



UNIVERSIDADE DO ESTADO DO RIO DE JANEIRO
Instituto de Medicina Social

Rua São Francisco Xavier, 524 / 7º andar / Blocos D-E
 Maracanã - Rio de Janeiro - RJ - BRASIL - CEP: 20550-013
 Tels.: (xx-21) 2234-0504 ramais 103, 106 e 107
 FAX: (xx-21) 2234-2152
<http://www.ims.uerj.br>



PROGRAMA DE PÓS-GRADUAÇÃO EM SAÚDE COLETIVA
SELEÇÃO TURMA 2014

PROVA DE INGLÊS – HORÁRIO: das 10 às 12h

INSTRUÇÕES:

- ⇒ A PROVA TERÁ DURAÇÃO DE DUAS HORAS.
- ⇒ MARQUE AS RESPOSTAS NO QUADRO ABAIXO.
- ⇒ SOMENTE UMA OPÇÃO PARA CADA QUESTÃO.
- ⇒ NÃO ASSINE. A PROVA SERÁ IDENTIFICADA PELO NÚMERO DE INSCRIÇÃO.
- ⇒ NÃO SERÁ PERMITIDO O USO DE DICIONÁRIOS.
- ⇒ NÃO SERÃO DIVULGADOS RESULTADOS PELO TELEFONE (CONFORME EDITAL). A LISTAGEM COM O RESULTADO DA PRIMEIRA ETAPA DA SELEÇÃO ESTARÁ DISPONÍVEL NO IMS NO DIA 07/10/2013, A PARTIR DAS 17 HORAS, E NO *SITE* www.ims.uerj.br

Atenção: não é o seu conhecimento sobre o assunto que está sendo avaliado aqui, e sim sua capacidade de compreensão de um texto em língua estrangeira. Portanto, atenha-se àquilo que é dito no texto e ao que está sendo perguntado.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
A																				
B																				
C																				
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NOTA: _____ **APROVADO () NÃO APROVADO ()**

PROF.: _____

TEXT 1

Normality is an endangered species: psychiatric fads and overdiagnosis
 July 06, 2010. *Bipolar Disorder, Sexual Addiction, Addiction, Alcohol Abuse*
 By Allen Frances, MD

- 1 Fads in psychiatric diagnosis come and go and have been with us as long as there has been psychiatry. The fads meet a deeply felt need to explain, or at least to label, what would otherwise be unexplainable human suffering and deviance. In recent years the pace has picked up and false “epidemics” have come in bunches involving an ever-increasing proportion of the population. We are now in the midst of at least 3 such epidemics - of autism, attention deficit, and childhood bipolar disorder. And unless it comes to its senses, DSM5 threatens to provoke several more (hypersexuality, binge eating, mixed anxiety depression, minor neurocognitive, and others). [...]
- 2 What accounts for the recent upsurge in diagnosis? I feel quite confident we can’t blame it on our brains. Human physiology and human nature change slowly if at all. Could it be that the surge in mental disorders is caused by our stressful society? I think not. There is no particular reason to believe that life is any harder now than it has always been - more likely we are the most pampered and protected generation ever to face its inevitable challenges. It is also tempting to find environmental (eg toxins) or iatrogenic causes (eg vaccinations), but there is no credible evidence supporting either of these. There is really only one viable environmental candidate to explain the growth of mental disorder - the widespread recreational use of psychotropic substances. But this cannot account for the extent of the “epidemics,” particularly since most have centered on children.
- 3 No. The “epidemics” in psychiatry are caused by changing diagnostic fashions - the people don’t change, the labels do. There are no objective tests in psychiatry - no X-ray, laboratory, or exam that says definitively that someone does or does not have a mental disorder. What is diagnosed as mental disorder is very sensitive to professional and social contextual forces. Rates of disorder rise easily because mental disorder has such fluid boundaries with normality. [...]

Questions 1 to 9 refer to text 1

- 1) The title of text, “Normality is an endangered species” conveys the idea that:
- Normality is dangerous to all species.
 - The human species is dangerous to normality.
 - Normality is in danger of becoming extinct.
 - The human species is in danger.
 - Normality is increasing among the population.
- 2) In the first paragraph, the author mentions three current epidemics. Mark the option that contains two of them:
- autism and childhood bipolar disorder
 - autism and mixed anxiety depression
 - attention deficit and binge eating
 - mixed anxiety depression and binge eating
 - hypersexuality and childhood bipolar disorder

- 3) An “ever-increasing proportion of the population” (paragraph 1) is:
- A small proportion of the population.
 - The population as a whole.
 - A proportion of the population that grows in number.
 - A proportion of the population that gradually reduces.
 - A very large population.
- 4) Reading the sentence “Human physiology and human nature change slowly if at all” (paragraph 2), we understand that:
- Human physiology and human nature change all the time.
 - Human physiology changes human nature slowly.
 - If human physiology and human nature change, they change slowly.
 - When human physiology and human nature change, they change promptly.
 - If human physiology changes, human nature changes slowly.
- 5) According to paragraph 2, there is really only one viable environmental candidate to explain the growth of mental disorder. This candidate is...
- our stressful society
 - the recreational use of psychotropic substances
 - the extent of the “epidemics”
 - the recent upsurge in diagnosis
 - the human nature
- 6) Mark the option that contains an idea expressed in the extract “There is no particular reason to believe that life is any harder now than it has always been - more likely we are the most pampered and protected generation ever to face its inevitable challenges” (paragraph 2):
- It is true that life is harder now than it has always been.
 - Ancient generations were the most pampered and protected ever.
 - Ancient generations were not able to face inevitable challenges.
 - Inevitable challenges are posed to current generations only.
 - It is not possible to state that life is harder now than it was in the past.
- 7) “What accounts for the recent upsurge in diagnosis? I feel quite confident we can’t blame it on our brains” (paragraph 2). In relation to this passage it is possible to state that:
- The author believes our brains are responsible for the upsurge in diagnosis.
 - The author is sure that our brains are sick.
 - The author is sure that the upsurge in diagnosis is not recent.
 - The author believes our brains are not responsible for the upsurge in diagnosis.
 - The author regrets that our brains are responsible for the upsurge in diagnosis.
- 8) According to the text, what would be the cause of the “epidemics” in psychiatry?
- The lack of objective tests in psychiatry.
 - The fact that people do not change.
 - The lack of boundaries between mental disorder and normality.
 - The professional and social contextual forces.
 - The changing diagnostic fashions.

- 9) According to the author, rates of disorder rise easily. Why?
- Because mental disorder has vague boundaries with normality.
 - Because labels change.
 - Because tests in psychiatry are very objective.
 - Because psychiatrists always know when there is a mental disorder.
 - Because the social contextual forces are very strong.
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TEXT 2

Diet, alcohol and health: a story of connections, confounders, and cofactors

Arthur L. Klatsky (Am J Clin Nutr 2001; 74-279-80)

- There is wide acceptance that the best evidence for cause-and-effect relations in health studies is provided by randomized, controlled, preferably blinded clinical experiments. However, the conduct of such trials is difficult in some areas. The reasons for this difficulty may include ethical, financial, and practical considerations, all of which apply to the study of the long-term consequences of alcohol consumption. A vast amount of data links heavy drinking to increased risk of various adverse outcomes, and substantial amounts of data link lighter drinking to a lower risk of several outcomes. Much of the best evidence for these connections comes from prospective, observational epidemiologic studies. By statistical adjustment, these studies attempt to minimize indirect explanations, ie, confounding, with variable success. Probably the major qualitative difference between prospective observational studies and controlled trials is the impossibility of complete control for confounding in the former.
- For a spurious association to occur, the potentially confounding variable must be related to both the exposure and the outcome traits under study. This is common. Age and sex are related to so many health traits and outcomes that they are almost invariably controlled for in epidemiologic studies or, alternatively, sex-specific data are presented. With respect to alcohol and health outcomes, the strong association between alcohol drinking and smoking is often important because smoking has important relations to many medical conditions. Without control for associated smoking, some of the apparent adverse effects of heavy drinking might really be due to tobacco. It is likely that lack of control for smoking was substantially responsible for failure to uncover sooner the inverse relation between alcohol and coronary heart disease (CHD). Without such control, the positive smoking CHD association readily masks the lower CHD risk of light drinkers.
- Dietary habits are also important potential confounders of alcohol-health relations. The association between food habits and alcohol intake may go both ways, with each influencing the other. Because sociocultural factors play a large role in determining dietary habits, generalization is sometimes questionable. [...]
- In the early 20th century, confounding by dietary habits was widely accepted as explaining several obvious connections between heavy drinking and organ damage. This was clearly modulated by the description of classic vitamin deficiency diseases and the observation that, in developed countries, these conditions occurred mostly in alcoholics. Thus, nutritional deficiency was believed to be the probable basis of alcoholic cirrhosis until liver toxicity by alcohol was unequivocally shown. Because not all chronic heavy drinkers develop cirrhosis, it is presumed that cofactors or susceptibility traits are also involved. Recognition of thiamine deficiency or beri-beri resulted in a diversion in thinking about alcoholic cardiomyopathy. In the 19th century, many observers noted heart damage in some very heavy drinkers. Later, the fact that beri-beri syndrome can include heart failure resulted in the hypothesis that chronic beri-beri could cause an enlarged, weakened heart. However, the pathophysiology of beri-beri and that of alcoholic cardiomyopathy differ greatly, and the current belief is that chronic heavy alcohol use can be cardiotoxic. [...]. Cofactors for both alcoholic cirrhosis and cardiomyopathy may include genetic susceptibility, viral infections, and nutritional factors.

- 5 Kesse et al. properly cite folate intake and alcohol as an example of a dietary interaction in relation to breast or colon cancer risk. The breast cancer connection has great interest because data relating alcohol to increased risk are more consistent for breast cancer than for bowel cancer and may involve light-to-moderate as well as heavy alcohol intake. [...]

Questions 10 to 20 refer to text 2

10) In the passage “Probably the major qualitative difference between prospective observational studies and controlled trials is the impossibility of complete control for confounding in the former” (paragraph 1), the underlined word refers to:

- a) prospective observational studies
- b) controlled trials
- c) complete control for confounding
- d) the major qualitative difference
- e) the impossibility of complete control

11) Mark the sentence that best summarizes the sentence “A vast amount of data links heavy drinking to increased risk of various adverse outcomes, and substantial amounts of data link lighter drinking to a lower risk of several outcomes” (paragraph 1):

- a) The more you drink, the higher the risk of adverse outcomes.
- b) The more you drink, the smaller the risk of adverse outcomes.
- c) The less you drink, the higher the risk of adverse outcomes.
- d) The less you drink, the bad for the risk of substantial outcomes.
- e) The more you drink, the good for the risk of substantial outcomes.

12) In the passage “However, the conduct of such trials is difficult in some areas” (paragraph 1), the underlined word can be replaced by:

- a) Since
- b) Because
- c) Although
- d) Never
- e) Nevertheless

13) “Without such control, the positive smoking CHD association readily masks the lower CHD risk of light drinkers” (paragraph 2). The underlined words mean:

- a) hardly challenges
- b) easily hides
- c) hardly displays
- d) covers with difficulty
- e) easily reveals

14) In the sentence “It is likely that lack of control for smoking was substantially responsible for ...” (paragraph 2), the underlined word means:

- a) especially
- b) precisely
- c) mainly
- d) exactly
- e) probably

- 15) Why is alcohol drinking and smoking association important for health outcomes? (paragraph 2)
- Because smoking substantially influences many of the medical conditions.
 - Because smoking deals with many of the medical conditions.
 - Because smoking potentially confounds many of the medical conditions.
 - Because smoking invariably controls many of the medical conditions.
 - Because smoking is responsible for coronary heart disease.
- 16) According to the text, a “spurious association” (paragraph 2) can be defined as:
- a strong association
 - a new association
 - a false association
 - a legitimate association
 - a correct association
- 17) “Because sociocultural factors play a large role in determining dietary habits, generalization is sometimes questionable” (paragraph 3). From this passage it is possible to say that:
- Generalization is questionable if sociocultural factors determine dietary habits.
 - Generalization is sometimes incontestable.
 - Sociocultural factors are important in determining dietary habits.
 - Sociocultural factors are sometimes questionable.
 - Generalization is important in determining dietary habits.
- 18) The cofactors for both alcoholic cirrhosis and cardiomyopathy may include:
- genetic susceptibility and dietary habits
 - genetic susceptibility, viral infections and nutritional factors
 - viral infections only
 - nutritional factors only
 - nutritional factors and thiamine deficiency
- 19) “Recognition of thiamine deficiency or beri-beri resulted in a diversion in thinking about alcoholic cardiomyopathy” (paragraph 4). In this sentence the underlined word means:
- amusement
 - conversion
 - deviation
 - inversion
 - distraction
- 20) In paragraph 5, the author suggests that:
- Alcohol intake increases only colon cancer risk.
 - Alcohol intake increases only breast cancer risk.
 - Alcohol intake increases more colon cancer risk than breast cancer risk.
 - Alcohol intake increases more breast cancer risk than colon cancer risk.
 - Alcohol intake increases both breast and colon cancer risk in the same proportion.