

IASP World Congress on Pain Submission Style Guide

Titles of Proposals

- A proposal must have a short, specific, descriptive title (containing no abbreviations) that indicates the nature of the session.
- Maximum of 200 characters, with spaces.
- All titles should be written in title case. Capitalize all proper nouns. Use lower case for the first letter of articles, prepositions, and conjunctions of three or fewer letters.
 - e.g. Neurophysiological Methods in the Assessment of Neuropathic Pain in Humans
- Spell out numerals in titles.
- Spell out abbreviations in titles.

Speaker Information

- Full names, degrees, and affiliations of speaker(s) should be submitted.
- Use third person tense in speaker biographies.

Session Descriptions

- Describe the relevance of the content to the attendee/learner. This text will be displayed on the Congress website, mobile app, marketing and promotional material, etc.
- Maximum of 200 words.
- Use third person tense in session descriptions, e.g.,
 - This workshop encourages...
 - The presenters explore...
 - The panelists begin by...

Learning Objectives

Provide 3 educational objectives that are clear, measurable, and achievable. They should describe objectives, applications, and implications of the session.

- 1) Complete the sentence, 'Upon completion of this session, attendees will...' Use action words to begin this educational objective, such as list, describe, define, demonstrate, conduct, etc.

General Style Rules

Session descriptions and speaker biographies, when used in marketing and printed materials, will be copyedited according to American English (not British English) guidelines.

Spacing

- Include a single space after words, sentences, and periods following initials of names.

Acronyms and Abbreviations

- Spell out acronyms and abbreviations, followed by the abbreviation in parentheses, for the first mention.

Punctuation

- Use punctuation before ending quotation marks, before reference citations, and outside of parentheses.
- Serial (Oxford) commas should be used with 3 or more items (e.g., I am reading PAIN, PAIN Reports, and Pain Research Forum).
- Use "hyphens" inside parentheses and tables (e.g., 31-92 years).
- Use quotation marks to enclose material that is taken directly from another source.
- Use quotation marks to set off an uncommon term or one that is being used out of its normal context.
- Use ellipses to show omission of material from a direct quote.

Number Style

- Please use Arabic numerals. Numbers are only spelled out if they begin a sentence, title, subtitle, or heading, or used in common fractions.

Time and Date Format

- Please use European date style (Day Month Year).
 - Day – use numeral
 - Month – spell out

- Year – use numeral

Ordinals

- Below 10: Spell Out:
 - First
 - Second
 - Ninth
- Above 9: Numeral:
 - 10th
 - 21st
 - 22nd
- When grouped with ordinals greater than the ninth, use numerals:
 - The 1st and 12th patients

Common Spellings and Hyphenations

If the first letter of a hyphenated, compound word is capitalized, the first letter after the hyphen should also be capitalized.

Use hyphens for the following:

- Units (e.g., 3-cm diameter tube)
- Adjectives (e.g., B-cell helper, double-blind study)
- Compound adjectives preceding the word being defined (e.g., low-grade fever)
- Prefixes preceding a proper noun, capitalized word, number (e.g., post-2005 ruling)
- The following prefixes and suffixes:
 - All-, self-, ex-, cross-, quasi-, -type, -elect, -designate (eg, self-respect, Hodgkin-type lymphoma, chair-elect)

The word list below standardizes several common terms for consistency.

α-ω

- A fiber, Aβ fiber, Aδ fiber; A-fiber-mediated (hyphenate in adjectival phrase)
- α₂ adrenoceptors (spell out alpha-2 in headings) (not adrenoceptor)
- α₂-adrenoceptor agonist (hyphenate in adjectival phase)

A

- ACTH: adrenocorticotrophic hormone (-tropic, not -trophic)
- algometer (a device to test pressure pain sensitivity)
- AMPA; α-amino-3-hydroxy-5-methyl-4-isoxazole propionate
- analgesiometer (a device to test degree of analgesia in experimental pain studies)

- Antinociceptive

B

- b.i.d. "bis in die", meaning twice a day
- B12 (vitamin, subscript numbers)
- β 1 subunit (re. sodium channel)
- β -endorphin
- biological (not biologic)

C

- C-afferent fiber; C afferent
- carrageenan
- CCK = cholecystokinin (CCKA, CCKB)
- C fiber (noun); C-fiber-evoked (adjective)
- c-fos, c-Fos (capital F for humans, lowercase for other species; all italic; immediate early gene; not italic when talking about the protein, not the gene: "c-fos protein")
- CGRP = calcitonin gene-related peptide
- CNS = central nervous system
- cold-water swim; cold-pressor task
- COX-1 = cyclooxygenase-1 (also COX-2)
- CRF = corticotropin-releasing factor
- CRPS-I = CRPS type I (complex regional pain syndrome type I, formerly reflex sympathetic dystrophy)
- CRPS-II = CRPS type II (formerly causalgia)
- cross-cultural
- CT scan = computed tomography scan (the "a" in CAT stands for axial, but American College of Radiology style is CT scan as of 1992)

D

- dextro- use small cap D, eg, D-naloxone [also (+)-naloxone] and use small cap L for levo, eg, levo-naloxone = L-naloxone [also (-)-naloxone]
- disk (not disc)
- distension (not distention; both in dictionary but we use distension)
- downregulation
- DRG = dorsal root ganglion or ganglia (plural is DRG, not DRGs)
- dynorphin A(2–17)

E

- ED50 = median effective dose (must define at first use)
- EEG, ECG (OK to use without spelling out at first occurrence)
- effect size (difference between 2 conditions, divided by the standard deviation; used as an indicator of whether the difference between treatments is clinically significant)

- ELISA = enzyme-linked immunospecific assay
- “et al.” is acceptable in running text; “Smith and colleagues” or “Smith’s team” can be used if study is subject of large section of text

F

- F response (antidromic excitation of motor neurons)
- foreleg
- forepaw

G

- GABA = γ -aminobutyric acid; GABAergic; GABAA, GABAB
- gate control theory (not capitalized)
- G protein; G-protein-coupled (adj.) (G protein = guanine nucleotide-binding protein, but usually no need to spell out); Gi, Go proteins (subtypes)

H

- 5-HT (serotonin); receptor types subscripted, eg, 5-HT_{1D}
- Healthcare provider, healthcare system (one word)
- high-risk (adj.)
- hind leg
- hind paw
- hot-plate test

I

- ICC = intraclass correlation coefficient

J_K

- keyword (one word); also text word (MEDLINE search)

L

- lamina I (plural laminae I, II), etc.
- L1, L2, S1, S2, etc. (vertebrae) (numbers not subscripted)
- long-term (for adjectives)
- low back pain (LBP) (patients with low back pain pref. to low back pain patients)
- LTM receptor = low-threshold mechanoreceptor
- LTP = long-term potentiation

M

- μ -opioid receptor, μ receptor, μ -receptor-mediated (adj.)
- MEDLINE (Always ALL cap)
- MeSH
- methodological (but try to use “methods” instead of “methodologies”)
- mL (milliliter; use cap L)
- mRNA = messenger RNA (do not spell out ever)

N

- nerves: use roman numerals for cranial nerves (Vth)
- neurokinin-1, NK1
- NMDA = N-methyl-D-aspartate
- nonopioid
- norepinephrine (not noradrenalin[e])
- N-terminus = the amino (NH₂) end of a polypeptide chain
- nucleus raphe dorsalis (NRD)
- nucleus raphe magnus (NRM)

O

- OFQ = orphanin FQ (FQ is never spelled out) (often termed nociceptin/OFQ)
- ORL1 = opioid-receptor-like 1

P

- P (cap., italic) for probability ($P = 0.001$) P values are used to reject the null hypothesis (statistically significant; an effect was detected) at a set cut-off (usually <0.05) or fail to reject the null hypothesis (nonsignificant; no effect).
- P2X3 (purinergic receptor subtype)
- PCA = patient-controlled analgesia
- PDN = painful diabetic neuropathy
- periaqueductal gray (PAG)
- phases of clinical study, see AMA p. 566 (arabic numerals):
- Phase 1 = testing in small group of volunteers, often called “dose-ranging” studies
- Phase 2 = case series or small RCTs in volunteers or patients (small numbers)
- Phase 3 = multicenter RCTs in patients (large numbers)
- Phase 4 = postmarketing surveillance
- PNS = peripheral nervous system
- postherpetic; PHN = postherpetic neuralgia

- PsychINFO, PubMed

R

- rCBF = regional cerebral blood flow
- RCT = randomized controlled trial (abbreviate when phrase used more than twice)
- RT-PCR = reverse transcription polymerase chain reaction

S

- S1, S2 primary and secondary somatosensory cortex
- SD = standard deviation (do not spell out)
- SE = standard error (do not spell out)
- SEM = standard error of the mean (do not spell out)
- serotonergic (not serotoninerpic)
- side effects; side-effect profile
- SMP = sympathetically maintained pain
- SNL = spinal nerve ligation (not spinal nerve LESION)
- SNS = sympathetic nervous system
- stimulus-evoked (adj.)
- substance P (sometimes abbreviated SP)
- Sprague-Dawley rats
- sudomotor activity (means activity of the sweat glands)

T

- tail-flick test
- T cell; T-cell-mediated
- TRPV1, also known as capsaicin receptor, formerly vanilloid receptor-1 (VR1)
- TTX tetrodotoxin; TTX-s (sensitive), TTX-i (insensitive), TTX-r (resistant)

U

- United States (noun), U.S. (adj.) (USA only in tables and addresses)
- upregulation
- UV = ultraviolet

V

- venipuncture (not venepuncture, which is alternative spelling; spell check recognizes both)

- visual analogue scale (VAS)

W

- website (one word)
- wide-dynamic-range (adj.) (WDR)
- wind-up (well-known term; no need for quotation marks) Style for Route of Medication Administration

Note: Spell out at first use in text, or in footnote in tables; spell out if first word in sentence

i.c.v. intracerebroventricular(ly)

i.m. intramuscular(ly)

i.p. intraperitoneal(ly)

i.t. intrathecal(ly)

i.v. intravenous(ly)

o.s.m. oral submucosal(ly)

p.o. per os (oral[ly])

r.t.m. rectal submucosal(ly)

s.c. subcutaneous(ly)

s.l.g. sublingual(ly)

t.d. transdermal(ly)