Atoms

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ADC – HOW ARE WE DOING?

At the beginning of each year, I will provide some recent publication statistics about ADC. In 2003, we had 1764 submissions—an increase of 21% from 2002. We are quite pleased with this increase, although it is a common occurrence after submissions to a journal go "electronic". The increase has certainly strained our resources, and we are being far more selective about publishing case reports and case series. Although the acceptance rate declined from 39% to 31%, the actual number of manuscripts accepted for publication increased from 472 to 534. In 2002 (the last year available) the impact factor reached 2.1 – its highest level ever. No general paediatric journal has an impact factor above 4.0. Although we have the capacity to publish a paper within 60–90 days of acceptance, our lag time remains 6–8 months. We are committed to reducing the time from acceptance to publication to 4 months. Circulation is around 9500, with almost 40% of our subscribers from outside the UK. We are truly an international journal. In addition to the increase in print subscription, the growth on our web pages has been extraordinary. During 2003 there was an average of 55 000 unique visitors downloading an average of 21 300 PDFs and viewing a total of 320 000 pages each month. Respectively, these figures are 98%, 25% and 215% higher than those for 2002. We will continue to try to improve "the science" of ADC, and balance original articles with important commentaries, reviews, and special features.

On a somewhat different note, I have now been writing ATOMS for about a year. As an American, I am not aware of all of the nuances of UK paediatrics (political, clinical, research, prominent personalities, etc); however, I believe that the vast majority of issues facing child health and paediatrics in the UK are similar to those in the US and much of the rest of the world. While it is the intent of most generalist medical journals to have broad international appeal, I recognise that as the official publication of the College, ADC has an obligation to help assist college members in their continuing professional development. Please do not hesitate to email me directly with comments, suggestions, or to point at a "faux pas."

THE IMPORTANCE AND POWER OF RANDOMISED CLINICAL TRIALS

Newborns with cerebral injuries, such as intraventricular haemorrhage or hypoxic-ischaemic encephalopathy, are often prone to excessive crying. In a randomised clinical trial involving 25 infants, Japanese investigators found that swaddling is more effective than massage in reducing excessive crying. These investigators should be applauded for conducting a simple, yet elegant controlled trial that focused on an important problem.

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ANTECEDENTS OF ADULT DISEASE IN CHILDHOOD

Over the past decade there has been increasing evidence that the origins of some adult diseases are in infancy. This may be particularly true for cardiovascular and endocrinologic problems. From Hong Kong, Cheung and colleagues have measured blood pressure and arterial stiffness in a group of preterm small for gestational age (SGA), full-term, and preterm infants at 8 years of age. The stiffness of the brachioradial arterial segment, as assessed by measuring pulse wave velocity, was higher among children who were preterm SGA than the other two groups. Whether these findings are just an interesting observation or portend to more significant cardiovascular disease, and hence have therapeutic implications, is unknown.

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THE PAIN OF SICKLE CELL DISEASE

For over 20 years I have cared for children with sickle cell disease (SCD), largely when they are admitted to hospital with vaso-occlusive crisis, acute chest syndrome, or fever without source. Of the 150 children and adolescents with SCD at my institution, only about 30% are admitted to hospital regularly. The others generally do well—or is that my misguided impression? In a fascinating report from Chakravorty and colleagues, children with SCD in London and St. Vincent completed daily pain diaries. Pain was reported more commonly in the London cohort, although severe pain was more common in the St. Vincent group, with restriction of activities of daily living being similar in the two countries. Pain is one of the most complex human emotions. How people perceive, report, and react to it is fascinating. At a time when we are so much better at treating pain in hospitalised children, it is important that we continue to study and focus on conditions that cause pain out of hospital.

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THE PROMISE OF GENETICS

Generalist journals continue to struggle with how much and what to publish about genetic disorders. Should every new syndrome or genetic disorder be reported? In addition, although the popular press has carried numerous stories about specific gene therapy, widespread use will not debut any time soon. Rather, advances in genetics are likely to provide far better information about prognosis, and help guide therapy. For example, investigators from Germany found that although heterozygosity of the alpha$_1$ antitrypsin Pi phenotypes MS or MZ and low alpha$_1$-AT plasma levels were not associated with an increased risk of developing asthma, low levels of alpha$_1$-AT were associated with airway hyperresponsiveness and reduced lung function. Perhaps in the future—after diagnosing a child with asthma—we will obtain a genetic profile, and based upon the results, initiate specific therapy. Therapy guided by genetic information will be the norm, rather than the exception, for many diseases within the decade.

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