The Medical Journal of Malaysia

The Medical Journal of Malaysia (MJM) welcomes articles of interest on all aspects of medicine in the form of original papers, review articles, short communications, continuing medical education, case reports, commentaries and letter to Editor. Articles are accepted for publication on condition that they are contributed solely to The Medical Journal of Malaysia.

NOTE: MJM is published bimonthly ie. January, March, May, July, September and

REOUIREMENTS FOR ALL MANUSCRIPTS

Please ensure that your submission to MJM conforms to the International Committee of Medical Journal Editors Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals.

Neither the Editorial Board nor the Publishers accept responsibility for the views and statements of authors expressed in their contributions.

The Editorial Board further reserves the right to reject papers read before a society. To avoid delays in publication, authors are advised to adhere closely to the instructions given below.

MANUSCRIPTS

Manuscripts should be submitted in English (British English). Manuscripts should be submitted online through MJM Editorial Manager, http://www.editorialmanager.com/mjm.

Instructions for registration and submission are found on the website. Authors will be able to monitor the progress of their manuscript at all times via the MJM Editorial Manager. For authors and reviewers encountering problems with the system, an online Users' Guide and FAQs can be accessed via the "Help" option on the taskbar of the login screen.

MJM charges a one-time, non-refundable Article Processing Charge (APC) upon submission. Waiver of the APC applies only to members of the editorial board, and authors whose articles are invited by the editor. In addition, recipients of the MJM Reviewer Recognition Award from the previous year may enjoy a waiver of the APC for the next calendar year (e.g. recipients of MJM Reviewer Recognition Award 2022 will enjoy waiver of APC for articles submitted between January and December 2023).

The MJM processing fee is based on the categories stated below:

MJM

- 1. MMA Member RM 500.00 2. Non-Member - RM 800.00 3. Overseas - USD 200.00

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- 1. MMA Member RM 400.00 2. Non-Member/ Overseas RM 500.00

The MJM Article Processing Charge is a non-refundable administrative fee. Payment of the APC does not guarantee acceptance of the manuscript. Submitted articles will only be sent for reviews once the MJM APC has been successful completed.

All submissions must be accompanied by a completed Copyright Assignment Form, Copyright Transfer Form and Conflict of Interest Form duly signed by all authors. Forms can be download from MJM website at https://www.e-mjm.org/

Manuscript text should be submitted as Microsoft Word documents. Tables and flowcharts should be submitted as Microsoft Word documents. Images should be submitted as separate JPEG files (minimum resolution of 300 dpi).

PEER REVIEW PROCESS

All submissions must include at least two (2) names of individuals who are especially qualified to review the work. All manuscripts submitted will be reviewed by the Editor incharge before they are send for peer review. Manuscripts that are submitted to MJM undergo a double-blinded peer review and are managed online. Proposed reviewers must not be involved in the work presented, nor affiliated with the same institution(s) as any of the authors or have any potential conflicts of interests in reviewing the manuscript. The selection of reviewers is the prerogative of the Editors of MJM.

ELIGIBILITY AS AN AUTHOR

MJM follows the recommendation of the International Committee of Medical Journal Editors (ICMJE) for eligibility to be consider as an author for submitted papers. The ICMJE recommends that authorship be based on the following four (4) criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

TYPES OF PAPERS

Original Articles

Original Articles are reports on findings from original unpublished research. Preference

for publications will be given to high quality original research that make significant contribution to medicine. Original articles shall consist of a structured Abstract and the Main Text. The word count for the structured abstract should not exceed 500 words. The main text of the articles should not exceed 4000 words, tables/illustrations/figures/images up to five (5) and references up to 40. Manuscript describing original research should conform to the IMRAD format, more details are given below.

Original articles of cross-sectional and cohort design should follow the corresponding STROBE check-lists; clinical trials should follow the CONSORT check-list.

Review Articles:

Review Articles are solicited articles or systematic reviews. **MJM** solicits review articles from Malaysian experts to provide a clear, up-to-date account of a topic of interest to medical practice in Malaysia or on topics related to their area of expertise. Unsolicited reviews will also be considered, however, authors are encouraged to submit systematic reviews rather than narrative reviews. Review articles shall consist of a structured Abstract and the Main Text. The word count for the structured abstract should not exceed 500 words. Systematic Review are papers that presents exhaustive, critical assessments of the published literature on relevant topics in medicine. Systematic reviews should be prepared in strict compliance with MOOSE or PRISMA guidelines, or other relevant guidelines for systematic reviews.

Short Communications:

Shorts communication are short research articles of important preliminary observations, findings that extends previously published research, data that does not warrant publication as a full paper, small-scale clinical studies, and clinical audits. Short communications should not exceed 1,500 words and shall consist of a Summary and the Main Text. The summary should be limited to 100 words and provided immediately after the title page. The number of tables/illustrations/figures/images should be limited to three (3) and the number of references to ten (10).

Continuing Medical Education (CME) Articles:

A CME article is a critical analysis of a topic of current medical interest. The article should include the clinical question or issue and its importance for general medical practice, specialty practice, or public health. It shall consist of a Summary and the Main Text. The summary should be limited to 500 words and provided immediately after the title page Upon acceptance of selected articles, the authors will be requested to provide five multiplechoice questions, each with five true/false responses, based on the article. For guideline, please refer to: Sivalingam N, Rampal L. Writing Articles on Continuing Medical Education for Medical Journals. Med J Malaysia. 2021 Mar;76(2):119-124.

Case Reports:

Papers on case reports (one to five cases) must follow these rules: Case reports should not exceed 2,000 words; with a maximum of two (2) tables; three (3) photographs; and up to ten (10) references. It shall consist of a Summary and the Main Text. The summary should be limited to 250 words and provided immediately after the title page. Having a unique lesson in the diagnosis, pathology or management of the case is more valuable than mere finding of a rare entity. Being able to report the outcome and length of survival of a rare problem is more valuable than merely describing what treatment was rendered at the time of diagnosis. There should be no more than seven (7) authors.

Please note that all Case Reports will be published in the new MJM Case Reports Journal (www.mjmcasereports.org).

Commentaries:

Commentaries will usually be invited articles that comment on articles published in the same issue of the MIM. However, unsolicited commentaries on issues relevant to medicine in Malaysia are welcomed. They should not exceed 2,000 words. They maybe unstructured but should be concise. When presenting a point of view, it should be supported with the relevant references where necessary.

Letters to Editor:

Letters to Editors are responses to items published in MJM or to communicate a very important message that is time sensitive and cannot wait for the full process of peer review. Letters that include statements of statistics, facts, research, or theories should include only up to three (3) references. Letters that are personal attacks on an author will not be considered for publication. Such correspondence must not exceed 1,500 words.

Editorials:

These are articles written by the editor or editorial team concerning the \emph{MJM} or about issues relevant to the journal.

STRUCTURE OF PAPERS

Title Page:

The title page should state the brief title of the paper, full name(s) of the author(s) (with the surname or last name bolded), degrees (limited to one degree or diploma), affiliation(s), and corresponding author's address. All the authors' affiliations shall be provided after the authors' names. Indicate the affiliations with a superscript number at the end of the author's degrees and at the start of the name of the affiliation. If the author is affiliated to more than one (1) institution, a comma should be used to separate the number for the said affiliation.

Do provide preferred abbreviated author names for indexing purpose, e.g. L Rampal (for Lekhraj Rampal), BS Liew (for Liew Boon Seng), B Abdullah (for Baharudin Abdullah), Hoe VC (for Victor Hoe Chee Wai).

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Please indicate the corresponding author and provide the affiliation, full postal address and email.

Articles describing Original Research should consist of the following sections (IMRAD format): Abstract, Introduction, Materials and Methods, Results, Discussion, Acknowledgment and References. Each section should begin on a fresh page. Scientific names, foreign words and Greek symbols should be in italic.

Abstract and Kev Words:

A structured abstract is required for Original and Review Articles. It should be limited to 500 words and provided immediately after the title page. Below the abstract provide and identify three (3) to 10 key words or short phrases that will assist indexers in crossindexing your article. Use terms from the medical subject headings (MeSH) list from Index Medicus for the key words where possible. Key words are not required for Short Communications, CME articles, Case Reports, Commentaries and Letter to Editors.

Introduction:

Clearly state the purpose of the article. Summarise the rationale for the study or observation. Give only strictly pertinent references, and do not review the subject extensively.

Materials and Methods:

Describe your selection of the observational or experimental subjects (patients or experimental animals, including controls) clearly, identify the methods, apparatus (manufacturer's name and address in parenthesis), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods; provide references and brief descriptions of methods that have been published but are not well-known; describe new or substantially modified methods, give reasons for using them and evaluate their limitations.

Identify precisely all drugs and chemicals used, including generic name(s), dosage(s) and route(s) of administration. Do not use patients' names, initials or hospital numbers. Include numbers of observation and the statistical significance of the findings when

When appropriate, particularly in the case of clinical trials, state clearly that the experimental design has received the approval of the relevant ethical committee.

Present your results in logical sequence in the text, tables and illustrations. Do not repeat in the text all the data in the tables or illustrations, or both; emphasise or summarise only important observations in the text.

Emphasise the new and important aspects of the study and conclusions that follow from them. Do not repeat in detail data given in the Results section. Include in the Discussion the implications of the findings and their limitations and relate the observations to other

Conclusion:

Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not completely supported by your data. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

Acknowledgements:

Acknowledgements of general support, grants, technical assistance, etc., should be indicated. Authors are responsible for obtaining the consent of those being acknowledged.

Referencing quide:

The Medical Journal of Malaysia, follows the Vancouver numbered referencing style. Citations to someone else's work in the text, should be indicated by the use of a number. In citing more than one article in the same sentence, you will need to include the citation number for each article. A hyphen should be used to link numbers which are inclusive, and a comma used where numbers are not consecutive. The following is an example where works 1.3,4,5.have been cited in the same place in the text.

Several effective drugs are available at fairly low cost for treating patients with hypertension and reducing the risk of its sequelae. $^{1.35}$

The list of all of the references that are cited in the article should be presented in a list labelled as 'References'. This reference list appears at the end of the paper. Authors are responsible for the accuracy of cited references and these should be verified by the author(s) against the original documents before the manuscript is submitted. It is important that the author should never place in the list of references a document that he or she has not seen. The Journals names should be abbreviated according to the style used in the Index Medicus. All authors when six or less should be listed; when seven or more list only the first six and add et al.

If you are citingthe author's name in your text, you must insert the citation number as well. Jewell BL (8) underlined that as focus in the SARS-CoV-2 pandemic shifts to the emergence of new variants of concern (VOC), characterising the differences between new variants and non-VOC lineages will become increasingly important for surveillance and maintaining the effectiveness of both public health and vaccination programme. If you are citing more than one author's name in your text and you want to cite author names in your text, use 'et al.' after the first author. Example: Rampal et al. (9) highlighted that the. disregard of the manuscript guidelines and instruction to authors of the journal you submit, is one of the common reasons for 'Rejection' of the article.

Example references Journals:

Standard Journal Article

Rampal L and Liew BS. Coronavirus disease (COVID-19) pandemic. Med J Malaysia 2020; 75(2): 95-7.

Rampal L, Liew BS, Choolani M, Ganasegeran K, Pramanick A, Vallibhakara SA, et al. Battling COVID-19 pandemic waves in six South-East Asian countries: A real-time consensus review. Med J Malaysia 2020; 75(6): 613-25.

NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in hypertension prevalence and progress in treatment and control from 1990 to 2019: a pooled analysis of 1201 population-representative studies with 104 million participants. Lancet 2021; 11; 398(10304): 957-80.

Books and Other Monographs:

Personal Author(s)

Goodman NW, Edwards MB. 2014. Medical Writing: A Prescription for Clarity. 4 th Edition. Cambridge University Press.

Chapter in Book

McFarland D, Holland JC. Distress, adjustments, and anxiety disorders. In: Watson M, Kissane D, Editors. Management of clinical depression and anxiety. Oxford University

Corporate Author

World Health Organization, Geneva. 2019. WHO Study Group on Tobacco Product Regulation. Report on the scientific basis of tobacco product regulation: seventh report of a WHO study group. WHO Technical Report Series, No. 1015.

NCD Risk Factor Collaboration (NCD-RisC). Rising rural body-mass index is the main driver of the global obesity epidemic in adults. Nature 2019; 569: 260-64.

World Health Organization. Novel Coronavirus (2019-nCoV) Situation Report 85, April 14, 2020. [cited April 2020] Accessed from: https://www.who.int/docs/defaultsource/coronaviruse/situationreports/20200414-sitrep-85-covid-19.

Online articles

Webpage: Webpage are referenced with their URL and access date, and as much other information as is available. Cited date is important as webpage can be updated and URLs change. The "cited" should contain the month and year accessed.

Ministry of Health Malaysia. Press Release: Status of preparedness and response by the ministry of health in and event of outbreak of Ebola in Malaysia 2014 [cited Dec 2014]. Available http://www.moh.gov.my/english.php/database_stores/store_ view_page/21/437.

Other Articles:

Newspaper Article

Panirchellvum V. 'No outdoor activities if weather too hot'. the Sun. 2016; March 18: 9(col.

Magazine Article

Rampal L.World No Tobacco Day 2021 -Tobacco Control in Malaysia. Berita MMA. 2021; May: 21-22.

All tables and figures should have a concise title and should not occupy more than one printed page. The title should concisely and clearly explain the content of the table or figure. They should be numbered consecutively with Roman numerals (e.g Table I) and figures with Arabic numerals (e.g. Figure 1), and placed after the sections of the manuscript which they reflect, particularly the results which they describe on separate pages. Cite tables in the text in consecutive order. Indicate table footnotes with lower-case letters in superscript font. Place the information for the footnote beneath the body of the table. If a table will be submitted as a separate document, the filename should contain the surname of the first author and match its label in the manuscript (e.g., SMITH Table 1). Vertical lines should not be used when constructing the tables. All tables and figures should also be sent in electronic format on submission of the manuscript as supplementary files through the journal management platform. Clinical Photographs should conceal the subject's identity. Tables and flow-charts should be submitted as Microsoft Word documents. Images should be submitted as separate JPEG files (minimum resolution of 300 dpi).

Photographs of Patients:

Proof of permission and/or consent from the patient or legal guardian must be submitted with the manuscript. A statement on this must be included as a footnote to the relevant

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Illustrations and diagrams are normally reproduced in black and white only. Colour reproductions can be included if so required and upon request by the authors. However, $\boldsymbol{\alpha}$ nominal charge must be paid by the authors for this additional service; the charges to be determined as and when on a per article basis.

Abbreviations:

Use only standard abbreviations. The full-term for which an abbreviation stands should precede its first use in the abstract, article text, tables, and figures, unless it is a standard unit of measurement. Abbreviations shall not be used in the Title. Abbreviations should be kept to a minimum.

Formatting of text:

Numbers one to ten in the text are written out in words unless they are used as a unit of measurement, except in tables and figures. Use single hard-returns to separate paragraphs. Do not use tabs or indents to start a paragraph. Do not use the automated formatting of your software, such as hyphenation, endnotes, headers, or footers (especially for references). Submit the Manuscript in plain text only, removed all 'field codes' before submission. Do not include line numbers. Include only page number.

All original papers which are accepted for publication by the MJM, will be considered for the 'Best Paper Award' for the year of publication. No award will be made for any particular year if none of the submitted papers are judged to be of suitable quality.