

# Atoms

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## ADC – HOW ARE WE DOING?

As promised in March of 2004, my intent is to provide an annual update about *ADC*. In 2004 we had 1695 submissions—a decline of about 4% from last year. In some regards this has allowed us to catch our breath. Overall submissions have increased dramatically since 2000 when we had about 1200. Over the past 3 years we have become much more selective—our acceptance rate has declined from 39% to 30% to 22%. This has led to the publication of higher quality original research reports. The number of manuscripts we published in 2004 was about the same as 2003, reflecting an active commissioning process. Although we saw a dip in our impact factor from 2.1 to 1.7, we continue to reach a larger and larger audience. Circulation reached almost 12 000 print and online subscriptions. During the last 3 months of 2004, there were about 50 000 papers downloaded from our website and over 100 000 individuals accessed it each month! From a publishing standpoint, under the leadership of Ieuan Hughes (Perspectives) and Patrick Cartlidge (Commissioning Editor) we continue to evolve, trying to place important original research in its proper perspective and covering issues that are important to you. We carefully review all submissions, and are fast tracking certain articles (time from acceptance to publication in the print version is approximately 3 months), including those that will have an accompanying perspective. Time to publication for all articles is also declining, but more importantly, beginning in the next few months all accepted original research articles will be placed on our website prior to publication – this effectively decreases time to publication following acceptance to a few weeks. 2004 also saw the launch of the Education and Practice edition. I want to thank Monica Lakhanpaul, Ian Maconochie, Patrick Cartlidge, Imti Choonara, Sharon Conroy, and J Harry Baumer for ensuring its success. As always, I encourage you to contact me with any

concerns and/or suggestions about any aspect of *ADC* ([howard.bauchner@bmc.org](mailto:howard.bauchner@bmc.org)) – our goal is to ensure that you look forward to the arrival of the journal each month: open it, scan it, and read it.

## CHILDREN, PARENTS, DIET, AND CYSTIC FIBROSIS

Two important trends in health care over the past decade have been quality improvement and patient-centred care. In a report from the University College Cork, Savage and Callery describe how 32 children with cystic fibrosis and their parents view nutritional health. This carefully done ethnographic study, which audio recorded interviews with the children and parents, explores the meaning of diet and the priorities that they attach to being healthy. Studies like this are critical if we are to improve the quality of care for children with chronic disease. We recognise the wide variation in mortality rates among centres that care for children with cystic fibrosis and must do more to understand why this variation exists, and how to reduce it. In a fascinating exploration of this issue, Atul Gawande in the December 6, 2004 issue of the *New Yorker*, reports on the remarkable success of the cystic fibrosis centre in Minnesota in comparison to other centres around the US and the attempt at Cincinnati Children's Hospital to mimic the success in Minnesota. Dr Gawande also alludes to the tension among different groups in making data about centre specific mortality rates available to patients and their families.

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## TURNER SYNDROME – GOOD NEWS ABOUT DIAGNOSIS

In a brief report from Belgium, investigators describe the median age of diagnosis of children with Turner syndrome—it has declined from 11.2 years in 1991 to 6.6 years in 2003. In 1991 45% of children were diagnosed after the age of 12 years, while in 2003 this had declined to 22%. As the authors note, growth retardation and short stature are two of the main characteristics of Turner Syndrome. Early recognition is important for many reasons, including the administration of growth hormone.

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## TWIN ARTICLES ABOUT RESEARCH

Despite the addition of many “value-added” features in *ADC*, we remain a journal that features and focuses on original research. I have argued that it is because of the quality of our original research reports that our leading articles, reviews, and perspectives are possible. As a clinical researcher and editor, I am acutely aware of the changes in research and publication that have occurred over the past decade. Drs Grigg, Dawson, and Spencer review many of the changes, including duplicate publication, conflict of interest, authorship, and the process of obtaining informed consent.

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## ATTENTION TO FETAL AND NEONATAL EDITION

We introduce a new feature this month. I hope to draw your attention to important articles for the consultant paediatrician published in the *Fetal and Neonatal Edition* (*F and N*; vol 90(2)). It is somewhat arbitrary as to where articles that focus on the newborn are placed—*ADC* proper or *F and N*. By commenting on important and relevant articles in *F and N* in *ATOMS*, we hope to increase the integration across the different editions. This month there are numerous reports that are relevant to the consultant paediatrician, including: the impact of a standardised feeding regimen on the incidence of necrotising enterocolitis (NEC) (it works), variation in the surgical management of NEC (it is extensive), psychological adaptation of parents of infants admitted to a neonatal intensive care unit (NICU) (it is relatively good), and the impact of Baby Friendly Hospital Initiative in Scotland (breast feeding rates go up).