OBSTETRICS & GYNECOLOGY

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- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

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Date: Jun 10, 2022
To: "Isabelle Malhamé" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-913

RE: Manuscript Number ONG-22-913

Serotonin Syndrome following treatment of nausea and vomiting in pregnancy: A case report

Dear Dr. Malhamé:

Thank you for sending us your work for consideration for publication in Obstetrics & Gynecology. Your manuscript has been reviewed by the Editorial Board and by special expert referees. The Editors would like to invite you to submit a revised version for further consideration.

If you wish to revise your manuscript, please read the following comments submitted by the reviewers and Editors. Each point raised requires a response, by either revising your manuscript or making a clear argument as to why no revision is needed in the cover letter.

To facilitate our review, we prefer that the cover letter you submit with your revised manuscript include each reviewer and Editor comment below, followed by your response. That is, a point-by-point response is required to each of the EDITOR COMMENTS (if applicable), REVIEWER COMMENTS, STATISTICAL EDITOR COMMENTS (if applicable), and EDITORIAL OFFICE COMMENTS below. Your manuscript will be returned to you if a point-by-point response to each of these sections is not included.

The revised manuscript should indicate the position of all changes made. Please use the "track changes" feature in your document (do not use strikethrough or underline formatting).

Your submission will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Jul 01, 2022, we will assume you wish to withdraw the manuscript from further consideration.

EDITOR COMMENTS:

1. Thank you for submitting this case report to Obstetrics and Gynecology. If you opt to submit a revision, please focus on serotonin syndrome as I believe that is what you think the diagnosis was in this case. It would be fine to briefly mention neuroleptic malignant syndrome as part of the differential but the focus on this is confusing since it was not the presumed diagnosis in this case.

2. Please avoid a claim of primacy (eg. this is the first case of....).

3. Remove the patient perspective of the series of events in the discussion. The additional word count can then be used to better articulate the pathophysiology of this syndrome and address the reviewers' comments.

REVIEWER COMMENTS:

Reviewer #1:

I applaud the authors for this case presentation. The complexity of our obstetrical patients requires increasing clinician awareness of maintenance medication and potential drug interactions when pharmacologic interventions are prescribed.

The following areas require further consideration in the manuscript.

Awareness and recognition are the first steps to prevention. What other specific interventions or best practices are recommended by the authors.
Should EMR 's contain alerts for clinicians.

How should poly-pharmacology be avoided when managing hyperemesis.

Neuromodulators and anti-emetics can also prolong QT and trigger arrhythmias. This should also be included in this discussion since arrhythmia may be an additional complication from drug interaction.

With regard to treatment, acetaminophen alone which modulates the hypothalamus will not lower fever in these patients. Intubation and muscle relaxing agents have been required in extreme cases.

For Table I, biologic ranges for each parameter should be included

Reviewer #2:

The authors present an apparent case of serotonin syndrome in pregnancy following treatment for nausea and vomiting of pregnancy.
Abstract: Although the title of this report refers to serotonin syndrome the abstract conclusion refers to both SS and neuroleptic malignant syndrome.
Introduction: Authors contend this is the first report of SS due to nausea and vomiting in pregnancy. Brief review found several case reports and reviews of SS in pregnancy. While the cause of SS in this case report may be first reported, several other case reports exist that have presented cases of SS in pregnancy.
Heisy B Asusta, MC, USAF, Erin Keyser, MC, USA, Patricia Dominguez, MC, USA, Marvin Miller, DO, Tolulope Odedokun, Serotonin Syndrome in Obstetrics: A Case Report and Review of Management, Military Medicine, Volume 184, Issue 1-2, January-February 2019, Pages e284-e286, https://doi.org/10.1093/milmed/usy135
Hammond B, Straube L, Cobb B. Expectant management of a parturient with serotonin syndrome: A case report. Obstetric Medicine. 2022;15(1):62-64. doi:10.1177/1753495X20971155
Roth CK, Hering SL, Campos S. Serotonin Syndrome in Pregnancy. Nurs Womens Health. 2015 Aug-Sep;19(4):345-9. doi: 10.1111/1751-486X.12220. PMID: 26264799.
Case: The authors briefly mention that the patient in this case is COVID positive. The authors should be aware of and report the impact of COVID-19 on serotonin particularly in the discussion.
Keith P, Saint-Jour M, Pusey F, Hodges J, Jalali F, Scott LK. Unprovoked serotonin syndrome-like presentation of SARS-CoV-2 infection: A small case series. SAGE Open Medical Case Reports. January 2021. doi:10.1177/2050313X211032089
Nagamine T. Beware of serotonin syndrome during the COVID-19 pandemic. Australian & New Zealand Journal of Psychiatry. April 2022. doi:10.1177/00048674221090175 & others
From the case and the discussion it is not clear if the authors are certain whether the patient had SS or NMS.
Table 1 is not useful, particularly with out reference ranges. Please highlight what might be seen if anything with SS and NMS regarding lab abnormalities.
Table 2 Consider a table of more exhaustive list or groups of medications that can precipitate SS/NMS.

EDITORIAL OFFICE COMMENTS:

1. If your article is accepted, the journal will publish a copy of this revision letter and your point-by-point responses as supplemental digital content to the published article online. You may opt out by writing separately to the Editorial Office at em@greenjournal.org, and only the revision letter will be posted.

2. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:
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* Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
* Name the IRB or Ethics Committee institution in the Methods section (if applicable).
* Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

3. Obstetrics & Gynecology's Copyright Transfer Agreement (CTA) must be completed by all authors. When you uploaded your manuscript, each coauthor received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please ask your coauthor(s) to complete this form, and confirm the disclosures listed in their CTA are included on the manuscript's title page. If they did not receive the email, they should check their spam/junk folder.

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4. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "Patients with obesity" instead of "obese patients," "Women with disabilities" instead of "disabled women," "women with HIV" instead of "HIV-positive women," "women who are blind" instead of "blind women."

5. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions and the gynecology data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

6. Make sure your manuscript meets the following word limit. The word limit includes the manuscript body text only (for example, the Introduction through the Discussion in Original Research manuscripts), and excludes the title page, précis, abstract, tables, boxes, and figure legends, reference list, and supplemental digital content. Figures are not included in the word count.

Case Reports: 1,500 words

7. Specific rules govern the use of acknowledgments in the journal. Please review the following guidelines and edit your title page as needed:

* All financial support of the study must be acknowledged.
* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.
* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting or indicate whether the meeting was held virtually).
* If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."
* Do not use only authors' initials in the acknowledgement or Financial Disclosure; spell out their names the way they appear in the byline.

8. Provide a short title of no more than 45 characters, including spaces, for use as a running foot. Do not start the running title with an abbreviation.

9. Provide a précis for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use

commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

10. Be sure that each statement and any data in the abstract are also stated in the body of your manuscript, tables, or figures. Statements and data that appear in the abstract must also appear in the body text for consistency. Make sure there are no inconsistencies between the abstract and the manuscript, and that the abstract has a clear conclusion statement based on the results found in the manuscript.

In addition, the abstract length should follow journal guidelines. Please provide a word count.

Case Reports: 125 words

11. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com /ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

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14. Line 56: Your manuscript contains a priority claim, which means you state your study is the first of its kind or the largest study to date. We discourage such claims, since they are often difficult to prove. If this is based on a systematic search of the literature, that search should be described in the text (search engine name, search terms, date range of search, and languages encompassed by the search). If it is not based on a systematic search but only on your level of awareness, please delete or rephrase this statement.

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Please make sure your references are numbered in order of appearance in the text.

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If you submit a revision, we will assume that it has been developed in consultation with your coauthors and that each author has given approval to the final form of the revision.

Again, your manuscript will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Jul 01, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Torri D. Metz, MD
Associate Editor, Obstetrics

2020 IMPACT FACTOR: 7.661
2020 IMPACT FACTOR RANKING: 3rd out of 83 ob/gyn journals

Centre universitaire de santé McGill

McGill University Health Centre

Montreal,

June 20th, 2022

Dr. Jason D. Wright

Editor-in-Chief, *Obstetrics and Gynecology*

Dear Dr. Wright,

We appreciate the thorough and insightful review of our manuscript “Serotonin Syndrome following treatment of nausea and vomiting in pregnancy: A case report”, which has improved the clinical relevance and overall quality of our manuscript. We have carefully considered all comments made by the editorial team and revised the manuscript accordingly. Please find attached our point-by-point response. If any further clarifications are required, we are happy to do so.

Written patient consent for publication has been obtained. The current paper is not under consideration elsewhere. None of the paper’s contents have previously been published. All authors have read and approved the final version of the manuscript. The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained. I, AUTHOR, have reviewed and edited the submission to omit any identifying information. I hereby submit this self-blinded manuscript for consideration in Obstetrics & Gynecology.

Respectfully,

Isabelle Malhamé MD MSc FRCPC
Assistant Professor of Medicine
Department of Medicine, McGill University Health Centre
1001, boul. Décarie, D05.5839.3
Montréal, Québec, CANADA, H4A 3J1
[redacted]

RE: Manuscript Number ONG-22-913

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EDITOR COMMENTS:

1. Thank you for submitting this case report to Obstetrics and Gynecology. If you opt to submit a revision, please focus on serotonin syndrome as I believe that is what you think the diagnosis was in this case. It would be fine to briefly mention neuroleptic malignant syndrome as part of the differential but the focus on this is confusing since it was not the presumed diagnosis in this case.

Thank you for this suggestion. We have shifted the focus entirely on serotonin syndrome and neuroleptic malignant syndrome is now only briefly mentioned in the differential diagnosis section of the discussion.

2. Please avoid a claim of primacy (eg. this is the first case of....).

Thank you for pointing out this oversight to our attention. All claims of primacy have now been removed.

3. Remove the patient perspective of the series of events in the discussion. The additional word count can then be used to better articulate the pathophysiology of this syndrome and address the reviewers' comments.

The patient perspective paragraph has been removed and the additional word count has been used to elaborate on the pathophysiology, laboratory findings, and treatment of serotonin syndrome. On the CARE checklist, the patient perspective has been marked as available upon request.

REVIEWER COMMENTS:

Reviewer #1:

I applaud the authors for this case presentation. The complexity of our obstetrical patients requires increasing clinician awareness of maintenance medication and potential drug interactions when pharmacologic interventions are prescribed.

We would like to thank Reviewer #1 for providing us with constructive criticism, which has helped to strengthen the clinical impact of this case report and overall quality of our manuscript.

The following areas require further consideration in the manuscript.

Awareness and recognition are the first steps to prevention. What other specific interventions or best practices are recommended by the authors.
Should EMR 's contain alerts for clinicians.

Thank you for bringing these interesting discussion points to our attention. The discussion has been modified and now contains suggestions to prevent serotonin syndrome.

See page 8 paragraph 2, as well as excerpt in italics below:
"Moreover, the risk of serotonin syndrome may be further reduced by assessing each patient's predisposing risk factors for serotonin syndrome prior to prescribing (e.g., prior serotonin syndrome and concurrent medication use), favoring antihistamine-based antiemetic regimens, using the lowest effective dose of medication, avoiding other serotoninergic agents (Table 2), tapering antiemetics once symptomatic control has been achieved, consulting with a clinical pharmacist when multiple agents are required, and adopting an electronic medical record system that identifies drug interactions (4, 5)."

How should poly-pharmacology be avoided when managing hyperemesis.

Thank you for this important question. We recognize that it may be difficult to avoid polypharmacy when treating hyperemesis and current guidelines do suggest additive therapy for adequate symptomatic management. However, strategies may be adopted to minimize polypharmacy. These points have been added to the discussion.

See page 7 paragraph 4, as well as excerpt in italics below:
"Several strategies may be adopted to avoid polypharmacy, which increases the risk of drug reactions, including: optimizing the dose and frequency of each medication class prior to adding a new agent, favoring regular as opposed to as-needed-based treatment strategies to ensure maximal effectiveness of each medication class prior to escalating therapy, and, if multiple agents are necessary, tapering of antiemetics that have not been effective."

Neuromodulators and anti-emetics can also prolong QT and trigger arrhythmias. This should also be included in this discussion since arrhythmia may be an additional complication from drug interaction.

Thank you for this important remark. This point has now been added to the discussion.

See page 7 paragraph 1, as well as excerpt in italics below:
"Other side effects of antiemetic and psychotropic medications to be aware of include drowsiness, QT prolongation, and Torsades de Pointes (1)."

With regard to treatment, acetaminophen alone which modulates the hypothalamus will not lower fever in these patients. Intubation and muscle relaxing agents have been required in extreme cases.

Thank you for this astute observation. We agree that in our case, the benzodiazepine was likely more effective than the acetaminophen in decreasing the patient's temperature, and this has been added to our discussion. In addition, we have added the notions of paralysis followed by intubation to the discussion.

See pages 7 paragraph 3, as well as excerpt in italics below:
"The treatment for serotonin syndrome includes stopping the offending medication(s), supportive measures, and benzodiazepines (3, 4); severe cases may require cyproheptadine, an antihistaminergic agent that acts as a nonselective antagonist to serotonin receptors (3). In addition, if benzodiazepines are insufficient in reducing autonomic and muscular activity, paralysis followed by intubation may be required (3). Notably, antipyretics provide little benefit in serotonin syndrome as hyperthermia is not driven by the hypothalamus, but rather from increased muscular activity (4)."

For Table I, biologic ranges for each parameter should be included

Thank you for this suggestion. Reference ranges have been added to Table 1.

Reviewer #2:

The authors present an apparent case of serotonin syndrome in pregnancy following treatment for nausea and vomiting of pregnancy.

We would like to thank Reviewer #2 for their insightful suggestions, which have helped to put this case report into current context and increased the overall quality of our manuscript.

Abstract: Although the title of this report refers to serotonin syndrome the abstract conclusion refers to both SS and neuroleptic malignant syndrome.

Thank you for your remark. Neuroleptic malignant syndrome has now been removed from the abstract.

Introduction: Authors contend this is the first report of SS due to nausea and vomiting in pregnancy. Brief review found several case reports and reviews of SS in pregnancy. While the cause of SS in this case report may be first reported, several other case reports exist that have presented cases of SS in pregnancy.

Heisy B Asusta, MC, USAF, Erin Keyser, MC, USA, Patricia Dominguez, MC, USA, Marvin Miller, DO, Tolulope Odedokun, Serotonin Syndrome in Obstetrics: A Case Report and Review of Management, Military Medicine, Volume 184, Issue 1-2, January-February 2019, Pages e284-e286, https://doi.org/10.1093/milmed/usy135
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Roth CK, Hering SL, Campos S. Serotonin Syndrome in Pregnancy. Nurs Womens Health. 2015 Aug-Sep;19(4):345-9. doi: 10.1111/1751-486X.12220. PMID: 26264799.

Thank you for your feedback. We apologize for this error. All claims of primacy have been removed.

Case: The authors briefly mention that the patient in this case is COVID positive. The authors should be aware of and report the impact of COVID-19 on serotonin particularly in the discussion.

Keith P, Saint-Jour M, Pusey F, Hodges J, Jalali F, Scott LK. Unprovoked serotonin syndrome-like presentation of SARS-CoV-2 infection: A small case series. SAGE Open Medical Case Reports. January 2021. doi:10.1177/2050313X211032089
Nagamine T. Beware of serotonin syndrome during the COVID-19 pandemic. Australian & New Zealand Journal of Psychiatry. April 2022. doi:10.1177/00048674221090175 & others

Thank you for bringing this interesting point and list of references to our attention. We have now added a mention of this phenomenon in the discussion.

See page 7 paragraph 2, as well as excerpt in italics below:
"Interestingly, COVID-19 has been associated with elevated levels of plasma serotonin (6), and patients with COVID-19 exhibiting signs of serotonin syndrome without any culprit medications have been described (7)."

From the case and the discussion it is not clear if the authors are certain whether the patient had SS or NMS.

Thank you for bringing up this important concern. In light of the patient's clinical presentation, serotonin syndrome was indeed the more likely diagnosis. This point has been further emphasized throughout the manuscript in the abstract, case description, discussion, and conclusion. Moreover, we have shifted the focus entirely on serotonin syndrome, including by more extensively describing the syndrome's pathophysiology, presentation, and management.

Table 1 is not useful, particularly without reference ranges. Please highlight what might be seen if anything with SS and NMS regarding lab abnormalities.

Thank you for your comment. Reference ranges have been added to Table 1. In addition, a section has been added to the discussion indicating the possible laboratory abnormalities that may be seen with serotonin syndrome; these include rhabdomyolysis, acute kidney injury, elevated serum aminotransferase, disseminated intravascular coagulation and metabolic acidosis.

See page 6 paragraph 2, as well as excerpt in italics below:
"Given disrupted thermoregulation and muscular hyperactivity, potential laboratory abnormalities that can be seen include rhabdomyolysis, acute kidney injury, elevated serum aminotransferase, disseminated intravascular coagulation, and metabolic acidosis (4)."

Table 2 Consider a table of more exhaustive list or groups of medications that can precipitate SS/NMS.

Thank you for this suggestion. We have now divided the table sections into culprit agents that are used to treat nausea and vomiting, and those that are not used to treat nausea and vomiting. Furthermore, several additional culprit agents have been added.
See Table 2.

EDITORIAL OFFICE COMMENTS:

1. If your article is accepted, the journal will publish a copy of this revision letter and your point-by-point

responses as supplemental digital content to the published article online. You may opt out by writing separately to the Editorial Office at em@greenjournal.org, and only the revision letter will be posted.
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2. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:

* Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and at the end of the abstract. For industry-sponsored studies, describe on the title page how the funder was or was not involved in the study.

This has been added to the end of the abstract.

* Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
* Name the IRB or Ethics Committee institution in the Methods section (if applicable).
* Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

The above three points do not apply.

3. Obstetrics & Gynecology's Copyright Transfer Agreement (CTA) must be completed by all authors. When you uploaded your manuscript, each coauthor received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please ask your coauthor(s) to complete this form, and confirm the disclosures listed in their CTA are included on the manuscript's title page. If they did not receive the email, they should check their spam/junk folder. Requests to resend the CTA may be sent to em@greenjournal.org.
All authors have been notified to complete the agreement.

4. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "Patients with obesity" instead of "obese patients," "Women with disabilities" instead of "disabled women," "women with HIV" instead of "HIV-positive women," "women who are blind" instead of "blind women."
This was reviewed, and person-first language has been used.

5. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions and the gynecology data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.
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Case Reports: 1,500 words
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7. Specific rules govern the use of acknowledgments in the journal. Please review the following

guidelines and edit your title page as needed:

* All financial support of the study must be acknowledged.

Nil to declare.

* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

Nil to declare.

* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.

Ms. Anh Thu Do PharmD, clinical pharmacist, has been added to the acknowledgements section, and we have obtained her written permission to do so.

* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting or indicate whether the meeting was held virtually).

Nil to declare.

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Nil to declare.

* Do not use only authors' initials in the acknowledgement or Financial Disclosure; spell out their names the way they appear in the byline.

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8. Provide a short title of no more than 45 characters, including spaces, for use as a running foot. Do not start the running title with an abbreviation.

This has been performed.

Short title for running foot: Serotonin Syndrome in Pregnancy

9. Provide a précis for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

This has been performed.

Précis: Serotonin syndrome is a rare, yet potentially fatal clinical entity that can be precipitated by the medications used to treat nausea and vomiting in pregnancy.

10. Be sure that each statement and any data in the abstract are also stated in the body of your manuscript, tables, or figures. Statements and data that appear in the abstract must also appear in the body text for consistency. Make sure there are no inconsistencies between the abstract and the manuscript, and that the

abstract has a clear conclusion statement based on the results found in the manuscript.
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In addition, the abstract length should follow journal guidelines. Please provide a word count.
Case Reports: 125 words
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11. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com/ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.
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All references have been modified to adopt the journal’s style.

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