

Writing an abstract

What is an abstract? An **abstract** is a short summary of the work which follows. They allow the reader to sift through a number of readings to select appropriate information for a research task. Therefore, an abstract must be able to stand alone since it may be the only part of the work a reader sees. Also, you may be asked to write an abstract as part of your assignment. Although your abstract is placed in the first section of your assignment, it should be written last, after you have completed your writing. When you are asked to write an abstract, there is a general academic style that you should follow:

1. What to do
2. Read an example
3. Follow the steps

1. What to do

- Place the abstract on separate page immediately after the title page
- Use the heading **ABSTRACT** - centred capitalised
- Follow the recommended steps for abstract writing (see overleaf)
- Write approximately 50-300 words, depending on the length of the work which follows (should never be more than 10% of the total word count of the work)
- Use a clear, direct writing style that employs short sentences and key words and phrases that quickly identify the content and focus of the work.

2. Read an example

ABSTRACT

The loss of cortical cholinergic innervation in Alzheimer's disease (AD) is associated with cell loss in the nucleus basalis of Meynert (nbM), but there is considerable disagreement regarding the extent of neuronal loss in this structure. The nbM was examined in twenty-two AD patients and in twenty six age-matched controls. A cytologic and morphologic study was followed by morphometric analysis of the number and size of neurons. A semiquantitative analysis of the astroglial reaction was performed in the same patients, and in additional Bielschowski-stain sections, the distribution and number of neurofibrillary tangles (NFT) was examined. Confirming previous neuropathological observations in AD, a neural loss of 48% in the anterior, 39.8% in the intermediate and 56% in the posterior subdivisions of the nbM was observed. The nuclear area of the remaining nbM neurons in AD was significantly increased in the anterior (15.3%), intermediae (13.6%) and posterior (18%) portions, but no significant changes were found in the cellular areas of some neurons. Numerous surviving neurons showed NFT, 32% in the anterior, 26% in the intermediate and 40% in the posterior subdivisions in AD patients. A relationship exists between neuronal loss and astroglial proliferative reaction in the nbM. Number and size of neurons are significantly related with the duration of illness and the severity of dementia. Our results suggest a prior involvement of the nbM neurons in the same primary lesional process as cortical neurons in AD.

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3. Follow the steps

There are steps you can follow for writing an abstract:

Step 1: State the problem and why it is under investigation.

Step 2: State the participants and their characteristics.

Step 3: Give a brief overview of what was done.

Step 4: State the main result.

Step 5: State what the results indicate.

Example

the problem	{	The loss of cortical cholinergic innervation in Alzheimer's disease (AD) is associated with cell loss in the nucleus basalis of Meynert (nbM),
why it is under investigation	{	but there is considerable disagreement regarding the extent of neuronal loss in this structure.
participants and their characteristics	{	The nbM was examined in twenty-two AD patients and in twenty six age-matched controls.
a brief overview of what was done	{	A cytologic and morphologic study was followed by morphometric analysis of the number and size of neurons. A semiquantitative analysis of the astroglial reaction was performed in the same patients, and in additional Bielschowski-stain sections, the distribution and number of neurofibrillary tangles (NFT) was examined.
the main result	{	Confirming previous neuropathological observations in AD, a neural loss of 48% in the anterior, 39.8% in the intermediate and 56% in the posterior subdivisions of the nbM was observed. The nuclear area of the remaining nbM neurons in AD was significantly increased in the anterior (15.3%), intermediate (13.6%) and posterior (18%) portions, but no significant changes were found in the cellular areas of some neurons. Numerous surviving neurons showed NFT, 32% in the anterior, 26% in the intermediate and 40% in the posterior subdivisions in AD patients.
what the results indicate	{	A relationship exists between neuronal loss and astroglial proliferative reaction in the nbM. Number and size of neurons are significantly related with the duration of illness and the severity of dementia. Our results suggest a prior involvement of the nbM neurons in the same primary lesional process as cortical neurons in AD.

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