



BRAIN STIMULATION

Basic, Translational, and Clinical Research in Neuromodulation

AUTHOR INFORMATION PACK

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ISSN: 1935-861X

DESCRIPTION

Brain Stimulation aims to be the premier journal for publication of original research in the field of **neuromodulation**. The journal includes: a) Original articles; b) Short Communications; c) Invited and original reviews; d) Technology and methodological perspectives (reviews of new devices, description of new methods, etc.); and e) Letters to the Editor. Special issues of the journal will be considered based on scientific merit.

The scope of *Brain Stimulation* extends across the entire field of **brain stimulation**, including **noninvasive** and **invasive techniques** and technologies that alter **brain function** through the use of electrical, magnetic, radiowave, or focally targeted **pharmacologic stimulation**. This includes investigations that study the effects of brain stimulation on basic processes, such as gene expression and other aspects of molecular biology, neurochemical regulation, functional brain activity, sensorimotor function, and cognitive and affective processes at the systems level.

The journal seeks the highest level of research on the biophysics and biopsychophysics of stimulation paradigms as well as the use of these techniques as a probe to outline patterns of **neural connectivity**. As an equal partner with this basic emphasis, the journal will have strong representation of research on the therapeutic potential and adverse effects of the stimulation technologies. The inclusion of research in therapeutics will represent not only clinical trials, but also conceptual pieces, discussions of ethics as they pertain to this field, services research, etc.

medlineburst.jpg

[AJP_OUTNOW_460x68.gif](#)

AUDIENCE

Psychiatrists, neuroscientists, neurologists, surgical neurologists

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GUIDE FOR AUTHORS

INTRODUCTION

BRAIN STIMULATION aims to be the premiere journal for publication of original research in the field of neuromodulation. The purview extends across the entire field of brain stimulation, including noninvasive and invasive techniques, and technologies that alter brain function through the use of electrical, magnetic, radiowave, or focally targeted pharmacological stimulation. BRAIN STIMULATION encourages manuscripts describing the effects of brain stimulation on basic processes, such as gene expression and other aspects of molecular biology, neurochemical regulation, functional brain activity, sensorimotor function, or cognitive and affective processes at the systems level. Likewise, BRAIN STIMULATION seeks the highest level of research on the biophysics and biopsychophysics of stimulation paradigms, as well as the use of these techniques as a probe to outline patterns of neural connectivity. As an equal partner with this basic emphasis, the journal encourages a strong representation of research on the therapeutic potential and adverse effects of the stimulation technologies. The Editors encourage clinical manuscripts not only describing clinical trials, but also conceptual pieces, discussions of ethics as they pertain to this field, or services research.

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All manuscripts considered suitable for the Journal are strictly refereed. BRAIN STIMULATION can only accept about 20% of submitted manuscripts, and we strive for quick, competent reviews. Therefore all manuscripts are first reviewed in-house by senior editors and about 50% of submissions are rejected, usually within 7-10 days of submission. The others are sent out for review, with comments back to authors averaging 30 days from submission. Articles are accepted with the understanding that they are original contributions submitted solely to BRAIN STIMULATION **and are not under consideration for publication elsewhere**. Prior presentation of the research at meetings is acceptable, but the meeting presentations should be noted on the title page. Original research (including clinical reports and review articles), techniques and methods, short communications (including relevant preliminary research reports) and letters to the editor may be submitted. Due to increased competition for space within the journal, we encourage all case series and case reports to be submitted as letters to the editor. Once published, letters are fully citable and are identified on search engines such as Medline. Please conform to the following guidelines for each article type (word limits include only the body text and do not include the abstract or references): **Original Research** (includes clinical reports, review articles) • 4,000 word limit (not including abstract/references/title page)

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[Biochimica et Biophysica Acta \(BBA\), Bioenergetics, Volume 1807, Issue 10, October 2011, 1364-1369](#)

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[Learning and Instruction, Volume 21, Issue 6, December 2011, 746-756](#)

Highlights Fading of a script alone does not foster domain-general strategy knowledge. Performance of the strategy declines during the fading of a script. Monitoring by a peer keeps performance of the strategy up during script fading. Performance of a strategy after fading fosters domain-general strategy knowledge. Fading and monitoring by a peer combined foster domain-general strategy knowledge.

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[3] Strunk Jr W, White EB. *The elements of style*. 4th ed. New York: Longman; 2000.

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[4] Mettam GR, Adams LB. How to prepare an electronic version of your article. In: Jones BS, Smith RZ, editors. *Introduction to the electronic age*, New York: E-Publishing Inc; 2009, p. 281–304.

Reference to a website:

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Note shortened form for last page number. e.g., 51–9, and that for more than 6 authors the first 6 should be listed followed by 'et al.' For further details you are referred to 'Uniform Requirements for Manuscripts submitted to Biomedical Journals' (*J Am Med Assoc* 1997;277:927–34) (see also [Samples of Formatted References](#)).

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Template and format for letters to the editor regarding TMS-related spells (seizures, syncopal episodes)

In an effort to encourage full and efficient reporting of all TMS-related seizure events or spells, Brain Stimulation has set up a simple method for publishing these events. Authors should follow the following format, adding in the pertinent information if available. Before preparing the letter to the editor regarding the seizure, we encourage authors to download and view the web-video distinguishing syncope from seizures, available at www.brainstimjrn.com/content/mmc_library.

Dear Editor:

We report the following TMS-related seizure or spell. The subject was a xx year old man/woman with the following diagnoses (healthy control, xx disease). The patient had the following risk factors (prior closed head injury, loss of consciousness, history of seizures or febrile seizures, family history of epilepsy). He/she was taking the following medications (list generic drugs and doses). On the day of the event, the subject had the following additional risk factors (change in sleep pattern, sleep deprivation, change in medication, occult drug use, high doses of caffeine, etc.).

We were delivering the TMS in the following manner - coil type (round, figure eight), coil location, TMS machine manufacturer, orientation of coil, biphasic or uniphasic pulse, intensity related to motor threshold, method of motor threshold determination (active, resting, EMG, visual), frequency, length of train, intertrain interval, total number of pulses in a session, number of sessions.

The event occurred x minutes into the YY train for this patient on the ZZ day of stimulation. The subject was sitting, standing, seated, upright, supine, etc. The setting was a research lab, clinical delivery suite, other. The TMS operator first noted (describe any movements, where, type, vocalizations, head turning, eye turning). The TMS operator had the following training regarding seizures. The movements lasted for XX minutes. We did the following (passive support, starting IV, administering medications). The subject had urinary, fecal incontinence, post-ictal confusion lasting xx minutes or hours, tongue biting, other physical trauma. The seizure self-terminated or stopped after xx intervention. During the event it was possible/not possible to check pulse and blood pressure, which were XX.

A general neurologic exam and mental status exam was performed by XX, with what type of training, xx minutes after the event and the following was noted. These labs were drawn and were normal/abnormal (electrolytes, calcium, prolactin) or whatever. An EEG was done/not done and revealed the following (...). A brain CT/MRI revealed the following (...). There were/were not sequela. The patient was retreated with TMS (or not).

The clinical diagnosis of this event was TMS-related seizure, TMS-related syncope, other. The specific reasons for favoring this choice among the possible differential diagnoses were XX. This event is also listed in the following publication. This event was also reported to the FDA or other safety body.

Name of investigator and location of where the seizure occurred.

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