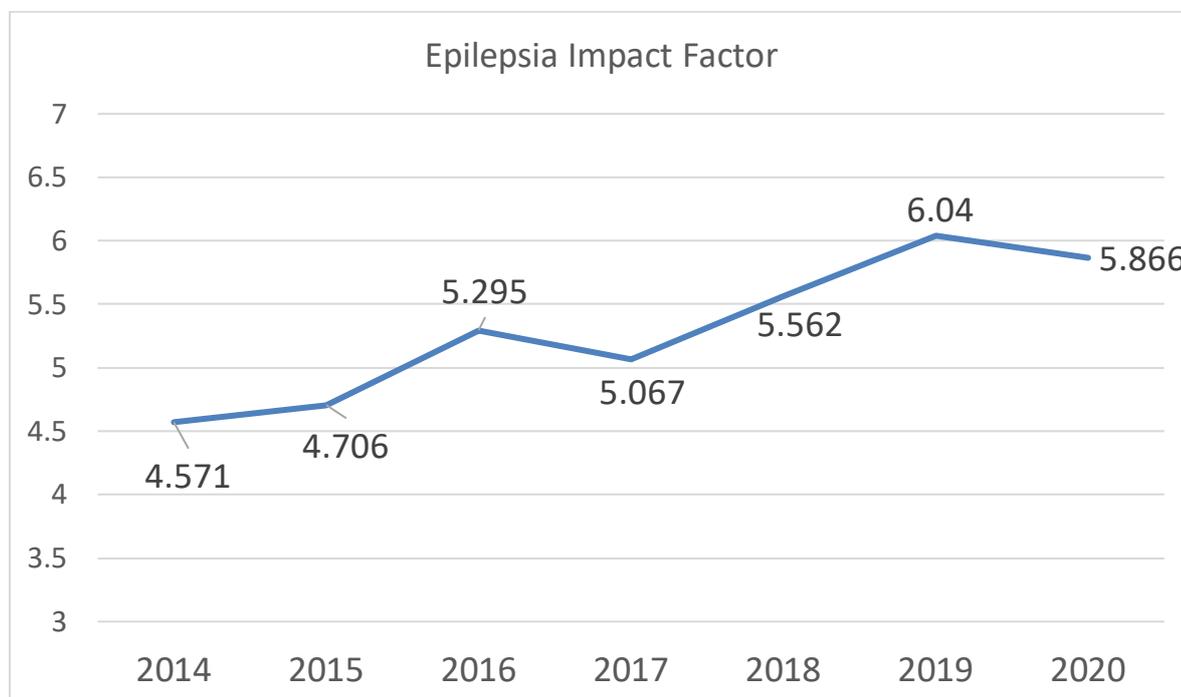


Epilepsia

2021 Annual Report

Epilepsia had another successful year in 2022. Its impact factor remains in our target range and was 5.866 in 2020, ranking 32th of 208 journals within the Clinical Neurology category. Given the lack of any ILAE reports, definitions, or guidelines, we were especially pleased that it remained close to the prior year’s score, supporting the increase in quality of the journal publications. Epilepsia’s impact factor is significantly higher than the impact factor of any of the other epilepsy sub-specialty journals that publish original research. Our objective has been to improve journal quality and maintain an impact factor of 5.0 or greater. The journal now attracts high quality publications in basic and clinical science. Submissions in 2021 returned to pre-pandemic levels after the increase noted in 2020. Our objective remains to continue improving journal quality by maintaining a focus on publishing novel, high quality scientific findings and state of the art reviews. We began a new initiative in 2020, bringing on an associate editor for reviews. We anticipate that this will lead to increase in impact factor with a further increase in quality of submissions to the journal. We continue to publish manuscripts in a wide variety of areas in epilepsy, including basic science, clinical neurology, neuropsychology, clinical neurophysiology, neuroimaging, genetics, and others, and encompass both adult and pediatric epileptology. We strive to publish papers that reflect the diversity of interests of the membership of the League, maintaining the focus on quality. As can be seen in the table below, the most downloaded and most cited articles are mainly important original research contributions and we anticipate that reviews will feature more prominently in these lists.

Evolution of the impact factor



Volume 61 (calendar year 2021) comprised 3813 printed editorial pages among which 1065 were open access plus 153 e-only pages, which included twelve regular monthly issues. The open access articles comprise in particular ILAE Position papers, Reports from ILAE Organizational Entities, Clinical Practice Guidelines papers.

The following supplements were also published:

S1: Biological rhythms and the risk of epilepsy.

Guest Editors: Astrid Nehlig and Christophe Bernard, 71 pages.

S2: Can we predict the future in epilepsy?

Guest Editors: Astrid Nehlig and Samuel Wiebe, 59 pages

S3: 34th International Epilepsy Congress Virtual 28 August – 1 September 2021, 385 pages

Manuscript Statistics for Epilepsia

In 2021, there was a decrease in the number of submissions across all categories to a rate similar to prior years, as can be seen in the table below; this compares the number of submissions in 2019, 2020 and 2021. The number of submissions went back to its usual level of the pre-Covid period.

Comparison between the number of submissions 2019-2021

	2019	2020	2021
Article Type	# Manuscripts	# Manuscripts	# Manuscripts
Research Article	844	1117	854
Brief communications	174	260	140
Critical reviews	53	64	57
All manuscripts	1128	1530	1113

The submissions remained predominantly clinical, with only a 10-17% basic over the years.

Submissions per specialty (clinical vs basic/translational)

	Clinical	%	Basic	%	Total
2021	969	87.1%	144	12.9%	1113
2020	1371	89.6%	159	10.4%	1530
2019	945	83.3%	189	16.7%	1134
2018	952	84.8%	171	15.2%	1123
2017	927	81.7%	208	18.3%	1135

Accept - Rejection rates – 2019-2021 Submissions

*Papers submitted in 2021 with a final decision.

Accept-Rejection rates are listed in terms of number of manuscripts submitted and accepted/ rejected for the different categories of papers published in the journal. Submission years 2019, 2020 and 2021 are listed below. All 2019 and 2020 papers were included as all papers submitted have received a final decision. For submission year 2021*, presently 4.04% of submitted papers remain without a final decision as of the writing of this report (most will likely be accepted), with reviews pending or revisions requested. The accept/rejection rates in all categories peaked in 2020 but during year 2021 they all went down to the level reached prior the pre-Covid submission period.

All Manuscripts

Decision	2019		2020		2021*	
	# Manuscripts	%	# Manuscripts	%	# Manuscripts	%
Accept	276	24.47%	368	24.05%	257	23.09%
Reject (Direct and after review)	849	75.26%	1,159	75.75%	808	72.67%
No Final Decision					45	4.04%
Other	3	0.27%	3	0.20%	3	0.20%
Total	1,128	100.00%	1,530	100.00%	1113	100.00%

Research Articles

Decision	2019		2020*		2021*	
	# Manuscripts	%	# Manuscripts	%	# Manuscripts	%
Accept	186	22.04%	240	21.49%	186	21.77%
Reject (Direct and after review)	655	77.60%	876	78.43%	635	74.54%
No Final Decision					32	3.57%
Other	3	0.36%	1	0.08%	1	0.12%
Total	844	100.0%	1,117	100.0%	854	100.00%

Brief Communications

Decision	2019		2020		2021*	
	# Manuscripts	%	# Manuscripts	%	# Manuscripts	%
Accept	22	12.64%	41	15.77%	17	12.14%
Reject (Direct and after review)	152	87.36%	218	83.85%	116	82.86%
No Final Decision					5	3.57%
Other			1	0.38%	2	1.43%
Total	174	100.00%	260	100.0%	140	100.0%

Critical Reviews

Decision	2019		2020		2021*	
	# Manuscripts	%	# Manuscripts	%	# Manuscripts	%
Accept	21	39.62%	31	48.44%	18	31.58%
Reject (Direct and after review)	32	60.38%	33	51.56%	36	63.16%
No Final Decision					3	5.26%
Total	53	100.00%	64	100.0%	57	100.00%

Epilepsia Rejection Statistics – 2019-2021 Submissions

*Papers submitted in 2021 with a final decision.

All Manuscripts

Decision	2019		2020		2021*	
	# Manuscripts	%	# Manuscripts	%	# Manuscripts	%
Direct Reject	289	34.04%	481	41.94%	350	43.32%
Direct reject with transfer offer EO	154	18.14%	191	16.65%	107	13.24%
Direct reject with transfer offer EPD	49	5.77%	59	5.14%	50	6.19%
Direct reject/resubmit	33	3.89%	15	1.31%		
Reject after review	223	26.27%	325	28.33%	281	34.78%
Reject after review with a transfer offer EO	42	4.95%	27	2.35%	18	2.23%
Reject after review with a transfer offer EPD	5	0.59%	3	0.26%	2	0.25%
Reject/resubmit (Reviewed)	54	6.36%	46	4.01%		
Total	849	100.00%	1,147	100.00%	808	100.00%

Research Articles

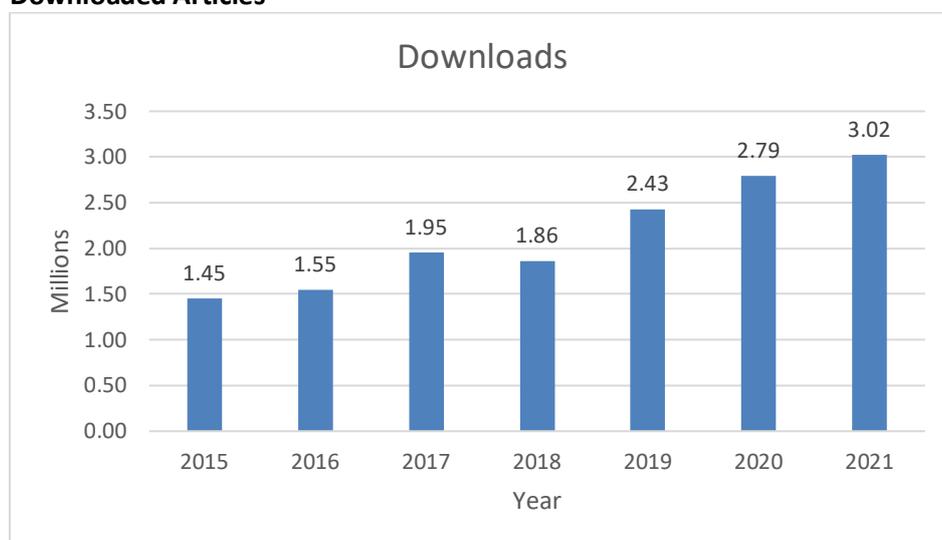
Decision	2019		2020		2021*	
	# Manuscripts	%	# Manuscripts	%	# Manuscripts	%
Direct Reject	217	33.13%	347	39.61%	263	41.42%
Direct reject with transfer offer EO	117	17.86%	140	15.98%	90	14.17%
Direct reject with transfer offer EPD	39	5.95%	47	5.37%	35	5.51%
Direct reject/resubmit	21	3.21%	12	1.37%		
Reject after review	181	27.63%	266	30.37%	230	36.22%
Reject after review with a transfer offer EO	31	4.73%	18	2.05%	15	2.36%
Reject after review with a transfer offer EPD	3	0.46%	3	0.34%	2	0.31%
Reject/resubmit (Reviewed)	46	7.02%	43	4.91%		
Total	655	100.00%	876	100.00%	635	100.00%

Brief Communications

Decision	2019		2020		2021*	
	# Manuscripts	%	# Manuscripts	%	# Manuscripts	%
Direct Reject	55	36.18%	104	47.93%	60	51.72%
Direct reject with transfer offer EO	36	23.68%	48	22.12%	16	13.79%
Direct reject with transfer offer EPD	10	6.58%	12	5.53%	12	10.34%
Direct reject/resubmit	9	5.92%	2	0.92%		
Reject after review	26	17.11%	41	18.89%	25	21.55%
Reject after review with a transfer offer EO	9	5.92%	9	4.15%	3	2.59%
Reject after review with a transfer offer EPD	1	0.66%	0	0.00%		
Reject/resubmit (Reviewed)	6	3.95%	1	0.46%		
Total	152	100.00%	217	100.00%	116	100.00%

The editors consider quality and novelty as the most important criteria when choosing papers for publication. The journal has a diverse audience, and the editors view the need to appeal to a wide range of readers as critical. Financially, the Journal remains highly successful, bringing in net income to ILAE of over US\$1 million.

Downloaded Articles



There were 3.02M full-text downloads of *Epilepsia* content in 2021, a 8.2% increase from 2020.

Top 20: 2021 Downloads

Rank	Article title	Author	DOI	Publication Year	Volume	Issue	Full text Downloads
1	Time to onset of cannabidiol (CBD) treatment effect in Lennox–Gastaut syndrome: Analysis from two randomized controlled trials	M. Privitera	10.1111/epi.16878	2021	62	5	79,216
2	The ILAE classification of seizures and the epilepsies: Modification for seizures in the neonate. Position paper by the ILAE Task Force on Neonatal Seizures	R. Pressler	10.1111/epi.16815	2021	62	3	16,245
3	Dietary medium chain triglycerides for management of epilepsy: New data from human, dog, and rodent studies	K. Borges	10.1111/epi.16972	2021	62	8	6,427
4	The role of new medical treatments for the management of developmental and epileptic encephalopathies: Novel concepts and results	C. Landmark	10.1111/epi.16849	2021	62	4	5,027
5	Seizure detection using wearable sensors and machine learning: Setting a benchmark	J. Tang	10.1111/epi.16967	2021	62	8	4,138
6	Comparison of minimally invasive and traditional surgical approaches for refractory mesial temporal lobe epilepsy: A systematic review and meta-analysis of outcomes	K. Kohlhase	10.1111/epi.16846	2021	62	4	3,853
7	The ups and downs of alkyl-carbamates in epilepsy therapy: How does cenobamate differ?	W. Loescher	10.1111/epi.16832	2021	62	3	3,846
8	Prediction of seizure recurrence risk following discontinuation of antiepileptic drugs	I. Massacesi	10.1111/epi.16993	2021	62	9	3,705
9	First-line antiepileptic drug treatment in glioma patients with epilepsy: Levetiracetam vs valproic acid	P. Van der Meer	10.1111/epi.16880	2021	62	5	3,633
10	Toward a better definition of focal cortical dysplasia: An iterative histopathological and genetic agreement trial	I Bluemcke,	10.1111/epi.16899	2021	62	6	3,577
11	Epilepsy care during the COVID-19 pandemic	J. H. Cross	10.1111/epi.17045	2021	62	10	3,383
12	Neurodevelopmental outcomes in children exposed to newer antiseizure medications: A systematic review	R. Knight	10.1111/epi.16953	2021	62	8	3,237
13	Abstracts		10.1111/epi.17079	2021	62	-	3,203
14	Epilepsy, antiepileptic drugs, and the risk of major cardiovascular events	W. Pickrell	10.1111/epi.16930	2021	62	7	3,177
15	Atlas of lesion locations and postsurgical seizure freedom in focal cortical dysplasia: A MELD study	K. Wagstyl	10.1111/epi.17130	2021	63	1	3,148
16	Perampanel and pregnancy	B Vazquez	10.1111/epi.16821	2021	62	3	3,057
17	Shared genetic basis between genetic generalized epilepsy and background electroencephalographic oscillations	J. Luykx	10.1111/epi.16922	2021	62	7	2,997
18	Defining Dravet syndrome: An essential pre-requisite for precision medicine trials	I Scheffer	10.1111/epi.17015	2021	62	9	2,966
19	Seizure-related deaths in children: The expanding spectrum	O Devinsky	10.1111/epi.16833	2021	62	3	2,897
20	Prehospital lactate levels in blood as a seizure biomarker: A multi-center observational study	J. Zelano	10.1111/epi.16806	2021	62	2	2,747

Top 20: Most cited articles

Articles published 2020-2021 (Citations as of the writing of this report)

Rank	Title	Author	DOI	Publication Year	Volume	Issue	Citations
1	New onset acute symptomatic seizure and risk factors in coronavirus disease 2019: A retrospective multicenter study	J. Luo	10.1111/epi.16524	2020	61	6	159
2	Severe psychological distress among patients with epilepsy during the COVID-19 outbreak in southwest China	B. Yan	10.1111/epi.16544	2020	61	6	73
3	Orbitofrontal involvement in a neuroCOVID-19 patient	S. Demeret, s	10.1111/epi.16612	2020	61	8	43
4	COVID-19 outbreak: The impact of stress on seizures in patients with epilepsy	F. Wang	10.1111/epi.16635	2020	61	9	39
5	Acute symptomatic seizures secondary to autoimmune encephalitis and autoimmune-associated epilepsy: Conceptual definitions	C. Steriade	10.1111/epi.16571	2020	61	7	36
6	Forecasting cycles of seizure likelihood	P. Karoly	10.1111/epi.16485	2020	61	4	31
7	Value of 7T MRI and post-processing in patients with nonlesional 3T MRI undergoing epilepsy presurgical evaluation	I Wang,	10.1111/epi.16682	2020	61	11	28
8	A new era in electroencephalographic monitoring? Subscalp devices for ultra-long-term recordings	J. Duun-Henriksen	10.1111/epi.16630	2020	61	9	27
9	Genetic diagnoses in epilepsy: The impact of dynamic exome analysis in a pediatric cohort	A. Poduri	10.1111/epi.16427	2020	61	2	27
10	Cenobamate (YKP3089) as adjunctive treatment for uncontrolled focal seizures in a large, phase 3, multicenter, open-label safety study	M. Sperling	10.1111/epi.16525	2020	61	6	24
11	Cannabidiol efficacy and clobazam status: A systematic review and meta-analysis	S. Lattanzi	10.1111/epi.16546	2020	61	6	24
12	New insights into the early mechanisms of epileptogenesis in a zebrafish model of Dravet syndrome	C. Esguerra	10.1111/epi.16456	2020	61	3	23
13	Mesial temporal resection following long-term ambulatory intracranial EEG monitoring with a direct brain-responsive neurostimulation system	L. Hirsch	10.1111/epi.16442	2020	61	3	22
14	COVID-19 and seizures: Is there a link?	D. Vohora	10.1111/epi.16656	2020	61	9	21
15	Continuous EEG findings in patients with COVID-19 infection admitted to a New York academic hospital system	D. Friedman	10.1111/epi.16667	2020	61	10	21
16	Repurposed molecules for antiepileptogenesis: Missing an opportunity to prevent epilepsy?	P. Klein	10.1111/epi.16450	2020	61	3	20
17	Post-COVID-19 inflammatory syndrome manifesting as refractory status epilepticus	E. Carroll	10.1111/epi.16683	2020	61	10	19
18	Signal quality and patient experience with wearable devices for epilepsy management	B. Brinkmann	10.1111/epi.16527	2020	61	S1	19
19	Fenfluramine HCl (Fintepla®) provides long-term clinically meaningful reduction in seizure frequency: Analysis of an ongoing open-label extension study	A. Gammaitoni	10.1111/epi.16722	2020	61	11	18
20	The accuracy of using administrative healthcare data to identify epilepsy cases: A systematic review of validation studies	G. Mbizvo, g	10.1111/epi.16547	2020	61	7	18

Top Altmetric Scores: Published in 2021

Rank	Article title	Author	DOI	Publication Year	Volume	Issue	Altmetric Score
1	Vascular risk factors as predictors of epilepsy in older age: The Framingham Heart Study	M. Stefanidou	10.1111/epi.17108	2021	63	1	212
2	Synergistic effect of sleep depth and seizures correlates with postictal heart rate	A. Schomer	10.1111/epi.16869	2021	62	5	121
3	Effect of levetiracetam and oxcarbazepine on 4-year fragility fracture risk among prepubertal and pubertal children with epilepsy	D. Whitney	10.1111/epi.16998	2021	62	9	105
4	Musicogenic epilepsy: Expanding the spectrum of glutamic acid decarboxylase 65 neurological autoimmunity	K. Smith	10.1111/epi.16888	2021	62	5	96
5	The ILAE classification of seizures and the epilepsies: Modification for seizures in the neonate. Position paper by the ILAE Task Force on Neonatal Seizures	R. Pressler	10.1111/epi.16815	2021	62	3	93
6	Clinical and EEG factors associated with antiseizure medication resistance in idiopathic generalized epilepsy	B. Kamitak	10.1111/epi.17104	2021	63	1	86
7	Synthetic resin acid derivatives selectively open the hK V 7.2/7.3 channel and prevent epileptic seizures	M. Ottosson	10.1111/epi.16932	2021	62	7	74
8	Rapid administration of undiluted intravenous levetiracetam	J. Haller	10.1111/epi.16961	2021	62	8	73
9	Epilepsy surgery in infants up to 3 months of age: Safety, feasibility, and outcomes: A multicenter, multinational study	J. Roth	10.1111/epi.16959	2021	62	8	66
10	Genetic testing for the epilepsies: A systematic review	B. Sheidley	10.1111/epi.17141	2021	62	2	62
11	Long-term safety and efficacy of add-on cannabidiol in patients with Lennox–Gastaut syndrome: Results of a long-term open-label extension trial	A. Patel	10.1111/epi.17000	2021	62	9	60
12	A national study of epilepsy-related deaths in Scotland: Trends, mechanisms, and avoidable deaths	G. Mbizvo	10.1111/epi.17065	2021	62	11	57
13	Assessing seizure burden in pediatric epilepsy using an electronic medical record–based tool through a common data element approach	M. Fitzgerald	10.1111/epi.16934	2021	62	7	56
14	Atlas of lesion locations and postsurgical seizure freedom in focal cortical dysplasia: A MELD study	K. Wagstyl	10.1111/epi.17130	2021	63	1	54
15	Efficacy of cenobamate for uncontrolled focal seizures: Post hoc analysis of a Phase 3, multicenter, open-label study	M. Sperling	10.1111/epi.17091	2021	62	12	53
16	Pilot study of focused ultrasound for drug-resistant epilepsy	C. Lee	10.1111/epi.17105	2021	63	1	53
17	Modeling seizures in the Human Phenotype Ontology according to contemporary ILAE concepts makes big phenotypic data tractable	D. Lewis-Smith	10.1111/epi.16908	2021	62	6	50
18	The SANTÉ study at 10 years of follow-up: Effectiveness, safety, and sudden unexpected death in epilepsy	V. Salanova	10.1111/epi.16895	2021	62	6	49
19	A web-based algorithm to rapidly classify seizures for the purpose of drug selection	S. Beniczky	10.1111/epi.17039	2021	62	10	49
20	Antiseizure medications and thyroid hormone homeostasis: Literature review and practical recommendations	A. Rochtus	10.1111/epi.17117	2021	63	2	48

Altmetric is a system that tracks the attention that research outputs such as scholarly articles and data sets receive online. It pulls data from Social media such as Twitter and Facebook, Traditional media - both mainstream (The Guardian, New York Times) and field specific (New Scientist, Bird Watching). Many non-English language titles are covered. It is important to note that Altmetric measures attention, not quality; Altmetric only tracks public attention and direct attention.

The Altmetric Attention Score is influenced by two factors:

1. The quantity of posts mentioning an output
2. The quality of the post's source

Important things to remember:

- Altmetric measures **attention**, not quality. People pay attention to papers for all sorts of reasons, not all of them positive.
- Altmetric only tracks **public** attention. Papers are discussed in private forums, offline in journal clubs and by email but we cannot track this.
- Altmetric tracks **direct** attention, that is to say attention focused on a specific research paper or dataset. More specifically for a newspaper article or blog post etc. to be counted by Altmetric it must either contain a link to the publication (journal article, DOI, PMID, or institutional repository) or reach our text mining criteria.
- Altmetric provides you with a single metric per output so that you can quickly **compare relative levels of attention**, but it only makes sense to use this when comparing apples with apples (e.g., within a single discipline). The norms for attention are very different for different scientific disciplines, just as the norms for citations are.

Geographic distribution of manuscripts submitted to Epilepsia

Epilepsia received submissions from 63 countries in 2021.

2021 Submission: Top 20 countries

Country	%	Country	%
United States	26.5%	Korea (the Republic of)	2.0%
China	13.7%	Denmark	1.8%
Germany	5.7%	Turkey	1.8%
Italy	5.7%	Spain	1.6%
Australia	4.9%	Netherlands	1.5%
United Kingdom of Great Britain and Northern Ireland	4.3%	Brazil	1.2%
Canada	3.8%	Iran (the Islamic Republic of)	1.1%
France	3.8%	Belgium	1.0%
Japan	3.8%	Israel	0.9%
India	3.5%	Switzerland	0.9%

2021 Submission/Acceptance by geographical region

Geographical region	Submissions %	Acceptance %***
Europe	33.6%	27.5%
North America	31.5%	34.3%
Asia	7.5%	7.1%
Oceania (Australia and NZ)	5.1%	26.3%
Middle East / North Africa**	3.1%	11.7%
Central and South America	1.5%	11.7%
Africa	0.54%	0.0%
China*	13.6%	4.6%
India*	3.5%	2.6%

*India and China are listed separately and not included in Asia

**Israel included in the Middle East/North Africa Region

***Manuscripts submitted in 2021 with a final decision. Acceptance percent calculated based on the numbers of papers submitted from each region

Circulation and Readership

Sales Model	2020	2021
Institutions with access via a Wiley license	7,674	7,505
All Journals license	2,954	2,347
Transformational agreements	961	1,399
Other licenses	3,759	3,759
Institutions with access via traditional subscriptions	37	31
Online	18	18
Print and online	2	2
Print	17	11
Total	7,711	7,536

Submitted by Astrid Nehlig and Michael R. Sperling, Editors-in-Chief, *Epilepsia*