Medicina Intensiva (English Edition)

Guide for authors

Introduction

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 https://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, case-control studies, and studies based on questionnaires that have received a high response rate. This section will include clinical articles as well as animal research or experimental studies. The maximum length of the text must not exceed 3,500 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. The maximum allowed literature references is 40. Up to 6 Figures and 6 Tables will be admitted. 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 5,000 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. Up to 6 Figures and 6 Tables will be allowed. 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 5,000 words (excluding the Resumen/Abstract, Tables and References). The maximum number of references permitted is 80. Up to 4 Tables and 4 Figures will be allowed. It must include an unstructured Abstract in English (and a Resumen in Spanish) of approximately 150 words.

Types of article

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 5,000 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. 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.

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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 one or several clinical cases in which are described new aspects or important added value on the pathophysiology of the disease, its diagnosis or treatment. 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 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.

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Contact details for submission

You can submit your manuscript at https://www.editorialmanager.com/medintensiva

Language

This journal is published in Spanish and in English language.

Submission checklist

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- Include keywords
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- 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

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- A competing interests statement is provided, even if the authors have no competing interests to declare
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Please see our information on Ethics in publishing.

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If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans; Uniform Requirements for manuscripts submitted to Biomedical journals. Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed.

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and valid. When coding terminology is used, we recommend to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

Reporting sex- and gender-based analyses

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 Sex and Gender Equity in Research (SAGER) guidelines and the 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 resources 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.

ContributorsEach 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.

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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, enrolment, 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.

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The authors may propose a maximum of three people whom they consider qualified to conduct a critical review of the manuscript. The suggested reviewers should not have collaborated with the authors in the previous three years, nor should they have contributed substantially to the current manuscript. For more details, visit our Support site. Note that the editor retains the sole right to decide whether or not the suggested reviewers are used.

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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.

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Use of word processing software

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

Article structure

This section describes the article structure for this journal.

Subdivision - unnumbered sections

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 Editorial Manager 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 n 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

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 assignation 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 ¿gures, but unnecessary repetitions should be avoided of the results shown in the tables and ¿gures. Manuscripts that present results of a clinical trial of parallel groups with random distribution should include the CONSORT flowchart, 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. The manuscripts that assess the utility of diagnostic tests should follow the STARD format.

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.
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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 will mention the

percentage losses. The following terms must be employed when referring to the selection process: random sample; consecutive sample: volunteer sample.

Interventions. The essential aspects of each intervention and its duration will be mentioned.

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All questionnaire-type studies must mention the response rate. Diagnostic tests studies must report the sensitivity, the specificity and the likelihood ratio. If the predictive value is presented, it must also mention the prevalence or pre-test probability.

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Reference to a dataset

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