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DESCRIPTION

Revista Portuguesa de Cardiologia, órgão oficial da Sociedade Portuguesa de Cardiologia, foi fundada em 1982 com o objectivo de informar e formar os cardiologistas portugueses através da publicação de artigos científicos na área da arritmologia, cirurgia cardíaca, cuidados intensivos, doença coronária, ecocardiografia, electrofisiologia, hipertensão arterial, insuficiência cardíaca, métodos de imagem entre outros. Trata-se duma revista mensal de elevada qualidade científica e gráfica, publicada em português e em inglês desde 1999 o que permitiu a sua larga projecção no estrangeiro. É distribuída a todos os sócios da Sociedade Portuguesa de Cardiologia, da Sociedade de Medicina Interna, da Sociedade de Portuguesa de Pneumologia e da Sociedade de Cirurgia Cardiotorácica, bem como a cardiologistas estrangeiros de renome internacional e a quase todas as sociedades congéneres do mundo. É referenciada desde 1987 na Medline e posteriormente no Índex Copernicus.

The Portuguese Journal of Cardiology, the official journal of the Portuguese Society of Cardiology, was founded in 1982 with the aim of keeping Portuguese cardiologists informed through the publication of scientific articles on areas such as arrhythmology and electrophysiology, cardiovascular surgery, intensive care, coronary artery disease, cardiovascular imaging, hypertension, heart failure and cardiovascular prevention. The Journal is a monthly publication with high standards of quality in terms of scientific content and production. Since 1999 it has been published in English as well as Portuguese, which has widened its readership abroad. It is distributed to all members of the Portuguese Societies of Cardiology, Internal Medicine, Pneumology and Cardiothoracic Surgery, as well as to leading non-Portuguese cardiologists and to virtually all cardiology societies worldwide. It has been referred in Medline since 1987.

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INTRODUCTION
The Portuguese Journal of Cardiology, the official journal of the Portuguese Society of Cardiology, was founded in 1982 with the aim of keeping Portuguese cardiologists informed through the publication of scientific articles on areas such as arrhythmology and electrophysiology, cardiovascular surgery, intensive care, coronary artery disease, cardiovascular imaging, hypertension, heart failure and cardiovascular prevention. The Journal is a monthly publication with high standards of quality in terms of scientific content and production. Since 1999 it has been published in English as well as Portuguese, which has widened its readership abroad.

Types of article
The Journal accepts the following article types: Original Articles reporting clinical or basic research; Review Articles (including systematic reviews and meta-analyses) on clinical or basic science topics; Case Reports; Editorials, which are written at the invitation of the Editor and consist of commentary on articles published in the journal or on subjects of particular importance; Letters to the Editor, which consist of concise opinions on recently published articles; Images in Cardiology; Snapshots; Guidelines; and Current Perspectives. Manuscripts submitted for publication should be prepared in accordance with the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" of the International Committee of Medical Journal Editors (ICMJE). This document is available at http://www.icmje.org/recommendations/.

Original Articles
Original Articles cover areas of clinical or basic research. They should have a maximum of 5000 words, with a total of up to 15 tables and/or figures, and should be structured as follows: Abstract (maximum 250 words; divided into Introduction and Objectives, Methods, Results and Conclusion(s)); 3-10 keywords; Introduction; Objectives; Methods; Results; Discussion; Conclusion(s); Acknowledgements, if any; References (up to 75); and figure legends, if any.

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Review Articles should have a maximum of 5000 words, with a total of up to 15 tables and/or figures, and should be structured as follows: Abstract (maximum 250 words; unstructured); 3-10 keywords; Introduction; thematic sections at the discretion of the authors; Conclusion(s); Acknowledgements, if any; References (up to 100); and figure legends, if any.
Systematic Reviews should be structured as Introduction, Methods, Results, Discussion and Conclusion(s). The subject should be clearly defined. The objective of a systematic review should be to produce an evidence-based conclusion. The Methods should give a clear indication of the literature search strategy, data extraction, grading of evidence and analysis. Systematic Reviews should not normally exceed 4000 words, with a total of up to 6 tables and/or figures and up to 100 references. Authors are strongly recommended to consult the PRISMA statement (http://www.prisma-statement.org/), which is intended to help improve the reporting of systematic reviews and meta-analyses.

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Case Reports should not exceed 3000 words. They should have an Abstract (maximum 200 words; unstructured), 3-6 keywords and up to 4 figures. The main text should be divided into Introduction; Case report; Discussion; Conclusion(s) (optional); References (up to 30); and figure legends, if any. They should not contain tables.

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Images in Cardiology should have a maximum of 250 words, without Abstract, keywords, tables, or division into sections and up to 5 references may be included.

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Letters to the Editor on articles previously published in the Journal will be considered up to 8 weeks after the publication of the article in question. They should not exceed 800 words and can contain up to 2 figures but without Abstract, keywords or tables.
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This section is intended for the publication of rare or educational cases or novel techniques in cardiology. The text should not exceed 500 words and up to 3 figures with brief captions and up to 5 references may be included.

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In general, published statements intended to guide clinical care (e.g., guidelines, practice parameters, recommendations, consensus statements and position papers) should describe the clinical problem to be addressed, the mechanism by which the statement was generated, a review of the evidence for the statement (if available), and the statement on practice itself.

To minimize confusion and to enhance transparency, such statements should begin with the following questions, followed by brief comments addressing each question:

What other guideline statements are available on this topic? Why was this guideline developed? How does this statement differ from existing guidelines? Why does this statement differ from existing guidelines? The statement should have an unstructured abstract of up to 350 words, 3 to 10 keywords and can include up to 4000 words, a total of up to 6 tables and/or figures and up to 100 references.

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Note shortened form for last page number. e.g., 519, and that for more than 3 authors the first 6 should be listed followed by 'et al.' For further details you are referred to 'Uniform Requirements for Manuscripts submitted to Biomedical Journals' (J Am Med Assoc 1997; 277:92734)(see also Samples of Formatted References).

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