Writing Abstracts

Kin 304W

Week 10: July 9, 2013

Learning objectives

- To understand the function and structure of an abstract
- To use this to re-create a real published abstract
- To provide a foundation for writing high-quality abstracts for your projects

Overview

What are abstracts?

- Short, but complete, descriptions of your work
- Typically 250-500 words
- Structured (background, methods, results, conclusions) or not
- May preface manuscripts, or may be submitted to conferences

Why so important?

- Getting your research accepted to conferences
- Serves to entice potential readers to read the rest of your paper
- Given that on-line databases are today's research portals, extreme importance on titles and abstracts

Abstract Sections (2-3 sentences each)

Background

- Why do we care about the problem?
- Why have others had difficulty solving this?
- What is your objective?

Methods

- How did you go about doing your research? (study design, data collection, analytic methods)

Results

- What answer did you get? (major findings, key quantitative results)

Conclusions

- What are the implications of your work?

Example: **Prospective evaluation of unexplained syncope, dizziness, and falls among community-dwelling elderly adults.**

O'Mahony D, Foote C. Prospective evaluation of unexplained syncope, dizziness, and falls among community-dwelling elderly adults. J Gerontol A Biol Sci Med Sci. 1998 Nov;53(6):M435-40.

BACKGROUND:
Unexplained syncope, dizziness, and falls may present a difficult diagnostic challenge to primary care and emergency room physicians. The aim of this study was to evaluate a diagnostic algorithm in the assessment of a cohort of community-dwelling elderly people with symptoms of unexplained syncope, falls, or dizziness.
METHODS:
Fifty-four consecutive elderly patients (mean age + SD = 76.4 + 8.0 years, range 61-91) were assessed over a 12-month period. Presenting symptoms were syncope in 33 patients (61.1%), unexplained falls without loss of consciousness in 10 patients (18.5%), and dizziness without loss of consciousness in 11 (20.4%), and true vertigo in 2 patients (3.7%). Patients were assessed systematically using the algorithm, followed up until a diagnosis was made, and appropriate preventive therapy or advice given.
RESULTS:
Diagnoses were obtained in 41 patients (75.9%). Of the 33 patients with syncope, the cause was identified in 23 (69.7%) as follows: vasovagal in 12, arrhythmia in 5, hypotensive drugs in 3, orthostatic hypotension in 2, and major anxiety with hyperventilation in 1. The cause of syncope remained uncertain in 10 patients. Among the 10 patients with nonsyncopal falls, the cause was identified in 9 as follows: drop attacks with associated knee osteoarthritis or quadriceps muscle weakness in 3, orthostatic hypotension in 2, and single cases of cerebellar ataxia, Parkinson's disease, otologic vertigo, and vertebrobasilar insufficiency. Of 11 patients with dizziness, 4 had vasovagal syncope, 2 had orthostatic hypotension, 2 had otologic vertigo, one had carotid sinus syndrome, and the cause remained obscure in 2. Nineteen of the 41 patients (46.3%) had at least one other abnormality that was possibly contributory to their symptoms. Five of the 13 patients without a clearcut diagnosis had abnormalities of possible significance, including first-degree heart block with fascicular block in 2 patients and individual patients with severe hypertension, aortic valve disease, and vasodepressor carotid sinus hypersensitivity.
CONCLUSION:
A targeted, problem-oriented algorithm indicates the diagnosis in three quarters of elderly patients with unexplained syncope, falls, and dizziness. *(329 words)*

How do you know if there is enough info?

- Imagine that you are another researcher doing a study similar to the one you are reporting.
  - If your abstract was the only part of the paper you could access, would you be happy with the information presented there?
- Share with colleagues
  - Do they understand what you did and what you found?
- Consider if it provides enough background for other students to understand your project

Warnings

- No jargon
- No acronyms
- No references (usually)
- Emphasize importance…. but do not overstate
- Very careful use of words
- Do not go over word limit!

** take the time – this is an important step**