CIM INFORMATION FOR AUTHORS

General Information

Chronobiology in Medicine (official abbreviation: *Chronobiol Med*; CIM) is the official journal of the Korean Academy of Sleep Medicine (KASMED). CIM is peer-reviewed journal published in English on the last day of March, June, September, and December (*eISSN*: 2635-9162). CIM publishes research articles dealing with the circadian rhythms in various medical fields and clinical sleep medicine. CIM covers various biological rhythm studies, including sleep and wakefulness, in various medical areas, basic sciences, and social sciences. Topics on the clinical sleep disorders such as sleep disordered breathing and insomnia influencing on the circadian rhythm disturbances will be considered for publication. CIM is primarily for physicians, psychiatrists, neurologists, sleep medicine specialists, basic scientists, and social scientists.

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CIM aims to ensure that all articles published in the journal report on work that is morally acceptable, and expects authors to follow the World Medical Association's Declaration of Helsinki (https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/). All of the manuscripts should be prepared in strict observation of research and publication ethics guidelines recommended by the Council of Science Editors (CSE, http://www.councilscienceeditors.org/), International Committee of Medical Journal Editors (ICMJE, http://www.icmje.org/), World Association of Medical Editors (WAME, http://www.wame.org/), and the Korean Association of Medical Journal Editors (KAMJE, https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13&per_page=). Any study including human data must be reviewed and approved by a responsible Institutional Review Board (IRB). Animal experiments also should be reviewed by an appropriate committee (IACUC) for the care and use of animals. Also studies with pathogens requiring a high degree of biosafety should pass review of a relevant committee (IBC). The editor may request submission of copies of informed consents from human subjects in clinical studies or IRB approval documents. CIM will follow the guidelines by the Committee on Publication Ethics (COPE, http://publicationethics.org/) for settlement of any misconduct.

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The manuscript must be written in English. The manuscript (including references, legends, and tables) must be typed double-spaced. Start each of these sections on a new page, numbered consecutively, beginning with the title page. Use only 10- or 12-point font size. Manuscripts should be concisely written in a readily understandable style. Standard nomenclature should be used throughout; unfamiliar or new terms and arbitrary abbreviations should be defined when first used.

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It is recommended for authors to follow the established reporting guidelines (http://www.equator-network.org) for the specific study design, such as randomized control study (i.e., CONSORT), study of diagnostic accuracy (i.e., STARD), meta-analyses and systematic reviews of randomized controlled trials (i.e., PRISMA), meta-analysis of observational studies in epidemiology (i.e., MOOSE), strengthening the reporting of observational studies in epidemiology (i.e., STROBE), and Case Reports (CARE). The details are available on the website at http://www.icmje.org/icmje-recommendations.pdf (IV.A.2).

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Original Articles should include structured abstracts with the following information, under the headings indicated: Objective - the primary purpose of the article; Methods - data sources, subjects, design, measurements, data analysis; Results - key findings; and Conclusion - implications, future directions. The abstract of Original articles should be no longer than 250 words. Review article, Mini review, and Brief reports require an unstructured abstract of one paragraph, not exceeding 200 words. A list of keywords, with a maximum of six items, should be included at the end of the abstract. The selection of keywords should be based on Medical Subject Heading (MeSH, http://www.nlm.nih.gov/mesh/MBrowser.html). An abstract is not required for Editorial, Perspective, and Correspondences.

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The text of the Original Article and Brief Reports should include four major sections: Introduction, Methods, Results, and Discussion. The Introduction should give the reasons for undertaking the study and a summary of the experimental plan. Exhaustive reviews of literature should be avoided. The Methods should be described in sufficient detail so that the work can be duplicated, or by reference to previous descriptions if they are readily available. Commonly used methods require only a citation of the original source unless they have been substantially modified. Ensure correct use of the terms "sex" (biological factors) and "gender" (identity, psychosocial, or cultural factors). Also, unless inappropriate, report the sex or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex or gender. If the study involved an exclusive population (in only one sex, for example), authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should also define how they determined race or ethnicity, and justify their relevance. Statistical tests used for evaluation of data should be briefly explained. Special chemicals and drugs with their sources should be grouped under a separate sub-heading ("material" or "drugs"). For drugs, generic names should be used; trade names may be given in brackets where the drug is first mentioned. In case of new drugs, a detailed chemical description (formula) should be given. The Results should be described clearly, concisely, and in logical order without extended discussions of their significance. Only in case of Brief Report, the results and discussion sections may be combined. Results should usually be presented in graphic or tabular form, rather than discursively. There should be no duplication in text, tables, and figures. The Discussion should be as concise as possible. In this section, conclusions should be drawn from the results accompanied by an assessment of their significance in relation to previous works. The structured format of main text for Review article, Mini review, Editorial, Perspective, and Correspondences is not required.

Funding statement

Grant support should be acknowledged in a separate paragraph under a separate heading at the end of the discussion section. The full name of the granting agency and grant number should be included.

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Journal Article

1. Kwon JS, Shin YW, Kim CW, Kim YI, Youn T, Han MH, et al. Similarity and disparity of obsessive-compulsive disorder and schizophrenia in MR volumetric abnormalities of the hippocampus-amygdala complex. J Neurol Neurosurg Psychiatry 2003;74:962-964.

Book Chapter

2. Fairburn CG, Cooper Z. The eating disorders examination (12th ed). In: Fairburn CG, Wilson GT, editors. Binge eating: nature, assessment, and treatment. New York: The Guilford Press, 1993, p. 317-331.

Book

3. Tudor I. Learner-centeredness as language education. Cambridge: Cambridge University Press; 1996.

Web

4. Nation Center for Injury Prevention and Control. Traumatic brain injury & concussion [Internet]. Available at: https://www.cdc.gov/traumaticbraininjury/. Accessed February 22, 2022.

Web References

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Statistics
Methods of statistical analysis should be described in language that is comprehensible to the numerate psychiatrist as well as the medical statistician. Particular attention should be paid to clear description of study designs and objectives, and evidence that the statistical procedures used were both appropriate for the hypotheses tested and correctly interpreted. The statistical analyses should be planned before data are collected and full explanations given for any post hoc analyses carried out. The value of test statistics used (e.g. t, F-ratio) should be given as well as their significance levels so that their derivation can be understood. Trends should not be reported unless they have been supported by appropriate statistical analyses for trends. The use of percentages to report results from small samples is discouraged, other than where this facilitates comparisons. The number of decimal places to which numbers are given should reflect the accuracy of the determination, and estimates of error should be given for statistics. A brief and useful introduction to the place of confidence intervals is given by Gardner & Altman (Br J Psychiatry 1990;156:472-474). Use of these is encouraged but not mandatory. Authors are encouraged to include estimates of statistical power where appropriate. To report a difference as being statistically significant is generally insufficient, and comment should be made about the magnitude and direction of change.

General Text Style

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Data Sharing and Data Deposit

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CIM follows the ICMJE Recommendations for data sharing statement policy (http://icmje.org/icmje-recommendations.pdf). As of July 1, 2018, manuscripts submitted to ICMJE journals that report the results of clinical trials must contain a data sharing statement. Data sharing statements must indicate the following: whether individual deidentified participant data (including data dictionaries) will be shared ("undecided" is not an acceptable answer); what data in particular will be shared; whether additional, related documents will be available (e.g., study protocol, statistical analysis plan, etc.); when the data will become available and for how long; by what access criteria data will be shared (including with whom, for what types of analyses, and by what mechanism).

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