**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
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• 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
C. Özkara, Fatih, Turkey
S.-P. Park, Adult neurologist, Daegu, South Korea
E. Perucca, Adult neurologist, Pavia, Italy
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Epilepsy, Treatment gap, Epilepsy in low-resource settings, Epilepsy primary care, Epilepsy Advocacy
H. Stefan, Adult neurologist, Erlangen, Germany
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

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.

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**Reporting sex- and gender-based analyses**

**Reporting guidance**

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the Sex and Gender Equity in Research (SAGER) guidelines and the SAGER guidelines checklist. These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

**Definitions**

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth (“sex assigned at birth”), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further insight around sex and gender in research studies.

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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.

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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.

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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.

**Reporting Guidelines and Checklists**

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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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

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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