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## CORRESPONDENCE

**Comment on “Physiological and Functional Impact of an Unsupervised but Supported Exercise Programme for Claudicants”, Roberts AJ, Roberts EB, Sykes K, deCossart L, Edwards P, Cotterell D. *Eur J Vasc Endovasc Surg* 2008;36:319–24**

Sir,

I was disappointed to note that the Authors of this article had failed to quote either of the recent articles on exercise therapy in the European Journal of Vascular and Endovascular Surgery. The first of these was a large prospective study on the long-term outcome of supervised exercise study for intermittent claudication at a single centre in the United Kingdom.<sup>1</sup> This study showed that the benefits in supervised exercise training twice weekly for ten weeks were sustained at three years.

The second article was a systematic review of randomized controlled trials of exercise therapy and the additional effect of supervision.<sup>2</sup> This article concluded that exercise therapy increases claudication distance and maximum walking distance in patients with intermittent claudication and found that supervised exercise therapy increased the walking distance more than standard care. The Authors also concluded that the additional value of supervision over unsupervised exercised regimens needed further research, in terms of cost effectiveness.

Both of these articles seem relevant to the study undertaken by the Authors. Another reason to include them is the impact factor. Failure of researchers to quote relevant articles from the Journal damages its impact factor. The impact factor of a Journal in any year equals the number of times the articles a Journal publishes during the previous two years are cited during that year, divided by the number of articles published during those two years.<sup>3</sup> A good impact factor is one reason that authors submit papers to a particular journal, even though the creator of impact factors has argued against this practice. The European Journal of Vascular and Endovascular Surgery has a good impact factor of more than 2, which reflects the quality of published articles. It is important that authors ensure that all relevant articles are referenced; otherwise the impact factor will suffer.

## References

- 1 Ratcliffe DA, Putick M, Libertini G, Hicks RCJ, Earby LE, Richards T. Supervised exercise training for intermittent claudication: lasting benefit at three years. *Eur J Vasc Endovasc Surg* 2007;34:322–6.
- 2 Wind J, Koelemay MJW. Exercise therapy and the additional affect of supervision on exercise therapy in patients with intermittent claudication. Systematic review of randomised controlled trials. *Eur J Vasc Endovasc Surg* 2007;34:1–9.
- 3 Beard JD, Schroeder TV. Electronic publication and impact factors. *Eur J Vasc Endovasc Surg* 2001;21:97–8.

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## Response to Comments on “Physiological and Functional Impact of an Unsupervised but Supported Exercise Programme for Claudicants”

Sir,

Professor Beard raises concerns regarding impact factors and, consequently, regarding which articles we chose to reference in our manuscript. Our work relates to unsupervised exercise therapy for symptomatic peripheral arterial disease.<sup>1</sup> There is a wealth of published material from many centres, spanning a number of years, showing benefits of supervised exercise therapy in terms of increased walking distance. Additional systematic reviews have not clarified the role of unsupervised exercise programmes, although we accept the general validity of the latest review published in this journal to the subject as a whole.<sup>2</sup> Only a small proportion of studies have investigated unsupervised exercise therapy. It is therefore conceptually erroneous to expect that incorporating them into a systematic review dealing with a range of heterogeneous studies could offer any new statistically valid information. This is why we