

INSTRUCTIONS TO AUTHORS

General

The aim of *Clinical Neuroscience* is to provide a forum for the exchange of clinical and scientific information for a multidisciplinary community. The *Clinical Neuroscience* will be of primary interest to neurologists, neurosurgeons, neuroradiologists, psychiatrists practising in the field, but original works in basic or computer science, epidemiology, pharmacology, etc., relating to the clinical practice with involvement of the central nervous system are also welcome. The *Clinical Neuroscience* also publishes in-depth reviews of topical subjects and short communications, as well. Case reports are published only if they are of outstanding interest. All manuscripts should be formulated so that the average reader can at least grasp the general principles of the subject matter.

Submission of a paper implies: that the work described *has not been published before* (except in the form of an abstract or as part of a published lecture, review, or thesis); that it is not under consideration for publication elsewhere; that its publication *has been approved* by all coauthors, if any, as well as by the responsible authorities at the institute where the work has been carried out (including ethical committees and national licensing authorities); that, if and when the manuscript is accepted for publication, the authors agree to automatic transfer of the *copyright* to the publisher; and that the manuscript will not be published elsewhere in any language without the consent of the copyright holders.

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All submitted papers are reviewed initially by the deputy chief editor. Those manuscripts with insufficient priority for publication are returned promptly. Other manuscripts are sent to expert con-

sultants for peer review. Peer reviewer identities are kept confidential, while author identities are not kept confidential.

Manuscripts

As a general principle, manuscript should be prepared in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (*International Committee of Medical Journal Editors*. Uniform requirement for manuscripts submitted to biomedical journals. *N Engl J Med* 1991;324:424-8.)

Submit the original manuscript and two photocopies typed on one side of a standard size white bond paper. The text should not be more than 35 000 characters! Use ample margins. Double-space throughout. Including title page, abstract, text, acknowledgements, references, legend for illustrations, and tables. Start each of these sections on a new page, number, beginning with the title page.

Provide copy (usually the original manuscript) that can be scanned by an optical character reader: no smudges or pencil or pen marks. Use standard 10- or 12-pitch type and spacing as well as high quality printing. If prepared on a word processor, do not use proportional spacing: use unjustified (ragged) right margins and letter-quality printing.

The title page should include the title of the work, first and last name(s) for the author(s), affiliation and highest academic degree for each author. If an author's affiliation has changed since the work was done, list the new affiliation as well. The title must be brief (not to exceed 80 characters) and contain no colons or abbreviations. Manuscripts should have no more than six authors: a greater number requires justification. Designate one author as correspondent (for galley proofs and reprint requests) and provide a complete address, telephone number, fax number and e-mail. Include a short title (40 characters or less) to be used as a running head, and 3-5 keywords.

Abstract

Articles must include an abstract in English and in Hungarian language of no more than 1800 characters containing no abbreviations and structured in four paragraphs according to the following headings: *Background and purpose*, *Methods*, *Results*, and *Conclusion*. Each paragraph should briefly describe, respectively, the problem or question that the study addresses how the study was carried out; important results (including p values for statistical significance); and what authors conclude from the results.

Introduction

Briefly state what was studied and why, including its relationship to previous work in the field. Include only major references and pertinent recent reviews.

Methods

Describe all methods concisely, but in sufficient detail that other investigators can replicate the study. For apparatus used in research, give the name, city, and state or country of the manufacturer(s). For experimental animals, state the species, strain, number used, and other pertinent descriptive characteristics. For human subjects or patients, describe their characteristics. When describing surgical procedures on animals, identify the preanesthetic and anaesthetic agents used and state the amount and concentration and the route and frequency of administration for each. The use of paralytic agents such as curare or succinylcholine is not acceptable substitute for anaesthetics. For other invasive procedures on animals, report the analgesic or tranquilizing drugs used; if none were used, provide justification for such exclusion. When reporting studies on unanesthetized animals or humans, indicate that the procedures were in accordance with institutional guidelines. For investigations of human subjects, state formally that informed consent was obtained from the subjects after the nature of the procedure(s) had been explained. Use generic names of drugs, unless the specific trade name of a drug used is directly relevant to the discussion. In clinical studies for the assistance of readers to determine the applicability of the report to their own clinical circumstances, the study setting(s) should be described. Of particular importance is whether the setting is the general community, a primary care or referral centre, ambulatory or hospitalized care.

The clinical disorders, important eligibility criteria, and key sociodemographic features of patients should be stated. The numbers of participants and how they were selected should be provided, including the number of otherwise eligible subjects who were approached but refused. If matching is used for comparison groups, characteristics that are matched should be specified. In follow-up studies, the proportion of participants who completed the study must be indicated. In intervention studies, the number of patients withdrawn for adverse effects should be given.

For selection procedures, these term should be

used, if appropriate: random sample; population-based sample; referred sample; consecutive sample; volunteer sample; convenience sample. These terms assist the reader to determine an important element of the generalizability of the study. They also supplement the terms used by professional indexers when articles are entered into computerized databases.

The essential features of any interventions should be described, including their method and duration of administration. The intervention should be named by its most common clinical name. Common synonyms should be given as well to facilitate electronic textword searching. This would include the brand name of a drug if a specific product was studied. The primary study outcome measurement(s) should be indicated as planned before data collection began. If the paper does not emphasize the main planned outcomes of a study, this fact should be stated and the reason indicated. If the hypothesis being reported was formulated during or after data collection, this information should be clearly stated.

Results

Describe positive and relevant negative findings in the text, supported by tables and figures only when these can summarize or enhance the data. Do not repeat information in the text that is presented in a table or figure; summarize briefly what the graphic shows. The main results of the study should be given. Measurements that require explanation for the expected audience of the manuscript should be defined. Important measurements not included in the presentation of results should be declared. As relevant, it should be indicated whether observers were blinded to patient groupings, particularly for subjective measurements. If possible, the results should be accompanied by confidence intervals (for example, 95%) and the exact level of statistical significance. For comparative studies, confidence intervals should relate to the differences between groups. For non-significant differences for the major study outcome measure(s), the clinically important difference should be stated and the confidence interval for the difference between the groups should be given. When risk changes or effect sizes are given, absolute values should be indicated so that the reader can determine the absolute as well as relative impact of the finding; reporting of relative differences alone is usually inappropriate. If appropriate, studies of screening and diagnostic tests should use terms "sensitivity", "specificity", and "likelihood ratio". If predictive values or accuracy is given, prevalence or pretest likelihood should be given as well.

Discussion

Use this section to interpret results, to describe implications, and to discuss both the importance and limitations of the findings. Authors should show a clear relationship between their results and the original hypothesis and relate this to previous results. Only those conclusions of the study that are directly supported by the evidence reported should be given, along with their clinical implication (avoiding speculation and overgeneralization), and indicating whether additional study is required before the information should be used in usual clinical settings. Equal emphasis must be given to positive and negative findings of equal scientific merit.

References

Literature citations (including legends and charts) should be numbered *sequentially* in the order of quotation. In text, tables, and legends, identify references with superscript Arabic numerals. Abbreviate names of journals according to Index Medicus. List all authors and/or editors up to six; if more than six, list the first three and “et al.”.

Sample references:

Journal article:

1. Tenne M, Finberg JPM, Youdim MBH, Uitzur S. A new rapid and sensitive bioluminescence assay for monoamine oxidase activity. *J Neurochem* 1985;44:1378-84.

Chapter in book:

2. Siesjö BK, Wieloch T. Fatty acid metabolism and the mechanisms of ischemic brain damage. In: *Reivich M, Hurtig HI* (eds.). *Princeton Conferences on Cerebrovascular Diseases*. Vol. 13: Cerebrovascular Diseases. New York: Raven Press; 1983. p. 251-68.

Book:

3. *Daly JW, Kuroda Y, Phillis JW, Shimizu H, Ui M*. *Physiology and Pharmacology of Adenosine Derivatives*. New York: Raven Press; 1983. p. 32-4.

Illustrations

Enclose figures in separate envelopes; use no clips. Each figure should have a label pasted on its back indicating the figure number and the top of the figure.

Legends should be typed double-spaced on a separate sheet. They should be brief, yet provide sufficient description to interpret the figure; number them to correspond with the numbers in the text;

authors may use abbreviations in figure legends only if they appear in the figure.

To ensure clear reproduction, submit all illustrations of standard size including both line drawings and half-tone photographs prints un-mounted and untrimmed, or rather electronically in *jpg format* (at least 300 dpi). Prepare drawings and graphs with black india ink on white background, using no type-writing or computer (matrix) print. Letters, numbers, and symbols should be clear and even throughout and of sufficient size that, when reduced for publication, even the smallest item will still be legible. Submit photographs of original drawings and provide internal scale markers for photomicrographs. Specific permission for facial photographs of patients is required.

Authors should type all tables double-spaced, on separate pages, and numbered with Arabic numerals in the order in which they are cited in the text; the title should be concise, yet describe the content of the table so that the reader may understand it without referring to the text. Omit vertical rules and use extra space to delineate sections of a table. Authors may use abbreviations here that are not permitted in the text, but each must be explained in footnotes.

Short communications

Short communications represent a vehicle for rapidly disseminating novel ideas of great interest to the neuroscience community, ideas which have not yet reached the stage of being extensively explored in a large experimental or clinical trial. Innovative work on instruments, methods, tracers and applications is most welcome. Preliminary clinical/or experimental feasibility-type studies (as long as they are well planned and executed) are very appropriate candidates for publications. Short communications should contain a maximum of 10–15 000 characters and no more than six tables and/or figures should be prepared with appropriate, clear labels in the standard format as specified before. References should be confined to 10.

Short communications should clearly state the aim of the study, the materials and methods, the results, a brief discussion and a conclusion. Titles should be concise and to the point. Well-prepared poster-type presentations could be used as a guide as to what could be meant by a short communication.