Bibliography management with EndNote 7.0

Sir,

I read with interest Dr. Sahu’s letter regarding the necessity of accurate references in the IJP. Two kinds of software are available to handle bibliography, as he rightly mentioned—free open-source and commercial. The only advantage of using open-source software for referencing is that they are free of cost. Even so, there are still a good number of problems that are encountered while using these for referencing. First, they are not intuitively understandable. Secondly, configuring specific journal—especially biomedical—output styles is not easy if the end-user has no programming knowledge. Thirdly, troubleshooting is very difficult as there are no ready-reference books available for these software. And lastly, compatibility with MS Word is a major issue; most biomedical journals stipulate that authors submit Word files containing all in-text citations and bibliography.

One commercially available bibliography software that we have personally tested and use currently is EndNote® 7.0(ISI ResearchSoft Inc., USA). Basically, EndNote is a software package for creating bibliographies, embedding citations of bibliographical references in the text of manuscripts and automatically creating bibliographies at the end. PubMed citations can be imported into EndNote which, in turn, will format the bibliography output and automatically place the citations at the end of the manuscript. This software has revolutionized the ways of managing a bibliography by helping to make journal style modifications and referencing a much easier and error-proof task. In fact, modifications can be made to the Vancouver style in EndNote 7.0 templates so that it conforms to the style required by the Indian Journal of Pharmacology.

Journal-specific ‘style file’ can even be sent across to other authors so that they can immediately format their bibliography output to conform to the journal’s requirement, relieving the journal office of delays in publishing due to improperly formatted bibliography. Many international scientific journals already have a downloadable style file available within EndNote or on their respective websites for authors to use.

The ‘endnote’ on EndNote

A good place to start is the website of EndNote (www.endnote.com) and check out a one-month free trial of EndNote to see how it helps in managing bibliographies. Academic versions of this software are available for nearly half the price of commercial versions, for researchers and students. The learning curve is very steep as the software is intuitively easy to navigate and use. University libraries can have an academic version loaded on a sharing basis for students and researchers who cannot afford a personal copy. All said and done, the best way to learn is by trial and error. The handbook that comes with the software is very comprehensive and gives numerous step-by-step instructions to handle bibliographies. Commercial software like EndNote® have specifically been designed to aid in referencing for biomedical journals; a one-time investment can go a long way in the efficient management of bibliographies for everyone in the biomedical field.

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References


Anti TNF-α therapy in congestive heart failure

Sir,

The review “Anti TNF-α strategy: Present status of this therapeutic paradigm” describes the role of TNF-α antagonists as a potential therapeutic weapon in various clinical conditions. We appreciate the authors for enlightening us on the newer possible indications for this biological agent. The authors have reported that anti TNF-α therapy might benefit patients with congestive heart failure (CHF), and it is likely that official indications for anti TNF-α therapy would increase to include CHF. It is true that serum levels of tumor necrosis factor alpha (TNF-α) are elevated in patients with heart failure and these elevated levels contribute directly to progression of CHF. TNF-α also has established negative inotropic effects. These facts indicating that TNF-α is a deleterious factor in heart failure generated a lot of enthusiasm for the use of anti-TNF-α therapy in the management of heart failure. Several in vitro and in vivo experiments also demonstrated that TNF-α blocking therapy might improve cardiovascular function by reversing some of the deleterious effects of TNF-α. However, clinical trials of TNF-α antagonists for treatment of heart failure have reported controversial results.

Two TNF-α antagonists, Etanercept and Infliximab are approved for clinical use in rheumatoid arthritis and Crohn’s disease. Despite the encouraging results of initial small pilot trials with etanercept,1,2 the results of large-scale multi-center trials3,4 do not demonstrate any clinical benefits and in-fact suggests that TNF-α blocking therapy might adversely affect the course of patients with CHF in a dose dependent manner. The reason why this TNF-α antagonism adversely affects the clinical status in CHF is not clear. It has been suggested that
etanercept by making complexes with TNF-α, retains it within the circulation for a longer duration, which may prolong the exposure of cardiac tissue to TNF-α leading to cardiac toxicity.\textsuperscript{5} Infliximab can cause cell lysis in the presence of complement when exposed to cells expressing transmembrane TNF-α, an effect that would be undesirable if it occurred in cardiomyocytes in patients with CHF.\textsuperscript{6}

Animal experiments and early clinical studies of blocking TNF in patients of heart failure demonstrated promising results. However, large scale, randomized, placebo controlled trials of TNF-α antagonists for treatment of heart failure were stopped early because they failed to demonstrate an improvement in clinical status of heart failure or mortality. The discouraging results of clinical trials and case reports have important pragmatic implications. The prescribing information for etanercept and infliximab now suggests that physicians should exercise caution in the use of these agents in patients with heart failure.

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References
3. Anker SD, Coats AJ. How to RECOVER from RENAISSANCE? The significance of the results of RECOVER, RENAISSANCE, RENEWAL and ATTACH. Int J Cardiol 2002;86:123-30.

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