

# The case for case reports

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Case reports are described as: a narrative that describes for medical, scientific or educational purposes and a medical problem experienced by one or more patients.<sup>1</sup>

*EJHP* has received a number of case reports over the last couple of years. The majority of these have not made it to publication for a variety of reasons: they are by their nature anecdotal and so an unreliable source of evidence, they frequently lack rigour, they can describe a scenario which is relatively common and finally we have not had a journal policy. On the positive side, they can be used to highlight both positive benefits and negative aspects of an intervention.

In the light of this, the place of case reports was discussed at the most recent editors board of European Association of Hospital Pharmacists. This has led to the development of a template which is published at the end of this editorial but is also available on the *EJHP* website ([ejhp.bmj.com/ifora](http://ejhp.bmj.com/ifora)).

There are several key elements in the guidance:

- ▶ Case reports should add to our clinical and/or pharmaceutical knowledge, so should not be about a common occurrence.
- ▶ They should be set in the context of the wider literature. Particularly, authors should check whether the report has been discussed or reported elsewhere.

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- ▶ For patient-related reports, signed permission for publication must be obtained from the patient(s) concerned.

These elements are important and we recognise that they could cover any aspect of a pharmacist's role or a pharmaceutical problem; however, this must be set within a wider context of a search for similar information. All too often authors claim that their paper is the first; frequently it is not.

We want to respect patient values and there will be a requirement to obtain permission from a patient or patients in order to publish. Patient confidentiality will be respected in any publication of their case so that no one can be identified from the report.

Case reports should be limited to 1000 words including references. We require titles to be clear and enable the main issues to be identified. Some bad examples that I have come across elsewhere are as follows:

- ▶ 'Let there be light' (this was about the use of lasers in medicine)
- ▶ 'It's what's inside that counts' (a study of pancreatic cancer)
- ▶ 'NASH may be trash' (a paper about non-alcoholic steatohepatitis)

It is sensible to use the term 'associated with' rather than 'caused by' so a good example might be 'severe skin reaction associated with use of drug in otherwise healthy patient—a case report' or 'a case report of three cases of nausea and

vomiting in patients receiving a new TPN additive'.

If patients are involved, then authors must remember to include all the relevant details including age and gender; height, weight and occupation may also be relevant. Give details of the patient's underlying condition and allergies. Include the drug as well as the dosing regimen; if relevant authors should mention the reason why that particular drug was used, particularly if 'off label'. Any other drug therapies should be mentioned.

We will aim to publish no more than one case study per issue. These will be peer reviewed according to the journal's usual policy and any studies that do not comply with the template will not be published. We will revisit the guidance and template in due course and amend it if we discover issues that were not foreseen.

We look forward to receiving some interesting cases from you soon; remember that we are interested in cases from anywhere in the world as these provide learning opportunities for hospital pharmacists across Europe and beyond.

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## REFERENCE

- 1 Gagnier J, Kienle G, Altman D, *et al*. The CARE guidelines: consensus based clinical case report guideline development. *J Clin Epidemiol* 2014;67:46–51.