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Acronymization of Evidence-Based and Other Medicines. Anything Goes, Or Should It?

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Summary

Evidence-Based Medicine is here to stay, and it is expanding, with evolving modifications, new topics, new research and teaching groups, and new recipients of information. Acronyms, as brief and condensed ways to present and understand ideas related to the above-mentioned phenomena, are also increasing in number and some, serious or funny, are worthy of discussion today.

Acronyms are becoming almost ubiquitous in the current medical literature. To attract readers and, not to mention, medical research funding, we use catchy words, terms, and formulations to describe phenomena and activities. We try to look and sound attractive, "sexy".

Non-acronym words and acronym words that are written in an identical manner may be read and understood in an identical manner. However, their meanings often differ significantly, being sometimes pejorative, more often lauding. Health professionals and researchers should be vigilant in their perception of messages received.

Working teams and research groups often use acronyms to identify themselves, their domain of activities or the subjects of such activities. If the meanings of these acronyms vary, with possible implications for practice, shouldn't we seek to understand them to better understand their growing popularity?

Many linguists, beyond the health sciences, have made remarkable contributions to the domain of acronyms1and we are indebted to them.

Where are we exactly now regarding acronyms in our communications? What should we retain or not from such an experience? A critical look at the situation is presented here.

1. But first, what is an acronym?

In simple terms, an acronym is a shorthand way of expressing an idea [1].

An acronym may be a word or a name formed from the initial components of a longer name or phrase,

- Usually using initial letters (NATO, i.e. North Atlantic Treaty Organization or EU, i.e. European Union),
- Sometimes using syllables (Benelux, i.e. Belgium, Netherlands, Luxembourg)
- Or a combination of the two as in 'radar: Radio Detection and Raging, also Radio Azimuth Direction and Raging). [2]-abridged. All such types of acronyms are found in medicine.

2. So, How are Acronyms Used in Medicine?

Based on these above-mentioned definitions, acronyms are not a homogeneous group in the health sciences and professions.

In the research and practice of medicine, the list of acronyms currently includes 501 'serious' acronyms, and 421 slang acronyms covering daily life and mostly practical, 'floor language' communication [3].

Acronyms today may be still plain words, simple abbreviations, new words and expressions with lauding, pejorative, even degrading meanings.

For instance, in the current health sciences and care literature, we might consider the following as good examples:

- Evidence-Based Medicine itself is referred to as EBM.
- Within EBM, an important working group of experts identifies itself by the acronym GRADE, a Grades of Recommendation, Assessment, Development and Evaluation group [4].
- Another group of experts forms an IDEAL, an acronym meaning collaboration on Ideas or Innovation, which then undergoes Development and Exploration, and subsequently Assessment and Long-term studies [5, 6].
- CARE stands for Case Report Guidelines that aim to improve the completeness and transparency of published case reports and ultimately enhance healthcare delivery [7].
- PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) is an evidence-based minimum set of items to help authors report a wide array of systematic reviews and meta-analyses that assess the benefits and harms of a health intervention [8]
- SORT (Strength of Recommendation Taxonomy) is a way to structure grading of evidence in the medical literature based on a patient-centered approach.9These is only a few examples from an ever-increasing array.

3. A Closer Look Atacronyms

To avoid confusion, acronyms must be clearly explained. If not, misunderstandings can occur. With the humblest of apologies for the use of rather tabloid or street ands corridor language terms, here are a few less serious, caricatural and self-ridiculing examples:

- Does 'bozo', as the signing author of this essay might be called, mean 'stupid, foolish, or incompetent person' or rather a 'Bohemia-Originating Zealous acronym Operator'?
- Is the author of this essay a 'moron' or a 'Motivated Researcher from Ontario'?
- Is he a 'prick' or a 'Professional Inventor of Cacophony of Knowledge'?
- Is this essaying a heap of 'dung' or rather a clumsy attempt at 'Dubious Nosology Generation'?
- Is this intellectual 'excrement' or perhaps the reflection of a 'Expert Creation Mentality'?
- Is this 'crap' or an example of 'Creative Research Apprenticeship'?

In another more serious example, what does it mean if authors of a given research or health inquiry are referred to as a 'DISASTER' group? Are they a group of health researchers interested, by definition, in sudden harmful and large-scale events beyond their control, or is DISASTER an acronym meaning 'Distinguished Investigators Studying Acronyms Studies as Timely Evolving Research', which is not disastrous at all?

Surprisingly for some, the term 'acronym' itself may be used as an acronym. In fact, 26 such instances (not all of them necessarily entirely serious) are listed including 'Abbreviated Coded Rendition of Name-Yielding Meaning' [10].

4. What Further Points Might We Ponder in The Acronym Domain, What To Do In The Future?

Today, the meaning of acronyms is not always specified, and even the specification of a given word may or may not be an acronym. Acronyms themselves, non-acronym terms, or abbreviations of some similarly sounding entities and phenomena can certainly cause confusion. As such, a cacophony of definitions and meanings of acronyms and their environment should be avoided.

So far, to our understanding, there is no systematic review of acronyms and of problems and challenges in the domain of acronyms. Also, acronyms should be examined in the actual context of medical thinking [11] and evidence-based medicine [12], as outlined elsewhere. [11, 12] We believe that it is worth it.

Let us always be specific when using an acronym or a word with its lexical meaning. If possible, acronyms should meaningfully summarize some factual content, rather than provide a representation of something that is already known and well defined and/or abbreviated. Newness and originality attract.

Let us also bring greater clarity to the acronym domain. It is up to the Reader of these reflections and musings, to their Publisher(s), and last, but not least, to the undersigned of these words to do so.

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