

UC San Diego

UC San Diego Previously Published Works

Title

Growth of the Journal from Age 8 to 23: An Exciting and Joyous Journey for a Proud Guardian

Permalink

<https://escholarship.org/uc/item/8n0647zw>

Journal

American Journal of Geriatric Psychiatry, 24(1)

ISSN

1064-7481

Author

Jeste, Dilip V

Publication Date

2016

DOI

10.1016/j.jagp.2015.11.002

Peer reviewed

Growth of the Journal from Age 8 to 23: An Exciting and Joyous Journey for a Proud Guardian

Dilip V. Jeste, M.D.

This is my last editorial as the Editor-in-Chief of the *American Journal of Geriatric Psychiatry* (AJGP), the flagship journal of the American Association for Geriatric Psychiatry (AAGP). I am writing it with mixed emotions. I will miss a number of the regular activities related to editing the Journal. However, I am happy to hand over the Journal to the perfect successor in Chip Reynolds, a long-time friend and highly respected colleague. Mostly though my feeling is one of unadulterated pride.

To prepare this editorial I went through the handful of editorials¹⁻⁶ that I had written over the years as specific milestones were reached by the Journal and also over my semi-annual progress reports I had submitted to the AAGP Board of Directors. It was like going through a trove of old family photos and letters and realizing how far we have come. When I assumed the editorship, the Journal was an 8-year-young quarterly with about 70 submissions per year, mostly from within the United States; the entire process of submission, review, and decisions was through postal service; and the Impact Factor was about 1.5. Today, the AJGP is a 23-year-old grown-up monthly with nearly 350 submissions per year, nearly two-thirds of them from outside the United States; the entire process of submission, review, and decisions is online; and the Impact Factor exceeds 4.1, the highest among all geriatric journals (including Geriatric Medicine) in the world. When a journal is young the editor is its parent, responsible for its growth and development. As it matures, the editor's role changes to that of a guardian of its interests

and helper, when necessary, as the young adult begins to operate on an auto-pilot.

The primary mission of the AJGP has always been to be the leading forum for publication of cutting-edge science in aging-related mental and behavioral health and neuroscience. The papers are judged scientifically, yet, they are also intended to be useful to clinicians and trainees. In many ways the growth of the AJGP reflects on the growth of the field of academic geriatric psychiatry as a whole.

THE EARLY YEARS

The AJGP made its debut in 1992 under the pioneering leadership of Gene Cohen.¹ Four years later it was included in MEDLINE (now called PubMed) and continued to grow. In 2001 I was appointed as its Editor-in-Chief. Consistent with the goal of leading the Journal into the new millennium and increasing its impact on the field, we implemented a number of changes. I selected two prominent Associate Editors, Chip Reynolds and Anand Kumar, and a Statistical Editor, Steve Arndt. Dan Blazer chaired the Journal's Advisory Committee. A new Editorial Board was selected; it was relatively small (with 15 members) and diverse in terms of age, gender, background expertise, and geography. We generally had a 3- to 4-year term limit for the Editorial Board members, enabling us to have a number of junior and senior geriatric psychiatry experts to serve on the Board.

Received November 10, 2015; accepted November 10, 2015. From the Sam and Rose Stein Institute for Research on Aging, and Department of Psychiatry, University of California, San Diego, San Diego, CA. Send correspondence and reprint requests to Dilip V. Jeste, M.D., Sam and Rose Stein Institute for Research on Aging, University of California, San Diego, 9500 Gilman Drive #0664, San Diego, CA 92093. e-mail: djeste@ucsd.edu

© 2015 American Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved.

<http://dx.doi.org/10.1016/j.jagp.2015.11.002>

The editorial review process became faster. We switched from mail correspondence to online submissions and reviews with a short turnaround. Every data-based article was reviewed by a statistician and 2 or 3 additional reviewers. One of our new initiatives focused on theme-based issues. We solicited articles on a particular theme from authorities in the field and also included appropriate unsolicited papers to produce an issue in which several articles were on the same theme. A guest editorial was invited from an expert.

A major early goal was to increase the rate of submissions. The average number of submissions during the 1990s was about 70. It increased to 104 in 2001, 166 in 2002, 207 in 2003, and 250 in 2004. The rate of rejections also increased proportionately. Nonetheless, the increased rate of submissions enabled us to increase the frequency of publication of the Journal from quarterly to bimonthly in 2002. The average time lag for publication of accepted manuscripts was reduced by 50%.

There was an almost immediate jump in the number of citations of the papers published in the AJGP. The citations of all the scientific Journals in PubMed are tracked by the Institute for Scientific Information, which calculates an Impact Factor (the number of times a journal is cited divided by the number of articles published during the previous 2 years). A journal's Impact Factor is a measure of the frequency with which an average article in that journal has been cited in a particular year. It helps in evaluating a journal's relative importance, especially in comparing it with others in the same field. Of course, there are other ways of assessing a journal's value; however, academically, the Impact Factor remains the best-known and most accepted measure. The "in-cites," a magazine of the Institute for Scientific Information, identified the AJGP as "the journal with the highest increase in citations in psychiatry/psychology during October–December 2002," and I was invited to write an article summarizing the "secrets of our success."^{3,4} The AJGP's Impact Factor rose from about 1.5 during the 1990s to more than 3.0, and the Journal became the top-ranked geriatric psychiatry journal in the world. A matter of pride was that we did not rely on quick fixes to increase the Impact Factor, for example, publishing open-label or small sample drug studies or those with a slant to make the treatments look better or having industry-supported supplements. In January 2005 the Journal became a monthly, thus announcing it had "arrived."⁵

Some of the most exciting research in the understanding, management, and prevention of aging-related behavioral disorders in geriatric neuropsychiatry was published in the AJGP. We issued press releases for prominent papers published. As an example, Gary Small and colleagues published the first ever papers on live amyloid imaging in the brains of patients with Alzheimer disease⁷ and on cerebral activation during internet searching.⁸ These articles received wide publicity in the lay media and made the AJGP well known even among scientists outside of geriatric psychiatry.

We made changes in the format of the Journal for example, the abstracts of data-based articles were structured, and introduced a new cover design with multiple colors. Several new features were initiated, based on readers' recommendations. These included a new category of Clinical Reviews, modeled after those published in the *New England Journal of Medicine* and intended to provide clinicians with a succinct and objective update of the specific clinical topic. We continued to have Special Articles that are scholarly and critical reviews of the literature with primarily a research focus. Of course, regular research articles remained the main form of the Journal's content.

To ensure a high level of transparency regarding ethical issues and avoidance of conflicts of interest, we used a disclosure form that required listing of all potential conflicts of interest and/or funding disclosures from all authors. Equally importantly, all members of the Editorial Board also had to complete this form annually. This information is published in the January issue of the Journal. As is common with journals that grow, there was a change of publishers from the American Psychiatric Press, Inc. to the Lippincott Williams & Wilkins (LWW) in 2005. The transition was smooth.

RECENT PROGRESS

The Journal has continued to grow and progress. In 2009 the number of submissions exceeded 300 for the first time, with more than half of them coming from outside the United States. Importantly, two-thirds of the submissions were Regular Research Articles, which are generally considered the "meat" of good scientific journals. The last year was the most successful year in the Journal's history in terms of the total number of submissions and the Impact Factor. The Journal received 345 new submissions (an increase of almost 10%

over the previous year), with 63% of submissions coming from outside the United States. Submissions came from every continent except for the Arctic and the Antarctic! Several members of the Editorial Board were selected from outside the United States and made outstanding contributions to the review process. At the same time the average number of days between the date the manuscript was received and the first decision was made was only 31 days. We received about 1,000 reviews annually. More than two-thirds of the manuscripts submitted were rejected, allowing us to publish only the top papers and keeping the number of articles in production (and wait time from acceptance to print publication) reasonable. To reduce a burden on reviewers, we now reject many more articles before they are sent out for review. This also helps the authors by being able to submit their papers elsewhere without wasting time before eventual rejection.

Notably, the AJGP's Impact Factor reached a new historical high last year, increasing to 4.13. The AJGP became the most cited of all journals in entire geriatric medicine. To put this number in context, fewer than a quarter of all the journals in psychiatry and psychology or in aging have Impact Factors exceeding 4.0, and only a few of them are relatively young journals representing a small subspecialty such as the AJGP. One indication of the improved quality of the articles in the AJGP has been the publicity in popular media accorded to several papers published.

The Journal's website has been undergoing continual improvements and enhancements in line with advances in the publishing technology. Supplemental Digital Content allows the journal to publish content online that otherwise could not be published in print, such as audio and video files. It also provides a way to publish additional figures, tables, and references that are often limited in print because of space constraints. To comply with the National Institutes of Health and other research funding agency accessibility requirements, we help authors to submit an article after acceptance but before print publication to a repository that is accessible online by all without charge. A recent switch in publishers to Elsevier was highly successful.

In an effort to make the articles more succinct, consistent with the growing trend in most major journals, we reduced the word count limit for regular research articles from 5,000 to 3,500 words and that of brief reports from 2,000 to 1,500 words. In an effort to help attract and retain reviewers for AJGP, the Journal

partnered with the AAGP to offer CME credits to individuals who review for the journal. We added a new category of members of the editorial team, called Triage Editors, who are experts at varying levels of seniority, including past (and future) members of the Editorial Board. The Triage Editors select reviewers and make preliminary decisions on specific manuscripts.

Important as these structural and functional changes in the AJGP might be, the most important mission of the Journal is to represent the field of academic geriatric psychiatry as a whole. Over the past 15 years there have been both positive and negative changes. On the positive side, geriatric psychiatry has become an established field across the world, and research has become more sophisticated. On the negative side, the number of trainees becoming qualified geriatric psychiatrists has actually decreased, in large part because of financial issues such as increasing student loans and declining Medicare reimbursement for geriatric health-care. It is a distressing irony that as the demand for geriatric psychiatry services keeps growing, the supply of specialists is dropping. We can only hope that the society will soon begin to realize the need to shift the path and make appropriate budgetary decisions.

From a conceptual perspective too, geriatric psychiatry has changed during the past 15 years, along with general psychiatry and medicine in general. The first major area of change is an increased emphasis on neuroscience and on translation of findings from bench to bedside to clinical practice. A second area is the expansion of the vision of geriatric psychiatry from an area that largely focused on depression and dementia to a variety of primary psychiatric disorders as they uniquely present in older adults (e.g., anxiety disorders, substance use disorders, schizophrenia and other psychotic disorders in late life). Finally, a recent area of change is the growing attention to positive aspects of aging such as successful aging, resilience, and wisdom.

The AJGP's goal is to represent the best science in the field. The growing sophistication of research is reflected in the "themes" chosen for individual issues of the Journal. In the early years, the themes were broad (e.g., dementia, late-life depression, schizophrenia, anxiety disorders). Examples of recent themes are psychiatry of palliative care; trauma, stress, and resilience; *APOE*, other genes, and cognitive impairment; psychosocial interventions in older people with psychotic disorders; capacity to consent and surrogate

decision-making; instruments for assessment; white matter changes in dementia and depression; novel applications of psychosocial interventions; mental health of older veterans; and aging, mental health, and ethnicity.

A critically important constituency for the AJGP is the AAGP membership. I feel delighted and humbled when, in surveys of the AAGP members, the AJGP has been repeatedly voted as the number 1 benefit of AAGP membership. It is also gratifying to hear from Directors of Geriatric Psychiatry Fellowship programs and even some general Psychiatry Residency Training programs that they find AJGP's specific theme-based articles ideal for their journal clubs.

THE FUTURE

The next 15 years are going to see a continued dramatic growth in the numbers of older Americans as 10,000 Baby Boomers will reach age 65 every single day. I expect the AJGP to maintain its high standing in the field and to make a significant impact on the field. I know that Chip Reynolds will take the AJGP to an even higher level. Issues facing ours as well as other journals are a likely requirement for data sharing, addressing recent concerns about problems with reproducibility of behavioral science results and "p-value hacking," an emphasis on personalized medicine, discovery of new biomarkers as well as growth of technology, changes in the healthcare system, a need for

prevention of illnesses, and the future of print journals. The AJGP can play an important role in helping shape the field of academic geriatric psychiatry in the United States and globally.

For me it has been a singular honor and a privilege to work with esteemed colleagues at all levels—Associate Editors, Editorial Board, Triage Editors, reviewers, authors, AAGP leadership and staff, and the publisher staff. I also want to thank my Administrative Assistant and younger colleagues at UC San Diego who served as Assistants to the Editor, reviewing multiple manuscripts at relatively short notices. Together, the whole team contributed to helping shape the field of geriatric psychiatry in a small way. It is this feeling of contentment that made me accept Chip Reynolds's kind invitation to continue serving as an Associate Editor of the AJGP.

Personally, this has been one of the most fulfilling jobs I have ever done. I want to thank the AAGP for providing me with this amazing once-in-a-lifetime opportunity. Raising the Journal since it was a young child of 8 and now seeing it as a mature young adult of 23 has been a journey filled with excitement and joy. I wish all the best to the AJGP and to all those involved in making the Journal a reality.

This work was supported, in part, by National Institute of Mental Health grants T32 MH019934, R01 MH099987, and R01 MH094151 and by the Sam and Rose Stein Institute for Research on Aging at the University of California, San Diego.

References

1. Finkel SI, Jeste DV: Gene Cohen: the founding editor of the *American Journal of Geriatric Psychiatry* (1944–2009). *Am J Geriatr Psychiatry* 2010; 18:375–377
2. Jeste DV: Our journal in the new millennium. *Am J Geriatr Psychiatry* 2001; 9:327–329
3. Jeste DV: *American Journal of Geriatric Psychiatry*—the journal with the highest increase in citations in psychiatry/psychology during Oct.–Dec. 2002 Available at: <http://www.in-cites.com>. Accessed April 1, 2003.
4. Jeste DV: The new and improved journal. *Am J Geriatr Psychiatry* 2003; 11:118–119
5. Jeste DV: Another milestone: the journal goes monthly. *Am J Geriatr Psychiatry* 2005; 13:1–2
6. Jeste DV: Entering the 14th year: the AJGP continues to grow. *Am J Geriatr Psychiatry* 2006; 14:1
7. Shoghi-Jadid K, Small GW, Agdeppa ED, et al: Localization of neurofibrillary tangles and beta-amyloid plaques in the brains of living patients with Alzheimer disease. *Am J Geriatr Psychiatry* 2002; 10:24–35
8. Small GW, Moody TD, Siddarth P, et al: Your brain on google: patterns of cerebral activation during internet searching. *Am J Geriatr Psychiatry* 2009; 17:116–1268