

PROFEX SZAKNYELVI VIZSGA Felsőfok – angol nyelv Szóbeli Beszédértés		vizsgázó sorszáma: dátum: 2007. április 14.
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*Oldja meg a két feladatlapot a hallott szöveg alapján! Elérhető pontszám: 20 pont
Figyelem! A vizsga akkor lehet sikeres, ha a vizsgázó részegységenként legalább 40%-ot teljesít.
Végző megoldásként csak a tintával írt változatot fogadjuk el.
Kérjük, hogy jól gondolja meg a választát, mivel bármilyen válaszmódosítás esetén válasza érvénytelen.*

MEGOLDÓKULCS

1. szöveg

I. A hallott szöveg alapján egészítse ki az alábbi összefoglalót. Válaszaiban legfeljebb EGY angol szót használhat. (5 pont).

A patient with advanced cancer may have many symptoms. Some symptoms are common and they are treated with simple measures. (1) **Constipation** is a very common symptom, it can affect 80% of patients. This ailment is induced by drugs, like (2) **opioids**. The cause of constipation might as well be some side-effects of anti –cholinergic character, triggered by (3) **anti-depressants**, which belong to the group of tricyclic drugs. Bowel problems are frequently **exacerbated** (4) by dehydration and (5) **immobility** in patients with advanced cancer.

II. A hallott szöveg alapján egészítse ki a következő 5 hiányos mondatot. Válaszaiban mondatonként legfeljebb 2 angol szót használjon (5 pont).

1. Constipation can be accompanied by symptoms that mimic features of cancer and they may develop in the abdominal area causing abdominal pain, **abdominal masses**, anorexia and nausea.
2. Laxatives (codeine frumol, codeine frusate) are given to prevent constipation and their dose is titrated until the patient is able to produce a **comfortable stool**.
3. If the rectum is empty: **intestinal obstruction** should be excluded.
4. Arachis oil enema, glycerine suppositories or bisacodyl can be used if the rectum is full but if there is no success, **manual evacuation** may be required.
5. If the constipated patient is not experiencing colic, the doctor may prescribe a **stimulant / stimulating laxative**.

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1. szöveg

**Management of Symptoms in Advanced Cancer
 Common problems**

The patient with advanced cancer can be troubled by many symptoms. Some of these symptoms occur commonly and are relatively simple to treat whilst others can pose problems for management. In addition, there are some symptoms which are relatively unusual but which suggest a clinical syndrome, which can be well palliated if the syndrome is recognized and appropriate treatment is given. Let us first consider some common symptoms.

Constipation: Constipation affects up to 80% of patients with advanced cancer. It is often induced by drugs like opioids or drugs with anti-cholinergic side-effects like tricyclic anti-depressants, but dehydration and immobility in these patients often exacerbates the bowel problem. Constipation is uncomfortable for the patient and can mimic some features of cancer. For example: abdominal pain, abdominal masses, anorexia and nausea.

Occasionally, an extremely constipated patient presents with overflow diarrhoea. This can lead patients to discontinue their laxatives inappropriately.

Treatment of constipation involves a series of clinical decisions. Firstly: 'Is the patient at risk of constipation because of drugs, dehydration or immobility?' If so, laxatives should be started prophylactically. For example, codeine frumol 5-10 ml or codeine frusate 1-3 capsules at night. The dose of laxative can be titrated until the patient is able to produce a comfortable stool. If the patient is already constipated, then management depends on the clinical presentation. If the rectum is empty, then intestinal obstruction must be excluded as the cause of constipation. (This will be dealt with later in the tape.). If the rectum is full, then glycerine suppositories should be used to lubricate hard faeces or an arachis oil retention enema can be used overnight. Once faeces are soft then the colon can be stimulated using bisacodyl 10-20 mg orally, which will produce a stimulant action some 12 hours later. If there is no success then manual evacuation may be required. For patients who have intact sensation to the anus this is a very uncomfortable procedure and should be undertaken using sedative cover with intravenous diazepam or midazolam.

Manual evacuation is easier to achieve if the stool is relatively well-formed. If the colon is full on palpation of the abdomen then treatment should be commenced to move faeces further down the colon. If the patient is experiencing colic then it is expedient to start treatment with a faecal softener which has a minimal stimulant action, for example docusate, 100mg daily, slowly titrated upwards to a maximum of 300mg, 3 times a day. However, if the patient is not experiencing colic then the use of a stimulant laxative is indicated. A single dose of bisacodyl 10-20mg by rectum, which may begin to act within 1 or 2 hours can be followed by a regular use of co-danthramer or co-dantrusate or their equivalent.

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There are many laxatives available for the doctor treating patients with advanced cancer. Laxatives which act as colonic stimulants are most efficacious when treating constipation induced by opioids. Osmotic laxatives, like lactulose can produce fluid shifts within the body with accompanying dizziness. They also increase the volume of faeces delivered to the large bowel, which may in turn promote colic. When changing from one laxative to another it would be well to bear in mind the relative potencies of these drugs.

Source: Management of Symptoms in Advanced Cancer – Postgradual Training in Clinical Pharmacology. (Dr K Mannix and Dr C Regnard St Oswald’s Hospice, Newcastle-Upon-Tyne).

3042 karakter

2. szöveg

Az alábbiakban a Turner szindrómáról hall egy szöveget. A felvétel alapján oldja meg a feladatokat. A szöveget kétszer hallgathatja meg.

I. A hallott szöveg alapján egészítse ki az alábbi hiányos mondatokat kijelölt helyenként legfeljebb 4 odaillő angol szóval. (4 pont)

Turner syndrome is a condition that **strikes/ affects** (1) about one out of every 2,500 women in the US.

Sufferers typically have a defect in their sex chromosomes, **short stature** (2) and are missing ovaries or other secondary sex characteristics.

Affected girls used to be treated like dolls as they looked much younger than their **chronologic ages** (3).

In the 1990s the use of growth hormone for the treatment of Turner syndrome was approved by the **Food and Drug Administration** (4).

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II. A hallott szöveg alapján töltsse ki az alábbi táblázatot. Kijelölt helyenként legfeljebb 4 angol szót használhat (6 pont).

THE HORMONAL TREATMENT OF TURNER SYNDROME	
HORMONE	EFFECT
growth hormone	- final adult height: several inches taller/ increased (1)
Oestrogen (according to Dr. Ross's research findings)	- brings on menstruation - brings on breast development (2) - improves self-image - improves mood (3) - improves spatially-mediated motor function (4) - helps prevent osteoporosis (5) - essential for the production of vaginal secretions (6)

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2. szöveg

Turner Syndrome: Advances in Treatment

Laurie Udesky: Turner syndrome is a rare disorder that strikes approximately one out of every 2,500 females in the United States. Girls and women who have Turner syndrome are missing or have a defect in one of their sex chromosomes. It's not known what causes Turner syndrome, but experts believe that the genetic defect occurs randomly. Hallmarks of the disorder (which are treated successfully with hormones) are short stature and failure to develop ovaries and other secondary sex characteristics.

Udesky: When Dr Judith Ross first began investigating Turner syndrome at the National Institutes of Health 25 years ago, her research focus was partly shaped by the concerns of parents of girls with Turner syndrome whom she met.


Dr. Judith Ross: Their concerns were, first and foremost, what will my child's growth and development be like? What can we do to help her to function normally as an adult? The kids were treated as younger than their chronologic ages, sometimes they were, they were treated like little dolls - very cute, too small, younger.

Udesky: The answer to those parents' wishes came in the 1990s with the approval by the Food and Drug Administration of growth hormone for the treatment of girls with Turner syndrome. Though it may not be a perfect solution for everyone with Turner syndrome, it can help many girls reach a final adult height several inches taller than they might otherwise have been.

Ross: There are studies, many, many studies demonstrating this now, and so it's considered standard of treatment or standard medical care for children with short stature and Turner syndrome to be treated with growth hormone.

Udesky: Since the physical manifestations of Turner syndrome were first identified in 1938, the hormone estrogen has been used to bring on menstruation and breast development in girls around the age of puberty.

The purpose of estrogen therapy for these pubescent girls may be to help them develop breasts and menstruate, but Ross wondered if there were any overlooked benefits of using estrogen.

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Dr. Ross led a landmark study on Turner syndrome that measured whether estrogen therapy had improved problems with thinking, perception, and mood in girls with Turner syndrome. What Ross's research team found about estrogen therapy was striking:

Dr. Judith Ross: Their self-image was improved, for one thing. So that they just felt better about themselves, and you can imagine multiple reasons why a girl who is not going through puberty at the same age as her peers would, would notice it. It could have an impact. We know that estrogen affects the brain in different ways. There are several different pathways, and so it's not surprising that it would have an effect on multiple areas. So I think that what we observed was mood as I said, also the ability to put pegs in little, little rows. What that means is there's a slight improvement in an aspect what we call "spatially-mediated motor function." That means that your eye is looking and your hand is coordinating – so this could have an impact on maybe [while] driving, maybe doing activities like sewing or working at the computer. I think it's an area that has multiple potential implications.

Udesky: In recent years, there's been controversy about the safety of taking estrogen after menopause. But Ross insists it's not the same issue.

Ross: I welcome the opportunity to discuss this because it's been a very controversial area. The estrogen treatment in girls and adults with Turner syndrome is estrogen replacement therapy. It's very different than estrogen treatment of the post-menopausal woman. And so I think that women with Turner syndrome need to be taking estrogen [because] there's a tremendous risk for osteoporosis. Estrogen is necessary for secondary, for breast development, vaginal secretions, self-image, etc. And so I think that women [with Turner syndrome] who don't take estrogen are putting themselves at risk during adolescence and adulthood.

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