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DESCRIPTION

As the cruel circumstances, fighting against aging and pursuing better ways in caring elderly are pressing on, we founded Taiwan Society of Geriatric Emergency and Critical Medicine (TSGECM) in December 2004. We periodically hold seminars, lectures and conferences to discuss and collect significant or breaking results presenting in meetings of TSGECM. The International Journal of Gerontology (IJGE) was launched in 2007 for medical professionals and investigators from all corners of the world to show their achievement in studies of gerontology.

The IJGE aims to explore and clarify the medical science and philosophy in geriatric fields, including those in the emergency and critical care medicine. The IJGE is determined not only to be a professional journal in gerontology, but also a leading source of information for the developing field of geriatric emergency and critical care medicine. It is a pioneer in Asia.

Topics in the IJGE cover the advancement of diagnosis and management in urgent, serious and chronic intractable diseases in later life, preventive medicine, long-term care of disability, ethical issues in the diseased elderly and biochemistry, cell biology, endocrinology, molecular biology, pharmacology, physiology and protein chemistry involving diseases associated with age. We did not limit the territory to only critical or emergency condition inasmuch as chronic diseases are frequently brought about by inappropriate management of acute problems.

The scientific information published here is grounded on clinical cases, statistic evidence of original studies, and accumulation of medical knowledge, humanistic ethics and basic researches. We are also interested in studies bridging the gap between basic and clinical aspects of geriatric diseases. In addition to Review and Original articles, Brief communications, Case reports, Medical images and Letters to the editor are also welcome.

Publication Charges and Reprints

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Authors of accepted articles will be charged a publication fee as follows:

US$500/NT$15,000 for Review Articles of 6 printed pages or less (invited reviews are exempt); US $700/NT$20,000 for Original Articles of 6 printed pages or less; US$400/NT$10,000 for Brief
Communications and Case Reports of 4 printed pages or less; US$200/NT$5,000 for Medical Images and Letters to the Editor of 2 printed pages or less.

Authors will be charged US$170/NT$5,000 per extra page over the page numbers listed above; color illustrations will be charged at the rate of US$100/NT$3,000 per page. The accepted article will proceed to the next stage only upon receipt of payment of the total publication fee. Authors receive 10 stapled offprints of their article free of charge, which are sent by the Editorial Office to the corresponding author. Additional professional reprints (which include a cover page for the article) may be ordered at prices based on the cost of production. A Reprint Order and Credit Card Payment form can be downloaded from the Journal’s website at External link http://webshop.elsevier.com/myarticleservices/offprints/

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AUDIENCE

Professionals in geriatric fields, especially those in the emergency and critical care medicine

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INTRODUCTION

Aims and Scope

The International Journal of Gerontology (IJGE) is the official peer-reviewed and SCIE-indexed journal of the Taiwan Society of Geriatric Emergency and Critical Care Medicine. It is published quarterly by Elsevier. The Journal aims to publish original research and review papers on all fields of geriatrics and gerontology, including those dealing with critical care and emergency medicine. The Editorial Board requires authors to be in compliance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (URMs), which are compiled by the International Committee of Medical Journal Editors (ICMJE); current URMs are available at www.icmje.org.

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The Editorial Board requires authors to be in compliance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (URMs), which are compiled by the International Committee of Medical Journal Editors (ICMJE); current URMs are available at http://www.icmje.org/.

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The categories of articles that are published in the Journal are listed and described below. Please select the category that best describes your paper. If your paper does not fall into any of these categories, please contact the Editorial Office.

Review Articles

These should aim to provide the reader with critical assessments of current topics in research or practice. They should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. For systematic reviews, a Methods section should be included which explicitly states the methods used to search for all relevant sources of information, e.g., search terms and search engines used and whether published bibliographies were also searched. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated.

While review articles are usually submitted by invitation only, unsolicited review articles will also be given due consideration.
Original Articles

These articles typically include randomized trials, intervention studies, studies of screening and diagnostic tests, laboratory and animal studies, cohort studies, cost-effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to the field.

Section headings should be: Abstract, Introduction, Materials and Methods, Results, Discussion, Acknowledgments (if any), and References.

The Introduction should provide a brief background to the subject of the paper, explain the importance of the study, and state a precise study question or purpose.

The Materials and Methods section should describe the study design and methods (including the study setting and dates, patients/participants with inclusion and exclusion criteria, patient samples or animal specimens used, the essential features of any interventions, the main outcome measures, the laboratory methods followed, or data sources and how these were selected for the study), and state the statistical procedures employed in the research. This section must also include a statement regarding approval of the study by an institutional review board and informed consent from human subjects where applicable.

The Results section should comprise the study results, including numeric data and the results of statistical analyses, presented in a logical sequence, supplemented by tables and/or figures. Take care that the text does not repeat data that are presented in tables and/or figures. Rather than simply stating numerical results, the text in this section should interpret the data; only emphasize and summarize the essential features of the main results.

The Discussion should begin with a clear statement of the major findings of the study and their implications. The findings should be compared with those of other relevant reports. Limitations of the study should be noted. The conclusion should emphasize the important implications of the study, but only as supported by the actual results. Comments about specific future directions may be made as appropriate, e.g., work still needed to translate bench findings into clinical applications or particular studies needed to advance understanding of the topic. Avoid, however, vague calls for further studies. Material in the Introduction should not be repeated in the Discussion, nor should specific study results be repeated except as necessary to emphasize a specific point.

Short Communications

These reports should be concise presentations of clinical observations or preliminary experimental results or technical aspects of clinical or experimental practice that are not fully investigated, verified or perfected but which may be of widespread interest or application. The Editors reserve the right to determine what constitutes a Short Communication.

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These are short discussions of a case or case series with unique features not previously described that make an important teaching point or scientific observation. They may describe novel techniques or use of equipment, or new information on diseases of importance. Section headings should be: Abstract, Introduction, Case Report, Discussion, Acknowledgments (if any), and References.

The Abstract should include a brief statement of the background, age and sex of the patient(s), clinical findings, and management and outcome.

The Introduction should describe the purpose of the present report, the significance of the disease and its specificity, and briefly review the relevant literature.

The Case Report should include a focused patient history, physical examination, and results of diagnostic studies, the definitive diagnosis, treatment and outcome, and any other information pertinent to the case(s).

The Discussion should begin with a clear statement of the main point(s) illustrated by the case(s), along with reference to relevant reports in the literature. The focus should be on the particular points the authors wish to make but should not include a textbook review of the entire disease entity.

Format guide
Number of authors: up to 6
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Keywords: up to 5, in alphabetical order
Word limit: 2000 words (including title page, abstract, main text, acknowledgments, references, figure legends and tables)
References: up to 25
Tables/Figures: up to 3 tables, up to 3 figures

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Medical imagery are interesting and classic images of medical issues related to gerontology. They are important to facilitate learning and understanding in both basic research and clinical medicine. This category aims to feature medical images with novelty, innovation and an educational sense in any field of gerontology, especially images from emergency and critical situations. It is not intended to be another form of case report.

Images must be original and of high quality to be considered for publication. The figure can have up to 3 photographs or images, and should include appropriate labeling and arrows identifying specific structures. All labeled structures in the image(s) should be accurately described and explained in the figure legend. Relevant clinical information, including a short description of the patient’s history, physical and laboratory findings, and clinical course should also be succinctly presented in the figure legend.

Format guide
Title: up to 10 words
Number of authors: up to 2
Abstract: none
Keywords: none
Word limit: 300 words (including title page, main text, acknowledgments, and figure legends)
Figures: 1 (can have 3 parts)
Tables: none

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Letters are welcome in response to previously published IJGE articles, and may also include interesting cases that do not meet the requirement of being truly exceptional, as well as other brief technical or clinical notes of general interest. Letters should have a title, include appropriate references and the corresponding author’s mailing and e-mail addresses. Letters are edited, sometimes extensively, to sharpen their focus. They may be sent for peer review at the discretion of IJGE Editors. Letters are selected based on clarity, significance, and space.

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Number of authors: up to 4
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Keywords: none
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Declaration of Helsinki: ethical principles for medical research involving human subjects. Available at:
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**BEFORE YOU BEGIN**

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**PREPARATION**

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**Article structure**

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No abstract or keywords are required for Medical Images and Letters to the Editor.

**Main Text**

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