

PHARMACOTHERAPY

Abstract Format - Clinical Research Articles

Please keep in mind as you revise your manuscript that all Clinical Research Articles that appear in **Pharmacotherapy** are required to possess structured abstracts that conform to the **Annals of Internal Medicine** structured abstract format (Ann Intern Med 1987;106:598-604). Itemized below are the essential elements of this abstract format:

1. *Study Objective*. The abstract begins with a clear and concise statement of the precise objective or question put forth in the study.
2. *Design*. Describe the basic study design and the duration of follow-up, if any.
3. *Setting*. Describe the study location and level of clinical care.
4. *Patients or Participants*. State the manner of selection and numbers of patients or participants who were enrolled and completed the study.
5. *Interventions*. Describe the exact treatment or intervention, if any.
6. *Measurements and Main Results*. Describe the methods of assessing patients and state the key results.
7. *Conclusions*. State clearly the study conclusions and clinical applications that are supported by the data, and advise if additional study is needed before this information should be used in clinical settings.

The following is an example of this structured abstract format:

Study Objective: To determine the efficacy of weekly pulse methotrexate in refractory rheumatoid arthritis.

Design: Randomized, double-blind, placebo-controlled, crossover trial with 13-week treatment periods.

Setting: Referral-based rheumatology clinics at two army medical centers.

Patients: Sequential sample of 15 patients with active definite or classical rheumatoid arthritis and previous treatment failure. Twelve patients (80%) completed the study; 1 patient removed because of drug toxicity (pancytopenia).

Interventions: Nonsteroidal antiinflammatory drugs and prednisone were continued. Methotrexate 5 mg intramuscular test dose was given at week 1, increased in 5-mg steps to a maximum of 25 mg/wk if clinically needed.

Intramuscular saline placebo given in control periods.

Measurements and Main Results: The following results (statistically significant findings, $p < 0.05$) were in favor of methotrexate compared with placebo: number of swollen joints 6.9 (5.2, SD) with methotrexate and 19.4 (12.1) with placebo; number of tender joints 12.6 (14.2) and 26.2 (17.0); minutes of morning stiffness 78 (117.8) and 242 (131.6); joint pain (scale 0-10) 1.1 (2.1) and 4.8 (3.1); 50-foot walk (seconds) 16.1 (10.0) and 23.1 (16.3). Laboratory tests showing differences ($p < 0.05$) favoring methotrexate included erythrocyte sedimentation rate and IgG. Other tests of physical and laboratory function, including immunologic tests, did not show important differences.

Conclusions: Weekly pulse methotrexate results in improvement of multiple measures of disease activity in refractory rheumatoid arthritis. The mechanism of methotrexate action is uncertain with little evidence of short-term cellular immune suppression. Larger and longer trials are needed to assess the safety of methotrexate for refractory rheumatoid arthritis.