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 companion journal Sleep Medicine: X which has the same aims and scope, editorial board and peer-review process. To submit to Sleep Medicine: X visit https://www.editorialmanager.com/SLEEPX/default.aspx.

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

A journal primarily focussing 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 web sites.

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AUDIENCE

Neurologists, clinical neurophysiologists, psychologists, psychiatrists, internists, particularly pulmonologists, cardiologists, gastroenterologists, nephrologists; sleep technologists, pediatricians, family physicians, otorhinolaryngologists. neurosurgeons, dentists.
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To find out more, please visit the Preparation section below.

INTRODUCTION
Sleep Medicine has an open access companion 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, nonrandomized 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](#).

The journal will publish **special issues** or **supplements** dealing with proceedings of meetings, workshops or special topics.

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• A competing interests statement is provided, even if the authors have no competing interests to declare
• Journal policies detailed in this guide have been reviewed
• Referee suggestions and contact details provided, based on journal requirements

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If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms sex and gender should be used correctly.

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Reporting sex- and gender-based analyses

Reporting guidance
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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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If your article includes any Videos and/or other Supplementary material, this should be included in your initial submission for peer review purposes.
Divide the article into clearly defined sections.

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Please ensure the figures and the tables included in the single file are placed next to the relevant text in the manuscript, rather than at the bottom or the top of the file. The corresponding caption should be placed directly below the figure or table.

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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 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.

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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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- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
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