The AMA Manual of Style Perspective

June 28, 2019: KDIGO Nomenclature Conference

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In the beginning...

The *Journal* was first published on July 14, 1883, as an official publication of the American Medical Association.

It began as and remains a weekly print publication.

Today it publishes online almost every day of the week, BUT it’s editorially independent from the AMA.
Archives Journals
1869: Archives of Ophthalmology and Otology
1882: Archives of Dermatology
1908: Archives of Internal Medicine
1911: Archives of Pediatrics
1920: Archives of Surgery
1925: Archives of Otolaryngology
1959: Archives of Neurology
1959: Archives of General Psychiatry
1999: Archives of Facial Plastic Surgery

JAMA Network Journals
2015: JAMA Oncology
2016: JAMA Cardiology
2018: JAMA Network Open

Network now houses 13 medical journals
30,000 manuscript submissions/year
6500+ articles published/year
Multimedia, social media, news media
With all these journals, we needed guidance to maintain accuracy, consistency, and clarity.

1962: An in-house document was created to guide AMA editors in style, workflow, procedures, and even conference room usage.

Second edition: Goal was to achieve uniform style and formatting. Considered a “manual of practice.”

Third and fourth editions: More points of style and usage, formal index, but still largely written for in-house editors.

Fifth edition: Some inclusion of preparation of manuscript so beyond in-house resource. Resembles the *AP Stylebook* with section on style and section on policy.

Sixth edition: Predominantly for in-house use but “can be a valuable reference for any author who undertakes the writing of a medical scientific paper.”
Origin story: the *AMA Manual of Style*

Seventh edition: Definitely intended for dual audience (in-house and external writers and editors).

Eighth edition: No longer a 2-part manual; addresses authors and editors simultaneously. Published by Williams & Wilkins. 377 pages.

Reach of the *AMA Manual of Style*

- The 10th edition was published in 2007 by Oxford University Press. 1010 pages.
- The website is fully searchable with downloadable figures.
- The book has sold >50 000 copies globally.
- The website has had millions of visits and tens of millions of page views.
- Users include journals, authors’ editors, pharmaceutical and device companies, academic institutions, and freelance writers and editors.
- Members of the committee promote AMA style using social media and other interactions.
  - On Twitter we’re at @AMAManual
  - We regularly post on the blog [AMA Style Insider](https://www.amamanualofstyle.com/blog)
  - We reply to questions sent to the stylebook email account [stylemanual@jamanetwork.org](mailto:stylemanual@jamanetwork.org)
- Updates to style and policies are freely available at [https://www.amamanualofstyle.com/page/updates](https://www.amamanualofstyle.com/page/updates)
Nomenclature is the largest chapter, encapsulating the most commonly used terminology in many disciplines. (But it's always good to check recent textbooks and other sources because, as we know, medicine moves swiftly and nomenclature decisions are continually made.)
What is nomenclature?

Nomenclature simply means the naming of things.

Why does it matter?

- Clarity and precision (we are all talking about the exact same thing)
- Practical matters like billing codes
- Subjective interpretations (such as kidney failure)
- Consistency especially for future researchers, clinicians, patients
What’s in a name?

Shakespeare has Romeo ask “What’s in a name?” and answer “that which we call a rose by any other name would smell as sweet.” Romeo was wrong, as he learned to his cost. Names matter.

Call him Voldemort, Harry. Always use the proper name for things.

Albus Dumbledore, Headmaster of Hogwarts School of Witchcraft and Wizardry
Challenges to standardizing nomenclature

A system of nomenclature may face the test of sheer numbers. For example, the count of assigned gene symbols has increased from several hundred to more than 39,000.

The development of nomenclature faces challenges such as tradition, which some are reluctant to give up.

Another challenge is to remain flexible. Those who deal with nomenclature accept it as a construct and have noted the need to reflect new knowledge.
Challenges to implementing nomenclature

Such flexibility, however, places a burden on clinicians, who must replace familiar names with new ones. Often, colorful or descriptive names, which are more easily retained, give way to more efficient terms, such as alphanumeric or strict anatomic descriptors.

- Charcot disease → amyotrophic lateral sclerosis
- Lou Gehrig disease
- swine flu → H1N1 influenza
- lockjaw → tetanus
Editors’ role in nomenclature

Editors have the task of mediating between official systems and authors’ actual usage.

Official systems of nomenclature are not always universally observed to the letter (literally or figuratively), but style that is consistent with official guidelines and within publications reduces ambiguity.

Recent case in point: thyrotropin vs TSH
Avoid labeling (and thus equating) people with their disabilities or diseases (eg, the blind, schizophrenics, epileptics). Instead, put the person first. Avoid describing persons as victims or with other emotional terms that suggest helplessness (afflicted with, suffering from, stricken with, maimed).
## How to communicate with patient-first language

<table>
<thead>
<tr>
<th>Instead of</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS victim</td>
<td>Person with AIDS</td>
</tr>
<tr>
<td>Addict</td>
<td>Patient with addiction</td>
</tr>
<tr>
<td>Alcoholic</td>
<td>Individual with alcohol use disorder</td>
</tr>
<tr>
<td>Diabetic</td>
<td>Patient with diabetes</td>
</tr>
<tr>
<td>Crippled</td>
<td>Physically disabled</td>
</tr>
<tr>
<td>Epileptic</td>
<td>Patient with epilepsy OR epileptic patient*</td>
</tr>
<tr>
<td>Dialysis-dependent patient</td>
<td>TBD!</td>
</tr>
</tbody>
</table>
• The global organization dedicated to developing and implementing evidence-based clinical practice guidelines in kidney disease, KDIGO (Kidney Disease: Improving Global Outcomes), is spearheading an international effort to revise the nomenclature used to describe kidney function and disease.

• The effort will focus on making terminology more patient-centered and precise, with the goal of greater uniformity in medical practice, research, and public health.

The final recommendations and a complete glossary of related terms will be available after an international nomenclature conference in 2019.