

## ANNALS OF PHARMACOTHERAPY AUTHOR GUIDELINES

Articles submitted for publication to the *Annals of Pharmacotherapy* should advance the safe, effective, and economical use of medications in patients.

### Manuscript Submission

Submission should be made at <http://mc.manuscriptcentral.com/aop> by following the instructions on that page. Combine title page, abstract, text, references, and table(s) into a single Word document prior to online submission. Figures must be high resolution (at least 300 dpi). They should be submitted exactly as they should appear in the journal. Images are best submitted separately from the text document. Please do not embed images into your manuscript, as embedding images in Word or similar programs automatically reduces the resolution below what is needed for quality print publication. Please ensure that tables are editable (Word, Excel, or PowerPoint format), include captions, and are placed after reference list (or in separate files if not Word format). Do not send images of tables.

There are no manuscript submission fees or page charges. Color figures will appear in the online version in color free of charge. To print figures in color there is a cost to the authors of \$800 for the first page and \$200 for each additional page. A production editor will contact you for more information should you have color figures.

**Cover letter.** All cover letters must include the following:

1. Name of corresponding author with full mailing address, telephone and fax numbers, and email address;
2. Article category preference (see “Article Categories”);
3. Brief explanation of the topic’s significance to patient care;
4. Explanation about any similar work by the author(s) or data from the same study that is under review or in press, or results previously presented or published (see “Duplicate Publication”).

### Assignment of Copyright

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### Criteria for Authorship

All authors must have fulfilled the criteria for authorship, reviewed and approved the paper, and must be able to attest to the integrity of the work submitted. Authorship is

based on substantial contributions to *all* of the following: (1) project conception or design and collection, analysis, and/or interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) approval of the version to be published; and (4) agreeing to be accountable and willing to investigate and resolve all questions pertaining to accuracy and/or integrity of the work. Assistance solely in nonsubstantive aspects of the submission, for example, the acquisition of funding, assembly of data, and referral of patients, does not justify authorship. At least one author must be responsible for each section of the manuscript.

### Acknowledgment

Persons who have contributed significantly to the substance of the paper, but whose contributions do not justify authorship, should be acknowledged. Acknowledgment of technical writers must include their sources of funding. Authors must ensure that all persons named in the acknowledgment, excluding those providing financial or technical support, have agreed in writing to be named.

### Peer Review

All submissions to the *Annals of Pharmacotherapy* are reviewed by the Managing Editor and/or the Editor-In-Chief. Many manuscripts are rejected without external peer review due to reasons including limited scope, scientific merit, and novel results. Remaining submissions undergo extensive peer and editor’s review prior to publication.

We request peer-reviewers to submit comments online by following a secure link provided in the editor’s email within 10 days. Peer reviewers and editors are required to disclose any potential financial and non-financial conflicts of interest. Comments provided by two to four peer reviewers are used by the editors in making a decision about acceptance or rejection of each manuscript.

### OTHER CONSIDERATIONS FOR MANUSCRIPT SUBMISSION

**Permission to use copyrighted material:** Written permission (original stamp/signature) from the publisher, organization, or person who holds copyright is necessary for use of previously published tables, figures, or other copyrighted material.

**Informed consent:** Identifying information should not be present in written descriptions or photographs of persons unless considered essential for scientific purposes. In such cases, written informed consent from the person must be obtained by the authors, with documentation included with manuscript submission.

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**Duplicate publication:** Work that has been published or is described in an article submitted for publication elsewhere may not warrant further consideration. It is the corresponding author's responsibility to inform the editor about all submissions and previous reports describing the same work.

**Conflict of interest statement:** Authors must report any conflicts of interest including, but not limited to, consulting fees, paid expert testimony, employment, grants, honoraria, patents, royalties, stocks, or other financial or material gain that may involve the subject matter of the manuscript. If there are no conflicts, authors should make a statement of this fact.

## Article Categories

**RESEARCH REPORTS:** Original research involving medication effectiveness, safety, pharmacoeconomics, pharmacokinetics, pharmacogenomics, interactions, adherence and use, and pharmacy practice. Meta-analyses are also considered research. Well-designed prospective studies are given highest priority for acceptance. Limitations of studies must be stated in the text. All reports must include, when applicable, a statement in the Methods section that the work was conducted in compliance with Institutional Review Board/Human Subjects Research Committee requirements.

Abstract: no more than 250 words; Text: 3000 words  
References: 30; Tables/figures: 4

**REVIEW ARTICLES:** Comprehensive, significant, critical, and analytical reviews that include essential information on a well-delineated subject. Reviews must synthesize and critically evaluate available data rather than simply describing the findings.

**New Drug Approvals:** Brief reviews of single drug entities that have recently received FDA approval.

Abstract: no more than 250 words; Text: 2000 words  
References: 50; Tables/figures: 2

**Formulary Forum:** Comprehensive, comparative reviews of single drug entities to aid in the understanding of the merits of the agent relative to others in its class.

Abstract: no more than 250 words; Text: 4000 words  
References: 100; Tables/figures: 4

**Therapeutic Controversies:** Critical and balanced assessments of current problems or controversial issues in clinical therapeutics that provide recommendations based on literature and clinical experience.

Abstract: no more than 250 words; Text: 4000 words  
References: 100; Tables/figures: 4

**SPECIAL CONTRIBUTIONS:** Articles on unusual, topical, or historical subjects that are of unique interest or importance. Contact the Editorial Office prior to submission.

**EDITORIALS AND COMMENTARIES:** Viewpoints on diverse, controversial, or topical subjects. Contact the Editorial Office prior to submission.

Abstract: 100 words (unstructured); Text: 1500 words  
References: 15; Tables/figures: 1

**LETTERS AND COMMENTS:** Letters and comments should address areas related to clinical practice, research, or education, including recently published articles. Letters are limited to no more than five authors. Before submitting a letter describing an adverse drug reaction, the Naranjo ADR probability scale (Clin Pharmacol Ther. 1981;30:239-245) or other validated scale should be used to assess the likelihood that the events were drug-related. Likewise, for reports of drug interactions, the DIPS scale (Ann Pharmacother. 2007;41:674-680. DOI 10.1345/aph.1H423) or another validated scale should be applied. Ranking from the scale must be included in the text. Priority is given to letters for which the scores indicate a probable or definite association. Comments must be submitted within 6 months of an article's publication.

Abstract: none required; Text: 500 words  
References: 5; Tables/figures: 1

## Style Guidelines

Authors are required to follow *Annals'* style, which is consistent with the *American Medical Association Manual of Style, 10<sup>th</sup> edition*. <http://www.amamanualofstyle.com/>.

**Manuscript Preparation:** Manuscripts should be prepared using a standard 12-point font on 8.5 x 11.0 inch (216 x 279 mm) paper (ISO A4 also acceptable), with margins of at least 1 inch (25 mm). It should be double-spaced, including title page, abstract, text, acknowledgments, references, tables, and figure legends. Pages must be numbered.

**Title Page:** The title page should contain:

1. Article title (concise, but indicating main focus of paper);

2. Name of each author in line-by-line fashion. Please ensure that the appearance and spelling of author names and surnames is correct and in accordance with previous publications;
3. Highest academic degree held by each author. Please list graduate-level degrees only per AMA guidelines;
4. Names of departments and institutions with which each author is affiliated;
5. Name, address, telephone and fax numbers, and email address of corresponding author;
6. Name, address, fax number, and email address of author to whom reprint requests should be sent, if different from corresponding author;
7. Statement pertaining to funding and conflict of interest (see "Conflict of Interest Statement");
8. Information about presentation of the work as an abstract or poster, if applicable;
9. Separate word counts of abstract, main text, and references;

and

10. Key words for purposes of indexing and searching.

## STRUCTURED ABSTRACT

Abstracts should be no more than 250 words. All manuscripts submitted to *Annals*, with the exception of Editorials, Commentaries, and Letters, require an abstract that is structured with the appropriate headings as shown below. (Editorials and Commentaries require an unstructured abstract up to 100 words in length.)

## RESEARCH REPORTS

### Background

Brief (2–3 sentences) description of why the study is needed and its importance to the field.

### Objective

1. Concise (1–2 sentences) statement of the objective or hypothesis to be addressed.
2. Primary objective identified and stated first, followed by any key secondary objectives.

### Methods

1. *Design*: Clear statement of the study's design, including all aspects (eg, parallel group, randomized, blinded). Indicate if Institutional Review Board or other ethical considerations were needed and/or approved.

2. *Participants and setting*: The most pertinent inclusion and exclusion criteria, and the setting within which the study was conducted.
3. *Interventions*: Complete details on treatment (eg, drug dose, route of administration, and duration of administration) and, if pertinent, control interventions.
4. *Outcome*: Primary and secondary outcome measures, identified as such.

## Results

1. *Number of participants*: Total number, with breakdown into defined groups (eg, treatment, control) shown, followed by number of participants analyzed, again with breakdown into defined groups shown.
2. *Outcome*: Numbers of participants and events shown, with summary of the outcome in each group reported as effect size (eg, relative risk, odds ratio) and precision (confidence interval). Data on all outcome measures and any negative and/or nonsignificant findings must be included.
3. *Adverse events/safety*: Any unintended effects shown; if none, that should be stated.
4. *Limitations*: Factors affecting accuracy or generalizability of results (eg, small sample size, open-label design).

## Conclusions

1. Conclusions (not summary) of the study, based only on the results shown, with balance of benefits and harms.
2. Clinical application of the findings, based only on the data obtained (ie, avoid over-generalization) and whether more study is needed before findings should be implemented into clinical practice

## Research Report abstract example:

**Background:** No previous studies exist examining implementation of an institution-wide guideline and order set for hyperglycemic emergencies (diabetic ketoacidosis [DKA] and hyperosmolar hyperglycemic state [HHS]). **Objective:** Evaluate the impact of an institutional guideline and order set for hyperglycemic emergencies. **Methods:** This retrospective descriptive study evaluated DKA or HHA patients. Two time periods were evaluated: phase 1 (PRE) assessed practice preguideline implementation, and phase 2 (POST) assessed practice postguideline and order set introduction. **Results:** A total of 172 patients (91 PRE and 81 POST) were included in the analysis. There was no difference in the mean hospital length of stay (LOS) in the

PRE versus POST groups ( $5.2 \pm 4$  vs  $5.9 \pm 8.6$  days,  $P = .49$ ); mean intensive care unit (ICU) LOS was shorter in the POST group ( $64.8 \pm 19$  vs  $37.1 \pm 74.8$  hours,  $P < .01$ ). The POST group had an increase in frequency of assessments for clearance of urinary ketones (18 vs 33.3%,  $P = .03$ ) and  $\beta$ -hydroxybutyrate (16 vs 37%,  $P < .01$ ). Frequency of point-of-care glucose testing ( $12.5 \pm 4.6$  vs  $15.1 \pm 4.7$ ,  $P < .01$ ) and time to anion gap closure ( $13 \pm 9$  vs  $9.3 \pm 7.4$  hours,  $P < .01$ ) improved in the POST group. There was no difference in the number of patients experiencing hypoglycemia or hypokalemia between both groups. **Conclusions:** Implementation of an institutional guideline and order set for hyperglycemic emergencies decreased ICU LOS and time to anion gap closure, with no difference in rates of hypoglycemia.

## REVIEW ARTICLES

### Objective

Explain the rationale and goals for the review.

### Data Sources

Provide specific search details in the abstract and specify the resources employed in the search and include date ranges, search terms, and limits.

### Study Selection and Data Extraction

Quantify the original reports included and how they were chosen, as well as the methods used for abstracting the data.

### Data Synthesis

Summarize main results and provide interpretation of the data from various studies.

### Conclusions

Summarize the key “take-home” points from the review. NOTE: Reviews that can only conclude with the suggestion that “additional studies are needed” will be of a lower priority than reviews that can provide direct clinical recommendations or assessments as based on the literature being reviewed.

### Review Article abstract example:

**Objective:** To review the possible association between azithromycin and increased cardiovascular risk. **Data sources:** A MEDLINE literature search MEDLINE (1946-August 2013) was performed using the search terms *macrolide, azithromycin, QT prolongation, cardiovascular, and torsade de pointes*. Additional references were identified from a review of literature citations. **Study selection and data extraction:** All English-language observational studies and case reports assessing the association between azithromycin and QT prolongation or cardiovascular risk were evaluated. **Data synthesis:** A total of 6 case reports have shown this possible association. In 3 of these cases, proarrhythmic events were reported. In a

prospective observational study of 47 individuals with low cardiovascular risk, electrocardiograms were compared before and after 5 days of azithromycin treatment. A mild statistically insignificant prolongation of the QTc was noted. No arrhythmias were observed. A large observational cohort study reported a small increase in cardiovascular deaths after azithromycin therapy, primarily among patients with high baseline cardiovascular risk. Conversely, a second cohort study involving a population of young to middle-aged adults failed to find an association. **Conclusions:** Azithromycin therapy may prolong the QT interval and, in rare cases, precipitate the potentially fatal arrhythmia torsade de pointes. Patients with additional risk factors for QT prolongation appear to be at highest risk, including women, elderly individuals; those with existing or prior history of cardiovascular disease, QT interval prolongation, hypokalemia, hypomagnesium, or bradycardia; and those using concomitant drugs associated with QT prolongation. For patients without these additional risk factors, azithromycin appears to be relatively safe.

**Text:** Appropriate headings and subheadings should be used liberally throughout the text.

Abbreviations must be defined upon first use in the text. Use of abbreviations should be limited to, for example, lengthy terms; the majority of drug names should not be abbreviated. USANs or, when appropriate, chemical names, must be used for all drugs. Manufacturers' code numbers should be used only when a generic name is not yet available. Trade names should be included only to distinguish between different trade preparations, for some combination drugs, or in reviews of drugs that have been recently approved by the FDA.

**REFERENCES:** All references, including those related primarily to figures and tables, must appear in the text and be cited consecutively. References in text, tables, and figure legends should be denoted with superscript Arabic numerals. Personal communications (ie, unpublished data) may not be used as numbered references. Information obtained through personal communication must be inserted in parentheses within the text and include the contact person's name, academic degree, affiliation, and date of communication. Signed permission letters from quoted sources indicating the content of the personal communication must be provided to the Editorial Office. Abstracts and Letters to the Editor may be used as numbered references but must be identified as such in the citations. Inclusive pagination must be provided for all references. Journal names should be abbreviated as they appear in PubMed. Those not appearing in PubMed should be spelled out. Referenced articles that are cited as “In press” must include the title of the journal that has accepted the paper. List all authors when there are 6 or fewer; with 7 or

more authors, list the first 3, followed by “et al.” To facilitate online retrieval of references, include a citation’s digital object identifier (DOI) if available. More information about DOIs can be obtained at [www.crossref.org](http://www.crossref.org) or [dx.doi.org](http://dx.doi.org). When citing articles that have been published online prior to print, authors are encouraged to include the date published online (Epub date) in addition to the full print information. When the article has appeared in print, the URL will not be used; however, a DOI should be included if available. Some examples of correct referencing style are given below.

#### Article

Caponnetto P, Campagna D, Papale G, et al. The emerging phenomenon of electronic cigarettes. *Expert Rev Respir Med.* 2012;6:63-74.

#### Article with URL

American Diabetes Association. Medication: Living with Diabetes Treatment and Care. <http://www.diabetes.org/living-with-diabetes/treatment-and-care/medication/>

#### Abstract

Elnor AM, Hassan AS, Frueh BR. Graded full-thickness anterior blepharotomy for upper eyelid retraction [abstract taken from *Arch Ophthalmol.* 2004;122(1):55-60]. *Arch Facial Plast Surg.* 2004;6(4):277.

#### Journal Supplement

Dorian P. Clinical pharmacology of dronedarone: implications for the therapy of atrial fibrillation. *J Cardiovasc Pharmacol Ther.* 2010;15(4 suppl):15S-18S.

**APPENDICES:** When necessary, appendices should be used to present lengthy or detailed surveys, descriptions of extensive mathematical calculations, and/or itemized lists. They should be placed (with legends as needed) following the reference list in the manuscript. Lengthy appendices, such as algorithms, surveys, and protocols, will be published

only online; the URL will be provided in the printed article where the appendix is cited.

**TABLES:** Each table must be double-spaced on a separate page. Please do not submit tables in image format. Tables must be editable and submitted in either Microsoft Word or Excel. Do not send pdfs or images of tables. A brief title must be provided for each table. Each column requires a brief descriptive heading. Explanations and full terms for abbreviations used should appear alphabetically below the body of the table. Statistical measures of variation (ie, standard deviation) should be identified in footnotes (designated as a, b, c, etc.). The units of measure used for all data in a column should be indicated in parentheses in the column heading. Internal horizontal or vertical rules should not be used. Duplication of table content within text should be minimized.

**FIGURES:** Figures and artwork should be submitted in their original file formats and with minimum resolution of 300 DPI (600 DPI for line art). Letters, numbers, and symbols should be clear, uniform in size, and large and dark enough to be legible when the size of the figure is reduced to fit column width in the journal. Titles and detailed explanations should appear in the legends rather than in the figures. Bar graphs or pie charts should be in black and white only and not contain gray shading as filler or background; distinctive fillings should be used instead (eg, white or solid black; horizontal, vertical, or slanted stripes; cross-hatching; dots). Dotted lines and decimal points should be dark enough to reproduce well. Background horizontal or vertical lines should not be used. Figures should have labels on their margins indicating file number, figure number, and corresponding author’s name at top of figure. The top of a figure should also be designated if the figure lacks distinguishing features. Legends should be double-spaced, and each abbreviation and symbol used must be defined. Duplication of figure content within the text should be minimized.