Editor’s view

There have been a number of changes to *Age and Ageing* in the past year, with the appointment of a new editor and associate editors. It is also my intention to write a short ‘Editor’s View’ for each issue of *Age and Ageing*, to highlight key papers and the resulting implications for geriatric medicine and gerontology. Another new feature introduced in this issue is the publication of an annual list of our reviewers, who are the unsung heroes and heroines of peer-reviewed journals. These individuals ensure the quality of the journal and provide helpful advice, which helps to improve the 20% of papers we accept for publication. The reviewers also provide guidance to authors of the significant proportion of the papers we reject, which hopefully, makes it easier to achieve publication in other journals.

I read all submitted manuscripts, which currently exceed 800 each year. Papers which are potentially suitable for publication in *Age and Ageing* are sent to an associate editor, who will then arrange peer review if appropriate. Papers which are unlikely to be acceptable for publication, even after substantial revision, are rejected without peer review. Although this may be unpopular with the authors, they can at least consider modifying their work and submitting it elsewhere without any significant delay.

What can authors do to improve the chance of getting their work published in *Age and Ageing*? It is important to identify the most appropriate category for the submitted manuscript, and carefully read and comply with the instructions for authors. In the case of a research paper, the abstract should outline the aims of the study, briefly describe the main methods and provide sufficient details of the results to justify the conclusions drawn. Any study should be adequately powered to generate meaningful results, so details of statistical power calculations are important. In the case of a paper reporting the details of a pilot study, or the preliminary results of a larger study, authors should consider submitting a research letter rather than a full research paper.

We are receiving an increasing number of papers describing audit projects. Although audit is an important part of clinical practice, we will generally only consider the results of large national or regional audits or projects where the audit cycle has been completed, and important lessons have been learnt and acted upon. We are happy to consider reviews which are balanced and authoritative, but this should not be regarded as an ‘easy’ way of achieving a publication. Submitted review articles and systematic reviews should include details of the search strategy and selection criteria. Case reports should describe unusual conditions or complications, or provide novel information on investigation, diagnosis or management. Authors of case reports are encouraged to perform a literature search to identify relevant papers, which should then be cited. Where English is not the first language of the authors, it may be helpful to ask someone more familiar with written, scientific English to review the manuscript, to identify major problems with organisation, spelling, grammar and syntax. Queries about the submission process or the potential suitability of a paper should be directed to the Editorial Office (office@ageingmedicine.com).

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