



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?

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The Portuguese Journal of Cardiology's (RPC) impact factor (IF) for the year 2021 was 1.651, 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 the benefits to which they are entitled (in an editorial published in 2021¹). And finally, we obviously thank the *authors* who choose the RPC to publish their work (Figure 2).¹⁻³

However, although at first sight the impact factor (IF) figures (Figure 1) 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 increased their IF.⁴ Second, the relative position of our Journal among the Cardiac and 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 136/142 last year. Improving our position in the ranking and changing 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 MFPF. Current costs of heart failure in Portugal and expected increases due to population aging. *Rev Port Cardiol.* 2020;39:3–11.⁵
- 10 citations: Coelho SG, Almeida AG. Marfan syndrome revisited: from genetics to the clinic. *Rev Port Cardiol.* 2020;39:215–26.⁶
- 9 citations: Cekirdekci EI, Bugan B. Whole blood viscosity in microvascular angina and coronary artery disease: significance and utility. *Rev Port Cardiol.* 2020;39:17–23.⁷
- 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;39:137–49.⁸

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YEAR	IMPACT FACTOR
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

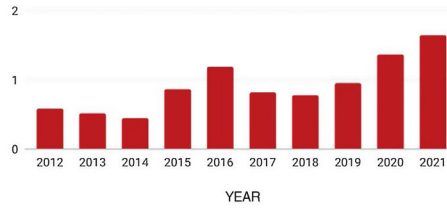


Figure 1 The Portuguese Journal of Cardiology impact factor over time.

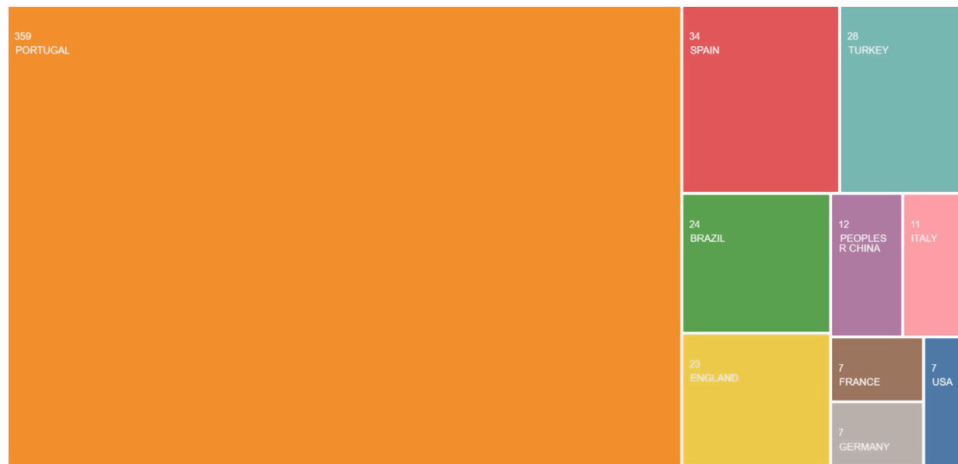


Figure 2 Origin (countries/regions) with more articles published in RPC.

- 7 citations: Tascanov MB, Tanriverdi Z, Gungoren F, Besli F, Erkus ME, Altiparmak IH, Gonel A, Koyuncu I, Demirbag R. Relationships between paroxysmal atrial fibrillation, total oxidant status, and DNA damage. *Rev Port Cardiol.* 2021;40:5–10.⁹

As it is widely known, the major determinant of the IF is the number of citations for papers published in the two previous years. In recent research we have noticed that many prestigious high IF international journals have cited articles published in our journal; unfortunately, the opposite is not often true, as Portuguese cardiologists publishing in international journals often ignore the RPC and forget to cite papers from their national journal.

In 2023, we call on authors to explore the different types of manuscripts our Journal accepts (Table 1) and to increase submissions that improve communication and discussion of relevant topics as well as of published articles; accordingly, study protocols, commentary pieces, letters to the editor, research letters, snapshots, and images in Cardiology (these last two will substitute case reports, which are no longer

being accepted) will be welcome. Another important type of article is the current perspective, with reports on issues of general interest, such as political aspects affecting the profession, health economics, inequality in healthcare, national health care systems and other issues in cardiology advocacy.

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

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

We are committed to publishing relevant, accurate and state-of-the-art articles and adhere to the highest ethical and editorial principles. The RPC subscribes to the recommendations of the International Committee of Medical Journal Editors for the conduct, reporting, editing and

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

publication of scholarly work in biomedical journals. The Journal is also a registered member of the Committee on Publication Ethics and follows the Committee's guidelines. Our Journal also meets open science requirements and is aligned with the strong demand from funding agencies. The RPC is an open access journal that does not charge article processing fees. It is compliant with Plan S, the mandate for open access publishing laid out by Coalition S, a large group of governmental and philanthropic funders. Authors whose research is supported by these agencies need to commit to publishing their paper in open access journals.

However, our aim is not only the publication of good material and the increase in the Journal's impact factor but also, we are striving to further strengthen the links between editors, authors, reviewers, and readers

through a series of coordinated and diverse actions and activities. 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.

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