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ORIGINAL ARTICLES

Association of Primary Sarcopenia with Serum MMP2, TIMP2 Levels, and MMP2/TIMP2 Ratio Veysel Suzan, Bahar Bektan Kanat, Hakan Yavuzer, İbrahim Murat Bolayırlı, Alper Döventaş, Deniz Suna Erdinçler; İstanbul, Turkey

The Effect of the Fracture Types on the Activity Daily Living and Mortality in Geriatric Patients
Yüksel Uğur Yaradılmış, Alparslan Kılıç, Ali Teoman Evren, Tolgahan Kuru, Mahmut Özdemir, Murat Altay; Ankara, Çanakkale, Turkey

A Comprehensive Evaluation of the Relationship Between Fall Risk and Other Geriatric Syndromes Güzin Cakmak; Gaziantep, Turkey

Comprehensive Geriatric Assessment in a Mexican Long-term Care Facility During a COVID-19 Outbreak Fernando Coindreau-Frías, Juan de Dios Garza-Rivera, Luis E. Fernández-Garza, Javier Valero-Gomez; Nuevo León, México

Short-term and Long-term Outcome Predictions of Older Adults Based on Geriatric Scores: A Prospective Study Preeti Chhabria, Ketan Vijay Kargirwar, Nirankar Bhutaka, Divya Gopal, Mayur H Patel; Mumbai, India

Impact of the COVID-19 Pandemic on Frailty in Older Adults Burak Mete, Ferdi Tanır, Hakan Demirhindi, Ayşe İnaltekin, Ceren Kanat; Adana, Turkey

Examining the Awareness of Turkish Pilgrims on Protection from Respiratory Tract Infections Before the Hajj Visit: A Descriptive Study Betül Çakmak, Bahar İnkaya; Ankara, Turkey

Overview of COVID-19 Vaccine and Investigation of Side Effects in Patients Over 65 Years of Age with Chronic Kidney Disease Kübra Aydın Bahat; İstanbul, Turkey

Sleep Quality, Depression, Hopelessness, and Quality of Life in Elderly Hemodialysis Patients Funda Datlı Yakaryılmaz, İrem Pembegül; Malatya, Turkey

Turkish Calf Circumference Cut-offs Derived from Normative Values of Young Reference Population Tuğba Erdoğan, Nezahat Müge Çatıkkaş, Cihan Kılıç, Mehmet Akif Karan, Gülistan Bahat; İstanbul, Turkey

Are the Psychological Effects of the COVID-19 Pandemic Similar in Old-aged and Young Patients? Özlem Karaarslan Cengiz, Funda Datlı Yakaryılmaz; Mersin, Malatya, Turkey

How to Treat Osteoporosis in Octogenarians? Ahmet Çiğiloğlu, Ercüment Öztürk, Eyyüp Murat Efendioğlu, Zeynel Abidin Öztürk; Gaziantep, Turkey

CASE REPORT

A Rare Synchronous Tumor Association in a Geriatric Patient: Lung Adenocarcinoma and Colon Carcinoma Aykut Turhan, Pınar Tosun Taşar, Sevilay Özmen, Adem Maman; Erzurum, Turkey







2022

Volume 4 Issue: 2

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2022

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2022

Volume 4 Issue: 2





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Aging Aging Biology Alzheimer's Disease Biogerontology

Bone health in older people

Cell Biology Clinical Geriatrics Clinical Geropsychology Cognitive Disorders

Demography of Older Populations

Dental and Oral Health

Dental and Oral Health
Delirium
Diabetes Mellitus
Dizziness
Disability
Drugs & Aging
Experimental Gerontology

Experimental Gerontology Economics of ageing

Falls

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Geriatric Occupational Therapy
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2022

Volume 4 Issue: 2





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2022

Volume 4 Issue: 2





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2022

Volume 4 Issue: 2





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Volume 4 Issue: 2





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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.

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.

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.

2022

Volume 4 Issue: 2





Instructions for Authors

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.

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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.

2022

Volume 4 Issue: 2





Instructions for Authors

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:

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

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2022

Volume 4 Issue: 2





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Acknowledgments

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Volume 4 Issue: 2





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2022

Volume 4 Issue: 2

CONTENTS

0	RI	G	IN	Δ	LΑ	RT	ICI	FS
$\mathbf{\mathbf{\mathcal{C}}}$	11	•		$\overline{}$	-			

- 46 Association of Primary Sarcopenia with Serum MMP, TIMP2 Levels, and MMP2/TIMP2 Ratio
 Veysel Suzan, Bahar Bektan Kanat, Hakan Yavuzer, İbrahim Murat Bolayırlı, Alper Döventaş, Deniz Suna Erdinçler; İstanbul, Turkey
- The Effect of the Fracture Types on the Activity Daily Living and Mortality in Geriatric Patients
 Yüksel Uğur Yaradılmış, Alparslan Kılıç, Ali Teoman Evren, Tolgahan Kuru, Mahmut Özdemir, Murat Altay; Ankara, Çanakkale, Turkey
- 58 A Comprehensive Evaluation of the Relationship Between Fall Risk and Other Geriatric Syndromes Güzin Çakmak; Gaziantep, Turkey
- **Comprehensive Geriatric Assessment in a Mexican Long-term Care Facility During a COVID-19 Outbreak**Fernando Coindreau-Frías, Juan de Dios Garza-Rivera, Luis E. Fernández-Garza, Javier Valero-Gomez; Nuevo León, Mexico
- 71 Short-term and Long-term Outcome Predictions of Older Adults Based on Geriatric Scores: A Prospective Study
 Preeti Chhabria, Ketan Vijay Kargirwar, Nirankar Bhutaka, Divya Gopal, Mayur H Patel; Mumbai, India
- 79 Impact of the COVID-19 Pandemic on Frailty in Older Adults
 Burak Mete, Ferdi Tanır, Hakan Demirhindi, Ayşe İnaltekin, Ceren Kanat; Adana, Turkey
- Examining the Awareness of Turkish Pilgrims on Protection from Respiratory Tract Infections Before the Hajj Visit: A Descriptive Study

 Betül Çakmak, Bahar İnkaya; Ankara, Turkey
- 91 Overview of COVID-19 Vaccine and Investigation of Side Effects in Patients Over 65 Years of Age with Chronic Kidney Disease
 Kübra Aydın Bahat; İstanbul, Turkey
- 97 Sleep Quality, Depression, Hopelessness, and Quality of Life in Elderly Hemodialysis Patients Funda Datlı Yakaryılmaz, İrem Pembegül; Malatya, Turkey
- Turkish Calf Circumference Cut-offs Derived from Normative Values of Young Reference Population
 Tuğba Erdoğan, Nezahat Müge Çatıkkaş, Cihan Kılıç, Mehmet Akif Karan, Gülistan Bahat; İstanbul, Turkey
- Are the Psychological Effects of the COVID-19 Pandemic Similar in Old-aged and Young Patients?

 Özlem Karaarslan Cengiz, Funda Datlı Yakaryılmaz; Mersin, Malatya, Turkey
- 114 How to Treat Osteoporosis in Octogenarians?
 Ahmet Çiğiloğlu, Ercüment Öztürk, Eyyüp Murat Efendioğlu, Zeynel Abidin Öztürk; Gaziantep, Turkey

CASE REPORT

119 A Rare Synchronous Tumor Association in a Geriatric Patient: Lung Adenocarcinoma and Colon Carcinoma

Aykut Turhan, Pınar Tosun Taşar, Sevilay Özmen, Adem Maman; Erzurum, Turkey