

READING TEST 11

PART A

TIME: 15 minutes

- Look at the four texts, A-D, in the separate Text Booklet.
- For each question, 1-20, look through the texts, A-D, to find the relevant information.
- Write your answers on the spaces provided in this Question Paper.
- Answer all the questions within the 15-minute time limit.
- Your answers should be correctly spelt.

Text A

Cannabis use disorder

Cannabis use disorder is a problematic pattern of cannabis use which leads to impaired control over cannabis use and difficulty in ceasing use despite its harm. Drug abuse is a global phenomenon affecting almost every country, with cigarettes, cannabis, and alcohol being the most commonly used and abused substances. Among them cannabis is illegal. As compared to other psychoactive substances cannabis, most commonly known as marijuana, is the most widely used drug worldwide. Even though there is no international consensus, young adulthood is a period where the transition takes place from childhood to adulthood. Arnett et al. define this group as “emerging adults” from 18 to 25 years, those who are neither children nor adults and who are in between with their own identity and behavior. It is the age of instability, self-focus, feeling in between, and possibilities. Young adults are the most vulnerable group of people than any age group to cannabis dependence and related problems which produce more years lived with disabilities. In 2013, cannabis was used by 80.6% of current illicit drug users in the United States.

Text B

Globally 2% cause-specific disability-adjusted life years (DALYs) for young people are attributed to illicit drug including cannabis. The study conducted revealed that cannabis and other illegal drugs accounted for approximately \$8.2 billion of the nearly \$40 billion cost of substance abuse in Canada in 2002. The probability of cannabis addiction in heavy or daily user is enormous. The vulnerability increases in adolescents whose risk of addiction is 16%, while adults have 5–10% risk of becoming addicted. Canadian community health survey reported that the prevalence of cannabis dependence among adolescent and young adult in 2012 was 5%. A three-year prospective study in the Netherlands on high-risk young adults reporting heavy use in 2013 found that nearly 40% developed cannabis dependence.

Text C

Another study in Holland revealed that cannabis dependence was 42%. In 2013 the prevalence of cannabis abuse or dependence was 7.4% among youth in the USA and the rate was about half (3.55) among adolescents. National Survey on Drug Use and Health (NSDUH) revealed that cannabis was the illicit drug with the largest number of persons with past-year dependence or abuse in 2013. Of the 6.9 million persons aged 12 or older who were classified with illicit drug dependence or abuse in 2013, 4.2 million persons had cannabis dependence or abuse. Another study conducted in the USA reported that 38.5% of daily cannabis users met criteria for cannabis dependence. A longitudinal cohort study conducted in Australia in 2002 among young adults shows a 7% prevalence of cannabis dependence according to DSM-IV criteria for cannabis dependence. A community household-based survey with a cross-sectional design in Rwanda that aimed to determine the prevalence of cannabis dependence among adolescent and young adults shows 2.54% prevalence of cannabis dependence.

Text D

A recently published (2015) cohort study which considered cannabis abuse and dependence as cannabis use disorder (CUD) showed the prevalence of cannabis use disorder throughout the life to be 19.1%, with an average age of onset of 18.6 years. Cannabis availability, regular use of cannabis, peer pressure, and common mental disorder were factors having a significant association with cannabis use disorder in different studies. Gateway hypothesis developed by Kandel explained that the sequence of drug use occurring starts with legal drug and proceeds to illegal drugs. Above all, Shashemene is a town in which Rastafarians view Ethiopia as a promised land live. Cannabis use is a common practice among Rastafarians which brought a major challenge to both youth and law enforcement in the town.

Questions 1-7

For each question, 1-7, decide which text (A, B, C or D) the information comes from. You may use any letter more than once.

In which text can you find information about;

1. increase of the drug influence.

Answer _____

2. Use of the drug in the USA.

Answer _____

3. life time prevalence of cannabis use disorder.

Answer _____

4. use of cannabis despite clinically significant distress or impairment.

Answer _____

5. common determinants of drug addiction.

Answer _____

6. addiction to drug common among young community.

Answer _____

7. Prevalence of the drug abuse, drug usage.

Answer _____

Questions 8-14

Answer each of the questions, 8-14, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

8 From how many places data on cannabis addiction has been developed? Answer _____

9 As per the report, how many people in Canada are reported to be cannabis addict in the first quarter of the 2nd decade of 21st century?

Answer _____

10 How many people are known to be addicted to cannabis as per the report of 2013?

Answer _____

11 Who are likely to be addicted more commonly?

Answer _____

12 Who are popular for making use of cannabis as its use is customary? Answer _____

13 As per the report, how many people in the USA are reported to be cannabis addict?

Answer _____

14 What revealed a 7 percent of young adults were cannabis dependent in Australia during 2002?

Answer _____

Questions 15-20

Complete each of the sentences, 15-20, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

15 In the United States, in 2013, the drug was used by _____ of people.

16 Commonly, adults may have about _____ risk of becoming a drug addict

17 The studies in the landlocked East African country shows _____ of cannabis dependence.

18 The sequence of the drug use may end with _____.

19 It is very much likely that _____ is of higher level among drug addicts

20 _____ explained that the sequence of drug use occurring starts with legal drug and proceeds to illegal drugs.

PART B

In this part of the test, there are six short extracts relating to the work of health professionals. For questions 1-6, choose the answer (A, B or C) which you think fits best according to the text.

Questions 1-6

1 Chronic urticaria;

- A Is caused by an allergic reaction to a food or drug.
- B Arises spontaneously and its cause is unknown.
- C Is a genetic disorder that is very rare.

Chronic urticaria

Chronic urticaria is a common condition characterized by recurrent hives lasting several weeks or months and is usually idiopathic. Approximately half of the individuals with chronic urticaria will present with episodes of angioedema that can be severe and debilitating. There is a 47-year-old Hispanic male who presented initially for an evaluation of chronic hives following hospitalization due to hive-induced anaphylaxis. The individual had a history significant for urticaria and angioedema beginning in his early 30s. Interestingly, both the individual's 41-year-old sister and 12-year-old daughter were also affected by chronic urticaria and severe angioedema. Whole exome sequencing of the proband and several family members revealed a heterozygous variant of uncertain significance in exon 2 of TNFAIP3, denoted as c.65G>A (p.R22Q), in all affected members.

2 Arterial aneurysms;

- A Are caused by narrowing of arteries.
- B are abnormal dilations of the peripheral arteries.
- C Occur due to change in structure and function of the Fibrillin-1.

Arterial aneurysms

Arterial aneurysms are most commonly caused by atherosclerotic disease, especially in elderly patients aged over 60. Other etiologies, such as connective tissue disorders, should be investigated in younger patients.. Fibrillin-1 microfibrils, through interactions with elastin and other proteins, provide structure to elastic and nonelastic connective tissues. In addition to the architectural functions, Fibrillin-1 plays an important role in regulating TGF- β complexes in the extracellular matrix. TGF- β signaling controls various processes at the cellular level, such as cellular growth, differentiation, and apoptosis. When Fibrillin-1 is defective, it disrupts the normal architecture of connective tissues.

3 What is correct?

- A PE occurs when a clump of material, most often a blood clot, gets wedged into an artery in your lungs.
- B Patients with DVT are susceptible to PE.
- C PE symptoms, in most of the cases, do not get revealed easily.

Pulmonary embolism

Pulmonary embolism (PE) is regarded as an elusive diagnosis with a non-specific clinical presentation and has a tendency to be both over- and underdiagnosed in clinical practice. In the United States of America, venous thromboembolism (VTE) has been reported as the 3rd commonest cause of mortality. Most patients with PE are clinically asymptomatic. In fact, PE has been shown to be present in 60–80% of individuals with confirmed deep vein thrombosis (DVT), despite the absence of symptom in more than half of these patients. Cardiac arrest following PE has an associated mortality of up to 70% within the first hour of presentation and an overall mortality of up to 95%. Approximately 90% of episodes of cardiac arrests occur within 1-2 hours after the onset of symptoms of PE.

4 What is the notice talking about?

- A Cleaning of the blood of toxins.
- B A major a superficial vein in the arm and disease associated with it.
- C A case report.

Clinically, the cephalic vein is preferred for haemodialysis in patients with chronic renal failure (CRF), to remove waste products from the blood. The cut-down of the cephalic vein in the deltopectoral groove is preferred when superior vena caval infusion is necessary. However, cephalic veins exhibit a wide array of developmental variations in terms of formation, course, and termination. During routine gross anatomy dissection of the neck of the patient, a rare case of variation of the termination of the cephalic vein in both right and left upper limbs have been observed. Knowledge of the variations of cephalic vein is important not only for anatomists but also for surgeons and clinicians as the vein is frequently used for different surgical procedures and for obtaining peripheral venous access as well.

5 What does the table indicate?

- A Tenofovir goes well in coordination with Cycloferon.

- B Cycloferon goes well in coordination with Tenofovir.
- C Adefovir goes well in coordination with Cycloferon.

Dual therapies	Nb	% of total treatment ()	% of dual therapy ()
Cycloferon + Adefovir	55	7.9%	43.3%
Cycloferon + Lamivudine	42	6.1%	33.0%
Adefovir + Lamivudine	9	1.3%	7.1%
Cycloferon + Tenofovir	5	0.7%	4.0%
Tenofovir + Adefovir	4	0.6%	3.2%
Tenofovir + Lamivudine	4	0.6%	3.2%
Pegasys + Tenofovir	3	0.4%	2.4%
Pegasys + Adefovir	2	0.3%	1.6%
Entecavir + Tenofovir	1	0.1%	0.8%
Interferon + Cycloferon	1	0.1%	0.8%
Entecavir + Pegasys	1	0.1%	0.8%
Total	126	18.2%	

6 The products which are good moisturizers are marketed by;

- A NOW Solutions, Microfluidics, Decorte.
- B Microfluidics, Decorte, Dior.
- C Microfluidics, Decorte.

Marketed formulations of liposomes

Product name	Marketed by	Uses
Capture Totale	Dior	Removes wrinkles and dark spots and has radiance effect with sunscreen
Dermosome	Microfluidics	Moisturizer
Decorte Moisture Liposome Face Cream	Decorte	Moisturizer
Decorte Moisture Liposome Eye Cream	Decorte	Moisturizes, firms, and brightens the delicate skin around the eyes
Natural Progesterone Liposomal Skin Cream	NOW Solutions	Maintenance of healthy feminine balance
C-Vit Liposomal Serum	Sesderma	Hydration, boosts collagen synthesis, enhances the skin's elasticity and firmness, and brightens the complexion

Advanced Night Repair Protective Recovery Complex	Estée Lauder	Skin repair
---	--------------	-------------

PART C

In this part of the test, there are two texts about different aspects of healthcare. For questions 7-22, choose the answer (A, B, C or D) which you think fits best according to the text.

Text 1: What is Creutzfeldt-Jakob Disease?

Creutzfeldt-Jakob disease is a degenerative brain disorder that leads to dementia and, ultimately, death. Symptoms of Creutzfeldt-Jakob disease (CJD) sometimes resemble those of other dementia-like brain disorders, such as Alzheimer's, but Creutzfeldt-Jakob disease usually progresses much more rapidly. Creutzfeldt-Jakob disease captured public attention in the 1990s when some people in the United Kingdom developed a form of the disease — variant CJD (vCJD) — after eating meat from diseased cattle. However, "classic" Creutzfeldt-Jakob disease has not been linked to contaminated beef. Although serious, CJD is rare, and vCJD is the least common form. Worldwide, there is an estimated one case of Creutzfeldt-Jakob disease diagnosed per million people each year, most frequently in older adults, if not among children.

Creutzfeldt-Jakob disease is marked by rapid mental deterioration, usually within a few months. Initial signs and symptoms of CJD typically include personality changes, anxiety, depression, memory loss, impaired thinking, blurred vision, insomnia, difficulty speaking, difficulty swallowing and sudden, jerky movements. As the disease progresses, mental symptoms worsen; most people eventually lapse into a coma. Heart failure, respiratory failure, pneumonia or other infections are generally the cause of death. The disease usually runs its course in about seven months, although a few people may live up to one or two years after diagnosis. In people with the rarer CJD, psychiatric symptoms may be more prominent in the beginning, with dementia — the loss of the ability to think, reason and remember - developing later in the course of the illness. In addition, this variant affects people at a younger age than classic CJD does, and appears to have the slightly longer duration of 12 to 14 months.

Creutzfeldt-Jakob disease and its variants belong to a broad group of human and animal diseases known as transmissible spongiform encephalopathies (TSEs). The

name derives from the spongy holes, visible under a microscope, that develops in affected brain tissue. The cause of Creutzfeldt-Jakob disease and other TSEs appears to be abnormal versions of a kind of protein called a prion. Normally, these proteins are harmless, but when they're misshapen they become infectious and can wreak havoc on normal biological processes. The risk of CJD is low. The disease can't be transmitted through coughing or sneezing, touching, or sexual contact. The three ways it develops are: Sporadically: most people with classic CJD develop the disease for no apparent reason. CJD that occurs without explanation is termed spontaneous CJD or sporadic CJD and accounts for the majority of cases. By inheritance: in the United States, about 5 to 10 percent of people with CJD have a family history of the disease or test positive for a genetic mutation associated with CJD. This type is referred to as familial CJD. By contamination: a small number of people have developed CJD after being exposed to infected human tissue during a medical procedure, such as a cornea or skin transplant. Also, because standard sterilization methods do not destroy abnormal prions, a few people have developed CJD after undergoing brain surgery with contaminated instruments. Cases of CJD related to medical procedures are referred to as iatrogenic CJD. Variant CJD is linked primarily to eating beef infected with bovine spongiform encephalopathy (BSE), the medical term for mad cow disease.

Most cases of Creutzfeldt-Jakob disease occur for unknown reasons, and no risk factors can be identified. However, a few factors seem to be associated with different kinds of CJD: Age: sporadic CJD tends to develop later in life, usually around the age of 60. The onset of familial CJD occurs only slightly earlier. On the other hand, vCJD has affected people at a much younger age, usually in their late 20s. Genetics: people with familial CJD have a genetic mutation that causes the disease. The disease is inherited in an autosomal dominant fashion, which means you need to inherit only one copy of the mutated gene, from either parent, to develop the disease. If you have the mutation, the chance of passing it on to your children is 50 percent. Genetic analysis in people with iatrogenic and variant CJD suggests that inheriting identical copies of certain variants of the prion gene may predispose a person to develop CJD if exposed to contaminated tissue. Exposure to contaminated tissue: people who've received HGH derived from human pituitary glands or who've had dura mater grafts may be at risk of iatrogenic CJD. The risk

of contracting vCJD from eating contaminated beef is difficult to determine. In general, if countries are effectively implementing public health measures, the risk is virtually non-existent.

Only a brain biopsy or an examination of brain tissue after death (autopsy) can confirm the presence of Creutzfeldt-Jakob disease. But doctors can often make an accurate diagnosis based on your medical and personal history, a neurological exam, and certain diagnostic tests. The exam is likely to reveal such characteristic symptoms as muscle twitching and spasms, abnormal reflexes, and coordination problems. People with CJD may also have areas of blindness and changes in visual-spatial perception. In addition, doctors commonly use the following tests to help detect CJD: Electroencephalogram (EEG): using electrodes placed on your scalp, this test measures your brain's electrical activity. People with CJD and vCJD show a characteristically abnormal pattern. Magnetic resonance imaging (MRI): this technique uses radio waves and a magnetic field to create cross-sectional images of your head and body. It's especially useful in diagnosing brain disorders because of its high-resolution images of the brain's white matter and gray matter. Spinal fluid tests: cerebrospinal fluid surrounds and cushions your brain and spinal cord. In a test called a lumbar puncture — popularly known as a spinal tap - doctors use a needle to withdraw a small amount of this fluid for testing. The presence of a particular protein in spinal fluid is often an indication of CJD or vCJD.

No effective treatment exists for Creutzfeldt-Jakob disease or any of its variants. A number of drugs have been tested - including steroids, antibiotics and antiviral agents - and have not shown benefits. For that reason, doctors focus on alleviating pain and other symptoms and on making people with these diseases as comfortable as possible.

Text 1 : Questions 7-14

7 Which disease progresses faster?

- A Alzheimers
- B Jakob
- C Both Alzheimer`s and Jakob
- D Not given

8 Creutzfeldt-Jakob disease is commonly found among adults or elderly people;

- A False
- B True
- C False, because it is found among children too.
- D Not given

9 People affected with the disease may die after;

- A. One year
- B. Two years
- C. 12-14 months
- D Not given

10 Paragraph 3 talks more about;

- A Symptoms
- B Occurrence
- C Transmission
- D Prevention

11 One of the most common risk factors includes;

- A Exposure to contaminated tissue.
- B Age
- C Genetics
- D B and C

12 "People who may have the human growth hormone derived from human pituitary glands may be at risk of iatrogenic CJD."

- A 100% true

- B 100% false
- C 50% true
- D 50% false

13 "Confirmation of the Creutzfeldt-Jakob disease can be done only after the death of the person."

- A True
- B False
- C True in some cases
- D Not given

14 What is most helpful in detecting CJD?

- A Electroencephalogram (EEG)
- B Spinal fluid exams
- C MRI
- D All of the above

Text 2: Heat Rash

The skin's job is to protect the inside of the body from the outside world. It acts as a preventive barrier against intruders that cause infection, chemicals, or ultraviolet light from invading or damaging the body. It also plays an important role in the body's temperature control. One way that the body cools itself is by sweating, and allowing that sweat or perspiration to evaporate. Sweat is manufactured in sweat glands that line the entire body (except for a few small spots like fingernails, toenails, and the ear canal). Sweat glands are located in the dermis or deep layer of the skin, and are regulated by the temperature control centers in the brain. Sweat from the gland gets to the surface of the skin via a duct. A heat rash occurs when sweat ducts become clogged and the sweat can't get to the surface of the skin. Instead, it becomes trapped beneath the skin's surface causing a mild inflammation or rash. Heat rash is also called prickly heat or miliaria.

It is uncertain why some people get heat rashes and others don't. The sweat gland ducts can become blocked if excessive sweating occurs, and that sweat is not allowed to evaporate from a specific area. Some examples of how blockage may occur include the following: creases in the skin, for example the neck, armpit, or groin which have skin touching adjacent skin, making it difficult for air to circulate, therefore preventing sweat evaporation; tight clothing that prevents sweat evaporation; bundling up in heavy clothing or sheets - this may occur when a person tries to keep warm in the winter or when chilled because of an illness with fever. Heavy creams or lotions can also clog sweat ducts. Babies have immature sweat glands that aren't able to remove the sweat they produce; they can develop heat rash if they are exposed to warm weather, are overdressed, excessively bundled, or have a fever. Heat rash may occur as a side effect of some medications, for example, isotretinoin (Accutane) or clonidine (Catapres).

The most common symptoms of heat rash are red bumps on the skin, and an itchy or prickly feeling to the skin. These are due to inflammation of the superficial layers of the skin (the epidermis) and the prickly sensation is similar to the feeling of mild sunburn. The symptoms of heat rash are the same in infants and adults; however, since an infant can't complain about the rash sensation, he or she may be fussy. Newborns, infants, the elderly, and obese individuals with large areas with skin-on-skin contact areas (for example, a large overlapping area of abdominal fat

or panniculus) are at risk of developing a heat rash. They are all especially at risk if they are immobile for long periods of time and parts of the skin aren't exposed to circulating air, which results in the inability of the sweat ducts to "breathe" (evaporative cooling). Heat rashes are more common in places with hot, humid, climates because people sweat more. Intense exercise associated with lots of sweating may cause a heat rash, especially if the clothing worn does not allow adequate air circulation.

The appearance of a heat rash depends upon where the excess sweat gets deposited in the skin. Tiny blisters that look like small beads of sweat are seen if the sweat is blocked at the most superficial layers of the skin where the sweat duct opens on the skin surface. Called miliaria crystallina, it has no symptoms other than these "sweat bubbles." Classic heat rash or miliaria rubra occurs if the sweat causes inflammation in the deeper layers of the epidermis. Like any other inflammation, the area becomes red and the blisters become slightly larger. Because the sweat glands are blocked and don't deliver sweat to the skin's surface, the area involved is dry and can be irritated, itchy, and sore. This rash is also called prickly heat. Less frequently, after repeated episodes of prickly heat, the heat rash may inflame the deeper layer of the skin called the dermis, and cause miliaria profunda. This rash is made up of larger, harder bumps that are more skin colored. The rash begins almost immediately after exercise, and again no sweat can be found on the affected areas. Rarely, this type of heat rash may potentially be dangerous if enough skin is involved, since the lack of sweating can lead to heat-related illnesses like heat cramps, heat exhaustion, or heat stroke.

Heat rash or prickly heat is detected by physical examination. Knowing that the rash appears during sweating or heat, appreciating the location on the body (in skin creases or where clothes fit tightly) and seeing what the rash looks like is enough to make the diagnosis. As with many rashes, the health care professional may look at the involved skin and, because of previous experience, immediately make the diagnosis. An effective recovery process may depend more on treating heat rash with remedies such as over-the-counter creams and sprays. Medical treatment for heat rash may involve antibiotics if the sweat glands become infected.

Text 2 : Questions 15-22

15 Heat rash develops when;

- A Sweat ducts become clogged
- B Sweat can't come out onto the skin
- C Skin stops developing sweat
- D None

16 One of the most common reasons given for the blockage of the sweat glands is;

- A Excessive sweat is not allowed to evaporate from the skin
- B Creases in the skin which makes circulation difficult
- C Tight clothing
- D Heavy creams and lotions

17 In babies, heat rash often develops due to;

- A Warm weather
- B Overdressing
- C Fever
- D Not given

18 Paragraph 3 talks more about;

- A Risk factors
- B Who is at risk
- C Symptoms
- D Development of the disease

19 Heat rash is common in;

- A Cold areas
- B Areas with higher humidity

- C Desert areas
- D B and C

20 What is the central idea of paragraph 4?

- A Heat rash symptoms.
- B Mode of occurrence.
- C What heat rash looks like.
- D B & C

21 Heat rash may cause "emiliaria profunda."

- A True in some cases
- B False
- C 100% true
- D Not given

22 Medical treatment for heat rash is effective when the;

- A Blockage is high.
- B Blockage is mild.
- C Blockage is low.
- D Home remedies are ineffective.