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Groessl EJ, Kaplan RM, Rejeski WJ et al. Physical Activity and Performance Impact Long-term Quality of Life in Older Adults at Risk for Major Mobility Disability. Am J Prev Med 2019; 56 (1): 141-146. (DOI: 10.1016/j.amepre.2018.09.006).

3. Books

BG Katzung. Special Aspects of Geriatric Pharmacology, In:Bertram G. Katzung,Susan B. Masters, Anthony J. Trevor (Eds). Basic and Clinical Pharmacology. 10th edition, Lange, Mc Graw Hill, USA 2007, pp 983-90.

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Volume: 29 • Issue: 3 • Year: 2026

Contents

EDITORIAL

FROM THE EDITOR IN CHIEF IX
Yeşim GÖKÇE KUTSAL

ORIGINAL ARTICLES

OUTCOMES OF TOTALLY IMPLANTABLE VENOUS ACCESS PORT IMPLANTATION IN OLDER ADULTS: AGE IS NOT THE KEY DETERMINANT CONTENTS 273
Mehlika İŞCAN, Reyhan ERTAN, Muhammet KERTMEN, Ömer YAVUZ

INFLAMMATION INDICES PREDICT STENT THROMBOSIS IN GERIATRIC PATIENTS WITH ST-ELEVATION MYOCARDIAL INFARCTION 285
Habibe KAFES, Bahar TEKİN TAK, Anıl Can ERGÜN, Özge Çakmak KARAASLAN, Ahmet TEMİZHAN, Firdevs Ayşenur EKİZLER

PRESBYSTASIS INCIDENCE AND ASSOCIATION WITH PRESBYCUSIS 296
Serap BULUT ÇÖBDEN, Mehmet YAŞAR, Aykut KURU, Esra DİŞBUDAK, Altan KAYA, Yunus KANTEKİN, Ali BAYRAM

BEYOND PAIN RELIEF: COMPARATIVE EFFECTIVENESS OF VERTEBROPLASTY, KYPHOPLASTY, AND CONSERVATIVE TREATMENT IN 428 GERIATRIC OSTEOPOROTIC VERTEBRAL FRACTURES 305
Burak BAHADIR, Kasım KILIÇARSLAN

ASSOCIATION OF FRAILTY WITH NUTRITIONAL STATUS AND FUNCTIONAL INDEPENDENCE IN OLDER ADULTS WITH STROKE 317
Sevinç KÜLEKÇİOĞLU, Merve KORUKÇU

LOW BACK PAIN IN GERIATRIC PATIENTS: CLINICAL FEATURES, CAUSES, AND MANAGEMENT OPTIONS 325
Esin AKBAŞ, Serkan USGU

ASSESSMENT OF POTENTIALLY INAPPROPRIATE MEDICATION USE IN ELDERLY PATIENTS RECEIVING HOME CARE ACCORDING TO STOPP VERSION 3 CRITERIA 334
Sevgi Didem ŞAHİN, Serap ÖKSÜZ, Gülseren PAMUK, Kurtuluş ÖNGEL

COMPARISON OF HIGH-FLOW NASAL OXYGEN AND CONVENTIONAL LOW-FLOW OXYGEN DURING ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY UNDER SEDATION IN GERIATRIC AND ADULT PATIENTS 344
Zekeriya ERVATAN, Nihan ALTINTEPE BAŞKURT, Serencan ÖZALP, Melike DUMAN, Mehmet Emin GÜRBÜZ, Mehmet Atilla UYSAL, Namigar TURGUT

EFFECT OF GENERAL AND SPINAL ANESTHESIA ON POSTOPERATIVE MYOCARDIAL INJURY IN ELDERLY PATIENTS UNDERGOING HIP FRACTURE SURGERY: A RANDOMIZED STUDY 358
Mustafa Bilgehan AYIK, Hacer Şebnem TÜRK, İsmail DUYMAZ, Mustafa ALTINAY, Leyla KILINÇ, Pınar SAYIN, Ayşe SURHAN ÇINAR, Sibel OBA

HEMODYNAMIC EFFECTS OF LATERAL DECUBITUS POSITIONING AFTER SPINAL ANESTHESIA IN HIGH-RISK GERIATRIC PATIENTS UNDERGOING LOWER EXTREMITY ORTHOPEDIC SURGERY: A PROSPECTIVE RANDOMIZED CONTROLLED TRIAL 368
Sevgi KUTLUSOY, Hasan DUMAN, Ebru DUMAN

EFFECTIVENESS OF LEUKOCYTE- AND PLATELET-RICH FIBRIN IN THE TREATMENT OF STAGE 2 AND STAGE 3 MEDICATION-RELATED OSTEONECROSIS OF THE JAW IN GERIATRIC PATIENTS: A RETROSPECTIVE STUDY 379
Muharrem Ergün DUDAK, Aylin ÇALIŞ, İlkay AYDOĞDU, Selin KENÇ, Gözde IŞIK

LONGITUDINAL CHANGES IN ANXIETY AND DEPRESSIVE SYMPTOMS AMONG PRIMARY CAREGIVERS OF ELDERLY HIP FRACTURE PATIENTS DURING PROLONGED PREOPERATIVE HOSPITALIZATION 389
Nazım ERKURT, Murat ÇAKAR, Tahsin Olgun BAYRAKTAR, Doğa KORUN, Ali KAFADAR, Ali YÜCE

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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