

Letters

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Who ever said size doesn't matter? The association between journal title length and impact factor

'It is when I struggle to be brief that I become obscure.'
Horace (65 BC–8 BC), *Epistles*

Just like any other young and aspiring researcher at the start of his or her career, we once dreamt of seeing our groundbreaking research published in journals like *Nature* and *Science*. As the years went by, we have had to tune down our expectations; nevertheless, our aspirations have remained.

It was in considering the fate of our articles that we came to perceive a direct relation between the length of a journal's name and its impact factor (IF). High-impact journals seem to have short and impressive names like *Cell*, *Blood*, *Gut* or *Thorax*, whereas the names of lower impact journals consist of more than one word, starting with 'journal' or 'archives'; are adorned with words like 'international' or 'clinical' and mention not only the journal's subject or subjects but also the country of origin.

We set out to analyse the relation between the length of journals' names and IFs, using the ISI *Journal Citation Reports Science Edition 2005*.

Materials, methods and results

All journals noted in the ISI *Journal Citation Reports Science Edition 2005* were considered ($n = 6088$). We excluded journals with no IF and journals whose IF was 0.000 ($n = 55$). Journal title length was calculated as the number of characters (including spaces) of the full title. Of the remaining 6033 journals, *CA—A Cancer Journal for Clinicians*—had the highest IF (49.794) and *MER—Marine Engineers Review*—the lowest (0.004). Analysis of journal title length showed a wide range (Supplementary Figure), with a median journal title length of 29 characters [inter-quartile range (IQR) 20–39]. The shortest titles consisted of only three characters [nine journals, median IF 0.637 (range 0.010–7.692)]. The journal with the longest name (122 characters) was *Nuovo Cimento della Societa Italiana di Fisica B-General Physics Relativity Astronomy and Mathematical Physics and Methods*, with an IF of 0.324.

Using Spearman's rank correlation test, we found a highly significant negative association between the ranks of the journal's title length and IF ($\rho = -0.118$, $P < 0.001$). Further analysis confirmed this finding: comparing journals with a top 2% IF ranking ($n = 120$, median

IF 13.264, range 49.794–9.107) to those in the bottom 2% ($n = 120$, median IF 0.058, range 0.090–0.004), title length was shorter among the high IF journals [median 26.5 (IQR 18–32) versus 29 (IQR 19–43) characters per title, $P = 0.025$ (Mann–Whitney test)].

However, as this compares IF in a wide variety of journals, this evaluation is like comparing apples to oranges: there are many similarities but also some differences [1]. The *Journal Citation Reports Science Edition* lists a total of 171 journal categories, ranging from *Crystallography* to *Aerospace engineering*. We compiled a list of journal categories related to medicine and set out to compare title length of journals in the quintile with the highest IF to those in the lowest IF quintile per category. Journal categories had to contain a sufficient number of journals to allow for a reasonable statistical analysis (limit arbitrarily set at eight journals per quintile; 30 categories included).

Seven categories showed a significant difference in journal title length (Supplementary Table); in five of these categories the median journal title was shorter in the high IF quintile. Finally, when we compared all journals in the top IF quintiles of the selected 30 categories ($n = 551$) with the journals from the low quintiles ($n = 551$), title length was significantly shorter in the high impact journals ($P < 0.001$).

Comment

Our analysis shows that size does matter: higher impact journals do have shorter titles. Even though there is much debate on the value of IFs, they are still widely used to evaluate research and researchers [2]. As a rule of thumb, one should pick short-titled journals for publications, as this may help to survive in the growing battle for funding.

However, as both authors work in the field of Paediatric Nephrology, and the categories *Pediatrics* and *Urology & Nephrology* are the only two categories with a significantly longer journal title in the quintile with the highest IF, our newly developed rule of thumb does not seem practical for us. This also provides extra support for the new *Nephrology* journal *Nephrology Dialysis Transplantation PLUS*, as the long title (40 characters) would fit into the top IF quintile.

Conflict of interest statement. None declared.

Supplementary material

Supplementary material is available at *NDT Journal* online.

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1. Barone JE. Comparing apples and oranges: a randomised prospective study. *BMJ* 2000; 321: 1569–1570
2. Brown H. How impact factors changed medical publishing—and science. *BMJ* 2007; 334: 561–564

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Renal ultrasound in acute kidney injury: long-term findings

Sir,

We recently reported the long-term outcome of 187 patients surviving an acute kidney injury episode (AKI) [1]. The ultrasonographic pattern of the kidney in late follow-up after AKI has never been analysed. Since 1991, one nephrologist (MR) has performed all renal sonographies in our department [2]. We present here the long-term sonographic findings in 39 AKI patients (out of 82 still alive during follow-up) who agreed to undergo a renal sonography.

Characteristics between patients who agreed to undergo the renal sonography ($n = 39$) and those who did not ($n = 42$) were compared and no statistically significant differences were found. In the group analysed there were 26 males and 13 females (60 ± 13 years old with a mean follow-up after AKI of 11.7 ± 3.7 years). Causes of AKI as defined elsewhere [1] were nephrotoxic ($n = 17$), sepsis ($n = 5$), medical ($n = 6$) and surgical ($n = 11$). The mean glomerular filtration rate (GFR) was 85.5 ± 33.0 ml/min/1.73 m² (range 22–157). The GFR was <60 ml/min/1.73 m² in seven patients.

Renal sonography was performed using abdominal 2D ultrasound equipment with a 3.5 MHz convex transducer (ALOKA 620-SSD, Japan). The following parameters were measured: diameters (longitudinal, transverse and postero-anterior), two poles cortex and meso-kidney. All kidneys were examined for lithiasis, cysts or scars. The presence of one or two simple polar cysts in patients older than 45 years was considered normal.

Echography was normal in 35 patients (89.7%). Mean renal diameters and renal cortex thickness were measured in both kidneys. Results are shown in Tables 1 and 2. Eight patients presented two simple polar renal cysts and one an uncomplicated lithiasis.

Table 1. Renal diameters measured in both kidneys (cm)

	Longitudinal		Postero-anterior		Transverse	
	Mean	Range	Mean	Range	Mean	Range
Right kidney	10	5–11.6	4.6	3.7–6.2	4.7	3.9–6.2
Left kidney	10.5	8.1–12.7	4.8	3.7–6.3	4.8	3.7–7.5

Table 2. Renal cortex thickness measured in both kidneys (cm)

	Superior pole		Medium cortex		Inferior pole	
	Mean	Range	Mean	Range	Mean	Range
Right kidney	1.44	1–1.9	1.43	0.9–1.9	1.5	1.2–2
Left kidney	1.52	1.3–1.9	1.39	1.1–2	1.41	1–1.9

Sonography was abnormal in four patients. Findings consisted of thin and shrunken renal cortex in all of them. Renal function was normal in two (SCr 1.1 and 1.2 mg/dl) and impaired in the other two (SCr 3.6 and 2.2 mg/dl). They were all male. Aetiology of AKI was: nephrotoxicity ($n = 3$) and sepsis ($n = 1$).

The renal sonographic findings observed at the time of the ATN episode have been described [3]. However, long-term kidney sonographic studies in AKI have not been carried out previously. With the involvement of the tubulo-interstitial structures, we could expect a higher incidence of ultrasonographic changes in the long-term evolution of these patients. However, ~11 years after the AKI episode, we found neither major changes in normal morphology of the kidneys nor a higher incidence of cysts than those observed in the normal population [3–4].

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1. Liano F, Felipe C, Tenorio MT *et al.* Long-term outcome of acute tubular necrosis: a contribution to its natural history. *Kidney Int* 2007; 71(7): 679–686
2. Rivera M, Ortuno J. Ultrasonography in nephrology. *Am J Kidney Dis* 1998; 32(4): 703
3. O’Neill WCH. Sonographic evaluation of renal failure. *Am J Kidney Dis* 2000; 35(6): 1021–1038
4. Brandt TD, Neiman HL, Dragowski MJ *et al.* Ultrasound assessment of normal renal dimensions. *J Ultrasound Med* 1982; 1(2): 49–52

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