



**MATERIAL**



# Quick Learn Test Material

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## READING TEST 11

### Reading: Part A

**TIME LIMIT: 15 MINUTES**

#### Instructions:

- Complete the summary of **Part A - Answer booklet** using the information in the four texts (A1-4) below.
- You **do not** need to read each text from beginning to end to complete the task. You should scan the texts to find the information you need.
- Gaps may require **1, 2 or 3 words**. Answer **ALL** questions. Marks are **NOT** deducted for incorrect answers.
- You should write your answers next to the appropriate number in the **right-hand column**.
- Please use **correct spelling** in your responses. **Do not** use abbreviations unless they appear in the texts.

#### Text 1

Relapsing fever, as the name implies, is characterized by recurrent acute episodes of fever. These episodes are followed by periods of defervescence of increasing duration. Relapsing fever is a vector-borne infection that is spread by lice (*pediculus humanus*) and ticks (*ornithodoros* species) and it is caused by various spirochete species of the borrelia gen (spirochetes are a morphologically unique species of bacteria which also cause syphilis, lyme disease & leptospirosis).

(I deleted a section of text here because it was exactly the same as paragraph 2)

#### Text 2

Louse-borne relapsing fever (LBRF) is caused by *Borrelia recurrentis*, while tick-borne relapsing fever (TBRF) is caused by at least 15 different *Borrelia* species (e.g., *Borrelia hermsii*, *Borrelia turicatae*, *Borrelia parkeri* & *Borrelia duttonii*). LBRF and TBRF vary significantly in terms of epidemiology. The human body louse transmits *B. recurrentis*, which causes an epidemic form of relapsing fever, while a soft-bodied tick (*Ornithodoros*) transmits multiple *Borrelia* species that cause endemic relapsing fever. Unlike hard ticks, *Ornithodoros* adult ticks are able to live for many years, feed repeatedly on blood meals, lay eggs, and perpetuate their life cycle. In addition, *Ornithodoros* ticks may survive long periods in a fasting state. In fact, *Ornithodoros turicata* ticks have been known to transmit spirochetes in the laboratory setting after 7 years without a blood meal. Humans are the sole host of *B. recurrentis*, while mammals (e.g., cattle, pigs, prairie dogs, ground and tree squirrels, chipmunks) and reptiles (e.g. lizards, snakes, gopher tortoises) may serve as a reservoir for tick-borne *Borrelia* species.

### **Text 3**

The incidence and prevalence of the diseases is very hard to estimate as they often go unrecognized or are misdiagnosed in the current era of easily available antibiotics. Endemic relapsing fever is only encountered in the very southernmost regions of Europe (particularly Mediterranean Spain and Asia Minor), but has an appreciable presence throughout the rest of the world's continents, with the exception of Australasia. On the whole, endemic relapsing fever is found to be fewer in numbers in Britain (more or less unheard of) and rare throughout other European countries, except in travellers returning from areas where it is present. Clusters of cases can occur in groups of returning travellers who camp in rural settings where the disease is an endemic. Currently, this fever is noted to be present only in Ethiopia and other neighbouring countries. However, the prevalence or the occurrence of this fever among homeless people of industrialized European cities has been suspected but not confirmed.

### **Text 4**

The hallmark of both louse-borne relapsing fever (LBRF) and tick-borne relapsing fever (TBRF) is two or more episodes of high fever (usually  $>39^{\circ}\text{C}$ ), headaches, and myalgias. The clinical manifestations are also similar: the mean incubation time is 7

days (range, 4-18 or more days), fever occurs in conjunction with spirochetemia; in TBRF, the initial febrile episode lasts an average of 3 days (range, 12 h to 17 d, with an average of 7 days between the initial episode and first relapse. In LBRF, the first febrile episode usually lasts longer, 5.5 days on average (range, 4-10 d), with an average of 9 days between the first episode and first relapse. Patients may feel well between episodes, but the febrile periods are characterized by crises marked by labile blood pressures and pulse. The risk of death is greatest during and immediately following the period of hypotension. Other symptoms of relapsing fever include: chills, arthralgias, abdominal pain, mental status changes, nonproductive cough, diarrhea, dizziness, neck pain, photophobia, rash, bleeding, coma, headache, joint aches (arthralgia), muscle aches (myalgia), nausea and vomiting, sagging of one side of the face (facial droop), sudden onset of high fever, seizures, weakness, unsteady while walking etc.

LBRF is associated with a higher incidence of jaundice, petechiae, hemoptysis, epistaxis, and CNS involvement. On average, individuals with TBRF experience three relapses, while those with LBRF experience only one. Fever tends to be milder with relapses, which result from antigenic variation of the spirochete's outer-surface proteins.

## Summary

Relapsing fever is an umbrella term used to describe characteristic patterns of 1..... caused by 2..... of the 3..... It owes its name to the classical presentation of a 4..... that spontaneously remits and 5....., helping, historically, to distinguish it from other infectious diseases that caused fever. It can be classified into two broad categories dependent upon the 6..... it to people and thus the particular species causing the 7..... There are two major forms of relapsing fever: tick-borne relapsing fever (TBRF) and louse-borne relapsing fever (LBRF). Tick-borne relapsing fever (TBRF) is transmitted by the 8..... and occurs in Mediterranean Spain and 9..... The bacteria species associated with 10..... are 11....., borrelia hermsii, and 12.....

Louse-borne relapsing fever (LBRF) is transmitted by 13..... and is most common too. The bacteria species associated with LBRF is borrelia recurrentis. Sudden fever occurs within 14..... In LBRF, the fever usually lasts 3-6 days and is usually followed by a single, 15..... In TBRF, multiple episodes of fever occur and each may last up to 3 days. Individuals may be free of fever for up to 2 weeks before it

16..... In both forms, the fever episode may end in "crisis": this consists of shaking chills, followed by intense sweating, 17....., and low blood pressure. This stage may result in death in up to 10% of people. Other symptoms may include: 18....., coma, headache, joint aches (arthralgia), 19..... (myalgia), nausea and vomiting, sagging of one side of the face (facial droop), stiff neck, sudden onset of high fever, shaking chills, seizures, vomiting, weakness, unsteady while 20 ..... etc.

The 21..... of the diseases is very difficult to estimate as they often go unrecognized or are misdiagnosed in the current era of easily available antibiotics. Endemic relapsing fever has appreciable presence throughout the 22..... On the whole, 23..... fever is 24.....in 25..... and rare throughout 26....., except in 27..... from areas where it is present. Now, clusters of cases are found only in 28..... countries, although its occurrence among 29.....industrialized European cities has been suspected but not confirmed.

**End of Part A**

## **Part B - Text Booklet**

### **Instructions**

#### **TIME LIMIT: 45 MINUTES**

- There are TWO reading texts in Part B. After each of the texts you will find a number of questions or unfinished statements about the text, each with four suggested answers or ways of finishing.
- You must choose the ONE, which you think, fits best. For each question, 1-20, indicate on your answer sheet the letter A, B, C or D against the number of the question.
- Answer ALL questions. Marks are NOT deducted for incorrect answers.

**NOTE:** You must complete your Answer Sheet for Part B within the 45 minutes allowed for this part of the sub-test.

**Text B1 - All About Agoraphobia****Paragraph 1**

A phobia is generally defined as the unrelenting fear of a situation, activity, or thing that causes one to want to avoid it. The definition of agoraphobia is a fear of being outside or otherwise being in a situation from which one either cannot escape or from which escaping would be difficult or humiliating. Phobias are largely underreported, probably because many phobia sufferers find ways to avoid the situations to which they are phobic. The fact that agoraphobia often occurs in combination with panic disorder makes it even more difficult to track how often it occurs. Other facts about agoraphobia include that researchers estimate it occurs in less than 1% to almost 7% of the population and that it is specifically thought to be grossly underdiagnosed.

**Paragraph 2**

There are a number of theories about what can cause agoraphobia. One hypothesis is that agoraphobia develops in response to repeated exposure to anxiety-provoking events. Mental-health theory that focuses on how individuals react to internal emotional conflicts (psychoanalytic theory) describes agoraphobia as the result of a feeling of emptiness that comes from an unresolved Oedipal conflict, which is a struggle between the feelings the person has towards the opposite-sex parent and a sense of competition with the same-sex parent. Although agoraphobia, like other mental disorders, is caused by a number of factors, it also tends to run in families, and for some people, may have a clear genetic factor contributing to its development.

**Paragraph 3**

The symptoms of agoraphobia include anxiety that one will have a panic attack when in a situation from which escape is not possible or is difficult or embarrassing. Examples of such situations include: using public transportation, being in open or enclosed places, being in a crowd, or outside of the home alone. The panic attacks that can be associated with agoraphobia, like all panic attacks, may involve intense fear, disorientation, rapid heartbeat, dizziness, or diarrhea. Agoraphobic individuals often begin to avoid the situations that provoke these reactions. Interestingly, the

situations that people with agoraphobia avoid and the environments that cause people with balance disorders to feel disoriented are quite similar; this leads some cases of agoraphobia to be considered as vestibular function (related to balance disorders) agoraphobia.

**Paragraph 4**

Interestingly, physicians often diagnose and treat agoraphobia, like other phobias, when patients seek treatment for other medical or emotional problems rather than as the primary reason that care is sought. As with other mental disorders, there is no single, specific test for agoraphobia. The primary-care doctor or psychiatrist will take a careful history, perform or refer to another doctor for a physical examination, and order laboratory tests as needed. If someone has another medical condition that he or she knows about, there may be an overlap of signs and symptoms between the old and the new conditions. Just determining that anxiety does not have a physical cause doesn't immediately identify the ultimate cause. Often, determining the cause requires the involvement of a psychiatrist, clinical psychologist, and/or other mental-health professional. In order to establish the diagnosis of agoraphobia, the professional will likely ask questions to ensure that the anxiety of the sufferer is truly the result of a fear of being in situations that make it impossible, difficult, or embarrassing to escape, rather than in the context of another emotional problem.

**Paragraph 5**

There are many treatments available for agoraphobia, including specific kinds of psychotherapy as well as several effective medications. A specific form of psychotherapy that focuses on decreasing negative, anxiety-provoking, or other self-defeating thoughts and behaviors (called cognitive behavioral therapy) has been found to be highly effective in treating agoraphobia. In fact, when agoraphobia occurs along with a panic disorder, cognitive behavioral therapy - with or without treatment with medication - is considered to be the most effective way to both relieve symptoms and prevent their return. For example, sometimes patients respond equally as well when treated with group cognitive behavioral therapy or a brief course of cognitive behavioral therapy as they do when treated with traditional cognitive therapy. Psychotherapy for agoraphobia is effective for many people when they receive it over the Internet, which is positive news for people who live in areas that are hundreds of miles from the nearest mental-health professional.

**Paragraph 6**

Another form of therapy that has been found to be effective in managing agoraphobia includes self-exposure. In this type of intervention, the person either imagines or puts him or herself into situations that cause increasing levels of agoraphobic anxiety, using relaxation techniques in each situation in order to master their anxiety. As people gain access to the Internet, there is increasing evidence that exposure therapy can also be done effectively through that medium. Phobias are also sometimes treated using beta-blocker medications, which block the effects of adrenaline on the body, for example, propranolol.

**Part B -Text B1: Questions 1-11**

1 According to the information above, the definition of agoraphobia is:

- A Fear of going outside
- B Fear of being in open spaces or public spaces
- C Fear of being lonely
- D A and B

2 Tracking down Agoraphobia is

- A Easy because it is associated with pain disorders
- B Difficult as it is related to mood fluctuations
- C Sometimes difficult and sometimes easy
- D Not given

3 Agoraphobia occurs due to

- A Anxiety-provoking events
- B Internal emotional conflicts
- C Unresolved Oedipal conflict
- D All of the above

4 Agoraphobia is

- A Genetic

B Non-genetic

C Sometimes genetic

D Can't say

5 Agoraphobic individuals often avoid

A Being in open spaces

B Public Transportation Facilities

C Playing

D None

6 Virtually all of the medical conditions similar to Agoraphobia have

A No specific tests

B Specific tests

C A and B

D It is not given

7 A patient suffering from Agoraphobia will have to undergo

A Physical examination

B Laboratory tests

C Mental Health tests

D None

8 Cognitive behavioral therapy is considered to be highly effective

A With medications

B Without medications

C With or without medications

D In providing relief and stopping the re-occurrence of the disease

9 According to the information given, which of these is considered to be the best?

A Cognitive Behavioral Therapy

B Group Cognitive Therapy

C Psychotherapy

D Traditional Cognitive Therapy

10 Self Exposure Therapy is

A For mild to intense agoraphobia issues

B For people with years of agoraphobia

C A and B

D Not given

11 What are beta-blocker medications?

A Drugs that block the adrenal secretions

B Drugs that block the effect of adrenaline on the body

C Drugs that help in reducing the anxiety or restlessness among agoraphobia patients

D None

## **Text B2 - Xerostomia**

### **Paragraph 1**

Dry mouth is a condition that usually occurs due to a decreased production of saliva. At times, xerostomia can make it difficult to speak and may lead to malnutrition. Extreme dry mouth and salivary gland dysfunction can produce significant and permanent mouth and throat disorders and can impair a person's quality of life. Dry mouth is also called xerostomia and it affects about 10% of all people; it is more prevalent in women than men and it affects children in some rare cases. Disorders of saliva production affect elderly people and those who are taking prescription and nonprescription medications most frequently.

### **Paragraph 2**

There are many different causes of dry mouth. Dry mouth most commonly occurs as a side effect of medications that cause a decrease in saliva production, including blood pressure medications, antihistamines, antidepressants, diuretics, nonsteroidal anti-inflammatories, and many others. Other causes of dry mouth are radiation treatments to treat cancerous tumors of the head and neck, salivary gland diseases, diabetes, hormonal imbalance, mouth breathing, sleep apnea, and autoimmune

disorders such as Sjögren's syndrome, rheumatoid arthritis, and systemic lupus erythematosus. Eating disorders, such as bulimia and anorexia, are other risk factors for developing xerostomia. Salivary production can be decreased if a major salivary duct becomes blocked, such as from a stone or infection. Dry mouth will often occur during pregnancy or breastfeeding due to dehydration and hormonal changes. Other causative factors include stress, anxiety, depression, and dehydration.

### **Paragraph 3**

People complaining of dry mouth may have trouble speaking, eating, tasting food, and swallowing. Frequently, a dry mouth may be most noticeable at night during sleeping, especially in mouth-breathers. The dryness may cause chapped or cracked lips, dry eyes, dry throat, pale gums, headaches, dizziness, bad breath or a persistent cough. Those affected may also complain of sores in their mouth, or a white tongue indicative of a fungal infection like yeast (candidiasis). Fungal infections occurring in an individual with dry mouth may be associated with another underlying disease or disorder such as Addison's disease, HIV, or diabetes. A burning tongue or throat, periodontitis, ulcers, sores, and inflamed soft tissue are also all effects of oral dryness. Without a sufficient quantity of saliva to wash food particles off the teeth, neutralize acids in the mouth, and battle the bacteria population, a person frequently develops multiple cavities - especially around the gum line.

### **Paragraph 4**

When dry mouth is detected, the dentist can be helpful in obtaining a proper diagnosis, which will help in developing a plan for management and treatment. The dentist will inspect the main salivary glands and ducts to check for blockages and may measure both stimulated and unstimulated salivary flow. The lips, tongue, and oral tissues will also be inspected for dryness. Sometimes a patient will still complain of dry mouth even if salivary flow is adequate. Since the symptoms of dry mouth vary greatly from individual to individual, the treatments also vary. Sometimes treatments are given for prolonged, chronic complaint of dry mouth, even without clinical signs of changes within the mouth. There is really no way to prevent dry mouth, only the side effects of dry mouth. It is vital to detect,

diagnose, and treat xerostomia as early as possible to avoid the devastating effects of dry mouth on dental and overall health.

**Part B -Text B2: Questions 12-20**

12 Xerostomia may lead to

- A Malnutrition
- B Difficulty in swallowing
- C Difficulty in speaking
- D All of the above

13 Xerostomia is found in

- A Women
- B Men
- C Children
- D Women and Men

14 Which one of these can be the cause of Dry Mouth?

- A Antihistamins and Antidepressants
- B Blood pressure medications and non-steroidals
- C Anti-inflammatory drugs
- D Only B and C

15 Dry mouth occurs due to

- A An injury to the salivary glands or the blocking of the salivary ducts
- B Pregnancy in women
- C Chronic conditions of other neck related diseases
- D None

16 Dryness of mouth may lead to

- A Difficulty in swallowing
- B Difficulty in swallowing and speaking

- C Chapped lips or cracked lips
- D Sore throat

17 A white tongue is most commonly a symptom of

- A Diabetes
- B Fungal infections
- C HIV
- D Addison's disease

18 Effects of oral dryness include

- A Burning tongue
- B Burning throat
- C Ulcers and Sores
- D All of the above

19 According to the information above, a dentist will focus more on

- A Assessing the stimulated or unstimulated salivary flow
- B Inspection of the tongue and the oral tissues
- C A and B
- D None

20 Is it possible to prevent dry mouth?

- A Yes
- B No
- C Sometimes it can be possible to prevent it
- D Not given

**End of Part B**