



## The Cochrane Library 2013 Impact Factor and usage report

When considering the data presented below, please be aware of the following:

- **The dataset we have used to generate impact factors for individual review groups (ISI Web of Science) is slightly different to the dataset that ISI use to calculate the impact factors of journals (the Journal Citation Report). Individual Cochrane Review Group (CRG) impact factor data, therefore, should not be quoted as “official” impact factors, but can be used within the Collaboration.**
- Both ISI databases (Web of Science and Journal Citation Report) report upon the number of articles published in a year. For The Cochrane Database of Systematic Reviews (CDSR) this means all new reviews plus all updated Reviews that have a new citation record.
- Each individual review group faces a variety of challenges in the publication of Cochrane Reviews, and some of these may impact upon the data presented below. For example, if a CRG publishes a large number of updated Reviews with new citation records these may increase the ratio of publications to citations, thereby lowering the impact factor.

### 1. The impact factor of the *Cochrane Database of Systematic Reviews* (CDSR):

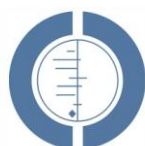
- a) Each year in June, Thomson Reuters publish the impact factors of all journals indexed in the ISI Journal Citation Report.
- b) The 2013 impact factor for CDSR is **5.939**, which describes the ratio of the number of reviews published during 2011 and 2012 (1660) to the number of citations these reviews received in 2013 (9859).

A review published in the CDSR in 2011 or 2012 was cited, on average, 5.939 times in 2013.

- c) The top 10 cited reviews (2013) published in the CDSR (all CRGs) contributing to the 2013 impact factor are:



CD Number	Title	Authors	Review Group	Times Cited
CD001431	Decision aids for people facing health treatment or screening decisions	Stacey, D; Bennett, CL; Barry, MJ; Col, NF; Eden, KB; Holmes-Rovner, M; Llewellyn-Thomas, H; Lyddiatt, A; Legare, F; Thomson, R	Consumers and Communication Group	119
CD001871	Interventions for preventing obesity in children	Waters, E; de Silva-Sanigorski, A; Hall, BJ; Brown, T; Campbell, KJ; Gao, Y; Armstrong, R; Prosser, L; Summerbell, CD	Public Health Group	103
CD000259	Audit and feedback: effects on professional practice and healthcare outcomes	Ivers, N; Jamtvedt, G; Flottorp, S; Young, JM; Odgaard-Jensen, J; French, SD; O'Brien, MA; Johansen, M; Grimshaw, J; Oxman, AD	Effective Practice and Organisation of Care Group	71
CD001800	Exercise-based cardiac rehabilitation for coronary heart disease	Heran, BS; Chen, JMH; Ebrahim, S; Moxham, T; Oldridge, N; Rees, K; Thompson, DR; Taylor, RS	Heart Group	69
CD007146	Interventions for preventing falls in older people living in the community	Gillespie, LD; Robertson, MC; Gillespie, WJ; Sherrington, C; Gates, S; Clemson, LM; Lamb, SE	Bone, Joint and Muscle Trauma Group	67
MR000033	Industry sponsorship and research outcome	Lundh, A; Sismondo, S; Lexchin, J; Busuioc, OA; Bero, L	Methodology Review Group	66
CD008794	Adverse effects of biologics: a network meta-analysis and Cochrane overview	Singh, JA; Wells, GA; Christensen, R; Ghogomu, ET; Maxwell, L; MacDonald, JK; Filippini, G; Skoetz, N; Francis, D; Lopes, LC; Guyatt, GH; Schmitt, J; La Mantia, L; Weberschock, T; Roos, JF; Siebert, H; Hershan, S; Lunn, MPT; Tugwell, P; Buchbinder, R	Musculoskeletal Group	65
CD001877	Screening for breast cancer with mammography	Gotzsche, PC; Nielsen, M	Breast Cancer Group	60
CD004816	Statins for the primary prevention of cardiovascular disease	Taylor, F; Ward, K; Moore, THM; Burke, M; Smith, GD; Casas, JP; Ebrahim, S	Heart Group	60
CD007176	Antioxidant supplements for prevention of mortality in healthy participants and patients with various diseases	Bjelakovic, G; Nikolova, D; Gluud, LL; Simonetti, RG; Gluud, C	Hepato-Biliary Group	44



d) CDSR is ranked 10th of 150 journals in the “Medicine, General and Internal” category, placing it in the top five percent of all titles listed in the ISI Journal Citation Report:

Journal	2013 Rank	2013 IF	No. of citable items	No. of Reviews published	% Reviews uncited as of August 2014	Self-citation rate	IF w/o self-citations
NEJM	1	54.420	709	79	0	1%	53.683
LANCET	2	39.207	589	41	0	3%	37.888
JAMA-J AM MED ASSOC	3	30.387	452	35	0	2%	29.633
BRIT MED J	4	16.378	592	106	5%	9%	14.851
ANN INTERN MED	5	16.104	327	69	1%	3%	15.596
PLOS MED	6	14.000	241	58	2%	3%	13.506
ARCH INTERN MED	7	13.246	309	26	0	-	-
J CACHEXIA SARCOPENI	8	7.413	46	18	0	4%	7.065
BMC MED	9	7.276	243	80	1%	4%	6.971
<b>CDSR</b>	<b>10</b>	<b>5.939</b>	<b>1660</b>	<b>1660</b>	<b>20%</b>	<b>8%</b>	<b>5.433</b>

e) The total number of cites received by the CDSR is the 6<sup>th</sup> highest in the Medicine, General & Internal category. In the 2013 impact factor window, only the top 3 ranked titles (NEJM, Lancet, JAMA) received more cites than the CDSR.

The 5-Year Impact Factor increased to 6.706. This is calculated by taking the number of cites in 2013 to items published between 2008 and 2012 (23,418) and dividing this by the number of items published between 2008 and 2012 (3,492).

Year	Ranking	Impact Factor	In-Window Cites	Citable items	Total Cites	Self-citation rate	IF w/o self-citations	5-Year Impact Factor
2013	10	5.939	9859	1660	39,856	8%	5.433	6.706
2012	12	5.785	8087	1398	34,230	8%	5.288	6.553
2011	10	5.912	7721	1306	29,593	5%	5.630	6.309
2010	10	6.186	6978	1128	27,366	7%	5.784	6.346
2009	11	5.653	6574	1163	23,102	6%	5.305	-
2008	12	5.182	6281	1212	19,444	5%	4.950	-
2007	14	4.654	5240	1126	14,622	7%	4.370	-



- f) The table below shows a breakdown of the CDSR impact factor by year from 2009-2013. The newest set of citable items to be included in the impact factor calculation (highlighted), received more cites on average than the equivalent set of citable items from the calculation in 2012 and 2011.

CDSR Impact Factor Year	Cites in IF window to items published in:	No. of items published in:	Average number of citations per year:
2013	2012 = 4834	2012 = 966	5.004
	2011 = 5025	2011 = 694	7.241
2012	2011 = 3355	2011 = 694	4.834
	2010 = 4732	2010 = 704	6.722
2011	2010 = 3179	2010 = 704	4.516
	2009 = 4542	2009 = 602	7.545
2010	2009 = 3269	2009 = 602	5.430
	2008 = 3709	2008 = 526	7.051
2009	2008 = 2592	2008 = 526	4.928
	2007 = 3982	2007 = 637	6.251

The number of reviews published in the CDSR in 2012 was 39% higher than in 2011. The CDSR published the highest number of citable items of the journals in the Medicine, General & Internal category in 2013. The top 5 journals in terms of number of citable items published in 2012 were:

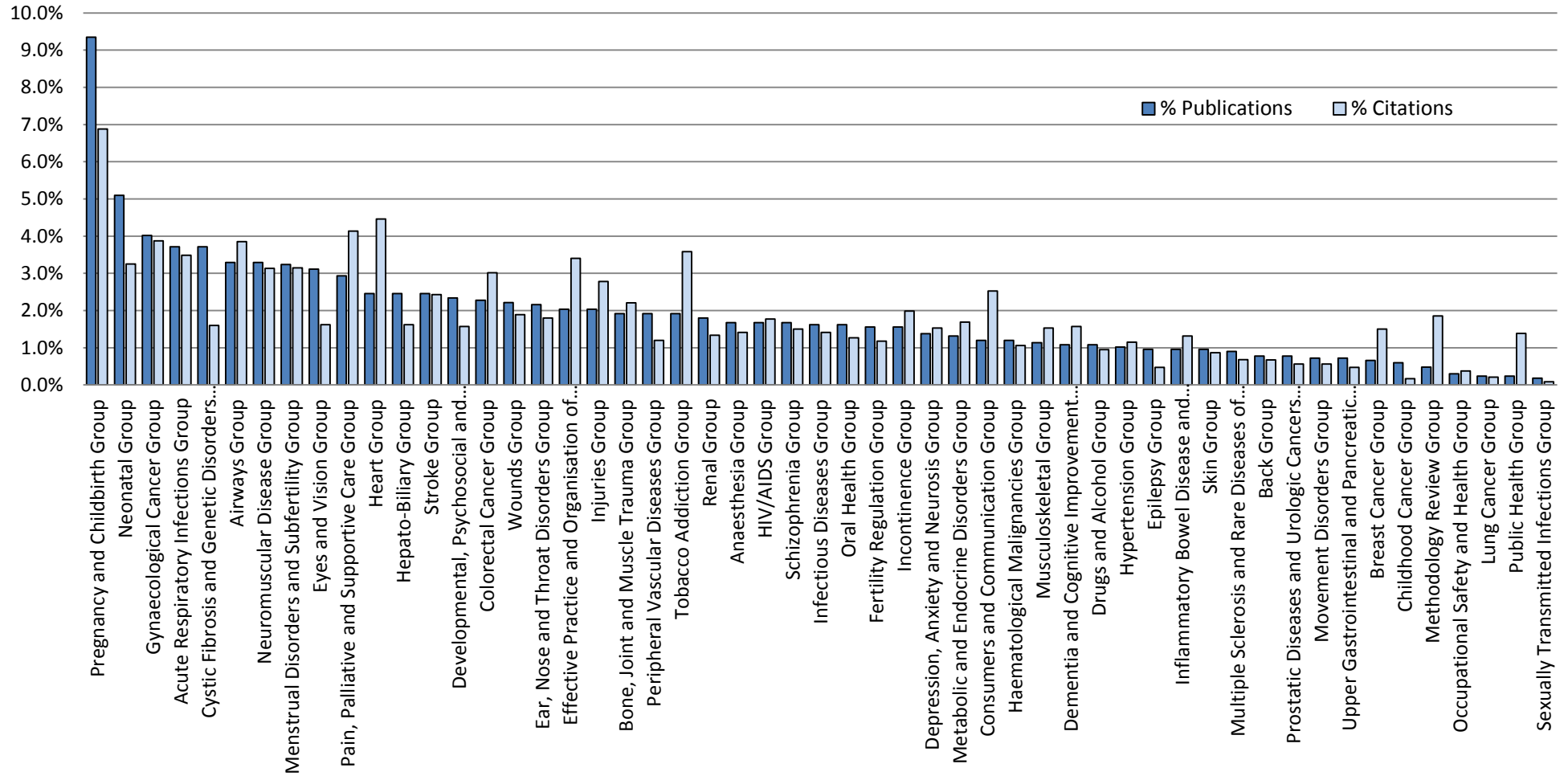
Journal Title	No. of items published in 2012	Impact Factor 2013	Impact Factor rank in category
CDSR	966	5.939	10
Chinese Medical Journal-Peking	799	1.016	88
BMJ OPEN	654	2.063	43
Internal Medicine	563	0.967	91
NEJM	360	54.420	1

17% of reviews published in 2012 were not cited in the 2013 impact factor window compared with 21% published in 2011 that were not cited in the 2012 impact factor window.

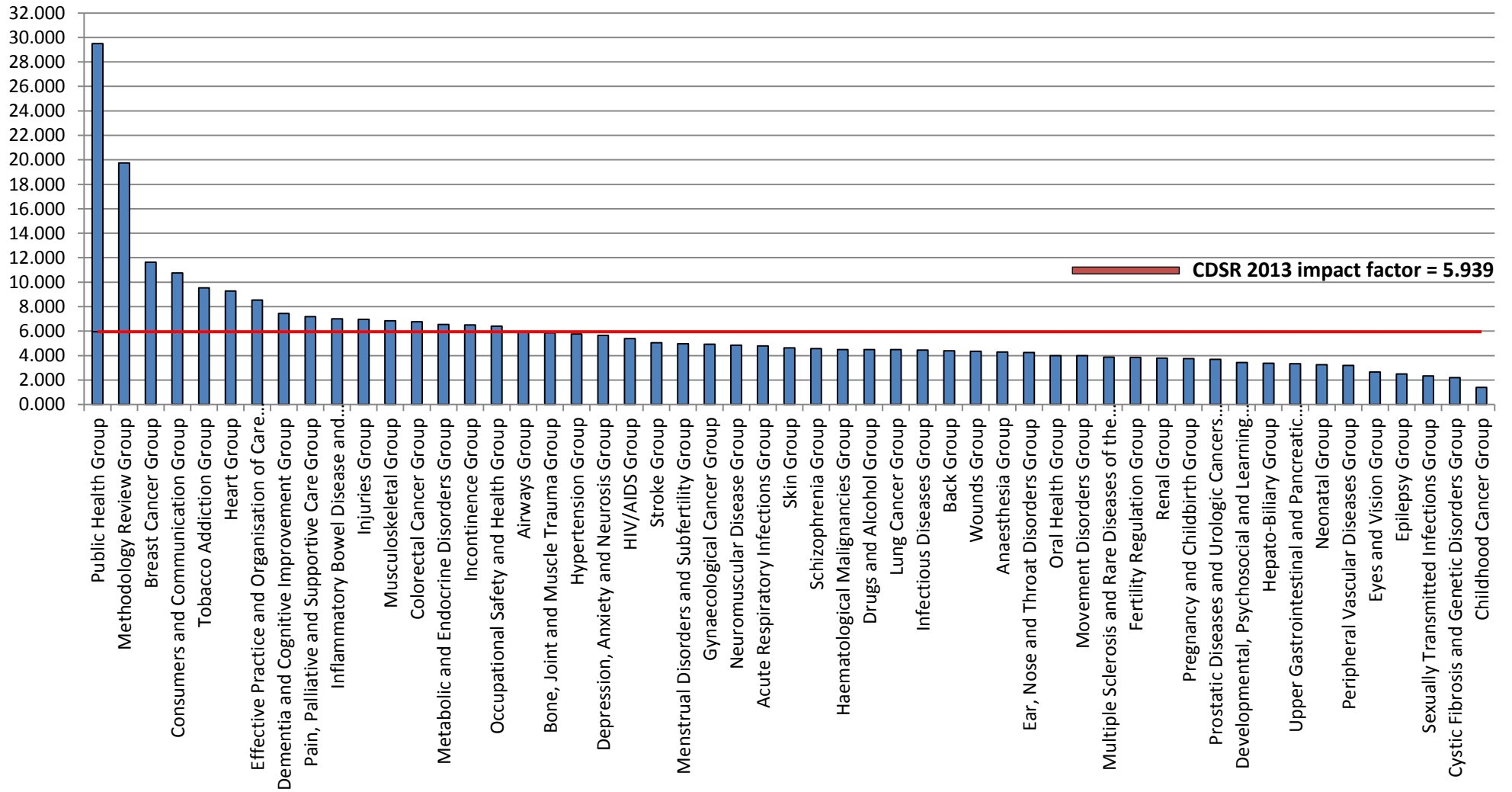
## 2. The impact factors of individual Cochrane Review Groups (CRGs):

- a) **Figure 1**, details the number of publications and citations contributing to the 2013 impact factor for each CRG as a percentage of the CDSR. **Figure 2** shows the 2013 CRG impact factor for each CRG. It is important to remember that these figures have been calculated using datasets from ISI Web of Science and are not 'official' impact factors.

**Figure 1: % Publications (dark blue) and % Citations (light blue) of CDSR for each CRG (in order of percentage of publications)**



**Figure 2: “Impact Factor” for each CRG (i.e. number of cites in 2013 to reviews published in 2011–2012, divided by the number of reviews published in 2011–2012)**





### 3. How the citation data compare to Wiley Online Library usage data:

- a) Each Review in CDSR, regardless of publication date, was accessed in full-text format on average 661 times during 2013 (5,802 articles accessed 3,836,736 times). This is a fall of 8% on the 2012 figure of 715 (5,586 articles accessed 3,995,874 times).
- b) The top ten **most accessed** reviews in 2013 were:

Review Title	Full Text Accesses	Abstract accesses	Most Recent Publication Date	CRG
Interventions for preventing falls in older people living in the community	17,164	35,917	09/12	Bone, Joint and Muscle Trauma Group
Interventions for preventing obesity in children	15,338	32,093	12/11	Public Health Group
Colloids versus crystalloids for fluid resuscitation in critically ill patients	14,911	25,521	02/13	Injuries Group
Early skin-to-skin contact for mothers and their healthy newborn infants	14,095	15,362	05/12	Pregnancy and Childbirth Group
Exercise for depression	13,653	30,721	09/13	Depression, Anxiety and Neurosis Group
Statins for the primary prevention of cardiovascular disease	12,556	28,870	01/13	Heart Group
Interventions for preventing falls in older people in care facilities and hospitals	12,114	24,990	12/12	Bone, Joint and Muscle Trauma Group
Discharge planning from hospital to home	10,871	18,111	01/13	Effective Practice and Organisation of Care Group
Interprofessional education: effects on professional practice and health care outcomes	10,616	12,300	03/13	Effective Practice and Organisation of Care Group
Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes	10,257	14,880	03/09	Effective Practice and Organisation of Care Group

### 4. The usage of individual *Cochrane Review Groups*:

- a) **Figure 3**, details the number of publications and full text accesses contributing to the usage figure of 661 for each CRG as a percentage of the CDSR. **Figure 4** shows the average usage per review as accessed via Wiley Online Library during 2013 (regardless of publication date).

**Figure 3: % Publications (dark blue) and % Full Text Accesses (light blue) of CDSR for each CRG (in order of percentage of publications)**

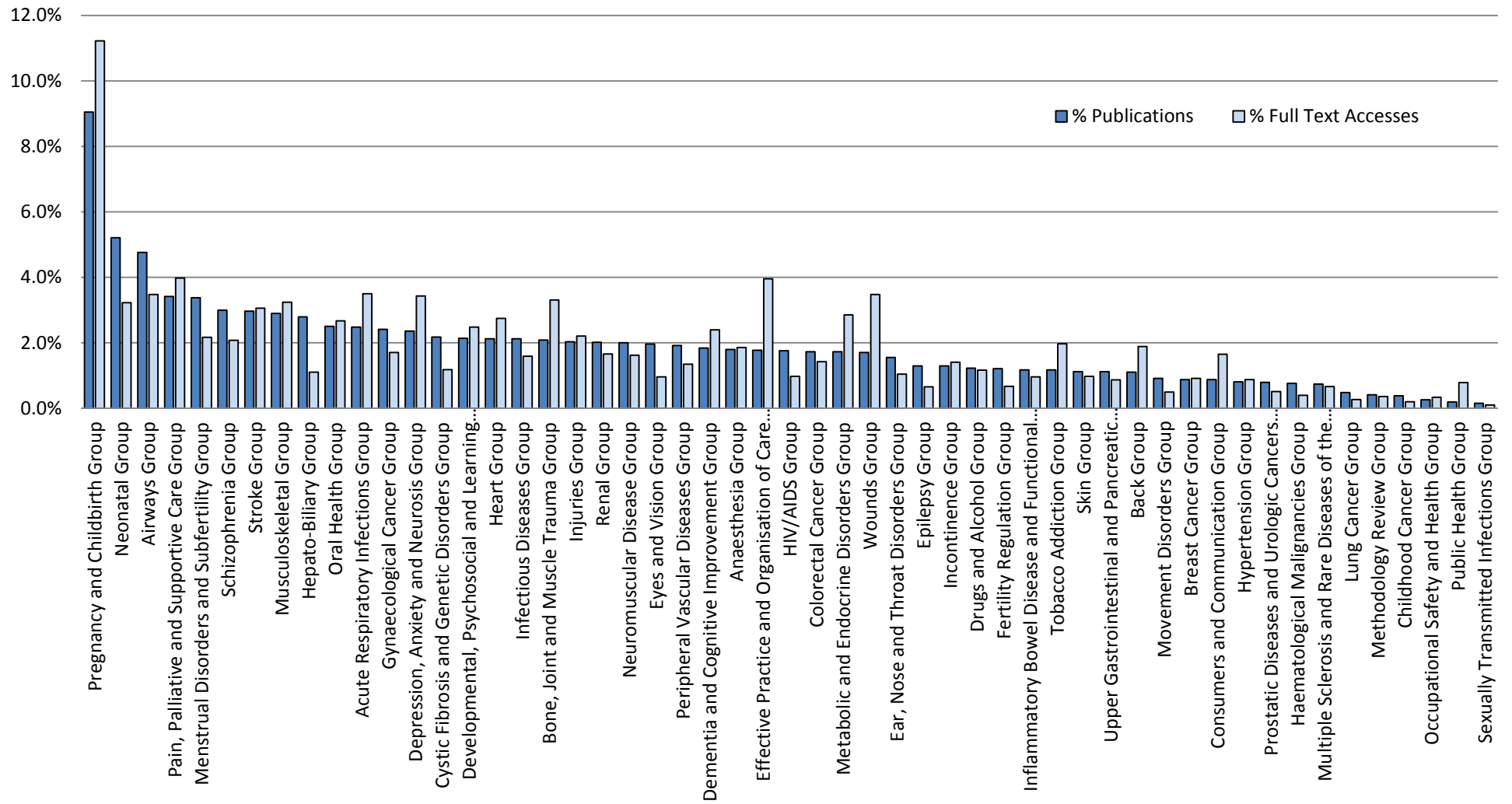
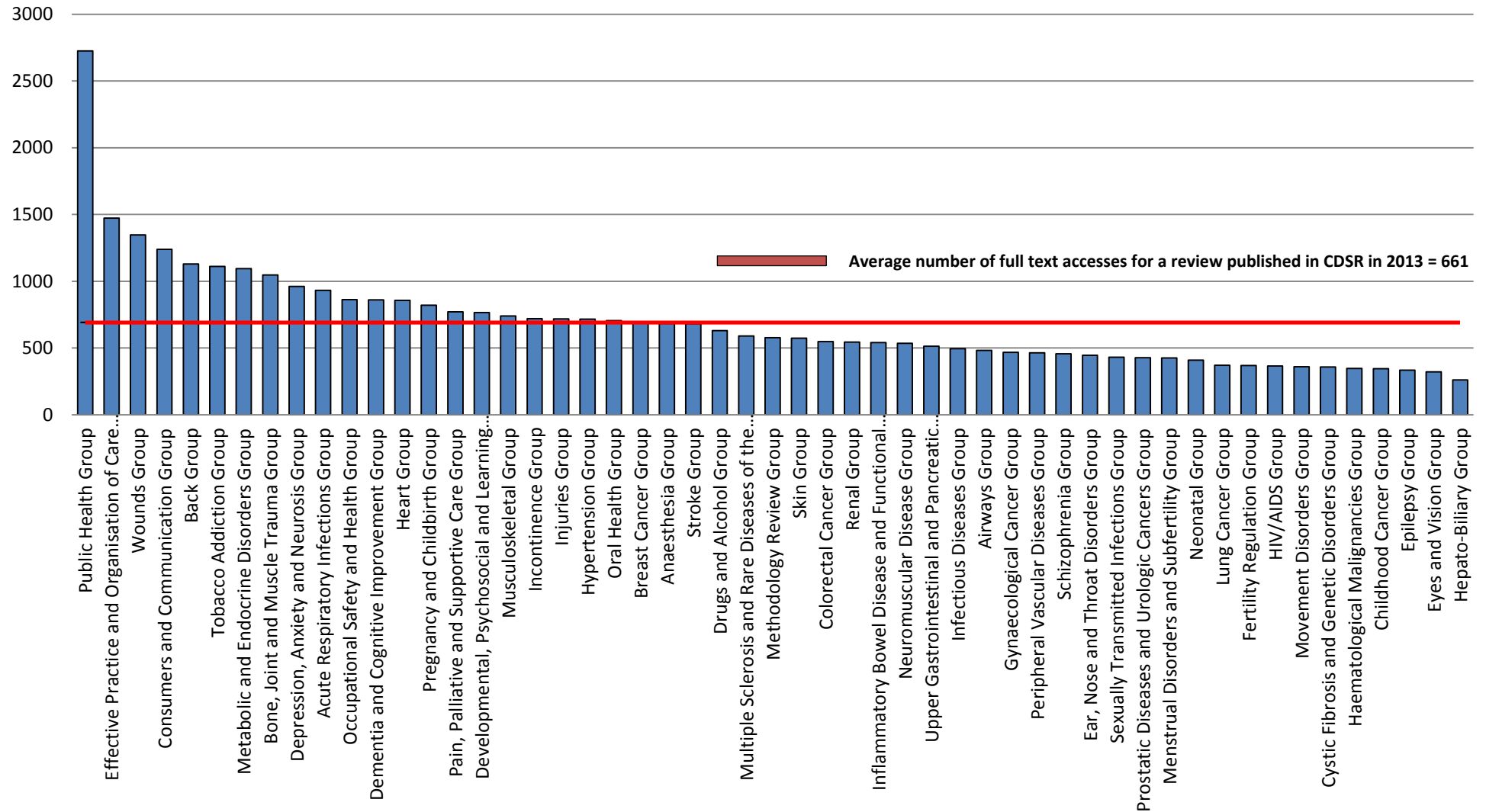
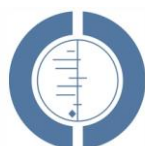






Figure 4: Average number of full-text accesses during 2013 by Cochrane Review Group





## 5. Increasing the reach of Cochrane Reviews

- a) Podcasts are recorded, a Cochrane Journal Club is produced and Cochrane Reviews were press released in 2013. These three initiatives undoubtedly boost the usage of Cochrane Reviews and enable a global audience to access Cochrane Reviews in different formats.
- b) The top five **most accessed** podcasts in 2013 were:

Title	Release date	Unique Page Views	CRG
Colloids versus crystalloids for fluid resuscitation in critically ill patients	Feb-13	1,647	Injuries Group
Midwife -led continuity models versus other models of care for childbearing women	Aug-13	656	Pregnancy and Childbirth Group
Selective serotonin reuptake inhibitors (SSRIs) for stroke recovery	Nov-12	606	Stroke Group
Selenium supplementation for the primary prevention of cardiovascular disease	Jan-13	564	Heart Group
Xpert® MTB/RIF assay for pulmonary tuberculosis and rifampicin resistance in adults	Jan-13	523	Infectious Diseases Group

The RSS feed for Cochrane podcasts had on average 880 subscribers in 2013, a 12% increase on the average number of subscribers in 2012 (778).

- c) 8 Cochrane Journal Club's were produced in 2013. The most popular was 'Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes'.

Title	Release date	Unique Page Views*	CRG
Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes	August	5,175	Pregnancy and Childbirth Group
Fluoride varnishes for preventing dental caries in children and adolescents	September	3,543	Oral Health Group
Colloids versus crystalloids for fluid resuscitation in critically ill patients	March	2,602	Injuries Group
Selenium supplementation for the primary prevention of cardiovascular disease	February	2,332	Heart Group



Selective serotonin reuptake inhibitors (SSRIs) for stroke recovery	January	1,863	Stroke Group
Training to recognise the early signs of recurrence in schizophrenia	April	1,288	Schizophrenia Group
Multimedia educational interventions for consumers about prescribed and over-the-counter medications	July	789	Consumers and Communications Group
Nutritional interventions for reducing morbidity and mortality in people with HIV	June	452	HIV/AIDS Group

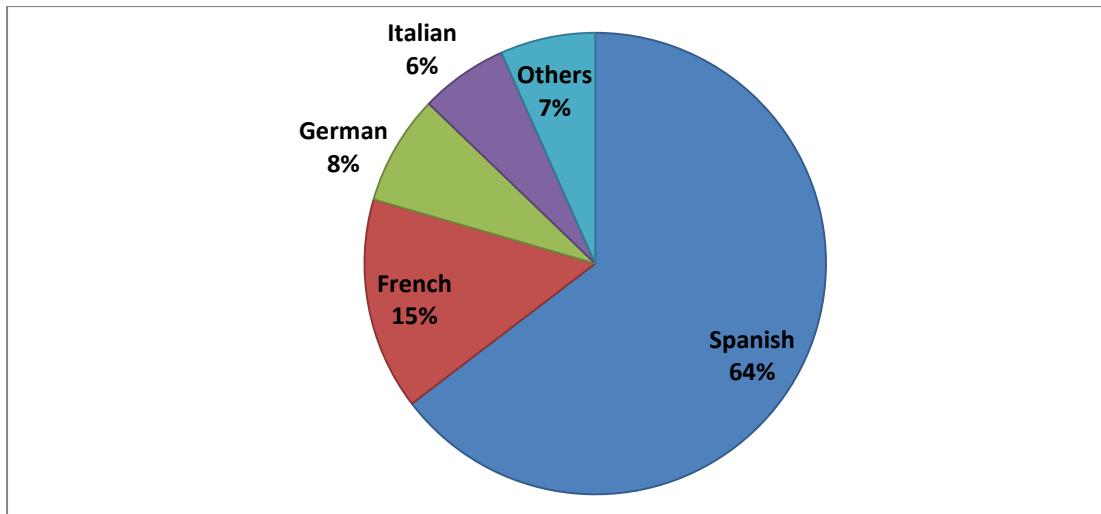
\* Data is taken from the first three months after release

d) The five Cochrane press releases that received the most media attention in 2013 were:

Issue	Title	CRG	Number of clips
Issue 9	<i>Exercise for Depression: Some Benefits but Better Trials Are Needed</i> Cochrane Review: <b>Exercise for depression</b>	Depression, Anxiety and Neurosis Group	408
Issue 7	<i>Later Cord Clamping After Birth Increases Iron Levels in Babies</i> Cochrane Review: <b>Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes</b>	Pregnancy and Childbirth Group	283
Issue 8	<i>Women Who Receive Midwife Care Throughout Their Pregnancy and Birth Have Better Outcomes</i> Cochrane Review: <b>Midwife-led continuity models versus other models of care for childbearing women</b>	Pregnancy and Childbirth Group	273
Issue 12	<i>Exercise Beneficial for Dementia</i> Cochrane Review: <b>Exercise programs for people with dementia</b>	Dementia and Cognitive Improvement Group	204
Issue 8	<i>Do Antioxidants Improve a Woman's Chances of Conceiving?</i> Cochrane Review: <b>Antioxidants for female subfertility</b>	Menstrual Disorders and Subfertility Group	180

Figure 5 shows the spread of non-English language coverage in 2013. The countries represented are those that translated 5 or more Cochrane Reviews.

Figure 5: Non-English language coverage of Cochrane Press Releases in 2013



## 6. Alternative Metrics

- a) For the first time, we are able to report on Altmetrics for Cochrane reviews.

Altmetric (<http://www.altmetric.com/>) has created a system to track the attention that scholarly articles and datasets receive online. It does this by pulling in data from three main sources; social media, traditional media, and online reference managers.

In June 2014, Altmetric announced that tracking of policy and guidance documents had begun. To date, 453 Cochrane reviews have been associated with a policy or guidance document in Altmetric.

The Altmetric score is a quantitative measure of the attention that a scholarly article has received. It is derived from three main factors:

**Volume** - The score for an article rises as more people mention it.

**Sources** - Each category of mention contributes a different base amount to the final score.

**Authors** - How often the author of each mention talks about scholarly articles influences the contribution of the mention.

The unique Altmetric score is available on the abstract page of every Cochrane review that has achieved an Altmetric score of one or above.



b) The highest Altmetric scores from Cochrane reviews published in 2013 (scores retrieved 5th August 2014) are:

Score	Review Title	R	B	T	G	F1	N	F	PR	PD	M	C
340	Midwife-led continuity models versus other models of care for childbearing women	0	2	323	5	0	7	60	0	0	0	0
251	Screening for breast cancer with mammography	3	14	124	2	0	8	4	0	0	26	3
211	Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes	0	5	122	0	1	9	50	0	1	22	0
204	Exercise for depression	0	5	154	3	0	8	13	0	0	163	2
184	Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers	1	3	145	0	0	7	16	1	0	9	1

R=Reddit threads B=Bloggers T=Tweeters G=Google+ authors F1=F1000 reviews N= News outlets F=Facebook walls  
PR=Peer review sites PD=Policy documents M=Mendeley readers C=CiteULike readers

### Additional resources:

- A Frequently Asked Questions document (FAQ) is available from The Cochrane Library homepage, which describes the CDSR impact factor and contains additional information about the citation index. You can access this document [here](#).
- If you have any further queries regarding the data presented in this report, please contact Gavin Stewart (gstewart@wiley.com).