

Adis Journals: Summary of Research Articles

Concise summaries of previously published research findings for a less-specialised or time-poor audience.

Adis are pleased to present a new article type, Summary of Research Articles (SRAs). These are a standalone summary providing a balanced and accurate representation of key information from a previously published source article in clear language. SRAs are more easily read and understood than the source article, enabling a wider audience of healthcare professionals and others quick and easy access to crucial research findings in areas that may not align with their expertise, whilst maintaining scientific meaning and integrity.

Why Publish SRAs?

- ✓ **Efficient:** SRAs condense complex research into concise summaries, which can either be graphic based or a combination of text and figures/tables.
- ✓ **Widely Accessible:** SRAs are written for a non-specialist or time-poor audience, ensuring a broad readership.
- ✓ **Expertly Reviewed:** Each SRA undergoes single-blind peer review by at least two experts.
- ✓ **Full Integration:** SRAs are published on SpringerLink and indexed in PubMed, Scopus, Google Scholar, and more.
- ✓ **Enhanced Digital Features:** SRAs can include additional digital content on a case-by-case basis.

Submitting SRAs

Pre-Submission Enquiries: We encourage authors to contact adisjournals@springernature.com with information regarding the source article and proposed authors - at least one of whom must be an author on the original publication. All Adis journals will consider SRAs and our team will confirm within 2 working days which journals are interested in welcoming your SRA for peer review.



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Examples of SRAs

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Summary of Research: Development and Validation of the Insomnia Daytime Symptoms and Impacts Questionnaire (IDSIQ)
 Susan Hodgson, Archer Phillips, Beigun, Louise Aronson, Dasha Sokol, Kimmi, Heke Biner
 Summary of Hodgson S, et al. *Trials* 2021, 22:1497-1497. DOI: 10.1186/s12916-021-02000-7

Regulatory authorities, including the United States Food and Drug Administration (FDA), recognize the importance of patients' experience of their disease when evaluating new medicines, and the FDA requires that any patient-reported outcome (PRO) tool used in clinical and process among the target population of patients with the disease the tool will evaluate.

Individuals with insomnia are best positioned to assess the impact of insomnia on their quality of life. PROs are self-reported health measures created to allow people to record their experience of their disease. Chronic insomnia has a major impact on daytime functioning for patients, and on their quality of life. This summary of research provides a plain language overview of a previously published article detailing the development and validation of the Insomnia Daytime Symptoms and Impacts Questionnaire (IDSIQ), a 16-item tool to allow people with insomnia to report their experience of the impact on their daytime functioning.

Insomnia is "a predominant complaint of persistent dissatisfaction with sleep quantity or quality that causes distress or impairs daytime functioning in social, occupational, educational, academic, or other settings" (Diagnostic and Statistical Manual of Mental Disorders, 5th edition).

In addition to nighttime problems, the negative impact of chronic insomnia may include daytime symptoms such as:

- Fatigue
- Sleepiness
- Reduced energy
- Mood disturbance and irritability
- Problems with attention and memory

IDSIQ is the first self-reported PRO tool developed and validated according to FDA guidelines, to evaluate daytime functioning in people with insomnia.

What causes MG?

MG is an autoimmune condition

Antibodies against AChR compromise

Terminal Complement Inhibitor Ravizumab in Generalized Myasthenia Gravis (MG) (NCT03464933)

The study also looked at how many people developed antibodies against abatacept.

Sometimes a patient may develop antibodies against a biologic drug called anti-drug antibodies. Some anti-drug antibodies, called neutralizing antibodies, can bind to a drug and reduce how well the drug works.

Who took part in the VICTORIE 3 study?

The study involved 238 people from 49 study sites across North America and Europe.

People who took part in the study:

- Were men and women aged 18 to 80 years old
- Had moderate to severe rheumatoid arthritis based on their DAS28 score (at least 3.0) at their baseline for 4 months or more
- Some also had previous effects, a complication related to previous that caused swelling and pain in muscles and joints

People could not take part in the study if they:

- Had any other inflammatory disease such as psoriasis or arthritis
- Had previously taken biologics for an autoimmune disease (for example, rheumatoid arthritis, psoriasis)
- Had taken in a history of cancer in the past 5 years (except for some skin cancer)

How was the VICTORIE 3 study conducted?

Weeks 1 to 12: Randomized to either abatacept or placebo (a dummy drug) for 12 weeks. Patients were given either abatacept or placebo every 2 weeks. Patients also received a combination of prednisone and hydroxychloroquine. Patients were also given a combination of prednisone and hydroxychloroquine.

Weeks 14 and 16: Blood samples taken. Patients were given either abatacept or placebo every 2 weeks. Patients were also given a combination of prednisone and hydroxychloroquine.

Weeks 18 and 20: Blood samples taken. Patients were given either abatacept or placebo every 2 weeks. Patients were also given a combination of prednisone and hydroxychloroquine.

Weeks 24 to 36: Blood samples taken. Patients were given either abatacept or placebo every 2 weeks. Patients were also given a combination of prednisone and hydroxychloroquine.

Weeks 42 to 54: Blood samples taken. Patients were given either abatacept or placebo every 2 weeks. Patients were also given a combination of prednisone and hydroxychloroquine.

Weeks 60 to 72: Blood samples taken. Patients were given either abatacept or placebo every 2 weeks. Patients were also given a combination of prednisone and hydroxychloroquine.

Contact us

For more information please contact us at: adisjournals@springernature.com

