TABLE OF CONTENTS

- Description p.1
- Audience p.1
- Impact Factor p.1
- Abstracting and Indexing p.2
- Editorial Board p.2
- Guide for Authors p.5

DESCRIPTION

The Journal of Pain and Symptom Management is an internationally respected, peer-reviewed journal and serves an interdisciplinary audience of professionals by providing a forum for the publication of the latest clinical research and best practices related to the relief of illness burden among patients afflicted with serious or life-threatening illness.

The Journal has strongly supported both quantitative and qualitative research underpinning the evolving discipline of palliative care, including clinical trials of pain or symptom control therapies, epidemiology of phenomena related to life-threatening disease and end-of-life care, instrument development to enhance clinical assessment and facilitate investigation, and health services studies evaluating the outcomes of diverse therapeutic models. It also offers extensive coverage of clinical practice issues, publishing both systematic and narrative reviews, case series and case reports, and both special articles and columns that present important updates on topics as varied as the international diversity of palliative medicine, the economics of palliative care, and bioethics in end-of-life care.

AUDIENCE

Clinicians and Researchers working in pain management, palliative care or hospice care, including Oncologists, Anesthesiologists, Neurologists, Pharmacologists, Nurses, Therapists, Psychologists, and Psychiatrists.

IMPACT FACTOR

2018: 3.378 © Clarivate Analytics Journal Citation Reports 2019
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PubMed/Medline
Embase
PsycINFO
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Nursing Abstracts
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GUIDE FOR AUTHORS

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Original Articles may describe research studies of any type or design. The section is appropriate for articles describing methodologically rigorous studies and studies that generate complex results. Articles that describe clinical trials should generally comport with the Consolidated Standards of Reporting Trials (CONSORT) Statement and guidelines (see www.consort-statement.org and its links). Clinical trials also must be registered at an accepted online repository before enrollment. Most Phase II and Phase III trials should be registered at either the National Institute of Health site, http://www.clinicaltrials.gov, or the International Standard Randomized Controlled Trials site, http://www.controlled-trials.com (see http://www.clinicaltrials.gov for guidance concerning the types of trials that must be registered). The maximum length for Original Articles is 3500 words (not including Abstract or references) and the text should be divided into sections with the headings Abstract (see below), Introduction, Methods, Results, Discussion, Disclosures and Acknowledgments, and References. In the Methods section of an article describing a clinical trial, please include a statement about where the registration information is available.

Brief Reports may describe research studies of any type or design. The section is appropriate for work that can be described succinctly, often because it is preliminary, largely confirmatory, or limited by its design or methodology. Articles that describe clinical trials should generally comport with the Consolidated Standards of Reporting Trials (CONSORT) Statement and guidelines (see www.consort-statement.org and its links). Clinical trials also must be registered at an accepted online repository before enrollment. The maximum length of a Brief Report is 2500 words (not including Abstract or references) and the text should be divided into sections with the headings Abstract (see below), Introduction, Methods, Results, Discussion, Disclosures and Acknowledgments, and References.

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Brief Quality Improvement Reports present quality improvement research. Appropriate submissions describe the problem that has been addressed, the quality framework used to implement change, and the specific methods and outcomes. Details sufficient to encourage replication are encouraged. The maximum length is 2500 words (not including Abstract or references) and an Abstract is required (see below). Suggested headings include Background, Measures, Intervention, Outcomes, Conclusions/Lessons Learned.

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Palliative Care Rounds couple a case description that includes an important clinical observation with a brief narrative review that discusses the evidence surrounding the observation or best clinical practices related to assessment and management. The specific objective of this section is to provide case-based information relevant to the clinical practice of palliative care. The maximum length is 2500 words (not including Abstract or references) and an Abstract is not required. Suggested headings include Introduction, Case Description, Discussion, Disclosures and Acknowledgments, and References.
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