

## Information for contributors

THE JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION is the official scientific publication of the American Osteopathic Association. Articles are accepted with the understanding that they have not been published elsewhere and that they are not simultaneously under consideration by any other publication.

### Concerning acceptable materials

JAOA has the dual functions of documenting osteopathic contributions in any clinical-scientific subject area and providing clinical teaching for its physician readers; papers are accepted which contribute to one of these goals. JAOA seeks to publish only the best scientific contributions of the osteopathic profession to medical literature. High standards of jurying and editing are therefore maintained.

Priority in publication is given to original work, whether for the specialist or for the general practitioner. An osteopathic slant is expected where appropriate.

For the guidance of osteopathic specialists who are considering where to submit their original work, the following might be offered: JAOA is interested in any clinical problem that a family physician or a specialist in another field might see first; or in any study for which the D.O. wishes to reflect credit upon his own profession. He might submit to a specialty journal papers on topics of specialty interest only.

Both general practitioner and specialist are considered to benefit from the presentation of original work, current reviews with an expert critical viewpoint, clinical research reports, and teaching materials in a variety of clinical fields. JAOA attempts to represent the osteopathic holistic concept in the breadth of its coverage.

Basic science reports can be accepted only in abstract form unless they are specifically related to the clinical sciences. Reprints are used only in the rarest of instances. Letters to the editor, particularly of a kind supplementing or commenting upon scientific articles or providing new information on clinical topics, are encouraged. Book reviews are also welcome for consideration. All book reviews, letters to the editor, research abstracts, and guest editorials are limited to 500 to 1000 words, a maximum of ten references, and two illustrations, where appropriate.

Contributions are accepted from members of the American Osteopathic Association, faculty members in osteopathic colleges, and, in unusual circumstances, from others; in the latter category would mainly be guest lecturers at osteopathic meetings.

In all but rare instances, trainee papers must include the trainer as an author. The coauthorship implies review and additional material from the experience of the senior physician. When the trainee is the sole author, the implication is that the senior physician did not participate in management of the patient(s) or have any part in the construction of the paper. A footnote should identify the trainer in this instance, and this footnote implies the trainer's approval of release of the paper from his department.

### Editorial review

All papers received for JAOA consideration are submitted without identification of author to referees in the field(s) of interest represented by the paper. Notification of acceptance or rejection usually is given within three months after acknowledgement of the paper; publication follows as soon as possible thereafter, depending on the current backlog of papers.

When papers must be rejected for a correctable fault, the editor customarily provides reasons and suggestions. This is in line with a standing policy of the editorial department to give personal help and encouragement to D.O.s who are attempting to learn medical writing. Because of the large number of manuscripts considered by JAOA, however, some are necessarily rejected through no fault in the paper, but because of duplication of subject matter, a preference for

original material over some forms of review, or the necessity to establish priorities on the use of limited space.

### Mechanical requirements

Manuscripts should be typed with a ribbon dark enough to be photocopied. The original and four copies should be sent to JAOA. A copy should be kept by the author. Manuscripts should be typed double-spaced (including references and tabular material), with ample margins on each side. All pages should be numbered consecutively. For manuscripts with more than one author, the correspondent should be indicated.

A 150-word abstract that provides a factual summary of the work should be included. This abstract is used in place of a summary.

References are required for all material derived from the work of others. Reference numbers should be assigned in order of citation in the paper. Papers are limited to 30 references. However, if the author has additional references, a notation will be appended to the published paper indicating that readers may contact the author for a list of the additional references. References that are used as general source material but from which no specific information has been taken should be listed in alphabetical order following the numbered references. Each reference to a periodical must include the names of all authors, the complete title of the article, the name of the journal, volume number, date, and inclusive paging. For books, the editor, the name and location of the publisher, and the year of publication must be given. Exact page numbers must be given for all direct quotations.

### Illustrations

Authors are encouraged to submit illustrations that increase understanding of the text. These can include figures, charts, and tables; medical drawings; and photographs, x-rays, or slides. When the point of the illustration can be conveyed in black and white, this is preferable; a limited number of colored illustrations are used, however, when the illustrative purpose would be lost without it.

Engravings can be made from original x-rays or slides, which are then returned unharmed to the author. There is considerable flexibility in the engraving process for photographs, but the preferred form would be 5 x 7 black and white glossy prints with good contrast.

Medical art can be professionally done, with hand lettering. However, if an author does not have access to a medical illustrator, it is possible that JAOA can have redrawing and/or typesetting done to provide a professional finished product. Line drawings or charts are best done in India ink on white paper or poster board.

Illustrations should be numbered, with the top indicated, and cited in the text. Permission letters must be obtained for photos of patients if there is a possibility of identification. Captions must be included for all illustrations, and magnification and staining materials should be identified for photomicrographs.

All illustrative material will be returned to the author.

When illustrations have appeared elsewhere, permission is required from both publisher and author. Full information for citation is required by JAOA, as well as the permissions.

### Editorial handling, reprints

All accepted articles are subject to copy editing. Referenced statements are verified with the original article in the literature. Authors receive a typescript (or galley proofs) and proofs of the illustrations for approval before publication. Authors are responsible for all statements, including those changes made by the manuscript editor.

Twenty-five tear sheets are provided free to each author and coauthor. Information for ordering reprints is supplied upon request. Three copies of the JAOA containing the author's article will be sent on request. Papers will automatically be entered for CME credit where appropriate.

No material may be reprinted from JAOA without the written permission of the editor and the author(s).



# Effective, not overpowering

**Anxiolytic therapy affects more than just the patient...think of the people who rely on your patient every day. TRANXENE® provides effective relief of anxiety symptoms, but without overpowering your patient's ability to function normally. Studies comparing Tranxene and placebo have shown no reduction in fine motor skills!\***

**as well as no significant memory deficit in normal subjects after acute administration.<sup>2,3</sup>**

\*As with all benzodiazepines, patients should be cautioned against engaging in hazardous occupations requiring mental alertness, such as operating dangerous machinery, including motor vehicles.

© 1986, Abbott Laboratories. Please see adjoining page for brief summary of prescribing information and references. 6073791

**TRANXENE®**  
(clorazepate dipotassium) 

# TRANXENE®

(clorazepate dipotassium) ©

## Brief Summary of Prescribing Information

**INDICATIONS** – For management of anxiety disorders or short-term relief of symptoms of anxiety; for symptomatic relief of acute alcohol withdrawal; for adjunctive therapy in partial seizures.

Anxiety or tension associated with stress of everyday life usually does not require treatment with an anxiolytic. Effectiveness in long-term management of anxiety (over 4 months) not assessed by systematic clinical studies. The physician should periodically reassess usefulness for each patient.

**CONTRAINDICATIONS** – Known hypersensitivity to the drug. Acute narrow angle glaucoma.

**WARNINGS** – Not recommended for use in depressive neuroses or psychotic reactions. Caution patient against hazardous occupations requiring mental alertness, such as operating dangerous machinery including motor vehicles. Advise against simultaneous use of other CNS depressants, and caution patients that effects of alcohol may be increased. Not recommended for patients under 9. Nervousness, insomnia, irritability, diarrhea, muscle aches, and memory impairment have followed abrupt withdrawal from long-term high dosage. Withdrawal symptoms were reported after abrupt discontinuance of benzodiazepines taken continuously at therapeutic levels for several months. Use caution in patients having psychological potential for drug dependence (dependence has been observed in dogs and rabbits).

**Pregnancy and Lactation:** Minor tranquilizers should almost always be avoided during first trimester. Consider possibility of pregnancy before initiating therapy. Patient should consult physician about discontinuation if she becomes pregnant or plans pregnancy. Do not give to nursing mothers.

**PRECAUTIONS** – Observe usual precaution in depression accompanying anxiety, or in patients with suicidal tendency, or those with impaired renal or hepatic function. Do periodic blood counts and liver function tests during prolonged therapy. Use small doses and gradual increments in the elderly or debilitated.

**ADVERSE REACTIONS** – Drowsiness, dizziness, various g.i. complaints, nervousness, blurred vision, dry mouth, headache, mental confusion, insomnia, transient skin rashes, fatigue, ataxia, genitourinary complaints, irritability, diplopia, depression, slurred speech, abnormal liver and kidney function tests, decreased hematocrit, decreased systolic blood pressure.

**INTERACTIONS** – Potentiation may occur with ethyl alcohol, hypnotics, barbiturates, narcotics, phenothiazines, MAO inhibitors, other antidepressants. In bioavailability studies with normal subjects, concurrent administration of antacids at therapeutic levels did not significantly influence bioavailability of TRANXENE.

**OVERDOSAGE** – Take general measures as for any CNS depressant.

**SUPPLIED** – TRANXENE 3.75, 7.5, and 15 mg capsules and scored tablets. TRANXENE-SD Half Strength 11.25 and TRANXENE-SD 22.5 mg single dose tablets.

## REFERENCES:

1. Scharf MB, Khosla N, Brocker N, et al: Differential amnesic properties of short- and long-acting benzodiazepines. *J Clin Psychiatry* 45:51-53, 1984.
2. Healey M, Pickens R, Meisch R, et al: Effects of clorazepate, diazepam, lorazepam, and placebo on human memory. *J Clin Psychiatry* 44:436-439, 1983.
3. Scharf MB, Hirschowitz J, Woods M, et al: Lack of amnesic effects of clorazepate on geriatric recall. *J Clin Psychiatry* 46:518-520, 1985. 6073791

*These discussions relate to the October 1986 JAOA CME quiz.*

1. (b). Although Darier's disease is confirmed clinically by recognition of the primary lesion, histologic examination is diagnostic.

2. (d). The extent of Darier's disease will return to its pretreatment status once oral isotretinoin is discontinued. This is unlike the response seen in most patients with nodulocystic acne treated with the drug.

3. (b). In patients taking isotretinoin, skeletal hyperkeratosis is found in the vertebrae, especially the cervical spine.

4. (d). In diagnosing early neonatal intracranial hemorrhage, the most reliable sign is an unexplained fall in the hematocrit reading or a failure of the hematocrit value to rise after transfusion.

5. (a). The most common location for an intracranial hemorrhage in a neonate is the subependymal germinal matrix.

6. (a). Approximately half of all premature neonates who are younger than 34 weeks' gestation or who weigh less than 1,500 grams at birth develop intracranial hemorrhage.

