

OET PRACTICE TESTS

READING 1



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Reading: Part A- Text booklet

Instructions

TIME LIMIT: 15 MINUTES

- Complete the summary on the next page of **Part A – answer booklet** using the information in the texts (A1-A3) below.
- You **do not** need to read each text from the beginning to end to complete the task. You should scan the text to find the information you need.
- Gaps may require **1, 2 or 3 words**. Answer **ALL** questions. Marks are **NOT** deducted for incorrect answers.
- You should write your answers next to the appropriate number in the **right-hand column**.
- Please use **correct spelling** in your responses. **Do not** use abbreviations unless they appear in the texts.
- Please write clearly.

Colour blindness: Texts

TEXT A1

Causes of poor colour vision

Inherited disorder: about one in 12 males of European descent is born with some degree of red-green colour deficiency. Most females possess genes that counteract the deficiency, and less than 1 percent of females of Northern European descent have this type of colour deficiency. In other populations, the prevalence of red-green colour deficiency is lower. Blue-yellow colour deficiency is inherited by fewer than one in 10,000 people worldwide, and true inherited colour-blindness affects fewer than one in 30,000 people. You can inherit a mild, moderate or severe degree of the disorder, and the severity doesn't change over your lifetime is the cause is inherited.

Diseases: some conditions that can cause colour deficits are diabetes, glaucoma, macular degeneration, Alzheimer's disease, Parkinson's disease, chronic alcoholism, leukaemia and sickle cell anaemia. One eye may be affected than the other and may get better if the underlying disease can be treated.

Certain medications: Some medications can alter colour vision, such as some drugs used to treat heart problems, high blood pressure, infections, nervous disorders and psychological problems.

Aging: The ability to see colours deteriorates slowly as a part of aging.

TEXT A2

ABSTRACT: Assessment on inherited colour vision defects in clinical practice

Background: Colour vision deficiency (CVD) has a high prevalence and is often a handicap in everyday life. Those who have CVD will be better able to adapt and make more informed career choices if they know about their deficiency. The fact that from 20 to 30 per cent of adults with abnormal colour vision do not know they may have CVD suggests that colour vision is not tested as often as it should be. This may be because of practitioners uncertainty about which tests to use, how to interpret them and the advice that should be given to patients on the basis of the results. The purpose of this paper is to recommend tests for primary care assessment of colour vision and provide guidance on the advance that can be given to patients with CVD.

Methods; the literature on colour vision tests and the relationship between the results of the tests and performance at practical colour tasks was reviewed.

Results: The colour vision tests that are most suitable for primary care clinical practice are the Ishihara test, the Richmond HRR 4th edition 2002 test, the Medmont C-100 test and the Farnsworth D15 test. These tests are quick to administer, give clear results and are easy to interpret. Tables are provided, summarising how these tests should be interpreted, the advice that can be given to CVD patients on basis of the test results, and the occupations in which CVD is a handicap.

Conclusion: Optometrists should test the colour vision of all new patients with the Ishihara and Richmond HRR (2002) tests. Those shown to have CVD should be assessed with the Medmont C-10 test and the Farnsworth D15 test and given appropriate advice based on the test results.

TEXT A3

Caution: coloured medication and the colour blind

Colour is a good way to differentiate tablets and their containers because it enables more immediate recognition than do words printed on labels or embossed onto tablets. Moreover, patients with poor vision or those not wearing their reading glasses can have difficulty reading prints on labels or tiny low contrast embossed text on tablets. However, 8% of men and 0.4% of women have impaired colour-vision, of whom half are unable to recognise the main colours used in colour coding. In a survey of 100 people with impaired colour-vision, 2% reported that they had confused their medication because they had mistaken the colour of tablets. Doctors and pharmacists should only use colour to instruct patients on how to identify tablets if they know that the patient has normal colour-vision. People with red-green colour deficiency can recognise yellow, blue, grey and white - perhaps manufacturers should incorporate this information into their guidelines about the use of colour for tablet identification.

Summary

Some form of colour blindness, which is also known as (1)....., affects (2)..... of men and (3)..... of women. The condition can be hereditary and most (4)..... have genes to counteract it. Red-green deficiency is found among one in (5).....men in Northern European descent; it is less prevalent in (6)..... populations. (7)..... deficiency is much rarer (affecting less than 0.1 per cent of the (8)..... population), as is true colour blindness. An (9)..... condition will not get better or worse as the person affected (10).....

Aging also affects the ability to see colours; further causes of colour blindness are particular diseases and some (11)..... In some case of diseases, the condition may have a (12)..... in one eye and may remit following (13).....

Research shows that roughly one in four adults who have colour blindness are (14)..... this. Suggested as a reason for this situation is the current (15)..... of colour vision. A study sought to guide optometrists regarding what tests to use and what (16)..... to give to patients. The researcher recommends four specific tests, based on their speed of (17)....., (18)..... of results and (19).....of interpretation. He proposes that optometrists give colour vision tests to all (20).....; those diagnosed with (21)..... could then be informed about (22)..... that may be unsuitable for them, as appropriate.

Using colour as well as (23).....to show the difference between tablets or medicine containers may help those in a hurry or with (24)..... However, the colours must be chosen carefully in order not to confuse users who have impaired colour vision. Such information should (25)..... into guidelines used by (26)..... Furthermore, it has been suggested that medical professionals confirm their patient has (27)..... before introducing the use of colours to (28).....tablets.

END OF PART A.

Reading: Part B- Text booklet

Instructions

TIME LIMIT: 45 MINUTES

There are **TWO** reading texts in Part B. After each of the texts you will find several questions or unfinished statements about the text, each with four suggested answers or ways of finishing.

You must choose the **ONE** which you think fits best. Answer **ALL** questions. Marks are **NOT** deducted for incorrect answers.

NOTE: You must complete your answer sheet for Part B within 45 minutes allowed for this part of the sub-test.

TEXT B1

Paragraph 1

Studies have shown that sleep is essential for normal immune system function and to maintain the ability to fight disease and sickness. Sleep is also essential for normal nervous system function and the ability to function both physically and mentally. In addition, sleep is vital for learning and for normal, healthy cell growth. Despite sleep's huge importance to people's lives, scientists and medical professions do not fully understand this complicated physiological phenomenon.

Paragraph 2

It is not clear exactly why the body requires sleep, although inadequate sleep, including disorders such as lack of sleep (e.g., insomnia) or disturbed sleep (e.g., sleep apnea), can have severe detrimental effects on health. Insomnia is defined as the perception or complaint of inadequate or poor-quality sleep in the form of difficulty falling asleep, difficulty maintaining sleep, or waking too early in the morning. Sleep apnea is interrupted breathing during sleep. It usually occurs because of a mechanical problem in the windpipe but can also indicate a neurological disorder involving nerve cells (neurons). There are three distinct forms of sleep apnea – central, obstructive and complex – with over 80% of cases diagnosed as obstructive sleep apnea, where breathing is interrupted by a physical block of airflow despite the body's efforts to breath normally. Central sleep apnea, on the other hand, is a much rarer condition caused primarily by problems with how the brain controls the breathing process. In mixed sleep apnea, which accounts for above 15% of apnea cases, there is a transition from central to obstructive features during the events themselves.

Paragraph 3

Most patients with sleep apnea lose sleep because every time the windpipe closes, the person has to wake up enough to contract those muscles and resume breathing. As a result, the sleep cycle can be interrupted as many as a hundred times a night. In addition, every time the windpipe closes, the brain is deprived of oxygen. This lack of oxygen can eventually

cause problems such as daytime sleepiness, morning headaches and decreased mental function.

Paragraph 4

Sleep apnea also has a strong association with heart and circulation diseases. While the nature of the links is not yet fully clear, researchers know that when breathing stops during episodes of apnea, carbon dioxide levels in the blood increase and oxygen levels drop. This effect may set off a chain of physical and chemical events that can then increase risk for these conditions.

Paragraph 5

A number of studies have found a strong association between sleep apnea and high blood pressure (hypertension). For example, a 2000 study followed patients for four years and reported that the greater the number of nightly apnea episodes that had in year one, the more likely they were to develop hypertension by the fourth year. A weak but still higher than normal association with high blood pressure has even been observed in those who snore, wake frequently during the night, or have mild sleep apnea. The relationship between sleep apnea and hypertension has been thought to be largely due to obesity, a risk factor common to both conditions. Recent and major studies, however, are suggesting a higher rate of hypertension in people with sleep apnea **regardless** of weight. In those whose hypertension is resistant to treatment, sleep apnea is likely to be particularly severe.

Paragraph 6

Studies have also reported an association between severe apnea and psychological problems. In one study, 32% of patients had symptoms of depression. Sleep-related breathing disorders can also exacerbate nightmares and post-traumatic stress disorder. In fact, in one study, treatment of sleep apnea eased these complaints. Certainly, daytime sleepiness interferes with quality of life. It is also possible that severe emotional problems might worsen the apnea. One study investigated the effects of the antidepressant paroxetine (Paxil) on patients with obstructive sleep apnea and found that the agent improved breathing during late sleep stages but had little effect on other aspects of the condition.

Paragraph 7

Because sleep apnea so often includes noisy snoring, the condition can also adversely affect the sleep quality of a patient's bed partner. Spouses or partners may also suffer from sleeplessness and fatigue. In some cases, the snoring can even disrupt relationships. Diagnosis and treatment of sleep apnea in the patient can, of course, help eliminate these problems, and given the amount of time that the average person spends asleep, it is imperative that work to better understand sleep's functions and effects continues.

- 1. The word 'phenomenon' in paragraph 1 could be best replaced by**
- A result.
 - B problem.
 - C factor.
 - D activity.
- 2. Obstructive sleep apnea..**
- A is mechanical and neurological in origin.
 - B accounts for a minority of cases of sleep apnea.
 - C occurs before central sleep apnea.
 - D can occur with central sleep apnea.
- 3. Central sleep apnea accounts for what percentage of sleep apnea sufferers?**
- A 80%.
 - B Roughly 15%
 - C 5%
 - D Less than 5%
- 4. According to paragraph 3, the closure of the windpipe...**
- A contracts muscles
 - B can happen a hundred times in a night.
 - C restarts the breathing process.
 - D also occurs in the daytime.
- 5. According to paragraph 5, hypertension is considered to be...**
- A a possible cause of obesity.
 - B a more influential factory in sleep apnea than obesity is.
 - C a cause of sleep apnea rather than of obesity.
 - D resistant to treatment of sleep apnea.
- 6. The phrase 'regardless' of in paragraph 5 means...**
- A instead of.
 - B resulting from.
 - C and also.
 - D unrelated to.

7. According to paragraph 6, certain antidepressants may...

- A alleviate respiratory problems.
- B have little effect when the patient has sleep apnea.
- C interfere with the treatment for sleep apnea.
- D aggravate symptoms of sleep apnea.

8. According to information in paragraph 6, which one of the following statements is TRUE?

- A Sleep apnea affects almost a third of depression sufferers.
- B Sleep apnea episodes may be triggered by nightmares.
- C Sleep apnea can intensify post-traumatic stress disorder.
- D Sleep apnea can sometimes be cured for antidepressants.

9. According to paragraph 7, the partners of those suffering from sleep apnea can...

- A also suffer from tiredness.
- B require relationship counselling.
- C help to eliminate problems.
- D also develop sleep apnea.

END OF PART B – TEXT 1.

TURN OVER FOR PART B- TEXT 2.

TEXT B2

Paragraph 1

Autism is a developmental disorder that commonly affect's a child's behaviour, communication and ability to interact with others. Children are often diagnosed between the ages of 18 months and two years and the disorder is more common in boys than girls. While the exact cause remains unknown, recent research suggested a combination of brain development, genetics and environmental factors (such as diet) may be involved.

Paragraph 2

Controversially, however, links have been made between autism and the measles-mumps-rubella (MMR) vaccine, which according to the current Australian Standard Vaccination Schedule, should be first administered to children at 12 months of age, with a second dose at four years of age. In 1998, researchers at the Royal Free Hospital in London proposed that the measles component of the vaccination triggers a cascade of events in susceptible children, starting with inflammatory bowel disease (IBD) and ending in autism. The premise of the theory is that IBD damages the gut lining to the point where essential vitamins and nutrients cannot be absorbed, possibly leading to development disorders such as autism.

Paragraph 3

Critics of this study argue that the sample was too small and that the methodology was flawed, pointing out that the sample group was too selective to be significant. All of the children, for example, were specifically referred to the hospital because of digestive problems. Also, the proposed association between autism and the MMR vaccination was based only on parental recall.

Paragraph 4

A large number of independent researchers from around the world, using many different techniques ranging from molecular biology studies to population-based epidemiology, have shown that there is no evidence of a link between the MMR vaccine and autism or IBD. Researchers in Japan, for example, replicated the Royal Free Hospital experiment using similar methodology and could not find any measles viruses in the intestinal tracts of their subjects, a finding contrary to the London study, which did. A review by the World Health Organization concluded that current scientific data do not permit a causal link to be drawn between the measles virus and autism or IBD. An extensive review published in 2004 by the Institute of Medicine, an independent body in the United States, also concluded that there is no association between the MMR vaccine and the development of autism.

Paragraph 5

It is true to say that despite these studies, concerns persist within the Australian community, as well as elsewhere. In the United States, for example, recent court cases have been brought against drug companies by families with autistic children who attribute the onset of their children's difficulties to immunisations which contained the substance

thimerosal, a preservative substance containing mercury, which for years was commonly present in MMR vaccines. In 1982, the US Food and Drug Administration (FDA) called for the removal of thimerosal in over-the-counter products because of its toxicity, but it continued to be used in immunisations. In 1999, the FDA recognised that the amount of thimerosal in immunisations exceeded federal safety guidelines set by the Environmental Protection Agency and asked that drug manufacturers expeditiously eliminate or reduce the use of the substance. Supporters of the move raise the point that although warnings about eating too much seafood containing mercury are quite common, there have been no warnings about mercury in vaccines, and that some symptoms of autism resemble symptoms of mercury poisoning.

Paragraph 6

Again, however, the scientific evidence available to date suggests that thimerosal in vaccines has never caused any harm. Although a study published by Geier and Geier in 2003 suggested links between thimerosal in vaccines and the rates of autism and heart disease in the United States, these findings have been dismissed because of numerous errors in the study's methods. A recent review published in the journal *Paediatrics* assessed all the published studies regarding thimerosal and autism and concluded that there was no link between thimerosal – containing vaccines and autism spectrum disorder. In 2008, researchers at the California Department of Public Health looked at autism rates of children aged 3 to 12 from 1995 to March 2007 who had active cases with the department, or those who were receiving services from the state for an autism disorder. They found that autism rates in that state have continued to rise despite the removal of thimerosal from most childhood vaccines.

Paragraph 7

Despite such overwhelming medical evidence and repeated urgings from all levels of governments in Australia, a small percentage of the public remain sceptical and refuse to have their children immunised with the MMR vaccine. According to the National Centre for Immunisation Research and Surveillance (NCIRS), approximately 94% of Australian parents get their child vaccinated at 12 months with the MMR vaccine, while approximately 2-3 are concerned about, and sometimes opposed to, immunisation.

10. According to paragraph 1, current theories on the cause of autism are...

- A imprecise.
- B reserved.
- C untested.
- D unknown.

11. According to paragraph 2, the 1998 Royal Free Hospital Study in London ...

- A was supported by Australian authorities.
- B claimed that the MMR vaccine could cause IBD.
- C confirmed that autism is caused by the MMR vaccine.
- D attributed IBD to damage in the gut lining.

12. According to research carried out by the Royal Free Hospital, which one of the following statements is TRUE?

- A Autism is a complication arising from measles.
- B The MMR vaccine should be administered once only.
- C IBD makes children susceptible to autism.
- D Absorption of substances into the gut can lead to autism.

13. The London study was NOT questioned in terms of...

- A the limited aim of the study.
- B the number of patients in the study.
- C the nature of the sample.
- D the method of collecting evidence.

14. Which one of the following statements is NOT supported by information in paragraph 4?

- A The London study was replicated by Japanese researchers.
- B There is no causal link between the MMR vaccine and the IBD.
- C Japanese children are immune to measles.
- D The Japanese study contradicted the London study.

15. Before 1999, the quantity of thimerosal in immunisations...

- A was equal to the amount found in such seafood.
- B was high enough to cause mercury poisoning.
- C surpassed American safety guidelines.
- D was responsible for the onset of autism in some children.

16. According to paragraph 5, thimerosal...

A was removed from MMR vaccines in 1982.

B was banned by the FDA in 1999.

C may still be used in immunisations.

D was totally removed from all over-the-counter products in 1999.

17. According to paragraph 6, the link between thimerosal and autism...

A is contradicted by rising rates of autism in California.

B was recently claimed in a *Paediatrics* review.

C is more prevalent in children aged 3-12 years.

D is complicated by rates of heart disease.

18. According to paragraph 7, concerns in Australia about MMR vaccinations have...

A resulted in the removal of thimerosal from vaccinations.

B dissipated in the light of medical evidence.

C increased despite the medical evidence.

D continued to influence immunisation rates.

19. According to paragraph 7, 2-3% of Australian parents...

A refuse to immunise their children.

B are apprehensive about immunisation.

C immunise their children at 12 months old.

D are under surveillance by the NCIRS.

END OF PART B – TEXT 2.

END OF READING TEST.

Reading sub-test

Part A: Vasectomy

Answer key

Total of 28 questions

(American and British spelling accepted, e.g., colour/color)

- 1 colour/color-vision deficiency OR CVD
- 2 eight percent/8%
- 3 0.4%/percent
- 4 women OR females
- 5 twelve
- 6 other OR non-Northern European
- 7 blue-yellow (colour) OR blue/yellow (colour) OR yellow-blue (colour) OR yellow/blue (colour)
- 8 entire OR whole OR total OR global OR worldwide OR world('s) OR planet('s) OR general
- 9 inherited
- 10 old(er)
- 11 medication(s) OR medicine(s) or drugs
- 12 greater/larger/bigger/stronger/more pronounced effect/impact
- 13 (successful) treatment
- 14 unaware/not aware/ignorant/unconscious of OR oblivious to
- 15 infrequent/inadequate testing/assessment OR lack of testing/assessment OR inadequate test(ing)/ assessment practice NOT practitioner uncertainty
- 16 advice OR guidance OR counsel OR counselling
- 17 administration
- 18 clarity OR clearness
- 19 ease or easiness
- 20 new patients
- 21 colour blindness OR colour deficiency OR impaired/poor colour-vision OR CVD
- 22 careers OR occupations OR jobs or career/work/job choices OR career paths
- 23 (printed) words OR (printed) text OR (printed) labels OR (text/words) on labels
- 24 poor/impaired/bad/weak vision/eye(sight) OR no (reading) glasses (available/handy) OR short/long sight/sightedness OR vision impairment
- 25 be incorporated/written OR feed
- 26 (the) (drug/medicine/pharmaceutical) manufacturers OR (the) drug/medicine/pharmaceutical companies
- 27 normal colour-vision OR no color(-vision) deficiency OR no colour blindness OR no CVD
- 28 identify OR recognise OR distinguish (between/among) or differentiate

Reading sub-test

Part B – Text 1: Sleep apnea

Answer key

Total of 9 questions

- 1 D activity
- 2 D can occur with central sleep apnea.
- 3 D less than 5%.
- 4 B can happen a hundred times in a night.
- 5 B a more influential factor in sleep apnea than obesity is.
- 6 D unrelated to.
- 7 A alleviate respiratory problems.
- 8 C Sleep apnea can intensify post-traumatic stress disorder.
- 9 A also suffer from tiredness.

Part B – Text 1: Immunisation and autism

Answer key

Total of 10 questions

- 10 A imprecise.
- 11 B claimed that the MMR vaccine could cause IBD.
- 12 C IBD makes children susceptible to autism.
- 13 A the limited aim of the study.
- 14 C Japanese children are immune to measles.
- 15 C surpassed American safety guidelines.
- 16 C may still be used in immunisations.
- 17 A is contradicted by rising rates of autism in California.
- 18 D continued to influence immunisation rates.
- 19 B are apprehensive about immunisation.

END OF KEY.