

Reframing Aging Journal Manuscript Guidelines

In keeping with GSA's commitment to the Reframing Aging Initiative, the GSA Program, Publications, and Products Committee provides the following guidelines for authors submitting manuscripts to the GSA journals. These guidelines reflect evidence-based recommendations on how to change the public's misperceptions of aging and address ageism and implicit bias in our communications. They also incorporate ongoing changes to the style in the *Publication Manual of the APA*, *AMA Manual of Style*, *AP Stylebook*, and NIH policy guidelines formulated by the Inclusion Across the Lifespan working group. Members of the [Leaders of Aging Organizations](#) have also taken steps to implement changes.

- The tone of a presentation can be just as powerful as its content. We strive to always discuss aging without perpetuating ageist stereotypes and biases, or by using inappropriate language.
- To support a more inclusive image of aging, we ask that our authors adopt "older adult," "older persons," or "older people" as the preferred terms for describing individuals aged 65 years and older as opposed to "seniors," "the elderly," and "the aged."
- Authors are encouraged to provide a specific age range (e.g., "older adults aged 75 to 84 years") or to use specific qualifiers (e.g., "older Canadians," "American women 75 years of age and older") when describing research or making recommendations about patient care or the health of the population.
- Given that much of gerontological and geriatrics research references disorders, diseases, or functional limitations that affect some older adults, this guidance highlights how *not* to talk about disabilities or disease. Authors should put the person first by saying "person with diabetes" instead of "diabetic patient." Also, avoid descriptions of people as victims or using emotional terms that suggest helplessness (e.g., "afflicted with," "suffering from," "stricken with," "maimed").
- Avoid euphemistic descriptions such as "physically challenged" or "special." Steering clear of such labeling supports a person- and family-centered focus on the whole person and prevents defining an individual based on a disease or disability.
- Lead with solutions then highlight data. Use concrete examples like intergenerational community centers to illustrate inventive solutions.

The National Center to Reframe Aging is dedicated to ending ageism by advancing an equitable and complete story about aging in America. The center is the trusted source for proven communication strategies and tools to effectively frame aging issues. To learn more about evidence-based tools, consulting services, and resources from the National Center visit reframingaging.org or contact the team at reframingaging@geron.org

The following page provides an example of revisions to reframe communications about aspects of aging.

REFRAMING AGING GUIDELINES—ABSTRACT EXAMPLE

(Revisions to reframe communicating about aspects of aging are identified in bold underlined font.)

Unmodified version:

Depression, locus of control, and physical health: Examining arthritis-related pain in elderly women

Today's society is experiencing a "silver tsunami," which suggests an increase in the number of aged adults in general, and the number of seniors diagnosed with a chronic painful arthritic condition, in particular. Data show disparate rates of chronic pain reported between men and women. This is particularly relevant among women suffering from arthritis. The aim of this study was to determine the relationship between pain intensity, depressive symptoms, health locus of control, and various health and demographic characteristics in a sample of arthritic elderly Black women 50+ years of age (N = 181). Results from the statistical model showed that age, depression, and physical functioning explained unique variance in pain intensity (44%), suggesting that younger age and reporting more depressive symptoms were significant predictors of greater pain intensity among this sample of elderly women suffering from pain. These important findings demonstrate the need for more research documenting the underlying processes and risk factors for increased pain intensity. The potential benefits of this approach provide a basis for developing preventive models and pain management strategies for seniors who are physically challenged with a debilitating medical condition.

Reframed version:

Depression, locus of control, and physical health: Examining arthritis-related pain in older women

As Americans live longer and healthier lives, preventative models and pain management strategies are imperative to support us as we age. While assessing the positive contributions of the older adult population, we find significant differences between men and women in the experience of painful chronic medical conditions. This is particularly relevant among women diagnosed with arthritis. The aim of this study was to determine the relationship between pain intensity, depressive symptoms, health locus of control, and various health and demographic characteristics in a sample of Black women 75 to 95 years of age, diagnosed with arthritis (N = 181). Results from the statistical model showed that age, depression, and physical functioning explained unique variance in pain intensity (44%), suggesting that younger age and reporting more depressive symptoms were significant predictors of greater pain intensity among this sample of older Black women. These important findings demonstrate the need for more research documenting the underlying processes and risk factors for increased pain intensity. The potential benefits of this approach provide a basis for developing preventive models and pain management strategies for this population of older women.