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Abbreviations create distance

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If you wish to reach out to readers beyond your own professional community, you should use abbreviations sparingly.

Photo: Sturlason

Many medical terms are long, and when they are frequently repeated in a text, the author might be tempted to use abbreviations, often in the form of acronyms. In many cases, such abbreviations will ease the flow of the text and improve its readability. Often, however, they will instead obstruct the flow, hinder understanding of the content and prevent the message from being conveyed. Abbreviations reinforce the identity and group cohesiveness of those who know what the abbreviation stands for, but will often tend to exclude others (1). Abbreviations create distance.

Most abbreviations used in medicine are based on the initials of words, that is an initialism, such as MS for multiple sclerosis and FSH for follicle-stimulating hormone, or an acronym. Many abbreviations that are used in Norwegian texts are derived from English terms, such as NSAID for non-steroid anti-inflammatory drug and CNS for central nervous system. Such abbreviations are easy to use, and most doctors know what they stand for. Some, however, can have different meanings for doctors in different specialities. CSF can be read as cerebrospinal fluid, colony-stimulating factor and cytostatic factor.

Opinions on abbreviations may differ, especially when the term and/or its abbreviation are hard to read, such as facioscapulohumoral muscular dystrophy (FSHMD) and non-ST-elevation myocardial infarction (NSTEMI). New methods in clinical medicine, such as non-invasive prenatal testing, sublingual immunotherapy and controlled donation after circulatory death can be referred to as NIPT, SLIT and cDCD respectively, but this does not facilitate reading or comprehension for most of us. Few readers will know what MIS-C means (answer: multisystem inflammatory syndrome in children). Specialists in my own field of dermatology refer to AD (atopic dermatitis) and EB (epidermolysis bullosa), but we should not do so when communicating with other groups.

Some abbreviations may look and sound good, such as HIT, which means heparin-induced thrombocytopaenia. When a similar form of thrombocytopaenia was discovered without any preceding use of heparin, it was named aHIT (2). Such abbreviations can confuse rather than clarify.

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The Journal of the Norwegian Medical Association follows a restrictive policy on the use of abbreviations (3). The reason is that we wish to reach out to as wide an audience as possible, including those who are not familiar with the abbreviation in question. Some abbreviations are so well known and established that they can be accepted without question, such as DNA, WHO and AIDS. These are listed in the journal's glossary (3). New abbreviations are added to the list when they are considered to have become standard, as was the case with CT, MR and ADHD many years ago. Abbreviations that are not on the list, should largely be avoided.

Most authors appreciate the advice of the editors on avoidance of abbreviations and how to adhere to this in practice (3). Some, however, choose to defend their use of abbreviations. Their arguments tend to fall into three categories, and I will comment on these here:

'Everybody in the community of specialists knows this abbreviation.' The point is that most abbreviations are *not* known outside the specialist community. The purpose of writing is normally to reach out with a message to readers beyond your own specialty.

'The abbreviation is explained when first used.' The problem is that few readers will read an article from start to finish. Those who start reading further down or keep skipping forward in the text will easily miss or forget the explanation, and lose their motivation to continue reading.

'Writing the term in full each time will make the text hard to read.' However, there is no need to replace the abbreviation with the full term each time. Depending on what is being referred to, one can write *the disease*, *such treatment*, *this method* or similar, delete or rephrase. Another solution could be to combine the abbreviation with an easily recognisable word, such as ALS patients, HSV prophylaxis and NIPT test (3). This can be a good solution also when referring to complex molecular structures with long names, such as ACE2 protein and AMPA receptor. It also applies to therapeutic procedures, e.g. PCI treatment, and clinical trials, such as the ALERT study and the 4 S study. With a pragmatic approach, a solution can always be found.

A psychologist friend of mine works with children with intellectual disability, where different techniques are used to address improper behaviour. Many of these methods are referred to using three-letter abbreviations. In jest, he refers to one technique that he did not learn during his psychology studies, as the LPF method. This abbreviation means *least possible fuss*. Which expression will best communicate the message?

Abbreviation-ridden texts can be hard to read. Instead, write in such a way that the message can reach as many readers as possible in your desired audience (4, 5). Avoid abbreviations whenever you can.

LITERATURE

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