《中华老年多器官疾病杂志》投稿须知

《中华老年多器官疾病杂志》是由中国人民解放军总医院主管、中国人民解放军总医院老年心血管病研究所主办、国内外公开发行的医学学术期刊,月刊,大16开本。本刊属中国科技论文统计源期刊(中国科技核心期刊),被国内各大检索系统和美国《化学文摘》等国际知名检索系统收录。

1 杂志简介

《中华老年多器官疾病杂志》主要交流老年心血管疾病、尤其是老年心血管疾病合并其他疾病、老年两个以上器官疾病以及其他老年多发疾病的预防、诊断、治疗经验与教训,探讨其发病机制和有效诊治措施;重点报道我国在上述疾病研究中具有创新意义的临床、基础和预防方面的最新成果和经验;以从事老年心脏病学和(或)老年医学及其相关疾病专业的医疗、科研及教学人员为主要读者对象。

主要栏目有专家述评、专题论坛、临床研究、基础研究、临床药学、病例报告、新技术与新方法、临床病理讨论、综述、学术动态、专家科普讲座、医学论文写作等。

欢迎参与"一带一路"建设的国家和地区的学者向本刊投稿和订阅本刊,与我们共享老年医学发展成果和经验。如来稿为英文,请于英文摘要后附相应中文摘要。如作者不能提供中文,本刊可代为免费翻译。

2 撰 稿

2.1 总则

文稿应具有实用性、科学性、创新性。文稿应表达准确、文字简练、重点突出、结论可信。论著、综述、讲座类文章不宜超过5000字;经验交流、病例报告不宜超过1500字;专家述评、专题笔谈、学术动态、医学论文写作类文稿视具体情况而定。

2.2 文题

简明醒目,能确切反映全文主要内容。尽量避免使用符号、简称、缩写及商品名等。各类文稿均须附英文题名。中英文标题内容应基本一致。中文题名一般不宜超过20个汉字,英文题名不宜超过10个实词。

2.3 作者和单位

作者姓名列于文题下。作者应具备下列条件:①参与选题和设计,并是工作的主要实施组织者;②论文的起草、修改者或提出关键性观点及主要内容的修改者;③能按编辑部的正确意见进行修改、并进行学术答辩者。姓名之间用逗号隔开。注明所有作者的单位全称(具体到科室)、城市及邮政编码。第一署名单位应是进行研究工作和提供研究条件的机构单位。若作者隶属单位与第一署名单位不一致,可在首页脚注第一作者现工作单位。列出第一作者和通信作者姓名、学位、职称、职务、电话和手机号码、传真号、E-mail信箱和通过邮局寄收邮件的详细地址与邮政编码。通信作者姓名右上角加"*"。

2.4 摘要

专家述评、专题笔谈、论著、综述、讲座等栏目的文章,均须附中英文摘要。论著稿件要求写成四段结构式摘要,内容包括目的、方法、结果(应有主要数据)和结论。述评、专家论坛、综述等采用指示性摘要。摘要内容应包含与论文同等量的主要信息,简洁、明了,高度概括全文内容,能独立成文。摘要中不引用文献,不进行评论和解释。论著稿件摘要字数不宜少于250字,述评、综述等不宜少于150字,能独立成文。英文摘要与中文摘要文意基本一致,应比中文摘要更详细。

2.5 关键词

在中英文摘要下面标引3~8个关键词。尽量采用全国科学名词审定委员会公布的医学名词术语,英文采用新版《医学索引》(Index Medicus,IM)中的医学主题词表(MeSH)中的术语,如果医学主题词表中的术语不适合新出现的专业术语,则可直接采用新术语。关键词间用"; "分隔。

2.6 中图分类号

请根据论文内容的学科分类从《中国图书馆分类法》中查得。

2.7 基金项目

若论文为基金资助课题,请在首页脚注基金项目名称和编号。须中英文对照,英文内容置于英文关键词后,如This work was supported by…。

2.8 正文

论著文稿一般按引言、对象(材料)与方法、结果、讨论的格式撰写。

2.8.1 引言 说明该研究领域的现状、存在的问题和本研究的目的。文字必须言简意赅,不能与正文中的其他内容重复。合理引用最新或最经典的参考文献,有效阐明论文的重要价值。

2.8.2 对象(材料)与方法 清楚地描述观察或实验对象的选择(患者或实验动物,包括对照),说明研究对象的年龄、性别和其他重要特征。介绍研究方法、仪器(在括号中注明厂家名称和地址)和实验步骤,应提供足够的细节以便他人重复而得到类似的结果(提供已建立方法的参考文献;提供已发表但尚不被熟知的方法的参考文献,并做简要描述;详述新的或进行重大改良的方法,说明采用以上方法的理由,并评估其局限性)。准确说明所用药物和化学试剂的通用名称、使用剂量和给药途径。临床研究必须遵循《赫尔辛基宣言》的原则,对任何涉及人体的研究均应注明得到受试者知情同意,并获得伦理委员会的批准;任何动物实验研究均应声明遵循《实验动物保护条例》。临床试验应报告所有主要研究要素,包括受试对象的纳入和排除标准、随机化方法、干预措施和盲法措施等。

2.8.3 统计学 详细描述统计学方法(如成组设计资料的*t*

检验、两因素析因设计资料的方差分析、多个均数之间两两比较的 q 检验等),以使具有专业知识的读者能够通过原始数据检验所报告的结果。若可能,应定量描述结果,并给出测量误差的适当指标或不确定性(如可信区间)。

2.8.4 结果 综合使用文字描述、表格、统计图或典型照片对论文主题或引言中提到的问题依次分段叙述,可列小标题。文字描述和图表表达的内容避免重复,同时应注意图表表达符合统计学要求。仔细核对数据,结果中病例数应与入选时研究对象的例数相同,如有不一致,应描述剔除或失访的病例数和原因。不应简单罗列研究过程中所得到的各种原始材料和数据,需描述经过统计学分析的结果。如研究数据差异无统计学意义,应指明是否有临床意义。

2.8.5 讨论 着重强调本研究的主要发现和结果的重要性,与引言相呼应。对得出的结果进行分析,而非重复引言或结果部分的数据或其他资料。列出本研究的不足之处,包括设计中可能存在的偏差。在已完成的工作基础上,提出新的研究课题或思路,指出今后进一步研究的方向。

2.9 层次结构

各层次一律采用阿拉伯数字分级编号,均左顶格书写,后空一格写标题文字;二级以上层次序号的数字间用下圆点相隔,末位数字后不加圆点。例如:"1"、"1.1"、"1.1.1"。

2.10 表和图

按表和图在正文中出现的先后顺序用从"1"开始的阿拉伯数字连续编号。应少而精,有"自明性",表和图不要重复同一数据。表和图的标题用中英文双语表示,内容及注释用英文表示,英文缩写在注释中注明,可提供图表内容的中文对照。

2.10.1 表格 采用"三线表"。合理安排表格纵、横标目,应正确、易懂、符合统计学要求。量的名称或符号与单位符号采用"量(单位)"的形式,如 time(min)。表格中注释用的角码符号采用以下形式,其顺序为 * 、#、△、▲、☆、★、* * 、##、△△等,在表注中依先纵后横的顺序依次标出。

2.10.2 图 要求冠有图题和相应的说明,说明性文字置于图下方注释中。组合图中的不同子图,用 A,B,C 注明。坐标图高宽比例适当,标目简明,且必须标注量的名称或符号和单位符号,如 Age(years)。照片图要清晰,对比度好。黑白图和彩色图的分辨率不能 <600dpi。图上的字母、数字和符号应该清晰、均匀且大小适中(7~12 磅),以便出版时易于辨认。图片为 TIFF 或 JPG 文件。病理照片应标明放大倍数与染色方法,所需显示的部分置于照片中央或用箭头标示。对可辨认的患者照片,应征得患者的书面同意,并遮盖其能被辨认出系何人的部分。如图、表引自他刊,应注明出处,并附版权所有者同意使用该图的书面材料。

2.11 名词术语

以全国自然科学名词审定委员会审定公布的《医学名词》(科学出版社出版)为准,未审定公布的名词则参照《英汉医学词汇》(人民卫生出版社出版)。中外名词术语应使用全称,缩写首次出现时加括号注明。药物名称采用最新版《中华人民共和国药典》和《中国药品通用名称》中的名称,应使用通用名,可标注商品名,并注明英文名。

2.12 计量单位

采用法定计量单位。具体参照中华医学会杂志社编写的《法定计量单位在医学上的应用》(2001 年,第 3 版,人民军医出版社)一书。在一个组合单位符号的表示中只可以采用 1 条斜线的形式,如 mg/kg,mmol/L 等表示,但若有 2 个以上单位时,应采用负数幂的形式表示,如"ng/(kg · min)",不能用"ng/kg/min"表示,也不能写为"ng/kg · min^{-1}"。量和单位之间空 1/4 格。百分数起止前后均应加百分符号,如 40% ~60%。面积用长×宽表示,应写成 2 cm×3 cm,不应写成 2×3 cm^2;体积用长×宽×高表示,应写成 2 cm×3 cm×4 cm,不应写 2×3×4 cm^3。血压的计量单位使用 mmHg,首次使用时应注明 mmHg 或 cmH_2O 与 kPa 的换算系数(1 mmHg = 0.133 kPa,1 cmH_2O = 0.098 kPa)。避免使用不规范单位符号,如"rpm"应写为"转/min",浓度单位"M"应写成"mol/L",避免浓度当量"N"单位符号。

2.13 数字

凡是可以使用阿拉伯数字且很得体的地方,均应使用阿拉伯数字。一系列数值的计量单位一致时,只在最末一个数值后标明单位即可,如 5,10,15,20 mol/L。单位相同的量值范围,前一个量值单位可以省略,如 3~6 kg。其他如 60% ~85%,4×10^9 ~7×10^9 或 $(4\sim7)\times10^9$,(25±1)℃。以百分数表示的均数±标准差写法如(40.5±0.6)%。完整数字不移行。分数则横写,如 2/6,4/7。数值的修约应为"4 舍 6 入 5 看后,5 后有数进上去,5 后为 0 看左数,左数奇进偶不进"。

2.14 统计学符号

统计学符号均用斜体,如 P(概率)、$\bar{x}$(样本的算术平均数)、s(标准差)、$S_{\bar{x}}$(标准误)、t(t 检验)、F(F 检验)、χ^2(卡方检验)、r(相关系数)、v(自由度)等。

2.15 缩略语

在摘要及正文中首次出现缩略语时应给出其中英文全称。缩略语应尽量少用,1 篇文章内一般不宜超过 5 个,不超过 4 个汉字的名词一般不使用缩略语,以免影响文章的可读性。

2.16 参考文献

应选用亲自阅读的近 5 年内公开发表的文献。作者必须对照原文核查每一条参考文献。采用顺序编码制,按文内引用先后编序,其序号标注于右上角方括号内。同一处引用多篇文献时,只须将各篇文献的序号在方括号内全部列出,各序号间用",",隔开,如遇连续序号,可标注起止序号,连续两篇文献的序号,用",",隔开,如[1,2]。文末按引文顺序列出,务必注意文献的准确性。作者列出第 1~3 名,超过 3 名时,后加"等"或"*et al.*"。题名后标注文献类型(期刊,J;普通图书,M;会议论文集,C;汇编,G;报纸, N;学位论文,D;报告,R;标准,S;专利,P;数据库,DB;计算机程序,CP;电子公告,EB)和载体类型(磁带,MT;磁盘,DK;光盘,CD;联机网络,OL)标识代码。外文期刊名称用缩写,采用美国国立

图书馆 Medline/PubMed 数据库的刊名缩写形式。中文期刊用全名。中文文献采用中英文双语著录。参考文献如有“数字对象唯一标识符(DOI)”编码,应著录,列于末尾。

各类文献的著录格式如下。

〔期刊〕

著录格式:[序号]作者. 文题[J]. 刊名, 年, 卷(期): 起页 - 止页. DOI.

示例:

[1] Williamson JD, Supiano MA, Applegate WB, *et al*. Intensive *vs* standard blood pressure control and cardiovascular disease outcomes in adults aged ≥75 years: a randomized clinical trial[J]. JAMA, 2016, 315(24): 2673 - 2682. DOI: 10.1001/jama.2016.7050.

[2] 李 葳, 邓雅丽, 卓 琳, 等. 阿司匹林对于心血管疾病一级预防的效果及安全性的系统综述及 meta 分析[J]. 中华老年多器官疾病杂志, 2016, 15(12): 896 - 901. DOI: 10.11915/j.issn.1671-5403.2016.12.215.

Li W, Deng YL, Zhuo L, *et al*. Effect and safety of aspirin for primary prevention of cardiovascular diseases: a systematic review and meta analysis[J]. Chin J Mult Organ Dis Elderly, 2016, 15(12): 896 - 901. DOI: 10.11915/j.issn.1671-5403.2016.12.215.

〔专著〕

著录格式:[序号]著者. 书名[M]. 版次. 出版地: 出版者, 出版年: 起页 - 止页.

示例:

[3] 陆再英, 钟南山. 内科学[M]. 第7版. 北京: 人民卫生出版社, 2008: 18 - 19.

Lu ZY, Zhong NS. Internal Medicine[M]. 7th ed. Beijing: People's Medical Publishing House, 2008: 18 - 19.

〔专著中的析出文献〕

著录格式:[序号]析出文献著者. 析出文献篇名[A]//专著编者. 书名[M]. 版次. 出版地: 出版者, 出版年: 起页 - 止页.

示例:

[4] Curtis DH, Drew JW. Infection after liver transplantation[A]//Ronald WB, Goran KK. Transplantation of the Liver[M]. 2nd ed. Philadelphia: Saunders, 2005: 978 - 980.

〔电子文献〕

著录格式:主要责任者. 题名: 其他题名信息[文献类型标志/文献载体标志]. 出版地: 出版者, 出版年(更新或修改日期)[引用日期]. 获取和访问路径

示例:

[5] World Association of Medical Editors. Policy statement on authorship[EB/OL]. [2010 - 10 - 16]. http://www.wame.org/resources/policies#authorship.

2.17 志谢

置于正文之后、参考文献之前。文字力求简练,评价得当,并应征得被志谢者本人同意。

3 投 稿

3.1 投稿规则

请作者投稿前仔细阅读"投稿须知"。一旦投稿,即被自动认为全部作者已阅读并理解和接受"投稿须知"的内容和要求。投稿同时须提交加盖公章的单位介绍信,证明稿件内容属实、无一稿多投、不涉及保密、署名无争议等。一旦发现稿件内容虚假不实、一稿多投或重复发表,将追究其法律责任,作出赔偿。投稿时可附投稿信,介绍稿件及研究工作相关信息。

3.2 稿件处理

所有稿件均经2~3位同行专家审阅;论著类稿件经同行专家审阅后,须上定稿会讨论并由主编或副主编最终决定是否录用。编辑部有权对文稿进行必要的文字性删减。如不同意删改请事先申明。编辑部应在3个月内通知作者稿件处理意见。未收到通知者,请及时向编辑部查询。在此之前,请勿另投他刊。

3.3 出版费用

本刊免收版面费,并酌致稿酬(已含网络版、光盘版稿酬)。如需购买单行本者,请预先说明。

3.4 绿色通道

本刊为重大研究成果开辟“绿色通道”。凡要求以“绿色通道”发表的论文,作者应提供关于论文创新性的书面说明和查新报告。经主编审核同意后,最快于2个月内即可发表。

3.5 投稿方式/地址

请通过网上投稿(http://www.mode301.cn/ch/author/login.aspx),投稿文件格式为 word 文档。

《中华老年多器官疾病杂志》编辑部
地址: 100853 北京市复兴路28号
电话: 010 - 66936756
电子邮箱: zhlndqg@mode301.cn

Instructions for Authors

The *Chinese Journal of Multiple Organ Diseases in the Elderly* (*Zhonghua Laonian Duoqiguan Jibing Zazhi*) (ISSN 1671 - 5403) is launched in 2002 and published monthly by the Institute of Geriatric Cardiology (IGC), Chinese PLA General Hospital in Beijing, China.

1 About the Journal

Chinese Journal of Multiple Organ Diseases in the Elderly (*The Journal*) is a peer-reviewed medical journal for all physicians, researchers, and health-care workers from geriatric specialties. The journal contributes to the scientific advancement of geriatrics by disseminating high quality research with potential to advance knowledge for geriatrics. The journal welcomes manuscripts that are relevant to the care of older persons with cardiovascular diseases, especially those with concomitant diseases of other major organ-systems, such as the lungs, kidneys, liver, central nervous system, gastrointestinal tract or endocrinology, *etc*. The submissions related to the geriatrics, including basic, clinical and preventive medicine, are all acceptable.

Manuscripts from the countries along "the Belt and Road" are also welcome. For English manuscripts, it is necessary to attach a Chinese abstract as well. If the authors cann't provide, we will offer a free translation service.

2 Publication Process

2.1 Manuscript submission

Manuscripts are submitted online at http://www.mode301.cn. Upon the receipt of the manuscript, the authors will receive a confirmation of the submission. When inquiring about a manuscript, please refer to the assigned manuscript number.

2.2 Review

All submitted manuscripts, either commissioned or unsolicited, are reviewed initially by an editor. If judged suitable for consideration, they are sent to two external referees for peer review (single-blind review). Authors are encouraged to indicate the names of 2-3 potential referees (providing their full postal and electronic addresses and contact numbers) they believe are qualified to review the paper. Authors may also request disqualification of up to two referees with potential conflict of interest. But the editor will make the final choice.

If reviewers express widely different opinions or disagree on the decision to accept, the article may be sent to a third reviewer. All manuscripts are discussed at a meeting of the editor-in-chief and standing members of the editorial board. This committee makes the final decision to accept or reject the manuscript.

Any study containing quantitative data and statistical inference should be reviewed by a consultant with formal statistical training and experience.

2.3 Revision

Manuscripts are accepted for publication on the basis of scientific merit, significance, and suitability for publication devoted to clinical and laboratory studies of geriatrics. Authors should revise their manuscript to comply with the requirement on the reviewers' comments and the style of *the Journal*. If a revision of an original article is not received within 2 months from the last decision letter of an editor, *the Journal* will assume that the authors have withdrawn the manuscript from further consideration. If the revision is not satisfactory to the editors and referees, the author may be asked to make a second revision. On publication, each report indicates the date that the original manuscript was received at the editorial office and the date that the manuscript was finally accepted. If a manuscript is not accepted, the author will receive a decision letter with the reviewers' comments.

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Manuscripts accepted for publication are copyedited and returned to the author for approval. Authors are responsible for all statements published in their work, including any changes made by the copy editor. The publisher is not responsible for any errors not marked by the author on the proof. Authors are required to proofread all edited manuscripts carefully. The proof must be returned to the Editorial Office within 7 days of receipt.

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Manuscripts must conform to *the Journal* "Instructions for Authors" and/or "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" by the International Committee of Medical Journal Editors (ICMJE) (www.icmje.org). Recent issues of the

Journal should be consulted for example.

3.1 Title page

The title page should contain: 1) a concise and descriptive title of the paper; 2) the full names and institutional affiliations of all authors; and 3) the name, address, telephone number, fax number, and E-mail address of the corresponding author.

3.2 Authorship

Each author should have participated sufficiently in the preparation of the manuscript, and have reviewed and approved the manuscript as submitted to take public responsibility for it. This would include substantial participation in some or all of the following aspects of the work relating to the manuscript: 1) involvement in the conception, hypothesis delineation, and design of the study; 2) acquisition of the data or the analysis and interpretation of such information; and 3) writing the article or substantial involvement in its revision prior to submission.

3.3 Abstract

Abstract of original research articles should consist of about 250 words and be structured in 4 parts: 1) Objective; 2) Methods; 3) Results; and 4) Conclusion. Full papers submitted to other sections (*e. g.*, Editorials, Reviews, Clinicopathological Conference, Education and Training, *etc.*) require a simple narrative abstract of 250 words or less summarizing the content of the paper. An abstract is not required for the type of case report. The abstract should be self-explanatory, without reference to the text. Abbreviations may be included, provided they are defined in the abstracts as well as the main text.

3.4 Keywords

Three to 6 words or short phrases should be provided as keywords. We recommend terms from the Medical Subject Headings (MeSH) in PubMed. If suitable MeSH terms are not yet available for recently introduced terms, present terms may be used.

3.5 Sources of Funding

All sources of funding must be disclosed under English Abstract as "This work was supported by ……", with grant number also given in brackets.

3.6 Main Text

The text for original research articles should be organized into the following sections: Introduction, Materials and Methods (including material or subject/population, statistical analysis, *etc.*), Results, and Discussion.

Introduction

Include both a brief review of literatures data that are strictly related to the object of the paper, and a short statement on the aims of the study. Give only strictly pertinent references and do not include data or conclusions from the work being reported.

Methods

Describe your selection of the observational or experimental subjects (patients or laboratory animals, including controls) clearly. Identify the age, sex, and other important characteristics of the subjects. Describe in sufficient detail to allow workers to duplicate the study. Previously reported procedures may be cited, but newly adopted modifications should be specified in detail. Statistical methods must be described and the program used for data analysis should be stated.

Results

Describe the major findings of the study clearly and concisely with the help of appropriate illustrative material. Do not repeat in the text all the data in the tables or illustrations.

Discussion

Summarize the major findings. Compare the reported findings with previous work. Propose their interpretation, and indicate their implications and limitations. Suggest future work. Produce a succinct conclusion. Conclusions should be linked to the goals of the study. Statements which are not completely supported by the data should be avoided.

3.7 Tables

Number all tables with Arabic numbers consecutively in order of appearance. Each table must have a concise heading and should be completely informative in itself without reference to the text. Symbols for units should be used only in column headings. Every column must have a description or heading. Do not use internal horizontal or vertical lines. Statistical measures of variations should be identified. All abbreviations must be defined in footnotes. For footnotes, use the following symbols in this sequence: *, #, △, ▲, ☆, ★, *

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Figures must be referenced sequentially in the text. Multipart figures should be organized as single composites, with each panel labeled (*e.g.*, A, B, C, *etc.*). We recommend saving figures as Encapsulated PostScript(EPS) files, Portable Document Format(PDF) files, or Tagged Image Format(TIFF) files with a resolution of 600 dots per inch(dpi) or better. Figures should be in black and white. Color photographs will occasionally be published in *the Journal* if use of color is vital to making the point. Figure legends should contain enough information for the reader to understand the illustration without referring to the text, but should be concise and should not repeat information already stated in the text.

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