
EDITORIAL

Review Articles: How should they be written?

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Review articles summarise previously published material in an attempt to understand the current state of a topic. Scientific literature review articles use database searches to retrieve results of research, and have as their main goal the objective and theoretical discussion of a specific topic. There are two main types of review articles: systematic and narrative reviews, each with a specific purpose and justification. In both types of reviews the objective of the review must be precisely defined and stated. Review articles submitted to the Pharmaceutical Journal of Kenya (PJK) for publication are often narrative reviews.

Narrative review consists of critical analysis of the literature published in books and electronic or paper-based journal articles. It is a review of what is considered relevant for the topic and the aim of the review, but without a specified methodological plan as for a systematic review. In a narrative review, an unstructured *Abstract* of less than 200 words may be most relevant. In the *Introduction* section a survey of relevant literature and the aim and goal for the review should be presented. The headlines in the review have to be chosen according to the need of that particular review. There is usually no *Method* section. The *Discussion* section could be structured along the lines for an original report keeping in mind that the limitation and its scientific message should be discussed. A long reference list is normally acceptable in a narrative review paper. Narrative literature review articles have an important role in continuing education because they provide readers with up-to-date knowledge about a specific topic.

A Systematic review on the other hand, is carried out according to a specified methodological plan to minimise bias and omission of relevant studies. A systematic review is a literature review focused on a research question that tries to identify, appraise, select and synthesize all high quality research evidence relevant to that question. Systematic reviews of high-quality randomized controlled trials are crucial to evidence-based medicine.

A systematic review paper should have a structured **Abstract** of no more than 200 words using headlines as *Objective*, *Data Sources*, *Study Selection*, *Data Extraction*, *Data Synthesis* and *Conclusions*. *Objective* gives a precise statement of the primary objective for the review. In *Data*

Sources, the author presents data sources used. *Study Selection* describes criteria used to select studies for detailed review. *Data Extraction* describes how extraction was made, including assessment of quality and validity. In *Data Synthesis* the author presents the main results of the review and state major identified sources of variation between studies. *Conclusion* should give a clear statement of the conclusions made, its generalisability and limitations.

The **Introduction** of the paper could be similar to an original report, but without any longer literature survey, only reviewing previous structural reviews and stating the reason and aim of the present review.

The **Methodology** may have subheadings corresponding to the *Abstract* (*Data Sources*, *Study Selection*, *Data Extraction*) and should include clearly defined and reported inclusion and exclusion criteria, and specification of databases and other formal register, conference proceedings, reference lists and trial authors, which are used as sources. The full search strategy should be given so that it is easy to reproduce.

The **Results** corresponds to *Data synthesis* in the *Abstract* and may present tables with long lists of selected articles. It should also state the major identified sources of variation between reported studies, as differences in treatment protocols, co-interventions, confounders, outcome measures, length of follow-up, and dropout rates. Tables and figures must be self-explanatory and have an appropriate title or caption. The methods for synthesis of evidence should be pre-determined. Sometimes it may not be possible to pool the data, but a synthesis of best evidence ought to be given.

The **Discussion** should be structured similar to an original report. The findings should be discussed with respect to the degree of consistency, variation, and generalisability. New contribution to the literature based on the review conducted and where information is insufficient must be stated. Providing the limitations of the review would be helpful. Suggest the need for new studies and future research agenda.

Systematic literature review thus uses rigorous methodology to prevent shortcuts and bias in conducting a review. Meta-analysis is a statistical method to integrate the

results of the selected studies included in a systematic literature review. Systematic literature review articles are considered original work because they are conducted using rigorous methodological approaches.

Further Reading

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Prevalence and Preventive Strategies of Nephrotoxicity in Patients Receiving Cisplatin Based Regimen in a Kenyan Referral Hospital

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Abstract

Cisplatin administration is associated with nephrotoxicity. There is scant literature on the renal toxicity profiles and their preventive strategies in Kenyatta National Hospital. A retrospective cohort study design was used to study the nephrotoxicity profiles and preventive strategies among three hundred and sixty seven adult patients in Kenyatta National Hospital's radiotherapy clinic.

There was female preponderance of 62.6%. The median age of the study population was 51 years (ranging from 18-91). Prevalence of renal toxicities was found to be 58.5%, mostly grade 2 nephrotoxicity, with mean glomerular filtration rate of 59.3 ml/min/1.73m² (±20.6). At a patient's fifth visit, the

odds ratio of developing grade three nephrotoxicity was twice as compared to the first visit (p=0.008). Postponement of doses of cisplatin retarded progression of nephrotoxicity in terms of deranged renal functions (p<0.0001). Medication change from cisplatin to carboplatin (p=0.181) and hydration with normal saline (p=0.486), however, did not prevent nephrotoxicity.

More than half of the patients exhibited nephrotoxic profiles despite employing preventive strategies suggesting that better ways of preventing nephrotoxicity ought to be sought.

Keywords: Cisplatin, Nephrotoxicity, Preventive Strategies, Normal Saline.