How to write a successful paper for the International Journal of Paediatric Dentistry

Göran Dahllöf
Helen Rodd
Göran Koch

International Association of Paediatric Dentistry
14 July, 2007, Hong Kong
About the presenters

- All professors of paediatric dentistry, Stockholm, Sheffield and Jönköping
- Dahllöf, editor-in-chief
- Rodd, editor British Society of Paediatric Dentistry
- Koch, editor International Association of Paediatric Dentistry
 Experienced dental researchers

- All long experience of dental research
- Dahllöf, children with chronic health conditions
- Rodd, diseases of the pulp
- Koch, prevention and epidemiology
- Together 350 papers in PubMed
Outline of the session

- Introduction
- Scientific publication and the International Journal of Paediatric Dentistry; GD
- How to write a successful paper, HD
- The case report, GD
- The review process, GK
- Summary
No. of scientific publications in Pubmed with Dental as search word

National Library of Medicine, PubMed
No. of scientific publications in Pubmed since 1960

Dental
All

National Library of Medicine, PubMed 051221
The virtuous spiral of a good journal

Many readers → Many advertisers

High impact

Good papers

Good submissions

Willing reviewers
Type of articles published

Scientific papers
Clinical
Basic science
Review articles
Short communications
Case reports
Letters
Clinical procedures
# Subscribers of IJPD

<table>
<thead>
<tr>
<th>Individual subscribers</th>
<th>Institutional subscribers</th>
<th>Consortia deals</th>
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<tr>
<td>1,725</td>
<td>206</td>
<td>3,271</td>
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<table>
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<tr>
<th>Publication time</th>
<th>Total article downloads</th>
<th>E-alerts</th>
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<tr>
<td>4,5</td>
<td>56,947</td>
<td>716</td>
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![Blackwell Munksgaard logo]
Annual growth in online article download

No. of articles

Year

0 20000 40000 60000 80000 100000

2002 2003 2004 2005 2006
# Top 4 downloaded articles in 2006

<table>
<thead>
<tr>
<th>Access</th>
<th>Article title</th>
<th>Author</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>878</td>
<td>Supernumerary teeth: review of the literature and survey of 152 cases</td>
<td>Rajab LD, Hamdan MAM</td>
<td>12;4</td>
</tr>
<tr>
<td>721</td>
<td>An oral health education programme based on the National curriculum</td>
<td>Chapman A, Copestake SJ, Duncan K</td>
<td>16;1</td>
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<tr>
<td>709</td>
<td>Clinical performance of resin-bonded composite strip crowns in primary incisors: a retrospective study</td>
<td>Ram D, Fuks A</td>
<td>16;1</td>
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</table>
Country of origin 2006

- Brazil
- Turkey
- UK
- India
- Iran
- USA
- Greece
- France
- Finland
- China
- Israel
- Ireland
- India
- UK
- Turkey
- Brazil
Submission of different types of manuscripts 2006

42% of all papers submitted are case reports
<table>
<thead>
<tr>
<th>Type of decision</th>
<th>Average time (days)</th>
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<tr>
<td>Average time from submission to first decision</td>
<td>35</td>
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<tr>
<td>Average referee turn around time</td>
<td>5</td>
</tr>
<tr>
<td>Average editor turn around time</td>
<td>5</td>
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Journal impact factor

- The number of citations during 2 years divided by the total number of articles
- Annual Review of Immunology 52.280
- For the journal not individual paper
- 50 % of articles account for 92% of all citations
Impact factor
dental journals tidskrifter

Clin Oral Implant Res
Periodontol 2000
Dent Mater J
J Dent Res

Impact factor

ISI, Journal Citation Reports
Welcome to the International Journal of Paediatric Dentistry site. The centre links below indicate which "roles" you can currently perform for the journal. Click on a link to begin working in the role (e.g., Author, Reviewer etc.) in Manuscript Central. You can return to this screen to change centres at any time by clicking on the "Main Menu" link above.

- Corresponding Author Center
- Editorial Office Center
- Reference Center
- EIC Center

Resources
- Instructions & Forms
- User Tutorials
- System Requirements
- Home Page
Submit a new manuscript

To submit a new manuscript, click on the "Submit a Manuscript" link below.

- Clicking on the various manuscript status links under "My Manuscripts" will display a list of all the manuscripts in that status at the bottom of the screen.
- To continue a submission already in progress, click the "Continue Submission" link in the "Unsubmitted Manuscripts" list.

<table>
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<tr>
<th>My Manuscripts</th>
<th>Author Resources</th>
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<tr>
<td>1 Unsubmitted Manuscripts</td>
<td><strong>[Click here to submit a new manuscript]</strong></td>
</tr>
<tr>
<td>0 Revised Manuscripts in Draft</td>
<td></td>
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<tr>
<td>1 Submitted Manuscripts</td>
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<tr>
<td>0 Manuscripts with Decisions</td>
<td></td>
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<tr>
<td>2 Manuscripts I Have Co-Aauthored</td>
<td></td>
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<tr>
<td>0 Withdrawn Manuscripts</td>
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<tr>
<td>0 Invited Manuscripts</td>
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This section lists the subjects of the five most recent e-mails that have been sent to you regarding your submission(s). To view an e-mail, click on the link. To delete an e-mail from this list, click the delete link.
The review process on-line

Dashboard
You can access manuscripts in each peer review status by clicking on the status queue title. The number next to each status queue title indicates the number of manuscripts in that status. You may search for specific manuscripts with the Quick Manuscript Search form or conduct an "Advanced Search" by clicking the link below (the advanced search form will display at the bottom of the screen). For tips on conducting searches, click the following link: Read More ...

Editor-in-Chief Lists
You may click on the manuscript list title to view a full listing of manuscripts in each status, or click on the number next to the list to jump directly to the first manuscript in the list.

7 Awaiting Referee Selection
0 Awaiting Referee Invitation
11 Awaiting Referee Assignment
40 Awaiting Referee Scores
3 Overdue Referee Scores
2 Awaiting EIC Decision

Quick Search - Show Advanced Search
You may conduct a wildcard search by adding an asterisk (*) to the end of the search string. For example, to view a list of all of the manuscripts whose titles begin with the words "neuroscience" or "neurology" simply type 'neuro*' in the Title field and click "Search."

Saved Search: Select... Edit
Manuscript ID:
Manuscript Title:
Author's first or last name:
* Keywords:

Pick

Search

Editor-in-Chief Tools

Reports
At-A-Glance Statistics
Detailed Reports
Recent changes to IJPD
New editorial board

- More women,
- World wide recruitment
- Active researchers
- Can contribute with manuscripts
- Have contacts
- Now 19 persons
- Meet at IAPD congresses
Recent changes to IJPD

- Translations of abstracts to French, German and Spanish
- Book reviews
- Abstracts from other journals
- New layout
- On-line early, DOI
- Review articles
Changes to come

- Comentary and interpretation
- Themed issues, child psychology and dental care for children
- Virtual issues, Use of general anaesthesia in paediatric dentistry
- Added material
Craniofacial development in obese adolescents

Akbar Sadeghianrizi, Carl-Magnus Forsberg, Claude Marcus and Göran Dahllöf
Karolinska Institute, Institute of Odontology and Karolinska University Hospital at Huddinge, Sweden

SUMMARY The purpose of this study was to investigate craniofacial morphology in obese adolescents and to compare the morphological data with those of normal adolescents.

The study was based on measurements of lateral cephalometric roentgenograms of adolescents who had been diagnosed as obese. Linear and angular measurements were obtained from cephalometric tracings of 27 females (mean age 15.6 ± 0.83 years) and 23 males (mean age 13.9 ± 0.98 years). The data were compared with corresponding measurements of gender and age matched controls.

The results showed that both males and females in the obesity group exhibited significantly larger mandibular and maxillary dimensions than the controls. On average, mandibular length (Cd–Pgn) was 10 mm greater in males and 8 mm greater in females. Maxillary length (Pm–A) was 3.5 mm greater in males and 3 mm greater in females. When considering vertical dimensions, lower anterior (Ans–Gn) and posterior (S–Go) face height were 4 and 5 mm greater in the obese males, respectively, while in the obese females both these distances were 4 mm greater compared with the controls. Both maxillary (SNA) and...
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Goran.Dahllof@ki.se
A short guideline for structured (systematic) reviews

• Int J Paediatr Dent 2007
the essential steps

1. define a focused key question
2. conduct systematic literature search
3. select studies for review
4. critical appraisal of selected papers
5. compile evidence table
6. grading of evidence and conclusion
step 1 - define the key question

- state a clear question of clinical relevance
- identify populations, patients, age groups, etc, that should be included
- specify intervention or diagnostic method to be used
- specify the outcome measure that is accepted
- it is important to get the question right!
step 2 - systematic literature search

- to avoid duplicates - check first if there are any previous systematic review on the issue. If so, start from there!

- search more than one single database for comprehensive coverage; e.g. use PubMed, Embase, Medline, Cochrane library

- specify accepted languages
step 2 - systematic literature search

- the search strategy and MeSH-terms must be saved and published so the process can be repeated by others
- specify time limits and motivate (e.g. from Jan 1980-July 2007)
- additional papers may be disclosed by supplementary searches:
  - reference lists of retrieved papers
  - hand searches of key journals such as narrative reviews
step 3 – select studies for review

- check the obtained abstract list
- use explicit inclusion and exclusion criteria to select the papers to be reviewed in full
- most important: **does this study address the key question?**
step 3 – select studies for review

- **specify inclusion criteria**
  - study design (e.g. RCT, cohort study)
  - minimum sample size
  - duration
  - ethical approval
  - etc

- **specify exclusion criteria**
  - not relevant outcome measure
  - findings not applicable on target population
  - grey literature (textbooks, opinions)
  - etc
step 4 – critical appraisal

- selected full text papers are subjected to critical appraisal concerning:
  - methodological quality
  - drop-out rate
  - result validity

look out for confounders and bias!

- methodological checklists for various types of studies are available from:

  [http://www.sign.ac.uk/methodology/checklists.html](http://www.sign.ac.uk/methodology/checklists.html)
hierarchy of studies

1. high quality meta-analysis, systematic review of RCT’s, high quality RCT
2. systematic review of observational studies, high quality cohort or case-control studies
3. non-experimental studies, e.g. case reports
4. expert opinion

look always for best available evidence!
step 4 – critical appraisal

- the critical appraisal should be carried out by at least two persons independently
- when diverging opinions, a consensus is reached
- side-effects, if any, must be disclosed
- do not forget health-economical aspects
step 5 – compile evidence tables

- studies that are accepted as valid and clinically relevant relating to the particular key question are summarised in an evidence table

- a level of evidence is given for each individual study (e.g. high, medium, low)

- appropriate examples of evidence tables can be seen in any Cochrane report
step 5 – compile evidence tables

- make a text summary of the results with comments
- excluded papers should be listed in a separate table
- the main reason for exclusion should be given
step 6 – final grading and conclusion

- the complete body of evidence should lead to graded conclusions

- the conclusions should only be based on papers graded as “high” or “medium”

- on the following slides, the grades adopted by the Swedish Council on Technology Assessment in Health Care are shown
step 6 – final grading and conclusion

- **Evidence grade 1 – strong scientific evidence**
  at least two studies with high quality and relevance. If some studies are partly against, the evidence grade may be lower

- **Evidence grade 2 - moderately strong scientific evidence**
  at least one study of high quality and relevance as well as two studies with medium quality. If some studies are in contrast, the evidence grade may be lower
step 6 – final grading and conclusion

- **Evidence grade 3 - limited scientific evidence**
  at least two studies with medium quality and relevance. If some studies are in contrast, the evidence grade may be lower

- **Insufficient evidence**
  less than two studies with medium quality and relevance. No conclusions can be drawn
The systematic review could also include:

- need for future research to fill current gaps
- heterogeneity exploration and discussion
- a quantitative analysis if several homogenous studies are included
- graph with treatment effect and confidence intervals
- generalization of results
preparation of manuscript

- for details, please see author’s instructions at IJPD homepage

- there are several detailed manuals for undertaking systematic reviews for research on effectiveness available on internet

- check for example
  http://www.york.ac.uk/inst/crd/report4.htm
example of literature


- **Greenhalgh T.** Papers that summarize other papers (systematic reviews and meta-analyses). BMJ. 1997;315:672-5.