



Editorial

The Worship to Abbreviations: Idolatry or Virtue[☆]

El culto a las abreviaciones: idolatría o virtud

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«Però hem viscut per salvar-vos els mots, per retornar-vos el nom de cada cosa. . .»

“But we have lived to preserve the words, to return the name of everything. . .”

Salvador Espriu. Start chanting in the temple, 1965.

The use of abbreviations has been introduced into the scientific language as a resource to gain time and save space.¹ The English language extensively uses biomedical abbreviations and acronyms, formed by the initial letters or syllables of a series of words, a technique that has proliferated in Spanish² also. This trend was already evident in the Greek and Roman texts, with such examples of diaphanous acronyms as SPQR (Senatus Populusque Romanus) and INRI (Iesus Nazarenus Rex Iudeorum) used during the Roman Empire, but in the Middle Ages it became generalized to the point that it was necessary to regulate and prohibit their use.

Overuse of abbreviations or acronyms is documented in both medical practice and in the literature.^{3,4} A brief survey on the use of acronyms in the journal *Reumatología Clínica* has established that only the text of 39 articles published in three consecutive copies of 2010 have seen the use of 152 different acronyms (many of them countless times), representing an average of almost four per article or letter and just over 50 per copy. The record is held by a review article in which the authors have used 57 acronyms in 411 cases, including text, tables and figures, one of them repeated up to 49 times! Its use has extended also to the field of research and numerous clinical trials are named with an acronym, especially among cardiologists⁵; sometimes, the name chosen, often preconceived witty and imaginative, contradicts and does not correspond with the expected⁶ result.

The problems associated with the use of abbreviations are multiple¹: variable interpretation depending on the context or the language in which it is expressed (polysemy), lack of uniform criteria in their making, lexicalized complexity (e.g., “AIDS patient” when it becomes the lexicon adjective; “AIDS”, which originally was the acronym for “acquired immune deficiency syndrome”). The initial aim of saving time, space and a gain in clarity is not always achieved but, on the contrary, far from enriching the language it implies the arduous task of deciphering when the abbreviation becomes unintelligible.⁷ They are also a source of frustration and confusion: over 90% of young physicians in other specialties were unable to understand just 6 of 13 commonly used abbreviations in the specialty of Ears, Nose and Throat.⁸ Sometimes they are the source of medical errors at the time of prescribing and transcription of medical orders.^{9,10} There are a few articles, letters to the editor or editorial warning of their proliferation and excess,¹¹ and some reports of their incomprehensibility,¹² declaring them undesirable or unnecessary,^{13,14} while its irony is foreshadowed.^{15,16}

Although there are international organizations responsible for the registration, control and publication of commonly used abbreviations, most of the acronyms that are published are not covered by these standards but arise by spontaneous generation, according to the wit and whim of each author or workgroup.¹ Simple rules have been invoked for the formation of acronyms but not always complied with¹⁷: they should have a minimum of three letters, an easy pronunciation, be useful to facilitate communication and serve beyond the simple publication, one should always explain the meaning first time they appear in the text and not use more than one new abbreviation in every article. It is not good to mortify the reader by referring to the list of abbreviations on the first or last pages of the magazine, as if we used the Rosetta stone to decipher Egyptian hieroglyphs.¹⁸ Aware of this problem, the editors of leading journals in rheumatology, including this one, proposed to unify the list of acronyms commonly used.¹⁹ In an effort to synthesize, an initial list of nearly 1500 terms in three stages lowered them to 250, updated approximately every 5 years^{20,21} and is

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available on the website of the journal *Clinical and Experimental Rheumatology*.²² Moreover, compilation books on acronyms and resources have been published on the Internet.^{23–25} To avoid ambiguity, computer models have been developed to help identify their true meaning,^{26,27} and thus, the paradox is served: a technique that was created to simplify the language has become incomprehensible and become a weapon whose method requires complex decryption.

In the chapter on abbreviations of the *Doyma Editions Style Manual*,²⁸ published almost two decades ago, this resource was described as conflicting grammar and despised the vices inherent that the contemporary world reflected through abbreviations branding them as opportunists (such as infections), capricious, riotous, pressing, trapping, ephemeral and stateless libertines: a true enfant terrible of the scientific-technical language, a dramatic trial. Without going that far, Aristotle claimed that virtue was to be able to find meaning between two extremes. Only use of abbreviations in an appropriate context with rules established by custom can avoid a new Tower of Babel of Acronyms.

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