

International Journal of Paediatric Dentistry: Scientific papers style guide for authors

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Running title: xylitol effects on plaque and mutans streptococci (no more than 40 characters)

Key words: Do not give these as the journal does not use keywords.

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Summary

Objective: Give only the aims and objectives in this section.

Methods: Give the main methodology behind the study but do not include any references.

Results: Give the main results presented in the paper.

Conclusion: Give the conclusions that you draw from the results. The summary should not exceed 250 words.

Introduction

The paper should be split into the following sections and the author should use Times New Roman 12pt. Please also ensure that the manuscript is double-spaced and in UK English.

Materials and methods

Subheadings should appear in italics

Statistical methods

For example: All data were processed by SPSS software (12.0, SPSS Inc., Chicago Ill, USA). The index for dental plaque were scored and categorised before evaluated with chi-square tests. Bacterial and biochemical data were subjected to analysis of variance (ANOVA) or Student's *t*-test. A *P*-value less than 0.05 were considered as statistically significant.

Style issues

Lists should appear in the main body of the text and should not be bulleted or numerical e.g.

- Point 1,
- Point 2 and
- Point 3

These should appear as: point 1; point 2; and point 3, and run on from each other.

All abbreviations should be given in full in the abstract and their first usage in the main body of the paper.

All chemicals/instruments used must have the supplier details provided, including city and country of supplier e.g. (Bio-Rad Laboratories, Hercules, CA, USA).

All references should follow the Vancouver System, and any paper that does not comply will be sent back to the author.

Results

Only give errors to the same accuracy as the findings, e.g. 1.22 ± 0.22 but not 1.22 ± 0.223 .

All tables and figures should be cited in the results section.

Discussion

Do not cite tables and figures in this section. This section should discuss the findings and present your conclusions.

Bullet points:

What this paper adds

- No more than 3 bullet points.
-

Why this paper is important for paediatric dentists

- No more than 3 bullet points.
-

Acknowledgements:

Give any acknowledgements and also any funding should be stated here.

References

Journal titles should be abbreviated as seen in PubMed. Articles must be published or in press to appear here. A paper that is submitted or in preparation should only appear in the main body of the text.

1. Ahovuo-Saloranta A, Hiiri A, Nordblad A, Worthington H, Makela M. Pit and fissure sealants for preventing dental decay in the permanent teeth of children and adolescents. *Cochrane Database Syst Rev* 2004: CD001830.
2. Nomoto R, McCabe JF, Hirano S. Comparison of halogen, plasma and LED curing units. *Oper Dent* 2004; **29**: 287-294.
3. Soh MS, Yap AU, Siow KS. Post-gel shrinkage with different modes of LED and halogen light curing units. *Oper Dent* 2004; **29**: 317-324.
4. Martin FE. A survey of the efficiency of visible light curing units. *J Dent* 1998; **26**: 239-243.

Figure legends – figure files should be supplied separately and not part of the word document. Figure files should be high resolution (≥ 300 dpi) and in EPS or TIFF format. Only supply figure files in colour if you intend to pay for colour printing.

Figure 1.

Proportion of salivary mutans streptococci (MS) in relation to the total viable counts (TVC) at baseline and after 4 weeks of daily chewing on xylitol-containing gums (Group B; 6.18 g/day) or sorbitol/maltitol control gums (group A). Star denotes a statistically significant difference ($p < 0.01$) compared with baseline.

Table 1.

Percentage distribution of sites with visible plaque scored according the Greene-Vermillion simplified oral debris index (OHI-S) in 128 schoolchildren. The values are based on clinical assessment after erythrosine-staining of 6 pre-determined sites from each participant.

Group/time	Score			
	0	1	2	3
<hr/>				
A (sorbitol-maltitol)				
Baseline	30.1	41.8	23.1	5.0
4 weeks*	41.1	43.0	15.6	0.3
B (xylitol)				
Baseline	24.6	47.8	25.1	2.5
4 weeks*	44.5	40.6	14.0	0.9

* distribution significantly different from baseline, $p < 0.05$, Chi-square test