

Graphical abstracts: Anything to see here?

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Industry funding and professional medical writing support is associated with increased graphical abstract uptake, but prevalence remains below 20%

Graphical abstracts are heterogenous in nature, often inconsistent with the written abstract, and generally unable to stand alone

Background

Graphical abstracts are a form of plain language summary¹ that may help improve accessibility and understanding of pharmacokinetics (PK), a highly technical area of medical publications

The *British Journal of Clinical Pharmacology* (BJCP), a specialist peer-reviewed journal focused on PK data, “strongly encourages” authors to submit graphical abstracts alongside their publications, to be “presented adjacent to the written abstract”²

Methods

All clinical manuscripts published in the BJCP in issues dated January 2021–November 2023 (N=1019) were reviewed and accompanying graphical abstracts identified

Content of each graphical abstract was assessed by two medical writers with experience in writing PK manuscripts (BH and MS)

Results

6.3%
(64/1019)

Published clinical manuscripts were accompanied by a graphical abstract

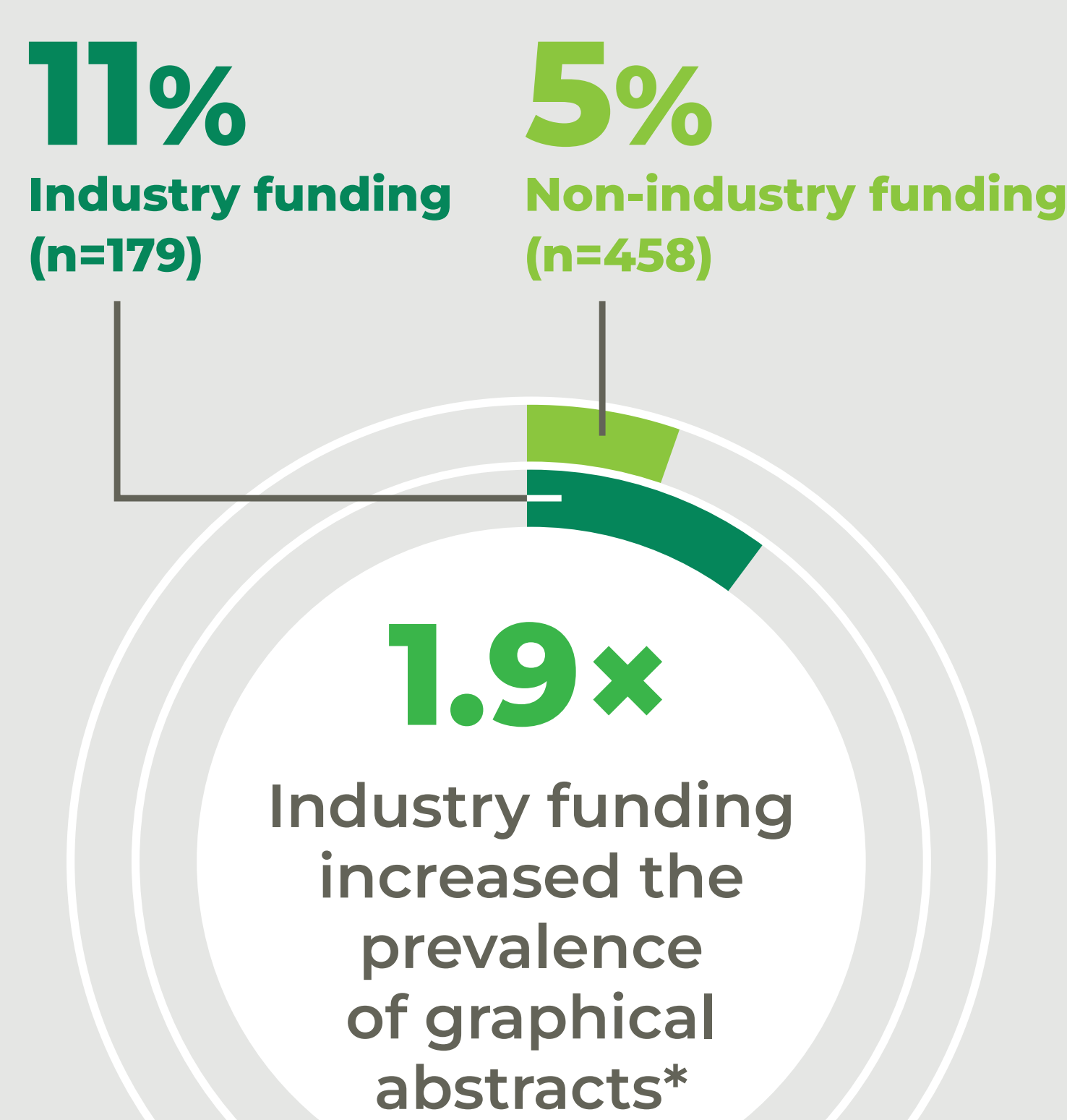
There was no association between geographical location of the first author, year of publication, type of article, or open access publication and the presence of a graphical abstract (Chi-square test; **Table**)

Characteristics of graphical abstracts published in the BJCP (January 2021–November 2023)

n (%)	Total (N=1019)	Graphical abstract (n=64)	No graphical abstract (n=955)
Location of first author^a			
Europe	415 (40)	28 (7)	387 (93)
Asia	214 (21)	10 (5)	204 (95)
United States/Canada	143 (14)	10 (7)	133 (93)
United Kingdom	133 (13)	9 (7)	124 (93)
Australia/New Zealand	75 (7)	4 (5)	71 (95)
Africa	26 (3)	3 (12)	23 (88)
Central/South America	21 (2)	1 (5)	20 (95)
Article type^b			
Original article	784 (77)	55 (7)	729 (93)
Short communication (report)	114 (11)	6 (5)	108 (95)
Systematic review and meta-analysis (meta-analysis)	76 (7)	2 (3)	74 (97)
Case report	32 (3)	0 (0)	32 (100)
Themed issue article	11 (1)	1 (9)	10 (91)
Invited article	2 (<1)	0 (0)	2 (100)
Open access			
Yes	423 (42)	33 (8)	390 (92)
No	596 (58)	31 (5)	565 (95)

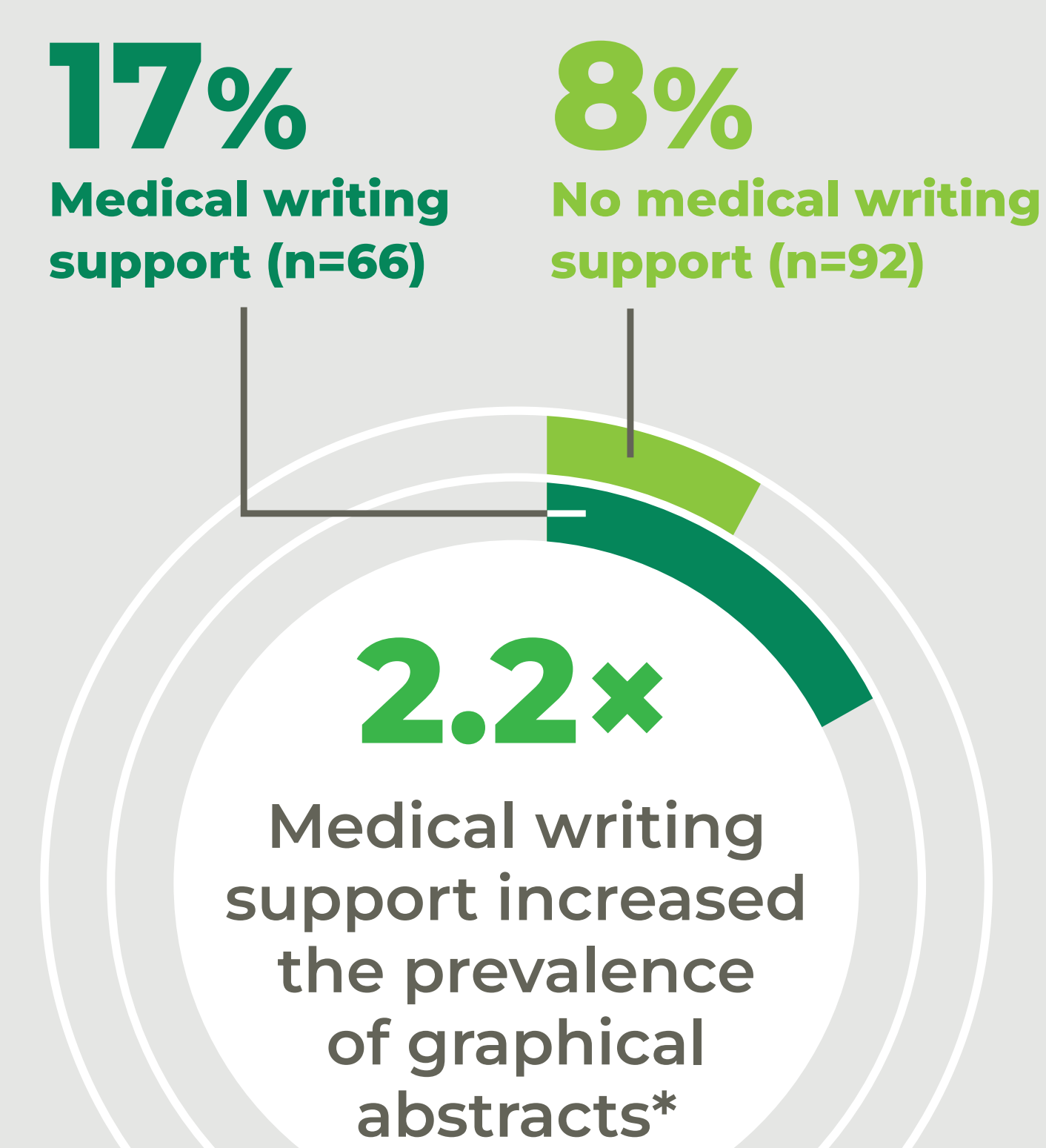
^a8 manuscripts had co-first authors from different geographical regions (1 with a graphical abstract and 7 with no graphical abstract). ^bReviews, letters to the Editor, issue information, guidelines, editorials, commentaries, corrections, debate series, conference abstracts, concise advice series, and essays were excluded.

Are graphical abstracts more prevalent in studies with industry funding?^c



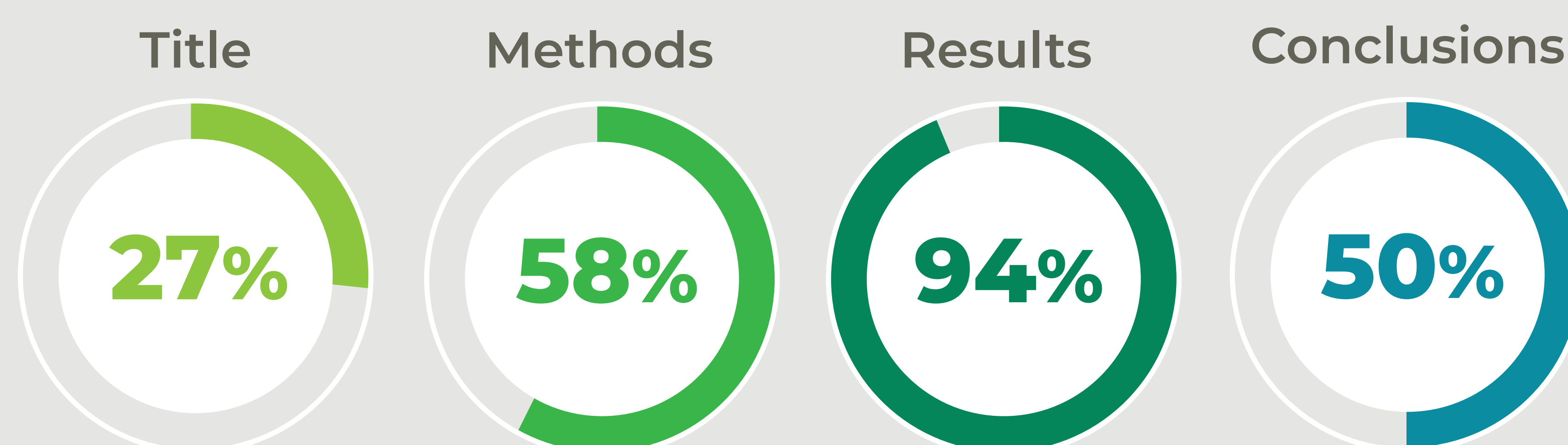
*p<0.05, Fisher's exact test

Are graphical abstracts more prevalent when authors have professional medical writing support?

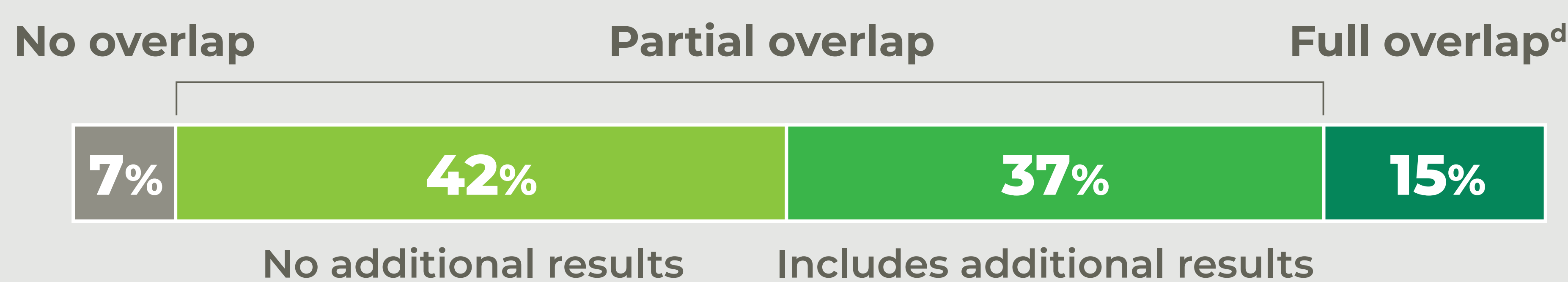


*p<0.05, Fisher's exact test

Which elements of a written abstract are included in graphical abstracts? (n=64)



Did results in the graphical abstract align with the written abstract? (n=60)



^cNo funding (n=164), 4% of manuscripts accompanied by a graphical abstract; not disclosed (n=218), 6% of manuscripts accompanied by a graphical abstract. ^d7% of graphical abstracts presented identical results to the written abstract; 8% presented additional results beyond those reported in the written abstract.

References: 1. DeTora LM, et al. *Ann Intern Med* 2022;175:1298–1304; 2. British Journal of Clinical Pharmacology. Author Guidelines for British Journal of Clinical Pharmacology. Available at: <https://bpspubs.onlinelibrary.wiley.com/hub/journal/13652125/author-guidelines.html>. Accessed April 2024.

Disclosures: BH is the owner of First In Human and Kainic Medical Communications Ltd. MS is an employee of First In Human and Kainic Medical Communications Ltd. RG is an employee of Kainic Medical Communications Ltd.

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