GLOBAL HEART

The official journal of the World Heart Federation; affiilated with the Asian Pacific Society of Cardiology

AUTHOR INFORMATION PACK

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DESCRIPTION

Global Heart seeks to provide a forum for dialogue and education on matters that relate foremost to the **prevention** and **control** of **cardiovascular diseases** worldwide, with a special focus on countries with middle and lower economies. With the main focus being on prevention, manuscripts should address not only the extent or **epidemiology** of the problem, but also describe **interventions** to effectively control and prevent cardiovascular diseases and their antecedent factors. The emphasis should be on approaches that can be applied in settings with limited resources. **Economic evaluations** of successful interventions will be particularly welcome. Important negative findings will also be considered. While reports of hospital or clinic-based treatments will not necessarily be rejected, particularly if they have broad implications for cost-effective disease control or prevention, manuscripts that address community-based activities will be preferred. Submissions on **cardiovascular surveillance** and **health policies**, professional education, ethical issues and technological innovations particularly those related to prevention are encouraged.

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AUDIENCE

The target audience is located especially in developing countries, and to a lesser extent in middle and high-income countries. It consists of cardiologists, primary care professionals (general practitioners, nurses) and patients, public health community and policy makers (in future).

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GUIDE FOR AUTHORS

INTRODUCTION

Instructions for Authors

Global Heart has a particular interest in publishing articles addressing epidemiology and health services research (data that utilize updated national or regional demographic health surveys, World Health Organization or Global Burden of Disease data), large clinical disease databases or registries, systematic reviews or meta-analyses on globally-relevant topics, studies that use *validated* instruments to assess health-related quality-of-life in patients with cardiovascular disease from low- and middle-income countries, clinical research (innovative clinical applications, either diagnostic or therapeutic, with preference from low- and middle-income countries, real-world, *effectiveness* clinical trials, particularly from low- and middle-income countries), research methods (innovative methodologic papers, with emphasis on low-cost research methods or novel application of methods in low resource settings), and papers pertaining to cardiovascular health promotion and policy (quantitative evaluation of health programs, including critical analyses to explain why certain programs failed or why certain policies led to unintended/unanticipated consequences). As a rule, *Global Heart* strongly encourages authors to adhere to CONSORT, STROBE, STARD, and PRISMA guidelines for reporting of clinical trials, observational studies, diagnostic test accuracy papers, and systematic reviews or meta-analyses.

Global Heart is an official and primary publication of the World Heart Federation that offers a platform for the dissemination of knowledge on research, developments, trends, solutions and public health programmes predominantly in the area of cardiovascular disease prevention and control. A special attempt is being made to highlight the cardiovascular disease and health promotion in the low and middle income countries which are facing the brunt of epidemiological transition.

Types of Manuscripts

Types of Manuscripts The following list comprises the sections/types of articles that appear in Global Heart and the guidelines for each. Submitted manuscripts should conform to the guidelines of the intended section. The editorial office will make the final decision regarding the section in which an accepted article finally appears.

gSCIENCE *[Original Research]* Manuscripts falling under this section are reports of ***original scientific investigation*** in cardiovascular disease prevention and health promotion that have not previously been published and are not being considered for publication elsewhere. Original articles are not to exceed 5000 words, all inclusive. The abstract is 300 words long and structured with the headings **background, objective(s), methods, and conclusions**. We would like you to pay special attention to and discuss in detail the methods (*study design-setting-patients*), and results sections. References should be in Vancouver style. Submission of a manuscript to this journal gives the publisher the right to publish that paper if it is accepted. Manuscripts may be edited to improve clarity and expression. All figures are redrawn by our in-house artists for uniformity. We advise authors to check the figures carefully for accuracy. Reports of the diseases peculiar to developing countries are particularly welcome.

gREVIEW *[Reviews or State-of-the-Art Reviews]* These reviews should not exceed 7500 words including an unstructured abstract of 150 words. We encourage authors to contact the editorial office with proposals for review articles.

gOPINION *[Editorial Comments and Viewpoints]* Editorial comments comprise invited articles to accompany important gSCIENCE manuscripts and are 1500 words long. However, viewpoints can be submitted independently; prior consultation with the editors may facilitate preparation of such viewpoints, which are up to 2500 words long.

gRECS *[Expert Consensus Documents, Recommendations, and White Papers]* We invite small groups of experts who may help us develop recommendations and guidelines for cardiovascular disease management and prevention, especially pertaining to low- and middle-income countries. This category also includes statements and white papers officially developed by the Scientific Committee of World Heart Federation. In addition, this section also publishes the guidelines and recommendations provided by other major cardiovascular societies simultaneously with other major cardiology journals. There is no page limit established for these manuscripts.

gWATCH ***[News and Novel Programs]*** Region-specific cardiovascular programs and news. Items should be no longer than 800 words.
gSOLUTIONS ***[Innovations and Concepts]*** The manuscripts are up to 4000 words long with 150-word unstructured abstracts. Such manuscripts highlight resource- and context-specific conceptual advances that may be ready to be translated into clinical and epidemiologic practice.
gHERITAGE ***[Classics in Global Medicine]*** With an emphasis on participation of young researchers in mind, this section features the classic studies in cardiovascular epidemiology with the current perspective. These are usually invited submissions, but we do welcome your suggestions. These manuscripts are up to 3500 words long, but we are usually flexible. They contain 150-word unstructured abstracts highlighting the purpose of selection of the classical study for presentation, study findings, and relevance in the current era. All figures will be redone by the in-house artist; therefore, please feel free to send original figures or hand-drawn diagrams. The slides of these classical studies will be made available online. The manuscript should rewrite the original studies and provide the importance in the current era of epidemiological transition in developing/underprivileged nations.
gMAIL ***[Letters to the Editor]*** Readers are encouraged to write about any topic that relates to prevention and control of cardiovascular diseases worldwide. Letters should be no longer than 800 words, including 5 references. The correspondence may also address discussion or critique on material previously printed in the journal.
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[2] W. Strunk Jr., E.B. White, The Elements of Style, fourth ed., Longman, New York, 2000.
Reference to a chapter in an edited book:
[3] G.R. Mettam, L.B. Adams, How to prepare an electronic version of your article, in: B.S. Jones, R.Z. Smith (Eds.), Introduction to the Electronic Age, E-Publishing Inc., New York, 2009, pp. 281–304.

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