Advances in Journal of Geriatric Cardiology over the course of a decade

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he Journal of Geriatric Cardiology (JGC, ISSN 1671-5141/CN 11-5329/R) is a monthly, open-access, international, and peer-reviewed journal sponsored and published by the Institute of Geriatric Cardiology affiliated with Chinese PLA General Hospital. It was created in 2004 by Prof. Shi-Wen WANG, and as the current editor-in-chief, Prof. Yun-Dai CHEN has been involved in JGC for eight years and has achieved impressive advancements. In particular, JGC was indexed in the Science Citation Index Expand (SCIE) of the Web of Science in 2011 and PubMed Central in 2012. JGC focuses on both basic research and clinical practice regarding the diagnosis, prevention and treatment of cardiovascular disease in elderly people, especially those with concomitant diseases of other major organ-systems. According to the 2019 Journal Citation Reports (InCites, Clarivate Analytics), the SCI impact factor of JGC has increased from 1.763 to 2.491 in 2019. JGC ranks 30/51 and 66/138 in the fields of Geriatrics & Gerontology and Cardiac & Cardiovascular Systems, respectively.

Analysing the characteristics of JGC will enable the journal to better serve researchers and inform the long-term development trajectory of the journal. This article reports a bibliometric analysis of JGC (citation analysis), which is an effective research methodology that is often used to assess the characteristics and impacts of researchers, institutions, countries or journals and is the gold standard for measuring these impacts.^[1] Data collection was performed through December 2019 in the Scopus database, which is currently the database with the most articles published in JGC according to searches in SCIE, PubMed Central, EMBASE, Google Scholar, Scopus, *etc.* This article presents a brief review of the characteristics of JGC based on the following four themes:

- 1. Publication and citation structure
- 2. Influential publications
- 3. Research hotspots in the journal
- 4. Major research collaborations among teams, institutions and countries

1. Publication and Citation Structure

As of December 2019, considering only articles, reviews, conference papers, and short surveys, JGC had published 899 manuscripts, the journal had 4,637 citations, and the number of citations per paper was 5.16. The h-index was 27.

The annual changes in the number of total publications (TPs), number of total citations (TCs), average number of citations per publication (ACPP) and h-index^[2] are shown in Figure 1. Before 2012, the TPs, with several exceptions, ranged between 34 and 44 manuscripts per year. From 2012 to 2016, the number of publications steadily increased to an average of 77.8 manuscripts per year. In 2019, the number of manuscripts was twice that in 2006.

The trend in annual TCs in JGC first increased and then decreased. The TCs increased from 62 in 2006 to 855 in 2015 but then decreased to 56 in 2019. As the JGC was not indexed in SCIE before 2010, the TCs were relatively low. The low TCs of articles



Figure 1 Annual changes in the TPs, h-index, ACPP and TCs in JGC. ACPP: average citations per publication; TCs: total citations; TPs: total publications.

published in JGC in recent years may be attributed to the "delayed effect", as there has not been sufficient time for the accurate determination of the citation value of recent publications and they have therefore not yet achieved their highest citation potential. The overall trend in ACPP in JGC is similar to the trend in TCs.

The annual citation structure is presented in Table 1. The highest level of the h-index was distributed between 2011 and 2016. The relatively lower level of the h-index before 2011 and after 2016 may be attributed to the extent to which JGC is being used and recognized, the publishing cycle, the extent of circulation, and the innovativeness of the

content in JGC. Nonetheless, it is expected that the h-index of JGC will increase in the coming years. The ACPP in JGC showed a generally increasing trend. In addition, Table 1 shows the publication citations (PCs) in JGC.

2. Influential Publications

Table 2 summarizes the ten most-cited publications in JGC according to Scopus. The ten most-cited publications were mostly published between 2012 and 2017. In addition, most of them were from China, and the most common types of publications were reviews and articles. Notably, the review from

| Year | TPs | TCs | TRs | TRs/TPs | H-index | PCs | | | | | | | |
|------|-----|-----|-------|---------|---------|------|------|------|------|-----|----|-----|--|
| Tear | | | | | | ≥ 50 | ≥ 40 | ≥ 30 | ≥ 20 | ≥10 | ≥5 | ≥1 | |
| 2006 | 44 | 62 | 1,051 | 23.89 | 4 | 0 | 0 | 0 | 0 | 1 | 4 | 22 | |
| 2007 | 45 | 53 | 1,026 | 22.80 | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 28 | |
| 2008 | 49 | 46 | 1,002 | 20.45 | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 23 | |
| 2009 | 47 | 46 | 1,105 | 23.51 | 3 | 0 | 0 | 0 | 0 | 1 | 3 | 17 | |
| 2010 | 36 | 31 | 895 | 24.86 | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 13 | |
| 2011 | 34 | 328 | 1,607 | 47.26 | 11 | 0 | 0 | 1 | 4 | 11 | 25 | 33 | |
| 2012 | 57 | 667 | 2,082 | 36.53 | 14 | 1 | 3 | 4 | 5 | 27 | 40 | 55 | |
| 2013 | 60 | 668 | 2,007 | 33.45 | 13 | 2 | 3 | 6 | 8 | 22 | 38 | 58 | |
| 2014 | 56 | 545 | 1,549 | 27.66 | 14 | 1 | 2 | 4 | 6 | 19 | 31 | 50 | |
| 2015 | 94 | 855 | 3,212 | 34.17 | 14 | 1 | 2 | 4 | 9 | 29 | 56 | 92 | |
| 2016 | 122 | 608 | 4,020 | 32.95 | 13 | 0 | 0 | 1 | 2 | 20 | 49 | 103 | |
| 2017 | 84 | 507 | 3,423 | 40.75 | 9 | 2 | 4 | 5 | 5 | 9 | 21 | 71 | |
| 2018 | 81 | 165 | 2,737 | 33.79 | 6 | 0 | 0 | 0 | 0 | 1 | 13 | 53 | |
| 2019 | 90 | 56 | 3,597 | 39.97 | 3 | 0 | 0 | 0 | 0 | 1 | 1 | 27 | |

Table 1 Annual citation structure of JGC.

PCs: publication of citations; TCs: total citations; TPs: total publications; TRs: total references.

| No. | Title | Туре | Authors | Countries | Year | TCs | TCs/Year | | | | |
|-----|--|---------|--|--|------|-----|----------|--|--|--|--|
| 1 | Depression, anxiety, and cardiac morbidity outcomes after coronary artery bypass surgery: a contemporary and practical review | Review | Tully PJ, Baker RA | Australia | 2012 | 109 | 13.63 | | | | |
| 2 | China cardiovascular diseases report 2015: a summary | Review | Chen WW, Gao RL, Liu LS, <i>et al</i> | China | 2017 | 87 | 29.00 | | | | |
| 3 | Systemic inflammatory response following acute myocardial infarction | Review | Fang L, Moore XL, Dart AM, <i>et al</i> | Australia, China | 2015 | 77 | 15.40 | | | | |
| 4 | Blood rheology and aging | Review | Simmonds MJ, Meiselman HJ, Baskurt OK | Australia | 2013 | 75 | 10.71 | | | | |
| 5 | Cognitive impairment in heart failure patients | Review | Leto L, Feola M | Italy | 2014 | 67 | 11.17 | | | | |
| 6 | CHADS ₂ versus CHA ₂ DS ₂ -VASc score in assessing the stroke and thromboembolism risk stratification in patients with atrial fibrillation: a systematic review and meta-analysis | Article | Chen JY, Zhang AD, Lu HY, <i>et al</i> | China | 2013 | 67 | 9.57 | | | | |
| 7 | Novel biomarkers for cardiovascular risk prediction | Review | Wang J, Tan GJ, Han LN, <i>et al</i> | China | 2017 | 58 | 19.33 | | | | |
| 8 | Atrial fibrillation: the current epidemic | Review | Morillo CA, Banerjee A, Perel P, <i>et al</i> | Canada, Switzerl, United Kingdom, France | 2017 | 48 | 16.00 | | | | |
| 9 | Management of chronic heart failure in the older population | Review | Azad N, Lemay G | Canada | 2014 | 47 | 7.83 | | | | |
| 10 | Exercise intolerance in heart failure with preserved ejection fraction: more than a heart problem | Review | Upadhya B, Haykowsky MJ, Eggebeen J, <i>et al</i> | United States, Canada | 2015 | 46 | 9.20 | | | | |

Table 2 The ten most-cited publications in JGC.

TCs: total citations.

the National Center for Cardiovascular Diseases published in 2017, entitled "China cardiovascular diseases report 2015: a summary",^[3] has the highest average number of citations per year among all publications, and it is also the second most-cited publication. These ten most-cited publications, which were published by authors from Australia, Italy, the United Kingdom, France, the United States, Canada, Switzerland, *etc.*, have been noticed by and cited in the scientific community, indicating that JGC plays an important role in academic communication.

3. Research Hotspots in the Journal

Keywords, which represent the essential topics and critical terms in a publication, are reflections of the fundamental topic of a publication and the academic concepts presented by the author.^[4] The cooccurrence of keywords, which is defined by the appearance of two keywords in the same publication, indicates that there is a relationship between those keywords. Keyword cluster analysis is a method of assessing the co-occurrence of keywords, enabling a more accurate representation of the research hotspots in a given field. Therefore, the research hotspots in JGC were identified by keyword cluster analysis, which was performed with VOSviewer software.

A total of 3,286 keywords were extracted from JGC, and the top-ten most representative 43 keywords, based on the frequency of occurrence, were analysed (Figure 2). Those keywords were divided into six clusters: (1) Cluster 1 focused on the complications, prognosis and revascularization strategy of acute coronary syndrome in the elderly population;^[5-8] (2) Cluster 2 focused on cardiovascular imaging and interventional therapy in elderly coronary artery disease patients;^[9-13] (3) Cluster 3 focused on aortic disease and frailty in the elderly population;^[14-17] (4) Cluster 4 focused on the risk factors for and imaging evaluation, prognosis and management of atrial fibrillation in elderly patients;^[18-21] (5) Cluster 5 focused on the analysis and management of risk factors in elderly cardiovascular disease patients;^[22-25] and (6) Cluster 6 focused on the mechanism, evaluation and resynchronization therapy of congestive heart failure in the elderly population.^[26-30] Among these topics, 'percutaneous coronary intervention', 'acute myocardial infarction', 'aortic valve replacement', 'atrial fibrillation', 'cardiovascular disease'



Figure 2 Co-occurrence of keywords (threshold of ten) in JGC. The size of the nodes is proportional to the number of appearances of keywords, and the distance between two nodes is inversely proportional to the number of co-occurrences of keywords.

and 'heart failure' will be research hotspots in the coming years in JGC.

4. Major Research Collaborations among Teams, Institutions and Countries

Different evaluation indicators, such as research collaborations among teams, institutions and countries, are also important factors that objectively reflect the influence of the journal, which is very important to encouraging and promoting the development of the journal and understanding its intrinsic value. Figure 3 presents the co-author network in JGC, which was generated with Pajek software, based on the presence of at least two collaborations among the authors and a minimum threshold of six publications for each of them. As shown in Figure 3, there are four types of co-author networks (multimember research collaboration team, 5-member research collaboration team, 4-member research collaboration team, and 2-member research collaboration team). The multi-member research collaboration team, which is composed of 33 authors and has 6 authors forming the core, represents the highest degree of cooperation in the entire co-author network. The six core authors (Wang SW, Chen YD,

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Han YL, Hu DY, Huo Y and Gao W) are all authoritative experts in the field of cardiovascular disease in China, and they come from different research institutions with relatively stable research partners and play important roles in a wide range of collaborations between different research institutions.

Table 3 shows the ten most productive institutions, defined by having at least ten publications in JGC. To provide a better overview, we included some indicators associated with the most productive institutions, such as the TPs, TCs, ACPP, hindex, number of active years, and whether they have at least 15, 10, 5, or 1 PCs. The most productive countries are shown in Figure 4. In terms of the most productive institutions and the most productive countries, it is clear that China is the leader. In particular, the Chinese PLA General Hospital (China) is a leading Chinese institution in terms of TPs, TCs, publications with at least 1 PC, and hindex. Outside of China, the leading institutions are Rovigo General Hospital (Italy), the Mayo Clinic (the United States), Hospital General Universitario Gregorio Marañon (Spain), Chiang Mai University (Thailand), and Kangwon National University (South Korea). However, Beijing Anzhen Hospital, Capital Medical University (China), Fuwai Hospital,

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Figure 3 Co-author network with ≥ 2 collaborations and ≥ 6 publications in JGC.

| No. | Institution | City/Country | TPs | TCs | ACDD | H-index | PCs | | | | Active year |
|------------------|---|---------------|-----|-----|------|---------|-----|-----|----|----|-------------|
| INU. | Institution | | | | ACTI | II-muex | ≥15 | ≥10 | ≥5 | ≥1 | Active year |
| Inside o | of China | | | | | | | | | | |
| 1 | Chinese PLA General Hospital | Beijing | 136 | 625 | 4.60 | 11 | 10 | 20 | 34 | 96 | 2006-2019 |
| 2 | Beijing Anzhen Hospital, Capital Medical University | Beijing | 58 | 292 | 5.03 | 8 | 3 | 5 | 16 | 44 | 2007-2019 |
| 3 | Fuwai Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College | Beijing | 45 | 75 | 1.67 | 5 | 0 | 1 | 5 | 20 | 2006–2019 |
| 4 | Peking Union Medical College Hospital | Beijing | 22 | 92 | 4.18 | 6 | 2 | 4 | 7 | 13 | 2006-2019 |
| 5 | Chinese University of Hong Kong | Hong Kong | 17 | 97 | 5.71 | 6 | 2 | 3 | 7 | 13 | 2006-2015 |
| Outside of China | | | | | | | | | | | |
| 1 | Rovigo General Hospital | Italy | 18 | 29 | 1.61 | 3 | 0 | 0 | 2 | 10 | 2006-2018 |
| 2 | Mayo Clinic | United States | 11 | 73 | 6.64 | 4 | 3 | 3 | 4 | 6 | 2011-2019 |
| 3 | Hospital General Universitario Gregorio Marañon | Spain | 11 | 47 | 4.27 | 5 | 0 | 0 | 7 | 10 | 2015-2018 |
| 4 | Chiang Mai University | Thailand | 10 | 20 | 2.00 | 1 | 0 | 1 | 1 | 4 | 2014-2019 |
| 5 | Kangwon National University | South Korea | 10 | 16 | 1.60 | 1 | 0 | 0 | 0 | 6 | 2017-2019 |

Table 3Most productive institutions in JGC.

ACPP: average citations per publication; PCs: publication of citations; TCs: total citations; TPs: total publications.

Chinese Academy of Medical Sciences and Peking Union Medical College (China), Peking Union Medical College Hospital (China), and the Chinese University of Hong Kong (China) all have more than 13 citations.

Although JGC is published in China, it has included manuscripts from 52 countries. In addition to China, the United States, Italy, South Korea and Spain are also leading contributors, accounting for 13.4%, 6.2%, 4.5% and 3.4% of the articles, respectively. As shown in Figure 4, the most productive countries are mainly distributed throughout Asia and Europe but are also located in North America, South America, Africa and so on.

In short, the *Journal of Geriatric Cardiology* has made encouraging achievements in the fields of basic

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Figure 4 Most productive countries in JGC.

and clinical research on cardiovascular disease in elderly individuals in recent years. As the figures and tables in our article show, this progress is supported by reliable data. In the future, to better reflect the current status and promote the expansion of research on cardiovascular disease in the elderly population, we have adopted the following guiding principles for the long-term development of the journal: (1) strengthening the editorial board to promote academic cooperation and attract high-quality publications; (2) adopting international manuscript processing systems (such as ScholarOne[™], Clarivate Analytics) to streamline the editorial and publication process and promote the exchange of academic information; (3) tracking research hotspots to invite manuscripts from authoritative experts; (4) funding editorial training to acquire the latest professional knowledge and skills; and (5) increasing publicity to expand the international influence of JGC.

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REFERENCES

- Giovanni A, Ciriaco AD, Emanuela R. Peer review vs. bibliometrics: which method better predicts the scholarly impact of publications? *Scientometrics* 2019; 121: 537–554.
- [2] Hirsch JE. An index to quantify an individual's scientific research output. *Proc Natl Acad Sci USA* 2005; 102: 16569–16572.
- [3] Chen WW, Gao RL, Liu LS, et al. China cardiovascular diseases report 2015: a summary. J Geriatr Cardiol 2017; 14: 1–10.
- [4] Hu CP, Hu JM, Deng SL, et al. A co-word analysis of library and information science in China. *Scientometrics* 2013; 97: 369–382.
- [5] Riobóo-Lestón L, Raposeiras-Roubin S, Abu-Assi E, et al. Bleeding risk assessment in elderly patients with acute coronary syndrome. J Geriatr Cardiol 2019; 16: 145–150.
- [6] De Rosa R, Piscione F, Galasso G, et al. Antiplatelet therapy in very elderly and comorbid patients with acute coronary syndromes. J Geriatr Cardiol 2019; 16: 103– 113.
- [7] Sui YG, Teng SY, Qian J, et al. Invasive versus conservative strategy in consecutive patients aged 80 years or older with non-ST-segment elevation myocardial infarction: a retrospective study in China. J Geriatr Cardiol 2019; 16: 741–748.
- [8] You Q, Wang J, Dong W, et al. Protective effect of Danhong injection in patients with acute myocardial infarction at a high risk of no-reflow during primary percutaneous coronary intervention. J Geriatr Cardiol 2019; 16: 406–413.

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- [9] Bai J, Yue Y, Feng HQ, et al. Impact of main vessel calcification on procedural and clinical outcomes of bifurcation lesion undergoing provisional single-stenting intervention: a multicenter, prospective, observational study. J Geriatr Cardiol 2019; 16: 156–163.
- [10] Kim YH, Her AY, Rha SW, et al. Five-year clinical outcomes of first-generation versus second-generation drugeluting stents following coronary chronic total occlusion intervention. J Geriatr Cardiol 2019; 16: 639–647.
- [11] Zhang YH, Li J, Flammer AJ, et al. Long-term outcomes after fractional flow reserve-guided percutaneous coronary intervention in patients with severe coronary stenosis. J Geriatr Cardiol 2019; 16: 329–337.
- [12] Cai XQ, Tian F, Han TW, et al. Subclinical hypothyroidism is associated with lipid-rich plaques in patients with coronary artery disease as assessed by optical coherence tomography. J Geriatr Cardiol 2018; 15: 534– 539.
- [13] Chen YD, Fang WY, Chen JY, et al. Chinese expert consensus on the non-invasive imaging examination pathways of stable coronary artery disease. J Geriatr Cardiol 2018; 15: 30–40.
- [14] van Mourik MS, van der Velde N, Mannarino G, et al. Value of a comprehensive geriatric assessment for predicting one-year outcomes in patients undergoing transcatheter aortic valve implantation: results from the CGA-TAVI multicentre registry. *J Geriatr Cardiol* 2019; 16: 468–477.
- [15] Kahraman Ay N. Impact of age on long term survival following transcatheter aortic valve implantation. J Geriatr Cardiol 2019; 16: 265–271.
- [16] Stańska A, Jagielak D, Kowalik M, et al. Health-related quality of life following transcatheter aortic valve implantation using transaortic, transfemoral approaches and surgical aortic valve replacement: a single-center study. J Geriatr Cardiol 2018; 15: 657–665.
- [17] De Ronde-Tillmans MJ, de Jager TA, Goudzwaard JA, et al. Long-term follow-up of quality of life in highrisk patients undergoing transcatheter aortic valve implantation for symptomatic aortic valve stenosis. J Geriatr Cardiol 2018; 15: 261–267.
- [18] Krittayaphong R, Phrommintikul A, Ngamjanyaporn P, et al. Rate of anticoagulant use, and factors associated with not prescribing anticoagulant in older Thai adults with non-valvular atrial fibrillation: a multicenter registry. J Geriatr Cardiol 2019; 16: 242–250.
- [19] Sawant AC, Kumar A, Mccray W, et al. Superior safety

of direct oral anticoagulants compared to Warfarin in patients with atrial fibrillation and underlying cancer: a national veterans affairs database study. *J Geriatr Cardiol* 2019; 16: 706–709.

- [20] Chen XL, Ren XJ, Liang Z, et al. Analyses of risk factors and prognosis for new-onset atrial fibrillation in elderly patients after dual-chamber pacemaker implantation. J Geriatr Cardiol 2018; 15: 628–633.
- [21] Kis Z, Noten AM, Martirosyan M, et al. Comparison of long-term outcome between patients aged < 65 years vs. ≥ 65 years after atrial fibrillation ablation. J Geriatr Cardiol 2017; 14: 569–574.
- [22] Hua Q, Fan L, Li J, et al. 2019 Chinese guideline for the management of hypertension in the elderly. J Geriatr Cardiol 2019; 16: 67–99.
- [23] Zhou D, Li J, Liu D, et al. Irregular surface of carotid atherosclerotic plaque is associated with ischemic stroke: a magnetic resonance imaging study. J Geriatr Cardiol 2019; 16: 872–879.
- [24] Krittayaphong R, Muenkaew M, Chiewvit P, et al. Electrocardiographic predictors of cardiovascular events in patients at high cardiovascular risk: a multicenter study. *J Geriatr Cardiol* 2019; 16: 630–638.
- [25] Siga O, Wizner B, Gryglewska B, et al. Factors associated with intensification of antihypertensive drug therapy in patients with poorly controlled hypertension. J Geriatr Cardiol 2019; 16: 19–26.
- [26] Hu YR, Hua W, Jin H, et al. Does 'super-responder' patients to cardiac resynchronization therapy still have indications for neuro-hormonal antagonists? Evidence from long-term follow-up in a single center. J Geriatr Cardiol 2019; 16: 251–258.
- [27] Asleh R, Schettle SS, Khan FW, et al. Left ventricular assist devices as destination therapy in stage D heart failure. J Geriatr Cardiol 2019; 16: 592–600.
- [28] Duque ER, Briasoulis A, Alvarez PA, *et al.* Heart failure with preserved ejection fraction in the elderly: pathophysiology, diagnostic and therapeutic approach. *J Geriatr Cardiol* 2019; 16: 421–428.
- [29] Xu Z, Gu HP, Gu Y, *et al.* Increased index of microcirculatory resistance in older patients with heart failure with preserved ejection fraction. *J Geriatr Cardiol* 2018; 15: 687–694.
- [30] Ayesta A, Martínez-Sellés H, Bayés de Luna A, et al. Prediction of sudden death in elderly patients with heart failure. *J Geriatr Cardiol* 2018; 15: 185–192.

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