

Paulo García Gutiérrez*, Carlos Santos Alonso, Leonardo Calle García, Carmen Martín Varas, Astrid Rodríguez Gómez, Pablo Sánchez Garrote, Byron Andrés Chilibingua Morales, Nieves Losada de la Rosa, María Jose Fernandez-Reyes Luis

Servicio de Nefrología, Hospital General de Segovia, Segovia, Spain

* Corresponding author.

E-mail address: pauloogg7@hotmail.com (P. García Gutiérrez).

2013-2514/© 2024 Published by Elsevier España, S.L.U. on behalf of Sociedad Española de Nefrología. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).
<https://doi.org/10.1016/j.nefro.2024.02.013>



Gender distribution among editorial boards and authors of nephrology and urology journals

Distribución por sexos entre los consejos editoriales y los autores de las revistas de nefrología y urología

Dear Editor,

Diversity and equality receive increasing attention in the healthcare sector. Relevant discrepancies in gender equality were described in various studies: women were underrepresented in boards of national societies in emergency and intensive care medicine.^{1,2} In addition, women were outnumbered by men on the editorial boards of academic medical journals, and a significant gender gap was also found among speakers at international medical conferences.^{3,4} In nephrology, women were found to be underrepresented among presidents and board members of European nephrology societies.⁵ In Spain, too, there are still far fewer women in management positions in nephrology and scientific research.⁶ However, their representation was still higher compared to several other medical societies.⁵ There have been partially successful efforts to increase the proportion of women in the field of nephrology, e.g. in awards of international nephrological societies and in high-ranking US nephrological journals.^{7,8} Currently, there are no data on the gender distribution in editorial boards and hardly any on authorships of nephrology journals.

In a cross-sectional analysis, the gender of the editorial board members and editors-in-chief of the 30 top-ranked journals in the “Urology and Nephrology” category of the Clarivate Analytics Journal Citation Reports for 2021 was analyzed. All journals ranked in the first quarter (30/120) of the Clarivate JCR were included in the analysis. These included 14 journals with a focus on nephrology and 14 journals on urology. One journal deals with both disciplines and one with nutrition, which is listed in a separate category labeled “Other” (Table 1). In the second part of the study, the gender distribution among

the first and last authors of the 10 top-ranked journals was analyzed.

In the analysis of editors-in-chief and editorial board members, a total of 2669 persons were included of which 625 (23%) were women. In nephrology journals, 392 women (28%) were registered while 192 (18%) for urology journals respectively. Of all analyzed editorial board members, 35 were editors-in-chief, of which seven (20%) were women. In nephrology journals, five out of 16 (31%) editors-in-chief were women and in urology journals, only one of 16 (6%) was a woman. In the category “other”, one out of three (33%) editors-in-chief was a woman. The proportion of women in editorial boards was 28% in nephrology and 18% in urology journals (Fig. 1a). When comparing the top 10% of journals with the next 15%, the proportion of women as editors-in-chief was higher in the top journals, but did not reach significance ($p=0.22$). In contrast, the proportion of women on editorial boards was significantly higher in the top 10% of journals ($p<0.01$).

In the analysis of gender distribution in authorships in urology and nephrology journals, totally 2817 first authors were identified, of which 909 (32%) were women. The proportion of women first authors was significantly higher in nephrology compared to urology journals ($p<0.01$). The analysis of last authors included 2347 authors, of which 486 (21%) were women (Fig. 1b). We found no difference in the proportion of first and last authors between U.S. and non-U.S. journals. There was no significant correlation between the proportion of women first (correlation coefficient 0.53, $p=0.12$) and senior authors (correlation coefficient 0.12, $p=0.74$) and impact factor of the respective journal (data not shown).

In summary, women are underrepresented on the editorial boards and among the authors of nephrology journals. Compared to urology, however, the proportion of women on editorial boards and as authors in nephrology journals was twice as high. Previous studies have already shown this distri-

Table 1 – Clarivate Journal Citation Report-ranked top 30 journals in the category urology and nephrology.

Category	Journal	Ranking	
Urology	European Urology	2	
	Nature Review Urology	3	
	European Urology Oncology	9	
	Journal of Urology	10	
	European Urology Supplements	11	
	European Urology Focus	12	
	Aging Male	14	
	BJU International	15	
	Prostate Cancer and Prostate Disease	16	
	World Journal of Men's Health	17	
	Sexual Medicine Reviews	19	
	World Journal of Urology	21	
	Prostate	23	
	Journal of Sexual Medicine	25	
	Nephrology	Nature Reviews Nephrology	1
		Kidney International	4
		Kidney International Supplements	5
		Journal of the American Society of Nephrology	6
		American Journal of Kidney Disease	7
		CJASN	8
		Nephrology Dialysis Transplantation	13
		Seminars in Nephrology	18
		Clinical Kidney Journal	20
		Kidney International Reports	22
		Journal of Nephrology	24
American Journal of Nephrology		26	
Pediatric Nephrology		28	
Kidney Research and Clinical Practice		29	
Other		Minerva Urologica e Nefrologica	27
	Journal of Renal Nutrition	30	

bution for the specialty of urology.⁹ Our result could be due to the higher proportion of women in nephrology compared to the more surgically oriented specialty of urology. Nevertheless, the relatively higher proportion of women authors suggests a more balanced future generation of researchers. These findings are consistent with a number of recent publications from various medical fields that have seen an increase in female authors.^{6,10} Internationally, and also in Spain, more women than men graduate from medical school resulting in a predominance of female in the public healthcare workforce. The proportion of female nephrologists in Spain remains roughly the same since 2007 at just over 43%. However, the proportion of women at career levels and in the academic environment is falling continuously.⁶ The reasons for the unequal distribution between the sexes are manifold and include the compatibility of career and family, the lack of targeted career programs for women and political/social will. In addition to private and professional obligations, these points in particular make it difficult to expand the professional focus to academic nephrology.⁹ Measures are needed to ensure equal opportunities for researchers of all genders in academic medicine. Enabling part-time work, childcare, more diverse role mod-

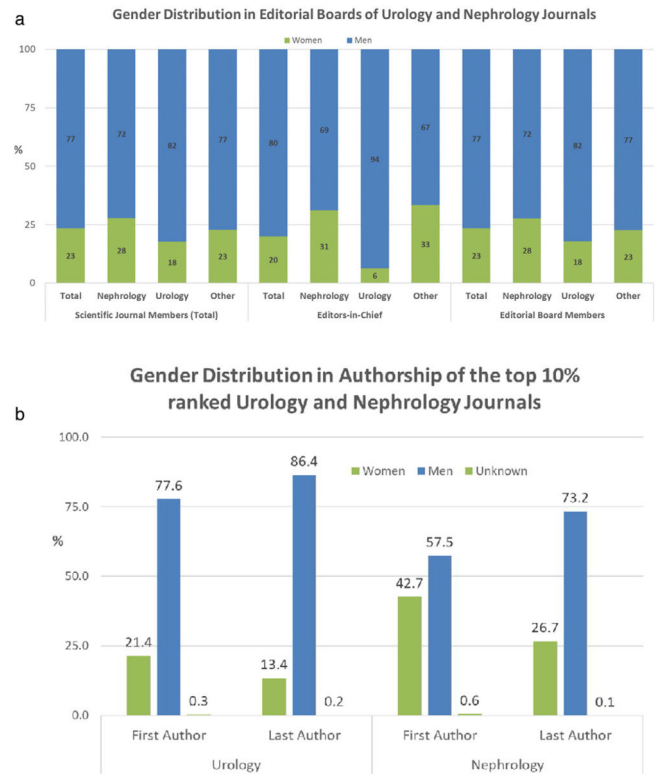


Fig. 1 – (a) Gender distribution in editorial boards of top-ranked journals in urology and nephrology. (b) Gender distribution in first and last authors of urology and nephrology journals ranked in the top 10%.

els and promoting a culture of openness and diversity are welcome in order to achieve these goals.

Authors' contributions

MH and GL planned the study and conducted the study design. MH, SR and GL were involved in data collection, statistical analysis and performed the manuscript draft (original draft). All authors critically revised the manuscript draft writing (review and editing).

Funding

None declared.

Conflicts of interest

None declared.

REFERENCES

- Lindner G, Rupp A, Exadaktylos AK, Ravioli S. Gender distribution in board memberships of emergency medicine societies. *Am J Emerg Med.* 2021;47:176–9,

- <http://dx.doi.org/10.1016/j.ajem.2021.04.042> [Epub 18.04.21; PMID: 33892332].
2. Ravioli S, Moser N, Ryser B, Pfortmueller CA, Lindner G. Gender distribution in boards of intensive care medicine societies. *J Crit Care.* 2022;68:157–62, <http://dx.doi.org/10.1016/j.jcrc.2021.11.006> [Epub 23.11.21; PMID: 34836749].
 3. Ravioli S, Rupp A, Exadaktylos AK, Lindner G. Gender distribution in emergency medicine journals: editorial board memberships in top-ranked academic journals. *Eur J Emerg Med.* 2021;28:380–5, <http://dx.doi.org/10.1097/MEJ> [PMID: 34115712].
 4. Ryser B, Rudenko A, Haidinger M, Exadaktylos AK, Ravioli S, Lindner G. Gender distribution in speakers at emergency medicine conferences. *Am J Emerg Med.* 2022;53:161–2, <http://dx.doi.org/10.1016/j.ajem.2022.01.023> [Epub 15.01.22; PMID: 35065523].
 5. Ravioli S, Lindner G, Haidinger M. Gender distribution in presidents and board members of European nephrology societies. *Clin Kidney J.* 2021;15:1017–8, <http://dx.doi.org/10.1093/ckj/sfab259> [PMID: 35498892; PMCID: PMC9050545].
 6. Martín-Gómez MA, García Agudo R, Arenas Jiménez MD. The role of women throughout the history of Nephrology. *Nefrologia (Engl Ed).* 2019;39:15–7, <http://dx.doi.org/10.1016/j.nefro.2018.08.006> [in English, Spanish; Epub 22.11.18; PMID: 30471776].
 7. Haidinger M, Ravioli S, Lindner G. Equality in recipients of nephrology awards from international societies. *Kidney Med.* 2022;4:100505, <http://dx.doi.org/10.1016/j.xkme.2022.100505> [PMID: 36061367; PMCID: PMC9437596].
 8. Abraham RR, Adisa O, Owen ME, et al. Evaluation of gender trends in first authorship in nephrology publications in four major US journals in the last decade. *J Nephrol.* 2023;36:1395-1400. <https://doi.org/10.1007/s40620-022-01557-w>
 9. Prunty M, Rhodes S, Sun H, Miller A, Calaway A, Kutikov A, et al. A Seat at the Table: The Correlation Between Female Authorship and Urology Journal Editorial Board Membership. *Eur Urol Focus.* 2022;8:1751–7, <http://dx.doi.org/10.1016/j.euf.2022.04.009>.
 10. Santucci C, López-Valcarcel BG, Avendaño-Solá C, Bautista MC, Pino CG, García LL, et al. Gender inequity in the medical profession: the women doctors in Spain (WOMEDS) study. *Hum Resour Health.* 2023;21:77, <http://dx.doi.org/10.1186/s12960-023-00860-2> [PMID: 37730610; PMCID: PMC10512601].

Michael Haidinger^{a,*}, Svenja Ravioli^b, Gregor Lindner^{c,d}

^a Department of Internal Medicine, Spital Bülach, Bülach, Switzerland

^b Department of Emergency Medicine, King's College Hospital, London, United Kingdom

^c Department of Emergency Medicine, Inselspital, University Hospital Bern, Switzerland

^d Department of Emergency Medicine, Kepler Universitätsklinikum Linz, Linz, Austria

* Corresponding author.

E-mail address: haidinger@hin.ch (M. Haidinger).

0211-6995/© 2024 Sociedad Española de Nefrología. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>). <https://doi.org/10.1016/j.nefro.2024.02.004>

40 Years experience in Bartter's syndrome

40 años de experiencia en síndrome de Bartter



Dear Editor,

Bartter syndrome (BS) is a rare disease with an incidence of approximately 1/1,000,000 population. Currently, BS is classified into 5 types according to the genetic variant identified (Table 1).¹⁻⁴ There are few studies describing the long-term evolution of these patients.

We conducted a retrospective study including 19 cases with the clinical diagnosis of BS (from 1969 to 2021), 10 with genetic confirmation: 5 mutation in *KCNJ1* and 5 in *CLCNKB*. The median age at the last visit was 17 years (IQR: 6.93).

Twelve were diagnosed in the first year of life and 7 between 1 and 4 years of age (5 born before 1975). Polyhydramnios was recorded in 12 cases, and 9 were preterm.

The reason for consultation was stagnation of weight and height and/or gastrointestinal symptoms in 12, hydroelectrolyte disturbances in 5 and the finding of nephrocalcinosis in 2.

All received continuous treatment with nonsteroidal anti-inflammatory drugs (NSAIDs), indomethacin (maximum dose 2.04 ± 0.68 mg/kg/day) or Tolmetin (maximum dose 31.2 ± 14 mg/kg/day), with no significant adverse effects that required discontinuation. The 2021 guidelines recommend its use with caution and with possible interruptions at school age to avoid a prolonged use.³ They suggest monitoring renin levels to reduce the dose of NSAIDs until renin levels are within the normal range.⁵ We have not performed this monitoring and have maintained the minimum dose necessary to achieve good clinical and metabolic control. In addition, they received prophylactic proton pump inhibitors.