How to write an abstract?

Ass. Prof. Jitse P. van Dijk MD PhD
Scientific Director
Kosice Institute for Society and Health
University Centre of Excellence
P. J. Šafárik University,
Košice

www.kish.upjs.sk
Structure of an abstract

[Title]

1 Introduction + Aim

2 Methods

3 Results

4 Conclusion
Perceived mental health status is connected with noncompliance in kidney transplant recipients

Rosenberger J¹,²,³, Prihodova L¹,²,³, Van Dijk JP¹,⁴, Nagyova I¹, Roland R²,³, Groothoff JW⁴

1 Kosice Institute for Society and Health, University P.J. Safarik Kosice, Slovak Republic
2 Nephrology and Dialysis Center Kosice, Slovak Republic
3 Transplantation Department, University Hospital L. Pasteur Kosice, Kosice, Slovak Republic
4 Department of Social Medicine, University Medical Center Groningen, University of Groningen, Groningen, the Netherlands
Background and Aim

Background – 1 sentence

Aim – 1 sentence

As short as possible!
As clear as possible!
Direction between variables!
Defines rest of abstract!

Example:

Background and Aim
Noncompliance with the therapy is one possible explanation for the observation that long-term graft survival is not sufficiently improving. The aim of this study was to explore the role of perceived health status in noncompliance after kidney transplantation.
Pitfalls

- long background story (you just have 300 words!!)
- long, unclear and confusing aim
- not an aim at all
- aim not related to Methods, Results and Conclusion
- too many variables
Methods

1 Sample
description of study population (number; gender; age);

2 Measures
description of variables
(perceived health status, co-morbidities etc)

3 Statistical analysis
methods of statistical analysis

Methods
Perceived health status of 232 kidney transplant recipients (59.9% male) with mean age 48.3±12.2 years was evaluated 3-86 months after transplantation.
Perceived health status was evaluated with the SF-36 questionnaire. Compliance was assessed with a combination of patients’ self-evaluation and the evaluation of their nephrologist; patients were considered to be compliant only if they declared their compliance by themselves as excellent, and their physician’s opinion about their compliance also was excellent. Binary logistic regression analysis was used to analyse the data.
Pitfalls

- messy, unstructured Methods section
- unclear description of the Sample
- inadequate description of the Measures; important measures not described
- inadequate description of the Analysis – or lacking Analysis
Results

Organised as clear as possible

Related to the Research Question

Results
Noncompliance rate evaluated by patients, nephrologists and the combination of their opinion was 29.6%, 32.6% and 49.3%, respectively. Patients with perceived mental health status in the lowest quartile were 13.7 (95%CI 4.7–39.8, p≤0.001) times more likely to be noncompliant than patients in the highest quartile. Patients with perceived mental health status in the second quartile were 7.1 (95%CI 2.5–19.9, p≤0.001) times more likely to be noncompliant than patients in the highest quartile and the patients with perceived mental health status in the third quartile were 3.4 (95%CI 1.3–9.4, p≤0.05) times more likely to be noncompliant than patients in the highest quartile. The percentage of correct predicted noncompliant patients in this model was 68.3%. Perceived physical health status was not a predictor of noncompliance.
Pitfalls

‘overcrowded’ Results section:

→ every detail you found should be put in there. Just answer the Research Question

Unstructured Results section

Use of too many variables

Results section not related to Aim, or Methods
Conclusion

Identification of patients at risk of becoming noncompliant is necessary to reduce the frequency of late acute rejection episodes and subsequent graft loss. Self-perceived mental health status seems to be valid in predicting non-compliance in patients after kidney transplantation. A decreased level of perceived mental health status is connected with higher risk of noncompliance.
Overstretching the importance of the results: to conclude more than allowed

Overstretching the impact of the results: to suggest far wider implications than allowed

Mention some commonplace

Mention some hobby, not related to the study
<table>
<thead>
<tr>
<th>Instruction</th>
<th>Read it and follow it!!!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure</td>
<td>maybe this structure, but slightly different as well. (Introduction, Aim, Material and Methods, Results, Conclusion)</td>
</tr>
<tr>
<td>Words</td>
<td>number of words may vary between 300 and 100.</td>
</tr>
<tr>
<td>Additional info</td>
<td>oral/poster, presenting author - indicate references (not in abstract, unless explicitly stated!!) abbreviations sometimes: restriction on length of title</td>
</tr>
</tbody>
</table>
General Mistakes

Use of ‘general phrases’ or ‘commonplaces’

Use a lot of words but not say what you intend to say
(mostly because of missing information about sample, method, variables)

Not presenting ‘evidence based’ findings and conclusions

Going too far from own results

Adding references
Adding co-authors without them being aware of it
How to save words
Firstly: check Background and Conclusion whether everything said there is really needed.
Second: check Results; combine sentences.
Third: go to Methods, and shorten sentences about the Measures.

Methods
The sample consisted of 175 PD patients from Eastern Slovakia (52% males, mean age 68.2±9.2 years, mean disease duration 7.4±6.7 years). The Multidimensional Fatigue Inventory (5 dimensions) was used to assess fatigue, the Parkinson`s Disease Quality of Life Questionnaire (summary index) was used to measure QoL and the Unified Parkinson’s Disease Rating Scale was used to assess disease severity. Demographic data were obtained in a structured interview. Multiple linear regression analysis was used to analyse data. (74 words)
How to save words
68.2±9.2 \(\rightarrow\) 1 word;
68.2 ± 9.2 \(\rightarrow\) 3 words!!

How to use abbreviations
\(\rightarrow\) when mentioned for the first time, use the abbreviation behind the word.

**Background**
Fatigue is frequent and important symptom in Parkinson`s disease (PD) patients, often unrecognized or neglected. It is multidimensional, with physical and mental aspects. The aim of our study was to explore how fatigue influences quality of life (QoL) in PD patients.
You submit the abstract in March (preferably earlier!)

→ In the worst case you lost the file, the analyses, your notes etc

→ Furthermore there are some exams

And then, in June, you discover that ‘tomorrow’ you have an oral or poster presentation – and forgot what exactly it was about!

Take care that there is somewhere some spare file

→ You have just one chance to show you are really good – there is no next time!! So prepare in time!!
Thank you for your attention!
Questions
May 2009

Topic: How to make a poster?