Editorial

QJM

Elements: In this month's issue

The subject of impact factor (IF) continues to attract significant controversy and debate. Those opposed to the use of IF as a measure of a journal's worth argue that it is calculated on a highly technical and complicated basis. This calculation does not necessarily take quality into account but then again how does one define quality in this context? It is acknowledged that determination of IF is positively biased towards journals written in the English language and those from North America. It is also feasible to manipulate a journal's IF and a short search in Google will reveal a number of websites offering advice on this subject! However, IF is an objective measurement that is widely understood and it will continue to represent a benchmark for scientific journals until it is replaced by a more comprehensive assessment. In any case, I am delighted to announce that the IF for QJM has risen from 2.77 in 2006 to 2.863 in 2007. The overall raking for the journal within the category of General and Internal Medicine remains at number 20 overall. This is highly satisfying and congratulations to the authors who continue to submit their work to QIM and also thanks to the editorial team who work behind the scenes to ensure quality and consistency. Predictably (and this is a criticism frequently made of the validity of IF as a marker of quality) a significant number of the more highly cited papers are review articles. However, I would argue that publication of useful reviews on clinically relevant and topical (if not controversial) issues represents a worthy objective for OIM. I refer to the two review articles in this month's issue on 'Advances in tumour immunotherapy' and 'The diabetic foot' as examples of this.

An analysis of the 20 most cited *QJM* papers for 2006 and from which the IF for 2007 is calculated reveals that 13 are original papers (see next page for

details). It is encouraging therefore to note that OIM continues to receive submissions that represent the results of original research that is of high quality. I would draw your attention to two of the research papers in this month's issue. Until relatively recently, the Mediterranean diet and lifestyle was associated with longevity and relatively low prevalence rates of ischaemic heart disease and diabetes. Sadly, this is no longer the case apparently according to the repeated cross-sectional study from Greece by Gikas and colleagues. A disappointing rise in prevalence of myocardial infarction over a 4-year period was reported and this was apparently due to the adverse effects of smoking, hypertension, hypercholesterolemia and diabetes. The findings from this study have relevance for other countries and the implications in general are discussed in the editorial by Birtwhistle. On a related topic that refers to lifestyle, Bianchi et al. demonstrate the benefits of physical activity in the elderly in terms of reduction in insulin resistance and the metabolic syndrome. They advise that community-based programmes that promote physical activity would significantly improve overall health status in this age group. It is never too late to exercise apparently, an argument effectively made in the accompanying editorial by Song.

Finally, you may remember that I wished to establish a new editorial board for *QJM*. We now have 12 new members of the board. However, I wish to appoint more board members particularly in the subject fields of neurology, gastroenterology and care of the elderly. If you are interested please contact me with a one-page CV (mjbannon@btinternet.com).

Michael Bannon Editor, QJM

Authors	Title	Article Type	Average Citations per Year
Rizzo, M; Berneis, K	Low-density lipoprotein size and cardiovascular risk assessment	Reviews	8.33
Eddleston, M; Mohamed, F, et al.	Respiratory failure in acute organophosphorus pesticide self-poisoning	Original papers	4.33
Gallitelli, M; Pasculli, et al.	Emergencies in hereditary haemorrhagic telangiectasia	Original papers	3.33
Ng, WL; Chu, CM, et al.	Lymphopenia at presentation is associated with increased risk of infections in patients with systemic lupus erythematosus	Original papers	1.67
Lui, G; Lee, N, et al.	Cryptococcosis in apparently immunocompetent patients	Original papers	3.67
Chan, DC; Watts, GF	Apolipoproteins as markers and managers of coronary risk	Reviews	2
Baughman, RP; Judson, MA, et al.	Presenting characteristics as predictors of duration of treatment in sarcoidosis	Original papers	2.33
Tuthill, A; Slawik, et al.	Psychiatric co-morbidities in patients attending specialist obesity services in the UK	Original papers	3.67
enton, J; Donnelly, R, et al.	Does temporal artery biopsy influence the management of temporal arteritis?	Original papers	1.67
Karagiannis, A; Pyrpasopoulou, A; et al.	Angioedema may not be a class side-effect of the angiotensin-converting-enzyme inhibitors	Correspondence	1.33
Ahmad, A; Roderick, P, et al.	Current chronic kidney disease practice patterns in the UK: a national survey	Original papers	1
McCabe, C; Tsuchiya, A, et al.	Orphan drugs revisited	Commentaries	2.33
rancis, RM; Anderson, FH, et al.	Calcium and vitamin D in the prevention of osteoporotic fractures	Reviews	2.33
MacGregor, MS; Boag, DE, et al.	Chronic kidney disease: evolving strategies for detection and management of impaired renal function	Reviews	2
Goodacre, S; Stevenson, M, et al.	How should we diagnose suspected deep-vein thrombosis?	Original papers	1.33
Sarafidis, PA; Bakris, GL	Anti hypertensive treatment with beta-blockers and the spectrum of glycaemic control	Reviews	1.33
Kwan, J; Hand, P	Early neurological deterioration in acute stroke: clinical characteristics and impact on outcome	Original papers	1
Kellett, J; Deane, B	The Simple Clinical Score predicts mortality for 30 days after admission to an acute medical unit	Original papers	2.33
sbister, GK; Hooper, MR, et al.	Collett's snake (Pseudechis colletti) envenoming in snake handlers	Original papers	0.67
Graves, TD	Ion channels and epilepsy	Reviews	0.67
Timmer, JR; Ottervanger, JP, et al.	Prognostic value of admission glucose and glycosylated haemoglobin levels in acute coronary syndromes	Original papers	2.33