

## Author Guidelines for Epileptic Disorders

*Epileptic Disorders* ([www.epilepticdisorders.com](http://www.epilepticdisorders.com)) is the official, peer reviewed, educational journal of the International League Against Epilepsy (ILAE: [www.ilae.org](http://www.ilae.org)).

It is primarily directed to physicians (neurologists, child neurologists, neurosurgeons, and neurophysiologists) who manage epilepsy. It also aims to create educational links between epileptologists in clinical practice and scientists or physicians in research-based institutions (in the fields of neuroscience; including neuroimaging, genetics, neurosurgery, neuropsychology, and cognitive neurosciences).

An original feature of *Epileptic Disorders* is the possibility to publish video sequences, to demonstrate what constitutes the essence of epileptic phenomena and clinical semiology. Supplementary neuroimaging, neuropathology, and video-EEG data of didactic value may also be included on the DVD that accompanies all regular issues of the journal or published online.

### TYPES OF ARTICLES

#### Seminars in Epileptology

*Seminars in Epileptology* are educational review articles that specifically address the competencies and learning objectives of the ILAE curriculum. As for *Review Articles* (see below), an abstract should be included. Seminar articles will undergo the usual peer review process. These articles of high didactic value are usually invited reviews, and it is recommended to contact the Editor-in-Chief before the preparation of a *Seminar in Epileptology*.

Manuscripts should be no more than 6,000 words and include a maximum of 90 references. References should refer to publications in which findings were initially reported, rather than subsequent publications that describe the same findings. A short list of no more than five references for further reading may be added separately at the end of the manuscript.

On the title page, after the abstract, authors are requested to list the competencies and learning objectives from the ILAE curriculum that are addressed in the article. For each ILAE learning objective, authors are requested to specify 3-5 sub-points, such that each learning objective is divided into more specific sub-points to further delineate the learning objectives.

Authors should include two case studies, illustrating the main educational points in the article (up to 300 words each), which should be submitted as separate files.

Authors are requested to add 1-3 infographics, *i.e.* figures or flowcharts summarising the main messages in the article.

At the end of the manuscript main text, up to 10 key points, summarising the most important aspects in the article, should be added.

Authors are also requested to provide ten multiple-choice questions with answers relevant to the manuscript.

## **Review Articles**

*Review Articles* are expected to reflect **novel findings and state-of-the-art techniques**, targeting an audience of specialists in epileptology with up-to-date references, including seminal publications. Topics should be directly relevant to the understanding, prevention, and treatment of the epilepsies. *Review Articles* will undergo the usual peer review process. It is recommended to contact the Editor-in-Chief or one of the Associate Editors before the preparation of a review article.

*Review Articles* can range in length but should not exceed 6,000 words. An abstract should be included. References should refer to publications in which findings were initially reported, rather than subsequent publications that describe the same findings. Reference to (or reproduction of) other review articles on the same topic should be avoided. No more than 70 references should be included. Authors are also requested to provide three short questions with answers relevant to the manuscript for educational purposes.

## **Original Articles**

*Original Articles* are published in all fields related to clinical epileptology. Priority will be given to articles with an added educational value in the field of clinical epileptology.

The main text of original articles should follow the usual format for scientific articles: abstract (of no more than 300 words), introduction, materials and methods, results, and discussion. The length of articles should not exceed 4,000 words and include a maximum of 50 references. Authors are also requested to provide a list of one to three short questions with answers relevant to the manuscript for educational purposes.

## **Clinical Commentaries with or without video sequences**

Short reports of case studies may be published that reflect truly novel findings; reports of case studies that lack novelty will not be considered for review.

Reports should be concise and brief (preferably not exceed 1,500 words, with one or two figures, and no more than 15 references), and presented as: abstract, introduction, case study, and discussion. The abstract should be short (no more than 200 words) and describe the principal aspects of the case report. Authors are also requested to provide a list of one to three short questions with answers relevant to the manuscript for educational purposes.

For submission of *Clinical Commentaries* with video sequences, authors are requested to follow instructions and fully respect the technical requirements detailed below (*technical requirements for multimedia*).

## **Electroclinical Reasoning Reports**

*Electroclinical Reasoning Reports* are expected to provide the reader with a comprehensive approach for diagnostic or presurgical evaluation and epilepsy surgery strategies. The final diagnosis or therapeutic strategy should appear at the end of the report, following the electroclinical reasoning, rather than provided at the beginning of the manuscript.

The manuscript should include the following (preferably in order): a structured presentation of clinical semiology and hypotheses regarding epilepsy syndrome or epileptogenic zone(s); justification of the investigations chosen to support the diagnostic hypotheses; presentation of the results and comments on how data contributed (or not) to the therapeutic strategy; an analysis of anatomo-electro-clinical correlations (if applicable), the decision taken in terms of medical or surgical strategy; and results following surgery (if applicable). Authors are encouraged to provide comments, critical remarks, and suggestions for discussion, as well as supplementary video material. A list of three short questions with answers relevant to the manuscript should also be included for educational purposes.

In addition, readers are also encouraged to submit any relevant comments *via* the online submission system as a *Letter to the Editor* with reference to the article in question.

## **Educational slides**

Authors are encouraged to provide original images that refer to aspects of neuroimaging, neuropathology, or EEG plates, which provide a strong educational message. A title and short description (of no more than 100 words) should also be provided, including no more than five references. These short presentations will be published on line but may also be published in the journal, at the discretion of the Editor-in-Chief.

## **Video teaching courses**

Video teaching material on semiology of epileptic seizures, electroclinical aspects of epilepsy syndromes, and neurosurgery techniques will be considered for publication. The structure should be conceived for educational purposes and the video material must be of high quality. It is recommended to contact the Editor-in-Chief before the preparation of a video teaching course.

Alongside the video material, authors should submit an abstract summarising the main message of the video teaching course, as well as the titles of the sequences included and corresponding key words (see *Technical Requirements for Multimedia*). This will be published in the journal accompanying the DVD and referenced when appropriate.

## Letters to the Editor

*Epileptic Disorders* welcomes critical comments on articles recently published in the journal. Readers are encouraged to submit short commentaries, particularly on articles referring to *Electroclinical Reasoning Reports*. Letters should preferably not exceed one printed page (1,000 words including references with one table or one figure). At the discretion of the Editor-in-Chief or Associate Editor, the letter may be sent to the author of the article in question and, if possible, may be published in the same issue. The letter may also only be published on line, also at the discretion of the Editor-in-Chief, and in agreement with the author.

## Multimedia

Video material may accompany any of the above, providing that it contributes to the diffusion of **truly new information and original material**, which is useful to the clinician in everyday practice.

When video material is submitted, **a video legend and key words must be provided** at the end of manuscript.

### Key words

The inclusion of key words facilitates the search of videos available on the *Epileptic Disorders* website. Key words should be relevant to the video sequence(s) and should be chosen from the lists available on the manuscript submission platform (and also available on the *Epileptic Disorders* website). Authors can suggest key words that are not on the list but it remains at the discretion of the Editor-in-Chief to accept them for inclusion in the list. Our policy is to keep the list of key words to a minimum. The following key words should be allocated:

Syndrome: one key word;

Aetiology: one key word;

Phenomenology: one to 3 key words (or choose NOT APPLICABLE);

Localization: one to 3 key words (or choose NOT APPLICABLE).

## Supplementary data

In addition to the main figures to be printed with the manuscript, authors may also provide supplementary data, to be published, free of charge, exclusively as part of the accompanying DVD or online material. A brief description of each figure should appear after the reference and legend sections under the title *Supplementary data*. Each figure should be referred to separately. At the discretion of the Editor-in-Chief, large files may not be included on the DVD.

## MANUSCRIPT FORM

### Layout

All review and seminar articles, original articles, and clinical commentaries should include the following:

- Title page (including all information mentioned below);
- Abstract;
- Main body text (e.g. Materials and Methods, Results, Discussion);
- Acknowledgements and Disclosures;
- References;
- Figure legends (if applicable);
- Video legends and corresponding key words (if applicable).
- A list of three short questions with answers relevant to the manuscript for educational purposes. The questions will be published at the end of the manuscript and the answers may be accessed on line.

The manuscript should be typed double-spaced, using 3-cm margins.

Pages should be numbered consecutively beginning with the title page, including references, and figure legends.

Tables and figures should be submitted as separate files.

Authors should carefully read and follow the *Essential check list for submission* provided at the end of this document. Manuscripts that do not comply with the instructions will not be considered for submission.

### Title page

All *Review Articles*, *Seminars in Epileptology*, *Original Articles*, *Clinical Commentaries*, and *Electroclinical Reasoning Reports* must include a title page with the following: the title of the article, a short running title of not more than five words, one to six key words, the authors' names and affiliations, and details of the corresponding author (name, address, and e-mail address). A separate paragraph should state if the work has previously been presented at a meeting, providing details.

If video material is part of the manuscript, mark the upper right corner of the title page of the manuscript with *Video sequence is part of MS*.

### Abstract

An abstract must be provided for all types of review articles, seminars, original articles, and clinical commentaries. Video Teaching courses should also be accompanied by an abstract.

Abstracts must be factual, presenting the aims, methods, and results of the work, as well as the conclusions reached. Conclusions in the abstract should be clearly supported by evidence provided in the manuscript, and limits of the study clearly defined.

Abstracts should contain no abbreviations and no references.

## References

References should be limited to essential literature and refer **to publications in which findings were initially reported**, rather than subsequent publications such as review articles that describe the same findings.

References should be listed at the end of the paper in alphabetical and chronological order, and not numbered. They should be presented in the Harvard style (see International Committee of Medical Journal Editors. *Ann Intern Med* 1997; 126: 36-47). Do not use numbered references in the text; provide, in parenthesis, the first author's name (followed by *et al.* for more than two authors) or the first two author names, followed by the year of publication (e.g. Ramantani, 2013; Moshé and Perucca, 2013; Birca *et al.*, 2013).

For multiple publications by the same author, those by the author alone are listed first, followed by those with a second author, and those with two or more authors. For references with more than one author, up to six authors are included; for references with more than six authors, only the first three authors are included, followed by *et al.* If there is more than one reference by the same author(s) for a given year, these should be listed as *a, b, c, etc.* Journal titles should be provided in their abbreviated forms (see *List of Journals Indexed in Index Medicus*).

**The following are examples:**

### **Journal article**

Kudr M, Krsek P, Maton B, *et al.* Predictive factors of ictal SPECT findings in paediatric patients with focal cortical dysplasia. *Epileptic Disord* 2013; 15(4): 383-91.

### **Book**

Riva D, Bulgheroni S, Zappella M. *Neurobiology, diagnosis and treatment in autism - An update*. Montrouge: John Libbey Eurotext, 2013.

### **Book chapter**

Wirrell EC. Outcome of idiopathic generalized epilepsy and the role of EEG discharges. In: Arts WF, Arzimanoglou A, Brouwer OF, Camfield C, Camfield P. *Outcome of childhood epilepsies*. Montrouge: John Libbey Eurotext, 2013: 149-62.

**Manuscripts in which the reference citations do not follow this format will not be accepted for submission.**

To facilitate reading, it is recommended to avoid adding more than four reference citations grouped together. References to papers "*in preparation*" or "*submitted*" are not acceptable; if "*in press*", the name of the journal or book should be given. Reference citations should not include "*personal communication*" or other inaccessible information; the information derived from personal communication or from unpublished work should be referred to in the text.

References must be accurate, as automatic links from the reference section of each article to Medline are used for the online version of *Epileptic Disorders*. It is the responsibility of the author to ensure the accuracy of the references in the submitted article.

## Style

Numbers below 10 or those used at the beginning of sentences should be written in full.

Terms which are mentioned frequently may be abbreviated following definition after the first use of the term if this does not detract from the reader's comprehension. It is highly recommended to provide a table spelling out the most important abbreviations, particularly when abbreviations for genes or metabolic pathways are frequently used.

Abbreviations such as CNS, EEG, CSF, AED, MRI, need not be written out.

Non-standard abbreviations should be avoided.

Drugs should be referred to using international non-proprietary (generic) names. Tables, figures, and video material should be referred to in the text in italics (e.g. *table 1*, *figure 1*, *video sequence 1*).

The journal complies to British spelling.

## Language

If the manuscript is written by an author whose first language is not English, it is highly recommended that the manuscript is proofread and edited by a native speaker for spelling, grammar, and syntax, prior to submission.

If the English of a submitted manuscript is considered to be of insufficient quality by the Editor-in-Chief or Associate Editors, the manuscript will be rejected prior to any further review.

If you wish to consider using the services of an English-language editing company, you may wish to contact *BioEnglish* editing services ([www.bio-english.com](http://www.bio-english.com)) who prepare many of the manuscripts for *Epileptic Disorders*. Please be aware that the use of a language editing service is managed exclusively between the author and a particular company, and any costs incurred are the sole responsibility of the author.

## Figures and tables

For maximum quality, *figures and graphs should be submitted as separate files* using a Windows compatible format (jpg, eps, gif, or tiff). Figures of EEG recordings and imaging should have a resolution of 300 dpi. At the Publisher's discretion, colour illustrations will be reproduced at a cost to the author; an estimate will be given on an individual basis on request.

Videos or photographs of recognisable patients must be accompanied by a letter from the corresponding author stating that signed consent forms authorising publication have been obtained for all identifiable patients. **It is the authors' responsibility to ensure that all patients have given informed consent.** In the event that some illustrations are owned by third parties, it is the responsibility of the author to obtain the necessary permissions in order to include such illustrations and the distribution thereof in this form.

**All tables, figures and graphs MUST be submitted as separate files.**

## Technical requirements for multimedia

### Format

Video sequences are submitted in an electronic format. The preferred standard is PAL and material should be sent in a QUICK-TIME® compatible format (Macintosh or PC).

In order to digitalise video material from analogue sources, note that the following parameters should be used: PAL FULL SCREEN (768 x 576, PAL one quarter screen: 384 x 288, Image rate: 25/sec) and NTSC FULL SCREEN (640 x 480, NTSC one quarter screen: 320 x 240, Image rate: 29.97/sec).

If there is any problem in uploading video material, the Editorial Office should be contacted ([epileptic.disorders@gmail.com](mailto:epileptic.disorders@gmail.com)).

### Content

Video material of patients should be brief; approximately three minutes per patient. The video should be of a high quality and illustrate the important points described in the manuscript. Whenever possible, it is recommended to insert short explanatory legends immediately preceding video sequences or insert voiceover. When a patient is presented speaking a language other than English, the authors should provide either a translation or, preferably, insert subtitles on the video sequence(s). The Editor-in-Chief and Associate Editors reserve the right to request additional video editing by the authors or for the journal to edit the video material prior to publication, including insertion of voiceover.

Each video sequence **must be accompanied by a legend** in the manuscript. The legend is expected to provide a short description of what is illustrated (semiology and/or EEG abnormalities, *etc.*).

Video material **must be accompanied by key words** in the manuscript. For more details refer to *Multimedia* above.

**Ethical considerations**

**It is the author's responsibility** to ensure that any experimental investigations on human subjects have been performed following their informed consent and with the approval of the relevant ethics committee(s).

**It is the author's responsibility** to ensure that all patients or other subjects included on video or other photographic media have given informed consent, allowing publication of the material, with the understanding that it will not be used for any other purposes than medical publication.

US Federal Privacy rules prohibit sending signed consent forms to the Editor-in-Chief without permission of the patient to do so.

**Videos or photographs of recognisable patients must be accompanied by a letter** from the corresponding author stating that signed consent forms authorising publication have been obtained for all identifiable patients. If video of deceased patients is to be shown, written permission is necessary from the next of kin. Written parental consent is required for all material of persons under the age of 18 years.

**It is the authors' responsibility** to obtain any other consent and permission which may be required by the institution in which the recordings were made and to comply with any other local regulations concerning the release of patient material for publication.

## ONLINE SUBMISSION

Manuscripts (including all figures, tables, and graphics) are submitted and reviewed exclusively online via the journal's website at: <http://www.epilepticdisorders.com>.

Your manuscript should be prepared using a word processing program and saved as a .doc file (using the first author's name).

Submit *tables and figures as separate files*, and refer to each as Fig.1.jpg (or .tif), etc. Most file formats may be used including PowerPoint, Excel, and Quick Time.

Video material should also be submitted online via the website. When preparing video material, carefully follow the detailed instructions above. All video material should be labelled with the name of the first author.

### Cover letter

A cover letter must accompany the online submission. The cover letter should be considered by the author as a means of direct communication with the Editor-in-Chief. It should be short, avoid repetition of the abstract, and outline the main message, originality, and educational value of the manuscript.

Names of all authors must figure in the letter. The authors must acknowledge in their cover letter that they all agree with the submitted version of the manuscript and that the work is not simultaneously under consideration by any other journal. It is understood that the material has not been previously published. If previously published in an abstract form, this should be stated and referenced in the cover letter.

### Peer review process

All submissions, including submissions for supplements, will be peer reviewed. Every effort will be made to keep the delay for decision to no more than eight weeks. Manuscripts not accepted will not be returned to the authors.

The Editors may directly reject a submitted manuscript when the findings reported are not novel, the topic treated does not correspond to the missions and profile of the journal, or when the language of the manuscript is not of sufficient quality.

### Copyright

All published material, manuscripts and video material, will be the copyright of *Epileptic Disorders*. A copyright transfer agreement **must** be downloaded, signed by all authors, and accompany the submission of the manuscript. By submitting the manuscript, the corresponding author acknowledges that all the co-authors have seen and approved the final version of the manuscript and agree to share any material used.

## Proofs

Proofs of the manuscript will only be sent following acceptance. Please note that the manuscript may have been modified for spelling, grammar or syntax and should be checked thoroughly by the authors. The (corrected) proofs should be returned within a week by email. The order form for reprints will be included with the proofs.

## Disclosure Form

The authors should specify any disclosures at the end of the manuscript, outlining any financial support or conflict of interest.

## ESSENTIAL CHECK LIST FOR SUBMISSION

- (1) Prepare your manuscript carefully, respecting the format specified (e.g. references, disclosures, format of abstract, content of cover letter, *etc*).
- (2) All figures and tables should be clearly labelled and uploaded as single files.
- (3) Key words must be provided for video material (from the list available on submission).
- (4) A signed copy of the copyright transfer agreement must be provided (available on submission).
- (5) Provide any other required consent or permission regarding the publication of patient data (see above).

**Manuscripts that do not comply with the above will not be accepted for submission.**

For any further information regarding submission, please contact:

The Editorial Office at: [epileptic.disorders@gmail.com](mailto:epileptic.disorders@gmail.com)