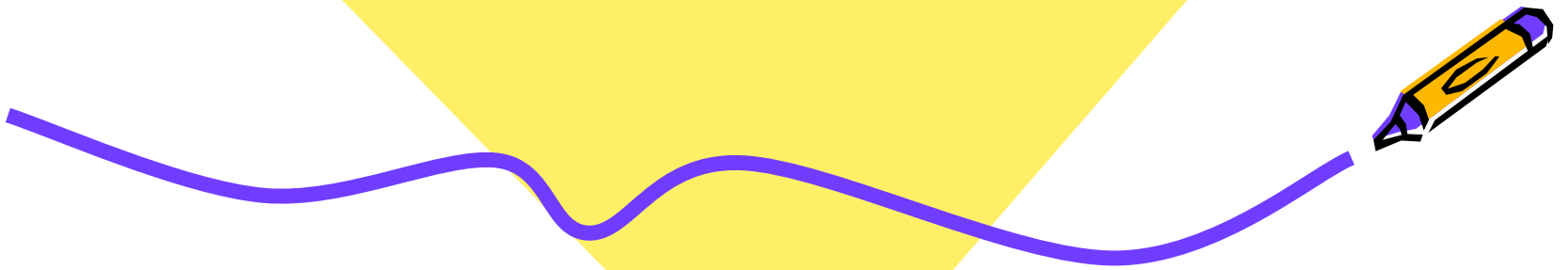
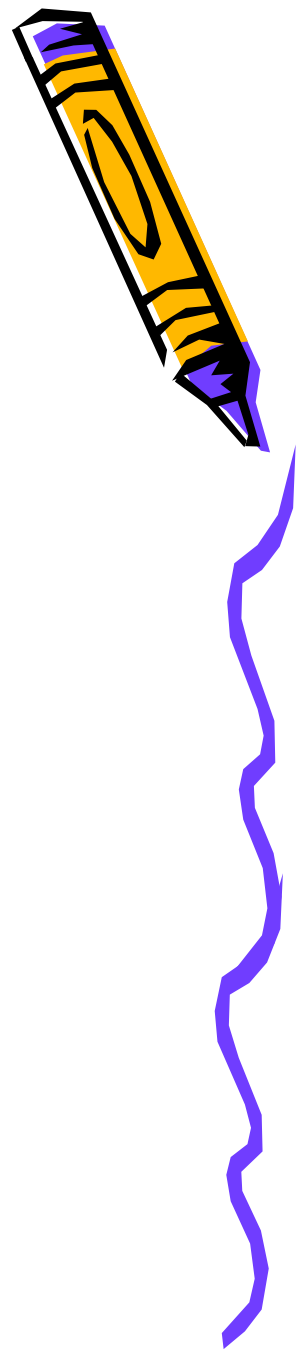
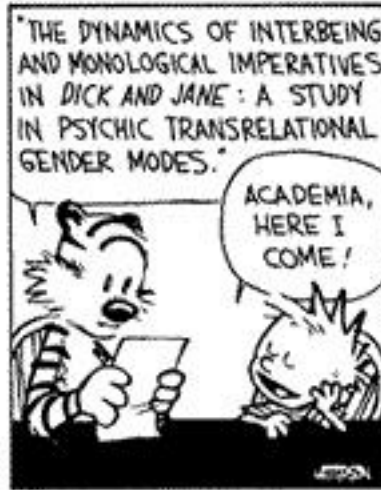
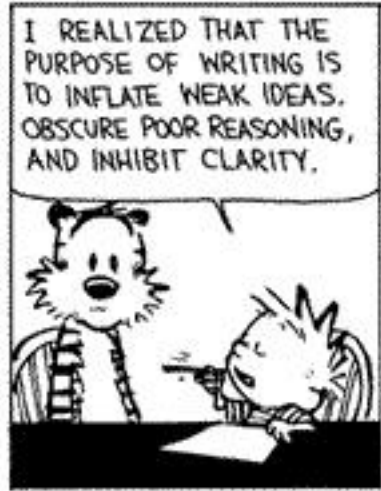
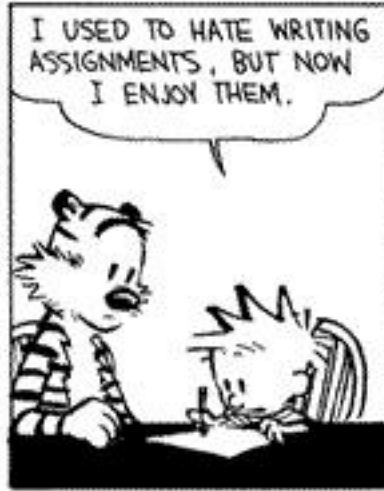


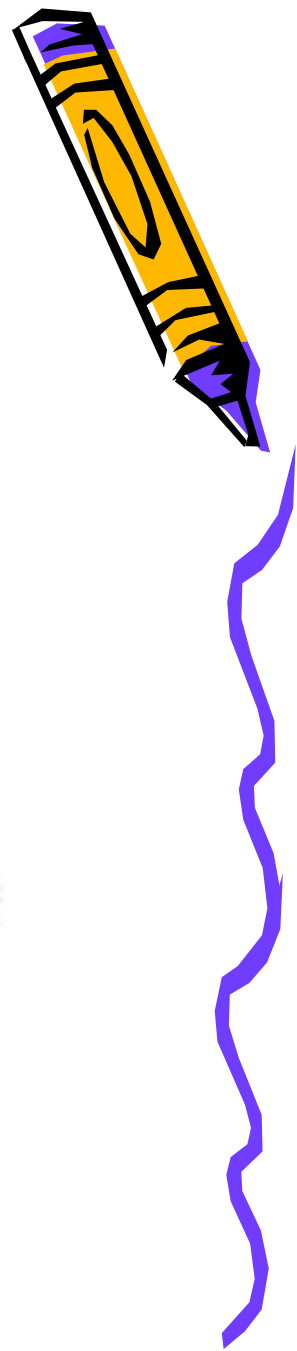
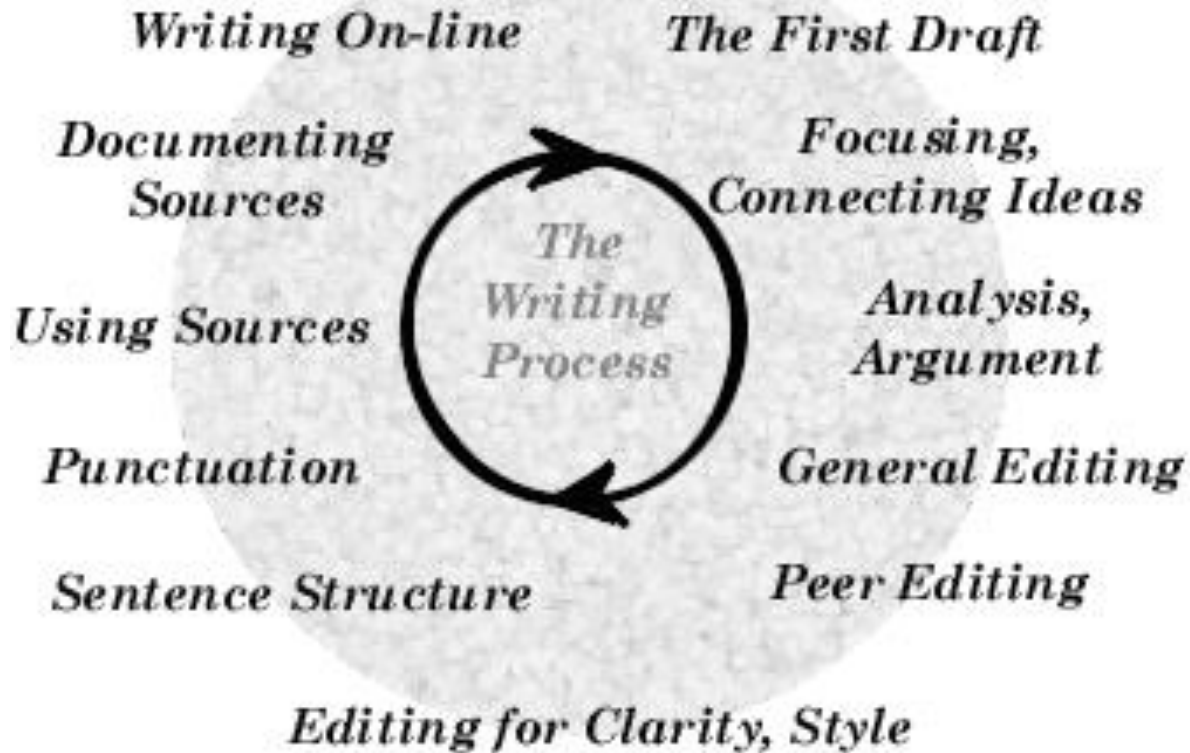


Writing and Reporting Scientific findings



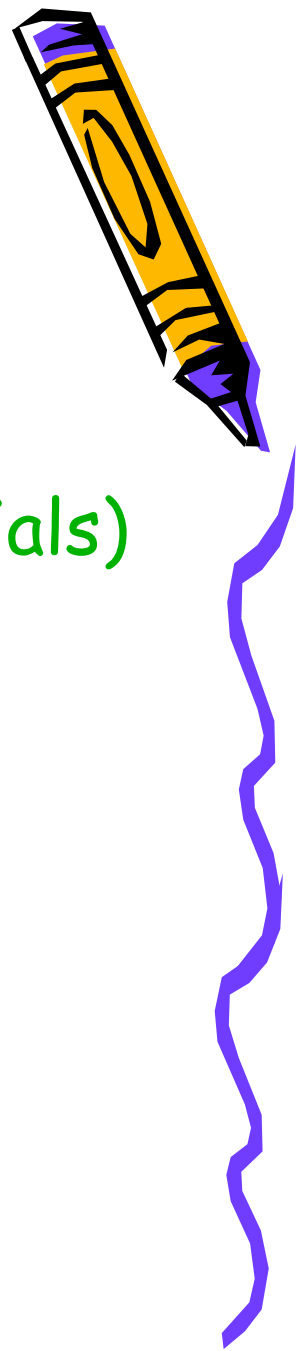
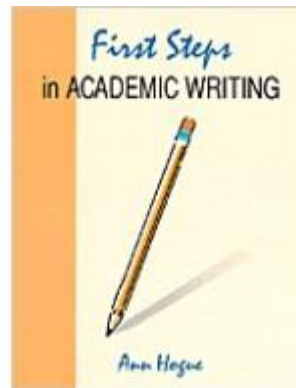


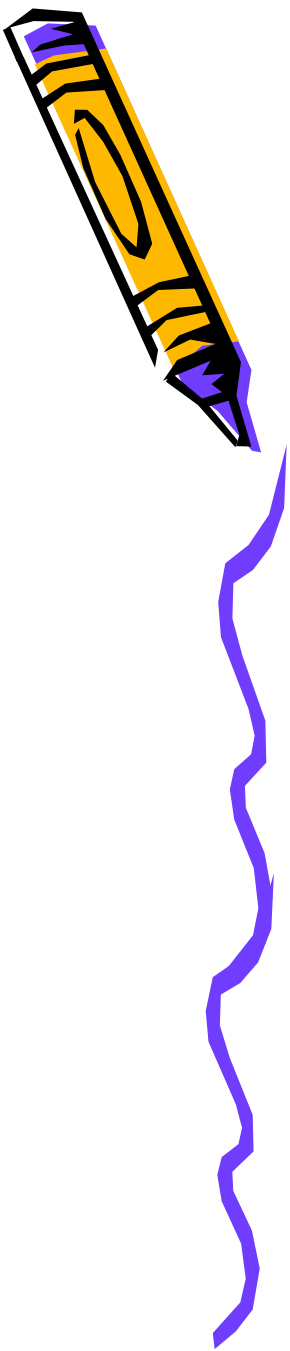
Getting Started



Types of Articles

- Original Research (Basic, clinical trials)
- Reviews (traditional, systematic)
- Meta analysis
- Case Reports
- Letters to the Editor



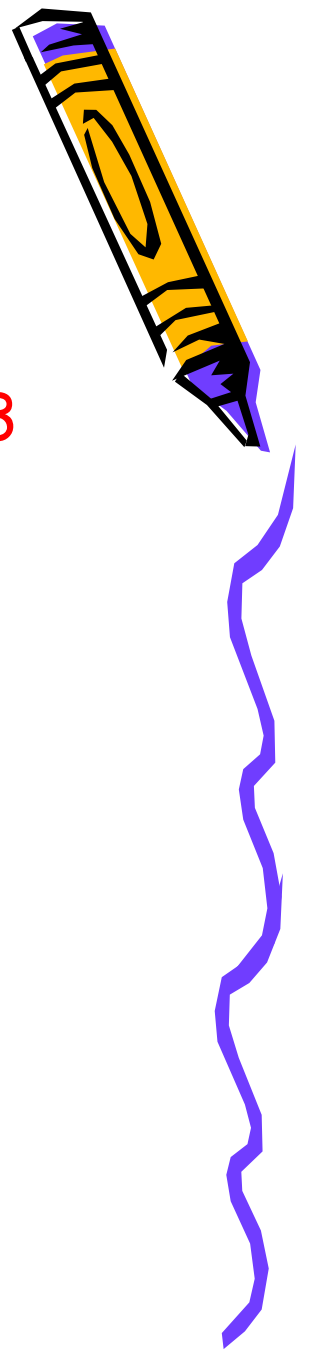


Original Article

- Title Page (Title, running head, name, affiliation)
- Structured Abstract, Keywords
(Background/aim, materials and methods, results, conclusion)
- Body of the paper



Main Paper



1. Introduction (state your aim, no more than 3 para)
2. Materials and methods (Be precise)
3. Results (Be logical)
4. Discussion (Be specific)
5. References (Be accurate)
6. Tables (Units/ legends)
7. Figure legends
8. Acknowledgements
9. Disclosures

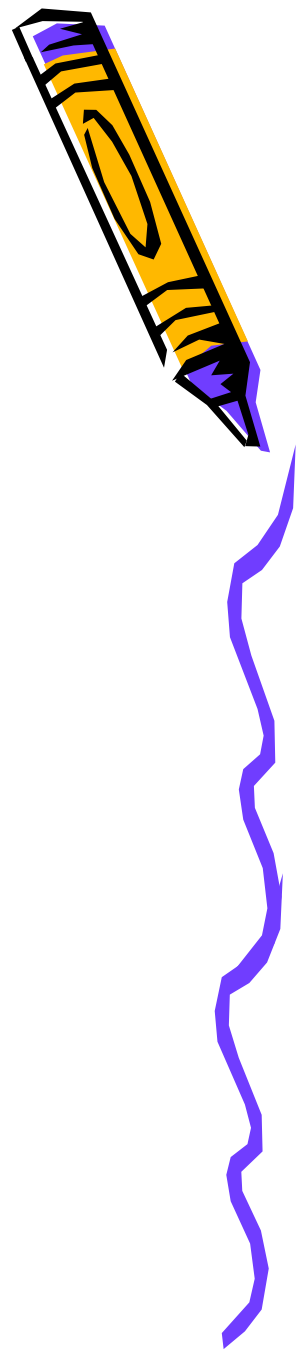


Introduction

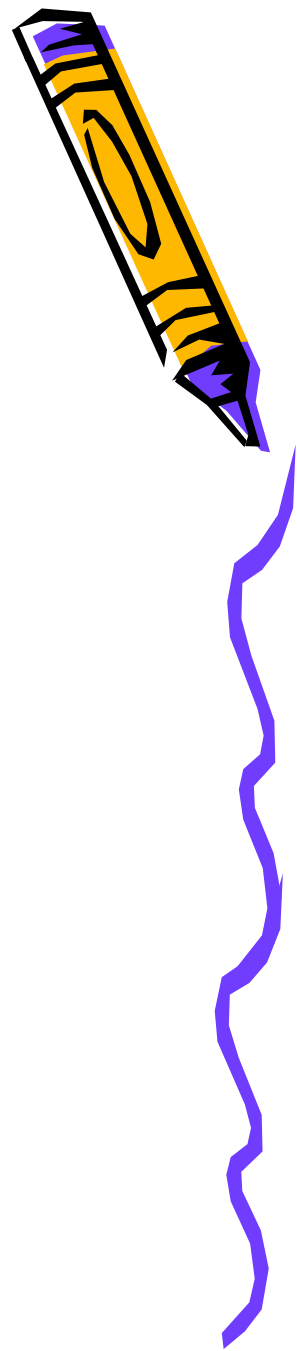
Cardiac arrest (CA) is a leading cause of death in Europe, affecting about 700,000 individuals a year, while approximately 400,000–460,000 people in the United States of America experience CA each year.^{1,2} Cardiopulmonary resuscitation (CPR) and emergency cardiovascular care constitute a relatively recent field of medicine and include all responses necessary to treat sudden life-threatening events affecting the cardiovascular and respiratory systems as well as restoration of the patients' vital functions.

Patients who have been resuscitated from CA often remain unconscious for some time.³ This loss of consciousness may represent severe permanent brain damage or merely a reversible metabolic disturbance. The overall neurological outcome after CPR and ROSC may be influenced by the initial arrest rhythm, the time elapsed between CA and prehospital care, the response to prehospital and in-hospital therapy and the underlying medical condition of the patient.^{4–6}

Early prediction of neurological outcome is of importance for further therapeutic management but is often difficult to achieve, since despite progress in diagnosis, there is still difficulty in evaluating brain damage suffered during the period without an effective circulation. The decision to continue, limit or terminate intensive care therapy is a major problem with enormous ethical and socioeconomic implications in daily clinical practice.⁷ A false prediction of a bad outcome may cause the patient to be denied life supporting treatment. On the other hand, a falsely optimistic prediction, although less serious from an ethical point of view, may lead to unnecessary prolongation of costly therapy.⁸

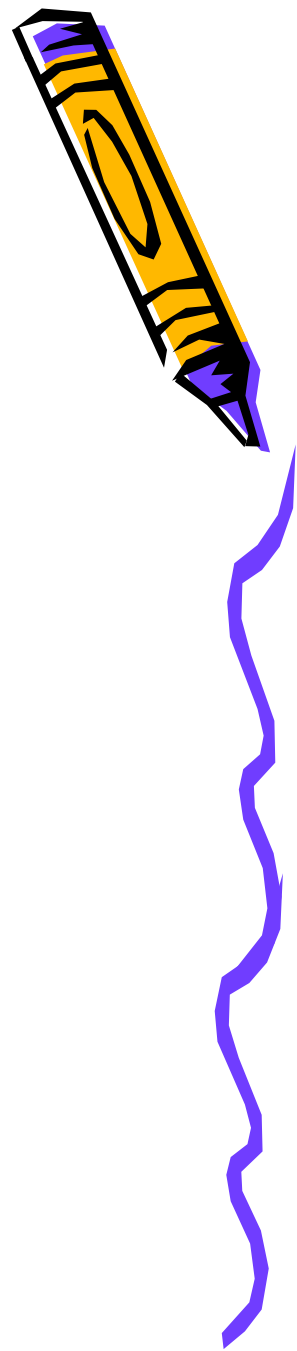


EPINEPHRINE (adrenaline) is still the preferred agent during cardiopulmonary resuscitation (CPR). Its role, however, is controversial (1, 2). Levosimendan has inotropic action but, unlike epinephrine, does not increase oxygen consumption by the myocardium (3). In addition, levosimendan decreases the central venous pressure and the systolic and diastolic pressures of the right atrium (4). Therefore, it is logical to hypothesize that levosimendan will increase the coronary perfusion pressure (CPP) and, therefore, initial resuscitation success. Furthermore, evidence of improved post-resuscitation outcomes makes levosimendan an attractive agent for use in the pharmacological treatment of cardiac arrest (5).



References

- Vancouver
- Oxford

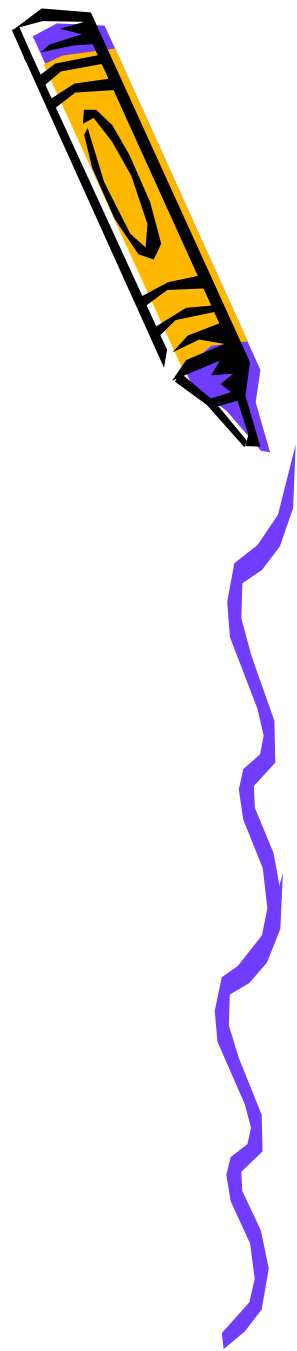


Vancouver



- Number in the text eg "Cardiac arrest (CA) is a leading cause of death in Europe, affecting about 700,000 individuals a year (1)."
- Number consecutively in the Ref section eg "1. Sans S, Kesteloot H, Kromhout D. The burden of cardiovascular diseases mortality in Europe. Eur Heart J 1997;18:1231-48."
- List all authors. Acceptable if > 6, then 3 first et al





References

1. Report of the Working Group on Arteriosclerosis of the National Heart, Lung and Blood Institute. *Patient oriented Research-Fundamental and Applied, Sudden Cardiac Death*, vol. 2, Washington DC: Department of Health, Education and Welfare, NIH publication No. 82-2035, US Government Printing Office; 1981, p. 114–22.
2. Sans S, Kesteloot H, Kromhout D. The burden of cardiovascular diseases mortality in Europe. Task force of cardiology on cardiovascular mortality and morbidity statistics in Europe. *Eur Heart J* 1997;18:1231–48.
3. European Resuscitation Council Guidelines for Resuscitation, 2005. *Resuscitation* 2005;67S1:S1–186.
4. Lurie K, Plaisance P, Sukhum P, Soleil C. Mechanical advances in cardiopulmonary resuscitation. *Curr Opin Crit Care* 2001;7:170–5.



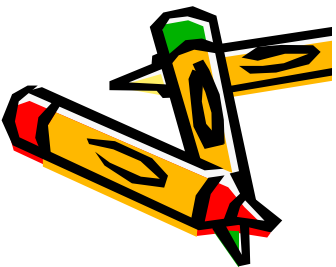
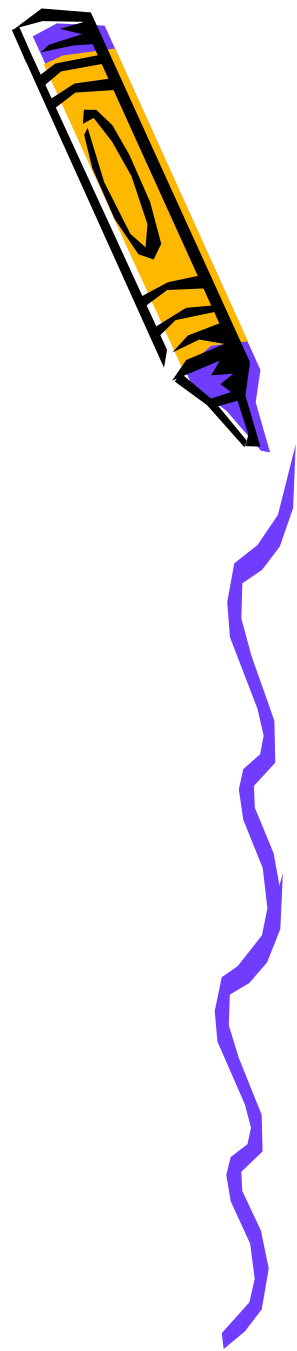
Oxford



- Name the authors in the text, eg " In Europe, 700,000 people die every year because of cardiac arrest (CA) (*Sans et al 1997*). "
- List the authors Alphabetically at the Ref section without numbering



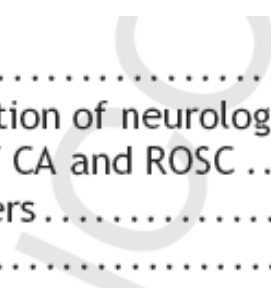
- Link MS, Wang PJ, Pandian NG, *et al.* (1998) An experimental model of sudden death due to low-energy chest-wall impact (*commotio cordis*). *New England Journal of Medicine* **338**, 1805–11
- Nozari A, Safar P, Stezoski SW, *et al.* (2004) Mild hypothermia during prolonged cardiopulmonary cerebral resuscitation increases conscious survival in dogs. *Critical Care Medicine* **32**, 2110–16
- Packer M (1985) Sudden unexpected death in patients with congestive heart failure: a second frontier. *Circulation* **72**, 681
- Shibata N, Chen P, Dixon E, *et al.* (1988) Influence of shock strength and timing on induction of ventricular arrhythmias in dogs. *American Journal of Physiology* **255**, H891–H901
- Smith AC, Spinale FG, Swindle MM (1994) Cardiac function and morphology of Hanford miniature and Yucatan miniature and micro swine. *Laboratory Animal Science* **40**, 47–50



Traditional Review

- Be innovative in the title (What is new, is it a fresh perspective?)
- Use Chapters. Always have an Intro.
(Define problem to be analyzed, state your perspective, what will you add to the current literature?)
- Be logical in your scholarly analysis





Introduction.....

Attempting prediction of neurological outcome.....

Pathophysiology of CA and ROSC.....

Biochemical markers.....

 NSE.....

 S-100.....

 CSF NSE and S-100.....

 IL-8.....

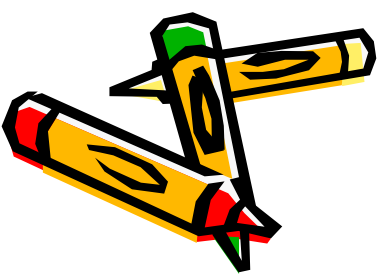
Discussion.....

Conclusions.....

Conflict of interest.....

Acknowledgement.....

References.....



Systematic Review

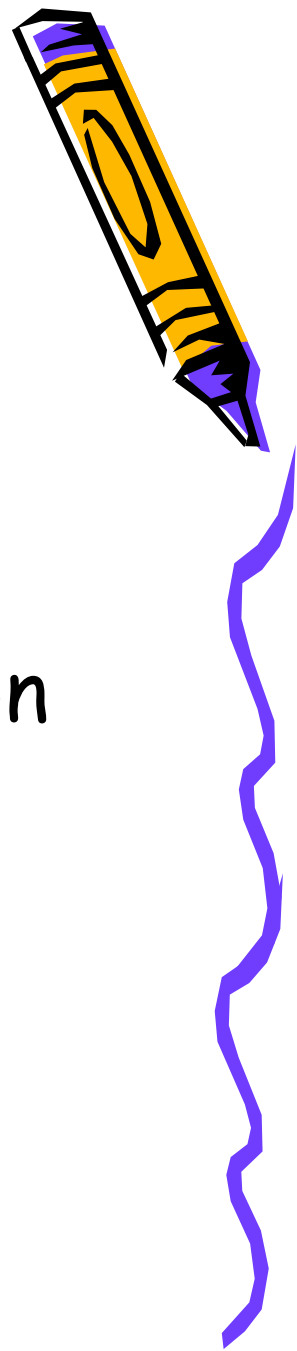


- Same as original Article
1. Introduction
 2. Materials and Methods (Key words searched, where, when, how, was the search repeated? How many articles did you find? How appraised them, how were they appraised? State exclusion criteria No of articles included)
 3. Results (Be logical)
 4. Discussion (State the new perspective)
 5. Conclusion



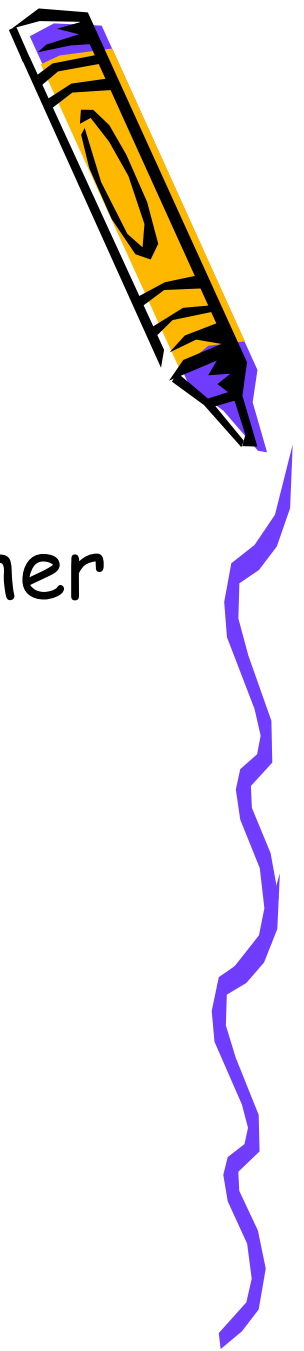
Case Reports

- Difficult to be accepted
- Much smaller
- Intro, Case Report (DD), Discussion



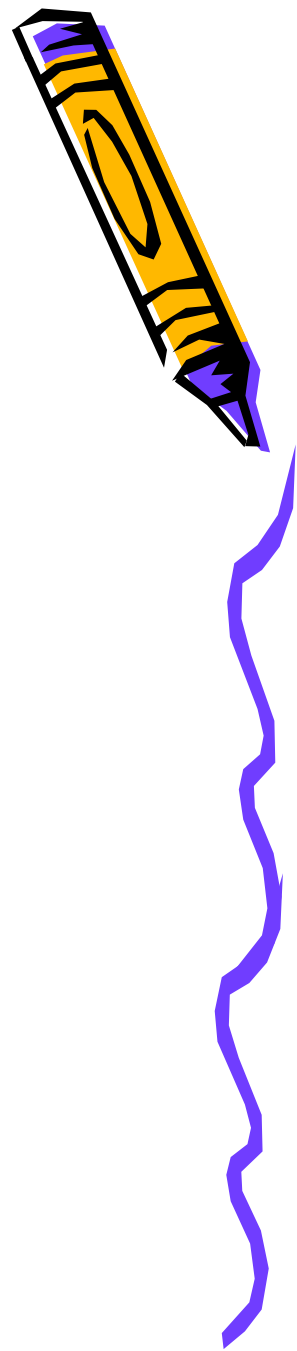
Meta analysis

- Consult an excellent statistician
- Same as original Research. Use other studies



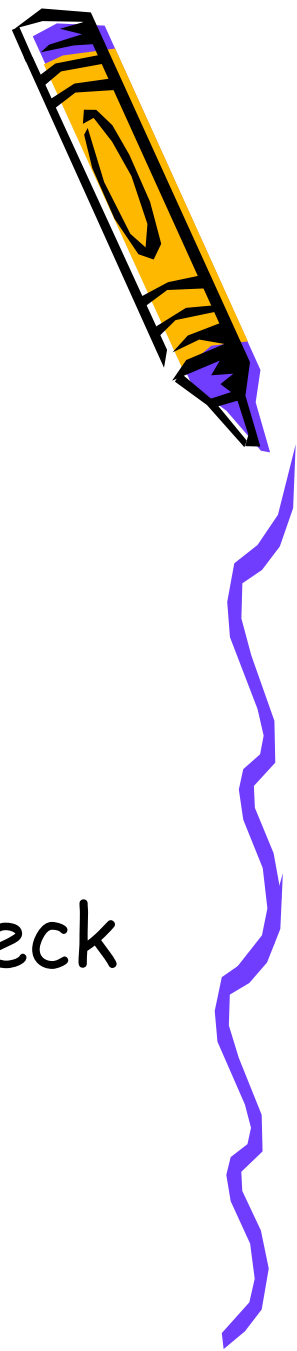
Letters to the Editor

- Easily accepted
- No structure necessary (Normally 500-750 words)



Finally

- Use a spelling program to double-check grammar. (GOOD ENGLISH, GOOD GREEK)
- Ask a co-author to proofread the paper
- Have someone senior to double-check the paper with you.



Remember

- All papers are graded by Reviewers
- Reviewers are strict. Before submitting a paper be a **BITCH** with your writing

