What does the BJD now stand for?
A position statement

This issue of the BJD includes a position statement concerning the BJD, and an explanatory editorial. So what does the BJD stand for in 2015? Four key themes are identified: clinical trials, epidemiology, qualitative research and translational research. The editorial explains that the BJD is a clinical journal, with readership around the world of clinical dermatologists. The position statement is anchored on improving patient care as the focus of the journal’s endeavours. The position statement is as follows: the BJD aims to publish the highest quality research encompassing the following:

(i) Clinical trials that are registered before recruitment starts and that report fully according to the CONSORT guidelines,

(ii) Clinical studies that include epidemiology, qualitative research and mixed methods that conform to the STROBE guidelines, and

(iii) Translational research that describes basic and applied science of potential clinical relevance.

The editorial concludes by explaining that each element of the statement will be explored in more detail in editorials to be published in the BJD in coming months. The authors finish by stating that the position statement has been created in order to sharpen the BJD’s focus on high-quality research for clinical dermatologists worldwide as they strive to provide the highest quality patient care. Br J Dermatol 2015; 172: doi:10.1111/bjd.13855.

Psoriasis and obesity in French children: a case–control, multicentre study

The authors from France state that obesity is more frequent in adults with psoriasis than in the general population. They then point out that few data are available on obesity in children with psoriasis. In order to investigate a putative link, they carried out a multicentre case–control study in 23 French dermatology centres. Comorbidities in children and parents were routinely collected. They used children without chronic or genetic inflammatory disease as controls, having matched them for age, sex and dermatology centre. Three weight cut-offs were used to compare the two groups: overweight, overweight with abdominal obesity, and overweight with obesity, according to the French Health Authority guidelines. In total 261 children with psoriasis and controls were included. Their mean age was 9.8 years, 126 were male and 135 female, 42.5% had plaque psoriasis and 32.2% had severe psoriasis. When comparing the frequency of overweight children, there was no difference between the two groups (20.7% in the psoriasis group vs. 17.1% in control group; \( P = 0.18 \)). The only determinants for overweight or obesity in the psoriasis group were female sex and the presence of an overweight parent, which are similar to those seen in the French general population. However, the severity and clinical type of psoriasis were not associated with children being overweight or having obesity. Br J Dermatol 2015; 172: 1593–1600.