Authors and editors are increasingly preoccupied with the impact factor of medical and scientific journals, driven by the Research Assessment Exercise and other measurements of research quality. The impact factor is the number of citations in any given year to a journal’s papers published in the previous 2 years, divided by the total number of citable articles over that 2-year period. I am therefore delighted that the impact factor for *Age and Ageing* has increased from 1,910 in 2007 to 3,052 in 2008. This is not simply due to an increased number of journals leading to an overall increase of citations, as the ranking of *Age and Ageing* among Geriatric Medicine and Gerontology journals has increased from 18th out of 31 in 2007 to 13th out of 36 in 2008. This is great tribute to the hard work of the editorial team and referees, who review potentially appropriate manuscripts, make comments to the authors on ways to improve their papers and provide advice on suitability for publication. Many important papers of major interest to Geriatric Medicine are currently submitted to other journals with a high impact factor. I hope that the increase in impact factor will encourage authors to consider submitting their most important work to *Age and Ageing*.

The proportion of papers rejected without formal peer review has increased from about 45% in previous years to 60% in the past year. The major reasons for outright rejection were outlined in a previous Editor’s View article (*Age and Ageing*, 2008; 37: 3). Although rejection without formal peer review may be disappointing to the authors, it avoids placing an unnecessary burden on our referees and associate editors. Furthermore, sending a poor quality paper for peer review does little to enhance the reputation of the journal. Nevertheless, I feel that authors would benefit from information on the specific reasons for outright rejection, as this may potentially enable them to improve future papers. With the help of the editorial team, I am developing a checklist of potential problems with a submitted paper, which will be used to provide feedback to authors. Although the impact factor is a measure of the quality and importance of papers published in journals, I would like to reassure readers that I will endeavour to publish articles which are not only scientifically robust, but also of interest to members of the British Geriatrics Society.

With the continuing improvement in life expectancy, older people can expect to spend longer in retirement than previous generations. This has stimulated considerable debate about pension provision, the statutory retirement age and the potential option of working beyond this time. A research paper has investigated the effect of continued employment or volunteer work in 2,716 older participants in the Singapore Longitudinal Ageing Study, of whom 1,754 were followed up for 2 years (pp. 531–537). At baseline, 12% of the participants were still employed and 10% were engaged in voluntary work. The authors report that independent of physical activity, subjects who continued to work or engaged in voluntary activities had better cognitive function, fewer depressive symptoms and greater mental well-being and satisfaction with life than non-volunteering retired people. Although the authors acknowledge that one cannot infer cause and effect in this study, the results suggest that continued employment or voluntary work provides opportunities for social interaction and engagement, which may be associated with enhanced mental well-being.

Previous studies show that married people have lower mortality rates than those who are single, divorced or widowed. There is also excess mortality in the first 6 months after being widowed, particularly in men. A research letter reports the findings of a 28-year follow-up study, examining mortality in 361 older widows and widowers (pp. 527–530). The authors found that the excess mortality observed within 6 months of bereavement in older men did not persist over the longer follow-up period. Although psycho-social factors influenced survival at 6 and 13 years after bereavement, this was not observed in the longer term, where the significant predictors of mortality were advancing age, male gender and poor physical functioning.

Traditionally, nutritional surveys and studies have examined the dietary intake of individual nutrients in populations and examined their relationship with health outcomes. An alternative approach is dietary patterns analysis, which investigates the combined effects of foods on these outcome measures. Previous studies have examined dietary patterns of middle-aged adults, but there is little information on dietary patterns of older men and women. A research paper investigates dietary patterns in 3,217 older men and women in the Hertfordshire Cohort Study (pp. 594–599). The authors identified two main dietary patterns, a ‘prudent’ diet characterised by consumption of fruit, vegetables, oily fish and wholemeal cereals and a ‘traditional’ diet comprising high consumption of vegetables, processed and red meat, fish and puddings. There were gender and socio-demographic economic differences in dietary patterns, which are likely to influence future health.

**Editor’s View**

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