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## Journal of MULTIPLE SCLEROSIS Research



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Online Yayınlanma Tarihi/Online Publication Date: Aralık 2021/December 2021

E-ISSN: 2791-7851

Üç ayda bir yayımlanan süreli yayındır. International scientific journal published quarterly.

## Journal of MULTIPLE SCLEROSIS Research



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Technical and other assistance should be provided on the title page.

Preparation of research articles, systematic reviews, and metaanalyses must comply with study design guidelines:

CONSORT statement for randomized controlled trials (Moher D, Schultz KF, Altman D, for the CONSORT Group. The CONSORT statement revised recommendations for improving the quality of reports of parallel-group randomized trials. JAMA 2001;285:1987-1991) (http://www.consort-statement.org/);

PRISMA statement of preferred reporting items for systematic reviews and meta-analyses (Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 2009;6(7):e1000097.) (http://www.prisma-statement.org/);

STARD checklist for the reporting of studies of diagnostic accuracy (Bossuyt PM, Reitsma JB, Bruns DE, Gatsonis CA, Glasziou PP, Irwig LM, et al., for the STARD Group. Toward complete and accurate reporting of studies of diagnostic accuracy: the STARD initiative. Ann Intern Med 2003;138:40-44.) (http://www.stard-statement.org/);

STROBE statement, a checklist of items that should be included in reports of observational studies (http://www.strobe-statement.org/);

Meta-analysis of observational Studies in Epidemiology (MOOSE) guidelines for meta-analysis and systemic reviews of observational studies (Stroup DF, Berlin JA, Morton SC, et al. Meta-analysis of observational studies in epidemiology: a proposal for reporting MOOSE group. JAMA 2000;283:2008-2012).

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Results: Important findings and results should be provided here.

**Conclusion:** The study's new and important findings should be highlighted and interpreted.

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The results of the research are reported.

The researchers interpret their results and discuss possible implications.

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Case Presentation: describes the case in detail, including the initial diagnosis and outcome

**Discussion:** should include a brief review of the relevant literature and how the presented case furthers our understanding to the disease process

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https://www.nlm.nih.gov/bsd/uniform\_requirements.html

#### Examples of References

#### 1. List All Authors

Bonanni E, Tognoni G, Maestri M, Salvati N, Fabbrini M, Borghetti D, DiCoscio E, Choub A, Sposito R, Pagni C, Iudice A, Murri L.



Sleep disturbancesin elderly subjects: an epidemiological survey in an Italian district. ActaNeurol Scand 2010;122:389-397.

#### 2. Organization as Author

American Geriatrics Society 2015 Updated Beers Criteria Expert panel. American geriatrics society 2015 updated Beer criteria for potentially inappropriate medication use in older adults. J Am Geriatr Soc 2015;63: 2227-2246.

#### 3. Complete Book

Ham RJ, Sloane PD, Warshaw GA, Potter JF, Flaherty E. Ham's primary care geriatrics : a case-based approach, 6th ed. Philadelphia, Elsevier/Saunders, 2014.

#### 4. Chapter in Book

BG Katzung. Special Aspects of Geriatric Pharmacology, In:Bertram G. Katzung,Susan B. Masters, Anthony J. Trevor (Eds). Basic and Clinical Pharmacology. 10th edition, Lange, Mc Graw Hill, USA 2007, pp 983-90.

#### 5. Abstract

Reichenbach S, Dieppe P, Nuesch E, Williams S, Villiger PM, Juni P. Association of bone attrition with knee pain, stiffness and disability; a cross sectional study. Ann Rheum Dis 2011;70:293-8. (abstract).

#### 6. Letter to the Editor

Rovner B. The Role of the Annals of Geriatric Medicine and Research as a Platform for Validating Smart Healthcare Devices for Older Adults. Ann Geriatr. 2017;21:215-216.

#### 7. Supplement

Garfinkel D. The tsunami in 21st century healthcare: The agerelated vicious circle of co-morbidity - multiple symptoms - overdiagnosis - over treatment - polypharmacy [abstract]. J Nutr Health Aging 2013;17(Suppl 1):224-227.

#### Tables, Graphics, Figures, and Images

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