



**PEN: Practice-based Evidence in  
Nutrition<sup>®</sup> Style Guide**

**April 2, 2024**

## Table of Contents

<b>1.0 Forward</b>	<b>2</b>
<b>2.0 Overview</b>	<b>3</b>
<b>3.0 Writing Knowledge Pathways</b>	<b>3</b>
<b>4.0 Knowledge Pathway</b>	<b>4</b>
<b>4.1 Knowledge Pathway Format</b>	<b>4</b>
<b>4.2 Font</b>	<b>6</b>
<b>4.3 Spacing</b>	<b>6</b>
<b>4.4 Headings</b>	<b>6</b>
<b>4.5 Bullets</b>	<b>6</b>
<b>4.6 Key Grammar Tips</b>	<b>8</b>
<b>4.7 Pathway References</b>	<b>12</b>
<b>APPENDICES</b>	<b>19</b>

## 1.0 Forward

The PEN<sup>®</sup> System has a series of manuals or “How-To” guides for new and seasoned PEN users and administrators, each designed as a comprehensive reference on a specific application. Each document provides the foundation for developing a common understanding and approach that maintains the integrity, consistency and excellent standards required for the PEN System.

### **What is the PEN System?**

PEN: Practice-based Evidence in Nutrition is an evidence-based decision support developed by Dietitians of Canada (DC) and launched in the fall of 2005. Thought leaders from the dietetic profession, knowledge translation and evidence-based decision-making and technology were consulted and engaged in the conceptualization, design and implementation of the PEN System.

Designed to support busy dietitians and other health professionals to keep pace with the vast amount of food and nutrition research available, the PEN System enables them to be knowledge managers through ready online access to trusted and credible practice guidance based on questions arising in everyday nutrition practice.

Specially trained evidence analysts and/or recognized authorities on each topic identify the relevant literature from filtered and original sources and critically appraise, grade and synthesize that literature into Key Practice Points that answer Practice Questions. Additionally, client resources and professional tools that are congruent with the evidence are included in the PEN System to support practice, along with Backgrounds, Summaries of Recommendations and Evidence and Practice Guidance Toolkits.

The PEN System is dynamic, constantly being updated in response to new evidence that directs a change in current practice. The PEN System is available as an individual account or site license for larger groups. A customized application has also been designed and supports HealthLinkBC telehealth contact centre (CC-PEN). The PEN System is governed by a collaborative partnership of the British Dietetic Association, Dietitians Australia and Dietitians of Canada. Other national dietetic associations have joined as affiliates to provide access to the PEN System’s evidence-based practice recommendations for their members.

### **How Does Contact-Centre PEN<sup>®</sup> (CC-PEN) Differ from the PEN System ?**

CC-PEN provides access to all the regular PEN content and resources, when accepted into their portal, as well as counselling tools and standardized responses designed to ensure consistent, evidence-based responses to caller’s questions.

## 2.0 Overview

The purpose of this style guide is to provide guidance for PEN contributors and administrators on PEN content format, grammar and referencing. It is recognized that there are a number of correct writing styles, including format, grammar and spelling. However, to promote consistency on the PEN website, the PEN standard will be the style outlined in this guide. Authors should follow this guide when developing PEN content. The key references for this guide and for the formatting, grammar and spelling questions not addressed in this guide are the [Canadian Press Stylebook](#) and the [Canadian Press Caps and Spelling](#).

### Editorial Process

Knowledge pathway submissions will be edited to conform to the PEN style and space limitations. The Editor reserves the right to make editorial changes.

## 3.0 Writing Knowledge Pathways

Information captured in PEN knowledge pathways (KPs) is evidence-based information, based on research, best practices and/or the consensus of experts and professional-lived experience. This type of information is often presented in a research reporting style. PEN information targets food and nutrition professionals from a variety of practice settings. To meet the needs of the target audience, PEN information is presented in a web-based reader-friendly style in which clear, plain language is preferred.

### Language

#### *Plain Language*

Plain language is presenting information in the clearest way possible for the target audience. In the case of PEN content, the target audience is mainly food and nutrition professionals. It can be assumed that the majority of readers share a basic understanding of food and nutrition vocabulary and concepts, but that there is a wide variance in reader skills, knowledge and experiences in the many aspects of food and nutrition and research terminology. In addition, PEN users are based all over the world, and English is not the first language for all users.

#### *Patient/Client/Individual*

For the PQ titles, recommendations, remarks and comments, individual should be used whenever possible. If client or patient needs to be used, then client is preferable. In the Evidence Summary and Statements, whatever terms the study authors use should be used to describe the study.

#### *Equity, Diversity and Inclusion (EDI)*

EDI guidelines are evolving. When a KP is developed and updated that has specific EDI implications, guidelines for that specific KP will be developed (see the [Appendices](#) for additional KP-specific guidelines). In addition, a Message to Our Readers will be developed by the PEN Team. This message will be displayed on the PEN website as part of the KP and may also be used for KPs that have had name changes. A message regarding the use of language in the KP in relation to the evidence may also be included ([Appendix 4](#)).

The following guidelines are useful and should be referred to as needed. The USPSTF guidelines also include information specific to research reporting.

- [USPSTF Approach to Addressing Sex and Gender When Making Recommendations for](#)

- [Clinical Preventive Services](#)
- [Inclusive Writing Guidelines and Resources](#)
- [APA Inclusive Language Guide](#)
- [The 519 Glossary of Terms.](#)

### **Gender**

Use “they” as opposed to “he” or “she” and “their” as opposed to “his” or “her” with the exception of when providing details of specific studies and then the study author’s wording should be used.

### **Race**

Black is capitalized. White is not, but Caucasian is capitalized.

Indigenous is capitalized regarding Indigenous peoples.

### ***Additional Information on Other Topics***

#### **Gene and Protein Names**

See: [Guidelines for Formatting Gene and Protein Names](#)

## **4.0 Knowledge Pathway**

### **4.1 Knowledge Pathway Format**

Each KP is divided into sections as described below. Style points are listed where appropriate. A [template](#) for formatting a knowledge pathway is located in the PEN<sup>®</sup> Author’s and Reviewer’s Guide.

### **Practice Question(s)**

Practice questions (PQs) are organized as follows:

- title: Should be bolded.
- key words: the key words for an existing PQ are listed under the title of the PQ on the exported MS Word document. These key words should be reviewed and modified to reflect the update. If the PQ is new, the author should generate a list of key words specific to the PQ with no punctuation separating each word (e.g. infant feeding vitamin C iron). These words will help PEN users search for relevant information on the PEN website. Note: The PEN Search automatically shows all content that is part of a KP in the search results if the search term is a KP key word. Thus, the [KP key words](#) do not need to be added to the PQ.
- key practice point(s): should be numbered with a period (1., 2., 3., etc.)
  - Recommendations
  - Evidence Summary
  - Remarks

Note: Due to the nature and amount of evidence, sometimes a Recommendation section is not used as it would be a repetition of the Evidence Summary or it is not appropriate to have a Recommendation due to the nature of the content.

- [grade of evidence](#). The grade(s) of evidence should be included for all PQs following the Remarks section. In addition if more than one grade is used, then the grade should be added where appropriate in the Evidence Summary as follows {grade\_letter}.
- evidence statements: each evidence statement should begin with an alphabetical bullet with a period (a., b., c., etc.)
- comments

- rationale
- references: each reference should begin with a numerical bullet with a period (1., 2., 3., etc.). Reference numbers in the evidence statements should be cited by the use of numbers within parentheses at the end of the sentence before the period, such as (1). Do not use superscript. Multiple sequential referencing should be listed as the first and last number with a hyphen separating the two numbers, no spaces (e.g. 1-3). The order of the references in the evidence statements should correlate with the cited order of references in the reference section. See the complete description of referencing on [page 11](#).
- search strategy: is included in the submitted document after the reference section.

### **Summary of Recommendations and Evidence**

The author is not responsible for creating the Summary of Recommendations and Evidence. It is created by a member of the PEN Team once the new or revised knowledge pathway is finalized.

### **Practice Guidance Toolkit**

The author is not responsible for creating the Practice Guidance Toolkit. It is created by a member of the PEN<sup>®</sup> Team once the new or revised knowledge pathway is finalized.

### **Background**

See the PEN<sup>®</sup> Disease-Related Background Template document or the PEN<sup>®</sup> Non-Disease Related Background Template document.

### **Related Tools and Resources (T/Rs)**

See the PEN<sup>®</sup> Author's and Reviewer's Guide.

### **Glossary Terms**

Include a source/reference for each definition. Paraphrase is preferred. Please indicate with quotation marks if a direct quote is used. Note: Prior to recommending the inclusion of a glossary term, please search the [PEN Glossary](#) to ensure that the term is not already included. If it is, please review and include an updated glossary term if needed.

### **Knowledge Pathway Key Words**

For new KPs, list all key words for the pathway with no punctuation separating each word. The KP key words should include only words that are applicable to the KP and all of the PQs and T/Rs. Key words that are specific to a PQ or a T/R should only be included in the key word section of the relevant PQ or T/R and not in the knowledge pathway key word list.

For updated KPs, review the existing key words (included in the provided MS Word document following the KP title) and add/delete key words if needed using track changes.

## 4.2 Font

Arial font, Size 10 is the required font and size.

## 4.3 Spacing

Single spacing should be used throughout the text with the exception of spacing between sections. Double spacing should be used to separate key sections. Single spacing should be used between headings and text.

## 4.4 Headings

Headings may be used within PEN content (e.g. within evidence statements or comments, etc.) to provide additional clarity. If used, primary headings should be **bolded**. Secondary headings should use ***Italic bold*** font and **bolded and underlined** should be used if a third level of headings is required.

## 4.5 Bullets

Bullets should be standardized as follows:

- first set of bullets
  - second set of bullets (within first set of bullets)
    - third set of bullets (within second set of bullets).

## 4.6 Key Grammar Tips

### Abbreviations

Colony-forming Unit - CFU

Glycated Hemoglobin - A1C

### Apostrophes

Apostrophes are used to indicate possession. An apostrophe before an added “s” is used to indicate possession, except in the case when the word ends in “s”. In the case when the word ends in “s”, the apostrophe is added to the end of the word and an additional “s” is not added. Examples are as follows:

the dietitian’s book  
the dietitians’ books.

For the word “it”, an apostrophe should be used when “it’s” is used as a contraction of it is. When “its” is used to indicate ownership, then “its” should be used. Examples are as follows:

It's a lovely day.  
That is its view.

## Capitalization

Capitalization should be used for:

- proper names
- proper titles when associated with names
- names of provincial or federal departments or agencies
- companies
- religions
- languages
- the start of a sentence
- brand names
- the name of a recipe
- fruit and vegetable varieties, such as Granny Smith apple. However, do not capitalize the name of fruit or vegetable where the descriptive term is part of the name (e.g. french fries, brussel sprouts)
- the first word of botanical names, such as *Taraxacum officinale* (dandelion).

## Comma/Semicolon Use

### *Comma*

Commas are used to give readers clarity. Commas should be used as follows:

- In a list of items to separate the items, but not in a bulleted list. A comma is not needed in between the final two items of a list in a sentence (e.g. apples, oranges and bananas) unless it is needed to add clarity to items that are more than one or two words or to enhance the clarity of the sentence.
- A comma is needed after the word “but” only if the noun changes in a sentence.

### *Semicolon*

A semicolon is needed in a list if there are items within a list that are grouped together that use commas. The semicolon should be placed between the groups of items. A semicolon is also used if each part of the sentence can stand alone as a separate sentence, but the two parts are closely connected and clarity is enhanced when combined.

### **e.g./i.e.**

The use of i.e. and e.g. can be confusing and there are several views on how best to use these abbreviations. For the use of the PEN System, e.g. should be used when examples are being provided and i.e. should be used to represent the words “for example” or “that is”; the latter being the proper translation for i.e.

Examples:

There are many types of cheese (e.g. cheddar, blue, cottage).

One type of cheese (i.e. ricotta) is better for making lasagna.

In the examples above, e.g. in the first sentence refers to different types of cheeses, but other examples could be included. In the second example, i.e. refers to one specific type of cheese.

## Hyphens

Hyphens should only be used as follows:

- when the prefix ends in the same vowel as the word which follows, such as re-enter. This rule does not apply to words which are frequently used such as cooperate.
- when the main word starts with a capital, such as non-English
- certain compound adjectives, such as 40-year-old. This rule does not apply if the adverb



ends with “ly”, such as completely free of gluten. As a rule of thumb, a hyphen is needed between a phrase if two nouns are describing another noun and are not separated by a comma such as wheat-free cookie.

### **Lists**

Bulleted lists that are not sentences and are introduced by a colon should have no punctuation except for a period at the end of the last list item. Capitals should not be used for the beginning word of the bullet, unless a proper name is used. Bulleted lists that are sentences should have a period at the end of each sentence and the first letter of the first word in each bullet should be capitalized.

### **Examples**

Foods high in fat include:

- peanut butter
- nuts
- bacon.

The following tips will help you to reduce your fat intake:

- Choose low fat milk.
- Limit fried food intake.
- Limit use of margarine.

### **Measurements**

Measurements should be listed in metric. Imperial measurements can be included for clarity, but metric should be listed first. Measurements that are commonly used can be abbreviated. Examples include millilitre (mL), kilogram (kg), grams (g), milligrams (mg), pound (lb), tablespoon (Tbsp), teaspoon (tsp) and ounce (oz). Periods are not used to abbreviate measurements. Commas are not needed in between measurements of two or more elements, such as a female 165 cm 70 kg.

### **Numbers**

Words should be used to represent numbers from one to nine. Numbers should be used to represent numbers of 10 or more, unless the number is located at the start of the sentence. Numbers at the start of the sentence must be spelled out. A number consisting of two words, such as forty-two, should be hyphenated when written in words. A mixture of words and numbers can be used in a sentence, which uses both numbers less than and greater than 10. If the numbers are part of a numerical measurement, such as grams, there is no need to spell out the numbers.

### **Percentages**

Percentages should be listed with a number and the symbol % such as 2%.

### ***P-Value***

P-value should be written as *P* (italic, capital).

## Spelling

Only Canadian spelling will be used for all PEN-developed content with the exception of titles of KPs and KP-specific tool/resources that use the KP name in the tool/resource title (e.g. Background, Evidence Summary etc.).

Spelling rules pertinent to Canada include:

- Use “our” not “or” for words ending in “our” (e.g. colour, labour etc.).
- Use “e” not “ae” or “oe” for words that can use either. These words are typically medically related words such as pediatrician, esophagus and hematology.
- Use “re” not “er” in words ending in either, such as fibre.

In addition, the following words often have different spellings. The correct spellings for the PEN System are below:

- behaviour
- breastmilk
- caesarean
- colour
- counselling
- cross-sectional
- decision-making
- follow up (noun)
- follow-up (descriptive term e.g. follow-up time, follow-up appointment)
- formula (plural formulas)
- inpatient
- labelling
- online
- post-mortem
- self-management
- side-effect
- sulphur
- tumour
- washout period

## Symbols

If a symbol is used (such as greater than or equal than, plus/minus, trademark or registered), choose it from the symbol menu as opposed to creating it with keyboard symbols or the underline font. It causes issues with content loading when done otherwise.

## *Superscript*

Superscript should be used as opposed to adding the regular-sized number, such as for BMI (kg/m<sup>2</sup>) and *I*<sup>2</sup>.

**That/Which**

The word “that” is typically used the majority of the time in sentence structuring. “That” is used when the clause is essential to the sentence. “Which” is used when the clause provides reason or another idea to the sentence. The use of “which” typically requires the use of a comma.

Example:

Canada’s Food Guide, which was revised in 2019, is the foundation for nutrition education in Canada.

The nutrition education handout that is used the most in Canada is Canada’s Food Guide.

**Who/Whom**

“Who” should be used when the related noun of the sentence is, or refers to, he, she or they.

“Whom” should be used if the noun of the sentence is, or refers to, him, her or them.

Example:

The dietitian noted that the client, who had asked many questions about diabetes, is doing well.

The client talked to the dietitian whom they met last week.

***Trademark and Copyright Use*****PEN System**

The PEN logo and tagline are registered in Canada. PEN® is registered in both Canada and EU.

PEN: Practice-based Evidence in Nutrition® is registered in Canada and EU.

The tagline: The Global Resource for Nutrition Practice® is registered in Canada

PEN® cannot stand alone. It requires a noun to follow such as:

- PEN® database
- PEN® Team
- PEN® website
- PEN® System.

**Other Trademarks and Copyright**

If a commercial product is mentioned in PEN content (e.g. food product, medication, supplement, educational or nutrition program), the use of a trademark or copyright should be confirmed. If one is noted, then the appropriate mark should be included.

***4.7 Pathway References*****Numbering**

Reference numbers in the evidence statements should be cited by the use of numbers within parentheses at the end of the first sentence that refers to the material cited and should be before the period, such as (1). Do not use superscript. Multiple sequential referencing should be listed with the first and last number with a hyphen separating the two numbers, e.g. (1-3).

## **Style**

When using a Pubmed reference, the correct style reference can be copied using the PubMed cite function (NLM format). The only addition needed is the URL.

When a PubMed reference is not used, PEN<sup>®</sup> follows the Uniform Requirements style for references as follows:

- List all authors when six or fewer; when six or more, list only the first six and add "et al."
- Abbreviate periodical titles according to Index Medicus. If a title does not appear in Index Medicus, provide the complete title. The Journal of The Canadian Dietetic Association is abbreviated J Can Diet Assoc and the Canadian Journal of Dietetic Practice and Research is abbreviated Can J Diet Prac Res.
- A list of journal titles and abbreviations is available at:  
<http://www.ncbi.nlm.nih.gov/entrez/linkout/journals/jourlists.cgi?typeid=1&type=journals&show=J&operation=Show>.
- A cited date is only needed when the content is subject to change and does not have a published copy or a last update date (e.g. websites) and for personal communication.
- The preferred electronic link is to the PubMed abstract. If the web link is not available in PubMed, an alternative link should be provided. If the web link provided is for the abstract, state "Abstract available from:" prior to the web link. If only the citation is available, state "Citation available from:" prior to the web link. If the full article link is used, state "Available from:" prior to the web link.

## **Examples**

### ***Journal Article***

Ellis A, Rozga M, Braakhuis A, Monnard CR, Robinson K, Sinley R, Wanner A, Vargas AJ. Effect of Incorporating Genetic Testing Results into Nutrition Counseling and Care on Health Outcomes: An Evidence Analysis Center Systematic Review-Part II. J Acad Nutr Diet. 2021 Mar;121(3):582-605.e17. doi: 10.1016/j.jand.2020.02.009. Epub 2020 Jul 3. PMID: 32624396. Abstract available from: <https://pubmed.ncbi.nlm.nih.gov/32624396/>

### ***Book***

Gibson RS. Principles of nutritional assessment, 2nd ed. New York: Oxford University Press; 2005.

### ***Chapter in a Book***

Heubi J, Carlsson. Celiac Disease. In: Ekvall WS, Ekvall VK, editors. Pediatric nutrition in chronic diseases and development disorders. Prevention, assessment and treatment. 2nd ed. New York: Oxford University Press; 2005 p. 493-515.

### ***Agency Publication***

#### **Hard Copy**

Health Canada. Nutrient value of some common foods. Ottawa: Public Works and Government Services Canada; 2008.

#### **Electronic Copy**

Health Canada. Nutrient value of some common foods. 2008. Available from:

[https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fn-an/alt\\_formats/pdf/nutrition/fiche-nutri-data/nvscf-vnqau-eng.pdf](https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fn-an/alt_formats/pdf/nutrition/fiche-nutri-data/nvscf-vnqau-eng.pdf)

A cite date should be added to any electronic material that does not include a publication date.

### ***Document/Book***

Food and Nutrition Board, Institute of Medicine. Dietary Reference Intakes for energy, carbohydrate, fiber, fat, fatty acids, cholesterol, protein, and amino acids. Washington, D.C.: The National Academies Press; 2005. Available from:

<http://www.nap.edu/books/0309085373/html>

### ***Website Material***

#### **No Author**

Health Canada. Folic acid. 2024 Jan. Available from: <http://www.hc-sc.gc.ca/index-eng.php>

#### **With Author**

Smith C. Folic acid. Health Canada. 2024 Jan. Available from: <http://www.hc-sc.gc.ca/index-eng.php>

### **PEN Knowledge Pathway**

If a PEN knowledge pathway, practice question or tool/resource is referred to within another practice question or tool/resource, a link should be established at the key practice point level when content is published. The wording should be as follows:

See Additional Content: Name of knowledge pathway or practice question or tool/resource, (e.g. See Additional Content: [What is the effect of nutrition supplements on improved wound healing adults with diabetic foot ulcers?](#)).

When PEN content is referenced, the following citation should be used:

Dietitians of Canada. <name / title of Knowledge Pathway / practice question / PEN tool or resource used>. In: Practice-based Evidence in Nutrition [PEN]. <date the Knowledge Pathway / practice question/ PEN tool or resource used was last updated>[<insert date cited>]. Available from: add url of Knowledge Pathway/Practice Question/PEN Tool or Resource used. Access only by subscription. Click [Sign Up](#) on the PEN login page.

Example:

Dietitians of Canada. What are nutrition and safety challenges and considerations for individuals following the low FODMAP diet? In: Practice-based Evidence in Nutrition® [PEN]. 2017 Jan 23 [cited 2024 Feb 1]. Available from: <https://www.pennutrition.com/KnowledgePathway.aspx?kpid=23914&pqcatid=146&pqid=23919>. Access only by subscription. Click [Sign Up](#) on PEN login page.

## **Other**

### ***The Natural Medicines Database***

NatMed. Melatonin. 2020 Apr 24. Available from: <https://naturalmedicines.therapeuticresearch.com/databases/food,-herbs-supplements/professional.aspx?productid=940>

### ***Medline Plus***

Medline Plus. Birth Weight. 2022 Sep 20. Available from: <https://medlineplus.gov/birthweight.html>

For other referencing situations, refer to the bibliography information from International Committee of Medical Journal Editors Uniform Requirements available from: [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html).

## APPENDICES

### Appendix 1

#### EDI Guiding Principles: Lactation/Breastfeeding

The Academy of Breastfeeding Medicine (ABM) position statement and guideline on infant feeding and lactation-related language and gender states that traditional gendered terms (Table 1) are more appropriate in documents written for worldwide audiences for the purposes of clarity and global acceptability, while gender-inclusive terms may be included in documents with an audience of health care professionals in countries where openly transgender or nonbinary persons give birth and breastfeed/chestfeed (1).

The US Preventive Services Task Force (USPSTF) approach to addressing sex and gender when making recommendations for clinical preventive services outlines three general goals (2):

1. Recommendations must be consistent with the evidence
2. Recommendations should strive to be inclusive and clinicians should know how the evidence applies to different populations.
3. Recommendations should be clear so they can be “understood and implemented appropriately”.

The PEN Team remains committed to promoting equity for all persons. The following are guiding principles for use in PEN writing that are based on the ABM position (1) and USPSTF approach (2).

#### Practice Questions

- Refer to the ABM position (Table 1) for suggested terms in breastfeeding and human lactation to use where applicable.
- Example: **What are the general nutritional needs of a mother who is breastfeeding lactating person?**

#### Key Practice Point

##### Recommendation

- Recommendations made should be clear and consistent with the evidence.
- Recommendations made by PEN EAs should attempt to use gender-inclusive terms where appropriate. In circumstances where gender-inclusive language cannot be used due to potential of translation concerns or scientific inaccuracy, a reference to the disclaimer in the Remarks may be made to recognize and support the use of inclusive language.
- Recommendations sourced directly from organizations or guidelines should be accurate to the language used in the original source.
- Clinical recommendations referring to health effects seen in mother-infant breastfeeding dyads cannot be substituted for other dyads based on chromosomal, hormonal and anatomic factors. Therefore, substituting “parents” for “mothers” in such a context may be factually incorrect (1).

#### Evidence Summary

- Language used in the evidence summary and evidence statements should be accurate to the language used by the authors in the original source. When describing words or recommendations of other authors or organizations, the ABM position states that it would be unethical and incorrect to use gender-inclusive language if the original authors did not use it (1). Policies and recommendations cannot be reworded (1).
- In describing research, terms such as “people” and “parent” cannot be substituted for “women” or “mother” unless people with genders other than female were included in the study population (1). It is also important to use terminology with clear definitions (2).

#### Grade of Evidence

- Nil

#### Remarks

- If traditional terminology is included, the following disclaimer can be included in the Remarks:

We recognize the limitations of the terminology related to breastfeeding/human milk feeding and associated behaviours. We suggest substituting gender-inclusive terms when communicating recommendations regarding lactation related behaviours in relation to parental identity to support inclusion of biological sex, gender identity, sexual orientation, and preferred gender pronoun(s). It is important for dietitians to recognize that language is one of the many ways to signify inclusion and context and audience should be considered in the selection of appropriate terms. Refer to the Academy of Breastfeeding Medicine’s position statement and guideline on infant feeding and lactation-related language and gender for suggested gender-inclusive terms.

### Evidence

- See Evidence Summary.

### Comments

- See Remarks.

The ABM states that traditional terms are not incorrect and can be appropriate for many settings; however, gender-inclusive terms are suitable substitutes for when gender-inclusive language is appropriate (1).

Table 1: Suggested Terms in Breastfeeding and Human Lactation (1)

Traditional Terms	Gender-Inclusive Terms	Clinical Contexts
Mother, father, birth mother	parent, gestational parent; combinations may be used for clarity, such as “mothers and gestational parents”	Ask the patient(s) for their affirmed terminology
She, her, hers, He, him, his	They/them (if gender not specified)	
breast	Mammary gland	
Breastfeeding	breastfeeding, chestfeeding, lactating, expressing, pumping, human milk feeding	
Breastmilk	milk, human milk, mother’s own milk, parent’s milk, father’s milk	
Breastfeeding mother or nursing mother	lactating parent, lactating person; combinations may be used for clarity, such as “breastfeeding mothers and lactating parents”	
Born male/female (as applied to people who identify as anything but cisgender)	noted as male/female at birth or recorded as male/female at birth or assigned male/female at birth	

### References:

1. Bartick M, Stehel EK, Calhoun SL, Feldman-Winter L, Zimmerman D, Noble L, Rosen-Carole C, Kair LR. Academy of Breastfeeding Medicine Position Statement and Guideline: Infant Feeding and Lactation-Related Language and Gender. *Breastfeed Med.* 2021 Aug;16(8):587-590. Abstract available from: <https://pubmed.ncbi.nlm.nih.gov/34314606/>
2. Caughey AB, Krist AH, Wolff TA, et al. USPSTF Approach to Addressing Sex and Gender When Making Recommendations for Clinical Preventive Services. *JAMA.* 2021;326(19):1953–1961. Available from: <https://pubmed.ncbi.nlm.nih.gov/34694343/>

### KP Message to Our Readers

[We recognize](#) the limitations of the terminology related to breastfeeding/human milk feeding and associated behaviours. [We suggest](#) substituting gender-inclusive terms when communicating recommendations regarding lactation-related behaviours in relation to parental identity to support the inclusion of biological sex, gender identity, sexual orientation and preferred gender pronoun(s). Language is one of the many ways to signify inclusion and context and the audience should be considered in the selection of appropriate terms. Refer to the [Academy of Breastfeeding Medicine Position Statement and Guideline: Infant Feeding and Lactation-Related Language and Gender](#) for suggested gender-inclusive terms.



## **Appendix 2**

### **EDI Guiding Principles: Weight/Obesity**

#### **KP Title**

Weight/Obesity encompasses the recommendation from the PEN's question "When discussing weight with a patient/client, what language should a dietitian use?" while still recognizing the terminology preferred by Obesity Canada ("obesity") and the fact that their definition of obesity is not just related to weight.

#### **PQ Title**

- If the question is talking about weight only, and does not address other obesity related health risks, "**adults with higher weights (BMI  $\geq$ X)**" should be used the first time and "**adults with higher weights**" can be used subsequently. This is consistent with the terminology used in the weight inclusive backgrounder. If the authors used a non-BMI metric or multiple metrics to define obesity, state that in place of the BMI definition (i.e. "**adults with higher weights (BMI  $\geq$ X and WC  $\geq$ Y)**").
- If the question is talking about health risks related to obesity, rather than just talking about weight, the term "**obesity-related health risk**" should be used instead of "adults with higher weights". This distinguishes between individuals with higher weights who are at increased health risk (e.g. EOSS  $\geq$ 1) and those who are not (e.g. EOSS = 0).
- The terms "normal weight" and "healthy weight" should be avoided throughout the KP.. Instead, define these terms as the evidence dictates - for example, if the evidence uses the term "normal weight" to define individuals with a BMI between 18.5 and 24.9 kg/m<sup>2</sup>, then use the term "individuals with a BMI between 18.5 and 24.9 kg/m<sup>2</sup>" instead of "normal weight".

#### **Key Practice Point**

##### **Recommendation**

- The term "higher weight" should be preferred over the term "obesity" if the evidence discusses BMI or body weight only. Once the term "higher weight" has been defined once, you may use the term without defining it for the rest of the Recommendation. If the evidence discusses obesity related health risk, then the term "obesity related health risk" should be used. If the term obesity must be used (i.e. if the evidence uses the Obesity Canada definition of obesity/ discusses excess adiposity as a chronic disease), then person-first language ("individuals with obesity") should be used. Note that the term "individuals living with obesity" is also appropriate and may be preferred when addressing clients; therefore, "individuals living with obesity" may be preferred over "individuals with obesity" in client handouts

##### **Evidence Summary**

- The language used in the evidence summary and evidence statements should be accurate to the language used by the authors in the original source. If it is possible to avoid using the term "obesity", you may do so - for example, if the study authors used the term "obesity" and defined it as BMI  $\geq$ 30.0 kg/m<sup>2</sup>, you may use the BMI definition. If the authors use the term "obesity" without defining it, use the term "obesity" and note that the authors did not provide a definition of the term. Wherever the term "obesity" is used, the definition used by the authors of the study being summarized should be included for context and clarity. If the term "obesity" must be used, person-first language should be used (see Recommendation).

##### **Remarks**

- If the practice question refers to adults with obesity related health risk, a link to the question "How should a practitioner screen an adult for risk of obesity and obesity related health risks?" should be included in the Remarks.
- If a BMI definition of obesity is included, the following disclaimer should be included in the Remarks: *We recognize the limitations of BMI as a measure of health risk and body composition. Although BMI has been used as a proxy measure for higher weights/ obesity in this pathway for precision of reporting, it is not a direct or diagnostic measure of obesity and should be interpreted with caution. See Additional Content: "How should a practitioner screen an adult for risk of obesity and obesity related health risks?"*

**Evidence** - See Evidence Summary.

**Comments** - See all comments above.

**KP Message to Our Readers**

[We recognize](#) the limitations of BMI as a measure of health risk and body composition. Although BMI has been used as a proxy measure for higher weights/[obesity](#) in this knowledge pathway for [precision](#) of reporting, it is not a direct or diagnostic measure of obesity and should be interpreted with caution. See Additional Content: [How should a practitioner screen an adult for the risk of obesity \(excess adiposity that negatively affects an individual's health\) and obesity-related health risk](#)

## **Appendix 3**

### **Additional KP Messages to Our Readers**

#### **Hepatic Disease**

We use the term **metabolic dysfunction-associated steatotic liver disease** (MASLD) as a replacement term for the condition nonalcoholic fatty liver disease (**NAFLD**) and the term **metabolic dysfunction-associated steatohepatitis** (MASH) as a replacement term for **nonalcoholic steatohepatitis** (NASH). MASLD provides a non-stigmatizing description of the condition that occurs in conjunction with a cardiometabolic risk factor, rather than a diagnosis of exclusion. The new nomenclature and definition received wide support in an international consensus process that included content experts and patient advocates (1).

#### References

1. Rinella ME, Lazarus JV, Ratziu V, Francque SM, Sanyal AJ, Kanwal F, Romero D, Abdelmalek MF, Anstee QM, Arab JP, Arrese M, Bataller R, Beuers U, Boursier J, Bugianesi E, Byrne C, Castro Narro GE, Chowdhury A, Cortez-Pinto H, Cryer D, Cusi K, El-Kassas M, Klein S, Eskridge W, Fan J, Gawrieh S, Guy CD, Harrison SA, Kim SU, Koot B, Korenjak M, Kowdley K, Lacaille F, Loomba R, Mitchell-Thain R, Morgan TR, Powell E, Roden M, Romero-Gómez M, Silva M, Singh SP, Sookoian SC, Spearman CW, Tiniakos D, Valenti L, Vos MB, Wai-Sun Wong V, Xanthakos S, Yilmaz Y, Younossi Z, Hobbs A, Villota-Rivas M, Newsome PN; **NAFLD** Nomenclature consensus group. A multi-society Delphi consensus statement on new fatty liver disease nomenclature. *J Hepatol.* 2023 Jun 20:S0168-8278(23)00418-X. doi: 10.1016/j.jhep.2023.06.003. Epub ahead of print. PMID: 37364790. Abstract available from: <https://pubmed.ncbi.nlm.nih.gov/37364790/>

## **Appendix 4**

### **SRE EDI Message**

#### **Breastfeeding/Lactation**

Within this SRE, you may see a variety of terms related to breastfeeding/human milk feeding and associated behaviours. This reflects the PEN System equity diversity and inclusion (EDI) wording protocol in which some sections of the practice questions (Evidence Summaries, Evidence Statements, Comments and Rationale) may use the language reported in the original study(ies) or guidelines to preserve the research integrity. Refer to the [Message to Our Readers](#) for additional information about the terminology used in this knowledge pathway.

#### **Weight/Obesity KPs (only includes KPs with PQs updated since 2021)**

Within this SRE, you may see a variety of terms related to weight/obesity. This reflects the PEN System equity diversity and inclusion (EDI) wording protocol in which some sections of the practice questions (Evidence Summaries, Evidence Statements, Comments and Rationale) may use the language reported in the original study(ies) or guidelines to preserve the research integrity. Refer to the [Message to Our Readers](#) for additional information about the terminology used in this knowledge pathway.

#### **Hepatic Disorders**

The term metabolic dysfunction-associated steatotic liver disease (MASLD) is used as a replacement term for the condition nonalcoholic fatty liver disease (NAFLD) and the term metabolic dysfunction-associated steatohepatitis (MASH) as a replacement term for nonalcoholic steatohepatitis (NASH), except for areas in the practice question that provide information on specific studies or clinical practice guidelines (CPGs). In these cases, the terminology that the study or CPG authors use in their description of the study or CPG is included. Refer to the [Message to Our Readers](#) for additional information about the terminology used in this knowledge pathway.