DESCRIPTION

JAMDA is the official journal of AMDA - The Society for Post-Acute and Long-Term Care Medicine.

JAMDA is the leading peer-reviewed publication for practical information and research directly applicable to healthcare professionals providing post-acute and long-term care (PA/LTC), as well as policy-makers, organizational leaders, educators, and advocates.

The journal is an indispensable resource for medical directors, attending physicians, nurses, consultant pharmacists, geriatric psychiatrists, nurse practitioners, physician assistants, physical and occupational therapists, social workers, and others providing, overseeing, and promoting quality PA/LTC.

JAMDA emphasizes original evidence-based articles on the issues most important to improve care, address emerging clinical issues, inform evidence-based policies, and achieve regulatory compliance. Articles address topics such as geriatric syndromes; Alzheimer's disease and other dementias; implementation and translational research; products and models of community-based and residential PA/LTC, and their related regulatory, policy, and cost implications; and clinical tools, practice guidelines, and consensus statements. Implementation studies are especially valued.

Subscribe to JAMDA or join the Society to receive JAMDA as a member benefit. Go to https://paltc.org to learn more.

Benefits to authors
We provide numerous author benefits, such as free PDFs, a liberal copyright policy, special discounts on Elsevier publications, and much more. Please click here for more information on our author services.

Please see our Guide for Authors for information on article submission. If you require any further information or help, please visit our Support Center.

IMPACT FACTOR

2018: 4.899 © Clarivate Analytics Journal Citation Reports 2019
ABSTRACTING AND INDEXING

PubMed/Medline
Science Citation Index Expanded
Current Contents - Clinical Medicine
Embase
Embase
CINAHL
Cumulative Index for Nursing and Allied Health Literature

EDITORIAL BOARD

Editors-in-Chief
Philip Sloane, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina
Sheryl Zimmerman, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

Editor-in-Chief Emeritus
John Morley, Saint Louis University Hospital, Saint Louis, Missouri, United States
Dan Osterweil, SHERMAN OAKS HOSPITAL, Los Angeles, CA, United States

Senior Associate Editor
Matteo Cesari, University of Milan, Milano, Italy
Paul R. Katz, Florida State University College of Medicine, Tallahassee, FL
Robyn Stone, LeadingAge, Washington, District of Columbia, United States

Associate Editors
Malaz Boustani, MD, MPH, California State University San Marcos
Mallory Brown, MD, University of North Carolina System, Chapel Hill, NC
Gustavo Duque, MD, PhD, FRACP, FGSA, Sunshine Hospital, St Albans, Australia
Kathryn Hyer, PhD, MPP, University of South Florida, Tampa, FL
Francesco Landi, MD, PhD, Catholic University of the Sacred Heart Institute of Public Health, Rome, Italy
David Nace, MD, MPH, University of Pittsburgh, Pittsburgh, PA
John Preisser, PhD, University of North Carolina at Chapel Hill Gillings School of Global Public Health, Chapel Hill, North Carolina, United States
Barbara Resnick, PhD, CRNP, FAAN, FAANP, University of Maryland School of Nursing, Baltimore, MD
Martin Smalbrugge, MD, PhD, University of Amsterdam, Amsterdam, Netherlands
David A. Smith, MD, CMD, Geriatric Consultants of Central Texas, Brownwood, Texas
Karl E. Steinberg, MD, CMD, HMDC, Scripps Coastal Medical Center, Div. of Geriatric Medicine
Ladislav Volicer, MD, PhD, FAAM, FGSA, University of South Florida, School of Aging Studies, Tampa, FL
Gregg Warshaw, MD, University of North Carolina at Chapel Hill School of Medicine, Asheville, NC
Heidi K. White, MD, MHS, MEd, Duke University School of Medicine, Durham, NC

Managing Editor
Laura Simson, J&J Editorial LLC, Cary, North Carolina, 27511-7610, United States

Editorial Board
Angela Abbatecola, Azienda Sanitaria Locale Frosinone, Frosinone, Italy
Ali Ahmed, The George Washington University Center Clinic, Washington, DC
Steven M. Albert, University of Pittsburgh, School of Public Health, Pittsburgh, PA
Hidenori Arai, National Hospital for Geriatric Medicine, Aichi, Japan
Wilbert S. Aronow, New York Medical College
Patricia Bach, Eastern Virginia Medical School, Norfolk, Virginia
Rod Baird, GEHRIMED, Asheville, North Carolina, United States
Marla Berg-Weger, Saint Louis University
Mercedes Bern-Klug, University of Iowa, Iowa City, IA
Barbara Bowers, University of Wisconsin Madison, Madison, WI
Gideon A. Caplan, Prince of Wales Hospital and Community Health Services, Randwick, Australia
Nicholas Castle, University of Pittsburgh, Pittsburgh, PA
Leung-Wing Chu, University of Hong Kong, Hong Kong, Hong Kong
Christopher Crnich, University of Wisconsin Madison School of Medicine and Public Health, Madison, WI
T.S. Dharmarajan, Montefiore Medical Center, Bronx, NY
Ligia J. Dominguez, University of Palermo, Palermo, Italy
David Dosa, Brown University, Providence, RI
G. Paul Eleazer, University of Utah School of Medicine, Salt Lake City, UT
Jonathan Evans, Virginia Commonwealth University, Richmond, VA
William J. Evans, Duke University, Durham, NC
Mariana Figueiro, Rensselaer Polytechnic Institute, Troy, NY
Joseph H. Flaherty, Envision - Questcare Physician Services, Dallas
Julie K. Gammack, Saint Louis University School of Medicine, Saint Louis, MO
David Grabowski, Harvard Medical School, Boston, MA
George T. Grossberg, Saint Louis University School of Medicine, Saint Louis, MO
Joseph T. Hanlon, University of Pittsburgh, Pittsburgh, PA
Laura Hanson, University of North Carolina at Chapel Hill, Chapel Hill, NC
Christine Hartmann, Boston University, Boston, MA
Margaret Helton, University of North Carolina at Chapel Hill, Chapel Hill, NC
Iva Holmerová, Charles University, Czech Republic
Alfonso Cruz Jentoft, MD, PhD, Ramon y Cajal University Hospital, Madrid, Spain
Heather H. Keller, University of Waterloo, Waterloo, Ontario, Canada
Raymond Koopmans, Radboudumc, Nijmegen, Netherlands
Steven Levenson, Baltimore, MD
Milta O. Little, Saint Louis University, Saint Louis, MO
Jay S. Luxenberg, University of California San Francisco, San Francisco, CA
Eleanor McConnell, Duke University, Durham, NC
Matthew McNabney, Johns Hopkins University, Baltimore, MD
Barbara J. Messinger-Rapport, Louis Stokes VA Medical Center Medical Research Service, Cleveland, OH
Vince Mor, Brown University, Providence, RI
Charles Mouton, UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON, Galveston, TX
Arif Nazir, University of Louisville, Louisville, KY
Joseph Ouslander, Florida Atlantic University, Boca Raton, FL
Naushira Pandya, Nova Southeastern University, Fort Lauderdale, FL
Giuseppe Paolisso, Università degli Studi della Campania "Luigi Vanvitelli", Napoli, Italy
Debra Parker-Oliver, University of Missouri, Columbia, MO
Patricia Parmelee, University of Alabama, Tuscaloosa, AL
Steven L. Phillips, Geriatric Care of Nevada, Reno, NV
Kaisu Pitkälä, University of Helsinki, Helsinki, Finland
Tim Platts-Mills, University of North Carolina at Chapel Hill, Chapel Hill, NC
Marilyn Rantz, University of Missouri, Columbia, MO
Miriam B. Rodin, Saint Louis University, Saint Louis, MO
Yves Rolland, University Hospital Centre Toulouse Division of Geriatrics, Toulouse, France
Deb Saliba, VETERANS AFFAIRS GREATER LOS ANGELES HEALTHCARE SYSTEM, Los Angeles, CA
Cornel C. Sieber, Friedrich-Alexander University Erlangen-Nuremberg, Germany
Sandra F. Simmons, Vanderbilt University School of Medicine, Nashville, TN
Jay Slotkin, State University of New York
Gary Small, University of California Los Angeles, Los Angeles, CA
Richard Stefanacci, Thomas Jefferson University, Philadelphia, PA
David R. Thomas, St. Louis University Medical Center, Saint Louis, MO
Kimberly Van Haitsma, University of Pennsylvania, University Park, PA
Bruno Vellas, Université de Toulouse (University Hospital), Toulouse, France
Nicola Veronese, University of Padua, Padova, Italy
Nancy Weintraub, VETERANS AFFAIRS GREATER LOS ANGELES HEALTHCARE SYSTEM, Los Angeles, CA
E. Foy White-Chu, Oregon Health & Science University, Portland, OR
GUIDE FOR AUTHORS

OVERVIEW AND CONTACT INFORMATION

JAMDA is the premiere journal for original research and commentary on post-acute and long-term care (PA/LTC). Therefore, priority is given to submissions related to the clinical populations and problems, settings, care providers, and policy issues that relate to PA/LTC. Areas of particular interest and focus include geriatric syndromes, Alzheimer’s disease, and other dementias; implementation and translational research; products and models of community-based and residential LTC, and their related regulatory, policy, and cost implications; and clinical tools, practice guidelines, and consensus statements. Submissions from a range of disciplines and countries are encouraged.

All inquiries about JAMDA should be addressed to the editorial office.

JAMDA Editorial Office
Laura Simson, Managing Editor
201 Shannon Oaks Circle, Suite 124, Cary, NC 27511
Phone: (919) 650-1459, Extension 213
E-mail: jamda@jjeditorial.com

If you require technical support while working in the online submission system, click the support link to send an e-mail https://service.elsevier.com/app/home/supporthub/publishing or call: for the Americas (toll-free for US & Canada) 11 888-834-7287; for Asia & Pacific 181 3 5561 5032; for Europe & the rest of the world 1353 61 709190.

Visit the Elsevier Support Center to learn the answers you need, from Frequently Asked Questions to ways to get in touch. You can also check the status of your submitted article or find out when your accepted article will be published.

TYPES OF SUBMISSIONS

JAMDA accepts submissions in six categories: Original Studies, Review Articles, Special Articles, Controversies in Care, Pragmatic Innovations, and Letters. Instructions for each article type are presented below. Editorials also may be submitted, although they are usually invited by the editors.

An August 2018 JAMDA editorial summarizes the types of papers considered to be most impactful for JAMDA readers (Zimmerman, S, Sloane, PD, Katz, PR, Duque, G. Writing for impact in post-acute and long-term care. 2018. JAMDA). They include papers that address clinical practice guidelines, tools, and consensus statements; basic biomedical research; health services research and models of care; reviews; quality metrics; trials and interventions; implementation studies; pragmatic innovations, and editorials.

ORIGINAL STUDIES

Original studies describe the results of original scientific research. As such, they should present new, previously unpublished data. Quality improvement studies with robust evaluation data are considered original research.

There are two subcategories of original study submissions. Full-length articles. The body of the submission (excluding abstract and references) should generally be limited to 3,000 words; it can include up to 5 tables or figures, and 50 references. Brief reports are a condensed version of Original Studies. The body of the submission (excluding abstract and references) should generally be limited to 2,000 words; it can include up to 3 tables or figures, and 30 references. This category is ideal for reporting a study with a narrow focus.

Abstract. All original studies should include a structured abstract of up to 300 words, using the following headings: Objectives; Design (including intervention, if any); Setting and Participants; Methods; Results; and Conclusions and Implications (highlighting implications for practice and/or policy, and research [if applicable]).

Text. The text portion of an original studies manuscript should use the following format, with each heading appearing on its own separate line; subheadings may be use as appropriate:

Introduction - the background, ending with the question that the research was designed to answer.
Methods - the research design, how the study was conducted, the selection and assignment of subjects, the treatment/intervention (if any), measures, and statistical methods; provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized and referenced. If the paper is a clinical trial, the methods should indicate whether the study is registered at ClinicalTrials.gov.

Results - described in a combination of narrative and graphic format, and including data on adverse events, if relevant. Graphics are especially welcome.

Discussion - the significance of the key findings, making comparisons with and extending findings from other studies; also includes study limitations.

Conclusions and Implications - a brief summary of the implications of study findings for practice and/or policy, and research (if applicable).

REVIEW ARTICLES
A review article is a systematic, critical assessment of the literature and data sources related to clinical topics, treatments, and other issues relevant to PA/LTC. They include systematic reviews (with or without a meta-analysis), narrative reviews, and problem based narratives and commentary. A systematic review uses explicit, systematic methods to answer a specific research question, and may include a meta-analysis. JAMDA requires that papers submitted as a systematic review include a completed PRISMA checklist with their submission (available at http://guides.lib.unc.edu/ld.php?content_id=15151176). A narrative review is less rigorous than a systematic review, in part because the question may be less focused, the literature incorporated may be prone to selection bias, and the quality of data is often not critiqued in a standard manner. A problem-based narrative review and commentary typically begins with a case vignette, then presents and reviews the related issues in the style of a narrative review. A senior clinician is often the lead author, and the paper includes elements of expert opinion. Examples of the three types of reviews are described in the August 2018 JAMDA editorial by Zimmerman, S, Sloane, PD, Katz, PR, and Duque, G. Writing for impact in post-acute and long-term care. 2018.

For clinical topics, authors should emphasize factors such as cause, diagnosis, prognosis, prevention, or therapeutic intervention(s), as relevant. Articles and data sources should be selected systematically for inclusion and critically evaluated, and the selection process should be described in the paper. As appropriate, articles and data sources reviewed should include information about the study type (e.g., case study, double-blind, randomized trial), population, intervention, and outcomes. The body of the submission (excluding abstract and references) should generally be limited to 3,500 words; it can include 5 tables or figures, and 100 references. Requirements for the abstract and text headings are the same as for original studies.

SPECIAL ARTICLES
Special articles do not involve original research but instead provide novel interpretation or synthesis of information in an area of general interest to readers of the journal. Examples of special articles include consensus statements, clinical tools, practice guidelines, and discussion of new policies or regulations. Manuscripts may be solicited by the editors or submitted at the initiative of authors. The body of the submission (excluding abstract and references) should generally be limited to 3,000 words; it can include 3 tables or figures, and 50 references. An unstructured abstract of up to 300 words is required, and specific headings to organize the text are not prescribed; however, the text should conclude with a section entitled "Implications for Practice, Policy, and/or Research," highlighting implications for practice and/or policy, and research (if applicable).

CONTROVERSIES IN CARE
Controversies in Care articles address a problem or practice in PA/LTC for which variation of opinion and response exists, creating challenges for clinicians and policy makers. These problems often lack a comprehensive evidence base and therefore tend to rely on expert opinion and/or regulations that lack widespread consensus. The body of the submission (excluding abstract and references) should generally be limited to 3,000 words; it can include 5 tables or figures, and 50 references. An unstructured abstract of up to 300 words is required, and although specific headings to organize the text are not prescribed, the body of the manuscript may best begin with a statement of the problem (often in the form of a case presentation), followed by a discussion of key issues; in all cases, the text should conclude with a section entitled "Implications for Practice, Policy, and/or Research," highlighting implications for practice and/or policy, and research (if applicable). For an example of a topic suitable to a Controversy in Care, see Nace DA, Drinka PJ, Crnich CJ. Clinical uncertainties in the approach to long term care residents with possible urinary tract infection. JAMDA 2014;15:133-139.
PRAGMATIC INNOVATIONS

Pragmatic Innovations articles present new, real-world, practical products or approaches to care intended to improve outcomes or processes in PA/LTC. They address important problems, have been shown to be feasible for implementation, and are developed based on evidence, but they may lack a strong evidence base regarding outcomes. JAMDA recognizes that many promising innovations are developed and used by clinicians and organizations but have not been subjected to clinical trials assessing their efficacy or effectiveness; by providing a venue to share these innovations, they may be adopted by others and their efficacy and effectiveness evaluated. Criteria for submission include: (1) presents a new, practical product or approach intended to improve outcomes or processes in PA/LTC; (2) addresses an important problem, and provides evidence (and citations) regarding the importance of the problem; (3) is shown to be feasible for implementation (e.g., data exist regarding successful implementation); (4) was developed based on evidence (e.g., to address known risk factors); and (5) includes considerations that may affect adoption and sustainability. An unstructured abstract is required, and suggested headings for the text include problem/significance; innovation; implementation; evaluation; and comment. For an example of a Pragmatic Innovation, see Smith DA. Documented, systematic and individualized communication with the attending physician for fall risk reduction/injury mitigation care planning. JAMDA 2018;19:714-716.

LETTERS

Letters are limited to 750 words, and may include one table/figure and up to 10 references. There are three types of letters.

Letters referencing a recent JAMDA publication. These letters typically provide informed comment/critique on an article recently published in the journal, and are submitted within one month of the article’s publication. The editors may send the letter to the author of the original paper for a response. Letters of general interest to JAMDA readers. These letters typically highlight an area of timely concern related to PA/LTC, with relevance for practice and/or policy, and research. Research letters. These letters typically present original research with limited or preliminary data, and which is innovative and informative enough to be of interest to clinicians, researchers, and/or policy makers. Letters must include information on methods and implications for practice and/or policy, and research. In addition, a methods appendix must be included (which will not be published) to help the editors evaluate the scientific procedures of the research.

EDITORIALS

Editorials are usually solicited by the editors. They may address a topic related to an article recently published in the journal, or another topic. Editorials are intended to synthesize information on a topic in a balanced manner but with an expressed perspective, to convey opinions, debate contrary viewpoints, and stimulate dialogue. Editorials do not have an abstract, should generally be limited to 1,500 words, and may include 2 tables/figures and up to 20 references.

ADDITIONAL SUBMISSION COMPONENTS

In addition to the text, abstract, references, and tables/figures, all submissions must have a cover letter, and title page.

COVER LETTER

A cover letter should accompany an initial submission. It should indicate (1) that the manuscript has not been and will not be submitted, in part or entirety, elsewhere for publication; (2) whether other submissions or publications include material that is largely duplicative of that presented in the manuscript or derived from the same subjects (and if so, note such in the manuscript); (3) that all authors meet criteria for authorship as stated in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (explained below), as well as their contributions to the manuscript; (4) that if accepted, the paper will not be published elsewhere in the same form, in English or in any other language, including electronically, without the written consent of the copyright holder; and (5) potential conflicts of interests of all authors (detailed below; if no conflicts exist, such should be stated). In addition, (6) authors are encouraged to include a list of three or more potential reviewers for their manuscript, with email address, affiliation, city, state, and country, and (7) if the authors had earlier communication with the editors about the paper, such should be indicated in the cover letter.

*Some meta-analyses, systematic reviews, or qualitative studies may require a word count greater than the limits shown above. If so, authors should request such approval by contacting JAMDA at jamda@jjeditorial.com.
Criteria for Authorship: All authors should meet all four ICJME criteria for authorship, which include (1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work. All individuals who merit authorship should be included as authors. The cover letter accompanying the manuscript should include the statement, "All authors meet the criteria for authorship stated in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals," and all authors' specific areas of contributions should be listed, using categories below.

Study concept and design: list names
Acquisition of data: list names
Analysis and interpretation of data: list names
Drafting of the manuscript: list names
Critical revision of the manuscript for important intellectual content: list names

Conflict of Interest: The issue of conflict of interest (COI) is of great importance to maintain integrity, accuracy and objectivity in material submitted for publication. There must be adequate and full discourse of potential conflicts with any and all components of the research and content of the manuscript during the 3 years prior to the time the manuscript is submitted. All authors must disclose the following conflicts in the cover letter, by name.

Financial conflicts: employment or affiliation; grants or funding; honoraria; speaker forum membership; consultant, stock ownership or options (excluding mutual funds); royalties; expert testimony; advisory board; and patents (pending, filed, or received) as they relate to the sponsoring agent, products, technology and/or methodologies involved in the paper submitted for publication.

Personal conflicts: a close family or personal relationship with owners or employees of the sponsoring agent or company associated with product, technology or methodology described in the submitted paper.

In addition, de-identified presence or absence of conflicts must be noted the paper, as described in Conflicts of Interest after the Results section, below.

TITLE PAGE
The title page includes the title and author names and affiliations.

Title - the title should be concise and informative, and limited to 100 characters.

Author names and affiliations - all authors who meet all four ICJME criteria for authorship should be listed. Provide the first name, middle initial(s), and last name of each author, with their highest academic degree(s) - but excluding professional organizations, society memberships, and certifications. Include each authors' affiliated organization by name, city, state, and country (i.e., where the actual work was done) below the names. Indicate the affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate organization.

Corresponding author - clearly indicate who will handle correspondence, and provide that individual's affiliation (as above), full postal address, e-mail address, and telephone number.

Running title - for all submissions except Letters and Editorials, provide a short title limited to 45 characters.

Key words - for all submissions except Letters and Editorials, provide 3-6 key words for indexing.

Funding sources - list funding sources in this standard format to facilitate compliance to funder's requirements:
Funding: This work was supported by the National Institutes of Health (Grant xxxx); the Bill & Melinda Gates Foundation, Seattle, WA (Grant xxxx); and the United States Institutes of Peace (Grant xxxx). When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding. If no funding has been provided for the research, include the following sentence: This research did not receive any funding from agencies in the public, commercial, or not-for-profit sectors.
**Word, reference, and graphics count** - for the abstract (if applicable), main text, references, and tables/figures.

**Brief summary** - Include a 180-200 character summary of your article, highlighting key findings and relevance.

**Acknowledgements** - acknowledgments are of two types. Contributions of others who did not merit authorship but participated in the research. Sponsor's role: Indicate the sponsor's role in the design, methods, subject recruitment, data collections, analysis and preparation of paper.

**JOURNAL STYLE AND FORMATTING**

**TERMINOLOGY**

*JAMDA* concurs with the Journal of the American Geriatrics Society, Geriatric Nursing, and other journals, that the use of language is consequential. As detailed in *JAMDA*’s May 2018 editorial (Zimmerman S, Katz PR, Sloane, PD, et al. Language as an application of mindfulness. *JAMDA* 2018;19:375-377), *JAMDA* endorses terminology that avoids connotations and stereotypes, does not adjectify individuals or refer to them by euphemisms, or suggests they are helpless or victims. The editorial provides examples of mindful language, such as that in a long-term care setting, an individual is a patient if receiving health care, and a resident if not, and that in the U.S., the term facility may be inappropriate for nursing homes and assisted living. Authors are encouraged to reference the editorial and be mindful of language.

**Use of inclusive language** - Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing that might imply one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive language throughout. Authors should ensure that writing is free from bias, for instance by using 'he or she', 'his/her' instead of 'he' or 'his', and by making use of job titles that are free of stereotyping (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess').

Authors who believe their English language may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English and terminology may wish to use the English Language Editing service available from Elsevier's WebShop.

**TEXT**

**Formatting** - the margins should be set at 1 inch from the edge, and page numbering should be used. The text should be 12-point font, and all components other than tables and figures should be double-spaced; also, the abstract and text should have continuous line-numbering, which will facilitate the provision of reviewer comments. All material should be free of author and institutional identification (excluding the cover letter and title page) and not have evidence of track changes or comments in the margins. To avoid unnecessary errors it is strongly advisable to use the 'spell-check' and 'grammar-check' functions.

**Abbreviations** - because *JAMDA* is a multidisciplinary journal, authors should be judicious when using abbreviations that are not universally recognized. Abbreviations that are common only in a particular scientific field, or that are not at all in common use, are best avoided because they make the text challenging to read. Also, use of numerous abbreviations makes comprehension more difficult. By way of example, universally recognized and expected abbreviations include SD (standard deviation) and F (Fahrenheit). Non-universally recognized abbreviations should be used sparingly, and defined when first used in both the abstract and the main body of the manuscript; in general, they are not indicated if a term is used infrequently in the text. Ensure consistency of abbreviations throughout the article.

**Author names and affiliations** - because the *JAMDA* review process is double-blind, it is important that author names and affiliations appear only on the cover letter and title page. The final section of the manuscript, related to conflicts of interest, should include only author initials.

**Units** - follow internationally accepted rules and conventions by using the international system of units (SI). If other units are mentioned, provide their equivalent in SI.
METHODS

**Human subjects** - when human subjects are involved, the methods of the paper should include a statement that the research protocol was approved by the relevant institutional review board (IRB) or ethics committee, and that written consent was obtained from all participants. Alternatively, authors should indicate if a waiver of consent was obtained from the IRB. The name/location/affiliation of the IRB should be masked.

**Math formulae** - submit math equations as editable text and not as images. Present simple formulae in line with normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms (e.g., \( X/Y \)). In principle, variables are to be presented in italics. Powers of \( e \) are often more conveniently denoted by exponentiation. Number consecutively any equations that are displayed separately from the text (if referred to explicitly in the text).

**Software** - references to software programs used should be included in the methods - such as "Analyses were performed using SAS, version 9.4 (SAS Institute, Inc., Cary, NC)".

RESULTS

When referring to ?significance? be clear whether you are referring to statistical or clinical significance. When referring to statistical significance, do not use "NS" for non-significant values. Provide non-significant P-values to no more than two places past the decimal, and provide significant P-values using three decimal places. Use \( P < .001 \) for all \( P \) values less than .001. For percentages, use no more than one place past the decimal; similarly, decimal places should be limited to one unless additional decimal places are essential to the value being displayed. In referring to cases with 25 or fewer subjects, state the number ("one of four" cases), rather than percentages (25%) in the text. For instruments or scales, indicate the possible and normal range in the table (footnote) or figure as well as in the text if reference is made to these in this section.

In addition, we strongly recommend the following practices:

Limit the use of hypothesis tests and reporting of \( p \)-values and emphasize the use of confidence intervals, particularly in studies with small sample sizes that may be underpowered (e.g., pilot studies) or studies with very large samples where statistical tests are most prone to detect non-scientifically meaningful differences as statistically significant. Do not draw absolute conclusions from non-significant \( p \)-values, as negative results may arise from tests with low power. Nonetheless, practice transparency by reporting negative as well as positive results and place the interpretation of positive results in the overall context of the study. Identify a priori statistical analyses as distinguished from secondary and/or post-hoc analyses. When feasible or justified, employ strategies to control Type I errors when using hypothesis tests. For example, use an overall F-test in a one-way ANOVA prior to testing of pairwise group comparisons. Consider testing explanatory variables in regression models in groups (e.g., all two-way interactions involving a treatment, exposure or covariate) instead of single variable testing in routine backwards, forwards, or stepwise selection procedures in order to limit the number of tests used. Test a nominal categorical variable with a single multiple degrees-of-freedom test instead of multiple single degree-of-freedom tests of indicator variables compared to a reference category. Consider use of formal multiple testing procedures to control Type I error, such as Bonferroni or Tukey corrections as applicable in confirmatory hypothesis testing, or false discovery rates in exploratory analysis.

CONFLICTS OF INTEREST

Although detailed information regarding conflicts of interest will be in the cover letter, the cover letter is not seen by reviewers. Therefore, at the end of the text, include a Conflicts of Interest section; state either that there are no conflicts of interest, or if conflicts do exist, explain them and use the authors initials instead of full name.

TABLES AND FIGURES

Tables and figures are to be placed after the references; each is to begin on a new page and be self-contained and self-explanatory, including the title, labeling, and footnotes. For figures, see additional instructions under Artwork. Number tables and figures consecutively in accordance with their appearance in the text, and be sure to refer to them in the text (e.g., "Table 1 shows "). Place table footnotes below the table body and indicate them with the following symbols, in order: *, †, ‡, §, ||, **, † † (and so on); use footnotes to spell out abbreviations. If using a table grid, use one grid for each individual table and not a grid for each row; avoid vertical rules. If no grid is used, use tabs, not spaces, to align columns. Note that source files of figures, tables and text graphics will be required.
APPENDICES
If there is more than one appendix, they should be identified as Appendix 1, Appendix 2, and so on. Tables and figures in appendices should be given separate numbering (e.g., Table A1; Fig. A1). Online appendices may be used to provide supplemental material to manuscripts published in print.

REFERENCES
Ensure that every reference cited is also present in the reference list, and vice versa. References should be cited in numerical order using superscript numerals outside of the punctuation mark. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Reference links - increased discoverability of research and high quality peer review are ensured by online links to the sources cited. In order to allow us to create links to abstracting and indexing services such as Scopus, CrossRef and PubMed, ensure that the information provided in the references is correct. A DOI can be used to cite and link to electronic articles where an article is in-press and full citation details are not yet known, but the article is available online. A DOI is guaranteed never to change, so can be used as a permanent link to any electronic article. Use of the DOI is encouraged.

Web references - indicate author (if provided), title, website address and date accessed.

Data references - JAMDA encourages the citation of underlying or relevant datasets by citing them in the text and including a data reference in the Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so it can be properly identified as a data reference. The [dataset] identifier will not appear in the published article.

Reference style - full references should be used. List the first four authors' last names and initials; if more than four, insert "et al." after the third name. Do not place periods after initials of first and middle names or commas between surnames and first names. Include both the first and last pages of all references. Manuscripts accepted for publication may be referenced with page numbers indicated as 000-000. Medline abbreviations should be used for journal titles. Examples for various sources are provided below.


ARTWORK
A detailed guide on electronic artwork is available (see https://www.elsevier.com/authors/author-schemas/artwork-and-media-instructions). Use uniform lettering and sizing of your original artwork Embed the used fonts if the application provides that option Use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol (or other fonts that look similar) Number the illustrations according to their sequence in the text Use a logical naming convention for your artwork files Provide captions to illustrations separately Size the illustrations close to the desired dimensions of the published version Submit each illustration as a separate file

If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel), please supply 'as is' in the native document format. And, regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, 'save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):
EPS (or PDF): Vector drawings, embed all used fonts
TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi
TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi
TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi

Do not:
Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these files typically have a low number of pixels and limited set of colors
Supply files that are too low in resolution
Submit graphics that are disproportionately large for the content

For color artwork, assure that artwork files are in an acceptable format -- TIFF (or JPEG), EPS (or PDF), or MS Office files -- and with the correct resolution. If you submit usable color figures, Elsevier will ensure, at no additional charge, that these figures will appear in color online (e.g., ScienceDirect and other sites) regardless of whether or not these illustrations are reproduced in color in the printed version. For color reproduction in print, you will receive information regarding the costs from Elsevier after receipt of your accepted article. Please indicate your preference for color: in print or online only.

Further information on the preparation of electronic artwork.

Illustration services
Elsevier's WebShop offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image 'polishing' is also available, where illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

Figure captions
Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

VIDEO
Elsevier accepts video material and animation sequences to support and enhance scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to them within the body of the article. This process can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file's content. In order to ensure that the video or animation material is directly usable, provide the file in one of the recommended file formats with a preferred maximum size of 150 MB per file, 1 GB in total. Video and animation files supplied will be published online in the electronic version of the article in Elsevier Web products, including ScienceDirect. Please supply 'stills' with your files; you can choose any frame from the video or animation or make a separate image. These stills will be used instead of standard icons and will personalize the link to your video data. For more detailed instructions please visit our video instruction pages. Note: since video and animation cannot be embedded in the print version of the journal, please provide text for both the electronic and the print version for the portions of the article that refer to this content.

SUPPLEMENTARY MATERIAL
Supplementary material such as applications, images, and sound clips can be published with your article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to supplementary material during any stage of the process, make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the ‘Track Changes’ option in Microsoft Office files as these will appear in the published version.

SUBMITTING YOUR ARTICLE
Submit your article via https://www.editorialmanager.com/JAMDA/default.aspx. Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review
process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

Submission items include a cover letter (save as a separate file for upload), suggested reviewers (noted in the cover letter), title page (saved separately from the manuscript main text), the manuscript (including abstract, manuscript text, and references, without any author identifiers), and tables and figures. Revised manuscripts should be accompanied by a unique file (separate from the cover letter) with responses to reviewers' comments. The preferred order of files is as follows: cover letter, response to reviewers (revised manuscripts only), title page, manuscript file(s), table(s), figure(s). Files should be labeled with appropriate and descriptive file names (e.g., Text.doc, Table1.doc). Do not use an underscore (_) in the file name. Upload text, tables and graphics as separate files. Do not import figures or tables into the text document and do not upload your text as a PDF.

**REVIEW PROCESS**

Submissions are reviewed by the editors-in-chief, and those considered to be potentially suitable for publication are usually sent to two external reviewers. The typical turnaround time from submission to authors receiving the reviewers' comments is less than 6 weeks; however, delays may occur on occasion.

Evaluation of an article's suitability for publication is based on the relevance of the material to JAMDA's mission, its originality, the clarity of the writing, the appropriateness of the study methods, the validity of the data, and how well the conclusions are supported by the data.

**AFTER ACCEPTANCE**

**PUBLISHING AN ONLINE-ONLY ARTICLE**

If your article is rated by the reviewers and the editor as acceptable for publication, JAMDA may suggest publishing your article online only, depending upon the priority the reviewers assign to your article. When an article is published online only, it is still listed in the Table of Contents of the printed Journal, and a link is provided to the online publication on JAMDA's website. The abstract also appears in the printed Journal. The article is included in all the usual reporting websites such as PubMed, OVID (Medline), and the citation indices. If your article is selected for online only publication, you will be notified in the Editor's decision letter.

**PROOFS**

One set of page proofs (as PDF files) will be sent by e-mail to the corresponding author, or a link will be provided in the e-mail so that authors can download the files themselves. Elsevier now provides authors with PDF proofs which can be annotated; for this you will need to download the free Adobe Reader, version 9 (or higher). Instructions on how to annotate PDF files will accompany the proofs (also given online). The exact system requirements are given at the Adobe site.

If you do not wish to use the PDF annotations function, you may list the corrections (including replies to the Query Form) and return them to Elsevier in an e-mail. Please list your corrections quoting line number. If this is not possible, then mark the corrections and any other comments (including replies to the Query Form) on a printout of your proof, scan the pages, and return them via e-mail. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. We will do everything possible to get your article published quickly and accurately. It is important to ensure that all corrections are sent back to us in one communication: please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely the responsibility of the author(s).

**COPYRIGHT**

Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see more information on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations. If
excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has preprinted forms for use by authors in these cases.

AUTHOR RIGHTS
As an author you (or your employer or institution) have certain rights to reuse your work. More information. Elsevier supports responsible sharing. Find out how you can share your research published in Elsevier journals.

ROLE OF THE FUNDING SOURCE
Elsevier has established a number of agreements with funding bodies that allow authors to comply with their funder's open access policies. Some funding bodies will reimburse the author for the Open Access Publication Fee. Details of existing agreements are available online. After acceptance, open access papers will be published under a noncommercial license. For authors requiring a commercial CC BY license, you can apply after your manuscript is accepted for publication.

Article transfer service
This journal is part of our Article Transfer Service. This means that if the Editor feels your article is more suitable in one of our other participating journals, then you may be asked to consider transferring the article to one of those. If you agree, your article will be transferred automatically on your behalf with no need to reformat. Please note that your article will be reviewed again by the new journal. More information.

Open access
This journal offers authors a choice in publishing their research:

Subscription
• Articles are made available to subscribers as well as developing countries and patient groups through our universal access programs.
• No open access publication fee payable by authors.
• The Author is entitled to post the accepted manuscript in their institution's repository and make this public after an embargo period (known as green Open Access). The published journal article cannot be shared publicly, for example on ResearchGate or Academia.edu, to ensure the sustainability of peer-reviewed research in journal publications. The embargo period for this journal can be found below.

Gold open access
• Articles are freely available to both subscribers and the wider public with permitted reuse.
• A gold open access publication fee is payable by authors or on their behalf, e.g. by their research funder or institution.

Regardless of how you choose to publish your article, the journal will apply the same peer review criteria and acceptance standards.

For gold open access articles, permitted third party (re)use is defined by the following Creative Commons user licenses:

Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND)
For non-commercial purposes, lets others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

The gold open access publication fee for this journal is USD 3750, excluding taxes. Learn more about Elsevier's pricing policy: https://www.elsevier.com/openaccesspricing.

Green open access
Authors can share their research in a variety of different ways and Elsevier has a number of green open access options available. We recommend authors see our open access page for further information. Authors can also self-archive their manuscripts immediately and enable public access from their institution's repository after an embargo period. This is the version that has been accepted for publication and which typically includes author-incorporated changes suggested during submission, peer review and in editor-author communications. Embargo period: For subscription articles, an appropriate amount of time is needed for journals to deliver value to subscribing customers before an article becomes freely available to the public. This is the embargo period and it begins from the date the article is formally published online in its final and fully citable form. Find out more.
This journal has an embargo period of 12 months.

**Data visualization**

Include interactive data visualizations in your publication and let your readers interact and engage more closely with your research. Follow the instructions [here](https://www.elsevier.com/locate/jmda) to find out about available data visualization options and how to include them with your article.

**RESEARCH DATA**

This journal encourages and enables you to share data that support your research publication where appropriate, and enable you to interlink the data with your published articles. Research data refer to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project.

Below are a number of ways in which you can associate data with your article or make a statement about the availability of your data when submitting your manuscript. If you are sharing data in one of these ways, you are encouraged to cite the data in your manuscript and reference list. Please refer to the "References" section for more information about data citation. For more information on depositing, sharing and using research data and other relevant research materials, visit the [research data page](https://www.elsevier.com/locate/jmda).

**Data linking**

If you have made your research data available in a data repository, you can link your article directly to the dataset. Elsevier collaborates with a number of repositories to link articles on ScienceDirect with relevant repositories, giving readers access to underlying data that gives them a better understanding of the research described.

There are different ways to link your datasets to your article. When available, you can directly link your dataset to your article by providing the relevant information in the submission system. For more information, visit the [database linking page](https://www.elsevier.com/locate/jmda).

For supported data repositories a repository banner will automatically appear next to your published article on ScienceDirect.

In addition, you can link to relevant data or entities through identifiers within the text of your manuscript, using the following format: Database: xxxx (e.g., TAIR: AT1G01020; CCDC: 734053; PDB: 1XFN).

**Mendeley Data**

This journal supports Mendeley Data, enabling you to deposit any research data (including raw and processed data, video, code, software, algorithms, protocols, and methods) associated with your manuscript in a free-to-use, open access repository. During the submission process, after uploading your manuscript, you will have the opportunity to upload your relevant datasets directly to Mendeley Data. The datasets will be listed and directly accessible to readers next to your published article online.

For more information, visit the [Mendeley Data for journals page](https://www.elsevier.com/locate/jmda).

**DATA STATEMENT**

To foster transparency, we encourage you to state the availability of your data in your submission. This may be a requirement of your funding body or institution. If your data are unavailable to access or unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data are confidential. The statement will appear with your published article on ScienceDirect. For more information, visit the [Data Statement page](https://www.elsevier.com/locate/jmda).