EDITORAL

## Impact and citations

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This summer Thomson Reuters released the Journal Citation Report 2011 containing the impact factors for 2011 of all international scientific journals and announced that the 2011 impact factor of the Netherlands Journal of Medicine was 2.1. For the first time in its history the Journal had crossed the almost magical boundary of 2.0. The Netherlands Journal of Medicine thereby occupies position 38 in the list of best medical journals in the world. The Netherlands Journal of Medicine belongs to the top-5 national medical journals, with only JAMA (United States), BMJ (United Kingdom), Journal of the Canadian Medical Association (JCMA), and Deutsches Arzteblatt International at higher positions. So, it has a higher rating than other national or regional-oriented journals such as the Scandinavian Journal of Medicine, European Journal of Internal Medicine, and Swiss Medical Journal. Interestingly, the top medical journals are often general journals and have relatively higher impact factors than journals in subspecialties.<sup>1</sup>

The rise in impact factor of the Netherlands Journal of Medicine is a steady process that started many years ago (*figure 1*). It is evident that already under the Nijmegen



editorship an increasing trend started, which has been sustained over recent years. The impact factor of a journal in a given year is based on the number of citations to articles in that journal that have been published in the preceding two years.<sup>2</sup> Hence, the impact factor of 2011 is based on citations in 2011 to papers published in 2009 and 2010. Table 1 shows the best-cited papers that were published in the Netherlands Journal of Medicine in 2010. Most of these papers are review manuscripts that traditionally attract more attention and citations than other types of paper. However, some of the case reports (of which the Journal publishes only a relatively small number) also received a lot of citations (table 2). It should be remembered, however, that in this calculation only the most immediate citations (i.e. of papers in the last two years) are considered and that papers that generate interest after a longer interval or remain interesting and generating citations over a longer period are not taken into account. Another JCR parameter, the cited half-life, provides a better reflection of more long-time citations to an article (the period in which half of the citations were generated). The cited half-life of the Netherlands Journal of Medicine in 2011 was 5.9 and also shows an increasing trend. As citation analysis in itself is not perfect, other methods to assess the scientific status of journals have also been proposed.3-5

A higher impact factor generally leads to more submissions. Indeed, the number of submissions to the Netherlands Journal of Medicine has shown a steep upward trend in recent years.<sup>6</sup> This may imply that more authors are considering sending their work to our Journal and that the editors have a better choice of high-quality papers. A higher quality of published work will subsequently lead to more citations and a better impact factor. Hence, these positive feedback mechanisms cause a certain self-propelling force once a threshold has been passed. On the other hand, a host of new medical journals have appeared in recent years, thereby seriously diluting the impact a single journal can have. Also, since the number of pages of the Journal is more or less fixed,

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Table 1. Top 1	o most cited	papers of 2010
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Anas AA, et al. Recent insights into the pathogenesis of bacterial  ${\rm sepsis}^7$ 

Lowenberg EC, et al. Platelet-vessel wall interaction in health and  ${\rm disease}^8$ 

Nanayakkara PWB, et al. Vascular disease and chronic renal failure  $^{\rm 9}$ 

Levi M, et al. Bleeding in patients using new anticoagulants<sup>10</sup> Seger RA. Chronic granulomatous disease: recent advances<sup>11</sup>

Kars M, et al. Update in prolactinomas<sup>12</sup>

Delsing CE, et al. Q fever in the Netherlands from 2007-2010<sup>13</sup> Aslami H, et al. Induction of a hypometabolic state during critical illness<sup>14</sup>

Biere-Rafi S, et al. Effect of haemophila and von Willebrand disease on thrombosis<sup>15</sup>

Verhave G, et al. Role of vitamin D in cardiovascular disease<sup>16</sup>

 Table 2. Top 5 most cited case reports of 2010

Chen Z, et al. Hepatic veno-occlusive disease associated with herbal preparations  $^{\mbox{\tiny 17}}$ 

Chen SZ, et al. Rhabdomyolysis following pandemic influenza  $\mathrm{A}^{\scriptscriptstyle 18}$ 

Houwert AC, et al. Hereditary persistence of alpha-fetoprotein<sup>19</sup> Haringhuizen A, et al. Fatal cerebral oedema in adult diabetic ketoacidosis<sup>20</sup>

Netea MG, et al. Chronic yersioniosis due to defects in TLR5 and NOD2  $pathways^{\rm 2t}$ 

more submissions will result in a lower acceptance rate of submitted papers. In fact, for some categories the acceptance rate in the Netherlands Journal of Medicine is already quite low.<sup>6</sup>

Taken together, the editors of the Netherlands Journal of Medicine are proud of its recent impact factor and would like to thank all authors who have sent excellent contributions to the Journal as well as our reviewers and associate editors, who have done a superb job in assisting us in selecting the best manuscripts and providing advice on improvement of manuscripts that were considered for publication. We will do our best to keep the esteem and the impact factor of the Netherlands Journal of Medicine as high as we can in the years to come.

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