



# Medicina Intensiva

AUTHORS INFORMATION PACK

## GUIDE FOR AUTHORS

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### INTRODUCTION

MEDICINA INTENSIVA will consider for publication those works based on topics related to the practice of intensive medicine, medical emergencies, and critical care medicine in coronary units. Manuscripts will be evaluated for publication if they meet the following requirements: the material is original, presentation is clear, the methodology of the study is appropriate, the results are valid, the conclusions are reasonable, and the information is relevant. MEDICINA INTENSIVA complies with the guidelines of the International Committee of Medical Journal Editors: Uniform requirements for manuscripts submitted to biomedical journals. If the authors have further questions that are not answered within these instructions, they should refer to <http://www.icmje.org>.

### Types of articles, sections

The MEDICINA INTENSIVA journal is comprised of the following sections:

**Original Articles.** This category includes randomised clinical trials, cohort studies, studies on screening or diagnostic tests, cost-effective analyses, meta-analyses, systematic reviews, decision-making evaluation studies, other interventionist studies, and case-control studies. Meta-analyses and systematic reviews must be registered in [PROSPERO](#). This section will include clinical articles as well as animal research or experimental studies. The maximum length of the text must not exceed 3,000 words (excluding the *Resumen/Abstract*, Tables and References). The information that cannot be included in the manuscript due to this word count limit can be published as electronic supplementary material (ESM), which has no length limitations, with addition of the tables and figures considered opportune. The maximum allowed literature references is 40. Up to 6 Tables and Figures will be admitted (e.g. 4 Tables and 2 Figures). In multicentre studies, the number of authors will be limited to 12; the rest will appear at the end of the article. The total number of Tables and Figures will not exceed 6. The length of the structured *Resumen/ Abstract* will be 250 words.

**Review Articles.** These articles present updates on a specific topic in the field of intensive care medicine. Reviews will preferably be commissioned by the Editorial Committee, although those proposed by collaborators may be accepted. Thus, before submitting the manuscript, the authors should always contact the Editorial Committee in order to propose the review article in question, at which time it will be determined whether the journal would be interested in its publication. The maximum length of the text will not exceed 4,000 words (excluding the *Resumen/Abstract*, Tables and References). The maximum number of literature references permitted is 80. Authors may also make use of the ESM for more extensive information that cannot be included in the print edition due to the Word count limitations, with addition of the tables and figures considered opportune. Up to 6 Tables and Figures will be allowed (e.g. 4 Tables and 2 Figures). It is recommended to include one or several figures in this type of manuscripts. The number of authors will be limited to 4. The *Resumen/Abstract* will not be

structured, but it must provide information on its content, with a length limit of 150 words.

**Special Articles.** This section includes articles written by scientific societies, workgroups or groups of experts (clinical practice guidelines, consensus conferences, systematic reviews, etc.) that review a topic of current interest in intensive care medicine. Other publications include articles sent by renowned experts that analyse current social aspects or those of special interest for our specialty. The maximum length must not exceed 4,000 words (excluding the Resumen/Abstract, Tables and References). The maximum number of references permitted is 80. Up to 4 Tables and Figures will be allowed (e.g. 3 Tables and a Figure). It must include an unstructured Abstract in English (and a *Resumen* in Spanish) of approximately 150 words.

### **Types of article (continuation)**

**Updates.** Reviews commissioned by the Editorial Committee of MEDICINA INTENSIVA are included in this section and will be part of a series that will review in detail current topics in intensive care medicine in successive issues of the journal. The maximum length must not exceed 4,000 words (excluding the *Resumen*/Abstract, Tables and References). The maximum number of literature references permitted is 80. The ESM may be used for information that cannot be included in the print edition due to the word count limit, with addition of the tables and figures considered opportune. Up to include always 6 Tables and 6 Figures will be allowed. It is recommended to include always one or several figures in this type of manuscripts. The number of authors is limited to 4. It must include an unstructured Abstract in English (and a *Resumen* in Spanish) of approximately 150 words.

**Points of View.** The articles included in this section are those in which an opinion is expressed about a controversial topic in the field of intensive care medicine. Points of View will preferably be commissioned by the Editorial Committee, although those proposed by collaborators may be accepted. Thus, before submitting the manuscript, the authors should always contact the Editorial Committee in order to propose the Point of View article in question, at which time it will be determined whether the journal would be interested in its publication. The maximum length of the text must not exceed 1,000 words (excluding Tables and References). The information that cannot be included in the manuscript due to this word count limit can be published as electronic supplementary material (ESM), which has no length limitations, with addition of the tables and figures considered opportune. The maximum number of references allowed will be 10, and up to 2 Tables and one Figure. The number of authors is limited to 2. It will not have a *Resumen* /Abstract.

**Editorials.** Included in this section are works in which the author/s discuss and analyse an Original published in the Journal. The Editorials will always be commissioned by the Editorial Committee. Also included in this section will be articles that summarise the view of a current topic by the Editorial Committee of MEDICINA INTENSIVA or the Board of Directors of *Sociedad Española de Medicina Intensiva, Crítica y Unidades Coronarias* (SEMICYUC). The maximum length of the text must not exceed 1,000 words (excluding the bibliography). The maximum number of references allowed is 10 and one Table or Figure will be admitted. The number of authors will be limited to 2. It will not include a *Resumen* or Abstract.

**Scientific letters.** A description of several clinical cases in which are described new aspects or important added value on the pathophysiology of the disease, its diagnosis or treatment. Studies based on questionnaires that have received a high response rate are also considered in

this section. The maximum length of the text must not exceed 1,000 words, and the text will not be structured into sections. Up to 2 Figures or Tables will be allowed. The supplementary information that cannot be included in the manuscript due to this word count limit can be published as electronic supplementary material (ESM), which has no length limitations, with addition of the tables and figures considered opportune. The number of signatories must not be greater than 6, and the number of literature references is limited to 10. Scientific Letters will not have a *Resumen/Abstract*.

**Letters to the editor.** In this open section, objections or comments related to articles recently published in the Journal, and possibly on relevant articles published in other journals of special interest for intensive medicine, or comments on topics of importance associated with the speciality. Letters to the Editor sent to *Medicina Intensiva* must refer to articles published within the two previous months at most. The maximum length of the text must not exceed 500 words, and up to 5 literature references will be allowed. There must be no more than four signing authors. Those Letters to the Editor that deal with articles previously published in the Journal will have the right to reply. They will be submitted to the author of the original work, who will be able to reply in a letter of the same length within a period of one month. The Editorial Committee will try to publish the Letter to the Editor and the reply together.

**Images in Intensive Medicine.** This section will publish all types of images that are demonstrative and contain a teaching message by themselves. The maximum number of figures is 3. They must be accompanied by a text of less than 10 lines. Whenever possible, the image should include graphic aids (arrows, asterisks). The number of signing authors will be limited to 3, and the image must be of sufficient graphical quality (minimum resolution of 300 dots per inch (dpi)). No abstract, figure captions or references are allowed.

### **Contact details for submission**

You can send your manuscript at <https://www.editorialmanager.com/MEDINTENSIVA/default.aspx>

### **Language**

This journal is published in Spanish and in English language.

### **Submission checklist**

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

#### **Ensure that the following items are present:**

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded:

#### *Manuscript:*

- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

*Graphical Abstracts / Highlights files* (where applicable)

*Supplemental files* (where applicable)

Further considerations

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

For further information, visit our [Support Center](#).

## **BEFORE YOU BEGIN**

### **Ethics in publishing**

Please see our information pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

### **Informed consent and patient details**

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author but copies should not be provided to the journal. Only if specifically requested by the journal in exceptional circumstances (for example if a legal issue arises) the author must provide copies of the consents or evidence that such consents have been obtained. For more information, please review the [Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals](#). Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

### **Declaration of interest**

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. All authors must complete the International Committee of Medical Journal Editors conflict of interests form (<http://www.icmje.org/disclosure-of-interest/>). During the manuscript submission process, the corresponding author will be responsible for declaring all conflicts of interest related to the article in a specific section for this purpose. If the manuscript is accepted, this information will be included in the final article in a new section entitled Conflicts of interests. More information available at <https://www.elsevier.com/conflictsofinterest> / [https://service.elsevier.com/app/answers/detail/a\\_id/286/supporthub/publishing](https://service.elsevier.com/app/answers/detail/a_id/286/supporthub/publishing).

### **Declaration of generative AI in scientific writing**

The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

Where authors use generative artificial intelligence (AI) and AI-assisted technologies in the writing process, authors should only use these technologies to improve readability and language. Applying the technology should be done with human oversight and control, and authors should carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete or biased. AI and AI-assisted technologies should not be listed as an author or co-author, or be cited as an author. Authorship implies responsibilities and tasks that can only be attributed to and performed by humans, as outlined in Elsevier's [AI policy for authors](#).

Authors should disclose in their manuscript the use of AI and AI-assisted technologies in the writing process by following the instructions below. A statement will appear in the published work. Please note that authors are ultimately responsible and accountable for the contents of the work.

### **Disclosure instructions**

Authors must disclose the use of generative AI and AI-assisted technologies in the writing process by adding a statement at the end of their manuscript in the core manuscript file, before the References list. The statement should be placed in a new section entitled 'Declaration of Generative AI and AI-assisted technologies in the writing process'.

Statement: During the preparation of this work the author(s) used [NAME TOOL / SERVICE] in order to [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

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

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### **Sex and gender reporting**

#### **Reporting guidance**

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors

should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the [SSex and Gender Equity in Research \(SAGER\) guidelines](#) and the [S SAGER guidelines checklist](#). These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

### **Definitions**

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the [Sresources on this page](#) offer further insight around sex and gender in research studies.

### **Authorship**

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

### **Contributors**

Each author is required to declare his or her individual contribution to the article: all authors must have materially participated in the research and/or article preparation, so roles for all authors should be described. The statement that all authors have approved the final article should be true and included in the disclosure.

### **Changes to authorship**

Authors are expected to consider carefully the list and order of authors **before** submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the **corresponding author**: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors **after** the manuscript has been accepted. While the Editor considers

the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

### **Clinical trial results**

In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

### **Reporting clinical trials**

Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The [CONSORT checklist and template flow diagram](#) are available online.

### **Registration of clinical trials**

Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with [International Committee of Medical Journal Editors](#) recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

### **Copyright**

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## **Language (usage and editing services)**

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

## **Submission**

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

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## *Letter of presentation*

It is required for all manuscripts to be accompanied by a letter of presentation in the Elsevier Editorial System (EES), indicating: 1) the section of the journal for which the paper is being submitted; 2) an explanation (max. one paragraph) of the original contribution and relevance of the article to the field of medicine; 3) a declaration that author instructions were followed and ethical responsibilities complied with; 4) if part of the article has been previously submitted for



assessment to another journal or had been previously published (redundant or duplicated publication), the details should be specified, and it is necessary to declare whether permission for publication has been granted by the author(s) or Editor.

## PREPARATION

### *Peer review*

This journal operates a double anonymized review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. Editors are not involved in decisions about papers which they have written themselves or have been written by family members or colleagues or which relate to products or services in which the editor has an interest. Any such submission is subject to all of the journal's usual procedures, with peer review handled independently of the relevant editor and their research groups. [More information on types of peer review.](#)

### *Double-blind review*

This journal uses double-anonymized review, which means the identities of the authors are concealed from the reviewers, and vice versa. [More information](#) is available on our website. To facilitate this, please include the following separately:

*Title page (with author details):* This should include the title, authors' names affiliations, acknowledgements and any Declaration of Interest statement, and a complete address for the corresponding author including an e-mail address.

*Anonymized manuscript (no author details):* The main body of the paper (including the references, figures, tables and any acknowledgements) should not include any identifying information, such as the authors' names or affiliations.

### *Use of word processing software*

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the [Guide to Publishing with Elsevier](#)). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

### *Article structure*

Each part of the manuscript should start on a new page, in the following order: title on the first page, together with the information specified in the previous section, then the text, references, figure and table legends. The figures (diagrams, photos, algorithms) should be attached as independent files through the EES in the Attach Files section.

**Text.** The text should be divided into sections. Original articles will have the following

headings: Introduction, Patients and Methods, Results and Discussion. Especially complex articles can include subsections to aid in the comprehension of the information.

**Contribution of the authors.** In the case of Original Articles, the contribution of each of the authors should be explained in detail at the end of the manuscript on a separate page.

**Other sections.** The authors should declare any total or partial funding of the study, any grant or other financial support and the existence of any conflicts of interests of any of the authors, regardless of whether it has already been mentioned in the Additional Information section. When mention is to be made of any persons, hospitals or entities that may have collaborated with the study, without being considered authors, it should be included in the Acknowledgements section. The authors are responsible for obtaining the necessary permission from the persons or entities names, as the readers could infer their support of the data and the conclusions of the study.

### **Summary of a manuscript structure (Original Article)**

1. Title
2. Abstract: a) Objective, b) Design, c) Setting, d) Patients or participants, e) Interventions, f) Main variables of interest, g) Results, h) Conclusions
- 2b. Graphical Abstract (optional)
3. Text: a) Introduction, b) Patients and Methods, c) Results, d) Discussion
4. Contribution of the Authors
5. Funding
6. Conflict of Interest
7. Acknowledgements
8. References
9. Tables
10. Figures

### *Introduction*

The introduction should be clear and concise while establishing the purpose of the study and reasonably summarising the current situation of the topic to be discussed. The introduction should prepare the reader to comprehend the text that follows. It should not be a review of the topic itself, nor a hurried discussion. It should finish with a clear and specific description of the study objectives.

### *Patients and methods*

This section should provide sufficient details so that a specific experience can be reproduced based on the information given. It should indicate the hospital where the experiment or research has been conducted, its duration, characteristics of the series studied, selection criteria used, variables of interest (primary and secondary) and the techniques used (devices used with name and city of manufacturer in parentheses), drugs used with generic name, dose and means of administration). If the methods or procedures are widely used and well known, the corresponding bibliographic reference should be provided to avoid a detailed description. In the case of clinical trials with randomised distribution, randomisation methods should be explained and it should be stated whether the random assignment was blinded. The statistical methods used should be appropriately described.

### *Results*

The findings should be quantified and presented with the appropriate indicators for error or

uncertainty (such as confidence intervals). This section should state, but not discuss, the observations made of the patients and the method used, in logical sequence. The results can be expressed in detail in the text or rather in the form of tables and figures, but unnecessary repetitions should be avoided of the results shown in the tables and figures. Manuscripts that present results of a clinical trial of parallel groups with random distribution should include the CONSORT flowchart (<http://www.consort-statement.org/>), which illustrates the distribution and patient progress throughout the study. Manuscripts that present reports about systematic reviews or meta-analyses will follow the guidelines from the PRISMA declaration (<http://www.prisma-statement.org>). The manuscripts that assess the utility of diagnostic tests should follow the STARD format (<http://www.consort-statement.org/stardstatement.htm>).

### *Discussion*

The authors should expand on their own opinion about the topic without repeating data provided in the Introduction or Results. This section should include the following aspects: a) the most relevant findings; b) the practical application of the results; c) the possible methodological limitations and the reasons for which the results are valid; d) the correlation with similar publications and the analysis of the similarities and differences with the findings of other authors; and e) the indications and suggestions for further research, providing new hypotheses when justified, and clearly stating them as such. It is not necessary to include conclusions; these should be exclusively derived from the study.

### *Conclusions*

It is not necessary to include conclusions; these should be exclusively derived from the study. The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

### *Appendices*

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

### **Essential title page information**

- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- **Author names and affiliations.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
- **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. **Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.**
- **Present/permanent address.** If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the

work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

• **Word count.** It is important to include the word count, indicate the number of words in the abstract in Spanish and English and the number of words in the main text (excluding the abstract, references, tables, and figure legends).

## **Abstract**

A concise and factual abstract is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

In the **Reviews, Special Articles** and **Updates**, the abstracts will not be structured but should be equally informative about the content and should have an approximate length of 150 words.

## **Structured abstract**

**Original** abstracts will include an Abstract of 250 words of extension, structured in the following sections:

**Objective.** It will state the reason for the study that will be evaluated or the hypothesis that is established.

**Design.** The basic design of the study will be described, including the study period and follow-up period. The following terms should be used:

- For *interventionist studies*: clinical trial with randomised distribution; clinical trial with non-randomised distribution; double blind; placebo controlled; crossover design.
- For *studies on diagnostic tests*: reference standard (this is a widely accepted test with which the new or alternative diagnostic test will be compared); this term is preferable to the "gold Standard" or "gold pattern"; blind comparison; validation population.
- For *prognostic studies*: starting cohort (subjects collected at an early stage of the study disease or process that are subsequently followed-up), cohort (subjects observed in a long-term follow-up but do not necessarily have a common starting point); validation cohort or validation sample in clinical prediction model studies.
- For *association or causality studies*: clinical trial with randomised distribution; prospective cohort study; case control studies.
- For the *description of clinical signs and symptoms or diseases*: case series.
- For *financial evaluation studies*: cost-effectiveness analysis; cost-benefit analysis.

**Setting.** The setting in which the study has been carried out will be mentioned so that the readers may determine the applicability of the results to their particular work environment.

**Patients or participants.** The selection criteria must be described, as well as the demographic characteristics of the study subjects, the number of eligible subjects and the number of participating subjects. In case control studies the characteristics used for matching must be specified. In follow-up studies, it must state the proportion of participants that completed the study. In interventionist studies, it must mention the number of patients in whom the intervention was stopped due to the appearance of adverse effects. In prognostic studies, it

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2. Bernard GR, Vincent JL, Laterre PF, La Rosa SP, Dhainaut JF, López-Rodríguez A, et al. Efficacy and safety of recombinant human activated protein C for severe sepsis. *N Engl J Med.* 2001;344:699–709. <https://doi.org/10.1056/NEJMc063207>.

#### *Article in electronic journal*

3. Cannesson M, Ramsingh D, Rinehart J, Demirjian A, Vu T, Vakharia S, et al. Perioperative goal-directed therapy and postoperative outcomes in patients undergoing high-risk abdominal surgery: a historical-prospective, comparative effectiveness study. *Crit Care.* 2015; 19:261. <https://doi.org/10.1186/s13054-015-0945-2>.

#### *Reference to a journal publication with an article number*

4. Van der Geer J, Hanraads JA, Lupton RA. The art of writing a scientific article. *Heliyon.* 2018;19:e00205. <https://doi.org/10.1016/j.heliyon.2018.e00205>.

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5. The hypothermia after cardiac arrest study group. Mild therapeutic hypothermia to improve the neurologic outcome after cardiac arrest. *N Engl J Med.* 2002;346:549–56.

#### *Books and other monographs*

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6. West JB. Ventilation/blood flow and gas exchange. Oxford: Blackwell Scientific Publications; 1977.

*Corporative author*

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*Reference to a dataset*

[dataset] 11. Oguro M, Imahiro S, Saito S, Nakashizuka T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. <https://doi.org/10.17632/xwj98nb39r.1>.

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