From The Editor In Chief

The rapid and unprecedented growth of the older population represents one of the most consequential demographic transformations of the 21st century. Increased longevity is a major societal achievement; however, it also creates an urgent need to generate robust scientific evidence addressing the complex, heterogeneous, and multidimensional health needs of older adults. Research in geriatrics and clinical gerontology must therefore evolve beyond disease-specific approaches toward a comprehensive understanding of healthy longevity, functional ability, resilience, and quality of life..

A major priority is the development of person-centred, function-oriented research. Future studies should place intrinsic capacity, functional independence, participation, and quality of life alongside conventional clinical outcomes. Research methodologies must consequently capture the coexisting and interacting conditions rather than investigating them in isolation.

There is also an urgent need for better evidence specifically generated in older populations. Older adults—particularly those who are very old, frail, multimorbid, or living with cognitive impairment—remain underrepresented or excluded from many clinical trials. Future research should promote inclusive recruitment and develop study designs capable of addressing heterogeneity, treatment burden, competing risks, and patient priorities. Long-term outcomes, real-world effectiveness, and the balance between benefit and harm should receive greater emphasis.

Digital health, artificial intelligence, remote monitoring, and gerontechnology will increasingly influence geriatric care. Research should determine not only whether these technologies are technically effective, but also whether they are clinically meaningful, equitable, accessible, safe, and acceptable to older people. Particular attention must be given to the digital divide and to preventing technology from becoming another source of health inequality.

Another critical research domain is ageing in context. Social isolation, socioeconomic disadvantage, living arrangements, environmental factors, climate change, migration, and access to health and social services substantially influence health trajectories in later life. Clinical gerontology should therefore strengthen interdisciplinary and population-based research capable of linking biological, psychological, social, and environmental determinants of ageing.

The expansion of geriatric research also raises profound ethical responsibilities. Respect for autonomy, informed consent, privacy, dignity, equity, and protection from exploitation must remain fundamental principles. Research involving people with cognitive impairment requires particularly rigorous approaches to capacity assessment, surrogate decision-making, and ongoing respect for the participant's wishes. Furthermore, AI and data-intensive research demand transparency, protection of personal data, avoidance of algorithmic bias, and clear human accountability.

Ultimately, the goal of future research should not simply be to add years to life, but to add life, function, dignity, and meaning to those years. High-quality geriatric and clinical gerontology research must be scientifically rigorous, ethically responsible, inclusive, and directly relevant to the priorities of older people. Such an approach is essential for transforming increased longevity into healthy, equitable, and meaningful ageing.

Yeşim GÖKÇE KUTSAL