

Heart Asia: a new beginning

Ganesan Karthikeyan

Two rather obvious questions loom large in the minds of editors of fledgling journals such as *Heart Asia*. First, why should anyone choose to read my journal over a hundred others that are already well established? And second, why should anyone want their research published in a relatively new journal? Over the next few years, the new editorial team at *Heart Asia* will strive to answer these questions to the satisfaction of readers and researchers, and win their patronage. Our goal is an ambitious one: we wish to be the pre-eminent voice of practitioners of cardiology in the developing world (not just in the Asia-Pacific region). Towards this end, we are making several changes to the scope and content of the journal which readers will begin to appreciate in the months to come.

The practice of cardiology in the developing world is different from that in low and middle income countries (LMICs). Our concerns and constraints as practitioners are very different. We continue to grapple with diseases such as rheumatic heart disease which are no longer seen in rich countries. We are less worried about, say, how to perform transcatheter aortic valve replacement than we are about optimizing outcomes after valve replacement surgery. We struggle to provide the best possible care at the lowest possible cost, in order to minimise out-of-pocket spending by patients. However, there is a serious dearth of journals originating in or focused on the problems of LMICs. High-income countries contribute to less than a fifth of the world population but publish >90% of medical journals.¹ Among the 125 cardiology journals indexed in the ISI Web of Knowledge, there are none from low or lower

middle-income countries. Less than 10% of cardiology journals originate in Africa, the Middle East, Latin America or the Asia-Pacific region (including even those published from rich countries in the region such as Japan and Australia).¹ *Heart Asia* will seek to fill this gap by focusing on issues that matter most to doctors in these neglected regions, and will be mindful of the peculiarities of local practices while curating content.

In the same vein, we appreciate that researchers in LMICs are constrained in many more ways than their counterparts in rich countries. We understand that it is rarely possible to conduct large-scale, multicentric randomised controlled trials in resource-poor settings. Therefore, our focus will be on publishing locally relevant research, irrespective of study size or study design. Our only criteria will methodological rigour and overall quality of content. To the extent possible, we are also happy to provide limited mentoring services to inexperienced authors. We would like to remind researchers that all content in *Heart Asia* is currently available for download free of charge, thus ensuring visibility of their published work. The journal is indexed in EMBASE and Scopus and will soon be accessible through PubMed, thereby ensuring citability of the research we publish.

A FORUM FOR INTERACTION

Readers will notice that we have tweaked the article types in the *Journal*, to conform to a scheme more in keeping with a mainstream cardiology journal. Further, in order to realise the full potential of being a completely online resource that is freely available, we will create content that will encourage readers to voice their opinions on issues that concern them and their patients. One such initiative is the *Interactive Clinical Case*. In this section we will present clinical scenarios which invoke varying

practice responses, either because of non-acceptance or non-applicability of existing evidence, perhaps because it was generated in other contexts, or simply because there is none available. These opposing viewpoints will be presented by experts. We will then invite readers to vote on what they consider the most appropriate course of action. We believe that this will generate healthy debate and sensitise people to the need for developing high-quality, locally relevant data to guide patient management. We also invite readers to submit interesting images under the *Image Challenge* section which will supplement the ones already being published in our sister publication, *Heart*. These changes represent only the beginning of an ongoing process. We will continue to respond to our readers' needs and make incremental changes to improve quality and enhance reader engagement. We welcome comments and suggestions from our readers in this regard.

Finally, I am aware that *Heart Asia* is a work in progress and has a long way to go before it can be admitted to the pantheon of influential cardiology journals. But I am glad that it has the solid backing of the British Cardiac Society, the BMJ Group and the support of its sister publications (*Heart* and *Open Heart*). If, in addition, we are able to gain the trust of our readers, I sincerely believe that we will be successful in transforming *Heart Asia* into a high-quality journal, which cardiologists in developing countries will be proud to call their own.

Competing interests None declared.

Provenance and peer review Not commissioned; internally peer-reviewed.



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To cite Karthikeyan G. *Heart Asia* 2015;7:6. doi:10.1136/heartasia-2015-010662

Heart Asia 2015;7:6. doi:10.1136/heartasia-2015-010662

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- 2013 Journal Citation Reports® Science Edition (Thomson Reuters, 2015).

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Correction

Karthikeyan G. Heart Asia: a new beginning. *Heart Asia* 2015;7:1.

The sentence 'Our only criteria will methodologic rigour and overall quality of content.' has been corrected to 'Our only criteria will be methodologic rigour and overall quality of content.' Also the sentence 'We believe that this will generate healthy debate and sensitise people to the need for developing high-quality, locally relevant data to guide patient management.' has been corrected to 'We believe that this will generate healthy debate and sensitise people to the need for generating high-quality, locally relevant data to guide patient management.'

Heart Asia 2015;7:20. doi:10.1136/heartasia-2015-010662corr1



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