

A short guide to blogging for *Evidently Cochrane* (January 2022)

Where to start?

We want our blogs to be useful and interesting to the target audience. To do this, we want to focus on the three or four key points that you want your audience to take away from your blog. Think about who your main audience is, and what they might want to get from your blog.

Please send these to Sarah/Selena, as three or four bullet points. We'll agree these with you before you start drafting your blog.

These are likely to be the basis of the 'take-home points' that will be shared at the start of the blog and separately on social media.

How to make your blog useful and easy to read

Writing style

- Be clear and concise
- Quickly get to the point. This increases the chance your audience will see the information you want them to
- Use short words, short sentences, short paragraphs (maximum five sentences each). Bear in mind that the average reading age in the UK is nine years
- Use simple vocabulary. For example, 'do' instead of 'perform'
- Use the active voice. For example, "we included 12 studies", not "12 studies were included"
- Avoid using abbreviations where possible
- Avoid repetition

Format

- Put the most important information first (including in a title, sub-heading, sentence, bullet point)
- Use bullet points
- Use descriptive sub-headings (the text should still make sense without them)

Below, you can find guidance which may be relevant to some, but not all, blogs

- [Tips for starting your blog](#)
- [Describing the certainty of the evidence when writing about Cochrane Reviews](#)
- [Tips for writing about risk](#)
- [Helping your readers to think about and discuss health choices/treatment options](#)
- [Signposting readers to further information and support](#)

Plus, see some [helpful resources for writing](#)

Tips for starting your blog

An engaging start is important – it will draw in your readers. Some ways you could start:

- **Ask a question.** For example, “What are the things that you do to reduce the risk of catheter-related infection in patients with central venous catheters?” (From a blog for nurses)
- **Make a bold statement or two, introducing your topic.** For example, “People with pain have some very simple demands. They want the pain gone, and they want it gone now.”
- **Share a story/experience.** For example, “I first noticed that I had some kind of skin condition in my first year of university...”
- **Introduce your topic and its context in a chatty way** (great throughout the blog). For example, “It seems to me that vitamin D – also known as the ‘sunshine vitamin’ – is very much in the limelight (or should that be sunlight?) right now.”

Also, **give some context** – why are you writing about it now (for example, new evidence; link with an awareness event or something in the media)?

Describing the certainty of the evidence when writing about Cochrane Reviews

Never state that an intervention works, or doesn't work, if the certainty is less than high. Instead, modify your statement to reflect your uncertainty. Please follow the table below.

Size of the effect estimate	Suggested statements (replace X with intervention, replace 'reduce/increase' with direction of effect, replace 'outcome' with name of outcome, include 'when compared with Y' when needed)
HIGH Certainty of the evidence	
Large effect	X results in a large reduction/increase in outcome
Moderate effect	X reduces/increases outcome X results in a reduction/increase in outcome
Small important effect	X reduces/increases outcome slightly X results in a slight reduction/increase in outcome
Trivial, small unimportant effect or no effect	X results in little to no difference in outcome X does not reduce/increase outcome
MODERATE Certainty of the evidence	
Large effect	X likely results in a large reduction/increase in outcome X probably results in a large reduction/increase in outcome
Moderate effect	X likely reduces/increases outcome X probably reduces/increases outcome X likely results in a reduction/increase in outcome X probably results in a reduction/increase in outcome
Small important effect	X probably reduces/increases outcome slightly X likely reduces/increases outcome slightly X probably results in a slight reduction/increase in outcome X likely results in a slight reduction/increase in outcome
Trivial, small unimportant effect or no effect	X likely results in little to no difference in outcome X probably results in little to no difference in outcome X likely does not reduce/increase outcome X probably does not reduce/increase outcome
LOW Certainty of the evidence	
Large effect	X may result in a large reduction/increase in outcome The evidence suggests X results in a large reduction/increase in outcome
Moderate effect	X may reduce/increase outcome The evidence suggests X reduces/increases outcome X may result in a reduction/increase in outcome The evidence suggests X results in a reduction/increase in outcome
Small important effect	X may reduce/increase outcome slightly The evidence suggests X reduces/increases outcome slightly X may result in a slight reduction/increase in outcome The evidence suggests X results in a slight reduction/increase in outcome
Trivial, small unimportant effect or no effect	X may result in little to no difference in outcome The evidence suggests that X results in little to no difference in outcome X may not reduce/increase outcome The evidence suggests that X does not reduce/increase outcome
VERY LOW Certainty of the evidence	
Any effect	The evidence is very uncertain about the effect of X on outcome X may reduce/increase/have little to no effect on outcome but the evidence is very uncertain

For more information about the above statements, please see [Santesso et al. \(2020\)](#) or page 54 of [Cochrane's Dissemination Checklist](#).

Tips for writing about risk

- **Frame risks in a balanced way, presenting both positive and negative outcomes.** For example, if 30 in 100 people experience complications, then also say 70 in 100 have no complications.
- **Present risk as numbers, rather than words.** Most people have a more accurate understanding of the former.
- **Avoid explaining risk in purely descriptive terms, such as ‘low risk’,** as people interpret this differently.
- **Use appropriate visual aids which can help people see the numbers for benefit and harm in context** (such as a [Cates plot](#)).
- When communicating risk, **talk about Absolute Risk rather than Relative Risk** (and both are better understood than Number Needed to Treat). Absolute Risk Reduction (ARR) is usually more realistic. For example, a medication may halve the risk of a fracture (Relative Risk Reduction (RRR) of 50%) but if the natural risk is very low, for example 2 in 1000, then it reduces the risk to 1 in 1000 (which is an ARR of 0.1%, compared to an RRR of 50%).

Consider helping your readers to think about and discuss health choices/treatment options

You could suggest some questions people could think about for themselves and/or discuss with their families/healthcare providers, or other prompts for starting a conversation about healthcare choices (where these are relevant to your blog).

Examples:

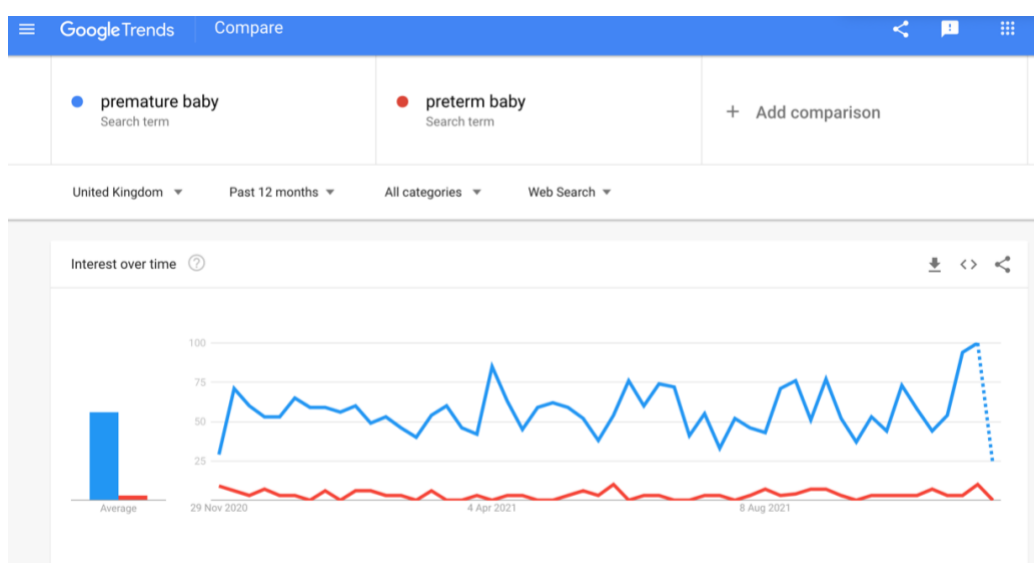
- A) You could suggest they ‘think BRAIN’ about a treatment choice (what are the **B**enefits?; what are the **R**isks?; what are the **A**lternatives?; what are their **I**ndividual preferences and experiences?; what if they do **N**othing?)
- B) **“Here are some questions you could ask your GP:**
1. What is my risk of [xxx, for example, heart attack] on treatment?
 2. What is my risk of [xxx, for example, heart attack] without treatment?
 3. Based on what evidence?”
- C) **Thinking about preferences and priorities/acting in a relative’s best interests:**
- “You could try the exercise of writing down:
1. What your relative’s priorities are
 2. What their hopes, fears and preferences are
 3. What you see as ‘their best interest’
 4. What for them would be best and worst outcomes”

Signposting readers to further information and support

Please consider suggesting some trustworthy and (ideally) free sources of information, resources and/or support that your target audience might find helpful.

Some helpful resources for writing

- [Readability calculator](#)
- [Checking how easily understandable your text is](#)
- For a tool to help convert different kinds of relative risks found in research papers into absolute risks, try [RealRisk](#).
- [Google trends](#) can help you pick the right words/phrases to help readers find your blog. For example, below you can see that ‘premature baby’ has been much more frequently searched for than ‘preterm baby’ within the past 12 months in the UK, suggesting you should use the former in the blog (even if the Cochrane Review has used ‘preterm’).



Acknowledgements and references

Cochrane Training, Cochrane Knowledge Translation and Cochrane Norway. *Checklist and Guidance: for disseminating findings from Cochrane intervention reviews*. (Version 1.0). Cochrane; October 2019. Available from: <https://training.cochrane.org/sites/training.cochrane.org/files/public/uploads/Checklist%20FINAL%20version%201.0.pdf>

Pitcher N, Denise Mitchell D and Hughes C. *Guidance for writing a Cochrane Plain language summary*. Version 1. June 2021. Available from: <https://community.cochrane.org/sites/default/files/uploads/inline-files/PLS%20guidance%20final%20draft%20%28v%2020%29.pdf>

RealRisk, Winton Centre for Risk and Evidence Communication, University of Cambridge. <https://realrisk.wintoncentre.uk/>

Santesso N, Glenton C, Dahm P, Garner P, Akl EA, Alper B, ... Schünemann HJ et al., GRADE Working Group. GRADE guidelines 26: informative statements to communicate the findings of systematic reviews of interventions. *Journal of Clinical Epidemiology*. 2020 Mar;119:126-135. doi: [10.1016/j.jclinepi.2019.10.014](https://doi.org/10.1016/j.jclinepi.2019.10.014)

Winton Centre for Risk and Evidence Communication, University of Cambridge. <https://wintoncentre.maths.cam.ac.uk/>