Yes, it’s that time of year again—no, I’m not talking about the presidential election, or the pre-Christmas shopping frenzy, or the fact that it will soon be dark when we get up and when we go home. I’m talking, of course, about the appearance of the long-awaited (?) fourth annual geriatrics issue of P&T.

This issue doesn’t contain the obvious topics that might spring to mind, such as newfangled drugs for Alzheimer’s or Parkinson’s disease or depression in the elderly—and that’s not just because several of my beloved would-be authors didn’t deliver their manuscripts in time. (Those articles will probably appear eventually, even if my hair turns gray while I’m waiting for them.)

Instead, this issue focuses on problems that have been around for a long time, and in some cases on drugs that have been available for a long time but deserve a new look. Randolph Regal and Vanna Tsui, for example, discuss the optimal dosing of warfarin, a critically important medication in the management of assorted cardiac conditions and stroke—but a drug that nevertheless has a fairly high mortality rate and that requires careful dosing in older patients. Brett Stacey et al. review the effects of gabapentin on elderly patients with postherpetic neuralgia. Lawrence Prescott’s report on the meeting of the American Urological Association focuses on the age-old yet nouveau-mainstream topics of erectile dysfunction, bladder control, and prostate cancer. Along the same lines, our Drug Forecast article discusses a treatment for benign prostatic hyperplasia, the most common non-neoplastic disorder of aging American men.

The geriatrics theme is also echoed in our regular departments. Stephen Barlas, our intrepid Washington writer, talks about the seemingly endless debate over the proposed Medicare formulary (and that’s only getting started!). Matthew Grissinger, our Medication Errors columnist, discusses common mistakes in the treatment of acute myocardial infarction, which of course primarily affects the elderly. And, by coincidence (luckily for me!), Karl Matuszewski’s editorial discusses an important article that was written by a physician who experienced a coronary artery bypass graft firsthand; as is often the case, the patient was elderly.

I wish I could say that it was brilliant planning on my part that resulted in all of these geriatric-themed articles being assembled in the same issue. In fact, it was mostly luck, and a bit of juggling of the possible pieces in the pipeline (there’s my second obligatory alliterative “p” phrase, in case you were wondering why it hadn’t appeared yet). The reality is that the writers submitted these particular articles without any prodding from me, just because that’s what they were thinking about and working on. (I think it’s safe to say that the elderly population is more important and occupies more of researchers’ and health care workers’ “brain time” than most elderly patients realize.)

And so maybe the lesson for editors like me, who are contemplating special thematic issues and attempting to extract hot-button articles according to our own unrelenting deadlines, is to remember what Robert Burns said about the best-laid plans (schemes, actually) . . . and to appreciate that sometimes plans—and geriatric issues—just come together by themselves.