

Full Journal Title: [Annals of Internal Medicine](http://www.annals.org/)

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JCR Abbreviated Title: Ann Intern Med

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Issues/Year: 24

Journal Country/Territory: United States

Language: English

Publisher: Amer Coll Physicians

Publisher Address: Independence Mall West 6th and Race St, Philadelphia, PA 19106-1572

Subject Categories:

Medicine, General & Internal: Impact Factor 11.130,/(2001)

Notes: highly cited

? Burman, K.D. (1982), “Hanging from the masthead”: Reflections on authorship. *Annals of Internal Medicine*, **97** (4), 602-605.

Full Text: [1982\Ann Int Med97, 602.pdf](1982/Ann%20Int%20Med97,%20602.pdf)

Abstract: Authorship of a scientific article should imply expertise on its content and thorough knowledge of the investigation reported. Because the number of authors per article has dramatically increased, I question whether these criteria for authorship are applied. Another explanation for this increase is that authors add names to the byline without reference to any set of criteria, resulting in the designation of coauthorship when not warranted. The medical community needs to redefine the proper procedure and criteria for deciding on authorship and to strictly abide by these procedures. Specific recommendations center around the protocol as the initial instrument of communication. Who should be designated as author, and the order of names, should be negotiated before and during the study, and written communication with other involved laboratories should result in more appropriate authorship attribution.

? Huth, E.J. (1986), Guidelines on authorship of medical papers. *Annals of Internal Medicine*, **104** (2), 269-274.

Full Text: [1984\Ann Int Med104, 269.pdf](1984/Ann%20Int%20Med104,%20269.pdf)

Garfield, E. (1986), Which medical journals have the greatest impact. *Annals of Internal Medicine*, **105** (2), 313-320.

Full Text: [1986\Ann Int Med105, 313.pdf](1986/Ann%20Int%20Med105,%20313.pdf)

? Fye, W.B. (1990), Medical authorship: Traditions, trends, and tribulations. *Annals of Internal Medicine*, **113** (4), 317-325.

Full Text: [1990\Ann Int Med113, 317.pdf](1990/Ann%20Int%20Med113,%20317.pdf)

Hommes, D.W., Bura, A., Mazzolai, L., Buller, H.R. and Tencate, J.W. (1992), Subcutaneous heparin compared with continuous intravenous heparin administration in the initial treatment of deep-vein thrombosis: A meta-analysis. *Annals of Internal Medicine*, **116** (4), 279-284.

Full Text: [1992\Ann Int Med116, 279.pdf](1992/Ann%20Int%20Med116,%20279.pdf)

Abstract: Objective: To quantitatively assess the efficacy and safety of published randomized trials comparing subcutaneous heparin with continuous intravenous heparin for the initial treatment of deep vein thrombosis.

Data Identification: Studies published between January 1966 and April 1991 were identified through computer searches of the MEDLINE database and through reviews of the Science Citation Index, Current Contents, proceedings and abstract books, and references cited in the identified articles. Complete manuscripts were obtained from the authors if only abstracts were available.

Study Selection: Eight clinical trials were identified that compared subcutaneous with intravenous heparin administration in patients with venographically confirmed deep vein thrombosis.

Data Extraction: Each study was independently analyzed for the percentage distribution of thrombosis, the method of outcome measurement, and the heparin dose. The methodologic strength of each study was assessed using predefined standards for the proper evaluation of a therapeutic intervention with particular emphasis on the type of patient allocation and objective measurements.

Results of Data Analysis: the overall relative risk for efficacy (defined as prevention of extension and recurrence of venous thromboembolism) of subcutaneous compared with intravenous heparin treatment was 0.62 (95% Cl, 0.39 to 0.98), whereas for safety (defined as major hemorrhage) it was 0.79 (Cl, 0.42 to 1.48).

Conclusions: the results of our meta-analysis indicated that heparin administered subcutaneously twice daily in the initial treatment of deep vein thrombosis is more effective and at least as safe as continuous intravenous heparin administration. Administration of heparin subcutaneously may simplify patient treatment and could facilitate home treatment.

Keywords: Metaanalysis, Heparin, Thrombosis, Drug Administration Routes, Cost Control, Randomized Trial, Therapy, Management

Cunningham, Jr., E.T., Ravich, W.J., Jones, B. and Donner, M.W. (1992), Vagal reflexes referred from the upper aerodigestive tract: An infrequently recognized cause of common cardiorespiratory responses. *Annals of Internal Medicine*, **116** (7), 575-582.

Full Text: [1992\Ann Int Med116, 575.pdf](1992/Ann%20Int%20Med116,%20575.pdf)

Abstract: Objective: To review the physiologic basis for normal and abnormal vagal reflexes arising from the pharynx, larynx, and esophagus, as well as the relevance of vagal reflexes to the pathogenesis of such clinically common cardiorespiratory responses as bradycardia, tachycardia, dysrhythmia, coronary angiospasm, bronchospasm, laryngospasm, prolonged apnea, and singultus (hiccups).

Data Sources: Pertinent articles and reviews were identified through a MEDLINE search (April 1966 to October 1991). Older studies and others not identified in the MEDLINE search were found through a manual search of the bibliographies of the retrieved articles.

Study Selection: Experimental studies in both humans and animals, as well as case series and single case reports, were selected for evaluation and citation. In instances where a similar phenomenon was described in multiple independent reports, only studies that provided a novel finding or interpretation were cited. More authoritative book chapters and peer-reviewed summaries were also cited in support of commonly summaries principles.

Data Extraction and Synthesis: Most of the clinical data are derived from case reports and small case series and are therefore anecdotal; equal weight was given to all such studies. Reports of conflicting observations or interpretations were clearly identified and were cited without exception.

Conclusions: Stimulation of the upper aerodigestive tract can lead to clinically significant cardiorespiratory responses. Although the prevalence of and risk factors for such responses have not been established, we suggest that a pharyngeal, a laryngeal, or an esophageal source for abnormal cardiorespiratory responses be sought whenever a detailed clinical evaluation fails to reveal a cause, particularly when there are concurrent symptoms or signs of upper aerodigestive tract disease, such as dysphagia or gastroesophageal reflux.

Keywords: Vagus Nerve, Cardiovascular Diseases, Respiratory Tract Diseases, Syncope, Gastroesophageal Reflux, Upper Airway-Obstruction, Sudden Infant Death, Upper Alimentary-Tract, Gastroesophageal Reflux, Pulmonary-Edema, Glossopharyngeal Neuralgia, Tracheal Intubation, Swallow Syncope, Viscerotopic Representation, Endotracheal Intubation

Hebert, R.S., Smith, C.G. and Wright, S.M. (2003), Minimal prevalence of authorship misrepresentation among internal medicine residency applicants: Do previous estimates of ‘misrepresentation’ represent insufficient case finding? *Annals of Internal Medicine*, **138** (5), 390-392.

Full Text: [2003\Ann Int Med138, 390.pdf](2003/Ann%20Int%20Med138,%20390.pdf)

Abstract: Background: High rates of authorship misrepresentation have been documented among medical trainees.

Objective: To assess misrepresentation among internal medicine residency applicants while comparing searches used by previous authors (searches 1 and 2) to a more comprehensive strategy (search 3).

Design: Review of 497 residency applications.

Setting: Two university-based internal medicine residency programs.

Measurements: Search 1 was limited to MEDLINE. Search 2 added Current Contents, Science Citation Index, and BIOSIS and included searching journals by hand. Search 3 added seven other databases and contacts to librarians, editors, and coauthors.

Results: 224 applicants reported 634 articles; 630 (99%) were verified. The number of applicants with misrepresented citations varied depending on the search used (56 applicants [25%] in search 1 vs. 34 applicants [15%] in search 2 vs. 4 applicants [1.8%] in search 3).

Conclusions: Using a comprehensive search, we found substantially less misrepresentation than had been reported. Previous studies probably overestimated the magnitude of the problem.

Keywords: Gastroenterology Fellowships, Academic Accomplishments, Publications

? Bachmann, L.M., Haberzeth, S., Steurer, J. and ter Riet, G. (2004), The accuracy of the Ottawa knee rule to rule out knee fractures - A systematic review. *Annals of Internal Medicine*, **140** (2), 121-124.

Full Text: [2004\Ann Int Med140, 121.pdf](2004/Ann%20Int%20Med140,%20121.pdf)

Abstract: Background: the Ottawa knee rule is a clinical decision aid that helps rule out fractures and avoid unnecessary radiography. Purpose: To summarize evidence about the accuracy of the Ottawa knee rule. Data Sources: Relevant English- and non-English-language articles were identified from PreMEDLINE and MEDLINE (19662003), EMBASE (1980-2003), CINAHL (1982-2003), BIOSIS (1990-2003), The Cochrane Library (2002, Issue 3), The Science Citation Index database, reference lists of included studies, and experts. Study Selection: Articles were included if they reported enough information to determine the sensitivity and specificity of the Ottawa knee rule for detecting fractures confirmed either radiologically or in combination with follow-up. Data Extraction: Two reviewers independently extracted data on study samples, the ways that the Ottawa knee rule was used, and methodologic characteristics of studies. Data Synthesis: of 11 identified studies, 6 involving 4249 adult patients were considered appropriate for pooled analysis. The pooled negative likelihood ratio was 0.05 (95% CI, 0.02 to 0.23), The pooled sensitivity was 98.5% (CI, 93.2% to 100%), and the pooled specificity was 48.6% (CI, 43.4% to 51.0%). Conclusion: A negative result on an Ottawa knee rule test accurately excluded knee fractures after acute knee injury. However, because the rule is calibrated toward 100% sensitivity and actual fracture prevalences are usually low, large-scale, multicentered studies are still needed to establish the cost-effectiveness of routinely implementing the rule.

Keywords: Analysis, Articles, Citation, Database, Decision Rule, Diagnostic-Tests, Embase, Extraction, Injuries, MEDLINE, Radiography, Science, Science Citation Index, Sensitivity and Specificity, Synthesis, Systematic Review, Validation

? Long, J.A., Chang, V.W., Ibrahim, S.A. and Asch, D.A. (2004), Update on the health disparities literature. *Annals of Internal Medicine*, **141** (10), 805-812.

Full Text: [2004\Ann Int Med141, 805.pdf](2004/Ann%20Int%20Med141,%20805.pdf)

Keywords: Health, Health Disparities, Literature

? Goodacre, S., Sutton, A.J. and Sampson, F.C. (2005), Meta-analysis: the value of clinical assessment in the diagnosis of deep venous thrombosis. *Annals of Internal Medicine*, **143** (2), 129-139.

Full Text: [2005\Ann Int Med143, 129.pdf](2005/Ann%20Int%20Med143,%20129.pdf)

Abstract: Background: Clinical assessment of suspected deep venous thrombosis (DVT) should be based on systematically evaluated evidence. Purpose: To determine whether clinical findings, risk scores, and physicians, empirical judgments affect the likelihood of detecting DVT on definitive testing. Data Sources: MEDLINE, EMBASE, CINAHL, Web of Science, Cochrane Database of Systematic Reviews, Cochrane Controlled Trials Register, Database of Reviews of Effectiveness, ACP Journal Club, and citation lists (1966 to January 2005). Study Selection: Cohort studies published in English, French, Spanish, or Italian that compared clinical assessment with a reference standard. Data Extraction: the authors extracted standardized data, including setting, exclusions, population characteristics, reference standard, and results, and assessed quality against validated criteria. Data Synthesis: the authors combined data by using random-effects meta-analysis and, if appropriate, used meta-regression to identify covariates that predicted diagnostic accuracy. Only malignancy (likelihood ratio [LR], 2.71), previous DVT (LR, 2.25), recent immobilization (LR, 1.98), difference in calf diameter (LR, 1.80), and recent surgery (LR, 1.76) were useful for ruling in DVT, while only absence of calf swelling (LR, 0.67) or difference in calf diameter (LR, 0.57) was useful for ruling out DVT. The Wells clinical score was more valuable than the individual characteristics; it stratified patients into groups with high (LR, 5.2), intermediate, and low (LR, 0.25) probability of DVT, the Wells score seemed able to stratify patients by risk only for proximal DVT, and it performed better in cohorts that were younger or excluded patients with previous thromboembolism. Limitations: Pooled estimates were subject to substantial heterogeneity. This may limit extrapolation between observers and settings. Only published studies were included, so findings may be subject to publication bias. Conclusion: individual clinical features are of limited value in diagnosing DVT. Overall assessment of clinical probability by using the Wells score is more useful.

Keywords: Accuracy, Appropriate Indications, Assessment, Authors, Bias, Citation, Cochrane, D-Dimer Assay, Diagnosis, Duplex Ultrasonographic Examinations, Effectiveness, EMBASE, Emergency-Department, Extraction, Impedance Plethysmography, Journal, Lower-Limbs, Malignancy, MEDLINE, Meta Analysis, Meta-Analysis, Model, Physical-Examination, Physicians, Predictive Value, Publication, Publication Bias, Ratio, Risk, Science, Sources, Surgery, Systematic, Thrombosis, Vein Thrombosis, Venous Thrombosis, Web of Science

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Full Text: [2006\Ann Int Med145, 185.pdf](2006/Ann%20Int%20Med145,%20185.pdf)

Abstract: Background: the risk for hypertension after kidney donation remains uncertain. Purpose: To see whether normotensive adults who donate a kidney develop higher blood pressure and risk for hypertension compared with nondonor adults acting as control participants. Data Sources: MEDLINE, EMBASE, and Science Citation Index were searched from 1966 until November 2005 for articles published in any language. Reference lists of pertinent articles were also reviewed. Study Selection: the authors selected studies involving 10 or more healthy normotensive adults who donated a kidney and in whom blood pressure was assessed at least 1 year later. Data Extraction: Two reviewers independently abstracted data on study and donor characteristics, blood pressure measurements, outcomes, and prognostic features. Comparison data were abstracted from donor studies with control participants. Thirty primary authors provided additional data. Data Synthesis: Forty-eight studies from 28 countries followed a total of 5145 donors. Before surgery, the average age of donors was 41 years, the average systolic blood pressure was 121 mm Hg, and the average diastolic blood pressure was 77 mm Hg for all studies. In controlled studies in which the average follow-up was at least 5 years after donation (range, 6 to 13 years), blood pressure was 5 mm Hg higher in donors than in control participants (the weighted mean for systolic blood pressure using 4 studies involving 157 donors and 128 control participants was 6 mm Hg [95% Cl, 2 to 11 mm Hg], and the weighted mean for diastolic blood pressure using 5 studies involving 196 donors and 161 control participants was 4 mm Hg [Cl, 1 to 7 mm Hg]). There was statistical heterogeneity among the 6 controlled studies that assessed hypertension; an increase in risk was noted in 1 study (relative risk, 1.9 [Cl, 1.1 to 3.5]). Limitations: Most studies were retrospective and did not include control groups that were assembled and followed along with donors. Approximately one third of the donors had incomplete follow-up information. Conclusions: On the basis of the limited studies conducted to date, kidney donors may have a 5-mm Hg increase in blood pressure within 5 to 10 years after donation over that anticipated with normal aging. Future controlled, prospective studies with long periods of follow-up will better delineate safety and identify donors at lowest risk for long-term morbidity.

Keywords: Aging, Articles, Blood-Pressure, Characteristics, Citation, Clinical-Trials, Donation, Extraction, Groups, Heterogeneity, Hypertension, Language, Long-Term, MEDLINE, Meta-Analysis, Meta-Regression, Nephrectomy, Outcomes, Primary, Renal-Function, Risk, Science, Science Citation Index, Single Center, Sources, Surgery, Synthesis, Term-Follow-up, Transplantation

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Full Text: [2007\Ann Int Med146, 502.pdf](2007/Ann%20Int%20Med146,%20502.pdf)

Abstract: Background: Although abnormal screening mammograms deleteriously affect the psychological well-being of women during the time immediately surrounding the tests, their long-term effects are poorly understood. Purpose: To characterize the long-term effects of false-positive screening mammograms on the behavior and well-being of women 40 years of age or older. Data Sources: English-language studies from the MEDLINE, Web of Science, EMBASE, CINAHL, PsycINFO, and ERIC databases through August 2006. Study Selection: Studies were identified that examined the effects of false-positive results of routine screening mammography on women’s behavior, well-being, or beliefs. Data Extraction: Two investigators independently coded study charactedstics, quality, and effect sizes. Data Synthesis: 23 eligible studies (n = 313 967) were identified. A random-effects meta-analysis showed that U.S. women who received false-positive results on screening mammography were more likely to return for routine screening than those who received normal results (risk ratio, 1.07 [95% Cl, 1.02 to 1.121). The effect was not statistically significant among European women (risk ratio, 0.97 [Cl, 0.93 to 1,011), and Canadian women were less likely to return for routine screening because of false-positive results (risk ratio, 0.63 [Cl, 0.50 to 0.801). Women who received false-positive results conducted more frequent breast self-examinations and had higher, but not apparently pathologically elevated, levels of distress and anxiety and thought more about breast cancer than did those with normal results. Limitations: Correlational study designs, a small number of studies, a lack of clinical validation for many measures, and possible heterogeneity. Conclusions: Some women with false-positive results on mammography may have differences in whether they return for mammography, occurrence of breast self-examinations, and levels of anxiety compared with women with normal results. Future research should examine how false-positive results on mammography affect other outcomes, such as trust and health care use.

Keywords: Abnormal Mammograms, Anxiety, Breast Cancer, Breast Screening-Program, Cancer, Databases, Distress, EMBASE, Extraction, Follow-up, Health Care, Impact, MEDLINE, Meta-Analysis, Normal, Outcomes, Psychological Consequences, Quality-of-Life, Ratio, Re-Attendance, Research, Review, Risk, Science, Screening, Services Task-Force, Sources, Systematic, Systematic Review, Validation, Web of Science, Women, Womens Anxieties

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Full Text: [2008\Ann Int Med148, 111.pdf](2008/Ann%20Int%20Med148,%20111.pdf)

Abstract: Background: Previous reviews have shown inconsistent effects of publicly reported performance data on quality of care, but many new studies have become available in the 7 years since the last systematic review. Purpose: To synthesize the evidence for using publicly reported performance data to improve quality. Data Sources: Web of Science, MEDLINE, EconLit, and Wilson Business Periodicals (1999-2006) and independent review of articles (1986-1999) identified in a previous systematic review. Only sources published in English were included. Study Selection: Peer-reviewed articles assessing the effects of public release of performance data on selection of providers, quality improvement activity, clinical outcomes (effectiveness, patient safety, and patient-centeredness), and unintended consequences. Data Extraction: Data on study participants, reporting system or level, study design, selection of providers, quality improvement activity, outcomes, and unintended consequences were extracted. Data Synthesis: Forty-five articles published since 1986 (27 of which were published since 1999) evaluated the impact of public reporting on quality. Many focus on a select few reporting systems. Synthesis of data from 8 health plan-level studies suggests modest association between public reporting and plan selection. Synthesis of 11 studies, all hospital-level, suggests stimulation of quality improvement activity. Review of 9 hospital-level and 7 individual provider-level studies shows inconsistent association between public reporting and selection of hospitals and individual providers. Synthesis of 11 studies, primarily hospital-level, indicates inconsistent association between public reporting and improved effectiveness. Evidence on the impact of public reporting on patient safety and patient-centeredness is scant. Limitations: Heterogeneity made comparisons across studies challenging. Only peer-reviewed, English-language articles were included. Conclusion: Evidence is scant, particularly about individual providers and practices. Rigorous evaluation of many major public reporting systems is lacking. Evidence suggests that publicly releasing performance data stimulates quality improvement activity at the hospital level. The effect of public reporting on effectiveness, safety, and patient-centeredness remains uncertain.

Keywords: Artery-Bypass-Surgery, Cardiac-Surgery, Cardiothoracic Surgeons, Consumer Reports, Effectiveness, Evaluation, Extraction, Health Plan Choices, Hospital, Hospital Performance, Hospitals, Impact, Market Share, MEDLINE, New-York-State, Outcomes, Pay-For-Performance, Public Reporting, Publishing, Quality Improvement, Quality of Care, Review, Safety, Science, Sources, Systematic, Systematic Review, Unintended Consequences, Web of Science

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Full Text: [2008\Ann Int Med148, 519.pdf](2008/Ann%20Int%20Med148,%20519.pdf)

Abstract: Background: Lamivudine is increasingly being used to prevent hepatitis B reactivation in patients with cancer who test positive for hepatitis B surface antigen (HBsAg) and are undergoing chemotherapy. Purpose: To determine whether preventive lamivudine reduces chemotherapy-induced hepatitis B virus (HBV)-related morbidity and mortality in patients with cancer who test positive for HBsAg. Data Sources: MEDLINE, Ovid MEDLINE, TOXNET, Scopus, Web of Science, and Cochrane Central Register of Controlled Trials were searched in all languages until June 2007. Study Selection: Clinical trials and cohort studies that reported the efficacy of preventive lamivudine versus control on HBV reactivation in patients who tested positive for HBsAg and were receiving chemotherapy were included. Additional requirements included minimum sample size (>5 participants per treatment group) and reported HBV-related morbidity and mortality data. Data Extraction: Two investigators independently did literature searches and data extraction, and 2 other investigators independently confirmed study eligibility and data retrieval. Data Synthesis: Fourteen studies (2 randomized, controlled trials; 8 prospective cohort studies; and 4 retrospective cohort studies) met the predefined criteria for analysis. There were 275 patients in the preventive lamivudine group and 475 control participants for the primary end point of HBV reactivation. With preventive lamivudine, the relative risk for both HBV reactivation and HBV-related hepatitis ranged from 0.00 to 0.21. None of the patients in the preventive lamivudine group developed HBV-related hepatic failure (0 of 108 patients vs. 21 of 162 patients), and only 4 deaths were attributable to HBV (4 of 208 patients vs. 27 of 394 patients) in the preventive lamivudine group. Lamivudine was well tolerated, and no adverse effects were noted. Limitations: the studies included in the meta-analysis did not consistently report all of the outcomes of interest. Sample sizes were small and only 2 studies had a randomized, controlled design. Conclusion: Preventive therapy with lamivudine for patients who test positive for HBsAg and are undergoing chemotherapy may reduce the risk for HBV reactivation and HBV-associated morbidity and mortality.

Keywords: Adverse Effects, Analysis, Breast-Cancer Patients, Cancer, Carriers, Chemotherapy, Clinical Trials, Cochrane, Cohort Studies, Control, Cytotoxic Chemotherapy, Disease, Efficacy, Extraction, Hbv, Infection, Interest, Literature, Lymphoma, MEDLINE, Meta-Analysis, Morbidity, Mortality, Outcomes, Preemptive Lamivudine, Primary, Prophylaxis, Relative Risk, Review, Risk, Science, Scopus, Sources, Systematic, Systematic Review, Therapy, Treatment, Virus Reactivation, Web of Science

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Full Text: [2008\Ann Int Med149, 879.pdf](2008/Ann%20Int%20Med149,%20879.pdf)

Abstract: Background: Both the 10-item Alcohol Use Disorders Identification Test (AUDIT) and its abbreviated 3-item version (Alcohol Use Disorders Identification Test-Consumption [AUDIT-C]) are considered to detect unhealthy alcohol use accurately. Purpose: To examine whether the AUDIT-C is as accurate as the full AUDIT for detecting unhealthy alcohol use in adults. Data Sources: MEDLINE, EMBASE, CINAHL, Web of Science, Psyc-INFO, and BIOSIS Previews from 1998 to July 2008. Study Selection: Three independent reviewers selected studies that administered both the AUDIT and the AUDIT-C, applied a valid reference standard, avoided verification and incorporation bias, and reported relevant data. No language restrictions were applied. Data Extraction: Two reviewers extracted study characteristics and outcome data, which were cross-checked by a third reviewer. One reviewer assessed methodological quality with a standardized checklist. Data Synthesis: Fourteen studies were found. Most involved primary care patients in Europe and the United States. Sample sizes ranged between 112 and 13 438 patients, and sex and age distributions varied considerably. No statistically significant differences were found between the overall accuracy of the AUDIT and the AUDIT-C for detecting risky drinking, alcohol use disorders, or unhealthy alcohol use in primary care. Hierarchical summary receiver-operating characteristic curve analysis yielded pooled positive likelihood ratios of 6.62 for the AUDIT and 2.99 for the AUDIT-C, respectively, for detecting risky drinking; 4.03 and 3.82, respectively, for detecting any alcohol use disorder; and 4.82 and 3.91, respectively, for detecting risky drinking or any alcohol use disorder. Findings from a few studies on general population samples and inpatients suggested but did not prove that the AUDIT might be better than the AUDIT-C for identifying severe conditions, such as alcohol dependence. Limitation: Studies used different reference standards and had heterogeneous findings. Conclusion: Available evidence is inconclusive but suggests that the full AUDIT may be superior to the AUDIT-C for identifying unhealthy alcohol use in adults in some settings.

Keywords: Accuracy, Adults, Alcohol, Alcohol Use Disorder, Analysis, At-Risk Drinking, Audit, Bias, Diagnostic-Test Accuracy, Disorder, Disorders Identification Test, EMBASE, Europe, Extraction, Hazardous Drinkers, Laboratory Tests, MEDLINE, Meta Analysis, Meta-Analysis, Outcome, Primary, Primary Care, Primary-Care, Science, Screening-Test, Sources, Standards, Test Accuracy Evaluations, Test Audit, United-States, Web of Science

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Full Text: [2009\Ann Int Med150, 784.pdf](2009/Ann%20Int%20Med150,%20784.pdf)

Abstract: Background: Guidelines recommend that patients with heart failure receive beta-blockers in doses used in the trials that have proven their efficacy. Although the adverse effects of beta-blockade are dose-related, it is unclear whether the benefits are. Purpose: To determine whether the survival benefits of beta-blockade in heart failure are associated with the magnitude of heart rate reduction or the beta-blocker dose. Data Sources: MEDLINE, EMBASE, CINAHL, SIGLE, Web of Science, and the Cochrane Central Register of Controlled Trials, supplemented by hand-searches of bibliographies. Study Selection: Randomized, placebo-controlled heart failure trials that reported all-cause mortality. Data Extraction: Two reviewers independently extracted data on study characteristics, beta-blocker dosing and heart rate reduction, and death. Data Synthesis: the mean left ventricular ejection fraction in the 23 beta-blocker trials ranged from 0.17 to 0.36, and more than 95% of the 19 209 patients had systolic dysfunction. The overall risk ratio for death was 0.76 (95% CI, 0.68 to 0.84); however, heterogeneity testing revealed moderate heterogeneity among trials (I(2) = 30%), which was associated with the magnitude of heart rate reduction achieved within each trial (P for meta-regression = 0.006). For every heart rate reduction of 5 beats/min with beta-blocker treatment, a commensurate 18% reduction (CI, 6% to 29%) in the risk for death occurred. No significant relationship between all-cause mortality and beta-blocker dosing was observed (risk ratio for death, 0.74 [CI, 0.64 to 0.86]) in high-dose beta-blocker trials vs. 0.78 [CI, 0.63 to 0.96] in low-dose beta-blocker trials; P for meta-regression = 0.69). Limitations: the analysis is based on aggregate data and resting heart rates. Few patients in these trials had bradycardia or diastolic dysfunction at baseline. Conclusion: the magnitude of heart rate reduction is statistically significantly associated with the survival benefit of beta-blockers in heart failure, whereas the dose of beta-blocker is not.

Keywords: Adverse Effects, Analysis, Cardiac-Insufficiency Bisoprolol, Cochrane, Coronary-Artery-Disease, Double-Blind, Efficacy, Ejection Fraction, Elderly-Patients, EMBASE, Extraction, Heart Rate, Idiopathic Dilated Cardiomyopathy, Left-Ventricular Function, MEDLINE, Meta Analysis, Meta-Analysis, Mortality, Placebo-Controlled Trial, Randomized Intervention Trial, Ratio, Reduction, Risk, Science, Sources, Survival, Systolic Dysfunction Beautiful, Treatment, Web of Science

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Full Text: [2009\Ann Int Med151, 252.pdf](2009/Ann%20Int%20Med151,%20252.pdf)

Abstract: Background: the rates of induction of labor and elective induction of labor are increasing. Whether elective induction of labor improves outcomes or simply leads to greater complications and health care costs is commonly debated in the literature. Purpose: To compare the benefits and harms of elective induction of labor and expectant management of pregnancy. Data Sources: MEDLINE (through February 2009), Web of Science, CINAHL, Cochrane Central Register of Controlled Trials (through March 2009), bibliographies of included studies, and previous systematic reviews. Study Selection: Experimental and observational studies of elective induction of labor reported in English. Data Extraction: Two authors abstracted study design; patient characteristics; quality criteria; and outcomes, including cesarean delivery and maternal and neonatal morbidity. Data Synthesis: of 6117 potentially relevant articles, 36 met inclusion criteria: 11 randomized, controlled trials (RCTs) and 25 observational studies. Overall, expectant management of pregnancy was associated with a higher odds ratio (OR) of cesarean delivery than was elective induction of labor (OR, 1.22 [95% CI, 1.07 to 1.39]; absolute risk difference, 1.9 percentage points [CI, 0.2 to 3.7 percentage points]) in 9 RCTs. Women at or beyond 41 completed weeks of gestation who were managed expectantly had a higher risk for cesarean delivery (OR, 1.21 [CI, 1.01 to 1.46]), but this difference was not statistically significant in women at less than 41 completed weeks of gestation (OR, 1.73 [CI, 0.67 to 4.5]). Women who were expectantly managed were more likely to have meconium-stained amniotic fluid than those who were electively induced (OR, 2.04 [CI, 1.34 to 3.09]). Limitations: There were no recent RCTs of elective induction of labor at less than 41 weeks of gestation. The 2 studies conducted at less than 41 weeks of gestation were of poor quality and were not generalizable to current practice. Conclusion: RCTs suggest that elective induction of labor at 41 weeks of gestation and beyond is associated with a decreased risk for cesarean delivery and meconium-stained amniotic fluid. There are concerns about the translation of these findings into actual practice; thus, future studies should examine elective induction of labor in settings where most obstetric care is provided.

Keywords: Authors, Cesarean Delivery, Clinical-Trial, Cochrane, Costs, Extraction, Gestational-Age, Health Care, Health Care Costs, Induced, Literature, Management, Matched Cohort, MEDLINE, Morbidity, Multiparous Women, Nulliparous Women, Observational Studies, Outcomes, Points, Postterm Pregnancy, Practice, Pregnancy, Prolonged Pregnancy, Randomized Controlled-Trial, Ratio, Review, Risk, Science, Sources, Systematic, Systematic Review, Systematic Reviews, Translation, Web of Science, Women

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Full Text: [2009\Ann Int Med151, 703.pdf](2009/Ann%20Int%20Med151,%20703.pdf)

Abstract: Background: Trials demonstrate the efficacy of medications to reduce the risk for invasive breast cancer. Purpose: To summarize benefits and harms of tamoxifen citrate, raloxifene, and tibolone to reduce the risk for primary breast cancer. Data Sources: MEDLINE and Cochrane databases from inception to January 2009, Web of Science, trial registries, and manufacturer information. Study Selection: Predefined eligibility criteria were used to select articles. English-language reports of randomized, controlled trials (RCTs) for benefits and RCTs and observational studies for harms were included. Data Extraction: Two reviewers assessed study data, quality, and applicability. Data Synthesis: Seven placebo-controlled RCTs and 1 head-to-head trial provide results for main outcomes. Tamoxifen (risk ratio, 0.70 [95% CI, 0.59 to 0.82]; 4 trials), raloxifene (risk ratio, 0.44 [CI, 0.27 to 0.71]; 2 trials), and tibolone (risk ratio, 0.32 [CI, 0.13 to 0.80]; 1 trial) reduce risk for invasive breast cancer compared with placebo by 7 to 10 per 1000 women per year. Tamoxifen and raloxifene reduce estrogen receptor-positive breast cancer but not estrogen receptor-negative breast cancer, noninvasive breast cancer, or mortality. All medications reduce fractures. Tamoxifen (risk ratio, 1.93 [CI, 1.41 to 2.64]; 4 trials) and raloxifene (risk ratio, 1.60 [CI, 1.15 to 2.23]; 2 trials) increase thromboembolic events by 4 to 7 per 1000 women per year; raloxifene causes fewer events than tamoxifen. Tamoxifen increases risk for endometrial cancer (risk ratio, 2.13 [CI, 1.36 to 3.32]; 3 trials) compared with placebo by 4 per 1000 women per year and causes cataracts compared with raloxifene. Tibolone causes strokes in older women. Limitations: Bias, trial heterogeneity, and a dearth of head-to-head trials limit this review. Data are lacking on doses, duration, and timing of the medications; long-term effects; and nonwhite and premenopaUSAl women. Conclusion: Three medications reduce risk for primary breast cancer but increase risk for thromboembolic events (tamoxifen, raloxifene), endometrial cancer (tamoxifen), or stroke (tibolone).

Keywords: Bias, Bone-Mineral Density, Bowel Project P-1, Breast Cancer, Cancer, Cochrane, Continuing Outcomes Relevant, Databases, Effectiveness, Efficacy, Estrogen, Extraction, Healthy PostmenopaUSAl Women, Hormone-Replacement Therapy, Information, MEDLINE, Mortality, Observational Studies, Outcomes, Prevention Trial, Primary, Quality-of-Life, Randomized Controlled-Trial, Ratio, Review, Risk, Science, Sources, Stroke, Surgical Adjuvant Breast, Systematic, Systematic Review, Vertebral Fracture Risk, Web of Science, Women

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Full Text: [2009\Ann Int Med151, 727.pdf](2009/Ann%20Int%20Med151,%20727.pdf)

Abstract: Background: This systematic review is an update of evidence since the 2002 U. S. Preventive Services Task Force recommendation on breast cancer screening. Purpose: To determine the effectiveness of mammography screening in decreasing breast cancer mortality among average-risk women aged 40 to 49 years and 70 years or older, the effectiveness of clinical breast examination and breast self-examination, and the harms of screening. Data Sources: Cochrane Central Register of Controlled Trials and Cochrane Database of Systematic Reviews (through the fourth quarter of 2008), MEDLINE (January 2001 to December 2008), reference lists, and Web of Science searches for published studies and Breast Cancer Surveillance Consortium for screening mammography data. Study Selection: Randomized, controlled trials with breast cancer mortality outcomes for screening effectiveness, and studies of various designs and multiple data sources for harms. Data Extraction: Relevant data were abstracted, and study quality was rated by using established criteria. Data Synthesis: Mammography screening reduces breast cancer mortality by 15% for women aged 39 to 49 years (relative risk, 0.85 [95% credible interval, 0.75 to 0.96]; 8 trials). Data are lacking for women aged 70 years or older. Radiation exposure from mammography is low. Patient adverse experiences are common and transient and do not affect screening practices. Estimates of overdiagnosis vary from 1% to 10%. Younger women have more false-positive mammography results and additional imaging but fewer biopsies than older women. Trials of clinical breast examination are ongoing; trials for breast self-examination showed no reductions in mortality but increases in benign biopsy results. Limitation: Studies of older women, digital mammography, and magnetic resonance imaging are lacking. Conclusion: Mammography screening reduces breast cancer mortality for women aged 39 to 69 years; data are insufficient for older women. False-positive mammography results and additional imaging are common. No benefit has been shown for clinical breast examination or breast self-examination.

Keywords: Age 40, Aged, Breast Cancer, Cancer, Cochrane, Effectiveness, Extraction, Follow-up, Imaging, Magnetic Resonance Imaging, Mammography, Mammography Screening, MEDLINE, Mortality, Outcomes, Overdiagnosis, Radiation, Randomized-Trial, Relative Risk, Review, Risk, Science, Screening, Self-Examination, Sources, Swedish 2-County Trial, Systematic, Systematic Review, United-States, US, Web of Science, Women

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Full Text: [2010\Ann Int Med152, 26.pdf](2010/Ann%20Int%20Med152,%2026.pdf)

Abstract: Background: the Revised Cardiac Risk Index (RCRI) is widely used to predict perioperative cardiac complications. Purpose: To evaluate the ability of the RCRI to predict cardiac complications and death after noncardiac surgery. Data Sources: MEDLINE, EMBASE, and ISI Web of Science (1966 to 31 December 2008). Study Selection: Cohort studies that reported the association of the RCRI with major cardiac complications (cardiac death, myocardial infarction, and nonfatal cardiac arrest) or death in the hospital or within 30 days of surgery. Data Extraction: Two reviewers independently extracted study characteristics, documented outcome data, and evaluated study quality. Data Synthesis: of 24 studies (792 740 patients), 18 reported cardiac complications; 6 of the 18 studies were prospective and had uniform outcome surveillance and blinded outcome adjudication. The RCRI discriminated moderately well between patients at low versus high risk for cardiac events after mixed noncardiac surgery (area under the receiver-operating characteristic curve [AUC], 0.75 [95% CI, 0.72 to 0.79]); sensitivity, 0.65 [CI, 0.46 to 0.81]; specificity, 0.76 [CI, 0.58 to 0.88]; positive likelihood ratio, 2.78 [CI, 1.74 to 4.45]; negative likelihood ratio, 0.45 [CI, 0.31 to 0.67]). Prediction of cardiac events after vascular noncardiac surgery was less accurate (AUC, 0.64 [CI, 0.61 to 0.66]; sensitivity, 0.70 [CI, 0.53 to 0.82]; specificity, 0.55 [CI, 0.45 to 0.66]; positive likelihood ratio, 1.56 [CI, 1.42 to 1.73]; negative likelihood ratio, 0.55 [CI, 0.40 to 0.76]). Six studies reported death, with a median AUC of 0.62 (range, 0.54 to 0.78). A pooled AUC for predicting death could not be calculated because of very high heterogeneity (I(2) = 95%). Limitation: Studies generally were of low methodological quality, had varied definitions of cardiac events, and were statistically and clinically heterogeneous. Conclusion: the RCRI discriminated moderately well between patients at low versus high risk for cardiac events after mixed noncardiac surgery. It did not perform well at predicting cardiac events after vascular noncardiac surgery or at predicting death. High-quality research is needed in this area of perioperative medicine.

Keywords: Abdominal Aortic-Aneurysms, Beta-Blocker Therapy, Cardiac Arrest, Complications, Definitions, Diagnostic-Test Accuracy, Elderly-Patients, EMBASE, Extraction, Hospital, ISI, Major Noncardiac Surgery, Medicine, MEDLINE, Mortality, Myocardial Infarction, Myocardial-Infarction, Natriuretic Peptide, Outcome, Prediction, Randomized Controlled-Trial, Ratio, Research, Review, Risk, Science, Sources, Surgery, Surveillance, Systematic, Systematic Review, Troponin-I, Vascular-Surgery, Web of Science

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Full Text: [2010\Ann Int Med152, 167.pdf](2010/Ann%20Int%20Med152,%20167.pdf)

Abstract: Background: Two imaging techniques, multislice computed tomography (CT) and magnetic resonance imaging (MRI), have evolved for noninvasive coronary angiography. Purpose: To compare CT and MRI for ruling out clinically significant coronary artery disease (CAD) in adults with suspected or known CAD. Data Sources: MEDLINE, EMBASE, and ISI Web of Science searches from inception through 2 June 2009 and bibliographies of reviews. Study Selection: Prospective English-or German-language studies that compared CT or MRI with conventional coronary angiography in all patients and included sufficient data for compilation of 2 x 2 tables. Data Extraction: 2 investigators independently extracted patient and study characteristics; differences were resolved by consensus. Data Synthesis: 89 and 20 studies (comprising 7516 and 989 patients) assessed CT and MRI, respectively. Bivariate analysis of data yielded a mean sensitivity and specificity of 97.2% (95% CI, 96.2% to 98.0%) and 87.4% (CI, 84.5% to 89.8%) for CT and 87.1% (CI, 83.0% to 90.3%) and 70.3% (CI, 58.8% to 79.7%) for MRI. In studies that included only patients with suspected CAD, sensitivity and specificity of CT were 97.6% (CI, 96.1% to 98.5%) and 89.2% (CI, 86.0% to 91.8%). Covariate analysis yielded a significantly higher sensitivity for CT scanners with more than 16 rows (98.1% [CI, 97.0% to 99.0%]; P < 0.050) than for older-generation scanners (95.6% [CI, 94.0% to 97.0%]). Heart rates less than 60 beats/min during CT yielded significantly better values for sensitivity than did higher heart rates (P < 0.001). Limitations: Few studies investigated coronary angiography with MRI. Only 5 studies were direct head-to-head comparisons of CT and MRI. Covariate analyses explained only part of the observed heterogeneity. Conclusion: For ruling out CAD, CT is more accurate than MRI. Scanners with more than 16 rows improve sensitivity, as do slowed heart rates.

Keywords: Adults, Analysis, Aortic-Valve Stenosis, Artery-Disease, CT, Diagnostic-Test Accuracy, Disease, Dual-Source CT, EMBASE, Extraction, Heart-Rate-Variability, Imaging, ISI, Left-Ventricular Function, Magnetic Resonance Imaging, MEDLINE, Meta Analysis, Meta-Analysis, MRI, Multidetector Row CT, Science, Sensitivity and Specificity, Sources, Stable Angina-Pectoris, Symptomatic Patients, Web of Science, X-Ray Angiography

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Full Text: [2010\Ann Int Med152, 247.pdf](2010/Ann%20Int%20Med152,%20247.pdf)

Abstract: Background: Whether collaborative care models that enable interactive communication (timely, 2-way exchange of pertinent clinical information directly between primary care and specialist physicians) improve patient outcomes is uncertain. Purpose: To assess the effects of interactive communication between collaborating primary care physicians and key specialists on outcomes for patients receiving ambulatory care. Data Sources: PUBMED, PsycInfo, EMBASE, CINAHL, Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effects, and Web of Science through June 2008 and secondary references, with no language restriction. Study Selection: Studies that evaluated the effects of interactive communication between collaborating primary care physicians and specialists on outcomes for patients with diabetes, psychiatric conditions, or cancer. Data Extraction: Contextual, intervention, and outcome data from 23 studies were extracted by one reviewer and checked by another. Study quality was assessed with a 13-item checklist. Disagreement was resolved by consensus. Main outcomes for analysis were selected by reviewers who were blinded to study results. Data Synthesis: Meta-analysis indicated consistent effects across 11 randomized mental health studies (pooled effect size, -0.41 [95% CI, -0.73 to -0.10]), 7 nonrandomized mental health studies (pooled effect size, -0.47 [CI, -0.84 to -0.09]), and 5 nonrandomized diabetes studies (pooled effect size, -0.64 [CI, -0.93 to -0.34]). These findings remained robust to sensitivity analyses. Meta-regression indicated studies that included interventions to enhance the quality of information exchange had larger effects on patient outcomes than those that did not (-0.84 vs. -0.27; P = 0.002). Limitations: Because collaborative interventions were inherently multifaceted, the efficacy of interactive communication by itself cannot be established. Inclusion of study designs with lower internal validity increased risk for bias. No studies involved oncologists. Conclusion: Consistent and clinically important effects suggest a potential role of interactive communication for improving the effectiveness of primary care-specialist collaboration.

Keywords: Ambulatory Care, Analysis, Bias, Cancer, Care, Clinical-Trials, Cochrane, Collaboration, Communication, Diabetes, Diabetes Care, Disease Management Program, Effectiveness, Efficacy, EMBASE, Extraction, General-Practice, Information, Intervention, Interventions, Liaison Psychiatry, Mental Health, Mental-Health-Services, Meta Analysis, Meta-Analysis, Outcome, Outcomes, Patient Outcomes, Physicians, Primary, Primary Care, Psychiatric-Consultation, PUBMED, Quality Improvement, Randomized Controlled-Trial, Risk, Science, Sources, Systematic, United-States, Validity, Web of Science

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Full Text: [2010\Ann Int Med153, 99.pdf](2010/Ann%20Int%20Med153,%2099.pdf)

Abstract: Background: This review updates evidence since the 2002 U. S. Preventive Services Task Force recommendation on osteoporosis screening. Purpose: To determine the effectiveness and harms of osteoporosis screening in reducing fractures for men and postmenopaUSAl women without known previous fractures; the performance of risk-assessment instruments and bone measurement tests in identifying persons with osteoporosis; optimal screening intervals; and the efficacy and harms of medications to reduce primary fractures. Data Sources: Cochrane Central Register of Controlled Trials and Cochrane Database of Systematic Reviews (through the fourth quarter of 2009), MEDLINE (January 2001 to December 2009), reference lists, and Web of Science. Study Selection: Randomized, controlled trials of screening or medications with fracture outcomes published in English; performance studies of validated risk-assessment instruments; and systematic reviews and population-based studies of bone measurement tests or medication harms. Data Extraction: Data on patient populations, study design, analysis, follow-up, and results were abstracted, and study quality was rated by using established criteria. Data Synthesis: Risk-assessment instruments are modest predictors of low bone density (area under the curve, 0.13 to 0.87; 14 instruments) and fractures (area under the curve, 0.48 to 0.89; 11 instruments); simple and complex instruments perform similarly. Dual-energy x-ray absorptiometry predicts fractures similarly for men and women; calcaneal quantitative ultrasonography also predicts fractures, but correlation with dual-energy x-ray absorptiometry is low. For postmenopaUSAl women, bisphosphonates, parathyroid hormone, raloxifene, and estrogen reduce primary vertebral fractures. Trials are lacking for men. Bisphosphonates are not consistently associated with serious adverse events; raloxifene and estrogen increase thromboembolic events; and estrogen causes additional adverse events. Limitation: Trials of screening with fracture outcomes, screening intervals, and medications to reduce primary fractures, particularly those enrolling men, are lacking. Conclusion: Although methods to identify risk for osteoporotic fractures are available and medications to reduce fractures are effective, no trials directly evaluate screening effectiveness, harms, and intervals.

Keywords: Analysis, Bisphosphonates, Bone, Bone-Mineral Density, Cochrane, Conjugated Equine Estrogens, Cyclical Etidronate Therapy, Early PostmenopaUSAl Women, Effectiveness, Efficacy, Estrogen, Estrogen Plus Progestin, Extraction, Follow-up, Fracture, Hormone Replacement Therapy, Initiative Randomized-Trial, Measurement, Medication, MEDLINE, Osteoporosis, Outcomes, Placebo-Controlled Trial, Primary, Quantitative, Review, Risk, Risk Assessment, Science, Screening, Sources, Systematic, Systematic Reviews, Ultrasonography, US, Vertebral Fracture Risk, Web of Science, Women, X-Ray Absorptiometry

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Full Text: [2010\Ann Int Med153, 112.pdf](2010/Ann%20Int%20Med153,%20112.pdf)

Abstract: Background: Anecdotal reports suggest that some residency application essays contain plagiarized content. Objective: To determine the prevalence of plagiarism in a large cohort of residency application essays. Design: Retrospective cohort study. Setting: 4975 application essays submitted to residency programs at a single large academic medical center between 1 September 2005 and 22 March 2007. Measurements: Specialized software was used to compare residency application essays with a database of Internet pages, published works, and previously submitted essays and the percentage of the submission matching another source was calculated. A match of more than 10% to an existing work was defined as evidence of plagiarism. Results: Evidence of plagiarism was found in 5.2% (95% CI, 4.6% to 5.9%) of essays. The essays of non-U.S. citizens were more likely to demonstrate evidence of plagiarism. Other characteristics associated with the prevalence of plagiarism included medical school location outside the United States and Canada; previous residency or fellowship; lack of research experience, volunteer experience, or publications; a low United States Medical Licensing Examination Step 1 score; and nonmembership in the Alpha Omega Alpha Honor Medical Society. Limitations: the software database is probably incomplete, the 10%-match threshold for defining plagiarism has not been statistically validated, and the study was confined to applicants to 1 institution. Evidence of matching content in an essay cannot be used to infer the applicant’s intent and is not sensitive to variations in the cultural context of copying in some societies. Conclusion: Evidence of plagiarism in residency application essays is more common in international applicants but was found in those by applicants to all specialty programs, from all medical school types, and even among applicants with significant academic honors.

Keywords: Canada, Essays, Misrepresentation, Plagiarism, Publications, Research, Research Publications, Students, Subsequent Disciplinary Action

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Full Text: [2010\Ann Int Med153, 128.pdf](2010/Ann%20Int%20Med153,%20128.pdf)

Keywords: Admissions, Boards, Disciplinary Action, Medical-School, Plagiarism

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Full Text: [2010\Ann Int Med153, 592.pdf](2010/Ann%20Int%20Med153,%20592.pdf)

Abstract: Background: Implantable cardioverter-defibrillators (ICDs) for the primary prevention of sudden cardiac death have been proven effective in several clinical trials. Purpose: To summarize evidence about the effectiveness of ICDs versus standard medical therapy for the primary prevention of sudden cardiac death in different age groups of patients with severe left ventricular dysfunction. Data Sources: MEDLINE, EMBASE, CENTRAL, BioMed Central, Cardiosource, ClinicalTrials.gov, and ISI Web of Science (January 1970 to April 2010) were searched with no language restrictions. Study Selection: Two independent reviewers screened titles and abstracts to identify randomized, controlled trials of prophylactic ICD versus medical therapy in patients with severe left ventricular dysfunction that provided data about mortality outcomes for different age groups. Data Extraction: Two independent reviewers assessed risk for bias of trials and extracted patient and study characteristics and hazard ratios (HRs) relevant to all-cause mortality. Data Synthesis: Five trials (MADIT-II, DEFINITE, DINAMIT, SCD-HeFT, and IRIS) that enrolled 5783 patients (44% were elderly) were included. The primary analysis, which excluded the 2 trials enrolling patients early after acute myocardial infarction (DINAMIT and IRIS), found that prophylactic ICD therapy reduced mortality in younger patients (HR, 0.65 [95% CI, 0.50 to 0.83]; P < 0.001). A smaller and statistically nonsignificant survival benefit was found in elderly patients (HR, 0.81 [CI, 0.62 to 1.05]; P = 0.11). The inclusion of data from DINAMIT and IRIS did not change these results. Limitations: Four potentially eligible trials were not included in the meta-analysis because mortality data by age group were not available. Adjustment for differences in comorbid conditions and medical therapies among patients enrolled in the trials was not possible. Conclusion: Available data do not conclusively show that prophylactic ICD therapy improves survival in elderly patients with severe left ventricular dysfunction.

Keywords: Acute Myocardial Infarction, Age, Analysis, Bias, Cardiac-Resynchronization Therapy, Clinical Trials, Effectiveness, Elderly, Elderly-Patients, Extraction, Heart-Failure, High-Risk, Improved Survival, ISI, Madit-II, Medical, MEDLINE, Meta Analysis, Meta-Analysis, Mortality, Myocardial Infarction, Myocardial-Infarction, Nonischemic Dilated Cardiomyopathy, Outcomes, Prevention, Primary, Primary Prevention, Risk, Science, Sources, Sudden-Death, Survival, Therapy, Ventricular-Arrhythmias, Web of Science

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Full Text: [2010\Ann Int Med153, 766.pdf](2010/Ann%20Int%20Med153,%20766.pdf)

Keywords: Plagiarism

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Full Text: [2010\Ann Int Med153, 766.pdf](2010/Ann%20Int%20Med153,%20766.pdf)

Keywords: Plagiarism

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Full Text: [2010\Ann Int Med153, 766.pdf](2010/Ann%20Int%20Med153,%20766.pdf)

Keywords: Plagiarism

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Full Text: [2010\Ann Int Med153, 766.pdf](2010/Ann%20Int%20Med153,%20766.pdf)

Keywords: Plagiarism

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Keywords: Plagiarism

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Full Text: [2010\Ann Int Med153, 847.pdf](2010/Ann%20Int%20Med153,%20847.pdf)

Keywords: Plagiarism

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Full Text: [2011\Ann Int Med154, 243.pdf](2011/Ann%20Int%20Med154,%20243.pdf)

Abstract: Background: Acute ischemic strokes are associated with poor outcomes and high health care burden. Evidence exists evaluating the use of neurothrombectomy devices in patients receiving currently recommended treatments that may have limited efficacy. Purpose: To describe the state of the evidence supporting use of neurothrombectomy devices in the treatment of acute ischemic stroke. Data Sources: MEDLINE, SCOPUS, the Cochrane Central Register of Controlled Trials, the Cochrane Database of Systematic Reviews, and Web of Science were searched, without language restrictions, from their inception through May 2010. The MEDLINE and Cochrane Central Register of Controlled Trials searches were updated through November 2010. Study Selection: Two independent investigators screened citations for human studies of any design or case series or case reports of patients with an acute ischemic stroke that evaluated a neurothrombectomy device and reported at least 1 clinical effectiveness outcome or harm. Data Extraction: Using standardized protocols, 2 independent investigators extracted information about study characteristics and outcomes, and a third reviewer resolved disagreement. Data Synthesis: 87 articles met eligibility criteria, including 18 prospective single-group studies, 7 noncomparative retrospective studies, and 62 case series or case reports. Two U. S. Food and Drug Administration (FDA)-cleared devices, the MERCI Retriever (Concentric Medical, Mountain View, California) (40%) and the Penumbra System (Penumbra, Alameda, California) (9%), represented a large portion of the available data. All prospective and retrospective studies provided data on successful recanalization with widely varying rates (43% to 78% with the MERCI Retriever and 83% to 100% with the Penumbra System). Rates of harms, including symptomatic (16 studies; 0% to 10% with the MERCI Retriever and 0% to 11% with the Penumbra System) or asymptomatic (13 studies; 28% to 43% and 1% to 30%, respectively) intracranial hemorrhage and vessel perforation or dissection (11 studies; 0% to 7% and 0% to 5%, respectively), also varied by device. Predictors of harm included older age, history of stroke, and higher baseline stroke severity scores, whereas successful recanalization was the sole predictor of good outcomes. Limitations: Most available data are from single-group, noncomparative studies. In addition, the patient population most likely to benefit from these devices is undetermined. Conclusion: Currently available neurothrombectomy devices offer intriguing treatment options in patients with acute ischemic stroke. Future trials should use a randomized design, with adequate power to show equivalency or noninferiority between competing strategies or devices, and strive to identify populations that are most likely to benefit from use of neurothrombectomy devices.

Keywords: AB Device, Administration, Burden, Case Reports, Case Series, Center Experience, Citations, Clinical Effectiveness, Cochrane, Effectiveness, Efficacy, Extraction, Health Care, History, Human, III Trial, Information, Interventional Management, Mechanical Thrombectomy, MEDLINE, Merci Clot Retriever, Outcome, Outcomes, Penumbra System, Pooled Analysis, Recanalization, Science, Scopus, Sources, Stroke, Systematic, Tissue-Plasminogen-Activator, Treatment, Web of Science

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Full Text: [2011\Ann Int Med155, 520.pdf](2011/Ann%20Int%20Med155,%20520.pdf)

Abstract: Background: About 1 in 5 Medicare fee-for-service patients discharged from the hospital is rehospitalized within 30 days. Beginning in 2013, hospitals with high risk-standardized readmission rates will be subject to a Medicare reimbursement penalty. Purpose: To describe interventions evaluated in studies aimed at reducing rehospitalization within 30 days of discharge. Data Sources: MEDLINE, EMBASE, Web of Science, and the Cochrane Library were searched for reports published between January 1975 and January 2011. Study Selection: English-language randomized, controlled trials; cohort studies; or noncontrolled before-after studies of interventions to reduce rehospitalization that reported rehospitalization rates within 30 days. Data Extraction: 2 reviewers independently identified candidate articles from the results of the initial search on the basis of title and abstract. Two 2-physician reviewer teams reviewed the full text of candidate articles to identify interventions and assess study quality. Data Synthesis: 43 articles were identified, and a taxonomy was developed to categorize interventions into 3 domains that encompassed 12 distinct activities. Predischarge interventions included patient education, medication reconciliation, discharge planning, and scheduling of a follow-up appointment before discharge. Postdischarge interventions included follow-up telephone calls, patient-activated hotlines, timely communication with ambulatory providers, timely ambulatory provider follow-up, and postdischarge home visits. Bridging interventions included transition coaches, physician continuity across the inpatient and outpatient setting, and patient-centered discharge instruction. Limitations: Inadequate description of individual studies’ interventions precluded meta-analysis of effects. Many studies identified in the review were single-institution assessments of quality improvement activities rather than those with experimental designs. Several common interventions have not been studied outside of multicomponent “discharge bundles.” Conclusion: No single intervention implemented alone was regularly associated with reduced risk for 30-day rehospitalization.

Keywords: Activities, Care Transitions Intervention, Clinical-Trial, Cochrane, Cohort Studies, Communication, Early Readmission, Education, Embase, Experimental, Extraction, Follow-Up, Heart-Failure, High-Risk, Hospital, Hospital Discharge, Hospitals, Impact, Intervention, Interventions, Medicare, Medication, MEDLINE, Meta Analysis, Meta-Analysis, Older-Adults, Patient Education, Patients, Quality Improvement, Randomized Controlled-Trial, Review, Risk, Science, Selection, Sources, Synthesis, Systematic, Systematic Review, Web of Science

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Full Text: [2013\Ann Int Med159, 677.pdf](2013/Ann%20Int%20Med159,%20677.pdf)

Abstract: Background: Patient portals tied to provider electronic health record (EHR) systems are increasingly popular. Purpose: To systematically review the literature reporting the effect of patient portals on clinical care. Data Sources: PubMed and Web of Science searches from 1 January 1990 to 24 January 2013. Study Selection: Hypothesis-testing or quantitative studies of patient portals tethered to a provider EHR that addressed patient outcomes, satisfaction, adherence, efficiency, utilization, attitudes, and patient characteristics, as well as qualitative studies of barriers or facilitators, were included. Data Extraction: Two reviewers independently extracted data and addressed discrepancies through consensus discussion. Data Synthesis: From 6508 titles, 14 randomized, controlled trials; 21 observational, hypothesis-testing studies; 5 quantitative, descriptive studies; and 6 qualitative studies were included. Evidence is mixed about the effect of portals on patient outcomes and satisfaction, although they may be more effective when used with case management. The effect of portals on utilization and efficiency is unclear, although patient race and ethnicity, education level or literacy, and degree of comorbid conditions may influence use. Limitation: Limited data for most outcomes and an absence of reporting on organizational and provider context and implementation processes. Conclusion: Evidence that patient portals improve health outcomes, cost, or utilization is insufficient. Patient attitudes are generally positive, but more widespread use may require efforts to overcome racial, ethnic, and literacy barriers. Portals represent a new technology with benefits that are still unclear. Better understanding requires studies that include details about context, implementation factors, and cost.

Keywords: Access, Adherence, Attitudes, Barriers, Benefits, Care, Case Management, Characteristics, Cl, Clinical, Collaborative Care, Congestive-Heart-Failure, Consensus, Context, Cost, Data, Education, Efficiency, EHR, Ethnicity, Evidence, Experiences, Extraction, Health, Health Outcomes, Hypertension Control, Hypothesis Testing, Implementation, Influence, Information-Technology, Internet, Literature, Management, Medicine, Nov, Observational, Online, Organizational, Outcomes, Physician, Physicians, Portals, Pubmed, Qualitative, Race, Race and Ethnicity, Randomized, Randomized Controlled-Trial, Record, Reporting, Review, Satisfaction, Science, Shared Medical-Record, Synthesis, Systems, Technology, Understanding, USA, Utilization, Web of Science, West

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Full Text: [2014\Ann Int Med160, 101.pdf](2014/Ann%20Int%20Med160,%20101.pdf)

Abstract: Background: Research suggests that access to firearms in the home increases the risk for violent death. Purpose: To understand current estimates of the association between firearm availability and suicide or homicide. Data Sources: PubMed, EMBASE, the Cochrane Central Register of Controlled Trials, and Web of Science were searched without limitations and a gray-literature search was performed on 23 August 2013. Study Selection: All study types that assessed firearm access and outcomes between participants with and without firearm access. There were no restrictions on age, sex, or country. Data Extraction: Two authors independently extracted data into a standardized, prepiloted data extraction form. Data Synthesis: Odds ratios (ORs) and 95% CIs were calculated, although published adjusted estimates were preferentially used. Summary effects were estimated using random-and fixed-effects models. Potential methodological reasons for differences in effects through subgroup analyses were explored. Data were pooled from 15 observational studies that assessed the odds of suicide or homicide, yielding pooled ORs of 3.24 (95% CI, 2.41 to 4.40) and 1.94 (CI, 1.44 to 2.93), respectively. When only studies that used interviews to determine firearm accessibility were considered, the pooled OR for suicide was 3.14 (CI, 2.29 to 4.43). Limitations: Firearm accessibility was determined by survey interviews in most studies; misclassification of accessibility may have occurred. Heterogeneous populations of varying risks were synthesized to estimate pooled odds of death. Conclusion: Access to firearms is associated with risk for completed suicide and being the victim of homicide.

Keywords: Access, Accessibility, Adolescent Suicide, Age, Analyses, Association, Authors, Availability, Country, Data, Death, Death Reporting System, Effects, Embase, Estimates, Extraction, Firearm, Firearms, Gender-Gap, Gray Literature, Gun Ownership, Home, Homicide, Household, Injury Control, Interviews, Models, North-Carolina, Observational, Observational Studies, Outcomes, Populations, Pubmed, Research, Restrictions, Risk, Risks, Science, Sex, Suicide, Survey, Synthesis, United-States, Violent, Violent Death, Web of Science, Youth Suicide

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Full Text: [2014\Ann Int Med160, 398.pdf](2014/Ann%20Int%20Med160,%20398.pdf)

Abstract: Background: Guidelines advocate changes in fatty acid consumption to promote cardiovascular health. Purpose: To summarize evidence about associations between fatty acids and coronary disease. Data Sources: MEDLINE, Science Citation Index, and Cochrane Central Register of Controlled Trials through July 2013. Study Selection: Prospective, observational studies and randomized, controlled trials. Data Extraction: Investigators extracted data about study characteristics and assessed study biases. Data Synthesis: There were 32 observational studies (512 420 participants) of fatty acids from dietary intake; 17 observational studies (25 721 participants) of fatty acid biomarkers; and 27 randomized, controlled trials (105 085 participants) of fatty acid supplementation. In observational studies, relative risks for coronary disease were 1.03 (95% CI, 0.98 to 1.07) for saturated, 1.00 (CI, 0.91 to 1.10) for monounsaturated, 0.87 (CI, 0.78 to 0.97) for long-chain omega-3 polyunsaturated, 0.98 (CI, 0.90 to 1.06) for omega-6 polyunsaturated, and 1.16 (CI, 1.06 to 1.27) for trans fatty acids when the top and bottom thirds of baseline dietary fatty acid intake were compared. Corresponding estimates for circulating fatty acids were 1.06 (CI, 0.86 to 1.30), 1.06 (CI, 0.97 to 1.17), 0.84 (CI, 0.63 to 1.11), 0.94 (CI, 0.84 to 1.06), and 1.05 (CI, 0.76 to 1.44), respectively. There was heterogeneity of the associations among individual circulating fatty acids and coronary disease. In randomized, controlled trials, relative risks for coronary disease were 0.97 (CI, 0.69 to 1.36) for alpha-linolenic, 0.94 (CI, 0.86 to 1.03) for long-chain omega-3 polyunsaturated, and 0.86 (CI, 0.69 to 1.07) for omega-6 polyunsaturated fatty acid supplementations. Limitation: Potential biases from preferential publication and selective reporting. Conclusion: Current evidence does not clearly support cardiovascular guidelines that encourage high consumption of polyunsaturated fatty acids and low consumption of total saturated fats.

Keywords: Association, Bias, Biomarkers, Blood, Cardiovascular, Cardiovascular-Disease, Changes, Characteristics, Citation, Cohort, Consumption, Coronary Disease, Data, Disease, Estimates, Evidence, Extraction, Fatty Acid, Fatty Acids, Food Frequency Questionnaire, Guidelines, Health, Heart-Disease, Heterogeneity, Life-Style, Mar, Medline, Meta-Analysis, Observational, Observational Studies, Prevention, Publication, Randomized, Reporting, Review, Risk, Risks, Saturated Fat, Science, Science Citation Index, Support, Synthesis, Systematic Review, Validity

? Bannuru, R.R., Flavin, N.E., Vaysbrot, E., Harvey, W. and McAlindon, T. (2014), High-energy extracorporeal shock-wave therapy for treating chronic calcific tendinitis of the shoulder. *Annals of Internal Medicine*, **160** (8), 542-549.

Full Text: [2014\Ann Int Med160, 542.pdf](2014/Ann%20Int%20Med160,%20542.pdf)

Abstract: Background: Calcific and noncalcific tendinitis of the shoulder can be unresponsive to conventional therapies. Extracorporeal shock-wave therapy (ESWT) has been suggested as an alternative treatment. Purpose: To assess the efficacy of ESWT in patients with calcific and noncalcific tendinitis. Data Sources: MEDLINE, Cochrane Central Register of Controlled Trials, EMBASE, Web of Science, and Google Scholar were searched up to 1 November 2013. Study Selection: Randomized, controlled trials (RCTs) comparing high-energy versus low-energy ESWT or placebo for treatment of calcific or noncalcific tendinitis of the shoulder. Outcome measures included pain (visual analogue scale score), functional assessment (Constant-Murley score), and resolution of calcifications. Data Extraction: Three independent reviewers abstracted data and determined eligibility and quality by consensus. Data Synthesis: Twenty-eight RCTs met the inclusion criteria. Studies were heterogeneous. Twenty RCTs compared ESWT energy levels and placebo and consistently showed that high-energy ESWT was significantly better than placebo in decreasing pain and improving function and resorption of calcifications in calcific tendinitis. No significant difference was found between ESWT and placebo in treatment of noncalcific tendinitis. Limitation: The number of RCTs was small, and the studies were heterogeneous. Conclusion: High-energy ESWT is effective for improving pain and shoulder function in chronic calcific shoulder tendinitis and can result in complete resolution of calcifications. This therapy may be underutilized for a condition that can be difficult to manage.

Keywords: Alternative, Assessment, Chronic, Clinical-Trial, Complete, Consensus, Conventional, Criteria, Data, Efficacy, Embase, Energy, Eswt, Extraction, Function, Google, Google Scholar, Measures, Medline, Metaanalysis, Musculoskeletal Disorders, Outcome, Pain, Patients, Placebo, Quality, Radiotherapy, Randomized Controlled-Trial, Reviewers, Rotator-Cuff, Scale, Science, Shock Wave, Single-Blind, Small, Supraspinatus Tendinitis, Synthesis, Tendinopathy, Therapy, Treatment, Web Of Science

? McTaggart, M.P., Newall, R.G., Hirst, J.A., Bankhead, C.R., Lamb, E.J., Roberts, N.W. and Price, C.P. (2014), Diagnostic accuracy of point-of-care tests for detecting albuminuria. *Annals of Internal Medicine*, **160** (8), 550-557.

Full Text: [2014\Ann Int Med160, 550.pdf](2014/Ann%20Int%20Med160,%20550.pdf)

Abstract: Background: Experts recommend screening for albuminuria in patients at risk for kidney disease. Purpose: To systematically review evidence about the diagnostic accuracy of point-of-care (POC) tests for detecting albuminuria in individuals for whom guidelines recommend such detection. Data Sources: Cochrane Library, EMBASE, Medion database, MEDLINE, and Science Citation Index from 1963 through 5 December 2013; hand searches of other relevant journals; and reference lists. Study Selection: Cross-sectional studies, published in any language, that compared the accuracy of machine-read POC tests of urinary albumin-creatinine ratio with that of laboratory measurement. Data Extraction: Two independent reviewers extracted study data and assessed study quality using the QUADAS-2 (Quality Assessment of Diagnostic Accuracy Studies 2) tool. Data Synthesis: Sixteen studies (n = 3356 patients) that evaluated semiquantitative or quantitative POC tests and used random urine samples collected in primary or secondary ambulatory care settings met inclusion criteria. Pooling results from a bivariate randomeffects model gave sensitivity and specificity estimates of 76% (95% CI, 63% to 86%) and 93% (CI, 84% to 97%), respectively, for the semiquantitative test. Sensitivity and specificity estimates for the quantitative test were 96% (CI, 78% to 99%) and 98% (CI, 93% to 99%), respectively. The negative likelihood ratios for the semiquantitative and quantitative tests were 0.26 (CI, 0.16 to 0.40) and 0.04 (CI, 0.01 to 0.25), respectively. Limitation: Accuracy estimates were based on data from single-sample urine measurement, but guidelines require that diagnosis of albuminuria be based on at least 2 of 3 samples collected in a 6-month period. Conclusion: A negative semiquantitative POC test result does not rule out albuminuria, whereas quantitative POC testing meets required performance standards and can be used to rule out albuminuria.

Keywords: Accuracy, Ambulatory, Ambulatory Care, Assessment, Care, Chronic Kidney-Disease, Citation, Clinitek Microalbumin, Collaborative Metaanalysis, Creatinine Ratio, Criteria, Cross-Sectional, Data, Database, Diagnosis, Diagnostic Accuracy, Disease, Embase, Estimates, Evidence, Extraction, General-Population, Glomerular-Filtration-Rate, Guidelines, Journals, Kidney, Kidney Disease, Language, Measurement, Medline, Model, Patients, Performance, Primary, Quality, Reference, Reference Lists, Review, Reviewers, Risk, Risk Population Cohorts, Science, Science Citation Index, Screening, Sensitivity, Specificity, Stage Renal-Disease, Standards, Synthesis, Systematic Reviews, Testing, Urinary, Urinary Albumin, Urine

? Stagg, H.R., Zenner, D., Harris, R.J., Munoz, L., Lipman, M.C. and Abubakar, I. (2014), Treatment of latent tuberculosis infection: A network meta-analysis. *Annals of Internal Medicine*, **161** (6), 419-427.

Full Text: [2014\Ann Int Med160, 419.pdf](2014/Ann%20Int%20Med160,%20419.pdf)

Abstract: Background: Effective treatment of latent tuberculosis infection (LTBI) is an important component of TB elimination programs. Promising new regimens that may be more effective are being introduced. Because few regimens can be directly compared, network meta-analyses, which allow indirect comparisons to be made, strengthen conclusions. Purpose: To determine the most efficacious regimen for preventing active TB with the lowest likelihood of adverse events to inform LTBI treatment policies. Data Sources: PubMed, EMBASE, and Web of Science up to 29 January 2014; clinical trial registries; and conference abstracts. Study Selection: Randomized, controlled trials that evaluated LTBI treatment in humans and recorded at least 1 of 2 prespecified end points (preventing active TB or hepatotoxicity), without language or date restrictions. Data Extraction: Data from eligible studies were independently extracted by 2 investigators according to a standard protocol. Data Synthesis: Of the 1516 articles identified, 53 studies met the inclusion criteria. Data on 15 regimens were available; of 105 possible comparisons, 42 (40%) were compared directly. Compared with placebo, isoniazid for 6 months (odds ratio [OR], 0.64 [95% credible interval {CrI}, 0.48 to 0.83]) or 12 months or longer (OR, 0.52 [CrI, 0.41 to 0.66]), rifampicin for 3 to 4 months (OR, 0.41 [CrI, 0.18 to 0.86]), and rifampicin-isoniazid regimens for 3 to 4 months (OR, 0.52 [CrI, 0.34 to 0.79]) were efficacious within the network. Limitations: The risk of bias was unclear for many studies across various domains. Evidence was sparse for some comparisons, particularly hepatotoxicity. Conclusion: Comparison of different LTBI treatment regimens showed that various therapies containing rifamycins for 3 months or more were efficacious at preventing active TB, potentially more so than isoniazid alone. Regimens containing rifamycins may be effective alternatives to isoniazid monotherapy.

Keywords: Active, Adverse Events, Alternatives, Articles, Bias, Chemoprophylaxis Regimens, Clinical, Clinical Trial, Clinical-Trial, Comparison, Credible Interval, Criteria, Data, Double-Blind, Elimination, Embase, Events, Evidence, Extraction, From, Hepatotoxicity, HIV-Infection, Household Contacts, Human-Immunodeficiency-Virus, Humans, Infection, Interval, Isoniazid Preventive Therapy, Language, Meta Analysis, Meta-Analysis, Metaanalysis, Mixed Treatment Comparisons, Network, Odds Ratio, Placebo, Placebo-Controlled Trial, Policies, Protocol, Pubmed, Randomized, Randomized Controlled-Trial, Registries, Restrictions, Rifampicin, Risk, Science, Standard, Synthesis, Tb, Treatment, Trial, Tuberculosis, Web Of Science

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Full Text: [2014\Ann Int Med161, 659.pdf](2014/Ann%20Int%20Med161,%20659.pdf)

Abstract: Description: The American College of Physicians (ACP) developed this guideline to present the evidence and provide clinical recommendations on the comparative effectiveness and safety of preventive dietary and pharmacologic management of recurrent nephrolithiasis in adults. Methods: This guideline is based on published literature on this topic that was identified using MEDLINE, the Cochrane Database of Systematic Reviews (through March 2014), Google Scholar, ClinicalTrials.gov, and Web of Science. Searches were limited to English-language publications. The clinical outcomes evaluated for this guideline include symptomatic stone recurrence, pain, urinary tract obstruction with acute renal impairment, infection, procedure-related illness, emergency department visits, hospitalizations, quality of life, and end-stage renal disease. This guideline grades the quality of evidence and strength of recommendations using ACP’s clinical practice guidelines grading system. The target audience for this guideline is all clinicians, and the target patient population is all adults with recurrent nephrolithiasis (>= 1 prior kidney stone episode). Recommendation 1: ACP recommends management with increased fluid intake spread throughout the day to achieve at least 2 L of urine per day to prevent recurrent nephrolithiasis. (Grade: weak recommendation, low-quality evidence) Recommendation 2: ACP recommends pharmacologic monotherapy with a thiazide diuretic, citrate, or allopurinol to prevent recurrent nephrolithiasis in patients with active disease in which increased fluid intake fails to reduce the formation of stones. (Grade: weak recommendation, moderate-quality evidence).

Keywords: 1st Kidney-Stone, Acetohydroxamic Acid, Acp, Active, Adults, Calcium-Oxalate Urolithiasis, Calculi, Citrate, Clinical, Clinical Outcomes, Clinical Practice, Clinical Practice Guidelines, Database, Department, Disease, Effectiveness, Emergency, Emergency Department, Evidence, Google, Google Scholar, Guideline, Guidelines, Impairment, Infection, Kidney, Life, Literature, Low-Animal-Protein, Management, Medline, Methods, Nov, Outcomes, Pain, Patients, Population, Potassium Citrate, Practice, Practice Guidelines, Prevent, Prophylaxis, Publications, Quality, Quality Of, Quality Of Life, Randomized Controlled Trial, Recommendation, Recommendations, Recurrence, Recurrent, Renal, Safety, Science, Shockwave Lithotripsy, Strength, Systematic, Systematic Reviews, Thiazide, Topic, Urinary, Urine, Web, Web Of Science

? Goldzweig, C.L., Orshansky, G., Paige, N.M., Miake-Lye, I.M., Beroes, J.M., Ewing, B.A. and Shekelle, P.G. (2015), Electronic health record-based interventions for improving appropriate diagnostic imaging: A systematic review and meta-analysis. *Annals of Internal Medicine*, **162** (8), 557-+.

Full Text: 2015\Ann Int Med162, 557.pdf

Abstract: Background: One driver of increasing health care costs is the use of radiologic imaging procedures. More appropriate use could improve quality and reduce costs. Purpose: To review interventions that use the computerized clinical decision-support (CCDS) capabilities of electronic health records to improve appropriate use of diagnostic radiologic test ordering. Data Sources: English-language articles in PubMed from 1995 to September 2014 and searches in Web of Science and PubMed of citations related to key articles. Study Selection: 23 studies, including 3 randomized trials, 7 time-series studies, and 13 pre-post studies that assessed the effect of CCDS on diagnostic radiologic test ordering in adults. Data Extraction: 2 independent reviewers extracted data on functionality, study outcomes, and context and assessed the quality of included studies. Data Synthesis: Thirteen studies provided moderate-level evidence that CCDS improves appropriateness (effect size, -0.49 [95% CI, -0.71 to -0.26]) and reduces use (effect size, -0.13 [CI, -0.23 to -0.04]). Interventions with a “hard stop” that prevents a clinician from overriding the CCDS without outside consultation, as well as interventions in integrated care delivery systems, may be more effective. Harms have rarely been assessed but include decreased ordering of appropriate tests and physician dissatisfaction. Limitation: Potential for publication bias, insufficient reporting of harms, and poor description of context and implementation. Conclusion: Computerized clinical decision support integrated with the electronic health record can improve appropriate use of diagnostic radiology by a moderate amount and decrease use by a small amount. Before widespread adoption can be recommended, more data are needed on potential harms.

Keywords: Adoption, Angiography, Bias, Care, Ccd, Citations, Clinical, Clinical Decision-Support, Clinician, Computerized Order Entry, Consultation, Context, Costs, Ct, Data, Decision, Decision Support, Delivery, Effect Size, Emergency-Departments, Evidence, Extraction, Guidelines, Health, Health Care, Health Care Costs, Imaging, Impact, Implementation, Information-Technology, Integrated Care, Interventions, Meta-Analysis, Outcomes, Physician, Potential, Procedures, Publication, Publication Bias, Pubmed, Quality, Quality Of, Radiology, Randomized, Record, Records, Reporting, Review, Science, Size, Small, Support, Synthesis, Systems, Time Series, Web Of Science, Yield

# Title: Annals of Laboratory Medicine

Full Journal Title: Annals of Laboratory Medicine

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Dou, Y., Zhu, X.H., Wang, Q.L., Tian, X.W., Cheng, J.J. and Zhang, E.Y. (2015), Meta-analysis of the SLCO1B1 c.521T > C variant reveals slight influence on the lipid-lowering efficacy of statins. *Annals of Laboratory Medicine*, **35** (3), 329-335.

Full Text: [2015\Ann Lab Med35, 329.pdf](2015/Ann%20Lab%20Med35,%20329.pdf)

Abstract: Background: Several studies have focused on the association between the lipid-lowering efficacy of statins and the SLCO1B1 c.521T>C polymorphism; however, the results are conflicting. The effects of statins show significant variability between individuals. This meta-analysis aimed to investigate the effects of the.SLCO1B1 c.521T>C polymorphism on the lipid-lowering effects of statins. Methods: We systematically searched PubMed and Web of Science to screen relevant studies. Meta-analysis was performed to identify the association between SLCO1B1 c.521 polymorphisms and the lipid-lowering effects of statinson the basis of the standard mean difference (SMD) and 95% confidence intervals (CIs). Additionally, we checked for heterogeneity (I-2) among studies and evidence of publication bias. We obtained eight studies including 2,012 wild genotype (T/T) and 526 variant genotype (T/C and C/C) cases. Results: No significant difference was observed in the lipid-lowering efficacy of statins between the wildand variant genotypes of SLCO1B1, with a pooled SMD of 0.03 (95% Cl: -0.07-0.13). Furthermore, there was no significant effect in the meta-analyses of the variant heterozygote, homozygote, and Chinese populations. Subgroup meta-analysis indicated that the timerequired for the statin to take effect did not significantly affect the association between lipid-lowering efficacy of statins and SLCO1B1 c.521T>C polymorphism. However, the wild genotype improved the lipid-lowering efficacy of simvastatin with a pooled SMD of -0.26 (95% Cl: -0.47- -0.05). Conclusions: No significant association was detected between the lipid-lowering efficacy of statins and the SLCO1B1 c.521T>C polymorphism, with the exception of simvastatin.

Keywords: Affect, Association, Atorvastatin, Bias, Chinese, Confidence, Confidence Intervals, Effects, Efficacy, Evidence, Genotype, Heterogeneity, Influence, Intervals, Lipid-Lowering Effect, Meta Analysis, Meta-Analyses, Meta-Analysis, Metaanalysis, Methods, Multiple-Dose Pravastatin, Pharmacokinetics, Polymorphism, Polymorphisms, Populations, Publication, Publication Bias, Pubmed, Results, Rosuvastatin, Science, Simvastatin, Slco1b1 Gene, Standard, Statin, Statins, Therapy, Variability, Variant, Web, Web Of Science

# Title: Annals of Library and Information Studies

Full Journal Title: [Annals of Library and Information Studies](http://www.niscom.res.in/ScienceCommunication/ResearchJournals/rejour/annals/annals0.asp)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0972-5423

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

? Sivasubramanian, V. (2000), Journal of Indian Coffee: A bibliometric. *Annals of Library and Information Studies*, **47** (2), 75-??.

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Full Text: [2002\Ann Lib Inf Stu49, 1.pdf](2002/Ann%20Lib%20Inf%20Stu49,%201.pdf)

Abstract: Traces the history of bibliometric research, and related training activities in INSDOC. Describes briefly the objectives, facilities, services, research activities, and publications of National Centre on Bibliometrics.

? Prathap, G. and Gupta, B.M. (2011), Ranking of Indian medical colleges for their research performance during 1999-2008. *Annals of Library and Information Studies*, **58**, 203-210.

Full Text: [2011\Ann Lib Inf Stu58, 203.pdf](2011/Ann%20Lib%20Inf%20Stu58,%20203.pdf)

? Gupta, B.M., Kaur, H. and Kshitig, A. (2011), Dementia research in India: A scientometric analysis of research output during 2002-11. *Annals of Library and Information Studies*, **59**, 280-288.

Full Text: [2011\Ann Lib Inf Stu59, 280.pdf](2011/Ann%20Lib%20Inf%20Stu59,%20280.pdf)

# Title: Annals of Library Science and Documentation

Full Journal Title: [Annals of Library Science and Documentation](http://www.niscair.res.in/sciencecommunication/ResearchJournals/rejour/annals/annals0.asp)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0003-4835

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

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Full Text: Ann Lib Sci Doc29, 126.pdf

Abstract: Approx. 325 organizations have been identified as engaged in food science and technology research worldwide, and the proliferation and increasing vol. of the literature is reflected by changes in the FSTA journal coverage and number of abstracts in the period 1969 to 1981, rising from 1000 to 1700 and from 11 980 to 17 581, resp. A study aimed at identifying the main bibliographic forms, the core journals, the country of origin, the literature obsolescence rate and the applicability of Bradford’s Law was undertaken by analysing the citations given in all articles in 3 major journals, viz. Journal of Food Science; Journal of Food Science and Technology, India; and Journal of Food Technology, for the period Jan. to June 1980. 74% of citations were of periodical literature, with books the next largest source at 14%. In a total of 4570 citations, 62 journals were cited >=10 times; these titles are listed in rank order as core journals, with their country of origin as identified from periodical directories. A plot of cumulative total citations against quinquennial period of origin showed that half the citations were <=7 yr old; i.e. The half-life of the literature is 7 yr.

Rana, M.S. and Agarwal, S. (1994), Authorship trends in Indian wildlife and fisheries literature: A bibliometric study. *Annals of Library Science and Documentation*, **41** (1), 13-18.

Full Text: [1994\Ann Lib Sci Doc41, 13.pdf](1994/Ann%20Lib%20Sci%20Doc41,%2013.pdf)

Abstract: the authorship and collaborative research patterns in Indian wildlife and fisheries based on the data collected from ‘Wildlife Review and Fish Review’ published bettween 1980 to 1989 are studied. The proportion of single authored papers has decreased from 63.68% in 1980 to 52.74% in 1989. During the same period there was an increase in the average number of authors per paper from 1.57 in 1980 to 1.70 in 1989. The degree of collaborative research also increased from 0.36 to 0.47.

Keywords: Authorship Patterns, Collaborative Research Patterns, Indian Wildlife and Fisheries, Wildlife Review and Fish Review

? Arora, J. and Kaur, S.P. (1994), Bibliometric analysis of core journals on immunology: A study based on the annual review of immunology. *Annals of Library Science and Documentation*, **41** (3), 81-94.

Full Text: Ann Lib Sci Doc41, 13.pdf

Abstract: Bibliometric study on core journals on immunology derived from citations collected from the Annual Review of Immunology for four consecutive years, i.e. 1983 to 1986 reveals very high concentration of literature in a few scintific journals. The first four core journals contribute 47.96% of total citations while the first two top-ranked journals account for close to 30% of total citations. In addition to determining country, subject, physical format chronological and language distribution of core journals in immunology, the half-life and citation peak of journals in immunology have also been worked out. The scattering of literature in immunology is determined by applying Bradford’s Law. The core journals in immunology and other disciplines of biomedical sciences are also compared.

Keywords: Immunology, Microbiology, Research, Citation Analysis, Bibliometric Analysis, Method, Core Collection, International Publication, Evaluation, Scientific Research, Bibliometrics

Notes: MModel

Kalyane, V.L. and Sen, B.K. (1995), Bibliometric study of the *Journal of Oilseeds Research*. *Annals of Library Science and Documentation*, **42** (4), 121-141.

Full Text: [1995\Ann Lib Sci Doc42, 121.pdf](1995/Ann%20Lib%20Sci%20Doc42,%20121.pdf)

Keywords: Bibliometrics, Scientometrics, Bradford’s law, Lotka’s law

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Full Text: Ann Lib Sci Doc44, 143.pdf

Devarai, R.S., Ramesh, L.S.R.C.V. and Hussain, M.V. (1998), Informetrics on M. N. Srinivas. *Annals of Library Science and Documentation*, **45** (4), 125-135.

Full Text: [1998\Ann Lib Sci Doc45, 125.pdf](1998/Ann%20Lib%20Sci%20Doc45,%20125.pdf)

Abstract: M. N. Srinivas, the well known sociologist is widely recognised as architect of modern Indian sociology and social anthropology. His publications have been analysed by year, domain, authorship pattern, channels of communication used. Keywords, etc. The results indicate that the papers published by him are of a nature that qualify him to be a ‘role model’ for the younger generations to emulate.

By the end of 1995, Srinivas had to his credit 144 papers which, included 33 broad papers in sociology and anthropology; 18 papers in social change; 28 papers in village studies; 12 papers on religion; 17 papers on caste and 36 papers of general popular interest. The periods 1958-61 and 1974-77, when Srinivas was 38-41 and 58-61 years old. were his most productive periods with highest publication activity.

Keywords: Informetrics, M.N. Srinivas, Publication Productivity, Biographical Bibliometrics, Individual Scientists, Publication Productivity, Scientometrics, Science of Science, Biobibliometrics, Scientific Research Output

# Title: Annals of Mathematical Statistics

Full Journal Title: [Annals of Mathematical Statistics](http://uk.jstor.org/journals/00034851.html)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

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Full Text: [-1959\Ann Mat Sta10, 1.pdf](-1959/Ann%20Mat%20Sta10,%201.pdf)

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Full Text: [-1959\Ann Mat Sta10, 144.pdf](-1959/Ann%20Mat%20Sta10,%20144.pdf)

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Full Text: [-1959\Ann Mat Sta13, 115.pdf](-1959/Ann%20Mat%20Sta13,%20115.pdf)

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Full Text: [-1959\Ann Mat Sta19, 190.pdf](-1959/Ann%20Mat%20Sta19,%20190.pdf)

# Title: Annals of Mathematics

Full Journal Title: [Annals of Mathematics](http://www.jstor.org/journals/0003486x.html)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

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Full Text: [-1959\Ann Mat2, 105.pdf](-1959/Ann%20Mat2,%20105.pdf)

# Title: Annals of Medicine

Full Journal Title: [Annals of Medicine](http://www.tandf.co.uk/journals/titles/07853890.html)

ISO Abbreviated Title: Ann. Med.

JCR Abbreviated Title: Ann Med

ISSN: 0785-3890

Issues/Year: 6

Journal Country/Territory: Finland

Language: English

Publisher: Royal Soc Medicine Press Ltd

Publisher Address: 1 Wimpole Street, London W1M 8AE, England

Subject Categories:

Medicine, General & Internal: Impact Factor 3.422 (2002)

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Full Text: 1990\Ann Med22, 145.pdf

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Full Text: [2013\Ann Med45, 532.pdf](2013/Ann%20Med45,%20532.pdf)

Abstract: Aim. This study’s purpose was to determine if there was a relationship between Nobel Laureates’ awards and landmark papers and winning the Nobel Prize in Physiology or Medicine during 1983-2012. Methods. The 66 Nobelists’ awards and landmark papers in the period 1983-2012 were analyzed. Results. The results showed that the most Nobelists had won Gairdner, Lasker, Howitz or Wolf Award before they won Nobel Prize, indicating that Gairdner Award may be considered as a Nobel Prize’s wind vane. A small number of landmark papers were indeed published in low impact factor journals (10.5% below impact factor 5.0) and some of their citation were low (23.2% below 400 times). There were 61 of 76 landmark papers published in the journals of JCR partition 1, reaching 80%, but 2 of 76 landmark papers were even outside of JCR partition, demonstrating that JCR partition acts as a reciprocal supplement with impact factor and citation times. The test period of Nobel Prize was substantially between 10 to 30 years. There were 5 persons whose landmark papers were cited all above 6000 times to get Nobel Prize within the test period of ten years, suggesting that there is a trend of certain inverse ratio between the citation and the test period of Nobel Prize. Conclusion. These findings provide a new insight into the relationship among Nobel Laureates’ awards, landmark papers and Nobel Prize in Physiology or Medicine.

Keywords: Analysis, Award, Bibliometric, Bibliometric Analysis, Citation, Impact, Impact Factor, JCR, Journals, Landmark Papers, Medicine, Methods, Nobel Prize, Papers, Physiology, Prize, Purpose, Results, Science, Small, Test Period, Trend

? Ambrosino, P., Lupoli, R., Di Minno, A., Iervolino, S., Peluso, R. and Di Minno, M.N.D. (2014), Markers of cardiovascular risk in patients with antiphospholipid syndrome: A meta-analysis of literature studies. *Annals of Medicine*, **46** (8), 693-702.

Full Text: [2014\Ann Med46, 693.pdf](2014/Ann%20Med46,%20693.pdf)

Abstract: Several studies reported on the association between antiphospholipid syndrome (APS) and venous thrombosis. In contrast, little is known about cardiovascular (CV) risk in APS. We performed a meta-analysis on the impact of APS on major markers of CV risk. Studies on the relationship between APS and common carotid artery intima-media thickness (CCA-IMT), internal carotid artery IMT (ICA-IMT), carotid bifurcation IMT (BIF-IMT), prevalence of carotid plaques, flow-mediated dilation (FMD), nitrate-mediated dilation (NMD), and ankle-brachial index (ABI) were systematically searched in PubMed, Web of Science, Scopus, and EMBASE databases. Twenty case-control studies (668 cases, 678 controls) were included. Compared to controls, APS patients showed a higher CCA-IMT (mean difference [MD] 0.11 mm; 95% CI 0.07, 0.14), ICA-IMT (MD 0.08 mm; 95% CI 0.05, 0.11), BIF-IMT (MD 0.09 mm; 95% CI 0.06, 0.12) and a higher frequency of carotid plaques (OR 3.87; 95% CI 1.61, 9.31). Moreover, a lower FMD was found in APS subjects than in controls (MD -4.49%; 95% CI -6.20, -2.78), with no differences in NMD (MD -1.80%; 95% CI -4.01, 0.42). Finally, an increased prevalence of pathological ABI was found in APS patients compared to controls (OR 7.26; 95% CI 1.77, 29.71). Despite heterogeneity among studies, APS appears significantly associated with markers of subclinical atherosclerosis and CV risk. These findings can be useful to plan adequate prevention strategies and therapeutic approaches.

Keywords: Ankle-Brachial Index, Antiphospholipid Syndrome, Arterial-Wall Thickness, Artery, Association, Cardiovascular, Cardiovascular Risk, Case-Control, Case-Control Studies, Classification Criteria, Coronary-Heart-Disease, Databases, Embase, Endothelial Dysfunction, Endothelial Function, Heterogeneity, Impact, Index, International Consensus Statement, Intima-Media Thickness, Intima-Media Thickness, Literature, Meta Analysis, Meta-Analysis, Metaanalysis, Myocardial-Infarction, Patients, Prevalence, Prevention, Pubmed, Risk, Science, Scopus, Subclinical Atherosclerosis, Syndrome, Systemic-Lupus-Erythematosus, Therapeutic, Thrombosis, Venous Thrombosis, Web, Web Of Science

# Title: Annals of Noninvasive Electrocardiology

Full Journal Title: Annals of Noninvasive Electrocardiology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? da Silva, V.P., de Oliveira, N.A., Silveira, H., Mello, R.G.T. and Deslandes, A.C. (2015), Heart rate variability indexes as a marker of chronic adaptation in athletes: A systematic review. *Annals of Noninvasive Electrocardiology*, **20** (2), 108-118.

Full Text: [2015\Ann Non Ele20, 108.pdf](2015/Ann%20Non%20Ele20,%20108.pdf)

Abstract: BackgroundRegular exercise promotes functional and structural changes in the central and peripheral mechanisms of the cardiovascular system. Heart rate variability (HRV) measurement provides a sensitive indicator of the autonomic balance. However, because of the diversity of methods and variables used, the results are difficult to compare in the sports sciences. Since the protocol (supine, sitting, or standing position) and measure (time or frequency domain) are not well defined, the aim of this study is to investigate the HRV measures that better indicates the chronic adaptations of physical exercise in athletes. MethodPubMed (MEDLINE), Web of Science, SciELO (Scientific Electronic Library), and Scopus databases were consulted. Original complete articles in English with short-term signals evaluating young and adult athletes, between 17 and 40 years old, with a control group, published up to 2013 were included. ResultsSelected 19 of 1369 studies, for a total sample pool of 333 male and female athletes who practice different sports. The main protocols observed were the supine or standing positions in free or controlled breathing conditions. The main statistical results found in this study were the higher mean RR, standard deviation of RR intervals, and high frequency in athletes group. In addition, the analyses of Cohen’s effect size showed that factors as modality of sport, protocol used and unit of measure selected could influence this expected results. ConclusionOur findings indicate that time domain measures are more consistent than frequency domain to describe the chronic cardiovascular autonomic adaptations in athletes.

Keywords: Adaptation, Adult, Analyses, Articles, Athletes, Autonomic Control, Autonomic Nervous System, Balance, Blood-Pressure, Cardiovascular, Cardiovascular System, Changes, Chronic, Complete, Control, Databases, Diversity, Dynamic Exercise, Effect Size, Electrocardiogram, English, Exercise, Factors, Female, Healthy-Subjects, Heart Rate, Heart Rate Variability, Indicator, Influence, Intervals, Library, Male, Mar, Measure, Measurement, Measures, Mechanisms, Medline, Methods, Nervous-System, Neurovisceral Integration, Peripheral, Physical, Physical Exercises, Position, Power Spectral-Analysis, Practice, Protocol, Protocols, Rate, Resistance Training, Respiratory Sinus Arrhythmia, Review, Scielo, Science, Sciences, Scopus, Size, Sport, Sports, Standard, Systematic, Systematic Review, Vagal, Variability, Web, Web Of Science, Young, Young-Women

# Title: Annals of Nuclear Medicine

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Subject Categories:

: Impact Factor

Notes: TTopic, CCountry

? Rahman, M., Sakamoto, J. and Fukui, T. (2002), Japan’s contribution to nuclear medical research. *Annals of Nuclear Medicine*, **16** (6), 383-385.

Full Text: [2002\Ann Nuc Med16, 383.pdf](2002/Ann%20Nuc%20Med16,%20383.pdf)

Abstract: We investigated the degree of Japan’s contribution to the nuclear medical research in the last decade. Articles published in 1991-2000 in highly reputed nuclear medical journals were accessed through the MEDLINE database. The number of articles having affiliation with a Japanese institution was counted along with publication year. In addition, shares of top-ranking countries were determined along with their trends over time. of the total number of articles (7,788), Japan’s share of articles in selected nuclear medical journals was 11.4% (889 articles) and ranked 2nd in the world after the USA (2,645 articles). The recent increase in the share was statistically significant for Japan (p = 0.02, test for trend). Japan’s share in nuclear medical research output is much higher than that in other biomedical fields.

Keywords: Affiliation, Biomedical, Database, Japan, Journals, Medical, Medical Journals, Medical Research, MEDLINE, Publication, Research, Trend, Trends, USA, World

# Title: Annals of Nutrition and Metabolism

Full Journal Title: Annals of Nutrition and Metabolism

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Harika, R.K., Eilander, A., Alssema, M., Osendarp, S.J.M. and Zock, P.L. (2013), Intake of fatty acids in general populations worldwide does not meet dietary recommendations to prevent coronary heart disease: A systematic review of data from 40 countries. *Annals of Nutrition and Metabolism*, **63** (3), 229-238.

Full Text: [2013\Ann Nut Met63, 229.pdf](2013/Ann%20Nut%20Met63,%20229.pdf)

Abstract: Aim: To systematically review data from different countries on population intakes of total fat, saturated fatty acids (SFA) and polyunsaturated fatty acids (PUFA), and to compare these to recommendations from the Food and Agriculture Organization of the United Nations/the World Health Organization (FAO/WHO). Methods: Data from national dietary surveys or population studies published from 1995 were searched via MEDLINE, Web of Science and websites of national public health institutes. Results: Fatty acid intake data from 40 countries were included. Total fat intake ranged from 11.1 to 46.2 percent of energy intake (% E), SFA from 2.9 to 20.9% E and PUFA from 2.8 to 11.3% E. The mean intakes met the recommendation for total fat (20-35% E), SFA (<10% E) and PUFA (6-11% E) in 25, 11 and 20 countries, respectively. SFA intake correlated with total fat intake (r = 0.76, p < 0.01) but not with PUFA intake (r = 0.03, p = 0.84). Twenty-seven countries provided data on the distribution of fatty acids intake. In 18 of 27 countries, more than 50% of the population had SFA intakes >10% E and in 13 of 27 countries, the majority of the population had PUFA intakes <6% E. Conclusions: In many countries, the fatty acids intake of adults does not meet the levels that are recommended to prevent chronic diseases. The relation between SFA and PUFA intakes shows that lower intakes of SFA in the populations are not accompanied by higher intakes of PUFA, as is recommended for preventing coronary heart disease. (C) 2013 S. Karger AG, Basel.

Keywords: Adults, Ag, Agriculture, Association, Body-Fat, Cardiovascular-Disease, Cholesterol, Chronic, Coronary Heart Disease, Countries, Data, Dietary Recommendations, Disease, Diseases, Distribution, Energy, European Countries, Fat, Fatty Acids, Food-Frequency Questionnaire, Health, Heart, Major Determinant, Medline, Methods, Polyunsaturated Fatty Acids, Population, Populations, Prevent, Prospective Cohort, Public, Public Health, Recommendations, Results, Review, Risk, Saturated Fatty Acids, Science, Surveys, Web of Science, Websites, World Health Organization

? Zhang, L., Yuan, L.H., Xiao, Y., Lu, M.Y., Zhang, L.J. and Wang, Y. (2014), Association of Leptin gene-2548 G/A polymorphism with obesity: A meta-analysis. *Annals of Nutrition and Metabolism*, **64** (2), 127-136.

Full Text: [2014\Ann Nut Met64, 127.pdf](2014/Ann%20Nut%20Met64,%20127.pdf)

Abstract: Background: A common single-nucleotide polymorphism identified in the 5’-untranslated region of the leptin gene (LEP -2548 G/A polymorphism) may be associated with obesity, but the existing research findings are inconsistent, so we conducted this meta-analysis. Methods: Medline, Embase and ISI Web of Science databases were searched to identify relevant studies. Meta-analysis of the total and subgroup populations was conducted using allelic, additive, dominant and recessive models, and odds ratios and their 95% confidence intervals were calculated in a fixed-effect model if no heterogeneity (evaluated as 12 statistic) existed. Otherwise, a random-effects model was adopted. Subgroup analysis was performed by ethnicity. Meta-regression and the HETRED analysis were used to explore the potential sources of between-study heterogeneity. Egger’s test and influence analysis were conducted to evaluate the publication bias and study power, respectively. Results: The final selection enrolled 9 studies, including 2,988 subjects (1,372 obese subjects and 1,616 controls). No significant association was identified between the LEP -2548 G/A polymorphism and obesity for all genetic models in the overall population and Caucasians. We found a significant association with allelic, additive and dominant models for subjects of mixed race from South America. Notwithstanding, this significance should be treated cautiously for it is based on a rather small sample (788 involved subjects). Conclusions: In total, the combined analysis of data from current and published studies suggested that the LEP -2548 G/A polymorphism does not contribute to the development of obesity, despite the fact that a significant association exists in a small subgroup from South America. Further studies are needed to elucidate the relationship. (C) 2014 S. Karger AG, Basel.

Keywords: -2548 G, A Polymorphism, Adipose-Tissue, Ag, Analysis, Association, Bias, Blood-Pressure, Body-Mass Index, Confidence, Confidence Intervals, Data, Databases, Development, Ethnicity, G-2548a Polymorphism, Gene, Genetic, Heterogeneity, Influence, Intervals, ISI, ISI Web Of Science, ISI Web Of Science Databases, LEP, Leptin, Medline, Meta Analysis, Meta-Analysis, Meta-Regression, Metaanalysis, Methods, Model, Models, Obese, Obesity, Plasma Leptin, Polymorphism, Population, Populations, Potential, Power, Promoter, Publication, Publication Bias, Race, Random Effects Model, Receptor, Region, Research, Results, S, Science, Selection, Serum Leptin, Significance, Single-Nucleotide Polymorphism, Small, Sources, South America, Variants, Web Of Science, Web Of Science Databases

# Title: Annals of Occupational Hygiene

Full Journal Title: [Annals of Occupational Hygiene](http://annhyg.oxfordjournals.org/archive/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

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Journal Country/Territory:

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Subject Categories:

: Impact Factor

? Ogden, T. (2006), *Annals of occupational Hygiene* at volume 50: Many achievements, a few mistakes, and an interesting future. *Annals of Occupational Hygiene*, **50** (8), 751-764.

Full Text: [2006\Ann Occ Hyg50, 751.pdf](2006/Ann%20Occ%20Hyg50,%20751.pdf)

Abstract: the past 10 years have seen a doubling of the number of papers submitted to the Annals, and a 5-fold increase in the number of institutions with access to the journal. Electronic access is now far more important than print access. Papers from British authors dominated the first 20 years of the journal, but the rest of Europe is now more important, with Scandinavia and the Netherlands being the major continental sources. North America is the other major source. For British papers, there has been a big growth in government authors, and a decline in papers from industry and armed forces. From many possible topics, trends are selectively reviewed in: standards and exposure limits; measurement methods and criteria; sampling strategy and statistics; fibres; control banding; dermal exposure; and evaluation of control. For the future, we will continue to have the same aims and standards, but the changes of the past few years, and the growth of new approaches such as open access, have emphasized the difficulty of forecasting. The growth in submissions from countries which we presently regard as ‘developing’, and especially the growth in higher education in China, and the amount of occupational disease there, are bound to have major impacts. Perhaps the English language will not continue to dominate scientific publishing, but in any case an eastward shift in the source of papers must lead to other changes.

Keywords: Access, Changes, China, Control, Criteria, Developing, Education, Europe, Evaluation, Exposure, First, Forecasting, Growth, Higher Education, Impacts, Institutions, Journal, Lead, Measurement, Methods, New Approaches, North, Occupational, Occupational Disease, Open, Open Access, Papers, Publishing, Sampling, Source, Sources, Standards, Statistics, the Netherlands, Trends, Volume

# Title: Annals of Oncology

Full Journal Title: [Annals of Oncology](http://annonc.oupjournals.org/)

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Oncology: Impact Factor 0.3114, /(2002)

Berghmans, T., Meert, A.P., Mascaux, C., Paesmans, M., Lafitte, J.J. and Sculier, J.P. (2003), Citation indexes do not reflect methodological quality in lung cancer randomised trials. *Annals of Oncology*, **14** (5), 715-721.

Full Text: [2003\Ann Onc14, 715.pdf](2003/Ann%20Onc14,%20715.pdf)

Abstract: Background: Citation factors are applied to assess scientific work despite the fact that they were developed commercially in order to compare competing journals. The aim of the present study was to determine whether there is a relationship between citation factors and a trial’s methodological quality using published randomised trials in lung cancer clinical research.

Material and methods: All of the randomised trials included in nine systematic reviews performed by the European Lung Cancer Working Party (ELCWP) were assessed using two quality scales (Chalmers and ELCWP).

Results: One hundred and eighty-one articles were eligible. The median overall ELCWP and Chalmers quality scores were 61.8% and 49.0%, respectively, with a correlation coefficient (r(s)) of 0.74 (P <0.001). A weak association was observed between citation factors and quality scores with the respective correlation coefficients ranging from 0.18 to 0.40 (ELCWP scale) and from 0.21 to 0.38 (Chalmers scale). American authors published trials significantly more often in journals with high citation factors than European or non-American authors (P <0.0001), despite no better methodological quality. Positive trials, which were significantly more likely to be published in journals with higher citation factors, were of no better quality than negative ones.

Conclusion: Journals with higher citation factors do not appear to publish clinical trials with higher levels of methodological quality, at least for trials in the field of lung cancer research.

Keywords: Bibliometry, Citation Factor, Eurofactor, Impact Factor, Lung Cancer, Prestige Factor, Impact Factors, Metaanalysis, Chemotherapy

? Van den Wyngaert, T., Huizing, M.T. and Vermorken, J.B. (2006), Bisphosphonates and osteonecrosis of the jaw: Cause and effect or a *post hoc* fallacy? *Annals of Oncology*, **17** (8), 1197-1204.

Full Text: [2006\Ann Onc17, 1197.pdf](2006/Ann%20Onc17,%201197.pdf)

Abstract: Background: An increasing amount of reports are being published suggesting a relationship between the use of bisphosphonates (BPs) and the development of osteonecrosis of the jaw (ONJ). We reviewed the currently available evidence and explore the potential mechanisms of action based on the known effects of the concerned BP. Design: the MEDLINE, Current Contents and Science Citation Index Expanded databases were queried and the results augmented by analyzing cited references and recent congress proceedings. Results: 22 papers were included detailing 225 patients, all based on retrospective chart review without control groups. The prevalence of ONJ was estimated at 1.5%. The involved BPs were pamidronate, zoledronic acid, alendronate and risedronate, all potent nitrogen-containing agents. The most common symptom was pain (81.7%), although 12.2% of cases were asymptomatic. In 69.3% of patients ONJ was preceded by a dental extraction. At the time of diagnosis, 74.5% of patients were receiving chemotherapy and in 38.2% of cases corticosteroids were administered. Although various conservative and surgical treatment modalities were reported, residual sites of ONJ persisted in 72.5% of cases. Conclusion: Although not enough evidence is available to prove a caUSAl link, it seems that under specific circumstances local defenses can become overwhelmed resulting in ONJ.

Keywords: Alendronate, American-Society, Association, Avascular Bone Necrosis, Bisphosphonates, Cancer-Chemotherapy, Citation, Complication, Databases, Design, Development, Diagnosis, Groups, Jaw, Local, Long-Term Survivors, Mechanisms, Metastatic Cancer, Multiple-Myeloma, Osteonecrosis, Pain, Prevalence, Review, Science, Science Citation Index, Treatment, Zoledronic Acid

? Saad, D., Mangabeira, A., Masson, A.L. and Prisco, F.E. (2010), The geography of clinical cancer research: Analysis of abstracts presented at the American Society of Clinical Oncology Annual Meetings. *Annals of Oncology*, **21** (3), 627-632.

Full Text: [2010\Ann Onc21, 627.pdf](2010/Ann%20Onc21,%20627.pdf)

Abstract: Background: the American Society of Clinical Oncology Annual Meeting is the largest forum for presentation of clinical research in oncology. We quantified the contribution of countries and assessed correlates of their presence at such meetings. Methods: After stratifying abstracts according to category of presentation (oral, poster, and ‘publication only’), we took a random sample of 10% of the studies presented at years 2001-2003 and 2006-2008. We assigned abstract nationality using the affiliation of authors. For multinational studies, we developed an algorithm to assign nationality. Results: of the 22 045 eligible abstracts, 2206 were analyzed and represented 71 countries: 905 (41%) abstracts were from a single institution, 969 (44%) were multicenter, uninational studies, and 332 (15%) were multinational studies. United States nationality was assigned to 49% of all abstracts and the next 14 countries with a higher number of studies accounted for 41%. There was a statistically significant temporal trend in the proportion of multinational studies. Also, multinational studies and abstracts with United States nationality were more frequently presented in oral and poster fashion and had more frequent involvement of the pharmaceutical industry. Conclusion: This study provides a geographic overview of clinical cancer research and indicates that multinational collaboration is increasing.

Keywords: Abstract, Authors, Bibliometrics, Cancer, Collaboration, Conflicts-of-Interest, Contribution, Drug Industry, European-Union, Fate, Geography, Meeting Abstracts, Neoplasms, Oncology, Pharmaceutical, Pharmaceutical Industry, Publication, Publication Rate, Randomized-Trials, Research, Scientific Societies, United States

? Islami, F., Sheikhattari, P., Ren, J.S. and Kamangar, F. (2011), Gastric atrophy and risk of oesophageal cancer and gastric cardia adenocarcinoma: A systematic review and meta-analysis. *Annals of Oncology*, **22** (4), 754-760.

Full Text: [2011\Ann Onc22, 754.pdf](2011/Ann%20Onc22,%20754.pdf)

Abstract: Background: Several studies have reported an association between gastric atrophy and upper gastrointestinal cancers. Our aim was to summarise the available information and calculate the relative risks (RRs) associated with gastric atrophy for gastric cardia adenocarcinoma (GCA), oesophageal squamous cell carcinoma (OSCC), and oesophageal adenocarcinoma (OAC) by conducting a systematic review and meta-analysis. Methods: We searched the PUBMED and ISI-Web of Science databases, as well as the reference lists of the relevant articles. Summary RRs and 95% confidence intervals (95% CI) were calculated using random-effects models for the association between gastric atrophy, defined histologically or by serum pepsinogen markers, and OSCC, OAC, and GCA. Results: Eighteen articles were included in the meta-analysis; 13, 7, and 3 studies reported on GCA, OSCC, and OAC, respectively. The overall RRs (95% CI) for the three cancer types were: GCA, 2.89 (2.09-3.98); OSCC, 1.94 (1.48-2.55); OAC, 0.51 (0.19-1.37). Several subgroup analyses showed the robustness of the results. In the majority of the analyses, there was low to moderate heterogeneity. Conclusions: This study found two-to threefold increased risk of OSCC and GCA but a possible reduced risk of OAC in people with gastric atrophy. Further studies are needed to establish the association with OAC and caUSAl association with OSCC, and mechanisms of the increased risk need to be investigated for GCA.

Keywords: 2 Distinct Etiologies, 5 Continents, Antibodies, Cancer, Carcinoma, Cardia Adenocarcinoma, Cohort, Confidence Intervals, Databases, Gastric Atrophy, Gastric Cancer, Gastrointestinal, General-Population, Helicobacter-Pylori Infection, Information, Meta-Analysis, Methods, Oesophageal Cancer, Pepsinogen, Predictor, PUBMED, Review, Risk, Robustness, Science, Serum Pepsinogen-I, Squamous-Cell Carcinoma, Stomach-Cancer, Systematic, Systematic Review

? Balagula, Y., Wu, S., Su, X. and Lacouture, M.E. (2011), The effect of cytotoxic chemotherapy on the risk of high-grade acneiform rash to cetuximab in cancer patients: A meta-analysis. *Annals of Oncology*, **22** (11), 2366-2374.

Full Text: [2011\Ann Onc22, 2366.pdf](2011/Ann%20Onc22,%202366.pdf)

Abstract: Background: the effect of chemotherapy on the risk of cetuximab-induced acneiform rash is unknown. We carried out a systematic review and meta-analysis of published studies to quantify the incidence and risk of high-grade acneiform rash with combination therapy. Methods: Relevant studies were identified from PubMed database, abstracts presented at the American Society of Clinical Oncology conferences, and Web of Science. Incidence of acneiform rash to cetuximab monotherapy was estimated based on updated data from our previously published meta-analysis. Incidence, relative risk (RR), and 95% confidence intervals (CIs) were calculated based on the heterogeneity of included studies. Results: A total of 5333 patients from nine trials were included in the analysis. The incidence of high-grade acneiform rash was significantly increased in patients receiving combination treatment (12.8%, 95% CI 9.1% to 17.7%) as compared with cetuximab monotherapy (6.3%, 95% CI 3.7% to 10.5%), with a risk ratio of 2.03 (95% CI 1.52-2.71, P < 0.01). Cetuximab significantly increased the risk of high-grade rash in patients receiving combination therapy (RR = 37.7, 95% CI 17.8-80.0, P < 0.001). Conclusions: Addition of cytotoxic chemotherapy to cetuximab significantly increases the risk of high-grade acneiform rash compared with cetuximab monotherapy. This emphasizes the need for effective management strategies.

Keywords: 1st-Line Treatment, Acneiform Rash, Analysis, Cancer, Cell Lung-Cancer, Cetuximab, Chemotherapy, Combination Therapy, Confidence Intervals, Cutaneous Toxicities, Cytotoxic Chemotherapy, Growth-Factor Receptor, Incidence, Management, Meta Analysis, Meta-Analysis, Metastatic Colorectal-Cancer, Methods, Monoclonal-Antibody, Monotherapy, Oncology, Open-Label, Papulopustular Rash, Patients, Phase-II Trial, Plus Irinotecan, Pubmed, Ratio, Relative Risk, Review, Risk, Science, Skin Rash, Systematic, Systematic Review, Therapy, Treatment, Web of Science

? Purushotham, A., Bains, S., Lewison, G., Szmukler, G. and Sullivan, R. (2013), Cancer and mental health: A clinical and research unmet need. *Annals of Oncology*, **24** (9), 2274-2278.

Full Text: [2013\Ann Onc24, 2274.pdf](2013/Ann%20Onc24,%202274.pdf)

Abstract: Poor mental health is the largest single source of disability in the UK, and co-morbid health problems, particularly with cancer, raise total health care costs significantly. This study examined what research is being conducted into the intersection between cancer and mental health. Research papers captured by the intersection of sub-field filters-’mental disorder’ and ‘cancer’-were studied from the Web of Science over a 10-year period (2002-2011). There were 1463 papers dealing with the dual presence of cancer and mental disorder. They amounted to 0.26% of cancer research and 0.51% of mental health research over the 10-year period, indicating that their intersection receives little research attention. Eighty per cent of papers were concerned with the effects of cancer on mental health rather than the reverse; a few (5%) looked at the post-traumatic stress suffered by carers of cancer patients. of cancer types, breast dominated (21%), followed by prostate (5%), lung (3%), oral (2%) and colorectal (2%) cancer. The area of mental health most studied in cancer was unipolar depression. The paucity of research that exists at the intersection of cancer and mental health requires attention from policymakers and funders in order to address an important trans-disciplinary gap in health care research.

Keywords: Antidepressants, Attention, Breast-Cancer, Cancer, Care, Childhood-Cancer, Clinical, Colorectal-Cancer, Costs, Depression, Diagnosis, Disability, Effects, Health, Health Care, Health Care Costs, Health Research, Lung, Mental Disorder, Mental Health, Oral, Papers, Patients, Policy, Post-Traumatic Stress, Posttraumatic Stress, Psychiatric-Disorders, Research, Risk, Schizophrenia, Science, Source, Stress, UK, Web of Science

? Puts, M.T.E., Tu, H.A., Tourangeau, A., Howell, D., Fitch, M., Springall, E. and Alibhai, S.M.H. (2014), Factors influencing adherence to cancer treatment in older adults with cancer: A systematic review. *Annals of Oncology*, **25** (3), 564-577.

Full Text: [2014\Ann Onc25, 564.pdf](2014/Ann%20Onc25,%20564.pdf)

Abstract: Cancer is a disease that mostly affects older adults. Treatment adherence is crucial to obtain optimal outcomes such as cure or improvement in quality of life. Older adults have numerous comorbidites as well as cognitive and sensory impairments that may affect adherence. The aim of this systematic review was to examine factors that influence adherence to cancer treatment in older adults with cancer. Systematic review of the literature published between inception of the databases and February 2013. English, Dutch, French and German-language articles reporting cross-sectional or longitudinal, intervention or observational studies of cancer treatment adherence were included. Data sources included MEDLINE, EMBASE, PsychINFO, Cumulative Index to Nursing and Allied Health (CINAHL), Web of Science, ASSIA, Ageline, Allied and Complementary Medicine (AMED), SocAbstracts and the Cochrane Library. Two reviewers reviewed abstracts and abstracted data using standardized forms. Study quality was assessed using the Mixed Methods Appraisal Tool 2011. Twenty-two manuscripts were identified reporting on 18 unique studies. The quality of most studies was good. Most studies focused on women with breast cancer and adherence to adjuvant hormonal therapy. More than half of the studies used data from administrative or clinical databases or chart reviews. The adherence rate varied from 52% to 100%. Only one qualitative study asked older adults about reasons for non-adherence. Factors associated with non-adherence varied widely across studies. Non-adherence was common across studies but little is known about the factors influencing non-adherence. More research is needed to investigate why older adults choose to adhere or not adhere to their treatment regimens taking into account their multimorbidity.

Keywords: Adherence, Adjuvant Endocrine Therapy, Aged, Breast Cancer, Cancer, Cancer Treatment, Clinical, Data, Databases, Disease, Dutch, Embase, English, Factors, Forms, Geriatric Oncology, Geriatric Oncology, Health, Health Literacy, Hormonal-Therapy, Improvement, Influence, Intervention, Life, Literature, Longitudinal, Mar, Medication Adherence, Medicine, Medline, Methods, Non-Adherence, Nursing, Observational, Observational Studies, Older Adults, Oral Anticancer Drugs, Outcomes, Patient Adherence, Positive Breast-Cancer, Qualitative, Qualitative Study, Quality, Quality Of, Quality of Life, Reporting, Research, Review, Reviews, Science, Sources, Study Quality, Systematic Review, Tamoxifen, Therapy, Treatment, Web of Science, Women

? Walter, V., Jansen, L., Hoffmeister, M. and Brenner, H. (2014), Smoking and survival of colorectal cancer patients: Systematic review and meta-analysis. *Annals of Oncology*, **25** (8), 1517-1525.

Full Text: [2014\Ann Onc25, 1517.pdf](2014/Ann%20Onc25,%201517.pdf)

Abstract: Smoking is a risk factor for colorectal cancer (CRC) incidence and mortality. However, little is known on smoking and its association with survival after CRC diagnosis. We conducted a systematic review and meta-analysis to summarize current evidence. A systematic literature search was carried out in MEDLINE and ISI Web of Science. We included studies that analyzed recurrence-free survival, disease-free survival, all-cause, and CRC-specific mortality according to smoking status. Data were extracted in duplicate. Standard methods of meta-analysis were applied. Sixteen studies from 11 countries were identified, comprising a total sample size of 62 278 CRC patients. Overall, in the 16 included studies, current smoking and, to a lesser extent, former smoking were rather consistently associated with a poorer prognosis compared with never smokers. Meta-analyses yielded random-effects hazard ratio estimates (95% confidence intervals) for all-cause mortality of 1.26 (1.15-1.37) and 1.11 (0.93-1.33) for current and former smokers, compared with never smokers, respectively. In particular, 30-day mortality was found to be increased by between 49% and 100% among current compared with never smokers. Our results support the existence of detrimental effects of smoking on survival also after CRC diagnosis. Perspectives for enhancing prognosis of CRC patients by smoking abstinence deserve increased attention in further research and clinical practice.

Keywords: Association, Associations, Attention, Cancer, Cigarette-Smoking, Clinical, Clinical Practice, Colorectal Cancer, Colorectal Neoplasms, Complications, Confidence, Confidence Intervals, Data, Detrimental Effects, Diagnosis, Effects, Estimates, Evidence, Hazard, Hazard Ratio, Health, Incidence, Inhibits Apoptosis, Intervals, ISI, ISI Web Of Science, Life-Style Factors, Literature, Literature Search, Medline, Meta Analysis, Meta-Analyses, Meta-Analysis, Metaanalysis, Methods, Mortality, Patients, Postoperative Outcomes, Practice, Prognosis, Publication Bias, Research, Review, Risk, Risk Factor, Risk-Factors, Sample Size, Science, Size, Smoking, Support, Surgery, Survival, Survival Analysis, Systematic, Systematic Literature Search, Systematic Review, Web Of Science

# Title: Annals of Otology Rhinology and Laryngology

Full Journal Title: [Annals of Otology Rhinology and Laryngology](http://weblinks1.epnet.com/authHjafDetail.asp?tb=1&_ua=bo+B%5F+db+pbhjnh+bt+ID++1FP+6975&_ug=sid+48D460C8%2D1428%2D48BE%2DA9A7%2DEB38CEE405DC%40sessionmgr2+dbs+pbh+A622&_us=hd+True+sm+ES+4DBA&_uso=st%5B0+%2DID++1FP+tg%5B0+%2D+db%5B0+%2Dpbh+op%5B0+)

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? Iro, H., Zenk, J., Waldfahrer, F., Benzel, W., Schneider, T. and Ell, C. (1998), Extracorporeal shock wave lithotripsy of parotid stones - Results of a prospective clinical trial. *Annals of Otology Rhinology and Laryngology*, **107** (10), 860-864.

Full Text: Ann Oto Rh Lar107, 860

Abstract: the extracorporeal shock wave treatment of parotid stones is a rather new therapy. Its usefulness was determined in a prospective study. Seventy-six patients (36 female, 40 male, 2 to 80 years of age) with symptomatic, sonographically detectable solitary sialoliths of the parotid gland were treated with an extracorporeal pieaoelectric shock wave therapy after unsuccessful conservative therapy (sialagogues, gland massage, bougienage of the secretory duct). At most, 3 treatments per patient were performed. Altogether, 38 of the 76 patients (50%) were free of stones and no longer suffered from complaints after completion of shock wave treatment and a mean follow-up period of 48 months (range 6 to 71 months). During the follow-up period, in no case could renewed stone formation be observed. Residual stone fragments were detectable in 20 patients (26%), but did not cause further symptoms. Thirteen patients (17%) with residual stone fragments stated a significant improvement of their complaints after therapy. Five patients (7%) did not observe any changes of their pretherapeutic complaints and underwent parotidectomy. The therapeutic success was not influenced by stone size or by stone localization within the gland. During the follow-up period, no side effects of the therapy were identified. With stones of the parotid gland, extracorporeal shock wave lithotripsy is - after one has used conservative therapies (sialagogues, gland massage) - the treatment of choice, avoiding in the majority of cases a parotidectomy with its operative risks (paresis of the facial nerve, Frey’s syndrome).

Keywords: Lithotripsy, Salivary Glands, Shock Waves, Sialolithiasis, Salivary-Gland Stones, Duct Stones, Sialolithiasis

Zenk, J., Bozzato, A., Gottwald, F., Winter, M. and Iro, H. (2004), Extracorporeal shock wave lithotripsy of submandibular stones: Evaluation after 10 years. *Annals of Otology Rhinology and Laryngology*, **113** (5), 378-383.

Full Text: [2004\Ann Oto Rh Lar113, 378.pdf](2004/Ann%20Oto%20Rh%20Lar113,%20378.pdf)

Abstract: the use of extracorporeal shock waves in the treatment of submandibular stones is a minimally invasive approach for the treatment of this disease. Its clinical significance has been determined in a long-term retrospective study, performed as follow-up to the short-term results. From 1989 to 1994, 197 patients (88 female, 109 male; age range, 8 to 83 years) with symptomatic, sonographically detectable concretions of the submandibular gland were treated with extracorporeal shock wave lithotripsy. The review analysis was completed retrospectively in 2002 and included 191 patients with complete data. The period under review ranged from 8 to 13 years, with an average of 10.5 years. Altogether, 67 of the 191 patients (35%) either were free of stones or had no more symptoms from the residual sialoliths. Another 15% had a significant improvement in their symptoms and required no further therapy. The remaining 95 patients (50%) had residual stones; they had no symptoms in the short review period, but have had symptoms since. The therapeutic success was not influenced by the stone size, but rather by the stone location within the gland. After therapy, no severe side effects were identified. Extracorporeal shock wave lithotripsy is a possible treatment for stones in the submandibular gland. In combination with other gland-preserving methods, it now forms part of a multi therapeutic approach that renders submandibulectomy unnecessary in the majority of cases.

Keywords: Lithotripsy, Salivary Gland, Shock Wave, Sialolithiasis, Ultrasonography, Salivary-Gland Stones, Duct Stones, Sialolithiasis, Calculi

# Title: Annals of Pharmacotherapy

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? Neihouse, P.F. and Priske, S.C. (1989), Quotation accuracy in review articles. *Annals of Pharmacotherapy*, **23** (7-8), 594-596.

Full Text: Ann Pha23, 594.pdf

Abstract: the purpose of this study was to determine the accuracy of referenced statements in review articles focused on drug therapy. Review articles published between January and December 1987 in Clinical Pharmacy, DICP, Drugs, and Pharmacotherapy were used. Ninety-nine references from these articles were randomly selected and pulled to determine if the published study results were in agreement with the review article statement. These references accounted for 165 statements. Thirty-nine of 165 statements in the review articles (24 percent) were found to be inappropriate when compared with the original references. These inappropriate quotations were classified as either wrong, misleading, or deriving from only the discussion section of the original article. There is a need for increased awareness by authors to differentiate between reported results, article hypothesis, and their own interpretations, as well as for accuracy in quotation.

? Hatton, R.C. (2000), Bismuth subgallate-epinephrine paste in adenotonsillectomies. *Annals of Pharmacotherapy*, **34** (4), 522-525.

Full Text: Ann Pha34, 522.pdf

Abstract: OBJECTIVE: To evaluate the role of bismuth subgallate-epinephrine (BSE) paste as a hemostatic in adenotonsillectomies. DATA SOURCES: MEDLINE (January 1966-October 1999) and Current Contents (January 1997-October 1999) were searched, using bismuth subgallate, adenoidectomy, tonsillectomy, and adenotonsillectomy as search terms. A citation search was performed using Science Citation Index (January 1977-October 1999). DATA SYNTHESIS: Adenotonsillectomies are common procedures; although there are few complications, hemorrhage is a concern. Bismuth subgallate has historically been used as an astringent and hemostatic. An evaluation of studies of bismuth subgallate and BSE paste was conducted. CONCLUSIONS: There is minimal evidence to support this practice, but data suggest that epinephrine may be the active ingredient in BSE paste. BSE paste is inexpensive, poses little risk, and may decrease postoperative bleeding; therefore, it may be a reasonable hemostatic agent.

Keywords: Adenoidectomy, Adenotonsillectomies, Bismuth Subgallate-Epinephrine, Citation, Evaluation, MEDLINE, Science Citation Index, Support, Tonsillectomy

? Levien, T.L., Baker, D.E., Campbell, R.K. and White, J.R. (2001), Nateglinide therapy for type 2 diabetes mellitus. *Annals of Pharmacotherapy*, **35** (11), 1426-1434.

Abstract: Objective: To review the pharmocology, pharmacokinetics, dosing guidelines, adverse effects, drug interactions, and clinical efficacy of nateglinide. Data Source: Primary and review articles regarding nateglinide were identified by MEDLINE search (from 1966 to January 2001); abstracts were identified through the Institute for Scientific Information Web of Science (from 1995 to January 2001) and the American Diabetes Association; additional information was obtained from the nateglinide product information. Study Selection/Data Extraction: All articles and meeting abstracts identified from the data source were evaluated and all information deemed relevant was included in this review. Much of the information was from abstracts or the product labeling, since few clinical studies have been published in the medical literature. Data Synthesis: Nateglinide is a novel nonsulfonylurea oral antidiabetic agent that stimulates insulin secretion from the pancreas. It has a rapid onset and short duration of action, allowing administration before a meal to reduce postprandial hyperglycemia. Improvement in glycemic control with nateglinide monotherapy has been demonstrated in patients not previously treated with antidiabetic medications. Greater improvement in glycemic control was observed when nateglinide was administered in combination with metformin. Conclusions: Nateglinide is similar to repaglinide, but has a quicker onset of action, quicker reversal, and does not usually require dosage titration. Based on the pharmacodynamics of nateglinide and repaglinide, nateglinide produces a more rapid postprandial increase in insulin secretion, and its duration of response is shorter than that of repaglinide. The risk of postabsorptive hypoglycemia should be lower than with either sulfonylureas or repaglinide.

Keywords: Adverse Effects, Agent Nateglinide, Cardiovascular-Disease, Control, Diabetes, Diabetes Mellitus, Drug, Drug Interactions, Efficacy, Extraction, Glucose, Guidelines, Hyperglycemia, Hypoglycemia, Information, Insulin, Insulin-Secretion, Literature, Medical, MEDLINE, Metformin, Monotherapy, Nateglinide, Primary, Review, Risk, Science, Scientific Information, Starlix, Therapy, Type 2, Type 2 Diabetes, Type 2 Diabetes Mellitus, Web of Science

?? evien, T.L., Baker, D.E., White, J.R. and Campbell, R.K. (2002), Insulin glargine: A new basal insulin. *Annals of Pharmacotherapy*, **36** (6), 1019-1027.

Abstract: Objective: To review the pharmacology, pharmacokinetics, dosing guidelines, adverse effects, drug interactions, and clinical efficacy of insulin glargine. Data Sources: Primary and review articles regarding insulin glargine were identified by MEDLINE search (1966-July 2001); abstracts were identified through Institute for Scientific Information Web of Science (1995-July 2001) and the American Diabetes Association. Additional information was obtained from the insulin glargine product information. Study Selection and Data Extraction: All of the articles and meeting abstracts identified from the data sources were evaluated, and all information deemed relevant was included in this review. Priority was placed on data from the primary medical literature. Data Synthesis: Insulin glargine is a long-acting, recombinant human insulin analog that is given once daily as a basal source of insulin in patients with type 1 or type 2 diabetes mellitus. Modification of the basic insulin structure has produced a new insulin that is soluble at an acidic pH, but precipitates in the subcutaneous tissue and is slowly released from a depot. Insulin glargine has a slower onset of action than NPH insulin and a longer duration of action with no peak activity. Once-daily administration of insulin glargine has comparable efficacy to that of NPH insulin administered once or twice daily in basal-bolus regimens when used in combination with intermittent doses of regular insulin or insulin lispro in patients with type 1 and type 2 diabetes, and in conjunction with oral antidiabetic agents in patients with type 2 diabetes. Overall, insulin glargine has an incidence of hypoglycemia comparable to or less than that of NPH insulin, with a reduced incidence of nocturnal hypoglycemia compared with NPH insulin seen in some studies. Conclusions: Insulin glargine is a long-acting insulin analog capable of providing 24-hour basal insulin coverage when administered once daily at bedtime. Its activity profile, which lacks a pronounced peak, more closely resembles that of endogenous basal insulin than that of other intermediate- or long-acting insulins and appears more likely to be associated with a reduced incidence of hypoglycemia, particularly nocturnal hypoglycemia. Insulin glargine physiologically provides basal insulin but, for most patients, the addition of a rapid-acting insulin, like insulin lispro, before or with meals will need to be included in the treatment regimen to achieve optimal management of blood glucose concentrations.

Keywords: Adverse Effects, Analog, Blood, Coverage, Diabetes, Diabetes Mellitus, Drug, Drug Interactions, Efficacy, Extraction, Guidelines, HOE-901, Human, Hypoglycemia, Information, Insulin, Insulin Glargine, Lantus, Lispro, Literature, Management, Medical, MEDLINE, NPH Insulin, pH, Pharmacokinetics, Primary, Profile, Review, Science, Scientific Information, Sources, Subcutaneous Injection, Subcutaneous Tissue, Therapy, Treatment, Type 1, Type 2, Type 2 Diabetes, Type 2 Diabetes Mellitus, Web of Science

? Jenkins, J.K. and Boothby, L.A. (2002), Treatment of itching associated with intrahepatic cholestasis of pregnancy. *Annals of Pharmacotherapy*, **36** (9), 1462-1465.

Abstract: OBJECTIVE: To review the drug therapy for the treatment of itching associated with intrahepatic cholestasis of pregnancy (ICP). DATA SOURCES: A comprehensive literature search was conducted in MEDLINE (1966-July 2002) using the following MeSH terms: pregnancy, itching, intrahepatic cholestasis, cholestyramine, ursodeoxycholic acid, and phenobarbital. Current Contents (1966-July 2002), International Pharmaceutical Abstracts (1970-June 2002), and Cochrane Database were also searched using those terms. Web of Science search was used to search references found in articles. DATA SYNTHESIS: Eight clinical trials and several observational studies were identified evaluating the safety and efficacy of ursodeoxycholic acid (UDCA) in the treatment of ICP. Although these studies were small and inconsistent, improvement in maternal and fetal morbidity was demonstrated. Observational studies suggest that cholestyramine may be associated with improved maternal morbidity without a documented improvement in fetal outcome. Two observational studies evaluated the efficacy of phenobarbital for ICP treatment. Phenobarbital use was not associated with improved maternal or fetal morbidity/mortality. CONCLUSIONS: Data from large, well-designed, randomized, controlled trials of treatment of ICP are lacking. Data that are available support the use of UDCA as a first-line agent and cholestyramine as a second-line agent for treatment of ICP. There is little evidence to recommend phenobarbital in the treatment of itching associated with that condition.

Keywords: Bile-Acids, Cholestyramine, Cholestyramine, Clinical Trials, Cochrane, Controlled Trial, Drug, Efficacy, Intracranial Hemorrhage, Intrahepatic Cholestasis, Itching, Literature, Management, MEDLINE, Morbidity, Observational Studies, Outcome, Pathogenesis, Phenobarbital, Pregnancy, Pruritus, Review, S-Adenosylmethionine, Safety, Science, Serum, Therapy, Treatment, Ursodeoxycholic Acid, Ursodeoxycholic Acid Therapy, Web of Science

? Schatz, R.A. (2003), Olanzapine for psychotic and behavioral disturbances in Alzheimer disease. *Annals of Pharmacotherapy*, **37** (9), 1321-1324.

Full Text: [2003\Ann Pha37, 1321.pdf](2003/Ann%20Pha37,%201321.pdf)

Abstract: OBJECTIVE: To evaluate the efficacy and safety of olanzapine for the treatment of psychotic and behavioral disturbances in Alzheimer disease. DATA SOURCES: MEDLINE (1966-January 2003) and Science Citation Index searches were performed. Key search terms included olanzapine, Alzheimer(s), and dementia. DATA SYNTHESIS: Four trials of olanzapine and subsequent post hoc analyses were reviewed. Three trials found a benefit associated with olanzapine use, but a fourth trial did not. CONCLUSIONS: Olanzapine appears to be effective in treating psychotic and behavioral disturbances associated with Alzheimer disease. However, the most appropriate dose remains to be determined. The benefit of olanzapine therapy must be weighed against the adverse effect profiles of olanzapine and alternative treatment options.

Keywords: Alzheimer Disease, Citation, Dementia, Dementia, Double-Blind, MEDLINE, Nursing-Home Patients, Olanzapine, Placebo, Science, Science Citation Index, Symptoms, Therapy, Treatment, Trial

? Setter, S.M., Iltz, J.L., Fincham, J.E., Campbell, R.K. and Baker, D.E. (2005), Phosphodiesterase 5 inhibitors for erectile dysfunction. *Annals of Pharmacotherapy*, **39** (7-8), 1286-1295.

Abstract: OBJECTIVE: To review the pharmacologic and clinical trial data of the Food and Drug Administration-approved phosphodiesterase 5 (PDE5) inhibitors for the treatment of erectile dysfunction (ED). DATA SOURCES: Primary research and review articles were identified through a search of ScienceDirect, PUBMED/MEDLINE, and international Pharmaceutical Abstracts (1990-August 2004). The following search terms were used in the Medicine Dentistry and Pharmacology, Toxicology, and Pharmaceutical Sciences subcategories: phosphodiesterase 5 inhibitor, PDE5 inhibitor, erectile dysfunction, sildenafil, vardenafil, tadalafil, prostatectomy, and diabetes. Web of Science (1990-August 2004) was used to search for additional abstracts using the same search terms as above. The package inserts for sildenafil, vardenafil, and tadalafil were also consulted. STUDY SELECTION and DATA EXTRACTION: All identified research, review articles, and abstracts were assessed for relevance, and all relevant information was included. Priority was given to the primary medical literature and clinical trial reports. DATA SYNTHESIS: ED is a common disorder in males with increased prevalence associated with age and presence of cardiovascular disease, prostatectomy, or diabetes mellitus. Sildenafil, vardenafil, and tadalafil are selective PDE5 Inhibitors currently available for treatment of ED. Their pharmacology and pharmacokinetics vary slightly, but with potentially important clinical differences in duration of activity; all have similar clinical efficacy and adverse effect profiles in patients with ED of various causes. CONCLUSIONS: Sildenafil, vardenafil, and tadalafil are safe and effective PDE5 inhibitors for the treatment of ED.

Keywords: Antihypertensive Drugs, Cardiovascular, Cardiovascular Disease, Cardiovascular-Disease, Clinical Trial, Controlled-Trial, Diabetes, Diabetes Mellitus, Disease, Disorder, Double-Blind, Efficacy, Erectile Dysfunction, Extraction, Information, Literature, Medical, Oral Sildenafil, Pharmacology, Phosphodiesterase Inhibitors : Sildenafil, Prevalence, Primary, Radical Prostatectomy, Research, Review, Science, Selection, Sexual Dysfunction, Sildenafil, Sildenafil Citrate, Tadalafil, Treatment, Treatment Satisfaction, Type-5 Inhibitor, Vardenafil, Web of Science

? Kirk, J.K., Bell, R.A., Bertoni, A.G., Arcury, T.A., Quandt, S.A., Goff, D.C. and Narayan, K.M.V. (2005), Ethnic disparities: Control of glycemia, blood pressure, and LDL cholesterol among US adults with type 2 diabetes. *Annals of Pharmacotherapy*, **39** (9), 1489-1501.

Abstract: OBJECTIVE: To examine ethnic disparities in the quality of diabetes care among adults with diabetes in the US through a systematic qualitative review. DATA SOURCES: Material published in the English language was searched from 1993 through June 2003 using PUBMED, Web of Science, Cumulative Index to Nursing and Allied Health, the Cochrane Library, Combined Health Information Database, and Education Resources Information Center. STUDY SELECTION and DATA EXTRACTION: Studies of patients with diabetes in which at least 50% of study participants were ethnic minorities and studies that made ethnic group comparisons were eligible. Research on individuals having prediabetes, those < 18 years of age, or women with gestational diabetes were excluded. Reviewers used a reproducible search strategy. A standardized abstraction and grading of articles for publication source and content were used. Data on glycemia, blood pressure, and low-density lipoprotein cholesterol (LDL-C) were extracted in patients with diabetes. A total of 390 studies were reviewed, with 78 meeting inclusion criteria. DATA SYNTHESIS: Ethnic minorities had poorer outcomes of care than non-Hispanic whites. These disparities were most pronounced for glycemic control and least evident for LDL-C control. Most studies showed blood pressure to be poorly controlled among ethnic minorities. CONCLUSIONS: Control of risk factors for diabetes (glycemia, blood pressure, LDL-C) is challenging and requires routine assessment. These findings indicate that additional efforts are needed to promote diabetes quality of care among minority populations.

Keywords: Adults, Assessment, Blood, Blood Pressure, Cardiovascular-Disease, Cochrane, Control, Diabetes, Disease Risk-Factors, Disparities, Education, Ethnicity, Extraction, Gestational Diabetes, Glycemia, Health, Insulin-Resistance Syndrome, Intertribal Heart Project, Ldl, Managed-Care, Mexican-Americans, Minorities, Nursing, Outcomes, Pressure, Publication, PUBMED, Quality Improvement Project, Quality of Care, Quality-of-Care Measures, Racial-Differences, Randomized Controlled-Trial, Research, Review, Risk, Risk Factors, Science, Selection, Strategy, Systematic, Type 2, Type 2 Diabetes, Urban African-Americans, US, Web of Science, Women

? Levien, T.L. (2006), Phosphodiesterase inhibitors in Raynaud’s phenomenon. *Annals of Pharmacotherapy*, **40** (7-8), 1388-1393.

Abstract: OBJECTIVE: To evaluate the efficacy of the phosphodiesterase type 5 (PDE5) inhibitors in the treatment of Raynaud’s phenomenon. DATA SOURCES: Searches of MEDLINE (1966-March 2006) and Web of Science (1980-March 2006) were conducted; search terms were sildenafil, tadalafil, vardenafil, phosphodiesterase, and Raynaud. Studies and case reports published in English were retrieved. Additional references were identified in bibliographic reviews. DATA SYNTHESIS: Several small studies and a number of case reports have described the use of PDE5 inhibitors in patients with either primary or secondary Raynaud’s phenomenon. The data from the best designed study show a reduced attack frequency and duration, reduced Raynaud Condition Score, and increased capillary blood flow in patients with secondary Raynaud’s phenomenon. CONCLUSIONS: Available evidence suggests that sildenafil may be associated with improved microcirculation, symptomatic relief, and ulcer healing in patients with secondary Raynaud’s phenomenon. Limited information suggests similar effects with tadalafil and vardenafil. Improved blood flow and clinical improvements have also been observed in some patients with primary Raynaud’s phenomenon treated with PDE5 inhibitors; however, studies have yielded conflicting results.

Keywords: Bibliographic, Blood, Blood Flow, Blood-Flow, Case Reports, Efficacy, Frequency, Information, Ischemia, MEDLINE, Patient, Primary, Raynaud’s Phenomenon, Science, Scleroderma, Secondary, Sildenafil, Sildenafil Citrate, Systemic-Sclerosis, Tadalafil, Tadalafil, Treatment, Vardenafil, Web of Science

? Hatton, R.C., Winterstein, A.G., McKelvey, R.P., Shuster, J. and Hendeles, L. (2007), Efficacy and safety of oral phenylephrine: Systematic review and meta-analysis. *Annals of Pharmacotherapy*, **41** (3), 381-390.

Abstract: BACKGROUND: Oral phenylephrine is used as a decongestant, yet there has been no previously published systematic review supporting its efficacy and safety. OBJECTIVE: To assess the efficacy and safety of oral phenylephrine as a nonprescription decongestant. METHODS: MEDLINE, the Cochrane Central Registry of Controlled Trials, EMBASE, International Pharmaceutical Abstracts, and the Federal Register were searched for English and non-English-language studies published through January 2007 that measured the effects of oral phenylephrine on nasal airway resistance (NAR) in patients with nasal congestion. The retrieved studies were supplemented with information from our personal files and by hand searches of the references in any of the studies. Additionally, a Web of Science Search was conducted using the Cited Reference function for all published clinical trials identified. Studies included I in the analysis were randomized, placebo-controlled trials; studies of combination products were excluded. Two investigators independently extracted data on NAR, self-reported decongestant effects, and cardiovascular effects (ie, heart rate, blood pressure) from each of the included studies. Meta-analyses were performed for NAR and cardiovascular effects using a random effects model. Subjective decongestant effects were summarized. RESULTS: Based on 8 unpublished studies that included 138 patients, phenylephrine 10 mg did not affect NAR more than placebo; the mean maximal difference in relative change from baseline between phenylephrine and placebo was 10.1% (95% Cl -3.8% to 23.9%). Eight unpublished studies on phenylephrine 25 mg showed a significant reduction of maximal NAR compared with placebo of 27.6% (95% Cl 17.5% to 37.7%). There was significant heterogeneity among the studies included in this analysis, which was partially attributable to different laboratories and methods used. Patient-reported decongestion was not consistently better for any phenylephrine dose compared with placebo, and NAR was a more sensitive measurement of efficacy. Phenylephrine showed no consistent effect on heart rate or blood pressure for doses of 25 mg or less. CONCLUSIONS: There is insufficient evidence that oral phenylephrine is effective for nonprescription use as a decongestant. The Food and Drug Administration should require additional studies to show the safety and efficacy of phenylephrine.

Keywords: Administration, Airway, Analysis, Blood, Blood Pressure, Cardiovascular, Clinical Trials, Cochrane, Efficacy, EMBASE, Heart Rate, Heterogeneity, Information, Measurement, MEDLINE, Meta-Analysis, Model, Nasal Airway Resistance, Nasal Decongestants, Pharmacokinetics, Phenylephrine, Pressure, Resistance, Review, Safety, Science, Systematic, Systematic Review, Web of Science

? Stump, A.L., Kelley, K.W. and Wensel, T.M. (2007), Bazedoxifene: A third-generation selective estrogen receptor modulator for treatment of postmenopaUSAl osteoporosis. *Annals of Pharmacotherapy*, **41** (5), 833-839.

Abstract: OBJECTIVE: To review clinical studies and other available literature regarding the development, pharmacology, toxicology, pharmacokinetics/pharmacodynamics, adverse effects, and place in therapy of bazedoxifene, a selective estrogen receptor modulator (SERM), currently in Phase III clinical trials for the treatment and prevention of postmenopaUSAl osteoporosis. DATA SOURCES: A literature search was performed of PUBMED (1966-February 2007), International Pharmaceutical Abstracts (1970-February 2007), Web of Science (1975-February 2007), Biological Abstracts (1926-2007), and Google Scholar (2001-February 2007) databases, using the search terms bazedoxifene, TSE-424, Indole-33, WAY-140424, selective estrogen receptor modulator, and SERM. In addition, product information was requested from the manufacturer, and www.clinicaltrials.gov was searched for unpublished Phase III clinical trials in progress. STUDY SELECTION and DATA EXTRACTION: Articles on Phase I and II trials were selected for review, as well as articles discussing preclinical development of bazedoxifene. At the time of writing, no articles on Phase III trials were available for review. Abstracts of unpublished data were reviewed, as was information provided by the manufacturer. DATA SYNTHESIS: Bazedoxifene is a third-generation SERM currently in Phase III clinical trials. It has been found to act as an agonist on skeletal tissue, with bone turnover reduced by 20-25% with doses of 20 or 40 mg daily. In addition, bazedoxifene has been found to be an antagonist on breast tissue and uterine tissue, demonstrating inhibition of breast tissue proliferation and decreased endometrial stimulation as the dose is increased. CONCLUSIONS: Current literature suggests that bazedoxifene will likely be safe and effective when used in the treatment of postmenopaUSAl osteoporosis. Completion of Phase III clinical trials will more fully elucidate the safety and efficacy profile of bazedoxifene, as well as more clearly define its place in therapy.

Keywords: Acetate, Adverse Effects, Articles, Bazedoxifene, Bone, Clinical Trials, Databases, Development, Efficacy, Estrogen, Extraction, Google Scholar, Healthy, Information, Literature, Osteoporosis, Prevention, Profile, PUBMED, Review, Safety, Science, Selection, Selective Estrogen Receptor Modulator, Serm, Therapy, Treatment, Tse-424, Web of Science, Women, Women’s Health, Writing

? Thomsen, L.A., Winterstein, A.G., Sondergaard, B., Haugbolle, L.S. and Melander, A. (2007), Systematic review of the incidence and characteristics of preventable adverse drug events in ambulatory care. *Annals of Pharmacotherapy*, **41** (9), 1411-1426.

Abstract: OBJECTIVE: To estimate the incidence and describe characteristics of preventable adverse drug events (pADEs) in ambulatory care. DATA SOURCES: Studies were searched in PUBMED (1966-March 2007), International Pharmaceutical Abstracts (1970-December 2006), The Cochrane database of systematic reviews (1993-March 2007), EMBASE (1980-February 2007), and Web of Science (1945-March 2007). Key words included medication error, adverse drug reaction, iatrogenic disease, outpatient, ambulatory care, primary health care, general practice, patient admission, hospitalization, observational study, retrospective studies, health services research, and follow-up studies. Additional articles were found in the reference sections of retrieved articles. STUDY SELECTION and DATA EXTRACTION: Peer-reviewed articles assessing pADEs in ambulatory care, with detailed descriptions/frequency distributions of (1) ADE/pADE incidence, (2) clinical outcomes, (3) associated drug groups, and/or (4) underlying medication errors were included. Study country, year and design, sample size, follow-up time, ADE/pADE identification method, proportion of ADEs/pADEs and ADEs/pADEs requiring hospital admission, and frequency distribution of adverse outcome, associated drug groups, or medication errors were extracted. DATA SYNTHESIS: Twenty-nine studies met inclusion criteria: 14 were ambulatory-based and 15 were hospital-based. Seven studies enrolled only eldery patients. The median ADE incidence was 14.9 (range 4.0-91.3) per 1000 person-months, and the pADE incidence was 5.6 per 1000 person-months (1.1-10.1). The median ADE preventability rate was 21% (11-38%). The median incidence of ADEs requiring hospital admission was 0.45 (0.10-13.1) per 1000 person-months, and the median incidence of pADEs requiring hospital admission was 4.5 per 1000 person months. Cardiovascular drugs, analgesics, and hypoglycemic agents together accounted for 86.5% of pADEs, and 77.2% of pADEs resulted in symptoms of the central nervous system, electrolyte/renal system, and gastrointestinal tract. Medication errors resulting in pADEs occurred in the prescribing and monitoring stages. The most frequent drug therapy problem and error of commission reported in ambulatory-based studies on pADEs was the use of inappropriate drugs (42.7%; 40.4-450%). For pADEs requiring hospital admission, the most frequent drug therapy problem and error of omission reported was inadequate monitoring (45.4%; range 22.2-69.8%). Failure to prescribe prophylaxis to patients taking nonsteroidal antiinflammatory drugs or antiplatelet drugs frequently caused gastrointestinal toxicirty whereas lack of monitoring of diuretic, hypoglycemic, and anticoagulant use caused over- or under-diuresis, hyper- or hypoglycemia, and bleeding. CONCLUSIONS: ADEs in ambulatory care are common, with many being pre-ventable and many resulting in hospitalization. Quality improvement programs should target errors in prescribing and monitoring, especially for patients using cardiovascular, analgesic, and, hypoglycemic agents.

Keywords: Ambulatory Care, Avoidability, Cardiovascular, Cochrane, Computer-Based Monitor, Disease, Drug, EMBASE, Extraction, Follow-up, Frequency, Gastrointestinal, General Practice, Health Care, Health Services, Health Services Research, Hospital, Hospital Admission, Hospital Admissions, Hospitalization, Hypoglycemia, Intensive-Care, Medication, Medication Error, Medication Errors, Monitoring, Older, Outcome, Outcomes, Outpatients, Population, Practice, Prescribed Drugs, Preventable Adverse Drug Events, Primary, Primary Health Care, PUBMED, Quality, Research, Review, Science, Selection, Symptoms, Systematic, Systematic Review, Systematic Reviews, Therapy, Tract, Web of Science

? Jodlowski, T.Z., Melnychuk, I. and Conry, J. (2007), Linezolid for the treatment of *Nocardia* spp. infections. *Annals of Pharmacotherapy*, **41** (10), 1694-1699.

Full Text: [2007\Ann Pha41, 1694.pdf](2007/Ann%20Pha41,%201694.pdf)

Abstract: OBJECTIVE: To review the available evidence regarding the use of linezolid for the treatment of Nocardia spp. infections. DATA SOURCES: Data were identified through a search of MEDLINE (1966-May 2007), American Search Premier (1975-May 2007), International Pharmaceutical Abstracts (1960-2007), Science Citation Index Expanded (1996-2007), and Cochrane Databases (publications archived until May 2007) using the terms linezolid and Nocardia. STUDY SELECTION and DATA EXTRACTION: Prospective and retrospective studies, case reports, case series, and in vitro studies were eligible for inclusion if they used linezolid for nocardiosis regardless of site of infection and outcome. DATA SYNTHESIS: We identified 11 published cases of linezolid use for Nocardia spp. infections. The predominant species isolated were N. asteroides (n = 4; 36%) and N. farcinica (n = 3; 27%). Nocardiosis with central nervous system involvement (n = 7; 64%) or disseminated disease (n = 4; 36%) were most common. The main reason for discontinuation of previous antimicrobials was most often related to adverse effects (n = 5; 45%), followed by clinical failure (n = 3; 27%). Linezolid was associated with cure or improvement in all cases (n = 11; 100%). However, the majority of patients developed serious complications that may have led to premature discontinuation of therapy with linezolid, including myelosuppression (n = 5; 45%) or possible/confirmed peripheral neuropathy (n = 2; 18%). CONCLUSIONS: the limited published data suggest that linezolid appears to be an effective alternative to trimethoprim/sulfamethoxazole for the treatment of nocardiosis. Unfortunately, the high cost and potentially serious long-term toxicities of linezolid appear to limit its use and relegate it to salvage therapy alone or in combination with other antimicrobials.

Keywords: Brain Abscesses, Citation, Clinical-Experience, Complications, Cost, Databases, Extraction, Farcinica, Linezolid, MEDLINE, Nervous-System Infections, Nocardia, Optic Neuropathy, Patient, Peripheral Neuropathy, Publications, Science, Science Citation Index, Science Citation Index Expanded, Selection, System, Therapy, Treatment

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Full Text: [2009\Ann Pha43, 268.pdf](2009/Ann%20Pha43,%20268.pdf)

Abstract: BACKGROUND: Scholarship is an essential component of academic pharmacy. Department chairs are considered role models and mentors to junior faculty, but their publication record has not been documented. OBJECTIVE: To quantify publication patterns of pharmacy practice chairs in general and, specifically, at health sciences center (HSC)-based versus non-HSC-based and public versus private colleges of pharmacy. METHODS: Pharmacy practice chairs were identified using the 2006-2007 roster of faculty from the American Association of Colleges of Pharmacy. of the 89 colleges of pharmacy in the roster, 11 listed no pharmacy practice chair and 5 listed more than one. Data were collected on the remaining 73 schools by searching each chair’s name on PUBMED and Web of Science (WoS). Data on total publications, publications per year, total citations, citations per article, index, and m quotient were collected. RESULTS: A total of 2394 papers published by 73 pharmacy practice chairs were found in a search of PUBMED. The mean number of total publications per chair was 33 (95% CI 21 to 44). The mean number of publications per year was 1.4 using PUBMED and 1.6 using WoS. Mean h-Index was 8.0 (95% CI 6.3 to 9.6). Mean number of total citations was 410 (95% Cl 252 to 568). Thirty-three percent (n = 24) had less than 10 lifetime publications and 18% had more than 50 lifetime publications. HSC-based chairs averaged 51.3 papers while non-HSC-based chairs averaged 19.1 (p < 0.01). Similar data were found for total citations (HSC = 673 vs non-HSC = 216; p < 0.001). Public school chairs had an average of 41.5 articles cited on PUBMED, versus 15 for private school chairs (p < 0.01). Public school chairs had an average h-Index of 9.7 versus 4.4 for private school chairs (p < 0.001), and an average of 9.2 citations per article compared with 5.2 for private school chairs (p < 0.001). CONCLUSIONS: These data provide a normative pattern of publication metrics and record for pharmacy practice chairs and demonstrate marked variability in scholarly productivity.

Keywords: Academic, American, Background, Bibliometrics, Chair, Citations, CL, Colleges, Data, Faculty, General, H Index, H-Index, Health, Health Sciences, Impact, Index, Listed, Medicine, Methods, Metrics, Models, Number of Publications, Papers, Pattern, Pharmacy, Pharmacy Practice, Practice, Practice Faculty, Productivity, Public, Publication, Publication Record, Publications, PUBMED, Record, Results, Role, Scholarship, Scholarship, School, Schools, Science, Sciences, Scientific-Research, Search, Variability, Web of Science

? Kuo, I.F., Pearson, G.J. and Koshman, S.L. (2009), Colchicine for the primary and secondary prevention of pericarditis: An update. *Annals of Pharmacotherapy*, **43** (12), 2075-2081.

Abstract: OBJECTIVE: To review the efficacy and safety of colchicine as primary and secondary prophylaxis for pericarditis. DATA SOURCES: We searched MEDLINE, EMBASE, PUBMED, BIOSIS Previews’ International Pharmaceutical Abstracts, Web of Science, and CENTRAL for controlled studies from database inception date to July 2009. Search terms included colchicine, pericarditis, and postpericardiotomy syndrome (PPS). STUDY SELECTION and DATA EXTRACTION: Prospective, randomized, controlled trials investigating the use of colchicine in preventing pericarditis were included. Data extracted included design, inclusion criteria, demographics, interventions, background therapy, and pericarditis-related clinical outcomes. DATA SYNTHESIS: Data were synthesized qualitatively, given variable study designs. Three trials were identified. A single trial examining primary prevention evaluated the use of colchicine versus placebo for preventing PPS in patients undergoing cardiopulmonary bypass grafting. No significant reduction in PPS was found. Two studies examined secondary prevention of pericarditis, comparing colchicine plus aspirin versus aspirin alone. One study examined using these comparators to treat a first episode of pericarditis. After 3 months, there was a significant reduction in recurrent pericarditis with colchicine plus aspirin (11.7% vs 33%; p = 0.009). Another study examined this same regimen in recurrent pericarditis, finding a significant reduction in recurrence after 6 months (21% vs 45%; p = 0.02). CONCLUSIONS: Despite limitations in study designs, current evidence suggests a role for colchicine in the secondary prophylaxis for recurrent pericarditis. The evidence for use of colchicine as primary prophylaxis in PPS is indeterminate; therefore, colchicine cannot be recommended routinely. While colchicine should be recommended for the prevention of recurrent pericarditis, questions regarding the optimal regimen and long-term safety profile need to be further elucidated.

Keywords: Acute Pericarditis, Colchicine, Controlled Studies, Diseases, Efficacy, EMBASE, Extraction, Interventions, Management, MEDLINE, Outcomes, Pericarditis, Postpericardiotomy Syndrome, Postpericardiotomy-Syndrome, Prevention, Primary, Primary Prevention, Profile, PUBMED, Recurrence, Recurrent Pericarditis, Recurrent Pericarditis, Relapsing Pericarditis, Review, Risk, Safety, Science, Secondary Prevention, Selection, Therapy, Trial, Web of Science

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Abstract: BACKGROUND: Medication adherence is of particular importance for people of culturally and linguistically diverse (CALD) backgrounds due to language difficulties, lack of social and organizational supports, lack of access to healthcare resources, and disengagement with the health-care system. OBJECTIVE: To evaluate the impact of interventions to improve medication adherence in people of CALD backgrounds through a systematic review and meta-analysis. METHODS: A search was performed using the following databases: Cochrane Database of Systematic Reviews, Cumulative Index to Nursing & Allied Health Literature, EMBASE, Journals@Ovid, PsychInfo, PUBMED, Science Direct, Scopus, and Web of Science. Databases were searched from January 1978 to October 2009. RESULTS: Forty-six articles reviewed were assessed as being relevant, which included 36 randomized controlled trials, 2 observational cohort studies, and 8 quasi-experimental studies. The most common method for assessing medication adherence was self-reporting measures, such as the Morisky Scale and its modifications. Few studies used combinations of adherence measures, and adherence involving a medication event monitoring system (MEMS) was used in only 6 studies. Individuals of CALD backgrounds were recruited with people of non-CALD backgrounds and subsequent analyses tended to be undertaken of the whole sample. Twenty studies showed statistically significant improvements in medication adherence, 15 of which were randomized controlled trials. Six of the successful interventions involved delivery by a bilingual person or the use of translated materials and 4 involved the use of a conceptual model. Meta-analyses demonstrated modest improvements in medication adherence. CONCLUSIONS: Relatively little high-quality work has been conducted on adherence-enhancing interventions for people of CALD backgrounds. Greater attention needs to be given to examining the needs of specific CALD population groups. Future researchers should consider rigorously testing interventions that take into account the enormous diversity and differences that exist within any particular CALD group.

Keywords: Adherence, African-American, Antiretroviral Therapy, Attention, Automated Calls, Blood-Pressure Control, Cochrane, Cohort Studies, Culturally and Linguistically Diverse Background, Databases, EMBASE, Family Intervention, Health, Health Care, Health Disparities, Impact, Improve Adherence, Intervention, Interventions, Medication, Medication Adherence, Meta-Analysis, Model, Monitoring, Nurse Follow-up, Nursing, PUBMED, Randomized Controlled Trials, Randomized Controlled-Trial, Researchers, Review, Risk Reduction, Scale, Science, Scopus, Social, Systematic, Systematic Review, Web of Science

? Brunetti, L. and Hermes-DeSantis, E.R. (2010), The role of colesevelam hydrochloride in hypercholesterolemia and type 2 diabetes mellitus. *Annals of Pharmacotherapy*, **44** (7-8), 1196-1206.

Abstract: OBJECTIVE: To evaluate the safety and efficacy of colesevelam hydrochloride for the treatment of hypercholesterolemia and type 2 diabetes mellitus. DATA SOURCES: Literature retrieval was accessed through MEDLINE/PUBMED (1950 March 2010), Web of Science (1980-March 2010), and International Pharmaceutical Abstracts (1977 March 2010) using the terms colesevelam, dyslipidemia, hypercholesterolemia, and type 2 diabetes mellitus. References from publications identified were reviewed for additional resources. In addition, abstracts presented at the most recent (2009) American Diabetes Association, American Association of Clinical Endocrinologists, and European Association for the Study of Diabetes annual meetings were searched for relevant original research. STUDY SELECTION and DATA EXTRACTION: All articles in English identified from the data sources were evaluated. All relevant studies evaluating the safety and efficacy of colesevelam in hypercholesterolemia and/or type 2 diabetes mellitus were included. Priority was placed on data obtained from human randomized controlled trials. DATA SYNTHESIS: Seventeen clinical trials were reviewed and evaluated. of the clinical trials evaluating colesevelam in hypercholesterolemia, 3 evaluated monotherapy, 4 evaluated combination therapy with hydroxymethylglutaryl coenzyme A (HMG-CoA) reductase inhibitors, and 6 evaluated combination therapy with other lipid-lowering therapies. In the type 2 diabetes mellitus trials, colesevelam was evaluated in combination with metformin, sulfonylureas, insulin, and rosiglitazone and sitagliptin. A review of the clinical trials provided evidence that colesevelam monotherapy effectively reduces low-density lipoprotein cholesterol (LDL-C). Additionally, the use of colesevelam in combination with other lipid-lowering therapies further reduces LDL-C. Colesevelam also effectively reduces hemoglobin A(1c) in patients with type 2 diabetes mellitus. The safety and tolerability of colesevelam appear to be improved from that of older-generation bile acid sequestrants, with adverse effects similar to those with placebo in monotherapy and type 2 diabetes mellitus trials. CONCLUSIONS: Colesevelam is a safe and effective option for the treatment of hypercholesterolemia and type 2 diabetes mellitus. It can fulfill a useful role in combination with HMG-CoA reductase inhibitors for hypercholesterolemia and should be considered in patients with type 2 diabetes mellitus with concomitant hypercholesterolemia.

Keywords: Adverse Effects, Bile Acid Sequestrant, Bile-Acid Sequestrant, C-Reactive Protein, Clinical Trials, Colesevelam, Combination Therapy, Density-Lipoprotein Cholesterol, Diabetes, Diabetes Mellitus, Drug-Interactions, Dyslipidemia, Efficacy, Extended-Release Niacin, Extraction, Glucose Control, Glycemic Control, Hmg-Coa Reductase Inhibitors, Human, Hypercholesterolemia, Insulin, Lowers Ldl Cholesterol, Metformin, Monotherapy, Plasma-Glucose, Publications, Randomized Controlled Trials, References, Research, Review, Safety, Science, Selection, Statin Therapy, Therapy, Treatment, Type 2, Type 2 Diabetes, Type 2 Diabetes Mellitus, Web of Science

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Abstract: BACKGROUND: Hyperglycemia is prevalent in hospitalized non-critically ill patients and is associated with higher morbidity and mortality. Poor glycemic control is related to elevated costs due to longer hospital stays and higher rates of complications. OBJECTIVE: To review current literature evaluating treatment strategies for management of hyperglycemia in the non-critically ill hospitalized patient and to discuss the role of pharmacists in glycemia management. DATA SOURCES: A literature review (January 2000 January 2010) was conducted via PUBMED, Web of Science, Cumulative Index to Nursing and Allied Health, the Cochrane Library, Combined Health Information Database, and Education Resources Information Center. MeSH terms for diabetes were used along with stress hyperglycemia, insulin therapy, and insulin analogs in combination with non-critically ill, hospitalized, acute care, or inpatient. STUDY SELECTION and DATA EXTRACTION: All articles identified from the data sources were reviewed for inclusion. Clinical trial reports, practice guidelines, and reviews involving insulin therapies and/or quality improvement initiatives for hyperglycemia in the acute care setting were evaluated. A total of 133 citations were reviewed and an additional 11 citations were identified from reference lists. DATA SYNTHESIS: the association between hyperglycemia and increased mortality is recognized in the acute care setting among critically ill patients; however, data to support glycemia management in non-critically ill patients continue to be established. National consensus guidelines support strategies for glycemia control that focus on insulin therapy and treatment-driven protocols. These initiatives can result in quality improvement when led by multidisciplinary teams, including pharmacists. Literature supports a pharmacist role in glucose monitoring and insulin dosing. CONCLUSIONS: Management of hyperglycemia is a critical component of acute care. Insulin treatment regimens and protocols for non-critically ill patients in the acute care setting are evolving with recognition of ideal glucose targets to prevent adverse outcomes. Glycemia management can be complex and presents opportunities for pharmacist involvement.

Keywords: Acute Care Center, Acute Myocardial-Infarction, Adverse Outcomes, Care, Citations, Clinical Trial, Clinical-Trial, Cochrane, Control, Costs, Critically Ill Patients, Diabetes, Diabetes-Mellitus, Education, Extraction, Glucose Control, Glucose Control, Glycemia, Glycemic Control, Guidelines, Health, Hospital, Hospitalized Patient, Hyperglycemia, Ill Patients, In-Hospital Mortality, Inpatient Management, Insulin, Intensive-Care, Involvement, Literature, Literature Review, Management, Monitoring, Morbidity, Mortality, Nursing, Outcomes, Pharmacist, Pharmacists, Practice, Practice Guidelines, PUBMED, Quality Improvement, Review, Science, Selection, Sliding-Scale Insulin, Stress, Symptoms, Therapy, Treatment, Web of Science

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Abstract: BACKGROUND: the prevalence of diabetes in women of childbearing age is increasing. As such, the number of pregnancies complicated by diabetes will inevitably increase. New insulin analogues such as the long-acting analogue insulin glargine may represent beneficial treatment options in pregnancy by ensuring that patients achieve excellent glycemic control without risk of maternal hypoglycemia. OBJECTIVE: To determine the fetal safety of insulin glargine use in the treatment of diabetes in pregnancy compared with NPH insulin therapy. METHODS: A systematic review and meta-analysis was performed of all original human studies that reported neonatal outcomes among women with pregestational or gestational diabetes who were managed with either insulin glargine or NPH insulin during pregnancy. A systematic literature search was conducted using MEDLINE, EMBASE, CINAHL, the Cochrane Central Register for Controlled Trials database, and Web of Science from 1980 to June 1, 2010. Outcomes included large size for gestational age, macrosomia, neonatal hypoglycemia, neonatal intensive care unit admissions, birth trauma, congenital anomalies, preterm delivery, perinatal mortality, respiratory distress, and hyperbilirubinemia. Relative risk ratios and weighted mean differences were computed with 95% confidence intervals. RESULTS: Eight studies reporting on a total of 702 women with pregestational or gestational diabetes in pregnancy treated with either insulin glargine (n = 331) or NPH insulin (n = 371) met the inclusion criteria. There were no statistically significant differences in the occurrence of fetal outcomes studied with the use of insulin glargine compared to NPH insulin. CONCLUSIONS: No evidence has been documented for increased adverse fetal outcomes with the use of insulin glargine in pregnancy compared to the use of NPH insulin. These results increase the choices for women requiring basal insulin therapy in pregnancy.

Keywords: Analogue Insulin, Care, Cochrane, Confidence Intervals, Control, Diabetes, Distress, EMBASE, Gestational Diabetes, Human, Hypoglycemia, Insulin, Insulin Glargine, Intensive Care, Intensive Care Unit, Literature, MEDLINE, Meta-Analysis, Mortality, Neonatal Intensive Care, Nph Insulin, Nph Insulin, Outcomes, Perinatal, Perinatal Outcomes, Pregnancy, Pregnancy In Diabetes, Prevalence, Review, Risk, Safety, Science, Systematic, Systematic Review, Therapy, Trauma, Treatment, Type 1 Diabetes, Type 2 Diabetes, Web of Science, Women

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Abstract: OBJECTIVE: To systematically evaluate the clinical consequences of mycophenolate dose reduction in renal transplant recipients on tacrolimus-based regimens. DATA SOURCES: PUBMED (1949-July 2010), EMBASE (1980-July 2010), Cochrane Database of Systematic Reviews, International Pharmaceutical Abstracts, and Web of Science were searched using the terms mycophenolate mofetil, tacrolimus, dose reduction, and kidney and/or renal transplant. References from publications identified were reviewed. STUDY SELECTION and DATA EXTRACTION: Studies reporting on rejection rate, allograft survival, or renal function were included and ranked according to the US Preventive Services Task Force classification; excluded were studies that were dose-finding or used cyclosporine only, involved patients on enteric-coated mycophenolate sodium or those with multiorgan transplant, or provided no information on concomitant immunosuppressants. Data extracted were study design, sample size, immunosuppression regimen, type of transplant, and allograft outcomes. DATA SYNTHESIS: of 13 studies included, 1 was level I evidence, 3 were level II-2, 6 were level II-3, and 3 were level III evidence. Three focused on tacrolimus-based regimens, whereas 7 included either cyclosporine or tacrolimus. The only prospective, randomized, multicenter trial demonstrated that early taper of mycophenolate dosage to 1 g/day can be utilized without increased risk of rejection, compared with late tapering, but the rejection rate was high (30-40%). Overall, we found conflicting evidence regarding the impact of mycophenolate dose reduction on rejection rate and allograft loss and that discontinuing mycophenolate led to an increased risk of graft loss as high as 8 fold. Allograft survival was lowest in patients with gastrointestinal complications and those in whom mycophenolate was discontinued, compared with patients with neither gastrointestinal complications nor mycophenolate discontinuation. CONCLUSIONS: Weak evidence suggests that mycophenolate dose modifications, either reduction or discontinuation, may increase rejection rate and graft loss; however, this is more apparent in cyclosporine-based regimens. Prospective, well-designed trials are necessary to definitively determine the impact of dose reduction in renal transplant recipients on tacrolimus-based regimens.

Keywords: Acute Rejection, Allograft Outcomes, Calcineurin Inhibitors, Cochrane, Cyclosporine, EMBASE, Extraction, Follow-up, Gastrointestinal, Gastrointestinal Complications, Graft Outcomes, Immunosuppression, Impact, Information, Kidney, Kidney Transplant, Mycophenolate, Outcomes, Publications, PUBMED, Randomized-Trial, Reduction, References, Renal Function, Renal-Transplant, Review, Risk, Science, Selection, Sodium, Survival, Systematic, Systematic Review, Tacrolimus, Transplant, US, Web of Science

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Full Text: [2011\Ann Pha45, 1144.pdf](2011/Ann%20Pha45,%201144.pdf)

Abstract: OBJECTIVE: To evaluate the use of budesonide for the treatment of autoimmune; hepatitis (AIH). DATA SOURCES: Literature was accessed through PubMed/MEDLINE (1966-June 2011) and Web of Science (1965-June 2011) using the terms autoimmune hepatitis and budesonide. Literature was limited to English-language publications. In addition, references from publications identified were reviewed. STUDY SELECTION and DATA EXTRACTION: All articles in English identified from the data sources were evaluated. DATA SYNTHESIS: the initial treatment of choice for AIH is prednisone alone or with azathioprine. However, a significant number of patients do not respond adequately or have adverse reactions to this regimen; therefore, alternative treatments are required. Budesonide is an orally administered synthetic corticosteroid with high affinity for the glucocorticoid receptor that undergoes extensive first-pass metabolism. It has Food and Drug Administration approved labeling for the treatment and maintenance of remission of mild-to-moderate Crohn disease involving the ileum and/or ascending colon. One prospective, active-controlled study of budesonide in the treatment of AIH was identified, as well as 5 small open-label studies and 1 retrospective chart review. Budesonide appears to have efficacy in the treatment of AIH, including in patients intolerant to standard therapy with prednisone alone or with azathioprine, with a reduced incidence of corticosteroid-related adverse reactions. However, in patients with AIH and cirrhosis, the efficacy of budesonide may be reduced and the incidence of corticosteroid-related adverse reactions may be increased. CONCLUSIONS: Budesonide may be an additional treatment option for patients with AIH but without cirrhosis who are intolerant to standard therapy with prednisone or prednisone with azathioprine.

Keywords: Administration, Autoimmune, Autoimmune Hepatitis, Azathioprine, Budesonide, Chronic Active Hepatitis, Cirrhosis, Corticosteroid, Cyclosporine, Disease, Efficacy, English, Extraction, Glucocorticoid, Hepatitis, Immunosuppressive Therapy, Incidence, Intolerant, Literature, Mycophenolate-Mofetil, Patients, Publications, Remission, Review, Science, Selection, Steroid-Resistant, Tacrolimus, Therapy, Treatment, Trial, Web of Science

? Baker, W.L. and White, W.B. (2011), Azilsartan medoxomil: A new angiotensin II receptor antagonist for treatment of hypertension. *Annals of Pharmacotherapy*, **45** (12), 1506-1515.

Full Text: [2011\Ann Pha45, 1506.pdf](2011/Ann%20Pha45,%201506.pdf)

Abstract: OBJECTIVE: To evaluate the efficacy, safety, and clinical role of azilsartan medoxomil, an angiotensin II receptor blocker (ARB) that recently gained Food and Drug Administration approval for lowering of blood pressure (BP) in patients with hypertension. DATA SOURCES: A systematic review of the literature was performed through August 2011 using MEDLINE, Web of Science, and International Pharmaceutical Abstracts and the key words and MeSH terms azilsartan, azilsartan medoxomil, TAK-491, TAK-536, and Edarbi. Abstracts presented in the last 2 years from the annual meetings of appropriate medical societies were reviewed in addition to a search of clinicaltrials.gov. STUDY SELECTION and DATA EXTRACTION: Studies eligible for inclusion were in vitro or in vivo evaluations of azilsartan medoxomil, with no restrictions on patient population or indication. Data related to the patient populations and outcomes of interest were extracted from each publication. DATA SYNTHESIS: Three trials are available in full publication form with others available only as abstracts. Azilsartan medoxomil 40 mg and 80 mg daily significantly improves both systolic and diastolic BP from baseline compared with placebo, and the 80-mg dose has greater efficacy than other ARBs, including olmesartan 40 mg daily and valsartan 320 mg daily. Improvements in both 24-hour BP using ambulatory monitoring and clinic monitoring have been seen with azilsartan medoxomil as well as a higher proportion of patients reaching the goal level. Additional information shows added BP lowering when azilsartan medoxomil is combined with chlorthalidone. Adverse events are similar with azilsartan medoxomil versus other ARBs and include headache, dizziness, urinary tract infections, and fatigue. CONCLUSIONS: Azilsartan medoxomil is a safe and effective ARB with a unique pharmacologic profile versus other agents, including slowed angiotensin II type 1 receptor dissociation rates and improved receptor specificity. Studies have shown azilsartan medoxomil 80 mg once daily to reduce BP to a greater extent than valsartan and olmesartan, with similar safety and tolerability.

Keywords: Administration, Ambulatory Blood-Pressure, Angiotensin Receptor Blocker, At(1)-Receptor Blockers, Azilsartan Medoxomil, Blood, Blood Pressure, Cardiovascular Events, Discontinuation, Dissociation, Dizziness, Efficacy, Extraction, Fatigue, High-Risk Patients, Hydrochlorothiazide, Hypertension, In Vivo, Indication, Information, Interest, International, Literature, Long-Term Reproducibility, Medical, MEDLINE, Monitoring, Outcomes, Patients, Persistence, Pharmaceutical, Pharmacologic, Pressure, Profile, Publication, Review, Safety, Science, Selection, Specificity, Systematic, Systematic Review, Tak-491, Telmisartan, Tolerability, Tract, Type 1, Urinary Tract Infections, Web of Science

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Full Text: [2013\Ann Pha47, 90.pdf](2013/Ann%20Pha47,%2090.pdf)

Abstract: OBJECTIVE: To conduct a systematic literature review to evaluate evidence-based recommendations for the prevention of rhabdomyolysis-associated acute renal failure (ARF). DATA SOURCES: PubMed (1966-December 2012), International Pharmaceutical Abstracts, Science Citation Index, and Cochrane databases (1970-December 2012) were searched. There were no language restrictions. STUDY SELECTION and DATA EXTRACTION: Studies selected dealt with treatment of rhabdomyolysis (crush syndrome) or prevention of ARF in patients with rhabdomyolysis. Articles excluded did not present original data or described only the management of ARF after it developed. Single case reports were excluded. Extracted data included study type; population; definitions of rhabdomyolysis and ARF; fluid, sodium bicarbonate, and mannitol dosages; and study findings. DATA SYNTHESIS: Twenty-seven studies met the inclusion criteria. No controlled trials compared intravenous fluid administration plus sodium bicarbonate to fluid administration alone. Three concluded that there was no significant difference in the rates of ARF between patients receiving and those not receiving sodium bicarbonate; however, urine alkalinization was not documented. Eight investigations concluded that delayed fluid administration increased the risk of ARF. No controlled study compared volumes of fluid administered or targeted urine output goals. Fluid type, therapy duration, and monitoring parameters varied widely; 4 used a urine output goal in adults of more than 300 mL/h or 300 mL/h or more. No evidence supported a preferred fluid type or that sodium bicarbonate with or without mannitol was superior to fluid therapy alone. CONCLUSIONS: Intravenous fluids should be initiated as soon as possible, preferably within the first 6 hours after muscle injury, at a rate that maintains a urine output in adults of 300 mL/h or more for at least the first 24 hours. Sodium bicarbonate should be administered only if necessary to correct systemic acidosis and mannitol only to maintain urine output of 300 mL/h or more despite adequate fluid administration.

Keywords: Acidosis, Acute Renal Failure, Acute-Renal-Failure, Administration, Articles, Bam Earthquake, Case Reports, Citation, Criteria, Data, Databases, Duration, Evidence, Evidence Based, Evidence-Based, Extraction, Failure, First, Fluid Resuscitation, Hanshin-Awaji Earthquake, Injury, Intravenous, Investigations, Language, Literature, Literature Review, Management, Mannitol, Marmara Earthquake, Mass Disasters, Monitoring, Muscle, Muscle-Crush Injury, Oak, Patients, Pharmaceutical, Pharmacy, Population, Prevention, Publication, Publications, Pubmed, Rates, Recommendations, Renal, Renal Failure, Restrictions, Review, Rhabdomyolysis, Risk, Science, Science Citation Index, Selection, Sodium, Syndrome, Therapy, Traumatic Rhabdomyolysis, Treatment, Urine, USA, Victims, Virginia

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Full Text: [2013\Ann Pha47, 1153.pdf](2013/Ann%20Pha47,%201153.pdf)

Abstract: Objective: To review the pharmacology and clinical data for teriflunomide in relapsing multiple sclerosis (MS). Data Sources: A literature search from 1966 to May 2013 using PubMed/MEDLINE, Web of Science, International Pharmaceutical Abstracts, Academic Search Premiere, Science Citation Index, and the national clinical trials registry was performed using the terms teriflunomide, HMR1726, and A771726. All articles containing human clinical trial data and relevant pharmacologic information were reviewed. Study Selection/Data Extraction: Phase 2 and phase 3 clinical trials for teriflunomide were evaluated. All peer-reviewed articles with clinically relevant information were reviewed. Priority for inclusion was placed on randomized controlled trials. Data Synthesis: Three phase 2 and three phase 3 clinical trials have evaluated teriflunomide as monotherapy or as adjunctive therapy in approximately 3000 patients with relapsing forms of MS. The phase 3 studies used annualized relapse rate, magnetic resonance imaging changes, and Expanded Disability Status Scale scores as outcome measures. One additional Phase 3 clinical study is ongoing. The annualized relapse rates and magnetic resonance imaging findings were improved compared to those with placebo and similar to or improved compared with those with subcutaneously administered interferon-beta-1a 44 mu g thrice weekly. Durability of response is supported by open-label extension studies. Common adverse events include increased liver function enzymes, alopecia, diarrhea, influenza, nausea, and paresthesias. Treatment discontinuation was not common and occurred in approximately 10% of patients in phase 3 studies. Conclusions: Teriflunomide is an effective and safe oral treatment option for relapsing MS. It can be used as monotherapy or added to an interferon or glatiramer acetate. It reduces the rate of relapse and may slow disease progression. The advantages of this drug are the convenience of oral administration and good tolerability. The disadvantage is the lack of long-term safety data and data about the benefit of combination therapy.

Keywords: Academic, Acetate, Administration, Alopecia, Changes, Citation, Clinical, Clinical Study, Clinical Trial, Clinical Trials, Combination Therapy, Data, Disease, Drug, Enzymes, Events, Extraction, Forms, Function, Human, Imaging, Influenza, Information, Interferon, Literature, Literature Search, Liver, Long Term, Long-Term, Magnetic, Magnetic Resonance, Magnetic Resonance Imaging, Ms, Multiple Sclerosis, Nausea, Oral, Outcome, Outcome Measures, Patients, Peer-Reviewed, Pharmaceutical, Pharmacology, Placebo, Progression, Randomized, Randomized Controlled Trials, Rates, Registry, Relapse, Relapse Rate, Review, Safety, Scale, Science, Science Citation Index, Search, Synthesis, Therapy, Treatment, Treatment Option, Trial, Web of Science

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Full Text: [2013\Ann Pha47, 1301.pdf](2013/Ann%20Pha47,%201301.pdf)

Abstract: Objective: To evaluate the available clinical data on canagliflozin and provide formulary considerations as to its place in the current treatment approach of type 2 diabetes mellitus (T2DM). Data Sources: A systematic review of the literature in MEDLINE and Web of Science was performed through July 2013 using the key words and medical subject headings canagliflozin, JNJ-28431754, TA-7284, and sodium-glucose co-transporter 2 inhibitor. A manual search of references from reports of clinical trials or review articles was performed to identify additional relevant studies. Study Selection and Data Extraction: Citations eligible for inclusion were in vitro or in vivo evaluations of canagliflozin with no restrictions on patient population or indication used. Data related to the patient populations and outcomes of interest were extracted from each citation. Data Synthesis: Five clinical trials (n = 2775 subjects) have been published evaluating canagliflozin in patients with T2DM. A single study evaluated canagliflozin monotherapy, while the others included various add-on therapies. Four studies included placebo groups with 2 others using sitagliptin as an active control. Compared with placebo (+0.14%), canagliflozin monotherapy at doses of 100 to 300 mg/d decreases hemoglobin A1c by -0.77% to -1.03% from baseline. Reductions in fasting plasma glucose, body weight, and systolic blood pressure were seen. Because of the increase in glucosuria with the drug, patients (especially females) are at increased risk of genital mycotic infections. The overall safety of canagliflozin (eg, cardiovascular, oncologic, pancreatic, bone) is also yet to be fully elucidated. Conclusions: Canagliflozin is comparable to second-line oral medications in terms of effectiveness but has limitations in affordability and long-term safety data.

Keywords: Affordability, Algorithm, Approach, Blood, Blood Pressure, Body Weight, Bone, Canagliflozin, Cardiovascular, Citation, Citations, Clinical, Clinical Trials, Control, Cotransporter 2 Inhibitor, Data, Diabetes, Diabetes Mellitus, Drug, Effectiveness, Extraction, Glucose, Groups, Hemoglobin, Hyperglycemia, In Vitro, Indication, Infections, Inhibitor, Insulin, Literature, Long Term, Long-Term, Management, Medical, Medline, Mellitus, Monotherapy, Oral, Outcomes, Patients, Pharmacokinetics, Placebo, Plasma, Population, Populations, Pressure, References, Restrictions, Review, Risk, Safety, Science, Sglt2 Inhibitor, Synthesis, Systematic Review, Treatment, Type 2 Diabetes, Type 2 Diabetes Mellitus, Web of Science

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Full Text: [2013\Ann Pha47, 1488.pdf](2013/Ann%20Pha47,%201488.pdf)

Abstract: Objective: To evaluate the expanded use of metformin in renal impairment. Data Sources: The MEDLINE database via PubMed, Web of Science, and Cumulative Index to Nursing and Allied Health were searched in August 2013 and included studies from 1950 onward. Study Selection and Data Extraction: The search included comparative trials, observational cohort studies, and meta-analyses using the terms diabetes mellitus, metformin, renal insufficiency, and acidosis, lactic. Data Synthesis: One randomized controlled trial, 1 meta-analysis, 1 case-control, and 3 prospective-cohort studies, representing about 150 000 patients, revealed that metformin is safe in patients with stable mild-moderate renal impairment. The incidence of lactic acidosis is low and similar to sulfonylureas. In addition, reduced risks of cardiovascular disease, all-cause mortality, or any acidosis/serious infection were seen with metformin use in mild-to-moderate renal impairment. Conclusions: Data over the past decade refute the historical contraindication in patients with renal impairment and suggest that the risk of metformin-associated lactic acidosis is low in stable mild-to-moderate renal impairment and similar to the risk with other type 2 diabetes mellitus (DM2) medications with no renal impairment restrictions. Because of its unique impact on microvascular and macrovascular complications, it is advantageous to utilize metformin as the cornerstone in DM2 treatment for as long as possible, including in those patients with mild to moderate stages of renal impairment with no additional contraindications. A dosage reduction is recommended if estimated glomerular filtration rate (eGFR) is between 30 and 45 mL/min/1.73 m(2) and discontinuation if eGFR is <30 mL/min/1.73 m(2).

Keywords: Acidosis, Cardiovascular, Cardiovascular Disease, Case-Control, Cohort, Complications, Contraindications, Controlled Trial, Database, Diabetes, Diabetes Mellitus, Disease, Extraction, Filtration, Glomerular Filtration Rate, Impact, Incidence, Infection, Lactic Acidosis, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Metformin, Mortality, Nov, Nursing, Observational, Patients, Pubmed, Randomized, Randomized Controlled Trial, Reduction, Renal, Renal Insufficiency, Restrictions, Risk, Risks, Science, Synthesis, Treatment, Trial, Type 2 Diabetes, Web of Science

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Full Text: [2014\Ann Pha48, 741.pdf](2014/Ann%20Pha48,%20741.pdf)

Abstract: Objective: To systematically review the literature and estimate the effect size of the relationship between health literacy and medication adherence through meta-analysis. Data Sources: Databases searched included Cumulative Index to Nursing and Allied Health Literature (CINAHL; 1982-2013), International Pharmaceutical Abstracts (IPA; 1970-2013), MEDLINE OVID (1966-2013), Pub Med (1966-2013), PsycInfo (1966-2013), and Web of Science (1966-2013). Study Selection and Data Extraction: Inclusion criteria were as follows: English language; published through May 1, 2013; medication adherence as the outcome variable; use of validated measures of health literacy and medication adherence; availability of a direct (not mediating) relationship between health literacy and medication adherence; and identifiable effect size and statistical significance of the relationship. Exclusion criteria were as follows: duplicated results, irrelevant results, conference abstracts, proceeding papers, books, dissertations, reviews, editorial letters, continuing education units, or book reviews. Data included author, publication year, disease area, sample size, sampling method, location, study design, effect size of the relationship between health literacy and medication adherence, and measures of health literacy and medication adherence. Data Synthesis: There is a small statistically significant and positive association between health literacy and medication adherence. In the conservative results, the unweighted and weighted correlation coefficients were 0.081 and 0.056 with P values <0.001. In the less conservative results, the unweighted and weighted correlation coefficients were 0.088 and 0.072. Conclusions: The relationship between health literacy and medication adherence is statistically significant but weak. It is plausible that health literacy has a mediator relationship with other adherence determinants. Future research should explore such relationships.

Keywords: Adherence, Antiretroviral Adherence, Association, Availability, Book Reviews, Compliance, Conservative, Correlation, Criteria, Data, Databases, Design, Disease, Disparities, Education, Effect Size, English, Extraction, Glaucoma, Health, Impact, Language, Literature, Location, Measures, Medication Adherence, Medication Safety, Medication Therapy Management, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Nonadherence, Nursing, Older-Adults, Outcome, P, Papers, Pharmaceutical, Predictors, Pub Med, Publication, Research, Review, Reviews, Sample Size, Sampling, Science, Self-Management, Significance, Size, Small, Study Design, Synthesis, Systematic Review, Therapy, Web Of Science

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Full Text: [2015\Ann Pha49, 311.pdf](2015/Ann%20Pha49,%20311.pdf)

Abstract: Objective: To perform a qualitative systematic review of the evidence comparing traditional with prolonged intermittent or continuous infusions of cefepime based on clinical and pharmacodynamic outcomes. Data Sources: Pub Med (1946 to October 2014), EMBASE (1980 to October 2014), CENTRAL, Cochrane Database of Systematic Reviews, Web of Science, and International Pharmaceutical Abstracts (1970 to October 2014) were searched using the terms cefepime, pharmacokinetics, pharmacodynamics, drug administration, intravenous infusions, intravenous drug administration, continuous infusion, extended infusion, and intermittent therapy. Reference lists from relevant materials were reviewed. Study Selection and Data Extraction: Articles evaluating administration regimens of cefepime, one of which included the traditional, manufacturer-recommended 0.5-hour infusion and the other a prolonged or continuous infusion were included. Prespecified clinical outcomes of interest included all-cause mortality, length of hospital stay, clinical cure, and adverse events. The primary pharmacodynamic outcome was percentage time of unbound drug concentration remaining above the minimum inhibitory concentration. Data Synthesis: In all, 18 studies were included; 6 studies assessed clinical outcomes, and 12 assessed pharmacodynamic outcomes. Prolonged or continuous infusions of cefepime achieved the pharmacodynamic targets more often than traditional infusions. The association of improved clinical outcomes with prolonged or continuous infusions is unclear. All-cause mortality was significantly decreased with the use of a prolonged cefepime infusion in a retrospective study. Two prospective, randomized studies demonstrated no statistically significant difference in mortality between prolonged and intermittent infusions. Conclusions: The available literature on prolonged and continuous infusions of cefepime demonstrated an improved achievement of pharmacodynamic targets; however, the effect on clinical outcomes is inconclusive. Well-designed prospective studies are required to determine optimal dosing and administration strategies.

Keywords: Achievement, Administration, Adverse Events, All-Cause Mortality, Antimicrobial Stewardship, Articles, Association, Cefepime, Clinical, Clinical Outcomes, Concentration, Continuous-Infusion, Critically-Ill Patients, Data, Database, Drug, Drug Administration, Embase, Events, Evidence, Extraction, From, Gram-Negative Infections, Hospital, Hospital Stay, Infectious-Diseases Society, Infusion, Intensive-Care Units, Intermittent Therapy, International, Intravenous, Length, Literature, Mar, Minimum, Mortality, Outcome, Outcomes, Pharmaceutical, Pharmacodynamic Target Attainment, Pharmacodynamics, Pharmacodynannics, Pharmacokinetics, Population Pharmacokinetics, Primary, Prolonged, Prospective, Prospective Studies, Pseudomonas-Aeruginosa, Pub Med, Qualitative, Randomized, Reference, Reference Lists, Retrospective, Review, Science, Synthesis, Systematic, Systematic Review, Systematic Reviews, Therapy, Ventilator-Associated Pneumonia, Web, Web Of Science

# Title: Annals of Plastic Surgery

Full Journal Title: Annals of Plastic Surgery

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Parashar, A., Makkar, S.S., Sharma, R.K. and Nanda, V. (2007), A method to reduce citation errors while compiling bibliographies. *Annals of Plastic Surgery*, **59** (2), 232-233.

Full Text: [2007\Ann Pla Sur59, 232.pdf](2007/Ann%20Pla%20Sur59,%20232.pdf)

Keywords: Absence of E-Mail Address and DOI., Accuracy, Bibliographies, Citation, Citation Errors, Errors, Please Specify Whether I’M Right or Not., Preethi(W51), References

? Singh, N.P. and Trikha, A. (2007), A method to reduce citation errors while compiling bibliographies. *Annals of Plastic Surgery*, **59** (6), 733.

Full Text: [2007\Ann Pla Sur59, 733.pdf](2007/Ann%20Pla%20Sur59,%20733.pdf)

Keywords: Bibliographies, Citation, Citation Errors, Errors

? Parashar, A., Makkar, S., Sharma, R.K. and Nanda, V. (2007), Reply - A method to reduce citation errors while compiling bibliographies. *Annals of Plastic Surgery*, **59** (6), 733.

Full Text: [2007\Ann Pla Sur59, 733.pdf](2007/Ann%20Pla%20Sur59,%20733.pdf)

Keywords: Bibliographies, Citation, Citation Errors, Errors

? Zhang, W.J., Zhang, J.L. and Jiang, H. (2012), Growing trend of China’s contribution to the field of plastic and reconstructive surgery: A 10-year study of the literature. *Annals of Plastic Surgery*, **68** (3), 328-331.

Full Text: [2012\Ann Pla Sur68, 328.pdf](2012/Ann%20Pla%20Sur68,%20328.pdf)

Abstract: Background: In the past decade, plastic and reconstructive surgery in China has achieved great advances. However, the scientific publications in plastic and reconstructive surgery in the major regions of China—Mainland, Hong Kong, and Taiwan are unknown. We therefore intended to reveal the contribution of articles from Chinese authors to the field of plastic and reconstructive surgery. Methods: Articles published in the 6 journals in plastic and reconstructive surgery originating from Mainland China, Hong Kong, and Taiwan in 2000 to 2009 were retrieved from the PubMed database and Journal Citation Reports. The number of total articles, 5-year impact factors (5 years-IF), and citations were tabulated to assess both the quantity and quality of research arising from China. Results: From 2000 to 2009, there were 568 articles from China, including 225 from Mainland China, 317 from Taiwan, and 26 from Hong Kong. The annual total numbers of articles from the 3 Chinese regions increased gradually between 2000 and 2009 (from 40 to 100). From 2007, the number of articles published from Mainland China exceeded Taiwan. Taiwan had the highest accumulated 5 years-IFs, average 5 years-IF, total citations, and average citations of each article. Plastic and Reconstructive Surgery was the most popular journal in China. Conclusions: The number of articles published from Chinese authors increased markedly from 2000 to 2009, particularly from Mainland China, since 2004.

Keywords: PubMed, China, Plastic and Reconstructive Surgery

? Zhang, W.J., Ding, W., Jiang, H., Zhang, Y.F. and Zhang, J.L. (2013), National representation in the plastic and reconstructive surgery literature: A bibliometric analysis of highly cited journals. *Annals of Plastic Surgery*, **70** (2), 231-234.

Full Text: [2013\Ann Pla Sur70, 231.pdf](2013/Ann%20Pla%20Sur70,%20231.pdf)

Abstract: Background: In recent years, significant growth has been observed in the field of plastic and reconstructive surgery. However, the national productivity to the field of plastic and reconstructive surgery remains unknown. We therefore intended to reveal national contributions in the field of plastic and reconstructive surgery. Methods: Articles published in the 6 highly cited journals in plastic and reconstructive surgery in 2005-2009 were retrieved from the MEDLINE and Web of Science. The number of total articles, the per capita numbers, 5-year impact factors (5y-IF), and citations were tabulated to assess the contribution of different countries. Results: A total number of 5745 articles were published in the 6 journals from 2005 to 2009 worldwide. North America, West Europe, and East Asia were the most productive regions. High-income countries published 79.72% of the total articles. United States (USA) published most of the articles during 2005 to 2009 (2015/5745, 35.07%), followed by United Kingdom, Turkey, Japan, and China. Besides, USA also had the highest total 5y-IF (5010.76), the highest mean 5y-IF (2.49), and the highest total citations (11,788). When normalized to population size, Sweden had the highest number of articles per million persons (12.26), followed by Switzerland (8.02) and Netherlands (7.77). Conclusions: USA is the most productive country in the field of plastic and reconstructive surgery. When normalized to population size, some European countries might be more productive.

Keywords: 10-Year Survey, Anesthesia, Articles, Asia, Bibliometric, Bibliometric Analysis, China, Citations, Country, Europe, Field, Growth, Highly Cited, Highly-Cited, Impact, Impact Factors, Japan, Journals, Literature, Medicine, MEDLINE, North, North America, Plastic and Reconstructive Surgery, Population, Population Size, Productivity, Recent, Reconstructive Surgery, Results, Science, Scientific Publications, Size, Surgery, Sweden, Switzerland, Turkey, United Kingdom, United States, USA, Web of Science

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Full Text: [2013\Ann Pla Sur71, 103.pdf](2013/Ann%20Pla%20Sur71,%20103.pdf)

Abstract: Background: The number of citations of an article in scientific journals reflects its impact on a biomedical specialty and its recognition in the scientific community. In this study, we identified and analyzed the 100 most highly cited articles published between 1971 and 2011 in journals pertaining to plastic and reconstructive surgery research. Methods: We selected 6 high-impact journals for literature search in the database of the Science Citation Index (1971 to 2011). We identified the 100 most frequently cited articles published in these journals, and analyzed them. Results: The most cited article received 1007 citations and the least cited article received 165 citations, with a mean of 274 citations per article. These citation classics were published in 5 high-impact journals, led by Plastic and Reconstructive Surgery (76 articles). The articles came from 17 countries, with the United States producing 57 articles. Sixty-two institutions produced these 100 top-cited articles, led by Royal Mountain Hospital, University of Melbourne (7 articles). Twenty-three authors published 2 or more of the top-cited articles, led by Taylor GI who authored 10 classic papers. Conclusions: This analysis of the top citation classics allows for the recognition of major advances and supplies a historic perspective on the progress of plastic and reconstructive surgery research.

Keywords: Advances, Analysis, Articles, Authors, Biomedical, Citation, Citation Classic, Citation Classics, Citations, Classic Papers, Classics, Community, Database, GI, Highly Cited, Highly-Cited, Hospital, Impact, Institutions, Journals, Literature, Literature Search, Literature Survey, Methods, Papers, Plastic And Reconstructive Surgery, Progress, Reconstructive Surgery, Research, Results, Science, Science Citation Index, Scientific Community, Scientific Journals, Specialty, Surgery, United States, University

# Title: Annals of Regional Science

Full Journal Title: [Annals of Regional Science](http://www.springerlink.com/content/100498/?p=6b9b036563c24323bd77bcc2865b0f4e&pi=0)

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ISSN: 0570-1864

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Subject Categories:

: Impact Factor

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Full Text: [2008\Ann Reg Sci42, 487.pdf](2008/Ann%20Reg%20Sci42,%20487.pdf)

Abstract: Spatial econometrics is a fast-growing field in the series of quantitative disciplines, auxiliaries of economics and related social sciences. Space, friction, interdependence, spatio-temporal components, externalities and many other aspects interact and should be treated adequately in this field. The publication of the Paelinck and Klaassen book in the late 1970s generated virtually the field spatial econometrics. This article studies the diffusion of spatial econometrics, through experienced history on the one hand, on the other through bibliometric methods. Although this field was an “Invisible College” up to 2006 (absence of any organization in form of association, conference, journal, etc.), The databases depict a fast diffusion in the past and strong prospects for the future.

Keywords: Association, Bibliometric, Bibliometric Methods, Data Envelopment Analysis, Databases, Diffusion, Econometrics, Economics, Externalities, Field, Friction, History, Journal, Methods, Models, Organization, Partial-Differential Equations, Publication, Sciences, Social, Social Sciences, Sweden, World

# Title: Annals of the Rheumatic Diseases

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Subject Categories:

Rheumatology: Impact Factor 0.3188, /(2001)

Notes: TTopic, CCountry

Mela, G.S. and Cimmino, M.A. (1998), An overview of rheumatological research in the European Union. *Annals of the Rheumatic Diseases*, **57** (11), 643-647.

Full Text: [1998\Ann Rhe Dis57, 643.pdf](1998/Ann%20Rhe%20Dis57,%20643.pdf)

Abstract: Objectives-To evaluate the distribution and scope of papers published by authors from the European Union (EU) in rheumatological journals and the impact of rheumatological research in the EU in comparison with that produced elsewhere. Methods-Papers published during the year 1995 in the 17 rheumatological journals screened by ISI were considered. The journal impact factor (IF) was noted. All key words, both those reported by the authors and those attributed by ISI, were identified and their frequency was calculated using a special purpose program. Results-2331 papers were published in the rheumatological literature during 1995. of them, 1316 (56.5%) came from the EU (29.4% from the UK, 17.4% from France, 11.5% from Germany, and 10.8 % from Italy) and 544 (23.3%) from the USA. The mean LF of EU papers was approximately 2 in comparison with 3.5 for the USA and 2.4 for other countries. In 1995, 2680 key words attributed by the authors and 5651 attributed by ISI appeared in the rheumatological literature. Less than a quarter of them was cited more than twice. The leading key words were rheumatoid arthritis for diseases and methotrexate for drugs. Conclusions-Bibliometric findings are useful to follow research trends. These data show the relevance of EU rheumatological research and the high scientific production of small countries. Dispersion of key words should be avoided and journal editors should promote their standardisation

Keywords: Arthritis, Comparison, Data, Diseases, Distribution, Drugs, EU, European Union, France, Germany, Impact, Impact Factor, ISI, Italy, Journal, Journal Editors, Journal Impact, Journal Impact Factor, Journals, Literature, Methotrexate, Papers, Purpose, Relevance, Research, Rheumatoid Arthritis, Scientific Production, Scope, Small, Trends, UK, USA

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Full Text: [2007\Ann Rhe Dis66, 377.pdf](2007/Ann%20Rhe%20Dis66,%20377.pdf)

Abstract: Objectives: To develop evidence based recommendations for the management of hand osteoarthritis (OA). Methods: the multidisciplinary guideline development group comprised 16 rheumatologists, one physiatrist, one orthopaedic surgeon, two allied health professionals, and one evidence based medicine expert, representing 15 different European countries. Each participant contributed up to 10 propositions describing key clinical points for management of hand OA. Final recommendations were agreed using a Delphi consensus approach. A systematic search of MEDLINE, Embase, CINAHL, Science Citation Index, AMED, Cochrane Library, HTA, and NICE reports was used to identify the best available research evidence to support each proposition. Where possible, the effect size and number needed to treat were calculated for efficacy. Relative risk or odds ratio was estimated for safety, and incremental cost effectiveness ratio was used for cost effectiveness. The strength of recommendation was provided according to research evidence, clinical expertise, and perceived patient preference. Results: Eleven key propositions involving 17 treatment modalities were generated through three Delphi rounds. Treatment topics included general considerations (for example, clinical features, risk factors, comorbidities), non-pharmacological (for example, education plus exercise, local heat, and splint), pharmacological (for example, paracetamol, NSAIDs, NSAIDs plus gastroprotective agents, COX-2 inhibitors, systemic slow acting disease modifying drugs, intra-articular corticosteroids), and surgery. of 17 treatment modalities, only six were supported by research evidence (education plus exercise, NSAIDs, COX-2 inhibitors, topical NSAIDs, topical capsaicin, and chondroitin sulphate). Others were supported either by evidence extrapolated from studies of OA affecting other joint sites or by expert opinion. Strength of recommendation varied according to level of evidence, benefits and harms/costs of the treatment, and clinical expertise. Conclusion: Eleven key recommendations for treatment of hand OA were developed using a combination of research based evidence and expert consensus. The evidence was evaluated and the strength of recommendation was provided.

Keywords: 10-Percent Trolamine Salicylate, Citation, Cost Effectiveness, Delphi, Development, Double-Blind, Education, Effectiveness, Gastrointestinal Toxicity, Health, Hip Osteoarthritis, International, Intraarticular Hyaluronic-Acid, Knee Osteoarthritis, Local, Management, Medicine, MEDLINE, Multidisciplinary, Nonsteroidal Antiinflammatory Drugs, Quality-of-Life, Randomized Controlled-Trial, Research, Rheumatoid-Arthritis, Risk, Risk Factors, Science, Science Citation Index, Surgery, Task, Therapeutics, Topics, Treatment

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Full Text: [2011\Ann Rhe Dis70, 60.pdf](2011/Ann%20Rhe%20Dis70,%2060.pdf)

Abstract: Objective To systematically evaluate the association between MRI findings (cartilage defects, bone marrow lesions (BML), osteophytes, meniscal lesion, effusion/synovitis, ligamentous abnormalities, subchondral cysts and bone attrition) and pain in patients with knee osteoarthritis (OA) in order to establish the relevance of such findings when assessing an individual patient. Methods the MEDLINE, Web of Science, EMBASE and Cumulative Index to Nursing & Allied Health Literature (CINAHL) databases up to March 2010 were searched without language restriction to find publications with data on the association between MRI findings of knee OA (exposure of interest) and knee pain (outcome). The quality of included papers was scored using a predefined criteria set. The levels of evidence were determined qualitatively using best evidence synthesis (based on guidelines on systematic review from the Cochrane Collaboration Back Review Group). Five levels of evidence were used: strong, moderate, limited, conflicting and no evidence. Results A total of 22 papers were included; 5 had longitudinal and 17 cross-sectional data. In all, 13 reported a single MRI finding and 9 multiple MRI findings. Moderate levels of evidence were found for BML and effusion/synovitis. The OR for BML ranged from 2.0 (no CI was given) to 5.0 (2.4 to 10.5). The OR of having pain when effusion/synovitis was present ranged between 3.2 (1.04 to 5.3) and 10.0 (1.1 to 149). The level of evidences between other MRI findings and pain were limited or conflicting. Conclusions Knee pain in OA is associated with BML and effusion/synovitis suggesting that these features may indicate the origin of pain in knee OA. However, due to the moderate level of evidence these features need to be explored further.

Keywords: Association, Bone, Bone-Marrow Edema, Cartilage Loss, Clinical-Features, Cochrane, Collaboration, Databases, Guidelines, Health, Health-Care, Imaging Findings, Interest, Lesions, Methods, MRI, Nursing, Outcome, Pain, Papers, Publications, Review, Science, Severity, Symptoms, Systematic, Systematic Review, Volume, Web of Science

? Jin, Z.C., Xiang, C., Cai, Q., Wei, X. and He, J. (2014), Alcohol consumption as a preventive factor for developing rheumatoid arthritis: A dose-response meta-analysis of prospective studies. *Annals of the Rheumatic Diseases*, **73** (11), 1962-1967.

Full Text: [2014\Ann Rhe Dis73, 1962.pdf](2014/Ann%20Rhe%20Dis73,%201962.pdf)

Abstract: Objective To summarise the evidence regarding the dose-response association between alcohol consumption and risk of rheumatoid arthritis (RA). Method Studies were identified from search of MEDLINE, Embase and Web of Science databases between 1 January 1946 and 10 April 2013, and from review of the conference abstracts and the reference lists of retrieved articles. Prospective studies that reported relative risks (RRs) with 95% CIs for the association between alcohol consumption and the risk of RA were included. Results from individual studies were pooled using a dose-response meta-analysis. Results Up to 10 April 2013, 8 prospective studies contained 195 029 participants and 1878 RA cases were included. The results indicated that low to moderate alcohol consumption yielded a preventive effect on RA development (RR: 0.86; 95% CI 0.78 to 0.94), and provided some evidence of a non-linear relationship between alcohol consumption and risk of RA. Dose-response meta-analysis of the study data revealed that compared with that for no alcohol consumption, the adjusted RR was 0.93 (95% CI 0.88 to 0.98) for 3 g/day of alcohol consumption, 0.86 (95% CI 0.76 to 0.97) for 9 g/day, 0.88 (95% CI 0.78 to 0.99) for 12 g/day, 0.91 (95% CI 0.81 to 1.03) for 15 g/day, and 1.28 (95% CI 0.94 to 1.73) for 30 g/day. Subgroup analysis indicated that women who had low to moderate alcohol consumption had a 19% reduction in RA risk. Regardless of sex, a consistent low to moderate alcohol consumption for a period of at least 10 years was found to have a 17% reduction in RA risk. Conclusions Low to moderate alcohol consumption inversely associated with the development of RA in a manner that appears to be dose-dependent, time-dependent and sex-dependent. Large prospective studies that investigate gene-environment interactions are required to further clarify the aetiology of RA.

Keywords: Aetiology, Alcohol, Analysis, Arthritis, Articles, Association, Bias, Cohort, Consumption, Data, Databases, Developing, Development, Dose Response, Epidemiology, Evidence, From, Gene, Inflammation, Markers, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Nonlinear, Nov, Prospective, Prospective Studies, Reduction, Reference, Reference Lists, Results, Review, Rheumatoid Arthritis, Risk, Risks, Science, Sex, Smoking, Time-Dependent, Trend Estimation, Web Of Science, Web Of Science Databases, Women

# Title: Annals of the Royal College of Surgeons of England

Full Journal Title: Annals of the Royal College of Surgeons of England

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

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Subject Categories:

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? Weale, A.R., Edwards, A.G., Lear, P.A. and Morgan, J.D.T. (2006), From meeting presentation to peer-review publication: A UK review. *Annals of the Royal College of Surgeons of England*, **88** (1), 52-56.

Full Text: [2006\Ann Roy Col Sur Eng88, 52.pdf](2006/Ann%20Roy%20Col%20Sur%20Eng88,%2052.pdf)

Abstract: INTRODUCTION Annual academic surgical meetings provide a forum for the discussion of research. For the wide-spread dissemination of this information, peer-reviewed publication is required. The aim of this study was to compare the amount of presentations which go on to publication from 4 UK-based surgical meetings. MATERIALS and METHODS We determined whether a presentation had led to a successful publication using PUBMED, a median of 28 months following each meeting. We compared the ASGBI publication rate with the meetings of the Vascular Surgical Society (VSSGBI), The Association of Coloproctology of Great Britain and Ireland (ACPGBI) and the British Transplantation Society (BTS). We also compared the median impact factor of journals used. RESULTS the ASGBI and BTS had a similar rate of presentations resulting in publication, with 35% and 36% at 2 years, respectively, the VSS had a significantly greater proportion of presentations resulting in publication (54% at 2 years; P= 0.004), whilst the ACPGBI had significant fewer (24% at 2 years; P= 0.006). There was no difference in the median impact factors of the journals used between the meetings (Kruskal Wallis P= 0.883). CONCLUSIONS There is a significant variation between meetings in terms of turning presentations into publications. However, the majority of abstracts have still not been fully published within 2 years of presentation at the meeting.

Keywords: Abstracts, Academic, Britain, British, Factors, Great Britain, Impact, Impact Factor, Impact Factors, Information, Ireland, Journals, Majority, Meeting, Meeting Abstracts, Meetings, Methods, Peer Review, Peer-Review, Peer-Reviewed, Presentation, Publication, Publication Rate, Publications, PUBMED, Research, Review, Surgery, UK

? Bhasin, N. and Scott, D.J.A. (2007), Publication outcome for research presented at the Vascular Society of Great Britain and Ireland annual meetings. *Annals of the Royal College of Surgeons of England*, **89** (3), 292-297.

Full Text: [2007\Ann Roy Col Sur Eng89, 292.pdf](../HO-reference/2007/Ann%20Roy%20Col%20Sur%20Eng89,%20292.pdf)

Abstract: BACKGROUND the Vascular Society of Great Britain and Ireland (VSGBI) annual meeting is a major international vascular surgery conference. Studies suggest that the percentage of presentations that result in full-text publications are a measure of the quality of the meeting. We investigated the publication outcome of abstracts presented to the VSGBI in 2001 and 2002. MATERIALS and METHODS We retrospectively identified abstracts from the conference programmes and conducted a detailed electronic MEDLINE and PUBMED search to determine publication. We collected data regarding the study design, subject matter, publishing journal, time to publication, institution of origin, impact factors and RAE levels. RESULTS There were 63 publications from 106 abstracts (59.4%), with a median impact factor of 3.507. Prospective observational studies accounted for 20.6% of publications, with abdominal aortic aneurysms being the commonest subject matter (34.9%). The median time to publication was 12 months, with the European Journal of Vascular and Endovascular Surgery publishing 33.3% of the articles. Leicester achieved the highest number of publications and the majority of work came from centres with Research Assessment Exercise (RAE) level scores of 4, university centres accounted for 74.6% of publications. CONCLUSIONS We conclude that when compared to equivalent meetings in other specialties and geographical regions, the annual meeting of the VSGBI is of the very highest quality.

Keywords: Abdominal, Abstracts, Background, Britain, Data, Design, Exercise, Factors, Great Britain, Impact, Impact Factor, Impact Factors, Institution, International, Ireland, Journal, Majority, Measure, Meeting, Meeting Abstracts, Meetings, Methods, Number of Publications, Observational, Observational Studies, Origin, Outcome, Presentation, Programmes, Publication, Publications, Publishing, PUBMED, Quality, Quality of, Rae, Regions, Research, Search, Study Design, Surgery, Surgical Education, Time, University, Vascular Surgery, Work

? Rew, D.A. (2012), Curating the world’s peer-reviewed literature. *Annals of the Royal College of Surgeons of England*, **94** (4), 219-220.

Full Text: [2012\Ann Roy Col Sur Eng94, 219.pdf](../HO-reference/2012/Ann%20Roy%20Col%20Sur%20Eng94,%20219.pdf)

Abstract: New technologies are transforming academic publishing, including surgical research. The author considers a variety of the new systems, platforms and search engines that are fuelling this information revolution, as well as the bibliometrics and citation analysis necessary for filtering quality material for the increasingly inundated researcher.

Keywords: Analysis, Bibliometrics, Citation, Citation Analysis, Information, Literature, Peer Review, Peer-Reviewed, Publishing, Quality, Research, Search Engine, Systems, Technologies

? Hariharan, D. and Lobo, D.N. (2013), Retained surgical sponges, needles and instruments. *Annals of the Royal College of Surgeons of England*, **95** (2), 87-92.

Full Text: [2013\Ann Roy Col Sur Eng95, 87.pdf](2013/Ann%20Roy%20Col%20Sur%20Eng95,%2087.pdf)

Abstract: INTRODUCTION Retained sponges and instruments (RSI) due to surgery are a recognised medical ‘never event’ and have catastrophic implications for patients, healthcare professionals and medical care providers. The aim of this review was to elucidate the extent of the problem of RSI and to identify preventative strategies. METHODS A comprehensive literature search was performed on MEDLINE (R), Embase (TM), the Science Citation Index and Google (TM) Scholar for articles published in English between January 2000 and June 2012. Studies outlining the incidence, risk, management and attempts to prevent RSI following surgical intervention were retrieved. RESULTS The overall incidence of RSI is low although its incidence is substantially higher in operations performed on open cavities. Sponges are the most commonly retained item when compared with needles and instruments. Clinical presentation is varied, leading to avoidable morbidity, and the error is indefensible medicolegally. Risk factors include emergency operations, operations involving unexpected change in procedure, raised body mass index, and a failure to perform accurate sponge and instrument counts. The existing strategy for prevention is manual counting of sponges and instruments undertaken by surgical personnel. This, however, is fallible. Computer assisted counting of sponges using barcodes and gauze sponges tagged with a radiofrequency identification device aiding manual counting have been trialled recently, with success. CONCLUSIONS Vigilance among operating theatre personnel is paramount if RSI is to be prevented. Prospective multicentre trials to assess efficacy of new technologies aiding manual counting should be undertaken if this medical error is to be eliminated completely.

Keywords: Body Mass Index, Care, Citation, Count, Counts, Efficacy, Emergency, Error, Failure, Foreign Bodies, Foreign-Bodies, Google, Identification, Incidence, Index, Instruments, Intervention, Literature, Management, Mar, Medical, Medical Care, MEDLINE, Methods, Morbidity, Needles, Open, Operating-Room, Patients, Personnel, Presentation, Prevent, Prevention, Procedure, Providers, R, Retained, Review, Risk, Safety, Science, Science Citation Index, Sponges, Strategy, Surgery, Surgery, Technologies, Technology

# Title: Annals of Saudi Medicine

Full Journal Title: [Annals of Saudi Medicine](http://www.saudiannals.net/backissues.asp)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

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Publisher Address:

Subject Categories:

: Impact Factor

? Guan, B., Zhang, X.H., Ma, H.H., Zhou, H.B. and Zhou, X.J. (2010), A meta-analysis of highly active anti-retroviral therapy for treatment of plasmablastic lymphoma (Reprinted from Hematology/Oncology and Stem Cell Therapy, vol 3, pg 7-12). *Annals of Saudi Medicine*, **30** (2), 123-128.

Full Text: [2010\Ann Sau Med30, 123.pdf](2010/Ann%20Sau%20Med30,%20123.pdf)

Abstract: Background and Objectives: Plasmablastic lymphoma is a recently described B-cell derived lymphoma. The prognosis of plasmablastic lymphoma patients is usually poor. We performed a systematic review of the literature on the use of highly active anti-retroviral therapy (HAART) and the prognosis of plasmablastic lymphoma. Methods : A comprehensive search of relevant databases, including MEDLINE, Embase, the Cochrane Controlled Trials Register, the Cochrane Library, and the Science Citation Index yielded ten randomized controlled trials. Trials were divided into two groups according to therapy. The rates of plasmablastic lymphoma were analyzed using a fixed-effects model. Sensitivity analyses (on publication type, statistical model) were performed to further detect and evaluate clinically significant heterogeneity. Tests of survival for plasmablastic lymphoma were also performed by using Kaplan-Meier method. Results : Meta-analysis result showed that the prognosis of plasmablastic lymphoma patients was statistically different in the patients receiving HAART in addition to chemotherapy and/or radiotherapy than in the patients receiving the chemotherapy and/or radiotherapy alone (pooled relative risk=3.04; P=.03). Survival analyses also displayed a statistically significant difference ((2) =6.22, P=.013). Conclusion : HAART in addition to chemotherapy and/or radiotherapy is effective in improving the prognosis of plasmablastic lymphoma. However, the small sample sizes increase the likelihood of bias in the studies in this meta-analysis, and therefore, the results should be taken cautiously.

Keywords: Bias, Citation, Clinical-Trials, Databases, Groups, Heterogeneity, Infection, Literature, MEDLINE, Meta-Analysis, Model, Oral-Cavity, Prognosis, Publication, Quality, Review, Science, Science Citation Index, Systematic Review, Treatment

? Sadat-Ali, M., Al-Habdan, I.M., Al-Turki, H.A. and Azam, M.Q. (2012), An epidemiological analysis of the incidence of osteoporosis and osteoporosis-related fractures among the Saudi Arabian population. *Annals of Saudi Medicine*, **32** (6), 637-641.

Full Text: [2012\Ann Sau Med32, 637.pdf](2012/Ann%20Sau%20Med32,%20637.pdf)

Abstract: Ann Saudi Med 2012; 32(6): 637-641 DOI: 10.5144/0256-4947.2012.637 BACKGROUND and OBJECTIVES: Osteoporosis is common in Saudi Arabia and the burden of management in an aging population will increase in coming decades. There is still no national policy nor consensus on screening for this silent disease. The objective of this analysis was to determine from the published data the prevalence of osteopenia and osteoporosis in Saudi Arabians, the prevalence of secondary osteoporosis, and the prevalence of osteoporosis-related fractures (ORF). We also sought to determine the best age to begin and best modality for screening. METHODS: Data Sources were MEDLINE (1966 to May 2011), EMBASE (1991 to May 2011), the Cochrane Central Register of Controlled Trials and Cochrane Database of Systematic Reviews (1952 to May 2011), and the Science Citation Index (1966 to May 2011), published data from the Saudi Medical Journal (1985-2011) and Annals of Saudi Medicine (1985-2011). We selected English-language articles with at least 100 Saudi individuals. Two authors independently reviewed articles and abstracted data. RESULTS: The authors identified 36 potentially relevant articles, of which 24 met the inclusion criteria. of 5160 healthy women 50 to 79 years of age (mean, SD: 56.8 [2.7]), 36.6% (6.6%) were osteopenic and 34.0% (8.5%) were osteoporotic. In three studies on males (n=822), the prevalence of osteopenia was 46.3% and osteoporosis 30.7%. Males had a significantly higher frequency of osteopenia in comparison to females (P=<.001 95% CI<-0.0333), The mean age of the patients with secondary osteoporosis was 37.4 (13.5, 18-57) years, with the osteoporosis in 46.4% and osteopenia in 34.1%. In 5 studies of ORF, the incidence of vertebral fractures was between 20%-24%. CONCLUSION: The currently available literature on Saudi Arabian population suggests that the ideal age for screening for low bone mass among the Saudi population should be earlier (55 years) than the >= 65 years in Western countries. Both quatitative ultrasound and dual-energy x-ray absorptiometry could be used for screening. The relatively small number of studies on Saudi Arabians and the different machines used for diagnosis limited the authors ability make conclusions with surety.

Keywords: Absorptiometry, Age, Aging, Analysis, Authors, Background, Bone, Bone Mass, Bone-Mineral Density, Burden, Citation, Comparison, Consensus, Criteria, Data, Densitometry, Diabetes-Mellitus, Diagnosis, Disease, Embase, Femur, Hip Fracture, Incidence, Journal, Literature, Management, Mass, Medical, Medicine, MEDLINE, Methods, Objectives, Osteoporosis, Patients, Policy, Population, PostmenopaUSAl Women, Prevalence, Randomized Clinical-Trial, Risk, Science, Science Citation Index, Screening, Small, Ultrasound, Women

# Title: Annals of Science

Full Journal Title: Annals of Science

ISO Abbreviated Title:

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ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

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Keywords: Bibliometrics

# Title: Annals of Surgery

Full Journal Title: [Annals of Surgery](http://ovidsp.tx.ovid.com/spa/ovidweb.cgi)

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JCR Abbreviated Title:

ISSN: 0003-4932

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Gladman, M.A., Scott, S.M., Lunniss, P.J. and Williams, N.S. (2005), Systematic review of surgical options for idiopathic megarectum and megacolon. *Annals of Surgery*, **241** (4), 562-574.

Full Text: [2005\Ann Sur241, 562.pdf](2005/Ann%20Sur241,%20562.pdf)

Abstract: Objective: A subgroup of patients with intractable constipation has persistent dilatation of the bowel, which in the absence of an organic cause is termed idiopathic megabowel (IMB). The aim of this systematic review was to evaluate the published outcome data of surgical procedures for IMB in adults. Methods: Electronic searches of the MEDLINE (PUBMED) database, Cochrane Library, EMBase, and Science Citation Index were performed. Only peer-reviewed articles of surgery for IMB published in the English language were evaluated. Studies of all surgical procedures were included, providing they were performed on 3 or more patients, and overall success rates were documented. Studies were critically appraised in terms of design and methodology, inclusion criteria, success, mortality and morbidity rates, and functional outcomes. Results: A total of 27 suitable studies were identified, all evidence was low quality obtained from case series, and there were no comparative studies. The studies involved small numbers of patients (median 12, range 3-50), without long-term follow-up (median 3 years, range 0.5-7). Inclusion of subjects, methods of data acquisition, and reporting of outcomes were extremely variable. Subtotal colectomy was successful in 71.1% (0%-100%) but was associated with significant morbidity related to bowel obstruction (14.5%, range 0%-29%). Segmental resection was successful in 48.4% (12.5%-100%), and recurrent symptoms were common (23.8%). Rectal procedures achieved a successful outcome in 71% to 87% of patients. Proctectomy, the Duhamel, and pull-through procedures were associated with significant mortality (30/6-25%) and morbidity (6%-29%). Vertical reduction rectoplasty (VRR) offered promising short-term success (83%). Pelvic-floor procedures were associated with poor outcomes. A stoma provided a safe alternative but was only effective in 65% of cases. Conclusions: Outcome data of surgery for IMB must be interpreted with extreme caution due to limitations of included studies. Recommendations based on firm evidence cannot be given, although colectomy appears to be the optimum procedure in patients with a nondilated rectum, restorative proctocolectomy the most suitable in those with dilatation of the colon and rectum, and VRR in those patients with dilatation confined to the rectum. Appropriately designed studies are required to make valid comparisons of the different procedures available.

Keywords: Acquired Megacolon, Adults, Articles, Case Series, Chronic Constipation, Citation, Criteria, Database, Duhamel Operation, English, Fecal Incontinence, Functional Gastrointestinal Disorders, Hirschsprungs-Disease, Language, MEDLINE, Methodology, Methods, Outcomes, Reduction, Restorative Proctocolectomy, Review, Science, Science Citation Index, Subtotal Colectomy, Surgery, Systematic Review

? Manterola, C., Pineda, V., Vial, M. and Losada, H. (2006), What is the methodologic quality of human therapy studies in ISI surgical publications? *Annals of Surgery*, **244** (5), 827-832.

Full Text: [2006\Ann Sur244, 827.pdf](2006/Ann%20Sur244,%20827.pdf)

Abstract: Objective: To determine the methodologic quality of therapy articles about humans published in ISI surgical journals, and to explore the association between methodologic quality, origin, and subject matter. Summary Background Data: It is supposed that ISI journals contain the best methodologic articles. Methods: This is a bibliometric study. All journals listed in the 2002 ISI under the subject heading of ‘surgery’ were included. A simple randomized sampling was conducted for selected journals (Annals of Surgery, the American Surgeon, Archives of Surgery, British Journal of Surgery, European Journal of Surgery, Journal of the American College of Surgeons, Surgery, and World Journal of Surgery). Published articles related to therapy on humans of the selected journals were reviewed and analyzed. All kinds of clinical designs were considered, excluding editorials, review articles, letters to the editor, and experimental studies. The variables considered were: place of origin, design, and the methodologic quality of articles, which was determined by applying a valid and reliable scale. The review was performed interchangeably and independently by 2 research teams. Descriptive and analytical statistics were used. Statistical significance was defined as P values less than 1%. Results: A total of 653 articles were studied. Studies came predominantly from the United States and Europe (43.6% and 36.8%, respectively). The subject areas most frequently found were digestive and hepatobiliopancreatic surgery (29.1% and 24.5%, respectively). Average and median methodologic quality scores of the entire series were 11.6±4.9 points and 11 points, respectively. The association between methodologic quality and journals was determined. Also, the association between methodologic quality and origin was observed, but no association with subject area was verified. Conclusions: the methodologic quality of therapy articles published in the journals analyzed is low; however, statistical significance was determined between them. Association was observed between methodologic quality and origin, but not with subject matter.

Keywords: Bibliometric Study, Clinical, Design, Europe, Human, Humans, ISI, Low, Matter, Publications, Quality, Randomized, Research, Review, Sampling, Scale, Statistics, Surgery, Therapy, United States

? Diener, M.K., Knaebel, H.P., Heukaufer, C., Antes, G., Buchler, M.W. and Seiler, C.M. (2007), A systematic review and meta-analysis of pylorus-preserving versus classical pancreaticoduodenectomy for surgical treatment of periampullary and pancreatic carcinoma. *Annals of Surgery*, **245** (2), 187-200.

Full Text: [2007\Ann Sur245, 187.pdf](2007/Ann%20Sur245,%20187.pdf)

Abstract: Objective: Comparison of effectiveness between the pylorus-preserving pancreaticoduodenectomy (“pylorus-preserving Whipple” [PPW]) and the classic Whipple (CW) procedure. Methods: A systematic literature search (MEDLINE, Embase, Cochrane Library, Biosis, Science Citation Index, Ovid Journals) was performed to identify all eligible articles. Randomized controlled trials (RCTs) comparing PPW versus CW for periampullary and pancreatic carcinoma were eligible for inclusion. The methodologic quality of included studies was evaluated independently by 2 authors. Quantitative data on perioperative parameters (blood loss, transfusion, operation time, and length of hospital stay), mortality, morbidity, and survival were extracted from included studies for meta-analysis. Pooled estimates of overall treatment effect were calculated using a random effects model. Results: In total, 1235 abstracts were retrieved and checked for eligibility and 6 RCTs finally included. The critical appraisal revealed vast heterogeneity with respect to methodologic quality and outcome parameters. The comparison of overall in-hospital mortality (odds ratio, 0.49; 95% Cl, 0.17 to 1.40; P = 0.18), morbidity (odds ratio 0.89; 95% Cl, 0.48 to 1.62; P = 0.69), and survival (hazard ratio, 0.74; 95% Cl, 0.52 to 1.07; P = 0.11) showed no significant difference. However, operating time (weighted mean difference, -68.26 minutes; 95% CI, -105.70 to -30.83; P = 0.0004), and intraoperative blood loss (weighted mean difference, -766 mL; 95% Cl, -965.26 to -566.74; P = 0.00001) were significantly reduced in the PPW group. Conclusion: Hence, in the absence of relevant differences in mortality, morbidity, and survival, the PPW seems to be as effective as the CW. Given obvious clinical and methodological interstudy heterogeneity, efforts should be intensified in the future to perform high quality RCTs of complex surgical interventions on the basis of well defined outcome parameters.

Keywords: Articles, Citation, Clinical-Trials, Comparison, Complex, Ductal Adenocarcinoma, Effectiveness, Extended Retroperitoneal Lymphadenectomy, Heterogeneity, Journals, Literature, MEDLINE, Meta-Analysis, Model, Multicenter Trial, Postoperative Complications, Prospective-Randomized-Trial, Quality-of-Life, Randomized Controlled Trials, Review, Risk-Factors, Science, Science Citation Index, Standard Pancreaticoduodenectomy, Systematic Review, Treatment, Whipple Procedure

? Diener, M.K., Rahbari, N.N., Fischer, L., Antes, G., Buchler, M.W. and Seiler, C.M. (2008), Duodenum-preserving pancreatic head resection versus pancreatoduodenectomy for surgical treatment of chronic pancreatitis - A systematic review and meta-analysis. *Annals of Surgery*, **247** (6), 950-961.

Full Text: [2008\Ann Sur247, 950.pdf](2008/Ann%20Sur247,%20950.pdf)

Abstract: Objective: the optimal choice of technique for the surgical treatment of pancreatic head lesions in chronic pancreatitis is still under debate. This systematic review and meta-analysis aims to compare the effectiveness and safety of duodenum-preserving pancreatic head resection (DPPHR) versus pancreatoduodenectomy (PD) by means of parameters of mortality and morbidity and functional outcomes and quality of life. Methods: A systematic literature search (MEDLINE, Embase, Biosis, the Cochrane Library, and Science Citation Index) was performed to identify randomized controlled trials (RCTs) comparing DPPHR and PD, Included literature was assessed and extracted by 2 independent reviewers. A meta-analysis of pain relief (primary end point), several parameters of short- and long-term measures and quality of life, was done using the random effects-model. Results: In total, 1284 citations were checked for eligibility and 4 RCTs were included. The critical appraisal revealed a heterogeneous methodological quality of included trials. Comparing DPPHR versus PD, postoperative pain relief, overall mortality, and morbidity showed no significant difference. Intraoperative blood replacement, hospital stay, weight gain, exocrine insufficiency, occupational rehabilitation, and quality of life were significantly improved in the DPPHR group. Conclusion: DPPHR and PD seem to be equally effective in terms of postoperative pain relief, overall morbidity, and incidence of postoperative endocrine insufficiency. However, the presented findings suggest superiority of DPPHR in the treatment of chronic pancreatitis with regard to several peri and postoperative outcome parameters and quality of life. Further RCTs are eagerly awaited to prove these findings.

Keywords: Cancer, Checklist, Chronic, Citation, Citations, Diagnosis, Drainage, Effectiveness, Literature, MEDLINE, Meta-Analysis, Methodological Quality, Outcomes, Pain, PD, Primary, Quality-of-Life, Randomized Clinical-Trials, Rehabilitation, Review, Science, Science Citation Index, Statement, Surgery, Systematic Review, Treatment, Whipple

Notes: TTopic

? Brooke, B.S., Nathan, H. and Pawlik, T.M. (2009), Trends in the quality of highly cited surgical research over the past 20 years. *Annals of Surgery*, **249** (1), 162-167.

Full Text: [2009\Ann Sur249, 162.pdf](2009/Ann%20Sur249,%20162.pdf)

Abstract: Objective: To evaluate whether the methodologic quality of the most highly cited surgical clinical evidence has improved over the past 20 years. Summary Background Data: There have been increasing efforts to promote the practice of evidence-based medicine among surgeons, although it is unclear whether high-quality evidence is being used. Methods: A bibliometric review was performed among general surgery and medicine journals to identify the 50 most highly cited general surgery clinical research studies from 4 consecutive time periods (1985-1989, 1990-1994, 1995-1999, 2000-2004). Methodologic characteristics and overall data quality for all 200 highly cited studies were assessed by 3 independent reviewers using the validated GRADE scoring system and trends over time were analyzed. Results: Among 200 extracted articles, the quality of evidence was graded as very low in the majority of studies (48%); fewer studies contained data of low (13%), moderate (13%), or high (26%) quality. Study quality significantly improved over the time periods examined, with an increase in the proportion of studies graded as high quality from 12% in 1985 to 1989 to 40% in 2000 to 2004 (P < 0.001). The improvement in data quality over time was associated with an increased proportion of randomized trials (26% vs. 48%; P < 0.05) and increased reporting of adjusted, multivariate regression analyses (22% vs. 54%; P < 0.001). Conclusions: There have been significant improvements in the quality of the most highly cited surgical evidence, characterized by more randomized trials and improved statistical methodology. These findings suggest that surgeons are increasingly recognizing and citing higher quality surgical evidence.

Keywords: Analyses, Bibliometric, Characteristics, Clinical, Clinical Research, Data, Data Quality, Evidence, Evidence Based, Evidence Based Medicine, Evidence-Based, Evidence-Based Medicine, Evidence-Based Surgery, General, General Surgery, Grade, Improvement, Journals, Majority, Medicine, Methodology, Multivariate, P, Practice, Quality, Quality of, Randomized, Recommendations, Regression, Reporting, Research, Review, Scoring, Scoring System, Standards, Statement, Statistical, Strength, Surgery, Time, Trends, Trials

? Schmitz, C.C., Rothenberger, D.A., Trudel, J.L. and Wolff, B.G. (2009), Career decisions and the structure of training an american board of colon and rectal surgery survey of colorectal residents. *Annals of Surgery*, **250** (1), 62-67.

Full Text: [2009\Ann Sur250, 62.pdf](2009/Ann%20Sur250,%2062.pdf)

Abstract: Objective: To investigate potential impacts of restructuring general surgery training on colorectal (CR) surgery recruitment and expertise. Summary Background Data: In response to the American Surgical Association Blue Ribbon Committee report on surgical education (2004), The American Board of Colon and Rectal Surgery, working with the Accreditation Council for Graduate Medical Education and American Board of Surgery, established a committee (2006) to review residency training curricula and study new pathways to certification as a CR surgeon. To address concerns related to shortened general surgery residency, the American Board of Colon and Rectal Surgery committee surveyed recent, Current, and entering CR residents on the timing and factors associated with their career choice and opinions regarding restructuring. Methods: A 10-item, online survey of 189 CR surgeons enrolled in the class years of 2005, 2006, and 2007 was administered and analyzed May to July 2007. Results: One hundred forty-five CR residents responded (77%); results were consistent across class years and types of general surgery training program. Seventy percent of respondents had rotated onto a CR service by the end of their PGY-2 year. Most identified CR as a career interest in their PGY-3 or PGY-4 year. Overall interest in CR surgery, the influence of CR mentors and teachers, and positive exposure to CR as PGY-3, PGY-4, or PGY-5 residents were the top cited factors influencing choice decisions. Respondents were opposed to restructuring by a 2:1 ratio, primarily because of concerns about inadequate training and lack of time to develop technical expertise. Conclusions: Shortening general surgery residency would not necessarily limit exposure to CR rotations and mentors unless such rotations are cut. The details of proposed restructuring arc critical.

Keywords: Choice, Education, General-Surgery, Medical-Students, Programs

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Full Text: [2009\Ann Sur250, 152.pdf](2009/Ann%20Sur250,%20152.pdf)

Abstract: Objective: Evidence-based surgery is predicated on the quality of published literature. We measured the quality of surgery manuscripts selected by peer review and identified predictors of excellence. Methods: One hundred twenty clinical surgery manuscripts were randomly selected from 1998 in 5 eminent peer-reviewed surgery and medical journals. Manuscripts were blinded for author, institution, and journal of origin. Four surgeons and 4 methodologists evaluated the quality using novel instruments based on subject selection, study protocol, statistical analysis/inference, intervention description, outcome assessments, and results presentation. Predictors of quality and impact factor were identified using bivariate and multivariate regression. Results: Oncology was the most common subject (26%), followed by general surgery/gastrointestinal (24%). The average number of study subjects was 417; the majority of manuscripts were American (53%), from a single institution (59%). Eighteen percent had a statistician author. Mean number of citations was 128. Surgery manuscripts from medical, compared with surgery journals, had better total quality scores (3.8 vs. 5.2, P < 0.001). They had more subjects and were more likely to have a statistician as coauthor (43% vs. 10%, P < 0.001), multi-institutional, international collaboration (30% vs. 8%, P < 0.001), and higher citation index (mean: 350 vs. 54, P < 0.001). They were more often foreign (70% vs. 40%, P < 0.001). Independent predictors of quality were having a statistician coauthor, study funding, European origin, and more study subjects. Quality assessment using our instruments predicted the number of citations after 10 years (P < 0.01), along with having a statistician coauthor, international multi-institutional collaboration, and more subjects. Conclusion: the quality of surgery manuscripts can be improved by including a statistician as coauthor, with efforts directed toward implementing multi-institutional/interdisciplinary trials. Peer-review across journals can be standardized through the use of instruments measuring methodologic and clinical quality.

Keywords: Articles, Assessment, Assessments, Authors, Citation, Citation-Classics, Citations, Clinical, Clinical-Research, Collaboration, Family Medicine, Funding, General, General Surgical Journals, Impact, Impact Factor, Index, International, Intervention, Journal, Journals, Literature, Medical, Medical Journals, Multivariate, Origin, Outcome, P, Peer Review, Peer-Review, Peer-Reviewed, Policies, Predictors, Presentation, Quality, Quality Of, Randomized Controlled-Trial, Readability, Regression, Review, Surgery

? Memon, M.A., Subramanya, M.S., Khan, S., Hossain, M.B., Osland, E. and Memon, B. (2011), Meta-Analysis of D1 Versus D2 Gastrectomy for Gastric Adenocarcinoma. *Annals of Surgery*, **253** (5), 900-911.

Full Text: [2011\Ann Sur253, 900.pdf](2011/Ann%20Sur253,%20900.pdf)

Abstract: Objectives: To conduct a meta-analysis of randomized controlled trials evaluating the efficacy and drawbacks of limited (D1) versus extended lymphadenectomy (D2) for proven gastric adenocarcinoma. Methods: A search of Cochrane, MEDLINE, PUBMED, Embase, Science Citation Index and Current Contents electronic databases identified randomized controlled trials published in the English language between 1980 and 2008 comparing the outcomes of D1 versus D2 gastrectomy for gastric adenocarcinoma. The meta-analysis was prepared in accordance with the Preferred Reporting Items for Systematic reviews and Meta-analyses statement. The 6 outcome variables analyzed included length of hospital stay; overall complication rate; anastomotic leak rate; reoperation rate; 30-day mortality rate and 5-year survival rate. Random effects meta-analyses were performed using odds ratios (OR) and weighted mean differences (WMD). Results: Six trials totaling 1876 patients (D1=946, D2=930) were analyzed. In 5 of the 6 outcomes the summary point estimates favored D1 over D2 group with a statistically significant reduction of (i) 6.37 days reduction in hospital stay (WMD -6.37, confidence interval [CI] -10.66, -2.08, P = 0.0036); (ii) 58% reduction in relative odds of developing postoperative complications (OR 0.42, CI 0.27, 0.66, P = 0.0002); (iii) 60% reduction in anastomotic breakdown (OR 0.40, CI 0.25, 0.63, P = 0.0001); (iv) 67% reduction in reoperation rate (OR 0.33, CI 0.15, 0.72, P = 0.006); and (v) 41% reduction in 30-day mortality rate (OR 0.59, CI 0.40, 0.85, P = 0.0054). Lastly there was no significant difference in the 5-year survival (OR 0.97, CI 0.78, 1.20, P = 0.7662) between D1 and D2 gastrectomy patients. Conclusions: On the basis of this meta-analysis we conclude that D1 gastrectomy is associated with significant fewer anastomotic leaks, postoperative complication rate, reoperation rate, decreased length of hospital stay and 30-day mortality rate. Finally, the 5-year survival in D1 gastrectomy patients was similar to the D2 cohort.

Keywords: Cancer-Study-Group, Carcinoma, Clinical-Trials, Extended Lymphadenectomy, Funnel-Plot, Lymph-Node Dissection, Randomized Controlled-Trials, Surgery, Surgical Trial, Survival

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Full Text: 2012\Ann Sur255, 427.pdf

Abstract: Objective: the objective of this study was to perform an analysis of global cancer surgery research and development trends over the last 10 years across 21 countries. Background: Surgery is the main modality for cancer cure and control globally. Yet, in comparison to other areas such as cancer drugs, we know little about ongoing research activities to inform policymakers. Methods: Two subfield filters, surgery research and oncology, were developed and applied to Web of Science. The intersection of these 2 filters identified papers in surgical oncology, and their bibliographic details were downloaded for analysis. This included matching of 5-year citation counts to the papers, impact factor, geographical analysis by country, translational collaboration, involvement in clinical trials, citation on clinical guidelines, and percentage of reviews. Result: Surgical oncology represents about 9% of all cancer research-low in comparison with surgery’s contribution to cancer treatment. The US published the most, followed by Japan which had a high relative commitment to surgery within cancer research, followed by the large West European countries. Although Sweden’s papers were relatively basic, it participated the most in clinical trials. Its papers were also the most cited on clinical guidelines, but contained relatively few reviews, where the UK, Greece, and Belgium scored best. Surgical oncology papers are generally not well cited compared with cancer research overall, but on this measure the Netherlands, the US, and Sweden scored best. International collaboration was measured relative to what might have been expected, on this indicator Canada, Switzerland, and the US were the best performers. Conclusions: Globally, low activity-low funding cycle needs to be addressed by new national and supranational policies to support surgical oncology research.

Keywords: Analysis, Belgium, Canada, Cancer, Cancer Treatment, Citation, Citation Counts, Clinical, Clinical Guidelines, Clinical Trials, Collaboration, Commitment, Comparison, Control, Country, Development, Drugs, Funding, Global, Greece, Guidelines, Impact, Impact Factor, Indicator, International Collaboration, Japan, Mar, Measure, Needs, Oncology, Papers, Policies, Research, Research and Development, Reviews, Science, Support, Surgery, Surgical Oncology, Sweden, Switzerland, the Netherlands, Treatment, Trends, UK, US, Web of Science

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Full Text: 2013\Ann Sur257, 54.pdf

Abstract: Objective: This study aims to compare the efficacy and safety of T-tube free (TTF) versus T-tube drainage (TTD) after laparoscopic common bile duct exploration (LCBDE). Background: LCBDE has been proven to be an effective and preferred treatment approach for uncomplicated choledocholithiasis, and the appropriateness of T-tube placement after laparoscopic choledochotomy for common bile duct (CBD) stones is still under debate. Methods: A systematic literature search (PubMed, EMBASE, Science Citation Index, Springer-Link, and Cochrane Central Register of Controlled Trials) was performed. Postoperative complications were evaluated/graded according to the modified Clavien classification. Other variables extracted including primary closures of the CBDs and the associated assistant methods, T-tube types, and placement durations. Stratified and sensitivity analyses were performed both to explore heterogeneity between studies and to assess the effects of the study qualities. Results: A total of 956 patients from 12 studies were included. The pooled odds ratio for postoperative complications and biliary-specific complications in TTF was found to be 0.59 [95% confidence interval (CI), 0.38-0.91; P = 0.02], 0.62 (95% CI, 0.36-1.06; P = 0.08), respectively, when compared with TTD. Operative time and hospital stay were significantly decreased in the TTF group, with the pooled weighted mean differences being 18.84 minutes (95% CI, -27.01 to 10.67; P < 0.01) and 3.22 days (95% CI, -4.59 to 1.84; P < 0.01), respectively. Conclusions: The results of this meta-analysis demonstrate that among patients undergoing laparoscopic choledochotomy for common bile duct stones, primary closure of the CBD alone is superior to TTD; however, there is no significant benefit in terms of primary duct closure with various internal or external drainage techniques. Further randomized controlled trials are eagerly awaited to prove these findings.

Keywords: Analyses, Approach, Choledocholithiasis, Citation, Classification, Closure, Cohort, Common Bile Duct Stones, Complications, Confidence, Disease, Drainage, Effects, Efficacy, Exploration, Heterogeneity, Hospital, Hospital Stay, Interval, Laparoscopic, Laparoscopic Choledochotomy, Literature, Management, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Modified, Odds Ratio, P, Patients, Placement, Postoperative, Postoperative Complications, Primary, Primary Closure, Primary Closure, Proposal, Prospective Randomized-Trial, Pubmed, Randomized, Randomized Controlled Trials, Review, Safety, Science, Science Citation Index, Sensitivity, Systematic Literature Search, T-Tube Drainage, Techniques, Treatment, TTF

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Full Text: 2014\Ann Sur259, 616.pdf

Abstract: Objective: To review the literature evaluating the effect of practice guidelines and decision aids on use of surgery and regional variation. Background: The use of surgical procedures varies widely across geographic regions. Although practice guidelines and decision aids have been promoted for reducing variation, their true effectiveness is uncertain. Methods: Studies evaluating the influence of clinical practice guidelines or consensus statements, shared decision making and decision aids, or provider feedback of comparative utilization, on rates of surgical procedures were identified through literature searches of Ovid MEDLINE, EMBASE, and Web of Science. Results: A total of 1946 studies were identified and 27 were included in the final review. Of the 12 studies evaluating implementation of guidelines, 6 reported a significant effect. Those examining overall population-based rates had mixed effects, but all studies evaluating procedure choice described at least a small increase in use of recommended therapy. Three of 5 studies examining the effect of guidelines on regional variation reported a significant reduction after dissemination. Of the 15 studies examining decision aids, 5 revealed significant effects. Many studies of decision aids reported decreases in population-based procedure rates. Nearly all studies evaluating the impact of decision aids on procedure choice reported increases in rates of less invasive procedures. Only one study of decision aids assessed changes in regional variation and found mixed results. Conclusions: Both practice guidelines and decision aids have been proven effective in many clinical contexts. Expanding the clinical scope of these tools and eliminating barriers to implementation will be essential to further efforts directed toward reducing regional variation in the use of surgery.

Keywords: Aids, Barriers, Breast-Conserving Surgery, Changes, Choice, Clinical, Clinical Guidelines, Clinical Practice, Clinical Practice Guidelines, Clinical Practice Guidelines And Consensus Statements, Consensus, Consensus-Development-Conference, Decision, Decision Making, Decision-Making, Effectiveness, Effects, Embase, Geographic Variation, Guidelines, Health Services Research, Health-Care-Delivery, Impact, Implementation, Influence, Informed Patient Choice, Interactive Video Program, Invasive, Literature, Medline, Methods, Population Based, Population-Based, Practice, Practice Guidelines, Procedure, Procedures, Quality-Of-Life, Randomized Controlled-Trial, Rates, Reduction, Regional, Regional Variation, Results, Review, Science, Scope, Shared Decision Making And Decision Aids, Shared Decision-Making, Small, Small-Area Variations, Surgery, Surgical Procedures, Systematic Review, Therapy, Utilization, Web Of Science

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Full Text: 2014\Ann Sur260, 37.pdf

Abstract: Objective: To determine how minimally invasive surgical learning curves are assessed and define an ideal framework for this assessment. Background: Learning curves have implications for training and adoption of new procedures and devices. In 2000, a review of the learning curve literature was done by Ramsay et al and it called for improved reporting and statistical evaluation of learning curves. Since then, a body of literature is emerging on learning curves but the presentation and analysis vary. Methods: A systematic search was performed of MEDLINE, EMBASE, ISI Web of Science, ERIC, and the Cochrane Library from 1985 to August 2012. The inclusion criteria are minimally invasive abdominal surgery formally analyzing the learning curve and English language. 592 (11.1%) of the identified studies met the selection criteria. Results: Time is the most commonly used proxy for the learning curve (508, 86%). Intraoperative outcomes were used in 316 (53%) of the articles, postoperative outcomes in 306 (52%), technical skills in 102 (17%), and patient-oriented outcomes in 38 (6%) articles. Over time, there was evidence of an increase in the relative amount of laparoscopic and robotic studies (P < 0.001) without statistical evidence of a change in the complexity of analysis (P = 0.121). Conclusions: Assessment of learning curves is needed to inform surgical training and evaluate new clinical procedures. An ideal analysis would account for the degree of complexity of individual cases and the inherent differences between surgeons. There is no single proxy that best represents the success of surgery, and hence multiple outcomes should be collected.

Keywords: Abdominal, Abdominal Surgery, Adoption, Analysis, Articles, Assessment, Cholecystectomy, Clinical, Complexity, Complications, Criteria, Data, Embase, English, Evaluation, Evidence, Framework, Health Technologies, Initial-Experience, Invasive, ISI, ISI Web Of Science, Language, Laparoscopic, Laparoscopic Radical Prostatectomy, Learning, Learning Curve, Literature, Medline, Methodology, Methods, Minimally Invasive Surgery, Operating Time, Outcomes, P, Postoperative, Presentation, Procedures, Reporting, Results, Review, Robotic Prostatectomy, Science, Selection, Selection Criteria, Single Surgeon, Success, Surgery, Surgical Education, Surgical Margins, Systematic, Systematic Review, Team, Time, Training, Web Of Science

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Full Text: 2015\Ann Sur261, 854.pdf

Abstract: Objective: The true rate of new-onset diabetes (NODM) after distal pancreatectomy (DP) is not known. This systematic review was carried out to obtain exact percentages regarding the incidence of NODM after DP for different indications. Background: Distal pancreatectomy is the standard procedure for removal of benign or (potentially) malignant lesions from the pancreatic body or tail and increasingly used for removal of often benign lesions. It is associated with low mortality rates, though postoperative diabetes remains a serious problem. Methods: Embase, PubMed, Medline, Web of Science, the Cochrane Library, and Google Scholar were searched for articles reporting incidence of NODM after DP. Methodological quality of the included studies was assessed by means of the Newcastle-Ottawa scale for cohort studies and the Moga scale for case series. Mean weighted overall percentages of NODM after DP for different indications were calculated with 95% confidence intervals (CI) and corresponding P values. Results: Twenty-six studies were included, comprising 1.731 patients undergoing DP. The average cumulative incidence of NODM after DP performed for chronic pancreatitis was 39% and for benign or (potentially) malignant lesions it was 14%. Comparing the proportions of these 2 groups showed a significant difference (95% CI: 0.351-0.434 and 0.110-0.172, respectively, P < 0.000). The average percentage of insulin-dependent diabetes among patients with NODM after DP was 77%. Conclusions: This review is the largest of its kind to assess the cumulative incidence of NODM after DP and shows that NODM is a frequently occurring complication, with incidence depending on the preexisting disease and follow-up time. Because NODM can affect quality of life, patients undergoing DP should be preoperatively provided with this information as specific as possible.

Keywords: Affect, Articles, Cancer, Chronic, Chronic-Pancreatitis, Cohort, Complication, Confidence, Confidence Intervals, Cumulative, Diabetes, Disease, Distal Pancreatectomy, Endocrine Function, Follow-Up, From, Google, Google Scholar, Groups, Incidence, Indications, Information, Intervals, Library, Life, Management, Mean, Medline, Metaanalysis, Methodological Quality, Methods, Mortality, New-Onset Diabetes, P, Pancreatitis, Patients, Postoperative, Procedure, Pubmed, Quality, Quality Of, Quality Of Life, Quality-Of-Life, Rates, Removal, Reporting, Resection, Results, Review, Risk-Factors, Scale, Science, Standard, Surgery, Surgical-Treatment, Systematic, Systematic Review, Web, Web Of Science

# Title: Annals of Surgical Oncology

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Full Text: [2003\Ann Sur Onc10, 1.pdf](2003/Ann%20Sur%20Onc10,%201.pdf)

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Full Text: [2013\Ann Sur Onc20, 1203.pdf](2013/Ann%20Sur%20Onc20,%201203.pdf)

Abstract: Laparoscopic hepatectomy (LH) has been proposed as a safe and feasible treatment option for liver diseases. However, the short- and long-term outcomes of LH versus open hepatectomy (OH) for hepatocellular carcinoma (HCC) have not been adequately assessed. Thus, as another means of surgical therapy for hepatocellular carcinoma (HCC), we assessed the feasibility of performing LH as the standard procedure for disease in the left lateral lobe and peripheral right segments for HCC in selected patients. Literature search included PubMed, Embase, Science Citation Index, SpringerLink, and secondary sources, from inception to March 2012, with no restrictions on languages or regions. The fixed-effects and random-effects models were used to measure the pooled estimates. The test of heterogeneity was performed by the Q statistic. Subgroup and sensitivity analyses were performed to explore heterogeneity between studies and to assess the effects of study quality. A total of 1238 patients (LH 485, OH 753) from 15 studies were included. The pooled odds ratios for postoperative morbidity and incidence of negative surgical margin in LH were found to be 0.37 (95 % confidence interval [CI] 0.27-0.52; P < 0.01) and 1.63 (95 % CI 0.82-3.22; P = 0.16), respectively, compared with OH. Blood loss was significantly decreased in the LH (weighted mean difference -224.63; 95 % CI -384.87 to -64.39; P = 0.006). No significant difference was observed between the both groups for long-term outcomes of overall survival and recurrence-free survival. In patients with solitary left lateral lobe/right peripheral subcapsular tumors treated with minor resection, this meta-analysis demonstrated that compared to OH, LH may have short-term advantages in terms of blood loss and postoperative morbidity for HCC. Both procedures have similar long-term outcomes. It may be time to consider changing the standard procedures for treatment of HCC in the left lateral lobe and peripheral subcapsular right segments in selected patients.

Keywords: Analyses, Blood, Blood Loss, Case-Matched Analysis, Cholecystectomy, Chronic Liver-Disease, Cirrhosis, Citation, Confidence, Disease, Diseases, Effects, Estimates, Experience, Feasibility, Groups, Hepatectomy, Hepatic Resection, Hepatocellular Carcinoma, Heterogeneity, Incidence, Interval, Kupffer Cells, Languages, Literature, Liver, Long Term, Long-Term, Long-Term Outcomes, Measure, Meta Analysis, Meta-Analysis, Metaanalysis, Minor, Models, Morbidity, Open, Outcomes, P, Patients, Postoperative, Postoperative Morbidity, Procedure, Procedures, Prospective Randomized-Trial, Pubmed, Quality, Restrictions, Review, Right, Science, Science Citation Index, Sensitivity, Sources, Standard, Surgery, Survival, Therapy, Treatment, Treatment Option

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Full Text: [2013\Ann Sur Onc20, 2156.pdf](2013/Ann%20Sur%20Onc20,%202156.pdf)

Abstract: We performed a systematic review and meta-analysis to investigate the prognostic value of tumor cells in blood (circulating tumor cells [CTCs]) or bone marrow (BM) (disseminated tumor cells) of patients with resectable colorectal liver metastases or widespread metastatic colorectal cancer (CRC). The following databases were searched in May 2011: MEDLINE, EMBASE, Science Citation Index, BIOSIS, Cochrane Library. Studies that investigated the association between tumor cells in blood or BM and long-term outcome in patients with metastatic CRC were included. We extracted hazard ratios (HRs) and confidence intervals (CIs) from the included studies and performed random-effects meta-analyses for survival outcomes. The literature search yielded 16 studies representing 1,491 patients. The results of 12 studies representing 1,329 patients were suitable for pooled analysis. The overall survival (HR, 2.47; 95 % CI 1.74-3.51) and progression-free survival (PFS) (HR, 2.07; 95 % CI 1.44-2.98) were worse in patients with CTCs. The subgroup of studies with more than 35 % CTC-positive patients was the only subgroup with a statistically significant worse PFS. All eight studies that performed multivariable analysis identified the detection of CTCs as an independent prognostic factor for survival. The detection of CTCs in peripheral blood of patients with resectable colorectal liver metastases or widespread metastatic CRC is associated with disease progression and poor survival.

Keywords: Analysis, Association, Blood, Bone, Bone Marrow, Cancer, Citation, Colorectal, Colorectal Cancer, Confidence, Confidence Intervals, Databases, Disease, Embase, Hazard, Intervals, Literature, Liver, Long Term, Long-Term, Long-Term Outcome, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Metastases, Outcome, Outcomes, Patients, Peripheral Blood, Prognostic, Prognostic Factor, Progression, Review, Science, Science Citation Index, Survival, Systematic Review, Tumor, Value

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Full Text: [2013\Ann Sur Onc20, 4022.pdf](2013/Ann%20Sur%20Onc20,%204022.pdf)

Abstract: This study aimed to estimate the prevalence of indeterminate pulmonary nodules and specific radiological and clinical characteristics that predict malignancy of these at initial staging chest computed tomography (CT) in patients with colorectal cancer. A considerable number of indeterminate pulmonary nodules, which cannot readily be classified as either benign or malignant, are detected at initial staging chest CT in colorectal cancer patients. A systematic review based on a search in EMBASE, MEDLINE, the Cochrane library and science citation index, PubMed databases, Google scholar, and relevant conference proceedings was performed in cooperation with the Cochrane Colorectal Cancer Group. A total of 2,799 studies were identified, of which 12 studies met the inclusion criteria. The studies primarily consisted of case series and included a total of 5,873 patients. of these patients, 9 % (95 % confidence interval [95 % CI] 8.9-9.2 %) had indeterminate pulmonary nodules at chest CT, of which 10.8 % (95 % CI 10.3-11.2 %) turned out to be colorectal cancer metastases at follow-up. Generally, regional lymph node metastasis, and multiple numbers of indeterminate pulmonary nodules were reported to predict malignancy, whereas calcification of the nodules indicated benign lesions. It was found that 1 in 100 colorectal cancer patients subjected to preoperative staging chest CT will have an indeterminate pulmonary nodule that proves to be metastatic disease. Such a low risk suggests that indeterminate pulmonary nodules should not cause further preoperative diagnostic workup or follow-up besides routine regimens.

Keywords: Cancer, Carcinoma, Characteristics, Chest, Citation, Citation Index, Clinical, Colorectal, Colorectal Cancer, Computed Tomography, Computerized-Tomography, Conference Proceedings, Confidence, Cooperation, Criteria, CT, CT Scans, Databases, Denmark, Disease, Embase, Fleischner-Society, Follow-Up, Google, Google Scholar, Index, Interval, Lesions, Low Risk, Lung Metastases, Malignancy, Management, MEDLINE, Metastases, Metastasis, Metastatic Disease, New-York, Nov, Patients, Preoperative, Prevalence, Pubmed, Pulmonary Nodule, Rectal-Cancer, Regional, Review, Risk, Science, Science Citation Index, Surgery, Systematic Review, USA

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Full Text: [2013\Ann Sur Onc20, 4169.pdf](2013/Ann%20Sur%20Onc20,%204169.pdf)

Abstract: Background. Although neoadjuvant radiotherapy may improve local control of rectal cancer, its clinical value requires further evaluation as a result of potential side effects and advances in surgical technique. A meta-analysis was performed to assess effectiveness and safety of neoadjuvant radiotherapy in the management of rectal cancer. Methods. The following databases were searched: the Cochrane Library, Biosis, Web of Science, Embase, ASCO Abstracts and WHO International Clinical Trials Registry Platform. Randomized controlled trials on the following comparisons were included: (1) neoadjuvant therapy versus surgery alone and (2) neoadjuvant chemoradiotherapy versus neoadjuvant radiotherapy. Results. We identified 17 and 5 relevant trials that enrolled 8,568 and 2,393 patients, respectively. Neoadjuvant radiotherapy improved local control (hazard ratio 0.59; 95 % confidence interval 0.48-0.72) compared to surgery alone even after total mesorectal excision, whereas its benefit in overall survival just failed to reach statistical significance (0.93; 0.85-1.00). However, it was associated with increased perioperative mortality (1.48; 1.08-2.03), in particular if a dose of 5 Gy per fraction was administered (1.85; 1.23-2.78). Chemoradiotherapy improved local control as opposed to radiotherapy (0.53; 0.39-0.72), with no impact on perioperative outcome and long-term survival. Conclusions. Neoadjuvant radiotherapy improves local control in patients with rectal cancer, particularly when chemoradiotherapy is administered. The question if the use of more effective chemotherapy protocols improves overall survival warrants further investigation.

Keywords: Advances, Biosis, Cancer, Chemoradiotherapy, Chemotherapy, Clinical, Clinical Trials, Confidence, Control, Databases, Effectiveness, Effects, Evaluation, Hazard, Impact, Interval, Investigation, Local, Long Term, Long-Term, Management, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Outcome, Patients, Potential, Protocols, Radiotherapy, Randomized Controlled Trials, Rectal Cancer, Results, Safety, Science, Side Effects, Significance, Surgery, Surgical Technique, Survival, Therapy, Value, Web of Science, WHO

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Full Text: [2014\Ann Sur Onc21, 1082.pdf](2014/Ann%20Sur%20Onc21,%201082.pdf)

Abstract: Background. Diabetes mellitus (DM) is coupled to the risk and symptomatic onset of pancreatic ductal adenocarcinoma (PDAC). The important question whether DM influences the prognosis of resected PDAC has not been systematically evaluated in the literature. We therefore performed a systematic review and meta-analysis evaluating the impact of preoperative DM on survival after curative surgery. Methods. The databases Medline, Embase, Web of Science, and the Cochrane Library were searched for studies reporting on the impact of preoperative DM on survival after PDAC resection. Hazard ratios and 95 % confidence intervals (CI) were extracted. The meta-analysis was calculated using the random-effects model. Results. The data search identified 4,365 abstracts that were screened for relevant articles. Ten retrospective studies with a cumulative sample size of 4,471 patients were included in the qualitative review. The mean prevalence of preoperative DM was 26.7 % (1,067 patients), and all types of pancreatic resections were considered. The meta-analysis included 8 studies and demonstrated that preoperative DM is associated with a worse overall survival after curative resection of PDAC (hazard ratio 1.32, 95 % CI 1.46-1.60, P = 0.004). Only 2 studies reported separate data for new-onset and long-standing DM. Conclusions. To our knowledge, this is the first metaanalysis evaluating long-term survival after PDAC resection in normoglycemic and diabetic patients, demonstrating a significantly worse outcome in the latter group. The mechanism behind this observation and the question whether different antidiabetic medications or early control of DM can improve survival in PDAC should be evaluated in further studies.

Keywords: Adenocarcinoma, Cancer-Patients, Confidence, Confidence Intervals, Control, Cumulative, Data, Databases, Diabetes, Diabetes Mellitus, Ductal Adenocarcinoma, First, Hazard, Impact, Intervals, Knowledge, Literature, Long Term, Long-Term, Mechanism, Medline, Mellitus, Meta Analysis, Meta-Analysis, Metaanalysis, Metformin, Methods, Model, Obesity, Observation, Onset, Outcome, Outcomes, P, Pancreaticoduodenectomy, Patients, Preoperative, Prevalence, Prognosis, Qualitative, Random Effects Model, Reporting, Results, Retrospective Studies, Review, Risk, Risk-Factors, Sample Size, Science, Single-Institution, Size, Surgery, Survival, Systematic Review, Web Of Science

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Full Text: [2003\Ann Tho Sur76, S47.pdf](2003/Ann%20Tho%20Sur76,%20S47.pdf)

Abstract: Background. Members of the Southern Thoracic Surgical Association (STSA) have presented important pediatric cardiothoracic surgery papers at the annual meetings over the last 50 years. In order to determine the influence of these presentations on the practice of surgery, a review was undertaken. Early papers were characterized by emerging advances in open-heart surgery, anatomic congenital heart studies, and electrophysiologic discoveries that extended life with pacemakers. Later years were characterized by innovative myocardial preservation methods, improved cardiopulmonary bypass techniques, expanded homograft availability, emphasis on accurate repairs, intraoperative transesophageal echocardiography, and cardiopulmonary transplantation. Methods. All but one of the scientific programs of the annual meetings (that of 1964) were located. The programs were reviewed and 180 presentations were identified on topics in congenital heart disease, pediatric thoracic disease, and pediatric thoracic wall abnormalities. of those 180 oral presentations, 155 manuscripts (86%) were eventually published or in press and available for critical review and analysis. Manuscripts were grouped by diagnosis or therapeutic intervention. We determined a “cumulative citation frequency” (CCF), which measures the number of times an article is cited in the bibliography of related papers in the universe of participating journals. The selected manuscripts were compared with the historic landmark contributions and the existing trends at the time, and the number of articles both by individual authors and from institutions were tallied. Results. Grouping by authors and institutions showed that 100 of 155 pediatric cardiothoracic manuscripts (65%) originated from 13 institutions. The CCT for the 20 leading articles ranged from 26 to 93. Conclusions. This historical STSA 50-year record of pediatric cardiothoracic advances was accomplished in a milieu of collegial respect and camaraderie. Our annual meetings over the years have provided a venue for thoracic surgeons to share their ideas, innovations, and scientific inquiry. These contributions have significantly affected the practice of pediatric cardiothoracic surgery. The STSA has worked for 50 years and we trust that it will work for another 50 years and beyond. (C) 2003 by the Society of Thoracic Surgeons.

Keywords: Advances, Analysis, Availability, Bibliography, Cardiopulmonary, Cardiopulmonary Bypass, Citation, Congenital, Congenital Heart Disease, Diagnosis, Echocardiography, Heart, Impact, Institutions, Intervention, Journals, Life, Methods, Oral, Papers, Pediatric, Practice, Record, Review, Surgery, Techniques, Therapeutic, Transplantation, Trends, Trust, Work

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Full Text: [2012\Ann Tho Sur93, 337.pdf](2012/Ann%20Tho%20Sur93,%20337.pdf)

Abstract: Acute kidney injury (AKI) after cardiac surgery confers a significant increased risk of death. Several risk models have been developed to predict postoperative kidney failure after cardiac surgery. This systematic review evaluated the available risk models for AKI after cardiac surgery. Literature searches were performed in the Web of Science/Knowledge, Scopus, and MEDLINE databases for articles reporting the primary development of a risk model and articles reporting validation of existing risk models for AKI after cardiac surgery. Data on model variables, internal or external validation (or both), measures of discrimination, and measures of calibration were extracted. The systematic review included 7 articles with a primary development of a prediction score for AKI after cardiac surgery and 8 articles with external validation of established models. The models for AKI requiring dialysis are the most robust and externally validated. Among the prediction rules for AKI requiring dialysis after cardiac surgery, the Cleveland Clinic model has been the most widely tested thus far and has shown high discrimination in most of the tested populations. A validated score to predict AKI not requiring dialysis is lacking. Further studies are required to develop risk models to predict milder AKI not requiring dialysis after cardiac surgery. Standardizing risk factor and AKI definitions will facilitate the development and validation of risk models predicting AKI. (Ann Thorac Surg 2012;93:337-47) (C) 2012 by the Society of Thoracic Surgeons.

Keywords: Acute Kidney Injury, Acute-Renal-Failure, Bypass-Grafting Surgery, Cross-Validation, Databases, Definitions, Development, Dialysis, Discrimination, External Validation, Injury, Kidney, Literature, MEDLINE, Methodological Standards, Model, Open-Heart-Surgery, Primary, Replacement Therapy, Review, Risk, Risk Factor, Risk Models, Scopus, Surgery, Systematic, Systematic Review, Thoracic Surgeons, Validation, Valve Surgery

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Full Text: [2014\Ann Tho Sur97, 446.pdf](2014/Ann%20Tho%20Sur97,%20446.pdf)

Abstract: Background. To assess the prognostic significance of positive circumferential resection margin on overall survival in patients with esophageal cancer, a systematic review and meta-analysis was performed. Methods. Studies were identified from PubMed, EMBASE, and Web of Science. Survival data were extracted from eligible studies to compare overall survival in patients with a positive circumferential resection margin with patients having a negative circumferential resection margin according to the Royal College of Pathologists (RCP) criteria and the College of American Pathologists (CAP) criteria. Survival data were pooled with hazard ratios (HRs) and their corresponding 95% confidence intervals (CIs). A random-effects model meta-analysis on overall survival was performed. Results. The pooled HRs for survival were 1.510 (95% CI, 1.329-1.717; p < 0.001) and 2.053 (95% CI, 1.597-2.638; p < 0.001) according to the RCP and CAP criteria, respectively. Positive circumferential resection margin was associated with worse survival in patients with T3 stage disease according to the RCP (HR, 1.381; 95% CI, 1.028-1.584; p = 0.001) and CAP (HR, 2.457; 95% CI, 1.902-3.175; p < 0.001) criteria, respectively. Positive circumferential resection margin was associated with worse survival in patients receiving neoadjuvant therapy according to the RCP (HR, 1.676; 95% CI, 1.023-2.744; p = 0.040) and CAP (HR, 1.847; 95% CI, 1.226-2.78; p = 0.003) criteria, respectively. Conclusions. Positive circumferential resection margin is associated with poor prognosis in patients with esophageal cancer, particularly in patients with T3 stage disease and patients receiving neoadjuvant therapy. (C) 2014 by The Society of Thoracic Surgeons.

Keywords: Cancer, Cap, Confidence, Confidence Intervals, Criteria, Data, Disease, Embase, Hazard, Intervals, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Patients, Prognosis, Prognostic, Pubmed, Random Effects Model, Results, Review, Science, Significance, Survival, Systematic Review, T3, Therapy, Web of Science

# Title: Annals of Tourism Research

Full Journal Title: Annals of Tourism Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Palmer, A.L., Sesé, A. and Montaño, J.J. (2005), Tourism and statistics: Bibliometric study 1998–2002. *Annals of Tourism Research*, **32** (1), 167-178.

Full Text: [2005\Ann Tou Res32, 167.pdf](2005/Ann%20Tou%20Res32,%20167.pdf)

Abstract: the use of statistics in any scientific discipline can be considered a key element in evaluating its degree of maturity and demonstrates the generation of nonspeculative knowledge. The aim of this study is to carry out a bibliometric analysis of the use of statistical methods in tourism research. To accomplish this, a group of 12 tourism journals published within a 5-year period (1998–2002) were chosen and 1,790 articles were reviewed by means of a taxonomy with 24 statistical categories. The main results show the percentage of articles that apply statistical techniques as compared to those that do not, and a ranking of the techniques most often used and their distribution according to journal.

Keywords: Bibliometric, Bibliometric Analysis, Bibliometrics, Journal, Journals, Research, Statistical Methods

? Benckendorff, P. and Zehrer, A. (2013), A network analysis of tourism research. *Annals of Tourism Research*, **43**, 121-149.

Full Text: [2013\Ann Tou Res43, 121.pdf](2013/Ann%20Tou%20Res43,%20121.pdf)

Abstract: This paper uses network analysis to identify the pioneering scholars and seminal works which have influenced recent papers in leading journals. The analysis extends beyond rankings of scholars by using co-citation networks to visualize the relationships between the most influential scholars and works and to uncover the disciplinary contributions which have supported the emergence of tourism as a field of academic study. The networks of scholars and works illuminate invisible colleges, tribes and territories in tourism research and indicate that while the social sciences have been most influential, business-related citations are increasing. The findings contribute to the discourse about the epistemology of tourism research by using bibliometric techniques to offer insights into the interdisciplinary structure of tourism research.

Keywords: Analysis, Authorship Analysis, Bibliometric, Bibliometric Techniques, Bibliometrics, Citation Analysis, Citations, Co-Citation, Co-Citation Analysis, Co-Citation Networks, Cocitation, Cocitation Analysis, Discourse, Doctoral Dissertations, Epistemology, Field, Impact, Institutional Contributors, Interdisciplinary, Invisible Colleges, Journal Rankings, Journals, Knowledge Domain, Management, Network, Network Analysis, Networks, Papers, Rankings, Recent, Research, Science, Sciences, Service Quality, Social, Social Sciences, Structure, Techniques, Territories, Tourism

# Title: Annals of Transplantation

Full Journal Title: [Annals of Transplantation](http://www.annalsoftransplantation.com/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1425-9524

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Nourbala, M.H., Taheri, S., Habibi, R., Abolhasani, E., Nemati, E., Pourfarziani, V., Abbaszadeh, S. and Einollahi, B. (2008), “Transplantation” research output by Muslim Nations: Current status, trends and future outlook. *Annals of Transplantation*, **13** (2), 21-27.

Full Text: [2008\Ann Tra13, 21.pdf](2008/Ann%20Tra13,%2021.pdf)

Abstract: Bibliometric measurement of scientific research production is one of the most practical methods for evaluating scientific situations of any nations. In this study, we assessed the number of scientific publications by authors from Muslim nations in journals indexed in PUBMED under “transplantation” subject. We found that Muslim nations have relatively very low publication rate in the field of transplantation. Moreover, except for Turkey, we did not detect an uplifting trend for the surveyed nations. Iran had quiet irregular trend with a very sharp missile like upwarding trend in 2007. In summary, Muslim nations with notable practice in transplantation should more fund and concentrate on scientific aspects of the practice for resolving local health dilemmas as well as exploring basic science for improving prognosis and quality of life of renal transplant patients.<br/>.

Keywords: Authors, Bibliometric, Biomedical-Research, Concentrate, Dilemmas, Health, Iran, Iran, Islamic Countries, Journals, Life, Local, Measurement, Methods, Muslim, Nations, Patients, Practice, Production, Prognosis, Publications, Quality, Quality of, Quality of Life, Research, Research Output, Saudi-Arabia, Science, Scientific Publications, Scientific Research, Status, Summary, Transplantation, Trend, Trends, Turkey

? Assari, S. (2008), How Iran could maintain its peak of transplantation publication? *Annals of Transplantation*, **13** (3), 48-49.

Full Text: [2008\Ann Tra13, 48.pdf](2008/Ann%20Tra13,%2048.pdf)

? Assari, S. (2009), Domestic versus international Iranian transplantation publication: A comparative study. *Annals of Transplantation*, **14** (3), 58-61.

Full Text: [2009\Ann Tra14, 58.pdf](2009/Ann%20Tra14,%2058.pdf)

Abstract: Background: Scientific articles are a source of information for other researchers. The aim of the current study was to compare the characteristics of the transplantation related research efforts which have been published in domestic journals and MEDLINE indexed journals from Iran between 1993 and 2003. Material/Methods: Within the study period, 601 transplantation scientific papers had been published from Iran, either in 91 domestic (www.iranmedex.com) or international journals (www.ncbi.com) for all the biomedical articles published between 1993 and 2003 in 91 Iranian journals. The search was conducted using “transplantation” or “transplant” as key words. A printed copy of the papers (if available), was reviewed to identify the transplanted organ, study design, number of authors, and type of article. Results: Among 601 articles, 545 (90.6%) had been published in domestic journals, and 56 (9.4%) in MEDLINE indexed journals. Frequency of original articles was significantly higher among domestic journals (84.4% vs. 62.5%, p=0.001). The organ type was not significantly different between domestic or MEDLINE indexed journals (61.7%, 71.4%, p=0.556). Mean author numbers was significantly less among domestic in comparison to MEDLINE indexed journals (3.6±2.2 vs. 4.6±3.0, p=0.047). Conclusions: It seems that Iranian scientific database is a more important database, not only by means of quantity, but also by means of research characteristics, such as originality of research. So, domestic scientific databases should be regarded as a pool of valuable information, and should be introduced to researchers of other countries, such a Middle East Society for Organ Transplantation region.

Keywords: Bibliometric Studies, Domestic Databases, Manuscripts, MEDLINE, Research, Transplantation

? O’Sullivan, K.E. and Hurley, J.P. (2014), The 100 most cited publications in transplantation. *Annals of Transplantation*, **19**, 436-443.

Full Text: [2014\Ann Tra19, 436.pdf](2014/Ann%20Tra19,%20436.pdf)

Abstract: Bibliometric analyses are viewed as a proxy marker of a papers influence and therefore an analysis of the most influential papers published in recent decades. This study is a citation analysis of the top 100 most cited papers in transplantation. We hypothesized that the field of transplantation could serve as an exemplar model of an area in which advancement of the specialty could be heavily attributed to translational research. This paper represents the first use of this technique of bibliometric analysis in the context of transplantation as a whole and also to subdivide the top cited papers within the field according to clinical versus scientific origin. Papers ranking in the top 100 were published in 16 journals. A total of 48 of the top 100 papers were scientific with 52 clinical. The majority of the top cited papers (67) originated in the USA and were published between 2000 and 2009. The New England Journal of Medicine published the majority of the top 100 papers in transplantation (24), followed by Transplantation (21) and Nature (18). This article provides a valuable perspective on this field by outlining the key publications and highlighting the importance of translational research in advancing the progress.

Keywords: Analyses, Analysis, Article, Autologous Chondrocyte Transplantation, Bibliometric, Bibliometric Analysis, Bibliometrics, Bone-Marrow-Transplantation, Cadaveric Renal-Transplantation, Cell Transplantation, Citation, Citation Analysis, Citation-Classics, Clinical, Context, Deep Cartilage Defects, Endothelial Progenitor Cells, England, Field, First, Influence, Journal, Journals, Liver-Transplantation, Marker, Medicine, Mesenchymal Stem-Cells, Model, Mycophenolate-Mofetil, Organ Transplantation, Origin, Papers, Progress, Publications, Ranking, Recent, Research, Specialty, Top Cited Papers, Top-Cited, Translational Research, Transplantation, Unrelated Donors, USA

# Title: Annals of Tropical Medicine and Parasitology

Full Journal Title: [Annals of Tropical Medicine and Parasitology](http://thesius.ingentaselect.com/vl=776195/cl=47/nw=1/rpsv/cw/maney/00034983/contp1.htm)

ISO Abbreviated Title: Ann. Trop. Med. Parasitol.

JCR Abbreviated Title: Ann Trop Med Parasit

ISSN: 0003-4983

Issues/Year: 8

Journal Country/Territory: England

Language: English

Publisher: Carfax Publishing

Publisher Address: Rankine Rd, Basingstoke RG24 8PR, Hants, England

Subject Categories:

Public, Environmental & Occupational Health: Impact Factor, 0.989, 50/85 (1999); Impact Factor 1.049, 50/88 (2001)

Parasitology: Impact Factor, 0.989, (1999); Impact Factor 1.049, 10/22 (2001)

Tropical Medicine: Impact Factor, 0.989, (1999); Impact Factor 1.049, 4/12 (2001)

? Utzinger, J. and Keiser, J. (2006), Urbanization and tropical health - then and now. *Annals of Tropical Medicine and Parasitology*, **100** (5-6), 517-533.

Abstract: Since the launch of the Annals of Tropical Medicine and Parasitology 100 years ago, the percentage of the world’s population living in urban settings has more than tripled and is now approaching 50%. Urbanization will continue at a high pace, particularly in the less developed regions of Africa and Asia. The profound demographic, ecological and socio-economic transformations that accompany the process of urbanization have important impacts on health and well-being. In industrialized countries, urbanization led to the so-called ‘epidemiological transition’, from acute infectious and deficiency diseases to chronic non-communicable diseases, many decades ago. In the developing world, surprisingly little research has been carried out on the health-related aspects of urbanization. In a temporal analysis of publications in the Annals of Tropical Medicine and Parasitology, for example, in which the first volume in every decade from 1907 was examined, only 16 (2.6%) of the 604 articles investigated focused on epidemiological and/or public-health issues in urban tropical settings. This review begins with the question ‘what is urban?’ and then provides a summary of the trends seen in urbanization, and its impacts on human health, over the past century, on both a global and regional scale. For the main tropical diseases, estimates of the at-risk populations and the numbers of cases are updated and then split into urban and non-urban categories. The inhabitants of urban slums are particularly vulnerable to many of these diseases and require special attention if internationally-set targets for development are to be met. Heterogeneity, a major feature of urban settings in the tropics that complicates all efforts at health improvement, is demonstrated in an exploration of a densely populated municipality of a large West African town. Urban planners, public-health experts and other relevant stakeholders clearly need to make much more progress in alleviating poverty and enhancing the health and well-being of urban residents, in an equity-effective and sustainable manner.

Keywords: Africa, Analysis, Asia, Chronic, Developing, Developing World, Development, Diseases, Estimates, Experts, Feature, First, Health, Health Improvement, Human, Human Health, Impacts, Improvement, Living, Municipality, Nonurban, Population, Populations, Poverty, Public Health, Publications, Regional, Regional Scale, Regional-Scale, Research, Review, Scale, Stakeholders, Sustainable, Temporal, Temporal Analysis, Trends, Tropical, Urban, Urbanization, Volume, World

# Title: Annals of Vascular Surgery

Full Journal Title: [Annals of Vascular Surgery](http://www.springerlink.com/(crkruyynku24xg552nflzkmh)/app/home/journal.asp?referrer=backto&backto=linkingpublicationresults,1:100372,1;&absoluteposition=3#A3)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0066-4200

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Klein, S. and Hage, J.J. (2006), Measurement, calculation, and normal range of the ankle-arm index: A bibliometric analysis and recommendation for standardization. *Annals of Vascular Surgery*, **20** (2), 282-292.

Full Text: [2006\Ann Vas Sur20, 282.pdf](2006/Ann%20Vas%20Sur20,%20282.pdf)

Abstract: Since its introduction in 1950, a variety of methods of measurement and calculation have been used to establish the ankle-arm index (AAI). This has resulted in variations of its normal range and difficulty in comparing study results. Hence, the objective of our study was to analyze the disparate methods used to assess AAI and its normal range and to recommend a standardized method to assess AAI based on that analysis. We made an inventory of the disparate AAI methods and its normal range reported in 100 randomly selected publications and recommend the means of such standardization. We recommend that an experienced observer assess AAI with the patient at rest in the supine position. The width of the sphygmometer cuffs should be 1.5 times that of the extremity to be measured, and brachial and crural pulses should be detected using a Doppler device. Systolic pressures should be measured at both arms and over the anterior and posterior arteries of both legs, with the cuff placed just proximally to the malleoli. The left arm pressure ought to be used as denominator and the mean of pressures of both crural arteries of each leg ought to be used for the numerator of the AAI for that leg. We advocate 0.90 as the cut-off value to distinguish patients who need further arterial assessment.

Keywords: Analysis, Arm, Assessment, Bibliometric Analysis, Blood-Pressure, Brachial Pressure Index, Coronary-Heart-Disease, Defined Population, Extremity, Follow-up, Index, Inventory, Leg, Lower-Extremities, Made, Measurement, Methods, Occlusive Disease, Patient, Patients, Peripheral Arterial-Disease, Position, Pressure, Publications, Range, Standardization, Systolic Pressures, Vascular-Disease

? Hu, Z.P., Wang, Z.W., Dai, X.F., Zhan, B.T., Ren, W., Li, L.C., Zhang, H. and Ren, Z.L. (2014), Outcomes of surgical versus balloon angioplasty treatment for native coarctation of the aorta: A meta-analysis. *Annals of Vascular Surgery*, **28** (2), 394-403.

Full Text: [2014\Ann Vas Sur28, 394.pdf](2014/Ann%20Vas%20Sur28,%20394.pdf)

Abstract: Background: Native coarctation of the aorta (COA) accounts for 5-7% of congenital heart disease. Open surgical treatment was the only choice until balloon angioplasty (BA) treatment was introduced as an alternative therapy for COA in the 1980s. BA treatment was thought to be a less invasive and potentially safer technique, and has been used on numerous patients. But as has been reported during the past 30 years, the risk of aneurysm formation and recoarctation existed in either of those 2 procedures. Unfortunately, follow-up for either type of treatment has been limited, making it difficult to draw any meaningful conclusions as to which treatment option is superior. Our objective was to compare results of 2 therapeutic modalities to treat native COA: BA without stent implantation and surgery. Methods: We performed a meta-analysis of controlled trials of surgical versus BA treatment for native COA. MEDLINE, EMBASE, the Cochrane Central Register of Controlled Trials, CINAHL, Web of Science, and the Chinese Biomedical Database of clinical trials were searched using PubMed and OVID. Controlled trials in which patients with COA were assigned to surgical repair or BA treatment were included. For each outcome, we evaluated the quality of the evidence with reference to the Grading of Recommendations Assessments, Development, and Evaluation criteria. We used RevMan 5.1 software (The Nordic Cochrane Centre, Copenhagen, Denmark) to analyze the data. Results: A literature search yielded 9 comparable studies, for a total of 623 patients, of whom 378 and 245 were assigned to surgery and BA. Meta-analysis of these studies showed no significant difference in postintervention gradient (inverse variance fixed mean difference: 1.44 [95% CI: -1.16 to 4.04]), midterm recoarctation (ManteleHaenszel [M-H] random odds ratio [OR]: 0.24 [95% CI: 0.04-1.58]), and long-term recoarctation (M-H fixed OR: 0.61 [95% CI: 0.34-1.11]). BA reduces the risk of severe complications (M-H fixed OR: 2.67 [95% CI: 1.37-5.21]; P < 0.001) but increases the risk of short-term recoarctation (M-H fixed OR: 0.25 [95% CI]: 0.12-0.54]; P < 0.001) and aortic aneurysm formation (M-H fixed OR: 0.12 [95% CI]: 0.04-0.34]; P < 0.001). Conclusions: BA provides immediate results comparable to surgery and reduces invasion, but it does not provide better results compared with surgery when considering medium-and longterm complications and even increases the incidence of aneurysm formation.

Keywords: Alternative, Alternative Therapy, Aneurysm, Biomedical, Chinese, Choice, Clinical, Clinical Trials, Complications, Congenital, Congenital Heart Disease, Criteria, Data, Database, Denmark, Disease, Embase, Evaluation, Evidence, Follow-Up, Heart, Implantation, Incidence, Invasive, Literature, Literature Search, Long Term, Long-Term, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Modalities, Odds Ratio, Outcome, Outcomes, P, Patients, Procedures, Pubmed, Quality, Quality Of, Reference, Results, Risk, Science, Software, Surgery, Surgical, Surgical Treatment, Therapeutic, Therapy, Treatment, Treatment Option, Web of Science

? Antoniou, G.A., Antoniou, S.A., Georgakarakos, E.I., Sfyroeras, G.S. and Georgiadis, G.S. (2015), Bibliometric analysis of factors predicting increased citations in the vascular and endovascular literature. *Annals of Vascular Surgery*, **29** (2), 286-292.

Full Text: [2015\Ann Vas Sur29, 286.pdf](2015/Ann%20Vas%20Sur29,%20286.pdf)

Abstract: Background: Dissemination of research findings in the scientific community is reflected by the citation count. Our objective was to investigate the relative citation impact of vascular research studies and identify potential predictors of increased citation rates. Methods: Articles published in leading journals of vascular and general surgery (Journal of Vascular Surgery, European Journal of Vascular and Endovascular Surgery, Journal of Endovascular Therapy, Annals of Vascular Surgery and Annals of Surgery, British Journal of Surgery, Journal of the American College of Surgeons, and JAMA Surgery) during a 4-month period were identified through electronic databases. Variables potentially associated with increased citation rates, including subject, design, title characteristics, article length, bibliographic references, authorship, geographic distribution, interdisciplinary collaboration, article access, and funding, were assessed in univariate and multiple linear regression models through December 2012. Results: A total of 226 articles with a total number of 4,605 citations were identified. Univariate analysis revealed that endovascular-related studies, study design, studies reporting design in the title, long articles, and studies with high number of references were associated with higher citation rates. On multivariate analysis, 3 variables were found to independently predict the number of citations: study subject (endovascular-related studies; regression coefficient [95% confidence interval], 0.474 [0.240-0.708]; P < 0.001); study design (randomized controlled trial; regression coefficient [95% confidence interval], 0.575 [0.145-1.005]; P = 0.009); and article length (number of pages; regression coefficient [95% confidence interval], 0.069 [0.016-0.123]; P=0.011). Conclusions: Authors involved in vascular research may enhance the impact of their work by embarking on research strategies of high methodologic quality and pursuing work related with new technologies and evolving endovascular therapies.

Keywords: Access, Analysis, Article, Articles, Authorship, Bibliographic, Bibliometric, Bibliometric Analysis, Characteristics, Citation, Citation Impact, Citation Rates, Citations, Collaboration, Community, Confidence, Controlled Trial, Databases, Design, Dissemination, Distribution, Factors, Funding, General, General Surgery, Geographic Distribution, Greece, Impact, Impact Factor, Interdisciplinary, Journal, Journals, Length, Linear Regression, Literature, Medicine, Methods, Models, Multivariate, Multivariate Analysis, P, Potential, Predictors, Quality, Randomized, Randomized Controlled Trial, Rates, References, Regression, Reporting, Research, Results, Scientific Community, Study Design, Surgery, Technologies, Therapy, Trial, Work

# Title: ANNEE Psychologique

Full Journal Title: ANNEE Psychologique

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ferrand, L. (2007), Hirsch’s h Index: A new measure to quantify the research output of individual scientists. *ANNEE Psychologique*, **107** (4), 531-536.

Keywords: h Index, h-Index, Ranking, Research

# Title: 2008 41st Annual Hawaii International Conference on System Sciences

? Sunikka, A. and Bragge, J. (2008), What, who and where: insights into personalization. *2008 41st Annual Hawaii International Conference on System Sciences*, 2271-2280.

Abstract: Personalization is a phenomenon that intrigues and confuses. Personalized offerings promise customer attention, loyalty and safe haven against commoditization. However, these promises do not materialize unless customers accept personalization as a means to enhance their consuming experience. Three points of views are offered to personalization in this paper. An analysis of various personalization concepts shows that the basic concept of personalization is reaching maturity even though fresh views are added to it, e.g. context-based personalization. Secondly, a text-mining based approach profiles the personalization research based on bibliometric data on nearly 800 articles, and indicates that the research field is fairly fragmented, and that mass customization and customization research clearly diverges from personalization research. Based on a selection of articles, a further analysis classifies the type of research and research contexts that are the most common. Finally, this research also suggests a conceptualization of personalization.

Keywords: Analysis, Bibliometric, Research, Text Mining

# Title: Annual Review of Information Science and Technology

Full Journal Title: [Annual Review of Information Science and Technology](http://www3.interscience.wiley.com/cgi-bin/jhome/109861081)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0066-4200

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Narin, F. and Moll, J.K. (1977), Bibliometrics. *Annual Review of Information Science and Technology*, **12**, 35-58.

Full Text: Ann Rev Inf Sci Tec12, 35.pdf

Notes: highly cited

? White, H.D. and Mccain, K.W. (1989), Bibliometrics. *Annual Review of Information Science and Technology*, **24**, 119-186.

Full Text: 1989\Ann Rev Inf Sci Tec24, 119.pdf

Keywords: Bibliometrics

Notes: MModel

? Wilson, C.S. (1999), Informetrics. *Annual Review of Information Science and Technology*, **34**, 107-247.

Full Text: 1999\Ann Rev Inf Sci Tec34, 107.pdf

Keywords: Author Cocitation Analysis, Bradford Law, Information-Science, Lotka’s Law, Own-Language Preference, Simon-Yule Approach, Stationary Scientometric Distributions, Success-Breeds-Success, Theoretical Population-Genetics, World-Wide-Web

Notes: highly cited

? Borgman, C.L. and Furner, J. (2002), Scholarly communication and bibliometrics. *Annual Review of Information Science and Technology*, **36**, 3-72.

Full Text: [2002\Ann Rev Inf Sci Tec36, 3.pdf](2002/Ann%20Rev%20Inf%20Sci%20Tec36,%203.pdf)

Keywords: Bibliometrics, Communication

? Yang, K.D. (2005), Information retrieval on the Web. *Annual Review of Information Science and Technology*, **39**, 33-80.

Full Text: [2005\Ann Rev Inf Sci Tec39, 33.pdf](2005/Ann%20Rev%20Inf%20Sci%20Tec39,%2033.pdf)

Keywords: Bibliometrics, Classification, Composite Representations, Documents, Hypertext, Links, Queries, Subject

? Hyland, K. and Salager-Meyer, F. (2008), Scientific writing. *Annual Review of Information Science and Technology*, **42** (1), 297-338.

Full Text: [2008\Ann Rev Inf Sci Tec42, 297.pdf](2008/Ann%20Rev%20Inf%20Sci%20Tec42,%20297.pdf)

Keywords: 20th-Century, Academic Discourse, Collaboration, Construction, English, Metadiscourse, Reader, Research Articles, Self-Citations, Texts

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Full Text: 2011\Ann Rev Inf Sci Tec45, 63.pdf

Keywords: Bibliometric Analysis, Consumer Health Information, Current-Awareness, Document Management-Systems, Drug-Information, In-House, Knowledge Management, Library-of-Medicine, Literature, Pharmaceutical, Regulatory Activities Meddra, Research-and-Development

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Full Text: [2011\Ann Rev Inf Sci Tec45, 199.pdf](2011/Ann%20Rev%20Inf%20Sci%20Tec45,%20199.pdf)

Keywords: Advanced Bibliometric Methods, Angewandte-Chemie, Biomedical Publication, Citation Analysis, Fellowship Applications, Grant Applications, Inter-Referee Agreement, National-Science-Foundation, Predictive-Validity, Review, Statistical-Analysis

# Title: Annual Review of Nursing Research

Full Journal Title: Annual Review of Nursing Research

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JCR Abbreviated Title: Annu Rev Nurs Res

ISSN: 0739-6686

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Madigan, E.A., Tullai-McGuinness, S. and Neff, D.F. (2002), Home health services research. *Annual Review of Nursing Research*, **20**, 267-291.

Abstract: This chapter reviews 69 published research reports of home health care from a health services perspective by nurse researchers and researchers from other disciplines. Reports were identified through searches of the National Library of Medicine (MEDLINE), and the Cumulative Index to Nursing and Allied Health Literature and Social Sciences Citation Index using the following search terms: home health care, health services research, and elders. Within the major areas identified, the following additional terms were specified: resource use and outcomes. Reports were included if published between 1995 and 2001, used samples age 65 and older, performed in the U.S., and published in English. Studies of all types were included. The key findings follow: (a) Most studies were a theoretical. If a theoretical model was used, it was most often the Andersen Behavioral Model. (b) Few conclusions can be drawn about resource use--increasing age and higher severity of health related problems are associated with higher numbers of home visits. The variety of measures of resource use and the study approaches (large national data sets versus single or several agency samples) limits the ability to draw conclusions on resource use. (c) There is a growing body of evidence on rehospitalization of home health care patients which indicates rehospitalization is prevalent but largely not predictable. (d) Patient outcomes research is inconclusive at this point, primarily because there are few studies that examine patient outcomes using a consistent set of measures. The main recommendations are: to study rehospitalization using a more profile-based approach to determine visit patterns that may be effective, to further specify the kinds of outcomes that may be achieved as a result of home health care and which patients might be expected to achieve positive outcomes, and to examine the integration of home health care with the broader community-based services.

Keywords: Age, Approach, Care, Community Based, Data, Evidence, Health, Health Care, Health Services, Health Services Research, Home Visits, Integration, MEDLINE, Model, Outcomes, Outcomes Research, Patients, Positive Outcomes, Recommendations, Rehospitalization, Research, Resource Use, Reviews, Services

# Title: Annual Review of Sociology

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JCR Abbreviated Title:

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Issues/Year:

Journal Country/Territory:

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Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Chasedunn, C. and Grimes, P. (1995), World-systems analysis. *Annual Review of Sociology*, **21**, 387-417.

Full Text: [1995\Ann Rev Soc21, 387.pdf](1995/Ann%20Rev%20Soc21,%20387.pdf)

Abstract: This is a review of recent research on world-systems. We cover studies of the current system and studies that compare the contemporary global system with earlier, smaller intersocietal systems. Research on the cycles and secular trends found in the modern world-system is discussed at length. This includes an examination of economic cycles of various lengths as well as their Links with broader cycles like the rise and fall of hegemonic core powers, international financial crises, and the cycle of global war. We also survey recent studies of core-periphery hierarchy.

Keywords: Economic Cycles, Warfare, Social Evolution, Global Crisis, Capitalism, International-Trade, Perspective, Revolution

# Title: AMIA Annual Symposium Proceedings

Full Journal Title: [AMIA Annual Symposium Proceedings](http://www.pubmedcentral.nih.gov/tocrender.fcgi?action=archive&journal=362)

ISO Abbreviated Title:

JCR Abbreviated Title: AMIA Annu Symp Proc

ISSN: 1559-4076

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Synnestvedt, M. and Chen, C. (2003), Visualizing AMIA: A medical informatics knowledge domain analysis. *AMIA Annual Symposium Proceedings*, 1024.

Full Text: [2003\AMIA Ann Sym Pro03, 1024.pdf](2003/AMIA%20Ann%20Sym%20Pro03,%201024.pdf)

Abstract: Medical Informatics has been described as having a “long and delayed adolescence” which continues to “find itself in search of self-definition”, and the AMIA Symposium Proceedings have been viewed as an indicator of trends in the field. This pilot study investigated the feasibility of applying a knowledge domain visualization approach to clarifying the domain of medical informatics based on the AMIA publications. Document co-citation analysis (DCA) is combined with Pathfinder Network Scaling (PFNET), visualization, and animation to develop a 3-D knowledge landscape.

Keywords: 3D, Analysis, Approach, Co-Citation, Co-Citation Analysis, Cocitation, Domain Analysis, Feasibility, Field, Indicator, Informatics, Knowledge, Landscape, Medical, Medical Informatics, Pilot, Publications, Trends, Visualization

? Synnestvedt, M.B., Chen, C. and Holmes, J.H. (2005), CiteSpace II: visualization and knowledge discovery in bibliographic databases. *AMIA Annual Symposium Proceedings*, 724-728.

Full Text: [2005\AMIA Ann Sym Pro05, 724.pdf](2005/AMIA%20Ann%20Sym%20Pro05,%20724.pdf)

Abstract: This article presents a description and case study of CiteSpace II, a Java application which supports visual exploration with knowledge discovery in bibliographic databases. Highly cited and pivotal documents, areas of specialization within a knowledge domain, and emergence of research topics are visually mapped through a progressive knowledge domain visualization approach to detecting and visualizing trends and patterns in scientific literature. The test case in this study is progressive knowledge domain visualization of the field of medical informatics. Datasets based on publications from twelve journals in the medical informatics field covering the time period from 1964-2004 were extracted from PUBMED and Web of Science (WOS) and developed as testbeds for evaluation of the CiteSpace system. Two resulting document-term co-citation and MeSH term co-occurrence visualizations are qualitatively evaluated for identification of pivotal documents, areas of specialization, and research trends. Practical applications in bio-medical research settings are discussed.

Keywords: Application, Approach, Bibliographic Databases, Biomedical, Biomedical Research, Case Study, Co-Citation, Cocitation, Databases, Discovery, Evaluation, Field, Identification, Informatics, Journals, Knowledge, Literature, Medical, Medical Informatics, Publications, PUBMED, Research, Scientific Literature, Term, Trends, Visualization, Web of Science

? Lavallie, D.L. and Wolf, F.M. (2005), Publication trends and impact factors in the Medical Informatics literature. *AMIA Annual Symposium Proceedings*, 1018.

Full Text: [2005\AMIA Ann Sym Pro05, 1018.pdf](2005/AMIA%20Ann%20Sym%20Pro05,%201018.pdf)

Abstract: We survey the “evolution” of the field of Medical Informatics by describing trends in volume (quantity) of Medical Informatics-indexed publications, identifying major journals of publication and their focus areas and presenting trends in impact factor scores during the 1994-2003 period. Changes in total impact-scores suggest an increasing trend of publication in journals of higher impact.

Keywords: Factor Scores, Field, Impact, Impact Factor, Impact Factor Scores, Impact Factors, Journals, Literature, Publication, Publications, Survey, Trend, Trends

? Synnestvedt, M.B., Chen, C. and Holmes, J.H. (2005), Visual exploration of landmarks and trends in the medical informatics literature. *AMIA Annual Symposium Proceedings*, 1129.

Full Text: [2005\AMIA Ann Sym Pro05, 1129.pdf](2005/AMIA%20Ann%20Sym%20Pro05,%201129.pdf)

Abstract: This study presents preliminary results from a visual study of a new dataset of forty years of citation data from publications of twelve journals in the medical informatics field covering the time period from 1964-2004. Highly cited and pivotal documents, areas of specialization within medical informatics, and emergence of research topics are visually mapped through a progressive knowledge domain visualization approach to detecting and visualizing trends and patterns in scientific literature.

Keywords: Approach, Citation, Data, Field, Informatics, Journals, Knowledge, Literature, Medical, Medical Informatics, Publications, Research, Scientific Literature, Trends, Visualization

# Title: Anticancer Research

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Subject Categories:

Oncology: Impact Factor 1.447, 76/114 (2002)

? Ohtani, H., Maeda, K., Noda, E., Nagahara, H., Shibutani, M., Ohira, M., Muguruma, K., Tanaka, H., Kubo, N., Toyokawa, T., Sakurai, K., Yamashita, Y., Yamamoto, A. and Hirakawa, K. (2013), Meta-analysis of laparoscopic and open surgery for gastric gastrointestinal Stromal tumor. *Anticancer Research*, **33** (11), 5031-5041.

Full Text: 2013\Ant Res33, 5031.pdf

Abstract: Aim: A meta-analysis was conducted to evaluate and compare the short- and long-term outcomes of laparoscopic and conventional open surgery for gastric gastrointestinal stromal tumors (GISTs). Materials and Methods: We searched MEDLINE, EMBASE, Science Citation Index, and the Cochrane Controlled Trial Register for relevant articles published between 2000 and July 2013 by using the search terms “laparoscopic”, “laparoscopy-assisted”, “surgery”, “gastrointestinal tumor”, “GIST” and “gastric”. Results: We identified 12 articles reporting results that compared laparoscopic surgery with open surgery for gastric GISTs. Our meta-analysis included 644 patients with GISTs; 312 had undergone laparoscopic surgery, and 332 had undergone open surgery. In the short-term period, 14 outcome variables were examined. In the long-term period, six oncological variables were analyzed. Laparoscopic surgery for gastric GIST was associated with a reduction in intraoperative blood loss, shorter period to flatus, earlier resumption of oral intake, and shorter duration of hospital stay over the short-term, and with a significantly lower rate of overall recurrence, metastatic recurrence and local recurrence in the long-term compared to open surgery. Conclusion: Laparoscopic surgery may be an acceptable surgical treatment option compared to open surgery for gastric GIST.

Keywords: Adjuvant, Blood, Blood Loss, Citation, Colorectal-Cancer, Conventional, Duration, Duration of Hospital Stay, Embase, Flatus, Gastric, Gastric Gastrointestinal Stromal Tumor, Gastrointestinal, Gist, Hospital, Hospital Stay, Imatinib, Intraoperative Blood Loss, Laparoscopic, Laparoscopic Surgery, Laparoscopy-Assisted Surgery, Local, Long Term, Long-Term, Long-Term Outcomes, Management, Materials, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Neoadjuvant Therapy, Nov, Open, Oral, Outcome, Outcomes, Patients, Prognostic-Factors, Recurrence, Reduction, Reporting, Results, Science, Science Citation Index, Stomach, Surgery, Surgical Treatment, Survival, Treatment, Treatment Option, Vs. Open Resection

# Title: Anti-Cancer Drugs

Full Journal Title: Anti-Cancer Drugs

ISO Abbreviated Title:

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ISSN:

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Journal Country/Territory:

Language:

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Subject Categories:

: Impact Factor

? Wang, L.D., Chen, X.M., Li, W. and Sheng, Z.X. (2012), Antiepidermal growth factor receptor monoclonal antibody improves survival outcomes in the treatment of patients with metastatic colorectal cancer. *Anti-Cancer Drugs*, **23** (2), 155-160.

Full Text: [2012\Ant-Can Dru23, 155.pdf](2012/Ant-Can%20Dru23,%20155.pdf)

Abstract: the aim of this study was to determine whether or not the addition of anti-epidermal growth factor receptor (anti-EGFR) monoclonal antibody (mAb) to standard chemotherapy or best supportive care (BSC), compared with chemotherapy or BSC alone, can improve overall survival (OS) and progression-free survival (PFS) in patients with metastatic colorectal cancer (mCRC), and evaluate the influence of KRAS mutant status on the efficacy of anti-EGFR mAb. MEDLINE, Embase, the Cochrane controlled trials register, and the Science Citation Index were searched. Nine trials were identified, covering a total of 7941 patients. The treatment of mCRC with a combination of anti-EGFR mAb and chemotherapy or BSC, as compared with chemotherapy or BSC alone, improved the OS [hazard ratio (HR), 0.90 (0.84-0.96); P = 0.002]. The benefit of anti-EGFR mAb in patients with KRAS wild-type tumors was apparent in relation to a marginal trend toward improved OS [HR, 0.84 (0.70-1.01); P = 0.06], and significantly improved PFS [HR, 0.64 (0.51-0.81); P < 0.001]. No benefit for the addition of anti-EGFR mAb was detected for any efficacy end-point in patients with KRAS mutant tumors. The summary HRs (anti-EGFR mAb vs control) were 0.98 (0.88-1.08) (P = 0.71) for OS and 1.08 (0.94-1.25) (P = 0.27) for PFS, respectively. In conclusion, this analysis provides confirmation that, compared with chemotherapy or BSC alone, anti-EGFR mAb with chemotherapy or BSC reduces the risk of progression and death of mCRC and that this benefit is seen only in patients with wild-type KRAS tumors. Anti-Cancer Drugs 23: 155-160 (C) 2012 Wolters Kluwer Health | Lippincott Williams & Wilkins.

Keywords: 1st-Line Treatment, Analysis, Anti-Epidermal Growth Factor Receptor Monoclonal Body, Best Supportive Care, Bsc, Cancer, Care, Cetuximab Plus Irinotecan, Chemotherapy, Citation, Cochrane, Colorectal Cancer, Control, Drugs, Efficacy, Fluorouracil, Growth, Health, Leucovorin, MEDLINE, Metaanalysis, Outcomes, Overall Survival, Oxaliplatin, Panitumumab, Patients, Phase-III Trial, Progression, Ratio, Risk, Science, Science Citation Index, Statistics, Survival, Treatment, Trend

? Zou, Y.D., Sheng, Z.X., Lu, H.K. and Yu, J.M. (2013), Continuous treatment with new agents for newly diagnosed multiple myeloma. *Anti-Cancer Drugs*, **24** (5), 527-533.

Full Text: 2013\Ant-Can Dru24, 527.pdf

Abstract: To examine the role of novel agents such as bortezomib, lenalidomide, and thalidomide as continuous therapy (induction and consolidation/maintenance) in the treatment of newly diagnosed patients with multiple myeloma, we carried out a meta-analysis of randomized-controlled trials. A comprehensive literature search (MEDLINE, Embase, the Cochrane controlled trials register, and the Science Citation Index) was performed. The initial search yielded 849 citations, of which 11 randomized-controlled trials enrolling 4775 patients fulfilled the inclusion criteria. Continuous addition of bortezomib to conventional therapy before and after autologous stem cell transplantation prolonged overall survival significantly: the summary hazard ratio was 0.80, 95% confidence interval [0.64, 0.99] (P = 0.04). Continuous therapy with novel agents consistently improved progression-free survival (PFS) compared with therapy with conventional agents alone. For those patients ineligible for a transplant, the summary hazard ratios for PFS were 0.69 [0.56, 0.85] (P < 0.001) for continuous thalidomide therapy and 0.47 [0.33, 0.68] (P < 0.001) for continuous lenalidomide therapy; for those patients ineligible for a transplant, the summary hazard ratios for PFS were 0.68 [0.59, 0.79] (P < 0.001) for continuous thalidomide therapy and 0.72 [0.61, 0.85] (P < 0.001) for continuous lenalidomide therapy. In summary, continuous therapy with novel agents improved PFS consistently, and bortezomib may improve the overall survival of patients with newly diagnosed myeloma when it is added to standard transplantation therapy continuously. Anti-Cancer Drugs 24:527-533 (C) 2013 Wolters Kluwer Health vertical bar Lippincott Williams & Wilkins. Anti-Cancer Drugs 2013, 24:527-533.

Keywords: Autologous Stem Cell Transplantation, Bortezomib, Cell Transplantation, Citation, Citations, Confidence, Consolidation Therapy, Conventional, Criteria, Drugs, Elderly-Patients, Hazard, Induction, Initial Therapy, Interval, Lenalidomide, Lenalidomide, Literature, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Multiple Myeloma, Oral Melphalan, P, Patients, Phase-Iii, Prednisone, Prolonged, Randomized Controlled Trials, Randomized Controlled-Trial, Role, Science, Science Citation Index, Standard, Stem Cell, Stem Cell Transplantation, Stem-Cell Transplantation, Survival, Thalidomide, Thalidomide Plus Dexamethasone, Therapy, Transplantation, Treatment, Vertical

? Barni, S., Ghidini, A., Coinu, A., Borgonovo, K. and Petrelli, F. (2014), A systematic review of raltitrexed-based first-line chemotherapy in advanced colorectal cancer. *Anti-Cancer Drugs*, **25** (10), 1122-1128.

Full Text: 2014\Ant-Can Dru25, 1122.pdf

Abstract: Raltitrexed is a thymidylate synthase inhibitor belonging to the antimetabolite class of cytotoxic drugs. It is also effective in colorectal cancer (CRC) both as a single agent and in combination with other drugs, in particular in those patients with cardiologic risk factors or previous cardiotoxicity. The efficacy of first-line raltitrexed-based chemotherapy containing oxaliplatin (TOMOX) and irinotecan (TOMIRI) was investigated in this systematic review. Studies that enrolled advanced CRC patients for first-line therapy with TOMOX/ TOMIRI combinations were identified using electronic databases (Pubmed, SCOPUS, Web of Science, EMBASE, and the Cochrane Library). A systematic analysis was carried out using Comprehensive Meta Analysis (version 2.2.064) software to calculate the pooled response rate and 95% confidence limits. The median pooled overall survival and progression-free survival were also calculated. Results for TOMOX and TOMIRI studies were compared using the two-sided Student's t-test. We tested for significant heterogeneity using Cochran's chi(2)-test and I-2 index. Twelve studies published between 2001 and 2012 were eligible for this analysis and a total of 735 patients were enrolled in these studies. The overall response rate was 40% (95% confidence interval 34-46%): 43.9% for TOMOX and 34.1% for TOMIRI arms. The weighted median overall survival and progression-free survival times were 14.6 and 6.7 months, respectively. Neutropenia and liver toxicity were more frequent with TOMOX, whereas neutropenia and diarrhea were more frequent with TOMIRI. However, compared with historical FOLFOX and FOLFIRI trials, raltitrexed-based doublets are associated with less neutropenia and gastrointestinal toxicity and uncommon cardiotoxicity. TOMOX and TOMIRI doublets are active as first-line chemotherapy for advanced CRC and seem useful in particular when the use of 5-fluorouracil is contraindicated for cardiac comorbidity. (C) 2014 Wolters Kluwer Health vertical bar Lippincott Williams & Wilkins.

Keywords: 5-Fluorouracil, Active, Analysis, Cancer, Capecitabine, Cardiotoxicity, Chemotherapy, Colorectal Cancer, Combination Chemotherapy, Comorbidity, Confidence, Cytotoxic, Databases, Drugs, Efficacy, Embase, First Line, First-Line Therapy, Fluoropyrimidines, Fluorouracil, Health, Heterogeneity, Index, Inhibitor, Interval, Irinotecan, Leucovorin, Liver, Meta-Analysis, Metastatic, Neutropenia, Nov, Overall Survival, Oxaliplatin, Patients, Phase-Ii Trial, Plus Oxaliplatin, Raltitrexed, Randomized-Trial, Response, Results, Review, Risk, Risk Factors, Science, Scopus, Software, Survival, Systematic, Systematic Analysis, Systematic Review, Therapy, Toxicity, Version, Vertical, Web Of Science

# Title: Antimicrobial Agents and Chemotherapy

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Subject Categories:

Microbiology: Impact Factor 4.562, 9/81 (2001)

Pharmacology & Pharmacy: Impact Factor 4.562, 12/186 (2001)

? Rastogi, N. and Goh, K.S. (1991), Invitro activity of the new difluorinated quinolone sparfloxacin (At-4140) against *Mycobacterium tuberculosis* compared with activities of ofloxacin and ciprofloxacin. *Antimicrobial Agents and Chemotherapy*, **35** (9), 1933-1936.

Full Text: [1991\Ant Age Che35, 1933.pdf](1991/Ant%20Age%20Che35,%201933.pdf)

Abstract: MICs of the new fluoroquinolone drugs ofloxacin, ciprofloxacin, and sparfloxacin (AT-4140) for 10 strains of *Mycobacterium tuberculosis* were determined by using both a BACTEC radiometric method and testing on solid 7H11 agar medium. Radiometric MICs by 7H12 broth testing ranged from 0.5 to 1.0, 0.25 to 0.5, and 0.1 to 0.2-mu-g, ml for ofloxacin, ciprofloxacin, and sparfloxacin respectively, whereas MICs in solid medium ranged from 0.5 to 1.0, 0.5 to 1.0, and 0.2 to 0.5-mu-g, ml, respectively. The bactericidal action of the quinolones compared with their reported peak concentrations in human serum showed that sparfloxacin is the most bactericidal, followed by ciprofloxacin and ofloxacin. Our results suggest that potential of the new difluorinated quinolone sparfloxacin for use against the tubercle bacillus and indicate that further determination of its antimycobacterial spectrum and intracellular efficacy may be fruitful

Keywords: Agents, Antimycobacterial, At-4140, Avium Complex, Bactericidal Activity, Drug Susceptibility, Enhancement, Intracellular, *Mycobacterium tuberculosis*, Ofloxacin, Quinolones, Radiometric Method, Sparfloxacin, Tuberculosis

? Rastogi, N., Labrousse, V., Goh, K.S. and DesoUSA, J.P.C. (1991), Antimycobacterial spectrum of sparfloxacin and its activities alone and in association with other drugs against mycobacterium-avium complex growing extracellularly and intracellularly in murine and human macrophages. *Antimicrobial Agents and Chemotherapy*, **35** (12), 2473-2480.

Full Text: [1991\Ant Age Che35, 2473.pdf](1991/Ant%20Age%20Che35,%202473.pdf)

Abstract: the MICs and MBCs of the new difluorinated quinolone drug sparfloxacin against type strains belonging to 21 species of mycobacteria were screened. The MICs and MBCs were within the range of 0.1 to 2.0 and 0.1 to 4.0-mu-g, ml, respectively (with an MBC, MIC ratio of 1 to 2), and against 18 of the 21 species tested, the drug showed significant bactericidal activity (at least 99% killing or more of the initial inoculum added) at concentrations well within the reported peak concentrations in serum (C(max)) in humans. MICs of sparfloxacin for 7 of 10 *Mycobacterium avium* complex strains were below the C(max), with MBC, MIC ratios within the range of 2 to 4. Enhancement of its activity by ethambutol, rifampin, amikacin, and clarithromycin (which were used at sublethal concentrations) assessed by using BACTEC radiometry revealed that its activity was further enhanced in 2 of 10 strains by rifampin and in 7 of 10 strains by ethambutol. The bactericidal effects of various drugs used alone as well as two-drug combinations used at C(max) levels were also screened against four strains of M. avium complex growing intracellularly in two different macrophage systems, namely, mouse bone marrow-derived macrophages and peripheral blood monocyte-derived human macrophages. Our results showed a satisfactory correlation between the extracellular and intracellular drug activity data

Keywords: 5 Fluoroquinolones, Agents, Envelope, Ethambutol, Inhibition, Intracellular, Invitro, Macrophage Cell-Line, Macrophages, Pharmacokinetics, Sparfloxacin, Susceptibility, Tuberculosis, Wall

? Lalande, V., Truffotpernot, C., Paccalymoulin, A., Grosset, J. and Ji, B.H. (1993), Powerful Bactericidal Activity of Sparfloxacin (At-4140) Against *Mycobacterium tuberculosis* in Mice. *Antimicrobial Agents and Chemotherapy*, **37** (3), 407-413.

Full Text: [1993\Ant Age Che37, 407.pdf](1993/Ant%20Age%20Che37,%20407.pdf)

Abstract: the bactericidal activities of various monotherapies and combined regimens were compared in mice at different stages after infection with *Mycobacterium tuberculosis*. These therapies mimicked the initial and continuation phases of chemotherapy for human tuberculosis. As monotherapy, the bactericidal activity of sparfloxacin (SPFX) was dose related; the activity of SPFX at 100 mg, kg of body weight was comparable to that of rifampin (RMP) and was significantly greater than those of isoniazid (INH), pyrazinamide (PZA), or ofloxacin (OFLO) during both the initial and continuation phases of chemotherapy. During the initial phase, the addition of SPFX did not enhance or diminish the activities of the combinations INH-RMP-PZA or RMP-PZA; the combinations SPFX-PZA-streptomycin (SM) and SPFX-PZA-kanamycin (KANA) displayed powerful bactericidal activity. Because the area under the plasma concentration-time curve of SPFX (100 mg, kg) in mice is similar to that of SPFX (400 mg) in humans, the promising bactericidal activity displayed by SPFX in mice might be achieved in humans by administration of the drug in a clinically tolerated dosage. In addition, the combinations SPFX-PZA-SM and SPFX-PZA-KANA may be useful for the treatment of multidrug-resistant tuberculosis

Keywords: Agents, Control Programmes, Drug Sensitivity, Invitro, Mice, *Mycobacterium tuberculosis*, Ofloxacin, Pyrazinamide, Quinolone, Sensitivity Tests, Sparfloxacin, Tuberculosis

? Tomioka, H., Saito, H. and Sato, K. (1993), Comparative Antimycobacterial Activities of the Newly Synthesized Quinolone Am-1155, Sparfloxacin, and Ofloxacin. *Antimicrobial Agents and Chemotherapy*, **37** (6), 1259-1263.

Full Text: [1993\Ant Age Che37, 1259.pdf](1993/Ant%20Age%20Che37,%201259.pdf)

Abstract: AM-1155 is a newly synthesized 6-fluoro-8-methoxy quinolone. We assessed its in vitro antimycobacterial activity using sparfloxacin (SPFX) and ofloxacin (OFLX) as comparison drugs, the MICs of these agents for various mycobacterial strains were determined by the agar dilution method with 7H11 medium. AM- 1155 had lower MICs for 50 and 90% of tested strains of Mycobacterium kansasii, M. marinum, and M. fortuitum-M. chelonae complex than SPFX and OFLX, and the values for M. tuberculosis, M. scrofulaceum, and the M. avium-M. intracellulare complex were similar to those of SPFX and considerably lower than those of OFLX. In addition, the antimicrobial activity of AM-1155 against M. tuberculosis and M. intracellulare phagocytosed into murine peritoneal macrophages was compared with that of OFLX. AM-1155 (1 mug, ml) inhibited the intracellular growth of both M. tuberculosis and M. intracellulare, whereas OFLX at the same concentration failed to show any such effect. Moreover, AM-1155 (10 mug, ml) exhibited a steady bactericidal action against M. tuberculosis, whereas OFLX at the same concentration had only a weak effect. AM-1155 (10 mug, ml) also inhibited the growth of M. intracellulare more effectively than OFLX

Keywords: Agents, Am-1155, Antimycobacterial, Ciprofloxacin, Comparison, Complex, Fluoroquinolones, Intracellular, Invitro Activity, Macrophages, Mycobacterium-Fortuitum, Ofloxacin, Pefloxacin, Pharmacokinetics, Sparfloxacin, Tissue Penetration, Tuberculosis

? Klemens, S.P., Destefano, M.S. and Cynamon, M.H. (1993), Therapy of Multidrug-Resistant Tuberculosis - Lessons from Studies with Mice. *Antimicrobial Agents and Chemotherapy*, **37** (11), 2344-2347.

Full Text: [1993\Ant Age Che37, 2344.pdf](1993/Ant%20Age%20Che37,%202344.pdf)

Abstract: the activities of antituberculosis agents were evaluated in a murine tuberculosis model using a drug-resistant isolate. A multidrug-resistant clinical isolate from a recent outbreak of tuberculosis in the New York State correctional system was used for infection. Approximately 10(7) viable *Mycobacterium tuberculosis* ATCC 49967 (strain CNL) organisms were given intravenously to 4-week-old female outbred mice. Treatment was started 1 day after infection and given for 4 weeks. Spleens and lungs were homogenized, and viable cell counts were determined. Statistical analysis indicated that ethionamide, sparfloxacin, ofloxacin, capreomycin, clarithromycin, and clofazimine are active in the murine test system with this multidrug-resistant tuberculosis isolate. Sparfloxacin is the most active quinolone. Despite in vitro resistance, isoniazid has moderate activity. In vitro susceptibility data coupled with evaluation of agents against drug-resistant isolates in the murine system should provide information necessary to design clinical trials for treatment of infections with these organisms

Keywords: Agents, Bacilli, HIV- Infection, Human-Immunodeficiency-Virus, Invitro, Mice, *Mycobacterium tuberculosis*, *Mycobacterium tuberculosis*, Ofloxacin, Resistance, Sparfloxacin, Tuberculosis

? Mehta, R.T., Keyhani, A., Mcqueen, T.J., Rosenbaum, B., Rolston, K.V. and Tarrand, J.J. (1993), In-Vitro Activities of Free and Liposomal Drugs Against *Mycobacterium avium*-M-Intracellulare Complex and Mycobacterium- Tuberculosis. *Antimicrobial Agents and Chemotherapy*, **37** (12), 2584-2587.

Full Text: [1993\Ant Age Che37, 2584.pdf](1993/Ant%20Age%20Che37,%202584.pdf)

Abstract: We compared MICs and MBCs of various free- and liposome- incorporated antimicrobial agents against several patient isolates of *Mycobacterium avium*-M. intracellulare complex and certain American Type Culture Collection strains of M. avium, M. intracellulare, and *Mycobacterium tuberculosis*. Seven of 19 agents were selected for incorporation into liposomes. The MICs of these agents for 50 and 90% of isolates tested (MIC(50)s and MIC(90)s, respectively) ranged from 0.5 to 62 μg, ml. Members of the M. avium-M. intracellulare complex were resistant to killing by most of the other agents tested in the free form. However, clofazimine, resorcinomycin A, and PD 117558 showed complete killing of bacteria at concentrations ranging from 8 to 31 μg, ml, represented as MBC(90)s. Among the liposome- incorporated agents, clofazimine anti resorcinomycin A had the highest killing effects (MBC(90)s, 8 and 16 μg, ml, respectively). Furthermore, both free and liposome-incorporated clofazimine had equivalent growth-inhibitory and killing effects on all American Type Culture Collection strains of M. avium, M. intracellulare, and M. tuberculosis tested. These results show that the antibacterial activities of certain drugs, particularly those of clofazimine and resorcinomycin, were maintained after the drugs were incorporated into liposomes

Keywords: Acquired Immunodeficiency Syndrome, Agents, Antifungal Efficacy, Antimicrobial Agents, Cancer- Patients, Clofazimine, Infections, Invitro Activity, *Mycobacterium tuberculosis*, Quinolone, Susceptibility, Toxicity, Tuberculosis

? Takiff, H.E., Salazar, L., Guerrero, C., Philipp, W., Huang, W.M., Kreiswirth, B., Cole, S.T., Jacobs, W.R. and Telenti, A. (1994), Cloning and nucleotide-sequence of *Mycobacterium tuberculosis* gyra and gyrb genes and detection of quinolone resistance mutations. *Antimicrobial Agents and Chemotherapy*, **38** (4), 773-780.

Full Text: [1994\Ant Age Che38, 773.pdf](1994/Ant%20Age%20Che38,%20773.pdf)

Abstract: the emergence of multidrug-resistant strains of *Mycobacterium tuberculosis* has resulted in increased interest in the fluoroquinolones (FQs) as antituberculosis agents. To investigate the frequency and mechanisms of FQ resistance in M. tuberculosis, we cloned and sequenced the wild-type gyrA and gyrB genes, which encode the A and B subunits of the DNA gyrase, respectively; DNA gyrase is the main target of the FQs. On the basis of the sequence information, we performed DNA amplification for sequencing and single-strand conformation polymorphism analysis to examine the presumed quinolone resistance regions of gyrA and gyrB from reference strains (n = 4) and clinical isolates (n = 55). Mutations in codons of gyrA analogous to those described in other FQ-resistant bacteria were identified in all isolates (n = 14) for which the ciprofloxacin MIC was >2 mug, ml. In addition, we selected ciprofloxacin-resistant mutants of Mycobacterium bovis BCG and M. tuberculosis Erdman and H37ra. Spontaneously resistant mutants developed at a frequency of 1 in 10(7) to 10(8) at ciprofloxacin concentrations of 2 mug, ml, but no primary resistant colonies were selected at higher ciprofloxacin concentrations. Replating of those first-step mutants selected for mutants with high levels of resistance which harbored gyrA mutations similar to those found among clinical FQ-resistant isolates. The gyrA and gyrB sequence information will facilitate analysis of the mechanisms of resistance to drugs which target the gyrase and the implementation of rapid strategies for the estimation of FQ susceptibility in clinical M. tuberculosis isolates

Keywords: Agents, Bcg, Chromosome, Ciprofloxacin, Determining Region, Dna Gyrase, Escherichia-Coli, Fluoroquinolones, Gyrase, Invitro Selection, Methicillin-Resistant, *Mycobacterium tuberculosis*, Norfloxacin, Polymerase Chain-Reaction, Resistance, Staphylococcus-Aureus, Tuberculosis

? Saito, H., Tomioka, H., Sato, K. and Dekio, S. (1994), In-vitro and in-vivo antimycobacterial activities of a new quinolone, Du-6859A. *Antimicrobial Agents and Chemotherapy*, **38** (12), 2877-2882.

Full Text: [1994\Ant Age Che38, 2877.pdf](1994/Ant%20Age%20Che38,%202877.pdf)

Abstract: A new fluoroquinolone, DU-6859a, was studied for its in vitro and in vivo antimycobacterial activities. MIC determination by the agar dilution method with 7H11 medium revealed that DU- 6859a had MICs at which 90% of M. kansasii (0.78 μg, ml), M. marinum (1.56 μg, ml), M. scrofulaceum (1.56 μg, ml), M. fortuitum (0.39 μg, ml), M. chelonae subsp. abscessus (6.25 μg, ml), and M. chelonae subsp. chelonae (1.56 μg, ml) were inhibited were 4 to 32 times lower than those of ofloxacin and sparfloxacin. The MICs of DU-6859a at which 90% of M. tuberculosis (0.2 μg, ml) and M. avium-M. intracellulare complex (12.5 μg, ml each) were inhibited were comparable to those of sparfloxacin but were four- to eightfold lower than those of ofloxacin. Thus, DU-6859a possessed more potent in vitro activity than sparfloxacin and ofloxacin against most mycobacterial species. DU-6859a exerted significant efficacy against infections caused by M. intracellulare and M. chelonae subsp. abscessus induced in mice when it was given at a dose of 1 mg per mouse (ca. 50 mg, kg of body weight) in terms of reducing the frequency of occurrence and the degree of gross pulmonary or renal lesions and bacterial loads in the lungs, spleens, or kidneys. The efficacy of DU-6859a was greater than that of ofloxacin and was more pronounced against M. chelonae infections than against M. intracellulare infections

Keywords: Acquired-Immunodeficiency- Syndrome, Agents, AIDS Patients, Antimycobacterial, Ciprofloxacin, Ethambutol, in Vitro Activity, Invitro, Mice, Mycobacterium-Avium Complex, Ofloxacin, Phagocyte Functions, Sparfloxacin, Substance Ofloxacin Dl8280, Tuberculosis, Virus-Infection

Alangaden, G.J., Manavathu, E.K., Vakulenko, S.B., Zvonok, N.M. and Lerner, S.A. (1995), Characterization of Fluoroquinolone-Resistant mutant strains of *Mycobacterium tuberculosis* selected in the laboratory and isolated from patients. *Antimicrobial Agents and Chemotherapy*, **39** (8), 1700-1703.

Full Text: [1995\Ant Age Che39, 1700.pdf](1995/Ant%20Age%20Che39,%201700.pdf)

Abstract: To examine the mechanism of resistance to fluoroquinolones in *Mycobacterium tuberculosis*, we selected spontaneous fluoroquinolone-resistant mutants from a susceptible strain, H37Rv, and studied the susceptibilities of these mutants and two fluoroquinolone-resistant clinical isolates (A-382, A-564) to various fluoroquinolones and to isoniazid and rifampin. Furthermore, since mutations within the quinolone resistance- determining region of the structural gene encoding the A subunit of DNA gyrase are the most common mechanism of acquired resistance, we amplified this region by PCR and compared the nucleotide sequences of the fluoroquinolone-resistant strains with that of the susceptible strain. Fluoroquinolone-resistant mutants of H37Rv appeared at frequencies of 2×10-6 to 1×10-8, For three mutants selected on ciprofloxacin, ofloxacin, and sparfloxacin, respectively, and the two clinical isolates, MICs of ciprofloxacin and ofloxacin were as high as 16 μg, ml, and those of sparfloxacin were 3 to 8 μg, ml. They displayed cross-resistance to all fluoroquinolones tested but not to isoniazid or rifampin, Sparfloxacin and FQ-A (PD 127391-0002) were the most potent fluoroquinolones. All of the fluoroquinolone-resistant strains (MICs, greater than or equal to 4 μg, ml) had mutations in the quinolone resistance- determining region which led to substitution of the Asp residue at position 87 (Asp-87) by Asn or Ala or the substitution of Ala-83 by Val in the A subunit of DNA gyrase. Similar mutations have been noted in other bacterial species and recently in mycobacteria. The broad resistance to fluoroquinolones that arose readily by point mutation in the laboratory and apparently during inadequate therapy, as was the case in the clinical isolates, may ultimately lead to serious restriction of the use of these drugs in the treatment of tuberculosis

Keywords: Agents, Ciprofloxacin, DNA Gyrase, Escherichia-Coli, Fluoroquinolones, Gene, Gyrase, Mutations, *Mycobacterium tuberculosis*, Ofloxacin, Polymerase Chain-Reaction, Pulmonary Tuberculosis, Resistance, Sparfloxacin, Sparfloxacin AT-4140, Staphylococcus-Aureus, Substance Ofloxacin Dl8280, Tuberculosis

Guillemin, I., Cambau, E. and Jarlier, V. (1995), Sequences of conserved region in the a subunit of DNA gyrase from 9 species of the genus mycobacterium - phylogenetic analysis and implication for intrinsic susceptibility to quinolones. *Antimicrobial Agents and Chemotherapy*, **39** (9), 2145-2149.

Full Text: [1995\Ant Age Che39, 2145.pdf](1995/Ant%20Age%20Che39,%202145.pdf)

Abstract: the sequences of a conserved region in the A subunit of DNA gyrase corresponding to the quinolone resistance-determining region were determined for nine mycobacterial species and were compared. Although the nucleotide sequences were highly conserved, they clearly differentiated one species from another. The results of the phylogenetic analysis based on the sequences of the quinolone resistance-determining regions were compared with those provided by the 16S rRNA sequences. Deduced amino acid sequences were identical within the nine species except for amino acid 83, which was frequently involved in acquired resistance to quinolones in many genera, including mycobacteria, the presence at position 83 of an alanine for seven mycobacterial species (M. tuberculosis, M. bovis BCG, M. leprae, M. avium, M. kansasii, M. chelonae, and M. smegmatis) and of a serine for the two remaining mycobacterial species (M. tuberculosis and M. aurum) correlated well with the MICs of ofloxacin for both groups of species, suggesting the role of this residue in intrinsic susceptibility to quinolones in mycobacteria

Keywords: A-Protein, Agents, Bcg, Ciprofloxacin, Cloning, DNA Gyrase, Escherichia-Coli, Gyrase, Nucleotide-Sequence, Ofloxacin, Quinolones, Resistance, Resistance Mutations, Single, Staphylococcus-Aureus, Tuberculosis

Kocagöz, T., Hackbarth, C.J., Ünsal, I., Rosenberg, E.Y., Nikaido, H. and Chambers, H.F. (1996), Gyrase mutations in laboratory-selected, fluoroquinolone- resistant mutants of *Mycobacterium tuberculosis* H37Ra. *Antimicrobial Agents and Chemotherapy*, **40** (8), 1768-1774.

Full Text: [1996\Ant Age Che40, 1768.pdf](1996/Ant%20Age%20Che40,%201768.pdf)

Abstract: To characterize mechanisms of resistance to fluoroquinolones by *Mycobacterium tuberculosis*, mutants of strain H37Ra were selected in vitro with ofloxacin. Their quinolone resistance- determining regions of gyrA and gyrB were amplified and sequenced to identify mutations in gyrase A or B, Three types of mutants were obtained: (i) one mutant (TKp1) had no mutations in gyrA or gyrB; (ii) mutants that had single missense mutations in gyrA, and (iii) mutants that had two missense mutations resulting in either two altered gyrase A residues or an altered residue in both gyrases A and B, the TKp1 mutant had slightly reduced levels of uptake of [C- 14]norfloxacin, which was associated with two- to fourfold increases in the MICs of ofloxacin, ciprofloxacin, and sparfloxacin. Gyrase mutations caused a much greater increase in the MICs of fluoroquinolones, For mutants with single gyrA mutations, the increases in the MICs were 4 to 16-fold, and for mutants with double gyrase mutations, the MICs were increased 32-fold or more compared with those for the parent. A gyrA mutation in TKp1 secondary mutants was associated with 32- to 128-fold increases in the MICs of ofloxacin and ciprofloxacin compared with the MICs for H37Ra and an eight-fold increase in the MIC of sparfloxacin. Sparfloxacin was the most active fluoroquinolone tested, No sparfloxacin-resistant single-step mutants were selected at concentrations of >2.5 μg, ml, and high-level resistance (i.e., MIC, greater than or equal to 5 μg, ml) was associated with two gyrase mutations. Mutations in gyrB and possibly altered levels of intracellular accumulation of drug are two additional mechanisms that may be used by M. tuberculosis in the development of fluoroquinolone resistance, Because sparfloxacin is more active in vitro and selection of resistance appears to be less likely to occur, it may have important advantages over ofloxacin or ciprofloxacin for the treatment of tuberculosis

Keywords: Active Efflux, Agents, Dna Gyrase, Escherichia-Coli, Fluoroquinolones, Gyrase, Minimal Inhibitory Concentrations, *Mycobacterium tuberculosis*, Nucleotide-Sequence, Ofloxacin, Outer-Membrane, Polymerase Chain-Reaction, Pseudomonas-Aeruginosa, Quinolone Resistance, Resistance, Sparfloxacin, Staphylococcus-Aureus, Tuberculosis

Revel-Viravau, V., Truong, Q.C., Moreau, N., Jarlier, V. and Sougakoff, W. (1996), Sequence analysis, purification, and study of inhibition by 4- quinolones of the DNA gyrase from *Mycobacterium smegmatis*. *Antimicrobial Agents and Chemotherapy*, **40** (9), 2054-2061.

Full Text: [1996\Ant Age Che40, 2054.pdf](1996/Ant%20Age%20Che40,%202054.pdf)

Abstract: We determined the nucleotide sequence of a 6-kb DNA region harboring the recF, orf192, gyrB, and gyrA genes from Mycobacterium smegmatis mc(2)155, the amino acid sequences deduced from gyrA and gyrB displayed 89 and 86% identity, respectively, with the DNA gyrase from *Mycobacterium tuberculosis*, and 67 and 65% identity, respectively, with that from Streptomyces coelicolor. An open reading frame encoding the C-terminal region of the M. smegmatis RecF polypeptide was found upstream from gyrB and was 57% identical to the open reading frame encoding the C-terminal region of the S, coelicolor RecF protein, the gene orf192 was identified between recF and gyrB and was 39% identical to orf191 found in S, coelicolor in the recF-gyrB region, the M. smegmatis DNA gyrase, which was purified by affinity chromatography on novobiocin-Sepharose, consisted of two polypeptides with apparent molecular masses of 98 and 80 kDa, Determination of the N-terminal amino acid sequence of the B subunit confirmed GTG as the start codon in gyrB. Analysis of the supercoiling activity of the enzyme indicated that the ill, smegmatis DNA gyrase was characterized by a specific activity equivalent to that of the Escherichia coli DNA gyrase. Inhibition of this activity by 4-quinolones was investigated by determining the 50% inhibitory concentrations (IC(50)s) of nalidixic acid, ofloxacin, and ciprofloxacin, the results indicated that the inhibitory activities of these drugs against the M, smegmatis DNA gyrase were markedly lower than those previously reported for the E, coli DNA gyrase. The results also suggested that the higher levels of activity of ofloxacin and ciprofloxacin against ill. smegmatis (MICs, 0.5 to 1 μg, ml), in contrast to that of nalidixic acid (MIG, 256 μg, ml), could be related to the higher inhibitory activities of fluoroquinolones against the DNA gyrase from this species (IC(50)s, 7 to 14 μg, ml) compared with that of nalidixic acid(IC50, 1,400 μg, ml)

Keywords: Agents, Bacillus-Subtilis, Coli Gyrb-Gene, Determining Region, Dna Gyrase, Escherichia- Coli, Fluoroquinolones, Gyrase, *Mycobacterium tuberculosis*, Neisseria-Gonorrhoeae, Nucleotide-Sequence, Ofloxacin, Pseudomonas-Putida, Quinolone Resistance Mutations, Quinolones, Staphylococcus- Aureus, Streptomyces-Sphaeroides, Tuberculosis

Renau, T.E., Gage, J.W., Dever, J.A., Roland, G.E., Joannides, E.T., Shapiro, M.A., Sanchez, J.P., Gracheck, S.J., Domagala, J.M., Jacobs, M.R. and Reynolds, R.C. (1996), Structure-activity relationships of quinolone agents against mycobacteria: Effect of structural modifications at the 8 position. *Antimicrobial Agents and Chemotherapy*, **40** (10), 2363-2368.

Full Text: [1996\Ant Age Che40, 2363.pdf](1996/Ant%20Age%20Che40,%202363.pdf)

Abstract: A series of quinolones with substitutions at the 8 position has been prepared as part of a study to examine the relationship between structural modifications at this position and activity against mycobacteria, the compounds were prepared by procedures described in the literature and were evaluated for their activities against Mycobacterium fortuitum and Mycobacterium smegmatis. The activities of the compounds against these two organisms were used as a measure of *Mycobacterium tuberculosis* activity, the results demonstrate that the contribution of the 8 position to antimycobacterial activity was dependent on the substituent at N-1 and was in the order (i) COMe approximate to CBr > CCl > CH approximate to CF approximate to COEt > N > CCF3 when N-1 was cyclopropyl; (ii) N approximate to CH > CF > COMe when N-1 was 2,4-difluorophenyl; (iii) N greater than or equal to CH when N-1 was tert-butyl; and (iv) N > CH when N-1 was ethyl, In general, derivatives with piperazine substitutions at C-7 were slightly less active against mycobacteria than the analogs with pyrrolidine substitutions, regardless of the pattern of substitution at the 8 position, Several of the best compounds were evaluated for their potential side effects as well as their activities against Mycobacterium aurum, *Mycobacterium avium*-M. intracellulare, and M. tuberculosis. These agents exhibited biological profiles similar to or better than those of the positive controls ciprofloxacin and sparfloxacin

Keywords: Agents, Am-1155, Antibacterial Agents, Derivatives, Drug-Resistant Tuberculosis, Fluoronaphthyridines, Fluoroquinolones, *Mycobacterium tuberculosis*, N-1, Pyridonecarboxylic Acids, Quinolones, Side-Effect Relationships, Sparfloxacin, Tuberculosis

Guillemin, I., Jarlier, V. and Cambau, E. (1998), Correlation between quinolone susceptibility patterns and sequences in the A and B subunits of DNA gyrase in mycobacteria. *Antimicrobial Agents and Chemotherapy*, **42** (8), 2084-2088.

Full Text: [1998\Ant Age Che42, 2048.pdf](1998/Ant%20Age%20Che42,%202048.pdf)

Abstract: the in vitro activities of seven quinolones and the sequences of the quinolone resistance determining regions (QRDR) in the A and B subunits of DNA gyrase were determined for 14 mycobacterial species, On the basis of quinolone activity, quinolones were arranged from that with the greatest to that with the least activity as follows: sparfloxacin, levofloxacin, ciprofloxacin, ofloxacin, pefloxacin, flumequine, and nalidixic acid. Based on MICs, the species could be organized into three groups: resistant (*Mycobacterium avium*, M. intracellulare, M. marinum, M. chelonae, M. abscessus [ofloxacin MICs, greater than or equal to 8 μg, ml]), moderately susceptible (M. tuberculosis, M. bovis BCG, M. kansasii, M. leprae, M. fortuitum third biovariant, M. smegmatis [ofloxacin MICs, 0.5 to 1 μg, ml]), and susceptible (M. fortuitum, M. peregrinum, M. aurum [ofloxacin MICs, less than or equal to 0.25 μg, ml]). Peptide sequences of the QRDR of GyrB were identical in all the species, including the amino acids at the three positions known to be involved in acquired resistance to quinolone, i.e, 426 (Asp), 447 (Arg), and 464 (Asn) (numbering system used for Escherichia coli), The last two residues could be involved in the overall low level of susceptibility of mycobacteria to quinolones since they differ from those found in the very susceptible E. coli (Lys-447 and Ser-464) but are identical to those found in the less susceptible Staphylococcus aureus and *Streptococcus pneumoniae*. Peptide sequences of the QRDR of GyrA were identical in all the species, except for the amino acid at position 83, which was an alanine in the two less susceptible groups and a serine in the most susceptible one, as in E. coli, suggesting that this amino acid is involved in the observed differences of quinolone susceptibility within the Mycobacterium genus

Keywords: Ciprofloxacin, Escherichia-Coli, Fluoroquinolones, Gyrase, Gyrb Genes, Levofloxacin, Mutations, Neisseria- Gonorrhoeae, Ofloxacin, Quinolones, Resistance, Resistance-Determining Region, Smegmatis, Sparfloxacin, Tuberculosis

Oleksijew, A., Meulbroek, J., Ewing, P., Jarvis, K., Mitten, M., Paige, L., Tovcimak, A., Nukkula, M., Chu, D. and Alder, J.D. (1998), In vivo efficacy of ABT-255 against drug-sensitive and - resistant *Mycobacterium tuberculosis* strains. *Antimicrobial Agents and Chemotherapy*, **42** (10), 2674-2677.

Full Text: [1998\Ant Age Che42, 2674.pdf](1998/Ant%20Age%20Che42,%202674.pdf)

Abstract: Current therapy for pulmonary tuberculosis involves 6 months of treatment with isoniazid, pyrazinamide, rifampin, and ethambutol or streptomycin for reliable treatment efficacy. The long treatment period increases the probability of noncompliance, leading to the generation of multidrug-resistant isolates of *Mycobacterium tuberculosis*. A treatment option that significantly shortened the course of therapy, or a new class of antibacterial effective against drug-resistant M. tuberculosis would be of value, ABT-255 is a novel 2-pyridone antibacterial agent which demonstrates in vitro potency and in vivo efficacy against drug-susceptible and drug-resistant M. tuberculosis strains. By the Alamar blue reduction technique, the MIC of ABT-255 against susceptible strains of M. tuberculosis ranged from 0.016 to 0.031 μg, ml, the MIC of ABT-255 against rifampin- or ethambutol-resistant nl. tuberculosis isolates was 0.031 μg, ml, In a murine model of pulmonary tuberculosis, 4 weeks of oral ABT-255 therapy produced a 2- to 5-log(10) reduction in viable drug-susceptible Rt tuberculosis counts from lung tissue. Against drug-resistant strains of RI. tuberculosis. ABT-255 produced a 2- to 3-log(10) reduction in viable bacterial counts from lung tissue. ABT-255 is a promising new antibacterial agent with activity against M. tuberculosis

Keywords: 2-Pyridones, Abt-719, Antibacterial Agents, Fluoroquinolone, In-Vitro, Levofloxacin, *Mycobacterium tuberculosis*, Quinolone, Tuberculosis

Zhao, B.Y., Pine, R., Domagala, J. and Drlica, K. (1999), Fluoroquinolone action against clinical isolates of *Mycobacterium tuberculosis*: Effects of a C-8 methoxyl group on survival in liquid media and in human macrophages. *Antimicrobial Agents and Chemotherapy*, **43** (3), 661-666.

Full Text: [1999\Ant Age Che43, 661.pdf](1999/Ant%20Age%20Che43,%20661.pdf)

Abstract: When the lethal action of a C-8 methoxyl fluoroqninolone against clinical isolates of *Mycobacterium tuberculosis* in liquid medium was measured, the compound was found to be three to four times more effective (as determined by measuring the 90% lethal dose) than a C-8-H control fluoroquinolone or ciprofloxacin against cells having a wild-type gyrA (gyrase) gene. Against ciprofloxacin-resistant strains, the C-8 methoxyl group enhanced lethality when alanine was replaced by valine at position 90 of the GyrA protein or when aspartic acid 94 was replaced by glycine, histidine, or tyrosine. During infection of a human macrophage model by wild-type Mycobacterium bovis BCG, the C-8 methoxyl group lowered survival 20- to 100-fold compared with the same concentration of a C-8-H fluoroquinolone. The C-8 methoxyl fluoroquinolone was also more effective than ciprofloxacin against a gyrA Asn94 mutant of M. bovis BCG. In an M. tuberculosis-macrophage system the C-8 methoxyl group improved fluoroquinolone action against both quinolone-susceptible and quinolone-resistant clinical isolates. Thus, a C-8 methoxyl group enhances the bactericidal activity of quinolones with N1-cyclopropyl substitutions; these data encourage further refinement of fluoroquinolones as antituberculosis agents

Keywords: Bactericidal Activity, DNA Gyrase, Emergence, Escherichia-Coli, Fluoroquinolones, Gyrase, Human Polymorphonuclear Leukocytes, Macrophages, Mutations, *Mycobacterium tuberculosis*, New-York-City, Ofloxacin, Quinolones, Resistant Tuberculosis, Topoisomerase- Iv, Tuberculosis

Takahata, M., Mitsuyama, J., Yamashiro, Y., Yonezawa, M., Araki, H., Todo, Y., Minami, S., Watanabe, Y. and Narita, H. (1999), In vitro and in vivo antimicrobial activities of T-3811ME, a novel des-F(6)-quinolone. *Antimicrobial Agents and Chemotherapy*, **43** (5), 1077-1084.

Full Text: [1999\Ant Age Che43, 1077.pdf](1999/Ant%20Age%20Che43,%201077.pdf)

Abstract: the in vitro and in vivo activities of T-3811ME, a novel des- F(6)-quinolone, were evaluated in comparison with those of some fluoroquinolones, including a newly developed one, trovafloxacin. T-3811, a free base of T-3811ME, showed a wide range of antimicrobial spectra, including activities against Chlamydia trachomatis, Mycoplasma pneumoniae, and *Mycobacterium tuberculosis*. In particular, T-3811 exhibited potent activity against various gram-positive cocci, with MICs at which 90% of the isolates are inhibited (MIC(90)s) of 0.025 to 6.25 μg, ml. T-3811 was the most active agent against methicillin-resistant Staphylococcus aureus and streptococci, including penicillin- resistant *Streptococcus pneumoniae* (PRSP). T-3811 also showed potent activity against quinolone-resistant gram-positive cocci with GyrA and ParC (GrlA) mutations. The activity of T-3811 against members of the family Enterobacteriaceae and nonfermentative gram-negative rods was comparable to that of trovafloxacin. In common with other fluoroquinolones, T-3811 was highly active against Haemophilus influenzae, Moraxella catarrhalis, and Legionella sp., with MIC(90)s of 0.0125 to 0.1 μg, ml. T-3811 showed a potent activity against anaerobic bacteria, such as Bacteroides fragilis and Clostridium difficile. T-3811 was the most active agent against C. trachomatis (MIC, 0.008 μg, ml) and M. pneumoniae (MIC90, 0.0313 μg, ml). The activity of T-3811 against M. tuberculosis (MIC90, 0.0625 μg, ml) was potent and superior to that of trovafloxacin, In experimental systemic infection with a GrlA mutant of S. aureus and experimental pneumonia with PRSP in mice, T-3811ME showed excellent therapeutic efficacy in oral and subcutaneous administrations

Keywords: Bacteria, Comparison, Fluoroquinolone, Fluoroquinolones, Mice, *Mycobacterium tuberculosis*, Strains, *Streptococcus pneumoniae*, T-3811, Trovafloxacin CP-99, 219, Tuberculosis

Okuda, J., Hayakawa, E., Nishibuchi, M. and Nishino, T. (1999), Sequence analysis of the *gyr*A and *par*C homologues of a wild- type strain of *Vibrio parahaemolyticus* and its fluoroquinolone- resistant mutants. *Antimicrobial Agents and Chemotherapy*, **43** (5), 1156-1162.

Full Text: [1999\Ant Age Che43, 1156.pdf](1999/Ant%20Age%20Che43,%201156.pdf)

Abstract: *Vibrio parahaemolyticus* causes seafood-borne gastroenteritis in humans. It is particularly important in Japan, where raw seafood is frequently consumed. Fluoroquinolone is one of the current drugs of choice for treating patients infected by V. parahaemolyticus because resistant strains are rarely found. To study a possible fluoroquiuolone resistance mechanism in this organism, nucleotide sequences that are homologous to known gyrA and parC genes have been cloned from IT. parahaemolyticus AQ3815 and sequenced by amplification with degenerate primers of the quinolone resistance-determining region (QRDR), followed by cassette ligation-mediated PCR Open reading frames encoding polypeptides of 878 and 761 amino acid residues were detected in the gyrA and parC homologues, respectively. The V. parahaemolyticus GyrA and ParC sequences were most closely related to Erwinia carotovora GyrA (76% identity) and Escherichia coli ParC (69% identity) sequences, respectively. Ciprofloxacin-resistant mutants of AQ3815 were obtained on an agar medium by multistep selection with increasing levels of the quinolone. One point mutation only in the gyrA QRDR was detected among mutants with low- to intermediate-level resistance, while point mutations in both the gyrA and parC QRDRs were detected only in strains with high-level resistance. These results strongly suggest that, as in other gram-negative bacteria, GyrA and ParC are the primary and secondary targets, respectively, of ciprofloxacin in V. parahaemolyticus

Keywords: Cloning, DNA Topoisomerase-Iv, Escherichia-Coli, Gene, Klebsiella-Pneumoniae, *Mycobacterium tuberculosis*, Nucleotide-Sequence, Resistance, Staphylococcus-Aureus, *Streptococcus pneumoniae*, Thermostable Direct Hemolysin

Tomioka, H., Sato, K., Akaki, T., Kajitani, H., Kawahara, S. and Sakatani, M. (1999), Comparative in vitro antimicrobial activities of the newly synthesized quinolone HSR-903, sitafloxacin (DU-6859a), gatifloxacin (AM-1155), and levofloxacin against *Mycobacterium tuberculosis* and *Mycobacterium avium* complex. *Antimicrobial Agents and Chemotherapy*, **43** (12), 3001-3004.

Full Text: [1999\Ant Age Che43, 3001.pdf](1999/Ant%20Age%20Che43,%203001.pdf)

Abstract: We compared the in vitro antimycobacterial activity of a new fluoroquinolone, HSR-903, with strong activity against gram- positive cocci with those of levofloxacin (LVFX), sitafloxacin (STFX), and gatifloxacin (GFLX). The MICs of the quinolones for *Mycobacterium tuberculosis* and *Mycobacterium avium* complex were in the order STFX approximate to GFLX < LVFX less than or equal to HSR-903 and STFX less than or equal to GFLX less than or equal to HSR-903 less than or equal to LVFX, respectively. HSR- 903 effectively eliminated intramacrophagial M. tuberculosis, as did LVFX, and exhibited bacteriostatic effects against M. tuberculosis replicating in type II alveolar cells

Keywords: AM-1155, Antimycobacterial Activities, Cells, Gatifloxacin, In-Vitro, Levofloxacin, *Mycobacterium tuberculosis*, Nontuberculous Mycobacteria, Quinolones, Sitafloxacin, Tuberculosis

Tomioka, H., Sato, K., Kajitani, H., Akaki, T. and Shishido, S. (2000), Comparative antimicrobial activities of the newly synthesized quinolone WQ-3034, levofloxacin, sparfloxacin, and ciproffoxacin against *Mycobacterium tuberculosis* and *Mycobacterium avium* complex. *Antimicrobial Agents and Chemotherapy*, **44** (2), 283-286.

Full Text: [2000\Ant Age Che44, 283.pdf](2000/Ant%20Age%20Che44,%20283.pdf)

Abstract: WQ-3034 is a newly synthesized acidic fluoroquinolone. We assessed its in vitro activity against *Mycobacterium tuberculosis* and M. avium complex using levofloxacin (LVFX), ciprofloxacin (CPFX), sparfloxacin (SPFX), and KRM-1648 (KRM) as reference drugs. The MICs of these agents were determined by the agar dilution method with 7H11 medium. The MICs at which 50 and 90% of the test strains were inhibited (MIC(50)s, and MIC(90)s, respectively) for the test quinolones for rifampin (RMP)-susceptible M. tuberculosis strains were in the order SPFX < LVFX less than or equal to WQ-3034 less than or equal to CPFX, while those for RMP-resistant M. tuberculosis strains were in the order SPFX less than or equal to WQ-3034 less than or equal to LVFX < CPFX, the MICs of KRM for RMP-susceptible M. tuberculosis were much lower than those of the test quinolones, while the MIC90 of KRM for RMP-resistant M. tuberculosis strains was higher than those of the quinolones. The MIC(50)s and MIC(90)s of the test drugs for M. avium were in the order KRM < SPFX < CPFX less than or equal to WQ-3034 less than or equal to LVFX, while those for M. intracellulare were in the order KRM < SPFX < WQ-3034 is approximately equal to LVFX less than or equal to CPFX. Next, we compared the antimicrobial activities of the test drugs against M. tuberculosis organisms residing in cells of the Mono Mac 6 macrophage (M phi)-like cell line (MM6-M phi s) and of the A-549 type II alveolar cell line (A-549 cells), When drugs were added at the concentration that achieves the maximum concentration in blood, progressive killing or inhibition of the M. tuberculosis organisms residing in MM6-M phi s and A-549 cells was observed in the order KRM > SPFX greater than or equal to LVFX > WQ-3034 > CPFX. The efficacies of all quinolones against intracellular M. tuberculosis organisms were significantly Lower in A-549 cells than in MM6-M phi s. WQ-3034 at the MIC caused more marked growth inhibition of intramacrophage M. tuberculosis than did LVFX. These findings indicate that the in vitro anti-M. tuberculosis activity of WQ-3034 is greater than that of CPFX and is comparable to that of LVFX

Keywords: Cells, Drugs, Fluoroquinolones, In Vitro Activity, In-Vitro, Levofloxacin, Macrophages, Mycobacterium, *Mycobacterium tuberculosis*, Quinolones, Sparfloxacin, Tuberculosis

Dong, Y.Z., Zhao, X.L., Kreiswirth, B.N. and Drlica, K. (2000), Mutant prevention concentration as a measure of antibiotic potency: Studies with clinical isolates of *Mycobacterium tuberculosis*. *Antimicrobial Agents and Chemotherapy*, **44** (9), 2581-2584.

Full Text: [2000\Ant Age Che44, 2581.pdf](2000/Ant%20Age%20Che44,%202581.pdf)

Abstract: the mutant prevention concentration (MPC) of a C-8-methoxy fluoroquinolone exhibited a narrow distribution for 14 genetically diverse clinical isolates of *Mycobacterium tuberculosis*, indicating that results from single-isolate studies are likely to be representative. When one isolate was challenged with a variety of antituberculosis agents, C-8- methoxy fluoroquinolones were exceptional in having MPCs below the maximum concentration attained in serum by use of commonly recommended doses

Keywords: Fluoroquinolone Action, Fluoroquinolones, Healthy- Volunteers, Humans, Identification, Mutant Prevention Concentration, *Mycobacterium tuberculosis*, Pharmacokinetics, Quinolone, Resistance, Staphylococcus-Aureus, Survival, Tuberculosis

Aubry, A., Jarlier, V., Escolano, S., Truffot-Pernot, C. and Cambau, E. (2000), Antibiotic susceptibility pattern of *Mycobacterium marinum*. *Antimicrobial Agents and Chemotherapy*, **44** (11), 3133-3136.

Full Text: [2000\Ant Age Che44, 3133.pdf](2000/Ant%20Age%20Che44,%203133.pdf)

Abstract: In vitro activities of 17 antibiotics against 53 clinical strains of Mycobacterium marinum, an atypical mycobacterium responsible for cutaneous infections, were determined using the reference agar dilution method. Rifampin and rifabutin were the most active drugs (MICs at which 90% of the isolates tested were inhibited [MIC(90)s], 0.5 and 0.6 μg, ml, respectively). MICs of minocycline (MIC90, 4 μg, ml), doxycycline (MIC90, 16 μg, ml) clarithromycin (MIC90, 4 μg, ml), sparfloxacin (MIC90, 2 μg, ml), moxifloxacin (MIC90, 1 μg, ml), imipenem (MIC90, 8 μg, ml), sulfamethoxazole (MIC90, 8 μg, ml) and amikacin (MIC90, 4 μg, ml) were close to the susceptibility breakpoints. MICs of isoniazid, ethambutol, trimethoprim, azithromycin, ciprofloxacin, ofloxacin, and levofloxacin were above the concentrations usually obtained in vivo. For each drug, the MIC50, geometric mean MIC, and modal MIC were very close, showing that all the strains had a similar susceptibility pattern. Percent agreement (within +, -1 log, dilution) between MICs yielded by the Etest method and by the agar dilution method used as reference were 83, 59, 43, and 24% for minocycline, rifampin, clarithromycin, and sparfloxacin, respectively. Reproducibility with the Etest was Low, in contrast to that with the agar dilution method. In conclusion, M. marinum is a naturally multidrug-resistant species for which the agar dilution method is more accurate than the Etest for antibiotic susceptibility testing

Keywords: Chelonae, Clarithromycin, Etest, Fortuitum, In-Vitro, Infections, Levofloxacin, Moxifloxacin, Mycobacterium, Quinolone, Rifabutin, Rifampin, Sparfloxacin, Tetracyclines, Tuberculosis

Sindelar, G., Zhao, X.L., Liew, A., Dong, Y.Z., Lu, T., Zhou, J.F., Domagala, J. and Drlica, K. (2000), Mutant prevention concentration as a measure of fluoroquinolone potency against mycobacteria. *Antimicrobial Agents and Chemotherapy*, **44** (12), 3337-3343.

Full Text: [2000\Ant Age Che44, 3337.pdf](2000/Ant%20Age%20Che44,%203337.pdf)

Abstract: Mutant prevention concentration (MPC) has been proposed as a new measure of antibiotic potency by which the ability to restrict selection of resistant mutants is evaluated. To determine whether MPC provides potency information unavailable from the more customary measurement of the MIG, 18 fluoroquinolones were examined for their ability to block the growth of Mycobacterium smegmatis and to select resistant mutants from wild-type populations. Both MPC and MIC were affected by changes in the moiety at the fluoroquinolone C-8 position and in alkyl groups attached to the C-7 piperazinyl ring. When eight resistant mutants, altered in the gyrase A protein, were tested with fluoroquinolones having either a methoxy or a hydrogen at the C-8 position, the MIC for the most resistant mutant correlated better with the MPC than did the MIC for wild-type cells. For C-8-fluorine derivatives, which were generally less active than the C-8-methoxy compounds but which were more active than C-8-hydrogen derivatives, the MICs for both the mutant and the wild type correlated well, vith the MPCs. Thus, measurement of the MICs for wild-type cells can reflect the ability of a quinolone to restrict the selection of resistance, but often it does not. With the present series of compounds, the most potent contained a C-l-methoxy and a small group attached to the C-7 ring

Keywords: Fluoroquinolones, Gyrase, Mutations, New-York-City, Resistance, Resistant, Selection, Survival, Tuberculosis

Raherison, S., Gonzalez, P., Renaudin, H., Charron, A., Bebear, C. and Bebear, C.M. (2002), Evidence of active efflux in resistance to ciprofloxacin and to ethidium bromide by *Mycoplasma hominis*. *Antimicrobial Agents and Chemotherapy*, **46** (3), 672-679.

Full Text: [2002\Ant Age Che46, 672.pdf](2002/Ant%20Age%20Che46,%20672.pdf)

Abstract: the uptake of fluoroquinolones was characterized for the fluoroquinolone-susceptible strain PG21 of *Mycoplasma hominis*. Accumulation of fluoroquinolones appeared to occur by passive diffusion. Addition of arginine as the energizer significantly reduced the uptake of fluoroquinolones, suggesting the presence of an energy-dependent efflux process. Reserpine and orthovanadate, two multidrug pump inhibitors, increased significantly the ciprofloxacin (CIP) uptake. In contrast, such a strong effect was not observed for moxifloxacin and pefloxacin uptakes. Two ethidium bromide (EtBr)-resistant strains, selected in vitro, showed a resistance profile compatible with a multidrug-resistant phenotype, with increased MICs for the hydrophilic fluoroquinolones, CIP and norfloxacin, EtBr, and acriflavine. Taking the EtBr-resistant strain RB1La as a model, a significant decrease of the CIP and EtBr uptakes was observed compared to the reference strain PG21. In the presence of reserpine and orthovanadate, both inhibitors of ATP-dependent efflux pumps, the CIP uptake increased significantly, reaching approximately the same level as that of the susceptible strain. Similar results were obtained with EtBr uptake and efflux experiments. Our data suggest the presence of an active efflux system, possibly an ABC-type efflux pump, implicated in the resistance to CIP and unrelated compounds like EtBr in the human mycoplasma M. hominis

Keywords: Bacillus-Subtilis, Dna Gyrase, Escherichia-Coli, Fluoroquinolone Resistance, Fluoroquinolones, Mediated Multidrug-Resistance, Moxifloxacin, *Mycobacterium tuberculosis*, Pseudomonas-Aeruginosa, Quinolone Accumulation, Resistance, Staphylococcus-Aureus, *Streptococcus pneumoniae*

Yoshimatsu, T., Nuermberger, E., Tyagi, S., Chaisson, R., Bishai, W. and Grosset, J. (2002), Bactericidal activity of increasing daily and weekly doses of moxifloxacin in murine tuberculosis. *Antimicrobial Agents and Chemotherapy*, **46** (6), 1875-1879.

Full Text: [2002\Ant Age Che46, 1875.pdf](2002/Ant%20Age%20Che46,%201875.pdf)

Abstract: Moxifloxacin (MXF) is a new 8-methoxyquinolone with potent activity against *Mycobacterium tuberculosis* and a half-life of 9 to 12 h in humans. Previous in vivo studies using daily doses of 100 mg, kg of body weight have demonstrated bactericidal activity comparable to that of isoniazid (INH) in a murine model of tuberculosis (TB). Recent pharmacokinetic data suggest that MXF may have been underadministered in these studies and that a 400-mg, kg dose in mice better approximates the area under the concentration-time curve obtained in humans after a 400-mg oral dose. Therefore, the bactericidal activity of MXF in doses up to 400 mg, kg given daily or weekly for 28 days was assessed in mice infected intravenously with 5×106 CFU of M. tuberculosis. INH was used as a positive control. After 3 days of daily therapy, the CFU counts from splenic homogenates for mice treated with MXF in doses of 100 to 400 mg, kg, day were lower than those from pretreatment controls. No significant differences in CFU counts were seen when mice receiving INH or MXF at 50 mg, kg, day were compared to pretreatment controls. After 28 days of therapy, dose-dependent reductions in CFU counts in splenic homogenates were seen for daily MXF therapy. The maximum bactericidal effect was seen with daily doses of 400 mg, kg, which resulted in a reduction in CFU counts of 1 log, 0 greater than that with INH treatment, although the difference was not statistically significant. CFU counts from lung homogenates after 28 days of therapy were significantly lower in all treatment groups than in untreated controls. The weekly administration of MXF in doses ranging from 50 to 400 mg, kg resulted in no significant bactericidal activity. Mice receiving daily MXF doses of 200 and 400 mg, kg, day failed to gain weight and appeared ill after 28 days of therapy, findings suggestive of drug toxicity. In conclusion, MXF has dose- dependent bactericidal activity against M. tuberculosis in the mouse when given in doses up to 400 mg, kg, where its pharmacokinetic profile better approximates that of standard human dosages. Combination regimens which take advantage of the enhanced pharmacodynamic profile of MXF at these doses have the potential to shorten the course of antituberculous therapy or allow more intermittent (i.e., once-weekly) therapy and should be evaluated in the mouse model of TB

Keywords: 8-Methoxy Quinolone, Drugs, Fluoroquinolone, In-Vitro, Mice, Moxifloxacin, *Mycobacterium tuberculosis*, *Mycobacterium tuberculosis*, Pharmacokinetics, Safety, Toxicity, Tuberculosis

Kishii, R., Takei, M., Fukuda, H., Hayashi, K. and Hosaka, M. (2003), Contribution of the 8-methoxy group to the activity of gatifloxacin against type II topoisornerases of *Streptococcus pneumoniae*. *Antimicrobial Agents and Chemotherapy*, **47** (1), 77-81.

Full Text: [2003\Ant Age Che47, 77.pdf](2003/Ant%20Age%20Che47,%2077.pdf)

Abstract: the inhibitory activities (50% inhibitory concentrations [IC(50)s]) of gatifloxacin and other quinolones against both DNA gyrase and topoisomerase IV of the wild-type *Streptococcus pneumoniae* IID553 were determined. The IC(50)s of 10 compounds ranged from 4.28 to 582 mug, ml against DNA gyrase and from 1.90 to 35.2 mug, ml against topoisomerase IV. The inhibitory activity against DNA gyrase was more varied than that against topoisomerase IV among fluoroquinolones. The IC(50)s for DNA gyrase of the 8-methoxy quinolones gatifloxacin and AM-1147 were approximately seven times lower than those of their 8-H counterparts AM-1121 and ciprofloxacin, whereas the IC(50)s for topoisomerase IV were 1.5 times lower. Moreover, the IC50 ratios (IC50 for DNA gyrase, IC50 for topoisomerase IV) of gatifloxacin, AM-1147, and moxifloxacin, which possess 8- methoxy groups, were almost the same. The 8-methoxy quinolones showed higher antibacterial activity and less mutant selectivity against IID553 than their 8-H counterparts. These results suggest that the 8-methoxy group enhances both target inhibition, especially for DNA gyrase, leading to potent antipneumococcal activity and dual inhibition against both DNA gyrase and topoisomerase IV in the bacterial cell

Keywords: Antibacterial Activities, Antibacterial Activity, Dna Gyrase, Fluoroquinolone Action, Fluoroquinolones, Gatifloxacin, Gyrase, In-Vitro, Mechanisms, Moxifloxacin, *Mycobacterium tuberculosis*, Quinolone Resistance, Staphylococcus-Aureus, Target Preference, Topoisomerase IV, Topoisomerase-IV

Martín-Galiano, A.J. and de la Campa, A.G. (2003), High-efficiency generation of antibiotic-resistant strains of *Streptococcus pneumoniae* by PCR and transformation. *Antimicrobial Agents and Chemotherapy*, **47** (4), 1257-1261.

Full Text: [2003\Ant Age Che47, 1257.pdf](2003/Ant%20Age%20Che47,%201257.pdf)

Abstract: We designed a method by which to generate antibiotic-resistant strains of *Streptococcus pneumoniae* at frequencies 4 orders of magnitude greater than the spontaneous mutation rate. The method is based on the natural ability of this organism to be genetically transformed with PCR products carrying sequences homologous to its chromosome. The genes encoding the targets of ciprofloxacin (parC, encoding the ParC subunit of DNA topoisomerase IV), rifampin (rpoB, encoding the P subunit of RNA polymerase), and streptomycin (rpsL, encoding the S12 ribosomal protein) from susceptible laboratory strain R6 were amplified by PCR and used to transform the same strain. Resistant mutants were obtained with a frequency of 10-4 to 10-5, depending on the fidelity of the DNA polymerase used for PCR amplifications. Ciprofloxacin-resistant mutants, for which the MICs were four-to eightfold higher than that for R6, carried a single mutation of a residue in the quinolone resistance-determining region: S79 (change to A, F, or Y) or D83 (change to N or V). Rifampin-resistant strains, for which the MICs were at least 133-fold higher than that for R6, contained a single mutation within cluster I of rpoB: S482 (change to P), Q486 (change to L), D489 (change to V), or H499 (change to L or Y). Streptomycin-resistant mutants, for which the MICs were at least 64-fold higher than that for R6, carried a mutation at either K56 (change to I, R, or T) or K101 (change to E). PCR products obtained from the mutants were able to transform R6 to resistance with high efficiency (> 104). This method could be used to efficiently obtain resistant mutants for any drug whose target is known

Keywords: Escherichia-Coli, F-0 Complex, Fluoroquinolone Resistance, Molecular-Basis, *Mycobacterium tuberculosis*, Protein S12 Gene, Rifampicin Resistance, RNA- Polymerase, Streptomycin Resistance, Topoisomerase-IV

? Balli, E.P., Venetis, C.A. and Miyakis, S. (2014), Systematic review and meta-analysis of linezolid versus daptomycin for treatment of vancomycin-resistant enterococcal bacteremia. *Antimicrobial Agents and Chemotherapy*, **58** (2), 734-739.

Full Text: 2014\Ant Age Che58, 734.pdf

Abstract: Limited therapeutic options exist for the treatment of vancomycin-resistant Enterococcus (VRE) bacteremia; the most commonly used are daptomycin and linezolid. We attempted a systematic review and meta-analysis of the comparative efficacy of those two agents. Studies comparing daptomycin to linezolid treatment for VRE bacteremia, published until August 2012, were identified from the MEDLINE, EMBASE, CENTRAL, ISI Web of Science, and SCOPUS databases. All comparative studies on patients older than 18 years of age that provided mortality data were considered eligible for this systematic review and meta-analysis. The primary outcome of the meta-analysis was 30-day all-cause mortality. Ten retrospective studies including 967 patients were identified. Patients treated with daptomycin had significantly higher 30-day all-cause mortality (odds ratio [OR], 1.61; 95% confidence interval [CI], 1.08 to 2.40) and infection-related mortality (OR, 3.61; 95% CI, 1.42 to 9.20) rates than patients treated with linezolid. When data from all 10 studies were combined, overall mortality was also significantly increased among patients treated with daptomycin (OR, 1.41; 95% CI, 1.06 to 1.89). These findings were confirmed when odds ratios adjusted for potential confounders were pooled. Relapse rates among patients treated with daptomycin were also higher (OR, 2.51; 95% CI, 0.94 to 6.72), although this difference did not reach statistical significance. Adverse event rates were not significantly different between the two groups. Notwithstanding the absence of randomized prospective data, available evidence suggests that mortality rates may be higher with daptomycin than with linezolid among patients treated for VRE bacteremia.

Keywords: Age, Attempted, Confidence, Data, Databases, Efficacy, Embase, Enterococcus, Evidence, Groups, Interval, ISI, ISI Web of Science, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Mortality, Odds Ratio, Options, Outcome, Patients, Potential, Primary, Prospective, Randomized, Rates, Retrospective Studies, Review, Science, Scopus, Significance, Systematic Review, Therapeutic, Therapeutic Options, Treatment, Web of Science

# Title: Antioxidants & Redox Signaling

Full Journal Title: Antioxidants & Redox Signaling

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ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? (2003), Trend of most cited papers (2001-2002) in *ARS*. *Antioxidants & Redox Signaling*, **5** (6), 813-815.

Full Text: 2003\Ant Red Sig5, 813.pdf

Keywords: Papers

# Title: Antiviral Research

Full Journal Title: [Antiviral Research](http://www.sciencedirect.com/science/journal/01663542)

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Subject Categories:

Pharmacology & Pharmacy: Impact Factor 2.758, / (2000); Impact Factor 1.934, 56/186 (2001)

Virology: Impact Factor 2.758, / (2000); Impact Factor 1.934, 14/25 (2001)

? Zhao, S.H., Liu, E.Q., Wei, K.N., Lu, S.M., Chu, Y.L., Li, Y.F., Wang, Y.L., Huang, B.Q., Chen, Y.L. and Yang, P.H. (2011), Interferon plus Chinese herbs are associated with higher sustained virological response than interferon alone in chronic Hepatitis C: A meta-analysis of randomised trials. *Antiviral Research*, **89** (2), 156-164.

Full Text: [2011\Ant Res89, 156.pdf](2011/Ant%20Res89,%20156.pdf)

Abstract: Background/aims: Traditional Chinese herbal therapies are widely used for the treatment of chronic hepatitis C (CHC) in Asia. The aim of this study was to perform a meta-analysis of randomised controlled trials (RCTs) comparing interferon therapies with Chinese herbal therapies and/or interferon plus Chinese herb therapies for the treatment of CHC. Methods: the Cochrane Central Register of Controlled Trials, MEDLINE, Science Citation Index, EMBASE, China National Knowledge Infrastructure, Wanfang Database and China Biomedical Database were searched to identify RCTs that evaluated the virological response to interferon therapies, Chinese herbal therapies and interferon plus Chinese herb therapies in CHC patients. We statistically combined data using a random-effect meta-analysis according to the intention-to-treat principle. Results: the literature search yielded 770 studies, and 26 RCTs comprising 1905 patients matched the selection criteria. Overall, the sustained virological response (SVR) was significantly higher in patients treated with interferon plus Chinese herbs than in patients treated with interferon alone (49% vs 33%, relative risk, 1.52; 95% confidence interval: 1.23-1.89; p< 0.05). Combined therapies of interferon plus Chinese herb therapies were also superior to interferon therapies alone in achieving the end-of-treatment viral response (ETVR), and resulted in fewer relapses, fewer adverse events and more rapid alanine transaminase normalisation. Interferon therapies achieved higher ETVR than Chinese herbal therapies, but they yielded a similar SVR. Conclusions: the current evidence suggests that combined therapies of interferon plus Chinese herbs yielded a higher SVR, and resulted in fewer relapses and fewer adverse events than interferon therapies. (C) 2010 Elsevier B.V. All rights reserved.

Keywords: Alternative Medicine, Asia, China, Chinese, Chinese Herbs, Chronic, Chronic Hepatitis, Chronic Hepatitis C, Confidence, Criteria, Data, Diseases, Events, Evidence, Hepatitis, Hepatitis C, Interferon, Interval, Literature, Meta-Analysis, Metaanalysis, Patients, Quality, Randomised, Randomised Controlled Trials, Relative Risk, Ribavirin, Rights, Risk, Science Citation Index, Selection Criteria, Therapy, Treatment, United-States, Viral, Virus-Infection

# Title: ANZ Journal of Surgery

Full Journal Title: ANZ Journal of Surgery

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Garcea, G., Dennison, A.R., Steward, W.P. and Berry, D.P. (2003), Chemoprevention of gastrointestinal malignancies. *ANZ Journal of Surgery*, **73** (9), 680-686.

Full Text: [2003\ANZ J Sur73, 680.pdf](2003/ANZ%20J%20Sur73,%20680.pdf)

Abstract: Background: There has been considerable interest in the use of chemical or dietary agents to suppress or inhibit the development of tumours in the early stages of carcinogenesis. This concept is known as chemoprevention and although the potential for such agents is tremendous, evaluating their clinical benefit is beset with difficulties. Aims: Using selected agents, such as curcumin and indole-3-carbinol, as examples, the present review will discuss the possible mechanisms of chemoprevention and the problems encountered in developing these agents into clinical drugs. Methods: A review of the published literature from 1985 to the present day was performed using MEDLINE and Web of Science search engines. Key words used were ‘gastrointestinal cancer’ and ‘chemoprevention’. Conclusion: A huge number of agents with possible chemopreventive action has been identified. Pilot trials using molecular signatures of cancer activity can be used to select which agents should be included in large-scale phase III clinical trials. Publications concerning chemoprevention are concentrated in the scientific and oncological literature but surgeons with their greater exposure to premalignant gastrointestinal disease need to be aware of current concepts in this rapidly expanding field. This knowledge would allow collaboration between oncologists and surgeons in clinical trials to further evaluate chemopreventive compounds and ascertain their clinical impact.

Keywords: 5-(2-Pyrazinyl)-4-Methyl-1,2-Dithiole-3-Thione Oltipraz, Cancer, Carcinogenesis, Chemoprevention, Clinical Trials, Collaboration, Colon-Cancer, Colorectal-Cancer, Curcumin, Development, Dietary Curcumin, Disease, Ferulic Acid, Gastrointestinal, Glutathione-S-Transferase, Impact, Indole-3-Carbinol, Interest, Kappa-B Activation, Knowledge, Literature, Malignancy, Methods, Molecular, Nonsteroidal Antiinflammatory Drugs, Protein-Kinase, Publications, Rat-Liver, Review, Science, Tumours, Web of Science

? Dowsey, M.M. and Choong, P.F.M. (2008), Early outcomes and complications following joint arthroplasty in obese patients: A review of the published reports. *ANZ Journal of Surgery*, **78** (6), 439-444.

Full Text: [2008\ANZ J Sur78, 439.pdf](2008/ANZ%20J%20Sur78,%20439.pdf)

Abstract: the incidence of obesity and the number of hip arthroplasties being carried out in Australia each year are significantly increasing. There is an overrepresentation of obesity among patients presenting for elective orthopaedic surgery. The aim of this study was to present a review of published works reporting on obesity and joint replacement surgery in terms of early clinical, functional and quality-of-life outcomes. We conducted a metasearch of databases, including PUBMED, Web of Science and the Cochrane Library, from January 1990 to May 2007. Studies published in English with a primary intention of exploring the relationship between obesity and joint arthroplasty were reviewed and results summarized. Key issues identified in relation to obesity and joint replacement surgery included clinical outcomes and complications, functional and quality of life and the influence of arthroplasty surgery on the management of obesity. Reports on early outcomes, that is in the first 12 months following joint replacement surgery, were included in the review. Results for these three key issues were summarized and reported separately. There is evidence in the published reports to support a correlation between obesity and complications following joint replacement surgery. Obesity has been found to be a specific risk factor for joint infection. Research on early functional and quality-of-life data as well as on the influence arthroplasty surgery has on weight management is lacking, and few conclusions can be drawn from the published reports. A study of significant size that examines all three issues in conjunction would be of value in identifying patients at high risk of failure in terms of both clinical and quality-of-life perspectives.

Keywords: Arthroplasty, Body-Mass Index, Cochrane, Databases, Functional, Infection, Infections, Management, Obesity, Outcomes, Patient Outcomes, Perioperative Morbidity, Postoperative Complications, Primary, Published Works, PUBMED, Quality of Life, Replacement, Research, Review, Risk, Science, Surgery, Total Hip-Arthroplasty, Total Knee Arthroplasty, Web of Science

? Patel, V.M., Warren, O., Humphris, P., Ahmed, K., Ashrafian, H., Rao, C., Athanasiou, T. and Darzi, A. (2010), What does leadership in surgery entail? *ANZ Journal of Surgery*, **80** (12), 876-883.

Full Text: [2010\ANZ J Sur80, 876.pdf](2010/ANZ%20J%20Sur80,%20876.pdf)

Abstract: Background: Leadership is not formally taught at any level in surgical training; there are no mandatory leadership courses or qualifications for trainees or specialists, and leadership performance is rarely evaluated within surgical appraisal or assessment programmes.

Methods: Literature obtained from a MEDLINE search was reviewed to determine the characteristics of surgical leaders; outline an analytical framework through which these characteristics can be developed both in surgeons and surgical departments; and reflect on future challenges and recommendations for the central role of leadership in the field of surgery.

Results: Leadership in surgery entails professionalism, technical competence, motivation, innovation, teamwork, communication skills, decision-making, business acumen, emotional competence, resilience and effective teaching. Leadership skills can be developed through experience, observation, and education using a framework including mentoring, coaching, networking, stretch assignments, action learning and feedback.

Conclusion: Modern surgery will need leaders with superior leadership skills that are well defined. It is vital that leadership programmes to develop leadership skills are put into practice in medical education curriculum and postgraduate surgical training. This will ensure maintenance and improvement in the quality of patient care.

Keywords: Academic, Emotional Intelligence, Health Care, Leadership, Surgery, Transformational, Physician Leadership, Academic Surgery, Environment, Impact

? Patel, V.M., Warren, O., Ahmed, K., Humphris, P., Abbasi, S., Ashrafian, H., Darzi, A. and Athanasiou, T. (2011), How can we build mentorship in surgeons of the future? *ANZ Journal of Surgery*, **81** (10), 418-424.

Full Text: [2011\ANZ J Sur81, 418.pdf](2011/ANZ%20J%20Sur81,%20418.pdf)

Abstract: Background: In the past, surgical training has been based on traditional apprenticeship model of mentoring. To cope with the rapidly changing environment of modern surgery, the mentoring process may require significant modernization.

Methods: Literature for this review was identified by searching for the MeSH heading ‘mentors’ in Ovid MEDLINE, EMBASE, PsycINFO and Cochrane Library databases (1950 to September 2010). The literature was reviewed to specifically identify challenges of mentoring future surgeons and to delineate a framework to establish a mentor-mentee relationship by means of a formal mentoring scheme.

Results: Multidimensional approaches, models and methods of delivering mentoring are essential to meet the challenges of modern surgery. We advocate a 10-stage approach to implement a formal mentoring scheme at local, national and international levels.

Conclusion: Formalizing the mentoring process, with local, national and international schemes, will initiate mentoring relationships and cultivate a mentoring culture. Ultimately, this will maintain and improve patient care.

Keywords: Education, Mentors, Programme Development, Surgery, Teaching, Mentoring Surgeons, Leadership, Residents, Medicine, Faculty, Impact

? Paulsen, M.G., Dowsey, M.M., Castle, D. and Choong, P.F.M. (2011), Preoperative psychological distress and functional outcome after knee replacement. *ANZ Journal of Surgery*, **81** (10), 681-687.

Full Text: [2011\ANZ J Sur81, 681.pdf](2011/ANZ%20J%20Sur81,%20681.pdf)

Abstract: Background: Fifteen to thirty percent of patients report no or little functional improvement 12 months after total knee replacement (TKR). Self-reported psychological distress prior to knee replacement is common and there is some evidence that it may be an important determinant of poor functional outcome in the short to medium term. The aim of this study was to review systematically the literature on the relationship between preoperative psychological distress and post-operative functional outcome after TKR. Methods: A literature search through the University of Melbourne Library Catalogue, Web of Science, SCOPUS - V.4, MEDLINE, CINAHL PLUS, PsycINFO, Pubmed and the Cochrane Library was performed with the following key words and terms: joint replacement, arthroplasty, mental health, pre-operative distress, preoperative distress, psychological distress and knee. Additional screening of the reference lists was performed. All eligible publications were quality assessed by two independent reviewers according to the Newcastle-Ottawa Scale. Results: the search found 10 cohort studies. The results of the studies were conflicting as six studies found a correlation between preoperative distress and functional outcome, whereas four did not. Conclusion: the results from this review are conflicting. The use of different questionnaires to assess psychological distress and functional outcome makes it difficult to draw any conclusions. Future research should focus on using appropriate scales to measure exposure and outcome. We suggest using disease-specific questionnaires to assess preoperative psychological distress and a sensitive knee-specific outcome score to assess post-operative function.

Keywords: Arthroplasty, Author, Cochrane, Cohort Studies, Depression Scale, Distress, Exposure, Functional, Health Survey, Hospital Anxiety, Joint, Knee, Literature, MEDLINE, Mental Health, Methods, Outcome, Pain, Patient Outcomes, Patients, Physical-Function, Plus, Psychological, Publications, Quality-of-Life, Questionnaires, Research, Review, Scale, Science, Scopus, Screening, Surgery, Total Hip-Arthroplasty, Total Joint Arthroplasty, University, Web of Science

? Yang, J., Tong, D.N., Yao, J. and Chen, W. (2013), Laparoscopic or Lichtenstein repair for recurrent inguinal hernia: A meta-analysis of randomized controlled trials. *ANZ Journal of Surgery*, **83** (5), 312-318.

Full Text: [2013\ANZ J Sur83, 312.pdf](2013/ANZ%20J%20Sur83,%20312.pdf)

Abstract: Background There is no clear answer regarding the use of laparoscopic techniques versus the Lichtenstein method for the treatment of recurrent inguinal hernia. Objective The aim of this study was to compare the outcomes of laparoscopy versus the Lichtenstein repair by a meta-analysis of available randomized controlled trials (RCTs). Methods Databases, including PubMed, EMBASE, the Cochrane Library, and the Science Citation Index updated to May 2012, were searched. The main outcome measures were wound infections and haematoma, urinary retention, post-operative chronic pain and recurrence. A meta-analysis of included RCTs was performed. Results Five RCTs, comprising a total of 427 patients, were included. Although most of the analysed outcomes were similar between groups, wound infection rates and post-operative chronic pain occurred less frequently in the laparoscopic group than in the Lichtenstein group (odds ratio: 0.28, 95% CI: 0.080.97; P = 0.05; odds ratio: 0.33, 95% CI: 0.170.68; P = 0.002, respectively). Conclusion The laparoscopic approach to the treatment of recurrent inguinal hernia is superior to the Lichtenstein hernioplasty in some aspects that affect patient satisfaction.

Keywords: Adult Patients, Approach, Chronic, Chronic Pain, Citation, Clinical-Trials, Databases, Embase, Follow-Up, Groups, Herniorrhaphy, Infection, Infections, Inguinal Hernia, Laparoscopic, Laparoscopy, Lichtenstein Repair, Local-Anesthesia, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Multicenter Trial, Odds Ratio, Open Mesh, Outcome, Outcome Measures, Outcomes, P, Pain, Patient Satisfaction, Patients, Postoperative, Pubmed, Randomized, Randomized Controlled Trials, Rates, Recurrence, Recurrent, Recurrent Inguinal Hernia, Results, Retention, Satisfaction, Science, Science Citation Index, Techniques, Tension-Free Hernioplasty, Treatment, Urinary, Urinary Retention, Wound, Wound Infection, Wound Infections

? Bell, R., Pandanaboyana, S. and Prasad, K.R. (2015), Epidural versus local anaesthetic infiltration via wound catheters in open liver resection: a meta-analysis. *ANZ Journal of Surgery*, **85** (1-2), 16-21.

Full Text: [2015\ANZ J Sur85, 16.pdf](2015/ANZ%20J%20Sur85,%2016.pdf)

Abstract: BackgroundThis meta-analysis was designed to systematically analyse all published studies comparing local anaesthetic infiltration with wound catheters and epidural catheters in open liver resection. MethodsA literature search was performed using the Cochrane Colorectal Cancer Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials in the Cochrane Library, MEDLINE, Embase and Science Citation Index Expanded. Randomized trials, and prospective and retrospective studies comparing wound catheters with epidural catheters were included. Statistical analysis was performed using Review Manager Version 5.2 software. The primary outcome measures were pain scores in the post-operative period operation. Secondary outcome measures were hospital stay, time to opening bowels, overall complications and analgesia-specific complications. ResultsFour studies including 705 patients were included in the analysis. The pain scores were significantly lower in those patients with epidural on the first post-operative day (POD) (mean difference of -0.90 [-1.29, -0.52], Z=4.61) (P<0.00001) with comparable pain scores on PODs 2 and 3. There was no significant difference in the time to opening bowels, opioid use and hospital stay between the techniques. The post-operative complication rate was higher in the epidural group (risk ratio 1.40 [1.07, 1.83]; (2)=0.60, df=1) (P=0.44); I-2=0%; Z=2.42 (P=0.02). ConclusionLocal anaesthetic infiltration via wound catheters combined with patient-controlled opiate analgesia provides comparable pain relief to epidural catheters except for the first POD. Both techniques are associated with similar hospital stay and opioid use with wound catheters associated with lower complication rate.

Keywords: Analgesia, Analysis, Cancer, Citation, Colorectal, Complication, Complications, Efficacy, England, Enhanced Recovery, Epidural, Epidural Catheters, First, Hospital, Hospital Stay, Infiltration, Literature, Literature Search, Liver, Liver Resection, Local, Measures, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Open, Operation, Opiate, Opioid, Outcome, Outcome Measures, Pain, Pain Relief, Patient Controlled, Patients, Post-Operative Analgesia, Postoperative, Postoperative Analgesia, Postoperative Complication, Primary, Prospective, R, Randomized, Randomized Clinical-Trial, Retrospective, Retrospective Studies, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Software, Statistical Analysis, Surgery, Techniques, Wound, Wound Catheter

# Title: Aphasiology

Full Journal Title: Aphasiology

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JCR Abbreviated Title: Aphasiology

ISSN:

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Journal Country/Territory:

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Publisher:

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Subject Categories:

: Impact Factor

? Martínez-Ferreiro, S., de Aguiar, V. and Rofes, A. (2015), Non-fluent aphasia in Ibero-Romance: A review of morphosyntactic deficits. *Aphasiology*, **29** (1), 101-126.

Full Text: [2015\Aphasiology29, 101.pdf](2015/Aphasiology29,%20101.pdf)

Abstract: Background: Castilian-Spanish, Catalan, Galician, and European Portuguese are the most widely spoken languages of the Ibero-Romance group. An increasing number of authors have addressed the impact of aphasia on the morphosyntax of these varieties. However, accurate linguistic characterisations are scarce and the different sources of data have not been yet compiled.Aims: To stimulate state-of-the-art research, we provided a comprehensive summary of morphosyntactic aspects of Ibero-Romance and a review of how these are affected in non-fluent aphasia. The topics we dealt with are the use of verb argument structure and morphology, sentential negation and word order, definite articles, personal and reflexive pronouns, passives, topicalised constructions, questions, and relative clauses.Methods & Procedures: An exhaustive fieldwork and search of PubMed, Web of Science, and Medline records were performed to retrieve studies focused on morphosyntactic issues concerning the Ibero-Romance varieties. A total of 27 studies produced by 46 authors of varying background emerged. We did not review studies of category-specific deficits and aspects related to bilingual aphasia, although we assume that most speakers of Galician and Catalan are bilingual. Studies of spontaneous speech were included when no controlled experimental tasks were available.Outcomes & Results: The morphosyntactic commonalities of Ibero-Romance have been tackled from different theoretical perspectives. There exist asymmetries in findings which we explain with the use of different tasks (and task complexity) and individual differences between participants.Conclusions: Discourse-linking factors as well as deviations from the canonical pattern are recurrent answers to these asymmetries. A comprehensive theory of impairments in non-fluent aphasia integrating relevant aspects of both structural and processing accounts seems necessary.

Keywords: Agrammatic Aphasia, Agreement, Aphasia, Articles, Authors, Brocas-Aphasia, Catalan Agrammatism, Complexity, Data, Experimental, From, Ibero-Romance, Impact, Issues, Languages, Medline, Morphology, Morphosyntax, Non-Fluent Aphasia, Pattern, Pubmed, Records, Recurrent, Research, Results, Review, Science, Sources, Spanish, Spontaneous, State-Of-The-Art, Structure, Syntactic Tree, Tense, Theoretical, Theory, Time Reference, Verb, Web Of Science

# Title: Appetite

Full Journal Title: Appetite

ISO Abbreviated Title: Appetite

JCR Abbreviated Title: Appetite

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Carlucci, D., Nocella, G., De Devitiis, B., Viscecchia, R., Bimbo, F. and Nardone, G. (2015), Consumer purchasing behaviour towards fish and seafood products. Patterns and insights from a sample of international studies. *Appetite*, **84**, 212-227.

Full Text: [2015\Appetite84, 212.pdf](2015/Appetite84,%20212.pdf)

Abstract: The present systematic review was performed to assess consumer purchasing behaviour towards fish and seafood products in the wide context of developed countries. Web of Science, Scopus, ScienceDirect and Google Scholar engines were used to search the existing literature and a total of 49 studies were identified for inclusion. These studies investigated consumer purchasing behaviour towards a variety of fish and seafood products, in different countries and by means of different methodological approaches. In particular, the review identifies and discusses the main drivers and barriers of fish consumption as well as consumers’ preferences about the most relevant attributes of fish and seafood products providing useful insights for both practitioners and policy makers. Finally, main gaps of the existing literature and possible trajectories for future research are also discussed. (C) 2014 Elsevier Ltd. All rights reserved.

Keywords: Attitudes, Barriers, Behaviour, Consideration Set Size, Consumers, Consumption, Consumption Segments, Context, Fish, From, Google, Google Scholar, Health, Intention, International, Literature, Norway, Patterns, Planned Behavior, Policy, Preferences, Preferences, Research, Review, Rights, Science, Sciencedirect, Scopus, Seafood, Self-Regulation, Systematic, Systematic Review, Web, Web Of Science

? Satherley, R., Howard, R. and Higgs, S. (2015), Disordered eating practices in gastrointestinal disorders. *Appetite*, **84**, 240-250.

Full Text: [2015\Appetite84, 240.pdf](2015/Appetite84,%20240.pdf)

Abstract: Purpose: To systematically review evidence concerning disordered eating practices in dietary-controlled gastrointestinal conditions. Three key questions were examined: a) are disordered eating practices a feature of GI disorders?; b) what abnormal eating practices are present in those with GI disorders?; and c) what factors are associated with the presence of disordered eating in those with GI disorders? By exploring these questions, we aim to develop a conceptual model of disordered eating development in Cl disease. Methods: Five key databases, Web of Science with Conference Proceedings (1900-2014) and MEDLINE (1950-2014), PubMed, PsycINFO (1967-2014) and Google Scholar, were searched for papers relating to disordered eating practices in those with GI disorders. All papers were quality assessed before being included in the review. Results: Nine papers were included in the review. The majority of papers reported that the prevalence of disordered eating behaviours is greater in populations with GI disorders than in populations of healthy controls. Disordered eating patterns in dietary-controlled GI disorders may be associated with both anxiety and GI symptoms. Evidence concerning the correlates of disordered eating was limited. Conclusions: The presence of disordered eating behaviours is greater in populations with GI disorders than in populations of healthy controls, but the direction of the relationship is not clear. Implications for further research are discussed. (C) 2014 Elsevier Ltd. All rights reserved.

Keywords: Adolescents, Anorexia-Nervosa, Anxiety, Celiac-Disease, Coeliac Disease, Conceptual Model, Conference, Correlates, Databases, Depression, Development, Disease, Disordered Eating, Eating Disorder, Evidence, Factors, Feature, Gastrointestinal, German Version, Gi, Gi Symptoms, Google, Google Scholar, Illness, Inflammatory Bowel Disease, Inflammatory-Bowel-Disease, Irritable Bowel Syndrome, Medline, Methods, Model, Papers, Populations, Practices, Prevalence, Proceedings, Psycinfo, Pubmed, Quality, Quality-Of-Life, Research, Results, Review, Rights, Science, Symptoms, Web, Web Of Science

? Lansigan, R.K., Emond, J.A. and Gilbert-Diamond, D. (2015), Understanding eating in the absence of hunger among young children: A systematic review of existing studies. *Appetite*, **85**, 36-47.

Full Text: [2015\Appetite85, 36.pdf](2015/Appetite85,%2036.pdf)

Abstract: Background: Eating in the Absence of Hunger (EAH), or consuming highly palatable foods when satiated, is one behavioral pathway that may lead to childhood obesity. EAH is an objective, laboratorybased measure. A more comprehensive understanding of potential determinants of EAH could inform childhood obesity programs outside of a laboratory setting. Objective: Systematic review of EAH experiments to identify individual, familial, and societal-level correlates of EAH among children <= 12 years of age or younger. Design: 1487 studies were retrieved from five electronic databases (Medline [PubMed], Web of Science, Cochrane Library, CINAHL, PsycINFO). Eligible studies were those that measured EAH as initially operationalized in a laboratory setting enrolling children <= 12 years or reporting age-specific results for children years. Only articles written in English were included. Results: 12 cross-sectional, six prospective, and one behavioral-intervention studies were included in the review. EAH was observable among boys and girls; absolute levels of EAH increased with age; and maternal feeding styles were associated with EAH among girls. The most consistent evidence supported increased levels of EAH among overweight and obese versus normal weight children, both cross-sectionally and prospectively. Two studies supported a genetic component to EAH. Conclusions: Studies enrolling independent samples support a positive association between weight status and EAH among children; studies addressing causality are needed. Other various individual, genetic, and familiar characteristics were associated with EAH, yet studies among more heterogeneous sample populations are needed to confirm findings. Studies addressing societal-level factors related to EAH were absent. (C) 2014 Elsevier Ltd. All rights reserved.

Keywords: Age, Articles, Association, Body-Mass Index, Causality, Characteristics, Childhood, Childhood Obesity, Children, Correlates, Cross-Sectional, Databases, Design, Dietary Restraint, EAH, Eating, Eating In The Absence Of Hunger, English, Evidence, Experiments, Factors, Familial, Familiar, Feeding, Food, Food-Intake, From, FTO Gene, Genetic, Girls, Hunger, Laboratory, Lead, Maternal, Measure, Medline, Normal, Nutrition Examination Survey, Obese, Obesity, Obesogenic Environments, Overweight, Overweight Children, Populations, Potential, Prospective, Psycinfo, Reporting, Restrictive Feeding Practices, Results, Review, Rights, School-Aged Children, Science, Support, Systematic, Systematic Review, Understanding, Web, Web Of Science, Young

# Title: Application Research of Computers

Full Journal Title: Application Research of Computers

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Guo, Y. and Yu, H. (2007), Biblio-metrilogical analysis on development trend of computer science in China. *Application Research of Computers*, **24** (12), 28-31.

Abstract: the paper analyzed the status quo and development trend of computer science in China based on bibliometrics. According to the data from Web of Science and ESI, analyzed some indices such as number of papers, citation frequency, average citations per paper and impact factor, in order to study the trend of papers in computer science, the development of main sub-fields and the influence of the periodicals that publish these papers.

Keywords: Analysis, Bibliometrics, China, Citation, Citation Frequency, Citations, Data, Development, Impact, Impact Factor, Indices, Papers, Periodicals, Science, Trend

# Title: Applied Clinical Informatics

Full Journal Title: Applied Clinical Informatics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Habibzadeh, P. (2013), Decay of references to Web sites in articles published in General medical journals: Mainstream vs small journals. *Applied Clinical Informatics*, **4** (4), 455-464.

Full Text: 2013\App Cli Inf4, 455.pdf

Abstract: Background: Over the last decade, Web sites (URLs) have been increasingly cited in scientific articles. However, the contents of the page of interest may change over the time. Objective: To investigate the trend of citation to URLs in five general medical journals since January 2006 to June 2013 and to compare the trends in mainstream journals with small journals. Methods: References of all original articles and review articles published between January 2006 and June 2013 in three regional journals - Archives of Iranian Medicine (AIM), Eastern Mediterranean Health Journal (EMHJ), and Journal of Postgraduate Medical Institute (JPMI) - and two mainstream journals - The Lancet and British Medical Journal (BMJ) - were reviewed. The references were checked to determine the frequency of citation to URLs as well as the rate of accessibility of the URLs cited. Results: A total of 2822 articles was studied. Since January 2006 onward, the number of citations to URLs increased in the journals (doubling time ranged from 4.2 years in EMHJ to 13.9 years in AIM). Overall, the percentage of articles citing at least one URL has increased from 24% in 2006 to 48.5% in 2013. Accessibility to URLs decayed as the references got old (half life ranged from 2.2 years in EMHJ to 5.3 years in BMJ). The ratio of citation to URLs in the studied mainstream journals, as well as the ratio of URLs accessible were significantly (p<0.001) higher than the small medical journals. Conclusion: URLs are increasingly cited, but their contents decay with time. The trend of citing and decaying URLs are different in mainstream journals compared to small medical journals. Decay of URL contents would jeopardize the accuracy of the references and thus, the body of evidence. One way to tackle this important obstacle is to archive URLs permanently.

Keywords: Accessibility, Accuracy, Archives, Articles, Citation, Citation Analysis, Citations, Doubling Time, Eastern Mediterranean, Evidence, General, Half-Life, Internet, Internet References, Journal, Journals, Life, Mainstream, Medical, Medical Journals, Medicine, Mediterranean, MEDLINE, Methods, Persistence, Publication, Reference Accuracy, References, Regional, Results, Review, Scientometrics, Small, Trend, Trends, Uniform Resource Locator, Uniform Resource Locator, URL, URL Decay

# Title: Applied Ecology and Environmental Research

Full Journal Title: [Applied Ecology and Environmental Research](http://www.ecology.kee.hu/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1589-1623 (print); 1785-0037 (electronic)

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hufnagel, L. and Garamvölgyi, A. (2014), Impacts of climate change on vegetation distribution No. 2-climate change induced vegetation shifts in the new world. *Applied Ecology and Environmental Research*, **12** (2), 355-422.

Full Text: [2014\App Eco Env Res12, 355.pdf](2014/App%20Eco%20Env%20Res12,%20355.pdf)

Abstract: After giving an overview of climate change induced vegetation shifts in the Palearctic region in our previous paper, in this article we review literature available in Web of Science on North and South America. We study different geographical regions such as Canada, Alaska, California, Southwestern, Eastern and Southeastern USA, the Great Lakes region, the Great Plains, intermontane basins and plateaus, Rocky Mountains and the Cascades as well as Central and South America. We summarize main results of relevant field studies, experiments and model simulations. Predicted environmental changes include temperature increases, altering precipitation patterns, droughts, permafrost thaw and ground subsidence in arctic regions, enhanced El Nino Southern Oscillation, sea level rise, increasing salinity of the vadose zone, snowpack declines and various disturbances. All vegetation types are affected by these changes, to the most important phenomena belong e.g. reduction of arctic and alpine communities, decreasing area of taiga, shrub encroachment in tundra areas, northward expansion of the tree line, reduction in wetland areas, invasion, altering forest regeneration patterns, decrease in dominance of conifer species, increased cover of salt-tolerant plant species in tidal marshes, expansion of grassland, compositional and structural changes of grasslands and forests, drying up of bogs, landward migration of mangroves, savannification of forests, expansion of chaparral as well as upward migration of species in the mountains.

Keywords: Alaska, Alpine, Altered Rainfall Patterns, Article, Basins, Biome, California, Canada, Carbon-Dioxide Emissions, Change-Type Drought, Changes, Climate, Climate Change, Conterminous United-States, Distribution, Disturbances, Eastern North-America, El, El Nino, Environmental, Environmental Changes, Everglades National-Park, Experiments, Field, Forest, Forests, Global Warming, Grassland, Great Lakes, Greater Yellowstone Ecosystem, Impacts, Induced, Lakes, Literature, Migration, Model, North, Overview, Plant, Plant Community, Plant-Species Composition, Precipitation, Reduction, Regeneration, Region, Review, Review Literature, Salinity, Science, Secondary Succession Rates, South America, Species, Taxodium-Distichum Swamps, Temperature, USA, Vadose Zone, Vegetation, Vegetation Distribution, Vegetation Zone, Web Of Science, Wetland

# Title: Applied Economics

Full Journal Title: [Applied Economics](http://ejournals.ebsco.com/Journal.asp?JournalID=101477)

ISO Abbreviated Title: Appl. Econ.

JCR Abbreviated Title: Appl Econ

ISSN: 0003-6846

Issues/Year: 12

Journal Country/Territory:

Language: English

Publisher: Routledge

Publisher Address: Customer Services Dept, Rankine Rd, Basingstoke, Hants RG24 8PR, England

Subject Categories:

Economics: Impact Factor 0.170,/(2001) SSCI

Notes: TTopic

García-Castrillo, P., Montañés, A. and Sanz-Gracia, F. (2002), A worldwide assessment of scientific production in economics (1992–1997). *Applied Economics*, **34** (12), 1453-1475.

Full Text: [2002\App Eco34, 1453.pdf](2002/App%20Eco34,%201453.pdf)

Abstract: the aim of this article is to analyse the worldwide production in economics. To that end, bibliometric indicators are constructed by way of a database made-up of 55 international journals, covering the period 1992–1997. A ranking of the leading thoUSAnd international affiliations is established and quality indices of the first 200 are presented. Finally, a detailed analysis is carried out at country level and with respect to the 12 leading countries.

? Barrett, C.B., Olia, A. and Von Bailey, D. (2000), Subdiscipline-specific journal rankings: Whither *Applied Economics*? *Applied Economics*, **32** (2), 239-252.

Full Text: [2000\App Eco32, 239.pdf](2000/App%20Eco32,%20239.pdf)

Abstract: In light of widespread specialization of research and teaching, it seems appropriate to supplement the existing general rankings of economics journals with subdiscipline-specific rankings. That is the primary objective of this paper. The availability of subdiscipline-specific rankings also permits both (i) alternative journal ranking methods for the general discipline that account for the breadth of a journal’s impact across specialized fields, and (ii) estimation of the relative weights implicitly associated with each field in traditional disciplinary journal rankings. The results are robust to the exclusion of self-citations.

Keywords: Journals, Relative Impacts, Research, Self-Citations

? Schubert, T. and Grupp, H. (2011), Tests and confidence intervals for a class of scientometric, technological and economic specialization ratios. *Applied Economics*, **43** (8), 941-950.

Full Text: [2011\App Eco43, 941.pdf](2011/App%20Eco43,%20941.pdf)

Abstract: In economic, scientometric and innovation research, often so-called specialization indices are used. These indices measure comparative strengths or weaknesses as well as specialization profiles of the observation units with respect to certain criteria, such as patenting and publication or trade activities. They allow question like: is Germany specialized in the export of motor vehicles? Or is the UK specialized in biotech patents? Unfortunately, little is known about their statistical properties, which makes valid inferencing difficult. In this article we prove asymptotic normality for a certain class of scientometric, technological and some economic, though nonmonetary, specialization indices. We provide asymptotic confidence intervals and demonstrate in an example how to obtain statistically sound results. We will also address the problem of normalization of these indicators. All procedures proposed are provided in an add on package for R statistical environment.

Keywords: Confidence, Confidence Intervals, Criteria, Economic, Environment, Export, Flows, Germany, Impact, Indicators, Indices, Innovation, Innovations, International-Trade, Intervals, Intra-Industry Trade, Measure, Normalization, Observation, Patents, Procedures, Profiles, Publication, Research, Scientometric, Sound, UK

? Brown, C.L., Chan, K.C. and Chen, C.R. (2011), First-author conditions: Evidence from finance journal coauthorship. *Applied Economics*, **43** (25), 3687-3697.

Full Text: [2011\App Eco43, 3687.pdf](2011/App%20Eco43,%203687.pdf)

Abstract: We study the trend and the author name-ordering rule in finance publication using the publication records of 21 core finance journals during the period from 1990 to 2004. We empirically model the underlying factors that affect the alphabetical ordering rule among multi-authored finance articles. We find that the choice of alphabetical ordering is based on the quality of the article, institutional heterogeneity, team size and cultural factors. The central argument rests upon the need to signal and the importance of signalling within the context of bargaining behaviour among coauthors. The probability of choosing alphabetical name ordering rule is associated with high article quality, higher ranked institutions, smaller research team and the presence of European authors.

Keywords: Co-Authorship, Economics, Patterns

? Chun-Hao, C. and Jian-Min, Y. (2012), A bibliometric study of financial risk literature: A historic approach. *Applied Economics*, **44** (22), 2827-2839.

Full Text: [2012\App Eco44, 2827.pdf](2012/App%20Eco44,%202827.pdf)

Abstract: This study probes into the development of financial risk literatures through the perspective of bibliometrics. The research samples were collected from the relevant international financial business bibliographic databases. A total of 2727 entries in a span of 29 years from 1970 to 2009 were collected and the results are summarized as follows: (1) the financial risk literatures under influence of the financial turmoil in Asia achieved substantial growth from 1997 to 1998 and an exponential growth curve during the global financial turmoil from 2007 to 2009; (2) the literatures were mainly journals and articles written in English; (3) the United States ranked first in sector productivity; (4) the author productivity of the financial risks was consistent with the Lotka’s Law and (5) the document types of the financial risk literatures were mostly dissertation papers on economics and business.

Keywords: Approach, Articles, Asia, Author Productivity, Bibliographic Databases, Bibliometric, Bibliometric Study, Bibliometrics, Business, Crisis, Databases, Development, Economics, Financial Risk, First, Global, Growth, International, Journals, Literature, Lotka’s Law, Papers, Productivity, Research, Risk, Risks, Sector, United States

? Moh, F.Y., Lu, H.P. and Lin, B.H. (2012), Contributions to financial crisis research: an assessment of the literature in Social Science Citation Index journals from 1990 to 2008. *Applied Economics*, **44** (36), 4689-4700.

Full Text: [2012\App Eco44, 4689.pdf](2012/App%20Eco44,%204689.pdf)

Abstract: Research in the field of financial crisis has generated a considerable amount of literature in the past, yet there has neither been any study to assess the contributions to the literature made by individuals or institutions, nor any to measure the impact of the articles and researchers. This study represents an attempt to: (1) investigate the major journals in publishing financial crisis research, (2) assess the contributions of individual researchers and institutions using the credited contribution approach and (3) measure the impact of individual publications and individual researchers on the financial crisis literature through citation analysis, based on the publications in Social Science Citation Index (SSCI) journals from 1990 to 2008. The findings provide a useful benchmark for assessing individual and institutional research productivity, and trends for future research and venues for publications are identified.

Keywords: Analysis, Approach, Articles, Assessing, Assessment, Authors, Banking Crisis, Citation, Citation Analysis, Corporate Governance, Crisis, Currency Crisis, Debt Crisis, Field, Impact, Institutions, International-Business, Journals, Lessons, Literature, Measure, Productivity, Publications, Publishing, Research, Research Productivity, Returns, Science, Science Citation Index, Social Science Citation Index, SSCI, Trends

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ISO Abbreviated Title:

JCR Abbreviated Title:

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Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Cainelli, G., Maggioni, M.A., Uberti, T.E. and de Felice, A. (2012), Co-authorship and productivity among Italian economists. *Applied Economics Letters*, **19** (16), 1609-1613.

Full Text: [2012\App Eco Let19, 1609.pdf](2012/App%20Eco%20Let19,%201609.pdf)

Abstract: the world of scientific research has undergone dramatic changes in recent decades. These changes, which likely originated in the ‘hard sciences’ realm, rapidly extended to the social sciences and, in particular, to economics, often seen as bridging these two areas. Increased specialization and extensive collaboration are common behaviours in the scientific community, as well as in the evaluation of scientific research based on bibliometric indicators. This article aims to analyse the effect of co-authorships on the scientific productivity of Italian economists. The empirical analysis is based on an original database using two independent data sources: the Econlit database of the American Economic Association and the official database of the Italian Ministry of Universities and Research. Using econometric methods we explain the productivity of individual Italian economists in terms of ‘attributional’ variables (such as age, gender, academic position, tenure, scientific sub-discipline and geographical location) and ‘relational’ variables (such as the propensity to cooperate and the international reach of the individual co-authorship network).

Keywords: Age, Analysis, Bibliometric, Bibliometric Indicators, Changes, Co-Authorship, Coauthorship, Coauthorship Network, Collaboration, Community, Data, Database, Economics, Evaluation, Gender, Indicators, International, Italian Economists, Location, Methods, Network, Productivity, Recent, Research, Sciences, Scientific Productivity, Scientific Research, Social, Social Sciences, Sources, Tenure, Universities, World

? Haley, M.R. (2013), Rank variability of the Publish or Perish metrics for economics and finance journals. *Applied Economics Letters*, **20** (9), 830-836.

Full Text: [2013\App Eco Let20, 830.pdf](../HO-reference/2013/App%20Eco%20Let20,%20830.pdf)

Abstract: This article analyses the 10 citation-based journal ranking metrics reported by Harzing’s (2007) Publish or Perish (PoP) software (http://www.harzing.com/pop.htm) for 163 economics and finance journals. The results indicate that the 10 metrics produce rankings that are highly correlated. However, closer examination reveals that the variability in rank across the 10 metrics is significantly larger for some journals than others; this article identifies journals for which this is most poignant and offers possible solutions.

Keywords: A10, A11, A12, Analyses, Business, Economics, Examination, g-Index, h-Index, h-Index, Journal, Journal Ranking, Journals, Metrics, Publish or Perish, Rank, Ranking, Rankings, Software, Solutions, Variability

? Yuret, T. (2014), Why do economists publish less? *Applied Economics Letters*, **21** (11), 760-762.

Full Text: [2014\App Eco Let21, 760.pdf](2014/App%20Eco%20Let21,%20760.pdf)

Abstract: We estimate that the economists publish much less than their colleagues in natural sciences, health and engineering disciplines even after we control for the quality of the publications. A possible explanation for the poor performance of economists is that the journals specialized in economics have a smaller capacity.

Keywords: Academic Ranking, Bibliometrics, Capacity, Control, Disciplines, Economics, Engineering, Explanation, Health, Journals, Natural, Natural Sciences, Performance, Poor Performance, Publication Performance, Publications, Quality, Quality Of, Sciences, Tenure

# Title: Applied Energy

Full Journal Title: [Applied Energy](http://www.sciencedirect.com/science/journal/03062619)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0306-2619

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Konur, O. (2011), The scientometric evaluation of the research on the algae and bio-energy. *Applied Energy*, **88** (10), 3532-3540.

Full Text: [2011\App Ene88, 3532.pdf](2011/App%20Ene88,%203532.pdf)

Abstract: the present study explores the characteristics of the literature on the algae and bio-energy published during the last three decades, based on the database of Science Citation Index-Expanded (SCIE) and Social Sciences Citation Index (SSCI) and its implications using the scientometric techniques. The results of this work reveal that the literature on the algae and bio-energy has grown exponentially during this period reaching 717 papers in total. Most of document type is in the form of journal articles, reviews, and proceedings, constituting 98% of the total literature and English is the predominant language (97.6%). USA, China, Germany, and England are the four biggest contributing countries on the algae and bio-energy literature publishing, 26%, 8%, 8%, and 8% of the sample, respectively. The Chinese Academy of Sciences is the largest institutional contributor publishing 2.6% of the papers. The most publishing four authors are Wilhelm (13 papers) followed by Wu (15 papers), Mimuro (10 papers), and Zhao (9 papers). “Bioresource Technology” is the most publishing journal with 24 published papers, followed by “Journal of Applied Phycology” (17 papers). and “Biotechnology and Bioengineering” (15 papers). “Biotechnology & Applied Microbiology” is the subject area with 24.3% of the sample published. This is followed by “Energy & Fuels” (16.3%), “Marine & Freshwater Biology” (14.2%), and “Environmental Sciences” (12.3%). The total number of citations is 11,079, giving a ratio for the “Average Citations per Item” as 15.45 and “H-Index” as 52. A list of most-cited 25 authors is produced and Chisti (2007) receives 320 citations with 80 total average citations per year. This paper is followed by Lewis and Nocera (2006; 296 citations). Demirbas (2001; 187 citations). Chisti (2007) has the highest impact on the literature on the algae and energy with total average citations per year of 80. This is followed by Lewis and Nocera (2006, 59.8 annual citations) and Chisti (20(18, 41 annual citations). An analysis of the citing papers shows the impact of the research on the algae and bio-energy for the related academic disciplines. This provides further incentives for all the stakeholders of the research on the algae and energy, but especially for the researchers and their institutions and their countries to do more research in this area. The results of this first ever such study of its kind show that the scientometric analysis has a great potential to gain valuable insights into the evolution of the research the on algae and bio-energy as in the case of new emerging technologies and processes such as nanoscience and nanotechnology complementing literature reviews, content analysis and metaanalysis research techniques. (C) 2010 Elsevier Ltd. All rights reserved.

Keywords: Algae, Authors, Bio-Energy, Biodiesel Production, Biofuel Production, Biofuels, Biomass, Challenges, China, Citation, Citations, Content Analysis, Efficiency, England, Evaluation, Flow, Fluorescence, Hydrogen-Production, Impact, Incentives, Journal, Literature, Microalga Chlorella-Protothecoides, Microalgae, Papers, Publishing, Research, Research Evaluation, Science, Scientometric Analysis, Scientometric Techniques, Scientometrics, Social Sciences, Stable-Isotopes

? Duan, L.P. (2011), Analysis of the relationship between international cooperation and scientific publications in energy R&D in China. *Applied Energy*, **88** (12), 4229-4238.

Full Text: [2011\App Ene88, 4229.pdf](2011/App%20Ene88,%204229.pdf)

Abstract: Energy is important for China and for the whole world. Previously, the huge investment in energy-related research and commercialisation made it possible for China to cooperate with its international partners in various channels, and programs involving international cooperation and co-published papers increased annually. In this paper, through the review of intergovernmental cooperation programs and bibliometric analysis of the top energy journals, it was found that: (1) intergovernmental cooperation and non-governmental cooperation are two effective channels for energy R&D. (2) In these two channels, most participants of international cooperation are universities and institutes, and the most important partner countries are the US, Japan, and European Countries. (3) Industries began to be involved in international cooperation gradually. (4) For different areas, the degree of cooperation is not the same. Some areas have been more fruitful in cooperation, some are just beginning hydrogen energy, fuel energy and applied energy are the main co-publication areas with Chinese involvement; while wind energy, solar energy, fuel cells and bio-energy are new areas for China and there has not been so much co-publication until now. (C) 2011 Elsevier Ltd. All rights reserved.

Keywords: Analysis, Bibliometric, Bibliometric Analysis, China, Cooperation, Energy, Energy R&D, Gas Hydrate, India, International Cooperation, Involvement, Japan, Journals, Papers, Prediction, Publications, Research, Review, Scientific Publications, US

? Kiriyama, E., Kajikawa, Y., Fujita, K. and Iwata, S. (2013), A lead for transvaluation of global nuclear energy research and funded projects in Japan. *Applied Energy*, **109**, 145-153.

Full Text: [2013\App Ene109, 145.pdf](2013/App%20Ene109,%20145.pdf)

Abstract: The decision-making process that precedes the introduction of a new energy system should strive for a balance among human security, environmental safeguards, energy security, proliferation risk, economic risks, etc. For nuclear energy, the Fukushima Daiichi nuclear disaster (Fukushima disaster) has brought forth a strong need for transvaluation of the present technology. Here, we analyzed bibliographic records of publications in nuclear science and technology to illustrate an overview and trends in nuclear energy technology and related fields by using citation network analysis. We also analyzed funding data and keywords assigned for each project by co-occurrence network analysis. This research integrates citation network analysis and bibliometric keyword analysis to compare the global trends in nuclear energy research and characteristics of research conducted at universities and institutes in Japan. We show that the Chernobyl accident had only a limited influence on basic research. The results of papers are dispersed in diverse areas of nuclear energy technology research, and the results of KAKEN projects in Japan are highly influenced by national energy policy with a focus on nuclear fuel cycle for energy security, although KAKEN allows much freedom in the selection of research projects to academic community. (C) 2013 Elsevier Ltd. All rights reserved.

Keywords: Accident, Analysis, Bibliographic, Bibliometric, Bibliometrics, Characteristics, Chernobyl, Citation, Citation Network, Citation Network Analysis, Community, Data, Database Tomography, Decision Making, Decision-Making, Decision-Making Process, Economic, Energy, Energy Policy, Energy Technology R&D, Environmental, Freedom, Funding, Global, Global Trends, Human, Influence, Investment, Japan, Lead, Network, Network Analysis, Nuclear Energy Research, Nuclear Science and Technology, Papers, Policy, Power, Proliferation, Publications, Records, Reductions, Research, Research-And-Development, Rights, Risk, Risks, Science, Science and Technology, Security, Selection, Si, Technologies, Technology, Trends, Universities

? Kiriyama, E. and Kajikawa, Y. (2014), A multilayered analysis of energy security research and the energy supply process. *Applied Energy*, **123**, 415-423.

Full Text: [2014\App Ene109, 415.pdf](2014/App%20Ene109,%20415.pdf)

Abstract: After the Fukushima nuclear disaster, a reassessment of the energy system is needed in order to include such aspects as human security and resilience. More open and careful discussions are needed concerning the various risks and uncertainties of future energy options, both in Japan and globally. In this paper, we aim to offer a fundamental basis for discourse on energy security by analyzing the status and trends in academic publications on that issue. Our bibliometrics analysis indicates that research has shifted from promoting strategies for ensuring the self-sufficiency of the primary energy to diversification of the secondary energy supply chain by introducing energy networks consisting of an infrastructure established through international coordination. In the literature, the concept of energy security is ambiguous and allows for multiple interpretations. Our results illustrate the existence of highly multidisciplinary topics within energy security, which can be categorized into four perspectives: geopolitical, economic, policy related, and technological. (C) 2014 Elsevier Ltd. All rights reserved.

Keywords: Analysis, Asia, Battery Electric Vehicles, Bibliometrics, Bibliometrics Analysis, Biofuels, China, Climate-Change, Concept, Coordination, Database Tomography, Discourse, Economic, Energy, Energy Policy, Energy Security, Energy Supply Chain, Fuel-Cell, Human, Infrastructure, Integration, International, Japan, Literature, Multidisciplinary, Network Analysis, Networks, Open, Options, Perspective, Policy, Primary, Publications, Renewable Energy, Research, Resilience, Rights, Risks, Security, Si, Trends, Uncertainties

# Title: Applied Linguistics

Full Journal Title: Applied Linguistics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? White, H.D. (2004), Citation analysis and discourse analysis revisited. *Applied Linguistics*, **25** (1), 89-116.

Full Text: [2004\App Lin25, 89.pdf](2004/App%20Lin25,%2089.pdf)

Abstract: John Swales’s 1986 article ‘Citation analysis and discourse analysis’ was written by a discourse analyst to introduce citation research from other fields, mainly sociology of science, to his own discipline. Here, I introduce applied linguists and discourse analysts to citation studies from information science, a complementary tradition not emphasized by Swales. Using replicable bibliometric techniques, I show that interdisciplinary ties have grown among citation researchers from discourse analysis, sociology of science, and information science in the years since Swales wrote. Key authors, journals, articles, and books are presented in tables based on cocitation data from the Institute for Scientific Information. While theoretical integration of the different strands of research is far from complete, this article carries the effort forward by reviewing contributions from the 1970s to the present in three major lines of research: citation classification, content analysis of citation contexts, and studies of citer motivations. I pay particular attention to ideas that bear on teaching the art of citing-for example, in courses in English for research purposes-and to controversies in citation research of interest to discourse analysts.

Keywords: Authors, Behavior, Bibliometric, Citation, Citation Analysis, Citer Motivations, Classification, Content Analysis, Documents, Information Science, Information-Science, Journals, Knowledge, Model, Research, Science, Scientific Articles, Self-Citations, Sociology of Science

? Shi, L. (2010), Textual appropriation and citing behaviors of university undergraduates. *Applied Linguistics*, **31** (1), 1-24.

Full Text: [2010\App Lin31, 1.pdf](2010/App%20Lin31,%201.pdf)

Abstract: This article explores the citing behaviors of 16 undergraduates in a North American university. After completing a research paper for their disciplinary courses, each participating student was interviewed to identify in his/her writing words and ideas borrowed from source texts and to explain why and how the relevant texts were appropriated with or without citations. Analysis of students writing and comments illustrates how they relied on source texts for various aspects of their essays, some of which they believed required citations while some of which did not. Results showed that they tried to strike a balance between the need to cite published authors to gain credit for the scholarly quality of their writing and the desire to establish their own voice by limiting the extent to which they cited other texts. Some students also reported how they chose between quoting and paraphrasing (though the latter sometimes contained direct copying) on the basis of their ability to rephrase others words and their understanding of the different roles played by the two. The study indicates the degree to which citational acts are discursive markings of learning and knowledge construction.

Keywords: Authors, Citations, Essays, Learning, Plagiarism, Research, University

# Title: Applied Mathematics & Information Sciences

Full Journal Title: Applied Mathematics & Information Sciences

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Dai, L., Ding, L.X., Lei, Y.W. and Tian, Y.G. (2012), A study of data mining trend through the optimized bibliometric methodology based on SCI database from 1993 to 2011. *Applied Mathematics & Information Sciences*, **6** (3), 705-712.

Full Text: 2012\App Mat Inf Sci6, 705.pdf

Abstract: An optimized bibliometric method was applied in this work to evaluate global scientific production of data mining papers of the Science Citation Index (SCI). In compared with traditional bibliometric keyword analysis, a semantic words class was established by applying the text extraction mode to remove noise in the abstract and combining with the core relative phrases retrieved from keywords to get the sample for further experiment. The analysis shows a high correlation between title and keywords, and the title reports less information than keywords does. Also, keywords provide more positive guidance to know and be familiar with the status and trends of this field. In addition, there are distinctions among those semantic words used in publications from the ten most productive countries in data mining research. Generally speaking, the research results can be extended to investigate the roadmap for future research, and this innovative propose is provided with instructive meaning for valuable information retrieval.

Keywords: Analysis, Bibliometric, Bibliometric Methodology, Citation, Correlation, Data, Data Mining, Data-Mining, Database, Experiment, Extraction, Familiar, Field, Global, Guidance, Information, Information Retrieval, Methodology, Mining, Mode, Noise, Papers, Publications, Research, Research Results, Research Trend Analysis, SCI, Science, Science Citation Index, Scientific Production, Semantic Words, Trend, Trends, Work

# Title: Applied Numerical Mathematics

Full Journal Title: [Applied Numerical Mathematics](http://www.sciencedirect.com/science/journal/01689274)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Araujo, A. and Duran, A. (2001), Error propagation in the numerical integration of solitary waves. The regularized long wave equation. *Applied Numerical Mathematics*, **36** (2-3), 197-217.

Full Text: [2001\App Num Mat36, 197.pdf](2001/App%20Num%20Mat36,%20197.pdf)

Abstract: We study the error propagation of time integrators of solitary wave solutions for the regularized long wave equation, u(t) + u(x) + 1/2(u(2))x - u(xxt) = 0, by using a geometric interpretation of these waves as relative equilibria. We show that the error growth is linear for schemes that preserve invariant quantities of the problem and quadratic for ‘nonconservative’ methods. Numerical experiments are presented, (C) 2001 IMACS. Published by Elsevier Science B.V. All rights reserved.

Keywords: Asymptotic Stability, Conservative Methods, Equilibria, Error, Error Propagation, Experiments, Growth, Hamiltonian Structure, Imac, Integration, Integrators, Methods, Model-Equations, Relative Equilibria, Rights, Science, Solitary Waves, Solutions, Symmetry Groups, Systems

# Title: Applied Nursing Research

Full Journal Title: Applied Nursing Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Fitzpatrick, J.J. (2005), Self-citations and other reference matters. *Applied Nursing Research*, **18** (1), 1.

Full Text: [2005\App Nur Res18, 1.pdf](2005/App%20Nur%20Res18,%201.pdf)

? Fitzpatrick, J.J. and Madigan, E.A. (2013), Scientist rankings: What nurse scientists need to know. *Applied Nursing Research*, **26** (2), 49-50

Full Text: [2013\App Nur Res26, 49.pdf](2013/App%20Nur%20Res26,%2049.pdf)

Keywords: h-Index, Rankings, Scientists

# Title: Applied Occupational and Environmental Hygiene

Full Journal Title: Applied Occupational and Environmental Hygiene

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? van Wijngaarden, E. and Stewart, P.A. (2003), Critical literature review of determinants and levels of occupational benzene exposure for united states community-based case-control studies. *Applied Occupational and Environmental Hygiene*, **18** (9), 678-693.

Abstract: This article presents the results of an extensive literature review identifying the uses or occurrences of, and exposures to, benzene in a variety of industries for a community-based case-control study of childhood brain cancer in the United States and Canada. We focused on industries for which quantitative exposure data were identified in studies conducted in North America in the 1980s. Each industry was coded according to the 1987 Standard Industrial Classification (SIC) system. For each industry, information relevant to exposure assessment, including process descriptions, job titles, tasks, and work practices, was summarized when available. Estimates of probability and intensity of exposure, and our confidence in these estimates are presented. Arithmetic means (AMs), weighted for the number of measurements for each industry, were calculated based on measurement data from long-term (i.e., 60+ minutes) personal sampling; short-term or area samples were only used when no other data were available for a given industry. Industries for which no quantitative exposure levels were identified in the North American literature but for which information was found on benzene use are briefly described. Published exposure data indicate that workers in most industries in the 1980s experienced exposure levels below the current standard of 1 part per million (ppm), with a weighted AM of 0.33 ppm across all industries. Despite the longtime recognition of the hematological effects of benzene, little information was available on exposure levels and determinants for many industries with potential exposure. Nevertheless, this review may clarify some of the procedures involved in assessing occupational exposures in community-based studies and may aid in the interpretation of previous occupational studies that relied on job title or industry.

Keywords: Benzene, Exposure Assessment, Industries, Community-Based Studies, Epidemiology

# Title: Applied Soft Computing

Full Journal Title: Applied Soft Computing

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Merigo, J.M., Gil-Lafuente, A.M. and Yager, R.R. (2015), An overview of fuzzy research with bibliometric indicators. *Applied Soft Computing*, **27**, 420-433.

Full Text: [2015\App Sof Com27, 420.pdf](2015/App%20Sof%20Com27,%20420.pdf)

Abstract: Bibliometrics is a discipline that analyzes bibliographic material from a quantitative perspective. It is very useful for classifying information according to different variables, including journals, institutions and countries. This paper presents a general overview of research in the fuzzy sciences using bibliometric indicators. The main advantage is that these indicators provide a general picture, identifying some of the most influential research in this area. The analysis is divided into key sections focused on relevant journals, papers, authors, institutions and countries. Most of the results are in accordance with our common knowledge, although some unexpected results are also found. Note that the aim of this paper is to be informative, and these indicators identify most of the fundamental research in this field. However, some very influential issues may be omitted if they are not included in the Web of Science database, which is used for carrying out the bibliometric analysis. Crown Copyright (C) 2014 Published by Elsevier B.V. All rights reserved.

Keywords: Analysis, Authors, Bibliographic, Bibliometric, Bibliometric Analysis, Bibliometric Indicators, Bibliometrics, Citation Analysis, Computational Intelligence Field, Database, Evolution, Field, From, Fuzzy Research, General, H-Index, Impact Factor, Indicators, Information, Informetrics, Institutions, Issues, Journals, Knowledge, Knowledge-Base, Management, Overview, Papers, Productivity, Research, Research Output, Rights, Science, Sciences, Web, Web Of Science

? Tejeda-Lorente, A., Porcel, C., Bernabé-Moreno, J. and Herrera-Viedma, E. (2015), REFORE: A recommender system for researchers based on bibliometrics. *Applied Soft Computing*, **30**, 778-791.

Full Text: [2015\App Sof Com30, 778.pdf](2015/App%20Sof%20Com30,%20778.pdf)

Abstract: Recommender systems (RSs) exploit past behaviors and user similarities to provide personalized recommendations. There are some precedents of usage in academic environments to assist users finding relevant information, based on assumptions about the characteristics of the items and users. Even if quality has already been taken into account as a property of items in previous works, it has never been given a key role in the re-ranking process for both items and users. In this paper, we present REFORE, a quality-based fuzzy linguistic REcommender system FOr REsearchers. We propose the use of some bibliometric measures as the way to quantify the quality of both items and users without the interaction of experts as well as the use of 2-tuple linguistic approach to describe the linguistic information. The system takes into account the measured quality as the main factor for the re-ranking of the top-N recommendations list in order to point out researchers to the latest and the best papers in their research fileds. To prove the accuracy improvement, we conduct a study involving different recommendation approaches, aiming at measuring their performance gain. The results obtained proved to be satisfactory for the researchers from different departments who took part on the tests. (C) 2015 Elsevier B.V. All rights reserved.

Keywords: Accuracy, Approach, Assumptions, Bibliometric, Bibliometrics, Characteristics, Digital Library, Experts, From, Fuzzy Linguistic Modeling, Improvement, Information, Interaction, Item Quality, Journals, Libraries, Measures, Model, Papers, Performance, Property, Quality, Quality Of, Recommendations, Recommender Systems, Representation, Research, Researchers, Retranslation, Rights, Role, Systems, Technology, Web, Words

# Title: Applied Statistics

Full Journal Title: Applied Statistics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Oliver, F.R. (1964), Methods of estimating the logistic growth function. *Applied Statistics*, **13**, 57-66.

Full Text: [1960-80\App Sta13, 57.pdf](1960-80/App%20Sta13,%2057.pdf)

# Title: Aquatic Invasions

Full Journal Title: Aquatic Invasions

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Evangelista, H.B.A., Thomaz, S.M. and Umetsu, C.A. (2014), An analysis of publications on invasive macrophytes in aquatic ecosystems. *Aquatic Invasions*, **9** (4), 521-528.

Abstract: In this study, we performed a scientometric analysis of published scientific papers on the biological invasion of macrophytes in freshwater ecosystems to assess the main trends and gaps in research concerning this group of organisms. The analysis showed that publications on invasive macrophytes increased exponentially in the last decade. However, the activity index (a comparison of the quantitative trends of invasive macrophytes in relation to all of the papers on macrophytes) indicated that invasive macrophytes have not been consistently studied more than other topics in the field of limnology over the last decade. The most studied macrophyte species were Myriophyllum spicatum, Hydrilla verticillata, Phragmites australis and Eichhornia crassipes. Certain gaps were related to the limited number of studies on the important species threatening tropical ecosystems, under-representation of investigations on the impacts of invasive macrophytes on fish and lack of studies associating macrophytes with microorganisms (bacteria and fungi). Studies that encompassed several levels of biological complexity were also scarce, indicating that the studies were fragmented at specific levels. Finally, there was a clear geographical bias, with fewer studies occurring in Neotropical and Afrotropical regions. Identification of these gaps may be useful for addressing future studies that might help evaluate the causes of invasion by macrophytes and the impacts of such invasions on freshwater ecosystems.

Keywords: Activity, Analysis, Aquatic, Aquatic Ecosystems, Bacteria, Bias, Biological, Biological Invasions, Comparison, Complexity, Ecology, Ecosystems, Eichhornia Crassipes, Exotic Plants, Field, Fish, Freshwater, Fungi, Habitat, Impacts, Index, Invasibility, Invasive, Invasiveness, Investigations, Lakes, Limnology, Macroinvertebrate Communities, Macrophytes, Microorganisms, Non-Native Macrophytes, Nov, Papers, Phragmites Australis, Plant Invasions, Publications, Research, Scientometric, Scientometric Analysis, Species, System, Trends, Tropical, Verticillata L.F.Royle, Watermilfoil Myriophyllum-Spicatum

# Title: Aquichan

Full Journal Title: Aquichan

ISO Abbreviated Title: Aquichan

JCR Abbreviated Title: Aquichan

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Vernaza-Pinzon, P. and Alvarez-Bravo, G. (2011), Latin American scientific output in physical therapy/kinesiology. *Aquichan*, **11** (1), 94-107.

Full Text: [2011\Aquichan11, 94.pdf](2011/Aquichan11,%2094.pdf)

Abstract: Objective: Characterize the output of scientific literature in Latin America between 2000 and 2007 with respect to physical therapy/kinesiology. Method: the authors conducted a retrospective study of 1,700 articles on physical therapy/kinesiology published in the SciE-LO and LILLACS databases. The variables studied were: document frequency, number of documents found, scientific output per country, scientific output for each describer with respect to physical therapy/kinesiology, number of authors, institutional affiliation, type of publication, language, type of study, and number of works listed in the bibliography. Results: the trend in scientific output per country shows Brazil leads in Latin America, with 70.1 % of the scientific output on physical therapy/kinesiology, followed by Chile with 13.4 %, Colombia and Venezuela with 6 %, Argentina with 3.4 %, and Cuba and Peru with less than 1 % of the output. Conclusions: Although bibliometric studies in only one field of knowledge do not resolve the need to measure scientific activity, they provide clarity and guide research work. Knowing what studies on physical therapy/kinesiology have been done in the region will enable academics to generate a Latin American research policy that is of benefit to the profession, the community and the context.

Keywords: Academics, Authors, Bibliometric, Bibliometrics, Brazil, Colombia, Databases, Latin America, Latin America (Source: Decs), Literature, Physical Therapy, Physiotherapy, Policy, Publication, Research, Trend

? Fernandez-Sola, C., Granero-Molina, J., Hernandez-Padilla, J.M. and guilera-Manrique, G. (2011), The journal impact factor: A threat or opportunity? *Aquichan*, **11** (3), 245-255.

Full Text: [2011\Aquichan11, 245.pdf](2011/Aquichan11,%20245.pdf)

Abstract: This paper contains a summary of criticism on use of the impact factor (IF) as an indicator of the quality of work published by researchers. The criticism is directed to authors who are trying to publish in journals with IF. The claim is they are renouncing their own identity and prioritizing their curriculum over the usefulness of their research. The authors challenge this criticism by arguing that stringent assessment criteria stimulate the internationalisation of science, that there is a consensus in the scientific community about the imperfections of FI and its acceptance as a valid and necessary tool for scientific evaluation, and that the debate over identity does little to resolve the international invisibility of nursing research written up in Spanish. Proposals are outlined on how to benefit from the strengths of this system to increase the visibility of nursing research, to develop strategies for including journals written in Spanish in the Journal Citation Reports (JCR), to encourage professional training and interdisciplinary cooperation, to promote the publication of research conducted in postgraduate programs, and to claim an editorial commitment for indexing their journals in the JCR. It can be concluded that, although difficult, it would be possible to increase the visibility of nursing scientific research in Spanish.

Keywords: Acceptance, Assessment, Authors, Bibliometric Indicators, Bibliometrics, Challenge, Citation, Commitment, Community, Consensus, Cooperation, Criteria, Curriculum, Evaluation, Impact, Impact Factor, Indexing, Indicator, Interdisciplinary, International, Journal, Journal Citation Reports, Journal Impact Factor, Journals, Nursing, Nursing Research, Nursing-Research, Professional Training, Publication, Quality, Quality of, Research, Science, Scientific Research, Training, Visibility, Work

? Vargas-Escobar, L.M. (2012), Nursing’s contribution to the quality of life of family caregivers of Alzheimer patients. *Aquichan*, **12** (1), 62-76.

Full Text: 2012\Aquichan12, 62.pdf

Abstract: Objective: The idea is to prompt reflection on nursing intervention in caring for the caregivers of patients with Alzheimer’s disease, based on a literature review that addresses the different aspects of the quality of life enjoyed by this population. Method: A review of scientific and academic literature was conducted, featuring 40 articles published between 2000 and 2011 in databases (ISI Web of Science, SciELO, Medline, Pubmed, ScienceDirect and Ovid) and the results of Google Scholar. Results: The review showed the chief physical, psychological, social and spiritual elements that contribute to the caregiver’s quality of life, particularly in the subjective realm. Conclusions: The quality of life of a family caregiver of a patient with Alzheimer’s disease is determined by the objective and subjective conditions that make up the concept. Nursing has the potential to participate, not only from the standpoint of clinical and community practice, but also through roles in education, research and public policy.

Keywords: Quality Of Life, Caregiver, Alzheimer’s Disease, Nursing Care, Dementia, Disease, Burden, Care

# Title: Arbor-Ciencia Pensamiento y Cultura

Full Journal Title: [Arbor-Ciencia Pensamiento y Cultura](http://arbor.revistas.csic.es/index.php/arbor/issue/archive?issuesPage=1)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? XAlberola, A., Fernandez, M.T., Vazquez, M. and Viesca, R. (1985), Bibliometric study of Arbor. *Arbor-Ciencia Pensamiento y Cultura*, **122** (479-480), 125-137.

Keywords: Bibliometric

? Deandres, M.P. (1987), Is it possible to evaluate the scientific-technical activities of the Csic + Statistical-methods, bibliometric indicators and the ‘science Citation Index’. *Arbor-Ciencia Pensamiento y Cultura*, **126** (495), 9-48.

Keywords: Bibliometric, Citation, Mar, Science Citation Index

? Vazquez, M., Fernandez, M.T., Dedios, M.V. and Delaviesca, R. (1988), Bibliographical and bibliometric study of the Revista-Espanola-de-Fisiologia. *Arbor-Ciencia Pensamiento y Cultura*, **130** (511-512), 21-43.

Keywords: Bibliometric

? Martin, M.J., Rey, J. and Plaza, L.M. (1999), Spanish research published in national science and technology journals during the period 1991-1996. A bibliometric study. *Arbor-Ciencia Pensamiento y Cultura*, **162** (639), 307-325.

Full Text: [1999\Arb-Cie Pen Cul162, 307.pdf](1999/Arb-Cie%20Pen%20Cul162,%20307.pdf)

Keywords: Bibliometric, Bibliometric Study, Journals, MAR, National, Research, Science, Science and Technology, Spanish, Technology

? Delgado Lopez-Cozar, E. and Fernandez Cano, A. (2002), The case study in the databases of the Science Citation Index, Social Science Citation Index, and Arts and Humantities Citation Index (1992-2000). *Arbor-Ciencia Pensamiento y Cultura*, **171** (675), 609-629.

Full Text: [2002\Arb-Cie Pen Cul171, 609.pdf](2002/Arb-Cie%20Pen%20Cul171,%20609.pdf)

Keywords: Case Study, Citation, Databases, Mar, Science Citation Index, Social Science Citation Index

? González-Alcaide, G., Valderrama-Zurián, J.C. and Aleixandre-Benavent, R. (2009), Spanish scientific research about popular science: Actual position and futur challenges. *Arbor-Ciencia Pensamiento y Cultura*, **185** (738), 861-869.

Full Text: [2009\Arb-Cie Pen Cul185, 861.pdf](2009/Arb-Cie%20Pen%20Cul185,%20861.pdf)

Abstract: Spanish Scientific Research about Popular Science is analyzed to identify the main scientific agents, dissemination means and subjects in this field. It is an heterogeneous area related to several scientific disciplines and purposes, stand out above them Information and Education. 286 journal articles and 50 PhD Thesis have been analyzed, observing a high increase of publications in 90s remaining until now. The five most important research cores identified are the followings: Science Journalism, Science Literacy, Linguistics and the researches related to Museums and Scientific Disciplines such as Medicine, Environment or Archaeology.

Keywords: Bibliometrics, Popular Science, Publications, Research, Research Areas

? Dorta-González, P. and Ramírez-Sánchez, M. (2014), Production and impact of the Spanish research institutions in *Arts & Humanities Citation Index* (2003-2012). *Arbor-Ciencia Pensamiento y Cultura*, **190** (770), Article Number: a191.

Full Text: [2014\Arb-Cie Pen Cul190, a191.pdf](2014/Arb-Cie%20Pen%20Cul190,%20a191.pdf)

Abstract: This essay reviews both the scholarly output and impact factor of Spanish research institutions in the Arts & Humanities Citation Index (A&HCI) database, managed by the Thomson-Reuters Web of Science. Based on a bibliometric analysis of a range of variables it has been possible to identify those institutions with the best performance indicators, the journals publishing the most articles, the most productive areas of research, and other relevant data on publishing patterns in the Humanities. The study reveals that the most productive Spanish institutions in the Humanities are the same as those that lead the performance figures in other areas; it also highlights the outstanding production of the Spanish National Research Council (CSIC).

Keywords: Production, Impact, Humanities, Scientific Journals, Spain, Social-Sciences

# Title: Archaeofauna

Full Journal Title: Archaeofauna

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bartosiewicz, L. and Choyke, A.M. (2002), Archaeozoology in Hungary. *Archaeofauna*, **11**, 117-129.

Abstract: This study describes how two different branches of investigation, archaeology and zoology/paleontology, dependent on geopolitical and ideological circumstances, have effected the emergence of archaeozoology in Hungary during the 1860s. The second aim was to study, whether the consideration of ideological context by certain scholars may have been the reason behind historical influences in archaeozoology. Our results, however, suggest that individual contribution have been of major significance in this discipline, cultivated only by a minority of experts in Hungary. A quantitative analysis was carried out on the basis of bibliographical data representing 30 years, in order to characterize key features of archaeozoological research in Hungary and their coincidence with political and cultural trends. The basis of calculations was the chronological, regional and linguistic composition of publications dated to between 1965 and 1995. This simple scientometric description shows that international cooperation in archaeozoology has profited from both economic stability and the gradual decline of political isolation during the 1960s and 1990s. The dominance of prehistoric research (a very international period) and the quantities of foreign language publications (especially in English) clearly illustrate this trend. Considering these forces may help in fine-tuning the education and practice of our discipline in spite of mounting difficulties in employment and funding in general at the beginning of the new millennium.

Keywords: Analysis, Archaeology, Composition, Context, Cooperation, Cultural, Data, Economic, Education, Employment, Experts, Funding, General, Hungary, International, International Cooperation, Investigation, Practice, Publications, Quantitative Analysis, Regional, Research, Scientometric, Significance, Stability, Trend, Trends

# Title: Archaeologies-Journal of the World Archaeological Congress

Full Journal Title: [Archaeologies-Journal of the World Archaeological Congress](http://www.springerlink.com/content/120598/?p=163a38e7b0dc42f78a615da63ead3c0e&pi=0)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Mallía, M.S. and Vidal, A.S. (2009), From the opposite corner: A bibliometric analysis of research on American archaeology in European publications. *Archaeologies-Journal of the World Archaeological Congress*, **5** (3), 446-467.

Full Text: [2009\Arc-J Wor Arc Con5, 446.pdf](2009/Arc-J%20Wor%20Arc%20Con5,%20446.pdf)

Abstract: We see what we are prepared to see. Scientific research aims at breaking down this situation, analysing its subjects/objects of study from different points of view. Although multiple meanings can be derived from every question and a myriad of positions can be adopted, some are bound to be silenced by traditional criteria of authenticity. Archaeology is not an exception to this: the prevailing agenda severely impacts on our perception of what archaeological practice consists. In turn, its ethos is recreated as part of our own identity processes through our productions, whether by passively accepting monolithic standards or by dynamically proposing alternative positions in response. The study of the prehistoric and colonial periods in America can be a good test bed for surveying the influence of academic background upon the analysis of human history. Here we review two Spanish journals of American studies to discuss the different orientations of the authors according to their provenance. Plotted against the country represented by the authors, we consider his/her research as regards the object of study (ie. artefacts/written sources), its origin, chronology and, finally, the aim of the paper. We found interesting orientations in relation to focus on particular subjects, most probably conditioned by the ontology of the researchers. Although the selection is quite taxative, it may usefully complement studies carried out in the Americas.

Keywords: American Studies, Archaeology, Bibliometric Analysis, Research, Research Ontology, Spanish Journals

# Title: Archives of Andrology

Full Journal Title: [Archives of Andrology](http://informahealthcare.com/loi/aan)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0148-5016

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

? Yang, H., Pan, B.C. and Chen, J. (2006), Citation analysis of five journals in andrology. *Archives of Andrology*, **52** (6), 433-440.

Full Text: [2006\Arc And52, 433.pdf](2006/Arc%20And52,%20433.pdf)

Abstract: Aim: To find out features in literature demand by researchers in the field of andrology and to offer advice on literature utilization and journal management. Methods: Five andrology journals indexed by Science Citation Index Expanded (SCI-E) (Andrologia, Archives of Andrology, Asian Journal of Andrology, International Journal of Andrology, and Journal of Andrology) were included in the study. Original articles, editorials, reviews, corrections and letters from these journals were analyzed with bibliometric method for document loading, citations, information absorbing ability, and geographical coverage. Results: the average number of references in each paper was 28.78. The main type of references was periodicals (94.32%), while books and other sources accounted for only 5.68%. Average Price index was 30.14%. The number of references in the first ranking 10 periodicals cited by the five journals made up 34.53% of the total references cited. Geographically, the five journals covered 6 continents with 42 countries or regions. Conclusion: Andrology journals have a wide coverage of literatures, which are related to reproductive medicine, urology, endocrinology and biochemistry. References in andrology journals are mainly periodicals and are relatively old. US, China and Japan lead the world in andrology researches for the number of papers published.

Keywords: Analysis, Andrology, Bibliometric, Biochemistry, China, Citation Analysis, Citations, Demand, First, Impact, Information, Japan, Journal, Journals, Lead, Literature, Management, Medical Literature, Medicine, Papers, Patterns, Periodicals, Ranking, Science Citation Index, US, Utilization

# Title: Archives of Budo

Full Journal Title: [Archives of Budo](http://www.archbudo.com/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Barczynski, B.J. (2010), Preferences of the employees of the Polish Academies of Physical Education concerning articles published in Polish journals on sports science and sports medicine, included in the ministerial list - contribution to scientometrics analyses from the perspective of the educational aim and of the process of creation of the knowledge society. *Archives of Budo*, **6** (2), 101-110.

Full Text: [2010\Arc Bud6, 101.pdf](2010/Arc%20Bud6,%20101.pdf)

Abstract: Background and Study Aim One of the key elements of evaluation of achievements obtained by scientists and scientific institutions are the scientific articles published in journals included in the ‘ministerial list’. In Poland, the evaluation is conducted in two categories: (A) journals listed in Journal Citation Report (10-30 scores), (B) Polish or foreign journals mentioned in the ‘ministerial list’ (1-6 scores). It is hard to reliably estimate motives crucial for the decision on publication of a selected article in a given scientific journal. It is much easier to establish the preferences of authors concerning their choice of journal to publish the article. Pragmatics requires that the author employed at a university of specific type preferred journals of category (A) and those of the highest score in category (B) and corresponding to the type of university at the same time. As far as Polish Academies of Physical Education (APE) are concerned (there are 6 of them), corresponding journals are the ones on sports science and sports medicine. The aim of this paper was to find out whether the employees of the Polish Academies of Physical Education publish their articles in journals on sports science and sports medicine, included in the ministerial list, primarily of the highest value. Material/Methods: the study applied the method of documentation analysis. The analysis included original papers, reviews, short communications, editorials and letters to the Editors published by the employees of Polish higher schools in 30 Polish journals concerning sports science and sports medicine. The preference criterion was established on the basis of the number of articles published by authors of one kind of Polish higher schools in a specific, scored journal from the ‘ministerial list’. Results: In the year 2008, the employees of 67 Polish higher schools published 751 articles in total (original papers, reviews, short communications, editorials and letters to the Editors) in 30 Polish journals on sports science and sports medicine, included in the ‘ministerial list’. Authors published their articles mainly in 4-score journals (55%) and only 2% of all articles were published in 10-score journals. Conclusions: Possibility of deepen analysis of the preferences of the employees of the Polish APEs and other Polish higher schools concerning publication of the articles in Polish journals on sports science and sports medicine from the ministerial list is limited by the lack of access to basic information on authors (scientific speciality, research field, accomplished and implemented grants, publications etc.). Thus, this relatively high publishing activity of the employees of universities, medical universities, non-public higher schools, technical universities and pedagogical universities in journals devoted to the aforementioned subjects should be explained by interesting field of research, not only for APEs’ employees. This interest demonstrated by authors is the proof that the subject of articles published in sports science and sports medicine journals is being taken at many Polish APEs. However, there are no empirical arguments allowing for a clear statement that articles are written only or mostly by specialists of sports science and sports medicine.

Keywords: Author, Citation, Contribution, Evaluation, Institutions, Journals, Medicine, Preferences, Publication, Publications, Research, Science, Scientometrics, Sports Science

? Barczynski, B.J., Bak, R., Czamy, W. and Kalina, R.M. (2011), Preferred by Polish students of physical education subject matter and type of bachelor theses in 2008-2010. *Archives of Budo*, **7** (1), 41-47.

Full Text: [2011\Arc Bud7, 41.pdf](2011/Arc%20Bud7,%2041.pdf)

Abstract: Background One of the simplest, synthetic criteria for evaluation the candidate’s qualifications for employment as a teacher of a particular subject is the quality of bachelor’s or master’s thesis. This recommendation can be deduced from the main arrangements of the European Qualifications Framework (EQF). The aim of study is to answer three questions: (1) Is the type of school a significant differentiating factor preferred by students of subject matter and type of bachelor thesis? (2) Is certain subject matter of bachelor theses particularly dominate in the preferences of students? (3) Do students regardless of the type of school definitely prefer one of possible forms of graduation - writing and the defence of bachelor thesis or graduation exam? Material/Methods: Randomization was based on intentional selection. 176 graduates from Faculty of Physical Education, University of Rzeszow (UR) were examined and 86 graduates from Faculty of Physical Education, Pawel Wlodkowic University College in Plock (UC), who completed first cycle physical education studies in Poland in 2008-2010. The period of functioning each of these faculties did not exceed ten years. An anonymous questionnaire was used in the own elaboration. Results: UC graduates prefer subject matter of bachelor theses specific to the education of physical education: 59% concerns to the biological basis of human development (dominate Kinesiology, Anatomy, Anthropology) and 27% of managing this development (dominate the methodology of physical education, sport theory.) Furthermore 62% of them as the proper form of completion of the studies point out writing and the defence of bachelor thesis, and 65% that it should be an empirical work, 7% declare theoretical. UR graduates prefer subject matter of bachelor theses which are not qualify directly to the competence of the physical education teacher (27%) or qualify indirectly i.e. history (17%); writing and the defence of bachelor thesis considered respectively 62% of them, 17% point out graduation exam. Empirical works prefer a 52%, and theoretical 48% respectively. The difference of statements between graduates of both types of higher schools is statistically significant. Conclusions: Students preferences are primarily determined by scientific interests and research achievements of the promoters of their theses, and are related to the internal regulations of higher schools.

Keywords: Burnout, Development, Education, Educational Standards, European Qualifications Framework, History, Methodology, Physical Education Teachers’ Competences, Questionnaire, Research, Scientometrics, Students, Teachers, University, Writing

? Barczynski, B.J. and Rek, M. (2011), Evaluation in science - Index Copernicus case study of multi-parametric evaluation system. *Archives of Budo*, **7** (2), 93-103.

Full Text: [2011\Arc Bud7, 93.pdf](2011/Arc%20Bud7,%2093.pdf)

Abstract: the essential part of rational administration of science is the evaluation of academic and scientific institutions activity, subsidized by public funds, which should be conducted in the form of assessment of researchers and academic institutes as well as the appraisal of programs and research projects along with currently conducted academic policy and innovative strategies. It should be performed on every administrative level in a systematic, reliable and objective way in order to estimate the value of public intervention in relation to previously determined aims and criteria. In this context, Index Copernicus provides an interactive system that combines different information areas useful to academic level researchers, administration units, information providers, librarians, journal editors, scientific institutions, universities, government agencies and industry. An information-based scientific system that utilizes a web-based communication platform to provide lifelong documentation of scientific and profession achievements of the scientific communities world-wide, promote exchange of information and collaboration between the scientists, and provides a qualitative evaluation of the scientific performance.

Keywords: Assessment, Collaboration, Documentation, Education, Evaluation, Grant Management Kit, Index Copernicus, Information, Institutions Index Copernicus, Journal, Journal Editors, Journals, Journals Master List, Patent, Policy, Publishers Panel, Ranking, Research, Scientists Index Copernicus, Scientometrics, Sports Science, Virtual Research Groups

? Pérez-Gutiérrez, M., Gutiérrez-García, C. and Escobar-Molina, R. (2011), Terminological recommendations for improving the visibility of scientific literature on martial arts and combat sports. *Archives of Budo*, **7** (3), 159-166.

Full Text: [2011\Arc Bud7, 159.pdf](2011/Arc%20Bud7,%20159.pdf)

Abstract: Background and Study Aim: Martial Arts and Combat Sports (MA&CS) terminology is diverse and heterogeneous, limiting the research visibility and information retrieval. This study points out the different terms related to MA&CS names included in the scientific literature. From this basis, a set of recommendations are offered for improving publication visibility. Material/Methods: Web of Science (WOS) databases SCI-EXPANDED, SSCI, A&HCI for the period 2000-2009 were used for generating the data. A list of 278 searching terms was compiled, each of them enter individually in WOS databases. Results were collected in reference management software and filtered manually. Statistical analysis was focused on precision, noise factor, recall and snobbery ratio indexes. Results: As far as 53.2% searching terms showed no result, 14.0% obtained some result but not related to MA&CS, and 32.7% showed results related to MA&CS. Specific terminology is quite standardized, although there are some MA&CS showing different names. Generally, a preferred and most common term is used by authors. Precision values vary between 1 and 0.02 (noise factor values vary inversely) while recall values vary between 1 and 0.04 (snobbery ratio values vary inversely). Conclusions: MA&CS terminology used in scientific literature is quite varied and can cause diverse problems and slow down researcher’s bibliographic data collection. Romanization, popularization of some terms, names given to MA&CS by different organizations and terms syllable separation are the main problems for the lack of standardized terms in this area of knowledge. A group of seven recommendations are provided for enhancing the visibility of MA&CS researches.

Keywords: Analysis, Authors, Bibliographic, Data Collection, Databases, Documentary Analysis, Indexes, Indexing, Information, Information Retrieval, Information-Retrieval, Knowledge, Literature, Management, Noise, Points, Precision, Publication, Ratio, Research, Research Performance, Science, Scientific Databases, Software, Sports, SSCI, Visibility, Web of Science

? Peset, F., Ferrer-Sapena, A., Villamon, M., Gonzalez, L.M., Toca-Herrera, J.L. and Aleixandre-Benavent, R. (2013), Scientific literature analysis of Judo in Web of Science (R). *Archives of Budo*, **9** (2), 81-91.

Full Text: [2013\Arc Bud9, 81.pdf](2013/Arc%20Bud9,%2081.pdf)

Abstract: Background & Study Aim: Although judo is a sport with great tradition that is practised worldwide, the state of the art and scientific advances have not been analysed from a bibliometric point of view up to now. The aim of the present article is the status of the scientific production, collaboration, and impact of scientific papers on judo, as well as the most active research groups working on this topic. Material & Methods: Our analysis was based on documents retrieved from the Science Citation Index and Social Science Citation Index. Bibliometric analysis and network construction were performed using Histcite and Bibexcel software. Results: As a result, 383 original papers and scientific reviews were retrieved from 162 journals in 78 Web of Science (R) categories. Archives of Budo had the highest number of articles (56), and International Journal of Sports Medicine had the highest number of citations (192). More than half of the articles were within the area of sports science. The co-authorship network (threshold >= 3 articles) enabled us to identify 6 clusters of authors written in partnership. The citation network was formed mainly by 14 authors. Conclusions: Although research on judo is still at an early stage and has a lower profile than other sports, its development has potential interest to many scientific fields and sports in general. Judo research is mainly published in journals covering sport science and sport medicine topics; the latter being the most cited ones. The co-authorship networks tended to be centralized, with a single lead author, while citation networks between authors were usually directed towards other areas of research.

Keywords: Advances, Analysis, Art, Authors, Bibexcel, Bibliometric, Bibliometric Analysis, Bibliometrics, Citation, Citation Network, Citations, Co-Authorship, Co-Authorship Networks, Coauthorship, Coauthorship Network, Collaboration, Combat Sport, Construction, Cooperative Behaviour, Development, Elusive 10th Kata, Force, Forms, General, Go-No-Kata, Groups, Impact, Journal, Journals, Judo, Lead, Literature, Martial Arts, Martial Arts, Medicine, Methods, Network, Networks, Papers, Physical-Activity, Physiological Profiles, Potential, Proper Use, R, Research, Results, Reviews, Science, Science Citation Index, Scientific Literature, Scientific Literature Databases, Scientific Production, Social Networks, Social Science Citation Index, Software, Sport, Sport Journals, Sports Medicine Journals, State, Threshold, Topic, Web of Science

? Barczyński, B.J. (2013), Ranking of Polish physical education higher schools based on the articles published in 2009-2012 indexed by the Polish Ministry of Science and Higher Education. *Archives of Budo*, **9** (4), 273-296.

Full Text: [2013\Arc Bud9, 273.pdf](2013/Arc%20Bud9,%20273.pdf)

Abstract: Background & Study Aim : There are two basic applications of bibliometrics: descriptive and evaluative, with the following functionalities: accountability, knowledge and development that are the mechanisms of strategic management of science. Such approach is consistent with the model of evidence-based policy, based on use of the results of analyses and research in political decision-making, especially decisions about funds allocation. This approach can be also observed in reformed higher education system in Poland. Hence, the ministerial list as well as the Impact Factor adopted for the purpose of this article, which is a ranking of Polish physical education higher schools based on publications appearing in 2009-2012. Material & methods: The study uses scientific articles reported by 25 Polish physical education higher schools with a sport science and related profile, for the period 2009-2012. The verification tool was journals indexes of the Polish Ministry of Science and Higher Education with the assigned points for publications and the Impact Factor scoring, based on the Journal Citation Reports of 2009-2012. Results: From 25 evaluated institutions, 17 (68%) are academies of physical education and 8 (32%) other types of higher schools identified with sports sciences. Among the higher schools, academies of physical education occupied the first seven positions of the ranking. In the period 2009-2012 all institutions published 4,372 scientific articles; 3,455 (79%) were published by academies of physical education, whereas 917 (21%) by academics of eight other types of institutions. Based on two percentile rank classes, the 10% most impacted publications (n= 444) were selected, which have the highest score on the ministerial list and the highest Impact Factor as potentially highly cited. The scholars mostly prefer journals with 20 (27%), 25 (16%) and 35 (11%) points. Conclusions: The ranking being the result of evaluation process allowed to determine the position of the unit in relation to other rated units proving that the academies of physical education fulfil their statutory, social and economic mission. High values of indicators obtained every year confirm the great interest of the academies of physical education to meet challenges put before the higher education by both society and business.

Keywords: Academics, Academy of Physical Education, Accountability, Allocation, Analyses, Approach, Assessment, Bibliometric Analysis, Bibliometrics, Business, Citation, Decision Making, Decision-Making, Development, Economic, Education, Evaluation, Evidence Based, Evidence-Based, First, Higher Education, Highly Cited, Highly-Cited, Impact, Impact Factor, Indicators, Institutions, Journal, Journal Citation Reports, Journals, Knowledge, Management, Mechanisms, Methods, Model, Percentile, Physical, Physical Education, Policy, Publications, Purpose, Rank, Ranking, Research, Results, Science, Sciences, Scientific Journals, Social, Society, Sport, Sports Science, Strategic, Strategic Management, Verification

? Barczynski, B.J. (2014), The first ranking of the scientific units of Polish physical education higher schools based on the monographs published in 2009-2012 indexed by the Polish Ministry of Science and Higher Education. *Archives of Budo*, **10**, 79-90.

Full Text: 2014\Arc Bud10, 79.pdf

Abstract: Background In parallel with the scientific journals, the scholarly monographs are the key driver for the dissemination of scientific achievements. The aim of this article is to present the ranking of scientific units of Polish physical education higher schools based on the scholarly monographs published in 2009-2012. Material & Methods: Scholarly monographs and chapters in the monographs reported by 25 scientific units (faculties) of Polish physical education higher schools and related units in 2009-2012 were subjected to analysis. The Spearman’s rank correlation identifies the strength of correlation among publications and monographs, publications and chapters of the monographs, monographs and chapters in the monographs published by evaluated scientific units. Results: In the evaluated period (2009-2012) all units published 333 monographs, 222 (67%) of which were issued by academies of physical education and 111 (33%) were published by academics from the institutions of other types. In the same period 25 evaluated institutions published 3,139 chapters in monographs, 2,162 (69%) of which were issued by academies of physical education and 977 (31%) were published by academics from the institutions of other types. The analysis of rankings containing scientific units of Polish physical education higher schools evaluated for the monographs and chapters in monographs with ranking developed on the basis of scientific articles published in 2009-2012 in journals by computing the Spearman correlation revealed that the correlation between publications and monographs was 0.264, whereas between publications and chapters in monographs 0.207, indicating poor correlation in both cases. There was a significant correlation (0.658) between monographs and chapters in monographs, that evidences strong relationship. Conclusions: Monographs - regardless of other products of scientific activity - constitute a complementary bibliometric criterion measuring the productivity of authors, research groups, institutions and countries. Scientific achievements reported by institutions allowed to compare the scientific performance in the scientific units of Polish physical education higher schools on the unprecedented scale, measured both by the number of scholarly monographs and chapters in monographs, showing their potential, as well as the scientific activities directions and competitive capacity.

Keywords: Academics, Academy Of Physical Education, Activity, Analysis, Article, Articles, Authors, Barriers, Bibliometric, Bibliometric Analysis, Capacity, Chapters In Monographs, Competitive, Complementary, Complementary Monographs, Correlation, Education, Evaluation, First, From, Groups, Institutions, Journals, Mar, Methods, Monographs, Performance, Physical, Physical Education, Potential, Productivity, Publications, Rank, Ranking, Rankings, Research, Results, Scale, Science, Scientific Activities, Scientific Journals, Scientific Performance, Sports Science, Strength

# Title: Archives of Civil and Mechanical Engineering

Full Journal Title: Archives of Civil and Mechanical Engineering

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Zavadskas, E.K., Skibniewski, M.J. and Antucheviciene, J. (2014), Performance analysis of civil engineering journals based on the Web of Science (R) database. *Archives of Civil and Mechanical Engineering*, **14** (4), 519-527.

Full Text: [2014\Arc Civ Mec Eng14, 519.pdf](2014/Arc%20Civ%20Mec%20Eng14,%20519.pdf)

Abstract: The presented study analyses the development and performance measures of research journals in the field of civil engineering. As the paper was prepared on the occasion of the 20th anniversary since the Journal of Civil Engineering and Management (JCEM) was founded, it presents detailed description of its evolution. This journal is currently ranked in the 12th position worldwide, based on the values of Impact Factors (IF) published by the Thomson Reuters Institute for Scientific Information (ISI) Web of Knowledge Journal Citation Reports. JCEM entered the first quartile (Q1) of its peer journals based on its worldwide impact in “Engineering, Civil” category of the ISI Web of Science. However, it has been argued that the IF value is not the sole and possibly not the best measure of journal quality. A number of metrics as well as bibliometaic indicators have been developed to measure the impact of scholarly journals. The paper proposes an integrated multiple criteria approach for ranking journals. The essence of the approach lies in the ability to rank journals considering several criteria simultaneously and applying Multiple Criteria Decision Making (MCDM) methods to derive the rankings. Journals from the Q1 quartile of the “Engineering, Civil” category of the Web of Science were analyzed based on seven indicators derived from Journal Citation Reports while applying Weighted Aggregated Sum Product Assessment (WASPAS) method. Integrated rankings with the use of this method were then compared with journal rankings based on their ISI Impact Factor values. (C) 2014 Politechnika Wroclawska. Published by Elsevier Urban & Partner Sp. z o.o. All rights reserved.

Keywords: Analyses, Analysis, Approach, Assessment, Citation, Civil Engineering, Civil Engineering Journals, Criteria, Database, Decision, Decision Making, Development, Engineering, Evolution, Factors, Field, First, From, Impact, Impact Factor, Index, Indicators, Information, Institute For Scientific Information, Integrated, ISI, ISI Impact Factor, Isi Web Of Science, Journal, Journal Citation Reports, Journal Quality, Journal Rankings, Journals, Knowledge, Management, Mcdm, Measure, Measures, Methods, Metrics, Multiple Criteria, Performance, Performance Measures, Position, Quality, R, Rank, Ranking, Rankings, Research, Research Journals, Rights, Scholarly Journals, Science, Scopus, Thomson Reuters, Thomson-Reuters, Value, Waspas, Web, Web Of Knowledge, Web Of Science

# Title: Archives of Dermatology

Full Journal Title: [Archives of Dermatology](http://archderm.ama-assn.org/contents-by-date.0.dtl)

ISO Abbreviated Title: Arch. Dermatol.

JCR Abbreviated Title: Arch Dermatol

ISSN: 0003-987X

Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Amer Medical Assoc

Publisher Address: 515 N State St, Chicago, IL 60610

Subject Categories:

Dermatology & Venereal Diseases: Impact Factor 2.714,/(2001)

Arndt, K.A. (1992), Information excess in medicine: Overview, relevance to dermatology, and strategies for coping. *Archives of Dermatology*, **128** (9), 1249-1256.

Full Text: [1992\Arc Der128, 1249.pdf](1992/Arc%20Der128,%201249.pdf)

Abstract: Background. The amount of biomedical information contained in scientific journals has grown to the point that complete coverage of this material is impossible. The number of articles and journals being published has been growing at an exponential rate since 1750. Thirty-four thoUSAnd references from 4000 journals are added each month to the National Library of Medicine MEDLINE database from among the more than 100,000 scientific journals now published. This increase in scientific literature reflects not greater productivity but simply a larger number of scientists at work. Most articles written are eventually published in the medical literature, but a large number of scientific articles are of less than optimal quality, and most scientific articles that are published are never cited. Articles of higher quality and usefulness cluster in a few journals that enjoy great use in medical libraries and high scores on bibliometric scores such as the Science Citation Index.

Observations. -To assess the reading habits of dermatologic trainees and evaluate how they cope with this information excess, a survey was distributed to 36 residents in three training programs. The average number of medical journal reading hours per month was 17; the number of hours devoted to reading issues of the Archives of Dermatology, the Journal of the American Academy of Dermatology, and the Journal of Investigative Dermatology were 3.2, 5.0, and 1.4, respectively; and the average resident read seven peer-reviewed journals, two to four dermatologic tabloids, and four peer-reviewed medical journals.

Conclusions. -Critically and consistently reading a limited number of high-quality peer-reviewed journals as well as taking advantage of information available through computer networks and bibliographic and full-text databases is the best approach to coping with the volume of medical literature. Translating this information into a change in attitude and modification of physician behavior is best accomplished when local role models incorporate new ideas into their practice and teaching. Modifications that would, in fact, bring about truly useful changes, such as decreasing the number of new publications, melding journals already present into smaller numbers of publications rather than instituting new journals, altering the ‘publish-or-perish’ rules, and writing more comprehensive articles rather than multiple small contributions, all await fundamental alterations in long-accepted policies in medicine.

Keywords: Approach, Attitude, Behavior, Bibliometric, Bibliometric Scores, Biomedical, Changes, Cluster, Coping, Coverage, Database, Databases, Distributed, Information, Journal, Journals, Literature, Local, Medical, Medical Journals, Medical Literature, Medicine, MEDLINE, Models, Modification, Networks, Peer Reviewed Journals, Peer-Reviewed, Physician, Physician Behavior, Policies, Practice, Productivity, Publications, Quality, Reading, Resident, Role, Science Citation Index, Scientific Journals, Scientific Literature, Small, Survey, Teaching, Training, Volume, Work

Notes: JJournal

? Dubin, D., Häfner, A.W. and Arndt, K.A. (1993), Citation-classics in clinical dermatological journals: Citation analysis, biomedical journals, and landmark articles, 1945-1990. *Archives of Dermatology*, **129** (9), 1121-1129.

Full Text: [1993\Arc Der129, 1121.pdf](1993/Arc%20Der129,%201121.pdf)

Abstract: Background and Design: Analysis of the most frequently cited dermatology articles and the journals in which they appear identifies and emphasizes the impact of works of colleagues and predecessors, recognizes key advances in cutaneous medicine and surgery, and adds useful data about historical developments in dermatology. Use of citation analysis to examine the dermatologic literature reveals quantitative information about authors, articles, and journals helpful in identifying classic works and high-impact journals. We analyze the characteristics of all dermatology articles cited 100 or more times in one of the 10 most highly ranked clinical dermatology journals as indicated by the Institute of Scientific Information (Philadelphia, PA) database from 1945 through 1990 and also discuss the standard and, as well, more recently described bibliometic indexes for dermatologic journals.

Results: Thirty-one institutions located in 11 different countries produced 129 landmark articles. Ninety-two percent of the citation classics originated in the United States, United Kingdom, Sweden, and Germany. There were 16 authors with three or more top-cited articles. Fifty-two percent of the articles were of the clinical type, 22% were clinical review articles, and 26% discussed basic science topics. The mean number of authors has increased gradually over the past 80 years. The average classic article was published in 1969, peaked in popularity 9 years later with 26 peer citations, and received only 11 citations in 1990.

Conclusions: Citation frequency and citation analysis reveal useful and interesting information about scientific communication. The data on citation classics we describe can be interpreted in many ways, but certainly reflects the attention that articles have received over the past 48 years. The half-life of the average citation classic of about 10 years reflects the rapid pace of advances in the science and practice of dermatology over the past several decades. This information, along with current bibliometric indexes, may assist physicians in optimizing the time they spend reading the medical literature.

Keywords: Advances, Analysis, Attention, Authors, Bibliometric, Bibliometric Indexes, Characteristics, Citation, Citation Analysis, Citation Classics, Citations, Clinical, Communication, Data, Database, Germany, Half-Life, Impact, Indexes, Information, Institutions, Journals, Literature, Medical, Medical Literature, Medicine, Peer, Physicians, Practice, Rapid, Reading, Review, Science, Scientific Communication, Standard, Surgery, Sweden, Time, United Kingdom, United States

? Dubin, D.B. and Arndt, K.A. (1997), The homelands of top-cited articles. *Archives of Dermatology*, **133** (1), 21-22.

Full Text: [1997\Arc Der133, 21.pdf](1997/Arc%20Der133,%2021.pdf)

? Stern, R.S. and Arndt, K.A. (1999), Top cited authors in dermatology - A citation study from 24 journals: 1982-1996. *Archives of Dermatology*, **135** (3), 299-302.

Full Text: [1999\Arc Der135, 299.pdf](1999/Arc%20Der135,%20299.pdf)

Abstract: Background: One measure of the impact of a medical article is how often it is cited in other articles. Many authors of articles published in dermatologic journals are seldom, if ever, cited while other authors are often cited. Objective: To identify the 25 authors whose publications in the dermatology literature were most often cited. Design: We obtained a citation database from the Institute for Scientific Information. From this database we separately quantified the total number of citations for each author and the total number of citations to first authors of original articles. Setting: Dermatology journals. Subjects: All authors of papers published in 24 dermatology journals between 1981 and 1996. Intervention: None. Main Outcome Measure: Number of citations. Results: If all articles irrespective of the author’s listing (eg, first or second) are counted, the top 25 cited authors in the dermatology literature from 1981 to 1996 were cited between 1480 and 4706 times. If only citations and articles of which an author was the first listed author are counted, the top 25 authors were cited between 400 and 813 times. Only 4 authors were among the top 25 cited authors by both criteria. Conclusions: A relatively small proportion of all authors account for a high proportion of all citations of the dermatologic literature. The most frequently cited first authors of original articles were different in 84% of cases from the most often cited authors of all papers irrespective of the individuals placement in the authorship listing.

Keywords: Citation, Citations, Impact

? Stern, R.S. and Arndt, K.A. (1999), Classic and near-classic articles in the dermatologic literature. *Archives of Dermatology*, **135** (8), 948-950.

Full Text: [1999\Arc Der135, 948.pdf](1999/Arc%20Der135,%20948.pdf)

Abstract: Background: Only a small fraction of articles published in the dermatologic literature are cited frequently. Articles cited at least 100 times are known as “citation classics” and have been previously discussed. The nature of dermatologic articles cited fewer than 100 times but still much more frequently cited than average has not been clearly elucidated. Objective: To identify the source, authorship, and citation history of original articles published in 24 dermatologic journals that were cited more than 25 times. Design: We analyzed a citation database provided by the Institute for Scientific Information. We identified the journal of publication, authorship, and country of authorship for all original articles cited at least 25 times and published from 1982 to 1996 in 24 dermatologic journals. Main Outcome Measure: Source of most frequently cited dermatologic articles. Results: Only 2139 (6.45%) of all original articles were cited more than 25 times. Articles published in 4 of 24 journals accounted for the most frequently cited articles. Only 18 (0.13%) of more than 13 500 first authors published at least 5 articles that were cited more than 25 times. Conclusions: Few articles are cited at least 25 times, and few persons are first authors of multiple articles in the dermatologic literature cited at least that frequently.

? Stern, R.S. and Arndt, K.A. (2000), Top-cited dermatology authors publishing in 5 “high-impact” general medical journals. *Archives of Dermatology*, **136** (3), 357-361.

Full Text: [2000\Arc Der136, 357.pdf](2000/Arc%20Der136,%20357.pdf)

Abstract: Background: In addition to publishing in the dermatologic literature, some dermatologists also publish articles in the general medical journals, which enjoy wide circulation and whose articles are often cited. Objective: To identify articles and citations to these articles that the most frequently cited authors in the dermatologic literature published in highly cited general medical journals. Design: We obtained a citation database from the Institute of Scientific Information, Philadelphia, PA, that identified all articles published by the top-cited authors in the dermatologic literature in 5 “high-impact” general medical journals. Setting: the 5 high-impact general medical journals with the historically highest impact factors. Subjects: Two hundred top-cited authors in dermatology journals and their coauthors. Main Outcome Measure: Number of citations to articles published in 5 high-impact general medical journals. Results: From 1981 to 1998, 120 of the 200 top-cited dermatology authors published a total of 674 papers in the 5 most highly cited general medical journals. Original articles published in these high-impact general medical journals were cited an average 7.5 times more often than articles published in dermatology journals. Conclusions: Top-cited authors in dermatology journals also frequently publish in the leading 5 high-impact general medical journals. Publications in these journals by dermatologists are often highly cited.

Keywords: Citation, Citations, Medical Journals

? Levin, C. and Maibach, H. (2002), Exploration of “alternative” and “natural” drugs in dermatology. *Archives of Dermatology*, **138** (2), 207-211.

Full Text: [2002\Arc Der138, 207.pdf](2002/Arc%20Der138,%20207.pdf)

Abstract: Objective: To review some of the promising natural remedies within dermatology to explore their potential clinical benefit in supplementing conventional drugs. Data Sources: MEDLINE searches from January 1966 through October 2000 and Science Citation Index searches from January 1974 through October 2000 were conducted, Study Selection: Primary importance was given to in vivo and in vitro controlled studies, the results of which encourage further exploration. Data Extraction: the controls used, the statistical approach to analysis, and the validity of the experimental method analyzed were considered particularly important. Data were independently extracted by multiple observers. Data Synthesis: Natural remedies seem promising in treating a wide variety of dermatologic disorders, including inflammation, phototoxicity, psoriasis, atopic dermatitis, alopecia areata, and poison oak. Conclusions: the alternative medications presented seem promising, although their true effects are unknown. Many of the presented studies do not allow deduction of clinical effects. Further experimentation must be performed to assess clinical benefit.

Keywords: Alopecia-Areata, Analysis, Atopic Eczema, Benzoyl Peroxide, Citation, Clinical Status, Controlled Studies, Drugs, Evening Primrose Oil, Experimental, Extraction, Fatty-Acid Composition, Gamma-Linolenic Acid, Green Tea, In Vivo, Inflammation, MEDLINE, Natural, Primary, Randomized Trial, Review, Science, Science Citation Index, Selection, Sources, Statistical, Synthesis, Validity, Vitamin-C

? Robinson, J.K. and Callen, J.P. (2010), The best of the best: A new section led by Henry W. Lim, MD. *Archives of Dermatology*, **146** (5), 554.

Full Text: [2010\Arc Der146, 554.pdf](2010/Arc%20Der146,%20554.pdf)

? Carney, C.K. and Elewski, B.E. (2010), Top-accessed article: White superficial onychomycosis. *Archives of Dermatology*, **146** (5), 554.

Full Text: [2010\Arc Der146, 554.pdf](2010/Arc%20Der146,%20554.pdf)

? Zhao, Y.E., Wu, L.P., Peng, Y. and Cheng, H. (2010), Retrospective analysis of the association between *Demodex* infestation and rosacea. *Archives of Dermatology*, **146** (8), 896-902.

Full Text: [2010\Arc Der146, 896.pdf](2010/Arc%20Der146,%20896.pdf)

Abstract: Objectives: To explore the association between Demodex infestation and rosacea and the pathogenesis of demodicosis rosacea by means of a meta-analysis. Data Sources: Electronic searches of the ISI Web of Knowledge (Science Citation Index, ISTP [Index to Scientific & Technical Proceedings], Journal Citation Reports, BP [BIOSIS Preview], INSPEC [Ination Service in Physics, Electronics Technology, and Computer and Control], and DII [Derwent Innovation Index]), MEDLINE, and CNKI (China National Knowledge Infrastructure) databases (January 1, 1950, to December 31, 2009). We also performed hand searches of reference lists and conference proceedings. Study Selection: Predefined selection criteria were applied to all published case-control studies that analyzed the association between Demodex infestation and rosacea. Data Extraction: Two of us independently extracted data from the included studies. For disputed articles, a third party mediated whether to include the study. Data Synthesis: Forty-eight English- and Chinese-language articles, which covered 10 different countries and 28 527 participants, were eligible. The pooled odds ratio in random-effects models is 7.57 (95% confidence interval, 5.39-10.62). Stability is good according to sensitivity analysis. The fail-safe number is 18,456 in the quantitative analysis of publication bias. Conclusions: A significant association exists between Demodex infestation and the development of rosacea. Demodex infestation is a vital risk factor for rosacea according to the time-to-event relationship, and the degree of infestation played a more important role than did the mite infestation rate in the development of rosacea.

Keywords: Acne Rosacea, Citation, Demodicosis, Density, Folliculorum, ISI, Pathogenesis, Population, Publication

# Title: Archives of Disease in Childhood

Full Journal Title: [Archives of Disease in Childhood](http://www.swetswise.com/eAccess/viewTitleIssues.do?titleID=15302)

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Subject Categories:

Pediatrics: Impact Factor

? Kenny, S.E., Shankar, K.R., Rintala, R., Lamont, G.L. and Lloyd, D.A. (1997), Evidence-based surgery: Interventions in a regional paediatric surgical unit. *Archives of Disease in Childhood*, **76** (1), 50-53.

Full Text: [1997\Arc Dis Chi76, 50.pdf](1997/Arc%20Dis%20Chi76,%2050.pdf)

Abstract: Objectives-To determine the proportion of paediatric surgical interventions that are evidence-based and to identify areas where randomised controlled trials (RCTs) or further research are required. Design-Prospective review of paediatric general surgical inpatients. Setting-A regional paediatric surgical unit. Subjects-All consecutive paediatric general surgical patients admitted in November, 1995. Main outcome measures-Each patient on whom a diagnosis had been made was allocated a primary diagnosis and primary intervention (n=281). On the basis of expert knowledge, Plusnet MEDLINE, and ISI Science Citation database searches, each intervention was categorised according to the level of supporting evidence: category 1, intervention based on RCT evidence; category 2, intervention with convincing non-experimental evidence such that an RCT would be unethical and unjustified; category 3, intervention without substantial supportive evidence. Results-Of 281 patient interventions, 31 (11%) were based on controlled trials and 185 (66%) on convincing nonexperimental evidence. Only 23% of interventions were category 3. Conclusions-In common with other medical specialties, the majority of paediatric surgical interventions are based on sound evidence. However, only 11% of interventions are based on RCT data, perhaps reflecting the nature of surgical practice. Further RCTs or research is indicated in a proportion of category 3 interventions.

Keywords: Cholecystectomy, Citation, Database, Diagnosis, Endoscopic Sclerotherapy, Esophageal-Varices, Evidence-Based Medicine, Injection Sclerotherapy, Intervention, ISI, Knowledge, Liver-Cirrhosis, Management, Medical, MEDLINE, Paediatric Surgery, Pilonidal-Sinus, Primary, Prospective Controlled Trial, Randomized Trial, Research, Review, Science, Surgery, Testicular Torsion

Vargas-Origel, A., Gómez-Martínez, G. and Vargas-Nieto, M.A. (2001), The accuracy of references in paediatric journals. *Archives of Disease in Childhood*, **85** (6), 497-498.

Full Text: [2001\Arc Dis Chi85, 497.pdf](2001/Arc%20Dis%20Chi85,%20497.pdf)

Abstract: We analysed the reference error rate of four paediatric journals. The overall rate was 29.7%. Individual rates were as follows: Acta Paediatr 36%, Arch Dis Child 22%, J Pediatr 29%, Pediatrics 32%; the rate of major errors was 1%, 1%, 2%, and 4%, respectively.

Keywords: Accuracy, Error, Errors, Journal, Journals, Rates, Reference

? Rudolf, M.C.J. and Logan, S. (2005), What is the long term outcome for children who fail to thrive? A systematic review. *Archives of Disease in Childhood*, **90** (9), 925-931.

Full Text: [2005\Arc Dis Chi90, 925.pdf](2005/Arc%20Dis%20Chi90,%20925.pdf)

Abstract: Aims: To ascertain the long term outcomes in children diagnosed as having failure to thrive (FTT). Methods: Systematic review of cohort studies. MEDLINE, Psychinfo, EMBASE, Cinahl, Web of Science, Cochrane, and DARE databases were searched for potentially relevant studies. Inclusion criteria: cohort studies or randomised controlled trials in children < 2 years old with failure to thrive defined as weight < 10th centile or lower centile and/or weight velocity < 10th centile, with growth, development, or behaviour measured at 3 years of age or older. Results: Thirteen studies met the inclusion criteria; eight included a comparison group, of which five included children identified in community settings. Two were randomised controlled trials. Attrition rates were 10-30%. Data from population based studies with comparison groups and which reported comparable outcomes in an appropriate form were pooled in a random effects meta-analysis. Four studies report IQ scores at follow up and the pooled standardised mean difference was 20.22 (95% CI -0.41 to -0.03). Two studies reported growth data as standard deviation scores. Their pooled weighted mean difference for weight was -1.24 SDS (95% CI -2.00 to -0.48), and for height -0.87 SDS (95% CI -1.47 to -0.28). No studies corrected for parental height, but two reported that parents of index children were shorter. Conclusions: the IQ difference (equivalent to similar to 3 IQ points) is of questionable clinical significance. The height and weight differences are larger, but few children were below the 3rd centile at follow up. It is unclear to what extent observed differences reflect caUSAl relations or confounding due to other variables. In the light of these results the aggressive approach to identification and management of failure to thrive needs reassessing.

Keywords: Children, Cochrane, Cognitive-Development, Cohort Studies, Confounding, Databases, Development, Developmental Sequelae, Early Histories, Follow-up, Health Visitor Intervention, Home Intervention, Management, Meta-Analysis, Methods, Nonorganic Failure, Outcome, Outcomes, Parents, Points, Preschool-Children, Randomized Controlled-Trial, Review, Science, Systematic, Systematic Review, To-Thrive, Web of Science

? Kendrick, D., Smith, S., Sutton, A., Watson, M., Coupland, C., Mulvaney, C. and Mason-Jones, A. (2008), Effect of education and safety equipment on poisoning-prevention practices and poisoning: systematic review, meta-analysis and meta-regression. *Archives of Disease in Childhood*, **93** (7), 599-608.

Full Text: [2008\Arc Dis Chi93, 599.pdf](2008/Arc%20Dis%20Chi93,%20599.pdf)

Abstract: Objective: To assess (a) the effect of home safety education and the provision of safety equipment on poison-prevention practices and poisoning rates, and (b) whether the effect of interventions differs by social group. Data sources: MEDLINE, EMBASE, Cinahl, ASSIA, Psychinfo, Web of Science, plus other electronic sources and hand searching of conference abstracts and reference lists. Authors of included studies were asked to supply individual participant data. Review methods: Randomised controlled trials, non-randomised controlled trials and controlled before-and-after studies, with participants aged (19 years, providing home safety education with or without free or subsidised safety equipment and reporting poison-prevention practices or poisoning incidents were included. Pooled odds ratios and pooled rate ratios were estimated, and meta-regression estimated intervention effects by child age, gender and social variables. Results: Home safety interventions increased safe storage of medicines (OR 1.57, 95% CI 1.22 to 2.02) and cleaning products (OR 1.63, 95% CI 1.22 to 2.17), The possession of syrup of ipecac (OR 3.34, 95% CI 1.50 to 7.41), and having poison control centre numbers accessible (OR 3.67, 95% CI 1.84 to 7.33). There was a lack of evidence on poisoning rates (rate ratio 1.03, 95% CI 0.78 to 1.36) and no consistent evidence that intervention effects differed by child age, gender or social group. Conclusions: Home safety education and the provision of safety equipment improve poison-prevention practices, but the impact on poisoning rates is unclear. Such interventions are unlikely to widen inequalities in childhood poisoning-prevention practices.

Keywords: Aged, Child, Childhood, Children, Community, Control, Education, Families, Gender, Home, Impact, Injury, Intervention, Interventions, Meta-Analysis, Multicenter Survey, Primary-Care, Randomized Controlled-Trial, Ratio, Review, Safety, Science, Social, Systematic, Systematic Review, Web of Science

? Louwers, E.C.F.M., Affourtit, M.J., Moll, H.A., de Koning, H.J. and Korfage, I.J. (2010), Screening for child abuse at emergency departments: A systematic review. *Archives of Disease in Childhood*, **95** (3), 214-218.

Full Text: [2010\Arc Dis Chi95, 214.pdf](2010/Arc%20Dis%20Chi95,%20214.pdf)

Abstract: Introduction Child abuse is a serious problem worldwide and can be difficult to detect. Although children who experience the consequences of abuse will probably be treated at an emergency department, detection rates of child abuse at emergency departments remain low. Objective To identify effective interventions applied at emergency departments that significantly increase the detection rate of confirmed cases of child abuse. Design This review was carried out according to the Cochrane Handbook. Two reviewers individually searched PUBMED, the Cochrane Library, EMBASE, Web of Science and CINAHL for papers that met the inclusion criteria. Results Fifteen papers describing interventions were selected and reviewed; four of these were finally included and assessed for quality. In these studies the intervention consisted of a checklist of indicators of risk for child abuse. After implementation, the rate of detected cases of suspected child abuse increased by 180% (weighted mean in three studies). The number of confirmed cases of child abuse, reported in two out of four studies, showed no significant increase. Conclusions Interventions at emergency departments to increase the detection rate of cases of confirmed child abuse are scarce in the literature. Past study numbers and methodology have been inadequate to show conclusive evidence on effectiveness.

Keywords: Accident, Audit, Burns, Child, Children, Cochrane, Effective Interventions, Effectiveness, EMBASE, Emergency Department, Intervention, Interventions, Literature, Maltreatment, Methodology, Neglect, Papers, Pediatric Emergency, Protection Procedures, PUBMED, Review, Risk, Science, Systematic, Systematic Review, Web of Science

? Coon, J.T., Martin, A., bdul-Rahman, A.K., Boddy, K., Whear, R., Collinson, A., Stein, K. and Logan, S. (2012), Interventions to reduce acute paediatric hospital admissions: A systematic review. *Archives of Disease in Childhood*, **97** (4), 304-311.

Full Text: [2012\Arc Dis Chi97, 304.pdf](2012/Arc%20Dis%20Chi97,%20304.pdf)

Abstract: Objective To compare the effectiveness of interventions aimed at reducing the rate of acute paediatric hospital admissions. Design Systematic review. Data sources MEDLINE, Embase, PsychINFO, the Cochrane Library, Science Citation Index Expanded from inception to September 2010; hand searches of the reference lists of included papers and other review papers identified in the search. Review methods Controlled trials were included. Articles were screened for inclusion independently by two reviewers. Data extraction and quality appraisal were performed by one reviewer and checked by a second with discrepancies resolved by discussion with a third if necessary. Results Seven papers were included. There is some evidence to suggest that short stay units may reduce admission rates. However, there is a general lack of detail in the reporting of interventions and the methods used in their evaluation which precludes detailed interpretation and extrapolation of the results. The authors found no evidence that the use of algorithms and guidelines to manage the admission decision was effective in reducing acute admission rates. Furthermore, the authors were unable to locate any eligible papers reporting the effects on admission rates of admission decision by paediatric consultant, telephone triage by paediatric consultant or the establishment of next day emergency paediatric clinics. Conclusion There is little published evidence upon which to base an optimal strategy for reducing paediatric admission rates. The evidence that does exist is subject to substantial bias. There is a pressing need for high quality, well conducted research to enable informed service change.

Keywords: Algorithms, Appropriateness, Articles, Authors, Bias, Citation, Decision, Effectiveness, Effects, Emergency, Evaluation, Evidence, Extraction, Extrapolation, General, Guidelines, Hospital, Impact, Interventions, MEDLINE, Methods, Papers, Quality, Rates, Reference, Reference Lists, Reporting, Research, Review, Science, Science Citation Index, Science Citation Index Expanded, Service, Sources, Strategy, Systematic Review, Telephone Triage, Unit

# Title: Archives of Disease in Childhood-Fetal and Neonatal Edition

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Subject Categories:

Pediatrics: Impact Factor

? Hartling, L., Liang, Y.Y. and Lacaze-Masmonteil, T. (2012), Chorioamnionitis as a risk factor for bronchopulmonary dysplasia: A systematic review and meta-analysis. *Archives of Disease in Childhood-Fetal and Neonatal Edition*, **97** (1), F8-U14.

Full Text: [2012\Arc Dis Chi-Fet Neo Edi97, F8.pdf](2012/Arc%20Dis%20Chi-Fet%20Neo%20Edi97,%20F8.pdf)

Abstract: Objective To conduct a systematic review of the association between chorioamnionitis (CA) and bronchopulmonary dysplasia (BPD) in preterm infants. Methods the authors searched MEDLINE, Embase, CINAHL, Science Citation Index and PubMed, reviewed reference lists and contacted the primary authors of relevant studies. Studies were included if they had a comparison group, examined preterm or low birthweight infants, and provided primary data. Two reviewers independently screened the search results, applied inclusion criteria and assessed methodological quality. One reviewer extracted data and a second reviewer checked data extraction. Studies were combined with an OR using a random effects model. Meta-regression was used to explore potential confounders. Results 3587 studies were identified; 59 studies (15 295 patients) were included. The pooled unadjusted OR showed that CA was significantly associated with BPD (OR 1.89, 95% CI 1.56 to 2.3). Heterogeneity was substantial (I(2)=66.2%) and may be partially explained by the type of CA. Infants exposed to CA were significantly younger and lighter at birth. The pooled adjusted OR was 1.58 (95% CI 1.11 to 2.24); heterogeneity was substantial (I(2)=65.1%) which may be due to different variables being controlled in each study. There was strong evidence of publication bias which suggests potential overestimation of the measure of association between CA and BPD. Conclusions Unadjusted and adjusted analyses showed that CA was significantly associated with BPD; however, the adjusted results were more conservative in the magnitude of association. The authors found strong evidence of publication bias. Despite a large body of evidence, CA cannot be definitively considered a risk factor for BPD.

Keywords: Association, Authors, Bias, Birth-Weight Infants, Birthweight, Chronic Lung-Disease, Citation, Cord Blood, Early Adrenal Insufficiency, Extraction, Fetal Inflammatory Response, Infants, Low, Low Birthweight, MEDLINE, Meta Analysis, Meta-Analysis, Methods, Model, Neonatal Leukemoid Reaction, Patients, Premature-Infants, Preterm, Preterm Infants, Primary, Publication, Publication Bias, Pubmed, Quality, Review, Risk, Risk Factor, Science, Science Citation Index, Systematic, Systematic Review, Ureaplasma-Urealyticum

? Martin, S., Duke, T. and Davis, P. (2014), Efficacy and safety of bubble CPAP in neonatal care in low and middle income countries: A systematic review. *Archives of Disease in Childhood-Fetal and Neonatal Edition*, **99** (6), F495-F504.

Full Text: [2014\Arc Dis Chi-Fet Neo Edi99, F495.pdf](2014/Arc%20Dis%20Chi-Fet%20Neo%20Edi99,%20F495.pdf)

Abstract: Introduction Forty per cent of global child deaths occur in the neonatal period. Low and middle income countries need effective and simple methods to improve hospital-based neonatal care. Bubble continuous positive airway pressure (CPAP) may have a role in improving the quality of respiratory support in hospitals in low and middle income countries. Aim To examine the evidence for the efficacy and safety of bubble CPAP in neonates with respiratory distress in low and middle income settings. Method A systematic search (1946-March 2014) was performed of Pubmed, Ovid MEDLINE, Web of Science, Google Scholar and the references of relevant articles. Articles meeting inclusion criteria (CPAP for respiratory distress in infants <28 days of age in hospitals in low and middle income countries) were assessed using Grading of Recommendations, Assessment, Development and Evaluation and Newcastle-Ottawa Quality Assessment Scale methodology. Outcomes included need for mechanical ventilation, complications and mortality. Results In three studies, the initial use of bubble CPAP compared with oxygen therapy, followed by mechanical ventilation if required, reduced the need for mechanical ventilation by 30%-50%. In another three trials comparing bubble CPAP with ventilator CPAP, mortality and complication rates were similar, while meta-analysis of CPAP failure in these same trials showed a lower failure rate in the bubble CPAP groups (p < 0.003). Conclusions There is evidence that bubble CPAP is safe and reduces the need for mechanical ventilation. Further research into the efficacy of bubble CPAP in lowincome and middle-income countries is needed.

Keywords: Age, Articles, Assessment, Birth-Weight Infants, Bubble, Care, Child, Complication, Complication Rates, Complications, Controlled-Trial, Cpap, Criteria, Development, Distress, Efficacy, Efficacy And Safety, Evaluation, Evidence, Failure, Failure Rate, Global, Google, Google Scholar, Groups, Hospitals, Infants, Interventions, Low And Middle Income Countries, Mechanical Ventilation, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methodology, Methods, Mortality, Ncpap, Neonatal, Neonates, Nov, Outcomes, Oxygen, Positive Airway Pressure, Pressure, Preterm Infants, Quality, Quality Of, Rates, References, Research, Respiratory-Distress-Syndrome, Results, Review, Role, Safety, Scale, Science, Support, Survival, Systematic, Systematic Review, Therapy, Ventilation, Web Of Science

# Title: Archives of Environmental & Occupational Health

Full Journal Title: [Archives of Environmental & Occupational Health](http://heldref.metapress.com/app/home/journal.asp?referrer=searchresults&id=120617&backto=searcharticlesresults,1,3;)

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: Impact Factor

Notes: JJournal

? Smith, D.R. (2008), Citation analysis and impact factor trends of 5 core journals in occupational medicine, 1985-2006. *Archives of Environmental & Occupational Health*, **63** (3), 114-122.

Full Text: [2008\Arc Env Occ Hea63, 114.pdf](2008/Arc%20Env%20Occ%20Hea63,%20114.pdf)

Abstract: Longitudinal analysis of citation data provides useful historical information on research and publishing trends in our field. A citation-based analysis was performed on 5 core journals published between 1985 and 2006. Detailed historical information on citation rates, cited half-lives, immediacy indices, and impact-factor scores were extracted from the Thomson Scientific Journal Citation Reports via a custom order, and systematically analyzed. Occupational medicine journals have attracted an increasing number of citations in recent years, with this figure rising from just over 5,000 per year in 1985 to almost 17,000 per year by 2006. Impact factors have also increased between 108% and 186% per journal, with an average rise of approximately 158% during the time period examined. Overall, this study suggests that occupational medicine is now attracting increasing attention in the scientific literature, as evidenced by rising citation counts and impact factors.

Keywords: Analysis, Attention, Bibliometric Analysis, Citation, Citation Analysis, Citation Counts, Citation Trends, Citations, Data, Environmental Medicine, Epidemiology, Factors, Field, Future, Health Journals, Impact, Impact Factor, Impact Factor Scores, Impact Factors, Indices, Information, Journal, Journal Citation Reports, Journals, Literature, Medicine, Occupational, Occupational Health, Occupational Medicine, Ophthalmology, Public-Health, Publishing, Rates, Research, Rise, Science, Scientific Journal, Scientific Journals, Scientific Literature, Time, Trends

Notes: JJournal

? Smith, D.R. (2009), Highly cited articles in environmental and occupational health, 1919-1960. *Archives of Environmental & Occupational Health*, **64** (S1), 32-42.

Full Text: [2009\Arc Env Occ Hea64, 32.pdf](2009/Arc%20Env%20Occ%20Hea64,%2032.pdf)

Abstract: Although numerous lists of “citation classics” have been compiled across a variety of scientific fields, few have included articles from environmental and occupational health (EOH). This investigation sought to identify and analyze the most Highly cited articles ever published in the Journal of Industrial Hygiene (1919-1935), The Journal of Industrial Hygiene and Toxicology (1936-1949) the Archives of Industrial Hygiene and Occupational Medicine (1950), The American Medical Association (A.M.A.) Archives of Industrial Hygiene and Occupational Medicine (1950-1954), and the A.M.A. Archives of Industrial Health (1955-1960). Regularly cited topics included metal fume fever and various studies of beryllium, whereas the most highly cited article of all was a 1957 paper describing the control of heat casualties at military training centers. Interestingly, the most Highly cited articles were not the oldest, and nor were they written as literature reviews. Overall, this Study suggests that although some citation patterns in EOH reflect those of other disciplines, the trend is not uniform and EOH itself appears to have some distinctive bibliometric characteristics.

Keywords: 100 Citation-Classics, Bibliometric, Citation, Citation Classics, Environmental Health, Fertility-and-Sterility, Finding Toxicity Data, General Medical Journals, Google-Scholar, Highly cited articles, Impact Factors, Landmark Articles, Menstrual Disorders, Metal, Occupational Health, Public-Health, Publishing, Training, Web-of-Science

Notes: JJournal

? Smith, D.R. (2009), A 30-year citation analysis of bibliometric trends at the *Archives of Environmental Health*, 1975-2004. *Archives of Environmental & Occupational Health*, **64** (S1), 43-54.

Full Text: [2009\Arc Env Occ Hea64, 43.pdf](2009/Arc%20Env%20Occ%20Hea64,%2043.pdf)

Abstract: This article describes a 30-year citation analysis of the Archives of Environmental Health (AEH), from the earliest available data in 1975, to 2004, when it became the Archives of Environmental & Occupational Health (AEOH). Longitudinal trends were examined regarding the number of items published, the number of citations received, the immediacy index, and the journal’s impact factor. A list of the 5 most Highly cited articles was also established, including citation frequency and citation lag times. Overall, this study demonstrates that citation analysis can provide an interesting look at the development of a journal over time. The examination of what articles, themes, and topics were being published, cited, or ignored also offers a unique insight into the direction of not only 1 particular journal, but also the discipline within which it exists.

Keywords: Air-Pollution, Bibliometric, Bibliometrics, Citation, Citation Analysis, Citation Frequency, Citation Trends, Citations, Dose Equivalent Rate, Highly cited articles, Human-Fetal Development, Impact, Impact Factor, Journal Impact-Factor, Natural Background-Radiation, Occupational Health, Occupational-Medicine, Past 10 Years, Psychology Journals, Respiratory System Mortality, Scientific Journal, Tropical-Medicine

? Smith, D.R. (2010), Highly cited articles *in Environmental and Occupational Health*, 1919-1960 (vol 64, pg 32, 2009). *Archives of Environmental & Occupational Health*, **65** (2), 112-115.

Full Text: [2010\Arc Env Occ Hea65, 112.pdf](2010/Arc%20Env%20Occ%20Hea65,%20112.pdf)

Keywords: Citation Analysis, General Medical Journals, Google-Scholar, Historical Development, Impact Factor, Scopus, Trends, Web-of-Science

? Smith, D.R. (2010), Identifying a set of ‘core’ journals in occupational health, Part 2: Lists derived by bibliometric techniques. *Archives of Environmental & Occupational Health*, **65** (3), 173-175.

Full Text: [2010\Arc Env Occ Hea65, 173.pdf](2010/Arc%20Env%20Occ%20Hea65,%20173.pdf)

Keywords: Articles, Citation Analysis, Ergonomics, Google-Scholar, Historical Development, Impact Factor Trends, Medical Journals, Scientific Journals, Scopus, Web-of-Science

? Franco, G. (2013), Research evaluation and competition for academic positions in occupational medicine. *Archives of Environmental & Occupational Health*, **68** (2), 123-127.

Full Text: [2013\Arc Env Occ Hea68, 123.pdf](2013/Arc%20Env%20Occ%20Hea68,%20123.pdf)

Abstract: Citation analysis is widely used to evaluate the performance of individual researchers, journals, and universities. Its outcome plays a crucial role in the decision-making process of ranking applicants for an academic position. A number of indicators, including the h-Index reflecting both scientific productivity and its relevance in medical fields, are available through the Web of Knowledge(SM) and Scopus (R). In the field of occupational medicine, the adoption of the h-Index in assessing the value of core journals shows some advantages compared with traditional bibliometrics and may encourage researchers to submit their papers. Although evaluation of the overall individual performance for academic positions should assess several aspects, scientific performance is usually based on citation analysis indicators. Younger researchers should be aware of the new approach based on transparent threshold rules for career promotion and need to understand the new evaluation systems based on metrics.

Keywords: Academic, Adoption, Analysis, Approach, Assessing, Bibliometrics, Citation, Citation Analysis, Citation Analysis, Competition, Core Journals, Decision Making, Decision-Making, Decision-Making Process, Evaluation, Field, h Index, h-Index, Health, Impact Factor, Indicators, Journal Impact Factor, Journals, Mar, Medical, Medicine, Metrics, Occupational, Occupational Health, Occupational Medicine, Outcome, Papers, Performance, Productivity, Promotion, Publishing, R, Ranking, Relevance, Research, Role, Scientific Performance, Scientific Productivity, Scientific-Research, Scopus, Set, Systems, Threshold, Universities, Value

? Smith, D.R. (2015), Assessing productivity among university academics and scientific researchers. *Archives of Environmental & Occupational Health*, **70** (1), 1-3

Full Text: [2015\Arc Env Occ Hea70, 1.pdf](2015/Arc%20Env%20Occ%20Hea70,%201.pdf)

Keywords: Citation Analysis, Core Journals, Health, Journal Impact, Occupational-Medicine, Performance, Productivity, Researchers, Science, Scientometrics, University

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Issues/Year:

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Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Wang, M.H. and Ho, Y.S. (2011), Research articles and publication trends in environmental sciences from 1998 to 2009. *Archives of Environmental Science*, **5**, 1-10.

Full Text: [2011\Arc Eur Sci5, 1.pdf](2011/Arc%20Eur%20Sci5,%201.pdf)

Abstract: This study was designed to evaluate global research and publishing trends in the ISI subject category of “environmental science” from 1998 to 2009. Data were based on the online version of the Science Citation Index Expanded, Web of Science. Articles referring to environmental science were evaluated based on document-type distributions. Distributions of words in article titles, author keywords, and KeyWords Plus at different periods were analysed. The results of the word distributions were analyzed for word cluster to evaluate research trends. The analyses showed that water-related topics received the most attention from researchers. An increasing trend was found in wastewater research after 2004. Overall, model, carbon, and adsorption were the three hot research topics in the environmental science category.

Keywords: Research Trends, Environmental Science, Bibliometric, Word Cluster Analysis

? Zhu, Y.Q., Wang, M.H. and Ho, Y.S. (2011), An analysis of research activity in department of chemical engineering in USA. *Archives of Environmental Science*, **5**, 62-70.

Full Text: [2011\Arc Eur Sci5, 62.pdf](2011/Arc%20Eur%20Sci5,%2062.pdf)

Abstract: A bibliometric analysis was carried out to identify the research activities related to the department of chemical engineering (CE) in the United States of America from 2002 to 2010 and to improve the understanding of research trends in the same period, based on the online version of Science Citation Index Expanded (SCI-EXPANDED), The Thomson Reuters Web of Science. Articles published by CE researchers were evaluated, basing on the distribution of journals and the collaborative relations. Research tendency was investigated by statistically analyzing the distribution of words in article title, author keywords, and KeyWords Plus in different periods and the research behavior of the top institutes were studied according to journals and author keywords. Results showed that research activities in CE have been more involved in interdisciplinary projects. Areas related to nanoscale science, biochem, as well as energy & environmental had an increasing trend during the recent 9 years.

Keywords: Bibliometric, Web of Science, USA, Chemical Engineering, Research Trends

? Ma, H.Y., Ho, Y.S. and Fu, H.Z. (2011), Solid waste related research in Science Citation Index Expanded. *Archives of Environmental Science*, **5**, 89-100.

Full Text: [2011\Arc Eur Sci5, 89.pdf](2011/Arc%20Eur%20Sci5,%2089.pdf)

Abstract: A bibliometric approach was employed to quantitatively assess current research trends on solid waste by analyzing the related publications in the Science Citation Index Expanded (SCI-Expanded) database from 1991 to 2010. The general analyses were processed by characteristics of distribution covering publication outputs, journals, Web of Science categories, countries, and institutes, and research emphases and trends including author keywords, words in title, words in abstract, and KeyWords Plus analysis. Over the last 20 years, annual publication outputs showed a notable growth trend. Waste Management published the most articles, and the solid waste related articles were becoming centered in this journal, especially in 2009 and 2010. The G7 (the USA, Germany, the UK, Japan, France, Canada, and Italy) played active roles in publication, and the USA was the most productive country. Particularly, China experienced the greatest growth rate, and surpassed the USA in annual production in 2008. Furthermore, the searching keyword “solid waste\*” was migrating from the fields of author keywords, title, and abstract to the field of KeyWords Plus. By synthetic analysis of these keywords, it was concluded that landfill, waste-to-energy, composting, and recycling were the common solution methods for solid waste problems, and would continue to be the leading research methods. Heavy metals, anaerobic digestion, sewage sludge, soil, and adsorption were also considered as hot spots. Food waste, another increasing concern, had strong potential in the near future.

Keywords: Solid Waste, Research Trends, Bibliometric, SCI-Expanded

? Wang, M.H. and Ho, Y.S. (2012), A bibliometric analysis of global research on bamboo from 1992 to 2011. *Archives of Environmental Science*, **6**, 68-79.

Full Text: [2012\Arc Eur Sci6, 68-1.pdf](2012/Arc%20Eur%20Sci6,%2068-1.pdf); [2012\Arc Eur Sci6, 68.pdf](2012/Arc%20Eur%20Sci6,%2068.pdf)

Abstract: The Essential Science Indicators (ESI) database of Thomson Reuters is widely used to evaluate and identify important, high-impact papers, but few researches have looked at attributes of the ESI database. Using the category of “chemical engineering” as an example, characteristics of the ESI database were described, and distributions of document type, language of the paper, and journal of publication were reported. Five indicators, total number of papers, first-author papers, corresponding-author papers, independent papers, and collaborative papers, were applied to evaluate publications by country, institute, and author. In addition, the number of authors cited, number of institutes cited, number of countries cited, number of subject areas cited, and number of journals cited were also used to evaluate highly-cited ESI papers. Results showed that journals with a higher impact factor did not necessarily to have more papers in the ESI. The most highly cited ESI papers had fewer authors, were more likely to be single-country papers, and in general had not yet reached a citation peak, or had an extended citation peak over several years. Self-citation does not appear to be an issue among them. The ESI database only includes papers that were published within the last ten years, and likely excludes some top-cited papers even before their citation peak is reached. We suggest that ESI criteria should be amended to include all papers but only consider citation frequencies within the last ten years.

Keywords: Indicators, ESI, Number of Institutes Cited, Number of Countries Cited, Number of Subject Areas Cited

? Chen, Y., Xie, S.D. and Ho, Y.S. (2012), A bibliometric analysis of research trend in global nitrogen cycle. *Archives of Environmental Science*, **6**, 96-110.

Full Text: [2012\Arc Eur Sci6, 96.pdf](2012/Arc%20Eur%20Sci6,%2096.pdf)

Abstract: This study aims at exploring the research characteristics of nitrogen cycle, through quantitatively analysis of related literature gathered from the online version of Science Citation Index-Expanded, the Thomson Reuters Web of Science from 1992-2009. General analysis of scientific output such as subject category, journal, language, and research performance by countries and institutions were presented. Distribution of author keywords, words in title, and KeyWords Plus was analyzed to map the research trend. Results show that articles related to nitrogen cycle grew significantly after 1995 along with more collaboration between countries and institutions. of all the involved countries, USA possessed a stronger power in nitrogen cycle research. Synthetic analysis of three kinds of keywords showed that “mineralization”, “dynamics”, “soils”, “ecosystems”, “nitrification”, and “denitrification” were popular research topics, while the responses of “water”, “plant”, “forest”, and “grassland” as well as the climate effect of “N2O” and “carbon” due to alteration of nitrogen cycle may be new focus in nitrogen cycle research field in the future.

Keywords: Scientometrics, Nitrogen Cycle, SCI, Research Trend

# Title: Archives Europeennes de Sociologie

Full Journal Title: Archives Europeennes de Sociologie

ISO Abbreviated Title:

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ISSN:

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Publisher Address:

Subject Categories:

: Impact Factor

? Mirowski, P. (2010), Bibliometrics and the Modern Commercial Regime. *Archives Europeennes de Sociologie*, **51** (2), 243-270.

Full Text: [2010\Arc Eur Soc51, 243.pdf](2010/Arc%20Eur%20Soc51,%20243.pdf)

Abstract: This paper examines the role of bibliometrics in exploring the question of the effect of commercialization upon the health of American science. It approaches the problem through the question: What would constitute relevant evidence documenting decline in the number of scientific articles published by American authors in the last two decades? Because even the data have been privatized recently, it begins by criticizing article counts used in other venues. It concludes by demonstrating that the problem of decline is not merely in relative shares between countries, but also an absolute decline in American-authored articles across the board. We close with some proposed causes of the decline.

Keywords: America, Bibliometric Organizations, Bibliometrics, Output, Press, Privatisation, Science, Science, Trends, USA

? Fleck, C. (2013), The impact factor fetishism. *Archives Europeennes de Sociologie*, **54** (2), 327-356.

Full Text: [2013\Arc Eur Soc54, 327.pdf](2013/Arc%20Eur%20Soc54,%20327.pdf)

Abstract: One of the most popular indicators is the Impact Factor. This paper examines the coming into being of this highly influential figure. It is the offspring of Eugene Garfield’s experimentation with the huge amounts of data available at his Institute for Scientific Information and the result of a number of attempts to find appropriate measurements for the success (“impact”) of articles and journals. The completely inductive procedure was initially adjusted by examining the data thoughtfully and by consulting with experts from different scientific disciplines. Later, its calculation modes were imposed on other disciplines without further consideration. The paper demonstrates in detail the inopportune consequences of this, in particular for sociology. Neither the definition of disciplines, nor the selection of journals for the Web of Science/Social Science Citation Index follows any comprehensible rationale. The procedures for calculating the impact factor are inappropriate. Despite its obvious unsuitability, the impact factor is used by editors of sociological journals for marketing and impression management purposes. Fetishism!

Keywords: Calculation, Citation, Data, Disciplines, Eugene Garfield, European Sociology, Experts, Impact, Impact Factor, Indicators, Information, Institute for Scientific Information, Journals, Management, Marketing, Measurement, Procedure, Procedures, Science, Science Citation Index, Scientometrics, Selection, Sociology, Web of Science, Social Science Citation Index

# Title: Archives of General Psychiatry

Full Journal Title: Archives of General Psychiatry

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Saha, S., Chant, D. and McGrath, J. (2007), A systematic review of mortality in schizophrenia: Is the differential mortality gap worsening over time? *Archives of General Psychiatry*, **64** (10), 1123-1131.

Full Text: [2007\Arc Gen Psy64, 1123.pdf](2007/Arc%20Gen%20Psy64,%201123.pdf)

Abstract: Context: Despite improvements in mental health services in recent decades, it is unclear whether the risk of mortality in schizophrenia has changed over time. Objective: To explore the distribution of standardized mortality ratios (SMRs) for people with schizophrenia. Data Sources: Broad search terms were used in MEDLINE, PsychINFO, Web of Science, and Google Scholar to identify all studies that investigated mortality in schizophrenia, published between January 1, 1980, and January 31, 2006. References were also identified from review articles, reference lists, and communication with authors. Study Selection: Population- based studies that reported primary data on deaths in people with schizophrenia. Data Extraction: Operationalized criteria were used to extract key study features and mortality data. Data Synthesis: We examined the distribution of SMRs and pooled selected estimates using random- effects meta- analysis. We identified 37 articles drawn from 25 different nations. The median SMR for all persons for all- cause mortality was 2.58 (10%- 90% quantile, 1.185.76), with a corresponding random- effects pooled SMR of 2.50 (95% confidence interval, 2.18- 2.43). No sex difference was detected. Suicide was associated with the highest SMR (12.86); however, most of the major causes- ofdeath categories were found to be elevated in people with schizophrenia. The SMRs for all- cause mortality have increased during recent decades (P=. 03). Conclusions: With respect to mortality, a substantial gap exists between the health of people with schizophrenia and the general community. This differential mortality gap has worsened in recent decades. In light of the potential for second- generation antipsychotic medications to further adversely influence mortality rates in the decades to come, optimizing the general health of people with schizophrenia warrants urgent attention.

Keywords: Analysis, Attention, Authors, Cardiovascular-Disease, Communication, Excess Mortality, Extraction, Follow-up, Global Burden, Google Scholar, Health Services, Induced Weight-Gain, MEDLINE, Mental Health, Metabolic Syndrome, Mortality, New-Generation Antipsychotics, Primary, Psychiatric Case Register, Quality-of-Life, Record-Linkage, References, Review, Risk, Schizophrenia, Science, Sex Difference, Sources, Systematic, Systematic Review, Web of Science

? Large, M., Sharma, S., Compton, M.T., Slade, T. and Nielssen, O. (2011), Cannabis use and earlier onset of psychosis. *Archives of General Psychiatry*, **68** (6), 555-561.

Full Text: [2011\Arc Gen Psy68, 555.pdf](2011/Arc%20Gen%20Psy68,%20555.pdf)

Abstract: Context: A number of studies have found that the use of cannabis and other psychoactive substances is associated with an earlier onset of psychotic illness. Objective: To establish the extent to which use of cannabis, alcohol, and other psychoactive substances affects the age at onset of psychosis by meta-analysis. Data Sources: Peer-reviewed publications in English reporting age at onset of psychotic illness in substance-using and non-substance-using groups were located using searches of CINAHL, EMBASE, MEDLINE, PsycINFO, and ISI Web of Science. Study Selection: Studies in English comparing the age at onset of psychosis in cohorts of patients who use substances with age at onset of psychosis in non-substance-using patients. The searches yielded 443 articles, from which 83 studies met the inclusion criteria. Data Extraction: Information on study design, study population, and effect size were extracted independently by 2 of us. Data Synthesis: Meta-analysis found that the age at onset of psychosis for cannabis users was 2.70 years younger (standardized mean difference=-0.414) than for nonusers; for those with broadly defined substance use, the age at onset of psychosis was 2.00 years younger (standardized mean difference=-0.315) than for nonusers. Alcohol use was not associated with a significantly earlier age at onset of psychosis. Differences in the proportion of cannabis users in the substance-using group made a significant contribution to the heterogeneity in the effect sizes between studies, confirming an association between cannabis use and earlier mean age at onset of psychotic illness. Conclusions: the results of meta-analysis provide evidence for a relationship between cannabis use and earlier onset of psychotic illness, and they support the hypothesis that cannabis use plays a caUSAl role in the development of psychosis in some patients. The results suggest the need for renewed warnings about the potentially harmful effects of cannabis.

Keywords: 1st-Episode Psychosis, Abuse, Age, Alcohol, Cannabis, Comorbid Substance Use, Contribution, Development, EMBASE, Extraction, ISI, MEDLINE, Mental-Disorders, Meta Analysis, Meta-Analysis, Metaanalysis, Misuse, Psychosis, Publications, Schizophrenia, Science, Sources, Use Disorders, Web of Science

# Title: Archives of Gerontology and Geriatrics

Full Journal Title: Archives of Gerontology and Geriatrics

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JCR Abbreviated Title:

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Publisher Address:

Subject Categories:

: Impact Factor

? Teixeira, C.V.L., Gobbi, L.T.B., Corazza, D.I., Stella, F., Costa, J.L.R. and Gobbi, S. (2011), Non-pharmacological interventions on cognitive functions in older people with mild cognitive impairment (MCI). *Archives of Gerontology and Geriatrics*, **54** (1), 175-180.

Full Text: [2011\Arc Ger Ger54, 175.pdf](2011/Arc%20Ger%20Ger54,%20175.pdf)

Abstract: Mild cognitive impairment (MCI) can be a stage of pre-dementia. There is no consensus about pharmacological treatment for this population, so it is important to structure non-pharmacological interventions for increasing their cognitive reserve. We intended to analyze the effects of non-pharmacological interventions in the cognitive functions in older people with MC, in form of a systemic review. Data sources were the Web of Science, Biological Abstracts, MEDLINE, Pub Med, EBSCHost, Scirus and Google Scholar. All studies were longitudinal trials, with MCI sample, aged > 60 years, community-dwelling, and having cognitive functions as dependent variable. Seven studies, from 91 previously selected ones, were identified according to the inclusion criteria. Six studies used cognitive intervention, improving memory and one study used physical activity as intervention, improving executive functions. The results show evidence that physical activity and cognitive exercise may improve memory and executive functions in older people with MCI. But yet, more controlled studies are needed to establish a protocol of recommendations regarding the systemization of exercise, necessary to produce benefits in the cognitive functioning in older people with MCI. (C) 2011 Elsevier Ireland Ltd. All rights reserved.

Keywords: Adults, Aged, Alzheimers-Disease Patients, Cognitive Functions, Cognitive Impairment, Cognitive Intervention, Controlled Studies, Dementia, Elderly Subjects, Exercise, Google Scholar, Health, Improvement, Intervention, Interventions, MEDLINE, Memory, Mild Cognitive Impairment, Non-Pharmacological Interventions, Older People, Physical Activity, Physical-Activity, Protocol, Pub Med, Recommendations, Rehabilitation Program, Review, Science, Systemic Review, Treatment, Web of Science

? Silva, J.E.D., Souza, C.A.S., da Silva, T.B., Gomes, I.A., Brito, G.D., Araujo, A.A.D., de Lyra, D.P., da Silva, W.B. and da Silva, F.A. (2014), Use of herbal medicines by elderly patients: A systematic review. *Archives of Gerontology and Geriatrics*, **59** (2), 227-233.

Full Text: [2014\Arc Ger Ger59, 227.pdf](2014/Arc%20Ger%20Ger59,%20227.pdf)

Abstract: Objectives: We aimed to survey the published literature for articles that describe the use of herbal supplements by elderly patients and to summarize important aspects of selected studies, including most commonly used supplements, study type, study location, and potential hazards of herbal supplement use. Methods: Literature searches were conducted on three scientific/medical databases: Medline, Web of Science, and Scopus. Search results were examined for articles involving the use of herbal products in the elderly population that met selection criteria. Results: Initial searches yielded 1297 articles. Of these original results, only 16 met specific selection criteria. Twelve (75%) of studies identified were performed in North America. Nine studies (56.25%) were conducted in the United States. Seven of the studies were cross-sectional (43.8%). The most commonly reported were gingko biloba, garlic, ginseng, aloe vera, chamomile, spearmint, and ginger. Of these, gingko and garlic are the most commonly used among community-dwelling elderly. Both of these supplements have the potential to interact with anticoagulants and produce bruising or bleeding problems. Conclusions: The use of herbal supplements is common among the elderly, a population that takes a disproportionate share of prescription medications compared to that taken by younger populations. Among the problems uncovered by these studies was a lack of dialog between medical professionals and patients about the use of herbal supplements. Prescribers need to consider the use of herbal supplements and discuss the matter with their elderly patients when making decisions about pharmacological treatments. (C) 2014 Published by Elsevier Ireland Ltd.

Keywords: Anticoagulants, Articles, Bleeding, Complementary Alternative Medicine, Criteria, Databases, Drug-Interactions, Elderly, Garlic, Herbal Drug, Herbal Medicines, Herbal Supplements, Ireland, Literature, Location, Medical, Medicinal Plants, Medline, Methods, Natural Health Products, North, North America, Older People, Older-Adults, Patients, Population, Populations, Potential, Potential Interactions, Prescription, Results, Review, Science, Scopus, Search, Selection, Selection Criteria, Supplements, Survey, Systematic, Systematic Review, The Elderly, Therapies, United States, Web Of Science, Women

? Tada, A. and Miura, H. (2014), Systematic review of the association of mastication with food and nutrient intake in the independent elderly. *Archives of Gerontology and Geriatrics*, **59** (3), 497-505.

Full Text: [2014\Arc Ger Ger59, 497.pdf](2014/Arc%20Ger%20Ger59,%20497.pdf)

Abstract: Substantial number of elderly people suffer from poor mastication, which is considered to have a detrimental effect on their dietary habits. However, the association between mastication and diet is far from conclusive. The objective of this systematic review was to assess the association of mastication with food and nutrient intake in the community dwelling elderly. We searched the PubMed, Web of Science, Cochrane Library, and Scirus databases to obtain information on the epidemiological studies in this research area. The included publications were analyzed for study design, main conclusions, and strength of evidence. A comprehensive quality assessment of all the included studies (28 cross-sectional and 7 intervention studies) was performed. In 22 of the 28 cross-sectional studies, elderly persons with better mastication and dentition reported significantly higher consumption of foods and intake of some nutrients than those with poorer oral health; however, the remaining studies showed no such differences. Five of the 7 intervention studies with an intervention involving the provision of new prostheses did not show significant improvement in food and/or nutrient intake. These discrepant findings suggest that masticatory ability explains only part of the variance in food and nutrient intake of the elderly. Two intervention studies with the combination of prosthetic treatment and dietary intervention produced changes in intake of foods such as fruits and vegetables. (C) 2014 Elsevier Ireland Ltd. All rights reserved.

Keywords: Assessment, Association, Changes, Chewing Ability, Community, Consumption, Cross-Sectional, Cross-Sectional Studies, Databases, Dental Status, Dentition Status, Design, Diet, Dietary Adequacy, Edentulous Subjects, Elderly, Elderly People, Evidence, Food, Food Intake, From, Fruits, Health, Improvement, Information, Intervention, Intervention Studies, Ireland, Mastication, Nutrient, Nutrient Intake, Nutrients, Nutritional-Status, Older-Adults, Oral, Oral Health, Oral-Health, Prosthesis, Publications, Pubmed, Quality, Research, Review, Rights, Science, Strength, Study Design, Systematic, Systematic Review, The Elderly, Tooth Loss, Treatment, Vegetable Intake, Vegetables, Web Of Science

# Title: Archives of Gynecology and Obstetrics

Full Journal Title: Archives of Gynecology and Obstetrics

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Subject Categories:

: Impact Factor

? Kamel, R.M. (2010), The onset of human parturition. *Archives of Gynecology and Obstetrics*, **281** (6), 975-982.

Full Text: [2010\Arc Gyn Obs281, 975.pdf](2010/Arc%20Gyn%20Obs281,%20975.pdf)

Abstract: Despite impressive progress in the science and technology of reproduction, the mechanism by which labour is initiated in humans remains obscure. As the labour in humans is a distinct event differs from what happens in animals, this study aims to gather the current theories that could explain when and why the onset of human parturition occurs. In a comprehensive review study done at the School of Medicine and Dentistry, University of Bristol, United Kingdom, MetaLib, the university web-based electronic library, was cross-searched for the factors behind the onset of labour in humans through different medical databases such as; Allied and Complementary Medicine Database (AMED), BIOSIS Previews on Web of Knowledge, PUBMED, Cochrane Library, MEDLINE and Web of Science, in-addition to the relevant printed medical journals and periodicals. The study revealed that among the potential factors involved in the process of human parturition are the changes in hormonal levels of estrogen and progesterone, increased production of prostaglandins and oxytocin, and the high levels of corticotrophin releasing hormone and cortisol are some among the potential factors involved in the process of human parturition. Inflammatory reactions with the release of cytokines are among the most accepted theories for term and preterm labours. It is most likely that the interaction between all these factors and others, yet to be discovered, play in harmony to initiate the process of labour in women. The result show that birth is a result of complex, partially defined, events that are tightly regulated by a variety of mechanisms and mediators of endocrine, nervous and immune systems. Unfortunately, none of them is completely elucidated.

Keywords: Amniotic-Fluid, Cochrane, Corticotropin-Releasing Hormone, Cortisol, Databases, Estrogen, Factor-Kappa-B, Functional Progesterone Withdrawal, Gestational Tissues, Human, Human Fetal Membranes, Human Labor, Humans, Inositol Phosphoglycan-P, Journals, Knowledge, Labour, Mechanism, Medical, Medical Journals, Necrosis-Factor-Alpha, Onset of Human Birth, Parturition, Periodicals, Preterm Birth, Progesterone, PUBMED, Reproduction, Review, Science, Science and Technology, Theories, United Kingdom, University, Web of Knowledge, Web of Science, Women

? Mylonas, I., Brüning, A., Kainer, F. and Friese, K. (2010), HTLV infection and its implication in gynaecology and obstetrics. *Archives of Gynecology and Obstetrics*, **282** (5), 493-501.

Full Text: [2010\Arc Gyn Obs282, 493.pdf](2010/Arc%20Gyn%20Obs282,%20493.pdf)

Abstract: Worldwide, 20-30 million people are estimated to be infected with HTLV. HTLV-1 is endemic in Western Africa and Southern Japan, whereas HTLV-2 is considered to be spread among native American people. The impact of HTLV in gynaecology and obstetrics is being reviewed. Search strategy and selection criteria for identifying relevant data were peformed by searching MEDLINE, Current Contents, Web of Science, EMBASE and references from relevant articles. English and German gynaecological and infectious diseases textbooks as well as national and international guidelines and recommendations were also reviewed. Transmission may occur by sexual intercourse or cellular blood products. Although materno-fetal transmission is debated, transmission through maternal breast milk has been confirmed. An HTLV-infection can lead to adult T-cell leukaemia (ATL) or cumulative opportunistic and neurological disorders that can occur with varying degrees of severity. Diagnosis can be done by antibody detection via the use of ELISA and western blot analysis as well as PCR diagnosis. Due to inadequate treatment options and the lack of an effective vaccination, prevention is currently only possible by restricting transmission, including the USAge of condoms during sexual intercourse or avoiding breastfeeding in HTLV-seropositive mothers. If, due to socio-economic reasons, breastfeeding cannot be avoided, short-term breastfeeding for a maximum of up to 6 months is suggested.

Keywords: Adult, Africa, Analysis, Blood, Breast Feeding, Cell Leukaemia, Lymphoma Virus, Child Transmission, Diagnosis, Female-Sex-Workers, Guidelines, Htlv Infection, I-Associated Myelopathy, Impact, Infection, Infectious Diseases, Japan, Lead, Mothers, Obstetrics, PCR, Prevention, Prevention Strategies, Proviral Load, Real-Time PCR, Science, Search Strategy, Strategy, T-Lymphotropic-Virus, Textbooks, Transmission, Treatment, Tropical Spastic Paraparesis, Type-1 HTLV-1, Vaccination, Vertical Transmission, Web of Science

? Basaran, A., Basaran, M. and Topatan, B. (2011), Chorionic villus sampling and the risk of preeclamspia: A systematic review and meta-analysis. *Archives of Gynecology and Obstetrics*, **283** (6), 1175-1181.

Full Text: [2011\Arc Gyn Obs283, 1175.pdf](2011/Arc%20Gyn%20Obs283,%201175.pdf)

Abstract: To perform systematic review and meta-analysis to evaluate the risk of preeclampsia after chorionic villus sampling (CVS). A systematic search of PUBMED and Web of Science from inception through August 2010, and bibliographies of review articles and eligible studies were performed. Six studies reported the risk of preeclampsia after CVS. All of the identified studies were retrospective and included in analysis. Reporting quality of the identified studies according to quality assessment scale for methodology in retrospective clinical reporting was moderate. Pooling was performed in two strata for control: (1) patients without any invasive prenatal diagnostic procedure served as control group: no significant difference was found in the odds ratio (OR) of preeclampsia (OR 0.79, 95% CI 0.38-1.64), severe preeclampsia (OR 0.49, 95% CI 0.04-5.78), gestational hypertension (OR 0.76, 95% CI 0.46-1.26), all pregnancy-induced hypertensive disorders (OR 0.80, 95% CI 0.46-1.41) between CVS and control groups. (2) Patients with amniocentesis combined with patients without any invasive prenatal diagnostic procedure served as control group: no significant difference was found in the OR of preeclampsia (OR 0.76, 95% CI 0.37-1.53), severe preeclampsia (OR 0.83, 95% CI 0.14-4.85), all pregnancy-induced hypertensive disorders (OR 0.92, 95% CI 0.55-1.53) between CVS and combined control groups. None of the included studies were randomized prospective trials designed to investigate the effect of CVS on preeclampsia. Accordingly, this review is limited by the heterogeneity, small number and retrospective nature of the available studies. CVS does not seem to increase the risk of preeclampsia or other pregnancy-induced hypertensive disorders. However, randomized prospective trials that are designed to investigate the risk of preeclampsia after CVS are needed to make a definite conclusion.

Keywords: Analysis, Assessment, Association, Chorionic Villus Sampling, Control, Control Groups, Gestational Hypertension, Hypertension, Hypertensive Disorders, Meta-Analysis, Methodology, Placental Disruption, Preeclampsia, Pregnancy, Pregnancy, Pregnancy Induced Hypertension, Ratio, Review, Risk, Science, Systematic, Systematic Review, Web of Science

? Yi, Y.X., Zhang, W., Guo, W.R., Zhou, Q. and Su, Y. (2011), Meta-analysis: the comparison of clinical results between vaginal and laparoscopic myomectomy. *Archives of Gynecology and Obstetrics*, **283** (6), 1275-1289.

Full Text: [2011\Arc Gyn Obs283, 1275.pdf](2011/Arc%20Gyn%20Obs283,%201275.pdf)

Abstract: To evaluate the clinical results of vaginal myomectomy and laparoscopic myomectomy (LM). The database of PUBMED, EMBASE, Web of Science, ProQuest, Cochrane library and China Biological Medicine Database (CBM), Chinese National Knowledge Infrastructure (CNKI), Wanfang (Chinese) and VIP (Chinese) were searched using the keywords “laparoscopic”, “laparoscopically”, “vaginal”, “trasvaginal”, “myomectomy”, “randomized”, “randomised” and “randomly” to identify randomized controlled trails which compared vaginal myomectomy and LM. Studies are also searched by hand. No language restrictions were made. Four trials were studied and the analysis was performed using Review Manager Version 5 and R software Version 2.11.1. The results had shown that vaginal myomectomy was associated with less operation time significantly, but reduced blood loss, hospital stay and gas recovery and more minor complications without significant difference. This meta-analysis was not powerful to form an accurate conclusion because of less number, low quality of included studies and no data on major complications and long-term outcomes such as recurrence and pregnancy. Hence, more studies and data should be awaited and involved for further evaluation.

Keywords: Analysis, Blood, China, Clinical Results, Cochrane, EMBASE, Evaluation, Feasibility, Hospital, Knowledge, Laparoscopic Myomectomy, Meta Analysis, Meta-Analysis, Myomas, Outcomes, Posterior Colpotomy, Pregnancy, PUBMED, Recurrence, Review, Safety, Science, Software, Surgery, Vaginal Myomectomy, Web of Science

? Erel, T. and Guralp, O. (2011), Epilepsy and menopause. *Archives of Gynecology and Obstetrics*, **284** (3), 749-755.

Full Text: [2011\Arc Gyn Obs284, 749.pdf](2011/Arc%20Gyn%20Obs284,%20749.pdf)

Abstract: Epilepsy and menopause have complicated interactions. Treatment of epilepsy may cause exacerbation of osteoporosis and alter the effects of hormone replacement therapy (HRT) whereas HRT may influence the frequency of seizures. An extensive search was performed in the Cochrane Central Trials Registry, the Web of Science, and PubMed for publications using the keywords “(epilepsy OR Seizure) and (menopause OR osteoporosis)”; “Anti-epileptic drugs and (menopause OR osteoporosis); HRT and epilepsy” between 1970 and 2010 and English language. All eligible trials were included. The frequency of catamenial type of epileptic seizures may increase during perimenopause due to hyperestrogenism and subside after menopause. Sexual dysfunction can be severe depending upon the effect of lack of estrogen in menopause and epilepsy itself. Osteoporosis and fractures may increase due to hypoestrogenism in menopause and cytochrome P450 inducing anti-epileptic drugs. According to the current data, conjugated equine estrogens plus 2.5 mg of medroxyprogesterone acetate may increase the frequency of epileptic seizures. Women with epilepsy may need to take HRT, at least for symptomatic relief and to allow adequate sleep when “hot flushes” are disruptive. A combination of a single estrogenic compound such as 17-beta-estradiol along with natural progesterone could be considered in these patients.

Keywords: Anti-Epileptic Drugs, Antiepileptic Drugs, Bone-Density, Cochrane, Cytochrome P450, Double-Blind, Drugs, Epilepsy, Estrogen, Estrogens, Ethinyl Estradiol, Exacerbation, Frequency, Healthy Women, Hormone Replacement Therapy, Menopause, Osteoporosis, Ovariectomized Female Rats, P450, Partial Seizures, Patients, Progesterone, Publications, Pubmed, Reproductive Endocrine Disorders, Science, Seizure, Temporal-Lobe Origin, Therapy, Web of Science, Women

? Guralp, O. and Kushner, D.M. (2011), Iatrogenic transtubal spill of endometrial cancer: Risk or myth. *Archives of Gynecology and Obstetrics*, **284** (5), 1209-1221.

Full Text: [2011\Arc Gyn Obs284, 1209.pdf](2011/Arc%20Gyn%20Obs284,%201209.pdf)

Abstract: Introduction Although intrauterine procedures are essential for endometrial evaluation in many cases, the significance of the amount of tumor cell dissemination during these procedures, the viability and invasive potential of the endometrial cancer (EC) cells, and their impact on prognosis remain elusive. Materials and methods An extensive search was performed in the Cochrane Central Trials Registry, the Web of Science, and PubMed for publications about the role of hysteroscopy (H/S), saline infusion sonography (SIS) and laparoscopy (L/S) in dissemination of EC cells and prognostic significance of positive peritoneal washings (PPW), between 1988 and 2010 and English language. All eligible trials were included. Conclusion PPW rates vary between 0-14% after dilatation and curettage (D&C), 0-83% after H/S, 0-10% after L/S and 12-52% after SIS. The majority of the studies about EC cell dissemination during H/S and SIS suggest that they increase the risk of spill. There is not enough evidence to support the association between tumor spill and pressure, type and volume of distension medium, duration of the procedure, stage, grade and interval between H/S or SIS and laparotomy. Investigation into the rate of spill of EC cells during laparoscopic surgery is in the early stages and not yet definitive. There are too few in vivo and in vitro studies to comment definitively on the viability of the disseminated EC cells. The limited data we do have, however, questions the ability of disseminated EC cells to maintain and grow. Most published studies support the idea that prognosis is not affected by PPW in stage I EC. The changes in FIGO 2009 staging of EC appears to have merit when considering the sum of the data. H/S and SIS probably increase the risk of spill, however this increase does not seem effect prognosis. Although peritoneal washings are still expected to be performed, PPW itself does not necessitate additional treatment.

Keywords: Author, Cancer, Carcinoma-Cells, Cell Seeding, Clinical Stage-I, Cochrane, Diagnostic Hysteroscopy, Dissemination, Endometrial Cancer, Endometrial Carcinoma Cell Dissemination, English, Evaluation, Hysteroscopy, Impact, In Vivo, Laparoscopic Surgery, Laparoscopy, Malignant-Cells, Microscopic Extrauterine Spread, Office Hysteroscopy, Positive Peritoneal Cytology, Pressure, Prognosis, Prognostic-Significance, Prospective Trial, Publications, Pubmed, Risk, Saline Infusion Sonography, Saline Infusion Sonohysterography, Science, Sonohysterosalphingography, Surgery, Treatment, Turkey, Viability, Web of Science

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Full Text: [2013\Arc Gyn Obs288, 655.pdf](2013/Arc%20Gyn%20Obs288,%20655.pdf)

Abstract: The aim of this meta-analysis was to summarize the efficacy and safety of bevacizumab in the treatment of ovarian cancer. We sought to identify randomised controlled trials (RCTs) by searching PubMed and Web of Science. Outcomes were objective response rate (ORR), progression-free survival (PFS), overall survival (OS), and adverse events. Four studies with 4,246 patients were included. Combination of bevacizumab and chemotherapy resulted in a statistically significant improvement in ORR (OR 2.165, 95 % CI 1.511-3.103) and in PFS (HR 0.691, 95 % CI 0.517-0.865), compared with chemotherapy alone. There was no evidence of a significant improvement in OS (HR 0.934, 95 % CI 0.826-1.041). It also had significantly increased risk of gastrointestinal events (OR 2.743, 95 % CI 1.580-4.763; P < 0.001), hypertension (OR 4.630, 95 % CI 3.737 to 5.737; P < 0.001), proteinuria (OR 4.872, 95 % CI 2.617-9.069; P < 0.001), and arterial thromboembolism (OR 1.994, 95 % CI 1.210-3.286; P = 0.007). This meta-analysis suggests that the addition of bevacizumab to chemotherapy offers meaningful improvement in objective response rate and progression-free survival in ovarian cancer treatment, but does not benefit overall survival. It also significantly increased the occurrence of gastrointestinal events, hypertension, proteinuria, and arterial thromboembolism.

Keywords: Angiogenesis, Antibody, Bevacizumab, Cancer, Cancer Treatment, Chemotherapy, Cyclophosphamide, Efficacy, Endothelial Growth-Factor, Epithelial Ovarian, Events, Evidence, Fallopian-Tube Cancer, Hypertension, Improvement, Meta Analysis, Meta-Analysis, Metaanalysis, Monoclonal Antibodies, Outcomes, Ovarian Cancer, P, Patients, Peritoneal, Phase III, Proteinuria, Pubmed, Randomised, Randomised Controlled Trials, Randomized, Randomized Controlled Trials, Risk, Safety, Science, Survival, Thromboembolism, Treatment, Vascular Endothelial Growth Factor, Web of Science

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Full Text: [2014\Arc Gyn Obs289, 107.pdf](2014/Arc%20Gyn%20Obs289,%20107.pdf)

Abstract: Increasing scientific evidences suggest that common polymorphisms in the CYP1A1 and CYP11A1 genes may contribute to the development and progression of polycystic ovary syndrome (PCOS), but many existing studies have yielded inconclusive results. The aim of this study was to perform a meta-analysis of published studies on the associations between common polymorphisms in the CYP1A1 and CYP11A1 genes and susceptibility to PCOS. An extensive literature search for relevant studies was conducted on PubMed, Embase, Web of Science, Cochrane Library, and CBM databases from their inception through 1 June, 2013. This meta-analysis was performed using the STATA 12.0 software. The crude risk ratio (RR) with 95 % confidence interval was calculated. Thirteen case-control studies were included in this meta-analysis with a total of 1,571 PCOS cases and 1,918 healthy controls. Our meta-analysis revealed that CYP1A1 MspI (rs4646903 T > C) polymorphism may increase the risk of PCOS, especially among Caucasian populations. Furthermore, CYP11A1 microsatellite [TTTA]n repeat polymorphism also showed significant associations with increased risk of PCOS among Caucasian populations. However, there was no statistically significant association between CYP1A1 Ile462Val (rs1048943 A > G) polymorphism and PCOS risk. Our meta-analysis suggests that CYP1A1 MspI and CYP11A1 microsatellite [TTTA]n repeat polymorphisms may contribute to increasing susceptibility to PCOS among Caucasian populations. Detection of common polymorphisms in the CYP1A1 and CYP11A1 genes might be promising biomarkers for the diagnosis and prognosis of PCOS.

Keywords: Association, Biomarkers, Cancer Susceptibility, Case-Control, Case-Control Studies, Caucasian, Chinese Women, Confidence, CYP11A1, CYP1A1, Databases, Development, Diagnosis, Genes, Heterogeneity, Hyperandrogenemia, Interval, Literature, Literature Search, Meta Analysis, Meta-Analysis, Meta-Regression, Metaanalysis, Microsatellite, Ovary, Polycystic Ovary Syndrome, Polymorphism, Polymorphisms, Populations, Prognosis, Progression, Promoter, Pubmed, Risk, Scale, Science, Side-Chain Cleavage, Software, Syndrome, Syndrome PCOS, Web of Science

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Full Text: [2015\Arc Gyn Obs291, 611.pdf](2015/Arc%20Gyn%20Obs291,%20611.pdf)

Abstract: To estimate the accuracy of pelvic magnetic resonance imaging (MRI) in the diagnosis of deeply infiltrating endometriosis (DIE). A comprehensive search of the Medline, Pubmed, Lilacs, Scopus, Embase, Cochrane Central Register of Controlled Trials (CENTRAL), Biomed Central, and ISI Web of Science databases was conducted from January 1990 to December 2013. The medical subject headings (MeSHs) and text words “deep endometriosis”, “deeply infiltrating endometriosis”, “DIE”, “magnetic resonance”, and “MRI” were searched. Studies that compared the parameters of pelvic MRIs with those of paraffin-embedded sections for the diagnosis of DIE were included. Twenty studies were analyzed, which included 1,819 women. Pooled sensitivity and specificity were calculated across eight subgroups: for all sites, these were 0.83 and 0.90, respectively; for the bladder, 0.64 and 0.98, respectively; for the intestine, 0.84 and 0.97, respectively; for the pouch of Douglas, 0.89 and 0.94, respectively; for the rectosigmoid, 0.83 and 0.88, respectively; for the rectovaginal, 0.77 and 0.95, respectively; for the uterosacral ligaments, 0.85 and 0.80, respectively; and for the vagina and the posterior vaginal fornix, 0.82 and 0.82, respectively. In summary, pelvic MRI is a useful preoperative test for predicting the diagnosis of multiple sites of deep infiltrating endometriosis.

Keywords: Accuracy, Bladder, Clinical Examination, Databases, Deep Infiltrating Endometriosis, Deeply Infiltrating Endometriosis, Diagnosis, Die, Endometriosis, From, Imaging, Intestine, Isi, Isi Web Of Science, Isi Web Of Science Databases, Location, Magnetic, Magnetic Resonance, Magnetic Resonance Imaging, Mar, Medical, Medical Subject Headings, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Mri, Pelvic, Pelvic Endometriosis, Preoperative, Preoperative Diagnosis, Quadas-2, Rectovaginal Endometriosis, Review, Science, Scopus, Sensitivity, Specificity, Systematic, Systematic Review, Tests, Tool, Transvaginal Sonography, Ultrasonography, Vagina, Vaginal, Web, Web Of Science, Web Of Science Databases, Women

# Title: Archives of History of Exact Sciences

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: Impact Factor

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# Title: Archives of Internal Medicine

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Medicine, General & Internal: Impact Factor 6.749 (2002)

? Khan, K.S., Daya, S. and Jadad, A.R. (1996), The importance of quality of primary studies in producing unbiased systematic reviews. *Archives of Internal Medicine*, **156** (6), 661-666.

Full Text: [1996\Arc Int Med156, 661.pdf](1996/Arc%20Int%20Med156,%20661.pdf)

Abstract: Background: Traditional and largely qualitative reviews of evidence are now giving way to much more structured systematic overviews that use a quantitative method to calculate the overall effect of treatment. The latter approach is dependent on the quality of primary studies, which may introduce bias if they are of poor methodologic quality.

Objective: To test the hypothesis that the inclusion of poor-quality trials in meta-analyses would bias the conclusions and produce incorrect estimates of treatment effect.

Methods: An overview of randomized trials of antiestrogen therapy in subfertile men with oligospermia was performed to test the hypothesis. Data sources included online searching of MEDLINE and Science Citation Index databases between 1966 and 1994, scanning the bibliography of known primary studies and review articles, and contacting experts in the field. After independent, blind assessment, nine of 149 originally identified studies met the inclusion criteria and were selected. We assessed study quality independently. Outcome data from each study were pooled and statistically summarized.

Results: There was a marginal improvement in pregnancy rate with antiestrogen treatment (odds ratio, 1.6; 95% confidence interval, 0.9 to 2.6). Sensitivity analyses on the basis of methodologic quality demonstrated that poor-quality studies produced a positive effect with treatment, whereas no benefit was observed with high-quality studies.

Conclusions: the results of a meta-analysis are influenced by the quality of the primary studies included. Methodologically, poor studies tend to exaggerate the overall estimate of treatment effect and may lead to incorrect inferences.

Keywords: Randomized Controlled Trials, Design Affects Outcomes, Clomiphene Citrate, Male-Infertility, Sperm Parameters, Oligospermic Men, Tamoxifen, Therapy, Metaanalysis, Oligozoospermia

Notes: TTopic

Barnes, J., Abbot, N.C., Harkness, E.F. and Ernst, E. (1999), Articles on complementary medicine in the mainstream medical literature: An investigation of MEDLINE, 1966 through 1996. *Archives of Internal Medicine*, **159** (15), 1721-1725.

Full Text: [1999\Arc Int Med159, 1721.pdf](1999/Arc%20Int%20Med159,%201721.pdf)

Abstract: Objective To investigate the growth of interest, if any, in complementary or alternative medicine by the professional scientific community from the number of MEDLINE-listed and clinical trial–type articles for January 1, 1966, through December 31, 1996.

Methods Systematic literature searches of the MEDLINE database, using the expanded terms “alternative medicine,” “traditional medicine,” “acupuncture,” “homeopathy,” and “chiropractic,” were conducted in January 1998 to evaluate the number of all articles. The number of clinical trial–type articles on the above was obtained by conducting searches for those indexed as 1 or more of the following publication types: clinical trial; clinical trial phase 1, 2, 3, or 4; controlled clinical trial; meta-analysis; randomized controlled trial; and limited to ‘human’ trials only.

Results Articles indexed as alternative medicine formed a small proportion (0.4%) of the total number of MEDLINE-listed articles throughout the period studied. From 1966 through 1996, the total number of articles listed in MEDLINE rose significantly to a peak of 400,000 additions per annum in 1996 (*r* = 0.97; *P*<.001). By contrast, the number of articles indexed under alternative medicine rose progressively only from 1972 through 1986 and since then has been relatively stable at around 1500 additions per annum. For this period, the proportion of clinical trial–type alternative medicine articles was low (mean, 2.1% per annum) but increased significantly from 1987 through 1996, reaching around 10% of the total in 1996 (*r* = 0.79; *P*<.001). Patterns of growth in the number of publications for individual therapies have varied during the period studied, and clinical trial–type articles form only a small part of any increase.

Conclusions Interest in and awareness of complementary medicine among orthodox health care professionals has increased in the past 30 years. The increase in the number and proportion of reports of clinical trials indicates an increasing level of original research activity in complementary medicine and suggests a trend toward an evidence-based approach in this discipline. The cumulative number of clinical trial–type articles is small, however, and more high-quality original research in complementary medicine is required.

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Full Text: [2005\Arc Int Med165, 986.pdf](2005/Arc%20Int%20Med165,%20986.pdf)

Abstract: Background: Numerous trials of the efficacy of brief alcohol intervention have been conducted in various settings among individuals with a wide range of alcohol disorders. Nevertheless, the efficacy of the intervention is likely to be influenced by the context. We evaluated the evidence of efficacy of brief alcohol interventions aimed at reducing long-term alcohol use and related harm in individuals attending primary care facilities but not seeking help for alcohol-related problems. Methods: We selected randomized trials reporting at least I outcome related to alcohol consumption conducted in outpatients who were actively attending primary care centers or seeing providers. Data sources were the Cochrane Central Register of Controlled Trials, MEDLINE, PsycINFO, ISI Web of Science, ETOH database, and bibliographies of retrieved references and previous reviews. Study selection and data abstraction were performed independently and in duplicate. We assessed the validity of the studies and performed a meta-analysis of studies reporting alcohol consumption at 6 or 12 months of follow-up. Results: We examined 19 trials that included 5639 individuals. Seventeen trials reported a measure of alcohol consumption, of which 8 reported a significant effect of intervention. The adjusted intention-to-treat analysis showed a mean pooled difference of -38 g of ethanol (approximately 4 drinks) per week (95% confidence interval, -51 to -24g/wk) in favor of the brief alcohol intervention group. Evidence of other outcome measures was inconclusive. Conclusion: Focusing on patients in primary care, our systematic review and meta-analysis indicated that brief alcohol intervention is effective in reducing alcohol consumption at 6 and 12 months.

Keywords: Alcohol, Alcohol Consumption, Analysis, Benefit-Cost-Analysis, Brief Physician Advice, Carbohydrate-Deficient Transferrin, Cochrane, Drinking, Efficacy, Ethanol, Follow-up, Hazardous Drinkers, Heavy Drinkers, Intervention, Interventions, ISI, MEDLINE, Meta-Analysis, Methods, Outcome, Primary, Primary Care, Primary-Health-Care, Problem Drinkers, Randomized Controlled Trial, Reduction, Review, Routine General-Practice, Science, Systematic, Systematic Review, Validity, Web of Science

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Full Text: [2006\Arc Int Med166, 1256.pdf](2006/Arc%20Int%20Med166,%201256.pdf)

Abstract: Background: Observational and some experimental data suggest that low intake of vitamin K may be associated with an increased risk of fracture. Objective: To assess whether oral vitamin K (phytonadione and menaquinone) supplementation can reduce bone loss and prevent fractures. Data Sources: the search included the following electronic databases: MEDLINE (1966 to June 2005), EMBASE (1980 to June 2005), The Cochrane Library (issue 2, 2005), The ISI Web of Science (1945 to June 2005), The National Research Register (inception to the present), Current Controlled Trials, and the Medical Research Council Research Register. Study Selection: Randomized controlled trials that gave adult participants oral phytonadione and menaquinone supplements for longer than 6 months were included in this review. Data Extraction: Four authors extracted data on changes in bone density and type of fracture. All articles were double screened and double data extracted. Data Synthesis: Thirteen trials were identified with data on bone loss, and 7 reported fracture data. All studies but 1 showed an advantage of phytonadione and menaquinone in reducing bone loss. All 7 trials that reported fracture effects were Japanese and used menaquinone. Pooling the 7 trials with fracture data in a meta-analysis, we found an odds ratio (OR) favoring menaquinone of 0.40 (95% confidence interval [CI], 0.25-0.65) for vertebral fractures, an OR of 0.23 (95% CI, 0.12-0.47) for hip fractures, and an OR of 0.19 (95% CI, 0.11-0.35) for all nonvertebral fractures. Conclusions: This systematic review suggests that supplementation with phytonadione and menaquinone-4 reduces bone loss. In the case of the latter, there is a strong effect on incident fractures among Japanese patients.

Keywords: Adult, Authors, Bone, Bone Loss, Bone-Mineral Density, Calcium, Cochrane, Databases, Elderly-Women, EMBASE, Extraction, Fracture, Hip Fracture, ISI, Japanese, Medical Research, MEDLINE, Men, Menatetrenone, Meta-Analysis, Osteoporosis, PostmenopaUSAl Women, Prevention, Randomized Controlled Trials, Ratio, Research, Review, Risk, Science, Sources, Supplementation, Systematic, Systematic Review, Web of Science

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Full Text: [2007\Arc Int Med167, 335.pdf](2007/Arc%20Int%20Med167,%20335.pdf)

Abstract: Background: There is no consensus whether tobacco smoking increases risk of tuberculosis (TB) infection, disease, or mortality. Whether this is so has substantial implications for tobacco and TB control policies. Objective: To quantify the relationship between active tobacco smoking and TB infection, pulmonary disease, and mortality using meta-analytic methods. Methods: Eight databases (PUBMED, Current Contents, BIOSIS, EMBASE, Web of Science, Centers for Disease Control and Prevention Tobacco Information and Prevention Source [TIPS], Smoking and Health Database [Institute for Science and Health], and National Library of Medicine Gateway) and the Cochrane Tobacco Addiction Group Trials Register were searched for relevant articles published between 1953 and 2005. Study Selection: Included were epidemiologic studies that provided a relative risk (RR) estimate for the association between TB (infection, pulmonary disease, or mortality) and active tobacco smoking stratified by (or adjusted for) at least age and sex and a corresponding 95% confidence interval (CI) (or data for calculation). Excluded were reports of extrapulmonary TB, studies conducted in populations prone to high levels of smoking or high rates of TB, and case-control studies in which controls were not representative of the population that generated the cases, as well as case series, case reports, abstracts, editorials, and literature reviews. Data Extraction: Twenty-four studies were included in the meta-analysis. Extracted data included study design, population and diagnostic details, smoking type, and TB outcomes. Data Synthesis: A random-effects model was used to pool data across studies. Separate analyses were performed for TB infection (6 studies), TB disease (13 studies), and TB mortality (5 studies). For TB infection, the summary RR estimate was 1.73 (95% CI, 1.46-2.04); for TB disease, estimates ranged from 2.33 (95% CI, 1.97-2.75) to 2.66 (95% CI, 2.15- 3.28). This suggests an RR of 1.4 to 1.6 for development of disease in an infected population. The TB mortality RRs were mostly below the TB disease RRs, suggesting no additional mortality risk from smoking in those with active TB. Conclusions: the meta- analysis produced evidence that smoking is a risk factor for TB infection and TB disease. However, it is not clear that smoking causes additional mortality risk in persons who already have active TB. Tuberculosis control policies should in the future incorporate tobacco control as a preventive intervention.

Keywords: Addiction, Analysis, Association, Case Reports, Case Series, Case-Control Studies, Cigarette-Smoking, Cochrane, Control, Databases, Deaths, Development, Disease, EMBASE, Epidemiologic Studies, Extraction, Health, Hong-Kong, India, Infection, Intervention, Literature, Meta-Analysis, Methods, Model, Mortality, Outcomes, Policies, Prevalence, PUBMED, Pulmonary Tuberculosis, Relative Risk, Review, Risk, Science, Smoking, Systematic, Systematic Review, Tb, Tobacco, Tobacco Control, Tuberculosis, Verbal Autopsy, Web of Science

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Full Text: [2007\Arc Int Med167, 626.pdf](2007/Arc%20Int%20Med167,%20626.pdf)

Abstract: Background: Epidemiological evidence suggests blood pressure-lowering effects of cocoa and tea. We undertook a meta-analysis of randomized controlled trials to determine changes in systolic and diastolic blood pressure due to the intake of cocoa products or black and green tea. Methods: MEDLINE, EMBASE, SCOPUS, Science Citation Index, and the Cochrane Controlled Trials Register were searched from 1966 until October 2006 for studies in parallel group or crossover design involving 10 or more adults in whom blood pressure was assessed before and after receiving cocoa products or black or green tea for at least 7 days. Results: Five randomized controlled studies of cocoa administration involving a total of 173 subjects with a median duration of 2 weeks were included. After the cocoa diets, the pooled mean systolic and diastolic blood pressure were -4.7 mm Hg (95% confidence interval [CI], -7.6 to -1.8 mm Hg; P=.002) and -2.8 mm Hg (95% Cl, -4.8 to -0.8 mm Hg; P=.006) lower, respectively, compared with the cocoa-free controls. Five studies of tea consumption involving a total of 343 subjects with a median duration of 4 weeks were selected. The tea intake had no significant effects on blood pressure. The estimated pooled changes were 0.4 mm Hg (95% CI, -1.3 to 2.2 mm. Hg; P=.63) in systolic and -0.6 mm Hg (95% Cl, -1.5 to 0.4 mm Hg; P=38) in diastolic blood pressure compared with controls. Conclusion: Current randomized dietary studies indicate that consumption of foods rich in cocoa may reduce blood pressure, while tea intake appears to have no effect.

Keywords: Adults, Black Tea, Blood, Blood Pressure, Cardiovascular-Disease, Citation, Clinical-Trials, Cochrane, Controlled Studies, Coronary-Heart-Disease, Dependent Vasodilation, Design, Embase, Flavanol-Rich Cocoa, Green Tea, Insulin-Resistance, MEDLINE, Meta Analysis, Meta-Analysis, Methods, Platelet-Function, Pressure, Randomized Controlled Trials, Science, Science Citation Index, Scopus, Systolic Hypertension

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Full Text: 2007\Arc Int Med167, 989.pdf

Abstract: Background: The results from small clinical studies suggest that therapy with adult bone marrow ( BM) derived cells (BMCs) reduces infarct size and improves left ventricular function and perfusion. However, the effects of BMC transplantation in patients with ischemic heart disease remains unclear. Methods: We searched MEDLINE, EMBASE, Science Citation Index, CINAHL (Cumulative Index to Nursing and Allied Health), and the Cochrane Central Register of Controlled Trials (CENTRAL) (through July 2006) for randomized controlled trials and cohort studies of BMC transplantation to treat ischemic heart disease. We conducted a random-effects meta-analysis across eligible studies measuring the same outcomes. Results: Eighteen studies (N = 999 patients) were eligible. The adult BMCs included BM mononuclear cells, BM mesenchymal stem cells, and BM-derived circulating progenitor cells. Compared with controls, BMC-transplantation improved left ventricular ejection fraction ( pooled difference, 3.66%; 95% confidence interval [CI], 1.93% to 5.40%; P <. 001); reduced infarct scar size (-5.49%; 95% CI, -9.10% to -1.88%; P=. 003); and reduced left ventricular end-systolic volume (-4.80 mL; 95% CI, -8.20 to -1.41 mL; P=. 006). Conclusions: The available evidence suggests that BMC transplantation is associated with modest improvements in physiologic and anatomic parameters in patients with both acute myocardial infarction and chronic ischemic heart disease, above and beyond conventional therapy. Therapy with BMCs seems safe. These results support conducting large randomized trials to evaluate the impact of BMC therapy vs the standard of care on patient-important outcomes.

Keywords: Acute Myocardial-Infarction, Adult, Bone, Bone Marrow, Cardiomyocytes, Care, Chronic, Citation, Clinical, Clinical Studies, Cohort, Confidence, Conventional, Differentiate, Disease, Effects, Embase, Endothelial Progenitor Cells, Evidence, Function, Heart, Heart-Failure, Impact, Infarction, Interval, Ischemic Heart Disease, MEDLINE, Mesenchymal Stem Cells, Mesenchymal Stem-Cells, Meta Analysis, Meta-Analysis, Metaanalysis, Myocardial Infarction, N, Nursing, Outcomes, P, Patients, Progenitor, Progenitor Cells, Quality, Randomized, Randomized Controlled Trials, Regeneration, Results, Review, Science, Science Citation Index, Size, Small, Standard, Standard of Care, Stem Cells, Support, Survival, Systematic Review, Therapy, Transcoronary Transplantation, Transplantation, Volume

Notes: highly cited

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Full Text: [2007\Arc Int Med167, 1730.pdf](2007/Arc%20Int%20Med167,%201730.pdf)

Abstract: Background: Ecological and observational studies suggest that low vitamin D status could be associated with higher mortality from life-threatening conditions including cancer, cardiovascular disease, and diabetes mellitus that account for 60% to 70% of total mortality in high-income countries. We examined the risk of dying from any cause in subjects who participated in randomized trials testing the impact of vitamin D supplementation (ergocalciferol [vitamin D-2] or cholecalciferol [vitamin D-3]) on any health condition. Methods: the literature up to November 2006 was searched without language restriction using the following databases: PUBMED, ISI Web of Science (Science Citation Index Expanded), EMBASE, and the Cochrane Library. Results: We identified 18 independent randomized controlled trials, including 57 311 participants. A total of 4777 deaths from any cause occurred during a trial size-adjusted mean of 5.7 years. Daily doses of vitamin D supplements varied from 300 to 2000 IU. The trial size-adjusted mean daily vitamin D dose was 528 IU. In 9 trials, there was a 1.4-to 5.2-fold difference in serum 25-hydroxyvitamin D between the intervention and control groups. The summary relative risk for mortality from any cause was 0.93(95% confidence interval, 0.87-0.99). There was neither indication for heterogeneity nor indication for publication biases. The summary relative risk did not change according to the addition of calcium supplements in the intervention. Conclusions: Intake of ordinary doses of vitamin D supplements seems to be associated with decreases in total mortality rates. The relationship between baseline vitaminD status, dose of vitamin D supplements, and total mortality rates remains to be investigated. Population-based, placebo-controlled randomized trials with total mortality as the main end point should be organized for confirming these findings.

Keywords: Calcium, Calcium Supplementation, Cancer, Cancer Incidence, Cardiovascular-Disease, Change, Citation, Databases, Dose, Double-Blind, Elderly-Women, Groups, Health, Heterogeneity, Hip Fracture, Impact, Indication, Intervention, ISI, ISI Web, ISI Web of Science, Language, Literature, Meta-Analysis, Mortality, Oral Vitamin-D-3, Placebo-Controlled Trial, PostmenopaUSAl Women, Publication, Publication Bias, PUBMED, Randomized Controlled Trials, Risk, Science, Science Citation Index, Web of Science

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Full Text: [2008\Arc Int Med168, 14.pdf](2008/Arc%20Int%20Med168,%2014.pdf)

Keywords: Thromboembolism

? Koshman, S.L., Charrois, T.L., Simpson, S.H., McAlister, F.A. and Tsuyuki, R.T. (2008), Pharmacist care of patients with heart failure: A systematic review of randomized trials. *Archives of Internal Medicine*, **168** (7), 687-694.

Abstract: Background: While the role of multidisciplinary teams in the treatment of patients with heart failure (HF) is well established, there is less evidence to characterize the role of individual team members. To clarify the role of pharmacists in the care of patients with HF, we performed a systematic review evaluating the effect of pharmacist care on patient outcomes in HF. Methods: We searched PUBMED, MEDLINE, EMBASE, International Pharmaceutical Abstracts, Web of Science, Scopus, Dissertation Abstracts, CINAHL, Pascal, and Cochrane Central Register of Controlled Trials for controlled studies from database inception to August 2007. We included randomized controlled trials that evaluated the impact of pharmacist care activities on patients with HF (in both inpatient and outpatient settings). Summary odds ratios (ORs) with 95% confidence intervals (CIs) were calculated using a random-effects model for rates of all-cause hospitalization, HF hospitalization, and mortality. Results: A total of 12 randomized controlled trials (2060 patients) were identified. Extent of pharmacist involvement varied among studies, and each study intervention was categorized as pharmacist-directed care or pharmacist collaborative care using a priori definitions and feedback from primary study authors. Pharmacist care was associated with significant reductions in the rate of all-cause hospitalizations (11 studies [2026 patients]) (OR, 0.71; 95% CI, 0.54-0.94) and HF hospitalizations (11 studies [1977 patients]) (OR, 0.69; 95% CI, 0.51-0.94), and a nonsignificant reduction in mortality (12 studies [2060 patients]) (OR, 0.84; 95% CI, 0.61-1.15). Pharmacist collaborative care led to greater reductions in the rate of HF hospitalizations (OR, 0.42; 95% CI, 0.24-0.74) than pharmacist-directed care (OR, 0.89; 95% Cl, 0.68-1.17). Conclusions: Pharmacist care in the treatment of patients with HF greatly reduces the risk of all-cause and HF hospitalizations. Since hospitalizations associated with HF are a major public health problem, the incorporation of pharmacists into HF care teams should be strongly considered.

Keywords: Activities, Authors, Burden, Cochrane, Confidence Intervals, Controlled Studies, Definitions, EMBASE, Feedback, Hospitalization, Hospitalizations, Illness, Impact, Intervention, Interventions, Involvement, Management, MEDLINE, Methods, Model, Mortality, Outcomes, Patient Outcomes, Pharmaceutical Care, Pharmacist, Pharmacists, Primary, Program, Public Health, PUBMED, Randomized Controlled Trials, Review, Risk, Science, Scopus, Systematic, Systematic Review, Treatment, Web of Science

? Akl, E.A., Terrenato, I., Barba, M., Sperati, F., Sempos, E.V., Muti, P., Cook, D.J. and Schunemann, H.J. (2008), Low-molecular-weight heparin vs unfractionated heparin for perioperative thromboprophylaxis in patients with cancer: A systematic review and meta-analysis. *Archives of Internal Medicine*, **168** (12), 1261-1269.

Abstract: Background: the relative benefits and harms of low-molecular-weight heparin (LMWH) and unfractionated heparin (UFH) are required for judgments regarding the appropriate perioperative thromboprophylaxis in patients with cancer. We systematically reviewed the literature to quantify these effects. Methods: the comprehensive searches included (1) an electronic search of MEDLINE, EMBASE, ISI the Web of Science, and CENTRAL (The Cochrane Central Register of Controlled Trials); (2) a hand search of relevant conference proceedings; (3) a reference check of included trials; and (4) use of the PUBMED “Related Articles” feature. Outcomes of interest included mortality, deep venous thrombosis, pulmonary embolism, bleeding complications, and thrombocytopenia. Results: of 3986 identified citations, we included 14 randomized clinical trials in the meta-analysis (all using preoperative prophylactic anticoagulation). The overall methodological quality was moderate. The meta-analysis showed no differences in mortality in patients receiving LMWH compared with UFH (relative risk [RR], 0.89; 95% confidence interval [CI], 0.61-1.28) or in clinically suspected deep venous thrombosis (RR, 0.73; 95% CI, 0.23-2.28). In a post hoc analysis including all studies assessing deep venous thrombosis, irrespective of the diagnostic strategy used, LMWH was superior to UFH (RR, 0.72; 95% CI, 0.55-0.94). There were no differences in rates of pulmonary embolism (RR, 0.60; 95% CI, 0.22-1.64), minor bleeding (RR, 0.88; 95% CI, 0.47-1.66), or major bleeding (RR, 0.95; 95% CI, 0.51-1.77). Conclusions: We found no differences in mortality in patients with cancer receiving perioperative thromboprophylaxis with LMWH vs UFH. Further trials are needed to more carefully evaluate the benefits and harms of different heparin thromboprophylaxis strategies in this population.

Keywords: Abdominal-Surgery, Analysis, Cancer, Citations, Clinical Trials, Cochrane, Colorectal Surgery, Deep-Vein Thrombosis, Double-Blind Trial, EMBASE, General-Surgery, Gynecological Surgery, Heparin, Interest, ISI, Literature, Low-Dose Heparin, Low-Molecular-Weight, MEDLINE, Meta-Analysis, Methods, Mortality, Outcomes, Postoperative Thrombosis, PUBMED, Pulmonary Embolism, Randomized Clinical Trials, Relative Risk, Review, Risk, Science, Standard Heparin, Strategy, Systematic, Systematic Review, Thrombosis, Venous Thromboembolism, Venous Thrombosis, Web of Science

? Herring, M.P., O’Connor, P.J. and Dishman, R.K. (2010), The effect of exercise training on anxiety symptoms among patients: A systematic review. *Archives of Internal Medicine*, **170** (4), 321-331.

Abstract: Background: Anxiety often remains unrecognized or untreated among patients with a chronic illness. Exercise training may help improve anxiety symptoms among patients. We estimated the population effect size for exercise training effects on anxiety and determined whether selected variables of theoretical or practical importance moderate the effect. Methods: Articles published from January 1995 to August 2007 were located using the Physical Activity Guidelines for Americans Scientific Database, supplemented by additional searches through December 2008 of the following databases: Google Scholar, MEDLINE, PsycINFO, PUBMED, and Web of Science. Forty English-language articles in scholarly journals involving sedentary adults with a chronic illness were selected. They included both an anxiety outcome measured at baseline and after exercise training and random assignment to either an exercise intervention of 3 or more weeks or a comparison condition that lacked exercise. Two co-authors independently calculated the Hedges d effect sizes from studies of 2914 patients and extracted information regarding potential moderator variables. Random effects models were used to estimate sampling error and population variance for all analyses. Results: Compared with no treatment conditions, exercise training significantly reduced anxiety symptoms by a mean effect Delta of 0.29 (95% confidence interval, 0.23-0.36). Exercise training programs lasting no more than 12 weeks, using session durations of at least 30 minutes, and an anxiety report time frame greater than the past week resulted in the largest anxiety improvements. Conclusion: Exercise training reduces anxiety symptoms among sedentary patients who have a chronic illness.

Keywords: Adults, Aerobic Exercise, Anxiety, Articles, Cancer-Patients, Cardiac Rehabilitation Program, Cardiorespiratory Fitness, Chronic Illness, Coronary-Artery-Disease, Databases, Exercise, Google Scholar, Information, Intervention, Journals, MEDLINE, Methods, Multiple-Sclerosis Patients, Outcome, Physical Activity, Physical-Activity, Primary-Care, PUBMED, Quality-of-Life, Randomized Controlled-Trial, Review, Science, Symptoms, Systematic, Systematic Review, Training, Treatment, Web of Science

? Young, L.B., Chan, P.S., Lu, X., Nallamothu, B.K., Sasson, C. and Cram, P.M. (2011), Impact of telemedicine intensive care unit coverage on patient outcomes: A systematic review and meta-analysis. *Archives of Internal Medicine*, **171** (6), 498-506.

Abstract: Background: Although remote intensive care unit (ICU) coverage is rapidly being adopted to enhance access to intensivists, its effect on patient outcomes is unclear. We conducted a meta-analysis to examine the impact of telemedicine ICU (tele-ICU) coverage on mortality and length of stay (LOS). Methods: We conducted a systematic review of studies published from January 1, 1950, through September 30, 2010, using PUBMED, CINAHL (Cumulative Index to Nursing and Allied Health Literature), Global Health, Web of Science, the Cochrane Library, and conference abstracts. We included studies that reported data on the primary outcomes of ICU and in-hospital mortality or on the secondary outcomes of ICU and hospital LOS. Results: We identified 13 eligible studies involving 35 ICUs. All the studies used a before-and-after design. The studies included 41 374 patients (15 667 pre-tele-ICU and 25 707 post-tele-ICU patients). Tele-ICU coverage was associated with a reduction in ICU mortality (pooled odds ratio, 0.80; 95% confidence interval [CI], 0.66-0.97; P = .02) but not in-hospital mortality for patients admitted to an ICU (pooled odds ratio, 0.82; 95% CI, 0.65-1.03; P = .08). Similarly, tele-ICU coverage was associated with a reduction in ICU LOS (mean difference, -1.26 days; 95% CI, -2.21 to -0.30; P = .01) but not hospital LOS(mean difference, -0.64; 95% CI, -1.52 to 0.25; P = .16). Conclusion: Tele-ICU coverage is associated with lower ICU mortality and LOS but not with lower in-hospital mortality or hospital LOS.

Keywords: Care, Cochrane, Coverage, Critically-Ill Patients, Economic Outcomes, Health, Health System, Hospital, Icu, Impact, Intensive, Intensive Care, Intensive Care Unit, Length of Stay, Length-of-Stay, Management, Mechanical Ventilation, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Nursing, Outcomes, Patient Outcomes, Primary, Program, PUBMED, Ratio, Review, Science, Systematic, Systematic Review, Web of Science

? Rose, K.D., Ross, J.S. and Horwitz, L.I. (2011), Advanced access scheduling outcomes: A systematic review. *Archives of Internal Medicine*, **171** (13), 1150-1159.

Abstract: Background: Advanced (“open”) access scheduling, which promotes patient-driven scheduling in lieu of prearranged appointments, has been proposed as a more patient-centered appointment method and has been widely adopted throughout the United Kingdom, within the US Veterans Health Administration, and among US private practices. Objective: To describe patient and physician and/or practice outcomes resulting from implementation of advanced access scheduling in the primary care setting. Data Sources: Comprehensive search of electronic databases (MEDLINE, Scopus, Web of Science) through August, 2010, supplemented by reference lists and gray literature. Study Selection: Studies were assessed in duplicate, and reviewers were blinded to author, journal, and date of publication. Controlled and uncontrolled English-language studies of advanced access implementation in primary care were eligible if they specified methods and reported outcomes data. Data Extraction: Two reviewers collaboratively assessed risk for bias by using the Cochrane Effective Practice and Organisation of Care Group Risk of Bias criteria. Data were independently extracted in duplicate. Data Synthesis: Twenty-eight articles describing 24 studies met eligibility criteria. All studies had at least 1 source of potential bias. All 8 studies evaluating time to third-next-available appointment showed reductions (range of decrease, 1.1-32 days), but only 2 achieved a third-next-available appointment in less than 48 hours (25%). No-show rates improved only in practices with baseline no-show rates higher than 15%. Effects on patient satisfaction were variable. Limited data addressed clinical outcomes and loss to follow-up. Conclusions: Studies of advanced access support benefits to wait time and no-show rate. However, effects on patient satisfaction were mixed, and data about clinical outcomes and loss to follow-up were lacking.

Keywords: Administration, Appointment Systems, Author, Bias, Care, Cochrane, Databases, Discrete-Choice Experiment, Extraction, Follow-up, General-Practice, Health, Health-Care, Impact, Implementation, Journal, Literature, Measuring Continuity, MEDLINE, Outcomes, Patient Satisfaction, Practice, Primary, Primary Care, Primary-Care Access, Publication, Quality, Review, Risk, Science, Scopus, Sources, Systematic, Systematic Review, United Kingdom, US, Web of Science

? Herring, M.P., Puetz, T.W., O’Connor, P.J. and Dishman, R.K. (2012), Effect of exercise training on depressive symptoms among patients with a chronic illness a systematic review and meta-analysis of randomized controlled trials. *Archives of Internal Medicine*, **172** (2), 101-111.

Full Text: [2012\Arc Int Med172, 101.pdf](2012/Arc%20Int%20Med172,%20101.pdf)

Abstract: Background: Physical inactivity and comorbid depressive symptoms are prevalent among patients with a chronic illness. To our knowledge, randomized controlled trials of the effects of exercise training on depressive symptoms among patients with a chronic illness have not been systematically reviewed. We estimated the population effect of exercise training on depressive symptoms and determined whether the effect varied according to patient characteristics and modifiable features of exercise exposure and clinical settings. Methods: Articles published before June 1, 2011, were located using the Physical Activity Guidelines for Americans Scientific Database, Google Scholar, MEDLINE, PsycINFO, PubMed, and Web of Science. Ninety articles involving 10 534 sedentary patients with a chronic illness were selected. Included articles required (1) randomized allocation to an exercise intervention or nonexercise comparison condition and (2) a depression outcome assessed at baseline and at mid-and/or postintervention. Hedges d effect sizes were computed, study quality was evaluated, and random effects models were used to estimate sampling error and population variance of the observed effects. Results: Exercise training significantly reduced depressive symptoms by a heterogeneous mean effect size delta (Delta) of 0.30 (95% CI, 0.25-0.36). Larger antidepressant effects were obtained when (1) baseline depressive symptoms were higher, (2) patients met recommended physical activity levels, and (3) the trial primary outcome, predominantly function related, was significantly improved among patients having baseline depressive symptoms indicative of mild-to-moderate depression. Conclusions: Exercise reduces depressive symptoms among patients with a chronic illness. Patients with depressive symptoms indicative of mild-to-moderate depression and for whom exercise training improves function-related outcomes achieve the largest antidepressant effects.

Keywords: Al, American-Heart-Association, Articles, Author, Cardiac Rehabilitation, Chronic Illness, Database, Depression, Exercise, Exposure, Fibromyalgia Syndrome, Google Scholar, Intervention, Knowledge, Medical Outcomes, MEDLINE, Meta Analysis, Meta-Analysis, Methods, Myocardial-Infarction, Obstructive Pulmonary-Disease, Outcome, Outcomes, Patients, Physical Activity, Physical-Activity, Primary, Primary-Care Patients, Public, Public-Health, Pubmed, Quality, Randomized Controlled Trials, Review, Science, Sports-Medicine, Symptoms, Systematic, Systematic Review, Training, USA, Web of Science, Web-of-Science

# Title: Archives of Iranian Medicine

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? Mohammadhassanzadeh, H., Samadikuchaksaraei, A., Shokraneh, F., Valinejad, A., bolghasem-Gorji, H. and Yue, C. (2010), A bibliometric overview of 30 years of medical sciences productivity in Iran. *Archives of Iranian Medicine*, **13** (4), 313-317.

Full Text: [2010\Arc Ira Med13, 313.pdf](2010/Arc%20Ira%20Med13,%20313.pdf)

Abstract: Objectives: the number of medical universities and their faculty members has significantly increased in Iran during the last 30 years. This development has led to the training of a large number of healthcare professionals. But, its effect on medical sciences productivity has not yet been fully analyzed. Here, we use a bibliometric analysis to assess the current status of Iranian medical sciences production in different subject areas. Methods: the bibliographic data of Iranian medical subjects during the years 1978 - 2008 were collected from the Science Citation Index Expanded database and analyzed according to publication number, different medical subject areas, citations and the annual Iranian mid-year population. Results: It was shown that Iranian scientists have established good collaboration with developed countries. The numbers of medical publications, even after normalization to the population size, and citations of these publications have significantly increased in recent years. It has also been shown that pharmacologic research constitutes the major theme in the Iranian medical research system and thus enjoys the highest rate of growth. Conclusion: Strengthening of the non-pharmacologic research infra-structure is advised for both basic and clinical departments, keeping in mind the existing successful research model of pharmacology in Iran.

Keywords: Bibliometric, Bibliometric Analysis, Bibliometry, Biomedical-Research, Citation, Iran, Medicine, Production, Publication, Publications, Research, Science, Science Citation Index, Science Citation Index Expanded

Notes: UUniversity

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Full Text: [2011\Arc Ira Med14, 222.pdf](2011/Arc%20Ira%20Med14,%20222.pdf)

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Full Text: 2014\Arc Ira Med17, 33.pdf

Abstract: Background: It is expected that gastrointestinal (GI) and liver diseases inflict considerable burden on health systems in Iran; therefore, highlighting the significance of GI disorders across the other most burdensome diseases requires comprehensive assessment and regular updates of the statistics of such diseases in Iran. Objective: To assess in-depth sub-national estimates and trends for the incidence and prevalence of selected GI and liver diseases by age, gender and province over the period 1990 - 2013 in Iran. Methods: This is a national and sub-national burden of disease study on 21 GI diseases using all available data sources, including cancer registry, death registration system data, hospital data, and all available published data. Analyses will be performed separately by gender, age groups, year, and province. We will conduct 21 separated systematic reviews of the literature for 21 diseases categories through searching online international electronic databases (i.e. The Medline database of the National Library of Medicine, Web of Science, and Scopus), Iranian search engines (i.e., IranMedex, Scientific Information Database (SID), and IRANDOC), and gray literature. We will search the medical literature published between January 1985 and December 2013. We generated two models, Spatio-temporal and Multilevel Autoregressive models, to estimate mean and uncertainty interval for the parameters of interest by gender, age, year, and province. The models will be informed by data of gender, age, year, and province. Markov Chain Monte Carlo (MCMC) methods will be used to perform Bayesian inference in both modeling framework. All programs will be written in R statistical packages (version 3.0.1). Results: We will calculate and present 1990 to 2013 trends in terms of prevalence, years of life lost due to premature mortality (YLLs), years lived with disability (YLDs), and disability-adjusted life years DALYs for the 21 selected GI diseases by gender, and province. We will also quantify the uncertainty interval for the estimates of interest. Conclusion: Results of the present study will have implications for policy making; as they allow for understanding geographic distributions of the selected GI diseases, and identifying health disparities across provinces.

Keywords: Age, Assessment, Bayesian Inference, Burden, Burden of Illness, Cancer, Costs of Disease, Data, Database, Databases, Death, Disability, Disease, Diseases, Disparities, Estimates, Framework, Gastrointestinal, Gender, Gi, Gray Literature, Groups, Health, Health Disparities, Health Systems, Hospital, Illness Burden, Incidence, Inference, Information, International, Interval, Iran, Life, Literature, Liver, Mcmc, Medical, Medical Literature, Medicine, Medline, Methods, Modeling, Models, Monte Carlo, Mortality, Online, Policy, Policy Making, Premature, Prevalence, Protocol, R, Registry, Regular, Results, Reviews, Risk-Factors, Science, Scopus, Significance, Sources, Statistics, Systematic Reviews, Systems, Trends, Uncertainty, Understanding, Version, Web of Science

? Ghasemian, A., Ataie-jafari, A., Khatibzadeh, S., Mirarefin, M., Jafari, L., Nejatinamini, S., Parsaeian, M., Peykari, N., Sobhani, S., Jamshidbeygi, E., Jamshidi, H.R., Ebrahimi, M., Etemad, K., Moradi-Lakeh, M., Larijani, B. and Farzadfar, F. (2014), National and sub-national burden of chronic diseases attributable to lifestyle risk factors in Iran 1990-2013; study protocol. *Archives of Iranian Medicine*, **17** (3), 146-158.

Full Text: 2014\Arc Ira Med17, 146.pdf

Abstract: Background: Non-communicable diseases, as the major public health problem, are caused by different risk factors. The main leading lifestyle risk factors for most diseases burden in Iran are unhealthy diet, physical inactivity, and smoking. The aim of this study is to provide data collection and methodology processes for estimating the trends of exposures to the selected lifestyle risk factors and their attributed burden at national and sub-national levels. Methods: Systematic review will be performed through PubMed/MEDLINE, Scopus and ISI/Web of Science as well as Iranian databases such as IranMedex, Irandoc and Scientific Information Database (SID). In addition, hand searching of unpublished data sources will be used to identify relevant population-based studies. The searched studies will be included only if it is reasonably population-based and representative, and exposure data has been reported or could be plausibly obtained from the study. For risk factors with no surveys identified, other sources of potential data will be considered. The target population is healthy Iranian adult population living within Iran from 1990 to 2013. Other data sources include national censuses, national registration systems, and national and sub-national surveys. Spatio-temporal Bayesian hierarchical model and Bayesian multilevel autoregressive model will be used to overcome the problem of data gaps in provinces, and in some age or sex groups or in urban/rural areas. The problem of misaligned areal units will be also addressed in these models. Conclusion: National and sub-national assessment of major lifestyle risk factors such as unhealthy diet, physical inactivity, and smoking is necessary for priority setting and policy making in different regions of Iran.

Keywords: Adult, Age, Assessment, Autoregressive Model, Burden, Burden Of Non-Communicable Diseases, Censuses, Collection, Countries, Data, Data Collection, Database, Databases, Diet, Dietary-Fat Intake, Diseases, Exposure, Exposures, Factors, Global Burden, Groups, Health, Health Problem, Information, Injuries, Iran, Lifestyle Risk Factors, Living, Mar, Methodology, Methods, Model, Models, Mortality, Noncommunicable Diseases, Nutrition, Physical, Physical Activity, Policy, Policy Making, Population, Population Based, Population-Based, Population-Based Studies, Potential, Protocol, Public, Public Health, Public Health Problem, Regional Burden, Registration Systems, Review, Risk, Risk Factors, Science, Scopus, Sex, Si, Smoking, Sources, Surveys, Systematic Analysis, Systematic Review, Systems, Trends, Women

? Akbari, F. and Azadbakht, L. (2014), A systematic review on diet quality among Iranian youth: Focusing on reports from Tehran and Isfahan. *Archives of Iranian Medicine*, **17** (8), 574-584.

Full Text: 2014\Arc Ira Med17, 574.pdf

Abstract: Background: Lifestyle and dietary pattern in adolescence and young adulthood not only affect the general state of health in these years, but also leave long-term effects. Due to the importance of diet in youth, this systematic review summarized observational studies representing dietary intakes among Iranian adolescents and young adults. Methods: PubMed, Scopus and Web of Science databases were searched up to September 2013 using keywords related to diet, youth and Iran. Relevant papers were identified through applying a Series of exclusion criteria in screening Steps. Data were tabulated in 4 tables according to the level of assessed dietary exposure including energy or nutrients, foods or food groups, diet quality indices or dietary patterns, and dietary habits. Results: Out of 1348 retrieved papers, 17 papers were eligible to enter this systematic review. Most studies were conducted in Tehran and Isfahan. Totally, 13113 individual were studied including 7327 girls and 5785 boys aged 10 to 28 years. Receiving lower or higher energy than required resulted in two burdens,of malnutrition. Fiber intake-was nearly half of the recommended amounts. Among micronutrients, calcium, phosphorus, folate and iron had the most common insufficient intakes. The youth consumed low whole grain, fruits, vegetables, dairy and unsaturated fatty, acids and low diverse, diet. Skipping breakfast was rife. Eating fast foods and unhealthy snacks Was another prevalent inappropriate dietary habit. Conclusion: Dietary intakes and habits of young people are not favorable. Implementing informative programs and developing practical policies should be noted to improve the diet quality of adolescents and young adults.

Keywords: Adolescence, Adolescent, Adolescent Girls, Adolescents, Affect, Aged, Body-Mass Index, Bone-Density, Calcium, Cardiovascular Risk-Factors, Criteria, Dairy, Data, Databases, Developing, Diet, Diversity Score, Eating, Effects, Energy, Energy Density, Exposure, Female Students, Food, From, Fruits, General, Girls, Groups, Health, Heart Health-Promotion, Indices, Iran, Iron, Isfahan, Leave, Long Term, Long-Term, Malnutrition, Methods, Nutrients, Observational, Observational Studies, Papers, Pattern, Phosphorus, Policies, Pubmed, Quality, Quality Of, Results, Review, School Girls, Science, Scopus, Screening, State, Systematic, Systematic Review, University-Students, Vegetables, Web Of Science, Web Of Science Databases, Young, Young Adults, Youth

? Djalalinia, S., Kelishadi, R., Qorbani, M., Peykari, N., Kasaeian, A., Moghaddam, S.S., Gohari, K., Larijani, B. and Farzadfar, F. (2014), Suggestions for better data presentation in papers: An experience from a comprehensive study on national and sub-national trends of overweight and obesity. *Archives of Iranian Medicine*, **17** (12), 830-836.

Full Text: 2014\Arc Ira Med17, 830.pdf

Abstract: Background: The importance of data quality whether in collection, analysis or presenting stage is a tangible and undeniable scientific fact and the main objects of researches implementation. Objective: This paper aims at explaining the main problems of the Iranian scientific papers for providing better data in the field of national and sub-national prevalence, incidence estimates and trends of obesity and overweight. Methods: To assets and evaluate papers, we systematically followed an approved standard protocol. Retrieval of studies was performed through Thomson Reuters Web of Science, PubMed, and Scopus, as well as Iranian databases including Irandoc, Scientific Information Database (SID), and IranMedex. Using GBD (Global Burden of Diseases) validated quality assessment forms to assess the quality and availability of data in papers, we considered the following four main domains: a) Quality of studies, b) Quality report of the results, c) Responsiveness of corresponding authors, and d) Diversity in study settings. Results: We retrieved 3,253 records; of these ‘1,875 were from international and 1378 from national databases. After refining steps, 129 (3.91%) papers remained-related to our study domain. More than 51% Of relevant papers were excluded because of poor quality of studies. The number of reported total population and points of data were 22,972 and 29 for boys, and 38,985 and 47 for girls, respectively. For all measures, Missing values and diversities in studies’ setting limited our ability to compare and analyze the results. Moreover, we had some serious problems in contacting the corresponding authors for complementary information necessary (Receptiveness: 17.9%). Conclusion: As the present paper focused on the main problems of Iranian scientific papers and proposed suggestions, the results will have implications for better policy making.

Keywords: Analysis, Assessment, Authors, Availability, Burden, Collection, Complementary, Data, Data Presentation, Data Quality, Database, Databases, Diversity, Estimates, Experience, Field, Forms, From, Girls, Global, Implementation, Incidence, Information, International, Management, Measures, Methods, Obesity, Overweight, Papers, Pediatric, Policy, Policy Making, Population, Prevalence, Protocol, Pubmed, Quality, Quality Of, Records, Results, Science, Scopus, Standard, Thomson Reuters, Thomson-Reuters, Trends, Web, Web Of Science

# Title: Archives des Maladies Professionnelles de Medecine du Travail et de Securite Sociale

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? Trouve, M., Hermann, S. and Andlauer, P. (1973), Informatics and Occupational Medicine. *Archives des Maladies Professionnelles de Medecine du Travail et de Securite Sociale*, **34** (9), 555-556.

# Title: Archives of Medical Research

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? Lozoya, X., Rivera-Arce, E., Domínguez, F., Arellano, M.L. and Muñoz, O. (1995), *Archives of Medical Research*: An historical and subject coverage overview. *Archives of Medical Research*, **26**, S1-S5.

Full Text: 1995\Arc Med Res26, S1.pdf

Abstract: A bibliometric study about the subject content of the articles published in the Mexican scientific journal Archives of Medical Research is reported. The journal, published by the Mexican Institute of Social Security (IMSS), is comprised of 100 regular issues and 12 special supplements giving a total amount of 1,424 reports on medical research performed in Mexico during the last 25 years. According to the type of studies published during this period, we found that there is a similar percent of biomedical and clinical reports in the journal (47 and 42%, respectively) and a low proportion of epidemiological and medical educational reports (8 and 3%, respectively). Six thematic areas of research have been permanently published in this journal: investigations on infectious and neurological diseases being the areas mainly represented (34% of the total, corresponding to 17% in each area), followed by studies in reproductive biology (10%) and endocrine (7%), oncological (5%) and cardiovascular (3%) diseases. The tendency of the subjects covered by the journal during this period shows an increment in reports on infectious and parasitic disorders together with an increase in publications related to medicinal plant pharmacology; reproductive biology and endocrine studies show also an increasing tendency. On the other hand, a moderate decrease in studies related to neurological, oncological and cardiovascular diseases is observed, the origin of contributions during the last five years has balanced the proportion of papers published from IMSS scientists, other Mexican biomedical researchers and foreign contributions, thus reflecting favorably the recent changes in the journal’s policies. This journal represents a clear example of a scientific publication edited in a developing country, originating as a national publication that evolved progressively into an international biomedical journal.

Keywords: Archives of Medical Research, Bibliometric, Bibliometric Study, Biology, Biomedical, Cardiovascular, Cardiovascular Diseases, Changes, Clinical, Content, Country, Coverage, Developing, Developing Country, Diseases, Foreign, International, Investigations, Journal, Medical, Medical Research, Medicinal Plant, Mexican, Mexican Scientific Journal, Mexico, National, Neurological, Origin, Papers, Pharmacology, Plant, Policies, Publication, Publications, Recent Changes, Reproductive, Reproductive Biology, Research, Scientific Journal, SI

? Gu, J.Y. and Li, L.W. (2014), *ALDH2* Glu504Lys polymorphism and susceptibility to coronary artery disease and myocardial infarction in east Asians: A meta-analysis. *Archives of Medical Research*, **45** (1), 76-83.

Full Text: [2014\Arc Med Res45, 76.pdf](2014/Arc%20Med%20Res45,%2076.pdf)

Abstract: Background and Aims. Emerging evidences have shown that the Glu504Lys variant in ALDH2 gene may greatly reduce the ability of ALDH2 to metabolize acetaldehyde, which could increase the risk of coronary artery disease (CAD) and myocardial infarction (MI). However, the reported results are still conflicting. To investigate the association between ALDH2 Glu504Lys polymorphism and the risk of CAD and MI in Asians, we analyzed all available studies in a meta-analysis. Methods. A literature search of PubMed, Embase, Web of Science and Chinese BioMedical (CBM) databases was conducted for articles published before March 1, 2013. The principal outcome measure was the crude odds ratios (ORs) with their corresponding confidence intervals (95% CIs) for evaluating the strength of the association. Results. Meta-analysis showed that carriers of ALDH2\*5041ys allele were associated with increased risks of both CAD and MI (CAD: OR = 1.28, 95% CI: 1.10-1.48, p = 0.001; MI: OR = 1.58, 95% CI: 1.15-2.19, p = 0.005). Subgroup analysis by country showed significant correlations between mutant genotypes (Glu/Lys + Lys/Lys) and increased risk to MI among Chinese and Korean populations (Chinese: OR = 1.89, 95% CI: 1.16-3.09, p = 0.011; Korean: OR = 1.69, 95%CI: 1.12-2.55, p = 0.013), whereas similar associations were not observed among Japanese populations. Conclusions. The current meta-analysis provides strong evidence that ALDH2 Glu504Lys polymorphism may be associated with increased risk of CAD and MI in East Asians, especially among Chinese and Korean populations. However, more detailed and well-designed studies are still warranted to confirm these findings. (C) 2014 IMSS. Published by Elsevier Inc.

Keywords: Alcohol-Dehydrogenase, Aldehyde-Dehydrogenase-2, ALDH2, Analysis, Artery, Association, Cad, Chinese, Confidence, Confidence Intervals, Coronary Artery, Coronary Artery Disease, Correlations, Country, Databases, Disease, Evidence, Gene, Genotypes, Han Chinese, Heart-Disease, Heterogeneity, Infarction, Intervals, Literature, Literature Search, Measure, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolism, Methods, Myocardial Infarction, Outcome, Outcome Measure, Polymorphism, Populations, Pubmed, Results, Risk, Risk-Factors, Risks, Science, Strength, Susceptibility, Web of Science

# Title: Archives of Medical Science

Full Journal Title: Archives of Medical Science

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hasani-Ranjbar, S., Larijani, B. and Abdollah, M. (2008), A systematic review of Iranian medicinal plants useful in diabetes mellitus. *Archives of Medical Science*, **4** (3), 285-292.

Abstract: Introduction: This review focuses on the efficacy and safety of Iranian medicinal plants found effective in the management of diabetes in humans and animals. Material and methods: EMBASE, Scopus, PUBMED, Web of Science, Google Scholar, and IranMedex databases were searched up to 8 October 2007. The search terms were “diabetes” and “plant”, “herb”, “traditional”, and “natural” or “herbal medicine”, limited to Iran. All of the human studies were included. Animal studies with the outcome of blood glucose or serum lipids, antioxidant effect, changes in hepatic enzymes, anti-inflammatory effect, or vascular activity in diabetes were included. Studies performed on cell lines, reviews and letters to editors were excluded. Blood glucose and serum lipids were the key outcomes. Results: Twelve human studies were reviewed for efficacy of plants. These studies showed significant decrease in blood glucose after treatment with Citrullus colocynthus L, Silybum marianum, Psyllium, Teucrium polium, and Pomegranate. Thirty-one animal studies were included showing Walnut leaf, Coriander, Pomegranate, Garlic, Satureja khuzestanica, Phlomis anisodonta, Trigonella foenum graecum, Olive (Oleo europaea L.), Capsicum frutescens, Achillea santolina, Aloe vera, Salvia officinalis, Anathum graveolens, Teucrium polium, Urtica dioica, Morus nigra, Morus alba, Salvia lenifolia benth leaf, and Cynara scolymus to be significantly effective in reduction of blood glucose. Discussion: the present review indicates that some of these plants (Citrullus colocynthus, Silybum marianum, Psyllium, Teucrium polium, and Pomegranate) improve blood hyperglycemia in humans somewhat more effectively than standard chemical drugs used in diabetes. Some of these plants (Garlic, Silybum marianum, Psyllium, Teucrium polium, and Pomegranate) were found to have anti-hyperlipidaemic properties and thus can be supplemented in diabetes. Conclusions: Special attention to these effective medicinal plants will lead us to obtain novel drugs in the management of diabetes mellitus.

Keywords: Attention, Blood, Databases, Diabetes, Diabetes Mellitus, Efficacy, EMBASE, Extracts, Ferula-Szovitsiana, Google Scholar, Herb, Herbal Medicine, Human, Humans, Hyperglycemia, In-Vivo, Insulin, Iran, Khuzestanica Essential Oil, L., Lead, Lipid-Peroxidation, Lipids, Management, Natural Medicine, Outcome, Outcomes, Plant, Plants, Pomegranate, PUBMED, Rats, Review, Safety, Science, SCOPUS, Serum Glucose, Systematic, Systematic Review, Traditional, Treatment, Web of Science

? Rezaie, A., Nikfar, S. and Abdollahi, M. (2010), The place of antibiotics in management of irritable bowel syndrome: A systematic review and meta-analysis. *Archives of Medical Science*, **6** (1), 49-55.

Abstract: Introduction: Irritable bowel syndrome (IBS) is a prevalent gastrointestinal disease with an obscure pathophysiology Current treatments for IBS have modest efficacy at best and the need for a robust therapy for IBS remains unmet As small intestinal bacterial overgrowth has been proposed to be involved in pathogenesis of IBS, antibacterial agents might be efficacious in treatment of this condition Material and methods: PUBMED, EMBASE, Scopus, Google Scholar, Web of Science, and Cochrane Central Register of Controlled Trials were searched for studies comparing the efficacy of antibiotics in the management of IBS and/or IBS type symptoms Data were collected from 1966 to April 2009 Clinical response was considered as our key outcome of interest Results: of five trials that evaluated the effect of antibiotics in IBS, two randomized placebo-controlled trials met the inclusion criteria for the meta-analysis This meta-analysis included 234 patients with IBS-type symptoms of whom 181 met the Rome criteria for IBS the pooled relative risk (RR) for “clinical response in IBS” was 204 (95% confidence interval [Cl] of 123-3.40, p = 00061). The pooled RR for “clinical response in IBS-type symptoms” was 2 06 (95% Cl of 13-3.27, p = 0 002) Conclusions: Although antibiotics have a statistically significant effect on IBS and bloating, given the evidence for the presence of publication bias, methodological variability of the trials and lack of a precise scientific explanation for the role of bacterial overgrowth in the pathophysiology of IBS, use of antibiotics on a regular basis in IBS patients is not recommended.

Keywords: Antibiotics, Bias, Bloating, Cochrane, Controlled-Trials, Disease, Double-Blind, Efficacy, Gastrointestinal, Google Scholar, Healthy Controls, Interest, Intestinal Bacterial Overgrowth, Irritable Bowel Syndrome, Management, Meta-Analysis, Microbiota, Outcome, Pathogenesis, Probiotics, Publication, Publication Bias, PUBMED, Relative Risk, Review, Rifaximin, Risk, Science, Scopus, Symptoms, Systematic, Systematic Review, Therapy, Treatment, Variability, Web of Science

# Title: Archives of Neurology

Full Journal Title: [Archives of Neurology](http://archneur.ama-assn.org/contents-by-date.0.dtl)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Huang, X.M., Chen, P., Kaufer, D.I., Troster, A.I. and Poole, C. (2006), Apolipoprotein E and dementia in Parkinson disease: A meta-analysis. *Archives of Neurology*, **63** (2), 189-193.

Full Text: [2006\Arc Neu63, 189.pdf](2006/Arc%20Neu63,%20189.pdf)

Abstract: Objective: To understand the relationship of apolipoprotein E (APOE) polymorphism to dementia in Parkinson disease (PD) because the APOE epsilon 4 allele is linked to Alzheimer disease. Data Source: We reviewed MEDLINE, BIOSIS Previews, and ISI Web of Science from January 1, 1966, to May 7, 2004, supplemented by citation analysis from retrieved articles. Study Selection: Case-control studies using clinical or pathologic criteria for PD and dementia, and with complete APOE genotype frequencies data. Data Extraction: We compared estimated prevalence odds ratios for dementia in PD in relation to each allele. We also looked for evidence of heterogeneity and publication bias and performed a stratified analysis on several study characteristics. Data Synthesis: Data analyses suggest publication bias and heterogeneity of source data for the epsilon 4 allele (homogeneity P = .2; Begg and Mazumdar, P = .06; and Egger et al, P =. 1). The estimated odds ratios for development of dementia in PD are 1.6 for epsilon 4 (95% confidence interval, 1.0-2.5); 1.3 for epsilon 2 (95% confidence interval, 0.73-2.4); and 0.54 for epsilon 3 (95% confidence interval, 0.18-1.6). The odds ratio estimates for epsilon 4 were higher for studies published in 1996 or later (2.3 vs 1.0) and for studies conducted outside North American sites (2.4 vs 1. 2). Conclusions: the APOE epsilon 4 allele appears to be associated with a higher prevalence of dementia in PD. Publication bias and heterogeneous source data may, however, confound this conclusion. Confirmatory studies that use standardized and validated diagnostic criteria for dementia in PD are needed.

Keywords: Age, Alzheimer, Alzheimers-Disease, Analysis, Apolipoprotein E, Association, Bias, Citation, Citation Analysis, Dementia, Development, Diagnosis, Disease, E Genotype, Epsilon-4 Allele, Extraction, Graphical Test, ISI, MEDLINE, Meta-Analysis, Onset, Polymorphism, Prevalence, Publication, Publication Bias, Ratio, Risk, Science, Web of Science

? Owolabi, M.O., Bower, J.H. and Ogunniyi, A. (2007), Mapping Africa’s way into prominence in the field of neurology. *Archives of Neurology*, **64**, 1696-1700.

Full Text: [2007\Arc Neu64, 1696.pdf](2007/Arc%20Neu64,%201696.pdf)

Abstract: Although neurology originated in Africa, there is little modern African contribution to the advancement of knowledge in this field. We present the African neurologic service and scientific productivity indices and suggest a development plan. We conducted PUBMED and EMBASE searches for articles about neurologic services in Africa. To assess scientific productivity, we determined the number of publications of African origin in journals with high impact. The neurologist-population ratio in African countries varies from 1 per 162 885 persons to none in 11 countries, compared with 1 per 29 200 persons in the United States. There are few African publications in high-impact international journals of neurology. Africa faces a heavy burden of communicable diseases and increasing noncommunicable diseases, with few workers, poor equipment, and little research effort to bear it. There is a need for African neuro-scientists to discover areas of research unique to the continent in order to advance the frontiers of knowledge for all neurologists. International collaboration and support are required to improve the number of workers, resources, and research productivity.

Keywords: Advance, Africa, Bear, Burden, Collaboration, Development, Diseases, Equipment, Field, Impact, Indices, International, Journals, Knowledge, Neurologic, Neurology, Origin, Productivity, Publications, PUBMED, Research, Research Productivity, Scientific Productivity, Service, Services, Support, United States

? Campbell, P.G., Lee, Y.H., Bell, R.D., Maltenfort, M.G., Moshfeghi, D.M., Leng, T., Moshfeghi, A.A. and Ratliff, J.K. (2011), Medical school and residency influence on choice of an academic career and academic productivity among US neurology faculty. *Archives of Neurology*, **68** (8), 999-1004.

Full Text: [2011\Arc Neu68, 999.pdf](2011/Arc%20Neu68,%20999.pdf)

Abstract: Objective: To evaluate the effectiveness of medical schools and neurology training programs in the United States by determining their contribution to academic neurology in terms of how many graduates choose academic careers and their respective influence on current medical knowledge through bibliometric analysis. Design, Setting, and Participants: Biographical information from current faculty members of neurology training programs in the United States was obtained through an Internet-based search of departmental Web sites. Collected variables included medical school attended, residency program completed, and current academic rank. For each faculty member, ISI Web of Science and Scopus h-indices were also collected. Results: Data from academic neurologists from 120 training programs with 3249 faculty members were collected. All data regarding training program and medical school education were compiled and analyzed by the institution from which each individual graduated. The 20 medical schools and neurology residency training programs producing the greatest number of graduates remaining in academic practice and the mean h-indices are reported. More medical school graduates of the Columbia University College of Physicians and Surgeons chose to enter academic neurology practice than the graduates of any other institution. Analyzed by residency training program attended, New York Presbyterian Hospital (Columbia University), Mayo Clinic (Rochester, Minnesota), and Mount Sinai Medical Center (New York, New York) produced the most graduates remaining in academics. Conclusions: This retrospective, longitudinal cohort study examines through quantitative measures the academic productivity and rank of academic neurologists. The results demonstrate that several training programs excel in producing a significantly higher proportion of academically active neurologists.

Keywords: Academics, Bibliometric, Bibliometric Analysis, Contribution, Education, Google-Scholar, h-Index, h-Indices, Hospital, Information, Medical, Medical School, Predictors, Productivity, Program, Radiology, Rank, Residency, Schools, Science, Scopus, Training, University, US, Web of Science, Web-of-Science

# Title: Archives of Ophthalmology

Full Journal Title: [Archives of Ophthalmology](http://archopht.ama-assn.org/contents-by-date.0.dtl)

ISO Abbreviated Title: Arch. Ophthalmol.

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ISSN: 0003-9950

Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Amer Medical Assoc

Publisher Address: 515 N State St, Chicago, IL 60610

Subject Categories:

Ophthalmology: Impact Factor

? Albert, D.M. (1988), Analysis of the archives’ most frequently cited articles. *Archives of Ophthalmology*, **106** (4), 465-470.

Full Text: [1988\Arc Oph106, 465.pdf](1988/Arc%20Oph106,%20465.pdf)

? Levin, L.A., Gottlieb, J.L. and Albert, D.M. (2005), Evolution at the ARCHIVES. *Archives of Ophthalmology*, **123** (2), 263-264.

Full Text: [2005\Arc Oph123, 263.pdf](2005/Arc%20Oph123,%20263.pdf)

Keywords: Archives

Notes: JJournal

? Ohba, N., Nakao, K., Isashiki, Y. and Ohba, A. (2007), The 100 most frequently cited articles in ophthalmology journals. *Archives of Ophthalmology*, **125** (7), 952-960.

Full Text: [2007\Arc Oph125, 952.pdf](2007/Arc%20Oph125,%20952.pdf)

Abstract: We screened 46 ophthalmology journals to identify the most frequently cited articles using the Science Citation Index Expanded (1975 to 2006). The 100 most-cited articles were published in 13 journals, most in the Archives of Ophthalmology (n=30), followed by Ophthalmology (n=27) and the American Journal of Ophthalmology (n=11), and originated from 10 countries, led by the United States (n=86). The topics covered by these classic articles included epidemiology of age-related macular degeneration and glaucoma, description of new diseases including cytomegalovirus retinitis, optical coherence tomography, hypotensive medications in glaucoma, laser photocoagulation to treat diabetic retinopathy and subfoveal choroidal neovascularization, photorefractive surgery, and vitrectomy to treat idiopathic macular hole. The most frequently cited articles provide a historical perspective in the scientific advancement of ophthalmology during the last 3 decades.

Keywords: Acquired Immunodeficiency Syndrome, Age-Related Maculopathy, Beaver-Dam Eye, Blue Mountains Eye, Immune-Deficiency Syndrome, Macular Degeneration, Open-Angle Glaucoma, Optical Coherence Tomography, Randomized Clinical-Trials, Subfoveal Choroidal Neovascularization

? Yeo, T.K. and Eong, K.G.A. (2008), The 100 most frequently cited articles in ophthalmology journals: Another perspective. *Archives of Ophthalmology*, **126** (6), 873-874.

Full Text: [2008\Arc Oph126, 873.pdf](2008/Arc%20Oph126,%20873.pdf)

? Obha, N. (2008), The 100 most frequently cited articles in ophthalmology journals: Another perspective - In reply. *Archives of Ophthalmology*, **126** (6), 874-875.

Full Text: [2008\Arc Oph126, 874.pdf](2008/Arc%20Oph126,%20874.pdf)

Keywords: Journals

? Akbari, M., Akbari, S. and Pasquale, L.R. (2009), The association of primary open-angle glaucoma with mortality: A meta-analysis of observational studies. *Archives of Ophthalmology*, **127** (2), 204-210.

Full Text: [2009\Arc Oph127, 204.pdf](2009/Arc%20Oph127,%20204.pdf)

Abstract: Objective: To conduct a meta-analysis to estimate the relationship between primary open-angle glaucoma (POAG) and mortality. Methods: A systematic search of the PUBMED, EMBASE, and Web of Science databases yielded 9 cohort studies with relative risk (RR) estimates for all-cause mortality. The studies were critically reviewed by an expert in the field. The data were extracted and analyzed in a pooled analysis by the random-effects model. Meta-regression to assess for heterogeneity by several covariates and subgroup analysis on cardiovascular mortality were performed. Results: A significant risk was not detected in the final pooled analysis (RR, 1.13; 95% confidence interval [CI], 0.97-1.31) for all-cause mortality. A meta-regression across mean follow-up time, age, and sex was not significant. A meta-regression across diabetes status in 3 of the 9 studies did not demonstrate significant results (P = .94). Subgroup analysis on cardiovascular mortality from 4 of the 9 studies was marginally significant (RR, 1.20; 95% CI, 1.00-1.43; P = .05), but insignificant after removal of a study in which POAG was ascertained by self and proxy report (RR, 1.12; 95% CI, 0.87-1.46). Conclusion: This meta-analysis does not demonstrate an association between POAG and all-cause or cardiovascular mortality.

Keywords: All-Cause Mortality, Analysis, Angeles Latino Eye, Barbados Eye, Beaver Dam Eye, Blood-Pressure Indexes, Blue Mountains Eye, Cardiovascular, Cohort Studies, Coronary-Heart-Disease, Databases, Diabetes, Follow-up, Intraocular-Pressure, Meta Analysis, Meta-Analysis, Methods, Model, Mortality, Pooled Analysis, Primary, PUBMED, Relative Risk, Risk, Risk-Factors, Science, Systematic, Type-2 Diabetes-Mellitus, Web of Science

? Ohba, N. and Nakao, K. (2010), The 101 most frequently cited articles in ophthalmology journals from 1850 to 1949. *Archives of Ophthalmology*, **128** (12), 1610-1617.

Full Text: [2010\Arc Oph128, 1610.pdf](2010/Arc%20Oph128,%201610.pdf)

Abstract: We screened 32 ophthalmology journals that had published articles during the period from 1850 through 1949 to identify top-cited articles in the field of ophthalmology (hereafter referred to as citation classics) using the online database Science Citation Index Expanded (Thompson Reuters, Chicago, Illinois). The 101 most frequently cited articles were published in 16 journals. Archives of Ophthalmology had the most top-cited articles (n=31), followed by American Journal of Ophthalmology (n=24) and Albrecht von Graefe’s Archiv fur Ophthalmologie (n=9). These articles originated from 14 countries, with the United States publishing the majority (n=58). Most of the citation classics are clinical studies on topics such as rubella cataract, retinopathy of prematurity, keratoconjunctivitis sicca, sympathetic ophthalmia, and the first report of eponymous diseases (eg, Leber hereditary optic neuropathy, Duane retraction syndrome, and Stargardt disease). A considerable number of these articles were ignored initially and for several decades after publication, but, like the classic fairy tale Sleeping Beauty, they have been rediscovered. Our study provides a historical perspective on the classic papers in the literature that are still influential in ophthalmology. Arch Ophthalmol. 2010;128(12):1610-1617.

Keywords: Articles, Cataract, Citation, Citation Classics, Database, Field, Journals, Light, Literature, Of-The-Literature, Ophthalmology, Optic-Nerve, Primary Tumors, Publication, Publishing, Recklinghausens-Disease, Science, Science Citation Index, Science Citation Index Expanded

# Title: Archives of Orthopaedic and Trauma Surgery

Full Journal Title: [Archives of Orthopaedic and Trauma Surgery](http://www.springerlink.com/content/101491/?p=95830298c454411fadcbfd0f0e311865&pi=0)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country

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Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Schoffel, N., Spallek, M., Scutaru, C., Mache, S., Groneberg, D.A., Quarcoo, D. and Vitzthum, K. (2010), Arthroplasty: Critical scientometric analysis of current benchmarking and evaluation procedures. *Archives of Orthopaedic and Trauma Surgery*, **130** (2), 293-296.

Full Text: [2010\Arc Ort Tra Sur130, 293.pdf](2010/Arc%20Ort%20Tra%20Sur130,%20293.pdf)

Keywords: Evaluation, Impact Factor

# Title: Archives of Otolaryngology-Head & Neck Surgery

Full Journal Title: Archives of Otolaryngology-Head & Neck Surgery

ISO Abbreviated Title: Arch. Otolaryngol. Head Neck Surg.

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ISSN: 0886-4470

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Journal Country/Territory: United States

Language: English

Publisher: Amer Medical Assoc

Publisher Address: 515 N State St, Chicago, IL 60610

Subject Categories:

Otorhinolaryngology Surgery: Impact Factor

? Rosenfeld, R.M. (1991), Clinical research in otolaryngology journals. *Archives of Otolaryngology-Head & Neck Surgery*, **117** (2), 164-170.

Abstract: In an era of cost-effectiveness and quality control, the need for sound clinical research as a basis for health care decisions has intensified. To identify trends in clinical research, a survey of 1831 articles in four otolaryngology journals spanning a 20-year period was performed. Clinical research comprised 77% of all articles and has steadily increased in volume. Significant trends have occurred toward multiple authorship, more female first authors, and a declining proportion of articles with grant support. In 1989, a total of 224 articles (40%) employed analytic or experimental study designs vs only 64 articles (18%) in 1969. Descriptive studies and review articles have declined in prevalence. These findings suggest that over the past two decades, clinical research in otolaryngology journals has increased in both quantity and quality.

Keywords: Authorship, Care, Clinical, Clinical Research, Control, Cost Effectiveness, Cost-Effectiveness, Experimental, Female, First, Health, Health Care, Journals, Prevalence, Quality, Quality Control, Research, Review, Support, Survey, Trends, Volume

? Rosenfeld, R.M. and Rockette, H.E. (1991), Biostatistics in otolaryngology journals. *Archives of Otolaryngology-Head & Neck Surgery*, **117** (10), 1172-1176.

Abstract: Clinical research depends on biostatistics to form meaningful inferences from uncertain data. We performed a cross-sectional analysis of clinical research in otolaryngology journals to identify trends in statistical USAge and determine the statistical aptitude expected of journal readers. Statistical content and study design were assessed for 1262 articles from 1969, 1979, and 1989. General trends toward an increasing use of inferential statistics and stronger study designs were observed. The number of analytic and experimental studies employing inferential statistics has risen from 20 (31%) in 1969 to 145 (65%) in 1989. Although familiarity with only five statistical techniques gave access to 90% of current articles, this study suggests that the level of statistical expertise demanded of both researchers and readers will continue to increase.

Keywords: Access, Analysis, Aptitude, Clinical, Clinical Research, Data, Design, Experimental, Journal, Journals, Research, Statistics, Study Design, Techniques, Trends

# Title: Archives of Pathology & Laboratory Medicine

Full Journal Title: Archives of Pathology & Laboratory Medicine

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Marchevsky, A.M. and Wick, M.R. (2015), Evidence-based pathology: Systematic literature reviews as the basis for guidelines and best practices. *Archives of Pathology & Laboratory Medicine*, **139** (3), 394-399.

Full Text: [2015\Arc Pat Lab Med139, 394.pdf](2015/Arc%20Pat%20Lab%20Med139,%20394.pdf)

Abstract: Context.-Evidence-based medicine has been proposed as a new paradigm for the identification and evaluation of medical information. Best available evidence or data are identified and used as the basis for the diagnosis and treatment of individual patients. Evidence-based pathology has adapted basic evidence-based medicine concepts to the specific needs of pathology and laboratory medicine. Objectives.-To briefly review the history and basic concepts of evidence-based medicine and evidence-based pathology, describe how to perform and interpret systematic reviews, and discuss how to integrate best evidence into guidelines. Data Sources.-PubMed (National Library of Medicine, Washington, DC) and Web of Science (Thompson Reuters, New York, New York) were used. Conclusions.-Evidence-based pathology provides methodology to evaluate the quality of information published in pathology journals and apply it to the diagnosis of tissue samples and other tests from individual patients. Information is gathered through the use of systematic reviews, using a method that is less biased and more comprehensive than ad hoc literature searches. Published data are classified into evidence levels to provide readers with a quick impression about the quality and probable clinical validity of available information. Best available evidence is combined with personal experience for the formulation of evidence-based, rather than opinion-based, guidelines that address specific practice needs.

Keywords: Anatomic Pathology, Basic, Breast-Cancer, Clinical, Clinical-Practice, Data, Dc, Diagnosis, Evaluation, Evidence, Evidence Based, Evidence Based Medicine, Evidence-Based, Evidence-Based Medicine, Evidence-Based Principles, Experience, Formulation, From, Frozen-Section Diagnosis, Guidelines, History, Identification, Information, International Multidisciplinary Classification, Journals, Laboratory, Library, Literature, Lung Adenocarcinoma, Mar, Medical, Medical Information, Medicine, Methodology, Nccn Guidelines, Needs, New York, Paradigm, Pathology, Patients, Personal Experience, Practice, Pulmonary Adenocarcinoma, Quality, Quality Of, Quality Of Information, Review, Reviews, Science, Systematic, Systematic Reviews, Treatment, Validity, Washington, Web, Web Of Science

# Title: Archives of Pediatrics & Adolescent Medicine

Full Journal Title: [Archives of Pediatrics & Adolescent Medicine](http://archpedi.ama-assn.org/contents-by-date.0.dtl)

ISO Abbreviated Title:

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Journal Country

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Liem, E.T., Sauer, P.J.J., Oldehinkel, A.J. and Stolk, R.P. (2008), Association between depressive symptoms in childhood and adolescence and overweight in later life. *Archives of Pediatrics & Adolescent Medicine*, **162** (10), 981-988.

Abstract: Objective: To present an overview of the association between depressive symptoms in childhood and adolescence and subsequent overweight in later life. Data Sources: MEDLINE, EMBASE, and Web of Science for all indexed journals from January 1, 1997, to May 30, 2007. Study Selection: Abstracts of 513 articles were reviewed manually. Studies were excluded if unrelated to depressive symptoms and overweight (n = 460), if they were conducted in an adult population (n = 10) or in a population of all age groups (n = 2), or if they were performed in clinic-based populations of overweight participants. In total, 32 articles were reviewed including 21 cross-sectional and 11 longitudinal reports. Main Exposure: Depressive symptoms in childhood and adolescence. Main Outcome Measure: Overweight. Results: Four cross-sectional studies that satisfied our quality criteria revealed an association between depressive symptoms and overweight in girls aged 8 to 15 years, reporting different effect sizes including a correlation coefficient of 0.14 and a regression coefficient of 0.27. Four longitudinal studies in accord with our quality criteria suggest that depressive symptoms in childhood or adolescence are associated with a 1.90- to 3.50-fold increased risk of subsequent overweight (95% confidence intervals varying from 1.02 to 5.80, respectively). Conclusion: These results support a positive association between depressive symptoms at age 6 to 19 years and overweight in later life, assessed after a period of 1 to 15 years.

Keywords: Adult, Adult Obesity, Aged, Atypical Depression, Body-Mass Index, Children, Confidence Intervals, EMBASE, Girls, Journals, Longitudinal Studies, MEDLINE, Mental-Health, Overview, Overweight, Population, Prevalence, Risk, Risk-Factors, Science, Sources, Symptoms, Web of Science, Weight Perception

? Tripodi, S.J., Bender, K., Litschge, C. and Vaughn, M.G. (2010), Interventions for reducing adolescent alcohol abuse: A meta-analytic review. *Archives of Pediatrics & Adolescent Medicine*, **164** (1), 85-91.

Full Text: [2010\Arc Ped Ado Med164, 85.pdf](2010/Arc%20Ped%20Ado%20Med164,%2085.pdf)

Abstract: Objective: To assess the effectiveness of substance abuse interventions for their ability to reduce adolescent alcohol use. Data Sources: MEDLINE; PsycINFO; ERIC; Wilson Social Science Abstracts; Criminal Justice Abstracts; Social Work Abstracts; Social Science Citation Index; Dissertations Abstracts International; National Criminal Justice Research Service; Social, Psychological, Criminological, Educational Trials Register; and the PsiTri databases from 1960 through 2008. Study Selection: of 64 titles and abstracts identified, 16 studies and 26 outcomes constituted the sample. The researchers calculated Hedges g effect sizes and used a random-effects model to calculate adjusted pooled effect sizes. Heterogeneity was explored using stratified analyses. Main Exposure: Completion of a substance abuse intervention that aimed to reduce or eliminate alcohol consumption. Main Outcome Measures: Abstinence, frequency of alcohol use, and quantity of alcohol use measured between 1 month and 1 year upon completion of treatment. Results: Pooled effects of standardized mean differences indicate that interventions significantly reduce adolescent alcohol use (Hedges g=-0.61; 95% confidence interval [CI], -0.83 to -0.40). Stratified analyses revealed larger effects for individual treatment (Hedges g=-0.75; 95% CI, -1.05 to -0.40) compared with family- based treatments (Hedges g=-0.46; 95% CI, -0.66 to -0.26). Conclusions: Treatments for adolescent substance abuse appear to be effective in reducing alcohol use. Individual-only interventions had larger effect sizes than family-based interventions and effect sizes decreased as length of follow-up increased. Furthermore, behavior-oriented treatments demonstrated promise in attaining long-term effects.

Keywords: Assertive Continuing Care, Behavior-Therapy, Citation, Consumption, Databases, Drug-Abuse, Efficacy, International, MEDLINE, Metaanalysis, Model, Multidimensional Family-Therapy, Psychiatric Comorbidity, Psychotherapies, Research, Researchers, Residential-Treatment, Review, Science, Science Citation Index, Social Science Citation Index, Sources, Substance Use Disorders, Treatment

? Meerpohl, J.J., Wolff, R.F., Niemeyer, C.M., Antes, G. and von Elm, E. (2010), Editorial policies of pediatric journals survey of instructions for authors. *Archives of Pediatrics & Adolescent Medicine*, **164** (3), 268-272.

Full Text: [2010\Arc Ped Ado Med164, 268.pdf](2010/Arc%20Ped%20Ado%20Med164,%20268.pdf)

Abstract: Objective: To study whether specific recommendations aiming to improve publication practice were included in author instructions of pediatric journals. Design: We identified 69 journals in the subject category “pediatrics” of the Journal Citation Report 2007 that publish original research articles. From the journals’ on-line author instructions, we extracted information regarding endorsement of the Uniform Requirements for Manuscripts (URM) of the International Committee of Medical Journal Editors and of 5 major reporting guidelines such as the Consolidated Standards of Reporting Trials (CONSORT) statement, disclosure of conflicts of interest, and trial registration. Two investigators collected data independently. Results: the URM were mentioned in author instructions of 38 of the 69 journals (55%). Endorsement of reporting guidelines was low: CONSORT was referred to most frequently (14 journals; 20%); each of the other 4 reporting guidelines was mentioned in less than 10% of author instructions. Fifty-four journals (78%) explicitly required authors to disclose conflicts of interest, and 16 (23%) either recommended or required trial registration. The odds of endorsing the URM increased by 2.25 (95% confidence interval [CI], 1.17-4.34) per additional impact factor point. Similarly, the odds increased by 2.32 (95% CI, 0.95-5.70) for requiring disclosure of conflicts of interest and by 3.66 (95% CI, 1.74-7.71) for requiring trial registration. Conclusions: Many pediatric journals do not include recommendations that aim to improve publication practice in their author instructions. About one-fifth of journals do not require authors to disclose conflicts of interest on manuscript submission and more than three-quarters do not require/recommend trial registration.

Keywords: Authors, Biomedical-Research, Citation, Clinical-Trials, Consort Statement, Dec-Net, European Register, Germany, Impact, Impact Factor, Information, Journal, Journals, Publication, Quality, Randomized Controlled-Trials, Registration, Research, Transparency

? Ciampa, P.J., Kumar, D., Barkin, S.L., Sanders, L.M., Yin, H.S., Perrin, E.M. and Rothman, R.L. (2010), Interventions aimed at decreasing obesity in children younger than 2 years: A systematic review. *Archives of Pediatrics & Adolescent Medicine*, **164** (12), 1098-1104.

Abstract: Objective: To assess the evidence for interventions designed to prevent or reduce overweight and obesity in children younger than 2 years. Data Sources: MEDLINE, the Cochrane Central Register of Controlled Trials, CINAHL, Web of Science, and references from relevant articles. Study Selection: Included were published studies that evaluated an intervention designed to prevent or reduce overweight or obesity in children younger than 2 years. Data Extraction: Extracted from eligible studies were measured outcomes, including changes in child weight status, dietary intake, and physical activity and parental attitudes and knowledge about nutrition. Studies were assessed for scientific quality using standard criteria, with an assigned quality score ranging from 0.00 to 2.00 (0.00-0.99 is poor, 1.00-1.49 is fair, and 1.50-2.00 is good). Data Synthesis: We retrieved 1557 citations; 38 articles were reviewed, and 12 articles representing 10 studies met study inclusion criteria. Eight studies used educational interventions to promote dietary behaviors, and 2 studies used a combination of nutrition education and physical activity. Study settings included home (n=2), clinic (n=3), classroom (n=4), or a combination (n=1). Intervention durations were generally less than 6 months and had modest success in affecting measures, such as dietary intake and parental attitudes and knowledge about nutrition. No intervention improved child weight status. Studies were of poor or fair quality (median quality score, 0.86; range, 0.28-1.43). Conclusions: Few published studies attempted to intervene among children younger than 2 years to prevent or reduce obesity. Limited evidence suggests that interventions may improve dietary intake and parental attitudes and knowledge about nutrition for children in this age group. For clinically important and sustainable effect, future research should focus on designing rigorous interventions that target young children and their families.

Keywords: Anticipatory Guidance, Body-Mass Index, Child, Childhood Overweight, Children, Citations, Cochrane, Education, Extraction, Families, Infant Weight-Gain, Intervention, Interventions, Knowledge, Low-Income Families, MEDLINE, Nutrition, Obesity, Outcomes, Overweight, Parental Attitudes, Physical Activity, Physical-Activity, Project, Rapid Growth, Research, Review, Risk, Saturated Fat, Science, Sources, Success, Systematic, Systematic Review, Web of Science

? Cohen, E., Jovcevska, V., Kuo, D.Z. and Mahant, S. (2011), Hospital-based comprehensive care programs for children with special health care needs: A systematic review. *Archives of Pediatrics & Adolescent Medicine*, **165** (6), 554-561.

Abstract: Objective: To examine the effectiveness of hospital-based comprehensive care programs in improving the quality of care for children with special health care needs. Data Sources: A systematic review was conducted using Ovid MEDLINE, CINAHL, EMBASE, PsycINFO, Sociological Abstracts SocioFile, and Web of Science. Study Selection: Evaluations of comprehensive care programs for categorical (those with single disease) and noncategorical groups of children with special health care needs were included. Selected articles were reviewed independently by 2 raters. Data Extraction: Models of care focused on comprehensive care based at least partially in a hospital setting. The main outcome measures were the proportions of studies demonstrating improvement in the Institute of Medicine’s quality-of-care domains (effectiveness of care, efficiency of care, patient or family centeredness, patient safety, timeliness of care, and equity of care). Data Synthesis: Thirty-three unique programs were included, 13 (39%) of which were randomized controlled trials. Improved outcomes most commonly reported were efficiency of care (64% [49 of 76 outcomes]), effectiveness of care (60% [57 of 95 outcomes]), and patient or family centeredness (53% [10 of 19 outcomes). Outcomes less commonly evaluated were patient safety (9% [3 of 33 programs]), timeliness of care (6% [2 of 33 programs]), and equity of care (0%). Randomized controlled trials occurred more frequently in studies evaluating categorical vs noncategorical disease populations (11 of 17 [65%] vs 2 of 16 [17%], P=.008). Conclusions: Although positive, the evidence supporting comprehensive hospital-based programs for children with special health care needs is restricted primarily to nonexperimental studies of children with categorical diseases and is limited by inadequate outcome measures. Additional high-quality evidence with appropriate comparative groups and broad outcomes is necessary to justify continued development and growth of programs for broad groups of children with special health care needs.

Keywords: Birth-Weight Infants, Care, Children, Chronic Illness, Complex, Controlled-Trial, Development, Disease, Effectiveness, EMBASE, Extraction, Follow-up, Health, Health Care, Hospital, Intervention, Management, Medical Home, MEDLINE, Outcome, Outcomes, Pediatric Home Care, Quality of Care, Randomized Controlled Trials, Randomized Trial, Review, Safety, Science, Sources, Systematic, Systematic Review, Web of Science

# Title: Archives of Physical Medicine and Rehabilitation

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? Key, J.D. and Roland C.G. (1977), References accuracy in articles accepted for publication in the *Archives of Physical Medicine and Rehabilitation*. *Archives of Physical Medicine and Rehabilitation*, **58** (??), 136-137.

? Key, J.D. (1988), Citation classics - Most-cited articles from *Archives of PM-and-R*. *Archives of Physical Medicine and Rehabilitation*, **69** (12), 1058-1059.

Full Text: 1988\Arc Phy Med Reh69, 1058.pdf

Keywords: Articles, Citation

Notes: JJournal

Kuhlemeier, K.V. (1992), A bibliometric analysis of the *Archives of Physical Medicine and Rehabilitation*. *Archives of Physical Medicine and Rehabilitation*, **73** (2), 126-132.

Abstract: A bibliometric analysis based on the Journal Citation Reports distributed by the Institute of Scientific Information was made of the Archives of Physical Medicine and Rehabilitation and related journals to determine the relative ranking of the Archives in several bibliometric categories. It was hoped that this process would yield objective evidence for the strengths and weaknesses of the Archives. Bibliometric indices that were compared included the impact factor (a reflection of how often a journal’s articles are cited) and the cited half-life and immediacy (both of which deal with the timeliness of a journal’s articles). The overall rankings of the Archives in 1988 compared to all journals indexed were 1,887 of 4,020 for impact factor, 2,633 of 2,683 for cited half-life and 1,793 of 4,020 for immediacy. In general, the Archives ranked higher in most of these indices than most rehabilitation journals but lower than other journals widely cited in the Archives, including general journals, other specialty journals, and a basic science journal.

Keywords: Bibliography, Descriptive, Bibliography of Medicine, Periodicals, Publishing, Citation Analysis, Tool

? Terreni, M., Benfenati, E., Pistotti, V. and Fanelli, R. (1995), A library report on the analysis of pesticides subject to investigation for the European-Communities-Commission. *Archives of Physical Medicine and Rehabilitation*, **58** (1-4), 31-42.

Full Text: 1995\Arc Phy Med Reh58, 31.pdf

Abstract: A recent Report from the Commission of the European Communities indicated a list of eleven Pesticides (benazolin, bromofenoxim, ethofumesate, fenamiphos, maneb, metham-sodium, oxydemetonmethyl, phenmedipham, trichlorfon, trichloroacetic acid, ziram) to be studied on an analytical point of view because of their widespread use in Europe, but which lack of suitable analytical procedures for water samples at the required limit of detection (0.1 μg/l). The present study presents the results of a library search, and indicates the principal procedures presented in the literature for these pesticides. Useful techniques appeared for some compounds, but for others more studies are still needed.

Keywords: Pesticides, Library Search, GC, HPLC, Mass Spectrometry, Water, Performance Liquid-Chromatography, Organo-Phosphorus Pesticides, Postcolumn Reaction Detection, Accommodate Megabore Columns, Capillary Gas-Chromatography, Flame Photometric Detection, Plasma Emission Detection, Mass-Spectrometry, Mobile-Phase, Environmental-Samples

Notes: JJournal

? Kuhlemeier, K.V. (1992), A bibliometric analysis of the *Archives of Physical Medicine and Rehabilitation*. *Archives of Physical Medicine and Rehabilitation*, **73** (2), 126-132.

Full Text: 1992\Arc Phy Med Reh73, 126.pdf

Abstract: A bibliometric analysis based on the Journal Citation Reports distributed by the Institute of Scientific Information was made of the Archives of Physical Medicine and Rehabilitation and related journals to determine the relative ranking of the Archives in several bibliometric categories. It was hoped that this process would yield objective evidence for the strengths and weaknesses of the Archives. Bibliometric indices that were compared included the impact factor (a reflection of how often a journal’s articles are cited) and the cited half-life and immediacy (both of which deal with the timeliness of a journal’s articles). The overall rankings of the Archives in 1988 compared to all journals indexed were 1,887 of 4,020 for impact factor, 2,633 of 2,683 for cited half-life and 1,793 of 4,020 for immediacy. In general, the Archives ranked higher in most of these indices than most rehabilitation journals but lower than other journals widely cited in the Archives, including general journals, other specialty journals, and a basic science journal.

Keywords: Bibliography, Descriptive, Bibliography of Medicine, Periodicals, Publishing, Citation Analysis, Tool

Minozzi, S., Pistotti, V. and Forni, M. (2000), Searching for rehabilitation articles on MEDLINE and EMBASE. An example with cross-over design. *Archives of Physical Medicine and Rehabilitation*, **81** (6), 720-722.

Full Text: [2000\Arc Phy Med Reh81, 720.pdf](2000/Arc%20Phy%20Med%20Reh81,%20720.pdf)

Abstract: Objective: To analyze the usefulness of MEDLINE and EMBASE biomedical databases in rehabilitation and to identify descriptors and text words necessary to do a comprehensive search.

Methods: We looked for articles published since 1990 relating to neurologic, orthopedic, respiratory, urologic, and rheumatologic rehabilitation. We looked for all descriptors and text words pertinent to rehabilitation and linked them with ‘cross-over.’)

Results: We found 165 articles in MEDLINE and 159 in EMBASE with an overlap of only 17% of articles. Only 32% of the articles in MEDLINE and 35% in EMBASE were relevant. of the 214 nonoverlapping articles, 84% were published in journals present in both databases, but were indexed differently.

Conclusion: At least two databases must be used to ensure a comprehensive literature search. Searching in EMBASE after MEDLINE we gained 25 articles (32%). Bibliographic search in rehabilitation is particularly complex because of the heterogeneity of the subject matter. Cooperation between an information professional and a clinician is essential to ensure a comprehensive search.

Keywords: Rehabilitation, Cross-Over Studies, MEDLINE, Embase, Databases, Bibliographic

? de Groot, M.H., Phillips, S.J. and Eskes, G.A. (2003), Fatigue associated with stroke and other neurologic conditions: Implications for stroke rehabilitation. *Archives of Physical Medicine and Rehabilitation*, **84** (11), 1714-1720.

Full Text: [2003\Arc Phy Med Reh84, 1714.pdf](2003/Arc%20Phy%20Med%20Reh84,%201714.pdf)

Abstract: Objectives: To examine the general phenomenon of fatigue in stroke and other neurologic disorders and to review what is currently known about its occurrence, including its frequency, duration, severity, and associated factors, to develop a strategy for treatment.

Data Sources: Computerized databases (eg, PUBMED, PsycInfo, Science Citation Index, Ovid EMBASE, Ovid MEDLINE) searched from inception to May 2002. Additional references were identified from bibliographies of pertinent articles and books.

Study Selection: Over 1000 articles were identified as relevant to fatigue experienced by patients with neurologic or nonneurologic disorders. Articles on fatigue in stroke and neurologic disorders, mechanisms, and/or treatment were selected for inclusion.

Data Extraction: Authors reviewed the articles and assessed the purpose, study design, and conclusions for validity and relevance to the topic of fatigue in stroke.

Data Synthesis: Fatigue is a common complaint among patients with neurologic disorders including stroke. Few studies have documented the high frequency of fatigue in poststroke patients and its negative impact on daily functioning and quality of life. Little is known about associated factors or about therapeutic strategies that may be used to alleviate it. Examination of fatigue in other neurologic populations suggests common characteristics and associated factors that may be useful in the development of potential therapeutic strategies. Pharmacologic and nonpharmacologic therapeutic interventions, such as stimulants, amantadine, or sleep and stress-management education, have been used with some success in neurologic and other patient populations (eg, multiple sclerosis, human immunodeficiency virus, acquired immune deficiency syndrome, cancer), but evidence of effectiveness based on randomized clinical trials is rare.

Conclusions: Poststroke fatigue is common. Therapeutic strategies have been used to treat fatigue in other patient populations, but it is unclear whether these will be beneficial to poststroke patients. Frequency, severity, duration, impact, predisposing factors, and causes of poststroke fatigue, as well as the development of effective treatment, require further research. Criteria for assessment of fatigue and potential therapeutic interventions are outlined as a first step for stimulating further research.

Keywords: Cerebrovascular Disorders, Fatigue, Neurologic Disorders, Quality of Life, Recovery of Function, Rehabilitation, Review [Publication Type], Cancer-Related Fatigue, Multiple-Sclerosis, Parkinsons-Disease, Brain-Injury, Head-Injury, Subarachnoid Hemorrhage, Poststroke Depression, Breathing Disorders, Follow-up, Symptoms

? Wayne, P.M., Krebs, D.E., Wolf, S.L., Gill-Body, K.M., Scarborough, D.M., McGibbon, C.A., Kaptchuk, T.J. and Parker, S.W. (2004), Can Tai Chi improve vestibulopathic postural control? *Archives of Physical Medicine and Rehabilitation*, **85** (1), 142-152.

Full Text: [2004\Arc Phy Med Reh85, 142.pdf](2004/Arc%20Phy%20Med%20Reh85,%20142.pdf)

Abstract: Wayne PM, Krebs DE, Wolf SL, Gill-Body KM, Scarborough DM, McGibbon CA, Kaptchuk TJ, Parker SW. Can Tai Chi improve vestibulopathic postural control? Arch Phys Med Rehabil 2004;85:142-52.

Objectives: To evaluate the rationale and scientific support for Tai Chi as an intervention for vestibulopathy and to offer recommendations for future studies.

Data Sources: A computer-aided search, including MEDLINE and Science Citation Index, to identify original Tai Chi studies published in English; relevant references cited in the retrieved articles were also included.

Study Selection: A preliminary screening selected all randomized controlled trials (RCTs), non-RCTs, case-control studies, and case series that included Tai Chi as an intervention and had at least 1 outcome variable relevant to postural stability.

Data Extraction: Authors critically reviewed studies and summarized study designs and outcomes in a summary table.

Data Synthesis: Twenty-four Tai Chi studies met screening criteria. No studies specifically studying Tai Chi for vestibulopathy were found. Collectively, the 24 studies provide sometimes contradictory but generally supportive evidence that Tai Chi may have beneficial effects for balance and postural impairments, especially those associated with aging. Ten RCTs were found, of which 8 provide support that Tai Chi practiced alone, or in combination with other therapies, can reduce risk of falls, and/or impact factors associated with postural control, including improved balance and dynamic stability, increased musculoskeletal strength and flexibility, improved performance of activities of daily living (ADLs), reduced fear of falling, and general improvement in psychologic well-being. Studies using other designs support the results observed in RCTs.

Conclusions: At present, few data exist to support the contention that Tai Chi specifically targets the impairments, functional limitations, disability, and quality of life associated with peripheral vestibulopathy. There are, however, compelling reasons to further investigate Tai Chi for vestibulopathy, in part because Tai Chi appears useful for a variety of nonvestibulopathy etiologic balance disorders, and is safe. Especially needed are studies that integrate measures of balance relevant to ADLs with other psychologic and cognitive measures; these might help identify specific mechanisms whereby Tai Chi can remedy balance disorders.

Keywords: Balance, Posture, Rehabilitation, Tai Chi, Quality-of-Life, Older Adults, Cardiorespiratory Function, Aerobic Exercise, Vestibular Rehabilitation, Rheumatoid-Arthritis, Alternative Medicine, Chuan Practitioners, Acoustic Neuroma, Physical Therapy

? Rocha, A.P. and Beraldo, P.S. (2004), Evidence-based PM&R? Yes! *Archives of Physical Medicine and Rehabilitation*, **85** (9), 1561-1562.

Full Text: [2004\Arc Phy Med Reh85, 1561.pdf](2004/Arc%20Phy%20Med%20Reh85,%201561.pdf)

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Full Text: [2005\Arc Phy Med Reh86, 134.pdf](2005/Arc%20Phy%20Med%20Reh86,%20134.pdf)

Abstract: Objectives: To provide information on the advantages and possible disadvantages of using canes and walkers. Data Sources: English-language articles were identified by searching MEDLINE and PUBMED (1966-May 2003) for key words cane or walker, excluding articles unrelated to mobility aids. Bibliographies were reviewed and ISI Web of Science citation searches were run to identify additional references. Over 1000 articles were selected for further evaluation. Study Selection: We extracted all Studies of single-tip canes or pickup walkers addressing: (1) functional, biomechanic, or neuromotor benefits; (2) biomechanic, attentional, neuromotor, metabolic, or physiologic demands; and (3) falls, injuries, or other problems. We included approximately 10% of the articles originally identified. Data Extraction: the methodology of each selected article, and findings relevant to the benefits, demands, or adverse effects of cane or walker use were summarized. Data Synthesis: Findings were synthesized by considering their relation to basic biomechanic principles. Some biomechanic findings appear to support the clinical view that canes and walkers can improve balance and mobility for older adults and people with other clinical conditions. However, a large proportion of users experience difficulties, and the use of such devices is associated with increased risk of falling. A small number of studies have characterized some of the specific demands and problems associated with using mobility aids. Conclusions: Clinical and biomechanic evaluations of canes and walkers confirm that these devices can improve balance and mobility. However, they can also interfere with one’s ability to maintain balance in certain situations, and the strength and metabolic demands can be excessive. More research is needed to identify and solve specific problems. Such research may lead to improved designs and guidelines for safer use of canes and walkers.

Keywords: Accidental Falls, Adults, Adverse Effects, Aging, Anticipatory Postural Adjustments, Assistive Devices, Balance, Bibliographies, Canes, Carpal-Tunnel Syndrome, Citation, Evaluation, Extraction, Fall Prevention, Falls, Functional, Gait, Guidelines, Information, ISI, Lead, MEDLINE, Methodology, Muscle-Activity, Nonweight-Bearing Ambulation, Older Adults, Posture, PUBMED, Rehabilitation, Research, Risk, Science, Sources, Spinal-Cord-Injury, Standing Balance, Stroke Patients, Voluntary Movement, Walkers, Web of Science, Weight-Bearing

? Stolwijk-Swüste, J.M., Beelen, A., Lankhorst, G.J. and Nollet, F. (2005), The course of functional status and muscle strength in patients with late-onset sequelae of poliomyelitis: A systematic review. *Archives of Physical Medicine and Rehabilitation*, **86** (8), 1693-1701.

Full Text: [2005\Arc Phy Med Reh86, 1693.pdf](2005/Arc%20Phy%20Med%20Reh86,%201693.pdf)

Abstract: Stolwijk-SwUste JM, Beelen A, Lankhorst GJ, Nollet F, for the CARPA Study Group. The course of functional status and muscle strength in patients with late-onset sequelae of poliomyelitis: a systematic review. Arch Phys Med Rehabil 2005;86:1693-701. Objectives: To review systematically studies of late-onset polio sequelae on the course of functional status and muscle strength over time and to identify prognostic factors of change. Data Sources: We conducted a computerized literature search up to July 2004 in MEDLINE, EMBASE, CINAHL, Web of Science, PsychInfo, and the Cochrane controlled trial register using the key words: postpolio, postpoliomyelitis, postpoliomyelitis syndrome, post poliomyelitis muscular atrophy, and poliomyelitis. Study Selection: Reports were selected by I reviewer if the study involved subjects with a history of poliomyelitis, the outcome measures described functional status or muscle strength, and follow-up was for at least 6 months. Data Extraction: Studies were summarized with regard to population, design, sample size, outcome measures, results, and methodologic scores. Overlap in populations between studies was checked. Data Synthesis: of 71 potentially relevant studies, 19 were included (2 on functional status, 15 on muscle strength, 2 on both muscle strength and functional status). Two studies on the course of functional status had sufficient quality and reported inconsistent results. Four studies on the course of muscle strength had sufficient quality. Two studies reported a decline in strength and 2 reported no change. Decline in strength was only reported in studies with a follow-up period longer than 2 years. One study reported extent of paresis as a prognostic factor for change in perceived physical mobility. Conclusions: Conclusions cannot be drawn from the literature with regard to the functional course or prognostic factors in late-onset polio sequelae. The rate of decline in muscle strength is slow, and prognostic factors have not yet been identified. Long-term follow-up studies with unselected study populations and age-matched controls are needed, with specific focus on prognostic factors.(c) 2005 by the American Congress of Rehabilitation Medicine and the American Academy of Physical Medicine and Rehabilitation.

Keywords: 4-Year Follow-up, Assessments, Cochrane, Cohort, EMBASE, Extraction, Follow-up, Functional, History, Literature, MEDLINE, Motor Units, Neuromuscular Function, Outcome, Polio Survivors, Postpolio Syndrome, Postpoliomyelitis Syndrome, Progression, Rehabilitation, Review, Review Literature, Science, Sources, Symptoms, Systematic, Systematic Review, Web of Science

? Kelly, C., Foxe, J.J. and Garavan, H. (2006), Patterns of normal human brain plasticity after practice and their implications for neurorehabilitation. *Archives of Physical Medicine and Rehabilitation*, **87** (12S), 20-29.

Full Text: [2006\Arc Phy Med Reh87, 20.pdf](2006/Arc%20Phy%20Med%20Reh87,%2020.pdf)

Abstract: Objectives: To illustrate how our knowledge about normal patterns of experience-induced plasticity can provide insights into the mechanisms of neurorehabilitation; to provide an overview of the practice-effects literature in order to simplify and amalgamate a large number of heterogeneous findings and identify typical patterns of practice effects and their determining factors; and to concentrate on the impact of practice on higher cognitive functions, such as working memory, and present some preliminary but promising behavioral data that show how practice on a complex cognitive task can benefit cognitive functioning more generally. Data Sources: We performed a systematic search for peer-reviewed journal articles using computerized databases (PUBMED, ISI Web of Science, PsycINFO). Data Selection: Neuroimaging studies using functional magnetic resonance imaging (fMRI) or positron-emission tomography (PET) to examine functional activation changes as a result of practice on sensory, motor, or cognitive tasks in normal (healthy) populations were included in the review. Further studies were identified that examined the effects of rehabilitative training on functional activations in clinical populations using fMRI or PET. Data Extraction: Important characteristics of the selected studies were summarized in a systematic manner so to enable the extraction of specific factors impacting on the pattern of practice effects observed. Data Synthesis: We identified a number of factors that impact on the patterns of practice effects observed and discuss how the insights gained from the study of healthy populations can by applied to rehabilitation of cognitive deficits in clinical populations. Conclusions: Progress in our understanding of neurorehabilitative plasticity will be enabled by neuroimaging examinations of cognitive rehabilitation training grounded in a knowledge of normal (healthy) patterns of brain activation and practice-induced plasticity.

Keywords: Attention-Deficit, Hyperactivity Disorder, Brain, Conditional Oculomotor Associations, Databases, Extraction, FMRI, Functional, Functional Magnetic Resonance Imaging, Functional MRI, General Fluid Intelligence, Human, Imaging, Impact, ISI, Journal, Knowledge, Literature, Magnetic Resonance Imaging, Memory, Neuronal Plasticity, Normal, Obsessive-Compulsive Disorder, Overview, Pet, Practice, Prefrontal Cortex, Primary Motor Cortex, PUBMED, Rehabilitation, Response-Inhibition, Review, Science, Sources, Supplementary Eye Field, Systematic, Training, Web of Science, Working-Memory Capacity

? Wayne, P.M., Kiel, D.P., Krebs, D.E., Davis, R.B., Savetsky-German, J., Connelly, M. and Buring, J.E. (2007), The effects of Tai Chi on bone mineral density in postmenopaUSAl women: A systematic review. *Archives of Physical Medicine and Rehabilitation*, **88** (5), 673-680.

Full Text: [2007\Arc Phy Med Reh88, 673.pdf](2007/Arc%20Phy%20Med%20Reh88,%20673.pdf)

Abstract: Objective: To evaluate the evidence for Tai Chi as an intervention to reduce rate of bone loss in postmenopaUSAl women.

Data Sources: Literature search using MEDLINE, Science Citation Index, Cochrane databases, China Biological Medicine Database, and additional manual reference searches of retrieved articles and personal libraries.

Study Selection: Randomized controlled trials (RCTs), prospective cohort studies, and cross-sectional studies that included Tai Chi as an intervention, and had at least 1 outcome related to measurement of bone mineral density (BMD).

Data Extraction: Authors critically reviewed studies, evaluated methodologic quality, and synthesized study results in a summary table.

Data Synthesis: Six controlled studies were identified by our search. There were 2 RCTs, 2 nonrandomized prospective parallel cohort studies, and 2 cross-sectional studies. The 2 RCTs and 1 of the prospective cohort studies suggested that Tai Chi-naive women who participated in Tai Chi training exhibited reduced rates of postmenopaUSAl declines in BMD. Crosssectional studies suggested that long-term Tai Chi practitioners had higher BMD than age-matched sedentary controls, and had slower rates of postmenopaUSAl BMD decline. No adverse effects related to Tai Chi were reported in any trial.

Conclusions: Conclusions on the impact of Tai Chi on BMD are limited by the quantity and quality of research to date. This limited evidence suggests Tai Chi may be an effective, safe, and practical intervention for maintaining BMD in postmenopaUSAl women. In combination with research that indicates Tai Chi can positively impact other risk factors associated with low BMD (eg, reduced fall frequency, increased musculoskeletal strength), further methodologically sound research is warranted to better evaluate the impact of Tai Chi practice on BNID and fracture risk in postmenopaUSAl women.

Keywords: Bone Mineral Density, Exercise, Osteopenia, Osteoporosis, Rehabilitation, Tai Chi, Quality-of-Life, Osteoporotic Fractures, Older-Adults, Cardiorespiratory Function, Rheumatoid-Arthritis, Chuan Practitioners, Postural Stability, Aerobic Exercise, Controlled-Trial, Balance

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Full Text: [2008\Arc Phy Med Reh89, 1169.pdf](2008/Arc%20Phy%20Med%20Reh89,%201169.pdf)

Abstract: Objective: To determine the reproducibility of manual palpation in identifying trigger points based on a systematic review of available literature. Data Sources: MEDLINE (1965-2007), CINHAL (1982-2007), ISI Web of Science (1945-2007), and MANTIS (1966-2007) databases and reference lists of articles. Study Selection: Reproducibility studies relating to identification and diagnosis of trigger points through palpation. Acceptable studies were required to specifically consider either inter- or intrarater reliability of trigger point identification through manual palpation and include K statistics as part of their statistical assessment. Data Extraction: Three independent reviewers considered the studies for inclusion and rated their methodologic quality based on the Standards for Reporting of Diagnostic Accuracy guidelines for the reporting of diagnostic studies. Data Synthesis: Eleven studies were initially included; however, 5 were subsequently excluded based on the inclusion and exclusion criteria. Only 2 studies were judged to be of high quality, and the level of evidence criteria suggested that, at best, moderate evidence could be found from which to make pronouncements on the literature. Only local tenderness of the trapezius (kappa range, .15-62) and pain referral of the gluteus medius (kappa range, .298-.487) and quadratus lumborum (kappa range, .36-501) were found to be reproducible. Conclusions: the methodologic quality of the majority of studies for the purpose of establishing trigger point reproducibility is generally poor. More high-quality studies are needed to comment on this procedure. Clinicians and scientists are urged to move toward simpler, global assessments of patient status.

Keywords: Agreement, Assessment, Common, Criteria, Databases, Diagnosis, Differential-Diagnosis, Extraction, Fibromyalgia, Guidelines, Interrater Reliability, ISI, Literature, Low-Back-Pain, Myofascial Pain Syndromes, Pain, Palpation, Points, Rehabilitation, Reliability, Review, Review [Publication Type], Science, Sources, Statistical, Statistics, Systematic, Systematic Review, Tender Points, Validity, Web of Science

? Bovend’Eerdt, T.J., Newman, M., Barker, K., Dawes, H., Minelli, C. and Wade, D.T. (2008), The effects of stretching in spasticity: A systematic review. *Archives of Physical Medicine and Rehabilitation*, **89** (7), 1395-1406.

Full Text: [2008\Arc Phy Med Reh89, 1395.pdf](2008/Arc%20Phy%20Med%20Reh89,%201395.pdf)

Abstract: Objectives: To investigate the general effect of stretching on spasticity and to explore the complexity of stretching in patients with spasticity. Data Sources: Two researchers independently performed a systematic literature search using the databases: MEDLINE, PEDro, Cochrane library, Web of Science, CINAHL, and Allied and Complementary Medicine. Study Selection: Studies on adults receiving a stretching technique to reduce spasticity were included. Data Extraction: Randomized controlled trials (RCTs) were assessed on the PEDro scale for methodologic quality. Thirteen items from the CONSORT list and the Critical Appraisal Skills Program guideline were used to assess the methodologic quality of the other studies. Data Synthesis: RCTs (n=10) and other clinical trials (n = 11) were included. The methodologic quality of the RCTs was low, varying between 4 and 8 on the PEDro scale. All studies show great diversity at the levels of methodology, population, intervention, and outcome measures making a meta-analysis not feasible. Both manual and mechanical stretching methods were studied. Stretching protocols were generally inadequately described and poorly standardized. The outcome measures used often assessed impairments such as available range of motion but were unable to distinguish between neural and nonneural components of spasticity. Associated functional benefits were not usually investigated. Although there is some positive evidence supporting the immediate effects of 1 stretching session, it remains unclear how long these effects abide and its long-term consequences. Conclusions: There is a wide diversity in studies investigating the effects of stretching on spasticity, and the available evidence on its clinical benefit is overall inconclusive. We recognize the need for consensus on a paradigm for stretching and for good-quality studies. Future research should address this issue and should investigate the clinical importance of the short- and long-term effects.

Keywords: Acquired Brain-Injury, Adults, Ankle Mobility, Clinical Trials, Cochrane, Consort, Critical, Databases, Extraction, Functional, Immobilized Muscle, Intermittent Stretch, Intervention, Knee Movements, Literature, Meta-Analysis, Methodology, Multiple-Sclerosis, Muscle Spasticity, Outcome, Randomized Controlled Trials, Randomized Controlled-Trial, Rehabilitation, Research, Researchers, Review, Review [Publication Type], Science, Sources, Spinal-Cord Injuries, Stroke Patients, Systematic, Systematic Review, Term Muscle Stretch, Web of Science

Notes: FField

? Shadgan, B., Roig, M., HajGhanbari, B. and Reid, W.D. (2010), Top-cited articles in rehabilitation. *Archives of Physical Medicine and Rehabilitation*, **91** (5), 806-815.

Full Text: [2010\Arc Phy Med Reh91, 806.pdf](2010/Arc%20Phy%20Med%20Reh91,%20806.pdf)

Abstract: Objective: To identify the 100 top-cited articles ever published in rehabilitation journals and to analyze their characteristics as a quantitative approach to investigating the quality and evolution of rehabilitation research. Data Sources: the Institute for Scientific Information Web of Knowledge Database and the 2007 and 2008 Journal Citation Report Science Editions were used to retrieve the 100 top-cited articles from 30 rehabilitation dedicated journals. Study Selection: the 100 top-cited articles included randomized controlled trials, case-control studies, case series studies, case reports, methodologic studies, systematic reviews, narrative reviews, and expert opinions. Data Extraction: Two independent reviewers performed data extraction from the retrieved articles and compared their results. The Sackett’s initial rules of evidence were used to categorize the type of study design as well as to evaluate the level of evidence provided by the results of the 100 top-cited articles. Data Synthesis: Among the 45,700 articles published in these journals, the 100 top-cited articles were published between 1959 and 2002 with an average of 200 citations an article (range, 131-1109). Top-cited articles were all English-language, primarily from North America (United States=67%; Canada=11%) and published in 11 journals led by the Archives of Physical Medicine and Rehabilitation. Eighty-four percent of the articles were original publications and were most commonly prospective (76%) case series studies (67%) that used human subjects (96%) providing level 4 evidence. Neurorehabilitation (41%), disability (19%), and biomechanics (18%) were the most common fields of study. Conclusions: We demonstrated that methodologic observational studies performed in North America and published in English have had the highest citations in rehabilitation journals.

Keywords: 100 Citation-Classics, Archives, Articles, Association, Bias, Bibliometrics, Case Reports, Case Series, Case-Control, Characteristics, Citation, Citations, Database, English, Evolution, Extraction, Human, Institute for Scientific Information, Journal Citation Report, Journals, Knowledge, Narrative, Occupational-Medicine, Physical Therapy Modalities, Physical-Therapy, Publications, Quantitative, Randomized Controlled Trials, Rehabilitation, Research, Review [Publication Type], Science, Sources, Study Design, Synthesis, Web of Knowledge

? Simmons-Mackie, N., Raymer, A., Armstrong, E., Holland, A. and Cherney, L.R. (2010), Communication partner training in aphasia: A systematic review. *Archives of Physical Medicine and Rehabilitation*, **91** (12), 1814-1837.

Full Text: [2010\Arc Phy Med Reh91, 1814.pdf](2010/Arc%20Phy%20Med%20Reh91,%201814.pdf)

Abstract: Simmons-Mackie N, Raymer A, Armstrong E, Holland A, Cherney LR. Communication partner training in aphasia: a systematic review. Arch Phys Med Rehabil 2010;91: 1814-37. Objectives: To describe the effects of communication partner training on persons with aphasia and their communication partners. Specifically the systematic review addressed 3 clinical questions regarding the impact of partner training on language, communication activity and participation, psychosocial adjustment, and quality of life for adults with aphasia and their communication partners. Data Sources: Twenty-three terms were used to search 12 electronic databases (eg, PUBMED, CINAHL, PsychINFO, Psych Articles, CSA Linguistics and Language Behavior Abstracts, Social Sciences Citation Index [Web of Science], SUMSearch, TRIP, EMBASE, REHABDATA, National Library for Health, Cochrane Database of Systematic Reviews) and the journal “Aphasiology.” References from all relevant articles were hand-searched. Study Selection: Two reviewers independently applied inclusion criteria to select potential relevant articles from the titles and abstracts of references retrieved by the literature search. The full text of the remaining articles was reviewed by a 5-member panel, resulting in a corpus of 31 studies that met the final inclusion criteria. Data Extraction: Two independent reviewers extracted the descriptive data related to the participants, the intervention, the outcome measures, and the results. Data Synthesis: the 5-member review team by consensus classified the studies using the American Academy of Neurology system for classification of evidence (2004). Conclusions: Evidence shows that communication partner training is effective in improving communication activities and/or participation of the communication partner and is probably effective in improving communication activities and/or participation of persons with chronic aphasia when they are interacting with trained communication partners. There is insufficient evidence to make recommendations related to the impact of partner training on persons with acute aphasia or the impact of training on language impairment, psychosocial adjustment, or quality of life for either the person with aphasia or the communication partner.

Keywords: Adults, Aphasia, Caregivers, Chronic, Classification, Clinical, Communication, Consensus, Controlled-Trial, Conversation Partners, Criteria, Data, Databases, Evidence, Family-Therapy, Impact, Intervention, Journal, Life, Literature, N, Outcome, Outcome Measures, Outcomes, Participation, People, Person, Potential, Psychosocial, Psychosocial Adjustment, PUBMED, Quality, Quality of, Quality of Life, Quality-of-Life, Recommendations, References, Rehabilitation, Review, Stroke-Induced Aphasia, Synthesis, Systematic Review, Training, Treatment Outcome, Volunteers

? Grimby, G. (2010), Top cited articles in rehabilitation: Additional list of articles. *Archives of Physical Medicine and Rehabilitation*, **91** (12), 1960-1961.

Full Text: [2010\Arc Phy Med Reh91, 1960.pdf](2010/Arc%20Phy%20Med%20Reh91,%201960.pdf)

Keywords: Distinct Scientific Fields

? Shadgan, B., Roig, M. and HajGhanbari, B. (2010), Top cited articles in rehabilitation: additional list of articles response. *Archives of Physical Medicine and Rehabilitation*, **91** (12), 1961-1962.

Full Text: [2010\Arc Phy Med Reh91, 1961.pdf](2010/Arc%20Phy%20Med%20Reh91,%201961.pdf)

Keywords: Citation-Classics, Journals, Medicine

? Cheung, V.H., Gray, L. and Karunanithi, M. (2011), Review of accelerometry for determining daily activity among elderly patients. *Archives of Physical Medicine and Rehabilitation*, **92** (6), 998-1014.

Full Text: [2011\Arc Phy Med Reh92, 998.pdf](2011/Arc%20Phy%20Med%20Reh92,%20998.pdf)

Abstract: Cheung VH, Gray L, Karunanithi M. Review of accelerometry for determining daily activity among elderly patients. Arch Phys Med Rehabil 2011;92:998-1014. Objectives: To review studies that used accelerometers to classify human movements and to appraise their potential to determine the activities of older patients in hospital settings. Data Sources: MEDLINE, CINAHL, and Web of Science electronic databases. A search constraint of articles published in English language between January 1980 and March 2010 was applied. Study Selection: All studies that validated the use of accelerometers to classify human postural movements and mobility were included. Studies included participants from any age group. All types of accelerometers were included. Outcome measures criteria explored within the studies were comparisons of derived classifications of postural movements and mobility against those made by using observations. Based on these criteria, 54 studies were selected for detailed review from 526 initially identified studies. Data Extraction: Data were extracted by the first author and included characteristics of study participants, accelerometers used, body positions of device attachment, study setting, duration, methods, results, and limitations of the validation studies. Data Synthesis: the accelerometer-based monitoring technique was investigated predominantly on a small sample of healthy adult participants in a laboratory setting. Most studies applied multiple accelerometers on the sternum, wrists, thighs, and shanks of participants. Most studies collected validation data while participants performed a predefined standardized activity protocol. Conclusions: Accelerometer devices have the potential to monitor human movements continuously to determine postural movements and mobility for the assessment of functional ability. Future studies should focus on long-term monitoring of free daily activity of a large sample of mobility-impaired or older hospitalized patients, who are at risk for functional decline. Use of a single waist-mounted triaxial accelerometer would be the most practical and useful option.

Keywords: Acceleration, Activities, Activity Monitor, Adult, Ambulatory Accelerometry, Ambulatory Monitoring, Assessment, Author, Classification, Daily Physical-Activity, Databases, Dwelling Older-Adults, Elderly, Energy-Expenditure, Extraction, Functional, Hospital, Hospital Rehabilitation, Human, MEDLINE, Monitoring, Motion Sensors, Motor Activity, Movement, Older Patients, Protocol, Rehabilitation, Review, Review Literature, Risk, Science, Sources, Triaxial Accelerometer, Validation, Walking, Wearable Sensors, Web of Science

? Disseldorp, L.M., Nieuwenhuis, M.K., Van Baar, M.E. and Mouton, L.J. (2011), Physical fitness in people after burn injury: A systematic review. *Archives of Physical Medicine and Rehabilitation*, **92** (9), 1501-1510.

Full Text: [2011\Arc Phy Med Reh92, 1501.pdf](2011/Arc%20Phy%20Med%20Reh92,%201501.pdf)

Abstract: Disseldorp LM, Nieuwenhuis MK, Van Baar ME, Mouton U. Physical fitness in people after burn injury: a systematic review. Arch Phys Med Rehabil 2011;92:1501-10. Objective: To gain insight into the physical fitness of people after burn injury compared with healthy subjects, and to present an overview of the effectiveness of exercise training programs in improving physical fitness in people after burn injury. Data Sources: Electronic databases EMBASE, Pub Med, and Web of Science were searched for relevant publications. Additionally, references from retrieved publications were checked. Study Selection: the review includes studies that provide quantitative data from objective measures of physical fitness of both the intervention group and the control group. Data Extraction: Characteristics of each study such as study design, institution, and intervention are reported, as well as mean ages and burn sizes of the subjects. Results are divided into 5 components of physical fitness muscular strength, muscular endurance, body composition, cardiorespiratory endurance, and flexibility and reported for each component separately. Data Synthesis: Eleven studies met the inclusion criteria, and their methodological quality was assessed using the PEDro score and a modified Sackett scale. Six studies were used for the comparison of physical fitness in burned and nonburned subjects, and 9 studies for evaluating the effectiveness of exercise training programs. Conclusions: Physical fitness is affected in people with extensive burns, and exercise training programs can bring on relevant improvements in all components. However, because of the great similarities in the subjects and protocols used in the included studies, the current knowledge is incomplete. Future research should include people of all ages with a broad range of burn sizes, for both short-term and long-term outcomes.

Keywords: Body Composition, Burn Injury, Burns, Characteristics, Children, Control, Databases, Design, Effectiveness, Embase, Exercise, Extraction, Injury, Insight, Intervention, Knowledge, Lean Mass, Modified, Muscle Strength, Outcomes, Outcomes Assessment, Overview, Physical Fitness, Program, Pub Med, Publications, Quantitative, Rehabilitation, Rehabilitation, Research, Review, Science, Selection, Sources, Strength, Supervised Exercise, Synthesis, Systematic, Systematic Review, Thermal-Injury, Training, Web of Science, X-Ray Absorptiometry, Young-Adults

? Louw, A., Diener, I., Butler, D.S. and Puentedura, E.J. (2011), The effect of neuroscience education on pain, disability, anxiety, and stress in chronic musculoskeletal pain. *Archives of Physical Medicine and Rehabilitation*, **92** (12), 2041-2056.

Full Text: [2011\Arc Phy Med Reh92, 2041.pdf](2011/Arc%20Phy%20Med%20Reh92,%202041.pdf)

Abstract: Objective: To evaluate the evidence for the effectiveness of neuroscience education (NE) for pain, disability, anxiety, and stress in chronic musculoskeletal (MSK) pain. Data Sources: Systematic searches were conducted on Biomed Central, BMJ.com, CINAHL, the Cochrane Library, NLM Central Gateway, OVID, Pro Quest (Digital Dissertations), PsycInfo, PubMed/MEDLINE, Science Direct, and Web of Science. Secondary searching (PEARLing) was undertaken, whereby reference lists of the selected articles were reviewed for additional references not identified in the primary search. Study Selection: All experimental studies including randomized controlled trials (RCTs), nonrandomized clinical trials, and case series evaluating the effect of NE on pain, disability, anxiety, and stress for chronic MSK pain were considered for inclusion. Additional limitations: studies published in English, published within the last 10 years, and patients older than 18 years. No limitations were set on specific outcome measures of pain, disability, anxiety, and stress. Data Extraction: Data were extracted using the participants, interventions, comparison, and outcomes (PICO) approach. Data Synthesis: Methodological quality was assessed by 2 reviewers using the Critical Review Form Quantitative Studies. This review includes 8 studies comprising 6 high-quality RCTs, 1 pseudo-RCT, and 1 comparative study involving 401 subjects. Most articles were of good quality, with no studies rated as poor or fair. Heterogeneity across the studies with respect to participants, interventions evaluated, and outcome measures used prevented meta-analyses. Narrative synthesis of results, based on effect size, established compelling evidence that NE may be effective in reducing pain ratings, increasing function, addressing catastrophization, and improving movement in chronic MSK pain. Conclusions: For chronic MSK pain disorders, there is compelling evidence that an educational strategy addressing neurophysiology and neurobiology of pain can have a positive effect on pain, disability, catastrophization, and physical performance.

Keywords: Anxiety, Case Series, Chronic Widespread Pain, Chronic-Fatigue-Syndrome, Clinical Trials, Cochrane, Comparative Study, Consort Statement, Critical, Disability, Dissertations, Education, Effectiveness, English, Experimental, Extraction, Fear-Avoidance Beliefs, Interventions, Low-Back-Pain, Movement, Musculoskeletal System, Neurophysiology, Neurophysiology Education, Neurosciences, Outcome, Outcomes, Pain, Patients, Physical-Therapy Practice, Physiology Education, Primary, Quality, Randomized Controlled Trials, Randomized Controlled-Trial, Rehabilitation, Review, Science, Selection, Sources, Strategy, Stress, Synthesis, Systematic, Systematic Reviews, Web of Science

? Cruz-Ferreira, A., Fernandes, J., Laranjo, L., Bernardo, L.M. and Silva, A. (2011), A systematic review of the effects of pilates method of exercise in healthy people. *Archives of Physical Medicine and Rehabilitation*, **92** (12), 2071-2081.

Full Text: [2011\Arc Phy Med Reh92, 2071.pdf](2011/Arc%20Phy%20Med%20Reh92,%202071.pdf)

Abstract: Objective: To evaluate evidence for the effectiveness of the Pilates method of exercise (PME) in healthy people. Data Sources: Published research was identified by searching Science Direct, MEDLINE, PubMed, SPORTDiscus, PEDro, Cochrane Central Register of Controlled Trials, CINAHL, and Web of Science. Study Selection: Research studies published from inception to May 7, 2011 were selected for evaluation. Two reviewers independently applied the inclusion criteria to selected potential studies. Studies were included if they were published in a peer-reviewed journal, written in the English language, conducted as a randomized controlled trial (RCT) or quasi-RCT in healthy people, had an inactive and/or exercise control group(s), included key study outcomes, and used the PME as the study intervention in at least 1 study arm. Data Extraction: Two reviewers independently extracted data (study, design, subjects, intervention, key outcomes results), applied the Physiotherapy Evidence Database (PEDro) scale to assess the method quality of selected studies, and determined the strength of the evidence using the best evidence synthesis grading system. Data Synthesis: Sixteen studies met the inclusion criteria. PEDro scale values ranged from 3 to 7 (mean, 4.1), indicating a low level of scientific rigor. The outcomes studied most often were flexibility, muscular endurance, strength, and postural alignment. The PME appears to be effective in improving flexibility (strong evidence), dynamic balance (strong evidence), and muscular endurance (moderate evidence) in healthy people. Conclusions: There was strong evidence to support the use of the PME at least to the end of training to improve flexibility and dynamic balance and moderate evidence to enhance muscular endurance. Future RCTs should focus on the components of blinding, concealed allocation, subject adherence, intention-to-treat analysis, and follow-up designs.

Keywords: Adherence, Adults, Analysis, Balance, Body-Composition, Clinical-Trials, Cochrane, Control, Database, Design, Effectiveness, English, Evaluation, Exercise, Extraction, Follow-Up, Intervention, Interventions, Journal, Low, Low-Back-Pain, MEDLINE, Outcomes, Pedro Scale, Physiotherapy, Pilates Training, Program, Pubmed, Quality, Randomized Controlled Trial, Randomized Controlled-Trials, Rehabilitation, Research, Review, Science, Selection, Sources, Strength, Studies Method, Synthesis, Systematic, Systematic Review, Training, Web of Science, Women

? Ugolini, D., Neri, M., Cesario, A., Marazzi, G., Milazzo, D., Volterrani, M., Bennati, L., Bonassi, S. and Pasqualetti, P. (2013), Bibliometric Analysis of Literature in Cerebrovascular and Cardiovascular Diseases Rehabilitation: Growing Numbers, Reducing Impact Factor. *Archives of Physical Medicine and Rehabilitation*, **94** (2), 324-331.

Full Text: [2013\Arc Phy Med Reh94, 324.pdf](2013/Arc%20Phy%20Med%20Reh94,%20324.pdf)

Abstract: Objectives: To explore temporal trends, geographic distribution, and socioeconomic determinants of scientific production in the field of cerebrovascular and cardiovascular disease (CCD) rehabilitation. Data Sources: Citations from 1967 to 2008 were downloaded from the PubMed database. Core of the search strategy was the key word cardiovascular diseases in the Medical Subject Headings major field with the subheading rehabilitation. Journal Citation Reports was used to assign an impact factor (IF). Demographic and economic data were retrieved from the International Monetary Fund. Study Selection: All articles retrieved were included in the bibliometric analysis. Data Extraction: The search strategy was validated on a random sample of the articles retrieved. The search quality reflected the level of error of the PubMed database. Data Synthesis: Publications retrieved were 10,379 and have grown 8.6 times in 40 years, faster than the all-diseases rehabilitation field (7.8 times), with a particularly steep growth for cerebrovascular diseases in the last 15 years (5 times). However, in the last decade, the articles’ quality (IF) decreased. From 1994 to 2008, 3466 citations were retrieved; 44.4% came from the European Union and 30.3% from the United States. The highest mean IF was reported for France (4.127). The United Kingdom and some relatively small northern European Union countries had the best ratio of IF (sum) to resident population or to gross domestic product. The most frequently used key word was stroke, and 3 journals (Archives of Physical Medicine and Rehabilitation, Clinical Rehabilitation, and Stroke) published one quarter of the articles. Conclusions: The overall scientific production in the field of CCD rehabilitation showed a steep growth in the last decade, especially because of cerebrovaseular research. In the same period, a decrease in the overall IF was observed. The European Union and the United States contributed 3 of every 4 articles in the field, although some Asian countries showed promising performance. Archives of Physical Medicine and Rehabilitation 2013;94:324-31 (C) 2013 by the American Congress of Rehabilitation Medicine.

Keywords: Analysis, Articles, Asian, Bibliometric, Bibliometric Analysis, Bibliometrics, Cardiac Rehabilitation, Cardiovascular, Cardiovascular Disease, Cardiovascular Diseases, CCD, Cerebrovascular Disorders, China, Citation, Citations, Coronary-Heart-Disease, Data, Database, Decline, Disease, Diseases, Distribution, Economic, Error, European Union, European Union Countries, European-Union, Extraction, Field, France, Gross Domestic Product, Growth, Impact, Impact Factor, Journal, Journal Citation Reports, Journals, Literature, Medical, Medicine, Mortality, Performance, Population, Productivity, Publications, Pubmed, Quality, Random Sample, Rehabilitation, Research, Resident, Scientific Production, Search Strategy, Small, Strategy, Stroke, Synthesis, Temporal, Trends, United Kingdom, United States

? Farmer, S.E., Durairaj, V., Swain, I. and Pandyan, D. (2014), Assistive technologies: Can they contribute to rehabilitation of the upper limb after stroke? *Archives of Physical Medicine and Rehabilitation*, **95** (5), 968-985.

Full Text: [2014\Arc Phy Med Reh95, 968.pdf](2014/Arc%20Phy%20Med%20Reh95,%20968.pdf)

Abstract: Objective: To systematically identify, review, and explore the evidence for use of assistive technologies (ATs) in poststroke upper limb rehabilitation. Data Sources: AMED, CINTAHL, Cochrane Library, Compendex, CSA Illumina, EMBASE, MEDLINE, PEDro, PyscINFO, and Web of Science were last searched in September 2011. Study Selection: Two independent researchers screened for inclusion criteria (adult poststroke subjects, upper limb rehabilitation with an AT). The risk of bias was assessed. Randomized controlled trials of poststroke subjects with baseline equivalence as assessed by blinded assessors were selected for data extraction. Data Extraction: Details of subjects, experimental and control treatments, and all outcomes were recorded in a spreadsheet. Data Synthesis: These data were used to calculate effect sizes for all outcome measures. Impairment measures ranged from -.39 (95% confidence interval [CI], -1.14 to .62) to 1.46 (95% CI, .72-2.20). Measures of activity effect sizes were from .04 (95% CI, -.35 to .44) to .93 (95% CI, -.39 to 2.25); for Motor Activity Log, from .07 (95% CI, -.66 to .80) to 1.24 (95% CI, .47-2.01); and for participation, from -3.32 (95% CI, -4.52 to 2.11) to 1.78 (95% CI, 0-3.56). Conclusions: AT treatments appear to give modest additional benefit when compared with usual care or in addition to usual care. This is most apparent for subjects early poststroke with 2 caveats: high-intensity constraint-induced movement therapy and electrical stimulation exclusively to the shoulder appear detrimental. The heterogeneity of treatment parameters and population characteristics precludes specific recommendations. Research would benefit from modeling studies to explicitly define criteria of population, intervention, comparator, and outcomes for effective treatments before the development of efficiently integrated care pathways. (C) 2014 by the American Congress of Rehabilitation Medicine.

Keywords: Activity, Adult, Assistive Technology, At, Bias, Care, Characteristics, Clinical-Trial, Confidence, Constraint-Induced Movement, Constraint-Induced Movement Therapy, Control, Criteria, Data, Development, Embase, Evidence, Experimental, Extraction, Functional Recovery, Heterogeneity, Integrated Care, Interval, Intervention, Measures, Medicine, Medline, Modeling, Motor Control, Movement, Neuromuscular Electrical-Stimulation, Outcome, Outcome Measures, Outcomes, Participation, Pathways, Population, Poststroke Shoulder Pain, Randomized Controlled Trials, Randomized Controlled-Trial, Recommendations, Rehabilitation, Research, Review, Risk, Science, Short-Term, Stroke, Subacute Stroke, Synthesis, Systematic, Technologies, Therapy, Treatment, Upper Extremity, Upper-Extremity Function, Web Of Science

# Title: Archives of Plastic Surgery

Full Journal Title: Archives of Plastic Surgery

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Moghimi, M., Fathi, M., Marashi, A., Kamani, F., Habibi, G., Hirbod-Mobarakeh, A., Ghaemi, M. and Hosseinian-Sarajehlou, M. (2013), A scientometric analysis of 20 years of research on breast reconstruction surgery: A guide for research design and journal selection. *Archives of Plastic Surgery*, **40** (2), 109-115.

Full Text: [2013\Arc Pla Sur40, 109.pdf](2013/Arc%20Pla%20Sur40,%20109.pdf)

Abstract: BACKGROUND: Breast reconstruction refers to the rebuilding of a woman’s breast using autologous tissue or prosthetic material to form a natural-looking breast. It is increasingly offered to women undergoing mastectomy for breast cancer. However, there is no systematic analysis available for the expanding area of research on breast reconstruction.

METHODS: A bibliometric method was used to obtain a view of the scientific production about breast reconstruction by data extracted from the Institute for Scientific Information (ISI). Specific parameters were retrieved from the ISI. Articles about breast reconstruction were analyzed to obtain a view of the topic’s structure, history, and document relationships using HistCite software. Trends in the most influential publications and authors were analyzed.

RESULTS: The number of articles was constantly increasing. Most highly cited articles described the methods of flap construction in the surgery. Other highly cited articles discussed the psychological or emotional aspects of breast reconstruction, skin sparing mastectomy, and breast reconstruction in the irradiated breast.

CONCLUSIONS: This was the first breast reconstruction scientometric analysis, representing the characteristics of papers and the trends of scientific production. A constant increase in the number of breast reconstruction papers and also the increasing number of citations shows that there is an increasing interest in this area of medical science. It seems that most of the research in this field is focused on the technical aspects of surgery.

Keywords: Bibliometrics, Historiography, Mammaplasty

# Title: Archives des Sciences

Full Journal Title: Archives des Sciences

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Indermuehle, N., Oertli, B., Menetrey, N. and Sager, L. (2004), An overview of methods potentially suitable for pond biodiversity assessment. *Archives des Sciences*, **57** (2-3), 131-139.

Abstract: This study provides a general overview of existing methods potentially suitable for assessing pond biodiversity. A bibliographic review allowed to evaluate the number of papers and consequently the interest of scientific investigation allocated (i) to different freshwater assessment objectives such as biodiversity water quality or hydrological functions, and (ii) to biodiversity assessment for each of four waterbody types (ponds, wetlands, rivers & streams, lakes). The review was conducted using ISI Web of Science and browsing grey literature (reports from environment agencies and research institutes). Both methods designed for fundamental research and site management were taken into account. The results emphasize that biological assessment methods for routine monitoring have been developed mostly for streams and rivers during the last two decades, and that lentic freshwater habitats have been rather neglected. Ponds, in particular have been widely ignored despite of their significant contribution to regional biodiversity. Freshwater assessment methods mainly focus on water quality and hydrological aspects while biodiversity is underrepresented.

Keywords: Assessment, Bibliographic, Biodiversity, Conservation Value, Contribution, Diversity, Environment, Integrity, Interest, Invertebrates, ISI, Lakes, Literature, Management, Management, Mesh Size, Monitoring, Odonata, Overview, Papers, Research, Review, Science, Small Waterbodies, Species Richness, Species Richness, Streams, Web of Science, Wetlands

# Title: Archives of Surgery

Full Journal Title: [Archives of Surgery](http://archsurg.ama-assn.org/contents-by-date.0.dtl)

ISO Abbreviated Title: Arch. Surg.

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Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Amer Medical Assoc

Publisher Address: 515 N State St, Chicago, IL 60610

Subject Categories:

Surgery: Impact Factor

? Kurichi, J.E., Kelz, R.R. and Sonnad, S.S. (2005), Women authors of surgical research. *Archives of Surgery*, **140** (11), 1074-1077.

Full Text: [2005\Arc Sur140, 1074.pdf](2005/Arc%20Sur140,%201074.pdf)

Abstract: Hypothesis: the number of women authors in the surgical literature has increased during the past 20 years. Design: Randomly selected issues of odd-year journals in Archives of Surgery and Annals of Surgery from January 1, 1985, to December 31, 2003, were reviewed. We determined the gender of each author and reported trends in the occurrence of women authors over time. Results: the percentage of women authors has increased over time and parallels the percentage of women faculty in academic surgery positions. A much higher percentage of women authors than men authors are non-physicians. The trend for increased authorship by women over time was significant in Archives of Surgery. Conclusion: Although the number of women first authors is low, their contributions to the field of surgery should be acknowledged, and efforts to provide women with the resources and opportunities to conduct research and publish their findings should be a focus for surgical departments looking to increase their research productivity.

Keywords: Authorship, Faculty, Field, First, Gender, Journals, Literature, Men, Productivity, Research, Research Productivity, Surgery, Trend, Trends, Women

? Yin, Z., Sun, J., Yin, D. and Wang, J. (2012), Surgical treatment strategies in chronic pancreatitis: A meta-analysis. *Archives of Surgery*, **147** (10), 961-968.

Full Text: [2012\Arc Sur147, 961.pdf](2012/Arc%20Sur147,%20961.pdf)

Abstract: Objective: To research the optimal surgical strategy for chronic pancreatitis. Data Sources: PubMed, EMBASE, Science Citation Index, SpringerLink, and secondary sources from inception through December 31, 2011, with no restrictions on languages or regions. Study Selection: All controlled experimental (randomized and nonrandomized) studies in which duodenum-preserving pancreatic head resection was compared with pancreaticoduodenectomy in chronic pancreatitis. Data Extraction: Data were extracted independently and in duplicate by 2 reviewers; discrepancies were resolved by discussion. Data Synthesis: A total of 1007 patients from 15 studies were included in the meta-analysis. The relative risks for postoperative pain relief and postoperative morbidity in the Beger procedure were 1.29 (95% CI, 1.03-1.61; P=.03) and 0.55 (0.21-1.39; P=.20), respectively, compared with pancreaticoduodenectomy. These results are just the opposite in the Frey procedure, in which a significantly better outcome was shown in postoperative morbidity compared with resection (relative risk, 0.60; 95% CI, 0.46-0.78; P<.01) but not in postoperative pain relief (1.03; 0.90-1.17; P=.67). In terms of quality of life, pancreatic exocrine function, and delayed gastric emptying, the results also favored duodenum-preserving strategies. Conclusions: For the duodenum-preserving strategy of the Beger procedure, complete pain relief is achieved in most patients, but there is no evidence that it has a better result in postoperative morbidity. For the Frey procedure, a significantly lower postoperative morbidity is demonstrated, but complete pain relief is not provided in most cases. Thus, compared with conventional pancreaticoduodenectomy, both new strategies should be recommended on the basis of the patients’ appropriate individual preferences.

Keywords: Chronic, Citation, Classic Whipple Procedure, Conventional, Drainage, Duodenum-Preserving Resection, Evidence, Experimental, Extraction, Function, Head Resection, Languages, Life, Meta-Analysis, Metaanalysis, Morbidity, Outcome, Pain, Pain Relief, Pancreaticoduodenectomy, Pancreatitis, Patients, Postoperative, Postoperative Morbidity, Postoperative Pain, Procedure, Pubmed, Pylorus, Quality, Quality Of, Quality of Life, Quality-of-Life, Randomized, Randomized-Trial, Relative Risk, Research, Restrictions, Risk, Risks, Science, Science Citation Index, Single-Center, Sources, Strategy, Synthesis, Term-Follow-Up, Treatment

# Title: Archives of Toxicology

Full Journal Title: [Archives of Toxicology](http://www.springerlink.com/content/100462/?p=46d065a2067941079b58ec3d0f93dad7&pi=0)

ISO Abbreviated Title: Arch. Toxicol.

JCR Abbreviated Title: Arch Toxicol

ISSN: 0340-5761

Issues/Year: 8

Journal Country/Territory: Germany

Language: English

Publisher: Springer Verlag

Publisher Address: 175 Fifth Ave, New York, NY 10010

Subject Categories:

Toxicology: Impact Factor

? Bolt, H.M. and Hengstler, J.G. (2008), The past and the future of toxicology. *Archives of Toxicology*, **82**, 1-3.

Full Text: [2008\Arc Tox82, 1.pdf](2008/Arc%20Tox82,%201.pdf)

Keywords: Toxicology

? Bolt, H.M. and Hengstler, J.G. (2008), Most cited articles in the *Archives of Toxicology*: the debate about possibilities and limitations of in vitro toxicity tests and replacement of in vivo studies. *Archives of Toxicology*, **82** (12), 881-883.

Full Text: [2008\Arc Tox82, 881.pdf](2008/Arc%20Tox82,%20881.pdf)

Keywords: Apoptosis, Blood Lead, Cells, Cytotoxicity, Drug-Metabolism, Enzyme-Induction, Hepatotoxicity, In Vivo, Oxidative Stress, Primary Hepatocytes, Toxicity, Toxicology, Transporters

? Bolt, H.M. and Hengstler, J.G. (2010), Most cited articles: metal toxicity, oxidative stress control and induction as well as inhibition of cytochrome P450 enzymes. *Archives of Toxicology*, **84** (12), 903-905.

Full Text: [2010\Arc Tox84, 903.pdf](2010/Arc%20Tox84,%20903.pdf)

Keywords: Acid, Cells, Exposure, Gene-Expression, Hepatocytes, Lead, Male Rats, Mechanisms, Methylmercury, Risk-Assessment, Stress

? Bolt, H.M. and Hengstler, J.G. (2011), Most cited articles: ethanol-induced hepatotoxicity, anticarcinogenic effects of polyphenolic compounds in tea, dose-response modeling, novel roles of epoxide hydrolases and arsenic-induced suicidal erythrocyte death. *Archives of Toxicology*, **85** (12), 1485-1489.

Full Text: [2011\Arc Tox85, 1485.pdf](2011/Arc%20Tox85,%201485.pdf)

Keywords: Alcohol, Became, Cancer, Cells, Damage, Dose-Response, Exposure, Isolated Rat Hepatocytes, Modeling, Oxidative Stress, Risk, Toxicology

# Title: Archives of Virology

Full Journal Title: Archives of Virology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Goka, E.A., Vallely, P.J., Mutton, K.J. and Klapper, P.E. (2014), Mutations associated with severity of the pandemic influenza A(H1N1)pdm09 in humans: A systematic review and meta-analysis of epidemiological evidence. *Archives of Virology*, **159** (12), 3167-3183.

Full Text: [2014\Arc Vir159, 3167.pdf](2014/Arc%20Vir159,%203167.pdf)

Abstract: Mutations in the haemagglutinin (HA), non-structural protein 1 (NS1) and polymerase basic protein 2 (PB2) of influenza viruses have been associated with virulence. This study investigated the association between mutations in these genes in influenza A(H1N1)pdm09 virus and the risk of severe or fatal disease. Searches were conducted on the MEDLINE, EMBASE and Web of Science electronic databases and the reference lists of published studies. The PRISMA and STROBE guidelines were followed in assessing the quality of studies and writing-up. Eighteen (18) studies, from all continents, were included in the systematic review (recruiting patients 0 - 77 years old). The mutation D222G was associated with a significant increase in severe disease (pooled RD: 11 %, 95 % CI: 3.0 % - 18.0 %, p = 0.004) and the risk of fatality (RD: 23 %, 95 % CI: 14.0 %-31.0 %, p = < 0.0001). No association was observed between the mutations HA-D222N, D222E, PB2-E627K and NS1-T123V and severe/fatal disease. The results suggest that no virus quasispecies bearing virulence-conferring mutations in the HA, PB2 and NS1 predominated. However issues of sampling bias, and bias due to uncontrolled confounders such as comorbidities, and viral and bacterial coinfection, should be born in mind. Influenza A viruses should continue to be monitored for the occurrence of virulence-conferring mutations in HA, PB2 and NS1. There are suggestions that respiratory virus coinfections also affect virus virulence. Studies investigating the role of genetic mutations on disease outcome should make efforts to also investigate the role of respiratory virus coinfections.

Keywords: A H1n1 Virus, Affect, Antigenic Structure, Assessing, Association, Basic, Bias, Coinfection, Databases, Disease, Double-Stranded-Rna, Embase, Evidence, From, Genes, Genetic, Guidelines, Host-Range Restriction, Humans, Influenza, Issues, Lung Epithelial-Cells, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Mutation, Mutations, Ns1, Outcome, Patients, Protein, Quality, Quality Of, Receptor Specificity, Reference, Reference Lists, Review, Risk, Role, Sampling, Science, Single Amino-Acid, Structural Basis, Systematic, Systematic Review, Vaccine Effectiveness, Viral, Virulence, Virus Ns1 Protein, Web, Web Of Science

# Title: Archives of Virology Supplement

Full Journal Title: Archives of Virology Supplement

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Horzinek, M. (1999), Importance and impact of veterinary virology in Germany. *Archives of Virology Supplement*, (15), 63-72.

Abstract: the caUSAtive agent of tobacco mosaic and of foot and mouth disease (FMD) were recognized in 1898 as ‘filterable’ or ‘invisible’ - and eventually termed ‘virus’. Four years later the viral aetiology of yellow fever was established, and the new discipline took off. Thus animal virology started with a veterinary problem, and Germany’s contribution during the following decades came mainly from the chairs of veterinary teaching and research establishments in Giessen, Munich and Hanover, the Riems Institute, and the Federal Research Institute for Animal Virus Diseases in Tubingen. From a superficial bibliometric analysis, a wide divergence in impact figures is noted, with excellent contributions in international virology journals and lesser papers in German veterinary journals. The publications in the observed time frame reveal a fascination by virion structure, physical characteristics and structure-function relationships with little work published in journals dedicated to immunology andpathogenesis.

# Title: Archives of Womens Mental Health

Full Journal Title: Archives of Womens Mental Health

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Eberhard-Gran, M., Garthus-Niegel, S., Garthus-Niegel, K. and Eskild, A. (2010), Postnatal care: A cross-cultural and historical perspective. *Archives of Womens Mental Health*, **13** (6), 459-466.

Full Text: [2010\Arc Wom Men Hea13, 459.pdf](2010/Arc%20Wom%20Men%20Hea13,%20459.pdf)

Abstract: Childbirth and the immediate postpartum period represent a major transition in a woman’s life. This period is considered a vulnerable time for the mother and child in most societies, and rituals for this transition are common. In this study, we present some examples of postpartum customs in a cross-cultural and historical perspective. Also, we present the current knowledge on the possible impact of postnatal care on mental health. Systematic literature searches were performed in MEDLINE, PsycINFO, and the Science Citation Index Expanded (ISI) for the time period 1966 through May 2010. Reference lists in books on pregnancy and childbirth from the University Library in Oslo were used to obtain additional information. We found that the postnatal period seems to be universally defined as 40 days. Most cultures have special postnatal customs, including special diet, isolation, rest, and assistance for the mother. The uniformity of customs across different cultures is striking. However, many postnatal customs that were common before 1950 are no longer existent. The focus on rest and assistance for the mother after delivery has gradually decreased. Studies of associations of postnatal care and mental health in the mother are limited and show inconsistent results. More knowledge is needed on postnatal care and mental health.

Keywords: Birth, Childbirth, Citation, Cross-Cultural Customs, Diet, Historical Perspectives, Illness, Impact, ISI, Japanese Mothers, Life Events, Literature, MEDLINE, Mental Health, Postnatal Care, Postpartum Depression, Pregnancy, Review, Risk-Factors, Science, Science Citation Index, Science Citation Index Expanded, Social Support, Women

# Title: Archivos Argentinos de Pediatria

Full Journal Title: Archivos Argentinos de Pediatria

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ossorio, M.F. and Ferrero, F. (2010), Plagiarism in scientific publications. *Archivos Argentinos de Pediatria*, **108** (2), 103-104.

Full Text: 2010\Arc Arg Ped108, 103.pdf

Keywords: Plagiarism, Publications, Scientific Publications

# Title: Archivos de Biologia y Medicina Experimentales

Full Journal Title: Archivos de Biologia y Medicina Experimentales

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Krauskopf, M. and Prat, A.M. (1990), A vision of research in Chile through some scientometric indicators. *Archivos de Biologia y Medicina Experimentales*, **23** (2), 51-64

Full Text: 1990\Arc Bio Med Exp23, 51.pdf

Keywords: Indicators, Research, Scientometric

# Title: Archivos de Bronconeumología

Full Journal Title: [Archivos de Bronconeumologia](http://www.archbronconeumol.org/bronco_eng/ctl_servlet?_f=3)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0300-2896

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Tordera, M.P. (2001), *Archivos de Bronconeumología* now included in the Science Citation Index. *Archivos de Bronconeumología*, **37** (9), U11.

Full Text: 2001\Arc Bro37, U11.pdf

Keywords: Citation, Science Citation Index

Notes: JJournal

García, F., Mayoralas, S., Dorgham, A., Granda, I., Perpiñá, M., Casan, P., Xaubet, A., Agustí, A.G.N. and Álvarez-Sala, J.L. (2001), Analysis of the impact of *Archivos de Bronconeumología* by Science Citation. *Archivos de Bronconeumología*, **37** (11), 465-470.

Full Text: 2001\Arc Bro37, 465.pdf

Abstract: Objective: To describe the impact factor of *Archivos de Bronconeumología* from 1997 until 2000 and to identify the patterns of citation of the journal and topics having the greatest impact.

Method: SCISEARCH was used to locate citations of articles published by *Archivos de Bronconeumología* between 1995 and 1999. The following data were collected for each article: year of publication, authors, journal, country of publication, language, specialty or specialties, institution(s), residence of the first author and topic. The impact factor was calculated as the ratio of citations received in one year by articles published in *Archivos de Bronconeumología* during the two previous years and the total number of articles published by *Archivos de Bronconeumología* over the two years under study.

Results: the impact factor of *Archivos de Bronconeumología* was 0.107 in 1997, 0.089 in 1998, 0.105 in 1999 and 0.119 in 2000. Citations were found in a wide range of source journals, with respiratory system publications having little weight. Citations were made mainly by Spanish authors (75%) and self-citation was restrained (21.1%). Topics related to tuberculosis and respiratory infections (23.6% of the citations received) and chronic obstructive pulmonary disease (12.5%) made the greatest impact.

Conclusion: the impact factor of *Archivos de Bronconeumología* is modest, although higher than those of some other publications included in Journal Citation Reports.

Keywords: Documentation, Bibliometry, Impact Factor, Respiratory, System, Statistics, Medical-Scientific Activity, Bibliometric Indicators, Journals, Index

Notes: JJournal

de Granda-Orive, J.I., Río, F.G., Jiménez, T.G., Ruiz, C.A.J., Reina, S.S. and Valls, R.S. (2002), Analysis and evolution of bibliometric indicators of productivity and readership of articles on smoking appearing in *Archivos de Bronconeumología* from 1970 to 2000. A comparison to others topics in respiratory medicine. *Archivos de Bronconeumología*, **38** (11), 523-529.

Full Text: 2002\Arc Bro38, 523.pdf

Abstract: OBJECTIVES: To analyze the evolution of bibliometric indexes for research on smoking published in *Archivos de Bronconeumología* (AB) from 1970 through 2000, to compare indexes for each of the three decades under study, and to compare the indexes for smoking research with those of other topics in respiratory medicine.

MATERIAL and METHODS: We reviewed all articles published by AB between 1970 and 2000, recording data on 13 characteristics.

RESULTS: of 2, 198 documents reviewed, 45 (2.04%) were about smoking; 71% of them were published in the last five years. The research came mainly from the most productive four provinces and five hospitals, which produced 68.1% and 50% of the reports, respectively. The first authors were pneumologists in 78.4% of the articles. The productivity index was 1.65, and the mean number of authors per document (collaboration index) was 4±3. The total number of references was 1,230 and the number of references per paper was 27.3±26. AB was the most cited journal. We found no change in obsolescence indexes. Insularity and self citation indexes tended to increase. Topics with productivity indexes that were higher than the index for smoking research were asthma (p < 0.05), respiratory insufficiency and sleep disorders, non-tuberculosis infection, oncology and pleural and interstitial diseases (p < 0.001). The insularity index was higher for tuberculosis than for smoking (p < 0.05).

CONCLUSIONS: Smoking research increased considerably during the period studied. Pulmonologists predominated among the authors of studies on smoking. Bibliometric indexes for smoking evolved as did the indexes for other research. The most frequently cited journal was AB.

Keywords: Smoking, Bibliometrics, Scientific Information, Spanish Scientific Production, Journals, Spain, Publication, Consumption, Information, Language, Authors, Number

? Orive, J.I.D. (2003), Reflections on the impact factor. *Archivos de Bronconeumología*, **39** (9), 409-417.

Full Text: 2003\Arc Bro39, 409.pdf

Keywords: Medical-Scientific Activity, Science Citation Index, Spanish Biomedical Journals, Bibliometric Indicators, Respiratory System, Bronconeumologia, Archivos, Bias, Information, Publication

? Benavent, R.A., Zurian, J.C.V., Gomez, M.C., Melendez, R.S. and Molina, C.N. (2004), *Archivos de Bronconeumología*: Among the 3 Spanish medical journals with the highest national impact factors. *Archivos de Bronconeumología*, **40** (12), 563-569.

Full Text: [2004\Arc Bro40, 563.pdf](2004/Arc%20Bro40,%20563.pdf)

Abstract: OBJECTIVE: Citation analysis elucidates patterns of information consumption within professional communities. The aim of this study was to analyze the citations of 87 Spanish medical journals by calculating their impact factors and immediacy indices for 2001, and to estimate the importance of *Archivos de Bronconeumología* within the framework of Spanish medicine. MATERIAL and METHOD: Eighty-seven Spanish medical journals were included. All were listed in the Spanish Medical Index (Indice Medico Espanol) and in at least one of the following databases: MEDLINE, BIOSIS, EMMASE, or Science Citation Index. References to articles from 1999 through 2001 in citable articles from 2001 were analyzed. Using the method of the Institute for Scientific Information, we calculated the national impact factor and immediacy index for each journal. RESULTS: the journals with the highest national impact factors were Revista Espanola de Quimioterapia (0.894), Medicina Clinica (0.89), and *Archivos de Bronconeumología* (0.732). The self-citation percentage of *Archivos de Bronconeumología* was 18.3% and the immediacy index was 0.033. CONCLUSIONS: the impact factor obtained by *Archivos de Bronconeumología* confirms its importance in Spanish medicine and validates its inclusion as a source journal in Science Citation Index and Journal Citation Report.

Keywords: Bibliometric Indicators, Bibliometrics, Citations, Immediacy Index, Impact Factor, Impact Factor, Impact Factors, Information, Journal, Journals, Medical Journals, Quality, Science Citation Index, Scientific Activity, Scientific Journals, Self-Citation, Spanish Medical Journals

? Orive, J.I.D.G., Rio, F.G., Vazquez, F.R., Sacristan, J.E., Jimenez, T.G. and Sanchez, L.C. (2005), Key words, essential tools for bibliographic research: Analysis of USAge in *Archivos de Bronconeumología* for respiratory system knowledge areas. *Archivos de Bronconeumología*, **41** (2), 78-83.

Full Text: [2005\Arc Bro41, 78.pdf](2005/Arc%20Bro41,%2078.pdf)

Abstract: OBJECTIVE: To analyze key word USAge in *Archivos de Bronconeumología*, by comparing words used in the journal to those used in the Index Medicus database within various respiratory system knowledge areas, and to determine whether USAge has changed over time. MATERIAL and METHODS: Original articles published in *Archivos de Bronconeumología* from 1994 through 2001 were reviewed manually to gather the key words used. The list was translated to English and then compared to the medical subject heading (MeSH) terms used in the PUBMED Browser. RESULTS: Seven hundred six original articles published in the study period used a total of 1163 key words. Matches with MeSH terms were found for 62% (n=46) of the key words in smoking research, 48% (n=52) in asthma, 39% (n=82) in respiratory insufficiency and sleep disorders, 60% (n=49) in diagnostic and treatment techniques, 61% (n=35) in tuberculosis, 65% (n=87) in nontuberculous infections, 61% (n=121) in oncology, 60% (n=37) in circulation, 55% (n=47) in pleural diseases, 48% (n=21) in pathophysiology, and 64% (n=68) in interstitial diseases. We did not see a clear tendency in the evolution of the journal’s key word USAge for the knowledge areas analyzed during the study period. The percentage of matching key words held steady around 50% over the last 3 years. CONCLUSIONS: Respiratory system key words in the knowledge areas we investigated are used correctly in *Archivos de Bronconeumología* only about 50% of the time.

Keywords: Bibliographic Search, Bibliometrics, Descriptors, Impact, Journal, Journals, PUBMED, Research

Notes: TTopic

? de Granda Orive, J.I., Río, F.G., Benavent, R.A., Zurían, J.C.V., Ruiz, C.A.J., Reina, S.S., Serrano, S.V. and Arroyo, A.A. (2007), Spanish productivity in smoking research relative to world and European Union productivity from 1999 through 2003, analyzed with the Science Citation Index. *Archivos de Bronconeumología*, **43** (4), 212-218.

Full Text: [2007\Arc Bro43, 212.pdf](2007/Arc%20Bro43,%20212.pdf)

Abstract: OBJECTIVE: To analyze Spanish scientific productivity from 1999 through 2003 in the area of smoking research, in comparison with world and European Union research, based on data in the Science Citation (SCI) Index. MATERIAL and METHODS: This bibliometric study was carried out by searching the title field of the Science Citation Index Expanded. Descriptive statistics with 95% confidence intervals (CI) were compiled. RESULTS: Two-hundred ninety-two documents on smoking by Spanish authors were located. The most productive subspecialties; were the group comprised of public health, education and health economics with 57 articles, and areas of the respiratory system, experimental research, and internal medicine with 36 articles each. The journals that published the largest number of articles located were Medicina Clinica, with 35 articles (12%) and *Archivos de Bronconeumología* with 20 (6.8%). International collaboration was undertaken with institutions in the United States of America and other European Union countries. The mean (SD) number of citations received was 5.12 (8.6) (range 59-0). Spain contributed 8.34% of the SCI-indexed smoking research overall and 12.85% of SCI-indexed smoking research from the European Union. CONCLUSIONS: Smoking research is developing appropriately in Spain and has high impact, even though output is modest. Factors associated with increased citation are international collaboration, language (being written in English), and having a non-Spanish first author.

Keywords: America, Authors, Bibliometric, Bibliometric Analysis, Bibliometric Study, Bibliometrics, Biomedicine, Citation, Citations, Collaboration, Comparison, Confidence, Confidence Intervals, Data, Databases, Developing, Economics, Education, European Union, Experimental, Field, First, Group, Health, Health Economics, Impact, Information, Institutions, International, Intervals, Journals, Language, Medicine, Methods, Productivity, Public, Public Health, Research, SCI, Science Citation Index, Scientific Cooperation, Scientific Information, Scientific Productivity, Smoking, Spain, Spanish, Statistics, System, United States, World

Notes: TTopoc

? Serrano, S.J.V., Orive, J.I.D., Benavent, R.A., Río, F.G., Zurián, J.C.V. and Arroyo, A.A. (2007), Spanish medical center collaboration on smoking research from 1999 through 2003 according to the Science Citation Index. *Archivos de Bronconeumología*, **43** (7), 378-385.

Full Text: [2007\Arc Bro43, 378.pdf](2007/Arc%20Bro43,%20378.pdf)

Abstract: OBJECTIVE: To analyze the network structure of collaboration between medical centers sharing authorship of scientific articles on smoking. MATERIAL and METHODS: Articles reporting smoking research by authors from 2 or more Spanish medical centers between 1999 and the end of 2003 were identified through the Science Citation Index. The network of collaboration behind the research was analyzed and the most important measures of centrality were compared. To display the data, scientometric maps were constructed using UCINET and NETDRAW network analysis tools. RESULTS: Thirty-five Spanish medical centers (29 hospitals and 6 health care clinics) in 8 autonomous communities were involved in 21 collaborative research projects. Hospital de La Princesa was the network core institution with the highest degrees of nodal (16), closeness (88.66), and betweenness (39) centrality. Other core nodes in the network were the following hospitals: de Cruces, San Pedro de Alcantara, La Paz, Vall d’Hebron, and General Yague. The autonomous communities of Castile and Leon, Madrid, and Catalonia were assigned positions at the core of the intercommunity collaborative network based on coauthorship of scientific papers shared among their medical centers. CONCLUSIONS: Network analysis helps identify the most influential institutions in a scientific community that generates coauthored articles in the field of smoking research. Hospital de la Princesa had the highest measures of centrality. The autonomous communities of Castile and Leon, Madrid, and Catalonia form a highly connected, cohesive subgroup within the network.

Keywords: Analysis, Authors, Authorship, Autonomous, Care, Citation, Coauthorship, Collaboration, Collaborative Research, Community, Constructed, Data, Field, Health, Health Care, Hospitals, Institutions, LA, Medical, Methods, Network, Network Analysis, Networks, Papers, Reporting, Research, Science Citation Index, Scientific Publications, Scientometric, Smoking, Spain, Spanish, Structure

? Casan, P., Xaubet, A. and Barreiro, F.G.Y.E. (2008), A new cover for the New Year. *Archivos de Bronconeumología*, **44** (12), 655-656

Full Text: [2008\Arc Bro44, 655.pdf](2008/Arc%20Bro44,%20655.pdf)

Keywords: Archivos Archive, Diagnosis, Guidelines, Medicine, Pulmonology, Reference Values, Respiratory-Diseases, Science-Citation-Index, Smoking Research, Thoracic-Surgery Separ

Notes: CCounrty, TTopic

? Ramos, J.M., Masia, M., Padilla, S., Garcia-Pachon, E. and Gutierrez, F. (2009), Spanish scientific research output on tuberculosis indexed in MEDLINE, 1997-2006. *Archivos de Bronconeumología*, **45** (6), 271-278.

Full Text: [2009\Arc Bro45, 271.pdf](2009/Arc%20Bro45,%20271.pdf)

Abstract: Objective: To analyze Spanish scientific research output related to tuberculosis during the 10-year period from 1997 through 2006 and to consider it within the context of European Union (EU) productivity. Material and methods: the bibliometric study was based on a search of the MEDLINE database, using the PUBMED search interface. Search terms were tuberculosis or tuberculous appearing in any database field. Results: of 35 735 titles retrieved, 1191 were by Spanish authors. This represented 4.1% of world output. Spain, accounting for 13.5% of EU scientific output in this area, was the third most productive EU country; 610 (51.2%) of the papers were published in English and 581 (48.8%) in Spanish. The number of papers published remained steady over the 10-year period. The first author’s specialty was usually microbiology (225 documents, or 20.6%), followed by internal medicine (154, or 14.1%), and respiratory medicine (117, 10.7%). journals publishing the largest numbers of papers on tuberculosis were Medicina Clinica and *Enfermedades Infecciosas y Microbiologia Clinica* with 78 (6.5%) each, Anales de Medicina Interna with 72, Revista Clinica Espanola with 64, and *Archivos de Bronconeumología* with 63. The most productive provinces were Madrid and Barcelona, with 272 (22.8%) and 256 (21.5%) papers, respectively. The most productive institutions were hospitals, with 900 titles (75.6%), followed by universities, with 132 (11.1%). Conclusions: Tuberculosis research in Spain has taken place at a steady rate over the last 10 years and has accounted for a substantial proportion of EU research in this field. Half the papers by Spanish authors were found in international journals published outside Spain. The majority of papers were from authors working in hospitals. (C) 2008 SEPAR. Published by Elsevier Espana, S.L. All rights reserved.

Keywords: Areas, Bibliometrics, European-Union, Impact, MEDLINE, Research, Research Output, Science-Citation-Index, Scientific Information, Scientific Research, Spain, Tuberculosis

? Jiménez-Ruiz, C.A. (2009), SEPAR year 2007. A year for smoking prevention and treatment. *Archivos de Bronconeumología*, **45** (11), 561-563.

Full Text: [2009\Arc Bro45, 561.pdf](2009/Arc%20Bro45,%20561.pdf)

Keywords: Cessation Treatment, Obstructive Pulmonary-Disease, Prevalence, Science-Citation-Index, Smokers, Spain, Tobacco Cessation

? González-Alcaide, G., Aleixandre-Benavent, R. and de Grande-Orive, J.I. (2010), A study of the bibliometry and areas of the research groups of *Archivos de Bronconeumología* (2003-2007). *Archivos de Bronconeumología*, **46** (2), 78-84.

Full Text: [2010\Arc Bro46, 78.pdf](2010/Arc%20Bro46,%2078.pdf)

Abstract: Introduction: Scientific cooperation is essential for the advance of biomedical research. Scientists set up informal groups to work together on common issues, who are the main units in the research funding system. Bibliometric and Social Network Analysis methods allow informal groups in scientific papers to be identified and characterised. The objective of the study is to identify research groups in *Archivos de Bronconeumología* between 2003 and 2007 period with the aim of characterizing their scientific collaboration patterns and research areas. Methods: Co-authorships, institutional collaboration relationships and the main research areas of papers published in *Archivos de Bronconeumología* have been identified. Co-authorship networks and institutional collaboration networks have been constructed by using Pajek software tool. Results: A total of 41 research groups involving 171 investigators have been identified. The Collaboration Index for articles was 5.59 and the Transcience Index was 73.11%. There was institutional collaboration in 60.33% of papers. The collaboration between institutions of the saine region prevails (41.03%), followed by collaborations between departments, services or units of the same institution (39.74%), inter-regional collaboration (14.97%) and international collaboration (6.83%). A total of 83.03% of articles were cited. The main research areas covered by groups were chronic obstructive pulmonary disease, asthma, lung neoplasm, bronchogenic carcinoma, smoking and pulmonary embolism. Conclusions: the scientific production of a large number of Respiratory System Spanish research groups is published in *Archivos de Bronconeumología*. A notable collaboration and citation rate has been observed. Nevertheless, it is still essential to encourage inter-regional and international collaboration. (C) 2009 SEPAR. Published by Elsevier Espana, S.L. All rights reserved.

Keywords: Articles, Asthma, Authorship, Awareness Year, Bibliometric, Bibliometrics, Bibliometry, Biomedical Research, Citation, Co-Authorship, Coauthorship, Coauthorship Networks, Collaboration, Community Networks, Cooperative Behaviour, Elsevier, Groups, Impact, Institutional Collaboration, Inter-Institutional Relationships, International Collaboration, Periodicals as Topic, Publications, Pulmonology, Research, Respiratory System, Science-Citation-Index, Scientific Production, Smoking, Smoking Research, Software, Spain, System, Thoracic-Surgery Separ

Notes: CCountry, TTopics

? de Granda-Orive, J., Alonso-Arroyo, A., Serrano, S.J.V., Aleixandre-Benavent, R., González-Alcaide, G., García-Río, F., Jiménez-Ruiz, C.A., Solano-Reina, S. and Roig-Vázquez, F. (2011), Comparison between two five year periods (1998/2002 and 2003/2007) on the production, impact and co-authorship of publications on tobacco and smoking by Spanish authors using the Science Citation Index. *Archivos de Bronconeumología*, **47** (1), 25-34.

Full Text: [2011\Arc Bro47, 25.pdf](2011/Arc%20Bro47,%2025.pdf)

Abstract: Objective: the aim of this study was to compare the production, impact and co-authorship of publications by Spanish authors on smoking and tobacco between two time periods (1998/2002 vs 2003/2007) using Science Citation Index (SCI). Methods: the literature search was performed in the SCI-Expanded on 20 November 2008. All types of documents by Spanish authors were selected. The search was restricted to the title, and the key words used were “smok\*” and “tobac\*”. The statistical analysis was descriptive (95% CI). Results: A total of 588 documents were obtained, with 399 (67.85%) original papers, 54(9.18%) letters to the editor, and 35 (5.95%) editorials. Productivity increased between the 98/02 to 03/07 periods: 234 (39.8%) documents versus 354 (60.2%). We have found significant differences between the two periods (98/02 vs 03/07) in total mean annual documents (47 +/- 8 vs 71 +/- 16 [p=0.024]) and total mean annual original papers (34 +/- 6 vs 46 +/- 9 [p = 0.041]). The mean number of citations per document was 14.1 +/- 2.1 for 98/02 period and 5.6 +/- 2.5 for 03/07 period (p = 0.003). The co-authorship annual index had increased; with a mean of 6.77 signatures/document for 98/02 period to a mean of 6.87 for 03/07 period. Authors and institution networks collaborations had increased between the two periods. Conclusions: Spanish production and co-authorship of documents on smoking and tobacco have increased between these two periods. The earlier period documents received more citations. (C) 2010 SEPAR. Published by Elsevier Espana, S.L. All rights reserved.

Keywords: Analysis, Authors, Bibliometric Analysis, Citation, Citations, Co-Authorship, Coauthorship, Coauthorship Networks, Collaborations, Cooperation, Impact, Index, Literature, MEDLINE, Networks, Papers, Publications, Rights, SCI, Science, Science Citation Index, Scientific Collaboration, Scientific Publication, Smoking, Spain, Statistical Analysis, Tobacco

# Title: Archivos Espanoles de Urologia

Full Journal Title: Archivos Espanoles de Urologia

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Perez Arbej, J.A., Cameo Rico, M.I., rnaiz Esteban, F., Martinez Perez, E., Nogueras Gimeno, M.A., Espuela Org and Crespo Mayor, V. (1997), Urological publications in the Spanish language: Their impact of journals in the English language. *Archivos Espanoles de Urologia*, **50** (5), 427-432.

Abstract: OBJECTIVE: A study was conducted to analyze the impact of the articles published by Spanish authors in the English language urological journals and those published in Spanish journals in the bibliography referenced in the English language urological literature. METHODS: We randomly analyzed volumes 147,39 and 69 of the Journal of Urology, Urology and the British Journal of Urology, respectively. All articles in the foregoing volumes were reviewed and analyzed as follows: sections, country, no. of references, no. of Spanish publications referenced, no. of references of Spanish publications and the number of Spanish references cited in these. RESULTS: 356 articles were published in the Journal of Urology; of these, 59% were by American and only 6 (1.68%) were by Spanish authors, which ranked 8th according to number. These 6 articles by Spanish authors cited 84 references; of these, only 3 were Spanish publications. Overall, there were 6,708 references (mean 18.8); 6 (0.11%) were articles published by Spanish authors. In Urology, 140 articles were published; of these, 75 % were by American and only one (0.71%) by Spanish authors, which ranked 6th according to number. This article by Spanish authors cited 38 references; of these, only 3 were Spanish publications. Overall, there were 2,055 references (mean 14.6); only 8 (0.38%) were articles published by Spanish authors. In the British Journal of Urology, 177 articles were published; of these, 96 (54.2%) were by British authors and only one (0.56%) by Spanis authors, which ranked 9th according to number. This article by Spanish authors cited 11 references; none of them were Spanish publications. Overall, there were 1,988 references (mean 11.2); 14 (0.7%) were articles published by Spanish authors. CONCLUSION: Spanish authors are not worse off than those of other neighbouring countries in regard to the number of articles published (1.18%) in the three journals analyzed, where most of the articles were chiefly by American or British authors. Spanish publications have no impact in the English-speaking countries, although the number of Spanish publications has been slowly but steadily growing and currently account for 1.21% of the publications worldwide; 41.5% of these are referenced in the Science Citation Index and the Uro-Andrological publications rank 6th (4.2%). Moreover, when Spanish authors are able to publish articles in the English-language journals, they rarely reference Spanish publications. However, in proportion, these have more impact than the Spanish publications. The current trend in the prevalence of the English language in the scientific field is probably the cause of the nonexistent impact outside Spain, where they are hardly read by the Spanish-speaking communities. The foregoing situation is further assisted by the fact that indexing is also done in the English language. Spanish authors are encouraged to increase the number of Spanish publications referenced, particularly those publishing articles in the foreign journals.

Keywords: Bibliography, Country, Field, Impact, Indexing, Journals, Literature, Methods, Prevalence, Publications, Publishing, Rank, Science Citation Index, Spain, Spanish Journals, Trend

# Title: Archivum Immunologiae et Therapiae Experimentalis

Full Journal Title: [Archivum Immunologiae et Therapiae Experimentalis](http://www.springerlink.com/content/120001/?p=636147301b3f4b81beea03053006934c&pi=0)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0004-069X

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Falagas, M.E. and Alexiou, V.G. (2008), The top-ten in journal impact factor manipulation. *Archivum Immunologiae et Therapiae Experimentalis*, **56** (4), 223-226.

Full Text: [2008\Arc Imm the Exp56, 223.pdf](2008/Arc%20Imm%20The%20Exp56,%20223.pdf)

Abstract: A considerable part of the scientific community is, at least to some degree, involved in the “impact factor game”. Editors strive to increase their journals’ impact factor (IF) in order to gain influence in the fields of basic and applied research and scientists seek to profit from the “added value” of publishing in top IF journals. In this article we point out the most common “tricks” of engineering and manipulating the IF undertaken by a portion of professionals of the scientific publishing industry. They attempt to increase the nominator or decrease the denominator of the IF equation by taking advantage of certain design flaws and disadvantages of the IF that permit a degree of artificial and arbitrary inflation. Some of these practices, if not scientifically unethical, are at least questionable and should be abandoned. Editors and publishers should strive for quality through fair and thoughtful selection of papers forwarded for peer review and editorial comments that enhance the quality and scientific accuracy of a manuscript.

Keywords: Citation, Citation, Editorial Policies, Impact Factor, Journals, Research, Research Funding, Scientific Productivity, Scientific Quality, Self-Citation

? Ketcham, C.M. (2008), The proper use of citation data in journal management. *Archivum Immunologiae et Therapiae Experimentalis*, **56** (6), 357-362.

Abstract: Journal impact factors (IF) are often maligned in editorials found in scientific publications, yet citation data can be used appropriately in journal management. The editors of Laboratory Investigation have found that weekly tracking of citation data for this and other highly ranked pathology journals provides valuable feedback on editorial performance and enables us to predict accurate IFs at least six months in advance. Once the IFs are released, it is useful to quantify the contributions of specific article categories, such as reviews and research articles, to the official IFs. In an ongoing attempt to understand the relationship between article downloads and eventual citations, we also analyze the citation rate of papers that had previously been the most frequently accessed on our web site. Finally, as a measure of editorial judgment, the papers that contributed no citations to the journal’s IF are examined as are the papers that were rejected by Laboratory Investigation (Lab. Invest.) but subsequently published elsewhere. Thus the editors of Lab. Invest. use citation data in several ways to measure our progress in elevating the quality of the journal and understand the citation dynamics of papers we publish, while remaining true to the journal’s fundamental operating premise: Publish high-quality original work relating to the mechanisms of disease.

Keywords: Citation, Citations, Disease, Editorial Policy, Feedback, Impact, Impact Factor, Impact Factors, Journal, Journal Impact, Journals, Management, Papers, Pathology, Publications, Research, Scientific Publications, Web of Science

? Baneyx, A. (2008), “Publish or perish” as citation metrics used to analyze scientific output in the humanities: International case studies in economics, geography, social sciences, philosophy, and history. *Archivum Immunologiae et Therapiae Experimentalis*, **56** (6), 363-371.

Full Text: [2008\Arc Imm the Exp56, 363.pdf](2008/Arc%20Imm%20The%20Exp56,%20363.pdf)

Abstract: Traditionally, the most commonly used source of bibliometric data is the Thomson ISI Web of Knowledge, in particular the (Social) Science Citation Index and the Journal Citation Reports, which provide the yearly Journal Impact Factors. This database used for the evaluation of researchers is not advantageous in the humanities, mainly because books, conference papers, and non-English journals, which are an important part of scientific activity, are not (well) covered. This paper presents the use of an alternative source of data, Google Scholar, and its benefits in calculating citation metrics in the humanities. Because of its broader range of data sources, the use of Google Scholar generally results in more comprehensive citation coverage in the humanities. This presentation compares and analyzes some international case studies with ISI Web of Knowledge and Google Scholar. The fields of economics, geography, social sciences, philosophy, and history are focused on to illustrate the differences of results between these two databases. To search for relevant publications in the Google Scholar database, the use of “Publish or Perish” and of CleanPoP, which the author developed to clean the results, are compared.

Keywords: Activity, Alternative, Benefits, Bibliometric, Bibliometrics, Case Studies, Citation, Citation Analysis, Coverage, Data, Database, Databases, Developed, Economics, Evaluation, Geography, Google, Google Scholar, Google-Scholar, History, Humanities, Impact, Index, International, ISI, Journal Citation Reports, Journals, Metrics, Papers, Philosophy, Presentation, Publications, Publish or Perish, Research Evaluation In the Humanities, Science, Science Citation Index, Sciences, Scientific Output, Scopus, Search, Social, Social Sciences, Source, Sources, Web of Science, Web-of-Science

? Glänzel, W., Schubert, A., Thijs, B. and Debackere, K. (2008), A new generation of relational charts for comparative assessment of citation impact. *Archivum Immunologiae et Therapiae Experimentalis*, **56** (6), 373-379.

Full Text: [2008\Arc Imm the Exp56, 373.pdf](2008/Arc%20Imm%20The%20Exp56,%20373.pdf)

Abstract: A common problem in comparative bibliometric studies at the meso and micro level is the differentiation and specialization of research profiles of the objects of analysis at lower levels of aggregation. In this study, institutional profile clusters are used to examine which level of the hierarchical subject classification should preferably be used to build subject-normalized citation indicators. It is shown that a set of properly normalized indicators can serve as a basis of comparative assessment within and even among different clusters, provided that their profiles still overlap and such comparison is thus meaningful. Using the example of 24 European universities, a new version of relational charts is presented for the comparative assessment of citation impact.

Keywords: Aggregation, Analysis, Assessment, Bibliometric, Bibliometric Indicators, Bibliometric Studies, Characteristic Scores, Citation, Citation Analysis, Classification, Comparison, Distributions, Generation, Impact, Index, Indicators, Institutional, Problem, Profiles, Relational Charts, Research, Scales, Science, Scientometric Indicators, Specialization, Subject Normalization, Universities, Version

? Pilc, A. (2008), The use of citation indicators to identify and support high-quality research in Poland. *Archivum Immunologiae et Therapiae Experimentalis*, **56** (6), 381-384.

Full Text: [2008\Arc Imm the Exp56, 381.pdf](2008/Arc%20Imm%20The%20Exp56,%20381.pdf)

Abstract: In large, mostly English-speaking countries, where the “critical mass” of scientists working in different subfields of science is achieved, the peer review system may be sufficient to assess the quality of scientific research. However, in smaller countries, outside the Anglo-American circle, it is important to introduce different systems to identify research of high quality. In Poland, a parametric system for assessing the quality of research has been introduced. It was largely based on the impact factor of scientific journals. While the use of this indicator to assess research quality is highly questionable, the implementation of the system in the Polish reality is even worse. Therefore it is important to change and improve the system currently used by the Ministry of Science and Higher Education to both evaluate and, more importantly, finance science in Poland. Here, a system based on three factors, i.e. The impact factor, the institutional h-Index, and the institutional number of citations, is proposed. The scientific quality of institutions in Division VI: Medical Sciences of the Polish Academy of Sciences were evaluated and the results were compared with the existing system. Moreover, a method to identify high-quality researchers and institutions at the national level based on the quantity of highly cited papers is shown. Additionally, an attempt to identify the highest quality Polish research on an international level is proposed. This is based on the number of individual citations, the individual h-Index, the number of publications, and the priority of the discovery.

Keywords: Anglo-American, Assessing, Change, Citation, Citation Number, Citations, Discovery, h Index, h-Index, h-Ndex, Impact, Impact Factor, Impact Factor, Implementation, Index, Indicator, Indicators, Institutions, International, Journals, National, Papers, Parametric, Peer, Peer Review, Peer-Review, Publications, Quality, Quality of, Research, Research Quality, Review, Science, Scientific Journals, Scientific Research, Support, Systems

? Pendlebury, D.A. (2009), The use and misuse of journal metrics and other citation indicators. *Archivum Immunologiae et Therapiae Experimentalis*, **57** (1), 1-11.

Full Text: [2009\Arc Imm the Exp57, 1.pdf](2009/Arc%20Imm%20The%20Exp57,%201.pdf)

Abstract: This article reviews the nature and use of the journal impact factor and other common bibliometric measures for assessing research in the sciences and social sciences based on data compiled by Thomson Reuters. Journal impact factors are frequently misused to assess the influence of individual papers and authors, but such uses were never intended. Thomson Reuters also employs other measures of journal influence, which are contrasted with the impact factor. Finally, the author comments on the proper use of citation data in general, often as a supplement to peer review. This review may help government policymakers, university administrators, and individual researchers become better acquainted with the potential benefits and limitations of bibliometrics in the evaluation of research.

Keywords: Administrators, Assessing, Authors, Benefits, Bibliometric, Bibliometric Indicators, Bibliometrics, Citation, Citation Analysis, Comments, Data, Evaluation, Factors, Garfield, General, Government, Impact, Impact Factor, Impact Factors, Impact-Factors, Index, Indicators, Influence, Information, Institute, Journal, Journal Impact, Journal Impact Factor, Journal Influence, Metrics, Misuse, Papers, Peer, Peer Review, Peer-Review, Performance, Potential, Research, Review, Reviews, Science, Sciences, Social, Social Sciences, Subject Categories, Tool, University, Web

? Moed, H.F. (2009), New developments in the use of citation analysis in research evaluation. *Archivum Immunologiae et Therapiae Experimentalis*, **57** (1), 13-18.

Full Text: [2009\Arc Imm the Exp57, 13.pdf](2009/Arc%20Imm%20The%20Exp57,%2013.pdf)

Abstract: This paper presents an overview of research assessment methodologies developed in the field of evaluative bibliometrics, a subfield of quantitative science and technology studies, aimed to construct indicators of research performance from a quantitative statistical analysis of scientific-scholarly documents. Citation analysis is one of its key methodologies. The paper illustrates the potentialities and limitations of the use of bibliometric indicators in research assessment. It discusses the relationship between metrics and peer review; databases used as sources of bibliometric analysis; the pros and cons of indicators often applied, including journal impact factors, Hirsch indices, and normalized indicators of citation impact; and approaches to the bibliometric measurement of institutional research performance.

Keywords: Analysis, Assessment, Bibliometric, Bibliometric Analysis, Bibliometric Indicators, Bibliometrics, Citation, Citation Analysis, Databases, Developed, Evaluation, Factors, Field, Hirsch, Hirsch Index, Impact, Impact Factor, Impact Factors, Index, Indicators, Indices, Institutional, Journal, Journal Impact, Journal Impact Factors, Measurement, Methodologies, Metrics, Output, Peer, Peer Review, Peer-Review, Performance, Relationship, Research, Research Assessment, Research Evaluation, Research Performance, Review, Science, Science and Technology, Science and Technology Studies, Sources, Statistical, Statistical Analysis, Technology

Notes: CCountry

? Adams, J. (2009), The use of bibliometrics to measure research quality in UK higher education institutions. *Archivum Immunologiae et Therapiae Experimentalis*, **57** (1), 19-32.

Full Text: [2009\Arc Imm the Exp57, 19.pdf](2009/Arc%20Imm%20The%20Exp57,%2019.pdf)

Abstract: Research assessment in the UK has evolved over a quarter of a century from a loosely structured, peer-review based process to one with a well understood data portfolio and assessment methodology. After 2008, the assessment process will shift again, to the use of indicators based largely on publication and citation data. These indicators will in part follow the format introduced in 2008, with a profiling of assessment outcomes at national and international levels. However, the shift from peer assessment to a quantitative methodology raises critical issues about which metrics are appropriate and informative and how such metrics should be managed to produce weighting factors for funding formulae. The link between publication metrics and other perceptions of research quality needs to be thoroughly tested and reviewed, and may be variable between disciplines. Many of the indicators that drop out of publication data are poorly linked to quality and should not be used at all. There are also issues about which publications are the correct base for assessment, which staff should be included in a review, how subjects should be structured and how the citation data should be normalised to account for discipline-dependent variables. Finally, it is vital to consider the effect that any assessment process will have on the behaviour of those to be assessed.

Keywords: Assessment, Behaviour, Bibliometrics, Citation, Data, Disciplines, Education, Factors, Funding, Higher Education, Indicators, Institutions, International, Measure, Methodology, Metrics, National, Needs, Outcomes, Peer, Peer Review, Peer-Review, Perceptions, Portfolio, Process, Profiling, Publication, Publications, Quality, Research, Research Quality, Review, UK, Variables, Weighting, Weighting Factors

? Haeffner-Cavaillon, N. and Graillot-Gak, C. (2009), The use of bibliometric indicators to help peer-review assessment. *Archivum Immunologiae et Therapiae Experimentalis*, **57** (1), 33-38.

Full Text: [2009\Arc Imm the Exp57, 33.pdf](2009/Arc%20Imm%20The%20Exp57,%2033.pdf)

Abstract: Inserm is the only French public research institution entirely dedicated to human health. Inserm supports research across the biomedical spectrum in all major disease areas, from fundamental lab-based science to clinical trials. To translate its scientists’ findings into tangible health benefits, Inserm has its own affiliated company, Inserm Transfert, which works with industry. Since 2001, Inserm has been setting up on-line file management software for the evaluation of researchers and laboratories, called EVA (www.eva.inserm.fr). EVA includes all grant applications, assessment reports, evaluation grading evaluation forms and includes automated bibliometric indicator software that enables calculating, for example, the number of publications, journal impact factors, number of citations, citation index, and number of the Top 1% publications for each researcher of the teams. The indicators take into account research fields, the year of publications, and the author’s position among the participants. Bibliometrics is now considered a tool for science policy providing indicators to measure productivity and scientific quality, thereby supplying a basis for evaluating and orienting R&D. It is also a potential tool for evaluation. It is neutral, allows comparative (national and international) assessment, and may select papers in the forefront in all fields. For each team, bibliometric indicators are calculated for all researchers with permanent or long-term positions (3-5 years). The use of bibliometric indicators requires great vigilance, but according to our experience they enrich the committee’s debates without any doubt. We present an analysis of the data of 600 research teams evaluated in 2007-2008.

Keywords: Analysis, Assessment, Benefits, Bibliometric, Bibliometric Indicator, Bibliometric Indicators, Bibliometrics, Biomedical, Citation, Citations, Clinical, Clinical Trials, Company, Data, Disease, Evaluation, Experience, Factors, Forms, French, Grading, Health, Human, Human Health, Impact, Impact Factor, Impact Factor, Impact Factors, Index, Indicator, Indicators, Industry, Institution, International, Journal, Journal Impact, Journal Impact Factors, Long Term, Long-Term, Management, Measure, National, Number of Publications, On-Line, Papers, Peer Review, Peer-Review, Permanent, Policy, Potential, Productivity, Public, Publications, Quality, R&D, Research, Research Performance, Science, Science Policy, Software, Teams, Tool, Vigilance

# Title: Ardeola

Full Journal Title: Ardeola

ISO Abbreviated Title: Ardeola

JCR Abbreviated Title: Ardeola

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Carrascal, L.M. and Diaz, M. (1998), Scientific utility and international diffusion of *Ardeola*: A bibliometric analysis. *Ardeola*, **45** (2), 221-239.

Full Text: 1998\Ardeola45, 221.pdf

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Diffusion, International, Utility

? Bautista, L.M. and Pantoja, J.C. (2000), A bibliometric review of the recent literature in ornithology. *Ardeola*, **47** (1), 109-121.

Full Text: [2000\Ardeola47, 109.pdf](2000/Ardeola47,%20109.pdf)

Keywords: Bibliometric, Literature, Review

? Barbosa, A. and Moreno, E. (2004), A vision of the Spanish ornithology through 50 years of *Ardeola* publication. *Ardeola*, **51** (1), 3-18.

Abstract: Aims: This paper analyses the papers published in Ardeola over the last 50 years with respect to research topics in comparison with the papers published in other ornithological journal such as This and with those of Spanish authors in ornithology published in other journals included in the SCI. Methods: the whole issues published by both Ardeola and Ibis were reviewed. The data base of ISI Web of Science was used to look for papers published in ornithology by Spanish authors as well. Results and Conclusions: the results show an increase in both the number of papers (797) and the number of authors (1,365) publishing in Ardeola over the last 50 years (Fig. 2 and 3). A 13.11% of authors were foreign researchers. The research topics most investigated were biogeography, reproduction, diet/trophic ecology and migration (Fig. 1). The number of papers devoted to biogeography and taxonomy decreased (Fig. 14 and 15), while those devoted to migration (Fig. 16), genetics and pollution did not show any temporal trend. The remaining research topics showed an increase during these 50 years. The comparison with This shows that this journal published more papers than Ardeola. After correction for this factor, more papers were published in Ibis in relation to reproduction (Fig. 5), population dynamics (Fig. 7), morphology (Fig. 10), taxonomy (Fig. 15) and behaviour (Fig. 13). However, more papers were published in Ardeola dealing with biogeography (Fig. 14) and conservation (Fig. 8). The comparison with papers published by Spanish authors in journals covered by ISI shows that Spanish ornithologists preferred Ardeola to publish their papers on migration (Fig. 1). They did not show any preference in relation to publication of studies dealing with habitat selection or diet/trophic ecology, while they preferred to publish the papers of the remaining topics in SCI journals (Fig. 1). The analysis of the preferences of research by avian orders and families shows that paseriforms, charadriforms and raptors focused the attention of Spanish ornithologists (Fig. 17). Within paseriforms, sylvids, corvids, parids, muscicapids, and fringilids were the families most studied (Fig. 18).

Keywords: Analysis, Ardeola, Attention, Authors, Bibliometry, Biology, Bird, Families, Genetics, History of Science, IBIS, ISI, Journal, Journals, Methods, Ornithology, Papers, Population Dynamics, Publication, Publication Bias, Publishing, Reproduction, Research, Research Topics, Researchers, SCI, Science, Sociology of Science, Spain, Topics, Trend, Trends, Web of Science

# Title: Area

Full Journal Title: Area

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Richards, K., Batty, M., Edwards, K., Findlay, A., Foody, G., Frostick, L., Jones, K., Lee, R., Livingstone, D., Marsden, T., Petts, J., Philo, C., Simon, D., Smith, S. and Thomas, D. (2009), The nature of publishing and assessment in Geography and Environmental Studies: Evidence from the Research Assessment Exercise 2008. *Area*, **41** (3), 231-243.

Full Text: [2009\Area41, 231.pdf](2009/Area41,%20231.pdf)

Abstract: We present a summary of the kinds of outputs submitted to the Geography and Environmental Studies sub-panel (H-32) for the 2008 Research Assessment Exercise (RAE), and examine the relationships between the peer assessment of research quality that the RAE process has typified, and alternative modes of assessment based on bibliometrics. This comparison is effected using (in aggregate form) some of the results from the RAE, together with citation data gathered after completion of the RAE assessment, specifically for the purpose of this paper. We conclude that, if it continues to be necessary and desirable to assess, in some measure and however imprecisely, research quality, then peer assessment cannot be replaced by bibliometrics. Bibliometrics permit measurement of something that may be linked to quality but is essentially a different phenomenon - a measure of ‘impact’, for example.

Keywords: Assessment, Bibliometrics, Future, Output Types, Peer Review, Rae, Research

? Schuermans, N., Meeus, B. and De Maesschalck, F. (2010), Is there a world beyond the Web of Science? Publication practices outside the heartland of academic geography. *Area*, **42** (4), 417-424.

Full Text: [2010\Area42, 417.pdf](2010/Area42,%20417.pdf)

Abstract: Because research on the publication practices of academic geographers has been limited to the quantification of journal articles cited in easily searchable databases such as Thomson Reuters’ Web of Science or Elsevier’s Scopus, the question remains whether journals that are not indexed by these databases flourish or perish under the increasing pressure to publish in outlets with the highest impact factors. To answer this question, we have compiled a database with the complete bibliographies of all Belgian professors that have been working in Belgium in the field of human geography over the last 40 years. Based on our quantitative analysis of 810 articles published in 304 different journals, we come to the conclusion that human geographers from the Dutch-speaking north of the country are currently publishing more in English-language journals and in journals indexed by the Web of Science than their colleagues in the seventies or the eighties, but less in the Dutch and the French languages and in Belgian geographical journals. In the French-speaking south of the country, this evolution is less pronounced, but still present. Even though we applaud the tendency to publish in English and in Web of Science journals because it increases the academic rigour of scholarly research, we are afraid that it hampers the role of academic geography in geography education and society as a whole.

Keywords: Academic Publishing, Analysis, Anglo-American Hegemony, Area, Belgium, Bibliometrics, Complete, Database, Databases, Education, English, Field, Globalization, Human Geography, Impact Factors, Journal, Journals, Language, Languages, Place, Pressure, Publication, Publishing, Quantitative Analysis, Research, Science, Scopus, Spaces, USA, Web of Science

? Bajerski, A. (2011), The role of French, German and Spanish journals in scientific communication in international geography. *Area*, **43** (3), 305-313.

Full Text: [2011\Area43, 305.pdf](2011/Area43,%20305.pdf)

Abstract: the majority of research to date on scientific communication in geography has concerned the English-language flow of scientific information in geographic circles, almost entirely ignoring the question of journals published in other languages. The aim of this article is to assess the contribution of French, German and Spanish journals to this flow. The research was based on an analysis of the countries of origin of the authors of articles and authors citing them. Information came from the Scopus database. The analysis shows that French, German and Spanish geographical journals are used almost exclusively for scientific communication within their own country and within their own language. They have an even higher level of ‘closedness’ than the English-language journals published in the Anglo-American countries, so they cannot at present be regarded as international media of scientific communication in geography. A detailed analysis of the research results leads to the conclusion that at present the main barrier to the internationalisation of non-Anglophone geographical journals is probably not the fact that they publish articles in national languages (French, German or Spanish). This situation is explained by two factors. The first is symbolic, while the second is of an organisational and economic nature.

Keywords: Anglo-American, Anglo-American Domination, Authors, Bibliometric Method, Contribution, English, Europe, Europe, Geographical Journals, Globalization, Hegemony, Information, International Geography, Internationalisation, Journals, Language, Praxis, Research, Scientific Communication, Scientific Information, Scopus, Spaces

? Burgoine, T., Hopkins, P., Rech, M.F. and Zapata, G.P. (2011), ‘These kids can’t write abstracts’: Reflections on a postgraduate writing and publishing workshop. *Area*, **43** (4), 463-469.

Full Text: [2011\Area43, 463.pdf](2011/Area43,%20463.pdf)

Abstract: There has been a lack of attention given - in both academic literature and in research training - to providing graduate students with the necessary knowledge and skills to write for publication. The aim of this article is to explore our experiences of participating in a three-day residential postgraduate writing and publishing workshop that was designed to address skills provision in these terms. We reflect upon three specific issues in particular: demystifying the writing and publishing process, being mentored in a multidisciplinary context, and the politics and practices of co-authorship. The benefits of our participation in this workshop included increased confidence in writing, gaining the tools for navigating the publishing process, and personal and professional development as writers and scholars. We conclude by proposing that residential writing and publishing workshops might usefully be made available to a broader range of graduate students.

Keywords: Attention, Author Order, Co-Authorship, Coauthorship, Development, Doctoral Students, Graduate Students, Knowledge, Literature, Outcomes, Politics, Professional, Program, Publication, Publication Ethics, Publishing, Research, Research Training, Residential, Students, Training, UK, Writing

# Title: ArethUSA

Full Journal Title: ArethUSA

ISO Abbreviated Title: ArethUSA

JCR Abbreviated Title: ArethUSA

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? McGill, S. (2010), Plagiarism or imitation? the case of Abronius Silo in Seneca the elder’s *Suasoriae* 2.19-20. *ArethUSA*, **43** (1), 113-131.

Full Text: [2010\ArethUSA43, 113.pdf](2010/Arethusa43,%20113.pdf)

Keywords: Plagiarism

# Title: Argos

Full Journal Title: Argos

ISO Abbreviated Title: Argos

JCR Abbreviated Title: Argos

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? De la Vega, I., Requena, J., Rodriguez, L.G., Ruiz, N. and Liendo, P. (2010), Bibliometrics on health and quality of life in Venezuela: The Universidad Central de Venezuela (UCV) as a case study. Period 1971-2007. *Argos*, **27** (53), 38-58.

Full Text: 2010\Argos27, 38.pdf

Abstract: The UCV is a major player within the Sistema. Nacional de Ciencia, Tecnologia e Innovacion (National System of Science. Technology and Innovation) in Venezuela. This paper aims to establish the historical weight that this institution represents regarding its production of scientific publications as registered in the Web of Science (WoS), relative to the whole country. The WoS was queried by using the term “Venezuela” as “Country of Origin for the Publication” in order to generate a database, which in turn was used as the source for the current study and for a time frame ranging from 1981 to 2007. Entries corresponding to Health and Quality of Life were segmented based on the UNESCO taxonomy using a functionality offered by the software BIBLIOS. These findings show the importance that research developed by the UCV in these fields of knowledge has for Venezuelan society.

Keywords: Bibliometria, Bibliometrics, Case Study, Country, Database, Innovation, Knowledge, Production, Publications, Quality, Research, Salud Y Calidad De Vida, Science, Scientific Publications, Society, Software, Source, Taxonomy, Technology, Term, UCV, Unesco, Venezuela, Web Of Science

# Title: Arid Land Geography

Full Journal Title: [Arid Land Geography](http://www.ceps.com.tw/ec/ecJnlIntro.aspx?jnlcattype=0&jnlptype=0&jnltype=0&Jnliid=1903&newIssueiid=33056)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Zhang, A.J. (2006), Analysis of status and trends of the international arid land research. *Arid Land Geography*, **29** (3), 452-456.

Full Text: [2006\Ari Lan Geo29, 452.pdf](2006/Ari%20Lan%20Geo29,%20452.pdf)

Abstract: Using the gray theory, the scientometrical indices based on the articles abstracted from SCI-E database on arid land research were analysed and a gray model was developed to predict the status and trends of the international arid land research. Results show that the various scientometrical indices have significantly increased and will keep the strong growing trend in the following years (2006-2008). USA is the international scientific activity centre of arid land research. Majority of the institutes with higher scientific output index are from the USA. China ranks second in the international scientific output index. The Chinese Academy of Sciences has ranked first for the continuous 8 years in the international institute scientific output index. A series of core supporting disciplines with firm structure and obvious features have formed in the field of the international arid land research.

Keywords: China, Chinese, Database, Field, First, Index, Indices, International, Model, Research, Scientific Output, Structure, Theory, Trend, Trends, USA

# Title: Arquivos Brasileiros de Cardiologia

Full Journal Title: [Arquivos Brasileiros de Cardiologia](http://www.scielo.br/scielo.php?script=sci_serial&pid=0066-782X&lng=en&nrm=iso)

ISO Abbreviated Title:

JCR Abbreviated Title: Arq Bras Cardiol

ISSN: 0066-782X

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Mansur, A.J., Abud, A.S. and Albuquerque, C.P. (2000), Publication trends in quarterly, bimonthly and monthly cycles of publication during the five decades of Brazilian Archives of Cardiology. *Arquivos Brasileiros de Cardiologia*, **75** (1), 1-7.

Full Text: [2000\Arq Bra Car75, 1.pdf](2000/Arq%20Bra%20Car75,%201.pdf)

Abstract: OBJECTIVE: To study trends in selected manuscript characteristics of articles published in the Brazilian Archives of Cardiology from March 1948, to February 1998, in the quarterly, bimonthly and monthly cycles of publication. METHODS: A random sample of 25% of all issues of the journal comprised the study sample: 13 issues (11.5%) from the quarterly, 27 (23,5%) from the bimonthly, and 58 (65%) from the monthly publication cycle. We studied the type of manuscript, number of authors, geographical distribution, language of publication and references. RESULTS: A total of 1204 articles were studied, 90 (7.5%) from the quarterly, 238 (19,8%) from the bimonthly, and 876 (72.8%) from the monthly publication cycle. The most frequent published articles were original contributions (353), reviews (350) and case reports (205). No significant difference occurred in the proportion of original articles, reviews and case reports; the number of authors was higher in the monthly period;a geographical concentration of the contributions occurred (72% from three Brazilian States); manuscripts in languages other than Portuguese decreased. The mean number of Brazilian references cited was less than 4.7 and the mean number of international references cited was greater than 16.7. CONCLUSION: the analysis of the trends over five decades of publication revealed the need for further steps to be taken by the Brazilian Archives of Cardiology, to meet international publication standards for biomedical journals as well as authors’ and readers’ demands.

Keywords: Analysis, Biomedical, Biomedical Journals, Case Reports, Characteristics, Concentration, Distribution, International, Journal, Journals, Languages, Methods, Publication, Publication Standards, Random Sample, Reviews, Standards, Trends

? Marchini, J.F.M. and Caramelli, B. (2008), Doctorate in Cardiology at FM-USP Heart Institute from 1994 through 2004: Defense and publication. *Arquivos Brasileiros de Cardiologia*, **91** (5), 289-294.

Full Text: [2008\Arq Bra Car91, 289.pdf](2008/Arq%20Bra%20Car91,%20289.pdf)

Abstract: Background: A study evaluated the relationship between the defense of dissertations and their publication within the realm of the entire Medical School of the University of Sao Paulo (FM-USP). The existence of differences among different areas of knowledge and the time between defense of dissertations and their publication is questioned. Objective: To characterize publications related to dissertations defended in graduate courses of the Heart Institute (InCor) of the University of Sao Paulo Medical School (FM-USP). Methods: A retrospective survey was carried out featuring graduate work at FM/USP for the 1994-2004 period. Initially, data were collected on students who defended dissertations during this period, on their advisors, and on the dissertations defended in the course of the period. Then, by crossing these data with data from MEDLINE (R) and Web of Science (R), publications by these authors and data were located that referred to the respective publications. Results: During that period, 268 dissertations were defended, resulting in 195 publications within a period of up to 10 years after their defense. The median time for publication after defense was one year and nine months, with a median impact factor of 2.1, and a median of 4 citations per paper. There was no statistically significant correlation among any of the data studied. Conclusion: A significant percentage of the dissertations were published, and in the group studied, publication took place within increasingly short times after their defense. This fact may be related to the success of the graduate commissions’ policies and to the importance currently lent to debates on this theme, all of which contribute to improvement in the quality of graduate studies. (Arq Bras Cardiol 2008; 91(5) : 289-294).

Keywords: Authors, Citations, Correlation, Course, Crossing, Data, Defense, Education, Graduate, Group, Impact, Impact Factor, Impact Factor, Improvement, Knowledge, Medical Graduate, NOV, Peer Review, Policies, Publication, Publications, Quality, Quality of, Relationship, Research, Science, Students, Success, Survey, Time, Web of Science, Work

? Thomaz, P.C., Assad, R.S. and Moreira, L.F.F. (2011), Using the impact factor and h Index to assess researchers and publications. *Arquivos Brasileiros de Cardiologia*, **96** (2), 90-93.

Full Text: [2011\Arq Bra Car96, 90.pdf](2011/Arq%20Bra%20Car96,%2090.pdf)

Keywords: Bibliometric Indicators, Impact, Impact Factor, Performance, Publications

? Barbosa, P.R.B. (2011), Comments on paper by Thomas et al: How to evaluate “quality of publication”. *Arquivos Brasileiros de Cardiologia*, **97** (1), 87.

Full Text: [2011\Arq Bra Car97, 87.pdf](2011/Arq%20Bra%20Car97,%2087.pdf)

Keywords: Bibliometrics, Journal Impact Factor, Scientific and Technical Publications

? Benchimol-Barbosa, P.R., Ribeiro, R.L. and Barbosa, E.C. (2011), Further comments on the paper by Thomas et al: How to evaluate “quality of publication”. *Arquivos Brasileiros de Cardiologia*, **97** (1), 88.

Full Text: [2011\Arq Bra Car97, 88.pdf](2011/Arq%20Bra%20Car97,%2088.pdf)

Keywords: Bibliometrics, Journal Impact Factor, Scientific and Technical Publications

? Oliveira, E.A., Ribeiro, A.L.P., Quirino, I.G., Oliveira, M.C.L., Martelli, D.R., Lima, L.S., Colosimo, E.A., Lopes, T.J., Silva, A.C.S.E. and Martelli, H. (2011), Profile and scientific production of CNPq researchers in cardiology. *Arquivos Brasileiros de Cardiologia*, **97** (3), 186-193.

Full Text: [2011\Arq Bra Car97, 186.pdf](2011/Arq%20Bra%20Car97,%20186.pdf)

Abstract: Background: Systematic assessments of the scientific production can optimize resource allocation and increase research productivity in Brazil. Objective: the aim of this study was to evaluate the profile and scientific production of researchers in the field of Cardiology who have fellowship in Medicine provided by the Conselho Nacional de Desenvolvimento Cientifico e Tecnologico. Methods: the curriculum Lattes of 33 researchers with active fellowships from 2006 to 2008 were included in the analysis. The variables of interest were: gender, affiliation, tutoring of undergraduate, masters and PhD students, and scientific production and its impact. Results: There was predominance of males (72.7%) and of fellowship level 2 (56.4%). Three states of the Federation were responsible for 94% of the researchers: SP (28; 71.8%), RS (4; 10.3%), e RJ (3; 9.1%). Four institutions are responsible for about 82% of researchers: USP (13; 39.4%), UNESP (5; 15.2%), UFRGS (4; 12.1%) e UNIFESP (3; 9.1%). During all academic careers, the researchers published 2.958 journal articles, with a mean of 89 articles per researcher. of total, 55% and 75% were indexed at Web of Science and Scopus databases, respectively. The researchers received a total of 19648 citations at the database Web of Science, with a median of 330 citations per researcher (IQ = 198-706). The average number of citations per article was 13.5 citations (SD = 11.6). Conclusions: Our study has shown that researchers in the field of cardiology have a relevant scientific production. The knowledge of the profile of researchers in the field of Cardiology will probably enable effective strategies to qualitatively improve the scientific output of Brazilian researchers. (Arq Bras Cardiol 2011; 97(3) : 186-193).

Keywords: Affiliation, Analysis, Bibliometric Indicators, Brazil, Cardiology, Citations, Databases, Education, Gender, Health Sciences, Impact, Impact Factor, Interest, Journal, Knowledge, Medical,Graduate, Methods, Productivity, Profile, Research, Research Productivity, Researchers, Science, Scientific and Technical Publications, Scientific Output, Scientific Production, Scopus, Students, Systematic, Undergraduate, Web of Science

? Moreira, L.F.P. (2011), Brazilian archives of cardiology scientific publication award and the national scientific production in cardiology. *Arquivos Brasileiros de Cardiologia*, **97** (6), 444-445.

Full Text: [2011\Arq Bra Car97, 444.pdf](2011/Arq%20Bra%20Car97,%20444.pdf)

Keywords: Bibliometrics, Cardiology, Cardiomyopathy, Citation Databases, Publication, Scientific and Technical Publications

? Stein, R. and de Araujo, C.G.S. (2011), Heart, exercise and the Brazilian archives of cardiology. *Arquivos Brasileiros de Cardiologia*, **97** (6), 446-448.

Full Text: [2011\Arq Bra Car97, 446.pdf](2011/Arq%20Bra%20Car97,%20446.pdf)

Keywords: Bibliometrics, Cardiology, Exercise, Heart, Publications

? Moreira, L.F.P. (2013), Impact of national scientific production in cardiology on the rating of journals published in Brazil. *Arquivos Brasileiros de Cardiologia*, **101** (4), 286-287

Full Text: [2013\Arq Bra Car101, 286.pdf](2013/Arq%20Bra%20Car101,%20286.pdf)

Keywords: Bibliometrics, Brazil, Cardiology, Impact, Journals, Production, Program, Registry, Researchers, Scientific Production, Scientific Publications and Techniques Citation Databases, Scientific Research, Society

? de Araújo, C.G.S. (2014), Detalhando a Redação do Artigo Científico: 25 a 30 Parágrafos. *Arquivos Brasileiros de Cardiologia*, **102** (2), E21-E23.

Full Text: [2014\Arq Bra Car102, E21.pdf](2014/Arq%20Bra%20Car102,%20E21.pdf)

Keywords: Bibliometrics, Journal Of Article, Methodology, Writing

? de Araújo, C.G.S. (2014), Detailing the writing of scientific manuscripts: 25-30 paragraphs. *Arquivos Brasileiros de Cardiologia*, **102** (2), E21-E23.

Full Text: [2014\Arq Bra Car102, E21.pdf](2014/Arq%20Bra%20Car102,%20E21.pdf)

Keywords: Bibliometrics, Journal of Article, Methodology, Writing

? Mazzaro, C.C., Klostermann, F.C., Erbano, B.O., Schio, N.A., Guarita-Souza, L.C., Olandoski, M., Faria-Neto, J.R. and Baena, C.P. (2014), Dietary interventions and blood pressure in Latin America: Systematic review and meta-analysis. *Arquivos Brasileiros de Cardiologia*, **102** (4), 345-354.

Full Text: [2014\Arq Bra Car102, 345.pdf](2014/Arq%20Bra%20Car102,%20345.pdf)

Abstract: Background: High blood pressure is the major risk factor for cardiovascular disease. Low blood pressure control rates in Latin American populations emphasize the need for gathering evidence on effective therapies. Objective: To evaluate the effects of dietary interventions on blood pressure in Latin American populations. Methods: Systematic review. Electronic databases (MEDLINE/PubMed, Embase, Cochrane Library, CINAHL, Web of Science, Scopus, SciELO, LILACS and VHL) were searched and manual search for studies published up to April 2013 was performed. Parallel studies about dietary interventions in Latin American adult populations assessing arterial blood pressure (mm Hg) before and after intervention were included. Results: Of the 405 studies identified, 10 randomized controlled trials were included and divided into 3 subgroups according to the proposed dietary intervention. There was a non-significant reduction in systolic blood pressure in the subgroups of mineral replacement (-4.82; 95% CI: -11.36 to 1.73) and complex pattern diets (-3.17; 95% CI: -7.62 to 1.28). Regarding diastolic blood pressure, except for the hyperproteic diet subgroup, all subgroups showed a significant reduction in blood pressure: -4.66 mmHg (95% CI: -9.21 to -0.12) and -4.55 mmHg (95% CI: -7.04 to -2.06) for mineral replacement and complex pattern diets, respectively. Conclusion: Available evidence on the effects of dietary changes on blood pressure in Latin American populations indicates a homogeneous effect of those interventions, although not significant for systolic blood pressure. Samples were small and the quality of the studies was generally low. Larger studies are required to build robust evidence.

Keywords: Adult, Adults, Arterial Pressure, Assessing, Blood, Blood Pressure, Cardiovascular, Cardiovascular Disease, Changes, Control, Databases, Diet, Disease, Education, Effects, Evidence, Hypertension, Hypertension, Intervention, Interventions, Latin America, Meta-Analysis, Metabolic Syndrome, Methods, Pattern, Populations, Pressure, Prevention, Primary-Health-Care, Quality, Quality Of, Randomized, Randomized Controlled Trials, Randomized-Trials, Rates, Reduction, Results, Review, Risk, Risk Factor, Risk-Factors, Scielo, Science, Scopus, Small, Supplementation, Systematic Review, Web Of Science

? Wang, L.P., Wang, H.Y., Dong, P.S., Li, Z.Z., Wang, Y.Y., Duan, N.N., Zhao, Y.W. and Wang, S.X. (2014), Long-term outcomes of drug-eluting versus bare-metal stent for ST-elevation myocardial infarction. *Arquivos Brasileiros de Cardiologia*, **102** (6), 529-538.

Full Text: [2014\Arq Bra Car102, 529.pdf](2014/Arq%20Bra%20Car102,%20529.pdf)

Abstract: Background: Long-term outcomes of drug-eluting stents (DES) versus bare-metal stents (BMS) in patients with ST-segment elevation myocardial infarction (STEMI) remain uncertain. Objective: To investigate long-term outcomes of drug-eluting stents (DES) versus bare-metal stents (BMS) in patients with ST-segment elevation myocardial infarction (STEMI). Methods: We performed search of MEDLINE, EMBASE, the Cochrane library, and ISI Web of Science (until February 2013) for randomized trials comparing more than 12-month efficacy or safety of DES with BMS in patients with STEMI. Pooled estimate was presented with risk ratio (RR) and its 95% confidence interval (CI) using random-effects model. Results: Ten trials with 7,592 participants with STEMI were included. The overall results showed that there was no significant difference in the incidence of all-cause death and definite/probable stent thrombosis between DES and BMS at long-term follow-up. Patients receiving DES implantation appeared to have a lower 1-year incidence of recurrent myocardial infarction than those receiving BMS (RR = 0.75, 95% CI 0.56 to 1.00, p = 0.05). Moreover, the risk of target vessel revascularization (TVR) after receiving DES was consistently lowered during long-term observation (all p < 0.01). In subgroup analysis, the use of everolimus-eluting stents (EES) was associated with reduced risk of stent thrombosis in STEMI patients (RR = 0.37, p = 0.02). Conclusions: DES did not increase the risk of stent thrombosis in patients with STEMI compared with BMS. Moreover, the use of DES did lower long-term risk of repeat revascularization and might decrease the occurrence of reinfarction.

Keywords: Acute Myocardial Infarction, Analysis, Balloon Angioplasty, Bare-Metal Stents, Clinical Follow-Up, Confidence, Death, Drug-Eluting Stents, Efficacy, Embase, Follow-Up, Glycoprotein IIB, IIIA Inhibitor, Implantation, Incidence, Infarction, Interval, ISI, ISI Web Of Science, Long Term, Long-Term, Long-Term Follow-Up, Long-Term Outcomes, Medline, Meta-Analysis, Metaanalysis, Methods, Model, Multicenter, Myocardial Infarction, Observation, Outcomes, Paclitaxel, Patients, Percutaneous Coronary Intervention, Random Effects Model, Randomized, Randomized Controlled-Trial, Recurrent, Results, Revascularization, Risk, Safety, Science, Stents, Thrombosis, Web Of Science

? Moreira, L.F.P. (2015), Perspectives and evolution of research in cardiology and cardiovascular sciences in Latin America. *Arquivos Brasileiros de Cardiologia*, **104** (1), 1-2.

Full Text: [2015\Arq Bra Car104, 1.pdf](2015/Arq%20Bra%20Car104,%201.pdf)

Keywords: Bibliometrics, Cardiology, Cardiovascular Diseases, Evolution, Latin America, Periodicals As Topic, Research, Sciences

? Colantonio, L.D., Baldridge, A.S., Huffman, M.D., Bloomfield, G.S. and Prabhakaran, D. (2015), Cardiovascular research publications from Latin America between 1999 and 2008. A bibliometric study. *Arquivos Brasileiros de Cardiologia*, **104** (1), 5-14.

Full Text: [2015\Arq Bra Car104, 5.pdf](2015/Arq%20Bra%20Car104,%205.pdf)

Abstract: Background: Cardiovascular research publications seem to be increasing in Latin America overall. Objective: To analyze trends in cardiovascular publications and their citations from countries in Latin America between 1999 and 2008, and to compare them with those from the rest of the countries. Methods: We retrieved references of cardiovascular publications between 1999 and 2008 and their five-year post-publication citations from the Web of Knowledge database. For countries in Latin America, we calculated the total number of publications and their citation indices (total citations divided by number of publications) by year. We analyzed trends on publications and citation indices over time using Poisson regression models. The analysis was repeated for Latin America as a region, and compared with that for the rest of the countries grouped according to economic development. Results: Brazil (n = 6,132) had the highest number of publications in 1999-2008, followed by Argentina (n = 1,686), Mexico (n = 1,368) and Chile (n = 874). Most countries showed an increase in publications over time, leaded by Guatemala (36.5% annually [95% CI: 16.7%-59.7%]), Colombia (22.1% [16.3%-28.2%]), Costa Rica (18.1% [8.1%-28.9%]) and Brazil (17.9% [16.9%-19.1%]). However, trends on citation indices varied widely (from -33.8% to 28.4%). From 1999 to 2008, cardiovascular publications of Latin America increased by 12.9% (12.1%-13.5%) annually. However, the citation indices of Latin America increased 1.5% (1.3%-1.7%) annually, a lower increase than those of all other country groups analyzed. Conclusions: Although the number of cardiovascular publications of Latin America increased from 1999 to 2008, trends on citation indices suggest they may have had a relatively low impact on the research field, stressing the importance of considering quality and dissemination on local research policies.

Keywords: Analysis, Argentina, Bibliometric, Bibliometric Study, Bibliometrics Citation Databases, Brazil, Cardiovascular, Cardiovascular Research, Chile, Citation, Citations, Colombia, Costa Rica, Country, Database, Development, Economic, Economic Development, Epidemiology, Field, From, Groups, Health Research, Impact, Indices, Knowledge, Latin America, Local, Methods, Mexico, Models, Output, Policies, Publications, Publications , Statistics & Numerical Data, Quality, References, Region, Regression, Research, Results, System For Evaluation Of Publications, Trends, Web, Web Of Knowledge

? Evora, P.R.B. and Moreira, L.F.P. (2015), The representativeness of the *Arquivos Brasileiros de Cardiologia* for Brazilian Cardiology Science. *Arquivos Brasileiros de Cardiologia*, **104** (2), 94-96.

Full Text: [2015\Arq Bra Car104, 94.pdf](2015/Arq%20Bra%20Car104,%2094.pdf)

Keywords: Bibliometrics, Cardiology, Journal Impact Factor, Periodicals As Topic, Portals For Scientific Journals, Science

# Title: Arquivos Brasileiros de Oftalmologia

Full Journal Title: [Arquivos Brasileiros de Oftalmologia](http://www.scielo.br/scielo.php?script=sci_serial&pid=0004-2749&lng=en&nrm=iso)

ISO Abbreviated Title:

JCR Abbreviated Title: Arq Bras Oftalmol

ISSN: 0004-2749

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Ragghianti, C.P., Martinez, R., Martins, J. and Gallo, J.E. (2006), Comparative study of scientific publications in Ophthalmology and Visual Sciences in Argentina, Brazil, Chile, Paraguay and Uruguay (1995-2004). *Arquivos Brasileiros de Oftalmologia*, **69** (5), 719-723.

Full Text: [2006\Arq Bra Oft69, 719.pdf](2006/Arq%20Bra%20Oft69,%20719.pdf)

Abstract: PURPOSE: the study aimed to measure the scientific production in Ophthalmology and Vision (O&V) in Argentina, Brazil, Chile, Paraguay and Uruguay over a period of 10 years (1995-2004), in order to find out temporal evolution and variations in this field of research. METHODS: PUBMED/MEDLINE was used to retrieve records on O&V research literature. The search strategy included keywords, country in the affiliation field and publication date. Data were extracted from each citation and recorded in a spreadsheet. Subsequent analysis focused on type and main topic of publication, journals where articles had been published, and evolution of research done on animals and humans. RESULTS: A total of 1,216 citations were retrieved. Brazil had the largest number of authored publications with an average annual production of 82.4, followed by Argentina with 31.0, Chile 6.4, Uruguay 1.6, and Paraguay 0.2. The ratio of articles on O&V relative to publications involving Health Science ranged from 1.0 to 2.3. The frequency of publications almost tripled from 1995 to 2004. Research on humans showed a significant increase in Argentina and Brazil. CONCLUSIONS: Results provide initial benchmarks on O&V publication rates in countries in South America that may be useful to follow research trends.

Keywords: Affiliation, Analysis, Animals, Argentina, Brazil, Chile, Citation, Citations, Country, Evolution, Field, Humans, Journals, Literature, Methods, Publication, Publications, PUBMED, Purpose, Rates, Records, Research, Scientific Production, Scientific Publications, Search Strategy, South America, Temporal, Trends, Uruguay

# Title: Art History

Full Journal Title: Art History

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

Rothstein, B. (2003), The problem with looking at Pieter Bruegel’s Elck. *Art History*, **26** (2), 143-173.

Full Text: [2003\Art His26, 143.pdf](2003/Art%20His26,%20143.pdf)

Abstract: This essay concerns optical wit in Pieter Bruegel’s *Elck* (1558). While scholars have treated this print as an earnest essay in human frailty, I focus instead on its playful negations both of knowledge and of one who would possess it. Building on Peter Parshall’s earlier delineation of this paradoxical theme, I suggest that *Elck* uses a parallelism based in looking to implicate the viewer as one who would obtain a measure of understanding from, or apply it to, the printed image: as the protagonist Elck (Everyone) pores over worldly goods, and as his counterpart Niemant (Nobody) gazes foolishly into a mirror, so does the viewer assess the print. All look, but few -if any -truly see. The implications of this parallelism are crucial. The successful (that is, knowledgeable) interpreter must necessarily cease to exist, as knowledge is, according to the print, the sole province of Nobody; the other option, interpretive failure, associates us with Everyone, who patently lacks any knowledge whatsoever. Bruegel thus cleverly indicts the interpretive skills of his audience by denying the potential for anything but nonsensical reading. I suggest that the print thus disrupts traditional responses to the image and, consequently, calls into question the relationship between artist, object, and observer.

# Title: Arthritis Care & Research

Full Journal Title: Arthritis Care & Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Chapple, C.M., Nicholson, H., Baxter, G.D. and Abbott, J.H. (2011), Patient characteristics that predict progression of knee osteoarthritis: A systematic review of prognostic studies. *Arthritis Care & Research*, **63** (8), 1115-1125.

Full Text: [2011\Art Car Res63, 1115.pdf](2011/Art%20Car%20Res63,%201115.pdf)

Abstract: Objective. To identify, by systematic review, patient characteristics that can be used by health care practitioners to predict the likelihood of knee osteoarthritis (OA) progression. Methods. A search was conducted of the electronic databases MEDLINE, EMBASE, CINAHL, AMED, and Web of Science in November 2010. Two reviewers screened articles using inclusion/exclusion criteria. Study participants were adults with established knee OA. Outcome measures for disease progression were change in pain or function or deterioration in radiographic features. Included studies identified clinically relevant prognostic factors at baseline and reported a statistical association with outcome. Minimum followup was 1 year. Articles were assessed for bias, and strength of evidence was summarized for potential predictors of progression. Results. Thirty studies were included, of which 26 were of high quality. Age, yarns knee alignment, presence of OA in multiple joints, and radiographic features had strong evidence as predictors of knee OA progression. Body mass index was a strong predictor for long-term progression (>3 years). Moderate participation in physical activity was not associated with progression. Numerous variables had limited or conflicting evidence. Conclusion. Relatively few predictive variables have strong supporting evidence; numerous variables have limited or conflicting evidence. All variables with strong evidence can be easily evaluated and utilized in clinical practice. Existing knowledge should be developed in future research, particularly in cases where study numbers are low or findings are limited or conflicting. Standardized measurement of potential predictors and outcome measures is recommended.

Keywords: Adults, Age, Articles, Bias, Bone-Scintigraphy, Cartilage Loss, Databases, Disease, Disease Progression, General-Population, Health Care, Hip Osteoarthritis, Joint, Knowledge, Length Inequality, Measurement, Methods, Outcome, Pain, Physical Activity, Practice, Quadriceps Strength, Research, Review, Risk-Factors, Science, Search Strategies, Statistical, Systematic, Systematic Review, Web of Science

? Barber, C.E.H., Smith, A., Esdaile, J.M., Barnabe, C., Martin, L.O., Faris, P., Hazlewood, G., Noormohamed, R., Alvarez, N., Mancini, G.B.J., Lacaille, D., Keeling, S., Avina-Zubieta, J.A. and Marshall, D. (2015), Best practices for cardiovascular disease prevention in rheumatoid arthritis: A systematic review of guideline recommendations and quality indicators. *Arthritis Care & Research*, **67** (2), 169-179.

Full Text: [2015\Art Car Res67, 169.pdf](2015/Art%20Car%20Res67,%20169.pdf)

Abstract: ObjectiveCardiovascular disease (CVD) is a leading cause of mortality in rheumatoid arthritis (RA). This study systematically reviewed and appraised guidelines and quality indicators (QIs) pertaining to CVD risk management in patients with RA. MethodsFour electronic medical databases (Medline, Embase, CINAHL, and Web of Science) and gray literature publications were searched using terms and keywords pertaining to guidelines, QIs, RA, and CVD (RA and general population literature searched). Abstracts were screened for inclusion and rated using the Appraisal of Guidelines for Research and Evaluation II instrument independently by 2 of 3 reviewers. ResultsIn total, 16,064 abstracts were screened and 808 underwent full-text review. A total of 17 guidelines and 3 QI sets published between 2008 and 2013 were included. A number of consistent themes emerged, including the increased CV risk faced by RA patients and the need to address modifiable risk factors on a regular basis. The role of the multidisciplinary team in risk optimization was also highlighted. Ten guidelines provided recommendations for CVD prevention in patients with RA. Unfortunately, most recommendations lacked the specificity required to determine adherence to the recommendation. Only 4 RA-specific CVD QIs were identified (1 general comorbidity screening, formal CVD risk estimation, exercise, and minimizing steroid use). ConclusionRegular screening for CVD risk factors is an important part of care in patients with RA. Unfortunately, existing RA-specific CVD QIs do not adequately address risk factor management, and existing guideline recommendations lack specificity for measurement and use in quality improvement initiatives.

Keywords: 2012 Update, Abstracts, Adherence, Arthritis, Canada, Cardiovascular Disease, Care, Clinical-Practice Guidelines, Comorbidity, Databases, Disease, Evaluation, Exercise, Factors, General, General Population, Gray Literature, Guideline, Guidelines, Health-Care, Improvement, Indicators, Inflammatory Arthritis, Instrument, Literature, Lupus-Erythematosus, Management, Measurement, Medical, Medline, Mortality, Multidisciplinary, Multidisciplinary Team, Myocardial-Infarction, Of-Care, Optimization, Patients, Population, Prevention, Publications, Qi, Quality, Quality Improvement, Quality Indicators, Recommendations, Regular, Research, Review, Reviewers, Rheumatoid Arthritis, Risk, Risk Factor, Risk Factors, Risk Management, Risk-Assessment, Role, Science, Screening, Society, Specificity, Systematic, Systematic Review, Web, Web Of Science

# Title: Arthritis Research & Therapy

Full Journal Title: Arthritis Research & Therapy

ISO Abbreviated Title:

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Subject Categories:

: Impact Factor

? Ye, L.Y., Kalichman, L., Spittle, A., Dobson, F. and Bennell, K. (2011), Effects of rehabilitative interventions on pain, function and physical impairments in people with hand osteoarthritis: A systematic review. *Arthritis Research & Therapy*, **13** (1), Article Number: R28.

Full Text: [2011\Art Res The13, R28.pdf](2011/Art%20Res%20The13,%20R28.pdf)

Abstract: Introduction: Hand osteoarthritis (OA) is associated with pain, reduced grip strength, loss of range of motion and joint stiffness leading to impaired hand function and difficulty with daily activities. The effectiveness of different rehabilitation interventions on specific treatment goals has not yet been fully explored. The objective of this systematic review is to provide evidence based knowledge on the treatment effects of different rehabilitation interventions for specific treatment goals for hand OA. Methods: A computerized literature search of MEDLINE, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), ISI Web of Science, the Physiotherapy Evidence Database (PEDro) and SCOPUS was performed. Studies that had an evidence level of 2b or higher and that compared a rehabilitation intervention with a control group and assessed at least one of the following outcome measures - pain, physical hand function or other measures of hand impairment were included. The eligibility and methodological quality of trials were systematically assessed by two independent reviewers using the PEDro scale. Treatment effects were calculated using standardized mean difference and 95% confidence intervals. Results: Ten studies, of which six were of higher quality (PEDro score >6), were included. The rehabilitation techniques reviewed included three studies on exercise, two studies each on laser and heat, and one study each on splints, massage and acupuncture. One higher quality trial showed a large positive effect of 12-month use of a night splint on hand pain, function, strength and range of motion. Exercise had no effect on hand pain or function although it may be able to improve hand strength. Low level laser therapy may be useful for improving range of motion. No rehabilitation interventions were found to improve stiffness. Conclusions: There is emerging high quality evidence to support that rehabilitation interventions can offer significant benefits to individuals with hand OA. A summary of the higher quality evidence is provided to assist with clinical decision making based on current evidence. Further high-quality research is needed concerning the effects of rehabilitation interventions on specific treatment goals for hand OA.

Keywords: Activities, Confidence Intervals, Control, Decision Making, Decision-Making, Effectiveness, Exercise, Grip Strength, Health, Intervention, Interventions, ISI, Joint, Knee Osteoarthritis, Knowledge, Literature, Low-Level Laser, Methodological Quality, Methods, Nursing, Outcome, Pain, Pedro Scale, Physiotherapy, Prevalence, Randomized Controlled-Trial, Recommendations, Rehabilitation, Research, Review, Science, Scopus, Systematic, Systematic Review, Therapeutic Trials, Therapy, Thumb, Treatment, Web of Science

# Title: Arthritis & Rheumatism-Arthritis Care & Research

Full Journal Title: Arthritis & Rheumatism-Arthritis Care & Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Gaida, J.E., Ashe, M.C., Bass, S.L. and Cook, J.L. (2009), Is adiposity an under-recognized risk factor for tendinopathy? A systematic review. *Arthritis & Rheumatism-Arthritis Care & Research*, **61** (6), 840-849.

Abstract: Objective. Tendon injuries have been reported to occur more frequently in individuals with increased adiposity. Treatment also appears to have poorer outcomes among these individuals. Our objective was to examine the extent and consistency of associations between adiposity and tendinopathy. Methods. A systematic review of observational studies was conducted. Eight electronic databases were searched (Allied and Complementary Medicine, Biological Abstracts, CINAHL, Current Contents, EMBASE, MEDLINE, SPORTDiscus, and Web of Science) and citation tracking was performed on included reports. Studies were included if they compared adiposity between subjects with and without tendon injury or examined adiposity as a predictor of conservative treatment success. Results. Four longitudinal cohorts, 14 cross-sectional studies, 8 case-control studies, and 2 interventional studies (28 in total) met the inclusion criteria, providing a total of 19,949 individuals. Forty-two subpopulations were identified, 18 of which showed elevated adiposity to be associated with tendon injury (43%). Sensitivity analyses indicated a clustering of positive findings among studies that included clinical patients (81% positive) and among case-control studies (77% positive). Conclusion. Elevated adiposity is frequently associated with tendon injury. Published reports suggest that elevated adiposity is a risk factor for tendon injury, although this association appears to vary depending on aspects of study design and measurement. Adiposity is of particular interest in tendon research because, unlike a number of other reported risk factors for tendon injury, it is somewhat preventable and modifiable. Further research is required to determine if reducing adiposity will reduce the risk of tendon injury or improve the results of treatment.

Keywords: Achilles-Tendon Rupture, Adiposity, Badminton Players, Basketball Players, Case-Control Studies, Citation, Databases, Injury, Interest, Measurement, Medial Epicondylitis, Methods, Observational Studies, Outcomes, Painful Conditions, Patellar Tendinopathy, Repetitive Work, Research, Review, Risk, Risk Factors, Science, Success, Systematic, Systematic Review, Tendinitis, Tendon, Treatment, Upper Extremity, Upper-Limb Disorders, Web of Science

# Title: Arthroscopy-the Journal of Arthroscopic and Related Surgery

Full Journal Title: Arthroscopy-the Journal of Arthroscopic and Related Surgery

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Cheng, T., Liu, T., Zhang, G.Y. and Zhang, X.L. (2011), Computer-navigated surgery in anterior cruciate ligament reconstruction: Are radiographic outcomes better than conventional surgery? *Arthroscopy-the Journal of Arthroscopic and Related Surgery*, **27** (1), 97-100.

Full Text: [2011\Art- J Art Rel Sur27, 97.pdf](2011/Art-%20J%20Art%20Rel%20Sur27,%2097.pdf)

Abstract: Purpose: the use of computer navigation systems in anterior cruciate ligament (ACL) has been the subject of debate. However, there is a lack of systematic review to analyze the radiographic outcomes after computer-navigated ACL reconstruction. Methods: We searched, in duplicate, MEDLINE, EMBASE, and Web of Science databases for randomized controlled trials (RCTs)/quasi-RCTs comparing conventional versus computer-navigated ACL reconstruction. Two reviewers independently extracted the data. Radiographic outcomes reported in a majority of included trials were meta-analyzed using the Mantel-Haenszel test statistic. Results: After applying our eligibility criteria, we had 5 trials for systematic review and data synthesis. There was no evidence of statistical heterogeneity between all included studies. Both navigated and conventional ACL reconstructions placed the tibial tunnel in acceptable positions. The risk of notch impingement was reduced in the navigated group in comparison with the conventional group. Conclusions: A computer navigation systems may reduce variation from optimal graft alignment and notch impingement. However, there is a need for further high-quality studies with long-term follow-up, so as to prove the clinical significance of these findings. Level of Evidence: Level II, systematic review of randomized controlled trials.

Keywords: Databases, Follow-up, Methods, Outcomes, Placement, Randomized Controlled Trials, Review, Risk, Science, Statistical, Systematic, Systematic Review, Tunnel, Web of Science

? Gheiti, A.J.C., Downey, R.E., Byrne, D.P., Molony, D.C. and Mulhall, K.J. (2012), The 25 most cited articles in arthroscopic orthopaedic surgery. *Arthroscopy-the Journal of Arthroscopic and Related Surgery*, **28** (4), 548-564.

Full Text: [2012\Art- J Art Rel Sur28, 548.pdf](2012/Art-%20J%20Art%20Rel%20Sur28,%20548.pdf)

Abstract: Purpose: the purpose of this study was to use Web of Knowledge to determine which published arthroscopic surgery-related articles have been cited most frequently by other authors by ranking the 25 most cited articles. We furthermore wished to determine whether there is any difference between a categorical “journal-by-journal” analysis and an “all-database” analysis in arthroscopic surgery and whether such a search methodology would alter the results of previously published lists of “citation classics” in the field. We analyzed the characteristics of these articles to determine what qualities make an article important to this subspecialty of orthopaedic surgery. Methods: Web of Knowledge was searched on March 7, 2011, using the term “arthroscopy” for citations to articles related to arthroscopy in 61 orthopaedic journals and using the all-database function. Each of the 61 orthopaedic journals was searched separately for arthroscopy-related articles to determine the 25 most cited articles. An all-database search for arthroscopy-related articles was carried out and compared with a journal-by-journal search. Each article was reviewed for basic information including the type of article, authorship, institution, country, publishing journal, and year published. Results: the number of citations ranged from 189 to 567 in a journal-by-journal search and from 214 to 1,869 in an all-database search. The 25 most cited articles on arthroscopic surgery were published in 11 journals: 8 orthopaedic journals and 3 journals from other specialties. The most cited article in arthroscopic orthopaedic surgery was published in the New England Journal of Medicine, which was not previously identified by a journal-by-journal search. Conclusions: An all-database search in Web of Knowledge gives a more in-depth methodology of determining the true citation ranking of articles. Among the top 25 most cited articles, autologous chondrocyte implantation/transplantation is currently the most cited and most popular topic in arthroscopic orthopaedic surgery and research. Clinical Relevance: Analysis of the 25 most cited articles allows us to identify the most popular field of research in arthroscopic orthopaedic surgery and gives us insight into the quality and characteristics that are required for an article to become highly cited.

Keywords: Analysis, Anterior Cruciate Ligament, Arthroscopy, Articles, Articular-Cartilage, Authors, Authorship, Autologous Chondrocyte Transplantation, Characteristics, Citation, Citations, Country, Defects, England, Field, Function, Impact Factor, Information, Journal, Journals, Knee, Medicine, Methodology, Patellar Tendon, Publishing, Purpose, Quality, Ranking, Research, Rotator Cuff Tears, Science-Citation-Index, Surgery, Term

? Saper, M., Stephenson, K. and Heisey, M. (2014), Arthroscopic irrigation and debridement in the treatment of septic arthritis after anterior cruciate ligament reconstruction. *Arthroscopy-the Journal of Arthroscopic and Related Surgery*, **30** (6), 747-754.

Full Text: [2014\Art- J Art Rel Sur30, 747.pdf](2014/Art-%20J%20Art%20Rel%20Sur30,%20747.pdf)

Abstract: Purpose: To systematically review the literature and characterize the success and failure rates of arthroscopic irrigation and debridement (I & D) in the treatment of septic arthritis after anterior cruciate ligament (ACL) reconstructions. We also aimed to identify which variables affected the failure rate. Methods: Five databases (MEDLINE, Ovid, Medscape, Web of Science, and Google Scholar) were screened for clinical studies involving the treatment of septic arthritis after ACL reconstruction with arthroscopic I & D. A full-text review of eligible studies was conducted. Inclusion and exclusion criteria were applied to the searched studies. Failure of I & D was defined as the need for graft removal or revision ACL reconstructive surgery because of infection. Data from the selected studies were combined for statistical analyses to elucidate factors associated with the success or failure. Results: We identified 11 eligible studies involving 90 patients. These studies described the results of 90 arthroscopic I & D procedures with an overall success rate of 85.6%. Repeated I & D was necessary in 34.5% of patients. Removal of the graft with or without subsequent revision ACL reconstruction was reported in 13 (14.4%) cases. Statistical analysis showed that cases involving Staphylococcus aureus (P = .053), 2 or more I & D procedures (P = .029), and allografts (P < .0001) were at greater risk of failure. Conclusions: Arthroscopic I & D with graft retention is an effective treatment for patients with septic arthritis after ACL reconstruction. Factors affecting the failure rate may include graft choice and organism virulence.

Keywords: Analyses, Analysis, Arthritis, Choice, Clinical, Clinical Studies, Criteria, Data, Databases, Debridement, Factors, Failure, Failure Rate, Google, Google Scholar, Graft, Infection, Irrigation, Literature, Medline, Methods, Outcomes, P, Patients, Procedures, Rates, Reconstruction, Reconstructive Surgery, Removal, Results, Retention, Review, Risk, Science, Staphylococcus Aureus, Staphylococcus-Aureus, Statistical Analyses, Statistical Analysis, Success, Success Rate, Surgery, Treatment, Virulence, Web Of Science

# Title: Arzneimittel-Forschung-Drug Research

Full Journal Title: Arzneimittel-Forschung-Drug Research

ISO Abbreviated Title: Arzneimittelforschung

JCR Abbreviated Title: Arzneimittel-Forsch

ISSN: 0004-4172

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Journal Country/Territory: Germany

Language: Multi-Language

Publisher: Ecv-Editio Cantor Verlag Medizin Naturwissenschaften

Publisher Address: Bandelstockweg 20, Postfach 1255, D-88322 Aulendorf, Germany

Subject Categories:

Chemistry, Medicinal: Impact Factor 0.748 (2002)

Chemistry, Multidisciplinary: Impact Factor 0.748 (2002)

Pharmacology & Pharmacy: Impact Factor 0.748 (2002)

? Hayashi, K., Takahata, M., Kawamura, Y. and Todo, Y. (2002), Synthesis, antibacterial activity, and toxicity of 7- (isoindolin-5-yl)-4-oxoquinoline-3-carboxylic acids - Discovery of the novel Des-F(6)-quinolone antibacterial agent garenoxacin (T-3811 or BMS-284756). *Arzneimittel-Forschung-Drug Research*, **52** (12), 903-913.

Abstract: the palladium-catalyzed cross-coupling reaction of 5- (tributylstannyl)isoindoline and its 1- and 3-methyl derivatives with 6-fluoro or 6-unsubstituted 7-bromo-1- cyclopropyl-8-methoxy (or difluoromethoxy)-4-oxoquinoline-3- carboxylate afforded the corresponding 1-cyclopropyl-7-(5- isoindolinyl)-4-oxoquinoline-3- carboxylic acids: 6-fluoro, 1a- 7a and 6-nonfluoro, 1b-7b. The in vitro antibacterial spectra of the newly synthesized quinolones were mostly characterized by excellent Gram-positive activity against Staphylococcus aureus and *Streptococcus pneumoniae* including quinolone- resistant strains, and also by significant Gram-negative activity comparable to 7-(1-piperazinyl)fluoroquinolones. Comparative examinations of the in vitro antibacterial profiles and the in vivo toxicity in terms of intravenous lethality, micronuclei-inducing potential and convulsive activity provided 6-nonfluorinated 1-cyclopropyl-8-(difluoromethoxy)7-(1- methylisoindolin-5-yl)-4-oxoquinol-ine-3-carboxylic acid [(+, -)-5b] as the candidate for evaluation of the stereoisomers. The enantiomers (R)-5b and (S)-5b were synthesized via the Suzuki coupling reaction of (R)- and (S)-1-methyl derivatives of 2- (triphenylmethyl)isoindolin-5-boronic acid with the corresponding 7-bromo-8-(difluoromethoxy)-4-oxoquinoline-3- carboxylate. The (R)-5b stereoisomer proved to be 2- to 4-fold more active than the (S)-5b stereoisomer against the organisms tested, with the exception of an equal potency observed with S. pneumoniae IID553 and Haemophilus influenzae ATCC49247. A noticeable in vitro antibacterial profile of (R)-5b was that it is 16- and 64-fold more active than levofloxacin (CAS 100986- 85-4) and ciprofloxacin (CAS 86393-32-0), respectively, against Mycoplasma pneumoniae IID813 (MIC of 0.0313 mug, ml), and 4-fold more active than ciprofloxacin and levofloxacin against *Mycobacterium tuberculosis* M-4 (MIC of 0.0313 mug, ml). Additional studies indicate that (R)-5b (T-3811, CAS 194804-75- 6) exhibits excellent antibacterial activity against a wide range of organisms including anaerobes and common respiratory pathogens, while demonstrating a high selectivity against the mammalian homolog topoisomerases. The methanesulfonate of (R)- 5b (T-3811ME, CAS 223652-90-2) is now undergoing clinical testings

Keywords: 1-Cyclopropyl-7- (Isoindolin-5-Yl)-4-Oxoquinoline-3-Carboxylic Acid Derivatives, 1-Cyclopropyl-8-(Difluoromethoxy)-7-[(1r)-1-Methyl-2, 3- Dihydro-1h-Isoindol-5-Yl]-4-Oxo-1, 4-Dihydro-3- Quinolinecarboxylic Acid Methanesulfonate, 6- Fluoro and 6-Desfluoro Quinolones, 8-Methoxy and 8- (Difluoromethoxy) Quinolones, Antibacterial Activity, Bms-284756, Cas 194804-75-6, Cas 223652-90-2, Comparison, Cross-Coupling Reactions, Des-Fluoro(6) Quinolone Bms-284756, Fluoroquinolones, Garenoxacin, In Vitro Antibacterial Activity, In Vivo Toxicity, In-Vitro, Invitro, Levofloxacin, Mice, *Mycobacterium tuberculosis*, Organic Electrophiles, Pneumoniae, Resistant, Side-Effect Relationships, Staphylococcus-Aureus, Synthesis, T-3811, Toxicity

# Title: ASAIO Journal

Full Journal Title: ASAIO Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Dunlay, S.M., Deo, S.V. and Park, S.J. (2015), Impact of tricuspid valve surgery at the time of left ventricular assist device insertion on postoperative outcomes. *ASAIO Journal*, **61** (1), 15-20.

Full Text: [2015\ASAI J61, 15.pdf](2015/ASAI%20J61,%2015.pdf)

Abstract: Tricuspid regurgitation (TR) is common in patients with heart failure undergoing left ventricular assist device (LVAD) implantation. Whether the TR should be surgically managed at the time of LVAD surgery is controversial. We searched SCOPUS, Web of Science, Ovid EMBASE, and Ovid MEDLINE (through May 10, 2014) for randomized controlled trials and observational studies comparing postoperative outcomes in patients treated with LVAD with concomitant tricuspid valve surgery (TVS) compared with LVAD alone. Six observational studies including 3,249 patients compared outcomes following LVAD + TVS versus LVAD. Four studies were single-center and most did not adjust for potential confounders. Addition of TVS prolonged cardiopulmonary bypass times by an average of 31 minutes (three studies, 95% CI 20-42). There was no difference in need for right ventricular assist device (six studies, HR 1.42, 95% CI 0.54-3.76), acute renal failure (four studies, HR 1.07, 95% CI 0.55-2.10), or early mortality (six studies, HR 1.28, 95% CI 0.78-2.08) in patients treated with LVAD + TVS versus LVAD alone. TVS prolongs cardiopulmonary bypass times, but available data demonstrate no significant association with early postoperative outcomes. However, differences in baseline risk of patients treated with TVS versus not limit our ability to draw conclusions.

Keywords: Acute Renal Failure, Association, Cardiopulmonary, Cardiopulmonary Bypass, Circulatory Assist Devices, Concomitant, Data, Embase, Failure, Heart, Heart Failure, Heart Valve, Impact, Implantation, Medline, Mortality, Observational, Observational Studies, Outcomes, Patients, Postoperative, Potential, Prolonged, Randomized, Randomized Controlled Trials, Regurgitation, Renal, Renal Failure, Right, Risk, Science, Scopus, Surgery, Time, Web, Web Of Science

# Title: Asia Life Sciences

Full Journal Title: Asia Life Sciences

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Meo, S.A., Al-Masri, A.A., Al-Rouq, F., Usmani, A.M., Hassan, A., Arain, S.A. and Zaidi, S.Z. (2014), Status of research publications in various science subjects among Muslim countries (1996-2010). *Asia Life Sciences*, **23** (1), 39-48.

Full Text: 2014\Asi Lif Sci23, 39.pdf

Abstract: This study aimed to compare the bibliometric indicators, including total number of documents, citable documents, citations per document and H-index in various science subjects among Muslim Majority countries (MMC) and the rest of the world during the period 1996-2010. We selected 193 listed member countries of the United Nations according to the proportions of the population who are MMC to the remaining portion named as the Rest of the World Countries (RWC). Fifty seven countries were classified as MMC while the remaining 133 were RWC. The bibliometric data for various science subjects for individual countries was mainly collected from the SCI-mago and Web of Science. The total number of documents in science subjects published from all over MMC during the period 1996-2010 was 16,074.18 +/- 5,411.4; citable documents 15,504.6 +/- 5,174.8; citations per document 7.65 +/- 0.48 and the H-index 54.91 +/- 4.80. However, the number of documents in various science subjects from the RWC during the same period was 150,044.99 +/- 43,800.29; citable documents were 142,721.70 +/- 41,233.66; citations per document were 11.76 +/- 10.37 and the mean H-Index was 135.61 +/- 14.73. All these indicators were significantly low (p = 0.0001) in MMC compared to the RWC. The total number of research publications, citable documents, citations per document and H-index for Medicine, Physics and Astronomy, Chemistry, Mathematics, Engineering and Computer Sciences were significantly low in MMC compared to the RWC, respectively.

Keywords: Bibliometric, Bibliometric Data, Bibliometric Indicators, Chemistry, Citations, Countries, Data, Documents, Engineering, From, H Index, H-Index, Indicators, Mathematics, Medicine, Muslim Countries, Physics, Population, Publications, Research, Research Papers, Science, Sciences, Scimago, Web, Web Of Science, World

# Title: Asia Pacific Education Review

Full Journal Title: Asia Pacific Education Review

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Li, L.X. (2004), China’s Higher Education Reform 1998-2003: A summary. *Asia Pacific Education Review*, **5** (1), 14-22.

Full Text: [2004\Asi Pac Edu Rev5, 14.pdf](2004/Asi%20Pac%20Edu%20Rev5,%2014.pdf)

Abstract: Profoundly important and unprecedented changes have taken place in China’s higher education since 1998, when Zhu Rongji Administration (1998-2003) decided to carry out a new round of educational reform. These changes include some breakthroughs in macro administrative system reform, growth in the total amount of educational expenditure, the enlargement of the recruitment scale of higher education, and positive changes in personnel, reward distribution and rear service reforms. The purpose of this paper is to offer a summary of these reforms. It discusses (1) the internal reasons for the reforms, (2) the main events and measures, (3) the main contents and achievements, (4) and the main problems of these reforms.

Keywords: China, Higher Education, Reform

? Chou, C.P., Lin, H.F. and Chiu, Y.J. (2013), The impact of SSCI and SCI on Taiwan’s academy: An outcry for fair play. *Asia Pacific Education Review*, **14** (1), 23-31.

Full Text: [2013\Asi Pac Edu Rev14, 23.pdf](2013/Asi%20Pac%20Edu%20Rev14,%2023.pdf)

Abstract: The increasing importance of the competition in global university ranking has resulted in a paradigm shift in academic governance in East Asia. Many governments have introduced different strategies for benchmarking their leading universities to facilitate global competitiveness and international visibility. A major trend in the changing university governance is the emergence of a regulatory evaluation scheme for faculty research productivity, reflected by the striking features of the recent changing academic profile of publication norms and forms that go beyond the territories of nation-states in the East and West. With the expansion of the Taiwanese higher education system in the last two decades, the maintenance of quality to meet the requirements for international competitiveness has become a key concern for policy makers. Since 2005, the Ministry of Education has introduced a series of university governance policies to enhance academic excellence in universities and established a formal university evaluation policy to improve the competitiveness and international visibility of Taiwanese universities. In so doing, the government has legalized a clear link between evaluation results and public funding allocation. Research performance is assessed in terms of the number of articles published in journals indexed by the Science Citation Index (SCI), the Social Science Citation Index (SSCI), and the Arts and Humanities Citation Index and in terms of citation rates and associated factors. Therefore, evaluation has taken on a highly quantitative dimension. Despite the efforts of concerned parties to encourage academic excellence, the abovementioned quantitative evaluation indicators have resulted in bitter complaints from the humanities and social sciences, whose research accomplishments are devalued and ignored by the current quantitative indicators. In this paper, the authors describe the recent petition for collective action initiated by university faculty to protest the privileging of SSCI and SCI publications as critical indicators for academic performance regardless of faculty discipline and specialization. The article concludes its argument with a group petition calling for more diverse and reliable indicators in recognizing the research of different natures and disciplines while creating culturally responsive evaluation criteria for social sciences and humanities in the Taiwanese academe. The article not only sheds light on academic evaluation literature, especially on the uncertain paradox of globalization and market economy, but also proposes alternatives to the evaluation system for humanities and social sciences in higher education.

Keywords: Academic Evaluation, Allocation, Alternatives, Arts and Humanities Citation Index, Asia, Associated Factors, Authors, Benchmarking, Citation, Citation Rates, Competition, Criteria, Economy, Education, Evaluation, Faculty, Forms, Funding, Global, Globalization, Globalization, Governance, Higher Education, Higher-Education, Humanities, Impact, Indicators, International, Journals, Literature, Mar, Market, Market Economy, Neo-Liberalism, Norms, Paradigm, Performance, Policies, Policy, Productivity, Public, Publication, Publications, Quality, Ranking, Rates, Recent, Research, Research Performance, Research Productivity, SCI, Science, Science Citation Index, Sciences, SI, Social, Social Science Citation Index, Social Sciences, SSCI, Territories, Trend, Universities, University, University Ranking, Visibility

? Jeong, D.W., Lee, H.J., Lee, S.H. and Wi, E. (2014), Shaping education policy research in an Asia-Pacific context. *Asia Pacific Education Review*, **15** (3), 367-380.

Full Text: [2014\Asi Pac Edu Rev15, 367.pdf](2014/Asi%20Pac%20Edu%20Rev15,%20367.pdf)

Abstract: Globalization increasingly calls for comparing educational policies across countries. In this study, we assemble and analyze academic journal publications of the past decade in order to shape education policy research within an Asia-Pacific context. After examining Asia-Pacific research publication data from the Web of Science, we find a few stylized facts: (1) increasing research collaboration, (2) growing policy evaluation research, (3) swelling empirical research with quantitative methodology and (4) growing attention to higher education. Moreover, education stakeholders show exclusive interest on globalization, private tutoring, and language education policies within and across countries. Finally, we find a significant difference in research impact and diffusion between Asia-Pacific and American education policy studies. Further, we examine what determines research impact and diffusion. Our results indicate that research collaboration, national context, publication year and issue, policy area, and research methodology are significantly associated with publication citations. Based on the findings, we suggest useful implications for future directions on education policy research in an Asia-Pacific context.

Keywords: Asia Pacific, Asia Pacific Education Review, Attention, Citations, Collaboration, Context, Data, Diffusion, Education, Education Policy Research, Empirical Research, Evaluation, Globalization, Higher Education, Hong-Kong, Impact, Journal, Journal Publications, Language, Management, Methodology, Policies, Policy, Policy Research, Professional-Development, Programs, Publication, Publications, Reform, Research, Research Collaboration, Research Impact, Research Impact And Diffusion, Schools, Science, Shadow Education, Si, Stakeholders, Student-Achievement, Swelling, Teacher-Education, Web Of Science

# Title: Asia Pacific Journal of Clinical Nutrition

Full Journal Title: [Asia Pacific Journal of Clinical Nutrition](http://apjcn.nhri.org.tw/server/APJCN/abstracts.php)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0964-7058

Issues/Year:

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Language:

Publisher:

Publisher Address:

Subject Categories:

? Lee, Y.Y., Tsou, C.S., Lin, H.C., Ien, C.H. and Wu, Y.T. (2008), Global perspective of health related edible plants from the agricultural point of view. *Asia Pacific Journal of Clinical Nutrition*, **17**, 95-98.

Full Text: [2008\Asi Pac J Cli Nut17, 95.pdf](2008/Asi%20Pac%20J%20Cli%20Nut17,%2095.pdf)

Abstract: In knowledge-based economics, nutrition concepts evolve with advances in agriculture. As people around the world become more health conscious, national health becomes one of the main directives for agricultural policies, including that of functional foods and their global markets. This article evaluates the development of the functional food industry in Taiwan and other countries through analysis of R&D capacity and bibliometrics. It attempts to identify future trends in nutrition with technology foresight research. Taiwan has a wide variety of indigenous herbal plants, although its functional food related literature is not large compared with some other Asian countries. However, there are quality papers on the immunologic functions of edible plants Globally there is much interest in edible plants with antioxidant activity and those phyto-nutrients which might help reduce the burden of chronic illness as well as in the nutrigenomics that will lead to the design of foods with these properties. To make the most of available agricultural resources, countries like Taiwan should relate agricultural development to the nutritional status of their populations. This strategy will add significant value to global agriculture.

Keywords: Activity, Advances, Agricultural, Agriculture, Analysis, Antioxidant, Asian, Bibliometrics, Burden, Capacity, Chronic, Chronic Illness, Claims, Consumer, Design, Development, Disease, Economics, Edible Plants, Food, Food Industry, Foods, Foresight, Functional Food, Functions, Global Trend, Health, Illness, Indigenous, Industry, Knowledge-Based, Lead, Literature, Markets, National, Nutrition, Nutritional Status, Papers, Plants, Policies, Populations, Quality, R&D, R&D Capacity, Research, Research Front, Resources, Status, Strategy, Taiwan, Technology, Technology Foresight, Trends, Value, World

? Kang, K., Shu, X.L., Zhong, J.X., Yu, T.T. and Lei, T. (2014), Effect of L-arginine on immune function: A meta-analysis. *Asia Pacific Journal of Clinical Nutrition*, **23** (3), 351-359.

Full Text: 2014\Asi Pac J Cli Nut23, 351.pdf

Abstract: L-arginine plays an important role in immune regulation by affecting the immune response and inflammation. This meta-analysis was performed to assess whether L-arginine supplementation could improve the outcomes of immune function, and to evaluate the safety of L-arginine supplementation. Four databases (PubMed, EMBASE, Web of Science, the Cochrane Library) for all randomized controlled trials investigating the effects of supplementation with L-arginine published from 1966 to September 2013 were searched. The quality of controlled trials was assessed with the Jadad method. Meta-analyses were performed with fixed- or random-effects models according to heterogeneity of studies. Data from 11 trials involving 321 patients were enrolled. Meta-analysis showed that the L-arginine supplement group had a significantly greater CD4(+) T-cell proliferation response (MD 5.03; 95% CI 1.11, 8.95; p<0.05), and that the incidence of infectious complications was lower (OR 0.40; 95% CI 0.17, 0.95; p<0.05) than control.

Keywords: Cd4(+), Clinical-Trials, Complications, Control, Controlled-Trial, Critically-Ill Patients, Cytokines, Data, Databases, Double-Blind, Effect, Effects, Embase, Enteral Nutrition, Function, Gastrointestinal Surgery, Heterogeneity, Immune, Immune Response, Incidence, Infectious Complications, Inflammation, L-Arginine, Meta Analysis, Meta-Analyses, Meta-Analysis, Metaanalysis, Models, Neck-Cancer Patients, Nitric Oxide, Nitric-Oxide, Outcomes, Patients, Preoperative Immunonutrition, Proliferation, Pubmed, Quality, Quality Of, Randomized, Randomized Controlled Trials, Regulation, Response, Role, Safety, Science, T-Cell Suppression, Web Of Science

? Hu, J.Y., Hu, Y.W., Hu, Y.T. and Zheng, S. (2015), Intake of cruciferous vegetables is associated with reduced risk of ovarian cancer: A meta-analysis. *Asia Pacific Journal of Clinical Nutrition*, **24** (1), 101-109.

Full Text: 2015\Asi Pac J Cli Nut24, 101.pdf

Abstract: Background: Epidemiological studies on the association between cruciferous vegetable (CV) consumption and the risk of ovarian cancer have demonstrated inconsistent results. We conducted a meta-analysis on CV consumption and ovarian cancer risk. Methods: The relevant studies were identified by searching the Medline (Pubmed), Embase and Web of Science databases. The references of related articles and reviews up to October 2013 were also screened. The pooled relative risks (RRs) with 95% confidence intervals (CIs) for the highest versus the lowest CV consumption levels were calculated using a random-effects model. The heterogeneity and publication bias were also evaluated. Results: Eight studies (4 case-control studies and 4 cohort studies) were identified and included in this meta-analysis. When all studies were pooled together, there was a significantly inverse association between CV consumption and the risk of ovarian cancer (RR: 0.89; 95% CI: 0.81-0.99). No significant heterogeneity or publication bias was found. Conclusions: The findings from this study suggest that the consumption of CVs may reduce the risk of ovarian cancer. Further investigations are needed to confirm the clinical effect of CVs on ovarian cancer.

Keywords: Articles, Association, Bias, Breast, Cancer, Cancer Prevention, Cancer Risk, Carcinoma, Case-Control, Case-Control Studies, Clinical, Cohort, Colorectal-Cancer, Confidence, Confidence Intervals, Consumption, Cruciferous Vegetables, Databases, Diet, Epidemiological Study, Epidemiology, From, Heterogeneity, Indole-3-Carbinol, Intervals, Investigations, Mar, Mechanism, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Ovarian Cancer, Publication, Publication Bias, Random Effects Model, References, Results, Reviews, Risk, Risks, Science, Statistics, Vegetables, Web, Web Of Science, Web Of Science Databases

# Title: Asia Pacific Journal of Management

Full Journal Title: [Asia Pacific Journal of Management](http://www.springerlink.com/content/106589/?p=6b6c15c145894f6ba0a7acc63c16671a&pi=0)

ISO Abbreviated Title:

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Subject Categories:

: Impact Factor

? Tsang, E.W.K. (2006), Economies of scale versus intellectual curiosity. *Asia Pacific Journal of Management*, **23** (2), 157-165.

Full Text: [2006\Asi Pac J Man23, 157.pdf](2006/Asi%20Pac%20J%20Man23,%20157.pdf)

Abstract: Many researchers, especially during the early stage of their career, focus on a narrow topic so as to achieve economies of scale in their research activities. The research path that I have followed during the last ten years or so is, to a significant extent, guided by intellectual curiosity and has led to several distinct streams of research. My own experience shows that this alternative research path can be more intellectually stimulating. It is a worthwhile long-term investment that researchers may like to consider.

Keywords: Economies of Scale, Intellectual Curiosity, Research Strategy, Career Path

# Title: Asia-Pacific Education Researcher

Full Journal Title: Asia-Pacific Education Researcher

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

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Language:

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Publisher Address:

Subject Categories:

: Impact Factor

? Tan, S.C., Chai, C.S., Tsai, C.C., Lim, C.P. and Chou, C.H. (2012), Learning sciences research in Asia pacific countries from 1997 to 2010: A content analysis of publications in selected journals. *Asia-Pacific Education Researcher*, **21** (1), 4-14.

Full Text: [2012\Asi-Pac Edu Res21, 4.pdf](2012/Asi-Pac%20Edu%20Res21,%204.pdf)

Abstract: Learning sciences, as an interdisciplinary field of research, refers to adoption of theories from multiple disciplines to gain understanding of the conditions and processes that lead to effective learning. This paper examines learning sciences research in the Asia Pacific region by means of content analysis of research papers published in three major journals: Journal of the Learning Sciences, International Journal of Computer-Supported Collaborative Learning, and Instructional Science. A total of 24 research papers contributed by authors affiliated to six Asia Pacific countries from 1997 to 2010 were found and analyzed. The main findings suggested that Hong Kong and Australian researchers are pioneers in learning sciences research, while Singaporean researchers have had significant contributions to this field after 2007. In addition, empirical studies were favoured over positional and theoretical papers. It is found that the theoretical frameworks underpinning these empirical studies were strongly influenced by Western research philosophies, including knowledge building pedagogy and learning study theories. Moreover, nearly half of the empirical studies involved the use of computer-supported collaborative learning (CSCL) technologies. The findings of this study may provide insights to promote learning sciences research in the Asia-Pacific region.

Keywords: Adoption, Analysis, Asia, Asia Pacific, Australian, Authors, Bibliometric Study, Building, Content Analysis, Countries, Economic Concepts, Education, Empirical Studies, Field, Hong Kong, Interdisciplinary, Journal, Journals, Knowledge, Lead, Learning, Learning Sciences, Mar, Online, Papers, Productivity, Publications, Region, Research, Science, Sciences, Technologies, Technology, Trends, Understanding

# Title: Asia-Pacific Journal of Operational Research

Full Journal Title: [Asia-Pacific Journal of Operational Research](http://web.ebscohost.com/ehost/detail?vid=1&hid=3&sid=552fe02c-c630-461f-95fd-43ea81d43317%40sessionmgr12&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=buh&jid=1QR); [Asia-Pacific Journal of Operational Research](http://econpapers.repec.org/article/wsiapjorx/)

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? Chang, P.L. and Hsieh, P.N. (2008), Bibliometric overview of operations research/management science research in Asia. *Asia-Pacific Journal of Operational Research*, **25** (2), 217-241.

Full Text: [2008\Asi-Pac J Ope Res25, 217.pdf](2008/Asi-Pac%20J%20Ope%20Res25,%20217.pdf)

Abstract: This paper evaluates the distribution of papers published by Asian authors in Operations Research and Management Science (OR/MS) journals from 1968 to 2006. The impact of OR/MS research in Asia is compared with that of the United States and the World, and research trends are highlighted through an analysis of keywords. From 1968 to 2006, 89,293 papers were published in 60 OR/MS journals. of these, 41.4% came from USA and 16.6% came from seven Asian countries/regions. The contribution of different countries/regions is as follows: Japan 3.7%, Taiwan 3.2%, India 2.3%, Hong Kong 2.2%, South Korea 2.1%, People’s Republic of China (PRC) 1.9%, and Singapore 1.2%. Among all the articles analyzed, 20% have a single author, and 9% have more than three authors; additionally, 22 papers have been cited more than 100 times and 29% have never been cited. Most articles originating in Japan, Taiwan, India, South Korea, PRC, and Singapore are produced in collaboration with local scholars, followed by authors from the United States. Hong Kong is a notable exception, 73% of articles from Hong Kong are produced in cooperation with the PRC, followed by local scholars. The five most productive institutions are as follows: the Indian Institute of Technology, the Korea Advanced Institute of Science and Technology, the National University of Singapore, the Hong Kong Polytechnic University, and the National Chiao-Tung University (Taiwan).

Keywords: Advanced, Algorithm, Analysis, Asia, Asian, Authors, Bibliometric, Bibliometric Analysis, China, Collaboration, Contribution, Cooperation, Distribution, Hong Kong, Impact, India, Indian, Information, Institutions, Japan, Journals, Korea, Local, Management, Management Science, Operations Research, OR, MS, Papers, People’s Republic of China, PRC, Research, Science, Singapore, South Korea, Systems, Taiwan, Time, Trends, United States, USA

# Title: Asia-Pacific Journal of Public Health

Full Journal Title: [Asia-Pacific Journal of Public Health](http://www.scopus.com/scopus/source/sourceInfo.url?sourceId=19598)

ISO Abbreviated Title:

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ISSN: 1010-5395

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Subject Categories:

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? Paraje, G., Sadana, R. and Salmela, R. (2009), Collaboration and “visibility” of health research in the western pacific region. *Asia-Pacific Journal of Public Health*, **21** (2), 128-136.

Full Text: [2009\Asi-Pac J Pub Hea21, 128.pdf](2009/Asi-Pac%20J%20Pub%20Hea21,%20128.pdf)

Abstract: Using more than 3.5 million bibliographic references in Thomson ISI Web of Science (health-related articles, notes, and reviews) and a broad definition of health (covering related social, medical, environmental, and physical sciences) research production, collaboration patterns and “visibility” of that production for largest producers in the Western Pacific Region of the World Health Organization are estimated for the 1992-2001 period. Two findings are of particular interest in relation to the production of relevant knowledge on health topics and equity in the access to this knowledge. The first is that intraregional collaboration is low and that large regional producers of research (ie, Japan, Australia, China, etc) collaborate more with high-income countries from other regions than among themselves within the region, or with smaller regional research producers. The second one is that “visibility” of health research in the region is relatively low, even for high-income countries. High “visibility” research is mostly done with the involvement, through collaboration, of extra-region high-income countries. Collaboration between low-income or middle-income countries is mostly in low “visibility” research.

Keywords: Access, Bibliometrics, Collaboration, Countries, Knowledge, Medical, Research, Research Production, Science, Sciences, Visibility, Web of Science, Western Pacific

Notes: CCountry

? Simkhada, P.P., Baral, Y.R. and van Teijlingen, E.R. (2010), Health and medical research in Nepal: A bibliometric review. *Asia-Pacific Journal of Public Health*, **22** (4), 492-500.

Full Text: [2010\Asi-Pac J Pub Hea22, 492.pdf](2010/Asi-Pac%20J%20Pub%20Hea22,%20492.pdf)

Abstract: This study aimed to quantify the following: (1) health research in academic journals covering Nepal, (2) location of authors, and (3) most prevalent specialties. Published health research conducted in Nepal during 1996 to May 2007 was assessed by searching from 4 electronic databases, and 631 research articles met the inclusion criteria. Only 11% was published in Nepalese journals. Most research covered urban districts. About two thirds of articles had Nepalese authors, but only 41% had a Nepalese first author. Child health and nutrition (11%), maternal health and women’s health (11%), and sexual reproductive health and HIV/AIDS, and family planning (11%) were the most common topics. Most articles (78%) reported quantitative methods. The number of research articles from Nepal is fairly small and concentrated on a limited number of topics and districts. Strategic planning is required to improve the research capacity of Nepal to achieve public health improvements using locally produced evidence.

Keywords: Asia, Author, Bibliometric Review, Collaboration, Countries, Developing Countries, Journals, Nepal, Pacific Region, Public-Health, Research

? Byrne, A., Hodge, A., Jimenez-Soto, E. and Morgan, A. (2013), Looking beyond supply: A systematic literature review of demand-side barriers to health service utilization in the mountains of Nepal. *Asia-Pacific Journal of Public Health*, **25** (6), 438-451.

Full Text: [2013\Asi-Pac J Pub Hea25, 438.pdf](2013/Asi-Pac%20J%20Pub%20Hea25,%20438.pdf)

Abstract: Significant disparities in reproductive, maternal, newborn, and child health (RMNCH) outcomes and intervention coverage exist between the Mountains and other ecoregions of Nepal. Delivery of essential health services to remote mountainous areas is challenging and access is a known barrier to utilization. However, the contribution of demand-side barriers is poorly understood. Consequently, policies and programs cannot strategically target constraints to increase coverage. This systematic review identifies demand-side barriers to utilization of RMNCH services in the Mountain districts of Nepal. Research was drawn from MEDLINE, Web of Science, Scopus, Google Scholar, Eldis, and unpublished literature. Beyond inaccessibility, utilization is undermined by costs of care-seeking, traditional attitudes and practices, low status of women, limited health knowledge, dissatisfaction with service quality, and low and inequitable care by community health workers. The intensity and repercussions of these barriers are of greater magnitude in the Mountains where delayed care-seeking combines with long distances for critical health consequences.

Keywords: Access, Attitudes, Barrier, Barriers, Care, Child, Child Health, Community, Costs, Coverage, Delivery, Developing-Countries, Disparities, Ecoregions, Ethiopia, Global Health, Google, Google Scholar, Health, Health Care Services, Health Equity, Health Services, Inequalities In Health, Intensity, Intervention, Knowledge, Literature, Magnitude, Maternal, Maternal and Child Health, Maternal Health, Medline, Nepal, Newborn, Nov, Outcomes, Policies, Practices, Program, Quality, Research, Review, Rural Nepal, Science, Scopus, Service, Services, Systematic Review, Utilization, Web of Science, Women

? Jadambaa, A., Spickett, J., Badrakh, B. and Norman, R.E. (2015), The impact of the environment on health in Mongolia: A systematic review. *Asia-Pacific Journal of Public Health*, **27** (1), 45-75.

Full Text: [2015\Asi-Pac J Pub Hea27, 45.pdf](2015/Asi-Pac%20J%20Pub%20Hea27,%2045.pdf)

Abstract: Mongolia has significant exposure to environmental risk factors because of poor environmental management and behaviors, and children are increasingly vulnerable to these threats. This study aimed to assess levels of exposure and summarize the evidence for associations between exposures to environmental risk factors and adverse health outcomes in Mongolia, with a particular focus on children. A systematic review was conducted using the PubMed, EMBASE, Web of Science, Global Health Library, CINAHL, CABI, Scopus, and mongolmed.mn electronic databases up to April 2014 . A total of 59 studies meeting the predetermined criteria were included. Results indicate that the Mongolian population has significant exposure to outdoor and indoor air pollution, metals, environmental tobacco smoke, and other chemical toxins, and these risk factors have been linked to respiratory and cardiovascular diseases among adults and respiratory diseases and neurodevelopmental disorders among children. Well-designed epidemiological investigations in vulnerable populations especially in pregnant women and children are recommended.

Keywords: 21 Regions, Air, Air Pollution, Air-Pollution, Cardiovascular, Cardiovascular Diseases, Chemical, Children, Children’S Health, Criteria, Databases, Diseases, Embase, Environment, Environmental, Environmental Management, Environmental Risk, Environmental Risk Factors, Environmental Tobacco Smoke, Events, Evidence, Exposure, Exposures, Factors, Global, Global Burden, Health, Health Outcomes, Impact, Investigations, Long-Term Exposure, Management, Metals, Mongolia, Outcomes, Parkinsons-Disease, Pollution, Population, Populations, Pregnant, Pregnant Women, Pubmed, Respiratory Health, Results, Review, Risk, Risk Factors, Science, Scopus, Smoke Exposure, Systematic, Systematic Review, Tobacco, Ulaanbaatar, Vulnerable Populations, Web, Web Of Science, Women

? Song, H., Wan, Y. and Xu, Y.Y. (2015), Betel quid chewing without tobacco: A meta-analysis of carcinogenic and precarcinogenic effects. *Asia-Pacific Journal of Public Health*, **27** (2), NP47-NP57.

Full Text: [2015\Asi-Pac J Pub Hea27, NP47.pdf](2015/Asi-Pac%20J%20Pub%20Hea27,%20NP47.pdf)

Abstract: Betel quid without tobacco is an important factor influencing the incidences of oral cancer and precancer. This study systematically evaluated the associations between betel quid containing no tobacco and oral cancer and precancer, with implications for the prevention of oral cancer. We searched MEDLINE, ISI Web of Science, and EMBASE (to April 2011) and retrieved studies that investigated the relationship between chewing betel quid and oral cancer (or precancer). We performed a meta-analysis to summarize the published data and describe the prevalence of betel quid use with regard to cancerous diseases. In all, 19 eligible studies that reported odds ratios and 95% confidence intervals for oral cancer with respect to betel quid were included. The analysis identified an association suggesting that betel quid might be an important risk factor for oral cancer and precancer. The results of this review suggest that betel-chewing-cessation programs should be developed to help prevent oral diseases.

Keywords: Alcohol-Drinking, Analysis, Areca Nut, Association, Betel Quid, Cancer, Confidence, Confidence Intervals, Consumption, Data, Diseases, Effects, Embase, Intervals, Isi, Isi Web Of Science, Mainland China, Mar, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Oral, Oral Cancer, Oral Precancer, Oral Submucous Fibrosis, Potentially Malignant Disorders, Precancer, Prevalence, Prevent, Prevention, Review, Risk, Risk Factor, Risk-Factor, Science, Smoking, Tobacco, Web, Web Of Science

# Title: Asia-Pacific Psychiatry

Full Journal Title: Asia-Pacific Psychiatry

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? Pae, C.U., Lopez-Munoz, F., Shen, W., Moreno, R., Rubio, G., Molina, J., Noriega, C. and Perez-Nieto, M. (2012), Trends in scientific literature on atypical antipsychotic drugs in South Korea: A bibliometric study. *Asia-Pacific Psychiatry*, **4**, 159.

Full Text: 2012\Asi-Pac Psy4, 159.pdf

Keywords: Atypical Antipsychotic, Bibliometric, Bibliometric Study, Drugs, Korea, Literature, Scientific Literature, SI, South Korea, Trends

? Chung, A.K.K., Lopez-Munoz, F., Shen, W.W., Huelves, L., Noriega, C. and Rubio, G. (2012), A bibliometric study of scientific research on second-generation antipsychotic drugs in Hong Kong. *Asia-Pacific Psychiatry*, **4**, 173-174.

Full Text: 2012\Asi-Pac Psy4, 173.pdf

Keywords: Bibliometric, Bibliometric Study, Drugs, Hong Kong, Research, Scientific Research, SI

? Shen, W.W., Lopez-Munoz, F., Moreno, R., Molina, J.D., Noriega, C. and Perez-Nieto, M.A. (2012), International scientific productivity on second-generation antipsychotic drugs in Taiwan: A bibliometric study. *Asia-Pacific Psychiatry*, **4**, 181.

Full Text: 2012\Asi-Pac Psy4, 181.pdf

Keywords: Bibliometric, Bibliometric Study, Drugs, Productivity, Scientific Productivity, SI, Taiwan

? Chen, P., Ganesan, S. and McKenna, M. (2013), Overview of psychiatric scales used in Nepal: Their reliability, validity and cultural appropriateness. *Asia-Pacific Psychiatry*, **5** (3), 113-118.

Full Text: [2013\Asi-Pac Psy5, 113.pdf](2013/Asi-Pac%20Psy5,%20113.pdf)

Abstract: A review of the Western mental health scales that have been utilized in Nepal was conducted. Academic search engines (PubMed, MEDLINE, PsychLIT, Social Sciences Citation Index, and Anthropology Plus) were searched using relevant terms for the years 1990-2011. Search results indicated a limited number of mental health scales had been used and/or developed in Nepal with mixed emphasis on reliability and validity, as well as cultural considerations. These scales, methods and limitations are discussed within the cultural and social background of Nepal.

Keywords: Academic, Academic Search Engines, BC, Canada, Citation, Conflict, Cultural, Distress, DSM-Iv, Health, MEDLINE, Mental Health, Mental-Health, Methods, Nepal, Outcome Measure, Overview, Psychiatric Assessment, Psychiatry, Pubmed, Reliability, Review, River, Scales, Search, Social, Social Sciences, Social Sciences Citation Index, Stigma, USA, Validity

? Wang, Y., Yu, L.H., Xie, J., Chen, J.J. and Wei, Q.P. (2014), Comparative efficacies of fluoxetine and paroxetine in major depression across varying acute-phase treatment periods: A meta-analysis. *Asia-Pacific Psychiatry*, **6** (4), 353-362.

Full Text: 2013\Asi-Pac Psy6, 353.pdf

Abstract: IntroductionPrevious studies have shown that varying acute-phase treatment periods of fluoxetine and paroxetine can result in varying antidepressive effects. We therefore did a meta-analysis to ascertain the efficacy of fluoxetine versus paroxetine for depression by varying acute-phase treatment periods. MethodsPubMed, CCTR, Web of Science, Embase, CBM-disc, and CNKI were searched up to March 2013. The key search terms were depression, paroxetine, and fluoxetine. No language restriction was imposed. ResultsWe included 17 studies with 3,110 patients. Three treatment period subgroups were created: 6, 8/10, and 12 weeks. In the 6-week subgroup, paroxetine was more efficacious than fluoxetine (odds ratio [OR]: 0.74; P<0.05). In the 8/10-week subgroup, two drugs displayed comparative efficacy (OR, 0.85; P>0.05). In the 12-week subgroup, fluoxetine was more efficacious than paroxetine (OR: 1.25; P<0.05). There were no significant differences in acceptability. Significant heterogeneity and potential publication bias did not exist. ConclusionsPatients’ economic conditions, individual preference, and side effects of fluoxetine and paroxetine can be obstacles of successful treatment. Inappropriate acute-phase treatment, such as inadequate treatment periods, may result in pseudoresistance. Clinicians should take these information into consideration when prescribe fluoxetine or paroxetine for patients. Our results can aid clinicians in making an optimal treatment plan to increase odds of response.

Keywords: Acceptability, Acute Phase, Bias, Comparative, Depression, Disorder, Double-Blind, Drugs, Economic, Effects, Efficacy, Fluoxetine, Heterogeneity, Information, Language, Meta Analysis, Meta-Analysis, Metaanalysis, Multicenter, Odds Ratio, Paroxetine, Patients, Potential, Preference, Publication, Publication Bias, Quality, Randomized-Trials, Response, Science, Selective Serotonin Reuptake Inhibitor, Sertraline, Side Effects, Treatment, Web, Web Of Science

# Title: Asia Pacific Viewpoint

Full Journal Title: [Asia Pacific Viewpoint](http://www3.interscience.wiley.com/journal/118507094/home)

ISO Abbreviated Title:

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Issues/Year:

Journal Country/Territory:

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Subject Categories:

: Impact Factor

? McGregor, A. and Murray, W.E. (2009), Challenging placeism in Geography and beyond. *Asia Pacific Viewpoint*, **50** (3), 253-254.

Full Text: [2009\Asi Pac Vie50, 253.pdf](2009/Asi%20Pac%20Vie50,%20253.pdf)

Abstract: Geography’s central concern is place. Ironic, then, that it is characterised by placeist relations of power that permeate both the production and consumption of geographical knowledge. Other disciplines are placeist of course, but none purports to take place as seriously as geography must by definition. There should be no room for placeism in the globalised, democratic, geography that most geographers aspire to. In this short piece we celebrate APV’s inclusion in the Social Science Citation Index (SSCI) but reflect on the inherent spatial bias that confers importance upon such indices and the research assessment exercises that utilise them. On the occasion of the 50(th) anniversary Asia Pacific Viewpoint, we take the opportunity to re-affirm our commitment to non-placeist scholarship which was the founding rationale of the journal.

Keywords: Assessment, Citation, Exercises, Geography, Research, Scholarship, Science Citation Index

# Title: Asian-Australasian Journal of Animal Sciences

Full Journal Title: Asian-Australasian Journal of Animal Sciences

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ISSN: 1011-2367

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Notes: JJournal

? Han, I.K. (2002), Publication report of the *Asian-Australasian Journal of Animal Sciences* over its history of 15 years - A review. *Asian-Australasian Journal of Animal Sciences*, **15** (1), 124-144.

Abstract: As an official journal of the *Asian-Australasian Association of Animal Production Societies* (AAAP), The *Asian-Australasian Journal of Animal Sciences* (AJAS) was born in February 1987 and the First issue (Volume 1, Number 1) was published in March 1988 under the Editorship of Professor In K. Han (Korea). By the end of 2001, a total of 84 issues in 14 volumes and 1,761 papers in 11,462 pages had been published. In addition to these 14 volumes, a special issue entitled ‘Recent Advances in Animal Nutrition’ (April, 2000) and 3 supplements entitled ‘Proceedings of the 9th AAAP Animal Science Congress’ (July, 2000) were also published. Publication frequency has steadily increased from 4 issues in 1988, to 6 issues in 1997 and to 12 issues in 2000. The total number of pages per volume and the number of original or review papers published also increased, Sonic significant milestones in the history of the AJAS include that 1 it became a Science Citation Index (SCI) journal in 1997, 2 the impact factor of the journal improved from 0.257 in 1999 to 0.446 in 2000, 3 it became a monthly journal (12 issues per volume) in 2000, 4 it adopted an English editing system in 1999, and 5 it has been covered in ‘Current Contents/Agriculture, Biology and Environmental Science since 2000. The AJAS is subscribed by 842 individuals or institutions. Annual subscription fees of US$ 50 (Category B) or US$ 70 (Category A) for individuals and US$ 70 (Category B) or USS 120 (Category A) for institutions are much less than the actual production costs of US$ 130. A list of the 1,761 papers published in AJAS, listed according to subject area, may be found in the AJAS homepage (http://www.ajas.snu.ac.kr) and a very well prepared ‘Editorial Policy with Guide for Authors’ is available in the Appendix of this paper. With regard to the submission status of manuscripts from AAAP member countries, India (235), Korea (235) and Japan (198) have submitted the most manuscripts. On the other hand, Mongolia, Nepal, and Papua New Guinea have never submitted any articles. The average time required from submission of a manuscript to printing in the AJAS has been reduced from 11 months in 1997-2000 to 7.8 months in 2001. The average rejection rate of manuscripts was 35.3%, a percentage slightly higher than most leading animal science journals. The total number of scientific papers published in the AJAS by AAAP member countries during a 14-year period (1988-2001) was 1,333 papers (75.7%) and that by non-AAAP member countries was 428 papers (24.3%), Japanese animal scientists have published the largest number of papers (397), followed by Korea (275), India (160), Bangladesh (111), Pakistan (85), Australia (71), Malaysia (59), China (53), Thailand (53), and Indonesia (34). It is regrettable that the Philippines (15), Vietnam (10), New Zealand (8), Nepal (2), Mongolia (0) and Papua New Guinea (0) have not actively participated in publishing papers in the AJAS. It is also interesting to note that the top 5 countries (Bangladesh, India, Japan, Korea and Pakistan) have published 1,028 papers in total indicating 77% of the total papers being published by AAAP animal scientists from Vol. 1 to 14 of the AJAS. The largest number of papers were published in the ruminant nutrition section (591 papers-44.3%), followed by the non-ruminant nutrition section (251 papers-18.8%), The animal reproduction section (153 papers-11.5%) and the animal breeding section (115 papers-8.6%). The largest portion of AJAS manuscripts as reviewed by Korean editors (44.3%), followed by Japanese editors (18.1%), Australian editors (6.0%) and Chinese editors (5.6%).

Editors from the rest of the AAAP member countries have reviewed slightly less than 5% of the total AJAS manuscripts. It was regrettably noticed that editorial members representing Nepal (66.7%), Mongolia (50.0%), India (35.7%), Pakistan (25.0%), Papua New Guinea (25.0%), Malaysia (22.8%) and New Zealand (21.5%) have failed to return many of the manuscripts requested to be reviewed by the Editor-in-Chief. Financial records show that Korea has contributed the largest portion of production costs (68.5%), followed by Japan (17.3%), China (8.3%), and Australia (3.5%). It was found that 6 AAAP member countries have contributed less than 1% of the total production costs (Bangladesh, India, Indonesia, Malaysia, Papua New Guinea and Thailand), and another 6 AAAP member countries (Mongolia, Nepal and Pakistan, Philippine and Vietnam) have never provided any financial contribution in the form of subscriptions, page charges or reprints. It should be pointed out that most AAAP member countries have published more papers than their financial input with the exception of Korea and China. For example, Japan has published 29.8% of the total papers published in AJAS by AAAP member countries. However, Japan has contributed only 17.3% of total income, Similar trends could also be found in the case of Australia, Bangladesh, India, Indonesia, Malaysia and Thailand, A total of 12 Asian young animal scientists (under 40 years of age) have been awarded the AJAS-Purina Outstanding Research Award which was initiated in 1990 with a donation of USS 2,000-3,000 by Mr. K. Y. Kim, President of Agribrands Purina Korea Inc. In order to improve the impact factor (citation frequency) and the Financial structure of the AJAS, 1 submission of more manuscripts of good quality should be encouraged, 2 subscription rate of all AAAP member countries, especially Category B member countries should be dramatically increased, 3 a page charge policy and reprint ordering system should be applied to all AAAP member countries, and 4 all AAAP countries, especially Category A member countries should share more of the financial burden (advertisement revenue or support from public or private sector).

Keywords: AAAP, AJAS, History, Subscribers, Editorial Members, Financial Situation

# Title: Asian Biomedicine

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? Suwanpasu, S., Grinslade, S., Wu, Y.W.B. and Porock, D. (2014), Risk factors of delirium in elderly patients with hip fracture. *Asian Biomedicine*, **8** (2), 157-165.

Full Text: 2014\Asi Bio8, 157.pdf

Abstract: Background: Delirium is a leading cause of death and disability in the elderly with hip fracture. Identifying reliable risk factors for delirium is critical to support optimal outcomes for prevention and reducing delirium. Objective: To quantify the reported factors associated to delirium for patients with hip fracture. Methods: Electronic databases were searched (including Medline, Pub Med, CINAHL, EMBASE, Evidence Based Medicine Reviews, Cochrane Review, Web of Science, and PsycINFO) to identify all studies, published in English language that evaluated the risk factors of delirium hospitalized people with hip fracture. Two reviewers independently assessed methodology quality and extracted relevant data. The data from the included studies were summarized, and pooled estimates were calculated for 12 risk factors. Results: Thirty-seven studies were included in the review and 25 in the meta-analysis. The incidence of delirium was 32.4% (95% confidence interval [CI] = 25.9%-39.5%). Six predisposing and four precipitating factors predicted delirium among older patients with hip fracture confirmed. The predisposing factors included advanced age (ES = 1.06, 95% CI = 1.03-1.09), male sex (ES = 1.34, 95% CI = 1.08-1.68), impairment of cognition (ES = 2.91, 95% CI = 1.91-4.42), and function (ES = 1.75, 95% CI = 1.39-2.2), comorbidity (ES = 1.59, 95% CI = 1.30-1.96), and health problems (ES = 2.64, 95% CI = 2.04-3.42). Precipitating factors were hypo- or hypernatremia (ES = 1.73, 95% CI = 1.14-2.64), depression (ES = 4.07, 95% CI = 1.95-8.49), more than three prescribed drugs (ES = 1.28, 95% CI = 1.10-1.49), and drugs including opioids (ES = 2.13, 95% CI = 1.42-3.18) and anticholinergic agents (ES = 2.10, 95% CI = 1.60-2.75). Conclusion: This meta-analysis result provides evidence that these risk factors have a significant impact on delirium in elders with hip fracture during hospitalization. Developing formal screening, and effective preventive and management strategies for delirium is important.

Keywords: Age, Cause Of Death, Cognition, Comorbidity, Confidence, Confusion Assessment Method, Data, Databases, Death, Delirium, Depression, Disability, Drugs, Elderly, Embase, English, Estimates, Evidence, Fracture, Function, Health, Hip Fracture, Hospitalization, Hypernatremia, Impact, Impairment, Incidence, Interval, Language, Male, Management, Medicine, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methodology, Methods, Mortality, Opioids, Outcomes, Pain, Patients, Postoperative Delirium, Predisposing Factors, Prevention, Psycinfo, Pub Med, Quality, Recovery, Repair, Results, Review, Reviewers, Risk, Risk Factors, Scale, Science, Screening, Sex, Support, Surgery, Symptoms, Systematic Review, The Elderly, Validation, Web Of Science

# Title: Asian Business & Management

Full Journal Title: [Asian Business & Management](http://www.palgrave-journals.com/abm/archive/index.html)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1472-4782

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Shapira, P. and Wang, J. (2009), From lab to market? Strategies and issues in the commercialization of nanotechnology in China. *Asian Business & Management*, **8** (4), 461-489.

Full Text: [2009\Asi Bus Man8, 461.pdf](2009/Asi%20Bus%20Man8,%20461.pdf)

Abstract: Nanotechnology is expected by many to be one of the next drivers of technology-based business and economic growth. China has emerged as a global player in nanotechnology development, and now ranks second (after the United States) in nanotechnology scientific publications produced annually. The study of nanotechnology offers a lens to examine China’s capabilities to move closer to the frontier of technology-led economic development, explore the evolving Chinese innovation system, and assess the effectiveness of policy strategies to modernize and add-value to research and industry in China. Supported by new policy initiatives and funding, hundreds of institutions and thoUSAnds of researchers in China are engaged in nanotechnology R&D. Yet, although Chinese nanotechnology research has scale, the pathways from laboratory research to successful commercialization remain problematic. Chinese performance in nanotechnology patenting and product development is weak relative to its research strength, suggesting a significant gap between the research base and industrial development. Drawing on bibliometric research and field interviews with Chinese nanotechnology policymakers, researchers and business representatives, we analyze this gap, explore the factors contributing to it and assess future commercialization trajectories. Asian Business & Management (2009) 8, 461-489. doi: 10.1057/abm.2009.15.

Keywords: China, Commercialization, FDI, Firms, Industrial Innovation, Innovation, Nanoscience, Nanotechnology, Publications, R&D, Research, Science, Spillover, Technology Transfer, Technology-Transfer

# Title: Asian Journal of Andrology

Full Journal Title: Asian Journal of Andrology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Tian, Y., Liu, W., Wang, J.Z., Wazir, R., Yue, X. and Wang, K.J. (2013), Effects of circumcision on male sexual functions: A systematic review and meta-analysis. *Asian Journal of Andrology*, **15** (5), 662-666.

Full Text: [2013\Asi J And15, 662.pdf](2013/Asi%20J%20And15,%20662.pdf)

Abstract: This meta-analysis was performed to assess sexual functions following adult male circumcision. We searched the Cochrane Central Register of Controlled Trials, PUBMED, EMBASE, the Cochrane Database of Systematic Review and Web of Science from their inception until January 2013 to identify all eligible studies that reported on men’s sexual function after circumcision. The Cochrane Collaboration’s RevMan 5.2 software was employed for data analysis, and the fixed or the random effect model was selected depending on the proportion of heterogeneity. We identified 10 studies, which described a total of 9317 circumcised and 9423 uncircumcised men who were evaluated for the association of circumcision with male sexual function. There were no significant differences in sexual desire (odds ratio (OR): 0.99; 95% confidence interval (CI): 0.92-1.06), dyspareunia (OR: 1.12; 95% CI: 0.52-2.44), premature ejaculation (OR: 1.13; 95% CI: 0.83-1.54), ejaculation latency time (OR: 1.33; 95% CI: 0.69-1.97), erectile dysfunctions (OR: 0.90; 95% CI: 0.65-1.25) and orgasm difficulties (OR: 0.97; 95% CI: 0.83-1.13). These findings suggest that circumcision is unlikely to adversely affect male sexual functions. However, these results should be evaluated in light of the low quality of the existing evidence and the significant heterogeneity across the various studies. Well-designed and prospective studies are required for a further understanding of this topic.

Keywords: Adult, Adult Penis, Analysis, Association, Circumcision, Complications, Confidence, Data, Data Analysis, Database, Dyspareunia, Embase, Evidence, Function, Functions, Heterogeneity, HIV Prevention, Human-Papillomavirus, Interval, Latency, Male, Male Circumcision, Men, Meta Analysis, Meta-Analysis, Metaanalysis, Model, Odds Ratio, Penile Sensitivity, Premature, Premature Ejaculation, Prospective, Prospective Studies, Quality, Quality Of, Randomized-Trial, Review, Satisfaction, Science, Sexual Function, Software, Systematic Review, Topic, Touch Pressure Thresholds, Uganda, Understanding, Web of Science

? Luo, Y., Gou, X., Huang, P. and Mou, C. (2014), The *PCA*3 test for guiding repeat biopsy of prostate cancer and its cut-off score: A systematic review and meta-analysis. *Asian Journal of Andrology*, **16** (3), 487-492.

Full Text: [2014\Asi J And16, 487.pdf](2014/Asi%20J%20And16,%20487.pdf)

Abstract: The specificity of prostate-specific antigen (PSA) for early intervention in repeat biopsy is unsatisfactory. Prostate cancer antigen 3 (PCA3) may be more accurate in outcome prediction than other methods for the early detection of prostate cancer (PCa). However, the results were inconsistent in repeated biopsies. Therefore, we performed a systematic review and meta-analysis to evaluate the role of PCA3 in outcome prediction. A systematic bibliographic search was conducted for articles published before April 2013, using PubMed, Medline, Web of Science, Embase and other databases from health technology assessment agencies. The quality of the studies was assessed on the basis of QUADAS criteria. Eleven studies of diagnostic tests with moderate to high quality were selected. A meta-analysis was carried out to synthesize the results. The results of the meta-analyses were heterogeneous among studies. We performed a subgroup analysis (with or without inclusion of high-grade prostatic intraepithelial neoplasia (HGPIN) and atypical small acinar proliferation (ASAP)). Using a PCA3 cutoff of 20 or 35, in the two sub-groups, the global sensitivity values were 0.93 or 0.80 and 0.79 or 0.75, specificities were 0.65 or 0.44 and 0.78 or 0.70, positive likelihood ratios were 1.86 or 1.58 and 2.49 or 1.78, negative likelihood ratios were 0.81 or 0.43 and 0.91 or 0.82 and diagnostic odd ratios (ORs) were 5.73 or 3.45 and 7.13 or 4.11, respectively. The areas under the curve (AUCs) of the summary receiver operating characteristic curve were 0.85 or 0.72 and 0.81 or 0.69, respectively. PCA3 can be used for repeat biopsy of the prostate to improve accuracy of PCa detection. Unnecessary biopsies can be avoided by using a PCa cutoff score of 20.

Keywords: Accuracy, Analysis, Antigen, Articles, Assay, Assessment, Bibliographic, Biopsy, Cancer, Clinical Utility, Cloning, Criteria, Databases, Diagnosis, Diagnostic, Diagnostic Tests, Early Detection, Early Intervention, Gene 3, Global, Health, Health Technology Assessment, Intervention, Medline, Men, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Molecular Urine Test, Outcome, Outcome Prediction, PCA, PCA3, Prediction, Progression, Proliferation, Prostate Cancer, Pubmed, Quality, Quality Of, Receiver Operating Characteristic Curve, Repeat Biopsy, Review, Role, Saturation Biopsy, Science, Sensitivity, Small, Specificity, Systematic, Systematic Review, Technology, Technology Assessment, Web Of Science

? Wang, K., Li, Y., Teng, J.F., Zhou, H.Y., Xu, D.F. and Fan, Y. (2015), Transurethral plasmakinetic resection of the prostate is a reliable minimal invasive technique for benign prostate hyperplasia: A meta-analysis of randomized controlled trials. *Asian Journal of Andrology*, **17** (1), 135-142.

Full Text: [2015\Asi J And17, 135.pdf](2015/Asi%20J%20And17,%20135.pdf)

Abstract: To evaluate the efficacy and safety of plasmakinetic resection of the prostate (PKRP) versus transurethral resection of the prostate (TURP) for the treatment of patients with benign prostate hyperplasia (BPH), a meta-analysis of randomized controlled trials was carried out. We searched PubMed, Embase, Web of Science and the Cochrane Library. The pooled estimates of maximum flow rate, International Prostate Symptom Score, operation time, catheterization time, irrigated volume, hospital stay, transurethral resection syndrome, transfusion, clot retention, urinary retention and urinary stricture were assessed. There was no notable difference in International Prostate Symptom Score between TURP and PKRP groups during the 1-month, 3 months, 6 months and 12 months follow-up period, while the pooled Q max at 1-month favored PKRP group. PKRP group was related to a lower risk rate of transurethral resection syndrome, transfusion and clot retention, and the catheterization time and operation time were also shorter than that of TURP. The irrigated volume, length of hospital stay, urinary retention and urinary stricture rate were similar between groups. In conclusion, our study suggests that the PKRP is a reliable minimal invasive technique and may anticipatorily prove to be an alternative electrosurgical procedure for the treatment of BPH.

Keywords: 1-Year Follow-Up, Alternative, Benign Prostate Hyperplasia, Bipolar, Catheterization, Clinical-Trials, Complications, Efficacy, Efficacy And Safety, Estimates, Flow, Flow Rate, Follow-Up, Groups, Hospital, Hospital Stay, International, Invasive, Laser, Length, Library, Lower Urinary Tract Symptoms, Management, Men, Meta Analysis, Meta-Analysis, Metaanalysis, Operation, Patients, Plasmakinetic Resection Of Prostate, Procedure, Pubmed, Quality, Randomized, Randomized Controlled Trials, Retention, Risk, Safety, Science, Surgery, Syndrome, Transfusion, Transurethral Resection Of Prostate, Treatment, Turp, Urinary, Urinary Retention, Volume, Web, Web Of Science

# Title: Autoimmunity Reviews

Full Journal Title: Autoimmunity Reviews

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Viall, C.A. and Chamley, L.W. (2015), Histopathology in the placentae of women with antiphospholipid antibodies: A systematic review of the literature. *Autoimmunity Reviews*, **14** (5), 446-471.

Full Text: [2015\Aut Rev14, 446.pdf](2015/Aut%20Rev14,%20446.pdf)

Abstract: Background: Antiphospholipid antibodies (aPLs) are a heterogenous group of autoantibodies associated with recurrent miscarriage, stillbirth, foetal growth restriction and premature birth. The cause of obstetric morbidity in women with aPLs is not completely understood. Workers have attempted to understand the role of aPLs in obstetric morbidity by investigating the histopathology of placentae from aPL-positive women. However, it is unclear from these diverse, and at times contradictory reports what histopathological lesions are common in the placentae of women with aPLs. This systematic review was undertaken to generate a complete picture of the placental features associated with aPLs in an attempt to understand the pathological processes that occur in pregnancies affected by aPLs. Methods: Pubmed, Scopus, Web of Science and Embase were searched on the 27th November 2014 using the keywords “placenta” OR “trophoblast” AND “antiphospholipid antibody” OR “antiphospholipid antibody syndrome”. Records that were relevant and eligible were qualitatively assessed and given a score out of 24. Results: Of the 1112 records that were retrieved from the systematic search, 34 records were eligible for review, and were qualitatively scored. Of the 44 histopathological features that were reported in 580 placentae from aPL-positive women, six features appeared to be more common in the placentae of aPL-positive women compared to control women, including: placental infarction, impaired spiral artery remodelling, decidual inflammation, increased syncytial knots, decreased vasculosyncytial membranes and the deposition of complement split product C4d. Conclusion: Based on the evidence in this systematic review, a human placental aPL fingerprint has been proposed. The diversity of the human placental aPL fingerprint suggests that multiple pathological processes may occur in pregnancies affected by aPL. (C) 2015 Elsevier B.V. All rights reserved.

Keywords: Annexin-V, Antibodies, Antibody, Anticardiolipin Antibodies, Antiphospholipid Antibodies, Antiphospholipid Antibody, Artery, Attempted, Birth, Complete, Control, Decay-Accelerating Factor, Deposition, Diversity, Evidence, From, Growth, Growth Restriction, Growth-Retardation, Histopathology, Human, In-Vitro, Infarction, Inflammation, Intrauterine Fetal-Death, Literature, Lupus-Erythematosus, Membrane Cofactor Protein, Methods, Miscarriage, Morbidity, Obstetric, Placenta, Pregnancy, Pregnant-Women, Premature, Premature Birth, Records, Recurrent, Recurrent Miscarriage, Results, Review, Rights, Role, Science, Scopus, Stillbirth, Systematic, Systematic Review, Trophoblast, Trophoblast Deportation, Web, Web Of Science, Women

# Title: Asian Journal of Chemistry

Full Journal Title: [Asian Journal of Chemistry](http://www.asianjournalofchemistry.co.in/)

ISO Abbrev. Title: Asian J. Chem.

JCR Abbrev. Title: Asian J Chem

ISSN: 0970-7077

Issues/Year: 6

Language: English

Journal Country/Territory: India

Publisher: Asian Journal of Chemistry

Publisher Address: 11/100 Rajendra Nagar, Sector 3, Sahibabad 201 005, Ghaziabad, India

Subject Categories:

Chemistry, Multidisciplinary: Impact Factor 0.213, 128/140 (2009)

? Khan, M.A. and Ho, Y.S. (2011), Arsenic in drinking water: A review on toxicological effects, mechanism of accumulation and remediation. *Asian Journal of Chemistry*, **23** (5), 1889-1901.

Full Text: [2011\Asi J Che23, 1889.pdf](2011/Asi%20J%20Che23,%201889.pdf); [2011\Asi J Che-Khan.pdf](2011/Asi%20J%20Che-Khan.pdf); [2011\Asi J Che-Khan-1.pdf](2011/Asi%20J%20Che-Khan-1.pdf)

Abstract: the aim of this review article is to bring out the toxicological effects caused by arsenic on the biological systems. Drinking water is the major direct source of arsenic exposure by general population. The two predominant species of arsenic are arsenate [As(V)] and arsenite [As(III)]. Arsenite is much more toxic. The review covers a bibliometric analysis of drinking water from 1991 to 2008 covering 2,299 publications on the subject. The data source and case study section highlights the historical and present evidences of arsenic toxicity. The effect of toxicity, biomarkers of arsenic toxicity and the mechanism of arsenic toxicity on plants and animals and sources of remediation; are well reported in the article. Lastly various treatment technologies to minimize or remove arsenic are reported.

Keywords: Activated Carbon, Analysis, Animals, Arsenate, Arsenic, Arsenite, Bibliometric, Bibliometric Analysis, Bibliometrie Analysis, Biological, Biomarkers, Case Study, Data, Drinking Water, Enhanced Adsorption, Exposure, General, Granular Ferric Hydroxide, In-Vitro, Induced Oxidative Stress, Induced Toxicity, Mechanism, Middle Ganga Plain, Monomethylarsonous Acid MMA(III), Plants, Population, Publications, Remediation, Review, Skin-Lesions, Source, Sources, Species, Systems, Technologies, Toxic, Toxicity, Treatment, Water, West-Bengal

? Kim, H.T. and Kil, S.C. (2013), Scientometric analysis of multifunctional flux cored welding wire. *Asian Journal of Chemistry*, **25** (10), 5724-5726.

Full Text: 2013\Asi J Che25, 5724.pdf

Abstract: The flux cored arc welding which uses a tubular electrode containing a flux rather than a solid electrode and which is a type of semi-automatic arc welding process is widely used in the welding of ships, offshore structures, steel structural building. As flux cored arc welding in the modern industries is placing stringent demands on the manufacturing techniques and performance requirements, the multifunctional flux cored welding wires with high quality and efficiency are developed for the production of good welds and this has led to an increasing attention in the development of multifunctional flux cored welding wires. This paper covers the scientometric analysis of the multifunctional flux cored welding wires which is based on the published research works in the ‘flux cored welding wires’ obtained from the Korea Institute of Science and Technology Information’s database, Web of Science System and deals with the details of the background data of the flux cored welding wire technology.

Keywords: Analysis, Attention, Building, Data, Database, Development, Efficiency, Flux, Flux Cored Arc Welding, Korea, Manufacturing, Methologist, Multifunctional, Multifunctional Flux Cored Welding Wire, Performance, Quality, Research, Science, Scientometric, Scientometric Analysis, Source of Data, Techniques, Technology, Web of Science

? Kim, J.H., Noh, K.R., Yoo, J.Y. and Kil, S.C. (2014), Competitiveness analysis of institutes on biomedical magnesium alloys. *Asian Journal of Chemistry*, **26** (5), 1306-1308.

Full Text: 2014\Asi J Che26, 1306.pdf

Abstract: Recently, the interest in biomedical magnesium alloys has been increased. In this paper, to understand biomedical magnesium alloys research and development trends, we investigated total 590 research papers published from 2001 to 2012. These papers were published by 437 institutes of 39 countries. The biomedical magnesium alloys study had significantly increased since the late 2000’s. Hannover Med. Sch.(4.4) and Monash Univ.(3.2) had the highest Q(1) (index level of paper quality) and Q(2) (strength of international collaboration) value, respectively. Main research topics were biodegradation, biocompatibility, biomaterials, biodegradable materials, biodegradable stents, bioactivity, bio-corrosion and in vitro.

Keywords: Alloys, Analysis, Bioactivity, Biocompatibility, Biodegradable Materials, Biodegradation, Biomaterials, Biomedical, Collaboration, Corrosion, Development, In Vitro, Index, International, International Collaboration, Magnesium, Magnesium Alloys, Mar, Mechanical-Properties, Papers, Quality, R&D Trend, Research, Research And Development, Scientometric Analysis, Stents, Strength, Trends, Value

? Kim, J.H., Noh, K.R., Kwon, O.J., Choi, S.B. and Kil, S.C. (2014), Scientometric evaluation of research on bioceramics. *Asian Journal of Chemistry*, **26** (5), 1309-1311.

Full Text: 2014\Asi J Che26, 1309.pdf

Abstract: During the past several years, there has been a major advance in the development of biomedical materials including various ceramic materials for skeletal repair and reconstruction. To understand bioceramics research trends, we investigated total 12,157 research papers published from 2003 to 2012. These research papers were published by 100 countries. The bioceramics research had steadily increased each year. The bioceramics research trends had expanded from hydroxyapatite to hydroxyapatite, calcium phosphate and titania for the last 10 years.

Keywords: Advance, Bioceramics, Biocompatibility, Biodegradable Materials, Biomedical, Calcium, Development, Drug-Delivery, Evaluation, Hydroxyapatite, Mar, Papers, Phosphate, Reconstruction, Research, Research Trend, Research Trends, Scientometric, Scientometric Analysis, Trends

? Chen, H.B., Yang, Y., Zhou, J.C., Yang, Y. and Jiang, W. (2014), Global trends of compost research from 1997 to 2012: A bibliometric analysis based on SCI database. *Asian Journal of Chemistry*, **26** (16), 5242-5248.

Full Text: 2014\Asi J Che26, 5242.pdf

Abstract: An effective bibliometric analysis was used in this study to evaluate the global scientific production of compost research during the period of 1997-2012. The data were from the database of the SCI published by the ISI Web of Science, Philadelphia, PA, USA. The articles related to compost were analyzed from the aspects including publication type and language, characteristics of articles outputs, countries, subject categories and journals and the distribution of title-words, author keywords and keyword plus used. The number of articles related to compost increased rapidly over the last 16 years with more countries participating in compost research. The developed countries attained a dominant position in the compost research while the developing countries made great progress in the share of articles in the study period. From the analysis of the title-words, author keywords and keywords plus, it can be concluded that “manure” and “sewage sludge” attracted plenty of attention in the compost research and “soil” and “heavy-metals” were the hot spots in recent years. The research focus was turning to the objects of compost application from the compost technology itself.

Keywords: Analysis, Antibiotics, Application, Articles, Attention, Availability, Bibliometric, Bibliometric Analysis, Characteristics, Compost, Data, Database, Developing, Developing Countries, Distribution, Dynamics, Environment, From, Global, Heavy-Metals, ISI, ISI Web Of Science, Journals, Language, Municipal Solid-Waste, Position, Progress, Publication, Recent, Research, Research Trend, SCI, Science, Scientific Production, Sewage-Sludge Compost, Soil, Technology, Trends, USA, Web, Web Of Science, Yard Waste

# Title: Asian Journal of Communication

Full Journal Title: Asian Journal of Communication

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? So, C.Y.K. (2010), The rise of Asian communication research: A citation study of SSCI journals. *Asian Journal of Communication*, **20** (2), 230-247.

Abstract: This study addresses two research questions: whether interest in Asian communication has been growing over the past 20 years, and whether there is an increasing level of participation and growing contributions among Asian scholars in the field of communication. Using 23 communication journals in the SSCI database, we identify Asia-related journal article titles and count the number of authors of Asian origins. We find that both are clearly on the rise, especially in the fields of new media and public relations. China, Japan, and South Korea have the largest share of title references, followed by Israel, Taiwan, India, and Hong Kong.

Keywords: Asian Communication Research, Bibliometric Analysis, China, Citation, Citation Analysis, Communication, Communication Journals, Communication Study, Database, Hong Kong, India, Israel, Journal, Journals, Korea, Media, Research, SSCI

# Title: Asian Journal of Psychiatry

Full Journal Title: Asian Journal of Psychiatry

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Gupta, B.M. and Bala, A. (2013), A scientometrics approach to schizophrenia research in India: An analysis of publications output during 2002-11. *Asian Journal of Psychiatry*, **6** (4), 292-298.

Full Text: [2013\Asi J Psy6, 292.pdf](2013/Asi%20J%20Psy6,%20292.pdf)

Abstract: OBJECTIVES: This study analyses the research output of India in schizophrenia research during 2002-11 on several parameters including the growth, rank and global publications share, citation impact, share of international collaborative papers, contribution of major collaborative partner countries, contribution of various subject-fields, contribution and impact of most productive institutions and authors, media of communication and characteristics of high cited papers. METHODS: The Scopus Citation Database has been used to retrieve the data for 10 years (2002-11) by searching the keywords schizophrenia research in the combined Title, Abstract and Keywords fields. RESULTS: Among the top 20 most productive countries in schizophrenia research, India ranks at 15th position (with 882 papers) with a global publication share of 1.58% and an annual average publication growth rate of 21.80% during 2002-11. Its citation impact per paper was 3.60 international collaborative publications share was 26.98% during 2002-11. CONCLUSIONS: Concludes that India needs to increase both the quantity and quality of research and also increase the international collaborative research, besides strengthening and modernizing its research infrastructure. There is need to treat schizophrenia as a priority area in the current and future national S & T plans of India.

Keywords: Analyses, Analysis, Approach, Authors, Characteristics, Citation, Citation Impact, Collaborative Research, Communication, Conclusions, Contribution, Data, Database, Global, Growth, Growth Rate, Impact, India, Infrastructure, Institutions, International, Keywords, Media, Methods, Needs, Objectives, Papers, Partner, Position, Publication, Publications, Quality, Quality Of, Rank, Research, Research Output, S, Schizophrenia, Scientometrics, Scopus

# Title: Asian Journal of Social Psychology

Full Journal Title: [Asian Journal of Social Psychology](http://www.ingentaconnect.com/content/bpl/ajsp;jsessionid=3kd6pjafbbuao.alice)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1367-2223

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Haslam, N. and Kashima, Y. (2010), The rise and rise of social psychology in Asia: A bibliometric analysis. *Asian Journal of Social Psychology*, **13** (3), 202-207.

Full Text: [2010\Asi J Soc Psy13, 202.pdf](2010/Asi%20J%20Soc%20Psy13,%20202.pdf)

Abstract: the growth of social psychology in Asia from 1970 to 2008 was examined through a bibliometric analysis of articles in the ISI Web of Science database that listed Asian-based authors. The 1866 articles have appeared at an accelerating rate, and represent a rapidly-growing share of global publications in the field. Publication trajectories of different Asian nations show the Indian first wave, Hong Kong and Japan’s second wave, and China and Taiwan’s third wave of growth. Trends in the rates of Asian first authorship, single-nation authorship, and cross-cultural research suggest that Asian social psychology is increasingly more autonomous and distinctive.

Keywords: Bibliometric, Bibliometric Analysis, ISI, Publication Trends, Social Psychology

# Title: Asian Journal of Surgery

Full Journal Title: Asian Journal of Surgery

ISO Abbreviated Title:

JCR Abbreviated Title: Asian J Surg

ISSN: 1015-9584

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Mahawar, K.K., Malviya, A. and Kumar, G. (2006), Who publishes in leading general surgical journals? the divide between the developed and developing worlds. *Asian Journal of Surgery*, **29** (3), 140-144.

Abstract: BACKGROUND: Most articles in top general surgical journals seem to originate from a limited few developed countries. The purpose of this study was to establish which countries publish the most in leading general surgical journals. METHODS: We analysed all the studies, reviews and case reports published in 2003-2004 in 10 leading English-language general surgical journals with the highest impact factors to obtain country-wise data with regard to the origin of articles. Editorials, historical articles, commentaries, guidelines, biographies, interviews and letters to editors were excluded from the analysis. RESULTS: A total of 5,081 articles were reviewed. Out of these, 834 were excluded as detailed above and the remaining 4,247 articles were analysed. Most of these were from USA, European countries, Japan, and Australia. It seems that the vast majority of the world’s population living in the developing countries do not find adequate representation in leading general surgical journals. CONCLUSION: Very few articles are published from developing countries in leading general surgical journals. Both developing countries and medical journals need to take steps to curb this trend. Steps are suggested to improve the situation so that the developing world is also adequately represented in the surgical literature.

Keywords: Analysis, Australia, Background, Case Reports, Data, Developing, Developing Countries, Developing World, General, Guidelines, Impact, Impact Factors, Interviews, Japan, Journals, Literature, Living, Medical, Medical Journals, Methods, Origin, Population, Purpose, Representation, Reviews, Trend, USA, World

# Title: Asian Journal of Technology Innovation

Full Journal Title: Asian Journal of Technology Innovation

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Jung, J.H. and Park, J. (2014), Outcome measures of agricultural R&D and contributory factors. *Asian Journal of Technology Innovation*, **22** (1), 152-167.

Full Text: 2014\Asi J Tec Inn22, 152.pdf

Abstract: This paper measures the innovation performance of agricultural R&D in terms of outcome and analyses its determining factors. We measure the outcome of agricultural R&D by its contribution to agricultural competitiveness in terms of technology transfers, on-farm applications, the value added, and price competitiveness of farm products. We estimate R&D outcome functions by using two-stage regressions (negative binomial and ordered probit in the second stage) with special focus on the role of R&D output such as patents and SCI (Science Citation Index) papers. The regression results obtained using data on agricultural R&D projects in Korea suggest a need for varying R&D management strategies according to the performance objective (the outcome index) of each R&D project. The quality of R&D personnel appears to be the most common and effective source of agricultural competitiveness. In contrast, the conventional output measures such as patents and SCI papers do not influence the outcome measures adopted herein.

Keywords: Agricultural, Agricultural Competitiveness, Agricultural R&D, Analyses, Biotechnology, Citation, Competitiveness, Contribution, Conventional, Data, Firms, Functions, Index, Indicators, Influence, Innovation, Korea, Management, Measure, Measures, Outcome, Outcome Measures, Papers, Patent, Patent Statistics, Patents, Performance, Performance Measures, Personnel, Productivity, Quality, Quality Of, R&D, R&D Management, Regression, Role, SCI, Science, Science Citation Index, Second Stage, Source, Spillovers, Technological Opportunity, Technology, Value

# Title: Asian Libraries

Full Journal Title: Asian Libraries

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Wormell, I. (1998), Informetrics: An emerging subdiscipline in information science. *Asian Libraries*, **7** (10), 257-268.

Full Text: [1998\Asi Lib7, 257.pdf](1998/Asi%20Lib7,%20257.pdf)

Abstract: the Centre for Informetric Studies (CIS) was launched in 1996 by the Royal School of Library and Information Science in Copenhagen. The head of centre presents the CIS, giving a sample of activities and research programmes. The emerging field of informetrics is described in a historical perspective as a subfield of bibliometrics. The new approach combines advanced information retrieval theories and methodologies with the scientific study of information flows. CIS aims to apply improved bibliometric methods not only to scientometrics studies and research evaluations of science and technology, but also to the analysis of their mutual societal, industrial and other special relations. This means an extension of traditional bibliometric analyses to cover non-scholarly communities in which information is produced, communicated and used. It is also an appeal to modern LIS professionals to face the challenge of this new area of quantitative studies, and to explore the databases not only as a registry but also as a tool for analytical work. The possibilities for LIS professionals to raise their positions in information work hierarchies are emphasised, as well as the exploration of informetric techniques to support ‘informed’ management decisions and policy making.

Keywords: Decision Making, Information Engineering, Information Retrieval, Methodology, Quantitative Techniques

Anwar, M.A. and Saeed, H. (1999), Pakistani librarians as authors: A bibliometric study of citations in LISA-PLUS. *Asian Libraries*, **8** (2), 39-46.

Full Text: [1999\Asi Lib8, 39.pdf](1999/Asi%20Lib8,%2039.pdf)

Abstract: This study presents quantitative analysis of 251 items contributed by 64 Pakistani LIS professionals culled from LISA-PLUS. Volume of contribution, sources where published, periodic distribution, type of publications and topical coverage are dealt with in the analysis. Journal literature which represents 90.4 per cent of the citations is published in 43 periodicals, most of which are from the United States. However, more than half of the journal literature comes from one national journal. A wide range of topics is covered, but critical areas such as information needs, user education and collection evaluation receive very little attention.

Keywords: Collection Management, Education, Information Services, Library Services, Library Users, Quantitative Analysis

# Title: Asian-Pacific Economic Literature

Full Journal Title: [Asian-Pacific Economic Literature](http://www.blackwellpublishing.com/journal.asp?ref=0818-9935&site=1), [Asian-Pacific Economic Literature](http://weblinks1.epnet.com/HJAFdetail.asp?tb=1&_ug=dbs+0+ln+en%2Dus+sid+56B2EE21%2D74E5%2D4393%2DA524%2D509C497F9F2E%40Sessionmgr2+AD79&_uh=btn+N+idb+buhish+jdb+buhjnh+op+phrase+ss+ID++%22bm6%22+BF12&_us=db+0+sm+KS+95B1&)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0818-9935

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Davis, J.C. and Gonzalez, J.G. (2003), Scholarly journal articles about the Asian Tiger Economies: Authors, journals and research fields, 1986-2001. *Asian-Pacific Economic Literature*, **17** (2), 51-61.

Full Text: [2003\Asi-Pac Eco Lit17, 51.pdf](2003/Asi-Pac%20Eco%20Lit17,%2051.pdf)

Abstract: Focuses on the scholarly journal articles about the tiger economies in Asia. Response of economics literature to change in economies; Database of the ‘Journal of Economic Literature’ used as data source of the study; Trends and cycles of publications.

# Title: Asian Pacific Journal of Cancer Prevention

Full Journal Title: [Asian Pacific Journal of Cancer Prevention](http://www.apocpcontrol.org/page/apjcp_issues.php)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Moore, M.A., Yoo, K.Y. and Tuncer, M. (2009), What is the future for the *Asian Pacific Journal of Cancer Prevention* (and control) and the Asian Pacific Organization for Cancer Prevention (and control)? *Asian Pacific Journal of Cancer Prevention*, **10** (1), 1-2.

Full Text: [2009\Asi Pac J Can Pre10, 1.pdf](2009/Asi%20Pac%20J%20Can%20Pre10,%201.pdf)

Abstract: the Asian Pacific Organization for Cancer Prevention was launched approximately 10 years ago with publication of a booklet entitled ‘Introduction to Cancer Prevention in Tables and Figures’. This was followed by regular quarterly publication of the APJCP starting in the year 2000 - a new project for a new millenium - and a number of research meetings held across Asia. The journal is now in its 10th year, indexed on PUBMED and Science Citation Index (Expanded) and relatively well known (not least for its yellow cover). However, its future after its tenth birthday remains uncertain, as there is no infrastructure in place to ensure continuation after retirement of the present Chief/Managing Editor. The question of what might be the best way forward is the focus for the present ‘Editorial Comment’. For financial as well as ecological reasons the APJCP is now an electronic journal, printing and postage for issues of almost 200 pages being beyond the resources available. While the costs are therefore relatively low and primarily limited to staff salaries, they do need to be covered and it cannot be simply assumed that the present support provided by the UICC Japanese National Committee will continue long-term. Therefore comments and suggestions are invited from all interested individuals and institutions as to how the APJCP, and by extension the APOCP, should be organized and financed. All communications received will be given space in the next few issues of the APJCP so that discussion can be fostered and informed decisions made at the 5th APOCP General Assembly Conference in Istanbul, April 2010.

Keywords: Citation, Research

? Dursun, P., Gultekin, M. and Ayhan, A. (2011), World gynecologic oncology publications and the Turkish contribution to the literature between 2000 and 2007. *Asian Pacific Journal of Cancer Prevention*, **12** (4), 861-864.

Full Text: [2011\Asi Pac J Can Pre12, 861.pdf](2011/Asi%20Pac%20J%20Can%20Pre12,%20861.pdf)

Abstract: Aim: To investigate the number of publications and the contribution from top-ranking countries, institutions, and authors in 3 gynecologic oncology journals (Gynecologic Oncology [GO], International Journal of Gynecological Cancer [IJGC], and European Journal of Gynaecological Oncology [EJGO]), as well as the degree of Turkish contribution between 2000 and 2007. Method: Articles published between 2000 and 2007 in 3 gynecologic oncology journals indexed by the Science Citation Index were accessed via the ISI-Thomson website. Additionally, PubMed, Sciencedirect, and Blackwell-Synergy databases were used to identify the originating countries and institutions of the published articles. The types of articles, originating countries, and names of the institutions and authors were determined. Furthermore, the number of articles affiliated with Turkish institutions and the publication year were also determined. Results: We located 6,851 articles published in the 3 journals. During this period 36.1%, 7.7%, 7.2%, 5.8% and 4.8% of the papers originated from the USA, Japan, Italy, Turkey, and England, respectively. The 5 most productive institutions were the University of Texas, Memorial Sloan-Kettering Cancer Center, Roswell Park Cancer Institute, University of Alabama, and University of Athens. The 5 most productive authors were Markman (USA), Chi (USA), Ayhan (Turkey), Barakat (USA), and Vergote (Belgium), respectively. In all, 36.1% of the papers originated from the USA, while 44% originated from 17 European countries. The USA was the first-ranked country of origin in GO and IJGC, while Turkey was the first-ranked country of origin in EJGO. Overall, 399 (5.8%) papers originated from Turkish institutions. Conclusion: Most of the gynecologic oncology publications originated from the USA and Western European countries, where gynecologic oncology training is available and surgical and research traditions are well established. On the other hand, Turkish researchers made an important contribution to gynecologic oncology research during the selected period of time; publications originating from Turkey exceeded in number all European countries, except those originating from Italy.

Keywords: Alabama, Articles, Authors, Belgium, Bibliometrics, Citation, Country, Country of Origin, Databases, England, Go, Gynecologic Oncology, Institutions, Italy, Japan, Journal, Journals, Literature, Oncology, Origin, Papers, Publication, Publication Trends, Publications, Pubmed, Research, Research Productivity, Science, Science Citation Index, Texas, Training, Turkey, University, USA

? Zhang, X.C., Huang, D.S. and Li, F. (2011), Cancer nursing research output and topics in the first decade of the 21st century: Results of a bibliometric and co-word cluster analysis. *Asian Pacific Journal of Cancer Prevention*, **12** (8), 2055-2058.

Full Text: [2011\Asi Pac J Can Pre12, 2055.pdf](2011/Asi%20Pac%20J%20Can%20Pre12,%202055.pdf)

Abstract: Objective: Many countries carry a high cancer burden and comprehensive cancer nursing is becoming increasingly complicated and difficult. Summarizing the recent research focus on cancer nursing may provide a snapshot of this field for those nurses or nurse educators who are in need of a quick overview of the research and its utilization. Methods: Candidate publications from January 1st 2001 to March 31st 2011 were collected by searching PubMed with the MeSH word ‘oncologic nursing’ and without language restriction. Bibliometric techniques used in this study included a statistical analysis of publication counts by authors, countries and journals and a co-word cluster analysis of highly-frequent MeSH words. Results: A total of 2933 publications about cancer nursing from 246 journals were indexed in PubMed, with Oncology Nursing Forum identified as the top contributing journal in the field. The United States, the United Kingdom and Canada were the largest three producer countries about cancer nursing. A total of 34 highly-frequent MeSH words for more than 100 times’ occurrences in the papers about oncologic nursing were extracted for cluster analysis. These words were classified into 3 aspects: (1) nursing practice; (2) nursing evaluation and education; (3) nursing-related social support. Conclusions: Stable growth has occurred in the research field of cancer nursing. The limited amount of the publications from developing countries indicates that the field is still under-developed. Emerging topics of nurse-patient relations and social support provide some hints of the need to provide more target training for the nurses and nurse students in the field of cancer nursing.

Keywords: Analysis, Authors, Bibliometric, Bibliometrics, Burden, Canada, Cancer, Care, Cluster, Cluster Analysis, Countries, Developing, Developing Countries, Education, Evaluation, Field, Growth, Journal, Journals, Nurses, Nursing, Nursing Research, Oncologic Nursing, Papers, Practice, Publication, Publication Counts, Publications, Pubmed, Recent, Relations, Research, Social, Social Support, Statistical Analysis, Students, Support, Techniques, Topics, Training, United Kingdom, United States, Utilization

? Zhou, F., Shao, J.H., Wu, L.Q., Yin, X.B. and Yu, X. (2013), Risk of serious neutropenic events in cancer patients treated with bevacizumab: A meta-analysis. *Asian Pacific Journal of Cancer Prevention*, **14** (4), 2453-2459.

Full Text: [2013\Asi Pac J Can Pre14, 2453.pdf](2013/Asi%20Pac%20J%20Can%20Pre14,%202453.pdf)

Abstract: Bevacizumab has been approved for use in combination with chemotherapy to treat many types of cancer but associated neutropenic events, including febrile neutropenia, have been reported. To estimate the incidence and relative risk of neutropenic events in cancer patients treated with bevacizumab combination therapy, we searched PubMed, EMBASE, and Web of Science literature databases, as well as abstracts presented at the American Society of Clinical Oncology conferences, to identify relevant studies published from January 1966 to December 2011. Studies that compared bevacizumab plus chemotherapy or biological therapy with chemotherapy or biological therapy alone, and that had adequate safety data profiles, were selected for analysis. Statistical analyses were conducted to calculate the summary incidence rates, relative risks (RRs), and 95% confidence intervals (CIs) using fixed-or random-effects models. A total of 22 clinical trials involving 15,056 patients were included in the analysis. The summary incidences of high-grade neutropenia (HGN) and high-grade febrile neutropenia (HGFN) in patients receiving bevacizumab was 27.3% (95% CI: 26.4%-28.3%) and 3.91% (95% CI: 3.51%-4.37%), respectively. The risks of HGN (RR=1.10; 95% CI: 1.02-1.19; P=0.02) and HGFN (RR=1.31; 95% CI: 1.08-1.59; P=0.005) were significantly increased in bevacizumab-treated patients, compared to those who did not receive bevacizumab. The RR of bevacizumab-associated HGN, but not HGFN, varied significantly with tumor types (P=0.005). The increased risk of bevacizumab-associated neutropenic events was dose-dependent, as the RR was greater at a dose of 5 mg/kg/week than at 2.5 mg/kg/week. Our findings suggest that bevacizumab addition to cancer therapy significantly increases the risk of serious neutropenic events, and this risk may be dose-dependent.

Keywords: 1st-Line Treatment, Analyses, Analysis, Bevacizumab, Biological, Bone-Marrow Microenvironment, Breast-Cancer, Cancer, Cancer Therapy, Cell Lung-Cancer, Chemotherapy, Clinical, Clinical Trials, Combination Therapy, Conferences, Confidence, Confidence Intervals, Data, Databases, Embase, Events, Febrile Neutropenia, Incidence, Intervals, Literature, Meta-Analysis, Metastatic Colorectal-Cancer, Models, Neutropenia, Pancreatic-Cancer, Patients, Phase-III Trial, Plus Bevacizumab, Profiles, Pubmed, Rates, Relative Risk, Risk, Risks, Safety, Science, Stem-Cells, Therapy, Tumor, Tumor Angiogenesis, Web of Science

? Chambers, S.K., Hyde, M.K., Ip, D.F.K., Dunn, J.C. and Gardiner, R.A. (2013), Systematic review of research into the psychological aspects of prostate cancer in Asia: What do we know? *Asian Pacific Journal of Cancer Prevention*, **14** (4), 2621-2626.

Full Text: [2013\Asi Pac J Can Pre14, 2621.pdf](2013/Asi%20Pac%20J%20Can%20Pre14,%202621.pdf)

Abstract: Background: To review the peer reviewed literature on the psychological aspects of the prostate cancer experience of men in Asia. Materials and Methods: MEDLINE and PsycINFO, CINAHL, ProQuest, and Web of Science (1999 - November Week 4, 2012) were searched. Inclusion criteria were: included men with prostate cancer and/or their partners or caregivers who identify as Asian recruited in an Asian country; and assessed health-related quality of life, psychological and social adjustment relating to prostate cancer and published in English after 1st January 1999 and prior to 30th November, 2012. Study aims; design; quality; level of evidence, and key results were assessed. Results: 43 articles met all inclusion criteria and were retained for initial review. of these most focussed on health-related QOL with only five evidence Level IV studies from Japan and Taiwan including a specific psychological focus. of these, one was a cross-sectional case control study; three were cross-sectional descriptive quantitative designs; one was a cross-sectional descriptive qualitative study. From the data available, a substantive sub group of men with prostate cancer (approximately one third) in these countries experience clinically high psychological distress and decision regret. Conclusions: Research on the psychological needs of men with the increasingly prevalent condition of prostate cancer in Asian countries is scant with only a small number of low level evidence descriptive studies identified. Future research to underpin the development and evaluation of effective and culturally relevant psychological and supportive care interventions for such men is urgently needed.

Keywords: Asia, Asian, Attitudes, Cancer, Care, Caregivers, Case-Control, Control, Country, Criteria, Data, Decision, Design, Development, Distress, Evaluation, Evidence, Experience, Health, Health-Related Quality of Life, Impact, Interventions, Iv, Japan, Japanese Men, Life, Literature, Materials, MEDLINE, Men, Methods, Needs, Peer-Reviewed, Prostate Cancer, Psychological, Psychological Adjustment, Psychological Distress, Psycinfo, Qol, Qualitative, Qualitative Study, Quality, Quality Of, Quality of Life, Quality-Of-Life, Radical Prostatectomy, Research, Results, Review, Science, Small, Social, Supportive Care, Supportive Care Needs, Systematic Review, Taiwan, Therapy, Web of Science

? Zhou, X.F., Ding, Z.S. and Liu, N.B. (2013), Allium vegetables and risk of prostate cancer: Evidence from 132,192 subjects. *Asian Pacific Journal of Cancer Prevention*, **14** (7), 4131-4134.

Full Text: [2013\Asi Pac J Can Pre14, 4131.pdf](2013/Asi%20Pac%20J%20Can%20Pre14,%204131.pdf)

Abstract: Objective: To evaluate the relationship between allium vegetable intake and risk of prostate cancer. Methods: A systematic literature search up to May 2013 was carried out in PubMed, EMBASE, Scopus, Web of Science, Cochrane register, and Chinese National Knowledge Infrastructure (CNKI) databases, and the references of retrieved articles were also screened. The summary relative risks with 95% confidence interval for the highest versus the lowest intake of allium vegetables were calculated. Heterogeneity and publication bias were also evaluated. Results: A total of nine epidemiological studies consisting of six case-control and three prospective cohort studies were included. We found a significantly decreased risk of prostate cancer for intake of allium vegetables (OR = 0.82, 95% CI 0.70, 0.97). Moreover, in the subgroup analysis stratified by allium vegetable types, significant associations were observed for garlic (OR = 0.77, 95% CI 0.64-0.91) but not onions (OR = 0.84, 95% CI 0.62-1.13). Conclusions: Allium vegetables, especially garlic intake, are related to decreased risk of prostate cancer. Because of the limited number of studies, further well-designed prospective studies are warranted to confirm the findings of our study.

Keywords: Allium Vegetables, Analysis, Article, Bias, Cancer, Case-Control, China, Chinese, Cohort, Confidence, Consumption, Databases, Diallyl Disulfide, Embase, Evidence, Foods, Fruit, Garlic, Head, Interval, Japan, Knowledge, Korea, Literature, Literature Search, Meta-Analysis, Metaanalysis, Methods, Office, Onions, Organization, P, Pac, Pacific, Prevention, Prospective, Prospective Studies, Prostate Cancer, Prostatic Neoplasms, Publication, Publication Bias, Pubmed, R, References, Results, Risk, Risks, Science, Scopus, South, South-Korea, Systematic Literature Search, Vegetables, Web of Science

? Zhang, Z.G., Zhang, Q.N., Wang, X.H. and Tian, J.H. (2013), Hypoxia-inducible factor 1 alpha (HIF-1α) as a prognostic indicator in patients with gastric tumors: A meta-analysis. *Asian Pacific Journal of Cancer Prevention*, **14** (7), 4195-4198.

Full Text: [2013\Asi Pac J Can Pre14, 4195.pdf](2013/Asi%20Pac%20J%20Can%20Pre14,%204195.pdf)

Abstract: Background and Objective: Though researched for years, the prognostic role of hypoxia-inducible factor 1 alpha (HIF-1 alpha) in gastric cancer is still controversial. We thus undertook a systematic review to assess the relationship. Method: A systematically literature search of Pubmed, Embase, Web of Science, China Biological Medicine Disc and Cochrane Library was undertaken in February 2013, and the reference lists of articles were retrieved. Results: 12 trials (1,555 participants) were included to assess the association between HIF-1 alpha expression and survival. Summary hazard ratios (HRs) were calculated. HIF-1 alpha expression was significantly correlated with poor overall survival of gastric cancer patients (HR=1.34, 95% CI: 1.13-1.58; P=0.0009), but not with poor disease free survival of gastric cancer patients (HR=1.67, 95% CI: 0.99-2.82; P=0.06). Conclusion: HIF-1 alpha was associated with poor OS, but not DFS, especially for Asian patients. But studies evaluating relationships of HIF-1 alpha with OS and DFS in non-Asian gastric cancer patients appear needed.

Keywords: Angiogenesis, Article, Asian, Association, Cancer, China, Disease, Evidence, Expression, Gastric, Gastric Cancer, Growth, Hazard, Head, Hypoxia-Inducible Factor, Hypoxia-Inducible-Factor-1-Alpha, Indicator, Korea, Literature, Literature Search, Medicine, Meta-Analysis, Office, Organization, Overexpression, P, P53, PAC, Pacific, Patients, Prevention, Prognostic, R, Reference, Reference Lists, Results, Review, Role, Science, South, South-Korea, Stomach Neoplasm, Survival, Systematic Review, Web of Science

? Zhang, X., Jin, F.S., Zhang, L.G., Chen, R.X., Zhao, J.H., Wang, Y.N., Wang, E.F. and Jiang, Z.D. (2013), Predictive and prognostic roles of ribonucleotide reductase M1 in patients with pancreatic cancer treated with gemcitabine: A Meta-analysis. *Asian Pacific Journal of Cancer Prevention*, **14** (7), 4261-4265.

Full Text: [2013\Asi Pac J Can Pre14, 4261.pdf](2013/Asi%20Pac%20J%20Can%20Pre14,%204261.pdf)

Abstract: Increasing scientific evidence suggests that ribonucleotide reductase M1 (RRM1) may be a powerful predictor of survival in patients with pancreatic cancer treated with adjuvant gemcitabine-based chemotherapy after operative resection, but many existing studies have yielded inconclusive results. This meta-analysis aimed to assess the prognostic role of RRM1 in predicting survival in patients with pancreatic cancer treated with gemcitabine. An extensive literature search for relevant studies was conducted on PubMed, Embase, Web of Science, Cochrane Library, and CBM databases from their inception through May 1st, 2013. This meta-analysis was performed using the STATA 12.0 software and crude hazard ratios (HRs) with 95% confidence intervals (CIs) were calculated. Eight clinical studies were included in this meta-analysis with a total of 665 pancreatic cancer patients treated with adjuvant gemcitabine-based chemotherapy, including 373 patients in the high RRM1 expression group and 292 patients in the low RRM1 expression group. Our meta-analysis revealed that high RRM1 expression was associated with improved overall survival (OS) of pancreatic cancer patients (HR=1.56, 95% CI=0.95-2.17, P<0.001). High RRM1 expression also was linked to longer disease-free survival (DFS) than low RRM1 expression (HR=1.37, 95% CI=0.25-2.48, P=0.016). In conclusion, our meta-analysis suggests that high RRM1 expression may be associated with improved OS and DFS of pancreatic cancer patients treated with adjuvant gemcitabine-based chemotherapy. Detection of RRM1 expression may be a promising biomarker for gemcitabine response and prognosis in pancreatic cancer patients.

Keywords: Adenocarcinoma, Adjuvant Chemotherapy, Article, Biomarker, Cancer, Cells, Chemotherapy, China, Clinical, Clinical Studies, Confidence, Confidence Intervals, Databases, Ercc1 Expression, Evidence, Expression, Gemcitabine, Hazard, Head, Heterogeneity, Intervals, Korea, Literature, Literature Search, Meta Analysis, Meta-Analysis, Metaanalysis, Office, Operative, Organization, P, Pac, Pacific, Pancreatic Cancer, Patients, Prevention, Prognosis, Prognostic, Pubmed, R, Randomized Controlled-Trial, Resection, Response, Ribonucleotide Reductase M1, Role, RRM1, Science, Scientific Evidence, Software, South, South-Korea, Subunit M1, Survival, Web of Science

? Perez-Santos, J.L.M. and Anaya-Ruiz, M. (2013), Mexican breast cancer research output, 2003-2012. *Asian Pacific Journal of Cancer Prevention*, **14** (10), 5921-5923.

Full Text: [2013\Asi Pac J Can Pre14, 5921.pdf](../HO-reference/2013/Asi%20Pac%20J%20Can%20Pre14,%205921.pdf)

Abstract: The objetive of this study was to explore a bibliometric approach to quantitatively assess current research trends with regard to breast cancer in Mexico. Articles were analyzed by scientific output and research performances of individuals, institutes, and collaborative countries with Mexico. Data were retrieved from the Web of Science database from 2003 to 2012; this was searched using different terms related to breast cancer, including “breast cancer”, “mammary ductal carcinoma” and “breast tumour”. Data were then extracted from each file, transferred to Excel charts and visualised as diagrams. A total of 256 articles were retrieved. The institutions with the majority of publications were the National Autonomous University of Mexico (22.3%), the National Institute of Cancerology (21.9%), and Social Security Mexican Institute (20.3%); clinical observation studies were the dominant investigation type (64%), and the main types of research were metabolics (24.2%) and pathology (21.5%). This article demonstrates the usefulness of bibliometrics to address key evaluation questions and to establish priorities, define future areas of research, and develop breast cancer control strategies in Mexico.

Keywords: Approach, Articles, Bibliometric, Bibliometrics, Breast Cancer, Cancer, Clinical, Control, Database, Evaluation, Institutions, Investigation, Mexico, Mortality, Observation, Pathology, Performance, Publications, Research, Research Evaluation, Research Trends, Science, Science-Citation-Index, Scientific Output, Trends, Types of Research, University, Web of Science

? Zhang, X.J., Zhang, T.Y., Yu, F.F., Wei, X., Li, Y.S., Xu, F., Wei, L.X. and He, J. (2013), Risk of treatment-related mortality with sorafenib in patients with cancer. *Asian Pacific Journal of Cancer Prevention*, **14** (11), 6681-6686.

Full Text: [2013\Asi Pac J Can Pre14, 6681.pdf](2013/Asi%20Pac%20J%20Can%20Pre14,%206681.pdf)

Abstract: Background: Fatal adverse events (FAEs) have been reported with sorafenib, a vascular endothelial growth factor receptor kinase inhibitor (VEGFR TKI). We here performed an up-to-date and detailed meta-analysis to determine the overall risk of FAEs associated with sorafenib. Methods: Databases, including PubMed, Embase and Web of Science, and abstracts presented at the American Society of Clinical Oncology annual meetings were searched to identify relevant studies. Eligible studies included randomized controlled trials evaluating sorafenib effects in patients with all malignancies. Summary incidence rates, relative risks (RRs), and 95% confidence intervals (CIs) were calculated for FAEs. In addition, subgroup analyses were performed according to tumor type and therapy regimen. Results: 13 trials recruiting 5,546 patients were included in our analysis. The overall incidence of FAEs with sorafenib was 1.99% (95% CI, 0.98-4.02%). Patients treated with sorafenib had a significantly increased risk of FAEs compared with patients treated with control medication, with an RR of 1.77 (95% CI 1.25-2.52, P=0.001). Risk varied with tumour type, but appeared independent of therapy regimen. A significantly increased risk of FAEs was observed in patients with lung cancer (RR 2.26; 95% CI 1.03-4.99; P=0.043) and renal cancer (RR 1.84; 95% CI 1.15-2.94; P=0.011). The most common causes of FAEs were hemorrhage (8.6%) and thrombus or embolism (4.9%). Conclusions: It is important for health care practitioners to be aware of the risks of FAEs associated with sorafenib, especially in patients with renal and lung cancer.

Keywords: 1st-Line Treatment, Advanced Hepatocellular-Carcinoma, Analyses, Analysis, Cancer, Care, Confidence, Confidence Intervals, Control, Databases, Double-Blind, Effects, Embolism, Epidermal Growth Factor Receptor-2, Events, Fatal Adverse Events, Foot Skin Reaction, Growth, Growth Factor, Health, Health Care, Hemorrhage, Incidence, Inhibitor, Intervals, Lung, Lung Cancer, Lung-Cancer, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Oncology, Patients, Protein-Kinase, Pubmed, Randomized, Randomized Controlled Trials, Randomized Phase-II, Rates, Renal, Renal-Cell Carcinoma, Results, Risk, Risks, Science, Sorafenib, Therapy, Trial, Tumor, Vascular Endothelial Growth Factor, Web of Science

? Ding, H., Yang, L., Du, W., Teng, Y., Fu, S.J., Tao, Y., Lu, J.Z. and Wang, Z.P. (2013), Bisphosphonates for osteoporosis in nonmetastatic prostate cancer patients receiving androgen-deprivation therapy: A systematic review and meta-analysis. *Asian Pacific Journal of Cancer Prevention*, **14** (5), 3337-3343.

Full Text: [2013\Asi Pac J Can Pre14, 3337.pdf](2013/Asi%20Pac%20J%20Can%20Pre14,%203337.pdf)

Abstract: This systematic review was conducted to assess the efficacy and safety of bisphosphonates for prevention and treatment of osteopenia or osteoporosis in men with non-metastatic prostate cancer receiving androgen-deprivation therapy. We searched for randomised controlled trials (RCTs) of bisphosphonates compared with placebo from Pubmed, Embase, the Cochrane Library, and ISI - Science Citation Index. Meta-analyses of pre-specified outcomes (bone mineral density, fractures, and adverse events) were performed using Review Manager. Ten RCTs with a total patient population of 1,017 were identified. There was generally more improvement in bone mineral density of the lumbar spine for patients who received bisphosphonate treatment than placebo or other medical treatment at 12 months (WMD 6.02,95%CI 5.39 to 6.65). Similar effects were also observed for total hip, trochanter or femoral neck bone mineral density. However, there was no significant reduction in fractures. Fever and gastrointestinal symptoms were the most common adverse events (10.4% vs. 1.2%; 0.10% vs. 0.03%). Currently, our meta-analysis suggested that oral and intravenous bisphosphonates caused a rapid increase in spine and hip or femoral BMD in non-metastatic prostate cancer patients receiving androgen-deprivation therapy. Fever and gastrointestinal symptoms were common with the use of bisphosphonates. These short-term trials (maximum of 12 months) did not show fracture reduction. In future, more efficient performance of higher quality, more rigorous, large sample, long-term randomised controlled trials (>12 months) are needed where outcomes are detailed.

Keywords: Androgen-Deprivation Therapy, Bisphosphonates, Bone, Bone-Mineral Density, Cancer, Citation, Effects, Efficacy, Events, Fracture, Improvement, Intravenous, ISI, Long Term, Long-Term, Management, Medical, Medical Treatment, Men, Meta Analysis, Meta-Analysis, Metaanalysis, Neck, Neridronate, Oral, Osteoporosis, Outcomes, Patients, Performance, Perspectives, Placebo, Population, Prevention, Prostate Cancer, Quality, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Reduction, Review, Safety, Science, Science Citation Index, Sex Steroids, Spine, Symptoms, Systematic Review, Therapy, Treatment, Turnover, Zoledronic Acid

? Zhang, Y.X., Wang, X.M., Kang, S., Li, X. and Geng, J. (2013), Common variants in the PALB2 gene confer susceptibility to breast cancer: A meta-analysis. *Asian Pacific Journal of Cancer Prevention*, **14** (12), 7149-7154.

Full Text: [2013\Asi Pac J Can Pre14, 7149.pdf](2013/Asi%20Pac%20J%20Can%20Pre14,%207149.pdf)

Abstract: Objective: Increasing scientific evidence suggests that common variants in the PALB2 gene may confer susceptibility to breast cancer, but many studies have yielded inconclusive results. This meta-analysis aimed to derive a more precise estimation of the relationship between PALB2 genetic variants and breast cancer risk. Methods: An extensive literary search for relevant studies was conducted in PubMed, Embase, Web of Science, Cochrane Library, CISCOM, CINAHL, Google Scholar, CNKI and CBM databases from their inception through September 1st, 2013. A meta-analysis was performed using the STATA 12.0 software and crude odds ratios (ORs) with 95% confidence intervals (CIs) were calculated. Results: Six case-control studies were included with a total of 4,499 breast cancer cases and 6,369 healthy controls. Our meta-analysis reveals that PALB2 genetic variants may increase the risk of breast cancer (allele model: OR>1.36, 95% CI: 1.20 similar to 1.52, P<0.001; dominant model: OR>1.64, 95% CI: 1.42 similar to 1.91, P<0.001; respectively). Subgroup analyses by ethnicity indicated PALB2 genetic variants were associated with an increased risk of breast cancer among both Caucasian and Asian populations (all P<0.05). No publication bias was detected in this meta-analysis (all P>0.05). Conclusion: The current meta-analysis indicates that PALB2 genetic variants may increase the risk of breast cancer. Thus, detection of PALB2 genetic variants may be a promising biomarker approach.

Keywords: Analyses, Approach, Asian, Bias, Biomarker, BRCA2, Breast, Breast Cancer, Cancer, Case-Control, Case-Control Studies, Caucasian, CHEK2, Confidence, Confidence Intervals, Databases, Ethnicity, Evidence, Gene, Genetic, Genetic Variants, Google, Google Scholar, Heterogeneity, High-Risk, Intervals, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Mutations, Palb2, Populations, Publication, Publication Bias, Pubmed, Results, Risk, Science, Scientific Evidence, Software, Susceptibility, Web of Science

? Li, F.Y., Ren, X.B., Xie, X.Y. and Zhang, J. (2013), Meta-analysis of Excision Repair Cross-complementation Group 1 (ERCC1) Association with response to platinum-based chemotherapy in ovarian cancer. *Asian Pacific Journal of Cancer Prevention*, **14** (12), 7203-7206.

Full Text: [2013\Asi Pac J Can Pre14, 7203.pdf](2013/Asi%20Pac%20J%20Can%20Pre14,%207203.pdf)

Abstract: Recent studies suggested that the ovarian cancers with negative excision repair cross-complementation group 1 enzyme (ERCC1) expression have a better response to platinum-based chemotherapy than those with positive ERCC1 expression. The objective of this study was to evaluate whether ERCC1 expression is associated with response to platinum-based chemotherapy in ovarian cancers. MEDLINE, PubMed, Web of Science and CNKI databases were used for searching studies relating to ERCC1 protein expression and response to platinum-based chemotherapy in ovarian cancers. Statistical analysis was based on the method for a fixed effects meta-analysis. Pooled odds ratios (ORs) with 95% confidence intervals for ERCC1 protein expression and response to platinum-based chemotherapy were generated. Publication bias was investigated with Begg’s test. Five studies involving 306 patients with ovarian cancer were included. Compared to patients with positive ERCC1 expression, those with negative ERCC1 expression had a better response to platinum-based chemotherapy. The pooled OR was 5.264 (95% CI: 2.928 -9.464, P < 0.001) and publication bias was not found (P = 0.904). The result was similar in both in Asians and Caucasians (P < 0.001 and P = 0.028, respectively). ERCC1 protein expression status is significantly associated with response to platinum-based chemotherapy in ovarian cancers.

Keywords: Analysis, Association, Bias, Cancer, Cell Lung-Cancer, Chemotherapy, Cisplatin, Colorectal-Cancer, Confidence, Confidence Intervals, Databases, Effects, Ercc1, Expression, Head, Induced DNA-Damage, Intervals, Medline, Messenger-RNA, Meta Analysis, Meta-Analysis, Metaanalysis, Neck-Cancer, Ovarian Cancer, P, Patients, Platinum-Based Chemotherapy, Protein, Protein Expression, Publication, Publication Bias, Pubmed, Recent, Resistance, Response, Science, Statistical Analysis, Thymidylate Synthase, Web of Science

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Full Text: [2013\Asi Pac J Can Pre14, 7271.pdf](2013/Asi%20Pac%20J%20Can%20Pre14,%207271.pdf)

Abstract: Objective: To investigate the association between the gene polymorphisms of angiotensin-converting enzyme (ACE) and digestive system cancer risk. Method: A search was performed in Pubmed, Medline, ISI Web of Science and Chinese Biomedical (CBM) databases, covering all studies until Sep 1st, 2013. Statistical analysis was performed by using Revman5.2 and STATA 12.0. Results: A total of 15 case-control studies comprising 2,390 digestive system cancer patients and 9,706 controls were identified. No significant association was found between the I/D polymorphism and digestive cancer risk (OR = 0.93, 95% CI = (0.75, 1.16), P = 0.53 for DD+DI vs. II). In the subgroup analysis by ethnicity and cancer type, no significant associations were found for the comparison of DD+DI vs. II. Results from other comparative genetic models also indicated a lack of associations between this polymorphism and digestive system cancer risks. Conclusions: This meta-analysis suggested that the ACE D/I polymorphism might not contribute to the risk of digestive system cancer.

Keywords: Ace, Analysis, Association, Biomedical, Cancer, Case-Control, Case-Control Studies, Chinese, Colorectal-Cancer, Comparison, Databases, Digestive System Cancer, Disease, Ethnicity, Gastric-Cancer, Gene, Genetic, Growth, Hepatocellular-Carcinoma, Inhibitors, ISI, ISI Web of Science, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Models, No Association, P, Patients, Polymorphism, Polymorphisms, Results, Risk, Risks, Science, Statistical Analysis, Web of Science

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Full Text: [2013\Asi Pac J Can Pre14, 7509.pdf](2013/Asi%20Pac%20J%20Can%20Pre14,%207509.pdf)

Abstract: To assess the risk of cancers associated with sleep duration using meta-analysis of published cohort studies, we performed a comprehensive search using PubMed, Embase and Web of Science through October 2013. We combined hazard ratios (HRs) from individual studies using meta-analysis approaches. A random effect dose-response analysis was used to evaluate the relationship between sleep duration and cancer risk. Subgroup analyses and sensitivity analyses were also performed. Publication bias was evaluated using Funnel plots and Begg’s test. A total of 13 cohorts from 12 studies were included in this meta-analysis, which included 723, 337 participants with 15, 156 reported cancer outcomes during a follow-up period ranging from 7.5 to 22 years. The pooled adjusted HRs were 1.06 (95% CI: 0.92, 1.23; P for heterogeneity =0.003) for short sleep duration, 0.91 (95% CI: 0.78, 1.07; P for heterogeneity <0.0001) for long sleep duration. In subgroup analyses stratified by cancer type, long duration of sleep showed an inverse relation with hormone-related cancer (HR=0.79; 95% CI: 0.65, 0.97; P for heterogeneity =0.009) and a greater risk of colorectal cancer (HR=1.29; 95% CI: 1.09, 1.52; P for heterogeneity =0.346). Further meta-analysis on dose-response relationships showed that the relative risks of cancer were 1.00 (95% CI: 0.99, 1.01; P for linear trend=0.9151) for one hour of sleep increment per day, and 1.00 (95% CI: 0.98, 1.01; P for linear trend=0.7749) for one hour of sleep increment per night. No significant dose-response relationship between sleep duration and cancer was found on non-linearity testing (P=0.5053). Our meta-analysis suggests a positive association between long sleep duration and colorectal cancer, and an inverse association with incidence of hormone related cancers like those in the breast. Studies with larger sample size, longer follow-up times, more cancer types and detailed measure of sleep duration are warranted to confirm these results.

Keywords: Analyses, Analysis, Association, Bias, Breast-Cancer, Cancer, Cancer Risk, Chinese Women, Cohort, Colorectal Cancer, Colorectal-Cancer, Dose-Response Data, Duration, Epidemiologic Evidence, Follow-Up, Hazard, Heterogeneity, Hormone-Related Cancers, Incidence, Measure, Meta Analysis, Meta-Analysis, Metaanalysis, Ohsaki Cohort, Outcomes, P, Postmenopausal Women, Publication, Publication Bias, Pubmed, Review, Risk, Risks, Sample Size, Science, Self-Reported Sleep, Sensitivity, Size, Sleep, Sleep Duration, Systematic Review, Testing, Trend Estimation, Web of Science, Whitehall-II

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Full Text: [2014\Asi Pac J Can Pre15, 803.pdf](2014/Asi%20Pac%20J%20Can%20Pre15,%20803.pdf)

Abstract: The IL-16 rs4778889 T/C polymorphism is associated with cancer risk. However, the results are conflicting. We performed this meta-analysis to derive a more precise estimation of the relationship. A comprehensive literature search was performed using PubMed, Embase and Web of Science databases. Odds ratio (OR) and 95% confidence interval (CI) were used to assess the strength of association. A total of 6 studies including 1,603 cases and 2,342 controls were identified. With all studies involved, results showed no statistically significant association between IL-16 rs4778889 T/C polymorphism and cancer risk (CC vs. CT+TT: OR=0.74, 95%CI: 0.55-1.02, P-h=0.15; CC+CT vs. TT: OR=0.89, 95%CI: 0.72-1.10, P-h =0.03; CC vs. TT: OR=0.73, 95%CI: 0.53-1.00, P-h =0.08; CT vs. TT: OR=0.91, 95%CI: 0.79-1.05, P-h =0.08; C vs. T: OR=0.89, 95%CI: 0.74-1.07, P-h =0.02). In addition, the results were not changed when studies were stratified by cancer type. However, to verify our findings, it is essential to perform more well-designed studies with larger sample sizes in the future.

Keywords: Association, Bias, Cancer, Cancer Risk, Carcinoma, Chinese Population, Confidence, Ct, Databases, Expression, Genetic-Polymorphism, Il-16, Inflammation, Interleukin-16, Interval, Literature, Literature Search, Meta Analysis, Meta-Analysis, Metaanalysis, Polymorphism, Pubmed, Risk, Rs4778889, Science, Strength, Susceptibility, Web of Science, Web of Science Databases

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Full Text: [2014\Asi Pac J Can Pre15, 1141.pdf](2014/Asi%20Pac%20J%20Can%20Pre15,%201141.pdf)

Abstract: Background: Even though many studies have examined the possible effect of low-fat diet on breast cancer survival, the relationship remains unclear. Objectives: To summarize the current evidence about the effect of post-diagnostic low-fat diet on recurrence and all-cause mortality of breast cancer. Methods: We conducted a search of Pubmed, Embase, Web of Science, and Cochrane Library and as a result two randomized controlled trials (RCT) and one large multi-center prospective cohort study with 9,966 breast cancer patients were included in this report. Results: Post-diagnostic low-fat diet reduced risk of recurrence of breast cancer by 23% (HR=0.77, 95%CI 0.63 to 0.94, P=0.009) and all cause mortality of breast cancer by 17% (HR=0.83, 95%CI 0.69 to 1.00, P=0.05). Conclusions: This meta-analysis suggested the post-diagnostic low-fat diet can improve breast cancer survival by reducing risk of recurrence. However, more trials of the relationship between low-fat diet and all-cause mortality of breast cancer are still needed.

Keywords: Breast, Breast Cancer, Cancer, Cohort, Cohort Study, Diet, Effect, Evidence, Fiber, Life-Style, Low-Fat Diet, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Obesity, Patients, Physical-Activity, Post-Diagnosis, Postmenopausal Women, Prognosis, Prospective, Randomized, Randomized Controlled Trials, Rct, Recurrence, Results, Risk, Science, Survival, Trial, Web Of Science, Womens Intervention Nutrition

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Full Text: [2014\Asi Pac J Can Pre15, 1263.pdf](2014/Asi%20Pac%20J%20Can%20Pre15,%201263.pdf)

Abstract: Background: Matrix metalloproteinases (MMPs) play important roles in pathogenesis and development of cancer. Recently, many studies have show associations between polymorphisms in the promoter regions of MMPs and risk of gastric cancer. The present meta-analysis was conducted in order to investigate the potential association between four polymorphisms in the MMP gene and gastric cancer risk. Methods: A computerized literature search was conducted in databases of Med-line, Embase, Science Citation Index and PubMed till June 2013 for any MMP genetic association study of gastric cancer. Odds ratios (ORs) and 95 % confidence intervals (CIs) were estimated for each gene under dominant and recessive models, and heterogeneity between studies was assessed using the Q test and I-2 value. Overall and subgroup analyses according to ethnicity were carried out with Stata 12.0. Results: 14 reports covering 8,146 patients (2,980 in the case group and 5,166 in the control group) were included in the present meta-analysis. We found that the MMP-7 (-181A>G) polymorphism increased the gastric cancer risk in therecessive model (GG vs. AA/AG, OR=1.768, 95% CI=1.153-2.712). For MMP2-1306 C>T, MMP1-1607 1G/2G, and MMP9-1 562 C>T, there were no associations between these polymorphisms and the risk of gastric cancer under dominant or recessive models. Conclusion: This meta-analysis suggested that the MMP7-181 A>G polymorphism may contribute to gastric cancer susceptibility. More studies are needed, especially in Europeans, in the future.

Keywords: Analyses, Association, Cancer, Cancer Risk, Cardiac Adenocarcinoma, Citation, Confidence, Confidence Intervals, Control, Databases, Development, Ethnicity, Functional Polymorphism, Gastric, Gastric Cancer, Gene, Genetic, Heterogeneity, Intervals, Literature, Literature Search, Lung, Matrilysin, Matrix Metalloproteinases (MMPS), Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Metalloproteinases, Metastasis, Methods, Mmp, Mmp-7, Model, Models, Pathogenesis, Patients, Polymorphism, Polymorphisms, Potential, Progression, Promoter, Pubmed, Results, Risk, Science, Science Citation Index, Single Nucleotide Polymorphism, Squamous-Cell Carcinoma, Stata, Susceptibility, Till, Value

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Full Text: [2014\Asi Pac J Can Pre15, 1313.pdf](2014/Asi%20Pac%20J%20Can%20Pre15,%201313.pdf)

Abstract: Introduction: Although most prostate cancers initially respond to castration with luteinizing hormone-releasing analogues or bilateral orchiectomy, progression eventually occurs. Based on the exciting results of several randomized controlled trials (RCTs), it seems that patients with metastatic castration-resistant prostate cancer (mCRPC) might benefit more from treatment withabiraterone. Therefore we conducted a systematic review to evaluate the efficacy and toxicity of abiraterone in the treatment of mCRPC. Methods: Literature was searched from Embase, PubMed, Web of Science, and Cochrane Library up to July, 2013. Quality of the study was evaluated according to the Cochrane’s risk of bias of randomized controlled trial (RCT) tool, then the Grading of Recommendations Assessment, Development and Evaluation (GRADE) System was used to rate the level of evidence. Stata 12.0 was used for statistical analysis. Summary data from RCTs comparing abiraterone plus prednisone versus placebo plus prednisone for mCRPC were meta-analyzed. Pooled hazard ratios (HRs) for overall survival (OS), radiographic progression-free survival (RPFS) and time to PSA progression (TTPP); Pooled risk ratios (RR) for PSA response rate, objective response rate and adverse event were calculated. Results: Ten trials were included in the systematic review; Data of 2,283 patients (1,343 abiraterone; 940 placebo) from two phase 3 trials: COU-AA-301 and COU-AA-302 were meta-analyzed. Compared with placebo, abiraterone significantly prolonged OS (HR, 0.74; 95% confidence interval [CI], 0.66 to 0.84), RPFS (HR, 0.59; 95% CI, 0.48 to 0.74) and time to PSA progression (HR, 0.55; 95% CI, 0.43 to 0.70); it also significantly increased PSA response rate (RR, 3.63; 95% CI, 1.72 to 7.65) and objective response rate (RR, 3.05; 95% CI, 1.51 to 6.15). This meta-analysis suggested that the adverse events caused by abiraterone are acceptable and can be controlled. Conclutios: Abiraterone significantly prolonged OS, RPFS and time to progression patients with mCRPC, regardless of prior chemotherapy or whether chemotherapy-naive, and no unexpected toxicity was evident. Abiraterone can serve as a new standard therapy for mCRPC.

Keywords: Abiraterone, Acetate, Analysis, Assessment, Bias, Cancer, Carcinoma, Castration-Resistant, Chemotherapy, Confidence, Controlled Trial, Cyp17, Data, Efficacy, Evaluation, Events, Evidence, Grade, Hazard, I Clinical-Trial, Inhibitor, Interval, Literature, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Patients, Phase-II, Placebo, Post-Docetaxel, Prednisone, Progression, Prolonged, Prostate Cancer, Pubmed, Quality, Randomized, Randomized Controlled Trial, Randomized Controlled Trials, RCT, Response, Results, Review, Risk, RPF, Safety, Science, Standard, Stata, Statistical Analysis, Survival, Systematic, Systematic Review, Therapy, Toxicity, Treatment, Trial, Web Of Science

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Full Text: [2014\Asi Pac J Can Pre15, 1803.pdf](2014/Asi%20Pac%20J%20Can%20Pre15,%201803.pdf)

Abstract: Endoscopic submucosal dissection (ESD) was originally developed for en bloc resection of large, flat gastrointestinal lesions. Compared with endoscopic mucosal resection (EMR), ESD is considered to be more time consuming and have more complications for treatment of early esophageal carcinoma, such as bleeding, stenosis and perforation. The objective of this study was to compare the efficacy and safety of ESD and EMR for such lesions. We searched databases, such as PubMed, EMBASE, Cochrane Library and Science Citation Index updated to 2013 for related trials. In the meta-analysis, the main outcome measurements were the en bloc resection rate, the histologically resection rate and the local recurrence rate. We also compared the operation time and the incidences of procedure-related complications. Five trials were identified, and a total of 710 patients and 795 lesions were included. The en bloc and histologically complete resection rates were higher in the ESD group compared with the EMR group (odds ratio (OR) 27.3; 95% CI, 11.5-64.8; OR 18.4; 95% CI, 8.82-38.59). The local recurrence rate was lower in the ESD group (OR 0.13, 95 % CI 0.04-0.43). The meta-analysis also showed ESD was more time consuming, but did not increase the complication rate (P=0.76). The results implied that compared with EMR, ESD showed better en bloc and histologically resection rates, and lower local recurrence, without increasing the incidence of procedure-related complications in the treatment of early esophageal carcinoma.

Keywords: Bleeding, Carcinoma, Citation, Complete, Complication, Complications, Databases, Dissection, Early Esophageal Carcinoma, Early Gastric-Cancer, Efficacy, Embase, EMR, Endoscopic Mucosal Resection, Endoscopic Submucosal Dissection, Incidence, Local, Meta Analysis, Meta-Analysis, Metaanalysis, Mucosal, Odds Ratio, Operation, Outcome, Patients, Pubmed, Rates, Recurrence, Safety, Science, Science Citation Index, Stenosis, Treatment, Tumors

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Full Text: [2014\Asi Pac J Can Pre15, 2517.pdf](2014/Asi%20Pac%20J%20Can%20Pre15,%202517.pdf)

Abstract: Background: Several recent studies have explored associations between pre-mir-218 polymorphism (rs11134527) and cancer risk. However, published data are still inconclusive. To obtain a more precise estimation of the relationship in the Chinese population, we carried out a meta-analysis for the first time. Materials and Methods: Through retrieval from the PubMed, Medline, Embase, Web of Science databases, China National Knowledge Infrastructure and the Chinese BioMedical Literature Database, a total of four studies were analyzed with 3,561 cases and 3,628 controls for SNP pre-mir-218 rs11134527. We calculated odds ratios (ORs) and 95% confidence intervals (95%CIs) to explore the strength of associations. Results: The results showed that the rs11134527 polymorphism was associated with decreased cancer risk in GG versus AA and GG versus AA+AG models tested (GG vs AA: OR=0.82, 95%CI: 0.71-0.94; GG vs AA+AG: OR=0.84, 95%CI: 0.74-0.96), and significantly decreased cervical cancer risk was observed in GG versus AA and GG versus AA+AG models (GG vs AA: OR=0.79, 95%CI: 0.66-0.94; GG vs AA+AG: OR=0.80, 95%CI: 0.68-0.94). However, no significant association between the rs11134527polymorphism and hepatocellular carcinoma risk was observed in all comparison models tested (AG vs AA: OR=0.94, 95%CI: 0.79-1.11; GG vs AA: OR=0.88, 95%CI: 0.70-1.10; GG+AG vs AA: OR=0.92, 95%CI: 0.79-1.08; GG vs AA+AG: OR=0.91, 95%CI: 0.75-1.11). Conclusion: The findings suggest that pre-miR-218 rs11134527 polymorphism may have some relation to cancer development in Chinese. However, well-designed studies with larger sample size and more detailed data are needed to confirm these conclusions.

Keywords: Ag, Association, Cancer, Cancer Risk, Carcinoma, Cervical Cancer, Cervical-Carcinoma, China, Chinese, Comparison, Confidence, Confidence Intervals, Data, Database, Databases, Development, Expression, First, Gastric-Cancer, Hepatocellular Carcinoma, Intervals, Knowledge, Literature, Materials, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Micrornas, Models, Neck, Pathway, Polymorphism, Population, Pre-Mir-218 Rs11134527, Pubmed, Recent, Results, Risk, Rnas, Sample Size, Science, Size, Snp, Strength, Targets, Variant, Web Of Science, Web Of Science Databases, Women

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Full Text: [2014\Asi Pac J Can Pre15, 2571.pdf](2014/Asi%20Pac%20J%20Can%20Pre15,%202571.pdf)

Abstract: Background: Published studies on the association between the exonuclease 1 (EXO1) Glu589Lys polymorphism and cancer susceptibility have yielded conflicting results. Thus, a meta-analysis of published studies was performed to assess the possible association. Materials and Methods: All eligible case-control studies published up to January 2013 on the association between the EXO1 Glu589Lys polymorphism and cancer susceptibility were identified by searching PubMed, Web of Science, Science Direct and hand search. Either fixed-effect or random-effect models were used to calculate pooled odds ratios (ORs) with 95% confidence intervals (CIs) using the Comprehensive Meta-Analysis software version 2.2. Results: A total of 4,391 cancer cases and 4,339 controls from 10 studies were included. Overall, no significant association between the EXO1 Glu589Lys polymorphism and cancer susceptibility was observed in either genetic model. However; in subgroup analyses by cancer type, a significant association between EXO1 Glu589Lys and lung cancer risk was found (Lys vs Glu: OR=1.23, 95%CI= 1.07-1.41, p(heterogeneity)=0.05). Further, subgroup analysis by ethnicity indicated that there was a statistically increased cancer risk in Asians (Lys vs Glu: OR=1.42, 95%CI=1.30-1.55, p(heterogeneity)=0.07; Lys/Lys vs Glu/Glu: OR=1.93, 95%CI=1.20-3.12, p(heterogeneity)=0.01; Lys/Lys+Glu/Lys vs Glu/Glu: OR=1.52, 95%CI=1.37-1.68, p(heterogeneity)=0.42; Lys/Lys vs Glu/Lys+Glu/Glu: OR=1.68, 95%CI=1.07-2.65, p(heterogeneity)=0.02). However, significant association was absent in Caucasians. Conclusions: This meta-analysis suggests, for the first time, that the EXO1 Glu589Lys polymorphism is not associated with overall cancer susceptibility, although marginal associations were found for lung cancer and Asian subgroups. Additional well-designed studies with larger sample size focusing on different ethnicities and cancer types are needed to confirm these findings.

Keywords: Analyses, Analysis, Asian, Association, Bias, Cancer, Cancer Risk, Cancer Susceptibility, Case-Control, Case-Control Studies, Confidence, Confidence Intervals, Dna-Repair, Ethnicity, Evidence, Exo1, Exo1 Gene, Exo1 Glu589lys Polymorphism, First, Genetic, Intervals, Lung, Lung Cancer, Lung-Cancer, Materials, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Models, Polymorphism, Population, Pubmed, Results, Risk, Sample Size, Science, Single-Nucleotide Polymorphism, Size, Software, Susceptibility, Taiwan, Version, Web Of Science

? Liu, L., Zhang, D., Jiao, J.H., Wang, Y., Wu, J.Y. and Huang, D.S. (2014), Association between the TP53BP1 rs2602141 A/C polymorphism and cancer risk: A systematic review and meta-analysis. *Asian Pacific Journal of Cancer Prevention*, **15** (6), 2917-2922.

Full Text: [2014\Asi Pac J Can Pre15, 2917.pdf](2014/Asi%20Pac%20J%20Can%20Pre15,%202917.pdf)

Abstract: Background: The p53-binding protein 1 (TP53BP1) gene may be involved in the development of cancer through disrupting DNA repair. However, investigation of associations between TP53BP1 rs2602141 A/C polymorphism and cancer have yielded contradictory and inconclusive outcomes. We therefore performed a meta-analysis to evaluate the association between the TP53BP1 rs2602141 A/C polymorphism and cancer susceptibility. Materials and Methods: Published literature from PubMed, Medline, the Cochrane Library, EMbase, Web of Science, Google (scholar), CBMDisc, Chongqing VIP database, and CNKI database were retrieved. Pooled odds ratios (ORs) with 95% confidence intervals (CIs) were calculated using fixed or random-effects models. Publication bias was estimated using funnel plots, Begg’s and Egger’s test. Results: A total of seven studies (3,018 cases and 5,548 controls) were included in the meta-analysis. Our results showed that the genotype distribution of TP53BP1 rs2602141 A/C was not associated with cancer risk overall. However, on subgroup analysis, we found that TP53BP1 rs2602141 A/C was associated with cancer risk within an allele model (A vs C, OR=1.14, 95%CI: 1.01-1.29) and a codominant model (AA vs CC, OR=1.36, 95%CI: 1.06-1.74) in Asians rather than in Caucasians. Subgroup analysis by cancer type, genotype, and with or without adjustment for controls showed no significant association. Conclusions: The findings suggested an association between rs2602141 A/C polymorphism in TP53BP1 gene and increased risk of cancer in Asians.

Keywords: 53bp1, Analysis, Association, Bias, Cancer, Cancer Risk, Cancer Susceptibility, Carcinoma, Checkpoint, Clinical-Trials, Confidence, Confidence Intervals, Database, Development, Distribution, Dna, Gene, Gene, Google, Intervals, Investigation, Literature, Lung-Cancer, Materials, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Models, Outcomes, P53, Polymorphism, Protein, Publication, Publication Bias, Pubmed, Results, Review, Risk, Science, Susceptibility, Systematic Review, Tp53-Binding Protein 1, Variants, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 3247.pdf

Abstract: Background: Genetic factors have been shown to play an important role in the development of cancers. However, individual studies may fail to completely demonstrate complicated genetic relationships because of small sample size. Therefore, we performed a meta-analysis to evaluate the association of E-selectin Ser128Arg (S128R) with cancer risk. Materials and Methods: A literature search in PubMed, Embase, Web of Science, Science Direct, SpringerLink, EBSCO, Wanfang, and Chinese National Knowledge Infrastructure databases was carried out to identify studies of the association between E-selectin S128R polymorphism and cancer risk. The odds ratio (OR) with 95% confidence intervals (95% CIs) were used to assess the strength of association. Results: A total of eight studies involving 1,675 cancer cases and 2,285 controls were included in the meta-analysis. In overall populations, S128R polymorphism seemed to be associated with cancer risk (Arg allele vs Ser allele: OR=1.65, 95% CI = 1.33-2.04, p<0.01; Arg/Arg+Arg/Ser vs Ser/Ser: OR=1.87, 95% CI = 1.48-2.36, p<0.01; Arg/Ser vs Ser/Ser: OR=1.80, 95% CI = 1.51-2.14, p<0.01). Similarly, subgroup analysis by ethnicity and source of control also revealed that this polymorphism was related to cancer risk. Conclusions: Our meta-analysis revealed that there was association between the E-selectin S128R polymorphism and the risk of cancer. Further large and well-designed studies are needed to confirm this association.

Keywords: Analysis, Association, Cancer, Cancer Risk, Carcinoma Cells, Cell-Adhesion, Chinese, Colorectal-Cancer, Confidence, Confidence Intervals, Control, Databases, Development, E-Selectin, Ethnicity, Expression, Gastric-Cancer, Gene Polymorphism, Genetic, Intercellular-Adhesion Molecule-1, Intervals, Knowledge, Literature, Literature Search, Malignancies, Materials, Meta Analysis, Meta-Analysis, Metaanalysis, Metastasis, Methods, Odds Ratio, Polymorphism, Populations, Pubmed, Results, Risk, Role, S128R, Sample Size, Science, Size, Small, Source, Strength, Susceptibility, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 3477.pdf

Abstract: Objective: Patients with inflammatory bowel disease (IBD) have an increased risk of extra-intestinal cancer, whereas its impact on cholangiocarcinoma (CC) remains unknown. The aim of this study was to obtain a reliable estimate of the risk of CC in IBD patients through a meta-analysis of clinical observational studies. Methods: Relevant studies were retrieved by searching PUBMED, EMBASE and Web of Science Databases up to Dec 2013. Four population-based case-control and two cohort studies with IBD were identified. Summary relative risk (RR) and its corresponding 95% confidence interval (CI) were calculated using a random-effects model. Potential sources of heterogeneity were detected using subgroup analyses. Results: The pooled risk estimate indicated IBD patients were at increased risk of CC (RR = 2.63, 95% CI = 1.47-4.72). Moreover, the increased risk of CC was also associated with Crohn’s disease (RR = 2.69, 95% CI = 1.59-4.55) and ulcerative colitis (RR = 3.40, 95% CI = 2.50-4.62). In addition, site-specific analyses revealed that IBD patients had an increased risk of intrahepatic CC (ICC) (RR = 2.61, 95% CI = 1.72-3.95) and extrahepatic CC (ECC) (RR = 1.47, 95% CI = 1.10-1.97). Conclusions: This study suggests the risk of CC is significantly increased among IBD patients, especially in ICC cases. Further studies are warranted to enable definite conclusions to be drawn.

Keywords: Analyses, Bias, Bowel, Cancer, Case-Control, Cholangiocarcinoma, Clinical, Cohort, Colitis, Confidence, Crohn’S Disease, Databases, Disease, Embase, Evidence, Hepatitis, Heterogeneity, Ibd, Impact, Infection, Inflammatory Bowel Disease, Interval, Intrahepatic Cholangiocarcinoma, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Northeast Thailand, Observational, Observational Studies, Patients, Population Based, Population-Based, Primary Sclerosing Cholangitis, Random Effects Model, Relative Risk, Results, Risk, Science, Site Specific, Site-Specific, Sources, Ulcerative Colitis, United-States, Web Of Science

? Chen, X.J., Huang, Y.D., Li, N., Chen, M., Liu, F., Pu, D. and Zhou, T.Y. (2014), Correlations between serum IL33 and tumor development: A meta-analysis. *Asian Pacific Journal of Cancer Prevention*, **15** (8), 3503-3505.

Full Text: 2014\Asi Pac J Can Pre15, 3503.pdf

Abstract: Background: Interleukin-33 (IL-33) has recently been implicated in tumor development. Methods: Data was obtained from PubMed, EMBASE, Clinical trial, Cochrane Library, Web of Science, CNKI and Wanfang databases. After quality assessment and data extraction, a meta-analysis was performed using Review Manager 5.2 software. Results: There were eight documents included in this meta-analysis. The results showed IL33 levels to be higher in tumor patients than that in health people, but no correlations tumor stage, metastasis and survival time of tumor patients were evident. Conclusion: IL33 may be useful as an alarm factor in tumor detection and prognosis.

Keywords: Assessment, Breast-Cancer, Correlations, Cytokines, Data, Databases, Development, Documents, Embase, Extraction, Health, Hepatocellular-Carcinoma, Il-33, Il33, Immunity, Interleukin-33, Lung-Cancer, Meta Analysis, Meta-Analysis, Metaanalysis, Metastasis, Methods, Patients, Prognosis, Protein, Pubmed, Quality, Responses, Results, Review, Science, Software, St2, Survival, Trial, Tumor, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 3691.pdf

Abstract: Background: Published studies on the association between the Ras Association Domain Family 1 isoform A (RASSF1A) Ala133Ser polymorphism and cancer susceptibility have yielded conflicting results. Thus, a meta-analysis was here performed to assess the possible association. Materials and Methods: All eligible case-control studies published up to November 2013 on the association between RASSF1A Ala133Ser polymorphism and cancer susceptibility were identified by searching PubMed, Web of Science, Science Direct and hand search. Bothfixed-effect and random-effect models were used to calculate pooled odds ratios (ORs) with 95% confidence intervals (CIs) by using the Comprehensive Meta-Analysis software version 2.2. Results: A total of 10 studies including 4,572 cancer cases and 4,320 controls were included in the meta-analysis. Overall, significantly increased cancer risk was associated with the variant Ser133 when all studies were pooled (Ser vs Ala: OR=1.51, 95% CI=1.08-2.12, P-heterogeneity <= 0.001; Ser/Ser+Ala/Ser vs Ala/Ala: OR=1.55, 95% CI=1.08-2.22, P-heterogeneity <= 0.001). Moreover, in subgroup analyses by cancer types, a significant association between RASSF1A Ala133Ser polymorphism and lung cancer risk was found (Ser vs Ala: OR=2.27, 95% CI=1.29-4.02, Pheterogeneity=0.61; Ser/Ser+Ala/Ser vs Ala/Ala: OR=2.42, 95% CI=1.33-4.42, P-heterogeneity=0.75). In addition, in subgroup analyses by ethnicity, it was found that the RASSF1A Ala133Ser polymorphism was associated with overall cancer risk in Asians (Ser vs Ala: OR=1.37, 95% CI=1.06-1.77, P-heterogeneity=0.06) and Caucasians (Ser/Ser+Ala/Ser vs Ala/Ala: OR=2.21, 95% CI=1.01-4.82, P-heterogeneity <= 0.001). Conclusions: This meta-analysis suggests, for the first time, that RASSF1A Ala133Ser polymorphism may contribute to cancer susceptibility, especially for lung cancer. Besides, additional well-designed studies with larger sample size focusing on different ethnicities and cancer types are needed to confirm these findings.

Keywords: A133s, Analyses, Asians, Association, Breast, Cancer, Cancer Risk, Cancer Susceptibility, Case-Control, Case-Control Studies, China, Codon-133, Confidence, Confidence Intervals, Ethnicity, Family, First, Gene, Hepatocellular-Carcinoma, Intervals, Lung, Lung Cancer, Materials, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Polymorphism, Progression, Pubmed, Rassf1a, Rassf1a Ala133ser Polymorphism, Results, Risk, Sample Size, Science, Size, Software, Susceptibility, Tumor-Suppressor, Turkish Population, Version, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 3921.pdf

Abstract: RASSF1A has been reported to be a candidate tumor suppressor in esophageal squamous cell carcinoma (ESCC). However, the association between RASSF1A promoter methylation and ESCC remains unclear. Eligible studies were identified through searching PubMed, Medline, Web of Science, and the China National Knowledge Infrastucture database. Studies were pooled and odds ratios (ORs) with corresponding confidence intervals (CIs) were calculated. Funnel plots were also performed to evaluate publication bias. Twelve studies involving 859 cases and 675 controls were included in this meta-analysis. A significant association was observed between RASSF1A methylation and ESCC overall (OR = 11.7, 95% CI: 6.59-20.9, z=8.36, P<0.00001). Subgroup analysis showed that the OR for heterogeneous tissues was 5.35 (95% CI = 2.95-9.71) while for autologous tissues it was 16.0 (8.31-30.96). For patient sample size, the OR for the <50 subgroup was 9.92 (95% CI = 2.88-34.2) and for the 50 case group was 13.1 (95% CI = 6.59-25.91). The OR for a relationship between RASSF1A methylation and TNM stages was 0.27 (95% CI=0.10-0.77), whereas there were no significant differences in RASSF1A methylation in relation to gender and differentiation among ESCC cases. This meta-analysis suggests a significant association between RASSF1A methylation and ESCC.

Keywords: Analysis, Association, Bias, Carcinoma, Cell, China, Confidence, Confidence Intervals, Database, Differentiation, Esophageal Squamous Cell Carcinoma, Family, Gender, Hmlh1, Hypermethylation, Intervals, Knowledge, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methylation, Mgmt, Ovarian-Cancer, P16, Protein Expression, Publication, Publication Bias, Pubmed, Ras Associations Domain Family 1a, Rassf1a, Sample Size, Science, Size, Squamous Cell Carcinoma, Tumor, Tumor-Suppressor Gene, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 4467.pdf

Abstract: Background: We aimed to comprehensively review the evidence for using sputum DNA to detect non-small cell lung cancer (NSCLC). Materials and Methods: We searched PubMed, Science Direct, Web of Science, Chinese Biological Medicine (CBM), Chinese National Knowledge Infrastructure (CNKI), Wanfang, Vip Databases and Google Scholar from 2003 to 2013. The meta-analysis was carried out using a random-effect model with sensitivity, specificity, diagnostic odd ratios (DOR), summary receiver operating characteristic curves (ROC curves), area under the curve (AUC), and 95% confidence intervals (CI) as effect measurements. Results: There were twenty-two studies meeting the inclusion criteria for the meta-analysis. Combined sensitivity and specificity were 0.62 (95% CI: 0.59-0.65) and 0.73 (95% CI: 0.70-0.75), respectively. The DOR was 10.3 (95% CI: 5.88-18.1) and the AUC was 0.78. Conclusions: The overall accuracy of the test was currently not strong enough for the detection of NSCLC for clinical application. Dscovery and evaluation of additional biomarkers with improved sensitivity and specificity from studies rated high quality deserve further attention.

Keywords: Accuracy, Application, Attention, Auc, Biomarkers, Cancer, Cell, Chinese, Clinical, Confidence, Confidence Intervals, Criteria, Databases, Diagnostic, Dna, Dna Methylation, Evaluation, Evidence, Genes, Google, Google Scholar, Hypermethylation, Intervals, Knowledge, Lung, Lung Cancer, Markers, Materials, Medicine, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Methylation, Model, Nsclc, P16 Promoter Methylation, Pubmed, Quality, Results, Review, Risk, Roc, Science, Sensitivity, Smokers, Specificity, Sputum, Tissues, Tumor, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 4697.pdf

Abstract: Background: Several studies have previously focused on associations between the (GT) n repeat polymorphism of the heme oxygenase-1 (HO-1) gene promoter region and risk of cancers, but results are complex. We conducted repeat polymorphism and cancer susceptibility. Materials and Methods: Published literature was retrieved from the PubMed/ MEDLINE, EMBASE and ISI Web of Science databases before November 2013. For all or random-effects models according to heterogeneity. Subgroup analysis was conducted according to ethnicity and histopathology. Results: results showed there was no association between HO-1 (GT) n repeat polymorphism and the cancer risk both at cell carcinoma in persons carrying the LL genotype and the LL+ LS genotype as compared with those carrying Conclusions: The LL genotype and L-allele carrying genotypes (LL+ LS) of HO-1 (GT) n repeat polymorphism are potential genetic validations. Keywords.

Keywords: Analysis, Association, Breast-Cancer, Cancer, Cancer Risk, Cancer Susceptibility, Carcinoma, Cell, Chinese Population, Colorectal-Cancer, Databases, Disease, Embase, Ethnicity, Gene, Genetic, Heme Oxygenase-1, Heme Oxygenase-1, Heterogeneity, Histopathology, ISI, ISI Web Of Science, ISI Web Of Science Databases, Keywords, Literature, Materials, Medline, Meta-Analysis, Metaanalysis, Methods, Microsatellite Polymorphism, Models, Pancreatic-Cancer, Polymorphism, Potential, Region, Results, Risk, Science, Squamous-Cell Carcinoma, Susceptibility, Tumor, Web Of Science, Web Of Science Databases

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Full Text: 2014\Asi Pac J Can Pre15, 4697.pdf

Abstract: Background: Interleukin-16 (IL-16) is a multifunctional cytokine which plays a key role in inflammatory and autoimmune diseases as well as in cancer. Genetic polymorphisms of IL-16 have been implicated in susceptibility to cancer. However, associations remain inconclusive. The present meta-analysis was therefore carried out to establish a more conclusive association of IL-16 polymorphisms with cancer risk. Materials and Methods: Relevant studies were searched through the PubMed, Embase, Web of Science, Google Scholar and Wan fang electronic databases updated in October 2013. Odds ratios (OR) and 95% confidence intervals (95% CI) were used to assess the association between IL-16 polymorphisms and cancer risk. Results: Eight eligible studies (rs4778889 T/C: 8, rs11556218 T/G: 7, rs4072111 C/T: 6) that met our selection criteria were included. The meta-analysis indicated that rs11556218 T/G was associated with a significant increased risk of cancer (G vs. T, OR=1.321, 95% CI=1.142-1.528, P<0.001; TG vs. TT, OR=1.665, 95% CI=1.448-1.915, P<0.001; GG+TG vs. TT, OR=1.622, 95% CI=1.416-1.858, P<0.001), as well as nasopharyngeal carcinoma and colorectal cancer. Furthermore, in the subgroup of Chinese, significant associations were found between rs11556218 polymorphism and cancer risk. There was no statistically significant association between the other two variants (rs4778889, rs4072111) and risk of cancer. Conclusions: This meta-analysis suggests that the IL-16 rs11556218 polymorphism is associated with increased cancer risk. Large well-designed studies involving various cancer types and different populations are now needed.

Keywords: Association, Autoimmune Diseases, Cancer, Cancer Risk, Carcinoma, Cell Carcinoma Association, Chinese, Chinese Population, Colorectal Cancer, Colorectal-Cancer, Confidence, Confidence Intervals, Criteria, Cytokine, Databases, Diseases, Gastric-Cancer, Genetic Polymorphisms, Genetic-Polymorphism, Google, Google Scholar, Il-16, Interleukin 16, Interleukin-16, Intervals, Materials, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Multifunctional, Nasopharyngeal Carcinoma, Polymorphism, Polymorphisms, Populations, Prostate-Cancer, Pubmed, Results, Risk, Role, Rs4778889, Science, Selection, Selection Criteria, Serum-Levels, Susceptibility, Tnf-Alpha, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 5083.pdf

Abstract: Background: Scientometrics is a useful method for management of financial and human resources and has been applied many times in medical sciences during recent years. The aim of this study was to investigate the status of science production by Iranian scientists in the gastric cancer field based on the Medline database. Materials and Methods: In this descriptive-cross sectional study Iranian science production concerning gastric cancer during 2000-2011 was investigated based on Medline. After two stages of searching, 121 articles were found, then we reviewed publication date, authors names, journal title, impact factor (IF), and cooperation coefficient between researchers. SPSS. 19 was used for statistical analysis. Results: There was a significant increase in published articles about gastric cancer by Iranian researchers in Medline database during 2006-2011. Mean cooperation coefficient between researchers was 6.14+/-3.29 person per article. Articles of this field were published in 19 countries and 56 journals. Those basex in Thailand, England, and America had the most published Iranian articles. Tehran University of Medical Sciences and Mohammadreza Zali had the most outstanding role in publishing scientific articles. Conclusions: According to results of this study, improving cooperation of researchers in conducting research and scientometric studies about other fields may have an important role in increasing both quality and quantity of published studies.

Keywords: Analysis, Article, Articles, Authors, Cancer, Cells, Cooperation, Database, England, Field, Gastric, Gastric Cancer, Human, Human Papilloma-Virus, Impact, Impact Factor, Iran, Journal, Journals, Knowledge, Knowledge Production, Management, Materials, Medical, Medical Sciences, Medline, Medline Database, Methods, Person, Production, Publication, Publications, Published Articles, Publishing, Quality, Recent, Research, Researchers, Resources, Results, Role, Science, Sciences, Scientists, Scientometric, Scientometric Approach, Scientometrics, Statistical Analysis, Thailand, Trials, University

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Full Text: 2014\Asi Pac J Can Pre15, 6103.pdf

Abstract: Many studies have reported beta-catenin involvement in the development of esophageal carcinoma (EC), but its prognostic significance for EC patients remains controversial. Therefore, we conducted this meta-analysis to explore the issue in detail. After searching PubMed, EMBASE, Web of Science, and Chinese Biomedical Literature Database, we included a total of ten relevant studies. We pooled the overall survival (OS) data using RevMan 5.2 software. The results showed that aberrant expression of beta-catenin was associated with a significant increase of mortality risk (hazard ratio 1.71, 95% CI 1.46-2.01; p<0.00001). Subgroup analyses further suggested that aberrant expression of beta-catenin resulted in poor OS of EC patients regardless of histological type of EC, study location or criteria for aberrant expression of beta-catenin, and the sensitivity analyses revealed that the result was robust. The meta-analysis revealed that aberrant expression of beta-catenin could be a predicative factor of poor prognosis for EC patients.

Keywords: Analyses, Beta-Catenin, Biomedical, Cancer, Carcinoma, Chinese, Complex, Criteria, Data, Database, Development, E-Cadherin, Ec, Embase, Esophageal Carcinoma, Expression, Genetic Polymorphisms, Hazard, Hazard Ratio, Literature, Location, Meta Analysis, Meta-Analysis, Metaanalysis, Methylenetetrahydrofolate Reductase, Mortality, Overall Survival, Patients, Poor-Prognosis, Prognosis, Prognostic, Protein Expression, Pubmed, Reduced Expression, Risk, Science, Sensitivity, Significance, Software, Squamous-Cell Carcinoma, Survival, Tumor-Development, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 6131.pdf

Abstract: Objective: Epidemiology studies have reported conflicting results between glutathione S-transferase Mu-1 (GSTM1), glutathione S-transferase theta-1 (GSTT1) and glutathione S-transferase pi-1 (GSTP1) and ovarian cancer (OC) susceptibility. In this study, an updated meta-analysis was applied to determine whether the deletion of GSTM1, GSTT1 and GSTP1 has an influence on OC susceptibility. Methods: A published literature search was performed through PubMed, Embase, Cochrane Library, and Science Citation Index Expanded database for articles published in English. Pooled odds ratios (ORs) and 95% confidence intervals (95% CIs) were calculated using random or fixed effects models. Heterogeneity between studies was assessed using the Cochrane Q test and I2 statistics. Sub-group analysis was conducted to explore the sources of heterogeneity. Sensitivity analysis was employed to evaluate the respective influence of each study on the overall estimate. Results: In total, 10 published studies were included in the final analysis. The combined analysis revealed that there was no significant association between GSTM1 null genotype and OC risk (OR=1.01, 95% CI: 0.91-1.12). Additionally, there was no significant association between GSTT1 genetic polymorphisms and OC risk (OR=0.98, 95% CI: 0.85-1.13). Similalry, no significant associations were found concerning the GSTP1 rs1695 locus and OC risk. Meanwhile, subgroup analysis did not show a significant increase in eligible studies with low heterogeneity. However, sensitivity analysis, publication bias and cumulative analysis demonstrated the reliability and stability of the current meta-analysis. Conclusions: These findings suggest that GSTs genetic polymorphisms may not contribute to OC susceptibility. Large epidemiological studies with the combination of GSTM1 null, GSTT1 null and GSTP1 Ile105Val polymorphisms and more specific histological subtypes of OC are needed to prove our findings.

Keywords: Analysis, Articles, Association, Bias, Cancer, Carcinoma, Citation, Confidence, Confidence Intervals, Cumulative, Database, Deletion, Effects, English, Epidemiology, Expression, Genetic, Genetic Polymorphisms, Genotypes, Glutathione, Glutathione-S-Transferase, Gstm1, Gstp1, Gstt1, Heterogeneity, Ile105val, Influence, Intervals, Literature, Literature Search, M1, Meta, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Mortality, Ovarian Cancer, Polymorphisms, Publication, Publication Bias, Pubmed, Reliability, Results, Risk, Risk-Factors, Science, Science Citation Index, Science Citation Index Expanded, Sensitivity, Sensitivity Analysis, Sources, Stability, Statistics, Survival, Susceptibility, T1

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Full Text: 2014\Asi Pac J Can Pre15, 6613.pdf

Abstract: Background: The X-ray repair cross-complementing group 3 (XRCC3) is a highly suspected candidate gene for cancer susceptibility. Attention has been drawn upon associations of the XRCC3 Thr241Met polymorphism with breast cancer risk. However, the previous published findings remain controversial. Hence, we performed a meta-analysis to accurately evaluate any association between breast cancer and XRCC3 T241M (23, 812 cases and 25, 349 controls) in different inheritance models. Materials and Methods: PubMed and Web of Science databases were searched systematically until December 31, 2013 to obtain all the records evaluating the association between the XRCC3 Thr241Met polymorphism and breast cancer risk. Crude odds ratios (ORs) together with 95% confidence intervals (CIs) were used to assess the strength of associations. Results: When all eligible studies were pooled into the meta analysis of XRCC3 T241M polymorphism, a significantly increased breast cancer risk was observed in heterozygote comparison (OR=1.06, 95% CI=1.01-1.12). No significant associations were found in other models. In subgroup analysis, this polymorphism seemed to be associated with elevated breast risk in Asians. No publication bias was detected. Conclusions: This meta-analysis suggests that the T241M polymorphism confers a weakly increased breast cancer risk. A study with the larger sample size is needed to further evaluate gene-gene and gene-environment interactions of the XRCC3 T241M polymorphism with breast cancer risk.

Keywords: Analysis, Asians, Association, Attention, Bias, Breast, Breast Cancer, Cancer, Cancer Risk, Cancer Susceptibility, Comparison, Confidence, Confidence Intervals, Databases, DNA Repair, DNA-Repair Genes, Gene, Health, Intervals, Ionizing-Radiation, Materials, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, No Association, Polish Women, Polymorphism, Population, Publication, Publication Bias, Pubmed, Rad51, Records, Repair, Results, Risk, Sample Size, Science, Single-Nucleotide Polymorphisms, Size, Strength, Susceptibility, T241M Polymorphism, THR241MET, Web Of Science, Web Of Science Databases, X-Ray, XRCC3

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Full Text: 2014\Asi Pac J Can Pre15, 6767.pdf

Abstract: Several studies have suggested associations between MDM2 (mouse double minute 2 homolog) polymorphisms and leukemia risk, but they reported contradictory results. For better understanding of the effect of MDM2 T309G polymorphism on leukemia risk, we performed a meta-analysis. All eligible studies were identified through a search of PubMed, Web of Science, EMBASE, and Chinese Biomedical Literature (CBM) databases before May 2014. Assessment of associations between the MDM2 T309G polymorphism and leukemia risk was conducted by odds ratios (ORs) and 95% confidence intervals (95% CIs). Finally, a total of 11 publications covering 12 case-control studies with 2, 362 cases and 5, 562 controls concerning MDM2 T309G polymorphism with respect to leukemia were included in the meta-analysis. Significant associations were found between MDM2 T309G polymorphism and leukemia risk in four models in overall populations (G vs T: OR=1.29, 95% CI=1.11-1.49, p=0.001; GG vs TT: OR=1.67, 95% CI=1.21-2.30, p=0.002; GG vs TG/TT: OR=1.56, 95% CI=1.21-2.00, p=0.001; GG/TG vs TT: OR=1.28, 95% CI=1.05-1.57, p=0.015). In the sub-group analysis according to ethnicity, increased leukemia risks were observed in three genetic models among Asians but not Caucasians. In conclusion, the results of our meta-analysis suggest that the MDM2 T309G polymorphism can increase the risk of leukemia, especially among Asian populations.

Keywords: Acute Lymphoblastic-Leukemia, Acute Myeloid-Leukemia, Analysis, Asian, Asians, Assessment, Association, Biomedical, Cancer Susceptibility, Case-Control, Case-Control Studies, Chinese, Chronic Lymphocytic-Leukemia, Confidence, Confidence Intervals, Databases, Disease, Embase, Ethnicity, Genes, Genetic, Gg, Intervals, Leukemia, Literature, Mdm2, Meta Analysis, Meta-Analysis, Metaanalysis, Models, Mouse, P53, Polymorphism, Polymorphisms, Populations, Publications, Pubmed, Risk, Risks, Science, Single Nucleotide Polymorphism, Snp309, Survival, Understanding, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 6855.pdf

Abstract: Background: Previous epidemiological studies have suggested a potential role of the HSPA1B +/- 1267A/G polymorphism in risk of developing cancer. However, the results were inconsistent. Therefore, we performed this meta-analysis to summarize the possible association with cancer risk. Materials and Methods: We retrieved relevant articles from PubMed, EMBASE, ISI Web of Science, Chinese Biomedical Literature and Chinese National Knowledge Infrastructure. Studies were selected using specific criteria. Odds ratios (ORs) with 95% confidence intervals (CIs) were calculated to assess those associations. All analyses were performed using STATA software. Results: Fourteen case-control studies, including 1, 834 cancer cases and 2, 028 controls were included in this meta-analysis. Overall, the results indicated that the G allele of HSPA1B gene +/- 1267A/G was significantly associated with an increased cancer risk in all genetic models (G vs A: OR=1.51, 95% CI 1.17-1.95, p=0.001; GG vs AA: OR=2.93, 95% CI 1.50-5.74, p=0.002; AG vs AA: OR=1.48, 95% CI 1.10-1.98, p=0.009; GG/AG vs AA: OR=1.69, 95% CI 1.22-2.33, p=0.001; GG vs AG/AA: OR=2.31, 95% CI 1.24-4.32, p=0.009). In the subgroup analysis stratified by ethnicity, a significant association was identified in Caucasians (G vs A: OR=1.35, 95% CI 1.08-1.69, p=0.008; GG/AG vs AA: OR=1.36, 95% CI 1.09-1.70, p=0.007), but not in Asians. In the stratified analysis by cancer types, individuals with the G allele showed an increased risk of hepatocellular carcinoma compared with carriers of the A allele (OR=2.40, 95% CI 1.47-3.91, p< 0.001). Inversely, individuals with the GG genotype showed a decreased risk of gastric cancer compared with carriers of the AG/GG genotypes (GG vs AG/AA: OR=0.39, 95% CI 0.20-0.70, p=0.007). Conclusions: This meta-analysis suggests associations between the HSPA1B +/- 1267A/G polymorphism and risk of cancer. However, this association might be Caucasian-specific and the G allele of this polymorphism probably increases risk of hepatocellular carcinoma while decreasing risk of gastric cancer. Further well-designed studies based on larger sample sizes are needed to validate these findings.

Keywords: Ag, Analyses, Analysis, Articles, Asians, Association, Biomedical, Cancer, Cancer Risk, Carcinoma, Case-Control, Case-Control Studies, Chinese, Colorectal-Cancer, Confidence, Confidence Intervals, Criteria, Developing, Embase, Ethnicity, From, Gastric, Gastric Cancer, Gene, Genetic, Gg, Heat-Shock Proteins, Heat-Shock Proteins (Hsps), Heat-Shock-Protein-70 Gene Polymorphisms, Hepatocellular Carcinoma, Hepatocellular-Carcinoma, Heterogeneity, Intervals, Isi, Isi Web Of Science, Knowledge, Literature, Lung-Cancer, Materials, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Molecular Chaperones, Polymorphism, Potential, Prognostic Implications, Publication Bias, Pubmed, Results, Risk, Role, Science, Software, Susceptibility, Web Of Science

? Nie, S.P., Chen, H., Zhuang, M.Q. and Lu, M. (2014), Anti-diabetic medications do not influence risk of lung cancer in patients with diabetes mellitus: A systematic review and meta-analysis. *Asian Pacific Journal of Cancer Prevention*, **15** (16), 6863-6869.

Full Text: 2014\Asi Pac J Can Pre15, 6863.pdf

Abstract: Objectives: Several preclinical and observational studies have shown that anti-diabetic medications (ADMs) may modify the risk of lung cancer. We performed a systematic review and meta-analysis evaluating the effect of metformin, sulfonylureas (SUs), thiazolidinediones (TZDs), and insulin on the risk of lung cancer in patients with diabetes mellitus (DM). Materials and Methods: We conducted a systematic search of Pubmed and Web of Science, up to August 20, 2013. We also searched the Conference Proceedings Citation Index (CPCI) and China National Knowledge Infrastructure (CNKI) for abstracts from major meetings. Fixed or random effect pooled measures were selected based on heterogeneity among studies, which was evaluated using Q test and the I-2 of Higgins and Thompson. Meta-regression was used to explore the sources of between-study heterogeneity. Publication bias was analyzed by Begg’s funnel plot and Egger’s regression test. Associations were assessed by odds ratios (ORs) with 95% confidence intervals (CIs). Results: A total of 15 studies (11 cohort, 4 case-control) were included in this meta-analysis. In observational studies no significant association between metformin (n=11 studies; adjusted OR=0.99, 95% CI: 0.87-1.12), SUs (n=5 studies; adjusted OR=0.98, 95% CI: 0.79-1.22), or TZDs (n=7 studies; adjusted OR=0.92, 95% CI: 0.75-1.13), insulin (n=6 studies; adjusted OR=1.13, 95% CI: 0.79-1.62) use and risk of developing lung cancer was noted. There was considerable inherent heterogeneity between studies not explained by study design, setting, or location. Conclusions: Meta-analysis of existing studies does not support a protective or harmful association between ADMs use and risk of lung cancer in patients with DM. There was considerable heterogeneity across studies, and future, well-designed, prospective studies would be required for better understanding of any association.

Keywords: Anti-Diabetic Medications, Association, Bias, Cancer, Case-Control, China, Citation, Cohort, Conference, Confidence, Confidence Intervals, Design, Developing, Diabetes, Diabetes Mellitus, Diabetes Mellitus Patients, Epidemiology, From, Heterogeneity, Increases, Influence, Insulin, Intervals, Knowledge, Location, Lung, Lung Cancer, Lung Cancer Risk, Materials, Measures, Meta Analysis, Meta-Analysis, Meta-Regression, Metaanalysis, Metformin, Methods, Observational, Observational Studies, Patients, Prediction, Prevention, Proceedings, Prospective, Prospective Studies, Prostate, Publication, Publication Bias, Regression, Results, Review, Risk, Science, Sources, Study Design, Sulfonylurea, Support, Systematic, Systematic Review, Thiazolidinediones, Understanding, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 7251.pdf

Abstract: MicroRNAs (miRNAs) act as tumor suppressors or promoters in neoplasia by regulating relative geneexpression. The association between a single nucleotide polymorphism (SNP) rs4938723 in miR-34b/c and susceptibility to cancers was inconsistent in previous studies. In this study, we conducted a literature search of PubMed, Web of Science and Embase to identify all relevant studies in this meta-analysis with 6,036 cases and 6,204 controls. We found that the miR-34b/c rs4938723 polymorphism was significantly associated with increased risk of cancers in the heterozygous model (TC versus TT, OR=1.09, 95% CI=1.01-1.18, P=0.02). Subgroup analysis also revealed increased risk for Asian ethnicity in the heterozygous model (TC versus TT, OR=1.12, 95% CI=1.02-1.22, P=0.02), but decreased risk of colorectal cancer in homozygote model (CC versus TT, OR=0.66, 95% CI=0.47-0.92, P=0.02) and in the recessive model (CC versus TC+TT, OR=0.67, 95% CI=0.48-0.93, P=0.02) by cancer type. The current meta-analysis indicated that the miR-34b/c rs4938723 polymorphism may decrease susceptibility to colorectal cancer. Well-designed studies with larger sample size are required to further validate the results.

Keywords: Analysis, Asian, Association, Cancer, Colorectal Cancer, Colorectal-Cancer, Ethnicity, Hepatocellular-Carcinoma, Literature, Literature Search, Meta Analysis, Meta-Analysis, Metaanalysis, Microrna, Mir-34b, C, Model, Polymorphism, Potentially Functional Polymorphism, Pri-Mir-34b, C, Promoter Region, Pubmed, Risk, Rs4938723, Sample Size, Science, Single-Nucleotide Polymorphisms, Size, Snp, Susceptibility, Tumor, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 7625.pdf

Abstract: Breast cancer is the most common cancer among women worldwide. The primary aim of this work was to provide an in-depth evaluation of research publications in the field of diets and breast cancer. The impact of economic outcome on national academic productivity was also investigated. Data were retrieved using Pubmed for English-language publications. The search included all research for which articles included words relating to “diets and breast cancer”. Population and national income data were obtained from publicly available databases. Impact factors for journals were obtained from Journal Citation Reports (R) (Thomson Scientific). There were 2,396 publications from 60 countries in 384 journals with an impact factor. Among them, 1,652 (68.94%) publications were Original articles. The United States had the highest quantity (51% of total) and highest of mean impact factor (8.852) for publication. Sweden had the highest productivity of publication when adjusted for number of population (6 publications per million population). Publications from the Asian nation increased from 5.3% in 2006 to 14.6% in 2012. The Original article type was also associated with geography (p<0.001; OR=2.183; 95% CI=1.526-3.123), Asian countries produced more proportion of Original articles (82%) than those of rest of the world (67.6%). Diets and breast cancer-associated research output continues to increase annually worldwide including publications from Asian countries. Although the United States produced the most publications, European nations per capita were higher in publication output.

Keywords: Academic Productivity, Analysis, Article, Articles, Asian, Bibliometric, Bibliometric Analysis, Breast, Breast Cancer, Cancer, Citation, Countries, Country Distribution, Data, Databases, Diets, Economic, Evaluation, Field, From, Geography, Impact, Impact Factor, Impact Factors, Journal, Journal Citation Reports, Journals, Nations, Oncology, Original Articles, Outcome, Patterns, Population, Primary, Productivity, Publication, Publications, R, Research, Research Output, Research Productivity, Risk, Sweden, United States, Women, Work, World

? Yuan, Q., Liu, J.W., Xing, C.Z. and Yuan, Y. (2014), Associations of ERCC4 rs1800067 polymorphism with cancer risk: An updated meta-analysis. *Asian Pacific Journal of Cancer Prevention*, **15** (18), 7639-7644.

Full Text: 2014\Asi Pac J Can Pre15, 7639.pdf

Abstract: Background: Results from previous studies concerning the association of ERCC4 rs1800067 polymorphism with risk of cancer were inconsistent. To explore the exact relation with susceptibility, we conducted the present meta-analysis. Materials and Methods: Literature of electronic databases including PubMed, Web of Science, EMBASE, Wanfang and Chinese National Knowledge Infrastructure (CNKI) were systematically searched. ORs and their 95% CIs were used to assess the strength of associations between ERCC4 polymorphism and cancer risk. Results: There was no significant association between ERCC4 rs1800067 AA or AG genotypes and overall risk of cancer (AA vs. GG: OR=0.998, 95% CI=0.670-1.486, P=0.992; AG vs. GG: OR=0.970, 95% CI=0.888-1.061, P=0.508). A dominant genetic model also did not demonstrate significant association of (AA+AG) genotype carriers with altered risk of overall cancer (OR=0.985, 95% CI=0.909-1.068, P=0.719). In addition, no significant association was observed between A allele of ERCC4 rs1800067 A/G polymorphism and altered cancer risk compared with G allele (OR=0.952, 95% CI=0.851-1.063, P=0.381). Subgroup analysis suggested that AA genotype carriers were significantly associated with decreased risk of glioma compared with wild-type GG genotype individuals (OR=0.523, 95% CI=0.275-0.993, P=0.048). For subgroup of lung cancer, A allele of ERCC4 rs1800067 A/G polymorphism was significantly associated with decreased risk of lung cancer compared with G allele (OR=0.806, 95% CI=0.697-0.931, P=0.003). Conclusions: This meta-analysis indicated that ERCC4 rs1800067 A/G polymorphism might not be associated with risk of overall cancer. However, individuals with the AA genotype were associated with significantly reduced risk of glioma compared with wild-type GG genotype; The A allele was associated with significantly reduced risk of lung cancer compared with G allele. Future large-scale studies performed in multiple populations are warranted to confirm our results.

Keywords: African-Americans, Ag, Analysis, Association, Breast-Cancer, Cancer, Cancer Risk, Chinese, Chinese Population, Colorectal-Cancer, Databases, Dna-Repair, Embase, Ercc4, From, Gene Polymorphisms, Genetic, Gg, Glioma, Knowledge, Literature, Lung, Lung Cancer, Lung-Cancer, Materials, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Nucleotide Excision-Repair, Polymorphism, Populations, Prostate-Cancer, Pubmed, Results, Risk, Science, Smoking, Strength, Susceptibility, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 7941.pdf

Abstract: Catechol-O-methyltransferase (COMT) is involved in estrogen metabolism and is vital to estrogen-induced carcinogenesis, including that of ovarian cancer. Although many recent epidemiologic studies have investigated associations between the COMT rs4680 polymorphism and ovarian cancer risk, the results remain inconclusive. We therefore performed a meta-analysis to derive a more precise estimate of associations. Systematic searches of the PubMed, Embase, Web of Science, Cochrane Library, Wanfang, China National Knowledge Infrastructure, and Chinese Biomedicine databases were undertaken to retrieve eligible studies. Odds ratios (ORs) with their corresponding 95% confidence intervals (CIs) were pooled to assess the strength of the association. In total, 8 case-control studies involving 1,293 cases and 2,647 controls were included in the meta-analysis. Overall, the results showed no evidence of significant association between the COMT rs4680 polymorphism and ovarian cancer risk in any of the assessed genetic models. Subgroup analyses by ethnicity also did not reveal any significant association in any genetic model (p>0.05). In conclusion, our findings suggest that the COMT rs4680 polymorphism may not contribute to the risk of ovarian cancer.

Keywords: Analyses, Association, Bias, Biomedicine, Breast-Cancer, Cancer, Cancer Risk, Case-Control, Case-Control Studies, Catechol-O-Methyltransferase, China, Chinese, Chinese Population, Comt, Confidence, Confidence Intervals, Databases, Estrogen, Ethnicity, Evidence, From, Genetic, Genetic Polymorphisms, Intervals, Knowledge, Meta - Analysis, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolism, Model, Models, Ovarian Cancer, Polymorphism, Pubmed, Recent, Risk, Science, Strength, Susceptibility, Systematic, Val158met Polymorphism, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 8177.pdf

Abstract: Background: Blocking angiogenesis by targeting vascular endothelial growth factor (VEGF) signaling pathway to inhibit tumor growth has proven to be successful in treating a variety of different metastatic tumor types, including kidney, colon, ovarian, and lung cancers, but its role in castration-resistant prostate cancer (CRPC) is still unknown. We here aimed to determine the efficacy and toxicities of anti-VEGF agents in patients with CRPC. Materials and Methods: The databases of PubMed, Web of Science and abstracts presented at the American Society of Clinical Oncology up to March 31, 2014 were searched for relevant articles. Pooled estimates of the objective response rate (ORR) and prostate-specific antigen (PSA) response rate (decline >= 50%) were calculated using the Comprehensive Meta-Analysis (version 2.2.064) software. Median weighted progression-free survival (PFS) and overall survival (OS) time for anti-VEGF monotherapy and anti-VEGF-based doublets were compared by two-sided Student’s t test. Results: A total of 3,841 patients from 19 prospective studies (4 randomized controlled trials and 15 prospective nonrandomized cohort studies) were included for analysis. The pooled ORR was 12.4% with a higher response rate of 26.4% (95% CI, 13.6-44.9%) for anti-VEGF-based combinations vs. 6.7% (95% CI, 3.5-12.7%) for anti-VEGF alone (p=0.004). Similarly, the pooled PSA response rate was 32.4% with a higher PSA response rate of 52.8% (95% CI: 40.2-65.1%) for anti-VEGF-based combinations vs. 7.3% (95% CI, 3.6-14.2%) for anti-VEGF alone (p<0.001). Median PFS and OS were 6.9 and 22.1 months with weighted median PFS of 5.6 vs. 6.9 months (p<0.001) and weighted median OS of 13.1 vs. 22.1 months (p<0.001) for anti-VEGF monotherapy vs. anti-VEGF-based doublets. Conclusions: With available evidence, this pooled analysis indicates that anti-VEGF monotherapy has a modest effect in patients with CRPC, and clinical benefits gained from anti-VEGF-based doublets appear greater than anti-VEGF monotherapy.

Keywords: 2nd-Line Treatment, Analysis, Angiogenesis, Angiogenesis Inhibitors, Articles, Benefits, Cancer, Castration-Resistant, Castration-Resistant Prostate Cancer, Clinical, Cohort, Databases, Efficacy, Endothelial Growth-Factor, Estimates, Evidence, From, Growth, Growth Factor, Hematologic Toxicities, Kidney, Lung, Lung-Cancer, Materials, Median, Meta Analysis, Meta-Analysis, Metaanalysis, Metastatic, Metastatic Colorectal-Cancer, Methods, Oncology, Overall Survival, Patients, Phase-3 Trial, Pooled Analysis, Prospective, Prospective Studies, Prostate Cancer, Pubmed, Randomized, Randomized Controlled Trials, Randomized Controlled-Trials, Renal-Cell Carcinoma, Response, Results, Role, Science, Signaling, Software, Survival, T, Targeting, Thromboembolic Events, Toxicity, Tumor, Tumor-Growth, Vascular Endothelial Growth Factor, Vegf, Vegf Inhibitors, Version, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 8361.pdf

Abstract: This meta-analysis was performed to assess the implementation effects of clinical pathways in patients with gastrointestinal cancer. A comprehensive search was conducted in the Cochrane Library, PubMed, EMBASE, Web of Science and Chinese Biomedical Literature Database (from inception to May 2014). Selection of studies, assessing risk of bias and extracting data were performed by two reviewers independently. Outcomes were analyzed by fixed-effects and random-effects model meta-analysis and reported as mean difference (MD), standardized mean difference (SMD) and odds ratio (OR) with 95% confidence intervals (CI). The Jadad methodological approach was used to assess the quality of included studies and the meta-analysis was conducted with RevMan 5.1 software. Nine citations (eight trials) involving 642 patients were included. The aggregate results showed that a shorter average length of stay [MD = -4.0; 95% CI (-5.1, -2.8); P < 0.00001] was observed with the clinical pathways as compared with the usual care. A reduction in inpatient expenditure [SMD = -1.5; 95% CI (-2.3, -0.7); P = 0.0001] was also associated with clinical pathways, along with higher patient satisfaction [OR = 4.9; 95% CI (2.2, 10.6); P < 0.0001]. Clinical pathways could improve the quality of care in patients with gastrointestinal cancer, as evidenced by a significant reduction in average length of stay, a decrease in inpatient expenditure and an improvement in patient satisfaction. Therefore, indicators and mechanisms within clinical pathways should be a focus in the future.

Keywords: Approach, Assessing, Bias, Biomedical, Cancer, Care, Chinese, Citations, Clinical, Clinical Pathways, Confidence, Confidence Intervals, Data, Database, Effects, Embase, Expenditure, From, Gastrointestinal, Gastrointestinal Cancer, Hospital Costs, Impact, Implementation, Improvement, Indicators, Intervals, Length, Length Of Stay, Literature, Mechanisms, Meta Analysis, Meta-Analysis, Metaanalysis, Model, Odds Ratio, Outcomes, P, Pathways, Patient Satisfaction, Patients, Pubmed, Quality, Quality Of, Quality Of Care, Random Effects Model, Reduction, Reviewers, Risk, Satifaction, Satisfaction, Science, Software, Stay, Surgery, Trials, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 8689.pdf

Abstract: Purpose: To evaluate the recent incidence and mortality of and scientific research trends in cervical cancer in Mexican females. Materials and Methods: Data between 2000 and 2010 from the Department of Epidemiology of the Ministry of Health, and International Agency for Research on Cancer (IARC) of World Health Organization were analyzed, and age-standardized rates (ASRs) were calculated. In addition, scientific research data were retrieved from the Web of Science database from 2003 to 2012, using different terms related to cervical cancer. Results: The incidence rate decreased during last five years, while mortality rates showed an annual decrease of 4.93%. A total of 780 articles were retrieved, and the institutions with the majority of publications were National Autonomous University of Mexico (34.87%), Social Security Mexican Institute (16.02%), and National Institute of Cancerology (15%). The main types of research were treatment, diagnosis, and prevention. Conclusions: The above results show that incidence of cervical cancer decreased over time in Mexico during last five years; similarly, the downturn observed in mortality mainly reflects improved survival as a result of earlier diagnosis and cancer treatment. Also, this article demonstrates the usefulness of bibliometrics to address key evaluation questions and to establish priorities, define future areas of research, and develop cervical cancer control strategies in Mexico.

Keywords: Agency, Article, Articles, Bibliometric, Bibliometrics, Cancer, Cancer Treatment, Cervical Cancer, Control, Control Strategies, Data, Database, Diagnosis, Epidemiology, Evaluation, From, Health, Incidence, Institutions, International, Knowledge, Materials, Methods, Mexico, Mortality, Performance, Prevention, Publications, Rates, Recent, Research, Research Data, Research Trends, Results, Risk, Science, Scientific Research, Security, Survival, Treatment, Trends, Types Of Research, University, Web, Web Of Science, World Health Organization

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Full Text: 2014\Asi Pac J Can Pre15, 9107.pdf

Abstract: Purpose: To investigate and study the relationship between the PLCE1 rs2274223 gene polymorphism and susceptibility to esophageal cancer by meta-analysis. Materials and Methods: The literature was searched in Wanfang, CNKI, PubMed, CBM, Web of Science, MEDLINE, EMBASE, Springer, Elsevier and Cochrane databases from the date of January 1st 2004 to April 1st 2014 to collect case-control studies on the PLCE1 polymorphism and susceptibility to esophageal cancer. For the population genotype distributions of both esophagus cancer and control groups, their odds ratios (ORs) and 95% confidence intervals (CIs) were taken as effect indexes. Disqualified studies were excluded. Odds ratios of PLCE1 rs2274223 genotype distributions in the group of patients with esophageal cancer and the group of healthy control were calculated. The meta-analysis software, RevMan5.0, was applied for heterogeneity test, pooled OR and 95% confidence intervals. Sensitivity analysis and publication bias were also explored. Results: A total of twelve case-control studies were included, covering a total of 9, 912 esophageal cancer cases and 13, 023 controls were included. The pooled odds ratio of PLCE1 rs2274223 genotype GA vs AA was 1.29 (95% CI=1.17 similar to 1.43), p<0.01, GG vs AA was 1.65 (95% CI=1.32 similar to 2.05), p<0.01, GG/GA vs AA was 1.30 (95% CI=1.16 similar to 1.46), p<0.01 and GG vs GA/AA was 1.48 (95% CI=1.22 similar to 1.80), p<0.01. The PLCE1 rs2274223 polymorphism was thus associated with risk of esophageal cancer in all genetic models. In the stratified analysis by ethnicity, and source of controls, no significantly increased risk was observed for white persons. There was no obvious publication bias detected. Conclusions: This meta-analysis showed there was a significantly association between PLCE1 rs2274223 polymorphism and esophageal cancer in yellow race populations. Due to some minor limitations, our findings should be confirmed in further studies.

Keywords: Analysis, Association, Bias, Cancer, Case-Control, Case-Control Studies, Case-Control Study, Confidence, Confidence Intervals, Control, Control Groups, Databases, Embase, Esophageal, Esophageal Cancer, Ethnicity, From, Gene, Gene Polymorphism, Genetic, Genetic Association, Genome-Wide Association, Genotype, Gg, Groups, Heterogeneity, Intervals, Literature, Locus, Materials, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Minor, Models, Odds Ratio, Patients, Plce1, Plce1 Rs2274223, Polymorphism, Population, Populations, Publication, Publication Bias, Pubmed, Race, Results, Risk, Science, Sensitivity, Sensitivity Analysis, Software, Source, Springer, Squamous-Cell Carcinoma, Susceptibility, Upper Gastrointestinal Cancers, Web, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 9535.pdf

Abstract: Background: Identifying risk factors of breast cancer is a key point for preventive strategies to reduce the incidence. The aim of current study was to determine most important risk factors for breast cancer in the Eastern Mediterranean Region (EMR) using a systematic review. Materials and Methods: PubMed, Scopus, Web of Science till August 24, 2012 and the reference lists of all included studies were searched. Analytic studies which had reported odds ratios (OR), relative risk (RR) or required data to calculate them were included. A total of 343 studies were critically appraised and finally 30 studies were meta-analyzed. Heterogeneity between the studies was assessed by I-2 and Cochran’s Q. Egger’s test was used to assess publication bias. Results: Twenty five case-control studies, one nested case-control and four cohort studies were included. The largest ORs were obtained for history of no live birth (2.25; 95% CI: 1.58-3.18), body mass index (BMI) more than 30 (2.21; 95% CI: 1.71-2.36), age at first pregnancy more than 30 years old (1.52; 95% CI: 1.30-1.77) and meat consumption more than three times per week (1.39; 95% CI: 1.03-1.87). The other important predictors were higher education and smoking as risk factors, physical activity and ovulatory stimulating medication as protective factors. Conclusions: The most important predictors of breast cancer in EMR were history of no live birth, BMI more than 30, age at first pregnancy more than 30 years old, physical inactivity and smoking. Almost all these risk factors are consistent with known risk factors for this cancer in other parts of the world.

Keywords: Activity, Age, Alcohol, Association, Bias, Birth, BMI, Body Mass Index, Breast, Breast Cancer, Cancer, Carbohydrate, Case-Control, Case-Control Studies, Cohort, Consumption, Data, Eastern Mediterranean, Eastern Mediterranean Region, Education, EMR, Factors, First, Higher Education, History, Incidence, Index, Iran, Jewish, Live Birth, Materials, Mediterranean, Meta-Analysis, Methods, Nested, Pakistani Population, Physical, Physical Activity, Predictors, Pregnancy, Publication, Publication Bias, Pubmed, Reference, Reference Lists, Relative Risk, Results, Review, Risk, Risk Factors, Science, Scopus, Smoking, Systematic, Systematic Review, Till, Tobacco, Web, Web Of Science, World, Young-Women

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Full Text: 2014\Asi Pac J Can Pre15, 9661.pdf

Abstract: Background: A number of studies have identified a shared susceptibility locus in phospholipase C epsilon 1 (PLCE1) for esophageal squamous cell carcinoma (ESCC) and gastric cardia adenocarcinomas (GCA). However, the results of PLCE1 expression in esophageal and gastric cancer remain inconsistent and controversial. Moreover, the effects on clinicopathological features remain undetermined. This study aimed to provide a precise quantification of the association between PLCE1 expression and the risk of ESCC and GCA through meta-analysis. Materials and Methods: Eligible studies were identified from PubMed, Wanfang Data, ISI Web of Science, and the Chinese National Knowledge Infrastructure databases. Using RevMan5.2 software, pooled odds ratios (ORs) with 95% confidence intervals (CIs) were employed to assess the association of PLCE1 expression with clinicopathological features relative to ESCC or GCA. Results: Seven articles were identified, including 761 esophageal and gastric cancer cases and 457 controls. Overall, we determined that PLCE1 expression was associated with tumor progression in both esophageal cancers (pooled OR=5.93; 95% CI=3.86 to 9.11) and gastric cancers (pooled OR=9.73; 95% CI=6.46 to 14.7). Moreover, invasion depth (pooled OR=3.62; 95% CI=2.30 to 5.70) and lymph node metastasis (pooled OR=4.21; 95% CI=2.69 to 6.59) were linked with PLCE1 expression in gastric cancer. However, no significant associations were determined between PLCE1 overexpression and the histologic grade, invasion depth, and lymph node metastasis in esophageal cancer. Conclusions: Our meta-analysis results indicated that upregulated PLCE1 is significantly associated with an increased risk of tumor progression in ESCC and GCA. Therefore, PLCE1 expression can be appropriately regarded as a promising biomarker for ESCC and GCA patients.

Keywords: Articles, Association, Biomarker, Cancer, Carcinoma, Cell, Chinese, Confidence, Confidence Intervals, Data, Databases, Effects, Epsilon, Escc, Esophageal, Esophageal Cancer, Esophageal Cancers, Esophageal Squamous Cell Carcinoma, Expression, From, Gastric, Gastric Cancer, Gastrointestinal, Gene-Expression, Genome-Wide Association, Intervals, ISI, ISI Web Of Science, Kazakh Patients, Knowledge, Materials, Meta Analysis, Meta-Analysis, Metaanalysis, Metastasis, Methods, Patients, Phospholipase C, Phospholipase-C, Plce1, Population, Prognostic, Progression, Pubmed, Quantification, Results, Review, Risk, Rna Interference, Science, Software, Squamous Cell Carcinoma, Squamous-Cell Carcinoma, Susceptibility, Systematic, Systematic Review, Tumor, Upper Gastrointestinal Cancer, Value, Web, Web Of Science

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Full Text: 2014\Asi Pac J Can Pre15, 9693.pdf

Abstract: Background: Associations between the 8473T>C polymorphism (rs5275) in the cyclooxygenase-2 (COX-2) gene and breast cancer (BC) risk are still inconclusive and ambiguous. The aim of this meta-analysis was to comprehensively estimate the genetic risk of 8473T>C polymorphism in the COX-2 gene for BC. Materials and Methods: We searched PubMed, Web of Science, Medline, Chinese biomedical (CBM), Weipu, China national knowledge infrastructure (CNKI), and Wanfang databases, covering all publications (last search was updated on Aug 17, 2014). Statistical analyses were performed using Revman 5.3 and STATA 10.0 software. Results: A total of 6,720 cases and 9,794 controls in 12 studies were included in this study. The results indicated no significant associations between the 8473T>C polymorphism of the COX-2 gene and BC risk for the CC+TC vs TT model (pooled odds ratio (OR)=0.97, 95% confidence interval (CI)=0.90-1.03, and p=0.29). On subgroup analysis, we also found that subdivision on ethnicity among Caucasians, Asians and others also revealed no relationship with BC susceptibility. With the study design (CC+TC vs TT), no significant associations were found in either population-based case-control studies (PCC), or hospital-based case-control studies (HCC). Conclusions: This present meta-analysis suggests that the 8473T>C polymorphism in the COX-2 gene is not a conspicuous low-penetrant risk factor for developing BC.

Keywords: Analyses, Analysis, Asians, Association, Bc, Bias, Biomedical, Breast, Breast Cancer, Cancer, Carcinoma, Case-Control, Case-Control Studies, China, Chinese, Chinese Population, Confidence, Cox-2, Cox-2 Gene, Cox2, Cyclooxygenase-2, Cyclooxygenase-2 (Cox-2), Databases, Design, Developing, Ethnicity, Expression, Gene, Genetic, Hcc, Infrastructure, Interval, Knowledge, Lung-Cancer, Materials, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Nonsteroidal Antiinflammatory Drugs, Odds Ratio, Pcc, Polymorphism, Population Based, Population-Based, Ptgs2, Publications, Pubmed, Results, Risk, Risk Factor, Science, Software, Study Design, Susceptibility, Web, Web Of Science, Women

? Huang, Y.Z., Wu, W., Wu, K., Xu, X.N. and Tang, W.R. (2014), Association of RASSF1A promoter methylation with lung cancer risk: A meta-analysis. *Asian Pacific Journal of Cancer Prevention*, **15** (23), 10325-10328.

Full Text: 2014\Asi Pac J Can Pre15, 10325.pdf

Abstract: RASSF1A, regarded as a candidate tumor suppressor, is frequently silenced and inactivated by methylation of its promoter region in many human tumors. However, the association between RASSF1A promoter methylation and lung cancer risk remains unclear. To provide a more reliable estimate we conducted a meta-analysis of cohort studies to evaluate the potential role of RASSF1A promoter methylation in lung carcinogenesis. Relevant studies were identified by searches of PubMed, Web of Science, ProQest and Medline databasesusing the following key words: ‘lung cancer or lung neoplasm or lung carcinoma’, ‘RASSF1A methylation’ or ‘RASSF1A hypermethylation’. According to the selection standard, 15 articles were identified and analysised by STATA 12.0 software. Combined odds ratio (OR) and 95% confidence interval (CI) were used to assess the strength of the association between RASSF1A promoter methylation and lung cancer risk. A chi-square-based Q test and sensitivity analyses were performed to test between-study heterogeneity and the contributions of single studies to the final results, respectively. Funnel plots were carried out to evaluate publication bias. Overall, a significant relationship between RASSF1A promoter methylation and lung cancer risk (OR, 16.12; 95%CI, 11.40-22.81; p<0.001) with no between-study heterogeneity. In subgroup analyses, increased risk of RASSF1A methylation in cases than controls was found for the NSCLC group (OR, 13.66, 95%CI, 9.529-19.57) and in the SCLC group (OR, 314.85, 95%CI, 48.93-2026.2).

Keywords: Analyses, Articles, Association, Bias, Biomarker, Breast, Cancer, Cancer Risk, Carcinoma, Cohort, Confidence, Dna, Heterogeneity, Human, Hypermethylation, Identification, Inactivation, Interval, Lung, Lung Cancer, Lung Cancer Risk, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methylation, Neoplasm, Nonsmall, Nsclc, NSCLC And SCLC, Odds Ratio, Potential, Publication, Publication Bias, Pubmed, Rar-Beta Genes, Rassf1a, Region, Risk, Role, Science, SCLC, Selection, Sensitivity, Software, Standard, Strength, Tumor, Web, Web Of Science

? Fallahzadeh, H., Cheraghi, M., Amoori, N. and Alaf, M. (2014), Red meat intake and risk of non-hodgkin lymphoma: A meta-analysis. *Asian Pacific Journal of Cancer Prevention*, **15** (23), 10421-10425.

Full Text: 2014\Asi Pac J Can Pre15, 10421.pdf

Abstract: Background: While the incidence of non-Hodgkins lymphoma (NHL) has been rising worldwide, the reasons remain undefined. Recent research has focused on effect of red andf processed meat intake as a risk factor, but with inconclusive results. We therefore conducted a meta-analysis of data published to date, to ascertain the overall association between intake and NHL. Materials and Methods: A published literature search was performed through Pubmed, Cochrane Library, Medline, and Science Citation Index Expanded databases for articles published in English. Pooled odds ratios (ORs) and 95% confidence intervals (95% CIs) were calculated using random or fixed effects models. Heterogeneity was assessed using Chi-square and I2 statistics. Dissemination bias was evaluated by funnel plot analysis. We performed a formal meta-analysis using summary measures from these studies. Results: In total, 11 published studies were included in the final analysis. The combined analysis revealed that there was significant association between the red meat and NHL risk (OR=1.10, 95% CI: 1.02 to 1.19, p=0.01). Additionally, there was showed significance association between processed red meat and NHL risk (OR=1.17, 95% CI: 1.06 to 1.29, p=0.001). In subgroup analysis, a statistical significant association was noted between diffuse large B-cell lymphoma (DLBCL) (OR=1.20, 95% CI: 1.04 to 2.37, P=0.01) and red meat intake. Conclusions: In this meta-Analysis, there was evidence for association between consumption of red meat, or processed meat and risk of NHL, particularly with the DLBCL subtype in the red meat case.

Keywords: Analysis, Articles, Association, Bias, Cancer, Chi-Square, Citation, Cohort, Confidence, Confidence Intervals, Consumption, Data, Databases, Diet, Dissemination, Effects, English, Evidence, From, Incidence, Intervals, Literature, Literature Search, Lymphoma, Materials, Measures, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Non-Hodgkins Lymphoma, Recent, Red Meat, Research, Results, Risk, Risk Factor, Science, Science Citation Index, Science Citation Index Expanded, Significance, Statistics, Women

? Su, M., Yin, Z.H., Wu, W., Li, X.L. and Zhou, B.S. (2014), Meta-analysis of associations between ATM Asp1853Asn and TP53 Arg72Pro polymorphisms and adverse effects of cancer radiotherapy. *Asian Pacific Journal of Cancer Prevention*, **15** (24), 10675-10681.

Full Text: 2014\Asi Pac J Can Pre15, 10675.pdf

Abstract: Background: The ataxia telangiectasia mutated (ATM) protein and p53 play key roles in sensing and repairing radiation-induced DNA double strand breaks (DSBs). Accumulating epidemiological evidence indicates that functional genetic variants in ATM and TP53 genes may have an impact on the risk of radiotherapy-induced side effects. Here we performed a meta-analysis to investigate the potential interaction between ATM Asp1853Asn and TP53 polymorphisms and risk of radiotherapy-induced adverse effects quantitatively. Materials and Methods: Relevant articles were retrieved from PubMed, ISI Web of Science and the China National Knowledge Infrastructure (CNKI) databases. Eligible studies were selected according to specific inclusion and exclusion criteria. Odds ratios (ORs) and 95% confidence intervals (CIs) were pooled to estimate the association between ATM Asp1853Asn and TP53 Arg72Pro polymorphisms and risk of radiotherapy adverse effects. All analyses were performed using the Stata software. Results: A total of twenty articles were included in the present analysis. In the overall analysis, no significant associations between ATM Asp1853Asn and TP53 Arg72Pro polymorphisms and the risk of radiotherapy adverse effects were found. We conducted subgroup analysis stratified by type of cancer, region and time of appearance of side effects subsequently. No significant association between ATM Asp1853Asn and risk of radiotherapy adverse effects was found in any subgroup analysis. For TP53 Arg72Pro, variant C allele was associated with decreased radiotherapy adverse effects risk among Asian cancer patients in the stratified analysis by region (OR=0.71, 95% CI: 0.54-0.93, p=0.012). No significant results were found in the subgroup analysis of tumor type and time of appearance of side effects. Conclusions: The TP53 Arg72Pro C allele might be a protective factor of radiotherapy-induced adverse effects among cancer patients from Asia. Further studies that take into consideration treatment-related factors and patient lifestyle including environmental exposures are warranted.

Keywords: Adverse Effects, Analyses, Analysis, Articles, Asia, Asian, Association, Ataxia-Telangiectasia, Atm, Breast-Cancer, Cancer, China, Common Variants, Confidence, Confidence Intervals, Criteria, Databases, Dna, Dna-Damage, Effects, Environmental, Evidence, Exposures, Factors, From, Genes, Genetic, Genetic Polymorphisms, Genetic Variants, Impact, Interaction, Intervals, Isi, Isi Web Of Science, Knowledge, Materials, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Normal Tissue, P53, Patient, Patients, Polymorphisms, Potential, Prostate-Cancer, Protein, Pubmed, Radiation, Radiotherapy, Region, Results, Risk, Science, Sequence Variants, Side Effects, Single Nucleotide Polymorphisms, Software, Stata, Toxicity, Tp53, Tumor, Web, Web Of Science

# Title: Asian Pacific Journal of Tropical Medicine

Full Journal Title: Asian Pacific Journal of Tropical Medicine

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Wang, W., Li, Y.Z., Li, H.J., Xing, Y.T., Qu, G.L., Dai, J.R. and Liang, Y.S. (2012), Immunodiagnostic efficacy of detection of Schistosoma japonicum human infections in China: A meta analysis. *Asian Pacific Journal of Tropical Medicine*, **5** (1), 15-23.

Full Text: [2012\Asi Pac J Tro Med5, 15.pdf](2012/Asi%20Pac%20J%20Tro%20Med5,%2015.pdf)

Abstract: objective: To assess the diagnostic efficacy of the currently most widely used indirect hemagglutination assay (IHA) and enzyme-linked immunosorbent assay (ELISA) for detection of Schistosoma japonicum human infections. Methods: A comprehensive search was undertaken from China National Knowledge Infrastructure, Wanfang Database, VIP Database, PubMed, Cochrane Library, Science Citation Index Expanded, Proquest, and the inclusion and exclusion criteria were strictly settled. The funnel plot was used to assess the publication bias, Cochran’s Q test was employed to measure the homogeneity between studies, a summary receiver operating characteristic (SROC) curve was used to compare the diagnostic accuracy between the IHA and ELISA qualitatively by means of the Weighted Least Square method, the Ordinary Least Square method and the Robust regression method, and the diagnostic odds ratio (DOR) was drawn to compare the accuracy quantitatively. Results: Out of 785 publications, 19 papers were eventually selected for analysis. Literature quality assessment indicated that minor publication bias existed in studies pertaining IHA test, but no bias was found in literatures regarding ELISA test. The heterogeneity test showed a heterogeneity between studies was present chi(2)=466.07 and 34.67, both P values < 0.0001). The areas under the SROC curves of IHA were all higher than that of ELISA test using the three methods (Weighted Least Square method: 0.766 vs. 0.695, Ordinary Least Square method: 0.826 vs. 0.741, Robust regression: 0.815 vs. 0.715). The TPR\* values for IHA and ELISA were 0.710, 0.759, 0.749, and 0.650, 0.686 and 0.666, respectively, and OR values were 5.997, 9.937, 8.893, and 3.432, 4.784 and 3.959, respectively. The DOR of IHA was 9.41 (95% CI: 4.88-18.18), and 4.78 (95% CI: 3.21-7.13) for ELISA. Conclusions: All above results revealed that the diagnostic performance of IHA is better than that of ELISA. However, taking into account their unsatisfactory diagnostic value in areas with low infection intensity, a search for a better diagnostic test that can be applied in field situations in China should be given high priority.

Keywords: 3 Gorges Dam, Accuracy, Analysis, Assay, Assessment, Bank Loan Project, Bias, China, Citation, Climate-Change, Cochrane, Database, Diagnosis, Diagnostic Efficacy, Diagnostic Test, Dipstick Dye Immunoassay, Economic-Evaluation, Efficacy, Elisa, Enzyme-Link Immunosorbent Assay, Human, Immunodiagnosis, Impact, Indirect Hemagglutination Assay, Infection, Knowledge, Literature, Low, Meta Analysis, Meta-Analysis, Methods, Papers, Priority, Publication, Publication Bias, Publications, Pubmed, Quality, Ratio, Republic-of-China, Schistosomiasis Japonica, Science, Science Citation Index, Science Citation Index Expanded, Transmission

? Lei, Y., Tan, B.J., Zou, Z., Zhang, M.M., Song, R.P., Qu, S.H. and Li, J. (2014), Publication patterns and citation analysis of APJTM during 2008 and June 2014. *Asian Pacific Journal of Tropical Medicine*, **7** (8), 650-654.

Full Text: 2014\Asi Pac J Tro Med7, 650.pdf

Abstract: Objective: To draw on data about publication patterns and citation indicators of Asian Pacific Journal of Tropical Medicine (APJTM) during 2008 and June 2014 in order to know about the current state of the journal. Methods: Data used in this study were collected based on publications in APJTM from 2008 to June, 2014. Information including publication issue, type of manuscript, country/region of corresponding author, funded research paper, and international collaboration were aggregated and analyzed with Excel software. Citation indicators including total cites, average cites of each manuscript, h index, and impact factors were primarily drawn from Web of Science (TM) database on June 15, 2014 and changes over the past six and half years were interpreted. The top 10 most cited papers in Web of Science (TM) database were also analyzed. Results: Number of all submissions has arisen from less than 200 in 2008 to over 1 500 in 2013, manuscript acceptance rate has decreased to be less than 14.00% indicating its improvement in quality over this period of time. Out of the 1 115 publiations, 23.77% were fruits of funded projects or produced by funded co-authors, 87.08% of all publications in APJTM were submited by authors from 10 most contributed countries. During the studied period, each published manuscript in the journal has received an average of 1.05 cites, and at least 10 publications has been cited for more 10 times. Conclusion: Detailed analysis shows APJTM has made great progress over the past six and half years, but authors’ originating countries are still disproportionate. Efforts should be made to improve its citation indicators.

Keywords: Acceptance, Analysis, Asian, Asian Pacific Journal Of Tropical, Authors, Changes, Citation, Citation Analysis, Citation Indicators, Co-Authors, Collaboration, Data, Database, Fruits, H Index, H-Index, Impact, Impact Factors, Improvement, Index, Indicators, Information, International, International Collaboration, Journal, Medicine, Methods, Papers, Progress, Publication, Publication Patterns, Publications, Quality, Research, Results, Science, Software, State, Tropical Medicine, Web Of Science

# Title: Asian Survey

Full Journal Title: Asian Survey

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lee, C.S. (1981), South-Korea in 1980 - the emergence of a new authoritarian order. *Asian Survey*, **21** (1), 125-143.

Full Text: [1881\Asi Sur21, 125.pdf](1881/Asi%20Sur21,%20125.pdf)

Keywords: Emergence, South Korea

# Title: ASIST 2001: Proceedings of the 64th ASIST Annual Meeting, Vol 38, 2001

Full Journal Title: ASIST 2001: Proceedings of the 64th ASIST Annual Meeting, Vol 38, 2001

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Williams, J. and Goodrum, A. (2001), Scholarly publishing on the web: Link analysis of the top 200 highly cited computer science articles on the WWW. *ASIST 2001: Proceedings of the 64th ASIST Annual Meeting, Vol 38, 2001*, **38**, 506-516.

Abstract: This paper reports the results of a study that analyzes the link density of 200 highly cited documents appearing in ResearchIndex, an autonomous citation index of literature published on the Web. The focus of this analysis is the relationship between citations and hypertext links at the publicly available document level, Our analysis indicates no significant relationship between web-based citation counts and link density within this dataset. This would seem to indicate that link density is not analogous to citation counts among documents published on the Web. The study builds on previous work by Goodrum, McCain, Lawrence and Giles (2001) that examined the overlap between citation practice in computer science literature as it appears in SCISEARCH and as indexed on the Web using autonomous citation indexing.

Keywords: Articles, Citation, Citation Counts, Citations, Computer, Highly-Cited, Indexing, Literature, Publishing, Science, World-Wide-Web

# Title: Asist Monograph Series

Full Journal Title: Asist Monograph Series

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lederberg, J. (2000), How the Science Citation Index got started (Reprinted from Science, vol 122, pg 108-111, 1955). *Asist Monograph Series*, 25-64.

Keywords: Citation, Science Citation Index

? Borgman, C.L. (2000), Scholarly communication and bibliometrics revisited. *Asist Monograph Series*, 143-162

Keywords: Bibliometrics, Citation, Digital Library Use, Information, Issues, Web Impact Factors

? Braun, T., Glänzel, W. and Schubert, A. (2000), How balanced is the Science Citation Index’s journal coverage? A preliminary overview of macrolevel statistical data. *Asist Monograph Series*, 251-277.

Keywords: Citation, Coverage, Data, Journal

? Russell, J.M. (2000), Publication indicators in Latin America revisited. *Asist Monograph Series*, 233-250.

Abstract: This chapter discusses the implications of the structure and communication patterns of the Latin American scientific communities for the validity of publication indicators based exclusively on mainstream journal publication. Studies have suggested that scientists whose research is aimed toward advancing universal knowledge rather than the solution of local problems play a dominant role in science policy and funding decisions and in the construction of scientific excellence in the region. Mainstream publication, considered characteristic of quality scientific work, is highly favored by Latin American evaluation committees. For this reason, there is an urgent need to generate output indicators of quality work published in national and regional journals to give a more balanced picture of overall scientific achievements. Efforts made toward achieving this goal are discussed along with the need for further studies of the context and characteristics of science and technology in Latin America necessary for the generation of reliable and accurate indicators of regional activity.

Keywords: Developed-Countries, Scientific Activity, Mainstream Science, Citation Behavior, Periphery, Journals, Information, Strategies, Place

? Braun, T., Glänzel, W. and Schubert, A. (2000), How balanced is the Science Citation Index’s journal coverage? A preliminary overview of macrolevel statistical data. *Asist Monograph Series*, 251-277.

? Van Raan, A.F.J. (2000), The pandora’s box of citation analysis: Measuring scientific excellence - the last evil? *Asist Monograph Series*, 301-319.

Abstract: This paper presents an overview of advanced bibliometric methods for objective and transparent assessment of strengths and weaknesses in research performance, and monitoring of scientific developments. In the first application, we focus on the detailed analysis of research performance from an international comparative perspective. This type of analysis can be applied at different levels of aggregation, but the institutional level is particularly crucial in the “search for excellence.” We demonstrate that our recently developed indicators are very informative, despite the often poor but nonetheless dogged objections raised by opponents of bibliometric analysis. We conclude that advanced bibliometric methods are, particularly at the level of research groups (e.g., university departments and institutes) an indispensable element alongside peer review in the research evaluation process. In the second application, monitoring of scientific (basic and applied) developments, recent advances in bibliometric mapping techniques show promise. They are unique instruments to discover patterns of scientific communication, processes of knowledge dissemination, and the structural dynamics of scientific developments. We discuss “bibliometric cartography” briefly and indicate its potential for unraveling multidisciplinary developments and interfaces between science and technology. This is important, as we know that the multidisciplinary crossroads of basic and applied scientific fields are often the loci of discovery and technological innovation. We present recent, practical examples. Advanced bibliometric methods have now come to a stage of providing excitement instead of “just easy data.” They are becoming, in addition to their intrinsic value for the study of science and technology, a more and more important branch of information technology.

Keywords: Assessment, Bibliometric, Bibliometric Analysis, Bibliometric Methods, Citation, Citation Analysis, Evaluation, Impact Factors, Indicators, Information Technology, Innovation, Knowledge, Peer Review, Research, Research Evaluation, Research Performance, Science, Science and Technology, Technology

? Diamond, A.M. (2000), The complementarity of scientometrics and economics. *Asist Monograph Series*, 321-336.

Abstract: Economists, especially those of the Chicago school, value systematic empirical evidence to support generalizations concerning human behavior. Hence, when studying the behavior of academic labor markets and the efficiency of academic institutions, they have naturally turned to scientometric measures to understand the phenomena and to test their theories. Economists and scientometricians share epistemic assumptions about the value of measurement and the privileged epistemic status of science. It is therefore reasonable to hope and to expect that scientometricians and economists will find their research programs complementary.

Keywords: Cycle Research Productivity, Data Envelopment Analysis, Departments, Journals, Knowledge, Measurement, Patent Citations, Program, Publications, Replication, Research, Science, Scientific Performance, Scientometrics

? Lewison, G. (2000), Citations as a means to evaluate biomedical research. *Asist Monograph Series*, 361-372.

Abstract: Eugene Garfield developed the concept of citation of earlier papers as a means of evaluating those papers and made it not only into a science but also into a business. Despite doubts about what conventional citation analysis really means, it has been accepted worldwide as an impartial source of quantitative data on research outputs. However, founders of biomedical research are interested in innovations and in health improvements, not just the minutiae of the research method. They can now use citations on patents to the scientific literature, and citations on clinical guidelines, as proxy indicators of the utility of published papers. Some recent findings in these areas, and the beginnings of a new database of citations in newspapers, are described. However, further indicators of research utility are still needed: they will probably also depend in some way on citations, but of a different kind from those considered so far.

Keywords: Citation, Citations, Linkage, Literature, Research, Science, Technology

? Ingwersen, P., Larsen, B. and Wormell, I. (2000), Applying diachronic citation analysis to research program evaluations. *Asist Monograph Series*, 373-387.

Abstract: Diachronic versus synchronous citation analysis methods are discussed in relation to research evaluation. Using selected results from an online midterm evaluation of nine research centers funded by the Danish Strategic Environmental Research Program (1993-1998), this paper illustrates and discusses the application of five diachronic scientometric indicators. Publication activity, center and program impact factors, impact factors for journals applied by the centers, international knowledge export, and the paper-journal impact factor correlation are all shown to be well understood by the scientists involved. In an informetric sense, the indicators afford robust tools for providing fair and reliable information on publication behavior and performance. In particular, the paper-journal impact factor correlation, applying the Pearson coefficient, may contribute to further understanding of the probabilities involved in achieving high impact when scientists succeed in publishing in high impact journals. The IST databases, Science Citation Index and Social Sciences Citation Index, were used in their online versions (SciSearch and Social SciSearch) provided by Dialog Knight Ridder Information Service.

Keywords: Journal Impact, Science

? Koenig, M.E.D. and Westermann-Cicio, M. (2000), Scientometrics, cybermetics, and firm performance. *Asist Monograph Series*, 389-404

Keywords: Company, Flows, Impact, Indicators, Information, Productivity Paradox, Scientometrics, Services, Technological Innovation

# Title: Aslib Journal of Information Management

Full Journal Title: Aslib Journal of Information Management

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Rousseau, R. (2014), A note on the interpolated or real-valued h-index with a generalization for fractional counting. *Aslib Journal of Information Management*, **66** (1), 2-12.

Full Text: [2014\Asl J Inf Man66, 2.pdf](2014/Asl%20J%20Inf%20Man66,%202.pdf)

Abstract: Purpose The purpose of this paper is to extend the h-index framework to the case that articles are counted fractionally. Design/methodology/approach Three restrictions related to the standard h-index are explained: as the standard h-index is a natural number it is a rather coarse indicator; if a scientist has published a relatively small number of publications then the h-index is completely determined by the number of publications; the standard h-index cannot be applied if publications are counted fractionally, or when magnitude values smaller than one occur. Findings We recall solutions we proposed in earlier publications regarding the first two problems (the use of the interpolated h-index and of the pseudo h-index) and add a new proposal to solve the third problem. The relation between the recently introduced window/field-normalized h-type index (hwf-index) and the interpolated h-index is described. A real-world example proves the feasibility of this proposal. Research limitations/implications Colleagues have shown that the h-index and its variations have fatal flaws and hence should never be used. Yet, not everyone agrees with this opinion. Originality/value Assuming that the h-index still has some value, this paper introduces a refinement of the interpolated h-index, called the generalized interpolated h-index. In this way the h-index framework is extended to incorporate, for instance, the case that fractional counting for publications and citations is applied.

Keywords: Bibliometrics, Citation Analysis, Citations, Feasibility, First, Fractional Counting, Framework, h Index, h-Index, Index, Indicator, Interpolated h-Index, Magnitude, Natural, Publications, Purpose, Rational h-Index, Recall, Research, Restrictions, Small, Solutions, Standard, Value

? Badar, K., Hite, J.M. and Badir, Y.F. (2014), The moderating roles of academic age and institutional sector on the relationship between co-authorship network centrality and academic research performance. *Aslib Journal of Information Management*, **66** (1), 38-53.

Full Text: [2014\Asl J Inf Man66, 38.pdf](2014/Asl%20J%20Inf%20Man66,%2038.pdf)

Abstract: Purpose The purpose of this paper is to investigate whether potentially disadvantaged groups of researchers derive more research performance benefits from co-authorship network centrality (degree, closeness and betweenness). Design/methodology/approach The paper builds on Badar et al. (2013), which found positive associations of network centrality on research performance with a moderating relationship of gender for female authors. Using data from IS! Web of Science (SCI), the authors study the same domestic co-authorship network of Chemistry researcher in Pakistan publishing from years 2002-2009 and investigate the moderating role of academic age and institutional sector on the relationship between co-authorship network centrality (degree, closeness, and betweenness) and the academic research performance (aggregate impact factor) of chemistry university/institute faculty members in Pakistan. Findings Ordinary least squares (OLS)-regression findings indicated a positive relationship between degree centrality and research performance with a positive moderating relationship for both academic age and institutional sector on the relationship between degree centrality and research performance for junior faculty members and faculty members employed in private sector universities/research institutes. Practical implications The findings can be heartening and motivating for junior faculty and private institute faculty in Pakistan in suggesting opportunities to surpass barriers of domination and poor resource access through co-authorship ties and structural social capital. Originality/value This paper adds to the limited research by strengthening the argument that potentially disadvantaged faculty with certain individual (academic age) and work-related characteristics (institutional sector) may benefit differentially from their co-authorship network centrality.

Keywords: Academic Age, Access, Age, Authors, Authorship, Barriers, Benefits, Bibliometric Analysis, Characteristics, Chemistry, Co-Authorship, Co-Authorship Network, Coauthorship, Coauthorship Network, Coauthorship Networks, Collaboration, Data, Faculty, Female, Gender, Groups, Higher-Education, Impact, Impact Factor, Institutional Sector, Is, Journals, Moderator Impact, Network, Network Centrality, Pakistan, Patterns, Performance, Private Sector, Publishing, Purpose, Research, Research Performance, Research Work, Role, SCI, Science, Scientific Productivity, Sector, Social, Web Of Science

? Qiu, J.P. and Lou, W. (2014), Constructing an information science resource ontology based on the Chinese Social Science Citation Index. *Aslib Journal of Information Management*, **66** (2), 202-218.

Full Text: [2014\Asl J Inf Man66, 202.pdf](2014/Asl%20J%20Inf%20Man66,%20202.pdf)

Abstract: Purpose - The purpose of this study is to construct a Chinese information science resource ontology and to explore a new method for semiautomatic ontology construction. Design/methodology/approach - More than 8,290 articles indexed in the Chinese Social Science Citation Index (CSSCI), covering the years 2001 to 2010, were included in this study. Statistical analysis, co-occurrence analysis, and semantic similarity methods were applied to the selected articles. The ontology was built using existing construction principles and methods, as well as categories and hierarchy definitions based on CSSCI indexing fields. Findings - Seven categories were found to be relevant for the Chinese information science resource ontology, which, in this study, consists of a three-tier architecture, 78,291 instances, and 182,109 pairs of semantic relations. These results indicate the following: further improvements are required in ontology construction methods; resource ontology is a breakthrough concept in ontology studies; the combination of semantic similarities and co-occurrence analysis can quantitatively describe relationships between concepts. Originality/value - This study pioneers the resource ontology concept. It is one of the first to combine informetric methods with semantic similarity to reveal deep relationships in textual data.

Keywords: Analysis, Breakthrough, Chinese, Chinese Social Science Citation Index, Citation, Co-Occurrence Analysis, Concept, Construction, Cssci, Data, First, Indexing, Information, Information Science, Methods, Ontology, Ontology Construction, Principles, Purpose, Relations, Resource Ontology, Science, Science Citation Index, Semantic Similarity, Similarity, Social Science Citation Index, Statistical Analysis

? Haustein, S., Bowman, T.D., Holmberg, K., Peters, I. and Lariviere, V. (2014), Astrophysicists on Twitter: An in-depth analysis of tweeting and scientific publication behavior. *Aslib Journal of Information Management*, **66** (3), 279-296.

Full Text: [2014\Asl J Inf Man66, 279.pdf](2014/Asl%20J%20Inf%20Man66,%20279.pdf)

Abstract: Purpose - The purpose of this paper is to analyze the tweeting behavior of 37 astrophysicists on Twitter and compares their tweeting behavior with their publication behavior and citation impact to show whether they tweet research-related topics or not. Design/methodology/approach - Astrophysicists on Twitter are selected to compare their tweets with their publications from Web of Science. Different user groups are identified based on tweeting and publication frequency. Findings - A moderate negative correlation (rho- -0.339) is found between the number of publications and tweets per day, while retweet and citation rates do not correlate. The similarity between tweets and abstracts is very low (cos=0.081). User groups show different tweeting behavior such as retweeting and including hashtags, usernames and URLs. Research limitations/implications - The study is limited in terms of the small set of astrophysicists. Results are not necessarily representative of the entire astrophysicist community on Twitter and they most certainly do not apply to scientists in general. Future research should apply the methods to a larger set of researchers and other scientific disciplines. Practical implications - To a certain extent, this study helps to understand how researchers use Twitter. The results hint at the fact that impact on Twitter can neither be equated with nor replace traditional research impact metrics. However, tweets and other so-called altmetrics might be able to reflect other impact of scientists such as public outreach and science communication. Originality/value - To the best of the knowledge, this is the first in-depth study comparing researchers’ tweeting activity and behavior with scientific publication output in terms of quantity, content and impact.

Keywords: Activity, Altmetrics, Analysis, Behavior, Bibliometrics, Citation, Citation Analysis, Citation Impact, Citation Rates, Citations, Communication, Community, Correlation, Disciplines, First, General, Groups, Impact, Knowledge, Methods, Metrics, Micro-Blogging, Public, Publication, Publications, Purpose, Rates, Research, Research Impact, Researchers, Results, Science, Science Communication, Scientific Publication, Scientists, Si, Similarity, Small, Social Media, Twitter, Web Of Science

? Qiu, J.P. and Lv, H. (2014), An overview of knowledge management research viewed through the Web of Science (1993-2012). *Aslib Journal of Information Management*, **66** (4), 424-442.

Full Text: [2014\Asl J Inf Man66, 424.pdf](2014/Asl%20J%20Inf%20Man66,%20424.pdf)

Abstract: Purpose - The purpose of this paper is to present a bibliometric analysis of scientific output of the knowledge management (KM), the aim being to offer an overview of research activity in this field and characterize its most significant aspects. In addition, this study aims to quantitatively analyze KM research trends, forecasts, and citations from 1993 to 2012 in Web of Science (WOS). Design/methodology/approach - A total of 12,925 documents related to KM research were collected from following databases: Science Citation Index Expanded, Social Sciences Citation Index, Arts & Humanities Citation Index, Conference Proceedings Citation Index-Science, and Conference Proceedings Citation Index-Social Science & Humanities. These documents were carefully reviewed and subjected to bibliometric data analysis techniques. Findings - A number of research questions pertaining to patterns in scientific outputs, subject categories and major journals, author keywords frequencies, characteristics of the international collaboration, most cited papers and significant papers distribution of KM research were proposed and answered. In addition, there are five research sights on KM research are as follows: management science, computer science, information science, business, and engineering. Based on these findings, many implications emerged that improve one’s understanding of the identity of KM as a distinct multi-discipline scientific field. Research limitations/implications - Comprehensiveness and inclusiveness of the analyzed KM-related data set in WOS because of some KM-centric journals are not indexed by Thomson Reuters. Originality/value - The paper offers an overview and evaluation of research activity into the KM viewed through the WOS during 1993-2012.

Keywords: Activity, Analysis, Betweenness Centrality, Bibliometric, Bibliometric Analysis, Bibliometric Analysis, Bibliometric Data, Business, Capital Academic Journals, Characteristics, Citation, Citation Analysis, Citations, Collaboration, Computer Science, Conference, Data, Data Analysis, Data Set, Databases, Distribution, Documents, Emerging Trends, Engineering, Evaluation, Field, Global Ranking, Humanities, Information, Information Science, Information Visualization, Intellectual Structure, International, International Collaboration, Journals, Knowledge, Knowledge Management, Management, Management Science, Multi-Discipline, Overview, Papers, Proceedings, Publications, Purpose, Research, Research Trends, Research Work, Science, Science Citation Index, Science Citation Index Expanded, Sciences, Scientific Output, Scientometric Analysis, Social Sciences, Social Sciences Citation Index, Solid-Waste Research, Techniques, Thomson Reuters, Thomson-Reuters, Trends, Understanding, Web, Web Of Science, Wos

? Zhu, Q.L., Kong, X.S., Hong, S., Li, J.L. and He, Z.Y. (2015), Global ontology research progress: A bibliometric analysis. *Aslib Journal of Information Management*, **67** (1), 27-54.

Full Text: [2015\Asl J Inf Man67, 27.pdf](2015/Asl%20J%20Inf%20Man67,%2027.pdf)

Abstract: Purpose - The purpose of this paper is to analyse the global scientific outputs of ontology research, an important emerging discipline that has huge potential to improve information understanding, organization, and management. Design/methodology/approach - This study collected literature published during 1900-2012 from the Web of Science database. The bibliometric analysis was performed from authorial, institutional, national, spatiotemporal, and topical aspects. Basic statistical analysis, visualization of geographic distribution, co-word analysis, and a new index were applied to the selected data. Findings - Characteristics of publication outputs suggested that ontology research has entered into the soaring stage, along with increased participation and collaboration. The authors identified the leading authors, institutions, nations, and articles in ontology research. Authors were more from North America, Europe, and East Asia. The USA took the lead, while China grew fastest. Four major categories of frequently used keywords were identified: applications in Semantic Web, applications in bioinformatics, philosophy theories, and common supporting technology. Semantic Web research played a core role, and gene ontology study was well-developed. The study focus of ontology has shifted from philosophy to information science. Originality/value - This is the first study to quantify global research patterns and trends in ontology, which might provide a potential guide for the future research. The new index provides an alternative way to evaluate the multidisciplinary influence of researchers.

Keywords: Alternative, Analysis, Articles, Asia, Authors, Bibliometric, Bibliometric Analysis, Bibliometrics, Characteristics, China, Co-Word, Co-Word Analysis, Collaboration, Data, Database, Disciplinary Incidence Index (Dii), Distribution, East Asia, Europe, First, Formal Ontology, From, Gene, Gene Ontology, Geographic Distribution, Global, Impact Factor, Index, Influence, Information, Information Science, Institutions, Knowledge Management, Lead, Literature, Management, Multidisciplinary, Nations, Natural-Language, North, North America, Ontology, Organization, Participation, Philosophy, Potential, Progress, Publication, Purpose, Research, Research Progress, Research Trend, Research Trends, Researchers, Role, Science, Science System, Scientific Outputs, Semantic Web, Statistical Analysis, Technology, Topical, Trends, Understanding, USA, Visualization, Web, Web Of Science

? Kumar, S. (2015), Co-authorship networks: A review of the literature. *Aslib Journal of Information Management*, **67** (1), 55-73.

Full Text: [2015\Asl J Inf Man67, 55.pdf](2015/Asl%20J%20Inf%20Man67,%2055.pdf)

Abstract: Purpose - The purpose of this paper is to attempt to provide a review of the growing literature on co-authorship networks and the research gaps that may be investigated for future studies in this field. Design/methodology/approach - The existing literature on co-authorship networks was identified, evaluated and interpreted. Narrative review style was followed. Findings - Co-authorship, a proxy of research collaboration, is a key mechanism that links different sets of talent to produce a research output. Co-authorship could also be seen from the perspective of social networks. An in-depth analysis of such knowledge networks provides an opportunity to investigate its structure. Patterns of these relationships could reveal, for example, the mechanism that shapes our scientific community. The study provides a review of the expanding literature on co-authorship networks. Originality/value - This is one of the first comprehensive reviews of network-based studies on co-authorship. The field is fast evolving, opening new gaps for potential research. The study identifies some of these gaps.

Keywords: Analysis, Co-Authorship, Co-Authorship Networks, Coauthorship, Coauthorship Networks, Cocitation Analysis, Collaboration, Community, Complex Networks, Digital Library, Field, First, From, Information-Science, International Collaboration, Knowledge, Literature, Literature Review, Mechanism, Networks, Patterns, Potential, Purpose, Research, Research Collaboration, Research Collaboration Networks, Research Collaborations, Research Output, Review, Reviews, Scientific Collaboration Networks, Scientific Community, Scientometric Analysis, Social, Social Network, Social Networks, Structure

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? Dansey, P. (1973), Bibliometric survey of primary and secondary information-science literature. *Aslib Proceedings*, **25** (7), 252-263.

Full Text: [1960-80\Asl Pro25, 252.pdf](1960-80/Asl%20Pro25,%20252.pdf)

Abstract: A statistical analysis is made of the professional literature of librarians and information scientists in an attempt to uncover the patterns of information flow and to evaluate the abstracting services provided for information workers. Citation analysis of some English language information science journals throws light on the principal sources used by British and American information scientists and the linguistic and national biases in the citations given. The growth of the subject matter published in the field of information science is displayed. Five abstracting services are evaluated. Their scope in terms of the language, country of origin, subject matter and format of the material selected and abstracted is determined. Coverage is assessed in comparison with three bibliographies in this subject area. Currency is determined from NRLSI acquisition dates. Key journals are found from productivity analysis of the abstracted journals. Conclusions are drawn as to the adequacy of the present services and suggestions made for possible improvements.

Smith, G.M. (1977), Key books in business and management studies - Bibliometric analysis. *Aslib Proceedings*, **29** (5), 174-188.

Full Text: [1960-80\Asl Pro29, 174.pdf](1960-80/Asl%20Pro29,%20174.pdf)

Notes: IInstitute

? Croft, G. (1983), An investigation into the applicability of Science Citation Index as a tool to measure the usefulness of publications of the International Tin Research Institute. *Aslib Proceedings*, **35** (6-7), 249-257.

Full Text: [1983\Asl Pro35, 249.pdf](1983/Asl%20Pro35,%20249.pdf)

Keywords: Science Citation Index

? Potter, D. and Potter, S. (1995), British professional child care: A preliminary citation analysis. *Aslib Proceedings*, **47** (5), 131-136.

Full Text: [1995\Asl Pro47, 131.pdf](1995/Asl%20Pro47,%20131.pdf)

Abstract: Human services are increasingly regarded as a discrete field of study and an area of public concern. However, little work has been done outside the USA in determining the make-up of knowledge in the field. This paper presents an initial attempt to study what constitutes the knowledge base for the child care profession in the UK. To do this the citations of five British child care journals were analysed for 1993. Reference type, country code and self-citations of journals and authors were recorded and analysed. Comparisons were drawn with an earlier citation study of social work. The study confirmed a 1:1 relationship between books and journals and showed the diffuseness of the sources upon which child care professionals draw. Although books were the most cited category individual books were rarely cited multiply. A core of journals was identified but child care journals were only fifth in frequency of citations after books, other journals, grey literature and other child-orientated journals. This suggests that the child care profession in the UK is outward-looking, although almost wholly dependent on the English language. Pointers for further research are suggested.

Keywords: Citation, Citation Analysis, Citations, Journals, Research, Self-Citations, Social Work, Social-Work

Rowlands, I. (2002), Journal diffusion factors: A new approach to measuring research influence. *Aslib Proceedings*, **54** (2), 77-84.

Full Text: [2002\Asl Pro54, 77.pdf](2002/Asl%20Pro54,%2077.pdf)

Abstract: This paper introduces a new bibliometric tool, the journal diffusion factor. An argument is presented that the bibliometric indicators commonly used to measure the quality of research (journal impact factor, immediacy index and cited half-life) offer little insight into the transdisciplinary reception (thus the wider influence) of journals. The journal diffusion factor describes a neglected dynamic of citation reception and is intended as a complementary partial indicator for research evaluation purposes, to be read alongside existing well-established indicators.

Keywords: Citation, Evaluation, Impact Factors, Journal Publishing, Journals, Libraries, Measurement, Research

Mabe, M.A. and Amin, M. (2002), Dr Jekyll and Dr Hyde: author-reader asymmetries in scholarly publishing. *Aslib Proceedings*, **54** (3), 149-157.

Full Text: [2002\Asl Pro54, 149.pdf](2002/Asl%20Pro54,%20149.pdf)

Abstract: the fundamental asymmetries of the journal system are reviewed and an examination is made of the differences between author and reader behaviour at both a quantitative and a qualitative level. Author productivity and so-called ‘salami-style’ publishing practices are examined. An estimate of global author numbers is made. Reader and readership studies combined with bibliometric analysis allow the proposal of a means of estimating reading rates of journals.

Keywords: Academic Staff, Bibliometric Analysis, Journal Publishing, Journals

Lewison, G. (2003), Beyond outputs: New measures of biomedical research impact. *Aslib Proceedings*, **55** (1), 32-42.

Full Text: [2003\Asl Pro55, 32.pdf](2003/Asl%20Pro55,%2032.pdf)

Abstract: Biomedical research evaluation has traditionally been based on analysis of outputs and their citations by other papers. However we should try to map the routes by which research actually improves patient care and reduces illness, and develop indicators for them. We must allow for the lengthy time-scales involved and the importance of researchers being physically close to healthcare professionals, whose practice can be improved through international and governmental regulations and through approved guidelines. Each of these will depend on a body of research evidence. We must also evaluate the effects of research on policy makers and the public, who often learn about it through the World Wide Web and through the mass media, particularly news papers. The latter provide a major bibliometric resource but one that needs to be tapped in individual countries using common standards in order to provide internationally-comparable indicators.

Keywords: Information Science, Mass Media, Research, International Standards

? Rowlands, I. (2003), Knowledge production, consumption and impact: Policy indicators for a changing world. *Aslib Proceedings*, **55** (1), 5-12.

Full Text: [2003\Asl Pro55, 5.pdf](2003/Asl%20Pro55,%205.pdf)

Abstract: This paper provides a high-level overview of some of the main research themes and preoccupations that are reported in this special ciber issue of Aslib Proceedings: New Information Perspectives. The research activities of ciber are drawn together in the quest for a better understanding of the policy implications of large-scale knowledge production systems against the backdrop of profound technical change, uncertainty over business models, and new forms of consumer behaviour. The paper presents a series of conceptual frameworks that aim to contextualise ciber’s work in bibliometrics, cybermetrics, research evaluation, scholarly communication, user studies, publishing strategies and policy analysis. The transparency that metrics can bring to the evaluation debate and the pivotal role of human information behaviour in determining those metrics, are discussed.

Keywords: Bibliometrics, Evaluation, Impact, Indicators, Information Management, Knowledge, Knowledge Processes, Publishing, Research, Research Evaluation, User Studies

? Lewison, G. (2003), Beyond outputs: New measures of biomedical research impact. *Aslib Proceedings*, **55** (1), 32-42.

Full Text: [2003\Asl Pro55, 32.pdf](2003/Asl%20Pro55,%2032.pdf)

Abstract: Biomedical research evaluation has traditionally been based on analysis of outputs and their citations by other papers. However we should try to map the routes by which research actually improves patient care and reduces illness, and develop indicators for them. We must allow for the lengthy time-scales involved and the importance of researchers being physically close to healthcare professionals, whose practice can be improved through international and governmental regulations and through approved guidelines. Each of these will depend on a body of research evidence. We must also evaluate the effects of research on policy makers and the public, who often learn about it through the World Wide Web and through the mass media, particularly newspapers. The latter provide a major bibliometric resource but one that needs to be tapped in individual countries using common standards in order to provide internationally-comparable indicators.

Keywords: Bibliometric, Biomedical Research, Citation Ranking, Citations, Countries, Evaluation, Health, Impact, Indicators, Information Science, International Standards, Journals, Mass Media, MMR Vaccine, Papers, Publication, Research, Research Evaluation, Standards, United-States

Lewison, G. (2003), The publication of cancer research papers in high impact journals. *Aslib Proceedings*, **55** (5-6), 379-387.

Full Text: [2003\Asl Pro55, 379.pdf](2003/Asl%20Pro55,%20379.pdf)

Abstract: Examines a set of over 27,000 UK papers in cancer research in order to identify the individual factors that influence the impact category of the journals in which they are published, using multiple regression analysis. The most important independent variables that have a positive effect are the numbers of authors and funding bodies, the research level (from clinical to basic), and the presence of certain universities, or of the USA, in the address field. Inter-lab co-operation was shown to have a negative effect on journal impact category, as was international co-authorship. It is because such partnerships usually involve more authors and funding for the research that they are perceived to lead to higher impact work. There is also a tendency for papers to be published in higher impact journals in later years, probably because of market forces, which means that such journals will tend to expand.

Keywords: Cancer, Europe, Funding Sources, Institute, Journals, Literature, Research, Science, United-Kingdom

? Rowlands, I. (2005), Emerald authorship data, Lotka’s law and research productivity. *Aslib Proceedings*, **57** (1), 5-10.

Full Text: [2005\Asl Pro57, 5.pdf](2005/Asl%20Pro57,%205.pdf)

Abstract: Purpose - This paper offers a practical insight into the application of Lotka’s law of author productivity to the question of how likely it is that an author will return to a particular publisher (rather than make another contribution to a subject literature, which is its usual application). The question of author loyalty, especially repeat visits, is one which is of great interest to publishers. Design/methodology/approach - This paper shows, possibly for the first time, that the author productivity distribution predicted by Lotka’s law for subject literatures also holds for publisher aggregates, in this case, all Emerald authors. Findings - the ideas presented here are speculative and programmatic: they raise questions and provide a robust intellectual framework for further research into the determinants of author loyalty, as seen from the publisher side. Practical implications - the implications for commissioning editors and marketing departments in journal publishing houses are that repeat visiting authors are indeed scarce commodities, not necessarily because of barriers put in their way by publishers, but because research production is very asymmetrically skewed in favour of a small productive elite. Originality/value - By analysing survey data it should be possible, within very broad parameters, to identify clusters of say high, medium and low research activity authors. This would provide insight into potential ‘hot spots’ of future publishing intent and, in the case of dense and overworked research areas, early warning as to when to start looking elsewhere for future articles.

Keywords: Activity, Aggregates, Authorship, Barriers, Brand Loyalty, Clusters, Distribution, Journal, Law, Lotka’s Law, Low, Paper, Parameters, Production, Productivity, Publishing, Research, Research Productivity, Research Results, Survey

Webster, B.M. (2005), International presence and impact of the UK biomedical research, 1989-2000. *Aslib Proceedings*, **57** (1), 22-47.

Full Text: [2005\Asl Pro57, 22.pdf](2005/Asl%20Pro57,%2022.pdf)

Abstract: Purpose - To map UK biomedical research by analysing biomedical publications from authors with UK institutional affiliation and indexed in Science Citation Index (SCI) and Social Sciences Citation Index (SSCI). Design, methodology, approach - Bibliometric methods to assess the volume of research published, its impact and sources of funding of biomedical research in the UK are used. The analyses also include an examination of national and international collaboration, leading regions and institutions (by volume of output), types of research carried out and its potential impact factor. This was done for all of biomedicine and 32 selected sub-fields. The data used span 12 years, allowing changes and developments over time to be tracked. Findings - the UK’s position as the second largest producer of biomedical research is under threat from Japan and Germany and other countries with traditionally weaker biomedical research base. Strength in malaria and asthma research and relative weakness in surgery and renal medicine is notable. The profile of UK biomedical research has changed significantly in the period analysed, with a doubling of the level of international collaboration, a significant increase in basic research papers and an increase in the potential impact of UK publications. A relative decrease of acknowledgement of UK Government funding was noted, as were increased acknowledgements to UK not-for-profit and international organisations. Practical implications - Bibliometric analyses can provide reliable tools in mapping the development of scholarly disciplines which can be of use, as demonstrated in this paper, in research policy, as well as in domain analysis in information science, library collection development or publishing. Originality, value - Apart from policy applications, bibliometric research of this type can provide valuable information about changes in the patterns of scholarly communication within a domain (areas of interest in sociology of science and information science) and inform collection development policies in libraries and information centres (by describing literatures: ageing and obsolescence, volume and impact).

Keywords: Affiliation, Ageing, Analysis, Asthma, Bibliometric, Bibliometric Research, Biomedical, Biomedical Research, Biomedicine, Biotechnology, Changes, Collaboration, Communication, Development, Domain Analysis, Examination, Germany, Impact Factor, Information, Information Science, Institutions, International, Japan, Malaria, Medicine, Methods, Obsolescence, Papers, Policy, Potential, Publications, Publishing, Renal, Research, Research Policy, Research Results, Scholarly Communication, SCI, Science, Science Citation Index, Sociology, Sociology of Science, SSCI, Subfields, Surgery, UK, United Kingdom

Notes: UUniversity

? Lewison, G. (2005), Guest editorial - the work of the Bibliometrics Research Group (City University) and associates. *Aslib Proceedings*, **57** (3), 197-199.

Full Text: [2005\Asl Pro57, 197.pdf](2005/Asl%20Pro57,%20197.pdf)

? Roa-Atkinson, A. and Velho, L. (2005), Interactions in knowledge production - A comparative case study of immunology research groups in Colombia and Brazil. *Aslib Proceedings*, **57** (3), 200-216.

Full Text: [2005\Asl Pro57, 200.pdf](2005/Asl%20Pro57,%20200.pdf)

Abstract: Purpose - To provide an empirical contribution to analyse the dynamics of research groups in knowledge production in an interdisciplinary research field in two scientifically peripheral countries (Colombia and Brazil). Design, methodology, approach - This dynamic is analysed in the interdisciplinary area of immunology through a comparative study of Brazilian and Colombian research groups. The practices of publication, collaborative links and patterns of acknowledgements provided the framework for this study. Quantitative and qualitative tools were used; in particular a bibliometric study was complemented with information derived from semi-structured interviews with members of the research communities selected. Findings - the bibliometric study allowed the construction of some indicators: channels of publication, impact of the research outputs, citations and patterns of collaboration. Also, a database with acknowledgements was created to identify the different actors who take part in the process of knowledge production. These indicators, interpreted in the light of qualitative analysis, throw considerable light on how the different groups work on the cognitive and social aspects of knowledge production. Research limitations, implications - This study is limited to 31 leading research groups from Colombia and Brazil. Originality, value - This paper starts to redress the situation of a lack of empirical studies in developing countries in the use of acknowledgements as a tool to examine formal and informal scientific collaboration and as indicator of accountability to funding bodies. This work provides an empirical contribution to policy-makers and scientific communities in the task of understanding the dynamics of knowledge production in an interdisciplinary area combining different approaches.

Keywords: Acknowledgment, Bibliometric, Bibliometric Study, Brazil, Co-Authorships, Colombia, Group Dynamics, Information Research, International Scientific Collaboration, Latin-America, Life Sciences, Output, Patterns, Publication, Research, Research Work, Sciences

? Rangnekar, D. (2005), Acknowledged: Analysing the bibliometric presence of the multiple sclerosis society. *Aslib Proceedings*, **57** (3), 247-260.

Full Text: [2005\Asl Pro57, 247.pdf](2005/Asl%20Pro57,%20247.pdf)

Abstract: Purpose - To conduct an analysis of the bibliometric presence of a patient group, the Multiple Sclerosis Society, within its relevant biomedical sub-field. Design, methodology, approach - Publications in the multiple sclerosis sub-field for 1988-1999 in the Research Outputs Database constitute the data-set. Proxy measures, based on funding acknowledgement counts, are used to analyse the bibliometric presence of the society in comparison with other leading agencies, focusing on visibility, research orientation and research impact. The results are discussed within the frame of an evolutionary economics of knowledge production and the larger policy debate concerning the public funding of science. Findings - the society is the most frequently acknowledged funding agency and it distinguishes itself by the clustering of its acknowledgements in the area of clinical investigation. With a high and leading research impact, the society is considered an influential actor in the relevant biomedical sub-field. Originality, value - This paper fills a gap in the literature on the public funding of science by drawing attention to the important performance and presence of patient groups as funding agencies.

Keywords: Academic Research, Aid Agencies, Bibliometric, Breast-Cancer, Citation, Disabled People, Financing, Health, Innovation, Journal Impact Factors, Patients Associations, Public Science, Publications, Quantitative Methods, Research, Researchers, Technology, United Kingdom

? Rowlands, I. and Nicholas, D. (2007), The missing link: journal USAge metrics. *Aslib Proceedings*, **59** (3), 222-228.

Full Text: [2007\Asl Pro59, 222.pdf](2007/Asl%20Pro59,%20222.pdf)

Abstract: Purpose - the aim of this short communication is to contribute to a growing debate about how we can measure the ‘quality’ of journals. More specifically, the paper argues the need for a new range of standardized indicators based on reader (rather than author-facing) metrics. Design/methodology/approach - This is a thought experiment, outlining the kinds of USAge indicators that could be developed alongside the traditional ISI measures of impact, immediacy and obsolescence. Findings - the time is ripe to develop a set of standardised. measures of journal USAge that are as easy to understand, and as universally accepted, as ISI’s current citation-based indicators. By linking article publication year to full text downloads, this article argues that very considerable value could be extracted from what, in many cases, is almost uninterpretable data. Practical implications - Indicators in the form proposed could find a wide variety of applications, from helping librarians to assess the potential value-for-money of bundled journal deals, to helping policy-makers and scholarly communication researchers to better understand the dynamics of knowledge diffusion. Originality/value - the development of standardized USAge factors in the form suggested here would radically shift the centre of gravity in bibliometrics research from the author to the reader. This remains largely unexplored territory.

Keywords: Applications, Bibliometrics, Communication, Current, Development, Diffusion, Dynamics, Experiment, Gravity, Impact, Indicators, ISI, Journal, Journals, Knowledge, Library, Measurement, Metrics, Paper, Publication, Quality, Range, Research, Scholarly Communication, Serials

? Willett, P. (2008), A bibliometric analysis of the literature of chemoinformatics. *Aslib Proceedings*, **60** (1), 4-17.

Full Text: [2008\Asl Pro60, 4.pdf](2008/Asl%20Pro60,%204.pdf)

Abstract: Purpose - the purpose of this article is to analyse the literature of chemoinformatics, a subject that has arisen over the last few years and that draws on techniques from a range of disciplines, most notably chemistry (particularly computational and medicinal chemistry), computer science and information science. Design/methodology/approach - Discusses subject, author and citation searches of (principally) the web of knowledge database. Findings - the Journal of Chemical Information and Modeling (previously the Journal of Chemical Information and Computer Sciences) is the core journal for the subject, but with many significant papers being published in journals whose principal focus is molecular modelling, quantitative structure-activity relationships or more general aspects of chemistry. The discipline is international in scope, and many of the most cited papers describe software packages that play a key role in modern chemoinformatics research. Originality/value - This is the first bibliometric study of chemoinformatics, and one of only a very few that consider the bibliometrics of computational chemistry more generally.

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Bibliometric Study, Bibliometrics, Chemistry, Citation, Database, Databases, Docking, Drug Discovery, First, General, Impact, Information, Information Retrieval, Information Science, International, Journal, Journals, Knowledge, Literature, Modeling, Modelling, Papers, Prediction, Program, Protein, Purpose, Research, Role, Science, Scope, Search, Software, Techniques, Validation, Web

? Mozaffarian, M. and Jamali, H.R. (2008), Iranian women in science: A gender study of scientific productivity in an Islamic country. *Aslib Proceedings*, **60** (5), 463-473.

Full Text: [2008\Asl Pro60, 463.pdf](2008/Asl%20Pro60,%20463.pdf)

Abstract: Purpose - the aim of the paper is to explore and test gender differences in the authorship of Iranian journal articles. Design/methodology/approach - A list of articles published by Iranian authors in ISI journals in 2003 was obtained from the Web of Science. The names of authors were searched in a specific database as well as the web to find their first names and hence their gender. The articles were then broken down by gender and subject category. International collaborations of the authors were also investigated. Findings - the productivity of female authors at the individual level as measured by article per author share was lower than male authors. In total, females accounted for 6 per cent and males for 94 per cent of the articles published in 2003. A chi-square test showed that female contribution was significantly lower than expected. Originality/value - the study is the first to investigate gender participation in scientific productivity in Iran and most likely in a Muslim country. The article highlights the need for qualitative studies on the gender aspect of scientific productivity in Muslim countries.

Keywords: Academic Staff, Authors, Authorship, Contribution, Gender, Iran, Journal, Journals, Productivity Rate, Research Work, Science, Sex-Differences, Web of Science, Women

? Isetta, M. (2008), Evidence-based practice, healthcare delivery and information management a contemporary case study. *Aslib Proceedings*, **60** (6), 619-641.

Full Text: [2008\Asl Pro60, 619.pdf](2008/Asl%20Pro60,%20619.pdf)

Abstract: Purpose - the evidence-based practice (EBP) model appears to have established itself as the principal change driver and discourse for the healthcare sector. This study sets out to identify the emergence of the term EBP in the professional literature to establish an empirical foundation for discussion. The understanding of and relevance to healthcare practitioners in a large South West London hospital are assessed and their views related to the perspective of library and information professionals to assess implications for practice. Design/methodology/approach - An extensive literature search was carried out and the data generated used to produce a growth curve for the literature. A survey of health care professionals using e-mail and follow-up interviews was undertaken at the case hospital. Findings - Between 1998 and 2004 the number of papers appearing to discuss the theme increased four-fold. The first recorded reference was in 1991. The EBP model had strong official and political support in the field. On the user sample there is evidence of resistance to the orthodoxy. Practical implications - the EBP model - variously adopted by several healthcare agencies - has placed information management at the centre of the care process. In spite of this, there are few definite implications for the role of library and information professionals, since the world of information and the UK NHS itself are continually in a state of flux, and the current EBP dominance may neither strengthen nor safeguard it. Originality/value - the bibliometric study provides a baseline. The study of healthcare professionals is a case study to add to knowledge of practice.

Keywords: Attitudes, Baseline, Bibliometric, Bibliometric Study, Care, Case Study, Change, Data, Delivery, Discourse, Dominance, Email, Emergence, Empirical, Evidence, Evidence Based, Evidence-Based, Evidence-Based Medicine, Evidence-Based Practice, Exploration, Field, First, Follow-up, Future, Growth, Health, Health Care, Health Care Professionals, Healthcare, Hospital, Information, Information Services, Interviews, Knowledge, Libraries, Literature, Management, Medical Libraries, Model, National Health Service, NHS, Papers, Perceptions, Practice, Practitioners, Process, Professional, Professionals, Questionnaire Survey, Reference, Relevance, Resistance, Role, Search, Sector, State, Support, Surgeons, Survey, Term, UK, Understanding, United Kingdom, World

? Olmeda-Gomez, C., Perianes-Rodriguez, A., Ovalle-Perandones, M.A., Guerrero-Bote, V.P. and Anegon, F.D. (2009), Visualization of scientific co-authorship in Spanish universities from regionalization to internationalization. *Aslib Proceedings*, **61** (1), 83-100.

Full Text: [2009\Asl Pro61, 83.pdf](2009/Asl%20Pro61,%2083.pdf)

Abstract: Purpose - the purpose of this paper is to visualize the inter-university and international collaboration networks generated by Spanish universities based on the co-authorship of scientific articles. Design/methodology/approach - the approach takes the form of formulation based on a bibliometric analysis of Spanish university production from 2000 to 2004 as contained in Web of Science databases, applying social network visualization techniques. The co-authorship data used were extracted with the total counting method from a database containing 100,710 papers. Findings - Spanish inter-university collaboration patterns appear to be influenced by both geographic proximity, and administrative and political affiliation. Inter-regional co-authorship encompasses regional sub-networks whose spatial scope conforms rather closely with Spanish geopolitical divisions. Papers involving international collaboration are written primarily with European Union and North and Latin American researchers. Greater visibility is attained with international co-authorship than with any other type of collaboration studied. Research limitations/implications - Impact was measured in terms of journals rather than each individual paper. The co-authorship data were taken from the Web of Knowledge and were not compared with data from other databases. Practical implications - the data obtained in the paper may provide guidance for public policy makers seeking to enhance and intensify the internationalization of scientific production in Spanish universities. Originality/value - the Spanish university system is in the midst of profound structural change. This is the first paper to describe Spanish university collaboration networks using social network visualization techniques, covering an area not previously addressed.

Keywords: Affiliation, American, Analysis, Approach, Authorship, Bibliometric, Bibliometric Analysis, Change, Co-Authorship, Coauthorship, Collaboration, Collaboration Networks, Cooperation, Data, Database, Databases, European Union, First, Formulation, Geographical Proximity, Guidance, Impact, International, Internationalization, Journals, Latin American, Network, Network Analysis, Networks, North, Papers, Patterns, Policy, Production, Productivity, Public, Public Policy, Publications, Purpose, Regional, Regionalization, Research, Research Collaboration, Science, Scientific Production, Scope, Social, Social Network, Social Networks, Spain, Spanish, Techniques, Universities, University, Visibility, Visualization, Web of Science

? Mahmood, I., Rowley, J. and Hartley, R. (2009), Scientific publishing: A case study of Libyan scientists. *Aslib Proceedings*, **61** (4), 380-393.

Full Text: [2009\Asl Pro61, 380.pdf](2009/Asl%20Pro61,%20380.pdf)

Abstract: Purpose - the paper aims to report on a research project that explores the extent and scope of scientific publishing, communication, and collaboration amongst Libyan scientists. Design/methodology/approach - the paper commences with a literature review on scientific communication and publishing, including a specific focus on such activities in developing countries. A bibliometric analysis of the papers published by scientists in research centres affiliated to Libya’s National Centre for Scientific Research was conducted in order to investigate the extent and nature of scholarly communication of Libyan scientists. Findings - Libyan scientists are a community that works in research teams, largely comprised of scientists in Libya, but, which, on the other hand, is actively disseminating the findings of its research to a wider international audience. This is evident from the publications of 45 per cent of papers in English, and a significant level of publication in countries outside Libya. Further, the extent to which publication is through conferences and symposia is evidence of engagement in informal communication within and beyond the scientific community in Libya. Originality/value - This is the first study of scientific publishing and communication activities in Libya. It offers useful insights into a variety of aspects of communication and dissemination of research findings. As such it provides a useful contribution towards understanding the potential impact of new models of scholarly publishing, both in Libya, and in other developing countries.

Keywords: Bibliometric Analysis, Collaboration, Developing Countries, Generation and Dissemination of Information, Impact, Information, Internet, Internet, Libya, Minds, Publications, Research, Scholarly Communication, Sciences, Social-Scientists

? Li, J. and Willett, P. (2009), ArticleRank: A PageRank-based alternative to numbers of citations for analysing citation networks. *Aslib Proceedings*, **61** (6), 605-618.

Full Text: [2009\Asl Pro61, 605.pdf](2009/Asl%20Pro61,%20605.pdf)

Abstract: Purpose - the purpose of this paper is to suggest an alternative to the widely used Times Cited criterion for analysing citation networks. The approach involves taking account of the natures of the papers that cite a given paper, so as to differentiate between papers that attract the same number of citations. Design/methodology/approach - ArticleRank is an algorithm that has been derived from Google’s PageRank algorithm to measure the influence of journal articles. ArticleRank is applied to two datasets - a citation network based on an early paper on webometrics, and a self-citation network based on the 19 most cited papers in the Journal of Documentation - using citation data taken from the Web of Knowledge database. Findings - ArticleRank values provide a different ranking of a set of papers from that provided by the corresponding Times Cited values, and overcomes the inability of the latter to differentiate between papers with the same numbers of citations. The difference in rankings between Times Cited and ArticleRank is greatest for the most heavily cited articles in a dataset. Originality/value - This is a novel application of the PageRank algorithm.

Keywords: Bibliographies, Citation, Citation Network, Citations, Knowledge, Network, Publications, Reference Services, Self-Citation

? Davarpana, M.R. and Behrouzfar, H. (2009), International visibility of Iranian ISI journals: A citation study. *Aslib Proceedings*, **61** (4), 407-419.

Full Text: [2009\Asl Pro61, 407.pdf](2009/Asl%20Pro61,%20407.pdf)

Abstract: Purpose - This research paper aims to investigate the internationalization and visibility of Iranian scientific journals covered by the Institute for Scientific Information (ISI) between 2000 and 2006. Design/methodelogy/approach - A total of 1,298 articles published in seven Iranian ISI journals and a random sample of 1,298 articles written by Iranians and published in non-Iranian ISI journals between 2000 and 2006 were selected. Impact factor (IF), total citation (TC), citation rates, self-citation, foreign citation, international citation (IC), international authorship, and subject distribution were analyzes for the collections. Findings - Results indicated that: the visibility rate of Iranian journals is low compared to their international counterparts; the international visibility of Iranian journals differs among disciplines; the increasing citation rate is less than the increase in publication rate; and the majority of authors who published in these journals were Iranian. Originality/value - Mere inclusion of scientific journals in the ISI does not necessarily lead to an increase in international visibility. The study highlights the need for more studies on the techniques to increase the visibility of scientific journals of the developing countries.

Keywords: Authorship, Chinese Scientific Journals, Citation, Developing Countries, Generation and Dissemination of Information, Impact, Impact Factor, Index, Iran, ISI, Journals, Lead, Publication, Publications, Research, Science, Sciences, Scientific Journals, Self-Citation, Serials

? Aharony, N. (2010), Information literacy in the professional literature: An exploratory analysis. *Aslib Proceedings*, **62** (3), 261-282.

Abstract: Purpose - the current study aims to review the different publications dealing with information literacy and the emerging trends reflected over the ten years, 1999-2009, in the Web of Science (WOS) database. Design/methodology/approach - the study presents both a statistical descriptive analysis of document type, subject areas, authors, source titles, publication years, languages, countries and keywords of publications extracted from the WOS database, as well as a thorough content analysis of keywords and abstracts extracted from the WOS database. Findings - the main results suggest that the term information literacy has various characteristics in an additional and interesting context: health and medicine. This finding may reflect a tendency of association between information literacy and health and medicine and stresses people’s need for information literacy in this specific context. Originality/value - the current study emphasises the notion that information literacy is no longer an issue for librarians or educators only.

Keywords: Analysis, Authors, Content Analysis, Health and Medicine, Information, Information Literacy, Internet, Literacy, Literature, Medicine, Professional, Publication, Publications, Research Work, Review, Science, Seeking, Sites, Statistical, Trends, Web, Web of Science, Workplace

? Perianes-Rodríguez, A., Olmeda-Gómez, C., Ovalle-Perandones, M.A., Chinchilla-Rodriguez, Z. and Moya-Anegon, F. (2011), R&D collaboration in 50 major Spanish companies. *Aslib Proceedings*, **63** (1), 5-27.

Full Text: [2011\Asl Pro63, 5.pdf](2011/Asl%20Pro63,%205.pdf)

Abstract: Purpose - Although the role of enterprise in R&D is broadly acknowledged, few attempts have been made to gather data for analyzing the nature and scope of private sector collaboration. This study aims to deliver empirical results based on quantitative data to gain insight into the role of private enterprise as an indispensable actor in scientific development and innovation. Design/methodology/approach - the study aimed to deliver empirical results based on quantitative data to gain insight into the role of private enterprise as an indispensable actor in scientific development and innovation. To this end, an analysis was conducted of the contribution made by Spanish business, focusing on the 50 most active companies in terms of internationally visible scientific output, from three perspectives. Findings - the findings provide insight into business involvement in the R&D system based on: research papers published; national, international and sectoral collaboration patterns; structural patterns; and the identification of the most prominent companies from a systematic comparison of their research results and their position in the resulting collaboration network. Research limitations/implications - Bibliometric analyses do not measure all types of publications. Indicators are usually based on data in the Thomson Reuters databases, which are regarded as being representative of peer-reviewed, publicly accessible papers with high international visibility and impact. The Thomson Reuters databases feature a series of advantages that make them indispensable for studies on scientific collaboration. Originality/value - One of the core ideas of this study is the emphasis on the essential role of collaboration in improving scientific results, as borne out by the correlation between the clustering coefficient and the hybrid indicators. The findings also provide proof of the success of strategies for institutional collaboration. The foregoing shows that the application of hybrid indicators to institutional aggregates yields novel results not explored in preceding studies.

Keywords: Aggregates, Analyses, Analysis, Application, Bibliometric, Biotechnology, Business, Clustering, Collaboration, Comparison, Correlation, Data, Databases, Development, Feature, Firms, Hybrid, Identification, Impact, Indicators, Industry, Information Science and Documentation, Innovation, Innovation Systems, International, Measure, Network, Organization, Papers, Peer-Reviewed, Private Enterprise, Private Sector, Private Sector Organizations, Public Science, Publications, Research, Research and Development, Research Cooperation, Research Results, Role, Scientific Collaboration, Scientific Output, Scope, Sector, Spain, Technology, Triple-Helix, Visibility

? Zhu, Q.L. and Willett, P. (2011), Bibliometric analysis of Chinese superconductivity research, 1986-2007. *Aslib Proceedings*, **63** (1), 101-119.

Full Text: [2011\Asl Pro63, 101.pdf](2011/Asl%20Pro63,%20101.pdf)

Abstract: Purpose - the purpose of this paper is to cam, out a bibliometric analysis of the development of Chinese research in superconductivity since the advent of high-temperature superconductivity (HTS) in the mid-1980s, and to compare Chinese research with that of its international competitors. Design/methodology/approach - This research used publications, citations, journals, subject categories and institutional data from the Web of Science database. Findings - Chinese HTS research has grown steadily in importance over the period, with a significant increase in peer-recognition, as measured by citations from non-Chinese researchers. A comparison with superconductivity research in England, France, Germany, Japan, Russia and the USA shows that the impact of the Chinese work is growing relative to the other countries, with a cluster analysis showing that the current bibliometric status of Chinese research is most similar to that of England, France and Russia. Originality/value - This is both the first bibliometric study of Chinese research in superconductivity and the first bibliometric comparison of different countries’ research in superconductivity since the advent of HTS. Cluster analysis provides an interesting way of identifying analogous international bibliometric profiles.

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Bibliometric Study, China, Chinese, Citation, Citations, Cluster, Cluster Analysis, Communication, Comparison, Countries, Data, Data Analysis, Database, Development, Discovery, England, First, France, Germany, Impact, Indicators, Information Research, International, Japan, Journals, Performance, Perspective, Profiles, Publications, Purpose, Research, Russia, Science, Scientists, Superconductivity, USA, Web of Science, Work

Notes: CCountry

? Bakri, A. and Willett, P. (2011), Computer science research in Malaysia: A bibliometric analysis. *Aslib Proceedings*, **63** (2-3), 321-335.

Full Text: [2011\Asl Pro63, 321.pdf](2011/Asl%20Pro63,%20321.pdf)

Abstract: Purpose - the purpose of this paper is to analyse the publications of, and the citations to, the current staff of 19 departments of computer science in Malaysian universities, and to compare these bibliometric data with expert peer reviews of Malaysian research performance. Design/methodology/approach - This paper searches citation of the Scopus and Web of Science databases. Findings - Both publication and citation rates are low, although this is at least in part due to some Malaysian universities having only a teaching function. More of the departments’ publications were identified in Scopus than in Web of Science, but both databases were needed for comprehensive coverage. Statistically significant relationships were observed between the departments’ publication and citation counts and the rankings of the departments’ parent universities in two evaluations of the research performance of Malaysian universities. Originality/value - This is the first comparison of bibliometric and peer-review data for Malaysia, and, more generally, for a country with a newly developed higher education system.

Keywords: Archaeology, Bibliometric, Bibliometric Analysis, Citation, Citation Counts, Citations, Computer Studies, Databases, Education, Google-Scholar, h-Index, Higher Education, Impact, Indicators, Information, Malaysia, Peer Review, Productivity, Publication, Publications, Research, Research Performance, Scopus, Web of Science, Web-of-Science

? Jowkar, A., Didegah, F. and Gazni, A. (2011), The effect of funding on academic research impact: A case study of Iranian publications. *Aslib Proceedings*, **63** (6), 593-602.

Full Text: [2011\Asl Pro63, 593.pdf](2011/Asl%20Pro63,%20593.pdf)

Abstract: Purpose - This paper’s aim is to examine the citation impact of Iranian funded research publications and compare it with research which received no funding. Design/methodology/approach - Using a bibliometric method, the study investigated 80,300 Iranian publications published from 2000 to 2009 in SCI-EXPANDED to discover the percentage of funded publications and to determine the citation impact of these publications in comparison with unfunded ones. Findings - the results of the study showed that around 12.5 per cent of Iranian publications were funded and the number of funded publications has increased dramatically over the last four years. The citation impact of funded publications was higher in almost all of the subject fields. The highest number of funded publications belonged to the universities subordinate to the Ministry of Science, Research and Technology. Originality/value - the impact and quality of research is influenced by different factors, for instance receiving funding and research facilities. As this issue has not been previously examined in Iran, the present study determines whether funding can influence the impact of Iranian research.

Keywords: Bibliometric, Case Study, Citation, Citation Impact, Comparison, Competition, Facilities, Financing, Funding, Impact, Indicators, Iran, Iranian Publications, Performance, Publications, Quality, Quality of, Research, Research Funding, Research Results, Science, Scientific-Research, Universities

? Russell, J.M., Ainsworth, S. and az-Aguilar, J. (2012), Web visibility or wasted opportunity? Case studies from Mexican research institutes. *Aslib Proceedings*, **64** (1), 67-82.

Full Text: [2012\Asl Pro64, 67.pdf](2012/Asl%20Pro64,%2067.pdf)

Abstract: Purpose - This paper aims to determine to what extent the scientific production and research activities of a group of National Autonomous University of Mexico (UNAM) research institutes in the sciences, social sciences and humanities are visible on the internet with a view to identifying areas where web presence is not optimal so improvements can be made. Design/methodology/approach - the authors do this by analysing the relevant information on their web sites and by comparing institutional listings of scientific production between 2005 and 2006, with papers reported in the international, multidisciplinary online services of the Web of Science and Scopus, as well as in Close and Periodica which cover production in Latin American journals. Findings - Results indicate general poor visibility of research activities and production in the institutional web sites with only limited access to full text articles. Web sites of the institutes in the sciences score better than those in the humanities and social sciences where book publication is an important research output. The official publication lists in the form of annual reports were found not to accurately represent production with additional papers attributed to the different institutions appearing in commercial databases. It is suggested that more effort should be directed towards improving the information content and access to research data on these institutional web sites, possibly through linkage to an UNAM repository. Originality/value - This is the first study to critically examine the visibility of research on Mexican academic web sites for which a series of indicators related to the different categories of research information which would ideally be found on institutional pages were developed.

Keywords: Activities, Annual Reports, Articles, Authors, Databases, Indicators, Information, Institutions, Journals, Latin American, Mexico, Papers, Publication, Research, Research Activities, Research Output, Research Visibility, Science, Sciences, Scientific Production, Scopus, Sites, Social, Social Sciences, Universities, University, Visibility, Web of Science, Web Sites, Web Visibility, Web-of-Science

? Cantos-Mateos, G., Vargas-Quesada, B., Chinchilla-Rodriguez, Z. and Zulueta, M.A. (2012), Stem cell research: Bibliometric analysis of main research areas through Key Words Plus. *Aslib Proceedings*, **64** (6), 561-590.

Full Text: [2012\Asl Pro64, 561.pdf](../HO-reference/2012/Asl%20Pro64,%20561.pdf)

Abstract: Purpose Research with stem cells is a biomedical venture with great scientific impact, and whose development flows over into many other areas. This article aims to present a dual analysis of Spain’s scientific output in this field during the period 1997-2007. Design/methodology/approach - The authors used bibliometric indicators of a basic nature as well as techniques for the visualization and analysis of networks of scientific information based on a study of Key Words Plus. Findings The output is mainly concentrated in Cataluna and Madrid, and hospitals are the most productive centres (followed by health institutes), where the main authors are affiliated. Main categories are hematology, oncology and biophysics. The outstanding areas of study revolve around the therapeutic use of transplant of hematopoietic progenitors, the processes of generation, proliferation and differentiation of lines of cells, and the study of neurosciences. Originality/value - This study provides an overview of Spanish research involving stem cells, detecting and representing the main areas of research. The article considers the potential of Key Words Plus in combination with the proposed methodology as particularly useful for the analysis and delimitation of a scientific domain.

Keywords: Analysis, Author Cocitation Analysis, Authors, Bibliometric, Bibliometric Analysis, Bibliometric Indicators, Biomedical, Co-Word Analysis, Development, Differentiation, Evolution, Field, Generation, Health, Hospitals, Impact, Indicators, Information, Information Visualization, Information-Science, International Scientific Collaboration, Madrid, Methodology, Networks, Oncology, Pathfinder Networks, Physical Sciences, Potential, Proliferation, Research, Research Fields, Research Work, Science-Citation-Index, Scientific Impact, Scientific Information, Scientific Output, Scientometrics, Spain, Spanish, Stem Cell Research, Stem Cells, Techniques, Therapeutic, Visualization

? Tsay, M.Y. (2013), Knowledge input for the domain of information science: A bibliometric and citation analysis study. *Aslib Proceedings*, **65** (2), 203-220.

Full Text: [2013\Asl Pro65, 203.pdf](2013/Asl%20Pro65,%20203.pdf)

Abstract: Purpose - The aim of this paper is to explore the knowledge input and the subject relationship with other disciplines for the domain of information science through a citation analysis, from the references of each article from 1998 to 2008, of four leading information science journals, Journal of the American Society for Information Science and Technology, Information Processing and Management, Journal of Information Science, and Journal of Documentation. Design/methodology/approach - The Ulrich’s Periodical Directory, Library of Congress Subject Heading, retrieved from the WorldCat and LISA database were used to identify the main class, subclass and subject of cited journals and books. The highly cited journals and books, the main classes and subclasses of cited journals and books in papers of the four journals, the highly cited subjects in journals and books of library and information science were identified and analyzed. Findings - The study reveals that information science possessing strong self knowledge flow as these four source journals are also the four most cited. The class library science, book industries and trade, general information resources consists of a mainstream of knowledge flow into information science. The highly cited subjects of LIS journals encompass searching, online information retrieval, information work, subject indexing, World Wide Web, technical services, citation analysis, information seeking behavior, etc. The three most cited LCSH subjects on WorldCat of books are information storage and retrieval, information science, human-computer interaction, etc. Originality/value - The knowledge inputs for information science include mainly information science itself and social sciences and general science as well. Moreover, there are minor inputs from various subjects.

Keywords: Analysis, Author Cocitation Analysis, Behavior, Bibliometric, Bibliometric Study, Citation, Citation Analysis, Cited Books, Cited Journals, Database, Documentation, Flow, General, Highly Cited, Highly-Cited, Indexing, Information, Information Retrieval, Information Science, Information Science Journal, Information Seeking Behavior, Information Storage and Retrieval, Information Studies, Interaction, Journal, Journals, Knowledge, Knowledge Flow, Knowledge Input, Li, Library, Library and Information Science, LIS, LIS Journals, Management, Minor, Online, Papers, Portrait, References, Resources, Science, Science Journals, Sciences, Self, Services, Social, Social Sciences, Source, Storage, Subject Analysis, Technology, Work, World Wide Web

? Du, W.C. and Song, S. (2013), Information needs analysis of the aerospace discipline. *Aslib Proceedings*, **65** (4), 376-387.

Full Text: [2013\Asl Pro65, 376.pdf](2013/Asl%20Pro65,%20376.pdf)

Abstract: Purpose - The purpose of this paper is to identify the core literature of aerospace studies and the databases necessary to ensure its coverage in a collection for aerospace scientists. The paper also aims to examine whether China has different needs from other countries. Design/methodology/approach - A sequence of bibliometric analyses was used. Institutions and countries with high aerospace research productivity were identified from 4,290 papers published in “aerospace engineering” journals in Science Citation Index. Journal papers cited in these papers (14,618 extracted from 17,015 citations in all) were analyzed to discover the core source journals for aerospace research. The availability of the core journals in online databases determined necessary library provision for aerospace research. Findings - The most productive aerospace research institutions are in China and the USA. Journals are the most important information resources. While 20 per cent of cited journals were discipline-specific, 80 per cent were in related fields. Chinese researchers had similar resource needs to researchers from other countries. To provide for aerospace research, a library collection needs to include the databases of the field, and commercial and open access journals that cover aerospace engineering, related disciplines and the sciences in general. Originality/value - The paper reveals the characteristics of the literature of the aerospace discipline for the first time. It identifies the core journals used by aerospace researchers and the bundle of online resources necessary to adequately provide for research in the field. The technique used can be applied to other disciplines.

Keywords: Access, Aerospace Discipline, Aerospace Industry, Analyses, Analysis, Article, Availability, Bibliometric, Bibliometric Analyses, Characteristics, China, Chinese, Citation, Citation Analysis, Citations, Collection, Collection Development, Coverage, Databases, Disciplines, Engineering, England, Field, First, General, House, Information, Information Management, Information Needs, Institutions, Journal, Journals, Literature, Needs, Online, Online Databases, Open, Open Access, Papers, Productivity, Purpose, R, Research, Research Institutions, Research Productivity, Resources, Science, Science Citation Index, Sciences, Scientists, Source, USA

? Borrego, A. and Garcia, F. (2013), Provision of supplementary materials in library and information science scholarly journals. *Aslib Proceedings*, **65** (5), 503-514.

Full Text: [2013\Asl Pro65, 503.pdf](2013/Asl%20Pro65,%20503.pdf)

Abstract: Purpose - This study seeks to analyse the policies of library and information science (US) journals regarding the publication of supplementary materials, the number of journals and articles that include this feature, the kind of supplementary materials published with regard to their function in the article, the formats employed and the access provided to readers. Design/methodology/approach - The study analysed the instructions for authors of US journals indexed in the ISI Journal Citation Reports, as well as the supplementary materials attached to the articles published in their 2011 online volumes. Findings - Large publishers are more likely to have a policy regarding the publication of supplementary materials, and policies are usually homogeneous across all the journals of a given publisher. Most policies state the acceptance of supplementary materials, and even journals without a policy also publish supplementary materials. The majority of supplementary materials provided in LIS articles are extended methodological explanations and additional results in the form of textual information in PDF or Word files. Some toll-access journals provide open access to any reader to these files. Originality/value - This study provides new insights into the characteristics of supplementary materials in US journals. The results may be used by journal publishers to establish a policy on the publication of supplementary materials and, more broadly, to develop data sharing initiatives in academic settings.

Keywords: Acceptance, Access, Article, Authors, Barcelona, Bibliometrics, Characteristics, Citation, Data, Data Sharing, England, Feature, Function, House, Information, Information Science, ISI, Journal, Journal Citation Reports, Journals, LI, Library and Information Science, LIS, Online, Open, Open Access, Policies, Policy, Publication, Publisher, Publishing, Scholarly Journals, Scholarly Publishing, Science, Spain, State, Supplementary Materials, US

? Vargas-Quesada, B., Al-Dwairi, K.M.O., Faba-Perez, C. and de Moya-Anegon, F. (2013), Web structure and influence of the Arab universities of the MENA zone (Middle East and North Africa) Visualization and analysis. *Aslib Proceedings*, **65** (6), 623-643.

Full Text: [2013\Asl Pro65, 623.pdf](2013/Asl%20Pro65,%20623.pdf)

Abstract: Purpose - This article aims to display the structure and reveal the web influence of institutions in the MENA zone, in geographic terms (country) and academic terms (universities), by means of their links. Design/methodology/approach - Using search engines and webcrawlers designed to gather information about web links, in conjunction with visualization techniques and degree indicators based on social network analysis, the authors achieved their objective and found responses to a series of pertinent research questions. Findings - There is no direct relationship between the number of university websites and the number of inlinks. Linking between countries in the MENA zone obeys patterns of vicinity and geopolitics. Arab universities are interlinked following trends governed by territorial proximity. There is a strong endogamic tendency, with universities from a single country citing each other, particularly in the case of Saudi Arabia. The authors present the first ranking of web influence in the MENA zone based on network indicators, namely country and university, and their order is corroborated by comparison with other rankings of a webometric or scientometric nature. Research limitations/implications - Studies of this type cannot be undertaken again, at least not froni the web link perspective, as Yahoo!, Google and Bing have since blocked the webcrawlers that attempt to carry out searches of inlinking or co-inlinking between/among sites. Hence, this work can be considered both a pioneer and the last of its kind. The authors do not know if or when it will be possible to again make queries about URLs in webs or, alternatively, in titles. Originality/value - This is the first visual report of the web structure underlying the countries and universities of the MENA zone. It is also the first time that a country and university ranking of this geopolitical zone has been carried out using network indicators based on web links.

Keywords: Academic Web, Africa, Analysis, Arab Universities, Article, Authors, Comparison, Countries, Country, Csic, England, First, Google, Higher-Education Area, House, Indicators, Influence, Information, Information Visualization, Institutions, Link Analysis, Maps, Mena, Network, Network Analysis, North, Patterns, Ranking, Rankings, Research, Science, Scientometric, Scimago, Social, Social Network Analysis, Space, Spain, Structure, Techniques, Trends, Universities, University, Visualization, Web, Web Ranking, Webometrics, Websites, Work

? Cheng, M.Y., Hen, K.W., Tan, H.P. and Fok, K.F. (2013), Patterns of co-authorship and research collaboration in Malaysia. *Aslib Proceedings*, **65** (6), 659-674.

Full Text: [2013\Asl Pro65, 659.pdf](2013/Asl%20Pro65,%20659.pdf)

Abstract: Purpose - By exploring the patterns of co-authorship, this paper aims to identify the degree and type of research collaboration in Malaysia. Design/methodology/approach - A total of 22,244 publication records from five research universities in Malaysia were retrieved from Scopus database. Journal articles published for the period between 2008 and October 2011 were collected. Indicators such as number of authors, subject areas, number of local institutions and foreign countries, were analysed using simple statistical tools to identity the degree and type of collaboration. Findings - The findings reveal that in Malaysia, researchers tend to work in teams but collaboration is more dominant in science-based research than social sciences. Academics published extensively with their colleagues from the same university or from other academic institutions, but there is little collaboration with researchers from public research institutes or industry. In terms of international collaboration, Iran, India, UK, Japan and the USA are the top five collaborating countries. Disciplines with significant international collaboration are physics and astronomy; chemistry; agricultural and biological sciences; engineering; health profession and computer sciences. Originality/value - This paper is among the few that study the patterns of co-authorship in Malaysia and most probably the first to examine the patterns in the Malaysian research universities. The study highlights the skewed distribution of co-authorship patterns where there is limited evidence of cross sectors collaboration in journal publication. The findings call for policy makers as well as universities to look into the constraints as well as drivers that would enhance the linkage of different actors in the national research system.

Keywords: Academic Research, Agricultural, Article, Authors, Bibliometrics, Biological, Biological Sciences, Chemistry, Co-Authorship, Coauthorship, Collaboration, Database, Disciplines, Distribution, Engineering, England, Evidence, First, Health, House, India, Indicators, Information, Institutions, International, International Collaboration, Iran, Japan, Joint Authorship, Journal, Journal Articles, Linkage, Local, Malaysia, Management, Policy, Profession, Public, Public Research Institutes, Publication, Records, Research, Research Collaboration, Science, Sciences, Scientific Collaboration, Scopus, Scopus Database, Social, Social Sciences, UK, Universities, University, USA, Visibility, Work

# Title: ASM News

Full Journal Title: ASM News

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bradley, S.G. (2005), Scientists behaving badly. *ASM News*, **71** (8), 347.

Full Text: 2005\ASM New71, 347.pdf

# Title: Assessment

Full Journal Title: Assessment

ISO Abbreviated Title: Assessment

JCR Abbreviated Title: Assessment

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Blashfield, R.K. and Archer, G. (2001), A comparative view of the new joural: *Assessment*. *Assessment*, **8** (3), 339-350.

Full Text: [2001\Assessment8, 339.pdf](2001/Assessment8,%20339.pdf)

Abstract: the reference sections from all articles in the 1997 volumes of Assessment, Journal of Personality Assessment, and Psychological Assessment were entered into a database and analyzed. An article published in Assessment averaged almost 31 references. An article published in journal of Personality Assessment contained an average of 33 references. Psychological Assessment averaged 38 references per article. The median age of the references in the three journals was 8 years with an interquartile range of 4 to 14 years. The Journal of Personality Assessment had the largest number of citations in this database of 5,316 references. Each of these received a relatively large number of their citations from articles published in the same journal (self-citations). Randomly selected articles from the 1997 volume of Assessment received fewer citations in the Social Science Citation Index than a similar set of articles from the other two journals. However, the data on Assessment, when compared with data available on other new scientific publications, suggests that Assessment is doing as well as other fledgling journals.

Keywords: Citation Analysis, Co-Authorship Patterns, Psychological Testing, References, Scientific Journals

# Title: Assessment & Evaluation in Higher Education

Full Journal Title: Assessment & Evaluation in Higher Education

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bermingham, V., Watson, S. and Jones, M. (2010), Plagiarism in UK law schools: Is there a postcode lottery? *Assessment & Evaluation in Higher Education*, **35** (1), 1-15.

Full Text: [2010\Ass Eva Hig Edu35, 1.pdf](2010/Ass%20Eva%20Hig%20Edu35,%201.pdf)

Abstract: the discussion of issues relating to academic dishonesty in the UK higher education sector has become increasingly intense in recent years and has often been subject to the media spotlight. This study examines the policies, procedures and penalties at law schools across the UK when dealing with allegations of plagiarism. Data were obtained in two stages via questionnaires and structured interviews with members of staff. The considerable degree of diversity which emerges is discussed and the possible implications of such diversity are examined.

Keywords: Definitions, Education, Inconsistencies, Law Students, Plagiarism, Policies

? Elander, J., Pittam, G., Lusher, J., Fox, P. and Payne, N. (2010), Evaluation of an intervention to help students avoid unintentional plagiarism by improving their authorial identity. *Assessment & Evaluation in Higher Education*, **35** (2), 157-171.

Full Text: [2010\Ass Eva Hig Edu35, 157.pdf](2010/Ass%20Eva%20Hig%20Edu35,%20157.pdf)

Abstract: Students with poorly developed authorial identity may be at risk of unintentional plagiarism. An instructional intervention designed specifically to improve authorial identity was delivered to 364 psychology students at three post-1992 universities in London, UK, and evaluated with before-and-after measures of beliefs and attitudes about academic authorship, using the Student Authorship Questionnaire. Changes in questionnaire scores showed that the intervention led to significantly increased confidence in writing, understanding of authorship, knowledge to avoid plagiarism, and top-down approaches to writing, and significantly decreased bottom-up and pragmatic approaches to writing. For understanding of authorship, knowledge to avoid plagiarism and pragmatic approaches to writing, significant intervention by year of study interaction effects showed that the greatest improvements were among year one undergraduates. Direct evaluative feedback showed that 86% of students believed the intervention helped them avoid plagiarism and 66% believed it helped them write better assignments. Post-intervention focus groups revealed changed student understandings about authorial identity and academic writing. The results show that interventions can help students avoid unintentional plagiarism by adopting more authorial roles in their academic writing. Further research could explore other influences on authorial identity, and examine the impact of authorial identity interventions on other outcome indicators.

Keywords: Academic Literacy, Authorial Identity, Authorship, College, Evaluation, Interventions, Inventory, Plagiarism, Questionnaire, Research, Writing

? Heather, J. (2010), Turnitoff: Identifying and fixing a hole in current plagiarism detection software. *Assessment & Evaluation in Higher Education*, **35** (6), 647-660.

Full Text: [2010\Ass Eva Hig Edu35, 647.pdf](2010/Ass%20Eva%20Hig%20Edu35,%20647.pdf)

Abstract: In recent times, plagiarism detection software has become popular in universities and colleges, in an attempt to stem the tide of plagiarised student coursework. Such software attempts to detect any copied material and identify its source. The most popular such software is Turnitin, a commercial system used by thoUSAnds of institutions in more than 100 countries. Here, we show how to fix a loophole in Turnitin’s current plagiarism detection process. We demonstrate that, in its current incarnation, one can easily create a document that passes the plagiarism check regardless of how much copied material it contains; we then show how to improve the system to avoid such attacks.

Keywords: Academic Misconduct, JISC, JISC-PAS, Plagiarism, Plagiarism Detection, Turnitin

# Title: Astronomical Data Analysis Software and Systems XXI

Full Journal Title: Astronomical Data Analysis Software and Systems XXI

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Meakins, S. and Grothkopf, U. (2012), Linking publications and observations: The ESO telescope bibliography. *Astronomical Data Analysis Software and Systems XXI*, **461**, 767-770.

Full Text: 2012\Ast Dat Ana Sof Sys XXI461, 767.pdf

Abstract: Bibliometric studies have become increasingly important in evaluating individual scientists, specific facilities, and entire observatories. In this context, the ESO Library has developed and maintains two tools: FUSE, a full-text search tool, and the Telescope Bibliography (telbib), a content management system that is used to classify and annotate ESO-related scientific papers. The new public telbib interface provides faceted searches and filtering, autosuggest support for author, bibcode and program ID searches, hit highlighting as well as recommendations for other papers of possible interest. It is available at www.eso.org/libraries/telbib.htm1.

Keywords: Bibliography, Bibliometric, Bibliometric Studies, Context, Facilities, Interface, Management, Papers, Public, Publications, Recommendations, Scientists, Support

# Title: Astronomical Journal

Full Journal Title: Astronomical Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Abt, H.A. (2012), Scientific efficiency of ground-based telescopes. *Astronomical Journal*, **144** (4), Article Number: 91.

Full Text: [2012\Ast J144, 91.pdf](2012/Ast%20J144,%2091.pdf)

Abstract: I scanned the six major astronomical journals of 2008 for all 1589 papers that are based on new data obtained from ground-based optical/IR telescopes worldwide. Then I collected data on numbers of papers, citations to them in 3 + years, the most-cited papers, and annual operating costs. These data are assigned to four groups by telescope aperture. For instance, while the papers from telescopes with an aperture >7 m average 1.29 more citations than those with an aperture of 2 to <4 m, this represents a small return for a factor of four difference in operating costs. Among the 17 papers that have received >= 100 citations in 3 + years, only half come from the large (>7 m) telescopes. I wonder why the large telescopes do so relatively poorly and suggest possible reasons. I also found that papers based on archival data, such as the Sloan Digital Sky Survey, produce 10.6% as many papers and 20.6% as many citations as those based on new data. Also, the 577.2 papers based on radio data produced 36.3% as many papers and 33.6% as many citations as the 1589 papers based on optical/IR telescopes.

Keywords: Astronomical Databases: Miscellaneous, Citations, Costs, Data, Deep Survey, Digital Sky Survey, Evolution, Field, Galaxies, Journals, Mass, Milky, Papers, Planet Search, Publications, Bibliography, Small, Spectroscopy, Stars, Telescopes

# Title: Astronomische Nachrichten

Full Journal Title: [Astronomische Nachrichten](http://www3.interscience.wiley.com/journal/60500255/home)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Sánchez, S.F. and Benn, C.R. (2004), Impact of astronomical research from different countries. *Astronomische Nachrichten*, **325** (5), 445-450.

Full Text: [2004\Ast Nac325, 445.pdf](2004/Ast%20Nac325,%20445.pdf)

Abstract: the impact of astronomical research carried out by different countries has been compared by analysing the 1000 most-cited astronomy papers published 1991-8 (125 from each year). 61% of the citations are to papers with first authors at institutions in the USA, 11% in the UK, 5% in Germany, 4% in Canada, 3% in Italy and 3% in France. 17% are to papers with first authors in ESO countries. The number of citations is approximately proportional to the number of IAU members in a given country. The number of citations per IAU astronomer is highest in the USA, Switzerland and the UK. Within continental Europe, the number of citations per IAU astronomer varies little from country to country, but is slightly higher in the north than in the south. The sample of 1000 papers maps regional subject preferences. 62% of the extragalactic papers in the sample were published from the USA, 15% from the UK, 23% from other countries (mainly in continental Europe). 62% of the papers on stars were also published from the USA, but the fractions from the UK and from other countries are 2% and 36% respectively.

Keywords: Authors, Bibliometrics, Citations, Countries, Europe, Favors, Germany, Impact, Italy, Papers, Research, Scienciometrics, Scientific Productivity

# Title: Astronomy & Geophysics

Full Journal Title: Astronomy & Geophysics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Blustin, A. (2007), Publication and citation statistics for UK astronomers. *Astronomy & Geophysics*, **48** (6), 32-35.

Abstract: This article presents a survey of publication and citation statistics for 835 UK professional astronomers: the majority of academics and contract researchers within the UK astronomical community. I provide histograms of these bibliometrics for the whole sample as well as of the median values for the individual departments. I discuss the distribution of top bibliometric performers in the sample, and make some remarks on the use of bibliometrics in a real-world assessment exercise.

Keywords: Bibliometrics

# Title: Astrophysical Journal

Full Journal Title: [Astrophysical Journal](http://www.iop.org/EJ/journal/apj)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Banerjee, S. and Kroupa, P. (2013), Did the infant R136 and NGC 3603 clusters undergo residual gas expulsion? *Astrophysical Journal*, **764** (1), Article Number: 29.

Full Text: 2013\Ast J764, 29.pdf

Abstract: Based on kinematic data observed for very young, massive clusters that appear to be in dynamical equilibrium, it has recently been argued that such young systems are examples of where the early residual gas expulsion did not happen or had no dynamical effect. The intriguing scenario of a star cluster forming through a single starburst has thereby been challenged. Choosing the case of the R136 cluster of the Large Magellanic Cloud, the most cited one in this context, we perform direct N-body computations that mimic the early evolution of this cluster including the gas-removal phase (on a thermal timescale). Our calculations show that under plausible initial conditions which are consistent with observational data, a large fraction (>60%) of a gas-expelled, expanding R136-like cluster is bound to regain dynamical equilibrium by its current age. Therefore, the recent measurements of velocity dispersion in the inner regions of R136, which indicate that the cluster is in dynamical equilibrium, are consistent with an earlier substantial gas expulsion of R136 followed by a rapid re-virialization (in approximate to 1 Myr). Additionally, we find that the less massive Galactic NGC 3603 Young Cluster (NYC), with a substantially longer re-virialization time, is likely to be found to have deviated from dynamical equilibrium at its present age (approximate to 1 Myr). The recently obtained stellar proper motions in the central part of the NYC indeed suggest this and are consistent with the computed models. This work significantly extends previous models of the Orion Nebula Cluster which already demonstrated that the re-virialization time of young post-gas-expulsion clusters decreases with increasing pre-expulsion density.

Keywords: Age, Binary Populations, Cluster, Context, Data, Dispersion, Embedded Clusters, Equilibrium, Evolution, Galaxies: Individual (LMC), Galaxies: Star Clusters: General, HII-Regions, Infant, Initial Conditions, Initial Mass Function, Models, Molecular Clouds, Nearest Starburst Cluster, Observational, Open Clusters and Associations: Individual (R136,Ngc 3603), Orion Nebula, Recent, Scenario, Star-Formation, Stars: Kinematics and Dynamics, Stellar Clusters, Systems, Work

# Title: Atencion Primaria

Full Journal Title: Atención Primaria

ISO Abbreviated Title:

JCR Abbreviated Title: Aten Primaria

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: TTopic

? Simo Minana, J., Gaztambide Ganuza, M. and Latour Perez, J. (1999), Scientific production of Spanish professionals in primary health care (1990-1997). A bibliometric analysis from MEDLINE. *Atención Primaria*, **23** (S1), 14-28.

OBJECTIVES: To describe the scientific production of primary care (PC) Spanish professionals, during the current decade, using MEDLINE database. To identify which factors would explain the differences in the scientific production of PC professionals among Spanish autonomous communities (AACC). DESIGN: Retrospective, descriptive and analytical study. It has been designed a search strategy that will be used to retrieve this production from 1990 to 1997. MATERIAL: 1014 documents published in 44 journals during the analysed period. MEASUREMENTS: Chronological evolution, authors, institutional addresses, geographic distribution, journals and thematic areas of this scientific production were analysed. The scientific production of any AACC was studied according to its socio-economic and human resources data. By uni and multivariant analysis we studied if the differences in PC professional’s scientific production among the AACC are explained by socio-economic variables, available human resources and the degree of implementation of the new PC model in any AACC. MAIN RESULTS: During the studied period, it was detected from MEDLINE an increase in the scientific production of the spanish PC professionals, either in articles published by Atencion Primaria journal (73.7%), as in other Spanish journals (22.6%) and non-Spanish (3.7%) journals. In 71.9% of the documents the first author comes from a primary care centre. The main thematic areas treated in the articles are family practice and primary care topics, but a quarter of them tackled clinical topics. The only variable that explained the differences in the scientific production of these professionals among AACC was the bigger or lower increment of people covered by the new PC model in any AACC during the analysed period. This variable only explained 20% of the variability. The level of provincial income was significantly and inversely correlated with its scientific production. CONCLUSIONS: It can be set the suitability of MEDLINE for bibliometric studies of the scientific production of the spanish PC professionals. In global terms it has been detected an increment of this production. The degree of implementation of the new PC model in any AACC, has partially explained the differences in the scientific production of their PC professionals.

Notes: TTopic

? Bellon Saameno, J.A. and Martinez Canabate, T. (2001), Research into communication and health. A Spanish and international perspective through bibliometric analysis. *Atención Primaria*, **27** (7), 452-458.

Abstract: OBJECTIVES: 1. To find the scientific output on communication and health both in Spain and internationally. 2. To compare the two outputs according to the type of articles published and the design of the research. DESIGN: Descriptive and bibliometric study. MATERIAL: the data bases MEDLINE (1995-2000) and IME (1990-2000) and the books summarising papers from semFYC Congresses (1995-2000) were used. MEASUREMENTS: the number of articles on MEDLINE published and indexed with the description <<physician-patient relationships>>, plus a series of subject describers that could be included under the heading <<communication and health>>, were counted. On the IME and in the semFYC congress summaries the describers <<communication, clinical interview, doctor-patient relationship, doctor-sick person communication and doctor-patient communication>> were used. The articles indexed on MEDLINE-IME were compared for their classification as original articles, clinical practice guidelines, review, editorial or letter to the editor. Original articles were classified in randomised and non-randomised trials, meta-analysis and observation studies. MAIN RESULTS: 6766 articles were found on MEDLINE, 42 on the IME (0.046% of the total indexed) and 34 summaries from semFYC congresses (1.47% of the total). Among the most commonly studied questions were found patients’ information and education, professional stress and psychological interviews; among the least studied were difficult and aggressive patients, negotiation and people accompanying patients. The original articles on MEDLINE and IME were 70% and 37%; and review articles, 11% and 44%. 1.4% of MEDLINE articles were randomised trials; and 0.08%, meta-analysis. CONCLUSIONS: Communication and health research is a young field that still requires descriptive studies. There is little scientific output in this area in Spain, with few original papers and too many reviews.

Keywords: Communication, Doctor-Patient Relationship, Bibliometric Study, MEDLINE, IME

? Zurro, A.M., Badia, J.G., Villa, J.J. and Martinez, C.B. (2008), *Atencion Primaria* in the science citation index expanded. *Atención Primaria*, **40** (6), 275-276.

Keywords: Citation, Index, Jun, Science, Science Citation Index

? Ortiz, Z.H. and Mendez, A.L. (2010), Efficacy of oral/buccal insulin in the treatment of diabetes mellitus. *Atención Primaria*, **42** (6), 316-321.

Abstract: Objective: To evaluate the efficacy and safety of administering oral/buccal insulin. Design: Systematic review. Data sources: Reference databases, MEDLINE, EMBASE, Scopus, Current Contents, Web of Science, and Cochrane Library, European Drugs Agency, Food and Drug Administration, International Network of Technological Evaluation Agencies, European Network for New and Emerging Technologies (Euro Scan), and gravel research registers. Selection of the studies: Two clinical trials were found. Those studies that did not compare oral/buccal insulin with the standard treatment with injected insulin in terms of clinical parameters in a population with diabetes were excluded. Extraction of data: Critical reading according to the method proposed by the CASPe program and the Jadad scale. Results: Buccal insulin produced a greater and earlier reduction in post-prandial blood glucose at 30 min in the intervention group compared to the control group (decrease of 55 mg/dl) and a higher and more rapid peak blood insulin (98 compared to 65 mu U/mL). The postprandial levels with oral insulin were similar to those obtained with injected insulin, and had a higher maximum insulin concentration (110+/-130 vs. 96.3+/-69.7 mu U/mL). Conclusions: Oral/buccal insulin gives, at least, results similar to the standard treatment. However, the studies had methodological problems of internal and external validity. Studies of longer duration are required to evaluate the long-term efficacy and safety. (C) 2008 Elsevier Espana, S.L. All rights reserved.

Keywords: Administration, Blood, Buccal Insulin, Clinical Trials, Cochrane, Control, Critical, Databases, Diabetes, Diabetes Mellitus, Drugs, Efficacy, EMBASE, Evaluation, Extraction, Insulin, Intervention, MEDLINE, Oral Insulin, Research, Review, Safety, Science, Scopus, Systematic, Systematic Review, Treatment, Validity, Web of Science

? Cuixart, C.B. and Pelaez, I.M. (2010), Primary prevention of cardiovascular disease with aspirin: what do the guidelines say? *Atención Primaria*, **42** (9), 470-481.

Abstract: Objective: To review the guideline recommendations on aspirin use in primary prevention of cardiovascular diseases. Design: Systematic review. The search was made by condition, treatment and type of prevention. Data sources: Science Citation Index, SCOPUS, PUBMED, Spanish Ministry of Health, World Health Organisation, web sites of national and international scientific societies. Data extraction: Two investigators independently reviewed all the guidelines. Specific topics assessed: a) use of antiplatelet treatment in primary prevention b) identification of target population c) identification of recommended dosage, d) identification of criteria of aspirin use, e) publications in English and/or Spanish, f) dissemination at national (Spain) or international level. Results: Nine guidelines on primary prevention and 5 guidelines on diabetes were reviewed. Most of them recommended low dose aspirin ranging between 75 mg and 325 mg per day. All the guidelines recommend a specifc level of coronary risk to define the target population to be treated, showing high variability in risk tables used and in the level of risk which should be used to recommend treatment. The diabetes guidelines do not define any Level of risk. Three guidelines recommend the use of aspirin when blood pressure is well controlled. Conclusions: There is high variability among guidelines in terms of the level of risk from which patients should be treated, and also in dosages. Most of the guidelines recommend the use aspirin in diabetics, although some discrepancies exist among international panels, and even in different documents of the same scientific society (C) 2009 Elsevier Espana, S.L. All rights reserved.

Keywords: Aspirin, Association, Cardiovascular Diseases, Citation, Controlled-Trial, Coronary, Diabetes Mellitus, European Guidelines, Events, Metaanalysis, Primary Prevention, Publications, PUBMED, Risk Profile, Science Citation Index, Scopus, Society, Statement, Task-Force

? Carratalá-Munuera, M.C., Orozco-Beltrán, D., Gil-Guillen, V.F., Navarro-Perez, J., Quirce, F., Merino, J. and Basora, J. (2012), Bibliometric analysis of international scientific production on primary care. *Atención Primaria*, **44** (11), 651-658.

Full Text: 2012\Ate Pri44, 651.pdf

Abstract: Objective: To present an international view of the scientific production in the field of primary care in the period 1985-2004. Design: Retrospective, observational study. Bibliometric analysis. Location: MEDLINE database. WebSPIRS access through version 4.3. We analysed two periods: 2000-2004 (cross-sectional) and 1985-2004 (developmental). Search based on “MeSH Major” with descriptors: Primary Care or Primary Health Care, Family Practice, Family Physicians, Nurse Practitioners, and Entry Terms associated with these. Key Measures: We analysed the bibliometric indicators of production, circulation, dispersion, and visibility. Results: In 2000-2004, published 20911 articles were published, 0.73% of total production. There was a growth rate (1985-2004) of 221%, which was 2.4 times more than average. Transience rate was 83.17%. The English language is predominant (88.81%) over 34 languages, with Spanish being the next (2.6%). Sixteen countries produce 95.67% of the articles. Spain occupies the 7th place. Universities (52%) are the most productive institutions. There are 1074 different journals with the 10 most productive being: Br J Gen Pract, Adv Nurse Pract, Aust Fam Physician, Fam Pract, Fam Med, BMJ, Aten Primary Health Serv J, Can Fam Physician, J Fam Pract. The proportion of trials (5.43%) in PC is similar to other disciplines and has increased by 453% (1985-2004). Conclusions: The production of Primary care is about 1% of the total scientific output, with a noticeable and higher than average growth over 20 years. The proportion of clinical trials is similar to other disciplines. Although Anglo-Saxon countries and journals are the highest producers, Spain and the journal ATEN PRIMARIA is among those highlighted. (C) 2011 Elsevier Espana, S.L. All rights reserved.

Keywords: Access, Analysis, Bibliometric, Bibliometric Analysis, Bibliometric Indicators, Bibliometric Study, Care, Clinical, Clinical Trials, Database, Dispersion, Family Medicine, Field, Future, Growth, Growth Rate, Impact Factor, Indicators, Institutions, International, Journal, Journals, Language, Languages, MEDLINE, Nov, Observational, Observational Study, Primary, Primary Care, Primary-Health-Care, Research, Research Networks, Rights, Sciences, Scientific Output, Scientific Production, Search, Spain, Universities, Version, Visibility

? Hidalgo, J.L.T., Gallisa, J.B., Beltran, D.O. and Saameno, J.A.B. (2014), Bibliometric map of research done in primary care in Spain during the period 2008-2012. *Atención Primaria*, **46** (10), 541-548.

Full Text: 2014\Ate Pri46, 541.pdf

Abstract: Objective: To describe the Spanish scientific production of primary care during 2008-2012. Design: Observational study bibliometric. Setting: Spanish scientific production in primary care. Participants: The study focused on publications indexed in Medline. Main measurements: In each record was obtained journal, year of publication, first/last author, workplace and autonomous community. Later, articles were classified according to their content or areas of research. The impact factor was obtained from the basis of bibliometric analysis Journal Citation Reports. Results: Using search criteria, were selected 1,048 documents. The transiency rate was 62.6%. Production increased from 170 papers in 2008 to 291 in 2012. Most (65.7%) came from health centers, but we observed a significant increase (P=.01) of the articles from units or research institutes (5.9% in 2008, 12.0% in 2012). Of the total, 61.6% were classified as clinical aspects, 22.5% were published in the journal Atencion Primaria, 80.5% in journals with impact factor and 33.49% in foreign journals, being higher this proportion (P<.001) in units or research institutes (70.5% vs. 29.8%). In relation to population (articles/100.000 inhab.), the most productive communities were Cataluna (4.1), Castilla-La Mancha (3.6), Arag6n (3.4) and Navarra (3.4). Conclusions: In primary care publications there is great diversity in both research areas such as in journals where published. Most are from health centers, treat clinical aspects and published in Spanish journals. Differences in the volume of scientific production between regions are observed. (C) 2013 Elsevier Espana, S.L.U. All rights reserved.

Keywords: Analysis, Area, Articles, Autonomous, Bibliometric, Bibliometric Analysis, Bibliometrics, Care, Citation, Clinical, Community, Content, Criteria, Design, Differences, Diversity, Documents, Family Medicine, From, Health, Health Research Evaluation, Impact, Impact Factor, Indicators, Journal, Journal Citation Reports, Journals, Medline, Papers, Population, Primary, Primary Care, Primary Health Care, Production, Publication, Publications, Record, Research, Research Areas, Results, Rights, Scientific Production, Spain, Spanish Journals, Spanish Scientific Production, Volume

# Title: Atherosclerosis

Full Journal Title: Atherosclerosis

ISO Abbreviated Title: Atherosclerosis

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Journal Country/Territory: United States

Language: Multi-Language

Publisher: Elsevier Sci Ireland Ltd

Publisher Address: Customer Relations Manager, Bay 15, Shannon Industrial Estate Co, Clare, IR

Subject Categories:

Peripheral Vascular Disease: Impact Factor

? Oosterveer, D.M., Versmissen, J., Yazdanpanah, M., Hamza, T.H. and Sijbrands, E.J.G. (2009), Differences in characteristics and risk of cardiovascular disease in familial hypercholesterolemia patients with and without tendon xanthomas: A systematic review and meta-analysis. *Atherosclerosis*, **207** (2), 311-317.

Full Text: [2009\Atherosclerosis207, 311.pdf](2009/Atherosclerosis207,%20311.pdf)

Abstract: Background: Tendon xanthomas are characteristic of familial hypercholesterolemia (FH). It is not clear whether FH patients with xanthomas have higher risk of cardiovascular disease (CVD) than those without xanthomas. The clinical diagnosis of FH in patients without xanthomas, namely requires the presence of CVD in the patient or in a first-degree relative. This may have masked the association between xanthomas and CVD in a number of studies. A diagnosis of FH based on the presence of a mutation in the low-density lipoprotein receptor (LDLR) gene is free from this selection on CVD. In this systematic review and meta-analysis, we therefore compared the risk of CVD between patients heterozygous for LDLR mutation with and without xanthomas. Methods and results: We conducted a literature search with PUBMED and the Web of Science up to January 14, 2009. We selected all articles examining more than 25 human heterozygous FH patients, that provided information about xanthomas. Articles had to be written in a Western European language. A total of 22 articles suited for analyses. A genetic confirmation of FH was compulsory to correctly assess the risk of CVD with presence of xanthomas. Age, male gender, LDL-cholesterol and triglyceride level were associated with the presence of xanthomas (p < 0.05 for all). In patients with genetically confirmed FH, xanthomas were associated with a 3.20-fold higher risk of CVD (95% CI 2.12-4.82, p < 0.01). Conclusions: Xanthomas are associated with a 3 times higher risk of CVD among FH patients, suggesting that xanthomas and CVD may share etiology. (C) 2009 Elsevier Ireland Ltd. All rights reserved.

Keywords: Achilles-Tendon, Age, Articles, Atherosclerosis, Cardiovascular, Cardiovascular Disease, Clinical-Manifestations, Coronary-Artery Disease, Diagnosis, Disease, Etiology, Familial Hypercholesterolemia, Gender, Genetic, Human, Hypercholesterolemia, Information, Intima-Media Thickness, Ischemic Heart-Disease, LDL Receptor Gene, Literature, Meta-Analysis, Methods, Mutation, Phenotype, PUBMED, Review, Risk, Science, Systematic, Systematic Review, Tendon, Triglyceride, Ultrasonography, Web of Science, Xanthomas

? Ma, X.Y., Liu, J.P. and Song, Z.Y. (2011), Associations of the ATP-binding cassette transporter A1 R219K polymorphism with HDL-C level and coronary artery disease risk: A meta-analysis. *Atherosclerosis*, **215** (2), 428-434.

Full Text: [2011\Atherosclerosis215, 428.pdf](2011/Atherosclerosis215,%20428.pdf)

Abstract: Objective: Previous studies have evaluated the associations of the ATP-binding cassette transporter A1 (ABCA1) R219K polymorphism (rs2230806) with the level of high-density lipoprotein cholesterol (HDLC) and the risk of developing coronary artery disease (CAD), but results from many small, underpowered studies are conflicting. The objective of this study was to overcome the limitations of individual study and provide solid epidemiologic evidence. Methods: We conducted a systematic review and meta-analysis of available studies to clarify the associations of the ABCA1 R219K polymorphism with HDL-C level and CAD risk. Results: Through retrieving PUBMED, EMBASE, Web of Science, CBM and CNKI, we identified a total of 22 studies with 6597 cases and 15,369 controls for the association between the ABCA1 R219K polymorphism and CAD risk. The carriers of allele 219K were found to have a lower risk of CAD than the non-carriers: OR = 0.76,95% CI = 0.68-0.85, P = 3.78E-07, P(heterogeneity) = 3.59E-08; meanwhile, 18 studies from 17 papers with 12,869 subjects were included in the association between the ABCA1 R219K polymorphism and the level of HDL-C. It was suggested that the carriers of KK genotype had higher level of HDL-C than those of RR genotype: SMD = 0.19, 95% CI = 0.06-0.32, P = 0.005, P(heterogeneity) = 3.19E-09. Subgroup analyzes by ethnicity certified that the effect on HDL level was just significant in Asians. Exclusion of the outlier studies effectively removed the heterogeneity and confirmed the total results. No publication bias was detected in this meta-analysis. Conclusions: the synthesis of available evidence demonstrates that the ABCA1 R219K polymorphism is associated with a higher HDL-C level in Asians and a protective role for CAD risk both in Asians and Caucasians. (C) 2011 Elsevier Ireland Ltd. All rights reserved.

Keywords: Abca1 Gene, Atp Binding Cassette Transporter A1, Bias, Cholesterol Levels, Clinical-Trials, Common Polymorphisms, Coronary Artery Disease, Disease, Disease Risk, Ethnicity, Familial Hypercholesterolemia, Genome-Wide Association, Hdl, HDL-C, Heart-Disease, Meta Analysis, Meta-Analysis, Methods, Myocardial-Infarction, Papers, Polymorphism, Population, Publication, Publication Bias, PUBMED, Review, Risk, Science, Systematic, Systematic Review, Tangier-Disease, Web of Science

? Huggett, S. (2013), Journal bibliometrics indicators and citation ethics: A discussion of current issues. *Atherosclerosis*, **230** (2), 275-277.

Full Text: [2013\Atherosclerosis230, 275.pdf](2013/Atherosclerosis230,%20275.pdf)

Abstract: Science has recently been accelerating at a fast rate, resulting in what has been called “information overload” and more recently “filter failure”. In this perspective, journal performance indicators can play an important role in journal evaluation. Opinions on the appropriate use of journal-level bibliometrics indicators can be divided but they have now long been used as measures in research evaluation, and many editors see it as part of their editorial duty to try and improve bibliometrics indicators and rankings for their journal. There are various techniques through which this can be attempted, some more ethical than others. Some editors may try to boost the bibliometrics performance of their journals through gratuitous citations. This is problematic because citations are meant to provide useful references, scientifically justifiable, to previously published literature. As such citations can be used as widely accepted measures of scientific impact. Therefore, superfluous citations can distort the validity of bibliometrics indicators. It might be tempting to try to improve a journal’s bibliometrics rankings at all costs, but these are only as meaningful as the data that feed into them. Exceedingly inflated indicators due to unethical behaviours can damage the reputation of a journal and its editors, and can lead to a loss of quality manuscript submissions, which in turn is likely to affect the journal’s future citation impact. (C) 2013 Elsevier Ireland Ltd. All rights reserved.

Keywords: Article, Atherosclerosis, Attempted, Bibliometrics, Citation, Citation Impact, Citations, Co, Costs, Damage, Data, Duty, England, Ethical, Ethics, Evaluation, Feed, House, Impact, Impact Factors, Indicators, Ireland, Journal, Journals, Lead, Literature, Park, Performance, Performance Indicators, Quality, Rankings, References, Reputation, Research, Research Evaluation, Rights, Role, Science, Scientific Impact, Techniques, Validity

? Kunutsor, S.K., Apekey, T.A. and Khan, H. (2014), Liver enzymes and risk of cardiovascular disease in the general population: A meta-analysis of prospective cohort studies. *Atherosclerosis*, **236** (1), 7-17.

Full Text: [2014\Atherosclerosis236, 7.pdf](2014/Atherosclerosis236,%207.pdf)

Abstract: Background: Gamma glutamyltransferase (GGT), alanine aminotransferase (ALT), aspartate aminotransferase (AST) and alkaline phosphatase (ALP), commonly used markers of liver dysfunction, have been implicated with risk of cardiovascular disease (CVD). However, the strength and consistency of their associations in the general population have not been reliably quantified. Methods: We synthesized available prospective epidemiological data on the associations of baseline levels of GGT, ALT, AST, and ALP with CVD [composite CVD, coronary heart disease (CHD), or stroke outcomes]. Relevant studies were identified in a literature search of MEDLINE, EMBASE, and Web of Science up to December 2013. Pooled relative risks (RRs) with 95% confidence intervals (CIs) were calculated using random effects models. Results: Twenty-nine unique cohort studies with aggregate data on over 1.23 million participants and 20,406 cardiovascular outcomes were included. The pooled fully adjusted RRs (95% CIs) for CVD were 1.23 (1.16-1.29) and 1.08 (1.03-1.14) per 1-standard deviation change in log baseline levels of GGT and ALP levels respectively. There was no evidence of an association of ALT or AST with CVD, however, ALT was somewhat inversely associated with CHD 0.95 (0.90-1.00) and positively associated with stroke 1.01 (1.00-1.02) in stratified analysis. Tests for nonlinearity were suggestive of linear relationships of GGT and ALP levels with CVD risk. Conclusions: Baseline levels of GGT and ALP are each positively associated with CVD risk and in a log-linear fashion. There may be variations in the associations of ALT with cause-specific cardiovascular endpoints, findings which require further investigation. (C) 2014 Elsevier Ireland Ltd. All rights reserved.

Keywords: Alanine Aminotransferase, Alkaline Phosphatase, Aminotransferases, Analysis, Aspartate Aminotransferase, Association, Cardiovascular, Cardiovascular Disease, Cohort, Confidence, Confidence Intervals, Consistency, Coronary Heart Disease, Data, Disease, Dose-Response Data, Effects, Embase, Enzymes, Evidence, Gamma Glutamyltransferase, Gamma-Glutamyl-Transferase, General, General Population, Genetic Epidemiology, Genome-Wide Association, Heart, Intervals, Intracerebral Hemorrhage, Investigation, Ireland, Literature, Literature Search, Liver, Medline, Mendelian Randomization, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolic Syndrome, Methods, Models, Outcomes, Oxidative Stress, Population, Prospective, Results, Rights, Risk, Risks, Science, Serum Alanine Aminotransferase, Strength, Stroke, Trend Estimation, Web Of Science

? Mamudu, H.M., Paul, T.K., Veeranki, S.P. and Budoff, M. (2014), The effects of coronary artery calcium screening on behavioral modification, risk perception, and medication adherence among asymptomatic adults: A systematic review. *Atherosclerosis*, **236** (2), 338-350.

Full Text: [2014\Atherosclerosis236, 338.pdf](2014/Atherosclerosis236,%20338.pdf)

Abstract: Objective: To perform systematic review of the effects of screening for coronary artery calcium (CAC), a subclinical marker of coronary artery disease (CAD), on behavioral or lifestyle modification, risk perception, and medication adherence. Methods: We searched through CINAHL, PsychInfo, Web of Science, Cochrane Central Register of Control Trials, and PubMed (Medline) for studies on the effects of CAC screening in asymptomatic individuals across three major domains: behavioral modification, risk perception for CAD, and medication adherence. We extracted data from the retrieved studies, assessed and synthesized the information. Results: Of the 15 retrieved studies, three were randomized control trials and 12 were observational studies. CAC score was ascertained either as total score, quartiles, or standardized Agatston’s ordinal scale. While all the 15 studies involved issues related to behavioral and medication adherence, four involved risk perception of CAD. Although no standardized approach was used in these studies, CAC screening enhanced medication adherence in 13 of the 15 studies, while the others were mixed. Conclusion: CAC screening improved medication adherence and could likely motivated individuals for beneficial behavioral or lifestyle changes to improve CAD. The mixed results suggest the need for further research because screening for subclinical atherosclerosis has significant implications for early detection and prevention of future cardiovascular events by aggressive risk factors modification. Published by Elsevier Ireland Ltd.

Keywords: Adherence, American-Heart-Association, Approach, Artery, Beam Computed-Tomography, Cad, Calcium, Cardiovascular, Cardiovascular-Risk, Changes, Computed Tomography, Control, Coronary Artery, Coronary Artery Calcium, Coronary Artery Disease, Data, Disease, Disease Risk, Early Detection, Effects, Events, Expert Consensus Document, From, Guide Pyramid Recommendations, Information, Ireland, Issues, Life-Style Behaviors, Lifestyle Or Behavioral Modification, Marker, Medication Adherence, Medline, Methods, Modification, Observational, Observational Studies, Perception, Prevention, Primary Prevention, Pubmed, Randomized, Research, Results, Review, Risk, Risk Factors, Risk Perception, Scale, Science, Screening, Subclinical Atherosclerosis, Subclinical Atherosclerosis, Subclinical Markers, Systematic, Systematic Review, United-States, Web Of Science

# Title: ATLA-Alternatives to Laboratory Animals

Full Journal Title: ATLA-Alternatives to Laboratory Animals

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0261-1929

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

? Ungar, K. (1997), A bibliometric evaluation of the performance of ATLA. *ATLA-Alternatives to Laboratory Animals*, **25** (1), 67-69.

Abstract: Analysis of citations to and by ATLA in the years 1988, 1993, 1994 and 1995 show that the impact factor of ATLA has improved significantly over this period, as has the ranking of the journal in relevant sectors of journal publishing. The results further suggest that in vitro toxicology is evolving into a separate discipline and that ATLA is increasingly being seen as one of the key journals for this discipline. However, ATLA’s coverage extends beyond in vitro toxicology. It is a vital and unique resource for the promotion of the Three Rs in fields where no other influential specialised journals on alternatives are currently being published.

Keywords: Bibliometric, Citations, Evaluation, Impact, Journal Publishing, Journals, Publishing

Notes: JJournal

? Bottrill, K. (2000), Bibliometric analysis of the performance of ATLA: An update. *Atla-Alternatives to Laboratory Animals*, **28** (6), 855-856.

# Title: Atmosfera

Full Journal Title: Atmósfera

ISO Abbreviated Title: Atmósfera

JCR Abbreviated Title: Atmósfera

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Monsalves-Gavilán, P., Pincheira-Ulbrich, J. and Mendoza, F.R. (2013), Climate change and its effects on urban spaces in Chile: A summary of research carried out in the period 2000-2012. *Atmósfera*, **26** (4), 547-566.

Full Text: [2013\Atmosfera26, 547.pdf](2013/Atmosfera26,%20547.pdf)

Abstract: We have systematized the effects associated with climate change on urban spaces in Chile reported between 2000 and 2012. The method was based on a review of scientific articles in three databases (Scopus, Web of Knowledge and Scielo) using 32 keywords. Only 14 research papers were found related to climate change in urban spaces, most of which were case studies focused on the capital, Santiago. The main effects on urban spaces were found in four areas: (1) increase in temperature (heat islands, heat waves), (2) health problems in vulnerable populations (cardiac complications, heat stroke, and respiratory diseases), (3) increased demand for water, and (4) damage to the urban infrastructure with resulting risk to the population. In these circumstances the following measures are needed: (1) effective incorporation of the potential impacts of climate change into territorial planning instruments, (2) increased green areas to mitigate the impact of heat waves, (3) limiting of housing or public services in areas at risk, (4) encouraging the design of adaptation plans by involving the vulnerable population, and (5) implementing water conservation measures. We conclude that climate change is causing effects in urban areas that should be considered in the design and expansion of cities.

Keywords: Urban Planning, Green Infrastructure, Vulnerable Population, Global Change, Mexico-City, Air-Pollution, Sao-Paulo, Santiago, Health, Heat, Mortality, Forest, Temperature, Consumption

# Title: Atmospheric Environment

Full Journal Title: [Atmospheric Environment](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6055&_auth=y&_acct=C000047720&_version=1&_urlVersion=0&_userid=2007471&md5=3b7a1a45c8e66f7b6459d5765bff3250)

ISO Abbreviated Title: Atmos. Environ.

JCR Abbreviated Title: Atmos Environ

ISSN: 1352-2310

Issues/Year: 24

Journal Country/Territory: England

Language: English

Publisher: Pergamon-Elsevier Science Ltd

Publisher Address: the Boulevard, Langford Lane, Kidlington, Oxford OX5 1GB, England

Subject Categories:

Environmental Sciences: Impact Factor 2.630, 16/144 (2006)

Meteorology & Atmospheric Sciences: Impact Factor 2.630, 9/48 (2006)

? Brimblecombe, P. and Grossi, C.M. (2009), The bibliometrics of *Atmospheric Environment*. *Atmospheric Environment*, **43** (1), 9-12.

Full Text: [2009\Atm Env43, 9.pdf](2009/Atm%20Env43,%209.pdf)

Abstract: Bibliometric analysis is an important tool in the management of a journal. SCOPUS output is used to assess the increase in the quantity of material in Atmospheric Environment and stylistic changes in the way authors choose words and punctuation in titles and assemble their reference lists. Citation analysis is used to consider the impact factor of the journal, but perhaps more importantly the way in which it reflects the importance authors give to papers published in Atmospheric Environment. The impact factor of Atmospheric Environment (2.549 for 2007) from the Journal Citation Reports suggests it performs well within the atmospheric sciences, but it conceals the long term value authors place on papers appearing in the journal. Reference lists show that a fifth come through citing papers more than a decade old.

Keywords: Analysis, Authors, Bibliometric, Bibliometric Analysis, Bibliometrics, Changes, Citation, Citation Analysis, Citation Half Life, Content Analysis, Environment, Impact, Impact Factor, Journal, Long Term, Long-Term, Management, Papers, Reference, Reference Lists, Rights, Sciences, Scopus, Term, Tool

# Title: Atmospheric Research

Full Journal Title: [Atmospheric Research](http://www.sciencedirect.com/science/journal/01698095)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: TTopic

? Palencia, C., Castro, A., Giaiotti, D., Stel, F., Vinet, F. and Fraile, R. (2009), Hailpad-based research: A bibliometric review. *Atmospheric Research*, **93** (1-3), 664-670.

Full Text: [2009\Atm Res93, 664.pdf](2009/Atm%20Res93,%20664.pdf)

Abstract: This paper is an overview of hailpad research from its origin until today using as a search criterion the bibliographic references on the subject in the Web of Science database (ISI). The search was carried out on 1st September 2008. Among the more than 3.10(7) scientific documents included in the Science Citation Index Expanded (SCI-EXPANDED) from 1945 to the present, the search engine identified 41 containing the word “hailpad\*” (the asterisk is a wildcard for any letter or group of letters). The results have been analyzed according to various criteria: countries with hailpad networks or studies on hailpads; date of the first article; evolution of the number of articles per decade; concepts studied and research lines followed in each article; and finally, a bibliometric analysis of the journals where these articles have been published. It was found that 70% of the articles on hailpads were published in 2 journals: Journal of Applied Meteorology and Atmospheric Research. These two journals also concentrate most of the citations. The number of articles on hailpads and the documents that cite them have grown steadily, and it is expected to grow still further in the present decade if we take into account the trends found. (C) 2008 Elsevier B.V. All rights reserved.

Keywords: Bibliometric Analysis, Bibliometric Review, Calibration, Citation, Hail Research, Hailpad, Research, Web of Science

# Title: Auditing-A Journal of Practice & Theory

Full Journal Title: Auditing-A Journal of Practice & Theory

ISO Abbreviated Title: Audit.-J. Pract. Theory

JCR Abbreviated Title: Auditing-J Pract Th

ISSN: 0278-0380

Issues/Year: 2

Journal Country/Territory: United States

Language: English

Publisher: Amer Accounting Assoc

Publisher Address: 5717 Bessie Dr, Sarasota, FL 34233

Subject Categories:

Business, Finance: Impact Factor 0.438,/(2002)

Notes: JJournal

? Krogstad, J.L. and Smith, G. (2003), Assessing the influence of *Auditing-A Journal of Practice & Theory*: 1985-2000. *Auditing-A Journal of Practice & Theory*, **22** (1), 195-204.

Full Text: [2003\Aud-J Pra The22, 195.pdf](2003/Aud-J%20Pra%20The22,%20195.pdf)

Abstract: This study utilizes citation analysis to explore the impact and standing of Auditing: A Journal of Practice & Theory (AJPT) both within the accounting/auditing discipline and in the context of related fields. More specifically, the citations to AJPT from other journals included in the Social Sciences Citation Index (SSCI), plus citations appearing in additional, high-quality accounting/auditing journals (not included in the SSCI) are combined with self-citations to yield a database of 3,102 citations for the period 1985 through 2000. This database is analyzed to observe trends and to identify journals citing AJPT most frequently. Additionally, articles and authors cited most widely are enumerated. AJPT’s growing influence and stature are documented, and the results support the conclusion that the Auditing Section’s journal has continued to adhere to its essential objective of promoting communication between auditing research and practice.

Keywords: Analysis, Citation, Citation Analysis, Citations, Communication, Context, Database, Impact, Journal, Journals, Practice, Research, Self-Citations, SSCI, Support, Trends

# Title: Auris Nasus Larynx

Full Journal Title: Auris Nasus Larynx

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Fang, L., Lin, H., Zhang, T.Y. and Tan, J. (2014), Laser versus non-laser stapedotomy in otosclerosis: A systematic review and meta-analysis. *Auris Nasus Larynx*, **41** (4), 337-342.

Full Text: [2014\Aur Nas Lar41, 337.pdf](2014/Aur%20Nas%20Lar41,%20337.pdf)

Abstract: Objective: To compare and evaluate the hearing outcome and complications of otosclerosis treated with the laser or non-laser stapedotomy using meta-analysis. Methods: A thorough search for publications and “in-process” articles with English abstract dating from January 1978 to July 2013 was conducted using Pubmed, EBSCO and Web of Science databases, as well as all related papers. The included criteria were otosclerosis as diagnosis, clear description of surgical methods, calibrated stapedotomy and regular collection of functional results. Hearing results and other comparable data (age, preoperative hearing status, and mean length of follow-up) were collected from the articles. Results: Eleven studies with a total of 1614 subjects were identified to meet our criteria. There was a significant difference in the efficacy of stapedotomy with the laser or non-laser technique; current data showed a combined RR of 1.07 (95% CI: 1.02-1.13, p = 0.005). But, the postoperative complication showed no advantage for the laser group, with a combined RR of 0.63 (95% CI: 0.30-1.34, p = 0.23). Although there was publication bias in this study (p = 0.005), the funnel plot would turn out to be symmetrical after six more studies were added by the trim and fill method. Conclusion: Our overall results suggest that the laser stapedotomy had significantly better hearing results than non-laser stapedotomy. However, current papers on laser and non-laser stapedotomy did not provide enough subjects to make a subgroup analysis of the hearing outcome between different laser groups. More studies reporting different laser techniques are required to provide us with a better understanding of laser stapedotomy. (C) 2014 Elsevier Ireland Ltd. All rights reserved.

Keywords: Age, Analysis, Argon-Laser, Articles, Bias, Co2-Laser Stapedotomy, Collection, Complication, Complications, Criteria, Data, Databases, Diagnosis, Efficacy, English, Erbium, Follow-Up, Groups, Hearing, Hearing Results, Ireland, Ktp, Laser, Length, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Otosclerosis, Outcome, Papers, Postoperative, Postoperative Complication, Preoperative, Publication, Publication Bias, Publications, Regular, Reporting, Results, Review, Rights, Science, Stapedectomy, Stapedotomy, Stapes Surgery, Stapes Surgery, Systematic, Systematic Review, Techniques, Understanding, Web Of Science, Web Of Science Databases

# Title: Aut Aut

Full Journal Title: Aut Aut

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0005-0601

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Dal Lago, A. (2012), Count or perish. The use of bibliometric indices in the evaluation of the search. *Aut Aut*, **354**, 191-203.

Full Text: 2012\Aut Aut354, 191.pdf

Keywords: Bibliometric, Evaluation, Indices

# Title: Austral Ecology

Full Journal Title: Austral Ecology

ISO Abbreviated Title: Austral Ecol.

JCR Abbreviated Title: Austral Ecol

ISSN: 1442-9985

Issues/Year: 6

Journal Country/Territory: Australia

Language: English

Publisher: Blackwell Science Asia

Publisher Address: 54 University St, P O Box 378, Carlton, Victoria 3053, Australia

Subject Categories:

Ecology: Impact Factor 0.658, / (2001)

? Kumar, L. and Khormi, H.M. (2013), Landscape of ecological research in Australia: A bibliometric analysis of trends in research output and hotspots of research from 1991 to 2010. *Austral Ecology*, **38** (5), 599-608.

Full Text: [2013\Aus Eco38, 599.pdf](2013/Aus%20Eco38,%20599.pdf)

Abstract: The spatial distribution and density of scientists can have important implications for key aspects of scientific processes, such as innovation, networking, rates of knowledge exchange and success in large competitive grants. In this paper, we examine the research output of different research organizations and universities in Australia, with the aim of identifying hotspots of ecological research and how these hotspots have changed over the last 20 years. We used publications from 10 reputable peer-reviewed international journals as a measure of research output. We identified a number of ecology hotspot clusters. Some clusters have developed significantly over the last 20 years, while others have declined in output over time. The University of Sydney, University of Queensland, James Cook University and Melbourne University had the largest output levels among universities. Results also showed large increases in output over the last 5-year period (2006-2010), possibly because of the impending introduction of the Excellence in Research for Australia.

Keywords: Analysis, Australia, Bibliometric, Bibliometric Analysis, Competitive, Departments, Distribution, Ecological Research, Ecology, Economics, Excellence, Hotspot, Innovation, International, Journals, Knowledge, Measure, Peer-Reviewed, Proximity, Publications, Rates, Research, Research Output, Spatial Distribution, Sydney, Trends, Universities, University

# Title: Australasian Journal of Educational Technology

Full Journal Title: Australasian Journal of Educational Technology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Atkinson, R. (2012), Editorial 28(2) bibliometrics revisited. *Australasian Journal of Educational Technology*, **28** (2), iii-iiv.

Full Text: [2012\Aut J Edu Tec28-2, iii.pdf](2012/Aut%20J%20Edu%20Tec28-2,%20iii.pdf)

Keywords: Bibliometrics

? Atkinson, R. (2012), Editorial 28(4) bibliometrics: Google’s newest initiative. *Australasian Journal of Educational Technology*, **28** (4), iii-viii.

Full Text: [2012\Aut J Edu Tec28, iii.pdf](2012/Aut%20J%20Edu%20Tec28,%20iii.pdf)

Keywords: Bibliometrics

? Atkinson, R. (2012), Editorial 28(8) AJET’s ranking: Citation-based bibliometrics. *Australasian Journal of Educational Technology*, **28** (8), iii-iiv.

Full Text: [2012\Aut J Edu Tec28, iii-1.pdf](2012/Aut%20J%20Edu%20Tec28,%20iii-1.pdf)

Keywords: Bibliometrics, Ranking

# Title: Australasian Physical & Engineering Sciences in Medicine

Full Journal Title: Australasian Physical & Engineering Sciences in Medicine

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Butson, M.J. and Yu, P.K.N. (2010), The first author h-Index (hfa-index): Levelling the field for small and large institute medical and science scholars. *Australasian Physical & Engineering Sciences in Medicine*, **33** (4), 299-300.

Full Text: [2010\Aus Phy Eng Sci Med33, 299.pdf](2010/Aus%20Phy%20Eng%20Sci%20Med33,%20299.pdf)

Keywords: Scientists

# Title: Australasian Plant Pathology

Full Journal Title: Australasian Plant Pathology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

? Calver, M.C., O’Brien, P.A. and Lilith, M. (2012), *Australasian Plant Pathology*: An analysis of authorship and citations in the 21st century. *Australasian Plant Pathology*, **41** (2), 179-187.

Full Text: [2012\Aus Pla Pat41, 179.pdf](2012/Aus%20Pla%20Pat41,%20179.pdf)

Abstract: To better inform editorial planning, we analysed Australasian Plant Pathology’s (APP) authorship and readership 2001-2010. Authors came from Australia (57%), The Americas (Canada, USA and South American countries) (11%), New Zealand (7%), other Pacific and Asian countries (9%), Europe (5%) and other nations (11%), with the Australian contribution declining over the decade. Most authors were government employees (55% overall), but this category declined from 58% in 2001 to 46% in 2010. Academic authors (40% in 2001 to 49% in 2010) and other authors (2% in 2001 to 5% in 2010) increased. Using Scopus (December 2010), >= 73% of papers between 2001 and 2007 were cited >= 1, declining to 19% in 2010. Authors citing APP came from 114 countries (ISI Web of Science’s cited reference feature, December 2010). Compared to 23 plant pathology journals over 2002-2007, APP ranked 15th over 10 journal USAge statistics. In cluster analysis APP was closest to Journal of Phytopathology, Forest Pathology and Canadian Journal of Plant Pathology. Given its increasing proportion of authors from outside Australia, the many countries citing it and its USAge relative to similar journals, APP makes a broad regional contribution with global recognition. The editorial challenge is to identify and solicit the ‘new and significant work’ that the journal web site claims to prioritise for publication.

Keywords: Analysis, Asian, Australasian Plant Pathology, Australia, Australian, Authors, Authorship, Bibliometrics, Canada, Challenge, Citation, Citations, Cluster, Cluster Analysis, Conservation-Biology, Countries, Crown Rot, Decline, Europe, Feature, Global, Identification, ISI, Journal, Journal Impact Factor, Journals, Nations, New Zealand, Papers, Pathogenicity, Pathology, Phaeomoniella-Chlamydospora, Planning, Plant, Publication, Rankings, Reference, Regional, Science, Scopus, Site, SJR, Snip, Soilborne Diseases, Statistics, USA, Web, Work

# Title: Australasian Psychiatry

Full Journal Title: Australasian Psychiatry

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lopez-Munoz, F., Castle, D., Shen, W., Moreno, R., Huelves, L., Perez-Nieto, M., Noriega, C., Rubio, G., Molina, J. and Alamo, C. (2013), The Australian contribution to the literature on atypical antipsychotic drugs: A bibliometric study. *Australasian Psychiatry*, **21** (4), 343-345.

Full Text: [2013\Aus Psy21, 343.pdf](2013/Aus%20Psy21,%20343.pdf)

Abstract: Objective: We performed a bibliometric study on scientific publications on atypical antipsychotic drugs (AADs) from Australia. Methods: Using the EMBASE and MEDLINE databases, we chose those documents produced in Australia between 1993 and 2011, whose title included the descriptors atypic\* (atypical\*), antipsychotic\*, second-generation antipsychotic\*, clozapine, risperidone, olanzapine, ziprasidone, quetiapine, sertindole, aripiprazole, paliperidone, amisulpride, zotepine, asenapine, iloperidone, lurasidone, perospirone and blonanserin. We applied bibliometric indicators of production as well as dispersion. Results: We identified 438 relevant publications. The most widely studied AADs were clozapine (162 documents), olanzapine (103), risperidone (77) and quetiapine (42). There was a lack of exponential growth in publications over time, indicated by non-fulfilment of Price’s Law (correlation coefficient r=0.9195 after exponential adjustment vs. r=0.9253 after linear adjustment). Publications appeared in 148 different journals, with four of the top nine journals having an impact factor greater than 3; 84 of the articles appeared in the Australian and New Zealand Journal of Psychiatry. Conclusion: Despite Australian publications on AADs appearing in reasonably high impact journals, most were confined to a single Australian psychiatry journal and overall publications did not show exponential growth over the period studied. This might reflect, inter alia, the relative paucity of medication trials being performed in Australia.

Keywords: Article, Atypical Antipsychotic, Atypical Antipsychotics, Australia, Australian, Bibliometric, Bibliometric Indicators, Bibliometric Study, Bibliometry, Bipolar Disorder, Cities, City, Clozapine, Correlation, Correlation Coefficient, Databases, Dispersion, Drugs, Embase, England, Growth, Impact, Impact Factor, Indicators, Journal, Journals, Law, Literature, London, Madrid, MEDLINE, Methods, New Zealand, Olanzapine, Psychiatry, Publication, Publications, Quetiapine, Results, Risperidone, Road, Schizophrenia, Scientific Publications, Spain, Ziprasidone

? Tam, P. and Walter, G. (2013), Problematic internet use in childhood and youth: Evolution of a 21st century affliction. *Australasian Psychiatry*, **21** (6), 533-536.

Full Text: [2013\Aus Psy21, 533.pdf](2013/Aus%20Psy21,%20533.pdf)

Abstract: Objective: To describe the emergence of, and myriad issues pertaining to, problematic internet use in childhood and youth. In this overview and appraisal of a uniquely 21st century affliction, the focus is on youth and less on young adult perspectives. Conclusions: We employed relevant literature-search methodology though EMBASE, Psychinfo and Web of Science, utilising the key terms of PIU, internet addiction and youth mental health, and present a selection of the pioneering and important research developments both nationally and internationally. We focused on the literature from the past 10 years, but we also included relevant early developments in the field going back to the 1990s. We also made reference, where appropriate, to major considerations of relevance to the general public, where these were reported in reputable international news and media organisations. The authors utilised common internet search engines to access these news reports. It was found that the complex, novel and at times controversial concept of problematic internet use’ (PIU) - often popularly dubbed internet addiction’ - has attracted much public, media and research interest, particularly over the past decade. In common with many other afflictions that have a prominent pop-cultural’ component, often the commentary and debate has been polarising, unclear and sensationalist. At times, more light than heat appears to be generated.

Keywords: Access, Addiction, Adult, Article, Australia, Authors, Childhood, Cities, City, Computer Use, Concept, Cybertechnology, Embase, England, Evolution, Field, General, Health, International, Internet Addiction, Internet Safety, Issues, Literature, Literature Search, London, Media, Mental Health, Methodology, P, Problematic Internet Use, Psychiatry, Public, Publication, Publications, Reference, Relevance, Research, Road, Science, Selection, Web of Science, Young Adult, Youth

# Title: Australian Academic & Research Libraries

Full Journal Title: Australian Academic & Research Libraries

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Drummond, R. and Wartho, R. (2009), RIMS: the research impact measurement service at the University of New South Wales. *Australian Academic & Research Libraries*, **40** (2), 76-87.

Full Text: [2009\Aus Aca Res Lib40, 76.pdf](2009/Aus%20Aca%20Res%20Lib40,%2076.pdf)

Abstract: In 2005, the Library at UNSW began a comprehensive restructuring process that fundamentally changed the provision of services to its academic community. A primary aim of this process was to increase flexibility of service development and delivery and so to improve research support. The motivation for reformed services arose from considerations including the University Library need to realign its services to support the university’s strategic goals, the increasingly competitive nature of the research environment, the introduction of the RQF/ERA, and a renewed emphasis on research outcomes by UNSW the measurement of research impact using bibliometrics was seen as a strategy for supporting UNSW researchers. University Library staff consulted the bibliometrics literature and apropriate methodologies were devised to measure the impact of publications, authors and departments. The result was the creation of a Research Impact Measurement Service (RIMS) that now produces over 30 reports every month and employs 6-7 full time equivalent staff. Most of the reports are used to support promotion, grants, and institutional comparisons. This research support service also informs and improves the performance of such traditional library activities as collection development. RIMS is now integral to the measurement of research outputs at UNSW, and has significantly raised the profile of the Library throughout the academic community. AARL June 2009 vol 40 no 2 pp 76-87.

Keywords: Bibliometrics, Citation, Counts, Libraries, Outcomes, Publications, Research

? Drummond, R. (2014), RIMS Revisited: The evolution of the research impact measurement service at UNSW library. *Australian Academic & Research Libraries*, **45** (4), 309-322.

Full Text: [2014\Aus Aca Res Lib45, 309.pdf](2014/Aus%20Aca%20Res%20Lib45,%20309.pdf)

Abstract: For the past seven years, the University of New South Wales (UNSW) Library has delivered a service to the university’s research community known as RIMS, the Research Impact Measurement Service. The service was designed to support research outcomes through the measurement of publishing impact, both for authors and departmental units. Since its inception in 2007, the service has evolved to meet the needs of researchers and the changing research landscape. The emergence of smarter tools and systems, the impact of the networked environment; changes in scholarly communication and bibliometrics have all contributed to its evolution. This paper will discuss the development of the service, including the imperative to take an agile approach in an ever changing research environment.

Keywords: Approach, Authors, Bibliometrics, Changes, Communication, Community, Cris, Development, Environment, Evolution, Impact, Landscape, Measurement, Needs, New South Wales, Outcomes, Publishing, Research, Research Impact, Research Information Systems, Research Support, Researchers, Scholarly Communication, Scholarly Publishing, Service, Support, Systems, University

# Title: Australian Clinical Review

Full Journal Title: [Australian Clinical Review](http://www.biowizard.com/pmsearch.php?q=%22Aust%20Clin%20Rev%22%5bJour%5d)

ISO Abbreviated Title: Aust. Clin. Rev.

JCR Abbreviated Title:

ISSN: 0726-3139

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Jackway, P. and Boyce, R. (1990), Gift co-authorships: A tangled web. *Australian Clinical Review*, **10** (2), 72-75.

# Title: Australian Critical Care

Full Journal Title: Australian Critical Care

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Afonso, E., Llaurado, M. and Gallart, E. (2013), The value of chlorhexidine gluconate wipes and prepacked washcloths to prevent the spread of pathogens: A systematic review. *Australian Critical Care*, **26** (4), 158-166.

Full Text: [2013\Aus Cri Car26, 158.pdf](2013/Aus%20Cri%20Car26,%20158.pdf)

Abstract: Background: Use of chlorhexidine gluconate wipes and pre-packed washcloths has been described for preventing pathogen spread in healthcare settings. Aim: To assess the impact of chlorhexidine washcloths/wipes in preventing the spread of pathogens. Methods: Extensive and structured literature search from studies in Google Academic, Cochrane Library, Web of Science, Pubmed and Cinahl from their inception until November 2012. Findings: Final analysis included 15 studies, 9 of which were randomised controlled trials. The most frequent setting was the intensive care unit. In intensive care units, a significant reduction of bloodstream infection was associated with intervention and 3 studies revealed a decrease in blood culture contamination. One study showed a decrease in staff and environmental contamination and no increase in chlorhexidine resistance with intervention. Positive blood cultures for multiple pathogens also declined with intervention. In a paediatric intensive care unit, intervention decreased bacteraemia and catheter-associated bloodstream infection. In hospital wards, intervention was associated to a 64% reduction of pathogen transmission. One study had no statistically significant results. Pre-surgical chlorhexidine use significantly decreased bacterial colonisation but had no impact on surgical site infections. Regarding maternal and perinatal setting, one study did not show reduction of early onset neonatal sepsis and pathogen transmission. Another study of vaginal and neonatal decolonisation with chlorhexidine wiping revealed significant reduction in colonisation. One study concluded that single and multiple umbilical cord cleansing reduced the likelihood for a positive swab in 25% and 29%, respectively. Neonatal wiping maintained low levels of skin colonisation for a 24 h period, for multiple pathogens. Conclusion: Current evidence supports the usefulness of chlorhexidine washcloths and wipes in an intensive care, hospital and pre-surgical setting. More studies are required to encourage its use for prevention of perinatal and neonatal transmission of pathogens. (C) 2013 Australian College of Critical Care Nurses Ltd. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.

Keywords: Academic, Analysis, Australia, Australian, Blood, Books, Care, Chlorhexidine, Colonisation, Contamination, Culture, Environmental, Evidence, Google, Hospital, Impact, Infection, Infections, Intensive Care, Intensive Care Unit, Intensive Care Units, Intervention, Literature, Literature Search, Maternal, Methods, Neonatal, Neonatal Sepsis, Nov, Nurses, Onset, Pathogen, Pathogens, Perinatal, Prevent, Prevention, Randomised, Randomised Controlled Trials, Reduction, Resistance, Review, Rights, Science, Sepsis, Site, Skin, Systematic Review, Transmission, Umbilical, Umbilical Cord, Vaginal, Value, Web of Science

# Title: Australian Dental Journal

Full Journal Title: Australian Dental Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Smith, D.R. (2008), Highly-cited articles in the *Australian Dental Journal*. *Australian Dental Journal*, **53** (3), 265-266.

Full Text: [2008\Aus Den J53, 265.pdf](2008/Aus%20Den%20J53,%20265.pdf)

Keywords: Citation Classics, Impact Factor, Dentistry, Publishing, Impact Factor, Periodontology, History

? Slack-Smith, L.M., Hearn, L., Wilson, D.F. and Wright, F.A.C. (2015), Geriatric dentistry, teaching and future directions. *Australian Dental Journal*, **60** (S1), 125-130.

Full Text: [2015\Aus Den J60, 125.pdf](2015/Aus%20Den%20J60,%20125.pdf)

Abstract: BackgroundMany nations are facing a demographic shift in the age profile of their population, leading the World Health Organization to a Call for Public Health Action’ on the oral health of older people. MethodsA search of the literature relevant to geriatric dentistry teaching was undertaken using MEDLINE, Web of Science, Eric and Psychlit. A search of dental professional school websites in Australia and policy and international practice documents was undertaken. ResultsThe international literature describes requirements for geriatric dentistry courses and various approaches to teaching, including didactic teaching, practical experiences and external placements. Challenges are identified in the area of geriatric dental education. Educational institutions (with others) have an obligation to lead change, yet there appears to be little formal recognition in Australian dental curricula of the need to develop quality education and research programmes in geriatric dentistry. ConclusionsInternationally, the inclusion of geriatrics within dental curricula has been the subject of consideration since the 1970s. The current evidence indicates that geriatrics/gerodontology is not a significant component of dental curricula. Given the projected age distribution in many countries, the need for implementation of dental curriculum content in the area of geriatrics/gerodontology is evident.

Keywords: Age, Aged Care Facilities, Australia, Australian, Community, Content, Curricula, Curriculum, Dental Education, Dentistry, Distribution, Documents, Edentulism, Education, Educational Institutions, Evidence, Geriatric, Geriatrics, Gerodontics, Health, Implementation, Institutions, International, Issues, Lead, Literature, Mar, Medline, Nations, Nursing-Homes, Obligation, Older, Older People, Older-People, Oral, Oral Health, Oral-Health, Planning, Policy, Population, Practice, Programmes, Public Health, Quality, Research, Review, Science, Si, Teaching, Web, Web Of Science, Websites, Western-Australia, World Health Organization

# Title: Australian Educational Researcher

Full Journal Title: Australian Educational Researcher

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bates, R. (2003), Phelan’s bibliometric analysis of the impact of *Australian Educational Researcher*. *Australian Educational Researcher*, **30** (2), 57-64.

Full Text: [2003\Aus Edu Res30, 57.pdf](2003/Aus%20Edu%20Res30,%2057.pdf)

Abstract: Phelan (2000) has produced a complex bibliometric analysis of the international contribution of Australian educational research based upon publications and citations reported in the journals indexed by the Institute for Scientific Information the Standard & Poors of the academic world. This paper examines Phelan’s analysis, showing its strengths and weaknesses, as well as examining his proposal for the establishment of an Australian database along the lines of the ISI’s index.

? Albion, P.R. (2012), Benchmarking citation measures among the Australian education professoriate. *Australian Educational Researcher*, **39** (2), 221-235.

Full Text: [2012\Aus Edu Res39, 221.pdf](2012/Aus%20Edu%20Res39,%20221.pdf)

Abstract: Individual researchers and the organisations for which they work are interested in comparative measures of research performance for a variety of purposes. Such comparisons are facilitated by quantifiable measures that are easily obtained and offer convenience and a sense of objectivity. One popular measure is the journal impact factor, based on citation rates, but it is a measure intended for journals rather than individuals. Moreover, educational research publications are not well represented in the databases most widely used for calculation of citation measures, leading to doubts about the usefulness of such measures in education. Newer measures and data sources offer alternatives that provide wider representation of education research. However, research has shown that citation rates vary according to discipline and that valid comparisons depend upon the availability of discipline-specific benchmarks. This study sought to provide such benchmarks for Australian educational researchers based on analysis of citation measures obtained for the Australian education professoriate.

Keywords: Alternatives, Analysis, Australian, Availability, Benchmarking, Bibliometrics, Calculation, Citation, Citation Measures, Counts, Data, Databases, Education, Educational Research, Google Scholar, h-Index, Impact, Impact Factor, Journal, Journal Impact, Journal Impact Factor, Journals, Measure, Performance, Publication, Publications, Rates, Representation, Research, Research Impact, Research Performance, Scopus, Sources, Web, Work

? Lindblad, R.F. and Lindblad, S. (2013), Educational research: The state of Sweden and the Australian 2.2 world. *Australian Educational Researcher*, **40** (4), 527-534.

Full Text: 2013\Aus Edu Res40, 527.pdf

Abstract: Current tendencies in educational research in Sweden are presented and compared to Australia. We here refer to; organization of research, research allocation, publication patterns, and assessments of research qualities. Different trajectories of educational research were identified, where Australian research was organized as a field of study, while Swedish research had a disciplinary organization, which now is eroding into a situation more close to the Australian one. In other aspects the Australian and Swedish trajectories seem to harmonize, except for the fact that RAEs in Sweden are initiated and run by the universities themselves. There are also some differences in how research qualities are assessed and the outcomes of these assessments. Given these findings different strategies to deal with the current situation are discussed.

Keywords: Allocation, Assessments, Australia, Australian, Bibliometrics, Educational Research, Field, Governance, Nov, Organization, Outcomes, Publication, Research, Research Assessment, Sociology of Knowledge, Sweden, Universities, World

# Title: Australian Journal of Dairy Technology

Full Journal Title: Australian Journal of Dairy Technology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

? Adams, D.J. (1986), A bibliometric analysis of literature covered by the *Australian Journal of Dairy Technology* in 1983. *Australian Journal of Dairy Technology*, **41** (1), 35-37.

Keywords: Bibliometric, Bibliometric Analysis, MAR

# Title: Australian Journal of Earth Sciences

Full Journal Title: Australian Journal of Earth Sciences

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Armstrong, R.L. (1991), The persistent myth of crustal growth. *Australian Journal of Earth Sciences*, **38** (5), 613-630.

Full Text: [1991\Aus J Ear Sci38, 613.pdf](1991/Aus%20J%20Ear%20Sci38,%20613.pdf)

Abstract: From the extraterrestrial telescopic, space probe, meteorite and returned sample studies of planetary evolution, and terrestrial evidence for early differentiation of core and fluid spheres and continental crust, I feel the conclusion is inescapable that large terrestrial planets of our solar system underwent essentially immediate differentiation into relatively constant-volume core, depleted mantle, enriched crust and fluid reservoirs. Differentiation was an early event, carried rapidly to completion. It is a false premise to have the formation of sialic crust on Earth dragged out over billions of years after hot accretion. The uniqueness of the Earth arises from its size, retention of water and dynamic surface-renewal processes, which have effectively erased all vestiges of the first several hundred million years of its crustal history. A large volume of depleted mantle always existed and an isotopically nearly homogeneous character for mantle and crust in early times was only sustained by rapid convective stirring of the silicate Earth. The sigmoidal continental crust age curve that is recorded in whole rock Nd and zircon U-Pb dates is a predictable consequence of the highly exponential decline in stirring rates. It represents survival, not the original extent of crustal domains. Positive epsilon(Nd)(T) values for Archaean mantle-derived magmas are quantitatively predicted by this model, as are the observed depleted-mantle model ages of clastic sedimentary rocks. Current rates of crustal accretion and loss of crust by sediment subduction and tectonic erosion are approximately in balance and compatible with negligible crustal growth at present. Claims that current growth is approximately 1 km3 per year are based on incorrect and selectively cited data and incomplete analyses of the freeboard argument. The idea that the Earth’s crust has grown is a myth dating from the 19th century and was established as geochemical dogma in the 1950s and 1960s. It has survived by inertia and repetition and endless self-citation. The alternative no-growth view has been sometimes ignored, frequently questioned and downplayed, often cited only as an end member hypothesis (on the presumption that the truth must lie between extremes), and sometimes acclaimed and supported. Evidence in its favour has been accumulating. The growth myth has survived, however, as the consensus. In science, conventional wisdom is difficult to overturn. After more than 20 years some implications of plate tectonics have yet to be fully appreciated by isotope geochemists who advocate crustal growth, and by geologists and geophysicists who have followed their lead.

Keywords: Archean Plate-Tectonics, Crustal Growth, Earths Crust, Freeboard, Geological Time, Greenstone Belts, Island-Arc Magmatism, Isotopic Constraints, Lead, Lower Continental-Crust, Mantle Evolution, ND-Isotope and HF-Isotope, Recycling, Retention, Science, Sediment, Sedimentation-Rates, Self-Citation, SR Isotopes, System, Water

# Title: Australian Journal of Political Science

Full Journal Title: [Australian Journal of Political Science](http://www.informaworld.com/smpp/title~db=all~content=t713404457~tab=issueslist)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1036-1146

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Donovan, C. (2007), The hidden perils of citation counting for Australasian political science. *Australian Journal of Political Science*, **42** (4), 665-678.

Full Text: 2007\Aus J Pol Sci42, 665.pdf

Abstract: In a recent article in Australian Journal of Political Science, Dale and Goldfinch present ‘standard’ journal-based publication and citation rankings of Australasian political science departments designed to complement what they characterise as the multidisciplinary, historical, qualitative and humanistic political science of the region. However, the ‘highly cited’ articles in their top-ranked political science department belong to quantitative psychology. Through unravelling why their study favours the opposite of that which 4 was meant. to detect, this paper alerts political scientists to the hidden perils of accepting ‘standard’ Institute of Scientific Information-based approaches to citation counting as valid measures of research ‘quality’. It exposes the veiled bibliometric assumption that the ‘best’ social science. is quantitative research, notes that incongruous citation scores may inform the distribution of block funding and departmental appointment processes, and warns against using ‘standard’ data to unintentionally self-police the future shape of Australasian political science.

Keywords: Appointment, Australian, Bibliometric, Books, Citation, Data, Disciplines, Distribution, Funding, Humanities, Multidisciplinary, Psychology, Publication, Qualitative, Quality, Rankings, Research, Science, Shape, Social, Social Science, Social-Sciences, Sociology, Standard

# Title: Australian Journal of Psychology

Full Journal Title: Australian Journal of Psychology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Haslam, N. and Koval, P. (2010), Possible research area bias in the Excellence in Research for Australia (ERA) draft journal rankings. *Australian Journal of Psychology*, **62** (2), 112-114.

Abstract: An analysis of the Excellence in Research for Australia (ERA) draft rankings of 661 psychology journals points to systematic differences between research areas in the distribution of ranks. Journals in experimental, biological and neuroscientific psychology obtained higher mean ranks, consistent with a tendency for ohard-scienceo areas to have higher bibliometric journal impact. The ERA will influence the distribution of resources and rewards within psychology and create powerful incentives for institutions and researchers, so differences in ranks across research areas may alter the shape of the discipline. Although they do not necessarily imply bias, such differences raise the possibility that psychology researchers will not operate on a level playing field.

Keywords: Australia, Bias, Bibliometric, Biological, Discipline Issues, Distribution, ERA, Impact, Journal, Journal Impact, Journal Rankings, Journals, National Development of Psychology, Psychology, Psychology as A Discipline, Rankings, Research, Researchers

# Title: Australian Journal of Rural Health

Full Journal Title: Australian Journal of Rural Health

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Boehm, J., Franklin, R.C., Newitt, R., McFarlane, K., Grant, T. and Kurkowski, B. (2013), Barriers and motivators to exercise for older adults: A focus on those living in rural and remote areas of Australia. *Australian Journal of Rural Health*, **21** (3), 141-149.

Full Text: [2013\Aus J Rur Hea21, 141.pdf](2013/Aus%20J%20Rur%20Hea21,%20141.pdf)

Abstract: To identify the barriers and facilitators for exercise in older adults (50 years or over) specific to those living in rural and remote areas in Australia and to identify how this relates to falls prevention exercise programs in these areas. Literature review. Search of the databases of MEDLINE, Scopus and Social Sciences Citation Index. Rural and remote areas. Searching identified 56 articles relating to barriers or facilitators to exercise in older adults in general, of which 25 are discussed in the article. Five of these articles specifically related to rural and remote areas, of which all were from studies in the United States. No literature specifically relating to rural and remote Australia was identified. Therefore, articles included in the final review were from three different domains - world literature (excluding those specific to rural and remote areas of Australia), rural and remote literature (note not Australian), and Australian literature to enable a comparison between the different populations to occur. There are similarities and differences between the barriers and facilitators in various populations, and no one factor alone will enable exercise in older adults. Research needs to be conducted on the barriers and facilitators to exercise in older adults living in rural and remote areas in Australia. Falls prevention exercise programs need to be tailored to suit the unique needs of the rural and remote older population.

Keywords: Australia, Australian, Barriers, Citation, Comparison, Databases, Exercise, General, Literature, Living, MEDLINE, Needs, Population, Populations, Prevention, Research, Review, Rural, Scopus, Search, Social Sciences, Social Sciences Citation Index, United States, World

? Boehm, J., Franklin, R.C. and King, J.C. (2014), Falls in rural and remote community dwelling older adults: A review of the literature. *Australian Journal of Rural Health*, **22** (4), 146-155.

Full Text: [2014\Aus J Rur Hea22, 146.pdf](2014/Aus%20J%20Rur%20Hea22,%20146.pdf)

Abstract: Objective: Falls in older adults represent a significant challenge in Australia; however, the focus is often on urban-dwelling older adults. The aim of this review was to explore the literature on falls epidemiology and falls prevention interventions (FPI). Design: A literature review was conducted searching Medline, Scopus, Social Sciences Citation Index, Google Scholar, Google and the Australian Institute of Health and Welfare publication catalogue. Setting: Rural and remote Australia. Participants: Rural and remote community dwelling Australians aged 50 years and older. Intervention: Literature review. Main outcome measures: Falls epidemiology and effective falls prevention interventions. Results: Twenty references were identified: 14 related to falls epidemiology and 7 to FPI. No significant differences were found between rural, remote and major cities residents in relation to falls hospitalisation, falls mortality or fall-related injuries sustained. There are a wide assortment of health professionals and non-health professionals who are involved in providing FPI in rural and remote Australia. However, there was limited information on the effectiveness of these interventions in influencing falls outcomes. Conclusion: Few studies explored falls and their prevention in rural and remote Australia. The limited literature on the topic suggests that a change in focus to one that utilises existing services and resources will be required to create sustainable outcomes. Four areas are proposed for concentrated effort to reduce the impact of fall-related injury in rural and remote Australia: integration and collaboration among health professionals, promotion of physical activity across the lifespan, community involvement and ownership of interventions, and evaluation and publication of findings.

Keywords: Activity, Aged, Australia, Australian, Challenge, Citation, Cities, Collaboration, Community, Community Involvement, Community Programme, Design, Effectiveness, Elderly, Epidemiology, Evaluation, Exercise, Falls, Falls Prevention, Google, Google Scholar, Health, Health Professionals, Impact, Information, Injury, Integration, Intervention, Intervention, Interventions, Literature, Literature Review, Measures, Medline, Mortality, Outcome, Outcome Measures, Outcomes, People, Physical, Physical Activity, Prevention, Prevention Interventions, Program, Promotion, Publication, References, Resources, Results, Review, Risk, Rural, Safety, Sciences, Scopus, Senior, Services, Social Sciences, Social Sciences Citation Index, Sustainable, Time, Topic, Women

? Mendis, K., Edwards, T., Stevens, W. and McCrossin, T. (2014), Bibliometric analysis on Australian rural health publications from 2006 to 2012. *Australian Journal of Rural Health*, **22** (4), 189-196.

Full Text: [2014\Aus J Rur Hea22, 189.pdf](2014/Aus%20J%20Rur%20Hea22,%20189.pdf)

Abstract: Objective: To review Australian rural health (ARH) publications in PubMed from 2006 to 2012 and address ARH issues raised by the 2013 Health and Medical Research report. Design: Retrospective observational study. Setting: Internet-based bibliometric analysis using PubMed. MEDLINE-indexed ARH publications from 2006 to 2012 were retrieved using PubMed queries. ARH publications were defined as Australian publications that explore issues relevant to the health of the regional, rural or remote Australian population. Two authors independently reviewed a random sample of 5% of publications for validity. Main outcome measures: Analysis determined country of origin (Australia); publications relevant to the National Health Priority Areas, the 2013 National Rural Health Alliance priority areas and Rural Clinical Schools/University Departments of Rural Health; and journal frequencies and publication types. Results: ARH publications increased from 286 in 2006 to 393 in 2012 and made up 1.4% of all Australian PubMed publications. Combined, the health priority areas were addressed in 52% of ARH publications. Rural Clinical Schools/University Departments of Rural Health articles made up 7% of ARH publications. An increase in cohort studies, systematic reviews and reviews indicated improved quality of articles. ARH articles were most commonly published in the Australian Journal of Rural Health (15.9%), Rural and Remote Health (13.4%) and the Medical Journal of Australia (6.3%). Striking a balance between broadening the queries (increasing sensitivity) and limiting the false positives by restricting the breadth of the queries (increasing specificity) was the main limitation. Conclusions: This reproducible analysis, repeated at given timelines, can track the progress of ARH publications and provide directions regarding future rural health research.

Keywords: Analysis, Articles, Australia, Australian, Authors, Balance, Bibliometric, Bibliometric Analysis, Breadth, Cohort, Country, Country Of Origin, Design, Health, Health Research, Issues, Journal, Limitation, Measures, Medical, Observational, Observational Study, Origin, Outcome, Outcome Measures, Population, Priority, Progress, Publication, Publications, Pubmed, Quality, Quality Of, Random Sample, Regional, Research, Results, Review, Reviews, Rural, Rural Health, Sensitivity, Specificity, Systematic, Systematic Reviews, Validity

# Title: Australian Library Journal

Full Journal Title: Australian Library Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Smith, J. (2009), The evidence base: where is it? *Australian Library Journal*, **58** (1), 28-38.

Full Text: [2009\Aus Lib J58, 28.pdf](2009/Aus%20Lib%20J58,%2028.pdf)

Abstract: In criminal justice, as in many other areas of public administration, politicians and managers increasingly call for evidence-based policy (EBP). This should raise questions about what evidence, who will find it and how will it be used. The rising emphasis on bibliometrics as the way to measure importance and impact is another development that should raise questions about what is being measured and how it will be used. The academic research publication model does not fit all aspects of criminology very well, where much work is done by or for government and non-government organisations, and much is multidisciplinary. This grey literature has always presented problems in meeting standards for peer-reviewed, evidence-based evaluation, but is often all there is - if it can be found. Funding agencies may have stringent requirements for evaluation studies, but how are these reports written or structured and what happens to them? How can they be used to inform subsequent practice?

Keywords: Academic, Administration, Bibliometrics, Criminology, Development, Evaluation, Evaluation Studies, Evidence, Evidence Based, Evidence-Based, Government, Impact, Justice, Literature, Managers, Measure, Meeting, Model, Multidisciplinary, Peer-Reviewed, Policy, Politicians, Practice, Public, Publication, Research, Standards, Work

? Morrison, I. (2009), Documentation: A history and critique of attribution, commentary, glosses, marginalia, notes, bibliographies, works-cited lists, and citation indexing and analysis. *Australian Library Journal*, **58** (3), 329-330

Full Text: [2009\Aus Lib J58, 329.pdf](2009/Aus%20Lib%20J58,%20329.pdf)

Keywords: Citation, History, Indexing

? Smith, J. (2011), The evidence base: Where is it? *Australian Library Journal*, **60** (4), 350-356.

Full Text: [2011\Aus Lib J60, 350.pdf](2011/Aus%20Lib%20J60,%20350.pdf)

Abstract: In criminal justice, as in many other areas of public administration, politicians and managers increasingly call fur evidence-based policy (F,BP). This should raise questions about what evidence, who will find it and how will it be used. The rising emphasis on bibliometrics as the way to measure importance and impact is another development that should raise questions about what is being measured and how it will be used. The academic research publication model does not fit all aspects of criminology very well, where much work is done by or for government and non-government organisations, and much is multidisciplinary. This grey literature has always presented problems in meeting standards for peer-reviewed, evidence-based evaluation, hut is often all there is - if it can be found. Funding agencies may have stringent requirements for evaluation studies, but how are these reports written or structured and what happens to them? How can they he used to inform subsequent practice?

Keywords: Bibliometrics, Criminology, Development, Evaluation, Evaluation Studies, Funding, Impact, Literature, Model, Policy, Practice, Publication, Research, Standards

# Title: Australian and New Zealand Journal of Criminology

Full Journal Title: Australian and New Zealand Journal of Criminology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ogilvie, J. and Stewart, A. (2010), The integration of rational choice and self-efficacy theories: A situational analysis of student misconduct. *Australian and New Zealand Journal of Criminology*, **43** (1), 130-155.

Full Text: [2010\Aus New Zea J Cri43, 130.pdf](2010/Aus%20New%20Zea%20J%20Cri43,%20130.pdf)

Abstract: Research on the causes of student misconduct in higher education has largely overlooked the values of integrating individual and situational perspectives to structure empirical examinations. Such research has important implications for the prevention and management of academic misconduct by higher education institutions. In this study, perceptual deterrence (Piquero & Pogarsky, 2002; Stafford & Warr, 1993) and self-efficacy (Bandura, 1997) theories were adopted to model the impact of situational factors and individual differences on students’ intentions to engage in plagiarism. A questionnaire using a scenario method and manipulating the situational deterrence variables of the certainty and severity of sanctions was administered to 536 undergraduate university students. Analysis of covariance results indicated that the objective manipulations of the certainty and severity of sanctions had no effect on intentions to engage in plagiarism. However, Tobit regression results indicated that both situational perceptions of costs and benefits, and academic self-efficacy were significant predictors of intentions to engage in plagiarism. Furthermore, academic self-efficacy was found to moderate the effects of deterrence perceptions on intentions to engage in plagiarism. The results highlight the significance of the interaction between situational and individual characteristics on decisions to engage in deviant behaviour. Implications for the management of misconduct in higher education institutions are discussed.

Keywords: Academic Dishonesty, Academic Misconduct, Beliefs, Cheating Behavior, Contextual Influences, Crime, Decision-Making, Deterrence, Education, Individual-Differences, Model, Perceptual Deterrence Theory, Plagiarism, Prevention, Questionnaire, Rational Choice, Research, Sanction Threats, Self-Efficacy

# Title: Australian and New Zealand Journal of Family Therapy

Full Journal Title: [Australian and New Zealand Journal of Family Therapy](http://www.atypon-link.com/AAP/loi/anft)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0814-723X

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? McDonald, E. (2008), Art, science and curiosity: Research and research methodologies in Australian family therapy 1979-2000. *Australian and New Zealand Journal of Family Therapy*, **29** (3), 122-132.

Full Text: [2008\Aus New Zea J Fam The29, 122.pdf](2008/Aus%20New%20Zea%20J%20Fam%20The29,%20122.pdf)

Abstract: This article presents an historical analysis of the development of research and research methodologies in an Australian context. The Australian and New Zealand Journal of Family Therapy was chosen as the site of the analysis. The first section of data consists of the articles that represent themselves as ‘research’ in the period from 1979 (the journal’s inception) to 2000. These texts have been analysed using bibliometric analysis. The second section of data consists of commentary articles about research in family therapy. This data has been analysed using discourse analysis. Overall, I have been interested in how family therapists have defined. ‘research’; how family therapists have chosen to inquire; representations of the researcher in Australian family therapy; associations between theoretical or clinical developments and the methodologies that have been chosen for inquiries. Findings from the study reveal very limited representations of research in the journal for the period under review, and an apparent struggle for family therapists to undertake a discussion about what research actually is. Questions are raised around how this has occurred, and some ideas are presented as to how research knowledges can be included in debates around theory diversity in family therapy.

Keywords: Analysis, ANZJFT, Attitudes to Research, Australian, Bibliometric, Bibliometric Analysis, Clinical, Context, Data, Development, Discourse, Discourse Analysis, Diversity, Family, Family Therapy, First, First Section, Historical Analysis, Journal, Methodologies, New Zealand, Research, Research Methodologies, Review, Science, Site, Theory, Therapy

# Title: Australian and New Zealand Journal of Psychiatry

Full Journal Title: [Australian and New Zealand Journal of Psychiatry](http://www3.interscience.wiley.com/journal/118579537/home); [Australian and New Zealand Journal of Psychiatry](http://web.ebscohost.com/ehost/detail?vid=1&hid=5&sid=4b447d4b-545e-4955-b82d-0d1dd198f072%40sessionmgr10&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&jid=7ZU)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Bloch, S. and Walter, G. (2001), The impact factor: Time for change. *Australian and New Zealand Journal of Psychiatry*, **35** (5), 563-568.

Full Text: [2001\Aus New Zea J Psy35, 563.pdf](2001/Aus%20New%20Zea%20J%20Psy35,%20563.pdf)

Abstract: Objective: the Impact Factor (IF) has received virtually no attention in the psychiat ric literature, despite its long-term use, expanding influence and evidence of misapplication. We examine the IF’s validity as a measure of a paper’s scientific worth, and consider alternative ways to conduct such an appraisal.

Method: We explored medical databases and websites, and conferred with acknowledged experts on the subject.

Results: Irremediable problems, both conceptual and technical, make the IF a flawed measure. The notion that citations vouch for the quality of an article is questionable. Moreover, the IF’s vulnerability to misuse in domains such as academic promotion and research grant assessment is a serious development.

Conclusion: the IF (and all measures derived from it) should be abandoned. A ‘return to basics’ in evaluating published work is overdue. As seductive as a simple formula is to assess quality, shortcuts are unavailable and unlikely to be useful. Publishing a short-list of papers annually, judged as objectively as possible by peers to merit special attention, may be a more meaningful option. Conceivably, every psychiatric journal could participate in this cyclical exercise, leading to a ‘grand short-list’. This could be made readily available to all professionals, both researchers and clinicians, by being posted on a suitable website. Since peer review has a long-standing role in scientific publishing, our proposal is essentially an extension of that process.

? Bloch, S. (2002), ‘And the winners are’: the top articles of 2001. *Australian and New Zealand Journal of Psychiatry*, **36** (2), 157.

Full Text: [2002\Aus New Zea J Psy36, 157.pdf](2002/Aus%20New%20Zea%20J%20Psy36,%20157.pdf)

Keywords: Articles

? Bloch, S. (2003), ‘And the winners are’: the top articles of 2002 and introducing Manuscript Central. *Australian and New Zealand Journal of Psychiatry*, **37** (3), 255-256.

Full Text: [2003\Aus New Zea J Psy37, 255.pdf](2003/Aus%20New%20Zea%20J%20Psy37,%20255.pdf)

Keywords: Articles, Jun

? Hickie, I.B., Christensen, H., Davenport, T.A. and Luscombe, G.M. (2005), Can we track the impact of Australian mental health research? *Australian and New Zealand Journal of Psychiatry*, **39** (7), 591-599.

Full Text: [2005\Aus New Zea J Psy39, 591.pdf](2005/Aus%20New%20Zea%20J%20Psy39,%20591.pdf)

Abstract: Objective: Arguments are being made to increase research and development funding for mental health research in Australia. Consequently, the methods used to measure the results of increased investment require review. This study aimed to describe the status of Australian mental health research and to propose potential methods for tracking changes in research output. Specifically, we describe the research output of nations, Australian states, Australian and New Zealand institutions and Australian and New Zealand researchers using citation rates. Method: Information on research output was sourced from two international databases (Institute for scientific information [ISI] Essential Science Indicators and ISI Web of Science) and the ISI list of Highly Cited Researchers. Results: In an international setting, Australia does not perform as well as other comparable countries such as New Zealand or Canada in terms of research output. Within Australia, the scientific performance of institutions apparently relates to the strength of some individual researchers or consolidated research groups. Highly cited papers are evident in the fields of syndrome definition, epidemiology and epidemiological methods, cognitive science and prognostic or longitudinal studies. Conclusions: Australian researchers need to consider the success of New Zealand and Canadian researchers, particularly given the relatively low investment in health and medical research in New Zealand. Although citation analyses are fraught with difficulties, they can be effectively complemented by other measures of responsiveness to clinical or population needs and community expectations and should be conducted regularly and independently to monitor the status of Australian mental health research.

Keywords: Burden, Citation, Citations, Depression, Mental Health, Publications, Research, Research Output, Research Priorities, Research Success

? Bloch, S. (2005), and the winners are: the top articles of 2004 (vol 39, pg 648, 2005). *Australian and New Zealand Journal of Psychiatry*, **39** (11-12), 1051.

Full Text: [2005\Aus New Zea J Psy39, 1051.pdf](2005/Aus%20New%20Zea%20J%20Psy39,%201051.pdf)

Keywords: Articles

? Hyett, M. and Parker, G. (2009), Can the highly cited psychiatric paper be predicted early? *Australian and New Zealand Journal of Psychiatry*, **43** (2), 173-176.

Full Text: [2009\Aus New Zea J Psy43, 173.pdf](2009/Aus%20New%20Zea%20J%20Psy43,%20173.pdf)

Abstract: Objective: Predicting the impact of any research article on its scientific discipline is often viewed as requiring the passage of time. A recent BMJ article, however, reported that an article’s citation rate at 2 years could be predicted by data available 3 weeks following publication. The question remains as to whether establishing a citation trajectory at an early stage holds for psychiatric publications, given the low percentage of psychiatric articles in their analysis. The aim of the current article was to critically examine this area of the scientific literature. Method: Data were collected from the Institute for Scientific Information on scientific papers published in January/February 2006, in the top 30 psychiatric journals. Analyses examined the comparative impact of early citation numbers and several predictors identified in the BMJ article. Results: Only two BMJ variables (a larger number of references per article and larger number of authors) predicted higher citations at 2 years in the principal analysis. Citation counts at 1, 3, 6 and 12 months predicted citations at 2 years, with increasing success over time, and such citation counts were distinctly superior to the quantified variables in the previous study. Conclusions: It appears doubtful that data available at 3 weeks after publication for psychiatric articles are useful in predicting citation counts at 2 years. The trajectory of citation counts for a psychiatric article becomes more apparent with time.

Keywords: Authors, Citation, Citations, Comparative Study, Forecasting, Impact, Journals, Literature, Papers, Psychiatry Journals, Publication, Publications, Research

? Douglas, K.M. and Porter, R.J. (2009), Longitudinal assessment of neuropsychological function in major depression. *Australian and New Zealand Journal of Psychiatry*, **43** (12), 1105-1117.

Full Text: [2009\Aus New Zea J Psy43, 1105.pdf](2009/Aus%20New%20Zea%20J%20Psy43,%201105.pdf)

Abstract: Neuropsychological impairment is a core component of major depression, yet its relationship to clinical state is unclear. The aims of the present review were to determine which neuropsychological domains and tasks were most sensitive to improvement in clinical state in major depression and to highlight the methodological issues in such research. Studies that included a baseline and at least one follow-up neuropsychological testing session in adults with major depression were identified using MEDLINE, Web of Science and ScienceDirect databases. Thirty studies were included in the review. Findings in younger adult populations suggested that improvement in mood was most strongly related to improved verbal memory and verbal fluency, while measures of executive functioning and attention tended to remain impaired across treatment. In late-life major depression, improved psychomotor speed was most closely related to treatment response, but there was much inconsistency between study findings, which may be due to methodological issues. In major depression, particular neuropsychological domains are more strongly related to clinical state than others. The findings from the present review suggest that the domains most sensitive to clinical state are verbal learning and memory, verbal fluency and psychomotor speed. In contrast, measures of attention and executive functioning perhaps represent more trait-like markers of major depression. With further methodologically sound research, the changes in neuropsychological function associated with treatment response may provide a means of evaluating different treatment strategies in major depression.

Keywords: Adult, Adults, Antidepressant Treatment, Assessment, Attention, Cognitive Impairment, Databases, Depression, Executive Function, Executive Functions, Facial Expressions, Follow-up, Geriatric Depression, Healthy-Volunteers, Hippocampal Volume, Late-Life Depression, Learning, Major Depression, Major Depressive Disorder, MEDLINE, Memory, Mood, Neurocognitive Impairment, Neuropsychological Function, Psychomotor, Remission, Research, Review, Science, Treatment, Unipolar Depression, Web of Science

? Bourke, C., Douglas, K. and Porter, R. (2010), Processing of facial emotion expression in major depression: A review. *Australian and New Zealand Journal of Psychiatry*, **44** (8), 681-696.

Full Text: [2010\Aus New Zea J Psy44, 681.pdf](2010/Aus%20New%20Zea%20J%20Psy44,%20681.pdf)

Abstract: Processing of facial expressions of emotion is central to human interaction, and has important effects on behaviour and affective state. A range of methods and paradigms have been used to investigate various aspects of abnormal processing of facial expressions in major depression, including emotion specific deficits in recognition accuracy, response biases and attentional biases. The aim of this review is to examine and interpret data from studies of facial emotion processing in major depression, in the context of current knowledge about the neural correlates of facial expression processing of primary emotions the review also discusses the methodologies used to examine facial expression processing. Studies of facial emotion processing and facial emotion recognition were identified up to December 2009 utilizing MEDLINE and Web of Science. Although methodological variations complicate interpretation of findings, there is reasonably consistent evidence of a negative response bias towards sadness in individuals with major depression, so that positive (happy), neutral or ambiguous facial expressions tend to be evaluated as more sad or less happy compared with healthy control groups. There is also evidence of increased vigilance and selective attention towards sad expressions and away from happy expressions, but less evidence of reduced general or emotion-specific recognition accuracy. Data is complicated by the use of multiple paradigms and the heterogeneity of major depression. Future studies should address methodological problems, including variations in patient characteristics, testing paradigms and procedures, and statistical methods used to analyse findings.

Keywords: Accuracy, Affective-Disorders, Antidepressant Drug-Action, Attention, Bias, Bipolar Disorder, Control, Control Groups, Correlates, Depression, Emotion, Faces, Facial Emotion Processing, Happy, Human, Human Amygdala, Impaired Recognition, Interpretation, Knowledge, Major Depression, MEDLINE, Neural Responses, Neuropsychological Functioning, Perception, Primary, Review, Sad, Science, Statistical, Statistical Methods, Web of Science

? Sarris, J., LaPorte, E. and Schweitzer, I. (2011), Kava: A comprehensive review of efficacy, safety, and psychopharmacology. *Australian and New Zealand Journal of Psychiatry*, **45** (1), 27-35.

Full Text: [2011\Aus New Zea J Psy45, 27.pdf](2011/Aus%20New%20Zea%20J%20Psy45,%2027.pdf)

Abstract: Overview: Kava (Piper methysticum) is a South Pacific psychotropic plant medicine that has anxiolytic activity. This effect is achieved from modulation of GABA activity via alteration of lipid membrane structure and sodium channel function, monoamine oxidase B inhibition, and noradrenaline and dopamine re-uptake inhibition. Kava is available over the counter in jurisdictions such as the USA, Australia and New Zealand. Due to this, a review of efficacy, safety and clinical recommendations is advised. Objective: To conduct a comprehensive review of kava, in respect to efficacy, psychopharmacology, and safety, and to provide clinical recommendations for use in psychiatry to treat generalized anxiety disorder (GAD). Methods: A review was conducted using the electronic databases MEDLINE, CINAHL, PsycINFO and the Cochrane Library during mid 2010 of search terms relating to kava and GAD. A subsequent forward search was conducted of key papers using Web of Science cited reference search. Results: the current weight of evidence supports the use of kava in treatment of anxiety with a significant result occurring in four out of six studies reviewed (mean Cohen’s d = 1.1). Safety issues should however be considered. Use of traditional water soluble extracts of the rhizome (root) of appropriate kava cultivars is advised, in addition to avoidance of use with alcohol and caution with other psychotropic medications. Avoidance of high doses if driving or operating heavy machinery should be mandatory. For regular users routine liver function tests are advised. Conclusions: While current evidence supports kava for generalized anxiety, more studies are required to assess comparative efficacy and safety (on the liver, cognition, driving, and sexual effects) versus established pharmaceutical comparators.

Keywords: Aboriginal Community, Alcohol, Anxiety, Binding-Site, Cochrane, Cognition, Cognitive Performance, Databases, Disorder, Driving, Efficacy, Enriched Extract, Event-Related Potentials, Generalized Anxiety Disorder, Generalized Anxiety Disorder, Herbal Medicine, In-Vitro, Kava, Lipid, Mandatory, Medicine, MEDLINE, Methods, Na+-Channels, New Zealand, Noradrenaline, Papers, Piper Methysticum, Piper-Methysticum, Placebo, Plant, Psychiatry, Review, Safety, Science, Traditional, Treatment, Web of Science

? Hunt, G.E., Walter, G., Soh, N., Cashman, E. and Malhi, G.S. (2011), ‘Patting your head while rubbing your tummy’. *Australian and New Zealand Journal of Psychiatry*, **45** (6), 444-448.

Full Text: [2011\Aus New Zea J Psy45, 444.pdf](2011/Aus%20New%20Zea%20J%20Psy45,%20444.pdf)

Keywords: Impact-Factor, Mental-Health, Psychiatric-Disorders, National-Survey, Top Articles, Key Findings, Schizophrenia, Prevalence, Citations, Australia

? Myles, N., Newall, H., Ward, H. and Large, M. (2013), Systematic meta-analysis of individual selective serotonin reuptake inhibitor medications and congenital malformations. *Australian and New Zealand Journal of Psychiatry*, **47** (11), 1002-1012.

Full Text: [2013\Aus New Zea J Psy47, 1002.pdf](2013/Aus%20New%20Zea%20J%20Psy47,%201002.pdf)

Abstract: Context: It has been suggested that the commonly prescribed class of antidepressants selective serotonin reuptake inhibitors (SSRIs) are associated with birth defects. However, the teratogenic effect of individual SSRIs has not been previously compared using meta-analysis. Objective: To determine the strength of the association between individual SSRIs and major, minor, and cardiac malformation among infants born to women taking these medications. Data sources: Electronic search of CINAHL, EMBASE, MEDLINE, PsycINFO, and ISI Web of Science using the search terms (SSRI OR antidepressant) and (obstetric outcome OR malformation OR birth outcome OR teratogen), supplemented by manual searching of published references and requests of primary researchers for unpublished data. Study selection: There were 115 studies identified by electronic search and reviewed in full text, which yielded 16 papers reporting 36 data samples for major malformations, nine papers reporting 26 data samples for cardiac malformations, and four papers reporting seven data samples for minor malformations. Data synthesis: Fluoxetine (OR 1.14, 95% CI 1.01-1.30) and paroxetine (OR 1.29, 95% CI 1.11-1.49) were associated with increased risk of major malformations. Paroxetine was associated with increased risk of cardiac malformations (OR 1.44, 95% CI 1.12-1.86). Sertraline and citalopram were not significantly associated with congenital malformation. Between-sample heterogeneity was low and a range of methodological considerations had no significant impact on effect size. There was little evidence of publication bias. Conclusions: Fluoxetine and paroxetine should be avoided in the first trimester and among those at risk of an unplanned pregnancy.

Keywords: 1st Trimester, 1st-Trimester Exposure, Antidepressant, Antidepressant Treatment, Association, Australia, Bias, Birth, Birth Defects, Birth-Defects, Cities, City, Congenital, Congenital Malformations, Data, Early-Pregnancy, Effect Size, Embase, England, Evidence, First, First Trimester, Fluoxetine, Heterogeneity, Impact, Infants, Inhibitor, Inhibitors, ISI, ISI Web of Science, London, Major Depression, Malformation, Malformations, Maternal Use, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Minor, Nov, Obstetric, Obstetric Outcome, Outcome, Outcomes, Papers, Paroxetine, Paroxetine, Pregnancy, Primary, Prince, Psychiatry, Psycinfo, Publication, Publication Bias, Publications, References, Reporting, Review, Risk, Road, Science, Selection, Serotonin, Size, Sources, SSRI, Strength, Synthesis, Teratogen, Web of Science, Women

? Hunt, G.E., McGregor, I.S. and Malhi, G.S. (2013), Give me a hi-5! An additional version of the h-Index. *Australian and New Zealand Journal of Psychiatry*, **47** (12), 1119-1123

Full Text: [2013\Aus New Zea J Psy47, 1119.pdf](2013/Aus%20New%20Zea%20J%20Psy47,%201119.pdf)

Keywords: Bibliometric Indicators, Bibliometrics, Citations, Citations, Facts, h Index, h-Index, Impact, Purposes, Research Output, Version

? Black, E.B., Ranmuthugala, G., Kondalsamy-Chennakesavan, S., Toombs, M.R., Nicholson, G.C. and Kisely, S. (2015), A systematic review: Identifying the prevalence rates of psychiatric disorder in Australia’s Indigenous populations. *Australian and New Zealand Journal of Psychiatry*, **49** (5), 412-429.

Full Text: 2015\Aus New Zea J Psy49, 412.pdf

Abstract: Objective: This review aimed to draw on published literature to identify the prevalence rates of psychiatric disorders in Australia’s Indigenous populations, Aboriginal and Torres Strait Islander peoples. Method: A systematic review following the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) model was conducted using the following electronic databases: PubMed, Scopus, Web of Science, MEDLINE, PsycINFO, PsycARTICLES, and Informit Indigenous and Health Collections. Studies were included for analysis if they were empirical quantitative studies reporting prevalence rates for any psychiatric disorder in Indigenous people. Results: Of the 1584 papers extracted by the search strategy, 17 articles met the eligibility criteria and were reviewed in detail. Methodology, sampling strategy and study design varied greatly across these 17 studies. Prevalence rates varied by disorder and are as follows: major depressive disorder (4.3-51%); mood disorders (7.7-43.1%); post-traumatic stress disorder (14.2-55.2%); anxiety disorders (17.2-58.6%); substance dependence (5.9%-66.2%); alcohol dependence (21.4-55.4%); and psychotic disorders (1.68-25%). While the number of studies on community-based Indigenous populations was limited, available evidence suggested that prevalence rates are higher in prison populations compared with community-based studies. Conclusions: It was identified that there is limited evidence on the occurrence of psychiatric disorders for Indigenous people in the general community. More research in this area is essential to provide accurate and reliable estimates and to provide a baseline for evaluating the effectiveness of programs aimed at reducing the high mental health burden experienced by Indigenous Australians. Future research needs to ensure that standardised and validated methods are used to accurately estimate the prevalence of psychiatric disorders among Indigenous Australians.

Keywords: Aboriginal And Torres Strait Islander, Alcohol, Analysis, Anxiety, Anxiety Disorders, Australia, Burden, Cape York, Community, Community Based, Community-Based Studies, Criteria, Databases, Depression, Design, Disease, Effectiveness, Estimates, Evidence, General, Health, Indigenous, Injury, Literature, Major Depressive Disorder, Medline, Mental Disorders, Mental Health, Methodology, Methods, Model, Mood Disorders, Needs, Papers, Populations, Post-Traumatic Stress, Post-Traumatic Stress Disorder, Posttraumatic Stress, Posttraumatic Stress Disorder, Prevalence, Prison, Prisoners, Psychiatric Disorders, Psychotic Disorders, Psycinfo, Pubmed, Rates, Reporting, Research, Review, Reviews, Risk-Factors, Sampling, Science, Scopus, Search Strategy, Strait Islander People, Strategy, Stress, Study Design, Substance Dependence, Systematic Review, Torres Strait, Web Of Science

# Title: Australian and New Zealand Journal of Public Health

Full Journal Title: Australian and New Zealand Journal of Public Health

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: Impact Factor

Sladden, T., Beard, J., Simpson, J. and Luckie, K. (1999), Population health environmental indicators: Ecologic monitoring of environment-related health and disease trends. *Australian and New Zealand Journal of Public Health*, **23** (5), 486-493.

Full Text: [1999\Aus New Zea J Pub Hea23, 486.pdf](1999/Aus%20New%20Zea%20J%20Pub%20Hea23,%20486.pdf)

Abstract: BACKGROUND: Current State of the Environment (SoE) reporting focuses primarily on indicators directly related to the physical environment such as climate, and air, water and soil quality. As the environment has both direct and indirect effects on human health, an opportunity exists to include environment-related human disease indicators as an SoE indicator theme.

OBJECTIVE: To develop a set of population health environmental indicators (PHEIs, phi s) that can illustrate environment-related disease (ERD) trends at the population level.

METHODS: A literature review was conducted on environmental health monitoring and the current knowledge of environmental effects on human health. Key PHEIs were identified and routine health data collections accessed and analysed to illustrate temporal and geographic trends.

RESULTS: Diseases with an environmental aetiology are tabulated and examples are given of the type and range of PHEIs that can be developed for an Australian geographic area.

CONCLUSIONS: Illustrating environmental degradation in terms of resultant human diseases is a potent tool for promoting environmental protection measures. This paper examines a range of PHEIs that may be used as indicators of both environmental disease and environmental quality. IMPLICATIONS: PHEIs could be developed as a useful SoE indicator theme, and as a tool to help foster the convergence which is occurring between environmental health and public health fields.

? Smith, D.R. (2007), Journal impact factors: What do they mean for public health? *Australian and New Zealand Journal of Public Health*, **31** (6), 581-582.

Full Text: [2007\Aus New Zea J Pub Hea31, 581.pdf](2007/Aus%20New%20Zea%20J%20Pub%20Hea31,%20581.pdf)

Keywords: Bibliometric Analysis, Fields, Preventive Medicine

? Yuen, A., Sugeng, Y., Weiland, T.J. and Jelinek, G.A. (2010), Lifestyle and medication interventions for the prevention or delay of type 2 diabetes mellitus in prediabetes: A systematic review of randomised controlled trials. *Australian and New Zealand Journal of Public Health*, **34** (2), 172-178.

Full Text: [2010\Aus New Zea J Pub Hea34, 172.pdf](2010/Aus%20New%20Zea%20J%20Pub%20Hea34,%20172.pdf)

Abstract: Objective: To assess lifestyle and pharmacological interventions aiming to delay type 2 diabetes mellitus (T2DM) in prediabetes Methods: We searched the Cochrane Register of Controlled Trials, MEDLINE, EMBASE, CINAHL, PsycINFO, Web of Science, BIOSIS and LILACS databases, examined reference lists and contacted authors We included randomised controlled trials (RCTs) on both lifestyle and medication interventions in prediabetes These studies were at least 12 month duration and aimed to delay T2DM Results: Four studies investigating lifestyle and medication with a total of 5.196 participants were identified There was a high risk of bias in the studies and the interventions utilised varied considerably, thus, meta-analysis was not undertaken the comparison between lifestyle and medication interventions was largely dependent on the intensity of the lifestyle program while we could not adequately assess their effects on cardiovascular morbidity Adverse events with metformin and acarbose were common Conclusion: There is substantial evidence that intensive lifestyle programs and medications delay T2DM in impaired glucose tolerance though it remains unclear which is more effective Implications: Both interventions seem to be able to delay T2DM However, both have issues with adherence and side effects and more RCTs are required.

Keywords: Adherence, Authors, Bias, Cardiovascular, Cochrane, Databases, Diabetes, Diabetes Mellitus, EMBASE, Fasting Glucose, Impaired Glucose-Tolerance, Individuals, Insulin-Secretion, Interventions, Lifestyle Intervention, Medication, MEDLINE, Meta-Analysis, Metformin, Methods, Morbidity, Pharmacological Intervention, Physical-Activity, Prediabetic State, Prevention, Prevention and Control, Program, Reduction, Review, Risk, Science, Systematic, Systematic Review, Type 2, Type 2 D iabetes, Type 2 Diabetes Mellitus, Web of Science, Weight-Loss

Notes: CCountry

? Derrick, G.E., Hayen, A., Chapman, S., Haynes, A.S., Webster, B.M. and Anderson, I. (2012), A bibliometric analysis of research on indigenous health in Australia, 1972-2008. *Australian and New Zealand Journal of Public Health*, **36** (3), 269-273.

Full Text: [2012\Aus New Zea J Pub Hea36, 269.pdf](2012/Aus%20New%20Zea%20J%20Pub%20Hea36,%20269.pdf)

Abstract: Objective: To determine the growth patterns and citation volume of research publications referring to Indigenous health in Australia from 1972 to 2008 compared to seven selected health fields. Methods: Web of Science was used to identify all publications (n=820) referring to the health of Indigenous Australians authored by Australian researchers, 1972 to 2008. Citations for each publication were also captured. Growth was compared with selected health fields as well as with overall Australian research publications. Results: Research publications referring to Indigenous health, while remaining relatively small in number, grew at an average annual rate of 14.1%, compared with 8.2% across all fields of Australian research. The growth rate shown was equal second highest in our seven categories of health and medical research. However, Indigenous publications were cited significantly less than the Australian average. Conclusions: While there has been positive growth in publications referring to Indigenous health, the attention paid to this research through citations remains disappointingly low. Implications: Given that research concentration and impact can be an index of how seriously a nation considers a health problem, the low visibility of Australian research examining Indigenous health does not demonstrate a level of concern commensurate with the gravity of Indigenous health problems. Further investigation for the reasons for lower citations may identify potential intervention strategies.

Keywords: Analysis, Australia, Australian, Bibliometric, Bibliometric Analysis, Bibliometrics, Citation, Citations, Concentration, Growth, Growth Rate, Health, Health Problem, Impact, Index, Indigenous Health, Intervention, Investigation, Low, Medical, Medical Research, Methods, Potential, Publication, Publications, Research, Research Evaluation, Science, Small, Visibility, Volume, Web of Science

? Lal, A., Lill, A.W.T., Mcintyre, M., Hales, S., Baker, M.G. and French, N.P. (2015), Environmental change and enteric zoonoses in New Zealand: A systematic review of the evidence. *Australian and New Zealand Journal of Public Health*, **39** (1), 63-68.

Full Text: [2015\Aus New Zea J Pub Hea39, 63.pdf](2015/Aus%20New%20Zea%20J%20Pub%20Hea39,%2063.pdf)

Abstract: Objective: To review the available evidence that examines the association between climatic and agricultural land use factors and the risks of enteric zoonoses in humans and consider information needs and possible pathways of intervention. Methods: The electronic databases PubMed, Web of Science and Embase and government websites were searched systematically for published literature that investigated the association of climatic and/or agricultural exposures with the incidence of the four most common enteric zoonotic diseases in New Zealand (campylobacteriosis, salmonellosis, cryptosporidiosis and giardiasis). Results The 16 studies in the review demonstrated significant associations between climate, agricultural land use and enteric disease occurrence. The evidence suggests that enteric disease risk from environmental reservoirs is pathogen specific. In some rural regions, environmental pathogen load is considerable, with multiple opportunities for zoonotic transmission. Conclusions: Enteric disease occurrence in NZ is associated with climate variability and agricultural land use. However, these relationships interact with demographic factors to influence disease patterns. Implications: Improved understanding of how environmental and social factors interact can inform effective public health interventions under scenarios of projected environmental change.

Keywords: Agricultural, Agricultural Intensification, Agricultural Land Use, Ambient-Temperature, Association, Campylobacter, Climate, Climate Variability, Cryptosporidium-Parvum, Databases, Disease, Diseases, Emergence, Emerging Infectious-Diseases, Enteric Zoonoses, Environmental, Environmental Change, Evidence, Exposures, Factors, From, Giardiasis, Health, Humans, Incidence, Influence, Information, Intervention, Interventions, Land Use, Land-Use, Literature, Load, Methods, Needs, New Zealand, Pathogen, Pathways, Public, Public Health, Pubmed, Reservoirs, Results, Review, Risk, Risk-Factors, Risks, Rural, Scenarios, Science, Seasonality, Social, Systematic, Systematic Review, Transmission, Understanding, Variability, Web, Web Of Science, Websites, Zoonoses

# Title: Australian & New Zealand Journal of Statistics

Full Journal Title: [Australian & New Zealand Journal of Statistics](http://www.blackwell-synergy.com/loi/anzs)

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Subject Categories:

: Impact Factor

Seneta, E. (2002), In memoriam - Emeritus professor Henry Oliver Lancaster, AO FAA 1 February 1913-2 December 2001. *Australian & New Zealand Journal of Statistics*, **44** (4), 385-400.

Full Text: [2002\Aus New Zea J Sta44, 38.pdf](2002/Aus%20New%20Zea%20J%20Sta44,%2038.pdf)

Abstract: the death, in Sydney, of Oliver Lancaster marks the end of an era in the histories of the Statistical Society of Australia, which (in its previous existence as the Statistical Society of New South Wales) he helped found in 1947, and of the Australian Journal of Statistics of which he was founding editor (1959-71). Oliver Lancaster was Foundation Professor of Mathematical Statistics at the University of Sydney (1959-1978), where he spent his life as student and academic. During his academic career, he achieved scholarly distinction in at least four fields: mathematical statistics, medical and public health statistics, the history of medicine and of statistics, and statistical bibliography. With E.J.G. Pitman (1897-1993), M.H. Belz (1897-1975), E.A. Cornish (1909-1973) and PAR Moran (1917-1988) he was part of a cohort of renowned Australian mathematical statisticians who laid the foundation of the glory days of Australian mathematical statistics. This obituary and tribute focuses on some of these aspects, within a broader historical picture.

Keywords: Australian Journal of Statistics, Characterization, Chi-Squared, History of Statistics, Lancaster’s MID-P, Mathematical Statistics, Medical Statistics, Normal Distribution, Statistical Society of Australia, University of Sydney

# Title: Australian and New Zealand Journal of Surgery

Full Journal Title: Australian and New Zealand Journal of Surgery

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Publisher Address:

Subject Categories:

: Impact Factor

? Kee, W.D.N., Roach, V.J. and Lau, T.K. (1997), How accurate are references in the *Australian and New Zealand Journal of Surgery*? *Australian and New Zealand Journal of Surgery*, **67** (7), 417-419.

Full Text: [1997\Aus New Zea J Sur67, 417.pdf](1997/Aus%20New%20Zea%20J%20Sur67,%20417.pdf)

Abstract: Background: the accuracy of reference citations in the Australian and New Zealand Journal of Surgery was evaluated. All of the references from 1995 (Volume 65) were included (n = 4092).

Methods: A sample of 100 references was randomly selected and examined in detail by comparison with the original references.

Results: Overall, 60% of citations contained errors. Errors were categorized by dividing references into six elements. A total of 38.8% of citations contained an error in one element, 15.6% contained errors in two elements, 4.4% contained errors in three elements, and 4.4% contained errors in four elements of the reference. The most common errors were errors of authors’ names and errors in the title.

Conclusions: Contributors to this journal should take more care in checking references in their manuscripts before publication.

Keywords: Documentation, Publications, Anesthesia

Beasley, S.W. (2000), The value of medical publications: ‘To read them would … burden the memory to no useful purpose’. *Australian and New Zealand Journal of Surgery*, **70** (12), 870-874.

Full Text: [2000\ANZ J Sur70, 870.pdf](2000/ANZ%20J%20Sur70,%20870.pdf)

Abstract: In 1782 William Black published his *Historical Sketch of Medicine and Surgery*, in which he addressed the subject of medical publications and their value. He doubted whether even one physician in a thoUSAnd managed to add ‘one iota of information to the medical fund’ and whether more than a tiny fraction of medical publications over the centuries had contained ‘any material discovery for useful improvement’ in medical knowledge. The debate on the value of published material and the explosion of medical publication continues: the National Library of Medicine search service now has access to 9 million articles on MEDLINE, from 3900 current medical journals. Easy identification and retrieval of relevant and worthwhile information remain major obstacles for the clinician despite advances in electronic information systems. Black’s concerns about medical publications, concerns that echoed the more general doubts of philosopher Voltaire quoted in the title, appear to be timeless.

# Title: Australian Occupational Therapy Journal

Full Journal Title: Australian Occupational Therapy Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Kho, A.Y., Liu, K.P.Y. and Chung, R.C.K. (2014), Meta-analysis on the effect of mental imagery on motor recovery of the hemiplegic upper extremity function. *Australian Occupational Therapy Journal*, **61** (2), 38-48.

Full Text: [2014\Aus Occ The J61, 38.pdf](2014/Aus%20Occ%20The%20J61,%2038.pdf)

Abstract: Background/aimStudies have shown that mental imagery can enhance relearning and generalisation of function after stroke. The aim of this meta-analysis was to evaluate evidence on the effects of mental imagery on motor recovery of the hemiplegic upper extremities after stroke. MethodsA comprehensive data base search of the literature up to December 2012 was performed using PubMed, EBSCO host (Academic Search Premier, CINAHL and Educational Resource Information Center), PsycINFO, Medline, and ISI Web of Knowledge (Science Citation Index and Social Sciences Citation Index). Randomised clinical trials or controlled clinical trials that included mental imagery for improving upper extremity motor function for stroke patients were located. Relevant articles were critically reviewed and methodological quality was evaluated using the PEDro Scale, and study results synthesised. ResultsFive randomised clinical trials and one controlled clinical trial met the inclusion criteria. Five of the six studies yielded positive findings in favour of mental imagery. Quantitative analysis showed a significant difference in the Action Research Arm Test (overall effect: Z=6.75; P<<0.001). ConclusionReview of the literature revealed a trend in support of the use of motor imagery for upper extremity motor rehabilitation after stroke. Mental imagery could be a viable intervention for stroke patients given its benefits of being safe, cost-effective and rendering multiple and unlimited practice opportunities. It is recommended that researchers incorporate imaging techniques into clinical studies so that the mechanism whereby mental imagery mediates motor recovery or neural adaptation for people with stroke can be better understood.

Keywords: Academic, Adaptation, Analysis, Benefits, Citation, Clinical, Clinical Studies, Clinical Trial, Clinical Trials, Controlled Clinical Trial, Copenhagen Stroke, Cost-Effective, Criteria, Data, Data Base, Data-Base, Effects, Evidence, Feedback, Function, Hand Function, Host, Imaging, Information, Intervention, Isi, Knowledge, Literature, Mechanism, Medline, Mental Imagery, Meta Analysis, Meta-Analysis, Metaanalysis, Motor Function, Motor Recovery, Movement, Patients, Practice, Psycinfo, Pubmed, Quality, Quantitative Analysis, Randomised, Randomized Controlled-Trial, Recovery, Rehabilitation, Rendering, Representations, Research, Scale, Science, Science Citation Index, Sciences, Search, Social Sciences, Social Sciences Citation Index, Stroke, Stroke Patients, Support, Techniques, Test, Trend, Trial, Upper Extremity, Web Of Knowledge

# Title: Australian Psychologist

Full Journal Title: Australian Psychologist

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1742-7835

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Over, R. (1981), Bibliometric profile of Australian psychologist. *Australian Psychologist*, **16** (3), 433-435.

Keywords: Bibliometric

# Title: Australian Veterinary Journal

Full Journal Title: Australian Veterinary Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Racklyeft, D.J., Raidal, S. and Love, D.N. (2000), Towards an understanding of equine pleuropneumonia: Factors relevant for control. *Australian Veterinary Journal*, **78** (5), 334-338.

Full Text: [2000\Aus Vet J78, 334.pdf](2000/Aus%20Vet%20J78,%20334.pdf)

Abstract: Objective To review relevant literature on factors associated with the development of equine pleuropneumonia Design A review of the literature using a range of databases including Current Contents, MEDLINE, ChemAbstracts, Biological Abstracts and CAB and a comprehensive search strategy which involved use of keywords, author and subject category searches. Additional sources included review of articles cited by key accumulated references. Results Since the early years of this century, many of the “gaps” in our knowledge of the pathogenesis of this disease have been filled. We now know that equine pleuropneumonia results from contamination of the lower respiratory tract with bacteria similar to the normal oropharyngeal microbiota of the horse and that transportation of any mode, especially over long distances (and consequently with no or short rest periods), is the single most important predisposing factor for this disease. This is associated with restraint of horses such that they are unable to lower their heads, which leads to increased opportunity for lower respiratory tract contamination and a reduced opportunity for clearance. Strenuous exercise also results in lower respiratory tract contamination and exercise subsequent to transportation exerts additive detrimental effects on the defenses of the lower respiratory tract. Clinical Implications While modern veterinary medicine and surgery have significantly reduced the death rate from pleuropneumonia, horses that develop the disease have a high probability of not returning to their prior use. This under-scores the importance of developing the most effective strategies for its prevention.

Keywords: Anaerobes, Anaerobic Bacterial Pleuropneumonia, Bronchoalveolar Lavage Fluid, Contamination, Control, Databases, Development, Equine Pleuropneumonia, Exercise, Horses, Literature, Lower Respiratory Tract Defenses, Lower Respiratory-Tract, Lung, Normal, Pneumonia, Prevention, Review, Shipping Fever, Strategy, Thoroughbred Racehorses, Tract, Transport, Transport Sickness

? Smith, D.R. (2008), Citation indexing and highly cited articles in the *Australian Veterinary Journal*. *Australian Veterinary Journal*, **86** (9), 337-339.

Full Text: [2008\Aus Vet J86, 337.pdf](2008/Aus%20Vet%20J86,%20337.pdf)

Keywords: Citation Classics, Impact Factor, Publishing, Veterinary Science, Interferon-Gamma, Impact Factor, Tuberculosis, Virus

# Title: Avian Diseases

Full Journal Title: [Avian Diseases](http://www.aaapjournals.info/loi/avdi)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Maurer, J.J. (2007), The proper conduct of research. *Avian Diseases*, **51** (1), 1-7.

Full Text: [2007\Avi Dis51, 1.pdf](2007/Avi%20Dis51,%201.pdf)

Abstract: Scientific misconduct has garnered recent attention by the media over scandals concerning falsification and fabrication of data surrounding potentially promising breakthroughs in stem-cell research, allegations of plagiarism at a U.S. university, and financial conflicts of interest between researchers and drug companies. While this makes for interesting copy, discussion of scientific fraud provides an excellent opportunity to review ethical standards for research and examine the conflicts that confront researchers today. This review specifically focuses on five areas that involve scientific integrity plagiarism, falsification, fabrication, authorship, and conflict of interest-as well as nuances in each area that even senior investigators may not be aware of (e.g., self-plagiarism). The standards for ethical conductance of research discussed in this review are those set by many scientific, peer-reviewed journals and by federal and private granting agencies, and therefore it highlights the expectations and guidelines surrounding manuscript and grant submissions and review, and the consequences associated with violations. This review is intended to stimulate discussion among readers and assess what is necessary to become a good, competitive, but ethical researcher, especially in an era of shrinking financial resources for research.

Keywords: Authorship, Authorship, Conflict of Interest, Conflict-of-Interest, Data Fabrication, Jan 20 2006, Journals, Pg 335, Research, Research Fraud, Researchers, Retracted See, Science, Scientific Misconduct, Scientific Misconduct, Stem-Cells

# Title: Aviation Space and Environmental Medicine

Full Journal Title: Aviation Space and Environmental Medicine

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Goswami, N., Loeppky, J.A. and Hinghofer-Szalkay, H. (2008), LBNP: Past protocols and technical considerations for experimental design. *Aviation Space and Environmental Medicine*, **79** (5), 459-471.

Abstract: introduction: Lower body negative pressure (LBNP) has been used for decades to simulate orthostatic stress and the effects of blood loss in humans. Since the definitive review of LBNP in 1974, new applications have been developed and research has revealed conflicting cardiovascular and neurohormonal responses during and after LBNP. Methods: A search of the literature was conducted for 1964-2007 using the Web of Science and the search terms “cardiovascular system,” “orthostasis,” “spaceflight,” and “methodologies” to identify publications in English that describe human studies where LBNP was used to simulate orthostasis. Publications cited in the earlier review were excluded, leaving a total of 215 articles for consideration. Results: We divided the reported protocols into eight categories based on the pressure, pattern, and duration of the stimulus: 1) mild, constant, short; 2) mild, constant, long; 3) mild, ramp, short; 4) mild, ramp, long; 5) moderate-to-strong, constant, short; 6) moderate, constant, long; 7) moderate-to-strong, ramp, short; and 8) strong, ramp, long. The review showed that these protocols stimulate different reflexes and can be used to produce particular responses. Discussion: Based on the review, we developed guidelines for using LBNP in a predictable and reproducible manner. Variables that must he controlled include subject characteristics, procedures, and environmental conditions as well as specifications for the LBNP chamber and seal positioning. An understanding of the many technical details of such experiments and the nature of elicited cardiovascular and neurohormonal responses is required to design optimal protocols to address specific research questions.

Keywords: Blood, Body Negative-Pressure, Cardiovascular, Cardiovascular-Responses, Carotid Baroreflex Control, Central Venous-Pressure, Countermeasures, Environmental, Guidelines, Head-Up-Tilt, Hemodynamic-Responses, Human, Humans, Improves Orthostatic Tolerance, Lbnp Methodology, Literature, Methods, Orthostasis, Pressure, Publications, Regional Vascular-Responses, Renin-Angiotensin System, Research, Review, Science, Skin Blood-Flow, Spaceflight, Stress, Web of Science

? da Costa, R.T., Sardinha, A. and Nardi, A.E. (2008), Virtual reality exposure in the treatment of fear of flying. *Aviation Space and Environmental Medicine*, **79** (9), 899-903.

Abstract: Background: Recently, a growing body of research has appeared on different aspects of virtual reality exposure (VRE) therapy applied to the treatment of anxiety disorders. The purpose of this article was to review with a systematic methodology the evidences that support the potential effectiveness of this therapy in the treatment of fear of flying (FOF), a problem that significantly affects patients’ social functioning and personal welfare. Methods: Potential studies were identified via computerized search using the PUBMED/MEDLINE and Web of Science databases, and additional review of their references. Articles ranged from 1969 to 2007 and the keywords used in the search were: “virtual reality” and “fear of flying”; “virtual reality” and “flying phobia”; or “virtual reality” and “flight phobia.” Results: There were 40 studies using VRE in the treatment of FOF identified, mostly on the effectiveness of VRE therapy in group and case studies. Several components of the treatment protocols differed among the studies, which made the results comparison a challenging task. Nevertheless, controlled studies demonstrate that VRE treatment is effective with or without cognitive behavior therapy (CBT) and/or psychoeducation and that it is considered to be an effective component of the treatment of FOF. Conclusions: All studies that used cognitive and relaxation techniques in addition to VRE treatment were effective. More randomized clinical trials are required in which VRE therapy could be compared with standard exposure therapy. Thus, we suggest that CBT, psychoeducation, and VRE could be combined to treat FOF.

Keywords: 3-Year Follow-up, Acrophobia, Anxiety, Anxiety Disorders, Articles, Behavior Therapy, Case Studies, Clinical Trials, Cognitive-Behavioral Treatment, Controlled Studies, Databases, Effectiveness, Environments, Flying Phobia, Group Therapy, In-Vivo, Information, Methodology, Methods, Phobia, Psychotherapy, Randomized Clinical Trials, Research, Review, Science, Social, Systematic, Therapy, Treatment, Virtual Reality, Web of Science

# Title: Basic and Applied Ecology

Full Journal Title: [Basic and Applied Ecology](http://www.sciencedirect.com/science/journal/14391791)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Retzer, V. and Jurasinski, G. (2009), Towards objectivity in research evaluation using bibliometric indicators: A protocol for incorporating complexity. *Basic and Applied Ecology*, **10** (5), 393-400.

Full Text: [2009\Bas App Eco10, 393.pdf](2009/Bas%20App%20Eco10,%20393.pdf)

Abstract: Publications are thought to be an integrative indicator best suited to measure the multifaceted nature of scientific performance. Therefore, indicators based on the publication record (citation analysis) are the primary tool for rapid evaluation of scientific performance. Nevertheless, it has to be questioned whether the indicators really do measure what they are intended to measure because people adjust to the indicator value system by optimizing their indicator rather than their performance. Thus, no matter how sophisticated an indicator may be, it will never be proof against manipulation. A literature review identifies the most critical problems of citation analysis: database-related problems, inflated citation records, bias in citation rates and crediting of multi-author papers. We present a step-by-step protocol to address these problems. By applying this protocol, reviewers can avoid most of the pitfalls associated with the pure numbers of indicators and achieve a fast but fair evaluation of a scientist’s performance. We as ecologists should accept complexity not only in our research but also in our research evaluation and should encourage scientists of other disciplines to do so as well. (C) 2008 Gesellschaft fur Okologie. Published by Elsevier GmbH. All rights reserved.

Keywords: Authorship, Bibliometric Indicators, Citation Analysis, Citation Analysis, Citation Index, Co-Authorship, Contributorship, Ecology, Index, Indicators, Journal Impact Factors, Multiple Authorship, Patterns, Peer Review, Publication, Publication Bias, Publications, Quality, Research, Research Evaluation, Science

# Title: Basic and Applied Myology

Full Journal Title: [Basic and Applied Myology](http://www.bio.unipd.it/bam/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

? Dodson, M., YablonkaReuveni, Z., Bandman, E. and Grounds, M. (1997), *Basic and Applied Myology*: A reflection of our roots and vision for the immediate future. *Basic and Applied Myology*, **7** (3-4), 295-298.

Full Text: [1997\Bas App Myo7, 295.pdf](1997/Bas%20App%20Myo7,%20295.pdf)

Abstract: “Published by Scientists for Scientists,” Basic and Applied Myology (BAM) is entering its seventh year of service to the world-wide scientific community. Originally established to provide an outlet for articles covering topics relevant to “basic research in skeletal muscle,” BAM coverage presently includes reports of “experimental studies in large animals, as-well-as basic and clinical research in anatomy, physiology, cell biology, biochemistry, molecular biology, gene mapping, comparative biology, development and differentiation, regeneration, pathology, epidemiology, bioengineering, pharmacology, toxicology, surgery and medicine.” the format of BAM is different from many other journals in that many issues are centered on “Guest-Edited” topics, called “Hot Sections.” As such, the most recent advances in a wide variety of disciplines are presented in BAM. While the foundation of the journal seems firm, the success of BAMs future depends on a number of variables. First, it is important for researchers who submit articles for publication in BAM to become more disciplined in their use of experimental hypotheses, data analyses and interpretation, and to assure strong article content. Second, while BAM is presently included in Science Citation Index Expanded(R), Research Alert(R) and Focus on Molecular Medicine(R), it is requisite that BAM be accepted as a citation into the myriad of full-service scientific indexing systems, like MEDLINE,(R) Current Contents(R) and Agricola(R) to provide the entire muscle field access to BAM articles. Finally, since the field of muscle research is experiencing an unprecedented explosion of new data and research groups, BAM must continue to pursue Guest Editors of Hot Sections who would critically express the most current status of the topic covered.

Keywords: Articles, Basic and Applied Myology, Basic Research, Citation, Clinical Research, Coverage, Development, Editors, Epidemiology, Groups, Guest Editors, Hot Section, Indexing Systems, Interpretation, Journal, Journals, Mapping, Molecular Biology, Publication, Regeneration, Research, Research Groups, Researchers, Science, Science Citation Index, Surgery, Topic, Topics, Toxicology

# Title: Basic & Clinical Pharmacology & Toxicology

Full Journal Title: [Basic & Clinical Pharmacology & Toxicology](http://www.blackwell-synergy.com/doi/abs/10.1111/j.1742-7843.2005.pto_139.x)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1742-7835

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Wallin, J.A. (2005), Bibliometric methods: Pitfalls and possibilities. *Basic & Clinical Pharmacology & Toxicology*, **97** (5), 261-275.

Full Text: [2005\Bas Cli Pha Tox97, 261.pdf](2005/Bas%20Cli%20Pha%20Tox97,%20261.pdf)

Abstract: Bibliometric studies are increasingly being used for research assessment. Bibliometric indicators are strongly methodology-dependent but for all of them, various types of data normalization are an indispensable requirement. Bibliometric studies have many pitfalls; technical skill, critical sense and a precise knowledge about the examined scientific domain are required to carry out and interpret bibliometric investigations correctly.

Keywords: Assessment Exercise Ratings, Behavioral-Sciences, Bibliometric, Citer Motivations, Co-Heading Analysis, Cocitation Analysis, Information Impact, Journal Impact Factors, Patent Citation Analysis, Research, Research Performance, Scientific Literature

? Robert, C., Wilson, C., Gaudy, J.F. and Arreto, C.D. (2009), Bibliometric Snapshot of Research Involving Cytochromes P450 in Medicine and Biology. *Basic & Clinical Pharmacology & Toxicology*, **105**, 145.

Full Text: Bas Cli Pha Tox105, 145.pdf

Keywords: Research

# Title: Behavior Analyst

Full Journal Title: Behavior Analyst

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Coleman, S.R. and Mehlman, S.E. (1992), An empirical update (1969-1989) of Krantz, D.L. Thesis: That the experimental-analysis of behavior is isolated. *Behavior Analyst*, **15** (1), 43-49.

Abstract: Citation data from 1970 to 1989 were examined in order to determine whether the “isolation” of the experimental analysis of behavior (EAB) that was originally documented by Krantz (1971, 1972) has persisted beyond the early 1970s. Our findings from analyses of the Journal of the Experimental Analysis of Behavior (JEAB) and of related journals support the following conclusions: (1) In the 20-year period since 1969, JEAB has continued to cite its own articles (“self-cite”) at a higher rate than related journals; (2) JEAB’s self-citation rate decreased by a larger amount since 1969 than did that of related journals; and (3) JEAB was cited with diminishing frequency by some related journals during the 20-year period. These findings and other disciplinary comparisons provide information relevant to the issue of the health of behavior analysis and related specialties.

Keywords: Analysis, Citation, Citations, Isolation of Experimental Analysis of Behavior (EAB), Journal-of-the-Experimental-Analysis-of-Behavior, Journals, Krantz, D.L., Self-Citation

? Critchfield, T.S., Buskist, W., Saville, B., Crockett, J., Sherburne, T. and Keel, K. (2000), Sources cited most frequently in the experimental analysis of human behavior. *Behavior Analyst*, **23** (2), 255-266.

Full Text: [2000\Beh Ana23, 255.pdf](2000/Beh%20Ana23,%20255.pdf)

Abstract: We conducted an analysis of the sources cited most frequently in primary empirical reports in the experimental analysis of human behavior (EAHB) published in four journals between 1990 and 1999. Citation patterns suggest that modern EAHB is topically focused and relatively independent of both animal operant research and human research conducted outside of behavior analysis.

Keywords: Analysis, Behavior, Citation, Citation Analysis, Conditional-Discrimination Procedures, Contextual Control, Differential Consequences, Equivalence Class Formation, Experimental, Human, Human Behavior, Instructional-Control, Journals, Matching-To-Sample, Primary, Research, Rule-Governed Behavior, Schedule-Controlled Behavior, Sources, Stimulus Class Formation, Verbal-Behavior

? McKerchar, T.L., Morris, E.K. and Smith, N.G. (2011), A quantitative analysis and natural history of B. F. Skinner’s coauthoring practices. *Behavior Analyst*, **34** (1), 75-91.

Full Text: [2011\Beh Ana34, 75.pdf](2011/Beh%20Ana34,%2075.pdf)

Abstract: This paper describes and analyzes B. F. Skinner’s coauthoring practices. After identifying his 35 coauthored publications and 27 coauthors, we analyze his coauthored works by their form (e.g., journal articles) and kind (e.g., empirical); identify the journals in which he published and their type (e.g., data-type); describe his overall and local rates of publishing with his coauthors (e.g., noting breaks in the latter); and compare his coauthoring practices with his single-authoring practices (e.g., form, kind, journal type) and with those in the scientometric literature (e.g., majority of coauthored publications are empirical). We address these findings in the context of describing the natural history of Skinner’s coauthoring practices. Finally, we describe some limitations in our methods and offer suggestions for future research.

Keywords: B.F. Skinner, Behavior, Coauthorship, Future, History, History of Behavior Analysis, Journal, Journals, Literature, Multiple Authorship, Psychologists, Publication, Publications, Publishing, Reinforcement, Research, Schedules, Scientific Collaboration, Scientometrics

# Title: Behavioral Ecology and Sociobiology

Full Journal Title: Behavioral Ecology and Sociobiology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Montgomerie, R. (1995), The impact of behavioral ecology and sociobiology. *Behavioral Ecology and Sociobiology*, **37** (3), 145-146.

# Title: Behavioral Sciences & the Law

Full Journal Title: Behavioral Sciences & the Law

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Sommers, S.R. and Ellsworth, P.C. (2009), “Race Salience” in juror decision-making: misconceptions, clarifications, and unanswered questions. *Behavioral Sciences & the Law*, **27** (4), 599-609.

Full Text: [2009\Beh Sci Law27, 599.pdf](2009/Beh%20Sci%20Law27,%20599.pdf)

Abstract: In two frequently cited articles, Sommers and Ellsworth (2000, 2001) concluded that the influence of a defendant’s race on White mock jurors is more pronounced in interracial trials in which race remains a silent background issue than in trials involving racially charged incidents. Referring to this variable more generally as “race salience,” we predicted that any aspect of a trial that leads White mock jurors to be concerned about racial bias should render the race of a defendant less influential. Though subsequent researchers have further explored this idea of “race salience,” they have manipulated it in the same way as in these original studies. As such, the scope of the extant literature on “race salience” and juror bias is narrower than many realize. The present article seeks to clarify this and other misconceptions regarding “race salience” and jury decision-making, identifying in the process avenues for future research on the biasing influence of defendant race. Copyright (C) 2009 John Wiley & Sons, Ltd.

Keywords: Bias, Black Defendants, Juries, Motivation, Prejudice, Racial Diversity

# Title: Behavioral & Social Sciences Librarian

Full Journal Title: [Behavioral & Social Sciences Librarian](http://www.informaworld.com/smpp/title~content=t792303973~db=all)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Thomas, J. (1993), Graduate student use of journals: A bibliometric study of psychology theses. *Behavioral & Social Sciences Librarian*, **12** (1), 1-7.

Full Text: [1993\Beh Soc Sci Lib12, 1.pdf](1993/Beh%20Soc%20Sci%20Lib12,%201.pdf)

Abstract: A 17% reduction in the library materials budget and faculty resistance to journal cancellations necessitated a demonstration of journal USAge in a large academic library. Analysis of journal citations from theses revealed quantifiable data that differed from the 80, 20 rule. Graduate students cited journals almost twice as frequently as do professional psychologists, and 91.9% of journal citations in theses were from locally-owned journals. One-quarter of the library’s ‘psychology’ journals were cited not at all, providing a large list of candidates for cancellation consideration. Thesis bibliographies tended to be longer after acquisition of PsycLIT

Keywords: Citations, English, Journal, Journals, SCI

? Herubel, J.P.V.M. and Buchanan, A.L. (1994), Jean-Jacques Rousseau among the footnotes: Mapping interdisciplinary research in *Social Science Citation Index*. *Behavioral & Social Sciences Librarian*, **13** (1), 49-57.

Full Text: [1994\Beh Soc Sci Lib13, 49.pdf](1994/Beh%20Soc%20Sci%20Lib13,%2049.pdf)

Abstract: Using the Social Science Citation Index (SSCI) researcher and librarian alike can trace the published record of research on a given figure in the social sciences. Jean-Jacques Rousseau was chosen since he is a major figure in political science and in other social sciences. Examination of citations indexed in SSCI revealed salient patterns which can be helpful in determining interdisciplinarity and/or disciplinarity. Rousseau’s contributions are still readily cited in contemporary research and cross disciplinary boundaries. Collection development efforts can be enhanced through this open window into the nature of published research by examining citation patterns of a given classical social science author.

Keywords: Boundaries, Citation, Citation Patterns, Citations, Development, Interdisciplinarity, Open, Record, Research, Science, Science Citation Index, Sciences, Social, Social Science, Social Science Citation Index, Social Sciences, SSCI, Trace

? Buchanan, A.L., Goedeken, E.A. and Herubel, J.P.V.M. (1996), Scholarly communication among academic librarians: An analysis of six ACRL proceedings. *Behavioral & Social Sciences Librarian*, **14** (2), 1-15.

Full Text: [1996\Beh Soc Sci Lib14, 1.pdf](1996/Beh%20Soc%20Sci%20Lib14,%201.pdf)

Abstract: Between the years 1978 and 1992 the Association of College and Research Libraries (ACRL) has held national conferences to discuss the current state of academic librarianship. The published conference proceedings appeared as a natural body of literature to use to analyze the scholarly activity of academic librarians and to study its place in the larger sociological models of scholarly academic activity. Once a bibliometric analysis of the proceedings was completed, the institutions were ranked by scholarly production and then compared to earlier published studies. The final phase of the study analyzed the bibliometric data using Tony Becher’s theory of tribalism and Pierre Bourdieu’s theories of habitus, cultural capital, and reproduction. The result ii om this introductory study revealed a core of dominant institutions and conforms to several of Becher’s and Bourdieu’s theories.

Keywords: Bibliometric, Bibliometric Analysis, Bibliometric Data, Core, Literature, Research

? Hider, P.M. (1997), Three bibliometric analyses of anthropology literature. *Behavioral & Social Sciences Librarian*, **15** (1), 1-17.

Full Text: [1997\Beh Soc Sci Lib15, 1.pdf](1997/Beh%20Soc%20Sci%20Lib15,%201.pdf)

Abstract: Three bibliometric analyses of articles in the UK anthropology journal, Man, are described. The first analysis looks at the forms of material cited in the articles and confirms the observation that anthropologists rely heavily on books, while also revealing a rise in the popularity of anthologies of papers in book form at the expense of serials. The second study examines the relative age of cited publications. The lack of contraction in the citing half-life confirms the commonly-held view that anthropology is a relatively slow-moving discipline, but the decrease in the mean age of references contradicts statements made by citation analysts and librarians that anthropology lacks the capacity to build on its older literature without having to refer back to it explicitly. The third analysis investigates the presentational history of articles, following a study by Sydney Pierce, but produces conflicting results which demonstrate that, in this case at least, the variables examined are unsatisfactory indicators of disciplinary consensus. The concluding discussion looks at the applicability of bibliometrics to anthropology librarianship, outlining both problems and benefits, and suggesting areas of future bibliometric research most likely to be of interest to anthropology librarians.

Keywords: Bibliometric, Bibliometrics, Citation, Journals, Literature, Research

? Buchanan, A.L. and Herubel, J.P.V.M. (1997), Disciplinary culture, bibliometrics, and historical studies: Preliminary observations. *Behavioral & Social Sciences Librarian*, **15** (2), 37-53.

Full Text: [1997\Beh Soc Sci Lib15, 37.pdf](1997/Beh%20Soc%20Sci%20Lib15,%2037.pdf)

Abstract: Observations are made concerning bibliometrics and its relationship to historical studies. The authors suggest historical and qualitative bibliometrics be explored to examine community formation of scientific and scholarly communication through institutional affiliation. The history journal Annales: economie, societe, civilisations (Annales: e.s.c.) is investigated for years 1979-1993. The study reveals an institutional and geographical mapping of this school’s contributors. Although a recent sample, bibliometrics can be utilized to explore journals from the 18th, 19th, and 20th centuries for the history of disciplines, including library and information science.

Keywords: Authors, Bibliometrics, Citation, History, Information Science, Journals, Science

Notes: TTopic

? Banks, R. (2006), Decision-making factors related to bibliographic database cancellation. *Behavioral & Social Sciences Librarian*, **25** (1), 93-110.

Full Text: [2006\Beh Soc Sci Lib25, 93.pdf](2006/Beh%20Soc%20Sci%20Lib25,%2093.pdf)

Abstract: the database analysis strategies used to decide whether the University of Illinois at Urbana-Champaign (UIUC) Library should maintain a subscription to the electronic database Wilson Social Sciences Abstracts (Wilson SSA) are described. A variety of analyses were conducted: comparison of journal title coverage with four other multi-subject databases available at UIUC (Social Sciences Citation Index. EBSCO Academic Search Elite, Current Contents, and Infotrac); USAge statistics; comparison of actual journal year coverage between SSA and the database that offered the highest percentage of title coverage (Infotrac); search retrieval analysis for a small number of subjects; and comparison of journal coverage between Wilson SSA and a multi-social science database search across nine Cambridge Scientific Abstracts social sciences databases. Results showed a high degree of overlap in title, as well as year coverage between SSA and the targeted comparison databases, and low USAge/high costs for the SSA product at UIUC. Despite some strong support for maintaining the subscription to SSA from a small number of UIUC faculty, students, and librarians, the decision was made to cancel Wilson Social Sciences Abstracts.

Keywords: Analyses, Analysis, Comparison, Costs, Coverage, Database, Databases, Decision, Faculty, Illinois, Journal, Science, Sciences, Small, Social, Social Sciences, Statistics, Students, Support

# Title: Behaviour & Information Technology

Full Journal Title: Behaviour & Information Technology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Valero, P. and Monk, A. (1998), Positioning HCI: Journals, descriptors and parent disciplines. *Behaviour & Information Technology*, **17** (1), 3-9.

Full Text: [1998\Beh Inf Tec17, 3.pdf](1998/Beh%20Inf%20Tec17,%203.pdf)

Abstract: the first part of this paper cautions against the injudicious use of citation data to rank journals. The second and main part presents a correspondence analysis of the descriptors assigned by abstractors to papers in five HCI, two human factors and three psychology journals. This analysis makes it possible to position the journals in a space of descriptors. The HCI journals form a cluster distinct from the psychology and human factors journals, suggesting HCI has now separated from its parent disciplines. Further, it is possible to position individual journals, for example, Behaviour & Information Technology is identified as an HCI journal with a leaning towards human factors.

# Title: Behavioural and Cognitive Psychotherapy

Full Journal Title: Behavioural and Cognitive Psychotherapy

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? McGuinness, M. (2011), OCD in the perinatal period: Is postpartum OCD (ppOCD) a distinct subtype? A review of the literature. *Behavioural and Cognitive Psychotherapy*, **39** (3), 285-310.

Abstract: Background: It has been suggested that the perinatal period is a period of increased risk for the development and/or exacerbation of OCD and that postpartum OCD (ppOCD) presents a distinct clinical picture. This raises the possibility that ppOCD might be a distinct subtype of OCD. This review examines this contention. Method: A search using Ovid (MEDLINE, PsycINFO and EMBASE), EBSCO, Cochrane Library, Web of Science (ISI), PUBMED databases and Google Scholar was carried out using the key words: “obsessive compulsive disorder” (and derivatives), “perinatal”, “pregnancy”, “postnatal”, “postpartum”, “mothers” (and derivatives), “anxiety disorders” and “subtypes.” These articles and their references were reviewed. Results: the majority of studies reviewed were retrospective, which makes it impossible to infer caUSAlity. Two prospective studies found a higher incidence of OCD in the postpartum period. These were carried out in Turkey and Brazil and, as such, may be limited in their applicability to other cultural groups. Conclusion: the concept of ppOCD as a specific subtype has not been robustly demonstrated. The evidence that OCD is more prevalent in the postpartum period is mixed. The evidence that OCD in the postpartum period presents a distinctive clinical picture with specific symptomatology and course is more compelling. In view of the impact of culture and religion on the expression of OCD, collaborative, international, prospective studies that take into account the methodological and definitional issues raised in this review are necessary to provide clarification.

Keywords: Anxiety Disorders, Brazil, Case Series, CaUSAlity, Cochrane, Culture, Databases, Development, DSM-III, Epidemiology, Follow-up, Google Scholar, Impact, ISI, Mothers, Obsessive Compulsive Disorder, Obsessive-Compulsive Disorder, OCD, Onset, Perinatal, Postnatal, Postpartum, Pregnancy, Prevalence, Prospective Studies, Religion, Review, Risk, Science, Symptoms, Turkey, Web of Science

# Title: Berkut

Full Journal Title: Berkut

ISO Abbreviated Title: Berkut

JCR Abbreviated Title: Berkut

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Grishchenko, V. (2003), Who is who in Ukrainian ornithology. *Berkut*, **12** (1-2), 166-176.

Abstract: Using of Science Citation Index and impact factor is discussed. Authors from different countries and branches of science are in unequal conditions. For example, researches in physic, chemistry, genetics, molecular biology etc. have general interest, but many zoological or botanical studies matter only in separate regions. They are much less chances to be cited in foreign journals. Citation index would be more useful, if it was calculated at 2-3 levels: national, regional (CIS, Europe) and worldwide. An attempt to analyse citations in one country is presented: publications on ornithology in Ukraine during last 10 years (1993-2002). Most important Ukrainian periodicals and materials (not abstracts) of ornithological conferences were used for the analysis (Table 1). Total 1360 publications were viewed. Only citations of periodicals (Tables 2-5) and Ukrainian ornithologists (Tables 7-8) were counted. Specific citation was used as an analogue of the impact factor (Table 6). It is the relation of total number of cites of publications from a periodical during considered time period (10 years) to the total number of ornithological works published in this periodical till the end of 2002.

Keywords: Analysis, Biology, Chemistry, CIS, Citation, Citations, Conferences, Country, Europe, General, Genetics, Impact, Impact Factor, Index, Journals, Molecular Biology, Periodical, Periodicals, Publications, Regional, Science, Science Citation Index, Till

? Kopij, G. (2009), Owls of the world: the state of knowledge on the threshold of the 21st century. *Berkut*, **18** (1-2), 72-76.

Full Text: 2009\Berkut18, 72.pdf

Abstract: An attempt is made to quantity the present knowledge on all owl species in the world. This quantification is based on the bibliometric analysis of literature for the years 1971-2000. The Wildlife & Ecology Studies Worldwide (WESW) has been used for this analysis. By far, the best known owl species are the Tawny Owl and the Barn Owl. A group of frequently studied species of owls (100[long dash]600 papers) include the Long-eared Owl, Tengmalm’s Owl, European Eagle Owl, Spotted Owl, Short-eared Owl, Great Horned Owl, Great Grey Owl, Little Owl, Eastern Common Screech Owl, Snowy Owl, Barred Owl, Northern Saw-whet Owl, Eurasian Pygmy Owl, Hawk Owl and Ural Owl. All these species occur in the Holarctic region. In tropical regions of the world, there are only seven owl species, which are fairly well-studied (20--30 publications); all others are little known (each species with less than 20 publications). Regional monographs on owls and monographs on particular owl species are listed.

Keywords: Analysis, Barn Owl, Bibliometric, Bibliometric Analysis, Knowledge, Literature, Papers, Publications, Quantification, Region, Species, State, Threshold, Tropical, Tropical Regions, World

# Title: Betriebswirtschaftliche Forschung und Praxis

Full Journal Title: Betriebswirtschaftliche Forschung und Praxis

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Kraus, S., Filser, M., Gotzen, T. and Harms, R. (2011), Family firms - On the state-of-the-art of business research. *Betriebswirtschaftliche Forschung und Praxis*, **63** (6), 587-605.

Full Text: 2011\*Bet For Pra***63**, 587.pdf

Abstract: Family Firms are receiving increasing attention in business research. At first sight, the field seems to be heterogeneous, which exacerbates the orientation in and the advancement of the field. Therefore, this article strives to systematize Anglo-American family firm research and thereby to identify key discussion lines of this field. Based on a comprehensive literature analysis, we identify core authors and core journals. Based on a bibliometric citation analysis of 276 journal articles with a total of 12,800 references, we have identifiedfive key discussion lines: 1) legitimization and definition, 2) governance, 3) competitive advantage, 4) leadership, and 5) succession. These five discussion lines and the respective literature constitute a framework for the advancement of family firm research.

Keywords: Agency Costs, Analysis, Articles, Attention, Authors, Bibliometric, Citation, Citation Analysis, Entrepreneurship-Research, Family, Issues, Journal, Journals, Literature, Literature Analysis, Management, Ownership, Performance, Research, State of the Art

# Title: Bibliometric indicators–definitions and USAge at Karolinska Institutet

? Rehn, C., Kronman, U. and Wadskog, D. (2007), Bibliometric indicators–definitions and USAge at Karolinska Institutet. Karolinska Institutet.

Full Text: [2007\Bibliometric indicators.pdf](2007/Bibliometric%20indicators.pdf)

# Title: Bibliometric Notes

Full Journal Title: Bibliometric Notes

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

# Title: Bilig

Full Journal Title: [Bilig](http://yayinlar.yesevi.edu.tr/index.php?menu_id=55&Itemid=48)

ISO Abbreviated Title: Bilig

JCR Abbreviated Title: Bilig

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Al, U., Soydal, İ. and Yalçın, H. (2010), An evaluation of the bibliometric features of *Bilig*. *Bilig*, **55**, 1-20.

Full Text: [2010\Bilig55, 1.pdf](2010/Bilig55,%201.pdf)

Abstract: bilig has been indexed by the Social Sciences Citation Index since 2008 This study examines bilig and the bibliometric features of its Publications in citation Indexes the following research questions are addressed 1) What are the institutional affiliations of the authors of the publications? 2) Is multiple authorship a prevalent feature of the publications? 3) Which types of sources (books, journal articles, etc) get cited more often in the publications? 4) What are the most frequently cited journals in bilig? 5) What is the rate of literature obsolescence in bilig? Moreover, this,study examines the relationships among the cited authors in bilig by using social network analysis method In conclusion, it is found that almost all of the publications are written in Turkish An important part of the contributors is affiliated with Gazi, Hacettepe and Baskent Universities Books receive 65% of all citations in Wig Half of the sources cited in bilig have been published in the last 16 years.

Keywords: Analysis, Authorship, Bibliometric, Bibliometrics Co-Citation Analysis, Bilig, Citation, Citations, Journal, Journals, Literature, Network, Network Analysis, Output, Publications, Research, Sciences, Social Network Analysis, Social-Science Publications, Universities

? Al, U. (2012), Publication and citation performances of European Union countries and Turkey. *Bilig*, **62**, 1-20.

Full Text: [2012\Bilig62, 1.pdf](2012/Bilig62,%201.pdf)

Abstract: Research on the dynamics of scientific publications attracts the attention of the scientific world, and the number of studies in this area has been gradually increasing during recent years. The efficiency of scientific publications is usually evaluated through bibliometric studies. Citation indexes serve as the source of data for bibliometric research. The data used in this study is obtained from Essential Science Indicators. Essential Science Indicators provide data about the publications and citations of countries in various fields. This study evaluates the publication and citation performance of Turkey and includes various comparisons based on European Union countries. In this research, cluster analysis technique is used to determine which countries are similar in publication and citation performances. The findings indicate that England, Germany, France and Italy have the highest publication and citation performance among the European Union countries. On the other hand, Turkey has a place in the group of countries with lower citation performances in all research fields.

Keywords: Analysis, Bibliometric, Bibliometric Research, Bibliometric Studies, Bibliometrics, Bibliometrics, Citation, Citation Impact, Citations, Cluster, Cluster Analysis, Data, Dynamics, Efficiency, England, European Union, European Union Countries, France, Germany, Indicators, Italy, Performance, Publication, Publication Performance, Publications, Recent, Research, Science, Scientific Publications, Source, Turkey, World

# Title: Bioanalysis

Full Journal Title: Bioanalysis

ISO Abbreviated Title: Bioanalysis

JCR Abbreviated Title: Bioanalysis

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Gomes, F.P., Shaw, P.N., Whitfield, K., Koorts, P. and Hewavitharana, A.K. (2013), Recent trends in the determination of vitamin D. *Bioanalysis*, **5** (24), 3063-3078.

Full Text: [2013\Bioanalysis5, 3063.pdf](2013/Bioanalysis5,%203063.pdf)

Abstract: The occurrence of vitamin D deficiency has become an issue of serious concern in the worldwide population. As a result numerous analytical methods have been developed, for a variety of matrices, during the last few years to measure vitamin D analogs and metabolites. This review employs a comprehensive search of all vitamin D methods developed during the last 5 years for all applications, using ISI Web of Science(R), Scifinder(R), Science Direct, Scopus and PubMed. Particular emphasis is given to sample-preparation methods and the different forms of vitamin D measured across different fields of applications such as biological fluids, food and pharmaceutical preparations. This review compares and critically evaluates a wide range of approaches and methods, and hence it will enable readers to access developments across a number of applications and to select or develop the optimal analytical method for vitamin D for their particular application.

Keywords: Access, Adult Nutritionals, Application, Biological, D Metabolites, Diels-Alder Derivatization, Dried Blood Spots, Food, Forms, Infant Formula, ISI, Lc-Ms, Ms, Measure, Metabolites, Methods, Performance Liquid-Chromatography, Pharmaceutical Preparations, Population, Pressure Chemical-Ionization, Pubmed, Recent, Review, Science, Scopus, Serum 25-Hydroxyvitamin D, Tandem Mass-Spectrometry, Trends, Vitamin, Vitamin D, Vitamin D Deficiency

# Title: Biochemia Medica

Full Journal Title: [Biochemia Medica](http://hrcak.srce.hr/index.php?show=casopis&id_casopis=121)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Jokić, M. (2009), h-Index as a new scientometric indicator. *Biochemia Medica*, **19** (1), 5-9.

Full Text: [2009\Bio Med19, 5.pdf](2009/Bio%20Med19,%205.pdf)

Abstract: In this text we discuss about indicators for evaluation of scientific work of both, the individual author, and journal as a whole. Emphasis is put on the value and significance of a new scientometric indicator, h-Index, which was introduced by physicist Hirsch in 2005, and which was adopted both, by leading citation data base providers and by the wider scientific community.

Keywords: Bibliometric, Scientometric Indicators, Citation, Community, Data, Data Base, Evaluation, h Index, h-Index, Hirsch, Hirsch-Index, Impact Factor, Indicator, Indicators, Journal, Providers, Scientometric, Significance, Value, Work

? Bilic-Zulle, L. (2010), Responsible writing in science. *Biochemia Medica*, **20** (3), 279-281

Full Text: [2010\Bio Med20, 279.pdf](2010/Bio%20Med20,%20279.pdf)

Keywords: Medical-Students, Plagiarism, Writing

? Marusic, A. (2010), Editors as gatekeepers of responsible science. *Biochemia Medica*, **20** (3), 282-287.

Full Text: [2010\Bio Med20, 282.pdf](2010/Bio%20Med20,%20282.pdf)

Abstract: Journal article is the best publicly visible documentation of research activity so that fraud or misconduct in science is often first discovered in scientific journals. Journal editors are responsible for the integrity of the record they publish in their journals, but they may often find it difficult to ensure the full integrity of the published work, particularly if they work in small scientific communities. The support for editors is provided by the larger editorial community and well-developed guidelines for good publishing practice. Particularly useful for editors are the guidelines from the Committee on Publication Ethics (COPE), The largest editorial organization dealing with actual ethical problems of journal editors. COPE has developed ethics flow charts - algorithms for editors to follow when they have an ethical problem in their journals. These charts provide also important information for authors about what they may expect from journal editors as gatekeepers not only of good science but of responsible science.

Keywords: Authors, Clinical Trial, Editorial Policies, Ethics, Integrity, Journal, Journal Editors, Journals, Medical Journals, Plagiarism, Publication, Publishing, Registration, Research, Scientific Journals, Scientific Misconduct

? Katavic, V. (2010), Responsible conduct of research: Do we need training in fraud-science? *Biochemia Medica*, **20** (3), 288-294.

Full Text: [2010\Bio Med20, 288.pdf](2010/Bio%20Med20,%20288.pdf)

Abstract: In this evidence-based opinion piece on responsible conduct of research a short overview of the most prominent recent cases of sanctioned scientific misconduct, developments in the field of responsible conduct of research, definitions of types of scientific misconduct, and questionable research practices is given. Intrinsic and extrinsic motivation of scientists to publish and perform research is discussed, as well as the perception of fraud, its acceptability and influence on science and the scientific (public) record,with a special emphasis on the frequency of sanctioned and discovered fraudulent research. Data on (self) reported willingness to perform misconduct and questionable research practices are analyzed and discussed. An extensive overview on recent publications concerning topics of responsible conduct of research is presented. Finally, some suggestions to what the stakeholders could do are given, as well as easy (self) checks against scientific misconduct.

Keywords: Definitions, Editors, Ethics, Host, Journals, Overview, Perception, Plagiarism, Publications, Publishing, Research, Research Integrity, Scientific Misconduct, Scientific Misconduct, Students

? Roig, M. (2010), Plagiarism and self-plagiarism: What every author should know. *Biochemia Medica*, **20** (3), 295-300.

Full Text: [2010\Bio Med20, 295.pdf](2010/Bio%20Med20,%20295.pdf)

Abstract: the scientific community is greatly concerned about the problem of plagiarism and self-plagiarism. In this paper I explore these two transgressions and their various manifestations with a focus on the challenges faced by authors with limited English proficiency.

Keywords: Author, Begin, College, Duplicate Publication, Editors, Limited English Proficiency, Plagiarism, Science, Self-Plagiarism

? Comas-Forgas, R., Sureda-Negre, J. and Salva-Mut, F. (2010), Academic plagiarism prevalence among Spanish undergraduate students: An exploratory analysis. *Biochemia Medica*, **20** (3), 301-306.

Full Text: [2010\Bio Med20, 301.pdf](2010/Bio%20Med20,%20301.pdf)

Abstract: Introduction: the present research article is an exploratory study on academic plagiarism practices among Spanish university students. Materials and methods: To answer the main research questions, we based our work on across-sectional survey of the targeted population. The sample consisted of a total of 560 students and the procedure was non-probability sampling. Results and conclusions: the research findings show that the Internet has become the students’ main source for the plagiarism of academic essays. Furthermore, there is also a substantial prevalence of self-plagiarism and peer-to-peer (p2p) plagiarism when elaborating essays.

Keywords: Academic Integrity, Academic Plagiarism, Analysis, Dishonesty, Essays, Internet, Perceptions, Plagiarism, Research, Self-Plagiarism

? Pupovac, V., Bilic-Zulle, L., Mavrinac, M. and Petrovecki, M. (2010), Attitudes toward plagiarism among pharmacy and medical biochemistry students - cross-sectional survey study. *Biochemia Medica*, **20** (3), 307-313.

Full Text: [2010\Bio Med20, 307.pdf](2010/Bio%20Med20,%20307.pdf)

Abstract: Introduction: Plagiarism is one of the most frequent and serious forms of misconduct in academic environment. The cross-sectional survey study was done with aim to explore the attitudes toward plagiarism. Materials and methods: First year students of Faculty of Pharmacy and Medical Biochemistry, University of Zagreb, Croatia (N = 146) were anonymously tested using Attitude toward Plagiarism (ATP) questionnaire. The questionnaire is composed of 29 statements on a 5 point Likert scale, (1-strongly disagree, 2-disagree, 3-neither agree nor disagree, 4-agree and 5-strongly agree) measuring three attitudinal factors (positive and negative attitude and subjective norms) toward plagiarism. Results were presented as score (mean +/- SD) followed by reference range (divided in three equal parts: low, moderate and high score). Score range expends from 12 to 60 (low: 12-28; moderate: 29-45; high: 46-60) measuring positive attitude toward plagiarism, from 7 to 35 (low: 7-16; moderate: 17-26; high: 27-35) measuring negative attitude toward plagiarism and from 10 to 50 (low: 10-23; moderate: 24-37; high: 38-50) measuring subjective norms. Response rate was 99% (N = 144). Results: Results revealed moderate positive attitude (36 +/- 7) and subjective norms (32 +/- 6) toward plagiarism and moderate to high negative attitude (26 +/- 4). Plagiarism is perceived as not very important (63% of students), harmless (59%), justified under special circumstances (42%), and sometimes necessary (35%). Conclusion: Students’ attitudes reflect insufficient level of seriousness and awareness with which plagiarism is perceived. They are lacking knowledge on scientific methodology, academic and scientific misconduct. Plan and program to educate students about academic integrity and research methodology is required on all educational level.

Keywords: Academic Integrity, Academic Misconduct, Academic Misconduct, Behavior, Environment, Ethics, Methodology, Perceptions, Plagiarism, Professional Practice, Questionnaire, Questionnaires, Research, Research Integrity, Science, Scientific Misconduct, Students, Survey, University

? Lippi, G., Favaloro, E.J. and Simundic, A.M. (2012), Biomedical research platforms and their influence on article submissions and journal rankings: An update. *Biochemia Medica*, **22** (1), 7-14.

Full Text: [2012\Bio Med22, 7.pdf](2012/Bio%20Med22,%207.pdf)

Abstract: After being indexed in 2006 in EMBASE/Excerpta Medica and Scopus, and later in Science Citation Index Expanded and Journal Citation Reports/Science Edition citation databases, Biochemia Medica launched a new web page and online manuscript submission system in 2010, and celebrated its first Impact Factor in the same year. Now, starting from the end of the 2011, the journal will also be indexed in PubMed/MEDLINE, and this will contribute to increase the journal’s exposure and accessibility worldwide. This is an important breakthrough, which is expected to further increase the popularity of the journal, as well as the submission rate and citations. Although several tools are currently available as Web resources to retrieve scientific articles, whose functioning and basic criteria are thought to be rather similar, the functionality, coverage, notoriety and prominence may differ widely. The recent indexing of Biochemia Medica in PubMed/MEDLINE has thereby given us the opportunity to provide a timely update on biomedical research platforms, their relationship with article submissions and journal rankings.

Keywords: Association, Biomedical, Biomedical Research, Breakthrough, Citation, Citations, Coverage, Criteria, Databases, Exposure, First, Google-Scholar, Impact, Impact Factor, Impact Factor, Indexing, Internal-Medicine Journals, Journal, Journal Rankings, MEDLINE, Online, Rankings, Recent, Research, Resources, Science, Science Citation Index, Science Citation Index Expanded, Scopus, Web

# Title: Biochemical and Biophysical Research Communications

Full Journal Title: Biochemical and Biophysical Research Communications

ISO Abbreviated Title: Biochem. Biophys. Res. Commun.

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ISSN: 0006-291X

Issues/Year: 36

Journal Country/Territory: United States

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Publisher: Academic Press Inc

Publisher Address: 525 B St, Ste 1900, San Diego, CA 92101-4495

Subject Categories:

Biochemistry & Molecular Biology: Impact Factor, 89/310(2000)

Biophysics: Impact Factor

Banerjee, S.K., Bhatt, K., Rana, S., Misra, P. and Chakraborti, P.K. (1996), Involvement of an efflux system in mediating high level of fluoroquinolone resistance in Mycobacterium smegmatis. *Biochemical and Biophysical Research Communications*, **226** (2), 362-368.

Full Text: [1996\Bio Bio Res Com226, 362.pdf](1996/Bio%20Bio%20Res%20Com226,%20362.pdf)

Abstract: A wild type strain of Mycobacterium smegmatis mc(2) 155 was serially adapted to 64 fold of minimal inhibitory concentration of an antimycobacterial agent, ciprofloxacin. This clone (CIPr) exhibited cross resistance to ofloxacin and ethidium bromide. The rate of drug efflux was accelerated in CIPr compared to the wild type strain. Verapamil, a calcium channel blocker, enhanced the drug accumulation in CIPr by diminishing the efflux and thus reversed the resistant phenotype. Additionally, a missense mutation was detected in the quinolone resistance determining region of the DNA-gyrase A subunit of CIPr. Taken together, these results suggest that drug efflux plays a major role in conferring such a high level of resistance in CIPr, in addition to the mutation in the DNA-gyrase locus. (C) 1996 Academic Press, Inc

Keywords: Active Efflux, Antimicrobial Resistance, Dna Gyrase, Drug-Resistance, Gyra, Mechanisms, Mutations, Ofloxacin, Resistance, Tuberculosis

? Fu, C.R., Dong, W., Wang, Z.W., Li, H.S., Qin, Q. and Li, B.S. (2014), The expression of miR-21 and miR-375 predict prognosis of esophageal cancer. *Biochemical and Biophysical Research Communications*, **446** (4), 1197-1203.

Full Text: [2014\Bio Bio Res Com446, 1197.pdf](2014/Bio%20Bio%20Res%20Com446,%201197.pdf)

Abstract: Background: MicroRNA is a class of small, well-conserved, non-coding RNAs, and could play a potential role as diagnostic and prognostic biomarkers of esophageal cancers. We aimed to review comprehensively the evidence of microRNA as prognostic biomarkers in esophageal cancers. Methods: Studies were identified by searching PubMed, Embase and Web of Science until November 2013. Descriptive characteristics of studies were described and an additional meta-analysis for specific microRNAs which were studied most frequently was performed. Pooled hazard ratios (HRs) and their corresponding 95% confidence intervals (CIs) were calculated. Fixed model or random model method was chosen depending on the heterogeneity among the studies. Results: Twenty-two studies including a total of 1946 participants were enrolled after a strict filtering and qualifying process. Among 33 prognostic microRNAs identified for esophageal cancer, miR-21 and miR-375 appeared more frequently. The median study size was 70.5 patients (29-249 patients) and the median HR was 3.305 (IQR = 1.615-7.31). For the studies evaluating miR-21’s association with overall survival (OS), the pooled HR suggested that high level of miR-21 has a negative impact on OS (HR= 1.52[1.17-1.981, P= 0.001). As for miR-375, the pooled HR for OS (high/low) was 0.53 (95% CI: 0.39-0.73, P < 0.001), indicated that low level of miR-375 has a negative impact on OS. These results indicated that microRNAs show promising associations with prognosis in esophageal cancer. Up-regulation of miR-21 and down-regulation of miR-375 can predict unfavourable prognosis in esophageal cancer. (C) 2014 Elsevier Inc. All rights reserved.

Keywords: Association, Biomarker, Biomarkers, Cancer, Characteristics, Confidence, Confidence Intervals, Diagnostic, Down-Regulation, Esophageal Cancer, Evidence, Expression, Hazard, Heterogeneity, Impact, Intervals, Invasion, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Microrna, Microrna Expression, Model, Overexpression, P, Patients, Poor-Prognosis, Potential, Prognosis, Prognostic, Pubmed, Results, Review, Rights, Role, Science, Size, Small, Squamous-Cell Carcinoma, Survival, Tumor-Growth, Web Of Science

# Title: Biochemistry and Cell Biology-Biochimie et Biologie Cellulaire

Full Journal Title: Biochemistry and Cell Biology-Biochimie et Biologie Cellulaire

ISO Abbreviated Title:

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Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Note: TTopic

? Robert, C., Wilson, C.S., Gaudy, J.F., Hornebeck, W. and Arreto, C.D. (2010), Trends in matrix metalloproteinase research from 1986-2007: A bibliometric study. *Biochemistry and Cell Biology-Biochimie et Biologie Cellulaire*, **88** (5), 843-851.

Full Text: [2010\Bio Cel Bio88, 843.pdf](2010/Bio%20Cel%20Bio88,%20843.pdf)

Abstract: Using the SCI-expanded database, this study provides a quantitative description of the development of the research involving matrix metalloproteinase (MMP) over a period of 20 years. From 1986 to 2007 the scientific literature related to MMP increased sevenfold (397 papers in 1986-1987 and 2834 in 2006-2007). The number of countries participating in MMP-related research doubled during this period (33 in 1986-1987 to 67 in 2006-2007), and the USA continually remained the leader. Several industrialized nations (Japan, Germany, UK, Canada, and France) also continuously played important roles, with some emerging Asian countries joining the top 10 most productive countries in 20062007: China (ranked 5th), South Korea (6th), and Taiwan (10th). The MMP-related literature was distributed among a continuously growing number of journals (188 in 1986-1987, 527 in 1996-1997, and 913 in 2006-2007) and the Journal of Biological Chemistry remained the most prolific throughout the entire period. The development of the research involving MMPs during the past two decades was also characterized by a progressive transfer of interest from basic research to clinical medicine; cell biology and pharmacology were important routes of investigation generally pursued by researchers. Journals dedicated to oncology have progressively risen to the top 8 most prolific journals during the 20 year period analyzed.

Keywords: Matrix Metalloproteinase, MMP, Journal Analysis, Cancer Research, Bibliometrics, Tadpole Collagenase, Tissue Inhibitors, Science, Cancer, Progression, Targets, World

# Title: Biochimica et Biophysica Acta-Proteins and Proteomics

Full Journal Title: Biochimica et Biophysica Acta-Proteins and Proteomics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lenart, A. and Pawlowski, K. (2013), Intersection of selenoproteins and kinase signalling. *Biochimica et Biophysica Acta-Proteins and Proteomics*, **1834** (7), 1279-1284.

Full Text: [2013\Bio Bio Act-Pro Pro1834, 1279.pdf](2013/Bio%20Bio%20Act-Pro%20Pro1834,%201279.pdf)

Abstract: The small, obscure group of selenoprotein oxidoreductases and the huge clan of kinases, the workhorses of cellular signalling, are rarely discussed together. Focusing on selenoproteins of unknown structures, we predict a thioredoxin-like fold for the Selenoprotein N (SelN) family and use the structure to rationalise effects of the muscular myopathy-linked mutations in the gene coding SelN. Discussing the recent prediction of a protein kinase-like domain in the Selenoprotein O (SelO), we reiterate evidence for an oxidoreductase function alongside the predicted kinase domain. Thus, we propose that SelO, the strongly conserved kinase-cum-tentative-oxidoreductase may reflect oxidoreductase regulation of kinase networks. Also, we use bibliometric and systems biology approach to explore the kinase-selenoprotein relationships that begin to emerge from the literature. This article is part of a Special Issue entitled: Inhibitors of Protein Kinases (2012). (C) 2013 Elsevier B.V. All rights reserved.

Keywords: Approach, Bibliometric, Biology, Coding, Effects, Evidence, Family, Function, Gene, Literature, N, Networks, Prediction, Protein, Recent, Regulation, Rights, SI, Signalling, Small, Structure, Systems, Systems Biology

# Title: Biodemography and Social Biology

Full Journal Title: Biodemography and Social Biology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Park, S., Bowen, W.M. and Steinbacher, R. (2012), Social and demographic dimensions of sex selection technologies: Review and analysis of the research literature. *Biodemography and Social Biology*, **58** (1), 62-74.

Full Text: [2012\Bio Soc Biol58, 62.pdf](2012/Bio%20Soc%20Biol58,%2062.pdf)

Abstract: Using the Thomson Reuters Web of Science, we analytically reviewed existing research from the past 30 years on the social and demographic dimensions of sex selection technologies. Through content analysis and bibliometric analysis, we investigated publications in four categories: description, attitudes, demographics, and policy. Our results leave little doubt that individual choices and, in some instances, public policies have the potential to bring about significant social and demographic changes on local, national, and international levels. More research is warranted on the caUSAl variables that underlie the individual and policy decisions that are associated with sex selection technologies.

Keywords: Analysis, Attitudes, Bibliometric, Bibliometric Analysis, Changes, Content Analysis, International, Literature, Local, Policies, Policy, Potential, Public, Publications, Research, Review, Science, Sex, Sex Selection, Social, Technologies, Thomson-Reuters, Web of Science

# Title: Biodiversity and Conservation

Full Journal Title: Biodiversity and Conservation

ISO Abbrev. Title: Biodivers. Conserv.

JCR Abbrev. Title: Biodivers Conserv

ISSN: 0960-3115

Issues/Year: 14

Language: English

Journal Country/Territory: Netherlands

Publisher: Springer

Publisher Address: Van Godewijckstraat 30, 3311 GZ Dordrecht, Netherlands

Subject Categories:

Biodiversity Conservation: Impact Factor 2.238, 11/37 (2011)

Ecology: Impact Factor 2.238, 59/134 (2011)

Environmental Sciences: Impact Factor 2.238, 67/205 (2011)

? Liu, X.J., Zhang, L.A. and Hong, S. (2011), Global biodiversity research during 1900-2009: A bibliometric analysis. *Biodiversity and Conservation*, **20** (4), 807-826.

Full Text: [2011\Bio Con20, 807.pdf](2011/Bio%20Con20,%20807.pdf)

Abstract: We performed a bibliometric analysis of published biodiversity research for the period of 1900-2009, based on the Science Citation Index (SCI) database. Our analysis reveals the authorial, institutional, spatiotemporal, and categorical patterns in biodiversity research and provides an alternative demonstration of research advancements, which may serve as a potential guide for future research. The growth of article outputs has exploded since the 1990s, along with an increasing collaboration index, references, and citations. Ecology, environmental sciences, biodiversity conservations, and plant science were most frequently used subject categories in biodiversity studies, and Biological Conservation, Journal of Soil and Water Conservation, Conservation Biology and Biodiversity and Conservation were most active journals in this field. The United States was the largest contributor in global biodiversity research, as the U.S. produced the most single-country and collaborative articles, had the greatest number of top research institutions, and had a central position in collaboration networks. We perceived an increasing number of both internationally collaborative and inter-institutionally collaborative articles, with the latter form of collaboration being more prevalent than the former. A keyword analysis found several interesting terminology preferences, confirmed conservation’s central position as a topic in biodiversity research, revealed the adoption of advanced technologies, and demonstrated keen interest in both the patterns and underlying processes of ecosystems. Our study reveals patterns in scientific outputs and academic collaborations and serves as an alternative and innovative way of revealing global research trends in biodiversity.

Keywords: Adoption, Alternative, Analysis, Bibliometric, Bibliometric Analysis, Bibliometrics, Biodiversity, Biology, Citation, Citations, Collaboration, Collaboration Networks, Collaborations, Consequences, Conservation, Conservation, Database, Ecology, Ecosystems, Environmental, Field, Genetic Diversity, Global, Growth, Index, Institutions, Journal, Journals, Networks, Patterns, Plant, Potential, References, Research, Research Trends, Research Trends, SCI, Science, Science Citation Index, Sciences, Scientific Outputs, Soil, Species-Diversity, Technologies, Terminology, Threats, Trends, Tropical Forest, United States, Water

? Arbelaez-Cortes, E. (2013), Knowledge of Colombian biodiversity: Published and indexed. *Biodiversity and Conservation*, **22** (12), 2875-2906.

Full Text: 2013\Bio Con22, 2875.pdf

Abstract: Documenting patterns of published studies on the biodiversity of megadiverse countries can offer valuable insights on global biodiversity knowledge. Here, I present results from a bibliometric analysis of 5,264 indexed publications on biodiversity in Colombia published during the period 1990-2011 and gathered by searching the Web of Knowledge database. I classified studies into six overlapping subjects: taxa lists, new taxa, new records, conservation, genetic diversity, and other. Publications were also classified by geographic location and the taxonomic group studied. I found variation in the number of studies per year, which presented a long-term trend of increasing volume. The 31 continental departments of Colombia and both the Atlantic and the Pacific oceans were represented in the studies, which included 98 taxonomic classes from 47 phyla. However, there were strong biases in taxonomic, geographic, and subject coverage. For instance, 75 % of studies focused on animals; and the Atlantic Ocean showed the highest number of studies, followed by Antioquia and Valle del Cauca departments. Genetic diversity and conservation were the least-studied subjects. I also found that Colombian researchers and Colombian institutions have played an important role in documenting the country’s outstanding biodiversity. However, Colombian biologists still prefer to publish in domestic or Latin American journals, which are mainly regional and have low international visibility. The patterns I present here can have important implications for optimizing and guiding research on Colombian biodiversity, and the paper concludes with some recommendations.

Keywords: Analysis, Andes, Animals, Anthropogenic Edges, Article, Bibliometric, Bibliometric Analysis, Bibliometrics, Biodiversity, Cloud-Forest, Colombia, Conservation, Conservation Priorities, Coverage, Data Base, Database, Diversity, Ecological Research, Ecology, Environmental, Genetic, Genetic Diversity, Global, Illicit Crops, Institutions, International, Journals, Knowledge, Location, Long Term, Long-Term, Mexico, Netherlands, Nov, Overlapping, Publications, Rain-Forest, Recommendations, Records, Regional, Research, Role, South America, Spatial-Analysis, Species, Species Richness, Taxon, Trend, Van, Visibility, Volume, Web of Knowledge

# Title: Bioelectrochemistry

Full Journal Title: [Bioelectrochemistry](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6614&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=44c1cb79f746714deb64896ca8274884)

ISO Abbreviated Title: Bioelectrochemistry

JCR Abbreviated Title: Bioelectrochemistry

ISSN: 0302-4598

Issues/Year: 4

Journal Country/Territory: Switzerland

Language: English

Publisher: Elsevier Science SA

Publisher Address: PO Box 564, 1001 LaUSAnne, Switzerland

Subject Categories:

Biochemistry & Molecular Biology: Impact Factor 1.096,/(2001)

Biology, Miscellaneous: Impact Factor 1.096,/(2001)

Biophysics: Impact Factor 1.096,/(2001)

(1999), A Bibliometric Survey of Volumes 1–48. *Bioelectrochemistry*, **50** (1-2), 1-17.

Full Text: [1999\Bioelectrochemistry, 50, 1.pdf](1999/Bioelectrochemistry,%2050,%201.pdf)

# Title: Bioelectrochemistry and Bioenergetics

Full Journal Title: Bioelectrochemistry and Bioenergetics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Schubert, A.P. and Schubert, G.A. (1999), Bioelectrochemistry and Bioenergetics: A bibliometric survey of volumes 1-48. *Bioelectrochemistry and Bioenergetics*, **50** (1-2), 1-17

(1999), A bibliometric survey of volumes 1-48. *Bioelectrochemistry and Bioenergetics*, **50** (1), 1-17.

Full Text: [1999\Bioe Bio50, 1.pdf](1999/Bioe%20Bio50,%201.pdf)

(1999), Bioelectrochemistry and Bioenergetics: Citation-based bibliography, 1975-1998. *Bioelectrochemistry and Bioenergetics*, **50** (1-2), 19-213.

Full Text: [1999\Bioe Bio50, 19.pdf](1999/Bioe%20Bio50,%2019.pdf)

# Title: Bioessays

Full Journal Title: [Bioessays](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1521-1878/issues)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Finch, A. (2010), Can we do better than existing author citation metrics? *Bioessays*, **32** (9), 744-747.

Full Text: [2010\Bioessays32, 744.pdf](2010/Bioessays32,%20744.pdf)

Keywords: Author, Bibliometrics, Citation, Citations, Google-Scholar, h-Index, h-Index, Journal Impact Factor, Science, Scopus, Snip, Variants, Web

# Title: Bioethics

Full Journal Title: Bioethics

ISO Abbreviated Title: Bioethics

JCR Abbreviated Title: Bioethics

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Anekwe, T.D. (2010), Profits and plagiarism: the case of medical ghostwriting. *Bioethics*, **24** (6), 267-272.

Full Text: [2010\Bioethics24, 267.pdf](2010/Bioethics24,%20267.pdf)

Abstract: This paper focuses on medical ghostwriting in the United States. I argue that medical ghostwriting often involves plagiarism and, in those cases, can be treated as an act of research misconduct by both the federal government and research institutions. I also propose several anti-ghostwriting measures, including: 1) journals should implement guarantor policies so that researchers may be better held accountable for their work; 2) research institutions and the federal government should explicitly prohibit medical ghostwriting and outline appropriate penalties; and 3) a publicly available database should be created to record researchers’ ethics violations.

Keywords: Articles, Ethics, Ghostwriting, Honorary Authors, Industry, Journals, Medical Ethics, Pharmaceutical Companies, Pharmaceutical Companies, Plagiarism, Policies, Public Health, Research, Research Misconduct

? Schüklenk, U. (2011), Publishing bioethics and *Bioethics*- Reflections on academic publishing by a journal editor. *Bioethics*, **25** (2), 57-61.

Full Text: [2011\Bioethics25, 57.pdf](2011/Bioethics25,%2057.pdf)

Abstract: This article by one of the Editors of Bioethics, published in the 25th anniversary issue of the journal, describes some of the revolutionary changes academic publishing has undergone during the last decades. Many humanities journals went from typically small print-runs, counting by the hundreds, to on-line availability in thoUSAnds of university libraries worldwide. Article up-take by our subscribers can be measured efficiently. The implications of this and other changes to academic publishing are discussed. Important ethical challenges need to be addressed in areas such as the enforcement of plagiarism-related policies, the so-called ‘impact factor’ and its impact on academic integrity, and the question of whether on-line only publishing can currently guarantee the integrity of academic publishing histories.

Keywords: Academic Integrity, Digital Publishing, Impact Factor, Journal, Journals, Plagiarism, Policies, Publication Ethics, Publishing

# Title: Biofutur

Full Journal Title: [Biofutur](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6126&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=1dab155b247f6aa3a973d5ca10f3a6e9)

ISO Abbreviated Title: Biofutur

JCR Abbreviated Title: Biofutur

ISSN: 0294-3506

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: TTopic

? Filliatreau, G. (2003), Life sciences in France: Elements of a bibliometric analysis. *Biofutur*, **232**, 43-49.

Full Text: 2003\Biofutur232, 43.pdf

Keywords: Bibliometric, Bibliometric Analysis, Sciences

# Title: Bioinformatics

Full Journal Title: [Bioinformatics](http://bioinformatics.oupjournals.org/)

ISO Abbreviated Title: Bioinformatics

JCR Abbreviated Title: Bioinformatics

ISSN: 1367-4803

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Errami, M., Sun, Z.H., George, A.C., Long, T.C., Skinner, M.A., Wren, J.D. and Garner, H.R. (2010), Identifying duplicate content using statistically improbable phrases. *Bioinformatics*, **26** (11), 1453-1457.

Full Text: [2010\Bioinformatics26, 1453.pdf](2010/Bioinformatics26,%201453.pdf)

Abstract: Motivation: Document similarity metrics such as PUBMED’s ‘Find related articles’ feature, which have been primarily used to identify studies with similar topics, can now also be used to detect duplicated or potentially plagiarized papers within literature reference databases. However, the CPU-intensive nature of document comparison has limited MEDLINE text similarity studies to the comparison of abstracts, which constitute only a small fraction of a publication’s total text. Extending searches to include text archived by online search engines would drastically increase comparison ability. For large-scale studies, submitting short phrases encased in direct quotes to search engines for exact matches would be optimal for both individual queries and programmatic interfaces. We have derived a method of analyzing statistically improbable phrases (SIPs) for assistance in identifying duplicate content. Results: When applied to MEDLINE citations, this method substantially improves upon previous algorithms in the detection of duplication citations, yielding a precision and recall of 78.9% (versus 50.3% for eTBLAST) and 99.6% (versus 99.8% for eTBLAST), respectively.

Keywords: Citations, Databases, Deja-VU, Iceberg, Journals, Literature, MEDLINE, Papers, Plagiarism, Publications, Surgery, Tip

# Title: Biological Control

Full Journal Title: Biological Control

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? San-Blas, E. (2013), Progress on entomopathogenic nematology research: A bibliometric study of the last three decades: 1980-2010. *Biological Control*, **66** (2), 102-124.

Full Text: [2013\Bio Con66, 102.pdf](2013/Bio%20Con66,%20102.pdf)

Abstract: Entomopathogenic nematodes have achieved a place in biological control programmes because of their effectiveness, speed of action, innocuousness to non-insect targets and simplicity of mass production. However many challenges derived to the lack of knowledge in some critical steps from laboratories to their use in the fields, have to be resolved in order to improve their performance and to reduce the mass production costs. For those reasons, studies on entomopathogenic nematology have increased considerably in the last few decades. Also, there have been important changes in the ways that results are published; many of them relate to major transformations in scientific trends. Using bibliometric tools we characterize variations in number, types of journal, countries of origin, research topics and the number of participating countries, of 1923 papers (from 1980 to 2010) reported in several on-line editorial databases. (c) 2013 Elsevier Inc. All rights reserved.

Keywords: Bacteriophora Infective Juveniles, Bibliometric, Bibliometric Study, Biological, Black Vine Weevil, Changes, Coauthorship Networking, Control, Costs, Database, Databases, Diaprepes-Abbreviatus Coleoptera, Effectiveness, Heterorhabditis, Heterorhabditis-Heliothidis Nematoda, Insect-Parasitic Nematodes, Journal, Knowledge, Metarhizium-Anisopliae Clo-53, Nematodes, Online, Origin, Otiorhynchus-Sulcatus Coleoptera, Papers, Performance, Programmes, Publication, Research, Rights, Scientiometrics, Steinernema, Steinernema-Carpocapsae Rhabditida, Thrips Frankliniella-Occidentalis, Trends, White Grubs Coleoptera

# Title: Biological Cybernetics

Full Journal Title: Biological Cybernetics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Singh, V., Perdigones, A., Garcia, J.L., Canas-Guerrero, I. and Mazarron, F.R. (2014), Analysis of worldwide research in the field of cybernetics during 1997-2011. *Biological Cybernetics*, **108** (6), 757-776.

Full Text: [2014\Bio Cyb108, 757.pdf](2014/Bio%20Cyb108,%20757.pdf)

Abstract: The study provides an overview of the research activity carried out in the field of cybernetics. To do so, all research papers from 1997 to 2011 (16,445 research papers) under the category of “Computer Science, Cybernetics” of Web of Science have been processed using our in-house software which is developed specifically for this purpose. Among its multiple capabilities, this software analyses individual and compound keywords, quantifies productivity taking into account the work distribution, estimates the impact of each article and determines the collaborations established at different scales. Keywords analysis identifies the evolution of the most important research topics in the field of cybernetics and their specificity in biological aspects, as well as the research topics with lesser interest. The analysis of productivity, impact and collaborations provides a framework to assess research activity in a specific and realistic context. The geographical and institutional distribution of publications reveals the leading countries and research centres, analysing their relation to main research journals. Moreover, collaborations analysis reveals great differences in terms of internationalization and complexity of research networks. The results of this study may be very useful for the characterization and the decisions made by research in the field of cybernetics.

Keywords: Activity, Analyses, Analysis, Article, Bibliometric Analysis, Bibliometric Analysis, Biological, Building Technology, Category, Characterization, Collaborations, Complexity, Computer Science, Construction, Context, Cybernetics, Distribution, Estimates, Evolution, Field, Framework, From, Impact, Internationalization, Journals, Keywords, Keywords Analysis, Networks, Overview, Papers, Productivity, Publications, Purpose, Research, Research Activity, Research Centres, Research Journals, Research Papers, Scales, Science, Science Database 1997-2008, Software, Spanish Scientific Publications, Specificity, Web, Web Of Science, Work

# Title: Biological Invasions

Full Journal Title: Biological Invasions

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Esler, K.J., Prozesky, H., Sharma, G.P. and McGeoch, M. (2010), How wide is the “knowing-doing” gap in invasion biology? *Biological Invasions*, **12** (12), 4065-4075.

Full Text: [2010\Bio Inv12, 4065.pdf](2010/Bio%20Inv12,%204065.pdf)

Abstract: Invasion biology is a growing discipline with clear ecological, social and economic implications. A wide range of research effort is thus required to address the invasion problem, and literature on the topic is extensive. However, the extent to which the invasion biology research is addressing the challenges associated with management and mitigation of the impacts of invasions has been questioned. Using bibliometric analysis, we investigated the extent to which the literature on the subject contributes to implementation of knowledge generated, by addressing aspects of management, policy, and/or implementation; the impact of these papers as indicated by the number of citations they attract; and the geopolitical scale of focus of invasion ecology papers, particularly those that attempt to bridge the knowing-doing gap. We then compared these findings with the information needs of conservation practitioners. We first looked globally at popular search engines and then narrowed our focus to South Africa-one of three regions outside USA where researchers producing highly cited papers in invasion ecology are well represented. At this level, we conducted a content analysis of invasion ecology-related papers, of which at least one author was affiliated to a South African institution. The knowledge base in the field of invasion biology is comprised largely of research oriented towards “knowing”, while research aimed at strategically applying or implementing that knowledge is poorly represented in the scientific literature, and the scale of its emphasis is not local. Conservation practitioners clearly indicate a need for basic knowledge. However, invasion science must develop channels for effective engagement to ensure that the research is contextualised, and will deal with the complex ecological, social and economic challenges posed by invasions.

Keywords: Alien Plants, Analysis, Bibliometric, Bibliometric Analysis, Biodiversity, Biological Invasion, Biology, Bridge, Citations, Conservation, Conservation Practitioners, Content Analysis, Ecology, Economic, Economic Implications, Engagement, Field, First, Impact, Impacts, Implementation, Information, Interdisciplinary Research, Knowledge, Knowledge Base, Literature, Local, Management, Management, Mitigation, Needs, Papers, Policy, Policy-Makers, Research, Restoration, Scale, Science, Scientific Literature, Si, Social, South-Africa, USA

# Title: Biological Journal of the Linnean Society

Full Journal Title: [Biological Journal of the Linnean Society](http://ap.ejournal.ascc.net/cgi-bin/sciserv.pl?collection=journals&journal=00244066)

ISO Abbreviated Title: Biol. J. Linnean Soc.

JCR Abbreviated Title: Biol J Linn Soc

ISSN: 0024-4066

Issues/Year: 12

Journal Country/Territory: England

Language: English

Publisher: Academic Press Ltd

Publisher Address: 24-28 Oval Rd, London NW1 7DX, England

Subject Categories:

Evolutionary Biology: Impact Factor 2.308, 15/30 (2001)

? Sundberg, P. and Strand, M. (2009), Taxonomic inflation or taxonomist deflation? A comment on Dubois. *Biological Journal of the Linnean Society*, **96** (3), 712-714.

Full Text: [2009\Bio J Lin Soc96, 712.pdf](2009/Bio%20J%20Lin%20Soc96,%20712.pdf)

Abstract: In a recent article, Dubois (2008) discussed the problem of an increasing number of taxonomic names and the load of synonymies. Dubios recognized three reasons for an increasing number of species description: one comprising unwarranted descriptions in an effort to increase citations. We discuss this aspect, arguing that although new names may increase the prestige of the taxonomist, few journals actually put authors of taxonomic names in the reference lists and hence it does not affect citation figures. This practice instead deflates the importance of taxonomic work in a world with increasing bibliometric evaluations of research output. (C) 2009 the Linnean Society of London, Biological Journal of the Linnean Society, 2009, 96, 712-714.

Keywords: Affect, Authors, Bibliometric, Bibliometry, Citation, Citations, Effort, Inflation, Journals, Load, Mar, Practice, Problem, Reference, Reference Lists, Research, Species, Species Description, Work, World

# Title: Biological Research

Full Journal Title: Biological Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Welljams-Dorof, A. (1994), Biological sciences in Chile and South America, 1981-1991: A citationist perspective. Output data and specialty area impact trends. *Biological Research*, **27** (2), 91-103.

Abstract: the purpose of this report is to examine the biological sciences in Chile and South America in bibliographic terms - the number of papers each nation published from 1981-1991 and the number of citations to them in the international research literature. The database consists of 34,600 biological science papers from Argentina, Brazil, Chile, and Venezuela in the 1981-1991 Science Citation Index files of the Institute for Scientific Information. Twelve specialty areas were selected to represent the biological sciences of special interest to Chile: animal sciences, biochemistry/biophysics, environmental sciences, experimental biology/medicine, immunology, microbiology/cell biology, molecular biology/genetics, neurosciences, pharmacology, physiology, plant sciences, and reproductive sciences. Data are reported on the number of papers in these fields, combined, by authors based in Chile and other South American nations. In addition, time-series trends in the impact (average citations per paper) of Chilean research relative to South America as a whole, overall and in each specialty, are presented and discussed.

Keywords: Argentina, Biological, Biological Sciences, Biology, Brazil, Chile, Citations, Data, Database, Environmental, Experimental, Impact, Institute for Scientific Information, International, Literature, Nations, Papers, Pharmacology, Physiology, Plant, Purpose, Research, Science, Science Citation Index, Sciences, South America, Specialty, Time Series, Trends

? Krauskopf, M. (2002), A scientometric view of some biological disciplines in Chile. *Biological Research*, **35** (1), 95-99.

Abstract: During the last decade the articles published by Chilean Research Centers grew 1,73 which compares to the 2.34 fold increase of mainstream research articles registered as a whole in Latin America. However, the relative impact of the Chilean publications surpassed that of Latin America. In Biological Sciences, traditionally the strongest research area within Chile, Latin America also shows a steeper slope of growth. Qualitatively, biological disciplines in Chile are comparable to those published in Latin America although in Chile there are specialties as Physiology that surpass the average world’s impact. The scientometric data is consistent with the fall in individual grants that the Chilean Research Fund (FONDECYT) has been allocating during the last decade.

Keywords: Biological, Chile, Data, Growth, Impact, Latin America, Publications, Research, Scientometric

# Title: Biologist

Full Journal Title: Biologist

ISO Abbreviated Title: Biologist

JCR Abbreviated Title: Biologist

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Anderson, D. (1988), The Science Citation Index. *Biologist*, **35** (2), 88.

Keywords: Citation, Science Citation Index

# Title: Biology of Blood and Marrow Transplantation

Full Journal Title: Biology of Blood and Marrow Transplantation

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Saeed, M., Paulson, K., Lambert, P., Szwajcer, D. and Seftel, M. (2011), Publication bias in blood and marrow transplantation. *Biology of Blood and Marrow Transplantation*, **17** (6), 930-934.

Abstract: Only a small proportion of abstracts lead to full publication. Abstracts with “positive” results are more likely to be published than other abstracts, leading to publication bias. To date, this issue has not been examined in the blood and marrow transplantation (BMT) literature. We hypothesized that because BMT centers are often based at academic centers, the proportion of abstracts leading to publication will be high. All abstracts presented at the Canadian Blood and Marrow Transplant Group biannual meetings in 2002, 2004, and 2006 were reviewed and categorized by study type, funding source, single-center or multicenter study, form of presentation, and positive or negative results, using the authors’ definitions. To determine publication, each reference was searched on multiple databases (MEDLINE, EMBASE, Web of Science, and CINAHL) by first, second, and final author names. Two authors performed abstract categorization and searching, and disagreements were resolved by consensus. of the 141 abstracts reviewed, only 43 were published (30.4%). Twenty-one studies were published from 2002 (36.8%), compared with 12 from 2004 (24.0%) and 10 from 2006 (29.4%) (P = .35). Neither positive results nor the number of involved centers were associated with the likelihood of publication. Clinical studies (retrospective or prospective) were more likely to be published than nonclinical studies (P = .014). Funded studies and oral presentations were more likely to be published (P = .009 and .004, respectively). A low rate of publication is seen in the field of BMT. Studies with clinical outcomes, externally funded studies, and studies presented orally were more likely to be published. However, there was no publication bias in favor of studies with positive results. Publication bias should be evaluated further at larger BMT meetings, and efforts should be made to encourage full publication of scientific abstracts. Biol Blood Marrow Transplant 17: 930-934 (2011) (C) 2011 American Society for Blood and Marrow Transplantation.

Keywords: Author, Authors, Bias, Blood, Databases, Definitions, EMBASE, Evidence-Based Medicine, Full Publication, Funding, Hematopoietic Cell Transplantation, Lead, Literature, MEDLINE, Outcomes, Publication, Publication Bias, Science, Transplant, Web of Science

# Title: Biomarkers

Full Journal Title: Biomarkers

ISO Abbreviated Title: Biomarkers

JCR Abbreviated Title: Biomarkers

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Subject Categories:

: Impact Factor

? Meneely, J.P. and Elliott, C.T. (2013), Microcystins: Measuring human exposure and the impact on human health. *Biomarkers*, **18** (8), 639-649.

Full Text: [2013\Biomarkers18, 639.pdf](2013/Biomarkers18,%20639.pdf)

Abstract: Context: Freshwater cyanobacterial toxins, microcystins, may be a contributing factor to the development of hepatocellular cancer and colorectal cancer. Objectives: This review summarizes the toxicity data, exposure routes and the methodologies available to determine exposure to elucidate the relationship to liver and colorectal cancer. Methods: Literature searches were conducted using MEDLINE, PubMed and Web of Science. Results: There is evidence of human poisonings resulting from exposure to microcystins, however current methods rely on targeted approaches only suitable for acute exposure. No methods exist for the determination of chronic exposure to microcystins. Conclusions: With the growing evidence of exposure to microcystins and the possible links to cancer, methods to measure medium to long-term human exposure are needed. The identification and validation of candidate biomarkers are key to undertaking urgently required epidemiological studies.

Keywords: Biological Evidence, Biomarkers, Blue-Green-Algae, Cancer, Chronic, Colorectal Cancer, Cyanobacterial Hepatotoxin Microcystin, Data, Development, Dietary-Supplements, Drinking-Water, Evidence, Exposure, Health, Hepatotoxic, Human, Human Health, Identification, Impact, Literature, Liver, Liver Damage, Liver-Tumor Promotion, Long Term, Long-Term, Measure, MEDLINE, Methodologies, Methods, Microcystins, Mouse-Liver, Poisonings, Primary Liver Cancer, Protein Phosphatase-1, Pubmed, Results, Review, Rio-De-Janeiro, Science, Toxic Cyanobacteria, Toxicity, Validation, Web of Science

# Title: Biomass & Bioenergy

Full Journal Title: [Biomass & Bioenergy](http://sdos.ejournal.ascc.net/cgi-bin/sciserv.pl?collection=journals&journal=09619534)

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Agricultural Engineering: Impact Factor 0.466, / (2000), Impact Factor 0.432, 6/10 (2001)

Biotechnology & Applied Microbiology: Impact Factor 0.466, / (2000), Impact Factor 0.432, 106/131 (2001)

Energy & Fuels: Impact Factor 0.466, / (2000), Impact Factor 0.432, 30/66 (2001)

? Vandermeulen, V., Prins, W., Nolte, S. and Van Huylenbroeck, G. (2011), How to measure the size of a bio-based economy: Evidence from Flanders. *Biomass & Bioenergy*, **35** (10), 4368-4375.

Full Text: [2011\Bio Bio35, 4368.pdf](2011/Bio%20Bio35,%204368.pdf)

Abstract: the need to shift from a fossil fuel based economy towards a more bio-based economy has received a lot of attention in public debates and policy making in recent years. However, there seems to be some inconsistency in how a bio-based economy is defined as well as how to estimate the size of this bio-based economy. The current article shows, using a Bibliometric analysis, that the topic “bio-based economy” does not come up extensively in the literature by mid 2010. Moreover, it seems that estimating the importance of the whole of a bio-based economy (and thereby not only focusing on one type of production or product) for a region or country is quite rare, besides a few examples. Within Flanders, one such study has been executed by order of the Flemish government. The current article suggests a framework that can be used to estimate the size of the bio-based economy in other regions or countries. It is based on several steps, so called critical points related to conceptualization, disaggregation, information and valuation. The critical points depend on who has and who wants the information, what the context is, what kind of data is available and whether the research should be comparable. The authors suggest that by following their proposed steps, a reliable estimate of the size of the bio-based economy can be calculated. (C) 2011 Elsevier Ltd. All rights reserved.

Keywords: Analysis, Attention, Authors, Bibliometric, Bibliometric Analysis, Bio-Based Economy, Biomass, Economic Valuation, Framework, Information, Literature, Oil, Points, Policy, Policy Makers, Policy Making, Renewable Energy, Research, Stakeholders

? Konur, O. (2012), The scientometric evaluation of the research on the production of bioenergy from biomass. *Biomass & Bioenergy*, **47**, 504-515.

Full Text: [2012\Bio Bio47, 504.pdf](2012/Bio%20Bio47,%20504.pdf)

Abstract: The present study explores the characteristics of the literature on the production of bioenergy from biomass published during the last three decades, based on the databases of Science Citation Index-Expanded (SCIE) and Social Sciences Citation Index (SSCI) and its implications using the scientometric techniques. The results of this study reveal that the research output in this field has grown exponentially during this period reaching to 5892 papers in total with paralleling enormous changes in the research landscape. Papers are mostly journal articles, reviews, and proceedings, being predominantly in English. The US is the most publishing single country producing 27% of the output, but lagging significantly behind the Europe as a whole (near 50%). The “Chinese Academy of Sciences” is the most contributing institution where the most publishing author is “A Demirbas”. “Biomass & Bioenergy” is the most publishing journal whilst, “Energy & Fuels” is the most published subject area. The total number of citations is 82,732, giving a ratio for the “Average Citations per Item” as 13.83 and “H-Index” as 102. The results of this first-ever such study of its kind show that the scientometric analysis has a great potential to gain valuable insights into the evolution of the research on the production of bioenergy from biomass. (C) 2012 Elsevier Ltd. All rights reserved.

Keywords: Analysis, Bibliometric Analysis, Bioenergy, Biomass, Catalytic Conversion, Changes, Characteristics, Citation, Citation Analysis, Citations, Country, Databases, Europe, Evaluation, Evolution, Fast Pyrolysis, Field, Fuels, Higher-Education, Hydrogen-Production, Journal, Journal Articles, Landscape, Lignocellulosic Biomass, Literature, Literature-Reviews, Papers, Plant Biomass, Potential, Publishing, Research, Research Evaluation, Research Output, Reviews, Rights, SCIE, Science, Science Citation Index Expanded, Science Citation Index-Expanded, Scientometric, Scientometric Analysis, Scientometrics, Social Sciences, Social Sciences Citation Index, SSCI, Techniques, US

# Title: Biomaterials

Full Journal Title: [Biomaterials](http://sdos.ejournal.ascc.net/cgi-bin/sciserv.pl?collection=journals&journal=01429612), [Biomaterials](http://sciencejournals.info/Biomaterials.html)

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Subject Categories:

Engineering, biomedical: Impact Factor, 1.796/

Materials science, biomaterials: Impact Factor, 1.796/

? Leeuwenburgh, S.C.G., Jansen, J.A., Malda, J., Dhert, W.A., Rouwkema, J., van Blitterswijk, C.A., Kirkpatrick, C.J. and Williams, D.F. (2008), Trends in biomaterials research: An analysis of the scientific programme of the World Biomaterials Congress 2008. *Biomaterials*, **29** (21), 3047-3052.

Full Text: [2008\Biomaterials29, 3047.pdf](2008/Biomaterials29,%203047.pdf)

Keywords: Regenerative Medicine, Interface, Future

# Title: BioMed Research International

Full Journal Title: BioMed Research International

ISO Abbreviated Title:

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Subject Categories:

: Impact Factor

? Chang, Y.T., Chang, W.N., Tsai, N.W., Huang, C.C., Kung, C.T., Su, Y.J., Lin, W.C., Cheng, B.C., Su, C.M., Chiang, Y.F. and Lu, C.H. (2014), The roles of biomarkers of oxidative stress and antioxidant in Alzheimer’s disease: A systematic review. *BioMed Research International*, Article Number: 182303.

Full Text: [2014\Bio Res Int, 182303.pdf](2014/Bio%20Res%20Int2014,%20182303.pdf)

Abstract: Purpose. Oxidative stress plays an important role in the pathogenesis of Alzheimer’s disease (AD). This paper aims to examine whether biomarkers of oxidative stress and antioxidants could be useful biomarkers in AD, which might form the bases of future clinical studies. Methods. PubMed, SCOPUS, and Web of Science were systematically queried to obtain studies with available data regarding markers of oxidative stress and antioxidants from subjects with AD. Results and Conclusion. Although most studies show elevated serum markers of lipid peroxidation in AD, there is no sufficient evidence to justify the routine use of biomarkers as predictors of severity or outcome in AD.

Keywords: Ad, Alzheimer’s Disease, Amyotrophic-Lateral-Sclerosis, Antioxidant, Antioxidants, Biomarkers, Cerebrospinal-Fluid Levels, Clinical, Clinical Studies, Data, Disease, Evidence, Glutathione-Peroxidase, Lipid, Lipid Peroxidation, Lipid-Peroxidation, Methods, Mild Cognitive Impairment, Outcome, Oxidative Stress, Pathogenesis, Plasma-Protein Oxidation, Predictors, Proteomic Identification, Pubmed, Results, Review, Role, Science, Scopus, Serum, Stress, Superoxide-Dismutase, Systematic Review, Vascular Dementia, Vitamin-E, Web Of Science

? Bravo, A., Cases, M., Queralt-Rosinach, N., Sanz, F. and Furlong, L.I. (2014), A Knowledge-driven approach to extract disease-related biomarkers from the literature. *BioMed Research International*, Article Number: 253128.

Full Text: [2014\Bio Res Int, 253128.pdf](2014/Bio%20Res%20Int,%20253128.pdf)

Abstract: The biomedical literature represents a rich source of biomarker information. However, both the size of literature databases and their lack of standardization hamper the automatic exploitation of the information contained in these resources. Text mining approaches have proven to be useful for the exploitation of information contained in the scientific publications. Here, we show that a knowledge-driven text mining approach can exploit a large literature database to extract a dataset of biomarkers related to diseases covering all therapeutic areas. Our methodology takes advantage of the annotation of MEDLINE publications pertaining to biomarkers with MeSH terms, narrowing the search to specific publications and, therefore, minimizing the false positive ratio. It is based on a dictionary-based named entity recognition system and a relation extraction module. The application of this methodology resulted in the identification of 131,012 disease-biomarker associations between 2,803 genes and 2,751 diseases, and represents a valuable knowledge base for those interested in disease-related biomarkers. Additionally, we present a bibliometric analysis of the journals reporting biomarker related information during the last 40 years.

Keywords: Analysis, Application, Approach, Bibliometric, Bibliometric Analysis, Biomarker, Biomarkers, Biomedical, Database, Databases, Diseases, Drug Discovery, Extraction, False Positive, Genes, Identification, Information, Integrate, Journals, Knowledge, Knowledge Base, Literature, Medline, Methodology, Mining, Publications, Reporting, Resources, Scientific Publications, Size, Source, Standardization, Text Mining, Text-Mining, Therapeutic

? Wang, Z.M., Liu, J., Liu, H.B., Ye, M., Zhang, Y.F. and Yang, D.S. (2014), Abnormal COX2 protein expression may be correlated with poor prognosis in oral cancer: A meta-analysis. *BioMed Research International*, Article Number: 364207.

Full Text: [2014\Bio Res Int, 364207.pdf](2014/Bio%20Res%20Int,%20364207.pdf)

Abstract: Background. The prognostic significance of COX2 for survival of patients with oral cancer remains controversial. Thus, the meta-analysis was performed in order to identify COX2 expression impact on prognosis of oral cancer. Method. Relevant literatures were searched using the following electronic databases without any language restrictions: Web of Science, the Cochrane Library Database, PubMed, EMBASE, CINAHL, and CBM. Version 12.0 STATA software (Stata Corporation, College Station, Texas, USA) was used for the current meta-analysis. Odds ratios (ORs) and hazard ratios (HRs) with their corresponding 95% confidence interval (95% CI) were also calculated to clarify the correlation between COX2 expression and prognosis of oral cancer. Results. Final analysis of 979 oral cancer patients from 12 clinical cohort studies was performed. The meta-analysis results show that COX2 expression in cancer tissues was significantly higher than those in normal and benign tissues (all P < 0.05). Combined HR of COX2 suggests that positive COX2 expression has a shorter overall survival (OS) than those of negative COX2 expression (P < 0.05). Conclusion. The meta-analysis study shows that elevated COX2 expression may be associated with the pathogenesis of oral cancer and with a worse prognosis in oral cancer patients.

Keywords: Analysis, Association, Cancer, Cavity, Clinical, Cohort, Confidence, Correlation, Cyclooxygenase-2 Cox-2, Database, Databases, Embase, Epidemiology, Expression, Gastric-Cancer, Hazard, Impact, Interval, Language, Meta Analysis, Meta-Analysis, Metaanalysis, Microenvironment, Normal, Oral, Overexpression, P, Pathogenesis, Patients, Prognosis, Prognostic, Proliferation, Protein, Pubmed, Restrictions, Results, Science, Significance, Software, Squamous-Cell Carcinoma, Stata, Survival, Texas, Topoisomerase-Ii-Alpha, USA, Web Of Science

? Čečka, F., Jon, B., Šubrt, Z. and Ferko, A. (2014), Surgical Technique in Distal Pancreatectomy: A Systematic Review of Randomized Trials. *BioMed Research International*, Article Number: 482906.

Full Text: [2014\Bio Res Int, 482906.pdf](2014/Bio%20Res%20Int,%20482906.pdf)

Abstract: Despite recent improvements in surgical technique, the morbidity of distal pancreatectomy remains high, with pancreatic fistula being the most significant postoperative complication. A systematic review of randomized controlled trials (RCTs) dealing with surgical techniques in distal pancreatectomy was carried out to summarize up-to-date knowledge on this topic. The Cochrane Central Registry of Controlled Trials, Embase, Web of Science, and Pubmed were searched for relevant articles published from 1990 to December 2013. Ten RCTs were identified and included in the systematic review, with a total of 1286 patients being randomized (samples ranging from 41 to 450). The reviewers were in agreement for application of the eligibility criteria for study selection. It was not possible to carry out meta-analysis of these studies because of the heterogeneity of surgical techniques and approaches, such as varying methods of pancreas transection, reinforcement of the stump with seromuscular patch or pancreaticoenteric anastomosis, sealing with fibrin sealants and pancreatic stent placement. Management of the pancreatic remnant after distal pancreatectomy is still a matter of debate. The results of this systematic review are possibly biased by methodological problems in some of the included studies. New well designed and carefully conducted RCTs must be performed to establish the optimal strategy for pancreatic remnant management after distal pancreatectomy.

Keywords: Application, Articles, Clinical-Trial, Closure, Complication, Complications, Criteria, Fistula, Heterogeneity, International Study-Group, Knowledge, Management, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Morbidity, Pancreas, Pancreatic Fistula, Patients, Placement, Postoperative, Postoperative Complication, Prevention, Randomized, Randomized Controlled Trials, Recent, Reinforcement, Remnant, Resection, Review, Reviewers, Risk-Factors, Science, Selection, Strategy, Surgical, Surgical Technique, Surgical Techniques, Systematic, Systematic Review, Techniques, Topic, Web Of Science

? Santoro, A., Boselli, C., Renzi, C., Gubbiotti, F., Grassi, V., Di Rocco, G., Cirocchi, R. and Redler, A. (2014), Transverse skin crease versus vertical midline incision versus laparoscopy for right hemicolectomy: A systematic review-current status of right hemicolectomy. *BioMed Research International*, Article Number: 643685.

Full Text: [2014\Bio Res Int, 643685.pdf](2014/Bio%20Res%20Int,%20643685.pdf)

Abstract: Purpose. The right hemicolectomy may be conducted through laparoscopic or laparotomic surgery, transverse or midline incisions. The transverse laparotomy offers some advantages compared to the midline laparotomy and laparoscopy. A literature review was performed to evaluate the possible advantages of the transverse incision versus midline incision or laparoscopic right hemicolectomy. Methods. Asystematic research was performed in Medline, Embase, Cochrane Central Register of Controlled Trials, CINAHL, BioMed Central, and the Science Citation Index. Results. Laparotomic right hemicolectomy with transverse incision is preferable to laparotomic hemicolectomy with midline incision. A transverse incision offers a lessened postoperative pain following physical activity, a lessened need to administer analgesic therapy during the post-operative time, better aesthetic results, and a better post-operative pulmonary function. Open surgery with transverse or midline incision ensured a shorter operative time, lower costs and a greater length of the incision compared to the laparoscopic. However, there are no differences in the oncological outcomes. Conclusions. It was not possible to identify significant differences between the open right hemicolectomy with transverse incision versus the open right hemicolectomy with midline incision or laparoscopic hemicolectomy.

Keywords: Activity, Analgesic, Citation, Costs, Function, Laparoscopic, Laparoscopy, Laparotomy, Length, Literature, Literature Review, Medline, Methods, Open, Open Surgery, Operative, Outcomes, Pain, Physical, Physical Activity, Postoperative, Postoperative Pain, Pulmonary Function, Research, Results, Review, Right, Science, Science Citation Index, Surgery, Therapy

? Nedovic, B., Posteraro, B., Leoncini, E., Ruggeri, A., Amore, R., Sanguinetti, M., Ricciardi, W. and Boccia, S. (2014), Mannose-binding Lectin Codon 54 gene polymorphism and Vulvovaginal Candidiasis: A systematic review and meta-analysis. *BioMed Research International*, Article Number: 738298.

Full Text: [2014\Bio Res Int, 738298.pdf](2014/Bio%20Res%20Int,%20738298.pdf)

Abstract: Mannose-binding lectin (MBL) plays a key role in the human innate immune response. It has been shown that polymorphisms in the MBL2 gene, particularly at codon 54 (variant allele B; wild-type allele designated as A), impact upon host susceptibility to Candida infection. This systematic review and meta-analysis were performed to assess the association between MBL2 codon 54 genotype and vulvovaginal candidiasis (VVC) or recurrent VVC (RVVC). Studies were searched in MEDLINE, SCOPUS, and ISI Web of Science until April 2013. Five studies including 704 women (386 cases and 318 controls) were part of the meta-analysis, and pooled ORs were calculated using the random effects model. For subjects with RVVC, ORs of AB versus AA and of BB versus AA were 4.84 (95% CI 2.10-11.15; P for heterogeneity = 0.013; I-2 = 68.6%) and 12.68 (95% CI 3.74-42.92; P for heterogeneity = 0.932, I-2 = 0.0%), respectively. For subjects with VVC, OR of AB versus AA was 2.57 (95% CI 1.29-5.12; P for heterogeneity = 0.897; I-2 = 0.0%). This analysis indicates that heterozygosity for the MBL2 allele B increases significantly the risk for both diseases, suggesting that MBL may influence the women’s innate immunity in response to Candida.

Keywords: Albicans, Analysis, Association, Candida, Defense, Diseases, Effects, Gene, Heterogeneity, Host, Human, Immune, Immune Response, Immunity, Impact, Infection, Infections, Influence, Innate, Innate Immunity, ISI, ISI Web of Science, MBL2, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Model, P, Polymorphism, Polymorphisms, Protein, Random Effects Model, Recurrent, Response, Review, Risk, Role, Science, Scopus, Susceptibility, Systematic Review, Variants, Web of Science, Women

? Lippi, G., Cervellin, G. and Mattiuzzi, C. (2014), No evidence for an association of vitamin D deficiency and migraine: A systematic review of the literature. *BioMed Research International*, Article Number: 827635.

Full Text: [2014\Bio Res Int, 827635.pdf](2014/Bio%20Res%20Int,%20827635.pdf)

Abstract: Vitamin D deficiency is associated with a number of human disorders, including cardiovascular disease, cancer, diabetes, frailty, and infections. Since an association between vitamin D and migraine has also been recently speculated, we performed an electronic search on Medline, Scopus, and Web of Science using the keywords “migraine” and “vitamin D,” “25OH-D” “cholecalciferol,” “ergocalciferol,” with no language or date restriction. The electronic search allowed identifying seven studies (3 observational, 2 cross-sectional, and 2 case reports). The two case reports, including four women, showed favourable effects of vitamin D supplementation on migraine severity, but these studies were small and not placebo controlled. As regards the three observational studies, vitamin D deficiency was observed in 13.2 to 14.8% of migraine patients, and these rates do not differ from those reported in the general population (i.e., vitamin D deficiency between 22 and 42%). The results of the two cross-sectional studies are even more controversial, since no association was found between vitamin D status and migraine in both trials. In conclusion, the current evidence suggests that the association between migraine and vitamin D lacks reliable scientific support.

Keywords: 25-Hydroxyvitamin D, Association, Calcium, Cancer, Cardiovascular, Cardiovascular Disease, Case Reports, Cross-Sectional Studies, Diabetes, Disease, Effects, Evidence, General, Guidelines, Headache, Human, Infections, Language, Literature, Medline, Observational, Observational Studies, Patients, Placebo, Population, Prevalence, Rates, Review, Science, Scopus, Skin, Small, Support, Systematic Review, Vitamin, Vitamin D, Vitamin D Deficiency, Vitamin D Supplementation, Web Of Science, Women

? Yang, Z.G., Zhuang, L.P., Lu, Y.F., Xu, Q.N. and Chen, X.R. (2014), Effects and tolerance of silymarin (Milk Thistle) in chronic hepatitis C virus infection patients: A meta-analysis of randomized controlled trials. *BioMed Research International*, Article Number: 941085.

Full Text: [2014\Bio Res Int, 941085.pdf](2014/Bio%20Res%20Int,%20941085.pdf)

Abstract: Objective. This study aimed to evaluate the efficacy and safety of silymarin on chronic hepatitis C virus- (HCV-) infected patients. Methods. Randomized controlled trials (RCTs) of silymarin in chronic HCV-infected patients up to April 1, 2014 were systematically identified in PubMed, Ovid, Web of Science, and Cochrane Library databases. Results. A total of 222 and 167 patients in five RCTs were randomly treated with silymarin (or intravenous silibinin) and placebo, respectively. Serum HCV RNA relatively decreased in patients treated with silymarin compared with those administered with placebo, but no significance was found (P = 0.09). Meta-analysis of patients orally treated with silymarin indicated that the changes of HCV RNA are similar in the two groups (P = 0.19). The effect on alanine aminotransferase (ALT) of oral silymarin is not different from that of placebo (P = 0.45). Improvements in quality-of-life (Short Form-36) in both silymarin and placebo recipients were impressive but relatively identical (P = 0.09). Conclusion. Silymarin is well tolerated in chronic HCV-infected patients. However, no evidence of salutary effects of oral silymarin has yet been reported based on intermediate endpoints (ALT and HCV RNA) in this population. Moreover, intravenous administration of silymarin should be further studied.

Keywords: Administration, Alanine Aminotransferase, Antiviral Activity, Changes, Chronic, Chronic Hepatitis, Databases, Effects, Efficacy, Evidence, From, Groups, Hcv, Hcv-Rna, Hepatitis, Hepatitis C, Hepatitis C Virus, Infected, Infection, Interferon Therapy, Intravenous, Intravenous Silibinin, Liver-Disease, Long-Term Treatment, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Milk, Oral, P, Patients, Placebo, Population, Product, Pubmed, Quality Of Life, Randomized, Randomized Controlled Trials, Results, Rna, Safety, Science, Significance, Silybum-Marianum, Tolerance, Update, Web Of Science

? Zhang, Y., Zhao, J.Y., Jiang, Z., Shan, D.X. and Lu, Y. (2014), Biosorption of Fe(II) and Mn(II) ions from aqueous solution by rice husk ash. *BioMed Research International*, Article Number: 973095.

Full Text: [2014\Bio Res Int2014, 973095.pdf](2014/Bio%20Res%20Int2014,%20973095.pdf)

Abstract: Rice husk ash (RHA), an agricultural waste, was used as biosorbent for the removal of Iron(II) and Manganese(II) ions from aqueous solutions. The structural and morphological characteristics of RHA and its elemental compositions before and after adsorption of Fe(II) and Mn(II) were determined by scanning electron microscopic (SEM) and X-ray fluorescence (XRF) analyses. Batch experiments were carried out to determine the influence of initial pH, contact time, adsorbent dosage, and initial concentration on the removal of Fe(II) and Mn(II) ions. Langmuir, Freundlich, and Dubinin-Radushkevich (D-R) models were applied to describe the biosorption isotherm of the metal ions by RHA. The correlation coefficient (*R*2) of Langmuir and Freundlich isotherm models equals 0.995 and 0.901 for Fe(II), 0.9862 and 0.8924 for Mn(II), respectively, so the Langmuir model fitted the equilibrium data better than the Freundlich isotherm model. The mean free energy values evaluated from the D-R model indicated that the biosorption of Fe(II) and Mn(II) onto RHA was physical in nature. Experimental data also showed that the biosorption processes of both metal ions complied with the pseudo-second-order kinetics.

Keywords: Adsorbent, Adsorption, Agricultural Waste, Aqueous Solutions, Ash, Batch, Batch Experiments, Biosorbent, Biosorption, Biosorption Isotherm, Concentration, Contact Time, D-R Model, Dubinin-Radushkevich, Equilibrium, Fluorescence, Free Energy, Freundlich, Freundlich Isotherm, Freundlich Isotherm Model, Influence, Isotherm, Isotherm Model, Isotherm Models, Kinetics, Langmuir, Langmuir and Freundlich, Langmuir Model, Metal, Metal Ions, Mn(II), Model, Models, pH, Pseudo Second Order, Pseudo-Second-Order, Pseudo-Second-Order Kinetics, Removal, RHA, Rice, Rice Husk, Rice Husk Ash, SEM, Waste

? Salma, U., Xue, M., Sayed, A.S.M. and Xu, D.B. (2014), Efficacy of intrauterine device in the treatment of intrauterine adhesions. *BioMed Research International*, Article Number: 589296.

Full Text: [2014\Bio Res Int, 589296.pdf](2014/Bio%20Res%20Int,%20589296.pdf)

Abstract: The primary purpose of this paper is to assess the efficacy of the use of the intrauterine device (IUD) as an adjunctive treatment modality, for intrauterine adhesions (IUAs). All eligible literatures were identified by electronic databases including PubMed, Scopus, and Web of Science. Additional relevant articles were identified from citations in these publications. There were 28 studies included for a systematic review. Of these, 5 studies were eligible for meta-analysis and 23 for qualitative assessment only. Twenty-eight studies related to the use of IUDs as ancillary treatment following adhesiolysis were identified. Of these studies, 25 studies at least one of the following methods were carried out as ancillary treatment: Foley catheter, hyaluronic acid gel, hormonal therapy, or amnion graft in addition to the IUD. There was one study that used IUD therapy as a single ancillary treatment. In 2 studies, no adjunctive therapy was used after adhesiolysis. There was a wide range of reported menstrual and fertility outcomes which were associated with the use of IUD combined with other ancillary treatments. At present, the IUD is beneficial in patients with IUA, regardless of stage of adhesions. However, IUD needs to be combined with other ancillary treatments to obtain maximal outcomes, in particular in patients with moderate to severe IUA.

Keywords: Adhesions, Amnion, Articles, Assessment, Catheter, Citations, Contraceptive-Device, Databases, Efficacy, Fertility, Foley Catheter, From, Gel, Graft, Hormonal, Hyaluronic Acid, Hysteroscopic Adhesiolysis, Intrauterine, Intrauterine Device, Lysis, Management, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Needs, Outcomes, Patients, Pregnancy, Primary, Publications, Pubmed, Purpose, Qualitative, Review, Science, Scopus, Severe Ashermans-Syndrome, Surgery, Synechiae, Systematic, Systematic Review, Therapy, Treatment, Uterine Adhesions, Web, Web Of Science

? Sun, Z.L., Xie, Q.Y., Guo, G.L., Ma, K. and Huang, Y.Y. (2014), Serum Fetuin-A levels in patients with cardiovascular disease: A meta-analysis. *BioMed Research International*, Article Number: 691540.

Full Text: [2014\Bio Res Int, 691540.pdf](2014/Bio%20Res%20Int,%20691540.pdf)

Abstract: Background. Fetuin-A (FA) suppresses arterial calcification, promotes insulin resistance, and appears to be elevated in patients with cardiovascular diseases (CVD), but the data is still inconsistent. To clarify the correlation between serum FA levels and the presence and severity of CVDs, we performed this meta-analysis. Method. Potential relevant studies were identified covering the following databases: PubMed, Embase, Web of Science, Cochrane Library, CISCOM, CINAHL, Google Scholar, China BioMedicine (CBM), and China National Knowledge Infrastructure (CNKI) databases. Data from eligible studies were extracted and included in the meta-analysis using a random-effects model. Results. Ten case-control studies, including 1,281 patients with CVDs and 2,663 healthy controls, were included. The results showed significant differences in serum levels of FA between the CVDs patients and the healthy controls (SMD = 1.36, 95% CI: 0.37-2.36, P = 0.007). Ethnicity-subgroup analysis implied that low serum FA levels are related to CVDs in Caucasians (SMD = 1.73, 95% CI: 0.20-3.26, P = 0.026), but not in Asians (SMD = 1.04, 95% CI: -0.33-2.40, P = 0.138). Conclusion. The data indicated that decreased serum FA level is correlated with the development of CVDs. FA might be clinically valuable for reflecting the progression of CVDs.

Keywords: Analysis, Asians, Association, Biomarkers, C-Reactive Protein, Cardiovascular, Cardiovascular Disease, Cardiovascular Diseases, Case-Control, Case-Control Studies, China, Coronary-Artery-Disease, Correlation, Data, Databases, Development, Disease, Diseases, Elevation Myocardial-Infarction, From, Google, Google Scholar, Heterogeneity, Insulin, Insulin Resistance, Knowledge, Meta Analysis, Meta-Analysis, Metaanalysis, Model, Mortality, P, Patients, Progression, Pubmed, Random Effects Model, Resistance, Results, Risk, Science, Serum, Stroke, Web, Web Of Science

? Li, X., Liu, K., Pan, Y.S., Zhang, J., Lv, Q., Hua, L.X., Wang, Z.J., Li, J. and Yin, C.J. (2015), Roles of osteopontin gene polymorphism (rs1126616), osteopontin levels in urine and serum, and the risk of urolithiasis: A meta-analysis. *BioMed Research International*, Article Number: 315043.

Full Text: [2015\Bio Res Int, 315043.pdf](2015/Bio%20Res%20Int,%20315043.pdf)

Abstract: Objective. Previous studies have investigated the relationships between osteopontin gene polymorphism rs1126616 and OPN levels and urolithiasis, but the results were controversial. Our study aimed to clarify such relationships. Methods. A meta-analysis was performed by searching the databases Pubmed, Embase, and Web of Science for relevant studies. Crude odds ratios (ORs) or standardised mean differences with 95% confidence intervals (CIs) were calculated to evaluate the strength of association. Publication bias was estimated using Begg’s funnel plots and Egger’s regression test. Results. Overall, a significantly increased risk of urolithiasis was associated with OPN gene polymorphism rs1126616 for all the genetic models except recessive model. When stratified by ethnicity, the results were significant only in Turkish populations. For OPN level association, a low OPN level was detected in the urine of urolithiasis patients in large sample size subgroup. Results also indicated that urolithiasis patients have lower OPN level in serum than normal controls. Conclusion. This meta-analysis revealed that the T allele of OPN gene polymorphism increased susceptibility to urolithiasis. Moreover, significantly lower OPN levels were detected in urine and serum of urolithiasis patients than normal controls, thereby indicating that OPN has important functions in the progression of urolithiasis.

Keywords: Association, Bias, Calcium-Oxalate Urolithiasis, Cancer-Risk, Confidence, Confidence Intervals, Crystal-Formation, Databases, Ethnicity, Expression, Functions, Gene, Gene Polymorphism, Genetic, Intervals, Kidney-Stones, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Models, Nephrolithiasis, Normal, Osteopontin, Patients, Polymorphism, Populations, Prevalence, Progression, Proteins, Publication, Publication Bias, Regression, Results, Risk, Sample Size, Science, Serum, Size, Spp1, Strength, Susceptibility, Urine, Urolithiasis, Web, Web Of Science

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Full Text: [2015\Bio Res Int, 430185.pdf](2015/Bio%20Res%20Int,%20430185.pdf)

Abstract: Background. Aberrant expression of high mobility group box-1 protein (HMGB1) contributes to the progression of various inflammatory diseases. This meta-analysis focused on the clinical significance of serum HMGB1 levels in pancreatitis patients, with the goal of building a novel diagnostic score model. Method. We conducted a meta-analysis by searching in the PubMed, Embase, Web of Science, Cochrane Library, CISCOM, CINAHL, Google Scholar, China BioMedicine (CBM), and China National Knowledge Infrastructure (CNKI) databases without any language restrictions. Studies were pooled and standard mean difference (SMD) and its corresponding 95% confidence intervals (95% CIs) were calculated. Version 12.0 STATA software was used for statistical analysis. Results. We performed a final analysis of 841 subjects from 12 clinical case-control studies. The meta-analysis results showed a positive association between serum HMGB1 levels and the progression of pancreatitis. In the subgroup analysis by country, high serum level of HMGB1 may be related to pancreatitis progression in China, Korea, Hungary, and Japan populations (all P < 0.05). Conclusion. The present meta-analysis indicated that serum HMGB1 level was statistically elevated in patients with pancreatitis, and thus serum levels of HMGB1 could be determined to be a useful biomarker for pancreatitis patients.

Keywords: Analysis, Association, Biomarker, Building, Cancer, Case-Control, Case-Control Studies, Cells, China, Clinical, Confidence, Confidence Intervals, Correlation, Country, Databases, Diagnostic, Diseases, Expression, From, Glycation End-Products, Google, Google Scholar, Heterogeneity, Hmgb1, Hungary, Inflammation, Injury, Intervals, Japan, Knowledge, Korea, Language, Mechanisms, Meta Analysis, Meta-Analysis, Metaanalysis, Mobility, Model, P, Pancreatitis, Patients, Populations, Progression, Protein, Pubmed, R, Rats, Receptor, Restrictions, Results, Science, Serum, Significance, Software, Standard, Statistical Analysis, Web, Web Of Science

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Full Text: [2015\Bio Res Int, 564149.pdf](2015/Bio%20Res%20Int,%20564149.pdf)

Abstract: We conducted a meta-analysis to investigate the influence of two common single nucleotide polymorphisms (SNPs) (rs2292566 G>A and rs4653436 A>G) in the EPHX1 gene on warfarin maintenance dosages. Relevant literatures were searched using the PubMed, Embase, Web of Science, Cochrane Library, CISCOM, CINAHL, Google Scholar, CBM, and CNKI databases without any language restrictions. STATA Version 12.0 software (Stata Corporation, College Station, TX, USA) was used for this meta-analysis. Standard mean difference and its corresponding 95% confidence interval (95% CI) were calculated. Seven studies met the inclusion criteria, including 2,063 warfarin-treated patients. Meta-analysis results illustrated that EPHX1 rs2292566 G>A polymorphism might be strongly correlated with a higher maintenance dose of warfarin. However, no interaction of EPHX1 rs4653436 A>Gpolymorphism with warfarin maintenance dosage was detected. A further subgroup analysis based on stratification by ethnicity indicated that EPHX1 rs2292566 G>A polymorphism was positively correlated with warfarin maintenance dosage among Caucasians, but not Asians. No associations were observed between EPHX1 rs4653436 A>G polymorphism warfarin maintenance dosage among both Caucasians and Asians. Our meta-analysis provides robust and unambiguous evidence that EPHX1 rs2292566 polymorphism may affect the maintenance dose of warfarin in Caucasians.

Keywords: Affect, Analysis, Asians, Association, Cigarette-Smoking, Confidence, Coronary-Heart-Disease, Criteria, Databases, Dose Requirements, Ethnicity, Evidence, Gene, Google, Google Scholar, Influence, Interaction, Interval, Language, Maintenance, Meta Analysis, Meta-Analysis, Metaanalysis, Myocardial-Infarction, Normalized Ratio Inr, P-Selectin Levels, Patients, Polymorphism, Polymorphisms, Population, Pubmed, Restrictions, Risk, Science, Software, Stata, Stratification, Usa, Variants, Warfarin, Web, Web Of Science

? Wang, Z.H., Zhu, Z.T., Xiao, X.Y. and Sun, J. (2015), Correlation of serum levels of endostatin with tumor stage in gastric cancer: A systematic review and meta-analysis. *BioMed Research International*, Article Number: 623939.

Full Text: [2015\Bio Res Int, 623939.pdf](2015/Bio%20Res%20Int,%20623939.pdf)

Abstract: Background. We performed a systematic review and meta-analysis to study the association between serum endostatin levels and gastric cancer (GC) progression. Method. We searched the MEDLINE, Science Citation Index, Cochrane Library, PubMed, Embase, Current Contents Index, and several Chinese databases for published studies relevant to our study topic. Carefully selected studies were pooled and SMDand its corresponding 95% CI were calculated. Version 12.0 STATA software was used for statistical analysis. Results. Serum endostatin levels were analyzed in 12 case-control studies (736 GC patients and 350 controls). Significant differences in serum endostatin levels were observed between GC patients and the healthy controls (SMD = 1.418, 95% CI = 1.079 similar to 1.757, P < 0.001). Importantly, significantly lower levels of serum endostatin were found in I-II grade patients compared to those with III-IV grade tumors (P < 0.001). Further, higher serum endostatin levels were observed in the LN invasion-positive GC subjects in comparison with LN invasion-negative subjects (P < 0.001). Conclusion. Patients with GC exhibited elevated levels of serum endostatin than controls and its level showed a statistical correlation with the more aggressive type of GC, exhibiting invasion and LN metastasis. Thus, serum levels of endostatin being a useful prognostic biomarker for GC patients warrants further investigation.

Keywords: Analysis, Antiangiogenesis, Association, Biomarker, Cancer, Carcinoma, Case-Control, Case-Control Studies, Cells, China, Chinese, Citation, Comparison, Correlation, Databases, Gastric, Gastric Cancer, Heterogeneity, Investigation, Lymphangiogenesis, Lymphatic Metastasis, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Metastasis, P, Patients, Prognosis, Prognostic, Progression, Publication Bias, Pubmed, R, Results, Review, Science, Science Citation Index, Serum, Software, Statistical Analysis, Systematic, Systematic Review, Therapy, Topic

? Dong, G.X., Zhang, N., Wu, Z.P., Liu, Y.M. and Wang, L.T. (2015), Multiple sclerosis increases fracture risk: A meta-analysis. *BioMed Research International*, Article Number: 650138.

Full Text: [2015\Bio Res Int, 650138.pdf](2015/Bio%20Res%20Int,%20650138.pdf)

Abstract: Purpose. The association between multiple sclerosis (MS) and fracture risk has been reported, but results of previous studies remain controversial and ambiguous. To assess the association between MS and fracture risk, a meta-analysis was performed. Method. Based on comprehensive searches of the PubMed, Embase, and Web of Science, we identified outcome data from all articles estimating the association between MS and fracture risk. The pooled risk ratios (RRs) with 95% confidence intervals (CIs) were calculated. Results. A significant association between MS and fracture risk was found. This result remained statistically significant when the adjusted RRs were combined. Subgroup analysis stratified by the site of fracture suggested significant associations between MS and tibia fracture risk, femur fracture risk, hip fracture risk, pelvis fracture risk, vertebrae fracture risk, and humerus fracture risk. In the subgroup analysis by gender, female MS patients had increased fracture risk. When stratified by history of drug use, use of antidepressants, hypnotics/anxiolytics, anticonvulsants, and glucocorticoids increased the risk of fracture risk in MS patients. Conclusions. This meta-analysis demonstrated that MS was significantly associated with fracture risk.

Keywords: Analysis, Anticonvulsants, Antidepressants, Articles, Association, Bone Health, Cohort, Confidence, Confidence Intervals, Data, Drug, Drug Use, Female, Femur, Fracture, From, Gender, Glow, Glucocorticoids, Hip Fracture, History, Intervals, Meta Analysis, Meta-Analysis, Metaanalysis, Ms, Multiple Sclerosis, National-Health Registers, Outcome, Patients, Pelvis, Pubmed, Results, Risk, Science, Site, Web, Web Of Science

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Full Text: [2015\Bio Res Int, 680756.pdf](2015/Bio%20Res%20Int,%20680756.pdf)

Abstract: Objective. A meta-analysis on combined therapy of diabetic peripheral neuropathy (DPN) with breviscapine and mecobalamin was performed to evaluate the efficacy of this therapy. Methods. Six English databases (Medline, Cochrane Library, PubMed, EMBASE, Web of Science, and CINAHL) and four Chinese databases (China National Knowledge Infrastructure, VIP Journals Database, CBM, and Wanfang database) were searched for studies on the clinical trials in which DPN was treated with breviscapine and mecobalamin, and RevMan 5.1 package was employed for analyzing pooled trials and publication bias. Results. A total of 17 articles including 1398 DPN patients were identified. Homogeneity was observed among different studies (P = 0.74). The efficacy of combined therapy with breviscapine and mecobalamin was significantly better than that in control group [P < 0.0001 (OR = 5.01, 95% CI: 3.70-6.78)]. Conclusion. Available findings suggest that the therapeutic efficacy of breviscapine combining mecobalamin is superior to mecobalamin alone, and this strategy is required to be popularized in clinical practice.

Keywords: Articles, Bias, China, Chinese, Clinical, Clinical Practice, Clinical Trials, Combining, Control, Database, Databases, Efficacy, Embase, English, Homogeneity, Injection, Journals, Knowledge, Library, Management, Mechanisms, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Methylcobalamin, Neuropathy, P, Pathogenesis, Patients, Pc12 Cells, Peripheral, Practice, Prevalence, Publication, Publication Bias, Pubmed, Results, Review, Science, Scutellarin, Strategy, Systematic, Systematic Review, Therapeutic, Therapeutic Efficacy, Therapy, Vascular Factors, Web, Web Of Science

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Full Text: [2015\Bio Res Int, 731469.pdf](2015/Bio%20Res%20Int,%20731469.pdf)

Abstract: Background. Hepatocellular carcinoma is a major health problem worldwide and the third most common cause of cancer-related death. HCC treatment decisions are complex and dependent upon tumor staging. Several molecular targeted agents have been evaluated in clinical trials in advanced HCC. Despite of only modest objective response rates according to the Response Evaluation Criteria in Solid Tumors, several studies showed encouraging results in terms of prolongation of the time to progression, disease stabilization, and survival. Cellular immunotherapy would improve the immune state and has potential in enhancing the therapeutic outcome for HCC patients. Materials and Methods. A search of the literature was made using cancer literature, the PubMed, Scopus, and Web of Science (WOS) database for the following keywords: “hepatocellular carcinoma,” “molecular hepatocarcinogenesis,” “targeted therapy,” “molecular immunological targets,” “tumour-associated antigens,” “Tregs,” “MDSCs,” “immunotherapy.” Discussion and Conclusion. Treatment strategies combining blockade of immunoregulatory cell types such as Tregs and MDSCs and of inhibitory receptors, with vaccine-induced activation of TAA-specific T cells, may be necessary to achieve the most effective therapeutic antitumour activity in HCC. In the future, new therapeutic options will be represented by a blend of immunotherapy-like vaccines and T-cell modulators, supplemented by molecularly targeted inhibitors of tumor signaling pathways.

Keywords: Activation, Activity, Alpha-Fetoprotein Levels, Cancer, Carcinoma, Cell, Chronic Hepatitis-C, Clinical, Clinical Trials, Clinical-Trial, Combining, Database, Death, Dendritic Cells, Disease, Evaluation, Fatty Liver-Disease, Gamma-Carboxy Prothrombin, Hcc, Health, Health Problem, Hepatocellular Carcinoma, Immune, Immunotherapy, Inhibitors, Interferon-Alpha-2b Plus Ribavirin, Literature, Materials, Methods, Options, Outcome, Pathways, Patients, Percutaneous Ethanol Injection, Potential, Progression, Pubmed, Rates, Response, Science, Scopus, Signaling, State, Suppressor-Cells, Survival, T-Cell Responses, Therapeutic, Therapeutic Options, Treatment, Tumor, Vaccines, Web, Web Of Science, Wos

# Title: Biomedical Papers-Olomouc

Full Journal Title: Biomedical Papers-Olomouc

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? Pivodova, V., Frankova, J. and Ulrichova, J. (2011), Osteoblast and gingival fibroblast markers in dental implant studies. *Biomedical Papers-Olomouc*, **155** (2), 109-116.

Full Text: [2011\Bio Pap-Olo155, 109.pdf](2011/Bio%20Pap-Olo155,%20109.pdf)

Abstract: Background. Dental implants are a suitable option for the replacement of some or all missing teeth. Their main function is to secure the stability of the artificial tooth. The implant material interacts with several cell types including osteoblasts, gingival fibroblasts, periodontal ligament fibroblasts and monocytes. The most common material used is pure titanium which is corrosion resistant and has an elasticity modulus similar to that of bone. In recent years, diverse modified titanium surfaces have also been developed. The wound healing around the implant is a complex process that determines how well the host can heal and accept the implanted material. For this reason, search for markers of the biocompatibility of these new materials is paramount. To identify markers found to be suitable for studying the biocompatibility of dental implants. Methods. Review of Pubmed and Web of Science databases for the years 1958-2010. Conclusions. The surface of dental implant material should enhance firm attachment of the implant to junctional epithelium, soft connective tissue and bone. For the purposes of dental implant biocompatibility studies, a number of markers produced by osteoblasts or by cells of periodontal ligament have been proposed. In general, the most typical markers for osteoblasts and fibroblasts are alkaline phosphatase and collagen I, respectively. The involvement of both cell types in the inflammatory response is primarily evaluated by determination of tumour necrosis factor a and proinflammatory interleukins.

Keywords: Alkaline-Phosphatase, Bone, Cell-Surface, Corrosion, Databases, Dental Implants, Epidermal-Growth-Factor, Extracellular Matrix Proteins, Extracellular-Matrix, Factor-Alpha, Gingival Fibroblasts, Immunohistochemical Localization, Implants, In-Vitro, Interleukins, Involvement, Methods, Osteoblasts, Periodontal-Ligament Fibroblasts, Porphyromonas-Gingivalis, Review, Science, Titanium Surfaces, Tumor-Necrosis-Factor, Web of Science

? Jochmanova, I. and Lazurova, I. (2014), A new twist in neuroendocrine tumor research: Pacak-Zhuang syndrome, HIF-2 alpha as the major player in its pathogenesis and future therapeutic options. *Biomedical Papers-Olomouc*, **158** (2), 175-180.

Full Text: [2014\Bio Pap-Olo158, 175.pdf](2014\Bio%20Pap-Olo158,%20175.pdf)

Abstract: Backround. There is increasing evidence of the role of hypoxia or pseudohypoxia in tumorigenesis, including pheochromocytoma (PHEO) and paraganglioma (PGL). (Pseudo) hypoxia leads to activation of hypoxia-inducible transcription factors (HIFs) and thus, promotes the transcription of hypoxia-responsive genes which are involved in tumorigenesis. Recently identified is a new syndrome consisting of multiple and recurrent PGLs or PHEOs, somatostatinoma, and congenital polycythemia, due to somatic hypoxia-inducible factor 2 alpha gene (HIF2A) mutations. Methods and Results. PubMed and Web of Science online databases were used to search reviews and original articles on the HIF, PHEO/PGL, and Pacak-Zhuang syndrome. Conclusions. The novel somatic and germline gain-of-function HIF2A mutations described latterly emphasize the role of the HIF-2 alpha in the PHEO/PGL development and these findings designate HIF, especially HIF-2 alpha, as a promising treatment target.

Keywords: Activation, Articles, Cancer-Therapy, Congenital, Databases, Development, Evidence, Gene, Gene-Expression, Genes, Germline Mutations, Hereditary Paraganglioma, Hif2a Mutations, Hypoxia, Hypoxia-Inducible Factor, Hypoxia-Inducible-Factor, Methods, Mutations, Online, Options, Pacak-Zhuang Syndrome, Paraganglioma, Pathogenesis, Pheochromocytoma, Polycythemia, Pseudo, Pubmed, Recurrent, Renal-Cell-Carcinoma, Research, Results, Reviews, Role, Science, Sdh Mutations, Sporadic Pheochromocytoma, Syndrome, Therapeutic, Therapeutic Options, Transcription, Transcription Factor, Treatment, Tumor, Tumorigenesis, Web Of Science

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Full Text: [2014\Bio Pap-Olo158, 365.pdf](2014/Bio%20Pap-Olo158,%20365.pdf)

Abstract: Background. Fluorescent pigments are the end-products of reactions involving free radical attack on biological molecules and can be formed, for example, in reactions between lipid peroxidation products, mainly unsaturated aldehydes, with free amino groups. Their characteristic emission maximum was found to be at 420-470 nm after being excited at 340-390 nm. The mechanism of their formation and chemical identity has been revealed in many in vitro studies, in which reactive aldehydes were incubated with amino group-containing molecules. Owing to their intrinsic fluorescent properties and molecular stability these products are easily measured by means of spectrofluorimetry and are used as biomarkers of oxidative stress caused by various triggers. It has been found that the fluorescent products are formed in excess in conditions linked with increased free radical production, such as atherosclerosis, Alzheimer’s disease and multiple sclerosis. Methods. We searched the literature using “MEDLINE” and “Web of Science” in order to get an overview of the state of knowledge about fluorescent products of free radicals, that is, their analysis from in vitro studies, animal and human studies and their use as markers of oxidative damage. Conclusions. Although their chemical structure may not have been elucidated, the fluorophores formed in this way have found application as markers of oxidative stress in many animal and human studies. In vitro experiments using model reactions have given some clues as to how certain fluorescent pigments arise during oxidative reactions in vivo. Advances in analytical techniques should lead the chemical characterization of pigments of different origin to completeness.

Keywords: Alzheimer’s, Alzheimer’s Disease, Alzheimers-Disease, Amino-Acids, Analysis, Analytical Techniques, Application, Biological, Biomarkers, Body-Gamma-Irradiation, Characterization, Chemical, Damage, Disease, Emission, Experiments, Fluorescence, Free Radical, Free Radicals, From, Groups, Human, In Vitro, In Vivo, Intrinsic, Knowledge, Lead, Lipid, Lipid Peroxidation, Lipid-Peroxidation, Lipofuscin-Like Pigments, Lipofuscin-Like Pigments, Lipoxidation End-Products, Literature, Low-Density-Lipoprotein, Mechanism, Methods, Mitochondrial Dysfunction, Model, Multiple Sclerosis, Origin, Overview, Oxidative Stress, Properties, Rat-Liver, Stability, State, Stress, Structure, Techniques

? Duskova, K. and Vesely, S. (2015), Prostate Specific Antigen. Current clinical application and future prospects. *Biomedical Papers-Olomouc*, **159** (1), 18-26.

Full Text: [2015\Bio Pap-Olo159, 18.pdf](2015/Bio%20Pap-Olo159,%2018.pdf)

Abstract: Background. Prostate-specific antigen (PSA) is a glycoprotein produced by the prostate gland and its production can be enhanced in benign and malignant diseases. The introduction of PSA testing has greatly increased the detection of prostate cancer. However there is continuing controversy and confusion over the most appropriate application of the PSA test. Methods. PubMed and Web of Science databases were used to search original and review articles on the historical aspects, clinical utilization and possible future directions in PSA. Conclusions. After its discovery, PSA was quickly established as an exquisitely sensitive tumor marker for prostate cancer detection, assessment of treatment responses and follow-up among patients with prostate cancer. Nevertheless, controversy exists about the proper threshold for recommending prostate biopsy. If this limit is lowered to improve the sensitivity even more, patients with low-risk prostate cancer would be subsequently detected. Post-treatment PSA levels can certainly provide valuable information about the effectiveness of the therapy given. Recently introduced ultrasensitive PSA detection techniques are offering new insight into the changes in serum PSA at very low concentrations. This has resulted in identification of valuable postoperative prognostic variables together with the possibility of earlier cancer relapse detection. The development of assays that may show superior sensitivity and specificity in prostate cancer diagnosis is focused on proteins possibly complexed with PSA and other potential markers detectable both in serum and urine. The goal of newly discovered prostate cancer biomarkers is greater cancer specificity in order to reduce the overdiagnosis, overtreatment and financial cost.

Keywords: Advanced-Stage, Application, Articles, Assessment, Biochemical Recurrence, Biomarkers, Biopsy, Cancer, Cancer Detection, Cancer Progression, Changes, Clinical, Cost, Databases, Detection, Development, Diagnosis, Discovery, Diseases, Effectiveness, Follow-Up, Future Prospects, Identification, Information, Low Risk, Marker, Methods, Patients, Post-Treatment, Postoperative, Potential, Prognostic, Prostate Cancer, Proteins, PSA, Pubmed, Radical Prostatectomy, Relapse, Review, Science, Sensitivity, Serum, Serum Marker, Specificity, Stem-Cell Antigen, Techniques, Testing, Therapy, Threshold, Tmprss2-Erg Fusion Transcripts, Transition Zone, Treatment, Tumor, Ultrasensitive Assay, Urinary Sediments, Urine, Utilization, Web, Web Of Science, Web Of Science Databases

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Full Text: [2015\Bio Pap-Olo159, 44.pdf](2015/Bio%20Pap-Olo159,%2044.pdf)

Abstract: Objective. Delirium tremens represents the most severe complication of alcohol withdrawal syndrome and, in its complications, significantly increases the morbidity and mortality of patients. Alcohol withdrawal delirium is characterized by features of alcohol withdrawal itself (tremor, sweating, hypertension, tachycardia etc.) together with general delirious symptoms such as clouded consciousness, disorientation, disturbed circadian rhythms, thought processe and sensory disturbances, all of them fluctuating in time. The treatment combines a supportive and symptomatic approach. Benzodiazepines in supramaximal doses are usually used as drugs of choice but in some countries such as the Czech Republic or Germany, clomethiazole is frequently used as well. Method. A computer search of the all the literature published between 1966 and December 2012 was accomplished on MEDLINE and Web of Science with the key words “delirium tremens”, “alcohol withdrawal”, “treatment” and “pharmacotherapy”. There were no language or time limits applied. Conclusions. When not early recognized and treated adequately, delirium tremens may result in death due to malignant arrhythmia, respiratory arrest, sepsis, severe electrolyte disturbance or prolonged seizures and subsequent trauma. Owing to these possible fatalities and other severe unexpected complications, delirium tremens should be managed at an ICU or wards ensuring vital signs monitoring. In symptomatic treatment, high doses of benzodiazepines, especially lorazepam, diazepam and oxazepam are considered the gold standard drugs. Supportive therapy is also of great importance.

Keywords: Alcohol, Alcohol Withdrawal, Approach, Arrhythmia, Benzodiazepines, Blind Controlled Trial, Carbamazepine, Choice, Clinical Predictors, Complication, Complications, Computer, Consciousness, Course, Czech Republic, Death, Delirium, Delirium Tremens, Detoxification, Diagnosis, Diazepam, Disorders, Disturbance, Disturbances, Drugs, Fatalities, General, Germany, Gold, Hypertension, Icu, Language, Literature, Lorazepam, Medline, Monitoring, Morbidity, Mortality, Patients, Pharmacotherapy, Practice Guideline, Prolonged, Randomized-Trial, Risk-Factors, Science, Seizures, Sepsis, Standard, Symptoms, Syndrome, Tachycardia, Therapy, Trauma, Treatment, Tremens, Valproic Acid, Web, Web Of Science

# Title: Biomedicine & Pharmacotherapy

Full Journal Title: [Biomedicine & Pharmacotherapy](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6127&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=5efc8b4c66ab18794eacd163d349ced7)

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Full Text: [2014\Bio Pha68, 923.pdf](2014/Bio%20Pha68,%20923.pdf)

Abstract: Purpose: Studies have demonstrated that single nucleotide polymorphisms (SNPs) in miRNAs may lead to varying functional outcomes by altering miRNAs expression, even leading to the development of cancers. The association between a single nucleotide polymorphism (SNP) in miR-146a rs2910164 and susceptibility to gastric cancer has been studied during the recent years, but the results are still inconclusive and inconsistent. We performed a meta-analysis to evaluate the relationship between miR-146a rs2910164 polymorphism and the risk of gastric cancer. Materials and methods: The databases of PubMed, MEDLINE and Web of Science were searched for suitable studies. A total of 8 published case-control studies on miR-146a rs2910164 polymorphism and gastric cancer risk including 4308 cases and 6370 controls were included. Results: Overall, significant association was observed between rs2910164 and gastric cancer risk in allele model (OR = 1.11, 95% CI = 1.02-1.21); homozygote model (OR = 1.26, 95% CI = 1.10-1.43) and dominant model (OR = 1.21, 95% CI = 1.09-1.34). Stratified analysis by ethnicity showed significant association between rs2910164 polymorphism and gastric cancer susceptibility in Asians (OR = 1.10, 95% CI = 1.00-1.23 for G vs. C; OR = 1.25, 95% CI = 1.09-1.43 for GG vs. CC; OR = 1.19, 95% CI = 1.07-1.33 for GG vs. GC+CC, respectively). When stratified by genotyping methods and sample size, increased gastric cancer risk was only observed with the method by TaqMan and the sample size more than 1000. Conclusion: In summary, this meta-analysis indicated that miR-146a rs2910164 polymorphism was associated with the susceptibility to gastric cancer, especially in Asian population. (C) 2014 Published by Elsevier Masson SAS.

Keywords: Analysis, Asian, Asians, Association, Bladder-Cancer, Cancer, Cancer Risk, Cancer Susceptibility, Case-Control, Case-Control Studies, Chinese Population, Databases, Development, Disease, Ethnicity, Expression, Functional Polymorphism, Gastric, Gastric Cancer, Gastric Cancer Risk, Gene, Genotyping, Gg, Hepatocellular-Carcinoma, Lead, Materials, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Micrornas, Mir-146a, Mir-146ac-Greater-Than-G, Mir-196a2t-Greater-Than-C, Model, No Association, Outcomes, Polymorphism, Polymorphisms, Population, Pre-Mir-146a, Pubmed, Recent, Results, Risk, Sample Size, Science, Size, Snp, Susceptibility, Web, Web of Science

# Title: Biometrika

Full Journal Title: [Biometrika](http://uk.jstor.org/journals/00063444.html)

ISO Abbreviated Title:

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: Impact Factor

Dublin, L.I. and Lotka, A.J. (1939), Twenty-five years of health progress. *Biometrika*, **30** (3-4), 469-470.

Full Text: [-1959\Biometrika30, 469.pdf](-1959/Biometrika30,%20469.pdf)

# Title: Biopolimery i Kletka

Full Journal Title: Biopolimery i Kletka

ISO Abbreviated Title:

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ISSN: 0233-7657

Issues/Year:

Journal Country/Territory:

Language:

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Subject Categories:

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# Title: Biopolymers and Cell

Full Journal Title: [Biopolymers and Cell](http://www.biopolymers.org.ua/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Tanatar, N.V. (1990), The scientometric analysis of the state and trends of the development of a scientific problem the biosensor problem as an example. *Biopolymers and Cell*, **6** (3), 5-14.

Abstract: the analysis of information file formed on the abstract journals was used to assess the state and trends of the development of biosensor studies. The biosensor problem has determined three integrated parameters subsequently referred to as: the substance under study, bioreceptor and sensor. The classifier based on this structure has allowed performing a fonnalistic description of the subject-matter of publications and made it possible to form the publication matrices. The subsequent mathematical data processing has shown that just now there are 35 main trends for further research. Following groups for their formalistic classification are possible: the casual trends, the trends to be completed, the developing ones, the intensively developing trends and new ones.

# Title: Biorheology

Full Journal Title: Biorheology

ISO Abbreviated Title: Biorheology

JCR Abbreviated Title: Biorheology

ISSN: 0006-355X

Issues/Year: 4

Journal Country/Territory: England

Language: Multi-Language

Publisher: IOS Press

Publisher Address: Nieuwe Hemweg 6B, 1013 BG Amsterdam, Netherlands

Subject Categories:

Biophysics: Impact Factor 1.016,/(2001)

Engineering, Biomedical: Impact Factor 1.016,/(2001)

Hematology: Impact Factor 1.016,/(2001)

Notes: TTopic

Resch, K.L. and Ernst, E. (1995), Scientific productivity in clinical hemorheology. *Biorheology*, **32** (2-3), 380-381.

Full Text: [1995\Biorheology32, 380.pdf](1995/Biorheology32,%20380.pdf)

Abstract: Background: the relevance of new findings in any area of medical research depends crucially on the extent to which it can be made available to the scientific community. Therefore the worldwide leading medical database (MEDLINE) was used to investigate this aspect concerning the field of hemorheology. Method: All MEDLINE records (year 1993) containing at least one of the MeSH headings BLOOD-VISCOSIT\*, ERYTHROCYTE-AGGREGATIO\*, or ERYTHROCYTE-DEFORMABILIT\* or the free search term HEMORHEOLOG\*/HAEMORHEOLOG\*, and an (English) abstract were retrieved and analyzed. Results: 291 articles from 41 different countries had been published in 185 different journals, 202 of them (from 28 countries) had been published in English, whereas 89 articles (from 13 countries) had been published in 11 other languages, 25 of them in Chinese, 17 in Russian, and 13 in German. 123 papers could be categorized as ‘clinical research’ (research in man), 105 as ‘basic research’ (*in-vitro* or animal studies), 28 were dedicated to hemorheological methodology, 25 were reviews, and 10 were case-reports. papers from Germany as well as from most other European countries mainly focused on clinical issues (12/19). Basic research and hemorheological methodology was most popular in the USA (45/60) and Japan (15/26). Whereas the majority of papers from Austria, France, and Italy were published in languages other than English, English language papers predominated in Germany (14/19) and most smaller European countries. In terms of ‘impact factor’, the USA (122.5) and Great Britain (49.1) were far in front of Germany (23.9), while France and Italy (impact factor<10) were found among smaller European Countries like Sweden, Austria, or Switzerland. From a total of 12 German papers categorized as ‘clinical papers’, 11 were rated as ‘JOURNAL ARTICLE’ by MEDLINE, and one paper as ‘RANDOMIZED CONTROLLED TRIAL’. Conclusion: Few papers (mainly British and US American ones) were published in journals that reach a broad audience. However, a large circulation must be considered a precondition, especially for clinical studies, for the dissemination of rheological findings among the general medical audience. Clinical studies were mainly restricted to observing rheological phenomena rather than performing RCTs, not allowing firm new therapeutic evidence, and therefore not supporting the development and recognition of hemorheology in clinical medicine. Finally, there seems to be an inappropriate link between basic research and clinical studies, which must have a negative impact on the quality of a major part of the clinical research work performed.

# Title: BioScience

Full Journal Title: [BioScience](http://www.bioone.org/perlserv/?request=get-archive&issn=0006-3568)

ISO Abbreviated Title: BioScience

JCR Abbreviated Title: BioScience

ISSN: 0006-3568

Issues/Year: 11

Journal Country/Territory: United States

Language: English

Publisher: Amer Inst Biological Sci

Publisher Address: 1444 Eye St, NW, Ste 200, Washington, DC 20005

Subject Categories:

Biology: Impact Factor

? Leimu, R. and Koricheva, J. (2005), Does scientific collaboration increase the impact of ecological articles? *BioScience*, **55** (5), 438-443.

Full Text: [2005\BioScience55, 438.pdf](2005/Bioscience55,%20438.pdf)

Abstract: We examined the effects of different types of collaboration on the citation rates of 837 research papers published in Oecologia from 1998 through 2000. Multiauthored papers had higher annual citation rates, but also higher self-citation rates, than single-authored papers. Interdisciplinary collaboration between institutions increased citation rates, whereas in-house collaboration reduced them. Contrary to our predictions, international collaboration had no effect on the citation rates of ecological papers, and US ecologists benefited from collaboration more than their European colleagues. Altogether, our results indicate that scientific collaboration in ecology has a rather minor effect on the impact of the resulting publications, as measured by their citation rates.

Keywords: Authored Papers, Citation, Citation Rates, Coauthorship, Cooperation, Domestic Collaboration, Ecology, International Collaboration, Molecular-Biology, Multidisciplinarity, Patterns, Publications, Quality, Research, Research Institutes, Research Papers, Scientific Collaboration, Self-Citation, Single, US

? Lovegrove, B.G. and Johnson, S.D. (2008), Assessment of research performance in biology: How well do peer review and bibliometry correlate? *BioScience*, **58** (2), 160-164.

Full Text: [2008\BioScience58, 160.pdf](2008/Bioscience58,%20160.pdf)

Abstract: Bibliometric indices based on publishing output, and citation records used to measure scientific quality, are increasingly being employed to supplement and even replace traditional alternatives, such as the peer-review system. In this article we question whether peer review can predict bibliometric indices for individual researchers. We compared the ratings of scientific quality obtained using a peer-review system with the most popular bibliometric scores (h-, m-, and g-indices; total citations, and mean number of citations per publication) for 163 botanists and zoologists. Although the peer-review ratings were correlated with the bibliometric measures, they explained less than 40 percent of the variation in the scores. Most of this unexplained variation is presumably due to limitations of both the peer-review system and bibliometric scores. We propose a synergy between peer-review and bibliometric scores that can improve the assessment of scientific quality, especially by bench marking peer-review decisions against bibliometric thresholds.

Keywords: Alternatives, Assessment, Bibliometric, Bibliometric Scores, Bibliometry, Biology, Citation, Citation Record, Citations, h-Index, Hirsch Index, Hirsch-Index, Indicators, Peer Review, Peer-Review, Publication, Publication Record, Publishing, Quality, Records, Research, Research Performance, Review, Scientists, Thresholds

? Acuna-Rodriguez, I.S., Gianoli, E., Carrasco-Urra, F., Stotz, G.C., Salgado-Luarte, C., Rios, R.S. and Molina-Montenegro, M.A. (2014), Antarctic ecology one century after the conquest of the South Pole: How much have we advanced? *Bioscience*, **64** (7), 593-600.

Full Text: [2014\BioScience64, 593.pdf](2014\BioScience64,%20593.pdf)

Abstract: The knowledge derived from Antarctic ecology may be fundamental for facing the complex environmental future of the world. As an early-warning system, a deep understanding of Antarctic ecosystems is therefore needed, but Antarctic ecology as a field is still very young and currently under consolidation. Around the world, 55 nations are involved in this task through their research programs, and, considering the importance of this joint effort, we evaluate some basic trends of their publications through a wide bibliographical review of Antarctic ecology. All ecology-related Antarctic papers published for 106 years (1904-2010) were reviewed. A lack of population and ecosystem research was observed, even in Animalia, the most studied kingdom. The publications originated mainly in developed countries; however, emerging countries have increased their participation in recent years. The current trends of Antarctic ecology as afield show a constant but low representation in both Antarctic science and ecology.

Keywords: Animalia, Antarctic Ecology, Antarctic Research, Antarctic Science, Biodiversity, Climate-Change, Ecology, Ecosystem, Ecosystems, Environmental, Environmental-Change, Field, Food, Ice Shelves, Impacts, International Territorial Administration, Knowledge, Nations, Ocean, Papers, Participation, Peninsula, Population, Publications, Recent, Representation, Research, Review, Science, Scientific Publications, Trends, Understanding, Web Of Science, World

# Title: Bioscience Journal

Full Journal Title: Bioscience Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ferreira, R.B., Neto, A.C.B., Nabout, J.C., de Jesus, F.F., Caetano, J.M. and Teixeira, I.R. (2014), Trends in global scientific literature about biodiesel: A scientometrics analysis. *Bioscience Journal*, **30** (5), 547-554.

Full Text: 2014\Bio J30, 547.pdf

Abstract: Fossil fuel is showing signs of depletion of its reserves and affect the environment due to pollution from burning. Thus emerged a new challenge: to find a substitute fuel that is renewable and less polluting. Biodiesel has emerged as a potential substitute for fossil fuel, for it comes from various raw materials, reduce the environmental impact of pollution and also bring many benefits. However this technology is new and still needs to be improved. Several scientific studies have emerged in order to bring about improvement for biodiesel. Through scientometrics is possible to know the trend of research work, which is indeed important for the academic society, that may be new studies of biodiesel. Thus, this study aimed to make a scientometric analysis of biodiesel. The database used was the “SciVerseScopus.” We performed a search of all studies that had biodiesel\* in the title. The studies were analyzed from 1993, the first year of registration for the term until 2010. The following information was obtained: a) Year of publication, b) type of study, c) Type of the journal where the paper was published, d) name of journal in which the study was published, e) Area of concentration, f) keywords, g) Language, h) Country of publication, i) Raw materials used to obtain biodiesel studied in Brazilian studies. In general the studies analyzed follow world trends in production and consumption of biodiesel, being important for the improvement of technology. New jobs scientometrics of biodiesel can be made taking into account their specific characteristics.

Keywords: Affect, Analysis, Benefits, Biodiesel, Challenge, Characteristics, Concentration, Consumption, Country, Database, Environment, Environmental, Environmental Impact, First, Fossil, Fossil Fuel, From, General, Global, Impact, Improvement, Information, Journal, Language, Literature, Needs, Pollution, Potential, Publication, Research, Research Work, Scientometric, Scientometric Analysis, Scientometric Techniques, Scientometrics, Society, Technology, Term, Trend, Trends, Work, World

# Title: Biosystema

Full Journal Title: Biosystema

ISO Abbreviated Title: Biosystema

JCR Abbreviated Title: Biosystema

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Sigogneau, A. and Barriel, V. (1998), Position of France in systematics characterized by some bibliometric indicators. *Biosystema*, **16**, 27-36.

Keywords: Bibliometric, France

# Title: Biotechnologie Agronomie Societe et Environnement

Full Journal Title: Biotechnologie Agronomie Societe et Environnement

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1370-6233

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Thys, E., Harelimana, G. and Mergeai, G. (2011), Analysis of the editorial process of the multidisciplinary rural development journal *Tropicultura*. *Biotechnologie Agronomie Societe et Environnement*, **15** (1), 101-108.

Full Text: [2011\Bio Agr Soc Env15, 101.pdf](2011/Bio%20Agr%20Soc%20Env15,%20101.pdf)

Abstract: Tropicultura is a multidisciplinary journal which aims mainly at releasing research results relevant to rural development in developing countries and at improving the investigation capacities of the researchers who submit manuscripts to its editorial board. The operating process of the journal and its consequences on its output during the period 2002-2009 were analyzed by considering mainly the factors influencing the duration of the editorial work and the final acceptance of the manuscripts. The factors taken into consideration were the field of research, the geographic origin of the data analyzed, the language of writing and the country of origin of the authors. The available data were analyzed using descriptive statistic methods. They were also subjected to parametric and non parametric comparisons. During the investigated period, a total of 1,034 papers have been submitted to Tropicultura in different fields of rural development research, with a large proportion of papers in agronomy sensu lato (60%), and livestock production (19%). Most of the papers submitted (85.1%) came from Sub-Saharan Africa, followed by North Africa (11.2%), Asia (1.6%), Latin America (1.3%), Europe (0.6%), and Oceania (0.3%). The rate of acceptance (27.4%) was very low compared to other journals, mainly because of a poor design of the works or inappropriate research topics. The average time for final decision was 355 days. The non parametric classification analysis retained as major determinants for the acceptance of papers for publication, in decreasing order of influence: time before final decision, language, continent, Belgian cooperation priority countries, Belgian cooperation partner countries, and the field of research. The data obtained are discussed in the light of the literature related to the editorial process of other scientific journals, taking into account the peculiarities of Tropicultura related to its history and to the history of the rural development actions of the Belgian cooperation. This analysis highlighted a series of possible improvements at the level of the operating process of the journal which should enable it to better achieve its goals.

Keywords: Acceptance, Africa, Analysis, Asia, Authors, Bibliometric Analysis, Classification, Cooperation, Country, Country of Origin, Data, Decision, Design, Developing, Developing Countries, Development, Duration, Europe, Field, History, Investigation, Journal, Journals, Latin America, Literature, Livestock, Manuscripts, Methods, Multidisciplinary, North, Origin, Papers, Publication, Rejection, Research, Research Results, Rural, Rural Development, Scientific Journal, Scientific Journals, Work

# Title: Biotechnology Advances

Full Journal Title: [Biotechnology Advances](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=4986&_auth=y&_acct=C000047720&_version=1&_urlVersion=0&_userid=2007471&md5=ea2d675d9a77412a8d39106bf7a2f72e)

ISO Abbreviated Title: Biotechnology & Applied Microbiology

JCR Abbreviated Title: Biotechnol Adv

ISSN: 0734-9750

Issues/Year: 8

Journal Country/Territory: England

Language: English

Publisher: Pergamon-Elsevier Science Ltd

Publisher Address: the Boulevard, Langford Lane, Kidlington, Oxford OX5 1GB, England

Subject Categories:

Biotechnology & Applied Microbiology: Impact Factor 4.455, 15/139 (2005), Impact Factor 5.236, 10/138 (2007)

? Gemeiner, P., Mislovičová, D., Tkáč, J., Švitel, J., Pätoprstý, V., Hrabárová, E., Kogan, G. and Kožár, T. (2009), Lectinomics II. A highway to biomedical/clinical diagnostics. *Biotechnology Advances*, **27** (1), 1-15.

Full Text: [2009\Bio Adv27, 1.pdf](2009/Bio%20Adv27,%201.pdf)

Abstract: the review assesses current status and attempts to forecast trends in the development of lectin biorecognition technology. The progressive trend is characterized scientometrically and reflects the current transient situation, when standard low-throughput lectin-based techniques are being replaced by a novel microarray-based techniques offering high-throughput of detection. The technology is still in its infancy (validation phase), but already shows promise as an efficient tool to decipher the enormous complexity of the glycocode that influences physiological status of the cell. Further enhancement in robustness and flexibility of lectin microarrays is predicted by using recombinant and artificial lectins that will render production of lectin microarrays cost-effective and more affordable. Mass spectrometry is expected to play an important role to characterize the binding profile of new lectins. Differences in glycan recognition by lectins and anti-carbohydrate antibodies are given on a molecular basis, and strong and weak points of both biorecognition molecules in diagnosis are briefly discussed. (C) 2008 Published by Elsevier Inc.

Keywords: Anti-Carbohydrate Antibodies, Antibodies, Anticarbohydrate Antibodies, Binding, Biomedical Diagnostics, Complexity, Cost-Effective, Detection, Development, Diagnosis, Diagnostics, Escherichia-Coli, Flexibility, Forecast, Glycan, Glycan Microarrays, Highway, Infancy, Influences, Large-Scale Production, Lectin Microarrays, Lectinology, Mannose-Binding Lectin, Mass Spectrometry, Mass-Spectrometry, Modelling of Glycan-Protein Interactions, Molecular, Monoclonal-Antibodies, Oligosaccharide Microarrays, Play, Production, Progressive, Protein-Carbohydrate Interactions, Recognition, Recombinant, Artificial Lectins, Review, Robustness, Role, Spectrometry, Standard, Status, Techniques, Technology, Tool, Transient, Trend, Trends, Validation, Wheat-Germ-Agglutinin, Yeast Pichia-Pastoris

# Title: Biotechnology Journal

Full Journal Title: Biotechnology Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Wache, Y., Anal, A.K., Chan, E.S., Heng, P.W.S., Ngo, D.N., In, S., Poncelet, D. and Hanh, P.T. (2014), Meeting report: The 1st BRG-training school in Asia, a first step in the building of an ASEAN encapsulation network. *Biotechnology Journal*, **9** (12), 1473-1475.

Full Text: [2014\Bio J9, 1473.pdf](2014/Bio%20J9,%201473.pdf)

Abstract: The 6th training school on bioencapsulation of the Bioencapsulation Research Group (BRG http://bioencapsulation.net/2014\_Nha\_Trang/index1.html) took place in Nha Trang, Vietnam, in March 2014. This event, organised by Agro-Sup Dijon, Nha Trang University and the BRG with the support of the Agency of French-Speaking Universities (Agence Universitaire de la Francophonie, AUF) and Buchi was the first BRG-event organised in Asia. The success of this school, which brought together bioencapsulation researchers from eight countries of the Association of Southeast Asian Nations (ASEAN) along with those from Europe, Japan, Australia and many other countries, shows that bioencapsulation is a growing field in Southeast Asia. After a brief presentation of bibliometric data showing the dynamism and the specificities of encapsulation research in Southeast Asia, a presentation of the achievements and needs in some countries is given showing the interest in building a network in this region.

Keywords: Agency, Asean, Asia, Asian, Association, Australia, Bibliometric, Bibliometric Data, Building, Data, Encapsulation, Europe, Field, First, From, Japan, Needs, Network, Presentation, Region, Research, Researchers, Southeast Asia, Success, Support, Training, Universities, University, Vietnam

# Title: Biotropica

Full Journal Title: Biotropica

ISO Abbreviated Title: Biotropica

JCR Abbreviated Title: Biotropica

ISSN: 0006-3606

Issues/Year: 4

Journal Country/Territory: United States

Language: Multi-Language

Publisher: Assoc Tropical Biology Inc

Publisher Address: 810 East 10th St, Lawrence, KS 66044

Subject Categories:

Ecology: Impact Factor 0.858, /

? Malhado, A.C.M., de Azevedo, R.S.D., Todd, P.A., Santos, A.M.C., Fabre, N.N., Batista, V.S., Aguiar, L.J.G. and Ladle, R.J. (2014), Geographic and temporal trends in Amazonian knowledge production. *Biotropica*, **46** (1), 6-13.

Full Text: [2014\Biotropica46, 6.pdf](2014/Biotropica46,%206.pdf)

Abstract: The presence of researchers from Western (i.e., developed world) institutions in Amazonia has frequently been contentious due to fears of scientific imperialism’ or suspicions that they may be exerting undue influence over research agendas and knowledge production to the detriment of local researchers. Such negative perceptions are widespread, but not well substantiated. A more nuanced understanding of these issues requires information on who is conducting research in Amazonia and how knowledge production has changed over time. We performed a bibliometric analysis on Thomson Reuters’ISI Web of Science of all research articles about the Amazon published in three time periods: 1986-1989, 1996-1999, and 2006-2009. We found that the number of articles published and the diversity of countries involved in Amazonian research increased dramatically over the three time periods. The representation of several Amazonian countriesespecially Brazilincreased, while the proportion of articles without a single author from an Amazonian country also increased. The results indicate that the research capacity of Amazonian countries has increased, but that leadership of high-impact projects may still largely reside with researchers from developed countries.

Keywords: Amazon, Amazonia, Analysis, Bibliometric, Bibliometric Analysis, Biodiversity Research, Biosphere-Atmosphere Experiment, Capacity, Citations, Collaboration, Colonialism, Conservation, Cooperation, Country, Developing-Countries, Diversity, Ecological Research, Genetic-Resources, Influence, Information, Institutions, Issues, Knowledge, Knowledge Production, Leadership, Local, Production, Representation, Research, Responsibility, Science, Scientific Productivity, Trends, Understanding, Web of Science, World

# Title: Bipolar Disorders

Full Journal Title: Bipolar Disorders

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Esmaeili, M.A., Gudarzi, S.S. and Mahdavi, N. (2008), Bibliometric analysis of the research on mood disorders in Iran. *Bipolar Disorders*, **10**, 68.

Full Text: [2008\Bip Dis10, 68.pdf](2008/Bip%20Dis10,%2068.pdf)

Keywords: Bibliometric, Bibliometric analysis, Iran, research

? Sarris, J., Mischoulon, D. and Schweitzer, I. (2011), Adjunctive nutraceuticals with standard pharmacotherapies in bipolar disorder: A systematic review of clinical trials. *Bipolar Disorders*, **13** (5-6), 454-465.

Full Text: [2011\Bip Dis13, 454.pdf](2011/Bip%20Dis13,%20454.pdf)

Abstract: Objective: Studies using augmentation of pharmacotherapies with nutraceuticals in bipolar disorder (BD) have been conducted and preliminary evidence in many cases appears positive. To date, however, no specialized systematic review of this area has been conducted. We present the first systematic review of clinical trials using nutrient-based nutraceuticals in combination with standard pharmacotherapies to treat BD. A subsequent aim of this report was to discuss posited underlying mechanisms of action. Methods: PubMed, CINAHL, Web of Science, and Cochrane Library databases, and grey literature were searched during mid-2010 for human clinical trials in English using nutraceuticals such as omega-3, N-acetyl cysteine (NAC), inositol, and vitamins and minerals, in combination with pharmacotherapies to treat bipolar mania and bipolar depression. A review of the results including an effect size analysis (Cohen’s d) was subsequently conducted. Results: In treating bipolar depression, positive evidence with large effect sizes were found for NAC (d = 1.04) and a chelated mineral and vitamin formula (d = 1.70). On the outcome of bipolar mania, several nutraceuticals reduced mania with strong clinical effects: a chelated mineral formula (d = 0.83), L-tryptophan (d = 1.47), magnesium (d = 1.44), folic acid (d = 0.40), and branched-chain amino acids (d = 1.60). Mixed, but mainly positive, evidence was found for omega-3 for bipolar depression, while no evidentiary support was found for use in mania. No significant effect on BD outcome scales was found for inositol (possibly due to small samples). Conclusions: BD treatment outcomes may potentially be improved by additional use of certain nutraceuticals with conventional pharmacotherapies. However, caution should be extended in interpreting the large effects of several isolated studies, as they have not yet been replicated in larger trials.

Keywords: Acid, Adjunctive, Analysis, Bipolar Depression, Bipolar Disorder, Clinical Trials, Cochrane, Databases, Depression, Disorder, Docosahexaenoic Acid, Double-Blind, English, Folic Acid, Human, Literature, Magnesium, Major Depressive Disorder, Mania, Mania, Mechanisms, Methods, Mood, Mood Stabilizers, Nutraceuticals, Nutrients, Omega-3, Omega-3-Fatty-Acids, Open-Label Trial, Outcome, Outcomes, Placebo-Controlled-Trial, Polyunsaturated Fatty-Acids, Pubmed, Rating-Scale, Review, Science, Systematic, Systematic Review, Treatment, Treatment Outcomes, Web of Science

? Biglu, M.H. and Chakhmachi, N. (2012), Scientometrics study of bipolar disorder in Web of Science (2006-2010). *Bipolar Disorders*, **14** (S1), 62.

Full Text: [2012\Bip Dis14, 62.pdf](2012/Bip%20Dis14,%2062.pdf)

Keywords: Bipolar, Bipolar Disorder, Germany, Iran, Mar, Science, Scientometrics, SI, Turkey, Web, Web of Science, WoS

? Malhi, G.S., Bargh, D.M., Coulston, C.M., Das, P. and Berk, M. (2014), Predicting bipolar disorder on the basis of phenomenology: Implications for prevention and early intervention. *Bipolar Disorders*, **16** (5), 455-470.

Full Text: [2014\Bip Dis16, 455.pdf](2014/Bip%20Dis16,%20455.pdf)

Abstract: Objective: Bipolar disorder is a multifaceted illness and there is often a substantial delay between the first onset of symptoms and diagnosis. Early detection has the potential to curtail illness progression and disorder-associated burden but it requires a clear understanding of the initial bipolar prodrome. This article summarizes the phenomenology of bipolar disorder with an emphasis on the initial prodrome, the evolution of the illness, and the implications for prevention and early intervention. Methods: A literature review was undertaken using Medline, Web of Science, and a hand search of relevant literature using keywords (e.g., phenomenology, initial or early symptoms, risk factors, and predictors/prediction). Findings from the literature were reviewed and synthesized and have been put into a clinical context. Results: Bipolar disorder is a recurrent, persistent, and disabling illness that typically develops in adolescence or early adulthood. The literature search yielded 28 articles, in which mood lability, nonspecific, non-mood symptoms, and cyclothymic temperament were the most cited prodromal features. Conclusions: A small number of key prospective studies have provided evidence in support of an initial bipolar prodrome; however, methodological differences across studies have prohibited its clear delineation. It is, therefore, not currently possible to anticipate those who will develop bipolar disorder solely on the basis of early phenomenology. Accurate characterization of the bipolar disorder prodrome through high-quality, prospective research studies with adequate control groups will ultimately facilitate prompt and accurate diagnosis.

Keywords: Adolescence, Article, Articles, Bipolar, Bipolar Disorder, Burden, Characterization, Clinical, Context, Control, Control Groups, Depression, Diagnosis, Early Intervention, Early-Onset, Evidence, Evolution, First, Groups, High-Risk, I Disorder, Intervention, Literature, Literature Review, Literature Search, Mania, Manic-Depressive Insanity, Medline, Methods, Mood, Mood Lability, Natural-History, Onset, Phenomenology Prevention, Potential, Prevention, Prodromal Features, Prodrome, Progression, Prospective, Prospective Studies, Recurrent, Research, Results, Review, Risk, Risk Factors, Science, Si, Small, Spectrum Disorders, Support, Symptoms, Treatment Enhancement Program, Understanding, Web Of Science, Weekly Symptomatic Status, Well Amish Children

? Gonzalez-Castro, T.B., Nicolini, H., Lanzagorta, N., Lopez-Narvaez, L., Genis, A., Garcia, S.P. and Tovilla-Zarate, C.A. (2015), The role of brain-derived neurotrophic factor (BDNF) Val66Met genetic polymorphism in bipolar disorder: A case-control study, comorbidities, and meta-analysis of 16,786 subjects. *Bipolar Disorders*, **17** (1), 27-38.

Full Text: [2015\Bip Dis17, 27.pdf](2015/Bip%20Dis17,%2027.pdf)

Abstract: ObjectivesThe aim of this study was to evaluate the association of Val66Met brain-derived neurotrophic factor (BDNF) polymorphism with bipolar disorder in (i) a meta-analysis and (ii) a case-control study in a Mexican population. We also investigated the possible association of this polymorphism with clinical features. MethodsWe performed a keyword search of the PubMed and Web of Science databases. A total of 22 studies that have investigated the association of Val66Met (rs6265) with bipolar disorder were selected for inclusion and combined with random effects meta-analysis, using allelic, additive, dominant, and recessive models. Finally, the single nucleotide polymorphism (rs6265) Val66Met in the BDNF gene was genotyped and compared between 139 patients with bipolar disorder and 141 healthy volunteers in a Mexican population. ResultsThe pooled results from the meta-analysis (9,349 cases and 7,437 controls) did not show a significant association in any of the models. The same results were obtained in our case-control study when analyzing the distribution of the genotypic frequencies of the Val66Met polymorphism in patients with bipolar disorder. However, when we analyzed the association between rs6265 and lifetime history of suicidal behavior, we found an association between genotype Val-Val and suicide attempt (p=0.02). ConclusionsAlthough the present study has some limitations, the results indicate a lack of association between the Val66Met polymorphism and bipolar disorder. However, in our case-control study in a Mexican population, the Val66Met polymorphism was associated with suicidal behavior in patients with bipolar disorder. Nevertheless, it is important to consider potential interactions of the BDNF gene, the environment, and different inheritance patterns, when carrying out future genetic studies with larger samples.

Keywords: Age-Of-Onset, Anxiety Disorder, Association, Behavior, Bipolar, Bipolar Disorder, Brain-Derived Neurotrophic Factor, Brain-Derived Neurotrophic Factor (Bdnf) Gene, Case-Control, Case-Control Study, Chinese Population, Clinical, Clinical Features, Databases, Distribution, Effects, Environment, From, Gene, Genetic, Genetic Polymorphism, Han Chinese, History, Ii Disorder, Major Depressive Disorder, Meta Analysis, Meta-Analysis, Metaanalysis, Mexican Population, Mexico, Models, Neurotrophic Factor, No Association, Patients, Polymorphism, Population, Potential, Pubmed, Role, Schizophrenia, Science, Serum-Levels, Single Nucleotide Polymorphism, Suicidal-Behavior, Suicide, Suicide Attempt, Web, Web Of Science, Web Of Science Databases

# Title: Bird Conservation International

Full Journal Title: Bird Conservation International

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

Notes: CCountry

? Moreno-Opo, R. and Margalida, A. (2014), Conservation of the Cinereous Vulture *Aegypius monachus* in Spain (1966-2011): A bibliometric review of threats, research and adaptive management. *Bird Conservation International*, **24** (2), 178-191.

Full Text: [2014\Bir Con Int24, 178.pdf](2014/Bir%20Con%20Int24,%20178.pdf)

Abstract: Detecting and quantifying threats and researching and implementing management actions are key to improving the conservation status of endangered species. Bibliometric analysis can constitute a useful tool for the evaluation of such questions from a long-term perspective. Taking as a case study the Cinereous Vulture Aegypius monachus in Spain, we tested relationships between population dynamics, research efforts, existing threats and conservation milestones. The population growth of the species (from 206 pairs in 1976 to 2,068 in 2011) was parallelled by the increase in the total number of publications, the number of articles in SCI journals and the number of published works dealing with aspects of conservation, threats and management. These results are discussed in terms of cause-effect relationships taking into account that the influence of other non-mutually exclusive factors could also probably explain such associations. Similarly, we analysed the trend of the Cinereous Vulture breeding population with respect to different threats and indices of food availability, obtaining a positive correlation with the increase in big-game hunting bags in Spain. With respect to conservation milestones, we concluded that the current situation is positive in terms of the protection of the species and its habitat, with the situation in relation to food availability being unclear. Finally, we reviewed the main conservation actions that have been taken for the species in Spain and how these have been progressively modified based on new scientific and technical evidence, as an example of adaptive management applied to conservation.

Keywords: Adaptive Management, Analysis, Articles, Availability, Behavior, Bibliometric, Bibliometric Analysis, Case Study, Conservation, Correlation, Diet, Dynamics, Eagle Aquila-Adalberti, Endangered Species, Endangered Vulture, European Vultures, Evaluation, Evidence, Food, Growth, Habitat, Hunting, Indices, Influence, Journals, Long Term, Long-Term, Management, Modified, Policies, Population, Population Dynamics, Protection, Publications, Published Works, Recovery, Research, Review, Sanitary, SCI, Spain, Species, Trend

# Title: Birth-Issues in Perinatal Care

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Nursing: Impact Factor 1.424,/(2002)

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Pediatrics: Impact Factor 1.424,/(2002)

Wu, W.L. (2000), Cesarean delivery in Shantou, China: A retrospective analysis of 1922 women. *Birth-Issues in Perinatal Care*, **27** (2), 86-90.

Full Text: [2000\Bir-Iss Per Car27, 86.pdf](2000/Bir-Iss%20Per%20Car27,%2086.pdf)

Abstract: Background: In China the cesarean section rate increased significantly during the past four decades. This study examined the frequency and indications of cesarean birth in Shantou, a southern city in China. Methods: An analysis was conducted of the medical records of 1922 women who had cesarean deliveries at Shantou City 2nd People’s Hospital between January 1990 and December 1997. The medical records of 10, 490 women who gave birth during this period were examined. Results: the average rate of cesarean delivery during the 8-year period was 19.4±2.3 percent (means±standard error). From 1990 to 1997 the cesarean delivery rates ranged from 11.05 to 29.9 percent, respectively although during this period the total annual number of deliveries decreased significantly from 1683 to 951. The rates of the most common indications per 100 women for cesarean delivery were failure to progress (23%), premature rupture of membranes (20%), fetal distress (19.4%), breech presentation (18.1%), uterine scar (14.6%), and prolonged pregnancy (11.3%). Conclusion: the cesarean delivery rate in Shantou, China, has increased steadily and significantly between 1990 and 1997, despite a decrease in the total number of births during the same period. This study showed that on an individual basis vaginal delivery was often possible and reduction of the cesarean delivery rate could be achieved safely by paying greater heed to appropriate indications.

Keywords: Decline, Rates

Leung, G.M., Lam, T.H., Thach, T.Q., Wan, S.M. and Ho, L.M. (2001), Rates of cesarean births in Hong Kong: 1987-1999. *Birth-Issues in Perinatal Care*, **28** (3), 166-172.

Full Text: [2001\Bir-Iss Per Car28, 166.pdf](2001/Bir-Iss%20Per%20Car28,%20166.pdf)

Abstract: Background: High cesarean birth rates are an issue of international public health concern. The purpose of this paper was to examine the annual incidence and secular trend of cesarean births in Hong Kong and to correlate these rates with socioeconomic, demographic, and health indicators for the population since 1987. Methods: This was a descriptive and ecologic study. Annual population rates of cesarean sections were estimated for 1987 from a population-based survey, and for 1993 through 1999 from government data sources. The number of excess cesarean sections was calculated for each year using the 15 percent upper limit as proposed by the World Health Organization. Results: From 1987 to 1999 the overall annual cesarean section rate rose steadily from 16.6 to 27.4 per 100 hospital deliveries, resulting in a 65 percent increase over 12 years. The mean difference in rates of surgical delivery between public (mean(public) = 16.0%) and private (mean(private) 43.4%) institutions was 27.4 percent (95% confidence interval (CI) = 24.1, 30.7; p < 0.001). Conclusions: This is the first systematic report of secular variations of cesarean delivery rates in Asia. The high rates and increasing trend represent an unnecessary excess risk for mothers and their infants. Various strategies combating high cesarean rates have been proposed and have succeeded elsewhere. Concerted action from health care professionals, public health authorities, the general population, and the media is urgently, required to implement solutions to reduce the rate of cesarean delivery.

Keywords: Section Rates, Obstetric Intervention, Health-Insurance, Delivery Rates, Private, China, Women, Audit

# Title: BIT

Full Journal Title: [BIT](http://www.springerlink.com/content/0006-3835)

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JCR Abbreviated Title: BIT

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Britz, D. (1998), An error propagation in the numerical literature. *BIT*, **38** (1), 217-218.

Full Text: [1998\BIT38, 217.pdf](1998/BIT38,%20217.pdf)

Abstract: An important historical paper on the numerical solution of pde’s has regularly, but incorrectly been assigned to the year 1951. The origin of this error of reference is discussed.

Keywords: Error, Error Propagation, Literature, Mar, Numerical Solution of PDE’s, Origin, Reference, Solution

# Title: BJOG-An International Journal of Obstetrics and Gynaecology

Full Journal Title: BJOG-An International Journal of Obstetrics and Gynaecology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Garside, R., Stein, K., Wyatt, K. and Round, A. (2005), Microwave and thermal balloon ablation for heavy menstrual bleeding: A systematic review. *BJOG-An International Journal of Obstetrics and Gynaecology*, **112** (1), 12-23.

Full Text: [2005\BJOG112, 12.pdf](2005/BJOG112,%2012.pdf)

Abstract: Objective To compare the effectiveness of two second generation endometrial ablation techniques (microwave and thermal balloon endometrial ablation) with first generation techniques of endometrial ablation to treat heavy menstrual bleeding in women. Search strategy We searched the Cochrane Library (issue 3, 2002), The National Research Register, MEDLINE (1966 to August 2002), EMBASE (1980 to August 2002) and Web of Science Proceedings (all years). We also searched reference lists and contacted experts and manufacturers in the field. Selection criteria Randomised controlled trials and controlled trials of microwave endometrial ablation and thermal balloon endometrial ablation versus transcervical resection and rollerball ablation, alone or in combination, to treat heavy menstrual bleeding were included. Data collection and analysis Two reviewers independently selected studies for inclusion and extracted data. As there was considerable clinical and methodological heterogeneity among the studies, meta-analysis was not undertaken and results are presented descriptively. Results Two randomised controlled trials of microwave endometrial ablation and eight trials (six randomised controlled trials) of thermal balloon endometrial ablation were included in the review. No significant differences were found between first and second generation techniques in terms of amenorrhoea, bleeding patterns, pre-menstrual symptoms, patient satisfaction or quality of life. Microwave endometrial ablation and thermal balloon endometrial ablation had significantly shorter operating and theatre times than first generation techniques. Adverse effects were few with all techniques, but there were fewer peri-operative adverse effects with second generation techniques. Conclusion Microwave endometrial ablation and thermal balloon endometrial ablation are alternatives to first generation techniques for treating heavy menstrual bleeding. No head-to-head trials of microwave endometrial ablation and thermal balloon endometrial ablation have been undertaken and there is not yet enough evidence of differences in clinical effectiveness between these two techniques.

Keywords: Adverse Effects, Analysis, Clinical Effectiveness, Cochrane, Effectiveness, Endometrial Ablation, MEDLINE, Meta-Analysis, Multicenter, Patient Satisfaction, Quality of Life, Randomized-Trial, Research, Resection, Review, Rollerball Ablation, Science, Search Strategy, Strategy, Symptoms, Systematic, Systematic Review, Treat Menorrhagia, Web of Science, Women

? Johnson, N.P., Bagrie, E.M., Coomarasamy, A., Bhattacharya, S., Shelling, A.N., Jessop, S., Farquhar, C. and Khan, K.S. (2006), Ovarian reserve tests for predicting fertility outcomes for assisted reproductive technology: the International Systematic Collaboration of Ovarian Reserve Evaluation protocol for a systematic review of ovarian reserve test accuracy. *BJOG-An International Journal of Obstetrics and Gynaecology*, **113** (12), 1472-1480.

Full Text: [2006\BJOG113, 1472.pdf](2006/BJOG113,%201472.pdf)

Abstract: Background the presence of a wide range of tests of ovarian reserve suggests that no single test provides a sufficiently accurate result. Many tests are used without reference to an evidence base. So far, individual studies conducted on these tests are too small to give precise estimates of prognostic accuracy. Objectives To systematically assess the accuracy of the available tests of ovarian reserve in terms of prediction of fertility outcomes. Search strategy the search will be conducted using the name of the respective index test being studied (as listed on the MESH database), if more than 2000 citations are listed, ‘ovary’ and or ‘ovarian’, ‘fertility’ and or ‘reserve’ will be combined with the original search term as required. Studies of the accuracy of tests of ovarian reserve will be obtained without language restrictions from 1980 to 2005 using the following electronic databases and Ovid software: MEDLINE, EMBASE, PUBMED, Biological extracts, Pascal, Cochrane Library (CDSR, DARE, CCTR, HTA), Best Evidence databases, SCISEARCH, Conference Proceedings (ISI Proceedings, Healthstar, Current Contents, Science Citation Index, Cancerlit and Econlit and NHS Economic Evaluation database. The National Research Register, the Medical Research Council’s Clinical Trials Register, MEDION, DARE, and the US Clinical Trials register. Selection criteria Studies will be selected if accuracy of tests are compared with a reference standard and include data that can be abstracted into a two-by-two table to calculate sensitivity and specificity. The studies to be included in this review will examine one of the following index ‘tests’ within a study population of women undergoing assisted reproductive technology: Clinical variables-age, history of cancelled cycles. Basal blood tests-follicle-stimulating hormone (FSH), lutenising hormone (LH), FSH:LH ratios, estradiol (E-2), inhibin A and B, progesterone (P-4), P-4:E-2 ratios, antimullerian hormone, testosterone, vascular endothelial growth factor, insulin-like growth factor-1: insulin-like growth factor binding protein-1 ratios. Dynamic tests-clomiphene citrate challenge test, gonadotropin analogue stimulating test, exogenous FSH ovarian reserve test. Ultrasound tests-antral follicle count, ovarian volume, ovarian stromal peak systolic velocity, including waveform and pulsatility index, ovarian follicular vascularity. Histology-ovarian biopsy. Data collection and analysis Two independent reviewers win perform quality assessment and data extraction. Prognostic accuracy will be determined by calculating positive and negative likelihood ratios for the following outcomes or reference standards: live birth, ongoing pregnancy, clinical pregnancy, biochemical pregnancy, embryos available for transfer, eggs obtained at oocyte retrieval, cycles cancelled prior to oocyte retrieval. Main results and conclusions N/A.

Keywords: Accuracy, Analysis, Anti-Mullerian Hormone, Assessment, Base, Binding, Biochemical, Biopsy, Blood, Citations, Citrate, Clinical, Databases, Day 3 Estradiol, Dec, Diagnostic-Tests, Eggs, Embryo-Transfer, Estradiol, Extraction, Female Infertility, Fertility, Follicle-Stimulating-Hormone, Fsh, Growth, History, In-Vitro Fertilization, Index, Infertility Evaluation, Inhibin-B, Insulin-Like Growth Factor-1, ISI, Language, LH, Likelihood Ratios, MEDLINE, Mesh, Outcomes, Poor Responders, Population, Predicting, Prediction, Pregnancy, Protocol, Quality, Range, Reproductive, Review, Science Citation Index, Sensitivity, Sensitivity and Specificity, Software, Specificity, Standard, Standards, Strategy, Systematic Review, Test, Testosterone, Tests, Transfer, US, Velocity, Women

? Patra, J., Bakker, R., Irving, H., Jaddoe, V.W.V., Malini, S. and Rehm, J. (2011), Dose-response relationship between alcohol consumption before and during pregnancy and the risks of low birthweight, preterm birth and small for gestational age (SGA): A systematic review and meta-analyses. *BJOG-An International Journal of Obstetrics and Gynaecology*, **118** (12), 1411-1421.

Full Text: [2011\BJOG118, 1411.pdf](2011/BJOG118,%201411.pdf)

Abstract: Background Descriptions of the effects of moderate alcohol consumption during pregnancy on adverse pregnancy outcomes have been inconsistent. Objective To review systematically and perform meta-analyses on the effect of maternal alcohol exposure on the risk of low birthweight, preterm birth and small for gestational age (SGA). Search strategy Using Medical Subject Headings, a literature search of MEDLINE, EMBASE, CINAHL, CABS, WHOlist, SIGLE, ETOH, and Web of Science between 1 January 1980 and 1 August 2009 was performed followed by manual searches. Selection criteria Case-control or cohort studies were assessed for quality (STROBE), 36 available studies were included. Data collection and analysis Two reviewers independently extracted the information on low birthweight, preterm birth and SGA using a standardised protocol. Meta-analyses on dose-response relationships were performed using linear as well as first-order and second-order fractional polynomial regressions to estimate best fitting curves to the data. Main results Compared with abstainers, the overall dose-response relationships for low birthweight and SGA showed no effect up to 10 g pure alcohol, day (an average of about 1 drink, day) and preterm birth showed no effect up to 18 g pure alcohol, day (an average of 1.5 drinks, day); thereafter, the relationship showed a monotonically increasing risk for increasing maternal alcohol consumption. Moderate consumption during pre-pregnancy was associated with reduced risks for all outcomes. Conclusions Dose-response relationship indicates that heavy alcohol consumption during pregnancy increases the risks of all three outcomes whereas light to moderate alcohol consumption shows no effect. Preventive measures during antenatal consultations should be initiated.

Keywords: Alcohol, Alcohol Consumption, Analysis, Antenatal, Binge-Drinking, Birthweight, Cigarette-Smoking, Cohort Studies, Delivery, Dose-Response, Embase, Exposure, Fetal-Growth, First Order, Gestational Age, Health-Compromising Behaviors, Information, Literature, Low Birthweight, Maternal Drinking, MEDLINE, Meta-Analysis, National Sample, Neonatal Development, Outcomes, Pregnancy, Prenatal Alcohol, Preterm, Preterm Birth, Protocol, Review, Risk, Science, Search Strategy, Second-Order, Selection, Small For Gestational Age, Strategy, Systematic, Systematic Review, Web of Science, Women

? Wu, C.Q., Grandi, S.M., Filion, K.B., Abenhaim, H.A., Joseph, L. and Eisenberg, M.J. (2013), Drospirenone-containing oral contraceptive pills and the risk of venous and arterial thrombosis: A systematic review. *BJOG-An International Journal of Obstetrics and Gynaecology*, **120** (7), 801-811.

Full Text: [2013\BJOG120, 801.pdf](2013/BJOG120,%20801.pdf)

Abstract: Background Previous studies have provided conflicting results regarding the effect of drospirenone-containing oral contraceptive pills (OCPs) on the risk of venous and arterial thrombosis. Objectives To conduct a systematic review to assess the risk of venous thromboembolism (VTE), myocardial infarction (MI), and stroke in individuals taking drospirenone-containing OCPs. Search strategy We systematically searched CINAHL, the Cochrane Library, Dissertation & Abstracts, EMBASE, HealthStar, MEDLINE, and the Science Citation Index from inception to November 2012. Selection criteria We included all case reports, observational studies, and experimental studies assessing the risk of venous and arterial thrombosis of drospirenone-containing OCPs. Data collection and analysis Data were collected independently by two reviewers. Main results A total of 22 studies [six case reports, three case series (including 26 cases), and 13 comparative studies] were included in our systematic review. The 32 identified cases suggest a possible link between drospirenone-containing OCPs and venous and arterial thrombosis. Incidence rates of VTE among drospirenone-containing OCP users ranged from 23.0 to 136.7 per 100000 woman-years, whereas those among levonorgestrel-containing OCP users ranged from 6.64 to 92.1 per 100000 woman-years. The rate ratio for VTE among drospirenone-containing OCP users ranged from 4.0 to 6.3 compared with non-users of OCPs, and from 1.0 to 3.3 compared with levonorgestrel-containing OCP users. The arterial effects of drospirenone-containing OCPs were inconclusive. Author’s conclusions Our systematic review suggests that drospirenone-containing OCP use is associated with a higher risk for VTE than both no OCP use and levonorgestrel-containing OCP use.

Keywords: Analysis, Arterial Thrombosis, Assessing, Case Reports, Citation, Cohort, Collection, Criteria, Data Collection, Deep Vein Thrombosis, Deep-Vein Thrombosis, Dissertation, Drospirenone, Effects, Embase, Experimental, Hormonal Contraception, Infarction, MEDLINE, Metaanalysis, Myocardial Infarction, Myocardial-Infarction, Observational, Observational Studies, Oral, Oral Contraceptive, Oral Contraceptive Pills, Pulmonary Embolism, Rates, Review, Risk, Safety, Science, Science Citation Index, Search, Search Strategy, Strategy, Stroke, Systematic Review, Thromboembolism, Thrombosis, Venous Thromboembolism, Venous Thrombosis, Women, Yasmin

? Arora, P., Arora, R.S. and Cahill, D. (2014), Essure (R) for management of hydrosalpinx prior to *in vitro* fertilisation: A systematic review and pooled analysis. *BJOG-An International Journal of Obstetrics and Gynaecology*, **121** (5), 527-536.

Full Text: [2014\BJOG121, 527.pdf](2014/BJOG121,%20527.pdf)

Abstract: BackgroundHydrosalpinges in infertile women reduce the success of in vitro fertilisation (IVF) by 50%. Surgical management of hydrosalpinges before IVF improves outcome but these procedures are often contraindicated in women with dense pelvic adhesions. Tubal occlusion achieved by Essure((R)) via hysteroscopy provides an alternative. ObjectivesTo conduct a systematic review on the efficacy and safety of Essure((R)) in the management of hydrosalpinx before IVF. Search strategyWe searched MEDLINE (January 1950 to July 2013), EMBASE (January 1980 to July 2013) and Web of Science (1899 to July 2013). We also searched reference lists of relevant articles and proceedings of relevant international conferences (2000-2013). Selection criteriaAll types of studies where women with suspected infertility and presence of hydrosalpinx had hysteroscopic tubal occlusion with Essure((R)) before IVF. Data collection and analysisTwo authors independently selected studies and extracted data. Where necessary, study authors were contacted for further data. Main resultsIn all, 115 women in 11 studies received Essure((R)), mainly in the outpatient setting where local anaesthesia by paracervical block and/or intravenous sedation was used. Successful placement of Essure((R)) was achieved in 96.5% (95% confidence interval [95% CI] 91.1-98.9%) of women and tubal occlusion in 98.1% (95% CI 93.1-99.9%). Subsequent IVF resulted in 38.6% pregnancy rate (95% CI 30.9-46.8%), 27.9% live birth rate (95% CI 21.1-35.8%) and 28.6% combined ongoing pregnancy and live birth rate (95% CI 21.7-36.6%) per embryo transfer. Author’s conclusionsEssure((R)) appears to be an effective option for management of hydrosalpinx in women before IVF although evidence from a randomised controlled clinical trial is lacking.

Keywords: Adhesions, Alternative, Anaesthesia, Analysis, Articles, Authors, Birth, Clinical, Clinical Trial, Collection, Conferences, Confidence, Controlled Clinical Trial, Cost-Analysis, Data, Data Collection, Efficacy, Embase, Embryo, Embryo Transfer, Embryo-Transfer, Essure((R)), Evidence, Hydrosalpinx, Hysteroscopic Sterilization, Hysteroscopy, In Vitro, In Vitro Fertilisation, Infertility, International, Interval, Intravenous, IVF, IVF-ET, Live Birth, Local, Local Anaesthesia, Management, Medline, Micro-Insert, Microinsert, Occlusion, Off-Label, Outcome, Outpatient, Outpatient Setting, Paracervical Block, Pelvic, Placement, Pregnancy, Pregnancy Rate, Pregnancy Rates, Procedures, Proximal Occlusion, R, Randomised, Reference, Reference Lists, Review, Safety, Salpingectomy, Science, Search, Sedation, Success, Surgical, Systematic, Systematic Review, Trial, Tubal Occlusion, Web Of Science, Women

? Dolman, L., Sauvaget, C., Muwonge, R. and Sankaranarayanan, R. (2014), Meta-analysis of the efficacy of cold coagulation as a treatment method for cervical intraepithelial neoplasia: A systematic review. *BJOG-An International Journal of Obstetrics and Gynaecology*, **121** (8), 929-942.

Full Text: [2014\BJOG121, 929.pdf](2014/BJOG121,%20929.pdf)

Abstract: Background Cold coagulation is an ablative method for treatment of cervical intraepithelial neoplasia (CIN). Despite reports of efficacy against all grades of CIN (CIN1-3), cold coagulation has been infrequently used since the 1980s, and was absent from the recent Cochrane review on CIN treatment. Objectives To provide a systematic review of cold coagulation efficacy and acceptability for CIN treatment through meta-analysis of clinical reports and a randomised control trial. Search strategy A literature search in PubMed, Web of Science, EMBASE, and regional databases yielded 388 papers. Title, abstract and/or reference list review identified 22 papers describing cold coagulation treatment of CIN, with 13 providing adequate data for inclusion in the meta-analysis. Selection criteria Publications or conference abstracts describing original data (number of women treated, followed up and cured, provider type, cure definition) were retained. No language or publication date limitations were imposed. Data collection and analysis Data extracted from 13 studies were pooled, and statistical analyses of proportion cured were conducted with data stratified by lesion grade and study region. Main results Among 4569 CIN patients treated with cold coagulation, summary proportion cured of 96% [95% confidence interval (CI) 92-99%] and 95% (92-98%) were obtained for CIN1 and CIN2-3 disease, respectively. Side-effects and adverse effects were infrequent, and fertility was not impaired. Conclusions Cold coagulation CIN cure rates were comparable to those of other excisional and ablative methods. Cold coagulation is indicated for all grades of CIN, is safe, quick and acceptable, and may be of particular relevance for use in resource-limited settings.

Keywords: Acceptability, Adverse Effects, Analyses, Analysis, Cervical Intraepithelial Neoplasia, Cin, Clinical, Coagulation, Cold Coagulation, Collection, Confidence, Conization, Control, Criteria, Cryotherapy, Data, Data Collection, Databases, Destruction, Disease, Effects, Efficacy, Embase, Experience, Fertility, Interval, Language, Laser, Literature, Literature Search, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Papers, Patient Acceptability, Patients, Pooled Analysis, Publication, Publications, Pubmed, Randomised, Randomized Trial, Rates, Recent, Reference, Region, Regional, Relevance, Review, Science, Search, Search Strategy, Statistical Analyses, Strategy, Systematic, Systematic Review, Therapy, Treatment, Trial, Uterine Cervix, Web Of Science, Women

# Title: BJU International

Full Journal Title: [BJU International](http://www.blackwell-synergy.com/servlet/useragent?func=showIssues&code=bju)

ISO Abbreviated Title: BJU Int.

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Subject Categories:

Urology & Nephrology: Impact Factor 2.089 (2004)

Grange, R.I. (1999), National bias in citations in urology journals: Parochialism or availability? *BJU International*, **84** (6), 601-603.

Full Text: [1999\BJU Int84, 601.pdf](1999/BJU%20Int84,%20601.pdf)

Abstreat: Objective. To determine any bias by authors of different nationalities in their citation rate of selected urological journals in papers published in the *British Journal of Urology* and the *Journal of Urology*. Methods. Using a simple computer program and text files of accepted reports in the *BJU*, or those available on CD-ROM from *J Urol*, 212 recent papers in the *BJU* and 111 from *J Urol* were analysed to determine the number of citations to four major urological journals (*BJU*, *J Urol*, *Eur Urol and Urology*). The frequencies of citations to these journals were then compared with the national origin of the author(s), grouped as UK, Europe, North America and Other. Results. In both the *BJU and J Urol* the citation rates of the selected journals differed significantly among authors from different regions. In *BJU* papers, the citation rate of the *BJU* was highest by UK authors and their citation rate of *J Urol* was amongst the lowest of the rates for *J Urol*. The highest citation rate for *J Urol* was that by European authors. American authors cited the *BJU* least, citing the *J Urol* about five times more often than they cited the *BJU. of the* papers in the *J Urol* sample, over 60% were from American authors, with only four from UK authors; thus the UK group was not analysed separately but included in the European group. The mean citation rate of *J Urol* was highest in papers by American authors, at about 14 times that for citations to the *BJU*. The citation rates for the other two journals were not significantly different with nationality or journal, but were generally much lower in *J Urol* than in the *BJU*. Conclusion. There are significant differences in citation rates both with authors’ nationality and between journals. Citation rates may be influenced by journal accessibility, perceived journal ‘prestige’ (impact factor) or national bias. Authors, editors and reviewers should be aware of this potential bias in citation habits. Authors should strive to conduct exhaustive searches using electronic methods, so that all relevant papers are assessed, regardless of their origin.

? Whitfield, H., Vale, J. and Taylor, S. (2002), The Impact Factor - fact and fantasy. *BJU International*, **89** (1), I-III.

Full Text: [2002\BJU Int89, I.pdf](2002/BJU%20Int89,%20I.pdf)

? Ng, L., Hersey, K. and Fleshner, N. (2004), Publication rate of abstracts presented at the annual meeting of the American Urological Association. *BJU International*, **94** (1), 79-81.

Full Text: [2004\BJU Int94, 79.pdf](2004/BJU%20Int94,%2079.pdf)

Abstract: Objective To determine the rate and time-course of peer-reviewed publication of abstracts presented at the annual meetings of the American Urological Association (AUA). Methods All abstracts presented at the annual meetings of the AUA from 1998 to 2000 were searched in the PUBMED database. To assess any significant predictors of ultimate peer-reviewed publication, abstract number, meeting year, presentation type (podium vs poster), type of research (basic vs clinical), date of publication and session name (i.e. prostate cancer: advanced) were entered into a database. Results the overall rate of publication was 37.8%. Survival analysis indicated that most abstracts were published within 2 years of their respective meetings. Univariate and multivariate techniques showed that none of the tested covariates were significant predictors of publication. Conclusion Information presented at the AUA annual meetings should be carefully considered by physicians before implementation into their clinical practice. Researchers are encouraged to publish their data.

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Full Text: [2006\BJU Int98, 1122.pdf](2006/BJU%20Int98,%201122.pdf)

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Full Text: [2008\BJU Int102, 862.pdf](2008/BJU%20Int102,%20862.pdf)

Abstract: OBJECTIVE To systematically review previous reports and thus determine the functional outcome after pyeloplasty in children with unilateral hydronephrosis due to pelvi-ureteric junction obstruction, and the possible variables that could affect it. METHODS We searched MEDLINE/PUBMED, EMBASE, and Web of Science for articles in English published from 1966 to 2007, using both ‘medical subject headings’ and ‘free text’ protocols. Abstracts, full texts. and bibliographies of pertinent papers were reviewed to select studies of scintigraphic renal function before and after pyeloplasty. The postoperative charge in scintigraphic renal function was assessed in relation to presentation (anteanatal vs postnatal), timing of surgery (early vs delayed), age at surgery, and preoperative ultrasonography (US) and scintigraphic findings. RESULTS Thirty-six studies l of the initial search) were eventually selected for review. Studies were generally of poor scientific quality and very heterogeneous in their indications for surgery and follow-up protocols. Postoperative function showed a wide variability. Symptomatic patients diagnosed postnatally seemed to have a greater chance of functional improvement after surgery than asymptomatic patients diagnosed antenatally. The chance of improvement seemed also to be greater in patients with moderately rather than severely impaired preoperative function. Otherwise, the improvement seemed unrelated to the age at surgery, the preoperative US findings, or the excretion pattern on renal scintigraphy. of patients having delayed surgery >97.50% had preserved function afterward. CONCLUSIONS Patients with moderately impaired preoperative function and those diagnosed postnatally because of symptoms are those with the greatest likelihood of having a functional improvement after surgery.

Keywords: Children, Conservative Management, Differential Function, Diuretic Renography, Follow-Up, Function Improvement, Functional, Hydronelphrosis, Medical, Outcome, Outcome Analysis, Papers, Pediatric Pyeloplasty, Pelvi-Ureteric Junction Obstruction, Postnatal, Prenatal-Diagnosis, Pyeloplasty, Radioisotope Renography, Renal Function, Review, Science, Surgery, Symptoms, Systematic, Systematic Review, Term-Follow-Up, Ultrasonography, Ureteropelvic Junction Obstruction, Urinary-Tract Obstruction, US, Variability, Web of Science

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Full Text: [2011\BJU Int107, 1876.pdf](2011/BJU%20Int107,%201876.pdf)

Abstract: To assess the factors associated with increased citation rates in the urological literature by reviewing articles published in the four major urological journals to help authors improve the impact of their work. A random sample of 200 original research articles published between January and June 2004 was analysed from the Journal of Urology, Urology, European Urology and BJU International. Study information was abstracted by two independent reviewers and citation counts within 4 years of publication were collected using Web of ScienceTM. Study characteristics and citation rates were analysed using median and interquartile ranges (IQRs), and logistic regression analysis was used to evaluate which factors predicted greater citation rates. The overall median number of citations per published article was 6.0 (IQR 3-12). After univariate analysis, we found that study design, study topic, continent of origin and sample size were associated with greater median citation rates. In a multivariate linear regression model, study design and study topic (oncology) predicted increased citation rates. Randomized controlled trials were cited a median of 13.5 times and were the strongest predictor of citation rates with an odds ratio of 115.5 (95% confidence interval 9.4-1419.6). Citation rates are associated with study design and study topic in the urological literature. Authors may improve the impact of their work by designing clinical studies with greater methodological safeguards against bias.

Keywords: Articles, Authors, Bias, Bibliometrics, Citation, Citation Analysis, Citation Rates, Citations, Impact Factors, Information, Journal Impact Factor, Journals, Literature, Publication, Quality, Rates, Research, Reviewing, Self-Citation, Urology

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Full Text: [2011\BJU Int108, 168.pdf](2011/BJU%20Int108,%20168.pdf)

Abstract: OBJECTIVE To systematically review the literature on gemcitabine chemotherapy for advanced or metastatic bladder cancer. MATERIALS and METHODS the Medical Literature Analysis and Retrieval System Online-database (MEDLINE), The Excerpta Medicadatabase (EMBASE), The Cumulative Index to Nursing and Allied Health Literature database(CIHNAL), The Cochrane database of randomized trials, the Literatura Latino-Americana e do Caribe emCiencias da Saudedatabase (LILACS), and Web of Science were searched to identify trials of gemcitabine for metastatic bladder cancer. Also searched were international guidelines on metastatic prostate cancer, trial registries, and recent systematic reviews. Data on trial design, survival, tumour response and toxicity outcomes were extracted from relevant studies. RESULTS This review identified six randomized trials of combined chemotherapy with gemcitabine for the management of unresectable, locally advanced or metastatic bladder cancer. One trial compared gemcitabine plus cisplatin (GCis) with methotrexate/vinblastine/doxorubicin/cisplatin(MVAC) and found no difference in overall survival (OS; hazard ratio 1.09) but a better safety profile with GCis, which was suggested as the treatment of choice. A second trial evaluated GCis against gemcitabine plus carboplatin (GCarbo) and reported similar median OS (12.8 vs 9.8 months), disease progression (8.3 vs 7.3 months) and tumour response rates (66% vs 56%) for the two patient groups. A third trial compared GCis with GCis plus paclitaxel (GCisPac) and showed no significant difference in median OS (12.3 vs 15.3 months) and response rates (44% vs 43%) but greater toxicity with GCisPac. A fourth trial assessed GCarbo against methotrexate plus carboplatin plus vinblastine in patients unfit for cisplatin-based chemotherapy and found similar tumour response rates for each regime (38% vs 20%) but the triplet regime was more toxic. Two other randomized studies compared a 2-weekly maintenance regime of gemcitabine plus paclitaxel with a 3-weelky regime given for a maximum of six cycles and found that the maintenance schedule did not confer any additional survival benefit. In all, 53observational studies of gemcitabine chemotherapy were identified that varied considerably in the drug combinations used and schedules. Overall response rates (17-78%) and median OS (6.4-24.0 months) were variable with no combination being clearly superior. CONCLUSIONS Gemcitabine combined chemotherapy is active in the management of metastatic bladder cancer. GCis may be considered an alternative regime to MVAC. GCarbo should be considered for patients unfit for cisplatin-based therapy.

Keywords: 1st-Line Treatment, Advanced Urothelial Carcinoma, Cancer, Carcinoma, Chemotherapy, Cisplatin-Based Chemotherapy, Cochrane, Cooperative-Oncology-Group, Disease, Doxorubicin Plus Gemcitabine, Drug, EMBASE, Evidence-Based Medicine, Guidelines, Health, Impaired Renal-Function, Literature, Management, MEDLINE, Methotrexate, National-Cancer-Institute, Nursing, Outcomes, Phase-II Trial, Profile, Prostate Cancer, Ratio, Review, Safety, Science, Single-Agent Gemcitabine, Survival, Systematic, Systematic Review, Systematic Reviews, Therapy, Toxicity, Transitional-Cell Carcinoma, Treatment, Urological Cancers, Web of Science

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Full Text: 2012\BJU Int109, 67.pdf

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Oncology, Research, Research Output, SI

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Full Text: [2012\BJU Int109, 321.pdf](2012/BJU%20Int109,%20321.pdf)

Keywords: Bibliometrics, Evaluation, h-Index, Indicators, Performance, Publication, Publish, Research, Research Performance, Scientific-Research Output, Score

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Full Text: [2012\BJU Int109, 496.pdf](2012/BJU%20Int109,%20496.pdf)

Abstract: Intravesical immunotherapy or chemotherapy for non-muscle invasive bladder cancer is a well-established treatment for preventing or delaying tumour recurrence after tumour resection. However, up to 70% of patients may fail and new intravesical agents with improved effectiveness are needed. Gemcitabine is a relatively new anticancer drug that has shown activity against bladder cancer. To systematically review the literature on the effectiveness and toxicity of intravesical gemcitabine for non-muscle invasive bladder cancer (NMIBC). MEDLINE, EMBASE, CINAHL, the Cochrane database of systematic reviews, LILACS, SCOPUS, BNI, Biomed Central, Web of Science and BIOSIS were searched to identify trials of intravesical gemcitabine for the treatment of NMIBC. Also searched were meeting proceedings, international guidelines and trial registries. Data on authors, study design, patient characteristics, interventions and outcome data relating to tumour recurrence, disease progression, survival and adverse events were extracted from relevant studies. Six relevant randomised trials were identified with the number of patients randomised in each trial varying from 30 to 341 (total 704). All trials compared gemcitabine to active controls and varied in the reporting of outcomes. The first was a marker lesion study which reported greater tumour response rates when intravesical gemcitabine (2 g) was given as three bi-weekly doses (36%) or six weekly doses (40%) compared with a single dose (9%). One study compared a single postoperative instillation of intravesical gemcitabine with a saline placebo in 341 patients and found no significant difference in the rates of tumour recurrence (28% vs 39%, respectively) or recurrence-free survival (hazard ratio 0.95, 95% confidence interval 0.64-1.39, P = 0.77). The rate of progression to invasive disease was greater with gemcitabine (2.4% vs 0.8%). A further trial compared gemcitabine with intravesical mitomycin C (MMC) and reported that the rates of recurrence (28% vs 39%) and progression (11% vs 18%) were lower with gemcitabine but did not reach statistical significance. The overall incidence of adverse events was significantly less with gemcitabine (38.8% vs 72.2%, P = 0.02). Three trials compared gemcitabine with intravesical bacille Calmette-Guerin (BCG) but a meta-analysis was not possible due to clinical heterogeneity. In untreated patients at intermediate risk of recurrence (primary Ta-T1, no carcinoma in situ) one trial showed that gemcitabine and BCG were similar with respective recurrence rates of 25% and 30% (P = 0.92) and overall progression equal. Dysuria (12.5% vs 45%, P < 0.05) and frequency (10% vs 45%, P < 0.001) were significantly less with gemcitabine. In a second trial of high-risk patients the recurrence rate was significantly greater with gemcitabine compared with BCG (53.1% vs 28.1%, P = 0.04%) and the time to recurrence significantly shorter with gemcitabine (25.5 vs 39.4 months, P = 0.042). Finally, in a third trial of high-risk patients who had failed previous intravesical BCG therapy, gemcitabine was associated with significantly fewer recurrences (52.5% vs 87.5%, P = 0.002) and a longer time to recurrence (3.9 vs 3.1 months, P = 0.9) compared with BCG. Progression rates were similar in both groups (33% vs 37.5%, P = 0.12) with no significant differences in grade 2 or 3 toxicities. The data from several observational studies confirm the pharmacology of gemcitabine as an intravesical agent whilst others report the activity of gemcitabine in terms of tumour recurrence. However, these studies are inherently biased and these data should be interpreted appropriately. In conclusion a single study suggests that in NMIBC multiple doses of intravesical gemcitabine reduce tumour recurrences to a greater extent than a single dose. In contrast, a single dose immediately after surgery is ineffective based on one study. Gemcitabine may be more active than MMC with a lower toxicity profile. Compared with intravesical BCG therapy, gemcitabine had similar effects in intermediate-risk patients, less effective in high-risk patients and superior in BCG-refractory patients. However, each randomised trial identified represents a different clinical setting in NMIBC and therefore the evidence base is limited. Consequently these data should be interpreted with caution until further corroborative evidence becomes available. Intravesical gemcitabine is a promising drug that may add to the urologist’s options in treating patients with NMIBC.

Keywords: Adverse Events, Authors, Bacillus-Calmette-Guerin, Bladder, Cancer, Carcinoma, Chemotherapy, Cochrane, Design, Differences, Disease, Disease Progression, Drug, Effectiveness, Efficacy, Embase, Frequency, Guidelines, High-Risk Patients, Ii Marker Lesion, Immunotherapy, Incidence, Instillation, Intermediate-Risk, Interventions, Intravesical Gemcitabine, Literature, MEDLINE, Meta Analysis, Meta-Analysis, Multicenter, Non-Muscle Invasive Bladder Cancer (Nmibc), Observational, Observational Studies, Outcome, Outcomes, Patients, Phase-II, Primary, Profile, Progression, Randomized-Trials, Ratio, Recurrence, Review, Risk, Science, Scopus, Statistical, Surgery, Survival, Systematic, Systematic Review, Systematic Reviews, Therapy, Toxicity, Transitional-Cell Carcinoma, Transurethral Resection, Treatment, Web of Science, Web-of-Science

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Full Text: [2012\BJU Int110, 1536.pdf](2012/BJU%20Int110,%201536.pdf)

Abstract: OBJECTIVE To compare various techniques of open non-microsurgical, laparoscopic or microsurgical varicocelectomy procedures to describe the best method for treating varicocele in infertile men. PATIENTS and METHODS We searched PubMed, Embase, the Cochrane Library, the Institute for Scientific Information (ISI) - Science Citation Index and the Chinese Biomedicine Literature Database up to June 2011. Only randomized controlled trials (RCTs) were included in the present study. The outcome measures assessed were pregnancy rate (primary), The incidence of recurrent varicocele, time to return to work, the incidence of postoperative hydrocele and operation duration (secondary). Two authors independently assessed the study quality and extracted data. All data were analysed using Review Manager (version 5.0). RESULTS the present study included four randomized controlled trials comprising 1,015 patients in total. At the follow-up endpoints, patients who had undergone microsurgery showed a significant advantage over those who had undergone open varicocelectomy in terms of pregnancy rate (odds ratio [OR] = 1.63, 95% confidence interval [CI] : 1.19-2.23]. There was no significant difference between laparoscopic and open varicocelectomy (OR = 1.11, 95% CI: 0.65-1.88) or between microsurgery and laparoscopic varicocelectomy (OR = 1.37, 95% CI: 0.84-2.24). The incidences of recurrent varicocele and postoperative hydrocele were significantly lower after microsurgery than after laparoscopic or open varicocelectomy. The time to return to work after microsurgery and laparoscopic varicocelectomy was significantly shorter than that after open varicocelectomy. The operation duration of microsurgical varicocelectomy was longer than that of laparoscopic or open varicocelectomy. CONCLUSIONS Current evidence indicates that microsurgical varicocelectomy is the most effective and least morbid method among the three varicocelectomy techniques for treating varicocele in infertile men. More high-quality, multicentre, long-term RCTs are required to verify the findings.

Keywords: Authors, Chinese, Citation, Confidence, Data, Duration, Embolization, Evidence, Fertility, Follow-Up, Incidence, Infertility, Institute For Scientific Information, Interval, ISI, Laparoscopic, Ligation, Literature, Long Term, Long-Term, Male, Male Infertile, Men, Meta-Analysis, Metaanalysis, Methods, Nov, Odds Ratio, Open, Operation, Outcome, Outcome Measures, Patient, Patients, Postoperative, Pregnancy, Pregnancy Outcomes, Pregnancy Rate, Primary, Procedures, Pubmed, Quality, Randomized, Randomized Controlled Trials, Recurrent, Recurrent Varicocele, Repair, Review, Science, Science Citation Index, Subinguinal Microscopic Varicocelectomy, Surgery, Techniques, Varicocelectomy, Version, Work

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Full Text: [2013\BJU Int111, 11.pdf](2013/BJU%20Int111,%2011.pdf)

Abstract: The aim of this study was to analyse natural orifice transluminal endoscopic surgery (NOTES)-related publications over the last 5 years. A systematic literature search was done to retrieve publications related to NOTES from 2006 to 2011. The following variables were recorded: year of publication; article type; study design; setting; Journal Citation Reports (R) journal category; authors area of surgical speciality; geographic area of origin; surgical procedure; NOTES technique; NOTES access route; number of clinical cases. A time-trend analysis was performed by comparing early (2006-2008) and late (2009-2011) study periods. Overall, 644 publications were included in the analysis and most papers were found in general surgery journals (50.9%). Studies were most frequently clinical series (43.9%) and animal experimental (48%), with the articles focusing primarily on cholecystectomy, access creation and closure, and peritoneoscopy. Pure NOTES techniques were performed in most of the published reports (85%) with the remaining cases being hybrid NOTES (7.4%) and NOTES-assisted procedures (6.1%). The access routes included transgastric (52.5%), transcolonic (12.3%), transvesical (12.5%), transvaginal (10.5%), and combined (12.3%). From the early to the late period, there was a significant increase in the number of randomised controlled trials (5.6% vs 7.2%) or non-randomised but comparative studies (5.6% vs 22.9%) (P < 0.001) and there was also a significant increase in the number of colorectal procedures and nephrectomies (P = 0.002). Pure NOTES remained the most studied approach over the years but with increased investigation in the field of NOTES-assisted techniques (P = 0.001). There was also a significant increase in the adoption of transvesical access (7% vs 15.6%) (P = 0.007). NOTES is in a developmental stage and much work is still needed to refine techniques, verify safety and document efficacy. Since the first description of the concept of NOTES, >2000 clinical cases, irrespective of specialty, have been reported. NOTES remains a field of intense clinical and experimental research in various surgical specialities.

Keywords: Access, Adoption, Analysis, Approach, Assessment, Authors, Bibliometric, Bibliometric Assessment, Cholecystectomy, Citation, Clinical, Closure, Design, Efficacy, Endoscopic Surgery, Experience, Experimental, Field, First, General, General Surgery, Hybrid, Investigation, Journal, Journal Citation Reports, Journals, Laparoscopic Nephrectomy, Literature, Natural, Natural Orifice Transluminal Endoscopic Surgery, Notes, Notes Transvaginal Nephrectomy, Origin, P, Papers, Peritoneoscopy, Procedure, Procedures, Publication, Publications, Pure, R, Randomised, Randomised Controlled Trials, Research, Route, Safety, Scarless Surgery, Specialities, Specialty, Study Design, Surgery, Surgical Procedure, Systematic Literature Search, Techniques, Time Trend, Trends, Urology, Urology, Work

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Full Text: [2013\BJU Int112, 798.pdf](2013/BJU%20Int112,%20798.pdf)

Abstract: Objective To compare the effectiveness of robot-assisted and standard laparoscopic prostatectomy. Methods A care pathway was described. We performed a systematic literature review based on a search of MEDLINE, MEDLINE in Process, Embase, Biosis, Science Citation Index, Cochrane Controlled Trials Register, Current Controlled Trials, Clinical Trials, WHO International Clinical Trials Registry and NIH Reporter, the Health Technology Assessment databases, the Database of Abstracts of Reviews of Effects, and relevant conference abstracts up to 31st October 2010). Additionally, reference lists were scanned, an expert panel consulted, and websites of manufacturers, professional organisations, and regulatory bodies were checked. We selected randomised controlled trials (RCTs) and non-randomised comparative studies, published after 1st January 1995, including men with localised prostate cancer undergoing robot-assisted or laparoscopic prostatectomy compared with the other procedure or with open prostatectomy. Studies where at least 90% of included men had clinical tumour stages T1 to T2 and which reported at least one of our specified outcomes were eligible for inclusion. A mixed-treatment comparison meta-analysis was performed to generate comparative statistics on specified outcomes. Results We included data from 19 064 men across one RCT and 57 non-randomised comparative reports. Robotic prostatectomy had a lower risk of major intra-operative harms such as organ injury [0.4% robotic vs 2.9% laparoscopic], odds ratio ([OR] {95% credible interval [CrI]} 0.16 [0.03 to 0.76]), and a lower rate of surgical margins positive for cancer [17.6% robotic vs 23.6% laparoscopic], OR [95% CrI] 0.69 [0.51 to 0.96]). There was no evidence of a difference in the proportion of men with urinary incontinence at 12 months (OR [95% CrI] 0.55 [0.09 to 2.84]). There were insufficient data on sexual dysfunction. Surgeon learning rates for the procedures did not differ, although data were limited. Conclusions Men undergoing robotic prostatectomy appear to have reduced surgical morbidity, and a lower risk of a positive surgical margin, which may reduce rates of cancer recurrence and the need for further treatment, but considerable uncertainty surrounds these results. We found no evidence that men undergoing robotic prostatectomy are disadvantaged in terms of early outcomes. We were unable to determine longer-term relative effectiveness.

Keywords: Alternatives, Article, Assessment, Biosis, Bodies, Cancer, Care, Citation, Clinical, Clinical Trials, Comparison, Credible Interval, Data, Database, Databases, Effectiveness, England, Evidence, Expert Panel, Incontinence, Injury, Int, Interval, Ispor Task-Force, Laparoscopic, Laparoscopic Surgery, Learning, Literature, Literature Review, MEDLINE, Men, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Morbidity, NIH, Odds Ratio, Open, Outcomes, Procedure, Procedures, Prostate Cancer, Prostatectomy, R, Randomised, Randomised Controlled Trials, Rates, Rct, Recurrence, Reference, Reference Lists, Results, Review, Risk, River, Robotic Surgery, Science, Science Citation Index, Sexual Dysfunction, Standard, Statistics, Surgery, Systematic Review, Technology, Technology Assessment, Treatment, Uncertainty, Urinary, Urinary Incontinence, USA, Websites, WHO

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Full Text: 2013\BJU Int112, 1333.pdf

Abstract: Background Food allergy is a common cause of anaphylaxis, but the incidence of fatal food anaphylaxis is not known. The aim of this study was to estimate the incidence of fatal food anaphylaxis for people with food allergy and relate this to other mortality risks in the general population. MethodsWe undertook a systematic review and meta-analysis, using the generic inverse variance method. Two authors selected studies by consensus, independently extracted data and assessed the quality of included studies using the Newcastle-Ottawa assessment scale. We searched MEDLINE, Embase, PsychInfo, CINAHL, Web of Science, LILACS or AMED, between January 1946 and September 2012, and recent conference abstracts. We included registries, databases or cohort studies which described the number of fatal food anaphylaxis cases in a defined population and time period and applied an assumed population prevalence rate of food allergy. ResultsWe included data from 13 studies describing 240 fatal food anaphylaxis episodes over an estimated 165million food-allergic person-years. Study quality was mixed, and there was high heterogeneity between study results, possibly due to variation in food allergy prevalence and data collection methods. In food-allergic people, fatal food anaphylaxis has an incidence rate of 1.81 per million person-years (95%CI 0.94, 3.45; range 0.63, 6.68). In sensitivity analysis with different estimated food allergy prevalence, the incidence varied from 1.35 to 2.71 per million person-years. At age 0-19, the incidence rate is 3.25 (1.73, 6.10; range 0.94, 15.75; sensitivity analysis 1.18-6.13). The incidence of fatal food anaphylaxis in food-allergic people is lower than accidental death in the general European population. ConclusionFatal food anaphylaxis for a food-allergic person is rarer than accidental death in the general population.

Keywords: Age, Allergy, Analysis, Anaphylaxis, Assessment, Authors, Cohort, Collection, Consensus, Data, Data Collection, Databases, Death, England, Food, Food Allergy, General, Heterogeneity, Incidence, Int, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Person, Population, Prevalence, Quality, Quality Of, Recent, Registries, Review, Risks, River, Scale, Science, Sensitivity, Sensitivity Analysis, Study Quality, Systematic Review, Time Period, USA, Web of Science

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Full Text: [2014\BJU Int113, 24.pdf](2014/BJU%20Int113,%2024.pdf)

Abstract: To compare monopolar and bipolar transurethral resection of the prostate (TURP) for clinical effectiveness and adverse events. We conducted an electronic search of MEDLINE, Embase, CENTRAL, Science Citation Index, and also searched reference lists of articles and abstracts from conference proceedings for randomised controlled trials (RCTs) comparing monopolar and bipolar TURP. Two reviewers independently undertook data extraction and assessed the risk of bias in the included trials using the tool recommended by the Cochrane Collaboration. The quality of evidence was assessed using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach. From the 949 abstracts that were identified, 94 full texts were assessed for eligibility and a total of 24 trials were included in the review. No statistically significant differences were found in terms of International Prostate Symptom Score (IPSS) or health-related quality of life (HRQL) score. Results for maximum urinary flow rate were significant at 3, 6 and 12 months (all P < 0.001), but no clinically significant differences were found and the meta-analysis showed evidence of heterogeneity Bipolar TURP was associated with fewer adverse events including transurethral resection syndrome (risk ratio [RR] 0.12, 95% confidence interval [CI] 0.05-0.31, P < 0.001), clot retention (RR 0.48, 95% CI 0.30-0.77, P = 0.002) and blood transfusion (RR 0.53, 95% CI 0.35-0.82, P = 0.004) Several major methodological limitations were identified in the included trials; 22/24 trials had a short follow-up of <= 1 year, there was no evidence of a sample size calculation in 20/24 trials and the application of GRADE showed the evidence for most of the assessed outcomes to be of moderate quality, including all those in which statistical differences were found. Whilst there is no overall difference between monopolar and bipolar TURP for clinical effectiveness, bipolar TURP is associated with fewer adverse events and therefore has a superior safety profile. Various methodological limitations were highlighted in the included trials and as such the results of this review should be interpreted with caution. There is a need for further well-conducted, multicentre RCTs with long-term follow-up data.

Keywords: 1-Year Follow-Up, Abstracts, Adverse Events, Application, Approach, Articles, Assessment, Benign Prostatic Enlargement, Bias, Bipolar, Blood, Blood Transfusion, Calculation, Citation, Clinical, Clinical Effectiveness, Cochrane Collaboration, Collaboration, Complications, Conference Proceedings, Confidence, Conventional Resectoscope, Data, Development, Effectiveness, Enlargement, Evaluation, Events, Evidence, Ex-Vivo, Extraction, Flow, Flow Rate, Follow-Up, From, Grade, Health-Related Quality Of Life, Heterogeneity, Hyperplasia, International, Interval, Life, Long Term, Long-Term, Long-Term Follow-Up, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methodological Limitations, Monopolar, Outcomes, P, Plasmakinetic Resection, Quality, Quality Of, Quality Of Life, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Reference, Reference Lists, Results, Retention, Review, Reviewers, Risk, Safety, Saline, Sample Size, Science, Science Citation Index, Size, Standard Monopolar, Syndrome, Systematic, Systematic Review, Transfusion, Transurethral Resection Of The Prostate (Turp), Urinary

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Full Text: 2014\BJU Int114, 39.pdf

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Papers, Si

# Title: Blood Cells Molecules and Diseases

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Lichtman, M.A. and Oakes, D. (2001), The productivity and impact of the leukemia & lymphoma society scholar program: the Apparent positive effect of peer review. *Blood Cells, Molecules and Diseases*, **27** (6), 1020-1027.

Full Text: [2001\Blo Cel Mol Dis27, 1020.pdf](2001/Blo%20Cel%20Mol%20Dis27,%201020.pdf)

Abstract: A study was conducted to compare the ‘productivity’ of a cohort of research grant applicants selected by peer review to be scholars of the Leukemia Society of America (now the Leukemia & Lymphoma Society) with a matched cohort of applicants not so selected during the period 1981 to 1990. One hundred and twenty-four scholars and 124 nonfunded applicants were studied. Two bibliometric variables and their derivatives were examined from the Institute of Scientific Information database: the number of papers published and the number of citations to those papers. Published papers were measured through December 31, 1999, and citation counts to these papers through December 31, 2000. Scholars published 10, 301 papers through the period of observation and nonfunded applicants published 6442 papers. Scholars’ papers were cited 419,798 times, whereas nonfunded applicants’ papers were cited 245,586 times. The mean citations per paper were 52 for scholars and 38 for nonfunded applicants. The papers published per scholar, citations per scholar, and citations per paper per scholar were significantly greater than the corresponding measures for nonfunded applicants (*P* < 0.0001 in each case). Scholar’s papers were cited 30% more often, whereas nonfunded applicants were cited 10% more frequently, than a comparison group of scientists publishing in the same journal in the same year. High-impact papers, e.g., papers that were cited more than 200 times, were nearly three times as frequent among scholars (494 papers) as among nonfunded applicants (173 papers). This difference was highly significant. The good (better than baseline) performance of nonfunded applicants may be a reflection of self-selection among the applicant pool for this competitive award; the more productive performance of the scholars is probably the result of the selection decisions made during the peer-review process.

Keywords: Career Development, Citation Impact, Impact, Peer Review, Research, Research Productivity

# Title: Blood Coagulation & Fibrinolysis

Full Journal Title: Blood Coagulation & Fibrinolysis

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JCR Abbreviated Title:

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Subject Categories:

: Impact Factor

? Rashish, G., Paes, B.A., Nagel, K., Chan, A.K. and Thomas, S. (2013), Spontaneous neonatal arterial thromboembolism: Infants at risk, diagnosis, treatment, and outcomes. *Blood Coagulation & Fibrinolysis*, **24** (8), 787-797.

Full Text: 2013\Blo Coa Fib24, 787.pdf

Abstract: Neonatal spontaneous arterial thromboembolism is a rare phenomenon with a high risk of morbidity and mortality. Currently, there is little information regarding common risk factors, diagnostic strategies, therapeutic interventions, and outcomes of this condition. The objective was to nucleate the best evidence regarding the disorder in order to facilitate early detection and treatment recommendations and document adverse outcomes. Web of Science, PubMed, MEDLINE, CINAHL, Cochrane Databases, DARE, and OVID databases were searched using the following keywords: arterial’ and thrombus’ OR thrombosis’ OR thromboembolism’ OR embolism’ and spontaneous’ and at birth’ OR newborn’ OR neonatal’ OR fetal’ and umbilical cord’ OR umbilical wall necrosis’ and coagulation abnormality’ OR placenta bits’ OR ischemic limbs’. The search yielded 172 articles, all of which were case series or single case descriptions. Twenty-seven met inclusion criteria, with a total of 53 newborns and 30 newborn pathology reports. Ultrasound was the preferred method of diagnosis and thromboembolic locations varied with the most common site being umbilical, resulting in embolism and vascular compromise. Treatment interventions and drug dosages were not standardized and ranged from use of anticoagulants to surgery and hyperbaric oxygen. The reported mortality rate was 32.8%. Recurring etiological features facilitated identification of possible sequences of events contributing to the disorder. The literature lacks empirical evidence to affirm causes and predisposing risk factors for timely diagnosis and effective treatment of spontaneous neonatal arterial thromboembolism. Further research is needed to clearly establish the causes and the efficacy of specific treatment options. (C) 2013 Wolters Kluwer Health vertical bar Lippincott Williams & Wilkins.

Keywords: Adverse Outcomes, Aortic-Arch Thrombosis, Arterial Thromboembolism, Birth, Blood, Canada, Cerebral Infarction, Coagulation, Criteria, Databases, Developmental Hemostasis, Diabetic Mother, Diagnosis, Drug, Efficacy, Embolism, Events, Evidence, Fetal, Human Coagulation System, Hyperbaric Oxygen, Identification, Infants, Information, Interventions, Ischemic-Stroke, Literature, MEDLINE, Molecular-Weight Heparin, Morbidity, Mortality, Mortality Rate, Necrosis, Neonatal, Neonate, Newborn, Newborn-Infant, Newborns, Options, Outcomes, Oxygen, Pathology, Placenta, Pubmed, Recommendations, Research, Review, Risk, Risk Factor, Risk Factors, Science, Site, Spontaneous, Surgery, Therapeutic, Thromboembolism, Thrombolytic Therapy, Thrombosis, Tissue-Plasminogen Activator, Treatment, Ultrasound, Umbilical, Umbilical Cord, USA, Vertical, Web of Science

# Title: Blood Pressure

Full Journal Title: Blood Pressure

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Toal, C.B., Meredith, P.A. and Elliott, H.L. (2012), Long-acting dihydropyridine calcium-channel blockers and sympathetic nervous system activity in hypertension: A literature review comparing amlodipine and nifedipine GITS. *Blood Pressure*, **21**, 3-10.

Full Text: [2012\Blo Pre21, 3.pdf](2012/Blo%20Pre21,%203.pdf)

Abstract: Calcium-channel blockers (CCBs) constitute a diverse group of compounds but are often referred to as a single homogeneous class of drug and the clinical responses indiscriminately summarized. Even within the dihydropyridine subgroup, there are significant differences in formulations, pharmacokinetics, durations of action and their effects on blood pressure, heart rate, end organs and the sympathetic nervous system. Amlodipine and nifedipine in the gastrointestinal therapeutic system (GITS) formulation are the most studied of the once-daily CCBs. Amlodipine has an inherently long pharmacokinetic half-life, whereas, in contrast, nifedipine has an inherently short half-life but in the GITS formulation the sophisticated delivery system allows for once-daily dosing. This article is derived from a systematic review of the published literature in hypertensive patients. The following search terms in three main databases (MEDLINE, Embase, Science Citation Index) from 1990 to 2011 were utilized: amlodipine, nifedipine, sympathetic nervous system, sympathetic response, sympathetic nerve activity, noradrenaline, norepinephrine and heart rate. More than 1500 articles were then screened to derive the relevant analysis. As markers of sympathetic nervous system activation, studies of plasma norepinephrine concentrations, power spectral analysis, muscle sympathetic nerve activity and norepinephrine spillover were reviewed. Overall, each drug lowered blood pressure in hypertensive patients in association with only small changes in heart rate (i.e. < 1 beat/min). Plasma norepinephrine concentrations, as the most widely reported marker of sympathetic nervous system activity, showed greater increases in patients treated with amlodipine than with nifedipine GITS. The evidence indicates that both these once-daily dihydropyridine CCBs lower blood pressure effectively with minimal effects on heart rate. There are small differences between the drugs in the extent to which each activates the sympathetic nervous system with an overall non-significant trend in favour of nifedipine GITS.

Keywords: Activation, Ambulatory Blood-Pressure, Amlodipine, Analysis, Association, Blood, Blood Pressure, Catecholamines, Catecholamines, Changes, Citation, Clinical, Converting Enzyme-Inhibitor, Databases, Delivery, Double-Blind, Drug, Drugs, Effects, Evidence, Extended Release, Formulation, GITS, Half-Life, Heart, Heart Rate, Heart-Rate-Variability, Hypertension, Left-Ventricular Mass, Literature, Literature Review, MEDLINE, Moderate Essential-Hypertension, Muscle, Nifedipine, Norepinephrine, Patients, Pharmacokinetics, Plasma, Plasma Norepinephrine Levels, Power, Power Spectral Analysis, Pressure, Renin-Angiotensin System, Responses, Review, Science, Science Citation Index, Small, Spectral Analysis, Sympathetic Activation, Sympathetic Nerve Activity, Systematic Review, Therapeutic, Trend

# Title: Blood Purification

Full Journal Title: Blood Purification

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Liu, H.B., Liu, H.M., Deng, J., Chen, L.H., Yuan, L. and Wu, Y. (2014), Preventing catheter-related bacteremia with taurolidine-citrate catheter locks: A systematic review and meta-analysis. *Blood Purification*, **37** (3), 179-187.

Full Text: [2014\Blo Pur37, 179.pdf](2014/Blo%20Pur37,%20179.pdf)

Abstract: Background: Preliminary evidence from some studies suggests that taurolidine-citrate locks decrease catheter-related bacteremia (CRB), which is a major cause of morbidity and mortality in patients using intravascular catheters. No previous study has sought to summarize existing evidence on the use of taurolidine-citrate locks. A systematic review and meta-analysis were undertaken to determine whether taurolidine-citrate was more effective than heparin in the prevention of CRB. Methods: The major English (PubMed, EBSCO, Web of Science and OVID) and Chinese (CBM, CNKI, VIP and Wanfang Data) healthcare databases were searched for randomized controlled trials comparing the efficacy and safety of taurolidine-citrate lock solution (TCLS) and heparin lock solution in the prevention of CRB. Results: Three studies involving 236 patients with a total of 34,984 catheter days were included. The use of TCLS significantly decreased the risk of CRB (relative risk = 0.47, 95% CI: 0.25-0.89) and Gram-negative bacterial infection. There was no significant difference in Gram-positive infections and exit-site infections. Conclusions: Catheter locking with TCLS reduced the risk of CRB and Gram-negative bacterial infection. Adverse events include thrombotic events. (C) 2014 S. Karger AG, Basel.

Keywords: Adverse Events, Ag, Bacterial Infection, Biofilm Formation, Blood-Stream Infections, Catheter, Catheter-Related Bacteremia, Chinese, Data, Databases, Efficacy, English, Events, Evidence, Gentamicin, Hemodialysis Catheters, Heparin, Heparin, Home Parenteral-Nutrition, In-Vitro, Infection, Infections, Intravascular Catheters, Lock Solution, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Morbidity, Mortality, Patients, Prevention, Pubmed, Randomized, Randomized Controlled Trials, Relative Risk, Results, Review, Risk, S, Safety, Science, Sepsis, Solution, Staphylococcus-Aureus, Systematic, Systematic Review, Taurolidine-Citrate, Trial, Web Of Science

# Title: BMC Anesthesiology

Full Journal Title: BMC Anesthesiology

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: Impact Factor

? Pagel, P.S. and Hudetz, J.A. (2012), Recent trends in publication of basic science and clinical research by United States investigators in anesthesia journals. *BMC Anesthesiology*, **12**, Article Number: 5.

Full Text: [2012\BMC Ane12, 5.pdf](2012/BMC%20Ane12,%205.pdf)

Abstract: Background: United States anesthesia research production declined sharply from 1980-2005. Whether this trend has continued despite recent calls to improve output is unknown. We conducted an observational internet analysis to quantify American basic science and clinical anesthesia research output in 14 anesthesia journals with impact factors greater than one at three-year intervals during the past decade. Results: American investigators published 1,486 (21.7%) of the total of 6,845 research articles identified in anesthesia journals in 2001, 2004, 2007, and 2010. Approximately two-thirds of all US articles were published in Anesthesiology and Anesthesia and Analgesia. There was a significant correlation (r(2) = 0.316; P = 0.036) between the number of articles published by American authors in each anesthesia journal and the corresponding journal’s impact factor in 2010. Significantly (P < 0.05; Pearson’s Chi-square) fewer basic science articles were published in 2007 and 2010 compared with 2001. US clinical research output also declined in 2007 (201; 15.7%) compared with 2001 (266; 19.1%) and 2004, but an increase occurred in 2010 (279; 21.8%, P < 0.05 versus 2007). Conclusions: The results indicate that US anesthesia research output continued to decrease from 2001 to 2007. An increase in clinical but not basic science research was observed in 2010 compared with 2007, suggesting that a modest recovery in clinical research production may have begun.

Keywords: Academic Anesthesia, Analysis, Anesthesia, Anesthesia Journals, Authors, Bibliometric Analysis, Bibliometrics, Chi-Square, Clinical, Clinical Research, Correlation, Finances, Impact, Impact Factor, Impact Factors, Intervals, Journal, Journals, Kingdom, Mar, Observational, P, Physician Scientists, Publication, Quality, Recent, Recovery, Representation, Research, Research Output, Results, Scholarship, Science, Science Research, Scientific Publication, Training-Programs, Trend, Trends, United States, US

# Title: BMC Bioinformatics

Full Journal Title: [BMC Bioinformatics](http://www.biomedcentral.com/bmcbioinformatics/archive/)

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Subject Categories:

: Impact Factor

? Plikus, M.V., Zhang, Z. and Chuong, C.M. (2006), PubFocus: Semantic MEDLINE/PUBMED citations analytics through integration of controlled biomedical dictionaries and ranking algorithm. *BMC Bioinformatics*, **7**, Article Number 424.

Full Text: [2006\BMC Bio7, 424.pdf](2006/BMC%20Bio7,%20424.pdf)

Abstract: Background: Understanding research activity within any given biomedical field is important. Search outputs generated by MEDLINE/PUBMED are not well classified and require lengthy manual citation analysis. Automation of citation analytics can be very useful and timesaving for both novices and experts. Results: PubFocus web server automates analysis of MEDLINE/PUBMED search queries by enriching them with two widely used human factor-based bibliometric indicators of publication quality: journal impact factor and volume of forward references. In addition to providing basic volumetric statistics, PubFocus also prioritizes citations and evaluates authors’ impact on the field of search. PubFocus also analyses presence and occurrence of biomedical key terms within citations by utilizing controlled vocabularies. Conclusion: We have developed citations’ prioritisation algorithm based on journal impact factor, forward referencing volume, referencing dynamics, and author’s contribution level. It can be applied either to the primary set of PUBMED search results or to the subsets of these results identified through key terms from controlled biomedical vocabularies and ontologies. NCI (National Cancer Institute) thesaurus and MGD (Mouse Genome Database) mammalian gene orthology have been implemented for key terms analytics. PubFocus provides a scalable platform for the integration of multiple available ontology databases. PubFocus analytics can be adapted for input sources of biomedical citations other than PUBMED.

Keywords: Algorithm, Analyses, Analysis, Bibliometric, Bibliometric Indicators, Biomedical, Citation, Citation Analysis, Citations, Databases, Dynamics, Experts, Field, Gene, Human, Impact, Impact Factor, Indicators, Integration, Journal, Journal Impact, Journal Impact Factor, NCI, Ontology, Primary, Publication, PUBMED, Quality, Ranking, Referencing, Research, Sources, Statistics, Volume, Web

? Usie, A., Karathia, H., Teixido, I., Valls, J., Faus, X., Alves, R. and Solsona, F. (2011), Biblio-MetReS: A bibliometric network reconstruction application and server. *BMC Bioinformatics*, **12**, Article Number: 387.

Full Text: [2011\BMC Bio12, 387.pdf](2011/BMC%20Bio12,%20387.pdf)

Abstract: Background: Reconstruction of genes and/or protein networks from automated analysis of the literature is one of the current targets of text mining in biomedical research. Some user-friendly tools already perform this analysis on precompiled databases of abstracts of scientific papers. Other tools allow expert users to elaborate and analyze the full content of a corpus of scientific documents. However, to our knowledge, no user friendly tool that simultaneously analyzes the latest set of scientific documents available on line and reconstructs the set of genes referenced in those documents is available. Results: This article presents such a tool, Biblio-MetReS, and compares its functioning and results to those of other user-friendly applications (iHOP, STRING) that are widely used. Under similar conditions, Biblio-MetReS creates networks that are comparable to those of other user friendly tools. Furthermore, analysis of full text documents provides more complete reconstructions than those that result from using only the abstract of the document. Conclusions: Literature-based automated network reconstruction is still far from providing complete reconstructions of molecular networks. However, its value as an auxiliary tool is high and it will increase as standards for reporting biological entities and relationships become more widely accepted and enforced. Biblio-MetReS is an application that can be downloaded from http://metres.udl.cat/. It provides an easy to use environment for researchers to reconstruct their networks of interest from an always up to date set of scientific documents.

Keywords: Analysis, Bibliometric, Biocreative II.5, Biology, Biomedical, Biomedical Literature, Biomedical Research, Challenge, Databases, Environment, Full-Text Articles, Genes, Identification, Information Extraction, Interest, Knowledge, Literature, Molecular, Network, Normalization, Papers, Protein Interactions, Research, Researchers, Standards, System, Text Mining

? Hennessey, J. and Ge, S.X. (2013), A cross disciplinary study of link decay and the effectiveness of mitigation techniques. *BMC Bioinformatics*, **14** (S14), Article Number: S5.

Full Text: 2013\BMC Bio14, S5.pdf

Abstract: Background: The dynamic, decentralized world-wide-web has become an essential part of scientific research and communication. Researchers create thoUSAnds of web sites every year to share software, data and services. These valuable resources tend to disappear over time. The problem has been documented in many subject areas. Our goal is to conduct a cross-disciplinary investigation of the problem and test the effectiveness of existing remedies. Results: We accessed 14,489 unique web pages found in the abstracts within Thomson Reuters’ Web of Science citation index that were published between 1996 and 2010 and found that the median lifespan of these web pages was 9.3 years with 62% of them being archived. Survival analysis and logistic regression were used to find significant predictors of URL lifespan. The availability of a web page is most dependent on the time it is published and the top-level domain names. Similar statistical analysis revealed biases in current solutions: the Internet Archive favors web pages with fewer layers in the Universal Resource Locator (URL) while WebCite is significantly influenced by the source of publication. We also created a prototype for a process to submit web pages to the archives and increased coverage of our list of scientific webpages in the Internet Archive and WebCite by 22% and 255%, respectively. Conclusion: Our results show that link decay continues to be a problem across different disciplines and that current solutions for static web pages are helping and can be improved.

Keywords: Accessibility, Analysis, Availability, Citation, Citation Index, Communication, Coverage, Data, Disciplines, Dynamic, Effectiveness, Index, Information-Science, Informetrics, Internet, Internet References, Investigation, Journals, Logistic Regression, MEDLINE, Mitigation, Permanence, Predictors, Publication, Regression, Research, Researchers, Resources, Results, Science, Science Citation Index, Scientific Research, Services, Software, Solutions, Source, Stability, Statistical Analysis, Techniques, Thomson Reuters, Thomson-Reuters, Urls, Web, Web Citation Availability, Web of Science

# Title: BMC Cancer

Full Journal Title: BMC Cancer

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: Impact Factor

? Yu, X.F., Bao, Z.J., Zou, J.A. and Dong, J. (2011), Coffee consumption and risk of cancers: A meta-analysis of cohort studies. *BMC Cancer*, **11**, Article Number: 96.

Full Text: [2011\BMC Can11, 96.pdf](2011/BMC%20Can11,%2096.pdf)

Abstract: Background: Coffee consumption has been shown to be associated with cancer of various sites in epidemiological studies. However, there is no comprehensive overview of the substantial body of epidemiologic evidence. Methods: We searched MEDLINE, EMBASE, Science Citation Index Expanded and bibliographies of retrieved articles. Prospective cohort studies were included if they reported relative risks (RRs) and corresponding 95% confidence intervals (CIs) of various cancers with respect to frequency of coffee intake. We did random-effects meta-analyses and meta-regressions of study-specific incremental estimates to determine the risk of cancer associated with 1 cup/day increment of coffee consumption. Results: 59 studies, consisting of 40 independent cohorts, met the inclusion criteria. Compared with individuals who did not or seldom drink coffee per day, the pooled RR of cancer was 0.87 (95% CI, 0.82-0.92) for regular coffee drinkers, 0.89 (0.84-0.93) for low to moderate coffee drinkers, and 0.82 (0.74-0.89) for high drinkers. Overall, an increase in consumption of 1 cup of coffee per day was associated with a 3% reduced risk of cancers (RR, 0.97; 95% CI, 0.96-0.98). In subgroup analyses, we noted that, coffee drinking was associated with a reduced risk of bladder, breast, buccal and pharyngeal, colorectal, endometrial, esophageal, hepatocellular, leukemic, pancreatic, and prostate cancers. Conclusions: Findings from this meta-analysis suggest that coffee consumption may reduce the total cancer incidence and it also has an inverse association with some type of cancers.

Keywords: Analyses, Association, Bibliographies, Bladder, Bladder-Cancer, Breast-Cancer, Buccal, Caffeine Consumption, Cancer, Citation, Cohort, Colorectal-Cancer, Confidence, Confidence Intervals, Consumption, Criteria, Dose-Response Data, Estimates, Evidence, Incidence, Intervals, Mar, MEDLINE, Meta-Analysis, Metaanalysis, Ovarian-Cancer, Pancreatic-Cancer, Population-Based Cohort, Primary Liver-Cancer, Renal-Cell Cancer, Risk, Risks, Science, Science Citation Index, Science Citation Index Expanded

? Yang, Y.L., Liu, L., Wang, Y., Wu, H., Yang, X.S., Wang, J.N. and Wang, L. (2013), The prevalence of depression and anxiety among Chinese adults with cancer: A systematic review and meta-analysis. *BMC Cancer*, **13**, Article Number: 393.

Full Text: [2013\BMC Can13, 393.pdf](2013/BMC%20Can13,%20393.pdf)

Abstract: Background: A lot of empirical studies have been conducted to evaluate the prevalence of depression and anxiety among Chinese adults with cancer. We aimed to conduct a meta-analysis in order to evaluate the prevalence and odds ratios of depression and anxiety in Chinese adults with cancer compared with those without. Methods: The three most comprehensive computerized Chinese academic databases-CNKI, Wangfang and Vip databases-were systematically screened through September 2012. PubMed and Web of Science (SCIE) were also searched from their inception until September 2012 without language restrictions, and an internet search was also used. Case-control studies assessing the prevalence of depression and anxiety among Chinese adults with cancer were analyzed. Study selection and appraisal were conducted independently by three authors. The non-weighted prevalence, pooled random-effects estimates of odds ratio (OR) and 95% confidence intervals (CI) were all calculated. Results: Seventeen eligible studies with a total of 3497 subjects were included. The prevalence of depression and anxiety were significantly higher in adults with cancer compared with those without (Depression: 54.90% vs. 17.50%, OR = 7.85, 95% CI = 5.56-11.07, P = 0.000; Anxiety: 49.69% vs. 18.37%, OR = 6.46, 95% CI = 4.36-9.55, P = 0.000), the same situation was also observed in subgroup of control groups, assessment methods and cancer types. Although no difference of depression was observed in studies utilizing clinical diagnosis compared with self-report, the OR of anxiety in adults with cancer compared with those without was higher in studies utilizing clinical diagnosis (OR = 8.42, 95% CI = 4.83-14.70) than self-reports (OR = 5.83, 95% CI = 3.64-9.34). The ORs of depression and anxiety in cancer patients compared with disease group (Depression: OR = 6.03, 95% CI = 4.23-8.61; Anxiety: OR = 4.40, 95% CI = 3.05-6.36) were lower than in those compared with normal group (Depression: OR = 13.58, 95% CI = 6.26-29.46; Anxiety: OR = 15.47, 95% CI = 10.00-23.95). Conclusions: We identified high prevalence rates of depression and anxiety among Chinese adults with cancer. The findings support that the prevalence of depression and anxiety among adults with cancer should receive more attention in Chinese medical settings.

Keywords: Anxiety, Assessing, Assessment, Attention, Authors, Breast-Cancer, Cancer, Chinese, Clinical, Clinical-Trials, Confidence, Confidence Intervals, Control, Control Groups, Depression, Diagnosis, Disease, Empirical Studies, Epidemiology, Estimates, Groups, Intervals, Language, Medical, Mental-Disorders, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Normal, Odds Ratio, P, Patients, Prevalence, Psychiatric Morbidity, Psychosocial Interventions, Publication Bias, Pubmed, Quality-Of-Life, Rates, Restrictions, Results, Review, SCIE, Science, Selection, Support, Systematic Review, The-Literature, Web of Science

? Chen, J.Q., Zhou, J.D., Lu, J., Xiong, H., Shi, X.L. and Gong, L. (2014), Significance of CD44 expression in head and neck cancer: A systemic review and meta-analysis. *BMC Cancer*, **14**, Article Number: 15.

Full Text: [2014\BMC Can14, 15.pdf](2014/BMC%20Can14,%2015.pdf)

Abstract: Background: CD44 has been reported to be involved with tumor growth and metastasis and has also been implicated as a CSC marker in head and neck squamous cell cancer (HNSCC). However, the prognostic value of CD44 still remains controversial; hence, we investigated the correlation between CD44 and the clinicopathological features of HNSCC by meta-analysis. Methods: A comprehensive search was performed using PubMed, ISI web of Science and China National Knowledge Infrastructure (CNKI) up to April 2013. Only studies with immunohistochemical staining of HNSCC were considered. Data on TNM classification, tumor grade, disease free survival and 3- or 5-year overall survival rate were extracted. Results: Thirty studies with 2102 patients met the inclusion criteria for the meta-analysis. Fifteen studies used anti-pan-CD44 antibody, 9 used anti-CD44-v6 antibody, 2 used anti-CD44-v3 and 2 used anti-CD44s antibody, 1 used anti-CD44-v9, and 1 used anti-CD44-v6,-v3 and -v4-5 simultaneously. The total percentage of CD44 expression was 57.8%, with 49.3% in oral cancer patients, 66.4% in pharynx and 54.7% in larynx cancer patients expressing CD44. No significant correlation between clinical features and CD44 expression was revealed for oral cancer patients, but CD44 was shown to be associated with advanced T categories (larynx: RR = 1.33, 95% Cl 1.01-1.76; larynx & pharynx RR = 1.21, 95% Cl 1.08-1.35), worse N categories (larynx: RR = 2.53, 95% Cl 1.99-3.21; larynx & pharynx RR = 1.95, 95% Cl 1.35-2.82), higher tumor grades (larynx & pharynx RR = 1.71, 95% Cl 1.04-2.79) and 5-year OS rates (larynx: RR = 0.62, 95% Cl 0.47 0.83; larynx & pharynx RR = 0.66, 95% Cl 0.47 0.94) in patients with laryngeal and pharyngolaryngeal cancer. In stratified analysis, pan-CD44 and CD44-v6 expression were both correlated with 5-year OS rate of patients with laryngeal (CD44: RR = 0.66, 95% Cl 0.46-0.95; CD44-v6 RR = 0.53, 95% Cl 0.37-0.77) and pharyngolaryngeal cancer (CD44: RR = 0.56, 95% Cl 0.34-0.93; CD44-v6 RR = 0.53, 95% Cl 0.37-0.77). Conclusions: Our analysis suggested that CD44 is related to worse T category, N category, tumor grade and prognosis, in pharyngeal and laryngeal cancer, but no clear association was revealed between CD44 expression and oral cancer.

Keywords: Analysis, Antibody, Association, Cancer, Cd44, China, Classification, Clinical, Clinical Features, Correlation, Criteria, Disease, Expression, Growth, Head and Neck Cancer, Immunohistochemical Staining, Isi, Knowledge, Meta Analysis, Meta-Analysis, Metaanalysis, Metastasis, Methods, N, Neck, Oral, Patients, Prognosis, Prognostic, Pubmed, Rates, Results, Review, Science, Survival, Survival Rate, Tumor, Value, Web

? Zhang, Z.G., Ni, C., Chen, W.Z., Wu, P., Wang, Z., Yin, J.H., Huang, J. and Qiu, F.M. (2014), Expression of CXCR4 and breast cancer prognosis: A systematic review and meta-analysis. *BMC Cancer*, **14**, Article Number: 49.

Full Text: [2014\BMC Can14, 49.pdf](2014/BMC%20Can14,%2049.pdf)

Abstract: Background: The chemokine receptor CXCR4 plays a significant role in biological processes, as well as in tumorigenesis and the progression of cancer, especially breast cancer. However, the clinical application of CXCR4 for breast cancer prognosis is still very limited. A meta-analysis based on published studies was performed with the aim of obtaining an accurate evaluation of the relationship between CXCR4 expression and the prognosis of breast cancer. Methods: A comprehensive search strategy was used to search relevant literature in PubMed, MEDLINE and the ISI Web of Science. The correlation between CXCR4 expression and clinicopathological features and breast cancer prognosis was analyzed. This meta-analysis was carried out using Review Manager 4.2. Result: Thirteen eligible studies consisting of 3865 participants were included. We found that breast cancers with CXCR4 expression were associated with lymph node status (pooled RR = 1.20, 95% CI: 1.01-1.43, P<0.001) and distant metastasis (pooled RR = 1.52, 95% CI: 1.17-1.98, P = 0.125). CXCR4 overexpression was significantly associated with disease free survival (DFS) (RR = 0.77, 95% CI = 0.70-0.86, P = 0.554) and overall survival (OS) (RR = 0.70, 95% CI = 0.59-0.83, P = 0.329). However, there was no significant association between CXCR4 expression and some clinical parameters of breast cancer, such as tumor category, ER status, PR status, or c-erbB-2 status. Conclusion: Our meta-analysis showed that CXCR4 is an efficient prognostic factor for breast cancer. Overexpression of CXCR4 was significantly associated with lymph node status and distant metastasis and indicated poor overall and disease free survival.

Keywords: Application, Association, Biological, Breast Cancer, Cancer, Clinical, Correlation, CXCR4, Disease, Evaluation, Expression, ISI, ISI Web of Science, Literature, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Metastasis, Methods, P, Prognosis, Prognostic, Prognostic Factor, Progression, Pubmed, Review, Role, Science, Search Strategy, Strategy, Survival, Systematic Review, Tumor, Web of Science

? Xiao, W.K., Chen, D., Li, S.Q., Fu, S.J., Peng, B.G. and Liang, L.J. (2014), Prognostic significance of neutrophil-lymphocyte ratio in hepatocellular carcinoma: A meta-analysis. *BMC Cancer*, **14**, Article Number: 117.

Full Text: [2014\BMC Can14, 117.pdf](2014/BMC%20Can14,%20117.pdf)

Abstract: Backgrounds: Neutrophil-lymphocyte ratio (NLR) has recently been reported as a predictor of Hepatocellular carcinoma (HCC). However, its prognostic value in HCC still remains controversial. In this study, we aimed to evaluate the association between NLR and clinical outcome of HCC patients by performing meta-analysis. Methods: A comprehensive literature search for relevant studies published up to August 2013 was performed by using PubMed, Ovid, the Cochrane Library and Web of Science databases. Meta-analysis was performed using hazard ratio (HR) or odds ratio (OR) and 95% confidence intervals (95% CIs) as effect measures. Results: A total of 15 studies encompassing 3094 patients were included in this meta-analysis. Our pooled results showed that high NLR was associated with poor overall survival (OS) and disease free survival (DFS) in HCC initially treated by liver transplantation (HR = 3.42, 95% CI: 2.41-4.85, P = 0.000; HR = 5.90, 95% CI: 3.99-8.70, P = 0.000, respectively) and surgical resection (HR = 3.33, 95% CI:2.23-4.98, P = 0.000; HR = 2.10, 95% CI: 2.06-2.14, respectively). High NLR was also associated with poor OS in HCC treated by radiofrequency-ablation (HR = 1.28, 95% CI: 1.10-1.48, P = 0.000), TACE (HR = 2.52, 95% CI: 1.64-3.86, P = 0.000) and mixed treatment (HR = 1.85, 95% CI: 1.40-2.44, P = 0.000), respectively. In addition, high NLR was significantly correlated with the presence of vascular invasion (OR = 2.69, 95% CI: 2.01-3.59, P = 0.000), tumor multifocality (OR = 1.74, 95% CI: 1.30-2.34, P = 0.000) and higher incidence of AFP >= 400 ng/ml (OR = 1.46, 95% CI: 1.01-2.09, P = 0.04). Conclusion: Elevated NLR indicates a poor prognosis for patients with HCC. NLR may be a convenient, easily-obtained, low cost and reliable biomarker with prognostic potential for HCC.

Keywords: Association, Biomarker, C-Reactive Protein, Carcinoma, Clinical, Colorectal-Cancer, Confidence, Confidence Intervals, Cost, Curative Resection, Databases, Disease, Hazard, Hepatocellular Carcinoma, Impact, Incidence, Inflammation, Intervals, Literature, Literature Search, Liver, Liver Transplantation, Liver-Transplantation, Low Cost, Measures, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Neutrophil-Lymphocyte Ratio, Odds Ratio, Outcome, P, Patients, Potential, Predicts Survival, Preoperative Neutrophil, Prognosis, Prognostic, Pubmed, Recurrence, Results, Science, Significance, Surgical Resection, Survival, Transarterial Chemoembolization, Transplantation, Treatment, Tumor, Value, Web of Science, Web of Science Databases

? He, X., Chen, Z.G., Fu, T., Jin, X.L., Yu, T., Liang, Y., Zhao, X.Y. and Huang, L.S. (2014), Ki-67 is a valuable prognostic predictor of lymphoma but its utility varies in lymphoma subtypes: Evidence from a systematic meta-analysis. *BMC Cancer*, **14**, Article Number: 153.

Full Text: [2014\BMC Can11, 153.pdf](2014/BMC%20Can11,%20153.pdf)

Abstract: Background: Ki-67 is a nuclear protein involved in cell proliferation regulation, and its expression has been widely used as an index to evaluate the proliferative activity of lymphoma. However, its prognostic value for lymphoma is still contradictory and inconclusive. Methods: PubMed and Web of Science databases were searched with identical strategies. The impact of Ki-67 expression on survival with lymphoma and various subtypes of lymphoma was evaluated. The relationship between Ki-67 expression and Diffuse Large B Cell Lymphoma (DLBCL) and Mantle Cell Lymphoma (MCL) was also investigated after the introduction of a CD-20 monoclonal antibody rituximab. Furthermore, we evaluated the association between Ki-67 expression and the clinical-pathological features of lymphoma. Results: A total of 27 studies met the inclusion criteria, which comprised 3902 patients. Meta-analysis suggested that high Ki-67 expression was negatively associated with disease free survival (DFS) (HR = 1.727, 95% CI: 1.159-2.571) and overall survival (OS) (HR = 1.7, 95% CI: 1.44-2) for lymphoma patients. Subgroup analysis on the different subtypes of lymphoma suggested that the association between high Ki-67 expression and OS in Hodgkin Lymphoma (HR = 1.511, 95% CI: 0.524-4.358) was absent, while high Ki-67 expression was highly associated with worse OS for Non-Hodgkin Lymphoma (HR = 1.777, 95% CI: 1.463-2.159) and its various subtypes, including NK, T lymphoma (HR = 4.766, 95% CI: 1.917-11.849), DLBCL (HR = 1.457, 95% CI: 1.123-1.891) and MCL (HR = 2.48, 95% CI: 1.61-3.81). Furthermore, the pooled HRs for MCL was 1.981 (95% CI: 1.099-3.569) with rituximab and 3.123 (95% CI: 2.049-4.76) without rituximab, while for DLBCL, the combined HRs for DLBCL with and without rituximab was 1.459 (95% CI: 1.084-2.062) and 1.456 (95% CI: 0.951-2.23) respectively. In addition, there was no correlation between high Ki-67 expression and the clinical-pathological features of lymphoma including the LDH level, B symptoms, tumor stage, extranodal site, performance status and IPI score. Conclusions: This study showed that the prognostic significance of Ki-67 expression varied in different subtypes of lymphoma and in DLBCL and MCL after the introduction of rituximab, which was valuable for clinical decision-making and individual prognostic evaluation.

Keywords: Activity, Analysis, Antibody, Antibody Ki-67, Antigen-Expression, Association, B-Cell Lymphoma, Cell, Cell Proliferation, Clinical, Correlation, Criteria, Databases, Decision Making, Decision-Making, Disease, Epstein-Barr-Virus, Evaluation, Evidence, Expression, Impact, Index, Ki-67, Ldh, Lymphoma, Mar, MCL, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Non-Hodgkins-Lymphomas, Patients, Performance, Prognostic, Prognostic Value, Proliferation, Protein, Protein Expression, Pubmed, R-Chop, Regulation, Results, Rituximab, Science, Significance, Site, Survival, Symptoms, Tumor, Utility, Value, Web of Science, Web of Science Databases

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Full Text: [2014\BMC Can11, 410.pdf](2014/BMC%20Can11,%20410.pdf)

Abstract: Background: Research has indicated that the rs12203592 and rs872071 interferon regulatory factor 4 (IRF4) gene polymorphisms correlate with the risk of cancer, especially skin cancer and haematological malignancies, but the results remain controversial. To understand better the effects of these two polymorphisms on skin cancer and haematological malignancies susceptibility, a cumulative meta-analysis was performed. Methods: We conducted a search using the PubMed and Web of Science databases for relevant case-control studies published before April 2014. Summary odds ratios (ORs) and corresponding 95% confidence intervals (CIs) were estimated using fixed-or random-effects models where appropriate. Heterogeneity test, publication bias test, and sensitivity analysis were also performed. Results: In total, 11 articles comprised of 19 case-control studies were identified; five focused on the rs12203592 polymorphism with 7,992 cases and 8,849 controls, and six were on the rs872071 polymorphism with 3108 cases and 8300 controls. As for rs12203592, a significant correlation with overall skin cancer and haematological malignancies risk was found with the homozygote comparison model (OR = 1.566, 95% CI 1.087-2.256) and recessive model (OR = 1.526, 95% CI 1.107-2.104). For rs872071, a significantly elevated haematological malignancies risk was observed in all genetic models (homozygote comparison: OR = 1.805, 95% CI 1.402-2.323; heterozygote comparison: OR = 1.427, 95% CI 1.203-1.692; dominant: OR = 1.556, 95% CI 1.281-1.891; recessive: OR = 1.432, 95% CI 1.293-1.587; additive: OR = 1.349, 95% CI 1.201-1.515). Similarly, increased skin cancer and haematological malignancies risk was also identified after stratification of the SNP data by cancer type, ethnicity and source of controls for both polymorphisms. Conclusions: Our meta-analysis indicated that the rs12203592 and rs872071 IRF4 gene polymorphisms are associated with individual susceptibility to skin cancer and haematological malignancies. Moreover, the effect of the rs12203592 polymorphism on skin cancer risk was particularly prominent among Caucasians. Further functional research should be performed to validate the association.

Keywords: Analysis, Articles, Association, Bias, Cancer, Cancer Risk, Case-Control, Case-Control Studies, Chronic Lymphocytic-Leukemia, Comparison, Confidence, Confidence Intervals, Correlation, Cumulative, Data, Databases, Effects, Ethnicity, Gene, Genetic, Genome-Wide Association, Interferon, Interferon Regulatory Factor 4, Intervals, IRF Family, IRF4, Melanoma Susceptibility, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Models, Non-Hodgkin-Lymphoma, Oncogenesis, Polymorphism, Polymorphisms, Population, Publication, Publication Bias, Pubmed, Research, Results, Risk, Rs12203592, Rs872071, Science, Sensitivity, Sensitivity Analysis, Skin, Skin Cancer, Snp, Source, Stratification, Susceptibility, Transcription Factors, Variants, Web Of Science, Web Of Science Databases

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Full Text: [2014\BMC Can11, 557.pdf](2014/BMC%20Can11,%20557.pdf)

Abstract: Background: Although anal cancer is common in HIV positive men who have sex with men, few centres offer systematic screening. Regular digital ano-rectal examination (DARE) is a type of screening that has been recommended by some experts. How widely this forms part of HIV management guidelines is unclear. Methods: The protocol was registered prospectively (CRD42013005188; www.crd.york.ac.uk/PROSPERO/). We systematically reviewed 121 regional and national HIV guidelines and searched for guidelines from http://hivinsite.ucsf.edu/global?page=cr-00-04#SauguidelineX, PubMed and Web of Science databases up to 5th August 2013 for recommendations of DARE as a means of anal cancer screening in HIV positive MSM. Guidelines were examined in detail if they were clinical guidelines, including both prevention and treatment protocols and were in English. Guidelines were excluded if they were restricted to limited areas (e. g. antiretroviral therapy only, children or pregnant women, strategies for prevention/testing). Information was extracted regarding recommendation of DARE as a screening method, the frequency of DARE recommended, target population for screening and the strength of evidence supporting this. Results: 30 regional and national guidelines were included and examined in detail. Only 2 recommended DARE. The ‘European AIDS Clinical Society Guidelines’ recommends DARE every 1-3 years for HIV positive MSM whilst the ‘US Guideline for prevention and treatment of opportunistic infections in HIV-infected adults and adolescents’ recommends an annual DARE for the HIV + population in general. None of these guidelines specify the age of commencing screening. In each case, the highest level of evidence supporting these two recommendations was expert opinion. Conclusions: Few HIV guidelines discuss or recommend DARE as a means of anal cancer screening. Studies of the efficacy, acceptability and cost-effectiveness of DARE are needed to assess its role in anal cancer screening.

Keywords: Acceptability, Adolescents, Age, Aid, Aids, Anal, Anal Cancer, Anal Cancer Screening, Antiretroviral Therapy, Association, Cancer, Cancer Screening, Children, Clinical, Clinical Guidelines, Cost Effectiveness, Cost-Effectiveness, Databases, Digital Ano-Rectal Examination, Efficacy, English, Epidemiology, Evidence, Examination, Experience, Expert Opinion, Experts, Forms, General, General-Population, Guideline, Guidelines, Hiv, Hiv Positive, Human-Papillomavirus, Infected Individuals, Infections, Information, Intraepithelial Lesions, Management, Men, Men Who Have Sex With Men, Methods, National Guidelines, Population, Pregnant, Pregnant Women, Prevention, Protocol, Protocols, Pubmed, Recommendations, Regional, Results, Review, Role, Science, Screening, Sex, Squamous-Cell Carcinoma, Strength, Systematic, Systematic Review, Therapy, Treatment, US, Web Of Science, Web Of Science Databases, Women

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Full Text: [2014\BMC Can14, 773.pdf](2014/BMC%20Can14,%20773.pdf)

Abstract: Background: Circulating tumor cells (CTCs) are metastatic cells disseminated into the bloodstreams. They have been proposed to monitor disease progression for decades. However, the prognostic value of CTCs in gastric cancer (GC) remains controversial. We performed a meta-analysis to investigate the topic. Methods: A systematic search was made for relevant studies in academic data bases, involving the Medline, Embase, and Science Citation Index. Data on prognosis of GC patients, such as recurrence-free survival (RFS) and overall survival (OS), were extracted when possible. The meta-analysis was performed with the random effects model and the pooled hazard ratios (HRs) and their associated 95% confident intervals (95%CIs) were computed as effect measures. Results: Twenty six studies (including 40 subgroups) with peripheral blood samples of 1950 cases from 10 countries were included in the final analysis. The pooled results showed that GC patients with detectable CTCs (including circulating miRNAs) had a tendency to experience shortened RFS (HR = 2.91, 95% CI [1.84-4.61], I-2 = 52.18%, n = 10). As for patient deaths, we found a similar association of CTC (including circulating miRNAs) presence with worse OS (HR = 1.78, 95% CI [1.49-2.12], I-2 = 30.71%, n = 30). Additionally, subgroup analyses indicated strong prognostic powers of CTCs, irrespective of geographical, methodological, detection time and sample size differences of the studies. Conclusions: Our meta-analysis shows that CTCs (including circulating miRNAs) can predict the survival of GC patients. Large prospective studies are warranted to determine the best sampling time points, detection methods in homogeneous patients with GC in the future.

Keywords: Analyses, Analysis, Association, Blood, Cancer, Circulating Tumor Cells, Citation, Clinical-Significance, Data, Disease, Disease Progression, Effects, Experience, Expression, From, Gastric, Gastric Cancer, Hazard, Intervals, Marker, Measures, Medline, Messenger-RNA, Meta Analysis, Meta-Analysis, Metaanalysis, Metastatic, Metastatic Breast-Cancer, Methods, Model, Overall Survival, Patients, Peripheral, Peripheral Blood, Peripheral-Blood, Plasma, Prognosis, Prognostic, Prognostic Value, Progression, Prospective, Prospective Studies, Publication Bias, Random Effects Model, Results, RT-PCR, Sample Size, Sampling, Science, Science Citation Index, Size, Survival, Systematic, Topic, Tumor, Value

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Full Text: [2014\BMC Can14, 776.pdf](2014/BMC%20Can14,%20776.pdf)

Abstract: Background: It is unclear whether liver transplantation is associated with an increased incidence of post-transplant head and neck cancer. This comprehensive meta-analysis evaluated the association between liver transplantation and the risk of head and neck cancer using data from all available studies. Methods: PubMed and Web of Science were systematically searched to identify all relevant publications up to March 2014. Standardized incidence ratio (SIR) and 95% confidence intervals (CIs) for risk of head and neck cancer in liver transplant recipients were calculated. Tests for heterogeneity, sensitivity, and publishing bias were also performed. Result: Of the 964 identified articles, 10 were deemed eligible. These studies included data on 56,507 patients with a total follow-up of 129,448.9 patient-years. SIR for head and neck cancer was 3.836-fold higher (95% CI 2.754-4.918, P = 0.000) in liver transplant recipients than in the general population. No heterogeneity or publication bias was observed. Sensitivity analysis indicated that omission of any of the studies resulted in an SIR for head and neck cancer between 3.488 (95% CI: 2.379-4.598) and 4.306 (95% CI: 3.020-5.592). Conclusions: Liver transplant recipients are at higher risk of developing head and neck cancer than the general population.

Keywords: Analysis, Articles, Association, Bias, Cancer, Confidence, Confidence Intervals, Data, De-Novo Malignancies, Developing, Disease, Follow-Up, From, General, General Population, Head And Neck Cancer, Heterogeneity, Immunosuppression, Incidence, Intervals, Kidney, Liver, Liver Transplantation, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Neck, Organ, P, Patients, Population, Publication, Publication Bias, Publications, Publishing, Pubmed, Risk, Risk-Factors, Science, Sensitivity, Sensitivity Analysis, Skin-Cancer, Standardized Incidence Ratio, Surveillance, Tacrolimus, Transplantation, Tumors, Web Of Science

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Full Text: [2014\BMC Can14, 793.pdf](2014/BMC%20Can14,%20793.pdf)

Abstract: Background: Small cell lung cancer (SCLC) accounts for about 13% of all lung cancer cases. Small cell lung cancer (SCLC) accounts for about 13% of all lung cancer cases. The purpose of the present article is to assess the role of prophylactic cranial irradiation (PCI) in small cell lung cancer (SCLC) by performing a systematic review of the randomized trials published in the literature. Methods: Randomized controlled trials were identified that compared brain metastases incidence and overall survival between PCI and No PCI in patients with SCLC. Search strategies were limited to the English language and to articles published since 1997, and included: databases searched from 1997 to March 2013 -CINAHL, Embase, Medline, Web of Science, and CENTRAL. Methodological quality was assessed with the Jadad scale. The main end points were brain metastasis and survival. Results: The review identified 5 trials, although few were of high quality. Two trials reported the one-year incidence of brain metastasis. PCI reduced the incidence of brain metastasis in one year, with a pooled relative risk of 0.45 (95% CI, 0.35 to 0.58; P < 0.00001). Four trials described the one year survival rate. The combined result revealed a significant (P = 0.01) survival benefit in the group assigned to PCI as compared with the control group, with a pooled relative risk of 0.87 (95% CI, 0.79 to 0.97). Three trials reported the three-year survival rate. The combined result revealed a great significant (P < 0.00001) survival benefit in the PCI group as compared with the No PCI group, with a pooled relative risk of 0.87 (95% CI, 0.83 to 0.91). the Five-year survival rate was compared in four trials Compared with the No PCI group, the PCI group had a significant (P < 0.00001) survival benefit with a pooled relative risk of 0.92 (95% CI, 0.88 to 0.95). Conclusions: The present systematic review indicates that PCI decreases brain metastases incidence and that PCI improves survival in SCLC patients. Prophylactic cranial irradiation should be part of standard care for all patients with small-cell lung cancer who have a response to initial chemotherapy, and it should be part of the standard treatment in future studies involving these patients.

Keywords: Article, Articles, Brain, Brain Metastases, Brain Metastasis, Cancer, Carcinoma, Care, Cell, Chemotherapy, Complete Remission, Complete Response, Control, Databases, English, Failure, Follow-Up, From, Incidence, Irradiation, Language, Literature, Lung, Lung Cancer, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Metastases, Metastasis, Methodological Quality, Methods, Oncology Group Rtog, Overall Survival, P, Patients, PCI, Prophylactic, Prophylactic Cranial Irradiation, Purpose, Quality, Radiation-Therapy, Randomized, Randomized Controlled Trials, Randomized-Trial, Relative Risk, Response, Results, Review, Risk, Role, Scale, Science, SCLC, Search, Search Strategies, Small, Small Cell Lung Cancer, Small-Cell Lung Cancer, Standard, Survival, Survival Rate, Systematic, Systematic Review, Treatment, Web Of Science

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Full Text: [2014\BMC Can14, 950.pdf](2014/BMC%20Can14,%20950.pdf)

Abstract: Background: HIF-1 (hypoxia-inducible factor 1) is a transcriptional activator that functions as a critical regulator of oxygen homeostasis. Recently, a large number of epidemiological studies have investigated the relationship between HIF-1 alpha C1772T/G1790A polymorphisms and cancer susceptibility. However, the results remain inconclusive. Therefore, we performed a meta-analysis on all of the available case-control studies to systematically summarize the possible association. Methods: A literature search was performed using PubMed and the Web of Science database to obtain relevant published studies. Pooled odds ratios (ORs) and corresponding 95% confidence intervals (CIs) for the relationship between HIF-1 alpha C1772T/G1790A polymorphisms and cancer susceptibility were calculated using fixed-and random-effects models when appropriate. Heterogeneity tests, sensitivity analyses and publication bias assessments were also performed in our meta-analysis. Results: A total of 40 studies met the inclusion criteria were included in the meta-analysis: 40 studies comprised of 10869 cases and 14289 controls for the HIF-1 alpha C1772T polymorphism and 30 studies comprised of 7117 cases and 10442 controls for the HIF-1 alpha G1790A polymorphism. The results demonstrated that there were significant association between the HIF-1 alpha C1772T polymorphism and cancer susceptibility under four genetic models (TT vs. CC: OR = 1.63, 95% CI = 1.02-2.60; CT + TT vs. CC: OR = 1.15, 95% CI = 1.01-1.34; TT vs. CT + CC: OR = 2.11, 95% CI = 1.32-3.77; T vs. C: OR = 1.21, 95% CI = 1.04-1.41). Similarly, the statistically significant association between the HIF-1 alpha G1790A polymorphism and cancer susceptibility was found to be consistently strong in all of the genetic models. Moreover, increased cancer risk was observed when the data were stratified by cancer type, ethnicity and the source of controls. Conclusions: This meta-analysis demonstrates that both the C1772T and G1790A polymorphisms in the HIF-1 alpha gene likely contribute to increased cancer susceptibility, especially in the Asian population and in breast cancer, lung cancer, pancreatic cancer and oral cancer. However, further research is necessary to evaluate the relationship between these polymorphisms and cancer risk.

Keywords: Activator, Analyses, Asian, Assessments, Association, Bias, Breast Cancer, Breast-Cancer, Cancer, Cancer Risk, Cancer Susceptibility, Case-Control, Case-Control Studies, Colorectal-Cancer, Confidence, Confidence Intervals, Criteria, Ct, Data, Database, Ethnicity, Factor 1-Alpha, Factor-1-Alpha Gene, Factor-I, Functions, Gene, Genetic, Hif-1 Gene, Hypoxia-Inducible Factor, Intervals, Literature, Literature Search, Lung, Lung Cancer, Lung-Cancer, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Oral, Oxygen, Pancreatic Cancer, Polymorphism, Polymorphisms, Population, Prostate-Cancer, Publication, Publication Bias, Pubmed, Renal-Cell Carcinoma, Research, Results, Review, Risk, Science, Sensitivity, Single Nucleotide Polymorphisms, Source, Susceptibility, Systematic, Systematic Review, Web, Web Of Science

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Full Text: [2014\BMC Can14, 956.pdf](2014/BMC%20Can14,%20956.pdf)

Abstract: Background: Our previous studies found the high prevalence of depression and anxiety among Chinese cancer patients, and many empirical studies have been conducted to evaluate the effects of psychological interventions on depression and anxiety among Chinese cancer patients. This study aimed to conduct a meta-analysis in order to assess the effects of psychological interventions on depression and anxiety in Chinese adults with cancer. Methods: The four most comprehensive Chinese academic database-CNKI, Wanfang, Vip and CBM databases-were searched from their inception until January 2014. PubMed and Web of Science (SCIE) were also searched from their inception until January 2014 without language restrictions, and an internet search was used. Randomized controlled studies assessing the effects of psychological interventions on depression and anxiety among Chinese adults with cancer were analyzed. Study selection and appraisal were conducted independently by three authors. The pooled random-effects estimates of standardized mean difference (SMD) and 95% confidence intervals (CI) were calculated. Moderator analysis (meta-regression and subgroup analysis) was used to explore reasons for heterogeneity. Results: We retrieved 147 studies (covering 14,039 patients) that reported 253 experimental-control comparisons. The random effects model showed a significant large effect size for depression (SMD = 1.199, p < 0.001; 95% CI = 1.095-1.303) and anxiety (SMD = 1.298, p < 0.001; 95% CI = 1.187-1.408). Cumulative meta-analysis indicated that sufficient evidence had accumulated since 2000-2001 to confirm the statistically significant effectiveness of psychological interventions on depression and anxiety in Chinese cancer patients. Moderating effects were found for caner type, patients’ selection, intervention format and questionnaires used. In studies that included lung cancer, preselected patients with clear signs of depression/anxiety, adopted individual intervention and used State-Trait Anxiety Inventory (STAI), the effect sizes were larger. Conclusions: We concluded that psychological interventions in Chinese cancer patients have large effects on depression and anxiety. The findings support that an adequate system should be set up to provide routine psychological interventions for cancer patients in Chinese medical settings. However, because of some clear limitations (heterogeneity and publication bias), these results should be interpreted with caution.

Keywords: Analysis, Anxiety, Assessing, Authors, Bias, Breast-Cancer, Cancer, Chinese, Chinese Adults With Cancer, Clinical-Trials, Confidence, Confidence Intervals, Cumulative Meta-Analysis, Ddepression, Depression, Disease, Effect Size, Effectiveness, Effects, Emotional Distress, Empirical Studies, Estimates, Evidence, From, Heterogeneity, Internet, Intervals, Intervention, Interventions, Inventory, Language, Lung, Lung Cancer, Medical, Meta Analysis, Meta-Analysis, Meta-Regression, Metaanalysis, Methods, Model, Moderator, Music-Therapy, Patients, Prevalence, Psychological, Psychological Intervention, Psychosocial Interventions, Publication, Publication Bias, Pubmed, Quality-Of-Life, Questionnaires, Radical-Mastectomy, Random Effects Model, Randomized, Restrictions, Results, Scie, Science, Selection, Size, Support, Web, Web Of Science

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Full Text: [2014\BMC Can14, 976.pdf](2014/BMC%20Can14,%20976.pdf)

Abstract: Background: The prognostic value of circulating tumor cells (CTCs) in colorectal cancer (CRC) patients and their value in predicting tumor response to chemotherapy are controversial. The aim of this meta-analysis was to assess the prognostic and predictive value of CTCs in CRC patients treated with chemotherapy. Methods: A comprehensive literature search for relevant studies was conducted in PubMed, Embase, the Cochrane Database, the Science Citation Index and the Ovid Database, and the reference lists of relevant studies were also perused for other relevant studies (up to April, 2014). Using the random-effects model in Stata software, version 12.0, the meta-analysis was performed using odds ratios (ORs), risk ratios (RRs), hazard ratios (HRs) and 95% confidence intervals (CIs) as effect measures. Subgroup and sensitivity analyses were also performed. Results: Thirteen eligible studies were included. Our meta-analysis indicated that the disease control rate was significantly higher in CRC patients with CTC-low compared with CTC-high (RR = 1.354, 95% CI [1.002-1.830], p = 0.048). CRC patients in the CTC-high group were significantly associated with poor progression-free survival (PFS; HR = 2.500, 95% CI [1.746-3.580], p < 0.001) and poor overall survival (OS; HR = 2.856, 95% CI [1.959-4.164], p < 0.001). Patients who converted from CTC-low to CTC-high or who were persistently CTC-high had a worse disease progression (OR = 27.088, 95% CI [4.960-147.919], p < 0.001), PFS (HR = 2.095, 95% CI [1.105-3.969], p = 0.023) and OS (HR = 3.604, 95% CI [2.096-6.197], p < 0.001) than patients who converted from CTC-high to CTC-low. Conclusions: Our meta-analysis indicates that CTCs are associated with prognosis in CRC patients treated with chemotherapy. Moreover, CTCs could provide additional prognostic information to tumor radiographic imaging and might be used as a surrogate and novel predictive marker for the response to chemotherapy.

Keywords: 1st-Line Chemotherapy, Analyses, Cancer, Chemotherapy, Circulating Tumor Cells, Citation, Colon-Cancer, Colorectal Cancer, Combination Chemotherapy, Confidence, Confidence Intervals, Control, Database, Disease, Disease Progression, From, Hazard, Imaging, Information, Intervals, Literature, Literature Search, Marker, Measures, Meta Analysis, Meta-Analysis, Meta-Regression, Metaanalysis, Methods, Model, Overall Survival, Patients, Peripheral-Blood, Predictive, Predictive Marker, Predictive Value, Prognosis, Prognostic, Progression, Progression-Free, Publication Bias, Pubmed, Random Effects Model, Randomized Controlled-Trial, Reference, Reference Lists, Relationship, Resistant Prostate-Cancer, Response, Results, Risk, Science, Science Citation Index, Sensitivity, Software, Stata, Surrogate, Surrogate-Marker, Survival, Tumor, Tumor Response, Value, Version

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Full Text: [2015\BMC Can15, 202.pdf](2015/BMC%20Can15,%20202.pdf)

Abstract: Background: The prognostic value of circulating tumor cells (CTCs) detected with the CellSearch System in patients with colorectal cancer (CRC) is controversial. The aim of our meta-analysis was to evaluate whether the detection of CTCs in the peripheral blood with the standardized CellSearch System has prognostic utility for patients with CRC. Methods: The PubMed, Science Citation Index, Cochrane Database, Embase, and the references in relevant studies were systematically searched (up to December, 2014). No search restrictions were imposed. Our meta-analysis was performed in Stata software, version 12.0 (2011) (Stata Corp, College Station, TX, USA), with the odds ratio (OR), risk ratio (RR), hazard ratio (HR), and 95% confidence interval (95% CI) as the effect measures. Subgroup and sensitivity analyses were also conducted. Results: Eleven studies containing 1847 patients with CRC were analyzed. There was a significantly higher incidence of CTCs in the metastasis-positive group than in the metastasis-negative group (OR = 4.06, 95% CI [1.74, 9.50], P < 0.01, I-2 = 0%). For hepatic metastasis, a type of metastasis, a higher incidence of CTCs was observed in the hepatic-metastasis-positive group than in the -negative group (OR = 2.61, 95% CI [1.73, 3.96], P < 0.01, I-2 = 0%). The presence of CTCs was significantly related to overall survival (HR = 2.00, 95% CI [1.49, 2.69], P < 0.01, I-2 = 67.1%) and progression-free survival (HR = 1.80, 95% CI [1.52, 2.13], P < 0.01, I-2 = 43.9%) of patients with CRC, regardless of the sampling time. The response rate for the CTC+groups was significantly lower than that for the CTC-groups at baseline and during treatment (baseline: 33% versus 39%, RR = 0.79, 95% CI [0.63, 0.99], P = 0.04, I-2 = 7.0%; during treatment: 17% versus 46%, RR = 0.41, 95% CI [0.22, 0.77], P = 0.01, I-2 = 0.0%;). Conclusions: Our meta-analysis indicates that the detection of CTCs in the peripheral blood with the CellSearch System has prognostic utility for patients with CRC.

Keywords: Analyses, Blood, Cancer, Cellsearch System, Chemotherapy Plus Bevacizumab, Circulating Tumor Cells, Citation, Clinical-Significance, Colorectal Cancer, Confidence, Database, Detection, Follow-Up, Hazard, Hazard Ratio, Incidence, Interval, Malignant Ascites, Mar, Measures, Meta Analysis, Meta-Analysis, Metaanalysis, Metastasis, Metastatic Breast-Cancer, Methods, Molecular Aspects, Negative, Odds Ratio, Overall Survival, P, Patients, Peripheral, Peripheral Blood, Peripheral-Blood, Predict Progression-Free, Prognosis, Prognostic, Pubmed, References, Response, Restrictions, Results, Risk, Sampling, Science, Science Citation Index, Sensitivity, Software, Stata, Surgery, Survival, Treatment, Tumor, Usa, Utility, Value, Version

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Full Text: [2015\BMC Can15, 334.pdf](2015/BMC%20Can15,%20334.pdf)

Abstract: Background: Optimising population-based cervical screening policies is becoming more complex due to the expanding range of screening technologies available and the interplay with vaccine-induced changes in epidemiology. Mathematical models are increasingly being applied to assess the impact of cervical cancer screening strategies. Methods: We systematically reviewed MEDLINE (R), Embase, Web of Science (R), EconLit, Health Economic Evaluation Database, and The Cochrane Library databases in order to identify the mathematical models of human papillomavirus (HPV) infection and cervical cancer progression used to assess the effectiveness and/or cost-effectiveness of cervical cancer screening strategies. Key model features and conclusions relevant to decision-making were extracted. Results: We found 153 articles meeting our eligibility criteria published up to May 2013. Most studies (72/153) evaluated the introduction of a new screening technology, with particular focus on the comparison of HPV DNA testing and cytology (n = 58). Twenty-eight in forty of these analyses supported HPV DNA primary screening implementation. A few studies analysed more recent technologies -rapid HPV DNA testing (n = 3), HPV DNA self-sampling (n = 4), and genotyping (n = 1) -and were also supportive of their introduction. However, no study was found on emerging molecular markers and their potential utility in future screening programmes. Most evaluations (113/153) were based on models simulating aggregate groups of women at risk of cervical cancer over time without accounting for HPV infection transmission. Calibration to country-specific outcome data is becoming more common, but has not yet become standard practice. Conclusions: Models of cervical screening are increasingly used, and allow extrapolation of trial data to project the population-level health and economic impact of different screening policy. However, post-vaccination analyses have rarely incorporated transmission dynamics. Model calibration to country-specific data is increasingly common in recent studies.

Keywords: Analyses, Calibration, Cancer, Cancer Screening, Cervical Cancer, Cervical Cancer Screening, Cervical Screening, Changes, Comparison, Cost Effectiveness, Cost-Effectiveness, Cost-Effectiveness Analysis, Criteria, Cytology, Data, Database, Databases, Decision Making, Decision-Making, Developed-Countries, Developing-Countries, DNA, Dynamics, Economic, Economic Evaluations, Economic-Evaluation, Effectiveness, Epidemiology, Evaluation, Extrapolation, Genotyping, Health, HPV, Human, Human Papillomavirus, Human-Papillomavirus Vaccination, Impact, Implementation, Infection, Intraepithelial Neoplasia, Mathematical Models, Medline, Model, Models, Molecular Markers, Outcome, Papillomavirus, Policies, Policy, Population Based, Population-Based, Potential, Practice, Prevention, Primary, Programmes, Recent, Review, Risk, Science, Screening, Standard, Strategies, Systematic Review, Technologies, Technology, Testing, Transmission, Trial, Utility, Web Of Science, Women

# Title: BMC Cardiovascular Disorders

Full Journal Title: BMC Cardiovascular Disorders

ISO Abbreviated Title:

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Issues/Year:

Journal Country/Territory:

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Subject Categories:

: Impact Factor

? van der Avoort, C.J., Filion, K.B., Dendukuri, N. and Brophy, J.M. (2009), Microvolt T-wave alternans as a predictor of mortality and severe arrhythmias in patients with left-ventricular dysfunction: A systematic review and meta-analysis. *BMC Cardiovascular Disorders*, **9**, Article Number: 5.

Full Text: [2009\BMC Car Dis9, 5.pdf](2009/BMC%20Car%20Dis9,%205.pdf)

Abstract: Background: Studies have demonstrated that the use of implantable cardioverter defibrillators (ICDs) is effective for the primary prevention of arrhythmic events but due to imposing costs, there remains a need to identify which patients will derive the greatest benefit. Microvolt T-wave alternans (MTWA) has been proposed to assist in this stratification. Methods: We systematically searched the literature using MEDLINE, EMBASE, Current Contents, the Cochrane Library, INAHTA, and the Web of Science to identify all primary prevention randomized controlled trials and prospective cohort studies with at least 12 months of follow-up examining MTWA as a predictor of mortality and severe arrhythmic events in patients with severe left-ventricular dysfunction. The search was limited to full-text English publications between January 1990 and May 2007. The primary outcome was a composite of mortality and severe arrhythmias. Data were synthesized using Bayesian hierarchical models. Results: We identified no trials and 8 published cohort studies involving a total of 1,946 patients, including 332 positive, 656 negative, 84 indeterminate, and 874 non-negative (which includes both positive and indeterminate tests) MTWA test results. The risk of mortality or severe arrhythmic events was higher in patients with a positive MTWA compared to a negative test (RR = 2.7, 95% credible interval (CrI) = 1.4, 6.1). Similar results were obtained when comparing non-negative MTWA to a negative test. Conclusion: A positive MTWA test predicts mortality or severe arrhythmic events in a population of individuals with severe left ventricular dysfunction. However, the wide credible interval suggests the clinical utility of this test remains incompletely defined, ranging from very modest to substantial. Additional high quality studies are required to better refine the role of MTWA in the decision making process for ICD implantation.

Keywords: Clinical Utility, Cochrane, Cohort Studies, Congestive-Heart-Failure, Costs, Decision Making, Decision-Making, Dilated Cardiomyopathy, EMBASE, Events, Follow-up, Implantable Cardioverter-Defibrillator, Literature, MEDLINE, Meta-Analysis, Methods, Mortality, Myocardial-Infarction, Outcome, Prevention, Primary, Primary Prevention, Prognostic Value, Publications, Randomized Controlled Trials, Review, Risk, Risk Stratification, Science, Systematic, Systematic Review, Tachyarrhythmia, Trial, Web of Science

# Title: BMC Complementary and Alternative Medicine

Full Journal Title: BMC Complementary and Alternative Medicine

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ranasinghe, P., Pigera, S., Premakumara, G.A.S., Galappaththy, P., Constantine, G.R. and Katulanda, P. (2013), Medicinal properties of ‘true’ cinnamon (*Cinnamomum zeylanicum*): A systematic review. *BMC Complementary and Alternative Medicine*, **13**, Article Number: 275.

Full Text: 2013\BMC Com Alt Med13, 275.pdf

Abstract: Background: In traditional medicine Cinnamon is considered a remedy for respiratory, digestive and gynaecological ailments. In-vitro and in-vivo studies from different parts of the world have demonstrated numerous beneficial medicinal effects of Cinnamomum zeylanicum (CZ). This paper aims to systematically review the scientific literature and provide a comprehensive summary on the potential medicinal benefits of CZ. Methods: A comprehensive systematic review was conducted in the following databases; PubMed, Web of Science, SciVerse Scopus for studies published before 31st December 2012. The following keywords were used: “Cinnamomum zeylanicum”, “Ceylon cinnamon”, “True cinnamon” and “Sri Lankan cinnamon”. To obtain additional data a manual search was performed using the reference lists of included articles. Results: The literature search identified the following number of articles in the respective databases; PubMed=54, Web of Science=76 and SciVerse Scopus=591. Thirteen additional articles were identified by searching reference lists. After removing duplicates the total number of articles included in the present review is 70. The beneficial health effects of CZ identified were; a) anti-microbial and anti-parasitic activity, b) lowering of blood glucose, blood pressure and serum cholesterol, c) anti-oxidant and free-radical scavenging properties, d) inhibition of tau aggregation and filament formation (hallmarks of Alzheimer’s disease), e) inhibitory effects on osteoclastogenesis, f) anti-secretagogue and anti-gastric ulcer effects, g) anti-nociceptive and anti-inflammatory activity, h) wound healing properties and i) hepato-protective effects. The studies reported minimal toxic and adverse effects. Conclusions: The available in-vitro and in-vivo evidence suggests that CZ has many beneficial health effects. However, since data on humans are sparse, randomized controlled trials in humans will be necessary to determine whether these effects have public health implications.

Keywords: Activity, Adverse Effects, Aggregation, Alzheimer’S Disease, Antibacterial Activity, Antimicrobial, Antimicrobial Activity, Antioxidant, Antioxidant Activities, Bark Extract, Benefits, Blood, Blood Glucose, Blood Pressure, Ceylon Cinnamon, Cholesterol, Cinnamomum Zeylanicum, Data, Databases, Diabetes-Mellitus, Disease, Effects, Essential Oils, Ethanolic Extract, Evidence, Free Radical, Fruit Extracts, Glucose, Healing, Health, Health Benefits, Humans, In Vitro, In-Vitro Activity, Inhibition, Literature, Literature Search, Medicinal Properties, Medicine, Methods, Osteoclastogenesis, Plants, Potential, Pressure, Properties, Public, Public Health, Pubmed, Randomized, Randomized Controlled Trials, Reference, Reference Lists, Results, Review, Science, Scientific Literature, Scopus, Serum, Systematic Review, Tau, Toxic, Traditional Medicine, True Cinnamon, Web of Science, World, Wound, Wound Healing

? Chen, H.Y., Li, S.G., Cho, W.C.S. and Zhang, Z.J. (2013), The role of acupoint stimulation as an adjunct therapy for lung cancer: A systematic review and meta-analysis. *BMC Complementary and Alternative Medicine*, **13**, Article Number: 362.

Full Text: [2013\BMC Com Alt Med13, 362.pdf](2013/BMC%20Com%20Alt%20Med13,%20362.pdf)

Abstract: Background: Lung cancer is the leading cause of death in cancer patients. Clinical studies showed that a variety of acupoint stimulations have been extensively used for lung cancer patients, including needle insertion, injection with herbal extraction, plaster application, and moxibustion. However, the role of acupoint stimulation in lung cancer treatment was not fully reviewed. Methods: in the present study, we conducted a systematic review and meta-analysis on the role of acupoint stimulation in lung cancer treatment by electronic and manual searching in seven databases, including Ovid (Ovid MEDLINE, AMED, CAB Abstracts, EMBASE), EBSCOhost research databases (Academic Search premier, MEDLINE, CIHAHL Plus), PreQuest (British Nursing Index, ProQuest Medical Library, ProQuest Dissertations & Theses A&I, PsycINFO), and ISI web of knowledge (Web of Science, BIOSIS Citation Index, Biological Abstracts, Chinese Science Citation Database), CNKI, Wanfang Data, and CQVIP. Results: Our study showed that acupoint stimulation has strong immunomodulatory effect for lung cancer patients as demonstrated by the significant increase of IL-2, T cell subtypes (CD3+ and CD4+, but not CD8+ cells), and natural killer cells. Further analysis revealed that acupoint stimulation remarkably alleviates the conventional therapy-induced bone marrow suppression (hemoglobin, platelet, and WBC reduction) in lung cancer patients, as well as decreases nausea and vomiting. The pooled studies also showed that acupoint stimulation can improve Karnofsky performance status, immediate tumor response, quality of life (EORCT-QLQ-C30), and pain control of cancer patients. Conclusions: Acupoint stimulation is found to be effective in lung cancer treatment, further confirmatory evaluation via large scale randomized trials is warranted.

Keywords: Academic, Acupoint, Acupuncture, Acupuncture Treatment, Alternative Medicine, Analysis, Application, Bone, Bone Marrow, Cab, Cancer, Cancer Treatment, Carcinoma, Cause of Death, Cell-Activity, Chinese, Chinese Medicine, Citation, Complementary, Control, Conventional, Database, Databases, Death, Dissertations, Efficacy, Embase, Enhancement, Evaluation, Extraction, Hemoglobin, Il-2, Immunomodulatory, Interferon-Gamma, Interleukin-2, Isi, Knowledge, Life, Lung, Lung Cancer, Medical, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Natural, Natural Killer Cells, Nausea, Nausea and Vomiting, Nursing, Pain, Pain Control, Patients, Performance, Psycinfo, Quality, Quality Of, Quality of Life, Randomized, Reduction, Research, Response, Results, Review, Role, Scale, Science, Search, Systematic Review, Th17, Therapy, Theses, Treatment, Tumor, Vomiting, Web, Web of Science

? Cramer, H., Lauche, R. and Dobos, G. (2014), Characteristics of randomized controlled trials of yoga: A bibliometric analysis. *BMC Complementary and Alternative Medicine*, **14**, Article Number: 362.

Full Text: [2014\BMC Com Alt Med14, 362.pdf](2014/BMC%20Com%20Alt%20Med14,%20362.pdf)

Abstract: Background: A growing number of randomized controlled trials (RCTs) have investigated the therapeutic value of yoga interventions. This bibliometric analysis aimed to provide a comprehensive review of the characteristics of the totality of available randomized yoga trials. Methods: All RCTs of yoga were eligible. Medline/PubMed, Scopus, the Cochrane Library, IndMED, and the tables of content of yoga specialty journals not listed in medical databases were screened through February 2014. Bibliometric data, data on participants, and intervention were extracted and analyzed descriptively. Results: Published between 1975 and 2014, a total of 366 papers were included, reporting 312 RCTs from 23 different countries with 22,548 participants. The median study sample size was 59 (range 8-410, interquartile range = 31, 93). Two hundred sixty-four RCTs (84.6%) were conducted with adults, 105 (33.7%) with older adults and 31 (9.9%) with children. Eighty-four RCTs (26.9%) were conducted with healthy participants. Other trials enrolled patients with one of 63 varied medical conditions; the most common being breast cancer (17 RCTs, 5.4%), depression (14 RCTs, 4.5%), asthma (14 RCTs, 4.5%) and type 2 diabetes mellitus (13 RCTs, 4.2%). Whilst 119 RCTs (38.1%) did not define the style of yoga used, 35 RCTs (11.2%) used Hatha yoga and 30 RCTs (9.6%) yoga breathing. The remaining 128 RCTs (41.0%) used 46 varied yoga styles, with a median intervention length of 9 weeks (range 1 day to 1 year; interquartile range = 5, 12). Two hundred and forty-four RCTs (78.2%) used yoga postures, 232 RCTs (74.4%) used breath control, 153 RCTs (49.0%) used meditation and 32 RCTs (10.3%) used philosophy lectures. One hundred and seventy-four RCTs (55.6%) compared yoga with no specific treatment; 21 varied control interventions were used in the remaining RCTs. Conclusions: This bibliometric analysis presents the most complete up-to-date overview on published randomized yoga trials. While the available research evidence is sparse for most conditions, there was a marked increase in published RCTs in recent years.

Keywords: Analysis, Asthma, Bibliometric, Bibliometric Analysis, Bibliometric Data, Bibliometrics, Breast Cancer, Breast-Cancer Patients, Cancer, Characteristics, Children, Chronic Neck Pain, Complementary Therapies, Complete, Control, Controlled Pilot Trial, Coronary-Artery-Disease, Data, Databases, Depression, Diabetes, Diabetes Mellitus, Evidence, Heart-Rate-Variability, Intervention, Interventions, Journals, Length, Low-Back-Pain, Medical, Meditation, Methods, Older Adults, Overview, Papers, Patients, Philosophy, Professional Computer Users, Progressive Muscle-Relaxation, Quality-Of-Life, Randomized, Randomized Controlled Trials, Recent, Reporting, Research, Results, Review, Sample Size, Scopus, Size, Specialty, Style Modification Program, Therapeutic, Treatment, Type 2 Diabetes, Type 2 Diabetes Mellitus, Value, Yoga

? Alsaad, A.M.S., Fox, C. and Koren, G. (2015), Toxicology and teratology of the active ingredients of professional therapy MuscleCare products during pregnancy and lactation: A systematic review. *BMC Complementary and Alternative Medicine*, **15**, Article Number: 40.

Full Text: [2015\BMC Com Alt Med15, 40.pdf](2015/BMC%20Com%20Alt%20Med15,%2040.pdf)

Abstract: Background: The rates of muscle aches, sprains, and inflammation are significantly increased during pregnancy. However, women are afraid to use systemic analgesics due to perceptions of fetal risks. Thus, topical products are important alternatives to consider for those women. Of interest, Professional Therapy MuscleCare (PTMC) has shown to be effective in alleviating the myofascial pain as reported in a randomized, placebo-controlled double-blinded comparative clinical study of five topical analgesics. However, to date, there is no complete review or long-term safety studies on the safety of these products during pregnancy and lactation. Thus, the aim of this article was to review toxicological, developmental, and reproductive effects associated with the use of PTMC products. Methods: We performed a systematic review on safety of PTMC from all toxicological articles investigating the effects of PTMC’s ingredients. This search was conducted through medical and toxicological databases including, Web of Science, EMBASE, Medline, and Micromedix. Both reported and theoretical adverse effects were extensively reviewed. Results: Of the 1500 publications reviewed, 100 papers were retrieved and included in the review. Although some ingredients in PTMC products might cause adverse reproductive effects at high systemic doses, these doses are hundreds to thousands fold greater than those systemically available from topical use at the recommended maximum dose (i.e. 10 g/day). Conclusions: This study provides evidence that, when used as indicated, PTMC is apparently safe for pregnant women and their unborn babies as well as for breastfed infants.

Keywords: Active, Adverse Effects, Alternatives, Analgesics, Article, Articles, Bioactive Triterpene Glycosides, Camphorated Oil Intoxication, Chondroitin Sulfate, Clinical, Clinical Study, Comparative Clinical Study, Complete, Databases, Double-Blind, Effects, Embase, Evidence, Fetal, From, Glucosamine Sulfate, Infants, Inflammation, Lactation, Long Term, Long-Term, Low-Back-Pain, Mar, Medical, Medline, Methods, Methyl Salicylate, Muscle, Musclecare, Pain, Papers, Pelvic Girdle Pain, Placebo-Controlled Trial, Pregnancy, Pregnant, Pregnant Women, Publications, Randomized, Rates, Results, Review, Risks, Safety, Science, Systematic, Systematic Review, Teratogenicity, Teratology, Theoretical, Therapy, Topical, Toxicology, Vitamin-E Supplementation, Web, Web Of Science, Women

# Title: BMC Dermatology

Full Journal Title: [BMC Dermatology](http://www.biomedcentral.com/bmcdermatol/archive/)

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: Impact Factor

Notes: JJournal

Jemec, G.B.E. (2001), Impact factors of dermatological journals for 1991-2000. *BMC Dermatology*, **1**, 7-10.

Full Text: [2001\BMC Der1, 7.pdf](2001/BMC%20Der1,%207.pdf)

Abstract: Background: the impact factors of scientific journals are interesting but not unproblematic. It is speculated that the number of journals in which citations can be made correlates with the impact factors in any given speciality.

Methods: Using the Journal Citation Report (JCR) for 1997, a bibliometric analysis was made to assess the correlation between the number of journals available in different fields of clinical medicine and the top impact factor. A detailed study was made of dermatological journals listed in the JCR 1991-2000, to assess the relevance of this general survey.

Results: Using the 1997 JCR definitions of speciality journals, a significant linear correlation was found between the number of journals in a given field and the top impact factor of that field (rs = 0.612, p < 0.05). Studying the trend for dermatological journals 1991 to 2000 a similar pattern was found. Significant correlations were also found between total number of journals and mean impact factor (rs = 0.793, p = 0.006), between the total number of journals and the top impact factor (rs = 0.759, p = 0.011) and between the mean and the top impact factor (rs = 0.827, p = 0.003).

Conclusions: the observations suggest that the number of journals available predict the top impact factor. For dermatology journals the top and the mean impact factor are predicted. This is in good agreement with theoretical expectations as more journals make more print-space available for more papers containing citations. It is suggested that new journals in dermatology should be encouraged, as this will most likely increase the impact factor of dermatological journals generally.

Keywords: Analysis, Background, Bibliometric, Bibliometric Analysis, Citations, Clinical, Correlates, Correlation, Correlations, Field, General, Impact, Impact Factor, Impact Factors, Journals, Medicine, Methods, Papers, Pattern, Relevance, Scientific Journals, Survey, Trend

# Title: BMC Family Practice

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Subject Categories:

: Impact Factor

? Geense, W.W., van de Glind, I.M., Visscher, T.L.S. and van Achterberg, T. (2013), Barriers, facilitators and attitudes influencing health promotion activities in general practice: An explorative pilot study. *BMC Family Practice*, **14**, Article Number: 20.

Full Text: [2013\BMC Fam Pra14, 20.pdf](2013/BMC%20Fam%20Pra14,%2020.pdf)

Abstract: Background: The number of chronically ill patients increases every year. This is partly due to an unhealthy lifestyle. However, the frequency and quality of (evidence-based) health promotion activities conducted by Dutch general practitioners (GPs) and practice nurses (PNs) are limited. The aim of this pilot study was to explore which lifestyle interventions Dutch GPs and PNs carry out in primary care, which barriers and facilitators can be identified and what main topics are with respect to attitudes towards health promoting activities. These topic areas will be identified for a future, larger scale study. Method: This qualitative study consisted of 25 semi-structured interviews with sixteen GPs and nine PNs. ATLAS.ti was used to analyse the transcripts of the interviews. Results: All GPs and PNs said they discuss lifestyle with their patients. Next to this, GPs and PNs counsel patients, and/or refer them to other disciplines. Only few said they refer patients to specific lifestyle programs or interventions in their own practice or in the neighbourhood. Several barriers and facilitators were identified. The main topics as barriers are: a lack of patients’ motivation to make lifestyle changes, insufficient reimbursement, a lack of proven effectiveness of interventions and a lack of overview of health promoting programs in their neighbourhood. The most cited facilitators are availability of a PN, collaboration with other disciplines and availability of interventions in their own practice. With respect to attitudes, six different types of GPs were identified reflecting the main topics that relate to attitudes, varying from ‘ignorer’ to ‘nurturer’. The topics relating to PNs attitudes towards health promotion activities, were almost unanimously positive. Conclusion: GPs and PNs all say they discuss lifestyle issues with their patients, but the health promotion activities that are organized in their practice vary. Main topics that hinder or facilitate implementation are identified, including those that relate to attitudes of GPs and PNs.

Keywords: Attitude, Attitudes, Availability, Barriers, Beliefs, Care, Changes, Collaboration, Dutch, Effectiveness, Evidence Based, Evidence-Based, Family Nursing, Family Practice, General, General Practice, Health, Health Promotion, Implementation, Implementation, Intervention, Interventions, Interviews, Life Styles, Nurses, Patients, Physical-Activity, Pilot, Postal Questionnaire Surveys, Practice, Practitioners Attitudes, Prevention, Primary, Primary Care, Promotion, Qualitative, Qualitative Study, Quality, Quality Of, Reimbursement, Results, Risk-Factor Management, Scale, Topic, Views

# Title: BMC Gastroenterology

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? Sterud, T., Ekeberg, O. and Hem, E. (2006), Health status in the ambulance services: A systematic review. *BMC Health Services Research*, **6**, Article Number: 82.

Full Text: [2006\BMC Hea Ser Res6, 82.pdf](2006/BMC%20Hea%20Ser%20Res6,%2082.pdf)

Abstract: Background: Researchers have become increasingly aware that ambulance personnel may be at risk of developing work-related health problems. This article systematically explores the literature on health problems and work-related and individual health predictors in the ambulance services. Methods: We identified the relevant empirical literature by searching several electronic databases including MEDLINE, EMBASE, PsychINFO, CINAHL, and ISI Web of Science. Other relevant sources were identified through reference lists and other relevant studies known by the research group. Results: Forty-nine studies are included in this review. Our analysis shows that ambulance workers have a higher standardized mortality rate, higher level of fatal accidents, higher level of accident injuries and a higher standardized early retirement on medical grounds than the general working population and workers in other health occupations. Ambulance workers also seem to have more musculoskeletal problems than the general population. These conclusions are preliminary at present because each is based on a single study. More studies have addressed mental health problems. The prevalence of post-traumatic stress symptom caseness was >20% in five of seven studies, and similarly high prevalence rates were reported for anxiety and general psychopathology in four of five studies. However, it is unclear whether ambulance personnel suffer from more mental health problems than the general working population. Conclusion: Several indicators suggest that workers in the ambulance services experience more health problems than the general working population and workers in other health occupations. Several methodological challenges, such as small sample sizes, non-representative samples, and lack of comparisons with normative data limit the interpretation of many studies. More coordinated research and replication are needed to compare data across studies. We discuss some strategies for future research.

Keywords: Analysis, Anxiety, Comparing Early Retirements, Critical Incident Exposure, Databases, EMBASE, Ems Providers, Follow-up, Health, Interpretation, ISI, Literature, Longitudinal Course, Medical, Medical Grounds, Mental Health, Mental-Health, Methods, Mortality, Personnel, Posttraumatic Stress, Posttraumatic-Stress, Prevalence, Rescue Workers, Research, Researchers, Review, Risk, Science, Stress, Systematic, Systematic Review, Web of Science

? Hutton, C. and Gunn, J. (2007), Do longer consultations improve the management of psychological problems in general practice? A systematic literature review. *BMC Health Services Research*, **7**, Article Number: 71.

Full Text: [2007\BMC Hea Ser Res7, 71.pdf](2007/BMC%20Hea%20Ser%20Res7,%2071.pdf)

Abstract: Background: Psychological problems present a huge burden of illness in our community and GPs are the main providers of care. There is evidence that longer consultations in general practice are associated with improved quality of care; but this needs to be balanced against the fact that doctor time is a limited resource and longer consultations may lead to reduced access to health care. The aim of this research was to conduct a systematic literature review to determine whether management of psychological problems in general practice is associated with an increased consultation length and to explore whether longer consultations are associated with better health outcomes for patients with psychological problems. Methods: A search was conducted on MEDLINE (Ovid) databases up to7 June 2006. The following search terms, were used: general practice or primary health care (free text) or family practice (MeSH) and consultation length or duration (free text) or time factors (MeSH) and depression or psychological problems or depressed (free text). A similar search was done in Web of Science, PUBMED, Google Scholar, and Cochrane Library and no other papers were found. Studies were included if they contained data comparing consultation length and management or detection of psychological problems in a general practice or primary health care setting. The studies were read and categories developed to enable systematic data extraction and synthesis. Results: 29 papers met the inclusion criteria. Consultations with a recorded diagnosis of a psychological problem were reported to be longer than those with no recorded psychological diagnosis. It is not clear if this is related to the extra time or the consultation style. GPs reported that time pressure is a major barrier to treating depression. There was some evidence that increased consultation length is associated with more accurate diagnosis of psychological problems. Conclusion: Further research is needed to elucidate the factors in longer consultations that are associated with greater detection of psychological problems, and to determine the association between the detection of psychological problems and the attitude, gender, age or training of the GP and the age, gender and socioeconomic status of the patient. These are important considerations if general practice is to deal more effectively with people with psychological problems.

Keywords: 5 Minute Consultation, Attitude, Burden, Care, Cochrane, Consultation, Databases, Depression, Determinants, Diagnosis, Family Practice, Gender, General Practice, Google Scholar, GPs, Health Care, Health Outcomes, Lead, Length, Literature, Literature Review, Management, Methods, Outcomes, Papers, Practice, Practitioners, Pressure, Primary, Primary Health Care, Psychological, Quality, Quality of Care, Research, Review, Satisfaction, Science, Socioeconomic Status, Systematic, Systematic Literature Review, Time Constraint, Training, Web of Science

? Schneider, N., Lingner, H. and Schwartz, F.W. (2007), Disclosing conflicts of interest in German publications concerning health services research. *BMC Health Services Research*, **7**, Article Number: 78.

Full Text: [2007\BMC Hea Ser Res7, 78.pdf](2007/BMC%20Hea%20Ser%20Res7,%2078.pdf)

Abstract: Background: the influence of the pharmaceutical industry and other stakeholders on medical science has been increasingly criticised. When dealing with conflicts of interest in scientific publications it is important to ensure the best possible transparency. The objective of this work is to examine the disclosure practice of financial and non-financial conflicts of interest in German language publications concerning health services research for the first time. Methods: We performed a systematic literature search in the PUBMED data base using the MeSH term “health services research”. The review was conducted on July 10, 2006, setting the limits “dates: published in the last 2 years” and “languages: German” (only articles with abstracts). 124 articles in 31 magazines were found. In the magazines the instructions for authors were examined as to whether a statement on conflicts of interest is expected - and if, in which form. Regarding the articles in the journals which require a statement, we examined whether the statement is explicitly published. The results are descriptively represented. Results: 13 magazines (42%) do not require any statement on conflicts of interest, whereas 18 journals (58%) expect a statement. Two of these 18 magazines refer explicitly to the uniform requirements of the International Committee of the Medical Journal Editors (ICMJE); the remaining 16 magazines give differently accentuated instructions on how to disclose conflicts of interest, whereby the focus is primarily on financial issues. A statement on conflicts of interest is explicitly published in 11 of the 71 articles (15%) which are found in the magazines that require a statement with the submission of a manuscript. Related to the total number of included articles, this means that the reader explicitly receives information on potential conflicts of interest in 9% of the cases (11 of 124 articles). Statements of others that are involved in the publication process (reviewers, editors) are not available in any of the articles examined. Conclusion: A better sensitization for possible conflicts of interest in German publications concerning health services research is necessary. We suggest tightening the criteria for disclosure in the instructions for authors in the scientific journals. Among other things the equivalent consideration of financial and non-financial conflicts of interest as well as the obligatory publication of the statements should be part of good practice.

Keywords: Conflicts of Interest, Criteria, Data, Data Base, Disclosure, Financial Issues, First, Health, Health Services, Health Services Research, Information, Journals, Literature, Medical, Pharmaceutical Industry, Potential, Practice, Publication, Publications, PUBMED, Research, Review, Science, Scientific Journals, Scientific Publications, Sensitization, Services, Stakeholders, Term, Transparency, Work

? Wulff, C.N., Thygesen, M., Sondergaard, J. and Vedsted, P. (2008), Case management used to optimize cancer care pathways: A systematic review. *BMC Health Services Research*, **8**, Article Number: 227.

Full Text: [2008\BMC Hea Ser Res8, 227.pdf](2008/BMC%20Hea%20Ser%20Res8,%20227.pdf)

Abstract: Background: Reports of inadequate cancer patient care have given rise to various interventions to support cancer care pathways which, overall, seem poorly studied. Case management (CM) is one method that may support a cost-effective, high-quality patient-centred treatment and care. The purpose of this article was to summarise intervention characteristics, outcomes of interest, results, and validity components of the published randomized controlled trials (RCTs) examining CM as a method for optimizing cancer care pathways. Methods: PUBMED, EMBASE, Web of Science, CINAHL and the Cochrane Central Register of Controlled Trials were systematically searched for RCTs published all years up to August 2008. Identified papers were included if they passed the following standards. Inclusion criteria: 1) the intervention should meet the criteria for CM which includes multidisciplinary collaboration, care co-ordination, and it should include in-person meetings between patient and the case manager aimed at supporting, informing and educating the patient. 2) the intervention should focus on cancer patient care. 3) the intervention should aim to improve subjective or objective quality outcomes, and effects should be reported in the paper. Exclusion criteria: Studies centred on cancer screening or palliative cancer care. Data extraction was conducted in order to obtain a descriptive overview of intervention characteristics, outcomes of interest and findings. Elements of CONSORT guidelines and checklists were used to assess aspects of study validity. Results: the searches identified 654 unique papers, of which 25 were retrieved for scrutiny. Seven papers were finally included. Intervention characteristics, outcomes studied, findings and methodological aspects were all very diverse. Conclusion: Due to the scarcity of papers included (seven), significant heterogeneity in target group, intervention setting, outcomes measured and methodologies applied, no conclusions can be drawn about the effect of CM on cancer patient care. It is a major challenge that CM shrouds in a “black box”, which means that it is difficult to determine which aspect(s) of interventions contribute to overall effects. More trials on rigorously developed CM interventions (opening up the “black box”) are needed as is the re-testing of interventions and outcomes studied in various settings.

Keywords: Breast-Cancer, Cancer, Cochrane, Collaboration, Consort, Consort Statement, Disease, Guidelines, Health-Care, Interest, Intervention, Interventions, Lung-Cancer, Management, Methods, Nurse Case-Management, Older Women, Outcomes, Overview, Papers, PUBMED, Randomized Controlled Trials, Randomized-Trials, Review, Science, Screening, Standards, Systematic, Systematic Review, Treatment, Validity, Web of Science

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Full Text: [2009\BMC Gas9, 31.pdf](2009/BMC%20Gas9,%2031.pdf)

Abstract: Background: Percutaneous radiofrequency ablation (RFA) has gained popularity in the treatment of hepatocellular carcinoma (HCC). However, its role versus other conventional minimally invasive therapies is still a matter of debate. The purpose of this work is to analyse the efficacy and safety of RFA versus that of ethanol injection (PEI), the percutaneous standard approach to treat nonsurgical HCC. Methods: Systematic review and meta-analysis of randomised or quasi-randomised controlled trials published up to August 2008 in PUBMED, ISI Web of Science and The Cochrane Library. Overall survival, local recurrence rate and adverse effects were considered as primary outcomes. Studies were critically appraised and estimates of effect were calculated according to the random-effects model. Inconsistency across studies was evaluated using the I(2) statistic. Sensitivity analyses were conducted to explore statistical heterogeneity. Results: Six studies were eligible. The studies reported data on 396 patients treated by RFA and 391 treated by PEI. In general, subjects were in Child-Pugh class A (74%) and had unresectable HCC (mean size 2.5 cm). Mean follow-up was 25 +/- 11 months. The survival rate showed a significant benefit for RFA over PEI at one, two, three and four years. The advantage in survival increased with time with Relative Risk values of: 1.28 (95% CI:1.12-1.45) and 1.24 95% CI: 1.05-1.48) for RFA versus PEI at 3- and 4-years respectively. Likewise, RFA achieved significantly lower rates of local recurrence (RR: 0.37, 95% CI: 0.23-0.59). The overall rate of adverse events was higher with RFA (RR:2.55, 95% CI: 1.8-3.6) yet no significant differences were found concerning major complications (RR:1.85, 95% CI: 0.68-5.01). There was not enough evidence supporting a better cost-effectiveness ratio for RFA compared to PEI. Conclusion: Available evidence from adequate quality controlled studies support the superiority of RFA versus PEI, in terms of better survival and local control of the disease, for the treatment of patients with relatively preserved liver function and early-stage non-surgical HCC. However, the higher rate of adverse events displayed is something that will have to be tested with appropriate weighting of the possible benefits in each individual case. Overall cost-effectiveness of RFA needs further evaluation.

Keywords: Adverse Effects, Carcinoma, Cirrhosis, Cochrane, Complications, Control, Controlled Studies, Cost-Effectiveness, Design, Disease, Efficacy, Ethanol, Evaluation, Experience, Follow-up, Hepatocellular Carcinoma, ISI, Liver-Tumors, Management, Meta Analysis, Meta-Analysis, Methods, Model, Outcomes, PEI, Primary, PUBMED, Randomized Controlled-Trial, Ratio, Recurrence, Review, Safety, Science, Statistical, Survival, Systematic, Systematic Review, Therapy, Thermal Ablation, Treatment, Web of Science

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Full Text: [2009\BMC Hea Ser Res9, 76.pdf](2009/BMC%20Hea%20Ser%20Res9,%2076.pdf)

Abstract: Background: Studies on differences between immigrant and non-immigrant groups in health care utilization vary with respect to the extent and direction of differences in use. Therefore, our study aimed to provide a systematic overview of the existing research on differences in primary care utilization between immigrant groups and the majority population. Methods: For this review PUBMED, PsycInfo, Cinahl, Sociofile, Web of Science and Current Contents were consulted. Study selection and quality assessment was performed using a predefined protocol by 2 reviewers independently of each other. Only original, quantitative, peer-reviewed papers were taken into account. To account for this hierarchical structure, logistic multilevel analyses were performed to examine the extent to which differences are found across countries and immigrant groups. Differences in primary care use were related to study characteristics, strength of the primary care system and methodological quality. Results: A total of 37 studies from 7 countries met all inclusion criteria. Remarkably, studies performed within the US more often reported a significant lower use among immigrant groups as compared to the majority population than the other countries. As studies scored higher on methodological quality, the likelihood of reporting significant differences increased. Adjustment for health status and use of culture-/language-adjusted procedures during the data collection were negatively related to reporting significant differences in the studies. Conclusion: Our review underlined the need for careful design in studies of differences in health care use between immigrant groups and the majority population. The results from studies concerning differences between immigrant and the majority population in primary health care use performed within the US might be interpreted as a reflection of a weaker primary care system in the US compared to Europe and Canada.

Keywords: Access, Acculturation, Assessment, Canada, Consultations, Data Collection, Ethnic-Differences, Europe, General-Practice, Health Care, Health Status, Immigrant, Medical, Methods, Mexican-Americans, Overview, Papers, Primary, Primary Care, Primary Health Care, Primary Health-Care, Protocol, PUBMED, Quantitative, Reported Health, Research, Review, Science, Services, Social-Class, Systematic, Systematic Review, US, Utilization, Web of Science

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Full Text: [2009\BMC Hea Ser Res9, 115.pdf](2009/BMC%20Hea%20Ser%20Res9,%20115.pdf)

Abstract: Background: Tissue engineering is an emerging field. Novel bioengineered skin substitutes and genetically derived growth factors offer innovative approaches to reduce the burden of diabetic foot and venous leg ulcers for both patients and health care systems. However, they frequently are very costly. Based on a systematic review of the literature, this study assesses the cost-effectiveness of these growth factors and tissue-engineered artificial skin for treating chronic wounds. Methods: On the basis of an extensive explorative search, an appropriate algorithm for a systematic database search was developed. The following databases were searched: BIOSIS Previews, CRD databases, Cochrane Library, EconLit, EMBASE, MEDLINE, and Web of Science. Only completed and published trial-or model-based studies which contained a full economic evaluation of growth factors and bioengineered skin substitutes for the treatment of chronic wounds were included. Two reviewers independently undertook the assessment of study quality. The relevant studies were assessed by a modified version of the Consensus on Health Economic Criteria (CHEC) list and a published checklist for evaluating model-based economic evaluations. Results: Eleven health economic evaluations were included. Three biotechnology products were identified for which topical growth factors or bioengineered skin substitutes for the treatment of chronic leg ulceration were economically assessed: (1) Apligraf (R), a bilayered living human skin equivalent indicated for the treatment of diabetic foot and venous leg ulcers (five studies); (2) Dermagraft (R), a human fibroblast-derived dermal substitute, which is indicated only for use in the treatment of full-thickness diabetic foot ulcers (one study); (3) REGRANEX (R) Gel, a human platelet-derived growth factor for the treatment of deep neuropathic diabetic foot ulcers (five studies). The studies considered in this review were of varying and partly low methodological quality. They calculated that due to shorter treatment periods, fewer complications and fewer inpatient episodes the initial cost of the novel biotechnology products may be offset, making the treatment cost-effective or even cost-saving. The results of most studies were sensitive to initial costs of the products and the evidence of effectiveness. Conclusion: the study results suggest that some growth factors and tissue-engineered artificial skin products feature favourable cost-effectiveness ratios in selected patient groups with chronic wounds. Despite the limitations of the studies considered, it is evident that health care providers and coverage decision makers should take not only the high cost of the biotechnology product but the total cost of care into account when deciding about the appropriate allocation of their financial resources. However, not only the cost-effectiveness but first of all the effectiveness of these novel biotechnology products deserve further research.

Keywords: Assessment, Becaplermin, Biotechnology, Burden, Cochrane, Cost-Effectiveness, Costs, Countries, Coverage, Databases, Effectiveness, Efficacy, Evaluation, Graftskin, Growth Factor-Bb, Health, Health Care, Human, Human Skin Equivalent, Literature, Management, Methods, Quality, Research, Review, Safety, Science, Systematic, Systematic Review, Treatment, Web of Science

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Full Text: [2010\BMC Hea Ser Res10, 247.pdf](2010/BMC%20Hea%20Ser%20Res10,%20247.pdf)

Abstract: Background: Pay-for-performance (P4P) is one of the primary tools used to support healthcare delivery reform. Substantial heterogeneity exists in the development and implementation of P4P in health care and its effects. This paper summarizes evidence, obtained from studies published between January 1990 and July 2009, concerning P4P effects, as well as evidence on the impact of design choices and contextual mediators on these effects. Effect domains include clinical effectiveness, access and equity, coordination and continuity, patient centeredness, and cost-effectiveness. Methods: the systematic review made use of electronic database searching, reference screening, forward citation tracking and expert consultation. The following databases were searched: Cochrane Library, EconLit, EMBASE, MEDLINE, PsychINFO, and Web of Science. Studies that evaluate P4P effects in primary care or acute hospital care medicine were included. Papers concerning other target groups or settings, having no empirical evaluation design or not complying with the P4P definition were excluded. According to study design nine validated quality appraisal tools and reporting statements were applied. Data were extracted and summarized into evidence tables independently by two reviewers. Results: One hundred twenty-eight evaluation studies provide a large body of evidence -to be interpreted with caution-concerning the effects of P4P on clinical effectiveness and equity of care. However, less evidence on the impact on coordination, continuity, patient-centeredness and cost-effectiveness was found. P4P effects can be judged to be encouraging or disappointing, depending on the primary mission of the P4P program: supporting minimal quality standards and/or boosting quality improvement. Moreover, the effects of P4P interventions varied according to design choices and characteristics of the context in which it was introduced. Future P4P programs should (1) select and define P4P targets on the basis of baseline room for improvement, (2) make use of process and (intermediary) outcome indicators as target measures, (3) involve stakeholders and communicate information about the programs thoroughly and directly, (4) implement a uniform P4P design across payers, (5) focus on both quality improvement and achievement, and (6) distribute incentives to the individual and/or team level. Conclusions: P4P programs result in the full spectrum of possible effects for specific targets, from absent or negligible to strongly beneficial. Based on the evidence the review has provided further indications on how effect findings are likely to relate to P4P design choices and context. The provided best practice hypotheses should be tested in future research.

Keywords: Citation, Clinical Effectiveness, Cochrane, Consultation, Cost-Effectiveness, Databases, Development, Diabetes Care, Effectiveness, Evaluation, Evaluation Studies, Evidence-Based Medicine, Health Care, Hospital, Impact, Improve Quality, Incentives, Information, Interventions, Medicaid Managed Care, Medicine, Methods, Outcome, Outcomes-Framework, Physician Financial Incentives, Practice, Preventive Care, Primary, Primary Care, Quality Improvement, Quality-of-Care, Randomized-Trial, Research, Review, Science, Screening, Smoking-Cessation, Standards, Systematic, Systematic Review, Web of Science

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Full Text: [2012\BMC Gas12, 151.pdf](2012/BMC%20Gas12,%20151.pdf)

Abstract: Background: The variable-stiffness colonoscope (VSC) appears to have advantages over the standard adult colonoscope (SAC), although data are conflicting. To provide a comprehensive up-to-date review, we conducted a meta-analysis to compare the efficacies of the VSC and SAC. Methods: Electronic databases, including PubMed, EMBASE, the Cochrane library and the Science Citation Index, were searched to retrieve relevant trials. In addition, meeting abstracts and the reference lists of retrieved articles were reviewed for further relevant studies. Results: Eight randomized controlled trials (RCTs), enrolling a total of 2033 patients, were included in the meta-analysis. There was no significant heterogeneity among these studies. The cecal intubation rate was higher with the use of VSC (RR = 1.03, 95% CI 1.01 to 1.06, 8 RCTs). The VSC was also associated with fewer position changes made during colonoscopy. Time to cecal intubation was similar with VSC and SAC (WMD -0.54, 95% CI -1.40 to 0.32) but shorter in subgroup analysis with the use of VSC (WMD = -1.36, 95% CI -2.29 to -0.43). Sedation dose used with the two types of instruments showed no evidence of differences either. For all trials, only patients were blinded because of the nature of the interventions. Conclusion: Use of the VSC significantly improved the cecal intubation rate and reduced ancillary maneuvers made during the procedure. Cecal intubation time was similar for the two colonoscope types over all trials, whereas a shortened time with the use of the adult VSC was seen in subgroup analysis.

Keywords: Adult, Analysis, Cecal Intubation, Changes, Citation, Colon, Colonoscope, Completion, Data, Databases, Difficult, Efficacy, Evidence, Heterogeneity, Interventions, Maneuvers, Meta-Analysis, Metaanalysis, Patients, Procedure, Pubmed, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, Rates, Reference, Reference Lists, Review, Routine Colonoscopy, Science, Science Citation Index, Sedation, Small-Caliber, Standard, Stiffness, Time, Unsedated Patients, Variable-Stiffness Colonoscope

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Full Text: [2012\BMC Hea Ser Res12, 165.pdf](2012/BMC%20Hea%20Ser%20Res12,%20165.pdf)

Abstract: Background: Green tea has shown the role of chemoprevention for cancer. Recently, several studies suggested that green tea intake may have effect on esophageal cancer risk, whereas the results were inconsistent. Methods: We performed a meta-analysis of all English and Chinese language studies of green tea consumption and esophageal cancer risk indexed in MEDLINE, Embase, the Science Citation Index, the Chinese Biomedical Database and Wanfang Data from 1980 to June 2012. After reviewing each study, extracting data, and evaluating heterogeneity (Chi-square-based Q test and I-2) and publication bias (Begg and Egger test), a meta-analysis was performed to evaluate the association between high/medium/low green tea consumption and non-drinking esophageal cancer risk. Pooled relative risk (RR) or odds ratio (OR) with 95% confidence intervals (CIs) were calculated using the fixed-or random-effect models. Results: Ten eligible epidemiologic studies including 33731 participants and 3557 cases for esophageal cancer were included. Eight of which were case-control studies, and two were cohort studies. Overall, there were no association between high/medium/low green tea consumption and non-drinking risk of esophageal cancer (High: highest vs non-drinker: RR/OR = 0.76, 95% CI: 0.49 to 1.02. Medium: drinker vs non-drinker: RR/OR = 0.86, 95% CI: 0.70 to 1.03. Low: lowest vs non-drinker: RR/OR = 0.83, 95% CI: 0.58 to 1.08). When stratified analyses according to study design (case-control and cohort studies), country (China and Japan), participates source (population-based and hospital-based case-control), and gender (female and male), there were significant association between high/medium/low green tea consumption and non-drinking risk of esophageal cancer among female (High: RR/OR = 0.32, 95% CI: 0.10 to 0.54. Medium: RR/OR = 0.43, 95% CI: 0.21 to 0.66. Low: RR/OR = 0.45, 95% CI: 0.10 to 0.79), but not the others. Conclusions: We did not found significant association between green tea consumption and non-drinking esophageal cancer risk, but an evidence of protective effect was observed among female.

Keywords: Alcohol-Drinking, Analyses, Association, Bias, Cancer, Carcinoma, Case-Control, Case-Control Studies, China, Chinese, Citation, Cohort, Confidence, Confidence Intervals, Consumption, Country, Data, Design, Disease, Evidence, Female, Gender, Habits, Heterogeneity, Intervals, Japan, Language, Male, MEDLINE, Men, Meta Analysis, Meta-Analysis, Metaanalysis, Models, Nov, Odds Ratio, Population Based, Population-Based, Publication, Publication Bias, Relative Risk, Results, Risk, Role, Science, Science Citation Index, Source, Squamous-Cell, Study Design, Tobacco Smoking

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Full Text: [2014\BMC Hea Ser Res14, 121.pdf](2014/BMC%20Hea%20Ser%20Res14,%20121.pdf)

Abstract: Background: To perform a meta-analysis evaluating the diagnostic ability of fecal lactoferrin (FL) to distinguish inflammatory bowel disease (IBD) from irritable bowel syndrome (IBS). Methods: The Medline, EMBASE, Web of Science, Cochrane library and CNKI databases were systematically searched for studies that used FL concentrations to distinguish between IBD and IBS. The sensitivity, specificity, and other diagnostic indexes of FL were pooled using a random-effects model. Results: Seven studies, involving 1012 patients, were eligible for inclusion. In distinguishing IBD from IBS, FL had a pooled sensitivity of 0.78 (95% confidence interval [CI]: 0.75, 0.82), a specificity of 0.94 (95% CI: 0.91, 0.96), a positive likelihood ratio of 12.31 (95% CI: 5.93, 29.15), and a negative likelihood ratio of 0.23 (95% CI: 0.18, 0.29). The area under the summary receiver-operating characteristic curve was 0.94 (95% CI: 0.90, 0.98) and the diagnostic odds ratio was 52.65 (95% CI: 25.69, 107.91). Conclusions: FL, as a noninvasive and simple marker, is useful in differentiating between IBD and IBS.

Keywords: Accuracy, Biomarkers, Bowel, Calprotectin, Confidence, Crohns-Disease, Databases, Diagnostic, Disease, Embase, Fecal Lactoferrin, Ib, Ibd, Identifying Intestinal Inflammation, Inflammatory Bowel Disease, Interval, Irritable Bowel Syndrome, Lactoferrin, Likelihood Ratio, Management, Marker, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Neutrophil-Derived Proteins, Noninvasive Markers, Odds Ratio, Patients, Random Effects Model, Receiver Operating Characteristic Curve, Results, Science, Sensitivity, Specificity, Syndrome, Systematic Reviews, Test-Performance, Web Of Science

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Full Text: [2014\BMC Hea Ser Res14, 170.pdf](2014/BMC%20Hea%20Ser%20Res14,%20170.pdf)

Abstract: Background: Self-expandable metallic stents (SEMSs) are widely used for palliation of malignant gastric outlet obstruction (GOO). There are two types of SEMS, covered and uncovered, each with its own advantages and disadvantages. We aimed to compare the efficacy and safety between uncovered and covered SEMSs in the palliation of malignant gastric outlet obstruction. Methods: Databases including PubMed, EMBASE, the Cochrane Library, the Science Citation Index and momentous meeting abstracts were searched and evaluated by two reviewers independently. Results: Nine trials involving 849 patients were analyzed. Meta-analysis showed there was no significant difference in technical success rate (RR 1.0, 95% CI [0.98, 1.01]), clinical success rate (RR 1.04, 95% CI [0.98, 1.11]), post-stenting dysphagia score (WMD -0.01, 95% CI [-0.52, 0.50]), stent patency (WMD -0.31, 95% CI [-1.73, 1.11]), overall complications (RR 1.07, 95% CI [0.87, 1.32]) and reintervention rate (RR 1.30, 95% CI [0.92, 1.83]) between covered and uncovered SEMSs group. However, covered SEMSs were associated with higher migration rate (RR 3.48, 95% CI [2.16, 5.62], P < 0.00001) and lower obstruction rate (RR 0.42, 95% CI [0.24, 0.73], P = 0.002). Conclusions: In the palliative treatment of malignant gastric outlet obstruction, both covered and uncovered SEMSs are safely and effective. Covered stents can reduce the risk of restenosis, whereas uncovered stents are effective in decreasing stent migration.

Keywords: Cancer, Citation, Clinical, Clinical-Outcomes, Complications, Covered Semss, Databases, Duodenal Obstruction, Dysphagia, Efficacy, Embase, Gastric, Gastric Outlet Obstruction, Gastroduodenal Obstruction, Gastrojejunostomy, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Migration, P, Palliation, Patency, Patients, Placement, Pubmed, Randomized-Trial, Restenosis, Results, Review, Reviewers, Risk, Safety, Science, Science Citation Index, SEM, Stents, Success, Success Rate, Systematic, Systematic Review, Treatment, Uncovered Semss

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Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Salahudeen, M.S., Duffull, S.B. and Nishtala, P.S. (2015), Anticholinergic burden quantified by anticholinergic risk scales and adverse outcomes in older people: A systematic review. *BMC Geriatrics*, **15**, Article Number: 31.

Full Text: [2015\BMC Ger15, 31.pdf](2015/BMC%20Ger15,%2031.pdf)

Abstract: Background: The cumulative effect of taking multiple medicines with anticholinergic properties termed as anticholinergic burden can adversely impact cognition, physical function and increase the risk of mortality. Expert opinion derived risk scales are routinely used in research and clinical practice to quantify anticholinergic burden. These scales rank the anticholinergic activity of medicines into four categories, ranging from no anticholinergic activity (= 0) to definite/high anticholinergic activity (= 3). The aim of this systematic review was to compare anticholinergic burden quantified by the anticholinergic risk scales and evaluate associations with adverse outcomes in older people. Methods: We conducted a literature search in Ovid MEDLINE, EMBASE and PsycINFO from 1984-2014 to identify expert opinion derived anticholinergic risk scales. In addition to this, a citation analysis was performed in Web of Science and Google Scholar to track prospective citing of references of selected articles for assessment of individual scales for adverse anticholinergic outcomes. The primary outcomes of interest were functional and cognitive outcomes associated with anticholinergic burden in older people. The critical appraisals of the included studies were performed by two independent reviewers and the data were extracted onto standardised forms. Results: The primary electronic literature search identified a total of 1250 records in the 3 different databases. On the basis of full-text analysis, we identified 7 expert-based anticholinergic rating scales that met the inclusion criteria. The rating of anticholinergic activity for medicines among these rating scales was inconsistent. For example, quetiapine was rated as having high anticholinergic activity in one scale (n = 1), moderate in another scale (n = 1) and low in two other scales (n = 2). Citation analysis of the individual scales showed that the Anticholinergic Cognitive Burden (ACB) scale was the most frequently validated expert based anticholinergic scale for adverse outcomes (N = 13). Conclusions: In conclusion, there is not one standardised tool for measuring anticholinergic burden. Cohort studies have shown that higher anticholinergic burden is associated with negative brain effects, poorer cognitive and functional outcomes.

Keywords: Activity, Adverse Outcomes, Aged Care, Analysis, Anticholinergic Burden, Anticholinergic Scales, Antimuscarinic, Articles, Assessment, Brain, Burden, Citation, Citation Analysis, Clinical, Clinical Practice, Cognition, Cognitive, Cognitive Impairment, Cohort Studies, Criteria, Cumulative, Data, Databases, Drug Burden, Effects, Embase, Expert Opinion, Forms, Frail Elderly Population, From, Full Text Analysis, Full-Text Analysis, Function, Google, Google Scholar, Hip Fracture, Hospitalized-Patients, Impact, Literature, Literature Search, Mar, Medline, Methods, Mortality, N, Negative, Older, Older People, Outcomes, Physical, Physical Function, Potentially Inappropriate Medications, Practice, Prescribed Medications, Primary, Properties, Prospective, Prospective Cohort, Psycinfo, Quetiapine, Rank, Rating Scale, Records, References, Research, Results, Review, Reviewers, Risk, Scale, Scales, Science, Systematic, Systematic Review, Web, Web Of Science

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Full Text: [2015\BMC Ger15, 49.pdf](2015/BMC%20Ger15,%2049.pdf)

Abstract: Background: Pain, neuropsychiatric symptoms (NPS) and functional impairment are prevalent in patients with dementia and pain is hypothesized to be causal in both neuropsychiatric symptoms (NPS) and functional impairment. As the exact nature of the associations is unknown, this review examines the strength of associations between pain and NPS, and pain and physical function in patients with dementia. Special attention is paid to the description of measurement instruments and the methods used to detect pain, NPS and physical function. Methods: A systematic search was made in the databases of PubMed (Medline), Embase, Cochrane, Cinahl, PsychINFO, and Web of Science. Studies were included that described associations between pain and NPS and/or physical function in patients with moderate to severe dementia. Results: The search yielded 22 articles describing 18 studies, including two longitudinal studies. Most evidence was found for the association between pain and depression, followed by the association between pain and agitation/aggression. The longitudinal studies reported no direct effects between pain and NPS but some indirect effects, e.g. pain through depression. Although some association was established between pain and NPS, and pain and physical function, the strength of associations was relatively weak. Interestingly, only three studies used an observer rating scale for pain-related behaviour. Conclusions: Available evidence does not support strong associations between pain, NPS and physical function. This might be due to inadequate use or lack of rating scales to detect pain-related behaviour. These results show that the relationship between pain and NPS, as well as with physical function, is complicated and warrants additional longitudinal evaluation.

Keywords: Alzheimer-Disease, Association, Associations, Behavioral Disturbances, Behaviour, Databases, Dementia, Depression, Effects, Elderly-Patients, Evaluation, Evidence, Function, Functional Impairment, Indirect Effects, Long-Term-Care, Longitudinal, Longitudinal Studies, Measurement, Medication Use, Meta-Analysis, Metaanalysis, Methods, Neuropsychiatric Symptoms, Nps, Nursing-Home Residents, Pain, Patients, Physical, Physical Function, Prevalence, Pubmed, Review, Risk-Factors, Scale, Scales, Science, Strength, Support, Symptoms, Systematic Review, Treating Pain, Web Of Science

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Full Text: [2015\BMC Ger15, 74.pdf](2015/BMC%20Ger15,%2074.pdf)

Abstract: Background: Crisis Resolution Teams (CRTs) aim to offer an alternative to hospital admission during mental health crises, providing rapid assessment, home treatment, and facilitation of early discharge from hospital. CRTs were implemented nationally in England following the NHS Plan of 2000. Single centre studies suggest CRTs can reduce hospital admissions and increase service users’ satisfaction: however, there is also evidence that model implementation and outcomes vary considerably. Evidence on crucial characteristics of effective CRTs is needed to allow team functioning to be optimised. This review aims to establish what evidence, if any, is available regarding the characteristics of effective and acceptable CRTs. Methods: A systematic review was conducted. MEDLINE, Embase, PsycINFO, CINAHL and Web of Science were searched to November 2013. A further web-based search was conducted for government and expert guidelines on CRTs. We analysed studies separately as: comparing CRTs to Treatment as Usual; comparing two or more CRT models; national or regional surveys of CRT services; qualitative studies of stakeholders’ views regarding best practice in CRTs; and guidelines from government and expert organisations regarding CRT service delivery. Quality assessment and narrative synthesis were conducted. Statistical meta-analysis was not feasible due to the variety of design of retrieved studies. Results: Sixty-nine studies were included. Studies varied in quality and in the composition and activities of the clinical services studied. Quantitative studies suggested that longer opening hours and the presence of a psychiatrist in the team may increase CRTs’ ability to prevent hospital admissions. Stakeholders emphasised communication and integration with other local mental health services; provision of treatment at home; and limiting the number of different staff members visiting a service user. Existing guidelines prioritised 24-hour, seven-day-a-week CRT service provision (including psychiatrist and medical prescriber); and high quality of staff training. Conclusions: We cannot draw confident conclusions about the critical components of CRTs from available quantitative evidence. Clearer definition of the CRT model is required, informed by stakeholders’ views and guidelines. Future studies examining the relationship of overall CRT model fidelity to outcomes, or evaluating the impact of key aspects of the CRT model, are desirable.

Keywords: Admissions, Adult, Alternative, Assessment, Care, Characteristics, Clinical, Communication, Composition, Crisis Assessment And Treatment Team, Crisis Resolution Team, Delivery, Design, Discharge, Early Discharge, England, Evidence, Good Practice, Guidelines, Health, Health Services, Home Treatment, Home Treatment Team, Hospital, Hospitalization, Impact, Implementation, Integration, Intervention, Local, Medical, Medline, Mental Health, Meta-Analysis, Metaanalysis, Model, Models, Outcomes, People, Practice, Psycinfo, Qualitative, Quality, Quality Of, Regional, Review, Satisfaction, Science, Service, Service Implementation, Service User, Services, Stakeholders, Support, Surveys, Synthesis, Systematic Review, Training, Treatment, Web Of Science

# Title: BMC Health Services Research

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? Sterud, T., Ekeberg, O. and Hem, E. (2006), Health status in the ambulance services: A systematic review. *BMC Health Services Research*, **6**, Article Number: 82.

Full Text: [2006\BMC Hea Ser Res6, 82.pdf](2006/BMC%20Hea%20Ser%20Res6,%2082.pdf)

Abstract: Background: Researchers have become increasingly aware that ambulance personnel may be at risk of developing work-related health problems. This article systematically explores the literature on health problems and work-related and individual health predictors in the ambulance services. Methods: We identified the relevant empirical literature by searching several electronic databases including MEDLINE, EMBASE, PsychINFO, CINAHL, and ISI Web of Science. Other relevant sources were identified through reference lists and other relevant studies known by the research group. Results: Forty-nine studies are included in this review. Our analysis shows that ambulance workers have a higher standardized mortality rate, higher level of fatal accidents, higher level of accident injuries and a higher standardized early retirement on medical grounds than the general working population and workers in other health occupations. Ambulance workers also seem to have more musculoskeletal problems than the general population. These conclusions are preliminary at present because each is based on a single study. More studies have addressed mental health problems. The prevalence of post-traumatic stress symptom caseness was >20% in five of seven studies, and similarly high prevalence rates were reported for anxiety and general psychopathology in four of five studies. However, it is unclear whether ambulance personnel suffer from more mental health problems than the general working population. Conclusion: Several indicators suggest that workers in the ambulance services experience more health problems than the general working population and workers in other health occupations. Several methodological challenges, such as small sample sizes, non-representative samples, and lack of comparisons with normative data limit the interpretation of many studies. More coordinated research and replication are needed to compare data across studies. We discuss some strategies for future research.

Keywords: Analysis, Anxiety, Comparing Early Retirements, Critical Incident Exposure, Databases, EMBASE, Ems Providers, Follow-up, Health, Interpretation, ISI, Literature, Longitudinal Course, Medical, Medical Grounds, Mental Health, Mental-Health, Methods, Mortality, Personnel, Posttraumatic Stress, Posttraumatic-Stress, Prevalence, Rescue Workers, Research, Researchers, Review, Risk, Science, Stress, Systematic, Systematic Review, Web of Science

? Hutton, C. and Gunn, J. (2007), Do longer consultations improve the management of psychological problems in general practice? A systematic literature review. *BMC Health Services Research*, **7**, Article Number: 71.

Full Text: [2007\BMC Hea Ser Res7, 71.pdf](2007/BMC%20Hea%20Ser%20Res7,%2071.pdf)

Abstract: Background: Psychological problems present a huge burden of illness in our community and GPs are the main providers of care. There is evidence that longer consultations in general practice are associated with improved quality of care; but this needs to be balanced against the fact that doctor time is a limited resource and longer consultations may lead to reduced access to health care. The aim of this research was to conduct a systematic literature review to determine whether management of psychological problems in general practice is associated with an increased consultation length and to explore whether longer consultations are associated with better health outcomes for patients with psychological problems. Methods: A search was conducted on MEDLINE (Ovid) databases up to7 June 2006. The following search terms, were used: general practice or primary health care (free text) or family practice (MeSH) and consultation length or duration (free text) or time factors (MeSH) and depression or psychological problems or depressed (free text). A similar search was done in Web of Science, PUBMED, Google Scholar, and Cochrane Library and no other papers were found. Studies were included if they contained data comparing consultation length and management or detection of psychological problems in a general practice or primary health care setting. The studies were read and categories developed to enable systematic data extraction and synthesis. Results: 29 papers met the inclusion criteria. Consultations with a recorded diagnosis of a psychological problem were reported to be longer than those with no recorded psychological diagnosis. It is not clear if this is related to the extra time or the consultation style. GPs reported that time pressure is a major barrier to treating depression. There was some evidence that increased consultation length is associated with more accurate diagnosis of psychological problems. Conclusion: Further research is needed to elucidate the factors in longer consultations that are associated with greater detection of psychological problems, and to determine the association between the detection of psychological problems and the attitude, gender, age or training of the GP and the age, gender and socioeconomic status of the patient. These are important considerations if general practice is to deal more effectively with people with psychological problems.

Keywords: 5 Minute Consultation, Attitude, Burden, Care, Cochrane, Consultation, Databases, Depression, Determinants, Diagnosis, Family Practice, Gender, General Practice, Google Scholar, GPs, Health Care, Health Outcomes, Lead, Length, Literature, Literature Review, Management, Methods, Outcomes, Papers, Practice, Practitioners, Pressure, Primary, Primary Health Care, Psychological, Quality, Quality of Care, Research, Review, Satisfaction, Science, Socioeconomic Status, Systematic, Systematic Literature Review, Time Constraint, Training, Web of Science

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Full Text: [2007\BMC Hea Ser Res7, 78.pdf](2007/BMC%20Hea%20Ser%20Res7,%2078.pdf)

Abstract: Background: the influence of the pharmaceutical industry and other stakeholders on medical science has been increasingly criticised. When dealing with conflicts of interest in scientific publications it is important to ensure the best possible transparency. The objective of this work is to examine the disclosure practice of financial and non-financial conflicts of interest in German language publications concerning health services research for the first time. Methods: We performed a systematic literature search in the PubMed data base using the MeSH term “health services research”. The review was conducted on July 10, 2006, setting the limits “dates: published in the last 2 years” and “languages: German” (only articles with abstracts). 124 articles in 31 magazines were found. In the magazines the instructions for authors were examined as to whether a statement on conflicts of interest is expected - and if, in which form. Regarding the articles in the journals which require a statement, we examined whether the statement is explicitly published. The results are descriptively represented. Results: 13 magazines (42%) do not require any statement on conflicts of interest, whereas 18 journals (58%) expect a statement. Two of these 18 magazines refer explicitly to the uniform requirements of the International Committee of the Medical Journal Editors (ICMJE); the remaining 16 magazines give differently accentuated instructions on how to disclose conflicts of interest, whereby the focus is primarily on financial issues. A statement on conflicts of interest is explicitly published in 11 of the 71 articles (15%) which are found in the magazines that require a statement with the submission of a manuscript. Related to the total number of included articles, this means that the reader explicitly receives information on potential conflicts of interest in 9% of the cases (11 of 124 articles). Statements of others that are involved in the publication process (reviewers, editors) are not available in any of the articles examined. Conclusion: A better sensitization for possible conflicts of interest in German publications concerning health services research is necessary. We suggest tightening the criteria for disclosure in the instructions for authors in the scientific journals. Among other things the equivalent consideration of financial and non-financial conflicts of interest as well as the obligatory publication of the statements should be part of good practice.

Keywords: Conflicts of Interest, Criteria, Data, Data Base, Disclosure, Financial Issues, First, Health, Health Services, Health Services Research, Information, Journals, Literature, Medical, Pharmaceutical Industry, Potential, Practice, Publication, Publications, Pubmed, Research, Review, Science, Scientific Journals, Scientific Publications, Sensitization, Services, Stakeholders, Term, Transparency, Work

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Full Text: [2008\BMC Hea Ser Res8, 227.pdf](2008/BMC%20Hea%20Ser%20Res8,%20227.pdf)

Abstract: Background: Reports of inadequate cancer patient care have given rise to various interventions to support cancer care pathways which, overall, seem poorly studied. Case management (CM) is one method that may support a cost-effective, high-quality patient-centred treatment and care. The purpose of this article was to summarise intervention characteristics, outcomes of interest, results, and validity components of the published randomized controlled trials (RCTs) examining CM as a method for optimizing cancer care pathways. Methods: PUBMED, EMBASE, Web of Science, CINAHL and the Cochrane Central Register of Controlled Trials were systematically searched for RCTs published all years up to August 2008. Identified papers were included if they passed the following standards. Inclusion criteria: 1) the intervention should meet the criteria for CM which includes multidisciplinary collaboration, care co-ordination, and it should include in-person meetings between patient and the case manager aimed at supporting, informing and educating the patient. 2) the intervention should focus on cancer patient care. 3) the intervention should aim to improve subjective or objective quality outcomes, and effects should be reported in the paper. Exclusion criteria: Studies centred on cancer screening or palliative cancer care. Data extraction was conducted in order to obtain a descriptive overview of intervention characteristics, outcomes of interest and findings. Elements of CONSORT guidelines and checklists were used to assess aspects of study validity. Results: the searches identified 654 unique papers, of which 25 were retrieved for scrutiny. Seven papers were finally included. Intervention characteristics, outcomes studied, findings and methodological aspects were all very diverse. Conclusion: Due to the scarcity of papers included (seven), significant heterogeneity in target group, intervention setting, outcomes measured and methodologies applied, no conclusions can be drawn about the effect of CM on cancer patient care. It is a major challenge that CM shrouds in a “black box”, which means that it is difficult to determine which aspect(s) of interventions contribute to overall effects. More trials on rigorously developed CM interventions (opening up the “black box”) are needed as is the re-testing of interventions and outcomes studied in various settings.

Keywords: Breast-Cancer, Cancer, Cochrane, Collaboration, Consort, Consort Statement, Disease, Guidelines, Health-Care, Interest, Intervention, Interventions, Lung-Cancer, Management, Methods, Nurse Case-Management, Older Women, Outcomes, Overview, Papers, PUBMED, Randomized Controlled Trials, Randomized-Trials, Review, Science, Screening, Standards, Systematic, Systematic Review, Treatment, Validity, Web of Science

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Full Text: [2009\BMC Hea Ser Res9, 76.pdf](2009/BMC%20Hea%20Ser%20Res9,%2076.pdf)

Abstract: Background: Studies on differences between immigrant and non-immigrant groups in health care utilization vary with respect to the extent and direction of differences in use. Therefore, our study aimed to provide a systematic overview of the existing research on differences in primary care utilization between immigrant groups and the majority population. Methods: For this review PUBMED, PsycInfo, Cinahl, Sociofile, Web of Science and Current Contents were consulted. Study selection and quality assessment was performed using a predefined protocol by 2 reviewers independently of each other. Only original, quantitative, peer-reviewed papers were taken into account. To account for this hierarchical structure, logistic multilevel analyses were performed to examine the extent to which differences are found across countries and immigrant groups. Differences in primary care use were related to study characteristics, strength of the primary care system and methodological quality. Results: A total of 37 studies from 7 countries met all inclusion criteria. Remarkably, studies performed within the US more often reported a significant lower use among immigrant groups as compared to the majority population than the other countries. As studies scored higher on methodological quality, the likelihood of reporting significant differences increased. Adjustment for health status and use of culture-/language-adjusted procedures during the data collection were negatively related to reporting significant differences in the studies. Conclusion: Our review underlined the need for careful design in studies of differences in health care use between immigrant groups and the majority population. The results from studies concerning differences between immigrant and the majority population in primary health care use performed within the US might be interpreted as a reflection of a weaker primary care system in the US compared to Europe and Canada.

Keywords: Access, Acculturation, Assessment, Canada, Consultations, Data Collection, Ethnic-Differences, Europe, General-Practice, Health Care, Health Status, Immigrant, Medical, Methods, Mexican-Americans, Overview, Papers, Primary, Primary Care, Primary Health Care, Primary Health-Care, Protocol, PUBMED, Quantitative, Reported Health, Research, Review, Science, Services, Social-Class, Systematic, Systematic Review, US, Utilization, Web of Science

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Full Text: [2009\BMC Hea Ser Res9, 115.pdf](2009/BMC%20Hea%20Ser%20Res9,%20115.pdf)

Abstract: Background: Tissue engineering is an emerging field. Novel bioengineered skin substitutes and genetically derived growth factors offer innovative approaches to reduce the burden of diabetic foot and venous leg ulcers for both patients and health care systems. However, they frequently are very costly. Based on a systematic review of the literature, this study assesses the cost-effectiveness of these growth factors and tissue-engineered artificial skin for treating chronic wounds. Methods: On the basis of an extensive explorative search, an appropriate algorithm for a systematic database search was developed. The following databases were searched: BIOSIS Previews, CRD databases, Cochrane Library, EconLit, EMBASE, MEDLINE, and Web of Science. Only completed and published trial-or model-based studies which contained a full economic evaluation of growth factors and bioengineered skin substitutes for the treatment of chronic wounds were included. Two reviewers independently undertook the assessment of study quality. The relevant studies were assessed by a modified version of the Consensus on Health Economic Criteria (CHEC) list and a published checklist for evaluating model-based economic evaluations. Results: Eleven health economic evaluations were included. Three biotechnology products were identified for which topical growth factors or bioengineered skin substitutes for the treatment of chronic leg ulceration were economically assessed: (1) Apligraf (R), a bilayered living human skin equivalent indicated for the treatment of diabetic foot and venous leg ulcers (five studies); (2) Dermagraft (R), a human fibroblast-derived dermal substitute, which is indicated only for use in the treatment of full-thickness diabetic foot ulcers (one study); (3) REGRANEX (R) Gel, a human platelet-derived growth factor for the treatment of deep neuropathic diabetic foot ulcers (five studies). The studies considered in this review were of varying and partly low methodological quality. They calculated that due to shorter treatment periods, fewer complications and fewer inpatient episodes the initial cost of the novel biotechnology products may be offset, making the treatment cost-effective or even cost-saving. The results of most studies were sensitive to initial costs of the products and the evidence of effectiveness. Conclusion: the study results suggest that some growth factors and tissue-engineered artificial skin products feature favourable cost-effectiveness ratios in selected patient groups with chronic wounds. Despite the limitations of the studies considered, it is evident that health care providers and coverage decision makers should take not only the high cost of the biotechnology product but the total cost of care into account when deciding about the appropriate allocation of their financial resources. However, not only the cost-effectiveness but first of all the effectiveness of these novel biotechnology products deserve further research.

Keywords: Assessment, Becaplermin, Biotechnology, Burden, Cochrane, Cost-Effectiveness, Costs, Countries, Coverage, Databases, Effectiveness, Efficacy, Evaluation, Graftskin, Growth Factor-BB, Health, Health Care, Human, Human Skin Equivalent, Literature, Management, Methods, Quality, Research, Review, Safety, Science, Systematic, Systematic Review, Treatment, Web of Science

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Full Text: [2010\BMC Hea Ser Res10, 247.pdf](2010/BMC%20Hea%20Ser%20Res10,%20247.pdf)

Abstract: Background: Pay-for-performance (P4P) is one of the primary tools used to support healthcare delivery reform. Substantial heterogeneity exists in the development and implementation of P4P in health care and its effects. This paper summarizes evidence, obtained from studies published between January 1990 and July 2009, concerning P4P effects, as well as evidence on the impact of design choices and contextual mediators on these effects. Effect domains include clinical effectiveness, access and equity, coordination and continuity, patient centeredness, and cost-effectiveness. Methods: the systematic review made use of electronic database searching, reference screening, forward citation tracking and expert consultation. The following databases were searched: Cochrane Library, EconLit, EMBASE, MEDLINE, PsychINFO, and Web of Science. Studies that evaluate P4P effects in primary care or acute hospital care medicine were included. Papers concerning other target groups or settings, having no empirical evaluation design or not complying with the P4P definition were excluded. According to study design nine validated quality appraisal tools and reporting statements were applied. Data were extracted and summarized into evidence tables independently by two reviewers. Results: One hundred twenty-eight evaluation studies provide a large body of evidence -to be interpreted with caution-concerning the effects of P4P on clinical effectiveness and equity of care. However, less evidence on the impact on coordination, continuity, patient-centeredness and cost-effectiveness was found. P4P effects can be judged to be encouraging or disappointing, depending on the primary mission of the P4P program: supporting minimal quality standards and/or boosting quality improvement. Moreover, the effects of P4P interventions varied according to design choices and characteristics of the context in which it was introduced. Future P4P programs should (1) select and define P4P targets on the basis of baseline room for improvement, (2) make use of process and (intermediary) outcome indicators as target measures, (3) involve stakeholders and communicate information about the programs thoroughly and directly, (4) implement a uniform P4P design across payers, (5) focus on both quality improvement and achievement, and (6) distribute incentives to the individual and/or team level. Conclusions: P4P programs result in the full spectrum of possible effects for specific targets, from absent or negligible to strongly beneficial. Based on the evidence the review has provided further indications on how effect findings are likely to relate to P4P design choices and context. The provided best practice hypotheses should be tested in future research.

Keywords: Citation, Clinical Effectiveness, Cochrane, Consultation, Cost-Effectiveness, Databases, Development, Diabetes Care, Effectiveness, Evaluation, Evaluation Studies, Evidence-Based Medicine, Health Care, Hospital, Impact, Improve Quality, Incentives, Information, Interventions, Medicaid Managed Care, Medicine, Methods, Outcome, Outcomes-Framework, Physician Financial Incentives, Practice, Preventive Care, Primary, Primary Care, Quality Improvement, Quality-of-Care, Randomized-Trial, Research, Review, Science, Screening, Smoking-Cessation, Standards, Systematic, Systematic Review, Web of Science

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Full Text: [2011\BMC Hea Ser Res11, 320.pdf](2011/BMC%20Hea%20Ser%20Res11,%20320.pdf)

Abstract: Background: In the UK there are almost three times as many beds in care homes as in National Health Service (NHS) hospitals. Care homes rely on primary health care for access to medical care and specialist services. Repeated policy documents and government reviews register concern about how health care works with independent providers, and the need to increase the equity, continuity and quality of medical care for care homes. Despite multiple initiatives, it is not known if some approaches to service delivery are more effective in promoting integrated working between the NHS and care homes. This study aims to evaluate the different integrated approaches to health care services supporting older people in care homes, and identify barriers and facilitators to integrated working. Methods: A systematic review was conducted using MEDLINE (PubMed), CINAHL, BNI, EMBASE, PsycInfo, DH Data, Kings Fund, Web of Science (WoS incl. SCI, SSCI, HCI) and the Cochrane Library incl. DARE. Studies were included if they evaluated the effectiveness of integrated working between primary health care professionals and care homes, or identified barriers and facilitators to integrated working. Studies were quality assessed; data was extracted on health, service use, cost and process related outcomes. A modified narrative synthesis approach was used to compare and contrast integration using the principles of framework analysis. Results: Seventeen studies were included; 10 quantitative studies, two process evaluations, one mixed methods study and four qualitative. The majority were carried out in nursing homes. They were characterised by heterogeneity of topic, interventions, methodology and outcomes. Most quantitative studies reported limited effects of the intervention; there was insufficient information to evaluate cost. Facilitators to integrated working included care home managers’ support and protected time for staff training. Studies with the potential for integrated working were longer in duration. Conclusions: Despite evidence about what inhibits and facilitates integrated working there was limited evidence about what the outcomes of different approaches to integrated care between health service and care homes might be. The majority of studies only achieved integrated working at the patient level of care and the focus on health service defined problems and outcome measures did not incorporate the priorities of residents or acknowledge the skills of care home staff. There is a need for more research to understand how integrated working is achieved and to test the effect of different approaches on cost, staff satisfaction and resident outcomes.

Keywords: Analysis, Barriers, Care, Care Homes, Cochrane, Cost-Effectiveness, District Nurses, Effectiveness, Embase, Facilitators, HCI, Health, Health Care, Health Service, Homes, Hospitals, Impact, Information, Integration, Intervention, Interventions, Medical, MEDLINE, Methodology, Methods, Mixed Methods, Modified, Nursing, Nursing Homes, Nursing-Homes, Older People, Outcome, Outcomes, People, Policy, Primary, Primary Health Care, Priorities, Process, Providing Care, Pubmed, Qualitative, Quality, Quality-of-Care, Quantitative, Randomized Controlled-Trial, Research, Residential Care, Residents, Review, SCI, Science, SSCI, Synthesis, Systematic, Systematic Review, Training, UK, Web of Science, Web-of-Science, WOS

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Full Text: [2011\BMC Hea Ser Res11, 268.pdf](2011/BMC%20Hea%20Ser%20Res11,%20268.pdf)

Abstract: Background: Qualitative research has the potential to inform and improve health care decisions but a study based on one year of publications suggests that it is not published in prominent health care journals. A more detailed, longitudinal analysis of its availability is needed. The purpose of this study was to identify, count and compare the number of qualitative and non-qualitative research studies published in high impact health care journals, and explore trends in these data over the last decade. Methods: A bibliometric approach was used to identify and quantify qualitative articles published in 20 top general medical and health services and policy research journals from 1999 to 2008. Eligible journals were selected based on performance in four different ranking systems reported in the 2008 ISI Journal Citation Reports. Qualitative and non-qualitative research published in these journals were identified by searching MEDLINE, and validated by hand-searching tables of contents for four journals. Results: the total number of qualitative research articles published during 1999 to 2008 in ten general medical journals ranged from 0 to 41, and in ten health services and policy research journals from 0 to 39. Over this period the percentage of empirical research articles that were qualitative ranged from 0% to 0.6% for the general medical journals, and 0% to 6.4% for the health services and policy research journals. Conclusions: This analysis suggests that qualitative research it is rarely published in high impact general medical and health services and policy research journals. The factors that contribute to this persistent marginalization need to be better understood.

Keywords: Analysis, Appraisal, Bibliometric, Care, Citation, Context, Health Care, Health Services, Impact, ISI, Journal, Journal Citation Reports, Journals, Medical, Medical Journals, MEDLINE, Methods, Policy, Publication, Publications, Qualitative Research, Ranking, Reports, Research, Strategies, Trends

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Full Text: [2012\BMC Hea Ser Res12, 10.pdf](2012/BMC%20Hea%20Ser%20Res12,%2010.pdf)

Abstract: Background: Primary care practices provide a gate-keeping function in many health care systems. Since depressive disorders are highly prevalent in primary care settings, reliable detection and diagnoses are a first step to enhance depression care for patients. Provider training is a self-evident approach to enhance detection, diagnoses and treatment options and might even lead to improved patient outcomes. Methods: A systematic literature search was conducted reviewing research studies providing training of general practitioners, published from 1999 until May 2011, available on the electronic databases MEDLINE, Web of Science, PsycINFO and the Cochrane Library as well as national guidelines and health technology assessments (HTA). Results: 108 articles were fully assessed and 11 articles met the inclusion criteria and were included. Training of providers alone (even in a specific interventional method) did not result in improved patient outcomes. The additional implementation of guidelines and the use of more complex interventions in primary care yield a significant reduction in depressive symptomatology. The number of studies examining sole provider training is limited, and studies include different patient samples (new on-set cases vs. chronically depressed patients), which reduce comparability. Conclusions: This is the first overview of randomized controlled trials introducing GP training for depression care. Provider training by itself does not seem to improve depression care; however, if combined with additional guidelines implementation, results are promising for new-onset depression patient samples. Additional organizational structure changes in form of collaborative care models are more likely to show effects on depression care.

Keywords: Articles, Care, Cochrane, Community, Cost-Effectiveness, Databases, Depression, Epidemiology, General-Practitioners, Guidelines, Health, Health Care, Health Service, Improve, Intervention, Interventions, Lead, Literature, Major Depression, Management, MEDLINE, Mental-Disorders, Meta Analysis, Meta-Analysis, Methods, Outcome, Outcomes, Overview, Patient Outcomes, Patients, Primary, Primary Care, Randomized Controlled Trials, Randomized Controlled-Trial, Reduction, Research, Review, Reviewing, Science, Systematic, Systematic Review, Technology, Training, Treatment, Web of Science, Web-of-Science

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Full Text: [2012\BMC Hea Ser Res12, 316.pdf](2012/BMC%20Hea%20Ser%20Res12,%20316.pdf)

Abstract: Background: There is a need to review factors related to health service utilisation by the increasing number of cancer survivors in order to inform care planning and the organisation and delivery of services. Methods: Studies were identified via systematic searches of MEDLINE, PsycINFO, CINAHL, Social Science Citation Index and the SEER-MEDICARE library. Methodological quality was assessed using STROBE; and the Andersen Behavioural Model was used as a framework to structure, organise and analyse the results of the review. Results: Younger, white cancer survivors were most likely to receive follow-up screening, preventive care, visit their physician, utilise professional mental health services and least likely to be hospitalised. Utilisation rates of other health professionals such as physiotherapists were low. Only studies of health service use conducted in the USA investigated the role of type of health insurance and ethnicity. There appeared to be disparate service use among US samples in terms of ethnicity and socio-demographic status, regardless of type of health insurance provision s- this may be explained by underlying differences in health-seeking behaviours. Overall, use of follow-up care appeared to be lower than expected and barriers existed for particular groups of cancer survivors. Conclusions: Studies focussed on the use of a specific type of service rather than adopting a whole-system approach and future health services research should address this shortcoming. Overall, there is a need to improve access to care for all cancer survivors. Studies were predominantly US-based focussing mainly on breast or colorectal cancer. Thus, the generalisability of findings to other health-care systems and cancer sites is unclear. The Andersen Behavioural Model provided an appropriate framework for studying and understanding health service use among cancer survivors. The active involvement of physicians and use of personalised care plans are required in order to ensure that post-treatment needs and recommendations for care are met.

Keywords: Access, Adult, Andersen Behavioural Model, Approach, Barriers, Cancer, Cancer Survivor, Care, Care Utilization, Citation, Colorectal Cancer, Colorectal-Cancer, Delivery, Determinants of Health, Ethnicity, Follow-Up, Framework, Health, Health Care, Health Insurance, Health Professionals, Health Service Utilisation, Health Services, Health Services Research, Insurance, International, Long-Term, Mammography, MEDLINE, Mental Health, Model, Needs, Physician, Physicians, Planned Behavior, Planning, Population-Based Survey, Preventive Care, Psycinfo, Quality, Rates, Recommendations, Research, Review, Role, Science, Science Citation Index, Screening, Service, Services, Social Science Citation Index, Stage Breast-Cancer, Structure, Surveillance Care, Systematic Review, Systems, Understanding, US, USA, Utilisation

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Full Text: [2013\BMC Hea Ser Res13, 461.pdf](2013/BMC%20Hea%20Ser%20Res13,%20461.pdf)

Abstract: Background: Secondary prevention is important for reducing both mortality and morbidity of patients with coronary heart disease (CHD). Pharmacists can provide medication and also work on disease management for patients with CHD. This review has been carried out to evaluate the role of pharmacist care on mortality, morbidity, and the CHD management. Methods: The PubMed, MEDLINE, EMBASE, Web of Science and Cochrane Central Register of Controlled Trials databases were searched for randomized controlled trials (RCTs) to evaluate the impact of pharmacist care interventions on patients with CHD (in both community and hospital settings). Primary outcomes of interest were mortality, cardiovascular events and hospitalizations. Secondary outcomes were medication adherence, blood pressure control, and lipid management. Results: Five RCTs (2568 patients) were identified. The outcomes were mortality, cardiovascular events, and hospitalizations in one study (421 patients), medication adherence in five studies, blood pressure in two studies (1914 patients), and lipid management in three studies (932 patients). The interventions of pharmacists included patient education, medication management, feedback to health care professionals, and disease management. There was no significant effect of pharmacist care on mortality, recurrent cardiac events or hospitalization of CHD patients. Significant positive effects of pharmacist care were shown on medication adherence in three studies, on blood pressure control in one study and on lipid management in one study. Conclusion: In this study, we concluded that pharmacists have a beneficial role in the care of CHD patients, although the evidence supporting positive impacts on mortality and morbidity remains uncertain due to the unavailability of data in these areas. Further research is needed to discern the contribution of pharmacist care on hard endpoints of CHD.

Keywords: Adherence, Blood, Blood Pressure, Cardiovascular, Care, Community, Control, Data, Databases, Disease, Disease Management, Education, Effects, Embase, Events, Evidence, Health, Health Care, Heart, Hospital, Hospitalization, Impact, Impacts, Interventions, Lipid, Management, Medline, Methods, Morbidity, Mortality, Nov, Outcomes, Patient Education, Patients, Pharmacist, Pharmacists, Pressure, Prevention, Pubmed, Randomized, Randomized Controlled Trials, Recurrent, Research, Results, Review, Role, Science, Systematic Review, Web of Science, Work

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Full Text: [2013\BMC Hea Ser Res13, 528.pdf](2013/BMC%20Hea%20Ser%20Res13,%20528.pdf)

Abstract: Background: Internationally, key health care reform elements rely on improved integration of care between the primary and secondary sectors. The objective of this systematic review is to synthesise the existing published literature on elements of current integrated primary/secondary health care. These elements and how they have supported integrated healthcare governance are presented. Methods: A systematic review of peer-reviewed literature from PubMed, MEDLINE, CINAHL, the Cochrane Library, Informit Health Collection, the Primary Health Care Research and Information Service, the Canadian Health Services Research Foundation, European Foundation for Primary Care, European Forum for Primary Care, and Europa Sinapse was undertaken for the years 2006–2012. Relevant websites were also searched for grey literature. Papers were assessed by two assessors according to agreed inclusion criteria which were published in English, between 2006–2012, studies describing an integrated primary/secondary care model, and had reported outcomes in care quality, efficiency and/or satisfaction. Results: Twenty-one studies met the inclusion criteria. All studies evaluated the process of integrated governance and service delivery structures, rather than the effectiveness of services. They included case reports and qualitative data analyses addressing policy change, business issues and issues of clinical integration. A thematic synthesis approach organising data according to themes identified ten elements needed for integrated primary/secondary health care governance across a regional setting including: joint planning; integrated information communication technology; change management; shared clinical priorities; incentives; population focus; measurement – using data as a quality improvement tool; continuing professional development supporting joint working; patient/community engagement; and, innovation. Conclusions: All examples of successful primary/secondary care integration reported in the literature have focused on a combination of some, if not all, of the ten elements described in this paper, and there appears to be agreement that multiple elements are required to ensure successful and sustained integration efforts. Whilst no one model fits all systems these elements provide a focus for setting up integration initiatives which need to be flexible for adapting to local conditions and settings.

Keywords: Primary/Secondary Integration, Governance, Health System

? Graverholt, B., Forsetlund, L. and Jamtvedt, G. (2014), Reducing hospital admissions from nursing homes: A systematic review. *BMC Health Services Research*, **14**, Article Number: 36.

Full Text: [2014\BMC Hea Ser Res14, 36.pdf](2014/BMC%20Hea%20Ser%20Res14,%2036.pdf)

Abstract: Background: The geriatric nursing home population is vulnerable to acute and deteriorating illness due to advanced age, multiple chronic illnesses and high levels of dependency. Although the detriments of hospitalising the frail and old are widely recognised, hospital admissions from nursing homes remain common. Little is known about what alternatives exist to prevent and reduce hospital admissions from this setting. The objective of this study, therefore, is to summarise the effects of interventions to reduce acute hospitalisations from nursing homes. Methods: A systematic literature search was performed in Cochrane Library, PubMed, MEDLINE, EMBASE and ISI Web of Science in April 2013. Studies were eligible if they had a geriatric nursing home study population and were evaluating any type of intervention aiming at reducing acute hospital admission. Systematic reviews, randomised controlled trials, quasi randomised controlled trials, controlled before-after studies and interrupted time series were eligible study designs. The process of selecting studies, assessing them, extracting data and grading the total evidence was done by two researchers individually, with any disagreement solved by a third. We made use of meta-analyses from included systematic reviews, the remaining synthesis is descriptive. Based on the type of intervention, the included studies were categorised in: 1) Interventions to structure and standardise clinical practice, 2) Geriatric specialist services and 3) Influenza vaccination. Results: Five systematic reviews and five primary studies were included, evaluating a total of 11 different interventions. Fewer hospital admissions were found in four out of seven evaluations of structuring and standardising clinical practice; in both evaluations of geriatric specialist services, and in influenza vaccination of residents. The quality of the evidence for all comparisons was of low or very low quality, using the GRADE approach. Conclusions: Overall, eleven interventions to reduce hospital admissions from nursing homes were identified. None of them were tested more than once and the quality of the evidence was low for every comparison. Still, several interventions had effects on reducing hospital admissions and may represent important aspects of nursing home care to reduce hospital admissions.

Keywords: Age, Alternatives, Approach, Assessing, Care, Chronic, Clinical, Clinical Practice, Comparison, Data, Dependency, Effects, Embase, Evidence, Geriatric, Grade, Hospital, Influenza, Interrupted Time Series, Intervention, Interventions, Isi, Isi Web of Science, Literature, Literature Search, Medline, Methods, Nursing, Nursing Home, Nursing Homes, Population, Practice, Prevent, Primary, Pubmed, Quality, Quality Of, Randomised, Randomised Controlled Trials, Results, Review, Reviews, Science, Services, Structure, Synthesis, Systematic Literature Search, Systematic Review, Systematic Reviews, Time Series, Vaccination, Web of Science

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Full Text: [2014\BMC Hea Ser Res14, 52.pdf](2014/BMC%20Hea%20Ser%20Res14,%2052.pdf)

Abstract: Background: Over the past four decades, extraordinary progress has been made in establishing and improving childhood immunization programmes around Africa. In order to ensure effective and sustainable positive growth of these childhood immunisations programmes, the development, adaptation and implementation of all interventions (programme activities, new vaccines, new strategies and policies) should be informed by the best available local evidence.

Methods: An assessment of the peer-reviewed literature on childhood immunization research published in English from 1970 to 2010 was conducted in PubMed and Africa-Wide databases. All study types were eligible for inclusion. A standard form was used to extract information from all studies identified as relevant and entered into a Microsoft Access database for analysis.

Results: Our initial search yielded 5436 articles from the two databases, from which 848 full text articles were identified as relevant. Among studies classified as clinical research (417), 40% were clinical trials, 24% were burden of disease/epidemiology and 36% were other clinical studies. Among studies classified as operational research (431), 77% related to programme management, 18% were policy related and 5% were related to vaccine financing. Studies were conducted in 48 African countries with six countries (South Africa, The Gambia, Nigeria, Senegal, Guinea-Bissau and Kenya) accounting for 56% of the total research output. Studies were published in 152 different journals with impact factors ranging from 0.192 to 53.29; with a median impact factor of 3.572.

Conclusion: A similar proportion of clinical versus operational research output was found. However, an uneven distribution across Africa was observed with only six countries accounting for over half of the research output. The research conducted was of moderate to high quality, with 62% being published in journals with 2010 impact factors greater than two. Urgent attention should be given to the development of research capacity in low performing countries around Africa, with increased focus on the process of turning immunisations programme research evidence into policy and practice, as well as increased focus on issues relating to vaccine financing and sustainability in Africa.

Keywords: Expanded Programme on Immunisations (EPI), Immunisations Programmes, Childhood Immunisations, Vaccines, Children, Africa, Middle-Income Countries, Grey Literature, Interventions, Vaccination, Strategies, Delivery, Services, Children, Program, Region

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Full Text: [2014\BMC Hea Ser Res14, 61.pdf](2014/BMC%20Hea%20Ser%20Res14,%2061.pdf)

Abstract: Background: Speaking up is important for patient safety, but often, health care professionals hesitate to voice concerns. Understanding the influencing factors can help to improve speaking-up behaviour and team communication. This review focused on health care professionals’ speaking-up behaviour for patient safety and aimed at (1) assessing the effectiveness of speaking up, (2) evaluating the effectiveness of speaking-up training, (3) identifying the factors influencing speaking-up behaviour, and (4) developing a model for speaking-up behaviour. Methods: Five databases (PubMed, MEDLINE, CINAHL, Web of Science, and the Cochrane Library) were searched for English articles describing health care professionals’ speaking- up behaviour as well as those evaluating the relationship between speaking up and patient safety. Influencing factors were identified and then integrated into a model of voicing behaviour. Results: In total, 26 studies were identified in 27 articles. Some indicated that hesitancy to speak up can be an important contributing factor in communication errors and that training can improve speaking- up behaviour. Many influencing factors were found: (1) the motivation to speak up, such as the perceived risk for patients, and the ambiguity or clarity of the clinical situation; (2) contextual factors, such as hospital administrative support, interdisciplinary policy- making, team work and relationship between other team members, and attitude of leaders/ superiors; (3) individual factors, such as job satisfaction, responsibility toward patients, responsibility as professionals, confidence based on experience, communication skills, and educational background; (4) the perceived efficacy of speaking up, such as lack of impact and personal control; (5) the perceived safety of speaking up, such as fear for the responses of others and conflict and concerns over appearing incompetent; and (6) tactics and targets, such as collecting facts, showing positive intent, and selecting the person who has spoken up. Conclusions: Hesitancy to speak up can be an important contributing factor to communication errors. Our model helps us to understand how health care professionals think about voicing their concerns. Further research is required to investigate the relative importance of different factors.

Keywords: Accountability, Assessing, Attitude, Behaviour, Care, Clinical, Communication, Communication, Communication Skills, Confidence, Control, Databases, Developing, Directions, Effectiveness, Efficacy, Employee Voice, English, Errors, Experience, Fear, Health, Health Care, Hospital, Impact, Influencing Factors, Inter-Professional Relations, Interdisciplinary, Job Satisfaction, Literature, Literature Review, Medline, Methods, Model, Motivation, Organizations, Patient Care Team, Patient Safety, Patients, Performance, Person, Policy, Policy Making, Pubmed, Research, Responsibility, Results, Review, Risk, Safety, Satisfaction, Science, Silence, Speaking Up, Support, Teams, Teamwork, Training, Web of Science, Work

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Full Text: [2014\BMC Hea Ser Res14, 89.pdf](2014/BMC%20Hea%20Ser%20Res14,%2089.pdf)

Abstract: Background: A compelling ethical rationale supports patient engagement in healthcare research. It is also assumed that patient engagement will lead to research findings that are more pertinent to patients’ concerns and dilemmas. However; it is unclear how to best conduct this process. In this systematic review we aimed to answer 4 key questions: what are the best ways to identify patient representatives? How to engage them in designing and conducting research? What are the observed benefits of patient engagement? What are the harms and barriers of patient engagement? Methods: We searched MEDLINE, EMBASE, PsycInfo, Cochrane, EBSCO, CINAHL, SCOPUS, Web of Science, Business Search Premier, Academic Search Premier and Google Scholar. Included studies were published in English, of any size or design that described engaging patients or their surrogates in research design. We conducted an environmental scan of the grey literature and consulted with experts and patients. Data were analyzed using a non-quantitative, meta-narrative approach. Results: We included 142 studies that described a spectrum of engagement. In general, engagement was feasible in most settings and most commonly done in the beginning of research (agenda setting and protocol development) and less commonly during the execution and translation of research. We found no comparative analytic studies to recommend a particular method. Patient engagement increased study enrollment rates and aided researchers in securing funding, designing study protocols and choosing relevant outcomes. The most commonly cited challenges were related to logistics (extra time and funding needed for engagement) and to an overarching worry of a tokenistic engagement. Conclusions: Patient engagement in healthcare research is likely feasible in many settings. However, this engagement comes at a cost and can become tokenistic. Research dedicated to identifying the best methods to achieve engagement is lacking and clearly needed.

Keywords: Academic, Approach, Barriers, Benefits, Business, Care, Clinical-Trials, Cost, Data, Design, Development, Dilemmas, Embase, Engagement, English, Environmental, Ethical, Evidence-Based Medicine, Experts, Funding, General, Google, Google Scholar, Health Research, Lead, Literature, Logistics, Medline, Methods, Outcomes, Participation, Patient, Patient Centered Outcomes Research, Patient Engagement, Patients, Practice Guidelines, Preferences, Protocol, Protocols, Public Involvement, Qualitative Research, Rates, Research, Research Design, Results, Review, Science, Scopus, Search, Size, Systematic Review, Translation, Web of Science

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Full Text: [2014\BMC Hea Ser Res14, 325.pdf](2014/BMC%20Hea%20Ser%20Res14,%20325.pdf)

Abstract: Background: Interest in the well-being of physicians has increased because of their contributions to the healthcare system quality. There is growing recognition that physicians are exposed to workplace factors that increase the risk of work stress. Long-term exposure to high work stress can result in burnout. Reports from around the world suggest that about one-third to one-half of physicians experience burnout. Understanding the outcomes associated with burnout is critical to understanding its affects on the healthcare system. Productivity outcomes are among those that could have the most immediate effects on the healthcare system. This systematic literature review is one of the first to explore the evidence for the types of physician productivity outcomes associated with physician burnout. It answers the question, “How does burnout affect physician productivity?” Methods: A systematic search was performed of: Medline Current, Medline in process, PsycInfo, Embase and Web of Science. The search period covered 2002 to 2012. The searches identified articles about practicing physicians working in civilian settings. Articles that primarily looked only at residents or medical students were excluded. Productivity was captured by hours worked, patients seen, sick leave, leaving the profession, retirement, workload and presenteeism. Studies also were excluded if: (1) the study sample was not comprised of at least 50% physicians, (2) the study did not examine the relationship between burnout and productivity or (3) a validated measure of burnout was not used. Results: The search identified 870 unique citations; 5 met the inclusion/exclusion criteria. This review indicates that globally there is recognition of the potential impact of physician burnout on productivity. Productivity was examined using: number of sick leave days, work ability, intent to either continue practicing or change jobs. The majority of the studies indicate there is a negative relationship between burnout and productivity. However, there is variation depending on the type of productivity outcome examined. Conclusions: There is evidence that burnout is associated with decreased productivity. However, this line of inquiry is still developing. A number of gaps are yet to be filled including understanding how to quantify the changes in productivity related to burnout.

Keywords: Articles, Burnout, Changes, Citations, Criteria, Developing, Effects, Evidence, Experience, Exposure, First, Impact, Literature, Literature Review, Measure, Medical, Medical Students, Medline, Methods, Outcome, Outcomes, Patients, Physician, Physicians, Potential, Productivity, Profession, Quality, Results, Review, Risk, Science, Stress, Students, Systematic, Systematic Literature Review, Understanding, Web Of Science, Well-Being, Work, Workload, World

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Full Text: [2014\BMC Hea Ser Res14, 621.pdf](2014/BMC%20Hea%20Ser%20Res14,%20621.pdf)

Abstract: Background: Health-care quality in primary care depends largely on the appropriateness of General Practitioners’ (GPs; Primary Care or Family Physicians) decisions, which may be influenced by how difficult they perceive decisions to be. Patient scenarios (clinical or case vignettes) are widely used to investigate GPs’ decision making. This review aimed to identify the extent to which perceived decision difficulty, decision appropriateness, and their relationship have been assessed in scenario studies of GPs’ decision making; identify possible determinants of difficulty and appropriateness; and investigate the relationship between difficulty and appropriateness. Methods: MEDLINE, EMBASE, PsycINFO, the Cochrane Library and Web of Science were searched for scenario studies of GPs’ decision making. One author completed article screening. Ten percent of titles and abstracts were checked by an independent volunteer, resulting in 91% agreement. Data on decision difficulty and appropriateness were extracted by one author and descriptively synthesised. Chi-squared tests were used to explore associations between decision appropriateness, decision type and decision appropriateness assessment method. Results: Of 152 included studies, 66 assessed decision appropriateness and five assessed perceived difficulty. While no studies assessed the relationship between perceived difficulty and appropriateness, one study objectively varied the difficulty of the scenarios and assessed the relationship between a measure of objective difficulty and appropriateness. Across 38 studies where calculations were possible, 62% of the decisions were appropriate as defined by the appropriateness standard used. Chi-squared tests identified statistically significant associations between decision appropriateness, decision type and decision appropriateness assessment method. Findings suggested a negative relationship between decision difficulty and appropriateness, while interventions may have the potential to reduce perceived difficulty. Conclusions: Scenario-based research into GPs’ decisions rarely considers the relationship between perceived decision difficulty and decision appropriateness. The links between these decisional components require further investigation.

Keywords: Abstracts, Article, Assessment, Behavior, Care, Clinical, Clinical Decision Making, Data, Decision, Decision Appropriateness, Decision Difficulty, Decision Making, Decision-Making, Embase, Family, General Practitioner, Gps, Health Care, Healthcare, Interventions, Investigation, Management, Measure, Medline, Methods, Negative, Nov, Outcomes Framework, Patient, Patient Scenario, Potential, Prescribing Antibiotics, Primary, Primary Care, Primary Care Physician, Primary-Care Physicians, Psycinfo, Quality, Research, Respiratory-Tract Infections, Results, Review, Scenario, Scenario Studies, Scenarios, Science, Screening, Services, Standard, Systematic, Systematic Review, Vignette, Vignette, Web, Web Of Science

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Full Text: [2015\BMC Hea Ser Res15, 7.pdf](2015/BMC%20Hea%20Ser%20Res15,%207.pdf)

Abstract: Background: Utility estimates are important health outcomes for economic evaluation of care and treatment interventions for patients with HIV/AIDS. We conducted a systematic review and meta-analysis of utility measurements to examine the performance of preference-based instruments, estimate health utility of patients with HIV/AIDS by disease stages, and investigate changes in their health utility over the course of antiretroviral treatment. Methods: We searched PubMed/Medline, Cochrane Database of Systematic Review, NHS Economic Evaluation Database and Web of Science for English-language peer-reviewed papers published during 2000-2013. We selected 49 studies that used 3 direct and 6 indirect preference based instruments to make a total of 218 utility measurements. Random effect models with robust estimation of standard errors and multivariate fractional polynomial regression were used to obtain the pooled estimates of utility and model their trends. Results: Reliability of direct-preference measures tended to be lower than other types of measures. Utility elicited by two of the indirect preference measures - SF-6D (0.171) and EQ-5D (0.114), and that of Time-Trade off (TTO) (0.151) was significantly different than utility elicited by Standard Gamble (SG). Compared to asymptomatic HIV patients, symptomatic and AIDS patients reported a decrement of 0.025 (p &#x2009;=&#x2009;0.40) and 0.176 (p &#x2009;=&#x2009;0.001) in utility scores, adjusting for method of assessment. In longitudinal studies, the pooled health utility of HIV/AIDS patients significantly decreased in the first 3 months of treatment, and rapidly increased afterwards. Magnitude of change varied depending on the method of assessment and length of antiretroviral treatment. Conclusion: The study provides an accumulation of evidence on measurement properties of health utility estimates that can help inform the selection of instruments for future studies. The pooled estimates of health utilities and their trends are useful in economic evaluation and policy modelling of HIV/AIDS treatment strategies.

Keywords: Accumulation, Active Antiretroviral Therapy, Adults, Aid, Aids, Antiretroviral, Assessment, Assessments, Care, Changes, Clinical-Trial, Cost-Effectiveness, Course, Cross-Sectional, Database, Disease, Economic, Economic Evaluation, Errors, Estimates, Evaluation, Evidence, First, Health, Health Outcomes, Hiv, Hiv-Infected Patients, Hiv, Aids, Human-Immunodeficiency-Virus, Instruments, Interventions, Length, Longitudinal, Longitudinal Meta-Analysis, Longitudinal Studies, Measurement, Measures, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Modelling, Models, Multivariate, Nhs, Outcomes, Papers, Patients, Peer-Reviewed, Performance, Policy, Positive Patients, Preference, Preference Weights, Properties, Quality Of Life, Quality-Of-Life, Regression, Reliability, Results, Review, Science, Selection, South-Africa, Standard, Systematic, Systematic Review, The-Literature, Treatment, Trends, Utility, Web, Web Of Science

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Full Text: [2015\BMC Hea Ser Res15, 33.pdf](2015/BMC%20Hea%20Ser%20Res15,%2033.pdf)

Abstract: Background: Strong international commitment and the widespread use of antiretroviral therapy have led to higher longevity for people living with human immune deficiency virus (HIV). Text messaging interventions have been shown to improve health outcomes in people living with HIV. The objectives of this overview were to: map the state of the evidence of text messaging interventions, identify knowledge gaps, and develop a framework for the transfer of evidence to other chronic diseases. Methods: We conducted a systematic review of systematic reviews on text messaging interventions to improve health or health related outcomes. We conducted a comprehensive search of PubMed, EMBASE (Exerpta Medica Database), CINAHL (Cumulative Index to Nursing and Allied Health Literature), PsycINFO, Web of Science (WoS) and the Cochrane Library on the 17th April 2014. Screening, data extraction and assessment of methodological quality were done in duplicate. Our findings were used to develop a conceptual framework for transfer. Results: Our search identified 135 potential systematic reviews of which nine were included, reporting on 37 source studies, conducted in 19 different countries. Seven of nine (77.7%) of these reviews were high quality. There was some evidence for text messaging as a tool to improve adherence to antiretroviral therapy. Text messages also improved attendance at appointments and behaviour change outcomes. The findings were inconclusive for self-management of illness, treatment of tuberculosis and communicating results of medical investigations. The geographical distribution of text messaging research was limited to specific regions of the world. Prominent knowledge gaps included the absence of data on long term outcomes, patient satisfaction, and economic evaluations. The included reviews also identified methodological limitations in many of the primary studies. Conclusions: Global evidence supports the use of text messaging as a tool to improve adherence to medication and attendance at scheduled appointments. Given the similarities between HIV and other chronic diseases (long-term medications, life-long care, strong link to behaviour and the need for home-based support) evidence from HIV may be transferred to these diseases using our proposed framework by integration of HIV and chronic disease services or direct transfer.

Keywords: Adherence, Amstar, Antiretroviral, Antiretroviral Therapy, Assessment, Behaviour, Care, Chronic, Chronic Disease, Commitment, Data, Database, Disease, Diseases, Distribution, Economic, Embase, Evidence, Evidence Transfer, Extraction, Framework, From, Global, Health, Health Outcomes, Hiv, Hiv Chronic Disease, Human, Immune, Integration, International, Interventions, Investigations, Knowledge, Literature, Living, Long Term, Long-Term, Longevity, Management, Measurement Tool, Medical, Methodological Limitations, Methodological Quality, Methods, Mobile Phone, Nursing, Outcomes, Overview, Patient, Patient Satisfaction, Potential, Primary, Psycinfo, Pubmed, Quality, Reporting, Research, Results, Review, Reviews, Satisfaction, Science, Screening, Self Management, Self-Management, Services, Source, State, Support, Systematic, Systematic Review, Systematic Reviews, Term, Text Message, Text Messages, Text Messaging, Therapy, Treatment, Tuberculosis, Web, Web Of Science, World, Wos

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? Kalantri, S., Pai, M., Pascopella, L., Riley, L. and Reingold, A. (2005), Bacteriophage-based tests for the detection of *Mycobacterium tuberculosis* in clinical specimens: A systematic review and meta-analysis. *BMC Infectious Diseases*, **5**, Article Number: 59.

Full Text: [2005\BMC Inf Dis5, 59.pdf](2005/BMC%20Inf%20Dis5,%2059.pdf)

Abstract: Background: Sputum microscopy, the most important conventional test for tuberculosis, is specific in settings with high burden of tuberculosis and low prevalence of non tuberculous mycobacteria. However, the test lacks sensitivity. Although bacteriophage-based tests for tuberculosis have shown promising results, their overall accuracy has not been systematically evaluated. Methods: We did a systematic review and meta-analysis of published studies to evaluate the accuracy of phage-based tests for the direct detection of M. tuberculosis in clinical specimens. To identify studies, we searched MEDLINE, EMBASE, Web of Science and BIOSIS, and contacted authors, experts and test manufacturers. Thirteen studies, all based on phage amplification method, met our inclusion criteria. Overall accuracy was evaluated using forest plots, summary receiver operating (SROC) curves, and subgroup analyses. Results: the data suggest that phage-based assays have high specificity (range 0.83 to 1.00), but modest and variable sensitivity (range 0.21 to 0.88). The sensitivity ranged between 0.29 and 0.87 among smear-positive, and 0.13 to 0.78 among smear-negative specimens. The specificity ranged between 0.60 and 0.88 among smear-positive and 0.89 to 0.99 among smear- negative specimens. SROC analyses suggest that overall accuracy of phage-based assays is slightly higher than smear microscopy in direct head-to-head comparisons. Conclusion: Phage-based assays have high specificity but lower and variable sensitivity. Their performance characteristics are similar to sputum microscopy. Phage assays cannot replace conventional diagnostic tests such as microscopy and culture at this time. Further research is required to identify methods that can enhance the sensitivity of phage-based assays without compromising the high specificity.

Keywords: Accuracy, Assay, Authors, Burden, Culture, EMBASE, Fastplaquetb, Meta-Analysis, Methods, Microscopy, Phage, Prevalence, Pulmonary Tuberculosis, Rapid Diagnosis, Research, Review, Science, South-Africa, Sputum, Systematic, Systematic Review, TB, Tools, Tuberculosis, Web of Science

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Full Text: [2005\BMC Inf Dis5, 62.pdf](2005/BMC%20Inf%20Dis5,%2062.pdf)

Abstract: Background: Mycobacterium tuberculosis is a leading cause of death worldwide. In multi-drug resistant tuberculosis (MDR-TB) infectiousness is frequently prolonged, jeopardizing efforts to control TB. The conventional tuberculosis drug susceptibility tests are sensitive and specific, but they are not rapid. The INNO-LiPA Rif. TB(R) (LiPA) is a commercial line probe assay designed to rapidly detect rifampicin resistance, a marker of MDR-TB. Although LiPA has shown promising results, its overall accuracy has not been systematically evaluated. Methods: We did a systematic review and meta-analysis to evaluate the accuracy of LiPA for the detection of rifampicin-resistant tuberculosis among culture isolates and clinical specimens. We searched MEDLINE, EMBASE, Web of Science, BIOSIS, and Google Scholar, and contacted authors, experts and the manufacturer. Fifteen studies met our inclusion criteria. of these, 11 studies used culture isolates, one used clinical specimens, and three used both. We used a summary receiver operating characteristic (SROC) curve and Q\* index to perform meta-analysis and summarize diagnostic accuracy. Results: Twelve of 14 studies that applied LiPA to isolates had sensitivity greater than 95%, and 12 of 14 had specificity of 100%. The four studies that applied LiPA directly to clinical specimens had 100% specificity, and sensitivity that ranged between 80% and 100%. The SROC curve had an area of 0.99 and Q\* of 0.97. Conclusion: LiPA is a highly sensitive and specific test for the detection of rifampicin resistance in culture isolates. The test appears to have relatively lower sensitivity when used directly on clinical specimens. More evidence is needed before LiPA can be used to detect MDR-TB among populations at risk in clinical practice.

Keywords: Accuracy, Authors, Complex, Control, Countries, Culture, Curve, Diagnostic-Test, Drug, Gene, Google Scholar, Hybridization Assay, Lipa, Mdr-Tb, Meta-Analysis, Methods, Practice, Resistance, Review, Risk, Rpob Mutations, Science, Specimens, Susceptibility, Systematic, Systematic Review, TB, Tuberculosis, Web of Science

Notes: FField

Falagas, M.E., Papastamataki, P.A. and Bliziotis, I.A. (2006), A bibliometric analysis of research productivity in Parasitology by different world regions during a 9-year period (1995-2003). *BMC Infectious Diseases*, **6** (56), 1-6.

Full Text: [2006\BMC Inf Dis6, 1.pdf](2006/BMC%20Inf%20Dis6,%201.pdf)

Abstract: Background: the objective of this study was to estimate the research productivity of different world regions in the field of Parasitology. Methods: Using the PUBMED database we retrieved articles from journals included in the ‘Parasitology’ category of the ‘Journal Citation Reports’ database of the Institute for Scientific Information for the period 1995 - 2003. Research productivity was evaluated based on a methodology we developed and used in other bibliometric studies by analysing: (1) the total number of publications, (2) the mean impact factor of all papers, and (3) the product of the above two parameters, (4) the research productivity in relation to gross domestic product of each region, and (5) the research productivity in relation to gross national income per capita and population of each region. Results: Data on the country of origin of the research was available for 18,110 out of 18,377 articles (98.6% of all articles from the included journals). Western Europe exceeds all world regions in research production for the period studied (34.8% of total articles), with USA ranking second (19.9%), and Latin America & the Caribbean ranking third (17.2%). The mean impact factor in articles published in Parasitology journals was highest for the USA (1.88). Oceania ranked first in research productivity when adjustments for both the gross national income per capita (GNIPC) and population were made. Eastern Europe almost tripled the production of articles from only 1.9% of total production in 1995 to 4.3% in 2003. Similarly, Latin America and the Caribbean and Asia doubled their production. However, the absolute and relative production by some developing areas, including Africa, is still very low, despite the fact that parasitic diseases are major public health problems in these areas. Conclusion: Our data suggest that more help should be provided by the developed nations to developing areas for improvement of the infrastructure of research.

Keywords: Africa, Analysis, Asia, Bibliometric, Bibliometric Analysis, Bibliometric Studies, Country, Country of Origin, Data, Database, Developing, Diseases, Eastern Europe, Europe, Field, First, Gross Domestic Product, Gross National Income, Health, Impact, Impact Factor, Improvement, Infrastructure, Institute for Scientific Information, Journals, Latin America, Methodology, Nations, Origin, Papers, Population, Productivity, Public, Public Health, Publications, PUBMED, Ranking, Research, Research Productivity, USA, World

Notes: CCountry

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Full Text: [2008\BMC Inf Dis8, 19.pdf](2008/BMC%20Inf%20Dis8,%2019.pdf)

Abstract: BACKGROUND: Nigeria is home to more people living with HIV than any other country in the world, except South Africa and India-where an estimated 2.9 million [1.7 million - 4.2 million] people were living with the virus in 2005. A systematic assessment of recent HIV/AIDS research output from Nigeria is not available. Without objective information about the current deficiencies and strengths in the HIV research output from Nigeria, it is difficult to plan substantial improvements in HIV/AIDS research that could enhance population health. The aim of this study was to analyse the trends in Nigeria’s SCI publications in HIV/AIDS from 1980 to 2006. Special attention was paid to internationally collaborated works that were identified based on the countries of the authors’ affiliation. METHODS: A bibliometric analysis regarding Nigerian HIV/AIDS research was conducted in the ISI databases for the period of 1980 to 2006. An attempt was made to identify the patterns of the growth in HIV/AIDS literature, as well as type of document published, authorship, institutional affiliations of authors, and subject content. International collaboration was deemed to exist in an article if any co-author’s affiliation was located outside Nigeria. The impact factors in the 2006 Journal Citations Reports Science Edition was arbitrarily adopted to estimate the quality of articles. RESULTS: Nigeria’s ISI publications in HIV/AIDS increased from one articles in 1987 to 33 in 2006, and the articles with international collaboration increased from one articles in 1980 to 16 in 2006. Articles with international collaboration appeared in journals with higher impact factors and received more citations. A high pattern of co-authorship was found. Over 85% of the articles were published in collaboration among two or more authors. The USA, as the most important collaborating partner of Nigeria’s HIV/AIDS researchers, contributed 30.8% of articles with international collaboration. CONCLUSION: Nigeria has achieved a significant increase in the number of SCI publications and collaborations in HIV literature from 1987 to 2005. There is need to challenge the status, scientists from Nigeria should forge multiple collaborations beyond historical, political, and cultural lines to share knowledge and expertise on HIV/AIDS.

Keywords: Affiliation, Africa, AID, AIDS, Analysis, Assessment, Attention, Authors, Authorship, Bibliometric, Bibliometric Analysis, Challenge, Citations, Collaboration, Collaborations, Content, Country, Cultural, Databases, European-Union, Expertise, Factors, Growth, Health, HIV, HIV, AIDS, Home, Impact, Impact Factors, India, Information, Institutional, International, ISI, Journals, Knowledge, Literature, Living, Nigeria, Objective, Pattern, Population, Population Health, Publications, Quality, Quality of, Research, SCI, South Africa, Status, Systematic, Trends, USA, Virus, World

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Full Text: [2009\BMC Inf Dis9, 24.pdf](2009/BMC%20Inf%20Dis9,%2024.pdf)

Abstract: Background: A high proportion of children with persistent diarrhoea in middle and low income countries die. The best treatment is not clear. We conducted a systematic review to evaluate the effectiveness of antimicrobial drug treatment for persistent diarrhoea of unknown or non-specific cause. Methods: We included randomized comparisons of antimicrobial drugs for the treatment of persistent diarrhoea of unknown or non-specific cause in children under the age of six years in low and middle income countries. We searched the electronic databases MEDLINE, EMBASE, LILACS, Web of Science, and the Cochrane Central Register of Controlled Trials (CENTRAL) to May 2008 for relevant randomized or quasi randomized controlled trials. We summarised the characteristics of the eligible trials, assessed their quality using standard criteria, and extracted relevant outcomes data. Where appropriate, we combined the results of different trials. Results: Three trials from South East Asia and one from Guatemala were included, all were small, and three had adequate allocation concealment. Two were in patients with diarrhoea of unknown cause, and two were in patients in whom known bacterial or parasitological causes of diarrhoea had been excluded. No difference was demonstrated for oral gentamicin compared with placebo (presence of diarrhoea at 6 or 7 days; 2 trials, n = 151); and for metronidazole compared with placebo (presence of diarrhoea at 3, 5 and 7 days; 1 trial, n = 99). In one small trial, sulphamethoxazole-trimethoprim appeared better than placebo in relation to diarrhoea at seven days and total stool volume (n = 55). Conclusion: There is little evidence as to whether or not antimicrobials help treat persistent diarrhoea in young children in low and middle income countries.

Keywords: Antimicrobials, Asia, Children, Cochrane, Cryptosporidiosis, Databases, Drug, Effectiveness, EMBASE, Escherichia-Coli, Human-Immunodeficiency-Virus, Income, Infection, MEDLINE, Methods, Of-Science, Outcomes, Randomized Controlled Trials, Review, Science, Systematic, Systematic Review, Treatment, Web, Web-of-Science

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Full Text: [2009\BMC Inf Dis9, 28.pdf](2009/BMC%20Inf%20Dis9,%2028.pdf)

Abstract: Background: John Cunningham virus (JCV) constitutes a family of polyoma viruses, which plays important roles in the progressive multifocal leukoencephalopathy (PML) and tumorigenesis. However, no bibliometric investigation has been reported to guide the researchers and potential readers. Methods: Papers were collected from database SCI-expanded and PUBMED until May 22, 2008. The highly-productive authors, institutes and countries, highly-cited authors and journals were ranked. The highly-cited articles were subjected to co-citation and chronological analysis with highly-frequent MeSH words for co-occurrence analysis. Results: Until now, 1785 articles about JCV were indexed in SCI-expanded and 1506 in PUBMED. The main document type was original article. USA, Japan and Italy were the largest three producers about JCV. Temple University published 128 papers and ranked the top, followed by University of Tokyo. Khalili K and Yogo Y became the core authors due to more than 20 documents produced. Journal of Neurovirology published more than 15 papers and ranked the top. Padgett BL and Berger JR were the first two highly-cited authors. Journal of Virology and Journal of Neurovirology respectively ranked to the first two highly-cited journals. These top highly-cited articles were divided into 5 aspects: (1) the correlation between JC virus and tumors; (2) CaUSAl correlation of JCV with PML; (3) Polyoma virus infection and its related diseases in renal-allograft recipients; (4) Detection of JCV antibody, oncogene and its encoding protein; (5) Genetics and molecular biology of JCV. The MeSH/subheadings were classified into five groups: (1) JCV and virus infectious diseases; (2) JCV pathogenicity and pathological appearance of PML; (3) JCV isolation and detection; (4) Immunology of JCV and PML; (5) JCV genetics and tumors. Conclusion: JCV investigation mainly focused on its isolation and detection, as well as its correlation with PML and tumors. Establishment of transgenic animal model using JCV T antigen would be a hopeful and useful project in the further study.

Keywords: Analysis, Animal Model, Antibody, Authors, Bibliometric, Bibliometric Analysis, Bibliometric Investigation, Biology, Cancer, Co-Citation, Cocitation, Correlation, Database, Detection, Diseases, Family, First, Genetics, Groups, History, Human Polyomavirus, Infection, Infectious Diseases, Investigation, Isolation, Italy, Japan, JC-Virus, Journals, Load, Mar, Model, Molecular, Molecular Biology, Papers, Pathogenicity, PML, Potential, Progressive, Progressive Multifocal Leukoencephalopathy, Protein, Research, Roles, Tumorigenesis, Tumors, USA, Virus

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Full Text: 2009\BMC Inf Dis9, 88.pdf

Abstract: Background: Persistent diarrhoea in children is a common problem in low and middle income countries. To help target appropriate treatment for specific pathogens in the absence of diagnostic tests, we systematically reviewed pathogens most commonly associated with persistent diarrhoea in children. Methods: We sought all descriptive studies of pathogens in the stool of children with diarrhoea of over 14 days duration in low and middle income countries with a comprehensive search of the MEDLINE, EMBASE, LILACS and Web of Science databases. We described the study designs and populations, assessed the quality of the laboratory tests, and extracted and summarised data on pathogens. For Escherichia coli, we calculated high and low prevalence estimates of all enteropathic types combined. Results across studies were compared for geographical patterns. Results: Nineteen studies were included. Some used episodes of diarrhoea as the unit of analysis, others used children. The quality of reporting of laboratory procedures varied, and pathogens (particularly E. coli types) were classified in different ways. As there were no apparent regional differences in pathogen prevalence, we aggregated data between studies to give a guide to overall prevalence. Enteropathic E. coli types were commonly found in children with persistent diarrhoea (up to 63%). Various other organisms, including viruses, bacteria and parasites, were detected but across all studies their prevalence was under 10%. However, these pathogens were also found in similar frequencies in children without diarrhoea. Conclusion: A number of pathogens are commonly associated with persistent diarrhoea in children, but in children without diarrhoea the pathogens are found with similar frequencies. New research with carefully selected controls and standardised laboratory investigations across countries will help map causes and help explore effective options for presumptive treatment.

Keywords: Analysis, Bacteria, Bangladesh, Children, Databases, Descriptive Studies, Duration, EMBASE, Epidemiology, Escherichia-Coli, HIV, Income, Infection, Malnutrition, MEDLINE, Methods, Northeastern Brazil, Of-Science, Prevalence, Research, Review, Risk-Factors, Science, Systematic, Systematic Review, Treatment, Web, Web-of-Science, Zambian Children

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Full Text: [2010\BMC Inf Dis10, 47.pdf](2010/BMC%20Inf%20Dis10,%2047.pdf)

Abstract: Background: Several bibliometric studies have been published on AIDS. The findings obtained from these studies have provided a general picture of the history and growth of AIDS literature. However, factors related to variation in HIV research productivity in sub-Saharan Africa have not been examined. Therefore, this study aims to fill some of the gap in existing research to provide insights into factors associated with HIV research productivity in sub-Saharan Africa. Methods: A bibliometric analysis regarding sub-Saharan Africa HIV/AIDS research was conducted in the PUBMED database for the period of 1981 to 2009. The numbers of HIV research articles indexed in PUBMED was used as surrogate for total HIV research productivity. Series of univariable and multivariable negative binomial regression models were used to explore factors associated with variation in HIV research productivity in sub-Saharan Africa. Results: First authors from South Africa, Uganda and Kenya contributed almost half of the total number of HIV articles indexed in PUBMED between 1981 and 2009. Uganda, Zimbabwe and Malawi had better records when the total production was adjusted for gross domestic product (GDP). Comoros, the Gambia and Guinea-Bissau were the most productive countries when the total products were normalized by number of people with HIV. There were strong positive and statistically significant correlation between countries number of indexed journal (Pearson correlation r = 0.77, p = .001), number of higher institutions (r = 0.60, p = .001), number of physicians (r = 0.83, p = .001) and absolute numbers of HIV articles. Conclusions: HIV research productivity in Africa is highly skewed. To increase HIV research output, total expenditure on health (% of GDP), private expenditure on health, and adult literacy rate may be important factors to address.

Keywords: Africa, AIDS, Articles, Bibliometric, Bibliometric Analysis, Bibliometric Studies, Database, Growth, Health, History, HIV, Immunodeficiency-Syndrome AIDS, Journal, Literature, Models, Positive, Productivity, Regression, Research, Research Output, Research Productivity, South Africa

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Full Text: [2011\BMC Inf Dis11, 10.pdf](2011/BMC%20Inf%20Dis11,%2010.pdf)

Abstract: Background: Bacterial vaginosis (BV), an alteration of vaginal flora involving a decrease in Lactobacilli and predominance of anaerobic bacteria, is among the most common cause of vaginal complaints for women of childbearing age. It is well known that BV has an influence in acquisition of certain genital infections. However, association between BV and cervical human papillomavirus (HPV) infection has been inconsistent among studies. The objective of this meta- analysis of published studies is to clarify and summarize published literature on the extent to which BV is associated with cervical HPV infection. Methods: MEDLINE and Web of Science were systematically searched for eligible publications until December 2009. Articles were selected based on inclusion and exclusion criteria. After testing heterogeneity of studies, meta-analysis was performed using random effect model. Results: Twelve eligible studies were selected to review the association between BV and HPV, including a total of 6,372 women. The pooled prevalence of BV was 32%. The overall estimated odds ratio (OR) showed a positive association between BV and cervical HPV infection (OR, 1.43; 95% confidence interval, 1.11-1.84). Conclusion: This meta- analysis of available literature resulted in a positive association between BV and uterine cervical HPV infection.

Keywords: Analysis, Articles, Bacteria, Chlamydia-Trachomatis, Clue Cells, Dysbacteriosis, Epidemiology, HPV, Human, Human Papillomavirus, Infection, Intraepithelial Neoplasia, Literature, Meta-Analysis, Methods, Model, Natural-History, Prevalence, Publications, Ratio, Review, Risk-Factors, Science, Simplex-Virus Type-2, Smears, Web of Science, Women

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Full Text: [2013\BMC Inf Dis13, 227.pdf](2013/BMC%20Inf%20Dis13,%20227.pdf)

Abstract: Background: Tuberculosis (TB) is an infectious disease caused by Mycobacterium tuberculosis (M. tuberculosis). The annotation of functional genome and signaling network in M. tuberculosis are still not systematic. Essential gene modules are a collection of functionally related essential genes in the same signaling or metabolic pathway. The determination of essential genes and essential gene modules at genomic level may be important for better understanding of the physiology and pathology of M. tuberculosis, and also helpful for the development of drugs against this pathogen. The establishment of genomic operon database (DOOR) and the annotation of gene pathways have felicitated the genomic analysis of the essential gene modules of M. tuberculosis. Method: Bibliometric approach has been used to perform a High-throughput screen for essential genes of M. tuberculosis strain H37Rv. Ant colony algorithm were used to identify the essential genes in other M. tuberculosis reference strains. Essential gene modules were analyzed by operon database DOOR. The pathways of essential genes were assessed by Biocarta, KEGG, NCI-PID, HumanCyc and Reactome. The function prediction of essential genes was analyzed by Pfam. Results: A total approximately 700 essential genes were identified in M. tuberculosis genome. 40% of operons are consisted of two or more essential genes. The essential genes were distributed in 92 pathways in M. tuberculosis. In function prediction, 61.79% of essential genes were categorized into virulence, intermediary metabolism/ respiration, cell wall related and lipid metabolism, which are fundamental functions that exist in most bacteria species. Conclusion: We have identified the essential genes of M. tuberculosis using bibliometric approach at genomic level. The essential gene modules were further identified and analyzed.

Keywords: Algorithm, Analysis, Approach, Bacteria, Bibliometric, Biosynthesis, Cell Wall, Collection, Database, Development, Disease, Distributed, Drug-Resistant Tuberculosis, Drugs, Essential Gene Modules, Function, Functions, Gene, Genes, Genome, Lipid, Lipid Metabolism, Metabolism, Mycobacterium Tuberculosis, Network, Operon, Operons, Pathogen, Pathology, Pathway, Pathways, Physiology, Prediction, Reference, Respiration, Results, Sequence, Signaling, Species, Survival, Tuberculosis, Understanding, Virulence

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Full Text: [2013\BMC Inf Dis13, 454.pdf](2013/BMC%20Inf%20Dis13,%20454.pdf)

Abstract: Background: Novel influenza in 2009 caused by H1N1, as well as the seasonal influenza, still are a challenge for the public health sectors worldwide. An increasing number of publications referring to this infectious disease make it difficult to distinguish relevant research output. The current study used scientometric indices for a detailed investigation on influenza related research activity and the method of density equalizing mapping to make the differences of the overall research worldwide obvious. The aim of the study was to compare scientific effort over the time as well as geographical distribution including the cooperation on national and international level. Methods: Therefore, publication data was retrieved from Web of Science (WoS) of Thomson Scientific. Subsequently the data was analysed in order to show geographical distributions and the development of the research output over the time. The query retrieved 51,418 publications that are listed in WoS for the time interval from 1900 to 2009. There is a continuous increase in research output and general citation activity especially since 1990. Results: The identified all in all 51,418 publications were published by researchers from 151 different countries. Scientists from the USA participate in more than 37 percent of all publications, followed by researchers from the UK and Germany with more than five percent. In addition, the USA is in the focus of international cooperation. In terms of number of publications on influenza, the Journal of Virology ranks first, followed by Vaccine and Virology. The highest impact factor (IF 2009) in this selection can be established for The Lancet (30.75). Robert Webster seems to be the most prolific author contributing the most publications in the field of influenza. Conclusions: This study reveals an increasing and wide research interest in influenza. Nevertheless, citation based-declaration of scientific quality should be considered critically due to distortion by self-citation and co-authorship.

Keywords: Activity, Analysis, Benchmarking, Challenge, Citation, Co-Authorship, Coauthorship, Cooperation, Data, Development, Disease, Distribution, Field, First, General, Germany, Health, Impact, Impact Factor, Indices, Influenza, International, International Cooperation, Interval, Investigation, Journal, Mapping, Methods, Public, Public Health, Publication, Publications, Quality, Research, Research Output, Results, Science, Scientists, Scientometric, Seasonal, Selection, Self-Citation, UK, USA, Virology, Web of Science, Wos

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Full Text: [2013\BMC Inf Dis13, 566.pdf](2013/BMC%20Inf%20Dis13,%20566.pdf)

Abstract: Background: Mobile phone text messaging (SMS) has the potential to promote adherence to tuberculosis treatment. This systematic review aims to synthesize current evidence on the effectiveness of SMS interventions in improving patients’ adherence to tuberculosis treatment. Methods: We searched electronic databases (PubMed, EMBASE, Science Citation Index), reference lists of relevant articles, conference proceedings, and selected websites for eligible studies available by 15 February 2013; regardless of language or publication status. Two authors independently screened selected eligible studies, and assessed risk of bias in included studies; resolving discrepancies by discussion and consensus. Results: We identified four studies that compared the outcomes of the SMS intervention group with controls. Only one of the four studies was a randomized controlled trial. This was conducted in Argentina and the SMS intervention did not significantly improve adherence to tuberculosis treatment compared to self-administration of tuberculosis treatment (risk ratio [RR] 1.49, 95% confidence intervals [CI] 0.90 to 2.42). One of the non-randomized studies, conducted in South Africa, which compared SMS reminders to directly observed therapy short course (DOTS) reported similar rates of tuberculosis cure (62.35% vs. 66.4%) and treatment success (72.94% vs. 69.4%). A second study from South Africa, utilized SMS reminders when patients delayed in opening their pill bottles and reported increased tuberculosis cure (RR 2.32, 95% CI 1.60 to 3.36) and smear conversion (RR 1.62, 95% CI 1.09 to 2.42) rates compared to DOTS. In the third non-randomized study, conducted in Kenya, use of SMS reminders increased rates of clinic attendance on scheduled days compared to standard care (RR 1.56, 95% CI 1.06 to 2.29). Using the GRADE approach, we rate the quality of the evidence as low, mainly because of the high risk of bias and heterogeneity of effects across studies. Conclusions: This systematic review indicates that there is a paucity of high-quality data on the effectiveness of SMS interventions for improving patients’ adherence to tuberculosis treatment. The low quality of the current evidence implies that further studies (in particular randomized trials) on the subject are needed. In the interim, if the intervention is implemented outside research settings an impact evaluation is warranted.

Keywords: Adherence, Africa, Anti-Tubercular Agents, Approach, Argentina, Attitudes, Authors, Bias, Care, Citation, Clinic, Compliance, Conference Proceedings, Confidence, Confidence Intervals, Consensus, Controlled Trial, Conversion, Course, Data, Databases, Effectiveness, Effects, Embase, England, Evaluation, Evidence, Feasibility, Floor, Grade, Health-Care, Heterogeneity, HIV, Impact, Inn, Intervals, Intervention, Interventions, Kenya, Language, London, Metaanalysis, Methods, Mobile Phone, Outcomes, Patients, Pill, Potential, Publication, Pubmed, Quality, Quality Of, Randomized, Randomized Controlled Trial, Randomized Controlled-Trial, Rates, Reference, Reference Lists, Research, Results, Review, Risk, Science, Science Citation Index, South Africa, Standard, Systematic Review, Text Messages, Therapy, Treatment, Trial, Tuberculosis, Tuberculosis Treatment, Websites

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Full Text: [2014\BMC Inf Dis5, 167.pdf](2014/BMC%20Inf%20Dis5,%20167.pdf)

Abstract: Background: Many studies have found associations between climatic conditions and dengue transmission. However, there is a debate about the future impacts of climate change on dengue transmission. This paper reviewed epidemiological evidence on the relationship between climate and dengue with a focus on quantitative methods for assessing the potential impacts of climate change on global dengue transmission. Methods: A literature search was conducted in October 2012, using the electronic databases PubMed, Scopus, ScienceDirect, ProQuest, and Web of Science. The search focused on peer-reviewed journal articles published in English from January 1991 through October 2012. Results: Sixteen studies met the inclusion criteria and most studies showed that the transmission of dengue is highly sensitive to climatic conditions, especially temperature, rainfall and relative humidity. Studies on the potential impacts of climate change on dengue indicate increased climatic suitability for transmission and an expansion of the geographic regions at risk during this century. A variety of quantitative modelling approaches were used in the studies. Several key methodological issues and current knowledge gaps were identified through this review. Conclusions: It is important to assemble spatio-temporal patterns of dengue transmission compatible with long-term data on climate and other socio-ecological changes and this would advance projections of dengue risks associated with climate change.

Keywords: Advance, Aedes-Aegypti Diptera, Assessing, Changes, Climate, Climate Change, Criteria, Data, Databases, Dengue, El-Nino, English, Evidence, Fever, Global, Impacts, Infectious-Diseases, Issues, Journal, Journal Articles, Knowledge, Literature, Literature Search, Long Term, Long-Term, Mar, Methods, Modelling, Models, Peer-Reviewed, Potential, Projection, Pubmed, Puerto-Rico, Quantitative Methods, Rainfall, Results, Review, Risk, Risks, Scenarios, Science, Scopus, Systematic Review, Temperature, Temperature-Fluctuations, Transmission, Transmission Dynamics, Variability, Vector, Virus, Web of Science

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Full Text: [2014\BMC Inf Dis5, 38.pdf](2014/BMC%20Inf%20Dis5,%2038.pdf)

Abstract: Background: Hepatitis E Virus (HEV) infection is a newly recognized serious threat to global public health and Africa is suspected to be among the most severely affected regions in the world. Understanding HEV epidemiology in Africa will expedite the implementation of evidence-based control policies aimed at preventing the spread of HEV including policies for the use of available resources such as HEV vaccines. Methods: Here we present a comprehensive review of HEV epidemiology in Africa based on published data. We searched for articles on HEV epidemiology in Africa from online databases such as PubMed, Scopus, and ISI Web of Science and critically reviewed appropriate publications to extract consistent findings, identify knowledge gaps, and suggest future studies. Results: Taking a particularly high toll in pregnant women and their fetuses, HEV has infected human populations in 28 of 56 African countries. Since 1979, 17 HEV outbreaks have been reported about once every other year from Africa causing a reported 35,300 cases with 650 deaths. Conclusions: In Africa, HEV infection is not new, is widespread, and the number of reported outbreaks are likely a significant underestimate. The authors suggest that this is a continent-wide public health problem that deserves the attention of local, regional and international agencies to implement control policies that can save numerous lives, especially those of pregnant women and their fetuses.

Keywords: Acute Sporadic Hepatitis, Acute Viral-Hepatitis, Africa, African Countries, Articles, Attention, Authors, Control, Data, Databases, E Outbreak, Enterically-Transmitted Hepatitis, Epidemiology, Evidence Based, Evidence-Based, Global, Health, Health Problem, Hepatitis, Hepatitis E, Hev, High Prevalence, Human, Implementation, Infected, Infection, International, ISI, ISI Web Of Science, Knowledge, Local, Methods, Nile Delta, Non-A, Non-B-Hepatitis, Online, Outbreak, Policies, Populations, Pregnancy, Pregnant, Pregnant Women, Pregnant-Women, Public, Public Health, Public Health Problem, Publications, Pubmed, Regional, Resources, Results, Review, Rural Egyptian Communities, Science, Scopus, Systematic, Systematic Review, Vaccines, Web Of Science, Women, World

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Full Text: [2014\BMC Inf Dis14, 709.pdf](2014/BMC%20Inf%20Dis14,%20709.pdf)

Abstract: Background: Although the evidence base regarding the use of the Xpert MTB/RIF assay for diagnosis of pulmonary tuberculosis (TB) when testing respiratory samples is well established, the evidence base for its diagnostic accuracy for extrapulmonary and sputum-scarce pulmonary TB when testing non-respiratory samples is less clearly defined. Methods: A systematic literature search of 7 electronic databases (Medline, EMBASE, ISI Web of Science, BIOSIS, Global Health Database, Scopus and Cochrane Database) was conducted to identify studies of the diagnostic accuracy of the Xpert assay when testing non-respiratory samples compared with a culture-based reference standard. Data were extracted and study quality was assessed using the QUADAS-2 tool. Sensitivities and specificities were calculated on a per-sample basis, stratified by sample type and smear microscopy status and summarised using forest plots. Pooled estimates were calculated for groups with sufficient data. Results: Twenty-seven studies with a total of 6,026 non-respiratory samples were included. Among the 23 studies comparing Xpert and culture done on the same samples, sensitivity was very heterogeneous with a median sensitivity of 0.83 (IQR, 0.68-0.94) whereas specificities were typically very high (median, 0.98; IQR, 0.89-1.00). The pooled summary estimates of sensitivity when testing smear-positive and smear-negative samples were 0.95 (95% CI 0.91-1.00) and 0.69 (95% CI 0.60-0.80), respectively. Pooled summary estimates of sensitivity varied substantially between sample types: lymph node tissue, 0.96 (95% CI, 0.72-0.99); tissue samples of all types, 0.88 (95% CI, 0.76-0.94); pleural fluid, 0.34 (95% CI, 0.24-0.44); gastric aspirates for diagnosis of sputum-scarce pulmonary TB, 0.78 (IQR, 0.68 -0.85). Median sensitivities when testing cerebrospinal fluid and non-pleural serous fluid samples were 0.85 (IQR, 0.75-1.00) and 0.67 (IQR, 0.00-1.00), respectively. Conclusion: Xpert detects with high specificity the vast majority of EPTB cases with smear-positive non-respiratory samples and approximately two-thirds of those with smear-negative samples. Xpert is a useful rule-in diagnostic test for EPTB, especially when testing cerebrospinal fluid and tissue samples. In addition, it has a high sensitivity for detecting pulmonary TB when using gastric aspirate samples. These findings support recent WHO guidelines regarding the use of Xpert for TB diagnosis from non-respiratory samples.

Keywords: Accuracy, Cerebrospinal Fluid, Children, Culture, Data, Database, Databases, Diagnosis, Diagnostic, Diagnostic Accuracy, Diagnostic Test, Embase, Estimates, Evidence, Extrapulmonary, Forest, From, Gastric, Genexpert, Genexpert MTB, RIF, Global, Groups, Guidelines, Health, ISI, ISI Web Of Science, Literature, Literature Search, Median, Medline, Methods, Microscopy, Mycobacterium-Tuberculosis, Nonrespiratory Specimens, Pleural Tuberculosis, Quality, Rapid Diagnosis, Real-Time PCR, Recent, Reference, Results, Review, Rifampin Resistance, Science, Scopus, Sensitivity, Smear, Specificity, Standard, Stool Samples, Support, Systematic, Systematic Literature Search, Systematic Review, TB, Testing, Tuberculosis, Web, Web Of Science, Who, XPERT MTB, RIF

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Full Text: [2015\BMC Inf Dis15, 118.pdf](2015/BMC%20Inf%20Dis15,%20118.pdf)

Abstract: Background: Although neonatal infections cause a significant proportion of deaths in the first week of life, little is known about the burden of neonatal disease originating from maternal infection or colonization globally. This paper describes the prevalence of vertical transmission - the percentage of newborns with neonatal infection among newborns exposed to maternal infection. Methods: We searched Pubmed, Embase, Scopus, Web of Science, Cochrane Library, and WHO Regional Databases for studies of maternal infection, vertical transmission, and neonatal infection. Studies that measured prevalence of bacterial vertical transmission were included. Random effects meta-analyses were used to pool data to calculate prevalence estimates of vertical transmission. Results: 122 studies met the inclusion criteria. Only seven studies (5.7%) were from very high neonatal mortality settings. Considerable heterogeneity existed between studies given the various definitions of infection (lab-confirmed, clinical signs), colonization, and risk factors of infection. The prevalence of early onset neonatal lab-confirmed infection among newborns of mothers with lab-confirmed infection was 17.2% (95% CI 6.5-27.9). The prevalence of neonatal lab-confirmed infection among newborns of colonized mothers was 0% (95% CI 0.0-0.0). The prevalence of neonatal surface colonization among newborns of colonized mothers ranged from 30.9-45.5% depending on the organism. The prevalence of neonatal lab-confirmed infection among newborns of mothers with risk factors (premature rupture of membranes, preterm premature rupture of membranes, prolonged rupture of membranes) ranged from 2.9-19.2% depending on the risk factor. Conclusions: The prevalence of early-onset neonatal infection is high among newborns of mothers with infection or risk factors for infection. More high quality studies are needed particularly in high neonatal mortality settings to accurately estimate the prevalence of early-onset infection among newborns at risk.

Keywords: Bacterial Infection, Burden, Clinical, Colonization, Criteria, Data, Databases, Definitions, Disease, Early-Onset, Effects, Estimates, Factors, First, From, Group-B Streptococci, Heterogeneity, Immediate Postpartum Treatment, Infection, Infections, Intra-Amniotic Infection, Intrapartum Chemoprophylaxis, Life, Mar, Maternal, Maternal Infection, Meta Analysis, Meta-Analyses, Meta-Analysis, Metaanalysis, Methods, Mortality, Mothers, Neonatal, Neonatal Infection, Neonatal Mortality, Newborns, Onset, Pregnant-Women, Premature, Premature Rupture Of Membranes, Preterm, Preterm Premature Rupture, Preterm Premature Rupture Of Membranes, Prevalence, Prolonged, Quality, Results, Review, Risk, Risk Factor, Risk Factors, Risk-Factors, Rupture, Rupture Of Membranes, Science, Scopus, Staphylococcus-Aureus, Surface, Systematic, Systematic Review, Transmission, Ureaplasma-Urealyticum Colonization, Vaginal Chlorhexidine Disinfection, Vertical, Vertical Transmission, Web, Web Of Science, Who

# Title: BMC Medical Education

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? Walker, R.L., Sykes, L., Hemmelgarn, B.R. and Quan, H.D. (2010), Authors’ opinions on publication in relation to annual performance assessment. *BMC Medical Education*, **10**, Article Number: 21.

Full Text: [2010\BMC Med Edu10, 21.pdf](2010/BMC%20Med%20Edu10,%2021.pdf)

Abstract: Background: In the past 50 years there has been a substantial increase in the volume of published research and in the number of authors per scientific publication. There is also significant pressure exerted on researchers to produce publications. Thus, the purpose of this study was to survey corresponding authors in published medical journals to determine their opinion on publication impact in relation to performance review and promotion. Methods: Cross-sectional survey of corresponding authors of original research articles published in June 2007 among 72 medical journals. Measurement outcomes included the number of publications, number of authors, authorship order and journal impact factor in relation to performance review and promotion. Results: of 687 surveys, 478 were analyzed (response rate 69.6%). Corresponding authors self-reported that number of publications (78.7%), journal impact factor (67.8%) and being the first author (75.9%) were most influential for their annual performance review and assessment. Only 17.6% of authors reported that the number of authors on a manuscript was important criteria for performance review and assessment. A higher percentage of Asian authors reported that the number of authors was key to performance review and promotion (41.4% versus 7.8 to 22.2%). compared to authors from other countries. Conclusions: the number of publications, authorship order and journal impact factor were important factors for performance reviews and promotion at academic and non-academic institutes. The number of authors was not identified as important criteria. These factors may be contributing to the increase in the number of authors per publication.

Keywords: Assessment, Author, Authors, Authorship, Cross-Sectional Survey, History, Impact, Impact Factor, Journal, Journal Impact, Journal Impact Factor, Journals, Measurement, Medical, Medical Journals, Methods, Outcomes, Pressure, Promotion, Publication, Publications, Published Research, Research, Researchers, Review, Scientific Publication, Survey

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Full Text: [2012\BMC Med Edu12, 81.pdf](2012/BMC%20Med%20Edu12,%2081.pdf)

Abstract: Background: During the last decade medical students from most Western countries have shown little interest in family practice. Understanding the factors that influence medical students to choose family medicine is crucial. Objective: To systematically review and synthesize published evidence about medical students’ attitudes and perceptions towards family practice. Methods: A qualitative systematic review. The literature search was undertaken in July 2010 in PubMed, EMBASE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Social Science Citation Index (SSCI), and ProQuest Dissertations & Theses. Two authors independently selected the studies for their inclusion and assessed their quality. The selected studies were thoroughly read. Key themes and categories were identified. A matrix was created for allowing the comparison of each theme across studies. Results: Ten studies were finally included. Seven broad themes were identified across them: 1) Scope and context of practice was a broad theme comprising linked sub-themes: perception of a varied specialty, broad practice, holistic perspective and flexibility that allows having a family; 2) Lower interest or intellectually less challenging: treating common disease, repetitive, quasi administrative job; 3) Influence of role models, either positive and negative, and society: negative comments from other professionals, peers and family; 4) Lower prestige; 5) Poor remuneration; 6) Medical school influences, being important both the length and quality of the exposure; 7) Post graduate training, where the shorter duration and the lower intensity were perceived as positive aspects. After identifying these seven key themes, were also looked into patterns in the distribution of these themes among studies. Conclusions: Our qualitative review provides a comprehensive picture of medical students’ attitudes towards family practice in the available literature. In general, although some students find family medicine appealing, it is regarded as a career of low interest and prestige. More research is needed on the influence of role models, medical school and post graduate training.

Keywords: Attitudes, Authors, Choice, Citation, Comments, Comparison, Context, Disease, Distribution, Duration, Evidence, Exposure, Family, Family Medicine, Family Practice, Flexibility, General, General-Practice, Graduate, Holistic, Length, Literature, Matrix, Medical, Medical Students, Medicine, Models, Nursing, Perception, Perceptions, Practice, Primary-Care, Professional Identity, Pubmed, Qualitative, Qualitative Research, Quality, Quality Of, Research, Review, Role, Science, Science Citation Index, Social Science Citation Index, Society, Specialty, SSCI, Students, Synthesis, Systematic Review, Theses, Training

? Phillips, A.C., Lewis, L.K., Mcevoy, M.P., Galipeau, J., Glasziou, P., Hammick, M., Moher, D., Tilson, J.K. and Williams, M.T. (2014), A systematic review of how studies describe educational interventions for evidence-based practice: Stage 1 of the development of a reporting guideline. *BMC Medical Education*, **14**, Article Number: 152.

Full Text: [2014\BMC Med Edu14, 152.pdf](2014/BMC%20Med%20Edu14,%20152.pdf)

Abstract: Background: The aim of this systematic review was to identify which information is included when reporting educational interventions used to facilitate foundational skills and knowledge of evidence-based practice (EBP) training for health professionals. This systematic review comprised the first stage in the three stage development process for a reporting guideline for educational interventions for EBP. Methods: The review question was ‘What information has been reported when describing educational interventions targeting foundational evidence-based practice knowledge and skills?’ MEDLINE, Academic Search Premier, ERIC, CINAHL, Scopus, Embase, Informit health, Cochrane Library and Web of Science databases were searched from inception until October - December 2011. Randomised and non-randomised controlled trials reporting original data on educational interventions specific to developing foundational knowledge and skills of evidence-based practice were included. Studies were not appraised for methodological bias, however, reporting frequency and item commonality were compared between a random selection of studies included in the systematic review and a random selection of studies excluded as they were not controlled trials. Twenty-five data items were extracted by two independent reviewers (consistency > 90%). Results: Sixty-one studies met the inclusion criteria (n = 29 randomised, n = 32 non-randomised). The most consistently reported items were the learner’s stage of training, professional discipline and the evaluation methods used (100%). The least consistently reported items were the instructor(s) previous teaching experience (n = 8, 13%), and student effort outside face to face contact (n = 1, 2%). Conclusion: This systematic review demonstrates inconsistencies in describing educational interventions for EBP in randomised and non-randomised trials. To enable educational interventions to be replicable and comparable, improvements in the reporting for educational interventions for EBP are required. In the absence of a specific reporting guideline, there are a range of items which are reported with variable frequency. Identifying the important items for describing educational interventions for facilitating foundational knowledge and skills in EBP remains to be determined. The findings of this systematic review will be used to inform the next stage in the development of a reporting guideline for educational interventions for EBP.

Keywords: Academic, Bias, Consistency, Consort Statement, Criteria, Critical-Appraisal Skills, Data, Databases, Developing, Development, E-Learning Course, Educational Intervention, Evaluation, Evaluation Methods, Evidence Based, Evidence-Based, Evidence-Based Medicine, Evidence-Based Practice, Experience, First, Guideline, Health, Health Professionals, Information, Interventions, Journal Club, Knowledge, Medline, Methods, Practice, Randomised, Randomized-Controlled-Trial, Reader Method, Real-Time, Reporting, Reporting Guidelines, Results, Review, Reviewers, Science, Scopus, Search, Searching Skills, Selection, Student, Systematic, Systematic Review, Targeting, Teaching, Teaching Critical-Appraisal, Training, Web Of Science, Web Of Science Databases

? Doja, A., Horsley, T. and Sampson, M. (2014), Productivity in medical education research: An examination of countries of origin. *BMC Medical Education*, **14**, Article Number: 243.

Full Text: [2014\BMC Med Edu14, 243.pdf](2014/BMC%20Med%20Edu14,%20243.pdf)

Abstract: Background: Productivity and countries of origin of publications within the field of medical education research have not been explored. Using bibliometric techniques we conducted an analysis of studies evaluating medical education interventions, examining the country where research originated as well as networks of authors within countries identified as ‘most productive’. Methods: PubMed was used to search for evaluative studies of medical education. We then examined relative productivity of countries with >100 publications in our sample (number of publications/number of medical schools in country). Author networks from the top 2 countries with the highest relative productivity were constructed. Results: 6874 publications from 18,883 different authors were included. The countries with the highest relative publication productivity were Canada (37.1), Netherlands (28.3), New Zealand (27), the UK (23), and the U.S.A (17.1). Author collaboration networks differed in both numbers of authors and intensity of collaborations in the countries with highest relative productivity. Conclusions: In terms of the number of publications of evaluative studies in medical education, Canada was the country with the highest relative productivity. Author networks allow for the identification of ongoing and potential new collaborations amongst authors.

Keywords: Academic Productivity, Analysis, Author Networks, Authors, Bibliometric, Bibliometric Techniques, Bibliometrics, Canada, Collaboration, Collaboration Networks, Collaborations, Constructed, Country, Education, Education Research, Examination, Field, From, Identification, Index, Intensity, Interventions, Medical, Medical Education, Medical Schools, Methods, Networks, New Zealand, Nov, Origin, Potential, Productivity, Publication, Publication Productivity, Publications, Pubmed, Research, Results, Techniques, UK

? Doja, A., Eady, K., Horsley, T., Bould, M.D., Victor, J.C. and Sampson, M. (2014), The h-index in medical education: An analysis of medical education journal editorial boards. *BMC Medical Education*, **14**, Article Number: 251.

Full Text: [2014\BMC Med Edu14, 251.pdf](2014/BMC%20Med%20Edu14,%20251.pdf)

Abstract: Background: Disciplines differ in their authorship and citation practices, thus discipline-specific h-index norms are desirable. Thus the goal of this study was to examine the relationship between the h-index and academic rank in the field of medical education, and the differences in the h-index between MD’s and PhD’s in this field. Methods: Due to the absence of a formalized registry of medical educators, we sampled available editorial board membership (considered a proxy for identifying ‘career’ medical educators) to establish h-index values. These were determined using Web of Science (WoS) and Google Scholar (GS), and internet searching was used to determine their academic rank. The correlation between authors’ h-indices derived from WoS and GS was also determined. Results: 130 editors were identified (95 full professors, 21 associate professors, 14 assistant professors). A significant difference was noted between the h-indices of full professors and associate/assistant professors (p < .001). Median h-indices equaled 14 for full professors (Interquartile range [IQR] = 11); 7 for associate professors (IQR = 7) and 6.5 for assistant professors (IQR = 8). h-indices of MD’s and PhD’s did not differ significantly. Moderate correlation between GS and WOS h-indices was noted R = 0.46, p < .001. Conclusions: The results provide some guidance as to the expected h-indices of a select group of medical educators. No differences appear to exist between assistant professor and associate professor ranks or between MD’s and PhD’s.

Keywords: Academic Productivity, Analysis, Anesthesia, Authors, Authorship, Bibliometric Analysis, Citation, Correlation, Disciplines, Editors, Education, Field, From, Google, Google Scholar, Gs, Guidance, H Index, H-Index, Impact Factor, Indicators, Internet, Journal, Median, Medical, Medical Education, Medical Education Journals, Methods, Norms, Nov, Practices, Professor, Professors, R, Rank, Registry, Research Performance, Researchers, Results, Science, Scientific-Research, Scopus, University, Web, Web Of Science, Wos

? Kelm, Z., Womer, J., Walter, J.K. and Feudtner, C. (2014), Interventions to cultivate physician empathy: A systematic review. *BMC Medical Education*, **14**, Article Number: 219.

Full Text: [2014\BMC Med Edu14, 219.pdf](2014/BMC%20Med%20Edu14,%20219.pdf)

Abstract: Background: Physician empathy is both theoretically and empirically critical to patient health, but research indicates that empathy declines throughout medical school and is lower than ideal among physicians. In this paper, we synthesize the published literature regarding interventions that were quantitatively evaluated to detect changes in empathy among medical students, residents, fellows and physicians. Methods: We systematically searched PubMed, EMBASE, Web of Science and PsychINFO in June of 2014 to identify articles that quantitatively assessed changes in empathy due to interventions among medical students, residents, fellows and physicians. Results: Of the 1,415 articles identified, 64 met inclusion criteria. We qualitatively synthesized the findings of qualified studies by extracting data for ten study metrics: 1) source population, 2) sample size, 3) control group, 4) random assignment, 5) intervention type, 6) intervention duration, 7) assessment strategy, 8) type of outcome measure, 9) outcome assessment time frame, and 10) whether a statistically significant increase in empathy was reported. Overall, the 64 included studies were characterized by relatively poor research designs, insufficient reporting of intervention procedures, low incidence of patient-report empathy assessment measures, and inadequate evaluations of long-term efficacy. 8 of 10 studies with highly rigorous designs, however, found that targeted interventions did increase empathy. Conclusions: Physician empathy appears to be an important aspect of patient and physician well-being. Although the current empathy intervention literature is limited by a variety of methodological weaknesses, a sample of high-quality study designs provides initial support for the notion that physician empathy can be enhanced through interventions. Future research should strive to increase the sample of high-quality designs through more randomized, controlled studies with valid measures, explicit reporting of intervention strategies and procedures, and long-term efficacy assessments.

Keywords: Articles, Assessment, Assessments, Changes, Communication-Skills, Compassion Emotional Intelligence, Consolidation Workshops, Continuing Medical Education, Control, Criteria, Data, Doctor-Patient-Relationship, Duration, Efficacy, Embase, Empathy, Graduate Medical Education, Health, Incidence, Internship And Residency, Intervention, Interventions, Jefferson Scale, Literature, Long Term, Long-Term, Measure, Measures, Medical, Medical Students, Methods, Metrics, Notion, Outcome, Outcome Assessment, Outcome Measure, Patient, Physician, Physicians, Population, Primary-Care Physicians, Procedures, Psychometric Data, Pubmed, Randomized, Randomized Controlled-Trial, Reporting, Research, Results, Review, Sample Size, Science, Simulated Patients, Size, Source, Standardized Patients, Strategy, Students, Support, Systematic, Systematic Review, Training Medical-Students, Undergraduate Medical Education, Web, Web Of Science, Well-Being

? Meo, S.A., Hassan, A., Aqil, M. and Usmani, A.M. (2015), Medical education research in GCC countries. *BMC Medical Education*, **15**, Article Number: 8.

Full Text: [2015\BMC Med Edu15, 8.pdf](2015/BMC%20Med%20Edu15,%208.pdf)

Abstract: Background: Medical education is an essential domain to produce physicians with high standards of medical knowledge, skills and professionalism in medical practice. This study aimed to investigate the research progress and prospects of GCC countries in medical education during the period 1996-2013. Methods: In this study, the research papers published in various global scientific journals during the period 1996-2013 were accessed. We recorded the total number of research documents having an affiliation with GCC Countries including Saudi Arabia, Bahrain, Kuwait, Qatar, United Arab Emirates and Oman. The main source for information was Institute of Scientific Information (ISI) Web of Science, Thomson Reuters. Results: In ISI-Web of Science, Saudi Arabia contributed 40797 research papers, Kuwait 1666, United Arab Emirates 3045, Qatar 4265, Bahrain 1666 and Oman 4848 research papers. However, in Medical Education only Saudi Arabia contributed 323 (0.79%) research papers, Kuwait 52 (0.03%), United Arab Emirates 41(0.01%), Qatar 37(0.008%), Bahrain 28 (0.06%) and Oman 22 (0.45%) research papers in in ISI indexed journals. In medical education the Hirsch index (h-index) of Saudi Arabia is 14, United Arab Emirates 14, Kuwait 11, Qatar 8, Bahrain 8 and Oman 5. Conclusion: GCC countries produced very little research in medical education during the period 1996-2013. They must improve their research outcomes in medical education to produce better physicians to enhance the standards in medical practice in the region.

Keywords: Affiliation, Countries, Documents, Education, Education Research, GCC, Global, h Index, h-Index, Hirsch, Hirsch Index, Hirsch-Index, Index, Indexed Journal, Information, ISI, ISI Web Of Science, Journals, Knowledge, Kuwait, Medical, Medical Education, Medical Knowledge, Medical Practice, Methods, Outcomes, Papers, Physicians, Practice, Professionalism, Progress, Region, Research, Research Papers, Research Progress, Results, Saudi Arabia, Science, Scientific Journals, Source, Standards, Thomson Reuters, Thomson-Reuters, United Arab Emirates, Web, Web of Science

? Schiekirka, S. and Raupach, T. (2015), A systematic review of factors influencing student ratings in undergraduate medical education course evaluations. *BMC Medical Education*, **15**, Article Number: 30.

Full Text: [2015\BMC Med Edu15, 30.pdf](2015/BMC%20Med%20Edu15,%2030.pdf)

Abstract: Background: Student ratings are a popular source of course evaluations in undergraduate medical education. Data on the reliability and validity of such ratings have mostly been derived from studies unrelated to medical education. Since medical education differs considerably from other higher education settings, an analysis of factors influencing overall student ratings with a specific focus on medical education was needed. Methods: For the purpose of this systematic review, online databases (PubMed, PsycInfo and Web of Science) were searched up to August 1st, 2013. Original research articles on the use of student ratings in course evaluations in undergraduate medical education were eligible for inclusion. Included studies considered the format of evaluation tools and assessed the association of independent and dependent (i.e., overall course ratings) variables. Inclusion and exclusion criteria were checked by two independent reviewers, and results were synthesised in a narrative review. Results: Twenty-five studies met the inclusion criteria. Qualitative research (2 studies) indicated that overall course ratings are mainly influenced by student satisfaction with teaching and exam difficulty rather than objective determinants of high quality teaching. Quantitative research (23 studies) yielded various influencing factors related to four categories: student characteristics, exposure to teaching, satisfaction with examinations and the evaluation process itself. Female gender, greater initial interest in course content, higher exam scores and higher satisfaction with exams were associated with more positive overall course ratings. Conclusions: Due to the heterogeneity and methodological limitations of included studies, results must be interpreted with caution. Medical educators need to be aware of various influences on student ratings when developing data collection instruments and interpreting evaluation results. More research into the reliability and validity of overall course ratings as typically used in the evaluation of undergraduate medical education is warranted.

Keywords: Analysis, Articles, Association, Bias, Characteristics, Collection, Content, Course, Criteria, Curriculum, Data, Data Collection, Databases, Developing, Education, Environment, Evaluation, Evaluation Tools, Exposure, Factors, Female, From, Gender, Heterogeneity, Higher Education, Influence, Instruction, Instruments, Mar, Medical, Medical Education, Methodological Limitations, Methods, Narrative Review, Online, Pubmed, Purpose, Qualitative, Qualitative Research, Quality, Quantitative, Reliability, Research, Respondents, Results, Review, Reviewers, Satisfaction, Science, Source, Student, Student Rating, Systematic, Systematic Review, Teaching, Undergraduate, Undergraduate Medical Education, Validity, Validity, Web, Web Of Science

# Title: BMC Medical Ethics

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? Holm, S. and Williams-Jones, B. (2006), Global bioethics -- myth or reality? *BMC Medical Ethics*, **7**, E10.

Abstract: BACKGROUND: There has been debate on whether a global or unified field of bioethics exists. If bioethics is a unified global field, or at the very least a closely shared way of thinking, then we should expect bioethicists to behave the same way in their academic activities anywhere in the world. This paper investigates whether there is a ‘global bioethics’ in the sense of a unified academic community. METHODS: To address this question, we study the web-linking patterns of bioethics institutions, the citation patterns of bioethics papers and the buying patterns of bioethics books. RESULTS: All three analyses indicate that there are geographical and institutional differences in the academic behavior of bioethicists and bioethics institutions. CONCLUSION: These exploratory studies support the position that there is no unified global field of bioethics. This is a problem if the only reason is parochialism. But these regional differences are probably of less concern if one notices that bioethics comes in many not always mutually understandable dialects.

Keywords: Analyses, Background, Behavior, Bioethics, Citation, Citation Patterns, Community, Field, Global Bioethics, Institutions, Methods, Papers, Regional, Support, World

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? Cheung, W.A., Ouellette, B.F.F. and Wasserman, W.W. (2013), Compensating for literature annotation bias when predicting novel drug-disease relationships through Medical Subject Heading Over-representation Profile (MeSHOP) similarity. *BMC Medical Genomics*, **6** (S2), Article Number: S3.

Full Text: [2013\BMC Med Gen6, S3.pdf](2013/BMC%20Med%20Gen6,%20S3.pdf)

Abstract: Background: Using annotations to the articles in MEDLINE (R)/PubMed (R), over six thoUSAnd chemical compounds with pharmacological actions have been tracked since 1996. Medical Subject Heading Over-representation Profiles (MeSHOPs) quantitatively leverage the literature associated with biological entities such as diseases or drugs, providing the opportunity to reposition known compounds towards novel disease applications. Methods: A MeSHOP is constructed by counting the number of times each medical subject term is assigned to an entity-related research publication in the MEDLINE database and calculating the significance of the count by comparing against the count of the term in a background set of publications. Based on the expectation that drugs suitable for treatment of a disease (or disease symptom) will have similar annotation properties to the disease, we successfully predict drug-disease associations by comparing MeSHOPs of diseases and drugs. Results: The MeSHOP comparison approach delivers an 11% improvement over bibliometric baselines. However, novel drug-disease associations are observed to be biased towards drugs and diseases with more publications. To account for the annotation biases, a correction procedure is introduced and evaluated. Conclusions: By explicitly accounting for the annotation bias, unexpectedly similar drug-disease pairs are highlighted as candidates for drug repositioning research. MeSHOPs are shown to provide a literature-supported perspective for discovery of new links between drugs and diseases based on pre-existing knowledge.

Keywords: Approach, Bias, Bibliometric, Biological, Chemical, Comparison, Constructed, Database, Discovery, Disease, Diseases, Drug, Drug Repositioning, Drugs, Improvement, Knowledge, Literature, Medical, MEDLINE, Methods, Ontologies, Procedure, Properties, Publication, Publications, R, Research, Results, Significance, Similarity, Term, Treatment

# Title: BMC Medical Informatics and Decision Making

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? DeShazo, J.P., LaVallie, D.L. and Wolf, F.M. (2009), Publication trends in the medical informatics literature: 20 years of “Medical Informatics” in MeSH. *BMC Medical Informatics and Decision Making*, **9**, Article Number: 7.

Full Text: [2009\BMC Med Inf Dec Mak9, 7.pdf](2009/BMC%20Med%20Inf%20Dec%20Mak9,%207.pdf)

Abstract: Background: the purpose of this study is to identify publication output, and research areas, as well as descriptively and quantitatively characterize the field of medical informatics through publication trend analysis over a twenty year period (1987-2006). Methods: A bibliometric analysis of medical informatics citations indexed in MEDLINE was performed using publication trends, journal frequency, impact factors, MeSH term frequencies and characteristics of citations. Results: There were 77,023 medical informatics articles published during this 20 year period in 4,644 unique journals. The average annual article publication growth rate was 12%. The 50 identified medical informatics MeSH terms are rarely assigned together to the same document and are almost exclusively paired with a non-medical informatics MeSH term, suggesting a strong interdisciplinary trend. Trends in citations, journals, and MeSH categories of medical informatics output for the 20-year period are summarized. Average impact factor scores and weighted average impact factor scores increased over the 20-year period with two notable growth periods. Conclusion: There is a steadily growing presence and increasing visibility of medical informatics literature over the years. Patterns in research output that seem to characterize the historic trends and current components of the field of medical informatics suggest it may be a maturing discipline, and highlight specific journals in which the medical informatics literature appears most frequently, including general medical journals as well as informatics-specific journals.

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Characteristics, Citations, Factor Scores, Factors, Field, General, Growth, Growth Rate, Health-Care, Impact, Impact Factor, Impact Factor Scores, Impact Factors, Informatics, Interdisciplinary, Inventory, Journal, Journals, Literature, Medical, Medical Informatics, Medical Journals, Presence, Publication, Purpose, Research, Science, Scientific Literature, Systems, Term, Trend, Trend Analysis, Trends, Visibility

? Spreckelsen, C., Deserno, T.M. and Spitzer, K. (2011), Visibility of medical informatics regarding bibliometric indices and databases. *BMC Medical Informatics and Decision Making*, **11**, Article Number: 24.

Full Text: [2011\BMC Med Inf Dec Mak11, 24.pdf](2011/BMC%20Med%20Inf%20Dec%20Mak11,%2024.pdf)

Abstract: Background: the quantitative study of the publication output (bibliometrics) deeply influences how scientific work is perceived (bibliometric visibility). Recently, new bibliometric indices and databases have been established, which may change the visibility of disciplines, institutions and individuals. This study examines the effects of the new indices on the visibility of Medical Informatics. Methods: By objective criteria, three sets of journals are chosen, two representing Medical Informatics and a third addressing Internal Medicine as a benchmark. The availability of index data (index coverage) and the aggregate scores of these corpora are compared for journal-related (Journal impact factor, Eigenfactor metrics, SCImago journal rank) and author-related indices (Hirsch-Index, Egghes G-index). Correlation analysis compares the dependence of author-related indices. Results: the bibliometric visibility depended on the research focus and the citation database: Scopus covers more journals relevant for Medical Informatics than ISI/Thomson Reuters. Journals focused on Medical Informatics’ methodology were negatively affected by the Eigenfactor metrics, while the visibility profited from an interdisciplinary research focus. The correlation between Hirsch-indices computed on citation databases and the Internet was strong. Conclusions: the visibility of smaller technology-oriented disciplines like Medical Informatics is changed by the new bibliometric indices and databases possibly leading to suitably changed publication strategies. Freely accessible author-related indices enable an easy and adequate individual assessment.

Keywords: Assessment, Bibliometric, Bibliometric Indices, Bibliometrics, Citation, Citation Analysis, Correlation, Databases, Hirsch Index, Impact Factor, Journal, Journal Impact, Journal Impact Factor, Journals, Medical, Methodology, Metrics, Principles, Publication, Research, Scimago, Scopus, Visibility, Web Sites

? Jean-François, G., Laetitia, R. and Stefan, D. (2013), Is the coverage of google scholar enough to be used alone for systematic reviews. *BMC Medical Informatics and Decision Making*, **13**, Article Number: 7.

Full Text: [2013\BMC Med Inf Dec Mak13, 7.pdf](2013/BMC%20Med%20Inf%20Dec%20Mak13,%207.pdf)

Abstract: Background: In searches for clinical trials and systematic reviews, it is said that Google Scholar (GS) should never be used in isolation, but in addition to PubMed, Cochrane, and other trusted sources of information. We therefore performed a study to assess the coverage of GS specifically for the studies included in systematic reviews and evaluate if GS was sensitive enough to be used alone for systematic reviews. Methods: All the original studies included in 29 systematic reviews published in the Cochrane Database Syst Rev or in the JAMA in 2009 were gathered in a gold standard database. GS was searched for all these studies one by one to assess the percentage of studies which could have been identified by searching only GS. Results: All the 738 original studies included in the gold standard database were retrieved in GS (100%). Conclusion: The coverage of GS for the studies included in the systematic reviews is 100%. If the authors of the 29 systematic reviews had used only GS, no reference would have been missed. With some improvement in the research options, to increase its precision, GS could become the leading bibliographic database in medicine and could be used alone for systematic reviews.

Keywords: Articles, Authors, Bibliographic, Bibliographic Databases, Bibliometrics, Clinical, Clinical Trials, Coverage, Database, Embase, Gold, Google, Google Scholar, Gs, Improvement, Information, Information Retrieval Methods, Information-Retrieval, Literature Searches, Medical Literature, Medicine, MEDLINE, Options, Precision, Pubmed, Randomized Controlled-Trials, Reference, Research, Reviews, Sources, Sources of Information, Standard, Systematic Reviews

? Zhang, C.C., Yu, Q., Fan, Q.H. and Duan, Z.G. (2013), Research collaboration in health management research communities. *BMC Medical Informatics and Decision Making*, **13**, Article Number: 52.

Full Text: [2013\BMC Med Inf Dec Mak13, 52.pdf](2013/BMC%20Med%20Inf%20Dec%20Mak13,%2052.pdf)

Abstract: Background: This study uses scientometrics methodology to reveal the status quo and emerging issues of collaboration in health management. Methods: We searched all the articles with the keyword “health management” in the period 1999-2011 in Web of Knowledge, then 3067 articles were found. Methods such as Social network analysis (SNA), co-authorship, co-word analysis were used in this study. Results: Analysis of the past 13 years of research in the field of health management indicates that, whether the production of scientific research, or authors, institutions and scientific research collaboration at the national level, collaboration behavior has been growing steadily across all collaboration types. However, the international scientific research cooperation about health management study between countries needs to be further encouraged. 17 researchers can be seen as the academic leaders in this field. 37 research institutions play a vital role in the information dissemination and resources control in health management. The component analysis found that 22 research groups can be regarded as the backbone in this field. The 8 institution groups consisting of 33 institutions form the core of this field. USA, UK and Australia lie in the center by cohesive subgroup analysis; Based on keywords analysis, 44 keywords with high frequency such as care, disease, system and model were involved in the health management field. Conclusions: This study demonstrates that although it is growing steadily, collaboration behavior about health management study needs to be enhanced, especially between different institutions or countries/regions, which would promote the progress and internationalization of health management. Besides, researchers should pay attention to the cooperation of representative scholars and institutions, as well as the hot areas of research, because their experience would help us promote the research development of our nation.

Keywords: Analysis, Australia, Authors, Behavior, Care, Co-Authorship, Co-Authorship, Co-Word, Co-Word Analysis, Coauthorship, Collaboration, Control, Cooperation, Development, Disease, Emerging Issues, Experience, Field, Groups, Health, Health Management, Information, Information Dissemination, Institutions, International, International Scientific Collaboration, Internationalization, Keywords Analysis, Knowledge, Management, Methodology, Methods, Model, Needs, Network, Network, Network Analysis, Patterns, Progress, Publications, Research, Research Collaboration, Research Institutions, Resources, Results, Role, Sciences, Scientific Research, Scientometrics, Social Network, Social Network Analysis, UK, USA, Visualization, Web of Knowledge

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Full Text: [2013\BMC Med Inf Dec Mak13, 77.pdf](2013/BMC%20Med%20Inf%20Dec%20Mak13,%2077.pdf)

Abstract: Background: Translational medical research literature has increased rapidly in the last few decades and played a more and more important role during the development of medicine science. The main aim of this study is to evaluate the global performance of translational medical research during the past few decades. Methods: Bibliometric, social network analysis, and visualization technologies were used for analyzing translational medical research performance from the aspects of subject categories, journals, countries, institutes, keywords, and MeSH terms. Meanwhile, the co-author, co-words and cluster analysis methods were also used to trace popular topics in translational medical research related work. Results: Research output suggested a solid development in translational medical research, in terms of increasing scientific production and research collaboration. We identified the core journals, mainstream subject categories, leading countries, and institutions in translational medical research. There was an uneven distribution of publications at authorial, institutional, and national levels. The most commonly used keywords that appeared in the articles were “translational research”, “translational medicine”, “biomarkers”, “stroke”, “inflammation”, “cancer”, and “breast cancer”. Conclusions: The subject categories of “Research & Experimental Medicine”, “Medical Laboratory Technology”, and “General & Internal Medicine” play a key role in translational medical research both in production and in its networks. Translational medical research and CTS, etc. are core journals of translational research. G7 countries are the leading nations for translational medical research. Some developing countries, such as P.R China, also play an important role in the communication of translational research. The USA and its institutions play a dominant role in the production, collaboration, citations and high quality articles. The research trends in translational medical research involve drug design and development, pathogenesis and treatment of disease, disease model research, evidence-based research, and stem and progenitor cells.

Keywords: Analysis, Bibliometric, China, Citations, Cluster, Cluster Analysis, Co-Author, Collaboration, Communication, Ct, Design, Developing, Developing Countries, Development, Disease, Distribution, Drug, Drug Design, Evidence Based, Evidence-Based, Evidence-Based Research, G7 Countries, Global, Institutions, Journals, Literature, Medical, Medical Research, Medicine, Methods, Model, Nations, Network, Network Analysis, Networks, Pathogenesis, Performance, Popular Topics, Progenitor, Progenitor Cells, Publications, Quality, Research, Research Collaboration, Research Output, Research Performance, Research Trends, Results, Role, Science, Scientific Production, Social, Social Network Analysis, Technologies, Translational Medical Research, Translational Research, Treatment, Trends, USA, Visualization, Work

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Full Text: [2013\BMC Med Inf Dec Mak13, S14.pdf](2013/BMC%20Med%20Inf%20Dec%20Mak13,%20S14.pdf)

Abstract: Background: Two decades of research has established the positive effect of using patient-targeted decision support interventions: patients gain knowledge, greater understanding of probabilities and increased confidence in decisions. Yet, despite their efficacy, the effectiveness of these decision support interventions in routine practice has yet to be established; widespread adoption has not occurred. The aim of this review was to search for and analyze the findings of published peer-reviewed studies that investigated the success levels of strategies or methods where attempts were made to implement patient-targeted decision support interventions into routine clinical settings. Methods: An electronic search strategy was devised and adapted for the following databases: ASSIA, CINAHL, Embase, HMIC, Medline, Medline-in-process, OpenSIGLE, PsycINFO, Scopus, Social Services Abstracts, and the Web of Science. In addition, we used snowballing techniques. Studies were included after dual independent assessment. Results: After assessment, 5322 abstracts yielded 51 articles for consideration. After examining full-texts, 17 studies were included and subjected to data extraction. The approach used in all studies was one where clinicians and their staff used a referral model, asking eligible patients to use decision support. The results point to significant challenges to the implementation of patient decision support using this model, including indifference on the part of health care professionals. This indifference stemmed from a reported lack of confidence in the content of decision support interventions and concern about disruption to established workflows, ultimately contributing to organizational inertia regarding their adoption. Conclusions: It seems too early to make firm recommendations about how best to implement patient decision support into routine practice because approaches that use a ‘referral model’ consistently report difficulties. We sense that the underlying issues that militate against the use of patient decision support and, more generally, limit the adoption of shared decision making, are under-investigated and under-specified. Future reports from implementation studies could be improved by following guidelines, for example the SQUIRE proposals, and by adopting methods that would be able to go beyond the ‘barriers’ and ‘facilitators’ approach to understand more about the nature of professional and organizational resistance to these tools.

Keywords: Adoption, Approach, Assessment, Barriers, Breast Care Center, Call Center, Care, Clinical, Clinical Practice, Communication Aids, Confidence, Data, Databases, Decision, Decision Making, Decision Support, Decision-Making, Effectiveness, Efficacy, Extraction, Facilitators, General-Practice, Guidelines, Health, Health Care, Health-Services Research, Implementation, Indifference, Interventions, Issues, Knowledge, Medline, Methods, Model, Nov, Organizational, Patients, Peer-Reviewed, Practice, Psycinfo, Quality Improvement, Randomized-Trial, Recommendations, Research, Resistance, Results, Review, Science, Scopus, Search Strategy, Strategy, Support, Systematic Review, Techniques, Understanding, Web of Science

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Full Text: [2014\BMC Med Inf Dec Mak14, 71.pdf](2014/BMC%20Med%20Inf%20Dec%20Mak14,%2071.pdf)

Abstract: Background: Shared Decision Making (SDM) is increasingly advocated as a model for medical decision making. However, there is still low use of SDM in clinical practice. High impact factor journals might represent an efficient way for its dissemination. We aimed to identify and characterize publication trends of SDM in 15 high impact medical journals. Methods: We selected the 15 general and internal medicine journals with the highest impact factor publishing original articles, letters and editorials. We retrieved publications from 1996 to 2011 through the full-text search function on each journal website and abstracted bibliometric data. We included publications of any type containing the phrase "shared decision making" or five other variants in their abstract or full text. These were referred to as SDM publications. A polynomial Poisson regression model with logarithmic link function was used to assess the evolution across the period of the number of SDM publications according to publication characteristics. Results: We identified 1285 SDM publications out of 229,179 publications in 15 journals from 1996 to 2011. The absolute number of SDM publications by journal ranged from 2 to 273 over 16 years. SDM publications increased both in absolute and relative numbers per year, from 46 (0.32% relative to all publications from the 15 journals) in 1996 to 165 (1.17%) in 2011. This growth was exponential (P < 0.01). We found fewer research publications (465, 36.2% of all SDM publications) than non-research publications, which included non-systematic reviews, letters, and editorials. The increase of research publications across time was linear. Full-text search retrieved ten times more SDM publications than a similar PubMed search (1285 vs. 119 respectively). Conclusion: This review in full-text showed that SDM publications increased exponentially in major medical journals from 1996 to 2011. This growth might reflect an increased dissemination of the SDM concept to the medical community.

Keywords: Analysis, Articles, Bibliometric, Bibliometric Analysis, Bibliometric Data, Challenge, Characteristics, Clinical, Clinical Practice, Clinical-Practice, Community, Concept, Data, Decision, Decision Making, Decision-Making, Encounter, Evolution, Full Text Search, Function, General, Growth, Health-Care, High Agreement, Impact, Impact Factor, Information Storage And Retrieval, Internal Medicine, Journal, Journals, Low Kappa, Medical, Medical Decision Making, Medical Journals, Medicine, Methods, Model, P, Paradoxes, Poisson Regression, Practice, Publication, Publication Trends, Publications, Publishing, Pubmed, Regression, Regression Model, Research, Results, Review, Reviews, Shared Decision Making, Text Mining, Trends

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? Galandi, D., Schwarzer, G. and Antes, G. (2006), The demise of the randomised controlled trial: Bibliometric study of the German-language health care literature, 1948 to 2004. *BMC Medical Research Methodology*, **6**, Article Number: 30.

Full Text: [2006\BMC Med Res Met6, 30.pdf](2006/BMC%20Med%20Res%20Met6,%2030.pdf)

Abstract: BACKGROUND: In order to reduce systematic errors (such as language bias) and increase the precision of the summary treatment effect estimate, a comprehensive identification of randomised controlled trials (RCT), irrespective of publication language, is crucial in systematic reviews and meta-analyses. We identified trials in the German general health care literature. METHODS: Eight German language general health care journals were searched for randomised controlled trials and analysed with respect to the number of published RCTs each year and the size of trials. RESULTS: A total of 1618 trials were identified with a median total number of 43 patients per trial. Between 1970 and 2004 a small but constant rise in sample size from a median number of 30 to 60 patients per trial can be observed. The number of published trials was very low between 1948 and 1970, but increased between 1970 and 1986 to a maximum of 11.2 RCTs per journal and year. In the following time period a striking decline of the number of RCTs was observed. Between 1999 and 2001 only 0.8 RCTs per journal and year were published, in the next three years, the number of published trials increased to 1.7 RCTs per journal and year. CONCLUSION: German language general health care journals no longer have a role in the dissemination of trial results. The slight rise in the number of published RCTs in the last three years can be explained by a change of publication language from German to English of three of the analysed journals.

Keywords: Background, Bias, Bibliometric, Bibliometric Study, Care, Controlled Trial, Errors, General, Health, Health Care, Identification, Journal, Journals, Literature, Methods, Patients, Precision, Publication, Randomised, Randomised Controlled Trial, Randomised Controlled Trials, RCT, Reviews, Role, Sample Size, Size, Small, Systematic Reviews, Treatment, Trial

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Full Text: [2007\BMC Med Res Met7, 24.pdf](2007/BMC%20Med%20Res%20Met7,%2024.pdf)

Abstract: Background: To investigate the interchangeability of measures of disability and healthrelated quality of life (HRQL) by comparing their associations patterns with diseaserelated impairment measures in patients with a variety of conditions. Methods: A systematic literature search of MEDLINE, EMBASE, Web of Science and a hand search of reference lists through January 2006. Studies were included if they reported associations patterns between impairment and disability and between impairment and HRQL. Correlation coefficients were transformed to Fisher’s z effect size (ES(z)). Weighted averages were reported as pooled ES(z) with 95% confidence intervals (CI). Results: the relationship between impairment and disability was stronger (pooled ES(z) = 0.69; 95% CI, 0.66 0.72) than between impairment and HRQL (pooled ES(z) = 0.38; 95% CI, 0.36-0.41). The physical component score (pooled ES(z) = 0.43; 95% CI, 0.39 0.47) and diseasespecific HRQL (pooled ES(z) = 0.46; 95% CI, 0.40 0.51) were stronger associated with impairments than the mental component score (pooled ES(z) = 0.28; 95% CI, 0.20 0.36) and generic HRQL (pooled ES(z) = 0.36; 95% CI, 0.33 0.39). Conclusion: This study shows measures of disability and different HRQL domains were not equally related to impairment. Patient’s impairments are better reflected in disability measures, than in HRQL instruments. There are many outcomes of interest and precisely defining them and measuring them will improve assessing the impact of new interventions.

Keywords: Comprehensive Assessment, Confidence Intervals, Correlation, EMBASE, Functional Status, Health-Related Quality of Life, Impact, Interest, Interventions, Literature, MEDLINE, Methods, Multiple-Sclerosis, Outcome Measures, Outcomes, Parkinsons-Disease, Quality of Life, Review, Rheumatoid-Arthritis, Scales, Science, Spinal-Cord Injury, Status Questionnaire, Systematic, Systematic Review, Validity, Web of Science

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Full Text: [2009\BMC Med Res Met9, 26.pdf](2009/BMC%20Med%20Res%20Met9,%2026.pdf)

Abstract: Background: Analysis of biomedical research and publications in a country or group of countries is used to monitor research progress and trends. This study aims to assess the performance of biomedical research in the Arab world during 2001-2005 and to compare it with other Middle Eastern non-Arab countries.

Methods: PUBMED and Science Citation Index Expanded (SCI-expanded) were searched systematically for the original biomedical research publications and their citation frequencies of 16 Arab nations and three non-Arab Middle Eastern countries (Iran, Israel and Turkey), all of which are classified as middle or high income countries.

Results: the 16 Arab countries together have 5775 and 14,374 original research articles listed by PUBMED and SCI-expanded, respectively, significantly less (p < 0.001) than the other three Middle Eastern countries (25,643 and 49,110). The Arab countries also scored less when the data were normalized to population, gross domestic product (GDP), and GDP/capita. The publications from the Arab countries also have a significantly lower (p < 0.001) citation frequency.

Conclusion: the Arab world is producing fewer biomedical publications of lower quality than other Middle Eastern countries. Studies are needed to clarify the causes and to propose strategies to improve the biomedical research status in Arab countries.

Keywords: Publications, Geography, Journals, Impact, Index

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Full Text: [2009\BMC Med Res Met9, 67.pdf](2009/BMC%20Med%20Res%20Met9,%2067.pdf)

Abstract: Background: Quantitative survey of research articles, as an application of bibliometrics, is an effective tool for grasping overall trends in various medical research fields. This type of survey has been also applied to infectious disease research; however, previous studies were insufficient as they underestimated articles published in non-English or regional journals. Methods: Using a combination of Scopus (TM) and PUBMED, the databases of scientific literature, and English and non-English keywords directly linked to infectious disease control, we identified international and regional infectious disease journals. In order to ascertain whether the newly selected journals were appropriate to survey a wide range of research articles, we compared the number of original articles and reviews registered in the selected journals to those in the ‘Infectious Disease Category’ of the Science Citation Index Expanded (TM) (SCI Infectious Disease Category) during 1998-2006. Subsequently, we applied the newly selected journals to survey the number of original articles and reviews originating from 11 Asian countries during the same period. Results: One hundred journals, written in English or 7 non-English languages, were newly selected as infectious disease journals. The journals published 14,156 original articles and reviews of Asian origin and 118,158 throughout the world, more than those registered in the SCI Infectious Disease Category (4,621 of Asian origin and 66,518 of the world in the category). In Asian trend analysis of the 100 journals, Japan had the highest percentage of original articles and reviews in the area, and no noticeable increase in articles was revealed during the study period. China, India and Taiwan had relatively large numbers and a high increase rate of original articles among Asian countries. When adjusting the publication of original articles according to the country population and the gross domestic product (GDP), Singapore and Taiwan were the most productive. Conclusion: A survey of 100 selected journals is more sensitive than the SCI Infectious Disease Category from the viewpoint of avoiding underestimating the number of infectious disease research articles of Asian origin. The survey method is applicable to grasp global trends in disease research, although the method may require further development.

Keywords: Articles, Bibliometric Analysis, Bibliometrics, Countries, Epidemiology, Europe, Fields, Japan Contribution, Medicine, Public-Health Research, Research Productivity

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Full Text: [2011\BMC Med Res Met11, 60.pdf](2011/BMC%20Med%20Res%20Met11,%2060.pdf)

Abstract: Background: Scientists from less-developed countries (LDC) perceive that it is difficult to publish in international journals from their countries. This online survey was conducted with the primary aim of determining the opinion of corresponding authors of published papers in international Pharmacology journals regarding the difficulties in publications and their possible solutions.

Methods: The titles of all Pharmacology journals were retrieved from Pubmed. 131 journals were included in study. The latest issue of all journals was reviewed thoroughly. An online survey was conducted from the corresponding authors of the published papers who belonged to LDC.

Results: 584 out 1919 papers (30.4%) originated from the LDC. 332 responses (response rate; 64.5%) were received from the authors. Approximately 50% the papers from LDC were published in journals with impact factor of less than 2. A weak negative correlation (r = -0.236) was observed between journal impact factor and the percentage of publications emanating from LDC. A significant majority of the corresponding authors (n = 254; 76.5%) perceived that it is difficult to publish in good quality journals from their countries. According to their opinion, biased attitude of editors and reviewers (64.8%) is the most important reason followed by the poor writing skills of the scientists from LDC (52.8%). The authors thought that well-written manuscript (76.1%), improvement in the quality of research (69.9%) and multidisciplinary research (42.9%) are important determinants that may improve the chances of publications.

Conclusions: The LDC are underrepresented in publications in Pharmacology journals. The corresponding authors of the published articles think that biased attitude of the editors as well as the reviewers of international journals and the poor writing skills of scientists are the major factors underlying the non-acceptance of their results. They also think that the improvement in the writing skills and quality of research will increase the chances of acceptance of their works in international journals.

Keywords: Impact Factor, Science, Indexes, Gap

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Full Text: [2014\BMC Med Res Met14, 73.pdf](2014/BMC%20Med%20Res%20Met14,%2073.pdf)

Abstract: Background: The value of citation searches as part of the systematic review process is currently unknown. While the major guides to conducting systematic reviews state that citation searching should be carried out in addition to searching bibliographic databases there are still few studies in the literature that support this view. Rather than using a predefined search strategy to retrieve studies, citation searching uses known relevant papers to identify further papers. Methods: We describe a case study about the effectiveness of using the citation sources Google Scholar, Scopus, Web of Science and OVIDSP MEDLINE to identify records for inclusion in a systematic review. We used the 40 included studies identified by traditional database searches from one systematic review of interventions for multiple risk behaviours. We searched for each of the included studies in the four citation sources to retrieve the details of all papers that have cited these studies. We carried out two analyses; the first was to examine the overlap between the four citation sources to identify which citation tool was the most useful; the second was to investigate whether the citation searches identified any relevant records in addition to those retrieved by the original database searches. Results: The highest number of citations was retrieved from Google Scholar (1680), followed by Scopus (1173), then Web of Science (1095) and lastly OVIDSP (213). To retrieve all the records identified by the citation tracking searching all four resources was required. Google Scholar identified the highest number of unique citations. The citation tracking identified 9 studies that met the review’s inclusion criteria. Eight of these had already been identified by the traditional databases searches and identified in the screening process while the ninth was not available in any of the databases when the original searches were carried out. It would, however, have been identified by two of the database search strategies if searches had been carried out later. Conclusions: Based on the results from this investigation, citation searching as a supplementary search method for systematic reviews may not be the best use of valuable time and resources. It would be useful to verify these findings in other reviews.

Keywords: Analyses, Behaviour, Bibliographic, Bibliographic Databases, Cancer Prevention, Case Study, Citation, Citation Searching, Citations, College-Students, Criteria, Database, Databases, Effectiveness, First, Google, Google Scholar, Health Behaviors, Information Retrieval, Interventions, Investigation, Life-Style Intervention, Literature, Medline, Methods, Papers, Physical-Activity, Pregnant-Women, Randomized-Controlled-Trial, Records, Resources, Results, Review, Review Process, Reviews, Risk, Risk Behaviour, Science, Scopus, Screening, Search Strategies, Search Strategy, Smoking-Cessation, Sources, State, Strategy, Support, Systematic, Systematic Review, Systematic Reviews, Value, Web Of Science, Weight-Gain, Wisewoman Project

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Full Text: [2014\BMC Med Res Met14, 126.pdf](2014/BMC%20Med%20Res%20Met14,%20126.pdf)

Abstract: Background: Several authors have developed and applied methods to routine data sets to identify the nature and rate of complications following interventional procedures. But, to date, there has been no systematic search for such methods. The objective of this article was to find, classify and appraise published methods, based on analysis of clinical codes, which used routine healthcare databases in a United Kingdom setting to identify complications resulting from interventional procedures. Methods: A literature search strategy was developed to identify published studies that referred, in the title or abstract, to the name or acronym of a known routine healthcare database and to complications from procedures or devices. The following data sources were searched in February and March 2013: Cochrane Methods Register, Conference Proceedings Citation Index -Science, Econlit, EMBASE, Health Management Information Consortium, Health Technology Assessment database, MathSciNet, MEDLINE, MEDLINE in-process, OAIster, OpenGrey, Science Citation Index Expanded and ScienceDirect. Of the eligible papers, those which reported methods using clinical coding were classified and summarised in tabular form using the following headings: routine healthcare database; medical speciality; method for identifying complications; length of follow-up; method of recording comorbidity. The benefits and limitations of each approach were assessed. Results: From 3688 papers identified from the literature search, 44 reported the use of clinical codes to identify complications, from which four distinct methods were identified: 1) searching the index admission for specified clinical codes, 2) searching a sequence of admissions for specified clinical codes, 3) searching for specified clinical codes for complications from procedures and devices within the International Classification of Diseases 10th revision (ICD-10) coding scheme which is the methodology recommended by NHS Classification Service, and 4) conducting manual clinical review of diagnostic and procedure codes. Conclusions: The four distinct methods identifying complication from codified data offer great potential in generating new evidence on the quality and safety of new procedures using routine data. However the most robust method, using the methodology recommended by the NHS Classification Service, was the least frequently used, highlighting that much valuable observational data is being ignored.

Keywords: Administrative Data, Adverse Effects, Analysis, Approach, Article, Assessment, Authors, Benefits, Citation, Classification, Clinical, Codes, Coding, Colorectal Resection, Comorbidity, Complication, Complications, Conference, Data, Database, Databases, Diagnostic, Embase, Evidence, Follow-Up, From, Health, Health Information Systems, Hip-Replacement, Hospital Episode Statistics, Icd-10, Index, Information, International, International Classification Of Diseases, Length, Literature, Literature Search, Lower-Limb, Management, Medical, Medical Errors, Medline, Methodology, Methods, National Joint Registry, NHS, Nov, Observational, Papers, Patient Outcomes, Patient Safety, Potential, Procedure, Procedures, Proceedings, Quality, Results, Retrospective Analysis, Review, Safety, Science, Science Citation Index, Science Citation Index Expanded, Sciencedirect, Search Strategy, Sources, Strategy, Systematic, Technology, Technology Assessment, Topic Advisory Group, Uk, United Kingdom, United-Kingdom

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Full Text: [2003\BMC Med1, 2.pdf](2003/BMC%20Med1,%202.pdf)

Abstract: Background: Systematic reviews summarize all pertinent evidence on a defined health question. They help clinical scientists to direct their research and clinicians to keep updated. Our objective was to determine the extent to which systematic reviews are clustered in a large collection of clinical journals and whether review type (narrative or systematic) affects citation counts.

Methods: We used hand searches of 170 clinical journals in the fields of general internal medicine, primary medical care, nursing, and mental health to identify review articles (year 2000). We defined ‘review’ as any full text article that was bannered as a review, overview, or meta-analysis in the title or in a section heading, or that indicated in the text that the intention of the authors was to review or summarize the literature on a particular topic. We obtained citation counts for review articles in the five journals that published the most systematic reviews.

Results: 11% of the journals concentrated 80% of all systematic reviews. Impact factors were weakly correlated with the publication of systematic reviews (R-2 = 0.075, P = 0.0035). There were more citations for systematic reviews (median 26.5, IQR 12 - 56.5) than for narrative reviews (8, 20, P < .0001 for the difference). Systematic reviews had twice as many citations as narrative reviews published in the same journal (95% confidence interval 1.5 - 2.7).

Conclusions: A few clinical journals published most systematic reviews. Authors cited systematic reviews more often than narrative reviews, an indirect endorsement of the ‘hierarchy of evidence’.

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Full Text: [2004\BMC Med2, 33.pdf](../HO-reference/2004/BMC%20Med2,%2033.pdf)

Abstract: BACKGROUND: We conducted this analysis to determine i) which journals publish high-quality, clinically relevant studies in internal medicine, general/family practice, general practice nursing, and mental health; and ii) the proportion of clinically relevant articles in each journal. METHODS: We performed an analytic survey of a hand search of 170 general medicine, general healthcare, and specialty journals for 2000. Research staff assessed individual articles by using explicit criteria for scientific merit for healthcare application. Practitioners assessed the clinical importance of these articles. Outcome measures were the number of high-quality, clinically relevant studies published in the 170 journal titles and how many of these were published in each of four discipline-specific, secondary “evidence-based” journals (ACP Journal Club for internal medicine and its subspecialties; Evidence-Based Medicine for general/family practice; Evidence-Based Nursing for general practice nursing; and Evidence-Based Mental Health for all aspects of mental health). Original studies and review articles were classified for purpose: therapy and prevention, screening and diagnosis, prognosis, etiology and harm, economics and cost, clinical prediction guides, and qualitative studies. RESULTS: We evaluated 60,352 articles from 170 journal titles. The pass criteria of high-quality methods and clinically relevant material were met by 3059 original articles and 1073 review articles. For ACP Journal Club (internal medicine), four titles supplied 56.5% of the articles and 27 titles supplied the other 43.5%. For Evidence-Based Medicine (general/family practice), five titles supplied 50.7% of the articles and 40 titles supplied the remaining 49.3%. For Evidence-Based Nursing (general practice nursing), seven titles supplied 51.0% of the articles and 34 additional titles supplied 49.0%. For Evidence-Based Mental Health (mental health), nine titles supplied 53.2% of the articles and 34 additional titles supplied 46.8%. For the disciplines of internal medicine, general/family practice, and mental health (but not general practice nursing), The number of clinically important articles was correlated with Science Citation Index (SCI) Impact Factors. CONCLUSIONS: Although many clinical journals publish high-quality, clinically relevant and important original studies and systematic reviews, the articles for each discipline studied were concentrated in a small subset of journals. This subset varied according to healthcare discipline; however, many of the important articles for all disciplines in this study were published in broad-based healthcare journals rather than subspecialty or discipline-specific journals.

? Wager, E., Parkin, E.C. and Tamber, P.S. (2006), Are reviewers suggested by authors as good as those chosen by editors? Results of a rater-blinded, retrospective study. *BMC Medicine*, **4**, Article Number: 13.

Full Text: [2006\BMC Med4, 13.pdf](2006/BMC%20Med4,%2013.pdf)

Abstract: Background: BioMed Central (BMC) requires authors to suggest four reviewers when making a submission. Editors searching for reviewers use these suggestions as a source. The review process of the medical journals in the BMC series is open-authors and reviewers know each other’s identity -although reviewers can make confidential comments to the editor. Reviews are published alongside accepted articles so readers may see the reviewers’ names and recommendations. Our objective was to compare the performance of author-nominated reviewers (ANR) with that of editor-chosen reviewers (ECR) in terms of review quality and recommendations about submissions in an online-only medical journal.

Methods: Pairs of reviews from 100 consecutive submissions to medical journals in the BMC series (with one author-nominated and one editor-chosen reviewer and a final decision) were assessed by two raters, blinded to reviewer type, using a validated review quality instrument (RQI) which rates 7 items on 5-point Likert scales. The raters discussed their ratings after the first 20 pairs (keeping reviewer type masked) and resolved major discrepancies in scoring and interpretation to improve inter-rater reliability. Reviewers’ recommendations were also compared.

Results: Reviewer source had no impact on review quality (mean RQI score (+/- SD) 2.24 +/- 0.55 for ANR, 2.34 +/- 0.54 for ECR) or tone (mean scores on additional question 2.72 ANR vs 2.82 ECR) (maximum score = 5 in both cases). However author- nominated reviewers were significantly more likely to recommend acceptance (47 vs 35) and less likely to recommend rejection (10 vs 23) than editor- chosen reviewers after initial review p < 0.001). However, by the final review stage (i.e. after authors had responded to reviewer comments) ANR and ECR recommendations were similar (65 vs 66 accept, 10 vs 14 reject, p = 0.47). The number of reviewers unable to decide about acceptance was similar in both groups at both review stages.

Conclusion: Author- nominated reviewers produced reviews of similar quality to editor- chosen reviewers but were more likely to recommend acceptance during the initial stages of peer review.

Keywords: Quality, Recommendations

? Dandona, L., Raban, M.Z., Guggilla, R.K., Bhatnagar, A. and Dandona, R. (2009), Trends of public health research output from India during 2001-2008. *BMC Medicine*, **7**, Article Number: 59.

Full Text: [2009\BMC Med7, 59.pdf](2009/BMC%20Med7,%2059.pdf)

Abstract: Background: An understanding of how public health research output from India is changing in relation to the disease burden and public health priorities is required in order to inform relevant research development. We therefore studied the trends in the public health research output from India during 2001-2008 that was readily available in the public domain. Methods: the scope and type of the published research from India in 2007 that was included in the PUBMED database was assessed and compared with a previous similar assessment for 2002. Papers were classified based on the review of abstracts and original public health research papers were assessed in detail. Impact factors for the journals were used to compute quality-adjusted research output. The websites of governmental organizations, academic and research institutions and international organizations were searched in order to identify and review reports on original public health research produced in India from 2001 to 2008. The reports were classified based on the topics covered and quality and their trends over time were assessed. Results: the number of original health research papers from India in PUBMED doubled from 4494 in 2002 to 9066 in 2007. This included a 3.1-fold increase in public health research papers, but these comprised only 5% of the total papers in 2007. Within public health, the increase was lowest for the health system and policy category. Several major causes of disease burden in India continued to be underrepresented in the quality-adjusted public health research output in 2007. The number of papers evaluating population health interventions increased from 2002 to 2007, but there were none on the leading non-communicable causes of disease burden or on road traffic injuries. The number of identified original public health research reports increased by 64.7% from 204 in 2001-2004 to 336 in 2005-2008. The proportion of reports on reproductive and child health was very high but decreased slightly from 38.7% of the total in 2001-2004 to 31.5% in 2005-2008 (P = 0.09); those on the leading chronic non-communicable conditions and injuries increased from 6.4% to 13.4% (P = 0.01) but this was still much lower than their contribution to the disease burden. Health system/policy issues were the topic in 27.4% reports but health information issues were covered in a miniscule 0.6% reports. The proportion of reports that were evaluations increased slightly from 26% in 2001-2004 to 31.5% in 2005-2008, with this proportion being higher among the reports commissioned by international organizations (P < 0.001). The proportion of reports commissioned by Indian governmental organizations alone, or in collaboration with international organizations, doubled from 2001-2004 to 2005-2008 (P < 0.001). Only 25% of the total 540 reports had a quality score of adequate or better. The quality of reports produced by collaborations between Indian and international organizations was higher than those produced by Indian or international organizations alone (P < 0.001). Conclusion: This is the first analysis from India that includes research reports in addition to published papers. It provides the most up-to-date understanding of public health research output from India. The increase in available public health research output and the increase in commissioning of this research by Indian governmental organizations are encouraging. However, the distribution of research topics and the quality of research reports continue to be unsatisfactory. It is necessary for health policy to address these continuing deficits in public health research in order to reduce the very large disease burden in India.

Keywords: Bibliometric Analysis, Diseases, Policy, Trials

? Atsou, K., Chouaid, C. and Hejblum, G. (2011), Variability of the chronic obstructive pulmonary disease key epidemiological data in Europe: Systematic review. *BMC Medicine*, **9**, Article Number: 7.

Full Text: [2011\BMC Med9, 7.pdf](2011/BMC%20Med9,%207.pdf)

Abstract: Background: Chronic obstructive pulmonary disease (COPD) is predicted to become a major cause of death worldwide. Studies on the variability in the estimates of key epidemiological parameters of COPD may contribute to better assessment of the burden of this disease and to helpful guidance for future research and public policies. In the present study, we examined differences in the main epidemiological characteristics of COPD derived from studies across countries of the European Union, focusing on prevalence, severity, frequency of exacerbations and mortality, as well as on differences between the studies’ methods. Methods: This systematic review was based on a search for the relevant literature in the Science Citation Index database via the Web of Science and on COPD mortality rates issued from national statistics. Analysis was finally based on 65 articles and Eurostat COPD mortality data for 21 European countries. Results: Epidemiological characteristics of COPD varied widely from country to country. For example, prevalence estimates ranged between 2.1% and 26.1%, depending on the country, the age group and the methods used. Likewise, COPD mortality rates ranged from 7.2 to 36.1 per 10(5) inhabitants. The methods used to estimate these epidemiological parameters were highly variable in terms of the definition of COPD, severity scales, methods of investigation and target populations. Nevertheless, to a large extent, several recent international guidelines or research initiatives, such as GOLD, BOLD or PLATINO, have boosted a substantial standardization of methodology in data collection and have resulted in the availability of more comparable epidemiological estimates across countries. On the basis of such standardization, severity estimates as well as prevalence estimates present much less variation across countries. The contribution of these recent guidelines and initiatives is outlined, as are the problems remaining in arriving at more accurate COPD epidemiological estimates across European countries. Conclusions: the accuracy of COPD epidemiological parameters is important for guiding decision making with regard to preventive measures, interventions and patient management in various health care systems. Therefore, the recent initiatives for standardizing data collection should be enhanced to result in COPD epidemiological estimates of improved quality. Moreover, establishing international guidelines for reporting research on COPD may also constitute a major contribution.

Keywords: Accuracy, Age, Air-Flow, Airways Obstruction, Assessment, Availability, Burden, Care, Cause of Death, Characteristics, Chronic, Chronic Obstructive Pulmonary Disease, Chronic-Bronchitis, Collection, Country, Data, Data Collection, Database, Death, Decision, Decision Making, Decision-Making, Disease, Estimates, Europe, European Union, General-Population, Gold, Guidance, Guidelines, Health, Health Care, Health-Care, International, International Guidelines, Interventions, Investigation, Literature, Lung-Disease, Management, Methodology, Methods, Mortality, Northern Sweden, Policies, Populations, Prevalence, Public, Quality, Rates, Reporting, Research, Respiratory Symptoms, Review, Scales, Science Citation Index, Standardization, Standardizing, Statistics, Systematic Review, Systems, United-States, Variability, Web of Science, Young-Adults

? White, H.L. and Glazier, R.H. (2011), Do hospitalist physicians improve the quality of inpatient care delivery? A systematic review of process, efficiency and outcome measures. *BMC Medicine*, **9**, Article Number: 58.

Full Text: [2011\BMC Med9, 58.pdf](2011/BMC%20Med9,%2058.pdf)

Abstract: Background: Despite more than a decade of research on hospitalists and their performance, disagreement still exists regarding whether and how hospital-based physicians improve the quality of inpatient care delivery. This systematic review summarizes the findings from 65 comparative evaluations to determine whether hospitalists provide a higher quality of inpatient care relative to traditional inpatient physicians who maintain hospital privileges with concurrent outpatient practices. Methods: Articles on hospitalist performance published between January 1996 and December 2010 were identified through MEDLINE, Embase, Science Citation Index, CINAHL, NHS Economic Evaluation Database and a hand-search of reference lists, key journals and editorials. Comparative evaluations presenting original, quantitative data on processes, efficiency or clinical outcome measures of care between hospitalists, community-based physicians and traditional academic attending physicians were included (n = 65). After proposing a conceptual framework for evaluating inpatient physician performance, major findings on quality are summarized according to their percentage change, direction and statistical significance. Results: the majority of reviewed articles demonstrated that hospitalists are efficient providers of inpatient care on the basis of reductions in their patients’ average length of stay (69%) and total hospital costs (70%); however, the clinical quality of hospitalist care appears to be comparable to that provided by their colleagues. The methodological quality of hospitalist evaluations remains a concern and has not improved over time. Persistent issues include insufficient reporting of source or sample populations (n = 30), patients lost to follow-up (n = 42) and estimates of effect or random variability (n = 35); inappropriate use of statistical tests (n = 55); and failure to adjust for established confounders (n = 37). Conclusions: Future research should include an expanded focus on the specific structures of care that differentiate hospitalists from other inpatient physician groups as well as the development of better conceptual and statistical models that identify and measure underlying mechanisms driving provider-outcome associations in quality.

Keywords: Citation, Clinical-Outcomes, Controlled-Trial, Development, Evaluation, General Medicine Service, Health Maintenance Organization, Heart-Failure, Journals, Length-of-Stay, MEDLINE, Patient Outcomes, Pediatric Hospitalists, Pneumonia Care, Research, Resource Utilization, Review, Science Citation Index, Statistical, Systematic Review

? Wiysonge, C.S., Uthman, O.A., Ndumbe, P.M. and Hussey, G.D. (2013), A bibliometric analysis of childhood immunization research productivity in Africa since the onset of the Expanded Program on Immunization in 1974. *BMC Medicine*, **11**, Article Number: 66.

Full Text: [2013\BMC Med11, 66.pdf](2013/BMC%20Med11,%2066.pdf)

Abstract: Background: The implementation of strategic immunization plans whose development is informed by available locally-relevant research evidence should improve immunization coverage and prevent disease, disability and death in Africa. In general, health research helps to answer questions, generate the evidence required to guide policy and identify new tools. However, factors that influence the publication of immunization research in Africa are not known. We, therefore, undertook this study to fill this research gap by providing insights into factors associated with childhood immunization research productivity on the continent. We postulated that research productivity influences immunization coverage. Methods: We conducted a bibliometric analysis of childhood immunization research output from Africa, using research articles indexed in PubMed as a surrogate for total research productivity. We used zero-truncated negative binomial regression models to explore the factors associated with research productivity. Results: We identified 1,641 articles on childhood immunization indexed in PubMed between 1974 and 2010 with authors from Africa, which represent only 8.9% of the global output. Five countries (South Africa, Nigeria, The Gambia, Egypt and Kenya) contributed 48% of the articles. After controlling for population and gross domestic product, The Gambia, Guinea-Bissau and Sao Tome and Principe were the most productive countries. In univariable analyses, the country’s gross domestic product, total health expenditure, private health expenditure, and research and development expenditure had a significant positive association with increased research productivity. Immunization coverage, adult literacy rate, human development index and physician density had no significant association. In the multivarable model, only private health expenditure maintained significant statistical association with the number of immunization articles. Conclusions: Immunization research productivity in Africa is highly skewed, with private health expenditure having a significant positive association. However, the current contribution of authors from Africa to global childhood immunization research output is minimal. The lack of association between research productivity and immunization coverage may be an indication of lack of interactive communication between health decision-makers, program managers and researchers; to ensure that immunization policies and plans are always informed by the best available evidence.

Keywords: Adult, Africa, Analyses, Analysis, Association, Authors, Bibliometric, Bibliometric Analysis, Bibliometrics, Childhood, Childhood Immunization, Communication, Continent, Coverage, Death, Delivery, Development, Disability, Disease, Egypt, Evidence, Expanded Program On Immunization, General, Global, Global Trends, Gross Domestic Product, Health, Health Research, Human, Human Development, Immunization, Implementation, Index, Indication, Influence, Kenya, Low and Middle-Income Counries, Mar, Medicine, Methods, Middle-Income Countries, Model, Model Selection, Models, Nigeria, Onset, Physician, Policies, Policy, Population, Prevent, Productivity, Publication, Pubmed, Pubmed Papers, Regression, Research, Research and Development, Research Output, Research Productivity, Results, South Africa, Strategic, Strategy, Sub-Saharan Africa, Sub-Saharan Africa, Surrogate, Systematic Reviews, Vaccines

? Qiu, S.H., Cai, X., Chen, X., Yang, B.Q. and Sun, Z.L. (2014), Step counter use in type 2 diabetes: A meta-analysis of randomized controlled trials. *BMC Medicine*, **12**, Article Number: 36.

Full Text: [2014\BMC Med12, 36.pdf](2014/BMC%20Med12,%2036.pdf)

Abstract: Background: While step counter use has become popular among type 2 diabetes (T2D) patients, its effectiveness in increasing physical activity (PA) and improving glycemic control has been poorly defined. The aim of this meta-analysis of randomized controlled trials (RCTs) was to evaluate the association of step counter use with PA and glycemic control in T2D patients. Methods: Articles were identified by searches of PubMed, Web of Science and Cochrane Library from January 1994 to June 2013. RCTs in the English language were included, if they had assessed the effectiveness of step counters as motivating and monitoring tools in T2D patients, with reported changes in steps per day (steps/d) or glycosylated hemoglobin A1c (HbA1c), or both. Data were independently collected by 2 authors and overall estimates were made by a random-effects model. Results: Of the 551 articles retrieved, 11 RCTs were included. Step counter use significantly increased PA by 1,822 steps/d (7 studies, 861 participants; 95% confidence interval (Cl): 751 to 2,894 steps/d) in patients with T2D. Step counter use with a PA goal showed a bigger increase in PA (weighted mean difference (WMD) 3,200 steps/d, 95% Cl: 2,053 to 4,347 steps/d) than without (WMD 598 steps/d, 95% Cl: -65 to 1,260 steps/d). Further subgroup analysis suggested step counter use with a self-set PA goal (WMD 2,816 steps/d, 95% Cl: 1,288 to 4,344 steps/d) made no difference in increasing PA from a 10,000 steps/d goal (WMD 3,820 steps/d, 95% Cl: 2,702 to 4,938 steps/d). However, no significant HbA1c change was observed by step counter use (10 studies, 1,423 participants; WMD 0.02%, 95% Cl: -0.08% to 0.13%), either with (WMD 0.04%, 95% Cl: -0.21% to 0.30%) or without a PA goal (WMD 0.01%, 95% Cl: -0.10% to 0.13%). Conclusions: Step counter use is associated with a significant increase in PA in patients with T2D. However, evidence regarding its effect in improving glycemic control remains insufficient.

Keywords: Activity, Analysis, Articles, Association, Authors, Cardiorespiratory Fitness, Changes, Confidence, Control, Data, Diabetes, Effectiveness, English, Estimates, Evidence, Exercise, Glycemic Control, Glycosylated Hemoglobin, Hba1c, Health Outcomes, Hemoglobin, Interval, Language, Mellitus, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Monitoring, Older-Adults, Patients, Pedometer, Physical, Physical Activity, Physical-Activity Intervention, Pubmed, Random Effects Model, Randomized, Randomized Controlled Trial, Randomized Controlled Trials, Results, Risk, Science, Sedentary Behavior, Step Counter, Telephone Support, Type 2 Diabetes, Web Of Science

? Lafranca, J.A., IJermans, J.N.M., Betjes, M.G.H. and Dor, F.J.M.F. (2015), Body mass index and outcome in renal transplant recipients: A systematic review and meta-analysis. *BMC Medicine*, **13**, Article Number: 111.

Full Text: [2015\BMC Med13, 111.pdf](2015/BMC%20Med13,%20111.pdf)

Abstract: Background: Whether overweight or obese end stage renal disease (ESRD) patients are suitable for renal transplantation (RT) is often debated. The objective of this review and meta-analysis was to systematically investigate the outcome of low versus high BMI recipients after RT. Methods: Comprehensive searches were conducted in MEDLINE OvidSP, Web of Science, Google Scholar, Embase, and CENTRAL (the Cochrane Library 2014, issue 8). We reviewed four major guidelines that are available regarding (potential) RT recipients. The methodology was in accordance with the Cochrane Handbook for Systematic Reviews of Interventions and written based on the PRISMA statement. The quality assessment of studies was performed by using the GRADE tool. A meta-analysis was performed using Review Manager 5.3. Random-effects models were used. Results: After identifying 5,526 studies addressing this topic, 56 studies were included. We extracted data for 37 outcome measures (including data of more than 209,000 RT recipients), of which 26 could be meta-analysed. The following outcome measures demonstrated significant differences in favour of low BMI (< 30) recipients: mortality (RR = 1.52), delayed graft function (RR = 1.52), acute rejection (RR = 1.17), 1-, 2-, and 3-year graft survival (RR = 0.97, 0.95, and 0.97), 1-, 2-, and 3-year patient survival (RR = 0.99, 0.99, and 0.99), wound infection and dehiscence (RR = 3.13 and 4.85), NODAT (RR = 2.24), length of hospital stay (2.31 days), operation duration (0.77 hours), hypertension (RR = 1.35), and incisional hernia (RR = 2.72). However, patient survival expressed in hazard ratios was in significant favour of high BMI recipients. Differences in other outcome parameters were not significant. Conclusions: Several of the pooled outcome measurements show significant benefits for ‘low’ BMI (< 30) recipients. Therefore, we postulate that ESRD patients with a BMI > 30 preferably should lose weight prior to RT. If this cannot be achieved with common measures, in morbidly obese RT candidates, bariatric surgery could be considered.

Keywords: Allograft Survival, Assessment, Bariatric Surgery, Bmi, Data, Dehiscence, Disease, Duration, Function, Gastric Bypass, Google Scholar, Graft, Guidelines, Hazard, Hospital, Hospital Stay, Hypertension, Index, Infection, Kidney Graft Function, Laparoscopic Sleeve Gastrectomy, Length, Medline, Meta-Analysis, Metaanalysis, Methodology, Models, Morbidly Obese-Patients, Mortality, Obese, Operation, Outcome, Outcome Measures, Overweight, Patient Survival, Patients, Potential, Pretransplant Obesity, Quality, Quality Assessment, Rejection, Renal, Renal Transplant, Renal Transplant Recipients, Renal Transplantation, Review, Risk-Factors, Science, Single-Center Experience, Surgery, Survival, Systematic Review, Transplantation, Web Of Science, Wound, Wound Infection

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? Eechaute, C., Vaes, P., Van Aerschot, L., Asman, S. and Duquet, W. (2007), The clinimetric qualities of patient-assessed instruments for measuring chronic ankle instability: A systematic review. *BMC Musculoskeletal Disorders*, **8**, Article Number: 6.

Full Text: [2007\BMC Mus Dis, 8, 6.pdf](2007/BMC%20Mus%20Dis,%208,%206.pdf)

Abstract: Background: the assessment of outcomes from the patient’s perspective becomes more recognized in health care. Also in patients with chronic ankle instability, the degree of present impairments, disabilities and participation problems should be documented from the perspective of the patient. The decision about which patient-assessed instrument is most appropriate for clinical practice should be based upon systematic reviews. Only rating scales constructed for patients with acute ligament injuries were systematically reviewed in the past. The aim of this study was to review systematically the clinimetric qualities of patient-assessed instruments designed for patients with chronic ankle instability. Methods: A computerized literature search of MEDLINE, EMBASE, Cinahl, Web of Science, Sport Discus and the Cochrane Controlled Trial Register was performed to identify eligible instruments. Two reviewers independently evaluated the clinimetric qualities of the selected instruments using a criteria list. The interobserver reliability of both the selection procedure and the clinimetric evaluation was calculated using modified kappa coefficients. Results: the inter-observer reliability of the selection procedure was excellent (k =.86). Four instruments met the eligibility criteria: the Ankle Joint Functional Assessment Tool (AJFAT), The Functional Ankle Outcome Score (FAOS), The Foot and Ankle Disability Index (FADI) and the Functional Ankle Ability Measure (FAAM). The inter-observer reliability of the quality assessment was substantial to excellent (k between .64 and .88). Test-retest reliability was demonstrated for the FAOS, the FADI and the FAAM but not for the AJFAT. The FAOS and the FAAM met the criteria for content validity and construct validity. For none of the studied instruments, the internal consistency was sufficiently demonstrated. The presence of floor- and ceiling effects was assessed for the FAOS but ceiling effects were present for all subscales. Responsiveness was demonstrated for the AJFAT, FADI and the FAAM. Only for the FAAM, a minimal clinical important difference (MCID) was presented. Conclusion: the FADI and the FAAM can be considered as the most appropriate, patient-assessed tools to quantify functional disabilities in patients with chronic ankle instability. The clinimetric qualities of the FAAM need to be further demonstrated in a specific population of patients with chronic ankle instability.

Keywords: Ankle Instability, Assessment, Chronic Ankle Instability, Cochrane, Evaluation, Follow-Up, Foot, Functional, Functionally Unstable Ankles, Health Care, Joint Position Sense, Lateral Ligament, Literature, Methods, Of-Life, Outcome Measures, Outcomes, Practice, Reliability, Review, Science, Strength, Systematic, Systematic Review, Systematic Reviews, Validity, Web of Science

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Full Text: [2010\BMC Mus Dis, 11, 4.pdf](2010/BMC%20Mus%20Dis,%2011,%204.pdf)

Abstract: Background: One of the disadvantages of the Impact Factor (IF) is self-citation. The SCImago Journal Rank (SJR) indicator excludes self-citations and considers the quality, rather than absolute numbers, of citations of a journal by other journals. The present study re-evaluated the influence of self-citation on the 2007 IF for 18 major orthopaedic journals and investigated the difference in ranking between IF and SJR. Methods: the journals were analysed for self-citation both overall and divided into a general group (n = 8) and a specialized group (n = 10). Self-cited and self-citing rates, as well as citation densities and IFs corrected for self-citation (cIF), were calculated. The rankings of the 18 journals by IF and by SJR were compared and the absolute difference between these rankings (Delta R) was determined. Results: Specialized journals had higher self-citing rates (p = 0.01, Delta median = 9.50, 95%CI-19.42 to 0.42), higher self-cited rates (p = 0.0004, Delta median = -10.50, 95% CI-15.28 to -5.72) and greater differences between IF and cIF (p = 0.003, Delta median = 3.50, 95%CI -6.1 to 13.1). There was no significant correlation between self-citing rate and IF for both groups (general: r = 0.46, p = 0.27; specialized: r = 0.21, p = 0.56). When the difference in ranking between IF and SJR was compared between both groups, sub-specialist journals were ranked lower compared to their general counterparts (Delta R: p = 0.006, Delta median = 2.0, 95% CI -0.39 to 4.39). Conclusions: Citation analysis shows that specialized orthopaedic journals have specific self-citation tendencies. The correlation between self-cited rate and IF in our sample was large but, due to small sample size, not significant. The SJR excludes self-citations in its calculation and therefore enhances the underestimation in ranking of specialized journals.

Keywords: Analysis, Citation, Citation Analysis, Citations, Impact Factor, Journals, Self-Citation, Self-Citations

? Descatha, A., Jauffret, P., Chastang, J.F., Roquelaure, Y. and Leclerc, A. (2011), Should we consider Dupuytren’s contracture as work-related? A review and meta-analysis of an old debate. *BMC Musculoskeletal Disorders*, **12**, Article Number: 96.

Full Text: [2011\BMC Mus Dis, 12, 96.pdf](2011/BMC%20Mus%20Dis,%2012,%2096.pdf)

Abstract: Background: In view of the conflicting opinions published, a meta-analysis was undertaken on epidemiological studies in order to assess any association between Dupuytren’s contracture and work exposure. Methods: Using the key words: “occupational disease”, “work” and “Dupuytren contracture” without limitation on language or year of publication, epidemiological studies were selected from four databases (Pub-Med, EMBASE, Web of Science, BDSP) after two rounds (valid control group, valid work exposure). A quality assessment list was constructed and used to isolate papers with high quality methodological criteria (scores of 13 or above, HQMC). Relevant associations between manual work, vibration exposure (at work) and Dupuytren’s contracture were extracted from the articles and a metarisk calculated using the generic variance approach (meta-odds ratios, meta-OR). Results: From 1951 to 2007, 14 epidemiological studies (including 2 cohort studies, 3 case-control studies, and 9 cross-sectional studies/population surveys) were included. Two different results could be extracted from five studies (based on different types of exposure), leading to 19 results, 12 for manual work (9 studies), and 7 for vibration exposure (5 studies). Six studies met the HQMC, yielding 9 results, 5 for manual work and 4 for vibration exposure. Five studies found a dose-response relationship. The meta-OR for manual work was 2.02[1.57;2.60] (HQMC studies only: 2.01[1.51;2.66]), and the meta-OR for vibration exposure was 2.88 [1.36;6.07] (HQMC studies only: 2.14 [1.59;2.88]). Conclusion: These results support the hypothesis of an association between high levels of work exposure (manual work and vibration exposure) and Dupuytren’s contracture in certain cases.

Keywords: Alcohol, Assessment, Associations, Case-Control Studies, Cohort Studies, Control, Databases, Disease, Disorders, Dose-Response, Dupuytren Contracture, Epidemiology, Hand, Meta-Analysis, Methods, Observational Studies, Occupation, Occupational, Papers, Prevalence, Pub Med, Publication, PUBMED, Review, Science, Vibration, Web of Science, White Finger

? Tijssen, M., van Cingel, R., van Melick, N. and de Visser, E. (2011), Patient-Reported Outcome questionnaires for hip arthroscopy: A systematic review of the psychometric evidence. *BMC Musculoskeletal Disorders*, **12**, Article Number: 117.

Full Text: [2011\BMC Mus Dis, 12, 117.pdf](2011/BMC%20Mus%20Dis,%2012,%20117.pdf)

Abstract: Background: Hip arthroscopies are often used in the treatment of intra-articular hip injuries. Patient-reported outcomes (PRO) are an important parameter in evaluating treatment. It is unclear which PRO questionnaires are specifically available for hip arthroscopy patients. The aim of this systematic review was to investigate which PRO questionnaires are valid and reliable in the evaluation of patients undergoing hip arthroscopy. Methods: A search was conducted in PUBMED, MEDLINE, CINAHL, the Cochrane Library, Pedro, EMBASE and Web of Science from 1931 to October 2010. Studies assessing the quality of PRO questionnaires in the evaluation of patients undergoing hip arthroscopy were included. The quality of the questionnaires was evaluated by the psychometric properties of the outcome measures. The quality of the articles investigating the questionnaires was assessed by the COSMIN list. Results: Five articles identified three questionnaires; the Modified Harris Hip Score (MHHS), The Nonarthritic Hip Score (NAHS) and the Hip Outcome Score (HOS). The NAHS scored best on the content validity, whereas the HOS scored best on agreement, internal consistency, reliability and responsiveness. The quality of the articles describing the HOS scored highest. The NAHS is the best quality questionnaire. The articles describing the HOS are the best quality articles. Conclusions: This systematic review shows that there is no conclusive evidence for the use of a single patient-reported outcome questionnaire in the evaluation of patients undergoing hip arthroscopy. Based on available psychometric evidence we recommend using a combination of the NAHS and the HOS for patients undergoing hip arthroscopy.

Keywords: Checklist, Cochrane, Consensus, Cosmin, EMBASE, Evaluation, Femoroacetabular Impingement, Methods, Outcome, Outcomes, Prevalence, Quality, Questionnaire, Questionnaires, Reliability, Review, Science, Score, Status Measurement Instruments, Systematic, Systematic Review, Treatment, Validity, Web of Science

? van Heiningen, J., Vlieland, T.P.M.V. and van der Heide, H.J.L. (2013), The mid-term outcome of total ankle arthroplasty and ankle fusion in rheumatoid arthritis: A systematic review. *BMC Musculoskeletal Disorders*, **14**, Article Number: 306.

Full Text: [2013\BMC Mus Dis14, 306.pdf](2013/BMC%20Mus%20Dis14,%20306.pdf)

Abstract: Background: While arthrodesis is the standard treatment of a severely arthritic ankle joint, total ankle arthroplasty has become a popular alternative. This review provides clinical outcomes and complications of both interventions in patients with rheumatoid arthritis. Methods: Studies were obtained from Pubmed, Embase and Web of Science (January 1980 - June 2011) and additional manual search. Inclusion criteria: original clinical study, > 5 rheumatoid arthritis (population), internal fixation arthrodesis or three-component mobile bearing prosthesis (intervention), ankle scoring system (outcome). The clinical outcome score, complication- and failure rates were extracted and the methodological quality of the studies was analysed. Results: 17 observational studies of 868 citations were included. The effect size concerning total ankle arthroplasty ranged between 1.9 and 6.0, for arthrodesis the effect sizes were 4.0 and 4.7. Reoperation due to implant failure or reoperation due to non-union, was 11% and 12% for respectively total ankle arthroplasty and arthrodesis. The methodological quality of the studies was low (mean 6.4 out of a maximum of 14 points) and was lower for arthrodesis (mean 4.8) as compared to arthroplasty (mean 7.8) (p = 0.04). Conclusions: 17 observational and no (randomized) controlled clinical trials are published on the effectiveness of arthroplasty or arthrodesis of the ankle in rheumatoid arthritis. Regardless of the methodological limitations it can be concluded that both interventions show clinical improvement and in line with current literature neither procedure is superior to the other.

Keywords: Alternative, Ankle Arthrodesis , Ankle Fusion, Ankle Joint , Talocrural Joint, Arthritis, Arthrodesis, Arthroplasty, Citations, Clinical, Clinical Outcome Score, Clinical Outcomes, Clinical Study, Clinical Trials, Complication, Complications, Criteria, Effect Size, Effectiveness, Failure, Fixation, Follow-Up, Foot, Fusion, Implant Failure, Improvement, Internal Fixation, Intervention, Interventions, Literature, Long-Term, Metaanalysis, Methods, Mobile, Observational, Observational Studies, Outcome, Outcomes, Patients, Population, Procedure, Prosthesis, Quality, Quality Of, Randomized, Rates, Reoperation, Replacements, Responsiveness, Results, Review, Rheumatoid Arthritis, Science, Scoring System, Size, Standard, Star, Systematic Review, Three Component Mobile Bearing Prosthesis , Third Generation Total Ankle Implant, Treatment, Web of Science

? Laird, R.A., Gilbert, J., Kent, P. and Keating, J.L. (2014), Comparing lumbo-pelvic kinematics in people with and without back pain: A systematic review and meta-analysis. *BMC Musculoskeletal Disorders*, **15**, Article Number: 229.

Full Text: [2014\BMC Mus Dis15, 229.pdf](2014\BMC%20Mus%20Dis15,%20229.pdf)

Abstract: Background: Clinicians commonly examine posture and movement in people with the belief that correcting dysfunctional movement may reduce pain. If dysfunctional movement is to be accurately identified, clinicians should know what constitutes normal movement and how this differs in people with low back pain (LBP). This systematic review examined studies that compared biomechanical aspects of lumbo-pelvic movement in people with and without LBP. Methods: MEDLINE, Cochrane Central, EMBASE, AMI, CINAHL, Scopus, AMED, ISI Web of Science were searched from inception until January 2014 for relevant studies. Studies had to compare adults with and without LBP using skin surface measurement techniques to measure lumbo-pelvic posture or movement. Two reviewers independently applied inclusion and exclusion criteria, and identified and extracted data. Standardised mean differences and 95% confidence intervals were estimated for group differences between people with and without LBP, and where possible, meta-analyses were performed. Within-group variability in all measurements was also compared. Results: The search identified 43 eligible studies. Compared to people without LBP, on average, people with LBP display: (i) no difference in lordosis angle (8 studies), (ii) reduced lumbar ROM (19 studies), (iii) no difference in lumbar relative to hip contribution to end-range flexion (4 studies), (iv) no difference in standing pelvic tilt angle (3 studies), (v) slower movement (8 studies), and (vi) reduced proprioception (17 studies). Movement variability appeared greater for people with LBP for flexion, lateral flexion and rotation ROM, and movement speed, but not for other movement characteristics. Considerable heterogeneity exists between studies, including a lack of detail or standardization between studies on the criteria used to define participants as people with LBP (cases) or without LBP (controls). Conclusions: On average, people with LBP have reduced lumbar ROM and proprioception, and move more slowly compared to people without LBP. Whether these deficits exist prior to LBP onset is unknown.

Keywords: Back Pain, Belief, Characteristics, Confidence, Confidence Intervals, Contribution, Criteria, Data, Diagnostic-Accuracy, Embase, Flexion Pattern, Healthy Controls, Heterogeneity, Intervals, Isi, Isi Web Of Science, Lordosis, Low Back, Low Back Pain, Lumbar Sagittal Motion, Measure, Measurement, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Movement, Movement Disorders, Normal, Onset, Pain, Pelvic, Pelvic Inclination, Posture, Precision Control, Proprioception, Range Of Movement, Repositioning Error, Results, Review, Reviewers, Science, Scopus, Skin, Spinal Mobility, Standardization, Standing Posture, Surface, Systematic, Systematic Review, Techniques, Trunk Movement, Variability, Web Of Science

? Kou, S.T. and Wu, Y.C. (2014), Meta-analysis of tumor necrosis factor alpha-308 polymorphism and knee osteoarthritis risk. *BMC Musculoskeletal Disorders*, **15**, Article Number: 373.

Full Text: [2014\BMC Mus Dis15, 373.pdf](2014/BMC%20Mus%20Dis15,%20373.pdf)

Abstract: Background: Several case-control studies have been conducted to clarify the association between the tumor necrosis factor alpha (TNF-alpha) -G308A polymorphism and risk of osteoarthritis (OA); however, the results are inconsistent. This meta-analysis was performed to clarify this issue using all the available evidence. Methods: Eligible articles were retrieved by searching PubMed, Web of Science and Google scholar. The strength of the association between the TNF-alpha-G308A polymorphism and risk of OA was assessed by odds ratios (ORs) with the corresponding 95% confidence interval (CI) for each study. Results: Seven studies were included in the meta-analysis, which included 983 OA cases and 1355 controls. The pooled analysis based on all included studies showed a significantly increased OA risk in the recessive genetic model analysis (OR = 11.08, 95% CI = 4.75-25.86, p < 0.001) and in the A allele vs. G allele analysis (OR = 2.30, 95% CI = 1.08-4.90). However, there was no statistical difference in the dominant genetic model analysis (OR = 2.45, 95% CI = 0.95-6.27, p = 0.06). Furthermore, we found that OA patients had a higher frequency of the AA genotype (OR = 10.49, 95% CI = 4.47-24.61) and GA genotype (OR = 1.78, 95% CI = 1.03-3.08) compared with the control population. Conclusion: Our results suggested that the TNF-alpha-G308A polymorphism were associated with an increased risk of OA.

Keywords: -308 Polymorphism, Analysis, Articles, Association, Case-Control, Case-Control Studies, Class Ii, Iii Region, Confidence, Control, Disease, Evidence, Expression, Gene Polymorphism, Genetic, Genome-Wide Association, Google, Google Scholar, Interval, Knee, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Necrosis, Nov, Osteoarthritis, Patients, Polymorphism, Pooled Analysis, Population, Pubmed, Results, Rheumatoid-Arthritis, Risk, Science, Strength, Susceptibility, TNF Alpha, TNF-Alpha, TNF-Alpha, Tumor, Tumor Necrosis Factor, Variants, Web, Web of Science

? Pan, F., Tian, J., Winzenberg, T., Ding, C.H. and Jones, G. (2014), Association between GDF5 rs143383 polymorphism and knee osteoarthritis: An updated meta-analysis based on 23,995 subjects. *BMC Musculoskeletal Disorders*, **15**, Article Number: 404.

Full Text: [2014\BMC Mus Dis15, 404.pdf](2014/BMC%20Mus%20Dis15,%20404.pdf)

Abstract: Background: Previous studies investigating the association between GDF5 rs143383 polymorphism and knee osteoarthritis (OA) have suggested stronger associations in Asians than Caucasians, but limitations on the amount of available data have meant that a definitive assessment has not been possible. Given the availability of more recent data, the aim of this meta-analysis was to determine the overall association between GDF5 rs143383 polymorphism and knee OA and whether the association varies by ethnicity. Methods: Searches of Medline, Embase, and ISI Web of Science were conducted up to July 2013. Summary odds ratios (ORs) and 95% confidence intervals (CIs) were calculated to estimate the strength of association between the GDF5 polymorphism and knee OA risk. Results: A total of 20 studies with 23,995 individuals were included. There were weak but significant associations present between the GDF5 polymorphism and knee OA at the allele level (C vs. T: OR = 0.85, 95% CI = 0.80-0.90) and genotype level (CC vs. TT: OR = 0.73; CT vs. TT: OR = 0.84; CC/CT vs. TT: OR = 0.81; CC vs. CT/TT: OR = 0.81) in the overall population. In the subgroup analysis by ethnicity, we observed a strong significant association (OR = 0.60 to 0.80, all P < 0.05) in Asian population and weaker associations (OR = 0.78 to 0.87, all P < 0.05) in Caucasian population; however marked heterogeneity was detected in all models except for CC vs. TT (I-2 = 12.9%) and CC vs. CT + TT (I-2 = 0.0%) in Asians. Conclusions: These results strongly suggest that the C allele and CC genotype of the GDF5 gene are protective for knee OA susceptibility across different populations.

Keywords: 5’-Utr, 5’Utr, Analysis, Asian, Asians, Assessment, Association, Availability, Caucasian, Confidence, Confidence Intervals, Core Promoter Polymorphism, Ct, Data, Ethnicity, Gdf5, Gene, Genetic Epidemiology, Growth-Differentiation-Factor-5, Heterogeneity, Intervals, Isi, Isi Web of Science, Knee, Mechanisms, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Mutations, Osteoarthritis, P, Polymorphism, Population, Populations, Recent, Results, Risk, Science, Strength, Susceptibility, Web, Web of Science

? Yuan, Q., Sun, L., Li, J.J. and An, C.H. (2014), Elevated VEGF levels contribute to the pathogenesis of osteoarthritis. *BMC Musculoskeletal Disorders*, **15**, Article Number: 437.

Full Text: [2014\BMC Mus Dis15, 437.pdf](2014/BMC%20Mus%20Dis15,%20437.pdf)

Abstract: Background: The aim of our meta-analysis is to understand the relationship between the pathogenesis of osteoarthritis and the expression levels of vascular endothelial growth factor (VEGF) in multiple disease tissues in osteoarthritis patients. Methods: The following electronic databases were searched, without language restrictions, to retrieve published studies relevant to VEGF and osteoarthritis: MEDLINE (1966 similar to 2013), the Cochrane Library Database (Issue 12, 2013), EMBASE (1980 similar to 2013), CINAHL (1982 similar to 2013), Web of Science (1945 similar to 2013) and the Chinese Biomedical Database (CBM) (1982 similar to 2013). Meta-analysis of the extracted data was performed using the STATA statistical software. Standardized mean difference (SMD) with its corresponding 95% confidence interval (95% CI) was calculated. Results: A total of 11 case-control studies, containing 302 osteoarthritis patients and 195 healthy controls, met our selection criteria for this meta-analysis. Our analyses of the data available from multiple disease tissues demonstrate that VEGF expression levels in osteoarthritis patients are significantly higher than healthy controls (SMD = 1.18, 95% CI: 4.91 similar to 9.11, P < 0.001). A subgroup analysis based on ethnicity revealed that both Asian and Caucasian osteoarthritis patients had higher levels of VEGF expression compared to their respective healthy counterparts (Asians: SMD = 5.49, 95% CI: 3.44 similar to 7.54, P < 0.001; Caucasians: SMD = 15.17, 95% CI: 5.21 similar to 25.13, P = 0.003; respectively). We also performed other subgroup analyses based on country, language and sample source, and the results showed that, in all these subgroups, osteoarthritis patients had higher levels of VEGF expression than healthy controls (all P > 0.05). Conclusion: Our meta-analysis provides evidence that higher VEGF expression levels strongly correlate with the pathogenesis of osteoarthritis.

Keywords: Analyses, Analysis, Articular-Cartilage, Asian, Asians, Biomedical, Case-Control, Case-Control Studies, Caucasian, Chinese, Confidence, Country, Criteria, Data, Database, Databases, Disease, Embase, Endothelial Growth-Factor, Epidemiology, Ethnicity, Evidence, Expression, From, Growth, Growth Factor, Interval, Knee, Language, Medline, Mesenchymal Stem-Cells, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Osteoarthritis, Osteoporotic Osteoblasts, P, Pathogenesis, Patients, Postmenopausal Women, Restrictions, Results, Science, Selection, Selection Criteria, Software, Source, Synovial-Fluid, Vascular Endothelial Growth Factor, Vascular-Permeability, VEGF, Web, Web Of Science

# Title: BMC Nephrology

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? Walker, S.R., Gill, K., Macdonald, K., Komenda, P., Rigatto, C., Sood, M.M., Bohm, C.J., Storsley, L.J. and Tangri, N. (2013), Association of frailty and physical function in patients with non-dialysis CKD: A systematic review. *BMC Nephrology*, **14**, Article Number: 228.

Full Text: [2013\BMC Nep14, 228.pdf](2013/BMC%20Nep14,%20228.pdf)

Abstract: Background: Frailty is a condition characterized by a decline in physical function and functional capacity. Common symptoms of frailty, such as weakness and exhaustion, are prevalent in patients with chronic kidney disease (CKD). The increased vulnerability of frail patients with coexisting CKD may place them at a heightened risk of encountering additional health complications. The purpose of this systematic review was to explore the link between frailty, CKD and clinical outcomes. Methods: We searched for cross sectional and prospective studies in the general population and in the CKD population indexed in EMBASE, Pubmed, Web of Science, CINAHL, Cochrane and Ageline examining the association between frailty and CKD and those relating frailty in patients with CKD to clinical outcomes. Results: We screened 5,066 abstracts and retrieved 108 studies for full text review. We identified 7 studies associating frailty or physical function to CKD. From the 7 studies, we identified only two studies that related frailty in patients with CKD to a clinical outcome. CKD was consistently associated with increasing frailty or reduced physical function [odds ratios (OR) 1.30 to 3.12]. In patients with CKD, frailty was associated with a greater than two-fold higher risk of dialysis and/or death [OR from 2.0 to 5.88]. Conclusions: CKD is associated with a higher risk of frailty or diminished physical function. Furthermore, the presence of frailty in patients with CKD may lead to a higher risk of mortality. Further research must be conducted to understand the mechanisms of frailty in CKD and to confirm its association with clinical outcomes.

Keywords: Association, Body-Composition, Capacity, Chronic, Chronic Kidney Disease, Chronic Kidney-Disease, Clinical, Clinical Outcomes, Complications, Death, Dialysis, Disease, Elderly, Embase, Exhaustion, Frailty, Function, General, Health, Kidney, Kidney Disease, Lead, Mechanisms, Methods, Mortality, Older-Adults, Outcome, Outcomes, Patients, Performance, Physical, Physical Function, Population, Prevalence, Prospective, Prospective Studies, Purpose, Randomized Controlled-Trial, Research, Results, Review, Risk, Science, Symptoms, Systematic Review, Vulnerability, Web of Science

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Full Text: [2014\BMC Nep15, 122.pdf](2014/BMC%20Nep15,%20122.pdf)

Abstract: Background: Hyperuricemia has been reported to be associated with chronic kidney disease (CKD). However whether an elevated serum uric acid level is an independent risk factor for new-onset CKD remained controversial. Methods: A systematic review and meta-analysis using a literature search of online databases including PubMed, Embase, Ovid and ISI Web/Web of Science was conducted. Summary adjusted odds ratios with corresponding 95% confidence intervals (95% CI) were calculated to evaluate the risk estimates of hyperuricemia for new-onset CKD. Results: Thirteen studies containing 190,718 participants were included. A significant positive association was found between elevated serum uric acid levels and new-onset CKD at follow-up (summary OR, 1.15; 95% CI, 1.05-1.25). Hyperuricemia was found be an independent predictor for the development of newly diagnosed CKD in non-CKD patients (summary OR, 2.35; 95% CI, 1.59-3.46). This association increased with increasing length of follow-up. No significant differences were found for risk estimates of the associations between elevated serum uric acid levels and developing CKD between males and females. Conclusions: With long-term follow-up of non-CKD individuals, elevated serum uric acid levels showed an increased risk for the development of chronic renal dysfunction.

Keywords: Allopurinol, Association, Blood-Pressure, Cell-Proliferation, Chronic, Chronic Kidney Disease, Cohort, Confidence, Confidence Intervals, Databases, Developing, Development, Disease, Epidemiology, Estimates, Follow-Up, Hyperuricemia, Intervals, Isi, Kidney, Kidney Disease, Length, Levels Predict, Literature, Literature Search, Long Term, Long-Term, Long-Term Follow-Up, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolic Syndrome, Methods, Observational, Online, Patients, Population, Predictor, Pubmed, Renal, Renal-Function, Results, Review, Risk, Risk Factor, Science, Serum, Serum Uric-Acid, Systematic, Systematic Review, Uric Acid

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Full Text: [2014\BMC Neu14, 13.pdf](2014/BMC%20Neu14,%2013.pdf)

Abstract: Background: Cathepsin D C224T polymorphism has been reported to associate with AD susceptibility. But the results were inconsistent. This study aimed to assess the relationship between C224T polymorphism and AD risk. Methods: The relevant studies were identified by searching PubMed, Embase, Web of Science, Google Scholar and Wan fang electronic databases updated on July 2013. The relationship between Cathepsin D C224T polymorphism and AD risk was evaluated by ORs and 95% CIs. Results: A total of 25 case-control studies including 5,602 cases and 11,049 controls were included in the meta-analysis. There was no association between C224T polymorphism and AD risk with all the studies were pooled in the meta-analysis (CT vs. CC: OR = 1.125, 95% CI = 0.974-1.299, P = 0.109; CT + TT vs. CC: OR = 1.136, 95% CI = 0.978-1.320, P = 0.094). Furthermore, when stratified by ethnicity, age of onset and APOE epsilon 4 status, significant association did not found in all subgroups. Conclusion: The present meta-analysis suggested that the Cathepsin D C224T polymorphism was not associated with AD susceptibility.

Keywords: AD, Age, Alzheimer’s Disease, Amyloid Precursor Protein, Association, Case-Control, Case-Control Studies, Cathepsin D, Complex Disease, CT, D Genetic-Polymorphism, Databases, Dementia, Disease, Ethnicity, Exon-2 Polymorphism, Expression, Google, Google Scholar, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Onset, P, Polymorphism, Population, Prevalence, Pubmed, Replication, Results, Risk, Science, Variants, Web of Science

? Meyer-Moock, S., Feng, Y.S., Maeurer, M., Dippel, F.W. and Kohlmann, T. (2014), Systematic literature review and validity evaluation of the Expanded Disability Status Scale (EDSS) and the Multiple Sclerosis Functional Composite (MSFC) in patients with multiple sclerosis. *BMC Neurology*, **14**, Article Number: 58.

Full Text: [2014\BMC Neu14, 58.pdf](2014/BMC%20Neu14,%2058.pdf)

Abstract: Background: There are a number of instruments that describe severity and progression of multiple sclerosis and they are increasingly used as endpoints to assess the effectiveness of therapeutic interventions. We examined to what extent the psychometric properties of two accepted instruments - EDSS and MSFC - meet methodological standards and the value they have in clinical trials. Methods: We conducted a systematic literature search in relevant databases [MEDLINE (PubMed), ISI Web of Science, EMBASE, PsycINFO & PSYNDEX, CINAHL] yielding 3,860 results. Relevant full-text publications were identified using abstract and then full-text reviews, and the literature was reviewed. Results: For evaluation of psychometric properties (validity, reliability, sensitivity of change) of EDSS and MSFC, 120 relevant full-text publications were identified, 54 of them assessed the EDSS, 26 the MSFC and 40 included both instruments. The EDSS has some documented weaknesses in reliability and sensitivity to change. The main limitations of the MSFC are learning effects and the z-scores method used to calculate the total score. However, the methodological criterion of validity applies sufficiently for both instruments. For use in clinical studies, we found the EDSS to be preferred as a primary and secondary outcome measure in recent studies (50 EDSS, 9 MSFC). Conclusions: Recognizing their strengths and weaknesses, both EDSS and MSFC are suitable to detect the effectiveness of clinical interventions and to monitor disease progression. Almost all publications identify the EDSS as the most widely used tool to measure disease outcomes in clinical trials. Despite some limitations, both instruments are accepted as endpoints and neither are discussed as surrogate parameters in identified publications. A great advantage of the EDSS is its international acceptance (e. g. by EMA) as a primary endpoint in clinical trials and its broad use in trials, enabling cross-study comparisons.

Keywords: Acceptance, Clinical, Clinical Studies, Clinical Trials, Clinical-Outcome Measures, Composite, Contrast Letter Acuity, Databases, Disability, Disease, Disease Progression, Double-Blind, Effectiveness, Effects, Embase, Evaluation, Expanded Disability Status Scale (EDSS), Instruments, International, Interrater Reliability, Interventions, ISI, ISI Web of Science, Learning, Literature, Literature Review, Literature Search, Mar, Measure, Methods, Multiple Sclerosis, Multiple Sclerosis Functional Composite (MSFC), Outcome, Outcome Measure, Outcomes, Patients, Placebo-Controlled Trial, Primary, Progression, Properties, Psychometric Properties, Psycinfo, Publications, Pubmed, Quality-Of-Life, Rating-Scales, Recent, Reliability, Results, Review, Reviews, Scale, Science, Sensitivity, Sensitivity of Change, Serial Addition Test, Standards, Surrogate, Systematic Literature Review, Systematic Literature Search, Therapeutic, Timed 25-Foot Walk, Validity, Value, Web of Science

# Title: BMC Nursing

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Full Text: [2008\BMC Nur7, 1.pdf](2008/BMC%20Nur7,%201.pdf)

Abstract:Abstract: BACKGROUND: Dignity has become a central concern in UK health policy in relation to older and vulnerable people. The empirical and theoretical literature relating to dignity is extensive and as likely to confound and confuse as to clarify the meaning of dignity for nurses in practice. The aim of this paper is critically to examine the literature and to address the following questions: What does dignity mean? What promotes and diminishes dignity? and how might dignity be operationalised in the care of older people? This paper critically reviews the theoretical and empirical literature relating to dignity and clarifies the meaning and implications of dignity in relation to the care of older people. If nurses are to provide dignified care clarification is an essential first step. METHODS: This is a review article, critically examining papers reporting theoretical perspectives and empirical studies relating to dignity. The following databases were searched: Assia, BHI, CINAHL, Social Services Abstracts, IBSS, Web of Knowledge Social Sciences Citation Index and Arts & Humanities Citation Index and location of books a chapters in philosophy literature. An analytical approach was adopted to the publications reviewed, focusing on the objectives of the review. RESULTS and DISCUSSION: We review a range of theoretical and empirical accounts of dignity and identify key dignity promoting factors evident in the literature, including staff attitudes and behaviour; environment; culture of care; and the performance of specific care activities. Although there is scope to learn more about cultural aspects of dignity we know a good deal about dignity in care in general terms. CONCLUSION: We argue that what is required is to provide sufficient support and education to help nurses understand dignity and adequate resources to operationalise dignity in their everyday practice. Using the themes identified from our review we offer proposals for the direction of future research.

Keywords: Approach, Attitudes, Background, Behaviour, Care, Cultural, Culture, Databases, Education, Empirical Studies, Environment, First, General, Health, Health Policy, Literature, Location, Methods, Nurses, Older People, Papers, Performance, Philosophy, Policy, Practice, Publications, Reporting, Research, Review, Reviews, Scope, Support, UK

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Full Text: [2013\BMC Oph13, UNSP 25.pdf](2013/BMC%20Oph13,%20UNSP%2025.pdf)

Abstract: Background: Eye diseases with increasing mortality are common health problems that affect people of all ages and demographic backgrounds. In this study, we study the publication characteristics in international ophthalmic journals of the US, the UK, Germany, Australia, Japan, and China. Methods: Articles published in 53 ophthalmic journals from 2000 to 2011 were retrieved from the PubMed database. We recorded the number of articles published each year, analyzed the publication type, and evaluated the accumulated and average impact factors (IFs), and the distribution of articles in ophthalmic journals in relation to IFs. The characteristics of publication outputs from China and other top-ranking countries were compared. Results: The total number of articles increased significantly during the past 12 years, with an increase of 51.0%. The growth in the annual number of articles from the US, the UK, Australia, and China showed a significantly positive trend. Publications from the US exceeded those from any other country and had the highest IFs, largest number of total citations of articles, and the most articles published in leading ophthalmic journals. During the past 12 years, China contributed 3.5% of the total publications, and the number of Chinese articles showed a more than 6-fold increase (from 99 to 605, R2 = 0.947, P<0.001). The numbers of IFs and citations of articles originating in China were mostly lower than for other top-ranking counties. Conclusions: Research on ophthalmic journals has maintained an upward growing trend from 2000 to 2011. Chinese ophthalmology research has developed rapidly, but the gap still exists between China and other top-ranking countries for the advanced level of research.

Keywords: 10-Year Survey, Articles, Australia, Bibliometrics, Characteristics, China, Chinese, Citations, Country, Database, Diseases, Distribution, Germany, Growth, Health, Impact, Impact Factor, Impact Factors, International, Japan, Journals, Literature, Methods, Mortality, Ophthalmology, Publication, Publications, Pubmed, Research, Results, Review, Scientific Publications, Top-Ranking Countries, Trend, UK, US

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Full Text: [2013\BMC Oph13, UNSP 56.pdf](2013/BMC%20Oph13,%20UNSP%2056.pdf)

Abstract: Background: The vascular endothelial growth factor (VEGFA) gene has been suggested to play an important role in the pathogenesis of diabetic retinopathy (DR). However, the results have been inconsistent. In this study, we performed a meta-analysis to clarify the associations between VEGFA polymorphisms and DR risk. Methods: Published literature from PubMed, EMBASE, Web of Science and Google Scholar were retrieved. Pooled odds ratios (ORs) with 95% confidence intervals (CIs) were calculated using fixed-or random-effects model. Results: A total of eight studies (1204 cases and 1198 controls) for rs699947 polymorphism and ten studies (1666 cases and 1782 controls) for rs2010963 polymorphism were included in the meta-analysis. The results suggested that rs699947 polymorphism was marginally associated with DR under a homogeneous co-dominant model (AA vs. CC: OR = 1.69, 95% CI = 1.03-2.77, p = 0.040) and a dominant model (AA + AC vs. CC: OR = 1.38, 95% CI = 1.01-1.90, p = 0.040), whereas the association between rs2010963 polymorphism and DR was not significant under all genetic models (all p > 0.05). In the subgroup analysis, the effect size for rs699947 polymorphism was only marginally significant among European populations under a dominant model (OR = 1.47, 95% CI = 1.07-2.02, p = 0.018), but not among East Asians. After exclusion of outliers which were the source of between-study heterogeneity, there was significant association between rs699947 polymorphism and DR under a homogeneous co-dominant model (OR = 1.64, 95% CI = 1.18-2.28, p = 0.003), even after multiple comparison correction. Conclusions: Our meta-analysis confirmed the significant association between rs699947 polymorphism and DR after exclusion of outliers, and rs2010963 polymorphism might be not associated with DR.

Keywords: Analysis, Association, Bias, Chinese, Comparison, Confidence, Confidence Intervals, Diabetic Retinopathy, Effect Size, Embase, Endothelial-Growth-Factor, Gene, Genetic, Google, Google Scholar, Growth, Growth Factor, Heterogeneity, Intervals, Literature, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Microvascular Complications, Model, Models, Outliers, Pathogenesis, Polymorphism, Polymorphisms, Populations, Progression, Pubmed, Random Effects Model, Results, Risk, Role, Science, Size, Source, The Vascular Endothelial Growth Factor Gene, Variants, Vascular Endothelial Growth Factor, Web of Science

? Lindner, M. and Bertelmann, T. (2014), On the ocular findings in ochronosis: A systematic review of literature. *BMC Ophthalmology*, **14**, Article Number: 12.

Full Text: [2014\BMC Oph14, 12.pdf](2014/BMC%20Oph14,%2012.pdf)

Abstract: Background: Ochronosis/ Alkaptonuria is a tyrosine metabolism disorder where accumulation of homogentisic acid, in eye, skin, cartilage and several other connective tissues leads to a black pigmentation of the affected tissues. It is autosomal- recessive inherited in men with a frequency of 1- 9/ 1,000,000. While it is clear that pigment deposits lead to joint destruction, renal stone formation and cardiac valvulopathy respectively, the significance of ocular findings is still unclear. We therefore aim to evaluate the frequency and clinical significance of ocular findings in ochronosis and discuss possible therapeutic options. Methods: Systematic review of literature via Medline and Web of Science. Only case reports in English, German, French, Spanish or Italian documenting detailed ophthalmologic examination were included. Results: Our search revealed 36 case reports including 40 patients. Average age at the onset of ocular signs was 40.6 years. The most frequent sign was symmetric brown sclera pigmentation present in 82.5 percent of the patients. “ Oil- drops”, brown pigment spots in the limbus are generally considered pathognomonic but were a little less frequent (75 percent). Vermiform pigment deposits at the level of the conjunctiva or increased conjunctival vessel diameter is also frequent. We found an increased incidence of central vein occlusion and elevated intraocular pressure going along with chamber angle hyperpigmentation. Another condition observed twice is rapid progressive astigmatism attributable to corneoscleral pigment accumulation. Conclusion: Our observations suggest that ocular findings are of double relevance. First, characteristic ocular findings can anticipate the time of diagnosis and second, ocular findings may complicate to various conditions putting sight at risk. Opthalmologists and general physicians should be aware of both. Therapeutic options include protein restriction, administration of high dose vitamin C or nitisonone. Evidence for all of them is limited.

Keywords: Accumulation, Administration, Age, Alcaptonuria, Alkaptonuria, Alkaptonuric Ochronosis, Ascorbic-Acid, Black Pigmentation, Case Reports, Clinical, Connective Tissue, Diagnosis, Endogenous Ochronosis, Endogenous Ochronosis, English, Evidence, Examination, Eye, General, Hereditary Ochronosis, High Dose, Homogentisic Acid, Homogentisic Acid, Homogentisic Acid Oxidase Deficiency, Hot-Spots, Incidence, Lead, Literature, Medline, Men, Metabolism, Methods, Observations, Occlusion, Ocular, Of-The-Literature, Oil, Oil-Drops, Onset, Opththalmology, Options, Patients, Physicians, Pigment, Pressure, Protein, Relevance, Renal, Results, Review, Review Of Literature, Risk, Science, Sclera, Significance, Skin, Systematic, Systematic Review, Therapeutic, Therapeutic Options, Vitamin, Vitamin C, Web Of Science

? Li, D., Zhou, M.W., Peng, X.Y. and Sun, H.Y. (2014), Homocysteine, methylenetetrahydrofolate reductase C677T polymorphism, and risk of retinal vein occlusion: An updated meta-analysis. *BMC Ophthalmology*, **14**, Article Number: 147.

Full Text: [2014\BMC Oph14, 147.pdf](2014/BMC%20Oph14,%20147.pdf)

Abstract: Background: To evaluate the role of plasma total homocysteine (tHcy) and homozygosity for the thermolabile variant of the methylenetetrahydrofolate reductase (MTHFR) C677T genotype in the risk of retinal vein occlusion (RVO). Methods: Relevant studies were selected through an extensive search of PubMed, EMBASE, and the Web of Science databases. Summary weighted mean differences (WMDs) or odds ratios (ORs) and 95% confidence intervals (CI) were calculated with a random-effects model. Results: Forty-two studies with 6445 participants were included in this updated systematic review and meta-analysis. The mean plasma tHcy level in the RVO patients was significantly higher than in the controls (WMD = 2.13 mu mol/L; 95% CI: 1.29 to 2.98, P < 0.001), but there was evidence of between-study heterogeneity (P < 0.001). No significant association between MTHFR C677T genotype and RVO was found under all genetic models. Conclusion: There was some evidence that plasma tHcy is associated with an increased risk of RVO. There was no evidence to suggest an association between homozygosity for the MTHFR C677T genotype and RVO.

Keywords: Abnormalities, Association, Confidence, Confidence Intervals, Databases, Disease, Embase, Evidence, Folate, Genetic, Heterogeneity, Homocysteine, Hyperhomocysteinemia, Intervals, Lipoprotein, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Methylenetetrahydrofolate Reductase, Model, Models, MTHFR, MTHFR C677T, MTHFR Genotype, Mutation, Nov, Occlusion, P, Patients, Plasma, Plasma Total Homocysteine, Polymorphism, Population, Pubmed, Random Effects Model, Results, Retinal Vein Occlusion, Review, Risk, Role, Science, Systematic, Systematic Review, Thrombosis, Web, Web Of Science, Web Of Science Databases

? Song, W.T. and Xia, X.B. (2015), Ranibizumab for macular edema secondary to retinal vein occlusion: A meta-analysis of dose effects and comparison with no anti-VEGF treatment. *BMC Ophthalmology*, **15**, Article Number: 31.

Full Text: [2014\BMC Oph14, 31.pdf](2014/BMC%20Oph14,%2031.pdf)

Abstract: Background: To compare the efficacy and tolerability of intravitreal ranibizumab (IVR) 0.5 mg or 0.3 mg with non-anti-vascular endothelial growth factor (VEGF), and to compare the efficacy of IVR 0.5 mg with IVR 0.3 mg in the treatment of macular edema secondary to retinal vein occlusion. Methods: Relevant studies were selected after an extensive search using the PubMed, EMBASE, Web of Science, and Cochrane Library databases. Outcomes of interest included visual outcomes, anatomic variables, and adverse events. Results: Four randomized controlled trials (RCTs) met our inclusion criteria. IVR 0.5 mg produced a significantly higher improvement in visual acuity at six months, with pooled weighted mean differences (WMDs) of 12.30 early treatment diabetic retinopathy study (ETDRS) letters (95% CI: 10.03, 14.58) (P < 0.001), and led to a higher proportion of patients gaining >= 15 letters (RR, 2.36; 95% CI: 1.86, 2.99; P < 0.001) at the follow-up endpoint, compared with non-anti-VEGF. A more obvious reduction in central foveal thickness (CFT) was observed in the IVR 0.5 mg group than the non-anti-VEGF group, and the mean difference in CFT was statistically significant (WMD, -216.86 mu m; 95% CI: -279.01, -154.71; P < 0.001). A similar efficacy was found between the IVR 0.3 mg group and the non-anti-VEGF group. No significant differences were found between IVR 0.5 mg and 0.3 mg. The incidence of iris neovascularization in the non-anti-VEGF group was significantly higher than that of the IVR group. Conclusions: IVR 0.5 mg or 0.3 mg was more effective than sham injection and laser treatment. IVR 0.3 mg is as effective as IVR 0.5 mg in the treatment of macular edema secondary to retinal vein occlusion.

Keywords: 12-Month Outcomes, Adverse Events, Comparison, Criteria, Cruise-Trials, Databases, Degeneration, Diabetic Retinopathy, Effects, Efficacy, Embase, Endothelial Growth-Factor, Events, Follow-Up, Growth, Growth Factor, Improvement, Incidence, Intravitreal Ranibizumab, Intravitreal Ranibizumab, Laser, Library, Macular Edema, Mar, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Occlusion, Outcomes, P, Patients, Phase-III, Pubmed, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, Reduction, Results, Retinal Vein Occlusion, Science, Sustained Benefits, Therapy, Treatment, Vegf, Web, Web Of Science

# Title: BMC Oral Health

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? Gilchrist, F., Rodd, H., Deery, C. and Marshman, Z. (2014), Assessment of the quality of measures of child oral health-related quality of life. *BMC Oral Health*, **14**, Article Number: 40.

Full Text: [2014\BMC Ora Hea14, 40.pdf](2014/BMC%20Ora%20Hea14,%2040.pdf)

Abstract: Background: Several measures of oral health-related quality of life have been developed for children. The most frequently used are the Child Perceptions Questionnaire (CPQ), the Child Oral Impacts on Daily Performances (C-OIDP) and the Child Oral Health Impact Profile (COHIP). The aim of this study was to assess the methodological quality of the development and testing of these three measures. Methods: A systematic search strategy was used to identify eligible studies published up to December 2012, using both MEDLINE and Web of Science. Titles and abstracts were read independently by two investigators and full papers retrieved where the inclusion criteria were met. Data were extracted by two teams of two investigators using a piloted protocol. The data were used to describe the development of the measures and their use against existing criteria. The methodological quality and measurement properties of the measures were assessed using standards proposed by the Consensus-based Standards for the Selection of Health Measurement Instruments (COSMIN) group. Results: The search strategy yielded 653 papers, of which 417 were duplicates. Following analysis of the abstracts, 119 papers met the inclusion criteria. The majority of papers reported cross-sectional studies (n = 117) with three of longitudinal design. Fifteen studies which had used the original version of the measures in their original language were included in the COSMIN analysis. The most frequently used measure was the CPQ. Reliability and construct validity appear to be adequate for all three measures. Children were not fully involved in item generation which may compromise their content validity. Internal consistency was measured using classic test theory with no evidence of modern psychometric techniques being used to test unidimensionality of the measures included in the COSMIN analysis. Conclusion: The three measures evaluated appear to be able to discriminate between groups. CPQ has been most widely tested and several versions are available. COHIP employed a rigorous development strategy but has been tested in fewer populations. C-OIDP is shorter and has been used successfully in epidemiological studies. Further testing using modern psychometric techniques such as item response theory is recommended. Future developments should also focus on the development of measures which can evaluate longitudinal change.

Keywords: Analysis, Assessment, Child, Children, Consistency, Criteria, Cross-Cultural Adaptation, Cross-Sectional Studies, Daily Performances, Data, Design, Development, Disease-Specific Questionnaires, Evidence, Generation, Groups, Health, Health-Related Quality Of Life, Impact, Impact Profile, Impacts, Instruments, Internal Consistency, Language, Life, Longitudinal, Measure, Measurement, Measures, Medline, Methods, OIDP Index, Oral, Orthodontic Appliance Therapy, Papers, Perceptions, Perceptions Questionnaire CPQ(11-14), Populations, Properties, Protocol, Quality, Quality Of, Quality Of Life, Questionnaire, Reliability, Response, Results, School-Children, Science, Search Strategy, Short Forms, Standards, Strategy, Systematic, Techniques, Testing, Theory, Titles, Traumatic Dental Injuries, Validity, Version, Web Of Science

? Chen, Q.S., Zheng, X.C., Chen, W.T., Ni, Z.Y. and Zhou, Y. (2015), Influence of orthodontic treatment with fixed appliances on enamel color: A systematic review. *BMC Oral Health*, **15**, Article Number: 31.

Full Text: [2015\BMC Ora Hea15, 31.pdf](2015/BMC%20Ora%20Hea15,%2031.pdf)

Abstract: Background: The purposes of this systematic review were to identify and review the orthodontic literature with regard to enamel color alterations after orthodontic treatment with fixed appliances. The effects of clean-up procedures on the surface of enamel were also investigated. Methods: We searched the following electronic databases: Medline (1950 to 6 July 2014), EMBASE via OVID (1980 to 6 July 2014), Google Scholar, Web of Science (1950 to 6 July 2014), CENTRAL (The Cochrane Library, 2014, Issue 7). We also searched the reference lists of relevant articles. Quality assessment of the included articles was performed. Two authors were responsible for study selection, validity assessment, and data extraction. Results: Five studies met the inclusion criteria, including 3 randomized controlled trials and 2 prospective studies. Four trials were assessed as being unclear with regard to risk of bias. One was assessed as being at high risk of bias. The studies reviewed suggested that orthodontic treatment alters the original color of enamel, and both adhesive systems and resin-removal methods can contribute to this change. Conclusion: There is no strong evidence from this review that orthodontic treatment with fixed appliances alters the original color of enamel. Further well-designed and conducted randomized controlled trials are required, to facilitate comparisons of results.

Keywords: Articles, Assessment, Authors, Bias, Brackets, Cleanup, Color, Criteria, Data, Databases, Different Adhesives, Effects, Embase, Enamel Color, Evidence, Extraction, From, Google, Google Scholar, Influence, Literature, Mar, Medline, Methods, Orthodontic Treatment, Procedures, Prospective, Prospective Studies, Quality, Quality Assessment, Randomized, Randomized Controlled Trials, Reference, Reference Lists, Results, Review, Risk, Science, Selection, Self-Etching Primer, Surface, Systematic, Systematic Review, Systems, Teeth, Tooth Color, Treatment, Validity, Web, Web Of Science

# Title: BMC Pediatrics

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? Barnard, K., Thomas, S., Royle, P., Noyes, K. and Waugh, N. (2010), Fear of hypoglycaemia in parents of young children with type 1 diabetes: A systematic review. *BMC Pediatrics*, **10**, Article Number: 50.

Full Text: [2010\BMC Ped10, 50.pdf](2010/BMC%20Ped10,%2050.pdf)

Abstract: Background: Many children with type 1 diabetes have poor glycaemic control. Since the Diabetes Control and Complications Trial (DCCT) showed that tighter control reduces complication rates, there has been more emphasis on intensified insulin therapy. We know that patients and families are afraid of hypoglycaemia. We hypothesised that fear of hypoglycaemia might take precedence over concern about long-term complications, and that behaviour to avoid hypoglycaemia might be at the cost of poorer control, and aimed to evaluate the effectiveness of any interventions designed to prevent that. The objective of this review was to systematically review studies concerning the extent and consequences of fear of hypoglycaemia in parents of children under 12 years of age with type 1 diabetes, and interventions to reduce it. Methods: Data Sources: MEDLINE, EMBASE, PsycINFO, the Cochrane Library, Web of Science, meeting abstracts of EASD, ADA and Diabetes UK, Current Controlled Trials, ClinicalTrials.gov, UK CRN, scrutiny of bibliographies of retrieved papers and contact with experts in the field. Inclusions: Relevant studies of any design of parents of children under 12 years of age with Type 1 diabetes were included. The key outcomes were the extent and impact of fear, hypoglycaemia avoidance behaviour in parents due to parental fear of hypoglycaemia in their children, the effect on diabetes control, and the impact of interventions to reduce this fear and hypoglycaemia avoidance behaviour. Results: Eight articles from six studies met the inclusion criteria. All were cross sectional studies and most were of good quality. Parental fear of hypoglycaemia, anxiety and depression were reported to be common. There was a paucity of evidence on behaviour to avoid hypoglycaemia, but there were some suggestions that higher than desirable blood glucose levels might be permitted in order to avoid hypoglycaemia. No studies reporting interventions to reduce parental fear of hypoglycaemia were found. Conclusions: the evidence base was limited. Parents of children with Type 1 diabetes reported considerable parental fear of hypoglycaemia, affecting both parental health and quality of life. There is some suggestion that hypoglycaemia avoidance behaviours by parents might adversely affect glycaemic control. Trials of interventions to reduce parental anxiety and hypoglycaemia avoidance behaviour are needed. We suggest that there should be a trial of structured education for parents of young children with Type 1 diabetes.

Keywords: Adolescents, Anxiety, Blood, Children, Cochrane, Cohort, Complications, Control, Depression, Diabetes, Education, Effectiveness, EMBASE, Families, Hypoglycaemia, Impact, Insulin, Interventions, MEDLINE, Mellitus, Methods, Mothers, Outcomes, Papers, Parents, Quality of Life, Review, Science, Sources, Systematic, Systematic Review, Therapy, Type 1, Type 1 Diabetes, UK, Web of Science

? Meerpohl, J.J., Wolff, R.F., Antes, G. and von Elm, E. (2011), Are pediatric Open Access journals promoting good publication practice? An analysis of author instructions. *BMC Pediatrics*, **11**, Article Number: 27.

Full Text: [2011\BMC Ped11, 27.pdf](2011/BMC%20Ped11,%2027.pdf)

Abstract: Background: Several studies analyzed whether conventional journals in general medicine or specialties such as pediatrics endorse recommendations aiming to improve publication practice. Despite evidence showing benefits of these recommendations, the proportion of endorsing journals has been moderate to low and varied considerably for different recommendations. About half of pediatric journals indexed in the Journal Citation Report referred to the Uniform Requirements for Manuscripts of the International Committee of Medical Journal Editors (ICMJE) but only about a quarter recommended registration of trials. We aimed to investigate to what extent pediatric open-access (OA) journals endorse these recommendations. We hypothesized that a high proportion of these journals have adopted recommendations on good publication practice since OA electronic publishing has been associated with a number of editorial innovations aiming at improved access and transparency. Methods: We identified 41 journals publishing original research in the subject category “Health Sciences, Medicine (General), Pediatrics” of the Directory of Open Access Journals http://www.doaj.org. From the journals’ online author instructions we extracted information regarding endorsement of four domains of editorial policy: the Uniform Requirements for Manuscripts, trial registration, disclosure of conflicts of interest and five major reporting guidelines such as the CONSORT (Consolidated Standards of Reporting Trials) statement. Two investigators collected data independently. Results: the Uniform Requirements were mentioned by 27 (66%) pediatric OA journals. Thirteen (32%) required or recommended trial registration prior to publication of a trial report. Conflict of interest policies were stated by 25 journals (61%). Advice about reporting guidelines was less frequent: CONSORT was referred to by 12 journals (29%) followed by other reporting guidelines (MOOSE, PRISMA or STARD) (8 journals, 20%) and STROBE (3 journals, 7%). The EQUATOR network, a platform of several guideline initiatives, was acknowledged by 4 journals (10%). Journals published by OA publishing houses gave more guidance than journals published by professional societies or other publishers. Conclusions: Pediatric OA journals mentioned certain recommendations such as the Uniform Requirements or trial registration more frequently than conventional journals; however, endorsement is still only moderate. Further research should confirm these exploratory findings in other medical fields and should clarify what the motivations and barriers are in implementing such policies.

Keywords: Barriers, Citation, Conflict of Interest, Conflict-of-Interest, Epidemiology, Germany, Impact, Information, Journal, Journals, Medical, Methods, Open Access, Policies, Policy, Professional, Publication, Publishing, Quality, Randomized Controlled-Trials, Registration, Research, Statement

? Seto, I., Foisy, M., Arkison, B., Klassen, T. and Williams, K. (2012), The evaluation of an evidence-based clinical answer format for pediatricians. *BMC Pediatrics*, **12**, Article Number: 34.

Full Text: [2012\BMC Ped12, 34.pdf](2012/BMC%20Ped12,%2034.pdf)

Abstract: Background: Clinicians are increasingly using electronic sources of evidence to support clinical decision-making; however, there are multiple demands on clinician time, and summarised and synthesised evidence is needed. Clinical Answers (CA) have been developed to address this need; the CA is a synthesised evidence-based summary that supports point-of-care clinical decision-making. The aim of this paper is to report on a survey used to test and improve the CA format. Methods: An online survey was sent to pediatricians via e-mail and posted on a child health clinical standards website. Quantitative data analysis consisted primarily of descriptive statistics; qualitative data analysis consisted of content analysis. Results: Eighty-three pediatricians responded to the survey. Most respondents found the CA useful or very useful (93%) and agreed or strongly agreed that the layout was effective and allowed them to quickly locate critical information (82%). Quantitative and qualitative data suggested that respondents thought there should be less detail in the linked figures and tables (p = 0.0002), but overall respondents seemed to think there was an appropriate level of detail in most sections of the CA. Conclusions: Based on the quantitative and qualitative survey responses, major and minor modifications to the CA format were implemented, such as removing forest plots, adding links in each addendum to bring the user back to the front page, and adding an ‘Implications for practice’ section to the CA. Findings suggest that CAs will be a useful tool for pediatricians; thus, the research team has now begun creating CAs to assist busy clinicians in their day-to-day clinical practice by providing high-quality information for decision-making at the point-of-care.

Keywords: Analysis, Bibliometric Analysis, Ca, Care, Child, Child Health, Clinical, Clinical Practice, Clinician, Content Analysis, Data, Data Analysis, Decision Making, Decision-Making, Delivery of Health Care, Ed [Education], Electronic, Evaluation, Evidence, Evidence Based, Evidence-Based, Forest, Health, Information, Information-Seeking Behavior, Internet, Mar, Methods, Minor, Pediatricians, Pediatrics, Point-of-Care Systems, Practice, Qualitative, Questionnaires, Questions, Research, Sources, St [Standards], Standards, Statistics, Support, Survey, UT [Utilization]

? Feenstra, B., Boland, L., Lawson, M.L., Harrison, D., Kryworuchko, J., Leblanc, M. and Stacey, D. (2014), Interventions to support children’s engagement in health-related decisions: A systematic review. *BMC Pediatrics*, **14**, Article Number: 109.

Full Text: [2014\BMC Ped14, 109.pdf](2014/BMC%20Ped14,%20109.pdf)

Abstract: Background: Children often need support in health decision-making. The objective of this study was to review characteristics and effectiveness of interventions that support health decision-making of children. Methods: A systematic review. Electronic databases (PubMed, the Cochrane Library, Web of Science, Scopus, ProQuest Dissertations and Theses, CINAHL, PsycINFO, MEDLINE, and EMBASE) were searched from inception until March 2012. Two independent reviewers screened eligibility: a) intervention studies; b) involved supporting children (<= 18 years) considering health-related decision(s); and c) measured decision quality or decision-making process outcomes. Data extraction and quality appraisal were conducted by one author and verified by another using a standardized data extraction form. Quality appraisal was based on the Cochrane Risk of Bias tool. Results: Of 4313 citations, 5 studies were eligible. Interventions focused on supporting decisions about risk behaviors (n = 3), psycho-educational services (n = 1), and end of life (n = 1). Two of 5 studies had statistically significant findings: i) compared to attention placebo, decision coaching alone increased values congruence between child and parent, and child satisfaction with decision-making process (lower risk of bias); ii) compared to no intervention, a workshop with weekly assignments increased overall decision-making quality (higher risk of bias). Conclusions: Few studies have focused on interventions to support children’s participation in decisions about their health. More research is needed to determine effective methods for supporting children’s health decision-making.

Keywords: Adolescent, Adolescents, Aids, Attention, Bias, Care, Characteristics, Child, Children, Citations, Data, Databases, Decision, Decision Making, Decision-Making, Decision-Making Process, Dissertations, Effectiveness, Embase, End Of Life, Engagement, Extraction, Framework, Health, Hiv, Intervention, Intervention Studies, Interventions, Life, Medline, Methods, Model, Outcomes, Parents, Participation, Patient Participation, Perspective, Placebo, Practice, Protection, Psycinfo, Pubmed, Quality, Research, Results, Review, Reviewers, Risk, Risk Behaviors, Satisfaction, Science, Scopus, Services, Support, Systematic, Systematic Review, Theses, Web Of Science

# Title: BMC Pregnancy and Childbirth

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? Barger, M.K., Dunn, J.T., Bearman, S., De Lain, M. and Gates, E. (2013), A survey of access to trial of labor in California hospitals in 2012. *BMC Pregnancy and Childbirth*, **13**, Article Number: 83.

Full Text: [2013\BMC Med Inf Dec Mak13, 83.pdf](2013/BMC%20Med%20Inf%20Dec%20Mak13,%2083.pdf)

Abstract: Background: In 2010, the NIH and ACOG recommended increasing women’s access to trial of labor after cesarean (TOLAC). This study explored access to TOLAC in California, change in access since 2007 and 2010, and characteristics of TOLAC and non-TOLAC hospitals. Methods: Between November 2011 and June 2012, charge nurses at all civilian California birth hospitals were surveyed about hospitals’ TOLAC availability and requirements for providers. VBAC rates were obtained from the California Office of Statewide Health Planning and Development (OSHPD). Distance between hospitals was calculated using OSHPD geocoding. Results: All 243 birth hospitals that were contacted participated. In 2010, among the 56% TOLAC hospitals, the median VBAC rate among TOLAC hospitals was 10.8% (range 0-37.3%). The most cited reason for low VBAC rates was physician unwillingness to perform them, especially due to the requirement to be continually present during labor. TOLAC hospitals were more likely to be larger hospitals in urban communities with obstetrical residency training. However, there were six (11.3%) residency programs in non-TOLAC hospitals and 5 (13.5%) rural hospitals offering TOLAC. The majority of TOLAC hospitals had 24/7 anesthesia coverage and required the obstetrician to be continually present if a TOLAC patient was admitted; 17 (12.2%) allowed personnel to be 15-30 minutes away. TOLAC eligibility criteria included one prior cesarean (32.4%), spontaneous labor (52.5%), continuous fetal monitoring and intravenous access (99.3%), and epidural analgesia (19.4%). The mean distance from a non-TOLAC to a TOLAC hospital was 37 mi. with 25% of non-TOLAC hospitals more than 51 mi. from the closest TOLAC hospital. In 2012, 139 hospitals (57.2%) offered TOLAC, 16.6% fewer than in 2007. Since 2010, five hospitals started and four stopped offering TOLAC, a net gain of one hospital offering TOLAC with three more considering it. Only two hospitals cited change in ACOG guidelines as a reason for the change. Conclusions: Despite the 2010 NIH and ACOG recommendations encouraging greater access to TOLAC, 44% of California hospitals do not allow TOLAC. of the 56% allowing TOLAC, 10.8% report fewer than 3% VBAC births. Thus, national recommendations encouraging greater access to TOLAC had a minor effect in California.

Keywords: Access, Access to Care, ACOG, Analgesia, Anesthesia, Availability, Birth, California, Cesarean, Cesarean Delivery, Characteristics, Charge, Coverage, Criteria, Epidural, Epidural Analgesia, Fetal, Fetal Monitoring, Florida, Guidelines, Hospital, Hospitals, Intravenous, Labor, Methods, Minor, Monitoring, NIH, Nurses, Obstetrical, Obstetrician, Outcomes, Personnel, Physician, Providers, Rates, Recommendations, Requirement, Residency, Residency Training, Results, Rural, Rural Hospitals, Spontaneous Labor, Survey, Training, Trial, Trial of Labor, Trial of Labor After Cesarean, Urban, Vaginal Birth, Vaginal Birth After Cesarean, VBAC

? Ollerhead, E. and Osrin, D. (2014), Barriers to and incentives for achieving partograph use in obstetric practice in low- and middle-income countries: A systematic review. *BMC Pregnancy and Childbirth*, **14**, Article Number: 281.

Full Text: [2014\BMC Pre Chi14, 281.pdf](2014/BMC%20Pre%20Chi14,%20281.pdf)

Abstract: Background: The partograph is a graphic display of the progress of labour, recommended by the World Health Organization, but often underused in practice in low-and middle-income countries. We were interested in going beyond demonstration of potential efficacy - on which the existing literature concentrates - through a systematic review to identify barriers to and incentives for achieving partograph use. Methods: We searched Ovid MEDLINE, Ovid Maternity and Infant Care, POPLINE, Web of Science, and Scopus, from 1st January 1994 to 30th September 2013, using the term ‘partogra\*’ to include ‘partograph’, ‘partogram’, or ‘partogramme’. The selection criteria were for primary or secondary research describing barriers to and incentives for partograph use in low-and middle-income countries, in English, reported in peer-reviewed publications since 1994. Thematic analysis of text on partograph use was applied to a commonly used framework for change in clinical practice, with levels describing the innovation, the individual professional, the woman, and social, organisational, economic and political contexts. Results: Reported barriers to and incentives for partograph use related to the partograph itself, professional skills and practice, clinical leadership and quality assurance, and the organisational environment within the wider provision of obstetric care. Neither the evidence base for its effectiveness, nor its credibility, was reported as a barrier to use. Conclusion: Identifying and addressing local barriers and incentives in low-and middle-income countries, based on those in published research, could inform strategies to improve partograph use. Emerging technologies could be used to address some barriers. The thresholds for essential maternity care at which the partograph adds value should be further evaluated.

Keywords: Addis-Ababa, Analysis, Angolan Midwives, Assurance, Attitudes, Barrier, Barriers, Care, Clinical, Clinical Practice, Credibility, Criteria, Developing Countries, Economic, Effectiveness, Efficacy, Emerging Technologies, English, Environment, Evidence, Facilities, Framework, Health, Health Knowledge, Incentives, Infant, Innovation, Labor, Labour, Leadership, Literature, Local, Low- And Middle-Income Countries, Low-And Middle-Income Countries, Management, Maternity, Maternity Care, Maternity Units, Medline, Methods, Nigeria, Obstetric, Obstetric Care, Obstetric Practice, Obstetrics, Obstructed Labor, Partogram, Peer-Reviewed, Peer-Reviewed Publications, Perinatal-Care, Potential, Practice, Primary, Progress, Publications, Quality, Quality Assurance, Quality Of Health Care, Research, Results, Review, Science, Scopus, Selection, Selection Criteria, Social, Systematic, Systematic Review, Technologies, Term, Thresholds, Value, Web Of Science, World Health Organization, World-Health-Organization

? Fyfe, T.M., Ritchey, M.J., Taruc, C., Crompton, D., Galliford, B. and Perrin, R. (2014), Appropriate provision of anti-D prophylaxis to RhD negative pregnant women: a scoping review. *BMC Pregnancy and Childbirth*, **14**, Article Number: 411.

Full Text: [2014\BMC Pre Chi14, 411.pdf](2014/BMC%20Pre%20Chi14,%20411.pdf)

Abstract: Background: The purpose of this scoping review was to review the literature on healthcare provider provision of anti-D prophylaxis to RhD negative pregnant women in appropriate clinical situations in various healthcare settings. Methods: A scoping review framework was used to structure the process. The following databases were searched: CINAHL (EBSCO), EBM Reviews (OvidSP), Embase (OvidSP), Medline (OvidSP), and Web of Science (ISI). In addition, hand searching of article references was conducted. The search yielded 301 articles. Thirty-five articles remained for review after screening. Two team members reviewed each article using a detailed data collection sheet. A third reviewer was utilized if discrepancies occurred amongst reviewers. Results: The review process yielded 18 included articles. The majority of the studies were conducted in the United Kingdom. Of the 18 studies, 15 were retrospective studies. The articles were largely conducted in one institution. The articles with a focus on routine antenatal provision of anti-D immunoglobulin found that it was given 80 to 90% of the time. Postpartum provision of anti-D immunoglobulin had significantly higher results of 95-100%. The review found that the delivery of anti-D immunoglobulin to RhD negative pregnant women during situations of potential sensitizing events was suboptimal. Conclusions: The included articles examine the management of RhD negative pregnancies in various countries with existing national guidelines. The existing evidence indicates an opportunity for quality improvement in situations where potential sensitizing events are not at routine times in pregnancy, such as miscarriage or fetal demise early in pregnancy. Routine care for the prevention of RhD alloimmunization in pregnancy and postpartum appears to be fairly consistent. The paucity of recent literature in this area leads to a recommendation for further research.

Keywords: Accident, Anti-D, Anti-D Immunoglobulin, Article, Articles, Care, Clinical, Collection, D Hemolytic-Disease, D Immunoglobulin, Data, Data Collection, Databases, Delivery, EBM, Emergency-Department, Events, Evidence, Fetal, Framework, Guideline Adherence, Guidelines, Immunoglobulin, Implementation, Improvement, ISI, Literature, Management, Medline, Methods, Miscarriage, National Guidelines, Negative, Newborn, Postpartum, Potential, Practice Guidelines, Pregnancy, Pregnant, Pregnant Women, Prevention, Program, Prophylaxis, Purpose, Quality, Quality Improvement, Recent, References, Research, Results, Retrospective, Retrospective Studies, Review, Review Process, Reviewers, RHD Isoimmunization, Rho(D) Immune Globulin, Science, Scoping Review, Screening, Sensitization, Structure, United Kingdom, Web, Web Of Science, Women

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? Tovilla-Zárate, C., Juárez-Rojop, I., Ramón-Frias, T., Villar-Soto, M., Pool-García, S., Medellín, B.C., Mendoza, A.D.G., Narvaez, L.L. and Humberto, N. (2011), No association between COMT val158met polymorphism and suicidal behavior: Meta-analysis and new data. *BMC Psychiatry*, **11**, Article Number: 151.

Full Text: [2011\BMC Psy11, 151.pdf](2011/BMC%20Psy11,%20151.pdf)

Abstract: Background: the polymorphism COMTval158met has been associated with suicidal behavior in case-control and meta-analysis studies, but results and conclusions remain controversial. The objective of this study was to examine the association between COMT val158met with suicidal behavior in a case-control study and to assess the combined evidence -this case-control study and available data from other related studies-we carried out a meta-analysis. Methods: We conducted a case-control study with 105 patients with suicide attempts and 236 controls. Subsequently, we performed a meta-analysis of published genetic association studies by searching through MEDLINE, PubMed and Web of Science databases. Results: No significant differences were found in the distribution of alleles (chi(2) = 0.33, 1 df, p = 0.56) or genotypes (chi(2) = 2.36, 2 df, p = 0.26). The meta-analysis comprising 12 association studies (including the present one) showed that the risk COMTmet allele of COMTval158/met is not associated with suicidal behavior (OR: 1.09, 95% CI: 0.97-1.23), even in the absence of heterogeneity (OR: 1.09, 95% CI: 0.97-1.23). Conclusion: Our results showed no association between COMTval158/met and suicidal behavior. However, more studies are necessary to determine conclusively an association between COMT and suicidal behavior.

Keywords: Anger Traits, Behavior, Case-Control, Case-Control Study, Catechol-O-Methyltransferase, Databases, Differences, Disorders, Functional Polymorphism, Gene-Gene Interaction, Genetic, Genotype, MEDLINE, Meta Analysis, Meta-Analysis, Metabolites, Methods, Patients, Personality, Polymorphism, Pubmed, Risk, Schizophrenia, Science, Treatment Response, Web of Science

? Baethge, C. (2013), The production and recognition of psychiatric original articles published in languages other than English. *BMC Psychiatry*, **13**, Article Number: 102.

Full Text: [2013\BMC Psy13, 102.pdf](2013/BMC%20Psy13,%20102.pdf)

Abstract: Background: Whereas the most influential journals in psychiatry are English language journals, periodicals published in other languages serve an important purpose for local communities of clinicians and researchers. This study aimed at analyzing the scientific production and the recognition of non-English general psychiatry journals. Methods: In a cohort study, the 2009 volume of ten journals from Brazil (1), German language countries (5), France (2), Italy (1), and Poland (1) was searched for original articles. Patterns of citations to these articles during 2010 and 2011 as documented in Web of Science were analyzed. Results: The journals published 199 original articles (range: 4-46), mostly observational studies. Half of the papers were cited in the following two years. There were 246 citations received, or an average of 1.25 cites per article (range: 0.25-4.04). Many of these citations came from the local community, that is, from the same authors and journals. Citations by other periodicals and other authors accounted for 36% [95%-CI: 30%-42%], citations in English sources for 33% [28%-39%] of all quotations. There was considerable heterogeneity with regard to citations received among the ten journals investigated. Conclusion: Non-English language general psychiatry journals contribute substantially to the body of research. However, recognition, and in particular recognition by the international research community is moderate.

Keywords: Authors, Bibliometric Analysis, Bibliometric Analysis, Brazil, Citation, Citations, Cohort, Cohort Study, Community, France, General, Heterogeneity, International, Italy, Journals, Journals As Topic, Language, Languages, Local, Mar, Medicine, Methods, Observational, Observational Studies, Papers, Periodicals, Psychiatry, Purpose, Research, Results, Science, Scientific Production, Sources, Volume, Web of Science

? Torres, U.S., Portela-Oliveira, E., Borgwardt, S. and Busatto, G.F. (2013), Structural brain changes associated with antipsychotic treatment in schizophrenia as revealed by voxel-based morphometric MRI: An activation likelihood estimation meta-analysis. *BMC Psychiatry*, **13**, Article Number: 342.

Full Text: [2013\BMC Psy13, 342.pdf](2013/BMC%20Psy13,%20342.pdf)

Abstract: Background: The results of multiple studies on the association between antipsychotic use and structural brain changes in schizophrenia have been assessed only in qualitative literature reviews to date. We aimed to perform a meta-analysis of voxel-based morphometry (VBM) studies on this association to quantitatively synthesize the findings of these studies. Methods: A systematic computerized literature search was carried out through MEDLINE/PubMed, EMBASE, ISI Web of Science, SCOPUS and PsycINFO databases aiming to identify all VBM studies addressing this question and meeting predetermined inclusion criteria. All studies reporting coordinates representing foci of structural brain changes associated with antipsychotic use were meta-analyzed by using the activation likelihood estimation technique, currently the most sophisticated and best-validated tool for voxel-wise meta-analysis of neuroimaging studies. Results: Ten studies (five cross-sectional and five longitudinal) met the inclusion criteria and comprised a total of 548 individuals (298 patients on antipsychotic drugs and 250 controls). Depending on the methodologies of the selected studies, the control groups included healthy subjects, drug-free patients, or the same patients evaluated repeatedly in longitudinal comparisons (i.e., serving as their own controls). A total of 102 foci associated with structural alterations were retrieved. The meta-analysis revealed seven clusters of areas with consistent structural brain changes in patients on antipsychotics compared to controls. The seven clusters included four areas of relative volumetric decrease in the left lateral temporal cortex [Brodmann area (BA) 20], left inferior frontal gyrus (BA 44), superior frontal gyrus extending to the left middle frontal gyrus (BA 6), and right rectal gyrus (BA 11), and three areas of relative volumetric increase in the left dorsal anterior cingulate cortex (BA 24), left ventral anterior cingulate cortex (BA 24) and right putamen. Conclusions: Our results identify the specific brain regions where possible associations between antipsychotic drug usage and structural brain changes in schizophrenia patients are more consistently reported. Additional longitudinal VBM studies including larger and more homogeneous samples of schizophrenia patients may be needed to further disentangle such alterations from those possibly linked to the intrinsic pathological progressive process in schizophrenia.

Keywords: 1st Episode Schizophrenia, 1st-Episode Schizophrenia, Activation, Anterior Cingulate Gyrus, Antipsychotics, Association, Brain, Changes, Control, Control Groups, Criteria, Databases, Drug, Drugs, Embase, Gray-Matter Volume, Grey-Matter, Groups, Intrinsic, ISI, ISI Web of Science, Literature, Literature Search, Longitudinal, Longitudinal Mri, Magnetic Resonance Imaging, Meta Analysis, Meta-Analysis, Metaanalysis, Methodologies, Methods, Morphometry, MRI, Naive Schizophrenia, Neuroimaging, Patients, Positron-Emission-Tomography, Psycinfo, Qualitative, Reporting, Results, Reviews, Right, Schizophrenia, Science, Scopus, Temporal, Treatment, Ventricular Enlargement, Voxel-Based Morphometry, Web of Science, White-Matter

? Su, L., Cai, Y.Y., Xu, Y.F., Dutt, A., Shi, S.X. and Bramon, E. (2014), Cerebral metabolism in major depressive disorder: A voxel-based meta-analysis of positron emission tomography studies. *BMC Psychiatry*, **14**, Article Number: 321

Full Text: [2014\BMC Psy14, 321.pdf](2014/BMC%20Psy14,%20321.pdf)

Abstract: Background: Major depressive disorder (MDD) is a common mental illness with high lifetime prevalence close to 20%. Positron emission tomography (PET) studies have reported decreased prefrontal, insular and limbic cerebral glucose metabolism in depressed patients compared with healthy controls. However, the literature has not always been consistent. To evaluate current evidence from PET studies, we conducted a voxel-based meta-analysis of cerebral metabolism in MDD. Method: Data were collected from databases including PubMed and Web of Science, with the last report up to April 2013. Voxel-based meta-analyses were performed using the revised activation likelihood estimation (ALE) software. Results: Ten whole-brain-based FDG-PET studies in MDD were included in the meta-analysis, comprising 188 MDD patients and 169 healthy controls. ALE analyses showed the brain metabolism in bilateral insula, left lentiform nucleus putamen and extra-nuclear, right caudate and cingulate gyrus were significantly decreased. However, the brain activity in right thalamus pulvinar and declive of posterior lobe, left culmen of vermis in anterior lobe were significantly increased in MDD patients. Conclusion: Our meta-analysis demonstrates the specific brain regions where possible dysfunctions are more consistently reported in MDD patients. Altered metabolism in insula, limbic system, basal ganglia, thalamus, and cerebellum and thus these regions are likely to play a key role in the pathophysiology of depression.

Keywords: Abnormalities, Activation, Activation Likelihood Estimation, Activity, Ale Metaanalysis, Analyses, Bilateral, Blood-Flow, Brain, Cerebellum, Cerebral, Cingulate Gyrus, Data, Databases, Depression, Emission, Evidence, Fmri, From, Glucose, Literature, Major Depressive Disorder, Mental Illness, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolism, Neural Activity, Nov, Pathophysiology, Patients, Pet, Positron Emission Tomography, Prevalence, Psychiatric-Disorders, Psychotherapy, Pubmed, Results, Right, Role, Science, Software, Web, Web Of Science, Working-Memory

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Full Text: [2014\BMC Psy14, 340.pdf](2014/BMC%20Psy14,%20340.pdf)

Abstract: Background: Current guidelines for treatment-resistant depression in adolescents remain inadequate. This study aimed to systematically review the management of treatment-resistant depression in adolescent patients. Methods: We conducted an electronic database search of PUBMED, EMBASE, Cochrane, Web of Science and PsycINFO for studies with adolescent treatment-resistant depression published up to January 2014. Treatment-resistant depression was defined as failure to respond to at least one course of psychological or pharmacological treatment for depression with an adequate dosage, duration, and appropriate compliance during the current illness episode. The Cochrane risk-of-bias method was used to assess the quality of randomized controlled trials. A meta-analysis of all active treatments was conducted. Results: Eight studies with 411 depressed adolescents that fit predetermined criteria investigated pharmacological treatments and psychotherapies. Six were open-label studies, and two were randomized controlled trials. The overall response rate for all active treatments investigated was 46% (95% CI 33 to 59; N = 411) with a moderately high degree of heterogeneity (I-2 = 76.1%, 95% CI = 47%-86%). When only the two randomized trials were included, the overall response rate of active treatment was 53% (95% CI = 38-67; N = 347). In these randomized trials, SSRI therapy plus CBT was significantly more effective than SSRI therapy alone, while amitriptyline was not more effective than placebo. Conclusions: Approximately half of the adolescents who presented with treatment-refractory depression responded to active treatment, which suggests that practitioners should remain persistent in managing these challenging cases. The combination of antidepressant medication and psychotherapy should be recommended for adolescents who present with treatment-resistant depression.

Keywords: Active, Adolescent, Adolescents, Adult-Onset Depression, Antidepressant, Augmentation, Care Glad-Pc, Cbt, Childhood-Onset, Compliance, Course, Criteria, Database, Depression, Disorder, Duration, Embase, Failure, Guidelines, Heterogeneity, Juvenile-Onset, Major Depression, Management, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, N, Nov, Patients, Placebo, Psychological, Psychotherapy, Psycinfo, Quality, Quality Of, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, Rating-Scale, Response, Results, Review, Science, Ssri, Systematic, Systematic Review, Therapy, Treatment, Treatment Resistant Depression, Treatment-Resistant Depression, Web, Web Of Science

? Igoumenou, A., Ebmeier, K., Roberts, N. and Fazel, S. (2014), Geographic trends of scientific output and citation practices in psychiatry. *BMC Psychiatry*, **14**, Article Number: 332.

Full Text: [2014\BMC Psy14, 332.pdf](2014/BMC%20Psy14,%20332.pdf)

Abstract: Background: Measures of research productivity are increasingly used to determine how research should be evaluated and funding decisions made. In psychiatry, citation patterns within and between countries are not known, and whether these differ by choice of citation metric. Method: In this study, we examined publication characteristics and citation practices in articles published in 50 Web of Science indexed psychiatric and relevant clinical neurosciences journals, between January 2004 and December 2009 comprising 51,072 records that produced 375,962 citations. We compared citation patterns, including self-citations, between countries using standard x(2) tests. Results: We found that most publications came from the USA, with Germany being second and UK third in productivity. USA articles received most citations and the highest citation rate with an average 11.5 citations per article. The UK received the second highest absolute number of citations, but came fourth by citation rate (9.7 citations/article), after the Netherlands (11.4 citations/article) and Canada (9.8 citations/article). Within the USA, Harvard University published most articles and these articles were the most cited, on average 20.0 citations per paper. In Europe, UK institutions published and were cited most often. The Institute of Psychiatry/Kings College London was the leading institution in terms of number of published records and overall citations, while Oxford University had the highest citation rate (18.5 citations/record). There were no differences between the self-citation practices of American and European researchers. Articles that examined some aspect of treatment in psychiatry were the most published. In terms of diagnosis, papers about schizophrenia-spectrum disorders were the most published and the most cited. Conclusions: We found large differences between and within countries in terms of their research productivity in psychiatry and clinical neuroscience. In addition, the ranking of countries and institutions differed widely by whether productivity was assessed by total research records published, overall citations these received, or citations per paper. The choice of measures of scientific output could be important in determining how research output translates into decisions about resource allocation.

Keywords: Allocation, Article, Articles, Bibliometric Analysis, Canada, Characteristics, Choice, Citation, Citation Metric, Citation Patterns, Citation Practices, Citations, Clinical, Diagnosis, Europe, Field, From, Funding, Germany, Google-Scholar, Harvard University, Impact, Index, Institutions, Journals, Measures, Mental-Health Research, Most Cited, Neuroscience, Neurosciences, Oxford University, Papers, Practices, Productivity, Psychiatry, Publication, Publications, Ranking, Records, Research, Research Output, Research Productivity, Researchers, Resource Allocation, Results, Schizophrenia Spectrum Disorders, Science, Scientific Output, Scopus, Self-Citation, Self-Citations, Standard, The Netherlands, Treatment, Trends, UK, University, USA, Web, Web Of Science

? Baller, J.B., McGinty, E.E., Azrin, S.T., Juliano-Bult, D. and Daumit, G.L. (2015), Screening for cardiovascular risk factors in adults with serious mental illness: A review of the evidence. *BMC Psychiatry*, **15**, Article Number: 55.

Full Text: [2015\BMC Psy15, 55.pdf](2015/BMC%20Psy15,%2055.pdf)

Abstract: Background: Adults with serious mental illness have a mortality rate two to three times higher than the overall US population, much of which is due to somatic conditions, especially cardiovascular disease. Given the disproportionately high prevalence of cardiovascular risk factors in the population with SMI, screening for these conditions is an important first step for timely diagnosis and appropriate treatment. This comprehensive literature review summarizes screening rates for cardiovascular risk factors in the population with serious mental illness. Methods: Relevant articles published between 2000 and 2013 were identified using the EMBASE, PsychInfo, PubMed, SCOPUS and Web of Science databases. We reviewed 10 studies measuring screening rates for obesity, diabetes, dyslipidemia, and hypertension in the population with serious mental illness. Two reviewers independently extracted information on screening rates, study population, and study setting. Results: Rates of screening varied considerably by time period, study population, and data source for all medical conditions. For example, rates of lipid testing for antipsychotic users ranged from 6% to 85%. For some conditions, rates of screening were consistently high. For example, screening rates for hypertension ranged from 79% - 88%. Conclusions: There is considerable variation in screening of cardiovascular risk factors in the population with serious mental illness, with significant need for improvement in some study populations and settings. Implementation of standard screening protocols triggered by diagnosis of serious mental illness or antipsychotic use may be promising avenues for ensuring timely diagnosis and treatment of cardiovascular risk factors in this population.

Keywords: 2nd-Generation Antipsychotic-Drugs, Adults, Antipsychotic, Articles, Cardiovascular, Cardiovascular Disease, Cardiovascular Risk, Community Psychiatric-Services, Data, Databases, Decision-Support-Systems, Diabetes, Diagnosis, Disease, Embase, Evidence, Factors, First, From, Health-Care, Hypertension, Implementation, Improvement, Information, Lipid, Literature, Literature Review, Mar, Medical, Medical-Care, Mental Illness, Metabolic Syndrome, Methods, Mortality, Mortality Rate, Obesity, Population, Populations, Prevalence, Protocols, Pubmed, Quality-Of-Care, Rates, Results, Review, Reviewers, Risk, Risk Factors, Schizophrenia, Science, Scopus, Screening, Serious Mental Illness, Source, Standard, Testing, Time Period, Treatment, United-States, Us, Web, Web Of Science, Web Of Science Databases

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: Impact Factor

? López-Abente, G. and Muñoz-Tinoco, C. (2005), Time trends in the impact factor of Public Health journals. *BMC Public Health*, **5**, Article Number: 24.

Full Text: [2005\BMC Pub Hea5, 24.pdf](2005/BMC%20Pub%20Hea5,%2024.pdf)

Abstract: Background: Journal impact factor (IF) is linked to the probability of a paper being cited and is progressively becoming incorporated into researchers’ curricula vitae. Furthermore, the decision as to which journal a given study should be submitted, may well be based on the trend in the journal’s overall quality. This study sought to assess time trends in journal IF in the field of public, environmental and occupational health.

Methods: We used the IFs of 80 public health journals that were registered by the Science Citation Index from 1992 through 2003 and had been listed for a minimum period of the previous 3 years. Impact factor time trends were assessed using a linear regression model, in which the dependent variable was IF and the independent variable, the year. The slope of the model and its statistical significance were taken as the indicator of annual change.

Results: the IF range for the journals covered went from 0.18 to 5.2 in 2003. Although there was no statistical association between annual change and mean IF, most of the fastest growing journals registered mean IFs in excess of 1.5, and some represented emerging areas of public health research. Graphs displaying IF trends are shown.

Conclusion: In view of the delay between the publication of IFs and that of any given paper, knowing the trend in IF is essential in order to make a correct choice of journal.

? Latthe, P., Latthe, M., Say, L., Gulmezoglu, M. and Khan, K.S. (2006), WHO systematic review of prevalence of chronic pelvic pain: A neglected reproductive health morbidity. *BMC Public Health*, **6**, Article Number: 177.

Full Text: [2006\BMC Pub Hea6, 177.pdf](2006/BMC%20Pub%20Hea6,%20177.pdf)

Abstract: Background: Health care planning for chronic pelvic pain (CPP), an important cause of morbidity amongst women is hampered due to lack of clear collated summaries of its basic epidemiological data. We systematically reviewed worldwide literature on the prevalence of different types of CPP to assess the geographical distribution of data, and to explore sources of variation in its estimates. Methods: We identified data available from MEDLINE (1966 to 2004), Embase (1980 to 2004), PsycINFO (1887 to 2003), LILACS (1982 to 2004), Science Citation index, CINAHL (January 1980 to 2004) and hand searching of reference lists. Two reviewers extracted data independently, using a piloted form, on participants’ characteristics, study quality and rates of CPP. We considered a study to be of high quality (valid) if had at least three of the following features: prospective design, validated measurement tool, adequate sampling method, sample size estimation and response rate > 80%. We performed both univariate and multivariate meta-regression analysis to explore heterogeneity of results across studies. Results: There were 178 studies (459975 participants) in 148 articles. of these, 106 studies were (124259 participants) on dysmenorrhoea, 54 (35973 participants) on dyspareunia and 18 (301756 participants) on noncyclical pain. There were only 19/95 (20%) less developed and 1/45 (2.2%) least developed countries with relevant data in contrast to 22/43 (51.2%) developed countries. Metaregression analysis showed that rates of pain varied according to study quality features. There were 40 (22.5%) high quality studies with representative samples. Amongst them, the rate of dysmenorrhoea was 16.8 to 81%, that of dyspareunia was 8 to 21.8%, and that for noncyclical pain was 2.1 to 24%. Conclusion: There were few valid population based estimates of disease burden due to CPP from less developed countries. The variation in rates of CPP worldwide was due to variable study quality. Where valid data were available, a high disease burden of all types of pelvic pain was found.

Keywords: Citation, Community, Dysmenorrhea, Endometriosis, Epidemiology, Heterogeneity, Literature, Menstrual Symptoms, Metaanalysis, Middle-Aged Women, Primary-Care, Young-Women

? Pavlin, N.L., Gunn, J.M., Parker, R., Fairley, C.K. and Hocking, J. (2006), Implementing chlamydia screening: What do women think? A systematic review of the literature. *BMC Public Health*, **6**, Article Number: 221.

Full Text: [2006\BMC Pub Hea6, 221.pdf](2006/BMC%20Pub%20Hea6,%20221.pdf)

Abstract: Background: Chlamydia trachomatis is a common sexually transmitted infection that can have serious consequences. It is universally agreed that screening for chlamydia infection should be offered to sexually active young women. We undertook a literature review to document the views, attitudes and opinions of women about being screened, tested and diagnosed with Chlamydia trachomatis. Methods: Online databases (MEDLINE, Meditext, PsycINFO, Web of Science) and reference lists searched up to August 2005. Search terms: chlamydia, attitude, attitude to health, interview, qualitative, women. Eligibility criteria: about chlamydia, included women, involved interviews/surveys/focus groups, looked at women’s views/opinions/attitudes, published in English. Thematic analysis identified the main and recurrent themes emerging from the literature. We compared our thematic analysis with the Theory of Planned Behaviour to provide a model that could assist in planning chlamydia screening programs. Results: From 561 identified articles, 25 fulfilled inclusion criteria and were reviewed. 22: USA, UK; 3: Holland, Sweden, Australia. Major themes identified: need for knowledge and information, choice and support; concerns about confidentiality, cost, fear, anxiety and stigma. Women are more likely to find chlamydia screening/testing acceptable if they think chlamydia is a serious, common condition which can cause infertility and if they understand that chlamydia infection can be asymptomatic. Women want a range of options for chlamydia testing including urine tests, self-administered swabs, pelvic exams and clinician-collected swabs, home-testing and community-based testing. Tests should be free, easy and quick. Women want support for dealing with the implications of a chlamydia diagnosis, they feel chlamydia diagnoses need to be normalised and destigmatised and they want assistance with partner notification. Women need to know that their confidentiality will be maintained. Conclusion: Our review found that women from various countries and ethnic backgrounds share similar views regarding chlamydia screening, testing and diagnosis. The acknowledged importance of women’s views in planning an effective chlamydia screening program is expanded in this review which details the nature and complexity of such views and considers their likely impact.

Keywords: Acceptability, Analysis, Anxiety, Attitude, Behaviour, Databases, Diagnosis, Family-Planning Clinics, Genital-Infection, Gonorrhea, Health, Impact, Infection, Information, Knowledge, Life-Styles, Literature, Literature Review, MEDLINE, Methods, Model, Review, Science, Screening, Sexual Attitudes, Systematic, Systematic Review, Theory, Trachomatis Infections, UK, Urine, Web of Science, Women, Young-Women

? Sanz-Casado, E., Pau, M.R.S., Suárez-Balseiro, C.A., Iribarren-Maestro, I. and de Pedro-Cuesta, J. (2006), Trends in scientific activity addressing transmissible spongiform encephalopathies: A bibliometric study covering the period 1973–2002. *BMC Public Health*, **6**, Article Number: 245.

Full Text: [2006\BMC Pub Hea6, 245.pdf](2006/BMC%20Pub%20Hea6,%20245.pdf)

Abstract: Background

The purpose of this study is to analyse the trends in scientific research on transmissible spongiform encephalopathies by applying bibliometric tools to the scientific literature published between 1973 and 2002.

Methods

The data for the study were obtained from MEDLINE database, in order to determine the volume of scientific output in the above period, the countries involved, the type of document and the trends in the subject matters addressed. The period 1973–2002 was divided in three sub-periods.

Results

We observed a significant growth in scientific production. The percentage of increase is 871.7 from 1973 to 2002. This is more evident since 1991 and particularly in the 1996–2001 period. The countries found to have the highest output were the United States, the United Kingdom, Japan, France and Germany. The evolution in the subject matters was almost constant in the three sub-periods in which the study was divided. In the first and second sub-periods, the subject matters of greatest interest were more general, i.e Nervous system or Nervous system diseases, Creutzfeldt-Jakob disease, Scrapie, and Chemicals and Drugs, but in the last sub-period, some changes were observed because the Prion-related matters had the greatest presence.

Collaboration among authors is small from 1973 to 1992, but increases notably in the third sub-period, and also the number of authors and clusters formed. Some of the authors, like Gajdusek or Prusiner, appear in the whole period.

Conclusion

The study reveals a very high increase in scientific production. It is related also with the beginnings of research on bovine spongiform encephalopathy and variant Creutzfeldt-Jakob disease, with the establishment of progressive collaboration relationships and a reflection of public health concerns about this problem.

Keywords: Activity, Bibliometric Study, Bovine, Clusters, Collaboration, Databases, Disease, Diseases, Evolution, France, General, Germany, Growth, Health, Japan, Output, Production, Public Health, Research, Scientific Production, Tools, Trends, United Kingdom, United States

? Soteriades, E.S. and Falagas, M.E. (2006), A bibliometric analysis in the fields of preventive medicine, occupational and environmental medicine, epidemiology, and public health. *BMC Public Health*, **6**, Article Number: 301.

Full Text: [2006\BMC Pub Hea6, 301.pdf](2006/BMC%20Pub%20Hea6,%20301.pdf)

ABSTRACT: BACKGROUND: Research in the fields of Preventive Medicine, Occupational / Environmental Medicine, Epidemiology and Public Health play an important role in the advancement of knowledge. In order to map the research production around the world we performed a bibliometric analysis in the above fields. METHODS: All articles published by different world regions in the above mentioned scientific fields and cited in the Journal Citation Reports (JCR) database of the Institute for Scientific Information (ISI) during the period 1995 and 2003, were evaluated. The research production of different world regions was adjusted for: a) the gross domestic product in 1995 US dollars, and b) the population size of each region. RESULTS: A total of 48,861 articles were retrieved and categorized. The USA led the research production in all three subcategories. The percentage of articles published by USA researchers was 43%, 44% and 61% in the Preventive Medicine, Epidemiology, and Public Health subcategories, respectively. Canada and Western Europe shared the second position in the first two subcategories, while Oceania researchers ranked second in the field of Public Health. CONCLUSIONS: USA researchers maintain a leadership position in the production of scientific articles in the fields of Preventive Medicine, Occupational / Environmental Medicine and Epidemiology, at a level similar to other scientific disciplines, while USA contribution to science in the field of Public Health is by all means outstanding. Less developed regions would need to support their researchers in the above fields in order to improve scientific production and advancement of knowledge in their countries.

Keywords: Analysis, Articles, Bibliometric, Bibliometric Analysis, Canada, DEC, Diseases, Environmental, Environmental Medicine, Epidemiology, Europe, Health, Impact-Factor, Institute for Scientific Information, Interventions, ISI, Journal Citation Reports, Journals, Knowledge, Leadership, Medicine, Occupational, Order, Population, Position, Preventive Medicine, Production, Public Health, Research, Role, Science, Scientific Production, Size, Support, Trend, US, USA

? Patra, J., Taylor, B., Irving, H., Roerecke, M., Baliunas, D., Mohapatra, S. and Rehm, J. (2010), Alcohol consumption and the risk of morbidity and mortality for different stroke types: A systematic review and meta-analysis. *BMC Public Health*, **10**, Article Number: 258.

Full Text: [2010\BMC Pub Hea10, 258.pdf](2010/BMC%20Pub%20Hea10,%20258.pdf)

Abstract: Background: Observational studies have suggested a complex relationship between alcohol consumption and stroke, dependent on sex, type of stroke and outcome (morbidity vs. mortality). We undertook a systematic review and a meta-analysis of studies assessing the association between levels of average alcohol consumption and relative risks of ischemic and hemorrhagic strokes separately by sex and outcome. This meta-analysis is the first to explicitly separate morbidity and mortality of alcohol-attributable stroke and thus has implications for public health and prevention. Methods: Using Medical Subject Headings (alcohol drinking, ethanol, cerebrovascular accident, cerebrovascular disorders, and intracranial embolism and thrombosis and the key word stroke), a literature search of MEDLINE, EMBASE, CINAHL, CABS, WHOlist, SIGLE, ETOH, and Web of Science databases between 1980 to June 2009 was performed followed by manual searches of bibliographies of key retrieved articles. From twenty-six observational studies (cohort or case-control) with ischemic or hemorrhagic strokes the relative risk or odds ratios or hazard ratios of stroke associated with alcohol consumption were reported; alcohol consumption was quantified; and life time abstention (manually estimated where data for current abstainers were given) was used as the reference group. Two reviewers independently extracted the information on study design, participant characteristics, level of alcohol consumption, stroke outcome, control for potential confounding factors, risk estimates and key criteria of study quality using a standardized protocol. Results: the dose-response relationship for hemorrhagic stroke had monotonically increasing risk for increasing consumption, whereas ischemic stroke showed a curvilinear relationship, with a protective effect of alcohol for low to moderate consumption, and increased risk for higher exposure. For more than 3 drinks on average/day, in general women had higher risks than men, and the risks for mortality were higher compared to the risks for morbidity. Conclusions: These results indicate that heavy alcohol consumption increases the relative risk of any stroke while light or moderate alcohol consumption may be protective against ischemic stroke. Preventive measures that should be initiated are discussed.

Keywords: Alcohol, Alcohol Consumption, Alcohol Drinking, British Men, Cerebrovascular Disorders, Cerebrovascular-Disease, Cigarette-Smoking, Computed-Tomography, Confounding, Control, Coronary-Heart-Disease, Databases, Dose-Response, Drinking, EMBASE, Ethanol, Follow-Up, Information, Ischemic-Stroke, Japanese Men, Literature, MEDLINE, Meta-Analysis, Methods, Morbidity, Mortality, Observational Studies, Outcome, Prevention, Protocol, Public Health, Relative Risk, Review, Risk, Science, Stroke, Subarachnoid Hemorrhage, Systematic, Systematic Review, Thrombosis, Web of Science, Women

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Full Text: [2010\BMC Pub Hea10, 317.pdf](2010/BMC%20Pub%20Hea10,%20317.pdf)

Abstract: Background: the Brazilian response towards AIDS epidemic is well known, but the absence of a systematic review of vulnerable populations ? men who have sex with men (MSM), female sex workers (FSW), and drug users (DU) remains a main gap in the available literature. Our goal was to conduct a systematic review and meta-analysis of studies assessing HIV prevalence among MSM, FSW and DU, calculating a combined pooled prevalence and summarizing factors associated the pooled prevalence for each group. Methods: Nine electronic databases (MEDLINE via PUBMED, EMBASE, Cochrane CENTRAL, AIDSLINE, AMED, CINAHL, TOXNET, SciELO, and ISI-Web of Science) were searched for peer-reviewed papers published in English, French, Spanish or Portuguese, from 1999 to 2009. To be included in the review, studies had to measure HIV prevalence and/or incidence as the primary outcome among at least one specific population under analysis. Results: the studies targeting the three populations analyzed mostly young participants aged 30 years or less. Among FSW, eight studies were selected (3,625 participants), consistently identifying higher condom use with sexual clients than with occasional and stable partners. The combined HIV prevalence for FSW was 6.2 (95% CI: 4.4-8.3). Ten studies targeting MSM were identified (6,475 participants). Unprotected anal intercourse was commonly reported on those studies, but with great variability according to the nature of the relationship - stable vs. occasional sex partners - and sexual practice - receptive vs. insertive anal sex. Pooled HIV prevalence for MSM was 13.6 (95% CI: 8.2-20.2). Twenty nine studies targeting DU were identified (13,063 participants). Those studies consistently identified injection drug use and syringe/needle sharing as key predictors of HIV-infection, as well as engagement in sex work and male-to-male sex. The combined HIV prevalence across studies targeting DU was 23.1 (95% CI: 16.7-30.2). Conclusions: FSW, MSM and DU from Brazil have a much risk of acquiring HIV infection compared to the general population, among which HIV prevalence has been relatively low (similar to 0.6%). Those vulnerable populations should be targeted by focused prevention strategies that provide accurate information, counseling and testing, as well as concrete means to foster behavior change (e. g. access to condoms, drug abuse treatment, and clean syringes in the case of active injecting drug users), tailored to gender and culture-specific needs. Programs that provide these services need to be implemented on public health services throughout the country, in order to decrease the vulnerability of those populations to HIV infection.

Keywords: Aged, Aid, Aids, Analysis, Belo-Horizonte, Brazil, Cocaine Users, Cochrane, Consort Statement, Databases, Drug, Drug Use, EMBASE, Gender, Genetic Diversity, Health Services, Hiv, Infection, Information, Literature, MEDLINE, Meta Analysis, Meta-Analysis, Methods, Outcome, Papers, Porto-Alegre, Practice, Prevalence, Prevention, Primary, Project Horizonte, Public Health, PUBMED, Randomized Trials, Review, Rio-De-Janeiro, Risk, Risk-Factors, Sao-Paulo, Scielo, Science, Systematic, Systematic Review, Treatment, Variability, Vulnerability, Vulnerable Populations

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Full Text: [2010\BMC Pub Hea10, 331.pdf](2010/BMC%20Pub%20Hea10,%20331.pdf)

Abstract: Background: Vitamin D supplementation for fracture prevention is widespread despite conflicting interpretation of relevant randomised controlled trial (RCT) evidence. This study summarises quantitatively the current evidence from RCTs and observational studies regarding vitamin D, parathyroid hormone (PTH) and hip fracture risk. Methods: We undertook separate meta-analyses of RCTs examining vitamin D supplementation and hip fracture, and observational studies of serum vitamin D status (25-hydroxyvitamin D (25(OH)D) level), PTH and hip fracture. Results from RCTs were combined using the reported hazard ratios/relative risks (RR). Results from case-control studies were combined using the ratio of 25(OH)D and PTH measurements of hip fracture cases compared with controls. Original published studies of vitamin D, PTH and hip fracture were identified through PUBMED and Web of Science databases, searches of reference lists and forward citations of key papers. Results: the seven eligible RCTs identified showed no significant difference in hip fracture risk in those randomised to cholecalciferol or ergocalciferol supplementation versus placebo/control (RR = 1.13[95% CI 0.98-1.29]; 801 cases), with no significant difference between trials of <800 IU/day and >= 800 IU/day. The 17 identified case-control studies found 33% lower serum 25(OH)D levels in cases compared to controls, based on 1903 cases. This difference was significantly greater in studies with population-based compared to hospital-based controls (X(1)(2) (heterogeneity) = 51.02, p < 0.001) and significant heterogeneity was present overall (X(16)(2) (heterogeneity) = 137.9, p < 0.001). Serum PTH levels in hip fracture cases did not differ significantly from controls, based on ten case-control studies with 905 cases (X(9)(2) (heterogeneity) = 149.68, p < 0.001). Conclusions: Neither higher nor lower dose vitamin D supplementation prevented hip fracture. Randomised and observational data on vitamin D and hip fracture appear to differ. The reason for this is unclear; one possible explanation is uncontrolled confounding in observational studies. Post-fracture PTH levels are unrelated to hip fracture risk.

Keywords: Beta-Carotene, Breast-Cancer Risk, Case-Control Studies, Citations, Confounding, D-Binding Protein, Databases, Double-Blind, Elderly Control Subjects, Femoral-Neck, Fracture, Interpretation, Meta-Analysis, Methods, Multiple-Sclerosis, Observational Studies, Papers, Parathyroid-Hormone, Placebo-Controlled Trial, Prevention, PUBMED, Randomised Controlled Trial, Ratio, Review, Risk, Science, Secondary Hyperparathyroidism, Systematic, Systematic Review, Vitamin D, Web of Science

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Full Text: [2010\BMC Pub Hea10, 415.pdf](2010/BMC%20Pub%20Hea10,%20415.pdf)

Abstract: Background: the primary objective was to systematically review the medical literature for instruments validated for use in epidemiological and clinical research on waterpipe smoking. Methods: We searched the following databases: MEDLINE, EMBASE, and ISI the Web of Science. We selected studies using a two-stage duplicate and independent screening process. We included papers reporting on the development and/or validation of survey instruments to measure waterpipe tobacco consumption or related concepts. Two reviewers used a standardized and pilot tested data abstraction form to collect data from each eligible study using a duplicate and independent screening process. We also determined the percentage of observational studies assessing the health effects of waterpipe tobacco smoking and the percentage of studies of prevalence of waterpipe tobacco smoking that have used validated survey instruments. Results: We identified a total of five survey instruments. One instrument was designed to measure knowledge, attitudes, and waterpipe use among pregnant women and was shown to have internal consistency and content validity. Three instruments were designed to measure waterpipe tobacco consumption, two of which were reported to have face validity. The fifth instrument was designed to measure waterpipe dependence and was rigorously developed and validated. One of the studies of prevalence and none of the studies of health effects of waterpipe smoking used validated instruments. Conclusions: A number of instruments for measuring the use of and dependence on waterpipe smoking exist. Future research should study content validity and cross cultural adaptation of these instruments.

Keywords: Adaptation, Clinical Research, Cross-Cultural Adaptation, Databases, Development, EMBASE, Face, ISI, Knowledge, Lebanon, Literature, Medical, MEDLINE, Methods, Observational Studies, Papers, Prevalence, Primary, Questionnaire, Research, Review, Science, Screening, Smoking, Survey, Systematic, Systematic Review, Tobacco, Validation, Validity, Web of Science, Women

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Full Text: [2011\BMC Pub Hea11, 244.pdf](2011/BMC%20Pub%20Hea11,%20244.pdf)

Abstract: Background: the objective of this study was to systematically review the medical literature for the prevalence of waterpipe tobacco use among the general and specific populations. Methods: We electronically searched MEDLINE, EMBASE, and the ISI the Web of Science. We selected studies using a two-stage duplicate and independent screening process. We included cohort studies and cross sectional studies assessing the prevalence of use of waterpipe in either the general population or a specific population of interest. Two reviewers used a standardized and pilot tested form to collect data from each eligible study using a duplicate and independent screening process. We stratified the data analysis by country and by age group. The study was not restricted to a specific context. Results: of a total of 38 studies, only 4 were national surveys; the rest assessed specific populations. The highest prevalence of current waterpipe smoking was among school students across countries: the United States, especially among Arab Americans (12%-15%) the Arabic Gulf region (9%-16%), Estonia (21%), and Lebanon (25%). Similarly, the prevalence of current waterpipe smoking among university students was high in the Arabic Gulf region (6%), The United Kingdom (8%), The United States (10%), Syria (15%), Lebanon (28%), and Pakistan (33%). The prevalence of current waterpipe smoking among adults was the following: Pakistan (6%), Arabic Gulf region (4%-12%), Australia (11% in Arab speaking adults), Syria (9%-12%), and Lebanon (15%). Group waterpipe smoking was high in Lebanon (5%), and Egypt (11%-15%). In Lebanon, 5%-6% pregnant women reported smoking waterpipe during pregnancy. The studies were all cross-sectional and varied by how they reported waterpipe smoking. Conclusion: While very few national surveys have been conducted, the prevalence of waterpipe smoking appears to be alarmingly high among school students and university students in Middle Eastern countries and among groups of Middle Eastern descent in Western countries.

Keywords: Adults, Analysis, Arab, Attitudes, Beirut, Cigarette-Smoking, Cohort Studies, EMBASE, Hepatitis-C, Interest, ISI, Lebanon, Literature, Medical, MEDLINE, Methods, Pakistan, Pregnancy, Prevalence, Review, Risk-Factors, School-Students, Science, Screening, Smoking, Students, Syria, Systematic, Systematic Review, Tobacco, United Kingdom, University, University-Students, Web of Science, Women

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Full Text: [2011\BMC Pub Hea11, 453.pdf](2011/BMC%20Pub%20Hea11,%20453.pdf)

Abstract: Background: Schools may have important effects on students’ and staff’s health. Rather than treating schools merely as sites for health education, ‘school-environment’ interventions treat schools as settings which influence health. Evidence concerning the effects of such interventions has not been recently synthesised. Methods/design: Systematic review aiming to map and synthesise evidence on what theories and conceptual frameworks are most commonly used to inform school-environment interventions or explain school-level influences on health; what effects school-environment interventions have on health/health inequalities; how feasible and acceptable are school-environment interventions; what effects other school-level factors have on health; and through what processes school-level influences affect health. We will examine interventions aiming to promote health by modifying schools’ physical, social or cultural environment via actions focused on school policies and practices relating to education, pastoral care and other aspects of schools beyond merely providing health education. Participants are staff and students age 4-18 years. We will review published research unrestricted by language, year or source. Searching will involve electronic databases including Embase, ERIC, PUBMED, PsycInfo and Social Science Citation Index using natural-language phrases plus reference/citation checking. Stage 1 will map studies descriptively by focus and methods. Stage 2 will involve additional inclusion criteria, quality assessment and data extraction undertaken by two reviewers in parallel. Evidence will be synthesised narratively and statistically where appropriate (undertaking subgroup analyses and meta-regression and where no significant heterogeneity of effect sizes is found, pooling these to calculate a final effect size). Discussion: We anticipate: finding a large number of studies missed by previous reviews; that non-intervention studies of school effects examine a greater breadth of determinants than are addressed by intervention studies; and that intervention effect estimates are greater than for school-based health curriculum interventions without school-environment components.

Keywords: Assessment, Behavioral Interventions, Citation, Databases, Education, Environment, Health Education, Implementation, Interventions, Metaanalysis, Policies, Prevention, PUBMED, Randomized Controlled-Trials, Research, Review, Schools, Science Citation Index, Students, Systematic Review

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Full Text: [2011\BMC Pub Hea11, 838.pdf](2011/BMC%20Pub%20Hea11,%20838.pdf)

Abstract: Background: Posttraumatic stress disorder acquired at work can be debilitating both for workers and their employers. The disorder can result in increased sick leave, reduced productivity, and even unemployment. Furthermore, workers are especially unlikely to return to their previous place of employment after a traumatic incident at work because of the traumatic memories and symptoms of avoidance that typically accompany the disorder. Therefore, intervening in work-related PTSD becomes especially important in order to get workers back to the workplace. Methods: A systematic literature search was conducted using MEDLINE, PsycINFO, Embase, and Web of Science. The articles were independently screened based on inclusion and exclusion criteria, followed by a quality assessment of all included articles. Results: the systematic search identified seven articles for inclusion in the review. These consisted of six research articles and one systematic review. The review focused specifically on interventions using real exposure techniques for anxiety disorders in the workplace. In the research articles addressed in the current review, study populations included police officers, public transportation workers, and employees injured at work. The studies examined the effectiveness of EMDR, cognitive-behavioural techniques, and an integrative therapy approach called brief eclectic psychotherapy. Interestingly, 2 of the 6 research articles addressed add-on treatments for workplace PTSD, which were designed to treat workers with PTSD who failed to respond to traditional evidence-based psychotherapy. Conclusions: Results of the current review suggest that work-related interventions show promise as effective strategies for promoting return to work in employees who acquired PTSD in the workplace. Further research is needed in this area to determine how different occupational groups with specific types of traumatic exposure might respond differently to work-tailored treatments.

Keywords: Anxiety, Anxiety Disorders, Assessment, Debilitating, Disorder, Effectiveness, Employment, Exposure, Eye-Movement Desensitization, Follow-up, Injury, Interventions, Literature, MEDLINE, Metaanalysis, Methods, Occupational, Outcomes, Posttraumatic Stress Disorder, Posttraumatic-Stress-Disorder, Productivity, Psychotherapy, PTSD, Quality, Research, Return to Work, Review, Science, Stress, Symptoms, Systematic, Systematic Review, Therapy, Traditional, Transportation, Trauma, Web of Science, Workplace

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Full Text: [2011\BMC Pub Hea11, 934.pdf](2011/BMC%20Pub%20Hea11,%20934.pdf)

Abstract: Background: More intervention research is needed, particularly ‘real world’ intervention replication and dissemination studies, to optimize improvements in health. This study assessed the proportion and type of published public health intervention research papers over time in physical activity and falls prevention, both important contributors to preventable morbidity and mortality. Methods: A keyword search was conducted, using MEDLINE and PsycINFO to locate publications in 1988-1989, 1998-1999, and 2008-2009 for the two topic areas. In stage 1, a random sample of 1200 publications per time period for both topics were categorized as: non-public health, non-data-based public health, or data-based public health. In stage 2 data-based public health articles were further classified as measurement, descriptive, etiological or intervention research. Finally, intervention papers were categorized as: efficacy, intervention replication or dissemination studies. Inter-rater reliability of paper classification was 88%. Results: Descriptive studies were the most common data-based papers across all time periods (1988-89; 19981999; 2008-2009) for both issues (physical activity: 47%; 54%; 65% and falls 75%; 64%; 63%), increasing significantly over time for physical activity. The proportion of intervention publications did not increase over time for physical activity comprising 23% across all time periods and fluctuated for falls across the time periods (10%; 21%; 17%). The proportion of intervention articles that were replication studies increased over the three time periods for physical activity (0%; 2%; 11%) and for falls (0%; 22%; 35%). Dissemination studies first appeared in the literature in 2008-2009, making up only 3% of physical activity and 7% of falls intervention studies. Conclusions: Intervention research studies remain only a modest proportion of all published studies in physical activity and falls prevention; the majority of the intervention studies, are efficacy studies although there is growing evidence of a move towards replication and dissemination studies, which may have greater potential for improving population health.

Keywords: Analysis, Articles, Bibliometric, Bibliometric Analysis, Classification, Efficacy, Evidence, Falls, First, Health, Health Research, Implementation Research, Intervention, Intervention Research, Intervention Studies, Limitations, Literature, Measurement, MEDLINE, Morbidity, Mortality, Papers, Physical, Physical Activity, Population, Potential, Prevention, Psycinfo, Public, Public Health, Public Health Intervention, Publications, Random Sample, Recommendations, Reliability, Replication, Research, Trials, World

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Full Text: [2012\BMC Pub Hea12, 542.pdf](2012/BMC%20Pub%20Hea12,%20542.pdf)

Abstract: Background: Recent terrorist attacks and natural disasters have led to an increased awareness of the importance of emergency planning. However, the extent to which emergency planners can access or use evidence remains unclear. The aim of this study was to identify, analyse and assess the location, source and quality of emergency planning publications in the academic and UK grey literature. Methods: We conducted a scoping review, using as data sources for academic literature Embase, MEDLINE, MEDLINE in Process, Psychinfo, Biosis, Science Citation Index, Cinahl, Cochrane library and Clinicaltrials.gov. For grey literature identification we used databases at the Health Protection Agency, NHS Evidence, British Association of Immediate Care Schemes, Emergency Planning College and the Health and Safety Executive, and the websites of UK Department of Health Emergency Planning Division and UK Resilience. Aggregative synthesis was used to analyse papers and documents against a framework based on a modified FEMA Emergency Planning cycle. Results: of 2736 titles identified from the academic literature, 1603 were relevant. 45% were from North America, 27% were commentaries or editorials and 22% were event reports. of 192 documents from the grey literature, 97 were relevant. 76% of these were event reports. The majority of documents addressed emergency planning and response. Very few documents related to hazard analysis, mitigation or capability assessment. Conclusions: Although a large body of literature exists, its validity and generalisability is unclear There is little evidence that this potential evidence base has been exploited through synthesis to inform policy and practice. The type and structure of evidence that would be of most value of emergency planners and policymakers has yet to be identified.

Keywords: Access, Analysis, Assessment, Citation, Data, Databases, Disaster, Disasters, Emergency, Emergency Planning, Evidence, Framework, Hazard, Identification, Literature, Location, Major Incident, Mitigation, Modified, Natural, North, North America, Papers, Planning, Policy, Potential, Practice, Publications, Quality, Quality Of, Recent, Review, Science, Science Citation Index, Source, Sources, Structure, Synthesis, UK, Validity, Value

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Full Text: [2012\BMC Pub Hea12, 442.pdf](2012/BMC%20Pub%20Hea12,%20442.pdf)

Abstract: Background: In highly populated African urban areas where access to clean water is a challenge, water source contamination is one of the most cited risk factors in a cholera epidemic. During the rainy season, where there is either no sewage disposal or working sewer system, runoff of rains follows the slopes and gets into the lower parts of towns where shallow wells could easily become contaminated by excretes. In cholera endemic areas, spatial information about topographical elevation could help to guide preventive interventions. This study aims to analyze the association between topographic elevation and the distribution of cholera cases in Harare during the cholera epidemic in 2008 and 2009. Methods: We developed an ecological study using secondary data. First, we described attack rates by suburb and then calculated rate ratios using whole Harare as reference. We illustrated the average elevation and cholera cases by suburbs using geographical information. Finally, we estimated a generalized linear mixed model (under the assumption of a Poisson distribution) with an Empirical Bayesian approach to model the relation between the risk of cholera and the elevation in meters in Harare. We used a random intercept to allow for spatial correlation of neighboring suburbs. Results: This study identifies a spatial pattern of the distribution of cholera cases in the Harare epidemic, characterized by a lower cholera risk in the highest elevation suburbs of Harare. The generalized linear mixed model showed that for each 100 meters of increase in the topographical elevation, the cholera risk was 30% lower with a rate ratio of 0.70 (95% confidence interval=0.66-0.76). Sensitivity analysis confirmed the risk reduction with an overall estimate of the rate ratio between 20% and 40%. Conclusion: This study highlights the importance of considering topographical elevation as a geographical and environmental risk factor in order to plan cholera preventive activities linked with water and sanitation in endemic areas. Furthermore, elevation information, among other risk factors, could help to spatially orientate cholera control interventions during an epidemic.

Keywords: Access, Africa, Aid, Analysis, Approach, Association, Bangladesh, Challenge, Cholera, Climate, Confidence, Contamination, Control, Correlation, Data, Disposal, Distribution, Endemic Cholera, Environmental, Environmental Risk, Epidemic, Information, Interventions, Linear Mixed Model, Model, Pattern, Rates, Reduction, Reference, Risk, Risk Factor, Risk Factors, Runoff, Sanitation, Season, Sensitivity Analysis, Sewage, Source, Spatial Analysis, Temperature, Urban, Urban Areas, Vibrio-Cholerae, Water, Wells, Zimbabwe

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Full Text: [2012\BMC Pub Hea12, 723.pdf](2012/BMC%20Pub%20Hea12,%20723.pdf)

Abstract: Background: General and preventive health checks are a key feature of contemporary policies of anticipatory care. Ensuring high and equitable uptake of such general health checks is essential to ensuring health gain and preventing health inequalities. This literature review explores the socio-demographic, clinical and social cognitive characteristics of those who do and do not engage with general health checks or preventive health checks for cardiovascular disease. Methods: An exploratory scoping study approach was employed. Databases searched included the British Nursing Index and Archive, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Database of Systematic Reviews (CDSR) and Database of Abstracts of Reviews of Effects (DARE), EMBASE, MEDLINE, PsycINFO and the Social Sciences Citation Index (SSCI). Titles and abstracts of 17463 papers were screened; 1171 papers were then independently assessed by two researchers. A review of full text was carried out by two of the authors resulting in 39 being included in the final review. Results: Those least likely to attend health checks were men on low incomes, low socio-economic status, unemployed or less well educated. In general, attenders were older than non-attenders. An individual’s marital status was found to affect attendance rates with non-attenders more likely to be single. In general, white individuals were more likely to engage with services than individuals from other ethnic backgrounds. Non-attenders had a greater proportion of cardiovascular risk factors than attenders, and smokers were less likely to attend than non-smokers. The relationship between health beliefs and health behaviours appeared complex. Non-attenders were shown to value health less strongly, have low self-efficacy, feel less in control of their health and be less likely to believe in the efficacy of health checks. Conclusion: Routine health check-ups appear to be taken up inequitably, with gender, age, socio-demographic status and ethnicity all associated with differential service use. Furthermore, non-attenders appeared to have greater clinical need or risk factors suggesting that differential uptake may lead to sub-optimal health gain and contribute to inequalities via the inverse care law. Appropriate service redesign and interventions to encourage increased uptake among these groups is required.

Keywords: Age, Approach, Authors, Beliefs, Cardiovascular, Cardiovascular Disease, Cardiovascular Risk-Factors, Care, Characteristics, Citation, Clinical, Clinical Need, Community, Control, Coronary-Heart-Disease, Disease, Efficacy, Ethnicity, Feature, Gender, General, Health, Health Checks, Inequalities, Interventions, Inverse Care Law, Invitation, Law, Lead, Literature, Literature Review, Marital Status, MEDLINE, Men, Nonattenders, Nonparticipation, Papers, Participation, Policies, Preventive Health, Preventive Services, Primary Care, Psycinfo, Public Health, Rates, Review, Risk, Risk Factors, Screening, Service, Services, Social, Social Sciences, Social Sciences Citation Index, Socioeconomic Status, SSCI, Uptake, Value

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Full Text: [2012\BMC Pub Hea12, 980.pdf](2012/BMC%20Pub%20Hea12,%20980.pdf)

Abstract: Background: Tuberculosis (TB) is known to disproportionately affect the most economically disadvantaged strata of society. Many studies have assessed the association between poverty and TB, but only a few have assessed the direct financial burden TB treatment and care can place on households. Patient costs can be particularly burdensome for TB-affected households in sub-Saharan Africa where poverty levels are high; these costs include the direct costs of medical and non-medical expenditures and the indirect costs of time utilizing healthcare or lost wages. In order to comprehensively assess the existing evidence on the costs that TB patients incur, we undertook a systematic review of the literature. Methods: PubMed, EMBASE, Science Citation Index, Social Science Citation Index, EconLit, Dissertation Abstracts, CINAHL, and Sociological Abstracts databases were searched, and 5,114 articles were identified. Articles were included in the final review if they contained a quantitative measure of direct or indirect patient costs for treatment or care for pulmonary TB in sub-Saharan Africa and were published from January 1, 1994 to Dec 31, 2010. Cost data were extracted from each study and converted to 2010 international dollars (I$). Results: Thirty articles met all of the inclusion criteria. Twenty-one studies reported both direct and indirect costs; eight studies reported only direct costs; and one study reported only indirect costs. Depending on type of costs, costs varied from less than I$1 to almost I$600 or from a small fraction of mean monthly income for average annual income earners to over 10 times average annual income for income earners in the income-poorest 20% of the population. Out of the eleven types of TB patient costs identified in this review, the costs for hospitalization, medication, transportation, and care in the private sector were largest. Conclusion: TB patients and households in sub-Saharan Africa often incurred high costs when utilizing TB treatment and care, both within and outside of Directly Observed Therapy Short-course (DOTS) programs. For many households, TB treatment and care-related costs were considered to be catastrophic because the patient costs incurred commonly amounted to 10% or more of per capita incomes in the countries where the primary studies included in this review were conducted. Our results suggest that policies to decrease direct and indirect TB patient costs are urgently needed to prevent poverty due to TB treatment and care for those affected by the disease.

Keywords: Africa, Articles, Association, Burden, Care, Care Facility Involvement, Citation, Community-Based Care, Costs, Criteria, Data, Databases, Disease, Economic Burden, Economic Impact, Embase, Evidence, Expenditures, Health-Care, Hospitalization, International, Literature, Measure, Medical, Nov, Out-Of-Pocket Costs, Patients, Policies, Population, Poverty, Primary, Private Sector, Pubmed, Pulmonary Tuberculosis, Quality-Of-Life, Results, Review, Risk-Factors, Rural Uganda, Science, Science Citation Index, Sector, Small, Social Determinants, Social Science Citation Index, Society, South-Africa, Sub-Saharan Africa, Systematic Review, Transportation, Treatment, Tuberculosis

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Full Text: [2013\BMC Pub Hea13, 95.pdf](2013/BMC%20Pub%20Hea13,%2095.pdf)

Abstract: Background: Type 2 Diabetes Mellitus (T2DM) has become a major public health challenge in India. Factors relevant to the development and implementation of diabetes prevention programmes in resource-constrained countries, such as India, have been under-studied. The purpose of this study is to describe the findings from research aimed at informing the development and evaluation of a Diabetes Prevention Programme in Kerala, India (K-DPP). Methods: Data were collected from three main sources: (1) a systematic review of key research literature; (2) a review of relevant policy documents; and (3) focus groups conducted among individuals with a high risk of progressing to diabetes. The key findings were then triangulated and synthesised. Results: Prevalence of risk factors for diabetes is very high and increasing in Kerala. This situation is largely attributable to rapid changes in the lifestyle of people living in this state of India. The findings from the systematic review and focus groups identified many environmental and personal determinants of these unhealthy lifestyle changes, including: less than ideal accessibility to and availability of health services; cultural values and norms; optimistic bias and other misconceptions related to risk; and low expectations regarding one’s ability to make lifestyle changes in order to influence health and disease outcomes. On the other hand, there are existing intervention trials conducted in India which suggests that risk reduction is possible. These programmes utilize multi-level strategies including mass media, as well as strategies to enhance community and individual empowerment. India’s national programme for the prevention and control of major non-communicable diseases (NCD) also provide a supportive environment for further community-based efforts to prevent diabetes. Conclusion: These findings provide strong support for undertaking more research into the conduct of community-based diabetes prevention in the rural areas of Kerala. We aim to develop, implement and evaluate a group-based peer support programme that will address cultural and family determinants of lifestyle risks, including family decision-making regarding adoption of healthy dietary and physical activity patterns. Furthermore, we believe that this approach will be feasible, acceptable and effective in these communities; with the potential for scale-up in other parts of India.

Keywords: Adoption, Approach, Assessment, Availability, Bias, Bibliometric Analysis, Challenge, Changes, Cigarette-Smoking, Community, Community Based, Complex Interventions, Control, Cost-Effectiveness, Cultural, Decision Making, Decision-Making, Development, Diabetes, Diabetes Mellitus, Diabetes Prevention, Disease, Diseases, Empowerment, Environment, Environmental, Evaluation, Expectations, Family, Focus Groups, Groups, Health, Health Services, Impaired Glucose-Tolerance, Implementation, Improve Health, India, Intervention, Literature, Living, Mass Media, Media, Needs, Needs Assessment, Noncommunicable Disease Research, Norms, Outcomes, Peer Support, Physical, Physical Activity, Physical-Activity, Planning, Policy, Potential, Pre-Diabetes, Prevent, Prevention, Prevention and Control, Programmes, Public, Public Health, Purpose, Real World Intervention, Real-World, Reduction, Research, Results, Review, Risk, Risk Factors, Risks, Rural, Rural Areas, Secular Trends, Services, Sources, State, Support, Systematic Review, Trial

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Full Text: [2013\BMC Pub Hea13, 541.pdf](2013/BMC%20Pub%20Hea13,%20541.pdf)

Abstract: Objective: Traffic crashes and related injuries are important causes of morbidity and mortality and impose insofar an important burden on public health. However, research in this area is often under-funded. The aim of this study was to analyse quantity, evolution and geographic distribution of traffic medicine-related research. This multi-sectorial field covers both transport and health care sectors. Design: A scientometric approach in combination with visualizing density equalizing mapping was used to analyse published data related to the field of traffic medicine between 1900 and 2008 within the “Web of Science” (WoS) database. Results: In total, 5,193 traffic medicine-associated items were produced between 1900 and 2008. The United States was found to have the highest research activity with a production of n = 2,330 published items, followed by Germany (n = 298) and Canada (n = 219). Cooperation analyses resulted in a peak of published multilateral cooperations in the year of 2003. The country with the highest multilateral activity was the USA. The average number of cited references per publication varied heavily over the last 20 years with a maximum of 27.67 in 1995 and a minimum of 15.08 in 1998. Also, a further in-depth analysis was performed with a focus solely on public health aspects which revealed similar trends. Conclusions: Summarizing the present data it can be stated traffic medicine-related research productivity grows annually. Also, an active networking between countries is present. The data of the present study may be used by scientific organisations in order to gain detailed information about research activities in this field which is extremely important for public health.

Keywords: Activity, Analyses, Analysis, Approach, Benchmarking, Bibliometric Analysis, Burden, Canada, Care, Country, Data, Database, Distribution, Environmental-Health, Evolution, Field, Germany, Health, Health Care, Information, Injuries, Mapping, Medicine, Minimum, Morbidity, Mortality, Occupational-Health, Productivity, Public, Public Health, Public-Health, Publication, Quality, Quantity, References, Research, Research Productivity, Results, Scientometric, Scientometric Analysis, Traffic, Traffic Medicine, Transport, Trends, United States, USA, Visualization, WoS

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Full Text: [2013\BMC Pub Hea13, 1127.pdf](2013/BMC%20Pub%20Hea13,%201127.pdf)

Abstract: Background: The UK Parliamentary Enquiry and USA Institute of Medicine state that lesbians may be at a higher risk of breast cancer but there is insufficient information. Lesbians and bisexual (LB) women have behavioural risk-factors at higher rates compared to heterosexuals such as increased alcohol intake and higher stress levels. Conversely, breast cancer rates are higher in more affluent women yet income levels in LB women are relatively low. This systematic review investigated all evidence on whether there is, or likely to be, higher rates of breast cancer in LB women. Methods: Cochrane library (CDSR, CENTRAL, HTA, DARE, NHSEED), MEDLINE, EMBASE, PsychINFO, CAB abstracts, Web of Science (SCI, SSCI), SIGLE and Social Care Online databases were searched to October 2013. Unpublished research and specific lesbian, gay and bisexual websites were checked, as were citation lists of relevant papers. Included were studies in LB populations reporting breast cancer incidence or prevalence rates, risk model results or risk-factor estimates. Inclusions, data-extraction and quality assessment were by two reviewers with disagreements resolved by discussion. Results: Searches found 198 references. No incidence rates were found. Nine studies gave prevalence estimates - two showed higher, four showed no differences, one showed mixed results depending on definitions, one had no comparison group and one gave no sample size. All studies were small with poor methodological and/or reporting quality. One incidence modelling study suggested a higher rate. Four risk modelling studies were found, one Rosner-Colditz and three Gail models. Three suggested higher and one lower rate in LB compared to heterosexual women. Six risk-factor estimates suggested higher risk and one no difference between LB and heterosexual women. Conclusions: The only realistic way to establish rates in LB women would be to collect sexual orientation within routine statistics, including cancer registry data, or from large cohort studies.

Keywords: Alcohol, Alcohol Intake, Assessment, Breast Cancer, Cab, Cancer, Citation, Cohort, Comparison, Data, Databases, Embase, Estimates, Evidence, Health, Heterosexual Women, HTA, Incidence, Information, Institute of Medicine, Lesbian, Medicine, Medline, Methods, Model, Modelling, Models, Online Databases, Papers, Populations, Prevalence, Quality, Rates, References, Registry, Reporting, Research, Results, Review, Risk, Risk Factor, Risk Factors, Risk Model, Sample Size, SCI, Science, Screening Behaviors, Sexual Orientation, Sexual Orientation, Size, Small, Ssci, State, Statistics, Stress, Systematic Review, UK, USA, Web of Science, Websites, Women

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Full Text: [2014\BMC Pub Hea14, 14.pdf](2014/BMC%20Pub%20Hea14,%2014.pdf)

Abstract: Background: A subgroup has emerged within the obese that do not display the typical metabolic disorders associated with obesity and are hypothesized to have lower risk of complications. The purpose of this review was to analyze the literature which has examined the burden of cardiovascular disease (CVD) and all-cause mortality in the metabolically healthy obese (MHO) population. Methods: Pubmed, Cochrane Library, and Web of Science were searched from their inception until December 2012. Studies were included which clearly defined the MHO group (using either insulin sensitivity and/or components of metabolic syndrome and obesity) and its association with either all cause mortality, CVD mortality, incident CVD, and/or subclinical CVD. Results: A total of 20 studies were identified; 15 cohort and 5 cross-sectional. Eight studies used the NCEP Adult Treatment Panel III definition of metabolic syndrome to define “metabolically healthy”, while another nine used insulin resistance. Seven studies assessed all-cause mortality, seven assessed CVD mortality, and nine assessed incident CVD. MHO was found to be significantly associated with all-cause mortality in two studies (30%), CVD mortality in one study (14%), and incident CVD in three studies (33%). of the six studies which examined subclinical disease, four (67%) showed significantly higher mean common carotid artery intima media thickness (CCA-IMT), coronary artery calcium (CAC), or other subclinical CVD markers in the MHO as compared to their MHNW counterparts. Conclusions: MHO is an important, emerging phenotype with a CVD risk between healthy, normal weight and unhealthy, obese individuals. Successful work towards a universally accepted definition of MHO would improve (and simplify) future studies and aid inter-study comparisons. Usefulness of a definition inclusive of insulin sensitivity and stricter criteria for metabolic syndrome components as well as the potential addition of markers of fatty liver and inflammation should be explored. Clinicians should be hesitant to reassure patients that the metabolically benign phenotype is safe, as increased risk cardiovascular disease and death have been shown.

Keywords: Adult, Artery, Association, BMI, Body-Mass Index, Burden, Calcium, Cardiovascular, Cardiovascular Disease, Cohort, Complications, Coronary Artery, Criteria, Death, Disease, Events, Fatty Liver-Disease, Fitness, Individuals, Inflammation, Insulin, Insulin Resistance, Insulin Sensitivity, Insulin-Resistance, Literature, Liver, Media, Metaanalysis, Methods, Mortality, Normal, Normal-Weight, Obese, Obesity, Patients, Population, Potential, Prognosis, Purpose, Resistance, Results, Review, Risk, Risk-Factors, Science, Sensitivity, Syndrome, Systematic Review, Treatment, Web of Science, Work

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Full Text: [2014\BMC Pub Hea13, 1234.pdf](2014/BMC%20Pub%20Hea13,%201234.pdf)

Abstract: Background: The past decade has witnessed a growing body of research on welfare state characteristics and health inequalities but the picture is, despite this, inconsistent. We aim to review this research by focusing on theoretical and methodological differences between studies that at least in part may lead to these mixed findings. Methods: Three reviews and relevant bibliographies were manually explored in order to find studies for the review. Related articles were searched for in PubMed, Web of Science and Google Scholar. Database searches were done in PubMed and Web of Science. The search period was restricted to 2005-01-01 to 2013-02-28. Fifty-four studies met the inclusion criteria. Results: Three main approaches to comparative welfare state research are identified; the Regime approach, the Institutional approach, and the Expenditure approach. The Regime approach is the most common and regardless of the empirical regime theory employed and the amendments made to these, results are diverse and contradictory. When stratifying studies according to other features, not much added clarity is achieved. The Institutional approach shows more consistent results; generous policies and benefits seem to be associated with health in a positive way for all people in a population, not only those who are directly affected or targeted. The Expenditure approach finds that social and health spending is associated with increased levels of health and smaller health inequalities in one way or another but the studies are few in numbers making it somewhat difficult to get coherent results. Conclusions: Based on earlier reviews and our results we suggest that future research should focus less on welfare regimes and health inequalities and more on a multitude of different types of studies, including larger analyses of social spending and social rights in various policy areas and how these are linked to health in different social strata. But, we also need more detailed evaluation of specific programmes or interventions, as well as more qualitative analyses of the experiences of different types of policies among the people and families that need to draw on the collective resources.

Keywords: Analyses, Approach, Benefits, Bibliographies, Characteristics, Criteria, Database, Evaluation, Families, Google, Google Scholar, Health, Inequalities, Interventions, Lead, Methods, Policies, Policy, Population, Programmes, Pubmed, Qualitative, Research, Resources, Results, Review, Reviews, Rights, Role, Science, Social, Social Rights, State, Theoretical, Theory, Web of Science, Welfare, Welfare State

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Full Text: [2014\BMC Pub Hea14, 20.pdf](2014/BMC%20Pub%20Hea14,%2020.pdf)

Abstract: Background: Railway suicide has significant adverse impacts for the victims, their family and friends, witnesses to the incident, general public and train network. There is no previous review on the socio-environmental factors and railway suicide. The research question asked in this review was: ‘What socio-environmental risk and protective predictors are significantly associated with railway suicide?’ Methods: The review searched Medline, PsycINFO, Web of Science and Scopus for English-language studies that assessed the associations between socio-environmental (i.e. geographical, physical, economic and social) factors and railway suicide from their inception to June 2013. It was reported based on the PRISMA Statement. Results: Eleven studies met the inclusion criteria. They were categorised into railway environments (availability of railways and trains, accessibility to railways and familiarity with trains), population characteristics and impact of media reporting. Findings from ecological studies using population level railway suicide data suggested weak and inconsistent evidence for the first two categories. The evidence on the impact of media reporting was moderately strong, with irresponsible media reporting being associated with an increased risk of railway suicide. Conclusions: There is a need for further research activity to strengthen evidence about socio-environmental risk factors for railway suicide. The focus of this research should be on the factors that determine individuals’ decisions of using the railway as a method of suicide, with the consideration of a range of geographical, physical, social, and economic factors.

Keywords: Access, Activity, Acts, Availability, Behavior, Characteristics, Criteria, Data, Economic, Epidemiology, Evidence, Family, First, General, Germany, Impact, Impacts, Media, Medline, Methods, Network, Physical, Population, Predictors, Prevention, Psycinfo, Public, Railway, Railway Suicide, Reporting, Research, Restriction, Results, Review, Risk, Risk Factors, Science, Scopus, Social, Subway, Suicide, Systematic Review, Train Suicides, Web of Science

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Full Text: [2014\BMC Pub Hea14, 205.pdf](2014/BMC%20Pub%20Hea14,%20205.pdf)

Abstract: Background: Over the past decade, growing attention has been given to the mental health of workers. One way to examine the mental health of workers is to look at the incidence rates of mental illness-related sickness absence. There is a scarcity of literature in which the incidence rates of mental illness-related sickness absence among different countries have been considered together. The purpose of this systematic literature review is to address the question: Are there similarities and differences in the incidence rates of mental disorder-related sickness absence among and within OECD identified Social Democratic, Liberal and Latin American country categories? In this paper, we seek to identify differences and similarities in the literature rather than to explain them. With this review, we lay the groundwork for and point to areas for future research as well as to raise questions regarding reasons for the differences and similarities. Methods: A systematic literature search of the following databases were performed: Medline Current, Medline In-process, PsycINFO, Econlit and Web of Science. The search period covered 2002-2013. The systematic literature search focused on working adults between 18-65 years old who had not retired and who had mental and/or substance abuse disorders. Intervention studies were excluded. The search focused on medically certified sickness absences. Results: A total of 3,818 unique citations were identified. of these, 10 studies met the inclusion/exclusion criteria; six were from Social Democratic countries. Their quality ranged from good to excellent. There was variation in the incidence rates reported by the studies from the Social Democratic, Liberal and Latin American countries in this review. Conclusions: The results of this systematic review suggest that this is an emerging area of inquiry that needs to continue to grow. Priority areas to support growth include cross jurisdictional collaboration and development of a typology characterizing the benefit generosity and work integration policies of sickness absence schemes. Finally, the literature should be updated to reflect changes in sickness absence benefit schemes over time.

Keywords: Abuse, Attention, Brazil, Changes, Citations, Claims, Collaboration, Country, Criteria, Databases, Depression, Development, Economic Burden, Growth, Health, Illness, Incidence, Integration, Intervention, Latin American Countries, Literature, Literature Review, Literature Search, Medline, Mental Disorders, Mental Health, Methods, Needs, Policies, Population, Priority, Psycinfo, Purpose, Quality, Rates, Recurrence, Research, Results, Review, Science, Sickness, Sickness Absence, Substance Abuse, Support, Systematic Literature Search, Systematic Review, Web of Science, Work, Work Disability, Workplace

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Full Text: [2014\BMC Pub Hea14, 274.pdf](2014/BMC%20Pub%20Hea14,%20274.pdf)

Abstract: Background: Special events are common community-based strategies for health promotion. This paper presents findings from a systematic literature review on the impact of special events to promote breast, cervical or colorectal cancer education and screening. Methods: Articles in English that focused on special events involving breast, cervical, and/or colorectal cancer conducted in the U. S. and published between January 1990 and December 2011 were identified from seven databases: Ovid, Web of Science, CINAHL, PsycINFO, Sociological Abstract, Cochrane Libraries, and EconLit. Study inclusion and data extraction were independently validated by two researchers. Results: Of the 20 articles selected for screening out of 1,409, ten articles on special events reported outcome data. Five types of special events were found: health fairs, parties, cultural events, special days, and plays. Many focused on breast cancer only, or in combination with other cancers. Reach ranged from 50-1732 participants. All special events used at least one evidence-based strategy suggested by the Community Guide to Preventive Services, such as small media, one-on-one education, and reducing structural barriers. For cancer screening as an outcome of the events, mammography screening rates ranged from 4.8% to 88%, Pap testing was 3.9%, and clinical breast exams ranged from 9.1% to 100%. For colorectal screening, FOBT ranged from 29.4% to 76%, and sigmoidoscopy was 100% at one event. Outcome measures included intentions to get screened, scheduled appointments, uptake of clinical exams, and participation in cancer screening. Conclusions: Special events found in the review varied and used evidence-based strategies. Screening data suggest that some special events can lead to increases in cancer screening, especially if they provide onsite screening services. However, there is insufficient evidence to demonstrate that special events are effective in increasing cancer screening. The heterogeneity of populations served, event activities, outcome variables assessed, and the reliance on self- report to measure screening limit conclusions. This study highlights the need for further research to determine the effectiveness of special events to increase cancer screening.

Keywords: Access, Articles, Barriers, Breast Cancer, Breast Neoplasms, Cancer, Cancer Screening, Cervical Neoplasms, Client-Directed Interventions, Clinical, Colorectal Cancer, Colorectal Neoplasms, Community Based, Community Health Education, Cultural, Data, Databases, Early Detection Of Cancer, Education, Effectiveness, English, Events, Evidence, Evidence Based, Evidence-Based, Extraction, Health, Health Fairs, Health Promotion, Heterogeneity, Impact, Lead, Libraries, Literature, Literature Review, Mammography, Mar, Measure, Measures, Media, Methods, Nation, Outcome, Pap, Participation, Populations, Preventive Services, Promotion, Psycinfo, Rates, Research, Results, Review, Risk-Factors, Science, Screening, Self, Services, Services Task-Force, Small, Strategy, Systematic, Systematic Review, Testing, U, United States, Uptake, Web Of Science

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Full Text: [2014\BMC Pub Hea14, 333.pdf](2014/BMC%20Pub%20Hea14,%20333.pdf)

Abstract: Background: In the last decade, sedentary behavior has emerged as a new risk factor for health. The elderly spend most of their awake time in sedentary activities. Despite this high exposure, the impact of this sedentary behavior on the health of this population has not yet been reviewed. We systematically reviewed evidence for associations between sedentary behavior and multiple health outcomes in adults over 60 years of age. Methods: We searched the Medline, Embase, Web of Science, SPORTDiscus, PsycINFO, CINAHL, LILLACS, and Sedentary Research Database for observational studies published up to May 2013. Additionally, we contacted members of the Sedentary Behaviour Research Network to identify articles that were potentially eligible. After inclusion, the methodological quality of the evidence was assessed in each study. Results: We included 24 eligible articles in our systematic review, of which only 2 (8%) provided high-quality evidence. Greater sedentary time was related to an increased risk of all-cause mortality in the older adults. Some studies with a moderate quality of evidence indicated a relationship between sedentary behavior and metabolic syndrome, waist circumference, and overweightness/obesity. The findings for other outcomes such as mental health, renal cancer cells, and falls remain insufficient to draw conclusions. Conclusion: This systematic review supports the relationship between sedentary behavior and mortality in older adults. Additional studies with high methodological quality are still needed to develop informed guidelines for addressing sedentary behavior in older adults.

Keywords: Age, Aged, Articles, Assessed Physical-Activity, Associations, Behavior, Behaviour, Cancer, Cardiovascular-Disease, Database, Elderly, Evidence, Exposure, Guidelines, Health, Health Outcomes, Health Status, Impact, Indicators, Medline, Mental Health, Metaanalysis, Metabolic Syndrome, Methods, Mortality, Mortality, Network, Observational, Observational Studies, Outcomes, Population, Prolonged Sitting Time, Psycinfo, Quality, Quality Of, Renal, Research, Results, Review, Risk, Risk Factor, Risk Factors, Science, Sedentary Lifestyle, Sitting Time, Syndrome, Systematic, Systematic Review, Television, Television Viewing Time, Waist Circumference, Web Of Science

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Full Text: [2014\BMC Pub Hea14, 403.pdf](2014/BMC%20Pub%20Hea14,%20403.pdf)

Abstract: Background: South Asian children with asthma are less likely to receive prescriptions and more likely to suffer uncontrolled symptoms and acute asthma admissions compared with White British children. Understanding barriers are therefore vital in addressing health inequalities. We undertook a systematic review identifying explanatory factors for barriers and facilitators to asthma management in South Asian children. South Asians were defined as individuals of Indian, Pakistani or Bangladeshi descent. Methods: Data Sources - Medline, HMIC, EMBASE, ASSIA, Web of Science, BNI, CINAHL, PsycINFO, OpenSIGLE, CRD, Scopus, NHS Evidence, Cochrane Library, Campbell Collaboration, RCPCH, ATS, ERS, Asthma UK, Google Scholar & Asthma Guidelines (BTS, GINA, ATS, Monash, NAEPP, Singapore & New Zealand) to August 2013. Inclusion Criteria - Qualitative, quantitative or mixed methods research with primary focus on identifying explanations for barriers and/or facilitators to asthma management in South Asian children aged 0-18 years with diagnosed/suspected asthma and/or carers and/or healthcare professionals. Data Extraction - Three authors independently reviewed, selected & extracted eligible articles with disagreements resolved by research team discussion. Results: 15 studies encompassing 25,755 children, 18,483 parents/carers and 239 healthcare professionals were included. Barriers and explanatory factors identified were: 1. Lack of asthma knowledge in families and healthcare professionals. 2. Under-use of preventer medications. 3. Non-acceptance/denial of asthma. 4. Over-reliance on Emergency Department management. 5. Communication problems. 6. Non-adherence to medication. 7. Use of complementary therapies. Little facilitators regarding asthma management were identified. Conclusions: Several key issues were identified as likely to be ethnic-specific to South Asian families, rather than a reflection of minority status: impact of parental and professional knowledge and beliefs, health service utilisation pattern explanations and the impact of prejudice and stigmatisation. Other explanations such as language barriers are not strictly ethnic specific but instead reflect a minority position. Further research is required to identify why barriers exist, the mechanisms by which they impact on asthma management and how they can be overcome. Furthermore, understanding the difference between barriers and explanations that are ethnic-specific and those that are related to being a minority will enable the application of generic system-wide interventions where ethnicity is not the issue and ethnically-tailored interventions where needed.

Keywords: Aged, Application, Articles, Asian, Asians, Asthma, At, Attitudes, Authors, Barriers, Campbell, Childhood Asthma, Children, Collaboration, Communication, Complementary, Data, Embase, Ethnicity, Evidence, Extraction, Facilitators, Families, Google, Google Scholar, Guidelines, Health, Health-Care, Impact, Inequalities, Interventions, Issues, Knowledge, Language, Management, Mechanisms, Medline, Methods, New Zealand, NHS, Parents, Pattern, Prejudice, Prescriptions, Prevalence, Primary, Psycinfo, Reflection, Research, Results, Review, Science, Scopus, Service, Singapore, Symptoms, Systematic, Systematic Review, UK, Understanding, Utilisation, Web Of Science, Wheeze, White

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Full Text: [2014\BMC Pub Hea14, 522.pdf](2014/BMC%20Pub%20Hea14,%20522.pdf)

Abstract: Background: While there is a growing body of research on food environments for children, there has not been a published comprehensive review to date evaluating food environments outside the home and school and their relationship with diet in children. The purpose of this paper is to review evidence on the influence of the community and consumer nutrition environments on the diet of children under the age of 18 years. Methods: Our search strategy included a combination of both subject heading searching as well as natural language, free-text searching. We searched nine databases (MEDLINE, Web of Science, CINAHL, Embase, Scopus, ProQuest Public Health, PsycINFO, Sociological Abstracts, and GEOBASE) for papers published between 1995 and July 2013. Study designs were included if they were empirically-based, published scholarly research articles, were focused on children as the population of interest, fit within the previously mentioned date range, included at least one diet outcome, and exposures within the community nutrition environment (e. g., location and accessibility of food outlets), and consumer nutrition environment (e. g., price, promotion, and placement of food choices). Results: After applying exclusion and inclusion criteria, a total of 26 articles were included in our review. The vast majority of the studies were cross-sectional in design, except for two articles reporting on longitudinal studies. The food environment exposure(s) included aspects of the community nutrition environments, except for three that focused on the consumer nutrition environment. The community nutrition environment characterization most often used Geographic Information Systems to geolocate participants’ homes (and/or schools) and then one or more types of food outlets in relation to these. The children included were all of school age. Twenty-two out of 26 studies showed at least one positive association between the food environment exposure and diet outcome. Four studies reported only null associations. Conclusions: This review found moderate evidence of the relationship between the community and consumer nutrition environments and dietary intake in children up to 18 years of age. There is wide variation in measures used to characterize both the community and consumer nutrition environments and diet, and future research should work to decrease this heterogeneity.

Keywords: Adolescents, Age, Aged 9-10 Years, Articles, Association, Associations, Characterization, Children, Community, Criteria, Databases, Design, Diet, Environment, Evidence, Exposure, Exposures, Food, Geographic Information Systems, Health, Heterogeneity, Influence, Information, Language, Location, Longitudinal, Longitudinal Studies, Measures, Medline, Methods, Natural, Neighborhood, Nutrition, Obesogenic Environments, Outcome, Papers, Physical-Activity, Placement, Population, Promotion, Psycinfo, Public Health, Purpose, Reporting, Research, Results, Review, School-Age, Schools, Science, Scopus, Search Strategy, Strategy, Systematic, Systematic Review, Vegetable Consumption, Web Of Science, Weight Status, Work

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Full Text: [2014\BMC Pub Hea14, 589.pdf](2014/BMC%20Pub%20Hea14,%20589.pdf)

Abstract: Background: Non-pharmaceutical public health interventions may provide simple, low-cost, effective ways of minimising the transmission and impact of acute respiratory infections in pandemic and non-pandemic contexts. Understanding what influences the uptake of non-pharmaceutical interventions such as hand and respiratory hygiene, mask wearing and social distancing could help to inform the development of effective public health advice messages. The aim of this synthesis was to explore public perceptions of non-pharmaceutical interventions that aim to reduce the transmission of acute respiratory infections. Methods: Five online databases (MEDLINE, PsycINFO, CINAHL, EMBASE and Web of Science) were systematically searched. Reference lists of articles were also examined. We selected papers that used a qualitative research design to explore perceptions and beliefs about non-pharmaceutical interventions to reduce transmission of acute respiratory infections. We excluded papers that only explored how health professionals or children viewed non-pharmaceutical respiratory infection control. Three authors performed data extraction and assessment of study quality. Thematic analysis and components of meta-ethnography were adopted to synthesise findings. Results: Seventeen articles from 16 studies in 9 countries were identified and reviewed. Seven key themes were identified: perceived benefits of non-pharmaceutical interventions, perceived disadvantages of non-pharmaceutical interventions, personal and cultural beliefs about infection transmission, diagnostic uncertainty in emerging respiratory infections, perceived vulnerability to infection, anxiety about emerging respiratory infections and communications about emerging respiratory infections. The synthesis showed that some aspects of non-pharmaceutical respiratory infection control ( particularly hand and respiratory hygiene) were viewed as familiar and socially responsible actions to take. There was ambivalence about adopting isolation and personal distancing behaviours in some contexts due to their perceived adverse impact and potential to attract social stigma. Common perceived barriers included beliefs about infection transmission, personal vulnerability to respiratory infection and concerns about self-diagnosis in emerging respiratory infections. Conclusions: People actively evaluate non-pharmaceutical interventions in terms of their perceived necessity, efficacy, acceptability, and feasibility. To enhance uptake, it will be necessary to address key barriers, such as beliefs about infection transmission, rejection of personal risk of infection and concern about the potential costs and stigma associated with some interventions.

Keywords: Acceptability, Analysis, Anxiety, Articles, Assessment, Authors, Barriers, Benefits, Children, Communications, Control, Costs, Cultural, Data, Databases, Design, Development, Diagnostic, Efficacy, Embase, Extraction, Familiar, Feasibility, Health, Health Professionals, Hong-Kong, Hygiene, Impact, Infection, Infection Control, Infections, Interventions, Low Cost, Medline, Methods, Non-Pharmaceutical Intervention, Online, Outbreak, Pandemic Influenza, Papers, Potential, Preventive Behaviors, Psychological Responses, Psycinfo, Public, Public Health, Qualitative, Qualitative Research, Quality, Reference, Reference Lists, Rejection, Research, Research Design, Respiratory Infection, Results, Review, Risk, Sars, Science, Social, Social Representation, Stigma, Swine Flu, Synthesis, Systematic, Systematic Review, Thematic Synthesis, Transmission, Uncertainty, Uptake, Vulnerability, Web Of Science

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Full Text: [2014\BMC Pub Hea14, 616.pdf](2014/BMC%20Pub%20Hea14,%20616.pdf)

Abstract: Background: Men who have sex with men (MSM) are at increased risk of HIV infection in both high- and low-income settings. Mass media campaigns have been used as a means of communicating HIV health promotion messages to large audiences of MSM. There is no consensus on which designs are most appropriate to evaluate the process and outcomes of such interventions. Methods: An exploratory review was conducted to assess research examining awareness, acceptability, effects on HIV testing, disclosure and sexual risk, and cost-effectiveness of HIV mass media campaigns targeting MSM. We searched for quantitative and qualitative studies published between 1990 and May 2011 via the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, Psych Info, ISI Web of Science, OpenGrey and COPAC, and contacting experts. No exclusions were made on the basis of study design or methods because our primary aim was to map evidence. We appraised study quality and present a narrative synthesis of findings. Results: Sixteen reports from 12 studies were included. All were from high-income countries and most examined multi-media interventions. Half of the studies were single cross-sectional surveys. Three repeat cross-sectional studies collected data pre and post the campaign launch. The remaining three studies monitored routine data. Three studies included a nested qualitative component. Campaign coverage was the most commonly reported outcome (9 studies). Imagery, tone of language, content and relevance were identified in the qualitative research as factors influencing campaign acceptability. HIV testing rates (or intention to test) were reported by five studies. Two studies reported that testing rates were higher among men who had seen the campaigns compared to men who had not, but this may reflect confounding. Findings were less consistent regarding reductions in sexual risk behaviours (4 studies). None of the studies examined cost effectiveness. Conclusions: Campaigns aim to provide MSM with information to help prevent transmission of HIV and to address increasing motivation and changing norms towards precautionary behaviours. However, the limitations of mass media in imparting skills in effecting behaviour change should be recognised, and campaigns supplemented by additional components may be better-suited to achieving these goals.

Keywords: Acceptability, Awareness, Behavior, Behaviour, Communication Campaigns, Confounding, Consensus, Cost, Cost Effectiveness, Cost-Effectiveness, Coverage, Cross-Sectional Studies, Data, Design, Disclosure, Effectiveness, Effects, Embase, Evidence, Experts, Gay, Health, Health Promotion, Hiv, Hiv Infection, Infection, Information, Interventions, Isi, Isi Web Of Science, Language, Mass Media, Media, Medline, Men, Men Who Have Sex With Men, Methods, Motivation, Nested, Norms, Outcome, Outcomes, Prevent, Prevention, Primary, Progress, Promotion, Public-Health Interventions, Qualitative, Qualitative Research, Quality, Rates, Relevance, Research, Results, Review, Risk, Science, Sex, Statement, Study Design, Surveys, Synthesis, Systematic Review, Targeting, Testing, Tone, Transmission, Web Of Science

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Full Text: [2014\BMC Pub Hea14, 623.pdf](2014\BMC%20Pub%20Hea14,%20623.pdf)

Abstract: Background: A number of studies have shown a range of negative psychological symptoms (e.g. depression) after exposure to natural disasters. The aim of this study was to determine risk factors for depression in both children and adults who have survived natural disasters. Methods: Four electronic databases (PubMed, Embase, Web of Science, and PsychInfo) were used to search for observational studies (case-control, cross-sectional, and cohort studies) about depression following natural disasters. The literature search, study selection, and data extraction were conducted independently by two authors. Thirty-one articles were included in the study, of which twenty included adult participants and eleven included child participants. Summary estimates were obtained using random-effects models. Subgroup analysis, sensitivity analysis, and publication bias tests were performed on the data. Results: The prevalence of depression after natural disasters ranged from 5.8% to 54.0% in adults and from 7.5% to 44.8% in children. We found a number of risk factors for depression after exposure to natural disasters. For adults, the significant predictors were being female; not married; holding religious beliefs; having poor education; prior trauma; experiencing fear, injury, or bereavement during the disaster; or losing employment or property, suffering house damage as a result of the disaster. For children, the significant predictors were prior trauma; being trapped during the disaster; experiencing injury, fear, or bereavement during the disaster; witnessing injury/death during the disaster; or having poor social support. Conclusions: The current analysis provides evidence of risk factors for depression in survivors of natural disasters. Further research is necessary to design interventions to improve the mental health of survivors of natural disasters.

Keywords: Adult, Adults, Analysis, Anxiety, Articles, Authors, Bias, Case-Control, Child, Children, Cohort, Comorbidity, Damage, Data, Databases, Depression, Design, Disasters, Earthquake Survivors, Education, Employment, Estimates, Evidence, Exposure, Extraction, Fear, Female, Hard-Hit Areas, Health, Injury, Interventions, Literature, Literature Search, Mental Health, Mental-Health Problems, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Natural, Natural Disasters, Observational, Observational Studies, Population, Posttraumatic-Stress-Disorder, Predictors, Prevalence, Property, Psychological, Publication, Publication Bias, Pubmed, Research, Results, Risk, Risk Factors, Science, Selection, Sensitivity, Sensitivity Analysis, Social, Social Support, Southern Thailand, Suffering, Support, Symptoms, Trauma, Tsunami-Affected Areas, Web Of Science, Wenchuan Earthquake

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Full Text: [2014\BMC Pub Hea14, 632.pdf](2014\BMC%20Pub%20Hea14,%20632.pdf)

Abstract: Background: In the greater framework of the essential functions of Public Health, our focus is on a systematic, objective, external evaluation of Latin American scientific output, to compare its publications in the area of Public Health with those of other major geographic zones. We aim to describe the regional distribution of output in Public Health, and the level of visibility and specialization, for Latin America; it can then be characterized and compared in the international context. Methods: The primary source of information was the Scopus database, using the category “Public Health, Environmental and Occupational Health”, in the period 1996-2011. Data were obtained through the portal of SCImago Journal and Country Rank. Using a set of qualitative (citation-based), quantitative (document recount) and collaborative (authors from more than one country) indicators, we derived complementary data. The methodology serves as an analytical tool for researchers and scientific policy-makers. Results: The contribution of Latin America to the arsenal of world science lies more or less midway on the international scale in terms of its output and visibility. Revealed as its greatest strengths are the high level of specialization in Public Health and the sustained growth of output. The main limitations identified were a relative decrease in collaboration and low visibility. Conclusions: Collaboration is a key factor behind the development of scientific activity in Latin America. Although this finding can be useful for formulating research policy in Latin American countries, it also underlines the need for further research into patterns of scientific communication in this region, to arrive at more specific recommendations.

Keywords: Activity, Analysis, Authors, Bibliometric, Bibliometric Analysis, Brazil, China, Collaboration, Communication, Complementary, Context, Contribution, Country, Data, Database, Development, Distribution, Environmental, Epidemiology, Evaluation, Fields, Framework, Functions, Growth, Health, Indicators, Information, International, Journal, Latin America, Latin American Countries, Methodology, Methods, Policy, Primary, Public Health, Publications, Qualitative, Rank, Recommendations, Region, Regional, Research, Research Policy, Researchers, Results, Scale, Science, Scientific Communication, Scientific Output, Scimago, Scimago Journal & Country Rank, Scopus, Scopus Database, Source, Systematic, Visibility, World

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Full Text: [2014\BMC Pub Hea14, 667.pdf](2014\BMC%20Pub%20Hea14,%20667.pdf)

Abstract: Background: Electronic cigarette (EC) is an emerging phenomenon that is becoming increasingly popular with smokers worldwide. There is a lack of data concerning the evaluation of research productivity in the field of EC originating from the world. The main objectives of this study were to analyse worldwide research output in EC field, and to examine the authorship pattern and the citations retrieved from the Scopus database. Methods: Data were searched for documents with specific words regarding EC as “keywords” in the title. Scientific output was evaluated based on the methodology developed and used in other bibliometric studies by investigation: (a) total and trends of contributions in EC research during all previous years up to the date of data analysis (June 13, 2014); (b) authorship patterns and research productivity; (c) countries contribution; and (d) citations received by the publications. Results: Three hundred and fifty-six documents were retrieved comprising 31.5% original journal articles, 16% letters to the editor, 7.9% review articles, and 44.6% documents that were classified as other types of publications, such as notes or editorials or opinions. The retrieved documents were published in 162 peer-reviewed journals. All retrieved documents were published from 27 countries. the largest number of publications in the field of EC was from the United States of America (USA); (33.7%), followed by the United Kingdom (UK); (11.5%), and Italy (8.1%). The total number of citations at the time of data analysis was 2.277, with an average of 6.4 citations per document and median (interquartile range) of 0.0 (0.0-5.0). The h-index of the retrieved documents was 27. The most productive institutions were Food and Drug Administration, USA (4.2% of total publications) followed by Universita degli Studi di Catania, Italy (3.9%), University of California, San Francisco, USA (3.7%). Conclusions: This bibliometric study is a testament to the progress in EC research from the world over the last few years. More effort is needed to bridge the gap in EC-based research and to promote better evaluation of EC, risks, health effects, or control services worldwide.

Keywords: Analysis, Articles, Authorship, Authorship Pattern, Bibliometric, Bibliometric Analysis, Bibliometric Studies, Bibliometric Study, Bridge, California, Citations, Contribution, Control, Data, Data Analysis, Database, Device E-Cigarette, Documents, Drug, E-Cigarette, Eastern Arab Countries, Ec, Effects, Electronic Cigarette, Evaluation, Field, Food, Google-Scholar, H Index, H-Index, Health, Institutions, Investigation, Italy, Journal, Journal Articles, Journals, Methodology, Methods, Nicotine Delivery-Systems, Opinions, Pattern, Peer Reviewed Journals, Peer-Reviewed, Period 2003-2012, Productivity, Progress, Publications, Research, Research Output, Research Productivity, Results, Review, Risks, Scientific Output, Scientific Publications, Scopus, Scopus, Scopus Database, Services, Smoking, Tobacco Use, Trends, UK, United Kingdom, United States, University, USA, Web-Of-Science, World

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Full Text: [2014\BMC Pub Hea14, 1230.pdf](2014/BMC%20Pub%20Hea14,%201230.pdf)

Abstract: Background: Self-management support interventions can improve health outcomes, but their impact is limited by the numbers of people able or willing to access them. Men’s attendance at existing self-management support services appears suboptimal despite their increased risk of developing many of the most serious long term conditions. The aim of this review was to determine whether current self-management support interventions are acceptable and accessible to men with long term conditions, and explore what may act as facilitators and barriers to access of interventions and support activities. Methods: A systematic search for qualitative research was undertaken on CINAHL, EMBASE, MEDLINE, PsycINFO and Social Science Citation Index, in July 2013. Reference lists of relevant articles were also examined. Studies that used a qualitative design to explore men’s experiences of, or perceptions towards, self-management support for one or more long term condition were included. Studies which focused on experiences of living with a long term condition without consideration of self-management support were excluded. Thirty-eight studies met the inclusion criteria. A meta-ethnography approach was employed to synthesise the findings. Results: Four constructs associated with men’s experience of, and perceptions towards, self-management support were identified: 1) need for purpose; 2) trusted environments; 3) value of peers; and 4) becoming an expert. The synthesis showed that men may feel less comfortable participating in self-management support if it is viewed as incongruous with valued aspects of their identity, particularly when activities are perceived to challenge masculine ideals associated with independence, stoicism, and control. Men may find self-management support more attractive when it is perceived as action-oriented, having a clear purpose, and offering personally meaningful information and practical strategies that can be integrated into daily life. Conclusions: Self-management support is most likely to be successful in engaging men when it is congruent with key aspects of their masculine identity. In order to overcome barriers to access and fully engage with interventions, some men may need self-management support interventions to be delivered in an environment that offers a sense of shared understanding, connectedness, and normality, and involves and/or is facilitated by men with a shared illness experience.

Keywords: Acceptability, Access, Approach, Articles, Barriers, Challenge, Chronic Illness, Citation, Control, Criteria, Design, Developing, Embase, Environment, Experience, Gay Men, Health, Health Outcomes, Health-Care Utilization, Help-Seeking, Impact, Information, Integrated, Interventions, Life, Living, Long Term, Long Term Conditions, Long-Term, Masculinity, Medline, Men, Men’S Health, Methods, Nov, Outcomes, Physical-Activity, Professional Football Clubs, Prostate-Cancer, Psycinfo, Purpose, Qualitative, Qualitative Research, Randomized Controlled-Trial, Reference, Reference Lists, Research, Results, Review, Risk, Science, Science Citation Index, Self Management, Self-Management, Services, Social Science Citation Index, Social Support, Support, Synthesis, Systematic, Systematic Review, Term, Thematic Analysis, Understanding, Value

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Full Text: [2014\BMC Pub Hea14, 1301.pdf](2014/BMC%20Pub%20Hea14,%201301.pdf)

Abstract: Background: Although many physical activity (PA) programs have been implemented and tested for effectiveness, high participation levels are needed in order to achieve public health impact. This study aimed to determine participation levels of PA programs aimed to improve PA among community-dwelling older adults. Methods: We searched five databases up until March 2013 (PubMed, PubMed publisher, Cochrane Library, EMBASE, and Web of Science) to identify English-written studies investigating the effect of PA programs on at least one component of PA (e.g. frequency, duration) among community-dwelling populations (i.e. not in a primary care setting and/or assisted living or nursing home) of persons aged 55 years and older. Proportions of participants starting and completing the PA programs (initial and sustained participation, respectively) were determined. Results: The search strategy yielded 11,994 records of which 16 studies were included reporting on 17 PA programs. The number of participants enrolled in the PA programs ranged between 24 and 582 persons. For 12 PA programs it was not possible to calculate initial participation because the number of older adults invited to participate was unknown due to convenience sampling. Of the five remaining programs, mean initial participation level was 9.2% (+/- 5.7%). Mean sustained participation level of all 17 programs was 79.8% (+/- 13.2%). Conclusions: Understanding how to optimize initial participation of older adults in PA programs deserves more attention in order to improve the population impact of PA programs for community-dwelling older adults.

Keywords: Activity, Aged, Assisted Living, Attention, Care, Databases, Determinants, Duration, Effectiveness, Elderly, Embase, Exercise, Exercise Program, Health, Home, Impact, Intervention, Intervention Program, Living, Mean, Methods, Nursing, Nursing Home, Older, Older Adults, Participation, Participation Level, People, Physical, Physical Activity, Population, Populations, Primary, Primary Care, Public, Public Health, Publisher, Pubmed, Quality-Of-Life, Randomized Controlled-Trial, Records, Reporting, Results, Review, Sampling, Science, Search Strategy, Statement, Strategy, Systematic, Systematic Review, Walking, Web, Web Of Science

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Full Text: [2014\BMC Pub Hea14, 1310.pdf](2014/BMC%20Pub%20Hea14,%201310.pdf)

Abstract: Background: Almost all studies on the effect on health from unemployment have concluded that unemployment is bad for your health. However, only a few review articles have dealt with this relation in recent years, and none of them have focused on the analysis of subgroups such as age, gender, and marital status. The objective of our article is to review how unemployment relates to self-assessed health with a focus on its effect on subgroups. Methods: A search was performed in Web of Science to find articles that measured the effect on health from unemployment. The selection of articles was limited to those written in English, consisting of original data, and published in 2003 or later. Our definition of health was restricted to self-assessed health. Mortality-and morbidity-related measurements were therefore not included in our analysis. For the 41 articles included, information about health measurements, employment status definitions, other factors included in the statistical analysis, study design (including study population), and statistical method were collected with the aim of analysing the results on both the population and factor level. Results: Most of the studies in our review showed a negative effect on health from unemployment on a population basis. Results at the factor levels were most common for gender (25 articles), age (11 articles), geographic location (8 articles), and education level (5 articles). The analysis showed that there was a health effect for gender, age, education level, household income, and geographic location. However, this effect differed between studies and no clear pattern on who benefits or suffers more among these groups could be determined. The result instead seemed to depend on the study context. The only clear patterns of association found were for socioeconomic status (manual workers suffer more), reason for unemployment (being unemployed due to health reasons is worse), and social network (a strong network is beneficial). Conclusions: Unemployment affects groups of individuals differently. We believe that a greater effort should be spent on specific groups of individuals, such as men or women, instead of the population as a whole when analysing the effect of unemployment on health.

Keywords: Affect, Age, Analysis, Article, Articles, Association, Benefits, Consequences, Context, Data, Definition, Design, Education, Effects, Employment, Employment Status, English, Factors, Family Status, From, Gender, Groups, Health, Impact, Income, Information, Job Loss, Labor-Market, Location, Marital Status, Men, Mental-Health, Methods, Negative, Network, Pattern, Population, Psychological Health, Rated Health, Recent, Results, Review, Science, Selection, Social, Social Network, Socioeconomic Status, Statistical Analysis, Study Design, Subgroups, Systematic, Systematic Review, Unemployed, Unemployment, Web, Web Of Science, Women

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Full Text: 2015\BMC Pub Hea15, 151.pdf

Abstract: Background: Hepatitis B and C (HBV, HCV) infections are associated with high morbidity and mortality. Many countries with traditionally low prevalence (such as UK) are now planning interventions (screening, vaccination, and treatment) of high-risk immigrants from countries with high prevalence. This review aimed to synthesise the evidence on immigrants’ knowledge of HBV and HCV that might influence the uptake of clinical interventions. The review was also used to inform the design and successful delivery of a randomised controlled trial of targeted screening and treatment. Methods: Five databases (PubMed, CINHAL, SOCIOFILE, PsycINFO & Web of Science) were systematically searched, supplemented by reference tracking, searches of selected journals, and of relevant websites. We aimed to identify qualitative and quantitative studies that investigated knowledge of HBV and HCV among immigrants from high endemic areas to low endemic areas. Evidence, extracted according to a conceptual framework of Kleinman’s explanatory model, was subjected to narrative synthesis. We adapted the PEN-3 model to categorise and analyse themes, and recommend strategies for interventions to influence help-seeking behaviour. Results: We identified 51 publications including quantitative (n = 39), qualitative (n = 11), and mixed methods (n = 1) designs. Most of the quantitative studies included small samples and had heterogeneous methods and outcomes. The studies mainly concentrated on hepatitis B and ethnic groups of South East Asian immigrants residing in USA, Canada, and Australia. Many immigrants lacked adequate knowledge of aetiology, symptoms, transmission risk factors, prevention strategies, and treatment, of hepatitis HBV and HCV. Ethnicity, gender, better education, higher income, and English proficiency influenced variations in levels and forms of knowledge. Conclusion: Immigrants are vulnerable to HBV and HCV, and risk life-threatening complications from these infections because of poor knowledge and help-seeking behaviour. Primary studies in this area are extremely diverse and of variable quality precluding meta-analysis. Further research is needed outside North America and Australia.

Keywords: Aetiology, Asian, Attitudes, Australia, Behaviour, Cambodian Immigrants, Canada, Changing Epidemiology, Chinese-Canadians, Clinical, Complications, Controlled Trial, Databases, Delivery, Design, Education, English, Ethnic Groups, Ethnicity, Evidence, Factors, Forms, Framework, Francisco Bay Area, From, Gender, Global Epidemiology, Groups, Hbv, Hcv, Hepatitis, Hepatitis B, Hepatitis C, Hepatocellular-Carcinoma, Illness Perceptions, Immigrants, Income, Infections, Influence, Interventions, Journals, Knowledge, Korean Immigrants, Liver-Cancer, Local Knowledge, Low Prevalence, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Migrants, Mixed Methods, Model, Models, Morbidity, Mortality, North, North America, Outcomes, Perceptions, Planning, Prevalence, Prevention, Psycinfo, Publications, Pubmed, Qualitative, Quality, Quantitative Studies, Randomised, Randomised Controlled Trial, Reference, Research, Results, Review, Risk, Risk Factors, Science, Screening, Small, Symptoms, Synthesis, Systematic, Systematic Review, Transmission, Treatment, Trial, UK, Uptake, USA, Vaccination, Vietnamese-American Men, Viral, Viral Hepatitis, Virus-Infection, Web, Web Of Science, Websites

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Full Text: [2015\BMC Pub Hea15, 239.pdf](2015/BMC%20Pub%20Hea15,%20239.pdf)

Abstract: Background: Smoking in pregnancy is known to be associated with a range of adverse pregnancy outcomes, yet there is a high prevalence of smoking among pregnant women in many countries, and it remains a major public health concern. We have conducted a systematic review and meta-analysis to provide contemporary estimates of the association between maternal smoking in pregnancy and the risk of stillbirth. Methods: We searched four databases namely MEDLINE, EMBASE, Psych Info and Web of Science for all relevant original studies published until 31st December 2012. We included observational studies that measured the association between maternal smoking during pregnancy and the risk of stillbirth. Results: 1766 studies were screened for title analysis, of which 34 papers (21 cohorts, 8 case controls and 5 cross sectional studies) met the inclusion criteria. In meta-analysis smoking during pregnancy was significantly associated with a 47% increase in the odds of stillbirth (OR 1.47, 95% CI 1.37, 1.57, p < 0.0001). In subgroup analysis, smoking 1-9 cig/day and >= 10 cig/ day was associated with an 9% and 52% increase in the odds of stillbirth respectively. Subsequently, studies defining stillbirth at >= 20 weeks demonstrated a 43% increase in odds for smoking mothers compared to mothers who do not smoke, (OR 1.43, 95% CI 1.32, 1.54, p < 0.0001), whereas studies with stillbirth defined at >= 24 weeks and >= 28 weeks showed 58% and 33% increase in the odds of stillbirth respectively. Conclusion: Our review confirms a dose-response effect of maternal smoking in pregnancy on risk of stillbirth. To minimise the risk of stillbirth, reducing current smoking prevalence in pregnancy should continue to be a key public health high priority.

Keywords: Adverse Pregnancy Outcomes, Analysis, Antepartum Stillbirth, Association, Birth, Cigarette-Smoking, Criteria, Cross-Sectional, Databases, Dose-Response, Embase, Estimates, Health, In-Utero, Intrapartum Stillbirth, Late Fetal-Death, Mar, Maternal, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mothers, Neonatal Death, New-South-Wales, Nicotine, Observational, Observational Studies, Outcomes, Papers, Pregnancy, Pregnancy Outcomes, Pregnant, Pregnant Women, Prevalence, Public, Public Health, Results, Review, Risk, Science, Smoking, Stillbirth, Systematic, Systematic Review, Tobacco-Smoke, Web, Web Of Science, Women

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Full Text: [2015\BMC Pub Hea15, 258.pdf](2015/BMC%20Pub%20Hea15,%20258.pdf)

Abstract: Background: Smokeless tobacco use is becoming an increasingly important public health issue in the US and may influence cigarette smoking behavior. Systematic information on transitions between smokeless tobacco and cigarette use in the US is limited. Methods: We conducted a systematic review of published literature on transitions between smokeless tobacco and cigarette use in the US. We searched PubMed, Web of Science and EbscoHost databases for all published articles from January 2000 to March 2014 that presented estimates of transitions in US youth and adult study populations over time between at least one of the following tobacco use states: exclusive cigarette smoking, exclusive smokeless tobacco use, dual use of both products, and use of neither product. We excluded non-English language studies, studies published before 2000, clinical trials, controlled cessation programs, and clinical studies or evaluations of smokeless tobacco cessation programs. Results: The review identified six studies on US populations published since 2000 with longitudinal data on some or all of the transitions that users can undergo between smokeless tobacco and cigarette use. There was considerable heterogeneity across studies in design and tobacco use definitions. Despite these differences, the existing data indicate that switching behaviors from exclusive smoking to exclusive smokeless tobacco use are limited (adults: 0%-1.4%, adolescents: 0.8%-3.8%) but may be more common from exclusive smokeless tobacco use to exclusive smoking (adults: 0.9%-26.6%, adolescents: 16.6%-25.5%). Among adults, exclusive cigarette smoking was generally stable and consistent (79.7% to 87.6%) over follow-up across studies but less stable in adolescents (46.8%-78.7%). Exclusive smokeless tobacco use was less stable than exclusive cigarette smoking over time (adults: 59.4%-76.6%, adolescents: 26.2%-44.8%). Conclusion: This review provides published estimates of the proportions of adults and adolescents transitioning between tobacco use categories from the most recently available studies on longitudinal transitions between smokeless tobacco and cigarettes in the US. These data can be used to track tobacco use behaviors and evaluate their effect on public health; however, the data for these studies were generally collected more than a decade ago. Additional research including nationally representative longitudinal estimates using consistent definitions and designs, would improve understanding of current tobacco transition behaviors.

Keywords: Adolescents, Adult, Adults, Articles, Behavior, Cancer, Cigarette, Clinical, Clinical Studies, Clinical Trials, Data, Databases, Definitions, Design, Estimates, Follow-Up, From, Health, Heterogeneity, High-School-Students, Influence, Information, Language, Literature, Longitudinal, Mar, Methods, Populations, Public, Public Health, Published Articles, Pubmed, Research, Results, Review, Risk-Factor, Science, Smokeless Tobacco, Smoking, Smoking, Snus, Systematic, Systematic Review, Tobacco, Transitions, Understanding, United States, Us, Web, Web Of Science, Youth

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? Cirocchi, R., Boselli, C., Santoro, A., Guarino, S., Covarelli, P., Renzi, C., Listorti, C., Trastulli, S., Desiderio, J., Coratti, A., Noya, G., Redler, A. and Parisi, A. (2013), Current status of robotic bariatric surgery: A systematic review. *BMC Surgery*, **13**, Article Number: 53.

Full Text: [2013\BMC Sur13, 53.pdf](2013/BMC%20Sur13,%2053.pdf)

Abstract: Background: Bariatric surgery is an effective treatment to obtain weight loss in severely obese patients. The feasibility and safety of bariatric robotic surgery is the topic of this review. Methods: A search was performed on PubMed, Cochrane Central Register of Controlled Trials, BioMed Central, and Web of Science. Results: Twenty-two studies were included. Anastomotic leak rate was 8.51% in biliopancreatic diversion. 30-day reoperation rate was 1.14% in Roux-en-Y gastric bypass and 1.16% in sleeve gastrectomy. Major complication rate in Roux-en-Y gastric bypass resulted higher than in sleeve gastrectomy (4,26% vs. 1,2%). The mean hospital stay was longer in Roux-en-Y gastric bypass (range 2.6-7.4 days). Conclusions: The major limitation of our analysis is due to the small number and the low quality of the studies, the small sample size, heterogeneity of the enrolled patients and the lack of data from metabolic and bariatric outcomes. Despite the use of the robot, the majority of these cases are completed with stapled anastomosis. The assumption that robotic surgery is superior in complex cases is not supported by the available present evidence. The major strength of the robotic surgery is strongly facilitating some of the surgical steps (gastro-jejunostomy and jejunojejunostomy anastomosis in the robotic Roux-en-Y gastric bypass or the vertical gastric resection in the robotic sleeve gastrectomy).

Keywords: Analysis, Anastomotic Leak, Bariatric Surgery, Complication, Complications, Complications, Data, Duodenal Switch, Evidence, Feasibility, Gastric, Gastric Banding, Gastric Bypass, Heterogeneity, Hospital, Hospital Stay, Leak Rate, Learning-Curve, Limitation, Methods, Morbid Obesity, Morbidly Obese-Patients, Nov, Obese, Outcomes, Patients, Pubmed, Quality, Quality Of, Reoperation, Results, Review, Robot Assisted, Robotic, Robotic Surgery, Roux-En-Y, Roux-En-Y Gastric Bypass, Safety, Sample Size, Science, Size, Sleeve Gastrectomy, Sleeve Gastrectomy, Small, Strength, Surgery, Surgical Outcomes, Systematic Review, Topic, Treatment, Vertical, Web of Science, Weight Loss, Y Gastric Bypass

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Full Text: [2014\BMC Sur14, 87.pdf](2014/BMC%20Sur14,%2087.pdf)

Abstract: Background: A few studies focused on unilateral or bilateral pedicle screw (PS) fixation of minimally invasive transforaminal lumbar interbody fusion (MIS-TLIF) to treat lumbar degenerative diseases have been published. There is still debate over whether one method is superior to another. A systematic review and meta-analysis of randomized controlled trials (RCT) was performed to compare the efficacy of the two methods. Methods: We searched the established electronic literature databases of MEDLINE, EMBASE, Web of Science and the Cochrane Central Register of Controlled Trials databases for RCTs comparing the unilateral with bilateral pedicle screw fixation of MIS-TLIF. Pooled mean differences (MD) and odds ratios (OR) and with 95% CIs were calculated for the outcomes. Results: Three RCTs were identified and analyzed. The results showed that there is no significant difference between the two methods in terms of postoperative VAS-BP score (WMD = -0.09; 95% CI: -0.69 to 0.51; P = 0.78), ODI (WMD, -0.09; 95% CI -5.85 to 5.67; P = 0.98), fusion rate (OR = 2.99; 95% CI 0.55 to 16.38; P = 0.21) or complication rate (OR = 1.61, 95% CI: 0.49 to 5.37; P = 0.43). Unilateral pedicle screw fixation was associated with less blood loss (WMD = -87.83; 95% CI: -160.70 to -14.96; P = 0.02). Conclusions: The existing evidence indicate that no superiority exists between the two fixation methods of MIS-TLIF in terms of functional outcome, fusion rate and complication rate, in spite of that unilateral pedicle screw fixation can achieve less blood loss than bilateral fixation.

Keywords: Bilateral, Blood, Blood Loss, Complication, Databases, Disease, Diseases, Efficacy, Embase, Evidence, Fusion, Instrumentation, Invasive, Literature, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Minimally Invasive, Nov, Outcome, Outcomes, P, Pedicle Screw Fixation, Posterior, Postoperative, Randomized, Randomized Controlled Trials, Rct, Results, Review, Science, Spine, Stabilization, Systematic, Systematic Review, Systematic Reviews, Transforaminal Lumbar Interbody Fusion (TLIF), Unilateral, Web, Web Of Science

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Full Text: [2015\BMC Wom Hea15, 25.pdf](2015/BMC%20Wom%20Hea15,%2025.pdf)

Abstract: Background: Breast cancer is one of the most common types of cancers affecting women worldwide. The main objective of this study was to assess and compare research activity in breast cancer in Arab countries with non-Arab Middle Eastern countries. Methods: Publications about “breast cancer” as a research topic were retrieved using the ISI Web of Science database. Analysis was confined to original research and review articles. Research productivity was assessed by assessing number of publications and time trend of these publications, names of journals, citation analysis, top 10 active institutions as well as country contribution to breast cancer research. The quantity and quality of publications from Arab countries in addition to 3 other Middle East countries (Turkey, Iran and Israel) were assessed and compared using the h-index tool. Results: A total of 1658 original research and review articles about “breast cancer” were published from Arab countries. Annual research productivity from Arab countries in the field of “breast cancer” was negligible but showed a significant increase in the last decade. Retrieved documents had relatively high citation parameters as measured by h-index of 61 and average citations of 17.46 per document. The highest research productivity was from Egypt with a total publication of 582 (35.10%). Cairo University with a total of 149 (8.99%) publications had the highest research productivity among institutions in Arab world. Forty four documents (2.65%) of breast cancer documents were published in Saudi Medical Journal. Arab researchers collaborated mostly with researchers from the United States of America (305; 18.40%) in breast cancer research. Compared with other non-Arab Middle Eastern countries, Arab countries had higher research productivity than some countries and lower than others, particularly Israel. Conclusions: The present data reveals a good contribution of some Arab countries to the field of “breast cancer” research. There is a gap between Arab countries and Israel in the quality of breast cancer research.

Keywords: Active, Activity, Analysis, Arab Countries, Arab World, Articles, Assessing, Bibliometric, Bibliometric-Analysis, Biomedical-Research, Breast, Breast Cancer, Cancer, Citation, Citation Analysis, Citations, Comparison, Contribution, Country, Data, Database, Documents, Egypt, Field, From, H Index, H-Index, Highly Cited Papers, Institutions, International Collaboration, Iran, ISI, ISI Web Of Science, Israel, Journal, Journals, Mar, Medical, Methods, Middle East, Middle Eastern Region, Original Research, Productivity, Publication, Publications, Quality, Quality Of, Quality Of Publications, Research, Research Output, Research Productivity, Researchers, Results, Review, Science, Time Trend, Topic, Trend, Turkey, United States, University, Web, Web Of Science, Women, World

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Full Text: [2013\Bri Med J347, f6879.pdf](2013/Bri%20Med%20J347,%20f6879.pdf)

Abstract: Objective To investigate dietary fibre intake and any potential dose-response association with coronary heart disease and cardiovascular disease. Design Systematic review of available literature and dose-response meta-analysis of cohort studies using random effects models. Data sources The Cochrane Library, Medline, Medline in-process, Embase, CAB Abstracts, ISI Web of Science, BIOSIS, and hand searching. Eligibility criteria for studies Prospective studies reporting associations between fibre intake and coronary heart disease or cardiovascular disease, with a minimum follow-up of three years and published in English between 1 January 1990 and 6 August 2013. Results 22 cohort study publications met inclusion criteria and reported total dietary fibre intake, fibre subtypes, or fibre from food sources and primary events of cardiovascular disease or coronary heart disease. Total dietary fibre intake was inversely associated with risk of cardiovascular disease (risk ratio 0.91 per 7 g/day (95% confidence intervals 0.88 to 0.94)) and coronary heart disease (0.91 (0.87 to 0.94)). There was evidence of some heterogeneity between pooled studies for cardiovascular disease (I-2= 45% (0% to 74%)) and coronary heart disease (I-2= 33% (0% to 66%)). Insoluble fibre and fibre from cereal and vegetable sources were inversely associated with risk of coronary heart disease and cardiovascular disease. Fruit fibre intake was inversely associated with risk of cardiovascular disease. Conclusions Greater dietary fibre intake is associated with a lower risk of both cardiovascular disease and coronary heart disease. Findings are aligned with general recommendations to increase fibre intake. The differing strengths of association by fibre type or source highlight the need for a better understanding of the mode of action of fibre components.

Keywords: Association, Cab, Carbohydrate Intake, Cardiovascular, Cardiovascular Disease, Cereal Fiber, Cohort, Cohort Study, Confidence, Confidence Intervals, Coronary-Heart-Disease, Criteria, Disease, Effects, Events, Evidence, Follow-Up, Food, General, Health, Heart, Heterogeneity, Intervals, Isi, Isi Web of Science, Literature, Measurement Error, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Minimum, Mode, Models, Mortality, Nutrition, Potential, Primary, Publications, Recommendations, Reduced Risk, Reporting, Results, Review, Risk, Science, Source, Sources, Systematic Review, Understanding, Web of Science

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Full Text: [2014\BMJ-Bri Med J348, g2267.pdf](2014/BMJ-Bri%20Med%20J348,%20g2267.pdf)

Abstract: Objectives To determine whether antibiotic treatment leads to improvements in growth in prepubertal children in low and middle income countries, to determine the magnitude of improvements in growth, and to identify moderators of this treatment effect. Design Systematic review and meta-analysis. Data sources Medline, Embase, Scopus, the Cochrane central register of controlled trials, and Web of Science. Study selection Randomised controlled trials conducted in low or middle income countries in which an orally administered antibacterial agent was allocated by randomisation or minimisation and growth was measured as an outcome. Participants aged 1 month to 12 years were included. Control was placebo or non-antimicrobial intervention. Results Data were pooled from 10 randomised controlled trials representing 4316 children, across a variety of antibiotics, indications for treatment, treatment regimens, and countries. In random effects models, antibiotic use increased height by 0.04 cm/month (95% confidence interval 0.00 to 0.07) and weight by 23.8 g/month (95% confidence interval 4.3 to 43.3). After adjusting for age, effects on height were larger in younger populations and effects on weight were larger in African studies compared with other regions. Conclusion Antibiotics have a growth promoting effect in prepubertal children in low and middle income countries. This effect was more pronounced for ponderal than for linear growth. The antibiotic growth promoting effect may be mediated by treatment of clinical or subclinical infections or possibly by modulation of the intestinal microbiota. Better definition of the mechanisms underlying this effect will be important to inform optimal and safe approaches to achieving healthy growth in vulnerable populations.

Keywords: Age, Aged, Antibiotics, Children, Clinical, Clinical-Trial, Confidence, Control, Data, Design, Dose Titration, Double-Blind, Effects, Growth, Gut Microbiota, Impact, Indications, Infections, Interval, Intervention, Intestinal Microbiota, Magnitude, Mechanisms, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Microbiota, Models, Outcome, Persistent Diarrhea, Placebo, Populations, Preschool-Children, Randomisation, Randomised, Randomised Controlled Trials, Results, Review, Rural Bangladesh, Science, Scopus, Selection, Severe Acute Malnutrition, Sources, Systematic, Systematic Review, Treatment, Tropical Enteropathy, Vulnerable Populations, Web Of Science

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Full Text: [2014\BMJ-Bri Med J348, g2301.pdf](2014/BMJ-Bri%20Med%20J348,%20g2301.pdf)

Abstract: Objective To provide an accurate assessment of complications of pregnancy in women with chronic hypertension, including comparison with population pregnancy data (US) to inform pre-pregnancy and antenatal management strategies. Design Systematic review and meta-analysis. Data sources Embase, Medline, and Web of Science were searched without language restrictions, from first publication until June 2013; the bibliographies of relevant articles and reviews were hand searched for additional reports. Study selection Studies involving pregnant women with chronic hypertension, including retrospective and prospective cohorts, population studies, and appropriate arms of randomised controlled trials, were included. Data extraction Pooled incidence for each pregnancy outcome was reported and, for US studies, compared with US general population incidence from the National Vital Statistics Report (2006). Results 55 eligible studies were identified, encompassing 795 221 pregnancies. Women with chronic hypertension had high pooled incidences of superimposed pre-eclampsia (25.9%, 95% confidence interval 21.0% to 31.5 %), caesarean section (41.4%, 35.5% to 47.7%), preterm delivery <37 weeks’ gestation (28.1% (22.6 to 34.4%), birth weight <2500 g (16.9%, 13.1% to 21.5%), neonatal unit admission (20.5%, 15.7% to 26.4%), and perinatal death (4.0%, 2.9% to 5.4%). However, considerable heterogeneity existed in the reported incidence of all outcomes (tau(2)=0.286-0.766), with a substantial range of incidences in individual studies around these averages; additional meta-regression did not identify any influential demographic factors. The incidences (the meta-analysis average from US studies) of adverse outcomes in women with chronic hypertension were compared with women from the US national population dataset and showed higher risks in those with chronic hypertension: relative risks were 7.7 (95% confidence interval 5.7 to 10.1) for superimposed pre-eclampsia compared with pre-eclampsia, 1.3 (1.1 to 1.5) for caesarean section, 2.7 (1.9 to 3.6) for preterm delivery 37 weeks’ gestation, 2.7 (1.9 to 3.8) for birth weight <2500 g, 3.2 (2.2 to 4.4) for neonatal unit admission, and 4.2 (2.7 to 6.5) for perinatal death. Conclusions This systematic review, reporting meta-analysed data from studies of pregnant women with chronic hypertension, shows that adverse outcomes of pregnancy are common and emphasises a need for heightened antenatal surveillance. A consistent strategy to study women with chronic hypertension is needed, as previous study designs have been diverse. These findings should inform counselling and contribute to optimisation of maternal health, drug treatment, and pre-pregnancy management in women affected by chronic hypertension.

Keywords: 1st Trimester, Adverse Outcomes, Adverse Perinatal Outcomes, Antiphospholipid Antibodies, Artery Doppler Velocimetry, Assessment, Bibliographies, Birth, Birth Weight, Birth-Weight, Blood-Pressure, Caesarean, Caesarean Section, Chronic, Chronic Hypertension, Comparison, Complications, Complications Of Pregnancy, Confidence, Counselling, Data, Death, Delivery, Design, Drug, Extraction, Fetal-Growth, First, General, Gestation, Health, Heterogeneity, Hypertension, Incidence, Interval, Language, Management, Maternal, Maternal Health, Medline, Meta Analysis, Meta-Analysis, Meta-Regression, Metaanalysis, Mild Chronic Hypertension, Neonatal, Neonatal Outcomes, Outcome, Outcomes, Perinatal, Perinatal Death, Population, Pre-Eclampsia, Preeclampsia, Pregnancy, Pregnancy Outcome, Pregnancy Outcomes, Pregnant, Pregnant Women, Preterm, Preterm Delivery, Prospective, Publication, Randomised, Randomised Controlled Trials, Reporting, Restrictions, Results, Review, Reviews, Risks, Science, Selection, Sources, Statistics, Strategy, Superimposed Preeclampsia, Surveillance, Systematic, Systematic Review, Treatment, Us, Web Of Science, Women

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Full Text: [2014\BMJ-Bri Med J348, g2467.pdf](2014/BMJ-Bri%20Med%20J348,%20g2467.pdf)

Abstract: Objectives To review, summarise, and compare the evidence for effectiveness of screening sigmoidoscopy and screening colonoscopy in the prevention of colorectal cancer occurrence and deaths. Design Systematic review and meta-analysis of randomised controlled trials and observational studies. Data sources PubMed, Embase, and Web of Science. Two investigators independently extracted characteristics and results of identified studies and performed standardised quality ratings. Eligibility criteria Randomised controlled trials and observational studies in English on the impact of screening sigmoidoscopy and screening colonoscopy on colorectal cancer incidence and mortality in the general population at average risk. Results For screening sigmoidoscopy, four randomised controlled trials and 10 observational studies were identified that consistently found a major reduction in distal but not proximal colorectal cancer incidence and mortality. Summary estimates of reduction in distal colorectal cancer incidence and mortality were 31% (95% confidence intervals 26% to 37%) and 46% (33% to 57%) in intention to screen analysis, 42% (29% to 53%) and 61% (27% to 79%) in per protocol analysis of randomised controlled trials, and 64% (50% to 74%) and 66% (38% to 81%) in observational studies. For screening colonoscopy, evidence was restricted to six observational studies, the results of which suggest tentatively an even stronger reduction in distal colorectal cancer incidence and mortality, along with a significant reduction in mortality from cancer of the proximal colon. Indirect comparisons of results of observational studies on screening sigmoidoscopy and colonoscopy suggest a 40% to 60% lower risk of incident colorectal cancer and death from colorectal cancer after screening colonoscopy even though this incremental risk reduction was statistically significant for deaths from cancer of the proximal colon only. Conclusions Compelling and consistent evidence from randomised controlled trials and observational studies suggests that screening sigmoidoscopy and screening colonoscopy prevent most deaths from distal colorectal cancer. Observational studies suggest that colonoscopy compared with flexible sigmoidoscopy decreases mortality from cancer of the proximal colon. This added value should be examined in further research and weighed against the higher costs, discomfort, complication rates, capacities needed, and possible differences in compliance.

Keywords: Analysis, Cancer, Characteristics, Colorectal Cancer, Compliance, Complication, Complication Rates, Confidence, Confidence Intervals, Costs, Criteria, Data, Death, Design, Effect, Effectiveness, English, Estimates, Evidence, Flexible Sigmoidoscopy, Follow-Up, General, Impact, Incidence, Intervals, Lower Endoscopy, Meta Analysis, Meta-Analysis, Metaanalysis, Mortality, Observational, Observational Studies, Occult Blood-Test, Population, Population-Based-Analysis, Prevent, Prevention, Protocol, Pubmed, Quality, Randomised, Randomised Controlled Trials, Rates, Reduction, Research, Results, Review, Risk, Science, Screening, Sided Colon-Cancer, Sources, Systematic, Systematic Review, Telemark Polyp, United-States, Value, Web Of Science

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Full Text: [2014\BMJ-Bri Med J349, g4227.pdf](2014/BMJ-Bri%20Med%20J349,%20g4227.pdf)

Abstract: Objective To assess the association between leucocyte telomere length and risk of cardiovascular disease. Design Systematic review and meta-analysis. Data sources Studies published up to March 2014 identified through searches of Medline, Web of Science, and Embase. Eligibility criteria Prospective and retrospective studies that reported on associations between leucocyte telomere length and coronary heart disease (defined as non-fatal myocardial infarction, coronary heart disease death, or coronary revascularisation) or cerebrovascular disease (defined as non-fatal stroke or death from cerebrovascular disease) and were broadly representative of general populations-that is, they did not select cohort or control participants on the basis of pre-existing cardiovascular disease or diabetes. Results Twenty four studies involving 43 725 participants and 8400 patients with cardiovascular disease (5566 with coronary heart disease and 2834 with cerebrovascular disease) were found to be eligible. In a comparison of the shortest versus longest third of leucocyte telomere length, the pooled relative risk for coronary heart disease was 1.54 (95% confidence interval 1.30 to 1.83) in all studies, 1.40 (1.15 to 1.70) in prospective studies, and 1.80 (1.32 to 2.44) in retrospective studies. Heterogeneity between studies was moderate (I-2=64%, 41% to 77%, P-het<0.001) and was not significantly explained by mean age of participants (P=0.23), the proportion of male participants (P=0.45), or distinction between retrospective versus prospective studies (P=0.32). Findings for coronary heart disease were similar in meta-analyses restricted to studies that adjusted for conventional vascular risk factors (relative risk 1.42, 95% confidence interval 1.17 to 1.73); studies with >= 200 cases (1.44, 1.20 to 1.74); studies with a high quality score (1.53, 1.22 to 1.92); and in analyses that corrected for publication bias (1.34, 1.12 to 1.60). The pooled relative risk for cerebrovascular disease was 1.42 (1.11 to 1.81), with no significant heterogeneity between studies (I2= 41%, 0% to 72%, P-het=0.08). Shorter telomeres were not significantly associated with cerebrovascular disease risk in prospective studies (1.14, 0.85 to 1.54) or in studies with a high quality score (1.21, 0.83 to 1.76). Conclusion Available observational data show an inverse association between leucocyte telomere length and risk of coronary heart disease independent of conventional vascular risk factors. The association with cerebrovascular disease is less certain.

Keywords: Age, Analyses, Association, Bias, Blood, Cardiovascular, Cardiovascular Disease, Cell Senescence, Cerebrovascular Disease, Cohort, Comparison, Confidence, Control, Conventional, Coronary Heart Disease, Coronary-Heart-Disease, Criteria, Data, Death, Design, Diabetes, Disease, Epidemiology, General, Health, Heart, Heterogeneity, Human Atherosclerosis, Infarction, Interval, Ischemic-Stroke, Length, Male, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Myocardial Infarction, Myocardial-Infarction, Observational, Patients, Prospective, Prospective Studies, Publication, Publication Bias, Quality, Relative Risk, Results, Retrospective Studies, Review, Risk, Risk Factors, Science, Sources, Stroke, Systematic, Systematic Review, Web Of Science

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Full Text: [2014\BMJ-Bri Med J349, g4561.pdf](2014/BMJ-Bri%20Med%20J349,%20g4561.pdf)

Abstract: Objective To assess the efficacy and safety of pooled human albumin solutions as part of fluid volume expansion and resuscitation (with or without improvement of baseline hypoalbuminaemia) in critically unwell adults with sepsis of any severity. Design Systematic review and meta-analysis of randomised clinical trials, with trial sequential analysis, subgroup, and meta-regression analyses. Data sources PubMed, PubMed Central, Web of Science (includes Medline, Conference Proceedings Citation Index, Data Citation Index, Chinese Science Citation Database, CAB abstracts, Derwent Innovations Index), OvidSP (includes Embase, Ovid Medline, HMIC, PsycINFO, Maternity and Infant Care, Transport Database), Cochrane Library, clinicaltrials.gov, controlled-trials.com, online material, relevant conference proceedings, hand searching of reference lists, and contact with authors as necessary. Eligibility criteria Prospective randomised clinical trials of adults with sepsis of any severity (with or without baseline hypoalbuminaemia) in critical or intensive care who received pooled human albumin solutions as part of fluid volume expansion and resuscitation (with or without improvement of hypoalbuminaemia) compared with those who received control fluids (crystalloid or colloid), were included if all-cause mortality outcome data were available. No restriction of language, date, publication status, or primary study endpoint was applied. Data extraction Two reviewers independently assessed articles for inclusion, extracted data to assess risk of bias, trial methods, patients, interventions, comparisons, and outcome. The relative risk of all-cause mortality was calculated using a random effects model accounting for clinical heterogeneity. Primary outcome measure All-cause mortality at final follow-up. Results Eighteen articles reporting on 16 primary clinical trials that included 4190 adults in critical or intensive care with sepsis, severe sepsis, or septic shock. A median of 70.0 g daily of pooled human albumin was received over a median of 3 days by adults with a median age of 60.8 years as part of fluid volume expansion and resuscitation, with or without correction of hypoalbuminaemia. The relative risk of death was similar between albumin groups (that received a median of 175 g in total) and control fluid groups (relative risk 0.94; 95% confidence interval 0.87 to 1.01; P=0.11; I-2=0%). Trial sequential analysis corrected the 95% confidence interval for random error (0.85 to 1.02; D-2=0%). Eighty eight per cent of the required information size (meta-analysis sample size) of 4894 patients was achieved, and the cumulative effect size measure (z score) entered the futility area, supporting the notion of no relative benefit of albumin (GRADE quality of evidence was moderate). Evidence of no difference was also found when albumin was compared with crystalloid fluid (relative risk 0.93; 0.86 to 1.01; P=0.07; I-2=0%) in 3878 patents (GRADE quality of evidence was high; 79.9% of required information size) or colloid fluids in 299 patients (relative risk 1.04; 0.79 to 1.38; P=0.76; I-2=0%) (GRADE quality of evidence was very low; 5.8% of required information size). When studies at high risk of bias were excluded in a predefined subgroup analysis, the finding of no mortality benefit remained, and the cumulative z score was just outside the boundary of futility. Overall, the meta-analysis was robust to sensitivity, subgroup, meta-regression, and trial sequential analyses. Conclusions In this analysis, human albumin solutions as part of fluid volume expansion and resuscitation for critically unwell adults with sepsis of any severity (with or without baseline hypoalbuminaemia) were not robustly effective at reducing all-cause mortality. Albumin seems to be safe in this setting, as a signal towards harm was not detected, but this analysis does not support a recommendation for use.

Keywords: Acute Kidney Injury, Acute Lung Injury, Age, Albumin, Analyses, Analysis, Articles, Authors, Bias, Cab, Campaign International Guidelines, Care, Chinese, Citation, Clinical, Clinical Trials, Colloid, Conference, Conference Proceedings, Confidence, Control, Criteria, Critically-Ill Patients, Crystalloid, Cumulative, Data, Database, Death, Design, Different Volume Therapies, Effect Size, Effects, Efficacy, Error, Evidence, Extraction, Fluid Resuscitation, Follow-Up, Futility, Grade, Groups, Heterogeneity, Human, Hydroxyethyl Starch 130, 0.4, Improvement, Infant, Information, Intensive Care, Intensive-Care-Unit, Interval, Interventions, Language, Measure, Medline, Meta Analysis, Meta-Analysis, Meta-Regression, Metaanalysis, Methods, Model, Mortality, Notion, Online, Outcome, Outcome Measure, Patents, Patients, Primary, Proceedings, Psycinfo, Publication, Pubmed, Pubmed Central, Quality, Quality Of, Random Effects Model, Randomised, Reference, Reference Lists, Relative Risk, Reporting, Results, Resuscitation, Review, Reviewers, Risk, Safety, Sample Size, Science, Sensitivity, Sepsis, Septic Shock, Sequential, Serious Adverse Events, Shock, Size, Solutions, Sources, Support, Systematic, Systematic Review, Transport, Trial, Volume, Web Of Science, Z-Score

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Full Text: [2014\BMJ-Bri Med J349, g5133.pdf](2014/BMJ-Bri%20Med%20J349,%20g5133.pdf)

Abstract: Objective To determine the evidence of effectiveness and safety for introduction of five recent and ostensibly high value implantable devices in major joint replacement to illustrate the need for change and inform guidance on evidence based introduction of new implants into healthcare. Design Systematic review of clinical trials, comparative observational studies, and registries for comparative effectiveness and safety of five implantable device innovations. Data sources PubMed (Medline), Embase, Web of Science, Cochrane, CINAHL, reference lists of articles, annual reports of major registries, summaries of safety and effectiveness for pre-market application and mandated post-market studies at the US Food and Drug Administration. Study selection The five selected innovations comprised three in total hip replacement (ceramic-on-ceramic bearings, modular femoral necks, and uncemented monoblock cups) and two in total knee replacement (high flexion knee replacement and gender specific knee replacement). All clinical studies of primary total hip or knee replacement for symptomatic osteoarthritis in adults that compared at least one of the clinical outcomes of interest (patient centred outcomes or complications, or both) in the new implant group and control implant group were considered. Data searching, abstraction, and analysis were independently performed and confirmed by at least two authors. Quantitative data syntheses were performed when feasible. Results After assessment of 10 557 search hits, 118 studies (94 unique study cohorts) met the inclusion criteria and reported data related to 15 384 implants in 13 164 patients. Comparative evidence per device innovation varied from four low to moderate quality retrospective studies (modular femoral necks) to 56 studies of varying quality including seven high quality (randomised) studies (high flexion knee replacement). None of the five device innovations was found to improve functional or patient reported outcomes. National registries reported two to 12 year follow-up for revision occurrence related to more than 200 000 of these implants. Reported comparative data with well established alternative devices (over 1 200 000 implants) did not show improved device survival. Moreover, we found higher revision occurrence associated with modular femoral necks (hazard ratio 1.9) and ceramic-on-ceramic bearings (hazard ratio 1.0-1.6) in hip replacement and with high flexion knee implants (hazard ratio 1.0-1.8). Conclusion We did not find convincing high quality evidence supporting the use of five substantial, well known, and already implemented device innovations in orthopaedics. Moreover, existing devices may be safer to use in total hip or knee replacement. Improved regulation and professional society oversight are necessary to prevent patients from being further exposed to these and future innovations introduced without proper evidence of improved clinical efficacy and safety.

Keywords: Alternative, Analysis, Application, Arthroplasty, Articles, Assessment, Authors, Clinical, Clinical Outcomes, Clinical Studies, Clinical Trials, Comparative, Complications, Control, Criteria, Data, Design, Device Innovation, Different Bearing Surfaces, Drug, Effectiveness, Efficacy, Evidence, Evidence Based, Evidence-Based, Follow-Up, Food, Gender, Gender-Specific, Guidance, Guidelines, Hazard, Hazard Ratio, Hip Replacement, Ideal Framework, Implant, Innovation, Medical Devices, Medline, Metaanalyses, Metal-On-Metal, National Joint Registry, Observational, Observational Studies, Orthopaedics, Outcomes, Patients, Prevent, Primary, Pubmed, Quality, Randomised, Randomized Controlled-Trials, Recent, Reference, Reference Lists, Registries, Regulation, Results, Retrospective Studies, Review, Safety, Science, Selection, Society, Sources, Statement, Survival, Systematic, Systematic Review, Technologies, US, Value, Web Of Science

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Full Text: [2015\BMJ-Bri Med J350, h1225.pdf](2015/BMJ-Bri%20Med%20J350,%20h1225.pdf)

Abstract: OBJECTIVE To investigate the efficacy and safety of paracetamol (acetaminophen) in the management of spinal pain and osteoarthritis of the hip or knee. DESIGN Systematic review and meta-analysis. DATA SOURCES Medline, Embase, AMED, CINAHL, Web of Science, LILACS, International Pharmaceutical Abstracts, and Cochrane Central Register of Controlled Trials from inception to December 2014. ELIGIBILITY CRITERIA FOR SELECTING STUDIES Randomised controlled trials comparing the efficacy and safety of paracetamol with placebo for spinal pain (neck or low back pain) and osteoarthritis of the hip or knee. DATA EXTRACTION Two independent reviewers extracted data on pain, disability, and quality of life. Secondary outcomes were adverse effects, patient adherence, and use of rescue medication. Pain and disability scores were converted to a scale of 0 (no pain or disability) to 100 (worst possible pain or disability). We calculated weighted mean differences or risk ratios and 95% confidence intervals using a random effects model. The Cochrane Collaboration’s tool was used for assessing risk of bias, and the GRADE approach was used to evaluate the quality of evidence and summarise conclusions. RESULTS 12 reports (13 randomised trials) were included. There was “high quality” evidence that paracetamol is ineffective for reducing pain intensity (weighted mean difference -0.5, 95% confidence interval -2.9 to 1.9) and disability (0.4, -1.7 to 2.5) or improving quality of life (0.4, -0.9 to 1.7) in the short term in people with low back pain. For hip or knee osteoarthritis there was “high quality” evidence that paracetamol provides a significant, although not clinically important, effect on pain (-3.7, -5.5 to -1.9) and disability (-2.9, -4.9 to -0.9) in the short term. The number of patients reporting any adverse event (risk ratio 1.0, 95% confidence interval 0.9 to 1.1), any serious adverse event (1.2, 0.7 to 2.1), or withdrawn from the study because of adverse events (1.2, 0.9 to 1.5) was similar in the paracetamol and placebo groups. Patient adherence to treatment (1.0, 0.9 to 1.1) and use of rescue medication (0.7, 0.4 to 1.3) was also similar between groups. “High quality” evidence showed that patients taking paracetamol are nearly four times more likely to have abnormal results on liver function tests (3.8, 1.9 to 7.4), but the clinical importance of this effect is uncertain. CONCLUSIONS Paracetamol is ineffective in the treatment of low back pain and provides minimal short term benefit for people with osteoarthritis. These results support the reconsideration of recommendations to use paracetamol for patients with low back pain and osteoarthritis of the hip or knee in clinical practice guidelines. SYSTEMATIC REVIEW REGISTRATION PROSPERO registration number CRD42013006367.

Keywords: Acetaminophen, Acetaminophen Extended-Release, Adherence, Adherence To Treatment, Adverse Effects, Adverse Events, American-College, Approach, Assessing, Back Pain, Bias, Clinical, Clinical Practice, Clinical Practice Guidelines, Conclusions, Confidence, Confidence Intervals, Criteria, Data, Design, Disability, Disease 2010, Double-Blind, Effects, Efficacy, Efficacy And Safety, Events, Evidence, Extraction, From, Function, Global Burden, Grade, Groups, Guidelines, Hip Osteoarthritis, Intensity, International, Interval, Intervals, Knee, Knee Osteoarthritis, Life, Liver, Low Back, Low Back Pain, Low-Back-Pain, Management, Mar, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Model, Neck, Osteoarthritis, Outcomes, Pain, Paracetamol, Patient, Patients, Pharmaceutical, Placebo, Practice, Practice Guidelines, Quality, Quality Of, Quality Of Life, Random Effects Model, Randomised, Randomised Controlled Trials, Recommendations, Registration, Reporting, Review, Reviewers, Risk, Safety, Scale, Science, Spinal, Standing-Committee, Support, Systematic, Systematic Review, Task-Force, Term, Treatment, Web, Web Of Science

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Full Text: [2015\BMJ-Bri Med J350, h1295.pdf](2015/BMJ-Bri%20Med%20J350,%20h1295.pdf)

Abstract: OBJECTIVE To review the evidence for the short term association between air pollution and stroke. DESIGN Systematic review and meta-analysis of observational studies DATA SOURCES Medline, Embase, Global Health, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Web of Science searched to January 2014 with no language restrictions. ELIGIBILITY CRITERIA Studies investigating the short term associations (up to lag of seven days) between daily increases in gaseous pollutants (carbon monoxide, sulphur dioxide, nitrogen dioxide, ozone) and particulate matter (< 2.5 mu m or < 10 mu m diameter (PM2.5 and PM10)), and admission to hospital for stroke or mortality. MAIN OUTCOME MEASURES Admission to hospital and mortality from stroke. RESULTS From 2748 articles, 238 were reviewed in depth with 103 satisfying our inclusion criteria and 94 contributing to our meta-estimates. This provided a total of 6.2 million events across 28 countries. Admission to hospital for stroke or mortality from stroke was associated with an increase in concentrations of carbon monoxide (relative risk 1.015 per 1 ppm, 95% confidence interval 1.004 to 1.026), sulphur dioxide (1.019 per 10 ppb, 1.011 to 1.027), and nitrogen dioxide (1.014 per 10 ppb, 1.009 to 1.019). Increases in PM2.5 and PM10 concentration were also associated with admission and mortality (1.011 per 10 (I) over cap1/4g/m(3) (1.011 to 1.012) and 1.003 per 10 mu g/m(3) (1.002 to 1.004), respectively). The weakest association was seen with ozone (1.001 per 10 ppb, 1.000 to 1.002). Strongest associations were observed on the day of exposure with more persistent effects observed for PM2-5. CONCLUSION Gaseous and particulate air pollutants have a marked and close temporal association with admissions to hospital for stroke or mortality from stroke. Public and environmental health policies to reduce air pollution could reduce the burden of stroke.

Keywords: 11 European Cohorts, Air, Air Pollution, Articles, Association, Burden, Carbon, Carbon Monoxide, Cardiovascular-Diseases, Case-Crossover Analysis, Cause-Specific Mortality, Concentration, Confidence, Criteria, Daily Hospital Admissions, Design, Diesel Exhaust Inhalation, Effects, Emergency-Department Visits, Environmental, Environmental Health, Events, Evidence, Exposure, From, Global, Health, Hospital, Interval, Language, Literature, Mar, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Mortality, Nitrogen, Nursing, Observational, Observational Studies, Outcome, Outcome Measures, Ozone, Particulate, Particulate Matter, Pm10, Pm2.5, Policies, Pollutants, Pollution, Relative Risk, Restrictions, Review, Risk, Science, Short-Term, Stroke, Sulphur Dioxide, Systematic, Systematic Review, Temporal, Term, Time-Series, Transient Ischemic Attack, Web, Web Of Science

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Full Text: [2015\BMJ-Bri Med J350, h1354.pdf](2015/BMJ-Bri%20Med%20J350,%20h1354.pdf)

Abstract: OBJECTIVE To compare the benefit and harm of restrictive versus liberal transfusion strategies to guide red blood cell transfusions. DESIGN Systematic review with meta-analyses and trial sequential analyses of randomised clinical trials. DATA SOURCES Cochrane central register of controlled trials, SilverPlatter Medline (1950 to date), SilverPlatter Embase (1980 to date), and Science Citation Index Expanded (1900 to present). Reference lists of identified trials and other systematic reviews were assessed, and authors and experts in transfusion were contacted to identify additional trials. TRIAL SELECTION Published and unpublished randomised clinical trials that evaluated a restrictive compared with a liberal transfusion strategy in adults or children, irrespective of language, blinding procedure, publication status, or sample size. DATA EXTRACTION Two authors independently screened titles and abstracts of trials identified, and relevant trials were evaluated in full text for eligibility. Two reviewers then independently extracted data on methods, interventions, outcomes, and risk of bias from included trials. random effects models were used to estimate risk ratios and mean differences with 95% confidence intervals. RESULTS 31 trials totalling 9813 randomised patients were included. The proportion of patients receiving red blood cells (relative risk 0.54, 95% confidence interval 0.47 to 0.63, 8923 patients, 24 trials) and the number of red blood cell units transfused (mean difference -1.43, 95% confidence interval -2.01 to -0.86) were lower with the restrictive compared with liberal transfusion strategies. Restrictive compared with liberal transfusion strategies were not associated with risk of death (0.86, 0.74 to 1.01, 5707 patients, nine lower risk of bias trials), overall morbidity (0.98, 0.85 to 1.12, 4517 patients, six lower risk of bias trials), or fatal or non-fatal myocardial infarction (1.28, 0.66 to 2.49, 4730 patients, seven lower risk of bias trials). Results were not affected by the inclusion of trials with unclear or high risk of bias. Using trial sequential analyses on mortality and myocardial infarction, the required information size was not reached, but a 15% relative risk reduction or increase in overall morbidity with restrictive transfusion strategies could be excluded. CONCLUSIONS Compared with liberal strategies, restrictive transfusion strategies were associated with a reduction in the number of red blood cell units transfused and number of patients being transfused, but mortality, overall morbidity, and myocardial infarction seemed to be unaltered. Restrictive transfusion strategies are safe in most clinical settings. Liberal transfusion strategies have not been shown to convey any benefit to patients.

Keywords: Abstracts, Adults, Analyses, Analysis, Authors, Bias, Birth-Weight Infants, Blood, Cardiac-Surgery, Cell, Children, Citation, Clinical, Clinical Trials, Clinical-Trial, Conclusions, Confidence, Confidence Intervals, Data, Death, Design, Effects, Experts, Extraction, From, Hemoglobin Threshold, Hip Fracture Surgery, Infarction, Information, Intensive-Care Units, Interval, Intervals, Interventions, Language, Mar, Medline, Meta Analysis, Meta-Analyses, Meta-Analysis, Metaanalysis, Methods, Models, Morbidity, Mortality, Myocardial Infarction, Myocardial-Infarction, Outcomes, Patients, Premature-Infants, Preterm Infants, Procedure, Publication, Publication Status, Randomised, Red Blood Cells, Reduction, Reference, Reference Lists, Relative Risk, Results, Review, Reviewers, Reviews, Risk, Sample Size, Science, Science Citation Index, Science Citation Index Expanded, Selection, Sequential, Size, Strategy, Systematic, Systematic Review, Systematic Reviews, Transfusion, Traumatic Brain-Injury, Trial

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Full Text: [2015\BMJ-Bri Med J350, h1618.pdf](2015/BMJ-Bri%20Med%20J350,%20h1618.pdf)

Abstract: OBJECTIVE To assess the benefits and risks of short term (<12 months) or extended (>12 months) dual antiplatelet therapy (DAPT) versus standard 12 month therapy, following percutaneous coronary intervention with drug eluting stents. DESIGN Meta-analysis of randomised controlled trials. DATA SOURCES PubMed, Embase, Cumulative Index to Nursing and Allied Health Literature, Scopus, Web of Science, Cochrane Library, and major congress proceedings, searched from 1 January 2002 to 16 February 2015. REVIEW METHODS Trials comparing short term (<12 months) or extended (>12 months) DAPT regimens with standard 12 month duration of therapy. Primary outcomes were cardiovascular mortality, myocardial infarction, stent thrombosis, major bleeding, and all cause mortality. RESULTS 10 randomised controlled trials (n=32 287) were included. Compared to 12 month DAPT, a short term course of therapy was associated with a significant reduction in major bleeding (odds ratio 0.58 (95% confidence interval 0.36 to 0.92); P=0.02) with no significant differences in ischaemic or thrombotic outcomes. Extended versus 12 month DAPT yielded a significant reduction in the odds of myocardial infarction (0.53 (0.42 to 0.66); P<0.001) and stent thrombosis (0.33 (0.21 to 0.51); P<0.001), but more major bleeding (1.62 (1.26 to 2.09); P<0.001). All cause but not cardiovascular death was also significantly increased (1.30 (1.02 to 1.66); P=0.03). CONCLUSIONS Compared with a standard 12 month duration, short term DAPT (<12 months) after drug eluting stent implementation yields reduced bleeding with no apparent increase in ischaemic complications, and could be considered for most patients. In selected patients with low bleeding risk and very high ischaemic risk, extended DAPT (>12 months) could be considered. The increase in all cause but not cardiovascular death with extended DAPT requires further investigation.

Keywords: Bare Metal Stent, Bleeding, Cardiovascular, Clopidogrel Therapy, Complications, Confidence, Course, Death, Design, Drug, Duration, Efficacy, End-Points, Implantation, Implementation, Infarction, Interval, Intervention, Investigation, Literature, Meta-Analysis, Metaanalysis, Methods, Mortality, Multicenter, Myocardial Infarction, Odds Ratio, Outcomes, Patients, Percutaneous, Percutaneous Coronary Intervention, Pubmed, Randomised, Randomised Controlled Trials, Rationale, Reduction, Risk, Risks, Safety, Science, Scopus, Standard, Stents, Term, Therapy, Thrombosis, Web Of Science

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ISO Abbreviated Title:

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Publisher:

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Subject Categories:

: Impact Factor

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Full Text: [2012\BMJ Ope3, e002360.pdf](2012/BMJ%20Ope,%20e000897.pdf)

Abstract: Objectives: To investigate the feasibility of using research papers cited in clinical guidelines as a way to track the impact of particular funding streams or sources. Setting: In recent years, medical research funders have made efforts to enhance the understanding of the impact of their funded research and to provide evidence of the ‘value’ of investments in particular areas of research. One of the most challenging areas of research evaluation is around impact on policy and practice. In the UK, the National Institute of Health and Clinical Excellence (NICE) provide clinical guidelines, which bring together current high-quality evidence on the diagnosis and treatment of clinical problems. Research referenced in these guidelines is an indication of its potential to have real impact on health policy and practice. Design: This study is based on analysis of the authorship and funding attribution of research cited in two NICE clinical guidelines: dementia and chronic obstructive pulmonary disease. Results: Analysis identified that around a third of papers cited in the two NICE guidelines had at least one author based in the UK. In both cases, about half of these UK attributed papers contained acknowledgements which allowed the source of funding for the research to be identified. The research cited in these guidelines was found to have been supported by a diverse set of funders from different sectors. The study also investigated the contribution of research groups based in universities, industry and the public sector. Conclusions: The study found that there is great potential for guidelines to be used as sources of information on the quality of the research used in their development and that it is possible to track the source of the funding of the research. The challenge is in harnessing the relevant information to track this in an efficient way.

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Full Text: [2012\BMJ Ope2, e001007.pdf](2012/BMJ%20Ope2,%20e001007.pdf)

Abstract: Background: Despite the number of medications for type 2 diabetes, many people with the condition do not achieve good glycaemic control. Some existing glucose-lowering agents have adverse effects such as weight gain or hypoglycaemia. Type 2 diabetes tends to be a progressive disease, and most patients require treatment with combinations of glucose-lowering agents. The sodium glucose co-transporter 2 (SGLT2) receptor inhibitors are a new class of glucose-lowering agents. Objective: To assess the clinical effectiveness and safety of the SGLT2 receptor inhibitors in dual or triple therapy in type 2 diabetes. Data sources: MEDLINE, Embase, Cochrane Library (all sections); Science Citation Index; trial registries; conference abstracts; drug regulatory authorities; bibliographies of retrieved papers. Inclusion criteria: Randomised controlled trials of SGLT2 receptor inhibitors compared with placebo or active comparator in type 2 diabetes in dual or combination therapy. Methods: Systematic review. Quality assessment used the Cochrane risk of bias score. Results: Seven trials, published in full, assessed dapagliflozin and one assessed canagliflozin. Trial quality appeared good. Dapagliflozin 10 mg reduced HbA1c by -0.54% (weighted mean differences (WMD), 95% CI -0.67 to -0.40) compared to placebo, but there was no difference compared to glipizide. Canagliflozin reduced HbA1c slightly more than sitagliptin (up to -0.21% vs sitagliptin). Both dapagliflozin and canagliflozin led to weight loss (dapagliflozin WMD -1.81 kg (95% CI -2.04 to -1.57), canagliflozin up to -2.3 kg compared to placebo). Limitations: Long-term trial extensions suggested that effects were maintained over time. Data on canagliflozin are currently available from only one paper. Costs of the drugs are not known so cost-effectiveness cannot be assessed. More data on safety are needed, with the Food and Drug Administration having concerns about breast and bladder cancers. Conclusions: Dapagliflozin appears effective in reducing HbA1c and weight in type 2 diabetes, although more safety data are needed.

Keywords: Add-On, Adverse Effects, Assessment, Bias, Bibliographies, Bladder, Body-Weight, Citation, Clinical, Combination Therapy, Control, Cost Effectiveness, Cost-Effectiveness, Criteria, Dapagliflozin, Data, Diabetes, Disease, Double-Blind, Drug, Drugs, Effectiveness, Effects, Glucose, Glucosuria, Hypoglycaemia, Inadequate Glycemic Control, Insulin, MEDLINE, Mellitus, Metformin, Papers, Patients, Placebo, Placebo-Controlled Trial, Quality, Quality Assessment, Randomised Controlled Trials, Registries, Results, Review, Risk, Safety, Science, Science Citation Index, Sodium, Sources, Systematic Review, Therapy, Treatment, Trial, Type 2 Diabetes, Weight Gain, Weight Loss

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Full Text: [2013\BMJ Ope3, e002360.pdf](2013/BMJ%20Ope3,%20e002360.pdf)

Abstract: Objective: To identify interventions designed to improve recruitment to randomised controlled trials, and to quantify their effect on trial participation. Design: Systematic review. Data sources: The Cochrane Methodology Review Group Specialised Register in the Cochrane Library, MEDLINE, EMBASE, ERIC, Science Citation Index, Social Sciences Citation Index, C2-SPECTR, the National Research Register and PubMed. Most searches were undertaken up to 2010; no language restrictions were applied. Study selection: Randomised and quasi-randomised controlled trials, including those recruiting to hypothetical studies. Studies on retention strategies, examining ways to increase questionnaire response or evaluating the use of incentives for clinicians were excluded. The study population included any potential trial participant (eg, patient, clinician and member of the public), or individual or group of individuals responsible for trial recruitment (eg, clinicians, researchers and recruitment sites). Two authors independently screened identified studies for eligibility. Results: 45 trials with over 43 000 participants were included. Some interventions were effective in increasing recruitment: telephone reminders to non-respondents (risk ratio (RR) 1.66, 95% CI 1.03 to 2.46; two studies, 1058 participants), use of opt-out rather than opt-in procedures for contacting potential participants (RR 1.39, 95% CI 1.06 to 1.84; one study, 152 participants) and open designs where participants know which treatment they are receiving in the trial (RR 1.22, 95% CI 1.09 to 1.36; two studies, 4833 participants). However, the effect of many other strategies is less clear, including the use of video to provide trial information and interventions aimed at recruiters. Conclusions: There are promising strategies for increasing recruitment to trials, but some methods, such as open-trial designs and opt-out strategies, must be considered carefully as their use may also present methodological or ethical challenges. Questions remain as to the applicability of results originating from hypothetical trials, including those relating to the use of monetary incentives, and there is a clear knowledge gap with regard to effective strategies aimed at recruiters.

Keywords: Authors, Breast-Cancer, Cancer-Patients, Citation, Clinical-Trials, Clinician, Disclosing Financial Interests, Embase, Ethical, Hazardous Drinking, Incentives, Increase Recruitment, Information, Informed-Consent, Interventions, Knowledge, Language, Medical-Research, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methodology, Methods, Open, Participation, Population, Potential, Prevention Trial, Primary-Care, Procedures, Public, Pubmed, Questionnaire, Randomised, Randomised Controlled Trials, Recruitment, Research, Restrictions, Results, Retention, Review, Risk, Science, Science Citation Index, Selection, Social Sciences, Social Sciences Citation Index, Sources, Systematic Review, Treatment, Trial, Video

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Full Text: [2013\BMJ Ope3, e002268.pdf](2013/BMJ%20Ope3,%20e002268.pdf)

Abstract: Introduction: Little is known about the role of the organisational culture in the success and sustainability of the hospital-wide interventions, and how local culture affects patient outcomes in acute hospitals. Methods and analysis: A systematic literature review will be conducted to identify organisational factors influencing hospital-wide interventions and patient outcomes. A search of English language articles will be performed in MEDLINE, CINAHL, EMBASE, Web of Science, PsychInfo and Global Health databases using Medical Subject Headings and keywords. Randomised controlled trials, quasi-randomised trials, controlled before and after design studies and interrupted time-series analysis studies will be included. ‘Grey literature’ will be excluded, however peer-reviewed journals that are likely to publish relevant studies (JAMA, BMJ, BMJ Quality and Safety, Lancet and New England Journal of Medicine and Implementation Science) will be hand searched for the last 5 years. Two reviewers will independently undertake a title and abstract review using inclusion and exclusion criteria. Studies will be excluded only after discussion between at least two reviewers, who will assess and agree on the inclusion, risk of bias and quality rating of the studies. One author will extract summary descriptive data from these studies; the other author will review this documentation for accuracy and completeness. Results: It is likely that the studies will be heterogeneous in nature, therefore a narrative synthesis of the findings will be conducted. Conclusions: We will discuss characteristics of the studies and stratify the results according to the type of hospital-wide interventions, organisational factors associated with them and outcomes measured.

Keywords: Accuracy, Analysis, Bias, Characteristics, Criteria, Cultural, Culture, Data, Databases, Design, Documentation, Embase, England, Health, Hospitals, Implementation, Interrupted Time Series, Interventions, Journal, Journals, Language, Literature, Literature Review, Local, Medical, Medicine, Medline, Methods, Organisational Culture, Outcomes, Peer Reviewed Journals, Peer-Reviewed, Protocol, Quality, Randomised Controlled Trials, Results, Review, Risk, Role, Safety, Science, Sustainability, Synthesis, Time Series, Time Series Analysis, Time-Series Analysis, Web of Science

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Full Text: [2013\BMJ Ope3, e002269.pdf](2013/BMJ%20Ope3,%20e002269.pdf)

Abstract: Objectives: The aim of this systematic review is to appraise the evidence for the use of anti-VEGF drugs and steroids in diabetic macular oedema (DMO) as assessed by change in best corrected visual acuity (BCVA), central macular thickness and adverse events Data source: MEDLINE, EMBASE, Web of Science with Conference Proceedings and the Cochrane Library (inception to July 2012). Certain conference abstracts and drug regulatory web sites were also searched. Study eligibility criteria, participants and interventions: Randomised controlled trials were used to assess clinical effectiveness and observational trials were used for safety. Trials which assessed triamcinolone, dexamethasone, fluocinolone, bevacizumab, ranibizumab, pegaptanib or aflibercept in patients with DMO were included. Study appraisal and synthesis methods: Risk of bias was assessed using the Cochrane risk of bias tool. Study results are narratively described and, where appropriate, data were pooled using random effects meta-analysis. Results: Anti-VEGF drugs are effective compared to both laser and placebo and seem to be more effective than steroids in improving BCVA. They have been shown to be safe in the short term but require frequent injections. Studies assessing steroids (triamcinolone, dexamethasone and fluocinolone) have reported mixed results when compared with laser or placebo. Steroids have been associated with increased incidence of cataracts and intraocular pressure rise but require fewer injections, especially when steroid implants are used. Limitations: The quality of included studies varied considerably. Five of 14 meta-analyses had moderate or high statistical heterogeneity. Conclusions and implications of key findings: The anti-VEGFs ranibizumab and bevacizumab have consistently shown good clinical effectiveness without major unwanted side effects. Steroid results have been mixed and are usually associated with cataract formation and intraocular pressure increase. Despite the current wider spectrum of treatments for DMO, only a small proportion of patients recover good vision (>= 20/40), and thus the search for new therapies needs to continue.

Keywords: Assessing, Bias, Clinical, Conference, Criteria, Data, Dexamethasone, Drug, Drugs, Effectiveness, Effects, Embase, Events, Evidence, Heterogeneity, Incidence, Injections, Interventions, Laser, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Needs, Observational, Patients, Placebo, Pressure, Quality, Quality Of, Randomised Controlled Trials, Results, Review, Risk, Risk of Bias, Safety, Science, Side Effects, Small, Source, Steroids, Synthesis, Systematic Review, Term, Web, Web of Science

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Full Text: [2013\BMJ Ope3, e002312.pdf](2013/BMJ%20Ope3,%20e002312.pdf)

Abstract: Objective: To synthesise existing knowledge of the efficacy and safety of long-acting versus short-acting methylphenidate for paediatric attention deficit hyperactivity disorder (ADHD). Design: Systematic review and meta-analysis. Data sources: Electronic literature search of CENTRAL, MEDLINE, PreMEDLINE, CINAHL, EMBASE, PsychINFO, Scopus and Web of Science for articles published in the English language between 1950 and 2012. Reference lists of included studies were checked for additional studies. Study selection: Randomised controlled trials of paediatric ADHD patients (<18 years), comparing a long-acting methylphenidate form to a short-acting methylphenidate form. Data extraction: Two authors independently selected trials, extracted data and assessed risk of bias. Continuous outcomes were compared using standardised mean differences (SMDs) between treatment groups. Adverse events were compared using risk differences between treatment groups. Heterogeneity was explored by subgroup analysis based on the type of long-acting formulation used. Results: Thirteen RCTs were included; data from 882 participants contributed to the analysis. Meta-analysis of three studies which used parent ratings to report on hyperactivity/impulsivity had an SMD of -0.30 (95% CI -0.51 to -0.08) favouring the long-acting forms. In contrast, three studies used teacher ratings to report on hyperactivity and had an SMD of 0.29 (95% CI 0.05 to 0.52) favouring the short-acting methylphenidate. In addition, subgroup analysis of three studies which used parent ratings to report on inattention/overactivity indicate that the osmotic release oral system generation long-acting formulation was favoured with an SMD of -0.35 (95% CI -0.52 to -0.17), while the second generation showed less efficacy than the short-acting formulation with an SMD of 0.42 (95% CI 0.17 to 0.68). The long-acting formulations presented with slightly more total reported adverse events (n=578) as compared with the short-acting formulation (n=566). Conclusions: The findings from this systematic review indicate that the long-acting forms have a modest effect on the severity of inattention/overactivity and hyperactivity/impulsivity according to parent reports, whereas the short-acting methylphenidate was preferred according to teacher reports for hyperactivity.

Keywords: Adhd, Analysis, Attention, Authors, Bias, Data, Design, Efficacy, Embase, Events, Extraction, Forms, Formulation, Generation, Groups, Hyperactivity, Knowledge, Language, Literature, Literature Search, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methylphenidate, Oral, Outcomes, Patients, Randomised Controlled Trials, Reference, Reference Lists, Release, Results, Review, Risk, Safety, Science, Scopus, Selection, Sources, Systematic Review, Treatment, Web of Science

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Full Text: [2013\BMJ Ope3, e002889.pdf](2013/BMJ%20Ope3,%20e002889.pdf)

Abstract: Objective: To develop an empirically based framework of the aspects of randomised controlled trials addressed by qualitative research. Design: Systematic mapping review of qualitative research undertaken with randomised controlled trials and published in peer-reviewed journals. Data sources: MEDLINE, PreMEDLINE, EMBASE, the Cochrane Library, Health Technology Assessment, PsycINFO, CINAHL, British Nursing Index, Social Sciences Citation Index and ASSIA. Eligibility criteria: Articles reporting qualitative research undertaken with trials published between 2008 and September 2010; health research, reported in English. Results: 296 articles met the inclusion criteria. Articles focused on 22 aspects of the trial within five broad categories. Some articles focused on more than one aspect of the trial, totalling 356 examples. The qualitative research focused on the intervention being trialled (71%, 254/356); the design, process and conduct of the trial (15%, 54/356); the outcomes of the trial (1%, 5/356); the measures used in the trial (3%, 10/356); and the target condition for the trial (9%, 33/356). A minority of the qualitative research was undertaken at the pretrial stage (28%, 82/296). The value of the qualitative research to the trial itself was not always made explicit within the articles. The potential value included optimising the intervention and trial conduct, facilitating interpretation of the trial findings, helping trialists to be sensitive to the human beings involved in trials, and saving money by steering researchers towards interventions more likely to be effective in future trials. Conclusions: A large amount of qualitative research undertaken with specific trials has been published, addressing a wide range of aspects of trials, with the potential to improve the endeavour of generating evidence of effectiveness of health interventions. Researchers can increase the impact of this work on trials by undertaking more of it at the pretrial stage and being explicit within their articles about the learning for trials and evidence-based practice.

Keywords: Articles, Assessment, Citation, Criteria, Design, Effectiveness, Embase, Evidence, Evidence Based, Evidence-Based, Evidence-Based Practice, Framework, Health, Health Research, Human, Impact, Intervention, Interventions, Journals, Learning, Mapping, Measures, Medline, Nursing, Outcomes, Peer Reviewed Journals, Peer-Reviewed, Potential, Practice, Psycinfo, Qualitative, Qualitative Research, Randomised, Randomised Controlled Trials, Reporting, Research, Researchers, Results, Review, Sciences, Social Sciences, Social Sciences Citation Index, Sources, Systematic Mapping, Technology, Technology Assessment, Trial, Value, Work

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Full Text: [2013\BMJ Ope3, e003416.pdf](2013/BMJ%20Ope3,%20e003416.pdf)

Abstract: Objective: To identify instruments or components of instruments that aim to measure aspects of a caring culture-shared beliefs, norms and values that direct professionals and managers to act caring in hospitals, and to evaluate their psychometric properties. Design: Systematic review. Data sources: PubMed, CINAHL, EMBASE, Psychlnfo, Web of Science and the International bibliography of the Social Sciences. Study selection: Peer-reviewed articles describing (components of) instruments measuring aspects of a caring culture in a hospital setting. Studies had to report psychometric data regarding the reliability or validity of the instrument. Potentially useful instruments that were identified after the title and abstract scan were assessed on relevance by an expert panel (n=12) using the RAND-modified Delphi procedure. Results: of the 6399 references identified, 75 were examined in detail. 7 studies each covering a unique instrument met our inclusion criteria. On average, 24% of the instrument’s items were considered relevant for measuring aspects of the hospital’s caring culture. Studies showed moderate-to-high validity and reliability scores. Validity was addressed for 6 of the 7 instruments. Face, content (90%) and construct (60%) validity were the most frequently reported psychometric properties described. One study (14%) reported discriminant validity of the instrument. Reliability data were available for all of the instruments. Internal consistency was the most frequently reported psychometric property for the instruments and demonstrated by: a Cronbach’s a coefficient (80%), subscale intercorrelations (60%), and item-total correlations (40%). Conclusions: The ultimate standard for measuring a caring culture in hospitals does not exist. Existing instruments provide partial coverage and lack information on discriminant validity, responsiveness and feasibility. Characteristics of the instruments included in this review could provide useful input for the design of a reliable and valid instrument for measuring a caring culture in hospitals.

Keywords: Bibliography, Caring, Consistency, Correlations, Coverage, Criteria, Culture, Data, Delphi, Design, Discriminant, Embase, Expert Panel, Feasibility, Hospital, Hospitals, Information, Instrument, Instruments, Internal Consistency, Measure, Norms, Procedure, Properties, Property, Pubmed, References, Relevance, Reliability, Responsiveness, Results, Review, Science, Sciences, Selection, Social Sciences, Sources, Standard, Systematic Review, Validity, Web of Science

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Full Text: [2013\BMJ Ope3, e003417.pdf](2013/BMJ%20Ope3,%20e003417.pdf)

Abstract: Introduction: Obese patients with type 2 diabetes undergoing bariatric surgery experience significant and lasting weight loss and improved glycaemic control. However, bariatric surgical procedures such as Roux-en-Y gastric bypass are irreversible and associated with considerable short-term and long-term risks. The EndoBarrier Gastrointestinal Liner or duodenal-jejunal bypass sleeve (DJBS) is a fully reversible procedure that has been developed to treat obesity and type 2 diabetes. We aim to perform a systematic review and meta-analysis of safety and efficacy of DJBS. Methods and analyses: A systematic review with meta-analysis (as per the preferred reporting items for systematic reviews and meta-analyses) of randomised controlled trials of the device (vs no intervention, sham and/or low-calorie diet) will be performed. Primary endpoints include change in body weight and glycated haemoglobin and safety. Secondary endpoints constitute changes in other glycaemic parameters and blood lipids and the proportion of patients discontinuing antidiabetic medication. MEDLINE, EMBASE, The Cochrane Library and Science Citation Index will be sought electronically along with manual searches. The primary meta-analysis will use random effects models due to an expected intertrial heterogeneity. Fixed effect meta-analysis will be executed to assess the impact of small trials. Dichotomous data will be analysed using risk difference and continuous data using weighted mean differences, both with 95% Cls. Ethics and dissemination: The study will describe the impact of DJBS on obesity and type 2 diabetes and possibly contribute to clinical decision-making. The results of this study will be disseminated by peer-reviewed publication and scientific presentations.

Keywords: Analyses, Bariatric Surgery, Blood, Body Weight, Changes, Citation, Clinical, Clinical Studies, Control, Data, Decision Making, Decision-Making, Diabetes, Diet, Effect, Effects, Efficacy, Embase, Ethics, Experience, Gastric, Gastric Bypass, Gastrointestinal, Heterogeneity, Impact, Intervention, Lipids, Long Term, Long-Term, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Obesity, Patients, Peer-Reviewed, Primary, Procedure, Procedures, Protocol, Publication, Randomised, Randomised Controlled Trials, Reporting, Review, Reviews, Risk, Risks, Roux-En-Y, Roux-En-Y Gastric Bypass, Safety, Science, Science Citation Index, Small, Surgery, Surgical Procedures, Systematic Review, Systematic Reviews, Type 2 Diabetes, Weight Loss

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Full Text: [2013\BMJ Ope3, e003332.pdf](2013/BMJ%20Ope3,%20e003332.pdf)

Abstract: Objectives We assessed the situation of academic publications on access to and use of medicines (ATM) in low-income and middle-income countries (LMICs) of the Eastern Mediterranean Region (EMR). We aimed to inform priority setting for research on ATM in the region. Design Bibliographic review of published studies. Setting LMICs in EMR. Inclusion criteria Publications on ATM issues originating from or focusing on EMR LMICs covering the period 2000-2011. Publications involving multinational studies were included if at least one eligible country had been included in the study. Information sources and data extraction We conducted comprehensive searches of the PubMed, Social Science Citation Index and Science Citation Index. We used the WHO ATM framework for data extraction and synthesis. We analysed the data according to the ATM issues, health system levels, year of publication and the countries of origin or focus of the studies. Results 151 articles met the inclusion criteria. Most articles (77%) originated from LMICs in EMR, suggesting that the majority of evidence on ATM in the region is home-grown. Over 60% of articles were from Iran, Pakistan, Jordan and Lebanon (in order of volume), while we found no studies assessing ATM in Somalia, Djibouti and South Sudan, all low-income countries. Most studies focused on the rational use of medicines, while affordability and financing received limited attention. There was a steady growth over time in the number of ATM publications in the region (r=0.87). Conclusions There is a growing trend, over the years, of more studies from the region appearing in international journals. There is a need for further research on the financing and affordability aspects of ATM in the region. Cross-border issues and the roles of non-health sectors in access to medicines in the region have not been explored widely.

Keywords: Access, Affordability, Assessing, Attention, Bibliographic, British, Citation, Country, Criteria, Data, Drug-Use, Eastern Mediterranean, Emr, England, Epidemiology, Evidence, Extraction, Financing, Framework, Growth, Health, Health Services Administration & Management, Health System, Health-Care, House, Impact, Information, Information Sources, International, Iran, Issues, Jordan, Journals, Lebanon, London, Management, Medicine, Mediterranean, Origin, Pakistan, Physicians, Prescribing Indicators, Prescriptions, Prices, Program, Public Health, Publication, Publications, Pubmed, Region, Research, Results, Review, Science, Science Citation Index, Social Science Citation Index, Sources, Synthesis, System, Trend, Volume, WHO

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Full Text: [2013\BMJ Ope3, e003729.pdf](2013/BMJ%20Ope3,%20e003729.pdf)

Abstract: Objective: To determine whether macrophage migration inhibitory factor (MIF) gene polymorphism is associated with the risk of inflammatory bowel disease (IBD). Design: System review and meta-analysis. Methods: MEDLINE, EMBASE, Web of Science databases, Cochrane Library and the Chinese Biomedical Literature database (CBM) were searched for the case-control trails for MIF and IBD. All the studies included in this manuscript met the inclusion and exclusion criteria. An OR analysis using a 95% CI was employed to assess the association of the MIF-173 G/C polymorphism with IBD susceptibility. Results: There was a significant association between the MIF-173 G/C gene polymorphism and IBD in the total population under the recessive model (CC vs GC +GG; OR=1.75, CI 1.04 to 2.95, p=0.04 for heterogeneity) and the codominant model (CC vs GG; OR=1.74, CI 1.02 to 2.97, p=0.04 for heterogeneity). In the stratified analysis by ethnicity, significantly increased risks were observed for Asians using the recessive (OR=1.75, CI 1.04 to 2.95, p=0.04 for heterogeneity) and codominant models (OR=1.74, CI 1.02 to 2.97, p=0.04 for heterogeneity). Within the subgroups of UC and CD, significant differences were observed regarding UC using the recessive (OR=1.60, CI 1.09 to 2.35, p=0.02 for heterogeneity) and codominant models (OR=1.64, CI 1.12 to 2.41, p=0.01 for heterogeneity). In the stratified analysis by ethnicity for UC, significant differences were observed regarding CC in Asians vs GC+GG (OR=1.73, CI 1.02 to 2.94, p=0.04 for heterogeneity). Conclusions: The meta-analysis suggested that the MIF-173 G/C polymorphism contributed to the susceptibility of IBD. When considering the subgroups of ethnicity and UC and CD, the results suggested that the polymorphism is more significant for UC in Asians.

Keywords: Analysis, Asian, Association, Biomedical, Bowel, Case-Control, Cd, Chinese, Criteria, Crohn’s Disease, Database, Databases, Design, Disease, Embase, Ethnicity, Gene, Gene Polymorphism, Heterogeneity, Inflammatory Bowel Disease, Literature, Macrophage, Macrophage Migration Inhibitory Factor, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Migration, Model, Models, Polymorphism, Population, Populations, Results, Review, Risk, Risks, Science, Ulcerative Colitis, Web of Science, Web of Science Databases

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Full Text: [2014\BMJ Ope4, e004201.pdf](2014/BMJ%20Ope4,%20e004201.pdf)

Abstract: Objectives Respiratory disease remains one of the leading causes of morbidity and mortality in China. However, little is known about the research status of respirology in three major regions of ChinaMainland (ML), Hong Kong (HK) and Taiwan (TW). A 10-year survey of literature was conducted to compare the three regions’ outputs in the research of respirology. Design A bibliometric study. Setting China. Participants and outcome measures A literature search in PubMed database, updated as of September 2012, led to the identification of the related articles from 2000 to 2009. The number of total articles, randomised controlled trials, case reports, meta-analysis, impact factors (IF), citations and articles published in top general medicine journals was collected for quantity and quality comparisons. Results 2208 articles were collected, 814 from ML, 909 from TW and 485 from HK. The total number of articles from the three regions has increased significantly from 2000 to 2009. The number of articles published per year from ML has exceeded that from HK in 2005 and TW in 2008. The accumulated IF of articles from TW (3192.417) was much higher than that from ML (2409.956) and HK (1898.312). HK got the highest average IF of respirology articles and the majority of articles were published in top general medicine journals. Conclusions The total number of published articles from the three major regions of China has increased notably from 2000 to 2009. The annual number of publications by ML researchers exceeded those from TW and HK. However, the quality of articles from TW and HK is better than that from ML.

Keywords: Air-Pollution, Articles, Asia, Asthma, Authors, Bibliometric, Bibliometric Analysis, Bibliometric Study, Case Reports, China, Chinese, Citations, Database, Design, Disease, Epidemiology, General, Health, Hong Kong, Identification, Impact, Impact Factors, Internal Medicine, Journals, Literature, Literature Search, Measures, Medical History, Medicine, Meta Analysis, Meta-Analysis, Metaanalysis, Morbidity, Mortality, North, Outcome, Outcome Measures, Publications, Published Articles, Pubmed, Quality, Quality Of, Randomised, Randomised Controlled Trials, Research, Respiratory Medicine (See Thoracic Medicine), Results, Scientific Publications, Survey, Taiwan

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Full Text: [2014\BMJ Ope4, e004377.pdf](2014/BMJ%20Ope4,%20e004377.pdf)

Abstract: Introduction Long-term medical conditions (LTCs) cause reduced health-related quality of life and considerable health service expenditure. Writing therapy has potential to improve physical and mental health in people with LTCs, but its effectiveness is not established. This project aims to establish the clinical and cost-effectiveness of therapeutic writing in LTCs by systematic review and economic evaluation, and to evaluate context and mechanisms by which it might work, through realist synthesis. Methods Included are any comparative study of therapeutic writing compared with no writing, waiting list, attention control or placebo writing in patients with any diagnosed LTCs that report at least one of the following: relevant clinical outcomes; quality of life; health service use; psychological, behavioural or social functioning; adherence or adverse events. Searches will be conducted in the main medical databases including MEDLINE, EMBASE, PsycINFO, The Cochrane Library and Science Citation Index. For the realist review, further purposive and iterative searches through snowballing techniques will be undertaken. Inclusions, data extraction and quality assessment will be in duplicate with disagreements resolved through discussion. Quality assessment will include using Grading of Recommendations Assessment, Development and Evaluation (GRADE) criteria. Data synthesis will be narrative and tabular with meta-analysis where appropriate. De novo economic modelling will be attempted in one clinical area if sufficient evidence is available and performed according to the National Institute for Health and Care Excellence (NICE) reference case.

Keywords: Adherence, Assessment, Attempted, Attention, Citation, Clinical, Clinical Outcomes, Comparative Study, Context, Control, Cost Effectiveness, Cost-Effectiveness, Criteria, Data, Databases, De Novo, Economic, Economic Evaluation, Economic Modelling, Effectiveness, Embase, Emotional Disclosure, Evaluation, Events, Evidence, Excellence, Extraction, Grade, Health, Health-Care, Health-Related Quality Of Life, HTA, Life, Long Term, Long-Term, Mechanisms, Medical, Medline, Mental Health, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Modelling, Outcomes, Patients, Physical, Placebo, Potential, Programs, Protocol, Psychological, Psycinfo, Public Health, Quality, Quality Assessment, Quality Of, Quality Of Life, Realist Review, Reference, Review, Science, Science Citation Index, Service, Social, Synthesis, Systematic, Systematic Review, Techniques, Therapeutic, Therapy, Work, Writing

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Full Text: [2014\BMJ Ope4, e004429.pdf](2014/BMJ%20Ope4,%20e004429.pdf)

Abstract: Introduction Immunisation coverage data in low-income and middle-income countries (LMICs) suggest that more strategies need to be implemented to achieve and sustain optimal vaccine uptake. Among possible strategies to improve immunisation coverage are supplementary immunisation activities (SIAs). We are therefore interested in conducting a systematic review to assess whether SIAs complement routine immunisation programmes to improve vaccination coverage and prevent disease outbreaks. Methods Our systematic review will focus on studies conducted in LMICs. With the help of an information specialist, we will search for eligible studies in PubMed, Web of Science, Scopus, Africa-Wide, Cochrane Library, WHOLIS, CINAHL, PDQ-Evidence as well as reference lists of relevant publications. Additionally, we will contact relevant organisations such as WHO and GAVI. Two authors will independently extract data from eligible studies and independently assess risk of bias by assessing the adequacy of study characteristics. The primary meta-analysis will use random effects models due to expected interstudies heterogeneity. Dichotomous data will be analysed using relative risk and continuous data using weighted mean differences (or standardised mean differences), both with 95% CIs. Discussion The findings from this systematic review will be discussed in the context of strengthening routine childhood immunisation services, routine adolescent immunisation services and introduction of future vaccines against tuberculosis and HIV/AIDS. Study strengths Unbiased selection of many studies conducted in different settings. This will strengthen the validity of the review results. Study limitations Heterogeneity of the study settings of the low-income, lower-middle-income and upper-middle-income countries as well as heterogeneity in study designs.

Keywords: Accelerated Measles Control, Adequacy, Adolescent, Assessing, Authors, Bias, Campaigns, Characteristics, Childhood, Context, Coverage, Data, Disease, Effects, Heterogeneity, HIV, AIDS, Impact, Information, Meta Analysis, Meta-Analysis, Metaanalyses, Metaanalysis, Methods, Migration, Models, Polio Eradication, Prevent, Preventive Medicine, Primary, Programmes, Protocol, Public Health, Publications, Pubmed, Reference, Reference Lists, Relative Risk, Review, Risk, Science, Scopus, Selection, Services, South-Africa, Sub-Saharan Africa, Systematic, Systematic Review, Tuberculosis, Uptake, Vaccination, Vaccine, Vaccines, Validity, Web Of Science, Who

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Full Text: [2014\BMJ Ope4, e004468.pdf](2014/BMJ%20Ope4,%20e004468.pdf)

Abstract: Background The amount of scientific literature available is often overwhelming, making it difficult for researchers to have a good overview of the literature and to see relations between different developments. Visualisation techniques based on bibliometric data are helpful in obtaining an overview of the literature on complex research topics, and have been applied here to the topic of patient safety (PS). Methods On the basis of title words and citation relations, publications in the period 2000-2010 related to PS were identified in the Scopus bibliographic database. A visualisation of the most frequently cited PS publications was produced based on direct and indirect citation relations between publications. Terms were extracted from titles and abstracts of the publications, and a visualisation of the most important terms was created. The main PS-related topics studied in the literature were identified using a technique for clustering publications and terms. Results A total of 8480 publications were identified, of which the 1462 most frequently cited ones were included in the visualisation. The publications were clustered into 19 clusters, which were grouped into three categories: (1) magnitude of PS problems (42% of all included publications); (2) PS risk factors (31%) and (3) implementation of solutions (19%). In the visualisation of PS-related terms, five clusters were identified: (1) medication; (2) measuring harm; (3) PS culture; (4) physician; (5) training, education and communication. Both analysis at publication and term level indicate an increasing focus on risk factors. Conclusions A bibliometric visualisation approach makes it possible to analyse large amounts of literature. This approach is very useful for improving one’s understanding of a complex research topic such as PS and for suggesting new research directions or alternative research priorities. For PS research, the approach suggests that more research on implementing PS improvement initiatives might be needed.

Keywords: 2000-2010, Alternative, Analysis, Approach, Bibliographic, Bibliometric, Bibliometric Data, Citation, Clustering, Communication, Culture, Data, Database, Education, Implementation, Improvement, Literature, Literature Review, Magnitude, Mapping, Methods, Overview, Patient Safety, Physician, Publication, Publications, Relations, Research, Research Priorities, Results, Review, Risk, Risk Factors, Safety, Scientific Literature, Scopus, Solutions, Techniques, Term, Topic, Training, Understanding, Visualisation

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Full Text: [2014\BMJ Ope4, e004843.pdf](2014/BMJ%20Ope4,%20e004843.pdf)

Abstract: Objectives: Left heart disease (LHD) is the main cause of pulmonary hypertension (PH), but little is known regarding the predictors of adverse outcome of PH associated with LHD (PH-LHD). We conducted a systematic review to investigate the predictors of hospitalisations for heart failure and mortality in patients with PH-LHD. Design: Systematic review. Data sources: PubMed MEDLINE and SCOPUS from inception to August 2013 were searched, and citations identified via the ISI Web of Science. Study selection: Studies that reported on hospitalisation and/or mortality in patients with PH-LHD were included if the age of participants was greater than 18 years and PH was diagnosed using Doppler echocardiography and/or right heart catheterisation. Two reviewers independently selected studies, assessed their quality and extracted relevant data. Results: In all, 45 studies (38 from Europe and USA) were included among which 71.1% were of high quality. 39 studies were published between 2003 and 2013. The number of participants across studies ranged from 46 to 2385; the proportion of men from 21% to 91%; mean/median age from 63 to 82 years; and prevalence of PH from 7% to 83.3%. PH was consistently associated with increased mortality risk in all forms of LHD, except for aortic valve disease where findings were inconsistent. Six of the nine studies with data available on hospitalisations reported a significant adverse effect of PH on hospitalisation risk. Other predictors of adverse outcome were very broad and heterogeneous including right ventricular dysfunction, functional class, left ventricular function and presence of kidney disease. Conclusions: PH is almost invariably associated with increased mortality risk in patients with LHD. However, effects on hospitalisation risk are yet to be fully characterised; while available evidence on the adverse effects of PH have been derived essentially from Caucasians.

Keywords: Adverse Effects, Adverse Outcome, Age, Citations, Data, Design, Disease, Doppler, Doppler Echocardiography, Echocardiography, Effects, Europe, Evidence, Failure, Forms, Function, Heart, Heart Failure, Hypertension, Isi, Isi Web Of Science, Kidney, Kidney Disease, Left Ventricular Function, Medline, Men, Mortality, Outcome, Patients, Ph, Predictors, Prevalence, Pubmed, Pulmonary Hypertension, Quality, Results, Review, Reviewers, Right, Risk, Science, Scopus, Selection, Sources, Systematic, Systematic Review, USA, Web Of Science

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Full Text: [2014\BMJ Ope4, e004936.pdf](2014/BMJ%20Ope4,%20e004936.pdf)

Abstract: Objective: To determine whether valproate (VPA) monotherapy influences homocysteine metabolism in patients with epilepsy. Design: Systematic review and meta-analysis. Data sources: We searched all articles in English through PubMed, Web of Science and EMBASE published up to August 2013 concerning the homocysteine levels in VPA monotherapeutic patients with epilepsy. Participants: VPA-treated patients with epilepsy (n=266) and matched healthy controls (n=489). Outcome measures: Heterogeneity between studies was assessed using I-2 statistics. Pooled standardised mean difference (SMD) and 95% CIs were calculated using a random effect model. Results: A total of eight eligible studies were enrolled in our meta-analysis. We compared the plasma levels of homocysteine in VPA-treated patients with epilepsy and healthy controls. There was significant heterogeneity in the estimates according to the I-2 test (I-2=65.6%, p=0.005). Plasma homocysteine levels in VPA-treated patients with epilepsy were significantly higher than in healthy controls under a random effect model. (SMD, 0.62; 95% CI 0.32 to 0.92). Further subgroup analyses suggested that no significant differences were present when grouped by ethnicity and age, but the risk of heterogeneity in the West Asian group (I-2=47.4%, p=0.107) was diminished when compared with that of the overall group (I-2=65.6%, p=0.005). Conclusions: Our meta-analysis indicates that VPA monotherapy is associated with the increase in plasma homocysteine levels in patients with epilepsy. Whether this association is influenced by ethnicity needs further research.

Keywords: Age, Analyses, Articles, Asian, Association, Data, Design, Embase, English, Epilepsy, Estimates, Ethnicity, Heterogeneity, Homocysteine, Measures, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolism, Model, Needs, Outcome, Patients, Plasma, Pubmed, Research, Results, Review, Risk, Science, Sources, Statistics, Systematic Review, Web Of Science

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Full Text: [2014\BMJ Ope4, e005202.pdf](2014/BMJ%20Ope4,%20e005202.pdf)

Abstract: Introduction: Bone metastasis (BM) in patients with primary lung cancer poses a serious health problem. Numerous risk factors have been hypothesised to predict BM in these patients, but research studies are of mutable quality, and may not be of value in clinical evaluation. Methods and analysis: We will search a number of electronic databases including PubMed, MEDLINE, Web of Science, EMBASE, the Cochrane Library (Cochrane Database of Systematic Reviews) and the Cochrane Central Register of Controlled Trials (CENTRAL). We will carry out a secondary search for articles from references of included articles (from January 1990 to June 2014). Primary and secondary outcomes will be BM and skeletal-related events information. We will summarise the effect estimates of risk factors and use random-effect models to pool the estimates, if the outcomes and characteristics in studies are comparable. The quality of the study will be assessed using the Newcastle-Ottawa Scale and the Cochrane Collaboration tool.

Keywords: Analysis, Articles, Bone, Cancer, Characteristics, Clinical, Cochrane Collaboration, Collaboration, Database, Databases, Embase, Estimates, Evaluation, Events, Health, Health Problem, Information, Lung, Lung Cancer, Medline, Metastasis, Methods, Models, Outcomes, Patients, Primary, Protocol, Pubmed, Quality, Quality Of, References, Research, Review, Risk, Risk Factors, Scale, Science, Systematic, Systematic Review, Systematic Reviews, Value, Web Of Science

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Full Text: [2014\BMJ Ope4, e005267.pdf](2014/BMJ%20Ope4,%20e005267.pdf)

Abstract: Introduction: Respiratory illness, often associated with cough and sputum, is frequent. In Brazil, herbal medicines are often recommended as a first-line treatment for respiratory illness. There exists uncertainty regarding the effectiveness of these treatments. No systematic review has evaluated Brazilian medicinal plants (BMP) to treat upper respiratory tract and bronchial illness (URTI). Methods and analysis: We will conduct a systematic review and, if appropriate, a series of meta-analyses evaluating the safety and effectiveness of BMP for URTI. Eligible randomised controlled trials and observational studies will enrol adult or paediatric patients presenting with URTI treated by BMP approved by the Brazilian Health Surveillance Agency compared with placebo, no treatment or an alternative therapy. Our search will include the Cochrane Central Register of Controlled Trials (CENTRAL), which contains the Cochrane Acute Respiratory Illness Group’s Specialized Register; MEDLINE; EMBASE; CINAHL (Cumulative Index to Nursing and Allied Health Literature); Web of Science; AMED; LILACS; CAB abstracts; clinical trial. gov; the WHO Trial Register and the Brazilian thesis database (CAPES) without any language restrictions. Outcomes of interest are time to resolution of clinical symptoms and/or signs (cough, sputum production or activity limitations), severity of symptoms prior to resolution and major/minor adverse events. Teams of reviewers will, independently and in duplicate, screen titles and abstracts and the complete full text to determine eligibility. For eligible studies, reviewers will perform data abstraction and assess risk of bias of eligible trials. When appropriate, we will conduct meta-analyses. We will also assess the quality of body of evidence (confidence in estimates of effect) for each of the outcomes using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach. Ethics and dissemination: The systematic review will be published in a peer-reviewed journal. Brief reports of review findings will be disseminated directly to appropriate audiences via email and other modes of communication. The review will guide healthcare practice and policy in Brazil.

Keywords: Activity, Adult, Adverse Events, Agency, Alternative, Alternative Therapy, Analysis, Approach, Assessment, Bias, Bmp, Brazil, Brief Reports, Cab, Clinical, Clinical Trial, Communication, Complete, Confidence, Cough, Data, Database, Effectiveness, Embase, Estimates, Ethics, Evaluation, Events, Evidence, Grade, Health, Herbal Medicines, Journal, Language, Literature, Medicinal Plants, Medline, Methods, Nursing, Observational, Observational Studies, Outcomes, Patients, Peer-Reviewed, Placebo, Plants, Policy, Practice, Protocol, Quality, Quality Of, Randomised, Randomised Controlled Trials, Restrictions, Review, Reviewers, Risk, Safety, Science, Sputum, Surveillance, Symptoms, Systematic, Systematic Review, Therapy, Thesis, Treatment, Trial, Uncertainty, Web Of Science, Who

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Full Text: [2014\BMJ Ope4, e005292.pdf](2014/BMJ%20Ope4,%20e005292.pdf)

Abstract: Objective: To indirectly compare aflibercept, bevacizumab, dexamethasone, ranibizumab and triamcinolone for treatment of macular oedema secondary to central retinal vein occlusion using a network meta-analysis (NMA). Design: NMA. Data sources: The following databases were searched from January 2005 to March 2013: MEDLINE, MEDLINE In-process, EMBASE; CDSR, DARE, HTA, NHSEED, CENTRAL; Science Citation Index and Conference Proceedings Citation Index-Science. Eligibility criteria for selecting studies: Only randomised controlled trials assessing patients with macular oedema secondary to central retinal vein occlusion were included. Studies had to report either proportions of patients gaining >= 3 lines, losing >= 3 lines, or the mean change in best corrected visual acuity. Two authors screened titles and abstracts, extracted data and undertook risk of bias assessment. Bayesian NMA was used to compare the different interventions. Results: Seven studies, assessing five drugs, were judged to be sufficiently comparable for inclusion in the NMA. For the proportions of patients gaining >= 3 lines, triamcinolone 4 mg, ranibizumab 0.5 mg, bevacizumab 1.25 mg and aflibercept 2 mg had a higher probability of being more effective than sham and dexamethasone. A smaller proportion of patients treated with triamcinolone 4 mg, ranibizumab 0.5 mg or aflibercept 2 mg lost >= 3 lines of vision compared to those treated with sham. Patients treated with triamcinolone 4 mg, ranibizumab 0.5 mg, bevacizumab 1.25 mg and aflibercept 2 mg had a higher probability of improvement in the mean best corrected visual acuity compared to those treated with sham injections. Conclusions: We found no evidence of differences between ranibizumab, aflibercept, bevacizumab and triamcinolone for improving vision. The antivascular endothelial growth factors (VEGFs) are likely to be favoured because they are not associated with steroid-induced cataract formation. Aflibercept may be preferred by clinicians because it might require fewer injections. Systematic review registration: Not registered.

Keywords: Aflibercept, Assessing, Assessment, Authors, Bias, Citation, Conference, Criteria, Data, Databases, Design, Dexamethasone, Drug, Drugs, Embase, Evidence, Growth, Growth Factors, HTA, Improvement, Injections, Interventions, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Network, Occlusion, Patients, Proceedings, Randomised, Randomised Controlled Trials, Results, Review, Risk, Science, Science Citation Index, Sources, Systematic Review, Treatment

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Full Text: [2014\BMJ Ope4, e005707.pdf](2014/BMJ%20Ope4,%20e005707.pdf)

Abstract: Introduction: Minimally invasive endoscopic biopsy techniques have been widely available as potential alternatives for mediastinal lesions staging in patients with known or suspected lung cancer. Previous efforts have been made to evaluate the diagnostic performance of specific endoscopic modality alone at the level of the mediastinum for staging lung cancer, however, few studies focus on the accuracy of comparisons between different endoscopic modalities, especially at the level of any individual lymph node station. The objective of our study is to determine the diagnostic yields of different endoscopic modalities for staging mediastinal lymphadenopathy in lung cancer, especially concerning the individual lymph node station. Methods/design: A systematic electronic search of MEDLINE, EMBASE, SinoMed and ISI Web of Science were performed to identify studies evaluating endoscopic modalities accuracy with restriction of English and Chinese languages from inception to an update until May 2014. Data were extracted with the patient as the unit of analysis with regards to the abilities of different endoscopic modalities at the level of mediastinum and particular lymph node station. The methodological quality was assessed independently according to the Quality Assessment of Diagnostic Accuracy Study (QADAS) criteria. An exact binomial rendition of bivariate mixed-effects regression model was used to estimate the pooled sensitivity and specificity. Also, pre-post probability analysis, publication bias analysis and sensitivity analysis were performed for a synthesis of knowledge of this context. Dissemination: The findings will advance our better available knowledge of optimal clinical decision-making when dealing with staging of mediastinal metastasis in lung cancer.

Keywords: Accuracy, Advance, Alternatives, Analysis, Assessment, Bias, Biopsy, Cancer, Chinese, Clinical, Context, Criteria, Data, Decision Making, Decision-Making, Diagnostic, Dissemination, Embase, English, Invasive, Isi, Isi Web Of Science, Knowledge, Languages, Lung, Lung Cancer, Mediastinum, Medline, Metastasis, Modalities, Model, Patients, Performance, Potential, Protocol, Publication, Publication Bias, Quality, Regression, Regression Model, Review, Science, Sensitivity, Sensitivity Analysis, Specificity, Synthesis, Systematic, Systematic Review, Techniques, Web Of Science

? Kahler, P., Grevstad, B., Almdal, T., Gluud, C., Wetterslev, J., Vaag, A. and Hemmingsen, B. (2014), Targeting intensive versus conventional glycaemic control for type 1 diabetes mellitus: A systematic review with meta-analyses and trial sequential analyses of randomised clinical trials. *BMJ Open*, **4** (8). Article Number: e004806.

Full Text: [2014\BMJ Ope4, e004806.pdf](2014/BMJ%20Ope4,%20e004806.pdf)

Abstract: Objective: To assess the benefits and harms of targeting intensive versus conventional glycaemic control in patients with type 1 diabetes mellitus. Design: A systematic review with meta-analyses and trial sequential analyses of randomised clinical trials. Data sources: The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded and LILACS to January 2013. Study selection: Randomised clinical trials that prespecified different targets of glycaemic control in participants at any age with type 1 diabetes mellitus were included. Data extraction: Two authors independently assessed studies for inclusion and extracted data. Results: 18 randomised clinical trials included 2254 participants with type 1 diabetes mellitus. All trials had high risk of bias. There was no statistically significant effect of targeting intensive glycaemic control on all-cause mortality (risk ratio 1.16, 95% CI 0.65 to 2.08) or cardiovascular mortality (0.49, 0.19 to 1.24). Targeting intensive glycaemic control reduced the relative risks for the composite macrovascular outcome (0.63, 0.41 to 0.96; p=0.03), and nephropathy (0.37, 0.27 to 0.50; p<0.00001. The effect estimates of retinopathy, ketoacidosis and retinal photocoagulation were not consistently statistically significant between random and fixed effects models. The risk of severe hypoglycaemia was significantly increased with intensive glycaemic targets (1.40, 1.01 to 1.94). Trial sequential analyses showed that the amount of data needed to demonstrate a relative risk reduction of 10% were, in general, inadequate. Conclusions: There was no significant effect towards improved all-cause mortality when targeting intensive glycaemic control compared with conventional glycaemic control. However, there may be beneficial effects of targeting intensive glycaemic control on the composite macrovascular outcome and on nephropathy, and detrimental effects on severe hypoglycaemia. Notably, the data for retinopathy and ketoacidosis were inconsistent. There was a severe lack of reporting on patient relevant outcomes, and all trials had poor bias control.

Keywords: Age, Analyses, Authors, Benefits, Bias, Blood-Glucose Control, Cardiovascular, Cardiovascular-Disease, Citation, Clinical, Clinical Trials, Complications-Trial, Epidemiology, Composite, Control, Conventional, Data, Design, Detrimental Effects, Diabetes, Diabetes Mellitus, Effects, Embase, Estimates, Extraction, Follow-Up, General, Glycaemic Control, Hypoglycaemia, Incipient Nephropathy, Kidney-Function, Medline, Microvascular Complications, Models, Mortality, Nephropathy, Outcome, Outcomes, Patients, Peripheral-Nerve Function, Randomised, Reduction, Relative Risk, Reporting, Results, Review, Risk, Risks, Science, Science Citation Index, Science Citation Index Expanded, Selection, Sequential, Sources, Strict Metabolic-Control, Subcutaneous Insulin Infusion, Systematic, Systematic Review, Targeting, Trial, Type 1 Diabetes, Type 1 Diabetes Mellitus

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Full Text: [2014\BMJ Ope4, e005047.pdf](2014/BMJ%20Ope4,%20e005047.pdf)

Abstract: Objective: To assess the evidence for the claim probiotics can correct dysbiosis of the normal microbiota resulting from disease or disruptive events. Setting: Systematic review of published clinical trials of patients receiving a probiotic intervention for the prevention or treatment of various diseases. Data sources: Sources searched (1985-2013): PubMed, EMBASE, Cochrane Database of Systematic Reviews, CINAHL, AMED and ISI Web of Science. Three on-line clinical trial registries were searched: Cochrane Central Register of Controlled trials, MetaRegister of Controlled Trials and National Institutes of Health. Review methods: Included studies were randomised clinical trials of probiotic interventions having microbiological assays. Studies were evaluated following Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines for specific probiotic strains. A standard data extraction form was used to collect the raw data. Outcome measures: The primary outcome is the degree of microbiota correction by specific probiotic strains. Secondary outcome was the association between the degree of dysbiosis correction and clinical efficacy. Results: The review of the literature found three distinct study designs: model A (restoration) assayed patients enrolled with a healthy, undisturbed microbiota and then assayed postdisruptive event and probiotic therapy; model B (alteration) assayed patients with pre-existing disrupted microbiota and then postprobiotic therapy; model C (no dysbiosis) assayed volunteers with no disruptive event prebiotic and postprobiotic. From a total of 63 trials, 83% of the probiotic products using model A restored the microbiota, 56% using model B improved the microbiota and only 21% using model C had any effect on microbiota. Clinical efficacy was more commonly associated with strains capable of restoration of the normal microbiota. Conclusions: The ability to assess the degree of dysbiosis improvement is dependent on the enrolled population and the timing of microbiological assays. The functional claim for correcting dysbiosis is poorly supported for most probiotic strains and requires further research.

Keywords: Antibiotic-Associated Diarrhea, Association, Bacterial Vaginosis, Bifidobacterium-Longum, Clinical, Clinical Trial, Clinical Trials, Data, Database, Disease, Diseases, Efficacy, Embase, Events, Evidence, Extraction, Fecal Microbiota, Guidelines, Health, Human Intestinal Microflora, Improvement, Intervention, Interventions, Irritable-Bowel-Syndrome, ISI, ISI Web Of Science, Japanese Cedar Pollinosis, Lactobacillus-Plantarum 299v, Literature, Measures, Methods, Microbiota, Model, National Institutes Of Health, Normal, Normal Vaginal Flora, Online, Outcome, Patients, Population, Prebiotic, Prevention, Primary, Probiotics, Pubmed, Randomised, Registries, Research, Restoration, Results, Review, Saccharomyces-Boulardii, Science, Sources, Standard, Systematic, Systematic Review, Systematic Reviews, Therapy, Timing, Treatment, Trial, Web Of Science

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Full Text: [2014\BMJ Ope4, e005130.pdf](2014/BMJ%20Ope4,%20e005130.pdf)

Abstract: Introduction: Low vaccine coverage is a major public health concern, the consequences of which contribute to around 1.5 million child deaths from vaccine-preventable diseases. Thus, innovative strategies to rapidly increase coverage and recall rates for vaccinations are urgently required. Mobile text messaging (or short messaging service, SMS) has the potential to help increase vaccination coverage and therefore we propose to conduct a review of the current best evidence for the use of SMS as an intervention to promote vaccination coverage. Methods and analysis: This article describes the protocol for a systematic review of the effectiveness of SMS in improving the uptake of vaccination. Primary and secondary outcomes of interest are prespecified. We will preferably include randomised controlled trials (RCTs). However, non-randomised studies (NRS) will be considered if there is an inadequate number of RCTs. We will search several bibliographic databases (eg, PubMed, EMBASE, CINAHL, CENTRAL, Science Citation Index, Africa-Wide Information and WHOLIS electronic databases and search sources for grey literature. Following data extraction and assessment of risk of bias, we will meta-analyse studies and conduct subgroup analyses, according to intervention subtypes. We will assess clinical heterogeneity and statistical heterogeneity. For outcomes without quantitative data, a descriptive analysis will be used. This review protocol is registered in the PROSPERO International Prospective Register of systematic reviews, registration number 2014:CRD42014007531 Ethics and dissemination: Ethics is not required for this study, given that this is a protocol for a systematic review, which uses published data. The findings of this study will be disseminated through peer-reviewed publications and conference presentations. We anticipate that the results could be used by researchers and policymakers to help inform them of the efficacy of mobile phone text messaging interventions to promote increased vaccination coverage.

Keywords: Analyses, Analysis, Article, Assessment, Bias, Bibliographic, Bibliographic Databases, Care, Child, Citation, Clinical, Coverage, Data, Databases, Diseases, Effectiveness, Efficacy, Embase, Ethics, Evidence, Extraction, Health, Heterogeneity, Information, International, Intervention, Interventions, Literature, Metaanalysis, Methods, Mobile, Mobile Phone, Outcomes, Peer-Reviewed, Peer-Reviewed Publications, Potential, Protocol, Public, Public Health, Publications, Pubmed, Randomised, Randomised Controlled Trials, Rates, Recall, Researchers, Review, Reviews, Risk, Science, Science Citation Index, Service, Sms, Sources, Systematic, Systematic Review, Systematic Reviews, Text Messaging, Uptake, Vaccination, Vaccine

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Full Text: [2014\BMJ Ope4, e005238.pdf](2014/BMJ%20Ope4,%20e005238.pdf)

Abstract: Objective: To determine the diagnostic accuracy of tuning fork tests for detecting fractures. Design: Systematic review of primary studies evaluating the diagnostic accuracy of tuning fork tests for the presence of fracture. Data source: We searched MEDLINE, CINAHL, AMED, EMBASE, Sports Discus, CAB Abstracts and Web of Science from commencement to November 2012. We manually searched the reference lists of any review papers and any identified relevant studies. Study selection and data extraction: Two reviewers independently reviewed the list of potentially eligible studies and rated the studies for quality using the QUADAS-2 tool. Data were extracted to form 2x2 contingency tables. The primary outcome measure was the accuracy of the test as measured by its sensitivity and specificity with 95% CIs. Data synthesis: We included six studies (329 patients), with two types of tuning fork tests (pain induction and loss of sound transmission). The studies included patients with an age range 7-60 years. The prevalence of fracture ranged from 10% to 80%. The sensitivity of the tuning fork tests was high, ranging from 75% to 100%. The specificity of the tests was highly heterogeneous, ranging from 18% to 95%. Conclusions: Based on the studies in this review, tuning fork tests have some value in ruling out fractures, but are not sufficiently reliable or accurate for widespread clinical use. The small sample size of the studies and the observed heterogeneity make generalisable conclusion difficult.

Keywords: Accuracy, Age, Cab, Clinical, Data, Design, Diagnostic, Diagnostic Accuracy, Embase, Evidence, Extraction, Fracture, Heterogeneity, Induction, Measure, Medline, Outcome, Outcome Measure, Pain, Papers, Patients, Prevalence, Primary, Quality, Reference, Reference Lists, Review, Reviewers, Sample Size, Science, Selection, Sensitivity, Size, Small, Sound, Source, Specificity, Stress-Fractures, Synthesis, Systematic, Systematic Review, Transmission, Value, Web Of Science

? Storgaard, H., Gluud, L.L., Christensen, M., Knop, F.K. and Vilsboll, T. (2014), The effects of sodium-glucose co-transporter 2 inhibitors in patients with type 2 diabetes: Protocol for a systematic review with meta-analysis of randomised trials. *BMJ Open*, **4** (8), Article Number: e005378.

Full Text: [2014\BMJ Ope4, e005378.pdf](2014/BMJ%20Ope4,%20e005378.pdf)

Abstract: Introduction: Sodium-glucose co-transporter 2 inhibitors (SGLT-2i) increase urinary glucose excretion through a reduced renal glucose reabsorption. We plan to perform a systematic review of SGLT-2i for treatment of type 2 diabetes. Methods and analysis: A systematic review with meta-analyses of randomised clinical trials on SGLT-2i versus placebo, other oral glucose lowering drugs or insulin for patients with type 2 diabetes will be performed. The primary end point will be the glycated haemoglobin. Secondary end points will include changes in body weight, body mass index, fasting plasma glucose, plasma cholesterol, kidney and liver blood tests, blood pressure and adverse events. Electronic (the Cochrane Library, MEDLINE, EMBASE and the Science Citation Index) and manual searches will be performed. Meta-analyses will be performed and the results presented as mean differences for continuous outcomes and risk differences for dichotomous outcomes, both with 95% CIs. Subgroup, sensitivity, regression and sequential analyses will be performed to evaluate intertrial heterogeneity, bias and the robustness of results due to cumulative testing. Ethics and dissemination: The study will contribute to the knowledge regarding the beneficial and harmful effects of SGLT-2i in patients with type 2 diabetes. We plan to publish the study irrespective of the results. Results: The study will be disseminated by peer-review publication and conference presentation.

Keywords: Add-On, Adverse Events, Analyses, Analysis, Association, Bias, Blood, Blood Pressure, Body Mass Index, Body Weight, Changes, Cholesterol, Citation, Clinical, Clinical Trials, Complications, Cumulative, Dapagliflozin, Diabetes, Double-Blind, Drugs, Effects, Embase, Ethics, Events, Glucose, Glycemic Control, Heterogeneity, Index, Inhibitors, Insulin, Kidney, Knowledge, Liver, Medline, Mellitus, Meta Analysis, Meta-Analyses, Meta-Analysis, Metaanalysis, Methods, Oral, Outcomes, Patients, Peer Review, Peer-Review, Placebo, Plasma, Presentation, Pressure, Primary, Protocol, Publication, Randomised, Regression, Renal, Results, Review, Risk, Robustness, Science, Science Citation Index, Sensitivity, Sequential, Systematic, Systematic Review, Testing, Treatment, Type 2 Diabetes, Urinary

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Full Text: [2014\BMJ Ope4, e005399.pdf](2014/BMJ%20Ope4,%20e005399.pdf)

Abstract: Objective: Statins are commonly prescribed cholesterol-lowering drugs. Preclinical studies suggest that statins may possess cancer preventive properties. The primary objective of this meta-analysis was to determine the association between statin use and risk of liver cancer. Design: Meta-analysis. Setting: International. Participants: A comprehensive literature search of PubMed, BIOSIS Previews, Web of Science, EMBASE, EBSCO and Cochrane Library was conducted through March 2014. The effect estimate was reported as pooled relative risk (RR) with 95% CIs, using the random-effects model. Results: A total of 12 studies (1 individual patient data analysis of 22 randomised controlled trials, 5 cohorts and 6 case-controls) were qualified for this meta-analysis, involving 5 640 313 participants including 35 756 liver cancer cases. Our results indicated a significant risk reduction of liver cancer among all statin users (RR=0.58, 95% CIs 0.51 to 0.67). The difference of the study designs can partly explain the significant heterogeneity found in the overall analysis (I-2=65%, p=0.0006). No evidence of publication bias was observed in this meta-analysis. Similar risk reductions were found in the subgroups analysis of Western and Asian countries, lipophilic and hydrophilia statins. There was a trend towards more risk reductions in subgroups with higher baseline risk, inadequate adjustment and higher cumulative dosage of statin use. Conclusions: This meta-analysis suggests that statin is associated with a significant risk reduction of liver cancer when taken daily for cardiovascular event prevention. However, this preventive effect might be overestimated due to the exposure period, the indication and contraindication of statins and other confounders. Statins might be considered as an adjuvant in the treatment of liver cancer.

Keywords: Analysis, Asian, Association, Bias, C Virus-Infection, Cancer, Cardiovascular, Cholesterol, Cumulative, Data, Data Analysis, Design, Drugs, Efficacy, Embase, Evidence, Exposure, Hepatocellular-Carcinoma, Heterogeneity, Indication, International, Literature, Literature Search, Liver, Liver Cancer, Meta Analysis, Meta-Analysis, Metaanalysis, Model, Participants, Pravastatin, Prevention, Primary, Properties, Publication, Publication Bias, Pubmed, Random Effects Model, Randomised, Randomised Controlled Trials, Randomized-Trials, Reduction, Relative Risk, Results, Risk, Safety, Science, Simvastatin, Statin, Statins, Treatment, Trend, Web Of Science

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Full Text: [2014\BMJ Ope4, e006514.pdf](2014/BMJ%20Ope4,%20e006514.pdf)

Abstract: Introduction: People are increasingly mobile for numerous reasons, including healthcare. Patient mobility has vast implications for individuals, communities and whole populations and yet, to date, research on patient mobility has been quite limited. Only a small body of evidence exists on patient mobility between low-income and middle-income countries, instead having focused primarily on cross-border movement between high-income and low-income countries. In this paper, we present a protocol for examining this under-studied phenomenon. Methods and analysis: We propose to examine patient mobility between low-income and middle-income countries using a realist synthesis approach. Specifically, we aim to document why patients from low-income and middle-income countries cross international borders for healthcare, by identifying the mechanisms through which patients decide to cross-borders, and the contextual characteristics of domestic health markets that influence this choice. An underlying theory was established, based on the lead author’s experience and a brief literature review, which will provide the basis to analyse search results in a subsequent paper. Search results will be obtained from databases (Ovid Medline, EMBASE, Scopus, EconLit, Web of Science) and the grey literature. An expert committee will be enlisted, prior to screening results, to review search results to ensure comprehensiveness. Based on this preliminary theory, we propose that, in some low-income and middle-income country markets, the interaction between demand-side and supply-side determinants results in market imperfections that, in turn, lead to patient movement across borders. Ethics and dissemination: The study does not involve primary research and, therefore, does not require formal ethical approval; we do, however, follow the relevant standards of utility, usefulness, feasibility, propriety, accuracy and accountability. The standards of realist and meta-narrative evidence synthesis (RAMESES) will be adhered to in reporting the findings of the review. Once completed, the findings of the resulting manuscript will be published in a peer-reviewed journal.

Keywords: Access, Accountability, Accuracy, Analysis, Approach, Characteristics, Choice, Country, Databases, Embase, Ethical, Ethics, Evidence, Experience, Feasibility, From, Health, Health-Care, Influence, Interaction, International, Journal, Lead, Literature, Literature Review, Management, Market, Markets, Mechanisms, Medical-Care, Medline, Methods, Middle-Income Country, Mobile, Mobility, Movement, Patient, Patients, Peer-Reviewed, Populations, Primary, Protocol, Reporting, Research, Review, Science, Scopus, Screening, Search, Services, Small, Standards, Synthesis, Theory, Utility, Web, Web Of Science

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Full Text: [2014\BMJ Ope4, e005696.pdf](2014/BMJ%20Ope4,%20e005696.pdf)

Abstract: Objective: To evaluate the current provision and outcome of community-based education (CBE) in UK medical schools. Design and data sources: An online survey of UK medical school websites and course prospectuses and a systematic review of articles from PubMed and Web of Science were conducted. Articles in the systematic review were assessed using Rossi, Lipsey and Freeman’s approach to programme evaluation. Study selection: Publications from November 1998 to 2013 containing information related to community teaching in undergraduate medical courses were included. Results: Out of the 32 undergraduate UK medical schools, one was excluded due to the lack of course specifications available online. Analysis of the remaining 31 medical schools showed that a variety of CBE models are utilised in medical schools across the UK. Twenty-eight medical schools (90.3%) provide CBE in some form by the end of the first year of undergraduate training, and 29 medical schools (93.5%) by the end of the second year. From the 1378 references identified, 29 papers met the inclusion criteria for assessment. It was found that CBE mostly provided advantages to students as well as other participants, including GP tutors and patients. However, there were a few concerns regarding the lack of GP tutors’ knowledge in specialty areas, the negative impact that CBE may have on the delivery of health service in education settings and the cost of CBE. Conclusions: Despite the wide variations in implementation, community teaching was found to be mostly beneficial. To ensure the relevance of CBE for ‘Tomorrow’s Doctors’, a national framework should be established, and solutions sought to reduce the impact of the challenges within CBE. Strengths and limitations of this study: This is the first study to review how community-based education is currently provided throughout Medical Schools in the UK. The use of Rossi, Lipsey and Freeman’s method of programme evaluation means that the literature was analysed in a consistent and comprehensive way. However, a weakness is that data from the online survey was obtained from online medical school prospectuses. This means the data may be incomplete or out of date. Data in the literature review may also be skewed by publication bias.

Keywords: Analysis, Approach, Articles, Assessment, Bias, Clinical-Course, Community, Community Based, Community Based Teaching, Cost, Course, Criteria, Curriculum, Data, Delivery, Design, Education, Evaluation, Experience, First, Framework, From, Health, Impact, Implementation, Information, Knowledge, Literature, Literature Review, Medical, Medical Schools, Models, Negative, Online, Online Survey, Outcome, Papers, Patient, Patients, Patients Views, Perceptions, Primary-Care, Publication, Publication Bias, Publications, Pubmed, References, Relevance, Results, Review, Science, Selection, Service, Solutions, Sources, Specialty, Students, Survey, Systematic, Systematic Review, Teaching, Training, UK, Undergraduate, Web, Web Of Science, Websites

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Full Text: [2015\BMJ Ope5, e005636.pdf](2015/BMJ%20Ope5,%20e005636.pdf)

Abstract: Objectives: To systematically review the evidence for the impact of study design and setting on the interpretation of tuberculosis (TB) transmission using clustering derived from Mycobacterial Interspersed Repetitive Units-Variable Number Tandem Repeats (MIRU-VNTR) strain typing. Data sources: MEDLINE, EMBASE, CINHAL, Web of Science and Scopus were searched for articles published before 21st October 2014. Review methods: Studies in humans that reported the proportion of clustering of TB isolates by MIRU-VNTR were included in the analysis. Univariable meta-regression analyses were conducted to assess the influence of study design and setting on the proportion of clustering. Results: The search identified 27 eligible articles reporting clustering between 0% and 63%. The number of MIRU-VNTR loci typed, requiring consent to type patient isolates (as a proxy for sampling fraction), the TB incidence and the maximum cluster size explained 14%, 14%, 27% and 48% of between-study variation, respectively, and had a significant association with the proportion of clustering. Conclusions: Although MIRU-VNTR typing is being adopted worldwide there is a paucity of data on how study design and setting may influence estimates of clustering. We have highlighted study design variables for consideration in the design and interpretation of future studies.

Keywords: Analyses, Analysis, Articles, Association, Cluster, Clustering, Consent, Data, Design, Effect, Embase, Estimates, Evidence, Fragment-Length-Polymorphism, From, Humans, Impact, Incidence, Influence, Medline, Meta-Regression, Methods, Molecular Epidemiology, Nationwide, Netherlands, Outbreaks, Patient, Prevalence, Reporting, Results, Review, Risk-Factors, Sampling, Science, Scopus, Size, Sources, Strains, Study Design, Systematic, Systematic Review, Tb, Tool, Transmission, Tuberculosis, Web, Web Of Science

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Full Text: [2015\BMJ Ope5, e006524.pdf](2015/BMJ%20Ope5,%20e006524.pdf)

Abstract: Objective: The present study aimed to combine observational evidence with randomised controlled trials (RCTs) by using the Bayesian approach. Data sources: Electronic databases, including PubMed, Cochrane Central Register of Controlled Trials (CENTRAL), ISI Web of Science, EMBASE and EBSCO were searched from inception to January 2014. Study eligibility: RCTs and observational studies (OS) investigating the effectiveness of activated protein C (aPC) on mortality reduction were included for analysis. Participants: Patients with sepsis. Intervention: aPC. Synthesis methods: Observational evidence was incorporated into the analysis by using power transformed priors in a Bayesian. Trial sequential analysis was performed to examine changes over time and whether further studies need to be conducted. Main results: a total of 7 RCTs and 12 OS were included for the analysis. There was moderate heterogeneity among included RCTs (I-2=48.6%, p=0.07). The pooled OR for mortality from RCTs was 1.00 (95% CI 0.84 to 1.19). In OS, there was potential publication bias as indicated by the funnel plot and the pooled OR for mortality with the use of aPC was 0.67 (95% CI 0.62 to 0.72). The pooled effect sizes of RCTs were changed by using different power transform priors derived from observational evidence. When observational evidence was used at its ‘face value’, the treatment effect of aPC was statistically significant in reducing mortality. Conclusions: while RCT evidence showed no beneficial effect of aPC on sepsis, observational evidence showed a significant treatment effect of aPC. By using power transform priors in Bayesian model, we explicitly demonstrated how RCT evidence could be changed by observational evidence.

Keywords: Adults, Analysis, Approach, Bias, Care, Changes, Data, Databases, Effectiveness, Efficacy, Embase, Evidence, From, Heterogeneity, Intervention, Isi, Isi Web Of Science, Management, Metaanalysis, Methods, Model, Mortality, Observational, Observational Studies, Outcomes, Potential, Power, Propensity-Matched Analysis, Protein, Publication, Publication Bias, Pubmed, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Rct, Reduction, Registry, Science, Sepsis, Septic Shock, Sequential, Sources, Synthesis, Therapy, Treatment, Value, Web, Web Of Science

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Full Text: [2015\BMJ Ope5, e006591.pdf](2015/BMJ%20Ope5,%20e006591.pdf)

Abstract: Objectives: To assess HIV/AIDS research productivity in the 27 countries of the European Union (EU), and the structural level factors associated with levels of HIV/AIDS research productivity. Methods: A bibliometric analysis was conducted with systematic search methods used to locate HIV/AIDS research publications (period of 1 January 2002 to 31 December 2011; search databases: MEDLINE (Ovid, PubMed), EMBASE, ISI-Thomson Web of Science; no language restrictions). The publication rate (number of HIV/AIDS research publications per million population in 10 years) and the rate of articles published in HIV/AIDS journals and selected journals with moderate to very high (IF >= 3) 5-year impact factors were used as markers for HIV research productivity. A negative binomial regression model was fitted to assess the impact of structural level factors (sociodemographic, health, HIV prevalence and research/development indicators) associated with the variation in HIV research productivity. Results: The total numbers of HIV/AIDS research publications in 2002-2011 by country ranged from 7 to 9128 (median 319). The median publication rate (per million population in 10 years) was 45 (range 5-150) for all publications. Across all countries, 16% of the HIV/AIDS research was published in HIV/AIDS journals and 7% in selected journals with IF >= 3. Indicators describing economic (gross domestic product), demographic (size of the population) and epidemiological (HIV prevalence) conditions as well as overall scientific activity (total research output) in a country were positively associated with HIV research productivity. Conclusions: HIV research productivity varies noticeably across EU countries, and this variation is associated with recognisable structural factors.

Keywords: Activity, Africa, Aids Literature, Analysis, Articles, Bibliometric, Bibliometric Analysis, Country, Databases, Economic, Embase, Estonia, Eu, European Union, European Union Countries, Factors, From, Gross Domestic Product, Health, Hiv, Hiv, Aids, Hiv, Aids Research, If, Impact, Impact Factors, Indicators, Journals, Language, Medline, Methods, Model, Negative, Population, Prevalence, Productivity, Publication, Publication Rate, Publications, Pubmed, Regression, Regression Model, Research, Research Output, Research Productivity, Restrictions, Results, Science, Size, Systematic, Web, Web Of Science

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Full Text: [2015\BMJ Ope5, e006965.pdf](2015/BMJ%20Ope5,%20e006965.pdf)

Abstract: Objective: To identify patient and practitioner factors that influence cancer diagnosis via emergency presentation (EP). Design: Systematic review. Data sources: MEDLINE, EMBASE, CINAHL, EBM Reviews, Science and Social Sciences Citation Indexes, Conference Proceedings Citation Index-Science and Conference Proceedings Citation Index-Social Science and Humanities. Searches were undertaken from 1996 to 2014. No language restrictions were applied. Study selection: Studies of any design assessing factors associated with diagnosis of colorectal or lung cancer via EP, or describing an intervention to impact on EP, were included. Studies involving previously diagnosed cancer patients, assessing only referral pathway effectiveness, outcomes related to diagnosis or post-EP management were excluded. The population was individual or groups of adult patients or primary care practitioners. Two authors independently screened studies for inclusion. Results: 22 studies with over 200 000 EPs were included, most providing strong evidence. Five were graded ‘insufficient’, primarily due to missing information rather than methodological weakness. Older patient age was associated with EP for lung and colorectal cancers (OR 1.11-11.03 and 1.19-5.85, respectively). Women were more at risk of EP for lung but not colorectal cancer. Higher deprivation increased the likelihood of lung cancer EP, but evidence for colorectal was less conclusive. Being unmarried (or divorced/widowed) increased the likelihood of EP for colorectal cancer, which was also associated with pain, obstruction and weight loss. Lack of a regular source of primary care, and lower primary care use were positively associated with EP. Only three studies considered practitioner factors, two involving diagnostic tests. No conclusive evidence was found. Conclusions: Patient-related factors, such as age, gender and deprivation, increase the likelihood of cancer being diagnosed as the result of an EP, while cancer symptoms and patterns of healthcare utilisation are also relevant. Further work is needed to understand the context in which risk factors for EP exist and influence help-seeking.

Keywords: Admission, Adult, Age, Assessing, Authors, Breast, Cancer, Care, Citation, Colon-Cancer, Colorectal Cancer, Conference, Context, Data, Deprivation, Design, Diagnosis, Diagnostic, Diagnostic Tests, Ebm, Effectiveness, Embase, Emergency, Evidence, Factors, From, Gender, Groups, Humanities, Impact, Influence, Information, Intervention, Language, Lung, Lung Cancer, Management, Medline, Mortality, Outcomes, Pain, Patient, Patients, Population, Presentation, Primary, Primary Care, Proceedings, Referral Patterns, Regular, Restrictions, Results, Review, Risk, Risk Factors, Science, Sciences, Selection, Social Sciences, Source, Sources, Surgery, Survival, Symptoms, Systematic, Systematic Review, Utilisation, Weight Loss, Women, Work

# Title: BMJ Quality & Safety

Full Journal Title: BMJ Quality & Safety

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Angelow, A. and Black, N. (2011), The use and impact of national confidential enquiries in high-income countries. *BMJ Quality & Safety*, **20** (1), 38-45.

Full Text: [2011\BMJ Qua Saf20, 38.pdf](2011/BMJ%20Qua%20Saf20,%2038.pdf)

Abstract: Objective: To describe the use and characteristics of national confidential enquiries (NCEs) into adverse outcomes of healthcare in high-income countries and to review the evidence of their impact. Method: Systematic search of bibliometric databases plus review of cited references and search of websites. Eleven characteristics of NCEs were extracted. Studies evaluating the impact of three NCEs were searched for. Data were extracted and tabulated, and a narrative review conducted. Results: Establishment of NCEs has been limited with only 27 examples identified in over 50 years and only nine currently functioning. They have been particularly popular in the nations of the UK (17 of the 27) and in services around childbirth (15/27). NCEs mostly include all cases (19/23) and include adverse outcomes both during and after the initial hospital episode (17/23). The annual volume of cases varies from four to over 6000. With one exception, NCEs make no attempt to use ‘controls.’ Research evidence of the impact of the recommendations from three of the largest and longest running NCEs is poor, with no time-series analyses or experimental studies, and is restricted to considering their impact on the structure and process rather than the outcome of care. Conclusions: the lack of scientific evidence on the impact of NCEs on improving safety, combined with uncertainty as to the validity of their recommendations and their high cost, suggests the need for rigorous evaluation and a reconsideration of their contribution. One option is to nest NCEs within prospective national clinical audits.

Keywords: Adverse Outcomes, Analyses, Asthma Deaths, Bibliometric, Care, Characteristics, Childbirth, Clinical, Confidential, Cost, Databases, Evaluation, Evidence, Experimental, Hospital, Impact, Maternal Mortality, Nations, Outcome, Outcomes, Prospective, Recommendations, References, Research, Review, Safety, Scientific Evidence, Services, Structure, Time Series, UK, Uncertainty, Validity, Volume, Wales

? Okuyama, A., Martowirono, K. and Bijnen, B. (2011), Assessing the patient safety competencies of healthcare professionals: A systematic review. *BMJ Quality & Safety*, **20** (11), 991-1000.

Full Text: [2011\BMJ Qua Saf20, 991.pdf](2011/BMJ%20Qua%20Saf20,%20991.pdf)

Abstract: Background: Patient safety training of healthcare professionals is a new area of education. Assessment of the pertinent competencies should be a part of this education. This review aims to identify the available assessment tools for different patient safety domains and evaluate them according to Miller’s four competency levels. Methods: the authors searched PubMed, MEDLINE, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science, psycINFO and the Education Resource Information Center (ERIC) from the start of each database to December 2010 for English-language articles that evaluated or described tools for the assessment of the safety competencies of individual medical and, or nursing professionals. Reports on the assessment of technical, clinical, medication and disclosure skills were excluded. Results: Thirty-four assessment tools in 48 studies were identified: 20 tools for medical professionals, nine tools for nursing professionals, and five tools for both medical and nursing professionals. Twenty of these tools assessed the two highest Miller levels (‘shows how’ and ‘does’) and four tools were directed at multiple levels. Most of the tools that aimed at the higher levels assessed the skills of working in teams (17 tools), risk management (15 tools), and communication (11 tools). Internal structure (reliability, 22 tools) and content validity (14 tools) when described were found to be moderate. Only a small number of tools addressed the relationship between the tool itself and (1) other assessments (concurrent, predictive validity, eight tools), and (2) educational outcomes (seven tools). Conclusions: There are many tools designed to assess the safety competencies of healthcare professionals. However, a reliable and valid toolbox for summative testing that covers all patient safety domains at Miller’s four competency levels cannot yet be constructed. Many tools, however, are useful for formative feedback.

Keywords: Assessment, Authors, Behavioral Marker System, Clinical Skills, Communication, Crisis-Resource-Management, Critically-Ill Patients, Disclosure, Education, Feedback, Health, Healthcare Professionals, Literature, Management, Medical, Medical-Education, Medication, MEDLINE, Methods, Nontechnical Skills, Nursing, Outcomes, Patient Safety, Pubmed, Randomized-Trial, Reliability, Reports, Review, Risk, Safety, Science, Simulated Operating-Theater, Students Knowledge, Systematic, Systematic Review, Teaching Quality Improvement, Training, Validity, Web of Science

? Cunningham, F.C., Ranmuthugala, G., Plumb, J., Georgiou, A., Westbrook, J.I. and Braithwaite, J. (2012), Health professional networks as a vector for improving healthcare quality and safety: A systematic review. *BMJ Quality & Safety*, **21** (3), 239-249.

Full Text: [2012\BMJ Qua Saf21, 239.pdf](2012/BMJ%20Qua%20Saf21,%20239.pdf)

Abstract: Background: While there is a considerable corpus of theoretical and empirical literature on networks within and outside of the health sector, multiple research questions are yet to be answered. Objective: To conduct a systematic review of studies of professionals’ network structures, identifying factors associated with network effectiveness and sustainability, particularly in relation to quality of care and patient safety. Methods: the authors searched MEDLINE, CINAHL, EMBASE, Web of Science and Business Source Premier from January 1995 to December 2009. Results: A majority of the 26 unique studies identified used social network analysis to examine structural relationships in networks: structural relationships within and between networks, health professionals and their social context, health collaboratives and partnerships, and knowledge sharing networks. Key aspects of networks explored were administrative and clinical exchanges, network performance, integration, stability and influences on the quality of healthcare. More recent studies show that cohesive and collaborative health professional networks can facilitate the coordination of care and contribute to improving quality and safety of care. Structural network vulnerabilities include cliques, professional and gender homophily, and over-reliance on central agencies or individuals. Conclusions: Effective professional networks employ natural structural network features (eg, bridges, brokers, density, centrality, degrees of separation, social capital, trust) in producing collaboratively oriented healthcare. This requires efficient transmission of information and social and professional interaction within and across networks. For those using networks to improve care, recurring success factors are understanding your network’s characteristics, attending to its functioning and investing time in facilitating its improvement. Despite this, there is no guarantee that time spent on networks will necessarily improve patient care.

Keywords: Analysis, Authors, Care, Characteristics, Clinical, Context, Coordination, Dementia, Design, Effectiveness, Framework, Gender, Health, Health Professionals, Improvement, Information, Integration, Interaction, Knowledge, Literature, Mar, MEDLINE, Natural, Network, Network Analysis, Networks, Nurses, Partnerships, Patient Care, Patient Safety, Performance, Perspective, Psychosocial Resources, Quality, Quality of, Quality of Care, Recent, Research, Review, Safety, Science, Sector, Self-Rated Health, Separation, Social, Social Network Analysis, Social Networks, Stability, Sustainability, Systematic Review, Transmission, Trust, Understanding, Web of Science, Work

? Sifrim, Z.K., Barker, P.M. and Mate, K.S. (2012), What gets published: the characteristics of quality improvement research articles from low- and middle-income countries. *BMJ Quality & Safety*, **21** (5), 423-431.

Full Text: [2012\BMJ Qua Saf21, 423.pdf](2012/BMJ%20Qua%20Saf21,%20423.pdf)

Abstract: Objectives: Reports of quality improvement (QI) research from low-and middle-income countries (LMICs) remain sparse in the scientific literature. The authors reviewed the published literature to describe the characteristics of such reports. Methods: the authors conducted a systematic search for QI research articles from LMICs catalogued in the PubMed databases prior to December 2011, complemented by recommendations from experts in the field. Articles were categorised based on bibliometric and research characteristics. Twenty papers were randomly selected for narrative analysis regarding strategies used to present the methods and results of interventions. Results: Seventy-six articles met the inclusion criteria. Publication rate accelerated over time, particularly among observational studies. Most studies did not use a concurrent control group; pre-/post-study designs were most common overall. Four papers were published in top-tier journals, 17 in journals at the top of their specialty and 20 in quality-specific journals. Among the papers selected for narrative analysis, four distinct components were observed in most: a description of the problem state, a description of the improvement processes and tools, a separate description of the interventions tested and a description of the evaluation methods. Discussion: the small number of articles identified by this review suggests that publication of QI research from LMICs remains challenging. However, recent increases in publication rates, especially among observational studies, may attest to greater interest in the topic among scientific audiences. Though the authors are not able to compare this sample with unpublished papers, the four components observed by them in the narrative analysis seem to strengthen QI research reports.

Keywords: Africa, Analysis, and Middle-Income Countries, Articles, Authors, Bibliometric, Characteristics, Control, Countries, Criteria, Databases, Evaluation, Evaluation Methods, Experience, Experts, Field, Health-Care, Improvement, Inclusion, Intervention, Interventions, Journals, Literature, Low, Methods, Mozambique, Observational, Observational Studies, Papers, Program, Project, Publication, Pubmed, QI, Quality, Quality Improvement, Rates, Recent, Recommendations, Research, Review, Science, Scientific Literature, Small, Specialty, State, Tanzania, Zambia

? Jones, A.C., Shipman, S.A. and Ogrinc, G. (2015), Key characteristics of successful quality improvement curricula in physician education: a realist review. *BMJ Quality & Safety*, **24** (1), 77-88.

Full Text: 2015\BMJ Qua Saf24, 77.pdf

Abstract: Purpose Quality improvement (QI) is a common competency that must be taught in all physician training programmes, yet, there is no clear best approach to teach this content in clinical settings. We conducted a realist systematic review of the existing literature in QI curricula within the clinical setting, highlighting examples of trainees learning QI by doing QI. Method Candidate theories describing successful QI curricula were articulated a priori. We searched MEDLINE (1 January 2000 to 12 March 2013), the Cochrane Library (2013) and Web of Science (15 March 2013) and reviewed references of prior systematic reviews. Inclusion criteria included study design, setting, population, interventions, clinical and educational outcomes. The data abstraction tool included categories for setting, population, intervention, outcomes and qualitative comments. Themes were iteratively developed and synthesised using realist review methodology. A methodological quality tool assessed the biases, confounders, secular trends, reporting and study quality. Results Among 39 studies, most were before-after design with resident physicians as the primary population. Twenty-one described clinical interventions and 18 described educational interventions with a mean intervention length of 6.58 (SD=9.16) months. Twenty-eight reported successful clinical improvements; no studies reported clinical outcomes that worsened. Characteristics of successful clinical QI curricula include attention to the interface of educational and clinical systems, careful choice of QI work for the trainees and appropriately trained local faculty. Conclusions This realist review identified success characteristics to guide training programmes, medical schools, faculty, trainees, accrediting organisations and funders to further develop educational and improvement resources in QI educational programmes.

Keywords: Approach, Attention, Care, Characteristics, Chart Audits, Choice, Clinical, Clinical Outcomes, Comments, Competency, Content, Continuous Quality Improvement, Criteria, Curricula, Data, Design, Education, Faculty, Improvement, Improving Quality, Interface, Intervention, Interventions, Learning, Length, Literature, Local, Management, Medical, Medical Education, Medical Schools, Medical-Students, Medline, Methodology, Outcomes, Patient Safety, Performance, Physician, Physicians, Population, Primary, Programmes, Project, Psychiatry Residents, Qi, Qualitative, Quality, Quality Improvement, References, Reporting, Resident, Resources, Results, Review, Reviews, Science, Secular Trends, Study Design, Success, Systematic, Systematic Review, Systematic Reviews, Systems, Training, Training Programmes, Trends, Web, Web of Science, Work

# Title: BMC Veterinary Research

Full Journal Title: BMC Veterinary Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Christopher, M.M. and Marusic, A. (2013), Geographic trends in research output and citations in veterinary medicine: Insight into global research capacity, species specialization, and interdisciplinary relationships. *BMC Veterinary Research*, **9**, Article Number: 115.

Full Text: [2013\BMC Vet Res9, 115.pdf](../HO-reference/2013/BMC%20Vet%20Res9,%20115.pdf)

Abstract: Background: Bibliographic data can be used to map the research quality and productivity of a discipline. We hypothesized that bibliographic data would identify geographic differences in research capacity, species specialization, and interdisciplinary relationships within the veterinary profession that corresponded with demographic and economic indices. Results: Using the SCImago portal, we retrieved veterinary journal, article, and citation data in the Scopus database by year (1996-2011), region, country, and publication in species-specific journals (food animal, small animal, equine, miscellaneous), as designated by Scopus. In 2011, Scopus indexed 165 journals in the veterinary subject area, an increase from 111 in 1996. As a percentage of veterinary research output between 1996 and 2010, Western Europe and North America (US and Canada) together accounted for 60.9% of articles and 73.0% of citations. The number of veterinary articles increased from 8815 in 1996 to 19,077 in 2010 (net increase 66.6%). During this time, publications increased by 21.0% in Asia, 17.2% in Western Europe, and 17.0% in Latin America, led by Brazil, China, India, and Turkey. The United States had the highest number of articles in species-specific journals. As a percentage of regional output, the proportion of articles in small animal and equine journals was highest in North America and the proportion of articles in food animal journals was highest in Africa. Based on principal component analysis, total articles were highly correlated with gross domestic product (based on World Bank data). The proportion of articles in small animal and equine journals was associated with gross national income, research and development, and % urban population, as opposed to the proportion of food animal articles, agricultural output, and % rural population. Co-citations linked veterinary medicine with medicine in the United States, with basic sciences in Eastern Europe and the Far East, and with agriculture in most other regions and countries. Conclusions: Bibliographic data reflect the demographic changes affecting veterinary medicine worldwide and provide insight into current and changing global research capacity, specialization, and interdisciplinary affiliations. A more detailed analysis of species-specific trends is warranted and could contribute to a better understanding of educational and workforce needs in veterinary medicine.

Keywords: Africa, Agricultural, Agriculture, Analysis, Articles, Asia, Bibliographic, Bibliometrics, Brazil, Canada, Capacity, Changes, China, Citation, Citations, Co-Citations, Country, Coverage, Data, Database, Development, Different World Regions, Eastern Europe, Economic, Economics, Education, Education, Equine, Europe, Food, Future, Gender, Global, Gross Domestic Product, Gross National Income, India, Indices, Interdisciplinary, Journal, Journals, Latin America, Medicine, Needs, North, North America, Population, Principal Component Analysis, Productivity, Profession, Publication, Publications, Quality, Region, Regional, Research, Research and Development, Research Output, Research Publication, Research Quality, Results, Rural, Rural Population, Schools, Sciences, Scimago, Scopus, Small, Species, Trends, Turkey, Understanding, United States, Urban, US, Veterinary, World Bank

# Title: Boletim de Ciencias Geodesicas

Full Journal Title: Boletim de Ciencias Geodesicas

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Rojas-Sola, J.I. and Aguilera-Garcia, A.I. (2014), Global bibliometric analysis of the ‘Remote Sensing’ subject category from the Web of Science (1997-2012). *Boletim de Ciencias Geodesicas*, **20** (4), 855-878.

Full Text: [2014\Bol Cie Geo20, 855.pdf](2014/Bol%20Cie%20Geo20,%20855.pdf)

Abstract: This study aimed at analyzing the evolution of the research into ‘Remote Sensing’ subject category; as a first approximation, we have revised in the Web of Science, the journals that are in that category. Secondly, we used bibliometric indicators to analyze publications for journals between 1997 and 2012. To do so, we analyzed for different countries and research centers, various bibliometric indicators such as the number of documents, showing, the productivity, the average number of citations, authors, research centers, national and international collaboration per document including their networks, the weighted and relative impact factor, as well as the h-index. Furthermore, we analyzed the international dissemination of research of countries through journals and the relationship with the impact factor to detect the published journals of each country. We have shown that English is the most common language of publication, and the USA is the most productive country, although it has a relatively low impact factor. We can remark that the Chinese Academy of Sciences and the National Aeronautics and Space Administration (NASA) are the most productive institutions, and the great number of publications of some Chinese universities.

Keywords: ‘Remote Sensing’ Subject Category, Analysis, Authors, Bibliometric, Bibliometric Analysis, Bibliometric Indicators, Building Technology, Chinese, Chinese Universities, Citations, Collaboration, Construction, Country, Database, Documents, English, Evolution, First, From, Global, H Index, H-Index, Impact, Impact Factor, Impact Factors, Index, Indicators, Institutions, International, International Collaboration, Journal Citation Reports, Journals, Language, Networks, Productivity, Publication, Publications, Research, Research Centers, SCI, Science, Science Citation Index-Expanded, Sciences, Scientific Production, Spanish Scientific Publications, Universities, USA, Web, Web Of Science

# Title: Boletin de la Asociacion de Geografos Espanoles

Full Journal Title: Boletin de la Asociacion de Geografos Espanoles

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: CCountry

? Marfil, J.A.C. and Vela, J.D. (2013), Research into the geography of tourism in spain through bibliometric analysis of the proceedings of the geography of tourism, leisure and recreation conference (1990-2012). *Boletin de la Asociacion de Geografos Espanoles*, **63**, 535-549.

Full Text: [2013\Bol Aso Geo Esp63, 535.pdf](2013/Bol%20Aso%20Geo%20Esp63,%20535.pdf)

Keywords: Article, Bibliometric, Bibliometric Analysis, Conference, Hospitality, Research, Spain

# Title: Boletin de Malariologia y Salud Ambiental

Full Journal Title: Boletin de Malariologia y Salud Ambiental

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

? Feliciangeli, M.D. (2010), Science, technology and health action trough the 50 years of the *Boletin de Malariologia y Salud Ambiental*. *Boletin de Malariologia y Salud Ambiental*, **50** (2), 161-173.

Full Text: [2010\Bol Mal Sal Amb50, 161.pdf](2010/Bol%20Mal%20Sal%20Amb50,%20161.pdf)

Abstract: the Boletin de Malariologia y Salud Ambiental is one of Venezuela’s oldest journals in the area of Public Health. During 50 years of uninterrupted publication, its pages reflect the science, technology and environmental sanitation that have contributed to the prevention and control of parasitic and arborviral diseases with a greatest impact on the Venezuelan population. Authors and events are outlined, which, over the decades, have influenced the evolution of this journal. In recent years, high specificity, social relevance and scientific quality have earned its inclusion in major indexes such as Global Health, SciELO Venezuela and the WEB Science Citation Index Expanded (TM) 2010. Thus, thanks to the modern communication technology, this magazine has achieved a greater participation of the Ibero-American scientists and wider visibility. Within this framework, we see a renewed support of the Venezuelan scientific community and its sponsor, the “Instituto de Altos Estudios Dr. Arnoldo Gabaldon” with the Boletin de Malariologia y Salud Ambiental magazine, that has contributed to making available worldwide, a major Venezuelan scientific heritage, with high social commitment in the field of Public Health!

Keywords: Areas, Boletin De Malariologia Y Salud Ambiental, Citation, Commitment, Communication, Community, Control, Diseases, Environmental, Environmental Health, Epidemiology, Events, Evolution, Field, Framework, Health, Impact, Journal, Journals, Malaria, Medical Entomology, Parasitology, Participation, Population, Prevention, Prevention and Control, Public Health, Publication, Quality, Recent, Relevance, Sanitation, Scielo, Science, Science Citation Index, Social, Specificity, State, Support, Technology, Tropical Medicine, Venezuela, Venezuela, Visibility, Web

# Title: Boletin Latinoamericano y del Caribe de Plantas Medicinales y Aromaticas

Full Journal Title: Boletin Latinoamericano y del Caribe de Plantas Medicinales y Aromaticas

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? La Torre-Cuadros, M.D. (2008), One hundred twelve years of scientific research on ethnic groups in the Peruvian Amazon. *Boletin Latinoamericano y del Caribe de Plantas Medicinales y Aromaticas*, **7** (3), 171-179.

Abstract: This bibliographic study aimed to evaluate and to quantify the contribution of science to current knowledge on 41 ethnic groups (19 linguistic families) from the Peruvian Amazon. A total of 790 papers were selected through a literature review by key words in titles and abstracts compiled in two data bases: ISI Web of Science and Anthropology Plus (1895-2007). The most highly cited ethnic groups were Machiguenga (103), Ashaninka (60) and Yanesha (43) [arawaks], Shipibo-Conibo (78) [panos] and Aguaruna (64) [jibaros]. Over the period of study, a transition from linguistic to ecological themes was observed, while the amount of publications increased notably between 1970 and 1990. These trends can be accounted for by the gradual establishment of global environmental agenda, as well as by patterns of population density, geographical location and cultural preservation. Finally, a new field of research is proposed which should integrate traditional knowledge and natural resource management.

Keywords: Amazonia, Bibliographic, Contribution, Environmental, Ethnicity, Ethnobiology, Families, Highly-Cited, ISI, Knowledge, Linguistic Family, Literature, Literature Review, Management, Papers, Peru, Publications, Research, Review, Science, Scientific Research, Traditional, Traditional Knowledge, Trends, Web of Science

# Title: Boletin de la Oficina Sanitaria Panamericana

Full Journal Title: Boletin de la Oficina Sanitaria Panamericana

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Spinak, E. (1996), Quantitative analysis of scientific literature and its validity for the assessment of Latin-American production. *Boletin de la Oficina Sanitaria Panamericana*, **120** (2), 139-146

# Title: Boletin de la Oficina Sanitaria Panamericana

Full Journal Title: Boletin de la Oficina Sanitaria Panamericana

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Zamora-Crescencio, P., Dominguez-Carrasco, M.D.R., Villegas, P., Gutierrez-Baez, C., Manzanero-Acevedo, L.A., Ortega-Haas, J.J., Hernandez-Mundo, S., Puc-Garrido, E.C. and Puch-Chavez, R. (2011), Floristic composition and structure of the secondary vegetation in northern Campeche, Mexico. *Boletin de la Sociedad Botanica de Mexico*, **89**, 27-35.

Full Text: 2011\Bol Soc Bot Mex89, 27.pdf

Abstract: We studied species composition and structure of a ten year-old secondary forest in Tepakan, Campeche, Mexico. We marked 20 plots of 5 x 10 m(2) (1,000 m(2) in total), where all individuals with a DBH >= 2 cm were measured. Vegetation structure was characterized using the importance values of the species, and species diversity was estimated with the Shannon-Wiener (H’) Index. We recorded 1,150 woody individuals in 43 species, 35 genera, and 21 families. Diversity was H’ = 1.59. The Fabaceae was the family with the highest number of species (14). Cordia alliodora was the most important species according to its large stem density, followed by Pisciclia piscipula and Acacia gaumeri. Together they account for 33.9% of total importance value. These species are the most important in the structure and physiognomy of the community.

Keywords: Amazon, Community, Composition, Deciduous Forest, Diversity, Families, Family, Floristic, Forest, Management, Mexico, Northeastern Costa-Rica, Old-Growth, Patterns, Secondary Vegetation, Species, Species Diversity, Structure, Succession, Tepakan, Tree Diversity, Tropical Dry Forest, Value, Vegetation, Yucatan

# Title: Boletin de la Sociedad Chilena de Quimica

Full Journal Title: Boletin de la Sociedad Chilena de Quimica

ISO Abbreviated Title: Bol. Soc. Chilena Quim.

JCR Abbreviated Title: Bol Soc Chil Quim

ISSN: 0366-1644

Issues/Year: 4

Journal Country/Territory: Chile

Language: Multi-Language

Publisher: Sociedad Chilena de Quimica

Publisher Address: Casilla 2613, Concepcion, Chile

Subject Categories:

Chemistry, Multidisciplinary: Impact Factor 0.308, 89/118 (2000)

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Keywords: Chile

Notes: JJournal

? Canessa, G.S. and Rivas, B.L. (1994), *Boletin de la Sociedad Chilena de Quimica* in its 45th anniversary. *Boletin de la Sociedad Chilena de Quimica*, **39** (4), 255-262.

Keywords: Relative Citation Impact, Publication Output, Life Sciences, Version, Figures, Facts

# Title: Boletin de la Sociedad Espanola de Ceramica y Vidrio

Full Journal Title: [Boletín de la Sociedad Española de Cerámica y Vidrio](http://dialnet.unirioja.es/servlet/revista?tipo_busqueda=CODIGO&clave_revista=2757)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0366-3175

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? (1999), The *Boletín de la Sociedad Española de Cerámica y Vidrio* now in the Science Citation Index. *Boletín de la Sociedad Española de Cerámica y Vidrio*, **38** (1), 3.

Keywords: Citation, Science Citation Index, Y

? Palomar, T., García-Heras, M. and Villegas, M.A. (2009), Archaeological and historical glasses: A bibliometric study. *Boletín de la Sociedad Española de Cerámica y Vidrio*, **48** (4), 187-194.

Full Text: [2009\Bol Soc Esp Cer Vid48, 187.pdf](2009/Bol%20Soc%20Esp%20Cer%20Vid48,%20187.pdf)

Abstract: Glass is one of the materials more widely developed throughout History. In the last decades, it has been stated a growing demand in the application of chemical-physical techniques to obtain more detailed information oil technology and production of glasses in past societies. This research field lies within the domain of archaeometry. Results of a bibliometric study undertaken oil 201 scientific articles published oil ancient and historical glasses between 1 87 and 2008 are presented in this paper. The study was carried out with the aim to address the evolution of glass archaeometric investigations in the last 20 years. Date of publication, journal and article types, topic, glass typology, analytical techniques, origin country of authors, and geographic location of samples were analyzed in this study, among other parameters. Resulting data indicate that archaeometric research on glasses has experienced all exponential growth in the period 2000-2008. Roman and Medieval glasses have been the materials more frequently investigated.

Keywords: Ancient Glasses, Archaeometry, Bibliometric Study, Bronze-Age Glasses, Chemical Corrosion, Glass, Medieval Glass, Optically Stimulated Luminescence, Research, Roman Glass, Scientific Analysis, Stained Glasses, Valdelsa Florence, Vitreous Finds

Notes: CCountry, FField

? Rojas-Sola, J.I. and Jordá-Albiñana, B. (2009), Bibliometric analysis of Spanish scientific publications in the subject materials science, ceramics in JCR (SCI) database (1997-2008). *Boletín de la Sociedad Española de Cerámica y Vidrio*, **48** (5), 255-260.

Full Text: [2009\Bol Soc Esp Cer Vid48, 255.pdf](2009/Bol%20Soc%20Esp%20Cer%20Vid48,%20255.pdf)

Abstract: In this paper we show for selected period (1997-2008), The journals in the subject Materials Science, Ceramics in which were for spanish authors published in Spain (24), analyzed from a bibliometric point of view the publications found (1240) the document type (Journal Article or Review), detailing the bibliometric results (number of documents weighted impact factor, relative impact factor and the ratio between the number of citations and the number of documents) from an institutional standpoint. Among those with a scientific representative stands out prominently the Institute of Ceramics and Glass. Impact Factor highlighted by the Institute of Construction Science Eduardo Torroja. Furthermore, the journal Boletin de la Sociedad Espanola de Ceramica y Vidrio brings together the 32.74% of the Spanish scientific output, being also the first journal for number of documents in that subject. It also confirmed a moderate international collaboration, with France and the United States as the main countries from that standpoint.

Keywords: Bibliometric, Bibliometric Analysis, Ceramic Materials, Citations, Collaboration, Database, France, Impact, Impact Factor, Impact Factors, Indicators, International Collaboration, Journals, Publications, Research Centres, Review, SCI, Science, Scientific Publications, Spain, Spanish Universities, Universities

? Rojas-Sola, J.I., Jordá-Albiñana, B. and Criado-Herrero, E. (2009), Bibliometric analysis of Latin American, Spanish and Portuguese Scientific Publications in the subject materials science, ceramics in JCR (SCI) database (1997-2008). *Boletín de la Sociedad Española de Cerámica y Vidrio*, **48** (6), 297-310.

Full Text: [2009\Bol Soc Esp Cer Vid48, 297.pdf](2009/Bol%20Soc%20Esp%20Cer%20Vid48,%20297.pdf)

Abstract: the Latin American scientific community is becoming increasingly significant in many areas, particularly, in the ceramic field because of its proximity to the processes of generation of infrastructure and housing demand in developing societies. The present study is devoted to determine the specific weight that each country, research institution and author have adquired. The thirty journals included in journal Citation Reports, under the category “Materials Science, Ceramics” along 1997-2008 period, have been selected and articles from Latin America and Portugal, have been analyzed Under a bibliometric approach. Thus, Within the document type “Journal Article or Review” 1423 papers have been collected and Studied from all institutional perspective; different bibliometric indicators (number of documents weighted impact factor, relative impact factor and the ratio between the number of citations and the number of documents) have been elaborated. Among the research centers showing a scientific highlight the most relevant is the University of Aveiro (Portugal) and the Universidade Federal de Sao Carlos (Brazil), followed by the Universidade Estadual Paulista and Universidade de Sao Paulo, both belonging to Brazil. The latter is also notable for its high weighted impact factor. Regarding publications, the Journal of Non-Crystalline Solids ranked first, by bringing together the 20.45% of scientific production in Latin America and Portugal published in the JCR (1423 items). However, if data from Spain were collected, the magazine Bulletin of the Spanish Society of Ceramics and Glass, it is the most relevant, taking into account the higher number of articles (524), that represents for 19.68% of total records founded (2663). It has also confirmed a remarkable international collaboration, mainly with Spain, France, Brazil, USA, England and Portugal, and highlighting the situation of the latter country, carrying out 49.11% of scientific production analyzed in international collaboration. Finally, it was found that the annual impact factor of scientific publications has been a growing trend in all Countries and particularly, in Brazil.

Keywords: Articles, Bibliometric, Bibliometric Analysis, Bibliometric Indicators, Ceramic Materials, Ceramic Research Institutions, Citation, Citations, Collaboration, Cooperation, Database, France, Impact, Impact Factor, Indicators, International Collaboration, Journals, Latin America, Latinoamerican, Publications, Research, Research Centres, SCI, Science, Scientific Production, Scientific Publications, Spain, Universities, USA

? Navarro, J.M.F. (2010), The Spanish Society of Ceramics and Glass along half a century. *Boletín de la Sociedad Española de Cerámica y Vidrio*, **49** (6), 377-392.

Full Text: [2010\Bol Soc Esp Cer Vid49, 377.pdf](2010/Bol%20Soc%20Esp%20Cer%20Vid49,%20377.pdf)

Abstract: the double objective of this lecture is to commemorate, on the occasion of its golden jubilee, the work performed by the Spanish Society of Ceramics and Glass and to pay a special homage to the memory of its main promoter and supporter, Professor Antonio Garcia Verduch. Since its foundation in 1960 the Society has contributed to join all the experts in ceramics and glass, as well as to promote and spread among them scientific and technical knowledge related to both areas, while adapting itself to the investigation trends of each moment in time and to the interests of the different industrial sectors. Along its half century of history it has organized some hundred and twenty-five national congresses and specialized technical meetings and nine national congresses. It represents Spain in five international associations. The Society’s main contribution, together with its international activities, has been the uninterrupted publication of its bimonthly magazine, the Society’s Bulletin, which since 1999 is included in the database of the Science Citation index. Furthermore, the Society keeps a permanent relationship with investigation centres, universities, museums, technicians’ and manufacturers’ associations and fairground institutions. As a sign of its promotion of technical development, the Society grants every year since 1977 its Alfa de Oro Awards to the most outstanding industrial products shown in the Valencia Fair, in order to highlight quality, technological innovation and design. In 1999 the Society’s Electroceramics group created the Epsilon de Oro Awards which are granted every two years to the people or institutions that have produced the main scientific contribution in a given field.

Keywords: Ceramic, Ceramic Society, Database, Design, Development, Experts, Field, Glass, History, Index, Innovation, Institutions, International, Investigation, Knowledge, Memory, Permanent, Promotion, Publication, Quality, Spain, Technological Innovation, Trends, Universities, Work

? Peña-Poza, J., García-Heras, M. and Villegas, M.A. (2011), The archaeometric study of ceramic materials in JCR journals and conference proceedings during the last decade (2000-2010). *Boletín de la Sociedad Española de Cerámica y Vidrio*, **50** (4), 185-192.

Full Text: [2011\Bol Soc Esp Cer Vid50, 185.pdf](2011/Bol%20Soc%20Esp%20Cer%20Vid50,%20185.pdf)

Abstract: Ceramic is the oldest synthetic material created by the mankind and has been present in human societies from around ten thoUSAnd years ago. During the last few decades, within the research field of Archaeometry, the study of archaeological and historical ceramic materials has experienced a significant increase in the application of chemical-physical techniques to obtain information on technology and production of these materials in the past. This paper presents the results obtained in a bibliometric study undertaken on 589 articles published on this subject in JCR journals and conference proceedings during the last decade (2000-2010). The main purpose of this research was to address the recent evolution and trends of this kind of investigations. The parameters analyzed were: date of publication, type of journal, topic, cultural-chronological classification of materials studied, origin country of authors, and analytical techniques used. Resulting data indicated a continual, stable, and growing publication rate on the subject in journals and conference proceedings of the three JCR indexes, namely SCI, AHCI, and SSCI, which evidences a high level of interdisciplinarity. Authors from Europe and the United States carried out the majority of contributions.

Keywords: Ancient Ceramics, Archaeometry, Authors, Bibliometric, Bibliometric Study, Ceramics, Europe, Evolution, Human, Indexes, Induced Plasma Spectroscopy, Information, Interdisciplinarity, JCR, JCR Conference Proceedings, JCR Journals, Journal, Journals, Pottery, Pottery, Publication, Research, SCI, SSCI, Terra-Sigillata, Trends

? Rojas-Sola, J.I. and Aguilera-Garcia, A.I. (2014), Global bibliometric analysis of the materials, ceramics subject category from the Web of Science (1997-2012). *Boletín de la Sociedad Española de Cerámica y Vidrio*, **53** (6), II-XII.

Full Text: [2014\Bol Soc Esp Cer Vid53, II.pdf](2014/Bol%20Soc%20Esp%20Cer%20Vid53,%20II.pdf)

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Building Technology, Construction, Database, From, Global, Impact Factors, Index, Journals, Materials, SCI, Science, Sector, Spanish Scientific Publications, Universities, Web, Web Of Science

# Title: Bone

Full Journal Title: Bone

ISO Abbreviated Title: Bone

JCR Abbreviated Title: Bone

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lee, D.R., Lee, J., Rota, M., Lee, J., Ahn, H.S., Park, S.M. and Shin, D. (2014), Coffee consumption and risk of fractures: A systematic review and dose-response meta-analysis. *Bone*, **63**, 20-28.

Full Text: [2014\Bone63, 20.pdf](2014/Bone63,%2020.pdf)

Abstract: Purpose: The data on the association between coffee consumption and the risk of fractures are inconclusive. We performed a comprehensive literature review and meta-analysis to better quantify this association. Methods: We identified all potentially relevant articles by searching MEDLINE, EMBASE, Cochrane Library, Web of Science, SCOPUS, and CINAHL (until February 2013). The keywords “coffee,” “caffeine,” “drink,” and “beverage” were used as the exposure factors, and the keyword “fracture” was used as the outcome factor. We determined the overall relative risk (RR) and confidence interval (CI) for the highest and lowest levels of coffee consumption. A dose-response analysis was performed to assess the risk of fractures based on the level of coffee consumption. Results: We included 253,514 participants with 12,939 fracture cases from 9 cohort and 6 case-control studies. The estimated RR of fractures at the highest level of coffee consumption was 1.14 (95% CI: 1.05-1.24; I-2 = 0.0%) in women and 0.76 (95% CI: 0.62-0.94; I-2 = 73%) in men. In the dose-response analysis, the pooled RRs of fractures in women who consumed 2 and 8 cups of coffee per day were 1.02 (95% CI: 1.01-1.04) and 1.54(95% CI: 1.19-1.99), respectively. Conclusions: Our meta-analysis suggests that daily consumption of coffee is associated with an increased risk of fractures in women and a contrasting decreased risk in men. However, future well-designed studies should be performed to confirm these findings. (C) 2014 Elsevier Inc. All rights reserved.

Keywords: Analysis, Articles, Association, Bone Loss, Caffeine, Caffeine, Case-Control, Case-Control Studies, Coffee, Cohort, Confidence, Consumption, Data, Dietary Factors, Dose-Response Relationship, Embase, Exposure, Follow-Up, Fracture, Hip Fracture, Interval, Literature, Literature Review, Medline, Men, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Osteoporosis, Outcome, Ovariectomized Rats, Postmenopausal Women, Relative Risk, Results, Review, Rights, Risk, Science, Scopus, Skeletal Sites, Systematic, Systematic Review, Vertebral Fracture, Web Of Science, Women

? Shen, C.H., Chen, F., Zhang, Y.X., Guo, Y. and Ding, M.P. (2014), Association between use of antiepileptic drugs and fracture risk: A systematic review and meta-analysis. *Bone*, **64**, 246-253.

Full Text: [2014\Bone64, 246.pdf](2014/Bone64,%20246.pdf)

Abstract: Background: It has been shown that antiepileptic drugs (AEDs) may have a detrimental effect on bone health and translate into an increased risk of bone fracture. We aimed to comprehensively evaluate the association between use of AEDs and fracture risk. Methods: We searched NCBI (PubMed), ISI Web of Science, the Cochrane Library and EMBASE databases for studies reporting fracture risk among users of AEDs. Random-effects meta-analysis was used to pool results across studies. Results: Twenty-two studies met the inclusion criteria. Overall, there was a significant increase in fracture risk among users of AEDs involving 1,292,910 participants, with a mean/median age of 36-82 years (relative risk (RR) = 1.86; 95% confidence interval (CI) 1.62-2.12). When we limited the studies to those on osteoporosis-related fractures, the RR was still significant. Both liver enzyme-inducing antiepileptic drugs (LEI AEDs) and non-LEI AEDs were associated with an increase in fracture risk, although the estimate for LEI AEDs was higher than that of non-LEI AEDs (RR = 1.18; 95% CI 1.11-1.25). For some specific AEDs, use of phenobarbiturate (PB), topiramate (TPM) and phenytoin (PHT) suggested an increase in fracture risk of 78%, 39% and 70%, respectively. Conclusions: The study suggests a robust association between use of AEDs and fracture risk (particularly for LEI AEDs). It also suggests that several specific AEDs such as PB, TPM and PHT may be associated with an increased risk of fracture. (C) 2014 Elsevier Inc. All rights reserved.

Keywords: Age, Anticonvulsant Therapy, Antiepileptic Drugs, Association, Bone, Bone Fracture, Bone-Mineral Density, Confidence, Criteria, Databases, Drugs, Embase, Epilepsy, Fracture, Fracture Risk, Health, Hip Fracture, Interval, ISI, ISI Web Of Science, Liver, Medications, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Monotherapy, Osteoporotic Fracture, Pb, Population, Pubmed, Relative Risk, Reporting, Results, Review, Rights, Risk, Science, Systematic, Systematic Review, Valproate, Web Of Science, Women

? Gorter, E.A., Hamdy, N.A.T., Appelman-Dijkstra, N.M. and Schipper, I.B. (2014), The role of vitamin D in human fracture healing: A systematic review of the literature. *Bone*, **64**, 288-297.

Full Text: [2014\Bone64, 288.pdf](2014/Bone64,%20288.pdf)

Abstract: Introduction: Vitamin D is essential for bone mineralization and for the subsequent maintenance of bone quality. Mineralization is part of hard callus formation and bone remodelling, processes, which are part of fracture healing. We provide a comprehensive review of the literature to summarize and clarify if possible, the cellular effects of vitamin D and its clinical involvement in the process of fracture healing in human. Material and methods: We conducted a literature search in PubMed, Embase (OVID version), and Web of Science. Results: A total of 75 in vitro and 30 in vivo studies were found with inconsistent results about the cellular effect of vitamin D on fracture involved inflammatory cells, cytokines, growth factors, osteoblasts, osteoclasts and on the process of mineralization. With only five in vitro studies performed on material derived from a fracture site and one in vivo study in fracture patients, the exact cellular role remains unclear. Seven studies investigated the circulating vitamin D metabolites in fracture healing. Although it appears that 25 (OH)D and 24,25 (OH)(2)D-3 are not affected by the occurrence of a fracture, this might not be the case with serum concentrations of 1,25 (OH)(2)D-3. The potential clinical effect of vitamin D deficiency is only described in one case series and three case controlled studies, where the results tend to show no effect of a vitamin D deficiency. No clinical studies were found investigating solely vitamin D supplementation. Two clinical studies found a positive effect of vitamin D supplementation and calcium, of increased bone mineral density or respectively increased fracture callus area at the fracture site. One study found indirect evidence that vitamin D and calcium promoted fracture healing. Conclusion: Despite these results, and the presumed beneficial effect of vitamin D supplementation in deficient patients, clinical studies that address the effects of vitamin D deficiency or supplementation on fracture healing are scarce and remain inconclusive. We conclude that vitamin D has a role in fracture healing, but the available data are too inconsistent to elucidate how and in what manner. (C) 2014 Elsevier Inc. All rights reserved.

Keywords: 1,25-Dihydroxyvitamin D-3, Blood Mononuclear-Cells, Bone, Bone-Mineral Density, Calcidiol, Calcium, Clinical, Clinical Studies, Cytokines, Data, Effects, Evidence, Fracture, Fracture Healing, Growth, Growth Factors, Healing, Human, In Vitro, In Vivo, In-Vitro, Intravenous Calcitriol Treatment, Literature, Literature Search, Marrow Stromal Cells, Messenger-Rna Expression, Metabolites, Methods, Mineralization, Necrosis-Factor-Alpha, Osteoblast-Like Cells, Osteoblasts, Patients, Potential, Pubmed, Quality, Results, Review, Rights, Role, Science, Serum, Serum Concentrations, Site, Systematic, Systematic Review, Transforming-Growth-Factor, Version, Vitamin, Vitamin D, Vitamin D Deficiency, Vitamin D Supplementation, Web Of Science

# Title: Book Collector

Full Journal Title: Book Collector

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Baer, A. (2011), The ‘gravy soup’ plagiarism biblio-Vignettes I. *Book Collector*, **60** (1), 99-100.

Full Text: 2011\Boo Col60, 99.pdf

Keywords: Plagiarism

# Title: Bosque

Full Journal Title: Bosque

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Acuña, E., Espinosa, M. and Cancino, J. (2013), Paper-based productivity ranking of Chilean forestry institutions. *Bosque*, **34** (2), 211-219.

Full Text: [2013\Bosque34, 211.pdf](2013/Bosque34,%20211.pdf)

Abstract: Using the information from the two main online scientific databases, Scopus and Web of Science (WoS), the scientific productivity of Chilean research institutions associated with the forestry sector was analyzed for the period 2000-2011. The following factors were analyzed: number of publications indexed in WoS and Scopus, citation frequency, impact indexes, h-Index, international contribution, self-citing and subject area of publications. The articles selected indicated affiliation either to faculties that offered undergraduate Forestry Programs in March 2012 or to public and private institutions associated with the forestry sector. Using this information, a ranking of scientific productivity for each institution was established according to the number of publications registered in WoS. Results show that the universities which offered Forestry Programs published 515 articles in WoS indexed journals and 625 in Scopus, corresponding to 88.5 and 85.0 % of the publications in the period, respectively. Universidad de Concepcion, Universidad Austral de Chile and Universidad de Chile concentrate more than two-thirds of WoS and Scopus-indexed articles; the number of publications per researcher indicates that Pontificia Universidad Catolica de Chile and Universidad de Concepcion are in first and second place followed by Universidad Austral de Chile and Universidad de Chile. Most publications (more than 80 %) are concentrated between the years 2006 and 2011. The main research subjects in Universidad de Concepcion, Universidad Austral de Chile and Universidad de Chile are Forestry and Biodiversity, and Conservation and Ecology. In Pontificia Universidad Catolica de Chile, it is Agriculture.

Keywords: Affiliation, Agriculture, Biodiversity, Chile, Citation, Citation Frequency, Concentrate, Conservation, Databases, Ecology, Efficiency, First, Forestry, Forestry Publications, h Index, h-Index, Impact, Index, Information, Institutions, International, Journals, Management, Online, Productivity, Productivity Ranking, Programs, Public, Publication, Publications, Ranking, Research, Research Impact, Research Impact, Research Institutions, Research Performance, Results, Science, Scientific Productivity, Scopus, Sector, Self-Citation, Undergraduate, Universities, Web of Science, WoS

# Title: Botany-Botanique

Full Journal Title: Botany-Botanique

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lacroix, C.R. (2013), Most highly cited journal article 2011. *Botany-Botanique*, **91** (8), III.

Full Text: [2013\Bot-Bot91, III.pdf](2013/Bot-Bot91,%20III.pdf)

# Title: Bothalia

Full Journal Title: Bothalia

ISO Abbreviated Title: Bothalia

JCR Abbreviated Title: Bothalia

ISSN: 0006-8241

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Archer, R.H. and VanWyk, A.E. (1996), Celastraceae - Correct orthography and author citation for Elaeodendron. *Bothalia*, **26** (1), 41-42.

# Title: Brain

Full Journal Title: [Brain](http://brain.oxfordjournals.org/)

ISO Abbreviated Title: Brain

JCR Abbreviated Title: Brain

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hodges, J.R. (2006), Alzheimer’s centennial legacy: Origins, landmarks and the current status of knowledge concerning cognitive aspects. *Brain*, **129**, 2811-2822.

Full Text: [2006\Brain129, 2811.pdf](2006/Brain129,%202811.pdf)

Abstract: This review commemorates 100 years of research into Alzheimer’s disease and, by happy coincidence, the publication of 100 papers in Brain on the topic. The first part of the review traces the evolution of concepts and landmarks in the modern history of Alzheimer’s disease. It highlights the continuing role of careful clinico-pathological studies which have set the stage for each major leap forwards, such as the emergence of the cholinergic hypothesis, and the realistation that subjects pass through an amnestic prodrome which is thought to reflect dysfunction of the hippocampal formation before the onset of full blown dementia. The contribution of structural and functional imaging is briefly described. The important contribution of publications in Brain is illustrated throughout the first section. The second part attempts to review the current status of our knowledge concerning behavioural, neuropsychological and neuropsychiatric aspects of the disease, emphasizing areas of continuing controversy.

? Gibson, C.L., Gray, L.J., Bath, P.M.W. and Murphy, S.P. (2008), Progesterone for the treatment of experimental brain injury: A systematic review. *Brain*, **131** (2), 318-328.

Full Text: [2008\Brain131, 318.pdf](2008/Brain131,%20318.pdf)

Abstract: Steroid sex hormones are potential neuroprotective candidates following CNS injury. All clinical trials to date have examined the effects of oestrogen alone or oestrogen-progestin combination therapy. Experimental studies have suggested that progesterone, in its own right, is a potential neuroprotective agent following acute cerebral injury. We performed a systematic review of controlled animal studies that administered progesterone before, or after, acute cerebral injury and measured lesion volume. Relevant studies were found from searching PUBMED, EMBASE and Web of Science. From 119 identified publications, data from 18 studies using 480 experimental subjects met specific criteria and were analysed using the Cochrane Review Manager software. Following cerebral ischaemia, a significant benefit of progesterone was observed regardless of the assigned study quality score (P=0.0002) whereas, following traumatic brain injury (TBI) a significant benefit of progesterone was only observed in studies that obtained the highest quality score of 5 (P= 0.02). Progesterone reduced lesion volume in a dose-dependent manner following either cerebral ischaemia (P< 0.001) or TBI (P= 0.03) with the most effective progesterone dose varying according to experimental injury model used. Progesterone treatment was only effective at reducing lesion volume when administered immediately following (i.e. 0-2 h) cerebral ischaemia (P= 0.0008). No studies using models of cerebral ischaemia or TBI assessed efficacy when progesterone was administered at later than 6 h following the onset of cerebral injury. Limited data were available for different groups of animals according to age/hormonal status and the full dose-response relationship was not available in all experimental groups. Although this systematic review provides some supporting evidence for a neuroprotective role of progesterone following either cerebral ischaemia or TBI importantly it highlights areas which need further pre-clinical investigation.

Keywords: Brain, Cerebral-Artery Occlusion, Clinical Trials, Cochrane, Cognitive Deficits, Combination Therapy, Dose-Response, Efficacy, Experimental Ischemic-Stroke, Factor Expression, Gender-Differences, Induced Neuroprotection, Infarct Volume, Inflammatory Response, Injury, Ischaemia, Model, Neuronal Loss, Neuroprotection, Oestrogen, Progesterone, Publications, PUBMED, Review, Science, Senescent Female Rats, Sex Hormones, Software, Stroke, Systematic, Systematic Review, TBI, Therapy, Traumatic Brain Injury, Treatment, Web of Science

? Lemon, R.N., Landau, W., Tutssel, D. and Lawrence, D.G. (2012), Lawrence and Kuypers (1968a, b) revisited: Copies of the original filmed material from their classic papers in *Brain*. *Brain*, **135**, 2290-2295.

Full Text: [2012\Brain135, 2290.pdf](2012/Brain135,%202290.pdf)

Abstract: This article aims to reintroduce two classic papers on motor control published in Brain in 1968, in which Lawrence and Kuypers reported their systematic studies of the effects of lesions to the corticospinal system (Lawrence and Kuypers, 1968a), and subsequently to the descending brainstem pathways (Lawrence and Kuypers, 1968b) in the Old World macaque monkey. They showed that the capacity for independent movements of the digits was permanently lost after a complete, bilateral lesion of the corticospinal system. These studies also revealed that the brainstem pathways contribute to fundamentally different aspects of motor control, with one set of pathways (the ventromedial system) involved in the control of head, trunk and girdle movements, while the other, lateral set of fibres control movements of the extremity such as reach and grasp. There is still much to learn today from these papers. However, an important part of their scientific legacy, the films illustrating the different cases, has long been unavailable. Much of this filmed material is now made available again in video format accessible on the Brain web site, complete with supplementary notes and histological detail. This article summarizes this newly available material for these classic papers in Brain.

Keywords: Brainstem, Capacity, Classic Papers, Control, Corticospinal, Effects, England, Functional Organization, Lemon, Lesion, Monkey, Monkey, Motor System, Motor System, Papers, Pathways, Projections, Pyramidal Tract, Site, Video, Web

# Title: Brain, Behavior, and Immunity

Full Journal Title: [Brain, Behavior, and Immunity](http://www.sciencedirect.com/science/journal/08891591)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

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Language:

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Publisher Address:

Subject Categories:

: Impact Factor

? Bonneau, R.H., Padgett, D.A. and Sheridan, J.F. (2007), Twenty years of psychoneuroimmunology and viral infections in *Brain, Behavior, and Immunity*. *Brain, Behavior, and Immunity*, **21** (3), 273-280.

Full Text: [2007\Bra Beh Imm21, 273.pdf](2007/Bra%20Beh%20Imm21,%20273.pdf)

Abstract: For 20 years, Brain, Behavior, and Immunity has provided an important venue for the publication of studies in psychoneuroimmunology. During this time period, psychoneuroinummology has matured into an important multidisciplinary science that has contributed significantly to our knowledge of mind, brain, and body interactions. This review will not only focus on the primary research papers dealing with psychoneuroimmunology, viral infections, and anti-viral vaccine responses in humans and animal models that have appeared on the pages of Brain, Behavior, and Immunity during the past 20 years, but will also outline a variety of strategies that could be used for expanding our understanding of the neuroimmune-viral pathogen relationship. (c) 2006 Elsevier Inc. All rights reserved.

Keywords: Antiviral, Brain, Humans, Infections, Knowledge, Models, Multidisciplinary, Papers, Pathogen, Primary, Publication, Research, Review, Rights, Science, Understanding, Vaccine, Viral

? Chida, Y. and Vedhara, K. (2009), Adverse psychosocial factors predict poorer prognosis in HIV disease: A meta-analytic review of prospective investigations. *Brain, Behavior, and Immunity*, **23** (4), 434-445.

Full Text: [2009\Bra Beh Imm23, 434.pdf](2009/Bra%20Beh%20Imm23,%20434.pdf)

Abstract: There is a growing epidemiological literature focusing on the association between psychosocial stress and human immunodeficiency virus (HIV) disease progression or acquired immunodeficiency syndrome (AIDS), but inconsistent findings have been published. We aimed to quantify the association between adverse psychosocial factors and HIV disease progression. We searched MEDLINE; PsycINFO; Web of Science; PUBMED up to 19 January 2009, and included population studies with a prospective design that investigated associations between adverse psychosocial factors and HIV disease progression or AIDS. Two reviewers independently extracted data on study characteristics, quality, and estimates of associations. The overall meta-analysis examined 36 articles including 100 psychosocial and disease related relationships. It exhibited a small, but robust positive association between adverse psychosocial factors and HIV progression (correlation coefficient as combined size effect 0.059, 95% confidence interval 0.043-0.074, p < 0.001). Notably, sensitivity analyses showed that personality types or coping styles and psychological distress were more strongly associated with greater HIV disease progression than stress stimuli per se, and that all of the immunological and clinical outcome indicators (acquired immunodeficiency syndrome stage, CD4+ T-cell decline, acquired immunodeficiency syndrome diagnosis, acquired immunodeficiency syndrome mortality, and human immunodeficiency virus disease or acquired immunodeficiency syndrome symptoms) except for viral load exhibited detrimental effects by adverse psychosocial factors. In conclusion, the current review reveals a robust relationship between adverse psychosocial factors and HIV disease progression. Furthermore, there would appear to be some evidence for particular psychosocial factors to be most strongly associated with HIV disease progression. (C) 2009 Elsevier Inc. All rights reserved.

Keywords: Acquired Immunodeficiency Syndrome, Active Antiretroviral Therapy, AID, AIDS, CD4 Cell Count, Clinical Progression, Coping Style, Depression and Anxiety, Depressive Symptoms, Diagnosis, Disease, Distress, Gay Men, HIV, Human, Human-Immunodeficiency-Virus, Immune Function, Literature, Meta-Analysis, Mortality, Outcome, Personality, Positive Homosexual Men, Prognosis, Psychoneuroimmunology, Psychosocial, Psychosocial Stress, PUBMED, Review, Science, Social Support, Social Support, Stress, Stressful Life Events, Symptoms, Web of Science

? Chida, Y. and Mao, X. (2009), Does psychosocial stress predict symptomatic herpes simplex virus recurrence? A meta-analytic investigation on prospective studies. *Brain, Behavior, and Immunity*, **23** (7), 917-925.

Full Text: [2009\Bra Beh Imm23, 917.pdf](2009/Bra%20Beh%20Imm23,%20917.pdf)

Abstract: Previous psychological studies have paid extensive attention to the association between psychosocial stress and symptomatic herpes simplex virus (HSV) recurrence, but subsequent research has been conducted and conflicting findings have been published. We aimed to quantify the longitudinal association between psychosocial stress and recurrent HSV in the contemporary literature. We searched MEDLINE; PsycINFO; Web of Science; PUBMED up to March 2009, and included prospective studies that investigated associations between psychosocial stress and symptomatic HSV recurrence. Two reviewers independently extracted data on study characteristics, quality, and estimates of associations. The overall meta-analysis examining 11 articles (17 psychosocial and disease related relationships) exhibited a robust positive association between psychosocial stress and symptomatic HSV recurrence (correlation coefficient as combined effect size 0.083, 95% confidence interval 0.025-0.141, p = 0.005). This finding was supported by more conservative analysis of aggregate effects and by sensitivity analysis of the methodologically strong studies. There were indications of publication bias in some analyses. Intriguingly, sensitivity analyses demonstrated that psychological distress was more strongly associated with symptomatic HSV recurrence than stress stimuli per se, and that psychosocial stress tended to be more strongly associated with oral than genital herpes recurrence. In conclusion, the current review reveals a robust relationship between psychosocial stress and symptomatic HSV recurrence, justifying further research in this field, especially clinical trials evaluating the efficacy of stress reduction interventions on HSV recurrence. (C) 2009 Elsevier Inc. All rights reserved.

Keywords: Analysis, Attention, Bias, Clinical Trials, Controlled-Trials, Disease, Distress, Efficacy, Epidemiology, Genital Herpes, Herpes Simplex Virus, Infections, Interventions, Literature, Management, Meta-Analysis, Pathogenesis, Prospective Evidence, Prospective Studies, Psychological Stress, Psychoneuroimmunology, Psychosocial, Psychosocial Stress, Publication, Publication Bias, PUBMED, Reactivation, Recurrence, Research, Review, Science, Stress, Type-1, Web of Science

? Ducasse, D., Olie, E., Guillaume, S., Aftéro, S. and Courtet, P. (2015), A meta-analysis of cytokines in suicidal behavior. *Brain, Behavior, and Immunity*, **46**, 203-211.

Full Text: [2015\Bra Beh Imm46, 203.pdf](2015/Bra%20Beh%20Imm46,%20203.pdf)

Abstract: Background: We conducted the first meta-analysis of studies comparing the plasma and CSF concentrations of cytokines in suicidal patients vs. non-suicidal patients or healthy controls. Methods: We searched Medline, Web of Science, and PsycINFO from 1965 to November 2014 for relevant studies. Manual searches of references and unpublished data were also included. Suicidal patients included severe suicide ideators and suicide attempters. Results: Eleven articles were available for the meta-analysis, for a total sample size of 494 suicidal patients, 497 non-suicidal patients and 398 healthy controls. Levels of 6 independent plasma cytokines (IL2, IL6, TNFalpha, IFNgamma, IL4, TGFbeta) were meta-analyzed for plasma studies comparing suicidal vs. both controls. IL8 level was meta-analyzed for cerebrospinal fluid studies comparing suicidal patients with healthy controls. We reported with medium effect size, that suicidal patients had: (1) lower IL2 plasma levels than both non-suicidal patients and healthy controls (medium effect size); (2) lower IL4 and higher TGFbeta plasma levels than healthy controls. Conclusion: Our results promote the hypothesis of altered inflammatory markers in suicidal patients, for both pro-inflammatory (IL2) and anti-inflammatory (IL4 and TGFbeta) cytokines. (C) 2015 Elsevier Inc. All rights reserved.

Keywords: Attempters, Behavior, Bipolar Disorder, Cerebrospinal Fluid, Cerebrospinal-Fluid, Chemokine Levels, Csf, Cytokine, Cytokines, Data, Effect Size, Endothelial Growth-Factor, First, Inflammation, Inflammatory Marker, Major Depressive Disorder, Meta-Analysis, Metaanalysis, Orbitofrontal Cortex, Patients, Plasma, Psychosocial Stress, Psycinfo, References, Rights, Sample Size, Science, Size, Suicidal Attempt, Suicidal Behavior, Suicidal Ideation, Suicide, Transforming Growth-Factor-Beta-1, Web Of Science

# Title: Brain & Development

Full Journal Title: Brain & Development

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Inokuchi, R., Nakamura, K., Mizuno, N., Sato, H., Shinohara, K., Matsubara, T., Doi, K., Ishii, T., Gunshin, M., Nakajima, S. and Yahagi, N. (2014), Adult-onset seizures in a patient with Down syndrome and portosystemic shunt. *Brain & Development*, **36** (7), 626-629.

Full Text: [2014\Bra Dev36, 626.pdf](2014/Bra%20Dev36,%20626.pdf)

Abstract: Objective: The prevalence of epilepsy in patients with Down syndrome (DS) is 5-13%, which is higher than the prevalence in the general population. Transient hyperammonemia is often observed following seizure, but it typically resolves within a day. Here, we describe the case a 37-year-old woman who had DS and a history of adult-onset epilepsy and was admitted to our hospital with recurrent seizures. After admission, her ammonia levels fluctuated without any apparent cause, and dynamic computed tomography revealed a portosystemic shunt. The findings suggest that her seizures possibly precipitated from hyperammonemia secondary to a portosystemic shunt, and we reviewed the relevant literature. Methods: We conducted PubMed, Web of Science, and EMBASE searches without language restrictions for articles published between 1970 and February 2013. Results: In addition to the present case, 7 cases were ultimately included in this review. Four patients were newborns, 2 patients were 1 month old, and 1 patient was 3 years old. No adult cases were described until now. Conclusion: Adult patients with DS diagnosed with epilepsy are not routinely assessed for portosystemic venous shunts. Measuring ammonia levels in patients with DS the day after admission would help detect portosystemic shunts, even if the patients have been previously diagnosed with epilepsy. Practice Implications: If ammonia levels fluctuate without any apparent cause after seizure, dynamic computed tomography should be performed, especially for patients with DS, whether or not they have been previously diagnosed with epilepsy. (C) 2013 The Japanese Society of Child Neurology. Published by Elsevier B.V. All rights reserved.

Keywords: Adult, Ammonia, Articles, Child, Computed Tomography, Diagnosis, Down Syndrome, Dynamic, Embase, Epilepsy, Epilepsy, From, General, General Population, History, Hospital, Hyperammonemia, Hyperammonemia, Japan, Language, Literature, Methods, Newborns, Patient, Patients, Population, Portohepatic Shunt, Portosystemic Shunt, Practice, Prevalence, Pubmed, R, Recurrent, Restrictions, Results, Review, Rights, Science, Seizure, Seizures, Syndrome, Web, Web Of Science

# Title: Brain and Language

Full Journal Title: Brain and Language

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Friederici, A.D., Meyer, M. and von Cramon, D.Y. (1996), Auditory language comprehension: An event-related fMRI study on the processing of syntactic and lexical information. *Brain and Language*, **74** (2), 289-300.

Full Text: [1996\Bra Lan74, 289.pdf](1996/Bra%20Lan74,%20289.pdf)

Abstract: the functional specificity of different brain areas recruited in auditory language processing was investigated by means of event-related functional magnetic resonance imaging (fMRI) while subjects listened to speech input varying in the presence or absence of semantic and syntactic information. There were two sentence conditions containing syntactic structure, i.e., normal speech (consisting of function and content words), syntactic speech (consisting of function words and pseudowords), and two word-list conditions, i.e., real words and pseudowords. The processing of auditory language, in general, correlates with significant activation in the primary auditory cortices and in adjacent compartments of the superior temporal gyrus bilaterally. Processing of normal speech appeared to have a special status, as no frontal activation was observed in this case but was seen in the three other conditions. This difference may point toward a certain automaticity of the linguistic processes used during normal speech comprehension. When considering the three other conditions, we found that these were correlated with activation in both left and right frontal cortices. An increase of activation in the planum polare bilaterally and in the deep portion of the left frontal operculum was found exclusively when syntactic processes were in focus. Thus, the present data may be taken to suggest an involvement of the left frontal and bilateral temporal cortex when processing syntactic information during comprehension.

Keywords: Functional Magnetic Resonance Imaging (fMRI), Syntax, Language, Speech

Friederici, A.D., Meyer, M. and von Cramon, D.Y. (1996), Auditory language comprehension: An event-related fMRI study on the processing of syntactic and lexical information: Volume 74, Number 2 (2000), pages 289-300. *Brain and Language*, **75** (3), 465-477.

Full Text: [1996\Bra Lan75, 465.pdf](1996/Bra%20Lan75,%20465.pdf)

Abstract: Due to conversion errors, mathematical symbols have been replaced by numbers or incorrect symbols. The following errors occur in the legend to Fig. 1 and in footnote 2 on page 294 and in the first and third paragraphs of page 296: the numeral 2 appears instead of the multiplication sign, the numeral 4 instead of the equals sign, the quotation mark instead of the greater than or equal to sign, and the plus sign instead of the less than sign. For the reader’s convenience, the entire rapid communication is reprinted on the following pages.

# Title: Brain Research Bulletin

Full Journal Title: Brain Research Bulletin

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Dunnett, S.B. (2004), Impact factor rises again. *Brain Research Bulletin*, **64** (4), 285-287.

Full Text: [2004\Bra Res Bul64, 285.pdf](2004/Bra%20Res%20Bul64,%20285.pdf)

? Xu, G.Z., Wang, M.D., Liu, K.G., Bai, Y.A., Wu, W. and Li, W. (2013), A meta-analysis of treating acute traumatic brain injury with calcium channel blockers. *Brain Research Bulletin*, **99**, 41-47.

Full Text: [2013\Bra Res Bul99, 41.pdf](2013/Bra%20Res%20Bul99,%2041.pdf)

Abstract: The purpose of this systematic review was to evaluate and meta-analyse the current evidence for the use of calcium channel blockers (CCBs) in the treatment of acute traumatic brain injury (TBI) and traumatic subarachnoid haemorrhage (tSAH). A systematic search of clinical trials.gov, Cochrane library databases, EMBASE, MEDLINE, Web of science search and WHO trial registry, plus hand-searching of grey literature, was undertaken in March 2013. Two reviewers independently extracted the data using a pre-defined data extraction form. RevMan 5 software was used to synthesise data and calculate the risk ratio (RR) based on event rates as well as the 95% confidence interval (Cl). Finally, nine RCTs with a total of 2182 patients were included. Meta-analysis showed that there was no difference between CCBs and control groups for rates of mortality (n = 1337, 5 RCTs, RR 0.93 CI 0.77-1.12). in a subgroup tSAH analysis, the difference was not significant (n = 389, 2 RCTs, RR 0.73 CI 0.53-1.02). There were slightly fewer unfavourable outcomes in the treatment group, but the difference was not statistically significant (n = 2101, 8 RCTs, RR 0.90 CI 0.76-1.08). in the subgroup tSAH analysis, again, the difference did not reach statistical significance (n = 1074, 5 RCTs, RR 0.95 CI 0.73-1.24). It seems that larger, well-designed RCTs are necessary in order to ascertain any clinical benefit CCBs may or may not have for the treatment of acute TBI. Crown Copyright (C) 2013 Published by Elsevier Inc. All rights reserved.

Keywords: Acute Traumatic Brain Injury, Analysis, Brain, Brain Injury, Calcium, Calcium Channel Blockers, Clinical, Confidence, Control, Control Groups, Data, Databases, Double-Blind, Embase, Evidence, Extraction, Flow Velocities, Groups, Haemorrhage, HIT-I, Increases, Injury, Interval, Literature, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Mortality, Neuroprotection, Nimodipine, Outcomes, Oxygen-Consumption, Patients, Purpose, Rates, Registry, Review, Rights, Risk, Science, Severe Head-Injury, Significance, Software, Subarachnoid, Subarachnoid Hemorrhage, Systematic Review, Traumatic, Traumatic Brain Injury, Traumatic Subarachnoid Haemorrhage, Treatment, Trial, Web of Science, WHO

# Title: Brain Stimulation

Full Journal Title: Brain Stimulation

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Donaldson, A.E., Gordon, M.S., Melvin, G.A., Barton, D.A. and Fitzgerald, P.B. (2014), Addressing the needs of adolescents with treatment resistant depressive disorders: A systematic review of rTMS. *Brain Stimulation*, **7** (1), 7-12.

Full Text: [2014\Bra Sti7, 7.pdf](2014/Bra%20Sti7,%207.pdf)

Abstract: Background: Depressive disorders are among the most commonly experienced mental health concerns and a leading cause of mortality in adolescence. Current treatment guidelines recommend the use of antidepressant medication, cognitive behavioral therapy or both treatments. Unfortunately 40-60% of adolescents fail to respond to these treatments, therefore a new effective alternative treatment modality would be of particular benefit. rTMS is effective in addressing treatment resistant depression in adults and investigation into its effectiveness with adolescent populations has begun. Objective: To examine the existing literature regarding the efficacy and safety of rTMS treatment with adolescents experiencing depressive symptoms, especially research conducted since the last published review. Methods: A systematic review was conducted in accordance with PRISMA guidelines. The databases of OVID PsycINFO, PubMed, Ovid Medline and Web of Science were searched for research utilizing rTMS treatment with adolescents experiencing depressive symptomology. Results: The review identified seven studies that examined rTMS as a treatment for depressive symptomology in adolescence. Findings indicate rTMS is likely to be an effective treatment for young people with preliminary longitudinal results suggesting maintenance of effects 3 years post-treatment. Reported side effects have included headaches, scalp discomfort and single incidences of hypomania and seizure. All side effects were transitory and did not recur. Conclusion: Preliminary results suggest rTMS is an effective and well tolerated antidepressant treatment for adolescents with treatment resistant depressive symptomology. Further research allowing for comparison across studies is necessary to establish the efficacy of rTMS in adolescent depression. (C) 2014 Elsevier Inc. All rights reserved.

Keywords: Adolescence, Adolescent, Adolescents, Alternative, Antidepressant, Comparison, Databases, Depression, Depressive Symptoms, Effectiveness, Effects, Efficacy, Guidelines, Health, Investigation, Literature, Longitudinal, Medline, Mental Health, Methods, Mortality, Populations, Psycinfo, Pubmed, Research, Resistant, Results, Review, Rights, Safety, Scalp, Science, Seizure, Side Effects, Symptoms, Systematic Review, Therapy, Treatment, Treatment Guidelines, Web of Science

# Title: Brazilian Journal of Biology

Full Journal Title: Brazilian Journal of Biology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Padial, A.A., Bini, L.M. and Thomaz, S.M. (2008), The study of aquatic macrophytes in Neotropics: A scientometrical view of the main trends and gaps. *Brazilian Journal of Biology*, **68** (4), 1051-1059.

Full Text: [2008\Bra J Bio68, 1051.pdf](2008/Bra%20J%20Bio68,%201051.pdf)

Abstract: Aquatic macrophytes comprises a diverse group of organisms including angiosperms, ferns, mosses, liverworts and some macroalgae that occur in seasonally or permanently wet environments. Among other implications, aquatic macrophytes are highly productive and with an important structuring role on aquatic environments. Ecological studies involving aquatic plants substantially increased in the last years. However, a precise view of researches devoted to aquatic macrophytes in Neotropics is necessary to reach a reliable evaluation of the scientific production. In the current study, we performed a scientometrics analysis of the scientific production devoted to Neotropical macrophytes in an attempt to find the main trends and gaps of researches concerning this group. The publication devoted to macrophytes in Neotropics increased conspicuously in the last two decades. Brazil, Argentina, Mexico and Chile were the most productive among Neotropical countries. Our analyses showed that the Studies dealt mostly with the influences of aquatic macrophytes on organisms and abiotic features. Studies with a predictive approach or aiming to test ecological hypothesis are scarce. In addition, researches aiming to describe unknown species are still necessary. This is essential to support conservation efforts and to Subsidize further investigations testing ecological hypotheses.

Keywords: Analyses, Analysis, Approach, Aquatic Macrophytes, Aquatic Plants, Argentina, Brazil, Chile, Conservation, Ecological, Evaluation, Fish Assemblages, Floodplain, Fresh-Water, Group, Influences, Investigations, Lacks, Macroalgae, Macrophytes, Mexico, Nations, Neotropics, NOV, Parana, Plants, Predictive, Production, Publication, Role, Science, Scientific Production, Scientometrics, Species, Structuring, Support, Testing, Trends, Water-Hyacinth

? Barbosa, F.G., Schneck, F. and Melo, A.S. (2012), Use of ecological niche models to predict the distribution of invasive species: A scientometric analysis. *Brazilian Journal of Biology*, **72** (4), 821-829.

Full Text: [2012\Bra J Bio72, 821.pdf](2012/Bra%20J%20Bio72,%20821.pdf)

Abstract: We conducted a scientometric analysis to determine the main trends and gaps of studies on the use of ecological niche models (ENMs) to predict the distribution of invasive species. We used the database of the Thomson Institute for Scientific Information (ISI). We found 190 papers published between 1991 and 2010 in 82 journals. The number of papers was low in the 1990s, but began to increase after 2003. One-third of the papers were published by researchers from the United States of America, and consequently, the USA was also the most studied region. The majority of studies were carried out in terrestrial environments, while only a few investigated aquatic systems, probably because important aquatic predictor variables are scarce or unavailable for most regions in the world. Species-occurrence records were mainly composed of presence-only records, and almost 70% of the studies were carried out with plants and insects. Twenty-three different distribution modelling methods were used. The Genetic Algorithm for Rule-set Production (GARP) was used most often. Our scientometric analysis showed a growing interest in the use of ENMs to predict the distribution of invasive species, especially in the last decade, which is probably related to the increase in species introductions worldwide. Among some important gaps that need to be filled, the relatively small number of studies conducted in developing countries and in aquatic environments deserves careful attention.

Keywords: Alien Plant, Analysis, Aquatic, Biodiversity, Biodiversity, Biological Invasions, Biological Invasions, Climate-Change, Conservation, Database, Developing, Developing Countries, Distribution, Global-Scale, Impact, Insects, Institute For Scientific Information, Invasive, ISI, Journals, Methods, Modelling, Models, Mussel, Niche, Nov, Papers, Plants, Potential Distribution, Records, Region, Scientific Production, Scientometric, Scientometric Analysis, Small, Space, Species, Systems, Trends, United States, USA, World

# Title: Brazilian Journal of Infectious Diseases

Full Journal Title: Brazilian Journal of Infectious Diseases

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Zhao, S.H., Liu, E.Q., Cheng, D.X., Li, Y.F., Wang, Y.L., Chen, Y.L., Sun, W.T., Yan, X.C. and Dang, S.S. (2012), Comparison of entecavir and adefovir for the treatment of chronic hepatitis B. *Brazilian Journal of Infectious Diseases*, **16** (4), 366-372.

Full Text: [2012\Bra J Inf Dis16, 366.pdf](2012/Bra%20J%20Inf%20Dis16,%20366.pdf)

Abstract: the results of several new clinical trials that compared the effectiveness of entecavir (ETV) treatment with that of adefovir (ADV) treatment in patients with chronic hepatitis B (CHB) were published in recent years. However, the numbers of patients included in these clinical trials were too small to draw a clear conclusion as to whether ETV is more effective than ADV. Therefore, a new meta-analysis was needed to compare ETV with ADV for the treatment of CHB. A search of the Cochrane Central Register of Controlled Trials (CCTR), MEDLINE, the Science Citation Index, Embase, the China National Knowledge Infrastructure (CNKI), and the Wanfang Database for relevant studies published between 1966 and 2010 was performed. Trials comparing the use of ETV and ADV for the treatment of CHB were assessed. of the 2,358 studies screened, 13 randomized controlled clinical trials comprising 1,230 patients (ETV therapy, 621; ADV therapy, 609) were analyzed. The serum hepatitis B virus (HBV) DNA clearance rate obtained in patients treated with ETV was significantly higher than that in patients treated with ADV at the 24th and 48th weeks of treatment (24 weeks: 59.6% vs. 31.8%, relative risk [RR], 1.82, 95% CI: 1.49-2.23; 48 weeks: 78.3% vs. 50.4%, RR, 1.61, 95% CI: 1.32-1.96). The serum HBeAg clearance rate, the HBeAg seroconversion rate, and the ALT normalization rate obtained for patients treated with ETV were also higher than the corresponding values for patients treated with ADV at the 48th week of treatment. The safety profiles were similar between patients treated with ETV and those treated with ADV. The evidence reviewed in this meta-analysis suggests that patients with hepatitis B have a greater likelihood of achieving a viral response and a biomedical response when treated with ETV than when treated with ADV. (C) 2012 Elsevier Editora Ltda. All rights reserved.

Keywords: Adefovir, Biomedical, China, Chronic, Chronic Hepatitis, Citation, Clinical, Clinical Trials, DNA, Effectiveness, Entecavir, Evidence, HBV, Hepatitis, Hepatitis B, Hepatitis B Virus, Lamivudine, MEDLINE, Meta-Analysis, Metaanalysis, Normalization, Patients, Profiles, Randomized, Recent, Relative Risk, Rights, Risk, Safety, Science, Science Citation Index, Serum, Small, Therapy, Treatment, Viral

? Coelho, L., Veloso, V.G., Grinsztejn, B. and Luz, P.M. (2014), Trends in overall opportunistic illnesses, *Pneumocystis carinii* pneumonia, cerebral toxoplasmosis and *Mycobacterium avium* complex incidence rates over the 30 years of the HIV epidemic: A systematic review. *Brazilian Journal of Infectious Diseases*, **18** (2), 196-210.

Full Text: [2014\Bra J Inf Dis18, 196.pdf](2014/Bra%20J%20Inf%20Dis18,%20196.pdf)

Abstract: Background: The natural history of HIV infection has changed dramatically after the introduction of highly active antiretroviral therapy. Currently, opportunistic illnesses still represent major cause of death and hospitalization in this population. In this study, we review the trends in opportunistic illnesses incidence rates and compare the results observed in high-income settings with that for low/middle-income settings, with special attention given to studies from Brazil. Methods: We systematically searched Pubmed, Web of Science, Lilacs and Google scholar for publications on HIV associated opportunistic illness. Studies reporting rates based on person-time for all opportunistic illnesses and/or the three opportunistic infections of interest, namely, Pneumocystis carinii pneumonia, cerebral toxoplasmosis, and Mycobacterium avium complex were included. Results: Significant reductions in the incidence rates were demonstrated for opportunistic illnesses overall and also for the specific opportunistic infections included in the present study, both in high and low/middle-income settings. Out of the 37 studies included in the present review, almost 70% were from high-income settings. All the studies conducted in low/middle-income settings were single center studies and four were from Brazil. We found no study from Brazil reporting annual incidence rates of opportunistic illnesses. Conclusions: Opportunistic illnesses remain an important public health problem. To better guide health policies in low/middle-income settings, multicenter cohort studies should be encouraged. Studies from Brazil are urgently needed to assess the current burden of opportunistic illnesses in our population and to support the planning of HIV/AIDS health care services organization. (C) 2013 Elsevier Editora Ltda. All rights reserved.

Keywords: Acquired Immunodeficiency Syndrome, Active Antiretroviral Therapy, Aids-Defining Illnesses, Aids-Related Opportunistic Infections, Antiretroviral Therapy, Attention, Brazil, Burden, Care, Cause Of Death, Cerebral, Cohort, Death, Declining Incidence, Disease Incidence, Epidemic, Google, Google Scholar, Health, Health Care, Health Care Services, Health Problem, Highly Active, Highly Active Antiretroviral Therapy, History, Hiv, Hiv Infection, Hiv, Aids, Hospital-Based Cohort, Hospitalization, Human-Immunodeficiency-Virus, Incidence, Infected Patients, Infection, Infections, Methods, Natural, Natural History, Natural-History, Opportunistic Infection, Organization, Planning, Pneumonia, Policies, Population, Public, Public Health, Public Health Problem, Publications, Rates, Reporting, Results, Review, Rights, Rio-De-Janeiro, Science, Services, Support, Systematic, Systematic Review, Therapy, Toxoplasmosis, Trends, United-States, Web Of Science

# Title: Brazilian Journal of Medical and Biological Research

Full Journal Title: [Brazilian Journal of Medical and Biological Research](http://www.scielo.br/scielo.php?script=sci_serial&pid=0100-879X&lng=en&nrm=iso); [Brazilian Journal of Medical and Biological Research](http://www.bjournal.com.br/)

ISO Abbreviated Title: Brazilian J. Med. Biol. Res.

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ISSN: 0100-879X

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Publisher Address: Faculdade Medicina, Sala 21, 14049 Ribeirao Preto, Sao Paulo, Brazil

Subject Categories:

Biology: Impact Factor 0.824, 43/64 (2004)

Medicine, Research & Experimental: Impact Factor 0.824, 56/71 (2004)

? Linardi, P.M., Coelho, P.M.Z. and Costa, H.M.A. (1996), The ‘impact factor’ as a criterion for the quality of scientific production is a relative, not absolute, measure. *Brazilian Journal of Medical and Biological Research*, **29** (5), 555-561.

Full Text: Bra J Med Bio Res29, 555.pdf

Keywords: Impact Factor, Citation Index, Bibliometric Evaluation, Scientific Quality, Cited Half-Life, Immediacy Index, Science, Journals

? Rumjanek, V.M. and Leta, J. (1996), An evaluation of immunology in Brazil (1981-1993). *Brazilian Journal of Medical and Biological Research*, **29** (8), 923-931

Full Text: Bra J Med Bio Res29, 923.pdf

Keywords: Evaluation, Immunology, Scientific Production, Scientometrics

Notes: TTopic, CCountry

Rodrigues, P.S., Fonseca, L. and Chaimovich, H. (2000), Mapping cancer, cardiovascular and malaria research in Brazil. *Brazilian Journal of Medical and Biological Research*, **33** (8), 853-867.

Full Text: [2000\Bra J Med Bio Res33, 853.pdf](2000/Bra%20J%20Med%20Bio%20Res33,%20853.pdf)

Abstract: This paper presents performance indicators for the Brazilian cancer, cardiovascular and malaria research areas from 1981 to 1995. The data show an increasing number of papers since 1981 and author numbers indicate a continuous growth of the scientific community and suggest an expected impact of scientific activity on biomedical education. The data also characterize cardiovascular research as a well-established area and cancer research as a faster growing consolidating field. The 1989-1994 share of Brazilian articles among world publications shows a growing trend for the cancer (1.61) and cardiovascular (1.59) areas, and a decrease for the malaria area (0.89). The burden of the three diseases on society is contrasted by the small number of consolidated Brazilian research groups, and a questionable balance of thematic activity, especially with regard to malaria. Brazilian periodicals play an important role in increasing the international visibility of science produced in the country. Cancer and cardiovascular research is strongly concentrated in the Southeastern and in Southern regions of Brazil, especially in Sao Paulo (at least one address from Sao Paulo in 64.5% of the 962 cancer articles and in 66.9% of the 2250 cardiovascular articles, the second state being Rio de Janeiro with at least one address in 14.1 and 11% of those articles, respectively). Malaria research (468 articles) is more evenly distributed across the country, following the pattern of the endemic distribution of the disease. Surveying these national indicator trends can be useful to establish policies in the decision process about health sciences, medical education and public health.

Keywords: Biomedical, Brazil, Burden, Cancer, Cardiovascular, Community, Country, Data, Decision, Diseases, Distributed, Distribution, Education, Field, Growth, Health, Health Sciences, Impact, Indicator, Indicators, International, Malaria, Medical, Medical Education, Papers, Pattern, Performance, Periodicals, Policies, Public, Public Health, Publications, Research, Rio De Janeiro, Role, Science, Sciences, Small, Society, State, Trend, Trends, Visibility, World

Notes: JJournal

? Krieger, E.M. and Ferreira, S.H. (2003), *Brazilian Journal of Medical and Biological Research* 1981-2002. *Brazilian Journal of Medical and Biological Research*, **36** (1), 1-2.

Full Text: [2003\Bra J Med Bio Res36, 1.pdf](2003/Bra%20J%20Med%20Bio%20Res36,%201.pdf)

Coelho, P.M.Z., Antunes, C.M.F., Costa, H.M.A., Kroon, E.G., Lima, M.C.S. and Linardi, P.M. (2003), The use and misuse if the “impact factor” as a parameter for evaluation of scientific publication quality: A proposal to rationalize its application. *Brazilian Journal of Medical and Biological Research*, **36** (12), 1605-1612.

Full Text: [2003\Bra J Med Bio Res36, 1605.pdf](2003/Bra%20J%20Med%20Bio%20Res36,%201605.pdf)

Abstract: We present a critical analysis of the generalized use of the ‘impact factor’. By means of the Kruskal-Wallis test, it was shown that it is not possible to compare distinct disciplines using the ‘impact factor’ without adjustments. After assigning the median journal the value of one (1.000), The ‘impact factor’ value for each journal was calculated by the rule of three. The adjusted values were homogeneous, thus permitting comparison among distinct disciplines.

Keywords: Impact Factor, Multidisciplinary Adjustment, Citation Index, Bibliometric Evaluation

Bressan, R.A., Gerolin, J. and Mari, J.J. (2005), The modest but growing Brazilian presence in psychiatric, psychobiological and mental health research: Assessment of the 1998-2002 period. *Brazilian Journal of Medical and Biological Research*, **38** (5), 649-659.

Full Text: [2005\Bra J Med Bio Res38, 649.pdf](2005/Bra%20J%20Med%20Bio%20Res38,%20649.pdf)

Abstract: the objective of the present survey was to assess the Brazilian scientific production in psychiatry, psychobiology, and mental health during the 1998-2002 period. The universities’ graduate programs concentrate the vast majority of the scientific production in Brazil. We assessed the annual reports from the graduate programs to the Brazilian Ministry of Education concerning master’s and doctoral theses and the articles published in journals indexed by the Institute of Scientific Information (IST). There are nine Master’s and Doctoral graduate programs dedicated to research in psychiatry, neuropsychiatry, psychobiology, and mental health in the country, seven being located in southern states. During the 5-year period, from 1998 to 2002, 186 students received their doctorate degree (37/year). The programs published 637 articles in journals indexed by ISI, the majority of them in journals with an impact factor higher than 2. The research advisors’ productivity varied among graduate programs, ranging from 0.6 to 2.0 articles per year in ISI-indexed journals. Despite the substantial barriers faced by the Brazilian scientific community (mainly financial and writing difficulties), Brazil’s scientific mental health production is on the rise. The number of articles published in ISI-indexed journals has doubled without a significant increase in the number of graduate theses, suggesting that there was an improvement in both the quality of the scientific production and the productivity of the graduate programs. Based on these data, it is reasonable to predict a tendency to an increase in production over the next few years.

Keywords: Bibliometric Analysis, Brazil, Impact Factor, ISI, Journals, Mental Health, MSc and PhD Students, Psychiatry, Public and Private Universities, Publish or Perish, Research, Scientific Production, Scientometrics, Universities

Notes: UUniversity

de Araujo, K.M., Mourao, P.A.S. and Leta, J. (2005), Balance between education- and research-oriented publications from a Brazilian University Hospital. *Brazilian Journal of Medical and Biological Research*, **38** (9), 1285-1291.

Full Text: [2005\Bra J Med Bio Res38, 1285.pdf](2005/Bra%20J%20Med%20Bio%20Res38,%201285.pdf)

Abstract: We analyzed the trends of scientific output of the University Hospital, Federal University of Rio de Janeiro. A total of 1420 publications were classified according to pattern and visibility. Most were non-research publications with domestic visibility. With time, there was a tendency to shift from non-research (or education-oriented) publications with domestic visibility to research publications with international visibility. This change may reflect new academic attitudes within the institution concerning the objectives of the hospital and the establishment of scientific research activities. The emphasis of this University Hospital had been on the training of new physicians. However, more recently, the production of new knowledge has been incorporated as a new objective. The analysis of the scientific production of the most productive sectors of the hospital also showed that most are developing non-research studies devoted to the local public while a few of the sectors are carrying out research studies published in journals with international status. The dilemma of quality versus quantity and of education versus research-oriented publication seems, however, to continue to exist within the specialized sectors. The methodology described here to analyze the scientific production of a university hospital can be used as a tool to better understand the evolution of medical research in Brazil and also to help formulate public policies and new strategies to include research among the major objectives of University Hospitals.

Keywords: Analysis, Attitudes, Brazil, Developing, Education, Evolution, Hospital, International, Journals, Knowledge, Local, Medical, Medical Research, Methodology, Pattern, Physicians, Policies, Public, Publication, Publications, Quality, Research, Rio De Janeiro, Scientific Output, Scientific Production, Scientific Research, Training, Trends, University, University Hospital, Visibility

Notes: CCountry

? Helene, A.F. and Xavier, G.F. (2006), Financial support of graduate programs in Brazil: *Quo vadis*? *Brazilian Journal of Medical and Biological Research*, **39** (7), 839-849.

Full Text: [2006\Bra J Med Bio Res39, 839.pdf](2006/Bra%20J%20Med%20Bio%20Res39,%20839.pdf)

Abstract: Graduate programs provide the highest level of formal education and thus are crucial for the development of any country. However, official Brazilian data clearly show a dramatic decrease in the number and values of scholarships available to graduate programs in Brazil over the last few years, despite the importance and growth of such programs. Between 1995 and 2004, investment by the Coordenadoria de Aperfeicoamento de Pessoal do Ensino Superior (CAPES, subordinate to the Ministry of Education and Culture) in funding scholarships, corrected for inflation in the period, actually decreased by 51%. In addition, during the period between 1994 and 2004, there was a loss of about 60% in the purchasing power of the graduate scholarships provided by CAPES and the National Council for Science and Technology (CNPq). To reverse this trend, we propose the development of sectorial funding for Brazilian graduate programs to guarantee the availability and continuity of financial support for this strategic activity.

Keywords: Availability, Brazil, Country, Data, Development, Education, Financial Support, Funding, Graduate, Growth, Power, Strategic, Support, Trend

? Cunha-Melo, J.R., Santos, G.C. and Andrade, M.V. (2006), Brazilian medical publications: Citation patterns for Brazilian-edited and non-Brazilian literature. *Brazilian Journal of Medical and Biological Research*, **39** (8), 997-1002.

Full Text: [2006\Bra J Med Bio Res39, 997.pdf](2006/Bra%20J%20Med%20Bio%20Res39,%20997.pdf)

Abstract: Today, the quality of a scientific article depends on the periodical in which it is published and on the number of times the article is cited in the literature. In Brazil, the criteria for the evaluation of this scientific production are improving. However, there is still some resistance, with authors arguing that Brazilian publications must be preferentially addressed to the national readers and, therefore, they should ideally be written in Portuguese. In order to determine the kind of scientific journals cited in the reference lists of articles published in medical periodicals edited in Brazil, in the present study we determine the rate of Portuguese/English citations. Three issues of 43 periodicals (19 indexed in SciELO, 10 in PUBMED, 10 in LILACS, and 4 in the ISI-Thompson base) of different medical specialties were analyzed, and the number of both Portuguese and English citations in the reference list of each article was recorded. The results showed that in Brazilian-edited journals the mean number of citations/article was 20.9±6.9 and the percentage of citations of international non-Brazilian periodicals was 86.0±11.2%. of the latter, 94.4±7.0 are indexed by ISI-Thompson. Therefore, we conclude that Brazilian medical scientists cite the international non-Brazilian periodicals more than the national journals, and most of the cited papers are indexed by ISI-Thompson.

Keywords: Bibliometrics, Brazil, Brazilian Medical Journals, Brazilian Scientific Journals, Citation Patterns, English, Journals, Language, Publications, Publish, Quality, Scientific Production

Notes: CCountry

Araujo, C.R., Moreira, M.A. and Lana-Peixoto, M.A. (2006), Profile of the Brazilian scientific production in multiple sclerosis. *Brazilian Journal of Medical and Biological Research*, **39** (9), 1143-1148.

Full Text: [2006\Bra J Med Bio Res39, 1143.pdf](2006/Bra%20J%20Med%20Bio%20Res39,%201143.pdf)

Abstract: This paper analyzes the profile of the Brazilian output in the field of multiple sclerosis from 1981 to 2004. The search was conducted through the MEDLINE and LILACS databases, selecting papers in which the term “multiple sclerosis” was defined as the main topic and “Brazil” or “Brasil” as others. The data were analyzed regarding the themes, the state in Brazil and institution where the papers were produced, the journals where the papers were published, journal’s impact factor, and language. The search disclosed 141 documents (91 from MEDLINE and LILACS, and 50 from LILACS only) published in 44 different journals (23 of them MEDLINE-indexed). A total of 111 documents were produced by 17 public universities, 29 by 3 private medical schools and 1 by a non-governmental organization. There were 65 original contributions, 37 case reports, 20 reviews, 6 PhD dissertations, 5 guidelines, 2 validation studies, 2 clinical trials, 2 chapters in textbooks, 1 Master of Science thesis, and 1 patient education handout. The journal impact factor ranged from 0.0217 to 6.039 (median 3.03). of 91 papers from MEDLINE, 65 were published by Arquivos de Neuro-Psiquiatria. More than 90% of the papers were written in Portuguese. Sao Paulo was the most productive state in the country, followed by Rio de Janeiro, Minas Gerais and Parana. Eighty-two percent of the Brazilian output came from the Southeastern region.

Notes: UUniversity

? Zorzetto, R., Razzouk, D., Dubugras, M.T.B., Gerolin, J., Schor, N., Guimaraes, J.A. and Mari, J.J. (2006), The scientific production in health and biological sciences of the top 20 Brazilian universities. *Brazilian Journal of Medical and Biological Research*, **39** (12), 1513-1520.

Full Text: [2006\Bra J Med Bio Res39, 1513.pdf](2006/Bra%20J%20Med%20Bio%20Res39,%201513.pdf)

Abstract: Brazilian scientific output exhibited a 4-fold increase in the last two decades because of the stability of the investment in research and development activities and of changes in the policies of the main funding agencies. Most of this production is concentrated in public universities and research institutes located in the richest part of the country. Among all areas of knowledge, the most productive are Health and Biological Sciences. During the 1998-2002 period these areas presented heterogeneous growth ranging from 4.5% (Pharmacology) to 191% (Psychiatry), with a median growth rate of 47.2%. In order to identify and rank the 20 most prolific institutions in these areas, searches were made in three databases (DataCAPES, ISI and MEDLINE) which permitted the identification of 109,507 original articles produced by the 592 Graduate Programs in Health and Biological Sciences offered by 118 public universities and research institutes. The 20 most productive centers, ranked according to the total number of ISI-indexed articles published during the 1998-2003 period, produced 78.7% of the papers in these areas and are strongly concentrated in the Southern part of the country, mainly in Sao Paulo State.

Keywords: Bibliometric Analysis, Databases, DEC, Development, Funding, Growth, Growth Rate, Health, Health Sciences, Heterogeneous, Human-Resources, Identification, Impact, Information Science, Institutions, ISI, Knowledge, Made, MEDLINE, Order, Output, Production, Rank, Rate, Research, Research and Development, Sciences, Scientific Output, Scientific Production, Scientific Publications, Scientometrics, Stability, Universities

Notes: UUniversity

? Torro-Alves, N., Herculano, R.D., Tercariol, C.A.S., Filho, O.K. and Graeff, C.F.O. (2007), Hirsch’s index: A case study conducted at the Faculdade de Filosofia, Ciencias e letras de Ribeirao Preto, Universidade de Sao Paulo. *Brazilian Journal of Medical and Biological Research*, **40** (11), 1529-1536.

Full Text: [2007\Bra J Med Bio Res40, 1529.pdf](2007/Bra%20J%20Med%20Bio%20Res40,%201529.pdf)

Abstract: An analysis of scientific bibliographic productivity using the Hirsch h-Index, information from the Institute of Scientific Information database and the Curriculum Lattes (CNPq, Brazil) was performed at the Faculdade de Filosofia, Ciencias e Letras de Ribeirao Preto, Universidade de Sao Paulo (FFCLRP-USP) that has four departments in natural, biological and social sciences. Bibliometric evaluations of undergraduate programs showed a better performance of the departments of Chemistry (P < 0.001) and Biology (P < 0.001) when compared to the departments of Physics and Mathematics and Psychology and Education. We also analyzed the scientific output of the six graduate programs of FFCLRP: Psychology, Psychobiology, Chemistry, Physics Applied to Medicine and Biology, Comparative Biology, and Entomology. The graduate program in Psychology presented a lower h-Index (P < 0.001) and had fewer papers indexed by the ISI Web of Science (P < 0.001) when compared to the other graduate programs. The poorer performance of the Psychology program may be associated with the limited coverage by the Thompson Institute of Scientific Information database.

Keywords: Analysis, Bibliometric, Biological, Brazil, Case Study, Chemistry, Coverage, Database, Graduate, h Index, h-Index, h-Index, Hirsch, Hirsch h-Index, Index, Information, ISI, Natural, NOV, P, Papers, Performance, Productivity, Ranking, Science, Science in Brazil, Sciences, Scientific Output, Scientists, Scientometrics, Social, Social Sciences, Undergraduate, Web

Notes: IInstitute

? Mugnaini, R., Packer, A.L. and Meneghini, R. (2008), Comparison of scientists of the Brazilian Academy of Sciences and of the National Academy of Sciences of the USA on the basis of the *h-Index*. *Brazilian Journal of Medical and Biological Research*, **41** (4), 258-262.

Full Text: [2008\Bra J Med Bio Res41, 258.pdf](2008/Bra%20J%20Med%20Bio%20Res41,%20258.pdf)

Abstract: A new scientometric indicator, the h-Index, has been recently proposed (Hirsch JE. Proc Natl Acad Sci 2005; 102: 16569-16572). The index avoids some shortcomings of the calculation of the total number of citations as a parameter to evaluate scientific performance. Although it has become known only recently, it has had widespread acceptance. A comparison of the average h-Index of members of the Brazilian Academy of Sciences (BAS) and of the National Academy of Sciences of the USA (NAS-USA) was carried out for 10 different areas of science. Although, as expected, the comparison was unfavorable to the members of the BAS, the imbalance was distinct in different areas. Since these two academies represent, to a significant extent, the science of top quality produced in each country, the comparison allows the identification of the areas in Brazil that are closer to the international stakeholders of scientific excellence. The areas of Physics and Mathematics stand out in this context. The heterogeneity of the h-Index in the different areas, estimated by the median dispersion of the index, is significantly higher in the BAS than in the NAS-USA. No elements have been collected in the present study to provide an explanation for this fact.

Keywords: Acceptance, Articles, Bibliometrics, Brazil, Brazilian, Brazilian Academy of Sciences, Calculation, Citations, Comparison, Context, Country, Dispersion, Explanation, h Index, h-Index, Heterogeneity, Hirsch, Identification, Index, Index h, Indicator, International, Performance, Quality, Science, Science Evaluation, Scientific Academy, Scientific Performance, Scientometric, Scientometrics, Stakeholders, USA

? Chaves, C., Marque, C.R., Trzesniak, C., de SoUSA, J.P.M., Zuardi, A.W., Crippa, J.A.S., Dursun, S.M. and Hallak, J.E. (2009), Glutamate-N-methyl-D-aspartate receptor modulation and minocycline for the treatment of patients with schizophrenia: An update. *Brazilian Journal of Medical and Biological Research*, **42** (11), 1002-1014.

Full Text: [2009\Bra J Med Bio Res42, 1002.pdf](2009/Bra%20J%20Med%20Bio%20Res42,%201002.pdf)

Abstract: Growing consistent evidence indicates that hypofunction of N-methyl-D-aspartate (NMDA) transmission plays a pivotal role in the neuropathophysiology of schizophrenia. Hence, drugs which modulate NMDA neurotransmission are promising approaches to the treatment of schizophrenia. The aim of this article is to review clinical trials with novel compounds acting on the NMDA receptor (NMDA-R). This review also includes a discussion and translation of neuroscience into schizophrenia therapeutics. Although the precise mechanism of action of minocycline in the brain remains unclear, there is evidence that it blocks the neurotoxicity of NMDA antagonists and may exert a differential effect on NMDA signaling pathways. We, therefore, hypothesize that the effects of minocycline on the brain may be partially modulated by the NMDA-R or related mechanisms. Thus, we have included a review of minocycline neuroscience. The search was performed in the PUBMED, Web of Science, SciELO, and Lilacs databases. The results of glycine and D-cycloserine trials were conflicting regarding effectiveness on the negative and cognitive symptoms of schizophrenia. D-serine and D-alanine showed a potential effect on negative symptoms and on cognitive deficits. Sarcosine data indicated a considerable improvement as adjunctive therapy. Finally, minocycline add-on treatment appears to be effective on a broad range of psychopathology in patients with schizophrenia. The differential modulation of NMDA-R neurosystems, in particular synaptic versus extrasynaptic NMDA-R activation and specific subtypes of NMDA-R, may be the key mediators of neurogenesis and neuroprotection. Thus, psychotropics modulating NMDA-R neurotransmission may represent future monotherapy or add-on treatment strategies in the treatment of schizophrenia.

Keywords: Activated Protein-Kinase, Clinical Trial, Conventional Neuroleptic Treatment, Cycloserine Adjuvant Therapy, D-Serine, Double-Blind, Glutamate, Glycine, High-Dose Glycine, Minocycline, Negative Symptoms, NMDA Agonist, Placebo-Controlled Trial, Schizophrenia, Transporter-I Inhibitor, Treatment-Resistant Schizophrenia

? Meneghini, R. (2011), Citations to papers from Brazilian institutions: A more effective indicator to assess productivity and the impact of research in graduate programs. *Brazilian Journal of Medical and Biological Research*, **44** (8), 738-747.

Full Text: [2011\Bra J Med Bio Res44, 738.pdf](2011/Bra%20J%20Med%20Bio%20Res44,%20738.pdf)

Abstract: A recent assessment of 4400 postgraduate courses in Brazil by CAPES (a federal government agency dedicated to the improvement of the quality of and research at the postgraduate level) stimulated a large amount of manifestations in the press, scientific journals and scientific congresses. This gigantic effort to classify 16,400 scientific journals in order to provide indicators for assessment proved to be puzzling and methodologically erroneous in terms of gauging the institutions from a metric point of view. A simple algorithm is proposed here to weigh the scientometric indicators that should be considered in the assessment of a scientific institution. I conclude here that the simple gauge of the total number of citations accounts for both the productivity of scientists and the impact of articles. The effort spent in this exercise is relatively small, and the sources of information are fully accessible. As an exercise to estimate the value of the methodology, 12 institutions of physics (10 from Brazil, one from the USA and one from Italy) have been evaluated.

Keywords: Assessment, Brazil, Capes, Citations, Exercise, Impact, Index, Information, Institutional Assessment, Italy, Journals, Methodology, Papers, Productivity, Qualis, Research, Scientific Journals, Scientific-Research Output, Scientometrics

? Zhang, Y.Q., Zhu, D., Zhou, X.Y., Liu, Y.Y., Qin, B., Ren, G.P. and Xie, P. (2015), Bilateral repetitive transcranial magnetic stimulation for treatment-resistant depression: A systematic review and meta-analysis of randomized controlled trials. *Brazilian Journal of Medical and Biological Research*, **48** (3), 198-206.

Full Text: [2015\Bra J Med Bio Res48, 198.pdf](2015/Bra%20J%20Med%20Bio%20Res48,%20198.pdf)

Abstract: There has been concern regarding the use of controversial paradigms for repetitive transcranial magnetic stimulation (rTMS) to manage treatment-resistant depression (TRD). This meta-analysis assessed the efficacy of bilateral rTMS compared with unilateral and sham rTMS in patients with TRD. PubMed, Embase, CENTRAL, PsycINFO, Web of Science, EAGLE and NTIS databases were searched to identify relevant studies, and randomized controlled trials (RCTs) on bilateral rTMS for TRD patients were included. The response was defined as the primary outcome, and remission was the secondary outcome. Ten RCTs that included 634 patients met the eligibility criteria. The risk ratio (RRs) of both the primary and secondary outcomes of bilateral rTMS showed non-significant increases compared to unilateral rTMS (RR=1.01, P=0.93; odds ratio [OR]=0.77, P=0.22). Notably, the RR of the primary bilateral rTMS outcome was significantly increased compared to that for sham rTMS (RR=3.43, P=0.0004). The results of our analysis demonstrated that bilateral rTMS was significantly more effective than sham rTMS but not unilateral rTMS in patients with TRD. Thus, bilateral rTMS may not be a useful paradigm for patients with TRD.

Keywords: Acceptability, Analysis, Bilateral, Criteria, Databases, Depression, Disorder, Dorsolateral Prefrontal Cortex, Double-Blind, Efficacy, Low-Frequency, Magnetic, Magnetic Stimulation, Mar, Meta Analysis, Meta-Analysis, Meta-Analysis,Randomized Controlled Trials, Metaanalysis, Odds Ratio, Outcome, Outcomes, Paradigm, Paradigms, Patients, Primary, Psycinfo, Pubmed, Randomized, Randomized Controlled Trials, Repetitive Transcranial Magnetic Stimulation, Response, Review, Risk, Rtms, Science, Sham-Controlled Trials, Systematic, Systematic Review, Transcranial Magnetic Stimulation, Treating Major Depression, Treatment-Resistant Depression, Unilateral, Unilateral Left, Web, Web Of Science

# Title: Brazilian Journal of Otorhinolaryngology

Full Journal Title: Brazilian Journal of Otorhinolaryngology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Moura, R.G.F., Cunha, D.A., Caldas, A.S.C. and da Silva, H.J. (2015), Quantitative evaluation of taste in childhood populations: A systematic review. *Brazilian Journal of Otorhinolaryngology*, **81** (1), 97-106.

Full Text: [2015\Bra J Oto81, 97.pdf](2015/Bra%20J%20Oto81,%2097.pdf)

Abstract: Introduction: Taste is of great importance for the feeding process. Seen in this light, it is essential to investigate this sense in children as developing human beings. However, despite little variation in the use of tests that measure the gustatory capacity, there are still questions about the applicability and effective use of tools for quantitative assessment in children. Objective: To search the literature on quantitative instruments used for the evaluation of taste used in studies with children. Methods: A search was conducted in the PUBMED and Web of Science platforms, and subsequently, the identified articles were selected and reviewed. The descriptors and terms used were “taste,” “child,” “assessment,” “diagnosis,” and “dysgeusia”. Original articles related to the theme in English, restricted to children and with no year limitation, were selected. Studies conducted in other stages of human development, exclusively or concurrently with the pediatric population; animal studies; literature review articles; dissertations and book chapters; and case studies and editorials were excluded. The data analysis was performed through a cataloging protocol created for this study, including the following points: author, research department, year, location, population/sample, age, purpose of the study, methods, and primary results. Results: 5613 items were found. 5307 were excluded based on title, 248 by abstract analysis, and 43 by full text evaluation. Fifteen articles were selected for analysis; of these, six were repeated articles, and thus nine articles were selected for review. Conclusion: The tests aiming at evaluation of taste were judiciously used, ensuring reliability for future research, which may employ methods similar to previous studies. (C) 2014 Associacao Brasileira de Otorrinolaringologia e Cirurgia Cervico-Facial. Published by Elsevier Editora Ltda. All rights reserved.

Keywords: Acuity, Age, Analysis, Animal Studies, Articles, Assessment, Capacity, Case Studies, Child, Childhood, Children, Data, Data Analysis, Department, Developing, Development, Dysgeusia, English, Evaluation, Feeding, Human, Human Development, Instruments, Introduction, Limitation, Literature, Literature Review, Location, Measure, Methods, Original Articles, Pediatric, Population, Populations, Primary, Protocol, Purpose, Quantitative, Reliability, Research, Results, Review, Rights, Science, Sensitivity, Systematic, Systematic Review, Taste, Web, Web Of Science

? de Melo, A.C.C., Gomes, A.D.D., Cavalcanti, A.S. and da Silva, H.J. (2015), Acoustic rhinometry in mouth breathing patients: A systematic review. *Brazilian Journal of Otorhinolaryngology*, **81** (2), 212-218.

Full Text: [2015\Bra J Oto81, 212.pdf](2015/Bra%20J%20Oto81,%20212.pdf)

Abstract: Introduction: When there is a change in the physiological pattern of nasal breathing, mouth breathing may already be present. The diagnosis of mouth breathing is related to nasal patency. One way to access nasal patency is by acoustic rhinometry. Objective: To systematically review the effectiveness of acoustic rhinometry for the diagnosis of patients with mouth breathing. Methods: Electronic databases LILACS, MEDLINE via PubMed and Bireme, SciELO, Web of Science, Scopus, PsycInfo, CINAHL, and Science Direct, from August to December 2013, were consulted. 11,439 articles were found: 30 from LILACS, 54 from MEDLINE via Bireme, 5558 from MEDLINE via PubMed, 11 from SciELO, 2056 from Web of Science, 1734 from Scopus, 13 from PsycInfo, 1108 from CINAHL, and 875 from Science Direct. Of these, two articles were selected. Results: The heterogeneity in the use of equipment and materials for the assessment of respiratory mode in these studies reveals that there is not yet consensus in the assessment and diagnosis of patients with mouth breathing. Conclusion: According to the articles, acoustic rhinometry has been used for almost twenty years, but controlled studies attesting to the efficacy of measuring the geometry of nasal cavities for complementary diagnosis of respiratory mode are warranted. (C) 2015 Associacao Brasileira de Otorrinolaringologia e Cirurgia Cervico-Facial. Published by Elsevier Editora Ltda. All rights reserved.

Keywords: Access, Acoustic Rhinometry, Adolescents, Adults, Allergic Rhinitis, Articles, Assessment, Cavity, Children, Complementary, Computed-Tomography, Congestion, Consensus, Databases, Diagnosis, Effectiveness, Efficacy, Equipment, From, Heterogeneity, Internal Nasal Dimensions, Introduction, Medline, Methods, Mode, Mouth Breathing, Nasal Cavity, Nasal Patency, Obstruction, Patients, Pattern, Pubmed, Rapid Maxillary Expansion, Results, Review, Rights, Scielo, Science, Scopus, Systematic, Systematic Review, Web, Web Of Science

# Title: Brazilian Journal of Pharmaceutical Sciences

Full Journal Title: Brazilian Journal of Pharmaceutical Sciences

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ISSN:

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? Funchal-Witzel, M.D.R., de Castro, L.L.C., Romano-Lieber, N.S. and Narvai, P.C. (2011), Brazilian scientific production on pharmaceutical care from 1990 to 2009. *Brazilian Journal of Pharmaceutical Sciences*, **47** (2), 409-420.

Full Text: [2011\Bra J Pha Sci47, 409.pdf](2011/Bra%20J%20Pha%20Sci47,%20409.pdf)

Abstract: Brazilian scientific production on pharmaceutical care was identified based on articles indexed on the MEDLINE, Embase, Lilacs, Web of Science and International Pharmaceutical Abstracts databases. Sixty-three articles published in both national and international journals were retrieved. With regard to authors, 72.3% were from the Southeast and South Regions, and 60.8% were affiliated to public universities. In relation to the type of studies, 85.7% were descriptive, and the most frequently researched fields were community pharmacies, hospitals and primary health care units. Articles were original in 65.1% of cases, updates in 20.6%, and reviews in 7.9%. An increase in publications commenced in 2006. In 31.7% of cases, authors had adopted a bibliographical study design, 28.6% qualitative study, 23.8% intervention, and 15.9% observational study design. The most researched subjects were elderly with chronic diseases. The importance of stimulating the conducting of experimental and qualitative studies, as well as amplifying authorship affiliated with the service area, foreign authors and with research in a wide variety of practice settings were highlighted. Despite the limited quantity of articles, an increase in their number as well as in their scope and quality is expected, so as to create further knowledge that contributes to the recognition of pharmacists’ actions by patient healthcare teams.

Keywords: Articles, Authors, Authorship, Chronic Diseases, Databases, Design, Elderly, Experimental, Health Care, Hospitals, Intervention, Journals, Knowledge, Observational, Pharmaceutical Assistance, Pharmaceutical Care, Pharmaceutical Services, Pharmacies, Pharmacists, Practice, Primary, Primary Health Care, Public Health, Publications, Research, Science, Scientific Production, Web of Science

# Title: Brazilian Journal of Physical Therapy

Full Journal Title: Brazilian Journal of Physical Therapy

ISO Abbreviated Title:

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Journal Country/Territory:

Language:

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: Impact Factor

? Saragiotto, B.T., Costa, L.C.M., Oliveira, R.F., Lopes, A.D., Moseley, A.M. and Costa, L.O.P. (2014), Description of research design of articles published in four Brazilian physical therapy journals. *Brazilian Journal of Physical Therapy*, **18** (1), 56-62.

Full Text: [2014\Bra J Phy The18, 56.pdf](2014/Bra%20J%20Phy%20The18,%2056.pdf)

Abstract: Background: While the research design of articles published in medical journals and in some physical therapy journals has already been evaluated, this has not been investigated in Brazilian physical therapy journals. Objective: To describe the research design used in all articles published in Brazilian scientific journals that are freely available, have high Qualis rankings, and are relevant to physical therapy over a 7-year period. Method: We extracted the bibliometric data, research design, research type (human or animal), and clinical area for all articles published. The articles were grouped into their level of evidence, and descriptive analyses were performed. We calculated the frequency, proportions of articles, and 95% confidence interval of these proportions with each research design in each journal. We cross-tabulated the clinical areas with research designs (expressed as number and percentages). Results: A total of 1,458 articles from four Brazilian journals were found: Revista Brasileira de Fisioterapia, Revista Fisioterapia em Movimento, Revista Fisioterapia e Pesquisa, and Revista Acta Fisiatrica. The majority of articles were classified as level II of evidence (60%), followed by level III (29%) and level I (10%). The most prevalent research designs were cross-sectional studies (38%), single-case or case-series studies, and narrative reviews. Most articles reported human research and were in the musculoskeletal, neurologic, and cardiothoracic areas. Conclusions: Most of the research published in Brazilian physical therapy journals used levels II and III of evidence. Increasing the publication rate of systematic reviews and randomized controlled trials would provide more high-quality evidence to guide evidence-based physical therapy practice.

Keywords: Analyses, Bibliometric, Bibliometric Data, Brazilian Scientific Journals, Clinical, Confidence, Cross-Sectional Studies, Data, Design, Evidence, Evidence Based, Evidence-Based, Evidence-Based Practice, Human, Interval, Journal, Journals, Level, Medical, Medical Journals, Musculoskeletal, Neurologic, Physical, Physical Therapy, Practice, Publication, Publication Rate, Quality, Randomized, Randomized Controlled Trials, Rankings, Rehabilitation, Research, Research Design, Results, Reviews, Scientific Journals, Statement, Systematic Reviews, Therapy

? Ishigaki, E.Y., Ramos, L.G., Carvalho, E.S. and Lunardi, A.C. (2014), Effectiveness of muscle strengthening and description of protocols for preventing falls in the elderly: A systematic review. *Brazilian Journal of Physical Therapy*, **18** (2), 111-118.

Full Text: [2014\Bra J Phy The18, 111.pdf](2014/Bra%20J%20Phy%20The18,%20111.pdf)

Abstract: Background: Falls are a geriatric syndrome that is considered a significant public health problem in terms of morbidity and mortality because they lead to a decline in functional capacity and an impaired quality of life in the elderly. Lower limb muscle strengthening seems to be an effective intervention for preventing falls; however, there is no consensus regarding the best method for increasing lower limb muscle strength. Objectives: To analyze the effectiveness of lower limb muscle strengthening and to investigate and describe the protocols used for preventing falls in elderly subjects. Method: We performed a systematic review of randomized and controlled clinical trials published between 2002 and 2012 in the databases PubMed, EMBASE, Scopus, Web of Science, and PEDro that cited some type of lower limb muscle strengthening protocol and that evaluated the incidence of falls as the primary outcome exclusively in elderly subjects. Twelve studies met the inclusion criteria. Qualitative analysis was performed by independent reviewers applying the PEDro scale. Results: The data obtained from the selected studies showed lower fall rates in the intervention groups compared to controls. Six studies described the lower limb muscle strengthening protocol in detail. High methodological quality was found in 6 studies (PEDro score >= 7/10 points). Conclusions: The methodological quality of the studies in this area appears to leave little doubt regarding the effectiveness of lower limb strengthening exercises for preventing falls in elderly subjects, however the interventions in these studies were poorly reported.

Keywords: Analysis, Balance, Capacity, Clinical, Clinical Trials, Consensus, Criteria, Data, Databases, Effectiveness, Elderly, Embase, Exercise, Exercises, Falls, Groups, Health, Health Problem, Incidence, Intervention, Interventions, Lead, Life, Morbidity, Mortality, Multifactorial Intervention, Muscle, Older-Adults, Outcome, People, Physical Therapy, Primary, Program, Protocol, Protocols, Public, Public Health, Public Health Problem, Pubmed, Quality, Quality Of, Quality Of Life, Randomized, Randomized Controlled-Trial, Rates, Rehabilitation, Results, Review, Reviewers, Risk-Factors, Scale, Science, Scopus, Strength, Strength Training, Syndrome, Systematic, Systematic Review, The Elderly, Web Of Science, Women

# Title: Brazilian Oral Research

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ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

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Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Daltoé, F.P., Mendonça, P.P., Mantesso, A. and Deboni, M.C.Z. (2014), Can SHED or DPSCs be used to repair/regenerate non-dental tissues? A systematic review of *in vivo* studies. *Brazilian Oral Research*, **28** (5), 413-419.

Full Text: [2014\Bra Ora Res28, 413.pdf](2014/Bra%20Ora%20Res28,%20413.pdf)

Abstract: Dental pulp has been identified as a novel and promising stem cell source. The following systematic review presents and summarises in vivo studies that have used stem cells from the dental pulp of permanent and deciduous teeth to repair or regenerate non-dental tissues. An electronic customised search was performed using 4 different databases (Entrez PubMed, Cab Abstracts, Scopus and Web of Science). Only full-text research manuscripts published in English between the years of 2000 and 2012 were included. The manuscripts were retrieved based on the following keywords and/or abbreviations: [Stem Cells from Human Exfoliated Deciduous teeth (SHED)] AND/OR [Dental Pulp Stem Cells (DPSC)] AND [tissue regeneration] AND [tissue repair]. Only manuscripts involving in vivo applications of SHED or DPSC for the repair and/or regeneration of non-dental tissues were included. The search strategy produced 2309 papers, from which 14 were eligible according to the predetermined inclusion and exclusion criteria. Although human tissue was the source of cells in half of the studies included in our review, all of the studies involved transplantation into animals of other species, such as pigs, rats and mice. Most of the manuscripts reported the successful use of DPSCs or SHED for non-dental tissue repair or regeneration. While these cell populations represent promising alternative sources of stem cells for tissue engineering and cell-based regenerative medicine therapies, it is not yet possible to guarantee the appropriate clinical management of this technique.

Keywords: Alternative, Animals, Bone-Marrow, Cell, Clinical, Clinical Management, Criteria, Databases, Deciduous, Deciduous Teeth, Defects, Dental Pulp, Dental-Pulp, Engineering, English, From, Human, Human Tissue, In Vivo, Management, Medicine, Mice, Myocardial-Infarction, Papers, Permanent, Pigs, Population, Populations, Pubmed, Pulp, Pulp Stem-Cells, Rats, Regeneration, Regenerative Medicine, Repair, Research, Review, Science, Scopus, Search Strategy, Size, Skin, Source, Sources, Species, Stem Cell, Stem Cells, Strategy, Systematic, Systematic Review, Tissue Engineering, Tooth, Transplantation, Web, Web Of Science

# Title: Breast Cancer Research

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Subject Categories:

Oncology: Impact Factor 2.817/(2002)

? Mulvany, F. and Ponder, B.A.J. (2008), *Breast Cancer Research* - the first ten years. *Breast Cancer Research*, **10** (2), Article Number: 103.

Full Text: [2008\Bre Can Res10, 103.pdf](2008/Bre%20Can%20Res10,%20103.pdf)

? Glynn, R.W., Scutaru, C., Kerin, M.J. and Sweeney, K.J. (2010), Breast cancer research output, 1945-2008: A bibliometric and density-equalizing analysis. *Breast Cancer Research*, **12** (6), Article Number: R108.

Full Text: [2010\Bre Can Res12, R108.pdf](2010/Bre%20Can%20Res12,%20R108.pdf)

Abstract: Introduction: Breast cancer is the most common form of cancer among women, with an estimated 194,280 new cases diagnosed in the United States in 2009 alone. The primary aim of this work was to provide an in-depth evaluation of research yield in breast cancer from 1945 to 2008, using large-scale data analysis, the employment of bibliometric indicators of production and quality, and density-equalizing mapping. Methods: Data were retrieved from the Web of Science (WOS) Science Citation Expanded database; this was searched using the Boolean operator, ‘OR’, with different terms related to breast cancer, including “breast cancer”, “mammary ductal carcinoma” and “breast tumour”. Data were then extracted from each file, transferred to Excel charts and visualised as diagrams. Mapping was performed as described by Groneberg-Kloft et al. in 2008. Results: A total of 180,126 breast cancer-associated items were produced over the study period; these had been cited 4,136,224 times. The United States returned the greatest level of output (n = 77,101), followed by the UK (n = 18,357) and Germany (n = 12,529). International cooperation peaked in 2008, with 3,127 entries produced as a result; relationships between the United States and other countries formed the basis for the 10 most common forms of bilateral cooperation. Publications from nations with high levels of international cooperation were associated with greater average citation rates. A total of 4,096 journals published at least one item on breast cancer, although the top 50 most prolific titles together accounted for over 43% (77,517/180,126) of the total output. Conclusions: Breast cancer-associated research output continues to increase annually. In an era when bibliometric indicators are increasingly being employed in performance assessment, these findings should provide useful information for those tasked with improving that performance.

Keywords: Analysis, Assessment, Bibliometric, Bibliometric Indicators, Breast Cancer, Cancer, Citation, Cooperation, Data, Data Analysis, Database, Employment, Evaluation, Forms, Germany, Indicators, Information, International, International Cooperation, Journals, Mapping, Nations, Performance, Primary, Publications, Quality, Rates, Research, Science, UK, United States, Web of Science, Women, Work, WoS

# Title: Breast Cancer Research and Treatment

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Language: English

Publisher: Kluwer Academic Publ

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Subject Categories:

Oncology: Impact Factor 2.817, 38/114 (2002)

? Ma, X.Y., Chen, C.H., Xiong, H.Y., Fan, J., Li, Y.F., Lin, H., Xu, R.F., Huang, G.R. and Xu, B. (2010), No association between SOD2 Val16Ala polymorphism and breast cancer susceptibility: A meta-analysis based on 9,710 cases and 11,041 controls. *Breast Cancer Research and Treatment*, **122** (2), 509-514.

Full Text: 2010\Bre Can Res Tre122, 509.pdf

Abstract: Breast cancer is the most common cancer in women worldwide, but its etiology is still unclear. It is believed that oxidative stress plays an essential role in the development of breast cancer, while SOD2 is one of the primary enzymes that directly convert potential harmful oxidizing species to harmless metabolites. The association of SOD2 Val16Ala polymorphism and breast cancer risk has been widely reported, but results of previous studies were somewhat contradictory and underpowered. To overcome the limitations of individual study and to understand the real situation, we conducted a systematic review and meta-analysis toward the association between SOD2 Val16Ala polymorphism and breast cancer. Through retrieving MEDLINE, PUBMED, EMBASE, and Web of Science, a total of 17 studies with 9,710 cases and 11,041 controls were identified. The results showed that no significant associations were found for the allele contrast (allele Ala vs. allele Val: OR = 1.020, 95% CI = 0.979-1.062), additive genetic model (Ala/Ala vs. Val/Val: OR = 1.091, 95% CI = 0.969-1.229), dominant genetic model (Ala/Ala +Ala/Val vs. Val/Val: OR = 1.045, 95% CI = 0.961-1.136), and recessive genetic model (Ala/Ala vs. Val/Val +Ala/Val: OR = 1.027, 95% CI = 0.956-1.102). In the stratified analysis by ethnicity and menopaUSAl status, significant associations were also not detected in all genetic models. Conclusively, this meta-analysis strongly suggests that SOD2 Val16Ala polymorphism is not associated with breast cancer susceptibility.

Keywords: Ala-9val Polymorphism, Analysis, Antioxidants, Breast Cancer, Cancer, Clinical-Trials, Development, Environmental Modifiers, Ethnicity, Etiology, Genetic, Genotype, Manganese Superoxide-Dismutase, MEDLINE, Meta-Analysis, Metabolites, Mnsod Gene Polymorphism, Model, Oxidative Stress, Polymorphism, Population, Primary, PUBMED, Review, Risk, Science, SOD2, Stress, Susceptibility, Systematic, Systematic Review, Web of Science, Women

? Ma, X.Y., Chen, C.H., Xiong, H.Y. and Li, Y.F. (2010), Transforming growth factor beta 1 L10P variant plays an active role on the breast cancer susceptibility in Caucasian: Evidence from 10,392 cases and 11,697 controls. *Breast Cancer Research and Treatment*, **124** (2), 453-457.

Full Text: [2010\Bre Can Res Tre124, 453.pdf](2010/Bre%20Can%20Res%20Tre124,%20453.pdf)

Abstract: In view of the essential role of Transforming Growth Factor beta 1 (TGFB1) on both inhibiting the development of early benign breast tumors as well as promoting tumor invasion, the association of TGFB1 L10P polymorphism and breast cancer risk has been widely reported, but results of previous studies were somewhat contradictory and underpowered. To overcome the limitations of individual study and to understand the real situation, we conducted a systematic review and meta-analysis towards the association between TGFB1 L10P polymorphism and breast cancer. Through retrieving MEDLINE, PUBMED, EMBASE, and Web of Science, a total of 16 studies with 10,392 cases and 11,697 controls were identified. The results showed that significant association was found in the recessive genetic model for Caucasian (OR = 1.152, 95% CI = 1.020-1.301). However, we did not find any associations in additive genetic model (PP vs. LL for total: OR = 1.026, 95% CI = 0.940-1.121), allele contrast (L vs. P for total: OR = 1.004, 95% CI = 0.966-1.044), and dominant genetic model (PP + LP vs. LL for total: OR = 1.001, 95% CI = 0.946-1.061). Conclusively, this meta-analysis strongly suggests that TGFB1 L10P polymorphism may play a low penetrance role in breast cancer susceptibility in Caucasian. Large well-designed epidemiological studies will be necessary to validate the risk identified in the current meta-analysis.

Keywords: Association, Breast Cancer, Cancer, Clinical-Trials, Development, Genetic, Genotype, Growth-Factor-Beta, MEDLINE, Meta-Analysis, Metaanalysis, Model, Polymorphism, Polymorphisms, Predict, PUBMED, Review, Risk, Science, Susceptibility, Systematic, Systematic Review, Tgf-Beta-1, Tgfb1, Transforming-Growth-Factor-Beta-1 Gene, Web of Science

? Yu, K.D., Rao, N.Y., Chen, A.X., Fan, L., Yang, C. and Shao, Z.M. (2011), A systematic review of the relationship between polymorphic sites in the estrogen receptor-beta (ESR2) gene and breast cancer risk. *Breast Cancer Research and Treatment*, **126** (1), 37-45.

Full Text: [2011\Bre Can Res Tre126, 37.pdf](2011/Bre%20Can%20Res%20Tre126,%2037.pdf)

Abstract: the estrogen signal is mediated by the estrogen receptor (ER). The specific role of ER-beta, a second ER, in breast carcinogenesis is not known. A number of association studies have been carried out to investigate the relationship between polymorphic sites in the ESR2 gene and breast cancer risk, however, the results are inconsistent. We searched PUBMED, MEDLINE, and Web of Science database (updated to 10 January 2010) and identified 13 relevant case-control studies, and approximately 28 single-nucleotide polymorphisms (SNPs) and one micro-satellite marker were reported in the literature. The median number of study subjects was 776 (range 158-13,550). Three genetic variants [(CA)n, rs2987983, and rs4986938] showed significant overall associations with breast cancer, and rs4986938 was reported twice. Because rs4986938 and rs1256049 were the most extensively studied polymorphisms, we subsequently conducted a meta-analysis to evaluate their relationship with breast cancer risk (9 studies of 10,837 cases and 16,021 controls for rs4986938; 8 studies of 11,652 cases and 15,726 controls for rs1256049). For rs4986938, the women harboring variant allele seemed to be associated with a decreased risk either in the dominant model [pooled OR = 0.944, 95% confidence interval (95% CI) 0.897-0.993, fixed-effects] or in the co-dominant model (AG vs. GG) (OR = 0.944, 95% CI 0.895-0.997, fixed-effects). rs1256049 was not associated with breast cancer risk in any model. Five studies had investigated the effect of haplotypes in the ESR2 gene on breast cancer risk, and four of them had positive outcomes. In summary, the present systematic review suggests that SNP rs4986938 as well as haplotypes in the ESR2 gene might be associated with breast cancer. The need for additional studies examining these issues seems of vital importance.

Keywords: Alpha, Association, Breast Cancer, Cancer, Carcinogenesis, Case-Control Studies, Disease, ER-Beta, ESR2, Estrogen, Genetic, Haplotypes, Literature, Meta-Analysis, Model, Outcomes, Polymorphism, Polymorphisms, Promoter Region, PUBMED, Review, Risk, Science, Sequence Variants, Single Nucleotide, Susceptibility, Systematic, Systematic Review, Web of Science, Women

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Full Text: [2011\Bre Can Res Tre127, 845.pdf](2011/Bre%20Can%20Res%20Tre127,%20845.pdf)

Abstract: the h Index is used to assess an individual’s contribution to the literature. This metric should not be employed to compare individuals across research areas; rather each subject should have its own baseline and standard. This work aimed to identify global bibliometric benchmarks for those involved in breast cancer research, and specifically, to describe the bibliographic characteristics of breast surgeons in the UK and Ireland. Authorship data was extracted from breast cancer related output from 1945 to 2008, as indexed in the Web of Science. Authors’ publications, citations and h Indexes were identified. The breast-related output of 277 UK and Irish breast surgeons was evaluated, and a citation report generated for each. Strong correlation was noted between the h Index and number of publications (r = 0.642, P < 0.001) and number of total citations (r = -0.922, P < 0.001). The author with the highest h Index is B Fisher (h Index = 80). 23.0% of surgeons had not published original research pertaining to the breast; the remainder had together produced 2,060 articles, accounting for 59,002 citations. The top quartile was responsible for 83% of output; the 90th percentile was 20 publications. The range of h Index values for the surgeons was 0-50, with a median h Index returned of 3 (IQR 1-6); the 90th percentile was 13.5. This work has identified bibliometric benchmarks to which those involved in breast cancer research might aspire. Our findings suggest that there is need for wider involvement of surgeons in the research process and raises questions regarding the future of scientific breast surgery.

Keywords: h Index, Breast Surgeon, Research Output, Breast Cancer, Scientists

? Peng, S.H., Lu, B.J., Ruan, W.J., Zhu, Y.M., Sheng, H.Q. and Lai, M.D. (2011), Genetic polymorphisms and breast cancer risk: Evidence from meta-analyses, pooled analyses, and genome-wide association studies. *Breast Cancer Research and Treatment*, **127** (2), 309-324.

Full Text: [2011\Bre Can Res Tre127, 309.pdf](2011/Bre%20Can%20Res%20Tre127,%20309.pdf)

Abstract: To address the association between variants and breast cancer, an increasing number of articles on genetic association studies, genome-wide association studies (GWASs), and related meta- and pooled analyses have been published. Such studies have prompted an updated assessment of the associations between gene variants and breast cancer risk. We searched PUBMED, MEDLINE, and Web of Science and retrieved a total of 87 meta- and pooled analyses, which addressed the associations between 145 gene variants and breast cancer. Analyses met the following criteria: (1) breast cancer was the outcome, (2) the articles were all published in English, and (3) in the recent published meta- and pooled analyses, the analyses with more subjects were selected. Among the 145 variants, 46 were significantly associated with breast cancer and the other 99 (in 62 genes) were not significantly associated with breast cancer. The summary ORs for the 46 significant associations (P < 0.05) were further assessed by the method of false-positive report probability (FPRP). Our results demonstrated that 10 associations were noteworthy: CASP8 (D302H), CHEK2 (\*1100delC), CTLA4 (+49G > A), FGFR2 (rs2981582, rs1219648, and rs2420946), HRAS (rare alleles), IL1B (rs1143627), LSP1 (rs3817198), and MAP3K1 (rs889312). In addition, eight GWASs were identified, in which 25 loci were obtained (14 in nine genes, six near a gene or genes, and five intergenic loci). of the 25 SNPs, 20 were noteworthy: C6orf97 (rs2046210 and rs3757318), FGFR2 (rs2981579, rs1219648, and rs2981582), LSP1 (rs909116), RNF146 (rs2180341), SLC4A7 (rs4973768), MRPS30 (rs7716600), TOX3 (rs3803662 and rs4784227), ZNF365 (rs10995190), rs889312, rs614367, rs13281615, rs13387042, rs11249433, rs1011970, rs614367, and rs1562430. In summary, in this review of genetic association studies, 31.7% of the gene-variant breast cancer associations were significant, and 21.7% of these significant associations were noteworthy. However, in GWASs, 80% of the significant associations were noteworthy.

Keywords: Assessment, Breast Cancer, Cancer, Complex Traits, Contributes, Diseases, Epidemiology, Family, FGFR2, Genetic, Genome-Wide Association Study, Greater-Than, Meta-Analysis, Outcome, Polymorphism, Polymorphisms, Pooled Analysis, PUBMED, Review, Risk, Science, Sequence, Susceptibility Loci, Variants, Web of Science

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Full Text: [2011\Bre Can Res Tre130, 599.pdf](2011/Bre%20Can%20Res%20Tre130,%20599.pdf)

Abstract: the renin-angiotensin system (RAS) has been considered to be implicated in the development of breast cancer. However, the results are inconsistent. In this study, we conducted a meta-analysis to assess the association between four polymorphisms, including angiotensin I-converting enzyme (ACE) I/D and A240T, angiotensin II type 1 receptor (AGTR1) A1166C and angiotensinogen (AGT) M235T polymorphisms, and breast cancer risk. Published literature from PubMed, ISI Web of Science, and Embase databases were retrieved. All studies evaluating the association between ACE I/D, ACE A240T, AGTR1 A1166C, or AGT M235T polymorphism and breast cancer risk were included. Pooled odds ratio (OR) with 95% confidence interval (CI) was calculated using fixed- or random-effects model. Ten studies (1,650 cases and 9,283 controls) on ACE I/D polymorphism, six studies (1,316 cases and 2,632 controls) on ACE A240T polymorphism, three studies (235 cases and 601 controls) on AGTR1 A1166C polymorphism, and two studies (273 cases and 3,547 controls) on AGT M235T polymorphism were included. Overall, the meta-analysis showed no significant association between I/D or A240T polymorphism and breast cancer risk in either genetic model. Further subgroup analysis by ethnicity also revealed non-significant association in Caucasian or Asian populations except for Africans (the statistically significant association for ACE I/D or A240T polymorphism in Africans derived from only one study). A marginally significant association was observed for AGTR1 A1166C polymorphism in Caucasians (CC vs. AA: OR = 0.31, 95% CI 0.10-0.99). In addition, there was a significant association between AGT M235T polymorphism and breast cancer risk in Caucasians (OR = 1.45, 95% CI 1.12-1.88). The present meta-analysis suggested that ACE I/D and A240T polymorphisms might not be a good predictor of breast cancer risk, while AGTR1 A1166C and AGT M235T polymorphisms might be implicated in the pathogenesis of breast cancer. Given the limited sample size, the findings warrant further investigation.

Keywords: Analysis, Author, Breast Cancer, Breast Cancer Survival, Cancer, Databases, Development, Ethnicity, Expression Signature, Gene Expression Profiling, Genetic, ISI, Li-Fraumeni-Syndrome, Literature, MDM2, MDM2 SNP309, Meta Analysis, Meta-Analysis, Model, Mutations, P53 Gene, Pathogenesis, Polymorphism, Polymorphisms, Prognosis, Psychosocial, Pubmed, Ratio, Risk, Science, Single Nucleotide Polymorphism, Survival, TP53, TP53 Codon-72 Polymorphism, Tumor Subgroups, Tumor-Suppressor Pathway, Type 1, Web of Science

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Full Text: [2011\Bre Can Res Tre130, 809.pdf](2011/Bre%20Can%20Res%20Tre130,%20809.pdf)

Abstract: the prognostic significance of circulating tumor cells (CTCs) in patients with breast cancer is controversial. We performed a meta-analysis of published literature to assess whether the detection of CTCs in patients diagnosed with primary breast cancer can be used as a prognostic factor. We searched MEDLINE, Science Citation Index, and Embase databases as well as reference lists of relevant articles (including review articles) for studies that assessed the prognostic relevance of tumor cell detection in the peripheral blood (PB). A total of 24 eligible studies with 4,013 cases and 1,333 controls were included. Meta-analyses were performed using a random-effects model, using the hazard ratio (HR) and 95% confidence intervals (95% CIs) as effect measures. The positive detection of CTCs in patients was significantly associated with poor overall survival (OS) (HR = 3.00 [95% CI 2.29-3.94], n = 17, P < 0.0001) and recurrence-free survival (RFS) (HR = 2.67 [95% CI 2.09-3.42], n = 22, P < 0.0001). CTC-positive breast cancers were significantly associated with high histological grade (HR = 1.21 [95% CI 1.09-1.35], n = 34, P < 0.0001), tumor size (> 2 cm) (HR = 1.12 [95% CI 1.02-1.22], n = 31, P = 0.01). and nodal status (a parts per thoUSAnd yen1) (HR = 1.10 [95% CI 1.00-1.21], n = 32, P = 0.037), but cytokeratin-19 (CK-19) mRNA-positive CTCs were not associated with these clinicopathological parameters of breast cancer. Furthermore, the presence of CTCs was not associated with estrogen receptor (ER) negativity, progesterone receptor (PR) negativity, or human epidermal growth factor receptor type 2 (HER2) positivity. Detection of CTCs in the PB indicates poor prognosis in patients with primary breast cancer. Larger clinical studies are required to further evaluate the role of these markers in clinical practice.

Keywords: Adjuvant Chemotherapy, Blood, Bone-Marrow, Breast Cancer, Cancer, Circulating Tumor Cells, Citation, Confidence Intervals, Cytokeratin-19, Databases, Estrogen, Expression, Growth, HER2, Human, Literature, Mammaglobin Messenger-RNA, MEDLINE, Meta Analysis, Meta-Analysis, Model, Molecular-Detection, Patients, Pb, Peripheral-Blood, Practice, Primary, Progesterone, Prognosis, Ratio, Review, RNA-Positive Cells, RT-PCR, Science, Science Citation Index, Survival, Survivin, Type 2

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Full Text: [2013\Bre Can Res Tre142, 227.pdf](2013/Bre%20Can%20Res%20Tre142,%20227.pdf)

Abstract: Infiltrating lobular carcinoma (ILC) of the breast is associated with greater oestrogen receptor expression and poorer response to neoadjuvant chemotherapy, when compared to infiltrating ductal carcinoma (IDC). In order to compare the pathological complete response rate (pCR) and breast conserving surgery (BCS) in patients with ILC versus IDC treated with neoadjuvant chemotherapy, we performed a systematic review and meta-analysis of all published studies. A search of PubMed, EMBASE, the Web of Science, SCOPUS and the Cochrane Central Register of Controlled Trials was performed to identify studies that investigated pCR, clinical response and BCS in patients with ILC that were treated with neoadjuvant chemotherapy. Random-effect models were adopted to estimate the summary odds ratio (OR), and the publication bias was evaluated using a funnel plot and Egger’s regression asymmetry test. Seventeen studies were included (one randomized controlled trial, three prospective series and 13 retrospective trials), for a total of 12,645 IDCs and 1,764 ILCs to be compared. Ductal carcinoma of the breast was associated with a better pCR (from 5.9 to 16.7 %; OR = 3.1, 95 % CI 2.48-3.87, P < 0.00001) and rate of BCS (from 35.4 to 54.8 %; OR = 2.1, 95 % CI 1.8-2.45, P < 0.00001) compared to ILC. The overall pCR rates and BCS decreased in the ILCs compared with IDC when treated with neoadjuvant chemotherapy.

Keywords: Asymmetry, BC, Bias, Breast, Breast Cancer, Breast Conservation, Breast-Cancer, Cancer, Chemotherapy, Clinical, Clinicopathological Characteristics, Complete, Controlled Trial, Embase, Expression, Histologic Type, Institution, Italy, Lobular Histology, Meta Analysis, Meta-Analysis, Metaanalysis, Models, Neoadjuvant Chemotherapy, New-York, Nov, Odds Ratio, Oestrogen, P, Pathological Complete Response, Patients, PCR, Preoperative Chemotherapy, Prognosis, Prospective, Publication, Publication Bias, Pubmed, Randomized, Randomized Controlled Trial, Rates, Re, Regression, Review, Science, Scopus, Steroid-Hormone Receptors, Subtypes, Surgery, Systematic Review, Therapy, Trial, USA, Web of Science

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Full Text: [2013\Bre Can Res Tre142, 619.pdf](2013/Bre%20Can%20Res%20Tre142,%20619.pdf)

Abstract: The inactivation of BRCA1 by epigenetic alterations is a critical event in breast tumorigenesis, which may potentially be used as a prognostic marker for patients with breast cancer. The present study systematically reviewed the promoter methylation of BRCA1 and its relationship to the clinical outcomes of breast cancer patients. We performed a meta-analysis following the PRISMA guideline. Relevant articles were identified by searching PubMed, Web of Science and Embase database until August 2013. The pooled hazard ratio (HR) and 95 % confidence interval (CI) were applied to estimate the effect of BRCA1 methylation. Random or fixed effect model was chosen based on the heterogeneity analysis. A total of 3,205 patients from nine eligible studies were included in the meta-analysis. BRCA1 methylation was found to be significantly correlated with a poor overall survival of breast cancer, with the combined HR (95 % CI) of 2.02 (1.35-3.03). After adjusting for potential confounders using the Cox regression model, the pooled HR (95 % CI) of BRCA1 methylation on patients’ overall survival was 1.38 (1.04-1.84). If we used the disease-free survival as the outcome, the combined HR (95 % CI) was 2.89 (1.73-4.83) for univariate analysis and 3.92 (95 % CI 1.49-10.32) for multivariate analysis, respectively. Subgroup analysis of specimen types revealed that the pooled HR (95 % CI) for overall survival was 1.48 (1.22-1.81) when using formalin-fixed paraffin-embedded (FFPE) specimen and 1.38 (0.16-11.84) when using fresh frozen tissues. As for the disease-free survival, the pooled HR (95 % CI) was 2.47 (1.33-4.58) when using FFPE specimen and 2.78 (1.47-5.28) when using fresh frozen tissues. As a conclusion, the present meta-analysis provides evidence that BRCA1 methylation is associated with a poor survival of breast cancer patients. Our findings underscore the clinical relevance of aberrant epigenetic alteration as a promising biomarker for the prognosis of human cancers.

Keywords: Analysis, Biomarker, Brca1, Breast Cancer, Cancer, Clinical, Clinical Outcomes, Confidence, Database, Evidence, Guideline, Hazard, Heterogeneity, Human, Interval, Meta Analysis, Meta-Analysis, Metaanalysis, Methylation, Model, Multivariate, Multivariate Analysis, Outcome, Outcomes, Patients, Potential, Prognosis, Prognostic, Pubmed, Regression, Regression Model, Relevance, Science, Survival, Web of Science

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Full Text: [2014\Bre Can Res Tre144, 223.pdf](2014/Bre%20Can%20Res%20Tre144,%20223.pdf)

Abstract: Platinum agents such as cisplatin and carboplatin are DNA-damaging agents with activity in breast cancer (BC), particularly in the triple negative (TN) subgroup. The utility of platinum agents, in addition to standard neoadjuvant chemotherapy (NAC), is controversial. To assess the activity of platinum agents in patients with TNBC treated with NAC, we performed a systematic review and meta-analysis of all published studies. A search of PubMed, EMBASE, the Web of Science, SCOPUS, and the Cochrane Central Register of Controlled Trials was performed to identify studies that investigated platinum-based NAC in patients with TNBC. Random effect models were adopted to estimate the summary risk ratio (RR), and the publication bias was evaluated using a funnel plot and Egger’s regression asymmetry test. The primary endpoints were the pooled rate of the pathologic complete response (pCR) and the RR to obtain a pCR in patients treated versus not treated with NAC containing platinum agents. 28 studies were included (six randomized controlled trials and 22 retrospective or prospective studies) for a total of 1,598 TNBC patients. Overall, the pooled rate of pCR in patients treated with platinum-based NAC was 45 %. In randomized trials, NAC containing cisplatin or carboplatin significantly increased the rate of pCR compared with nonplatinum agents (RR = 1.45, 95 % CI 1.25-1.68; P < 0.0001). Compared with non-TN, TNBCs were associated with a threefold increase in the pCR rate when treated with platinum-based NAC (RR 3.32, 95 % CI 2.39-4.61; P < 0.0001). In conclusion, pCR rates increase significantly with the addition of cisplatin or carboplatin in TNBC compared with NAC containing no platinum drugs. TN status is a predictor of benefit from platinum-based NAC.

Keywords: Activity, Anthracycline, Asymmetry, Bc, Bias, Breast Cancer, Cancer, Carboplatin, Carboplatin, Chemotherapy, Cisplatin, Cisplatin, Complete, Containing Regimen, Differential Response, Docetaxel, Drugs, Embase, F-18-Fdg Pet, Ct, Meta Analysis, Meta-Analysis, Metaanalysis, Models, Neoadjuvant Chemotherapy, P, Pathologic Complete Response, Pathological Complete Response, Patients, Pcr, Phase-Ii Trial, Platinum, Primary, Prospective, Prospective Studies, Publication, Publication Bias, Pubmed, Randomized, Randomized Controlled Trials, Rates, Regression, Response, Review, Risk, Science, Scopus, Standard, Systematic Review, Triple Negative, Utility, Value, Web of Science, Weekly Paclitaxel

? Verbelen, H., Gebruers, N., Beyers, T., De Monie, A.C. and Tjalma, W. (2014), Breast edema in breast cancer patients following breast-conserving surgery and radiotherapy: A systematic review. *Breast Cancer Research and Treatment*, **147** (3), 463-471.

Full Text: [2014\Bre Can Res Tre147, 463.pdf](2014/Bre%20Can%20Res%20Tre147,%20463.pdf)

Abstract: Breast-conserving surgery (BCS) is commonly used in breast cancer treatment. Despite its benefits, some women will be troubled by breast edema. Breast edema may cause an unsatisfactory cosmetic result, influencing the quality of life. The purpose of this systematic review is to investigate the incidence of breast edema and to identify risk factors of breast edema in breast cancer patients following BCS and radiotherapy. A systematic literature search was performed using different electronic databases (PubMed, Web of Science, Cochrane, Embase) until June 2014. Inclusion criteria were as follows: (1) research studies that included female breast cancer patients who were treated with BCS and radiotherapy and (2) studies that investigated the incidence of breast edema and/or risk factors of breast edema. Exclusion criteria were (1) reviews or case studies and (2) studies published before 1995. We identified in total 28 papers which represented 4,011 patients. There was a great variation in the incidence of breast edema (0-90.4 %). We identified several possible risk factors for breast edema namely increasing irradiated breast volume, increasing boost volume, the use of a photon boost, increasing breast separation, a higher density of the breast tissue, a large tumor, a higher specimen weight, postoperative infection, acute postoperative toxicity, and diabetes mellitus. However, their prognostic value remains uncertain. Breast edema is a common complaint after BCS and radiotherapy. A number of possible risk factors associated with breast edema were identified, but further research is warranted.

Keywords: Acute Toxicity, Bc, Benefits, Breast, Breast Cancer, Breast Edema, Breast Neoplasms, Breast-Conserving Surgery, Cancer, Cancer Treatment, Carcinoma, Case Studies, Conservative Surgery, Criteria, Databases, Diabetes, Diabetes Mellitus, External-Beam Radiotherapy, Feasibility, Female, Frequency, Incidence, Infection, Intraoperative Radiotherapy, Irradiation, Life, Literature, Literature Search, Lymphedema, Papers, Patients, Postoperative, Prognostic, Pubmed, Purpose, Quality, Quality Of, Quality Of Life, Radiation-Therapy, Radiotherapy, Research, Review, Reviews, Risk, Risk Factors, Science, Separation, Surgery, Systematic, Systematic Literature Search, Systematic Review, Toxicity, Treatment, Tumor, Value, Volume, Web Of Science, Women

? Andrew, P., Valiani, S., MacIsaac, J., Mithoowani, H. and Verma, S. (2014), Tamoxifen-associated skin reactions in breast cancer patients: From case report to literature review. *Breast Cancer Research and Treatment*, **148** (1), 1-5.

Full Text: [2014\Bre Can Res Tre148, 1.pdf](2014/Bre%20Can%20Res%20Tre148,%201.pdf)

Abstract: The purpose of this study was to firstly present the maiden case of tamoxifen-induced acute cutaneous lupus erythematosus (ACLE), and secondly, to broaden the discussion into a systematic review of the various tamoxifen-related skin changes documented in patients with breast cancer. We searched PubMed, Cochrane, Embase, CancerLit, Scopus, Web of Science, and Google Scholar databases using keywords to identify reported cases of tamoxifen-related cutaneous adverse events. Outcomes captured included type of cutaneous reaction, time to adverse event, pathologic mechanism, and possible treatment. From 17 clinical studies identified, over ten distinct types of adverse reactions of the skin were itemized. The character of these cutaneous events ranged from the relatively common hot flashes to the rare, but potentially life-threatening, Steven Johnson syndrome. Overall, tamoxifen is generally a well-tolerated hormone therapy with decades of supporting safety data. Based on current medical literature, we present the first case of tamoxifen-induced ACLE. Our clinical experience of managing this case revealed that despite its broad use and the frequency of associated skin reactions, there is a lack of concise information detailing the cutaneous adverse events associated with tamoxifen. The absence of summarized information concerning tamoxifen-related skin changes prompted us to perform a review herein.

Keywords: Adverse Events, American Society, Breast Cancer, Cancer, Case Report, Changes, Clinical, Clinical Experience, Clinical Studies, Clinical-Practice Guideline, Data, Databases, Drug-Induced Lupus, Events, Experience, First, From, Google, Google Scholar, Hormone Therapy, Hot Flashes, Hypersensitivity, Information, Literature, Literature Review, Lupus Erythematosus, Mechanism, Medical, Medical Literature, Nov, Outcomes, Patients, Pubmed, Purpose, Purpuric Vasculitis, Radiation Recall, Rash, Review, Safety, Science, Scopus, Skin, Syndrome, Systematic, Systematic Review, Tamoxifen, Therapy, Treatment, Trial, Web Of Science, Women

# Title: the British Accounting Review

Full Journal Title: the British Accounting Review

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Beattie, V. and Goodacre, A. (2004), Publishing patterns within the UK accounting and finance academic community. The *British Accounting Review*, **36** (1), 7-44.

Full Text: [2004\Bri Acc Rev36, 7.pdf](2004/Bri%20Acc%20Rev36,%207.pdf)

Abstract: This study reports on publishing patterns in the UK and Irish accounting and finance academic community for the 2-year period 1998–1999 using the data contained in the *BAR Research Register*. It is found that the community has been growing modestly since 1991, with a doubling in the number of PhD-qualified staff (to 30%) and a reduction in the number with a professional qualification (from 81 to 58%). Nearly half of all outputs appear in other than academic journals. The mean number of publications is 1.76 per capita, with significantly more staff active in publishing than in 1991 (44% compared to 35%). However, only 17% publish in a subset of 60 ‘top’ journals. Just over half of all articles are published in the core discipline journals, the rest appearing mainly in management, economics, sociology, education and IT journals. This may indicate a growing maturity in the disciplines, whereby applied research findings are flowing back into related foundation and business disciplines. Nearly two-thirds of academic articles are co-authored, with 25% of contributions coming from outside the community, indicating an openness to interdisciplinary collaboration, collaboration with overseas academics and collaboration with individuals in practice. The findings of this study will be of assistance to those making career decisions (either their own career or decisions involving other people’s careers). They also raise awareness of the way in which the accounting and finance disciplines are developing.

Keywords: Co-Authorship, Journals, Non-Serial Publications, Publication Media, Scholarly Knowledge Development

# Title: British Dental Journal

Full Journal Title: [British Dental Journal](http://www.nature.com/bdj/archive/index.html)

ISO Abbreviated Title: Br. Dent. J.

JCR Abbreviated Title: Brit Dent J

ISSN: 0007-0610

Issues/Year: 24

Journal Country/Territory: England

Language: English

Publisher: Prof Sci Publ

Publisher Address: Tavistock House East, Tavistock Square, London, England WC1H 9JR

Subject Categories:

Dentistry, Oral Surgery & Medicine: Impact Factor

? Sloan, P. and Needleman, I. (2000), Impact factor. *British Dental Journal*, **189** (1), 1

Full Text: [2000\Bri Den J189, 1.pdf](2000/Bri%20Den%20J189,%201.pdf)

? Scully, C. and Lodge, H. (2005), Impact factors and their significance; overrated or misused? *British Dental Journal*, **198** (7), 391-393.

Full Text: [2005\Bri Den J198, 391.pdf](2005/Bri%20Den%20J198,%20391.pdf)

Abstract: the journal impact factor (IF) is in widespread use for the evaluation of research and researchers, and considerable controversy surrounds it. The concept behind the IF is citations, and the number of them. The IF is a useful tool for the evaluation of journals, but it must be used carefully. Considerations include the number of review papers, letters or other types of material published in a journal, variations between disciplines, and item-by-item impact. Perhaps the most important use of the IF is in the process of academic evaluation. The extent to which the IF is appropriate for the evaluation of the quality of a specific article or journal and particularly for the evaluation of individual and collective research achievements is highly debatable.

? Luther, F. (2007), TMD and occlusion part I. Damned if we do? Occlusion: the interface of dentistry and orthodontics. *British Dental Journal*, **202** (1), ??-??.

Abstract: Objectives To review how occlusion, facial growth, TM disc position and malocclusion may relate to TMD; to review clinical studies investigating TMD pre- and post-orthodontic treatment as well as other studies linking occlUSAl features with TMD highlighting their limitations; and to make suggestions for improved study designs in the future in order to provide an evidence-base for clinical practice. Design Review article. Methods Electronic databases (MEDLINE and the Cochrane Database of Systematic Reviews) were used to select relevant and frequently cited studies (mean: 28 citations). Citation rate was confirmed using the Web of Science. Study designs are reviewed and weaknesses discussed. Results Evidence is lacking to suggest static occlUSAl factors cause TMD. Conclusions Poor study designs have led to much of the controversy over whether occlUSAl factors (including orthodontics) ‘cause’ TMD. In order to provide an evidence-base for future clinical practice, suggestions to improve study designs are made.

Keywords: Asymptomatic Volunteers, Citation, Citations, Cochrane, Craniomandibular Disorders, Databases, Disk Displacement, Functional Occlusion, Lateral Cephalometric Analysis, Long-Term, Mandibular Dysfunction, MEDLINE, Methods, Pediatric Internal Derangements, Practice, Review, Science, Symptomatic Patients, Systematic, Temporomandibular-Joint Disorders, Treatment, Web of Science

? Luther, F. (2007), TMD and occlusion part II. Damned if we don’t? Functional occlUSAl problems: TMD epidemiology in a wider context. *British Dental Journal*, **202** (1), ??-??.

Abstract: Objectives To review studies investigating how functional occlusion may relate to TMD and how bruxism may relate to TMD; to review the epidemiology of TMD and relate this to the context of clinical occlUSAl studies and other aetiological factors. Deficiencies in study design are highlighted and suggestions made to improve future study designs in order to provide an evidence-base for clinical practice. Design Review article. Methods Electronic databases (MEDLINE and the Cochrane Database of Systematic Reviews) were used to select relevant and frequently cited studies (mean: 40 citations). Citation rate was confirmed using the Web of Science. Study designs are reviewed and weaknesses and implications discussed. Results Evidence is lacking to suggest functional occlUSAl factors cause TMD. Investigation of other aetiological factors has been relatively neglected. Conclusions Neither static nor dynamic occlUSAl factors (including orthodontics) can be said to ‘cause’ TMD. However, other potential aetiological factors exist which would benefit from more investigation. This, together with improved study designs, would help provide a stronger evidence-base for clinical practice in the future.

Keywords: Adjustment, Association, Bruxism, Citation, Citations, Cochrane, Craniomandibular Disorders, Databases, Epidemiology, Functional, Interferences, Joint, MEDLINE, Methods, Practice, Review, Science, Signs, Skeletal, Symptoms, Systematic, Temporomandibular Disorders, Web of Science

? Miguel, J.C., Kay, E.J. and Lowe, J.C. (2007), Shirley Glasstone Hughes memorial prize for dental research: An evaluation of the output 15 years after the Trust’s inception. *British Dental Journal*, **203**, 535-541.

Full Text: [2007\Bri Den J203, 535.pdf](2007/Bri%20Den%20J203,%20535.pdf)

Abstract: In May 2005, a decision was taken by the Shirley Glasstone Hughes (SGH) Foundation trustees to suspend investments in research for one year, to allow a review of the outcomes of SGH research funding over the past 15 years. Money was instead directed to the BDA Research Unit, to employ a staff member who would conduct the evaluation under the supervision of the BDA Scientific Adviser. The evaluation focused on three aspects of the research produced: 1) relevance to primary dental care, 2) scientific quality and impact on the research community, and 3) grant recipients’ feelings about SGH funding and whether the mechanisms of supporting research could be improved. The methods used included questioning BDA members about the research they found of interest and relevance, checking research outputs against standardised quality criteria, examining impact factors and citation rates (relative to the funding received) and questioning grant recipients about their experience with SGH funding. The results implied that the fund had largely been spent on research themes felt to be relevant to practice by BDA members. In addition, the publication rate, publication quality, impact and citation indices demonstrated the SGH research work to be largely of high quality. Recipients of the fund indicated several factors which might improve the experience of receiving funding and possibly also improve the research output. It can be concluded that the SGH funds have largely been well spent but that it is worth considering implementing changes which would make the research findings of greater relevance to clinical practice.

# Title: British Food Journal

Full Journal Title: British Food Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Batista, S.M.M., Teixeira, E., de Francisco, A. and Assis, M.A.A. (2008), Food glycaemic index, satiety and chronic diseases. *British Food Journal*, **110** (10-11), 965-976.

Abstract: Purpose - This review aims to document the influence of low glycaemic index (LGI) and low glycaemic load (LGL) foods over food satiety, their utilisation in clinical practice, and their importance in the prevention and control of diseases such as obesity, diabetes and cardiopathies. It also aims to discuss the inclusion of glycaemic index (GI) information in food labels as an important tool for the consumer who wishes to make healthier choices. Design/methodology/approach - An extensive literature search was conducted in the Web of Science, Pub Med and MEDLINE databases, as well as in reference lists from the scientific articles retrieved in the search. Findings - Most of the articles presented similar results regarding the substitution of high glycaemic index (HGI) foods for low GI ones. In diabetics there was an improvement in the glycaemic and lipid profiles control, and in the obese, weight reduction and reduced cardiovascular complications risk were observed. Foods with higher satiety potential were identified as those with lower GIs, which reduce appetite, cause less glycaemic oscillations in diabetics, and lower caloric intake in the obese. Originality/value - This revision evidenced the benefits of LGI foods over satiety and palatability, and discussed their effect in the treatment of chronic non-transmissible diseases such as obesity and diabetes.

Keywords: Blood-Glucose, Carbohydrate Intake, Carbohydrates, Cardiovascular, Consumer, Control, Databases, Density, Diabetes, Dietary Fiber, Energy-Intake, Food Products, Information, Lipid, Literature, Load, Men, Metabolic Diseases, Obesity, Obesity, PostmenopaUSAl Women, Practice, Prevention, Prevention and Control, Pub Med, Review, Risk, Science, Treatment, Utilisation, Web of Science

? Rudawska, E.D. (2014), Customer loyalty towards traditional products: Polish market experience. *British Food Journal*, **116** (11), 1710-1725.

Full Text: [2014\Bri Foo J116, 1710.pdf](2014/Bri%20Foo%20J116,%201710.pdf)

Abstract: Purpose - The purpose of this paper is to analyse key determinants of Polish consumers’ loyalty, identified through the analysis of relationship marketing literature, with reference to traditional foodstuffs. Design/methodology/approach - The paper’s approach is a systematic review of the Web of Science, Ebsco and Pro-Quest electronic databases, from 1990 to 2014 as well as research results run by Polish and international research centres, groups and institutes. The paper focuses on two main aspects. One is connected with the development of traditional foodstuffs being a consequence of growing prosperity of the Polish society, and the emergence of consumers who rate quality, national/regional identity and own cultural values higher than the price. The other one is connected with key determinants of consumer loyalty towards traditional products. The paper uses secondary data, and presents research results run between Polish consumers of traditional food products. Attitudes and behaviour of Polish consumers of traditional products in relation to key determinants of loyalty, such as attitude towards the product, the level of satisfaction, trust, price sensitivity and frequency of purchase and willingness to do repeat purchase are identified in the paper. Findings - According to the analysed research, almost 90 percent of the respondents positively perceive traditional products. The results of the research confirm positive and emotional attitudes of consumers towards traditional products. This emotional attachment, which is very important in creating loyalty among consumers, makes them buy traditional food. Polish consumers are satisfied with the taste of traditional products, which are also perceived as fresh and natural. Consumers rate the quality of traditional products highly and underline their positive influence on their and their families’ health. According to the research, Polish consumers pay little attention to geographical and quality indications, which are designed to build a trustworthy image of the products. Traditional products are perceived as expensive, which makes it difficult to build loyalty and affects the frequency of purchase. Almost 40 percent of the respondents buy traditional products once a month. Practical implications - The research results presented in the paper have significant implications for management, that is producers and retailers of local food, in particular with regard to their future marketing effort. Producers and entrepreneurs should monitor behaviour of consumers of traditional food to adapt their offer to changing trends in order to create their loyalty. Consumers expect the products to be made of appropriate ingredients and production methods in order to keep their original taste and character. They also expect some product innovations and proper communication to become loyal. Social implications - The paper has significant implications for society. The process of building customer loyalty towards traditional products is important in the context of their quality of life and public attitude. Traditional foods are a part of culture and the identity of the population where they are produced. Therefore they carry a strong symbolic value for the customers. They are also perceived as healthy and nutritious products, containing a lot of vitamins and minerals. Creating loyal attitude towards them may improve the quality of customers’ life. Originality/value - The paper provides interesting insights about loyalty for traditional products. Based on the determinants of loyalty identified by the author in relationship marketing literature the analysis of these variables was conducted in relation to traditional products. Due to the best author knowledge this is one of the first attempts, if not the first, where loyalty determinants were described in relation to traditional products. The literature lacks comprehensive research on particular aspects of loyal behaviour in the market of traditional products.

Keywords: Acceptance, Analysis, Approach, Attention, Attitude, Attitudes, Behaviour, Building, Communication, Consumers, Context, Cultural, Culture, Customer Loyalty, Data, Databases, Development, Experience, Families, First, Food, Food Producers, From, Groups, Health, Impact, Indications, Influence, Innovation, International, Knowledge, Life, Literature, Local, Loyalty, Management, Market, Marketing, Methods, Minerals, Natural, Orientation, Poland, Population, Producers, Proquest, Public, Purchase, Purpose, Quality, Quality Of, Quality Of Life, Reference, Research, Research Centres, Research Results, Review, Satisfaction, Science, Sensitivity, Si, Society, Systematic, Systematic Review, Traditional, Traditional Food Products, Traditional Foods, Trends, Trust, Value, Web, Web Of Science

# Title: British Journal of Anaesthesia

Full Journal Title: British Journal of Anaesthesia

ISO Abbreviated Title: Br. J. Anaesth.

JCR Abbreviated Title: Brit J Anaesth

ISSN: 0007-0912

Issues/Year: 12

Journal Country/Territory: England

Language: English

Publisher: Oxford Univ Press

Publisher Address: Great Clarendon St, Oxford OX2 6DP, England

Subject Categories:

Anesthesiology: Impact Factor 2.098/(2002)

? Cawkell, A.E. (1971), Science Citation Index, Effectiveness in locating articles in anaessthetics field: “Perturbation of ion transport”. *British Journal of Anaesthesia*, **43** (8), 814-815.

Full Text: [1960-80\Bri J Ana43, 814.pdf](1960-80/Bri%20J%20Ana43,%20814.pdf)

Keywords: Citation, Science Citation Index

? Fassoulaki, A., Paraskeva, A., Papilas, K. and Karabinis, G. (2000), Self-citations in six anaesthesia journals and their significance in determining the impact factor. *British Journal of Anaesthesia*, **84** (2), 266-269.

Full Text: [2000\Bri J Ana84, 266.pdf](2000/Bri%20J%20Ana84,%20266.pdf)

Abstract: Self-citation of a journal may affect its impact factor. We investigated self-citations in the 1995 and 1996 issues of six anaesthesia journals by calculating the self-citing and self-cited rates for each journal. Self-citing rate relates a journal’s self-citations to its total number of references. We defined self-cited rate as the ratio of a journal’s self-citations to the number of times it is cited by the six anaesthesia journals. We also correlated self-citing rates with the impact factor of the six journals for 1997. Citations among the six journals differed significantly (P < 0.0001). Anesthesiology had the highest self-citing rate (57%). Anaesthesia, Anesthesia and Analgesia, British Journal of Anaesthesia, Canadian Journal of Anaesthesia and the European Journal of Anaesthesiology had self-citing rates of 28%, 28%, 30%, 11% and 4% respectively. The self-cited rates were 31%, 35%, 34%, 27%, 31% and 17% for Anaesthesia, Anesthesiology, Anesthesia and Analgesia, British Journal of Anaesthesia, Canadian Journal of Anaesthesia and the European Journal of Anaesthesiology, respectively. North America journals cited the North America literature. This also occurred, to a lesser extent, in the European anaesthesia journals. A significant correlation between self-citing rates and impact factors was found (r = 0.899, P = 0.015). A high self-citing rate of a journal may positively affect its impact factor.

Keywords: Anaesthesia, Journals, Anesthesia-Journals, Citations, Impact Factor, Journals, Publications, Anaesthesia, Publications, Impact Factor, References, Self-Citation, Self-Citations

Notes: TTopic

Brambrink, A.M., Ehrler, D. and Dick, W.F. (2000), Publications on paediatric anaesthesia: A quantitative analysis of publication activity and international recognition. *British Journal of Anaesthesia*, **85** (4), 556-562.

Full Text: [2000\Bri J Ana85, 556.pdf](2000/Bri%20J%20Ana85,%20556.pdf)

Abstract: A comprehensive compilation of the current international literatureon paediatric anaesthesia is lacking. The aim of this studywas to identify all articles on clinical practice in paediatricanaesthesia, to name the respective journals, and to assess the publication activity and international recognition of selectedcountries for a 6-yr period (1993–1998). The search comprisedan article-to-article evaluation (‘hand search’) of 12 peer-reviewed anaesthesia journals, as well as an Internet-based(‘silverPlatter’) MEDLINETM-search (3.900 medicaljournals, US National Library of Medicine), both limited tooriginal articles, case reports, reviews and editorials. Selectedphysical characteristics, for example the number of infants and children aged 0–14 yr old, the number of anaesthetists(specialists) and current impact factors (Science Citation Index)served to assess publication activity and international recognition.During the time period studied, 2259 articles (377/yr) werepublished on paediatric anaesthesia in 295 medical journals. Thearticles were primarily written in English (85.1%) and the majority originated from the USA (35.4%) and the UK (12.6%). Thelargest number of publications (77.7%) appeared in 29 anaesthesiajournals, all referenced in MEDLINETM, with 46% being publishedby only five journals. Most authors published in journals of their home country/region. Authors from the UK ranked highestin publication activity, followed by those from Canada, Switzerland, Sweden and Denmark. The highest impact factor was achieved byUS and UK authors. We conclude that publications on paediatricanaesthesia are clustered in a small number of journals and are written predominantly by authors from English-speaking countries, who achieved the highest international recognition.

Keywords: Aged, Anaesthesia, Anaesthesia,Paediatric, Analysis, Authors, Bias, Canada, Case Reports, Characteristics, Children, Clinical, Clinical Practice, Denmark, Evaluation, Impact, Impact Factor, Impact Factors, Infants, Intensive-Care Journals, International, Journals, Literature, Medical, Medical Journals, Medical-Research, Participation, Peer-Reviewed, Physical, Practice, Publication, Publication Activity, Publications, Publish, Quantitative Analysis, Reviews, Science Citation Index, Small, Sweden, Switzerland, UK, US, USA

? Mahajan, R.P. and Hunter, J.M. (2008), Volume 100: Case reports: should they be confined to the dustbin? *British Journal of Anaesthesia*, **100** (6), 744-746.

Full Text: [2008\Bri J Ana100, 744.pdf](2008/Bri%20J%20Ana100,%20744.pdf)

? Landoni, G., Pieri, M., Nicolotti, D., Silvetti, S., Landoni, P., Silvani, P., John, M., Bignami, E. and Zangrillo, A. (2010), Self-citation in anaesthesia and critical care journals: Introducing a flat tax. *British Journal of Anaesthesia*, **105** (3), 386-387

Full Text: [2010\Bri J Ana105, 386.pdf](2010/Bri%20J%20Ana105,%20386.pdf)

Keywords: Classics, Journals, Self-Citation

Notes: CCountry

? Moppett, I.K. (2010), Individual bibliometrics in UK anaesthesia. *British Journal of Anaesthesia*, **105** (5), 721-722.

Full Text: [2010\Bri J Ana105, 721.pdf](2010/Bri%20J%20Ana105,%20721.pdf)

Keywords: Anesthesia, Bibliometrics, Critical Care

? Bould, M.D., Boet, S., Sharma, B., Shin, E., Barrowman, N.J. and Grantcharov, T. (2011), h-indices in a university department of anaesthesia: An evaluation of their feasibility, reliability, and validity as an assessment of academic performance. *British Journal of Anaesthesia*, **106** (3), 325-330.

Full Text: [2011\Bri J Ana106, 325.pdf](2011/Bri%20J%20Ana106,%20325.pdf)

Abstract: Background. The h-Index is a tool that is increasingly used to measure individual research productivity. It is unknown whether its use as an evaluation of individual research impact is reliable and valid within the context of anaesthesia. Methods. We calculated the h-indices of 268 faculty members of a university department of anaesthesia using Scopus(TM) and Web of Science(R). Agreement between the databases was investigated with a Bland-Altman plot. The construct validity was examined by comparing the h-indices for faculty grouped by academic rank. Results. The mean bias between the Scopus(TM) and Web of Science(R) h-indices was 0.09 but 1.96 SD limits of agreement were -5.7 to 5.9. The Web of Science(R)-derived h-indices showed a statistically significant difference between the different academic ranks (P < 0.001): median h-indices were 0 for lecturers, 2 for assistant professors, 9 for associate professors, and 16 for full professors. The Scopus(TM)-derived h-indices also showed a statistically significant difference between the different academic ranks (P < 0.001): median h-indices were 0 for lecturers, 1 for assistant professors, 9 for associate professors, and 17 for full professors. Post hoc testing found statistically significant differences in all comparisons between academic ranks (all P < 0.01). Ignoring self-citations did not affect construct validity of the h-Index. We found no evidence that the h-Index is superior to counting the total number of publications. Conclusions. Agreement between the two databases was problematic. There was evidence of construct validity; however, the overlap between academic ranks limits the discriminative power of a low h-Index.

Keywords: Anaesthesia, Assessment, Bias, Bibliometric Analysis, Citation, Context, Databases, Education, Evaluation, Evidence, Faculty, Feasibility, Google-Scholar, h Index, h-Index, Impact, Journals, Mar, Measure, P, Performance, Power, Productivity, Publications, Rank, Reliability, Research, Research Productivity, Science, Scopus, Self-Citations, Testing, University, Validity, Web

? Webster, N.R. (2011), Bibliometrics and assessing performance and worth. *British Journal of Anaesthesia*, **107** (3), 306-307

Full Text: [2011\Bri J Ana107, 306.pdf](2011/Bri%20J%20Ana107,%20306.pdf)

Keywords: Bibliometrics, Citation Counts, Index

Notes: CCountry

? Moppett, I.K. and Hardman, J.G. (2011), Bibliometrics of anaesthesia researchers in the UK. *British Journal of Anaesthesia*, **107** (3), 351-356.

Full Text: [2011\Bri J Ana107, 351.pdf](2011/Bri%20J%20Ana107,%20351.pdf)

Abstract: Background. Bibliometrics provide surrogate measures of the quality and quantity of research undertaken by departments and individuals. Previous reports have suggested that academic anaesthesia research in the UK is in decline. We wished to provide a comprehensive description of current and historical published output of UK anaesthesia researchers. Methods. Bibliometric indices (Web of Science (R)) were calculated for anaesthesia researchers in the UK for the whole period covered by the database, and for 2004-8. A parallel search was made using the Scholarometer (TM) tool, which parses output from Google Scholar (TM). Calculated indices included total number of publications; total number of citations; citations per paper; h-Index; g-index; and modified impact index. Results. One hundred and four individuals and 23 academic departments were identified. Median values (inter-quartile range) for the indices were: total papers 57 (24-95) (individuals for the whole period), 11 (6-20) (individuals 2004-8), 50 (30-70) (departments 2004-8); total number of citations 571 (175-1328), 93 (38-207), 383 (239-845); h-Index 13 (8-20), 6 (3-8), 11 (9-14). Four departments were ranked in the top 5 for all indices. Conclusions. The general distribution of bibliometric data is similar to that seen in other specialities in Europe and North America. Four departments contribute to more than 50% of published anaesthesia research output in this data set. These data provide useful comparative tools for individuals, departments, and national bodies.

Keywords: Achievement, Anaesthesia, Bibliometric, Bibliometric Indices, Bibliometrics, Citations, Europe, G Index, G-Index, Google Scholar, Google-Scholar, h Index, h-Index, Impact, Institutions, Journals, Methods, Papers, Publications, Research, Research Output, Researchers, Science, Scopus, UK, United-Kingdom, Web, Web of Science

? Pagel, P.S. and Hudetz, J.A. (2011), Bibliometric analysis of anaesthesia journal editorial board members: Correlation between journal impact factor and the median h-Index of its board members. *British Journal of Anaesthesia*, **107** (3), 357-361.

Full Text: [2011\Bri J Ana107, 357.pdf](2011/Bri%20J%20Ana107,%20357.pdf)

Abstract: Background. h-Index is useful for quantifying scholarly activity in medicine, but this statistic has not been extensively applied as a measure of productivity in anaesthesia. We conducted a bibliometric analysis of h-Index in editorial board members and tested the hypothesis that editorial board members of anaesthesia journals with higher impact factors (IFs) have higher h-indices. Methods. Ten of 19 journals with 2009 IF>1 were randomly chosen from Journal Citation Reports (R). Board members were identified using each journal’s website. Publications, citations, citations per publication, and h-Index for each member were obtained using Scopus (R). Results. Four hundred and twenty-three individuals filled 481 anaesthesia editorial board positions. The median h-Index of all editorial board members was 14. Board members published 75 papers (median) with 1006 citations and 13 citations per publication. Members serving on journals with IF greater than median had significantly (P<0.05; Wilcoxon’s rank-sum test) greater median h-Index, citations, and citations per publication than those at journals with IF less than median. A significant correlation between the median h-Index of a journal’s editorial board members and its IF (h-Index 3.01xIF+6.85; r(2)=0.452; P=0.033) was observed for the 10 journals examined. Board members of subspeciality-specific journals had bibliometric indices that were less than those at general journals. The h-Index was greater in individuals serving more than one journal. European editorial board members had higher h-Index values than their American colleagues. Conclusions. The results suggest that editorial board members of anaesthesia journals with higher IFs have higher h-indices.

Keywords: Academic Anaesthesia, Anaesthesia, Analysis, Bibliometric, Bibliometric Analysis, Bibliometric Indices, Bibliometrics, Citation, Citations, h Index, h-Index, h-Indices, Impact, Impact Factor, Impact Factors, Journal, Journal Citation Reports, Journal Impact Factor, Journals, Medicine, Methods, Papers, Performance Measures, Power, Productivity, Publication, Publications, Scopus, Self-Citations

Notes: CCountry

? O’Leary, J.D. (2012), Bibliometrics of anaesthesia researchers in the UK. *British Journal of Anaesthesia*, **108** (1), 164-165.

Full Text: [2012\Bri J Ana108, 164.pdf](2012/Bri%20J%20Ana108,%20164.pdf)

Keywords: Anaesthesia, Bibliometrics, Researchers, UK

? Moppett, I.K. and Hardman, J.G. (2012), Bibliometrics of anaesthesia researchers in the UK Reply. *British Journal of Anaesthesia*, **108** (1), 165.

Full Text: [2012\Bri J Ana108, 165.pdf](2012/Bri%20J%20Ana108,%20165.pdf)

Keywords: Anaesthesia, Bibliometrics, Index, Researchers, UK

Notes: JJournal

? Ross, A.J., Kodate, N., Anderson, J.E., Thomas, L. and Jaye, P. (2012), Review of simulation studies in anaesthesia journals, 2001-2010: Mapping and content analysis. *British Journal of Anaesthesia*, **109** (1), 99-109.

Full Text: [2012\Bri J Ana109, 99.pdf](2012/Bri%20J%20Ana109,%2099.pdf)

Abstract: Despite widespread adoption of simulation-based training in medical education, there remains scepticism about its cost-effectiveness and long-term impact on patient outcomes. Medical simulation is well established in anaesthesia where it is considered an important educational tool. This review of key clinical anaesthesia literature is used as a case study of clinician uptake within a specialty and to investigate evidence for translational impact using both qualitative and quantitative data. We examined high-impact journal publications from 2001 to 2010 and extracted data covering authors, institutions, simulation modality, purposes of simulation, and various aspects of study design/methodology used. A total of 320 papers containing primary data were included. We found broad acceptance and uptake in anaesthesia with an increase in publications over the time period, mainly attributable to a steady increase in manikin studies. Studies using manikin technology (130/320; 41) are distinguished as skills/performance studies (76; 58) and studies focused on the use, testing, and validation of equipment (52; 40). A total of 110 papers (34) assessed the performance of technical and non-technical skills (68 and 32, respectively). Growth in the use of structured checklists/validated tools to assess performance is mainly observed in the non-technical domain. Only 10 of these papers include follow-up data from the clinical environment. There is a lack of research examining performance transfer, sustainability, and direct patient outcomes and experiences. These publication patterns are instructive for those involved in medical educational and for other clinical specialties developing simulation.

Keywords: Acceptance, Adoption, Anaesthesia, Analysis, Authors, Bibliometric Analysis, Care, Case Study, Clinical, Clinician, Content Analysis, Cost Effectiveness, Cost-Effectiveness, Data, Developing, Education, Environment, Equipment, Evidence, Follow-Up, Growth, Impact, Institutions, Journal, Journals, Literature, Long Term, Long-Term, Manipulation, Mapping, Medical, Medical Education, Medical-Education, Nontechnical Skills, Operating-Room, Outcomes, Papers, Patient Simulation, Performance, Primary, Publication, Publications, Qualitative, Research, Review, Reviews, Simulation, Specialty, Students, Surgical Skills, Sustainability, Task Performance and Analysis, Technology, Testing, Tracheal Intubation, Training, Translational, Uptake, Validation

# Title: British Journal of Audiology

Full Journal Title: British Journal of Audiology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lutman, M. (1992), Bibliometric analysis as a measure of scientific output. *British Journal of Audiology*, **26** (6), 323-324.

# Title: British Journal of Cancer

Full Journal Title: [British Journal of Cancer](http://www.nature.com/bjc/index.html)

ISO Abbreviated Title: Br. J. Cancer

JCR Abbreviated Title: Brit J Cancer

ISSN: 0007-0920

Issues/Year: 24

Journal Country/Territory: England

Language: English

Publisher: Churchill Livingstone

Publisher Address: Journal Production Dept, Robert Stevenson House, 1-3 Baxters Place, Leith W

Subject Categories:

Oncology: Impact Factor 3.639, 25/114 (2002)

? Islami, F., Ren, J.S., Taylor, P.R. and Kamangar, F. (2009), Pickled vegetables and the risk of oesophageal cancer: A meta-analysis. *British Journal of Cancer*, **101** (9), 1641-1647.

Full Text: [2009\Bri J Can101, 1641.pdf](2009/Bri%20J%20Can101,%201641.pdf)

Abstract: BACKGROUND: Ecological and experimental studies have suggested a relationship between Asian pickled vegetable consumption and oesophageal squamous cell carcinoma (OSCC), but the results of epidemiological studies investigating the association have been inconsistent. We conducted a meta-analysis of observational studies of this association to evaluate the existing evidence. METHODS: We searched the PUBMED, ISI-Web of Science, J-EAST, IndMed, Vip Chinese Periodical, and China National Knowledge Infrastructure databases for all studies published in English or Chinese languages. Pooled results for all studies combined and for several study subgroups were computed. RESULTS: A total of 34 studies were included in this analysis. The overall random effects odds ratio (OR) and 95% confidence interval (CI) for pickled vegetable consumption was 2.08 (1.66-2.60), but the results were heterogeneous across studies. After excluding the three most influential studies, the respective numbers were 2.32 (1.92-2.81). Similar to the overall association, the majority of subgroup analyses showed a statistically significant association between consuming pickled vegetables and OSCC risk. There were only three prospective studies. CONCLUSIONS: Our results suggest a potential two-fold increased risk of oesophageal cancer associated with the intake of pickled vegetables. However, because the majority of data was from retrospective studies and there was a high heterogeneity in the results, further well-designed prospective studies are warranted. British Journal of Cancer (2009) 101, 1641-1647. doi: 10.1038/sj.bjc.6605372 www.bjcancer.com (C) 2009 Cancer Research UK.

Keywords: Case-Control, Cohort, Cohort, County, High-Epidemic Area, Jiangsu Province, Linxian, Meta-Analysis, Oesophageal Cancer, Pickled Vegetable, Publication, Region, Republic-of-China, Squamous-Cell Carcinoma, Stomach Cancers

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Full Text: [2010\Bri J Can103, 1467.pdf](2010/Bri%20J%20Can103,%201467.pdf)

Abstract: BACKGROUND: Studies assessing the relationships of anthropometry and testicular germ-cell tumour (TGCT) have reported heterogeneous findings. METHODS: We undertook a systematic review and meta-analysis of the associations between adult height, weight, body mass index (BMI), and testicular cancer. Search strategies were conducted in PUBMED, EMBASE, Scopus, and Web of Science on 26 May 2009. Studies that met our inclusion criteria were included in meta-analytic models using STATA 11. RESULTS: A total of 3255 references were retrieved, of which 14 met the inclusion criteria. Random effects meta-analysis found adult height (odds ratio (OR) per 5-cm increase 1.13, 95% confidence interval (CI) 1.07-1.19, P<0.001) and weight (OR overweight vs normal 0.92, 95% CI 0.86-0.98, P = 0.011) to be associated with TGCT. The meta-analysis of weight and TGCT produced a summary estimate, which indicated no association, although an analysis restricted studies to North American was suggestive of association (OR per 1-kg increase 1.01, 95% CI 1.00-1.01, P<0.001). CONCLUSIONS: This systematic review and meta-analysis has found evidence for a positive association of adult height and TGCT, and tentative evidence for an inverse association of BMI and TGCT. British Journal of Cancer (2010) 103, 1467-1474. doi: 10.1038/sj.bjc.6605934 www.bjcancer.com (C) 2010 Cancer Research UK.

Keywords: Adolescent Milk, Adult, Analysis, Bmi, Body Height, Body Mass Index, Body Weight, Cancer, Dietary Practices, EMBASE, European Countries, Germ-Cell Tumors, Journal, Mass Index, Meta-Analysis, Normal, Overweight, Physical-Activity, PUBMED, Ratio, Research, Review, Science, Scopus, Secular Trends, Systematic, Systematic Review, Testicular Cancer, Testicular Neoplasms, UK, Undescended Testes, United-States, Web of Science, Young Men

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Full Text: [2011\Bri J Can104, 1440.pdf](2011/Bri%20J%20Can104,%201440.pdf)

Abstract: BACKGROUND: the potential prognostic value of several commonly investigated immunohistochemical markers in resected pancreatic cancer is variably reported. The objective of this study was to conduct a systematic review of literature evaluating p53, p16, smad4, bcl-2, bax, vascular endothelial growth factor (VEGF) and epidermal growth factor receptor (EGFR) expression as prognostic factors in resected pancreatic adenocarcinoma and to conduct a subsequent meta-analysis to quantify the overall prognostic effect. METHODS: Relevant literature was identified using MEDLINE, EMBASE and ISI Web of Science. The primary end point was overall survival assessed on univariate analysis. Only studies analysing resected pancreatic adenocarcinoma were eligible for inclusion and the summary log(e) hazard ratio (logHR) and variance were pooled using an inverse variance approach. Evidence of heterogeneity was evaluated using the chi(2) test for heterogeneity and its impact on the meta-analysis was assessed by the I(2) statisic. Hazard ratios greater than one reflect adverse survival associated with positive immunostaining. RESULTS: Vascular endothelial growth factor emerged as the most potentially informative prognostic marker (11 eligible studies, n = 767, HR = 1.51 (95% confidence interval, CI = 1.18-1.92)) with no evidence of any significant publication bias (Egger’s test, P = 0.269). Bcl-2 (5 eligible studies, n = 314, HR = 0.51 (95% CI = 0.38-0.68)), bax (5 studies, n = 274, HR = 0.63 (95% CI = 0.48-0.83)) and p16 (3 studies, n = 229, HR = 0.63 (95% CI = 0.43-0.92)) also returned significant overall survival differences, but in smaller patient series due to a lack of evaluable literature. Neither p53 (17 studies, n = 925, HR = 1.22 (95% CI = 0.96-1.56)), smad4 (5 studies, n = 540, HR = 0.88 (95% CI = 0.61-1.27)) nor EGFR (4 studies, n = 250, HR = 1.35 (95% CI = 0.80-2.27)) was found to represent significant prognostic factors when analysing the pooled patient data. There was evidence of significant heterogeneity in four of the seven study groups. CONCLUSION: These results support the case for immunohistochemical expression of VEGF representing a significant and reproducible marker of adverse prognosis in resected pancreatic cancer. British Journal of Cancer (2011) 104, 1440-1451. doi:10.1038/bjc.2011.110 www.bjcancer.com Published online 29 March 2011 (C) 2011 Cancer Research UK.

Keywords: Adjuvant Chemotherapy, Analysis, Bcl-2, Bias, Cancer, Clinical-Significance, Clinicopathological Parameters, EMBASE, Endothelial-Growth-Factor, Factor Receptor, Immunohistochemistry, Impact, Invasive Ductal Carcinoma, ISI, Journal, Ki-Ras, Literature, Meta Analysis, Meta-Analysis, Molecular, P53, P53 Protein Expression, Pancreatic Cancer, Poor-Prognosis, Primary, Prognosis, Publication, Publication Bias, Ratio, Research, Review, Science, Survival, Systematic, Systematic Review, Tissue Microarray, UK, Vascular Endothelial Growth Factor, Web of Science

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Full Text: [2011\Bri J Can105, 13.pdf](2011/Bri%20J%20Can105,%2013.pdf)

Abstract: BACKGROUND: Epidemiological studies have suggested a protective effect of cyclooxygenase (COX)-inhibiting non-steroidal anti-inflammatory drugs in breast cancer risk and disease progression. We performed a systematic review to evaluate the frequency of COX-2 expression in normal breast epithelium, ductal carcinoma in situ of breast (DCIS), DCIS-adjoining invasive breast cancer, microinvasive carcinoma of the breast (MICB) and invasive breast cancer. METHODS: Literature searches were carried out on MEDLINE, EMBASE and Web of Science from their commencement until September 2010. Primary studies examining COX-2 expression by immunohistochemistry methodology were included. Meta-analyses were carried out using random effects models for individual study estimates of COX-2 expression and pooled to give an overall estimate. RESULTS: the pooled prevalences (95% confidence intervals) of COX-2 expressions were 53% (44-61) in DCIS studies and 42% (36-49) in the invasive breast cancer studies. There were too few studies involving normal breast epithelium, DCIS-adjoining invasive breast cancer and MICB to conduct meta-analyses. CONCLUSION: the findings from our meta-analyses have shown similar COX-2 expression in DCIS and invasive breast cancer. This may suggest the involvement of COX-2 in early carcinogenesis. Further studies of COX-2 expression in DCIS are required to investigate the use of COX-2 as a potential drug target for prevention of disease progression in DCIS. British Journal of Cancer (2011) 105, 13-17. doi:10.1038/bjc.2011.204 www.bjcancer.com Published online 7 June 2011 (C) 2011 Cancer Research UK.

Keywords: Aggressive Phenotype, Breast Cancer, Cancer, Carcinogenesis, Carcinoma, Confidence Intervals, Cox-2, Cox-2 Expression, Cyclooxygenase-2, DCIS, Diagnosis, Disease, Drug, EMBASE, Features, Frequency, HER-2, NEU, Immunohistochemistry, Involvement, Journal, MEDLINE, Methodology, MICB, Normal, Overexpression, Prevention, Primary, Prognostic-Significance, Progression, Recurrence, Research, Review, Risk, Science, Survival, Systematic, Systematic Review, UK, Web of Science

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Full Text: [2014\Bri J Can110, 802.pdf](2014/Bri%20J%20Can110,%20802.pdf)

Abstract: Background: There is contradictory evidence about the association between statin and skin cancer. Methods: Literature search in PubMed and Web of Science was undertaken up to June 2013. Pooled relative risk (RR) estimates and 95% confidence intervals (CIs) were calculated. Result: A total of 21 articles with 29 studies were identified. No association was found between statin and skin cancer among neither melanoma (RR, 0.94; 95% CI, 0.85-1.04) nor non-melanoma skin cancer (RR, 1.03; 95% CI, 0.90-1.19). Conclusion: Our meta-analysis does not support a potential role of statin use in the prevention of skin cancer.

Keywords: 3-Hydroxy-3-Methylglutaryl Coenzyme, Apoptosis, Association, Average Cholesterol Levels, Cancer, Confidence, Confidence Intervals, Coronary Events, Disease, Estimates, Evidence, Intervals, Literature, Melanoma, Melanoma-Cells, Merkel Cell-Carcinoma, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Non-Melanoma, Population, Potential, Pravastatin, Prevention, Pubmed, Relative Risk, Risk, Role, Science, Skin, Skin Cancer, Statin, Support, Web of Science

# Title: British Journal of Clinical Pharmacology

Full Journal Title: [British Journal of Clinical Pharmacology](http://www.blackwell-synergy.com/servlet/useragent?func=showIssues&code=bcp)

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Publisher: Blackwell Science Ltd

Publisher Address: PO Box 88, Osney Mead, Oxford OX2 0NE, Oxon, England

Subject Categories:

Pharmacology & Pharmacy: Impact Factor 2.15, 45/181 (2000)

? Ferner, R.E. and Aronson, J.K. (2005), National differences in publishing papers on adverse drug reactions. *British Journal of Clinical Pharmacology*, **59** (1), 108-111.

Full Text: [2005\Bri J Cli Pha59, 108.pdf](2005/Bri%20J%20Cli%20Pha59,%20108.pdf)

Abstract: Aims To examine how countries differ in attitudes to adverse drug reactions by examining published scientific papers. Methods We searched Ovid EMBASE for publications indexed by the category ‘therapeutic agents’, and the subcategory ‘adverse effects’, by country for 43 countries. Results We counted 1 810 202 papers world-wide regarding therapeutic agents during 14 years, of which 195 154 (10.8%) were included in the adverse effects subcategory. There were substantial differences between countries, not explained by population, economic variation, overall publication rate on therapeutic agents, or the presence of large indigenous pharmaceutical companies. Conclusions Many local cultural factors influence the ratio of papers on adverse reactions to all drug effects, so it may be difficult to improve their recognition and reporting by international efforts.

Keywords: Adverse Drug Reactions, Epidemiology, International Comparisons, Pharmacoeconomics, Population, Publication, Publications, Scientometrics

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Full Text: [2008\Bri J Cli Pha66, 774.pdf](2008/Bri%20J%20Cli%20Pha66,%20774.pdf)

Abstract: What is already known about this subject? Center dot the USA, UK and germany have a strong position in performance of drug and nondrug randomized controlled trials. Center dot europe’s position in the quantitative and qualitative performance in drug randomized controlled trials in particular, and factors that drive the quantitative and qualitative performance of drug randomized controlled trials in europe, are unknown. What this study adds center dot europe’s position in the quantitative and qualitative performance of randomized controlled drug trials lags behind USA. Center dot factors are identified that are associated with the difference in publication output between countries. Center dot the number of headquarters of pharmaceutical companies in a country, the research expenditures by pharmaceutical companies, as well as health-related R&D expenditures of a country appear to contribute to a relatively high scientific performance in randomized controlled drug trials. Performance of randomized controlled drug trials (Drugrcts) Adds to the scientific output, scientific knowledge, scientific training and up-to-date status of healthcare and may drive economy. The purpose of this study was to benchmark europe’s position on drugrcts relative to the rest of the world, and to identify factors that may drive this performance. The number of scientific publications on drugrcts, indexed in PUBMED and thomson scientific/Web of Science database over the period 1995-2004, was used as a proxy measure for the quantitative drugrct output. The international citation impact of these publications was used as a proxy measure for the qualitative drugrct output. Country’s origin of 103 211 publications was determined. After adjustment for population size, the number of drugrct publications from europe, USA and australia/japan was 102, 124 and 44 publications per million inhabitants, respectively. The proportional increase in publication output from 1995 until 2004 was lower in europe compared with the USA and australia/japan (29.1, 40.1 and 63.4%, Respectively). The number of citations per publication was 4.9 In europe, 7.0 In the USA and 3.4 In australia/japan. Within europe, the UK, germany and italy produced most publications. Country-specific factors associated with publication output in europe were the number of pharmaceutical companies with headquarters in a country (R-2 = 0.71, P < 0.001), National r&d expenditures by pharmaceutical companies (R-2 = 0.63, P < 0.001) and health-related r&d expenditures by national governments (R-2 = 0.22, P = 0.052). When adjusted for population size, quantitative and qualitative performance of drugrcts in europe lags behind the USA but is ahead of australia/japan. Several factors appear to explain the differences, among which are the number of headquarters of pharmaceutical companies in a country, the research expenditures by pharmaceutical companies, as well as health-related r&d expenditures of a country. To enhance and strengthen europe’s position, researchers may strengthen their collaborations with local pharmaceutical companies, and national governments could increase their budgets for medical research funding.

Keywords: Bias, Bibliometric Analysis, Citation, Citation Impact, Citations, Clinical-Trials, Countries, Database, Europe, Impact, Knowledge, Medical, Origin, Publications, Randomized Controlled Trial, Randomized Controlled Trials, Research, Science, Scientific Publications

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Full Text: [2014\Bri J Cli Pha77, 96.pdf](2014/Bri%20J%20Cli%20Pha77,%2096.pdf)

Abstract: AimsThe aims of this review were to summarize the scientific evidence about the risks of using methylphenidate for ADHD in pregnancy and lactation, to present a case in which interruption of treatment after delivery and during breastfeeding was harmful and to discuss the implications of treating or not treating ADHD in pregnancy and lactation. MethodsFor the systematic review, databases searched included Pubmed, Psychinfo, Web of Science, Embase, Biosis and Medline. ResultsThree articles were found with a total sample of 41 children exposed to methylphenidate in pregnancy. Malformations reported included congenital heart defects (n=2), finger abnormalities (syndactyly, adactyly and polydactyly n=2) and limb malformations (n=1). Other problems included premature birth, asphyxia and growth retardation. One case report (n=1) and one case series (n=3) were identified regarding exposure to methylphenidate through breast feeding. In all cases, children developed normally and no adverse effects were reported. In our case report we describe an infant exposed to methylphenidate during pregnancy and breast feeding, who developed normally having no detectable congenital abnormalities. ConclusionsThe number and size of the studies found were small. Identified cases were not representative of the general adult ADHD population having methylphenidate as monotherapy during pregnancy as all the articles reported combinations of methylphenidate with either known teratogenic drugs or drugs of abuse. There is a paucity of data regarding the use of methylphenidate in pregnancy and further studies are required. Although the default medical position is to interrupt any non-essential pharmacological treatment during pregnancy and lactation, in ADHD this may present a significant risk. Doctors need to evaluate each case carefully before interrupting treatment.

Keywords: Abuse, Add, Adhd, Adult, Adults, Adverse Effects, Asphyxia, Attention-Deficit, Hyperactivity Disorder, Biosis, Birth, Breast Feeding, Breast-Feeding, Breastfeeding, Canada, Case Report, Children, Clin, Congenital, Data, Databases, Deficit-Hyperactivity Disorder, Delivery, Disposition, Drugs, Drugs of Abuse, Effects, Evidence, Exposure, Feeding, General, Growth, Heart, Hyperactivity, Infant, Lactation, Malformations, Medical, Medline, Methylphenidate, Pentazocine, Pharmacy, Population, Pregnancy, Premature, Premature Birth, Review, Risk, Risks, River, Science, Scientific Evidence, Size, Small, Systematic Review, Treatment, Trial, USA, Web of Science

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Full Text: [2014\Bri J Cli Pha78, 748.pdf](2014/Bri%20J%20Cli%20Pha78,%20748.pdf)

Abstract: AIMS Congestive heart failure (CHF) associated with vascular endothelial growth factor tyrosine-kinase inhibitors (VEGFR-TKIs) has emerged as a relevant problem in clinical and scientific communities. We performed an up-to-date, comprehensive meta-analysis to determine the overall incidence and risk of CHF in cancer patients receiving VEGFR-TKIs. METHODS The databases of PubMed, Web of Science and abstracts presented at the American Society of Clinical Oncology up to August 31 2013 were searched for relevant articles. Statistical analyses were conducted to calculate the summary incidence, odds ratio (OR) and 95% confidence intervals (CIs) by using either random effects or fixed effect models according to the heterogeneity of included studies. RESULTS A total of 10 553 patients from 36 clinical trials were included. The overall incidence of all grade and high grade CHF associated with VEGFR-TKIs was 3.2% (95% CI 1.8%, 5.8%) and 1.4% (95% CI 0.9%, 2.3%), respectively. The use of VEGFR-TKIs significantly increased the risk of developing all grade (OR 2.37, 95% CI 1.76, 3.20, P < 0.001) and high grade (OR 3.51, 95% CI 1.74, 7.05, P < 0.001) CHF. In subgroup analyses, the risk of CHF did not significantly vary with tumour types (P = 0.071 for all grade; P = 0.72 for high grade) and VEGFR-TKIs (P = 0.55 for all grade; P = 0.99 for high grade). Meta-regression indicated that CHF might possibly occur early in the treatment of VEGFR-TKIs. No evidence of publication bias was observed. CONCLUSION The use of VEGFR-TKIs is associated with a significantly increased risk of developing congestive heart failure in cancer patients. Clinicians should be aware of this risk and provide close monitoring in patients receiving these therapies.

Keywords: Advanced Breast-Cancer, Advanced Hepatocellular-Carcinoma, Analyses, Articles, Bias, Cancer, Clinical, Clinical Trials, Confidence, Confidence Intervals, Congestive Heart Failure, Databases, Developing, Effects, Evidence, Factor Receptor, Failure, From, Gastrointestinal Perforation, Growth, Growth Factor, Heart, Heart Failure, Heterogeneity, Incidence, Inhibitors, Intervals, Meta Analysis, Meta-Analysis, Meta-Regression, Metaanalysis, Metastatic Colorectal-Cancer, Methods, Models, Monitoring, Odds Ratio, Oncology, P, Patients, Phase-Ii Trial, Publication, Publication Bias, Pubmed, Randomized Controlled-Trials, Renal-Cell Carcinoma, Review, Risk, Science, Systematic, Systematic Review, Thyroid-Cancer, Treatment, Treatment-Related Mortality, Vascular Endothelial Growth Factor, Vegfr-Tkis, Web Of Science

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Full Text: [2014\Bri J Cli Pha78, 1238.pdf](2014/Bri%20J%20Cli%20Pha78,%201238.pdf)

Abstract: AimsTo undertake a systematic review and meta-analysis of randomized controlled trials concerned with the impact of community pharmacist-led interventions on blood pressure control in patients with hypertension. MethodsEight electronic databases were searched up to 30 November 2013, with no start date (Web of Science, Embase, The Cochrane Library, Medline Ovid, Biomed Central, Biosis Citation Index, CINAHL, PsycINFO). All studies included were randomized controlled trials involving patients with hypertension, with or without cardiovascular-related co-morbidities, with difference in blood pressure as an outcome. Data collected included the study design, baseline characteristics of study populations, types of interventions and outcomes. The Cochrane tool was used to assess risk of bias. ResultsFrom 340 articles identified on initial searching, 16 randomized controlled trials (3032 patients) were included. Pharmacist-led interventions were patient education on hypertension, management of prescribing and safety problems associated with medication, and advice on lifestyle. These interventions were associated with significant reductions in systolic [11 studies (2240 patients); -6.1mmHg (95% confidence interval, -3.8 to -8.4mmHg); P < 0.00001] and diastolic blood pressure [11 studies (2246 patients); -2.5mmHg (95% confidence interval, -1.5 to -3.4mmHg); P < 0.00001]. ConclusionsCommunity pharmacist-led interventions can significantly reduce systolic and diastolic blood pressure. These interventions could be useful for improving clinical management of hypertension.

Keywords: Adherence, Articles, Bias, Biosis, Blood, Blood Pressure, Blood-Pressure Control, Cardiovascular-Disease, Characteristics, Citation, Clinical, Clinical Management, Clinical-Trial, Community, Confidence, Control, Data, Databases, Design, Diabetes Care, Education, Home, Hypertension, Impact, Interval, Interventions, Management, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Outcome, Outcomes, P, Patient Education, Patients, Pharmaceutical Care, Pharmacists, Populations, Prescribing, Pressure, Program, Psycinfo, Randomized, Randomized Controlled Trial, Randomized Controlled Trials, Review, Risk, Safety, Science, Study Design, Systematic, Systematic Review, Web, Web Of Science

? Barber, J., McKeever, T.M., McDowell, S.E., Clayton, J.A., Ferner, R.E., Gordon, R.D., Stowasser, M., O’Shaughnessy, K.M., Hall, I.P. and Glover, M. (2015), A systematic review and meta-analysis of thiazide-induced hyponatraemia: Time to reconsider electrolyte monitoring regimens after thiazide initiation? *British Journal of Clinical Pharmacology*, **79** (4), 566-577.

Full Text: [2015\Bri J Cli Pha79, 566.pdf](2015/Bri%20J%20Cli%20Pha79,%20566.pdf)

Abstract: AimsHyponatraemia is one of the major adverse effects of thiazide and thiazide-like diuretics and the leading cause of drug-induced hyponatraemia requiring hospital admission. We sought to review and analyze all published cases of this important condition. MethodsOvid Medline, Embase, Web of Science and PubMed electronic databases were searched to identify all relevant articles published before October 2013. A proportions meta-analysis was undertaken. ResultsOne hundred and two articles were identified of which 49 were single patient case reports. Meta-analysis showed that mean age was 75 (95% CI 73, 77) years, 79% were women (95% CI 74, 82) and mean body mass index was 25 (95% CI 20, 30) kgm(-2). Presentation with thiazide-induced hyponatraemia occurred a mean of 19 (95% CI 8, 30) days after starting treatment, with mean trough serum sodium concentration of 116 (95% CI 113, 120) mm and serum potassium of 3.3 (95% CI 3.0, 3.5) mm. Mean urinary sodium concentration was 64mm (95% CI 47, 81). The most frequently reported drugs were hydrochlorothiazide, indapamide and bendroflumethiazide. ConclusionsPatients with thiazide-induced hyponatraemia were characterized by advanced age, female gender, inappropriate saliuresis and mild hypokalaemia. Low BMI was not found to be a significant risk factor, despite previous suggestions. The time from thiazide initiation to presentation with hyponatraemia suggests that the recommended practice of performing a single investigation of serum biochemistry 7-14 days after thiazide initiation may be insufficient or suboptimal. Further larger and more systematic studies of thiazide-induced hyponatraemia are required.

Keywords: Adverse Drug-Reactions, Adverse Effects, Age, Antihypertensive Therapy, Articles, Biochemistry, Blood-Pressure, Bmi, Body Mass Index, Case Reports, Concentration, Databases, Distal Convoluted Tubule, Diuretic-Induced Hyponatremia, Drugs, Effects, Elderly Hypertensive Women, Female, From, Gender, Hospital, Hypokalaemia, Hypokalemia, Hyponatraemia, Hyponatremia, Inappropriate Secretion, Indapamide, Index, Initiation, Investigation, Mean, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Mild, Monitoring, Patient, Potassium, Practice, Presentation, Primary-Care, Pubmed, Review, Risk, Risk Factor, Risk-Factors, Science, Serum, Sodium, Symptomatic Hyponatremia, Systematic, Systematic Review, Thiazide, Thiazide-Like, Treatment, Urinary, Web, Web Of Science, Women

# Title: British Journal of Criminology

Full Journal Title: British Journal of Criminology

ISO Abbreviated Title:

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Subject Categories:

: Impact Factor

? Cohn, E.G. and Farrington, D.P. (1998), Changes in the most-cited scholars in major international journals between 1986-90 and 1991-95. *British Journal of Criminology*, **38** (1), 156-170.

Full Text: [1998\Bri J Cri38, 156.pdf](1998/Bri%20J%20Cri38,%20156.pdf)

Abstract: We determined the most-cited scholars in 1991-95 in the major criminology journals of the major countries of the English-speaking world: British Journal of Criminology (BJC), Criminology (GRIM), Canadian Journal of Criminology (CJC) and Australian and New Zealand Journal of Criminology (ANZ). We also compared the results with those obtained in a similar analysis for 1986-90. The scholars with the most citations in 1991-95 were Patricia M. Mayhew (BJC) Travis Hirschi (CRIM), Murray A. Straus (CJC) and John Braithwaite (ANZ). However, Anthony N. Doob was cited in a larger number of different CJC articles than Murray A. Straus, and we concluded that this measure (termed the prevalence of citations) was a better measure of wide-ranging influence than the total number of citations. On a combined score, the five most-cited scholars in al four journals in 1991-95 were Travis Hirschi, David P. Farrington, Michael R. Gottfredson, Alfred Blumstein and John Braithwaite. Whereas the most-cited works of the most-cited scholars in the earlier period tended to be concerned with criminal career research and measuring crime, the most-cited works of the most-cited scholars in the later period were more concerned with criminological theories.

Keywords: American Criminology, Analysis, Citations, Crime, Criminal-Justice, Journal, Journals, New Zealand, Prevalence, Research, Theories

# Title: British Journal of Dermatology

Full Journal Title: [British Journal of Dermatology](http://www.blackwell-synergy.com/servlet/useragent?func=showIssues&code=bjd)

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Subject Categories:

Dermatology & Venereal Diseases: Impact Factor

? Jordan, R., Cummins, C. and Burls, A. (2000), Laser resurfacing of the skin for the improvement of facial acne scarring: A systematic review of the evidence. *British Journal of Dermatology*, **142** (3), 413-423.

Full Text: [2000\Bri J Der142, 413.pdf](2000/Bri%20J%20Der142,%20413.pdf)

Abstract: This review presents and evaluates the evidence of the effectiveness of laser resurfacing for facial acne scars. Primary studies of all types of design in any language were identified from MEDLINE, EMBASE, the Cochrane database, Science Citation Index and various internet sites. Studies were accepted if they included patients treated by any laser for atrophic or ice-pick acne scars. The quality of the studies was assessed and data extracted by two independent researchers. There were no controlled trials but 14 case series were found which reported the effects of either the carbon dioxide or erbium:YAG laser. All of the studies were of poor quality, the types and severity of scarring were poorly described and there was no standard scale used to measure scar improvement, There was no reliable or validated measure of patient satisfaction; most improvement was based on visual clinical judgement, in many cases without blinded assessment, the inaccurate use of ordinal scales meant that any improvement was impossible to quantify with any validity, although the evidence suggested that laser treatment had some efficacy (a range in individual patients of 25-90% for both the carbon dioxide laser and the erbium:YAG laser). Changes in pigmentation as a side-effect were common (in up to 44% of patients), although lasting only a few weeks. Laser resurfacing technology is increasingly used in clinical practice to treat acne scars, Despite the poor quality evidence, it is plausible that there is some improvement of acne scarring: there is insufficient information, however, for patients to make informed decisions on whether to opt for treatment and there is not enough evidence to compare the two types of laser. There is a particular lack of information about the psychological effects of acne scar improvement. Good quality randomized controlled trials are needed with standardized scarring scales and validated patient outcome measures in order to assess the effectiveness of laser resurfacing in this group of patients.

Keywords: Acne, Adolescents, Assessment, Carbon, Carbon Dioxide, Carbon Dioxide Laser, Carbon-Dioxide Laser, Case Series, Citation, Clinical-Evaluation, Computer-Pattern Generator, Database, Effectiveness, ER-Yag Laser, Erbium : Yag Laser, High-Energy, Language, Laser Treatment, MEDLINE, Prevalence, Researchers, Review, Scale, Scarring, Scars, Science, Science Citation Index, Surgery, Systematic Review, Technology, Treatment, Validity, Vulgaris

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Full Text: [2003\Bri J Der149, 218.pdf](2003/Bri%20J%20Der149,%20218.pdf)

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Full Text: [2005\Bri J Der153, 855.pdf](2005/Bri%20J%20Der153,%20855.pdf)

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Full Text: [2006\Bri J Der154, 1016.pdf](2006/Bri%20J%20Der154,%201016.pdf)

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Full Text: [2009\Bri J Der160, 1273.pdf](2009/Bri%20J%20Der160,%201273.pdf)

Abstract: Background Acne is common and can lead to scarring of the skin, as well as to psychological distress and reduced self-esteem. Most topical or oral treatments for acne are inconvenient and have side-effects. Laser and other light therapies have been reported to be convenient, safe and effective in treating acne. Objectives To carry out a systematic review of randomized controlled trials of light and laser therapies for acne vulgaris. Methods We searched the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, CINAHL, PsycInfo, LILACS, ISI Science Citation Index and Dissertation Abstracts International for relevant published trials. Results We identified 25 trials (694 patients), 13 of light therapy and 12 of light therapy plus light-activated topical cream (photodynamic therapy, PDT). Overall, the results from trials of light alone were disappointing, but the trials of blue light, blue-red light and infrared radiation were more successful, particularly those using multiple treatments. Red-blue light was more effective than topical 5% benzoyl peroxide cream in the short term. Most trials of PDT showed some benefit, which was greater with multiple treatments, and better for noninflammatory acne lesions. However, the improvements in inflammatory acne lesions were not better than with topical 1% adapalene gel, and the side-effects of therapy were unacceptable to many participants. Conclusions Some forms of light therapy were of short-term benefit. Patients may find it easier to comply with these treatments, despite the initial discomfort, because of their short duration. However, very few trials compared light therapy with conventional acne treatments, were conducted in patients with severe acne or examined long-term benefits of treatment.

Keywords: 5-Aminolevulinic Acid, Acid-Photodynamic Therapy, Acne Vulgaris, Citation, Clinical-Trial, Diode-Laser, Dye-Laser, Inflammatory Facial Acne, Intense Pulsed-Light, Laser Therapy, Light, MEDLINE, Methyl Aminolevulinate, NM Laser, Randomized Controlled-Trial, Systematic Review

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Full Text: [2011\Bri J Der165, 760.pdf](2011/Bri%20J%20Der165,%20760.pdf)

Abstract: Rosacea is a common chronic skin disease affecting the face. There are numerous treatment options, but it is unclear which are the most effective. The aim of this review was to assess the evidence for the efficacy and safety of treatments for rosacea. Searches included the Cochrane Skin Group Specialised Register, the Cochrane Central Register of Controlled Trials in the Cochrane Library, MEDLINE, EMBASE, Science Citation Index, and Ongoing Trials Registers (updated February 2011). Randomized controlled trials in people with moderate to severe rosacea were included. Fifty-eight trials, including 27 from the original review, comprising 6633 participants were included in this updated review. Interventions included topical metronidazole, oral antibiotics, topical azelaic cream or gel, topical benzoyl peroxide and/or combined with topical antibiotics, sulphacetamide/sulphur, and others. There was some evidence that topical metronidazole and azelaic acid were more effective than placebo. Two trials indicated that doxycycline 40 mg was more effective than placebo. There was no statistically significant difference in effectiveness between doxycycline 40 mg and 100 mg but there were fewer adverse effects. One study reported that ciclosporin ophthalmic emulsion was significantly more effective than artificial tears for treating ocular rosacea. Although the majority of included studies were assessed as being at high or unclear risk of bias, there was some evidence to support the effectiveness of topical metronidazole, azelaic acid and doxycycline (40 mg) in the treatment of moderate to severe rosacea, and ciclosporin 0.05% ophthalmic emulsion for ocular rosacea. Further well-designed, adequately powered randomized controlled trials are required.

Keywords: 0.75-Percent Cream, Acid, Acid 15-Percent Gel, Adverse Effects, Antibiotics, Antiinflammatory Dose Doxycycline, Bias, Blind Clinical-Trial, Citation, Cochrane, Disease, Effectiveness, Efficacy, Embase, Face, Gel, Management, MEDLINE, Metronidazole 1-Percent Cream, Oral, Papulopustular Rosacea, Peroxide, Placebo-Controlled Trial, Randomized Controlled Trials, Randomized Phase-III, Review, Risk, Safety, Science, Science Citation Index, Sodium Sulfacetamide 10-Percent, Systematic, Systematic Review, Topical Metronidazole, Treatment

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Subject Categories:

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? Hung, J.L. (2012), Trends of e-learning research from 2000 to 2008: Use of text mining and bibliometrics. *British Journal of Educational Technology*, **43** (1), 5-16.

Full Text: [2012\Bri J Edu Tec43, 5.pdf](2012/Bri%20J%20Edu%20Tec43,%205.pdf)

Abstract: This study investigated the longitudinal trends of e-learning research using text mining techniques. Six hundred and eighty-nine (689) refereed journal articles and proceedings were retrieved from the Science Citation Index/Social Science Citation Index database in the period from 2000 to 2008. All e-learning publications were grouped into two domains with four groups/15 clusters based on abstract analysis. Three additional variables: subject areas, prolific countries and prolific journals were applied to data analysis and data interpretation. Conclusions include that e-learning research is at the early majority stage and foci have shifted from issues of the effectiveness of e-learning to teaching and learning practices. Educational studies and projects and e-learning application in medical education and training are growing fields with the highest potential for future research. Approaches to e-learning differ between leading countries and early adopter countries, and government policies play an important role in shaping the results.

? Starcic, A.I. and Bagon, S. (2014), ICT-supported learning for inclusion of people with special needs: Review of seven educational technology journals, 1970-2011. *British Journal of Educational Technology*, **45** (2), 202-230.

Full Text: [2014\Bri J Edu Tec45, 202.pdf](2014/Bri%20J%20Edu%20Tec45,%20202.pdf)

Abstract: Research and development of information and communication technology (ICT)-supported learning for people with disabilities has not received adequate attention. It is also difficult to access research findings and developments in this field. Under the ENABLE Network of ICT Supported Learning for Disabled People (2011-2014) project, an emerging European Union reference point portal for end-users will provide this information for a broad audience. In the design phase of the project idea, the authors of this paper conducted a review of papers indexed in Web of Science to provide a needs assessment and a design template for the project objectives. The results of the search clearly showed that ICT-supported learning for people with special educational needs is in the domain of the educational technology journals, with more papers published in the British Journal of Educational Technology than in any other journal. This paper presents the results of a content analysis of all papers published from 1970 to 2011 in seven educational technology journals indexed in Web of Science. More papers were published from 2006 to 2011 (44.7%) than during any other of five periods examined. Findings in terms of ICT intervention, disability groups, groups of study participants by relationship with ICT, and research design, together with trends in published studies in terms of mainstreaming and inclusion, are presented. The main objective of the study was to identify the level of inclusion through analysis of educational context (special schools [30.51%], mainstream schools [28.81%] and general support for life [40.68%]). Based on content analysis, ICT interventions were classified into the two categories of technical intervention in the pedagogical context (62.71% of all papers published) and technical intervention in the wider context (37.29% of all papers published), with nine paper types identified: papers on ICT access, papers on teaching and learning methods, papers on development and testing of ICT solutions, reviews, assessments, papers on inclusion, papers on behavioural and social development, papers on use of information technology and papers on interaction. Papers were also categorised according to types of disability and according to groups of study participants by relationship with ICT. Published papers were divided into four categories by research design: descriptive (49.15%), developmental (26.27%), experimental (17.8%), and developmental and experimental (6.78%). During the period from 1970 to 2000, papers examined design of learning materials with regard to particular categories of disability and particular accessibility needs, while papers published after 2000 also discussed universal design. Based on the review, the authors of this paper have identified a need for application of universal design principles in research and development of learning environments to provide equal accessibility and inclusive education.

Keywords: Access, Analysis, Application, Aspergers-Syndrome, Assessment, Assessments, Attention, Authors, Autistic Spectrum Disorders, Cognitive Disabilities, Communication, Computer-Assisted-Instruction, Content Analysis, Context, Design, Development, Disability, Disabled Students, Education, European Union, Experimental, Field, General, Groups, Handicapped Students, Hearing-Impaired Students, ICT, Information, Information And Communication, Information And Communication Technology, Information Technology, Information-Technology, Interaction, Intervention, Interventions, Journal, Journals, Learning, Life, Mar, Mental-Retardation, Methods, Needs, Needs Assessment, Network, Papers, People With Disabilities, Principles, Reference, Research, Research And Development, Research Design, Review, Reviews, Science, Social, Solutions, Support, Teaching, Teaching-Children, Technology, Template, Testing, Trends, Web Of Science

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Full Text: [2014\Bri J Edu Tec45, 415.pdf](2014/Bri%20J%20Edu%20Tec45,%20415.pdf)

Abstract: This paper deals with the assessment of the crossdisciplinarity of technology-enhanced learning (TEL). Based on a general discussion of the concept interdisciplinarity and a summary of the discussion in the field, two empirical methods from scientometrics are introduced and applied. Science overlay maps and the Rao-Stirling diversity index are used to analyze the TEL field with a scientometric analysis. The science overlay maps show that a wide variety of disciplines contributes to research in the field. The analysis reveals that the field has been operating on a relatively high level of crossdisciplinarity in the last 10 years compared with six other fields of reference. Only in 2004 a decrease in the level of crossdisciplinarity could be identified.

Keywords: Analysis, Assessment, Categories, Concept, Disciplines, Diversity, Diversity Measures, Field, General, Index, Interdisciplinarity, Interdisciplinary Research, Knowledge, Learning, Measures, Methods, Reference, Research, Science, Science Overlay Maps, Scientometric, Scientometric Analysis, Scientometrics

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Notes: MModel

? Bradford, S.C. (1934), Sources of information on specific subjects. *British Journal of Engineering*, **137** (3550), 85-86.

Full Text: [-1959\Bri J Eng137, 85.pdf](-1959/Bri%20J%20Eng137,%2085.pdf)

# Title: British Journal of General Practice

Full Journal Title: British Journal of General Practice

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Language:

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Subject Categories:

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Notes: RReview

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Full Text: [2002\Bri J Gen Pra52, 47.pdf](2002/Bri%20J%20Gen%20Pra52,%2047.pdf)

Abstract: Chronic heart failure (CHF) is a growing public health problem. Current guidelines provide detailed information regarding pharmacotherapy but little guidance about the value of exercise/cardiac rehabilitation programmes for individuals with this condition. To investigate the effects of exercise training upon CHF patients, a systematic literature review was carried out of trials (from 1966 to December 2000) which used as their main outcome measures the effects of exercise training upon: (a) physical performance; or (b) quality of life; or (c) morbidity/mortality. Databases searched include. MEDLINE; Science Citation Index; Social Sciences citation index; BIDS, Bandolier; Cochrane Database of Systematic Reviews (CDSR); NHS National Research Register (NRR); and Current Research in Britain (CRIB), Relevant bibliographic references from identified articles were also reviewed. Thirty-one trials were identified, comprising randomised controlled trials (RCT’s) (14131), randomised crossover trials (8/31), non-RCT’s (2/31), and pre-test/post-test (7/31). Sample sizes were: 25 participants or fewer (20/31); 26 to 50 participants (7/31); 51 to 150 participants (4/31). Participants were predominantly yourger with a mean age in 23/31 studies of 65 years or less, and male. Patients with co-morbidities were often excluded. Positive effects were reported on physical performance (27/31) quality of life (11/16), mortality (1/31), and readmission rates (1/31). No cost-effectiveness analyses were identified. We conclude that short-term physical exercise training in selected subgroups of patients with CHF has physiological bene,fits and positive effects on quality of life. This review highlights the continuing problem of clinical trials that include participants who are not representative of the general population of CHF patients seen in primary care. Further investigation of the utility and applicability of exercise training is essential.

Keywords: Age, Analyses, Britain, Care, Citation, Clinical, Clinical Trials, Cost Effectiveness, Cost-Effectiveness, Evidence, Exercise, Failure, General, Guidance, Guidelines, Health, Heart, Heart Failure, Index, Information, Investigation, Life, Literature, Literature Review, Male, Mortality, Outcome, Outcome Measures, Patients, Performance, Pharmacotherapy, Physical, Population, Primary, Primary Care, Programmes, Public, Public Health, Public Health Problem, Quality, Quality of, Quality of Life, Randomised, Randomised Controlled Trials, Rates, Readmission, Rehabilitation, Review, Science Citation Index, Systematic Review, Training, Utility, Value

? Wright, N.M.J. and Tompkins, C.N.E. (2006), How can health services effectively meet the health needs of homeless people? *British Journal of General Practice*, **56** (525), 286-293.

Full Text: [2006\Bri J Gen Pra56, 286.pdf](2006/Bri%20J%20Gen%20Pra56,%20286.pdf)

Abstract: Background Homelessness affects many people in contemporary society with consequences for individuals and the wider community. Homeless people experience poorer levels of general physical and mental health than the general population and there is a substantial international evidence base which documents multiple morbidity. Despite this, they often have problems in obtaining suitable health care. Aim To critically examine the international literature pertaining to the health care of homeless people and discuss the effectiveness of treatment interventions. Design of study Review and synthesis of current evidence. Method MEDLINE (1966-2003), EMBASE (1980-2003), PsycINFO (1985-2003), CINAHL (1982-2003), Web of Science (1981-2003) and the Cochrane Library (Evidence Based Health) databases were reviewed using key terms relating to homelessness, intervention studies, drug misuse, alcohol misuse and mental health. The review was not limited to publications in English. It included searching the internet using key terms, and grey literature was also accessed through discussion with experts. Results Internationally, there are differing models and services aimed at providing health care for homeless people. Effective interventions for drug dependence include adequate oral opiate maintenance therapy, hepatitis A, B and tetanus immunisation, safer injecting advice and access to needle exchange programmes. There is emerging evidence for the effectiveness of supervised injecting rooms for homeless injecting drug users and for the peer distribution of take home naloxone in reducing drug-related deaths. There is some evidence that assertive outreach programmes for those with mental ill health, supportive programmes to aid those with motivation to address alcohol dependence and informal programmes to promote sexual health can lead to lasting health gain. Conclusions As multiple morbidity is common among homeless people, accessible and available primary health care is a pre-requisite for effective health interventions. This requires addressing barriers to provision and multi-agency working so that homeless people can access the full range of health and social care services. There are examples of best practice in the treatment and retention of homeless people in health and social care and such models can inform future provision.

Keywords: Alcohol, Alcoholism, Assertive Community Treatment, Barriers, Care, Cochrane, Databases, Drug, Effectiveness, EMBASE, Health, Health and Social Care, Health Care, Health Care Delivery, Health Services, Homeless Persons, Ill Chemical Abusers, Injection-Drug Users, Intervention, Intervention Studies, Interventions, Lead, Literature, Mental Health, Mental-Illness, Morbidity, Practice, Primary, Primary Care, Primary Health Care, Publications, Review, Risk Reduction, Science, Social, Street Youth, Substance Related Disorders, Substance Use Disorders, Therapeutic-Community, Therapy, Treatment, Web of Science, Women

? Cahill, P. and Papageorgiou, A. (2007), Triadic communication in the primary care paediatric consultation: A review of the literature. *British Journal of General Practice*, **57** (544), 904-911.

Full Text: [2007\Bri J Gen Pra57, 904.pdf](2007/Bri%20J%20Gen%20Pra57,%20904.pdf)

Abstract: Background Children aged 6-12 years are usually seen in primary care with an adult carer. It is a government and professional priority for doctors to try and involve these children in their medical consultations. Aim To ascertain the evidence available on the amount and type of involvement that children in the 6-12 year age group have in their primary care consultations when the consultation was held with a child, a GP, and an adult. Design of the study Literature review. Method Data sources included MEDLINE, CINAHL, EMBASE, and ERIC, the Cochrane library, PsychINFO, Web of Science and Wilson’s Social Science abstracts, hand searching for references, and contact with authors. Results Twenty-one studies were selected for inclusion in the study. Children were found to have little quantitative involvement in their own consultations. They may take part during information gathering but are unlikely to participate in the treatment planning and discussion parts of the consultation. Conclusion Children in the 6-12 year age group have little meaningful involvement in their consultations.

Keywords: Adult, Aged, Authors, Child, Children, Cochrane, Communication, Consultation, Decision-Making, Doctor-Patient Interaction, EMBASE, Encounters, Gaps, General Practice, Information, Involvement, Literature, Literature Review, Medical, MEDLINE, Paediatric, Parent-Child Communication, Primary, Primary Care, Professional, Quantitative, Review, Science, Skills, Tradic, Treatment, Web of Science

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Full Text: 2009\Bri J Gen Pra59, 268.pdf

Abstract: Background the patient-doctor relationship is an important but poorly defined topic. In order to comprehensively assess its significance for patient care, a clearer understanding of the concept is required. Aim To derive a conceptual framework of the factors that define patient-doctor relationships from the perspective of patients. Design of study Systematic review and thematic synthesis of qualitative studies. Method MEDLINE, EMBASE, PsychINFO and Web of Science databases were searched. Studies were screened for relevance and appraised for quality. The findings were synthesised using a thematic approach. Results From 1985 abstracts, 11 studies from four countries were included in the final synthesis. They examined the patient-doctor relationship generally (n = 3), or in terms of loyalty (n = 3), personal care (n = 2), trust (n = 2), and continuity (n = 1). Longitudinal care (seeing the same doctor) and consultation experiences (patients’ encounters with the doctor) were found to be the main processes by which patient-doctor relationships are promoted. The resulting depth of patient-doctor relationship comprises four main elements: knowledge, trust, loyalty, and regard. These elements have doctor and patient aspects to them, which may be reciprocally related. Conclusion A framework is proposed that distinguishes between dynamic factors that develop or maintain the relationship, and characteristics that constitute an ongoing depth of relationship. Having identified the different elements involved, future research should examine for associations between longitudinal care, consultation experiences, and depth of patient-doctor relationship, and, in turn, their significance for patient care.

Keywords: Communication, Communication, Consultation, Continuity, Continuity of Patient Care, Databases, EMBASE, General-Practice, Knowledge, Literature, Patients Views, Physician-Patient Relations, Physicians, Primary-Care, Qualitative Research, Research, Review, Science, Systematic, Systematic Review, Trust, Unit, Web of Science

? Jones, R., Green, E., Hull, C., Niesner, E. and Schofield, P. (2012), Making an impact: Research, publications, and bibliometrics in the BJGP. *British Journal of General Practice*, **62** (596), 157-159.

Full Text: [2012\Bri J Gen Pra62, 157.pdf](2012/Bri%20J%20Gen%20Pra62,%20157.pdf)

Keywords: Bibliometrics, Impact, MAR, Publications, Research

? Brew, I.F., Butt, C. and Wright, N. (2013), Can antiviral treatment for hepatitis C be safely and effectively delivered in primary care? A narrative systematic review of the evidence base. *British Journal of General Practice*, **63** (617), E842-E851.

Full Text: 2013\Bri J Gen Pra63, E842.pdf

Abstract: Background The burden of hepatitis C (HCV) treatment is growing, as is the political resolve to tackle the epidemic. Primary care will need to work more closely with secondary care to succeed in reducing the prevalence of chronic HCV. Aim To identify research relating to the provision of antiviral treatment for HCV in primary care. Design and setting A narrative systematic review of six databases. Method Medline, Embase, Cinahl, PsycINFO, Web of Science, and Cochrane were searched. Relevant journals were searched by hand for articles to be included in the review. Reference lists of relevant papers were reviewed and full-text papers were retrieved for those deemed to potentially fulfil the inclusion criteria of the review. Results A total of 683 abstracts led to 77 full-text articles being retrieved, of which 16 were finally included in the review. An evidence base emerged, highlighting that community-based antiviral treatment provision is feasible and can result in clinical outcomes comparable to those achieved in hospital outpatient settings. Such provision can be in mainstream general practice, at community addiction centres, or in prisons. GPs must be trained before offering such a service and there is also a need for ongoing specialist supervision of primary care practice. Such training and supervision can be delivered by teleconference, although, even with such ready availability of training and supervision, only a minority of GPs are likely to want to provide antiviral treatment. Conclusion There is emerging evidence supporting the effectiveness of antiviral treatment provision for patients with chronic hepatitis C in a wide variety of primary care and wider community settings. Training and ongoing supervision of primary care practitioners by specialists is a prerequisite. There is an opportunity through future research activity to evaluate typologies of patients who would be best served by primary care-based treatment and those for whom hospital-based outpatient treatment would be most appropriate.

Keywords: Access, Activity, Addiction, Antiviral, Availability, Burden, Care, Chronic, Chronic Hepatitis, Clinical, Clinical Outcomes, Community, Community Based, Criteria, Databases, Drug-Users, Effectiveness, Epidemic, Evidence, General, General Practice, HCV, Hepatitis, Hepatitis C, Hospital, Journals, Medline, Model, National-Survey, Outcomes, Outpatient, Papers, Patients, Pegylated Interferon, Practice, Prevalence, Prevention, Primary, Primary Care, Prisons, Providers, Psycinfo, Reference, Reference Lists, Research, Results, Review, Ribavirin, Science, Service, Settings, Systematic Review, Therapy, Training, Treatment, Virus-Infection, Web of Science, Work

# Title: British Journal of Health Psychology

Full Journal Title: British Journal of Health Psychology

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? Bish, A. and Michie, S. (2010), Demographic and attitudinal determinants of protective behaviours during a pandemic: A review. *British Journal of Health Psychology*, **15**, 797-824.

Abstract: Purpose. A new strain of H1N1 influenza, also known as swine flu was confirmed in the UK in May 2009 and has spread to over 100 countries around the world causing the World Health Organization to declare a global flu pandemic. The primary objectives of this review are to identify the key demographic and attitudinal determinants of three types of protective behaviour during a pandemic: preventive, avoidant, and management of illness behaviours, in order to describe conceptual frameworks in which to better understand these behaviours and to inform future communications and interventions in the current outbreak of swine flu and subsequent influenza pandemics. Methods. Web of Science and PUBMED databases were searched for references to papers on severe acute respiratory syndrome, avian influenza/flu, H5N1, swine influenza/flu, H1N1, and pandemics. Forward searching of the identified references was also carried out. In addition, references were gleaned from an expert panel of the Behaviour and Communications sub-group of the UK Scientific Pandemic Influenza Advisory Group. Papers were included if they reported associations between demographic factors, attitudes, and a behavioural measure (reported, intended, or actual behaviour). Results. Twenty-six papers were identified that met the study inclusion criteria. The studies were of variable quality and most lacked an explicit theoretical framework. Most were cross-sectional in design and therefore not predictive over time. The research shows that there are demographic differences in behaviour: being older, female and more educated, or non-White, is associated with a higher chance of adopting the behaviours. There is evidence that greater levels of perceived susceptibility to and perceived severity of the diseases and greater belief in the effectiveness of recommended behaviours to protect against the disease are important predictors of behaviour. There is also evidence that greater levels of state anxiety and greater trust in authorities are associated with behaviour. Conclusions. The findings from this review can be broadly explained by theories of health behaviour. However, theoretically driven prospective studies are required to further clarify the relationship between demographic factors, attitudes, and behaviour. The findings suggest that intervention studies and communication strategies should focus on particular demographic groups and on raising levels of perceived threat of the pandemic disease and belief in the effectiveness of measures designed to protect against it.

Keywords: Acute Respiratory Syndrome, Anxiety, Behaviour, Chinese, Communication, Databases, Determinants, Disease, Effectiveness, General-Population, H1N1, H1N1 Influenza, Health, Health Behaviors, Health Behaviour, Hong-Kong, Human Avian Influenza, Influenza, Intervention, Intervention Studies, Interventions, Management, Methods, Outbreak Control, Papers, Primary, Prospective Studies, PUBMED, Research, Responses, Review, Risk Perceptions, SARS Outbreak, Science, State Anxiety, Susceptibility, Theories, UK, Web of Science

# Title: British Journal of Hospital Medicine

Full Journal Title: British Journal of Hospital Medicine

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? Leon, R. and Bayat, A. (2007), Part 3: Medical literature and impact factors. *British Journal of Hospital Medicine*, **68** (2), M24-M25.

# Title: British Journal of Industrial Relations

Full Journal Title: [British Journal of Industrial Relations](http://www3.interscience.wiley.com/journal/117956993/home)

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Notes: JJournal

? McMillan, G.S. and Casey, D.L. (2007), Research note: Identifying the invisible colleges of the *British Journal of Industrial Relations*: A bibliometric and social network approach. *British Journal of Industrial Relations*, **45** (4), 815-828.

Abstract: the academic field of industrial relations has gone through much change in the last 20 years. On account of the rapid decline in union membership in the USA and the UK, industrial relations, which historically has focused on the employment relationship, has been searching for a new intellectual base. By conducting a bibliometric analysis of the journal British Journal of Industrial Relations (BJIR), we uncover the intellectual bases for that publication outlet for two time periods, 1986-1995 and 1996-2005. From the late 1980s to the mid-1990s, BJIR’s articles relied on the economics literature, while in the later period, it moved to the human resource and management journals, authors and articles. The possible explanations and implications of these findings are discussed.

Keywords: Bibliometric Analysis

# Title: British Journal of Management

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? Taylor, J. (2011), The assessment of research quality in UK universities: Peer review or metrics? *British Journal of Management*, **22** (2), 202-217.

Full Text: [2011\Bri J Man22, 202.pdf](2011/Bri%20J%20Man22,%20202.pdf)

Abstract: This paper investigates the extent to which the outcomes of the 2008 Research Assessment Exercise in the UK, determined by peer review, can be explained by a set of quantitative indicators. Three cognate units of assessment are examined in detail: business and management, economics and econometrics, and accounting and finance. The main finding is that each of the three components of research activity (namely, research output, esteem and research environment) is highly correlated with various quantitative indicators. A further finding is that the judgement of the Research Assessment Exercise panels was biased in favour of Russell Group universities. There is also evidence of bias by the economics and econometrics panel. The results support the use of quantitative indicators in the research assessment process, particularly a journal quality index. Requiring the panels to take bibliometric indicators into account should help not only to reduce the workload of panels but also to mitigate the problem of implicit bias.

Keywords: Assessment, Bias, Bibliometric, Bibliometric Indicators, Business, Citations, Economics, Economics Journals, Efficiency, Environment, Exercise, Journal, Management, Outcomes, Rankings, Relative Impacts, Research, Research Assessment Exercise, Research Output, Review, Statistical-Analysis, System, Universities

? Oswick, C. and Noon, M. (2014), Discourses of diversity, equality and inclusion: Trenchant formulations or transient fashions? *British Journal of Management*, **25** (1), 23-39.

Full Text: [2014\Bri J Man25, 23.pdf](2014/Bri%20J%20Man25,%2023.pdf)

Abstract: Using bibliometric analysis of published work, we examine the discursive trends, patterns and implications of three different anti-discrimination solutions (equality, diversity and inclusion) over a 40-year period from 1970 to 2010. The findings reveal that the anti-discrimination discourses are consistent with management fashions, in terms of both their trends and the rhetorical strategies used by proponents to establish the dominance of their favoured approach, particularly by denigrating previous approaches. Practitioner-facing academics play a key role in the process by giving shape, exposure and credibility to the anti-discrimination solutions, but not in creating them. Only by breaking free of the oppositional discursive patterns can the debate move on to anti-discrimination solutions that attempt to blend together equality, diversity and inclusion.

Keywords: Academics, Affirmative-Action, Analysis, Approach, Attitudes, Bibliometric, Bibliometric Analysis, Credibility, Cultural-Diversity, Difference, Diversity, Employment, Equality, Exposure, Firm Performance, Management, Management Fashions, Management-Team Diversity, Opportunity, Organizational Groups, Role, Solutions, Trends, Work

# Title: British Journal of Neurosurgery

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: Impact Factor

? Jamjoom, A.A.B. and Jamjoom, A.B. (2010), The most cited neurosurgical publications in the Literature. *British Journal of Neurosurgery*, **24** (3), 334-335.

Full Text: [2010\Bri J Neu24, 334.pdf](2010/Bri%20J%20Neu24,%20334.pdf)

Keywords: Publications

? Hung, K.C., Lan, S.J. and Liu, J.T. (2012), Global trend in articles related to stereotactic published in Science Citation Index-Expanded. *British Journal of Neurosurgery*, **26** (2), 258-264.

Full Text: [2012\Bri J Neu26, 258.pdf](2012/Bri%20J%20Neu26,%20258.pdf); [2011\Bri J Neu-Hung.pdf](2011/Bri%20J%20Neu-Hung.pdf)

Abstract: Background. This is the first article using bibliometrics to study the field of stereotactic related research. This study aims to evaluate the global scientific production of simulation research in the category of “stereotactic” during 1993-2008 and to provide insights on the characteristics of the stereotactic related research patterns, tendencies, and methods that might exist in the papers, as well as in leading countries and institutes. Methods. In this study, “stereotactic\*” was used as the keyword to search titles, abstracts, and keywords in the database of the Science Citation Index Expanded. All the articles referring to stereotactic during the studied years, were assessed by the following aspects: document type of publication, characteristics of publication outputs, distribution of outputs in journals, publication outputs of source country, source institute, and analysis of words cluster in title, author keywords, and KeyWords Plus. Results. Eleven document types were found in the total 10 015 publications during 1993-2008. Clinical neurology was the most common category in stereotactic-related research. Neurosurgery listed in categories of clinical neurology and surgery, ranked first. The most productive country and institute were USA and University of Pittsburgh respectively. Words cluster analysis was elaborated regarding the issues of movement disorders, radiosurgery, tumor, and vascular/stroke, it revealed the sharp rise of articles from 1995 until the end of the period covered in “movement disorders” category. Conclusions. The results analyzed by this bibliometric method can show the research performance, significant events and major inventors, those attributed to stereotactic neurosurgery, and trend of stereotactic related research.

Keywords: Analysis, Articles, Bibliometric, Bibliometric Analysis, Bibliometric Method, Bibliometrics, Characteristics, Citation, Clinical, Cluster, Cluster Analysis, Countries, Country, Database, Distribution, Events, Field, First, Global, ISI, Journals, Methods, Movement, Neurology, Papers, Parkinsons-Disease, Performance, Publication, Publications, Radiosurgery, Registration, Research, Research Performance, Research Trend, Science, Science Citation Index, Science Citation Index Expanded, Scientific Production, Simulation, Source, Stereotactic, Surgery, Trend, Tumor, University, USA, Web of Science

? Nieder, C., Pawinski, A. and Dalhaug, A. (2012), Contribution of case reports to glioblastoma research: Systematic review and analysis of pattern of citation. *British Journal of Neurosurgery*, **26** (6), 809-812.

Full Text: 2012\Bri J Neu26, 809.pdf; [2012\Bri J Neu26, 809-1.pdf](2012/Bri%20J%20Neu26,%20809-1.pdf)

Abstract: Introduction. Research activity related to different aspects of diagnosis, epidemiology and treatment of glioblastoma has increased during recent years. Authors of scientific publications are able to choose between different formats including case reports. Little is known about their influence on advancement of the field or scientific merits. Do glioblastoma case reports attract attention or do they go largely unrecognized? Methods. Different measures of impact, visibility and quality of published research are available, each with its own pros and cons. For the present evaluation (to the best of our knowledge the first one on this subject), article citation rate was chosen. The databases PubMed and Scopus were searched for articles that were published during the 5-year time period between 2006 and 2010. Results. We identified 5831 articles dealing with glioblastoma. of these, 286 (4.9%) reported on single patient cases and 15 (0.26%) were reports of two cases. The median number of citations was 1 (range 0-37). Stratified by year of publication, the median number ranged from 0 for those published in 2010 to 3 for those published in 2006. Citations appeared to gradually increase during the first 2-3 years after publication. As compared to other articles, case reports were significantly less likely to receive a large number of citations. Conclusion. Compared to other formats, the proportion of case reports was limited and few of them were highly cited. It cannot be excluded that case reports without citation provide interesting information to some readers. However, their educational value is difficult to quantify.

Keywords: Analysis, Bevacizumab, Case Report, Case Reports, Citation, Citations, Databases, Diagnosis, Epidemiology, Evaluation, Field, First, Glioblastoma, Glioma, Highly Cited, Highly-Cited, Impact, Impact Factor, Information, Knowledge, Malignant Glioma, Multiforme, Patient, Pattern, Publication, Publications, Pubmed, Quality, Quality Of, Recent, Recurrent Glioblastoma, Research, Research Evaluation, Review, Scientific Publications, Scientific Publishing, Scientometric Indicators, Scopus, Systematic Review, Temozolomide, Therapy, Treatment, Value, Visibility

# Title: British Journal of Nutrition

Full Journal Title: [British Journal of Nutrition](http://journals.cambridge.org/action/home)

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? Trayhurn, P. (2003), Recent highly cited articles in the *British Journal of Nutrition*. *British Journal of Nutrition*, **90** (1), 1-2.

Full Text: [2003\Bri J Nut90, 1.pdf](2003/Bri%20J%20Nut90,%201.pdf)

? Trayhurn, P. (2004), Recent highly cited articles in the *British Journal of Nutrition* (including *Supplements*): An update. *British Journal of Nutrition*, **92** (1), 1-3.

Full Text: [2004\Bri J Nut92, 1.pdf](2004/Bri%20J%20Nut92,%201.pdf)

? Trayhurn, P. (2005), Tempus fugit - evolution and current impact of the *British Journal of Nutrition*. *British Journal of Nutrition*, **94** (3), 299-301.

Full Text: [2005\Bri J Nut94, 299.pdf](2005/Bri%20J%20Nut94,%20299.pdf)

? Petrov, M.S., Pylypchuk, R.D. and Uchugina, A.F. (2009), A systematic review on the timing of artificial nutrition in acute pancreatitis. *British Journal of Nutrition*, **101** (6), 787-793.

Full Text: [2009\Bri J Nut101, 787.pdf](2009/Bri%20J%20Nut101,%20787.pdf)

Abstract: Artificial nutrition is an inherent part of management in acute pancreatitis. However, there is no consensus regarding the optimal time of the commencement of feeding in these patients. Our aim was to compare the effect of enteral v. parenteral nutrition with regard to the time point,, when they were administered in the randomised controlled trials. The search was undertaken in the Cochrane Central Register of Controlled Trials, MEDLINE and Science Citation Index as well as in the proceedings of major gastroenterology meetings. The summary estimate of the effect associated with artificial nutrition was calculated using a random-effects model and presented as a risk ratio (RR) and 95 % Cl. A total of eleven randomised controlled trials were included. When started within 48 h of admission, enteral nutrition, in comparison with parenteral nutrition, resulted in a statistically significant reduction in the risks of multiple organ failure (RR 0.44; 95 % Cl 0.23, 0.84), pancreatic infectious complications (RR 0-46; 95 % Cl 0.27, 0.77) and mortality (RR 0.46; 95 % Cl 0.20, 0.99). After 48 h of admission, enteral nutrition, ill Comparison with parenteral nutrition, did not result in a statistically significant reduction in the risks of multiple organ failure (RR 0.73; 95 % Cl 0.33, 1.63), pancreatic infectious complications (RR 0.31; 95 % Cl 0.07, 1.34) and mortality (RR 0.67: 95 % Cl 0.22, 2.10). Enteral nutrition is more effective than parenteral nutrition in reducing the risk of multiple organ failure, pancreatic infectious complications and mortality in patients with acute pancreatitis. The magnitude of these benefits may depend on the timing of the commencement of nutrition.

Keywords: Acute Pancreatitis, Citation, Complications, Early Enteral Nutrition, Enteral Nutrition, Infection, Management, MEDLINE, Meta-Analysis, Metaanalysis, Mortality, Parenteral Nutrition, Quality, Randomized Controlled-Trial, Support, Systematic Review, Timing, Total Parenteral-Nutrition

? Wanden-Berghe, C., Sanz-Valero, J., Escriba-Aguir, V., Castello-Botia, I. and Guardiola-Wanden-Berghe, R. (2009), Evaluation of quality of life related to nutritional status. *British Journal of Nutrition*, **101** (7), 950-960.

Full Text: 2009\Bri J Nut101, 950.pdf

Abstract: the way in which the quality of life related to health (HRQoL) is affected by the nutritional status of the patient is a subject of constant interest and permanent debate. The purpose of the present paper is to review those studies that relate HRQoL to nutritional status and examine the tools (questionnaires) that they use to investigate this relationship. A critical review of published studies was carried out via an investigation of the following databases: MEDLINE (via PUBMED); EMBASE; the Cochrane Library; Cumulative Index to Nursing and Allied Health Literature (CINAHL); Institute for Scientific Information (ISI) Web of Science; Latin American and Caribbean Health Sciences Literature (LILACS); Spanish Health Sciences Bibliographic Index (IBECS). The search was carried out from the earliest date possible until July 2007. The medical subject heading terms used were ‘quality of life’, ‘nutritional status’ and ‘questionnaires’. The articles had to contain at least one questionnaire that evaluated quality of life. Twenty-eight documents fulfilling the inclusion criteria were accepted, although none of them used a specific questionnaire to evaluate HRQoL related to nutritional status. However, some of them used a combination of generic questionnaires with the intention of evaluating the same. Only three studies selectively addressed the relationship between nutritional status and quality of life, this evaluation being performed not by means of specific questionnaires but by statistical analysis of data obtained via validated questionnaires.

Keywords: Adult Patients, Analysis, Bibliographic, Cancer-Patients, Cochrane, Databases, EMBASE, Enteral-Nutrition, Evaluation, Functional Status, Health, Healthcare Evaluation Mechanisms, Home Parenteral-Nutrition, Interest, ISI, Latin American, Medical, MEDLINE, Megestrol-Acetate, Nursing, Nutritional Sciences, Nutritional Status, Percutaneous Endoscopic Gastrostomy, PUBMED, Quality of Life, Questionnaire, Questionnaires, Randomized Controlled-Trial, Review, Science, Scientific Information, Self-Rated Health, Statistical, Surgical-Patients, Web of Science

? King, S., Glanville, J., Sanders, M.E., Fitzgerald, A. and Varley, D. (2014), Effectiveness of probiotics on the duration of illness in healthy children and adults who develop common acute respiratory infectious conditions: A systematic review and meta-analysis. *British Journal of Nutrition*, **112** (1), 41-54.

Full Text: [2014\Bri J Nut112, 41.pdf](2014/Bri%20J%20Nut112,%2041.pdf)

Abstract: Recent systematic reviews have reported a positive, although modest, effect of probiotics in terms of preventing common cold symptoms. In this systematic review, the effect of probiotics, specifically Lactobacillus and Bifidobacterium strains, on the duration of acute respiratory infections in otherwise healthy children and adults was evaluated. To identify relevant trials, eight databases, including MEDLINE, Embase, the Cochrane Database of Systematic Reviews (CDSR), the Cochrane Central Register of Controlled Trials (CENTRAL), the Database of Abstracts of Reviews of Effects (DARE), Health Technology Assessment (HTA), Science Citation Index (SCI) and OAISTER, were searched from inception to 20 July 2012. Details regarding unpublished studies/databases were also obtained from probiotic manufacturers. Study selection, data extraction and quality assessment were carried out by two reviewers. Risk of bias was assessed using criteria adapted from those published by the Centre for Reviews and Dissemination. In this review, twenty randomised controlled trials (RCT) were included, of which twelve were considered to have a low risk of bias. Meta-analysis revealed significantly fewer numbers of days of illness per person (standardised mean difference (SMD) -0.31 (95% CI - 0.41, -0.11), I-2=3 %), shorter illness episodes by almost a day (weighted mean difference -0.77 (95% CI-1.50, -0.04), I-2 80 %) (without an increase in the number of illness episodes), and fewer numbers of days absent from day care/school/work (SMD -0.17 (95% CI -0.31, -0.03), I-2 67 %) in participants who received a probiotic intervention than in those who had taken a placebo. Reasons for heterogeneity between the studies were explored in subgroup analysis, but could not be explained, suggesting that the effect sizes found may differ between the population groups. This systematic review provides evidence from a number of good-quality RCT that probiotics reduce the duration of illness in otherwise healthy children and adults.

Keywords: Analysis, Assessment, Attending Day-Care, Bias, Bifidobacterium, Casei Dn-114 001, Children, Citation, Cold, Consumption, Criteria, Data, Database, Databases, Dissemination, Double-Blind, Duration, Evidence, Extraction, Fermented Dairy Product, GG, Groups, Health, Heterogeneity, HTA, Infections, Intervention, Lactobacillus, Low Risk, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Milk, Person, Placebo, Population, Probiotics, Quality, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Rct, Recent, Respiratory Infections, Review, Reviewers, Reviews, Risk, Risk Of Bias, SCI, Science, Science Citation Index, Selection, Symptoms, Systematic, Systematic Review, Systematic Reviews, Technology, Technology Assessment

# Title: British Journal of Ophthalmology

Full Journal Title: [British Journal of Ophthalmology](http://bjo.bmj.com/contents-by-date.0.dtl)

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Ang, A., Tong, L. and Bhan, A. (2001), Analysis of publication trends in two internationally renowned ophthalmology journals. *British Journal of Ophthalmology*, **85** (12), 1497-1498.

Full Text: [2001\Bri J Oph85, 1497.pdf](2001/Bri%20J%20Oph85,%201497.pdf)

Keywords: Journals, Publication, Trends

? Ohba, N. and Ohba, A. (2006), Nyctalopia and hemeralopia: the current USAge trend in the literature. *British Journal of Ophthalmology*, **90** (12), 1548-1549.

Full Text: [2006\Bri J Oph90, 1548.pdf](2006/Bri%20J%20Oph90,%201548.pdf)

Keywords: Literature, Trend

? Smith, S.J. and Smith, B.D. (2013), Evaluating the risk of extraocular tumour spread following intravitreal injection therapy for retinoblastoma: A systematic review. *British Journal of Ophthalmology*, **97** (10), 1231-1236.

Full Text: 2013\Bri J Oph97, 1231.pdf

Abstract: Background Intravitreal injection therapy (IViT) for retinoblastoma has shown promise in the treatment of vitreous seeds; however, the potential for tumour dissemination following intravitreal penetration has limited its use. This review evaluates the risk of extraocular tumour spread in patients receiving therapeutic intravitreal injections for retinoblastoma. Methods PUBMED (1946-present), SCOPUS (all years), Science Citation Index (1900-present) and Conference Proceedings Citation IndexScience (1990-present) electronic databases were searched to identify all published reports of IViT for retinoblastoma in humans. Results 14 studies with original IViT data were included in this review. A total of 1304 intravitreal injections were given in 315 eyes of 304 patients, with one report of extraocular tumour spread and one patient in whom intravitreal treatment could not be excluded as a contributor to metastatic disease. The proportion of subjects with extraocular tumour spread potentially due to IViT in these combined reports was 0.007 (95% CI 0.0008 to 0.0236), with a mean follow-up of 72.1months. In a subset of 61 patients receiving IViT via safety enhancing injection techniques (347 injections, 19.6months mean follow-up), there were no reports of tumour spread. Conclusions Local and systemic tumour spread following IViT in cases of retinoblastoma is rare, and this risk is potentially reduced by the use of safety enhancing injection techniques. These results suggest that the risk of tumour spread should not preclude IViT use for carefully selected patients as part of multi-modal globe salvaging therapy.

Keywords: Chemotherapy, Citation, Conference, Data, Databases, Delivery, Disease, Eye, Follow-Up, Humans, Injections, Intraocular Retinoblastoma, Melphalan, Metastatic Disease, Methods, Neoplasia, Patients, Potential, Recurrence, Results, Retina, Review, Risk, Safety, Science, Science Citation Index, Scopus, Systematic Review, Techniques, Therapeutic, Therapy, Treatment, Vitreous, Vitreous Cavity

? Smith, S.J., Smith, B.D. and Mohney, B.G. (2014), Ocular side effects following intravitreal injection therapy for retinoblastoma: A systematic review. *British Journal of Ophthalmology*, **98** (3), 292-297.

Full Text: [2014\Bri J Oph98, 292.pdf](2014/Bri%20J%20Oph98,%20292.pdf)

Abstract: Purpose To describe the ocular side effects in patients receiving intravitreal injection therapy (IViT) for retinoblastoma. Methods PubMed (1946-present), Scopus (all years), Science Citation Index (1900-present) and Conference Proceedings Citation Index-Science (1990-present) electronic databases were searched to identify all published reports of therapeutic intravitreal injections for retinoblastoma in humans. Results Ten studies with original IViT ocular side effect data were included in this systematic review. In these combined reports, a total of 1287 intravitreal injections were given to 306 eyes of 295 patients, with a mean follow-up of 74.1 months. Two hundred sixty-one (88.5%) patients received comparatively standard melphalan IViT doses (8-30 mcg). Ocular side effects occurred in 38 patients (17 significant, 21 minor). The proportion of patients experiencing potentially significant ocular side effects following standard melphalan IViT regimens was 0.031 (8, 261; 95% CI 0.013 to 0.06). The side effects of these eight included iris atrophy in three, two each with chorioretinal atrophy and vitreous haemorrhage and one with retinal detachment. of the other nine patients with significant complications, five experienced sight-threatening complications following dramatic dose escalations (four with melphalan, one with thiotepa), three experienced complications that are commonly associated with concurrent therapies given to these patients and one had a retinal detachment. of the 61 patients receiving IViT via safety-enhancing injection techniques, all six significant side effects were either attributed to the therapeutic dose or confounded by concurrent treatments. Conclusions Significant ocular complications following IViT for retinoblastoma are uncommon, and this risk may be reduced further by the use of careful injection technique and standard dosing regimens. Care must be taken in the dosing of intravitreal treatments to avoid potentially irreversible vision loss.

Keywords: Atrophy, Chemotherapy, Citation, Complications, Conference, Data, Databases, Effects, Eye, Follow-Up, Haemorrhage, Humans, Injections, Intraocular Retinoblastoma, Mar, Melphalan, Methods, Minor, Patients, Pubmed, Rabbits, Results, Review, Risk, Science, Science Citation Index, Scopus, Side Effect, Side Effects, Side-Effect, Standard, Systematic Review, Techniques, Therapeutic, Therapy

? Schmid, M.K., Bachmann, L.M., Fas, L., Kessels, A.G., Job, O.M. and Thiel, M.A. (2015), Efficacy and adverse events of aflibercept, ranibizumab and bevacizumab in age-related macular degeneration: A trade-off analysis. *British Journal of Ophthalmology*, **99** (2), 141-146.

Full Text: [2015\Bri J Oph99, 141.pdf](2015/Bri%20J%20Oph99,%20141.pdf)

Abstract: Topic To quantify the gain in visual acuity and serious side effects of ranibizumab, bevacizumab and aflibercept in age-related macular degeneration (AMD). Clinical relevance There is an ongoing debate about the optimal treatment of AMD with these three antivascular endothelial growth factor (anti-VEGF) treatments. Methods Network meta-analyses. (Pre)Medline, EMBASE, SCOPUS, Cochrane Library (until April 2013), Science Citation Index and reference lists were searched for placebo-controlled randomised trials or head-to-head comparisons. Outcomes were 1-year follow-up data of visual acuity (letters gained) and serious (vascular death, any death, stroke, myocardial infarction, transient ischaemic attack) and thrombotic events. Two investigators independently assessed eligibility and quality of included studies and extracted data. Results 11 trials (enrolling 8341 patients) assessing five active treatments were included. Compared with placebo, all anti-VEGF treatments had a significantly higher percentage of letters gained: ranibizumab 0.3 mg 2.39% (95% CI 1.59 to 3.19; p<0.001), ranibizumab 0.5 mg 3.56% (95% CI 2.58 to 4.13; p<0.001), bevacizumab 1.25 mg 2.14% (95% CI 0.47 to 3.82; p=0.012), aflibercept 0.5 mg 2.91% (95% CI 0.99 to 4.82; p=0.003) and aflibercept 2 mg 3.44% (95% CI 1.73 to 5.14; p<0.001). Compared with placebo, serious side effects were higher in all other treatments: ranibizumab 0.3 mg 4.41% (95% CI 3.42 to 5.40; p<0.001), ranibizumab 0.5 mg 5.33% (95% CI 4.37 to 6.30; p<0.001), bevacizumab 1.25 mg 5.58% (95% CI 3.567 to 7.60; p<0.001), aflibercept 0.5 mg 5.65% (95% CI (3.28 to 8.02; p<0.001) and aflibercept 2 mg 5.29% (95% CI 3.18 to 7.39; p<0.001). Compared with placebo, systemic thrombotic events also occurred more often in all other treatments. Conclusions The study revealed only a modest superiority of aflibercept 2 mg and ranibizumab 0.5 mg over other formulations and dosages.

Keywords: Active, Adverse Events, Age-Related, Age-Related Macular Degeneration, Amd, Analysis, Assessing, Avastin, Choroidal Neovascularization, Citation, Data, Death, Effects, Efficacy, Embase, Endothelial Growth-Factor, Events, Follow-Up, Growth, Growth Factor, Infarction, Lucentis, Macular Degeneration, Meta-Analyses, Metaanalyses, Methods, Myocardial Infarction, Network, Outcomes, Patients, Placebo, Quality, Quality Of, Randomised, Reference, Reference Lists, Relevance, Results, Science, Science Citation Index, Scopus, Side Effects, Stroke, Therapy, Trade Off, Transient, Treatment, Verteporfin Plus Ranibizumab

? Hu, Z.Z., Xie, P., Ding, Y.Z., Yuan, D.Q. and Liu, Q.H. (2015), Association between variants A69S in ARMS2 gene and response to treatment of exudative AMD: A meta-analysis. *British Journal of Ophthalmology*, **99** (5), 593-598.

Full Text: [2015\Bri J Oph99, 593.pdf](2015/Bri%20J%20Oph99,%20593.pdf)

Abstract: A study was undertaken to investigate the association between A69S in age-related maculopathy susceptibility 2 (ARMS2) and the response to anti-angiogenesis treatment in exudative age-related macular degeneration (AMD). A literature-based meta-analysis was performed of studies relevant to A69S and the response to anti-angiogenesis treatment. PubMed, Web of Science, China National Knowledge Infrastructure (CNKI) and Sinomed databases were used to retrieve articles up to July 2014. Pooled ORs and 95% CIs were estimated using fixed and random effects models in Stata V.9.0. Q-statistic testing was used to assess heterogeneity. Twelve articles comprising 2389 cases were included in the final meta-analysis. The analysis of the overall population indicated a statistically significant association between A69S and the response to anti-angiogenesis treatment in exudative AMD (GG vs TT: OR 1.34 (95% CI 1.01 to 1.77), p=0.039; GT vs TT: OR 1.58 (95% CI 1.08 to 2.31), p=0.018; GG+GT vs TT: OR 1.74 (95% CI 1.19 to 2.52), p=0.004). In subgroup analysis, A69S appeared more likely to be a predictor for anti-angiogenic response in the East Asian population (GG vs TT: OR 1.65 (95% CI 1.02 to 2.68), p=0.042; GT vs TT: OR 1.66 (95% CI 1.17 to 2.37), p=0.005; GG+GT vs TT: OR 1.82 (95% CI 1.07 to 3.10), p=0.027; G vs T: OR 1.56 (95% CI 1.01 to 2.41)). However, no statistical significance was found in the Caucasian subgroup analysis. This study shows an association between A69S polymorphism in the ARMS2 gene and the anti-angiogenesis treatment response. A69S could be considered predictive of the anti-angiogenic effects, especially in Asian populations.

Keywords: Age-Related Maculopathy, Analysis, Asian, Association, Bevacizumab, Caucasian, China, Complement Factor-H, Databases, Effects, Gene, Growth-Factor Treatment, Heterogeneity, Intravitreal Ranibizumab, Loc387715, Htra1 Variants, Macular Degeneration, Meta-Analysis, Metaanalysis, Models, Photodynamic Therapy, Polymorphism, Polypoidal Choroidal Vasculopathy, Population, Populations, Predictive, Pubmed, Science, Significance, Susceptibility, Testing, Treatment, Web Of Science

# Title: British Journal for the Philosophy of Science

Full Journal Title: [British Journal for the Philosophy of Science](http://bjps.oxfordjournals.org/archive/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Byron, J.M. (2007), Whence philosophy of biology? *British Journal for the Philosophy of Science*, **58** (3), 409-422.

Full Text: [2007\Bri J Phi Sci58, 409.pdf](2007/Bri%20J%20Phi%20Sci58,%20409.pdf)

Abstract: A consensus exists among contemporary philosophers of biology about the history of their field. According to the received view, mainstream philosophy of science in the 1930s, 40s, and 50s focused on physics and general epistemology, neglecting analyses of the ‘special sciences’, including biology. The subdiscipline of philosophy of biology emerged (and could only have emerged) after the decline of logical positivism in the 1960s and 70s. In this article, I present bibliometric data from four major philosophy of science journals (Erkenntnis, Philosophy of Science, Synthese, and the British Journal for the Philosophy of Science), covering 1930-59, which challenge this view.

Keywords: Analyses, Bibliometric, Biology, British, Challenge, Consensus, Data, Epistemology, Field, General, History, Journals, Philosophy, Philosophy of Science, Science, Science Journals, Sciences

? Bird, A. (2012), The *Structure of Scientific Revolutions* and its significance: An essay review of the fiftieth anniversary edition. *British Journal for the Philosophy of Science*, **63** (4), 859-883.

Full Text: [2012\Bri J Phi Sci63, 859.pdf](2012/Bri%20J%20Phi%20Sci63,%20859.pdf)

Abstract: Kuhn’s Structure of Scientific Revolutions is one of the most cited books of the twentieth century. Its iconic and controversial nature has obscured its message. What did Kuhn really intend with Structure and what is its real significance?

Keywords: Review, Significance

# Title: British Journal of Plastic Surgery

Full Journal Title: [British Journal of Plastic Surgery](http://www.sciencedirect.com/science/journal/00071226)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ismail, Y., McLean, N.R. and Kelly, C.G. (2002), Head and neck oncology: the UK experience. Who is publishing what? *British Journal of Plastic Surgery*, **55** (7), 570-573.

Full Text: [2002\Bri J Pla Sur55, 570.pdf](2002/Bri%20J%20Pla%20Sur55,%20570.pdf)

Abstract: Using the MEDLINE database (OVID), a retrospective review of the UK literature on head and neck oncology was performed for the period 1994-2000, each publication being categorised by department and first author. Tumours almost exclusively managed by general surgeons, cardiothoracic surgeons and neurosurgeons were excluded. In the years 1994 to 2000, there were a total of 120 UK publications, 72% of which came from non-academic NHS units; 23% of the publications were from ENT units, 23% from oral and maxillofacial (OMF) surgery units and 18% from plastic surgery units. The majority of plastic surgery publications described reconstructive techniques, whereas a wider range of topics was observed in the publications by ENT and OMF surgeons. Several irregularities in the MEDLINE database were discovered and are discussed. The findings of this study may be relevant to the future planning of head and neck oncology services. (C) 2002 the British Association of Plastic Surgeons.

? Oliver, D.W., Whitaker, I.S. and Chohan, D.P.K. (2003), Publication rates for abstracts presented at the British Association of Plastic Surgeons meetings: How do we compare with other specialties? *British Journal of Plastic Surgery*, **56** (2), 158-160.

Full Text: [2003\Bri J Pla Sur56, 158.pdf](2003/Bri%20J%20Pla%20Sur56,%20158.pdf)

Abstract: We present a retrospective study of the publication rates of articles presented to five meetings of the British Association of Plastic Surgeons between 1995 and 1999. The PUBMED database (http://www.ncbi.nlm.nih. gov/PUBMED/) was searched using the presenter’s name and key words from the abstract. Publication rates varied from 23% for the Winter Meeting of 1999 to 54% for the Winter Meeting of 1997. The mean time lag from presentation to publication varied between 13 and 25 months (range: 1-46 months). These results are comparable to those found in some other medical specialties. (C) 2003 the British Association of Plastic Surgeons. Published by Elsevier Science Ltd. All rights reserved.

# Title: British Journal of Psychiatry

Full Journal Title: [British Journal of Psychiatry](http://bjp.rcpsych.org/)

ISO Abbreviated Title: Br. J. Psychiatry

JCR Abbreviated Title: Brit J Psychiat

ISSN: 0007-1250

Issues/Year: 12

Journal Country/Territory: England

Language: English

Publisher: Royal College of Psychiatrists

Publisher Address: British Journal of Psychiatry 17 Belgrave Square, London SW1X 8PG, England

Subject Categories:

Psychiatry: Impact Factor

? Done, D.J. (1993), Activity measurement in psychology and medicine: Tryon, WW. *British Journal of Psychiatry*, **162**, 141.

Full Text: 1993\Bri J Psy162, 141.pdf

? Howard, L. and Wilkinson, G. (1997), Impact factors of psychiatric journals. *British Journal of Psychiatry*, **170** (2), 109-112.

Full Text: [1997\Bri J Psy170, 109.pdf](1997/Bri%20J%20Psy170,%20109.pdf)

Abstract: Background We examined citation data for the British Journal of Psychiatry (BJP) and four other general psychiatry journals to assess their impact on the scientific community. Method Data on three measures of citations (total number of citations, impact factor and ranking by impact factor) were obtained from Journal Citation Reports for 1985-1994. Rank correlations from year to year were calculated. Results the BJP currently ranks sixth of all psychiatry journals when journals are ranked by impact factor. The journal’s impact factor fell between 1985 and 1990 and this was followed by a rise in impact factor after 1991. The BJP did not rank int he top 10 psychiatry journals between 1991 and 1993. Archives of General Psychiatry is cited more frequently than any other psychiatry Psychiatry usually ranking second. Psychopharmacology journals are replacing more general journals in the top rankings. Rankings of most journals have become less stable in recent years. Conclusions the BJP would have to change the nature and number of papers published to improve its impact factor. There are a number of limitations to citation data and such data are only one of several factors useful in evaluating the importance of a journal’s contribution scientific and clinical communities. Conflict of interest the second author is Editor of the British Journal of Psychiatry.

? Howard, L. and Wilkinson, G. (1998), Impact factors of psychiatric journals - the *British Journal of Psychiatry* now has the highest impact factor of all psychiatric journals outside the USA. *British Journal of Psychiatry*, **172** (6), 457.

Full Text: [1998\Bri J Psy172, 457.pdf](1998/Bri%20J%20Psy172,%20457.pdf)

? Howard, L. and Wilkinson, G. (1998), Peer review and editorial decision-making. *British Journal of Psychiatry*, **172** (??), 110-113.

Full Text: [1998\Bri J Psy172, 110.pdf](1998/Bri%20J%20Psy172,%20110.pdf)

Abstract: Introduction This paper describes and analyses the editor’s decision-making process at the British journal of Psychiatry (BJP), and investigates the association between reviewers’ assessments and editorial decisions.

Method Four hundred consecutive manuscripts submitted over a six-month period to the BJP were examined prospectively for assessors’ comments and editorial decisions on acceptance or rejection. Interrater reliability of assessments was calculated and a logistic regression analysis investigated the effect of the rank allocated by assessors and the comprehensiveness of the assessments on the editor’s decision.

Results the editor sent 248/400 (62%) manuscripts to assessors for peer review. Kappa for reliability of assessors’ rankings was 0.1 indicating poor interrater reliability. Assessors agreed best on whether to reject a paper. A ranking of five (indicating rejection) had the greatest association with editor’s rejection (P < 0.001, odds ratio 0.079), and the mean ranking of assessments was also significantly associated with editorial acceptance or rejection (P=0.004, odds ratio 0.24).

Conclusion Assessors and editors tend to agree on what is clearly not acceptable for publication but there is less agreement on what is suitable.

Declaration of interest the second author is Editor of the BJP.

Keywords: Journals, Reliability, Quality

? Patel, V. and Sumathipala, A. (2001), International representation in psychiatric literature: Survey of six leading journals. *British Journal of Psychiatry*, **178** (5), 406-409.

Full Text: [2001\Bri J Psy178, 406.pdf](2001/Bri%20J%20Psy178,%20406.pdf)

Abstract: Background Despite the growing recognition of the global burden of psychiatric disease, there are questions about the strength of the evidence base from non-Western societies. Aims To compare the contribution of Euro-American countries and the rest of the world (RoW) to psychiatric literature. Method Survey of the country of origin of papers submitted to and published in six leading psychiatric journals over a 3-year period (1996-1998) Results Only 6% of the literature is published from regions of the world that account for over 90% of global population. The three journals published in Europe had a significantly higher proportion of international articles when compared to the three American journals. Less than 1% of all published articles described mental health interventions in the RoW. Acceptance rates were significantly lower Rr papers submitted from the RoW. Conclusions There is a gross underrepresentation of research from the RoW This has implications for the development of a truly international psychiatry. Declaration of Interest None.

? Leff, J. (2001), Invited commentaries on: International representation in psychiatric literature. Survey of six leading journals. An inequity and its possible remedies. *British Journal of Psychiatry*, **178** (5), 410.

Full Text: [2001\Bri J Psy178, 410.pdf](2001/Bri%20J%20Psy178,%20410.pdf)

? Cheng, A.T. (2001), Invited commentaries on: International representation in psychiatric literature. Survey of six leading journals. Can we learn from each other? *British Journal of Psychiatry*, **178** (5), 410-411.

Full Text: 2001\Bri J Psy178, 410-1.pdf

? Faunce, G.J. (2001), Advice for authors is premature. *British Journal of Psychiatry*, **179** (5), 466.

Full Text: 2001\Bri J Psy179, 466.pdf

? Fava, G.A., Ottolini, F. and Tossani, E. (2001), World psychiatric literature. *British Journal of Psychiatry*, **179** (6), 561.

Full Text: 2001\Bri J Psy179, 561.pdf

Piccinelli, M., Politi, P. and Barale, F. (2002), Focus on psychiatry in Italy. *British Journal of Psychiatry*, **181** (6), 538-544.

Full Text: [2002\Bri J Psy181, 538.pdf](2002/Bri%20J%20Psy181,%20538.pdf)

TTopic

Clement, S., Singh, S.P. and Burns, T. (2003), Status of bipolar disorder research - Bibliometric study. *British Journal of Psychiatry*, **182** (2), 148-152.

Full Text: [2003\Bri J Psy182, 148.pdf](2003/Bri%20J%20Psy182,%20148.pdf)

Abstract: Background Bibliometric research has used publication or funding databases to compare the amount of research activity on different illnesses. Only one study has examined bipolar disorder and schizophrenia in this way, and it was restricted to one database. Aims the primary aim is to compare levels of research activity in bipolar disorder and schizophrenia. Secondary aims are to examine how research activity on the disorders varies over time and across scientific fields. Method the numbers of publications, projects, journals and funding awards on bipolar disorder and schizophrenia were extracted from nine computer databases to compare research activity on the two conditions. Results Ratios (bipolar disorder: schizophrenia) ranged from 1: 1.3 for the number of research funding awards to 1:7.6 for the number of clinical trials. Conclusions There is a relative dearth of research activity on bipolar disorder compared with schizophrenia.

Keywords: Bipolar, Bipolar Disorder, Clinical, Clinical Trials, Database, Databases, Funding, Journals, Primary, Publication, Publications, Research, Research Funding, Schizophrenia

Notes: TTopic

Lagnado, M. (2003), Increasing the trust in scientific authorship. *British Journal of Psychiatry*, **183** (1), 3-4.

Full Text: [2003\Bri J Psy183, 3.pdf](2003/Bri%20J%20Psy183,%203.pdf)

Keywords: Journals, British

? Henderson, C., Howard, L. and Wilkinson, G. (2003), Acknowledgement of psychiatric research funding. *British Journal of Psychiatry*, **183** (4), 273-275.

Full Text: [2003\Bri J Psy183, 273.pdf](2003/Bri%20J%20Psy183,%20273.pdf)

? Mari, J.J., Bressan, R.A. and Miguel, E.C. (2004), Mental health and psychiatric research in Brazil. *British Journal of Psychiatry*, **184**, 273.

Full Text: [2004\Bri J Psy184, 273.pdf](2004/Bri%20J%20Psy184,%20273.pdf)

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Full Text: [2005\Bri J Psy186, 448.pdf](2005/Bri%20J%20Psy186,%20448.pdf)

? Saxena, S., Paraje, G., Sharan, P., Karam, G. and Sadana, R. (2006), The 10/90 divide in mental health research: Trends over a 10-year period. *British Journal of Psychiatry*, **188** (1), 81-82.

Full Text: [2006\Bri J Psy188, 81.pdf](2006/Bri%20J%20Psy188,%2081.pdf)

Abstract: A search (precision value 94%, recall value 93%) of the ISI Web of Science database (1992-2001) revealed that mental health publications accounted for 3-4% of the health literature. A 10/90 divide in internationally accessible mental health literature was evident and remained undiminished through 10 years as low- and middle-income countries (n=152) contributed only 6%, high-income countries (n=54) 94%, and 14 leading high-income countries (with more than 1% contribution for majority of years under consideration) contributed 90% of internationally accessible mental health research. Steps should be taken to improve the research infrastructure and capacity to conduct and disseminate mental health research in general, and on a priority basis in low- and middle-income countries. Declaration of interest None.

Keywords: Capacity, Database, General, Health, Health Research, Infrastructure, ISI, ISI Web of Science, Literature, Mental Health, Precision, Publications, Recall, Research, Trends, Value, Web of Science

? Patel, V. and Kim, Y.R. (2007), Contribution of low- and middle-income countries to research published in leading general psychiatry journals, 2002-2004. *British Journal of Psychiatry*, **190** (1), 77-78.

Full Text: [2007\Bri J Psy190, 77.pdf](2007/Bri%20J%20Psy190,%2077.pdf)

Abstract: We aimed to describe the contribution of low- and middle-income (LAMI) countries to leading general psychiatric journals. We reviewed original research published over a 3-year period (2002-2004) in the six highest-impact general psychiatry journals and contacted editorial offices to gather data on country of origin of submitted and accepted articles. Only 3.7% of published research emerges from these less affluent countries, which account for over 80% of the global population. Compared with the findings of a similar review of the period 1996-1998, there has been little change. The three European journals had a higher representation than the three American journals.The proportion of psychiatrists in a country was associated with that country’s research output. As much as 50% of the research from LAMI countries is led by authors from high-income countries. The proportion of submissions from LAMI countries was very low, and articles from them were more frequently rejected. Strengthening the research capacity of these countries and reviewing the editorial policies of leading journals can help increase the international representation of LAMI countries in psychiatric research.

? Lewison, G., Thornicroft, G., Szmukler, G. and Tansella, M. (2007), Fair assessment of the merits of psychiatric research. *British Journal of Psychiatry*, **190** (4), 314-318.

Full Text: [2007\Bri J Psy190, 314.pdf](2007/Bri%20J%20Psy190,%20314.pdf)

Abstract: Background Use of bibliometric assessments of research quality is growing worldwide. So far, a narrow range of metrics have been applied across the whole of biomedical research. Without specific sets of metrics, appropriate to each sub-field of research, biased assessments of research excellence are possible. Aims To discuss the measures used to evaluate the merits of psychiatric biomedical research, and to propose a new approach using a multidimensional selection of metrics appropriate to each particular field of medical research. Method Three steps: (a) a definition of scientific ‘domains’, (b) translating these into ‘filters’ to identify publications from bibliometric databases, leading to (c) the creation of standardised measures of merit. Results We propose using: (a) established metrics such as impact factors and citation indices, (b) new derived measures such as the ‘worldscale’ score, and (c) new indicators based on journal peer esteem, impact on clinical practice, medical education and health policy. Conclusions No single index or metric can be used as a fair rating to compare nations, universities, research groups, or individual investigators across biomedical science. Rather, we propose using a multidimensional profile composed of a carefully selected array of such metrics.

Keywords: Assessment, Assessments, Bibliometric, Biomedical Research, Citation, Clinical, Creation, Databases, Education, Groups, Health, Health Policy, Health-Services Research, Impact, Impact Factors, Index, Indicators, Journal, Journals, Medical, Medical Education, MEDLINE, Metrics, Optimal Search Strategies, Policy, Practice, Profile, Psychiatric Research, Publications, Quality, Range, Research, Research Quality, Science, Selection, Universities

# Title: British Journal of Psychology

Full Journal Title: British Journal of Psychology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

? Richards, G. (2004), The *British Journal of Psychology* centenary: A preliminary content survey and its problems. *British Journal of Psychology*, **95** (4), 523-543.

Full Text: [2004\Bri J Psy95, 523.pdf](2004/Bri%20J%20Psy95,%20523.pdf)

Abstract: the preliminary findings are reported of a review of the contents of the British journal of Psychology 1904-2003 undertaken to mark the journal’s centenary. This identifies (a) the top 11 categories of paper published and their patterns of distribution, (b) an apparent change in the nature of papers published after 1983, (c) the overall pattern of category-introduction, showing a dramatic change in 1965 and (d) a provisional typology of the principal patterns of distribution over time. Major conceptual and practical problems arising in the categorization of papers, and their implications, are discussed. Some reflections are offered on the possible value of research of this kind and on the nature of the journal itself.

? Sugimori, E. and Tanno, Y. (2010), The effects of cognitive activity and perceptual details on speech source monitoring. *British Journal of Psychology*, **101**, 777-790.

Full Text: [2010\Bri J Psy101, 777.pdf](2010/Bri%20J%20Psy101,%20777.pdf)

Abstract: Our purpose in this study was to investigate the effects of cognitive operations and perceptual details on speech source monitoring. In Phase I, correctly spelled words and anagrams were presented in Expt 1. Words were read aloud by participants, by a same-sex voice, or by an opposite-sex voice. Immediately after Phase 1, in Phase 2, participants were asked whether each word had been read aloud by the participants themselves, by a same-sex voice, or by an opposite-sex voice. Source discrimination between own speech and that produced by a same-sex voice was poorer than between own speech and an opposite-sex voice. In addition, misattribution of the speech of another to one’s self increased as the level of cognitive effort required for the task increased. In Expt 2, misattributions to same-sex voice were assigned ‘know’ responses more frequently and misattributions to one’s self were assigned ‘remember’ responses more frequently. These results suggest that qualitative characteristics such as perceptual detail and cognitive operations are differentially influencing misattributions to the self and those to same-sex voices.

Keywords: Consequences, Cryptomnesia, Discrimination, Generation, Inadvertent Plagiarism, Inflation, Information, Memory Strength, Operations, Recognition, Voice

# Title: British Journal of Radiology

Full Journal Title: [British Journal of Radiology](http://bjr.birjournals.org/contents-by-date.0.shtml)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Jackson, A. (2010), The impact factor game: the rising impact factor of the *British Journal of Radiology* - a success story? *British Journal of Radiology*, **83** (986), 93-97.

Full Text: [2010\Bri J Rad83, 93.pdf](2010/Bri%20J%20Rad83,%2093.pdf)

Keywords: Impact, Impact Factor, Science-Citation-Index

Notes: CCountry

? Yoong, P., Johnson, C.A., Rehman, J.M. and Toms, A.P. (2012), Regional inequality in radiology research output in the UK: A 5-year bibliometric study. *British Journal of Radiology*, **85** (1019), 1513-1516.

Full Text: [2012\Bri J Rad85, 1513.pdf](2012/Bri%20J%20Rad85,%201513.pdf)

Abstract: The objective of this study was to describe the patterns of peer-reviewed general radiology publication rates with reference to deaneries in the UK. This was a retrospective bibliometric analysis of publications in the six highest cited general radiology journals. Publications were identified using a manual search in PubMed between 2005 and 2009. Publications originating from UK radiology departments were identified and subcategorised into primary institution of origin, deanery and publication type. The total number of radiology trainees in each deanery was obtained from the General Medical Council. 913 publications were included in the study. Original papers constituted 48.7% (n=445), review articles 30.3% (n=277) and case reports 17.4% (n=159). The median number of publications in each deanery was 27 [interquartile range (IQR) 11-60], and the median number of publications per trainee was 0.49 (IQR 0.31-0.88). The largest proportion of publications came from the London deanery (n=354, 38.8%), followed by Eastern 86 (9.4%), Oxford and Yorkshire 70 (7.7% each). Relative to the number of trainees within each deanery, Oxford had the highest number of publications per trainee (1.78), followed by East Midlands (1.5), London (1.25) and Eastern (0.99). There was a significantly higher publication rate for those deaneries with academic radiologists (p<0.0001). There is a marked difference in the volume of published work in the general radiology literature among UK deaneries, even accounting for differences in the number of trainees. This probably means that opportunities for training in research are similarly non-uniform.

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Bibliometric Study, Case Reports, General, General Medical Council, Inequality, Journals, Literature, Medical, Nov, Origin, Papers, Peer-Reviewed, Primary, Publication, Publication Rate, Publications, Pubmed, Radiology, Rates, Reference, Research, Research Output, Review, Training, UK, Volume, Work

? Al-Okshi, A., Lindh, C., Sale, H., Gunnarsson, M. and Rohlin, M. (2015), Effective dose of cone beam CT (CBCT) of the facial skeleton: A systematic review. *British Journal of Radiology*, **88** (1045), Article Number: 20140658.

Full Text: 2015\Bri J Rad88, 20140658.pdf

Abstract: Objective: To estimate effective dose of cone beam CT (CBCT) of the facial skeleton with focus on measurement methods and scanning protocols. Methods: A systematic review, which adhered to the preferred reporting items for systematic reviews (PRISMA) Statement, of the literature up to April 2014 was conducted. Data sources included MEDLINE (R), The Cochrane Library and Web of Science. A model was developed to underpin data extraction from 38 included studies. Results: Technical specifications of the CBCT units were insufficiently described. Heterogeneity in measurement methods and scanning protocols between studies made comparisons of effective doses of different CBCT units and scanning protocols difficult. Few studies related doses to image quality. Reported effective dose varied across studies, ranging between 9.7 and 197.0 mu Sv for field of views (FOVs) with height <= 5 cm, between 3.9 and 674.0 mu Sv for FOVs of heights 5.1-10.0 cm and between 8.8 and 1073.0 mu Sv for FOVs >10 cm. There was an inconsistency regarding reported effective dose of studies of the same CBCT unit with the same FOV dimensions. Conclusion: The review reveals a need for studies on radiation dosages related to image quality. Reporting quality of future studies has to be improved to facilitate comparison of effective doses obtained from examinations with different CBCT units and scanning protocols. A model with minimum data set on important parameters based on this observation is proposed. Advances in knowledge: Data important when estimating effective dose were insufficiently reported in most studies. A model with minimum data based on this observation is proposed. Few studies related effective dose to image quality.

Keywords: 3D Accuitomo, Comparative Dosimetry, Comparison, Cone Beam CT, CT, Data, Data Set, Devices, Different Fields, Extraction, Field, From, I-Cat, Image Quality, Knowledge, Literature, Maxillofacial Radiology, Measurement, Medline, Methods, Minimum, Model, Multislice Computed-Tomography, Observation, Protocols, Quality, Quality Of, R, Radiation, Reduction, Reporting, Results, Review, Reviews, Science, Sources, Systematic, Systematic Review, Systematic Reviews, View, Web, Web Of Science

# Title: British Journal of Rheumatology

Full Journal Title: British Journal of Rheumatology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ruiz, M.T., Álvarez-Dardet, C., Vela, P. and Pascual, E. (1991), Study designs and statistical methods in rheumatological journals an international comparison. *British Journal of Rheumatology*, **30** (5), 352-355.

Abstract: In order to determine the characteristics of papers published in the rheumatological literature, we have conducted a survey of the seven leading rheumatological journals published in 1987; 1107 original papers have been reviewed and classified according to study design, statistical techniques, and country of origin. Almost half of the published papers were clinical descriptive studies without inferential power; both authors and editors should reflect whether the impact of these studies on the knowledge of readers justifies their frequency. Analytical research was represented mainly by randomized clinical trials (15.6%), and case control studies (14.2%). Cohort studies represented 5.4% and this seems a low figure in a speciality in need of more aetiological research. Almost half of the papers originated from the USA or the UK; journals edited in these countries published papers mainly from the same country. English language journals from other countries published a larger percentage of papers from other countries, including many non-English speaking nations. Bibliometric studies are desirable to evaluate trends in publication.

# Title: British Journal of Sports Medicine

Full Journal Title: [British Journal of Sports Medicine](http://bjsm.bmj.com/contents-by-date.0.dtl)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0306-3674

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Barnes, A., Wheat, J. and Milner, C. (2008), Association between foot type and tibial stress injuries: A systematic review. *British Journal of Sports Medicine*, **42** (2), 93-98.

Full Text: [2008\Bri J Spo Med42, 93.pdf](2008/Bri%20J%20Spo%20Med42,%2093.pdf)

Abstract: Objectives: To systematically review published articles investigating the association between structural foot characteristics and tibial stress injuries, and to suggest possible future avenues of research in this area. Methods: Literature was identified, selected and appraised in accordance with the methods of a systematic review. Articles potentially relevant to the research question were identified by searching the following electronic databases: Amed, Cinahl, Index to UK theses, MEDLINE, PUBMED, Scopus, Sports discus and Web of Science. Duplicates were removed and, based on the title and abstract, the full text of relevant studies were retrieved. Two reviewers independently assessed papers; this formed the basis for the inclusion of the most appropriate trials. Results: From the 479 articles originally identified, nine were deemed appropriate for inclusion in the review. In general, specific data relating to this relationship was limited. Outcomes of the nine investigations were difficult to compare due to differing methods used across studies. Results have proved conflicting, with limited evidence found to implicate any specific foot type as a potential risk factor for tibial stress injuries. Conclusions: No definitive conclusions can be drawn relating foot structure or function to an increased risk of tibial stress injuries. Extremes of foot types are likely to pose an increased risk of tibial stress injuries compared to normal arched feet.

Keywords: Arch Height, Articles, Bone, Databases, Fractures, Gait, Kinematics, Lower-Extremity, Methods, Normal, Outcomes, Overuse Injuries, Papers, Parameters, PUBMED, Research, Review, Risk, Risk-Factors, Runners, Science, Scopus, Stress, Systematic, Systematic Review, UK, Web of Science

Notes: TTopic

Agulló-Calatayud, V., González-Alcaide, G., Valderrama-Zurián, J.C. and Aleixandre-Benavent, R. (2008), Consumption of anabolic steroids in sport, physical activity and as a drug of abuse: An analysis of the scientific literature and areas of research. *British Journal of Sports Medicine*, **42** (2), 103-109.

Full Text: [2008\Bri J Spo Med42, 103.pdf](2008/Bri%20J%20Spo%20Med42,%20103.pdf)

Abstract: Objective: the consumption of anabolic steroids (AS) has been growing continuously in recent years. It has gone beyond the sports world; AS are now widely used as drugs of abuse in connection with bodybuilding. This study sets out to assess the state of scientific research in the area. Design: Bibliometrics were employed to evaluate the literature retrieved from the principal relevant bibliographic databases: MEDLINE, SportDiscus, the Science Citation Index Expanded and the Social Sciences Citation Index. The core journals were identified along with the leading authors and research groups and their institutional affiliations. Techniques based on social network analysis were applied in order to build up a concept map of research. Results: 1325 documents were retrieved. They were produced by 3131 different researchers giving a Collaboration Index of 3.32. The institutions with the most productive authors were Ball State University (Muncie, IN, USA), The Ecole Nationale Veterinaire de Nantes (ENVN), The Institut Municipal dInvestigacio Medica (IMIM) (Barcelona, Spain), The Institute of Biochemistry of the German Sport University Cologne (DSHS), Iowa State University, Maastricht University and the University of Iowa. Conclusions: It was concluded that there has been an upward trend in the number of research projects. The sources used complemented one another, as 78.04% of the documents retrieved were unique to one source. The productivity ranking was headed by sports medicine journals, followed by journals of chemistry, physiology, endocrinology and substance abuse. Besides sporting activities, the most important research clusters were those connected with bodybuilding and with youth groups.

Keywords: Abuse, Analysis, Barcelona, Bibliographic Databases, Bibliometrics, Chemistry, Consumption, Databases, Drug, Drugs, Drugs of Abuse, Institutions, Journals, Literature, Medicine, MEDLINE, Network, Network Analysis, Physical, Physical Activity, Physiology, Productivity, Ranking, Research, Science Citation Index, Scientific Literature, Scientific Research, Social, Social Network Analysis, Source, Sources, Spain, Sport, State, Steroids, Substance Abuse, Trend, USA, World, Youth

? Hamer, M. and Chida, Y. (2008), Walking and primary prevention: A meta-analysis of prospective cohort studies. *British Journal of Sports Medicine*, **42** (4), 238-243.

Full Text: [2008\Bri J Spo Med42, 238.pdf](2008/Bri%20J%20Spo%20Med42,%20238.pdf)

Abstract: Objective: To quantify the association between walking and the risk of cardiovascular disease (CVD) and all-cause mortality in healthy men and women. Data sources: MEDLINE, Cochrane Database of Systematic Reviews, and Web of Science databases were searched to May 2007. Study selection: Prospective epidemiological studies of walking and CVD and all-cause mortality. Results: 18 prospective studies were included in the overall analysis, which incorporated 459 833 participants free from CVD at baseline with 19 249 cases at follow-up. From the meta-analysis the pooled hazard ratio of CVD in the highest walking category compared with the lowest was 0.69, (95% CI 0.61 to 0.77, p, 0.001), and 0.68 (0.59 to 0.78, p, 0.001) for all-cause mortality. These effects were robust among men and women, although there was evidence of publication biases for the associations with CVD risk. Walking pace was a stronger independent predictor of overall risk compared with walking volume (48% versus 26% risk reductions, respectively). There was also evidence of a dose response relationship across the highest, intermediate, and lowest walking categories in relation to the outcome measures. Conclusions: the results suggest walking is inversely associated with clinical disease endpoints and largely support the current guidelines for physical activity. The mechanisms that mediate this relationship remain largely unknown and should be the focus of future research.

Keywords: Analysis, Cardiovascular, Cardiovascular Disease, Cardiovascular-Disease, Cochrane, Cohort Studies, Coronary-Heart-Disease, Databases, Disease, Dose-Response, Endpoints, Follow-Up, Guidelines, Harvard Alumni Health, Leisure-Time, Men, Meta-Analysis, Mortality, Older Women, Outcome, Physical Activity, Prevention, Primary, Primary Prevention, Prospective Studies, Publication, Ratio, Research, Risk, Science, Systematic, Time Physical-Activity, Vigorous Exercise, Walking, Web of Science, Women

? Alla, S., Sullivan, S.J., Hale, L. and McCrory, P. (2009), Self-report scales/checklists for the measurement of concussion symptoms: A systematic review. *British Journal of Sports Medicine*, **43**, I3-I12.

Full Text: [2009\Bri J Spo Med43, I3.pdf](2009/Bri%20J%20Spo%20Med43,%20I3.pdf)

Abstract: Objective: To identify self-reported sport concussion symptom scales and to describe the psychometric properties of these identified scales. Design: Systematic review. Intervention: PUBMED, MEDLINE, CINAHL, Scopus, Web of Science, Sport Discus, PsycINFO and AMED were searched from their establishment until December 2008. The medical subject heading terms “brain concussion’’, “signs or symptoms’’ and “athletic injuries’’. The search was limited to articles published in English. An additional search of the reference lists of the retrieved articles was conducted. Only full-text articles were considered for this study and these were retrieved to determine whether they met the inclusion criteria. Results: the initial search resulted in 421 articles, which were reduced to 290 articles after removing duplicates. The hand search resulted in 17 articles, thus giving a total of 307 articles. Full text was available for 295 articles of which 60 met the criteria for inclusion. The excluded 235 articles were case reports, reviews and guidelines on concussion management or studies that had not used a symptom scale or checklist. Conclusions: Six core scales were identified with a broad range of symptom items but with limited information on their psychometric properties. There were numerous derivative scales reported, most of which have not been methodically developed or subjected to scientific scrutiny. Despite this, they do make a contribution to the detection, assessment and return to play decisions but there is a need for the clinical user to be aware that many of these scales have “evolved’’ rather than being scientifically developed.

Keywords: Assessment, Case Reports, Cerebral Concussion, Collegiate Football Players, Contribution, Guidelines, Head-Injury, High-School, Information, Intervention, Management, Measurement, Medical, Mild Brain-Injury, Neurocognitive Performance, Neuropsychological Test Protocol, Professional Football, PUBMED, Return To Play, Return-To-Play, Review, Science, Scopus, Sport, Sports-Related Concussion, Symptoms, Systematic, Systematic Review, Web of Science

? Thorborg, K., Roos, E.M., Bartels, E.M., Petersen, J. and Holmich, P. (2010), Validity, reliability and responsiveness of patient-reported outcome questionnaires when assessing hip and groin disability: A systematic review. *British Journal of Sports Medicine*, **44** (16), 1186-1196.

Full Text: [2010\Bri J Spo Med44, 1186.pdf](2010/Bri%20J%20Spo%20Med44,%201186.pdf)

Abstract: Background Novel treatment interventions are advancing rapidly in the management of hip and groin disability in the physically active young to middle-aged population. Objective To recommend the most suitable patient-reported outcome (PRO) questionnaires for the assessment of hip and groin disability based on a systematic review of evidence of validity, reliability and responsiveness of these instruments. Methods MEDLINE, EMBASE, CINAHL, Cochrane Central Register of Controlled Trials, PsycINFO, SportsDiscus and Web of Science were all searched up to January 2009. Two reviewers independently rated measurement properties of the PRO questionnaires in the included studies, according to a standardised criteria list. Results the computerised search identified 2737 publications. Forty-one publications investigating measurement properties of PRO questionnaires assessing hip or groin disability were included in the study. Twelve different questionnaires designed for patients with hip disability and one questionnaire for patients with groin disability were identified. Hip dysfunction and Osteoarthritis Outcome Score (HOOS) contains adequate measurement qualities to evaluate patients with hip osteoarthritis (OA) or total hip replacement (THR). Hip Outcome Score (HOS) is the best available questionnaire for evaluating hip arthroscopy, but the Inguinal Pain Questionnaire, the only identified questionnaire evaluating groin disability, does not contain adequate measurement qualities. Conclusions HOOS is recommended for evaluating patients with hip OA undergoing non-surgical treatment and surgical interventions such as THR. HOS is recommended for evaluating patients undergoing hip arthroscopy. Current and new PRO questionnaires should also be evaluated in younger patients (age <50) with hip and/or groin disability, including surgical and non-surgical patients.

Keywords: Arthroplasty, Assessment, Cochrane, EMBASE, Femoroacetabular Impingement, Health-Status, Interventions, Management, Measurement, MEDLINE, Methods, Outcome, Publications, Quality-of-Life, Questionnaire, Questionnaires, Randomized Controlled-Trials, Reliability, Replacement Surgery, Review, Science, Scoring Systems, Surgical, Systematic, Systematic Review, The-Literature, Treatment, University Osteoarthritis Index, Validity, Web of Science, Western-Ontario-University

? Alla, S., Sullivan, S.J., McCrory, P. and Hale, L. (2011), Spreading the word on sports concussion: Citation analysis of summary and agreement, position and consensus statements on sports concussion. *British Journal of Sports Medicine*, **45** (2), 132-135.

Full Text: [2011\Bri J Spo Med45, 132.pdf](2011/Bri%20J%20Spo%20Med45,%20132.pdf)

Abstract: Background the growing concern over concussion in sports has led to the publication of five major summary and agreement, position and consensus statements since 2000. The dissemination of information from these statements is largely unknown and difficult to quantify, but their impact on the research community can be quantified by analysing the number of citations to these key publications. The purpose of this review is to report the number and pattern of citations to the key published statements on sports concussion. Methods Web of Science, Scopus and PUBMED were searched from 2000 to mid-December 2009 using two different search strategies. The first strategy used the search terms ‘concussion’ and ‘first author’ of the statement article, while the second used the ‘title’ of the target article as the key search term. Results the publications resulting from the three ‘Concussion in Sport’ (CIS) group conferences were cited by 532 journal articles, while the National Athletic Trainers’ Association position statement was cited 123 times. The highest number of citations to each of the five identified statements was seen in 2009. British Journal of Sports Medicine was the most frequently cited journal. Conclusion the citation analysis of the key statements on sports concussion has shown that the target papers have been widely cited in the research literature, with the highest number of citations being from the publications arising from the CIS group conferences. The authors have shown their preference to cite source articles published in the British Journal of Sports Medicine.

Keywords: 2nd International-Conference, Analysis, Author, Authors, Citation, Citation Analysis, Citations, Dissemination, Impact, Information, Journal, Literature, Management, Methods, November 2008, Papers, Publication, Publications, PUBMED, Recommendations, Research, Review, Science, Scopus, Search Strategies, Sports, Strategy, Web of Science, Zurich

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Full Text: [2012\Bri J Spo Med46, 103.pdf](2012/Bri%20J%20Spo%20Med46,%20103.pdf)

Abstract: Background Despite the high rate of hamstring injuries, there is no consensus on their management, with a large number of different interventions being used. Recently several new injection therapies have been introduced. Objective To systematically review the literature on the effectiveness of therapeutic interventions for acute hamstring injuries. Data sources the databases of PubMed, EMBASE, Web of Science, Cochrane Library, CINAHL and SPORTDiscus were searched in May 2011. Study eligibility criteria Prospective studies comparing the effect of an intervention with another intervention or a control group without intervention in subjects with acute hamstring injuries were included. Data analysis Two authors independently screened the search results and assessed risk of bias. Quality assessment of the included studies was performed using the Physiotherapy Evidence Database score. A best evidence synthesis was used to identify the level of evidence. Main results Six studies were included in this systematic review. There is limited evidence for a positive effect of stretching, agility and trunk stability exercises, intramuscular actovegin injections or slump stretching in the management of acute hamstring injuries. Limited evidence was found that there is no effect of non-steroidal anti-inflammatory drugs or manipulation of the sacroiliac joint. Conclusions There is a lack of high quality studies on the treatment of acute hamstring injuries. Only limited evidence was found to support the use of stretching, agility and trunk stability exercises, intramuscular actovegin injections or slump stretching. Further research is needed using an appropriate control group, randomisation and blinding.

Keywords: Acute, Acute Muscle Injury, Analysis, Assessment, Author, Authors, Bias, Cochrane, Control, Data Analysis, Database, Databases, Drugs, Effectiveness, Embase, Epidemiology, Exercises, Intervention, Interventions, Joint, Literature, Management, Pedro Scale, Physiotherapy, Players, Prevention, Professional Football, Prospective, Prospective Studies, Pubmed, Quality, Quality Assessment, Rehabilitation, Research, Review, Risk, Science, Stability, Strain Injuries, Synthesis, Systematic, Systematic Review, Treatment, Web of Science, Web-of-Science

? McBain, K., Shrier, I., Shultz, R., Meeuwisse, W.H., Klügl, M., Garza, D. and Matheson, G.O. (2012), Prevention of sports injury I: A systematic review of applied biomechanics and physiology outcomes research. *British Journal of Sports Medicine*, **46** (3), 169-173.

Full Text: [2012\Bri J Spo Med46, 169.pdf](2012/Bri%20J%20Spo%20Med46,%20169.pdf)

Abstract: Objective To analyse published articles that used interventions aimed at investigating biomechanical/physiological outcomes (ie, intermediate risk factors) for sport injury prevention in order to characterise the state of the field and identify important areas not covered in the literature. Data sources PubMed, Cinahl, Web of Science and Embase were searched using a broad search strategy. Main results Only 144 of 2525 articles retrieved by the search strategy met the inclusion criteria. Crossover study designs increased by 175% in the late 1980s until 2005 but have declined 32% since then. Randomised controlled trial (RCT) study designs increased by 650% since the early 1980s. Protective equipment studies (61.8% of all studies) declined by 35% since 2000, and training studies (35.4% of all studies) increased by 213%. Equipment research studied stability devices (83.1%) and attenuating devices (13.5%) whereas training research studied balance and coordination (54.9%), strength and power (43.1%) and stretching (15.7%). Almost all (92.1%) studies investigated the lower extremity and 78.1% were of the joint (non-bone)-ligament type. Finally, 57.5% of the reports studied contact sports, 24.2% collision and 25.8% non-contact sports. Conclusion the decrease in crossover study design and increase in RCTs over time suggest a shift in study design for injury prevention articles. Another notable finding was the change in research focus from equipment interventions, which have been decreasing since 2000 (35% decline), to training interventions, which have been increasing (213% increase). Finally, there is very little research on overuse or upper extremity injuries.

Keywords: Adolescents, Benefits, Biomechanics, Controlled Trial, Coordination, Criteria, Design, Equipment, Exercise, Field, Impact, Injury, Injury Prevention, Interventions, Literature, Mar, Outcomes, Outcomes Research, Physical-Activity, Physiology, Power, Prevention, Proprioception, Pubmed, RCT, Research, Review, Risk, Risk Factors, Science, Search Strategy, Sources, Sport, Stability, State, Strategy, Strength, Study Design, Systematic Review, Training, Training-Program, Trial, Web of Science

? McBain, K., Shrier, I., Shultz, R., Meeuwisse, W.H., Klügl, M., Garza, D. and Matheson, G.O. (2012), Prevention of sport injury II: A systematic review of clinical science research. *British Journal of Sports Medicine*, **46** (3), 174-179.

Full Text: [2012\Bri J Spo Med46, 174.pdf](2012/Bri%20J%20Spo%20Med46,%20174.pdf)

Abstract: Objective To characterise the nature of the sport injury prevention literature by reviewing published articles that evaluate specific clinical interventions designed to reduce sport injury risks. Data sources PubMed, Cinahl, Web of Science and Embase. Main results Only 139 of 2525 articles retrieved met the inclusion criteria. Almost 40% were randomised controlled trials and 30.2% were cohort studies. The focus of the study was protective equipment in 41%, training in 32.4%, education in 7.9%, rules and regulations in 4.3%, and 13.3% involved a combination of the above. Equipment research studied stability devices (42.1%), head and face protectors (33.3%), attenuating devices (17.5%) as well as other devices (7%). Training studies often used a combination of interventions (eg, balance and stretching); most included balance and coordination (63.3%), with strength and power (36.7%) and stretching (22.5%) being less common. Almost 70% of the studies examined lower extremity injuries, and a majority of these were joint (non-bone)-ligament injuries. Contact sports were most frequently studied (41.5%), followed by collision (39.8%) and non-contact (20.3%). Conclusion the authors found only 139 publications in the existing literature that examined interventions designed to prevent sports injury. of these, the majority investigated equipment or training interventions whereas only 4% focused on changes to the rules and regulations that govern sport. The focus of intervention research is on acute injuries in collision and contact sports whereas only 20% of the studies focused on non-contact sports.

Keywords: Authors, Benefits, Changes, Clinical, Cohort, Coordination, Criteria, Descriptive Epidemiology, Education, Equipment, Football, Impact, Injury, Injury Prevention, Intervention, Intervention Research, Interventions, Literature, Mar, Physical-Activity, Power, Prevention, Publications, Pubmed, Randomised, Randomised Controlled Trials, Regulations, Research, Review, Risks, Science, Science Research, Sources, Sport, Stability, Strength, Surveillance System, Systematic Review, Training, Web of Science

? Barton, C., Balachandar, V., Lack, S. and Morrissey, D. (2014), Patellar taping for patellofemoral pain: A systematic review and meta-analysis to evaluate clinical outcomes and biomechanical mechanisms. *British Journal of Sports Medicine*, **48** (6), 417-424.

Full Text: [2014\Bri J Spo Med48, 417.pdf](2014/Bri%20J%20Spo%20Med48,%20417.pdf)

Abstract: Objective Patellar taping is frequently used to treat patellofemoral pain (PFP). This systematic review and meta-analysis (1) evaluates the efficacy of patellar taping for patients with PFP, (2) compares the efficacy of various taping techniques and (3) identifies potential biomechanical mechanisms of action. Methods The MEDLINE, CINAHL, SPORTSDiscus, Web of Science and Google Scholar databases were searched in January 2013 for studies evaluating the effects of patellar taping on pain and lower-limb biomechanics in individuals with PFP. Three independent reviewers assessed each paper for inclusion and two assessed for quality. Means and SDs were extracted from each included study to allow effect size calculations. Results Twenty studies were identified. There is moderate evidence that (1) tailored (customised to the patient to control lateral tilt, glide and spin) and untailored patellar taping provides immediate pain reduction of large and small effect, respectively and (2) tailored patellar taping promotes earlier onset of vastus medialis oblique (VMO) contraction (relative to vastus lateralis contraction). There is limited evidence that (1) tailored patellar taping combined with exercise provides superior pain reduction compared to exercise alone at 4 weeks, (2) untailored patellar taping added to exercise at 3-12 months has no benefit and (3) tailored patellar taping promotes increased internal knee extension moments. Conclusions Tailoring patellar taping application (ie, to control lateral tilt, glide and spin) to optimise pain reduction is important for efficacy. Evaluation of tailored patellar taping beyond the immediate term is limited and should be a research priority. Possible mechanisms behind patellar taping efficacy include earlier VMO onset and improved knee function capacity (ie, ability to tolerate greater internal knee extension moments).

Keywords: Anterior Knee Pain, Application, Biomechanics, Capacity, Clinical, Clinical Outcomes, Contraction, Control, Databases, Effect Size, Effects, Efficacy, Evaluation, Evidence, Exercise, Follow-Up, Foot Orthoses, Function, Google, Google Scholar, Individuals, Joint Proprioception, Kinematics, Lateralis Muscle-Activity, Mar, Mechanisms, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Onset, Outcomes, Pain, Patients, Physical Therapy, Potential, Quality, Randomized Controlled-Trial, Reduction, Research, Results, Review, Reviewers, Science, Size, Small, Systematic, Systematic Review, Techniques, Term, Vastus Medialis Obliquus, Web Of Science

? Lauersen, J.B., Bertelsen, D.M. and Andersen, L.B. (2014), The effectiveness of exercise interventions to prevent sports injuries: A systematic review and meta-analysis of randomised controlled trials. *British Journal of Sports Medicine*, **48** (11), 871-877.

Full Text: [2014\Bri J Spo Med48, 871.pdf](2014/Bri%20J%20Spo%20Med48,%20871.pdf)

Abstract: Background Physical activity is important in both prevention and treatment of many common diseases, but sports injuries can pose serious problems. Objective To determine whether physical activity exercises can reduce sports injuries and perform stratified analyses of strength training, stretching, proprioception and combinations of these, and provide separate acute and overuse injury estimates. Material and methods PubMed, EMBASE, Web of Science and SPORTDiscus were searched and yielded 3462 results. Two independent authors selected relevant randomised, controlled trials and quality assessments were conducted by all authors of this paper using the Cochrane collaboration domain-based quality assessment tool. Twelve studies that neglected to account for clustering effects were adjusted. Quantitative analyses were performed in STATAV. 12 and sensitivity analysed by intention-to-treat. Heterogeneity (I-2) and publication bias (Harbord’s small-study effects) were formally tested. Results 25 trials, including 26 610 participants with 3464 injuries, were analysed. The overall effect estimate on injury prevention was heterogeneous. Stratified exposure analyses proved no beneficial effect for stretching (RR 0.963 (0.846-1.095)), whereas studies with multiple exposures (RR 0.655 (0.520-0.826)), proprioception training (RR 0.550 (0.347-0.869)), and strength training (RR 0.315 (0.207-0.480)) showed a tendency towards increasing effect. Both acute injuries (RR 0.647 (0.502-0.836)) and overuse injuries (RR 0.527 (0.373-0.746)) could be reduced by physical activity programmes. Intention-to-treat sensitivity analyses consistently revealed even more robust effect estimates. Conclusions Despite a few outlying studies, consistently favourable estimates were obtained for all injury prevention measures except for stretching. Strength training reduced sports injuries to less than 1/3 and overuse injuries could be almost halved.

Keywords: Activity, Analyses, Assessment, Assessments, Authors, Balance-Training-Program, Bias, Clustering, Collaboration, Controlled Clinical-Trials, Diseases, Effectiveness, Effects, Embase, Estimates, Exercise, Exercises, Exposure, Exposures, Female Soccer, Football Players, Hamstring Injuries, Injury, Injury Prevention, Interventions, Lower-Limb Injuries, Measures, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Neuromuscular Warm-Up, Physical, Physical Activity, Physical-Activity, Prevent, Prevention, Programmes, Publication, Publication Bias, Pubmed, Quality, Randomised, Randomised Controlled Trials, Results, Review, Science, Sensitivity, Soccer Players, Strength, Systematic, Systematic Review, Training, Treatment, Web Of Science, Youth Football

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Full Text: [2014\Bri J Spo Med48, 952.pdf](2014/Bri%20J%20Spo%20Med48,%20952.pdf)

Abstract: Background Chronic lateral epicondylar tendinopathy is frequent in athletes, and platelet-rich plasma (PRP) is being used increasingly in its treatment. Objective To systematically review the literature on the efficacy of PRP injections for chronic lateral epicondylar tendinopathy. Methods The databases of PubMed, EMBASE, CINAHL, Medline OvidSP, Scopus, Google Scholar, Web of Science and Cochrane Library were searched in October 2013. Inclusion criteria were a clinical diagnosis of chronic lateral epicondylar tendinopathy, a randomised controlled trial, an intervention with a PRP injection and the outcome measures described in terms of pain and/or function. One author screened the search results and two authors independently assessed the study quality using the Physiotherapy Evidence Database (PEDro) score. A study was considered to be of high quality if its PEDro score was >= 6. A best evidence synthesis was used to identify the level of evidence. Results 6 studies were included, of which four were considered to be of high quality. Three high-quality studies (75%) and two low-quality studies showed no significant benefit at the final follow-up measurement or predefined primary outcome score when compared with a control group. One high-quality study (25%) showed a beneficial effect of a PRP injection when compared with a corticosteroid injection (corticosteroid injections are harmful in tendinopathy). Based on the best evidence synthesis, there is strong evidence that PRP injections are not efficacious in chronic lateral epicondylar tendinopathy. Conclusions There is strong evidence that PRP injections are not efficacious in the management of chronic lateral elbow tendinopathy.

Keywords: Achilles Tendinopathy, Athletes, Authors, Autologous Blood Injections, Chronic, Chronic Tennis Elbow, Clinical, Control, Controlled Trial, Corticosteroid Injection, Criteria, Database, Databases, Diagnosis, Double-Blind, Efficacy, Embase, Evidence, Follow-Up, Function, Google, Google Scholar, Guidelines, Injections, Intervention, Literature, Management, Measurement, Measures, Medline, Methods, Outcome, Outcome Measures, Pain, Physiotherapy, Plasma, Primary, Pubmed, Quality, Randomised, Randomised Controlled Trial, Randomized Controlled-Trial, Results, Review, Science, Scopus, Synthesis, Systematic, Systematic Review, Treatment, Trial, Web Of Science

? Rathleff, M.S., Rathleff, C.R., Crossley, K.M. and Barton, C.J. (2014), Is hip strength a risk factor for patellofemoral pain? A systematic review and meta-analysis. *British Journal of Sports Medicine*, **48** (14), 1088-U120.

Full Text: 2014\Bri J Spo Med48, 1088.pdf

Abstract: Objective To evaluate and synthesise the literature on hip strength among patients with patellofemoral pain (PFP) to address the following: (1) differentiate between hip strength as a risk factor and associated deficit in PFP; (2) describe hip strength in men and women with PFP across different age ranges; (3) investigate the effects of hip strengthening on biomechanical knee variables associated with PFP development. Methods MEDLINE, CINAHL, Web of Science, SportDiscus and Google Scholar were searched in November 2013 for studies investigating hip strength among patients with PFP. Two reviewers independently assessed papers for inclusion and quality. Means and SDs were extracted from each included study to allow effect size calculations and comparisons of results. Results Moderate-to-strong evidence from prospective studies indicates no association between isometric hip strength and risk of developing PFP. Moderate evidence from cross-sectional studies indicates that men and women with PFP have lower isometric hip musculature strength compared to pain-free individuals. Limited evidence indicates that adolescents with PFP do not have the same strength deficits as adults with PFP. Conclusions This review highlights a possible discrepancy between prospective and cross-sectional research. Cross-sectional studies indicate that adult men and women with PFP appear to have lower hip strength compared to pain-free individuals. Contrary to this, a limited number of prospective studies indicate that there may be no association between isometric hip strength and risk of developing PFP. Therefore, reduced hip strength may be a result of PFP rather than the cause.

Keywords: Adolescents, Adult, Age, Anterior Knee Pain, Association, Clinical-Trial, Cross-Sectional, Cross-Sectional Studies, Developing, Development, Effect Size, Effects, Evidence, Females, Follow-Up, Foot Orthoses, Google, Google Scholar, Hallux-Valgus, Kinematics, Literature, Medline, Men, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Muscle Function, Pain, Papers, Patients, Physical-Therapy, Prospective, Prospective Studies, Quality, Research, Results, Review, Reviewers, Risk, Risk Factor, Science, Single-Leg Squat, Size, Strength, Systematic, Systematic Review, Web Of Science, Women

# Title: British Journal of Social Psychology

Full Journal Title: British Journal of Social Psychology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Trafimow, D. and Fishbein, M. (1995), Do people really distinguish between behavioral and normative beliefs. *British Journal of Social Psychology*, **34**, 257-266.

Full Text: 1995\Bri J Soc Psy34, 257.pdf

Abstract: Several theories (e.g. Ajzen, 1988; Fishbein BE Ajzen, 1975; Triandis, 1980) imply that people distinguish between beliefs about the consequences of performing a behaviour and beliefs about the opinions of important others toward performing that behaviour. In order to test this, subjects were presented with ‘behavioural’ or ‘normative’ items that were relevant to the performance of a behaviour. Experimental group subjects in two experiments were asked to decide, on the basis of these items, whether or not they would perform the behaviour. Control group subjects were given other processing objectives; these were different in the two experiments. All subjects were asked ro recall the items. According to the distinction between behavioural and normative beliefs, experimental group subjects’ recall protocols should be clustered by belief type, but this should not be true for control group subjects. Findings from two experiments were consistent with predictions. Finally, a third experiment, in which subjects wrote down beliefs chat were nor presented by an experimenter, further supported a distinction between these two types of beliefs.

Keywords: Beliefs, Control, Experimental, Fishbein, Intentions, Model, Reasoned Action, Response Bias, Self, Theories

# Title: British Journal of Social Work

Full Journal Title: British Journal of Social Work

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Manthorpe, J. (2007), Bibliometrics in social work. *British Journal of Social Work*, **37** (5), 951-953.

Full Text: [2007\Bri J Soc Wor37, 951.pdf](2007/Bri%20J%20Soc%20Wor37,%20951.pdf)

Keywords: Bibliometrics

? Hodge, D.R., Lacasse, J.R. and Benson, O. (2012), Influential publications in social work discourse: the 100 most highly cited articles in disciplinary journals: 2000-09. *British Journal of Social Work*, **42** (4), 765-782.

Full Text: [2012\Bri J Soc Wor42, 765.pdf](2012/Bri%20J%20Soc%20Wor42,%20765.pdf)

Abstract: Examinations of highly cited articles are common in professions such as medicine as a way to enhance professional self-reflection. Yet, little research has examined influential articles in social work. In light of the emergence of a distinct disciplinary knowledge base over the past few decades, this study identifies the 100 most cited articles in disciplinary social work journals (N 79) published during 200009. Analysis revealed twelve citation classics spanning a relatively diverse array of subjects. Among the various topics that appeared among the 100 most cited articles, the results suggest that evidence-based practice/social work research plays a particularly important role in professional discourse. Also notable is the fact that some two-thirds of the most highly cited articles were published in just four journals.

Keywords: Articles, Bibliometrics, Citation, Citation Classics, Citation-Classics, Classics, Discourse, Evidence Based, Evidence-Based, Google-Scholar, Highly Cited Articles, Impact, Indicators, Journals, Knowledge, Knowledge Base, Medicine, N, Ophthalmology Journals, Profession, Professional Discourse, Professions, Publications, Research, Role, Science, Scopus, Self-Reflection, Social, Social Work, Social Work Journals, Social Work Literature, Surgical Journals, Topics, Web, Work

? Slater, T., Scourfield, J. and Sloan, L. (2012), Who is citing whom in social work? A response to Hodge, Lacasse and Benson. *British Journal of Social Work*, **42** (8), 1626-1633.

Full Text: [2012\Bri J Soc Wor42, 1626.pdf](2012/Bri%20J%20Soc%20Wor42,%201626.pdf)

Abstract: The top 100 most cited papers in social work journals in 200009 were recently listed in a British Journal of Social Work paper by Hodge, Lacasse and Benson. The citations of these 100 papers in a two-year period (200709) were identified and a further manual web-based search was conducted to identify some key features of the citing sources. Descriptive statistics are presented on language of publication and national location of citing authors, as well as type of citing source. Bivariate analysis was conducted of the national location of cited journal by national location of citing first author. This analysis shows a strong tendency towards within-country citation in both the UK and USA, providing some evidence of intellectual chauvinism amongst social work academics and, more specifically, evidence of a Great Atlantic Divide.

Keywords: Academics, Analysis, Authors, Citation, Citation Analysis, Citations, Data Analysis, Dissemination, Evidence, First, Journal, Journals, Language, Location, Papers, Publication, Quantitative Methods, Social, Social Work Journals, Source, Sources, Statistics, UK, USA, Work

? Hodge, D.R. and Lacasse, J.R. (2014), Does citation analysis help or hinder the professional development of social workers and their profession? A reply to Slater, Scourfield and Sloan. *British Journal of Social Work*, **44** (2), 469-472.

Full Text: [2014\Bri J Soc Wor44, 469.pdf](2014/Bri%20J%20Soc%20Wor44,%20469.pdf)

Abstract: This article responds to Slater, Scourfield and Sloans assessment and analysis of our earlier British Journal of Social Work article delineating the 100 most highly cited articles in disciplinary social work journals during the past decade. We address two primary issues in our response. First, we provide background on the circumstances that animated the larger research agenda from which the BJSW article emanated. Second, we discuss how the authors empirical work illustrates the potential of citation analysis to spark conversations that facilitate professional reflection and growth. We conclude by noting that every method is characterised by a certain set of limitations and that citation analysis has the potential to assist both social workers and their profession if used appropriately.

Keywords: Analysis, Assessment, Authors, Bibliometrics, Citation, Citation Analysis, Disciplinary Journals, Growth, H-Index, Highly Cited, Highly Cited Articles, Highly-Cited, Issues, Journal, Journals, Mar, Methodological Limitations, Potential, Primary, Profession, Professional Discourse, Reflection, Research, Research Agenda, Response, Social, Social Work Journals, Work

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Organ, Jr., C.H. (2000), What an editor wants or expects from authors. *British Journal of Surgery*, **87** (9), 1123-1124.

Full Text: [2000\Bri J Sur87, 1123.pdf](2000/Bri%20J%20Sur87,%201123.pdf)

Schein, M., Farndon, J.R. and Fingerhut, A. (2000), Epilogue: Key considerations in surgical publishing. *British Journal of Surgery*, **87** (12), 1610-1614.

Full Text: [2000\Bri J Sur87, 1610.pdf](2000/Bri%20J%20Sur87,%201610.pdf)

? Memon, M.A., Cooper, N.J., Memon, B., Memon, M.I. and Abrams, K.R. (2003), Meta-analysis of randomized clinical trials comparing open and laparoscopic inguinal hernia repair. *British Journal of Surgery*, **90** (12), 1479-1492.

Full Text: [2003\Bri J Sur90, 1479.pdf](2003/Bri%20J%20Sur90,%201479.pdf)

Abstract: Background: the aim was to conduct a meta-analysis of the randomized evidence to determine the relative merits of laparoscopic (LIHR) and open (OIHR) inguinal hernia repair. Methods: A search of the MEDLINE, Embase, Science Citation Index, Current Contents and PUBMED databases identified all randomized clinical trials that compared OIHR and LIHR and were published in the English language between January 1990 and the end of October 2000. The meta-analysis was prepared in accordance with the Quality of Reporting of Meta-analyses (QUOROM) statement. The six outcome variables analysed were operating time, time to discharge from hospital, return to normal activity and return to work, postoperative complications and recurrence rate. Random effects meta-analyses were performed using odds ratios and weighted mean differences. Results: Twenty-nine trials were considered suitable for meta-analysis. Some 3017 hernias were repaired laparoscopically and 2972 hernias were repaired using an open method in 5588 patients. For four of the six outcomes the summary point estimates favoured LIHR over OIHR; there was a significant reduction of 38 per cent in the relative odds of postoperative complications (odds ratio 0.62 (95 per cent confidence interval (c.i.) 0.46 to 0.84); P = 0.002), 4.73 (95 per cent c.i. 3.51 to 5.96) days in time to return to normal activity (P < 0.001), 6.96 (95 per cent c.i. 5.34 to 8.58) days in time to return to work (P < 0.001) and 3.43 (95 per cent c.i. 0.35 to 6.50) h in time to discharge from hospital (P = 0.029). There was a significant increase of 15.20 (95 per cent c.i. 7.78 to 22.63) min in the mean operating time for LIHR (P < 0.001). The relative odds of short-term recurrence were increased by 50 per cent for LIHR compared with OIHR, although this result was not statistically significant (odds ratio 1.51 (95 per cent c.i. 0.81 to 2-79); P = 0.194). Conclusion: LIHR was associated with earlier discharge from hospital, quicker return to normal activity and work, and significantly fewer postoperative complications than OIHR. However, the operating time was significantly longer and there was a trend towards an increase in the relative odds of recurrence after laparoscopic repair.

Keywords: Citation, Clinical Trials, Cost, Databases, Day Surgical-Procedure, Discharge, English, Groin Hernia, Hernioplasty, Herniorrhaphy, Language, MEDLINE, Meta-Analysis, Multicenter Trial, Outcomes, Postoperative Pain, Preperitoneal Mesh Repair, Reduction, Science, Science Citation Index, Shouldice Repair, Transabdominal Preperitoneal

? Mazaki, T., Ishii, Y. and Takayama, T. (2006), Meta-analysis of prophylactic antibiotic use in acute necrotizing pancreatitis. *British Journal of Surgery*, **93** (6), 674-684.

Full Text: [2006\Bri J Sur93, 674.pdf](2006/Bri%20J%20Sur93,%20674.pdf)

Abstract: Background: Death from infected necrosis in acute pancreatitis is common and prevention has focused on prophylactic antibiotics. This study assesses whether intravenous prophylactic antibiotic use reduces infected necrosis and death in acute necrotizing pancreatitis. Methods. A meta-analysis of randomized controlled trials was carried out. MEDLINE, Web of Science, the Cochrane controlled trials register and international conference proceedings were searched, with a citation review of relevant primary and review articles. Results: Six of 328 studies assessed were included in data extraction. Primary outcome measures were infected necrosis and death. Secondary outcome measures were non-pancreatic infections, surgical intervention and length of hospital stay. Prophylactic antibiotic use was not associated with a statistically significant reduction in infected necrosis (relative risk (RR) 0.77 (95 per cent confidence interval (c.i.) 0.54 to 1.12); P = 0.173), mortality (RR 0.78 (95 per cent c.i. 0.44 to 1.39); P = 0.404), non-pancreatic infections (RR 0.71 (95 per cent c.i. 0.32 to 1.58); P = 0.402) and surgical intervention (RR 0.78 (95 per cent c.i. 0.55 to 1.11); P = 0.167). It was, however, associated with a statistically significant reduction in hospital stay (P = 0.040). Conclusion: Prophylactic antibiotics do not prevent infected necrosis or death in acute necrotizing pancreatitis.

Keywords: Acute Pancreatitis, Antibiotic, Antibiotics, Citation, Cochrane, Controlled Clinical-Trial, Hospital, Imipenem, Infection, Intervention, Meta Analysis, Meta-Analysis, Methods, Mortality, Multicenter, Necrosis, Nonsurgical Management, Organ Failure, Outcome, Prevention, Primary, Quality, Randomized Controlled Trials, Randomized-Trials, Relative Risk, Review, Risk, Science, Septic Complications, Surgical, Web of Science

? van Rossum, M., Bosker, B.H., Pierik, E.G.J.M. and Verheyen, C.C.P.M. (2007), Geographic origin of publications in surgical journals. *British Journal of Surgery*, **94** (2), 244-247.

Full Text: [2007\Bri J Sur94, 244.pdf](2007/Bri%20J%20Sur94,%20244.pdf)

Abstract: Background: Publications in peer-reviewed journals are the main determinants of research rating and funding. The present study assesses worldwide scientific contributions in the field of surgical research.

Methods: Fifteen major surgical journals were selected for a bibliometric search in MEDLINE/PUBMED over a 6-year period (2000-2005). All articles with abstracts were totalled according to country of corresponding author. Publications (total and corrected for population size) and journal impact factor were assessed according to country.

Results: A total of 18 717 articles were identified. Fifteen countries generated 88.8 per cent of these: the USA produced 42.1 per cent, Japan 9.1 per cent and the UK 7.6 per cent. When corrected for population size, the Netherlands, Sweden and Switzerland topped the ranking; the USA was sixth. Ireland and Switzerland scored the highest mean impact factor.

Conclusion: the USA is the most productive country in terms of absolute number of surgical publications in the selected journals. However, when population size is taken into consideration, certain smaller European countries were more prolific.

Keywords: Anesthesia, Bibliometric, Care Journals, Countries Publish, Funding, Impact, Impact Factor, Japan, Japan Contribution, Journal, Journals, Medicine, Output, Population, Publications, Ranking, Research, Size, Sweden, Switzerland, UK, USA

? GurUSAmy, K., Junnarkar, S., Farouk, M. and Davidson, B.R. (2008), Meta-analysis of randomized controlled trials on the safety and effectiveness of day-case laparoscopic cholecystectomy. *British Journal of Surgery*, **95** (2), 161-168.

Full Text: [2008\Bri J Sur95, 161.pdf](2008/Bri%20J%20Sur95,%20161.pdf)

Abstract: Background: Although day-case laparoscopic cholecystectomy can save bed costs, its safety has to be established. The aim of this meta-analysis is to assess the advantages and disadvantages of day-case surgery compared with overnight stay in patients undergoing elective laparoscopic cholecystectomy. Methods: Randomized clinical trials addressing the above issue were identified from the Cochrane Library trials register, MEDLINE, Embase, Science Citation Index Expanded and reference lists. Data were extracted from these trials by two independent reviewers. For each outcome the relative risk, weighted mean difference or standardized mean difference was calculated with 95 per cent confidence intervals based on available case analysis. Results: Five trials with 215 patients randomized to the day-case group and 214 to the overnight-stay group were included in the review. Four of the five trials were of low risk of bias. The trials recruited 49.1 per cent of patients presenting for cholecystectomy. There was no significant difference between day case and overnight stay with respect to morbidity, prolongation of hospital stay, readmission rates, pain, quality of life, patient satisfaction, and return to normal activity and work. In the day-case group 80.5 per cent of patients were discharged on the day of surgery. Conclusion: Day-case laparoscopic cholecystectomy is a safe and effective treatment for symptomatic gallstones.

Keywords: Bias, Citation, Clinical Trials, Clinical-Trial, Complications, Costs, Day-Care, Effectiveness, Gallstones, MEDLINE, Meta-Analysis, Outpatient, Overnight-Stay, Pain, Quality, Review, Risk, Science, Science Citation Index, Surgery, Treatment

? GurUSAmy, K., Aggarwal, R., Palanivelu, L. and Davidson, B.R. (2008), Systematic review of randomized controlled trials on the effectiveness of virtual reality training for laparoscopic surgery. *British Journal of Surgery*, **95** (9), 1088-1097.

Full Text: [2008\Bri J Sur95, 1088.pdf](2008/Bri%20J%20Sur95,%201088.pdf)

Abstract: Background: Surgical training has traditionally been one of apprenticeship. The aim of this review was to determine whether virtual reality (VR) training can supplement and/or replace conventional laparoscopic training in surgical trainees with limited or no laparoscopic experience. Methods: Randomized clinical trials addressing this issue were identified from the Cochrane Library trials register, MEDLINE, Embase, Science Citation Index Expanded, grey literature and reference lists. Standardized mean difference was calculated with 95 per cent confidence intervals based on available case analysis. Results: Twenty-three trials (mostly with a high risk of bias) involving 622 participants were included in this review. In trainees without surgical experience, VR training decreased the time taken to complete a task, increased accuracy and decreased errors compared with no training. In the same participants, VR training was more accurate than video trainer (VT) training. In participants with limited laparoscopic experience, VR training resulted in a greater reduction in operating time, error and unnecessary movements than standard laparoscopic training. In these participants, the composite performance score was better in the VR group than the VT group. Conclusion: VR training can supplement standard laparoscopic surgical training. It is at least as effective as video training in supplementing standard laparoscopic training.

Keywords: Accuracy, Acquisition, Bias, Citation, Clinical Trials, Clinical-Trials, Composite, Effectiveness, High Risk, High-Risk, Laparoscopic Surgery, Learning-Curve, Literature, MEDLINE, Metaanalysis, Mist-VR, Operating-Room Performance, Porcine, Psychomotor Skill, Reduction, Review, Risk, Science, Science Citation Index, Simulator, Surgery, Surgical Residents, Systematic Review, Task, Training

? Mofidi, R., Patil, P.V., Suttie, S.A. and Parks, R.W. (2009), Risk assessment in acute pancreatitis. *British Journal of Surgery*, **96** (2), 137-150.

Full Text: [2009\Bri J Sur96, 137.pdf](2009/Bri%20J%20Sur96,%20137.pdf)

Abstract: Acute pancreatitis has a variable natural history and in a proportion of patients is associated with severe complications and a significant risk of death. The various tools available for risk assessment in acute pancreatitis are reviewed. Relevant medical literature from PUBMED, Ovid, EMBASE, Web of Science and the Cochrane Library websites to May 2008 was reviewed. Over the past 30 years several scoring systems have been developed to predict the severity of acute pancreatitis in the first 48-72 h. Biochemical and immunological markers, imaging modalities and novel predictive models may help identify patients at high risk of complications or death. Recently, there has been a recognition of the importance of the systemic inflammatory response syndrome and organ dysfunction.

Keywords: Abdominal Computed-Tomography, Acute Biliary Pancreatitis, Acute Pancreatitis, Apache-II Score, Artificial Neural-Network, Assessment, C-Reactive Protein, Cochrane, Critically-Ill Patients, History, Imaging, Literature, Medical, Multiple Organ Dysfunction, PUBMED, Risk, Risk Assessment, Science, Severe Necrotizing Pancreatitis, Trypsinogen Activation Peptide, Tumor-Necrosis-Factor, Web of Science, Websites

? Petrov, M.S. and Savides, T.J. (2009), Systematic review of endoscopic ultrasonography versus endoscopic retrograde cholangiopancreatography for suspected choledocholithiasis. *British Journal of Surgery*, **96** (9), 967-974.

Full Text: [2009\Bri J Sur96, 967.pdf](2009/Bri%20J%20Sur96,%20967.pdf)

Abstract: Background: Endoscopic ultrasonography (EUS) has emerged as an accurate diagnostic alternative to endoscopic retrograde cholangiopancreatography (ERCP). The aim of this study was to perform a systematic review of all randomized controlled trials of EUS-guided ERCP versus ERCP alone in patients with suspected choledocholithiasis. Methods: the search for eligible studies was carried out using the MEDLINE, Cochrane Central Register of Controlled Trials, and Science Citation Index electronic databases. Meta-analysis was conducted using a random-effects model. Results: Four trials containing 213 patients randomized to EUS-guided ERCP and 2 10 to ERCP alone were selected. In the EUS-guided ERCP group, ERCP was avoided in 143 patients (67.1 per cent) when EUS did not detect choledocholithiasis. The use of EUS significantly reduced the risk of overall complications (relative risk 0.35 (95 per cent confidence interval (c.i.) 0.20 to 0.62); P < 0.001) and post-ERCP acute pancreatitis (relative risk 0.21 (95 per cent c.i. 0.06 to 0.83); P = 0.030). Conclusion: By performing EUS first, ERCP may be safely avoided in two-thirds of patients with common bile duct stones. Application of EUS in the selection of patients for therapeutic ERCP significantly reduces the complication rate.

Keywords: Acute Biliary Pancreatitis, Bile-Duct Stones, Citation, Ercp, Eus, Intermediate Probability, Magnetic-Resonance Cholangiopancreatography, MEDLINE, Meta-Analysis, Metaanalysis, Randomized-Trial, Systematic Review, Test-Performance, Ultrasound

? GurUSAmy, K., Samraj, K., Gluud, C., Wilson, E. and Davidson, B.R. (2010), Meta-analysis of randomized controlled trials on the safety and effectiveness of early versus delayed laparoscopic cholecystectomy for acute cholecystitis. *British Journal of Surgery*, **97** (2), 141-150.

Full Text: [2010\Bri J Sur97, 141.pdf](2010/Bri%20J%20Sur97,%20141.pdf)

Abstract: Background: In many countries laparoscopic cholecystectomy for acute cholecystitis is mainly performed after the acute episode has settled because of the anticipated increased risk of morbidity and higher conversion rate from laparoscopic to open cholecystectomy. Methods: A systematic review was performed with meta-analysis of randomized clinical trials of early laparoscopic cholecystectomy (ELC; performed within I week of onset of symptoms) versus delayed laparoscopic cholecystectomy (performed at least 6, weeks after symptoms settled) for acute cholecystitis. Trials were identified from the Cochrane Library trials register, MEDLINE, Embase, Science Citation Index Expanded and reference lists. Risk ratio (RR) or mean difference was calculated with 95 per cent confidence intervals (c.i.) based oil intention-to-treat analysis. Results: Five trials with 451 patients were included. There was no significant difference between the two groups in terms of bile duct injury (RR 0.64 (95 per cent c.i. 0.15 to 2.65)) or conversion to open cholecystectomy (RR 0.88 (95 per cent c.i. 0.62 to 1.25)). The total hospital stay was shorter by 4 days for ELC (mean difference -4.12 (95 percent c.i. -5.22 to -3.03) days). Conclusion: ELC during acute cholecystitis appears safe and shortens the total hospital stay.

Keywords: Acute Gallbladder-Disease, Bias, Bile-Duct Injuries, Biliary Leaks, Citation, Clinical-Trials, Empirical-Evidence, Gallstone Disease, Groups, MEDLINE, Meta-Analysis, Quality-of-Life, Review, Risk-Factors, Science, Science Citation Index, Surgical-Management, Systematic Review

? van Hove, P.D., Tuijthof, G.J.M., Verdaasdonk, E.G.G., Stassen, L.P.S. and Dankelman, J. (2010), Objective assessment of technical surgical skills. *British Journal of Surgery*, **97** (7), 972-987.

Full Text: [2010\Bri J Sur97, 972.pdf](2010/Bri%20J%20Sur97,%20972.pdf)

Abstract: Background: Surgeons are increasingly being scrutinized for their performance and there is growing interest in objective assessment of technical skills. The purpose of this study was to review all evidence for these methods, in order to provide a guideline for use in clinical practice. Methods: A systematic search was performed using PUBMED and Web of Science for studies addressing the validity and reliability of methods for objective skills assessment within surgery and gynaecology only. The studies were assessed according to the Oxford Centre for Evidence-based Medicine levels of evidence. Results: In total 104 studies were included, of which 20 (19.2 per cent) had a level of evidence 1b or 2b. In 28 studies (26.9 per cent), The assessment method was used in the operating room. Virtual reality simulators and Objective Structured Assessment of Technical Skills (OSATS) have been studied most. Although OSATS is seen as the standard for skills assessment, only seven studies, with a low level of evidence, addressed its use in the operating room. Conclusion: Based on currently available evidence, most methods of skills assessment are valid fir feedback or measuring progress of training, but few can be used for examination or credentialing. The purpose of the assessment determines the choice of method.

Keywords: Assessment, Computer-Assisted Assessment, Construct-Validity, Endoscopic Psychomotor Tester, Feedback, Gynecology Residents, Interest, Methods, Minimally Invasive Surgery, Motion Analysis, Novice Laparoscopic Surgeons, Operating-Room, Practice, PUBMED, Reliability, Review, Science, Structured Assessment, Surgery, Surgical, Systematic, Training, Validity, Virtual-Reality Simulator, Web of Science

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Full Text: [2010\Bri J Sur97, 1304.pdf](2010/Bri%20J%20Sur97,%201304.pdf)

Abstract: Background: Authorship is increasingly influential in career progression and academic promotion. This study aimed to examine authorship trends in surgical titles between 1998 and 2008, and to compare these trends with those in general medicine publications.

Methods: Clinical trials published in high-impact medical and surgical titles were identified. The number of authors associated with these studies and trends over time were analysed using PubReMiner (TM). Trends were then compared between titles with and without author contribution forms (ACFs). Author numbers in top-cited articles were correlated with citation rates.

Results: Some 6290 trials involving 54 120 different authorships were identified. A significant difference was found between authorship numbers associated with clinical trials in medicine versus those in surgery (P = 0.003). Introduction of ACFs did not influence the number of authors per trial (P = 0.670). The top 100 most highly cited articles accounted for 114 935 citations; author number correlated with subsequent citation rate (r = 0.26, P = 0.011).

Conclusion: Author numbers have increased in the past decade, in both medical and surgical journals. Although medical output is associated with significantly higher levels of authorship, the difference cannot be explained by complexity of research alone.

Keywords: Medical Journals, Articles, Criteria, Citation

? Hammond, J.S., Guha, I.N., Beckingham, I.J. and Lobo, D.N. (2011), Prediction, prevention and management of postresection liver failure. *British Journal of Surgery*, **98** (9), 1188-1200.

Full Text: [2011\Bri J Sur98, 1188.pdf](2011/Bri%20J%20Sur98,%201188.pdf)

Abstract: Background: Postresection liver failure (PLF) is the major cause of death following liver resection. However, there is no unified definition, the pathophysiology is understood poorly and there are few controlled trials to optimize its management. The aim of this review article is to present strategies to predict, prevent and manage PLF. Methods: the Web of Science, MEDLINE, PubMed, Google Scholar and Cochrane Library databases were searched for studies using the terms ‘liver resection’, ‘partial hepatectomy’, ‘liver dysfunction’ and ‘liver failure’ for relevant studies from the 15 years preceding May 2011. Key papers published more than 15 years ago were included if more recent data were not available. Papers published in languages other than English were excluded. Results: the incidence of PLF ranges from 0 to 13 per cent. The absence of a unified definition prevents direct comparison between studies. The major risk factors are the extent of resection and the presence of underlying parenchymal disease. Small-for-size syndrome, sepsis and ischaemia-reperfusion injury are key mechanisms in the pathophysiology of PLF. Jaundice is the most sensitive predictor of outcome. An evidence-based approach to the prevention and management of PLF is presented. Conclusion: PLF is the major cause of morbidity and mortality after liver resection. There is a need for a unified definition and improved strategies to treat it.

Keywords: Cochrane, Colorectal Metastases, Critically-Ill Patients, Databases, Disease, Fresh-Frozen Plasma, Google Scholar, Hepatectomy, Hepatocellular-Carcinoma, Incidence, Inferior Vena-Cava, Injury, Major Hepatic Resection, Management, Mechanisms, MEDLINE, Methods, Morbidity, Mortality, Obstructive-Jaundice, Outcome, Papers, Partial-Hepatectomy, Portal-Vein Embolization, Prediction, Preoperative Biliary Drainage, Prevention, Pubmed, Review, Risk, Risk Factors, Science, Sepsis, Web of Science

? Pervez, A., Froghi, S.F., Ahmed, K., Fitzpatrick, J., Khan, M.S. and Dasgupta, P. (2013), Research evaluation of academic urology and development of speciality specific bibliometric scoring system. *British Journal of Surgery*, **100** (S4), 66.

Full Text: [2013\Bri J Sur100, 66.pdf](2013/Bri%20J%20Sur100,%2066.pdf)

Keywords: Bibliometric, Development, Evaluation, Research, Research Evaluation, Scoring System, Urology

? Markar, S.R., Karthikesalingam, A., Di Franco, F. and Harris, A.M. (2013), Systematic review and meta-analysis of single-incision versus conventional multiport appendicectomy. *British Journal of Surgery*, **100** (13), 1709-1718.

Full Text: [2013\Bri J Sur100, 1709.pdf](2013/Bri%20J%20Sur100,%201709.pdf)

Abstract: Background: The aim of this systematic review and meta-analysis was to compare clinical outcomes following single-incision laparoscopic appendicectomy (SILA) and conventional multiport laparoscopic appendicectomy (CLA) for the treatment of acute appendicitis. Methods: An electronic search of MEDLINE, Embase, Web of Science and Cochrane Library databases was performed. Publications were included if they were clinical trials randomizing patients with appendicitis to SILA or CLA. Outcome measures evaluated included operating time, length of hospital stay, total postoperative complications, and, specifically, wound infection, intra-abdominal collection and ileus. Weighted mean difference was calculated for the effect size of SILA on continuous variables, and pooled odds ratios were calculated for discrete variables. Results: The literature search identified seven randomized clinical trials that met the inclusion criteria for meta-analysis. In total, 1108 appendicectomies were included, 555 SILA and 553 CLA procedures. There were no significant differences between the groups in the incidence of total postoperative complications, wound infection, intra-abdominal collection, ileus or length of hospital stay. However, SILA was associated with a significantly longer operating time compared with CLA (weighted mean difference 6.96 (95 per cent confidence interval 3.79 to 10.12)min; P < 0.001). Insertion of an additional port was required in 7.6 per cent of patients undergoing SILA. Conclusion: SILA is a safe procedure for the treatment of acute appendicitis, with comparable clinical outcome to CLA when undertaken by experienced laparoscopic surgeons.

Keywords: Acute Appendicitis, Appendicitis, Children, Cholecystectomy, Clinical, Clinical Outcomes, Clinical Trials, Collection, Complications, Confidence, Conventional, Criteria, Databases, Effect Size, England, Experience, Gastrointestinal, Groups, Hernia, Hospital, Hospital Stay, Ileus, Incidence, Infection, Interval, Laparoscopic, Length, Literature, Literature Search, Measures, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Nhs, Outcome, Outcomes, P, Patients, Port, Port Laparoscopic Appendectomy, Postoperative, Postoperative Complications, Procedure, Procedures, Prospective-Randomized-Trial, Publications, Randomized, Results, Review, River, Science, Size, Surgery, Systematic Review, Treatment, Trends, USA, Web of Science, Wound, Wound Infection

? Jiang, L., Yang, K.H., Chen, Y., Guan, Q.L., Zhao, P., Tian, J.H. and Wang, Q. (2014), Systematic review and meta-analysis of the effectiveness and safety of extended lymphadenectomy in patients with resectable gastric cancer. *British Journal of Surgery*, **101** (6), 595-604.

Full Text: [2014\Bri J Sur101, 595.pdf](2014/Bri%20J%20Sur101,%20595.pdf)

Abstract: Background: The extent of lymphadenectomy in the treatment of gastric cancer has been debated for more than two decades. This meta-analysis sought to evaluate the effectiveness and safety of extended lymphadenectomy in patients with gastric cancer. Methods: A comprehensive search was performed to identify randomized clinical trials (RCTs) comparing the outcomes of D1 and D2 dissection for gastric cancer in PubMed, EMBASE, the Cochrane Library, Science Citation Index, Web of Science and the Chinese Biomedical Literature Database in any language from inception of the database to March 2012. Meta-analyses were performed using Review Manager software. Results: Eight RCTs including a total of 2044 patients (D1, 1042; D2, 1002) were eligible for metaanalysis. Five-year survival and haemorrhage rates were similar in the two groups. There were significant differences in morbidity, anastomotic leakage, pancreatic leakage, reoperation rates, wound infection, pulmonary complications and postoperative mortality, all of which favoured D1 dissection. Subgroup analysis indicated a trend towards lower gastric cancer-related mortality in patients undergoing D2 dissection who did not also have resection of the spleen or pancreas. Conclusion: D2 dissection was ssociated with a significantly higher postoperative risk. A trend towards lower gastric cancer-related mortality was found following D2 dissection that did not include resection of the spleen or pancreas, but further long-term survival data are needed to determine whether there is a specific survival benefit after D2 dissection.

Keywords: Analysis, Anastomotic Leakage, Biomedical, Cancer, Carcinoma, Chinese, Citation, Clinical, Clinical Trials, Complications, D-2 Resections, D1, D2 Lymphadenectomy, Data, Database, Dissection, Effectiveness, Embase, Gastrectomy, Gastric, Gastric Cancer, Groups, Haemorrhage, Infection, Language, Literature, Long Term, Long-Term, Lymph-Node Dissection, Meta Analysis, Meta-Analyses, Meta-Analysis, Metaanalysis, Methods, Morbidity, Mortality, Outcomes, Pancreas, Patients, Postoperative, Pubmed, Randomized, Randomized Clinical-Trial, Rates, Reoperation, Results, Review, Risk, Safety, Science, Science Citation Index, Software, Surgical Trial, Survival, Systematic Review, Treatment, Trend, Web Of Science, Wound, Wound Infection

? Pucher, P.H., Aggarwal, R., Qurashi, M. and Darzi, A. (2014), Meta-analysis of the effect of postoperative in-hospital morbidity on long-term patient survival. *British Journal of Surgery*, **101** (12), 1499-1508.

Full Text: [2014\Bri J Sur101, 1499.pdf](2014/Bri%20J%20Sur101,%201499.pdf)

Abstract: Background: Major surgery is associated with high rates of postoperative complications, many of which are deemed preventable. It has been suggested that these complications not only present a risk to patients in the short term, but may also reduce long-term survival. The aim of this review was to examine the effects of postoperative complications on long-term survival. Methods: MEDLINE, Web of Science and reference lists of relevant articles were searched up to July 2013. Studies assessing only procedure-specific, or technical failure-related, complications were excluded, as were studies of poor methodological quality. Meta-analysis was performed using a random-effects model. Risk of bias was assessed using funnel plots. Results: Eighteen eligible studies were included, comprising results for 134 785 patients with an overall complication rate of 22.6 (range 10.6-69) per cent. The studies included operations for both benign and malignant disease. Median follow-up was 43 (range 28-96) months. Meta-analysis demonstrated reduced overall survival after any postoperative complication for ten studies with eligible data (20 755 patients), with a hazard ratio (HR) of 1.28 (95 per cent confidence interval 1.21 to 1.34). Similar results were found for overall survival following infectious complications: HR 1.92 (1.50 to 2.35). In analyses of disease-free survival the HR was 1.26 (1.10 to 1.42) for all postoperative complications and 1.55 (1.12 to 1.99) for infectious complications. Inclusion of poor-quality studies in a sensitivity analysis had no effect on the results. Conclusion: Postoperative complications have a negative effect on long-term survival. This relationship appears to be stronger for infectious complications.

Keywords: Analyses, Analysis, Anastomotic Leakage, Articles, Assessing, Bias, Colorectal Liver Metastasis, Complication, Complications, Confidence, Curative Resection, Data, Disease, Effects, Follow-Up, Hazard, Hazard Ratio, Hepatic Resection, Impact, Infectious Complications, Interval, Long Term, Long-Term, Median, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Morbidity, Nov, Patients, Perioperative Morbidity, Postoperative, Postoperative Complication, Postoperative Complications, Pulmonary Complications, Quality, Random Effects Model, Rates, Rectal-Cancer, Reference, Reference Lists, Results, Review, Risk, Risk Of Bias, Science, Sensitivity, Sensitivity Analysis, Surgery, Surgical Complications, Survival, Term, Web Of Science

? Geubbels, N., Lijftogt, N., Fiocco, M., van Leersum, N.J., Wouters, M.W.J.M. and de Brauw, L.M. (2015), Meta-analysis of internal herniation after gastric bypass surgery. *British Journal of Surgery*, **102** (5), 451-460.

Full Text: [2015\Bri J Sur102, 451.pdf](2015/Bri%20J%20Sur102,%20451.pdf)

Abstract: Background: The aim of this study was to provide a systematic and quantitative summary of the association between laparoscopic Roux-en-Y gastric bypass (LRYGB) and the reported incidence of internal herniation (IH). The route of the Roux limb and closure of mesenteric and/or mesocolonic defects are described as factors of influence. Methods: MEDLINE, Embase, the Cochrane Library and Web of Science were searched for relevant literature, references and citations according to the PRISMA statement. Two independent reviewers selected studies that evaluated incidence of IHafter LRYGB and possible techniques for prevention. Data were pooled by route of the Roux limb and closure/non-closure of the mesenteric and/or mesocolonic defects. Results: Forty-five articles included data on 31 320 patients. Lowest IH incidence was in the antecolic group, with closure of all defects (1 per cent; P < 0.001), followed by the antecolic group, with all defects left open and the retrocolic group with closure of the mesenteric and mesocolonic defect (both 2 per cent; P < 0.001). The incidence of IH was highest in the antecolic group, with closure of the jejunal defect, and in the retrocolic group, with closure of all defects (both 3 per cent). Conclusion: The present systematic review includes a random-effects meta-analysis. The antecolic procedure, with closure of both the mesenteric and Petersen defects, has the lowest internal herniation incidence following laparoscopic Roux-en-Y gastric bypass.

Keywords: Articles, Association, Bariatric Surgery, Citations, Closure, Complications, Data, Factors, Gastric, Gastric Bypass, Incidence, Influence, Laparoscopic, Library, Limb, Literature, Medline, Mesenteric Defect, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Morbid-Obesity, Open, Outcomes, P, Patients, Prevention, Procedure, References, Results, Review, Reviewers, Route, Roux-En-Y, Roux-En-Y Gastric Bypass, Science, Small-Bowel Obstruction, Surgery, Systematic, Systematic Review, Techniques, Trial, Web, Web Of Science

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? Pollock, E., Klotsas, A.E., Compston, J. and Gkrania-Klotsas, E. (2009), Bone health in HIV infection. *British Medical Bulletin*, **92** (1), 123-133.

Full Text: [2009\Bri Med Bul92, 123.pdf](2009/Bri%20Med%20Bul92,%20123.pdf)

Abstract: Osteoporosis is among the chronic problems emerging as the human immunodeficiency virus (HIV)-positive population ages. We reviewed the English language bibliography using PUBMED 2.0, Web of Science and EMBASE for relevant abstracts and articles. The prevalence of low bone mineral density (BMD) and fracture is increased in the HIV-positive population. The pathogenesis is multifactorial; there is some evidence that HIV infection is an independent risk factor and that highly active antiretroviral therapy has adverse skeletal effects. Physicians should routinely review the bone health of all HIV patients. More studies of the mechanisms of bone loss, the skeletal effects of antiretroviral therapy and the therapeutic outcome of bone-protective therapy in HIV-positive individuals are needed.

Keywords: Active Antiretroviral Therapy, Aids, Antiretroviral, Antiretroviral Therapy, Bibliography, Bisphosphonates, Bone, Bone Loss, Bone Mineral Density, Fracture, HIV, HIV-1-Infected Patients, Human, Infection, Men, Mineral Density, Osteopenia, Osteoporosis, Osteoporosis, Outcome, Pathogenesis, Prevalence, Protease Inhibitors, Randomized Controlled-Trial, Review, Risk, Science, Tenofovir Df, Therapy, Vitamin D, Vitamin-D Deficiency, Web of Science

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Full Text: [2010\Bri Med Bul95, 121.pdf](2010/Bri%20Med%20Bul95,%20121.pdf)

Abstract: the valid measurement of physical activity has the potential to be a very useful tool in countering the obesity epidemic. Previously, reviews have been carried out to investigate the validity of pedometers among adults. This paper aimed to carry out a similar review among children. A literature search was performed in PUBMED, Web of Science, PsycINFO, CINAHL and SportDISCUS. Here, 25 papers investigating the validity, reliability and feasibility of pedometers for children were included in the study. Pedometers correlated highly in terms of both criterion (direct observation) and convergent validity (heart-rate monitor, accelerometer). Intra- and inter-unit reliability was also consistently high. Few studies report on feasibility issues of pedometer use in children, particularly compliance, reactivity and dealing with missing data. Given that they are both cheap and easy to use, pedometers can be effectively utilized as a valid determinant of physical activity levels among children and adolescents, particularly in large-scale epidemiological studies. There remains a need for accepted outliers and proper protocol regarding missing data.

Keywords: Accuracy, Adolescents, Adolescents, Adults, Body-Composition, Children, Children, Compliance, Energy-Expenditure, Feasibility, Heart Rate, Literature, Measurement, Obesity, Observation, Papers, Pedometer, Physical Activity, Prevalence, Protocol, PUBMED, Quantifying Physical-Activity, Reliability, Reliability, Review, Science, Validity, Web of Science, Youth

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Full Text: [2013\Bri Med Bul107, 69.pdf](2013/Bri%20Med%20Bul107,%2069.pdf)

Abstract: Introduction: Several methods of transverse patellar fixation have been described. This study compares the clinical outcome and the occurrence of complications of various fixation methods. Sources of data: The databases PubMed, Web of Science, Science Direct, Google Scholar and Google were searched. Areas of agreement: A direct comparison between fixation techniques using mixed or non-metallic implants and metallic K-wire and tension band fixation shows no significant difference in clinical outcome between both groups. Additionally, studies reporting novel operation techniques show good clinical results. Areas of controversy: Studies describing the treatment of patients using nonmetallic or mixed implants are fewer compared with those using metallic fixation. Growing points: A large variety of clinical scoring systems were used for assessing the results of treatment, which makes direct comparison difficult. Areas timely for developing research: More data of fracture treatment using non-metallic or mixed implants is needed to achieve a more balanced comparison.

Keywords: Assessing, Clinical, Comparison, Complications, Data, Databases, Developing, Displaced Fractures, Fixation, Fracture, Google, Google Scholar, Groups, Internal Fixation, Methods, Operation, Osteosynthesis, Outcome, Patellar Fracture, Patients, Pubmed, Reduction, Reporting, Research, Science, Scoring Systems, Screws, Suture, Systems, Techniques, Tension Band Wiring, Tension-Band, Treatment, Web of Science

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Full Text: 2013\Bri Med Bul108, 131.pdf

Abstract: Introduction: Several methods of transverse patellar and olecranon fixation have been described. This article compares biomechanical studies of various fixation methods using a newly developed scoring method. Source of data: The databases PubMed, Web of Science, Science Direct, Google Scholar and Google were searched for relevant studies. Areas of agreement: Fixation hardware failure remains a problem. Various materials and fixation techniques have been tested to provide an improved fixation of transverse olecranon and patellar fractures. Areas of controversy: The difference in biomechanical testing setup between the studies makes it hard to compare different fixation techniques. Growing points: The newly developed grading method was proved to be unbiased and reliable; however, extra specifications need to be added at some criteria when adopting the scoring method. Areas timely for developing research: Non-metallic constructs may provide an improvement to the currently used metallic tension band wiring technique; however, clinical research is required.

Keywords: Braided Polyester Suture, Clinical, Clinical Research, Criteria, Data, Databases, Developing, Development, Displaced Fractures, Failure, Google, Google Scholar, Improvement, In-Vitro, Internal Fixation, Internal-Fixation, K-Wire Position, Kirschner Wires, Methods, Olecranon Fracture, Patellar Fracture, Plate Fixation, Pubmed, Research, Review, Science, Screw Fixation, Source of Data, Stability, Systematic Review, Techniques, Tension Band Wiring, Tension-Band Fixation, Testing, Web of Science

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Full Text: [2014\Bri Med Bul110, 47.pdf](2014/Bri%20Med%20Bul110,%2047.pdf)

Abstract: Sports injuries frequently involve tendons, muscles and ligaments. The variable outcome of surgery and medical treatment support early functional treatments. Eccentric exercise (EE) showed effectiveness in the management of Achilles tendinopathy (AT), patellar tendinopathy (PT) and lateral epicondyle tendinopathy (LET). Preliminary results of EE in other tendinopathies and sports injuries suggest its wide prescription in the sport rehabilitation field. A comprehensive search of PubMed, Web of Science, the Cochrane Collaboration Database, Physiotherapy Evidence Database (PEDro), Evidence Based Medicine (EBM) Search review, National Guidelines, Scopus and Google Scholar was performed using keywords such as ‘eccentric exercise’, ‘sports injuries rehabilitation’, ‘tendinopathy’, ‘hamstrings strain’ ‘adductor injuries’ and ‘ACL reconstruction rehabilitation’. EE, alone or associated with other therapies, represents a feasible, cost-effective and successful tool in the treatment of well-known targets and might be promising in shoulder tendinopathy, adductor-related groin pain, hamstring strains, and ACL rehabilitation. The lack of standardization of protocols, the variable amount, quality and follow-up of studies, the different anatomy and pathophysiology of the therapeutic targets limit the evidence of applicability of EE to sports injuries. The role of pathology and biomechanics in the response to EE should be further investigated. New randomized controlled trials should test the effectiveness of standardized EE regimens to various sites of sports injuries.

Keywords: 1-Year Follow-Up, Anatomy, At, Biomechanics, Chronic Achilles Tendinopathy, Chronic Patellar Tendinopathy, Clinical-Trial, Cochrane Collaboration, Collaboration, Cost-Effective, Database, Eccentric Exercise, Effectiveness, Evidence, Exercise, Field, Follow-Up, Glyceryl Trinitrate Treatment, Google, Google Scholar, Guidelines, Level Laser Therapy, Ligament Injuries, Management, Medical, Medical Treatment, Medicine, Muscles, Outcome, Pain, Pathology, Pathophysiology, Physiotherapy, Placebo-Controlled Trial, Platelet-Rich Plasma, Prescription, Protocols, Pubmed, Quality, Randomized, Randomized Controlled Trials, Randomized-Controlled-Trial, Reconstruction, Rehabilitation, Response, Review, Role, Science, Scopus, Search, Shock-Wave Treatment, Sport, Sport Injuries, Standardization, Support, Surgery, Tendinopathy, Therapeutic, Treatment, Web Of Science

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Full Text: [2014\Bri Med Bul111, 89.pdf](2014/Bri%20Med%20Bul111,%2089.pdf)

Abstract: Background: Genetic susceptibly to suspected chemical and environmental carcinogens may modify the response to exposure. The aim of this review was to explore the issues involved in the study of gene-environment interactions, and to consider the use of susceptibility biomarkers in cancer epidemiology, using non-Hodgkin lymphoma (NHL) as an example. Sources of data: PubMed, EMBASE and Web of Science were searched for peer-reviewed articles considering biomarkers of susceptibility to chemical, agricultural and industrial carcinogens in the aetiology of NHL. Areas of agreement: The results suggest a modifying role for genetic susceptibility to a number of occupational and environmental exposures including organochlorines, chlorinated solvents, chlordanes and benzene in the aetiology of NHL. The potential importance of these gene-environment interactions in NHL may help to explain the lack of definitive carcinogens identified to date for this malignancy. Areas of controversy: Although a large number of genetic variants and gene-environment interactions have been explored for NHL, to date replication is lacking and therefore the findings remain to be validated. Growing points and areas timely for developing research: These findings highlight the need for novel standardized methodologies in the study of genetic susceptibility to chemical carcinogens.

Keywords: Aetiology, Agricultural, Articles, Benzene, Biomarkers, Biomarkers Of Susceptibility, Cancer, Cancer Susceptibility, Carcinogens, Chemical, Chemical Carcinogens, Chronic Lymphocytic-Leukemia, Data, Developing, Dna-Repair Genes, Embase, Environmental, Epidemiology, Exposure, Exposures, Gene-Environment Interaction, Gene-Environment Interactions, Genetic, Genetic Variants, Genome-Wide Association, Interlymph Consortium, Issues, Lymphoma, Malignancy, Methodologies, Non-Hodgkin Lymphoma, Occupational, Occupational Solvent Exposure, Organochlorines, Oxidative Stress, Peer-Reviewed, Pooled Analysis, Potential, Pubmed, Replication, Research, Response, Review, Role, Science, Sex-Differences, Susceptibility, Web Of Science, Xenobiotic Metabolism Pathways

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Full Text: [2015\Bri Med Bul113, 59.pdf](2015/Bri%20Med%20Bul113,%2059.pdf)

Abstract: Background: Testing ocular tolerability of ocular pharmaceuticals is an essential regulatory requirement. The current approved reference model (gold standard) for ocular irritation testing is the Draize test. However this method is subjective and involves using live animals, hence the need to develop alternative in vitro and ex vivo testing strategies. Source of data: Pubmed, Science Direct, Scopus, Google Scholar, Medline, Current Content, Web of Science and validation reports from international regulatory bodies; The Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM) and European Centre for the Validation of AlternativeMethods (ECVAM) were searched for in vitro alternatives. Area of agreement: Whilst no single in vitro test can effectively replace the Draize eye irritation test, regulatory bodies and cosmetic/pharmaceutical industries agree that there is a need for in vitro alternatives with validated endpoints to evaluate pharmaceutical ingredients and finished eye products. Area of controversy: There is no single in vitro test / assay that can predict the ocular irritation potential of mild to moderate test substances. Area timely for developing research: This review provides a critical appraisal of the selected in vitro and ex vivo ocular toxicity models recommended by international regulatory bodies. These include cytotoxicitymethods, biochemical systems and ex vivo assays. The latter are approved by ECVAM as in vitro alternatives for the well-known Draize test. Hen’s egg test-chorioallantoic membrane and the isolated rabbit eye test are also accepted by regulatory agencies in France, Germany, the Netherlands and the UK. A combination of ex vivo assays along with histological examination of excised bovine cornea can predict the conjunctival and corneal tolerability and cover a wider range of ocular pharmaceutical substances.

Keywords: Alternative, Alternatives, Animals, Assay, Bodies, Bovine, Bovine Cornea, Chemicals, Cornea, Data, Detergents, Developing, Draize Test, Examination, Eye Irritation, France, From, Germany, Gold, Google, Google Scholar, Hen’s Egg Chorioallantoic Membrane, In Vitro, In-Vitro, International, Irritancy, Irritation, Mar, Medline, Membrane, Methods, Mild, Model, Models, Ocular Drug-Delivery, Ocular Toxicity, Opacity And Permeability, Permeability, Pharmaceuticals, Potential, Reference, Regulatory Agencies, Requirement, Research, Review, Science, Scopus, Source Of Data, Standard, Substances, Surfactants, Systems, Testing, The Netherlands, Toxicity, UK, Validation, Web, Web Of Science

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Keywords: Citation, Science Citation Index

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Keywords: Science Citation Index

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Notes: TTopic

Ravnskov, U. (1992), Cholesterol lowering trials in coronary heart-disease - frequency of citation and outcome. *British Medical Journal*, **305** (6844), 15-19.

Full Text: [1992\Bri Med J305, 15.pdf](1992/Bri%20Med%20J305,%2015.pdf)

Abstract: Objective-To see if the claim that lowering cholesterol values prevents coronary heart disease is true or if it is based on citation of supportive trials only.

Design-Comparison of frequency of citation with outcome of all controlled cholesterol lowering trials using coronary heart disease or death, or both, as end point.

Subjects-22 controlled cholesterol lowering trials.

Results-Trials considered by their directors as supportive of the contention were cited almost six times more often than others, according to Science Citation Index. Apart from trials discontinued because of alleged side effects of treatment, unsupportive trials were not cited after 1970, although their number almost equalled the number considered supportive. In three supportive reviews the outcome of the selected trials was more favourable than the outcome of the excluded and ignored trials. In the 22 controlled cholesterol lowering trials studied total and coronary heart disease mortality was not changed significantly either overall or in any subgroup. A statistically significant 0-32% reduction in non-fatal coronary heart disease seemed to be due to bias as event frequencies were unrelated to trial length and to mean net reduction in cholesterol value; individual changes in cholesterol values were unsystematically or not related to outcome; and after correction for a small but significant increase in non-medical deaths in the intervention groups total mortality remained unchanged (odds ratio 1.02).

Conclusion-Lowering serum cholesterol concentrations does not reduce mortality and is unlikely to prevent coronary heart disease. Claims of the opposite are based on preferential citation of supportive trials.

Keywords: Middle-Aged Men, Myocardial-Infarction, Primary-Prevention, Randomized Trials, Mortality, Diet, Risk, Reduction

Durrington, P.N., Laker, M.F. and Keech, A. (1992), Frequency of citation and outcome of cholesterol lowering trials. *British Medical Journal*, **305** (6850), 420-421.

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Epstein, R.J. (1993), Six authors in search of a citation: Villains or victims of the Vancouver convention? *British Medical Journal*, **306** (6880), 765-767.

Full Text: [1993\Bri Med J306, 765.pdf](1993/Bri%20Med%20J306,%20765.pdf)

Abstract: Objectives-To analyse trends in the number of authors per article over the past 10 years.

Design-Analysis of articles from random volumes of eight biomedical journals.

Subjects-Cell, Nature, Proceedings of the National Academy of Sciences USA (PNAS), Journal of Clinical Investigation (JCI), Biochemical and Biophysical Research Communications (BBRC), Journal of Clinical Oncology (JCO), New England Journal of Medicine (NEJM), Lancet.

Main outcome measures-Median and modal numbers of authors.

Results-All journals except Cell and Nature showed a trend towards increasing authorship numbers over the study period. The trend was most noticeable in journals such as JCO which feature clinical research. General medical journals (Lancet, NEJM) with a median of six to seven authors per article published far fewer seven author than six author studies, which suggests that author number may be influenced by the Vancouver convention which precludes citation of more than six authors.

Conclusions-The phenomenon of expanding authorship in biomedical journal articles is not explained by the hypothesis that newer research technologies have necessitated more extensive collaboration. Rather, the data suggest that conferral of authorship may sometimes have a volitional component which contributes to rising author numbers. It is proposed that replacement of the Vancouver convention with a ‘first author, last author’ citation system may help stem this rise in author numbers.

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Full Text: [1993\Bri Med J306, 1252.pdf](1993/Bri%20Med%20J306,%201252.pdf)

Abstract: In the 1970s Thomas McKeown and Archibald L Cochrane were two of the most influential voices in criticising the dominance of medical thinking. A bibliometric study of the citations to McKeown’s the Role of Medicine: Dream, Mirage or Nemesis and Cochrane’s Effectiveness and Efficiency: Random Reflections on Health Services was performed from the publication of each book until 1988 to study how their ideas have been disseminated. During the study period 430 papers in the Science Citation Index or the Social Sciences Citation Index cited Cochrane’s book, 133 cited McKeown’s, and 166 cited both. The citations came mainly from original papers published in journals of internal medicine or public health and epidemiology (35%) and written by authors from the United States or the United Kingdom. Cochrane’s book was cited most frequently in medical journals, suggesting a higher degree of penetration of his ideas among medical scientists. Although the dominance of original papers among the citations suggests that these books have been important in stimulating new knowledge, the main problems that McKeown and Cochrane identified-namely, the relatively small impact of clinical medicine on health outcomes and the poor use of scientific methods in clinical practice-are still with us.

Keywords: Bibliometric, Bibliometric Study, Citations, Clinical, Diffusion, Epidemiology, Health, Health Outcomes, Impact, Journals, Knowledge, Medical, Medical Journals, Medicine, Methods, Outcomes, Papers, Public, Public Health, Publication, Science Citation Index, Small, United Kingdom, United States

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Full Text: [1993\Bri Med J306, 1345.pdf](1993/Bri%20Med%20J306,%201345.pdf)

Keywords: Most-Cited papers, SCI 1945-1988, Citation-Classics, Time

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Notes: TTopic

Hutchison, G.L. (1995), ABC of multiple authorship. *British Medical Journal*, **310** (6989), 1236.

Full Text: [1995\Bri Med J310, 1236.pdf](1995/Bri%20Med%20J310,%201236.pdf)

Vander Stichele, R.H., Dezeure, E.M. and Bogaert, M.G. (1995), Systematic review of clinical efficacy of topical treatments for head lice. *British Medical Journal*, **311** (7005), 604-608.

Full Text: [1995\Bri Med J311, 604.pdf](1995/Bri%20Med%20J311,%20604.pdf)

Abstract: Objectives-To collect and evaluate all trials on clinical efficacy of topical treatments for head lice.

Design-Systematic review of randomised trials identified from following data sources: MEDLINE, International Pharmaceutical Abstracts, Science Citation Index, letters to key authors and companies, and hand search of journals.

Setting-Trials in schools or communities.

Subjects-Patients infested with lice.

Main outcome measure-Cure rate (absence of Live lice and viable nits) on day 14 after treatment.

Results-Total of 28 trials were identified and evaluated according to eight general and 18 lice specific criteria. of the 14 trials rated as having low to moderate risk of bias, seven were selected as they used the main outcome measure. These seven trials described 21 evaluations of eight different compounds and placebo (all but two evaluations were of single applications). Only permethrin 1% creme rinse showed efficacy in more than two studies with the lower 95% confidence limit of cure rate above 90%.

Conclusions-Only for permethrin has sufficient evidence been published to show efficacy. Less expensive treatments such as malathion and carbaryl need more evidence of efficacy. Lindane and the natural pyrethrines are not sufficiently effective to justify their use.

Keywords: Pediculosis Capitis, Louse Infestation, Comparative Trial, Malathion Lotion, Lindane Shampoo, Creme Rinse, Insecticides, Pyrethrins, Resistance, Infection

Taylor, B.L., Pilkington, S.N., Smith, G.B. and McQuillan, J. (1996), Attitude of consultant physicians to Calman proposals: Who is responsible for quality of acute medical care? *British Medical Journal*, **312** (7028), 443-444.

Full Text: [1996\Bri Med J312, 443.pdf](1996/Bri%20Med%20J312,%20443.pdf)

Notes: highly cited

Garfield, E. (1996), How can impact factors be improved? *British Medical Journal*, **313** (7054), 411-413.

Full Text: [1996\Bri Med J313, 411.pdf](1996/Bri%20Med%20J313,%20411.pdf)

Abstract: Impact factors are widely used to rank and evaluate journals. They are also often used inappropriately as surrogates in evaluation exercises. The inventor of the Science Citation Index warns against the indiscriminate use of these data. Fourteen year cumulative impact data for 10 leading medical journals provide a quantitative indicator of their long term influence. In the final analysis, impact simply reflects the ability of journals and editors to attract the best papers available.

Keywords: Analysis, Cumulative, Cumulative Impact, Data, Evaluation, Exercises, Impact, Impact Factors, Indicator, Journals, Long Term, Long-Term, Medical, Medical Journals, Papers, Rank, Science Citation Index, Term

Ross, D., Whitehead, M. and Stevenson, J. (1996), Use of hormone replacement therapy - Authors gave distorted view through selective citation. *British Medical Journal*, **313** (7058), 686-687.

Full Text: [1996\Bri Med J313, 686.pdf](1996/Bri%20Med%20J313,%20686.pdf)

Smith, R. (1996), What clinical information do doctors need? *British Medical Journal*, **313** (7064), 1062-1068.

Full Text: [1996\Bri Med J313, 1062.pdf](1996/Bri%20Med%20J313,%201062.pdf)

Abstract: Doctors use some two million pieces of information to manage patients, but little research has been done on the information needs that arise while treating patients

Textbooks, journals, and other existing information tools are not adequate for answering the questions that arise: textbooks are out of date, and ‘the signal to noise’ ratio of journals is too low for them to be useful in daily practice

Computer systems that have been developed to help doctors are not widely used--perhaps because they have not been developed to meet doctors’ information needs

When doctors see patients they usually generate at least one question; more questions arise than the doctors seem to recognise

Most of the questions concern treatment

Many of the questions are highly complex, simultaneously asking about individual patients and particular areas of medical knowledge

Often doctors are asking not simply for information but for support, guidance, affirmation, and feedback

Many of the questions go unanswered, but most could be answered; it is, however, time consuming and expensive to answer them

Doctors are most likely to seek answers to these questions from other doctors

The best information sources provide relevant, valid material that can be accessed quickly and with minimal effort

New information tools are needed: they are likely to be electronic, portable, fast, easy to use, connected to both a large valid database of medical knowledge and the patient record, and a servant of patients as well as doctors

Notes: TTopic

Olde Rikkert, M.G.M., ten Have, H.A.M.J. and Hoefnagels, W.H.L. (1996), Informed consent in biomedical studies on aging: Survey of four journals. *British Medical Journal*, **313** (7065), 1117.

Full Text: [1996\Bri Med J313, 1117.pdf](1996/Bri%20Med%20J313,%201117.pdf)

Notes: highly cited

Seglen, P.O. (1997), Why the impact factor of journals should not be used for evaluating research. *British Medical Journal*, **314** (7079), 498-502.

Full Text: [1997\Bri Med J314, 498.pdf](1997/Bri%20Med%20J314,%20498.pdf)

Keywords: Impact, Impact Factor, Journals, Research

Morrison, P.J. (1997), Making the most of self citation. *British Medical Journal*, **314** (7083), 832.

Full Text: [1997\Bri Med J314, 832.pdf](1997/Bri%20Med%20J314,%20832.pdf)

Bhopal, R., Rankin, J., McColl, E., Thomas, L., Kaner, E., Stacy, R., Pearson, P., Vernon, B. and Rodgers, H. (1997), The vexed question of authorship: Views of researchers in a British medical faculty. *British Medical Journal*, **314** (7086), 1009-1012.

Full Text: [1997\Bri Med J314, 1009.pdf](1997/Bri%20Med%20J314,%201009.pdf)

Abstract: Objective: To assess knowledge, views, and behaviour of researchers on criteria for authorship and causes and control of gift authorship.

Design: Interview survey of stratified sample of researchers.

Setting: University medical faculty.

Subjects: 66 staff (94% response rate) comprising several levels of university academic and research appointments.

Main outcome measures: Awareness and use of criteria for authorship, views on which contributions to research merit authorship, perceptions about gift authorship and strategies for reducing it, and experiences of authorship problems.

Results: 50 (76%) respondents supported criteria for authorship, but few knew about or used available criteria. of the five people who could specify all three criteria of the International Committee of Medical Journal Editors, only one knew that all criteria had to be met Forty one respondents (62%) disagreed with this stipulation. A range of practical and academic contributions were seen as sufficient for authorship, Gift authorship was perceived as common, promoted by pressure to publish, to motivate research teams, and to maintain working relationships. A signed statement justifying authorship and a published statement of the contribution of each author were perceived as practical ways of tacking gift authorship. Most researchers had experienced problems with authorship, most commonly the perception that authorship had been deserved but not awarded (49%).

Conclusion: There seems to be a gap between editors’ criteria for authorship and researchers’ practice. Lack of awareness of criteria is only a partial explanation. Researchers give more weight than editors to practical research contributions. Future criteria should be agreed by researchers and not be imposed by editors.

? Bhopal, R.S., Rankin, J.M., McColl, E., Stacy, R., Pearson, P.H., Kaner, E.F.S., Thomas, L.H., Vernon, B.G. and Rodgers, H. (1997), Authorship - Team approach to assigning authorship order is recommended. *British Medical Journal*, **314** (7086), 1046-1047

Full Text: [1997\Bri Med J314, 1046.pdf](1997/Bri%20Med%20J314,%201046.pdf)

Keywords: Authorship

Notes: TTopic

van der Heijden, G.J.M.G., van der Windt, D.A.W.M. and de Winter, A.F. (1997), Physiotherapy for patients with soft tissue shoulder disorders: A systematic review of randomised clinical trials. *British Medical Journal*, **315** (7099), 25-30.

Full Text: [1997\Bri Med J315, 25.pdf](1997/Bri%20Med%20J315,%2025.pdf)

Abstract: Objective: To assess the effectiveness of physiotherapy for patients with soft tissue shoulder disorders.

Design: A systematic computerised literature search of MEDLINE and Embase, supplemented with citation tracking, for relevant trials with random allocation published before 1996.

Subjects: Patients treated with physiotherapy for disorders of soft tissue of the shoulder. Main outcome measures: Success rates, mobility, pain, functional status.

Results: Six of the 20 assessed trials satisfied at least five of eight validity criteria. Assessment of methods was often hampered by insufficient information on various validity criteria, and trials were often flawed by lack of blinding, high proportions of withdrawals from treatment and high proportions of missing values. Trial sizes were small: only six trials included intervention groups of more than 25 patients. Ultrasound therapy, evaluated in six trials, was not shown to be effective. Four other trials favoured physiotherapy (laser therapy or manipulation), but the validity of their methods was unsatisfactory.

Conclusions: There is evidence that ultrasound therapy is ineffective in the treatment of soft tissue shoulder disorders. Due to small trial sizes and unsatisfactory methods, evidence for the effectiveness of other methods of physiotherapy is inconclusive. For all methods of treatment, trials were too heterogeneous with respect to included patients, index and reference treatments, and follow up to merit valid statistical pooling. Future studies should show whether physiotherapy is superior to treatment with drugs, steroid injections, or a wait and see policy.

Keywords: Rotator Cuff Tendinitis, Double-Blind, General-Practice, Quality, Therapy

Notes: TTopic

Croft, A. and Garner, P. (1997), Mefloquine to prevent malaria: A systematic review of trials. *British Medical Journal*, **315** (7120), 1412-1416.

Full Text: [1997\Bri Med J315, 1412.pdf](1997/Bri%20Med%20J315,%201412.pdf)

Abstract: Objective: To evaluate the research evidence on the efficacy and tolerability of mefloquine chemoprophylaxis.

Search strategy: Any potentially relevant trial from the Cochrane Infectious Disease Group’s register of controlled trials; systematic searches of MEDLINE, Embase, Lilacs and Science Citation Index; scanning citations; and consulting drug companies and key investigators. We considered studies in all languages.

Inclusion criteria: Trials carried out in non-immune adult travellers, and in non-travelling volunteers, where an attempt had been made to conduct a randomised comparison of mefloquine against placebo or against alternative standard prophylaxis.

Results: 37 potentially eligible trials of mefloquine prophylaxis were identified, and 10 met the inclusion criteria These 10 trials comprised a total of 2750 non-immune adult participants randomised to mefloquine or to a control. One placebo controlled trial examined malaria incidence directly and showed mefloquine to be highly effective in preventing malaria in an area of drug resistance. However, four placebo controlled trials showed that mefloquine was not well tolerated, and withdrawals were consistently higher in mefloquine treatment arms than in placebo arms (odds ratio 3.49 (95% confidence interval 1.42 to 8.56)). Five field trials compared mefloquine with other chemoprophylaxis. Mefloquine was no worse tolerated than other chemoprophylaxis, although there was possibly a trend towards higher withdrawals in mefloquine arms (odds ratio 1.33 (0.75 to 2.36)).

Conclusion: One trial showed mefloquine to be effective in preventing malaria, but withdrawal rates, presumably from side effects, were high across most studies. This is likely to impair mefloquine’s effectiveness in general travellers, and it may therefore not be useful for routine prophylaxis. Mefloquine may be useful in specific situations such as for groups travelling to regions with a high risk of chloroquine resistant malaria and only limited access to effective medical care.

Keywords: Randomized Controlled Trials, Practice Guidelines, Consort Statement, Prophylaxis, Chemoprophylaxis, Tolerability, Travelers, Regimens, Authors

van Rooyen, S., Godlee, F., Evans, S., Black, N. and Smith, R. (1999), Effect of open peer review on quality of reviews and on reviewers’ recommendations: A randomised trial. *British Medical Journal*, **318** (7175), 23-27.

Full Text: [1999\Bri Med J319, 23.pdf](1999/Bri%20Med%20J319,%2023.pdf)

Abstract: Objectives To examine the effect on peer review of asking reviewers to have their identity revealed to the authors of the paper.

Design Randomised trial. Consecutive eligible papers were sent to two reviewers who were randomised to have their identity revealed to the authors or to remain anonymous. Editors and authors were blind to the intervention.

Main outcome measures the quality of the reviews was independently rated by two editors and the corresponding author using a validated instrument Additional outcomes were the time taken to complete the review and the recommendation regarding publication. A questionnaire survey was undertaken of the authors of a cohort of manuscripts submitted for publication to find out their views on open peer review.

Results Two editors’ assessments were obtained for 113 out of 125 manuscripts, and the corresponding author’s assessment was obtained for 105. Reviewers randomised to be asked to be identified were 12% (95% confidence interval 0.2% to 24%) more likely to decline to review than reviewers randomised to remain anonymous (35% v 23%). There was no significant difference in quality (scored on a scale of 1 to 5) between anonymous reviewers (3.06 (SD 0.72)) and identified reviewers (3.09 (0.68)) (P = 0.68, 95% confidence interval for difference -0.19 to 0.12), and no significant difference in the recommendation regarding publication or time taken to review the paper. The editors’ quality score for reviews (3.05 (SD 0.70)) was significantly higher than that of authors (2.90 (0.87)) (P < 0.005, 95% confidence interval for difference -0.26 to -0.03). Most authors were in favour of open peer review.

Conclusions Asking reviewers to consent to being identified to the author had no important effect on the quality of the review, the recommendation regarding publication, or the time taken to review, but it significantly increased the likelihood of reviewers declining to review.

Keywords: Anonymity

Chariot, P. and Pautot, V. (1999), Usefulness of contacting other experts when conducting literature searches - Secondary citation of work that was not published did not set good example. *British Medical Journal*, **319** (7204), 259-260.

Full Text: [1999\Bri Med J319, 259.pdf](1999/Bri%20Med%20J319,%20259.pdf)

Grant, J., Cottrell, R., Cluzeau, F. and Fawcett, G. (2000), Evaluating ‘payback’ on biomedical research from papers cited in clinical guidelines: Applied bibliometric study. *British Medical Journal*, **320** (7242), 1107-1111.

Full Text: [2000\Bri Med J320, 1107.pdf](2000/Bri%20Med%20J320,%201107.pdf)

Abstract: Objectives To develop a methodology for evaluating the impact of research on health care, and to characterise the papers cited on clinical guidelines.

Design the bibliographic details of the papers cited in 15 clinical guidelines, developed in and for the United Kingdom, were collated and analysed with applied bibliometric techniques.

Results the median age of papers cited in clinical guidelines was eight years; most papers were published by authors living in either the United States (36%) or the United Kingdom (25%)-this is two and a half times more than expected as about 10% of all biomedical outputs are published in the United Kingdom; and clinical guidelines do not cite basic research papers.

Conclusion Analysis of the evidence base of clinical guidelines may be one way of tracking the flow of knowledge from the laboratory to the clinic.

Moreover, such analysis provides a useful, clinically relevant method for evaluating research outcomes and different strategies in research and development.

Keywords: Impact, Research, Science, United Kingdom

Notes: TTopic

Mair, F. and Whitten, P. (2000), Systematic review of studies of patient satisfaction with telemedicine. *British Medical Journal*, **320** (7248), 1517-1520.

Full Text: [2000\Bri Med J320, 1517.pdf](2000/Bri%20Med%20J320,%201517.pdf)

Abstract: Objective To review research into patient satisfaction with teleconsultation, specifically clinical consultations between healthcare providers and patients involving real time inter active video. Design Systematic review of telemedicine satisfaction studies. Electronic databases searched include MEDLINE, Embase, Science Citation Index, Social Sciences Citation Index, Arts and Humanities Citation Index, and the TIE (Telemedicine Information Exchange) database. Subjects Studies conducted worldwide and published between 1966 and 1998. Main outcome measures Quality of evidence about patient satisfaction. Results 32 studies were identified. Study methods used were simple survey instruments (26 studies), exact methods not specified (5), and qualitative methods (1). Study designs were randomised controlled trial (1 trial); random patient selection (2); case-control (1); and selection criteria not specified or participants represented consecutive referrals, convenience samples, or volunteers (28). Sample sizes were less than or equal to 20 (10 trials), less than or equal to 100 (14), > 100 (7), and not specified (1). All studies reported good levels of patient satisfaction. Qualitative analysis revealed methodological problems with all the published work. Even so, important issues were highlighted that merit further investigation. There is a paucity of data examining patients’ perceptions or the effects of this mode of healthcare delivery on the interaction between providers and clients. Conclusions Methodological deficiencies (low sample sizes, context, and study designs) of the published research limit the generalisability of the findings. The studies suggest that teleconsultation is acceptable to patients in a variety of circumstances, but issues relating to patient satisfaction require further exploration from the perspective of both clients and providers.

Keywords: Analysis, Arts and Humanities Citation Index, Case-Control, Clinical, Context, Controlled Trial, Criteria, Data, Database, Databases, Delivery, Evidence, Interaction, Investigation, Methods, Mode, Outcome, Outcome Measures, Patient Satisfaction, Patient Selection, Patients, Providers, Qualitative, Qualitative Methods, Randomised, Randomised Controlled Trial, Research, Review, Satisfaction, Science Citation Index, Selection Criteria, Survey, Telemedicine, Trial, Work

Weissberg, P.L., Jones, R., Moxham, J., Taylor, I., Jones, R. and Hilton, S. (2000), Clinical academic medicine. *British Medical Journal*, **321**, 300.

Full Text: [2000\Bri Med J321, 300.pdf](2000/Bri%20Med%20J321,%20300.pdf)

Chalmers, I., Grant, J., Cottrell, R., Fawcett, G. and Cluzeau, F. (2000), Evaluating ‘payback’ on biomedical research. *British Medical Journal*, **321**, 566.

Full Text: [2000\Bri Med J321, 566.pdf](2000/Bri%20Med%20J321,%20566.pdf)

Vickers, A. (2000), Recent advances: Complementary medicine. *British Medical Journal*, **321**, 683-686.

Full Text: [2000\Bri Med J321, 683.pdf](2000/Bri%20Med%20J321,%20683.pdf)

Mitchell, E. and Sullivan, F. (2001), A descriptive feast but an evaluative famine: systematic review of published articles on primary care computing during 1980-97. *British Medical Journal*, **322** (7281), 279-282.

Full Text: [2001\Bri Med J322, 279.pdf](2001/Bri%20Med%20J322,%20279.pdf)

Abstract: Objectives To appraise findings from studies examining the impact of computers on primary care consultations. Design Systematic review of world literature from 1980 to 1997. Data sources 5475 references were identified from electronic databases (MEDLINE, Science Citation Index, Social Sciences Citation Index, Index of Scientific and Technical Proceedings, Embase, OCLC FirstSearch Proceedings), bibliographies, books, identified articles, and by authors active in the field. 1892 eligible abstracts were independently rated, and 89 studies met the inclusion criteria. Main outcome measures Effect on doctors’ performance and patient outcomes; attitudes towards computerisation. Results 61 studies examined effects of computers on practitioners’ performance, 17 evaluated their impact on patient outcome,and 20 studied practitioners’ or patients’ attitudes. Computer use during consultations lengthened the consultation. Reminder systems for preventive tasks and disease management improved process rates, although some returned to pre-intervention levels when reminders were stopped. Use of computers for issuing prescriptions increased prescribing of generic drugs, and use of computers for test ordering led to cost savings and fewer unnecessary tests. There were no negative effects on those patient outcomes evaluated. Doctors and patients were generally positive about use of computers, but issues of concern included their impact on privacy, the doctor-patient relationship, cost, time, and training needs. Conclusions Primary care computing systems can improve practitioner performance, particularly for health promotion interventions. This may be at the expense of patient initiated activities, making many practitioners suspicious of the negative impact on relationships with patients. There remains a dearth of evidence evaluating effects on patient outcomes.

Keywords: Attitudes, Bibliographies, Care, Computers, Consultation, Cost, Cost Savings, Criteria, Databases, Disease, Disease Management, Doctor-Patient Relationship, Doctors, Drugs, Evidence, Field, Generic Drugs, Health, Health Promotion, Impact, Interventions, Literature, Management, Needs, Outcome, Outcome Measures, Outcomes, Patients, Performance, Prescribing, Prescriptions, Primary, Primary Care, Privacy, Promotion, Rates, Review, Science Citation Index, Sources, Systematic Review, Systems, Training, World

Notes: TTopic

Silagy, C.A., Stead, L.F. and Lancaster, T. (2001), Use of systematic reviews in clinical practice guidelines: Case study of smoking cessation. *British Medical Journal*, **323**, 833-836.

Full Text: [2001\Bri Med J323, 833.pdf](2001/Bri%20Med%20J323,%20833.pdf)

Abstract: Objective: To examine the extent to which recommendationsin the national guidelines for the cessation of smoking are basedon evidence from systematic reviews of controlledtrials.

Design: Retrospective analysis of recommendationsfor the national guidelines for the cessation of smoking.

Materials: National guidelines in clinical practice onsmoking cessation published inEnglish.

Main outcome measures: the type of evidence (systematic review of controlled trials, individual trials, other studies, expert opinion)used to support each recommendation. We also assessed whethera Cochrane systematic review was available and could have beenused in formulating the recommendation.

Results: Four national smoking cessation guidelines(from Canada, New Zealand, the United Kingdom, and the UnitedStates) covering 105 recommendations were identified. An explicitevidence base for 100%, 89%, 68%, and 98% of recommendations, respectively, was detected, of which 60%, 56%, 59%, and 47% werebased on systematic reviews of controlled studies. Cochrane systematicreviews could have been used to develop between 39% and 73% of recommendations but were actually used in 0% to 36% of recommendations. TheUK guidelines had the highest proportion of recommendationsbased on Cochrane systematicreviews.

Conclusions: Use of systematic reviews in guidelines isa measure of the ‘payback’ on investment in research synthesis.Systematic reviews commonly underpinned recommendations in guidelineson smoking cessation. The extent to which they were used variedby country and there was evidence of duplication of effort insome areas. Greater international collaboration in developing and maintaining an evidence base of systematic reviews can improve the efficiency of use of researchresources.

? Chambers, R., Boath, E. and Chambers, S. (2001), The A to Z of authorship: analysis of influence of initial letter of surname on order of authorship. *British Medical Journal*, **323** (7327), 1460-1461.

Full Text: [2001\Bri Med J323, 1460.pdf](2001/Bri%20Med%20J323,%201460.pdf)

Notes: TTopic

Al-Shahi, R., Will, R.G. and Warlow, C.P. (2001), Amount of research interest in rare and common neurological conditions: Bibliometric study. *British Medical Journal*, **323** (7327), 1461-1462.

Full Text: [2001\Bri Med J323, 1461.pdf](2001/Bri%20Med%20J323,%201461.pdf)

Notes: TTopic

Horrocks, S., Anderson, E. and Salisbury, C. (2002), Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. *British Medical Journal*, **324** (7341), 819-823.

Full Text: [2002\Bri Med J324, 819.pdf](2002/Bri%20Med%20J324,%20819.pdf)

Abstract: Objective To determine whether nurse practitioners can provide care at first point of contact equivalent to doctors in a primary care setting.

Design Systematic review of randomised controlled trials and prospective observational studies.

Data sources Cochrane controlled trials register, specialist register of trials maintained by Cochrane Effective Practice and Organisation of Care Group, MEDLINE, Embase, CINAHL, science citation index, database of abstracts of reviews of effectiveness, national research register, hand searches, and published bibliographies.

Included studies Randomised controlled trials and prospective observational studies comparing nurse practitioners and doctors providing care at first point of contact for patients with undifferentiated health problems in a primary care setting and providing data on one or more of the following outcomes: patient satisfaction, health status, costs, and process of care.

Results 11 trials and 23 observational studies met all the inclusion criteria. Patients were more satisfied with care by a nurse practitioner (standardised mean difference 0.27, 95% confidence interval 0.07 to 0.47). No differences in health status were found. Nurse practitioners had longer consultations (weighted mean difference 3.67 minutes, 2.05 to 5.29) and made more investigations (odds ratio 1.22, 1.02 to 1.46) than did doctors. No differences were found in prescriptions, return consultations, or referrals. Quality of care was in some ways better for nurse practitioner consultations.

Conclusion Increasing availability of nurse practitioners in primary care is likely to lead to high levels of patient satisfaction and high quality care.

Keywords: Randomized Controlled Trial, Health Outcomes, Physicians

Whitten, P.S., Mair, F.S., Haycox, A., May, C.R., Williams, T.L. and Hellmich, S. (2002), Systematic review of cost effectiveness studies of telemedicine interventions. *British Medical Journal*, **324** (7351), 1434-1437.

Full Text: [2002\Bri Med J324, 1434.pdf](2002/Bri%20Med%20J324,%201434.pdf)

Abstract: Objectives To systematically review cost benefit studies of telemedicine.

Design Systematic review of English language, peer reviewed journal articles.

Data sources Searches of MEDLINE, Embase, ISI citation indexes, and database of Telemedicine Information Exchange.

Studies selected 55 of 612 identified articles that presented actual cost benefit data.

Main outcome measures Scientific quality of reports assessed by use of an established instrument for adjudicating on the quality of economic analyses.

Results 557 articles without cost data categorised by topic. 55 articles with data initially categorised by cost variables employed in the study and conclusions. Only 24/55 (44%) studies met quality criteria justifying inclusion in a quality review. 20/24 (83%) restricted to simple cost comparisons. No study used cost utility analysis, the conventional means of establishing the ‘value for money’ that a therapeutic intervention represents. Only 7/24 (29%) studies attempted to explore the level of utilisation that would be needed for telemedicine services to compare favourably with traditionally organised health care. None addressed this question in sufficient detail to adequately answer it. 15/24 (62.5%) of articles reviewed here provided no details of sensitivity analysis, a method all economic analyses should incorporate.

Conclusion T here is no good evidence that telemedicine is a cost effective means of delivering health care.

? Bartlett, C., Sterne, J. and Egger, M. (2002), What is newsworthy? Longitudinal study of the reporting of medical research in two British newspapers. *British Medical Journal*, **325** (7355), 81-84.

Full Text: [2002\Bri Med J325, 81.pdf](2002/Bri%20Med%20J325,%2081.pdf)

Abstract: Objective To assess the Characteristics of medical research that is press released by general medical journals and reported in newspapers.

Design Longitudinal study.

Data sources All original research articles published in Lancet and BAY during 1999 and 2000.

Main outcome measures Inclusion of articles in Lancet or BAY press releases, and reporting of articles in Times or Sun newspapers.

Results of 1193 original research articles, 517 (43%) were highlighted in a press release and 81 (7%) were reported in one or both newspapers. All articles covered in newspapers had been press released. The probability of inclusion in press releases was similar for observational studies and randomised controlled trials, but trials were less likely to be covered in the newspapers (odds ratio 0.15 (95% confidence interval 0.06 to 0.37)). Good news and bad news were equally likely to be press released, but bad news was snore likely to be reported in newspapers (1.74 (1.07 to 2.83)). Studies of women’s health, reproduction, and cancer were more likely to be press released acid covered in newspapers. Studies from industrialised countries other than Britain were less likely to be reported in newspapers (0.51 (0.31 to 0.82)), and no studies from developing countries were covered.

Conclusions Characteristics of articles were more strongly associated with selection for reporting in newspapers than with selection for inclusion in press releases, although each stage influenced the reporting process. Newspapers underreported randomised trials, emphasised bad news from observational studies, and ignored research from developing countries.

Keywords: Random Allocation, Clinical-Trial, Articles, Leukemia, Health, Participation, Journals, Coverage, Parents, Babies

? Joseph, K.S. (2003), Quality of impact factors of general medical journals. *British Medical Journal*, **326** (7383), 283.

Full Text: [2003\Bri Med J326, 283.pdf](2003/Bri%20Med%20J326,%20283.pdf)

? Roberts, I.G. (2003), How political should a general medical journal be? Medical journals may have had role in justifying war. *British Medical Journal*, **326** (7393), 820.

Full Text: [2003\Bri Med J326, 820.pdf](2003/Bri%20Med%20J326,%20820.pdf)

? Porta, M. (2003), Quality of impact factors of general medical journals - Quality matters - and the choice of indicator matters too. *British Medical Journal*, **326** (7395), 931.

Full Text: [2003\Bri Med J326, 931.pdf](2003/Bri%20Med%20J326,%20931.pdf)

? Liu, J.L.Y. (2003), Quality of impact factors of general medical journals - Research quality can be assessed by using combination of approaches. *British Medical Journal*, **326** (7395), 931-932.

Full Text: [2003\Bri Med J326, 931.pdf](2003/Bri%20Med%20J326,%20931.pdf)

? Rose, D., Wykes, T., Leese, M., Bindman, J. and Fleischmann, P. (2003), Patients’ perspectives on electroconvulsive therapy: Systematic review. *British Medical Journal*, **326** (7403), 1363-1365.

Full Text: [2003\Bri Med J326, 1363.pdf](2003/Bri%20Med%20J326,%201363.pdf)

Abstract: Objective To ascertain patients’ views on the benefits of and possible memory loss from electroconvulsive therapy. Design Descriptive systematic review. Data sources Psychinfo, MEDLINE, Web of Science, and Social Science Citation Index databases, and bibliographies. Study selection Articles with patients’ views after treatment with electroconvulsive therapy. Data extraction 26 studies carried out by clinicians and nine reports of work undertaken by patients or with the collaboration of patients were, identified; 16 studies investigated the perceived benefit of electroconvulsive therapy and seven met criteria for investigating memory loss. Data synthesis the studies showed heterogeneity. The methods used were associated with levels of perceived benefit. At least one third of patients reported persistent memory loss. Conclusions the current statement for patients from the Royal College of Psychiatrists that over 80% of patients are satisfied with electroconvulsive therapy and that memory loss is not clinically important is unfounded.

Keywords: Articles, Attitudes, Citation, Collaboration, Databases, ECT, Electroconvulsive Therapy, Memory, Review, Satisfaction, Science, Science Citation Index, Systematic, Systematic Review, Therapy, Treatment, Web of Science

? Owen, C.G., Whincup, P.H., Gilg, J.A. and Cook, D.G. (2003), Effect of breast feeding in infancy on blood pressure in later life: Systematic review and meta-analysis. *British Medical Journal*, **327** (7425), 1189-1192.

Full Text: [2003\Bri Med J327, 1189.pdf](2003/Bri%20Med%20J327,%201189.pdf)

Abstract: Objective To determine whether breast feeding in infancy compared with bottle feeding formula milk is associated with lower mean blood pressure at different ages. Design Systematic review. Data sources EMBASE, MEDLINE, and Web of Science databases. Study selection Studies showing the effects of feeding in infancy on blood pressure at different ages. Data extraction Pooled mean differences in blood pressure between breast fed infants and those bottle fed formula milk, based on random effects models. synthesis the pooled mean difference in systolic blood pressure was -1.10 mm Hg (95% confidence interval -1.79 to -0.42 turn Hg) but with significant heterogeneity between estimates (P < 0.001). The difference was largest in studies of <300 participants (-2.05 mm Hg, -3.30 to -0.80 min Hg), intermediate in studies of 300-1000 participants (1.13 mm Hg, -2.53 to 0.27 mm Hg), and smallest in studies of >1000 participants (-0.16 nun Hg, -0.60 to 0.28 min Hg). An Egger test but not Begg test was statistically significant for publication bias. The difference was unaltered by adjustment for current size and was independent of age at measurement of blood pressure and year of birth. Diastolic blood pressure was not significantly related to type of feeding in infancy. Conclusions Selective publication of small studies with positive findings may have exaggerated claims that breast feeding in infancy reduces systolic blood pressure in later life. The results of larger studies suggest that feeding in infancy has at most a modest effect on blood pressure, which is of limited clinical or public health importance.

Keywords: Bias, Birth-Weight, Blood, Blood Pressure, Cardiovascular Risk-Factors, Children, Cholesterol, Databases, Docosahexaenoic Acid, Early Nutrition, Follow-Up, Heart-Rate, Infants, Measurement, Meta-Analysis, Pressure, Preterm Infants, Public Health, Publication, Publication Bias, Review, Science, Sodium, Systematic, Systematic Review, Web of Science

? Smith, G.C.S. and Pell, J.P. (2003), Parachute use to prevent death and major trauma related to gravitational challenge: Systematic review of randomised controlled trials. *British Medical Journal*, **327** (7429), 1459-1461.

Full Text: [2003\Bri Med J327, 1459.pdf](2003/Bri%20Med%20J327,%201459.pdf)

Abstract: Objectives To determine whether parachutes are effective in preventing major trauma related to gravitational challenge. Design Systematic review of randomised controlled trials. Data sources: MEDLINE, Web of Science, EMBASE, and the Cochrane Library databases; appropriate internet sites and citation lists. Study selection: Studies showing the effects of using a parachute during free fall. Main outcome measure Death or major trauma, defined as an injury severity score > 15. Results We were unable to identify any randomiscd controlled trials of parachute intervention. Conclusions As with many interventions intended to prevent ill health, the effectiveness of parachutes has not been subjected to rigorous evaluation by using randomised controlled trials. Advocates of evidence based medicine have criticised the adoption of interventions evaluated by using only observational data. We think that everyone might benefit if the most radical protagonists of evidence based medicine organised and participated in a double blind, randomised, placebo controlled, crossover trial of the parachute.

Keywords: Citation, Cochrane, Databases, Effectiveness, Evaluation, Injuries, Injury, Intervention, Interventions, Medicine, Outcome, Quality, Review, Science, Systematic, Systematic Review, Trauma, Web of Science

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Full Text: [2004\Bri Med J328, 1166.pdf](2004/Bri%20Med%20J328,%201166.pdf)

Abstract: Objective To compile and evaluate the evidence on the effects on health and social outcomes of computer based peer to peer communities and electronic self support groups, used by people to discuss health related issues remotely. Design and data sources Analysis of studies identified from MEDLINE, EMBASE, CINAHL, PsycINFO, Evidence Based Medicine Reviews, Electronics and Communications Abstracts, Computer and Information Systems Abstracts, ERIC, LISA, ProQuest Digital Dissertations, Web of Science. Selection of studies We searched for before and after studies, interrupted time series, cohort studies, or studies with control groups; evaluating health or social outcomes of virtual peer to peer communities, either as stand alone interventions or in the context of more complex systems with peer to peer components. Main outcome measures Peer to peer interventions and co-interventions studied, general characteristics of studies, outcome measures used, and study results. Results 45 publications describing 38 distinct studies met our inclusion criteria: 20 randomised trials, three meta-analyses of n of 1 trials, three non-randomised controlled trials, one cohort study, and 11 before and after studies. Only six of these evaluated “pure” peer to peer communities, and one had a factorial design with a “peer to peer only” arm, whereas 31 studies evaluated complex interventions, which often included psychoeducational programmes or one to one communication with healthcare professionals, making it impossible to attribute intervention effects to the peer to peer community component. The outcomes measured most often were depression and social support; most studies did not show an effect. We found no evidence to support concerns over virtual communities harming people. Conclusions No robust evidence exists on the effects of consumer led peer to peer communities, partly because most peer to peer communities have been evaluated only in conjunction with more complex interventions or involvement with health professionals. Given the abundance of unmoderated peer to peer groups on the internet, research is required to evaluate under which conditions and for whom electronic support groups are effective and how effectiveness in delivering social support electronically can be maximised.

Keywords: Cohort Studies, Cohort Study, Communication, Consumer, Control, Control Groups, Depression, Dissertations, Effectiveness, Health, Healthcare Professionals, Impact, Information, Information Systems, Internet, Intervention, Interventions, Involvement, Network, Outcome, Outcomes, Publications, Quality, Research, Review, Science, Social, Systematic, Systematic Review, Trial, Web of Science

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Full Text: [2005\Bri Med J329, 546.pdf](2005/Bri%20Med%20J329,%20546.pdf)

Keywords: Quality

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Full Text: [2005\Bri Med J330, 1056.pdf](2005/Bri%20Med%20J330,%201056.pdf)

Keywords: Randomized Controlled Trials, Quality

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Full Text: [2008\Bri Med J330, 1128.pdf](2008/Bri%20Med%20J330,%201128.pdf)

Abstract: Objectives To determine how often reprints of scientific publications are shared online, whether journal readership level is a predictor, how the amount of file sharing changes with the age of the article, and to what degree open access publications are shared on non-journal websites. Design the internet was searched using an application programming interface to Google, a popular and freely available search engine. Main outcome measures. The proportion of reprints of journal articles published between 1994 and 2004 from within 13 subscription based and four open access journals that could be located online at non-journal websites. Results the probability that an article could be found online at a non-journal website correlated with the journal impact factor and the time since initial publication. Papers from higher impact journals and more recent articles were more likely to be located. On average, for the high impact journal articles published in 2003, over a third could be located at non-journal websites. Similar trends were observed for the delayed or full open access publications. Conclusions Decentralised sharing of scientific reprints through the internet creates a degree of de facto open access that, although highly incomplete in its coverage, is none the less biased towards publications of higher popular demand.

Keywords: Access, Age, Application, Changes, Coverage, Demand, Engine, Impact, Impact Factor, Journal, Journal Articles, Journal Impact, Journal Impact Factor, Journals, Open, Open Access, Outcome, Outcome Measures, Programming, Publication, Publications, Scientific Publications, Trends

Notes: CCountry

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Full Text: [2005\Bri Med J331, 192.pdf](2005/Bri%20Med%20J331,%20192.pdf)

Abstract: Objective To examine and compare the research productivity of the European Union, the four ‘candidate’ countries (those currently waiting to join the EU), and the United States in several fields of biomedical sciences. Design A retrospective observational study-bibliometric analysis. Data sources Manuscripts published by authors from each country separately and from each group of countries for the period 1994 to 2004 and included in the Essential Science Indicators database of the Institute of Scientific Information. Main outcome measures Number of published articles and number of citations, adjusted for gross domestic product and population size. Results 1485 749 articles were published by authors from the EU compared with 1 56 805 from the US. The research productivity of the first 15 countries to join the EU, adjusted for population, was lower (76%) than that of the US-and even lower (66%) when the 10 newest EU countries were included in the analysis. Conclusion the newest EU members and die EU candidate countries need further help and resources to increase their productivity, thereby improving the productivity of the EU as a whole.

Keywords: Biomedical Research, EU, European Union, Journals, Research, Research Productivity, Sciences, Size, US

? Biau, D.J., Tournoux, C., Katsahian, S., Schranz, P.J. and Nizard, R.S. (2006), Bone-patellar tendon-bone autografts versus hamstring autografts for reconstruction of anterior cruciate ligament: Meta-analysis. *British Medical Journal*, **332** (7548), 995-998.

Full Text: [2006\Bri Med J332, 995.pdf](2006/Bri%20Med%20J332,%20995.pdf)

Abstract: Objectives To compare bone-patellar tendon-bone autografts with hamstring autografts for reconstruction of the anterior cruciate ligament. Data sources MEDLINE, WebSPIRS, Science Citation Index. Current Contents databases, and Cochrane Central Register of Controlled Trials. Review methods All randomised controlled trials reporting one or more outcome related to stability (instrumented measurement of knee laxity, Lachman test, or pivot shift test) and Morbidity (anterior knee pain, kneeling test, loss of extension, or graft. failure). Study quality was assessed by using a 5 point scale. Random effect models were used to pool the data. Heterogeneity in the effect of treatment was tested on the basis of study quality, randomisation status, and number of tendon strands used. Results 24 trials of 18 cohorts (1512 patients) met the inclusion criteria. study quality was poor for nine studies and Fair for nine studies. The weighted mean difference of die instrumented measurement of knee laxity was 0.36 (95% confidence interval 0.01 to 0.71 P=0.04). Relative risk of a positive Lachman test was 1.22 (1.01 to 1.47; P= 0.04), of anterior knee pain 0.57 (0.44 to 0.74; P < 0.0001), of a positive kneeling test 0.26 (0.14 to 0.48; P < 0.0001), and of loss of extension 0.52 (0.34 to 0.80; P = 0.003). Other results were not significant. Conclusion Morbidity was lower for hamstring autografts than for patellar tendon autografts. Evidence that patellar tendon autografts offer better stability was weak. The poor quality of the studies calls into question the robustness of the analyses.

Keywords: 2-Year Follow-up, ACL Reconstruction, Arthrofibrosis, Citation, Criteria, Databases, Evidence, Gracilis Tendons, Graft Tension, Knee Pain, Measurement, MEDLINE, Meta-Analysis, Methods, Models, Pain, Positive, Review, Risk, Scale, Science, Science Citation Index, Semitendinosus, Site Morbidity, Surgery, Treatment, Trial

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Full Text: [2006\Bri Med J332, 1061.pdf](2006/Bri%20Med%20J332,%201061.pdf)

Abstract: Objective To evaluate changes in the role of academics and the sources of funding for the medical research cited most frequently over the past decade.

Design Database analysis.

Data sources Web of Knowledge database.

Methods For each year from 1994 to 2003, articles in the domain of clinical medicine that had been cited most often by the end of 2004 were identified. Changes in author’s affiliations and funding sources were evaluated.

Results of the 289 frequently cited articles, most had at least one author with a university (76%) or hospital (57%) affiliation, and the proportion of articles with each type of affiliation was constant over time. Government or public funding was most common (60% of articles), followed by industry (36%). The proportion of most frequently cited articles funded by industry increased over time (odds ratio 1.17 per year, P = 0.001) and was equal to the proportion funded by government or public sources by 2001. 65 of the 77 most cited randomised controlled trials received funding from industry, and the proportion increased significantly over time (odds ratio 1.59 per year, P = 0.003). 18 of the 32 most cited trials published after 1999 were funded by industry alone.

Conclusion Academic affiliations remain prominent among the authors of the most frequently cited medical research. Such research is increasingly funded by industry, often exclusively so. Academics may be losing control of the clinical research agenda.

Keywords: Conflicts-of-Interest, Academic Medicine, Clinical-Research, Industry, Impact, Citation, Budget, Trust, ERA

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Full Text: [2006\Bri Med J332, 1063.pdf](2006/Bri%20Med%20J332,%201063.pdf)

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Full Text: [2006\Bri Med J333, 706.pdf](2006/Bri%20Med%20J333,%20706.pdf)

Keywords: Bibliometrics

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Full Text: [2008\Bri Med J334, 561.pdf](2008/Bri%20Med%20J334,%20561.pdf)

Keywords: Impact, Impact Factors, Medical, Publishing, Science

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Full Text: [2007\Bri Med J335, 1248.pdf](2007/Bri%20Med%20J335,%201248.pdf)

Abstract: Objective To evaluate the benefits and harms of antithrombin III in critically ill patients. Design Systematic review and meta-analysis of randomised trials. Data sources CENTRAL, MEDLINE, EMBASE, International Web of Science, LILACS, the Chinese Biomedical Literature Database, and CINHAL (to November 2006); hand search of reference lists, contact with authors and experts, and search of registers of ongoing trials. Review methods Two reviewers independently selected parallel group randomised clinical trials comparing antithrombin with placebo or no intervention and extracted data related to study methods, interventions, outcomes, bias risk, and adverse events. Disagreements were resolved by discussion. Trials in any type of critically ill patients in intensive care were eligible. All trials, irrespective of blinding or language status, that compared any antithrombin III regimen with no intervention or placebo were included. Trials were considered to be at low risk of bias if they had adequate randomisation procedure, blinding, and used intention to treat analysis. Risk ratios with 95% confidence intervals were estimated with fixed and random effects models according to heterogeneity. Main outcome measures Mortality, length of stay in intensive care or hospital, quality of life, severity of sepsis, respiratory failure, duration of mechanical ventilation, incidence of surgical intervention, intervention effect among various populations and adverse events (such as bleeding). Results 20 trials randomly assigning 3458 patients met inclusion criteria. Eight trials had low risk of bias. Compared with placebo or no intervention, antithrombin III did not reduce overall mortality (relative risk 0.96, 95% confidence interval 0.89 to 1.03). No subgroup analyses on risk of bias, populations of patients, or with and without adjuvant heparin yielded significant results. Antithrombin III increased the risk of bleeding events (1.52, 1.30 to 1.78). Heterogeneity was observed in only a few analyses. Conclusion Antithrombin III cannot be recommended for critically ill patients based on the available evidence.

Keywords: Analysis, Authors, Bias, Clinical Trials, Cognitive Impairment, Confidence Intervals, Critically Ill Patients, Displaced Fractures, Elderly-Patients, Femoral-Neck Fractures, Heparin, Hospital, Intensive Care, Internal-Fixation, Intervention, Interventions, Length of Stay, Mechanical Ventilation, Meta-Analysis, Mortality, Outcome, Outcomes, Quality of Life, Quality-of-Life, Randomized-Trial, Relative Risk, Review, Risk, Science, Severe Sepsis, Surgical, Systematic, Systematic Review, Total Hip-Arthroplasty, Web of Science, Worldwide Prevalence

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Full Text: [2008\Bri Med J336, 655.pdf](2008/Bri%20Med%20J336,%20655.pdf)

Abstract: Objective To determine if citation counts at two years could be predicted for clinical articles that pass basic criteria for critical appraisal using data within three weeks of publication from external sources and an online article rating service.

Design Retrospective cohort study.

Setting Online rating service, Canada.

Participants 1274 articles from 105 journals published from January to June 2005, randomly divided into a 60:40 split to provide derivation and validation datasets.

Main outcome measures 20 article and journal features, including ratings of clinical relevance and newsworthiness, routinely collected by the McMaster online rating of evidence system, compared with citation counts at two years.

Results the derivation regression equation accounted for 60% of the variation (R-2=0.60, 95% confidence interval 0.538 to 0.629). This model applied to the validation dataset gave a similar prediction (R-2=0. 56, 0.476 to 0.596, shrinkage 0.04; shrinkage measures how welt the derived equation matches data from the validation dataset). Cited articles in the top half and top third were predicted with 83% and 61% sensitivity and 72% and 82% specificity. Higher citations were predicted by indexing in numerous databases; number of authors; abstraction in synoptic journals; clinical relevance scores; number of cited references; and original, multicentred, and therapy articles from journals with a greater proportion of articles abstracted.

Conclusion Citation counts can be reliably predicted at two years using data within three weeks of publication.

Keywords: Quality, Journals, Impact, Information, Indicators, Rates, Bias

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Full Text: [2008\Bri Med J336, 789.pdf](2008/Bri%20Med%20J336,%20789.pdf)

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Full Text: [2008\Bri Med J337, a1344.pdf](2008/Bri%20Med%20J337,%20a1344.pdf)

Abstract: Objective To systematically review all the prospective cohort studies that have analysed the relation between adherence to a Mediterranean diet, mortality, and incidence of chronic diseases in a primary prevention setting. Design Meta- analysis of prospective cohort studies. Data sources English and non- English publications in PUBMED, EMBASE, Web of Science, and the Cochrane Central Register of Controlled Trials from 1966 to 30 June 2008. Studies reviewed Studies that analysed prospectively the association between adherence to a Mediterranean diet, mortality, and incidence of diseases; 12 studies, with a total of 1 574 299 subjects followed for a time ranging from three to 18 years were included. Results the cumulative analysis among eight cohorts (514 816 subjects and 33 576 deaths) evaluating overall mortality in relation to adherence to a Mediterranean diet showed that a two point increase in the adherence score was significantly associated with a reduced risk of mortality (pooled relative risk 0.91, 95% confidence interval 0.89 to 0.94). Likewise, the analyses showed a beneficial role for greater adherence to a Mediterranean diet on cardiovascular mortality (pooled relative risk 0.91, 0.87 to 0.95), incidence of or mortality from cancer (0.94, 0.92 to 0.96), and incidence of Parkinson’s disease and Alzheimer’s disease (0.87, 0.80 to 0.96). Conclusions Greater adherence to a Mediterranean diet is associated with a significant improvement in health status, as seen by a significant reduction in overall mortality (9%), mortality from cardiovascular diseases (9%), incidence of or mortality from cancer (6%), and incidence of Parkinson’s disease and Alzheimer’s disease (13%). These results seem to be clinically relevant for public health, in particular for encouraging a Mediterranean- like dietary pattern for primary prevention of major chronic diseases.

Keywords: Adherence, Alzheimer’s Disease, Analysis, Cancer, Cardiovascular, Cardiovascular Diseases, Cochrane, Cohort Studies, Disease, Health Status, Meta Analysis, Meta-Analysis, Mortality, Parkinson’s Disease, Prevention, Primary, Primary Prevention, Public Health, Publications, PUBMED, Relative Risk, Review, Risk, Science, Web of Science

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Full Text: [2008\Bri Med J337, a1711.pdf](2008/Bri%20Med%20J337,%20a1711.pdf)

Keywords: Autologous Myoblasts, Fibroblasts, Randomized Controlled-Trial, Stress Urinary-Incontinence

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Full Text: [2008\Bri Med J337, a1518.pdf](2008/Bri%20Med%20J337,%20a1518.pdf)

Abstract: Objectives To systematically review published studies to identify the characteristics that distinguish fractures in children resulting from abuse and those not resulting from abuse, and to calculate a probability of abuse for individual fracture types. Design Systematic review. Data sources All language literature search of MEDLINE, MEDLINE in Process, Embase, Assia, Caredata, Child Data, CINAHL, ISI Proceedings, Sciences Citation, Social Science Citation Index, SIGLE, Scopus, TRIP, and Social Care Online for original study articles, references, textbooks, and conference abstracts until May 2007. Study selection Comparative studies of fracture at different bony sites, sustained in physical abuse and from other causes in children < 18 years old were included. Review articles, expert opinion, postmortem studies, and studies in adults were excluded. Data extraction and synthesis Each study had two independent reviews (three if disputed) by specialist reviewers including paediatricians, paediatric radiologists, orthopaedic surgeons, and named nurses in child protection. Each study was critically appraised by using data extraction sheets, critical appraisal forms, and evidence sheets based on NHS Centre for Reviews and Dissemination guidance. Meta- analysis was done where possible. A random effects model was fitted to account for the heterogeneity between studies. Results In total, 32 studies were included. Fractures resulting from abuse were recorded throughout the skeletal system, most commonly in infants (< 1 year) and toddlers (between 1 and 3 years old). Multiple fractures were more common in cases of abuse. Once major trauma was excluded, rib fractures had the highest probability for abuse (0.71, 95% confidence interval 0.42 to 0.91). The probability of abuse given a humeral fracture lay between 0.48 (0.06 to 0.94) and 0.54 (0.20 to 0.88), depending on the definition of abuse used. Analysis of fracture type showed that supracondylar humeral fractures were less likely to be inflicted. For femoral fractures, the probability was between 0.28 (0.15 to 0.44) and 0.43 (0.32 to 0.54), depending on the definition of abuse used, and the developmental stage of the child was an important discriminator. The probability for skull fractures was 0.30 (0.19 to 0.46); the most common fractures in abuse and non- abuse were linear fractures. Insufficient comparative studies were available to allow calculation of a probability of abuse for other fracture types. Conclusion When infants and toddlers present with a fracture in the absence of a confirmed cause, physical abuse should be considered as a potential cause. No fracture, on its own, can distinguish an abusive from a non- abusive cause. During the assessment of individual fractures, the site, fracture type, and developmental stage of the child can help to determine the likelihood of abuse. The number of high quality comparative research studies in this field is limited, and further prospective epidemiology is indicated.

Keywords: Articles, Assessment, Characteristics, Children, Citation, Classic Metaphyseal Lesion, Design, Dissemination, Epidemiology, Heterogeneity, Infants, ISI, Language, Literature, Maltreatment, MEDLINE, Model, Physical Abuse, Regional Approach, Research, Review, Review Articles, Science, Science Citation Index, Scopus, Selection, Social Science Citation Index, System, Systematic Review, Tibia, Trauma

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Full Text: [2008\Bri Med J337, a1841.pdf](2008/Bri%20Med%20J337,%20a1841.pdf)

Abstract: Objective To determine whether steroids are effective in preventing laryngeal oedema after extubation and reducing the need for subsequent reintubation in critically ill adults. Design Meta- analysis. Data sources PUBMED, Cochrane Controlled Trials Register, Web of Science, and EMBASE with no limitation on language, study year, or publication status. Selection criteria Randomised placebo controlled trials in which parenteral steroids were compared with placebo for preventing complications after extubation in adults. Review methods Search, application of inclusion and exclusion criteria, data extraction, and assessment of methodological quality, independently performed in duplicate. Odds ratios with 95% confidence intervals, risk difference, and number needed to treat were calculated and pooled. Main outcome measures Primary outcome: laryngeal oedema after extubation. Secondary outcome: subsequent reintubation because of laryngeal oedema. Results Six trials (n= 1923) were identified. Comparedwith placebo, steroids given before planned extubation decreased the odds ratio for laryngeal oedema (0.38, 95% confidence interval 0.17 to 0.85) and subsequent reintubation (0.29, 0.15 to 0.58), corresponding with a risk difference of - 0.10 (- 0.12 to - 0.07; number needed to treat 10) and - 0.02 (- 0.04 to - 0.01; 50), respectively. Subgroup analyses indicated that a multidose regimen of steroids had marked positive effects on the occurrence of laryngeal oedema (0.14; 0.08 to 0.23) and on the rate of subsequent reintubation (0.19; 0.07 to 0.50), with a risk difference of - 0.19 (- 0.24 to - 0.15; 5) and- 0.04 (- 0.07 to - 0.02; 25). In single doses there was only a trend towards benefit, with the confidence interval including 1. Side effects related to steroids were not found. Conclusion Prophylactic administration of steroids in multidose regimens before planned extubation reduces the incidence of laryngeal oedema after extubation and the consequent reintubation rate in adults, with few adverse events.

Keywords: Adults, Airway, Analysis, Assessment, Cochrane, Confidence Intervals, Corticosteroids, Cuff-Leak, Endotracheal Intubation, Failure, Laryngeal Edema, Long-Term, Mechanical Ventilation, Meta Analysis, Meta-Analysis, Outcome, Postextubation Stridor, Primary, Publication, PUBMED, Ratio, Review, Risk, Science, Trend, Volume, Web of Science

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Full Text: [2008\Bri Med J337, a2931.pdf](2008/Bri%20Med%20J337,%20a2931.pdf)

Abstract: Objective To synthesise the literature on the effects of fish oil - docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA) - on mortality and arrhythmias and to explore dose response and formulation effects. Design Systematic review and meta- analysis. Data sources MEDLINE, EMBASE, the Cochrane Library, PUBMED, CINAHL, IPA, Web of Science, Scopus, Pascal, Allied and Complementary Medicine, Academic OneFile, ProQuest Dissertations and Theses, Evidence- Based Complementary Medicine, and LILACS. Studies reviewed Randomised controlled trials of fish oil as dietary supplements in humans. Data extraction the primary outcomes of interest were the arrhythmic end points of appropriate implantable cardiac defibrillator intervention and sudden cardiac death. The secondary outcomes were all cause mortality and death from cardiac causes. Subgroup analyses included the effect of formulations of EPA and DHA on death from cardiac causes and effects of fish oil in patients with coronary artery disease or myocardial infarction. Data synthesis 12 studies totalling 32 779 patientsmet the inclusion criteria. A neutral effect was reported in three studies (n= 1148) for appropriate implantable cardiac defibrillator intervention (odds ratio 0.90, 95% confidence interval 0.55 to 1.46) and in six studies (n= 31 111) for sudden cardiac death (0.81, 0.52 to 1.25). 11 studies (n= 32 439 and n= 32 519) provided data on the effects of fish oil on all cause mortality (0.92, 0.82 to 1.03) and a reduction in deaths from cardiac causes (0.80, 0.69 to 0.92). The dose- response relation for DHA and EPA on reduction indeaths from cardiac causes was not significant. Conclusions Fish oil supplementation was associated with a significant reduction in deaths from cardiac causes but had no effect on arrhythmias or all cause mortality. Evidence to recommend an optimal formulation of EPA or DHA to reduce these outcomes is insufficient. Fish oils are a heterogeneous product, and the optimal formulations for DHA and EPA remain unclear.

Keywords: Acute Myocardial-Infarction, Analysis, Cardiovascular-Disease, Cochrane, Coronary-Heart-Disease, Disease, Dissertations, Dose-Response, Double-Blind, Humans, Interest, Intervention, Literature, Metaanalysis, Mortality, Myocardial Infarction, Omega-3-Fatty-Acids, Outcomes, Points, Polyunsaturated Fatty-Acids, Premature Ventricular Complexes, Primary, PUBMED, Randomized Controlled-Trials, Ratio, Review, Science, Scopus, Sudden Cardiac Death, Systematic, Systematic Review, Web of Science

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Full Text: [2009\Bri Med J338, b354.pdf](2009/Bri%20Med%20J338,%20b354.pdf)

Abstract: Objective To explore the relation between study concordance, take home message, funding, and dissemination of comparative studies assessing the effects of influenza vaccines.

Design Systematic review without meta-analysis.

Data extraction Search of the Cochrane Library, PubMed, Embase, and the web, without language restriction, for any studies comparing the effects of influenza vaccines against placebo or no intervention. Abstraction and assessment of quality of methods were carried out.

Data synthesis We identified 259 primary studies ( 274 datasets). Higher quality studies were significantly more likely to show concordance between data presented and conclusions (odds ratio 16.35, 95% confidence interval 4.24 to 63.04) and less likely to favour effectiveness of vaccines (0.04, 0.02 to 0.09). Government funded studies were less likely to have conclusions favouring the vaccines (0.45, 0.26 to 0.90). A higher mean journal impact factor was associated with complete or partial industry funding compared with government or private funding and no funding (differences between means 5.04). Study size was not associated with concordance, content of take home message, funding, and study quality. Higher citation index factor was associated with partial or complete industry funding. This was sensitive to the exclusion from the analysis of studies with undeclared funding.

Conclusion Publication in prestigious journals is associated with partial or total industry funding, and this association is not explained by study quality or size.

Keywords: Information-Seeking Behavior, Conflicts-of-Interest, Elderly-People, Drug Trials, Vaccination, Association, Care, Conclusions, Mortality, Benefits

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Full Text: [2009\Bri Med J339, b3354.pdf](2009/Bri%20Med%20J339,%20b3354.pdf)

Abstract: Objective To determine whether steroids plus antivirals provide a better degree of facial muscle recovery in patients with Bell’s palsy than steroids alone. Design Meta-analysis. Data sources PUBMED, EMBASE, Web of Science, and the Cochrane Central Register of Controlled Trials were searched for studies published in all languages from 1984 to January 2009. Additional studies were identified from cited references. Selection criteria Randomised controlled trials that compared steroids with the combination of steroids and antivirals for the treatment of Bell’s palsy were included in this study. At least one month of follow-up and a primary end point of at least partial facial muscle recovery, as defined by a House-Brackmann grade of at least 2 (complete palsy is designated a grade of 6) or an equivalent score on an alternative recognised scoring system, were required. Review methods Two authors independently reviewed studies for methodological quality, treatment regimens, duration of symptoms before treatment, length of follow-up, and outcomes. Odds ratios with 95% confidence intervals were calculated and pooled using a random effects model. Results Six trials were included, a total of 1145 patients; 574 patients received steroids alone and 571 patients received steroids and antivirals. The pooled odds ratio for facial muscle recovery showed no benefit of steroids plus antivirals compared with steroids alone (odds ratio 1.50, 95% confidence interval 0.83 to 2.69; P=0.18). A one study removed analysis showed that the highest quality studies had the greatest effect on the lack of difference between study arms shown by the odds ratio. Subgroup analyses assessing causes of heterogeneity defined a priori (time from symptom onset to treatment, length of follow-up, and type of antiviral studied) showed no benefit of antivirals in addition to that provided by steroids. Conclusions Antivirals did not provide an added benefit in achieving at least partial facial muscle recovery compared with steroids alone in patients with Bell’s palsy. This study does not, therefore, support the routine use of antivirals in Bell’s palsy. Future studies should use improved herpes virus diagnostics and newer antivirals to assess whether combination therapy benefits patients with more severe facial paralysis at study entry.

Keywords: Acyclovir, Analysis, Authors, Cochrane, Combination Therapy, Confidence Intervals, Double-Blind, Efficacy, Follow-Up, Meta Analysis, Meta-Analysis, Model, Multicenter, Outcomes, Prednisolone, Primary, PUBMED, Quality, Ratio, Reactivation, Review, Science, Simplex-Virus Type-1, Symptoms, Therapy, Treatment, Valacyclovir, Web of Science

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Full Text: [2009\Bri Med J339, b4471.pdf](2009/Bri%20Med%20J339,%20b4471.pdf)

Abstract: Objective To provide quantitative evaluations on the association between income inequality and health. Design Random effects meta-analyses, calculating the overall relative risk for subsequent mortality among prospective cohort studies and the overall odds ratio for poor self rated health among cross sectional studies. Data sources PUBMED, the ISI Web of Science, and the National Bureau for Economic Research database. Review methods Peer reviewed papers with multilevel data. Results the meta-analysis included 59 509 857 subjects in nine cohort studies and 1 280 211 subjects in 19 cross sectional studies. The overall cohort relative risk and cross sectional odds ratio (95% confidence intervals) per 0.05 unit increase in Gini coefficient, a measure of income inequality, was 1.08 (1.06 to 1.10) and 1.04 (1.02 to 1.06), respectively. Meta-regressions showed stronger associations between income inequality and the health outcomes among studies with higher Gini (>= 0.3), conducted with data after 1990, with longer duration of follow-up (>7 years), and incorporating time lags between income inequality and outcomes. By contrast, analyses accounting for unmeasured regional characteristics showed a weaker association between income inequality and health. Conclusions the results suggest a modest adverse effect of income inequality on health, although the population impact might be larger if the association is truly caUSAl. The results also support the threshold effect hypothesis, which posits the existence of a threshold of income inequality beyond which adverse impacts on health begin to emerge. The findings need to be interpreted with caution given the heterogeneity between studies, as well as the attenuation of the risk estimates in analyses that attempted to control for the unmeasured characteristics of areas with high levels of income inequality.

Keywords: Affluence, Association, Cohort Studies, Confidence Intervals, Control, Difference, Explain, Exposure, Follow-Up, Health Outcomes, Impact, Income, ISI, Level Analysis, Meta-Analysis, Mortality, Outcomes, Papers, Population Health, PUBMED, Quantitative, Ratio, Relative Deprivation, Relative Risk, Research, Review, Risk, Science, United-States, US, Web of Science

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Full Text: [2010\Bri Med J340, b5569.pdf](2010/Bri%20Med%20J340,%20b5569.pdf)

Abstract: Objective To systematically review the evidence that smoking cessation after diagnosis of a primary lung tumour affects prognosis. Design Systematic review with meta-analysis. Data sources CINAHL (from 1981), EMBASE (from 1980), MEDLINE (from 1966), Web of Science (from 1966), CENTRAL (from 1977) to December 2008, and reference lists of included studies. Study selection Randomised controlled trials or observational longitudinal studies that measured the effect of quitting smoking after diagnosis of lung cancer on prognostic outcomes, regardless of stage at presentation or tumour histology, were included. Data extraction Two researchers independently identified studies for inclusion and extracted data. Estimates were combined by using a random effects model, and the I(2) statistic was used to examine heterogeneity. Life tables were used to model five year survival for early stage non-small cell lung cancer and limited stage small cell lung cancer, using death rates for continuing smokers and quitters obtained from this review. Results In 9/10 included studies, most patients studied were diagnosed as having an early stage lung tumour. Continued smoking was associated with a significantly increased risk of all cause mortality (hazard ratio 2.94, 95% confidence interval 1.15 to 7.54) and recurrence (1.86, 1.01 to 3.41) in early stage non-small cell lung cancer and of all cause mortality (1.86, 1.33 to 2.59), development of a second primary tumour (4.31, 1.09 to 16.98), and recurrence (1.26, 1.06 to 1.50) in limited stage small cell lung cancer. No study contained data on the effect of quitting smoking on cancer specific mortality or on development of a second primary tumour in non-small cell lung cancer. Life table modelling on the basis of these data estimated 33% five year survival in 65 year old patients with early stage non-small cell lung cancer who continued to smoke compared with 70% in those who quit smoking. In limited stage small cell lung cancer, an estimated 29% of continuing smokers would survive for five years compared with 63% of quitters on the basis of the data from this review. Conclusions This review provides preliminary evidence that smoking cessation after diagnosis of early stage lung cancer improves prognostic outcomes. From life table modelling, the estimated number of deaths prevented is larger than would be expected from reduction of cardiorespiratory deaths after smoking cessation, so most of the mortality gain is likely to be due to reduced cancer progression. These findings indicate that offering smoking cessation treatment to patients presenting with early stage lung cancer may be beneficial.

Keywords: 2nd Primary Cancers, Abstinence, Angiogenesis, Behavior, Cancer, Chemoradiotherapy, Cigarette-Smoking, Coronary-Heart-Disease, Development, Diagnosis, Longitudinal Studies, Lung Cancer, Meta-Analysis, Model, Mortality, Neck-Cancer, Non-Small Cell Lung, Observational Studies, Outcomes, Primary, Prognosis, Ratio, Recurrence, Researchers, Review, Risk, Science, Smoking, Survival, Systematic, Systematic Review, Treatment, Web of Science

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Full Text: [2010\Bri Med J340, c467.pdf](2010/Bri%20Med%20J340,%20c467.pdf)

Abstract: Objective To evaluate the relative short term safety and intermediate term efficacy of carotid endarterectomy versus carotid artery stenting. Design Systematic review and meta-analysis. Data sources BIOSIS, EMBASE, MEDLINE, the Cochrane central register of controlled trials, International Pharmaceutical Abstracts database, ISI Web of Science, and Google scholar and bibliographies, from 1 January 1990 to 25 July 2009. Study selection Randomised controlled trials comparing carotid endarterectomy with carotid artery stenting in patients with carotid artery stenosis with or without symptoms. Data extraction Primary end point was a composite of mortality or stroke. Secondary end points were death, stroke, myocardial infarction, or facial neuropathy (as individual end points), and mortality or disabling stroke (as a composite end point). Data synthesis 11 trials were included (4796 patients); 10 reported on short term outcomes (n=4709) and nine on intermediate term outcomes (1-4 years). The periprocedural risk of mortality or stroke was lower for carotid endarterectomy (odds ratio 0.67, 95% confidence interval 0.47 to 0.95; P=0.025) than for carotid stenting, mainly because of a decreased risk of stroke (0.65, 0.43 to 1.00; P=0.049), whereas the risk of death (1.14, 0.56 to 2.31; P=0.727) and the composite end point mortality or disabling stroke (0.74, 0.53 to 1.05; P=0.088) did not differ significantly. The odds of periprocedural myocardial infarction (2.69, 1.06 to 6.79; P=0.036) or cranial nerve injury (10.2, 4.0 to 26.1; P<0.001) was higher in the carotid endarterectomy group than in the carotid stenting group. In the intermediate term, the two treatments did not differ significantly for stroke or death (hazard ratio 0.90, 95% confidence interval 0.74 to 1.1; P=0.314). Conclusions Carotid endarterectomy was found to be superior to carotid artery stenting for short term outcomes but the difference was not significant for intermediate term outcomes; this difference was mainly driven by non-disabling stroke. Significantly fewer cranial nerve injuries and myocardial infarctions occurred with carotid artery stenting.

Keywords: Angioplasty, Benefit, Clinical Trials, Cochrane, Controlled Clinical Trials, Efficacy, Google Scholar, High-Risk Patients, Injury, ISI, Meta-Analysis, Mortality, Myocardial Infarction, Outcomes, Points, Primary, Publication Bias, Ratio, Registry, Review, Risk, Safety, Science, Stroke, Symptoms, Systematic, Systematic Review, Web of Science

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Full Text: [2010\Bri Med J340, c1344.pdf](2010/Bri%20Med%20J340,%20c1344.pdf)

Abstract: Objective To explore a possible link between authors’ financial conflicts of interest and their position on the association of rosiglitazone with increased risk of myocardial infarction in patients with diabetes. Data sources On 10 April 2009, we searched Web of Science and Scopus for articles citing and commenting on either of two index publications that contributed key data to the controversy (a meta-analysis of small trials and a subsequent large trial). Data selection Articles had to comment on rosiglitazone and the risk of myocardial infarction. Guidelines, meta-analyses, reviews, clinical trials, letters, commentaries, and editorials were included. Data extraction For each article, we sought information about the authors’ financial conflicts of interest in the report itself and elsewhere (that is, in all publications within two years of the original publication and online). Two reviewers blinded to the authors’ financial relationships independently classified each article as presenting a favourable (that is, rosiglitazone does not increase the risk of myocardial infarction), neutral, or unfavourable view on the risk of myocardial infarction with rosiglitazone and on recommendations on the use of the drug. Results of the 202 included articles, 108 (53%) had a conflict of interest statement. Ninety authors (45%) had financial conflicts of interest. Authors who had a favourable view of the risk of myocardial infarction with rosiglitazone were more likely to have financial conflicts of interest with manufacturers of antihyperglycaemic agents in general, and with rosiglitazone manufacturers in particular, than authors who had an unfavourable view (rate ratio 3.38, 95% CI 2.26 to 5.06 and 4.29, 2.63 to 7.02, respectively). There was likewise a strong association between favourable recommendations on the use of rosiglitazone and financial conflicts of interest (3.36, 1.94 to 5.83). These links persisted when articles rather than authors were used as the unit of analysis (4.69, 2.84 to 7.72), when the analysis was restricted to opinion articles (6.29, 2.15 to 18.38) or to articles in which the rosiglitazone controversy was the main focus (6.50, 2.56 to 16.53), and both in articles published before and after the Food and Drug Administration issued a safety warning for rosiglitazone (3.43, 0.99 to 11.82 and 4.95, 2.87 to 8.53, respectively). Conclusions Disclosure rates for financial conflicts of interest were unexpectedly low, and there was a clear and strong link between the orientation of authors’ expressed views on the rosiglitazone controversy and their financial conflicts of interest with pharmaceutical companies. Although these findings do not necessarily indicate a caUSAl link between the position taken on the cardiac risk of rosiglitazone in patients with diabetes and the authors’ financial conflicts of interest, they underscore the need for further changes in disclosure procedures in order for the scientific record to be trusted.

Keywords: Administration, Analysis, Articles, Authors, Cardiovascular, Cardiovascular Risk, Clinical Trials, Conflict of Interest, Conflicts-of-Interest, Could Disclosure, Diabetes, Disclosure, Drug, Epidemiology, Events, Industry, Information, Interest, Interests Work, Laws, Medicine, Meta-Analysis, Myocardial Infarction, Pharmaceutical Companies, Pharmaceutical-Industry, Public-Health, Publication, Publications, Ratio, Review, Risk, Safety, Science, Scopus, Systematic, Systematic Review, Web of Science

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Full Text: [2010\Bri Med J341, c6581.pdf](2010/Bri%20Med%20J341,%20c6581.pdf)

Abstract: Objective To identify specific major congenital malformations associated with use of carbamazepine in the first trimester of pregnancy. Design A review of all published cohort studies to identify key indications and a population based case-control study to test these indications. Setting Review of PUBMED, Web of Science, and EMBASE for papers about carbamazepine exposure in the first trimester of pregnancy and specific malformations, and the EUROCAT Antiepileptic Study Database, including data from 19 European population based congenital anomaly registries, 1995-2005. Participants the literature review covered eight cohort studies of 2680 pregnancies with carbamazepine monotherapy exposure, and the EUROCAT dataset included 98 075 registrations of malformations covering over 3.8 million births. Main outcome measures Overall prevalence for a major congenital malformation after exposure to carbamazepine monotherapy in the first trimester. Odds ratios for malformations with exposure to carbamazepine among cases (five types of malformation identified in the literature review) compared with two groups of controls: other non-chromosomal registrations of malformations and chromosomal syndromes. Results the literature review yielded an overall prevalence for a major congenital malformation of 3.3% (95% confidence interval 2.7 to 4.2) after exposure to carbamazepine monotherapy in the first trimester. In 131 registrations of malformations, the fetus had been exposed to carbamazepine monotherapy. Spina bifida was the only specific major congenital malformation significantly associated with exposure to carbamazepine monotherapy (odds ratio 2.6 (95% confidence interval 1.2 to 5.3) compared with no antiepileptic drug), but the risk was smaller for carbamazepine than for valproic acid (0.2, 0.1 to 0.6). There was no evidence for an association with total anomalous pulmonary venous return (no cases with carbamazepine exposure), cleft lip (with or without palate) (0.2, 0.0 to 1.3), diaphragmatic hernia (0.9, 0.1 to 6.6), or hypospadias (0.7, 0.3 to 1.6) compared with no exposure to antiepileptic drugs. Further exploratory analysis suggested a higher risk of single ventricle and atrioventricular septal defect. Conclusion Carbamazepine teratogenicity is relatively specific to spina bifida, though the risk is less than with valproic acid. Despite the large dataset, there was not enough power to detect moderate risks for some rare major congenital malformations.

Keywords: Analysis, Antiepileptic Drugs, Case-Control Study, Cleft Lip, Cohort Studies, Drug, Epilepsy, Fetal, In-Utero, Lamotrigine, Literature, Literature Review, Major Malformations, Monotherapy, Outcome, Papers, Pregnancy, Prevalence, PUBMED, Ratio, Review, Risk, Science, Systematic, Systematic Review, Teratogenesis, Valproic Acid, Web of Science

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Full Text: [2010\Bri Med J341, c7017.pdf](2010/Bri%20Med%20J341,%20c7017.pdf)

Abstract: Objective To examine whether treatment of periodontal disease with scaling and root planing during pregnancy is associated with a reduction in the preterm birth rate. Design Systematic review and meta-analysis of randomised controlled trials. Data sources Cochrane Central Trials Registry, ISI Web of Science, MEDLINE, and reference lists of relevant studies to July 2010; hand searches in key journals. Study selection Randomised controlled trials including pregnant women with documented periodontal disease randomised to either treatment with scaling and root planing or no treatment. Data extraction Data were extracted by two independent investigators, and a consensus was reached with the involvement a third. Methodological quality of the studies was assessed with the Cochrane’s risk of bias tool, and trials were considered either high or low quality. The primary outcome was preterm birth (<37 weeks). Secondary outcomes were low birthweight infants (<2500 g), spontaneous abortions/stillbirths, and overall adverse pregnancy outcome (preterm birth <37 weeks and spontaneous abortions/stillbirths). Results 11 trials (with 6558 women) were included. Five trials were considered to be of high methodological quality (low risk of bias), whereas the rest were low quality (high or unclear risk of bias). Results among low and high quality trials were consistently diverse; low quality trials supported a beneficial effect of treatment, and high quality trials provided clear evidence that no such effect exists. Among high quality studies, treatment had no significant effect on the overall rate of preterm birth (odds ratio 1.15, 95% confidence interval 0.95 to 1.40; P=0.15). Furthermore, treatment did not reduce the rate of low birthweight infants (odds ratio 1.07, 0.85 to 1.36; P=0.55), spontaneous abortions/stillbirths (0.79, 0.51 to 1.22; P=0.28), or overall adverse pregnancy outcome (preterm births <37 weeks and spontaneous abortions/stillbirths) (1.09, 0.91 to 1.30; P=0.34). Conclusion Treatment of periodontal disease with scaling and root planing cannot be considered to be an efficient way of reducing the incidence of preterm birth. Women may be advised to have periodical dental examinations during pregnancy to test their dental status and may have treatment for periodontal disease. However, they should be told that such treatment during pregnancy is unlikely to reduce the risk of preterm birth or low birthweight infants.

Keywords: Bias, Birthweight, Cochrane, Disease, Empirical-Evidence, Infants, Intervention, Involvement, ISI, Journals, Low-Birth-Weight, Meta-Analysis, Outcome, Outcomes, Periodical, Periodontal Disease, Pregnancy, Preterm Birth, Primary, Publication Bias, Quality, Randomized-Controlled-Trial, Ratio, Review, Risk, Science, Systematic, Systematic Review, Therapy, Treatment, Web of Science, Women

Notes: CCountry

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Full Text: [2011\Bri Med J342, c7086.pdf](2011/Bri%20Med%20J342,%20c7086.pdf)

Abstract: Objective To analyse the available evidence on cardiovascular safety of non-steroidal anti-inflammatory drugs. Design Network meta-analysis. Data sources Bibliographic databases, conference proceedings, study registers, the Food and Drug Administration website, reference lists of relevant articles, and reports citing relevant articles through the Science Citation Index (last update July 2009). Manufacturers of celecoxib and lumiracoxib provided additional data. Study selection All large scale randomised controlled trials comparing any non-steroidal anti-inflammatory drug with other non-steroidal anti-inflammatory drugs or placebo. Two investigators independently assessed eligibility. Data extraction the primary outcome was myocardial infarction. Secondary outcomes included stroke, death from cardiovascular disease, and death from any cause. Two investigators independently extracted data. Data synthesis 31 trials in 116 429 patients with more than 115 000 patient years of follow-up were included. Patients were allocated to naproxen, ibuprofen, diclofenac, celecoxib, etoricoxib, rofecoxib, lumiracoxib, or placebo. Compared with placebo, rofecoxib was associated with the highest risk of myocardial infarction (rate ratio 2.12, 95% credibility interval 1.26 to 3.56), followed by lumiracoxib (2.00, 0.71 to 6.21). Ibuprofen was associated with the highest risk of stroke (3.36, 1.00 to 11.6), followed by diclofenac (2.86, 1.09 to 8.36). Etoricoxib (4.07, 1.23 to 15.7) and diclofenac (3.98, 1.48 to 12.7) were associated with the highest risk of cardiovascular death. Conclusions Although uncertainty remains, little evidence exists to suggest that any of the investigated drugs are safe in cardiovascular terms. Naproxen seemed least harmful. Cardiovascular risk needs to be taken into account when prescribing any non-steroidal antiinflammatory drug.

Keywords: Alzheimer-Disease, Cardiovascular, Cardiovascular Disease, Credibility, Cyclo-Oxygenase-2 Inhibitors, Cyclooxygenase-2 Inhibitors, Data, Databases, Death, Diclofenac, Disease, Drug, Drugs, Events, Evidence, Extraction, Follow-up, Ibuprofen, Infarction, Interval, Meta-Analysis, Metaanalysis, Mixed Treatment Comparisons, Myocardial Infarction, Myocardial-Infarction, Naproxen, Needs, Network, Outcome, Outcomes, Patients, Placebo, Prescribing, Primary, Randomised, Randomised Controlled Trials, Randomized-Trials, Reference, Reference Lists, Rheumatoid-Arthritis, Risk, Rofecoxib, Safety, Scale, Science Citation Index, Sources, Stroke, Synthesis, Uncertainty

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Full Text: [2011\Bri Med J342, c7237.pdf](2011/Bri%20Med%20J342,%20c7237.pdf)

Abstract: Objective To investigate the effects of weaning protocols on the total duration of mechanical ventilation, mortality, adverse events, quality of life, weaning duration, and length of stay in the intensive care unit and hospital. Design Systematic review. Data sources Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, CINAHL, LILACS, ISI Web of Science, ISI Conference Proceedings, Cambridge Scientific Abstracts, and reference lists of articles. We did not apply language restrictions. Review methods We included randomised and quasi-randomised controlled trials of weaning from mechanical ventilation with and without protocols in critically ill adults. Data selection Three authors independently assessed trial quality and extracted data. A priori subgroup and sensitivity analyses were performed. We contacted study authors for additional information. Results Eleven trials that included 1971 patients met the inclusion criteria. Compared with usual care, the geometric mean duration of mechanical ventilation in the weaning protocol group was reduced by 25% (95% confidence interval 9% to 39%, P=0.006; 10 trials); the duration of weaning was reduced by 78% (31% to 93%, P=0.009; six trials); and stay in the intensive care unit length by 10% (2% to 19%, P=0.02; eight trials). There was significant heterogeneity among studies for total duration of mechanical ventilation (I(2)=76%, P<0.01) and duration of weaning (I(2)=97%, P<0.01), which could not be explained by subgroup analyses based on type of unit or type of approach. Conclusion There is evidence of a reduction in the duration of mechanical ventilation, weaning, and stay in the intensive care unit when standardised weaning protocols are used, but there is significant heterogeneity among studies and an insufficient number of studies to investigate the source of this heterogeneity. Some studies suggest that organisational context could influence outcomes, but this could not be evaluated as it was outside the scope of this review.

Keywords: Adult, Adults, Authors, Clinical-Outcomes, Cochrane, Computerized Decision-Support, Conference, Efficacy, Extubation, Hospital, Information, Intensive Care, Intensive Care Unit, Intensive-Care Units, Interventions, ISI, Length of Stay, Mechanical Ventilation, Meta-Analysis, Mortality, Outcomes, Pneumonia, Protocol, Quality of Life, Randomized Controlled-Trial, Review, Science, Sedation, Surgery, Systematic, Systematic Review, Web of Science

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Full Text: [2011\Bri Med J342, c7254.pdf](2011/Bri%20Med%20J342,%20c7254.pdf)

Abstract: Objective To determine the effectiveness of vitamin D supplementation for improving bone mineral density in children and adolescents and if effects vary with factors such as vitamin D dose and vitamin D status. Design Systematic review and meta-analysis. Data sources Cochrane Central Register of Controlled Trials, MEDLINE (1966 to present), EMBASE (1980 to present), CINAHL (1982 to present), AMED (1985 to present), and ISI Web of Science (1945 to present), last updated on 9 August 2009, and hand searching of conference abstracts from key journals. Study selection Placebo controlled randomised controlled trials of vitamin D supplementation for at least three months in healthy children and adolescents (aged 1 month to <20 years) with bone density outcomes. Two authors independently assessed references for inclusion and study quality and extracted data. Data synthesis Standardised mean differences of the percentage change from baseline in bone mineral density of the forearm, hip, and lumbar spine and total body bone mineral content in treatment and control groups. Subgroup analyses were carried out by sex, pubertal stage, dose of vitamin D, and baseline serum vitamin D concentration. Compliance and allocation concealment were also considered as possible sources of heterogeneity. Results From 1653 potential references, six studies, totalling 343 participants receiving placebo and 541 receiving vitamin D, contributed data to meta-analyses. Vitamin D supplementation had no statistically significant effects on total body bone mineral content or on bone mineral density of the hip or forearm. There was a trend to a small effect on lumbar spine bone mineral density (standardised mean difference 0.15, 95% confidence interval -0.01 to 0.31; P=0.07). Effects were similar in studies of participants with high compared with low serum vitamin D levels, although there was a trend towards a larger effect with low vitamin D for total body bone mineral content (P=0.09 for difference). In studies with low serum vitamin D, significant effects on total body bone mineral content and lumbar spine bone mineral density were roughly equivalent to a 2.6% and 1.7% percentage point greater change from baseline in the supplemented group. Conclusions It is unlikely that vitamin D supplements are beneficial in children and adolescents with normal vitamin D levels. The planned subgroup analyses by baseline serum vitamin D level suggest that vitamin D supplementation of deficient children and adolescents could result in clinically useful improvements, particularly in lumbar spine bone mineral density and total body bone mineral content, but this requires confirmation.

Keywords: Adolescent Girls, Adolescents, Aged, Aged 10-12 Years, Authors, Bone, Bone Mineral Density, Children, Cochrane, Compliance, Control, Control Groups, D Deficiency, Effectiveness, Finnish Girls, ISI, Journals, Meta-Analysis, Mineral Density, Normal, Osteoporotic Fractures, Outcomes, Parathyroid-Hormone Concentrations, Prepubertal Children, Review, School-Milk Intervention, Science, Serum 25-Hydroxyvitamin-D Concentrations, Spine, Systematic, Systematic Review, Treatment, Trend, Vitamin D, Web of Science

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Full Text: [2011\Bri Med J342, d223.pdf](2011/Bri%20Med%20J342,%20d223.pdf)

Abstract: Objective To examine whether pretreatment emotional distress in women is associated with achievement of pregnancy after a cycle of assisted reproductive technology. Design Meta-analysis of prospective psychosocial studies. Data sources PUBMED, MEDLINE, EMBASE, PsycINFO, PsychNET, ISI Web of Knowledge, and ISI Web of Science were searched for articles published from 1985 to March 2010 (inclusive). We also undertook a hand search of reference lists and contacted 29 authors. Eligible studies were prospective studies reporting a test of the association between pretreatment emotional distress (anxiety or depression) and pregnancy in women undergoing a single cycle of assisted reproductive technology. Review methods Two authors independently assessed the studies for eligibility and quality (using criteria adapted from the Newcastle-Ottawa quality scale) and extracted data. Authors contributed additional data not included in original publication. Results Fourteen studies with 3583 infertile women undergoing a cycle of fertility treatment were included in the meta-analysis. The effect size used was the standardised mean difference (adjusted for small sample size) in pretreatment anxiety or depression (priority on anxiety where both measured) between women who achieved a pregnancy (defined as a positive pregnancy test, positive fetal heart scan, or live birth) and those who did not. Pretreatment emotional distress was not associated with treatment outcome after a cycle of assisted reproductive technology (standardised mean difference -0.04, 95% confidence interval -0.11 to 0.03 (fixed effects model); heterogeneity I(2) = 14%, P = 0.30). Subgroup analyses according to previous experience of assisted reproductive technology, composition of the not pregnant group, and timing of the emotional assessment were not significant. The effect size did not vary according to study quality, but a significant subgroup analysis on timing of the pregnancy test, a contour enhanced funnel plot, and Egger’s test indicated the presence of moderate publication bias. Conclusions the findings of this meta-analysis should reassure women and doctors that emotional distress caused by fertility problems or other life events co-occurring with treatment will not compromise the chance of becoming pregnant.

Keywords: Analysis, Anxiety, Appraisal, Assessment, Authors, Bias, Depression, Distress, Fertility Treatment, In-Vitro Fertilization, ISI, Ivf, Knowledge, Mammals, Meta Analysis, Meta-Analysis, Model, Outcome, Pregnancy, Prospective Studies, Psychosocial, Publication, Publication Bias, PUBMED, Review, Science, Stress, Treatment, Treatment Outcome, Web of Knowledge, Web of Science, Women

Notes: CCountry

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Full Text: [2011\Bri Med J342, d1028.pdf](2011/Bri%20Med%20J342,%20d1028.pdf)

Abstract: Objective To compare the volume and quality of original research in primary care published by researchers from primary care in the United Kingdom against five countries with well established academic primary care. Design Bibliometric analysis. Setting United Kingdom, United States, Australia, Canada, Germany, and the Netherlands. Studies reviewed Research publications relevant to comprehensive primary care and authored by researchers from primary care, recorded in MEDLINE and Embase, with publication dates 2001-7 inclusive. Main outcome measures Volume of published activity of generalist primary care researchers and the quality of the research output by those publishing the most using citation metrics: numbers of cited papers, proportion of cited papers, and mean citation scores. Results 82 169 papers published between 2001 and 2007 in the six countries were classified as research on primary care. In a 15% pragmatic random sample of these records, 40% of research on primary care from the United Kingdom and 46% from the Netherlands was authored by researchers employed in a primary care setting or employed in academic departments of primary care. The 141 researchers with the highest volume of publications reporting research findings published between 2001 and 2007 (inclusive) authored or part authored 8.3% of the total sample of papers. For authors with the highest proportion of publications cited at least five times, the best performers came from the United States (n=5), United Kingdom (n=4), and the Netherlands (n=2). In the top 10 of authors with the highest proportions of publications achieving 20 or more citations, six were from the United Kingdom and four from the United States. The mean Hirsch Index (measure of a researcher’s productivity and impact of the published work) was 14 for the Netherlands, 13 for the United Kingdom, 12 for the United States, 7 for Canada, 4 for Australia, and 3 for Germany. Conclusion This international comparison of the volume and citation rates of papers by researchers from primary care consistently placed UK researchers among the best performers internationally.

Keywords: Analysis, Australia, Authors, Bibliometric, Bibliometric Analysis, Canada, Care, Citation, Citations, Comparison, Germany, Hirsch, Hirsch Index, Impact, Index, International, International Comparison, Mar, Measure, Metrics, Outcome, Outcome Measures, Papers, Primary, Primary Care, Productivity, Publication, Publications, Publishing, Quality, Quality of, Random Sample, Rates, Records, Reporting, Research, the Netherlands, UK, United Kingdom, United States, Volume, Work

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Full Text: [2011\Bri Med J342, d1083.pdf](2011/Bri%20Med%20J342,%20d1083.pdf)

Keywords: Bibliometrics, Care, Mar, Primary, Primary Care, Quality, Quality Of, Research

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Full Text: [2011\Bri Med J342, d1580.pdf](2011/Bri%20Med%20J342,%20d1580.pdf)

Abstract: Objectives To determine whether a reduction in working hours of doctors in postgraduate medical training has had an effect on objective measures of medical education and clinical outcome. Design Systematic review. Data sources MEDLINE, EMBASE, ISI Web of Science, Google Scholar, ERIC, and SIGLE were searched without language restriction for articles published between 1990 and December 2010. Reference lists and citations of selected articles. Study selection Studies that assessed the impact of a change in duty hours using any objective measure of outcome related to postgraduate medical training, patient safety, or clinical outcome. Any study design was eligible for inclusion. Results 72 studies were eligible for inclusion: 38 reporting training outcomes, 31 reporting outcomes in patients, and three reporting both. A reduction in working hours from greater than 80 hours a week (in accordance with US recommendations) does not seem to have adversely affected patient safety and has had limited effect on postgraduate training. Reports on the impact of European legislation limiting working hours to less than 56 or 48 a week are of poor quality and have conflicting results, meaning that firm conclusions cannot be made. Conclusions Reducing working hours to less than 80 a week has not adversely affected outcomes in patient or postgraduate training in the US. The impact of reducing hours to less than 56 or 48 a week in the UK has not yet been sufficiently evaluated in high quality studies. Further work is required, particularly in the European Union, using large multicentre evaluations of the impact of duty hours’ legislation on objective educational and clinical outcomes.

Keywords: 80-Hour Workweek, Accreditation Council, Care, Citations, Education, General-Surgery Residency, Google Scholar, Impact, Inpatient Surgery, ISI, Laparoscopic Cholecystectomy, Medical, Outcome, Outcomes, Resident Operative Experience, Restrictions, Review, Safety, Science, Surgical Service, Systematic, Systematic Review, Training, Trauma Center, UK, US, Web of Science

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Full Text: 2011\Bri Med J342, d1650.pdf

Keywords: Plagiarism

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Full Text: [2011\Bri Med J342, d2600.pdf](2011/Bri%20Med%20J342,%20d2600.pdf)

Abstract: Objective To review the effectiveness and safety of clinical officers (healthcare providers trained to perform tasks usually undertaken by doctors) carrying out caesarean section in developing countries compared with doctors. Design Systematic review with meta-analysis. Data sources MEDLINE, Embase, Cochrane Central Register of Controlled Trials, CINAHL, BioMed Central, the Reproductive Health Library, and the Science Citation Index (inception-2010) without language restriction. Study selection Controlled studies. Data extraction Information was extracted from each selected article on study characteristics, quality, and outcome data. Two independent reviewers extracted data. Results Six non-randomised controlled studies (16 018 women) evaluated the effectiveness of clinical officers carrying out caesarean section. Meta-analysis found no significant differences between the clinical officers and doctors for maternal death (odds ratio 1.46, 95% confidence interval 0.78 to 2.75; P=0.24) or for perinatal death (1.31, 0.87 to 1.95; P=0.19). The results were heterogeneous, with some studies reporting a higher incidence of both outcomes with clinical officers. Clinical officers were associated with a higher incidence of wound infection (1.58, 1.01 to 2.47; P=0.05) and wound dehiscence (1.89, 1.21 to 2.95; P=0.005). Two studies accounted for confounding factors. Conclusion Clinical officers and doctors did not differ significantly in key outcomes for caesarean section, but the conclusions are tentative owing to the non-randomised nature of the studies. The increase in wound infection and dehiscence may highlight a particular training need for clinical officers.

Keywords: Care, Citation, Confounding, Deliveries, Developing Countries, Meta-Analysis, Mortality, Obstetricians, Outcomes, Review, Science Citation Index, Surgery, Training

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Full Text: [2011\Bri Med J342, d2732.pdf](2011/Bri%20Med%20J342,%20d2732.pdf)

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Full Text: [2011\Bri Med J342, d4092.pdf](2011/Bri%20Med%20J342,%20d4092.pdf)

Abstract: Objective To identify the factors associated with diabetic ketoacidosis at diagnosis of type 1 diabetes in children and young adults. Design Systematic review. Data sources PUBMED, EMBASE, Web of Science, Scopus, and Cinahl and article reference lists. Study selection Cohort studies including unselected groups of children and young adults presenting with new onset type 1 diabetes that distinguished between those who presented in diabetic ketoacidosis and those who did not and included a measurement of either pH or bicarbonate in the definition of diabetic ketoacidosis. There were no restrictions on language of publication. Results 46 studies involving more than 24 000 children in 31 countries were included. Together they compared 23 different factors. Factors associated with increased risk were younger age (for <2 years old v older, odds ratio 3.41 (95% confidence interval 2.54 to 4.59), for <5 years v older, odds ratio 1.59 (1.38 to 1.84)), diagnostic error (odds ratio 3.35 (2.35 to 4.79)), ethnic minority, lack of health insurance in the US (odds ratio 3.20 (2.03 to 5.04)), lower body mass index, preceding infection (odds ratio 3.14 (0.94 to 10.47)), and delayed treatment (odds ratio 1.74 (1.10 to 2.77)). Protective factors were having a first degree relative with type 1 diabetes at the time of diagnosis (odds ratio 0.33 (0.08 to 1.26)), higher parental education (odds ratios 0.4 (0.20 to 0.79) and 0.64 (0.43 to 0.94) in two studies), and higher background incidence of type 1 diabetes (correlation coefficient -0.715). The mean duration of symptoms was similar between children presenting with or without diabetic ketoacidosis (16.5 days (standard error 6.2) and 17.1 days (6.0) respectively), and up to 38.8% (285/735) of children who presented with diabetic ketoacidosis had been seen at least once by a doctor before diagnosis. Conclusions Multiple factors affect the risk of developing diabetic ketoacidosis at the onset of type 1 diabetes in children and young adults, and there is potential time, scope, and opportunity to intervene between symptom onset and development of diabetic ketoacidosis for both parents and clinicians.

Keywords: Adolescents, Adults, Beta-Cell Function, Body Mass Index, Children, Clinical Characteristics, Consensus Statement, Delayed Diagnosis, Development, Diabetes, Diagnosis, Education, EMBASE, Ethnic Minority, Infection, Laboratory Characteristics, Measurement, Mellitus, Metabolic Control, Onset, Parents, Partial Remission, pH, Publication, PUBMED, Ratio, Review, Risk, Science, Scopus, Symptoms, Systematic, Systematic Review, Treatment, Type 1, Type 1 Diabetes, US, Web of Science, Young Adults

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Full Text: [2011\Bri Med J343, d4488.pdf](2011/Bri%20Med%20J343,%20d4488.pdf)

Abstract: Objective To evaluate the association of chocolate consumption with the risk of developing cardiometabolic disorders. Design Systematic review and meta-analysis of randomised controlled trials and observational studies. Data sources MEDLINE, Embase, Cochrane Library, PubMed, CINAHL, IPA, Web of Science, Scopus, Pascal, reference lists of relevant studies to October 2010, and email contact with authors. Study selection Randomised trials and cohort, case-control, and cross sectional studies carried out in human adults, in which the association between chocolate consumption and the risk of outcomes related to cardiometabolic disorders were reported. Data extraction Data were extracted by two independent investigators, and a consensus was reached with the involvement of a third. The primary outcome was cardiometabolic disorders, including cardiovascular disease (coronary heart disease and stroke), diabetes, and metabolic syndrome. A meta-analysis assessed the risk of developing cardiometabolic disorders by comparing the highest and lowest level of chocolate consumption. Results From 4576 references seven studies met the inclusion criteria (including 114 009 participants). None of the studies was a randomised trial, six were cohort studies, and one a cross sectional study. Large variation was observed between these seven studies for measurement of chocolate consumption, methods, and outcomes evaluated. Five of the seven studies reported a beneficial association between higher levels of chocolate consumption and the risk of cardiometabolic disorders. The highest levels of chocolate consumption were associated with a 37% reduction in cardiovascular disease (relative risk 0.63 (95% confidence interval 0.44 to 0.90)) and a 29% reduction in stroke compared with the lowest levels. Conclusions Based on observational evidence, levels of chocolate consumption seem to be associated with a substantial reduction in the risk of cardiometabolic disorders. Further experimental studies are required to confirm a potentially beneficial effect of chocolate consumption.

Keywords: Adults, Authors, Blood-Pressure, Cardiovascular, Cardiovascular Disease, Cardiovascular-Disease, Case-Control, Cochrane, Cohort Studies, Coronary Heart Disease, Coronary-Artery-Disease, Dark Chocolate, Diabetes, Disease, Elevated Cholesterol, Endothelial Function, Experimental, Heart-Disease, Human, Insulin Sensitivity, Involvement, Measurement, Meta Analysis, Meta-Analysis, Observational, Observational Studies, Outcome, Outcomes, Primary, Pubmed, Randomized Controlled-Trials, Reduction, Relative Risk, Review, Risk, Science, Scopus, Stroke, Systematic, Systematic Review, Vascular Function, Web of Science

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Full Text: [2011\Bri Med J343, d5856.pdf](2011/Bri%20Med%20J343,%20d5856.pdf)

Abstract: Objective To evaluate the ability of international point of care information summaries to update evidence relevant to medical practice. Design Prospective cohort bibliometric analysis. Setting Top five point of care information summaries (Clinical Evidence, EBMGuidelines, eMedicine, Dynamed, UpToDate) ranked for coverage of medical conditions, editorial quality, and evidence based methodology. Main outcome measures From June 2009 to May 2010 we measured the incidence of research findings relating to potentially eligible newsworthy evidence. As samples, we chose systematic reviews rated as relevant by international research networks (such as, Evidence-Based Medicine, ACP Journal Club, and the Cochrane Collaboration). Every month we assessed whether each sampled review was cited in at least one chapter of the five summaries. The cumulative updating rate was analysed with Kaplan-Meier curves. Results From April to December 2009, 128 reviews were retrieved; 53% (68) from the literature surveillance journals and 47% (60) from the Cochrane Library. At nine months, Dynamed had cited 87% of the sampled reviews, while the other summaries had cited less than 50%. The updating speed of Dynamed clearly led the others. For instance, the hazard ratios for citations in EBM Guidelines and Clinical Evidence versus the top performer were 0.22 (95% confidence interval 0.17 to 0.29) and 0.03 (0.01 to 0.05). Conclusions Point of care information summaries include evidence relevant to practice at different speeds. A qualitative analysis of updating mechanisms is needed to determine whether greater speed corresponds to more appropriate incorporation of new information.

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Care, Citation, Citations, Clinical-Practice Guidelines, Cochrane, Collaboration, Context, Coverage, Evidence-Based Medicine, Grade, Health-Care, Incidence, Information, Journal, Journals, Literature, Mechanisms, Medical, Methodology, Outcome, Practice, Quality, Recommendations, Relevance, Research, Review, Surveillance, Systematic, Systematic Reviews, Trials

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Full Text: [2011\Bri Med J343, d6128.pdf](2011/Bri%20Med%20J343,%20d6128.pdf)

Abstract: Objectives To assess the prevalence of honorary and ghost authors in six leading general medical journals in 2008 and compare this with the prevalence reported by authors of articles published in 1996. Design Cross sectional survey using a web based questionnaire. Setting International survey of journal authors. Participants Sample of corresponding authors of 896 research articles, review articles, and editorial/opinion articles published in six general medical journals with high impact factors in 2008: Annals of Internal Medicine, JAMA, Lancet, Nature Medicine, New England Journal of Medicine, and PLoS Medicine. Main outcome measures Self reported compliance with International Committee of Medical Journal Editors (ICMJE) criteria for authorship for all authors on the selected articles. Results A total of 630/896 (70.3%) corresponding authors responded to the survey. The prevalence of articles with honorary authorship or ghost authorship, or both, was 21.0% (95% CI 18.0% to 24.3%), a decrease from 29.2% reported in 1996 (P=0.004). Based on 545 responses on honorary authorship, 96 articles (17.6% (95% CI 14.6% to 21.0%)) had honorary authors (range by journal 12.2% to 29.3%), a non-significant change from 1996 (19.3%; P=0.439). Based on 622 responses on ghost authorship, 49 articles (7.9% (6.0% to 10.3%)) had ghost authors (range by journal 2.1% to 11.0%), a significant decline from 1996 (11.5%; P=0.023). The prevalence of honorary authorship was 25.0% in original research reports, 15.0% in reviews, and 11.2% in editorials, whereas the prevalence of ghost authorship was 11.9% in research articles, 6.0% in reviews, and 5.3% in editorials. Conclusions Evidence of honorary and ghost authorship in 21% of articles published in major medical journals in 2008 suggests that increased efforts by scientific journals, individual authors, and academic institutions are essential to promote responsibility, accountability, and transparency in authorship, and to maintain integrity in scientific publication.

Keywords: Accountability, Articles, Authors, Authorship, Biomedical, Biomedical Journals, Compliance, Criteria, Cross Sectional Survey, Editors, England, Evidence, General, Honorary Authorship, Impact, Impact Factors, Institutions, Integrity, Journal, Journals, Medical, Medical Journals, Medicine, Outcome, Outcome Measures, Prevalence, Publication, Questionnaire, Research, Responsibility, Review, Reviews, Scientific Journals, Scientific Publication, Survey, Transparency, Web

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Full Text: 2011\Bri Med J343, d6898.pdf

Abstract: Objective To assess the effect of targeting intensive glycaemic control versus conventional glycaemic control on all cause mortality and cardiovascular mortality, non-fatal myocardial infarction, microvascular complications, and severe hypoglycaemia in patients with type 2 diabetes. Design Systematic review with meta-analyses and trial sequential analyses of randomised trials. Data sources Cochrane Library, MEDLINE, Embase, Science Citation Index Expanded, LILACS, and CINAHL to December 2010; hand search of reference lists and conference proceedings; contacts with authors, relevant pharmaceutical companies, and the US Food and Drug Administration. Study selection Randomised clinical trials comparing targeted intensive glycaemic control with conventional glycaemic control in patients with type 2 diabetes. Published and unpublished trials in all languages were included, irrespective of predefined outcomes. Data extraction Two reviewers independently assessed studies for inclusion and extracted data related to study methods, interventions, outcomes, risk of bias, and adverse events. Risk ratios with 95% confidence intervals were estimated with fixed and random effects models. Results Fourteen clinical trials that randomised 28 614 participants with type 2 diabetes (15 269 to intensive control and 13 345 to conventional control) were included. Intensive glycaemic control did not significantly affect the relative risks of all cause (1.02, 95% confidence interval 0.91 to 1.13; 28 359 participants, 12 trials) or cardiovascular mortality (1.11, 0.92 to 1.35; 28 359 participants, 12 trials). Trial sequential analyses rejected a relative risk reduction above 10% for all cause mortality and showed insufficient data on cardiovascular mortality. The risk of non-fatal myocardial infarction may be reduced (relative risk 0.85, 0.76 to 0.95; P=0.004; 28 111 participants, 8 trials), but this finding was not confirmed in trial sequential analysis. Intensive glycaemic control showed a reduction of the relative risks for the composite microvascular outcome (0.88, 0.79 to 0.97; P=0.01; 25 600 participants, 3 trials) and retinopathy (0.80, 0.67 to 0.94; P=0.009; 10 793 participants, 7 trials), but trial sequential analyses showed that sufficient evidence had not yet been reached. The estimate of an effect on the risk of nephropathy (relative risk 0.83, 0.64 to 1.06; 27 769 participants, 8 trials) was not statistically significant. The risk of severe hypoglycaemia was significantly increased when intensive glycaemic control was targeted (relative risk 2.39, 1.71 to 3.34; 27 844 participants, 9 trials); trial sequential analysis supported a 30% increased relative risk of severe hypoglycaemia. Conclusion Intensive glycaemic control does not seem to reduce all cause mortality in patients with type 2 diabetes. Data available from randomised clinical trials remain insufficient to prove or refute a relative risk reduction for cardiovascular mortality, non-fatal myocardial infarction, composite microvascular complications, or retinopathy at a magnitude of 10%. Intensive glycaemic control increases the relative risk of severe hypoglycaemia by 30%.

Keywords: 10-Year Follow-Up, Acute Coronary Events, Acute Myocardial-Infarction, Administration, Adverse Events, Analysis, Authors, Bias, Blood-Glucose Control, Cardiovascular, Citation, Clinical Trials, Cochrane, Complications, Confidence Intervals, Control, Cost-Effectiveness, Diabetes, Extraction, Feasibility Trial, Glycated Hemoglobin, Hand, Hypoglycaemia, Insulin Therapy, Intensive, Interventions, MEDLINE, Meta Analysis, Meta-Analysis, Metabolic-Control, Mortality, Multifactorial Intervention, Myocardial Infarction, Outcome, Outcomes, Patients, Pharmaceutical Companies, Reduction, Relative Risk, Review, Risk, Risk Reduction, Science, Science Citation Index, Systematic, Systematic Review, Type 2, Type 2 Diabetes, US

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Full Text: [2011\Bri Med J343, d7102.pdf](2011/Bri%20Med%20J343,%20d7102.pdf)

Abstract: Objective To assess the effectiveness of strategies incorporating training and support of traditional birth attendants on the outcomes of perinatal, neonatal, and maternal death in developing countries. Design Systematic review with meta-analysis. Data sources MEDLINE, Embase, the Allied and Complementary Medicine database, British Nursing Index, Cochrane Library, Cumulative Index to Nursing and Allied Health Literature, BioMed Central, PsycINFO, Latin American and Caribbean Health Sciences Literature database, African Index Medicus, Web of Science, Reproductive Health Library, and Science Citation Index (from inception to April 2011), without language restrictions. Search terms were “birth attend\*”, “traditional midwife”, “lay birth attendant”, “dais”, and “comadronas”. Review methods We selected randomised and non-randomised controlled studies with outcomes of perinatal, neonatal, and maternal mortality. Two independent reviewers undertook data extraction. We pooled relative risks separately for the randomised and non-randomised controlled studies, using a random effects model. Results We identified six cluster randomised controlled trials (n=138 549) and seven non-randomised controlled studies (n=72 225) that investigated strategies incorporating training and support of traditional birth attendants. All six randomised controlled trials found a reduction in adverse perinatal outcomes; our meta-analysis showed significant reductions in perinatal death (relative risk 0.76, 95% confidence interval 0.64 to 0.88, P<0.001; number needed to treat 35, 24 to 70) and neonatal death (0.79, 0.69 to 0.88, P<0.001; 98, 66 to 170). Meta-analysis of the non-randomised studies also showed a significant reduction in perinatal mortality (0.70, 0.57 to 0.84, p<0.001; 48, 32 to 96) and neonatal mortality (0.61, 0.48 to 0.75, P<0.001; 96, 65 to 168). Six studies reported on maternal mortality and our meta-analysis showed a non-significant reduction (three randomised trials, relative risk 0.79, 0.53 to 1.05, P=0.12; three non-randomised studies, 0.80, 0.44 to 1.15, P=0.26). Conclusion Perinatal and neonatal deaths are significantly reduced with strategies incorporating training and support of traditional birth attendants.

Keywords: Bangladesh, Care, Citation, Cochrane, Controlled Studies, Developing Countries, Effectiveness, Extraction, Health, Impact, Latin American, Literature, Maternal Mortality, MEDLINE, Meta Analysis, Meta-Analysis, Model, Mortality, Neonatal-Mortality, Nursing, Outcomes, Pakistan, Perinatal, Reduction, Relative Risk, Review, Risk, Science, Science Citation Index, Sciences, Service, Systematic, Systematic Review, Traditional, Training, Trial, Web of Science

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Full Text: [2012\Bri Med J343, d7771.pdf](2012/Bri%20Med%20J343,%20d7771.pdf)

Abstract: Objective To determine whether treatment with agonists of glucagon-like peptide-1 receptor (GLP-1R) result in weight loss in overweight or obese patients with or without type 2 diabetes mellitus. Design Systematic review with meta-analyses. Data sources Electronic searches (Cochrane Library, MEDLINE, Embase, and Web of Science) and manual searches (up to May 2011). Review methods Randomised controlled trials of adult participants with a body mass index of 25 or higher; with or without type 2 diabetes mellitus; and who received exenatide twice daily, exenatide once weekly, or liraglutide once daily at clinically relevant doses for at least 20 weeks. Control interventions assessed were placebo, oral antidiabetic drugs, or insulin. Data extraction Three authors independently extracted data. We used random effects models for the primary meta-analyses. We also did subgroup, sensitivity, regression, and sequential analyses to evaluate sources of intertrial heterogeneity, bias, and the robustness of results after adjusting for multiple testing and random errors. Results 25 trials were included in the analysis. GLP-1R agonist groups achieved a greater weight loss than control groups (weighted mean difference -2.9 kg, 95% confidence interval -3.6 to -2.2; 21 trials, 6411 participants). We found evidence of intertrial heterogeneity, but no evidence of bias or small study effects in regression analyses. The results were confirmed in sequential analyses. We recorded weight loss in the GLP-1R agonist groups for patients without diabetes (-3.2 kg, -4.3 to -2.1; three trials) as well as patients with diabetes (-2.8 kg, -3.4 to -2.3; 18 trials). In the overall analysis, GLP-1R agonists had beneficial effects on systolic and diastolic blood pressure, plasma concentrations of cholesterol, and glycaemic control, but did not have a significant effect on plasma concentrations of liver enzymes. GLP-1R agonists were associated with nausea, diarrhoea, and vomiting, but not with hypoglycaemia. Conclusions the present review provides evidence that treatment with GLP-1R agonists leads to weight loss in overweight or obese patients with or without type 2 diabetes mellitus.

Keywords: Adult, Analysis, Authors, Beta-Cell Function, Bias, Biphasic Insulin Aspart, Blood, Blood Pressure, Body Mass Index, Cholesterol, Clinical-Trials, Cochrane, Control, Control Groups, Diabetes, Diabetes Mellitus, Drugs, Exenatide, Exenatide Exendin-4, Extraction, Glucagon-Like Peptide-1, Glycemic Control, Hypoglycaemia, Insulin, Interventions, MEDLINE, Metformin, Multiple Testing, Non-Inferiority, Open-Label Trial, Oral, Overweight, Parallel-Group, Patients, Plasma, Pressure, Primary, Review, Robustness, Science, Sensitivity, Systematic, Systematic Review, Treatment, Type 2, Type 2 Diabetes, Type 2 Diabetes Mellitus, Type-2 Diabetes-Mellitus, Web of Science, Web-of-Science, Weight Loss

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Full Text: [2012\Bri Med J344, d8222.pdf](2012/Bri%20Med%20J344,%20d8222.pdf)

Abstract: Objective To assess the effectiveness of agricultural interventions in improving the nutritional status of children in developing countries. Design Systematic review. Data sources Published and unpublished reports (after 1990) in English identified by searching 10 databases (Agris, Econlit, Eldis, IBSS, IDEAS, IFPRI, Jolis, PubMed, Web of Science, and World Bank), websites, previous systematic reviews, and reference lists and by contacting experts. Study selection Included studies assessed effects of agricultural interventions aiming at improving the nutritional status of children (bio-fortification, home gardens, small scale fisheries and aquaculture, dairy development, and animal husbandry and poultry development). Only studies that used a valid counterfactual analysis were included. Before/after studies and participants/non-participants comparisons affected by selection bias were excluded. Data analysis Results were analysed for four intermediate outcomes (programme participation, income, dietary diversity, and micronutrient intake) and one final outcome (prevalence of under-nutrition). Analysis was by summary tables of mean effects and by meta-analysis (for vitamin A absorption). Results the review included 23 studies, mostly evaluating home garden interventions. The studies reviewed did not report participation rates or the characteristics of participants in programmes. The interventions had a positive effect on the production of the agricultural goods promoted, but not on households’ total income. The interventions were successful in promoting the consumption of food rich in protein and micronutrients, but the effect on the overall diet of poor people remains unclear. No evidence was found of an effect on the absorption of iron, but some evidence exists of a positive effect on absorption of vitamin A. Very little evidence was found of a positive effect on the prevalence of stunting, wasting, and underweight among children aged under 5. Conclusions the question posed by the review cannot be answered with any level of confidence. The data available show a poor effect of these interventions on nutritional status, but methodological weaknesses of the studies cast serious doubts on the validity of these results. More rigorous and better designed studies are needed, as well as the establishment of agreed quality standards to guide researchers in this important area.

Keywords: Absorption, Aged, Analysis, Animal Husbandry, Bias, Children, Countries, Data Analysis, Databases, Developing Countries, Development, Diet, Effectiveness, English, Food, Ideas, Income, Interventions, Iron, Lessons, Meta Analysis, Meta-Analysis, Micronutrients, Outcome, Outcomes, Participation, People, Prevalence, Pubmed, Quality, Researchers, Review, Science, Selection Bias, South-Africa, Standards, Systematic, Systematic Review, Systematic Reviews, Validity, Vegetables, Web of Science, Web-of-Science, Websites

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Full Text: [2012\Bri Med J344, e1602.pdf](2012/Bri%20Med%20J344,%20e1602.pdf)

Abstract: Objective To investigate the association between low functional health literacy (ability to read and understand basic health related information) and mortality in older adults. Design Population based longitudinal cohort study based on a stratified random sample of households. Setting England. Participants 7857 adults aged 52 or more who participated in the second wave (2004-5) of the English Longitudinal Study of Ageing and survived more than 12 months after interview. Participants completed a brief four item test of functional health literacy, which assessed understanding of written instructions for taking an aspirin tablet. Main outcome measure Time to death, based on all cause mortality through October 2009. Results Health literacy was categorised as high (maximum score, 67.2%), medium (one error, 20.3%), or low (more than one error, 12.5%). During follow-up (mean 5.3 years) 621 deaths occurred: 321 (6.1%) in the high health literacy category, 143 (9.0%) in the medium category, and 157 (16.0%) in the low category. After adjusting for personal characteristics, socioeconomic position, baseline health, and health behaviours, the hazard ratio for all cause mortality for participants with low health literacy was 1.40 (95% confidence interval 1.15 to 1.72) and with medium health literacy was 1.15 (0.94 to 1.41) compared with participants with high health literacy. Further adjustment for cognitive ability reduced the hazard ratio for low health literacy to 1.26 (1.02 to 1.55). Conclusions A third of older adults in England have difficulties reading and understanding basic health related written information. Poorer understanding is associated with higher mortality. The limited health literacy capabilities within this population have implications for the design and delivery of health related services for older adults in England.

Keywords: Aged, Association, Behavior, Bibliometric Analysis, Care, Characteristics, Cognition, Cohort, Cohort Study, Confidence, Death, Delivery, Design, Elderly Persons, England, Error, Follow-Up, Hazard, Health, Individuals, Information, Interval, Knowledge, Longitudinal, Low, Mar, Measure, Mortality, Outcome, Outcomes, Patient Literacy, Population, Random Sample, Reading, Related Services, Services, Skills, Understanding

? Hemmingsen, B., Lundby, L., Wetterslev, J., Vaag, A., Gluud, C., Lund, S.S. and Almdal, T. (2012), Comparison of metformin and insulin versus insulin alone for type 2 diabetes: Systematic review of randomised clinical trials with meta-analyses and trial sequential analyses. *British Medical Journal*, **344**, Article Number: e1771.

Full Text: 2012\Bri Med J344, e1771.pdf

Abstract: Objectives To compare the benefits and harms of metformin and insulin versus insulin alone as reported in randomised clinical trials of patients with type 2 diabetes. Design Systematic review of randomised clinical trials with meta-analyses and trial sequential analyses. Data sources the Cochrane Library, MEDLINE, Embase, Science Citation Index Expanded, Latin American Caribbean Health Sciences Literature, and Cumulative Index to Nursing and Allied Health Literature until March 2011. We also searched abstracts presented at the American Diabetes Association and European Association for the Study of Diabetes Congresses, contacted relevant trial authors and pharmaceutical companies, hand searched reference lists of included trials, and searched the US Food and Drug Administration website. Review methods Two authors independently screened titles and abstracts for randomised clinical trials comparing metformin and insulin versus insulin alone (with or without placebo) in patients with type 2 diabetes, older than 18 years, and with an intervention period of at least 12 weeks. We included trials irrespective of language, publication status, predefined outcomes, antidiabetic interventions used before randomisation, and reported outcomes. Results We included 26 randomised trials with 2286 participants, of which 23 trials with 2117 participants could provide data. All trials had high risk of bias. Data were sparse for outcomes relevant to patients. Metformin and insulin versus insulin alone did not significantly affect all cause mortality (relative risk 1.30, 95% confidence interval 0.57 to 2.99) or cardiovascular mortality (1.70, 0.35 to 8.30). Trial sequential analyses showed that more trials were needed before reliable conclusions could be drawn regarding these outcomes. In a fixed effect model, but not in a random effects model, severe hypoglycaemia was significantly more frequent with metformin and insulin than with insulin alone (2.83, 1.17 to 6.86). In a random effects model, metformin and insulin resulted in reduced HbA(1c), weight gain, and insulin dose, compared with insulin alone; trial sequential analyses showed sufficient evidence for a HbA1c reduction of 0.5%, lower weight gain of 1 kg, and lower insulin dose of 5 U/day. Conclusions There was no evidence or even a trend towards improved all cause mortality or cardiovascular mortality with metformin and insulin, compared with insulin alone in type 2 diabetes. Data were limited by the severe lack of data reported by trials for patient relevant outcomes and by poor bias control.

Keywords: Analyses, Authors, Bias, Cardiovascular, Citation, Clinical, Clinical Trials, Confidence, Control, Data, Diabetes, Double-Blind, Drug, Effects, Empirical-Evidence, Evidence, Food and Drug Administration, Gain, Glucose Control, Glycemic Control, Hypoglycaemia, Information Size, Insulin, Interval, Intervention, Interventions, Literature, MEDLINE, Mellitus, Metformin, Methods, Model, Mortality, NPH Insulin, Open-Label, Outcomes, Patients, Placebo, Placebo-Controlled Trial, Publication, Random Effects Model, Randomisation, Randomised, Reduction, Reference, Reference Lists, Relative Risk, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Sources, Starting Insulin, Systematic Review, Trend, Trial, Type 2 Diabetes, US, Weight Gain

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Full Text: [2012\Bri Med J344, e4212.pdf](2012/Bri%20Med%20J344,%20e4212.pdf)

Abstract: Objectives To assess the extent to which funding and study design are associated with high reprint orders. Design Case-control study. Setting Top articles by size of reprint orders in seven journals, 2002-09. Participants Lancet, Lancet Neurology, Lancet Oncology (Lancet Group), BMJ, Gut, Heart, and Journal of Neurology, Neurosurgery & Psychiatry (BMJ Group) matched to contemporaneous articles not in the list of high reprint orders. Main outcome measures Funding and design of randomised controlled trials or other study designs. Results Median reprint orders for the seven journals ranged from 3000 to 126 350. Papers with high reprint orders were more likely to be funded by the pharmaceutical industry than were control papers (industry funding versus other or none: odds ratio 8.64, 95% confidence interval 5.09 to 14.68, and mixed funding versus other or none: 3.72, 2.43 to 5.70). Conclusions Funding by the pharmaceutical industry is associated with high numbers of reprint orders.

Keywords: Articles, Case-Control, Case-Control Study, Companies, Confidence, Control, Design, Funding, Interval, Journal, Journals, Medical, Medical Journals, Odds Ratio, Outcome, Outcome Measures, Papers, Pharmaceutical Industry, Randomised, Randomised Controlled Trials, Size, Study Design

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Full Text: [2012\Bri Med J345, e4757.pdf](2012/Bri%20Med%20J345,%20e4757.pdf)

Abstract: Objective To estimate the burden of melanoma resulting from sunbed use in western Europe. Design Systematic review and meta-analysis. Data sources PubMed, ISI Web of Science (Science Citation Index Expanded), Embase, Pascal, Cochrane Library, LILACS, and MedCarib, along with published surveys reporting prevalence of sunbed use at national level in Europe. Study selection Observational studies reporting a measure of risk for skin cancer (cutaneous melanoma, squamous cell carcinoma, basal cell carcinoma) associated with ever use of sunbeds. Results Based on 27 studies ever use of sunbeds was associated with a summary relative risk of 1.20 (95% confidence interval 1.08 to 1.34). Publication bias was not evident. Restricting the analysis to cohorts and population based studies, the summary relative risk was 1.25 (1.09 to 1.43). Calculations for dose-response showed a 1.8% (95% confidence interval 0% to 3.8%) increase in risk of melanoma for each additional session of sunbed use per year. Based on 13 informative studies, first use of sunbeds before age 35 years was associated with a summary relative risk of 1.87 (1.41 to 2.48), with no indication of heterogeneity between studies. By using prevalence data from surveys and data from GLOBOCAN 2008, in 2008 in the 15 original member countries of the European Community plus three countries that were members of the European Free Trade Association, an estimated 3438 cases of melanoma could be attributable to sunbed use, most (n=2341) occurring among women. Conclusions Sunbed use is associated with a significant increase in risk of melanoma. This risk increases with number of sunbed sessions and with initial USAge at a young age (<35 years). The cancerous damage associated with sunbed use is substantial and could be avoided by strict regulations.

Keywords: Age, Analysis, Basal-Cell Carcinoma, Bias, Burden, Cancer, Citation, Confidence, Damage, Data, Europe, First, Heterogeneity, Iceland Possible Influence, Indication, Intermittent Exposure, Interval, ISI, ISI Web of Science, Malignant-Melanoma, Measure, Melanoma, Meta-Analysis, Metaanalysis, Northern-Ireland, Population, Population Based, Population-Based, Prevalence, Protective Factor, Publication, Pubmed, Regulations, Relative Risk, Reporting, Review, Risk, Risk-Factors, Science, Science Citation Index, Science Citation Index Expanded, Skin, Skin Cancers, Sources, Squamous Cell Carcinoma, Surveys, Systematic Review, Tanning Devices, Ultraviolet-Radiation, Web of Science, Women

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Full Text: [2012\Bri Med J345, e6698.pdf](2012/Bri%20Med%20J345,%20e6698.pdf)

Abstract: Objective To clarify associations of fish consumption and long chain omega 3 fatty acids with risk of cerebrovascular disease for primary and secondary prevention. Design Systematic review and meta-analysis. Data sources Studies published before September 2012 identified through electronic searches using MEDLINE, Embase, BIOSIS, and Science Citation Index databases. Eligibility criteria Prospective cohort studies and randomised controlled trials reporting on associations of fish consumption and long chain omega 3 fatty acids (based on dietary self report), omega 3 fatty acids biomarkers, or supplementations with cerebrovascular disease (defined as any fatal or non-fatal ischaemic stroke, haemorrhagic stroke, cerebrovascular accident, or transient ischaemic attack). Both primary and secondary prevention studies (comprising participants with or without cardiovascular disease at baseline) were eligible. Results 26 prospective cohort studies and 12 randomised controlled trials with aggregate data on 794 000 non-overlapping people and 34 817 cerebrovascular outcomes were included. In cohort studies comparing categories of fish intake the pooled relative risk for cerebrovascular disease for 2-4 servings a week versus <= 1 servings a week was 0.94 (95% confidence intervals 0.90 to 0.98) and for >= 5 servings a week versus 1 serving a week was 0.88 (0.81 to 0.96). The relative risk for cerebrovascular disease comparing the top thirds of baseline long chain omega 3 fatty acids with the bottom thirds for circulating biomarkers was 1.04 (0.90 to 1.20) and for dietary exposures was 0.90 (0.80 to 1.01). In the randomised controlled trials the relative risk for cerebrovascular disease in the long chain omega 3 supplement compared with the control group in primary prevention trials was 0.98 (0.89 to 1.08) and in secondary prevention trials was 1.17 (0.99 to 1.38). For fish or omega 3 fatty acids the estimates for ischaemic and haemorrhagic cerebrovascular events were broadly similar. Evidence was lacking of heterogeneity and publication bias across studies or within subgroups. Conclusions Available observational data indicate moderate, inverse associations of fish consumption and long chain omega 3 fatty acids with cerebrovascular risk. Long chain omega 3 fatty acids measured as circulating biomarkers in observational studies or supplements in primary and secondary prevention trials were not associated with cerebrovascular disease. The beneficial effect of fish intake on cerebrovascular risk is likely to be mediated through the interplay of a wide range of nutrients abundant in fish.

Keywords: Accident, Bias, Biomarkers, Cancer, Cardiovascular, Cardiovascular Disease, Cardiovascular-Disease, Cerebrovascular Accident, Cerebrovascular Disease, Citation, Cohort, Confidence, Confidence Intervals, Consumption, Control, Coronary-Heart-Disease, Criteria, Data, Databases, Disease, Estimates, Events, Exposures, Fish, Guidelines, Heterogeneity, Intervals, MEDLINE, Men, Meta-Analysis, Metaanalysis, Nutrients, Observational, Observational Studies, Outcomes, Polyunsaturated Fatty-Acids, Prevention, Primary, Primary Prevention, Prospective, Publication, Publication Bias, Randomised, Randomised Controlled Trials, Relative Risk, Reporting, Review, Risk, Science, Science Citation Index, Self, Serum Magnesium, Sources, Stroke, Systematic Review, Transient, Women

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Full Text: [2013\Bri Med J346, f839.pdf](2013/Bri%20Med%20J346,%20f839.pdf)

Abstract: Objective To assess the effects of fluid therapy with hydroxyethyl starch 130/0.38-0.45 versus crystalloid or albumin on mortality, kidney injury, bleeding, and serious adverse events in patients with sepsis. Design Systematic review with meta-analyses and trial sequential analyses of randomised clinical trials. Data sources Cochrane Library, MEDLINE, Embase, Biosis Previews, Science Citation Index Expanded, CINAHL, Current Controlled Trials, Clinicaltrials.gov, and Centerwatch to September 2012; hand search of reference lists and other systematic reviews; contact with authors and relevant pharmaceutical companies. Study selection Eligible trials were randomised clinical trials comparing hydroxyethyl starch 130/0.38-0.45 with either crystalloid or human albumin in patients with sepsis. Published and unpublished trials were included irrespective of language and predefined outcomes. Data extraction Two reviewers independently assessed studies for inclusion and extracted data on methods, interventions, outcomes, and risk of bias. Risk ratios and mean differences with 95% confidence intervals were estimated with fixed and random effects models. Results Nine trials that randomised 3456 patients with sepsis were included. Overall, hydroxyethyl starch 130/0.38-0.45 versus crystalloid or albumin did not affect the relative risk of death (1.04, 95% confidence interval 0.89 to 1.22, 3414 patients, eight trials), but in the predefined analysis of trials with low risk of bias the relative risk of death was 1.11 (1.00 to 1.23, trial sequential analysis (TSA) adjusted 95% confidence interval 0.95 to 1.29, 3016 patients, four trials). In the hydroxyethyl starch group, renal replacement therapy was used more (1.36, 1.08 to 1.72, TSA adjusted 1.03 to 1.80, 1311 patients, five trials), and the relative risk of acute kidney injury was 1.18 (0.99 to 1.40, TSA adjusted 0.90 to 1.54, 994 patients, four trials). More patients in the hydroxyethyl starch group were transfused with red blood cells (1.29, 1.13 to 1.48, TSA adjusted 1.10 to 1.51, 973 patients, three trials), and more patients had serious adverse events (1.30, 1.02 to 1.67, TSA adjusted 0.93 to 1.83, 1069 patients, four trials). The transfused volume of red blood cells did not differ between the groups (mean difference 65 mL, 95% confidence interval -20 to 149 mL, three trials). Conclusion In conventional meta-analyses including recent trial data, hydroxyethyl starch 130/0.38-0.45 versus crystalloid or albumin increased the use of renal replacement therapy and transfusion with red blood cells, and resulted in more serious adverse events in patients with sepsis. It seems unlikely that hydroxyethyl starch 130/0.38-0.45 provides overall clinical benefit for patients with sepsis.

Keywords: 6-Percent Hydroxyethylstarch, Acute Kidney Injury, Acute-Renal-Failure, Albumin, Analyses, Analysis, Authors, Bias, Biosis, Bleeding, Blood, Citation, Clinical, Clinical Trials, Confidence, Confidence Intervals, Conventional, Critically-Ill Patients, Crystalloid, Data, Death, Effects, Events, Extraction, Fluid Resuscitation, Groups, Human, Information Size, Injury, Interval, Intervals, Interventions, Kidney, Language, Liver-Transplantation, Low Risk, Major Abdominal-Surgery, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Mortality, Outcomes, Patients, Pulmonary Permeability, Randomised, Recent, Red Blood Cells, Reference, Reference Lists, Relative Risk, Renal, Replacement Therapy, Results, Review, Reviews, Risk, Science, Science Citation Index, Science Citation Index Expanded, Selection, Sepsis, Sources, Starch, Systematic Review, Systematic Reviews, Therapy, Transfusion, Trial, Volume, Volume Replacement Strategy

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Full Text: [2013\Bri Med J347, f6471.pdf](2013/Bri%20Med%20J347,%20f6471.pdf)

Abstract: Objective To evaluate the association of probiotic supplementation during pregnancy or infancy with childhood asthma and wheeze. Design Systematic review and meta-analysis of randomised controlled trials. Data sources MEDLINE, Embase, and Central (Cochrane Library) databases from inception to August 2013, plus the World Health Organization’s international clinical trials registry platform and relevant conference proceedings for the preceding five years. Included trials and relevant reviews were forward searched in Web of Science. Review methods Two reviewers independently identified randomised controlled trials evaluating probiotics administered to mothers during pregnancy or to infants during the first year of life. The primary outcome was doctor diagnosed asthma; secondary outcomes included wheeze and lower respiratory tract infection. Results We identified 20 eligible trials including 4866 children. Trials were heterogeneous in the type and duration of probiotic supplementation, and duration of follow-up. Only five trials conducted follow-up beyond participants’ age of 6 years (median 24 months), and none were powered to detect asthma as the primary outcome. The overall rate of doctor diagnosed asthma was 10.7%; overall rates of incident wheeze and lower respiratory tract infection were 33.3% and 13.9%, respectively. Among 3257 infants enrolled in nine trials contributing asthma data, the risk ratio of doctor diagnosed asthma in participants randomised to receive probiotics was 0.99 (95% confidence interval 0.81 to 1.21, I-2=0%). The risk ratio of incident wheeze was 0.97 (0.87 to 1.09, I-2=0%, 9 trials, 1949 infants). Among 1364 infants enrolled in six trials, the risk ratio of lower respiratory tract infection after probiotic supplementation was 1.26 (0.99 to 1.61, I-2=0%). We adjudicated most trials to be of high (ten trials) or unclear (nine trials) risk of bias, mainly due to attrition. Conclusions We found no evidence to support a protective association between perinatal use of probiotics and doctor diagnosed asthma or childhood wheeze. Randomised controlled trials to date have not yielded sufficient evidence to recommend probiotics for the primary prevention of these disorders. Extended follow-up of existing trials, along with further clinical and basic research, are needed to accurately define the role of probiotics in the prevention of childhood asthma.

Keywords: Age, Airway Inflammation, Allergic Disease, Association, Asthma, Atopic-Dermatitis, Basic Research, Bias, Cesarean-Delivered Children, Childhood, Childhood Asthma, Children, Clinical, Clinical Trials, Conference Proceedings, Confidence, Data, Databases, Double-Blind, Duration, Evidence, First, Follow-Up, Infancy, Infants, Infection, International, Interval, Lactobacillus-Rhamnosus Hn001, Life, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mothers, Outcome, Outcomes, Perinatal, Placebo-Controlled Trial, Pregnancy, Prevention, Primary, Primary Prevention, Probiotics, Randomised, Randomised Controlled Trials, Randomized-Controlled-Trial, Rates, Registry, Research, Results, Review, Reviews, Risk, Role, Science, Sources, Support, Systematic Review, Until Age 5, Web of Science

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Full Text: [2014\Bri Med J348, g1151.pdf](2014/Bri%20Med%20J348,%20g1151.pdf)

Abstract: Objective To investigate change in mental health after smoking cessation compared with continuing to smoke. Design Systematic review and meta-analysis of observational studies. Data sources Web of Science, Cochrane Central Register of Controlled Trials, Medline, Embase, and PsycINFO for relevant studies from inception to April 2012. Reference lists of included studies were hand searched, and authors were contacted when insufficient data were reported. Eligibility criteria for selecting studies Longitudinal studies of adults that assessed mental health before smoking cessation and at least six weeks after cessation or baseline in healthy and clinical populations. Results 26 studies that assessed mental health with questionnaires designed to measure anxiety, depression, mixed anxiety and depression, psychological quality of life, positive affect, and stress were included. Follow-up mental health scores were measured between seven weeks and nine years after baseline. Anxiety, depression, mixed anxiety and depression, and stress significantly decreased between baseline and follow-up in quitters compared with continuing smokers: the standardised mean differences (95% confidence intervals) were anxiety -0.37 (95% confidence interval -0.70 to -0.03); depression -0.25 (-0.37 to -0.12); mixed anxiety and depression -0.31 (-0.47 to -0.14); stress -0.27 (-0.40 to -0.13). Both psychological quality of life and positive affect significantly increased between baseline and follow-up in quitters compared with continuing smokers 0.22 (0.09 to 0.36) and 0.40 (0.09 to 0.71), respectively). There was no evidence that the effect size differed between the general population and populations with physical or psychiatric disorders. Conclusions Smoking cessation is associated with reduced depression, anxiety, and stress and improved positive mood and quality of life compared with continuing to smoke. The effect size seems as large for those with psychiatric disorders as those without. The effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders.

Keywords: Abstinence, Antidepressant, Anxiety, Anxiety Disorders, Attitudes, Authors, Cigarette, Clients, Clinical, Clinical-Trials, Confidence, Confidence Intervals, Criteria, Data, Depression, Design, Effect Size, Evidence, Follow-Up, General, Health, Interval, Intervals, Life, Measure, Mechanisms, Medline, Mental Health, Meta Analysis, Meta-Analysis, Metaanalysis, Nicotine Addiction, Observational, Observational Studies, Physical, Population, Populations, Psychiatric Disorders, Psychological, Psycinfo, Quality, Quality Of, Quality of Life, Questionnaires, Reference, Reference Lists, Results, Review, Science, Size, Smokers, Smoking, Sources, Stress, Systematic Review, Treatment, Treatment Services, Web of Science

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Full Text: [2014\Bri Med J348, g1585.pdf](2014/Bri%20Med%20J348,%20g1585.pdf)

Abstract: Objectives To examine indexed health science journals to evaluate the prevalence of Wikipedia citations, identify the journals that publish articles with Wikipedia citations, and determine how Wikipedia is being cited. Design Bibliometric analysis. Study selection Publications in the English language that included citations to Wikipedia were retrieved using the online databases Scopus and Web of Science. Data sources To identify health science journals, results were refined using Ulrich’s database, selecting for citations from journals indexed in Medline, PubMed, or Embase. Using Thomson Reuters Journal Citation Reports, 2011 impact factors were collected for all journals included in the search. Data extraction Resulting citations were thematically coded, and descriptive statistics were calculated. Results 1433 full text articles from 1008 journals indexed in Medline, PubMed, or Embase with 2049 Wikipedia citations were accessed. The frequency of Wikipedia citations has increased over time; most citations occurred after December 2010. More than half of the citations were coded as definitions (n= 648; 31.6%) or descriptions (n= 482; 23.5%). Citations were not limited to journals with a low or no impact factor; the search found Wikipedia citations in many journals with high impact factors. Conclusions Many publications are citing information from a tertiary source that can be edited by anyone, although permanent, evidence based sources are available. We encourage journal editors and reviewers to use caution when publishing articles that cite Wikipedia.

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Citation, Citations, Data, Database, Databases, Design, English, Evidence, Evidence Based, Evidence-Based, Extraction, Google, Health, Impact, Impact Factor, Impact Factors, Information, Internet, Journal, Journal Citation Reports, Journal Editors, Journals, Language, Literature, Mar, Medical-Students, Medline, Online, Peer-Reviewed, Permanent, Prevalence, Publications, Publishing, Pubmed, Quality, References, Residents, Resource, Results, Review, Science, Science Journals, Scopus, Selection, Source, Sources, Statistics, Thomson Reuters, Thomson-Reuters, Web of Science

# Title: Bronte Studies

Full Journal Title: Bronte Studies

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Heywood, C. (2010), Vigny’s Kitty Bell, Eugène Sue’s *Mathilde* and ‘Kitty Bell’. *Bronte Studies*, **35**, 40-56.

Full Text: [2010\Bro Stu35, 40.pdf](2010/Bro%20Stu35,%2040.pdf)

Abstract: the tales ‘Kitty Bell’ and ‘Giulio and Eleanor’ appeared as interpolations in the serial ‘Mary Lawson by M. Eugene Sue’, published in the London Journal, a penny weekly, during 1850/51. Handwriting and other clues identify G. W. M. Reynolds as the compiler of this novel from three manuscript sources, and as the pseudonymous correspondent ‘K.T.’ whose letter to Charlotte, claiming ‘Kitty Bell’ as a ‘paraphrase’ of Jane Eyre, has prompted the theory that ‘Kitty Bell’ was a plagiarism of the novel. The name Kitty Bell and associated topics appear among the works by Alfred de Vigny and Eugene Sue that contributed to Charlotte’s literary formation. In that context, this article develops the view, first advanced by Mrs Ellis H. Chadwick, that Charlotte wrote ‘Kitty Bell’ as a first attempt at the subject of Jane Eyre. ‘Giulio and Eleanor’ emerges as her matching sketch for the Professor.(1).

Keywords: ‘Kitty Bell’, Alfred De Vigny, Brussels Publishing, Charlotte Bronte, E.D. Forgues, Eugene Sue, G.W.M. Reynolds, Pensionnat Heger, Plagiarism, Romantic Realism

# Title: Buffalo Law Review

Full Journal Title: Buffalo Law Review

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Malloy, T.F. (2010), The social construction of regulation: Lessons from the war against command and control. *Buffalo Law Review*, **58** (2), 267-355.

Full Text: [2010\Buf Law Rev58, 267.pdf](2010/Buf%20Law%20Rev58,%20267.pdf)

Keywords: Bibliometrics, Citation Analysis, Decision-Making, Efficiency, Environmental-Regulation, Imperial Scholar, Law, Local Legal Culture, Protection, Technology

# Title: Building an Information Society for All. Proceedings of the International Conference on Libraries, Information and Society, ICoLIS 2007

Full Journal Title: Building an Information Society for All. Proceedings of the International Conference on Libraries, Information and Society, ICoLIS 2007

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Goon, F.M. and Singh, D. (2007), Trends in Malaysian LIS research 1996-2006: A content analysis of the MJLIS articles. *Building an Information Society for All. Proceedings of the International Conference on Libraries, Information and Society, ICoLIS 2007*, 397-406.

Abstract: This paper is a content analysis of library and information science (LIS) research by Malaysian authors, which were published in the Malaysian Journal of Library & Information Science (MJLIS) from 1996 to 2006. The aim is to find out how Malaysian LIS research is distributed over topics, which research methods are favoured, and the pattern of authorship. An author is regarded as Malaysian by virtue of affiliation to a Malaysian institution as stated in the published article. The ratio of male to female authors changed from 5:2 to 1:2 over the eleven years. Research focused consistently on 3 main classes; information storage & retrieval (IS&R), information seeking, and scientific and professional communication. They totaled up to at least 50% and as high as 100% of the research articles every year. There was strong emphasis on empirical research strategies, which were utilized for at least 50% of the research carried out per year. The survey and bibliometric method were the most engaged methods.

Keywords: Affiliation, Analysis, Authorship, Bibliometric, Communication, Content Analysis, Distributed, Female, Information, Information Science, Library and Information Science, LIS, Male, Methods, Pattern, Professional Communication, Research, Science, Storage, Survey

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Abstract: In this paper, the ecologies of collaboration among the academics at two business schools, namely, the Nanyang Business School (NBS) and INSEAD are analysed by analysing the ten-year publication output of the two schools using techniques from both scientometrics and social network analysis. These two lenses provide two views that complement each other. When the two views are taken together, they make it possible for the ecology of collaboration at the two schools to be understood more holistically. The publications, retrieved from the Institute of Scientific Information’s Web of Science database, were analysed on a sliding window basis over single-year time spans beginning with 1995 and ending with 2004. UCINET was then used to compute the social network parameters and to plot the sociograms. From the scientometric perspective, INSEAD had the larger publication output of 565 papers, compared with NBS’s 234 papers. The levels of coauthorship at both schools were comparable, at 2.11 authors per paper in NBS and 2.21 papers per author at INSEAD. The low levels of coauthorship, the lack of an inflationary trend in coauthorship over the ten years, and the large percentage of papers that are coauthored by six or less authors (99.6%) indicate that the phenomenon of hyperauthorship was not at play in either school. However, major differences were found in the author productivity, citation profile, and the popular publication outlets. INSEAD’s research papers received more citations compared with NBS’s (29.1 % of NBS’s papers were uncited compared with 16.8% of INSEAD’s), and 15 out of the 16 most heavily cited papers (those that received fifty citations or more) were from INSEAD. From the social network perspective, the author-to-author sociograms of both NBS and INSEAD were fragmentary, and comprised numerous small components averaging 2.3 to 4.2 nodes per component. The sociograms were symptomatic of the typical business school culture, which is low in both sociability and solidarity. The low density values also confirm the low level social capital in the networks of both schools.

Keywords: Analysis, Author Productivity, Business, Citation, Citations, Coauthorship, Collaboration, Culture, Database, Ecology, Network, Network Analysis, Networks, Papers, Productivity, Publication, Publications, Research, Scientometric, Scientometrics, Small, Social, Social Network Analysis, Solidarity, Techniques, Trend, Web of Science

? Yazit, N. and Zainab, A. (2007), Malaysian publication contributions to the field of library and information science. *Building an Information Society for All. Proceedings of the International Conference on Libraries, Information and Society, ICoLIS 2007*, 407-420.

Abstract: the paper (a) described the total number and spread of publications produced by Malaysian contributors in the field of LIS for the period 1965 and 2005; (b) identified the active authors and authorship pattern, (c) identified the affiliation status of Malaysian researchers; (d) the preferred channel of research publications; and (e) the subject areas covered by the published works in LIS. The sample of the study comprised all located publications in the field of LIS by Malaysian authors published in Malaysia and abroad. Data was collected from LIS related online databases; online public library catalogues of selected libraries in Malaysia and Malaysian LIS journals. The data used in this study comprised 1045 publications which were based on accessible literature only. The results indicated (a) Malaysian LIS authors preferred publishing in journals (511, 48.9%), followed by conference papers (474, 45.4%), books (31, 2.9%) and book chapters (29, 2.8%); (b) even though the publication distribution fluctuated the moving average depicted a steady incremental trend over the 41-year period, (c) a total of 506 Malaysian authors contributed to the 1045 publications and 309 authors are one-time publishers, while the rest published between 2 and to as high as 52 publications; (d) the active Malaysian authors in LIS were affiliated to 131 institutions and the three dominant productive institutions were the National Library of Malaysia, University of Malaya Library and MLIS programme at the University of Malaya; (e) the subject areas written about in order of productivity were Management of library and information centres (30%), Information services (23%); Collection development and management (16%), ICT applications in LIS (14%), Information sources (10%), Organization of information (5%) and Legal issues in LIS (2%). The results revealed the areas actively written about, the productive authors and institutions. It highlights the areas which needed improvements and expansion in the field.

Keywords: Affiliation, Authorship, Authorship Pattern, Data, Databases, Development, Distribution, Field, Information, Information Science, Institutions, Journals, Library and Information Science, LIS, Literature, Malaysia, Management, Papers, Pattern, Productivity, Public, Publication, Publications, Published Works, Publishing, Research, Science, Services, Sources, Trend

# Title: Building Research & Information

Full Journal Title: [Building Research & Information](http://www.informaworld.com/smpp/title~content=t713694730)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Winch, G. (1998), Zephyrs of creative destruction: understanding the management of innovation in construction. *Building Research & Information*, **26** (5), 268-279.

Full Text: [1998\Bui Res Inf26, 268.pdf](1998/Bui%20Res%20Inf26,%20268.pdf)

Abstract: the aim of this paper is to propose a comprehensive framework for the management of innovation in construction, addressing the construction innovation problem in two distinctive ways at the institutional and firm levels. First, an institutional perspective derived from research on complex systems industries is developed which provides an alternative to the volume production model for construction innovation research. The roles of the innovation infrastructure, innovation superstructure and systems integrator are all identified and applied to construction. The paper then moves on to the firm level where the two key innovation dynamics - the top-down adoption/implementation dynamic and the bottom up problem solving/learning dynamic are identified. The paper ends by calling for more case studies of the trajectories of construction innovations.

L’objet de cet article est de proposer un cadre global ou gerer l’innovation dans le secteur de la construction; l’auteur aborde la question de l’innovation sous deux angles differents, au niveau des institutions et celui des industriels. En un premier temps, on developpe une perspective institutionelle derivee de la recherche sur les systemes complexes; on debouche alors sur une alternative au modele de volume de production applique a la recherche en matiere d’innovation dans la construction. Les roles de l’infrastructure et de la superstructure de l’innovation et celcui de l’integrateur de systemes sont tous definis et appliques a la construction. L’auteur passe ensuite au niveau de l’industriel et definit les deux axes principaux de l’innovation, la dynamique descendante d’adoption/mise en u uvre, d’une part et, d’autre part, la dynamique ascendante de resolution des problemes et d’enseignment a en tirer, L’auteur demande, pour conclure, que soient presentes davantage de cas d’etude portant sur les itineraires suivis par des innovations dans le secteur de la construction.

Keywords: Construction Innovation, Systems Integrator, Complex Product System, Adoptionimplementation, Problem Solvinglearning

# Title: Bulgarian Historical Review-Revue Bulgare d Histoire

Full Journal Title: Bulgarian Historical Review-Revue Bulgare d Histoire

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0204-8906

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Miloseva, M. (1999), ‘*Bulgarian Historical Review*’ marks its 25th anniversary - With an accompanying bibliography (1474 references) and scientometric analysis. *Bulgarian Historical Review-Revue Bulgare d Histoire*, (3-4), 222-295.

Keywords: Analysis, Bibliography, References, Scientometric, Scientometric Analysis

? Miloseva, M. (2000), “*Bulgarian Historical Review*” marks its 25th anniversary. Bibliography and scientometric analysis. *Bulgarian Historical Review-Revue Bulgare d Histoire*, (3-4), 216-253.

Keywords: Analysis, Scientometric, Scientometric Analysis

# Title: Bulletin de l Academie Nationale de Medecine

Full Journal Title: Bulletin de L Academie Nationale de Medecine

ISO Abbreviated Title: Bull. Acad. Natl. Med.

JCR Abbreviated Title: B Acad Nat Med Paris

ISSN: 0001-4079

Issues/Year: 9

Journal Country/Territory: France

Language: English

Publisher: Academie Natl De Medecine

Publisher Address: 16 Rue Bonaparte, 75272 Paris 06, France

Subject Categories:

Medicine, General & Internal: Impact Factor

? Bach, J.F. (2011), On the proper use of bibliometrics to evaluate physicians and scientists. *Bulletin de l Academie Nationale de Medecine*, **195** (6), 1223-1233.

Full Text: 2011\Bul Aca Nat Med195, 1223.pdf

Abstract: Quantitative analysis of publications and their citations, a procedure known as bibliometries, has become increasingly important in the evaluation of scientists and clinicians. In the clinical setting, bibliometrics is used for the calculation of hospital budgets. While bibliometrics is attractive because it rapidly provides numbers that bear a certain relation to scientific productivity, it is often misused. The parameters chosen are questionable and sometimes worthless because of material errors or inappropriate use. More importantly, reducing the activity of a scientist or physician simply to the number of his or her publications or citations, without analyzing the importance and impact of the work itself can lead to serious errors.

Keywords: Analysis, Bear, Bibliometrics, Calculation, Citations, Clinical, Errors, Evaluation, Hospital, Impact, Journal Impact Factor, Lead, Peer Review, Physician, Physicians, Procedure, Productivity, Publications, Quantitative Analysis, Scientific Productivity, Work

# Title: Bulletin of the Academy of Military Medical Sciences

Full Journal Title: [Bulletin of the Academy of Military Medical Sciences](http://e48.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=JSYX&NaviLink=%e5%86%9b%e4%ba%8b%e5%8c%bb%e5%ad%a6%e7%a7%91%e5%ad%a6%e9%99%a2%e9%99%a2%e5%88%8a)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1000-5501

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Liu, C., Zhang, Y.X., Li, Z. and Wang, Y.M. (2006), Analysis of American R&D status of special required medicines for national security. *Bulletin of the Academy of Military Medical Sciences*, **6** (??), ??-??.

Abstract: Objective: To analyze the American R&D status of special required medicines for national security. Methods: Bibliometric analysis was used. Results: Among the 484 articles of literature about special required medicines, for (national) security, the largest portion was for environmental medicines, with heat-related casualty protection and combat stress control accounting for the considerable proportion; the second portion was for the prevention and treatment of injuries induced by weapons of mass destruction, ...

Keywords: National Security, Special Required Medicine, Bibliometrics, Drugs, Essential

# Title: Bulletin of the American Meteorological Society

Full Journal Title: Bulletin of the American Meteorological Society

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Mishchenko, M.I. and Travis, L.D. (2008), Gustav Mie and the evolving discipline of electromagnetic scattering by particles. *Bulletin of the American Meteorological Society*, **89** (12), 1853-??.

Abstract: the year 2008 marks the centenary of the seminal paper by Gustav Mie on electromagnetic scattering by homogeneous spherical particles. Having been cited in almost 4,000 journal articles since 1955 (according to the Science Citation Index Expanded database), Mie’s paper has been among the more influential scientific publications of the twentieth century. It has affected profoundly the development of a great variety of natural science disciplines including atmospheric radiation, meteorological optics, remote sensing, aerosol physics, astrophysics, and biomedical optics. Mie’s paper represented a fundamental advancement over the earlier publications by Ludvig Lorenz in that it was explicitly based on the Maxwell equations, gave the final solution in a convenient form suitable for practical computations, and imparted physical reality to the abstract concept of electromagnetic scattering. The Mie solution anticipated such general concepts as far-field scattering and the Sommerfeld-Silver-Muller boundary conditions at infinity as well as paved the way to such important extensions as the separation of variables method for spheroids and the T-matrix method. Key ingredients of the Mie theory are quite prominent in the superposition T-matrix method for clusters of particles and even in the recent microphysical derivation of the radiative transfer equation. Among the most illustrative uses of the Mie solution have been the explanation of the spectacular optical displays caused by cloud and rain droplets, the identification of sulfuric acid particles in the atmosphere of Venus from Earth-based polarimetry, and optical particle characterization based on measurements of morphology-dependent resonances. Yet it is clear that the full practical potential of the Mic theory is still to be revealed. (Page 1853).

Keywords: Citation, Matter, Photon, Polarization, Publications

# Title: Bulletin of the Belgian Mathematical Society-Simon Stevin

Full Journal Title: Bulletin of the Belgian Mathematical Society-Simon Stevin

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Del Corso, G.M. and Romani, F. (2009), Versatile weighting strategies for a citation-based research evaluation model. *Bulletin of the Belgian Mathematical Society-Simon Stevin*, **16** (4), 723-743.

Abstract: After a quick review of the most used numerical indicators for evaluating research, we present an integrated model for ranking scientific publications together with authors and journals. Our model relies on certain adjacentcy matrices obtained from the relationship between papers, authors, and journals. These matrices are first normalized to obtain stochastic matrices and then are combined together using appropriate weights to form a suitable irreducible stochastic matrix whose dominant eigenvector provides the desired ranking. Our main contribution is a in-depth analysis of various strategies for choosing the weights, showing their probabilistic interpretation and showing how they affect the outcome of the ranking process. We also prove that, by solving an inverse eigenvector problem, we can determine a weighting strategy in which the relative importance of papers, authors, and journals is chosen by the final user of the ranking algorithm. The impact of the different weighting strategies is analyzed also by means of extensive experiments on large synthetic datasets.

Keywords: Analysis, Author Self-Citations, Contribution, Evaluation, Impact, Impact Factor, Journals, Macro, Pagerank, Perron Vector, Perturbation Results, Publications, Research, Tool

# Title: Bulletin du Cancer

Full Journal Title: Bulletin du Cancer

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0007-4551

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bonastre, J. and Pouvourville, G. (2006), How to measure research emerging from hospitals? the case of French comprehensive cancer centres. *Bulletin du Cancer*, **93** (11), 1144-1151.

Full Text: [2006\Bul Can93, 1144.pdf](2006/Bul%20Can93,%201144.pdf)

Abstract: Our objective was to assess and to compare research performance of French comprehensive cancer centres using bibliometric indicators. Papers recorded in Science Citation Index and published between 1997 and 2002 were identified through the address of the authors. Four indicators were used: the number of papers, the number of papers weighted by the impact factors of the journals in which they were published, the total number of citations received by the Papers of a centre and the number of papers in a selection of the most cited papers in the last ten years. 5979 papers were identified. Median number of papers per centre was 187 (range: 48-1 490) and 595 (range : 133-12 935) when impact factors of the journals were considered. Median number of citations was 1746, For each indicator. three groups of performance were determined using distribution terciles and each centre was assigned to a tercile on the basis of its scientific production. Taking into account the impact factor of the papers modified the performance rank order as compared to the ranking based on the number of papers. But both impact measures (journals impact factors and number of citations) lead to the same rank order.

Keywords: Bibliometric, Bibliometric Indicators, Bibliometry, Cancer, Citations, Distribution, French, Groups, Hospital, Hospitals, Impact, Impact Factor, Impact Factors, Indicator, Indicators, Journal-Citation-Reports, Journals, Lead, Modified, Order, Performance, Production, Publications, Range, Rank, Ranking, Research, Research Performance, Research Performance Ranking, Science Citation Index, Scientific Production, Selection

# Title: Bulletin of the International Statistical Institute

Full Journal Title: Bulletin of the International Statistical Institute

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0074-8609

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Goudswaard, G. and Verstege, J.C.W. (1963), The construction of a classification scheme for a general statistical bibliography. *Bulletin of the International Statistical Institute*, **40** (2), 1128-1132.

# Title: Bulletin of Marine Science

Full Journal Title: Bulletin of Marine Science

ISO Abbrev. Title: Bull. Mar. Sci.

JCR Abbrev. Title: B Mar Sci

ISSN: 0007-4977

Issues/Year: 6

Language: English

Journal Country/Territory: United States

Publisher: Rosenstiel Sch Mar Atmos Sci

Publisher Address: 4600 Rickenbacker Causeway, Miami, FL 33149

Subject Categories:

Marine & Freshwater Biology: Impact Factor 0.990, 59/93 (2010)

Oceanography: Impact Factor 0.990, 36/59 (2010)

? Araujo, R.J. and Shideler, G. (2011), Celebrating 60 years of publication of the *Bulletin of Marine Science*: A bibliometric history (1951-2010). *Bulletin of Marine Science*, **87** (4), 707-726.

Full Text: [2011\Bul Mar Sci87, 707.pdf](2011/Bul%20Mar%20Sci87,%20707.pdf)

Abstract: To commemorate the 60(th) anniversary of the Bulletin of Marine Science, we used a bibliometric approach to trace the history and present status of the journal. Our analysis included the 4303 papers and notes published from 1951 to 2010 and is based on data contained in the Thompson Reuters Web of Knowledge(SM) database, our in-house database, and miscellaneous online sources. The analysis revealed that through time, the publication has changed from a predominantly US-dominated journal to a more international outlet for science. Although current trends still rank the US at the top of most metrics (number of contributions, most authors, top institutions, top cities for online use, etc.), The journal has a strong international presence, with subscriptions in 46 countries, authors hailing from most geographical regions, and increasing numbers of emerging countries using our content and/or sending contributions to the journal.

Keywords: Analysis, Authors, Bibliometric, History, Journal, Metrics, Papers, Publication, Science, Trends, US

# Title: Bulletin of Mathematical Biology

Full Journal Title: [Bulletin of Mathematical Biology](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6731&_auth=y&_acct=C000047720&_version=1&_urlVersion=0&_userid=2007471&md5=251177e747f6f763f37e126fb3f11ace)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Snoussi, E.H. and Thomas, R. (1993), Logical identification of all steady states: the concept of feedback loop characteristic states. *Bulletin of Mathematical Biology*, **55** (5), 973-991.

Full Text: [1993\Bul Mat Bio55, 973.pdf](1993/Bul%20Mat%20Bio55,%20973.pdf)

Abstract: Biological regulatory systems can be described in terms of non-linear differential equations or in logical terms (using an ‘infinitely non-linear’ approximation). Until recently, only part of the steady states of a system could be identified on logical grounds. The reason was that steady states frequently have one or more variable located on a threshold (see below); those steady states were not detected because so far no logical status was assigned to threshold values. This is why we introduced logical scales with values 0, 1-theta, 1, 2-theta, 2,..., in which 1-theta, 2-theta,...are the logical values assigned to the successive thresholds of the scale. We thus have, in addition to the regular logical states, singular states in which one or more variables is located on a threshold. This permits identifying all the steady states on logical grounds. It was noticed that each feedback loop (or reunion of disjointed loops) can be characterized by a logical state located at the thresholds at which the variables of the loop operate. This led to the concept of loop-characteristic state, which, as well will see, enormously simplifies the analysis. The core of this paper is a formal demonstration that among the singular states of a system, only loop-characteristic states can be steady. Reciprocally, given a loop-characteristic state, there are parameter values for which this state is steady; in this case, the loop is effective (i.e. it generates multistationarity if it is a positive loop, homeostasis if it is a negative loop). This not only results in the above-mentioned radical simplification of the identification of the steady states, but in an entirely new view of the relation between feedback loops and steady states.

# Title: Bulletin of the Medical Library Association

Full Journal Title: [Journal of the Medical Library Association](http://www.pubmedcentral.nih.gov/tocrender.fcgi?journal=93&action=archive), [Journal of the Medical Library Association](http://www.mlanet.org/publications/jmla/)

Full Journal Title: [Bulletin of the Medical Library Association](http://www.pubmedcentral.nih.gov/tocrender.fcgi?action=archive&journal=72) Vols. 1 to 89, 1911 to 2001

ISO Abbreviated Title: Bull. Med. Libr. Assoc.

JCR Abbreviated Title: B Med Libr Assoc

ISSN: 0025-7338

Issues/Year: 4

Journal Country/Territory: United States

Language: English

Publisher: Medical Library Assoc

Publisher Address: 65 East Wacker Place, Ste 1900, Chicago, IL 60601-7298

Subject Categories:

Information Science & Library Science: Impact Factor 0.343, 32/55 (2000); Impact Factor 0.625, 18/55 (2001) SSCI

Brodman, E. (1944), Choosing physiology journals. *Bulletin of the Medical Library Association*, **32** (4), 479-483.

Full Text: [-1959\Bul Med Lib Ass32, 479.pdf](-1959/Bul%20Med%20Lib%20Ass32,%20479.pdf)

? Brodman, E. (1957), Scientific serials - Characteristics and lists of most cited publications in mathematics, physics, chemistry, geology, physiology, botany, zoology, and entomology - Brown, CH. *Bulletin of the Medical Library Association*, **45** (1), 114-115.

Full Text: [-1959\Bul Med Lib Ass45, 114.pdf](-1959/Bul%20Med%20Lib%20Ass45,%20114.pdf)

Keywords: Characteristics, Chemistry, Mathematics, Physics, Publications, Serials

Kronick, D.A. (1958), Literature citations, a clinico-pathological study, with the presentation of three cases. *Bulletin of the Medical Library Association*, **46** (2), 219-223.

Full Text: [-1959\Bul Med Lib Ass46, 219.pdf](-1959/Bul%20Med%20Lib%20Ass46,%20219.pdf)

? Raisig, L.M. (1962), Statistical bibliography in health sciences. *Bulletin of the Medical Library Association*, **50** (3), 450-461.

Full Text: [1960-80\Bul Med Lib Ass50, 450.pdf](../HO-reference/1960-80/Bul%20Med%20Lib%20Ass50,%20450.pdf)

Abstract: Relatively few studies have been concerned with the use of biomedical books. This paper reports an investigation into use made of library books by biomedical investigators. Based on cancelled charge slips collected at the Yale Medical Library circulation desk, telephone appointments were made to interview those research investigators whose books had been returned the previous day. The interviewer obtained answers from the investigator to a questionnaire to discover how the investigator had learned of a book, if the book had been useful, and, if useful, how it had been used. During the six-month study period, 30.4 percent of researchers’ volumes returned were monographs. Almost four-fifths of books borrowed supplied information wanted, and about four-fifths of books used had been printed in the previous decade. Nine-tenths of the use of books was research-related, the other tenth being for lecture preparation.

? Pizer, I.H. (1964), Science Citation Index 1964 - Inst-SCI-Informat. *Bulletin of the Medical Library Association*, **52** (3), 629-632.

Full Text: [1960-80\Bul Med Lib Ass52, 629.pdf](1960-80/Bul%20Med%20Lib%20Ass52,%20629.pdf)

Keywords: Citation, Science Citation Index

? Raisig, L.M., Smith, M., Cuff, R. and Kilgour, F.G. (1966), How biomedical investigators use library books. *Bulletin of the Medical Library Association*, **54** (2), 104-107.

Full Text: [1960-80\Bul Med Lib Ass54, 104.pdf](../HO-reference/1960-80/Bul%20Med%20Lib%20Ass54,%20104.pdf)

Abstrct: Relatively few studies have been concerned with the use of biomedical books. This paper reports an investigation into use made of library books by biomedical investigators. Based on cancelled charge slips collected at the Yale Medical Library circulation desk, telephone appointments were made to interview those research investigators whose books had been returned the previous day. The interviewer obtained answers from the investigator to a questionnaire to discover how the investigator had learned of a book, if the book had been useful, and, if useful, how it had been used. During the six-month study period, 30.4 percent of researchers’ volumes returned were monographs. Almost four-fifths of books borrowed supplied information wanted, and about four-fifths of books used had been printed in the previous decade. Nine-tenths of the use of books was research-related, the other tenth being for lecture preparation.

? Raisig, L.M. (1966), World biomedical journals 1951-60: A study of relative significance of 1388 titles indexed in *current list of medical literature*. *Bulletin of the Medical Library Association*, **54** (2), 108-125.

Full Text: [1960-80\Bul Med Lib Ass54, 108.pdf](1960-80/Bul%20Med%20Lib%20Ass54,%20108.pdf)

Abstract: This study is an application of the relationship of serial articles published to serial articles cited, developed in theory in the author’s “Statistical Bibliography in the Health Sciences” (Bulletin 50: 450-461, July 1962). A ranked list of the indexes of significance of most of the serials indexed in Current List of Medical Literature was derived and erected from 21,000 citations secured in a random sampling of 1962 and 1961 biomedical journals regularly received in the Yale Medical Library. The author measures the gross indexing effectiveness of Current List against his indexes of significance, offers his method and results as means to reach objective standards for indexing and abstracting, and projects his results as measures of general value of the serials analyzed.

? Raisig, L.M. (1967), Circulation analysis of serial use: Numbers game or key to service? *Bulletin of the Medical Library Association*, **55** (4), 399-407.

Full Text: [1960-80\Bul Med Lib Ass55, 399.pdf](../HO-reference/1960-80/Bul%20Med%20Lib%20Ass55,%20399.pdf)

Abstract: the conventionally erected and reported circulation analysis of serial use in the individual and the feeder library is found to be statistically invalid and misleading, since it measures neither the intellectual use of the serial’s contents nor the physical handlings of serial units, and is nonrepresentative of the in-depth library use of serials. It fails utterly to report or even to suggest the relation of intralibrary and interlibrary serial resources. The actual mechanics of the serial use analysis, and the active variables in the library situation which affect serial use, are demonstrated in a simulated analysis and are explained at length. A positive design is offered for the objective gathering and reporting of data on the local intellectual use and physical handling of serials and the relating of resources. Data gathering in the feeder library, and implications for the extension of the feeder library’s resources, are discussed.

? Ash, J. (1974), Library use of public health materials - Description and analysis. *Bulletin of the Medical Library Association*, **62** (2), 95-104.

Full Text: [1960-80\Bul Med Lib Ass62, 95.pdf](1960-80/Bul%20Med%20Lib%20Ass62,%2095.pdf)

Abstract: A method is described for optimizing the efficiency of a journal collection. The method is employed to determine an optimal journal collection in public health. A citation analysis of 3,456 citations from the bibliographies of forty-four master’s and doctoral dissertations from five different universities is performed. It is verified that the distribution of references to journal titles is approximately logarithmic (Bradford’s Law) and that the distribution of references by year is exponential. These two parameters are combined to formulate an equation which may be used to specify a journal collection satisfying the greatest possible percent of demand. In public health, for example, a 1,500- volume library containing sixty titles could satisfy 73% of the demand for references in health related areas and 48% of the total demand for references for this particular, diverse research group. Other desirable aspects of a public health collection are also described as determined from the data.

? Williams, R.W. (1982), A comparison of the quarterly Index to Current Contents Life Sciences and the Science Citation Index as Indexes to Current Contents Life Sciences. *Bulletin of the Medical Library Association*, **70** (4), 412-414.

Full Text: [1982\Bul Med Lib Ass70, 412.pdf](1982/Bul%20Med%20Lib%20Ass70,%20412.pdf)

Keywords: Citation, Science Citation Index

? Poyer, R.K. (1984), Journal article overlap among Index-Medicus, Science Citation Index, Biological-Abstracts, and Chemical-Abstracts. *Bulletin of the Medical Library Association*, **72** (4), 353-357.

Full Text: [1984\Bul Med Lib Ass72, 353.pdf](1984/Bul%20Med%20Lib%20Ass72,%20353.pdf)

Keywords: Chemical Abstracts, Science Citation Index

Notes: TTopic, CCountry

Salem, S. (1990), Bibliometric aspects of medical information in Arab countries. *Bulletin of the Medical Library Association*, **78** (4), 339-344.

Full Text: [1990\Bul Med Lib Ass78, 339.pdf](1990/Bul%20Med%20Lib%20Ass78,%20339.pdf)

Abstract: This paper discusses the current state and development of health and biomedical literature in Arab countries. The study concentrates on the Arabic sources of medical articles, and surveys and analyzes the size of the literature and its development in the past 100 years. Two aspects of these sources are covered: the Arab medical information sources published within the Arab region, and those published outside the region. This includes the quantity of material available within and outside the Arab region. The size of the Arab medical literature indicates that it is worthy of collection. Treatment of the Arab medical literature, a pressing and urgent issue, is needed to assist in the research and development of an Arab medical infrastructure.

? Campbell, F.M. (1990), National bias: A comparison of citation practices by health professionals. *Bulletin of the Medical Library Association*, **78** (4), 376-382.

Full Text: [1990\Bul Med Lib Ass78, 376.pdf](1990/Bul%20Med%20Lib%20Ass78,%20376.pdf)

Burnham, J.F., Shearer, B.S. and Wall, J.C. (1992), Combining new technologies for effective collection development: A bibliometric study using CD-ROM and a database-management program. *Bulletin of the Medical Library Association*, **80** (2), 150-156.

Full Text: [1992\Bul Med Lib Ass80, 150.pdf](1992/Bul%20Med%20Lib%20Ass80,%20150.pdf)

Abstract: Librarians have used bibliometrics for many years to assess collections and to provide data for making selection and deselection decisions. With the advent of new technology-specifically, CD-ROM databases and reprint file database management programs-new cost-effective procedures can be developed. This paper describes a recent multidisciplinary study conducted by two library faculty members and one allied health faculty member to test a bibliometric method that used the MEDLINE and CINAHL databases on CD-ROM and the Papyrus database management program to produce a new collection development methodology.

Keywords: Selection, Citation

Dimitroff, A. (1992), Research in health-sciences library and information-science: A quantitative-analysis. *Bulletin of the Medical Library Association*, **80** (4), 340-346.

Full Text: [1992\Bul Med Lib Ass80, 340.pdf](1992/Bul%20Med%20Lib%20Ass80,%20340.pdf)

Abstract: A content analysis of research articles published between 1966 and 1990 in the Bulletin of the Medical Library Association was undertaken. Four specific questions were addressed: What subjects are of interest to health sciences librarians? Who is conducting this research? How do health sciences librarians conduct their research? Do health sciences librarians obtain funding for their research activities? Bibliometric characteristics of the research articles are described and compared to characteristics of research in library and information science as a whole in terms of subject and methodology. General findings were that most research in health sciences librarianship is conducted by librarians affiliated with academic health sciences libraries (51.8%); most deals with an applied (45.7%) or a theoretical (29.2%) topic; survey (41.0%) or observational (20.7%) research methodologies are used; descriptive quantitative analytical techniques are used (83.5%); and over 25% of research is funded. The average number of authors was 1.85, average article length was 7.25 pages, and average number of citations per article was 9.23. These findings are consistent with those reported in the general library and information science literature for the most part, although specific differences do exist in methodological and analytical areas.

Keywords: Articles

Curtis, K.L., Weller, A.C. and Hurd, J.M. (1993), Information-seeking behavior: A survey of health-sciences faculty use of indexes and databases. *Bulletin of the Medical Library Association*, **81** (4), 383-392.

Full Text: [1993\Bul Med Lib Ass81, 383.pdf](1993/Bul%20Med%20Lib%20Ass81,%20383.pdf)

Abstract: This study investigated information-seeking behavior, including use of major bibliographic tools by medical, pharmacy, nursing, and science faculty at the University of Illinois at Chicago. The study assessed the impact of availability of locally mounted databases, determined needs for modification of instructional programs, identified the need for promotional material, and established a baseline for subsequent studies. Results reflected a wide variation in the number and format of secondary services used by faculty. Over 70% of all faculty from the colleges of medicine, pharmacy, and nursing used Index Medicus or MEDLINE. There were statistically significant differences between colleges in their use of mediated and end-user searching of MEDLINE. Colleges exhibited significant differences in use of Current Contents, PsycLIT, ERIC, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Chemical Abstracts, and Science Citation Index. Statistically significant differences also were found among several clinical departments. The study concluded that, as new formats to bibliographic tools become available, traditional formats continue to be used; training sessions must be tailored to the audience; and the availability of local resources and their use by faculty needs to be understood.

? Reed, K.L. (1995), Citation analysis of faculty publication - Beyond Science Citation Index and Social Science Citation Index. *Bulletin of the Medical Library Association*, **83** (4), 503-508.

Full Text: [1995\Bul Med Lib Ass83, 503.pdf](1995/Bul%20Med%20Lib%20Ass83,%20503.pdf)

Abstract: When evaluated for promotion or tenure, faculty members are increasingly judged more on the quality than on the quantity of their scholarly publications. As a result, they want help from librarians in locating all citations to their published works for documentation in their curriculum vitae. Citation analysis using Science Citation Index and Social Science Citation Index provides a logical starting point in measuring quality, but the limitations of these sources leave a void in coverage of citations to an author’s work. This article discusses alternative and additional methods of locating citations to published works.

Keywords: Alternative, Analysis, Articles, Citation, Citation Analysis, Citations, Coverage, Curriculum, Documentation, Faculty, Impact, Journals, Methods, Promotion, Publications, Published Works, Quality, Science Citation Index, Social Science Citation Index, Sources, Tenure, Work

Sittig, D.F. (1996), Identifying a core set of medical informatics serials: An analysis using the MEDLINE database. *Bulletin of the Medical Library Association*, **84** (2), 200-204.

Full Text: [1996\Bul Med Lib Ass84, 200.pdf](1996/Bul%20Med%20Lib%20Ass84,%20200.pdf)

Abstract: A study was undertaken to test the hypothesis that a fore set of medical informatics serials could be identified by using standard bibliometric techniques. All journal articles indexed by the National Library of Medicine between 1990 and 1994 were included. Articles were identified by using the ‘MEDICAL INFORMATICS’ Medical Subject Heading (MeSH) term. Each serial title containing articles was then ranked according to (1) the total number of medical informatics journal articles indexed and (2) the percentage of medical informatics journal articles indexed, Twenty-eight serials had more than 100 articles indexed under the ‘MEDICAL INFORMATICS’ MeSH term. Thirty serials had more than 40% of their articles indexed under the ‘MEDICAL INFORMATICS’ MeSH term. A ‘core’ set of fourteen serials had 100 or more medical informatics articles indexed, including more than 70% of all articles they published. The methodology described provides librarians with another tool to use in the difficult task oi journal selection. The set of ‘core’ serials identified provides librarians with a ranked list of serials, based on which a medical informatics collection can be developed.

Keywords: Academic Discipline

Weller, A.C. (1996), Editorial peer review: A comparison of authors publishing in two groups of US medical journals. *Bulletin of the Medical Library Association*, **84** (3), 359-366.

Full Text: [1996\Bul Med Lib Ass84, 359.pdf](1996/Bul%20Med%20Lib%20Ass84,%20359.pdf)

Abstract: This study compared the editorial peer review experiences of authors who published in two groups of indexed U.S. medical journals. The study tested the hypothesis that after one journal rejects a manuscript an author selects a less well-known journal for submission. Group One journals were defined as those indexed in 1992 MEDLINE that satisfied several additional qualitative measures; Group Two journals were indexed in the 1992 MEDLINE only. Surveys were sent to the first authors of 616 randomly selected articles, and 479 surveys were returned, for a response rate of 78.1%. A total of 20.8% of Group One and 15.7% of Group Two articles previously had been rejected. Group One authors were more likely to select a journal for its prestige and article quality, while Group Two authors were more likely to have been invited to submit the manuscript. More than 60% of both groups felt the peer review had offered constructive suggestions, but that it had changed article conclusions less than 3% of the time. Both groups thought the review process only marginally improved content, organization, or statistical analysis, or clarified conclusions. Between 3% and 15% of all authors received considerable conflicting advice from different reviewers. Authors from both groups differed as to their reasons for journal selection, their connections with the publishing journal, and patterns of resubmission after rejection.

Keywords: Publication

? Zhang, H.Q. (1996), Author characteristics in three medical library periodicals. *Bulletin of the Medical Library Association*, **84** (3), 423-426.

Full Text: [1996\Bul Med Lib Ass84, 423.pdf](1996/Bul%20Med%20Lib%20Ass84,%20423.pdf)

Keywords: Institutional Affiliations, Information-Science, Research Articles, Journals

? Dorsch, J.L. (1997), BIOETHICSLINE use by medical students: Curriculum-integrated instruction and collection development implications. *Bulletin of the Medical Library Association*, **85** (2), 147-153.

Full Text: [1997\Bul Med Lib Ass85, 147.pdf](1997/Bul%20Med%20Lib%20Ass85,%20147.pdf)

Abstract: BIOETHICSLINE uselogs were analyzed during months when second-year medical students were engaged in ethics coursework that included curriculum-integrated bibliographic instruction. Uselog data showed that peak activity occurred while students were preparing a required paper. Further uselog analysis indicated that students applied database features such as controlled vocabulary, the “explode” command, and a combination of multiple search concepts. In addition, the study examined journal use and interlibrary loan activity for a correlation with online search activity. Higher bioethics journal use and interlibrary loan statistics coincided with peak BIOETHICSLINE activity periods. Citation analysis of student bibliographies reflected the interdisciplinary nature of BIOETHICSLINE and the need for ethics, legal, and clinical information sources in a bioethics collection. This study suggests that the integration of bibliographic instruction and the coordination of collection development with students’ curricular needs lead to increased and more competent use of information resources.

Keywords: Activity, Analysis, Bioethics, Clinical, Coordination, Correlation, Development, Ethics, Features, Information, Integration, Interdisciplinary, Journal, Lead, Medical, Medical Students, Paper, Sources, Statistics, Student, Students

Schloman, B.F. (1997), Symposium: Mapping the literature of allied health - introduction. *Bulletin of the Medical Library Association*, **85** (3), 270.

Full Text: [1997\Bul Med Lib Ass85, 270.pdf](1997/Bul%20Med%20Lib%20Ass85,%20270.pdf)

Schloman, B.F. (1997), Mapping the literature of allied health: Project overview. *Bulletin of the Medical Library Association*, **85** (3), 271-277.

Full Text: [1997\Bul Med Lib Ass85, 271.pdf](1997/Bul%20Med%20Lib%20Ass85,%20271.pdf)

Abstract: the Nursing and Allied Health Resources Section of the Medical Library Association (MLA) created the Task Force on Bibliographic Access for the Allied Health Literature to identify the core journals of various allied health fields and assess the coverage given these titles by the major indexing and abstracting services; the larger objective is to influence increased bibliographic access to the core literature. This paper introduces the Project for Mapping the Literature of Allied Health and the common bibliometric methodology used for the five specific studies reported in the accompanying papers. Findings relating to format used, age of citations, dispersion of literature, and indexing coverage for the different fields are compared. Journals;Ire the most heavily cited format. Fields differ by the currency of cited material, with physical therapy and speech language pathology displaying use of the oldest citations. The set of core journals is small for each field, particularly in speech-language pathology. MEDLINE provided the strongest indexing coverage overall, followed by EMBASE. Information such as that reported by the project can help librarians in improving information transfer for the allied health professionals they serve.

Notes: TTopic

Schloman, B.F. (1997), Mapping the literature of health education. *Bulletin of the Medical Library Association*, **85** (3), 278-283.

Full Text: [1997\Bul Med Lib Ass85, 278.pdf](1997/Bul%20Med%20Lib%20Ass85,%20278.pdf)

Abstract: Health education is a relatively new multidisciplinary field concerned with educational programs that empower individuals and communities to play active roles in achieving, protecting, and sustaining their health Its practitioners have bachelor’s, master’s, or doctoral degrees and work in educational, worksite, health facility, or agency settings. This bibliometric study was part oi: the Medical Library Association (MLA) Nursing and Allied Wealth Resources Section’s Project for Mapping the Literature of Allied Health, It sought to identify the core journals in health education and to determine the extent to which these titles are covered by the standard indexing sources, Cited references appearing from 1991 through 1993 in articles of four journals published by the major professional associations in the field were analyzed. It was found that only thirteen journals supply one-third of all references in the study. Another eighty journals provide the second third, MEDLINE gives the best indexing coverage with nearly 69% of the journals receiving indexing for at least half of their articles, followed by EMBASE (52%) and PsycINFO (43%). Limited coverage is given by the Cumulative Index to Nw: sing and Allied Health Literature (16%) and ERIC (14%). The findings name titles that should be added by indexing services and those that should have more complete coverage.

Notes: TTopic

Wakiji, E.M. (1997), Mapping the literature of physical therapy. *Bulletin of the Medical Library Association*, **85** (3), 284-288.

Full Text: [1997\Bul Med Lib Ass85, 284.pdf](1997/Bul%20Med%20Lib%20Ass85,%20284.pdf)

Abstract: Physical therapy is a fast growing profession because of the aging population, medical advances, and the public’s interest in health promotion. This study is part of the Medical Library Association (MLA) Nursing and Allied Health Resources Section’s project to map the allied health literature. It identifies the core journals in physical therapy by analyzing the cited references of articles in two established physical therapy journals, Physical Therapy and AI chives of Physical Medicine and Rehabilitation, during the period 1991 through 1993. This bibliometric analysis also determines the extent to which these journals are covered by the primary indexing sources, Allied and Alternative Medicine (AMED), The Cumulative Index to Nursing and Allied Health Literature, EMBASE, and MEDLINE. in this study fourteen journals were found to supply one-third of all references studied. Ninety-five journals provided an additional third ol: the references. MEDLINE rated the highest as the indexing tool of choice for these 109 journals. The study results can assist in collection development decisions, advise physical therapists as to the best access to their core literature, and influence database producers to increase their coverage of the literature important to physical therapy.

Notes: TTopic

Burnham, J.F. (1997), Mapping the literature of radiologic technology. *Bulletin of the Medical Library Association*, **85** (3), 289-292.

Full Text: [1997\Bul Med Lib Ass85, 289.pdf](1997/Bul%20Med%20Lib%20Ass85,%20289.pdf)

Abstract: While analysis of the literature of radiology has been conducted in the discipline, none of the studies have focused on identifying the core journals. The bibliometric method was used to conduct research to identify the core journals in the radiologic technology field and determine the extent of indexing of those journals. This study was a part of Medical Library Association (MLA) Nursing and Allied Health Resource Section’s project to map the literature of allied health. Findings indicate that there is a small core of literature with a heavy reliance on the journal literature. Books are used to a lesser extent. The majority of the citations analyzed were published during the fourteen years between 1980 and 1993. MEDLINE and EMBASE provided the best indexing coverage of the radiologic technology literature; minimal coverage was provided by the Cumulative Index to Nursing and Allied Health Literature and Health.

Notes: TTopic

Burnham, J.F. (1997), Mapping the literature of respiratory therapy. *Bulletin of the Medical Library Association*, **85** (3), 293-296.

Full Text: [1997\Bul Med Lib Ass85, 293.pdf](1997/Bul%20Med%20Lib%20Ass85,%20293.pdf)

Abstract: Little research has been conducted on the characteristics of the literature of respiratory care. The bibliometric method was used to identify the core journals in the discipline and the extent of indexing of those journals. This study was a part of Medical Library Association (MLA) Nursing and Allied Health Resources Section’s project to map the literature of allied health. Findings indicate that the research writings of the discipline cite journal articles most heavily, with the majority of the citations published between 1980 and 1993. The literature has a small core of cited journals with a wide dispersion. MEDLINE and EMBASE provided the best indexing coverage of the literature, and minimal coverage was given by the Cumulative Index to Nursing and Allied Health Literature and Health.

Notes: TTopic

Slater, L.G. (1997), Mapping the literature of speech-language pathology. *Bulletin of the Medical Library Association*, **85** (3), 297-302.

Full Text: [1997\Bul Med Lib Ass85, 297.pdf](1997/Bul%20Med%20Lib%20Ass85,%20297.pdf)

Abstract: the purpose of this study, part of the Medical Library Association (MLA) Nursing and Allied Health Resources Section’s project to map the allied health literature, is to identify the core journals in the field of speech-language pathology and to identify indexing and abstracting services that provide access to these journals. Four representative speech-language pathology journals were selected and subjected to citation analysis to determine which journals were cited and how many times each was cited. Bradford’s Law of Scattering was applied to the resulting list of journals to identify the core journals of this discipline. Six indexing and abstracting services were selected and scanned to determine coverage for the speech-language pathology core journals. The core journals received broad coverage in the health sciences and social sciences indexing and abstracting databases surveyed, although there was no one database that provided complete coverage of all core journals. The full Current Contents database provides the most extensive coverage of core journals. For individuals without access to the complete Current Contents database, a combined search of both MEDLINE and PsycINFO provides very comprehensive coverage of core journals.

Notes: JJournal

Eldredge, J.D. (1997), Identifying peer-reviewed journals in clinical medicine. *Bulletin of the Medical Library Association*, **85** (4), 418-422.

Full Text: [1997\Bul Med Lib Ass85, 418.pdf](1997/Bul%20Med%20Lib%20Ass85,%20418.pdf)

Abstract: Background: Two directories that contain information about serials also offer lists of thoUSAnds of journals identified as peer-reviewed, Librarians generally regard these lists as authoritative. Objective: To identify clinical medicine journals on both peer-reviewed lists, measure the extent of discrepancies between these two lists, and determine the cause for these discrepancies. Design: Comparison Study. Measurements: the extent of the discrepancies were tallied once the author had attempted to control for all extraneous variables. Interviews with the editorial staffs of each directory in regard to procedures for compiling the directories did not produce an explanation for these discrepancies, Results: Nearly half (46%) of the 784 clinical medicine journals were unique to either one directory’s list of peer-reviewed journals or the other’s, indicating significant discrepancies between the two directories. Specifically, the Serials Directory listed 211 (27%) unique titles and Ulrich’s International Periodicals Directory listed 150 (19%) unique titles (total unique titles = 46%). both directories listed 423 of the same titles (54%). Conclusion: Widespread confusion about the actual identities of peer reviewed clinical medicine journals appears to explain the discrepancies between lists in these two periodical directories.

Keywords: Ingelfinger Rule, Embargoes, Editors

Notes: JJournal

Tsay, M.Y. (1998), The relationship between journal use in a medical library and citation use. *Bulletin of the Medical Library Association*, **86** (1), 31-39.

Full Text: [1998\Bul Med Lib Ass86, 31.pdf](1998/Bul%20Med%20Lib%20Ass86,%2031.pdf)

Abstract: the purpose of the study was to investigate the relationship between library journal use and journal citation use in the medical sciences. The six-month journal use study was conducted in the Library of the Veterans General Hospital in Taipei. The data on citation frequency and impact factors were obtained from Journal Citation Reports, 1993 microfiche edition. The study explored the use, citation, and impact factor data, especially for heavily used, highly cited, or high-impact-factor journals. The correlations between frequency of use and citation frequency and between frequency of use and impact factor were determined by using the Spearman rank and Pearson correlation tests. The same comparisons were also made within four Subject Categories: clinical medicine journals, life science journals, hybrid journals publishing both clinical medicine and life science papers, and journals that publish neither clinical medicine nor life science articles. The results of the study showed that there is a significant correlation between frequency of use and citation frequency and between frequency of use and impact factor for all titles. There is also a significant correlation between frequency of use and citation frequency and between frequency of use and impact factor for journals that publish either clinical medicine or life science articles, or both. However, the correlation is not significant for other journals.

Keywords: Impact Factor

Notes: JJournal

Vishwanatham, R. (1998), Citation analysis in journal rankings: Medical informatics in the library and information science literature. *Bulletin of the Medical Library Association*, **86** (4), 518-522.

Full Text: [1998\Bul Med Lib Ass86, 518.pdf](1998/Bul%20Med%20Lib%20Ass86,%20518.pdf)

Abstract: Medical informatics is an interdisciplinary field. Medical informatics articles will be found in the literature of various disciplines including library and information science publications. The purpose of this study was to provide an objectively ranked list of journals that publish medical informatics articles relevant to library and information science. Library Literature, Library and Information Science Abstracts, and Social Science Citation Index were used to identify articles published on the topic of medical informatics and to identify a ranked list of journals. This study also used citation analysis to identify the most frequently cited journals relevant to library and information science.

Notes: TTopic

Stone, V.L., Fishman, D.L. and Frese, D.B. (1998), Searching online and Web-based resources for information on natural products used as drugs. *Bulletin of the Medical Library Association*, **86** (4), 523-527.

Full Text: [1998\Bul Med Lib Ass86, 523.pdf](1998/Bul%20Med%20Lib%20Ass86,%20523.pdf)

Abstract: Finding and evaluating information on natural products used as drugs can present challenges to the information professional. In this study, eight databases including resources retrieved on the Web were compared for relevancy and uniqueness. Ten reference questions related to natural products used as drugs were searched in the latest three year file of a number of databases, including MEDLINE, International Pharmaceutical Abstracts, and EMBASE/Excerpta Medica. In addition, the Web was searched for relevant Internet sites using the Alta Vista search engine. EMBASE/Excerpta Medica retrieved the largest number of relevant citations for four of the ten questions. MEDLINE, the Health Reference Center, and Alta Vista each retrieved the largest numbers in two questions. Overall, the standard medical databases were the first choice for the health professional and for many lay people because of their more extensive indexing and coverage of authoritative journals.

Keywords: Alternative Medicine

Obst, O. (1998), Use of Internet resources by German medical professionals. *Bulletin of the Medical Library Association*, **86** (4), 528-533.

Full Text: [1998\Bul Med Lib Ass86, 528.pdf](1998/Bul%20Med%20Lib%20Ass86,%20528.pdf)

Abstract: A survey of German medical professionals, students, and librarians was performed in 1995 to examine how they used the Internet. The great majority used e-mail, the Web, and Internet sources based in the United States. Respondents claimed various advantages from Internet use. There was a clearly expressed need for Internet courses as well as evaluation and presentation of Internet sources. A majority of respondents wanted the librarians to provide Internet related services. A follow-up survey in 1996 suggested a trend towards a more realistic view among medical Internet users that incorporated expected benefits and advantages from the Internet.

Keywords: Librarian, Faculty

Notes: UUniversity

? Bergen, P.L. and Nemec, D. (1999), An assessment of collections at the University of Wisconsin Madison Health Sciences Libraries: Drug resistance. *Bulletin of the Medical Library Association*, **87** (1), 37-42.

Full Text: [1999\Bul Med Lib Ass87, 37.pdf](1999/Bul%20Med%20Lib%20Ass87,%2037.pdf)

Abstract: In December 1997 the authors completed an in-depth collection assessment project at the University of Wisconsin-Madison Health Sciences Libraries. The purpose was to develop a framework for future collection assessment projects by completing a multifaceted evaluation of the libraries’ monograph and serial collections in the subject area of drug resistance. Evaluators adapted and synthesized several traditional collection assessment tools, including shelflist measurement, bibliography and standard list checking, and citation analysis. Throughout the project, evaluators explored strategies to overcome some of the problems inherent in the application of traditional collection assessment methods to the evaluation of biomedical collections. Their efforts resulted in the identification of standard monographs and core journals for the subject area, a measurement of the collections’ strength relative to the collections of benchmark libraries, and a foundation for future collection development within the subject area. The project’s primary outcome was a collection assessment methodology that has potential application to both internal and cooperative collection development in medical, pharmaceutical, and other health sciences libraries.

Keywords: Analysis, Application, Assessment, Bibliography, Biomedical, Citation, Citation Analysis, Collection, Development, Drug, Drug Resistance, Evaluation, Framework, Health, Health Sciences, Identification, Journals, Measurement, Medical, Methodology, Methods, Outcome, Potential, Primary, Purpose, Resistance, Sciences, Standard, Strength, Wisconsin

Schloman, B.F. (1999), Symposium: Mapping the literature of allied health: phase II - Introduction. *Bulletin of the Medical Library Association*, **87** (3), 276.

Full Text: [1999\Bul Med Lib Ass87, 276.pdf](1999/Bul%20Med%20Lib%20Ass87,%20276.pdf)

Notes: TTopic

Hook, S.A. and Wagner, C.F. (1999), Mapping the literature of dental assisting. *Bulletin of the Medical Library Association*, **87** (3), 277-282.

Full Text: [1999\Bul Med Lib Ass87, 277.pdf](1999/Bul%20Med%20Lib%20Ass87,%20277.pdf)

Abstract: the purpose of this study was to identify core journals and the databases that provide access to these journals for the field of dental assisting. This study was completed as a part of the Medical Library Association (MLA) Nursing and Allied Health Resources Section’s project to map the literature of allied health. There were three original journals selected for analysis using the prescribed methodology, Dental Assistant, the journal of the American Dental Assistants Association; Journal of the CDAA, the journal of the Canadian Dental Assistants’ Association; and Dental Teamwork, published by the American Dental Association. Dental Teamwork ceased publication in December 1996; however, it was considered a necessary part of the analysis due to its extensive coverage of dental assisting as well as its numerous scientific articles with references. In Dental Assistant, there were 16 source articles, containing 206 citations. In Dental Teamwork, there were 31 source articles with 308 citations. In Journal of the CDAA, there were only 3 source articles with 14 citations. Bradford’s Law of Scattering was applied to the journal citations. Four databases, MEDLINE, the Cumulative Index to Nursing and Allied Health Literature EMBASE/Excerpta Medica, and HEALTH were analyzed for their coverage of these cited journals. This study may encourage the dental assisting profession to take a close look at its existing journals and to consider enhancing the content of these journals or the publication of additional journals in the field. Dental assistants of today need substantive literature that deals with all aspects of their chosen profession in order to meet the challenges of providing dental health care in the future.

Notes: TTopic

Haaland, A. (1999), Mapping the literature of dental hygiene. *Bulletin of the Medical Library Association*, **87** (3), 283-286.

Full Text: [1999\Bul Med Lib Ass87, 283.pdf](1999/Bul%20Med%20Lib%20Ass87,%20283.pdf)

Abstract: Despite the long history of the dental hygiene profession, little research has been conducted on the characteristics of its Literature. In this study, the bibliometric method was used to identify the core journals in the discipline and the extent of indexing of these journals. The study was a part of the Medical Library Association (MLA) Nursing and Allied Health Resources Section’s project to map the allied health literature. Five journals were found to provide one-third of all references studied. Forty-two journals yielded an additional one-third of the references. MEDLINE had the best indexing coverage with 87% of the journals receiving indexing for at least one-half of the articles included. Limited coverage was provided by EMBASE/Excerpta Medica (11%) and the Cumulative Index to Nursing and Allied Health Literature (9%). The findings identified titles that should be added by indexing services as well as those that should have more complete coverage.

Notes: TTopic

Walcott, B.M. (1999), Mapping the literature of diagnostic medical sonography. *Bulletin of the Medical Library Association*, **87** (3), 287-291.

Full Text: [1999\Bul Med Lib Ass87, 287.pdf](1999/Bul%20Med%20Lib%20Ass87,%20287.pdf)

Abstract: Diagnostic medical sonography has been evolving as a recognized allied health occupation since the early 1970s, but no bibliometric studies of the literature of the field have been published. This study, part of the Medical Library Association Nursing and Allied Health Resources Section’s Project for Mapping the Literature of Allied Health, attempted to identify the core journals in diagnostic medical sonography and determine how well these journals are indexed by MEDLINE, EMBASE/Excerpta Medica, and the Cumulative Index to Nursing and Allied Health Literature (CINAHL). Citation analysis was done using the three journals listed for the field by the Brandon/Hill List. Characteristics of two of these three journals affected the results to the extent that more data should be gathered to reach conclusions about the literature of diagnostic medical sonography as a whole. Results of the analysis do suggest that the literature of echocardiography, which is a special area of diagnostic medical sonography, is indexed much more completely by MEDLINE and EMBASE/Excerpta Medics than by CINAHL. Suggestions are made for librarians making collection development decisions in this area of allied health.

Notes: TTopic

Smith, A.M. (1999), Mapping the literature of dietetics. *Bulletin of the Medical Library Association*, **87** (3), 292-297.

Full Text: [1999\Bul Med Lib Ass87, 292.pdf](1999/Bul%20Med%20Lib%20Ass87,%20292.pdf)

Abstract: Research on the literature of dietetics, apart from the broader field of nutrition, has not been reported in the Literature. The purpose of this bibliometric study was to identify the core journals of dietetics and to determine the extent of indexing coverage for these journals. The study was conducted as part of a larger: project, the Project for Mapping the Literature of Allied Health, sponsored by the Nursing and Allied Health Resources Section of the Medical Library Association. Citations appearing in three journals between 1995 and. 1997 were analyzed by the methodology common to studies in the project. Results revealed that dietetic literature relies heavily on journal literature and on those journals that are from associated health sciences fields. of the indexing services examined, EMBASE/Excerpta Medica and MEDLINE provided the most complete coverage of the literature the study’s findings have implications for those involved with the literature of dietetics.

Notes: TTopic

Reed, K.L. (1999), Mapping the literature of occupational therapy. *Bulletin of the Medical Library Association*, **87** (3), 298-304.

Full Text: [1999\Bul Med Lib Ass87, 298.pdf](1999/Bul%20Med%20Lib%20Ass87,%20298.pdf)

Abstract: Occupational therapy, formally organized in the United States in 1917, is considered an allied health field, Mapping occupational therapy literature is part of a bibliometric project of the Medical Library Association’s Nursing and Allied Health Resources Section’s project for mapping the Literature of allied health. Three core journals were selected from the years 1995 and 1996 and a determination was made of the extent to which the cited journal references were covered by standard indexing sources. Using Bradford’s Law of Scattering three zones were created, each containing approximately one-third of the cited journal references. The results showed that three journals made up the first zone, 117 journals: the second, and 657 the third. The most cited journal was the American Journal of Occupational Therapy. In the second zone, journals from twelve disciplines were identified. While MEDLINE provided the best overall indexing, the Cumulative Index to Nursing and Allied Health Literature (CINAHL) was the only database that indexed the three most cited journals plus nine of the currently active titles in occupational therapy. MEDLINE could improve its coverage of occupational therapy by indexing the journals of the British, Canadian, and Australian national associations.

Notes: TTopic

Hall, E.F. (1999), Mapping the literature of perfusion. *Bulletin of the Medical Library Association*, **87** (3), 305-311.

Full Text: [1999\Bul Med Lib Ass87, 305.pdf](1999/Bul%20Med%20Lib%20Ass87,%20305.pdf)

Abstract: Perfusionists select and operate the equipment necessary for monitoring, supporting, or temporarily replacing the patient’s circulatory or respiratory function. There are over 3,000 perfusionists working in U.S. hospitals, medical and perfusionist groups, and as independent contractors. The purpose of this study was to identify the core literature of perfusion and to determine which major databases provide the most thorough access to this literature. This paper is part of the Medical Library Association Nursing and Allied Health Resource Section’s project to map the literature of the allied health professions. It uses a bibliometric methodology to identify core journals. A group of; forty-three journals was determined to make up the core journal literature of perfusion. MEDLINE provided the best overall indexing coverage for these journals, but librarians and perfusionists will wish to supplement its use with the Cumulative Index to Nursing and Allied Health Literature in order to access the journals written primarily for perfusionists. The study results can guide purchasing and database searching decisions of collection development and reference librarians, encourage the database producer to increase coverage of titles that are unindexed or underindexed, and advise perfusionists of the best access to their core literature.

Notes: MModel

Byrd, G.D. (1999), Medical faculty use of the journal literature, publishing productivity and the size of health sciences library journal collections. *Bulletin of the Medical Library Association*, **87** (3), 312-321.

Full Text: B[1999\Bul Med Lib Ass87, 312.pdf](1999/Bul%20Med%20Lib%20Ass87,%20312.pdf)

Abstract: Objectives: This 1990-1991 study explored the relationship between the size of health sciences Library journal collections and the number of different journals cited by medical school faculty in departments of biochemistry and medicine.

Methods: Two regression equations, including variables associated with a national stratified sample of 622 faculty who published articles during those two years, were used to explore factors correlated with variations in faculty use of the journal literature and faculty publishing productivity.

Results: Results suggest that, after controlling for other variables in the models, neither the number of different journals those faculty cited nor the number of articles they published, had statistically significant correlations with the number of journals in the health sciences library collection.

Conclusion: the traditional view that the size of an academic health sciences library’s journal collection is a good measure of how well that library is positioned to support faculty research may not be entirely accurate.

Keywords: Price-Discrimination, Publication Output, Academic Journals

Notes: TTopic

Macias-Chapula, C.A. (2000), AIDS in Haiti: A bibliometric analysis. *Bulletin of the Medical Library Association*, **88** (1), 56-61.

Full Text: [2000\Bul Med Lib Ass88, 56.pdf](2000/Bul%20Med%20Lib%20Ass88,%2056.pdf)

Abstract: Objectives: In Haiti, AIDS has become the leading cause of death in sexually active adults. Increasingly, AIDS has become a disease of women and children. Previous bibliometric studies have shown the emergence of Haiti as a leading country in the production of AIDS literature in the Latin American and. Caribbean regions, No information exists, however, regarding the type of publications produced, the collaboration patterns used, or the subject content analysis of this production. The purpose of this study was to gain insight into the construction of this literature production. Methods: A bibliometric analysis regarding Haitian AIDS research was conducted in the AIDSLINE database for the period 1980 to 1998. An attempt was made to identify the patterns of the growth in AIDS Literature, as well as the types of documents published, authorship, institutional affiliations of authors, and subject content. Results: Results indicated that most documents were published in periodicals. The International Conference on AIDS obtained the highest frequency. The United States, Haiti, and Canada were the main productive countries. Conclusions: While nearly 40% of the records corresponded to ethnology-related articles, HIV infections, sex behavior, pregnancy, and substance-related disorders headed the Medical Subject Headings (MeSH) found. Main aspects of AIDS papers focused on epidemiology, complications, and trends issues.

Keywords: AID, AIDS, Analysis, Authorship, Behavior, Bibliometric, Bibliometric Analysis, Bibliometric Studies, Canada, Cause of Death, Children, Collaboration, Complications, Construction, Content Analysis, Country, Database, Death, Epidemiology, Growth, HIV, HIV Infections, Infections, Information, Literature, Papers, Periodicals, Pregnancy, Publications, Purpose, Records, Research, Sex, Substance-Related Disorders, Trends, United States, Women

Notes: TTopic

Stevens, S.R. (2000), Mapping the literature of cytotechnology. *Bulletin of the Medical Library Association*, **88** (2), 172-177.

Full Text: [2000\Bul Med Lib Ass88, 172.pdf](2000/Bul%20Med%20Lib%20Ass88,%20172.pdf)

Abstract: the major purpose of this study was to identify and assess indexing coverage of core journals in cytotechnology. It was part of a larger project Sponsored by the Nursing and Allied Health Resources Section of the Medical Library Association to map the literature of allied health. Three representative journals in cytotechnology were selected and subjected to citation analysis to determine what journals, other publication types, and years were cited and how often. Bradford’s Law of Scattering was applied to the resulting list of cited journals to identify core titles in the discipline, and five indexes were searched to assess coverage of these core titles. Results indicated that the cytotechnology journal literature had a small core but wide dispersion one third of the 21,021 journal citations appeared in only 3 titles; another third appeared in an additional 26 titles; the remaining third M ere scattered in 1,069 different titles. Science Citation Index Expanded rated highest in indexing coverage of the core titles, followed by MEDLINE, EMBASE/Excerpta Medica, HealthSTAR, and Cumulative Index to Nursing and Allied Health Literature (CINAHL). The study’s results also showed that journals were the predominantly cited format and that citing authors relied strongly on more recent literature.

Evans, D. (2002), Database searches for qualitative research. *Bulletin of the Medical Library Association*, **90** (3), 290-293.

Full Text: [2002\Bul Med Lib Ass90, 290.pdf](2002/Bul%20Med%20Lib%20Ass90,%20290.pdf)

Abstract: Interest in the role of qualitative research in evidence-based health care is growing. However, the methods currently used to identify quantitative research do not translate easily to qualitative research. This paper highlights some of the difficulties during searches of electronic databases for qualitative research. These difficulties relate to the descriptive nature of the titles used in some qualitative studies, the variable information provided in abstracts, and the differences in the indexing of these studies across databases.

# Title: Bulletin of National Natural Science Foundation of China

Full Journal Title: Bulletin of National Natural Science Foundation of China

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lin, F.P. (2002), With the natural science foundation as guidance developing the persistent creativity of a research oriented university. *Bulletin of National Natural Science Foundation of China*, **16** (2), 115-119.

Full Text: [2002\Bul Nat Nat Sci Fou Chi16, 115.pdf](2002/Bul%20Nat%20Nat%20Sci%20Fou%20Chi16,%20115.pdf)

Abstract:中国科学技术大学是国家”七五”、”八五”期间重点建设并进入”211工程”、”世界知名高水平大学”建设的重点大学之一，现已发展成国家重要的高质量人才培养和高水平科学研究基地，中国科学院学科综合的大型科研基地。在建设教学与科研紧密结合的研究型大学的进程中，学校始终重视和充分发挥国家自然科学基金的导向与激励作用，通过国家自然科学基金持续有效的支持，为学校积累了丰厚的学术基础，孕育了应用研究和高新技术发展的创新源头，促进了创造性人才培养，从而为建设世界知名高水平研究型大学提供了持续的科技创新能力。

? Li, C., Sui, S. and Jiang, G. (2006), The promotion of research in Yanbian University supported by funds for development regions. *Bulletin of National Natural Science Foundation of China*, **20** (1), 35-37.

Full Text: [2006\Bul Nat Nat Sci Fou Chi20, 35.pdf](2006/Bul%20Nat%20Nat%20Sci%20Fou%20Chi20,%2035.pdf)

? 石春薇and陈乐生(2006),星光计划—德国的 “211工程”. *Bulletin of National Natural Science Foundation of China*, **20** (4), 255-256.

Full Text: [2006\Bul Nat Nat Sci Fou Chi20, 255.pdf](2006/Bul%20Nat%20Nat%20Sci%20Fou%20Chi20,%20255.pdf)

Abstract:近年来,德国大学饱受经费匮乏、财政赤字、管理制度僵硬等问题的困扰,优秀人才流失严重,科研实力日渐削弱,国际竞争力每况愈下.与欧美国家名校相比,德国大学的灿烂光芒已经不复存在.为此,德国高校界强烈要求进行系列改革,各种改革计划纷纷出台,其中星光计划是最重要的举措之一.

? Meng, X.Y. (2008), Analysis of the output of fund theses in the universities of China. *Bulletin of National Natural Science Foundation of China*, **22** (2), 125-128.

Full Text: [2008\Bul Nat Nat Sci Fou Chi22, 125.pdf](2008/Bul%20Nat%20Nat%20Sci%20Fou%20Chi22,%20125.pdf)

Abstract:高校科学研究能力是衡量一个国家基础研究和高技术前沿领域原始性创新能力的重要标志,对国家未来能否在日趋激烈的全球科技竞争中占据有利地位具有举足轻重的影响.我国”985工程”高校是国家科技创新的重要力量,国家实施”985工程”8年来,这些高校科研状况如何呢?本文选取2006年有代表性的20所”985工程”高校学报(自然科学版和工学版)作为调研对象,从基金论文的数量、基金论文获基金资助数量、基金类型分布、基金论文的学科分布等方面,分析基金资助课题的现状,并与2001年、1998年的数据进行比较,从这一个方面透视我国高等学校科学研究的新趋势、新动向.

Keywords: China

# Title: Bulletin of the Polish Academy of Sciences-Technical Sciences

Full Journal Title: Bulletin of the Polish Academy of Sciences-Technical Sciences

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Czarnecki, L., Kazmierkowski, M.P. and Rogalski, A. (2013), Doing Hirsch proud; shaping h-Index in engineering sciences. *Bulletin of the Polish Academy of Sciences-Technical Sciences*, **61** (1), 5-21.

Full Text: [2013\Bul Pol Aca Sci-Tec Sci61, 5.pdf](2013/Bul%20Pol%20Aca%20Sci-Tec%20Sci61,%205.pdf)

Abstract: The h-Index concept has been analysed in aspects of a contemporary tendency of parameterisation of everything and as the potential measure of the knowledge progress, which recognises individuals, institutions and Engineering sub-disciplines that best generate new knowledge. Considerations have been presented at the level of universality of knowledge which implies permanent progress and on the base of careful thoughts of the domestic experience. The h-nature of things has been described, and several axiomatic characterisations of the Hirsch Index have been gathered. The mechanism how to increase the h-Index has been presented. Some similarities between h-Index and the journal impact factor (JIF) have been stressed. Also the universal role of H-Index in ranking countries in all areas and in Engineering has been exampled in extended tables. The Glanzel’s model which connects the h-Index with two fundamental scientometric indicators: number of publications and the rate of citation, has been analysed. Following the Microsoft Academic Search, the lists of 15 top scientists from various academic disciplines and separately in Engineering have been composed. It has been found that the population of the best keeps basically the same relations between the h-Index and a number of publication, and between the h-Index and a citation number. However, even the best in Engineering should publish 2 times a year or more papers to receive the same h-Index as top scientists in overall domains. The h-Index distribution of domestic Engineering sub-disciplines has been presented and analysed in statistic categories. The suitable h-histograms and the cumulative probability density function (CPDF) have been elaborated for 21 sub-disciplines and thereupon the Engineering sub-disciplines have been arranged into three clusters. It has been demonstrated that Engineering as the whole and Engineering sub-disciplines are underestimated, compared to other academic disciplines. The adequate normalisation factors have been suggested. Several other conclusions considered the h,H-indices as the measure of the knowledge progress addressed to individual researchers and to collective, e.g., journals, institutions, organisations, countries, adequately have been written. The h,H-indices are the general measure of the position of the given subject (person or organisation) but cannot be universal.

Keywords: Academic, Bibliometric Indicators, Citation, Citation Metrics, Citations, Country Rank, Cumulative, Disciplines, Distribution, Domestic Engineering Sub-Disciplines, Engineering, Experience, Fields, Function, General, h Index, h-Index, h-Index, Hirsch, Hirsch Index, Hirsch-Index, Impact, Impact Factor, Index, Indicators, Institutions, Journal, Journal Impact, Journal Impact Factor, Journals, Knowledge, Mar, Measure, Mechanism, Model, Normalisation Factors, Papers, Parameterisation, Permanent, Person, Population, Potential, Progress, Publication, Publications, Ranking, Relations, Role, Sciences, Scientific-Research Output, Scientists, Scientometric, Scimago Indicator, Search, Statistics

# Title: Bulletin of the World Health Organization

Full Journal Title: [Bulletin of the World Health Organization](http://www.scielosp.org/scielo.php?script=sci_issues&pid=0042-9686&lng=en&nrm=iso)

ISO Abbreviated Title: Bull. World Health Organ.

JCR Abbreviated Title: B World Health Organ

ISSN: 0042-9686

Issues/Year: 6

Journal Country/Territory: Switzerland

Language: Multi-Language

Publisher: World Health Organization

Publisher Address: Distribution and Sales, CH-1211 Geneva 27, Switzerland

Subject Categories:

Public, Environmental & Occupational Health: Impact Factor 0.149, 35/85

? Tomasi, E., Facchini, L.A. and Maia, M.D.S. (2004), Health information technology in primary health care in developing countries: A literature review. *Bulletin of the World Health Organization*, **82** (11), 867-874.

Full Text: 2004\Bul Wor Hea Org82, 867.pdf

Abstract: This paper explores the debate and initiatives concerning the use of information technology (IT) in primary health care in developing countries. The literature from 1992-2002 was identified from searches of the MEDLINE, Latin American and Caribbean Health Science Literature Database (LILACS), Cochrane Library and Web of Science databases. The search identified 884 references, 350 of which were classified according to the scheme described by the Pan American Health Organization (PAHO). For the analysis of advantages, problems and perspectives of IT applications and systems, 52 articles were selected according to their potential contribution to the primary health-care processes in non-developed countries. These included: 10 on electronic patient registries (EPR), 22 on process and programmatic action evaluation and management systems. (PPAEM) and 20 on clinical decision-support systems (CDS). The main advantages, limitations and perspectives are discussed.

Keywords: Analysis, Asthma, Cd, Challenges, Cochrane, Contribution, Databases, Decision Support Systems, Clinical, Utilization, Decision-Support Systems, Developing Countries, Education, Distance, Evaluation, General-Practice, Health, Health Care, Information, Information Systems, Utilization, Information Technology, Latin American, Literature, Literature Review, Management, Medical Records Systems,Computerized, Utilization, MEDLINE, Primary, Primary Health Care, Quality, Records, Review, Review Literature, Science, Services, Surveillance, System, Telemedicine, Utilization, Trial, Web of Science

? Hilawe, E.H., Yatsuya, H., Kawaguchi, L. and Aoyama, A. (2013), Differences by sex in the prevalence of diabetes mellitus, impaired fasting glycaemia and impaired glucose tolerance in sub-Saharan Africa: A systematic review and meta-analysis. *Bulletin of the World Health Organization*, **91** (9), 671-682.

Full Text: [2013\Bul Wor Hea Org91, 671.pdf](2013/Bul%20Wor%20Hea%20Org91,%20671.pdf)

Abstract: Objective To assess differences between men and women in the prevalence of diabetes mellitus, impaired fasting glycaemia and impaired glucose tolerance in sub-Saharan Africa. Methods in September 2011, the PubMed and Web of Science databases were searched for community-based, cross-sectional studies providing sex-specific prevalences of any of the three study conditions among adults living in parts of sub-Saharan Africa (i.e. in Eastern, Middle and Southern Africa according to the United Nations subregional classification for African countries). A random-effects model was then used to calculate and compare the odds of men and women having each condition. Findings In a meta-analysis of the 36 relevant, cross-sectional data sets that were identified, impaired fasting glycaemia was found to be more common in Men than in women (OR: 1,56; 95% confidence interval, CI: 1.20-2.03), whereas impaired glucose tolerance was found to be less common in men than in women (OR: 0.84; 95% CI: 0.72-0.98). The prevalence of diabetes mellitus - which was generally similar in both sexes (OR: 1.01; 95% CI: 0.91-1.11) - was higher among the women in Southern Africa than among the men from the same subregion and lower among the women from Eastern and Middle Africa and from low-income countries of sub-Saharan Africa than among the corresponding men. Conclusion Compared with women in the same subregions, men-in Eastern, Middle and Southern Africa were found to have a similar overall prevalence of diabetes mellitus but were more likely to have impaired fasting glycaemia and less likely to have impaired glucose tolerance.

Keywords: Africa, African Countries, Black-Population, Cardiovascular-Disease, Cigarette-Smoking, Classification, Community Based, Confidence, Cross-Sectional Studies, Data, Databases, Diabetes, Diabetes Mellitus, Differences, Disease Risk-Factors, Dissemination, Eh, Environmental, Gender-Related Differences, Glucose, Health, Impaired Glucose Tolerance, Interval, Japan, Living, Men, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Occupational Health, Organ, Organization, Physical Inactivity, Population-Based Survey, Prevalence, Pubmed, Random Effects Model, Review, Science, Sex, Socioeconomic-Status, South-Africa, Sub-Saharan Africa, Switzerland, Systematic Review, Tolerance, Urban Populations, Web of Science, Web of Science Databases, Women, World, World-Health-Organization

# Title: Bureaucrat

Full Journal Title: Bureaucrat

ISO Abbreviated Title: Bureaucrat

JCR Abbreviated Title: Bureaucrat

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Peter, R.L. (1979), Is there life after citation? *Bureaucrat*, **8** (3), 56-57.

Full Text: 1960-80\Bureaucrat8, 56.pdf

# Title: Burns

Full Journal Title: Burns

ISO Abbreviated Title: Burns

JCR Abbreviated Title: Burns

ISSN: 0305-4179

Issues/Year: 6

Journal Country/Territory: England

Language: English

Publisher: Elsevier Sci Ltd

Publisher Address: the Boulevard, Langford Lane, Kidlington, Oxford OX5 1GB, Oxon, England

Subject Categories:

Critical Care Medicine: Impact Factor 0.791,/(2001)

Dermatology & Venereal Diseases: Impact Factor 0.791,/(2001)

Surgery: Impact Factor 0.791,/(2001)

Cedidi, C., Hierner, R., Pichlmaier, M., Forssmann, W.G. and Meyer, M. (2003), Survival of severe ARDS with five-organ system failure following burns and inhalation injury in a 15-year-old patient. *Burns*, **29** (4), 389-394.

Full Text: [2003\Burns29, 389.pdf](2003/Burns29,%20389.pdf)

Abstract: *Objective*: To show the effectiveness of an integrated therapeutical approach in a severe case of acute respiratory distress syndrome (ARDS) following burns, inhalation injury with therapy-refractory oxygenation under maximized ventilatory settings, and an overall complicated clinical course. *Patient and methods*: Case report of a patient with severe inhalation injury and burns in an intensive care unit setting, undergoing cardiopulmonary resuscitation (CPR), nitric oxide (NO)-inhalation, surfactant-, kinetic-, and urodilatin-therapy. *Case report*: A 15-year-old male presented with deep dermal and full thickness thermal injuries involving 25% of his total body surface area. Shortly after presentation, the patient developed therapy-refractory respiratory failure, cardiac arrest, and subsequently suffered five-organ system failure (lung, heart, gastrointestinal, liver, kidney), in addition to burn injury, and ischemia related cerebral lesions. The patient was successfully treated with cardiac resuscitation, extra corporeal membrane oxygenation (ECMO), NO, kinetic therapy, surfactant, urodilatin, and other standard intensive care regimens. Three months post-trauma the patient was discharged home, nearly fully recovered. *Conclusions*: In a patient with severe ARDS, oxygenation failure under maximized ventilatory settings, and subsequent five-organ system failure, an integrated therapeutical approach comprising ECMO, NO, kinetic therapy, surfactant, and urodilatin did cross-bridge respiratory and vital functions, enabling overall survival.

Keywords: ARDS, Burns, ECMO, NO, Surfactant, Urodilatin

? Al-Benna, S., Rajgarhia, P., Ahmed, S. and Sheikh, Z. (2009), Accuracy of references in burns journals. *Burns*, **35** (5), 677-680.

Full Text: [2009\Burns35, 677.pdf](2009/Burns35,%20677.pdf)

Abstract: Aims: To study the incidence and risk factors for citation and quotation errors in two major burns surgery journals. Methods: 120 references were randomly selected from original articles published in the following two journals - January to December 2006 issues of Burns and journal of Burn Care & Research. For each reference, the ease of retrieval on PUBMED and the presence of citation errors were noted. Two independent observers analysed each reference for quotation errors. The characteristics of the root article, that is, type of study, author numbers, number of references and article word count were noted. Results: of the 120 selected references, 117 referred to articles from indexed medical journals published in English. Among these, 4 articles could not be retrieved due to fatal citation errors (3.3%). A further 12 citation errors were noted giving a total citation error rate of 13.3% (95% Cl: 6.74-19.93%). of the 117 references analysed, the quotation error rate was 13.7% (95% Cl: 8.6-19.5%) half of which were major errors. There was no significant association between the combined error rate per article and the journal (Kruskal-Wallis test; p = 0.861, type of study (Kruskal-Wallis test; p = 0.717), author numbers (Spearman’s rho = 0.197, p = 0.423), article length (Spearman’s rho = 0.118, p = 0.705) or references per article (Spearman’s rho = 0.229, p = 0.189). Conclusions Significant numbers of citation and quotation errors still appear in current burns literature. Incorrect spelling of author names and partial omissions of article titles were the two most common errors. No observable underlying factors were identified in this study. The present results serve as a reminder to authors, editors and peer reviewers for more care of citation accuracy when striving for their common goal of scientific excellence. (C) 2008 Elsevier Ltd and ISBI. All rights reserved.

Keywords: Accuracy, Association, Authors, Bibliography, Care, Characteristics, Citation, Citation Accuracy, Citation Error, Citation Errors, Documentation, Error, Error Rate, Errors, Incidence, Journal, Journals, Length, Literature, Medical, Medical Journals, Observers, Paper, Periodicals, Publishing, PUBMED, Quotation, Quotation Accuracy, Quotation Error, Quotation Errors, Reference, References, Research, Rights, Risk, Risk Factors, Surgery

? Brusselaers, N., Pirayesh, A., Hoeksema, H., Verbelen, J., Blot, S. and Monstrey, S. (2010), Burn scar assessment: A systematic review of objective scar assessment tools. *Burns*, **36** (8), 1157-1164.

Full Text: [2010\Burns36, 1157.pdf](2010/Burns36,%201157.pdf)

Abstract: Purpose All deep second and third degree burns are at risk to develop hypertrophic scars which can severely undermine the quality of survival To assess the seventy of scarring several technical devices or tools have been introduced to evaluate one or more aspects of the scar, enabling comparison of different treatment protocols and allowing an objective follow up the objective of this study was to review which tools can be used in objective burn scar assessment Basic procedures the Systematic literature search involving PUBMED the Web of Science (incl Science Citation Index) Main findings 51 articles with burn scar assessment as main topic were found Several characteristics of the scar can be assessed such as color metric features and elasticity but none of the available tools covers the whole aspect of the scar Especially subjective factors such as pain and itching cannot be assessed with those tools in spite of their great impact on the patient s quality of life Conclusions Scar tools enable objective and reproducible evaluation of scars which is essential for scientific studies and medico legal purposes and in selected cases for the clinical follow up of an individual patient Further studies to evaluate these tools on scars are nevertheless required (C) 2010 Elsevier Ltd and ISBI All rights reserved.

Keywords: Citation, Color, Comparison, Depth Assessment, Evaluation, Hypertrophic Scars, Laser-Doppler, Literature, Oxygen-Tension, Pain, Patient, Pediatric Burns, PUBMED, Quality of Life, Quantitative Measurement, Review, Scar Assessment, Science, Science Citation Index, Skin Hardness, Stratum-Corneum, Subjective Evaluation, Survival, Systematic Review, Transepidermal Water-Loss, Treatment, Web of Science

? Hussain, A. and Dunn, K.W. (2013), Predicting length of stay in thermal burns: A systematic review of prognostic factors. *Burns*, **39** (7), 1331-1340.

Full Text: [2013\Burns39, 1331.pdf](2013/Burns39,%201331.pdf)

Abstract: Background: Continued improvement in all aspects of the management of thermal injury has resulted in marked improvements in the traditionally reported outcome of mortality. This has resulted in the search for alternative parameters that can be monitored to indicate the performance of burn services. Length of stay (LOS) in hospitalised burn patients has long been considered reflective of injury-associated morbidity, cost and the quality of care, which can be monitored consistently across services. Aim: We undertook a systematic review of published literature pertaining to LOS prognostication in thermal burns to identify the relevant factors, quantify the risk associated with these factors and identify predictive prognostic models. Methods: Electronic searches were performed on MEDLINE, CINHAL, EMBASE, Web of Science (R), the Cochrane collection and a general web search was performed using Google (R). The searches were complemented by a manual search of the contents of leading burns journals. Quality of the studies included in the review was evaluated against published standards for prognostic studies. Results: Fourteen studies were included in the review after meeting the inclusion/exclusion criteria. Age and %TBSA were the strongest predictors of LOS in these studies. Other significant predictors included % full thickness burn, female gender, inhalation injury, surgery including escharotomy and the depth of burn. Nine studies reported multivariate models for predicting LOS in patients sustaining thermal injury. None of these models were validated and the goodness-of-fit statistic (R-2) ranged from 0.15 to 0.75. Conclusion: This review has demonstrated that %TBSA and age are the best predictors of LOS in published literature. Current prognostic models do not explain a significant proportion of variation in LOS. (C) 2013 Elsevier Ltd and ISBI. All rights reserved.

Keywords: Age, Alternative, Burns, Care, Collection, Cost, Criteria, Embase, England, Female, Functional Outcomes, Gender, General, Google, Health Scale, Hospitalization Time, Improvement, Inhalation, Injury, Journals, Length, Length of Stay, Life, Literature, Management, Medicine, MEDLINE, Methodological Standards, Methods, Models, Morbidity, Mortality, Mortality Risk, Multivariate, Multivariate Models, National Sample, Nov, Outcome, Patients, Performance, Prediction, Predictive, Predictors, Prognostic, Prognostic Factors, Prognostication, Quality, Quality Of, Quality of Care, R, Results, Review, Rights, Risk, SCI, Science, Services, Severity Index, Severity-Adjustment, Standards, Surgery, Systematic Review, Web, Web of Science

? Vandamme, L., Heyneman, A., Hoeksema, H., Verbelen, J. and Monstrey, S. (2013), Honey in modern wound care: A systematic review. *Burns*, **39** (8), 1514-1525.

Full Text: [2013\Burns39, 1514.pdf](2013/Burns39,%201514.pdf)

Abstract: Honey, known for centuries as a topical treatment for a wide range of wounds, has recently known a revival in modem wound care. The objective of this systematic review is to evaluate the available evidence and the role of honey in contemporary wound care. The search strategy was developed in the databases PubMed and ISI Web of Science. Fifty-five studies of any design, evaluating the use of honey in human burns, ulcers and other wounds, written in English, French, German or Dutch were eligible for inclusion. in all three wound categories honey seems to be a dressing with wound healing stimulating properties. in burns there is also evidence for its antibacterial capacity. in general, honey is also been mentioned to have deodorizing, debridement, anti-inflammatory and wound pain reducing properties, although the evidence for these properties is rather limited. Many of the included studies have methodological problems, and the quality of certain studies is low, making it difficult to formulate conclusive guidelines. This review reveals several gaps in the research of honey in modern wound care, and recommendations are suggested for future research. (C) 2013 Elsevier Ltd and ISBI. All rights reserved.

Keywords: Active Leptospermum Honey, Burns, Capacity, Care, Case Series, Clinical-Trial, Databases, Debridement, Design, Dutch, Evidence, General, Guidelines, Healing, Honey, Human, Induced Oral Mucositis, Isi, Isi Web of Science, Manuka Honey, Medical Honey, Methodology, Pain, Properties, Pubmed, Quality, Quality Of, Randomized Controlled-Trial, Recommendations, Research, Review, Rights, Role, Science, Search Strategy, Silver Sulfadiazine, Strategy, Systematic Review, Therapy, Topical, Topical Honey, Treatment, Web of Science, Wound, Wound Healing

? Strang, S.G., Van Lieshout, E.M.M., Breederueld, R.S. and Van Waes, O.J.F. (2014), A systematic review on intra-abdominal pressure in severely burned patients. *Burns*, **40** (1), 9-16.

Full Text: [2014\Burns40, 9.pdf](2014/Burns40,%209.pdf)

Abstract: Objective: Intra-abdominal hypertension (IAH) and abdominal compartment syndrome (ACS) are complications that may occur in severely burned patients. Evidenced based medicine for these patients is in its early development. The aim of this study was to provide an overview of literature regarding IAH and ACS in severely burned patients. Methods: A systematic search was performed in Cochrane Central Register of Controlled Trials, PubMed, Embase, Web of Science and CINAHL on October 1, 2012. These databases were searched on ‘burn’, ‘intra-abdominal hypertension’, ‘abdominal compartment syndrome’, synonyms and abbreviations. Studies reporting original data on mortality, abdominal decompression or abdominal pressure related complications were included. Results: Fifty publications met the criteria, reporting 1616 patients. The prevalence of ACS and IAH in severely burned patients is 4.1-16.6% and 64.7-74.5%, respectively. The mean mortality rate for ACS in burn patients is 74.8%. The use of plasma and hypertonic lactated resuscitation may prevent IAH or ACS. Despite colloids decrease resuscitation volume needs, no benefit in preventing IAH was proven. Escharotomy, peritoneal catheter drainage, and decompression laparotomy are effective intra-abdominal pressure (IAP) diminishing treatments in burn patients. Markers for IAP-related organ damage might be superior to IAP measurement itself. Conclusion: ACS and IAH are frequently seen devastating complications in already severely injured burn patients. Prevention is challenging but can be achieved by improving fluid resuscitation strategies. Surgical decompression measures are effective and often unavoidable. Timing is essential since decompression should prevent progression to ACS rather than limit its effects. Prognosis of ACS remains poor, but options for care improvement are available in literature. (C) 2013 Elsevier Ltd and ISBI. All rights reserved.

Keywords: Abdominal, Abdominal Compartment Syndrome, Abdominal Compartment Syndrome, Burn, Care, Catheter, Colloids, Complications, Criteria, Damage, Data, Databases, Decompressive Laparotomy, Development, Drainage, Effects, Fluid Creep, Hypertension, Improvement, Injury, Intra-Abdominal Hypertension, Intra-Abdominal Pressure, Laparotomy, Literature, Major-Burn, Measurement, Measures, Medicine, Methods, Military Casualties, Mortality, Mortality Rate, Needs, Options, Outcomes, Patients, Plasma, Pressure, Prevalence, Prevent, Prevention, Prognosis, Progression, Publications, Pubmed, Reporting, Results, Resuscitation, Review, Rights, Science, Secondary, Surgical, Syndrome, Systematic Review, Volume, Web of Science

? Joyce, C.W., Kelly, J.C. and Sugrue, C. (2014), A bibliometric analysis of the 100 most influential papers in burns. *Burns*, **40** (1), 30-37.

Full Text: [2014\Burns40, 30.pdf](2014/Burns40,%2030.pdf)

Abstract: The importance of a published paper to a particular area is reflected in the quantity of citations obtained from peers. In burns, it is unknown which papers have been the most influential on this specialty. The purpose of our study was to identify the 100 most cited papers in burns and to analyze their characteristics. Twenty-seven journals were chosen for analysis. These included high impact factor scientific journals and journals dedicated to burns and trauma. Only twelve of these journals contributed to the 100 most cited papers in burns and we analyzed each paper individually looking at its subject matter, authorship, article type, institution, country and year of publication. Our citation analysis revealed an interesting mix of clinical and scientific papers that documents the key landmarks in burn care over the past 66 years. (C) 2013 Elsevier Ltd and ISBI. All rights reserved.

Keywords: Analysis, Authorship, Bacterial Translocation, Bibliometric, Bibliometric Analysis, Burns, Care, Characteristics, Citation, Citation Analysis, Citation-Classics, Citations, Clinical, Country, Cultured Skin Substitutes, Full-Thickness Burns, Human Growth-Hormone, Impact, Impact Factor, Inhalation Injury, Intestinal Permeability, Journals, Major Burns, Most Cited, Muscle Protein-Synthesis, Papers, Publication, Purpose, Rights, Scientific Journals, Specialty, Thermal-Injury, Top 100, Trauma

? Silva, C.L.C., Rossi, L.A., Canini, S.R.M.D., Gonçalves, N. and Furuya, R.K. (2014), Site of catheter insertion in burn patients and infection: A systematic review. *Burns*, **40** (3), 365-373.

Full Text: [2014\Burns40, 365.pdf](2014/Burns40,%20365.pdf)

Abstract: The aim of the study was to conduct a systematic review to identify and appraise the evidence on possible association of the site of venous catheter insertion in burn patients and an increased occurrence of catheter-related infection. Searches were performed in “MEDLINE, LILACS, CINAHL, EMBASE, Web of Science and The Cochrane Library. Nine studies were selected for the review; four of them mentioned, directly or indirectly, an association between catheter-related infection and the insertion of the catheter either in the burn wound or in surrounding area, and five studies investigated the occurrence of infection related to both the catheter and the anatomical sites of catheter insertion. Higher infection rates occurred when the catheters were inserted directly in the burn wound or near the wound (level of evidence IV) or in the femoral vein (level of evidence IV). No significant differences in infection occurrence rates were observed between central catheters and peripherally inserted central catheter (level of evidence IV). Further investigations for techniques and types of coverage of venous catheter insertion dressings are important for preventing infection in burn patients. Also, new technologies for venous access must be evaluated. (C) 2013 Elsevier Ltd and ISBI. All rights reserved.

Keywords: Access, Association, Burns, Care, Catheter, Catheter-Related Infections, Catheters, Central Venous Catheters, Children, Complications, Coverage, Embase, Emergency, Evidence, Guidelines, Infection, Investigations, Iv, Management, Metaanalysis, Patients, Rates, Review, Rights, Science, Sepsis, Site, Systematic Review, Techniques, Technologies, Unit, Web of Science, Wound

? Goncalves, N., Melo, A.D., Caltran, M.P., Pedro, I.C.D., Pan, R., Nascimento, L.C. and Rossi, L.A. (2014), Sexuality in burn victims: An integrative literature review. *Burns*, **40** (4), 552-561.

Full Text: [2014\Burns40, 552.pdf](2014/Burns40,%20552.pdf)

Abstract: Aims: To analyze and synthesize knowledge concerning sexuality in adult burn victims through an integiative literature review. Method: Two researchers independently searched six electronic databases.(PUBMED, LILACS, ISI Web of Science, PSYCINFO, CINAHL and EMBASE) and also performed a hand search using the following descriptors, in different combinations: burn, sexuality, gender identity, sexual behavior and sexual factors, in order to identify the articles published in English, Portuguese or Spanish, in the last 20 years. A total of 1781 articles were found and 22 were selected based on the inclusion and exclusion criteria. Results: The findings were organized into two categories that influence sexuality: (1) studies where the main purpose was to assess sexuality in burn victims; (2) studies that indirectly assess sexuality. Conclusion: The synthesis of the knowledge concerning sexuality in burn victims showed that sexual dysfunction can be related to the younger ages, TBSA > 20%, burns on the genitalia and on exposed areas, prolonged length of hospital stay, avoidance coping, and mental disorders. The multidisciplinary team should be prepared to integrate sexuality as an important variable in the continuing treatment of burn patients. (C) 2013 Elsevier Ltd and ISBI. All rights reserved.

Keywords: Adult, Articles, Behavior, Burns, Coping, Criteria, Electrical Burns, Embase, English, Fear-Avoidance, Gender, Gender Identity, Health Scale, Hospital, Hospital Stay, Influence, Injury, Integrative, ISI, ISI Web Of Science, Knowledge, Length, Literature, Literature Review, Mental Disorders, Multidisciplinary, Multidisciplinary Team, Nursing, Patients, Perceived Health, Personality-Characteristics, Predictors, Prolonged, Psycinfo, Purpose, Quality-Of-Life, Rehabilitation, Results, Review, Rights, Science, Sexual Behavior, Sexual Dysfunction, Sexuality, Survivors, Synthesis, Treatment, Web Of Science, Work

? Wang, X., Ling, L., Su, H., Cheng, J., Jin, L. and Sun, Y.H. (2015), Self-concept of left-behind children in China: A systematic review of the literature. *Child Care Health and Development*, **41** (3), 346-355.

Full Text: [2015\Burns41, 346.pdf](2015/Burns41,%20346.pdf)

Abstract: The aim of our study was to systematically review studies which had compared self-concept in left-behind children with the general population of children in China. Relevant studies about self-concept of left-behind children in China published from 2004 to 2014 were sought by searching online databases including Chinese Biological Medicine Database (CBM), Chinese National Knowledge Infrastructure (CNKI), Wanfang Database, Vip Database, PubMed Database, Google Scholar and Web of Science. The methodological quality of the articles was assessed by using Newcastle-Ottawa Scale (NOS). Poled effect size and associated 95% confidence interval (CI) were calculated using the random effects model. Cochrane’s Q was used to test for heterogeneity and I-2 index was used to determine the degree of heterogeneity. Nineteen studies involving 7758 left-behind children met the inclusion criteria and 15 studies were included in a meta-analysis. The results indicated that left-behind group had a lower score of self-concept and more psychological problems than the control group. The factors associated with self-concept in left-behind children were gender, age, grade and the relationships with parents, guardians and teachers. Left-behind children had lower self-concept and more mental health problems compared with the general population of children. The development of self-concept may be an important channel for promoting mental health of left-behind children.

Keywords: Adjustment, Adolescents, Age, Articles, Attachment, Children, China, Chinese, Confidence, Control, Criteria, Database, Databases, Development, Effect Size, Effects, Factors, From, Gender, General, General Population, Google, Google Scholar, Health, Heterogeneity, Index, Interval, Knowledge, Left-Behind Children, Literature, Medicine, Mental Health, Mental-Health, Meta Analysis, Meta-Analysis, Metaanalysis, Methodological Quality, Migrant Parents, Model, No, Online, Parents, Population, Psychological, Pubmed, Quality, Quality Of, Random Effects Model, Review, Roles, Rural China, Scale, Science, Self-Concept, Size, Systematic, Systematic Review, Web, Web Of Science

? Zhao, H.L., Huang, S. and Fu, X.B. (2015), Should pyogenic granulomas following burns be excised? *Burns*, **41** (3), 431-436.

Full Text: [2015\Burns41, 431.pdf](2015/Burns41,%20431.pdf)

Abstract: Background: Patients with pygenic granuloma following burns (PGB) presents dramatic clinical features which are different from those with classic pyogenic granuloma. This review aims to discuss whether pyogenic granuloma following burns (PGB) need excision or not. Methods: Using the PubMed, EMBASE, Cochrane Library and web of science databases. All articles which discussed diagnosis and treatment of pyogenic granuloma following burns with histological results were included from 1978 to 2013. Reports from meetings were not included. Only articles published in English were included. Results: Twenty one articles excluded from a total of 32 studies. One study was excluded from the 11 descriptive studies because of typical histological results’. The rest, 10 studies were case reports. Only one article was published in French, whose abstract was published in French and English. Patients with PGB presented six distinctive clinical features. First, all the patients had burns initially. The second, PGB acutely erupted between 1 and 4 weeks in patients’ burned area, which may be infected by bacteria, fungus and virus. The fourth, PGB can be classified into proliferative and shrivelling stages. The fifth, three hisiological characteristics including hyperkeratosis or acanthosis, numerous newly formed proliferative vascular, edematous stoma with infiltration by plasma cells and lymphocytes. Finally, recurrence, 6 out of 16 patients with PGB involuted spontaneously with no recurrence. Three out of 16 patients were conservatively managed with no recurrence, neither patients (5) who had surgery and 2 patients treated with electro coagulation had recurrence. Conclusions: PGB lesions are benign based on clinical features and histological examinations. The clinical process of PGB could be divided into proliferative and shrivelling stages. Conservative treatment including wound management and antibiotic could be chosen firstly, especially when large PGBs are on the face or other important area of one’s body. When conservative treatment is ineffective, a surgery could be chosen. (C) 2014 Published by Elsevier Ltd and ISBI.

Keywords: Article, Articles, Bacteria, Burns, Case Reports, Characteristics, Clinical, Clinical Features, Coagulation, Conservative, Conservative Treatment, Databases, Diagnosis, Embase, English, From, Fungus, Graft, Infected, Infiltration, Lesion, Library, Lobular Capillary Hemangioma, Management, Methods, Multiple, Patients, Plasma, Pubmed, Pulsed-Dye-Laser, Pyogenic Granulomas, Recurrence, Results, Review, Scar, Science, Shave-Excision, Surgery, Treatment, Web, Web Of Science, Wound

? Ren, H.T., Li, Y., Han, C.M. and Hu, H. (2015), Serum procalcitonin as a diagnostic biomarker for sepsis in burned patients: A meta-analysis. *Burns*, **41** (3), 502-509.

Full Text: [2015\Burns41, 502.pdf](2015/Burns41,%20502.pdf)

Abstract: Background: Sepsis is one of the main causes of mortality in severe burns. However, it is difficult to diagnose early. Procalcitonin (PCT) has been reported as a biomarker for sepsis with controversial results. The aim of the study is to assess the diagnostic value of serum PCT for sepsis in burn patients through a meta-analysis of published studies. Methods: A comprehensive literature search of PubMed, Embase, Web of Science and the Cochrane Library databases for studies published up to 1st March 2014 that evaluated PCT as a marker for diagnosing sepsis in burn patients was conducted. The summary receiver operating characteristic curves served to evaulate overall test performance. Meta-Disc 1.4 software and Stata 12.1 were used to analyze the data. Results: A total of 566 patients (samples) from nine trials were identified and analyzed. The pooled sensitivity and specificity were 0.74 and 0.88, respectively. No threshold effect was found among studies. The area under the SROC curve (AUC) was 0.92. Conclusion: The results suggest that serum PCT is a useful biomarker (AUC = 0.92) for early diagnosis of sepsis in burn patients. However, the results should be used with caution, because of obvious heterogeneity among those studies. Further large-scale research should regard more attention to the uniform cut-off value, and laboratories test methods. (C) 2014 Elsevier Ltd and ISBI. All rights reserved.

Keywords: Attention, Auc, Biological Markers, Biomarker, Blood-Stream Infection, Burn, Burns, Consensus Conference, Critically-Ill Patients, Data, Databases, Definitions, Diagnosis, Diagnostic, Diagnostic Tests, Early Diagnosis, From, Heterogeneity, Innovative Therapies, Intensive-Care-Unit, Library, Literature, Literature Search, Marker, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Organ Failure, Patients, Performance, Procalcitonin, Pubmed, Research, Results, Rights, Science, Sensitivity, Sepsis, Septic Shock, Serum, Software, Specificity, Stata, Threshold, Time-Course, Value, Web, Web Of Science

# Title: Business Ethics-A European Review

Full Journal Title: Business Ethics-A European Review

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ma, Z.Z., Liang, D.P., Yu, K.H. and Lee, Y. (2012), Most cited business ethics publications: Mapping the intellectual structure of business ethics studies in 2001-2008. *Business Ethics-A European Review*, **21** (3), 286-297.

Full Text: [2012\Bus Eth- Eur Rev21, 286.pdf](2012/Bus%20Eth-%20Eur%20Rev21,%20286.pdf)

Abstract: This study explores the research paradigms of contemporary business ethics research in 20012008. With citation data from the top two business ethics journals included in the Social Sciences Citation Index, this study conducts citation and co-citation analysis to identify the most important publications, scholars, and research themes in the business ethics area and then maps the intellectual structure of business ethics studies between 2001 and 2008. The results show that current business ethics studies cluster around four major research themes, including morality and social contract theory, ethical decision making, corporate social responsibility, and stakeholder theory. This study helps profile the invisible network of knowledge production in business ethics and provides important insights on current research paradigms of business ethics studies.

Keywords: Analysis, Authors, Business, Citation, Cluster, Co-Citation, Co-Citation Analysis, Cocitation, Contract, Corporate Social-Responsibility, Data, Decision, Decision Making, Decision-Making, Ethical, Ethics, Firm Financial Performance, Intellectual Structure, Journals, Knowledge, Management, Mapping, Model, Morality, Network, Organizations, Publications, Research, Responsibility, Social, Social Responsibility, Social Sciences, Social Sciences Citation Index, Stakeholder Theory, Structure, Themes, Theory

# Title: Business History

Full Journal Title: [Business History](http://www.informaworld.com/smpp/title~db=all~content=t713634500~tab=issueslist)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

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Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Alfalla-Luque, R. and Medina-López, C. (2009), Supply chain management: Unheard of in the 1970s, core to today’s company. *Business History*, **51** (2), 202-221.

Full Text: [2009\Bus His51, 202.pdf](2009/Bus%20His51,%20202.pdf)

Abstract: Although the Supply Chain Management (SCM) concept was born at the beginning of the 1980s, research in the field was almost non-existent until the mid-1990s. Since then, the growth of SCM research has been exponential. Currently, SCM is making the change from being an emerging research field to becoming a consolidated one. The aim of this paper is to analyse the way SCM has developed from its origins and to determine whether its present development corresponds to the needs that companies are experiencing. This article provides a frame of reference for SCM research, which is essential for the definitive consolidation of a fledgling field such as this. It also allows any possible gap between SCM research and practice to be minimised.

Keywords: Bibliometric Studies, Change, Companies, Company, Developed, Development, Discipline, Emerging, Evolution, Field, Growth, History Review, Integration, Japanese, Journals, Management, Needs, Operations Management, Operations Management (OM), Performance, Perspective, Practice, Reference, Research, Research Agendas, Strategy, Supply Chain Management (SCM)

# Title: Business Horizons

Full Journal Title: Business Horizons

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Cotton, J.L. and Stewart, A. (2013), Evaluate your business school’s writings as if your strategy matters. *Business Horizons*, **56** (3), 323-331.

Full Text: [2013\Bus Hor56, 323.pdf](2013/Bus%20Hor56,%20323.pdf)

Abstract: Business school publications are widely criticized for their lack of managerial or teaching relevance. One reason for this criticism is that business school scholarship is typically evaluated purely in terms of one type of work: academic journal articles that are meant to be read by other scholars. However, academics produce multiple types of publications, and business schools serve a wider range of stakeholders. These other stakeholders are often central to the schools’ purposes and may be critical in acquiring resources. These stakeholders probably prefer to see scholarship that is relevant for students or for practitioners. They may prefer scholarship that is ethically relevant or regionally relevant and otherwise different from the model that dominates U.S. journals. Technologies are now available to measure the impact of writings in a much wider range of venues than covered by the Social Sciences Citation Index in the Web of Science. Moreover, a wider range of measures, such as the size of writings’ readership, may be needed. We consider these issues and present some recommendations, arguing that faculty evaluations should follow an intentional strategy and not necessarily conform to the traditional default. (C) 2013 Kelley School of Business, Indiana University. Published by Elsevier Inc. All rights reserved.

Keywords: Academics, Business, Business Schools, Citation, Education, Faculty, Impact, Journal, Journal Articles, Journals, Management, Measure, Model, Performance, Perspective, Practitioner Relevance, Publications, Rankings, Recommendations, Relevance, Resources, Rights, Salience, Scholarship, Science, Size, Social Sciences, Social Sciences Citation Index, Stakeholders, Strategy, Students, Success, Teaching, Teaching Materials, University, Web of Science, Work

# Title: Business and Society

Full Journal Title: [Business and Society](http://bas.sagepub.com/)

ISO Abbreviated Title:

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ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

De Bakker, F.G.A., Groenewegen, P. and Den Hond, F. (2006), A research note on the use of bibliometrics to review the corporate social responsibility and corporate social performance literature. *Business and Society*, **45** (1), 7-19.

Full Text: [2006\Bus Soc45, 7.pdf](2006/Bus%20Soc45,%207.pdf)

Abstract: Recently, the authors presented a bibliometric analysis of research and theory on corporate social responsibility and corporate social performance, which included a list of frequently cited articles in these fields. This list caused some questions, and therefore this research note aims to supplement and discuss the findings presented in the original study to (a) explain the composition of the dataset used, (b) highlight some problems pertaining to bibliometric research, and (c) underline why such studies nevertheless are useful, also in business and society research. © 2006 Sage Publications.

Keywords: Bibliometry, Citation Studies, Corporate Social Performance, Corporate Social Responsibility

? De Bakker, F.G.A., Groenewegen, P. and Den Hond, F. (2010), A bibliometric analysis of 30 years of research and theory on corporate social responsibility and corporate social performance. *Business and Society*, **49** (4), 283-317.

Full Text: [2010\Bus Soc49, 283.pdf](2010/Bus%20Soc49,%20283.pdf)

Abstract: Social responsibilities of businesses and their managers have been discussed since the 1950s. Yet no consensus about progress has been achieved in the corporate social responsibility/corporate social performance literature. In this article, we seek to analyze three views on this literature. One view is that development occurred from conceptual vagueness, through clarification of central constructs and their relationships, to the testing of theory—a process supported by increased sophistication in research methods. In contrast, other authors claim that hardly any progress is to be expected because of the inherently normative character of the literature. A final view is that progress in the literature on the social responsibilities of business is obscured or even hampered by the continuing introduction of newconstructs. This article explores which of these three views better describes the evolution of the literature during a period of 30 years and suggests implications for further research.