How to write a good title

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EDITORIAL

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In our recently published survey, we reported that only 12 of 50 (24%) randomised controlled trials (RCTs) published in the European Journal of Anaesthesiology (EJA) in 2010 identified their design as ‘randomised’ in the title, although item 1a of the CONSORT Statement clearly encourages authors to do so (http://www.consort-statement.org/consort-statement/title-and-abstract/). Because this is too often ignored in articles published in the journal, we thought it might be useful to highlight what should be in a title and why it is important to write a good title.

The title is the most visible part of an article. It is the part that will be read most frequently and sometimes it remains the only part of an article that will be read at all. A good title catches attention and incites readers to read more. Writing a good title is difficult; it takes time and imagination.

Ideally, a good title should be brief and concise. However, a title should also be complete and give a good description of the content of the article. It should include information regarding the main research question, the population studied and the context of the research. It should not be too long, too vague or too difficult to understand, and it must not contain jargon or abbreviations. The main concept of the article should be placed near the beginning of the title and the study design should be identified. Identification of the study design is crucial. It enables electronic searches for a specific type of evidence; a reader may then quickly judge whether the article is relevant.

For example, if a reader is specifically looking for a RCT, for instance: a randomised trial. This indicative title is 13 words long. It informs us that the article is about the association between ketamine and analgesia (research question) in children (study population). We infer from the words ‘perioperative’ and ‘postoperative’ that the context in which ketamine has been tested has to do with surgery, but it remains unclear what type of surgery was concerned. We do not know if ketamine was found to be effective or not, and the title does not give any indication regarding the study design; it could be a narrative review, a meta-analysis, a RCT or a retrospective survey.

At a closer look, it becomes clear that the trial is a RCT including children between 6 months and 6 years of age, that surgery was essentially urology and that ketamine failed to improve analgesia. The title could, therefore, be improved to become more informative, for instance:

Low-dose ketamine fails to improve analgesia following urological surgery in children below 6 years of age. A randomised trial.

Thus, with only five additional words, we have now specified the study design, study population, setting of the intervention and result of the study.

Example 2: Multimodal analgesia with gabapentin, ketamine and dexamethasone in combination with paracetamol and ketorolac after hip arthroplasty: a preliminary study.

This indicative title is 19 words long. It lacks information on the population studied, on the result of the study and on the study design. The terms ‘preliminary’ or ‘pilot’ do not reveal anything about the design of a study. The title could be improved to become more informative, for instance:

Adding gabapentin, dexamethasone and ketamine to paracetamol–ketorolac analgesia reduces pain scores in adults following hip arthroplasty. A randomised study.
With only one additional word, we have clarified the study design, the population studied and the result of the trial.

Example 3: Effectiveness of premedication agents administered prior to nitrous oxide/oxygen.\(^7\)

This title is 10 words long. It lacks information on research question, study population, context and study design. From the article, we understand that this RCT focused on children (5–8 years old) requiring dental treatments under sedation. The authors compared oral midazolam 0.7 mg kg\(^{-1}\) with oral hydroxyzine hydrochloride 1 mg kg\(^{-1}\) and oral ketamine 3 mg kg\(^{-1}\) combined with midazolam 0.25 mg kg\(^{-1}\). There was also a ‘no premedication’ control group. Oral midazolam 0.7 mg kg\(^{-1}\) was shown to be the most effective pre-medication in this context. The fact that so many regimens are compared makes an informative title difficult to write. An improved indicative title could read, for instance:

Randomised controlled comparison of three oral premedication regimens for children undergoing dental treatment with nitrous oxide.

Through the addition of five words, the title becomes more indicative. Alternatively, we may wish to write a more informative title:

Oral pre-medication with midazolam but not hydroxyzine hydrochloride increases sedation success rate in children undergoing dental treatments with nitrous oxide. Randomised controlled trial.

The title is now 23 words long. It is more than double the length of the original title; however, it is still not excessively long and it is clearly more informative for a reader who is quickly screening the index of the journal and looking out for titles that may be interesting.

There are reasons to believe that a good informative title increases the chances of an article being read, and cited, because readers have limited time and are looking for ‘take home’ messages. Some argue that longer titles are associated with higher citation rates.\(^8\) As Richard Horton, the former Editor-in-Chief of the British Medical Journal, concluded in the year 2000, writing a good title is ‘about trying to grab people’s attention in an ever more crowded world’.\(^4\)

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