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EDITORIAL

Another year of change, growing impact and widening readership



Welcome to a new year of Sleep Medicine Reviews and to what I hope will be a year of continued interesting and informative reading for our readers!

Last year, 2018, was a year of major transitions for the Journal. 2018 saw the retirement of my fellow founding editor-in-chief, Professor Jean Krieger, the assumption of the role of sole editor-in-chief by myself, and publication of twice the number of reviews than in preceding years. This large increase in publication rate was a temporary one, necessary to clear a backlog of accepted manuscripts and allow for the full transition beginning with this volume, SMR 43, of the Journal to article-based publishing (ABP). ABP enables a journal article to be published as soon as it is ready, and to appear in a “Volume-in-Progress,” complete with final, citable pagination. This change greatly benefits our authors, with a reduction of about 15 weeks in average publication times for a paginated article and provides our readers with rapid access to complete citations of SMR reviews. This shift to ABP will allow SMR further flexibility by being able to have multiple Volumes-in-Progress, with each new volume starting on page 1. Finally, beginning with the current volume, SMR will return to publishing between 10 and 12 reviews per volume. We trust that the members of the SMR family will find these changes beneficial.

Now that I have brought you up to speed on this significant change in SMR publication structure, let me turn to a review of SMR 2018 activity and then cast an eye towards 2019 as the Journal continues its mission. As mentioned above, 2018 saw the publication of SMR's backlog of reviews accepted under the old pre-ABP publication system, with a total of 103 reviews published instead of the typical annual total of approximately 60 reviews. SMR 2018 provided you with 79 clinical, 17 theoretical, 5 physiological and 2 technical reviews and several letters to the editor and their corresponding replies. This included seven paired guest editorials and reviews focused on a variety of interesting and important topics, specifically: anesthesia and circadian rhythms; cognitive behavioral therapy for insomnia efficacy and placebos; sleep and brain plasticity; sleep disturbance as a risk factor for dementia; short sleep, and hypoglycemia in pregnancy; insomnia and hypertension; and, sleep and climate change.

2018 was another outstanding year for SMR, as the Journal continues to demonstrate its continued pattern of significant impact on the field. SMR's Thompson Reuters Science Citation Index (SCI) Journal Citation Reports Impact Factor (IF), impressively rose from 8.958 for 2016 to 10.602 for 2017, the highest IF in the Journal's history. Further, SMR's five-year IF, arguably a more stable indicator of SMR's influence on the field, also rose from 9.619 for 2016 to another all-time high of 10.342 for 2017. Fig. 1 tracks SMR's IFs and five-year IFs over the last decade. As can be seen both SMR's

IF and five -year IF have risen steadily with the rise in the five-year IF being smoother based on the measures longer time window. Another indicator of SMR's continued growing influence on the field is its SCI Immediacy Index, a measure of how rapidly published articles are cited, which also rose substantially from 2.367 for 2016 to 3.867 for 2017. Putting these rather abstract numbers into a real-world context; based on its 2017 Impact Factor, SMR ranked 7th out of the 261 journals in the SCI Clinical Neurology category and 14th out of the 261 journals in the SCI Neurosciences category, marginally improving on its 2016 rankings; 8th in Clinical Neurology and 16th in Neurosciences. Based on its Immediacy Index, SMR's within category rankings took a huge jump in the rapidity with which SMR reviews are cited from 2016 to 2017; going from 12th to 6th in Neurosciences and 16th to 8th in Clinical Neurology. These data clearly demonstrate that SMR continues to be very well regarded and publishes reviews that are considered valuable, timely and that are highly and rapidly citable.

I also want to note the Journal's status as measured by another publication metric, Elsevier's “CiteScore”, which is calculated by dividing the number of citations per year (e.g.; 2016) to the total number of documents that journal published in the previous three years (e.g.; 2013–2015) by that total number of documents. See Fig. 1 for a plot of SMR's CiteScore since its inception in 2013. SMR's 2017 CiteScore is 7.98, making SMR the 1st of 132 journals in the Pulmonary and Respiratory Medicine category and 4th of 336 journals in the Clinical Neurology category. This compares to SMR's previous, 2016 CiteScore, which was 6.03 and which gave SMR the rank of 1st of 120 journals in the Pulmonary and

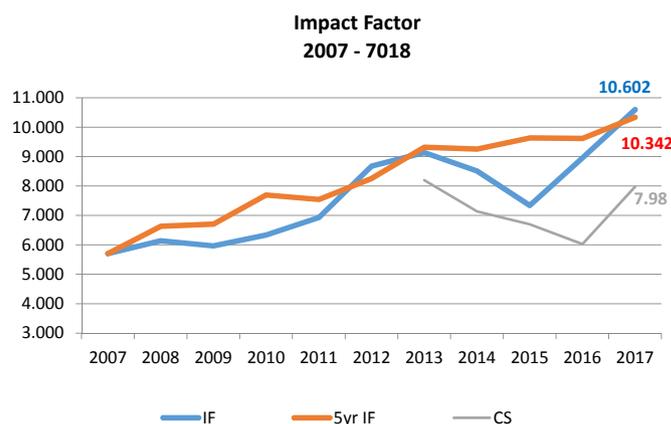


Fig. 1. Sleep Medicine Reviews' annual and five-year Impact Factors 2007–2017 and Cite Score 2013–2017.

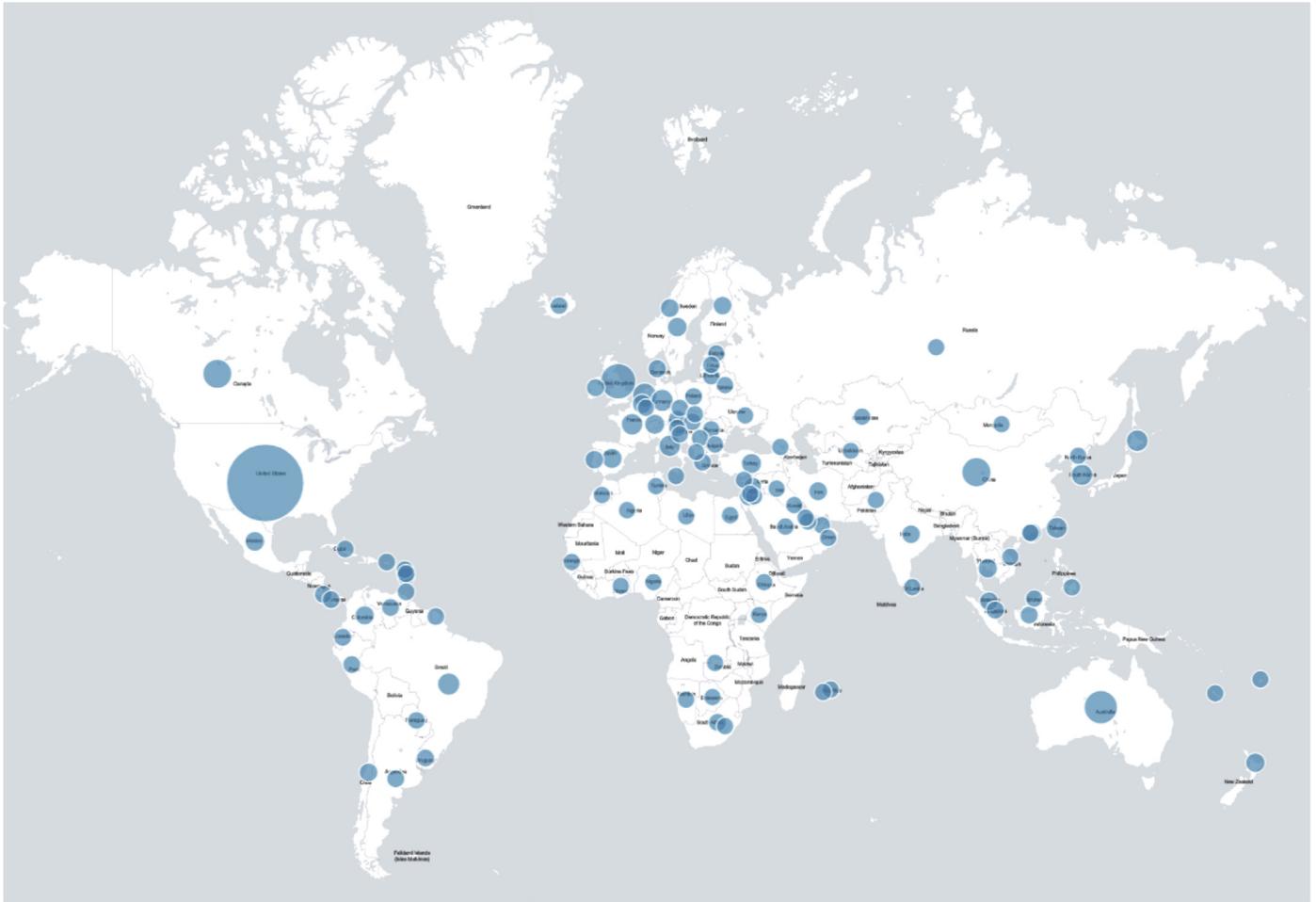


Fig. 2. Sleep Medicine Reviews' world-wide usage: size of balls indicates the number of downloaded full-text articles from ScienceDirect over last 5 years.

Respiratory Medicine and 8th of 322 journals in the Clinical Neurology categories.

Finally, 2018 was another year in the growth of the readership of the Journal. In 2017 SMR saw an average of 28,024 full text downloads from ScienceDirect per month which grew by a respectable 10 percent to 30,916 full text downloads per month in 2018. I am also delighted to note that SMR's readership is not only large and growing but world-wide. Fig. 2 presents the proportions of SMR readership (document downloads) by country. I am pleased to see that SMR is read on every continent but Antarctica! While the top five countries by readership are; the United States, the United Kingdom, Australia, China and Canada, it was a delight to learn that SMR also has readers in Fiji, Mauritius, and Trinidad and Tobago.

It is gratifying to see, once again that SMR remains true to its mission of reaching its target audiences; practitioners of sleep medicine and academic sleep and circadian rhythm researchers, providing them with relevant, important, state-of-the-art information. SMR could not continue its success without the efforts of many.

I wish to thank our readers for their continued support of the Journal, as without their ongoing interest our efforts would come to naught. I thank our authors for their continued high-quality

contributions, our Editorial Board and ad hoc peer reviewers who ensure the Journal's high standards and the editorial and production staff at Elsevier for their outstanding support of the Journal.

I continue to welcome your suggestions for review topics that you would like to see addressed in SMR, and to offer your comments and opinions on anything that appears in the Journal. Such contributions will be published at my discretion. Please email any suggestions, comments or opinions to me at vitiello@u.washington.edu.

As always, I close wishing you all timely, informative and thought-provoking reading, and continued success in your clinical and research efforts.

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