ESAME DI INGLESE – MOCK EXAM

Completare IN STAMPATELLO:

COGNOME: .... NOME: ....

DIPARTIMENTO: .... MATRICOLA: .... FIRMA: ....

PART 1: ASCOLTO

Ascoltare e completare le seguenti frasi (1 punto per ogni domanda):

ALUMINIUM

0. *(EXAMPLE)* Most common ....*metal*......... in Earth's crust.

1. Aluminium conducts .... very well.

2. Used in food, aviation and .... industries.

3. Only metal used more than aluminium = ...

4. Recycling aluminium saves ....

5. Number of aluminium cans recycled per minute: ....

PART 2: DOMANDE INERENTI AL TESTO

Leggere l'articolo e rispondere alle seguenti domande:

ADHERENCE TO ANTIRETROVIRAL THERAPY AND ASSOCIATED FACTORS AMONG HIV INFECTED CHILDREN IN ETHIOPIA: UNANNOUNCED HOME-BASED PILL COUNT VERSUS CAREGIVERS' REPORT
BMC Pediatrics **2013**

HIV/AIDS is one of the most devastating pandemics humanity has ever faced. Globally, about 34 million people were living with the virus in 2010. In the same year, children made up 10% of the total infected. Sub-Saharan Africa remains the most hard-hit region accounting for 68% of the total global number of sufferers.

In an effort to curb the epidemics as well as to improve the quality of life among HIV infected people, multiple strategies have been implemented worldwide, including the treatment of patients with Antiretroviral therapy (ART). The introduction of ART has resulted in a remarkable reduction of HIV-related mortality and morbidity as a result of rapid immunological restoration and viral suppression.

However, ART provision has major challenges. Despite efforts made over the last decade, universal access to ART, especially in low income countries, remains low: only half of adults and a quarter of children eligible for ART have started treatment. For those on ART, retention in care as well as adherence to therapy remain major obstacles for the successful treatment of HIV-infected patients. Adherence to ART is the key to achieving optimal therapeutic effects. Studies indicate that poor adherence is associated with virological failure and increased mortality.

Designing strategies for maintaining an optimal level of adherence among children is an essential step towards ensuring treatment success. However, this task requires careful assessment of the status of level of adherence and its predictors among the target population. In pediatric patients, adherence is more complex as it involves factors related to children, caregivers, family, society and culture, and measuring adherence remains a challenge since there is no single method that is reliable and simple.

Globally, the level of adherence to ART among HIV infected children varied from 49% to 100% depending on the settings and the methods used. The most frequently used measures of adherence in children are self-reports or caregivers' reports, and the highest level of adherence (79.5-100%) emerged from such measurements. Previous studies among Ethiopian children and adults reported high levels of adherence to ART using self-reports and caregivers' reports. Although the report method is simple, used alone it is subjective and subject to social desirability and recall bias. Parents and carers are unlikely to admit having neglected to give children their pills, or may believe they are following the treatment more rigorously than they are in reality. Pill count is a more objective method to assess medication adherence and is recommended as a standard for clinical practice.

A recent study in Ethiopia determined the level of adherence and its predictors using unannounced home-based pill counts and compared the results with adherence as reported by caregivers. Based on caregivers' reports, the estimated adherence rate in the last 7 days prior to interview was 93.3%. However, using unannounced home-based pill counts, the adherence rate (34.8%) was unacceptably low. There is an enormous discrepancy between the optimal adherence rate (≥95%) and the rate revealed by the unannounced home-based pill counts (34.8%). Similar studies elsewhere have reported discrepancies between unannounced home-based pill counts and caregivers' reports. For example, a study in Uganda among children on ART reported adherence rates of 89% and 94% using self-report and clinic based pill count, respectively; however, on subsequent unannounced pill counts, only 72% of children were found to be adherent to their treatment. Similarly, a study in Tanzania among adults on ART revealed that 98% and 93% of patients were adherent based on self-report and hospital pill count, respectively, but only 58% were found adherent on unannounced home visit pill counts.

Rispondere [T] *se la frase è 'true',* [F] *se è 'false' o* [N] *se è 'not in text' (1 punto per ogni domanda):*

6. Over five hundred thousand people died due to HIV/AIDS in 2010. □

7. More than half of people infected with HIV/AIDS in 2010 were living in Sub-Saharan Africa. □

8. In addition to trying to stop HIV/AIDS from spreading, work has been done to try to make life better for people already infected with the disease. □

9. ART is one of a number of methods of fighting HIV/AIDS. □

10. Despite the use of ART, the number of deaths due to HIV/AIDS is increasing. □

11. Self-reports or caregivers' reports are often used as a way to measure how well children are following ART programmes. □

12. The writer believes that self-reports are the most reliable way to measure adherence to ART in children. □

13. The number of children infected with HIV in Uganda is falling. □

14. In Tanzania, only slightly fewer adults were found to be adherent to therapy in home visit pill counts than in hospital pill-counts. □

Rispondere alle seguenti domande. Scrivere solo le informazioni richieste (2 punti per ogni domanda):

15-16   Name one reason why ART treatment may not be saving as many lives as it could:

....

17-18   Give two reasons why caregivers might report an inaccurate number of pills taken:

....

19-20   Name two countries where unexpected pill-counts revealed lower levels of adherence than clinic/hospital-based counts:

....

PART 3: DOMANDE NON INERENTI AL TESTO

Mettere le parole in ordine per formare una frase corretta (2 punti per ogni domanda):

21-22   results as of the expected the experiment as were encouraging not.

....

23-24   studies several have issue recently on focussed this.

....

25-26   hypothesis original the why to they confirm weren't able?

....

27-28   don't you to have the finish today report.

....

29-30   you what University are going do to leave when you?

....

Scrivere almeno 4 parole per formare le domande adatte a queste risposte (2 punti per ogni domanda):

31-32   It's made of plastic.

....

33-34   It was discovered ten years ago.

....

35-36   It's mine.

....

37-38   We saw her last weekend.

....

39-40   No, he won't.

....

Indicare la parola incongrua (1 punto per ogni domanda):

41. A) analysis	B) assess	C) verify	D) evaluate	☐
42. A) lessen	B) increase	C) reduce	D) decrease	☐
43. A) concentrate	B) manifest	C) show	D) display	☐
44. A) subsequent	B) previous	C) preceding	D) earlier	☐
45. A) enormous	B) huge	C) microscopic	D) large	☐

Scrivere la parola mancante (1 punto per ogni domanda):

46. .... building is your office in?

47. I .... get up at half past eight.

48. We .... been to the cinema recently.

49. They .... about fifty grams each.

50. She................................. got a computer.