Physiology in Medicine—Déjà vu all over again

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This issue marks the birth of PIM in the journal. PIM stands for Physiology in Medicine; it is an APS Publications program that has existed for many years. Under the very capable editorship of the late Dale Benos, PIM was housed in the Annals of Internal Medicine until that partnership ended a few years ago. Encouraged by the APS Publications Committee to restart PIM within the current APS research journals, we have been lining up topics and authors.

The first product appears in this issue; the topic is the physiology of airway smooth muscles in asthma, and the authors are Diana Doeing and Julian Solway (1). It is a rare author who can understand both the physiology and the clinical applications/importance of that physiology in patient care, linking the physiology to potential therapeutic advances, and we are fortunate that Drs. Doeing and Solway were willing to tackle this important topic for us.

It is also important to clarify the goals of PIM. Our vision is that PIM articles should appeal first and foremost to practicing clinicians. They are intended to make the clinician say “that was very helpful, now I can better understand and care for my patients.” PIM articles are commissioned with the specific instruction to bring together current physiology underlying an important clinical state relevant to the journal and create a story that will be useful, not just academically interesting. Here, we define physiology very broadly to encompass processes from the gene to the patient.

An important consideration in PIM articles is to be concise and reader friendly. They are not intended to be a Physiological Reviews (PRV) style article, and although we very much hope that physiologists will also benefit by reading PIMs—be stimulated by the research questions raised and the unresolved issues discussed—we are not trying to capture the detail and depth of PRV. Indeed, one mission of PIM is to identify areas where research is necessary, not already done. Another important consideration is that PIM articles need to be free of direct clinical care recommendations. That should be left to the groups that formally create clinical guidelines after systematic literature review.

We face two challenges going forward with PIM articles in the Journal of Applied Physiology. One is finding ways to bring the program to the attention of practicing clinicians. We will use systematic marketing strategies available through APS as well as use social media to increase awareness—thanks to Shawn Bender, our consulting editor selected to help the journal connect through modern outlets. I am hoping that each of you will come to our aid too—specifically, please bring this first PIM to the attention of your clinician colleagues at your institution.

The second challenge is to find topics and willing authors. Here I reach out to you. I would be delighted to receive a short “letter of intent” from you if you want to propose a topic and be an author for a PIM.

REFERENCE