

Instructions to Authors

Submitting Manuscripts

All material should be prepared as detailed below. Authors sending incomplete submissions may be asked to rectify any omissions or serious failures to follow the journal style, and to resubmit the paper.

To facilitate rapid publication, submissions should be sent electronically by email to andy.dowson@librapharm.com as an email attachment along with an electronic version of the covering letter and a note of the content of the files being sent.

- **Word-processor file:** Any common word-processor package (MS Word preferred) can be used: illustrations, graphics and tables should be embedded within the manuscript file, but all graphics must also be sent as individual files.
- **Graphic files:** Submit these both in the format used to create the graphics (e.g. Illustrator, Corel Draw) and in .EPS or high-resolution JPEG format, or, if a dedicated drawing program has not been used, in Word, Excel or PowerPoint format.
- **List** the file names and identify the format that they were saved in (e.g. text files and tables in MS Word 2002, figures in Adobe Illustrator 3.0).
- **Physical materials**, such as CD-ROMs for large electronic files, should be sent to: Managing Editor, *Headache Care*, LibraPharm Limited, Gemini House, 29-34 Venture West, Newbury, Berkshire RG19 6HX, UK. Hard copy printouts, original artwork and diskettes are not required for papers successfully sent electronically.

Correspondence

All manuscripts must be accompanied by a covering letter signed by the principal author(s). This should include the following information:

- The name and contact details (telephone, fax, postal and email addresses) of the corresponding author who will deal with comments from reviewers and approve final proofs.
- A statement that the contribution represents original work, has not been previously published or submitted for publication, and that the manuscript has been read and approved by all authors, and that all the conditions as previously stated by the International Committee of

Medical Journal Editors have been met. The body providing explicit ethical approval of the work reported should also be stated.

- A statement of financial or other relationships of a declarable nature (i.e. which might lead to a conflict of interest), including disclosure of sources of support in the form of sponsorship, grants, materials (drugs) or equipment.

Manuscripts are acknowledged by the Editorial Office on receipt and are given a unique reference number, to be quoted in all future correspondence.

Manuscript Preparation

All manuscripts should be in the English language, typed double-spaced on one side of the paper only with numbered pages; margins of at least 25 mm should be left on all sides. Do not indent paragraphs – use two hard returns to signify the end of paragraph. Do not justify the text and keep the layout as simple as possible – it will be set to house style during the production process.

- **Title pages:** This should include the full title of the paper (avoiding mention of trade or drug brand names), and the name(s) and initials of all the authors and their institutional affiliation(s). Address for Correspondence: The name and title of the corresponding author, their highest academic qualification and their mailing address (for reprint requests) should be given in full, together with their email address, telephone and fax numbers. Should any of the material contained in the paper have been presented at a meeting, the full name, location and inclusive dates of the meeting should also appear on the title page.
- **Summary:** The second page should contain a structured abstract of the paper (no more than 300 words) summarising the main facts, findings and principal conclusions. Suggested **Headings:** *Objective* (including the reason for the study); *Research design and methods* (including study population and setting, study blinding, comparators, dosage, treatment regimens and durations, efficacy and safety issues); *Main outcome measures*; *Results* (both efficacy results and adverse events should be given in sufficient detail); *Conclusions* (including any key limitations).

- **Keywords:** 4–7 keywords or phrases for indexing purposes, preferably drawn from the Index Medicus Medical Subject Heading (MeSH) list.
- **Short title** of 60 characters or less should also be provided.

Each paper (most particularly those reporting clinical trials) should also contain the following **key sections**:

- An **Introduction** stating the clinical relevance and background to the study, its rationale and purpose.
- **Patients and Methods** should contain details of the study population and setting, subject selection (inclusion/exclusion criteria), methods of randomization and blinding, and efficacy and safety measures. The study design and statistical methodology should be described, with justification for the choice of analysis and sample size given. All **materials** should be identified precisely, with drugs referred to by their generic names, dose and routes of administration. The **ethical approval** procedure followed and the name of the ethics committee should be stated. Indicate how AEs were determined (and by whom) and indicate if/how compliance was measured. For all **reviews** (and studies if applicable) provide details of literature database search methods: databases should (should normally be Medline and at least two others), search terms and inclusive dates.
- **Results:** Use should be made of tables and figures to help in the clear presentation of results data. The sample size of each data point should be shown, with *p*-values and confidence intervals quoted for significant findings. Any data not included in the analysis (including patients withdrawn from the study) should be detailed. Details of data on efficacy and adverse events should be provided in a balanced fashion.
- **Discussion:** This should include implications of the findings and their limitations, with reference to other relevant studies, and the possibilities these suggest for future research.
- **Conclusion:** This should summarize the main paper, with a concise statement of the clinical implications of the study result.
- **Acknowledgements:** This must include any declaration of interest by authors (see **Correspondence** above), including grants, fellowships, or any commercial assistance or financial sponsorship received or of any affiliation, organization or entity which is relevant to the work reported. Any contributions to the research, data analysis or assistance in manuscript preparation should also be acknowledged in this section.
- **References:** Full references to relevant material in the text (see below). Use primary references wherever possible and avoid “data on file”, “poster” or other unpublished references

Drug Proprietary Names

All drugs and other compounds should be referred to by their internationally accepted generic names and not by individual

company trade names, unless it is essential for clarity, as in the case of combination products, or to avoid confusion, e.g. between different formulations.

- Where brand names need to be used, they should be mentioned sparingly, with the generic name first, followed by the proprietary name in parentheses. At first mention of a trade name in the summary and first section of the main text, an asterisk should be used with a corresponding footnote giving details for the proprietary name in the form:

*Elidia is a registered trade name of Pathscot Ltd, Townsville, UK.

Dosages and Measurements

These should be given in the units in which they were made, but non-metric units should be accompanied by metric (SI) equivalents.

Spelling, Abbreviations, Symbols and Units

The publisher will ensure that consistent British (*The Concise Oxford Dictionary*) or American (*Webster's*) spellings are used – if you have a preference for one or other spelling, please state this in your covering letter. Specialized abbreviations should be defined at first mention and symbols should not be used unless first explained in the text. [Please refer to *Units Symbols and Abbreviations*, Royal Society of Medicine, London or *Scientific Style and Format: The CBE Manual*, Cambridge University Press, New York.] **Italic and Roman type:** Underline or italicize only words or letters which are required to appear in italics. All **variables** (e.g. *p*: probability values) or symbols for physical quantities (e.g. *V*: volume) should appear in sloping (italic) type, and symbols for **units**, mathematical operators and for chemical elements in upright (roman) type (e.g. g: gram; L: litre; Ca²⁺: calcium ions). **Gene symbols** (e.g. *lexA* gene) should be underlined or appear in sloping (italic) type; proteins (e.g. LexA protein) should appear in upright (Roman) type.

References Style

References should be supplied in the Vancouver system. They should be numbered consecutively (as superscript Arabic numerals) in the order in which they are first mentioned in the text. The References list should appear in the same sequence as the numbers in the text. Examples of preferred forms are as follows:

- Text citations in the form:
... annual influenza vaccines are therefore recommended^{1,2,8-14}.
- End references in the form:

To journals:

1. Turner S, Longworth A, Nunn AJ, Choonara I. Unlicensed drug use on paediatric wards. *Br J Addiction* 1998; 316: 343-5.

To books:

2. Gottman J. Time Series Analysis. Cambridge: CUP, 1981.

To working party reports and similar:

3. Clinical Disputes Forum Working Party. Pre-action protocol for the resolution of clinical disputes. London: Clinical Disputes Forum, 1998.

For pre-press articles assigned doi numbers:

4. Masuelli M, Brusca G, Pardo A et al. ACR inhibitors in heart failure: switching from enalapril to perindopril. *Curr Med Res Opin* 2002; 18(5), doi: 10.1185/030079902125000804

For internet articles and website information:

5. Cancer Research UK. Incidence statistics [online]. Available from <http://www.cancerresearchuk.org/aboutcancer/statistics/incidence/version=1/> [Accessed 13 Aug 2002]

Tables and Illustrations

These should be provided with short descriptive legends, numbered consecutively, and their relevant position in the text clearly indicated.

- **Tables** should have concise headings to all columns and be identified by Arabic numerals, e.g. Table 2. They should be supplied within the files on disk in cellular form rather than in simple tabbed form.
- **Figures** should be supplied as files both in JPEG or .EPS format and in the format of the program used to produce them, in a final form suitable for reproduction. Ensure the versions embedded in your manuscript show how you would like the diagrams reproduced. If this is not possible, physical artwork should be supplied in a suitable finished form for reproduction and in proportion to the

single-column width (84 mm) or double-column width (175 mm). All lettering should be of professional quality and/or generated by high-resolution computer graphics large enough to stand appropriate reduction for publication. Please normally supply figures in black and white (unless colour is essential) to avoid complications in converting colours to 'grey scale'.

- **Colour figures** will only be accepted at the discretion of the publisher: use of colour in the printed journal may attract a charge.
- All **Figures** should be identified by Arabic numerals, e.g. Figure 2.

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Print Issue

Two copies of the print issue in which the paper appears are also supplied on publication.