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The Editorial Policies and General Guidelines for manuscript preparation specified below are based on "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)" by the International Committee of Medical Journal Editors (2013, archived at <http://www.icmje.org>).

### Editorial Process

The manuscript submission and editorial review process are as follows:

After 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. The selected reviewers (at least three) will generally review all manuscripts based on their relevant expertise. The associate editor could also be assigned as a reviewer along with the reviewers. After the reviewing process, all manuscripts are evaluated in the editorial board meeting.

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This journal applies double-blind review, which means that the reviewers cover both the reviewer and the author identifications throughout the review process.

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### Preparation of Manuscript

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

Original manuscripts require a structured abstract. Each section of the structured abstract must be labelled with the appropriate subheading (Objective, Materials and Methods, Results, and Conclusion). Case reports require short unstructured abstracts, whereas 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.

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;285:1987-1991) (<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 the reporting of studies of diagnostic accuracy (Bossuyt PM, Reitsma JB, Bruns DE, Gatsonis CA, Glasziou PP, Irwig LM, et al., for the STARD Group. Toward complete and accurate reporting of studies of diagnostic accuracy: the STARD initiative. *Ann Intern Med* 2003;138:40-44.) (<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/>);

Meta-analysis of observational Studies in Epidemiology (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 MOOSE group. *JAMA* 2000;283:2008-2012).

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### Manuscript Format and Style

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The submission should be split into separate files in the following order:

- Title
- Main Document (English abstract and keywords-Turkish abstract and keywords, main text, references, tables and figure explanations should be included).
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- Copyright Transfer Form and Authorship Contribution Form
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#### Title Page

**Title:** The title should provide important information regarding the manuscript's content. The title page should include the authors' names, degrees, and 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 corresponding to their institution, which is listed separately. The contact information for the corresponding author should also be provided, including name, e-mail address, telephone, and fax numbers.

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#### Abstract

The abstract should be short and factual. It should state the purpose of the research briefly and should be structured according to the following subheadings: Objective, Materials and Methods, Results, and Conclusion. Abbreviations should be avoided and reference citations are not permitted. References should be avoided, and nonstandard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself. The clinical trial number should be provided at the end of the abstract.

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**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.

**Keywords:** Provide at least three 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> ).

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The results of the research are reported.

The researchers interpret their results and discuss possible implications.

This is the most common type of journal manuscript used to publish full data reports from research. It may be called an Original Article, Research Article, Research, or just Article, depending on the journal.

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Original articles should have the following sections:

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**Statistics:** The statistical methods used in enough detail to enable a knowledgeable reader with access to the original data to verify the reported results must be described. Statistically important data should be provided in the text, tables, and figures. Details about randomization and the number of observations must be provided as well, the treatment complications must be described, and all computer programs used must be specified.

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new ideas in medicine. Case reports should be structured as follows:

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**Introduction:** a brief introduction (recommended length: 1–2 paragraphs)

**Case Presentation:** describes the case in detail, including the initial diagnosis and outcome

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

**3. Review Articles:** Review articles provide a comprehensive summary of research on a certain topic and a perspective on the state of the field and where it is heading. They are often written by leaders in a particular discipline after an invitation from the editors of a journal.

Review articles should include a conclusion in which a new hypothesis or study about the subject may be posited. Methods for literature search or level of evidence should not be published. 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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[https://www.nlm.nih.gov/bsd/uniform\\_requirements.html](https://www.nlm.nih.gov/bsd/uniform_requirements.html)

## 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.

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Sleep disturbances in 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.

## Tables, Graphics, Figures, and Images

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Type of Article	Abstract	Word Count*	Number of References	Tables/Figures
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Review Articles	250	3500	100	5
Invited Review Article	250	3500	75	5
Case Reports	100	1000	15	2
Images	None	500	10	2
Letters to the Editor	None	600	10	1
Editorial Comment	None	1500	20	2

\*Excludes abstract, acknowledgments, conflict of interest statement, references and tables; maximum word counts.

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