

Presentation to Publication

Taking Your Work To The Next Level

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TTUHSC – Preston Smith Library



P3: Presentation to Publication Research Guide



Learning Objectives

- Discuss differences between poster presentations and paper manuscripts
- Identify methods to develop research in manuscript form through updated literature reviews
- Understand distinctions between Open Access models and publishing formats
- Perceive available Transformative Agreements
- Determine ways to identify higher impact journals as well as predatory publishers

**What's the difference
between poster and
paper projects in the
health sciences?**

Poster To Paper: The Manuscript

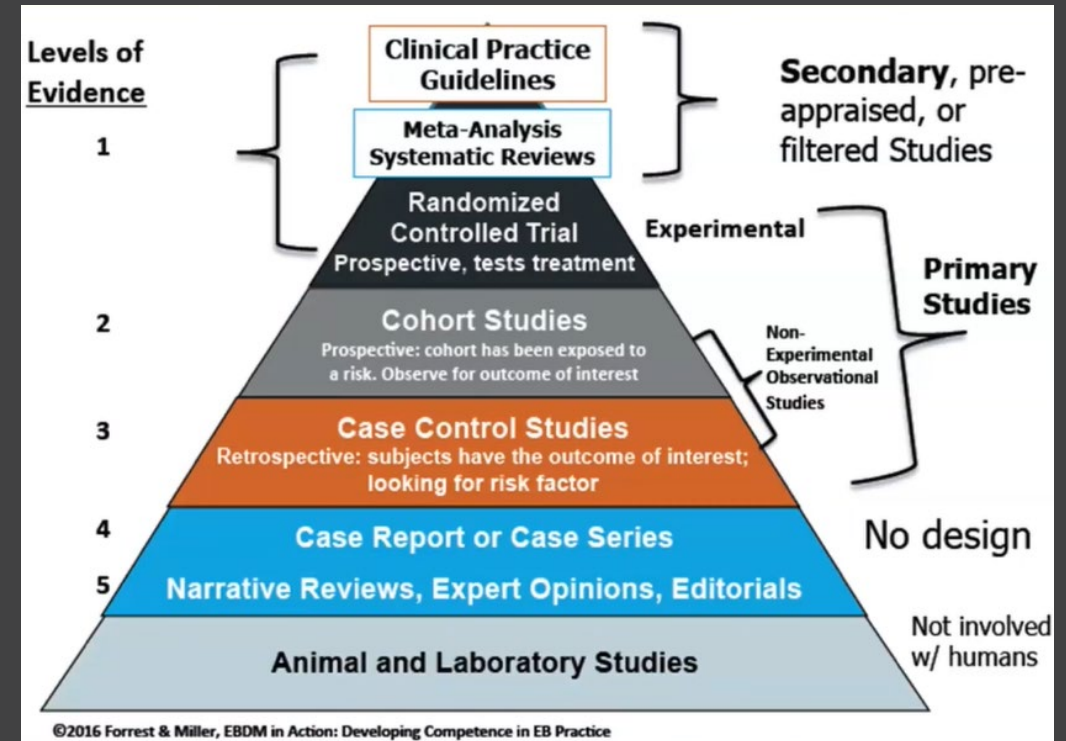
From a content standpoint, there are several issues to consider when converting a poster to a manuscript:

- Study Design
- Formatting and Structure
- Literature Review Development
- Verb tense and formal usage
- Figures and Tables
- Citation Management and Storage



Study Design

- In the health sciences, official research can be primary, secondary, or even tertiary.
- Official, Peer-Reviewed Research Reports can be an original experiment or investigation (primary), an analysis or evaluation of primary research (secondary), or findings that compile secondary research (tertiary).
- Further classification can be divided into Observational Studies, Trials, Reviews*
- Poster content does not always acknowledge this, but journals will require study identification.



**What does IMRAD
stand for?**

Formatting and Structure

Formatting

- The structure of a manuscript often depends on the study design
- Trials and Prospective Observational Studies are normally adapted to an IMRAD Format as will most Systematic Reviews/Meta-Analysis
- Basic review articles, case reports & series, and retrospective analysis may not always follow this pattern

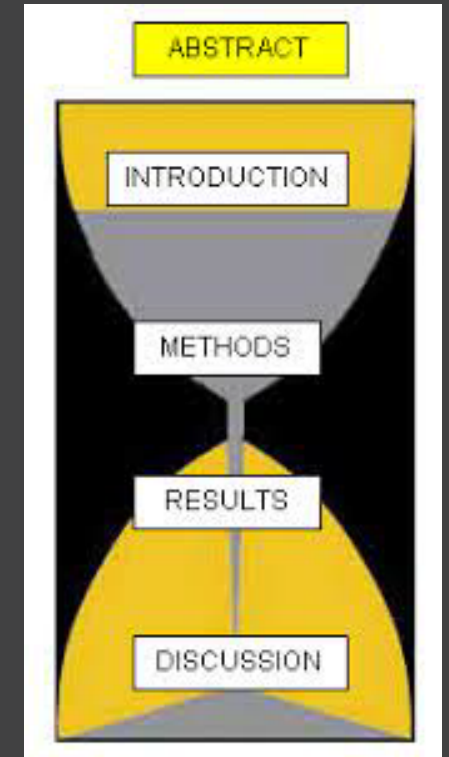
I – Introduction

M – Methods

R – Results

A – and

D - Discussion



Formatting and Structure

Within the manuscript, there will often be a requirement for further section headings, mostly in the Methods and Results.*

Methods/Methodology

- Intervention Techniques
- Search methods
- Study-Specific Protocol
- Applied Scales and Measurements
- Endpoints
- Statistical Analysis

Results

- Baseline Data
- Clinical Examination
- Primary/Secondary Endpoints
- Scores
- Adverse Effects

***Discussions often merge with formal Conclusions**

What other sections are generally required for a formal research report manuscript?

The Literature Review

- A process, or a formal inquiry into a subject with special attention paid to prior research.
- A part of a document, or the background knowledge compiled about prior research on a topic
- A document in and of itself, formal research paper constituting steps undertaken after inquiring into a particular subject, identifying relevant research, and synthesizing its information.

Lit Review Steps

Literature Review Steps

1. Identify a research question. For example: "Does the use of warfarin in elderly patients recovering from myocardial infarction help prevent stroke?"

2. Consider which databases might provide information for your topic. Often PubMed or CINAHL will cover a wide spectrum of biomedical issues. However, other databases and grey literature sources may specialize in certain disciplines. Embase is generally comprehensive but also specializes in pharmacological interventions.

3. Select the major subjects or ideas from your question. Focus in on the particular concepts involved in your research. Then brainstorm synonyms and related terminology for these topics.

4. Look for the preferred indexing terms for each concept in your question. This is especially important with databases such as PubMed, CINAHL, or Scopus where headings within the MeSH database or under the Emtree umbrella are present. For example, the above question's keywords such as "warfarin" or "myocardial infarction" can involve related terminology or subject headings such as "anti-coagulants" or "cardiovascular disease."

5. Build your search using boolean operators. Combine the synonyms in your database using boolean operators such as AND or OR. Sometimes it is necessary to research parts of a question rather than the whole. So you might link searches for things like the preventive effects of anti-coagulants with stroke or embolism, *then* AND these results with the therapy for patients with cardiovascular disease.

6. Filter and save your search results from the first database (do this for all databases). This may be a short list because of your topic's limitations, but it should be no longer than 15 articles for an initial search. Make sure your list is saved or archived and presents you with what's needed to access the full text.

7. Use the same process with the next databases on your list. But pay attention to how certain major headings may alter the terminology. "Stroke" may have a suggested term of "embolism" or even "cerebrovascular incident" depending on the database.

8. Read through the material for inclusion/exclusion. Based on your project's criteria and objective, consider which studies or reviews deserve to be included and which should be discarded. Make sure the information you have permits you to go forward.

Lit Review Steps

9. Write the literature review. Begin by summarizing why your research is important and explain why your approach will help fill gaps in current knowledge. The incorporate how the information you've selected will help you to do this. You do not need to write about all of the included research you've chosen, only the most pertinent.

10. Select the most relevant literature for inclusion in the body of your report. Choose the articles and data sets that are most particularly relevant to your experimental approach. Consider how you might arrange these sources in the body of your draft.

Introduction

The socio-economic costs of migraine are enormous due to its high prevalence and disability during attacks [1–3]. Acute pharmacological treatment is usually the first treatment option for migraine in adults. Migraineurs with frequent attacks, insufficient effect and/or contraindication to acute medication are potential candidates for prophylactic treatment.

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Migraine prophylactic treatment is often pharmacological, but manual therapy is not unusual, especially if pharmacological treatment fails or if the patient wishes to avoid medicine [4]. Research has suggested that spinal manipulative therapy may stimulate neural inhibitory systems at different spinal cord levels because it might activate various central descending inhibitory pathways [5–10].

Pharmacological randomized controlled trials (RCTs) are usually double-blinded, but this is not possible in manual-therapy RCTs, as the interventional therapist cannot be blinded. At present there is no consensus on a sham procedure in manual-therapy

RCTs that mimics placebo in pharmacological RCTs [11]. Lack of a proper sham procedure is a major limitation in all previous manual-therapy RCTs [12,13]. Recently, we developed a sham chiropractic spinal manipulative therapy (CSMT) procedure, where participants with migraine were unable to distinguish between real and sham CSMT evaluated after each of 12 individual interventions over a 3-month period [14]

The first objective of this study was to conduct a manual-therapy three-armed, single-blinded, placebo RCT for migraineurs with a methodological standard similar to that of pharmacological RCTs.

The second objective was to assess the efficacy of CSMT versus sham manipulation (placebo) and CSMT versus controls, i.e. participants who continued their usual pharmacological management.

- Intervention statement follows lit review

- Lit Reviews as a part of larger investigations will almost always appear in the introduction.
- Further development and follow-up appear mostly in the Discussion

Why would further research on a project be needed if you've already done a formal lit review for the poster?

Tables & Figures

Tables & Charts

Though preliminary tables may exist in any form, formatting within a manuscript should always adhere to the submission guidelines of the proposed journal. Be sure to examine the style manual required by your publication, and adapt the tabulation quality and file format accordingly. Though tabular data sets can be compiled relatively easily within software programs such as Excel, further software may be needed to convert the files to the required file type.

Table Generating Tools

The below table generating tools are all free to use or licensed through TTU/HSC, and incorporate features which can not only construct tables but allow for conversion of HTML, CSS, and other formats.

- [MATLAB](#) – TTU/HSC Software Downloads
- [Google Sheets](#)
- [IBM SPSS](#) –TTU/HSC Software Downloads
- [Canva](#) – canva.com



Tables & Figures

Figures

Graphic illustrations, or figures may also require lots of formatting. As with tables, figures should always be facilitated in accordance with a journal's submission guidelines and, like tables should be included within the body of the report whenever possible.

A number of graphic illustrator tools are all free to use or licensed through TTU/HSC. Note that the library's Methodology Lab can produce and digitize 3-D reproductions.

Graphic Illustrator Tools

- [Adobe Creative Cloud Suite \(Illustrator, Photoshop, etc.\)](#) – **TTU/HSC Software Download**
- [ChemDraw Pro](#) – **TTU/HSC Software Download**
- [TTUHSC/PSL Methodology Lab](#) – **ttuhsc.libguides.com/Services**
- [Gimp – GNU Manipulation Program](#) - **<https://www.gimp.org/>**

Documentation, Citation, and Bibliographies

Documenting the Review

- Gathering all the best available evidence requires proper documentation
- Organizing your query, harvested terms, search strategies, iterations, and hand searches is vital for accurately recording your review process
- An Excel or Word document is useful for properly managing your information. Consult a librarian for the best way to do this using Google Sheets.

Population/Problem/Patient	Intervention	Comparator(s)	Outcome(s)
Cardiovascular Disease	Sauna Bathing	Standard Management	Efficacy
Cardiac Events	Steam Bath	No Comparator	Treatment Outcome
Cardiometabolic Factors	Finnish Bath		Effectiveness
Cardiovascular Complications	Sauna		Ventricular Function
Cardiovascular Events	Waon Therapy		Mortality
Angiocardiopathy	Infrared Sauna		Blood Pressure
Heart Failure			Ejection Fraction
Heart Disease			Quality of Life

Study Limits: Human, Adult, Controlled Studies, Trials, Observational Studies w/ Analytics, <10 Years

Excluders/Confounders: Animal

Endpoints: Hypertension Measures, Blood Pressure Readings, Cholesterol Readings, Atrial Measures

Effects Measures/Evaluation Metrics:

Foundational Studies

Lee, E., Kolunsarka, I., Kostensalo, J., Ahtinen, J. P., Haapala, E. A., Willeit, P., Kunutsor, S. K., & Laukkanen, J. A. (2022). Effects of regular sauna bathing in conjunction with exercise on cardiovascular function: a multi-arm, randomized controlled trial. *American journal of physiology. Regulatory, integrative and comparative physiology*, 323(3), R289–R299. <https://doi.org/10.1152/ajpregu.00076.2022>

Källström, M., Soveri, I., Oldgren, J., Laukkanen, J., Ichiki, T., Tei, C., Timmerman, M., Berglund, L., & Häggglund, H. (2018). Effects of sauna bath on heart failure: A systematic review and meta-analysis. *Clinical cardiology*, 41(11), 1491–1501. <https://doi.org/10.1002/clc.23077>

Debray, A., Gravel, H., Garceau, L., Bartlett, A. A., Chaseling, G. K., Barry, H., Behzadi, P., Ravanelli, N., Iglesias-Grau, J., Nigam, A., Juneau, M., & Gagnon, D. (2023). Finnish sauna bathing and vascular health of adults with coronary artery disease: a randomized controlled trial. *Journal of applied physiology* (Bethesda, Md. : 1985), 135(4), 795–804. <https://doi.org/10.1152/jappphysiol.00322.2023>

PubMed Reproducible

((((((((cardiovascular diseases) OR (cardiovascular disease)) OR (cardiac events)) OR (cardiometabolic factors)) OR (cardiovascular complications)) OR (cardiovascular events)) OR (angiocardiopathy)) OR (angio cardiopathy)) OR (heart failure)) OR (heart disease)) AND ((((((sauna bathing) OR (steam bath)) OR (sauna)) OR (finnish bath)) OR (waon therapy)) OR (infrared sauna))) AND (((((((efficacy) OR (effectiveness)) OR (treatment outcome)) OR (ventricular function)) OR (mortality)) OR (blood pressure)) OR (ejection fraction)) OR (quality of life))

Results 2-3-2025 --> 221 (No Limits)

CITATION MATCHING & BIBLIOGRAPHIC ANALYSIS

Lee, E., Kolunsarka, I., Kostensalo, J., Ahtinen, J. P., Haapala, E. A., Willeit, P., Kunutsor, S. K., & Laukkanen, J. A. (2022). Effects of regular sauna bathing in conjunction with exercise on cardiovascular function: a multi-arm, randomized controlled trial. *American journal of physiology. Regulatory, integrative and comparative physiology*, 323(3), R289–R299. <https://doi.org/10.1152/ajpregu.00076.2022>

Källström, M., Soveri, I., Oldgren, J., Laukkanen, J., Ichiki, T., Tei, C., Timmerman, M., Berglund, L., & Häggglund, H. (2018). Effects of sauna bath on heart failure: A systematic review and meta-analysis. *Clinical cardiology*, 41(11), 1491–1501. <https://doi.org/10.1002/clc.23077>

Results 02-3-2025 --> 187 Total (Cited-Bys & Refs; Limits as needed: Article & Reviews)

GREY LITERATURE

ClinicalTrials.gov

sauna cardiovascular disease

Results 02-3-2025 --> 3



Reporting Guidelines

To ensure that your manuscript abides by all needed standards, you will likely want to confirm your methodology and reporting items with an official reporting guideline.

Such guidelines, often itemized checklists organized by official advisory boards, will outline all the needed criteria for select studies.

The best possible place to find these reporting guidelines will be on organizational websites such as the “Enhancing the Quality and Transparency of Health Research,” or EQUATOR.



EQUATOR Network

<https://www.equator-network.org/>



Enhancing the QUALity and
Transparency Of health Research



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Your one-stop-shop for writing and publishing high-impact health research

find reporting guidelines | improve your writing | join our courses | run your own training course | enhance your peer review | implement guidelines

Library for health research reporting

The Library contains a comprehensive searchable database of reporting guidelines and also links to other resources relevant to research reporting.

- Search for reporting guidelines
- Not sure which reporting guideline to use?
- Reporting guidelines under development
- Visit the library for more resources

Reporting guidelines for main study types

- | | | |
|---|-------------------------|----------------------------|
| Randomised trials | CONSORT | Extensions |
| Observational studies | STROBE | Extensions |
| Systematic reviews | PRISMA | Extensions |
| Study protocols | SPIRIT | PRISMA-P |
| Diagnostic/prognostic studies | STARD | TRIPOD |
| Case reports | CARE | Extensions |
| Clinical practice guidelines | AGREE | RIGHT |
| Qualitative research | SRQR | COREQ |
| Animal pre-clinical studies | ARRIVE | |
| Quality improvement studies | SQUIRE | Extensions |
| Economic evaluations | CHEERS | Extensions |

[See all 660 reporting guidelines](#)



Toolkits

Find practical help and resources to support you in:

EQUATOR highlights

14/08/2024 - [Data sharing reporting: position statement from the EQUATOR Network](#)

The EQUATOR Network executive group have recently published a

News

[EQUATOR Network Newsletter October 2024](#)
1/11/2024

[Data sharing reporting: position statement from](#)



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The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement: guidelines for reporting observational studies

Reporting guideline provided for?
(i.e. exactly what the authors state in the paper)

Observational studies in epidemiology (cohort, case-control studies, cross-sectional studies)

[STROBE checklist: combined](#) [Word / PDF](#)

[STROBE checklist: cohort studies](#) [Word / PDF](#)

[STROBE checklist: case-control studies](#) [Word / PDF](#)

[STROBE checklist: cross-sectional studies](#) [Word / PDF](#)

Full bibliographic reference

von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement: guidelines for reporting observational studies.

cklist

^ v Highlight All Match Case Match Diacritics Whole Words 39 of 39 matches

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The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement: guidelines for reporting observational studies

Reporting guideline provided for? (i.e. exactly what the authors state in the paper)

Observational studies in epidemiology (cohort, case-control studies, cross-sectional studies)

STROBE checklist: combined [Word](#) / [PDF](#)

STROBE checklist: cohort studies [Word](#) / [PDF](#)

STROBE checklist: case-control studies [Word](#) / [PDF](#)

STROBE checklist: cross-sectional studies [Word](#) / [PDF](#)

Full bibliographic reference

von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP. The Strengthening of Reporting of Observational Studies in Epidemiology (STROBE) Statement: guidelines for reporting observational studies.

STROBE Statement—Checklist of items that should be included in reports of observational studies

	Item No	Recommendation
Title and abstract	1	(a) Indicate the study's design with a commonly used term (b) Provide in the abstract an informative and balanced summary of what was found
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation
Objectives	3	State specific objectives, including any prespecified hypotheses
Methods		
Study design	4	Present key elements of study design early in the paper
Setting	5	Describe the setting, locations, and relevant dates, including exposure, follow-up, and data collection
Participants	6	(a) Give the eligibility criteria, and the sources and methods of recruitment (b) For matched studies, give matching criteria and number of exposed and unexposed
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/measurement	8*	For each variable of interest, give sources of data and dates of measurement. Describe comparability of exposure and outcome measurement across study groups
Bias	9	Describe any efforts to address potential sources of bias
Study size	10	Explain how the study size was arrived at
Quantitative variables	11	Explain how quantitative variables were handled in the analysis. Describe which groupings were chosen and why
Statistical methods	12	(a) Describe all statistical methods, including those used to adjust for confounding (b) Describe any methods used to examine subgroups and interactions (c) Explain how missing data were addressed (d) If applicable, explain how loss to follow-up was addressed

(e) Describe any sensitivity analyses

Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest (c) Summarise follow-up time (eg, average and total amount)
Outcome data	15*	Report numbers of outcome events or summary measures over time
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included (b) Report category boundaries when continuous variables were categorized (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period

1

Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
Discussion		
Key results	18	Summarise key results with reference to study objectives
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at <http://www.strobe-statement.org>.

Citation Management

You can save time citing your references by using a citation manager software. If you are wanting to merely collect and organize your reviewed literature, EndNote and Refworks can help you to do this with several platforms as can several other resources.

- **EndNote @ TTUHSC** -
<https://ttuhsc.libguides.com/endnote>
- **RefWorks** -
<https://ttuhsc.libguides.com/refworks>

Other Citation Management Software

- **Mendeley** - desktop-based reference management tool with multiple interactive features allowing for scholarly collaboration and integrated research.
- **Zotero** - can organize multiple media formats including A/V and other non-text-based platforms.

What further applications do citation managers possess?

EndNote Essentials

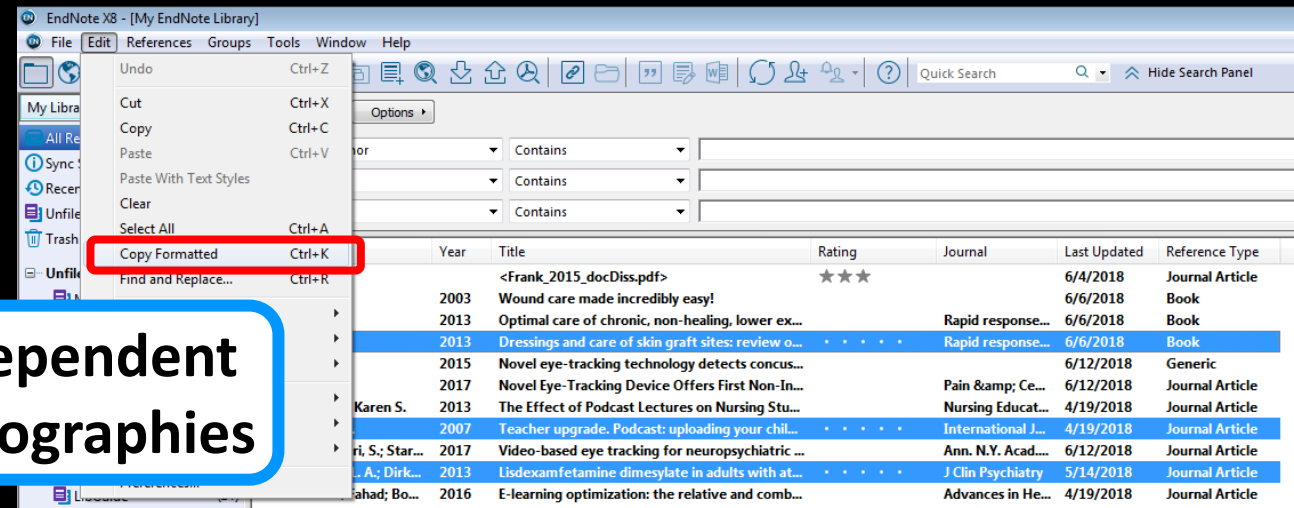
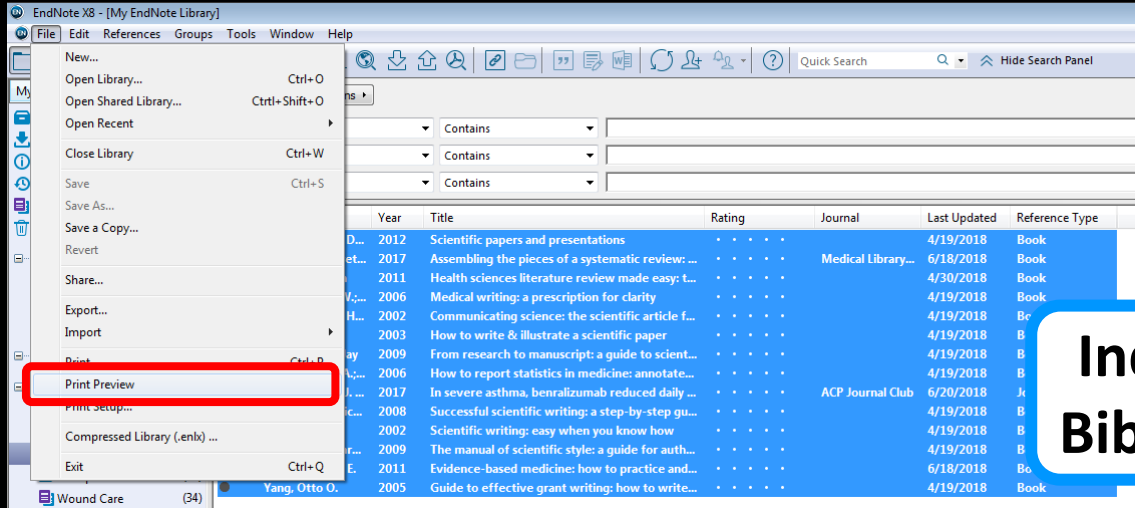


EndNote is a reference management software designed to help create, store, organize, and share references. For collaborative studies, it is most useful for:

- Storing references in one place synced across multiple platforms
- Batch citation import and export from multiple databases
- *Automatically formatting manuscripts in Word documents*

Currently EndNote's the only product licensed through TTUHSC offering a fully integrated manuscript citation tool!

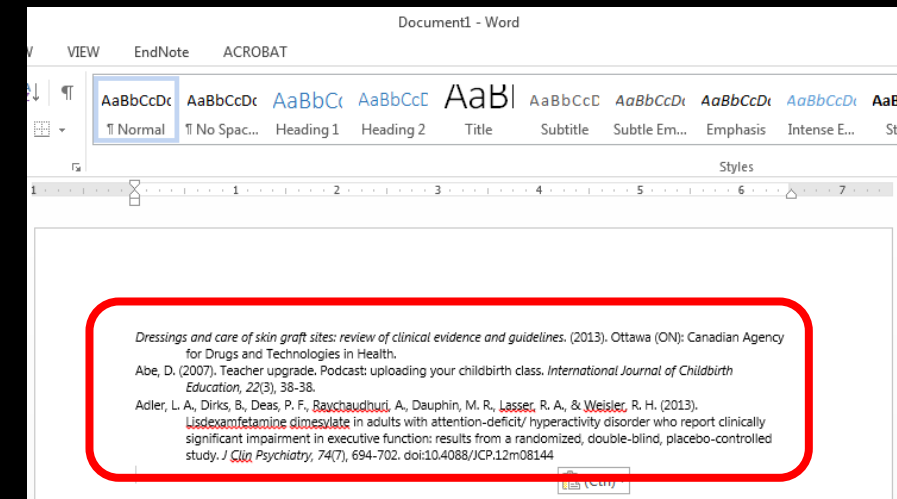
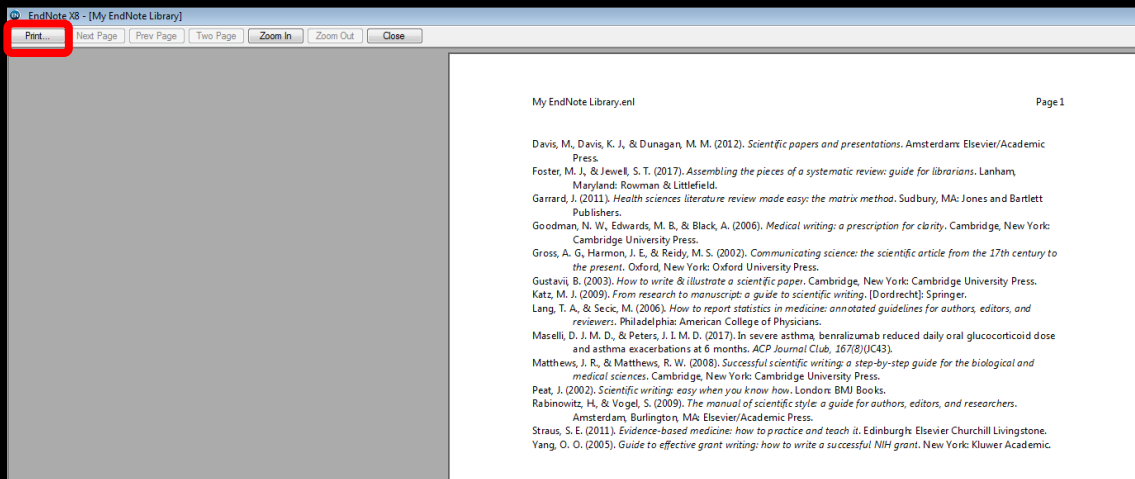
Formatting Bibliographies with EndNote



Independent Bibliographies

Select "Print Preview" from the File tab to preview and print selected bibliographies.

Select "Copy Formatted" from the Edit tab and paste the selected references into Word.



Covidence & Evidence Synthesis Tools



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Software and automation tools like Covidence serve the needs of researchers by streamlining the evidence synthesis and data extraction process.

Evidence Synthesis refers to an assortment of practices and study approaches by which all relevant information is both integrated and synthesized for better quality research.

TTUHSC has a site license for Covidence, but review portals and group studies must be set-up and authorized through a librarian.

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Review Summary

Settings PRISMA Export

Import references [2729 total duplicates removed](#) Import

Title and abstract screening [0 irrelevant](#) [1191 studies to screen](#)

TEAM PROGRESS

1 ● DONE 0 ● CONFLICTS

347 ● ONE VOTE 844 ● NO VOTES

Team settings

DANIEL,
YOU CAN STILL
SCREEN
1191
Continue

You've screened 1 study so far

Full text review [0 excluded](#) [1 study to screen](#)

[0 extracted](#) [0 studies to extract](#)

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You can develop a review approach, adjust settings, and manipulate imported or exported records as move forward in the process.

Covidence is set up to screen, review, and analyze studies based a the systematic review model, but can be used for other review types and research approaches.

Covidence & Evidence Synthesis Tools

covidence IwujiFehintola_SmokingCessation Search studies DS

Review Summary

Settings PRISMA Export

Import references 2729 total duplicates removed Import

Import

Import from file Import history

References can be imported using the EndNote XML format, the PubMed format, or the RIS text format.

Import in to
Please select

Choose File
No file selected.

Import

Note that Covidence can import records to any segment of the review, but imported files must be a select number of file types (xml, txt, etc.)

PRISMA

Exporting and interpreting PRISMA Export data

3921 studies imported for screening → 2729 duplicates removed

↓

1 study screened → 0 studies irrelevant

↓

0 full-text studies assessed for eligibility → 0 studies excluded

Covidence automatically designs inclusion/exclusion flow charts and can export records and data as needed.

Effect of Dexamethasone on Infants with COVID-19

Showing 3,775 Articles

Prospective, randomized controlled trial on Lactobacillus rhamnosus in infants with moderate to severe atopic dermatitis

Abstract:
BACKGROUND: A reduction of symptoms of atopic dermatitis (AD) in small infants by the administration of Lactobacillus rhamnosus has been reported in a few studies. One study with older children and adolescents failed to show any effect. OBJECTIVES: We conducted a prospective study to reassess the efficacy of orally administered L. rhamnosus strain GG (LGG) in infants with AD. METHODS: In a randomized, double-blind, placebo-controlled study, 54 infants aged 1-55 months with moderate to severe AD were randomized to daily 10 x 10(9) colony-forming units of LGG or to placebo during an 8-week intervention phase. Emollients, class I-II topical corticosteroids and antihistamines were permitted. RESULTS: The treatment with LGG was well tolerated. At the end of treatment there were no significant differences between the groups with

Import references 100 total duplicates removed 0 auto-marked as ineligible Import

IMPORT HISTORY

11 DEC 2024	0 studies added to Title and abstract screening	8 duplicates were removed
11 DEC 2024	0 studies added to Title and abstract screening	3 duplicates were removed
11 DEC 2024	3 studies added to Title and abstract screening	3 duplicates were removed
11 DEC 2024	1 studies added to Title and abstract screening	7 duplicates were removed
11 DEC 2024	3 studies added to Title and abstract screening	14 duplicates were removed

[VIEW DETAILS](#)

Covidence's interface incorporates similar capabilities and user-friendly organization.

Rayyan also specializes in evidence synthesis and deduplication of relevant records imported from external sources.

2021-10-11: My review Detect duplicates Compute ratings Export

Showing 1 to 7 of 24 unique entries (filtered from 142 total unique entries)

Date	Title
2007-01-01	Hadeel Ranpirnase: amphibian ribonuclease A, P-30 protein-alfac...
2008-11-30	Hadeel Rabbit models of heart disease Pogwicz
2010-08-19	Hadeel Rituximab-Related Pulmonary Toxicity Herisha
2017-09-25	Hadeel Role of microRNAs in doxorubicin-induced cardiotoxicity: ... Ruggeri

← BACK Kominami 2021 Saved Quality Assessment Complete

Blood pressure-lowering effect of repeated Waon therapy in non-smokers with hypertension.

1 / 6

Observational Study

Blood pressure-lowering effect of repeated Waon therapy in non-smokers with hypertension

Kazuyuki Kominami, MS^{1*}, Etsuko Takahiza², Mineko Tabuchi², Masatoshi Akino, PhD^{2*}

Abstract
Waon therapy (WT) has been used as a thermal therapy in chronic heart failure patients. However, its effect in hypertension is unclear. This study aimed to reveal the effect of repeated WT in patients with hypertension. WT was performed in 31 patients with hypertension (63.9 ± 11.9 years, male) before and after WT using an upper arm sphygmomanometer. We investigated the effect of single and repeated (1 time/d, >5 times) WT sessions on blood pressure. Further compared its effect between current smoking (n = 11, 55.4 ± 6.4 years, 8.5 ± 2.4 times) and non-smoking (n = 20, 12.2 ± 5.9 times) groups. A total of 370 sessions of WT were conducted. Systolic and diastolic blood pressure decreased after a single WT session (systolic blood pressure: 116.5 ± 10.1 to 115.1 ± 9.0 mm Hg, P < .001; diastolic blood pressure: 70.5 ± 6.4 to 69.9 ± 5.3 mm Hg, P < .001). The blood pressure decrease following repeated WT was not significant. In the current smoking group, systolic blood pressure decreased after repeated WT (116.5 ± 10.1 to 115.1 ± 9.0 mm Hg, P < .001; diastolic blood pressure: 70.5 ± 6.4 to 69.9 ± 5.3 mm Hg, P < .001). In the non-smoking group, systolic blood pressure decreased after repeated WT (116.5 ± 10.1 to 115.1 ± 9.0 mm Hg, P < .001; diastolic blood pressure: 70.5 ± 6.4 to 69.9 ± 5.3 mm Hg, P < .001). Repeated WT (at least 5 sessions) significantly decreased blood pressure in patients with hypertension, especially in non-smokers. WT is a simple method to reduce blood pressure in smoking patients with hypertension.

Abbreviations: BP-diff = difference of blood pressure, DBP = diastolic blood pressure, MBP = mean blood pressure, WT = Waon therapy.

Keywords: blood pressure, antihypertensive effect, blood pressure-lowering effect, smoking, thermal therapy, V

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GETTING STARTED
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Where To Publish

FINDING A JOURNAL FOR YOUR WORK



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MEDICINE

Where To Publish

- Finding a place to publish your research can be difficult. This is not just because of the many varieties of publishers there are available or the threat of **predatory publishers**.
- Locating an appropriate place for your work often requires a great deal of research in itself because in choosing a publication, one is trying to match their work to a reputable journal that also provides significant exposure.
- A journal's prestige or quality may be determined by its citation index and bibliometrics, but also by other critical standards within the field or discipline.

Where To Publish

Consider the following when submitting your work:

- **Submission Guidelines:** Consult a journal's submission criteria to adapt your manuscript accordingly
- **Publishing Model** – Perceive whether a journal uses the traditional model or is open access. If open access, consider whether the publication is fee-charging or non-fee-charging (eg, “green” or “gold”)
- **Cover Letter:** Prepare a cover letter that not only says what you are submitting, but describes the original finding and why it would be appropriate.
- **Follow-Up:** Make sure to get an acknowledgment that your work has been received. Journals can receive thousands of submissions and can't always keep track of things.

Where To Publish: Journal Finders

Journal Finders & Abstract Matchers

Journal finding tools, or journal finders support authors and researchers by matching a manuscript to a potential journal. Often this is done by uploading an abstract and tracking what the search tool finds as a potential journal match. These include:

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Edanz Journal Selector - <https://www.edanzediting.com/journal-selector>

Elsevier Journal Finder - <https://journalfinder.elsevier.com/>

Scopus Journal Comparison Tool - <https://www.scopus.com/source/eval.uri>

Journal Guide Paper Match - <https://www.journalguide.com/>

Wiley Journal Finder - <https://journalfinder.wiley.com/search?type=match>

Where To Publish: Journal Finders

Journal Finders & Abstract Matchers

Web of Science Journal Reports & Manuscript Matcher -

<https://mjl.clarivate.com/home?mm=>

The screenshot shows the 'Manuscript Matcher' dialog box on the Web of Science Master Journal List website. The dialog box is titled 'Manuscript Matcher' and contains the following text: 'Manuscript Matcher helps you find the most related journals for your manuscript. It works best when your title has at least 10 words and your abstract has at least 100 words. Using this information, it will pull the most relevant keywords for matching. Please enter your manuscript information below.' There are two input fields: 'Title' and 'Abstract'. Below the 'Title' field, it says 'The manuscript title or relevant part(s) of the title. This works best with at least 10 words.' Below the 'Abstract' field, it says 'The manuscript abstract or relevant part(s) of the abstract. This works best with at least 100 words.' At the bottom of the dialog box, there are 'Cancel' and 'Find Journals' buttons. The background of the website shows a navigation bar with 'Master Journal List', 'Search Journals', 'Match Manuscript', 'Downloads', and 'Help Center'. There is also a 'Welcome, Daniel Stuart' message and 'Settings' and 'Log Out' links.

Elsevier Journal Finder -

<https://journalfinder.elsevier.com/>

The screenshot shows the 'Find journals' page on the Elsevier Journal Finder website. The page has a dark teal background and a white search form. The search form includes a 'Paper title' field with the placeholder 'Enter your paper title here', a 'Paper abstract (required)' field with the placeholder 'Enter your paper abstract here', and a 'Don't have an abstract?' dropdown menu. Below the search form, there is a section for 'Fill in your organization's details for personalized publishing options' with a 'Find journals >' button and a 'Clear' button. The page also has a 'Feedback' button in the bottom right corner. The top navigation bar includes 'JournalFinder', 'Find journals', 'About', and 'FAQ'.

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Where To Publish: Journal Finders

Journal Finders & Abstract Matchers

Sample Trial: Topiramate versus Depakote for the Prevention of Migraine Disorders in Adults: A Randomised, Double-Blind, Active-Controlled Phase 4 Trial

Abstract

Introduction: Valproic acid is an anticonvulsant medication used to treat migraine headaches. It is believed to work by increasing the levels of the neurotransmitter gamma-aminobutyric acid (GABA) in the brain, which can aid in the reduction of neurons associated with migraine. Several studies have shown that valproic acid can be an effective treatment for migraine. In fact, it has been approved by the U.S. Food and Drug Administration (FDA) for the prevention of migraine headaches in adults. This study monitored the effects of valproic acid drugs Topiramate and Depakote on an adult cohort of migraine sufferers in a rural population.

Methods: A 24-week, randomised, double-blind, double-dummy, controlled trial conducted in 11 sites.

Patients with ≥ 8 migraine days per month were randomly assigned (1:1) to either subcutaneous Topiramate (70 or 140 mg/month) or oral Depakote at the individual dose with optimal efficacy (50-100 mg/day). The primary endpoint was reduction of migraine or migraine aura episodes. **Results:** Two hundred and seventy-seven patients were randomized (from 20 February 2017 to 1 July, 2018) and 87.1% completed the study. In the Topiramate group, 12.6% experienced increased frequency between migraine episodes including aura-related complications compared to 27.9% in the Depakote group (odds ratio, 0.16; 95% confidence interval 0.09-0.21; $p < 0.001$). Significantly more patients also achieved a $\geq 50\%$ reduction in monthly migraine days from baseline with Topiramate (55.4% vs. 31.2%; odds ratio 2.76; 95% confidence interval 2.06-3.71; $p < 0.001$). **Conclusions:** Topiramate demonstrated a better overall tolerability and effectiveness profile compared to Depakote.

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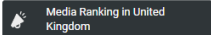
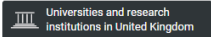
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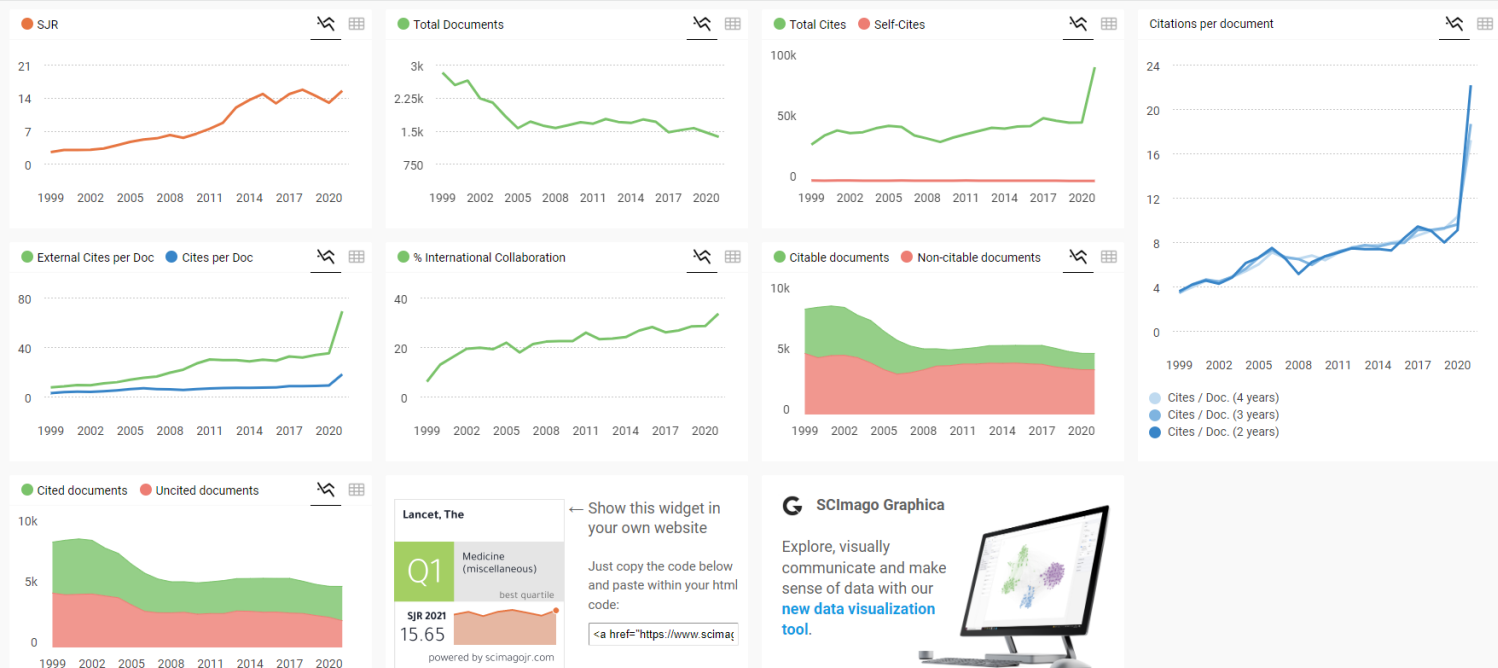
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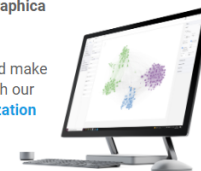
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Where To Publish: TTUHSC Open Access Transformative Agreements

Open Access (OA) "is the free, immediate, online availability of research articles coupled with the rights to use these articles fully in the digital environment" ("SPARC," 2017). It represents the new model of scholarly publishing (particularly within the sciences) that has been developed to free researchers from the limitations by the cost of access to peer-reviewed journals. Its aim is to help ensure that published material can be accessed by anyone without these usual obstacles.



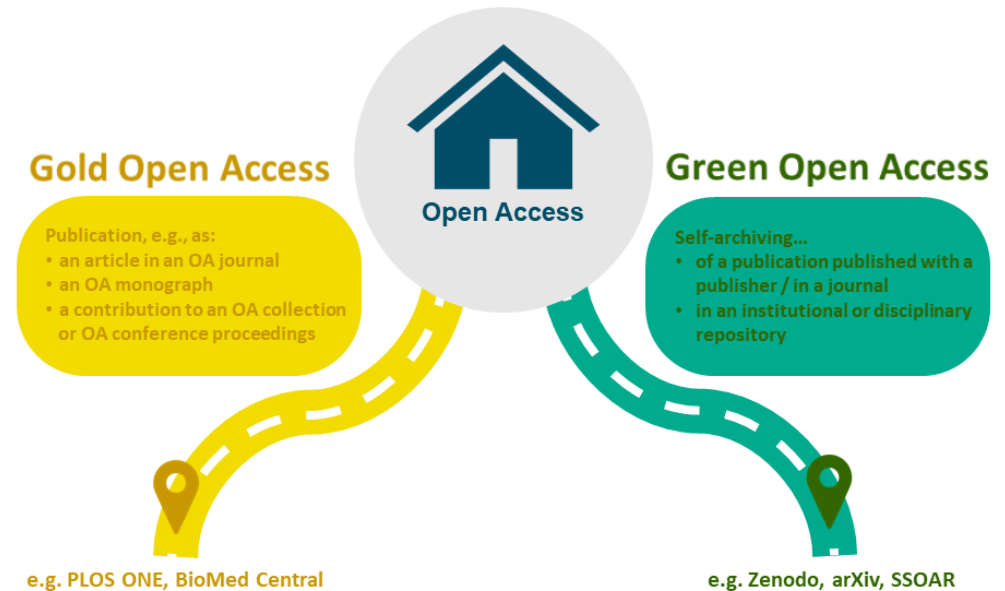
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TWO TYPES OF OPEN ACCESS

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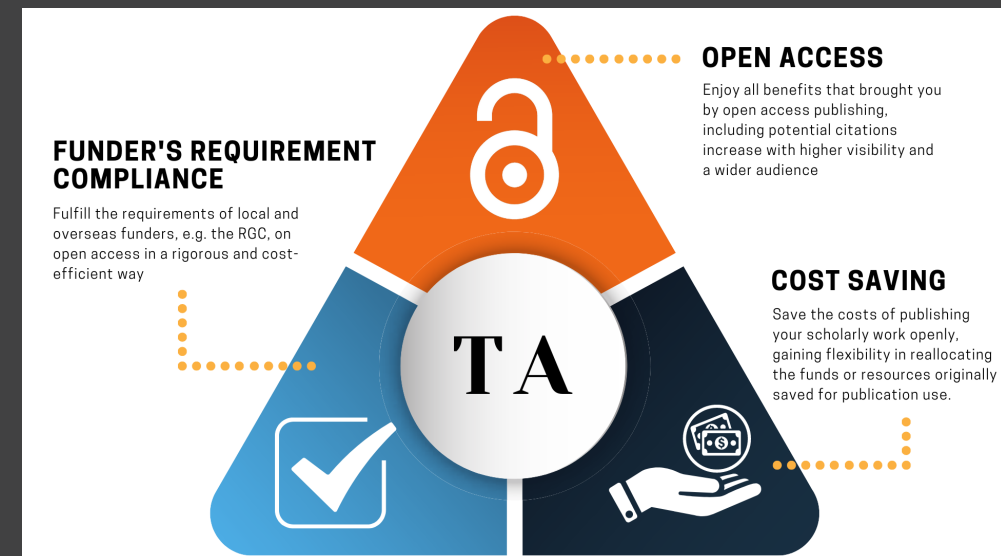
GREEN Open Access: The second type of open access journal is one where no fee is required. These publications typically receive funding from universities or advertising directly and exempt researchers from paying.

Roads to Open Access



Where To Publish: TTUHSC Open Access Transformative Agreements

- A transformative agreement with a publisher looks to shift the contracted payment from a library or group of libraries to a publisher away from subscription-based reading and toward open access publishing.
- To this end, institutions (like TTUHSC) often sponsor transformative agreements with certain publishers and open access consortiums.



TTUHSC Publishing Agreements & Contracts @ TTUHSC

- **BMJ Case Reports Fellowship**
- **Cambridge Press Read & Publish**
- **The Company of Biologists Read & Publish**
- **Elsevier Open Access Pilot**
- **Portland Press Read and Publish**
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What is a transformative agreement?

A transformative agreement with a publisher "seeks to shift the contracted payment from a library or group of libraries to a publisher **away from subscription-based reading and toward open access publishing.**" Credit: [The Scholarly Kitchen](#).

These transformative agreements can help TTUHSC researchers publish articles without paying full APCs, or Article Processing Charges.

The following are our transformative agreements:

- [BMJ Case Reports Fellowship](#) (articles not necessarily open access)
- [Cambridge Press Read & Publish](#)
- [The Company of Biologists Read & Publish](#)
- [Elsevier Open Access Pilot](#) (APC discount only)
- [Portland Press Read and Publish](#)
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Please see [this LibGuide](#) for other open access publishing opportunities outside of our institution's transformative agreements.

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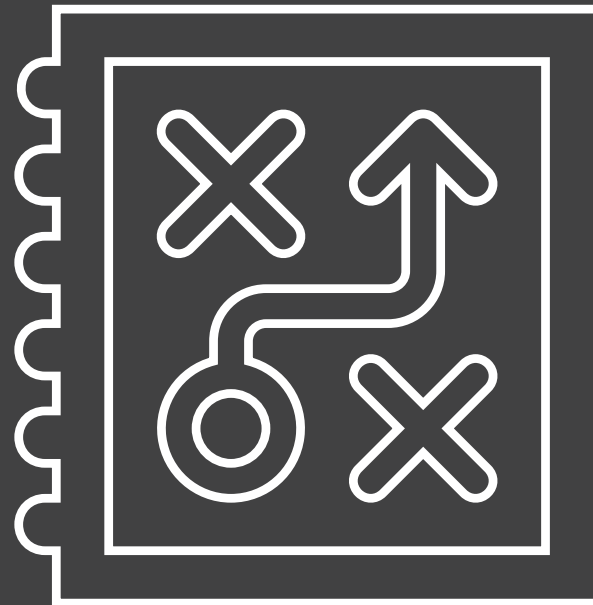
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2 Academic Pediatrics	Elsevier	1876-2859	Info not available	10% or 15% APC discour	No
3 Academic Radiology	Elsevier	1076-6332	Info not available	10% or 15% APC discour	No
4 Accident Analysis & Prevention	Elsevier	0001-4575	Info not available	10% or 15% APC discour	No
5 Accounting, Organizations and Society	Elsevier	0361-3682	Info not available	10% or 15% APC discour	No
6 ACR Open Rheumatology	Wiley	2578-5745	Open Access	100% APC coverage	Yes (Limited number of articles per institution; resets at beginning of calendar year)
7 Acta Astronautica	Elsevier	0094-5765	Info not available	10% or 15% APC discour	No
8 Acta Biomaterialia	Elsevier	1742-7061	Info not available	10% or 15% APC discour	No
9 Acta Ecologica Sinica	Elsevier	1872-2032	Info not available	10% or 15% APC discour	No
10 Acta Histochemica	Elsevier	0065-1281	Info not available	10% or 15% APC discour	No
11 Acta Materialia	Elsevier	1359-6454	Info not available	10% or 15% APC discour	No
12 Acta Neurologica Scandinavica	Hindawi (part of Wiley)	1600-0404	Open Access	100% APC coverage	Yes (Limited number of articles per institution; resets at beginning of calendar year)
13 Acta Neuropsychiatrica	Cambridge Press	1601-5215	Hybrid OA	100% APC coverage	No
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17 Acta Otorrinolaringológica (English Edition)	Elsevier	2173-5735	Info not available	10% or 15% APC discour	No
18 Acta Otorrinolaringológica Española	Elsevier	0001-6519	Info not available	10% or 15% APC discour	No
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20 Active and Passive Electronic Components	Hindawi (part of Wiley)	1563-5031	Open Access	100% APC coverage	Yes (Limited number of articles per institution; resets at beginning of calendar year)
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22 Ad Hoc Networks	Elsevier	1570-8705	Info not available	10% or 15% APC discour	No
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24 Addictive Behaviors	Elsevier	0306-4603	Info not available	10% or 15% APC discour	No
25 Additive Manufacturing	Elsevier	2214-8604	Info not available	10% or 15% APC discour	No
26 Advanced Chinese Medicine	Wiley	2836-8886	Open Access	100% APC coverage	Yes (Limited number of articles per institution; resets at beginning of calendar year)
27 Advanced Drug Delivery Reviews	Elsevier	0169-409X	Info not available	10% or 15% APC discour	No
28 Advanced Electronic Materials	Wiley	2199-160X	Open Access	100% APC coverage	Yes (Limited number of articles per institution; resets at beginning of calendar year)
29 Advanced Energy and Sustainability Research	Wiley	2699-9412	Open Access	100% APC coverage	Yes (Limited number of articles per institution; resets at beginning of calendar year)
30 Advanced Engineering Informatics	Elsevier	1474-0346	Info not available	10% or 15% APC discour	No
31 Advanced Genetics	Wiley	2641-6573	Open Access	100% APC coverage	Yes (Limited number of articles per institution; resets at beginning of calendar year)
32 Advanced Intelligent Systems	Wiley	2640-4567	Open Access	100% APC coverage	Yes (Limited number of articles per institution; resets at beginning of calendar year)
33 Advanced Materials Interfaces	Wiley	2196-7350	Open Access	100% APC coverage	Yes (Limited number of articles per institution; resets at beginning of calendar year)
34 Advanced NanoBioMed Research	Wiley	2699-9307	Open Access	100% APC coverage	Yes (Limited number of articles per institution; resets at beginning of calendar year)
35 Advanced Photonics Research	Wiley	2699-9293	Open Access	100% APC coverage	Yes (Limited number of articles per institution; resets at beginning of calendar year)
36 Advanced Physics Research	Wiley	2751-1200	Open Access	100% APC coverage	Yes (Limited number of articles per institution; resets at beginning of calendar year)
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Where To Publish: Journal Finders

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Sample Trial: Topiramate versus Depakote for the Prevention of Migraine Disorders in Adults: A Randomised, Double-Blind, Active-Controlled Phase 4 Trial

Abstract

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What Is Predatory Publishing?

Predatory Publishing

- Because open access relies so much on authors to finance their own work, certain publishers can often take advantage of the situation. Intending to profit from faculty and researchers needing to publish, "predatory publishers" that are often little more than scam outfits solicit articles from faculty and researchers.
- Most predatory publishers are in the business to make money, but much of the problem involves quality control and how the information is processed. After an article is submitted and received--frequently after high fees have been extracted from authors--little or no peer-review process is applied.
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