1. SZÖVEG

Chronic Fatigue Syndrome

Chronic fatigue syndrome is defined as long-standing, severe, disabling fatigue without demonstrable muscle weakness. Underlying disorders that could explain the fatigue are absent. Depression, anxiety, and other psychologic diagnoses are typically absent. Treatment is rest and psychologic support, often including antidepressants. This definition of chronic fatigue syndrome (CFS) has several variants, and heterogeneity among patients who meet the criteria of this definition is considerable. Prevalence may vary because of differences in diagnostic evaluation, physician-patient attitudes, social acceptability, risk of exposure to an infectious or toxic agent, or definition and case finding. CFS occurs slightly more often in females. In office-based studies, prevalence is highest among whites. However, community surveys indicate a higher prevalence among blacks, Hispanics, and American Indians than among whites.

Etiology and Pathophysiology

Etiology is controversial, and the precise cause remains unknown. Psychologic factors may be the cause in an unknown percentage of cases; however, CFS seems to be distinct from typical depression, anxiety, or other psychologic disorders. A chronic viral infection has been proposed as a cause because many patients relate onset of CFS to an event similar to influenza or mononucleosis. Epstein-Barr virus has also been proposed as a cause, but immunologic markers of exposure do not appear to be sensitive or specific. Other possible but unproven viral causes include enteroviruses, human herpesvirus 6, and human T-cell lymphotropic virus. Allergic reactions have also been proposed; about 65% of patients report previous allergies, and the rate of cutaneous reactivity to inhalants or foods is 25 to 50% higher in this group than in the general population. Various immunologic abnormalities have been reported; they include low levels of IgG, decreased lymphocytic proliferation, low interferon-γ levels in response to mitogens, and poor cytotoxicity of natural killer cells. Some patients have abnormal IgG, with circulating autoantibodies and immune complexes. Many other immunologic abnormalities have been studied; none provides adequate sensitivity and specificity for defining the syndrome. Additionally, no consistent or readily reproducible pattern of immunologic abnormalities has been identified. Other proposed mechanisms include neuroendocrine abnormalities, abnormal levels of neurotransmitters, inadequate cerebral circulation, and elevated levels of ACE. Data indicate that relatives of patients with CFS have an increased risk of developing the syndrome, suggesting a familial or genetic component.
Symptoms, Signs, and Diagnosis

Onset is usually abrupt, and many patients report an initial viral-like illness with swollen lymph nodes, extreme fatigue, fever, and upper respiratory symptoms. The main symptom is severe fatigue that interferes with daily activities. Usually, no signs of muscle weakness, arthritis, neuropathy, or organomegaly are present. However, some definitions require the presence of low-grade fever, nonexudative pharyngitis, or palpable or tender lymph nodes.

Further evaluation aims to exclude treatable disorders. A reasonable assessment includes CBC and measurement of electrolytes, ESR, and thyroid-stimulating hormone. In some cases, chest x-ray and tests for antinuclear antibody, rheumatoid factor, hepatitis, and HIV should be added. Other viral antibody and other expensive tests are unlikely to shed light on the diagnosis or cause. Obvious depression or severe anxiety excludes the diagnosis of CFS.

Treatment

Nonsedating antidepressants are commonly prescribed, although their value is undetermined.

Olvasa 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.
Végző megoldásként csak a tintával írt változatot fogadjuk el.
Kérjük, hogy jól gondolja meg a válaszát, mivel bármilyen válaszmódosítás esetén válasza érvénytelen.

1. FELADATLAP

I. Karikázza be az egyedüli helyes állítás betűjelét a szöveg alapján. (Válaszmódosítás esetén válasza érvénytelen.) (1 pont)

a/ Chronic Fatigue Syndrome is characterised by muscle weakness.  
b/ Chronic Fatigue Syndrome is always caused by mental disorders.  
c/ Chronic Fatigue Syndrome is characterised by short-term tiredness.  
d/ Chronic Fatigue Syndrome is characterised by serious weariness.

II. Válasszon a szövegből egy megfelelő szinonímát a következő szavakhoz. (Válaszmódosítás esetén válasza érvénytelen.) (3 pont)

diversity _____________________________

frequency of occurrence _____________________________

debatable _____________________________

III. Egészítsé ki az üres helyeket egy odaillő, de nem feltétlenül a szövegből vett angol szóval. (Válaszmódosítás vagy vonalanként egyénél több szó beírása esetén válasza érvénytelen.) (3 pont)

Some viral infections have been associated with CFS, but it has not been _____________ that these illnesses can be the causes of CFS. Patients suffering from allergies can more often be _____________ to developing CFS. The risk of developing CFS is _____________ proportional to hereditary factors.
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.
Végső megoldásként csak a tintával írt változatot fogadjuk el.
Kérjük, hogy jól gondolja meg a válaszát, mivel bármilyen válaszmódosítás esetén válasza érvénytelen.

IV. Válasszon a szövegből egy megfelelő szót az alábbi definíciókhoz. (Válaszmódosítás esetén válasza érvénytelen.) (3 pont)

- disfunction of peripheral nervous system ________________________________
- can be felt or touched ________________________________
- an unpleasant complex combination of emotions that includes fear, apprehension and worry ________________________________
2. SZÖVEG

Antibiotics in Childhood Acute Otitis Media

In today's Lancet, Maroeska Rovers and colleagues analyse the effectiveness of antibiotics in childhood acute otitis media. Their analysis is of great importance to the family doctor, because acute otitis media is one of the leading reasons for paediatric consultations.

Acute otitis media is the most common reason to prescribe antibiotics in children, even though the effect of such treatment is surprisingly restricted. In many children, acute otitis media often resolves spontaneously. These factors led to the policy of not prescribing antibiotics on the first visit but rather to treat the child with adequate pain relief and start watchful waiting. The main problem has been to identify those children who will most likely benefit from antibiotics.

To address this question, Rovers and colleagues did a meta-analysis of individual patients' data, combining the data from six randomised trials that assessed the effectiveness of antibiotics in acute otitis media. 1643 children aged 6 months to 12 years with acute otitis media were included. Such analysis allowed the identification of subgroups that would benefit most from treatment. The large sample size enabled interaction analyses in multivariate models, reducing the possibility of false-positive results in the identification of subgroups of relevance.

The result seems straightforward. Antibiotics were most beneficial in children younger than 2 years with bilateral acute otitis media, and in children with acute otitis media and a draining ear. An observational policy would be justified for most other children, which would be more than half the children studied. Implementing the results of this meta-analysis in current practice guidelines would suggest that more than half of the children with acute otitis media could be treated with watchful waiting. The resulting reduction in the use of antibiotics in acute otitis media would have vast financial implications and would considerably reduce the adverse effects of antibiotic use, such as diarrhoea and the generation of antibiotic resistance.

Acute otitis media can present with mild inflammation in the middle ear and indolent symptoms, but also with marked inflammation, swelling, bulging, and doughnut appearance of the tympanic membrane with substantial pain and distress for the patient and family. Severity scoring of acute otitis media was done in only one of the six studies in Rovers and colleagues' meta-analysis. Inclusion of severity scoring in forthcoming studies and guidelines
of acute otitis media might help the clinician to decide when to prescribe antibiotics and when to start watchful waiting. The scoring methods should include a detailed description of symptoms and general signs such as fever, because the assessment of middle-ear inflammation alone might not suffice. Acute otitis media can also recur frequently. Rovers' meta-analysis was not specifically designed to assess the treatment of recurrent episodes of acute otitis media, which remains a task for future evidence-based analyses.

Reducing the use of antibiotics in acute otitis media has raised concerns about increasing the risk of mastoiditis, a rare purulent complication of acute otitis media in the temporal bone. Among the 1643 children included in Rovers and colleagues' meta-analysis, none developed mastoiditis. It is extremely important to remember that a diagnosis of acute otitis media in a febrile child does not exclude other bacterial diseases, such as pneumonia, sepsis, or meningitis. These diseases in some populations might be more prevalent than mastoiditis in the child with acute otitis media. Although many children presenting with acute otitis media might be treated without antibiotics on the first call, watchful waiting with pain relief must include the exclusion of other bacterial infections, with proper parental education and easy access to follow-up care.

Source: Lancet, October 21, 2006; Vol 368:1397
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.
Végző megoldásáért csak a tintával írt változatot fogadjuk el.
Kérjük, hogy jól gondolja meg a válaszát, mivel bármilyen válaszmódosítás esetén válasza érvénytelen.

2. FELADATLAP

I. Karikázza be az egyedüli helyes válasz betűjelét a szöveg alapján.(Válaszmódosítás esetén válasza érvénytelen.) (2 pont)

a/ Regardless of its obvious effectiveness antibiotic treatment is rarely used for acute otitis media in children.
b/ Despite its evident effectiveness antibiotic treatment is seldom used for acute otitis media in children.
c/ Despite its limited effectiveness antibiotic treatment is commonly used for acute otitis media in children.
d/ In spite of its limited effectiveness antibiotic treatment is occasionally used for acute otitis media in children.

a/ It is difficult to determine which children with acute otitis media need analgesics.
b/ It is difficult to determine which children with acute otitis media need only monitoring.
c/ It is difficult to determine which children with acute otitis media need no treatment at all.
d/ It is difficult to determine which children with acute otitis media need antibiotics.

II. Egészítse ki az üres helyeket egy odaillő, a szövegből vett angol szóval. (Válaszmódosítás, vagy vonalanként egynél több szó beírása esetén válasza érvénytelen.) (4 pont)

Rovers and colleagues identified ________________ of children in which the use of antibiotics would be most beneficial. The results of this meta-analysis showed that observation would be the right ________________ in more than half of the children studied. This could significantly ________________ the harmful side-effects of antibiotic treatment. Forthcoming evidence-based analyses should deal with the possible ways of treatment of ________________ episodes of acute otitis media.

III. Válasszon a szövegből egy megfelelő szót az alábbi definíciókhoz. (Válaszmódosítás, vagy egynél több szó beírása esetén válasza érvénytelen.) (4 pont)

containing pus = ____________________________

affected with fever = ____________________________

the putrefactive destruction of tissues by disease-causing bacteria or their toxins = __________

very common, widespread = ____________________________