

55 Data presentation 1

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A Referring to a table or figure

In an article, you can write:

Figure 1 Table 1	shows X.
X is shown in Table 1.	Figure 1. Table 1.

In a presentation, you can use the same expressions, or you can say:

As you can see in Table 1 ...

B Comparing variables

When you refer to a table you will often need to compare one variable with another:

X was	twice three times	as	effective common	as	Y.
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Or you may need to compare the same variable at different times:

The number of X in 2000 was	double triple / three times	that in 1990.
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There was a	twofold threefold	increase in the number of X between 1990 and 2000.
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The number of X increased	twofold threefold	between 1990 and 2000.
The number of X	doubled trebled	

C Approximating

When referring to the data presented on slides, numbers are often rounded, for example 41.3 becomes 41 or even 40. When this is done, it is common to use expressions of approximation:

Side-effects were reported by	about around approximately roughly some	forty patients.
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Numbers are frequently presented as fractions or percentages, even when the exact number is given.

Roughly two-thirds of patients reported side-effects.

Fifty-five, or some two-thirds, of patients reported side-effects.

When you want to emphasize a number, for example 9.8%, you can say:

almost 10%
nearly 10%

more than 9%
over 9%

just under 10%

and when you want to make the number seem small:

less than 10%

55.1 Complete the description of the data in the table. Look at A and B opposite to help you.

Table 1: Incidence of ulcer perforation 1967–1982

		>65	65–74	>75
No. of prescriptions per 1000 (Women)	1967 1982	500 1500		
Perforations (Women)	1967 1982		7 14	10 33
No. of prescriptions (Men)	1967 1982	290 820		
Perforations (Men)	1967 1982		36 28	32 65

Table 1 (1) trends in the frequency of hospital admission for perforated peptic ulcer in the United Kingdom (2) with changes in the annual prescription rates for non-steroidal anti-inflammatory drugs.

For women over 65 the annual number of prescriptions increased (3) from 1967 to 1982, during which rates of perforation of duodenal ulcers (4) for those aged 65 to 74 and more than (5) for those aged 75 and over. For men over 65, prescriptions showed a similar increase. Although perforation rates were actually lower for those aged 65 to 74 in 1982, there was a (6) increase in those aged 75 and above.

(BMJ 1986;292: 614 Amended with permission from the BMJ Publishing Group)

55.2 The data in the table is adapted from an article entitled 'Alcohol drinking in middle age'. Choose the correct words to complete the description below. Look at C opposite to help you.

Characteristics	Alcohol drinking		
	Never (n=300)	Infrequent (n=423)	Frequent (n=295)
No. (%) of smokers	54 (18.0)	193 (45.6)	204 (69.2)
Old age measurements (follow up)			
No. (%) who have had myocardial infarction	41 (13.7)	60 (14.2)	54 (18.3)
Results of cognitive assessment			
No. (%) with no impairment (controls)	261 (87)	391 (92.4)	257 (87.1)
No. (%) with mild cognitive impairment	25 (8.3)	15 (3.5)	21 (7.1)
No. (%) with dementia	14 (4.7)	17 (4)	17 (5.8)

Only 54, or (1) (under/less) than 20%, of the non-drinkers smoked compared with 204, or (2) (almost/over) 70%, of the frequent drinkers. 41, or just (3) (less/under) 14% of the non-drinkers had had a myocardial infarction at the end of the follow-up period, compared with 54, or (4) (almost/over) 18%, of the frequent drinkers. At the end of the follow-up period, (5) (about/over) 90% in all three groups had no cognitive impairment. There was mild impairment in (6) (under/around) 8% of the non-drinkers, and in 7% of the frequent drinkers, but in (7) (less/under) than 4% of the infrequent drinkers. 14, or (8) (approximately/over) 5%, of the non-drinkers had dementia, while 17, or 4% of the infrequent drinkers, and (9) (more than/nearly) 6% of the frequent drinkers had dementia.

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Over to you



Some people feel that approximating is unscientific. What do you think?