

Instructions for Authors

Praxis

General Information

Editor-in-Chief

Prof. Dr. med. Edouard Battagay, Basel and Zurich

Associate Editors

Prof. Dr. med. Johann Steurer, Zurich

Prof. Dr. med. Bernard Waeber, Lausanne

Managing Editor

Dr. Heike Endemann

Languages

German (predominantly), French and English

Geographical area

Mainly German-speaking Switzerland

Peer Review

All submitted manuscripts will be reviewed by at least two persons.

Indexed

MEDLINE, EMBASE und Scopus

FMH recognition

Original articles, mini-reviews, and case reports are considered original publications and thus may be recognized according to FMH (Swiss Medical Association) requirements.

Credits

For the publication of a general internal medicine scientific paper (peer reviewed) as first or last author or the activity as peer reviewer for journals, the SGAIM awards five credits per publication according to the AIM Continuing Education Program of 2019; maximally 8 credits/year.

Categories

Articles published in practice provide the reader with expertise for his daily work: original article, mini-reviews, practice-oriented case reports, diagnostic quiz, continuing medical education and much more.

Publication ethics

It is important to the Hogrefe Publishing Group that our scientific journals and all the people involved adhere to the highest ethical standards. Please take a moment to review our guidelines on what this means for authors, editors, reviewers, and us as a publisher. More information: <https://www.hogrefe.com/eu/service/for-journal-authors/publication-ethics>.

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Page Charges

There are no page charges for papers that do not exceed the allotted size (cf. types of papers). Each additional partial or complete page is charged to the author at CHF 587.00/EUR 510.00 plus VAT.

Preparation of the manuscript

Ethics of investigation on human subjects: In manuscripts describing research on humans, the authors should include a statement that the protocol was reviewed and approved by the appropriate ethical committee.

The Editorial Manager automatically creates a title page; hence, it does not need to be included. The maximum length per article in the different categories is defined as follows:

Length of articles

Original Article: The text (excluding figures and tables) should be approximately 12 000 (to max. 16 000) characters (including spaces).

Mini-Review: The text (excluding figures and tables) should be approximately 12 000 (to max. 16 000) characters (including spaces).

Case Report: The text (excluding figures and tables) should be maximally 12 000 characters (including spaces).

Editorial Manager

For submission in the Editorial Manager (<https://www.editorialmanager.com/praxis>) required files.

- Entire manuscript as described below
- Separate file with the English summary
- Separate file with the key messages
- Images each saved as a single image file

Mini-Review

Structure

1. Title page

Main Title (max. 120 characters)

English Title

Authors

Affiliations

2. Abbreviations

3. Summaries

In German, English and French incl. the titles (maximum 120 words per language)

4. Key words (3–5)

5. Text

References in square brackets

6. Key messages

At the end of the article 3–5 key messages should summarize the article.

7. Corresponding Author

8. Bibliography (see below, section: References)

Not more than 100 citations

9. Figures/Tables

Please send a separate file for each figure.

Original Article

Studies published in this section should have a clear practical relevance and be relevant for the daily work of the general practitioner.

Structure

1. Title page

- Main title (max. 120 characters incl. spaces)
- Possible subtitles
- English title
- Authors
- Origin of work (institution/clinic)

2. Abbreviations used in the article

All abbreviations used in this article are listed in alphabetical order.

3. Summaries

In German, English and French incl. the titles (maximum 120 words per language)

4. Keywords

In German, English and French (max. five keywords per language)

5. Main text

Three title hierarchies (ü1–ü3), title bold, highlights in italics (not bold or underlined). Literature references in the main in square brackets [].

6. Key messages

At the end, the work will be divided into three to four concise „key messages“ (memorized sentences; in the language of the main text)

7. Address for correspondence

8. Bibliography (see below, section: References)

Not more than 50 citations

9. Illustrations/tables

Add meaningful figures, tables and algorithms to the text wherever possible. Please do not insert figures and tables in the text. Text only includes a reference to the figures and tables. Add the tables incl. legends as well as the illustration legends at the end of the manuscript. The illustrations Please save the illustrations as separate image files (for format see general guidelines).

Case Report

The cases to be published should differ thematically from those already published. Describe case-relevant cases, not rarities.

Structure

1. Title page

- Origin of work (institution/clinic) Authors
- Main title (max. 120 characters incl. spaces)
- Important: Do not mention the diagnosis in the title, readers should be able to make their own differential diagnostic considerations based on the case description.
- Possible subtitles
- English title

2. Abbreviations used in the article

All abbreviations used in this article are listed in alphabetical order.

3. Summary

In German and English incl. the titles (maximum of 80 words per language)

4. Keywords

In German and English (max. five per language)

5. Main text

The main text is structured according to the following headings:

- Anamnesis and findings
- Short anamnesis with emphasis on current illness

Only clinically relevant status findings and laboratory results and numerical values for pathological laboratory results should be reported. The standard values in brackets should always be included. Do not use abbreviations and always make whole sentences (no telegram style). Concluding this section should be the leading symptom or lead syndrome – but not the final diagnosis. The leading symptom serves as the basis for the discussion under „Comment“.

- Differential Diagnostic Considerations

This section should be drafted with particular care and comprehensively, as the learning effect here is great substantial. Here tables and figures are important.

- Further clarification steps

Restriction to the main question. If necessary, the heading of this section can be extended to „Further clarification steps and course“.

- Diagnosis

Detailed diagnosis

- Comment

As concrete information as possible on the diagnostic procedure and therapy, whenever possible supplemented with algorithms.

6. Key messages

At the end, the work will be divided into three to four concise „key messages“ (German „Merksätze“)

7. Correspondence address

8. Bibliography

Three to five sources are given. If possible, literature which is available to the practitioner.

See section References (below) for description.

9. Figures/tables

Always supplement the text with meaningful illustrations, tables and algorithms.

- Please do not include figures and tables in the text; only a reference to this belongs in the text.
- Add the tables, legends and illustration legends to the end of the manuscript.

Please save the illustrations as separate image files.

References

References

The reference list should be submitted as a separate document and should conform to the Vancouver Style (see examples). References are numbered consecutively in the order in which they are first mentioned. Each reference is listed once only, with the number in square brackets. Please cite each individual reference in the brackets, e.g. „[1, 2, 3]“.

Only up to six authors of each reference can be listed, the rest must be abbreviated by “et al.”. References in the text should be put in square brackets, except when authors are mentioned for stylistic reasons. The journal names should be abbreviated in accordance with the List of Journals in the Index Medicus. The DOI number appears only if the paper has not yet been printed.

Examples

Articles from journals:

1. Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med.* 2002;347:284–287.
2. Rose ME, Huerbin MB, Melick J, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. *Brain Res.* 2002;935:40–46.

Book:

1. Mumenthaler M, Mattle H. *Neurologie.* 12. Aufl. Stuttgart; Thieme: 2008.

Book chapter:

1. Fried M. Dysphagie. In: Siegenthaler W (Hrsg.). *Siegenthalers Differenzialdiagnose: Innere Krankheiten – vom Symptom zur Diagnose.* 19. Aufl. Stuttgart; Thieme: 2005. 735–740.

Webpage:

1. Verbruggen S, Endemann H. *Schlaf heute.* Bern; Hogrefe 2018. www.hogrefe.ch/Schlaf; last access: 01.12.2020.

Electronic supplementary material (ESM)

Electronic supplementary material (ESM) may be submitted. This material (further tables, figures, audio and video files, etc.) will be published online only and with free access. The ESM material has its own numbering, detached from the pictures in the text. The last chapter of the text describes the

ESM. Each individual material is explained there in one sentence. Please ensure that any ESM submitted with the article are in compliance with the EU General Data Protection Regulation (GDPR).

Access to the article

With the first online publication of each accepted article the corresponding author is granted access to the publisher's version of the article with the possibility to download it (PDF). This version is for personal use only, which includes the distribution to the co-authors.

Editing and translation services

Hogrefe has negotiated a 20% discount for authors who wish to have their manuscript professionally edited or translated into English by the experts at [Enago](#) before submission. Please note that the service is independent of Hogrefe and use of it has no bearing on acceptance decisions made by individual journals.

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