

The Netherlands Journal of Medicine – one year in Amsterdam

M. Levi

Department of Medicine, Academic Medical Centre, University of Amsterdam, Amsterdam, the Netherlands, e-mail: m.m.levi@amc.uva.nl

The Amsterdam editorial team of the *Netherlands Journal of Medicine* has now been in office for one year and that provides an opportunity to look back and see how the Journal has evolved.¹ In 2009, the Journal saw a marked increase in submissions. Interestingly, these papers are not only from the Netherlands, but a substantial number come from other parts of the world (*table 1*). The steadily rising impact factor of the Journal and its increasing position on the list of Journals in the field of general medicine may be an important factor here. The journal impact factors for 2009 have not yet been calculated; however, our first predictions show that it is likely that the increase over the last few years will be sustained.

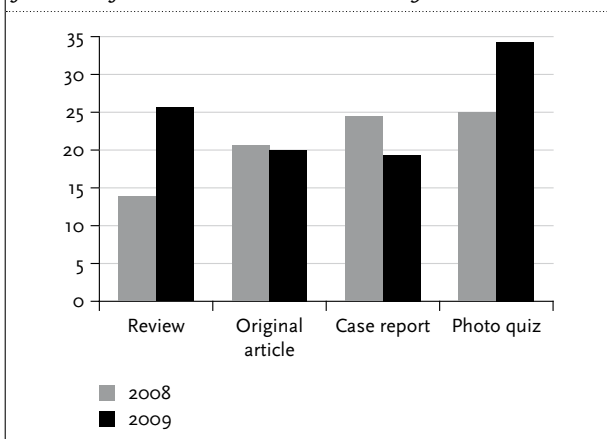
An increasing number of submissions and a fixed space for publication will lead to lower acceptance rates. The

acceptance rate of the Journal in 2009 for the various article types, the origins of the submissions and the subdisciplines from which the papers were submitted are shown in *table 1*. The overall acceptance rate has now fallen to 30%, and for specific paper categories it is lower than 20%. In fact, our policy is to only accept case reports (as with many journals the type of paper that is submitted most) if they substantially increase our insight into the pathogenesis or background of a disease or if they report a really original clinical finding. Photo quizzes remain a very popular item of the Journal (also reflected by a high number of 'hits' on our website) and we have decided to publish somewhat more of these often very interesting and illustrative cases. As shown in *figure 1*, we have also published many more review manuscripts than in previous years. We have indeed adopted a policy of actively soliciting review manuscripts from well-known authors on a given subject, both from the Netherlands and abroad. Our group of associate editors has been very helpful in retrieving these manuscripts and we expect to continue this strategy in the coming years.

Table 1. Number of submissions to the *Netherlands Journal of Medicine* in 2009 and acceptance rate (= published papers divided by submitted papers)

	Submitted	Acceptance rate
Total	328	30%
Article type		
• Review	35	74%
• Original article	107	19%
• Case report	136	14%
• Photo quiz	50	68%
Origin		
• Netherlands	61%	39%
• Other European countries	16%	23%
• North America	7%	30%
• Rest of the world	16%	4%
Subdiscipline		
• Cardiovascular	75	36%
• Respiratory	14	14%
• Gastroenterology	38	34%
• Intensive care	44	52%
• Haematology/Oncology	56	20%
• Rheumatology/Immunology	21	29%
• Nephrology	23	22%
• Endocrinology	33	24%
• Infectious disease	21	24%
• Other	3	0%

Figure 1. Article types published in the *Netherlands Journal of Medicine* in 2008 and 2009



Acceptance or rejection of a manuscript is a result of intensive peer review, and we thank the many reviewers of the *Netherlands Journal of Medicine*, who have helped us tremendously in the last year. Also, our highly active group of junior associate editors, composed of residents in training for Internal Medicine who have themselves been very active in research over the last few years, is invaluable for guiding the review process, in particular for case reports and photo quizzes.

Apart from citations in other journals (which underlie the impact factor of a journal), downloading of our articles from the Journal's website may be another measure of the 'impact' of a journal.² In table 2 we report the ten most downloaded papers in the *Netherlands Journal of*

Medicine in 2009. It is not known whether the number of downloads correlates with the number of citations, but we intend to analyse this for our Journal and we will report about this in one of the coming issues.

On behalf of the entire editorial team in Amsterdam, I can say without any reservation that editing the *Netherlands Journal of Medicine* is a great pleasure and we hope and expect that 2010 will be another good year for the Journal with many interesting publications.

REFERENCES

Table 2. Most downloaded articles in the *Netherlands Journal of Medicine* in 2009

1. Kuipers MT, *et al.* Hypomagnesaemia due to proton pump inhibitors – a review.³
2. Rahnama'i MS, *et al.* Amoxicillin/clavulanate-resistant *E. coli* in bacterial peritonitis after abdominal surgery.⁴
3. Bhat SA, *et al.* Novel antibodies in the treatment of non-Hodgkin's lymphoma.⁵
4. Hoeks MP, *et al.* Adult issues in phenylketonuria.⁶
5. Jaspers H, *et al.* Bilateral swollen eyelids occurring during adjuvant treatment with tamoxifen.⁷
6. Koopmans PP, *et al.* Should antiretroviral therapy for HIV infection be tailored for intracerebral penetration?⁸
7. Schrauwen RW, *et al.* Seven days PPI-triple therapy with levofloxacin is very effective for *H. pylori* eradication.⁹
8. van Meerten T, *et al.* CD20-targeted therapy: a breakthrough in the treatment of non-Hodgkin's lymphoma.¹⁰
9. Khan FY, *et al.* Rhabdomyolysis: a review of the literature.¹¹
10. Velema MS, *et al.* DRESS syndrome caused by nitrofurantoin.¹²

1. Levi M. The Netherlands Journal of Medicine: the next episode. *Neth J Med.* 2009;67:115.
2. Levi M. Big hits in the Netherlands Journal of Medicine. *Neth J Med.* 2009; 67:204-5.
3. Kuipers MT, Thang HD, Arntzenius AB. Hypomagnesaemia due to use of proton pump inhibitors--a review. *Neth J Med.* 2009;67:169-72.
4. Rahnama'i MS, Wagenvoort JH, van der Linden CJ. Amoxicillin/clavulanate (Augmentin) resistant *Escherichia coli* in bacterial peritonitis after abdominal surgery--clinical outcome in ICU patients. *Neth J Med.* 2009;67:173-6.
5. Bhat SA, Czuczman MS. Novel antibodies in the treatment of non-Hodgkin's lymphoma. *Neth J Med.* 2009;67:311-21.
6. Hoeks MP, den Heijer M, Janssen MC. Adult issues in phenylketonuria. *Neth J Med.* 2009;67:2-7.
7. Jaspers H, Blaisse R, Maessen-Visch B, Mattijssen V. Bilateral swollen eyelids occurring during adjuvant treatment with tamoxifen for early breast cancer. *Neth J Med.* 2009;67:245-6.
8. Koopmans PP, Ellis R, Best BM, Letendre S. Should antiretroviral therapy for HIV infection be tailored for intracerebral penetration? *Neth J Med.* 2009;67:206-11.
9. Schrauwen RW, Janssen MJ, de Boer WA. Seven-day PPI-triple therapy with levofloxacin is very effective for *Helicobacter pylori* eradication. *Neth J Med.* 2009;67:96-101.
10. van Meerten T, Hagenbeek A. CD20-targeted therapy: a breakthrough in the treatment of non-Hodgkin's lymphoma. *Neth J Med.* 2009;67:251-9.
11. Khan FY. Rhabdomyolysis: a review of the literature. *Neth J Med.* 2009;67:272-83.
12. Velema MS, Voerman HJ. DRESS syndrome caused by nitrofurantoin. *Neth J Med.* 2009;67:147-9.