



SLEEP MEDICINE

Official Journal of the [World Association of Sleep Medicine](#) and [International Pediatric Sleep Association](#)

AUTHOR INFORMATION PACK

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DESCRIPTION

Sleep Medicine aims to be a journal no one involved in clinical **sleep medicine** can do without.

A journal primarily focussing on the human aspects of **sleep**, integrating the various disciplines that are involved in sleep medicine: neurology, clinical neurophysiology, internal medicine (particularly pulmonology and cardiology), psychology, psychiatry, sleep technology, pediatrics, neurosurgery, otorhinolaryngology, and dentistry.

The journal publishes the following types of articles: Reviews (also intended as a way to bridge the gap between basic sleep research and clinical relevance); Original Research Articles; Full-length articles; Brief communications; Controversies; Case reports; Letters to the Editor; Journal search and commentaries; Book reviews; Meeting announcements; Listing of relevant organisations plus web sites.

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AUDIENCE

Neurologists, clinical neurophysiologists, psychologists, psychiatrists, internists, particularly pulmonologists, cardiologists, gastroenterologists, nephrologists; sleep technologists, pediatricians, family physicians, otolaryngologists, neurosurgeons, dentists.

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To find out more, please visit the Preparation section below.

INTRODUCTION

Sleep Medicine is published monthly and all manuscripts are peer-reviewed except proceedings of scientific meetings.

Purpose and Procedure

Articles submitted for review should meet the following criteria:

- Studies of prevention or treatment must meet these criteria: random allocation of participants to comparison groups; follow-up of at least 80% of those entering the investigation; outcome measure of known or probably clinical importance.
- Studies of prognosis must meet these additional criteria: inception cohort of individuals, all initially free of the outcome of interest; follow-up of at least 80% of participants until the occurrence of a major study end point or to the end of the study.
- Studies of causation must meet these additional criteria: clearly identified comparison group for those at risk for, or having, the outcome of interest (e.g. randomized controlled trial, quasi-randomized controlled trial, nonrandomized controlled trial, cohort analytic study with case-by-case matching or statistical adjustment to create comparable groups, case-control study); blinding of observers of outcome to exposure (criterion assumed to be met if outcome is objective, e.g. all-cause mortality, objective test); blinding of observers of exposure to outcomes for case-control studies OR blinding of subjects to exposure for all to be compared on the basis of both the outcomes produced (effectiveness) and resources consumed (costs); evidence of effectiveness must be from a study (or studies) that meets the above-noted criteria for diagnosis, treatment, quality assurance, or a review article; results should be presented in terms of the incremental or additional costs and outcomes of one intervention over another; where there is uncertainty in the estimates or imprecision in the measurement, a sensitivity analysis should be done.

Article Types

The primary emphasis of the journal will be clinical and to this end, a number of different types of articles will be published. Each type will be aimed to provide clinically important information needed to keep up to date with the practice of sleep medicine, written in a way to foster interdisciplinary understanding and make clinical information accessible to all practitioners.

Sleep Medicine publishes the following types of articles:

- **Original Articles** dealing with diagnosis, clinical features, pathophysiology, etiology, treatment (by all relevant modalities, including pharmacological, instrumental, surgical, behavioral, nutritional), genetics, epidemiology, natural history and prognosis of human sleep disorders will be considered for publication, provided these have not been previously published except in abstract form or have not been submitted simultaneously elsewhere. Reports may also include technical aspects of sleep medicine, which are relevant for diagnosis, pathophysiology, etiology, treatment and natural history. Basic research articles will also be published where they have a direct impact on or shed considerable light on clinical aspects of sleep. Submission of original articles based on animal or human experimental studies are encouraged, and these articles should include a comment in the abstract and discussion about the potential clinical relevance of the study.
- **Review articles** on all aspects of clinical sleep medicine and related basic science that contribute to understanding clinical sleep medicine will be published. Reviews will be timely, emphasize areas undergoing new development, and include both state of the art reviews and multi-author discussion of controversial areas.
- **Editorials** on manuscripts published elsewhere in the journal or on a timely and controversial topic will be published occasionally. Editorials may contain up to 1000 words and 20 references.

- **Brief Communications** are preliminary or limited results of investigations (up to 1500 words containing 20 or fewer references, one table and one figure).

- **Letters to the Editor** addressing articles appearing in the journal or on other current topics will be published (up to 300 words and five references).

- **Historical Issues in Sleep Medicine** submissions dealing with sleep-related historical figures, whether leaders from the past or characters from literature or mythology, will be considered for publication.

- **Book Reviews** are also published. Upon reception of a book from the publisher, it is sent to the book review editor.

- **Images in Sleep Medicine** submissions should derive from a specific sleep-related clinical situation. Each submission *must* consist of high-resolution images (e.g. polysomnographic tracing, actigraphic recording, neuroimaging, etc.) and should be accompanied by a very brief clinical impression, significance of the findings and figure legend. Readers will be encouraged to foster discussion of any controversial images. Submissions may contain up to 500 words and five references, and content must be organized by the following headings: 1. Introduction to the case, 2. Image analysis, 3. Discussion, and 4. References. Submissions not adhering to these guidelines may be rejected without further consideration.

- **Video-Clinical Corners** will deal with interesting and challenging clinical cases and significant original phenomena. Every video submission must consist of high-resolution images and a consent form for publication for educational purposes signed by the patient see [form](#), please see the **Patient Details** section below. The Editors reserve the right to ask for additional video/s or video modifications. Submissions may contain up to 750 words, 10 references and 2 figures, and content must be organized as follows: 1) **Introduction** of the case stating the purpose and unusual and interesting aspects of the video; 2) **Case description** including chief complaint, past and present medications and history and physical findings; 3) **Video analysis** of data including representative examples from the patient's polysomnogram; 4) **Brief discussion** of the differential diagnosis and therapeutic challenge.

For tips on preparing your video for submission, see [here](#).

The journal will publish **special issues** or **supplements** dealing with proceedings of meetings, workshops or special topics.

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Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods

Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Results

Results should be clear and concise.

Discussion

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

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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.

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- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
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