

Guidelines for contributors

Developmental Medicine & Child Neurology

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All papers should be submitted online at <http://mc.manuscriptcentral.com/dmcn>. Please email the editorial office with any queries about the process (dmcn@editorialoffice.co.uk).

Papers published in *Developmental Medicine and Child Neurology* (DMCN) are freely available online from 12 months after publication. Authors who wish to make their papers freely accessible immediately upon publication may use Wiley-Blackwell's pay-to-publish service, OnlineOpen. (See Section 5, 'OnlineOpen', below.)

Note to NIH Grantees Pursuant to NIH mandate, Wiley-Blackwell will post the accepted version of contributions authored by NIH grant-holders to PubMed Central upon acceptance. This accepted version will be made publicly available 12 months after publication. For further information, see www.wiley.com/go/nihmandate.

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1. Good publication practice

- a) Authorship
- b) Duplicate publication
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The journal follows the guidelines of the International Committee of Medical Journal Editors (www.icmje.org) and Wiley-Blackwell's Best Practice Guidelines on Publication Ethics (www.wiley.com/bw/publicationethics/). In particular, please note the following points.

a) Authorship

Credit for authorship should be based on

- I. substantial contributions to research design, or the acquisition, analysis or interpretation of data;
- II. drafting the paper or revising it critically;
- III. approval of the submitted and final versions.

The covering letter must be signed by all the authors, or the corresponding author must state that all the authors have read the manuscript and agreed it to being submitted for publication. The letter should state that all individuals listed as authors meet the appropriate authorship criteria, that nobody who qualifies for authorship has been omitted from the list, that contributors and their funding sources have been properly acknowledged, and that authors and contributors have approved the acknowledgement of their contributions. The covering letter should include a short description of each author's contribution and should state whether he or she had complete access to the study data that support the publication.

Contributors who do not qualify as authors should be listed, and their contribution described, in an acknowledgement section at the end of the article. When authors are publishing on behalf of a group, the membership of the larger authorship group should be listed in an appendix. Up to eight authors may be included on the title page.

b) Duplicate publication

Authors should declare that the submitted work and its essential substance have not previously been published and are not being considered for publication elsewhere. If publishing the results of a clinical trial, please include the clinical trial registration number. We would prefer that all trials are registered in a publicly accessible database.

Manuscripts must not be submitted simultaneously to another journal.

c) Reporting guidelines

The Editors and Editorial Board strongly recommend that authors follow the guidelines of the Equator network when reporting research methods and findings (www.equator-network.org/).

d) Approval and consent

Ethical approval Authors of research articles should demonstrate that the research has been approved by a named research ethics committee, that the committee's recommendations have been adhered to, and that written informed consent for participation and publication has been obtained. Please include a statement in the text of your paper to indicate that ethical approval has been given and give the name of the body (research ethics committee, institutional review board etc.) that approved the study. Please also indicate in the text that patients or their carers have given informed consent to the research and to publication of the results.

If the institution's research ethics committee did not consider that their approval was needed, this should be stated in the text.

Consent If recognizable photographs or verbal descriptions of an individual are used in an article, written consent from the appropriate person(s) for publication must be submitted to the

journal. **All** case reports and clinical photographs require consent. Names, initials, or any other means of identification should not be shown on any photograph.

e) Funding

All sources of funding or support should be acknowledged in the manuscript (including grants from funding bodies, sponsorship or grants from commercial organisations, and donation of materials). The covering letter should clarify the involvement of any funder in study design, data collection and analysis, and manuscript preparation.

f) Disclosures

All authors must provide details of financial interests (e.g. employment, significant share ownership, patent rights, consultancy, research funding) in any company or institution that might benefit from the publication of the article. Authors should also declare any other potential competing interests that readers or editors might consider relevant to the research submitted for publication. The opportunity to make such disclosures is provided during the online submission process.

2. Copyright

Authors must declare that the work submitted is their own and that copyright has not been breached in seeking its publication. If the manuscript includes work previously published elsewhere, it is the authors' responsibility to obtain permission to use it and to indicate that such permission has been granted.

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3. Presentation and formatting of your paper

- a) Maximum length requirements**
- b) All papers**
- c) Original articles**
- d) Reviews**
- e) Case reports**
- f) Clinical letters**
- g) Letters to the Editor**
- h) References**
- i) Figures and tables**
- j) Supporting information (supplementary material)**

a) Maximum length requirements

Article type	Abstract	“What this paper adds”	Text words (excl refs)	References	Figures/ tables
Original article	Structured, 200 words	3 to 5 points	3000	25	4
Systematic review	Structured, 200 words	3 to 5 points	As appropriate		
Other review	Unstructured, 150 words	1 to 2 points	3000	25	4
Case report	Unstructured, 150 words	1 to 2 points	1500	15	2
Clinical letter	Unstructured, 150 words	1 to 2 points	1500	15	2
Letter to the Editor	None	None	750	5	1
Editorial, commentary, opinion	None	None	700	5	0

b) All papers

General Use single-line spacing for all parts of the submission. Include tables and figure legends in your main article file, after the references. Submit figures (illustrations) as separate files, as described below. Name all files using the surname of the first author (e.g. Smith.doc, Smith fig1.tif, etc.).

Title page Include the title of the paper, authors’ names, main appointments and primary affiliations (i.e. one affiliation only per author), and word count. Identify the corresponding author and give his or her postal address, fax number, and e-mail address.

Abstract On the second page of original articles and systematic reviews, provide a full structured abstract of no more than 200 words, with the following headings: Aim; Methods, Results, Interpretation. Non-systematic reviews and case reports should have a non-structured abstract of up to 150 words, covering the aims, method, results, and conclusions of the study.

On the abstract page, also provide a shortened form of the title (up to six words) for use as a running foot.

‘What this paper adds’ All original articles and systematic reviews should have a section ‘What this paper adds’ after the abstract. This should comprise three to five bullet points, totaling 25 to 50 words, summarizing the new knowledge contributed by the study. Other articles should have one or two similar bullet points.

c) Original articles

Articles should comprise an introductory section (but not headed ‘Introduction’), followed by ‘Method’ (with optional subheadings, such as ‘Participants’ [rather than ‘Subjects’] and ‘Statistical analysis’), ‘Results’, and ‘Discussion’ sections. The Discussion section should include the limitations of the study. Subheadings should otherwise be kept to a minimum.

Papers longer than 3000 words, such as those reporting randomized controlled trials, may be published at the Editors’ discretion.

d) Reviews

We publish two types of review. One is a fully detailed comprehensive review of a subject, such as a systematic review, with full referencing and a word-count appropriate to the topic and amount of material to be covered. The other is intended to be a more personal view providing the reader with up-to-date information about the subject in question in a relatively brief format, referring to significant international papers but not forming a comprehensive overview of the literature.

e) Case reports

DMCN accepts case reports only if they significantly add to our understanding of a condition or present a novel finding. They should comprise an introductory section as above, followed by the 'Case Report', then a 'Discussion' section.

f) Clinical letters

Short reports on small studies of clinical relevance should be submitted as Clinical Letters.

g) Letters to the Editor

These are published at the Editor's discretion. They may comment on a published paper, or raise issues that are new to DMCN. In the case of letters commenting on a published paper, normally the author of that paper will be invited to comment on the letter, with both letter and comments being published in the same issue.

h) References

The Vancouver style is used, as recommended by the International Committee of Medical Journal Editors. Cite using a superscript number in the text, with a numerical list of references at the end of the paper presented in order of citation. Cite only peer-reviewed, published material. The journal does not recognize abstracts or submitted (as opposed to accepted, or 'forthcoming') papers as proper citations; such material should not be listed with the references but cited only in text, followed by '(personal communication)'.

List all authors unless more than six, in which case list the first three followed by 'et al', using Index Medicus abbreviations for journal names (see www.nlm.nih.gov/tsd/serials/lji.html). Order and punctuate bibliographic information as follows, omitting issue month and number unless needed to distinguish issues. For additional citation formats, adapt appropriate examples from the NLM's *Citing Medicine* (www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=citmed).

Abrams RA, Tsai AM, Watson B, Jamali A, Lieber RL. Skeletal muscle recovery after tenotomy and 7-day delayed muscle length restoration. *Muscle Nerve* 2003; 23: 707–14.

Auvin S, Joriot-Chekaf S, Cuvellier J-C, Vallée C. Familial alternating hemiplegia of childhood or channelopathy? [letter]. *Dev Med Child Neurol* 2004; 46: 500.

Mesibov GB, Kunc L, Schopler E. Asperger syndrome or high functioning autism? Current issues in autism. New York: Plenum Press; 1998.

Finnegan LP, Kaltenbach K. Neonatal abstinence syndrome. In: Hoekelman RA, Nelson NM, editors. Primary pediatric care. 2nd ed. St. Louis: Mosby Yearbook, Inc.; 1992. 1367–78.

For references to online sources, supply the author names, full title, and full URL including the date on which the site was accessed.

i) Figures and tables

Note that the Editors may decide that large figures or tables should be published online-only.

Tables, figure legends and appendices Set out on separate pages at the end of (and as part of) the main document, after the references.

Tables and appendices to be published online only Present as separate files in Microsoft Word or Rich Text format.

Figures (e.g. illustrations, charts and photographs) Present electronically as separate files (not in the main text of the article). Guidelines about acceptable file formats and illustration preparation are provided at authorservices.wiley.com/bauthor/illustration.asp.

Please label radiographs, CT, or MRI scans with left [L] and right [R], and if appropriate with anterior [A] and posterior [P]. Areas of interest should be marked with an arrow. For EEGs please indicate the gain, timescale, and lead position.

Graphs should be as simple as possible, not three-dimensional, and not framed. Shading should be white, black, or strong hatching, not grey. No background lines should be used (except for bars and axes).

Colour If colour printing of figures is essential for their comprehension, please indicate this in the covering letter. There is normally a charge to the author for printing in colour. It is possible to publish a figure in black and white in the print version of the issue but in colour in the online version at no extra charge.

j) Supporting information (supplementary material)

DMCN publishes online supporting information (including audio and video files, data sets, additional images, and large appendices) that cannot be included in the print version of an article. This material should be relevant to and supportive of the parent article. For guidelines see authorservices.wiley.com/bauthor/suppmat.asp.

4. Selection and publication

a) Editorial review

Submissions are normally sent to at least two independent referees. Case reports and reviews are assessed by the Editors and one or more independent referees. During the submission process, authors have the opportunity to, and are encouraged to, suggest three suitable independent

referees (with their contact details) but the choice of referee rests with the Editor. Most papers also undergo statistical review before acceptance.

Papers thought to have immediate, clinically important consequences may be considered for fast-track publication. The decision to prioritize remains with the Editor.

b) After acceptance

The Editors reserve the right to determine whether accepted papers will be published in the print and online versions of an issue or only in the online version of the issue ('E-Papers'). The abstracts and citation information of E-Papers will appear in the print issue.

After acceptance, authors will be able to track the progress of their article through production to publication. Authors will be sent information about how to register for Author Services once their article has gone into production.

When an accepted paper has been copy-edited, has been approved by the authors, and is ready for publication, it will normally be posted online in the journal's 'Early View' section before allocation to an issue.

Authors receive a free PDF of the paper soon after publication. Reprints may be ordered when returning proofs. Please send no payment: an invoice will be sent shortly after you receive the reprints.

5. OnlineOpen

OnlineOpen is a pay-to-publish service from Wiley-Blackwell that offers authors whose papers are accepted for publication the opportunity to pay for their manuscript to become open access (i.e. free for all to view and download) via the Wiley Interscience website. Each OnlineOpen article will be subject to a one-off fee of \$3,000 to be met by or on behalf of the author before publication. Upon online publication, the article (both full-text and PDF versions) will be available to all for viewing and download free of charge. The print version of the article will also be branded as OnlineOpen, drawing attention to the fact that the paper can be downloaded for free via Wiley Interscience.

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6. Style points

Jargon Avoid it strenuously. The journal aims to communicate across disciplines, and many of its readers do not have English as their first language, so plain language is always preferred. The Editors may clarify and shorten manuscripts accepted for publication as necessary.

Abbreviations These should be kept to a minimum and restricted to those that are generally recognised. They must be spelled out in full on first usage in text and again in figure captions and table footnotes. They should be avoided in titles, headings and subheadings

Participant details Give mean (SD) age in years and months (not decimal years) and sex (*n*, not %). Ensure this information is included in the abstract. In the text, indicate where study and comparison groups are from and how participants were selected.

Measurements Use SI units, except for blood pressure (mmHg); convert imperial units to metric. Do not use percentages for sample sizes below 50; use the symbol ‘%’ in tables. Show standard deviations as (SD), not $\pm$. Abbreviate probability with a lower case italicized *p*.

Numbers In general, use numerals, but spell out numbers at the beginning of sentences. Spell out numbers ‘one’ to ‘nine’ if they refer to nouns that are not units of measurement, e.g. ‘The results from four children confirm the findings’. For ages and time periods, use years, months, weeks and days, not decimals (e.g. 5 years 3 months, not 5.25 years).

Equipment and drugs Include (in parentheses) the name of the manufacturer, the city, and country of production.