

Instructions to authors

Scope

Acta Medica Academica is a triannual, peer-reviewed journal that publishes: (1) reports of original research, (2) original clinical observations accompanied by analysis and discussion, (3) analysis of philosophical, ethical, or social aspects of the health profession or biomedical sciences, (4) critical reviews, (5) statistical compilations, (6) descriptions of evaluation of methods or procedures, (7) case reports, and (8) images in clinical medicine. The fields covered include basic biomedical research, clinical and laboratory medicine, veterinary medicine, clinical research, epidemiology, pharmacology, public health, oral health, and medical information.

Manuscript submission

Manuscript can be submitted electronically, as an email attachment, to one of the following addresses: amabih@anubih.ba; amaanubih@hotmail.com; info@ama.ba. All manuscripts submitted to AMA will be regularly analysed by plagiarism detection software.

All parts of the manuscript, including title page, abstract, text, tables, figures, etc., have to be available in electronic format. The recommended formats are: Microsoft Word, Excel, JPEG, GIF, TIFF. Always keep a backup copy of the electronic file for reference and safety. All electronically submitted files are to be scanned by the authors for viruses immediately prior to submission with appropriate current software, and submitted in good faith that the files are free of viruses.

All manuscripts need to be prepared and submitted strictly according to these Instructions to Authors, otherwise they will not be considered by the Editorial Team.

Article publishing charges

The article-processing fee for accepted articles is 350 EUR (VAT included in price). For authors from Bosnia and Herzegovina the fee is

700 BAM. Bank charges have to be defrayed by authors.

Submission fees are NOT charged.

In addition, the authors have costs prior to the reviewing procedure in the following terms:

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- A statement of authorship by all listed authors about their contribution in the drafting of the paper which needs to include the text in accordance with one of the following sentences: (a) A substantial contributions to the conception and design, acquisition of data, or analysis and interpretation of data; (b) Drafting the article or revising it critically for important intellectual content; (c) Final approval of the version to be published. (eg. Authors' contributions: Conception and design: XX and YY; Acquisition, analysis and interpretation of data: YY and ZZ; Drafting the article: XX, YY and ZZ; Revising it critically for important intellectual content: XX, ZZ; Approved final version of the manuscript: XX, YY and ZZ.

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Manuscript preparation

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Language. Manuscripts must be written in clear, concise, grammatical English. Authors from non-English speaking countries are requested to have their text translated by a professional, or thoroughly checked by a native speaker with experience in writing scientific and medical manuscripts in English. Revision of the language is the responsibility of the author. All manuscripts should be spellchecked using a Microsoft Word or Dorland's spellchecker before they are submitted. Spelling should be US English or British English, but not a mixture. On the grounds of poor Eng-

lish manuscripts may be sent back to an author for rewriting or language correction.

Font and spacing. The manuscript should be prepared in Microsoft Word format (for PC, 6.0 or a later version). Paper version should be typewritten on white bond paper of A4 size, with margins 3 cm each. Write on one side of each sheet, using a font not smaller than 12 points, preferably Times New Roman or Arial. All pages must be numbered. Prepare texts with double spacing (except those of tables, which are made with table tools in Word or in Excel). Double spacing of all portions of the manuscript (including the title page, abstract, text, acknowledgments, references, and legends), makes it possible for editors and reviewers to edit the text line by line, and add comments and queries, directly on the paper copy.

Length. The length of a manuscript depends on its type. On the title page, author should specify total word count and/or character count. Microsoft Word can count them for you. With **double spacing** (2000 characters with spaces per page), the limits are as follows:

- **Editorial** – up to 3 pages (maximum count 6000 characters with spaces) and maximum 15 references.

- **Review article** – from 12 to 20 pages (maximum count 30000 characters with spaces) and maximum 40 references.

- **Original research study** – from 12 to 15 pages (maximum count 30000 characters with spaces).

- **Original (scientific and professional) article** – from 12 to 15 pages (maximum count 30000 characters with spaces).

- **Short communication** – up to 5 pages (maximum count 10000 characters with spaces), only two graphical display (figure or table) and up to 5 references and up to 3 authors.

- **Statistical and methodological compilations** – up to 16 pages (maximum count 32000 characters with spaces).

- **Case reports and letters** – up to 3 pages (maximum count 10000 characters with spaces), a maximum of 2 figures or tables and no more than 15 references.

- **Images in clinical medicine** – is an article providing one or two fascinating pictures in black and white or in color. It can be clinical or technical on a patient or part of a patient, for instance an x-ray or MRI image or a histological document. The

picture is accompanied by a short text (a maximum of 300 words), up to 3 authors, and if necessary 1 to 3 references can be included.

• **Letter to the editor** – up to 3 pages (maximum count 2000 characters with spaces), and up to 5 references.

Organization of the text. The text of original articles is usually divided into sections with the following headings: Introduction, Materials (Patients) and methods, Results, Discussion and Conclusion. This structure is not simply an arbitrary publication format, but rather a direct reflection of the process of scientific discovery. Long articles may need subheadings within some sections (especially the Results and Discussion sections) to clarify their content. Other types of articles, such as case reports, reviews, and editorials, are likely to need other more flexible structure of the text. If possible, use standard abbreviations. Non-standard abbreviations should be defined when first used in the text.

Structuring the manuscript

The title page should carry the following information:

1. Type of the article.
2. Title of the article, which should be as short and concise as possible. Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific.
3. A short title (up to 50 characters with spaces), which will appear in the heading of an article in the journal.
4. Authors' names and institutional affiliations (full first name followed by family name, separated by a comma from the next name; using Arabic numerals in superscript format relate names and institutions).
5. The name of the department(s) and institution(s) to which the work should be attributed.
6. Corresponding authors. The name, mailing address, telephone number, and e-mail address of the author responsible for correspondence about the manuscript. The name and address of the author to whom requests for reprints should be addressed (if different from the correspond-

ing author), or a statement that reprints will not be available from the authors.

7. Specify sources of support in the form of grants, equipment, drugs, or others, if any and a statement about existence or non-existence of the conflict of interests.

8. Total number of pages, words and characters with spaces (Microsoft Word enables the simple acquisition of these data), number of figures and tables. A word count for the text only (excluding abstract, acknowledgments, figure legends, and references) allows editors and reviewers to assess whether the information contained in the paper warrants the amount of space devoted to it, and whether the submitted manuscript fits within the journal's word limits. A separate word count for the Abstract is also useful for the same reason.

9. Abstract and Key words are written on the second page. Because abstracts are the only substantive portion of the article indexed in many electronic databases, and the only portion many readers read, authors need to be careful that abstracts reflect the content of the article accurately. An abstract (250 words) is written without authors' names and institutional affiliations. Its structure should be similar to that of the text. For original articles, the abstract needs to have the structure with the following subtitles: Objective, Materials and methods, Results and Conclusion. Abstracts for Case reports also need to have the following subtitles: Objective, Case report, and Conclusion. Abstracts for systematic reviews and meta-analyses also need to have the following subtitles: Objective, Background, Methods, Discussion and Conclusion. First sentence of an abstract for a narrative review needs to be the aim of the study, then a brief review of the article and finally a short conclusion (one to two sentences) with the subtitle. Abstracts for Short communications (150 words) should not be structured but should end with Conclusion. Following the abstract, authors provide, and identify as such, 3 to 5 key words or short phrases that capture the main topics of the article. The key words should not repeat the title of the manuscript. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used; MeSH terms are available from: www.nlm.nih.gov/mesh/.

The main text should be under the following headings:

Introduction. Needs to be short and to specify to the reader, clearly and with arguments, reasons for the research presentation, and the novelties that the article brings. In Introduction maximum 3 to 4 pertinent and directly related works need to be cited. At the end of Introduction, an author needs to clearly specify the set aim of the research.

Methods. This part needs to provide the following information: selection and description of participants, precise technical information about all methods (describe the methods, apparatus, and procedures in sufficient detail to allow other workers to reproduce the results; give references to established methods, including statistical methods; identify precisely all drugs and chemicals used, including generic names, doses, and routes of administration and other specificities related to the presented research). Upon reporting about humane experiments, an author needs to indicate if the used procedures were in accordance with the Declaration of Helsinki from 1975 and its amendments from 1983. In addition, there needs to be stated if and which ethical committee gave consent for carrying out the research. A separate subtitle is Statistical Analysis. Authors need to indicate all statistical tests that were used. In addition, there needs to be stated the level of significance selected beforehand (p), that is which value p the authors considered to be statistically important (ex. 0.05 or 0.01, or some other). The results should be stated with pertaining confidence intervals (CI).

The editorship recommends to the authors to follow STARD instructions published in 2003 in the researches of diagnostic accuracy. At the end of the paragraph authors need to state which computer statistical program they have been using, as well as indicate the manufacturer and version of the program.

Results. Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. The text must contain a clear designation as to where the tables and illustra-

tions are to be placed relative to the text. Do not duplicate data by presenting it in both a table and a figure.

Discussion. Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. For experimental studies it is useful to begin the discussion by summarizing briefly the main findings, then explore possible mechanisms or explanations for these findings, compare and contrast the results with other relevant studies, state the limitations of the study, and explore the implications of the findings for future research and for clinical practice.

Conclusion. Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data. In particular, authors should avoid making statements on economic benefits and costs unless their manuscript includes the appropriate economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such.

After Conclusion the authors should prepare two short paragraphs on what is already known in literature on the topic of their article and what their article brings new to the literature.

What Is Already Known on This Topic: This section should not exceed 150 words.

What This Study Adds: This section should not exceed 100 words.

Acknowledge. Anyone who contributed towards the study by making substantial contributions to conception, design, acquisition of data, or analysis and interpretation of data, or who was involved in drafting the manuscript or revising it critically for important intellectual content, but who does not meet the criteria for authorship. List the source(s) of funding for the study and for the manuscript preparation in the acknowledgements section.

Authors' contributions (eg. Authors' contributions: Conception and design: XX and YY; Acquisition, analysis and interpretation of data: YY and ZZ; Drafting the article: XX, YY and ZZ; Revising it critically for important intellectual content: XX, ZZ; Approved final version of the manuscript: XX, YY and ZZ.

Conflict of interest (eg.): The authors declare that they have no conflict of interest.

References. Need to be on a separate page. Small numbers of references to key original papers will often serve as well as more exhaustive lists. Avoid using abstracts as references. References to papers accepted but not yet published should be designated as “in press” or “forthcoming”; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. If the paper has been published in electronic form on PubMed the confirmation of acceptance is not needed. Information from manuscripts submitted but not accepted should be cited in the text as “unpublished observations” with written permission from the source. Avoid citing a “personal communication” unless it provides essential information. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication.

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses at the end of a sentence. Use the same number in the reference list. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure.

The titles of journals should be abbreviated according to the style used in PubMed. Consult NLM Catalogue: Journals referenced in the NCBI Databases available at: <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>.

Tables. Need to be submitted separate from the main text. The preferred software for tables is Microsoft Excel (save each table in a file with single worksheet). Only tables made with table tools in Microsoft Word are acceptable. For the paper version, type or print each table on a separate sheet of paper. Number tables consecutively in the order of their first citation in the text. Use Arabic numerals. Each table needs to have an explanatory title. Place the title above the table. Give each column a short or abbreviated heading. Also, visibly indicate the position of each table in the text, using its assigned numeral at the end of the sentence which is relevant to the table(s). Tables should be positioned in the text where the au-

thor feels is appropriate but the Editor reserves the right to reorganize the layout to suit the printing process. Authors need to place explanatory matter in footnotes, not in the heading. Explain in footnotes of the table all nonstandard abbreviations. For footnotes use the following symbols, in sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡. Identify statistical measures of variations, such as standard deviation and standard error of the arithmetic mean. *Be sure that each table is cited in the text.* If you use data from another published or unpublished source, obtain permission and acknowledge them fully.

Figures. (illustrations: diagram, photograph, photomicrograph, radiograph, drawing, sketch, picture, outline, design, plan, map, chart, etc.). Need to be submitted separate from the main text. They need to be submitted as photographic quality digital prints or, exceptionally, as professionally drawn and photographed original illustrations. Figures should be in a digital format that will produce high quality images. Color or gray-scale images (such as photographs, photomicrographs, radiographs) should have a spatial resolution of 300 ppi (pixels per inch). All other figures (such as diagrams, drawings, designs, plans, etc) should have a spatial resolution of 600 ppi. Formats recommended include: JPEG, GIF, TIFF, Microsoft Word, Excel. Sending original photographs and slides is permissible when they cannot be digitized without professional help. In this case, send an explanation in the cover letter. Using Arabic numerals, number figures consecutively in the order of their first citation in the text. Also, visibly indicate the position of each figure in the text, using its assigned numeral in parentheses. Figures should be positioned in the text where the author feels is appropriate but the Editor reserves the right to reorganize the layout to suit the printing process.

Supply a legend for each figure. Titles and detailed explanations belong in the legends, however, not on the figures themselves. Figures should be made as self-explanatory as possible. Letters, numbers, and symbols on figures should therefore be clear and even throughout, and of sufficient size that when reduced for publication each item will still be legible. Photomicrographs should have internal scale markers. Symbols, arrows, or letters used in photomicrographs should contrast with the background. If photographs of people are

used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph.

Legends for Figures need to be included in the main manuscript text file, on a separate page immediately following the references. Type or print out legends using double spacing. For each figure, the following information should be provided: figure number (in sequence, using Arabic numerals – i.e. Figure); title of the figure; all necessary explanations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend.

Units of measurement

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples. Temperatures should be in degrees Celsius. Blood pressures should be in millimeters of mercury, unless other units are specifically required by the journal.

Abbreviations, acronyms and symbols

If possible for metric units use standard abbreviations. Non-standard abbreviations should be defined when first used in the text.

Sample references

Articles in journals

Standard journal article (*List the first six authors followed by et al.*):

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med.* 2002;347(4):284-7.

More than six authors:

Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. *Brain Res.* 2002;935(1-2):40-6.

Organization as author:

Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin

in participants with impaired glucose tolerance. *Hypertension.* 2002;40(5):679-86.

No author given:

21st century heart solution may have a sting in the tail. *BMJ.* 2002;325(7357):184.

Volume with supplement:

Geraud G, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatriptan. *Headache.* 2002;42(Suppl 2):S93-9.

Issue with supplement:

Glauser TA. Integrating clinical trial data into clinical practice. *Neurology.* 2002;58(12 Suppl 7):S6-12.

Issue with no volume:

Banit DM, Kaufer H, Hartford JM. Intraoperative frozen section analysis in revision total joint arthroplasty. *Clin Orthop.* 2002;(401):230-8.

Letters or abstracts:

Tor M, Turker H. International approaches to the prescription of long-term oxygen therapy [letter]. *Eur Respir J.* 2002;20(1):242.;
Lofwall MR, Strain EC, Brooner RK, Kindbom KA, Bigelow GE. Characteristics of older methadone maintenance (MM) patients [abstract]. *Drug Alcohol Depend.* 2002;66 Suppl 1:S105.

Article republished with corrections:

Mansharamani M, Chilton BS. The reproductive importance of P-type ATPases. *Mol Cell Endocrinol.* 2002;188(1-2):22-5. Corrected and republished from: *Mol Cell Endocrinol.* 2001;183(1-2):123-6.

Article with published erratum:

Malinowski JM, Bolesta S. Rosiglitazone in the treatment of type 2 diabetes mellitus: a critical review. *Clin Ther.* 2000;22(10):1151-68; discussion 1149-50. Erratum in: *Clin Ther.* 2001;23(2):309.

Article published electronically ahead of the print version:

Yu WM, Hawley TS, Hawley RG, Qu CK. Immortalization of yolk sac-derived precursor cells. *Blood.* 2002 Nov 15;100(10):3828-31. Epub 2002 Jul 5.

Books and other monographs

Personal author(s):

Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. *Medical microbiology*. 4th ed. St. Louis: Mosby; 2002.

Editor(s), compiler(s) as author:

Gilstrap LC 3rd, Cunningham FG, VanDorsten JP, editors. *Operative obstetrics*. 2nd ed. New York: McGraw-Hill; 2002.

Organization(s) as author:

Royal Adelaide Hospital; University of Adelaide, Department of Clinical Nursing. *Compendium of nursing research and practice development, 1999-2000*. Adelaide (Australia): Adelaide University; 2001.

Chapter in a book:

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The genetic basis of human cancer*. New York: McGraw-Hill; 2002. p. 93-113.

Conference paper:

Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. *Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland*. Berlin: Springer; 2002. p. 182-91.

Dissertation:

Borkowski MM. *Infant sleep and feeding: a telephone survey of Hispanic Americans [dissertation]*. Mount Pleasant (MI): Central Michigan University; 2002.

Other published material

Newspaper article:

Tynan T. Medical improvements lower homicide rate: study sees drop in assault rate. *The Washington Post*. 2002 Aug 12;Sect. A:2 (col. 4).

Dictionary and similar references:

Dorland's illustrated medical dictionary. 29th ed. Philadelphia: W.B. Saunders; 2000. Filamin; p. 675.

Electronic material

CD-ROM:

Anderson SC, Poulsen KB. *Anderson's electronic atlas of hematology [CD-ROM]*. Philadelphia: Lippincott Williams & Wilkins; 2002.

Audiovisual material:

Chason KW, Sallustio S. *Hospital preparedness for bioterrorism [videocassette]*. Secaucus (NJ): Network for Continuing Medical Education; 2002.

Journal article on the Internet:

Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs [serial on the Internet]*. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>.

Monograph on the Internet:

Foley KM, Gelband H, editors. *Improving palliative care for cancer [monograph on the Internet]*. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu/books/0309074029/html/>.

Homepage/Web site:

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

Part of a homepage/Web site:

American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about 2 screens]. Available from: <http://www.ama-assn.org/ama/pub/category/1736.html>.

Database on the Internet:

Who's Certified [database on the Internet]. Evanston (IL): The American Board of Medical Specialists. c2000 - [cited 2001 Mar 8]. Available from: <http://www.abms.org/newsearch.as>.