DIABETES & METABOLIC SYNDROME: CLINICAL RESEARCH & REVIEWS
The Official Journal of DiabetesIndia

AUTHOR INFORMATION PACK

TABLE OF CONTENTS

- Description p.1
- Audience p.1
- Abstracting and Indexing p.1
- Editorial Board p.2
- Guide for Authors p.3

DESCRIPTION

Diabetes and Metabolic Syndrome: Clinical Research and Reviews is the official journal of DiabetesIndia.

Diabetes and Metabolic Syndrome: Clinical Research and Reviews aims to reach out to healthcare professionals, diabetes educators and other stakeholders, providing them with a global platform to submit their research on diabetes care. The journal publishes research covering various aspects of diabetes and related diseases like cardiovascular diseases, diabetic neuropathy, weakening eyesight, sexual dysfunction, management of diabetes mellitus, obesity, insulin management and metabolic syndrome, among others.

The journal publishes peer-reviewed original articles, reviews, short communication, case reports, letter to the Editor and expert comments. Reviews and mini-reviews are especially welcomed for those areas within endocrinology undergoing rapid changes.

AUDIENCE

Endocrinologists, cardiologists and internists.

ABSTRACTING AND INDEXING

Scopus
Emerging Sources Citation Index (ESCI)
Embase
PubMed/Medline
PubMed/Medline
EBSCOhost
Current Abstracts (EBSCO)
TOC Premier
EDITORIAL BOARD

Editor in Chief
Shaukat M. Sadikot

Associate Editors
Adolfo Perez Comas, Puerto Rico Diabetes Research and Education Center, San Juan, Puerto Rico
Scott Grundy, Clinical and Translational Research Center (CRTC), Dept of Clinical Nutrition and Internal Medicine, University of Texas Southwestern Medical Center, Dallas, TX, USA
Philip Home, Newcastle University, Newcastle, UK
Francine Kaufman, Comprehensive Childhood Diabetes Center and Center for Endocrinology Diabetes and Metabolism, Children’s Hospital Los Angeles, Los Angeles, CA, USA
Yuji Matsuzawa, Sumitomo Hospital, Osaka University, Osaka, Japan
Anoop Misra, Dept. of Diabetes and Metabolic Diseases, Fortis Flt. Lt. Rajan Dhall Hospital, New Delhi, India
Jonathan Shaw, Dept. of Epidemiology & Preventive Medicine, Monash University, Melbourne, Australia
Jay S Skyler, Miller School of Medicine, University of Miami, Miami, FL, USA

Editorial Board
Jamal Ahmed, Aligarh Muslim University, Aligarh, India
Morsi Arab, University of Alexandria, Alexandria, Egypt
Clive Cockram, Prince of Wales Hospital, Hong Kong, China
Leif Groop, Lund University, Malmo, Sweden
Robert Heine, Vrije Universiteit Medisch Centrum (VUMC), Amsterdam, Netherlands
K.M. Prasanna Kumar, MSRT Hospital, Bangalore, India
Warren Lee, Camden Medical Centre, Singapore
Anant Nigam, Nigam Diabetes Centre, Jaipur
Dee Pei, Cardinal Tien Hospital, Taipei, Taiwan
Kaushik L. Ramaiya, Shree Hindu Mandal Hospital, Dar es Salaam, Tanzania
Itamar Raz, Hadassah University Hospital Ein-Karem, Jerusalem
Maximino Ruiz, Universidad del Salvador (USAL)
Singh, Banaras Hindu University, Varanasi, India
Marja-Riit Taskinen, Helsinki Univ. Central Hosp. and Biomedicum, Helsinki, Finland
Mahen Wijesuriya, National Diabetes Centre of Sri Lanka, Colombo, Sri Lanka
Zargar, Sher-1-Kashmir Institute of Medical Sciences, Srinagar, Kashmir
GUIDE FOR AUTHORS

INTRODUCTION

In addition to general articles on clinical aspects of diabetes mellitus, *Diabetes and Metabolic Syndrome: Clinical Research and Reviews* also presents articles on basic research in all areas of diabetes and the metabolic syndrome. Topics include prevention, diagnosis, pathogenesis, clinical management of diabetes and all its complications, including neuropathy, retinopathy, nephropathy, peripheral vascular disease, foot problems (amongst others), as well as atherosclerotic cardiovascular disease. All aspects of disorders associated with the metabolic syndrome with a special emphasis on clinical aspects (prevalence, pathogenesis, risk factors management and prevention, etc.) of comorbid conditions such as hypertension, obesity, dyslipidemias and atherosclerotic cardiovascular disease are also of relevance to the journal. *Diabetes and Metabolic Syndrome: Clinical Research and Reviews* also publishes papers on the general pathogenesis and prevention of diabetes.

Criteria for initial considerations for papers submitted will be originality, statistical rigour, and relevance to the aims of the journal. All manuscripts of interest will be subjected to the process of peer review. Initially all submissions are reviewed internally by members of the Editorial Board and all submissions which pass this stage are then subjected to an external peer-review process. Please include names and contact details for six individuals as suggested reviewers for the manuscript, for use at the Editors’ discretion.

Journal Principles

All manuscripts submitted to *Diabetes and Metabolic Syndrome: Clinical Research and Reviews* should report original research not previously published or being considered for publication elsewhere, make explicit any conflict of interest, identify sources of funding and generally be of a high ethical standard.

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. Submission of a paper to *Diabetes and Metabolic Syndrome: Clinical Research and Reviews* is understood to imply that it has not previously been published and that it is not being considered for publication elsewhere.

Patients and Study Participants

Studies on patients or volunteers require ethics committee approval and informed consent which should be documented in your paper.

Patients have a right to privacy. Therefore identifying information, including patient's photographs, pedigree, images, names, initials, or hospital numbers, should not be included in the submissions unless the information is essential for scientific purposes and written informed consent has been obtained for publication in print and electronic form from the patient (or parent, guardian or next of kin). If such consent is made subject to any conditions, Elsevier must be made aware of all such conditions. Written consents must be provided to the journal on request.

Even where consent has been given, identifying details should be omitted if they are not essential. Complete anonymity is difficult to achieve. For example, masking the eye region in photographs of patients is inadequate protection of anonymity. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should so note.

Article Types

Editorials

These are either written or commissioned by the Editors and should not exceed 1000 words (not including a maximum of 20 references; one small figure can be included).

Commentaries

They (1000 words not including a maximum of 20 references and one small figure) offer a stimulating, journalistic and accessible insight into issues of common interest. They are usually commissioned by the Editors but unsolicited articles will be considered. Debates comprise two commentaries of opposing or contrasting opinion written by two different groups of authors. Controversial opinions are welcomed as long as they are set in the context of the generally accepted view.
Original Research Articles

These should be a maximum of 5000 words. The word limit includes a maximum of five figures or tables with legends, but does not include up to 50 references and an abstract of up to 200 words structured according to Aims, Methods, Results, Conclusions and Keywords. Divide the manuscript into the following sections: Title Page; Structured Abstract; Introduction; Subjects, Materials and Methods; Results; Discussion; Acknowledgements; References; figures and tables with legends.

Brief Reports

These reports should not exceed 1000 words, including a summary of no more than 50 words (but not including up to 20 references) and may be a preliminary report of work completed, a final report or an observation not requiring a lengthy write-up.

Review articles

Review articles should be a maximum of 5000 words, including a summary of no more than 100 words (not including up to 75 references) with subheadings in the text to highlight the content of different sections. Reviews are generally commissioned by the Editors but unsolicited articles will be considered.

Letters to the Editor

These should be no more than 400 words.

Contact details for submission

If assistance is required by the authors, please refer to the EVISE Author Guide at http://supportcontent.elsevier.com/Support%20Hub/Documents/EVISE_Beta_User_Guide_Author.pdf; you may also contact the Editorial Office. Please do not post, fax or e-mail your manuscripts to the Editorial Office.

Dr. S.M. Sadikot
50, Manoel Gonsalves Rd.,
Bandra (W),
Mumbai 400050
India
E-mail: journaldms@gmail.com
(Alternative email: smsadikot@gmail.com)

BEFORE YOU BEGIN

Ethics

Work on human beings that is submitted to the journal should comply with the principles laid down in the Declaration of Helsinki "Recommendations guiding physicians in biomedical research involving human subjects", adopted by the 18th World Medical Assembly, Helsinki, Finland, June 1964 (and its successive amendments). The manuscript should contain a statement that the work has been approved by the appropriate ethical committees related to the institution(s) in which it was performed. Studies involving experiments with animals must state that their care was in accordance with institution guidelines.

Conflict of Interest

Authors are required to disclose commercial or similar relationships to products or companies mentioned in or related to the subject matter of the article being submitted. Sources of funding for the article should be acknowledged in a footnote on the title page. Affiliations of authors should include corporate appointments relating to or in connection with products or companies mentioned in the article, or otherwise bearing on the subject matter thereof. Other pertinent financial relationships, such as consultancies, stock ownership or other equity interests or patent-licensing arrangements, should be disclosed to the Editor-in-Chief in the cover letter at the time of submission. Such relationships may be disclosed in the Journal at the discretion of the Editor-in-Chief.
**Submission declaration**
Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see 'Multiple, redundant or concurrent publication' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder.

**Preprints**
Please note that preprints can be shared anywhere at any time, in line with Elsevier's sharing policy. Sharing your preprints e.g. on a preprint server will not count as prior publication (see 'Multiple, redundant or concurrent publication' for more information).

**Use of inclusive language**
Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing which might imply that one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive language throughout. Authors should ensure that writing is free from bias, for instance by using 'he or she', 'his/her' instead of 'he' or 'his', and by making use of job titles that are free of stereotyping (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess').

**Clinical Trials**
All randomised controlled trials submitted to Diabetes and Metabolic Syndrome: Clinical Research and Reviews whose primary purpose is to affect clinical practice (phase 3 trials) must be registered in accordance with the principles outlined by the International Committee of Medical Journal Editors (ICMJE; http://www.icmje.org/). ICJME-approved registries currently include the following: 'ClinicalTrials.gov'; 'www.ISRCTN.org '; 'www.actr.org.au '; 'www.umin.ac.jp '; and 'www.trialregister.nl '. Please include the unique trial number and registry name on manuscript submission.

**Copyright**
Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see more information on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations. If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has preprinted forms for use by authors in these cases.

**Author rights**
As an author you (or your employer or institution) have certain rights to reuse your work. More information.

Elsevier supports responsible sharing
Find out how you can share your research published in Elsevier journals.

**Funding body agreements and policies**
Elsevier has established a number of agreements with funding bodies which allow authors to comply with their funder's open access policies. Some funding bodies will reimburse the author for the gold open access publication fee. Details of existing agreements are available online.

**Green open access**
Authors can share their research in a variety of different ways and Elsevier has a number of green open access options available. We recommend authors see our open access page for further information. Authors can also self-archive their manuscripts immediately and enable public access from their institution's repository after an embargo period. This is the version that has been accepted for publication and which typically includes author-incorporated changes suggested during submission, peer review and in editor-author communications. Embargo period: For subscription articles, an
appropriate amount of time is needed for journals to deliver value to subscribing customers before an article becomes freely available to the public. This is the embargo period and it begins from the date the article is formally published online in its final and fully citable form. Find out more.

This journal has an embargo period of 12 months.

**Language**
The language of the journal is English. Upon request, Elsevier will direct authors to an agent who can check and improve the English of their paper (prior to submission).

**Publisher Services**
Proofs will be sent to the authors for careful checking. Corrected proofs should be returned to the publisher within stated deadlines.

Elsevier will do everything possible to get your article corrected and published as quickly and accurately as possible. Therefore, it is important to ensure that all of your corrections are sent back to us in one communication. Subsequent corrections will not be possible, so please ensure your communication is complete.

Fast-track Publication: The journal aims for prompt publication of all accepted papers. Submissions containing new and particularly important data may be fast-tracked for peer review and publication; this is a limited facility and is strictly at the discretion of the Editors.

Page Charges are not made.

**Submission**
We have now upgraded our submission system from EES to EVISE. However articles that are submitted to EES would still be processed in EES and to know the current status of your submission on EES, please contact the Journal Editor at: dmscrr@elsevier.com.

Our online submission system guides you stepwise through the process of entering your article details and uploading your files. Editable article files (e.g., Word, LaTeX) are mandatory to use in the peer-review process and typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

Submit your article
Please submit your article via https://www.evise.com/profile/api/navigate/DMSCRR.

**PREPARATION**

**Peer review**
This journal operates a single blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. More information on types of peer review.

**Title Page**
On the title page, include title; subtitle (if any); first name, middle initial, and last names of each author, with academic degrees; name of Department(s) and Institution(s) to which the work should be attributed; name and address of author to whom requests for reprints should be sent. The address, telephone and fax numbers of the person responsible for negotiations concerning the manuscripts should be listed separately and clearly labelled as such. Authors will be required to sign a statement conferring the manuscript copyright to *Diabetes and Metabolic Syndrome: Clinical Research and Reviews*.

**Abstract and Keywords**
A structured abstract of 100 to 250 words for articles (including Reviews), or 50 to 100 words for Brief Communications, should be provided. It should cover the main factual points, including statements of the problem, methods, results, and conclusions. The abstract should be accompanied by a list of three to five keywords for indexing purposes.

**Main Text**
Headings and subheadings should be provided in the Methods and Results sections, and where appropriate in the discussion. Please keep the text clear, concise and free of jargon.
Keywords
Immediately after the abstract, provide a minimum of 3 keywords to maximum of 12 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Abbreviations, Numbers and SI Units
Authors should limit the use of abbreviations. Terms which are mentioned frequently may be abbreviated but only if this does not detract from reader comprehension. The abbreviation should be defined after the first use of the term.

Measurements of length, height, weight and volume should be reported in metric units. Temperatures should be given in degrees Celsius and blood pressures in millimetres of mercury or kPa with the alternative unit in parentheses. All other measurements including laboratory measurement should be reported in the metric system in terms of the International System of Units (SI).

Drug Names
Generic names should be used. Proprietary names may be given (parenthetically) with the first use of the generic name.

Figures
Figures must be suitable for high-quality reproduction. Lettering should be complete, of professional quality, and of a size appropriate to that of the illustration or drawing, with the necessary reduction in size taken into account. If, together with your accepted article, you submit usable colour figures, Elsevier will ensure that these figures appear free-of-charge in colour in the electronic version of your accepted article. Colour illustrations can only be included in print if the additional cost of reproduction is contributed by the author: you will receive information regarding the costs from Elsevier after receipt of your accepted article.

Tables
Tables should be numbered consecutively with Arabic numerals. Provide a short descriptive heading and explanation above each table with a legend. Symbols for units should be confined to column headings. Abbreviations should be kept to a minimum, and when used, explained fully.

References
Number the references in the order in which they first appear in the text and identify the reference numbers in the text in superscript. References must be placed at the end of the manuscript. Please use recent references as much as possible. The responsibility for accuracy of references lies with the respective authors. The Journal is in agreement with the International Committee of Medical Journal Editors (http://www.icmje.org). The general arrangement, abbreviations of Journal names and punctuations followed are as per the Uniform Requirements for Manuscripts submitted to Biomedical Journals (http://www.icmje.org). Please pay attention to the style of references and punctuations as follows:

Journal article
List all authors when six or less as shown in the example below:


When there are seven or more authors, list only the first six and add et al.

Book or monograph
Data references
This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

Data visualization
Include interactive data visualizations in your publication and let your readers interact and engage more closely with your research. Follow the instructions here to find out about available data visualization options and how to include them with your article.

Supplementary Files
Authors may submit additional supportive applications, movies, animation sequences, high-resolution images, background datasets, sound clips and more. Supplementary files supplied will be published online alongside the electronic version of your article in Elsevier web products, including ScienceDirect: http://www.sciencedirect.com. In order to ensure that your submitted material is directly usable, please ensure that data is provided in one of our recommended file formats. Authors should submit the material in electronic format together with the article and supply a concise and descriptive caption for each file.

Research data
This journal encourages and enables you to share data that supports your research publication where appropriate, and enables you to interlink the data with your published articles. Research data refers to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project.

Below are a number of ways in which you can associate data with your article or make a statement about the availability of your data when submitting your manuscript. If you are sharing data in one of these ways, you are encouraged to cite the data in your manuscript and reference list. Please refer to the "References" section for more information about data citation. For more information on depositing, sharing and using research data and other relevant research materials, visit the research data page.

Data linking
If you have made your research data available in a data repository, you can link your article directly to the dataset. Elsevier collaborates with a number of repositories to link articles on ScienceDirect with relevant repositories, giving readers access to underlying data that gives them a better understanding of the research described.

There are different ways to link your datasets to your article. When available, you can directly link your dataset to your article by providing the relevant information in the submission system. For more information, visit the database linking page.

For supported data repositories a repository banner will automatically appear next to your published article on ScienceDirect.

In addition, you can link to relevant data or entities through identifiers within the text of your manuscript, using the following format: Database: xxxx (e.g., TAIR: AT1G01020; CCDC: 734053; PDB: 1XFN).

Mendeley Data
This journal supports Mendeley Data, enabling you to deposit any research data (including raw and processed data, video, code, software, algorithms, protocols, and methods) associated with your manuscript in a free-to-use, open access repository. During the submission process, after uploading your manuscript, you will have the opportunity to upload your relevant datasets directly to Mendeley Data. The datasets will be listed and directly accessible to readers next to your published article online.

For more information, visit the Mendeley Data for journals page.
**Data statement**
To foster transparency, we encourage you to state the availability of your data in your submission. This may be a requirement of your funding body or institution. If your data is unavailable to access or unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data is confidential. The statement will appear with your published article on ScienceDirect. For more information, visit the Data Statement page.

**AFTER ACCEPTANCE**

**AUTHOR INQUIRIES**
Visit the Elsevier Support Center to find the answers you need. Here you will find everything from Frequently Asked Questions to ways to get in touch.
You can also check the status of your submitted article or find out when your accepted article will be published.

© Copyright 2018 Elsevier | https://www.elsevier.com