

The case for case reports

Phil Wiffen

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.¹

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).

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.
- ▶ 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.

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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.

Correction notice This paper has been amended since it was published Online First. The case report template was missing from the original, this has now been added.

Competing interests None declared.

Provenance and peer review Commissioned; internally peer reviewed.



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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.

Case report template

TITLE OF CASE

SUMMARY *Up to 150 words summarising the case presentation and outcome (this will be freely available online)*

BACKGROUND *Why you think this case is important for the pharmacist and/or hospital pharmacy practice – why did you write it up?*

CASE PRESENTATION *Presenting features, symptoms, medical/social/family history of the medication problem, and also the pharmacist actions and/or contribution*

INVESTIGATIONS *Why choose these particular investigations? How reliable are they? Why were combinations of tests needed? Make sure that the results are presented with the correct international units.*

TREATMENT *How did you decide on the remedial option that was chosen? For medicines, what were the effects and adverse effects of treatment? How was the success of the action assessed?*

OUTCOME AND FOLLOW-UP

DISCUSSION *Include a very brief review of similar published cases*

LEARNING POINTS/TAKE HOME MESSAGES *3 to 5 bullet points with focus on importance for pharmacists and/or hospital pharmacy practice*

REFERENCES *Was the patient involved in a clinical trial? Please reference related articles*

FIGURES *You may add a figures but they should be uploaded separately and NOT be embedded in this document*

PATIENT'S PERSPECTIVE *Optional but strongly encouraged – this has to be written by the patient or next of kin*

PATIENT CONSENT *Publication of any personal information about an identifiable living patient requires the explicit consent of the patient or guardian (this is a requirement under the UK's data protection legislation). You should use the BMJ consent form which is available on the EJHP website (ejhp.bmj.com/ifora).*

Adapted with permission from the template used by BMJ Case Reports (<http://casereports.bmj.com/>).