

# Cardiology **Today**

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A publication of  
**Medicine**Today  
THE PEER REVIEWED JOURNAL OF CLINICAL PRACTICE

## Features

### Instructions to authors

Please take the time to read this material carefully before starting to write your article. Much time may be saved in the long run by spending a few minutes now. Before you send us your completed manuscript, we suggest you take advantage of the checklist on the last page to ensure that you have met all of the necessary requirements.

Send your completed manuscript to  
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# Features

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## Instructions to authors

*Medicine Today's* quarterly publication *Cardiology Today* is designed primarily to update GPs on cardiology matters, but it is also circulated to **Cardiologists, General Physicians, Endocrinologists and Renal Physicians, piggy-backing *Medicine Today* through the post. It is subject to the same thorough peer-review process and high production standards applied to our flagship journal *Medicine Today*.**

Articles submitted to *Cardiology Today* should be **succinct and provide practical, easy-to-read information that will assist GPs in their day-to-day practice.**

Articles published in *Cardiology Today* will appear in the print and web versions of the journal.

### Authorship

The credibility, wisdom and practical clinical insights gained from years of experience at a senior level are essential components of authorship for articles published in *Cardiology Today*. Invited authors are selected based on their reputation among peers and hence qualification to express authoritative opinions (following best practice guidelines when appropriate). Our readers expect content authored by highly experienced senior clinicians who are well recognised in their field of medicine. Coauthors are welcome but they must be experienced, qualified medical practitioners at registrar level or higher, or suitably qualified allied health professionals. Senior authors are expected to take responsibility for the clinical content of the manuscript.

As a review journal focusing on issues of clinical practice, *Cardiology Today* does not accept undergraduate students as coauthors.

To avoid bias, or the perception of it, we do not accept articles sponsored by pharmaceutical companies (directly or indirectly), public relations firms or other commercial entities.

Articles written by an author with a significant financial interest in a company (or its competitor) that makes a product discussed in the manuscript are also unacceptable.

## Preparing the manuscript

### Word limit

The article should be 1500 to 2000 words in length. Certain subjects are worthy of a longer presentation, but we may edit very long papers back to an acceptable length. Research shows long articles are less likely to be read.

### Suggested outline of content

To help you in tailoring your article to our GP audience, we suggest that you consider the following:

- How and why does the patient present with this problem?
- What are the likely causes (i.e. the most common causes)?
- Are there any symptoms or aspects of the condition that must not be missed (even if rare)?
- What initial investigations/tests should be performed or ordered?
- Does the patient require referral to a specialist?
- Will care be shared between a specialist and the GP?
- Will the patient be referred back to the GP?
- Is there a need for follow up or prevention?

### Elements of the paper

**Author details** required are: qualifications, present appointments and type and place of practice.

A **'Key points'** section appears at the beginning of each article. About four to six key points summarising the most important messages in your paper should be provided.

An **introductory abstract** of about 30 words should be provided, designed to capture the reader's attention and draw them into the article.

The **main body** of text should start with one or two paragraphs of introduction. Outline the contents of the article, why it matters to GPs and how it will help them to optimise management.

A **summary or conclusion** should be provided at the end of the article to sum up the most important points,

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consolidate your ideas and help the reader digest the messages contained within the article.

**Medications.** Generic names should be used to describe medications used in treatment. Any recommendations made for the use of medications ‘off label’ should be clearly indicated as such in the text.

**All measurements** should be reported in SI units.

**Abbreviations and acronyms** should be avoided. If this is not possible, ensure that the abbreviated term is spelt out in full the first time it appears.

**Patient information** should be provided whenever possible, to assist GPs in informing and counselling patients and their relatives. Try to address the questions and concerns most commonly raised by patients and their families. We are happy to help prepare patient handouts in a form that GPs can photocopy or print and put to use.

**Clinical flowcharts** are very popular with our readers and should be provided if possible. We can help in the preparation of these.

## General advice

Research has shown that readers are attracted by the following:

**Provocative and interesting titles** – the proposed title can often be improved and we welcome your suggestions.

**Uncomplicated presentation** – the more simply a subject is set out, the more likely it is to be read.

**Practical guidelines** – most readers of *Cardiology Today* are in general practice, and are looking for practical guidance about clinical problems. Occasionally some basic scientific knowledge must be presented to make clear the reasons for a course of action, but too much is likely to cause the reader to move on to the next article.

**Clear and concise writing** – our readers resist long, dreary literature reviews. The style of writing should be conversational, as if the author were speaking to the reader directly, sharing ideas and advice not necessarily available in textbooks or other literature.

**Plain words** – it is better if patients ‘walk’ rather than

‘ambulate’ and better if they ‘drink’ rather than ‘take oral fluids’. Some technical language and jargon is unavoidable, but the less the better. Some words much used in a specialty have not always achieved a wider circulation.

**Subheadings** – the liberal use of subheadings improves clarity and ease of reading and enables readers to scan the pages for the information they are seeking. It also helps the author in the development of a logical sequence.

## Illustrations, tables and diagrams

Research has shown that articles that are well illustrated are the most likely to be read. *Cardiology Today* meets all costs involved in reproducing illustrations. Please supply as many illustrations as possible.

**Colour illustrations** should be provided as digital files. Specific requirements for illustrations are described below.

**Diagrams and simple line drawings** are often useful to make a concept or process clear. Usually they will be redrawn professionally to our house style, so a rough copy is generally all that we need. We can provide the entire concept from a verbal brief, if necessary. Again, all costs will be met by the journal. Copyright will remain with the artist.

Although most illustrations should apply specifically to the topic and be referred to within the text, illustrations related to the subject generally are also welcome.

If **graphs** are submitted, please try to provide us with the data on which they are based so we can redraw them accurately.

**Tables** must be numbered and referred to within the text. Each table should have an appropriate heading.

## Requirements for illustrations

- The best format to use when emailing digital files of illustrations and clinical photographs is jpeg (although pdfs are also acceptable). If possible, avoid embedding images within Word documents. The resolution of figures must be at least 300 dpi at a size appropriate for reproduction (we suggest a minimum of 9 cm wide). We have a large mailbox capacity, but if the files are very big, email them in several batches.
- Each figure should be accompanied by a concise legend that can be read independently of the text.
- Label and number all illustrations.

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## Permissions

It is important that you inform us if any of the illustrations or tables you wish to include in your article are taken from other published sources (print or online) and are therefore subject to copyright. To reproduce such illustrations we require the permission of the original publisher and/or author, and an acknowledgement of the original source.

If you have not already obtained permission, we can do so on your behalf. Please provide full citation details from which the material has been sourced. Often we have to pay to reuse the material. Although we are happy to negotiate, we cannot guarantee that we will reach a satisfactory arrangement enabling us to use the material.

We welcome clinical photographs. However, if a patient is identifiable in a photograph then we require that you obtain written informed consent from the patient (or parent or guardian) for publication. You should retain this consent document and include a statement in the manuscript confirming that permission has been obtained and archived. Please note that masking the eye region in a photograph is not sufficient to de-identify a patient.

## References

Although extensive referencing is not generally required, specific studies, data and controversial statements should be referenced. *Cardiology Today* follows the Vancouver system of referencing, adopted by most medical journals, and references should be numbered in the order that they appear in the text. A list of further reading may also be useful.

The abbreviations listed in the US National Library of Medicines PubMed journal lists (available via [https://www.nlm.nih.gov/bsd/serfile\\_addedinfo.html](https://www.nlm.nih.gov/bsd/serfile_addedinfo.html)) should be used.

All authors should be listed when there are six or fewer. When there are more than six authors, only the first three names should be cited, followed by 'et al'.

For references published online, provide the authors, title, website name, date of publication (if shown on the website) and URL.

Do not use quotation marks or italics for the titles of articles, books and journals and do not change the spelling of titles from American to British. Use minimal capitalisation.

## Examples

1. Mazza D, Harrison C, Taft A, et al. Current contraceptive management in Australian general practice: an analysis of BEACH data. *Med J Aust* 2012; 197: 110-114.
2. Lee TH. Measurement and improvement of quality of cardiovascular care. In: Libby F, Bonow RO, Mann DL, Zipes DS, Braunwald E, eds. *Braunwald's heart disease*. 8th ed. Philadelphia: W.B. Saunders; 2010. pp. 49-56.

## Ethics and patient consent

In preparing the manuscript, you should follow the guidelines in the *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals* from the International Committee of Medical Journal Editors (ICMJE), especially in regard to ethical considerations (available at <http://www.icmje.org>).

To maintain patient privacy, you should omit any identifying information about patients unless it is essential for scientific purposes and you have obtained written informed consent from the patient (or their parent or guardian) for publication of the identifying material.

## Competing interests

All authors of articles published in *Cardiology Today* are required to disclose any direct, indirect or potential commercial or financial associations relevant to the submitted manuscript that might create a competing interest.

We request that you let us know of any potential competing interests when submitting your manuscript. On acceptance of an article for publication, all authors are required to complete and submit the *ICMJE Form for Disclosure of Potential Conflicts of Interest* (available at <http://www.icmje.org/conflicts-of-interest>).

A competing interest statement is included at the end of each published article.

## Submission of the manuscript

Manuscripts should be submitted as Microsoft Word documents (to [marielofthouse@medicinetoday.com.au](mailto:marielofthouse@medicinetoday.com.au)). Ideally, images should be submitted as jpegs or as line drawings for professional rendering.

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## Review process

All manuscripts submitted to *Cardiology Today* undergo single-blind peer review. Feedback from at least two specialists in the field and one GP (representing our readership) is sent to the authors, who may be required to revise the text or respond to specific comments before their article is accepted for publication.

Articles may be rejected if they are deemed unsuitable for publication, either before peer review or on the advice of the reviewers.

## Transfer of copyright

Once an article has been accepted for publication, and before its publication, authors will be required to complete a form assigning copyright to Medicine Today Pty Ltd.

Agreement to submit an article to Medicine Today Pty Ltd is agreement to publication of the article in electronic formats and in print worldwide.

## Editing process

When your article has been assigned to a particular issue of *Cardiology Today*, it will be edited for length, clarity and

conformity with the journal's style. Articles exceeding the word limit may be shortened to that length.

Authors will receive page proofs of the edited article and copies of any relevant artwork for their approval before publication.

## Progress enquiry

To enquire about the progress of your article through our peer-review and production processes, please contact the editorial department.

## Publication

Authors will be sent a pdf of their article on publication for their own personal use (e.g. for handing out to colleagues or patients or reproducing for teaching purposes). Please contact the editorial department if you wish to use the pdf for any other purposes.

## How to contact the editorial department

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## Checklist

- Have you provided your qualifications, present appointments, type and place of practice?
- Have you written a short introductory abstract (about 30 words) to appear on the first page?
- Does the main body of text begin with an introduction and end with a conclusion or summary?
- Is the style of writing conversational, clear and concise?
- Have you used subheadings to divide the article into sections?
- Have you referenced all specific mentions of studies, data or controversial statements?
- Have you prepared a list of four to six key points?
- Have you identified the role of the GP?
- Have you provided guidelines for patient counselling or a patient handout, if appropriate?
- If your article lends itself to a clinical flowchart have you provided one or an outline that we can work on?
- Have you supplied colour illustrations, photographs and/or diagrams?
- Have you indicated whether permission is required or has been obtained for any tables or figures?
- Have you obtained written informed consent for publication from any patients identifiable in submitted photographs?
- Do you have any commercial associations that might create a conflict of interest? If so, please let us know.

*Thank you for your contribution to Cardiology Today*