

# Eur J Geriatr Gerontol

# E uropean ournal of eriatrics and erontology

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Stroke Medicine

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The evaluation and publication processes of the European Journal of Geriatrics and Gerontology are shaped in acceptance with the guidelines of ICMJE (International Committee of Medical Journal Editors), COPE (Committee of Publication Ethics), EASE (European Association of Science Editors), and WAME (World Association of Medical Editors). Turkish Journal of Colorectal Disease also is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

The European Journal of Geriatrics and Gerontology accepts invited review articles, research articles, brief reports, case reports, letters to the editor, and images that are relevant to the scope of geriatrics and gerontology, on the condition that they have not been previously published elsewhere. Basic science manuscripts, such as randomized, cohort, cross-sectional, and case control studies, are given preference. All manuscripts are subject to editorial revision to ensure they conform to the style adopted by the journal. There is a double blind kind of reviewing system.

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Technical and other assistance should be provided on the title page.

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Preparation of research articles, systematic reviews and meta-analyses must comply with study design guidelines:

CONSORT statement for randomized controlled trials (Moher D, Schultz KF, Altman D, for the CONSORT Group. The CONSORT statement revised recommendations for improving the quality of reports of parallel-group randomized trials. JAMA 2001; 285: 1987-91) (http://www.consort-statement.org/);

PRISMA statement of preferred reporting items for systematic reviews and meta-analyses (Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 2009; 6(7): e1000097.) (http://www.prisma-statement.org/);

STARD checklist for reporting studies of diagnostic accuracy (Bossuyt PM, Reitsma JB, Bruns DE, Gatsonis CA, Glasziou PP, Irwig LM, et al., for the STARD Group. Towards complete and accurate reporting of diagnostic accuracy studies: the STARD initiative. Ann Intern Med 2003;138:40-4.) (http://www.stard-statement.org/);

STROBE statement, a checklist of items that should be included in reports of observational studies (http://www.strobe-statement.org/);

MOOSE guidelines for meta-analysis and systemic reviews of observational studies (Stroup DF, Berlin JA, Morton SC, et al. Meta-analysis of observational studies in epidemiology: a proposal for reporting Meta-analysis of observational Studies in Epidemiology (MOOSE) group. JAMA 2000; 283: 2008-12).

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Original articles should have the following sections;

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**Statistics:** Describe the statistical methods used in enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. Statistically essential data should be given in the text, tables and figures. Provide details about randomization, describe treatment complications, provide the number of observations, and specify all computer programs used.

**Results:** Present your results in logical sequence in the text, tables, and figures. Do not present all the data provided in the tables and/or figures in the text; emphasize and/or summarize only essential findings, results, and observations in the text. Clinical studies provide the number of samples, cases, and controls included in the study. Discrepancies between the planned number and obtained number of participants should be explained. Comparisons and statistically significant values (i.e. p-value and confidence interval) should be provided.

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**Discussion:** This section should include a discussion of the data. New and noteworthy findings/results and the conclusions they lead to should be emphasized. Link the conclusions with the study's goals, but avoid unqualified statements and conclusions not completely supported by the data. Do not repeat the findings/results in detail; important findings/results should be compared with those of similar studies in the literature, along with a summarization. In other words, similarities or differences in the obtained findings/results with those previously reported should be discussed.

**Study Limitations:** Limitations of the study should be detailed. In addition, an evaluation of the implications of the obtained findings/results for future research should be outlined.

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#### 1. List All Authors

Bonanni E, Tognoni G, Maestri M, Salvati N, Fabbrini M, Borghetti D, DiCoscio E, Choub A, Sposito R, Pagni C, Iudice A, Murri L. Sleep disturbancesin elderly subjects: an epidemiological survey in an Italian district. Acta Neurol Scand 2010;122:389-397.

#### 2. Organization as Author

American Geriatrics Society 2015 Updated Beers Criteria Expert panel. American geriatrics society 2015 updated Beer criteria for potentially inappropriate medication use in older adults. J Am Geriatr Soc 2015;63: 2227-2246.

#### 3. Complete Book

Ham RJ, Sloane PD, Warshaw GA, Potter JF, Flaherty E. Ham's primary care geriatrics: a case-based approach, 6th ed. Philadelphia, Elsevier/Saunders, 2014.

#### 4. Chapter in Book

BG Katzung. Special Aspects of Geriatric Pharmacology, In:Bertram G. Katzung, Susan B. Masters, Anthony J. Trevor (Eds). Basic and Clinical Pharmacology. 10th edition, Lange, Mc Graw Hill, USA 2007, pp 983-90.

#### 5. Abstract

Reichenbach S, Dieppe P, Nuesch E, Williams S, Villiger PM, Juni P. Association of bone attrition with knee pain, stiffness and disability; a cross-sectional study. Ann Rheum Dis 2011;70:293-8. (abstract).

#### 6. Letter to the Editor

Rovner B. The Role of the Annals of Geriatric Medicine and Research as a Platform for Validating Smart Healthcare Devices for Older Adults. Ann Geriatr. 2017;21:215-216.

#### 7. Supplement

Garfinkel D. The tsunami in 21st century healthcare: The age-related vicious circle of co-morbidity - multiple symptoms - over-diagnosis - over treatment - polypharmacy [abstract]. J Nutr Health Aging 2013;17(Suppl 1):224-227.

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