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## Our new impact factor—3.53\*

Why the asterisk? Our new “official” 2008 impact factor from Thomson Reuters is 2.83. It is wrong. As many of you know calculating the impact factor is not complicated—it is the number of citations in the literature to articles published in a journal over a defined period of time divided by the number of “substantive articles” over a two-year period. Despite our best efforts to ensure an accurate count of our denominator by Thomson it has made an error. We do not dispute the number of citations (1352) or to be more specific we did not check, but its denominator of 237 substantive publications in 2006 and 240 in 2007 is wrong. Unfortunately, it counted Perspectives, Archimedes, and a handfull of images and case reports, as substantive articles. Perspectives is not included in the denominator for *NEJM*, so why is it for *ADC*? In correspondence with Thomson in March 2009 it agreed to exclude Archimedes from the denominator. Why did that not happen? When I hand tallied original and short reports, and leading articles and reviews, my count for those two years is 188 and 195. Hence I calculate our 2008 impact factor as 3.53 (1352/383). I am communicating with Thomson (email sent June 29, 2009, response on June 30 indicating they will review the matter, as of July 29, no further communication); however, I must say Thomson Reuters has been difficult to discuss issues related to the impact factor in the past. I have commented on the impact factor both privately as well as publically—it is a very good measure of journal quality—when calculated fairly. Like most measures of quality it is not perfect. For individual readers the real test of the quality of a journal is whether you look forward to getting it, perusing the contents, and reading some of the articles. If it is collecting dust in the corner of your office then it is not worth subscribing. My concern with Thomson is that its definition of a “substantive” is vague and they do not apply consistent criteria from journal to journal. Why similar types of articles count as substantive in one journal but not in another is very difficult

to understand. In addition, their process is far from transparent, and it takes a great deal of time and effort to sort out these issues. This creates quite a burden for small journals without substantial resources. I will keep you updated. Enough said!

## The media and our children

Victor Strasburger, a noted expert in media and violence, reviews what we have learned about the relationship between the media and violence, sex, drugs, obesity, eating disorders, school performance and early language development. His findings are not “pretty,” whereas data suggest that media contribute significantly to real life violence, little data are available that “smart” videos impact positively on child development. Clearly the amount and intensity of all types of entertainment has increased dramatically over the past two decades—blogging, e-mailing, text-messaging, twittering—the list goes on, and I am certain new “forms” of media and communication are currently being invented. I relish long plane flights because I am disconnected from the world, sadly, that may end shortly. In a related piece, Adams and colleagues from the UK and Canada, explore food advertising during children’s television in those two countries. They found that 52-61% of adverts focused on “less healthy” foods and 11% were of particular appeal to children. *See pages 655 and 658*

## Quality of life for children with severe neurological impairment

Five years ago I cared for an infant who was severely neurologically impaired. Destined to be wheel-chair bound for his entire life, the mother carried the child everywhere. The child was initially fed by intranasal g-tube; and then a gastrojejunostomy tube. In this issue, Mahant *et al* from Toronto report the impact of GJ tube insertion on quality of life in 50 patients with severe neurologic impairment. Surprisingly they found no increase in quality of life as assessed by parents 6 and 12 months following the insertion of the GJ tube, although the parents did

report that the tube had a positive impact on their child’s health. For my patient, the mother and I spent many long hours exploring what was normal growth in her child. A number of providers wanted the mother to give enough calories so that the child would grow at the 50<sup>th</sup> percentile weight for height. The mother felt that was untenable—she just didn’t have the strength to carry around a child who weighed so much. My respect for parents who care for severely impaired children is enormous—the hurdles that they overcome on a daily basis are often substantial. *See page 668*

## Should children have weight and height measured at all visits

In a brief report Lek and Hughes found that height and weight were measured in only 12.5% and 51.5%, respectively, of 200 children attending hospital for various reasons. They indicate that the most recent recommendations from the Department of Health are that weight be measured during infancy and height and weight at school entry (4-5 years of age).<sup>1</sup> It is so striking to me that there is such a spirited debate in the UK about these measurements, which in the U.S. are religiously obtained at virtually every primary care visit. Can obtaining these measurements do more harm than good—I have never seen any data to suggest such an outcome. Does obtaining these measurements do some good—I think so—particularly for very short or very tall children. *See page 702*

## A survey is coming

Shortly you will receive an electronic survey from us. We last sent one out 3 years ago. I reviewed every single survey from the more than 1300 responders. The results informed many of the changes that have occurred in ADC over the past 2-3 years. We want your input—what’s great about ADC, where can it be improved, what sections do you like, and which ones should we eliminate.

## Reference

1. Hall D, Cole T, Elliman D. Growth monitoring. *Arch Dis Child* 2008;**93**:717–718.