

Acronymical Correctness

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Doctors love abbreviations. So much, in fact, that much of what we write is couched in compact precision, ie, "46 y/o WM admitted w/CP, DOE, PND. PMH: s/p ASMI, CABG. HBP on ACEI and ASA."

These days we have a new love—acronyms. This penchant is especially acute in the research arena, from which new studies (complete with their acronymic identifiers) emanate daily. We have MRFIT, STOP, MIDAS, a plethora of TIMIs and TAMIs, and others.

What we see here is a whole new specialty area of science and medicine, wherein a really good study has to have a really good name in order to make a splash on the scientific horizon. Picture the huddled masses in medical school basements: they sit around tables illuminated only by a single bare overhead bulb, thumbing through their dictionaries and racking their collective brains for that elusive good study name (one might wonder whether they sometimes pick a name and *then* dream up a suitable study, but that is another question altogether). Entire careers could be enhanced or trashed upon the power of one good word.

Such an arduous task is not without peril. Consider the hapless researcher who might have proposed that the Multicenter Diltiazem Postinfarction Trial be called MUDPIT. That fellow would likely spend the remainder of his career tending rats at a community college. Imagine walking down the hallowed halls of your alma mater and overhearing a distinguished professor beatifically expounding upon the "unequivocal results of the MUDPIT study." Highly unlikely, indeed.

Worse yet, otherwise excellent trials might have received a tepid response if they had been misnamed. What if the TIMI trials had been called Therapeutic Windows in Thrombolysis? "Hello, Dr Jones. This is Dr Smith from the Ivory Tower Medical Center and I am recruiting co-investigators for the TWIT study." *Click*. "Hello?" Enrolling patients would be another obstacle: "Aw, heck, doc, why would you wanna give me a drug for twits? I ain't as dumb as I look, ya know."

Further: The TEAM (Thrombolysis with Eminase in Acute Myocardial Infarction) study might have been CHEAT (Cohort Study of Eminase in Antithrombosis),

and the LATE (Late Assessment of Thrombolytic Efficacy) trial might have been DEAD (Dynamic Effect of Antithrombotic Delay). Horrors!

Here are a few of the Acronyms that Didn't Make IT, from our own research in this area (Shaftner K, Meehan DV. The ADMIT study. *Annals of Initials* 1995; 14:208-94):

MUTTS: Multidisciplinary Thrombolysis Treatment Study

NERD: Nifedipine Effect in Reducing Death

BUBBA: Broad-based University Study of Beta Blockers in Angina

AHA: Atherosclerotics and Heart Attack

RATS: Risk of Antithrombotic Therapy Study

HAHA: Hypertensive Adaptations in Heart Attack

PORNO: Prospective Outcomes Research of Nifedipine in the Old

Having thus established the critical importance of acronymical correctness, we may soon be obligated to designate specialty training and perhaps certification in this area. An appropriate title for these new specialists would be derived from their degrees. Those awarded a Masters in Acronymics and those who become Doctors of Acronymics would be MIAs and DOAs, respectively.

ANECDOTES WANTED

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The contest runs through December 1996. Anecdotes that are accepted will appear in future issues of *JFP*. Submissions may be abridged or edited in accordance with *JFP* style. The top five entries will receive a free copy of the second edition of Dr Bennett's book, *The Best of Medical Humor*.

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