NICE style guide

Corporate document
Published: 25 January 2016
nice.org.uk/corporate/ecd1

© NICE 2018. All rights reserved. Subject to Notice of rights (https://www.nice.org.uk/terms-and-conditions#notice-of-rights).
# Contents

Using this guide .................................................................................................................................................. 4  
Talking about NICE ........................................................................................................................................ 5  
Talking about people ......................................................................................................................................... 6  
  - Deaf and blind........................................................................................................................................... 7  
  - Age ........................................................................................................................................................ 7  
  - Faith....................................................................................................................................................... 8  
  - Family origin........................................................................................................................................... 8  
  - Gender................................................................................................................................................... 8  
  - Healthcare professionals........................................................................................................................ 9  
  - Other terms.............................................................................................................................................. 9  
Spelling and choosing the right word .................................................................................................................. 10  
  - Spelling................................................................................................................................................. 10  
  - Contractions......................................................................................................................................... 10  
  - Choosing the right word.......................................................................................................................... 11  
Scientific and medical terms .............................................................................................................................. 13  
  - Clinical trials....................................................................................................................................... 13  
  - Diseases and medical terms.................................................................................................................... 14  
  - Drugs and medicines............................................................................................................................... 14  
Punctuation and bullet points ............................................................................................................................ 16  
  - Brackets.................................................................................................................................................. 16  
  - Bullet points.......................................................................................................................................... 16  
  - Quote marks............................................................................................................................................ 16  
Hyphens and en dashes ..................................................................................................................................... 18  
Abbreviations .................................................................................................................................................. 20  
Capital letters .................................................................................................................................................. 22  
Units and symbols ........................................................................................................................................... 23  
  - Units...................................................................................................................................................... 23
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symbols</td>
<td>24</td>
</tr>
<tr>
<td>Numbers and tables</td>
<td>25</td>
</tr>
<tr>
<td>Tables</td>
<td>25</td>
</tr>
<tr>
<td>Hyperlinks, footnotes and glossaries</td>
<td>28</td>
</tr>
<tr>
<td>Hyperlinks</td>
<td>28</td>
</tr>
<tr>
<td>Footnotes</td>
<td>29</td>
</tr>
<tr>
<td>Glossaries</td>
<td>30</td>
</tr>
<tr>
<td>Referencing and citations</td>
<td>31</td>
</tr>
<tr>
<td>Reference examples: journals and books</td>
<td>31</td>
</tr>
<tr>
<td>Reference examples: others</td>
<td>32</td>
</tr>
<tr>
<td>Citations</td>
<td>33</td>
</tr>
</tbody>
</table>
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.
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 can't 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).

Individual NICE pathways should be lower case (‘see the NICE pathway on prostate cancer’).

There is no apostrophe in the Citizens Council or the Partners Council.
Talking about people

Use person-centred language. Be respectful, empathetic and inclusive. Person-centred language reflects good manners and sensitivity, not political correctness.

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 don't suffer from them.

There are some important exceptions. See table 1 and gov.uk's inclusive language: words to use and avoid when writing about disability.

Table 1 Talking about people: dos and don'ts

<table>
<thead>
<tr>
<th>Do use</th>
<th>Don't 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 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>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>
</tbody>
</table>
The disease did not respond to treatment

When monitoring the disease

The patient did not respond to treatment

When monitoring the patient

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 doesn't).

Don't use the age of... or ...years of age. Saying X-year olds or over Xs is fine as long as it's accurate.

Don't 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 or infants: 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 don't try to list every possible faith group that shares a particular belief.

**Family origin**

Use family origin not race. Try to avoid using skin colour as a catch-all. It is fine to use white or black but be more specific if you can ('people of south-east Asian family origin'; ‘people of African family origin').

Use ethnicity generally ('there is no link between mental health problems and ethnicity') but avoid labelling people based on their ethnicity.

Don't use BME or BAME. Use black, Asian and minority ethnic groups to describe people in the UK who are not part of the white majority.

Don't use Caucasian.

Use Gypsies, Roma and Travellers to cover Romany gypsies and Irish travellers, among others.

**Gender**

Use gender-neutral words whenever possible. Use them, their, they and so on. People may be more accurate and inclusive than gender-specific terms in some cases.

If you need to specify sex (for example, when reporting patient groups in clinical trials, or when talking about disease epidemiology) use men and women, not males and females.

Use sexual orientation not sexuality. Do not confuse sexual orientation with gender identity.
Trans is an umbrella term that refers to people whose gender identity or expression differs from their birth sex.

**Healthcare professionals**

Try not to use clinician. Healthcare professional is preferable if you want to specify a qualified professional, or healthcare worker for more general use.

**Other terms**

**Table 2 Social and care terms: dos and don'ts**

<table>
<thead>
<tr>
<th>Do use</th>
<th>Don't use</th>
</tr>
</thead>
<tbody>
<tr>
<td>End-of-life care</td>
<td>Palliative care</td>
</tr>
<tr>
<td></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</td>
<td>People who are neglected</td>
</tr>
<tr>
<td>[but be more specific if you can]</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 the [Care and Support Jargon Buster](https://www.nice.org.uk/care-and-support-jargon-buster) put together by Think Local Act Personal 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 3 for some important examples and exceptions.

**Table 3 UK spelling: dos and don’ts**

<table>
<thead>
<tr>
<th>Do use</th>
<th>Don’t 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>Naïve</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**

Use common contractions sparingly (didn’t, won’t, it’s). Avoid unusual or convoluted contractions (would’ve, should’ve, mustn’t) because they can be harder to read.

Don’t use contractions in recommendations or in any content for people with learning disabilities.
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 4 Choosing the right word: dos and don'ts

<table>
<thead>
<tr>
<th>Do use</th>
<th>Don't 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 can't 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](https://www.nice.org.uk/terms-and-conditions#notice-of-rights).
Scientific and medical terms

Clinical trials

Don't 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 should be considered plural when writing about evidence for NICE guidelines or advice (‘These data indicate’, ‘these data were’). But in wider use, data is generally considered a mass noun (like information). So if you’re writing for a more general audience, like in a press release or information for the public, it’s fine for data to be singular (‘Sometimes anonymised data is used for research purposes’).

Use phase I, II, III or IV (that is, roman numerals and a lower case p) when describing phases in clinical trials.

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 are 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: don’t 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 5 Diseases and medical terms: dos and don’ts**

<table>
<thead>
<tr>
<th>Do use</th>
<th>Don't 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></td>
<td>'Flu</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 can't 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), don't italicise the Latin. Don't use shorthand dosing schedules ('as needed' not p.r.n.; '3 times daily' not t.d.s.).

**Italicise Latin names of bacteria and fungi.** Italicise virus species, genus and family when used taxonomically ('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](https://www.cdc.gov/ncidod/dvrd/div5/nametaxonomy.htm).

© NICE 2018. All rights reserved. Subject to Notice of rights (https://www.nice.org.uk/terms-and-conditions#notice-of-rights).
Punctuation 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 screen readers.

Don't 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]).

**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.

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 can’t 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 don't 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 ‘[…]:’
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.

Use hyphens for compound adjectives (‘a cost-effective treatment’ but ‘the treatment was cost effective’). But don’t 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-'.

Don’t hyphenate compound words in common use (healthcare, childcare, crossover, wellbeing, baseline, breastfeeding, birthweight).

Don’t hyphenate prefixes like pre, post or per. 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

Don’t use an en dash for ranges. Some screen readers don’t read them out. Instead, use ‘from ... to’ or ‘between ... and’:

- 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.

Don't use a hyphen when you need a minus sign. See symbols.
Abbreviations

Avoid abbreviations whenever possible. Don't 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).

Don't 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 don't need to be defined (in fact, to define them may make things less clear!).

Don't define:

- UK
- US
- NHS
- GP
- BMI
- DNA
- MRI
- CT
- AIDS
- HIV
- USB
- UV
- IgA, IgD, IgG and IgM.

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

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

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

Don't 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'.

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'.
Units and symbols

Units

Don't 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 (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 ”). International System of Units

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

Give BMI values as kg/m².

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

Always spell out:

- litre
- microgram (some programs convert µg to mg)
- microsecond
- nanogram.

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 out most units of time in full (30 seconds, 24 hours, 5 years). But 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').

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

**Symbols**

Don't 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.

If you need a minus, use the proper symbol, not a hyphen. Use the 'symbols' section of the 'insert' tab in Microsoft Word. Go to 'More symbols' – you will find the minus sign in 'Mathematical operators'.

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

Don't use ™ or ® marks after brand names.

**Avoid using forward slashes**. Don't use and/or: use just 'or', or 'X or Y, or both'.

**Use alpha or alfa, not α** (TNF-alpha inhibitor; interferon alfa).
**Numbers and tables**

**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).

**Tables**

**Use the table styles in the NICE template you are using.** Always use numerals and align numbers to the right.

**Add an en dash if you don't have any data in a cell**, rather than leaving the cell blank.

**Don't use shading.**

**Define all abbreviations used in the table in the bottom row**, unless the abbreviation has been used many times in the text (for example, HCV in hepatitis C guidance).

Here are some examples:

**Table 6 Number of people with adverse effects on day 14 of the study**
<table>
<thead>
<tr>
<th>Group</th>
<th>Number of people with adverse effect</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>12²</td>
</tr>
<tr>
<td>Treated with Y only</td>
<td>105</td>
<td>23</td>
</tr>
<tr>
<td>Treated with X and Y</td>
<td>127</td>
<td>28</td>
</tr>
</tbody>
</table>

¹ There were 200 people in each group.
² Another person reported this but there was no evidence on examination.

**Table 7 Costs for FearFighter compared with current treatments for panic and specific phobia**

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

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

**Table 8 Cost of sternal closure using various Sternal Talon configurations**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost (min/max)</th>
<th>Additional information</th>
</tr>
</thead>
</table>

© NICE 2018. All rights reserved. Subject to Notice of rights (https://www.nice.org.uk/terms-and-conditions#notice-of-rights).
<table>
<thead>
<tr>
<th>Configuration</th>
<th>Cost Range</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 single Sternal Talons</td>
<td>£1,437.84 to</td>
<td>Included studies present 3 Sternal Talons as the most common</td>
</tr>
<tr>
<td></td>
<td>£1,760.37</td>
<td>configuration (60% to 80% of procedures)</td>
</tr>
<tr>
<td>3 double Sternal Talons</td>
<td>£1,908.21 to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>£2,069.52</td>
<td></td>
</tr>
<tr>
<td>2 double Sternal Talons,</td>
<td>£1,751.42 to</td>
<td>Configuration used in Levin 2010 study, without support wires</td>
</tr>
<tr>
<td>1 single Sternal Talon (no wires)</td>
<td>£1,966.47</td>
<td></td>
</tr>
<tr>
<td>2 double Sternal Talons,</td>
<td>£1,764.08 to</td>
<td>Configuration used in Levin 2010 study, with 3 wires; the maximum</td>
</tr>
<tr>
<td>1 single Sternal Talon (with 3</td>
<td>£1,979.13</td>
<td>stated in their methods</td>
</tr>
<tr>
<td>wires)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Hyperlinks, footnotes and glossaries

Hyperlinks

Remember you’re writing for the web. Use hyperlinks to define or explain terms, for cross references and for links to external documents – make sure you make it clear to the reader what they are linking to.

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

When hyperlinking to a document:

- follow the examples in the template, if there are any
- don’t include the full title in the hyperlinked text unless this is the simplest way to show people where the link will take them
- you can include the name of the organisation that produced the document, if this is helpful and doesn’t look odd
- don’t capitalise each word in the hyperlinked text.

Some examples:

- NICE has produced information for the public on this procedure.
- Healthcare professionals should follow the Department of Health's advice on consent.
- Offer information after diagnosis as recommended in the relevant disease management guidelines. For example see the recommendations on early management of unstable angina and NSTEMI in this pathway.
- See the NICE guideline on metastatic spinal cord compression.
- These recommendations are from NICE technology appraisal guidance on lubiprostone for chronic idiopathic constipation.
- There is also evidence that most people who ask a healthcare professional for antibiotics to treat a cough are given them (Coenen et al. Antibiotic prescribing for acute cough: the effect of perceived patient demand 2006).
- For more information, see NICE’s quality standard on dementia.
• For more information, see NICE's costing statement on implementing the NICE guideline on acute heart failure.

See referencing and citations for more examples of linking to NICE publications.

Embed hyperlinks within as few words as needed to be clear.

Don't put quotation marks around embedded hyperlinks.

Don't hyperlink the word 'here': it's not clear what the link goes to and can often be overlooked.

Hyperlinking to external websites

Hyperlink the website or document title and include where it's from (so it's clear readers are leaving our site).

Whenever possible, only link to website 'landing pages' and not to PDFs or other documents directly. These can often move, meaning that the link may not work after publication.

Hyperlinking within the NICE website

When hyperlinking to NICE guidance, link to the overview (landing) page for that guidance.

If referring to specific recommendations in NICE guidance, don't refer to the recommendations by number. The numbering could change if the guidance is updated. Instead describe what the recommendations are about (see the example above on unstable angina and NSTEMI). Note that hyperlinks can only be made to headings, not to individual recommendations.

Add cross references within NICE guidance to other sections only if they would appear on a separate webpage. For example, from section 4, you could add a cross reference to section 3: (see section 3.2).

Footnotes

Avoid footnotes if possible. If you have to use them, for example for off-label prescribing in clinical guidelines or for references that aren't available online, use the 'insert footnote' function in Microsoft Word.

Keep detail to a minimum but include enough for the reader to find the reference themselves. For
example: 'Health Protection Agency (2009) *Clostridium difficile*: how to address the problem'. Don't include the publishers or the publisher's location, but do include journal names for journal articles.

Don't use footnotes in headings.

**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 don’t have reference lists – use hyperlinks for web-based sources, or footnotes if there isn’t a web version.

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

Don’t edit the titles of papers.

Don’t put a full stop at the end of the reference.

Reference examples: journals and books


Reference examples: others


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

Rottman v MPC (2002) HRLR 32


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


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).

Don’t 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. Don’t use capital letters in the title:
• As recommended in NICE's guidance on sepsis.

• The committee considered the NICE technology appraisal guidance on apremilast for active psoriatic arthritis.

• (See also the NICE 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 don't 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:

• The NICE 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.