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DESCRIPTION

The mission of Alzheimer's & Dementia: Journal of the Alzheimer's Association is to bridge the knowledge gaps across a wide range of bench-to-bedside investigation. The journal publishes the results of studies in: behavior, biochemistry, genetics, molecular biology, pharmacology, physiology, protein chemistry, neurology, neuropathology, psychiatry, geriatrics, neuropsychology, epidemiology, sociology, health services research, health economics, political science and public policy. Content emphasizes interdisciplinary investigations, integrative/translational articles, related to: etiology, risk factors, early detection, disease modifying interventions, prevention of dementia and applications of new technologies in health services. The journal publishes comprehensive reviews; research articles; information on clinical trials; short reports; in-depth perspectives/open-peer commentaries; theoretical and/or translational papers that attempt integrate knowledge across discipline; history & politics of science/brief biographies; abstracts of papers presented at international meetings; and negative results, particularly clinical trials, as short communications.

The ultimate objective is to create a novel forum for: rapid communication of new findings, ideas or perspectives; disseminating knowledge, across the spectrum of basic to clinical studies, necessary for optimal translation of research findings into practical applications/interventions; integrating knowledge across disciplines; increase knowledge in diverse disciplines to promote early detection/diagnosis and/or interventions; formulating new theories and/or strategies for the rigorous testing of theories or their predictions; identifying promising new directions of research; providing the scientific impetus for new initiatives; and public policies concerning research on prevention and new models of health services.

Alzheimer's & Dementia is indexed/abstracted in Index Medicus/MEDLINE, Scopus, Science Citation Index Expanded (SciSearch®), Current Contents®/Clinical Medicine, Neuroscience Citation Index®, and Journal Citation Reports/Science Edition.

AUDIENCE

Neurologists, Gerontologists, Internists, Family Practice Physicians, Nurses, Long-Term Care personnel

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Aims & Scope
The mission of *Alzheimer's & Dementia: The Journal of the Alzheimer's Association (Alzheimer's & Dementia)* is to bridge the knowledge gaps across a wide range of bench-to-bedside investigation. *Alzheimer's & Dementia* publishes the results of studies in: behavior, biochemistry, genetics, molecular biology, pharmacology, physiology, protein chemistry, neurology, neuropathology, psychiatry, geriatrics, neuropsychology, epidemiology, sociology, health services research, health economics, political science and public policy. *Alzheimer's & Dementia* emphasizes interdisciplinary investigations and integrative/translational articles related to: etiology, risk factors, early detection, disease modifying interventions, prevention of dementia, and applications of new technologies in health services. The Journal will publish only original contributions in the following forms: comprehensive reviews, research articles, information on clinical trials, short reports, in-depth perspectives/open-peer commentaries, theoretical and/or translational papers that attempt to integrate knowledge across disciplines, history and politics of science/ brief biographies, and abstracts of papers presented at international meetings.

Negative results, particularly clinical trials, are published as short communications.

The ultimate objective is to create a novel forum for: rapid communication of new findings, ideas, or perspectives; disseminating knowledge, across the spectrum of basic to clinical studies, necessary for optimal translation of research findings into practical applications/interventions; integrating knowledge across disciplines; increasing knowledge in diverse disciplines to promote early detection/diagnosis and/or interventions; formulating new theories and/or strategies for the rigorous testing of theories or their predictions; identifying promising new directions of research; and providing the scientific impetus for new initiatives or public policies concerning research on prevention and new models of health services.

Research In Context
*Alzheimer’s & Dementia* requires a section called “Research in Context”. Authors must provide a summary, similar to an abstract, for inclusion during the online submission process. In the summary of 150 words or less, authors must place their results or findings into context with previous work.

The section has three elements.
The “systematic review” subheading describes the process authors used to search, identify, and evaluate the accumulated knowledge related to their scientific question. The “interpretation” subheading requires authors to declare what their findings contribute to the entirety of the accumulated knowledge related to the question of interest described in the paper. The “future directions” subheading challenges authors to state specifically the important scientific question or questions that are necessary to expand, confirm, or refute the author’s findings in future research activities. Authors must be specific in outlining or defining future research directions or crucial questions that yet need to be answered.

Here is an example for the Research in Context section:
Systematic review: The authors reviewed the literature using traditional (e.g., PubMed) sources and meeting abstracts and presentations. While the pathophysiology of ARIA is not yet as widely studied as other aspects of AD biology, there have been several recent publications describing the clinical aspects of ARIA. These relevant citations are appropriately cited. Interpretation: Our findings led to an integrated hypothesis describing the pathophysiology of ARIA. This hypothesis is consistent with nonclinical and clinical findings currently in the public domain. Future directions: The manuscript proposes a framework for the generation of new hypotheses and the conduct of additional studies. Examples include further understanding: (a) the role of perivascular clearance pathways on vascular changes following anti-Aβ immunotherapy; (b) the role of alterations in water clearance mechanisms in the resolution of ARIA; (c) the potential reversibility of microhemorrhage events in the clinical setting; and (d) the relationship between the pathophysiology of ARIA-E and ARIA-H. Please see the editorial on page 171 in the March 2012 issue for further details.

Note: The Research in Context should be uploaded as a “Supporting File” when submitting the manuscript files via the EVISE system.
**Article Types**

**Review Articles:**
Comprehensive *Reviews* are commissioned papers by the editors to provide comprehensive and balanced coverage of a timely and/or controversial issue by a recognized authority. Uninvited paper will not be reviewed. The invited review should integrating different points of view on ground-breaking, fast-moving or contentious topics with the objective of translating, informing or educating a wide multi-disciplinary audience about varying perspective. *Reviews* should provide a brief overview or background of critical issues and then concentrate on setting recent findings in context. It is crucial for all *Reviews*, particularly those tackling controversial topics, to provide a well-balanced view of developments; authors must never concentrate unduly on their own research. *Reviews*, unlike *Research Articles*, do allow some speculation designed to foster the formulation or testing of new hypothesis.

*Reviews* must include an abstract of approximately 150 words. Length of a *Review article* may not exceed 10,000 words (excluding the abstract, references, figures, and tables), a maximum of 60 references, no more than six figures, boxes or tables.

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*Perspectives* and *Open-Peer Commentaries* provide personal in-depth viewpoints, rather than a review, on hotly debated topics; controversial theoretical, research or policy issues. *Perspectives* should: a) stimulate debate, b) present new models or hypotheses, c) suggest future experiments, directions of research or policies and/or, d) speculate on the meaning/interpretation of new discoveries/data. Articles that merely outline recent advances rather than provide a though provoking opinion on them are not suitable for this section of the Journal.

*Perspectives* must include an abstract of approximately 150 words. Length of a *Perspective* article may not exceed 5,000 words, a maximum of 50 references, no more than six figures, boxes or tables. *Open-Peer Commentaries* must include an abstract of approximately 150 words. Length of *Open-Peer Commentaries* may not exceed 1,500 words (excluding the abstract, references, figures, and tables), a maximum of 20 references, no more than two figures, boxes or tables.

**Research Articles:**
*Research Articles* cover hypothesis driven research or evidence-based validation studies in any of the following generic areas of study: Biology, Chemistry, Clinical/Medical Interventions, Behavior/Neuropsychology, Social Sciences, Nursing, Health Economics, Health Services Research and Public Policy. Manuscripts must include: a) Structured Abstract, b) Background, c) Methods, d) Results, e) Discussion, f) References, g) Acknowledgements/Conflicts/Funding Sources and, h) Key Words. The manuscript, and specifically the abstract, should be written such that a diverse audience will understand the central research question and the significance of the findings or conclusion of the study.

*Research Articles* must include a structured abstract, using the IMRAD format (specifically, INTRODUCTION, METHODS, RESULTS, DISCUSSION, using all uppercase letters followed by a colon and space), not exceeding 150 words. Length may not exceed 3,500 words (excluding the abstract, references, figures, and tables), a maximum of 50 references, no more than six figures, boxes or tables.

All *Research Articles* must include a "Research in Context" section.

**Short Reports:**
*Short Reports* are brief communications dealing with Case Studies or information on Clinical Trials [including the negative results and/or adverse events in clinical studies]. *Short Reports* will also cover brief articles on the utility or potential applications of a new technique, instruments or analytical approaches; rather than the detail of the technique per se, which can be references for readers interested in complete technical details. These articles should educate and inform readers by comparing or contrasting new approaches/techniques with established ones and highlighting the pros and cons of each.

*Short Reports* using the IMRAD format (specifically, INTRODUCTION, METHODS, RESULTS, DISCUSSION, using all uppercase letters followed by a colon and space), not exceeding 150 words. Length may not exceed 1,500 words(excluding the abstract, references, figures, and tables), a maximum of 20 references, no more than two figures, boxes or tables. *Short Reports* must include a "Research in Context" section.

**Policy Forum:**
Policy Forum manuscripts generally will cover topics related to “Science and Society” that might be relevant and/or interest to a broader audience. Policy Forum will include papers on: history and politics of science, brief biographies and policy analysis. The main aim of the Policy Forum articles is simply to tell an exciting story on an interesting topic; the style should be conversational and newsy. Length may not exceed 5,000 words (excluding the abstract, references, figures, and tables), a maximum of 50 references, no more than six figures, boxes or tables. Policy Forum articles must include a "unstructured abstract" that may not exceed 150 words. The abstract should summarize the paper and answers questions such as: Who? What? When? Where? Why? How?

Letters:
Letters are brief communications relating to the content of earlier issues of Alzheimer’s & Dementia or general topics of interest. Letters relating to earlier issues of Alzheimer’s & Dementia will be sent to the appropriate authors for review and to give them an opportunity to reply. Previously unpublished data or letters concerning articles published elsewhere, however, will not be considered. Length may not exceed 750 words (excluding the abstract, references, figures, and tables), a maximum of 10 references, no more than one figure.

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PREPARATION

Peer review
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It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

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

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There are a few instances where the journal style deviates from AMA. These differences are outlined in the Style Guide Quick Reference.

Please review this document and ensure that your manuscript adheres to these style points before submitting it for consideration.

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Length of Paper
The Editors insist upon clear, concise statement of facts and conclusions. Fragmentation of material into numerous short reports is discouraged. All accepted papers are subject to editorial revision and copyediting. Authors should avoid redundancy between sections of text and illustrations and text. The Editors may recommend that appendices and tables containing extensive data be published in the electronic version of Alzheimer's & Dementia and only referenced in a footnote in the print edition.

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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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The title should not be longer than 85 characters, including spaces between words. Only the first word of the title should be capitalized.

Abstract
Each paper submitted must be accompanied by a structured abstract of 150 words or less to appear after the title. The abstract should be suitable for use by abstracting journals and must include the following headings using the IMRAD format (specifically, INTRODUCTION, METHODS, RESULTS, DISCUSSION, using all uppercase letters followed by a colon and space), not exceeding 150 words. A list of 5 to 15 keywords or short phrases suitable for indexing terms should be typed at the bottom of the abstract page accompanying the manuscript. These terms will be printed with the paper following the abstract.

Research in Context
Alzheimer's & Dementia requires a section called "Research in Context". Authors must provide a summary, similar to an abstract, for inclusion during the online submission process. In the summary of 150 words or less, authors must place their results or findings into context with previous work. Please refer to the top of the "Guide for Authors" or refer to the editorial for (Volume 8, Issue 3, Page 171, May 2012) for further details.

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Highlights are mandatory for this journal. They consist of a short collection of bullet points that convey the core findings of the article and should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point). You can view example Highlights on our information site.

Abbreviations
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