Abbreviations, Initialisms, and Acronyms

Abbreviations, Initialisms, and Acronyms: Guidance for Authors

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NURSE AUTHOR & EDITOR, 26(4), 3

In “Becoming a Ruthless Editor” (Nicoll, 2015), I discussed how to shorten a manuscript significantly. One of the suggestions I offered at the end—when the paring down is getting to the critical stage—is to change selected phrases to acronyms. Certainly writing HRQOL is much shorter than “health-related quality of life”—five letters versus five words. If the phrase occurs 10 times in the manuscript, you can cut 40 words, which might be just the ticket to come in under a required word limit. But I also offered the caveat that this is my least favorite editing trick and should be used thoughtfully and carefully by authors. This article expands on that point and provides guidance.
Let’s start with a few definitions. An **abbreviation** is a shortened or contracted form of a word or phrase, such as appt for appointment, parens for parentheses, or lb for pound. Titles are also frequently abbreviated, such as Dr. (Doctor), Rev. (Reverend), and Prof. (Professor). Note that the capitalization of the abbreviation is driven by the original word or phrase.

An **initialism** is an abbreviation that is pronounced one letter at a time, such as FBI (Federal Bureau of Investigation), IBM (International Business Machines), or HTML (hypertext mark-up language). There are some initialisms that have changed status and that’s all they are. This often happens through company mergers and acquisitions. For example, the American Telephone and Telegraph company was founded in 1885. It was called AT&T for years, and in 2005, that became the official name. Similarly, the statistical software program, known as SPSS, originally stood for “Statistical Package for the Social Sciences.” When the company incorporated it became SPSS, Inc., and its flagship product was SPSS. Now its official name is IBM SPSS Statistics, again the result of an acquisition.

**Acronyms** are abbreviations that are pronounced as words, such as NATO (North Atlantic Treaty Organization), NASA (National Aeronautics and Space Administration), and my personal favorite, INANE (International Academy of Nursing Editors). For those who are wondering, yes, the INANE members know what “inane” means as a word; the acronym is a bit of a tongue-in-cheek joke from the founding editors. Our counterparts in medical editing call their association WAME (World Association of Medical Editors), pronounced “whammy” so clearly they liked our humor and followed suit. Imitation is the sincerest form of flattery, as they say!

The word acronym dates from 1943. The US military is a veritable alphabet soup of acronyms and initialisms; during World War II they were churning out new combinations of letters at a record pace. Someone realized these combinations of letters were nameless and thus the word acronym was born. It follows the standard convention for describing types of words, such as synonym, antonym, and homonym. “Nym” means kind of word; “acro,” from the Greek, means “top, peak, or initial” (Metcalf & Barnhart, 1999). In this case, initial is the relevant term.
WHEN TO USE APPROVED ABBREVIATIONS AND INITIALISMS

“When in doubt, write it out,” is the advice given by Elliott (2014) and that is true—up to a point. If an abbreviation appears as a word in Merriam-Webster’s Collegiate Dictionary, then it can be used without explanation or definition (American Psychological Association, 2010). Examples include HIV, AIDS, URL, and HTML (see Figure 1). On the other hand, CDC (Centers for Disease Control and Prevention) and WHO (World Health Organization) are still abbreviations (see Figure 2) and need to be written out at first mention.

![Figure 1](http://naepub.com/?p=1471&preview=true)

Figure 1. Note that it says “noun” below URL—it is not an abbreviation.

When should you use an acronym or initialism? My rule of thumb is that if something is mentioned five times or more in a manuscript, then using the acronym/initialism is probably a good idea. But if it only mentioned two or three times, then I prefer to just use the actual name. And if it is only mentioned once, there is no need to write, eg, “Centers for Disease Control and Prevention (CDC)”—that is, including the initialism in parens when it is never used in the text—a mistake that is surprisingly common in manuscripts I edit.
Carefully read the “Information for Authors” for the journal to which you will be submitting your manuscript. The guidelines may specify a limit, such as four, on the number of abbreviations that can be used, or they may require that only approved abbreviations appear in the text. What’s an approved abbreviation? I suggest starting with the dictionary link provided earlier. However, there are a lot of health, medicine, and nursing terms that aren’t in the dictionary. In that case, the *AMA Style Manual* (Iverson, 2007) is a useful resource, with almost 80 pages of abbreviations for everything ranging from academic degrees to radioactive isotopes. They also put an asterisk after terms that do *not* need to be defined at first mention.

A journal may also provide a list of abbreviations that can be used without definition. For example, for the journal *Brain*, these abbreviations are acceptable: AIDS; ANOVA; ATP; A,T,C,G; CNS; CSF; CT; DNA; ECG; EEG; EMG; GABA; HIV; MRI; PET; PCR; RNA (Kullman, 2016). Note that this list is specific to the discipline, with terms such as CNS, for central nervous system, or CSF for cerebrospinal fluid. Interestingly, CSF is also an abbreviation for colony-stimulating factor, according to the AMA list (Iverson, 2007). I am going to assume that *Brain* readers will know the context and difference for the initialism. But if you are not writing for *Brain*, then it is best to spell out the term at first mention.

**CREATING YOUR OWN ACRONYMS AND INITIALISMS**
I advise authors to not make up their own abbreviations and the AMA Manual (Iverson, 2007) supports this position: “Author-invented abbreviations should be avoided” (p. 442). If you have a long phrase that you are tempted to “acronym-ize,” see if it is a “pizza pie” that can be shortened by lopping off a few words, rather than turning it into an abbreviation (Nicoll, 2015). For example, say you are reporting a research study where the participants were “junior level baccalaureate nursing students.” Once you have described the participants in full, it is okay to then refer to them as “students” or “participants” in the rest of the paper. I am a great believer in readers and trust that their memories are good enough to remember who participated in the study over the course of reading an article without the long explanation every time. And what would be the right abbreviation in this case, anyway? JLBNS? Personally, I think that just looks silly and I would edit it out of a manuscript.

That said, you may have a situation where you need to create an acronym or initialism. To determine if this is the best course of action, ask yourself:

- How often does the phrase/term appear in the manuscript? If five or more times, then the abbreviation might be appropriate.
- Is it something that is commonly abbreviated? Many readers may be more familiar with the acronym/initialism than the long name, so in that case, you may want to use it, even if it occurs less than five times.
- How long is the phrase/term? As I noted at the beginning, HRQOL is a very common abbreviation for “health-related quality of life” and is certainly easier on the reader’s eyes and helps to maintain flow.
- How many acronyms/initialisms will be in your manuscript? Try to prioritize to those that are essential; too many can make your article hard to read and frustrate your audience.
- Is there an alternative way to shorten the phrase/term? Like I said earlier, don’t immediately jump to the acronym solution—is this a pizza pie that can be edited?
If you do create an original acronym or initialism, then make sure that it isn’t an abbreviation for something else or even another word. I recently read a manuscript where the author used “OA” for open adoption, but the reviewer noted that OA more commonly refers to osteoarthritis and suggested that the initialism not be used.

Also be careful about how the acronym could be interpreted. Francie Likis, Editor-in-Chief of the *Journal of Midwifery & Women’s Health*, has noted that an acronym for “perinatal mood and anxiety disorders,” PMAD (or PMADS), is becoming common. Unfortunately, people read this as “pee-mad,” and having the word “mad” is probably not the best phrase to use when referring to a mental health issue. Likis is committed to raising awareness about this; Kathleen Simpson, Editor-in-Chief of *MCN: The American Journal of Maternal Child Nursing* has said she will not use this acronym in her journal.

**ONCE YOU COMMIT, BE CONSISTENT**

If you decide to include an acronym or initialism for a phrase in your manuscript, then be consistent. The number one rule is to define it at first mention, with the acronym in parentheses, and from then on, use the acronym/initialism. You don’t need to re-define it in different sections of a manuscript. One possible exception to this rule might be in a dissertation, where it could be acceptable to re-define an acronym in each chapter—I have heard of cases where advisors requested this. But this is fairly specific situation; I would suggest that if this applies to you, then you should talk to your advisor or committee for their recommendation. Note that most journals do not want you to include an acronym or initialism in an abstract, even if it is used in the text.

Do not start a sentence with an acronym. If that happens, then either add an article, such as “The” or rewrite the sentence. When putting the articles “a” or “an” in front of an acronym, select the article by the sound of the acronym (Hume-Pratuch, 2012). If it begins with a vowel sound, use “an.” For example, HIV is pronounced “aitch eye vee” which is an initial vowel sound, thus “an HIV test” is correct. If it starts with a consonant sound, then use “a,” eg, HIPAA is pronounced “hip-uh,”
so you would write “a HIPAA release.” If you are having trouble deciding which is correct, then visit the [A or An Dictionary](http://naepub.com/?p=1471&preview=true), a very useful resource!

If you need to make an acronym/initialism plural, then add an “s” without an apostrophe. Say you are using ICU to refer to the intensive care unit, then you would write ICUs to refer to multiple units. While numbers aren’t really abbreviations, they have corresponding words, so you make a number plural by adding an “s,” also without an apostrophe, ie, 100s would be written “hundreds.” For dates, you would write 1980s, which spelled out would be “nineteen eighties.” Note that the *New York Times*, according to their style manual, does use an apostrophe on dates (ie, 1980’s). They know that this is an exception but it is their style and they don’t intend to change. However, it drives me bananas!

Last, it is acceptable to use an acronym or initialism in a table, even if it is not used in the text. This may be necessary to squeeze information into the small format of a table. If you do this, put an asterisk or other mark next to the abbreviation, and define it at the bottom of the table.

**WHAT ABOUT MNEMONICS?**

A mnemonic is not an abbreviation; it is a phrase or list of words that help you remember something else. We probably all remember “On Old Olympus Towering Tops, A Finn And German Viewed Some Hops,” as a way to learn the 12 cranial nerves. I have read many qualitative research reports where the author has created a mnemonic from the themes or sub-themes that were identified during the data analysis. Some of these work very well and are actually very creative, but others just fall flat or seem forced. If you are tempted to create a mnemonic, I would suggest having others review it to make sure it gets the point across in an appropriate way. In my experience, reviewers and editors can be put off by a mnemonic that doesn’t quite make the grade, which can result in rejection of your manuscript.

**CONCLUSION**
Using abbreviations in a manuscript is completely optional but very common. If you choose to include acronyms or initialisms in your paper, be judicious in selecting which ones you use. When you have made the decision to include one (or more), define it at first mention, then use the acronym/initialism consistently. It is best to avoid making up your own acronyms. Finally, if you have a long, awkward phrase that is repeated many times in your manuscript, see if you can edit the phrase rather than turning it into an acronym or initialism.

REFERENCES


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NAE 2016 26 4 3 Nicoll

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