

# Aging HEALTH

Charlotte Barker  
Commissioning Editor

Future Medicine Ltd,  
Unitec House, 3rd Floor,  
2 Albert Place,  
Finchley Central,  
London, UK  
Tel: +44 (0)20 8349 2033  
Fax: +44 (0)20 8343 2313  
E-mail: c.barker@future-  
drugs.com

The audience for *Aging Health* consists of clinicians, research scientists, decision-makers and a range of professionals in the healthcare community. Authors should bear in mind the multidisciplinary status of the readership when writing the article. *Aging Health* articles have been engineered specifically for the time-constrained professional. The structure is designed to draw the reader's attention directly to the information they require.

## Article format

Specific requirements for each article type are given below – these should be followed closely. It is recognized however that the structure of individual articles must reflect the topic.

### Title page

The title page of all article types should include the following information:

- Title (not more than 120 characters)
- Authors' names, including first name in full (no more than six authors per review)
- Authors' affiliations, including phone/fax/e-mail
- Summary – not more than 150 words this should not be an abstract but merely a scene-setting summary outlining the article scope and briefly putting it in context. The role of the summary is to draw in the interested casual browser.
- Keywords – up to 10 keywords (including therapeutic area, mechanism(s) of action etc.) plus names of drugs and compounds mentioned in the text.

## Article structure

### Introduction

The introduction should seek to define the area under review and relate it to potential therapeutic applications.

### Body of article

This section should be divided according to the specific approaches reviewed within.

### Conclusion

A summary of the data and concepts presented in the review, including your own opinion; a personal assessment of the subject under review.

### Future Perspective

The author is challenged to include speculative viewpoint on how the field will have evolved 5–10 years from the point at which the review was written.

### Executive Summary

Executive summary comprised of a series of bulleted statements, up to 8–10 bullet points relating to each of the main headings in the text.

### References

References should not include data on file or personal communication although these can be mentioned in the text.

Three features in particular contribute to the unique value of *Aging Health* articles: executive summary, future perspective and the use of figures, tables and boxes

- **Executive Summary:** An executive summary of the author's main points is very useful for time-constrained readers requiring a rapidly accessible, at-a-glance overview. This should take the form of bulleted summary points that illustrate the main topics or conclusions made under each of your main headings.
- **Future Perspective:** Authors are challenged to include a speculative viewpoint on how the field will evolve over the next 5–10 years from the point at which the review was written.
- **Use of figures, tables and boxes:** Summary tables and/or figures are very useful. The author should include illustrations and provide at-a-glance understanding with tables to condense and illustrate the information they wish to convey. Commentary that augments an article and could be viewed as 'stand-alone' should be included in a separate box. An example would be a summary of a particular trial or trial series, a case study summary or a series of terms explained.

*Aging Health*  
Author Guidelines

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## Article types

### *Reviews*

Each article should concentrate on the most recent developments in the field and should aim for concise presentation of relevant information. Excluding the Summary, Executive summary and References, the main text should not exceed 4000 words. These articles aim to summarize current therapeutic practice, highlighting recent significant advances in research, ongoing challenges and unmet needs. Authors should strive for brevity and clarity.

### *Editorials*

Offer the author the opportunity to present criticism or address controversy in healthcare for the aging population. Each article should include an abstract, comprehensive discussion of the issue and the author's Future Perspective.

### *Drug Evaluations*

Each Drug Evaluation provides an independent perspective on the safety and clinical efficacy of the particular drug/therapy of relevance to the elderly. Specific guidelines for the preparations of such articles are available separately.

### *Clinical Trial Reports*

To report information on a specific clinical trial or a group of trials that are in progress or that are planned to commence shortly. When reviewing several clinical trials, each article should contain information, preferably in tabular form, about the name of the trial, the principle sponsor of the trial, the drugs involved, the number of patients recruited for the trial (and the percentage of male and female patients involved, if applicable), the duration of the trials and when they are expected to end. The information should be as up-to-date as possible, and the main text of the article should expand the information in the tables. The primary intention is to provide a summary of the trials that are in progress, the stage that has been reached, and an assessment of the scope and limitations of the trials. Any results that are already available should be summarised. Discussion should also focus upon the ability of ongoing trials to address major endpoints. The aim is not to gather or analyse the results of completed trials. Again, the Executive Summary and Future Perspective must be included.

### *Perspectives*

These should more speculative and very forward looking, even visionary. Authors of perspectives are encouraged to be highly opinionated and present their own personal perspective. Referees will be briefed to review these articles for quality and relevance of argument only. They will not necessarily be expected to agree with the authors' sentiments. As for regular reviews,

the article should include a Executive Summary and Future Perspective.

### *Priority Paper Evaluations*

*Aging Health* Priority Paper Evaluations review significant, recently published articles carefully selected and assessed by specialists in this area. The primary research detailed in the chosen paper is discussed with the aim of keeping readers informed of the most promising discoveries/breakthroughs relevant to aging health through review and comment from experts. Priority Paper Evaluations are intended to extend and expand on the information presented, putting it in context and explaining why it is of importance. The ideal article, 1000–1500 in length, will provide both a critical evaluation and the author's opinion on the quality and novelty of the information disclosed.

Every Priority Paper Evaluation must contain:

#### *Title*

Should be concise but informative and contain no brand names.

#### *Authors' names & addresses*

Including telephone number, fax number and e-mail address and denoting an author for correspondence.

#### *Abstract*

A short abstract, ~ 100 words, bringing together the main points under discussion.

#### *Keywords*

A brief list of keywords to assist indexers in cross-referencing.

#### *Introduction*

The paper under discussion must be introduced and referenced as Reference [1]. The scientific and/or commercial rationale behind the paper is presented, giving some perspective on the information disclosed, placing it in context with previous research in the same area and indicating the relative importance of this new work. Authors may highlight other contemporary papers that have relevance to the main paper; these may support or conflict with the results. It is essential that a critical stand is taken when writing.

#### *Results from the paper*

Comment upon the extent and quality of the experimental models used and how elegantly the experiments were performed.

#### *Significance of the results*

Comment upon the claims made in the authors' discussion section. Do the results look promising? How is this paper going to change research in the field? Or is the paper the evidence for a significance theory?

#### *Your 'Perspective'*

An essential section that should offer your opinion on the developments discussed in the article – is

the paper going to affect future research? Is this avenue of research likely to become exciting and possibly yield new drug targets and affect pharmaceutical research? Comparative assessment is encouraged.

## *Conference Reports*

Each Conference Report should provide a comprehensive overview of the important points and areas of research discussed in the meeting. Authors are encouraged to focus on several presentations that you find most topical, interesting or thought-provoking; it is not usually feasible to attempt a comprehensive meeting report, as presentations are frequently too numerous for each to be done justice. The Conclusion and Future Perspective sections should provide a discussion of the overall event with reference to some of the more exciting research areas and their implications. The main points of the meeting, with particular relevance to aging health, should be summarised in the Executive Summary.

## **Manuscript preparation**

### *Extent*

Manuscripts should be up to 4000 words in length excluding summary, Executive Summary and references, with a target of no more than 50 references.

### *Spacing & headings*

Please use double line spacing throughout the manuscript. Four levels of subheading should be used to divide the text: LEVEL 1, Level 2, Level 3, Level 4

### *Abbreviations*

Abbreviations should be defined on their first appearance; commonly used abbreviations need not be defined. Use SI units or quote SI equivalents where possible. To indicate atom positions in a molecule, use the convention C-1, C-2 etc.

### *Spelling*

US-preferred spelling will be used in the finished publication (e.g., leukemia, not leukaemia).

### *Companies & compounds*

Companies are treated as single entities requiring a verb in the third person singular, e.g., Glaxo is developing an AII antagonist. When referring to a lead compound (or compounds claimed in patents) for the first time, please ensure that the name of the relevant company is given in the text.

### *References & reference annotations*

Authors should focus on recent papers and papers older than 5 years should not be included except for an over-riding purpose.

NB Papers or patents of particular interest should be identified using one or two asterisk symbols (\* = of interest, \*\* = of considerable interest) and annotated

with a brief sentence explaining why the reference is considered to be of interest.

References should be denoted numerically and in sequence in the text, using Arabic numerals placed in square brackets, i.e., [12]. List references in numerical order in the Reference list. If websites or patents are included, please use a separate numbering system for them, i.e., start numbering website references at [101] and patents at [201] to allow the reader to distinguish between websites/patents and primary literature references both in the text and in the bibliography. Please ensure that each reference applies to only one website.

### *Format for reference citations*

Author's names should appear without full stops in their initials.

Quote first six authors' names. If there are more, then quote first three *et al.*

A colon follows authors' names.

Journal names in italics and abbreviated to standard format.

Volume number followed by a comma, not in bold.

Page number range separated by a hyphen and no spaces, followed by the year in brackets and then a full stop.

- **Journal example**

Fantl JA, Cardozo L, McClish DK *et al.*: Estrogen therapy in the management of urinary incontinence in postmenopausal women: a meta-analysis. First report of the Hormones and Urogenital Therapy Committee. *Obstet. Gynecol.* 83(1), 12-18 (1994).

- **Book example**

De Groat WC, Booth AM, Yoshimura N: Neurophysiology of micturition and its modification in animal models of human disease. In: *The Autonomic Nervous System (Volume 6). Nervous Control of the Urogenital System.* Andrews WR (Ed.), Harwood Academic Publishers, London, UK, 227-289 (1993).

- **Meeting abstracts example**

Smith AB, Jones CD: Recent progress in the therapy of diseases of the small bowel. Proceedings of the 13th International Symposium on Medicinal Chemistry. Atlanta, USA, MED197 (1994).

- **Patent example**

Merck Frosst Canada, Inc. WO9714691 (1997). (Use the following formats for patent numbers issued by the World, US and European patent offices, respectively: WO1234567, US1234567, EP-123456-A)

### *Illustrations*

Please provide electronic copies if possible. If this is not possible, please ensure that camera-ready copy is of the highest resolution available.

Figures should be numbered consecutively according to the order in which they have been first cited in

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the text. Define in the legend all abbreviations that are used in the figure.

Figures and structures should be in separate files to the text. It is unnecessary to incorporate the figures into the body of the manuscript. If a figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. If payment is required for use of the figure, this should be covered by the author.

## *Chemical structures*

If possible, please submit structures drawn in ISIS-Draw or Chemdraw format. However, chemical structures can be redrawn in-house. Please use the following conventions:

- Always indicate stereochemistry where necessary – use the wedge and hash bond convention for chiral centres and mark cis/trans bonds as such.
- Draw small peptides (up to five amino acids) in full; use amino acid abbreviations (Gly, Val, Leu etc.) for larger peptides.
- Refer to each structure with a number in the text; submit a separate file (i.e., not pasted throughout the text) containing these numbered structures in the original chemical drawing package that you used and as a hard copy.

## *Electronic figure files*

Please submit any other illustrations/schemes in an electronic format such as Illustrator, CorelDraw, Powerpoint, Excel or as postscripted/encapsulated postscripted (.ps/.eps) files. Otherwise, please ensure camera-ready copy is of high resolution.

## *Copyright*

As the author of your manuscript, you are responsible for obtaining permissions to use material owned by others. Since the permission-seeking process can be remarkably time-consuming, it is wise to begin writing for permission as soon as possible. A template permission letter is available on request. Please send us photocopies of letters or forms granting you permission for the use of copyrighted material so that we can see that any special requirements with regard to wording and placement of credits are fulfilled. Keep the originals for your files.

## *Submission*

If possible, please submit manuscripts in MS Word v. 6 – 8 format. However, we can convert most word-processing packages. Please use high (not double) density disks. Submission by e-mail is welcome (e-mail address below), although we will always need hard copies of manuscripts to check for formatting changes. We can also decode BinHex 4.0 encoded e-mails (Mac encoding system).

## *Deadlines & peer-review*

Please ensure that manuscripts are submitted on or before the agreed deadline. Please also provide an outline of your review not later than one month prior to the submission deadline. This will enable us to find a suitable referee in advance. Once the manuscript has been received in-house, it will be peer-reviewed (this usually takes up to two weeks). A further two weeks is then allowed for any revisions (suggested by the referee/Editor) to be made. If a manuscript requires authorization by your organization before submission, please remember to take this into account when working towards these deadlines.

## *Conflict of interest*

It is the responsibility of the authors to disclose any affiliation with any organization with a financial interest, direct or indirect, in the subject matter or materials discussed in the manuscript (such as consultancies, employment, expert testimony, honoraria, speakers bureaus, retainers, stock options or ownership) that may affect the conduct or reporting of the work submitted. If uncertain as to what might be considered a potential conflict of interest, authors should err on the side of full disclosure. Information about potential conflict of interest may be made available to reviewers and may be published with the manuscript at the discretion of the Editors.

Future Medicine expects manuscripts to conform to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (the Vancouver style; N. Engl. J. Med. 336, 309–315 [1997] or [www.icmje.org](http://www.icmje.org)).

## *Contact details*

Charlotte Barker  
[c.barker@future-drugs.com](mailto:c.barker@future-drugs.com)  
Website: [www.futuremedicine.com](http://www.futuremedicine.com)