SEIZURE - EUROPEAN JOURNAL OF EPILEPSY

AUTHOR INFORMATION PACK

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DESCRIPTION

*Seizure - European Journal of Epilepsy* is an international journal owned by Epilepsy Action (the largest member led epilepsy organisation in the UK). It provides a forum for papers on all topics related to epilepsy and seizure disorders.

*Seizure* focuses especially on clinical and psychosocial aspects, but will publish papers on the basic sciences related to the condition itself, the differential diagnosis, natural history and epidemiology of seizures, as well as the investigation and practical management of seizure disorders (including drug treatment, neurosurgery and non-medical or behavioural treatments).

The journal reflects the social and psychological burden and impact of the condition on people with epilepsy, their families and society at large, and the methods and ideas that may help to alleviate the disability and stigma, which the condition may cause. The journal aims to share and disseminate knowledge between all disciplines that work in the field of epilepsy.

AUDIENCE

Epileptologists, neurologists, epilepsy specialist nurses, clinical neurophysiologists, pharmacologists, psychiatrists.

IMPACT FACTOR

2022: 3.000 © Clarivate Analytics Journal Citation Reports 2023
ABSTRACTING AND INDEXING

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T. Loddenkemper, Boston, Massachusetts, United States of America
Comparative effectiveness and interventional clinical trials in pediatric status epilepticus and epileptic encephalopathies; Inventing, evaluating and implementing clinically relevant biomarkers and treatment paradigms to assess and benchmark these based on clinical data, neurophysiology, imaging, pharmacogenomics and genetics, in collaboration with basic researcher locally, nationally, and internationally; Developing and evaluating monitoring tools for clinical biomarkers to further clinical epilepsy outcome measures including seizure characterization, neuropsychological outcome assessment, and quality of life assessment by means of seizure sensors and electronic tools including seizure tracking and outcome prediction modeling software, novel in- and outpatient monitoring devices and algorithms, neurophysiological, biochemical and genetic periodicity markers.

K. Malmgren, Adult neurologist, Gothenburg, Sweden
- Biological markers for treatment and outcomes of epilepsy
A. Martins da Silva, Professor, Adult Neurologist and Neurophysiologist, Porto, Portugal
R. Matsumoto, Kobe, Japan

Research Interests,
- Functional and seizure networks using invasive neurophysiology and neuroimaging,
- Epileptogenicity using clinical neurophysiological methods,
- Language function and its reorganization in epilepsy,
- Impact of autoimmunity on epilepsy,

M. Mazarati, Los Angeles, California, United States of America
Animal models of epilepsy, Post-traumatic epilepsy, Inflammation, Microbiome, Neurobehavioral comorbidities,

D.R. Nordli, Chicago, Illinois, United States of America
M. Oto, Glasgow, United Kingdom
Ç. Özkara, Fatih, Turkey
S.-P. Park, Adult neurologist, Daegu, South Korea

E. Perucca, Adult neurologist, Pavia, Italy

M. Privitera, MD, Professor of Neurology, Cincinnati, Ohio, United States of America

S.C. Schachter, Adult neurologist, Boston, Massachusetts, United States of America

A. H. J. Schulze-Bonhage, Professor of Neurology and Neurophysiology and head of the Epilepsy Center at the University Hospital Freiburg, Germany

J.M. Serratosa, Madrid, Spain

M. L. Sillanpää, TURKU, Finland

M. B. Singh, New Delhi, India
Epilepsy, Treatment gap, Epilepsy in low-resource settings, Epilepsy primary care, Epilepsy Advocacy

H. Stefan, Adult neurologist, Erlangen, Germany
Research Interests:
- Biomarkers for diagnosis and treatment of epilepsies including drug treatment
- stimulation and epilepsy surgery
- epilepsies in the elderly
- high resolution electrophysiology
- source localization and network

T. Syed, Cleveland, Ohio, United States of America
R.D. Thijs, Neurologist at Leiden University Medical Center, Dept. of Neurology, Netherlands

P. Tinuper, Adult neurologist, Bologna, Italy

J. M. Wilmshurst, Paediatric Neurologist, Cape Town, South Africa
Research Interests (related to epilepsy),
- Management and practice of infantile seizures,
- Neonatal seizures – optimal management and the effect of seizures on the maturing brain,
- Co-morbidities of epilepsy in children,
- Optimal care of children in acute convulsive status in resource poor countries,
- Outcomes from basic training courses in electrophysiology,
- Electrophysiology, optimizing the tool in resource poor countries,
- The role of melatonin in attaining sleep EEGs,

P. Wolf, Neurologist consultant at Danish Epilepsy Centre Filadelfia, Dianalund, Denmark
Guest researcher, Federal University of Santa Catarina, Florianópolis, Brasil
Peter & Jytte Wolf Foundation for Epilepsy, Bielefeld, Germany

E. M. T. Yacubian, Adult and Pediatric Neurologist, São Paulo, Brazil

D. Zhou, Chengdu, Sichuan, China
GUIDE FOR AUTHORS

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To find out more, please visit the Preparation section below.

INTRODUCTION
Types of articles
Seizure - European Journal of Epilepsy publishes the following types of article:

1.1 Peer-reviewed articles
a. Full reviews.
Seizure welcomes comprehensive reviews on all subjects relating to epilepsy and other seizure disorders. Authors planning/proposing are invited to discuss their ideas with Editor-in-Chief prior to submission. Full reviews should be preceded by an abstract. Full reviews should not exceed 7,000 words, include no more than 6 figures or tables and 150 references.

b. Focused reviews.
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c. Full-length original research articles.
The body of the text of these articles should be limited in length to 4,000 words, and there should be a maximum of 6 figures or tables. Additional figures, tables and other material (such as associated videos) can be submitted as online only Supporting Information (see section 'preparation of manuscripts' for further details). Full length research articles should be preceded by an abstract. The body of the text of the article should be clearly structured into 1) Introduction, 2) Methods 3) Results, 4) Discussion, 5) Conclusion and 6) References.

d. Short communications.
Comprise a number of different kinds of previously unpublished materials including short reports or small case series. Short communications should be preceded by an abstract. The body of the text is limited to 1,400 words. There are no more than 12 references, and 2 figures or tables (combined).

e. Case reports (Clinical Letters), see also Interactive Case Insights below
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f. Letters to the Editor
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1.2 Editorially-reviewed material
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BEFORE YOU BEGIN

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Reporting sex- and gender-based analyses

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Divide the article into clearly defined sections.

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Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

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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.

**Material and methods**

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**Theory/calculation**

A Theory section should extend, not repeat, the background to the article already dealt with in the Introduction and lay the foundation for further work. In contrast, a Calculation section represents a practical development from a theoretical basis.

**Results**

Results should be clear and concise.

Results should usually be presented in graphic or tabular form, rather than discursively. There should be no duplication in text, tables and figures. Experimental conclusions should normally be based on adequate numbers of observations with statistical analysis of variance and the significance of differences. The number of individual values represented by a mean should be indicated.

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This should explore the significance of the results of the work, not repeat them. Avoid extensive citations and discussion of published literature. Speculative discussion is not discouraged, but the speculation should be based on the data presented and identified as such.

In most cases a discussion of the limitations is appropriate and should be included in this section of the manuscript.

**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.

**Appendices**

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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To ensure a high and consistent quality of research reporting, Full Length Articles, Short Communications and Clinical Letters, must contain sufficient information to allow readers to understand how a study was designed and conducted. For review articles, systematic or narrative, readers should be informed of the rationale and details behind the literature search strategy.

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Randomized Controlled Trials - CONSORT - Consolidated Standards of Reporting Trials

Observational Studies - STROBE - Strengthening the Reporting of Observational studies in Epidemiology

Systematic Review of Controlled Trials - PRISMA - Preferred Reporting Items for Systematic Reviews and Meta-Analyses

Study of Diagnostic accuracy/assessment scale - STARD - Standards for the Reporting of Diagnostic Accuracy Studies

For psychometric studies the editors recommend either the COSMIN or GRRAS guideline, though the final choice is up to the author.

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