2018 WRITERS' GUIDELINES FOR *BRAIN & LIFE*

Brain & Life delivers accurate, relevant information on a wide variety of neurologic diseases. Stories are written in a conversational, consumer-friendly tone for people with neurologic conditions and their family members and caregivers. Our stories are supported by quotes from respected experts and evidence from reliable studies. To ensure writers meet these standards, we provide the following guidelines:

Article Requirements

Interview and use quotes from **at least two sources**, even for a short article or an item in Healthy Living.

Use neurologists who are members of the American Academy of Neurology as much as possible, and **always** vet sources (a quick Google search should raise any red flags). Ask if the source is also a Fellow of the American Academy of Neurology. If so, please add the designation FAAN to his or her title.

Cite the **most recent studies (within the last five years)**, preferably double-blind, randomized, placebo-controlled trials with a meaningful number of participants, or provide context for why you are citing studies that don't meet those standards (eg, old research may be considered classic or seminal; if it's a small study, provide a caveat). Be sure to include the name of the publication, the year, and any relevant details.

Use **primary literature sources**. For instance, if an article from *The New York Times* about research published in the *New England Journal of Medicine* is cited, the original journal article should be read and cited as well.

Include information about **upcoming clinical trials** whenever possible. If there is a clinical trial that relates to a neurologic condition you are covering in a story, please include a sidebar with info on how to participate.

Record your interviews or at least make sure you take extensive notes and save the **backup**.

Send **quotes** and relevant **facts** to your interview sources to have them **checked** for factual accuracy (not for style).

Request that all patient sources go on record with their stories. **Pseudonymous sources are not allowed**.

Editorial Style

Avoid medical jargon ("patient presents," "onset of symptoms," etc) as much as possible (always explaining the term in lay language, if it must be used), and use acronyms and abbreviations sparingly (always spell out on first reference, if they must be used).

Use "neurologic" not "neurological." Per the AAN style, we use the adjective neurologic instead of neurological.

List degrees and titles on first mention, rather than just "Dr. X of such and such an institution." Write all ID credentials (MD, PhD, MPH) without periods. After the first mention, you can use "Dr. X." (Example: Orly Avitzur, MD, MBA, FAAN, is a neurologist in private practice in Tarrytown, NY, and the Editor-in-chief of *Neurology Now*. Dr. Avitzur says…)

Be sure to note if a source is a **Fellow of the American Academy of Neurology**, with the abbreviation FAAN.

Use **generic names** for drugs and include the brand name in parentheses on first mention (if the brand name is quoted by a patient source, include the generic name in brackets).

Use "**an endowed professorship**" for sources who hold distinguished professorships, instead of the name of the professorship.

Use the **active voice** as much as possible and attribute quotes in the **present tense** (eg, "Dr. X says…").

Avoid phrases such as "**patients suffer from**" or "**struggle with**" X condition or "**suffered an**" X injury. Instead, use "**people have**" or "**live with**" or "**sustained**" or "**experienced**" X condition/disorder/illness/syndrome/injury.

Avoid phrases such as "people with X condition **complain of**" X symptom. Instead, use "people with X condition **report**," "**experience**," or "**have**" X symptom.

Use the phrase "**people with MS/X condition**" or "**people who have X condition**" rather than "MS/X condition patients," unless quoted by a doctor.

Do not identify people by their condition (eg, diabetics, schizophrenics, brain-damaged, demented, depressives). Rephrase as "have diabetes/schizophrenia/dementia" "sustained a brain injury" "live with depression," etc.

Include the most important findings only, when reporting statistics, and only those that pertain to the major study results or those that outside commentators have noted as being important. (More detailed statistics could always be submitted as a sidebar/text box to the main story.)

Don't name every test used for clinical trials. Refer generically to clinical tests (eg, neuropsychological tests, memory tests, etc.) unless the type of test (say, for example, the Mini-Mental Status Exam for cognition or the NIH Stroke Scale for stroke-related disability) is critical to understanding the outcomes of the study, or is the focus of commentary (eg, the type of test might be a factor in interpreting the results).

If it is important to mention a specific test**, describe what that test measures and what the scores mean**. (Example: The patients scored 0-2 on the Expanded Disability Status Scale, where 0 means no disability and 2 means moderate disability.)

If there is strong disagreement with a study author's conclusions—or between commentators—please show contributing sources the others' quotes so each has the opportunity to respond to the criticism or comments.

Submitting Articles

Please submit articles by email to Mary Bolster at **mary.bolster@WoltersKluwer.com**.

Please include **contact information for all the people mentioned** in each article.

Please **see our Writer's Agreement** for additional information.

Word Length/Payment

Brain & Life uses freelance writers to write features and articles for departments, which include Caregiving, Take Charge, Treatment, Disorders, Research, and Healthy Living. **Stories range in length from 500 to 1,500 words at $0.75 cents per word**.

Payment is on acceptance. Checks are mailed from the Philadelphia office, and usually arrive within four weeks of invoicing. If you don't receive a check within six weeks, let us know so we can follow up.

Submit invoices via email after the article is officially accepted NOT upon submission—you might have to add copy. The invoice should indicate the date submitted, the title of the article, the fee, **your Social Security number** (for tax purposes), and your full contact information (mailing address and telephone number).

We expect to pay for and use all assigned articles. In **rare situations** where we consider an article to be unsalvageable because the writing is stylistically substandard or medically inaccurate, the research is deficient, or the focus didn't adhere to the agreed-upon topic assignment, we pay a **kill fee of 25 percent** of the previously agreed-upon fee for the article.

Writers will receive one complimentary copy of the issue in which their article appears**. If any of your sources would like a copy and do not subscribe to *Brain & Life*, send their addresses when you file your story, and we'll add them to the complimentary mailing list.**

Conflicts of Interest

When we approach you to discuss your interest in an assignment on a specific topic, please inform us up front if you are writing an article on a similar topic for another publication. We generally avoid assigning a story to a writer who is writing an article on a similar topic for a competing publication.

Writers should inform the editor of any potential or actual conflicts of interest, particularly if (1) they have been employed by, or have done freelance work for, an institution or a corporation that will be mentioned in the article, or (2) an institution or a corporation is paying them to attend a medical conference, or reimbursing their travel expenses to attend.

We do not accept articles that are “placed” by writers paid by pharmaceutical companies or other third parties. If we find out after the fact that this was the case for a writer who knew about our policy, we will no longer work with the writer.

Please list the funding sources for a study (ie, industry-sponsored, academic, or federal). We want to mention studies that are funded by the National Institutes of Health and the National Institute of Neurological Disorders and Stroke, for example.

Please ask sources, especially those involved in industry-supported research, to disclose any potential conflicts of interest (stocks/financial, advisory board tenure, etc.).