

## Information for Authors

### CONTENT

*Diabetes Care* is a scientific research journal published by the American Diabetes Association. *Diabetes Care* publishes original high-quality reports on biomedical research related to the broad field of diabetes mellitus.

*Original Articles* report clinical investigation in areas relevant to diabetes. The following features are essential: hypothesis testing, suitable controls, appropriate statistical methods, clear reporting of results, and conclusions supported by the results. Papers will be judged on their uniqueness and importance.

*Review Articles* are comprehensive, critical surveys of topics related to diabetes.

*Case Reports* are clinical descriptions of a patient that demonstrate unique or important findings or insights into pathogenesis or treatment of diabetes and related disorders supplemented by review of the literature.

*Special Articles* are scholarly discussions, perspectives, essays, opinions, hypotheses, and statements of policy of medical organizations.

*Technical Articles* are descriptions and assessments of material and devices used for the care of patients with diabetes.

*Short Reports* are succinct case reports, observations relating to the practice of diabetology, and other brief communications.

*Letters & Comments* include opinions on topics published in the journal or relating to diabetes in general.

*Editorials* consist of opinions of individuals or organizations on relevant topics by either the Editors or invited participants.

*Book Reviews* critique publications related to diabetes of interest to professionals.

*Organization Section* includes announcement of meetings, special events, and American Diabetes Association business.

### GENERAL GUIDELINES

*Diabetes Care* publishes only material that has not been printed previously or is submitted elsewhere without appropriate anno-

tation. In submitting an article, the author(s) must state in a covering letter (see below) that no part of the material is under consideration for publication elsewhere or has already been published, including tables, figures, symposia, proceedings, preliminary communications, books, and invited articles. Conflicts of interest or support of private interests *must* be clearly explained. All human investigation *must* be conducted according to the principles expressed in the Declaration of Helsinki. The covering letter must include the following statements signed by ALL contributors for all submissions.

"We approve the submission of this paper to *Diabetes Care* for publication. We confirm that neither the manuscript submitted nor any part of it has been published or is being considered for publication elsewhere (abstracts excluded)."

"In consideration of the American Diabetes Association's taking action in reviewing and editing my (our) submission, the author(s) undersigned hereby transfers, assigns, or otherwise conveys all copyright ownership to ADA in the event that such work is published by ADA."

Signature of All Contributors

All material published in *Diabetes Care* is copyrighted by the American Diabetes Association, Inc. All signed articles and editorials are the responsibility of the author(s) and not that of the American Diabetes Association. In view of *The Copyright Revision Act of 1976*, effective Jan. 1, 1978, all transmittal letters (for articles AND letters and comments) must contain the second statement before manuscripts can be reviewed for possible publication. Manuscripts not conforming with these specifications will be returned to the author(s).

# Specifications

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## MANUSCRIPTS

Five copies of the manuscript (original plus four photocopies of the entire manuscript including tables and figures) must be submitted. If black-and-white graphs or charts are to be included, submit only one set of glossy prints; remaining sets should be photocopies. If photographs are to be included, five sets must be submitted. Manuscripts must be typewritten (not photocopied), *double spaced (including references, legends, tables)* on one side of 8½ × 11 inch (21.6 × 27.9 cm) nonerasable white bond paper. Provide margins of at least 1 inch (2.5 cm) at top, bottom, and both sides of pages. Number pages consecutively in the upper right-hand corner. Arrange articles according to the following components.

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## TITLE PAGE

On the title page include title; subtitle (if any); short running title (approximately 40 characters); first name, middle initial, and last name of each author, with highest academic degree; name of department(s) and institution(s) to which the work should be attributed (in English); disclaimers (if any); name and address of author to whom requests for reprints should be addressed; acknowledgments of financial support and potential conflicts of interest; and three to six key words for indexing purposes (*diabetes* is not acceptable). A covering letter should include the address and *telephone or telex number* of the person responsible for negotiations concerning the manuscript. Acknowledge if paper was previously presented as an abstract.

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## ABSTRACT

An abstract of not more than 250 words should be included at the beginning of the paper. It should be self-contained and understandable without reference to the text. Specific data may be included. Abstracts should not be written for Short Reports.

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## SUBJECTS, MATERIALS, AND METHODS

**Terminology and Style:** The designations *insulin-dependent diabetes mellitus* (IDDM or type I) and *non-insulin-dependent diabetes mellitus* (NIDDM or type II) should be used when referring to the two major forms of diabetes mellitus. The terms *juvenile diabetes*, *maturity-onset diabetes*, and similar variations are not acceptable. The use of the term *diabetic* as a noun is not acceptable. The terms *men* and *women* are preferable to *males* and *females*.

Manuscripts should be prepared in accord with the requirements specified in the document "Uniform Requirements for Manuscripts Submitted to Biomedical Journals," *Annals of Internal Medicine* 96:766–71, 1982.

Statistical methods used should be identified. Acknowledgments of aid or criticism should be approved by the person whose help is being recognized. Materials (i.e., figures and tables) taken from other sources must be accompanied by written permission for reproduction obtained from the original publisher and author.

**Abbreviations:** Use standard abbreviations and units recommended in the *CBE Style Manual* (Bethesda, MD, Council of Biology Editors, Inc.). Use of nonstandard abbreviations is discouraged. If used, however, nonstandard abbreviations should be defined the first time they appear in the text.

**Units:** Units should be in the Système International (SI) form. Correction factors to SI units should be stated (see table).

**Drug Names:** Generic names should be used. Proprietary names may be given parenthetically with the first use of the generic name.

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## REFERENCES

References should be cited consecutively in the text as numbers enclosed in parentheses on the line of writing. The reference list should be typed double spaced in the numerical order in which they are first cited in the text.

References should be cited according to the Standard Forms for References (*Annals of Internal Medicine*, Vol. 72, No. 1). All authors should be cited. The journal titles should be abbreviated according to *Serial Sources for the BIOSIS (Biosciences Information Service) Data Base*.

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## FOR JOURNAL ARTICLES:

Banting FG, Best C: The internal secretion of the pancreas. *J Lab Clin Med* 7:251–66, 1922

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## FOR BOOKS:

Allen FM: *Studies Concerning Glycosuria and Diabetes*. Cambridge, MA, Harvard Univ. Press, 1913

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## FOR ARTICLES IN BOOKS:

Stauffacher W, Renold AE: Pathophysiology of diabetes mellitus. In *Joslin's Diabetes Mellitus*. 11th ed. Marble A, White P, Bradley RF, Krall LP, Eds. Philadelphia, PA, Lea & Febiger, 1971, p. 35–98

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## FOR GOVERNMENT PUBLICATIONS:

Fajan SS (Ed.): *Diabetes Mellitus*. Washington, DC, U.S. Govt. Printing Office, 1976, DHEW publ. no. NIH 76-854.

References to articles that are "in press" must state the name of the journal. References to unpublished material, if essential, should be incorporated in the appropriate place in the text and not included as part of the reference list. Written permission from authors of unpublished data should be obtained and submitted. Authors are responsible for the accuracy of the references.

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## ILLUSTRATIONS

Figures should be professionally drawn and photographed and only one set of copies submitted as black-and-white glossy prints. They must be untrimmed, unmounted, unstapled, and at least 12.7 × 7.3 cm (5 × 7") and no larger than 20 × 25 cm (8 × 10"). Figures should include indication of error, e.g., SD or SE. Name(s) of author(s), figure number, and the top of the figure must be noted on a label affixed to the back of each illustration.

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## TABLES

Tables should be typed double spaced on separate sheets, with number (Arabic) and title. Symbols for units should be confined to column headings. Abbreviations should be kept to a minimum, and those used should be explained. For footnotes, use the following symbols in this sequence: \*, †, ‡, §, ||, ¶, \*\*, ††.

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**SUPPLEMENTS**

Proceedings of symposia or meetings are published as supplements to *Diabetes Care*. Supplements are subject to peer review. Sponsoring groups are required to pay all costs. For more information, contact either the Editor or Beverly Brittan Cook, Director of Professional Publications, American Diabetes Association, National Service Center, 1660 Duke Street, Alexandria, VA 22314.

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**REVIEW AND ACTION**

All contributions, including solicited articles and symposia, are critically reviewed by the Editors and invited referees. Reviewers' comments are usually returned to authors. The decision of the Editors is final.

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**EDITORIAL CORRESPONDENCE**

All manuscripts and other editorial correspondence should be addressed to David C. Robbins, MD, Editor, *Diabetes Care*, University of Vermont, Department of Medicine, Metabolic Unit, Given C-352, Burlington, VT 05405.

Correspondence concerning the copyediting and production of accepted manuscripts should be addressed to *Diabetes Care*

Editorial Office, American Diabetes Association, National Service Center, 1660 Duke Street, Alexandria, VA 22314. Telephone: (703) 549-1500. FAX: (703) 836-7439.

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**SHORT REPORTS**

Manuscripts submitted as Short Reports should not exceed six typewritten, double-spaced pages including text, figures, tables, and references. Abstracts should not be written for Short Reports. A copyright release statement signed by all authors must be included.

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**LETTERS AND COMMENTS**

Letters and Comments should not exceed three typewritten, double-spaced pages including text and references. A copyright release statement signed by all authors must be included.

*Diabetes Care* is included in the National Library of Medicine's MEDLARS data base, BRS Colleague data base, *Index Medicus*, and *Current Contents—Clinical Practice*.

**TABLE 1**  
**Critical values in conventional and Système International (SI) units**

Measurement	SI unit	Common unit	Conversion factors	
			Common → SI	SI → common
Acetone	μM	mg/dl	172	0.006
Aldosterone	pM	ng/dl	27.7	0.036
Amino acid				
fractionation				
Alanine	μM	mg/dl	112	0.009
α-Aminobutyric acid	μM	mg/dl	96.9	0.010
Arginine	μM	mg/dl	57.4	0.174
Asparagine	μM	mg/dl	75.7	0.132
Aspartic acid	μM	mg/dl	75.1	0.133
Citrulline	μM	mg/dl	57.1	0.018
Cystine	μM	mg/dl	41.6	0.024
Glutamic acid	μM	mg/dl	68.0	0.015
Glutamine	μM	mg/dl	68.4	0.015
Glycine	μM	mg/dl	133	0.008
Histidine	μM	mg/dl	64.5	0.016
Hydroxyproline	μM	mg/dl	76.3	0.013
Isoleucine	μM	mg/dl	76.2	0.013
Leucine	μM	mg/dl	76.2	0.013
Lysine	μM	mg/dl	68.4	0.015
Methionine	μM	mg/dl	67.0	0.015
Ornithine	μM	mg/dl	75.7	0.013
Phenylalanine	μM	mg/dl	60.5	0.017
Proline	μM	mg/dl	87.0	0.012
Serine	μM	mg/dl	95.2	0.011
Taurine	μM	mg/dl	79.9	0.013
Threonine	μM	mg/dl	84.0	0.012
Tryptophan	μM	mg/dl	49.0	0.020
Tyrosine	μM	mg/dl	55.2	0.018
Valine	μM	mg/dl	85.4	0.012
Amylase, enzymatic	U/L	U/L	1.00	1.00
Calcium	mM	mg/dl	0.250	4.00
Carbon dioxide				
content	mM	meq/L	1.00	1.00

**TABLE 1**  
**Critical values in conventional and Système International (SI) units (Continued)**

Measurement	SI unit	Common unit	Conversion factors	
			Common → SI	SI → common
Cholesterol	mM	mg/dl	0.026	38.7
Citrate	μM	mg/dl	52.1	0.020
Cortisol	nM	μg/dl	27.6	0.360
Creatinine	μM	mg/dl	88.4	0.011
Creatinine clearance	ml/s	ml/min	0.017	60.0
Cyclic adenosine monophosphate	nmol/mmol creatinine	mol/g creatinine	113	0.009
Epinephrine	pM	pg/ml	5.46	0.183
Estrogen	pM	pg/ml	3.67	0.273
Fatty acids, nonesterified	g/L	mg/dl	0.01	100
Fructose	mM	mg/dl	0.056	18.0
Galactose (children)	mM	mg/dl	0.056	18.0
Gastrin	ng/L	pg/ml	1.00	1.00
Gastrointestinal polypeptide	pM	pg/ml	0.201	4.98
Glucagon	ng/L	pg/ml	1.00	1.00
Glucose	mM	mg/dl	0.056	18.0
Glycerol (free)	mM	mg/dl	0.109	9.21
Growth hormone	μg/L	ng/ml	1.00	1.00
Hydroxybutyrate	μM	mg/dl	96.1	0.010
Hydroxyproline	μmol · day <sup>-1</sup> · m <sup>-2</sup>	mg · day <sup>-1</sup> · m <sup>-2</sup>	7.63	0.131
Insulin	pM	μU/ml	7.18	0.14
Lactate (as lactic acid)	mM	meq/L	1.00	1.00
Lipase	U/L	U/L	1.00	1.00
Lipoproteins	mM	mg/dl	0.026	38.7
Norepinephrine (radioenzymatic procedure)	nM	pg/ml	0.006	169
Osmolality	mmol/kg	mosmol/kg	1.00	1.00
Pancreatic polypeptide	pM	pg/ml	0.239	4.18
Phosphate (as inorganic phosphorus)	mM	mg/dl	0.323	3.10
Phospholipid phosphorus, total	mM	mg/dl	0.323	3.10
Phospholipids, substance fraction of total phospholipid				
Phosphatidylcholine	Express as decimal	% of total	0.010	100
Phosphatidylethanolamine	Express as decimal	% of total	0.010	100
Sphingomyelin	Express as decimal	% of total	0.010	100
Lysophosphatidylcholine	Express as decimal	% of total	0.010	100
Potassium	mM	meq/L	1.00	1.00
Prolactin	μg/L	ng/ml	1.00	1.00
Protein, total	g/L	g/dl	10.0	0.100
Pyruvate (as pyruvic acid)	M	mg/dl	114	0.009
Renin	ng · L <sup>-1</sup> · s <sup>-1</sup>	ng/ml/hr	0.278	3.60
Somatostatin	pM	pg/ml	0.611	1.64
Steroids				
Hydroxycorticosteroids (as cortisol)	μmol/day	mg/day	2.76	0.363
17-Ketogenic steroids (as dehydroepiandrosterone)	μmol/day	mg/day	3.47	0.288
17-Ketosteroids (as dehydroepiandrosterone)	μmol/day	mg/day	3.47	0.288

**TABLE 1**  
**Critical values in conventional and Système International (SI) units (Continued)**

Measurement	SI unit	Common unit	Conversion factors	
			Common → SI	SI → common
Ketosteroid fractions				
Androsterone	μmol/day	mg/day	3.44	0.290
Dehydroepiandrosterone	μmol/day	mg/day	3.47	0.288
Etiocholanolone	μmol/day	mg/day	3.44	0.290
Thyroxine	nM	μg/dl	12.9	0.078
TSH (thyroid-stimulating hormone)	mU/L	μU/ml	1.00	1.00
Urea nitrogen	mM	mg/dl	0.357	2.8
Vasoactive intestinal polypeptide	pM	pg/ml	0.301	3.33