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# **Review Article**

# Romance Scams and Older Adults: A Health and Social Care Perspective

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#### **Abstract**

The proliferation of online interaction has brought with it a rise in sophisticated forms of exploitation, with romance scams posing a significant threat to individuals of all ages. This article focuses on the particular vulnerability of older adults to these scams, which inflict not only devastating financial losses but also profound psychological and physical harm. We examine the social and psychological factors that heighten this vulnerability, including the digital divide, loneliness, and cognitive changes associated with ageing. We then discuss the role of health and care professionals in identifying and supporting older victims, and the legal responses to safeguarding in England and Wales, including the Mental Capacity Act 2005 and the Mental Health Act 1983, in cases where a victim's decision-making capacity may be compromised. Finally, we recommend a multi-agency approach involving healthcare providers, the police, social services and financial institutions, to help protect older adults from the impact of romance scams and to provide appropriate support for those affected.

**Keywords:** Financial abuse; Health and social care; Mental capacity; Older adults; Romance scams; Safeguarding; Undue influence

#### Introduction

The digital age has transformed the way we connect, but it has also created new avenues for exploitation. Romance scams, a pernicious form of online fraud, have become increasingly prevalent, causing

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significant harm to their victims. In these scams, a perpetrator creates a fake online identity to feign a romantic relationship with a target, with the ultimate goal of financial gain or other malicious purposes such as blackmail [1]. These schemes typically unfold on social media platforms and dating websites, where scammers weave elaborate tales to justify their requests for money. The consequences for victims extend far beyond financial loss, often leading to severe emotional distress, psychological trauma, and even physical health problems.

The older adult stage of life, is defined by the World Health Organization as commencing from 60 years and above. The number of people aged 60 or over is predicted to rise from 1 billion in 2020 to 1.4 billion by 2030, at which point one in every six people globally will belong to this age group [2]. While anyone can fall victim to a romance scam, older adults are a particularly vulnerable demographic [3]. Commentators suggest that individuals over 65 constitute a significant proportion of those targeted, possibly due to their greater likelihood of having accumulated savings [4,5]. However, financial assets are only part of the story. Increased vulnerability in this age group can also be attributed to factors such as social isolation, loneliness, grief, cognitive decline, and a lack of familiarity with the nuances of online safety [6]. Older adults may also be less likely to report being scammed due to feelings of shame and embarrassment, further compounding their suffering and isolating them from potential sources of support [7,8].

The impact of romance scams on older adults is multifaceted. The psychological toll can be devastating, with victims often experiencing depression, anxiety, Post-Traumatic Stress Disorder (PTSD), and in some cases, suicidal thoughts [9]. The constant emotional manipulation can erode a person's sense of reality and self-worth, leading to long-term psychological scarring. Furthermore, the stress associated with being a victim of fraud can exacerbate pre-existing health conditions, such as hypertension and heart disease [10]. Given the profound and wide-ranging consequences of romance scams on older adults, a comprehensive response is urgently needed. This article examines the issue from a health and social care perspective, focusing on the welfare of older individuals in England and Wales, although the principles discussed have global relevance. We will explore the factors contributing to their vulnerability, the role of health and care professionals in safeguarding them, and the legal frameworks that can be used to protect them.

#### **Vulnerability of Older Adults to Romance Scams**

The susceptibility of older adults to romance scams is a complex issue stemming from a confluence of social, psychological, and health-related factors. Understanding these factors is crucial for developing effective prevention and intervention strategies.

## **Social and Digital Factors**

The "digital divide" - the gap in technological proficiency between younger and older generations - plays a significant role in the vulnerability of older adults to online scams [11]. Limited digital literacy can make it difficult for them to evaluate the authenticity of online profiles critically. They may be less familiar with the signs of a fake account, such as a lack of verified status, a low number of followers, or minimal engagement on posts. Beyond digital literacy, certain social characteristics can increase an older person's risk. Research suggests that older adults may be more trusting than their younger counterparts, making them more susceptible to deception [12]. This heightened trust, combined with potential risk-taking behaviour and a lack of knowledge about fraud prevention, creates a perfect storm for scammers to exploit.

#### **Psychological Factors: The Role of Loneliness**

Loneliness is a powerful and pervasive emotion that can significantly impact an individual's well-being and decision-making. In recent years, particularly since the COVID-19 pandemic, reports of loneliness have increased in Britain, with some individuals even turning to artificial intelligence for companionship [13,14]. Loneliness is a subjective experience of lacking desired social connections, which can manifest as emotional, social, or existential loneliness [15-17]. For older adults, this feeling can be particularly acute and detrimental to their quality of life [18,19].

Several life events common in later life can contribute to feelings of loneliness and isolation. Retirement, the loss of a spouse or friends, children leaving home, and relocation to a care facility can all disrupt an individual's social network and sense of identity [20-23]. These changes can create a profound emotional void, leaving older adults yearning for connection and companionship. Scammers are adept at exploiting this emotional vulnerability. They often "love bomb" their victims with constant affection and attention, creating a false sense of intimacy and belonging. This intense emotional manipulation builds trust and makes the victim more likely to comply with financial requests, which are often framed as urgent emergencies. The scammer might fabricate stories of being in danger, having a medical crisis, or facing legal trouble, creating a sense of pressure and urgency that can lead to impulsive financial decisions [24].

#### **Safeguarding Older Adults from Romance Scams**

When a health or care professional suspects that an older person with care and support needs is being financially exploited through a romance scam - and is unable to protect themselves - they have a responsibility to act. The appropriate course of action is to refer the case to the local authority's adult safeguarding team, who can investigate further and coordinate support.

# The Role of Adult Safeguarding

Under the Care Act 2014, local authorities in England have a statutory duty to make enquiries if they have reasonable cause to suspect that an adult in its area is experiencing, or is at risk of, abuse or neglect and is unable to protect themselves [25]. This includes financial abuse. The safeguarding process is person-centred, aiming to work with the individual to understand their wishes and to protect them from harm. This often involves collaboration with other agencies, including the police [26]. Perpetrators of romance scams can face a range of criminal charges, most commonly fraud by false representation and theft. Depending on the specifics of the case, other

charges such as identity theft, money laundering, and computer misuse may also apply. The police are responsible for investigating these crimes and assessing whether there is enough evidence to submit to the Crown Prosecution Service (CPS) to support a realistic prospect of conviction. However, securing a conviction can be challenging. Professionals working in safeguarding have expressed frustration with the lack of successful outcomes in such cases, citing difficulties in gathering sufficient evidence and competing priorities within the criminal justice system [27,28]. This underscores the importance of a multi-agency approach, involving Safeguarding Adults Boards, Trading Standards, the police, banks and other financial institutions, to protect and support victims more effectively.

#### **Health Difficulties and Decision-Making Capacity**

The ability of local authorities to intervene and protect a victim of a romance scam often hinges on the individual's decision-making capacity and their willingness to accept help.

#### **Mental Capacity and its Impact**

Older victims may lack the mental capacity to make a range of decisions, including internet and social media use, gifting money, or managing their own finances. This may be due to mental health disorders, dementia, or other cognitive impairments [29]. Dementia can also significantly impair executive functioning, which includes the ability to reason, solve problems, and control impulses [30]. A person with impaired executive function may struggle to recognise the warning signs of a scam and may act impulsively on the scammer's requests [31]. While cognitive impairment can be a contributing factor, it is important to note that financial literacy can sometimes act as a protective factor, even in individuals with some cognitive decline [32].

#### The Mental Capacity Act 2005 (MCA)

The Mental Capacity Act 2005 sets out the legal framework for making decisions on behalf of individuals who lack capacity in England and Wales. A person is considered to lack capacity to make a specific decision if, at the material time, they are unable to understand, retain, use or weigh the necessary information or communicate a choice. This inability must be due to an impairment of, or a disturbance in the functioning of, their mind or brain [33,34]. Merely making an unwise decision does not in itself indicate a lack of capacity [35] however, a series of unwise decisions, that is out of character and appears irrational in the context of decisions previously made, should trigger a formal assessment of a person's capacity [36].

The information relevant to a capacity assessment will depend on the specific decision or act in question [37], [38]. Assessing someone's capacity to use the internet, to have contact with someone online, gift money or manage their own finances would involve assessing their ability to weigh specific information relevant to those decisions [39]. Assessing a person's capacity to make a gift, for example, requires them to understand the nature of the gift, its recipient, and the consequences of giving it away (deciding one way or another) [40]. A highly relevant consideration in this determination is the fact that the recipient may not be who they claim to be and could pose a significant risk. Similarly, a person's capacity to use the internet requires them to understand that people online may not be truthful about their identity and may seek to exploit them sexually, financially, emotionally, or physically [41].

When capacity is lacking, measures can be put in place by the decision maker or the Court of Protection to protect the incapacitated adult, acting in their best interests [42]. This may include restricting access to bank accounts or the Court appointing a deputy to manage their financial affairs [43]. If a Lasting Power of Attorney (LPA) for property and financial affairs is in place, the appointed attorney can manage the person's finances [44].

#### **Undue Influence**

However, having mental capacity does not necessarily protect a person from exploitation. Some older adults, despite being able to make their own decisions, remain highly vulnerable to abuse and undue influence. In such cases, the High Court may intervene using its inherent jurisdiction to protect vulnerable adults from harm [45]. Romance scammers are masters of psychological manipulation, and they can exert considerable undue influence over their victims. They may isolate the older person from their family and friends, creating a dependency on the scammer for emotional support. This can make the victim feel compelled to comply with the scammer's demands, even if they have some doubts.

Where a vulnerable adult is prevented from making a free choice by reason of constraint, coercion, undue influence or other vitiating factors [46] the court can make a range of orders, such as freezing assets or setting aside transactions on the grounds that they were not made voluntarily. Health and care professionals should remain vigilant for signs of undue influence, particularly when an older person's decisions seem out of character or contrary to their own interests.

#### The Mental Health Act 1983 (MHA)

Certain mental health conditions can increase an older person's vulnerability to romance scams. Someone experiencing a manic episode associated with bipolar affective disorder for example, may engage in reckless spending, including sending large sums of money to a scammer [47]. Similarly, a patient with a persistent delusional disorder of the erotomanic type [47] may be convinced they are in a genuine romantic relationship with the scammer and see their financial "gifts" as a natural expression of that relationship. Even in the absence of a formal diagnosis, an individual may hold "overvalued ideas" [47] about the scammer, which are deeply ingrained unreasonable and sustained beliefs, but not quite delusional, and which can drive their decision-making.

The Mental Health Act 1983 (as amended in 2007) governs compulsory hospital admission and treatment of people with serious mental illness in England and Wales, based on the risk they pose to themselves or others. For detention to be lawful, specific statutory criteria must be met. While these vary by section, all require evidence or likelihood of a mental disorder severe enough to justify inpatient assessment or treatment to protect the person concerned or others. Diagnostic assessment may be necessary when there is clear, documented evidence of a suspected mental disorder based on observed behaviours and symptoms, posing a substantial and immediate risk to the individual's welfare, including vulnerability to financial exploitation or other significant harm. This vulnerability may be assessed as forming part of a broader pattern of self-neglect or high-risk behaviour linked to a severe mental disorder. For example, if a person's involvement with a scammer stems from severe mania or psychosis and they are also neglecting basic needs or endangering themselves.

Any intervention under the MHA must be necessary, proportionate, and consistent with the MHA's core principles. The Act should only be used when inpatient treatment is necessary and when all less restrictive care options have been considered and ruled out [48]. Thorough documentation of observed behaviours, risk assessments, and clinical justifications is essential, and any treatment must meet a clear medical need.

# Moving Forward: A Call for a Multi-faceted Response

The rising tide of romance scams targeting older adults demands a coordinated and compassionate response from all sectors of society. Protecting this vulnerable population requires a multi-pronged approach that encompasses support for victims, preventative measures, and robust action against perpetrators.

# For Families and the Community

When an older family member falls victim to a romance scam, the response of their loved ones is crucial. An empathetic and non-judgemental approach is essential to foster trust and encourage open communication. The focus should be on the victim's well-being, not on blaming them for the financial loss. Families can play a key role in helping the victim recognise the manipulative tactics of the scammer and encouraging them to cease all contact. Reporting the scam to the relevant authorities and financial institutions is a vital step in preventing further losses and potentially recovering some of the money. Proactive measures, such as designating a trusted contact on bank accounts or setting up a Lasting Power of Attorney, can also provide an important layer of protection [49].

# For Health Professionals, Care Professionals and other Professionals

Health and care professionals as well as some other professionals are uniquely positioned to identify older adults who may be at risk of or are already victims of romance scams. They are often the first to notice changes in an individual's behaviour, mood, or financial situation. To be effective, they need:

- Enhanced training and awareness: Professionals, especially those
  providing care in the community, need to be educated about the
  signs and symptoms of romance scams. This includes understanding the psychological manipulation involved and the potential
  links to underlying mental health conditions
- Expertise in legal frameworks: Practitioners must have a thorough understanding of the MCA, MHA, and safeguarding procedures.
   They need to be able to distinguish between an unwise decision and one that is the result of a lack of capacity or undue influence
- Collaborative working: Close collaboration with social services, the police, and financial institutions is essential to ensure that victims receive comprehensive support and protection
- Therapeutic support: For victims and their families, therapeutic interventions such as individual, marital, or family therapy can be invaluable in processing the trauma and rebuilding relationships

## For Government and Other Agencies

A broader societal response is also needed to tackle the problem of romance scams at its source. This should include:

- Public awareness campaigns: Widespread campaigns are needed to educate older adults and the general public about the dangers of romance scams and how to protect themselves
- Stronger regulation: Social media companies and dating platforms need to take greater responsibility for preventing scammers from using their platforms to target vulnerable individuals
- Improved legal services: Legal services and the police need the resources and expertise to investigate and prosecute romance scam perpetrators effectively. This requires international cooperation, as many of these scams are orchestrated from overseas
- Collaboration with the financial sector: Banks and other financial institutions have a vital role to play in detecting and preventing fraudulent transactions. Closer collaboration between banks and legal services can help to protect victims' assets

#### **Conclusion**

The ageing global population means that the number of older adults at risk of romance scams is likely to increase in the coming years. This is a complex problem with devastating consequences for victims, their families, and society as a whole. Addressing this challenge requires a concerted and compassionate effort from all stakeholders. For health and social care professionals in England and Wales, a deeper understanding of the interplay between romance scams, mental health, and the relevant legal frameworks is crucial. By working collaboratively with other agencies and by placing the wellbeing and autonomy of the older person at the heart of their practice, they can play a vital role in protecting this vulnerable group from the heartbreak and financial ruin of romance scams. Ultimately, building a society that is more resilient to this form of exploitation requires a combination of individual awareness, professional vigilance, and robust systemic change.

## References

- eSafety Commissioner (2023) Catfishing | What is catfishing and how to spot one. eSafety Commissioner, Australia.
- World Health Organization (2022) Ageing and health. World Health Organization, Geneva, Switzerland.
- TerraBella Senior Living (2025) Romance: The Costliest Scams Targeting Older Adults. TerraBella Senior Living Blog, North Carolina, USA.
- 4. National Council on Aging (2023) Sweetheart Scams: How to Avoid Being a Victim. National Council on Aging, Arlington, USA.
- Global Finance Magazine (2023) Aging Populations Transform Economies. Global Finance Magazine, North America, USA.
- Shang Y, Wu Z, Du X, Jiang Y, Ma B, et al. (2022) The psychology of the internet fraud victimization of older adults: A systematic review. Front Psychol 10: 9484557.
- 7. James BD, Boyle PA, Bennett DA (2014) Correlates of susceptibility to scams in older adults without dementia. J Elder Abuse Negl 26: 107-122.
- 8. Graham L, Triplett R (2017) Capable guardians in the digital environment: The role of digital literacy in reducing phishing victimization. Deviant Behav 38: 1371-1382.

- Office for National Statistics (2021) Experiences of victims of fraud and cyber crime. Office for National Statistics, London, UK.
- Lamar M, Yu L, Leurgans S, Aggarwal NT, Wilson RS, et al. (2022) Self-reported fraud victimization and objectively measured blood pressure: Sex differences in post-fraud cardiovascular health. J Am Geriatr Soc 70: 3185-3194.
- 11. Chu CH, Wodda A, Heston S, Aversa G, Carley S (2022) Digital Ageism: Challenges and Opportunities in Artificial Intelligence for Older Adults. Gerontologist 62: 947-955.
- Shao J, Zhang Q, Ren Y, Li X, Lin T (2019) Why are older adults victims of fraud? Current knowledge and prospects regarding older adults' vulnerability to fraud. J Elder Abuse Negl 31: 225-243.
- Office for National Statistics (2021) Mapping loneliness during the coronavirus pandemic. Office for National Statistics, UK.
- 14. Field M (2025) Thousands of Britons dating chatbots amid surge in lone-liness. The Telegraph.
- Perlman D, Peplau LA (1981) Toward a social psychology of loneliness.
   In: Duck S, Gilmour R (eds.). Personal Relationships in Disorder. Academic Press, London, UK.
- GOV.UK (2018) A connected society: A strategy for tackling loneliness. GOV.UK, UK.
- 17. Campaign to End Loneliness (2023) Facts and statistics about loneliness. Campaign to End Loneliness, UK.
- Mansfield L, Daykin N, Meads C, Tomlinson A, Gray K, et al. (2019) A conceptual review of loneliness across the adult life course (16+ years): Synthesis of qualitative studies. What Works Wellbeing, London, UK.
- Gerino E, Rollè L, Sechi C, Brustia P (2017) Loneliness, resilience, mental health, and quality of life in old age: a structural equation model. Front Psychol 8: 2003.
- Hwang TJ, Rabheru K, Peisah C, Reichman W, Ikeda M (2020) Loneliness and social isolation during the COVID-19 pandemic. Int Psychogeriatr 32: 1217-1220.
- 21. Groarke JM, Berry E, Graham-Wisener L, McKenna-Plumley PE, Mc-Glinchey E, et al. (2020) Loneliness in the UK during the COVID-19 Pandemic: Cross-Sectional Results from the COVID-19 Psychological Wellbeing Study. PLoS One 15: 0239698.
- Cohen-Mansfield J, Hazan H, Lerman Y, Shalom V (2016) Correlates and predictors of loneliness in older-adults: a review of quantitative results informed by qualitative insights. Int Psychogeriatr 28: 557-576.
- World Health Organization (2022) Abuse of older people WHO, Geneva, Switzerland.
- Yosiandra SY, Sakariah DS (2024) Unveiling the romance scam scheme: Psychological manipulation and its impact on victims. HUMANIKA 31: 1-10.
- 25. Care Act 2014, c.23, s.42.
- Action Fraud (2025) National Crime Reporting Agency. Action Fraud, England, UK.
- Dalley G, Gilhooly ML, Gilhooly K, Levi M, Harries P (2017) Researching the financial abuse of individuals lacking mental capacity. J Adult Prot 19: 394-406.
- Dalley G, Gilhooly M, Gilhooly K, Harries P, Levi M (2017) Financial Abuse of People Lacking Mental Capacity: Report to the Dawes Trust. Brunel University London, London, UK.
- Department of Constitutional Affairs (2007) Mental Capacity Act 2005 Code of Practice. HMSO, London, UK. Chapter 4.
- 30. Re A (A Local Authority v AW) [2020] EWCOP 24, [39].

- 31. Diamond A (2013) Executive functions. Annu Rev Psychol 64: 135-168.
- 32. James BD, Boyle PA, Bennett DA (2014) An examination of the association between cognitive function and financial and medication management in older adults. J Gerontol A Biol Sci Med Sci 69: 1547-1553.
- 33. Mental Capacity Act 2005, c.9, ss. 2-3.
- 34. PC v City of York Council [2013] EWCA Civ 478; Re JB [2021] UKSC 52, [78].
- 35. Mental Capacity Act 2005, c.9, s. 1(4).
- 36. Re P (Capacity to Tithe Inheritance) [2014] EWHC B14 (COP), [60].
- 37. A Local Authority v JB [2021] UKSC 52, [69].
- Sorinmade O (2019) Relevant information and the Mental Capacity Act. J Patient Safety Risk Manage.
- 39. 39 Essex Chambers. Mental Capacity Guidance Note: Relevant Information for Different Categories of Decision [Internet]. 2015 Mar 4 [cited 2025 Aug 8].
- 40. Re Beaney [1978] 2 All ER 595,[600].

- Re A (Capacity: Social Media and Internet Use: Best Interests) [2019]
   EWCOP 2.
- 42. Mental Capacity Act 2005, c.9, s.4.
- 43. Mental Capacity Act 2005, c.9, s.16.
- 44. Mental Capacity Act 2005, c.9, ss.9-14.
- 45. Brindle N, Goudie J, Kester N (2023) The great safety net: the inherent jurisdiction and vulnerable adults. BJPsych Advances 29: 417-425.
- Re SA (Vulnerable Adult with capacity: Marriage) [2005] EWHC 2942 (Fam).
- World Health Organization. International Statistical Classification of Diseases and Related Health Problems. 11th ed. Geneva: WHO; 2019.
- Department of Health (2017) Mental Health Act 1983 Code of Practice. HMSO, London, UK.
- 49. RBC Wealth Management (2025) How to help a senior family member who's been a target of financial fraud. RBC Wealth Management, Canada.



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