



Promoting transparent and accurate reporting of research studies in rheumatology: Endorsement of reporting guidelines in rheumatology journals ☆

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ABSTRACT

Objectives: To adequately translate research into practice, research results should be reported in a way that is useful to practicing clinicians and policymakers. Based on evidence from systematic reviews, the implementation of reporting guidelines, such as CONSORT for randomized controlled trials, may improve the quality of research reporting. We assessed the endorsement of reporting guidelines in rheumatology journals.

Methods: We analyzed guidelines for authors of all ($n = 28$) journals indexed in the “Rheumatology” Subject Category of the Journal Citation Reports published in 2012. Journal websites were reviewed for information relevant to reporting guidelines.

Results: Out of 28 indexed journals, only about a third ($n = 10$) endorsed 1 or more reporting guidelines, most commonly CONSORT. General editorial policies, such as those from the International Committee of Medical Journal Editors (ICMJE), were endorsed by 19 journals (all 10 journals with and 9 out of 18 without reporting guidelines). Two rheumatology journals introduced specific reporting guidelines about economic studies and genetic association studies.

Conclusions: The endorsement of reporting guidelines is low in rheumatology journals. To continue to serve their research community, rheumatology journals should provide the platform for the discussion on most relevant reporting guidelines and adopt them as a group, especially those specific for rheumatology research. Coordinated action of journals and other stakeholders in rheumatology research in the promotion of accurate and transparent reporting of health research studies would be an important part of knowledge translation into practice and well-being of rheumatology patients.

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Introduction

Rheumatology is a rapidly developing field where cutting-edge research findings are translated into everyday clinical practice at an unprecedented pace. Journal publications remain the major tool for communication and translation of scientific discovery; thus, research results should be reported in a way that is useful to practicing clinicians and/or policymakers [1]. However, health research publications have shortcomings in reporting clarity, completeness and transparency [2,3], despite the advantages of

almost unlimited space for online content. All stakeholders in the scientific publication process, from the researchers and their institutions to the journal editors, have a responsibility to reduce the imprecision of research reporting, such as recently described for preclinical drug development [4].

Rheumatology research is not exempt from such shortcomings, as can be judged from published reports on reporting research in rheumatology, including the quality of reporting of randomized clinical trials in conference abstracts [5], statistical data presentation [6] or radiographic methods in randomized controlled trials [7].

In an attempt to address problems in reporting health research, researchers and methodologists have collaborated with journal editors to develop guidelines as a quality assurance tool for complete and transparent reporting of health research results [8]. After the development of the first reporting guideline

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for randomized controlled trials (RCTs) in 1996 [9], other guidelines have come into regular use and new ones are continually being developed in a systematic way [10]. In rheumatology research, the first specialized reporting requirement was developed in 1999 for longitudinal observational studies [11] and was followed more recently by reporting initiatives for specialized topics [12,13].

Most authors and journal editors should be familiar with checklists and flow diagrams that usually make a reporting guideline; they should use them to report research methods and findings with a minimum number of items for a clear and transparent account of a study, particularly with regard to possible sources of bias. A systematic review showed that adoption of CONSORT, the longest-in-use reporting guideline on randomized controlled trials (RCTs), was associated with improved reporting of RCTs [14]. As in other health areas, where the use of checklists has been associated with benefit to patients [15], journals may profit from consistent implementation of

specific in-house reporting guidelines, as demonstrated in a longitudinal study in a pediatric surgery journal [16].

To assess the endorsement of reporting guidelines in rheumatology journals, we analyzed the best practices in most influential rheumatology journals, indexed in the Web of Science®.

Methods

Sample selection

We included all rheumatology journals indexed in the Subject Category “Rheumatology” of the Journal Citation Reports (JCR®) 2011 science edition, published in 2012 [17]. The category indexed 29 journals, but one of them (*Nature Clinical Rheumatology*) was discontinued in 2009 but still had its impact factor recorded by the JCR. The journal was excluded from further analysis.

Table 1

Reporting guidelines endorsed in guidelines for authors by rheumatology journals indexed in Journal Citation Reports

Journal ^a	Impact factor	Common reporting guidelines ^c	New reporting guidelines ^c	Reference to general editorial policies
Annals of the Rheumatic Diseases	8.727	CONSORT, PRISMA, MOOSE, STARD, STROBE	Economic evaluations, Education interventions	ICMJJE, COPE, WAME, Helsinki Declaration
Nature Reviews in Rheumatology	8.388	–	–	–
Arthritis & Rheumatism	7.866	CONSORT, STROBE, PRISMA	Genetic association studies, STREGA	ICMJJE, Helsinki Declaration
Seminars in Arthritis and Rheumatism	4.969	CONSORT, STROBE, PRISMA	–	ICMJJE
Arthritis Care & Research	4.851	–	–	ICMJJE, Helsinki Declaration
Arthritis Research & Therapy	4.445	CONSORT, STROBE, PRISMA, MOOSE, STARD, EQUATOR	RATS, MIBBI portal	ICMJJE, COPE, WAME, Helsinki Declaration
Current Opinion in Rheumatology	4.309	–	–	ICMJJE
Rheumatology	4.058	CONSORT, PRISMA ^b , MOOSE, STARD, EQUATOR	–	ICMJJE, WAME, COPE, Helsinki Declaration
Osteoarthritis and Cartilage	3.904	CONSORT, STROBE, PRISMA, EQUATOR	ARRIVE, MIAME, MIAPE, MIBBI portal	ICMJJE, Helsinki Declaration
Journal of Rheumatology	3.695	–	–	–
Rheumatic Disease Clinics of North America	3.020	–	–	–
Best Practice & Research Clinical Rheumatology	2.653	CONSORT	–	ICMJJE
Scandinavian Journal of Rheumatology	2.472	–	–	Helsinki Declaration
Lupus	2.337	–	–	ICMJJE, COPE, Helsinki Declaration
Joint Bone Spine	2.274	–	–	–
Clinical and Experimental Rheumatology	2.148	–	–	ICMJJE, Helsinki Declaration
Clinical Rheumatology	1.996	–	–	Helsinki Declaration
Rheumatology International	1.885	–	–	–
BMC Musculoskeletal Disorders	1.557	CONSORT, STROBE, PRISMA, MOOSE, STARD, EQUATOR	RATS, CONSORT for Abstracts, ARRIVE, MIBBI portal	ICMJJE, COPE, WAME, Helsinki Declaration
Modern Rheumatology	1.557	–	–	Helsinki Declaration
Pediatric Rheumatology	1.440	CONSORT, STROBE, PRISMA, MOOSE, STARD, EQUATOR	RATS, CONSORT for Abstracts, MIBBI portal	ICMJJE, COPE, WAME, Helsinki Declaration
Journal of Clinical Rheumatology	1.346	–	–	ICMJJE
International Journal of Rheumatic Diseases	0.807	–	–	ICMJJE, Helsinki Declaration
Acta Reumatológica Portuguesa	0.547	–	–	ICMJJE
Zeitschrift für Rheumatologie	0.458	–	–	Helsinki Declaration
Journal of Musculoskeletal Pain	0.347	–	–	ICMJJE, COPE, Helsinki Declaration
Turkish Journal of Rheumatology	0.191	CONSORT	–	ICMJJE, COPE, WAME, Helsinki Declaration
Aktuelle Rheumatologie	0.083	–	–	–

COPE = Committee on Publication Ethics; ICMJJE = international Committee of Medical Journal Editors; WAME = World Association of Medical Editors.

^a Ranked by 2011 impact factors (the Subject Category “Rheumatology” in the 2012 Science edition of the Journal Citation Reports, Thomson Reuters). *Nature Clinical Practice Rheumatology* was listed in the category but was discontinued in 2009.

^b The journal lists outdated reporting guideline for systematic reviews (QUORUM), but has a link to EQUATOR Network resource with the updated version of the reporting guideline, PRISMA.

^c Acronyms for reporting guidelines are explained in Table 2. EQUATOR is a web-portal (<http://www.equator-network.org/>) listing available reporting guidelines.

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