Number of authors of single case reports in Indian Journal of Dermatology, Venereology and Leprology and Journal of the American Academy of Dermatology

Sir,

Authorship of a paper usually provides academic rewards. An author is generally considered to be someone who has made substantive intellectual contribution to a published work. We have noted that sometimes the number of authors for less exhaustive sections of a journal, such as case reports, is 7 or 8 or even more.
Purpose of this work was to find out the average number of authors of single case reports in two reputed dermatology journals, and whether there are significant differences between them in this regard. We selected two reputed dermatology journals – Indian Journal of Dermatology, Venereology and Leprology (IJDVL), and Journal of the American Academy of Dermatology (JAAD). As some of the case reports included more than one case, we selected only those reports that discussed single cases (single case reports). We selected 100 single case reports from each journal, irrespective of the journal section in which they appeared. These 100 articles were selected consecutively starting with the last such report in the May–June 2008 issue of IJDVL and June 2008 issue of JAAD and then going backwards. Thus, for IJDVL, the 100th article selected was the third letter to the editor published in the May–June 2007 issue. For JAAD, the issues screened included the supplements of February and May 2008, and the 100th article selected was the third case report published in February 2008 supplement.

The number of authors of single case reports published in IJDVL ranged from 1–7 with a mean of 3.30 and the number for JAAD ranged from 2–9 with a mean of 4.19 [Table 1]. Twenty one single case reports published in IJDVL and 32 in JAAD had more than four authors. These differences were highly significant, both for the mean number of authors and for the proportion of papers with more than four authors [Table 1].

Although the instructions for authors of IJDVL do not specify a limit on the number of authors of case reports,[2] the copyright form (also known as contributors’ form) of IJDVL specifies a limit of four authors for case reports.[3] No such limit is mentioned on the website of JAAD.[4] We are unable to explain the reasons for significantly more number of authors of single case reports in JAAD. One possible explanation could be the desire to include someone, who may have made a minor or no contribution, as author just to please or help her/him, something that is known as gift authorship. Of course, as this cannot be proved or disproved, it remains only a hypothesis. The gift of authorship can sometimes turn sour, as once happened when no evidence was found to support the findings of a paper published in the British Journal of Obstetrics and Gynecology and one of the authors admitted that he was not part of the work and was made an author out of politeness.[5] The results of our study may be showing a lesser tendency toward gift authorship in IJDVL, possibly due to the specification mentioned in its copyright form. We accept that there may be other, perhaps more valid, reasons for our findings that we are unable to think.

The International Committee of Medical Journal Editors (Vancouver group) has recommended the following criteria for authorship: (1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3.[1] Both IJDVL and JAAD have requested inclusion in the list of publications that follow the Uniform Requirements for Manuscripts submitted to Biomedical Journals as decided by the above group.

While it is not possible to have a perfect system to have only those persons as authors who have really made substantial contribution, it is important to have some guidelines regarding the number of authors. Some journals now request and also publish information about the contributions of each person named as having participated in a submitted study, at least for original research.[1] When a paper is found suitable for publication in IJDVL, it is provisionally accepted and the corresponding author is asked to fill an online form called bibliographic details. In this form, authors’ individual contributions are to be selected from a list. Similarly, authors for JAAD are required to fill a form, called authorship statement (also called authorship declaration),[6] where different tasks performed by an author are to be identified. These are important efforts in the right direction. The editors may also inquire individual contributions of authors more specifically when their number appears to be disproportionately more in comparison to the amount of work submitted for publication. If it appears that someone’s contribution is not sufficient, name of such person may be mentioned in acknowledgment. Presently, it appears that by using these two approaches, that is, limiting the number of authors for different sections of the journal and asking their individual contributions and possibly publishing them, it may be possible to give the credit of authorship where it truly belongs.

| Table 1: Number of authors of single case reports in the two dermatology journals |
|---------------------------------|-----------------|-----------------|
| IJDVL                           | JAAD            | P               |
| n*                              | 100             | 100             |
| Mean (SD)                       | 3.3 (1.40)      | 4.19 (1.54)     | < 0.0001**    |
| No. of papers with >4 authors   | 21              | 32              | <0.0001***    |

*n, number of case reports; **Unpaired t test; ***Chi square test
Sir,

Exacerbation of psoriasis in patients taking antimalarials is mentioned in all dermatology textbooks, but the underlying mechanism has not been explained in full. It is estimated that up to 18% of patients with psoriasis would develop an exacerbation of their disease following antimalarial therapy. In contrast to lithium and beta blockers, antimalarials do not induce psoriasis de novo, but they only trigger already existing psoriasis, via a pharmacologic mechanism, probably due to an alteration of the activity of enzymes involved in the epidermal proliferation process. Wolf et al. [1] have shown that hydroxychloroquine inhibited transglutaminase activity in a concentration-dependent manner. This is suggested to cause an initial break in the barrier function of the epidermis, followed by a physiologic response of the epidermis aimed at barrier restoration. This rather nonspecific stimulus to epidermal proliferation is suggested to be sufficient to trigger psoriasis in predisposed individuals.

That antimalarial drugs only trigger latent psoriasis and do not induce psoriasis de novo can be suspected from the fact that psoriasis cleared up completely after withdrawal of the drug in only 30% of patients on antimalarials, as compared with more than 60% of those receiving lithium and nearly 50% of those receiving beta blockers. This is probably also why the incubation period of the cases induced by antimalarial drugs is much shorter than that of the cases induced by lithium and beta blockers. Possibly, in triggered psoriasis (as in antimalarials), the drug only sets off with a chain of pathologic events previously programmed and ready to be set off; whereas in true drug-induced cases (as in some cases induced by lithium and beta blockers), the drug is supposed to cause more profound changes and therefore more time is needed for these changes to occur.[1,2] Herein, I would like to suggest that antimalarials’ induction of psoriasis could be partly attributed to their inhibition of cholesterol biosynthesis as well.

Cholesterol biosynthesis by keratinocytes is documented to be fundamental to the integrity of epidermal barrier function. It is shown that topical application of lovastatin to the skin of hairless mice led to the development of epidermal hyperplasia, erythema, scaling, and increased DNA synthesis. This effect, being secondary to the disruption of skin barrier as the result of decreased production of cholesterol by keratinocytes, was aborted with concomitant application of cholesterol.[3]

An important point needing attention is that though topically induced statins induce epidermal barrier dysfunction, the risk of exacerbation of psoriasis with orally administered statins is extremely low. In fact, it has been shown that pharmacologic doses of lovastatin do not worsen the course of psoriasis; and though gemfibrozil, an anti-triglyceride agent, has been reported to exacerbate psoriasis, statins have not been reported to do so; and even the lovastatin manufacturer (Merck Sharp and Dome, Rahway, NJ, USA) has anecdotal evidence that the condition of some psoriatic subjects improves when this drug is administered. It is most likely that the beneficial immunomodulatory effects of statins on immunocytes outweigh their untoward effect on surface lipids or they have not enough bioavailability to keratinocytes to affect keratinocytic cholesterol synthesis. [4]

There are several reports of aggravation of psoriasis with terbinafine, which is explained by the ability of this agent to inhibit squalene epoxidase, a pivotal enzyme in mammalian cholesterol biosynthesis.[5]

REFERENCES