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Prevention, Diagnosis and Coping Strategies in Older Patients Suffering from COVID-19 During Its First Wave: An Overview in 6 Different Global European Initiative Countries (Hungary, Lebanon, Russian Federation, Slovenia, Tunisia and Turkey) Şenay Günaydın, Adam Lelbach, Abdulrazzak Abyad, Sondos Baccar, Kseniia Eruslanova, Radhouane Gouiaa, Mohamed Salah Hamdi, Imène Ksontin, Gregor Veninsek; İstanbul, Turkey, Budapest, Hungary, Tripoli, Lebanon, Ariana, Sfax, Tunis, Tunisia, Moscow, Russia, Ljubljana, Slovenia

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European Journal of Geriatrics and Gerontology is an international, open access, scientific, peer-reviewed journal in accordance with independent, unbiased, and double-blinded peer-review principles of the Academic Association of Geriatrics. It is a double peer-reviewed journal published quarterly in April, August and December electronically. The publication language of the journal is English.

Our mission is to provide practical, timely, and relevant clinical and basic science information to physicians and researchers practicing the geriatrics and gerontology worldwide. Topics of European Journal of Geriatrics and Gerontology include;

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surgeon' workshops, interesting case reports, surgical techniques, clinical and basic science review articles, guest editorials, letters to the editor, book reviews, and historical articles in geriatrics and gerontology.

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EDITORIAL POLICIES

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.

As a peer-reviewed journal that is independent, impartial and in compliance with the principles of double-blinded peer review, after checking the compliance of the submitted manuscript with the writing rules and plagiarism control, all articles are reviewed by the editor-in-chief, section editor, at least two reviewers, and statistic editor. All evaluation process except Editor-in-Chief is done double-blinded. After all these processes are completed, the Editor-in-Chief decides whether to publish or reject the article. In the final stage, the plagiarism review is repeated once more

Following receiving each manuscript, a checklist is completed by the Editorial Assistant. The Editorial Assistant checks that each manuscript contains all required components and adheres to the author guidelines, after which time it will be forwarded to the Editor in Chief. Following the Editor in Chief's evaluation, each manuscript is forwarded to the Associate Editor, who assigns reviewers. Generally, all manuscripts will be reviewed by at least two reviewers selected by the Associate Editor, based on their relevant expertise. An associate editor could be assigned as a reviewer along with the reviewers. After the reviewing process, all manuscripts are evaluated in the Editorial Board Meeting.

European Journal of Geriatrics and Gerontology's editor and Editorial Board members are active researchers. It is possible that they would desire to submit their manuscript to European Journal of Geriatrics and Gerontology. This may be creating a conflict of interest. These manuscripts will not be evaluated by the submitting editor(s). The review process will be managed and decisions made by the editor-in-chief, who will act independently. In some situations, this process will be overseen by an outside independent expert in reviewing submissions from editors.

Preparation of Manuscript

Manuscripts should be prepared according to ICMJE guidelines (http://www.icmie.org).

Original manuscripts require a structured abstract. Label each section of the structured abstract with the appropriate subheading (Objective, Materials and Methods, Results, and Conclusion). Case reports require short unstructured abstracts. Letters to the editor do not require an abstract. Research or project support should be acknowledged as a footnote on the title page.

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).

Title Page

Title: The title should provide important information regarding the manuscript's content.

The title page should include the authors' names, degrees, institutional/professional affiliations, a short title, abbreviations, keywords, financial disclosure statement, and conflict of interest statement. If a manuscript includes authors from more than one institution, each author's name should be followed by a superscript number that corresponds to their institution, listed separately. Please provide contact information for the corresponding author, including name, e-mail address, and telephone and fax numbers.

Running Head: The running head should not be more than 40 characters, including spaces, and should be located at the bottom of the title page.

Word Count: A word count for the manuscript, excluding abstract, acknowledgements, figure and table legends, and references, should be provided, not exceeding 3000 words. The word count for an abstract should not exceed 250 words.

Conflict of Interest Statement: This statement must be included in each manuscript to prevent potential conflicts of interest from being overlooked. In case of conflicts of interest, every author should complete the ICMJE general declaration form, which can be obtained at: http://www.icmje.org/coi_disclosure.pdf.

Abstract and Keywords: The second page should include an abstract that does not exceed 250 words. Moreover, as various electronic databases

integrate only abstracts into their index, significant findings should be presented in the abstract.

Abstract

Objective: The abstract should state the objective (the purpose of the study and hypothesis) and summarize the rationale for the study.

Materials and Methods: Important methods should be written, respectively.

Results: Important findings and results should be provided here.

Conclusion: The study's new and important findings should be highlighted and interpreted.

Other types of manuscripts, such as case reports, reviews and others, will be published according to uniform requirements. Provide at least 3 keywords below the abstract to assist indexers. Use terms from the Index Medicus Medical Subject Headings List (for randomized studies, a CONSORT abstract should be provided (http://www.consort-statement.org).

Original Articles

Original articles should have the following sections;

Introduction: The introduction should include an overview of the relevant literature presented in summary form (one page), and whatever remains engaging, unique, problematic, relevant, or unknown about the topic must be specified. The introduction should conclude with the rationale for the study, its design, and its objective(s).

Materials and Methods: Clearly describe the selection of observational or experimental participants, such as patients, laboratory animals, and controls, including inclusion and exclusion criteria and a description of the source population. Identify the methods and procedures in sufficient detail to allow other researchers to reproduce your results. Provide references to established methods (including statistical methods), provide references to brief modified methods, and provide the rationale for using them and an evaluation of their limitations. Identify all drugs and chemicals used, including generic names, doses, and routes of administration. The section should include only available information when the plan or protocol for the study was devised on STROBE (http://www.strobe-statement.org).

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.

Conclusion: The conclusion of the study should be highlighted.

References

Cite references in the text, tables, and figures with numbers in parentheses. Number references consecutively according to the order they first appear in the text. Journal titles should be abbreviated according to the style used in Index Medicus (consult List of Journals Indexed in Index Medicus). Include among the references any paper accepted but not yet published, designating the journal and followed by, in press. Authors are solely responsible for the accuracy of all references.

Examples of References:

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.

Case Reports

Case reports should be structured as follows:

Abstract: An unstructured abstract that summarizes the case.

Introduction: A brief introduction (recommended length: 1-2 paragraphs).

Case Presentation: This section describes the case in detail, including the initial diagnosis and outcome.

Discussion: This section should include a brief review of the relevant literature and how the presented case furthers our understanding of the disease process.

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Review articles should not include more than 100 references. Reviews should include a conclusion in which a new hypothesis or study about the subject may be posited. Do not publish methods for literature search or level of evidence. Authors who will prepare review articles should already have published research articles on the relevant subject. There should be a maximum of two authors for review articles.

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Authors can submit for consideration an illustration and photos that are interesting, instructive, and visually attractive, along with a few lines of explanatory text and references. Images in Geriatrics and Gerontology can include no more than 500 words of text, 5 references, and 3 figures or tables. No abstract, discussion or conclusion is required, but please include a brief title.

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Tables, Graphics, Figures, and Images

Tables: Supply each table on a separate file. Number tables according to the order in which they appear in the text, and supply a brief caption for each. Give each column a short or abbreviated heading. Write explanatory statistical measures of variation, such as standard deviation or standard error of the mean. Be sure that each table is cited in the text.

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Case Reports	100	1000	15	2
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Editorial Comment	None	1500	20	2

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All submissions should contain a contributor's statement page. Each manuscript should contain substantial contributions to idea and design, acquisition of data, or analysis and interpretation of findings. All persons designated as an author should qualify for authorship, and all those that qualify should be listed. Each author should have participated sufficiently in work to take responsibility for appropriate portions of the text.

Acknowledgments

Acknowledge support received from individuals, organizations, grants, corporations, and other sources. For work involving a biomedical product or potential product partially or wholly supported by corporate funding, a note stating, "This study was financially supported (in part) with funds provided by (company name) to (authors' initials)" must be included. Grant support, if received, needs to be stated, and the specific granting institutions' names and grant numbers provided when applicable.

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The correspondent author's ORCID (Open Researcher and Contributor ID) number should be provided while sending the manuscript. A free registration can create at http://orcid.org.

The Review Process

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