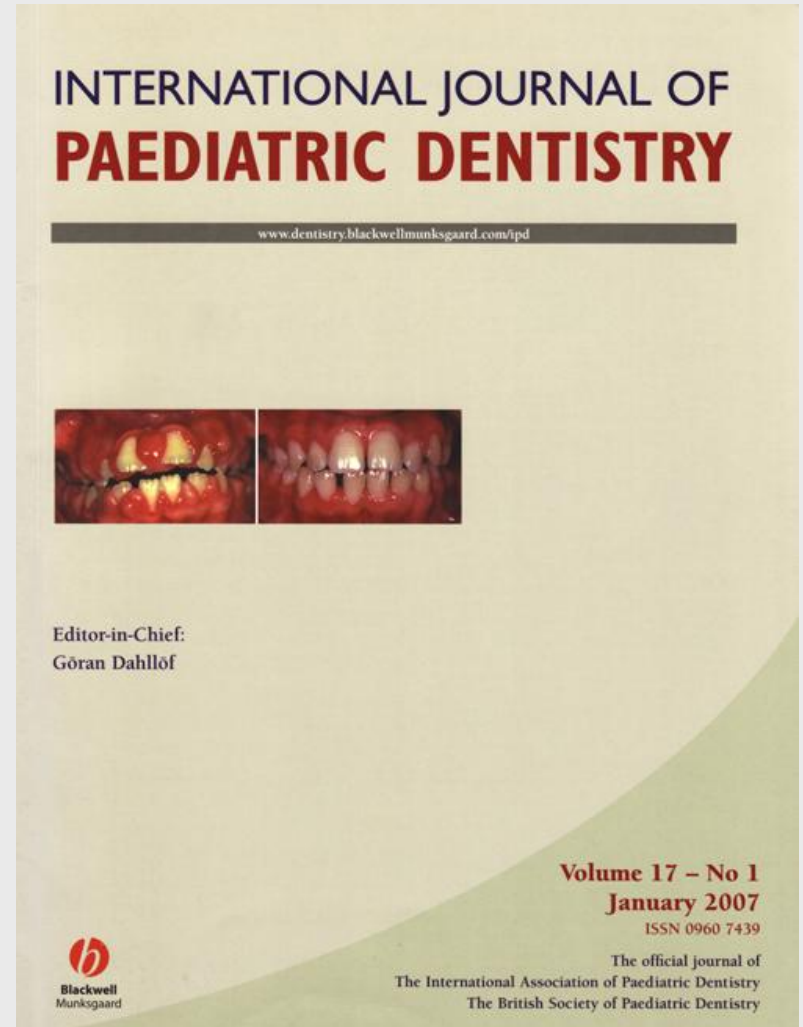


# How to write a successful paper for the International Journal of Paediatric Dentistry

Göran Dahllöf  
Helen Rodd  
Göran Koch

International Association of  
Paediatric Dentistry  
14 July, 2007, Hong Kong



# About the presenters

- All professors of paediatric dentistry, Stockholm, Sheffield and Jönköping
- Dahllöf, editor-in-chief
- Rodd, editor British Society of Paediatric Dentistry
- Koch, editor International Association of Paediatric Dentistry

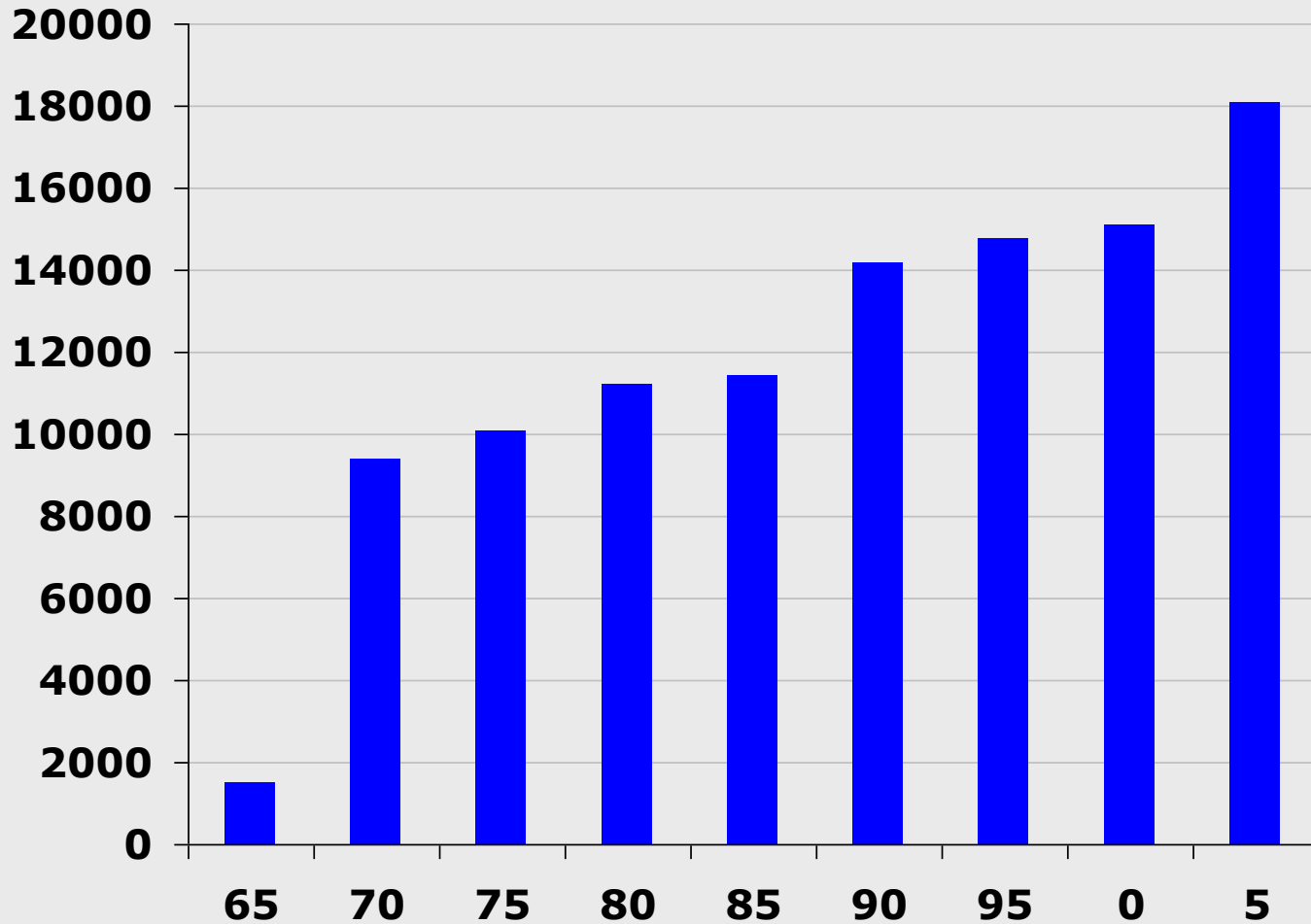
# Experienced dental researchers

- All long experience of dental research
- Dahllöf, children with chronic health conditions
- Rodd, diseases of the pulp
- Koch, prevention and epidemiology
- Together 350 papers in PubMed

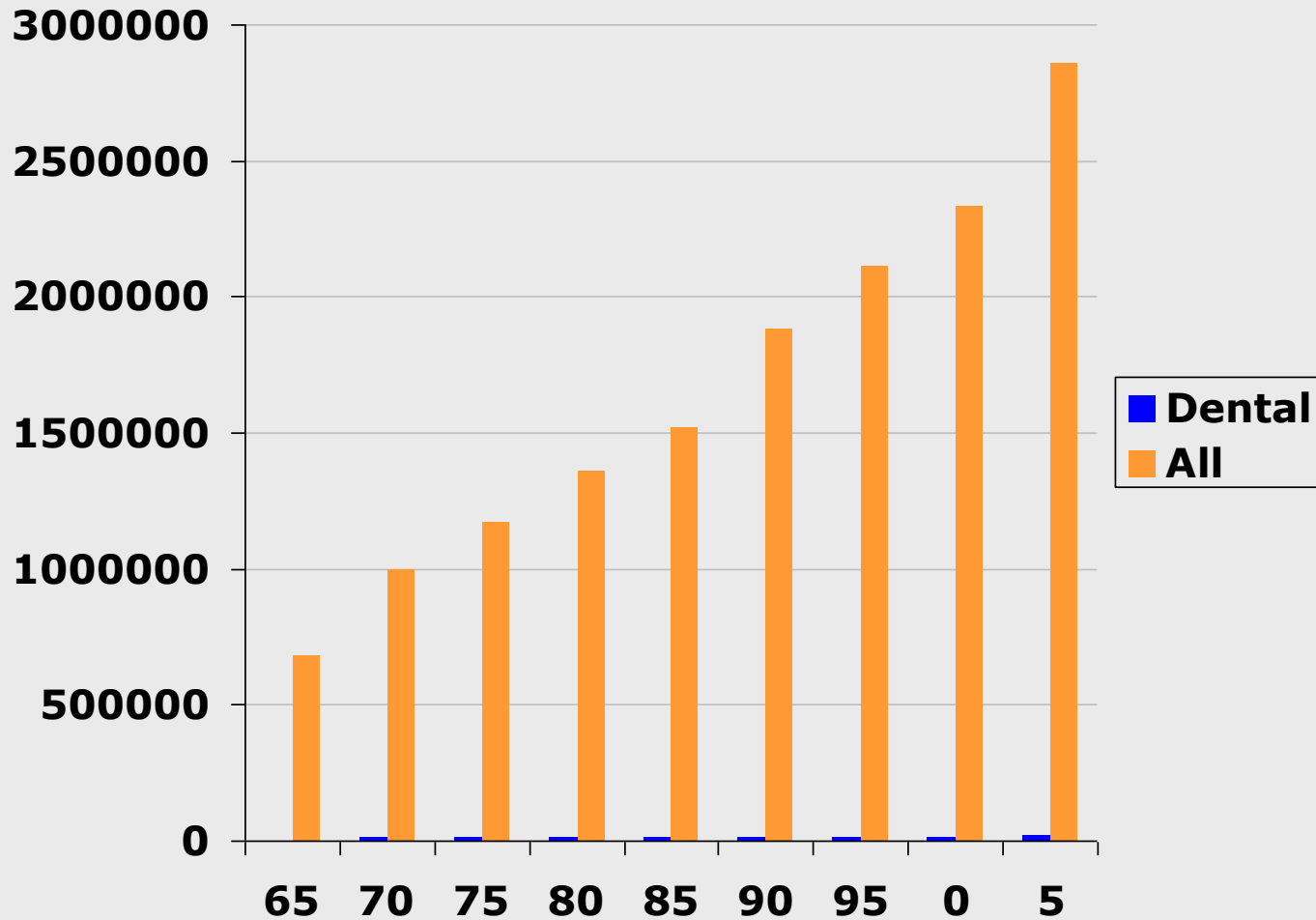
# Outline of the session

- Introduction
- Scientific publication and the International Journal of Paediatric Dentistry; GD
- How to write a successful paper, HD
- The case report, GD
- The review process, GK
- Summary

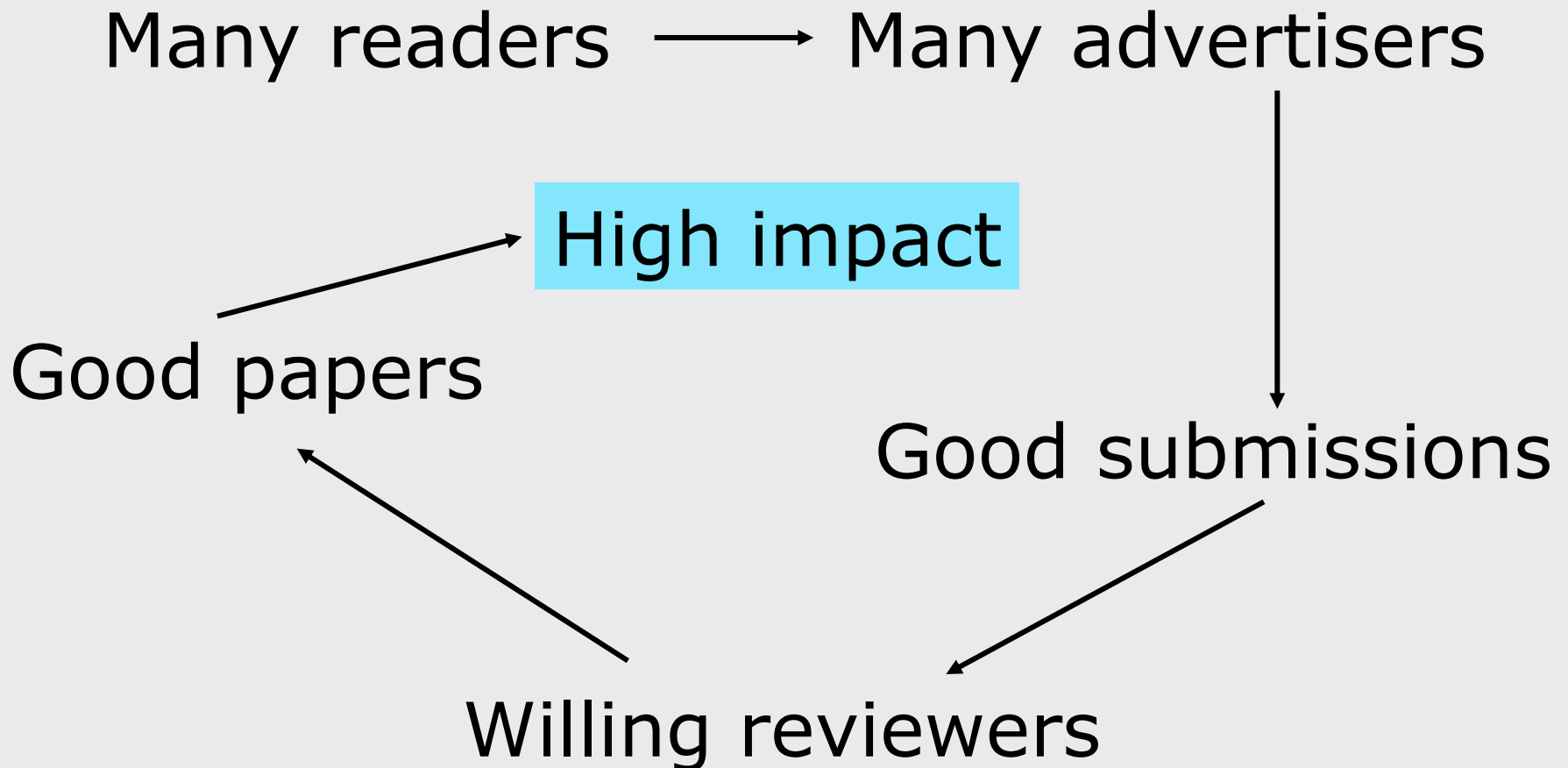
# No. of scientific publications in Pubmed with Dental as search word



# No. of scientific publications in Pubmed since 1960



# The virtuous spiral of a good journal



# Type of articles published

## Contents

### Scientific Papers

- 310 Injuries to the head, face, mouth and neck in physically abused children in a community setting  
A. M. Cairne, J. Y. Q. Mok & R. R. Webbury
- 319 An investigation of language used by children to describe discomfort expected and experienced during dental treatment  
K. Haman, S. Lindsay, A. Adewami & P. Smith
- 327 Factors associated with active white enamel lesions  
M. A. F. Ferraz & N. S. Mendes
- 335 Epidermolysis bullosa and dental developmental age  
H. M. Liversidge, A. Kosmidou, M. P. Hector & G. J. Roberts
- 342 Microleakage adhesion of sealants to intact enamel  
J. Perdigão, J. W. Fundingsland, S. Duarte Jr & M. Lopes

- 349 The effect of an intra-matrix layer of flowable composite resin on microleakage in packable composite restorations  
O. Zeki, I. Adali, E. Tepsirovich & B. Peric
- 355 Orthodontic management of orofacial problems in young people with impairments: review of the literature and case reports  
R. S. Hobson, J. H. Nunn & I. Cozza

### Case Reports

- 364 Wlkoop tooth and nail syndrome: a case report  
S. Devadas, B. Varma, J. Mangera, T. Joseph & T. R. Sasarwal
- 370 A case of Tourette syndrome presenting with oral and injurious behaviour  
E. Lakhal & S. Eshvardan
- 375 External cervical resorption of a primary canine  
H. D. Rodd, S. Nak & G. T. Craig

Scientific papers

Clinical

Basic science

Review articles

Short communications

Case reports

Letters


Clinical procedures



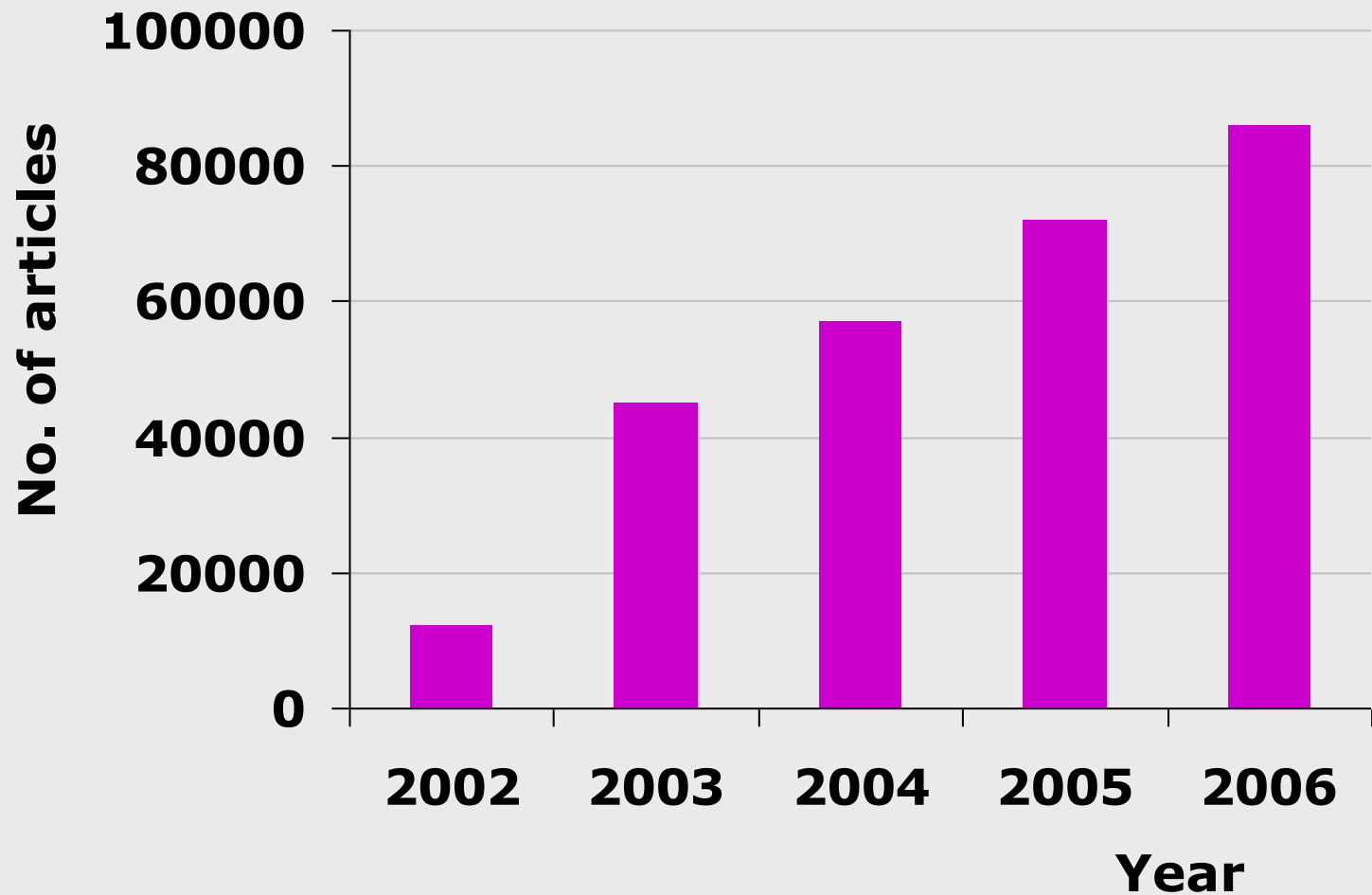
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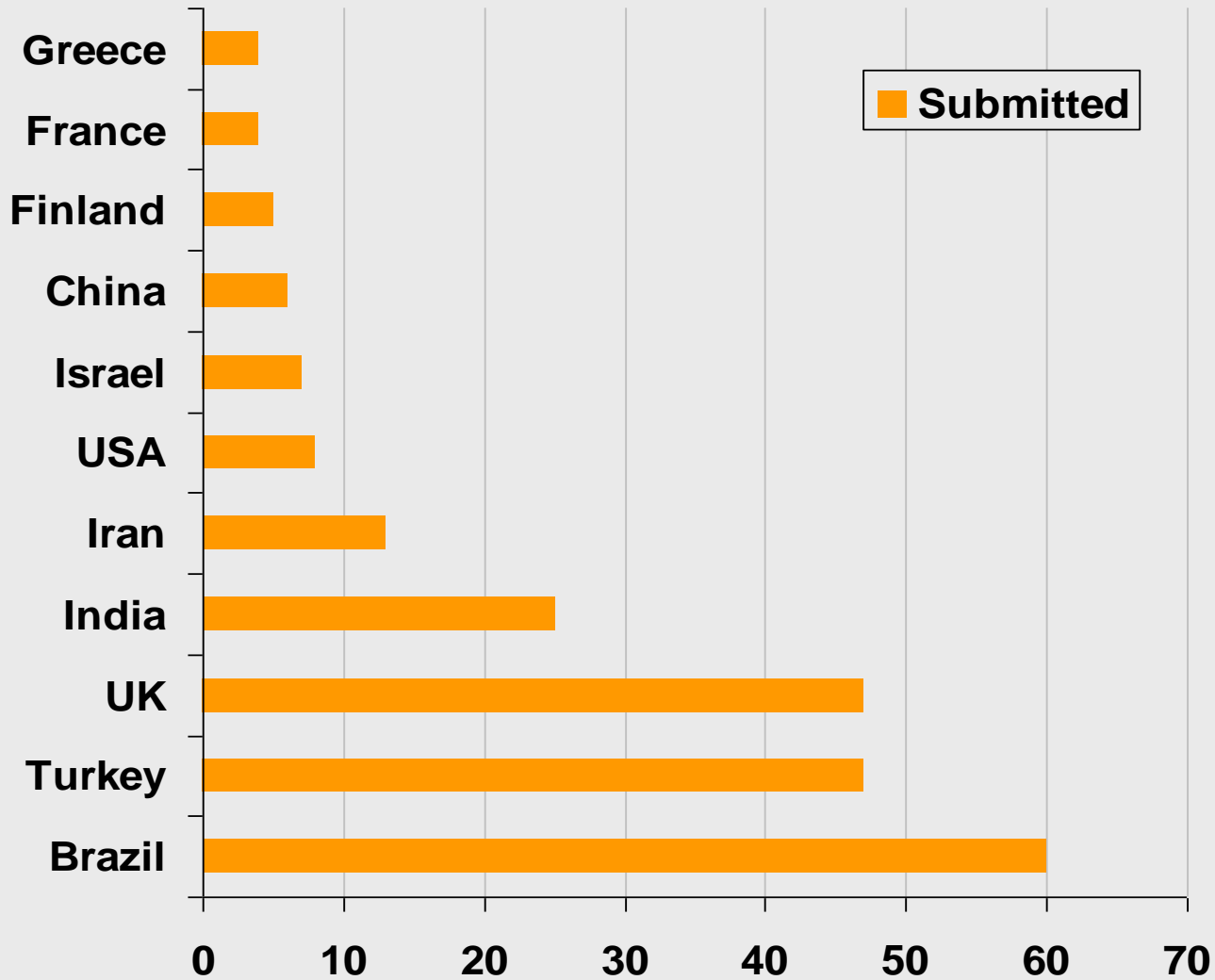
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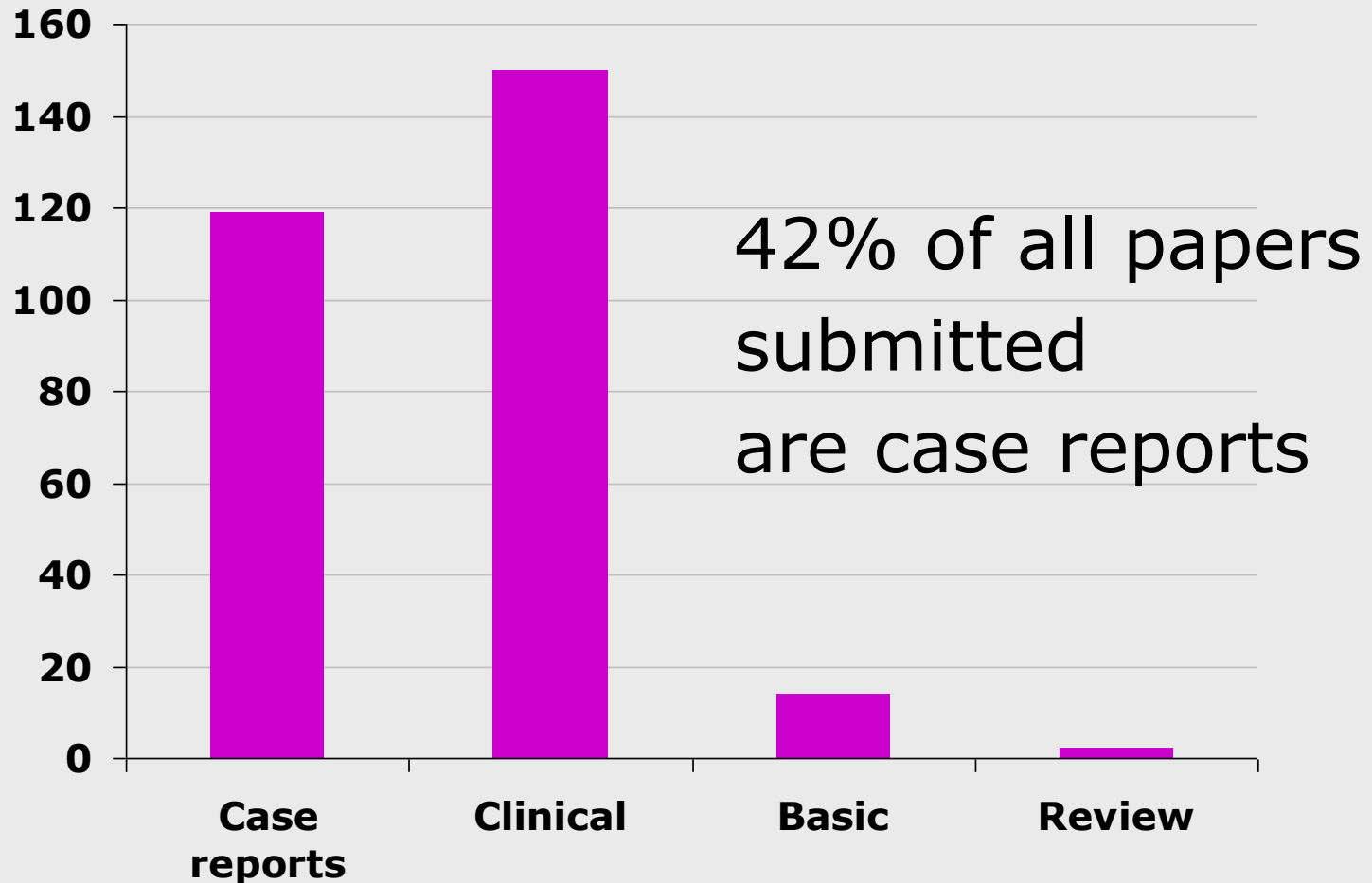
# Top 4 downloaded articles in 2006

<b>Access</b>	<b>Article title</b>	<b>Author</b>	<b>Issue</b>
1020	Is there life after Buckley's formocresol? Part 1.	Srinivasan V, Patchett CL, Waterhouse PJ.	16;2
878	Supernumerary teeth: review of the literature and survey of 152 cases	Rajab LD, Hamdan MAM	12;4
721	An oral health education programme based on the National curriculum	Chapman A, Copestake SJ, Duncan K	16;1
709	Clinical performance of resin-bonded composite strip crowns in primary incisors: a retrospective study	Ram D, Fuks A	16;1

# Country of origin 2006



# Submission of different types of manuscripts 2006



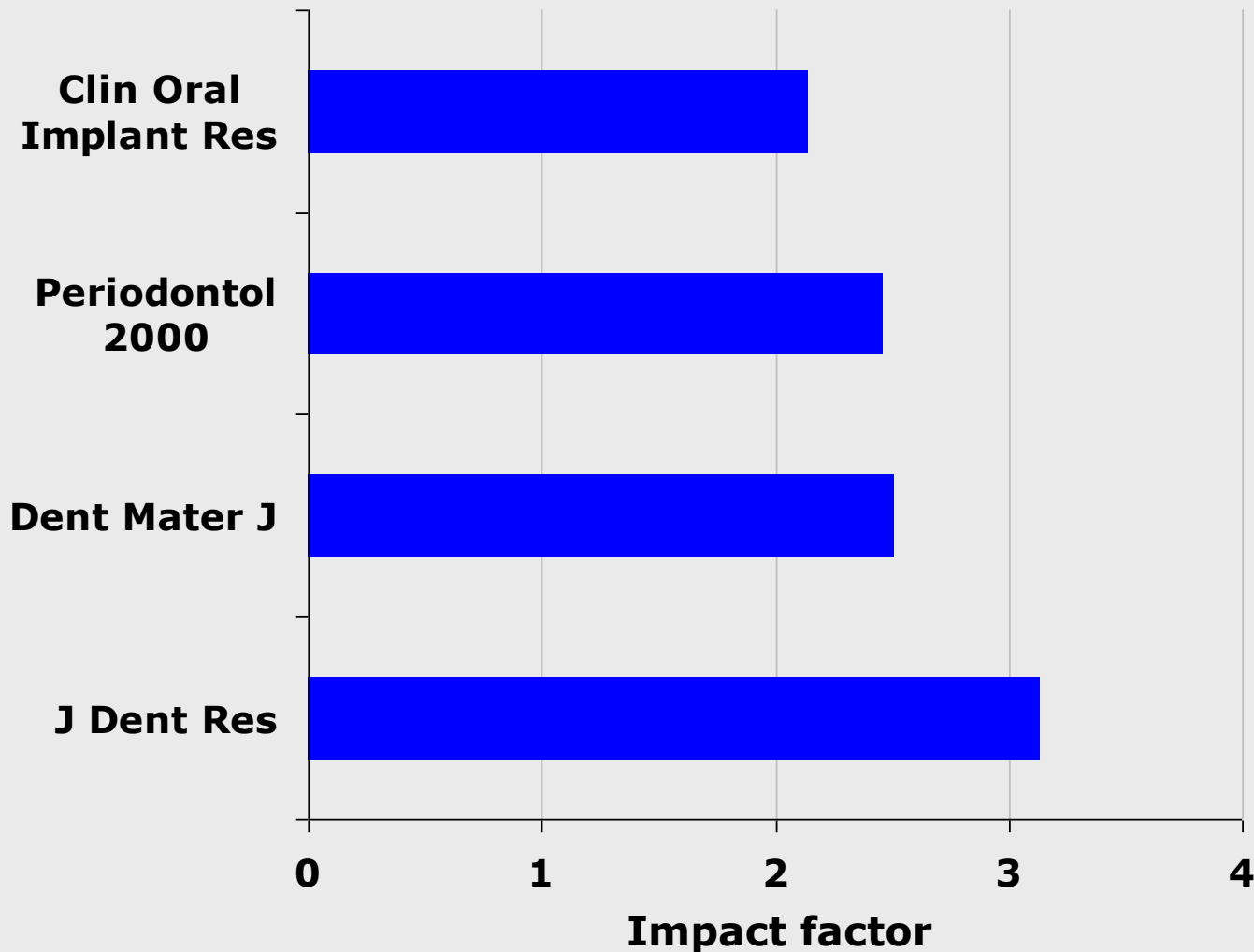
# IJPD statistics

<b>Type of decision</b>	<b>Average time (days)</b>
Average time from submission to first decision	35
Average referee turn around time	5
Average editor turn around time	5

# Journal impact factor

- The number of citations during 2 years divided by the total number of articles
- Annual Review of Immunology  
52.280
- For the journal not individual paper
- 50 % of articles account for 92% of all citations

# Impact factor dental journals tidskrifter



ISI, Journal Citation Reports


# Submission and review online

## INTERNATIONAL JOURNAL OF PAEDIATRIC DENTISTRY

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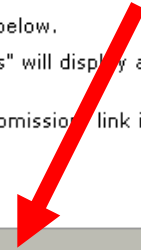
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- 1 [Submitted Manuscripts](#)
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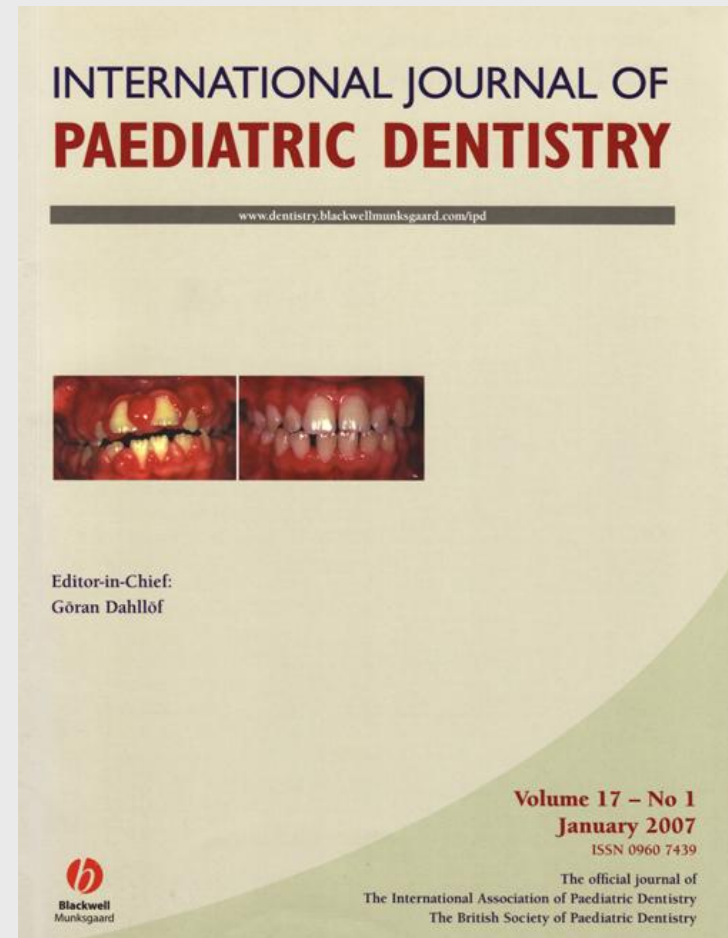
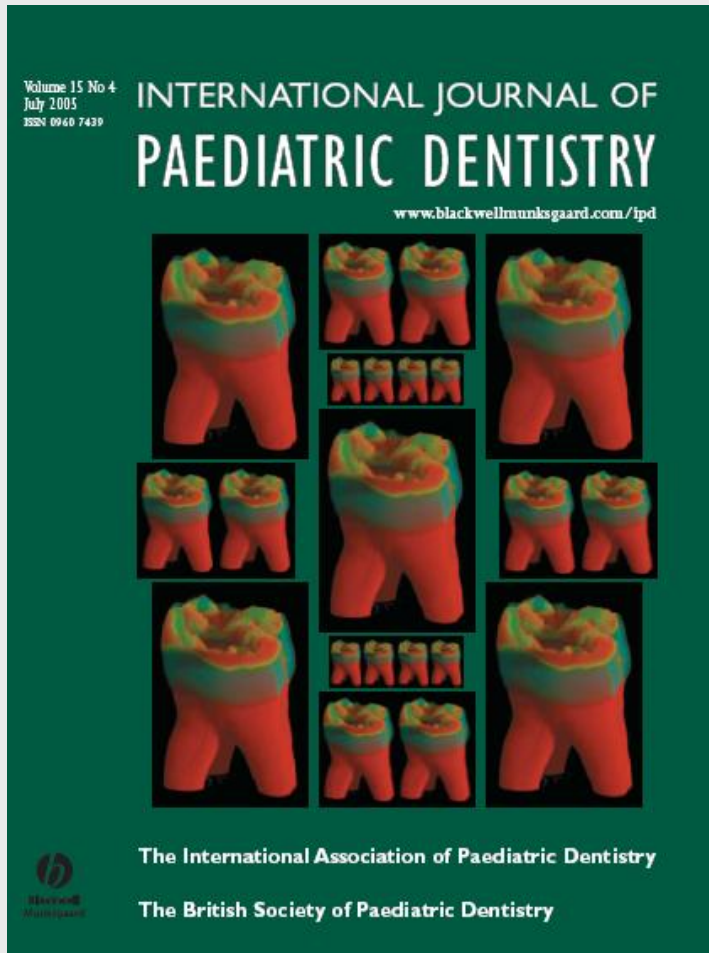
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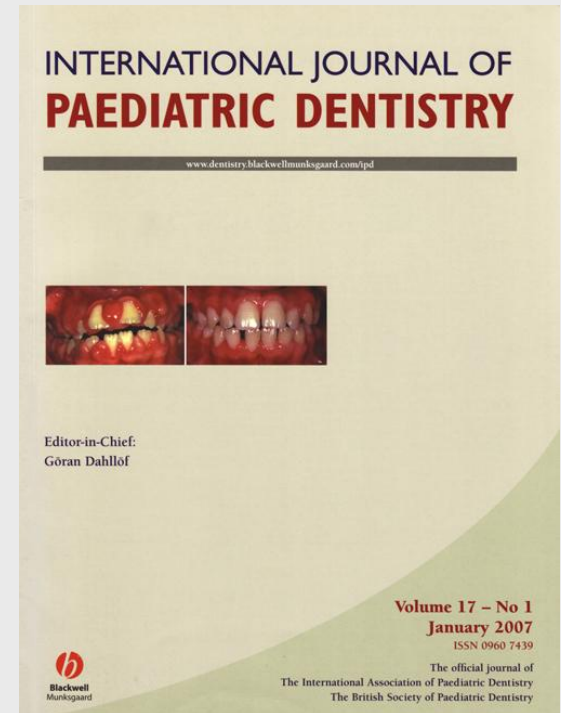


# New editorial board

- More women,
- World wide recruitment
- Active researchers
- Can contribute with manuscripts
- Have contacts
- Now 19 persons
- Meet at IAPD congresses

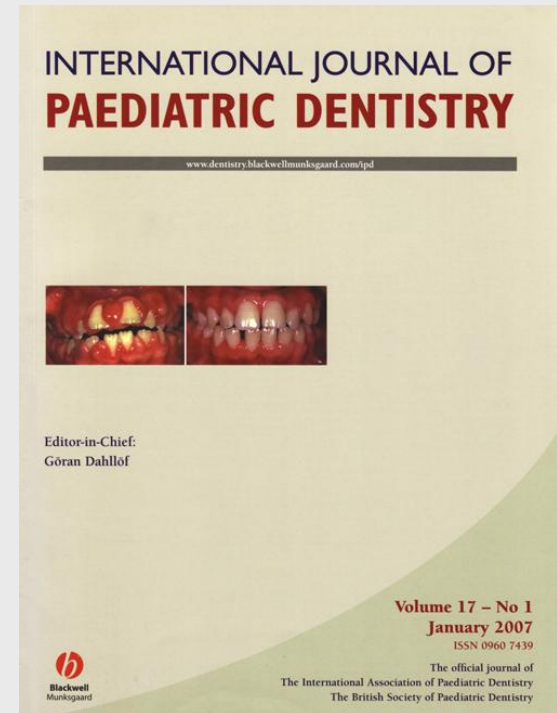
# Recent changes to IJPD

- Translations of abstracts to French, German and Spanish
- Book reviews
- Abstracts from other journals
- New layout
- On-line early, DOI
- Review articles



# Changes to come

- Comentary and interpretation
- Themed issues, child psychology and dental care for children
- Virtual issues, Use of general anaesthesia in paediaric dentistry
- Added material



# Digital Object Identifier

*European Journal of Orthodontics* 27 (2005) 550–555  
doi:10.1093/ejo/cji048  
Advance Access publication 11 July 2005

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## Craniofacial development in obese adolescents

Akbar Sadeghianrizi, Carl-Magnus Forsberg, Claude Marcus and Göran Dahllöf  
Karolinska Institute, Institute of Odontology and Karolinska University Hospital at Huddinge, Sweden

**SUMMARY** The purpose of this study was to investigate craniofacial morphology in obese adolescents and to compare the morphological data with those of normal adolescents.

The study was based on measurements of lateral cephalometric roentgenograms of adolescents who had been diagnosed as obese. Linear and angular measurements were obtained from cephalometric tracings of 27 females (mean age  $15.6 \pm 0.83$  years) and 23 males (mean age  $13.9 \pm 0.98$  years). The data were compared with corresponding measurements of gender and age matched controls.

The results showed that both males and females in the obesity group exhibited significantly larger mandibular and maxillary dimensions than the controls. On average, mandibular length (Cd–Pgn) was 10 mm greater in males and 8 mm greater in females. Maxillary length (Pm–A) was 3.5 mm greater in males and 3 mm greater in females. When considering vertical dimensions, lower anterior (Ans–Gn) and posterior (S–Go) face height were 4 and 5 mm greater in the obese males, respectively, while in the obese females both these distances were 4 mm greater compared with the controls. Both maxillary (SMA) and

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The official journal of  
The International Association of Paediatric Dentistry  
The British Society of Paediatric Dentistry

Thank you for your attention  
Goran.Dahllof@ki.se



# A short guideline for structured (systematic) reviews

- Int J Paediatr Dent 2007

## the essential steps

1. define a focused key question
2. conduct systematic literature search
3. select studies for review
4. critical appraisal of selected papers
5. compile evidence table
6. grading of evidence and conclusion

## step 1 - define the key question

- state a clear question of clinical relevance
- identify populations, patients, age groups, etc, that should be included
- specify intervention or diagnostic method to be used
- specify the outcome measure that is accepted
- **it is important to get the question right!**

## step 2 - systematic literature search

- to avoid duplicates - check first if there are there any previous systematic review on the issue. If so, start from there!
- search more than one single database for comprehensive coverage; e.g. use PubMed, Embase, Medline, Cochrane library
- specify accepted languages

## step 2 - systematic literature search

- the search strategy and MeSH-terms must be saved and published so the process can be repeated by others
- specify time limits and motivate (e.g. from Jan 1980-July 2007)
- additional papers may be disclosed by supplementary searches:
  - reference lists of retrieved papers
  - hand searches of key journals such as narrative reviews

## step 3 – select studies for review

- check the obtained abstract list
- use explicit inclusion and exclusion criteria to select the papers to be reviewed in full
- most important: **does this study address the key question?**

## step 3 – select studies for review

- **specify inclusion criteria**
  - study design (e.g. RCT, cohort study)
  - minimum sample size
  - duration
  - ethical approval
  - etc
- **specify exclusion criteria**
  - not relevant outcome measure
  - findings not applicable on target population
  - grey literature (textbooks, opinions)
  - etc

## step 4 – critical appraisal

- selected full text papers are subjected to critical appraisal concerning:
  - methodological quality
  - drop-out rate
  - result validity

**look out for confounders and bias!**

- methodological checklists for various types of studies are available from:

<http://www.sign.ac.uk/methodology/checklists.html>

# hierarchy of studies

1. high quality meta-analysis, systematic review of RCT's, high quality RCT
2. systematic review of observational studies, high quality cohort or case-control studies
3. non-experimental studies, e.g. case reports
4. expert opinion

**look always for best available evidence!**

## step 4 – critical appraisal

- the critical appraisal should be carried out by at least two persons independently
- when diverging opinions, a consensus is reached
- side-effects, if any, must be disclosed
- do not forget health-economical aspects

## step 5 – compile evidence tables

- studies that are accepted as valid and clinically relevant relating to the particular key question are summarised in an **evidence table**
- a level of evidence is given for each individual study (e.g. high, medium, low)
- appropriate examples of evidence tables can be seen in any Cochrane report

## step 5 – compile evidence tables

- make a text summary of the results with comments
- excluded papers should be listed in a separate table
- the main reason for exclusion should be given

## step 6 – final grading and conclusion

- the complete body of evidence should lead to graded conclusions
- the conclusions should only be based on papers graded as “high” or “medium”
- on the following slides, the grades adopted by the Swedish Council on Technology Assessment in Health Care are shown

## step 6 – final grading and conclusion

- **Evidence grade 1 – strong scientific evidence**

at least two studies with high quality and relevance. If some studies are partly against, the evidence grade may be lower

- **Evidence grade 2 - moderately strong scientific evidence**

at least one study of high quality and relevance as well as two studies with medium quality. If some studies are in contrast, the evidence grade may be lower

## step 6 – final grading and conclusion

- **Evidence grade 3 - limited scientific evidence**

at least two studies with medium quality and relevance. If some studies are in contrast, the evidence grade may be lower

- **Insufficient evidence**

less than two studies with medium quality and relevance. No conclusions can be drawn

## The systematic review could also include

- need for future research to fill current gaps
- heterogeneity exploration and discussion
- a quantitative analysis if several homogenous studies are included
- graph with treatment effect and confidence intervals
- generalization of results

# preparation of manuscript

- for details, please see author's instructions at IJPD homepage
- there are several detailed manuals for undertaking systematic reviews for research on effectiveness available on internet
- check for example  
<http://www.york.ac.uk/inst/crd/report4.htm>

## example of literature

- [Cook DJ, Mulrow CD, Haynes RB.](#) Systematic reviews: synthesis of best evidence for clinical decisions.  
Ann Intern Med. 1997;126:376-80.
- [Greenhalgh T.](#) Papers that summarize other papers (systematic reviews and meta-analyses).  
BMJ. 1997;315:672-5.