PROFEX SZAKNYELVI VIZSGA **C1** (felsőfok) – angol nyelv Írásban teljesítendő **Olvasáskészség**		**vizsgázó sorszáma:** ☐☐☐☐ **MINTATESZT**

Olvassa el a két szöveget és az olvasott szöveg alapján oldja meg a két feladatlapot.
Elérhető pontszám: 20 pont
Figyelem! A vizsga akkor lehet sikeres, ha a vizsgázó részegységenként legalább 40%-ot teljesít.
Végsőmegoldásként csak a tintával írt változatot fogadjuk el.
Kérjük, hogy jól gondolja meg a válaszát, mivel bármilyen válaszmódosítás esetén válasza érvénytelen.

1. szöveg

Medical management of Crohn's disease

1. Crohn's disease is a chronic, relapsing and remitting inflammatory condition of the gastrointestinal tract. Treatment has changed radically over the past decade with the introduction of biological therapy and increased use of immunomodulators. Awareness of the therapeutic potential and associated adverse events is necessary both for offering benefit and for protecting patients from undue risks from these treatments.

The disease presents at any age, although usually at age 16-30 years; it has a disproportionate effect on economically active individuals. Common presenting symptoms include diarrhoea, abdominal pain, weight loss, and fatigue. The disease is characterised by transmural intestinal inflammation, with occasional extraintestinal features such as arthropathy or dermopathy. It is classified in terms of the intestinal site affected; stenotic or penetrating (fistulising) complications; and degree of active inflammation.

2. As the differential diagnosis is wide and the incidence is relatively low (most general practitioners in the UK will see a new case of Crohn's disease every seven years), diagnosis is often appreciably delayed. This may become clinically relevant if the management of early disease is shown to alter long term outcomes. The diagnosis is established through the history, endoscopy, histopathology, and appropriate radiology – explained in authoritative guidelines.
Patients with an established diagnosis of Crohn's disease who have an appreciable change in symptoms need prompt referral.
Complex decisions on the timing of treatment with immunomodulators or biological therapy mean that management of inflammatory bowel disease is becoming a specialty in its own right. The UK IBD Audit to which 75% of hospitals submitted data, found appreciable variation in provision of services. Patients with poor prognostic factors at diagnosis, those who cannot achieve steroid-free remission, and those who relapse in spite of immunomodulators should be considered for

subspecialty referral from secondary care. A working party from the national patient group and specialist medical, nursing, and allied organisations is defining minimum standards of care for inflammatory bowel disease in the UK.

3. Biological therapy uses genetically engineered proteins (such as monoclonal antibodies), which target mediators such as cytokines that are involved in biological processes. In Crohn's disease, the cytokine tumour necrosis factor α (TNFα) mediates inflammation, and the therapeutic antibodies infliximab and adalimumab (which are licensed for the disease) block its action. Biological therapies are administered parenterally and typically persist in the body for many weeks with long lasting effects. Immunomodulators modify immune function in a generic and less specific way. The distinction may be semantic because both suppress the immune system with the potential to modify the disease course at the expense of opportunistic infections or other complications. Immunomodulators such as azathioprine, mercaptopurine, or methotrexate help to maintain remission and are increasingly considered sooner rather than later, particularly for those likely to have aggressive disease.

4. About 60% of patients with Crohn's disease in Western Europe will be treated with immunomodulators and 30% with biological therapies. The balance between benefit and risk of any treatment should be discussed with individual patients. Major side effects of azathioprine include myelosuppression, hepatitis, and pancreatitis; minor, often transient effects, include nausea, vomiting, and flu-like symptoms. Despite these side effects, thiopurines are tolerated by 75% of patients. The value of measuring thiopurine methyltransferase genotype or activity remains unclear. Thirty one of 41 patients with inflammatory bowel disease who had myelosuppression induced by azathioprine did not carry a thiopurine methyltransferase mutation, and normal thiopurine methyltransferase genotype does not obviate the need for careful monitoring of the blood count.
The risk of opportunistic infections in inflammatory bowel disease is increasingly recognised. The risk of serious infection from anti-TNFα agents is 2.8-4% in large trials lasting 12-18 months. Comparison with patients who have disease of similar severity but are not having biological therapy is difficult in real life, but a post-marketing registry (TREAT) of 6273 patients with inflammatory bowel disease included 3334 who received infliximab. Infliximab had a hazard

ratio for serious infection of 1.77 (95% confidence interval 1.27 to 2.46). On the other hand, prednisolone was associated with a double risk of serious infection and increased mortality.

Treatment options for Crohn's disease are increasingly complex and evolving. The potential risks of both under-treatment and over-treatment with immunomodulators and anti-TNFα therapy should be recognised at an early stage. Anti-TNFα therapy has revolutionised the management of severe cases and should be available as maintenance therapy for selected patients.

(722 szó)

J R Fraser Cummings, specialist registrar, Satish Keshav, consultant gastroenterologist, and Simon P L Travis,consultant gastroenterologist
BMJ. 2008 May 10; 336(7652): 1062–1066.

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FELADATLAP
1. szöveg

1. A szövegrészek tartalmát összefoglaló kifejezéseket (a-f) rendelje hozzá a megfelelő bekezdésekhez úgy, hogy a bekezdéseket jelölő számot a táblázat megfelelő helyére írja. Figyelem, 2 kifejezés nem rendelhető egyik bekezdéshez sem.

(4 pont)

a)	differential diagnosis	
b)	disease characteristics	
c)	impact of early diagnosis on outcomes	
d)	prognosis	
e)	risks of treatment	
f)	therapeutic options	

2. Egészítse ki az alábbi táblázatot a szöveg alapján. Válaszaiban kijelölt helyenként ***egyetlen*** *angol szót használjon.*

(6 pont)

Crohn's Disease (CD)

description of the disease	- CD is a severe (1)________________condition affecting the GI system - CD may develop at any age, and has a significant (2) ________________ on active workforce
established diagnosis	Often delayed due to: - the variety of the (3) ____________________ diagnosis - the low incidence of CD in primary care
treatment	- the choice of treatment and the exact (4) _________________are crucial - novel options (biological therapy and immunomodulators) aim at modifying (5) ___________________function in slightly different ways - the beneficial effects should be (6) _________________ against the risks - they can have severe adverse effects

2. szöveg

Injuries

Injuries have traditionally been defined as physical damage to a person caused by an acute transfer of energy or by the sudden absence of heat or oxygen. This definition has been broadened to include damage that results in psychological harm, maldevelopment, or deprivation. Injuries are most commonly categorized with reference to the presumed underlying intent: injuries considered to be unintentional include those caused by road-traffic incidents, falls, drowning, burns, and poisonings, and injuries considered to be intentional include those caused by self-harm, interpersonal violence, and war and conflict.

The subject of injuries has received relatively scant attention from the medical community, as evidenced by the absence of this topic in the curricula of most medical schools, and by the limited coverage of the topic in most medical journals. The Global Burden of Disease (GBD) study has at least placed injuries on the global health agenda by categorizing the major causes of death and disability worldwide into three main groups: group I includes communicable, maternal, perinatal, and nutritional conditions; group II includes non-communicable diseases; and group III includes injuries. Concurrent with the recognition of the burden of injuries has been the growing acknowledgment that an evidence-based approach to the prevention and management of injuries can and should be adopted, as has been done in the case of other major global causes of death and disability.

Burden of Injuries

In 2010, there were 5.1 million deaths from injuries — almost 1 out of every 10 deaths in the world — and the total number of deaths from injuries was greater than the number of deaths from infection with the human immunodeficiency virus-acquired immune deficiency syndrome (HIV–AIDS), tuberculosis, and malaria combined (3.8 million). Persons in low- and middle-income countries sustained a disproportionate number of injury-related deaths: 89% of the total number of deaths due to injury, as compared with 84% of deaths from all causes, occurred in these countries. Whereas injuries accounted for 6% of deaths in high-income countries, they caused 12% of deaths in low-income countries in the Americas and 11% of deaths in low-income countries in Southeast Asia. The burden of injury is even greater in some individual countries, such as South Africa, where injuries are the second leading cause of both death and disability-adjusted life-years (DALYs).

Unintentional Injuries

In 2010, unintentional injuries were the cause of the majority of injury-related deaths (69%), as well as the majority of DALYs (72%). Transportation-related injuries (including injuries from both road-traffic incidents and non-road-traffic causes, such as incidents on the water or in the air) were the leading cause of injury-related deaths in 2010 and were responsible for 1.4 million deaths.

Although injuries from road-traffic incidents impose a substantial burden across all regions of the world, the burden is greatest in low- and middle-income countries. In 2004, injuries from road-traffic incidents were the sixth leading cause of death and the fourth leading cause of DALYs in middle-income countries. The highest death rates, however, occurred in low- and middle-income countries in Africa and in the Eastern Mediterranean and Western Pacific regions. Notably, Africa currently has the lowest motorization rate (i.e., the number of registered vehicles per person) of all the world's regions, but its fatality rates are already similar to those in regions that have considerably higher motorization rates.

Falls are the next most common cause of deaths related to unintentional injuries globally, followed by drowning, burns, and poisonings. The rates of death from falls and from poisonings are generally higher in high-income countries than in low- and middle-income countries combined; however, the rate of death from falls is highest in the low- and middle-income countries of Southeast Asia, whereas the rate of death from poisoning is highest in the low- and middle-income countries of Europe. More than 90% of deaths from drowning and from fires occur in low- and middle-income countries.

Intentional Injuries

Deaths from self-harm and from interpersonal violence are, respectively, the second and fourth leading causes of injury-related deaths and of DALYs. Almost 95% of deaths and DALYs due to interpersonal violence and almost all deaths and DALYs due to war and conflict occur among persons in low- and middle-income countries. The rates of death from interpersonal violence are substantially higher in low- and middle-income countries in both Africa and the Americas than in other regions of the world, and the rates of death from war and conflict are highest in the low- and middle-income countries of the Eastern Mediterranean region.

Future Burden of Injuries

The global burden of injuries is expected to increase over the next 20 years; it is projected that by 2030, injuries from road-traffic accidents will be the fifth leading cause of death worldwide, and deaths from self-harm will be the twelfth leading cause of death. Overall, the number of deaths from injuries increased by 24% between 1990 and 2010.

The burden of injuries is likely to diminish over the next 20 years in high-income countries, whereas injuries are projected to continue to be a major burden in middle-income countries and to become increasingly important in low-income countries. These projections probably reflect the increasing exposure to risks in the low- and middle-income countries (e.g., increasing motorization) combined with the increasing implementation of effective prevention strategies in the high-income countries. If these projected increases in injuries are to be thwarted, efforts aimed at prevention, especially in low- and middle-income countries, must become a priority.

(895 szó) *Global Health, N Engl J Med 2013; 368:1723-1730, May 2, 2013*

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FELADATLAP

2. szöveg

1. Karikázza be az ***egyetlen*** *helyes megoldás számát a szöveg alapján.*

(4 pont)

1.1. Injuries
- 1.1.1. impose a greater burden worldwide than infections.
- 1.1.2. are responsible for up to 10 % of deaths worldwide.
- 1.1.3. are responsible for 89 % of the total number of deaths.
- 1.1.4. will be the fifth leading cause of death worldwide by 2030.

1.2. The burden of injuries
- 1.2.1. is evenly distributed among less well-to-do countries.
- 1.2.2. is smaller in less well-to-do countries but is projected to rise again in these countries.
- 1.2.3. is projected to increase in all regions of the world but not to the same extent.
- 1.2.4. is expected to rise in the poorest countries to a larger extent than in other regions.

1.3. Unintentional injuries
- 1.3.1. impose a smaller burden in Africa and the Americas than intentional injuries.
- 1.3.2. were the sixth leading cause of death in middle-income countries in 2004.
- 1.3.3. impose the greatest burden in less well-to-do countries in the Eastern Mediterranean region.
- 1.3.4. are expected to rise in number in low- income countries as a result of increasing motorization.

1.4.
- 1.4.1. Injuries caused by the victims themselves are the second leading cause of injury-related deaths.
- 1.4.2. Death rates from violence are slightly higher in less well-to-do countries than in other regions.
- 1.4.3. Intentional injuries impose a smaller burden worldwide than accidents.
- 1.4.4. The burden of intentional injuries is greatest in South Africa.

2. Egészítse ki az alábbi összefoglaló szöveget ***egyetlen*** *odaillő angol szóval.*

(6 pont)

In 2010, death rate from injuries was higher than a combined death rate of certain (1) __________________. Almost half a million people died in injuries related to (2) __________________ in 2010.Mortality from road-traffic injuries in Africa (3) __________________ global mortality from this type of injury. In the next 20 years, the prevalence of injuries is likely to rise on a (4) _______________ scale. However, the individual countries are not (5) _________________ affected by this problem. People living in less well-to-do countries are becoming more and more (6) _________________ to motorization and other risk factors.