SEIZURE - EUROPEAN JOURNAL OF EPILEPSY

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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

2019: 2.522 © Clarivate Analytics Journal Citation Reports 2020
ABSTRACTING AND INDEXING

Scopus
PubMed/Medline
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Neuroscience Citation Index
Embase
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E-psyche
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P. Kwan, Parkville, Australia

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

A. Mazarati, Los Angeles, California, United States of America

Research Interests:
- Neurobehavioral disorders associated with epilepsy (comorbidities), animal models, mechanisms, and therapies
- Developmental aspects of epilepsy and epileptogenesis
- Role of brain inflammation in epilepsy

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

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D. Schmidt, Berlin, Germany

A. 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. Wilmshurst, Paediatric Neurologist, Cape Town, South Africa

(related to epilepsy):

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

Your Paper Your Way
We now differentiate between the requirements for new and revised submissions. You may choose to submit your manuscript as a single Word or PDF file to be used in the refereeing process. Only when your paper is at the revision stage, will you be requested to put your paper in to a 'correct format' for acceptance and provide the items required for the publication of your article.

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.
Seizure is keen to publish focused reviews, especially on the latest developments in particular fields or on topics which are currently debated by clinicians and researchers. Authors are welcome to approach the Editor-in-Chief with their idea for a focused review prior to submission. Focused reviews should be preceded by an abstract. Focused reviews should be 1,500-2,500 words, and include no more than 3 figures or tables and 50 references.

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
Seizure will also publish particularly instructive case reports in the format of Clinical Letters. Clinical Letters will not be preceded by an abstract. The word count is strictly limited to 1,000 words excluding title page information, references, and any figure or table legends. Clinical Letters can only include a maximum of 4 references and 2 figures or tables (combined), authors may include additional reading as supplementary material.

f. Letters to the Editor
Letters containing critical assessment of papers recently published in the Seizure - European Journal of Epilepsy will be considered for publication in the correspondence section. Letters should not exceed 1,000 words including references as necessary, one table or one figure. Letters should be typed in double spacing, should have a heading and no abbreviations. If related to a previously published article, the article should be identified by title, author(s), and volume/page numbers. All letters are subject to editorial review. At the Editor's discretion, a letter may be sent to authors of the original paper for comment, and both letter and reply may be published together.

1.2 Editorially-reviewed material
Other contributions than original research or review articles will be published at the discretion of the Editor-in-Chief, with only editorial review. Such material includes: obituaries, workshop reports and conference summaries, letters/commentary to the Editors (500 word limit, exceptionally including figures or tables), special (brief) reports from ILAE Commissions or other working groups, book reviews and announcements.

1.3 Supplements / Special Editions
The Editor-in-Chief invites ideas for supplements or special editions of Seizure including meeting abstracts. Such materials may be published, but only after prior arrangement with the Editor-in-Chief. Supplements will incur a charge. The page rate for proposed supplements can be negotiated with the Editor-in-Chief. Special editions are issues of Seizure wholly or partially dedicated to one particular topic. They may be edited or co-edited by internationally recognised experts in their field. Such experts do not need to be members of the Editorial Board of Seizure and are welcome to approach the Editor-in-Chief with their ideas. Special editions of Seizure would be expected to contain the same kind of manuscripts which are published in normal editions.

Submission checklist
You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

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BEFORE YOU BEGIN

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Divide the article into clearly defined sections.

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Use of word processing software
Regardless of the file format of the original submission, at revision you must provide us with an editable file of the entire article. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

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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'.

Introduction
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
Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.
**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.

To achieve this goal, Seizure requires that authors upload a completed checklist for the appropriate reporting guideline during original submission. Taking the time to ensure your manuscript addresses basic reporting prerequisites will greatly improve your manuscript, and enhance the likelihood of publication. These checklists serve as a guide for the editors and reviewers as they evaluate your paper.

The EQUATOR Network ([https://www.equator-network.org/](https://www.equator-network.org/)) is an excellent resource for key reporting guidelines, checklists, and flow diagrams. These guidelines should be especially useful for Seizures' authors.

Click on the checklist that applies to your manuscript, download it to your computer, fill it out electronically, "save as," and upload it with your manuscript when you submit. Links to mandatory flow diagrams also are provided. Below are the most commonly used checklists but please note that the Equator Network provides many others (e.g. TRIPOD, SRQR, etc.) and it is up to the authors to select the one most appropriate for their study.

**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**
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During the submission process when you are prompted to state which checklist is used please type it into the provided text box for your manuscript or type Not Applicable if your paper is an Editorial, Letter to the Editor, Book Review etc. For the mandatory article types the system will ensure that you upload the file using the "Supporting File" file type, you should upload the appropriate checklist and flow diagram. IT IS PERMISSIBLE TO ADD A COLUMN OR SPACE TO THE CHECKLIST THAT SPECIFIES WHERE IN THE MANUSCRIPT EACH COMPONENT HAS BEEN FOLLOWED AND USE THAT FOR YOUR UPLOAD. YOU MAY NEED TO DO THIS FOR STROBE AS WELL AS OTHERS. THE LATEST STROBE FORM IS AVAILABLE HERE

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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.

Abstracts for regular articles and short communications should be structured, using the subheadings purpose, methods, results, conclusion. For reviews, the abstract does not need to follow this structure. They should be no longer than 250 words. Case reports (Clinical Letters) do not need to be preceded by an abstract.

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Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

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You are urged to visit this site; some excerpts from the detailed information are given here.

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