



EDITORIAL

## The Portuguese Journal of Cardiology: Is the glass half full or half empty?

### Revista Portuguesa de Cardiologia: está o copo meio cheio ou meio vazio?

Q1 Helena Donato<sup>a</sup>, Nuno Cardim<sup>b,\*</sup>

<sup>a</sup> Documentation and Scientific Information Service, Centro Hospital e Universitário de Coimbra, Coimbra, Portugal

<sup>b</sup> Editor-in Chief-Portuguese Journal of Cardiology, Serviço de Cardiologia Hospital CUF Descobertas, Lisbon, Portugal

The Portuguese Journal of Cardiology's (PJC) impact factor (IF) for the year 2021 was 1651, a record number following an increase from 0.96 in 2019 to 1.374 in 2020 (Figure 1).

This consistent increase reflects the commitment of the whole editorial team (editors, editorial board members, multimedia team, an editorial and bibliographic consultant, editorial assistants, translators, and publisher): a good example of teamwork. However, it also reflects the generosity of our reviewers, giving their time to perform high quality reviews (we encourage reviewers to access their benefits to which they are entitled, an editorial published in 2021<sup>1</sup>). And finally, we obviously thank the authors who choose the PJC to publish their work (Figure 2).<sup>1-3</sup>

However, although at first sight the above IF figures look promising and encouraging, they need to be put into context. First, in the last year, because of several factors, including the SARS-CoV-2 pandemic, many medical journals have increased their IF.<sup>4</sup> Second, the relative position of our Journal among the Cardiac & Cardiovascular Systems journals remains poor, currently still in the quartile 4, ranked 128/143 (one hundred and twenty-eighth out of one hundred and forty-three) rising from last year's 136/142. To improve

our position in the ranking and to change our quartile should be one of our major aims in the coming years.

While we still do not yet know our 2022 IF, it is important to assess in which direction we are going. As a reminder, the most cited papers published in 2020 and 2021 and therefore those that contribute to the 2022 IF are, to date:

- 16 Citations – Gouveia MR, Ascensão RM, Fiorentino F, Costa JN, Broeiro-Gonçalves PM, Fonseca MC, Borges MF. Current costs of heart failure in Portugal and expected increases due to population aging. Rev Port Cardiol. 2020;39:3-11.<sup>5</sup>
- 10 Citations – Coelho SG, Almeida AG. Marfan syndrome revisited: from genetics to the clinic. Rev Port Cardiol. 2020;39:215-26.<sup>6</sup>
- 9 Citations – Cekirdekci EI, Bugan B. Whole blood viscosity in microvascular angina and coronary artery disease: significance and utility. Rev Port Cardiol. 2020;39:17-23.<sup>7</sup>
- 8 Citations – Guiomar N, Vaz-da-Silva M, Mbala D, Sousa-Pinto B, Monteiro JP, Ponce P, Carneiro F, M Guerra, Neves F, Ferraz R, Rijo D, Teixeira M, Vouga L, Braga P. Cardiac surgery in infective endocarditis and predictors of in-hospital mortality. Rev Port Cardiol. 2020;39:137-49.<sup>8</sup>
- 7 Citations – Tascanov MB, Tanriverdi Z, Gungoren F, Besli F, Erkus ME, Altiparmak İH, Gonel A, Koyuncu I, Demirbag R. Relationships between paroxysmal atrial fibrillation,

\* Corresponding author.

E-mail address: [cardimnuno@gmail.com](mailto:cardimnuno@gmail.com) (N. Cardim).

<https://doi.org/10.1016/j.repc.2023.02.005>

0870-2551/© 2023 Sociedade Portuguesa de Cardiologia. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Please cite this article as: H. Donato and N. Cardim, The Portuguese Journal of Cardiology: Is the glass half full or half empty? Revista Portuguesa de Cardiologia, <https://doi.org/10.1016/j.repc.2023.02.005>

ANO	FATOR DE IMPACTO
2021	1,651
2020	1,374
2019	0,96
2018	0,785
2017	0,827
2016	1,195
2015	0,873
2014	0,454
2013	0,525
2012	0,592

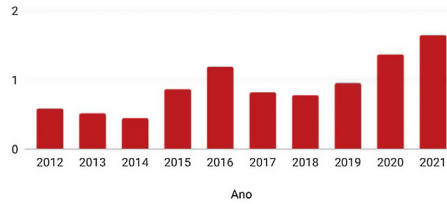


Figure 1 The Portuguese Journal of Cardiology impact factor over time.

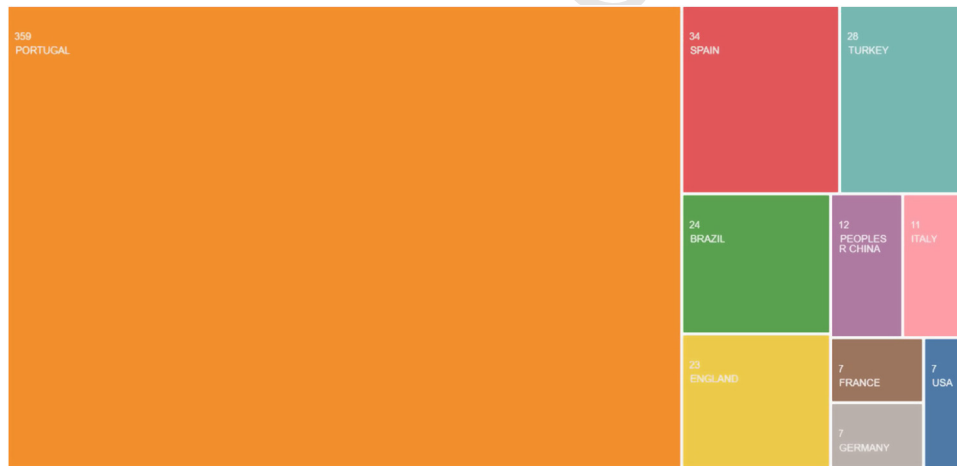


Figure 2 Origin (countries/regions) with more articles published in PJC.

58 total oxidant status, and DNA damage. Rev Port Cardiol.  
59 2021;40:5-10.<sup>9</sup>

60 As it is widely known, the major determinant of the IF is  
61 the number of citations for papers published in the two pre-  
62 vious years. In recent research we have noticed that many  
63 prestigious high IF international journals have cited articles  
64 published in our journal; unfortunately, the opposite is not  
65 often true, as Portuguese cardiologists publishing in interna-  
66 tional journals often ignore the PJC and forget to cite papers  
67 from their national journal.

68 In 2023, we call on authors to explore the different types  
69 of manuscripts our Journal accepts (Table 1) and to increase  
70 submissions that improve communication and discussion of  
71 relevant topics as well as of published articles; accord-  
72 ingly, study protocols, commentary pieces, letters to the  
73 editor, research letters, snapshots, and images in Cardiol-  
74 ogy (these last two will substitute case reports, which are no  
75 longer being accepted) will be welcome. Another important  
76 type of article is the current perspective, with reports on  
77 issues of general interest, such as political aspects affecting

78 the profession, health economics, inequality un healthcare,  
79 national health care systems and other issues in cardiology  
80 advocacy.

81 Other interesting ideas for the near future will be “press  
82 releases” of the most impactful articles and podcasts in  
83 which guest authors, reviewers, top clinicians, scientists are  
84 interviewed to discuss their research and/or comment on  
85 selected articles that cannot be used for reading.

86 High quality original articles will also play a major role  
87 (conventional publication, ahead of print, and fast track for  
88 selected original article submissions) and the digital atten-  
89 tion received by the articles is assessed using multiple online  
90 sources, employing PlumX metrics.

91 We are committed to publishing relevant, accurate and  
92 state-of-the-art articles and adhere to the highest ethical  
93 and editorial principles. The PJC subscribes to the rec-  
94 ommendations of the International Committee of Medical  
95 Journal Editors (ICMJE) for the conduct, reporting, editing  
96 and publication of scholarly work in biomedical journals.  
97 The Journal is also a registered member of the Committee  
98 on Publication Ethics (COPE) and follows the Committee’s

**Table 1** Article types accepted by Portuguese Journal of Cardiology in 2023.

Article type	Abstract	Keywords	Main text structure	Max. words	Tables/figures	References
Original Article	Max. 250 words; structured (Introduction and Objectives, Methods, Results and Conclusion(s))	3-10	Introduction; Objectives; Methods; Results; Discussion; Conclusion(s); Learning points/Take home messages; Acknowledgments, if any; References; Central figure, figure legends	4000+100 (learning points)	Total up to 10	up to 50
Review Article	Max. 250 words; unstructured	3-10	Introduction; thematic sections at the discretion of the authors; Conclusion(s); Acknowledgments, if any; References; and figure legends, if any	5000	Total up to 15	up to 75
Systematic Review with or without Meta-analysis	Max. 300 words; Structured	3-10	Introduction, Methods, Results, Discussion and Conclusion(s); Acknowledgments, if any; References; and figure legends, if any (PRISMA)	4000	Total up to 6	Up to 100
Images in Cardiology	None	None	Unstructured	250	Up to 2 figures; no tables	Up to 5
Editorial	None	None	Unstructured	1000	1 table, 1 figure+photo of the author	Up to 20
Comment	None	None	Unstructured	600	Up to 2 figures; no tables	Up to 5
Letter to the Editor	None	None	Unstructured	600	Up to 2 figures; no tables	Up to 5
Guidelines	Max. 350 words; unstructured	3-10	Introduction; thematic sections at the discretion of the authors; Conclusion(s); Acknowledgments, if any; References; and figure legends, if any	4000	Total up to 6	Up to 100
Current Perspectives	None	3-6	Unstructured	1200	Up to 2	Up to 10
Observational or Research Letter	None	3-6	Unstructured	600	Up to 2	Up to 6
Study Protocols	Max. 300 words; Structured	3-10	PRISMA-P or SPIRIT	4000	Up to 3	Up to 30

99 guidelines. Our Journal also meets open science require-  
100 ments and is aligned with the strong demand from funding  
101 agencies. The PJC is an open access journal that does not  
102 charge article processing fees. It is compliant with Plan S,  
103 the mandate for open access publishing laid out by Coalition  
104 S, a large group of governmental and philanthropic funders.  
105 Authors whose research is supported by these agencies need  
106 to commit to publishing their paper in open access journals.

107 However, our aim is not only the publication of good  
108 material and the increase in the Journal's impact factor  
109 but also, we are striving to further strengthen the links  
110 between editors, authors, reviewers, and readers through  
111 a series of coordinated and diverse actions and activities.  
112 These include the organization of webinars and meetings

to discuss articles, an active presence on social media and  
participation in congresses around the world.

### Conflicts of interest

The authors have no conflicts of interest to declare.

### References

1. Donato H, Cardim N. Open letter to our reviewers: justice is needed! *Rev Port Cardiol.* 2021;40:1-3.
2. Donato H, Cardim N. The impact factor addiction: facts and fiction. *Rev Port Cardiol.* 2020;39:361-4.

- 121 3. Crea F. Impact factor of the European heart journal: update,  
122 interpretation, and perspectives. *Eur Heart J.* 2021;42:3214–5. 130
- 123 4. Maillard A, Delory T. Blockbuster effect of COVID-19 on the 131  
124 impact factor of infectious disease journals. *Clin Microbiol Infect.* 132  
125 2022, <http://dx.doi.org/10.1016/j.cmi.2022.08.011> [in press].
- 126 5. Gouveia MR, Ascensão RM, Fiorentino F, et al. Current costs of 133  
127 heart failure in Portugal and expected increases due to popula- 134  
128 tion aging. *Rev Port Cardiol.* 2020;39:3–11. 135
- 129 6. Coelho SG, Almeida AG. Marfan syndrome revisited: from genet- 136  
ics to the clinic. *Rev Port Cardiol.* 2020;39:215–26. 137
7. Cekirdekci EI, Bugan B. Whole blood viscosity in microvascular 138  
angina and coronary artery disease: significance and utility. *Rev  
Port Cardiol.* 2020;39:17–23.
8. Guiomar N, Vaz-da-Silva M, Mbala D, et al. Cardiac surgery in  
infective endocarditis and predictors of in-hospital mortality. *Rev  
Port Cardiol.* 2020;39:137–49.
9. Tascanov MB, Tanriverdi Z, Gungoren F, et al. Relationships  
between paroxysmal atrial fibrillation, total oxidant status, and  
DNA damage. *Rev Port Cardiol.* 2021;40:5–10.

UNCORRECTED PROOF