

OET PRACTICE TESTS

READING 6



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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.

Migraines: Texts

TEXT A1

Title: Management of migraine in New Zealand General Practice

Authors: Spark, Vale & Mills (2006)

OBJECTIVES: To determine the proportion of patients who have a diagnosis of migraine in a sample of New Zealand general practice patients, and to review the prophylactic and acute drug treatments used by these patients.

DESIGN, SETTING AND PARTICIPANTS: A cohort of general practitioners collected data from about 30 consecutive patients each as part of the BEACH (Bettering the Evaluation and Care of Health) program; this is a continuous national study of general practice activity in New Zealand. The migraine substudy was conducted in June – July 2005 and December 2005 – January 2006.

MAIN OUTCOME MEASUREMENTS: Proportion of patients with a current diagnosis of migraine; frequency of migraine attacks; current and previous drug treatments; and appropriateness of treatment assessed using published guidelines.

RESULTS: 191 GPs reported that 649 of 5663 patients (11.5%) had been diagnosed with migraine. Prevalence was 14.9% in females and 6.1% in males. Migraine frequency in these patients was one or fewer attacks per month in 77.1% (476/617), two per months in 10.5% (65/617), and three or more per month in 12.3% (76/617). Patients reporting three or more migraines or two migraines per month were significantly more likely to be taking prophylactic medication (18.7% and 25.0% respectively) than those with less frequent migraine attacks (3.8%) ($P < 0.0001$). Prophylactic medication had been used previously by 15.0% (96/640). The most common prophylactic agents used currently or previously were pizotifen and propranolol; other appropriate agents were rarely used, and inappropriate use of acute medications accounted for 9% of “prophylactic treatments”. Four in five migraine patients were currently using acute medication as required for migraine, and 60.6% of these medications conformed with recommendations of the National Prescribing

Service. However, non-recommended drugs were also used, including opioids (38% of acute medications).

CONCLUSIONS: Migraine is recognised frequently in New Zealand general practice. Use of acute medication often follows published guidelines. Prophylactic medication appears to be underutilised, especially in patients with frequent migraine. GPs appear to select from a limited range of therapeutic options for migraine prophylaxis, despite the availability of several other well document efficacious agents, and some use inappropriate drugs for migraine prevention.

TEXT A2

Table 1: Economic burden of migraine in the USA

Cost element	US \$ million		
	Men	Women	Total
Medical	193	1033	1226
Missed workdays	1240	6662	7902
Lost productivity	1420	4026	5446
TOTAL			14, 574

TEXT A3

Case studies: migraine sufferers and work

Case 1:

“Jane” experienced pressure from employers due to her migraine absences. She had three days off work in the first quarter of the year, and this was deemed unacceptable and unsustainable by her employers; therefore, she has just resigned from her job and hopes that her future employers will be more understanding.

Case 2:

“Sally’s” employers and colleagues are aware of her migraine symptoms and are alert to any behaviour changes which might indicate an impending attack. In addition, colleagues have supporters’ contact numbers, should she need to be escorted during a migraine. As her employers are part of the government ‘Workstep Programme’, she has accessed a number of allowances and initiatives; her migraines have been classified as a long-term health condition rather than sickness absence, which permits her a higher absence threshold. She now works flexible hours and has received funding for eye examinations, prescription glasses, and a laptop to enable her to work from home.

TEXT A4

Research briefs on migraines in the US

- Migraine prevalence is about 7% in men and 20% in women over the ages 20 to 64.
- The average number of migraine attacks per year was 34 for men and 37 for women.
- Men will need nearly four days in bed every year. Women will need six.
- The average length of bed rest is five to six hours.
- Only about 1 in 5 sufferers seek help from a doctor.

Summary

Migraines

In a recent study by Spark, Vale and Mills, which investigated the prevalence of migraines among(1).... patients in New Zealand, It was found that(2).... out of(3).... patients had been diagnosed with migraine. Migraine incidence was different across genders, with a(4).... proportion of men diagnosed compared with women. Similarly, a US report found migraines occurring in around(5).... of men and(6).... of women within a restricted age range.

Concerning interventions, the US report found that most migraine sufferers in the survey(7).... medical advice. Of the patients surveyed by Spark, Vale and Mills, just over eight per cent were taking(8).... at the time of the study. By contrast, the study found that a large proportion of migraine sufferers used(9).... . Given these findings, the authors note that general practitioners do not use(10).... effectively, and tend to choose from a(11).... of available therapies.

With respect to gender, an economic analysis suggests that the economic(12).... of migraines in the US cost \$7,902,000,000 in(13).... and \$5, 446, 000, 000 in(14).... , with women accounting for a(15).... proportion of costs compared to men. This is reflected in research from the US which has found that female migraine sufferers spend of an average of six days(16).... each year, compared with(17).... for men.

The case of....(18).... demonstrates that employers may not tolerate(19).... . However, the case of(20).... illustrates a “best practice” approach to dealing with migraines in the workplace. This case shows that, ideally,(21).... and(22).... should be aware of migraine symptoms, and be able to notice any(23).... which might signal that an attack is about to occur. It is also useful if co-workers have a list of(24).... . Being able to work(25).... hours and having the capacity to work(26).... also make working life more manageable for the migraine sufferer.

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

Global Health Care Workforce

Paragraph 1

Health care systems worldwide continue to be plagued by difficulties in recruiting and retaining health workers, resulting in a shortage of health care professionals that is now considered a global crisis. However, although the gap between the need for health care workers and the supply is experienced globally, it widens disproportionately, so that the regions with the greatest need have the fewest workers. For example, sub-Saharan Africa and southeast Asia together have 53% of the global disease burden but only 15% of the world's health care workforce. Moreover, the shortage experienced by countries that can least afford it is exacerbated by health worker migration to high-income countries. South Africa, for example, has fewer than 70 doctors per 10 000 people, but reported in 2002 that 14% of the physicians who had trained there had emigrated to the US or Canada.

Paragraph 2

And the problem is not going away as in the UK, US, Canada and Australia, 23% to 28% of all physicians are international graduates. Efforts to reduce migration usually focus on reducing recruitment by high-income countries, and these efforts are gaining a higher profile. Improving the working conditions in source countries has not received the same attention, however, even though this would help counter the factors that push health professionals to seek better conditions elsewhere. It would also make work healthier for those who remain in low income countries, and thereby reduce occupational concerns such as injuries, violence and stress, and exposure to biological, chemical and physical hazards.

Paragraph 3

Although concerns about healthy work conditions exist to varying degrees around the world, they are greatest in nations with few resources, and particularly in Africa, where work conditions are the most challenging. It is well document that health workers in low and middle-income countries experienced fear and frustration when caring for patients with tuberculosis and blood-borne diseases, and that they do so often in difficult work environments. Health workers may also be

ostracised by their own communities due to the ever present stigma associated with exposure. It is now well established that health workers are indeed at higher risk of acquiring numerous infectious diseases.

Paragraph 4

International organisations are recognising the importance of promoting and protecting the health of the global health care workforce, which is conservatively estimated to be 59 million, and are undertaking constructing initiatives to do so. The World Health Organisation (WHO) has explicitly recognised the need to improve the environment of health care workers in order to increase retention and is promoting the use of workplace audit checklists to help guide the reduction of infectious disease transmission in health care. WHO is also promoting the immunization of all health care workers against hepatitis B, and is working to move forward specific Healthy Hospital Initiatives, which include projects that involve both infection control and occupational health practitioners, and that train practitioners along with health and safety representatives in conducting workplace inspections.

Paragraph 5

Canada and other countries that receive health care workers from low resource settings compromise the workforce in the source country as they supplement their own. The situation is inequitable and, over time, will undermine those low resources further, worsening the already challenging working conditions and creating even more pressure for health care workers to emigrate. To offset this effect, high-income countries can reciprocate by improving working conditions in source countries. British Columbia, which attracts the highest number of South African physicians of all Canadian provinces, has taken a step in this positive direction by sharing expertise in occupational health and infectious disease transmission control through the Pelonomi Hospital project.

Paragraph 6

At university level, researchers and practitioners can contribute to this knowledge exchanged by partnering with their colleagues in low-income countries. Such collaborations are essential. Also needed are intensified efforts to promote further integration of worker safety and patient safety. To ensure that information systems being developed support this goal, we need to promote evidence based decision making and share our information with those who can benefit from it. That way, each region will not need to find millions of dollars annually to design, implement and maintain separate systems that could be more easily shared and reproduced.

Paragraph 7

To achieve this aim, we need international collaboration in order to reach consensus on a data dictionary and complete the programming of non-proprietary information systems such as OHASIS, which can be tailored to different technological environments and made widely available using Creative Commons licensing. Much of what needs to be done can be accomplished with simple and effective solutions that benefit both patients and workers. What it will take is commitment from high-income countries to assist in the development, refinement and implementation of these tools in collaboration with low-income countries. Such endeavours can be made possible by making them a priority at the national funding level.

1. The main idea presented in paragraph 1 is...

- A Recruiting health care workers is a problem in most countries.
- B There is a shortage of health care workers in sub-Saharan Africa and Southeast Asia.
- C There are not enough health care workers in places which have the highest need for medical treatment.
- D A significant number of South African doctors are migrating to the US and Canada.

2. The main point raised by the authors in paragraph 2 is that...

- A There are too many international graduates in the UK, US, Canada and Australia.
- B High income countries must reduce recruitment of overseas health professionals.
- C More effort is required to improve work conditions in source countries.
- D Work conditions in poorer countries are dangerous.

3. According to paragraph 3, which of the following is false regarding working conditions in low and middle income countries?

- A Work conditions are most difficult in Africa.
- B Health workers fear exposure to contagious diseases.
- C Health workers feel frustration towards patients.
- D Being exposed to infectious diseases may lead to shame within local communities.

4. Regarding the size of the global health care workforce, we can infer from paragraph 4 that...

- A There may be more than 59 million workers.
- B There may be less than 59 million workers.
- C There are exactly 59 million workers.
- D The number of health care workers is unknown.

5. According to paragraph 4, which of the following statements is true regarding WHO?

- A WHO realises that improvements in the working environments of health care workers is necessary.
- B WHO wants to increase immunisation rates of health care workers against hepatitis B.
- C WHO is advancing Healthy Hospital Initiatives including training and infection control.

D All of the above.

6. In paragraph 5, the authors infer that...

A High-income countries have a responsibility to build better working conditions in low-income countries.

B High-income countries should not recruit health professionals from low-income countries.

C The working conditions in low-income countries are improving.

D British Columbia has stopped recruiting South African doctors.

7. Which of the following is closest in meaning to the word reciprocate in paragraph 5?

A Help.

B Give back.

C Ignore.

D Take back.

8. According to paragraph 6, which of the following statements is true?

A Researchers and medical practitioners in low and high income countries have expressed a desire to work together.

B Improved safety of health workers and patients is a priority.

C Millions of dollars are needed to develop information systems that can be shared between countries.

D None of the above.

9. According to paragraph 7, which best describes OHASIS?

A An information system which is available now.

B An information system with a non-commercial purpose.

C An information system which is privately owned.

D An information system which is easy to programme.

10. Which of the following would be the best alternative title for this article?

A The challenges faced by health professionals working in low-income countries.

B The benefits enjoyed by health professionals who work in high-income countries.

C Increasing migration of health professionals from high-income to low-income countries.

D Improving working conditions for health care professionals in low-income

countries.

END OF PART B – TEXT 1.

TURN OVER FOR PART B- TEXT 2.

TEXT B2

The Mental Health Risks of Adolescent Cannabis Use

Paragraph 1

Since the early 1970s, when cannabis first began to be widely used, the proportion of young people who have used cannabis has steeply increased and the age of first use has declined. Most cannabis users now start in the mid-to-late teens, an important period of psychosocial transition when misadventures can have large adverse effects on a young person's life chances. Dependence is an underappreciated risk of cannabis use. There has been an increase in the numbers of adults requesting help to stop using cannabis in many developed countries, including Australia and the Netherlands. Regular cannabis users develop tolerance to many of the effects of delta-9-tetrahydrocannabinol, and those seeking help to stop often report withdrawal symptoms. Withdrawal symptoms have been reported by 80% of male and 60% of female adolescents seeking treatment for cannabis dependence

Paragraph 2

In epidemiological studies in the early 1980s and 1990s, it was found that 4% of the United States population had met diagnostic criteria for cannabis abuse or dependence at some time in their lives. Surveys in Australia, Canada, and New Zealand have produced similar estimates. About one in ten of those who use cannabis meet criteria for dependence, but this risk is much higher for daily users and persons who start using at an early age. Only a minority of cannabis-dependent people in surveys report seeking treatment, but among those who do, fewer than half succeed in remaining abstinent for as long as a year. Those who use cannabis more often than weekly in adolescence are more likely to develop dependence, use other illicit drugs, and develop psychotic symptoms and psychosis

Paragraph 3

Surveys of adolescents in the United States over the past 30 years have consistently shown that: almost all adolescents who had tried cocaine and heroin had first used alcohol, tobacco, and cannabis, in that order; that regular cannabis users are the most likely to use heroin and cocaine; and that the earlier the age of first cannabis use, the more likely a young person is to use other illicit drugs. One explanation for this patterns is that cannabis users obtain the drug from the same black market as other illicit drugs, thereby providing more opportunities to use these drugs.

Paragraph 4

In most developed countries, the debate about cannabis policy is often simplified to a choice between two options: (1) to legalize cannabis because its use is harmless, or (2) to continue to prohibit its use because it is harmful. As a consequence, evidence that cannabis use causes harm to adolescents is embraced by supporters of cannabis prohibition and is dismissed as "flawed" by proponents of cannabis liberalization.

Paragraph 5

A major challenge in providing credible health education to young people about the risks of cannabis use is in presenting the information in a persuasive way that accurately reflects the remaining uncertainties about these risks. The question of how best to provide this information to young people requires research on their views about these issues and the type of information they find most persuasive. It is clear from US experience that it is worth trying to change adolescent views

about the health risks of cannabis; a sustained decline in cannabis use during the 1980s was preceded by increases in the perceived risks of cannabis use among young people

Paragraph 6

Cannabis users can become dependent on cannabis. The risk (around 10%) is lower than that for alcohol, nicotine, and opiates, but the earlier the age a young person begins to use cannabis, the higher the risk. Regular users of cannabis are more likely to use heroin, cocaine, or other drugs, but the reasons for this remain unclear. Some of the relationship is attributable to the fact that young people who become regular cannabis users are more likely to use other illicit drugs for other reasons, and that they are in social environments that provide more opportunities to use these drugs.

Paragraph 7

It is also possible that regular cannabis use produces changes in brain function that make the use of other drugs more attractive. The most likely explanation of the association between cannabis and the use of other illicit drugs probably involves a combination of these factors. As a rule of thumb, adolescents who use cannabis more than weekly probably increase their risk of experiencing psychotic symptoms and developing psychosis if they are vulnerable—if they have a family member with a psychosis or other mental disorder, or have already had unusual psychological experiences after using cannabis. This vulnerability may prove to be genetically mediated.

11. In paragraph 1, which of the following statements does not match the information on cannabis use?

- A The use of cannabis by teenagers has been increasing over the past 40 years.
- B Cannabis use has adverse effects on young people.
- C Withdrawal symptoms are more common in males.
- D People try cannabis for the first time at a younger age than previously.

12. According to paragraph 2, epidemiological studies in the 1980s and 1990s found that...

- A 4% of the US population currently suffer from cannabis abuse or dependence.
- B Starting cannabis use at a young age increases the risk of dependence or abuse.
- C Only a minority of surveys researched treatment options for cannabis dependent people.
- D People who start cannabis use a young age have high risk of becoming daily users.

13. The main point of paragraph 3 is that...

- A Alcohol, tobacco and cannabis can lead to the use of heroin and cocaine.
- B Most adolescents who have used cocaine or heroin first try alcohol, followed by tobacco and then cannabis.

- C There is a clear link between habitual cannabis use and the use of heroin and cocaine.
- D The black market is the main source of illicit drugs.

14. Which of the following would be the most appropriate heading for paragraph 4?

- A Opinion on an effective cannabis policy is divided.
- B Cannabis use is harmful to adolescents and should be prohibited.
- C Cannabis use is a serious problem in a majority of developed countries.
- D Cannabis use should be legalised.

15. The word closest in meaning to credible in paragraph 5 is...

- A Believable.
- B Possible.
- C High quality.
- D Inexpensive.

16. Cannabis use in the US declined during the 1980s because...

- A Parents were able to explain the health risks of cannabis use.
- B There was good health education regarding the health risks associated with cannabis use available at that time.
- C Cannabis had increased in price.
- D Young people had become more worried about its effect on their health.

17. The word relationship in paragraph 6 refers to the connection between...

- A Legal drugs such as alcohol and nicotine and illegal drugs such as cannabis, cocaine and heroin.
- B Cannabis use and dependency.
- C The use of hard drugs such as heroin and cocaine and cannabis use.
- D Regular users and their partners.

18. Which of the following statements best matches the information in the last paragraph?

- A Regular cannabis use produces changes in brain function.
- B Regular adolescent cannabis with a genetic predisposition to mental disorders have an increased risk of encountering psychosis.
- C Regular adolescent users of cannabis are vulnerable to psychosis.

D Occasional use of cannabis can make other drugs more appealing.

END OF PART B – TEXT 2

END OF READING TEST

Reading sub-test

Part A: Migraines

Answer key

Total of 29 questions

- 1 general practice/GP
- 2 649
- 3 5663
- 4 lower/smaller/lesser/low/small/minor
- 5 7%
- 6 20%
- 7 did not seek/do not seek
- 8 prophylactic medication/preventative medication
- 9 acute medication
- 10 prophylactic medication/preventative medication
- 11 limited range/narrow range
- 12 burden/impact
- 13 (total) missed workdays
- 14 (total) lost productivity/productivity loss
- 15 greater/higher/bigger/larger/high/big/large/major
- 16 in bed **OR** off (work/sick)
- 17 four (days)
- 18 Jane
- 19 (migraine) absences
- 20 Sally
- 21 employers **OR** colleagues
- 22 employers **OR** colleagues
- 23 behaviour change(s) **OR** changes in behaviour
- 24 (supporters') contact numbers
- 25 flexible
- 26 from home/at home

END OF KEY.

Reading Sub-test

Text B1: Global Health Care Workforce

Answer Key

Total of 10 questions

- 1 C - There are not enough health care workers in places which have the highest need for medical treatment.
- 2 C - More effort is required to improve work conditions in source countries.
- 3 C - Health workers feel frustration towards patients.
- 4 A - There may be more than 59 million workers.
- 5 D - All of the above.
- 6 A - High-income countries have a responsibility to build better working conditions in low-income countries.
- 7 B - Give back.
- 8 B - Improved safety of health workers and patients is a priority.
- 9 B - An information system with a non-commercial purpose.
- 10 D - Improving working conditions for health care professionals in low-income countries.

END OF KEY

Text B2: The Mental Health Risks of Adolescent Cannabis Use

Answer Key

Total of 8 questions

- 11 B - Cannabis use has adverse effects on young people.
- 12 B - Starting cannabis use at a young age increases the risk of dependence or abuse.
- 13 C - There is a clear link between habitual cannabis use and the use of heroin and cocaine.
- 14 A - Opinion on an effective cannabis policy is divided.
- 15 A - Believable.
- 16 D - Young people had become more worried about its effect on their health.
- 17 C - The use of hard drugs such as heroin and cocaine and cannabis use.
- 18 B - Regular adolescent cannabis with a genetic predisposition to mental disorders have an increased risk of encountering psychosis.

END OF KEY