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Duazary means "well-being", "quality of life" or simply "health" among the Arhuacos, an Indigenous people living in the Sierra Nevada de Santa Marta, Colombia, who speak a language of the Chibcha family.

Duazary (ISSN 1794-5992; e-ISSN 2389-783X) is a scientific journal of continuous publication, edited by the Faculty of Health Sciences of Universidad del Magdalena, Santa Marta, Colombia. Its aim is to disseminate original and unpublished research that contributes to the understanding of the health-disease-care process in nursing, medicine, dentistry, psychology and other fields related to health care and human groups at the local, national and international levels.

Duazary publishes articles approved by the Editorial Committee after peer review, and follows the international standards set out in the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, of the International Committee of Medical Journal Editors (ICMJE), January 2026 update. Available at: https://www.icmje.org/recommendations/

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Manuscripts are received on an ongoing basis. Authors who wish to publish in Duazary must register in the Open Journal System (https://revistas.unimagdalena.edu.co/index.php/duazary/user/register) and submit the manuscript and the manuscript cover letter from there.

By submitting a manuscript, authors guarantee that all persons listed as authors have reviewed and approved the entire content of the attached documents. Therefore, each manuscript must be accompanied by the manuscript cover letter, signed by the corresponding author on behalf of all authors.

The content of the articles is the sole responsibility of the authors and not of the editors, the Editorial Committee or the Faculty of Health Sciences of Universidad del Magdalena.

The editorial team of Duazary follows the recommendations of the International Committee of Medical Journal Editors (ICMJE) on clinical trial registration. For registration and further details, see https://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html. Accordingly, Duazary will only accept registered clinical trials; the registration number must appear on the first page of the manuscript, together with the website where the trial was registered.

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The Editorial Committee of Duazary expects authors to follow the EQUATOR reporting guidelines (https://www.equator-network.org/), as appropriate. The EQUATOR checklists include:

- CONSORT checklist for reports of randomized trials and cluster randomized trials.

- TREND checklist for non-randomized controlled trials.
- STROBE checklist for observational studies.
- COREQ checklist for qualitative research.
- SQUIRE checklist for quality improvement studies.
- TRIPOD checklist for the development or validation of prediction models.
- CHEERS guidelines for economic evaluations.
- AGREE II checklist for clinical practice guidelines.
- The PRISMA guideline for systematic reviews and meta-analyses: protocols for systematic reviews must follow the PRISMA-P reporting guidelines. Systematic reviews must cite the protocol registration number in PROSPERO, when applicable, and report according to the most recent PRISMA format.

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Based on Publindex-Minciencias, manuscripts must correspond to one of the following types:

a. **Scientific and technological research articles (original articles):** documents presenting the original results of completed research projects. The structure has five main parts: introduction, method, results, discussion and conclusions. Articles in this category may have a maximum of 3500 words, excluding the abstract, references, tables and figures. A maximum of seven tables or figures (graphs or maps) is allowed. They must include between 20 and 40 references. The structure of this type of article is presented in the following section. Use the sample article, available here, as a guide.

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d. **Clinical case reports:** manuscripts that discuss one or more cases and provide a brief review of the state of knowledge on a clinical condition. The informed consent signed by the participating patient or patients must be attached. Faces must be masked. The report may have a maximum of 2000 words, excluding the abstract and references. Up to four tables or figures are accepted. They must have a minimum of 15 and a

maximum of 20 references. They must include the following sections: introduction, case presentation, discussion and conclusions. Use the sample article, available here, as a guide.

e. **Editorials:** documents written by the editor, a member of the Editorial Committee or an invited researcher. An editorial addresses a current health topic or comments on the findings of the articles in the issue in which it appears. They may have a maximum of three authors, 1000 words and 10 references. Access here.

f. **Letters to the editor:** these documents challenge an article published in Duazary within the last 12 months. They must cite the article discussed, and the maximum length is 600 words, with 10 references and one table or figure. The maximum number of authors is three. The authors of the article under discussion are entitled to a reply of the same length. Access here.

MANUSCRIPT STRUCTURE

All documents must be submitted in Calibri 12, single-spaced, with 2-centimeter margins on all sides and justified alignment. The titles of the main sections of the manuscript (Resumen, Abstract, Introduction, Method, Results, Discussion and References) must be centered and in capital letters (font size 14); second-level headings must be left-aligned in lowercase (font size 12). All headings must be in bold.

For articles of types a, b or c, the structure is as follows:

- **Title.** It must be clear, short and descriptive, with a maximum of 15 words, in Spanish and English, in bold and in lowercase. Capital letters are used only for the first word, proper names, geographical names and other cases accepted in Spanish and English. Abbreviations and acronyms should be avoided.
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- **Resumen:** the abstract in Spanish may have a maximum of 200 words for original articles, meta-analyses, systematic reviews and review articles. Abstracts of short articles may have a maximum of 150 words. The abstract of original articles, meta-analyses and systematic reviews must be structured, presenting Introduction, Objective, Method, Results and Conclusions, without references and in a single paragraph, with the headings in bold. Narrative reviews include an unstructured abstract in a single paragraph. Case reports include an unstructured abstract of up to 100 words.
- **Palabras clave:** between three and six keywords that identify the manuscript must be included, separated by semicolons. In Spanish, these words must be Health Sciences Descriptors (DeCS) registered at https://decs.bvsalud.org/es/.
- **Abstract:** the English equivalent of the Spanish abstract must be provided.
- **Keywords:** the equivalents of the DeCS, that is, the Medical Subject Headings (MeSH) available at https://www.ncbi.nlm.nih.gov/mesh.

- **Introduction:** it must define the main concepts and summarize the state of the art.
- **Method:** it must include design, population (sample or participants, with the parameters for sample size calculation, etc.), measurements or instruments, data collection procedure, statistical analysis and ethical considerations, including approval by a research ethics committee. In case reports, names, initials or medical record numbers must be omitted, especially in illustrative material. The patient's image must have the patient's signed authorization. When laboratory animals are used, indicate the quality of the humane treatment given to the animals.
- **Results:** they must be clear and precise, including tables or figures when relevant, as well as graphs or maps, which will appear under the figure label. Tables or figures must be mentioned in the body of the document, within the results section, and included in it.
- **Discussion:** it compares the authors' findings with those of other studies, explains convergences and divergences, the clinical or practical implications, and the strengths and limitations of the research.
- **Conclusions:** this section presents conclusions focused on the findings, which generally respond to the general objective, and makes a recommendation so that future research can overcome the limitations of the study discussed.
- **References:** they follow the abbreviated Vancouver style, numbered in order of appearance in the text. Authors should give priority to the most recent references indexed in databases such as Scopus. References are cited in superscript and always placed after the punctuation mark. Articles in Spanish must include the English title in square brackets. Authors are advised to review the references in the sample articles.

Standard journal article, in print or online

> Pérez-Anaya O, Ceballos-Ospino G, González-Gélvez D, Suescún-Arregocés J. Análisis bibliométrico de la revista Duazary en el quinquenio 2012-2016 [Bibliometric analysis of the Duazary journal in the period 2012-2016]. Duazary. 2017;14:122-30.

When there are more than six authors, list the first six followed by "et al.":

> Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. Brain Res. 2002;935:40-6.

Issue without volume

> Banit DM, Kaufer H, Hartford JM. Intraoperative frozen section analysis in revision total joint arthroplasty. Clin Orthop. 2002;(401):230-8.

Group author of journal articles in print or online

> Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. Hypertension. 2002;40:679-86.

Standard journal article without DOI

> Salazar A, Álvarez L. Los efectos del material particulado 10 (PM 10) y de las variables climatológicas en las admisiones hospitalarias por enfermedades respiratorias en niños en la ciudad de Santa Marta, Colombia, 2008-2009. Duazary. 2011;8:129-42.

- **Abbreviations:** they are written in full, in the original language, the first time they appear, with the abbreviation in parentheses. The use of acronyms that are not universally recognized will be limited.

- **Scientific nomenclature:** scientific names of genera and species must be written in italics. When mentioned for the first time, they are written in full, including in the title and abstract; thereafter, only the initial of the genus is used, in capital letters, followed by the full species name in italics. Decimal numbers, always two decimal places, must be separated from whole numbers with commas in Spanish.

Structure of clinical case reports

For clinical case reports, the structure follows this order:

I. **Introduction:** it describes the health problem addressed in the article and specifies what is novel about the case.

II. **Case presentation:** it clearly describes the case or cases, the initial condition, treatments and outcome. Relevant photographs must be included in the text.

III. **Discussion:** it compares the findings with similar publications and ends with a conclusion focused on the findings.

IV. **References:** they follow the abbreviated Vancouver format described above.

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Manuscripts that comply with all the guidelines set out in the instructions for authors will be sent to anonymous national and international peer reviewers (preferably external to the publishing institution) of recognized experience, who will carry out the double-blind evaluation process. The reviewer will issue an opinion on the manuscript and may make recommendations or request clarifications. The journal will send the evaluation reports within a period of no more than nine months, starting from the notification to the author that the manuscript has entered that phase.

If one evaluation is positive and the other negative, the editor will settle the disagreement, either by sending the manuscript to a third reviewer or by referring it to the Editorial Committee, in order to reach a final verdict. The possible results after the verdicts are shown below.

Peer reviewer one	Peer reviewer two	Result
Publish	Publish with modifications	**Accepted with modifications**
Publish	Publish	**Publishable**
Do not publish	Publish with modifications	**Third reviewer**
Do not publish	Publish	**Third reviewer**
Publish with modifications	Publish with modifications	**Accepted with modifications**
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