

# Cardiology in Review

Journal: Cardiology in Review ISSN: 1061-5377 Publisher: Wolters Kluwer Health Scope: Narrative reviews, short communications, and select meta-analyses in cardiology Indexing: PubMed/MEDLINE, Scopus Impact Factor: Modest (historically < 2.0) Audience: Clinical cardiologists, internists, and residents Format: Bimonthly, peer-reviewed

## □ 1. Scientific Vision or Editorial Drift?

While the journal claims to “bring clinically relevant reviews to practicing cardiologists,” its content is dominated by reiterations of known concepts, surface-level summaries, and retrospective synthesis of marginal novelty. The absence of cutting-edge mechanistic studies or disruptive perspectives makes it feel more like a cardiology comfort zone than a catalyst for progress.

## □ 2. Methodological Inconsistency

The inclusion of meta-analyses with fewer than 5 studies, often statistically underpowered and narratively overstated, undermines the journal’s credibility. Frequently, the statistical methods are described without transparency, and network meta-analyses are performed without meeting basic transitivity assumptions. In short, it’s review-lite dressed in statistical clothing.

## □ 3. Peer Review or Peer Tolerance?

There is a palpable lack of methodological rigor in the peer review process. Studies that would be desk-rejected by higher-impact cardiology or internal medicine journals (e.g., *Circulation*, *JACC*, *EHJ*) find a home here. This editorial leniency has turned the journal into a safe haven for academically polite but clinically inert material.

## □ 4. Impact, Relevance, and Citation Vacuum

Despite indexing in PubMed, the journal remains under-cited, even by its own contributors. Its articles rarely influence clinical guidelines or drive debate in professional circles. It serves more as a CV filler for early-career researchers than a source of clinical guidance.

## □ 5. Academic Echo Chamber Syndrome™

A large fraction of publications recycle well-known epidemiological facts (e.g., Framingham data, HDL-C controversies) without introducing dissenting views or integrating newer omics or AI-based evidence. The journal thus functions more as a repository of cardiological orthodoxy than an engine of intellectual renewal.

## □ Conclusion

Cardiology in Review exemplifies the genre of mid-tier specialty journals that straddle the line between educational utility and scientific stagnation. While it remains a reasonable venue for narrative reviews and modest synthesis papers, it lacks the critical edge, originality, and editorial bravery needed to influence the evolving landscape of cardiovascular medicine.

Verdict: A journal for those who want to publish without provoking, read without rethinking, and cite without consequence.

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