



2013 impact factor Cochrane Database of Systematic Reviews (CDSR)

FREQUENTLY ASKED QUESTIONS

What is the Cochrane Database of Systematic Reviews impact factor (IF) for 2013? 5.939

What is an impact factor?

The impact factor is published in the [Journal Citation Reports®](#) on an annual basis by Thomson Reuters. It is a tool for ranking, evaluating, and comparing journals and a measure of the frequency with which the “average article” in a journal has been cited in a particular year.

How is the impact factor calculated?

The impact factor is calculated by dividing the number of IF year citations to the source items published in that journal (or database!) during the previous two years. The 2013 IF is calculated as follows:

Cites in 2013 to Reviews published in:	2012 = 4834	Number of Reviews published in:	2012 = 966
	2011 = 5025		2011 = 694

Cochrane IF Calculation 2013:

$$\frac{\text{Cites in 2013 to Reviews published in 2011–2012}}{\text{Number of Reviews published in 2011–2012}} = \frac{9859}{1660} = 5.939$$

What is included in the source items for the denominator? Are protocols included?

All new and substantively updated (new citation version) Reviews that appeared in CDSR during 2011 and 2012 are included in the source items for the IF calculation. Protocols are not included.

How does performance in 2013 compare with performance in 2012?

Subject Category: Medicine, General & Internal	2012	2013	% change
Impact factor for CDSR	5.785	5.939	3%
5-Year impact factor	6.553	6.706	2%
Median impact factor for subject category	1.078	1.328	19%
Aggregate impact factor for subject category*	3.934	4.139	5%
Ranking**	12 th	10 th	-
Cited half-life for CDSR***	4.9	4.9	-
Cited half-life for subject category***	8	8.1	1%
Immediacy index for CDSR****	0.728	0.816	11%
Immediacy index for subject category****	1.092	1.162	6%

*The aggregate impact factor for a subject category is calculated the same way as the impact factor for a journal, but it takes into account the number of citations to all journals in the category and the number of source-articles from all journals in the category.

**The number of journals included in the Medicine, General & Internal category in 2013 was 150.

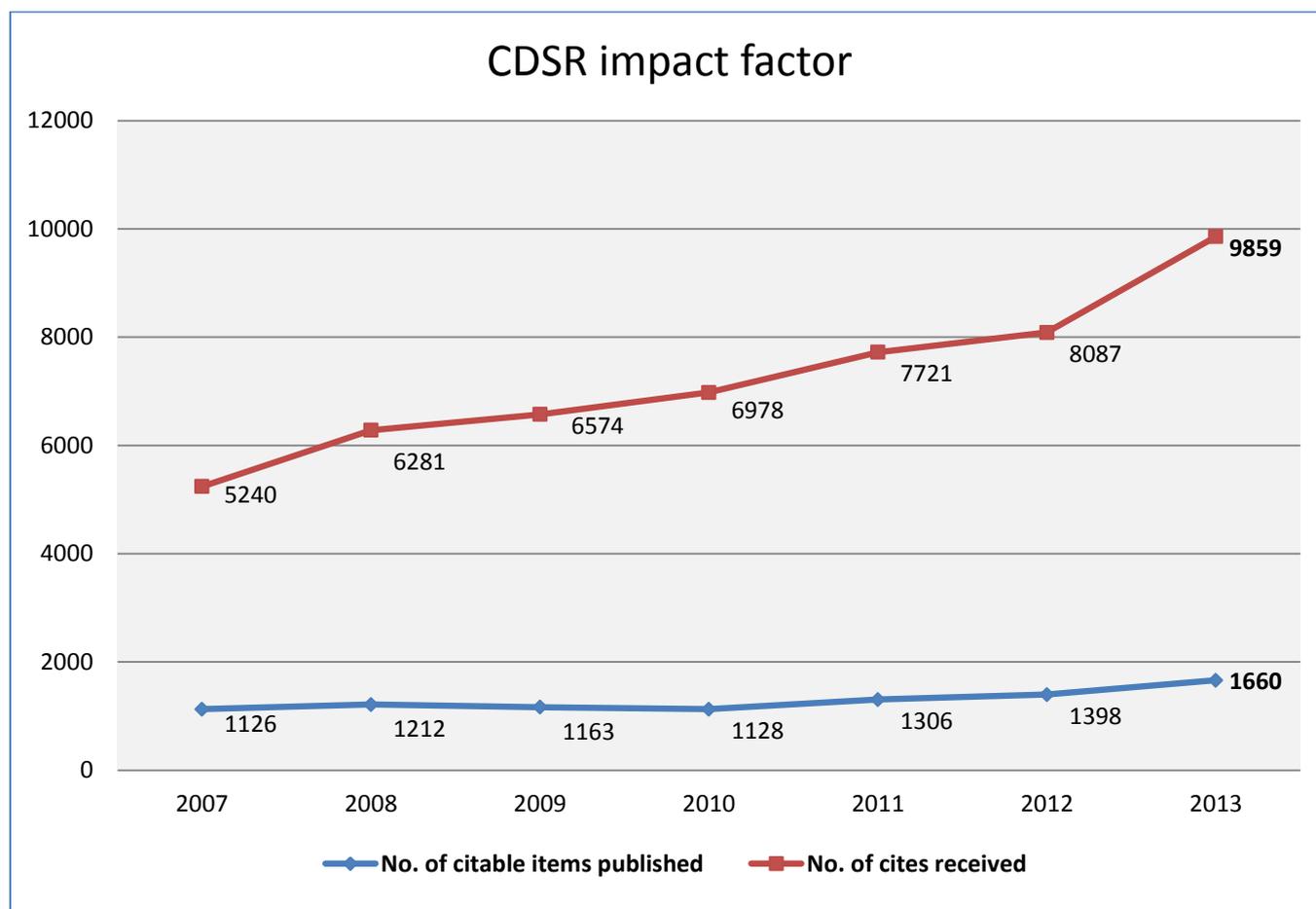
***The cited half-life is the median age of the papers that were cited in the current year, e.g. a cited half-life of 4.9 years means the citations made to CDSR in 2013, half were to papers over 4 years old.

****The immediacy index is the average number of times the source-article is cited in the year it is published and indicates how quickly articles in a journal are cited.

What were the top cited Reviews in 2013?

Review Title	Times cited in 2013
Decision aids for people facing health treatment or screening decisions	119
Interventions for preventing obesity in children	103
Audit and feedback: effects on professional practice and healthcare outcomes	71
Exercise-based cardiac rehabilitation for coronary heart disease	69
Interventions for preventing falls in older people living in the community	67
Industry sponsorship and research outcome	66
Adverse effects of biologics: a network meta-analysis and Cochrane overview	65
Screening for breast cancer with mammography	60
Statins for the primary prevention of cardiovascular disease	60
Antioxidant supplements for prevention of mortality in healthy participants and patients with various diseases	44

How does the 2013 impact factor compare to previous years impact factors?



Can authors track citations to their Reviews?

Authors can use the ISI Web of Science (<http://apps.webofknowledge.com/>). However, please note that ISI have difficulty matching a certain percentage of citations to the original authors' Cochrane Review. Therefore, authors viewing their citations in ISI need to be aware that the number of citations shown in ISI may not be a *true* representation of *all* citations for an individual review – in some cases this is likely to be an underestimate of the total number of citations. Members of the Wiley team have worked with ISI to identify these cases and, where sufficient information exists, to allocate these citations back to the original Reviews. Please encourage citing authors to reference Cochrane Reviews correctly using the “this record should be cited as” guidance in the header of each review article. If you are a Cochrane author and require information on cites or general usage please contact Gavin Stewart by email (gstewart@wiley.com).

What is self-citation?

Self-citation (when, for example, one Cochrane Review cites another Cochrane Review) can have an effect on the impact factor. 841 of the 9859 citations used in the 2013 impact factor calculation were self cites. This represents 8% of the total citations for 2013.

	2012	2013
Total cites	34,230	39,856
Cites to years used in Impact Factor calculation	8,087	9,859
Impact Factor	5.785	5.939
Self-cites	2,956 (8% of 34,230)	3,295 (8% of 39,856)
Self-cites to years used in Impact Factor calculation	695 (8% of 8,087)	841 (8% of 9,859)
Impact Factor without self-cites	5.288	5.433

What is the benefit of having an impact factor?

Authors are often asked to list their publications and associated impact factor when applying for grants, or for evaluation as part of the research assessment exercise (or similar). However, it is clear that Cochrane Reviews have a much wider impact than can be measured by citations alone. Other examples of impact include informing guideline development, policy setting, consumer communication and many others in order to inform and improve healthcare decision-making.

Where can I find out more information?

Please email Gavin Stewart gstewart@wiley.com with any queries you might have regarding the calculation and interpretation of the impact factor and associated metrics.