

SHORT REPORT

How international are leading general paediatric journals?

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Arch Dis Child 2005;90:816–817. doi: 10.1136/adc.2005.074385

The composition of the editorial boards of leading general paediatric journals was assessed. The board members' country of current affiliation was classified according to the Human Development Index. The results showed that only a very small number of the board members are based in the developing world.

One of the millennium development goals of the United Nations is the reduction of child mortality by two thirds by 2015.¹ Academic and research institutions, and professional and scientific associations must contribute their efforts and expertise to child survival and should place their power and credibility behind the child survival agenda.¹ Medical journals have an important role in this effort, but their credibility concerning the problems of the developing world is questionable. Richard Horton, editor of *The Lancet*, stated that there is widespread systematic bias in medical journals against diseases that dominate the least developed regions of the world,² an argument also brought forward by researchers from these regions.³ As a first step towards examining the objective basis for this claim, researchers from the World Health Organization investigated the composition of the editorial boards of leading psychiatry journals and found an under-representation of individuals from developing world countries.³ General medical and tropical medicine journals followed the same pattern.^{2–4}

In this study, the composition of the editorial boards of leading general paediatric journals was investigated to evaluate the situation in paediatrics.

METHODS

The leading journals in the field of general paediatrics were defined as all journals that were included in the 'Paediatrics' category of the 2003 *Journal Citation Report, Science Edition*, and that were general paediatric journals; speciality journals such as *Pediatric Cardiology* were excluded. The geographical composition of the editorial boards of these journals was retrieved from their electronic homepages in February 2005.

The countries in which the board members are currently based were classified according to their Human Development Index (HDI), which combines measures of life expectancy, school enrolment, literacy and income to allow a broader view of a country's development than does income alone (Human Development Report 2004; <http://hdr.undp.org/>).

RESULTS

Of the 68 journals from the 'Paediatrics' category of the *Journal Citation Report*, 11 remained for further analysis once the criteria used for the definition of leading general paediatric journals were applied, and in total, 207 editorial board members were found. Of these, 198 (95.7%) were based in countries with a high HDI and 8 (3.9%) in countries with a medium HDI. No board member was based in a country with

a low HDI. One member of the International Advisory Board of the journal *Pediatrics International* is currently based in Taiwan, which is not classified in the *Human Development Report 2004* and therefore has no HDI. Results for each journal can be found in table 1 (for more detailed results refer to the supplementary material; available from the *Archives of Diseases in Childhood* website at <http://www.archdischild.com/supplemental>).

DISCUSSION

The analysis of the composition of the editorial boards of leading general paediatric journals reveals that 95.7% of their members are based in countries with a high HDI, 3.9% in countries with a medium HDI, and none in a country with a low HDI. These results are in accordance with previously reported figures.^{2–4} While Horton found that only 1.8% of editorial board members of leading general medical journals were from countries with a low HDI, and 5.4% from countries with a medium HDI, 92.8% of the members were based in countries with a high HDI.² The figures for leading tropical medicine journals are slightly better, with 70.8%, 24.1%, and 5.1% for countries with high, medium, and low HDI, respectively.³ Therefore, the numbers for leading general paediatric journals are the worst.

The theory that a low proportion of editorial advisers from developing countries is evidence of a bias against the work of researchers from this part of the world, remains to be

Table 1 Composition of the editorial boards of 11 leading general paediatric journals

Journal	Total no. of board members	No (%) of board members classified according to the HDI of the country of current affiliation		
		High	Medium	Low
<i>Acta Paediatrica</i> *	27	26 (96.3)	1 (3.7)	0 (0)
<i>Archives of Disease in Childhood</i> *	12	12 (100)	0 (0)	0 (0)
<i>Archives of Pediatrics & Adolescent Medicine</i> †	15	15 (100)	0 (0)	0 (0)
<i>Clinical Pediatrics</i> ‡	19	19 (100)	0 (0)	0 (0)
<i>European Journal of Pediatrics</i> ‡	8	8 (100)	0 (0)	0 (0)
<i>Journal of Adolescent Health</i> †	27	27 (100)	0 (0)	0 (0)
<i>Journal of Paediatrics and Child Health</i> §	10	10 (100)	0 (0)	0 (0)
<i>Journal of Pediatrics</i> ¶	23	22 (95.7)	1 (4.3)	0 (0)
<i>Pediatric Research</i> **	18	18 (100)	0 (0)	0 (0)
<i>Pediatrics</i> ‡	23	23 (100)	0 (0)	0 (0)
<i>Pediatrics International</i> ††	25	18 (72)	6 (24)	0 (0)
Total	207	198 (95.7)	8 (3.9)	0 (0)

*Editorial committee; †editorial board; ‡contributing editors; §editorial advisory board; ¶editorial board plus international advisory panel; **editors; ††editorial board plus international advisory board.

proven.⁵ Keiser *et al* showed that in tropical medicine journals, the proportion of authors from developing world countries is higher than the proportion of researchers from these countries on the editorial boards of these journals.⁴ In addition, the content of a journal may reflect issues related to poor countries irrespective of the composition of its editorial board. Therefore, a limitation of this study is that the content of the leading general paediatric journals was not evaluated. It must also be kept in mind that editorial boards have a variable part to play in decision making about research papers and editorial policy, with some having little influence.² Their influence on what kind of manuscripts are submitted is probably even smaller.

The importance of editorial boards lies in the fact that they can help to shape the personalities of journals, and that their composition sends a signal to authors and readers about a journal's interest.² Concerning the composition of editorial boards of leading general paediatric journals, the signal sent out to researchers in the developing world is not encouraging, and indeed, tends to support the theory of an editorial bias against the problems of the developing world.



Supplementary material is available from the ADC website at <http://www.archdischild.com/supplemental>

Competing interests: none

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Accepted 7 March 2005

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ARCHIVIST.....

Treatment of infantile spasms

Infantile spasms are usually treated with either steroid (oral corticosteroid or intramuscular adrenocorticotrophic hormone) or vigabatrin. These treatments have been compared in a UK multicentre trial (Andrew L Lux and colleagues. *Lancet* 2004;**364**:1773–8)

A total of 107 infants aged 2–12 months with infantile spasms (not due to tuberous sclerosis) were randomised (2:1:1) at 150 centres to vigabatrin, prednisolone, or tetracosactide. Vigabatrin dosage was 25 mg/kg twice on day 1 and 50 mg/kg twice daily from day 2, increasing to 75 mg/kg twice daily from day 5 if spasms persisted. Prednisolone dosage was 10 mg four times daily, increasing if spasms persisted to 20 mg three times daily in the second week. Tetracosactide was given intramuscularly in a dose of 0.5 mg (40 IU) on alternate days, increasing if spasms persisted to 0.75 mg on alternate days in the second week. Each of the steroid groups received treatment for 2 weeks after which a tailing dose of prednisolone was given over a period of 15 days. Infants with tuberous sclerosis were excluded because of evidence that they are best treated with vigabatrin.

Treatment success (no spasms on days 13 and 14) was achieved for 28/52 (54%) in the vigabatrin group, 21/30 (70%) in the prednisolone group, and 19/25 (76%) in the tetracosactide group—a significant difference between the vigabatrin and the steroid groups. There was no significant difference between the two steroid groups. Of the 107 EEGs 83 (78%) showed hypsarrhythmia and 21 “almost hypsarrhythmia”. Spasms stopped in 53/83 (64%) with hypsarrhythmia and 15/24 (63%) without hypsarrhythmia. Hypsarrhythmia resolved significantly more often with steroid treatment (26/32, 81%) than with vigabatrin (20/36, 56%). The rates of treatment success were similar in symptomatic and cryptogenic infantile spasms. The incidence of adverse events was similar in the steroid and vigabatrin groups. Irritability was more common with steroid treatment and drowsiness with vigabatrin. Five of the 55 infants in the steroid groups developed fluid and electrolyte problems including high blood pressure.

Steroid treatment (prednisolone or tetracosactide) was more likely than vigabatrin to result in cessation of spasms and more likely to induce resolution of hypsarrhythmia. The long term results of the trial are to be reported.