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Using this guide

This style guide tells you NICE's standard way to express concepts, spell words and format phrases.

It's grouped by themes so you can quickly make the right style choice.

You can search the style guide by:

- clicking into the relevant section and pressing Ctrl+f (PC) or ?+f (Mac)
- typing the word or search term that you're looking for and pressing Return
- clicking 'Download', selecting 'Save as PDF', and then searching the PDF of the entire style guide.

We've put this style guide together to help us all write consistently. If you're looking for advice on how to write crisp and clear text read our writing for NICE guide. For grammar tips and to check spellings use Cambridge dictionary. If something is not covered, check NHS digital's style guide.
Talking about NICE

Refer to NICE, not the Institute. Use we when you can. Using a possessive apostrophe is fine (‘see NICE’s technology appraisal guidance on...’).

NICE guidance refers to all the guidance we produce that includes recommendations (including guidelines). NICE guidelines refers specifically to guidance for clinical, social care, public health and medicines practice topics. NICE advice refers to NICE publications on specific topics that do not include recommendations.

NICE committees are singular (‘The committee discussed the evidence. It noticed that...’). Use committee members if you cannot reword the sentence any other way (‘Committee members agreed that...’).

Use capital letters when talking about directorates and programmes (Centre for Health Technology Evaluation, the Centre for Clinical Practice, NICE Accreditation Programme).

Use lower case for committees, groups, departments, products and job titles (appraisal committee, guideline committee, evidence review group, medical technologies advisory committee, publishing, facilities, finance, technology appraisal, project manager).

NICE Pathways is a brand so should be capitalised (see the NICE Pathway on prostate cancer).

There is no apostrophe in the Citizens Council or the Partners Council.
Talking about people, including deaf and blind, age, faith, family background, gender

Use person-centred language. Be respectful, empathetic and inclusive. Person-centred language reflects good manners and sensitivity, not political correctness. There are some examples in table 1.

Avoid labelling people. Conditions describe what a person has, not what a person is. Diseases are treated, not people. Diseases, not people, respond to treatment. Conditions, not people, are monitored. People are not unsuitable for treatments: treatments are unsuitable for them. People have diseases, they do not suffer from them.

Important exceptions are 'autistic people' and 'disabled people'.

Table 1 Person-centred language

<table>
<thead>
<tr>
<th>Do use</th>
<th>Do not use</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with diabetes</td>
<td>Diabetics</td>
</tr>
<tr>
<td>People with schizophrenia</td>
<td>Schizophrenics</td>
</tr>
<tr>
<td>People with obesity</td>
<td>Obese people</td>
</tr>
<tr>
<td>People who smoke</td>
<td>Smokers</td>
</tr>
<tr>
<td>People who use drugs</td>
<td>Drug users, drug addicts</td>
</tr>
<tr>
<td>People who are dependent on alcohol</td>
<td>Alcoholic</td>
</tr>
<tr>
<td>People who misuse alcohol</td>
<td>People who abuse alcohol</td>
</tr>
<tr>
<td>A person with depression</td>
<td>A person suffering from depression</td>
</tr>
<tr>
<td>People with behaviour that challenges services</td>
<td>People with challenging behaviour</td>
</tr>
<tr>
<td>People with a learning disability</td>
<td>People with learning disabilities, people with intellectual disabilities</td>
</tr>
<tr>
<td>Disabled people</td>
<td>People with a disability</td>
</tr>
<tr>
<td>Autistic people</td>
<td>People with autism</td>
</tr>
<tr>
<td>Do use</td>
<td>Do not use</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Surgery is unsuitable for some people</td>
<td>Some people are unsuitable for surgery</td>
</tr>
<tr>
<td>If the disease has already been treated</td>
<td>If the person has already been treated</td>
</tr>
<tr>
<td>The disease did not respond to treatment</td>
<td>The patient did not respond to treatment</td>
</tr>
<tr>
<td>When monitoring the disease</td>
<td>When monitoring the patient</td>
</tr>
</tbody>
</table>

Also see GOV.UK’s inclusive language: words to use and avoid when writing about disability.

Try to use people, not patients or service users. Sometimes it will make sense to use other terms (for example, when talking about clinical trials or to distinguish from other groups), but even then, consider people in the trial or people who use X services.

**Deaf and blind**

Deaf can be used to mean any range of hearing loss, but Deaf (with a capital D) may also refer to people who consider themselves to be part of a cultural or linguistic minority. Most members of this community use a sign language as their preferred language. People with hearing loss or people with hearing impairment may be more suitable.

Blind refers to total loss of vision. Visual impairment refers to any kind of partial sight that is below ‘normal’ levels. Remember to use whichever is appropriate for the context.

**Age**

Use young people and older people (not adolescents, teenagers, the elderly or old people). It’s often better to be specific: say ‘people aged 90 and over’, not ‘very old people’.

Be accurate: men over 65 is different from men aged 65 and over (1 includes men aged exactly 65, the other does not).

Do not use the age of... or ...years of age. Saying X-year olds or over Xs is fine as long as it’s accurate.

Do not use neonates. If you mean newborn babies, say in newborn babies. If you specifically mean the neonatal period (that is, up until 28 days), say in newborn babies under 28 days.
If you need to use specific age groups, we stratify them as follows. Define them at first use:

- babies: 1 year and under
- children: up to 12
- young people: between 12 and 17
- adults: 18 and over
- older people: 65 and over.

**Faith**

Avoid faith-specific language or terminology that may exclude some of our users (use first name not Christian name).

Use faith groups to refer to people with religious beliefs collectively. Take into account the customs and practices associated with particular beliefs, but avoid stereotyping or making assumptions. Give examples if possible, but do not try to list every possible faith group that shares a particular belief.

**Family background**

Use a capital letter and be specific when talking about someone's family background. For example, 'Sickle cell disease is particularly common in people with an African or Caribbean family background'.

Do not use BME or BAME abbreviations. If you cannot be specific, spell it out and say Black, Asian and minority ethnic. For example, '35% of people waiting for a kidney transplant in the UK are from a Black, Asian or minority ethnic family background'. This should only be used if necessary because it covers a diverse group of people.

Use Gypsy, Roma and Travellers to talk about Romany gypsies, Irish travellers, and other Traveller communities. For example, 'Gypsy, Roma and Traveller communities face some of the most severe health inequalities among the UK population'.

**Skin colour**

Only use skin colour if it's essential to make sense of what you're discussing. Use lowercase 'black',
'white' or 'brown', not 'dark' or 'light'.

If talking about a condition that affects the skin, be specific if it looks different on different skin colours. For example, 'pressure ulcers in people with brown or black skin tend to present as purple or blue patches, whereas in people with white skin they tend to present as red patches'.

**Gender**

Use trans not transgender or transsexual. Trans is an umbrella term that refers to people whose gender identity or expression differs from their birth sex.

Use sexual orientation not sexuality. Do not confuse sexual orientation with gender identity.

Use gender-neutral language. This means using 'people', 'they' and 'them' instead of 'women', 'men' and 'his' or 'her'.

Sex-specific language may be more appropriate in some cases:

- If there are anatomical differences that are important for the recommendations (for example, if penile or vaginal surgery is used). In this case, it's usually better to use 'men and women' instead of 'people with a penis' and 'people with a vagina'.

- When referring to pregnancy. Use 'pregnant women' (not 'pregnant people') for consistency with the NHS website.

- When describing sex-specific risk factors that could lead to inaccuracies in how the guidance is used. For example, if there are different treatment pathways based on biological factors.

- It's sometimes best to reword the sentence to avoid referring to 'people', 'men' or 'women' at all. See table 2 for some examples. Ask the editorial team for advice if you are unsure.

**Table 2** Gender wording examples

<table>
<thead>
<tr>
<th>Original</th>
<th>Gender-neutral</th>
<th>Reworked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer hormonal treatment to women with suspected, confirmed or recurrent</td>
<td>Offer hormonal treatment to people with suspected, confirmed or recurrent</td>
<td>Offer hormonal treatment if there is suspected, confirmed or recurrent</td>
</tr>
<tr>
<td>endometriosis.</td>
<td>endometriosis.</td>
<td>endometriosis.</td>
</tr>
<tr>
<td>Original</td>
<td>Gender-neutral</td>
<td>Reworked</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Warn men undergoing radical treatment for prostate cancer of the likely effects of the treatment on their urinary function.</td>
<td>Warn people undergoing radical treatment for prostate cancer of the likely effects of the treatment on their urinary function.</td>
<td>Explain how radical treatment for prostate cancer may have negative effects on urinary function.</td>
</tr>
<tr>
<td>Diagnose gestational diabetes if the woman has a 2-hour plasma glucose level of 7.8 mmol/litre or above following an oral glucose tolerance test.</td>
<td>Diagnose gestational diabetes if the person has a 2-hour plasma glucose level of 7.8 mmol/litre or above following an oral glucose tolerance test.</td>
<td>Diagnose gestational diabetes if an oral glucose tolerance test shows plasma glucose levels of 7.8 mmol/litre or above.</td>
</tr>
</tbody>
</table>

**Disfigurement**

‘Disfigurement’ is a protected characteristic under the 2010 Equality Act, under disability. Although it is a contentious word, using the word ‘disfigurement’ is accepted, so you can use ‘disfigurement’ to talk about a group of people, for example, ‘people with disfigurements often experience unwanted staring’.

But, if referring to an individual, avoid ‘disfigurement’ and do not use 'disfigured person', 'defect' or 'deformed'. Instead, use a term that describes the individual, such as 'scars from a cancer operation', or 'Moebius syndrome'. This helps people understand the cause as well as the effect.

If describing a cancer, or surgery, avoid using the word 'disfiguring'. Use neutral words, such as 'skin cancer, which can change the appearance of the face if it spreads'. Or specifically describe what the surgery is, for example, 'surgery that would remove the nose'. You could also use 'surgery that causes a visible difference to a person's face'. This is because the person with the cancer or having the surgery may not have identified themselves as having a disfigurement.

**Other terms**

Try not to use clinician. Healthcare professional is preferable if you want to specify a qualified professional, or healthcare worker for more general use.
### Table 3 Social and care terms

<table>
<thead>
<tr>
<th>Do use</th>
<th>Do not use</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of life care</td>
<td>Terminal care</td>
</tr>
<tr>
<td>Socioeconomic status</td>
<td>Class</td>
</tr>
<tr>
<td></td>
<td>Poor people</td>
</tr>
<tr>
<td></td>
<td>Wealthy people</td>
</tr>
<tr>
<td>People who are under served (but be more specific if you can)</td>
<td>People who are neglected</td>
</tr>
<tr>
<td></td>
<td>Hard-to-reach people</td>
</tr>
<tr>
<td></td>
<td>Disadvantaged people</td>
</tr>
<tr>
<td>People who are homeless</td>
<td>The homeless</td>
</tr>
<tr>
<td></td>
<td>People who sleep rough</td>
</tr>
<tr>
<td></td>
<td>People without homes</td>
</tr>
<tr>
<td>People who take their own life</td>
<td>People who commit suicide</td>
</tr>
<tr>
<td>People who die by suicide</td>
<td>People who kill themselves</td>
</tr>
</tbody>
</table>

Use frailer people for people whose age or physical characteristics may prevent their having certain treatments ('Older, frailer people for whom chemotherapy is not suitable').

Asylum seeker, refugee and migrant worker are not interchangeable.

Refer to [Think Local Act Personal's Care and Support Jargon Buster](https://www.nice.org.uk/terms-and-conditions#notice-of-rights) for other helpful social care definitions.
Spelling and choosing the right word

Spelling

Use UK English spellings (for example, colour, tumour, authorise, optimise and leukaemia). See table 4 for some important examples and exceptions.

Table 4 Spellings

<table>
<thead>
<tr>
<th>Do use</th>
<th>Do not use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adviser</td>
<td>Advisor</td>
</tr>
<tr>
<td>Among</td>
<td>Amongst</td>
</tr>
<tr>
<td>Dietitian</td>
<td>Dietician</td>
</tr>
<tr>
<td>Fetus</td>
<td>Foetus</td>
</tr>
<tr>
<td>Focused</td>
<td>Focussed</td>
</tr>
<tr>
<td>Focusing</td>
<td>Focussing</td>
</tr>
<tr>
<td>Formulas</td>
<td>Formulae</td>
</tr>
<tr>
<td>Naive</td>
<td>Naïve</td>
</tr>
<tr>
<td>Homeopathy</td>
<td>Homoeopathy</td>
</tr>
<tr>
<td>Recurring</td>
<td>Reoccurring</td>
</tr>
<tr>
<td>Targeted</td>
<td>Targetted</td>
</tr>
<tr>
<td>While</td>
<td>Whilst</td>
</tr>
<tr>
<td>World Health Organization</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>

Contractions

Do not use negative contractions like can't and don't. Research from the Government Digital Service shows that many users find negative contractions harder to read and they sometimes misread them as the opposite of what they say.

You can use common positive contractions (like it's or you'll).
Choosing the right word

If you're unsure about which word to use:

- look at previous publications on similar topics and be consistent if possible
- think about what's most appropriate for your audience
- remember to use the simplest and plainest words possible.

Table 5 Choosing the right word

<table>
<thead>
<tr>
<th>Do use</th>
<th>Do not use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because</td>
<td>As</td>
</tr>
<tr>
<td></td>
<td>Due to</td>
</tr>
<tr>
<td></td>
<td>Since</td>
</tr>
<tr>
<td>Most</td>
<td>The majority of</td>
</tr>
<tr>
<td>Need</td>
<td>Require</td>
</tr>
<tr>
<td>Shows</td>
<td>Demonstrates</td>
</tr>
<tr>
<td>Help</td>
<td>Facilitate</td>
</tr>
<tr>
<td>Allow</td>
<td></td>
</tr>
<tr>
<td>Done</td>
<td>Performed</td>
</tr>
<tr>
<td></td>
<td>Conducted</td>
</tr>
<tr>
<td>Start</td>
<td>Initiate</td>
</tr>
</tbody>
</table>

Look out for common errors and misuses that can lead to ambiguity. Although we should be flexible in our writing and shape it to best suit the user, make sure that you are using words and phrases correctly. For example:

- Can or may: 'the drug can cause nausea' means that the drug definitely has the ability to cause nausea. 'The drug may cause nausea' means that there is a chance the drug causes nausea, but it's not a certainty.
• Fewer or less: use fewer when talking about something that's plural and countable ('people have fewer side effects'). Use less when talking about percentages or things that cannot be counted ('less than 12%'; 'there is less time than we thought').

• Compared with or compared to: use compared with when talking about how 2 things are different from each other. Use compared to when talking about how 2 things are similar.

• Regards: use with regard to when referring to something else. Use with regards [to] when writing a letter.

• Access, management and significant. Words like these have multiple meanings depending on the context. It's usually better to explain what you mean.

For more examples and advice, see the rules of clear writing in the writing for NICE guide.
Scientific and medical terms

Clinical trials

Do not confuse adverse events, adverse reactions, adverse effects and side effects.

- An adverse event is an unwanted event that happens when someone is having treatment, regardless of whether the event is related to the treatment.

- An adverse reaction is an unwanted reaction that happens when someone is having treatment, which is suspected to be related to the treatment.

- An adverse effect is an unwanted medical effect directly caused by a treatment.

- Side effect is more of an umbrella term that is often used in information for the public. It can be used to describe any unintended effect related to treatment.

Data is considered a mass noun. So use 'is' for data, as you would for 'information' or 'evidence'. For example, 'this data is uncertain', 'the data was incomplete'.

Use phase 1, 2, 3 or 4 rather than Roman numerals (I, II, III, IV) to describe phases in clinical trials. Screenreaders do not read out Roman numerals correctly.

Use confidence interval on first use and abbreviate to CI thereafter. Use 'to' rather than an en dash when describing confidence intervals to avoid confusion with negative numbers ('95% confidence interval -6 to 9').

Report p values with a lower case p and no space between the brackets ('p=0.01'). If a result is quoted as significant but no p value is given, check whether the data is actually statistically significant or whether something like notable might be more accurate.

Use abbreviations for trial names ('RESUSC-1'). There is no need to write them out in full. Write them in full capital letters: do not capitalise based on what the abbreviation stands for.

Avoid classing people as responders or non-responders when discussing treatment; use 'people whose disease responded' or '...did not respond' instead. In some cases (if, for example, you're describing a lot of data from a complex cancer trial), you may have to use responders and non-responders to avoid long, repetitive sentences.
Method and methodology are not interchangeable. Methodology is a system of methods used in a particular area of study (for example, the Cochrane Review Methodology Database) or the science of methods.

Put a full stop at the end of 'et al.'

Diseases and medical terms

Table 6 Diseases and medical terms

<table>
<thead>
<tr>
<th>Do use</th>
<th>Do not use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhoea</td>
<td>Gonorrhea</td>
</tr>
<tr>
<td>Cytological</td>
<td>Cytologic</td>
</tr>
<tr>
<td>Flu</td>
<td>Influenza</td>
</tr>
<tr>
<td>'Flu</td>
<td></td>
</tr>
<tr>
<td>Leukocyte</td>
<td>Leucocyte</td>
</tr>
<tr>
<td>Hodgkin lymphoma</td>
<td>Hodgkin's lymphoma</td>
</tr>
<tr>
<td>Neurological</td>
<td>Neurologic</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>Thrombocytopaenia</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>Neutropaenia</td>
</tr>
<tr>
<td>Interferon alfa</td>
<td>Interferon alpha</td>
</tr>
<tr>
<td>Hormone-relapsed prostate cancer</td>
<td>Castration-resistant prostate cancer</td>
</tr>
<tr>
<td>Magnesium sulfate</td>
<td>Magnesium sulphate</td>
</tr>
</tbody>
</table>

Drugs and medicines

Use generic names for drugs (as listed in the British national formulary) unless a brand name makes more sense in context (for example, in some information for the public). Use lower case for generic names. Always say generic, not non-branded.

Use medicine if you can. Drugs or medication are fine but if you use drugs make sure that it cannot be misinterpreted to mean illegal drugs.
Medicines are given according to a regimen, not a regime.

Dose or dosage: dose refers to the amount of drug (‘patients had 500 mg paracetamol’ or ‘patients had paracetamol 500 mg’; either format is fine but be consistent). Dosage refers to both the amount and frequency of drug (‘the recommended dosage is 500 mg, 3 times daily’).

Avoid Latin phrases if there are clear English alternatives. If there is no simple English alternative (de novo, vice versa), do not italicise the Latin. Do not use shorthand dosing schedules (‘as needed’ not p.r.n.; ‘3 times daily’ not t.d.s.).
Punctuation, formatting and bullet points

Brackets

Use brackets sparingly. They are fine for adding technical details of trial results, but avoid them if you can for subclauses in sentences. They can be confusing, particularly for people using screenreaders.

Do not put 2 sets of brackets next to each other. Use 1 set of brackets and other punctuation like commas, semi-colons or dashes to separate the text: (23.4 compared with 56.9; p<0.05) instead of (23.4 compared with 56.9) (p<0.05).

For brackets within brackets, use round brackets then square brackets (like this [for example]).

Bold and italics

Do not use bold or italics for emphasis. Use headings and bullet lists instead, and structure your content logically.

Italicise Latin names of bacteria, viruses and fungi (for example, 'test for S. typhimurium'). Do not italicise a virus name when used generically ('people with any hepatitis virus'). For more information see the Centers for Disease Control and Prevention's guide on scientific nomenclature.

Bullet points

Use bullet points to break up large chunks of text and to avoid long lists in sentences. Use the existing bullet style in the template you're using. Do not use a bullet if you only have 1 item. A screenreader will describe it as a bullet list and the user will be expecting more points in the list.

There are 2 bullet styles, for short lists and long lists. For both types, every bullet should follow from the stem.

Short lists should:

- start with a lower case letter
- not have a full stop
• until the last bullet.

For longer lists, treat each bullet as a separate sentence:

• Each bullet should start with a capital letter and end with a full stop.

• You can include as many bullets as necessary in the list.

Quote marks

Use single quotes for everything except direct speech. For example, for unusual words, non-standard use, or phrases or words that have a specific meaning in the context (‘In this guidance, ‘rapidly’ is used to mean within 4 hours’), and for words and phrases that are not in NICE style but cannot be changed (when quoting from a marketing authorisation or a research paper).

Use double quotes to reproduce direct speech (for example in a press release). If the quote is a complete sentence, put it in this format (note the full stop inside the quotation marks):

In the opening speech at the conference, Dr Brown said: "This guidance will help improve services for children."

If the quote is part of a sentence, use this format (note the full stop outside the quote marks):

Dr Smith said the new guidance would lead to "a big improvement in care for many patients".

If you’re quoting a large amount of text, use quote marks at the beginning of each paragraph but do not close them until the end of the quote:

"The need for support at home is something that is likely to affect many of us. As we age, most of us will want to continue living in our own homes, surrounded by a lifetime of memories, for as long as we can."

"Helping a person remain as independent as possible is an important component to maintaining their wellbeing."

If you’re leaving text out, show this using 3 dots (an ellipsis) in square brackets: [...].
Hyphens and en dashes

Use a hyphen if not using one could cause confusion or it looks strange (for example because of doubled vowels except 'oo'):

- 'Associated Press interviews lion hunting dentist'
- reenter
- antiinflammatory.

Antiepileptic, microorganism or antiarrhythmic do not have a hyphen.

Also use hyphens for compound adjectives if it makes them clearer ('a cost-effective treatment' but 'the treatment was cost effective'). But do not hyphenate adjectives that end in -ly ('strictly defined criteria' but 'well-defined criteria'). It's important to put hyphens in the proper place when using compound adjectives; compare pickled-onion seller with pickled onion-seller.

Always hyphenate 'non-'.

Do not hyphenate compound words in common use (healthcare, childcare, crossover, wellbeing, baseline, breastfeeding, birthweight).

Do not hyphenate prefixes like pre, post or peri. Preoperative, postoperative and perioperative are fine but if possible change them to before surgery, after surgery and during surgery.

Try to avoid multiple hyphens in a row, although sometimes this may be needed (non-small-cell lung cancer).

Use an en dash (Ctrl+dash key on the number pad) to show when there's an equal relationship between 2 things, and names formed from 2 people's names. Examples are:

- Dose–effect response, cost–utility analysis, doctor–patient relationship

Do not use an en dash for ranges. Some screenreaders do not read them out. Instead, use 'from ... to' or 'between ... and':

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the ages ranged from 4 to 42 years

he usually went to bed between 10pm and 11pm

95% confidence interval -78 to 87.

Note that it's fine to use an en dash in page ranges in references.
Abbreviations

Avoid abbreviations whenever possible. Do not use the abbreviation if it only appears once, unless it's more commonly used than the full term (see below for examples).

Define each abbreviation the first time you use it in a section. For example, disease-modifying antirheumatic drugs (DMARDs). Define immunoglobulins such as IgA, IgD on first mention as well because screenreaders read the abbreviation out as a word.

Do not use full stops in abbreviations (US, NHS), contractions (Ms, Dr) or initials (Dr HJ Baker).

Many common abbreviations are better known than what they stand for, so they do not need to be defined (in fact, to define them may make things less clear!).

Do not define

- UK
- US
- NHS
- GP
- BNF
- DNA
- MRI
- CT
- AIDS
- HIV
- USB
- UV

This list is not exhaustive. Use common sense and think about what the user is likely to be familiar with.
with.

Use the US to refer to the country, not America or the USA.

Do not use NICE-specific abbreviations (use technology appraisal, guideline committee, appraisal consultation document; not TA, GC, ACD).

Do not use e.g., i.e. or etc. Use for example, such as, that is and so on.
Capital letters

Write headings with a capital letter for only the first word, except for proper nouns.

Use capitals for proper nouns (Down's syndrome, Munchausen's syndrome, Parkinson's disease, Apgar score).

X-ray has a capital X.

Questionnaire titles should have initial capitals. For example, DLQI (Dermatology Life Quality Index).

Capitalise government legislation ('the Care Act 2014'). If the context is clear, refer to legislation as 'the Act' after the first mention.

Titles of projects or campaigns should have initial capitals (Active for Life, No Smoking Day). The Accreditation Mark should also have initial capitals. But use 'national service framework for children, young people and maternity services'.

NICE Pathways is a brand so should be capitalised (see the NICE Pathway on prostate cancer).

Use lower case for everything else, including adjectival forms of proper nouns (caesarean, darwinian, parkinsonian), cross references to figures and tables ('see figure 1') and words that derive from a proper name but that have passed into common use (braille, doppler, gram stain, hoover).

Use a lower case n and p for patient numbers (n=43) and p values (p=0.001).

North, south, east and west are lower case (northern England; birds fly south for the winter) unless they form part of a proper name (West Lambeth).

The government should be lower case unless it's part of the title of a specific body ('Local Government Association'). Use an initial capital when referring to a specific organisation but lower case when speaking generally. For example: 'Local protocols have been developed by trusts. Guy's and St Thomas' NHS Foundation Trust was one of the first'.
Numbers, units and symbols

If you need to write a minus (negative) number, use a hyphen because some screenreaders do not read out the negative symbol. Do not use a non-breaking hyphen because that is not read as a negative either.

Numbers

Use numerals (including for 1 to 9) except when it's part of a common expression and it would look strange ('one of the first'). Use common sense.

Write numbers out in full if they appear at the start of a sentence, but use numerals if they are at the start of a heading or title.

Spell out and hyphenate common fractions, such as one-half.

Spell out first to ninth. Use 10th and so on afterwards.

Avoid long strings of zeros by spelling out millions and billions (£4.2 million not £4,200,000).

Use US billions (1,000 million) not UK billions.

Use a comma for 4-digit numbers and above (4,000, 10,000).

Be consistent when rounding figures: '4.3 compared with 9.0' not '4.3 compared with 9'. Use a 0 when there's no digit before the decimal point (0.7 not .7).

Units

Do not put a space around symbols (p<0.01; -12°C; p=0.012).

Use non-breaking spaces between numbers and units (Ctrl+Shift+Space), except for percentages and temperatures (37°C, 76%).

Use the International System of Units (SI units) except for mmHg for blood pressure and other situations in which non-SI units are standard (for example, ml for millilitres). For some audiences you might want to use imperial measurements, for instance to describe weight. In these cases,
always include the metric equivalent in brackets. Spell out imperial units rather than abbreviating them (inches not ").

You can use kcal for energy, but give values in kJ as well.

Give body mass index values as \( \text{kg/m}^2 \).

Use units people are most familiar with (100 ml rather than 1 dl), and be consistent throughout a document (do not use 100 ml in one place and 0.1 litres in another).

Always spell out:

- litre
- microgram (some programs convert \( \mu \text{g} \) to mg)
- microsecond
- nanogram.

Repeat units in lists and ranges to avoid ambiguity (5%, 15% and 25%; 5 ml to 15 ml).

**Date and time**

For dates, use the format 4 September 2009. The format 4/9/2009 is okay to save space in a table. Use 2007/08 or 2007 to 2008 for ranges of years.

Write time as 1:30pm.

Write out most units of time in full (30 seconds, 24 hours, 5 years). You can abbreviate ms (millisecond) and more complex units of time (such as 5 m/s [metres per second]). You might want to spell out other units depending on your audience. For example, if you're writing for the public, milligrams might be more understandable than mg.

Use 'a', not per or slashes wherever possible with units ('30 mg a day', 'pulse below 50 beats a minute').

Use weeks of pregnancy. That is, do not use weeks plus days unless there is a legal reason to do so. For example: 'Risk factors include postnatal corticosteroids given to babies born before 32 weeks of pregnancy not 'before 32+0 weeks' or 'before 32+0 weeks'. If there is a legal reason to use days,
do not use superscript or the + symbol, but say 'before 9 weeks plus 6 days'. Do not say weeks of gestation.

**Symbols**

Do not use <, >, ≤, ≥, × (multiply) and = in text except for expressing p values and other measures of significance. You can use them in tables if space is tight. When 'translating' symbols in text, use plain English. For example, say X or more rather than equal to or greater than X.

Only use an ampersand (&) if it forms part of a company name (Johnson & Johnson). A&E is fine but emergency department is usually clearer.

Do not use ™ or ® marks after brand names.

Avoid using forward slashes. Do not use and/or: use just 'or', or 'X or Y, or both'.

Use alpha or alfa, not α (TNF-alpha inhibitor; interferon alfa).
Tables

Keep tables simple with a clear structure.

Make sure a screenreader will not have problems navigating the table. Using the tab key on your keyboard you should be able to smoothly tab through the table from cell to cell, starting in the top left cell and ending in the bottom right cell.

Do not use split or merged cells or nested tables (a table within a table).

If your table is complex, check with the digital publishing team. They can do a test version to show how it will look on the website.

Alt text

Use alt (alternative) text in table properties in Word to add description to tables. Right click on the table and select 'properties' and 'alt text'. Alt text means someone using a screenreader can quickly understand what the table is showing and skip it if they want to.

Alt text should describe what the table is showing. We've given some suggested wording in the examples section.

Formatting

Use the table styles in the NICE template you are using.

Use numerals and align numbers to the right. Add an en dash if you do not have any data in a cell, rather than leaving the cell blank.

Use a header row and set it to repeat across pages if you're creating a document. In table properties, ensure that 'allow rows to break across pages' is unchecked.

Do not use shading or dotted lines to define sections within a table.

Abbreviations and footnotes

Define all abbreviations used in the table underneath the table, unless the abbreviation has been
used many times in the text (for example, HCV in hepatitis C guidance). See table 8 for an example.

Do not use footnotes to explain exceptions or highlight particular aspects, but instead explain underneath the table, as in table 7.

Examples

Table 7 Number of people with adverse effects on day 14 of the study
(Alt text: The number of people treated with placebo, Y, or X and Y who had nausea, local irritation, or who left the study because of adverse effects.)

<table>
<thead>
<tr>
<th>Group (200 people in each group)</th>
<th>Number of people with nausea</th>
<th>Number of people with local irritation</th>
<th>Number of people who left the study because of adverse effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>14</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Treated with Y only</td>
<td>105</td>
<td>23</td>
<td>56</td>
</tr>
<tr>
<td>Treated with X and Y</td>
<td>127</td>
<td>28</td>
<td>101</td>
</tr>
</tbody>
</table>

One other person reported local irritation in the placebo group but there was no evidence on examination.

Table 8 Costs for FearFighter compared with current treatments for panic and specific phobia
(Alt text: The existing treatment costs, cost using Fearfighter, and the difference between the 2 for people treated with antidepressant medication, CBT, brief CBT and bibliotherapy.)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Existing cost per treatment course per person</th>
<th>Cost using FearFighter per treatment course per person</th>
<th>Cost or saving per treatment course per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressant medication (weighted average cost based on 6 months of SSRIs and tricyclic antidepressants)</td>
<td>£183</td>
<td>£48</td>
<td>£135 saved</td>
</tr>
<tr>
<td>CBT (7 to 14 hours)</td>
<td>£560</td>
<td>£48</td>
<td>£512 saved</td>
</tr>
<tr>
<td>Treatment</td>
<td>Existing cost per treatment course per person</td>
<td>Cost using FearFighter per treatment course per person</td>
<td>Cost or saving per treatment course per person</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Brief CBT (7 hours) with structured self-help materials</td>
<td>£126</td>
<td>£48</td>
<td>£78 saved</td>
</tr>
<tr>
<td>Bibliotherapy (reading material) based on CBT principles</td>
<td>£10</td>
<td>£48</td>
<td>£38 cost</td>
</tr>
</tbody>
</table>

Table abbreviations: CBT, cognitive behavioural therapy; SSRI, selective serotonin reuptake inhibitor.

Table 9 Cost of sternal closure using various Sternal Talon configurations
(Alt text: The minimum and maximum cost of using different types of Sternal Talon configurations and descriptions of the studies the costs came from.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost (min to max)</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 single Sternal Talons</td>
<td>£1,437.84 to £1,760.37</td>
<td>Included studies present 3 Sternal Talons as the most common configuration (60% to 80% of procedures)</td>
</tr>
<tr>
<td>3 double Sternal Talons</td>
<td>£1,908.21 to £2,069.52</td>
<td>-</td>
</tr>
<tr>
<td>2 double Sternal Talons, 1 single Sternal Talon (no wires)</td>
<td>£1,751.42 to £1,966.47</td>
<td>Configuration used in Levin 2010 study, without support wires</td>
</tr>
<tr>
<td>2 double Sternal Talons, 1 single Sternal Talon (with 3 wires)</td>
<td>£1,764.08 to £1,979.13</td>
<td>Configuration used in Levin 2010 study, with 3 wires; the maximum stated in their methods</td>
</tr>
</tbody>
</table>
Charts and images

Make sure charts and images are accessible by either adding alt text or providing the content as text as well.

Charts

Label charts clearly. Explain the main point the chart is showing in the text because charts cannot be given alt text (unless inserted as an image).

Do not use colour as the only way to communicate information in the chart. Use a mixture of colour and pattern to define areas of the chart or label the bars of a bar chart.

Images

Only use images if that's the best way to communicate what you need. Do not use images just for decoration.

All non-text elements, such as images, need alt text. The alt text should describe what the image is communicating, it should not just be a literal description of the image.
Hyperlinks, footnotes and glossaries

Use hyperlinks to define or explain terms, for cross references in a document, and for links to external documents.

Use them in preference to footnotes, including for references and citations.

Hyperlinks

Do not say click here or see here. Include enough information in the link for users to understand what it is and where it goes. Make sure the words in the link match the destination.

Screenreaders may read out links separately from the rest of the text, so it's important that they make sense out of context.

When hyperlinking:

- follow the examples in the template, if there are any
- use the fewest words needed to be clear
- you do not have to include the full title of the reference in the hyperlinked text, as long as it's clear where the user is going and why they might want to go there (for example you might want to include the name of the organisation that produced the document)
- do not capitalise each word in the hyperlinked text
- do not put quote marks around the link.

Internal links

If it's an internal link to a place in the same guideline, pathway or document, use the section name or subhead in the link wording, for example: Also see the section on preoperative rehabilitation or See the update information.

External links

If it's a link to a different guideline, pathway or document, make it clear the reader is going to be taken somewhere else by naming the organisation, and make it clear what they'll find when they get
there, for example: see the section on preoperative rehabilitation in the NICE guideline on joint replacement or see NICE's topic page on anxiety or see the NICE Pathway on joint replacement.

If you're linking to more than 1 web page from the same organisation, you only need to include the organisation in the first link, for example: See the NICE guidelines on generalised anxiety disorder and panic disorder in adults and social anxiety disorder.

If you're linking to more than 1 web page from different organisations, you need to include the organisation name in each link, for example: See all NICE's guidance on stable angina and the Department of Health's reference guide to consent for examination or treatment.

Footnotes

Do not use footnotes. They do not work with screenreaders and when published online can end up very far away from the content they're referring to. Readers risk missing important information.

If the information is important, explain it in the text. For longer notes, use a hyperlink to link to separate content. If the information is not important, do not include it.

Glossaries

If you have to define only a few terms or if a term is used only once, include the definition in the text.

If there are lots of terms that may be unfamiliar to readers, you may use a glossary. Check if a word appears in the NICE glossary first, and link to that instead if it does.

Link to the glossary the first time a word appears in each section, not every time.
Referencing and citations

Most NICE products do not have reference lists. Use hyperlinks for web-based sources. If there is not a web version, give people enough detail to find the reference.

In documents that do have a reference list, follow the examples in this section.

Do not edit the titles of papers.

Do not put a full stop at the end of the reference.

Reference examples: journals and books

Journal article


Conference abstract (in a journal)


Books, reports


Chapter or article from a book or report with editors


Reference examples: others

Acts


Cochrane review


Conference abstract (in conference proceedings)


Conference poster


Court case

A and others v the National Blood Authority and others (2001) EWHC QB 446

Rottman v MPC (2002) HRLR 32
Guideline from another organisation


Health Technology Assessment


Newspaper citation

Timmins N (2009) NHS managers' skill levels criticised by MPs. The Financial Times, 13 January, p2

Speeches


Websites


Citations

When citing in the text and not hyperlinking (in documents that have a reference list), use the Harvard style of referencing (author date).

Direct and indirect citation:

- Harrison (2012) argues that there are 7 main principles.
- There are 7 main principles that need to be considered (Harrison 2012).

Two authors:

- Percy and Wright (2006) show how health inequalities vary between populations.
Health inequalities are known to vary between populations (Percy and Wright 2006).

More than 2 authors:

- This effect has been reported in the community (Emson, Smith et al. 2009).
- Emson et al. (2009) were the first to report this effect in the community.

If citing more than 1 paper, order them alphabetically based on the first author’s surname:

- There are 3 specific areas of organisational development (Davies and Franks 2008, Green 2006, Johnston et al. 2007, 2009).

If citing more than 1 paper by the same author with the same publication date, letter in the order that they appear in the text and mirror this in the reference list:

- (Brown et al. 2007a, 2007b).

Do not include papers that have been submitted but not yet accepted for publication in reference lists. But you can cite them in the text. For example: (Peters CD, Franks JL: unpublished data 2007) or (Johnston EG: personal communication 2008). If you want to cite a personal communication you’ll need to get written permission from the person being quoted.

When citing NICE publications, hyperlink the title to the product overview page and be specific about the type of guidance. Do not use capital letters in the title:

- As recommended in NICE’s sepsis guideline.
- The committee considered NICE’s technology appraisal guidance on apremilast for active psoriatic arthritis.
- (See also NICE’s quality standard on diabetes in children and young people.)
- NICE has also produced a medtech innovation briefing on Mobi-C for cervical disc replacement.

You do not always need to use the full title. If we only have 1 piece of guidance on a topic, it’s fine to be more concise. For instance, our guideline on headaches in over 12s: diagnosis and management is the only guidance we have on headaches in this age group. So, we would say: NICE’s guideline on headaches in over 12s was published in September 2012.
But remember not to use too many links; just enough to make it easy for the reader to navigate. See also [hyperlinks in this guide](#).
Update information

December 2019: We updated this guide to help NICE work towards the new accessibility regulations. Updates include:

- advice not to use negative contractions or footnotes
- how to express phases in clinical trials, minus numbers and time
- how to make sure your tables, charts and images, and hyperlinks are accessible.

Minor changes since publication

November 2021: We updated this guide with advice on how to talk about obesity and made some changes to our family background section to align with gov.uk. We also updated the advice on how to talk about skin colour.

June 2021: We updated this guide with advice on how to talk about data.

February 2021: We updated this guide with advice on how to talk about someone's family background.

April 2020: We updated this guide with advice on how to talk about disfigurements.

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