

## JOURNAL DESCRIPTION AND SCOPE

### Aims and Scope

*Annals of Geriatric Medicine and Research* (Ann Geriatr Med Res, AGMR) is a peer-reviewed journal that aims to introduce new knowledge related to geriatric medicine and to provide a forum for the analysis of gerontology, broadly defined. As a leading journal of geriatrics and gerontology in Korea, one of the fastest aging countries, AGMR offers future perspectives on policymaking for older adults, clinical and biological science in aging researches especially for Asian emerging countries. Original manuscripts relating to any aspect of geriatrics, including clinical research, aging-related basic research, and policy research related to senior health and welfare will be considered for publication. Professionals from a wide range of geriatric specialties, multidisciplinary areas, and related disciplines are encouraged to submit manuscripts for publication.

### General Information

The official journal title has been *Annals of Geriatric Medicine and Research* since September 2016 which followed the Journal of the Korean Geriatrics Society (1997-2016, pISSN: 1229-2397, eISSN: 2288-1239). It is the official journal of the Korean Geriatrics Society (<http://www.geriatrics.or.kr/eng/>) and the Korean Society for Gerontology (<http://www.korea-biogerontology.co.kr>). It is published in English quarterly on the last days of March, June, September, and December. The journal publishes original research articles, case reports, reviews, special contributions, and commentaries. Review board consists of members in 7 different countries. Articles are welcome for submission from all over the world. The contents of this Journal are indexed in Web of Science, EBSCO, DOAJ, KoreaMed, KoMCI, KCI, DOI/Crossref, and Google Scholar. It is accessible without barrier from Korea Citation Index (<https://www.kci.go.kr>) or National Library of Korea (<http://nl.go.kr>) in the event a journal is no longer published.

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Office. The Korean Geriatrics Society regularly published about 300 copies of printed journals.

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*Annals of Geriatric Medicine and Research* adheres to the research and publication ethics policies outlined in International Standards for Editors and Authors (<https://publicationethics.org/node/11184>) and the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals (<http://icmje.org/recommendations/>). Any studies involving human subject must comply with the principles of the World Medical Association Declaration of Helsinki. Clinical research should be approved by the Institutional Review Board, as well through patient consent. A patient's personal information cannot be published in any form. However, if it is absolutely necessary to use a patient's personal information, the consent of the patient or his/her guardian will be needed before publishing. Animal studies should be performed in compliance with all relevant guidelines, observing the standards described in the NIH Guide for the Care and Use of Laboratory Animals.

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This journal follows the data sharing policy described in “Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors”. The ICMJE’s policy regarding trial registration is explained at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trialregistration.html#two>. If the data sharing plan changes after registration this should be reflected in the statement submitted and published with the manuscript, and updated in the registry record.

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Patients have a right to privacy that should not be infringed without an informed consent. Identifying information, including patients’ names, initials, or hospital numbers, should not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that a patient who is identifiable be shown the manuscript to be published.

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The main conclusions of the study may be presented in a short Conclusion section, which may stand alone or form a subsection of the Discussion section.

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### Reference Style

Journal article: Bekkers SC, Habets JH, Cheriex EC, Palmans A, Pinto Y, Hofstra L, et al. Abdominal aortic aneurysm screening during transthoracic echocardiography in an unselected population. *J Am Soc Echocardiogr* 2005;18:389-93.

Book: Fillit H, Rockwood K, Woodhouse K, Brocklehurst JC. Brocklehurst's textbook of geriatric medicine and gerontology. 7th ed. Philadelphia: Saunders/Elsevier; 2010. Korea National Statistical Office. Annual report on the cause of death statistics, 2005. Daejeon: Korea National Statistical Office; 2006.

Book chapter: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, and editors. Hypertension patho-

physiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995; p. 465-78.

Website: AMA: helping doctors help patients [Internet]. Chicago: American Medical Association; c1995-2007 [cited 2007 Feb 22]. Available from: <http://www.ama-assn.org>

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Tables should be submitted separately from the main body of the paper, and figure legends should be typed on separate sheets.

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### OTHER MANUSCRIPT FORMATS

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**Case Reports:** Case reports are considered for publication only if they report rare conditions, atypical symptoms and signs, or novel diagnostic or therapeutic approaches. The manuscript is structured in the following order: Title Page, Abstract, Introduction, Case Report, Discussion, References, Tables, and Figures. The abstract should be unstructured and limited to 150 words, with no more than 3 keywords attached. The introduction should briefly state the background and significance of the case. The actual case report should describe the clinical presentation and the diagnostic and therapeutic measures taken. The discussion should focus on the uniqueness of the case and should not contain an extensive review of the disease or disorder. The number of references is limited to 15. The maximum word count is 1,500 words, except references and figure legends, and tables.

A case report is an academic/educational activity that does not meet the definition of “research”, which is: “a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.” Therefore, the activity does not necessarily need to be reviewed by an Institutional Review Board.

However, patients have a right to privacy that should not be infringed without an informed consent. Identifying information, including patients’ names, initials, or hospital numbers, should not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that a patient who is identifiable be shown the manuscript to be published. Complete anonymity is difficult to achieve, however, an informed consent should be obtained if there is any doubt. For example, masking the eye region in photographs of patients is inadequate protection of anonymity. If identifying characteristics are altered

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atic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.” Therefore, the activity does not necessarily need to be reviewed by an Institutional Review Board.

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