

# Importance of 250 words

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# Abstract

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- A succinct, accurate, summary of the paper
- Purposes
  - Is the only part of the paper that many people read
  - Included in several abstracting services (including PubMed)
  - Helps readers browse and decide whether to read the rest of the paper

# Abstract

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- **A brief statement of chief points**
- Short but intelligible
- Informative and interesting
- Avoid unnecessary detail
- Stand alone
- Accurate

# Abstract

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IMRAD pattern: purpose, basic procedures, main findings, principal conclusions

Structured/unstructured

Length: 150-250 words

# Structured abstract

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- Background
- Methods
- Results
- Conclusion
- Objective
- Design
- Setting
- Subjects
- Intervention
- Main outcome measures
- Results
- Conclusions
- ± Background, limitations

# Structured abstract

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**Background:** Little information is available on the knowledge about scientific writing among medical teachers.

**Methods:** We administered a 10-point questionnaire to test knowledge about scientific writing among medical teachers participants attending a writing workshop.

**Results:** 32 medical teachers participated. Of these, only 20 (63%) achieved a score of 50% or above. The younger participants (aged less than 30 years) scored worse than the older participants (aged  $\geq 30$  years), the average scores in the two groups being  $6.5 \pm 1.5$  and  $4.5 \pm 1.7$ , respectively (t-test;  $p < 0.05$ ).

**Conclusion:** Indian medical teachers lack skills in medical writing and steps to improve this are needed.

# Structured abstract

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Little information is available on the knowledge about scientific writing among medical teachers. We administered a 10-point questionnaire to test knowledge about scientific writing among medical teachers participants attending a writing workshop. 32 medical teachers participated. Of these, only 20 (63%) achieved a score of 50% or above. The younger participants (aged less than 30 years) scored worse than the older participants (aged  $\geq 30$  years), the average scores in the two groups being  $6.5 \pm 1.5$  and  $4.5 \pm 1.7$ , respectively (t-test;  $p < 0.05$ ). Indian medical teachers lack skills in medical writing and steps to improve this are needed.

# Structured abstract: Drug trial

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**Objective:** To evaluate the efficacy of a single large oral dose of vitamin A in treating acute shigellosis in children in Bangladesh.

**Design:** Randomized, double-blind, controlled clinical trial.

**Setting:** Dhaka Hospital, International Centre for Diarrhoeal Disease Research, Bangladesh.

**Subjects:** 83 children aged 1-7 years with bacteriologically proved shigellosis but no clinical signs of vitamin A deficiency; 42 were randomized to treatment with vitamin A and 41 formed a control group.

**Intervention:** Children were given a single oral dose of 200,000 IU of vitamin A plus 25 IU vitamin E or a control preparation of 25 IU vitamin E.

# Structured abstract: Drug trial

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**Main outcome measures:** Clinical cure on study day 5 and bacteriological cure.

**Results:** Baseline characteristics of the subjects in the two treatment groups were similar. Significantly more children in the vitamin A group than in the control group achieved clinical cure [19/42 (45%)  $\nu$  8/14 (20%);  $\chi^2 = 5.14$ , 1 df,  $P = 0.02$ ; risk ratio = 0.68 (95% confidence interval: 0.50 to 0.93)]. When cure was determined bacteriologically, the groups had similar rates [16/42 (38%)  $\nu$  16/41 (39%);  $\chi^2 = 0.02$ , 1 df,  $P = 0.89$ ; risk ratio = 0.98 (0.70 to 1.39)].

**Conclusion:** Vitamin A reduces the severity of acute shigellosis in children living in areas where vitamin A deficiency is a major public health problem.

# Abstract: points to keep in mind

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- No information not included in main body
- Not a copy of sentences in the text
- No references or abbreviations
- Include actual data on primary outcome measure
- Include main statistical conclusions

# Abstract: common errors

**Table.** Deficient Abstracts\*

Journal	% Deficient (95% CI)	Type of Deficiency, No.		
		Inconsistency	Omission	Both
A	18 (6-30)	2	2	4
B	43 (29-58)	12	5	2
C	30 (16-43)	6	4	3
D	45 (30-59)	9	7	4
E	32 (18-45)	6	7	1
F	68 (54-82)	15	4	11

\*Number of abstracts examined was 44 from each journal. CI indicates confidence interval.  $\chi^2 = 31.3$ ;  $P < .001$ .

**Inconsistency:** data in abstract differ from those in text

**Omission:** abstract contains data, which are absent from text

Pitkin et al. JAMA 1999; 281: 1110-1.

# Abstract: how to write?

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- Check instructions
  - Length—150 to 250 words
  - Format: Structured/unstructured
- Even for unstructured abstract, it helps to prepare in structured format and then run in paragraphs
- Check for accuracy and omissions