SLEEP MEDICINE
Official Journal of the World Sleep Society and International Pediatric Sleep Association

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DESCRIPTION

Sleep Medicine has an open access mirror journal Sleep Medicine: X, sharing the same aims and scope, editorial team, submission system and rigorous peer review.

Sleep Medicine aims to be a journal no one involved in clinical sleep medicine can do without.

A journal primarily focusing on the human aspects of sleep, integrating the various disciplines that are involved in sleep medicine: neurology, clinical neurophysiology, internal medicine (particularly pulmonology and cardiology), psychology, psychiatry, sleep technology, pediatrics, neurosurgery, otorhinolaryngology, and dentistry.

The journal publishes the following types of articles: Reviews (also intended as a way to bridge the gap between basic sleep research and clinical relevance); Original Research Articles; Full-length articles; Brief communications; Controversies; Case reports; Letters to the Editor; Journal search and commentaries; Book reviews; Meeting announcements; Listing of relevant organisations plus websites.

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AUDIENCE

Neurologists, clinical neurophysiologists, psychologists, psychiatrists, internists, particularly pulmonologists, cardiologists, gastroenterologists, nephrologists; sleep technologists, pediatricians, family physicians, otolaryngologists, neurosurgeons, dentists.

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

INTRODUCTION
Sleep Medicine has an open access mirror journal, Sleep Medicine: X. Sleep Medicine is published monthly and all manuscripts are peer-reviewed except proceedings of scientific meetings.

Purpose and Procedure
Articles submitted for review should meet the following criteria:

• Studies of prevention or treatment must meet these criteria: random allocation of participants to comparison groups; follow-up of at least 80% of those entering the investigation; outcome measure of known or probably clinical importance.

• Studies of prognosis must meet these additional criteria: inception cohort of individuals, all initially free of the outcome of interest; follow-up of at least 80% of participants until the occurrence of a major study end point or to the end of the study.

• Studies of causation must meet these additional criteria: clearly identified comparison group for those at risk for, or having, the outcome of interest (e.g. randomized controlled trial, quasi-randomized controlled trial, cohort analytic study with case-by-case matching or statistical adjustment to create comparable groups, case-control study); blinding of observers of outcome to exposure (criterion assumed to be met if outcome is objective, e.g. all-cause mortality, objective test); blinding of observers of exposure to outcomes for case-control studies OR blinding of subjects to exposure for all to be compared on the basis of both the outcomes produced (effectiveness) and resources consumed (costs); evidence of effectiveness must be from a study (or studies) that meets the above-noted criteria for diagnosis, treatment, quality assurance, or a review article; results should be presented in terms of the incremental or additional costs and outcomes of one intervention over another; where there is uncertainty in the estimates or imprecision in the measurement, a sensitivity analysis should be done.

Article Types
The primary emphasis of the journal will be clinical and to this end, a number of different types of articles will be published. Each type will be aimed to provide clinically important information needed to keep up to date with the practice of sleep medicine, written in a way to foster interdisciplinary understanding and make clinical information accessible to all practitioners.

Sleep Medicine publishes the following types of articles:

• Original Articles dealing with diagnosis, clinical features, pathophysiology, etiology, treatment (by all relevant modalities, including pharmacological, instrumental, surgical, behavioral, nutritional), genetics, epidemiology, natural history and prognosis of human sleep disorders will be considered for publication, provided these have not been previously published except in abstract form or have not been submitted simultaneously elsewhere. Reports may also include technical aspects of sleep medicine, which are relevant for diagnosis, pathophysiology, etiology, treatment and natural history. Basic research articles will also be published where they have a direct impact on or shed considerable light on clinical aspects of sleep. Submission of original articles based on animal or human experimental studies are encouraged, and these articles should include a comment in the abstract and discussion about the potential clinical relevance of the study.

• Review articles on all aspects of clinical sleep medicine and related basic science that contribute to understanding clinical sleep medicine will be published. Reviews will be timely, emphasize areas undergoing new development, and include both state of the art reviews and multi-author discussion of controversial areas.

• Editorials on manuscripts published elsewhere in the journal or on a timely and controversial topic will be published occasionally. Editorials may contain up to 1000 words and 20 references.
• **Brief Communications** are preliminary or limited results of investigations (up to 1500 words containing 20 or fewer references, one table and one figure).

• **Letters to the Editor** addressing articles appearing in the journal or on other current topics will be published (up to 300 words and five references).

• **Historical Issues in Sleep Medicine** submissions dealing with sleep-related historical figures, whether leaders from the past or characters from literature or mythology, will be considered for publication.

• **Book Reviews** are also published. Upon reception of a book from the publisher, it is sent to the book review editor.

• **Images in Sleep Medicine** submissions should derive from a specific sleep-related clinical situation. Each submission must consist of high-resolution images (e.g. polysomnographic tracing, actigraphic recording, neuroimaging, etc.) and should be accompanied by a very brief clinical impression, significance of the findings and figure legend. Readers will be encouraged to foster discussion of any controversial images. Submissions may contain up to 500 words and five references, and content must be organized by the following headings: 1. Introduction to the case, 2. Image analysis, 3. Discussion, and 4. References. Submissions not adhering to these guidelines may be rejected without further consideration.

• **Video-Clinical Corners** will deal with interesting and challenging clinical cases and significant original phenomena. Every video submission must consist of high-resolution images and a consent form for publication for educational purposes signed by the patient see form, please see the **Patient Details** section below. The Editors reserve the right to ask for additional video/s or video modifications. Submissions may contain up to 750 words, 10 references and 2 figures, and content must be organized as follows: 1) **Introduction** of the case stating the purpose and unusual and interesting aspects of the video; 2) **Case description** including chief complaint, past and present medications and history and physical findings; 3) **Video analysis** of data including representative examples from the patient's polysomnogram; 4) **Brief discussion** of the differential diagnosis and therapeutic challenge. For tips on preparing your video for submission, see [here](#).

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- Include keywords
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**Graphical Abstracts / Highlights files** (where applicable)

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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 and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to 'the text'. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

**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.

**Results**

Results should be clear and concise.

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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.

**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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**Abstract**
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.

For Original Articles and Brief Communications a structured abstract should be provided of not more than 250 words. The abstract should be organized by: Objective/Background, Patients/Methods, Results and Conclusions. No abstract is required for Images in Sleep Medicine or Video-Clinical Corners.

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Although a graphical abstract is optional, its use is encouraged as it draws more attention to the online article. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531 × 1328 pixels (h × w) or proportionally more. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS Office files. You can view Example Graphical Abstracts on our information site. Authors can make use of Elsevier’s Illustration Services to ensure the best presentation of their images and in accordance with all technical requirements.

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Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

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