

INSTRUCTIONS FOR AUTHORS

CONTENT

Diabetes Care is a journal for the health care practitioner that is intended to increase knowledge, stimulate research, and promote better management of people with diabetes. To achieve these goals, the journal publishes original articles on human studies in the areas of epidemiology, clinical trials, behavioral medicine, nutrition, education, health care delivery, medical economics, and clinical care. The journal also publishes clinically relevant review articles, clinical observations, letters to the editor, and health/medical news or points of view. Topics covered are of interest to clinically oriented physicians, researchers, epidemiologists, psychologists, diabetes educators, and other professionals.

Send manuscripts to the incoming editor, Charles C. Clark, Jr., MD, *Diabetes Care* Editorial Office, Regenstrief Health Center, Indiana University Medical Center, 1001 West Tenth Street, Indianapolis, IN 46202-2859; (317) 630-6925.

Diabetes Care requests the submission of articles on computer diskettes. Authors should submit diskettes with the final version of their manuscripts along with the typed revised manuscript. Diskettes must be labeled with the following information: 1) author's name, 2) article number, 3) software and hardware used.

Please do not separate your document into different files. The entire document, except for graphics, should all be in one file, i.e., text, references, figure legends, etc. Please use the manuscript number of your article as the file name.

Diskettes must be produced on IBM, IBM-compatible, or Apple computers. Authors using Apple computers should not use the "Fast Save" option.

The use of data on diskettes will often speed the processing of an author's manuscript. However, the advantages of using diskettes are easily lost if authors do not adhere to standard conventions of style and formatting. Please observe these guidelines:

1. Do not attempt to make your output approximate or match the typeset page. Simply format your manuscript as you normally would.
2. Make sure that any special characters (including Greek and mathematical characters) are clearly marked on the hard copies of the manuscript. If your word-process-

ing program has an extended character set offering special characters, use them.

3. Never type the letter "l" for the numeral "1" and never interchange the letter "O" for the numeral "0."
4. Do not divide words by manually hyphenating at line endings. Let the text wrap. If your word processor has automatic hyphenation, turn it off to prepare your electronic manuscript.
5. Do not place figure captions and tables within the text. The copyeditor will indicate the placement of this material within the text. Put figure legends after the text of your article.
6. Prepare references in the style set forth by *Diabetes Care*. Do not use the footnote/endnote functions found in some word-processing software. Instead, reference numbers in text should be in normal type in parenthesis. If references are not in the proper style, diskettes will be returned to authors for revision.

Original articles report clinical investigation in areas relevant to diabetes. Articles should not exceed 5,000 words (about 20 typewritten double-spaced pages), including tables, figure legends, and references necessary to support the data and their interpretation. 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.

Short reports are succinct case reports, observations relating to the practice of diabetology, and other brief communications. Text should not exceed 1,500 words (about 6 typewritten double-spaced pages).

Technical articles are descriptions and assessments of material and devices used for the care of patients with diabetes. Articles should not exceed 5,000 words.

Commentaries are short critical articles on topics in diabetes care and on articles that appear elsewhere in the issue. Unlike reviews, commentaries should not attempt an exhaustive literature review but should analyze a few carefully selected findings. Text should not exceed 1,500 words.

Clinical practice observations are based on original clinical findings that test, refine, validate, or question aspects

of clinical practice. Text should not exceed 1,500 words.

Case reports and clinical observations are short reports relating noteworthy individual case experiences. They should not exceed four typewritten double-spaced pages, including references. The suggested format includes a one-paragraph introduction, a history and examination section, an investigation section, and a concluding one- or two-paragraph comment section.

Letters to the editor include opinions on topics published in the journal or relating to diabetes in general. Letters should not exceed 500 words.

Diabetes Care publishes only material that has not been printed previously and is not under consideration for publication elsewhere, with the exception of an abstract less than 400 words in length. The American Diabetes Association holds the copyright on all material appearing in *Diabetes Care*. All authors must sign a letter acknowledging 1) no prior publication and 2) copyright transfer to the ADA (in accordance with the Copyright Revision Act of 1976) as follows:

We approve the submission of this paper to *Diabetes Care* for publication and have taken due care to ensure the integrity of this work. We confirm that neither the manuscript nor any part of it has been published or is under consideration for publication elsewhere (abstracts excluded). Any reference to or use of previously published material protected by copyright is explicitly acknowledged in the manuscript.

In consideration of ADA reviewing my (our) submission, the undersigned author(s) transfers, assigns, or otherwise conveys all copyright ownership to ADA in the event the work is published.

Signatures of all authors

Diabetes Care subscribes to the requirements stated in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (*N Engl J Med* 324:424-428, 1991) that authorship implies substantial contributions to conception and design or analysis and interpretation of data and drafting of the article or critical revision for important intellectual content.

All authors must complete the duality of interest disclosure statement, which can be found in every issue of *Diabetes Care*. All human investigations must be conducted according to the principles expressed in the Declaration of Helsinki. All studies involving animals must state that guidelines for the use and care of laboratory animals of the authors' institu-

tion or the National Research Council or any national law were followed.

MANUSCRIPT FORMAT AND STYLE

Five copies of the entire manuscript, including tables and figure legends (original plus 4 photocopies), must be submitted. If black and white graphs or charts are used, submit 3 original sets of prints; the other 2 sets may be photocopies. If photographs are used, 5 glossy sets must be included. Manuscripts must be typewritten double spaced (including references, tables, and figure legends) on one side of 8 1/2 × 11 inch (21.6 × 27.9 cm) nonerased white bond paper. Provide margins of at least 1 inch at top, bottom, and both sides of each page. The manuscript should be arranged in the following order: title page, abstract, introduction (no heading), research design and methods, results, conclusions, acknowledgments, references, figure legends, and tables. Number pages consecutively beginning with the title page.

Title page

Titles should be brief. Also include a short running title (less than 40 characters); first name, middle initial, last name, and highest academic degree of each author; affiliation (in English) of each author during the study being reported; name, address, telephone number, fax number, and e-mail address of corresponding author; and 3–6 key words for subject indexing of the article (the word *diabetes* is too general).

Abstract

The abstract should not exceed 250 words. It must be self-contained and clear without reference to the text and should be written for a general journal readership. The abstract must be in a structured format: *Objective*, purpose or hypothesis of study; *Research Design and Methods*, basic design, setting, number of participants and selection criteria, treatment or intervention, and methods of assessment; *Results*, significant data found; *Conclusions*, validity and clinical applicability.

Text

Terminology and style. Articles should be written in clear concise English following the recommendations for scientific writing found in *Scientific Style and Format*, the CBE style manual (6th ed., 1994, Bethesda, MD, Council of Biology Editors). All accepted manuscripts will be edited according to the CBE style manual

and *The Chicago Manual of Style* (14th ed., 1993, Chicago, IL, The University of Chicago Press) by ADA professional publications staff. The authors are responsible for all statements made in their articles or editorials, including any editing changes made by staff.

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. The term *diabetic* should not be used as a noun.

Abbreviations. Abbreviations should be used only when necessary, e.g., for long chemical (HEPES) or procedure (ELISA) names or terms used throughout the article. See the list of abbreviations for those that need not be defined; all others must be defined at first use. Abbreviate units of measure only when used with numbers. Abbreviations may be used in tables and figures. The CBE style manual contains lists of standard scientific abbreviations.

Units. Measurements should be in Système International (SI) form (see SI table in each issue). Glycosylated hemoglobin should be expressed as percentage of total and as standard deviation from mean control levels.

Materials. Authors should provide the name and location of the source for specified chemicals and other materials only if alternate sources are considered unsatisfactory.

Acknowledgments. Acknowledgments should contain brief statements of assistance, financial support, and prior publication of the study in abstract form, if needed.

References. References should be listed according to the following examples. **All authors** must be cited and inclusive page numbers provided. Journal titles should be abbreviated according to the Serial Sources for the BIOSIS Database; for unlisted journals, complete journal titles should be provided. Authors are responsible for the accuracy of the references.

Journal articles:

Banting FG, Best C: The internal secretion of the pancreas. *J Lab Clin Med* 7:251–266, 1922

Abstracts:

Seaborn J: Gastrointestinal side-effects of high-fiber diets in diabetic rats (Abstract). *Gut* 33:A4304, 1992

Books:

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

Chapters in books:

Stauffer 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

Government publications:

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

Figures. Figures should be professionally drawn and photographed or produced on a laser printer. For laser-printed figures, paper specially made for camera-ready copy (such as Hammermill Laser-Print Plus) **must** be used (paper having an opacity of 90 or more and a whiteness of 90 or more). Each figure should be marked in soft pencil on the back showing the orientation (an arrow pointing up), the first author's name, and the manuscript number. Figures must be unmounted and no larger than 5 × 7 inches. Where possible, photographs and gels should be cropped to one or two columns in width.

In most instances, figures will be reduced to one-column width (about 2 1/4 inches) and should be produced accordingly. Authors should reduce the figures on a photocopier to make sure that all relevant data points can be distinguished and that all labeling is clearly readable. Information on the axes should be succinct, using abbreviations where possible, and the label on the y-axis should read vertically, not horizontally. Key information should be placed in any available white space **within** the figure; if space is not available, the information should be placed in the legend. In general, figures with multiple parts should be marked A, B, C, etc., with a description of each panel being placed in the legend rather than on the figure.

Lines in graphs should be bold enough to be easily read after reduction, as should all symbols used in the figure. Data points are best marked with the following symbols, again assuring that they will be readily distinguishable after reduction: ○ ● □ ■ △ ▲. Bars should be black or white only unless more than two data sets are being presented; further bars should be drawn with clear bold hatch marks or stripes, **not** shades of gray.

Color photographs incur an addi-

tional charge, paid by the author; they should not be submitted for reproduction in black and white. Materials (e.g., figures and tables) taken from other sources must be accompanied by written permission for reproduction obtained from the original publisher and author.

Tables. Tables should be double spaced on separate pages with table number and title. Tables with internal divisions (Tables 1A and B) should be submitted as individual tables, i.e., Tables 1 and 2. Symbols for units should be confined to column headings. Abbreviations should be kept to a minimum and defined in the table legend. For footnotes, use the following symbols consecutively, left to right, top to bottom of table: *†‡§||¶.

MANUSCRIPT SUBMISSION

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

Authors must submit manuscripts with an accompanying cover letter that includes the address and telephone and fax numbers of the person responsible for ne-

gotiations concerning the manuscript. Authors are encouraged to suggest six possible reviewers for their manuscript. All communications to the editors must be in writing.

All manuscripts and editorial correspondence should be addressed to Allan L. Drash, MD, Editor, *Diabetes Care*, Children's Hospital of Pittsburgh, Rangos Research Center, 3705 Fifth Avenue, Pittsburgh, PA 15213 (phone 412-692-5851, fax 412-692-5960).

SUBMISSION OF SUPPLEMENTS

A proposal for a supplement must first be submitted to the publications department of the ADA. The proposal must specify:

1. The name of the pharmaceutical firm sponsoring the supplement (not merely the name of the public relations agency handling its publication).
2. If the supplement is based on a symposium, indicate where and when the symposium was held and how the speakers and papers were selected.
3. Whether authors will be paid, and, if so, how much.

If the proposal is approved, the sponsor must then submit a proposal to the editor of *Diabetes Care*. Initial approval by ADA does not commit an editor to accept a proposal in whole or part. All manuscripts are subject to the same peer review as other manuscripts in the journal.

ACCEPTED MANUSCRIPTS

Accepted manuscripts will be scheduled for publication as soon as possible. Authors will receive two sets of page proofs; one set (master copy) is for making corrections and the duplicate set is for the author's files. Master proof, original manuscript, and artwork should be returned within 48 hours of receipt to Production Editor, *Diabetes Care*, American Diabetes Association, 1660 Duke Street, Alexandria, VA 22314. Failure to do so may delay the publication of the article to another issue.

FINANCIAL OBLIGATIONS

A charge of \$50 per journal page is assessed for original articles, short reports, and case reports to help defray publication costs. The author who is to assume responsibility for payment should be identified on the manuscript.

List of Abbreviations

The following abbreviations/symbols and categories of abbreviations need not be defined.

ACE	angiotensin-converting enzyme
ACTH	adrenocorticotrophic hormone
ADP, ADPase	adenosine 5'-diphosphate, adenosinediphosphatase
AMP, AMPase, cAMP	adenosine 5'-monophosphate, adenosinemonophosphatase, adenosine 3',5'-cyclic monophosphate
ANG	angiotensin
ATP, ATPase	adenosine 5'-triphosphate, adenosinetriphosphatase
BMI	body mass index
CI	confidence interval
CoA	coenzyme A
DMSO	dimethyl sulfoxide
DNA, cDNA	deoxyribonucleic acid, complimentary DNA
DNase	deoxyribonuclease
DEAE	diethylaminoethyl
EDTA	ethylenediaminetetraacetic acid
EGTA	ethylene glycol-bis(β -aminoethyl ether)- <i>N,N,N',N'</i> -tetraacetic acid
GAD	glutamic acid decarboxylase
GHb	glycosylated hemoglobin (glycated hemoglobin, glycohemoglobin)
GLUT	glucose transporter
Hb	hemoglobin
HDL	high-density lipoprotein
HEPES	<i>N</i> -2-hydroxyethylpiperazine- <i>N'</i> -2-ethanesulfonic acid
HLA	human leukocyte antigen
IDDM	insulin-dependent diabetes mellitus
IGF	insulin-like growth factor
LDL	low-density lipoprotein
MOPS	3-(<i>N</i> -morpholino)propanesulfonic acid
NAD, NADH, NADP, NADPH	nicotinamide adenine dinucleotide, reduced NAD, NAD phosphate
NIDDM	non-insulin-dependent diabetes mellitus
NPH	neutral protamine Hagedorn insulin
P_{CO_2} , P_{aCO_2} , P_{vCO_2}	partial pressure of CO_2 , arterial, venous
PO_2 , PaO_2 , PvO_2	partial pressure of O_2 , arterial, venous
PAGE	polyacrylamide gel electrophoresis
PEPCK	phosphoenolpyruvate carboxykinase
pH	hydrogen ion concentration; negative logarithm of hydrogen ion activity
PIPES	piperazine- <i>N,N'</i> -bis(2-ethanesulfonic acid)
RNA, mRNA, rRNA, tRNA	ribonucleic acid, messenger RNA, ribosomal RNA, transfer RNA
RNase	ribonuclease
SDS	sodium dodecyl sulfate
Tris	tris(hydroxymethyl)aminomethane
V_{max} , V_{O_2} , $V_{O_{2max}}$	maximum volume, volume of O_2 , maximum volume of O_2
V_{max} , V_{O_2} , $V_{O_{2max}}$	maximum consumption, O_2 consumption per unit time, maximum O_2 consumption
VLDL	very-low-density lipoprotein

Amino acids

Cell lines

Chemical element and compound symbols

Latin terms

Mice names

Statistical symbols and tests

Units of measure