Maturitas
An international journal of midlife health and beyond

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DESCRIPTION


Maturitas is an international multidisciplinary peer reviewed scientific journal of midlife health and beyond publishing original research, reviews, consensus statements and guidelines, and mini-reviews. The journal provides a forum for all aspects of postreproductive health in both genders ranging from basic science to health and social care.

Topic areas include: Aging, Alternative and Complementary medicines, Arthritis and Bone Health, Cancer, Cardiovascular Health, Cognitive and Physical Functioning, Epidemiology, health and social care, Gynecology/Reproductive Endocrinology, Nutrition/Obesity Diabetes/Metabolic Syndrome, Menopause, Ovarian Aging, Mental Health, Pharmacology, Sexuality, Quality of Life

Maturitas provides a lively and high visibility platform to encourage new insights and exchange of important new developments between researchers, clinicians and care providers in the field of midlife health to promote a personalized approach to healthy aging.

We offer Fast Track publication for clinical trials and research articles which present ground-breaking results that justify rapid dissemination. Articles accepted through this route can expect a final editorial decision in under 7 weeks. Accepted articles are published online (as Articles-in-Press) in less than 5 weeks.

Articles submitted for this route will be checked by the Editor-in-Chief to determine if the criterion for fast publication has been met; if not, articles will be redirected to the normal route of category article.

Electronic readership
Each month more than 40,000 full-text articles are downloaded from ScienceDirect (average over 2015).

AUDIENCE

Gynaecologists, Endocrinologists, Geriatricians, Andrologists, Sociologists, Psychologists.
IMPACT FACTOR

2017: 3.315 © Clarivate Analytics Journal Citation Reports 2018

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GUIDE FOR AUTHORS

*Maturitas* is an international multidisciplinary peer reviewed scientific journal of midlife health and beyond publishing original research, reviews, consensus statements and guidelines. The scope encompasses all aspects of postreproductive health in both genders ranging from basic science to health and social care.

*Maturitas* will publish in the following areas:
- predictors, effects and management of chronic diseases
- sex steroid deficiency in both genders
- epidemiology, health and social care
- therapeutic advances
- complementary and alternative medicines

We offer Fast Track publication for clinical trials and research articles which present ground-breaking results that justify rapid dissemination. Articles accepted through this route can expect less than 8 weeks editorial time from submission to publication online. Articles submitted for this route will be checked by the Editor-in-Chief to determine if the criterion for fast publication has been met; if not, articles will be redirected to the normal route of category article.

New Investigators may also apply for the New Investigator Prize Paper Award. For more information please click [here](#).

**TYPES OF PAPERS**

**Original articles:** a full-length report of original basic or clinical investigation (2000-3000 words, up to 30 references). A structured abstract of no more than 250 words with the following sections (objectives, study design, main outcome measures, results, conclusions) is required. The rest of the paper should be structured as follows: Introduction, Methods, Results, Discussion, References. *Maturitas* gives priority to reports of original research that are likely to change clinical practice or thinking about a disease. We offer fast-track peer review and publication of randomized controlled trials that we judge of importance to practice or research (see Fast-track publication). We invite submission of all clinical trials, whether Phase I, II, or III. Submission of randomized controlled trials requires inclusion of a checklist and flowchart in accordance with the CONSORT guidelines and the registration number of the trial and the name of the trial registry. Studies of diagnostic accuracy must be reported according to STARD guidelines. Observational studies (cohort, case-control, or cross-sectional designs) must be reported according to the STROBE statement (see also [www.strobe-statement.org](http://www.strobe-statement.org)).

**Short communications:** must not exceed 1,000 words with no more than one table or illustration and five references. An unstructured abstract of no more than 100 words is required. The text should be structured in four parts: Introduction, Methods, Results and Discussion.

**Review articles:** a comprehensive review of prior publications relating to an important clinical subject (2000-3000 words and 30-50 references). An unstructured abstract of no more than 250 words is required. The Introduction should indicate why the topic is important and should state the specific objective(s) of the review. The Conclusion should include the clinical implications and observations regarding the need for additional research. Systematic reviews should follow the PRISMA guidelines. Meta-analysis of observational studies should follow the MOOSE guidelines.

Further information can be obtained from the EQUATOR web site: [http://www.equator-network.org/resource-centre/library-of-health-research-reporting/reporting-guidelines](http://www.equator-network.org/resource-centre/library-of-health-research-reporting/reporting-guidelines)

**Minireviews:** a focused review of prior publications relating to an important clinical subject (1,500 words and 20 references with an unstructured abstract of no more than 250 words). In more detail the following is recommended:
- Management should be described in practical terms, so that it can be translated to the individual patient. Use appropriate examples to illustrate management problems, so that the reader actually knows what to do, when to do it, how to do it and why.
• Recommendations should be evidence-based. The quality of the information available and what remains unknown should be highlighted. Meta-analysis data and systematic reviews should be used where available. Emphasis should be given to randomized controlled trials, translating data from such trials to clinical practice wherever possible. If recommendations are not evidence-based, this should be clearly stated.
• Make clear what we know, what we think we know and what we do not know. Use Practice Points and Research Agenda to emphasise these.
• As one of the primary functions of this type of article is educational, please ensure that it is well structured and clearly laid out, with level of headings clearly indicated and figures, diagrams, tables and flow-charts used to explain points and reduce explanatory text.
• The abstract should include the key issues which will be addressed in your article, emphasising what we know, what we think we know and what we do not know.
• The summary should focus on the conclusions reached in the article, indicating unanswered and unanswerable questions.
• Practice Points. Where appropriate, present the most important points to note in current clinical practice; these should be brief and set out as a bullet point list at the end of the main text.
• Research Agenda. Please indicate points which you feel would repay further research, again presented as a bullet point list at the end of the text.

Guest editorials must not exceed 1,000 words and five references.

Letters to the Editor: a question or challenge to an article published recently in Maturitas. Letters must be received within 6 weeks of publication of the article to which they refer and should be no longer than 250 words.

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State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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The Methods section should describe the research methodology in sufficient detail that others could reasonably be expected to be able to duplicate the work. However, if the methodology has been previously published, the appropriate reference should be cited, and a full description is not required. Methods of statistical analysis should be identified and, when appropriate, the basis for their selection stated. Statistical software programs used should be cited in the text. P values should be expressed to no more than three decimal places. Reports in which statistical difference is lacking must provide some indication of the study's power to detect such differences, and this information must be included in the abstract.

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Results should be clear and concise.

Discussion
This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions
The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

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A concise and factual abstract is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

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Immediately after the abstract, provide a maximum of 6 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.

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Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

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