

Do abbrs. bother u?

An abbreviation is a shortened form of a word or phrase used to represent the whole for convenience or to improve comprehension. Example: LMFAO (if you don't know who or what this stands for, ask your kids or check Google). Now this is what I call a good abbreviation. Not only do they perform good music (that's a hint) but their name is tongue in cheek and makes you chuckle.

At the *BCMj* the Editorial Board reviews manuscripts monthly for publication consideration. Over the years we have noticed the number of abbreviations has been increasing at an alarming rate. Now abbreviating a long title or using commonly accepted abbreviations makes sense, but some of the things being abbreviated lately are surprising.

LBP for low back pain I can accept, but is C-LBP for chronic low back pain really necessary? What about VAS for visual analog scale (apparently if you sever this scale you can't have babies anymore)? Does spinal manipulative therapy (SMT) really need to be abbreviated? Is fitness so complicated that SE has to stand for

structured exercise? When was the last time you referred to a radiation oncologist as an RO (personally, I like to call them the glow doctors)? Are health authorities really so funny as to justify HA? Isn't a TRUS a device for hernias instead of a trans-rectal ultrasound? What about PST-PC? Doesn't this sound like your computer has suffered some emotional upheaval instead of problem-solving therapy in primary care? Here at the *Journal* we think BD stands for Brian Day, but apparently it stands for bipolar disorder.

So I am asking authors not only to stop, but to reverse this trend (RTT) in medical writing (MW) and write more clearly (WMC). A suggestion to RTT and WMC is to use pronouns and other nouns in reference to people, groups, tests, etc., in order to eliminate abbreviations (ABBR). I think most people (MP) when reading find that ABBR interrupt flow (IF) and interfere with reading comprehension (RC). MP when faced with ABBR have to stop reading (SR) and review the previous paragraphs (RTPP) thereby refreshing their memories (RTM) so that they can facilitate their RC. MP would prefer

not having to SR and IF to RTPP and wouldn't mind fewer ABBR and would actually prefer to read the original words (OW) again. Otherwise the text (T) gets quite messy (QM) and basically not enjoyable to read (ETR). So let's RTT and WRC using the OW allowing readers to not have to SR, IF, RTM, and RTPP to improve RC. Let's make MW more ETR for MP by eliminating unnecessary ABBR in the QM T.

—DRR (irony intended)

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Injudicious use of thyroid hormone

A few years ago I wrote an editorial expressing my concerns about the diagnoses of Wilson's syndrome and adrenal fatigue, both of which naturopaths consider common disorders (TDF: Trendy diagnosis fatigue, *BCMJ* 2007;49:471). At that time I was not familiar with the complete treatment protocol for Wilson's syndrome. Since that time there have been reports of patients who have developed overt hyperthyroidism and cardiac dysrhythmias, particularly atrial fibrillation while on this treatment, and I thought it important that the potential risks of this treatment be brought forward.

On reviewing the details of this treatment, I found that the use of "supraphysiologic cyclic dosing" of slow release T3 (liothyronine) is used to "reset low body temperature and recalibrate metabolic rate" (really?). Body temperature alone is used to determine dose and treatment cycle length. In brief, the protocol involves starting T3 at 7.5 µg every 12 hours and increasing by 7.5 µg daily until temperature reaches 37°C. Sometimes doses up to 90–105 µg twice daily are needed to achieve this. If the target temperature is not reached once these high doses are used, the dose is tapered

by 7.5 µg every 2 days down to nothing, then the cycle restarted. The cycles are repeated until target temperature is reached. In many patients it may take months and in some it is never achieved. If it is reached then that dose is maintained for a few weeks, then tapered off, to begin again if symptoms recur.

"Supraphysiologic cyclic dosing" of slow release T3 (liothyronine) is used to "reset low body temperature and recalibrate metabolic rate"

A large proportion of patients are very likely to be hyperthyroid for significant periods of time during this treatment. In fact, one article describing the treatment stated that a significant number of patients suffer from symptoms of increased heart rate, irritability, and shakiness. Is this surprising? Sounds suspiciously like hyperthyroidism to me. No mention was made of thyroid levels being measured when those symptoms occurred.

If one were to treat hypothyroidism with T3 alone (which is not common practice, at least among endocrinologists), most individuals would not require more than 75 mcg daily. Fortunately, atrial fibrillation occurring in this setting resolves once the thyroid levels normalize (off T3).

Atrial fibrillation is a common dysrhythmia, and in the investigation of possible reversible causes of it, thyroid levels are routinely measured to rule out hyperthyroidism. Iatrogenic hyperthyroidism, from what is in my view inappropriate and injudicious use of thyroid hormone, is harmful and potentially dangerous.

—SEH

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