Instructions for Authors

The Senior Care Pharmacist, the official monthly online journal of the American Society of Consultant Pharmacists (ASCP), welcomes submission of original manuscripts relevant relevant to the safe and effective use of medicines for older people, as well as contributions addressing the practice of pharmacy as it relates to the care of older people. These contributions can include pharmacy practice reports, research, opinion, matters related to pharmacy education, or interdisciplinary cooperation.

This page summarizes the editorial matters and specifies requirements for authors interested in submitting a manuscript, to undergo peer review. Contributors are advised to review details by clicking on each linked subject.

Online Submission
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The following are the categories of manuscripts published in The Senior Care Pharmacist.

Research Reports
Clinical Reviews
Case Reports
The Geriatric Pharmacotherapy Case Series
Consultant Pharmacist Forum/Editorial
New Perspectives
Letters to the Editor
General Procedures
Copyright and Exclusive Publication
Statement of Financial Interest

Authors who have a topic in mind can contact the editor-in-chief to discuss approaches to see if the journal has recently published an article on the same topic.

For questions or additional assistance, contact:

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Instructions for Authors

Online Submission
Manuscripts must be submitted for review through The Senior Care Pharmacist manuscript submission and review Web site. Step-by-step instructions for formatting and uploading manuscripts also are available on the login screen of the Web site under Author Instructions. In preparing for the manuscript submission, place the text, tables, and figures in separate files following the format guidelines listed below. Include complete contact information (mailing address, e-mail address, and phone numbers) for the corresponding author.

Cover Letter
In a cover letter, the corresponding author must:
• Briefly explain the importance of the study or practice description to senior care pharmacists.
• Certify that the manuscript is not under consideration by any other journal and that it does not duplicate publication or submission elsewhere of any part of the work.
• Identify any material previously published or under consideration that might duplicate the present work.
• For all authors, include a statement that confirms that there are no undisclosed conflicts of interest (financial or otherwise). Where a possible conflict of interest exists (see Statement of Financial Interest, below), include a summary of this disclosure on the author identification page.
• Certify that the manuscript has been read and approved by all the authors, and that all authors must have made a material contribution per the requirements for responsible authorship. For resources on determining responsible authorship, please visit International Committee of Medical Journal Editors.
• When appropriate, suggest names of possible reviewers (for unusual topics or when certain reviewers would be especially appropriate for a subject).
• Provide a mailing address, daytime telephone number/s, and e-mail address.
• In the case of any research submissions, the authors must state the name of the Institutional Review Board (IRB) that approved the research protocol, or provide information about why the research was considered exempt from a requirement for ethical approval.

Preparing the Manuscript
General Guidelines
The journal generally follows the style outlined in The American Medical Association.

The entire manuscript should be double-spaced (including abstract, references, and tables) using a 12-point font size in a format compatible with Microsoft Word for Windows. Include continuous line numbers to make the peer review process seamless for reviewers. Use margins of at least one inch all around. Do not use all uppercase letters in text, headlines, subheads, or tables. Remove tracked changes and hyperlinks. Descriptive headings should be used to identify major sections of the text; all references, tables, and figures must be cited in the text in their numerical order. Spell out all abbreviations on first mention, both in the manuscript and in tables and figures.

Use generic names whenever drug products are identified. Brand names may be used only when they are important to describe a product (e.g., single-source product, generic name not well known); product manufacturers should be identified only when necessary.

The manuscript should include (in this order):
• A title page containing: the title of the paper
• Disclosure statement: all authors, (titles, organization name, city and state), their affiliations, highest academic degrees, and credentials; acknowledgments, if appropriate; disclosures or conflicts of interest, total word count (excluding references), number of tables, figures, and/or appendices and an address, phone, and e-mail for the corresponding author
• Manuscript must contain continuous line numbers
• An abstract of 250 words or less following the structure for its category outlined below
• Manuscript
• Footnotes (applicable for table abbreviations)
• References
• Appendices
• Tables, with descriptive titles and source
• Figures, with descriptive titles, captions, and source
• Figures must be submitted as separate files, may not appear embedded in the text, and in an acceptable format, as noted below
• Acknowledgment, if appropriate
• Author contributions
• Institutional Review Board Approval
• Copies of any permissions to reproduce published material. If human subjects research is involved, appropriate institutional review board approval is required and should be so stated. For those investigators who do not have access to formal ethics review committees, the principles outlined in the Declaration of Helsinki (JAMA 1997;277:925–6) should be followed. For investigations of human subjects, state in the Methods section how informed consent was obtained from the study participants.
• Suggested word counts are provided for guidance. If a contribution varies by > 20% from the guidance, please contact the editor to discuss.

Number all pages consecutively.

Manuscripts submitted to The Senior Care Pharmacist should be consistent with the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” established by the International Committee of Medical Journal Editors.
Tables and Figures

Tables and figures are used to present complex or difficult-to-read information, such as dosage regimens for many different medications, statistical charts, or diagrams. The information presented in the table or figure is referenced in the text, but should not be duplicated.

- Each table or figure should be cited in the text, and all tables or figures should be numbered and carry a descriptive title of no more than 10 words, without abbreviations.
- Tables should be created using Microsoft Word’s table feature. Do not use tabs to create tables.
- Tables and figures should include captions that explain all abbreviations that are used (for example, Abbreviations: FDA = Food and Drug Administration).
- Figures must be in a separate file and may not be embedded in the Word document. Electronic files for figures are required in TIFF or JPG format at 300 dpi.
- Titles and detailed explanations should appear in the legends for illustrations, not on the illustrations themselves.
- Sources must be cited for all figures obtained from other publications, with the permissions to reprint.
- Source information for tables and figures should be listed in the references and appear under the table or figure (for example, Source: References 7-9).

Figure file formats

- Acceptable electronic figure file formats for publication: JPG, TIFF, Photoshop, PDF, PowerPoint, or EPS.
- Figures with photographic images must be at least 300 dpi.

If materials (e.g., figures and/or tables) are taken from other sources, the author must provide written permission for reproduction from the original publisher and author at the time of submission. In addition, the source should be cited at the end of the figure legend.

References

References should be numbered in the order in which they are first mentioned in the text. References should be double-spaced on a separate page. It is critical that references not appear at the bottom of text pages. Do not use automatic footnoting software (e.g., Microsoft Word, Reference Manager, Endnote, others) that embeds references in text. Examples of reference style are listed below; additional information is available in the Uniform Requirements at www.icmje.org.

Examples of reference style (note capitalization and punctuation format) may be found at The Writing Lab & The AMA Manual of Style.

The journal generally follows the style outlined in The American Medical Association.

Journal citation


For three authors, all are named; for more than three, list three and then use et al., as in the example above. A list of journal abbreviations from the National Library of Medicine is available at the National Library of Medicine Web site.

Print Sources


Online Sources


Abbreviations

Dosing abbreviations should be spelled out. For example, do not use “bid,” use “twice a day;” do not use PO, use “oral;” do not use prn, use “as needed.” Formal “Do Not Use” lists are available from the Institute for Safe Medication Practices and The Joint Commission.

Units

Laboratory values are expressed using conventional units of measure, with relevant Système International (SI) conversion factors expressed secondarily (in parentheses) only at first mention. Articles that contain numerous conversion factors may list them together in a paragraph at the end of the Methods section. In tables and figures, a conversion factor to SI should be presented in the footnote or legend. The metric system is preferred for the expression of length, area, mass, and volume. For more details, see the Units of Measure conversion table on the website for the AMA Manual of Style.

To read more about units of measure, click here.

Preparation of Structured Abstracts

The following are the categories of manuscripts published in The Senior Care Pharmacist and the requirements for their structured abstracts. (Some manuscripts require only a prose paragraph summarizing the content of the article, see below).

Research Reports

(Estimated length: 3,000–6,000 words)

Manuscripts describing original research concerning the prognosis, etiology, diagnosis, treatment, prevention, or economic analysis of a clinical disorder or an intervention to improve the quality of health care. The manuscript should include a structured abstract of no longer than 250 words; it should contain as many of the key words (cited below) as possible. The text should follow the same structure. It should contain the following headings and information:
**Objective:** State the main question or objective of the study and the major hypothesis tested, if any.

**Design:** Describe the design of the study indicating, as appropriate, use of randomization, blinding, criterion standards for diagnostic tests, temporal direction (retrospective or prospective), etc.

**Setting:** Indicate the study setting, including the level of clinical care (for example, primary or tertiary; private practice or institutional).

**Patients, Participants:** State selection procedures, entry criteria, and numbers of participants entering and finishing the study.

**Interventions:** Describe the essential features of any interventions, including method and duration of administration.

**Main Outcome Measurements:** The primary study outcome measures should be indicated as planned before data collection began. If the hypothesis being reported was formulated during or after data collection, this fact should be clearly stated.

**Results:** Describe measurements that are not evident from the nature of the main results and indicate any blinding. If possible, the results should be accompanied by confidence intervals (CI)—most often the 95% interval—and the exact level of statistical significance. For comparative studies, CIs should relate to the differences between groups. Absolute values should be indicated when risk changes or effect sizes are given.

**Conclusion:** State only those conclusions of the study that are directly supported by data and explain their clinical application (avoiding overgeneralization) or whether additional study is required before the information should be used in usual clinical settings. Equal emphasis must be given to positive and negative findings of equal scientific merit. (Further details can be obtained from Haynes RB et al. More informative abstracts revisited. Ann Intern Med 1990;113:71-9.)

**Key Words:** List in alphabetical order key words covered by the manuscript using the following format (note capitalization): Geriatrics, Infection control, Long-term care, etc.

**Abbreviations:** Define all abbreviations used in the manuscript in alphabetical order using the following format: BP = Blood pressure, MAR = Medication administration record, etc.

**Clinical Reviews**

(Estimated length: 2,500–5,000 words)

Clinical Reviews offer an in-depth report based on a literature review concerning the prognosis, etiology, diagnosis, treatment, prevention, or economic analysis of a clinical disorder or an intervention. An abstract of no more than 250 words should include the following headings and information:

**Objective:** State the primary objective of the review article.

**Data Sources:** Describe the data sources that were searched, including dates, terms, and constraints.

**Study Selection:** Identify the number of studies reviewed and the criteria used for their selection.

**Data Extraction:** Summarize guidelines used for abstracting data and how they were applied.

**Data Synthesis:** State the main results of the review and the methods used to obtain these results.

**Conclusion:** State primary conclusions and their clinical applications, avoiding overgeneralization. Suggest areas for additional research if needed. (Further details can be obtained from Haynes RB et al. More informative abstracts revisited. Ann Intern Med 1990;113:71-9.)

**Key Words:** List in alphabetical order key words covered by the manuscript using the following format (note capitalization): Geriatrics, Infection control, Long-term care, etc.

**Abbreviations:** Define all abbreviations used in the manuscript in alphabetical order using the following format: BP = Blood pressure, MAR = Medication administration record, etc.

**Case Reports**

(Estimated length: 2,000–2,500 words)

Case Reports are manuscripts that provide factual accounts of clinical cases of significance. These can include previously undescribed adverse drug reactions, drug interactions or other clinical experiences related to drug therapy. The manuscript should address a structured description of the case and discussion that addressed the matters of significance that are illustrated. Manuscripts should include an abstract of no more than 250 words under the following headings:

**Objective:** The abstract should begin with a clear statement of purpose describing the particular practice or innovation that is the main point of the paper.

**Setting:** The type of pharmacy, facility, or other institution should be described in this section, such as community or nursing facility pharmacy, a small independently owned for-profit nursing facility, or independent consultant pharmacy practice. Details about the setting should be included under Practice Description.

**Practice Description:** Relevant characteristics of the practice or facility should be included here. These might include such facts as pharmacy volume, type of patients served, numbers of pharmacists and technicians employed, and types of nursing facility residents involved.

**Practice Innovation:** The types of unique activities and other advances in practice that are the primary subjects of the manuscript must be summarized here. These could include new techniques for inservice education; better ways of distributing or handling medications; or management innovations in purchasing, scheduling, marketing, or personnel relations.

**Main Outcome Measurements:** The types of data that reflect the impact of practice innovations should be stated in this section. These could include learning achievements during inservice programs, medication error rates, or profit margins.

**Results:** This section should be similar in content to that described for research papers, noted earlier. The actual outcomes of the practice innovation are summarized in this section. All relevant types of results described in the paper should be stated briefly.

**Conclusion:** This section states the conclusions that are illustrated. If appropriate, applications to other practice settings should be stated.

**Key Words:** List in alphabetical order key words and concepts covered by the manuscript using the following format (note capitalization): Geriatrics, Infection control, Long-term care, etc.
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Abbreviations: Explain all abbreviations used in the manuscript in alphabetical order using the following format: 
BP = Blood pressure, MAR = Medication administration record, etc.

All reports of adverse drug reactions or interactions should include a structured assessment of causality. Authors can use the Naranjo Algorithm for this purpose (Naranjo, CA., Busto U., Sellers E.M., A method for estimating the probability of adverse drug reactions. Clinical Pharmacology & Therapeutics, 198;130:.239-45. or the WHO system for standardized case causality assessment.

The Geriatric Pharmacotherapy Case Series
(Estimated length: 2,000 to 3,000 words)

View a sample of a Geriatric Pharmacotherapy Case Series.

This category is used to present case studies that illustrate important issues or principles related to the safe and effective use of medicines for older people. The cases may be based on the actual circumstances of an individual patient, or can be developed to optimally illustrate the issues under consideration. The manuscript should be constructed in a standardized format and authors seeking to contribute in this category should contact the editor for guidance.

Case Title: The title could be straight forward such as “Overactive Bladder” or could allude to the take home lesson in the case presentation itself. Keeping the title from being too lengthy is recommended.

Introduce the Patient: Here’s where you can introduce the patient and include clues to the psycho-social determinants of health that may impact the case. May include living situation, support system, personal preferences, and other background information.

History of Present Illness: Please describe the chief complaint and how this problem presents.

Past Medical History: A simple listing of diagnosis and problems is sufficient.

Social History: Classic Social History. May present atypical social history characteristics with elaboration, keeping in mind that this is an educational case series. Remember to relate back to atypical social history data later.

Medications: Medication list with dose and dosing interval.

Laboratory Values: Provide any laboratory values relevant to the case. Do not have to include comprehensive data, nor data not relevant to the case. Include the level of “distractor” data that you feel is relevant to make the case engaging.

Assessment: Provide your assessment— you may want to organize your assessment with a table or diagram in addition to written text. Include a discussion of your approach to the patient’s presentation, including all aspects presented such as psycho-social determinants, and other assessment logic supported by presenting data.

Plan: The plan can be simple. May use bulleted plan.

Outcome/Follow Up: Describe the case outcome. Also in simple terms.

Discussion: Please provide a complete discussion of your approach to this case and how it related to the outcomes. This section can be the "educational" segment where you can include diagrams and other ways to convey the scientific and clinical science framework for your approach and considerations of how the data presented impacted observed problems, plan and outcomes.

Geriatric Clinical Pearls: In this section, please include a few geriatric clinical pearls or points of geriatric clinical practice wisdom. This is where you can share education for the readers on lessons learned that can help the clinician address the counterintuitive nature of geriatric care.

References: Please provide references in standard format. No limit (within reason) as there typically is with a case manuscript. It is occasionally acceptable to use older literature if it represents canonical core geriatric or other clinical concepts and wisdom.

At the end of every case we will invite the reader to think about additional analysis.

Consultant Pharmacist Forum
(Estimated length: 1,500-2,000 words)

Articles for the column can be commentary/editorial on a contemporary topic of interest to pharmacists caring for older people or a brief description of a unique experience relating to providing this care. If the scope is more expansive, authors may be asked to recast the article as in the “Clinical Notes” format, which is described above.

New Perspectives
(Estimated length: 1,200-1,500 words)

These may include brief reviews of newly approved medications, new uses for medications, or recently observed adverse affects. The column also may comment on recently published research or regulatory issues facing senior care or consultant pharmacists. If the author is a student, he or she must have the involvement of, and oversight by, the faculty mentor. Additional information is available at tcp.msubmit.net under the link to Author Instructions.

Letters to the Editor

The journal welcomes letters of no more than 500 words commenting on previously published articles. These are shared with the corresponding author, who may submit a response. The letter to the editor and the author’s reply will be published together in a subsequent issue.

General Peer Review Procedures

On receipt of a manuscript, the editor screens the paper for peer review. Authors will be sent notification of the receipt of manuscripts and editorial decisions via e-mail. Receipt of manuscripts is acknowledged immediately, and a final decision is reached on unsolicited manuscripts within three months. If, based upon comments by peer reviewers, the manuscript is accepted for publication, comments by peer reviewers will be compiled and returned to the corresponding author to be addressed. During the review process, authors can check the status of their submitted manuscript via the online manuscript submission and review system at tcp.msubmit.net. (Solicited manuscripts go through an abbreviated review process).
The corresponding author is responsible for all necessary communications among coauthors and will make necessary changes and submit the revised manuscript, including figures and tables (see above).

All accepted manuscripts are subject to editing to improve clarity and achieve consistency of style and formatting of journal content. A proof reflecting the editing is sent to the corresponding author for approval, with a deadline for response.

Authors of articles published in *The Senior Care Pharmacist* are responsible for the accuracy and validity of all information presented in the article, including changes made during the peer review process and editing by the editorial staff. Statements and opinions are the responsibility of the authors alone and do not imply an endorsement by the editors, officers, or members of the American Society of Consultant Pharmacists (ASCP).

**Copyright and Exclusive Publication**

Unless otherwise specifically negotiated, manuscripts written for, and published in, *The Senior Care Pharmacist* become the property of ASCP. Accordingly, the journal requires that authors transfer all copyright ownership to ASCP at the time a manuscript is submitted. One of the following statements must be signed by each author and submitted with the manuscript:

"In consideration of the ASCP taking action in reviewing and editing this submission, the author(s) undersigned hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership to ASCP in the event that this work is published by ASCP."

or

"I was an employee of the United States Government when this work was investigated and prepared for publication; it is therefore not protected by the Copyright Act and there is no copyright that can be transferred."

The journal also asks authors to certify that none of the material in a manuscript (or substantially similar information) has been published previously or is being considered for publication elsewhere. This restriction applies even if the author already holds the copyright to the material in its published format.

**Statement of Financial Interest**

Each author is required to acknowledge any financial interest or affiliation with any company, product, or service that could be considered broadly relevant to the work. This information should be included in the title page and the cover letter for the editor. This information will be recorded on the International Committee of Medical Journal Editors’ ICMJE Form of Potential Conflicts of Interests.

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**Final Checklist**

- A cover letter that includes all required information, as described above.
- Complete manuscript, double-spaced, 12-point font size, tables attached separately, and references, in a format compatible with Microsoft Word for Windows.
- A structured abstract for research articles, of no more than 250 words that includes all information described above.
- All tables and figures must explain abbreviations used and list the source of the information.
- Non-research articles should contain a prose paragraph of no more than 250 words summarizing the crux of the article.
- All figures must be included as separate files in TIFF or JPG format with a resolution no lower than 300 dpi.
- Include: title page with author identification (including titles), abstract, manuscript body, footnotes, references, appendices, tables, figure captions, and figures, described previously.
- References are checked carefully for correct style and against the style cited above.
- **Submit manuscript to tcp.msubmit.net.** Additional instructions can be located at this Web site to serve as a guide for the submission process.

For questions or additional assistance, contact:

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