

Editorial

AMH 2021: The Platform for Studies from Countries with Various Status of Population Aging

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In 2019, the Journal of Clinical Gerontology and Geriatrics (JCGG) changed the title to Aging Medicine and Healthcare (AMH), and started its journey as a new journal in academic publishing.¹ The JCGG was supported by the Asia-Pacific League of Clinical Gerontology and Geriatrics (APLCGG), an international virtual academic platform in Asia-Pacific region with special interest in Geriatrics. When activities of APLCGG ended, the Asian Association for Frailty and Sarcopenia (AAFS) together with the Taiwan Association for Integrated Care (TAIC) took over the mission to continue the journal publishing and changed the title to AMH with a bigger scope. Currently, AMH is the official journal of AAFS and TAIC that welcomes submissions from researchers all over the world. With the new name and new supporting societies, AMH also broadened the aim and scope into a more international journal that published academic research papers on various issues related to population aging, especially the healthcare services and systems. The visibility and submissions of AMH dropped in 2019-2020, which was a common situation at the transitional stage of an academic journal. The indexing in the "Emerging Sources Citation Index" (ESCI) by the Journal Citation Reports (JCR) in 2021 substantially stimulated submissions to AMH. The CiteScore of AMH in the Scopus database was 0.8 in 2020, and significantly increased to 1.2 in 2021. The Journal Citation Index (JCI) of AMH in the JCR was 0.16 in 2021, and is estimated to increase in 2022 as well. These figures demonstrated the success of the transition of AMH from JCGG, and AMH is expected to grow continuously.

In 2021, AMH received 180 submissions from different countries, and the vast majority of submitted manuscripts were original articles (144/180, 80.0%), followed by review articles (16/180, 8.9%). After the indexing of ESCI, the submissions significantly increased (104 out 180, 57.8% papers in the second half of year 2021). Overall, 180 submissions were from 27 countries that Turkey (48/180, 26.7%), India (35/180, 19.4%), and Indonesia (11/180, 6.1%) were leading countries for submissions (Table 1). These countries are all relatively "younger" countries compared to the developed countries, but they all shared similar challenges of rapid growth of older populations.²⁻⁴ Among all the submissions in 2021, 63 submissions (35%) were rejected due to different reasons (Figure 1). When all review process is completed, the

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Keywords

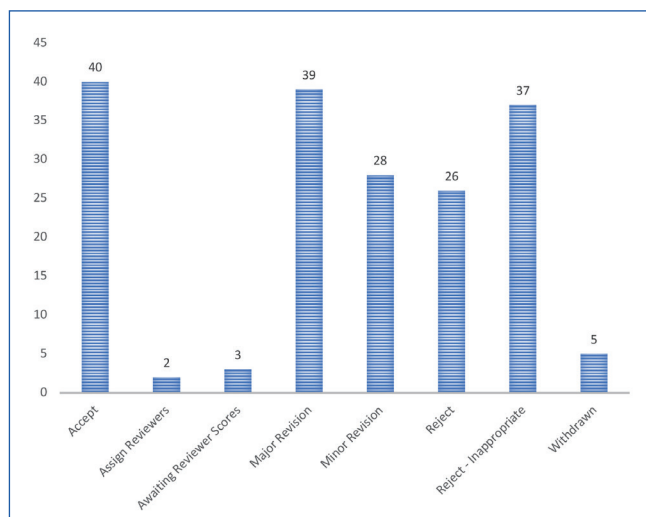
Aging, elderly, geriatrics, gerontology.

rejection rate may reach 50% based on experiences in the past years. Studies published in AMH are important for countries with different population aging speed to formulate their own solutions to

Table 1. Countries of submitting authors for all submissions to Aging Medicine and Healthcare in 2021 (in alphabetic order)

Country/Region of Submitting Author	Number of Manuscripts	Percentage
Brazil	4	2.2%
Brunei Darussalam	4	2.2%
China	2	1.1%
Cyprus	2	1.1%
Czech Republic	2	1.1%
Egypt	9	5.0%
Ethiopia	2	1.1%
Hong Kong	4	2.2%
India	35	19.4%
Indonesia	11	6.1%
Iran	9	5.0%
Japan	2	1.1%
Jordan	2	1.1%
Kazakhstan	1	0.6%
Korea	1	0.6%
Malaysia	7	3.9%
Mexico	1	0.6%
Nigeria	1	0.6%
Russian Federation	5	2.8%
Saudi Arabia	2	1.1%
Singapore	6	3.3%
Taiwan	9	5.0%
Thailand	1	0.6%
Turkey	48	26.7%
United Kingdom of Great Britain	1	0.6%
Viet Nam	9	5.0%
Summary	180	100%

Figure 1. Status of all submissions to Aging Medicine and Healthcare in 2021



tackle issues related to rapid population aging. In 2019, AMH published a supplement issue collecting all conference abstracts of the 5th Asian Conference for Frailty and Sarcopenia,⁵ and firstly disclosed the updated consensus report of the Asian Working Group for Sarcopenia before the official publication in 2020. The most cited articles of AMH in 2021 included the study addressing the survival advantage of early geriatric evaluation and management,⁶ proposal of a community-based integrated care model,⁷ and using the visceral fat thickness to diagnose sarcopenia.⁸ Subjectively, the quality of submissions in 2021 should attract more research attentions and citation in the future.

AMH has become an ideal platform for countries experiencing challenges of rapid population aging to publish their research findings, and is also suitable for countries that have more experiences to collaborate with academic partners from other parts of the world. Accepting submissions from countries with different characteristics and challenges is important to harmonize the goals of healthy aging all over the world.^{9,10} The interactions between scientists and researchers from countries with different status of population aging will improve the quality and practice of age-related disease diagnosis and treatment consensus,^{11,12} as well as international recommendations for certain public health issues related to population aging.¹³⁻¹⁵ In 2022, AMH is receiving more submissions and the editorial team is highly encouraged by the authors' choice to publish their academic work. AMH will increase the number of article publication from the first issue of 2022, but the rejection rate would also be increased. The estimated JCI would also increase in the JCR, so submissions would be further increased following the official publication of JCR 2021. Nevertheless, AMH pursues the best roles for researchers in related fields to publish their work and to promote more scientific impacts to countries with different status of population aging, instead of simply the citation performance. In 2019, I wrote the editorial entitled "Farewell JCGG – Hello Aging Medicine and Healthcare" to address the change to journal title and the scope, and I am more than happy to see the continuing growth of AMH in 2021 and beyond.

REFERENCES

- Chen, LK. Farewell JCGG – Hello Aging Medicine and Healthcare. *Aging Med Healthc.* 2019;**10**(1):1-3.
- Arun Ö, Holdsworth JK. Integrated social and health care services among societies in transition: Insights from Turkey. *J Aging Stud.* 2020;**53**:100850.
- Kumari R, Langer B, Gupta RK, Bahl R, Akhtar N, Nazir H. Prevalence and Determinants of Cognitive Impairment and Depression among the Elderly Population in a Rural Area of North India. *Indian J Community Med.* 2021;**46**(2):236-40.
- Aina FO, Fadare JO, Deji-Dada OO, Agbesanwa TA. Increasing Burden of Aging Population on Health Services Utilization:

- A Myth or Reality in a Country with Predominantly Young Population. *Aging Med Healthc.* 2021;**12**(2):41-5.
5. Morley JE. Future research in frailty and sarcopenia. *Aging Med Healthc.* 2019;**10**(Suppl 1):3.
 6. Hsu CC, Yu PC, Lin MH, Peng LN, Chen LK. Early geriatric evaluation and management services reduced in-hospital mortality risk among frail oldest-old patients. *Aging Med Healthc.* 2021;**12**(2):62-7.
 7. Woo J, Yu R, Leung G, Chiu C, Hui A, Ho F. An integrated model of community care for older adults: Design, feasibility and evaluation of impact and sustainability. *Aging Med Healthc.* 2021;**12**(3):105-13.
 8. Bahşi R, Üstüner E, Atmış V, Coşardereioğlu Ç, Sürmeli DM, Öztoran HS, et al. Visceral fat thickness may be useful in determining sarcopenia. *Aging Med Healthc.* 2021;**12**(1):20-5.
 9. Lee WJ, Peng LN, Lin MH, Loh CH, Chen LK. Determinants and indicators of successful ageing associated with mortality: a 4-year population-based study. *Aging (Albany NY).* 2020;**12**(3):2670-9.
 10. Lee WJ, Peng LN, Lin CH, Chen RC, Lin SZ, Loh CH, et al. Effects of incorporating multidomain interventions into integrated primary care on quality of life: a randomised controlled trial. *The Lancet Healthy Longevity.* 2021;**2**(11):e712-23
 11. Chiu CJ, Chen YA, Kobayashi E, Murayama H, Okamoto S, Liang J, et al. Age trajectories of disability development after 65: A comparison between Japan and Taiwan. *Arch Gerontol Geriatr.* 2021;**96**:104449.
 12. Chen LK. Population aging and health care services: What governments should do. *Arch Gerontol Geriatr.* 2021;**92**:104296.
 13. Chen LK, Woo J, Assantachai P, Auyeung TW, Chou MY, Iijima K, et al. Asian Working Group for Sarcopenia: 2019 Consensus update on sarcopenia diagnosis and treatment. *J Am Med Dir Assoc.* 2020;**21**(3):300-7.e2.
 14. Izquierdo M, Merchant RA, Morley JE, Anker SD, Aprahamian I, Arai H, et al. International exercise recommendations in older adults (ICFSR): Expert consensus guidelines. *J Nutr Health Aging.* 2021;**25**(7):824-53.
 15. Lim WS, Liang CK, Assantachai P, Auyeung TW, Kang L, Lee WJ, et al. COVID-19 and older people in Asia: Asian Working Group for Sarcopenia calls to actions. *Geriatr Gerontol Int.* 2020;**20**(6):547-58.