

Inglés Aplicado a Ciencias de la Salud

Lic. Verónica Cayo



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Inglés Aplicado a Ciencias de la Salud

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Presentación

Como actores sociales dentro de un escenario con problemáticas y tensiones especiales, nos proponemos un recorrido que percibe el trabajo áulico de docentes y estudiantes hacia el desarrollo integral en forma conjunta, crítica y reflexiva.

Apropiarse del conocimiento implica un trabajo intelectual profundo en un camino iniciado hace ya algunos años y que continuamos con una clara postura de emancipación intelectual transformadora que creemos necesaria y posible para los estudiantes de la Universidad Nacional Arturo Jauretche.

Por tanto, les presentamos este material de trabajo arbitrariamente separado por niveles, pensado para trabajar en forma no lineal, para desarrollar y potenciar el capital humano de cada estudiante a través de la profundización y apropiación de estrategias lectoras perdurables en el tiempo.

Inglés Aplicado a Ciencias de la Salud

1



PRELECTURA

Leemos el texto presentado debajo y realizamos las actividades que siguen

LEAD SMARTER 7 mins

The Reading Habits Of Highly Successful People¹

Some of the world's highest achievers [1] have **one** thing in common: *it isn't a high IQ, nor is it an incredible lucky streak, but their appreciation for reading. Books were their most profitable investment [1].*

By Sandra Wu | Dec 22 2016

From \$2 to \$20 billion

Two teenage boys found employment at a grocery store in Omaha, Nebraska. The older boy [2], from a poor family devastated by the Great Depression, bred and sold hamsters for spare change. The younger boy [2], grandson of the store owner, had been delaying college and working odd jobs, like selling chewing gum and coke bottles door to door [3]. Back then, each boy made about \$2 a day. Just a few decades later, they'd be raking in \$20 billion in profit per year with their conglomerate, Berkshire Hathaway. Who were these boys? None other than

¹ Disponible: <<https://www.blinkist.com/magazine/posts/reading-habits-of-highly-successful-people>>. Fecha de consulta: 29 de abril de 2018.

Charlie Munger and Warren Buffett. How did they become the most successful investors [1] America has ever seen?

Buffett spends 80% of his day reading

Fast track to 2007, the 84-year-old Charlie Munger, reveals to a crowd of aspiring law students the secrets to their success:

“I constantly see people rise in life who are not the smartest, sometimes not even the most diligent, but they are learning machines. They go to bed every night a little wiser than they were when they got up and boy does that help, particularly when you have a long run ahead of you.”

Supposedly, in the early days of Buffett’s investment career, he would read 600-1000 pages in a single day. Nowadays, he still dedicates 80% of his day to reading.

“Read 500 pages... every day. That’s how knowledge works. It builds up, like compound interest. All of you can do it, but I guarantee not many of you will do it.”

His takeaway for everyone: no matter where you are in life, keep on learning and you will succeed.

The billionaire book club

Buffett and Munger are not the only **ones** who credit their success to reading. Tech entrepreneur Elon Musk reportedly learned how to build rockets by reading books. Musk was bullied a lot as a child in South Africa. He found comfort in fantasy and science-fiction books, which inspired him to leave a legacy in the world. Bill Gates, the richest man in the world and a lifelong bookworm, reads about 50 books a year, but strictly nonfiction **ones**. Although he gets to visit a lot of places and meet interesting people, he would still rather read books to acquire new knowledge. Similarly, Mark Zuckerberg invited the whole world to join him on his quest to read a book every two weeks in 2015. So, what are your reading goals?

Want to go to bed a little wiser tonight?

Although reading is valuable, most people see it as a chore [3]. Why read when you can end the day with your favorite TV show? Or a nice gathering with friends? What if you could get all the benefits of reading without giving up your other interests? You can! Blinkist is a learning app that transforms the world’s best nonfiction books into 15 minute reads. You can learn about rocket science over breakfast, stock trading over lunch, and the 7 Habits of Highly Effective People over dinner. You can also learn on the go with Blinkist audio. This way, you can become a learning machine!

REFLEXIÓN LINGÜÍSTICA

2. Examinamos las frases señaladas con los números 1 y 2. Determinamos qué relación guardan entre sí según los grupos en que fueron asignadas.

.....

.....

.....

3. Observamos las frases señaladas con el número 3 en el primer y el último subtítulo. Determinamos con cuál de los dos grupos antes mencionados, el 1 o el 2, tienen relación. Justificamos.

.....

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.....

4. Decidimos en qué grupo ubicaríamos las oraciones subrayadas en el resto del texto que no fueron señaladas con ningún número.

.....

.....

.....

5. En esta oración, extraída del tercer subtítulo, la frase “*as a child*”, ¿cumple la misma función que hemos comentado en el punto 3? Justificamos

“Tech entrepreneur Elon Musk reportedly learned how to build rockets by reading books. Musk was bullied a lot as a child in South Africa”

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6. ¿Por qué se resaltó en cursiva una oración en el copete?

.....

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7. El párrafo que se titula “*The billionaire book club*” tiene sombreada dos veces la palabra **ones**, ¿se relaciona con la palabra **one** del copete? Justificamos.

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.....

8. Elegimos cuál de las posibles interpretaciones es la correcta para las siguientes declaraciones extraídas del texto

- en esta oración “*conglomerate*” puede interpretarse como
“Just a few decades later, they’d be raking in \$20 billion in profit per year with their conglomerate, Berkshire Hathaway”
 - conglomerado
 - conglomeración
 - ninguna de las anteriores

9. Justificamos si en las siguientes declaraciones extraídas del texto

- la palabra “*credit*” puede interpretarse como crédito

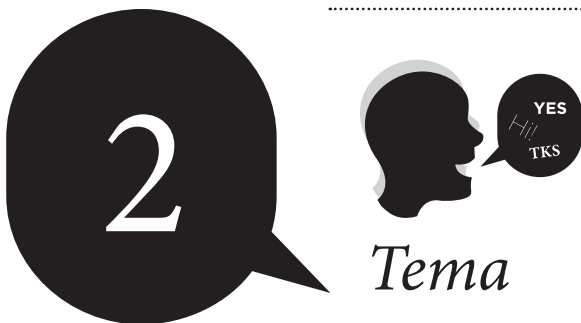
“Buffet and Munger are not the only ones who credit their success to reading”

SÍ NO

- la palabra “*aspiring*” puede interpretarse como aspirantes




“Fast track to 2007, the 84 year-old Charlie Munger, reveals to a crowd of aspiring law students the secrets to their success”

SÍ NO



PRELECTURA

Observamos el texto presentado y realizamos las actividades sugeridas debajo

<p>Natural News      </p> <p>The world’s top news source on natural health/Part of the Natural News Network</p> <p>Free Email Newsletter</p> <p>Receive breaking news on natural cures and health freedom, delivered daily to your inbox</p> <p>Articles blogs labs events science reference reports videos infographics music cartoons RSS</p> <p>Store</p> <p>GlaxoSmithKline Fined Less Than \$100,000 For Killing 14 Babies During Vaccine Trials</p> <p>Wednesday, March 02, 2016.</p> <p>Tags: GlaxoSmithKline, vaccine trials, infant deaths</p> <p>22K views.</p>	<p>[1]</p> <p>[2]</p> <p>[3]</p> <p>[4]</p> <p>[5]</p> <p>[6]</p> <p>[7]</p> <p>[8]</p>
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In reacting to recent news that pharmaceutical giant GlaxoSmithKline accidentally **dumped** 12 gallons of live, concentrated polio virus into a Belgian river, it **is** important to remember that the company **has** a long history of safety violations in its vaccine business. In 2012, for example, an Argentinean judge **found** the company guilty of conducting illegal vaccine trials that **led** to the deaths of 14 babies.

Yet the company **was fined** only 400,000 pesos, at the time the equivalent of about \$93,000. Two *doctors* **involved** in the trial **were fined** another 300,000 pesos each.

The company **was found** guilty of conducting trials on human beings (which **is prohibited** in Argentina) and of falsifying parental authorizations allowing the company to experiment on babies.

Illegal human experimentation

The judge **handed down** the ruling following a report by the National Administration of Medicine, Food and Technology (ANMAT) which **concluded** that the COMPASS trial **conducted** between 2007 and 2008 **demonstrated** “failures in the process of obtaining the necessary consent letters from participants, **hence** violating the patients’ rights; as well the inclusion of patients that **did not fully meet** the required clinical conditions to be submitted into the program.”

A total of 15,000 children under the age of one **were recruited** into the study from poor families attending public hospitals in three separate Argentinean provinces.

The scandal **was broken** by *pediatrician* Ana Marchese, who **learned** of the COMPASS study while working at one of the public hospitals involved. She **reported** the violations to the Argentine Federation of Health Professionals (FESPROSA), which later **took** the complaints to the government.

“GSK Argentina **set** a protocol at the hospital, and **recruited** several *doctors* working there,” Marchese **said**. “These *doctors* **took** advantage of the many illiterate parents whom **take** their children for treatment by pressuring and forcing them into signing these 28-page consent forms and getting them involved in the trials.”

“[Drug companies] can’t experiment in Europe or the United States, so they **come** to do it in third-world countries,” she **said**.

The COMPASS trial **was conducted** to test a new pneumococcal vaccine. Similar trials **were conducted** in Colombia and Panama.

Marchese **noted** that the new vaccine **is not** significantly different from existing pneumococcal vaccines.

“There already exist very good vaccines for the same diseases, **but we all know** how laboratories **work**, they only **care** for their own business,” she **said**.

Corruption and intimidation

Many of the complaints against GSK **centered** around its treatment of the children involved in the study.

“Once a picked patient [**arrived**], [he or she] would automatically disappear to be taken somewhere else in order to be treated by *those doctors* specially recruited by GSK,” Marchese said. “These sorts of practices **are not** legal and **occurred** without any type of state control, plus they **don’t comply** with the minimum ethical requirements.”

“In various particular cases, *the doctors* who had conducted the trials **avoided** to answer the many phone calls **made** by worried parents after witnessing their babies’ first reactions to the vaccines,” she **added**.

“A lot of people **wanted** to leave the protocol but they **were not allowed**,” **said** Julieta Ovejero, the great aunt of one of the babies who **died**. “They **forced** them to continue under the threat that *if they leave they wouldn’t get any other vaccines for their children*.”

In 2008, when FESPROSA first **broke** the story that 12 children had died, *local GSK researcher* Enrique Smith **dismissed** the deaths, calling it “*a very low figure if we compare it with the deaths produced by the respiratory illnesses that the pneumococcal bacteria causes*.”

In the Santiago del Estero province, the COMPASS trial **was approved** by *the provincial health minister* - who also happened to be Enrique Smith’s brother.

Sources for this article include:

<http://www.buenosairesherald.com>

<http://www.digitaljournal.com>

<http://science.naturalnews.com>

[9]

1. Completamos el cuadro:

Tema principal que aborda el texto	Palabras que ayudan a reconocerlo	Clasificación de estas palabras	¿Tienen frecuencia alta, media o baja en un texto académico?

2. Relevamos los paratextos señalados entre corchetes y mencionamos su función y la información que brindan.

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3. A partir del relevamiento anterior completamos estos datos:

Género discursivo	Trama	Lector previsto

4. ¿Cuál es la función de los subtítulos?

.....

.....

REFLEXIÓN LINGÜÍSTICA

5. Se han recuadrado frases verbales que comparten dos tiempos verbales distintos, ¿a qué tiempos verbales nos referimos? ¿Por qué se usaron ambos tiempos con tanta frecuencia en este texto?

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.....

6. La oración resaltada en cursiva en el párrafo 15 presenta un conector de condición, ¿cuál es esa condición?, ¿tiene consecuencia dicha condición? Si así fuera, ¿cuál es? La comparamos con la oración en cursiva del anteúltimo párrafo.

.....

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7. Los conectores subrayados en los párrafos 2 y 4 organizan el discurso, ¿de qué manera? Tildamos la opción correcta según qué indican y justificamos:

- condición
- consecuencia
- oposición

8. Encerramos la opción correcta y justificamos en cada caso

- En la siguiente oración que inicia el párrafo 7, la palabra “*several*”, ¿es un falso cognado?

“*GSK Argentina set a protocol at the hospital, and recruited several doctors working there,*” Marchese *sai*”

SÍ NO

- En la siguiente oración que finaliza el anteúltimo párrafo, la palabra "figure": ¿es un falso cognado?

SÍ NO

In 2008, when FESPROSA first broke the story that 12 children had died, local GSK researcher Enrique Smith dismissed the deaths, calling it "a very low figure if we compare it with the deaths produced by the respiratory illnesses that the pneumococcal bacteria causes"

- En la siguiente oración del párrafo 5 la palabra "attending", ¿es un falso cognado? Encerramos la opción correcta y justificamos.

SÍ NO

A total of 15,000 children under the age of one were recruited into the study from poor families attending public hospitals in three separate Argentinean provinces.

- En la siguiente oración del párrafo 14, la palabra "parents" ¿es un falso cognado? Encerramos la opción correcta y justificamos.

SÍ NO

"In various particular cases, the doctors who had conducted the trials avoided to answer the many phone calls made by worried parents after witnessing their babies' first reactions to the vaccines," she added.

12. ¿Qué profesiones ligadas al ámbito de las ciencias de la salud han sido resaltadas en cursiva?

.....

.....

.....

.....

POSLECTURA

13. Relevamos las cifras que aparecen en el texto e indicamos a qué hacen referencia:

Párrafo	Cifra	Referencia de
1		
	12	
	2012	
	14	
2		
	400,000/93,000	
	300,000	
4		
	2007/2008	
5		
	15,000	
7		
	28	
16		
	2008	
	12	

14. A partir de lo hecho anteriormente, completamos una posible interpretación global del texto.

.....

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.....

.....

La gran empresa farmacéutica GlaxoSmithKline vuelve a ser centro de las noticias en tanto volcó

.....

Vale destacar que esta misma empresa

Sin embargo,

Primer subtítulo:

El juez tuvo en cuenta un para

La cantidad total de niños reclutados en tres provincias argentinas distintas

La persona que denunció el hecho fue, quien
tomó conocimiento de la situación ilegal mientras
y decidió

La metodología de reclutamiento era

El objetivo el estudio era

Sin embargo, la denunciante advirtió que

.....

Segundo subtítulo:

Lo más controversial de la denuncia es el trato de la empresa farmacéutica con respecto a

.....
 Una vez que el paciente era reclutado,

.....
 al mismo tiempo que el contacto con el doctor que se había comunicado según se comprobó en
 varios casos-

.....
 Si el paciente quería abandonar el tratamiento

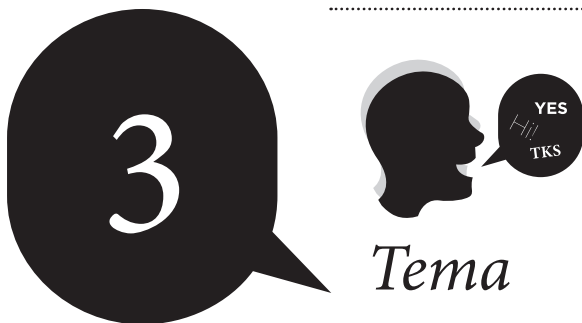
.....
 Ante la denuncia de la situación irregular, Enrique Smith consideró que

.....
 El ensayo COMPASS fue aprobado

.....

15. ¿Qué interpretación podemos hacer del título?, ¿de qué manera se relaciona con el objetivo del
 artículo?

.....



PRELECTURA

1. Analizamos el siguiente paratexto² y completamos los datos solicitados

Rudolf, M. & Levane, M. (2006). *Paediatrics And Child Health*. 2nd ed. London: Blackwell Publishing.

- título
- destinatarios previstos
- autor/es
- editorial
- género discursivo

2. ¿Qué otra información no señalada arriba podemos extraer de este paratexto?

² Rudolf, M. y M. Levene (2006). *Paediatrics And Child Health*. 2nd ed. London: Blackwell Publishing.

3. Al acceder al interior de este texto encontramos los siguientes paratextos. Comentamos qué información nos brindan los señalados con números del 1 al 8

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[1]

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[2]

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[8]

4. ¿Con qué nombre podemos englobar a todos los paratextos analizados? ¿Son iguales en un libro editado que en uno digital? Justificamos.

.....

.....

.....

.....

5. Observamos cómo presenta el libro uno de sus capítulos³ y comentamos:

- ¿En cuántas partes se divide?
- ¿Qué función cumple cada una de las secciones?
- ¿Qué nombre le daríamos a cada una?
- ¿Qué palabras o frases orientaron las respuestas?

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³ Common Paediatrics symptoms and Complaints: The Febrile Child. Capítulo 8 en Rudolf, M. y M. Levene (2006). *Paediatrics And Child Health*. London: Blackwell Publishing.

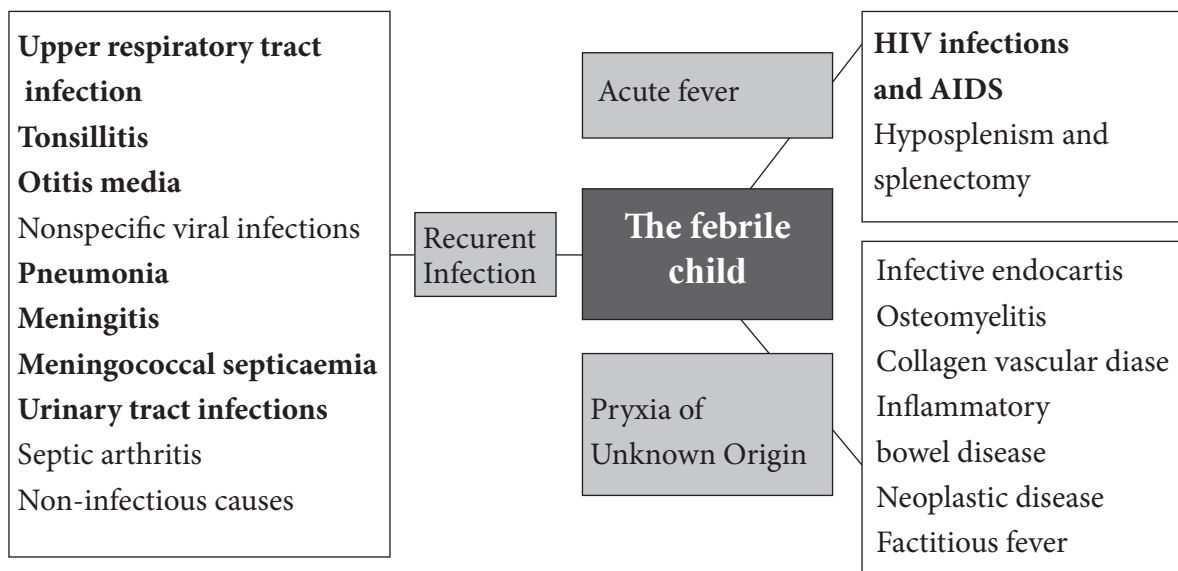
THE FEBRILE CHILD

The Doctor came round and examined his chest,
 And ordered him Nourishment, Tonics, and Rest,
 “How very effective,” he said as he shook
 The thermometer...
 The Doctor next morning was rubbing his hands,
 And saying, “There’s nobody quite understands
 These cases as I do...”

The Dormouse And The Doctor

A.A. Milne

Finding your way around



You must...

Know

- How to diagnose and manage the common and serious infections of childhood
- How to bring down a temperature
- How to define PUO
- Features in a blood count that suggest bacterial infection

Be able to

- Take a temperature accurately
- Recognize when a child has a serious infection

Appreciate

- That fever can be a very worrying symptom for parents.
- That fever can be a serious sign in very young babies

REFLEXIÓN LINGÜÍSTICA

6. Focalizamos en la sección del texto con cuadros y flechas:

- ¿Hay palabras, frases o ambas?
- ¿Qué nombre reciben?, ¿por qué?
- ¿Qué información debe brindar este recurso para ser útil para el lector?

.....

.....

.....

7. Observamos ahora la última sección del texto titulada “*You must*”, ¿qué información nos brinda?

Señalamos si los autores están:

- indicando una sugerencia
- indicando una obligación
- indicando una prohibición
- persuadiendo

8. ¿Pudo haberse reemplazado la palabra “*must*” por otra palabra o frase con función similar?

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9. En esta misma sección se repite en tres ocasiones la frase “*How to...*”, ¿cómo la interpretamos?, ¿qué función cumple?

.....

.....

10. Leemos ahora parte del capítulo citado y analizamos coincidencias o diferencias con las hipótesis elaboradas en el punto 5

.....

.....

The Febrile Child (Chapter 8, pp. 73)

Acute fever	
<p>Fever is a very common symptom in children. High fever occurs in many non-serious conditions and is the body’s response to pyrogens, which have an effect on the nuclei of the brain responsible for temperature control. Fever usually occurs as a result of infection, but may result from chronic inflammation or an immune response. The body’s response to fever is to lose heat by skin vasodilatation, which causes the flush that is often seen in feverish children. The common causes of acute fever are shown in Table 8.1.</p> <p>Table 8.1 Common causes of acute fever in childhood.</p> <p>Acute infection Nonspecific viral infections Viral exanthems-measles, rubella, chicken pox, etc. Upper respiratory tract infection Otitis media Tonsillitis Influenza Pneumonia Urinary tract infection Meningitis Septic arthritis Dehydration Post-surgery Factitious Taking temperature after a hot drink Deliberate manipulation of the thermometer Excessive crying or exertion Overheating due to excessive swaddling, etc.</p> <p>Approach to the child presenting with fever. Key points approach to the child presenting with fever</p> <ul style="list-style-type: none"> • Confirm the presence of fever by recording the temperature • Assess whether the child requires hospital admission, but remember that the height of the fever does not relate to severity of illness • Take measures to reduce temperature • Examine for local signs of infection • If the child looks ill, reevaluate when the fever settles • Admit and investigate babies below 8 weeks of age • Start antibiotics only where clinically indicated 	<p>A fever is a temperature above 37.0°C orally. One of the most important skills you will require as a doctor is to assess the child with a fever, decide on the likely cause and treat appropriately. Babies under the age of 8 weeks are particularly difficult to assess, and may deteriorate rapidly. They need to be admitted. For the older baby and child, your clinical evaluation should lead you the likely focus of infection and a decision as to how the child is. Contrary to common belief, the height of the fever does not correlate either with serious infection or the presence of bacterial infection.</p> <p>The temperature should generally be taken using a thermometer under the tongue, in the ear or in the axilla. Rectal temperatures are needed in unconscious children. Disposable plastic strip chemical thermometers are widely available but have been shown to register slightly higher temperatures than the mercury in glass thermometers. The commercially available plastic strip thermometer is placed on the child’s forehead is not reliable. The correct technique for taking a temperature is described in Clinical box 8.1</p> <p>Clinical box 8.1:</p> <p>Taking the temperature</p> <p>Take the temperature of children old enough to cooperate by placing the thermometer under the tongue for 1 minute. In younger children, place the thermometer in the axilla and hold the arm down by the child’s side for 3-5 minutes.</p> <p>Axillary temperatures are 0.5°C lower than oral or rectal temperatures. Core body temperature is normally 37.5°C and is measured by inserting a thermometer in the rectum.</p> <p>This is the most convenient method in infants or unconscious children.</p> <p>History-must ask!</p> <p>Character of fever. Ask how long the fever has been present and whether it occurs at a particular times of the day.</p> <p>General features. Poor appetite and malaise are nonspecific features in any febrile child. Headache, diarrhea and vomiting may also be nonspecific.</p> <p>Pain. Has there been earache, headache, difficulty swallowing (dysphagia) or dysuria which give clues to the cause? Excessive crying in a baby may be a feature of pain.</p> <p>Specific symptom. Vomiting, diarrhea, coryza, cough, rash may all suggest a diagnosis.</p> <p>Physical examination - must check!</p> <p>General. Does the child look seriously ill? Is the child dehydrated? Is there tachycardia or tachypnea?</p>

11. Observamos la sección titulada “*Approach to the child presenting with fever*”. Exceptuando la quinta viñeta:

- ¿Qué información nos brinda?, ¿sugiere o instruye?
- ¿Cómo se expresan estas declaraciones?, ¿qué nombre reciben?
- ¿En qué otra sección del texto encontramos más ejemplos de estas declaraciones?

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12. Si los autores hubiesen deseado expresar alguna de esas declaraciones en forma negativa, ¿cómo lo hubieran hecho?

.....

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13. La quinta viñeta de esta misma sección comienza de manera distinta al resto de las declaraciones discutidas antes, ¿por qué?, ¿qué ideas establece? (Recordemos lo trabajado en el punto 6 del tema 2).

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14. ¿Qué otras palabras pueden establecer ideas de este tipo?

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.....

15. Examinamos las siguientes oraciones extraídas del texto y completamos el cuadro con los datos pedidos

- “*They need to be admitted*”
- “*The temperature should generally be taken using a thermometer under the tongue, in the ear or in the axila*”
- “*Rectal temperatures are needed in unconscious children*”

Declaración	Frase verbal	¿Cuál es el sujeto necesario de la oración?	¿Quién ejecuta la frase verbal <i>realmente</i> ?	¿ Es esto último explícito? o ¿Está implícito?	¿Por qué?
a					
b					
c					

Debatimos:

- ¿Qué nombre reciben este tipo de oraciones?, ¿qué estructura presentan típicamente? ¿por qué se usan?
- ¿Cuáles son las oraciones opuestas a las discutidas anteriormente?
- ¿Es indistinto usar unas u otras? Justificamos

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16. Utilizando el texto del punto 10, encontramos más ejemplos similares a las oraciones recién consideradas . Indicamos, en todos los casos, por qué se usó esa voz y quién es el sujeto real de cada declaración.

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POSLECTURA

17. Seleccionamos una de las secciones del cuadro del punto 10 y elaboramos un resumen.

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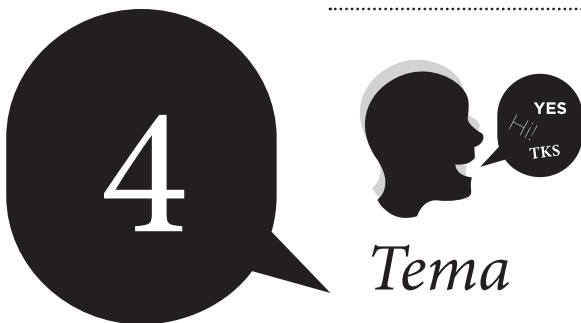
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PRELECTURA

1. Leemos rápidamente los títulos y decidimos el tema que aborda cada uno. Marcamos los marcadores lingüísticos que permiten su reconocimiento

Vaccíne To Protect Global Communities From Malaria Under Development⁴

Fall Babies: Born To Wheeze?⁵

Infant Brains Develop Years Faster Than We Thought⁶

Carbohydrate Digestion And Obesity Strongly Linked⁷

4 Disponible: <<https://www.sciencedaily.com/releases/2015/06/150629162228.htm>>.
Fecha de consulta: 1 de mayo de 2018.

5 Disponible: <<https://www.sciencedaily.com/releases/2008/11/081121080825.htm>>.
Fecha de consulta: 1 de mayo de 2018.

6 Disponible: <<https://www.sciencedaily.com/releases/2015/06/150602075758.htm>>.
Fecha de consulta: 1 de mayo de 2018.

7 Disponible: <<https://www.sciencedaily.com/releases/2014/03/140330151318.htm>>.
Fecha de consulta: 1 de mayo de 2018.

2. Escribimos el título de cada texto en donde corresponda

TEXTO 1

Date: March 30, 2014

Source: Imperial College London

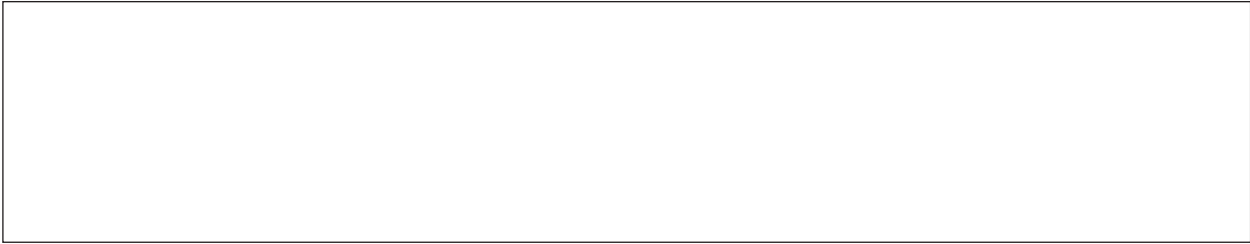
Summary: New research indicates that obesity in the general population may be genetically linked to how our bodies digest carbohydrates. People usually have two copies of the gene AMY1, but in some regions of our DNA there can be variability in the number of copies a person carries, which is known as copy number variation. The number of copies of AMY1 can be highly variable between people, and it is believed that higher numbers of copies of the salivary amylase gene have evolved in response to a shift towards diets containing more starch since prehistoric times.

TEXTO 2

Date: June 29, 2015

Source: University of Oklahoma

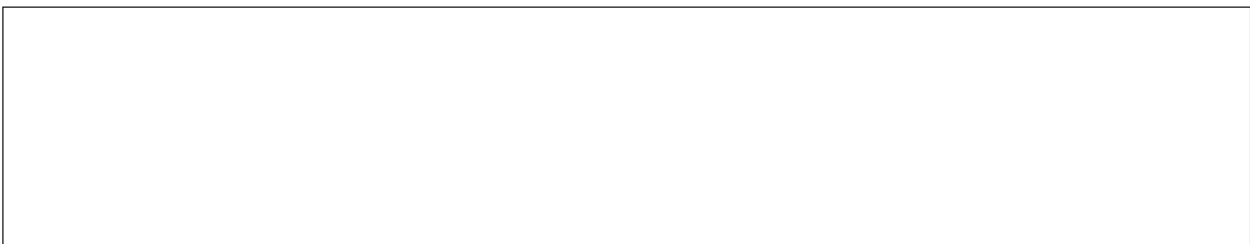
Summary: A *professor* studying malaria mosquito interaction has discovered a new mosquito protein for the development of a vaccine that is expected to stop the spread of the disease in areas where it is considered endemic. **Malaria is transmitted by mosquitoes**, and it infects millions of people in Africa, Asia and South America every year, causing a global health crisis. Local populations, US military personnel stationed in these areas and travelers to these malaria-prone areas are at risk of becoming infected.

TEXTO 3

Date: November 24, 2008

Source: American Thoracic Society

Summary: It is said that timing is everything and that certainly appears to be true for autumn infants. Children who are born four months before the height of cold and flu season have a greater risk of developing childhood asthma than children born at any other time of year, according to new research.

TEXTO 4

Date: June 2, 2015

Source: eLife

Summary: A key element of infant brain development occurs years earlier than previously thought, research has shown. The way we perceive faces -using the right hemisphere of the brain- is unique and sets us apart from non-human primates. It was thought that this ability develops as we learn to read, but a new study shows that in babies as young as four months it is already highly evolved.

REFLEXIÓN LINGÜÍSTICA

3. En el texto 2 hay una oración sombreada:

- ¿Cuál es el tema de dicha declaración?
- ¿Presenta una estructura pasiva o activa?
- ¿Por qué se eligió esta voz?
- ¿Quién ejecuta realmente la acción expresada por la frase verbal?

- ¿Por qué y cómo se especificó al agente que realiza la acción en este tipo de construcciones?

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4. Respondemos:

- ¿Cómo interpretamos en español las frases que fueron subrayadas?
- ¿Qué nombre reciben?
- ¿Se relacionan con la construcción comentada en el punto 3? Justificamos
- ¿Por qué se utilizan en el texto académico?

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5. Encerramos la opción correcta y justificamos en cada caso

- a. En la oración que sigue, la palabra, “*population*”, ¿es un falso cognado?

“*New research indicates that obesity in the general population may be genetically linked to how our bodies digest carbohydrates*”

SÍ NO

b. En la oración que sigue, la palabra, “populations”, ¿es un falso cognado?

“Local populations, US military personnel stationed in these areas and travelers to these malaria-prone areas are at risk of becoming infected”

SÍ NO

c. En la oración que sigue, la palabra, “infants”, ¿es un falso cognado?

“It is said that timing is everything and that certainly appears to be true for autumn infants”

SÍ NO

6. ¿Qué profesión relacionada con el ámbito académico se resaltó en cursiva en el texto 2?

.....

POSLECTURA

7. Asociamos cada una de las declaraciones con los textos leídos:

- La dieta ha cambiado al mismo paso que la evolución de los seres humanos.
- El desarrollo de un sector del cerebro permite el reconocimiento facial en los primeros meses de vida.
- Un avance científico que puede revertir la situación actual de una enfermedad en tres continentes.
- El momento del nacimiento está ligado al posible desarrollo de enfermedades de las vías respiratorias.

8. Elegimos uno de los cuatro textos trabajados y lo interpretamos teniendo en cuenta sus paratextos.

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PRELECTURA

Leemos rápidamente el texto presentado y completamos los datos solicitados debajo

New Theory On Cause Of Endometriosis⁸

Date: March 7, 2014

Source: Northwestern University

Summary: Changes to two previously unstudied genes are the **centerpiece** of a new theory regarding the cause and development of endometriosis, a chronic and painful disease affecting one in 10 women. The discovery suggests epigenetic modification, a process that enhances or disrupts how DNA is read, is an integral component of the disease and its progression.

⁸ Disponible: <<https://www.sciencedaily.com/releases/2014/03/140307133627.htm>>. Fecha de consulta: 2 de mayo de 2018.

Changes to two previously unstudied genes are the **centerpiece** of a new theory regarding the cause and development of endometriosis, a chronic and painful disease affecting 1 in 10 women.

The discovery by Northwestern Medicine *scientists* suggests epigenetic modification, a process that enhances or disrupts how DNA is read, is an integral component of the disease and its progression. Matthew Dyson, *research assistant professor of obstetrics and gynecology* at Northwestern University Feinberg School of Medicine and and Serdar Bulun, *MD, chair of obstetrics and gynecology* at Feinberg and Northwestern Memorial Hospital, also identified a novel role for a family of key gene regulators in the uterus.

“Until now, the scientific community was looking for a genetic mutation to explain endometriosis,” said Bulun, a member of the Center for Genetic Medicine and the Robert H. Lurie Comprehensive Cancer Center of Northwestern University. “This is the first conclusive demonstration that the disease develops as a result of alterations in the epigenetic landscape and not from classical genetic mutations.”

The findings were recently published in *PLoS Genetics*.

Women develop endometriosis when cells from the lining of the uterus, usually shed during menstruation, grow in other areas of the body. The persistent survival of these cells results in chronic pelvic pain and infertility. Although the cause of the disease has remained unknown on a cellular level, there have been several different models established to explain its development.

Endometriosis only occurs in menstruating primates, suggesting that the unique evolution behind uterine development and menstruation are linked to the disease. Scientists consider retrograde menstruation -cells moving up the fallopian tubes and into the pelvis- as one probable cause. Previous models, however, have been unable to explain why only 10 percent of women develop the disease when most experience retrograde menstruation at some point. Nor do they explain instances of endometriosis that arise independent of menstruation.

Bulun and Dyson propose that an epigenetic switch permits the expression of the genetic receptor GATA6 rather than GATA2, resulting in progesterone resistance and disease development.

“We believe an overwhelming number of these altered cells reach the lining of the abdominal cavity, survive and grow,” Bulun said. “These findings could someday lead to the first noninvasive test for endometriosis.”

Clinicians could then prevent the disease by placing teenagers predisposed to this epigenetic change on a birth control pill regimen, preventing the possibility of retrograde menstruation in the first place, Bulun said.

Dyson will also look to use the epigenetic fingerprint resulting from the presence of GATA6 rather than GATA2 as a potential diagnostic tool, since these epigenetic differences are readily detectable.

“These findings have the potential to shift how we view and treat the disease moving forward,” Bulun said.

Story Source:

The above story is based on materials provided by **Northwestern University**.

Journal Reference:

Matthew T. Dyson, Damian Roqueiro, Diana Monsivais, C. Mutlu Ercan, Mary Ellen Pavone, David C. Brooks, Toshiyuki Kakinuma, Masanori Ono, Nadereh Jafari, Yang Dai, Serdar E. Bulun. Genome-Wide DNA Methylation Analysis Predicts an Epigenetic Switch for GATA Factor Expression in Endometriosis. *PLoS Genetics*, 2014; 10 (3): e1004158 DOI: 10.1371/journal.pgen.1004158.

1. Indicamos:

- paratextos
- género discursivo
- trama
- tema que aborda
- palabras claves que ayudaron a reconocer el tema

REFLEXIÓN LINGÜÍSTICA

2. ¿Qué profesionales vinculados con las ciencias de la salud se han resaltado en cursiva?

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3. Al comienzo o al final de algunas palabras, hay algunas partículas subrayadas:

- ¿Qué función tienen en cuanto a la palabra a la que fueron añadidas?
- ¿Cómo se llama este recurso?
- ¿Es el mismo que se destaca en la palabra en negrita? Justificamos.
- ¿Son estos recursos frecuentes en un texto académico?

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4. Marcamos y comentamos, si hubiera, más ejemplos de los recursos comentados arriba.

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5. Contestamos:

- ¿Cómo podemos interpretar la oración subrayada en el párrafo 6?
- ¿Qué estructura presenta esta construcción?, ¿cuál es su función?

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6. Contestamos:

- ¿En qué párrafo del texto se define la enfermedad?
- ¿Qué tiempo verbal se utilizó?, ¿por qué?
- ¿Qué particularidades presenta una definición?

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7. Indicamos cuál de las opciones es correcta para cada declaración. Justificamos en todos los casos

a. En este párrafo, la estrategia discursiva “as” tiene como función establecer:

“Dyson will also look to use the epigenetic fingerprint resulting from the presence of GATA6 rather than GATA2 as a potential diagnostic tool, since these epigenetic differences are readily detectable”

- una comparación
- ideas de causa o razón
- ideas de oposición

mientras que la estrategia discursiva “since” en el mismo párrafo tiene como función establecer:

- una ejemplificación
- ideas de causa o razón
- el ordenamiento temporal

b. En esta parte del texto, la palabra “novel” es:

“Matthew Dyson, research assistant professor of obstetrics and gynecology at Northwestern University Feinberg School of Medicine and and Serdar Bulun, MD, chair of obstetrics and gynecology at Feinberg and Northwestern Memorial Hospital, also identified a novel role for a family of key gene regulators in the uterus”

- un cognado
- un falso cognado

POSLECTURA

8. Elegimos la opción correcta para cada declaración:

a. La endometriosis es una enfermedad que

- solo afecta a las mujeres que menstrúan
- afecta a todas las mujeres que sufren de menstruación retrógrada
- afecta a las mujeres en la etapa previa a la menstruación

b. Los hallazgos presentados en este texto

- podrían derivar en el desarrollo de una vacuna contra la endometriosis
- podrían derivar en el desarrollo del primer test no invasivo para detectarla
- podrían anular la aparición de la enfermedad

9. Indicamos si las siguientes declaraciones son verdaderas o falsas. Justificamos las falsas.

a. Este estudio sobre la endometriosis tuvo su origen en una nueva revisión a dos genes que ya habían sido estudiados previamente

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b. El presente estudio es una forma novedosa de conocimiento sobre la endometriosis y significa un avance científico para su tratamiento

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c. El estrés y la ansiedad no solo generan efectos en la salud mental, sino también en la salud física siendo, por tanto, causantes de la endometriosis

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10. Respondemos:

a. ¿Cuándo o en qué circunstancias una mujer desarrolla endometriosis?, ¿qué síntomas siente la paciente que la padece?

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c. ¿A qué conclusión llegó el investigador Bulum hacia el final del texto?, ¿quiénes serían las pacientes favorecidas por este giro en el tratamiento de la enfermedad?, ¿cómo se llevaría a cabo el tratamiento en el futuro?

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d. ¿Por qué se afirma que esta es la primera demostración concluyente en cuanto a las causas y el desarrollo de la enfermedad?

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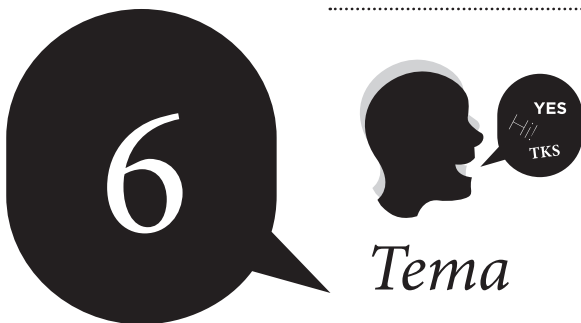
b. ¿Qué quiere decir el título?, ¿de qué manera se realaciona con el objetivo de la investigación?

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PRELECTURA

Leemos el texto y realizamos las actividades sugeridas debajo

Doctors' And Nurses' Hospital Uniforms Contain Dangerous Bacteria A Majority Of The Time, Study Shows⁹

Date: September 9, 2011

Source: Elsevier

Summary: More than 60 percent of hospital nurses' and doctors' uniforms tested positive for potentially dangerous bacteria, according to a new study.

Share: Follow    Subscribe

⁹ Disponible: <<https://www.sciencedaily.com/releases/2011/08/110831093411.htm>>.
Fecha de consulta: 10 de septiembre de 2017.

More than 60 percent of *hospital nurses' and doctors' uniforms* tested positive for potentially dangerous bacteria, according to a study published in the September issue of the *American Journal of Infection Control*, the official publication of APIC -the Association for Professionals in Infection Control and Epidemiology.

A *team of researchers* led by Yonit Wiener-Well, MD, from the Shaare Zedek Medical Center in Jerusalem, Israel, collected swab samples from three parts of the uniforms of 75 *registered nurses (RNs)* and 60 *medical doctors (MDs)* by pressing standard blood agar plates at the abdominal zone, sleeves' ends and pockets.

The *researchers* at this 550-bed, university-affiliated hospital found **that** exactly half of all the cultures taken, representing 65 percent of the *RN uniforms* and 60 percent of the *MD uniforms*, harbored pathogens. Of those, 21 cultures from *RN uniforms* and six cultures from *MD uniforms* contained multi-drug resistant pathogens, including eight cultures **that** grew methicillin-resistant *Staphylococcus aureus (MRSA)*. Although the uniforms themselves may not pose a direct risk of disease transmission, these results indicate a prevalence of antibiotic resistant strains in close proximity to hospitalized patients.

“It is important to put these study results into perspective,” said APIC 2011 President Russell Olmsted, MPH, CIC. “Any clothing **that** is worn by humans will become contaminated with microorganisms. The cornerstone of infection prevention remains the use of hand hygiene to prevent the movement of microbes from these surfaces to patients.”

“New evidence such as this study by Dr. Wiener-Well is helpful to improve the understanding of potential sources of contamination but, as is true for many studies, it raises additional questions **that** need to be investigated,” added Olmsted.

According to the World Health Organization, the risk of healthcare-associated infection (HAI) in some developing countries is as much as 20 times higher than in developed countries. Even in hospitals in developed countries like Israel, the site of this investigation, and the U.S., HAIs occur too often, can be deadly, and are expensive to treat. HAI prevention is therefore the best approach for patient safety. *Infection preventionists*, in collaboration with *direct care providers*, can prevent more than half of HAIs by applying proven prevention practices as part of a comprehensive infection prevention and control program.

Story Source:

Materials provided by Elsevier.

Journal Reference:

Yonit Wiener-Well, Margalit Galuty, Bernard Rudensky, Yechiel Schlesinger, Denise Attias, Amos M. Yinnon. “**Nursing And Physician Attire As Possible Source Of Nosocomial Infections.**” *American Journal of Infection Control*, 2011; 39 (7): 555 DOI: [10.1016/j.ajic.2010.12.016](https://doi.org/10.1016/j.ajic.2010.12.016)

Cite This Page:

- [MLA](#)
- [APA](#)
- [Chicago](#)

Elsevier. “Doctors’ And Nurses’ Hospital Uniforms Contain Dangerous Bacteria A Majority Of The Time, Study Shows” *ScienceDaily*, 9 September 2011. <www.sciencedaily.com/releases/2011/08/110831093411.htm>.

1. Comentamos:

- Paratextos
- Tópico
- Palabras que permiten identificación del tópico
- Género discursivo
- Trama
- destinatario previsto

REFLEXIÓN LINGÜÍSTICA

2. Contestamos:

- ¿Qué significan los acrónimos, resaltados en cursiva, relacionados con los profesionales de la salud?
- ¿Qué otras profesiones relacionados con el personal de salud se destacaron de igual manera?

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3. Todas las frases subrayadas tienen en común la palabra “as”, ¿tiene esta palabra, en todos los casos, la misma función e interpretación? Justificamos.

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4. ¿Qué párrafo del texto condensa todas o la mayoría de las respuestas a las preguntas presentadas a continuación?

- ¿Qué tema se va a tratar?
- ¿Quién o quiénes está(n) involucrado(s) en esta noticia?
- ¿Cuándo ocurre la información presentada?
- ¿Dónde tiene lugar el hecho?
- ¿Por qué ocurre?
- ¿Cómo ocurre?

5. Contestamos:

- ¿Cómo se llama ese párrafo?
- ¿Qué función cumple en el texto?

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6. Elegimos la opción correcta y justificamos:

- El desarrollo de la información se presenta desde lo más general e importante hasta los datos más específicos.
- El desarrollo de la información se presenta desde los datos más específicos hasta lo más general e importante

7. En el texto, hemos encuadrado la palabra “that” en cuatro oportunidades. Leamos la definición que ofrece sobre ella el diccionario online *WordReference*¹⁰ y decidamos qué categoría y función tiene en cada caso de los encerrados. ¿Es la misma o difiere? Justificamos.

¹⁰ Disponible: <<http://www.wordreference.com/es/translation.asp?tranword=that>>. Fecha de consulta: 20 de mayo de 2018.

that

Listen: 
/ðæt/

[A]

Definition | Conjugator | English synonyms | English collocations | in context | images

[B]

[C]

For the noun:

that

Plural form:

those

WordReference

Collins

WR Reverse (100)

WordReference English-Spanish Dictionary © 2018.

[D]

Principal Translations

Inglés		Español
that <i>pron</i>	(demonstrative: it, she, he)	eso, ese, esa <i>pron</i>
		aquel, aquella, aquello <i>pron</i>
	Do you like that? That's not what I meant.	
	¿Te gusta eso?	
that <i>pron</i>	(relative)	que <i>conj</i>
	The food that I ate last night gave me a stomach ache.	
	La comida que comí anoche me dio dolor de panza.	

that adj	(as indicated)	ese/sa <i>adj</i>
		aquel/la <i>adj</i>
	I like that scarf best.	
	Esa bufanda me gusta más.	
that adj	(the more distant of two)	ese/sa <i>adj</i>
		aquel/la <i>adj</i>
	I'm not sure if I like this one or that one.	
	No estoy segura si me gusta éste o ese otro.	
that adv	(so)	tan <i>adv</i>
	It's not that easy to learn a new language after age fifty.	
	No es tan fácil aprender un idioma después de los cincuenta años.	
that adv	(very)	tan <i>adv</i>
	The movie was not that good.	
	La película no era tan buena.	
that conj	(at which, in which)	que <i>pron</i>
	From the direction that he was going in, I would say he was headed to town.	
	Por la dirección que él llevaba, yo diría que se dirigía al pueblo.	
that adv	(to such an extent)	tan <i>adv</i>
	I cannot believe I could sleep that deeply. You may not believe me, but it was that hot.	
	No puedo creer que haya dormido tan profundamente. Puede que no me creas, pero estaba tan caluroso.	
that conj	(so... that: to such a degree that)	que <i>conj</i>
	He was so hungry that he could hear his stomach rumbling.	
	Tenía tanta hambre que podía oír cómo rugía su estómago.	
that conj	(quoting)	que <i>conj</i>
	He said that he didn't want to go.	
	Él dijo que no quería ir.	
Additional Translations		
Inglés		Español
that, so that conj	<i>literary</i> (in order that)	para <i>prep</i>
	She studied hard that she might become a doctor.	
	Ella estudió mucho para poder convertirse en doctora.	
that pron	(the thing indicated)	aquello <i>pron</i>
		eso <i>pron</i>
	Do you want this or that?	
	¿Quieres esto o aquello?	
	¿Quieres ésto o eso?	

8. ¿Qué información nos brindan las secciones recuadradas y señaladas después de la palabra “*that*” con las letras entre corchetes A, B, C y D?

9. El paratexto ubicado debajo del título del texto “*Doctors And Nurses Hospital Uniforms Contain Dangerous Bacteria A Majority Of The Time, Study Shows*”¹¹ se presenta como “*Summary*”:

- ¿Esta palabra es un cognado?
- ¿Qué función tiene?
- ¿Qué definición del mismo diccionario ya usado anteriormente¹² es la que nos conviene usar en este caso?

summary

Listen: 

/'sʌməri/

Definition | Conjugator | English synonyms | English collocations | in context | images

- WordReference
- Collins
- WR Reverse (28)

11 Disponible: <<https://www.sciencedaily.com/releases/2011/08/110831093411.htm>>. Fecha de consulta: 10 de septiembre de 2017.

12 Disponible: <<http://www.wordreference.com/es/translation.asp?tranword=summary>>. Fecha de consulta: 20 de mayo de 2018.

WordReference English-Spanish Dictionary © 2018:

Principal Translations		
<u>Inglés</u>		<u>Español</u>
summary <i>n</i>	(brief abstract)	resumen <i>nm</i>
	The thesis had a summary on the first page.	
	La tesis tenía un resumen en la primera página.	
Additional Translations		
<u>Inglés</u>		<u>Español</u>
summary <i>adj</i>	(brief, concise)	sumario/a <i>adj</i>
	The summary statement contained all the important information.	
	Su declaración sumaria contenía toda la información relevante.	
summary <i>adj</i>	(fast)	rápido <i>adj</i>
		sumario/a <i>adj</i>
	The summary executions were common under that dictator.	
	Las ejecuciones rápidas eran comunes bajo su dictadura.	
	Is something important missing? Report an error or suggest an improvement.	

WordReference English-Spanish Dictionary © 2018.

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POSLECTURA

10. ¿Verdadero o falso? Justificamos las declaraciones falsas

- a. El acrónimo HAI se puede interpretar como infecciones intrahospitalarias
- b. El riesgo de contraer infecciones asociadas con el cuidado de la salud en los países en desarrollo es tan alto como en los países desarrollados
- c. El estudio aquí presentado se llevó a cabo en los EE. UU. e Israel

d. Los profesionales especializados en prevenciones pueden prevenir más de la mitad de las HAI si ponen en marcha conjuntamente programas abarcadores de prevención de infecciones y programas de control de infecciones

e. La palabra “cultures” en el párrafo 3 es un cognado

11. Evaluamos la secuencia en la cual la información textual está planteada y elaboramos el plan textual.

El primer párrafo

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El segundo párrafo.....

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El tercer párrafo

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El cuarto párrafo.....

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El quinto párrafo

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El sexto párrafo

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12. Interpretamos el paratexto “Summary”.....

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13. ¿Cómo interpretamos el título del texto?, ¿de qué manera se relaciona con el objetivo de la investigación?

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PRELECTURA

Leemos el texto que sigue y realizamos las actividades que se encuentran debajo de él.

Novel Antioxidant Makes Old Blood Vessels Seem Young Again¹³

Date: April 19, 2018

Source: University of Colorado at Boulder

Summary: Older adults **who** take an antioxidant that specifically targets mitochondria see age-related changes in blood vessels reverse by the equivalent of 15 to 20 years within six weeks, a new study shows.

¹³ Disponible: <<https://www.sciencedaily.com/releases/2018/04/180419141523.htm>>. Fecha de consulta: 1 de mayo de 2018.

Full Story

Older adults who take a novel antioxidant that specifically targets cellular powerhouses, or mitochondria, see age-related vascular changes reverse by the equivalent of 15 to 20 years within six weeks, according to new University of Colorado Boulder research.

The study, published this week in the American Heart Association Journal, *Hypertension*, adds to a growing body of evidence suggesting pharmaceutical-grade nutritional supplements, or nutraceuticals, could play an important role in preventing heart disease—the nation’s No. 1 killer. It also resurrects the notion that oral antioxidants, **which** have been broadly dismissed as ineffective in recent years, could reap measurable health benefits if properly targeted, the authors say.

“This is the first clinical trial to assess the impact of a mitochondrial-specific antioxidant on vascular function in humans,” said *lead author* Matthew Rossman, *a postdoctoral researcher in the department of integrative physiology*. “It suggests that therapies like this may hold real promise for reducing the risk of age-related cardiovascular disease.”

For the study, Rossman and *senior author* Doug Seals, *director of the Integrative Physiology of Aging Laboratory*, recruited 20 healthy men and women age 60 to 79 from the Boulder area.

Half took 20 milligrams per day of a supplement called MitoQ, made by chemically altering the naturally-occurring antioxidant Coenzyme Q10 to make it cling to mitochondria inside cells.

The other half took a placebo.

After six weeks, *researchers* assessed how well the lining of blood vessels, or the endothelium, functioned, by measuring how much subjects’ arteries dilated with increased blood flow.

Then, after a two-week “wash out” period of taking nothing, the two groups switched, with the placebo group taking the supplement, and vice versa. The tests were repeated.

The researchers found that when taking the supplement, dilation of subjects’ arteries improved by 42 percent, making their blood vessels, at least by that measure, look like those of someone 15 to 20 years younger. An improvement of that magnitude, if sustained, is associated with about a 13 percent reduction in heart disease, Rossman said. The study also showed that the improvement in dilation was due to a reduction in oxidative stress.

In participants **who**, under placebo conditions, had stiffer arteries, supplementation was associated with reduced stiffness.

Blood vessels grow stiff with age largely as a result of oxidative stress, the excess production of metabolic byproducts called free radicals **which** can damage the endothelium and impair its function. During youth, bodies produce enough antioxidants to quench those free radicals. But with age, the balance tips, as mitochondria and other cellular processes produce excess free radicals and the body's antioxidant defenses can't keep up, Rossman said.

Oral antioxidant supplements like vitamin C and vitamin E fell out of favor after studies showed them to be ineffective.

“This study breathes new life into the discredited theory that supplementing the diet with antioxidants can improve health,” said Seals. “It suggests that targeting a specific source—mitochondria—may be a better way to reduce oxidative stress and improve cardiovascular health with aging.”

The study was funded by the National Institutes of Health. MitoQ Limited provided supplements and some financial support.

This summer, Rossman and Seals plan to launch a three-month follow-up study to confirm the findings in a larger number of subjects and look more closely at the impact the compound has on mitochondria.

The same lab published another study recently, showing that a compound called nicotinamide riboside may also be able to reverse vascular aging in healthy subjects.

“Exercise and eating a healthy diet are the most well-established approaches for maintaining cardiovascular health,” said Seals. “But at the public health level, not enough people are willing to do that. We're looking for complementary, evidence-based options to prevent age-related changes that drive disease. These supplements may be among them.”

Story Source:

Materials provided by **University of Colorado at Boulder**. Original written by Lisa Marshall.

Journal Reference:

Matthew J. Rossman, Jessica R. Santos-Parker, Chelsea A.C. Steward, Nina Z. Bispham, Lauren M. Cuevas, Hannah L. Rosenberg, Kayla A. Woodward, Michel Chonchol, Rachel A. Gioscia-

Ryan, Michael P. Murphy, Douglas R. Seals. “**Chronic Supplementation With A Mitochondrial Antioxidant (MitoQ) Improves Vascular Function In Healthy Older Adults.**” *Hypertension*, 2018; HYPERTENSIONAHA.117.10787 DOI: [10.1161/HYPERTENSIONAHA.117.10787](https://doi.org/10.1161/HYPERTENSIONAHA.117.10787)

Cite This Page:

- [MLA](#)
- [APA](#)
- [Chicago](#)

University of Colorado at Boulder. “Novel Antioxidant Makes Old Blood Vessels Seem Young Again.” *ScienceDaily*, 19 April 2018. <www.sciencedaily.com/releases/2018/04/180419141523.htm>.

1. Mencionamos:

- género discursivo
- trama
- paratextos
- tema principal que aborda
- palabras que orientan el reconocimiento del tema

REFLEXIÓN LINGÜÍSTICA

1. ¿Qué profesiones relacionadas con las ciencias de la salud se han resaltado en cursiva?

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2. En texto se han coloreado algunas palabras,

- ¿por qué?
- ¿Qué interpretación podemos hacer de ellas?
- ¿Tienen la misma función?
- ¿Sobre quién o qué brindan información?
- ¿Qué nombre reciben?
- ¿Podríamos omitir el uso de estas palabras? Justificamos

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-
-
4. Comparamos la categoría, función e interpretación de estas palabras con la palabra “*that*” en la línea 1 de la sección “*Summary*” y del párrafo 1. Analizamos similitudes y diferencias con respecto a las encuadradas.

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5. ¿Hay otras palabras que puedan cumplir esta misma función? Justificamos.

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-
6. ¿Qué tipo de relación guardan entre sí las palabras o frases resaltadas subrayadas?, ¿se relacionan de alguna manera con la frase que está subrayada con líneas onduladas (“*look like*”) en el párrafo 9? Justificamos.

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-
7. Elegimos la opción correcta en cada caso y justificamos:

- a. ¿Qué ideas plantea la estrategia discursiva “*if*” en el párrafo 2?
- consecuencia
 - condición
 - condición relacionada con una consecuencia

- b. Un posible sinónimo de la frase verbal “*look for*” en la oración “*We’re looking for complementary, evidence-based options to prevent age-related changes that drive disease*” del último párrafo es:
- *search*
 - *research*
 - *observe*
- c. La interpretación correcta del verbo “*drive*” en la misma oración es:
- impulsan
 - manejan
 - pilotean
- d. En la siguiente oración del párrafo 12, “*Oral antioxidant supplements like vitamin C and vitamin E fell out of favor after studies showed them to be ineffective,*” la palabra “*favor*” es un:
- cognado
 - falso cognado
- e. La frase verbal “*was funded*” en la siguiente oración “*The study was funded by the National Institutes of Health, MitoQ Limited provided supplements and some financial support,*” puede interpretarse como:
- fue fundado
 - fue fundido
 - fue financiado
- f. El estudio se presentó en una:
- jornada
 - revista especializada
 - conferencia

POSLECTURA

8. Decidimos si las siguientes declaraciones son verdaderas o falsas. Justificamos las falsas.
- a. Todos los antioxidantes producen cambios en los vasos sanguíneos.
- b. Los vasos sanguíneos de una persona se entumecen con los años como consecuencia del estrés oxidativo y el exceso de radicales libres.
- c. El público en general tiene hábitos regulares de cuidado de su sistema cardiovascular al seguir los consejos de los profesionales de la salud.

- d. Las enfermedades cardiovasculares constituyen el primer riesgo de muerte en el país donde se llevó a cabo esta investigación.
- e. Los datos empíricos revelados aquí corresponden a un estudio llevado a cabo por el trabajo conjunto de dos entidades, una gubernamental y una privada.

9. Interpretamos la sección “*Summary*”

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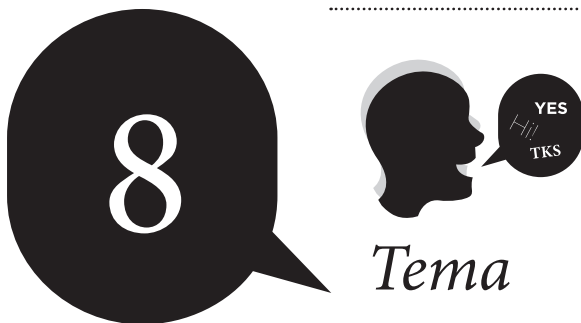
.....

10. Interpretamos el título del texto justificando de qué manera se relaciona con el objetivo del estudio.

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PRELECTURA

Leemos el texto y realizamos las actividades sugeridas debajo

Allergy-Free Milk On The Way¹⁴

Ali Tocker

Last updated 08:10 02/10/2012

Allergy-free milk for children is a step closer **after** New Zealand *scientists* made a world-first breakthrough using a genetically-modified cloned cow.

The country's largest crown research institute AgResearch said it had bred the first cow in the world to produce high-protein milk with greatly reduced amounts of a protein believed to be the leading cause of milk allergies in children.

14 Disponible: <<http://www.stuff.co.nz/business/farming/7756189/Allergy-free-milk-on-the-way>>. Fecha de consulta: 28 de mayo de 2018.

“It is a very significant result,” *the institute’s research director* Dr Warren McNabb said. He was unable to say how much the breakthrough could mean financially for New Zealand, or how much the project had cost **to date**.

It has been under way **since 2006**, and funded by the Business, Innovation and Employment Ministry and AgResearch.

“The question of whether the milk was hypoallergenic (low allergy), and could eventually be produced and marketed as such, was the subject of **further experiments**,” he said.

The cow is called Daisy and is about 11-months-old.

She has a mysterious missing tail that AgResearch says it is investigating. It expects to have an answer **in a couple of weeks**, but does not believe at this stage the lack of a tail is linked to genetic modification.

“**Before** the milk could be tasted by humans, tested in clinical trials on humans or produced commercially, New Zealand’s genetic modification policies would need to change,” McNabb said.

Currently New Zealand has restrictive policies, with strict rules on genetic modification including containment provisions for research. “It **is going to** come down to what this country decides. It is more of a social issue than a scientific one.”

Working in containment at Ruakura in Hamilton, *the scientists*, led by Dr Goetz Laible, used scientific processes to greatly reduce the amount of a milk protein known as beta-lactoglobulin (BLG) in Daisy’s milk.

BLG is a milk whey component believed to be the main cause of allergic reactions to cows’ milk particularly in infants and children, McNabb said. It is not in breast milk.

The research results publish **today** in a prestigious American Scientific Journal, “Proceedings of the National Academy of Sciences”. McNabb said AgResearch achieved the results by working successfully with mice first.

They **then** produced Daisy, a female calf genetically engineered to express two micro RNAs (short ribonucleic acid molecules).

Using a technique called “RNA interference”, the micro RNAs “knocked-down” the expression of the BLG protein.

AgResearch’s Dr Stefan Wagner said Daisy was created using similar technology that was used to create the world-famous cloned sheep Dolly.

“He confirmed the cow Daisy was “all cow” without any components of other animals.” McNabb said the milk research was still in **its early days**

The initial results came from inducing Daisy to milk, as she was too young to produce milk naturally.

She had produced about a cup of milk **over five consecutive days**, which was “more than enough” to do the analysis and allergenicity tests.

Next steps in the project include breeding from Daisy, **possibly next year**, to produce a calf and for Daisy to start milking naturally so **further tests** could be done.

“If we can see similar results in another lactation, we suddenly have cows’ milk without what everyone believes is the main allergen in cow’s milk,” McNabb said.

There were also plans to produce a few more cows the same as Daisy **by the beginning of next year**.

McNabb said possible commercial production of hypoallergenic milk was **a long way off**.

“If this milk is to be hypoallergenic, as we suspect it will be, then we have got to get over the hurdle of social acceptance of this type of technology **before** you can then apply it in the national herd.”

“It is going to come down to what this country decides. It is more of a social issue than a scientific one.”

The successful research team comprised *co-authors* Anower Javed, Stefan Wagner, Judi McCracken, David Wells and Goetz Laible.

1. Indicamos:

- tema que aborda el texto
- palabras claves que permiten el reconocimiento del tema

REFLEXIÓN LINGÜÍSTICA

2. ¿Qué profesiones ligadas a ciencias de la salud y al ámbito académico fueron resaltadas en cursiva?

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3. Encerramos la opción correcta y justificamos en cada caso

- a. La palabra “largest” es un cognado en: *“The country’s largest Crown research institute AgResearch said it had bred the first cow in the world to produce high-protein milk with greatly reduced amounts of a protein believed to be the leading cause of milk allergies in children”*

SÍ NO

- b. La palabra “policies” es un cognado en: *“Before the milk could be tasted by humans, tested in clinical trials on humans or produced commercially, New Zealand’s genetic modification policies would need to change, McNabb said”*

SÍ NO

- c. La palabra “lactation” es un cognado en: *“If we can see similar results in another lactation, we suddenly have cows’ milk without what everyone believes is the main allergen in cow’s milk,” Mc Nabb said”*

SÍ NO

4. Encerramos la opción correcta y justificamos.

Las estrategias discursivas presentes en estas oraciones extraídas del texto, “whether” e “if”:

- comparten la misma categoría e introducen una condición
- tienen categorías distintas e introducen una consecuencia

- *“The question of whether milk was hypollergnic (low allergy), and could eventually marketed as such, was the subject of further experiments, he said”*

- *“If we can see similar results in another lactation, we suddenly have cows’ milk without what everyone believes is the main allergen in cow’s milk,” Mc Nabb said”*

- *“If this milk is to be hypoallergenic, as we suspect it will be, then we have got to get over the hurdle of social acceptance of this type of technology before you can then apply it in the national herd”*

5. Completamos el cuadro categorizando las palabras o frases encerradas según su uso acorde al tiempo que refieren.

Frase	pasado	presente	futuro
<i>after</i>			
<i>since 2006</i>			
<i>further experiments</i>			
<i>in a couple of weeks</i>			
<i>currently</i>			
<i>today</i>			
<i>then</i>			
<i>in its early days</i>			
<i>over five consecutive days</i>			
<i>possibly next year</i>			
<i>further tests</i>			
<i>by the beginning of next year</i>			
<i>a long way off</i>			

6. Contestamos:

- ¿Cuál es el hilo conductor de todas las frases?
- ¿Qué función cumplen?
- ¿Qué nombre reciben?

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7. ¿Qué tipos de ideas se expresan con las frases subrayadas? Encerramos la opción correcta:

- presentes
- pasadas
- futuras

Interpretamos las tres.

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Aporte: Julia Ibarra Guevara

8. Escaneamos el texto e identificamos:

- a. El país y la ciudad donde se desarrolló el estudio:
- b. El instituto que llevó a cabo el estudio:
- c. El nombre del director de dicho instituto:
- d. El nombre del jefe del equipo de científicos:
- e. Coautores del trabajo:

- f. La proteína de la leche investigada:
- g. El nombre de la revista en la cual el estudio fue publicado:
- h. Animales usados durante la investigación:
- i. El nombre y edad de la vaca clonada:
- j. Técnica utilizada en el ARN:

9. Leemos el texto y respondemos:

- a. ¿Por qué es necesario producir una leche libre de la proteína investigada?
- b. ¿Qué faltante presenta la vaca clonada y a qué se lo atribuye?
- c. ¿Cuál es el principal obstáculo para que, una vez lograda la leche deseada, pueda ser comercializada en el país mencionado?
- d. ¿En qué difiere la leche humana y la vacuna según lo mencionado en el texto?
- e. ¿Cómo se logra crear la vaca a la cual se refiere el estudio?
- f. ¿Qué se necesitó para poder obtener los primeros resultados?

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10. Identificamos y explicamos el uso en el texto de distintas instancias de la voz pasiva.

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11. Todas estas frases extraídas del texto tienen “to” o “for”. Escribimos su equivalente en castellano.

- a. ...the first cow in the world to produce high protein milk
- b. ...a protein believed to be the leading cause of milk allergies
- c. He was unable to say...
- d. It expects to have an answer...
- e. ...policies would need to change...

- f. ...allergic reactions to cows'milk...
- g. ...we have got to get over the hurdle...
- h. Allergy-free milk for children...
- i....including containment provisions for research.

12. Sintetizamos la información presentada en el texto en 50 palabras aproximadamente e interpretamos el título.

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Primera Integración

Leemos los textos presentados a continuación y realizamos las actividades sugeridas debajo

TEXTO 1

Garlic Aroma Found In Breast Milk: AMS Metabolite Responsible For Garlic Odor¹⁵

Date: July 15, 2016

Source: University of Erlangen-Nuremberg

Summary: Food chemists have found that garlic aroma is evident in the breast milk of women who have consumed garlic. This is caused by allyl methyl sulfide –a metabolite which is first formed in a strong concentration during breastfeeding. Whether the aroma has an impact on which food preferences children develop and whether they like garlic in later life needs to be clarified by further research.

¹⁵ Disponible: <<https://www.sciencedaily.com/releases/2016/07/160715112723.htm>>.
Fecha de consulta: 10 de mayo de 2018.

That breast milk is the best food for infants is undisputed. But what is it about the benefits of breast milk that are claimed to prevent diseases and allergies, or influence eating habits? “There are many myths about breast milk,” says Prof. Dr. Andrea Büttner from the Division of Food Chemistry. “However, we still know very little about the impact of food consumed by mothers on their infants’ diets later in life. Some *researchers* suggest that children prefer those foods that their mothers consume during breastfeeding, because they suggest that the milk tastes the same or at least similar.”

Büttner’s research group has been working for many years on how aromas are processed by the human metabolism. With regard to the impact on the mother’s milk, Büttner’s findings are rather more conservative, as some aromas are very unstable and can be metabolised in the human body to derivatives that have little to do with the original food. Büttner’s team has demonstrated in earlier studies that fish oil and nursing tea do not change the aroma profile of breast milk. Eucalyptus capsules, which are sometimes taken for colds during breast feeding, can however give the milk a significant eucalyptus aroma. Interestingly, not just the original aroma eucalyptol is found in the milk, but also a variety of derivatives, which are first formed in the mother’s body.

AMS causes garlic aroma in breast milk

This seems to be similar with garlic. In a recent study, *the food chemists* at FAU examined the milk of breast feeding mothers who had eaten raw garlic an average of 2.5 hours earlier. First, the milk was analysed in a sensory test by olfactory experts who found a garlic and cabbage-like odour in the samples. Subsequently, the milk aroma was split into its components using gas chromatography, and metabolites were detected that are clearly from the garlic: allyl methyl sulfide (AMS), allyl methyl sulfoxide (AMSO) and allyl methyl sulfone (AMSO₂). Simultaneously, the metabolites were checked by olfactory experts and it was found that the AMS exudes a garlic-like aroma -the other derivatives were odourless.

Can the consumption of garlic influence the subsequent eating habits of infants? “We cannot answer this question at present,” explains Andrea Büttner. “AMS is definitely not the same as the original garlic aroma. It is generally an interesting finding of our research that derivatives of aromas are also found in breast milk, which are different to their original form in the food consumed. So far, research has focused on the smell, however there are many more effects of such derivatives on the health and development of infants which are still largely unexplored. In addition, the effect of certain substances in food could be generally overestimated as the mother’s body also has a protective function which can break down less beneficial substances. It is often forgotten that even natural aromas are not necessarily healthy.”

Bodies and kitchens also transport aromas

In connection with the discussion about the properties of human milk, Andrea Büttner also indicates that there are other aroma carriers that may influence the development of infants: “We need to consider that the transfer of aromas in breast milk is limited, but odours from other social contexts such as from the mother’s body or food preparation could exert a much stronger effect. People can often remember childhood experiences through smell and the aromas of parents baking cakes or a favourite meal being prepared is one of the most formative experiences. In relation to social learning of odours and aromas there is still a great need for research.” It is of no concern that the garlic aroma could cause infants to reject breast milk –another study has already shown a stimulating effect- **infants actually drank more milk when their mothers consumed garlic.**

Story Source:

Materials provided by **University of Erlangen-Nuremberg.**

Journal Reference:

Laura Scheffler, Yvonne Sauermann, Gina Zeh, Katharina Hauf, Anja Heinlein, Constanze Sharapa, Andrea Buettner. “Detection of Volatile Metabolites of Garlic in Human Breast Milk.” *Metabolites*, 2016; 6 (2): 18 DOI: 10.3390/metabo6020018

Actividades

1. Observamos las estrategias discursivas coloreadas en el primer subtítulo, ¿qué función cumplen en el párrafo? Justificamos.

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2. ¿Por qué en el último párrafo hay verbos modales subrayados?

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3. Encerramos la opción correcta y justificamos si en estas oraciones extraída del texto,

- la palabra “*derivative*” es un cognado

“It is generally an interesting finding of our research that derivatives of aromas are also found in breast milk, which are different to their original form in the food consumed”

SÍ NO

- la palabra “*actually*” es un cognado

“It is of no concern that the garlic aroma could cause infants to reject breast milk -another study has already shown a stimulating effect- infants actually drank more milk when their mothers consumed garlic”

4. Indicamos si las siguientes declaraciones son verdaderas o falsas. Justificamos las falsas.

- Las conclusiones presentadas en este texto son fruto de un trabajo reciente.
- En caso de una madre que amamante y consuma ajo, no se sabe fehacientemente si el aroma de este tiene impacto en las preferencias culinarias a futuro de los niños amamantados.
- Los mismos investigadores de este estudio han demostrado que el aceite de pescado y las infusiones para favorecer la lactancia no cambian el aroma de la leche materna.
- El aroma del ajo es sutil en las mujeres que amamantan.

5. ¿Qué profesiones ligadas a las ciencias de la salud fueron resaltadas en cursiva?

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6. Respondemos:

- ¿Por qué algunos investigadores opinan que los niños que fueron amamantados prefieren las comidas que sus madres consumían durante el amamantamiento?
- ¿Qué opina la prof. A. Büttner?
- ¿Qué aromas han sido investigados hasta el momento?, ¿sobre cuál se focalizó esta investigación?
- ¿Qué pregunta no tiene respuesta aún?, ¿por qué?

TEXTO 2**Lavender Oil Has Potent Antifungal Effect¹⁶**

Date: February 16, 2011

Source: Society for General Microbiology

Summary: Lavender oil could be used to combat the increasing incidence of antifungal-resistant infections, according to a new study. The essential oil shows a potent antifungal effect against strains of fungi responsible for common skin and nail infections.

Scientists from the University of Coimbra in Portugal distilled lavender oil from the *Lavandula viridis* L'Hér shrub that grows in southern Portugal. The oil was tested against a range of pathogenic fungi and was found to be lethal to a range of skin-pathogenic strains, known as dermatophytes, as well as various species of *Candida*.

Dermatophytes cause infections of the skin, hair and nails as they use the keratin within these tissues to obtain nutrients. They are responsible for conditions such as Athletes' foot, ringworm and can also lead to scalp and nail infections. *Candida* species coexist with most healthy individuals without causing problems but may cause mucocutaneous candidosis -or thrush- in some people. In immunocompromised patients, *Candida* species are able to cause serious infection if the fungal cells escape into the blood stream.

Currently, there are relatively few types of antifungal drugs to treat infections and those that are available often have side effects. *Professor* Lígia Salgueiro and *Professor* Eugénia Pinto who led this study explained why novel fungicides are urgently needed. "In the last few years there has been an increase in the incidence of fungal diseases, particularly among immunocompromised patients," they said. "Unfortunately there is also increasing resistance to antifungal drugs. Research by our group and others has shown that essential oils may be cheap, efficient alternatives that have minimal side effects."

Essential oils distilled from the *Lavandula* genus of lavender plants are already used widely, particularly in the food, perfume and cosmetic industries. Studies of the biological activities of these oils suggest *Lavandula* oils have sedative and antispasmodic properties as well being potent antimicrobials and antioxidants.

¹⁶ Disponible en: <
>. Fecha de consulta: 10 de octubre de 2017

This group has demonstrated that these oils work by destroying fungal cells by damaging the cell membrane. They believe that further research into the mechanisms by which this essential oil works could have significant clinical benefits. “Lavandula oil shows wide-spectrum antifungal activity and is highly potent. This is a good starting point for developing this oil for clinical use to manage fungal infections. What is now required is clinical trials to evaluate how our in vitro work translates in vivo,” said *Professor Salgueiro*.

Story Source:

Materials provided by **Society for General Microbiology**.

Cite This Page:

SocietyforGeneralMicrobiology. “LavenderOilHasPotentAntifungalEffect.” ScienceDaily. ScienceDaily, 16 February 2011. <www.sciencedaily.com/releases/2011/02/110214201842.htm>.

Actividades

1. Observamos las estrategias discursivas encerradas e interpretamos las ideas que unen.

Conector	Categoría	Ideas que enlaza

2. Contestamos:

- a) ¿Por qué en el segundo párrafo se usa el tiempo verbal presente simple?
 b) ¿Por qué en el mismo párrafo se combinó dicho tiempo con verbos modales?

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3. Indicamos si las siguientes declaraciones son verdaderas o falsas. Justificamos las falsas.

- a. Hasta el momento existe una amplia variedad de drogas antifúngicas para tratar infecciones.
- b. Según investigaciones recientes, el aceite de lavanda es la mejor opción para tratar las infecciones resistentes a los antifúngicos.
- c. Una de las mejores noticias sobre el uso del aceite de lavanda para tratar infecciones fúngicas es que sus efectos colaterales son mínimos.
- d. En el último tiempo, ha habido un incremento de las enfermedades fúngicas, especialmente entre los pacientes que tienen comprometido su sistema inmunológico.
- e. El uso de aceite de lavanda es novedoso para la industria farmacéutica, puesto que hasta el momento había sido usado en otras áreas.

4. ¿Qué profesiones ligadas al ámbito académico fueron resaltadas en cursiva?

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5. Interpretamos el paratexto “*Summary*”.

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6. ¿Qué quiere decir el título de este texto?, ¿de qué manera se relaciona con el objetivo de la investigación?

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TEXTO 3

Could Tai Chi Reduce The Risk Of Falls In Older Adults?

Published Thursday 27 July 2017

By Tim Newman

A recent meta-analysis published in the Journal of the American Geriatrics Society investigates tai chi as a way to reduce the risk of falling among older adults. This ancient art could help to improve the lives of modern at-risk individuals.

Falls are a serious risk for older adults. According to the National Council on Aging, falls are the “leading cause of fatal and non-fatal injuries for older Americans.”

In the elderly population of the United States, 17.6 percent reported between one and five falls in the previous 3 months - 6 percent of which were serious.

One study concluded that the issue appears to be getting worse; self-reported falls among adults aged 65 or older increased from 28.2 percent in 1998 to 36.3 percent in 2010.

Because of the size of the problem and the aging population of Western countries, a fair quantity of research has gone into identifying potential interventions that might help to minimize this worrying problem.

Earlier studies have shown that light physical activity can reduce the rate -but not necessarily the risk- of falls. A 2012 Cochrane review concluded, “Group and home-based exercise programs, usually containing some balance and strength training exercises, effectively reduced falls.”

An ancient art in a modern setting

Recently, researchers led by Rafael Lomas-Vega, Ph.D., of the University of Jaén in Spain, set out to analyze previous research investigating tai chi as a way of reducing falls in older adults.

Tai chi is an ancient Chinese practice. Its exact origins are buried in the mists of time, but it may date back as far as the 12th century. **Although** initially created as a martial art, there are now a number of different forms.

In the West, the most familiar form is not focused on self-defense, consisting of slow, measured movements; it is designed to improve whole-body coordination and flexibility.

Because tai chi is said to improve balance, proprioception (a sense of one's position in space), and flexibility, all while being low impact, it is the perfect candidate for use by older adults.

Although this intervention has been tested and reviewed before, earlier reviews had certain limitations. **For instance**, they did not analyze short-term and long-term effects, and they chose to focus on the number of fallers rather than an individual's rate of falls.

The authors of the current study outline their focus:

Considering the lack of available information [...] the aim of the present systematic review was to investigate the most recent randomized controlled trials that analyze the effectiveness of tai chi on improving the falls rate, the rate of injurious falls, and the time to first fall..."

[...]

<https://www.medicalnewstoday.com/articles/318632.php>

Aporte: Leila Fernández Augusto

Actividades

1. Indicamos si las siguientes declaraciones son verdaderas o falsas. Justificamos las falsas.
 - a. El artículo aborda el tema del uso del tai chi como alternativa para reducir las caídas de los adultos mayores que padecen enfermedades de riesgo.

- b. En Occidente, la práctica del tai chi se enfoca en la mejora de la coordinación y flexibilidad de todo el cuerpo.
- c. Según expresa el último párrafo, los autores realizaron un nuevo ensayo controlado aleatorio, ya que los realizados no habían sido aleatorios.

2. Indicamos cuál de las opciones es correcta para cada declaración.

a. En los Estados Unidos,

- un determinado porcentaje de ancianos informó haber sufrido de una a cinco caídas en los últimos tres meses.
- el 6 % de los ancianos consultados en los Estados Unidos sufrió caídas graves.
- se registraron un total del 17,6 % de caídas en los últimos tres meses.

b. Antes de este estudio que se comenta en el artículo,

- se habían realizado estudios que demostraron que la actividad física podría reducir el índice de caídas.
- no se había realizado ningún estudio sobre este tema.
- se habían realizado estudios que demostraron que la actividad física leve podría reducir el riesgo de caída.

3. En el texto se han marcado conectores. Elegimos dos de distinto tipo, indicamos a cuál corresponde cada uno y explicamos qué ideas unen.

Conector	Ideas

4. Respondemos:

- a. ¿Qué expresó el *National Council on Aging*, según indica el artículo?
- b. ¿Qué conclusiones arrojó el estudio que se menciona en el tercer párrafo?

- c. ¿A qué conclusión llega el estudio de Cochrane de 2012?
- d. ¿Qué recurso se emplea para hablar sobre el origen del tai chi?, ¿por qué? Explicamos su uso en el ejemplo.
- e. ¿Por qué se considera que el tai chi es el candidato perfecto para los adultos mayores?
- f. ¿Se mencionan en el texto profesiones ligadas a las ciencias de la salud?
- g. ¿Cómo interpretamos el título? ¿de qué manera se relaciona con el objetivo de la investigación?

TEXTO 4

Nanoparticles Can Cause Lung Damage, And How The Damage Can Be Blocked

Date: June 11, 2009

Source: Oxford University Press

Scientists have identified for the first time a mechanism by which nanoparticles cause lung damage and have demonstrated that it can be combated by blocking the process involved, taking a step toward addressing the growing concerns over the safety of nanotechnology.

Nanotechnology, the science of the extremely tiny (one nanometre is one-billionth of a metre), is an important emerging industry with a projected annual market of around one trillion

US dollars by 2015. It involves the control of atoms and molecules to create new materials with a variety of useful functions, including many that could be exceptionally beneficial in medicine. **However**, concerns are growing that it may have toxic effects, particularly damage to the lungs. Although nanoparticles have been linked to lung damage, it has not been clear how they cause it.

In a study published online June 11 in the newly launched *Journal of Molecular Cell Biology*, Chinese researchers discovered that a class of nanoparticles being widely developed in medicine – polyamidoamine dendrimers (PAMAMs) – cause lung damage by triggering a type of programmed cell death known as autophagic cell death. They also showed that using an autophagy inhibitor prevented the cell death and counteracted nanoparticle-induced lung damage in mice.

“This provides us with a promising lead for developing strategies to prevent lung damage caused by nanoparticles. Nanomedicine holds extraordinary promise, particularly for diseases such as cancer and viral infections, but safety concerns have recently attracted great attention and with the technology evolving rapidly, we need to start finding ways now to protect workers and consumers from any toxic effects that might come with it,” said the study’s leader, Dr. Chengyu Jiang, a molecular biologist at the Chinese Academy of Medical Sciences in Beijing, China.

The first nanomaterial was developed by German scientists in 1984. Nanomaterials are now used in a variety of products, including sporting goods, cosmetics and electronics. The fact that unusual physical, chemical, and biological properties can emerge in materials at the nanoscale makes them particularly appealing for medicine. Scientists hope nanoparticles will be able to improve the effectiveness of drugs and gene therapy by carrying them to the right place in the body and by targeting specific tissues, regulating the release of drugs and reducing damage to healthy tissues. They also envision the possibility of implantable nano devices that would detect disease, treat it and report to the doctor automatically from inside the body. The US Food and Drug Administration has approved some first generation nanodrugs. One example is Abraxane, a nanoformulation of the anti-cancer chemotherapy paclitaxel.

[...]

Story Source:

Materials provided by **Oxford University Press**.

<https://www.sciencedaily.com/releases/2009/06/090610192431.htm>

Actividades

1. Indicamos si las siguientes declaraciones son verdaderas o falsas. Justificamos las falsas.
 - a. El estudio ha logrado determinar el modo en que las nanopartículas provocan daños pulmonares.
 - b. La nanomedicina podría resultar útil en la prevención de enfermedades, incluso el cáncer.
 - c. En los EE. UU. se está considerando aprobar en un futuro la primera generación de nanodrogas.

2. Decidimos cuál de las opciones es la correcta para cada uno de los casos.
 - a. Las PAMAM:
 - se podrían llegar a desarrollar mucho en el futuro.
 - no se han desarrollado mucho porque son nocivas.
 - se han desarrollado mucho.

 - b. Los científicos esperan:
 - que se puedan empezar a utilizar las nanoescalas para mejorar la efectividad de sus nanopartículas.
 - que las nanopartículas puedan servir para mejorar la efectividad de las drogas y las terapias genéticas trasladándolas al lugar correcto, regulando su administración y reduciendo el daño en los tejidos.
 - que las nanopartículas puedan evitar los efectos físicos, químicos y biológicos inusuales de algunas drogas.

3. Explicamos las ideas que une el conector de causa encuadrado “*however*”:
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4. Respondemos:
 - a. ¿Qué se expresa en el título del artículo?, ¿hay uso del recurso llamado *hedging*? Justificamos.
 - b. ¿Cómo se define a la nanotecnología en el texto?, ¿para qué se la utiliza
 - c. ¿Qué considera el Dr. Chengyu Jiang que es necesario hacer?
 - d. ¿Qué se menciona en el artículo sobre el origen y las aplicaciones actuales de los nanomateriales?
 - e. ¿Se está considerando la posibilidad de implantar nanodispositivos?, ¿para qué?
 - f. ¿Se mencionan en el texto profesiones ligadas a ciencias de la salud?

TEXTO 5**Hemolytic Disease Of The Newborn¹⁷**

Hemolytic disease of the newborn, also known as hemolytic disease of the fetus and newborn, HDN, HDFN, or erythroblastosis fetalis, is an alloimmune condition that develops in a fetus, when the IgG molecules (one of the five main types of antibodies) produced by the mother pass through the placenta. Among these antibodies are some which attack the red blood cells in the fetal circulation; the red cells are broken down and the fetus can develop reticulocytosis and anemia. This fetal disease ranges from mild to very severe, and fetal death from heart failure (hydrops fetalis) can occur. When the disease is moderate or severe, many erythroblasts are present in the fetal blood and so these forms of the disease can be called *erythroblastosis fetalis* (or *erythroblastosis foetalis*).

Symptoms

Hemolysis leads to elevated bilirubin levels. After delivery bilirubin is no longer cleared (via the placenta) from the neonate's blood and the symptoms of jaundice (yellowish skin and yellow discoloration of the whites of the eyes) increase within 24 hours after birth. Like any other severe neonatal jaundice, there is the possibility of acute or chronic kernicterus. Profound anemia can cause high-output heart failure, with pallor, enlarged liver and/or spleen, generalized swelling, and respiratory distress. The prenatal manifestations are known as *hydrops*

¹⁷ Disponible: <https://en.wikipedia.org/wiki/Hemolytic_disease_of_the_newborn#Antibody_Specific_Information>. Fecha de consulta: 30 de mayo de 2018.

fetalis; in severe forms this can include *petechiae* and purpura. The infant may be stillborn or die shortly after birth.

Causes

Antibodies are produced when the body is exposed to an antigen foreign to the make-up of the body. If a mother is exposed to a foreign antigen and produces IgG (as opposed to IgM which does not cross the placenta), the IgG will target the antigen, if present in the fetus, and may affect it *in utero* and persist after delivery. The three most common models in which a woman becomes sensitized toward (i.e., produces IgG antibodies against) a particular antigen are:

- Fetal-maternal hemorrhage can occur due to abortion, childbirth, ruptures in the placenta during pregnancy, or medical procedures carried out during pregnancy that breach the uterine wall. In subsequent pregnancies, if there is a similar incompatibility in the fetus, these antibodies are then able to cross the placenta into the fetal bloodstream to attach to the red blood cells and cause hemolysis. In other words, if a mother has anti-RhD (D being the major Rhesus antigen) IgG antibodies as a result of previously carrying a RhD-positive fetus, this antibody will only affect a fetus with RhD-positive blood.

- The woman may have received a therapeutic blood transfusion. ABO blood group system and the D antigen of the Rhesus blood group system typing are routine prior to transfusion. Suggestions have been made that women of child bearing age or young girls should not be given a transfusion with Rhc-positive blood or Kell₁-positive blood to avoid possible sensitization, but this would strain the resources of blood transfusion services, and it is currently considered uneconomical to screen for these blood groups. HDFN can also be caused by antibodies to a variety of other blood group system antigens, but Kell and Rh are the most frequently encountered.

- The third sensitization model can occur in women of blood type O. The immune response to A and B antigens, that are widespread in the environment, usually leads to the production of IgM or IgG anti-A and anti-B antibodies early in life. Women of blood type O are more prone than women of types A and B to making IgG anti-A and anti-B antibodies, and these IgG antibodies are able to cross the placenta. For unknown reasons, the incidence of maternal antibodies against type A and B antigens of the IgG type that could potentially cause hemolytic disease of the newborn is greater than the observed incidence of "ABO disease." About 15% of pregnancies involve a type O mother and a type A, B, or AB child; only 3% of these pregnancies result in hemolytic disease due to A/B/O incompatibility. In contrast to antibodies to A and B antigens, Rhesus antibodies are generally not produced from exposure to environmental antigens

Treatment

Before birth, options for treatment include intrauterine transfusion or early induction of labor when pulmonary maturity has been attained, fetal distress is present, or 35 to 37 weeks of gestation have passed. The mother may also undergo plasma exchange to reduce the circulating levels of antibody by as much as 75%.

After birth, treatment depends on the severity of the condition, but could include temperature stabilization and monitoring, phototherapy, transfusion with compatible packed red blood, exchange transfusion with a blood type compatible with both the infant and the mother, sodium bicarbonate for correction of acidosis and/or assisted ventilation.

Rhesus-negative mothers who have had a pregnancy who are pregnant with a rhesus-positive infant are offered Rh immunoglobulin (RhIG) at 28 weeks during pregnancy, at 34 weeks, and within 48 hours after delivery to prevent sensitization to the D antigen. It works by binding any fetal red cells with the D antigen before the mother is able to produce an immune response and form anti-D IgG. A drawback to pre-partum administration of RhIG is that it causes a positive antibody screen when the mother is tested, which can be difficult to distinguish from natural immunological responses that result in antibody production.

Prevention

In the past, Rh incompatibility was a serious problem. Fortunately, there have been significant medical advances to prevent complications associated with Rh incompatibility and to treat any newborn affected by this problem. Almost all women with Rh negative blood are identified in the first months of her first pregnancy detected by a simple blood test. If a woman is Rh negative and unsensitized, doctors will administer two injections of Rh immunoglobulin (RhIg), also known as RhoGAM, during the first pregnancy. The first shot is given around 28 weeks of pregnancy and the second within 72 hours after delivery. The Rh immunoglobulin causes rapid destruction of fetal red blood cells that have entered the maternal circulation, preventing the mother's body from creating dangerous Rh antibodies that can cause serious complications in the newborn or complicate future pregnancies. Also it can inject this dose of Rh immune globulin in a woman who just had a spontaneous abortion, amniocentesis, or any bleeding during pregnancy. If the doctor determines that the woman has already developed Rh antibodies, then the pregnancy will be closely monitored to ensure that levels are not too high Rh.

Actividades

1. Respondemos en forma clara y completa:

- a. ¿Qué es la enfermedad hemolítica del recién nacido?
- b. ¿Cuáles son las causas que originan la enfermedad?
- c. ¿Cuál es el tratamiento antes del nacimiento?
- d. ¿Es la incompatibilidad de RH un problema en la actualidad? Justifique la respuesta.

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2. Indicamos la categoría y las ideas que une el conector subrayado en el texto.

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3. Buscamos las siguientes estructuras, identificamos el sujeto y damos un equivalente en castellano.

- En los párrafos titulados “*Treatment*” y “*Prevention*” dos oraciones en pasado vistas en retrospectiva desde el presente.
- En el párrafo 1 y en el titulado “*Symptoms*”, dos construcciones en voz pasiva.

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4. En el texto, encontramos las siguientes declaraciones en la sección “*Prevention*”:

“If a woman is Rh negative and unsensitized, doctors will administer two injections of Rh immunoglobulin (RhIg)...”

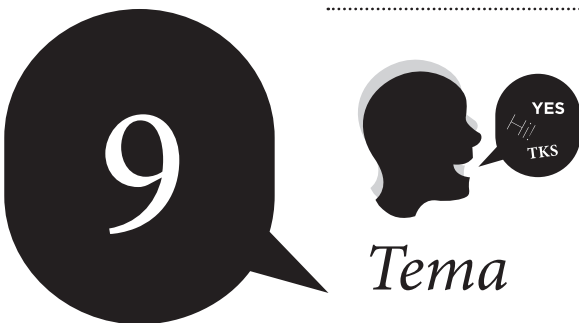
“Si una mujer es Rh negativa y no sensibilizada, los doctores administrarán dos inyecciones de inmunoglobulina Rh...”

Identificamos otros ejemplos de cláusulas con “*if*” en el texto y damos un equivalente en español.

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PRELECTURA

Leemos globalmente el texto presentado a continuación y completamos los datos solicitados debajo.

New Infection Control Recommendations Could Make White Coats Obsolete

Date: January 21, 2014

Source: University of Nebraska Medical Center (UNMC)

Summary: In a move to reduce health care associated infections, certain attire for *health care professionals*, including the traditional white coat, could become a thing of the past.

Full Story

In a move to reduce health care associated infections, certain attire for *health care professionals*, including the traditional white coat, could become a thing of the past.

“White coats, neckties, and wrist watches can become contaminated and may potentially serve as vehicles to carry germs from one patient to another,” said Mark Rupp, M.D., chief of the division of infectious diseases at the University of Nebraska Medical Center and one of the authors of recommendations issued by the Society for Healthcare Epidemiology of America (SHEA), one of the world’s top infection control organizations.

“However, it is unknown whether white coats and neck ties play any real role in transmission of infection,” said Dr. Rupp, who is a past president of SHEA. “Until better data are available, hospitals and doctor’s offices should first concentrate on well-known ways to prevent transmission of infection —like hand hygiene, environmental cleaning, and careful attention to insertion and care of invasive devices like vascular catheters”

The recommendations appear in the February online issue of the journal *Infection Control And Hospital Epidemiology*. It includes a review of patient and *health care professionals’* perceptions of the *health professionals’* attire and transmission risk, suggesting professionalism may not be contingent on wearing the traditional white coat.

Dr. Rupp said supplementary infection prevention measures could include efforts to limit the use of white coats and neckties or at least making sure they are frequently laundered.

“As these measures are unproven, they should be regarded as voluntary and if carried out, should be accompanied by careful educational programs,” he said. “There is a need for education because the public, as well as *health professionals*, regard the white coat as a symbol of professionalism and competence. In the future, patients may see their *health professionals* wearing scrubs —without white coats, ties, rings, or watches.”

The U.S. Center for Disease Control and Prevention estimates that there are 1.7 million hospital-acquired infections and 99,000 associated deaths in the U.S. each year.

The authors outlined the following practices to be considered by individual facilities:

1. Bare below the elbows: defined as wearing of short sleeves and no wristwatch, jewelry, or ties during clinical practice. Facilities may consider adopting this approach to inpatient care as a supplemental infection prevention policy; however, an optimal choice of alternate attire, such as scrub uniforms or other short sleeved personal attire, remains undefined.
2. White coats: facilities that mandate or strongly recommend use of a white coat for professional appearance should institute one or more of the following measures: a. *The health professional* should have two or more white coats available and have access to a

convenient and economical means to launder white coats. b. Institutions should provide coat hooks that would allow removal of the white coat before contact with patients or a patient's immediate environment.

3. Laundering: a. Frequency: any apparel worn at the bedside that comes in contact with the patient or patient environment should be laundered frequently. b. Home laundering: If laundered at home, a hot water wash cycle (ideally with bleach) followed by a cycle in the dryer or ironing has been shown to eliminate bacteria.
4. Footwear: all footwear should have closed toes, low heels, and non-skid soles.
5. Shared equipment including stethoscopes should be cleaned between patients.
6. No general guidance can be made for prohibiting items like lanyards, identification tags and sleeves, cell phones, pagers, and jewelry, but those items that come into direct contact with the patient or environment should be disinfected, replaced, or eliminated.

If implemented, the authors recommend that all practices be voluntary and accompanied by a well-organized communication and education effort directed at *health professionals* and patients.

In their review of the medical literature, the authors noted that while patients usually prefer formal attire, including a white coat, these preferences had little impact on patient satisfaction and confidence in health professionals. Patients did not tend to perceive the potential infection risks of white coats or other clothing. However when made aware of these risks, patients seemed willing to change their preferences.

Story Source:

Materials provided by **University of Nebraska Medical Center (UNMC)**. [A]

Journal Reference:

Bearman, G., Bryant, K., Leekha, S., Mayer, J., Munoz-Price, L.S., Murthy, R., Palmore, T., Rupp, M., White, J. "Expert Guidance: Healthcare Personnel Attire in Non-Operating Room Settings". *Infection Control And Hospital Epidemiology*, February 2014. [B]

Cite This Page:

- **MLA**
- APA
- Chicago

University of Nebraska Medical Center (UNMC). “New Infection Control Recommendations Could Make White Coats Obsolete.” *ScienceDaily*, 21 January 2014. <www.sciencedaily.com/releases/2014/01/140121092749.htm>. [C]

1. Identificamos:

- tema
- palabras que orientan el reconocimiento el tema
- género discursivo
- trama
- destinatario previsto

2. Nos concentramos ahora sobre el paratexto encerrado y señalado con la letra C. Analizamos la información que brinda. ¿Qué función cumple este sector?, ¿por qué la página que publica el texto resalta el acrónimo MLA?

Cite This Page:

- **MLA**
- APA
- Chicago

University of Nebraska Medical Center (UNMC). “New Infection Control Recommendations Could Make White Coats Obsolete.” *ScienceDaily*, 21 January 2014. <www.sciencedaily.com/releases/2014/01/140121092749.htm>.

Lo comparamos con estos ejemplos y concluimos similitudes y diferencias

12. Cite This Page

13. MLA
14. **APA**
15. Chicago

University of Nebraska Medical Center (UNMC). (2014, January 21). “New Infection Control Recommendations Could Make White Coats Obsolete.” *ScienceDaily*. Retrieved April 29, 2018 from www.sciencedaily.com/releases/2014/01/140121092749.htm

• **Cite This Page:**

- MLA
- APA
- **Chicago**

University of Nebraska Medical Center (UNMC). “New Infection Control Recommendations Could Make White Coats Obsolete.” *ScienceDaily*. www.sciencedaily.com/releases/2014/01/140121092749.htm (accessed April 29, 2018).

3. Observamos los paratextos que fueron encuadrados y señalados con las letras A y B. ¿Se relacionan entre sí?, ¿se relacionan con otro paratexto? Justificamos.

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REFLEXIÓN LINGÜÍSTICA

4. En el párrafo 2, hay un acrónimo y una frase resaltada,

- ¿Qué información brindan ambos?
- ¿Están relacionadas con las ciencias de la salud?
- ¿Las demás frases resaltadas en cursiva están ligados a ciencias de la salud?

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5. Observamos las declaraciones que se inician con comillas:

- ¿Qué función cumplen?
- ¿Qué verbos se destacan al cierre de algunas de las declaraciones?, ¿qué función cumplen estos verbos?
- ¿Son los únicos que cumplen esa función? Justificamos.

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6. Analizamos la manera en que se inicia el párrafo 5, para lo cual observamos especialmente lo subrayado. Identificamos el nombre de este recurso y la función en el texto presentado. ¿Podríamos reemplazar el verbo usado en esta ocasión por otro/s? ¿Por qué sí/no? Justificamos y buscamos más ejemplos en este texto u otros leídos anteriormente.

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7. Analizamos los dos últimos párrafos del texto, observamos las palabras subrayadas y decidimos:

- ¿Con qué palabras o frases los autores marcan el tiempo, pasado o presente?
- ¿Con qué palabras los autores marcan su posición sobre la información que brindan?

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8. Analicemos el segundo grupo de palabras señalados arriba:

- ¿Qué nombre podemos asignarle al recurso que representan?

- ¿Qué otras palabras o frases pueden agregarse a las ya mencionadas?
- ¿Hay otros ejemplos de este recurso en este texto?

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9. Reflexionamos ahora sobre la siguiente declaración y compartimos opiniones:

Existen ciertas creencias en cuanto a que la escritura académica profesional es un listado de declaraciones verídicas, escritos en tono objetivo dejando de lado toda subjetividad por parte del autor/a (Hyland, 1994: 239).¹⁸ Sin embargo, cuando los autores escriben consideran la audiencia posible de sus textos y anticipan sus conocimientos previos sobre el tema, prevén eventuales problemas y reacciones hacia el texto (Widdowson 1984: 220).¹⁹ En consecuencia, los escritores inevitablemente indican su actitud en lo que escriben. De hecho, Stubbs (1986:1)²⁰ sostiene que toda la información presente en un texto codifican un punto de vista, cada oración presente en un texto no es más que un fiel reflejo de la presencia del autor y sus ideas.

9. Justificamos si en estas oraciones extraídas del texto

- la palabra “*mandate*” es un falso cognado:

“*White coats: facilities that mandate or strongly recommend use of a white coat for professional appearance should institute one or more of the following measures*”

SÍ NO

- las palabras “*facilities*” e “*inpatient*” son cognados:

“*Facilities may consider adopting this approach to inpatient care as a supplemental infection prevention policy*”

SÍ NO

18 Hyland, K. (1994). *Hedging In Academic Writing And EAF Textbooks. English For Specific Purposes*. New Zealand, pp. 239-256.

19 Widdowson, H. (1984). *Explorations In Applied Linguistics 2*. Oxford, UK: OUP, pp. 220.

20 Stubbs, M. (1986). *A Matter Of Prolonged Fieldwork’: Notes Towards A Modal Grammar Of English. Applied Linguistics*. Oxford, pp. 1-25.

POSLECTURA

9. ¿Cómo está organizada y presentada la información textual? Completamos el plan que se presenta para cada párrafo.

El primer párrafo

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El segundo párrafo

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El tercer párrafo

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El cuarto párrafo

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El quinto párrafo

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El sexto párrafo

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El séptimo párrafo

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El octavo párrafo

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El noveno párrafo

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El décimo párrafo

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10. ¿Son estas declaraciones verdaderas o falsas? Justificamos las falsas.

- a. Este estudio revela que los guardapolvos y las corbatas tienen un rol explícito en la transmisión de infecciones.
- b. Tanto los pacientes como los profesionales de la salud consideran al guardapolvo como un símbolo de profesionalismo y competencia.
- c. La alternativa futura del guardapolvo tradicional (de tela) podría ser algún atuendo descartable.
- d. La investigación asevera que el profesionalismo podría no estar supeditado al uso del guardapolvo blanco tradicional.

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11. Los autores mencionan seis prácticas que deberían seguir las instituciones de salud, ¿cuáles son las palabras claves que nos ayudan a guiarnos en la respuesta?, ¿qué podemos interpretar de cada una?

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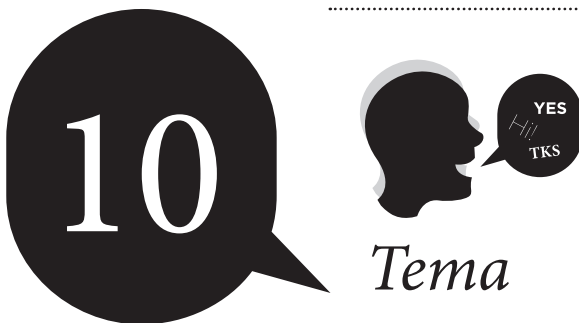
1. Interpretamos el título y respondemos: ¿de qué manera se relaciona con el objetivo de la investigación?

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PRELECTURA

Leemos el siguiente texto para realizar luego lo solicitado debajo.

Perfectionism Among Young People Significantly Increased Since 1980s, Study Finds

Excessive desire to succeed, compete with others may have negative impact on youth psychological health²¹

Date: January 2, 2018

Source: American Psychological Association [1]

Summary: The drive to be perfect in body, mind and career among today's *college students* has significantly increased compared with prior generations, which may be taking a toll on young people's mental health, according to research.

²¹ Disponible: <<https://www.sciencedaily.com/releases/2018/01/180102103305.htm>>.

Fecha de consulta: 29 de abril de 2018.

Full Story

The drive to be perfect in body, mind and career among today's *college students* has significantly increased compared with prior generations, which may be taking a toll on young people's mental health, according to research published by the American Psychological Association.

This study is the first to examine group generational differences in perfectionism, according to *lead author* Thomas Curran, *PhD*, of the University of Bath. He and his *co-author* Andrew Hill, *PhD*, of York St John University suggest that perfectionism entails "an irrational desire to achieve along with being overly critical of **oneself** and others."

Curran and Hill analyzed data from 41,641 American, Canadian and British college students from 164 samples who completed the Multidimensional Perfectionism Scale, a test for generational changes in perfectionism, from the late 1980s to 2016. They measured three types of perfectionism: **self-oriented**, or an irrational desire to be perfect; socially prescribed, or perceiving excessive expectations from others; and other-oriented, or placing unrealistic standards on others.

The study, published in the journal *Psychological Bulletin*, found that more recent generations of *college students* reported significantly higher scores for each form of perfectionism than earlier generations. Specifically, between 1989 and 2016, **the self-oriented perfectionism score** increased by 10 percent, socially prescribed increased by 33 percent and other-oriented increased by 16 percent.

The rise in perfectionism among millennials is being driven by a number of factors, according to Curran. For example, raw data suggest that social media use pressures young adults to perfect themselves in comparison to others, which makes them dissatisfied with their bodies and increases social isolation. This has not been tested and further research is needed to confirm this, said Curran. The drive to earn money, pressure to get a good education and setting lofty career goals are other areas in which today's young people exhibit perfectionism.

In another example, Curran cited *college students'* drive to perfect their grade point averages and compare them to their peers. These examples, according to Curran, represent a rise in meritocracy among millennials, in which universities encourage competition among *students* to move up the social and economic ladder.

"Meritocracy places a strong need for young people to strive, perform and achieve in modern life," said Curran. "Young people are responding by reporting increasingly unrealistic educational and professional expectations for **themselves**. As a result, perfectionism is rising among millennials."

Approximately half of *high school seniors* in 1976 expected to earn a college degree and by 2008, that number had risen to over 80 percent. Yet, numbers of those earning degrees has failed to keep pace with rising expectations, according to Curran. The gap between the percentage of *high school seniors* expecting to earn a college degree and those with one doubled between 1976 and 2000 and has continued to rise.

“These findings suggest that recent generations of *college students* have higher expectations of themselves and others than previous generations,” said Curran. “Today’s young people are competing with each other in order to meet societal pressures to succeed and they feel that perfectionism is necessary in order to feel safe, socially connected and of worth.”

The increase in perfectionism may in part be affecting the psychological health of students, said Hill, citing higher levels of depression, anxiety and suicidal thoughts than a decade ago.

Hill urged schools and *policymakers* to curb fostering competition among young people in order to preserve good mental health.

Story Source:

Materials provided by **American Psychological Association**. Note: Content may be edited for style and length.

Journal Reference:

1. Thomas Curran, Andrew P. Hill. “Perfectionism Is Increasing Over Time: A Meta-Analysis Of Birth Cohort Differences From 1989 To 2016.” *Psychological Bulletin*, 2017; DOI: [10.1037/bul0000138](https://doi.org/10.1037/bul0000138) [1]

Cite This Page:

- [MLA](#)
- [APA](#)
- [Chicago](#)

American Psychological Association. “Perfectionism Among Young People Significantly Increased Since 1980s, Study Finds: Excessive Desire To Succeed, Compete With Others May Have Negative Impact On Youth Psychological Health.”. *ScienceDaily*, 2 January 2018. <www.sciencedaily.com/releases/2018/01/180102103305.htm>. [2]

1. Comentamos:

- paratextos
- género discursivo
- rama
- tema que aborda
- palabras claves
- destinatario previsto

2. Focalizamos sobre los dos primeros párrafos y decidamos qué parte de ellos plantea ideas principales y cuál nos brinda detalles sobre dichas ideas principales.

- ¿En qué lugar del párrafo se ubican generalmente ambas?
- ¿Aparecen ejemplos de esto en todos los párrafos de un texto?
- ¿Qué nombre reciben?
- Señalamos más ejemplos en los demás párrafos del texto.

3. A lo largo del texto se han resaltado paratextos con corchetes y números. Observemos el señalado con el número 1, ¿qué función cumple esta sección en el texto?, ¿cómo está organizada?, ¿por qué?

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4. Este mismo paratexto contiene una parte que merece nuestra atención. Observamos:

Journal Reference:

1. Thomas Curran, Andrew P. Hill. “**Perfectionism Is Increasing Over Time: A Meta-Analysis of Birth Cohort Differences From 1989 to 2016.**” *Psychological Bulletin*, 2017; DOI: [10.1037/bul0000138](https://doi.org/10.1037/bul0000138) [1]

- ¿Qué es el DOI?
- ¿Para qué sirve?
- ¿Quién lo asigna?
- ¿Qué tipo de textos lo llevan?

5. Reflexionamos: ¿a qué tipo documento creen que accederemos a través del DOI señalado arriba?
6. Corroboramos o descartamos nuestra hipótesis observando una parte del texto que es identificado con el citado DOI.

Perfectionism is Increasing over Time: A Meta-Analysis of Birth Cohort Differences From 1989 To 2016²²

Thomas Curran | University of Bath

Andrew P. Hill | York St. John University

From the 1980s onward, neoliberal governance in the United States, Canada, and the United Kingdom has emphasized competitive individualism and people have seemingly responded, in kind, by agitating to perfect themselves and their lifestyles. In this study, the authors examine whether cultural changes have coincided with an increase in multidimensional perfectionism in college students over the last 27 years. Their analyses are based on 164 samples and 41,641 American, Canadian, and British college students, who completed the Multidimensional Perfectionism Scale (Hewitt & Flett, 1991) between 1989 and 2016 (70.92% female, $M_{age} = 20.66$). Cross-temporal meta-analysis revealed that levels of self-oriented perfectionism, socially prescribed perfectionism, and other-oriented perfectionism have linearly increased. These trends remained when controlling for gender and between-country differences in perfectionism scores. Overall, in order of magnitude of the observed increase, the findings indicate that recent generations of young people perceive that others are more demanding of them, are more demanding of others, and are more demanding of themselves.

Keywords: personality, culture, neoliberalism, psychopathology.

²² Disponible: <<https://www.apa.org/pubs/journals/releases/bul-bul0000138.pdf>>. Fecha de consulta: 30 de abril de 2018.

Citation

Curran, T., & Hill, A. P. (2017, December 28). "Perfectionism Is Increasing Over Time: A Meta-Analysis of Birth Cohort Differences From 1989 to 2016". *Psychological Bulletin*. Advance online publication. <http://dx.doi.org/10.1037/bul0000138>

Psychological Bulletin © 2017 American Psychological Association

Vol. 0033-2909/17/\$12.00 <http://dx.doi.org/10.1037/bul0000138>

7. ¿Qué parte específicamente fue presentada arriba? ¿Qué género discursivo representa la misma? Justifiquemos

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8. ¿Es el DOI la única manera de acceder a este tipo de textos?

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9. ¿La U.N.A.J nos brinda la posibilidad de acceder a ellos en forma gratuita?

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REFLEXIÓN LINGÜÍSTICA

Teniendo en cuenta el primer texto leído, “*Perfectionism among Young people significantly increased since 1980s, study finds*”²³:

10. ¿Qué profesiones relacionadas con las ciencias de la salud y el ámbito académico se resaltaron en cursiva?

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11. ¿De qué manera se relacionan las estrategias discursivas subrayadas en los párrafos 4 y 5?

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12. Al comienzo del párrafo 6 se expresa “en otro ejemplo”, ¿con qué información se relaciona esta aseveración?, ¿a qué otro ejemplo se refieren los autores?

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²³ Disponible: <<https://www.sciencedaily.com/releases/2018/01/180102103305.htm>>.
Fecha de consulta: 29 de abril de 2018.

13. En la línea dos de ese mismo párrafo, el 6, se afirma “estos ejemplos”, ¿a cuáles ejemplos se hace referencia?

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14. ¿Qué función cumple la palabra de transición subrayada en el párrafo 3?, ¿qué otra palabra o frase puede cumplir funciones similares?

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15. En el texto hay palabras sombreadas, ¿guardan relación entre ellas?, ¿qué función cumplen? Justificamos.

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16. Contestamos: en el párrafo 9 la frase “*each other*”

- ¿Qué información nos brinda?
- ¿A qué o quién se refiere?
- ¿Se relaciona con las palabras sombreadas? Justificamos

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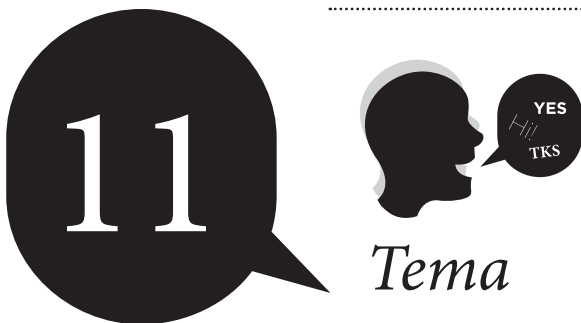
POSLECTURA

10. Indicamos a qué hacen referencia las cifras, los porcentajes o números señalados debajo

Párrafo n°	Cifra	Referencia de
3	41,641	
	164	
	1980s - 2016	
4	1989-2016	
	10%	
	33%	
	16%	
8	1976	
	80%	
	1976-2000	

19. Ordenamos los temas como son presentados en el texto

Definición del tema a tratar	
Factores que contribuyen al perfeccionismo	
El rol de la meritocracia	
Población, método y variables del estudio	
Hallazgos	
El desarrollo de la problemática a lo largo del tiempo	
Conclusiones	
El rol de la universidad sobre la problemática tratada	



PRELECTURA

Leemos el texto presentado debajo y realizamos las actividades que siguen.

Explorando el potencial de aprendizaje de personas con esquizofrenia en distintas condiciones psicopatológicas²⁴

Exploring learning potential in schizophrenic inpatients in different psychopathological conditions

David González Pando^a , , Palma Beltrán García^b, Pedro Carlos Martínez Suárez^c

^aFacultad de Enfermería de Gijón, Servicio de Salud del Principado de Asturias, España

^bServicios de Salud Mental, Hospital Universitario Central de Asturias, España

^cUniversidad Nacional de Educación Parroquia Javier Loyola, Ecuador

Recibido 22 octubre 2015, Aceptado 19 abril 2016

[1]

24 Disponible: <http://clysa.elsevier.es/es/explorando-el-potencial-aprendizaje-personas/articulo/S1130527416300160/#.W9oPRXtKjIV>. Fecha de consulta: 1 de noviembre de 2018

Resumen

En el presente trabajo tratamos de explorar empíricamente el potencial de aprendizaje de personas con esquizofrenia en condiciones opuestas de estabilidad psicopatológica. Con este objetivo se realizó un experimento de equivalencia de estímulos o procedimiento general de aprendizaje de discriminaciones condicionales, estudiando seguidamente la formación de clases de equivalencia. La muestra incluyó 8 adultos en tratamiento en el programa de atención a trastornos mentales severos, con edades comprendidas entre 20 y 53 años. Debido a los abandonos, el procedimiento inicial fue modificado para reducir la duración y el esfuerzo atencional de la tarea. Los resultados mostraron que personas con esquizofrenia pueden adquirir la equivalencia de estímulos tanto en condiciones psicopatológicas de estabilidad como de descompensación en presencia de sintomatología positiva intensa. Este hallazgo es relevante para la terapia, concebida como aprendizaje, así como para el diseño de programas en el contexto de la rehabilitación y recuperación en la esquizofrenia.

Abstract

The aim of this paper is to explore empirically the learning potential of people with schizophrenia in opposite conditions of psychopathological stability. For this purpose, a general procedure of conditional discrimination learning was introduced by conducting a study on the formation of equivalence classes. The sample consisted of 8 inpatient adults included in the program of Severe Mental Disorders, aged between 20 and 53 years. Because of dropouts, the initial procedure was modified in order to reduce the duration and attentional effort of the task. The results showed that people with schizophrenia can acquire stimulus equivalence with standard procedure both in terms of stability and psychopathological decompensation, in the presence of strong positive symptoms. This finding is relevant both for therapy, conceived in terms of learning, and for designing programs in the context of rehabilitation and recovery in schizophrenia.

Palabras clave

Esquizofrenia, Aprendizaje, Discriminaciones condicionales, Clases de equivalencia

Keywords

Schizophrenia, Learning, Conditional discriminations, Equivalence classes

1. Completamos:

- paratextos presentes
- género discursivo
- tema que aborda
- palabras claves que ayudaron a reconocerlo
- destinatario previsto

2. ¿En qué tipo de publicaciones aparecen este tipo de textos?

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3. ¿Cómo podemos acceder a ellos?

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4. ¿Son gratuitos?

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5. ¿Tiene alguna ventaja estar físicamente en la U.N.A.J para acceder a ellos?

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6. ¿Qué información brinda el paratexto encerrado y señalado con el número 1?

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REFLEXIÓN LINGÜÍSTICA

7. En el párrafo presentado, se han resaltado en cursiva palabras y frases que indican las distintas partes que puede contener este tipo de texto. Las ubicamos según la sección que representan:

Sector	Palabra o frase indicadora
El contexto (tema o problema que se trata)	
La meta u el objetivo de los autores	
La metodología empleada para investigar el tema.	
Resultados	
Conclusiones	

8. ¿Deben estar siempre presentes las secciones señaladas antes? Justificamos

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9. Los textos analizados ¿describen o informan? Justificamos.

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10. En consecuencia, ¿qué nombre reciben?

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11. Leemos la siguiente información presentada por la Universidad de Adelaide²⁵ para ampliar lo comentado arriba:

The table below summarises the main features of, as well as the differences between, the two types of abstracts discussed above. In both types of abstract, your lectures/tutor may require other specific information to be included. Always follow your lecturer/tutor’s instructions.

Descriptive Abstract	Informative Abstract
<p>Describes the major points of the project to the reader.</p> <p>Includes the background, purpose and focus of the paper or article, but never the methods, results and conclusions, if it is a research paper.</p>	<p>Informs the audience of all essential points of the paper.</p> <p>Briefly summarises the background, purpose, focus, methods, results, findings and conclusions of the full-length paper.</p> <p>Is concise, usually 10% of the original paper length, often just one paragraph.</p>

POSLECTURA

12. Leemos nuevamente el “abstract” del texto “*Perfectionism Is Increasing Over Time: A Meta-Analysis Of Birth Cohort Differences From 1989 To 2016*”²⁶ trabajado en el Tema 10 y señalamos las partes que lo componen señalando los marcadores discursivos que orientan la respuesta. Interpretamos el “abstract” en español.

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25 Disponible: <<https://www.adelaide.edu.au/writingcentre/sites/default/files/docs/learningguide-writinganabstract.pdf>>. Fecha de consulta: 16 de octubre de 2018.

26 Disponible: <<https://www.apa.org/pubs/journals/releases/bul-bul0000138.pdf>>. Fecha de consulta: 30 de abril de 2018.

13. Elegimos uno de los textos que siguen respondiendo las mismas consignas solicitadas en la actividad 12.

TEXTO 1

January 09, 2018; 90 (2). **Article.**

The Headache Of Terror: A matched cohort study of adolescents from the Utøya and the HUNT Study²⁷

Synne Øien Stensland, John-Anker Zwart, Tore Wentzel-Larsen and Grete Dyb

First published December 13, 2017, DOI: <https://doi.org/10.1212/WNL.0000000000004805>

Info

This article requires a subscription to view the full text. If you have a subscription you may use the login form below to view the article. Access to this article can also be purchased.

Abstract

To elaborate the risk of headache among adolescent survivors exposed to terror.

On July 22, 2011, a lone man opened gunfire, killing 69 people at a summer camp for adolescents on the Utøya islet in Norway. All 358 adolescent survivors 13 to 20 years of age were invited to participate in the Utøya interview study. Among the 213 (59%) respondents, half (49%) were male, the mean age was 17.7 years, and 13 (6%) were severely injured. For each survivor, 8 matched controls were drawn from the population-based Young-HUNT3 Study, conducted between 2006 and 2008, with a participation rate of 73%. Recurrent migraine and tension-type headache (TTH) over the past 3 months served as main outcomes and were measured 4 to 5 months after the mass shooting with a validated headache interview, in accordance with the *International Classification of Headache Disorders*.

After exposure to terror, the odds ratio for migraine was 4.27 (95% confidence interval 2.54–7.17) and for TTH was 3.39 (95% confidence interval 2.22–5.18), as estimated in multivariable logistic regression models adjusted for injury, sex, age, family structure and economy, prior exposure to physical or sexual violence, and psychological distress. The observed increased risk of headache in survivors was related largely to an increase in weekly and daily headaches.

Exposure to terror increases risk of persistent weekly and daily migraine and TTH in adolescent survivors, above expected levels. The terrors of other violence may similarly increase the risk of frequent headaches. After severe psychological traumas, interventions may need to address survivors' pain to hinder chronification.

Glossary

CI= confidence interval;

TTH= tension-type headache

TEXTO 2

Brain-To-Brain Coupling During Handholding Is Associated With Pain Reduction²⁸

Pavel Goldstein, Irit Weissman-Fogel, Guillaume Dumas and Simone G. Shamay-Tsoory

PNAS March 13, 2018. 115 (11) E2528-E2537; published ahead of print February 26, 2018.
<https://doi.org/10.1073/pnas.1703643115>

1. [Add to Cart \(\\$10\)](#)

Edited by Solomon H. Snyder, Johns Hopkins University School of Medicine, Baltimore, MD, and approved January 24, 2018 (received for review March 8, 2017)

2. [Authors & Info](#)

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Edited by Solomon H. Snyder, Johns Hopkins University School of Medicine, Baltimore, MD, and approved January 24, 2018 (received for review March 8, 2017)

PDF

This article requires a subscription to view the full text. If you have a subscription you may use the login form below to view the article. Access to this article can also be purchased.

Significance

The mechanisms that underlie social touch analgesia are largely unknown. Here, we apply a hyperscanning approach with real-life interaction of dyads to examine the association between brain-to-brain coupling and pain relief. Our findings indicate that hand-holding during pain increases the brain-to-brain coupling network that correlates with the magnitude of the analgesia and the observer's empathic accuracy. These findings make a unique contribution to our understanding of physiological mechanisms of touch-related analgesia.

Abstract

The mechanisms underlying analgesia related to social touch are not clear. While recent research highlights the role of the empathy of the observer to pain relief in the target, the contribution of social interaction to analgesia is unknown. The current study examines brain-to-brain coupling during pain with interpersonal touch and tests the involvement of interbrain synchrony in pain alleviation. Romantic partners were assigned the roles of target (pain receiver) and observer (pain observer) under pain-no-pain and touch-no-touch conditions concurrent

with EEG recording. Brain-to-brain coupling in alpha-mu band (8–12 Hz) was estimated by a three-step multilevel analysis procedure based on running window circular correlation coefficient and post hoc power of the findings was calculated using simulations. Our findings indicate that hand-holding during pain administration increases brain-to-brain coupling in a network that mainly involves the central regions of the pain target and the right hemisphere of the pain observer. Moreover, brain-to-brain coupling in this network was found to correlate with analgesia magnitude and observer's empathic accuracy. These findings indicate that brain-to-brain coupling may be involved in touch-related analgesia.

hyperscanning, social touch, empathy, pain, EEG

Footnotes

- ¹To whom correspondence should be addressed. Email: goldsteinpav@gmail.com.
- Author contributions: P.G., I.W.-F., and S.G.S.-T. designed research; P.G. performed research; P.G. and G.D. analyzed data; and P.G., I.W.-F., G.D., and S.G.S.-T. wrote the paper.
- The authors declare no conflict of interest.
- This article is a PNAS Direct Submission.
- This article contains supporting information online at www.pnas.org/lookup/suppl/doi:10.1073/pnas.1703643115/-/DCSupplemental.
- Published under the [PNAS license](#).

TEXTO 3

Synthetic Biology-Based Cellular Biomedical Tattoo For Detection Of Hypercalcemia Associated With Cancer²⁹

- Aizhan Tastanova¹, Marc Folcher¹, Marius Müller¹, Gieri Camenisch¹, Aaron Ponti¹, Thomas Horn¹, Maria S. Tikhomirova¹ and Martin Fussenegger^{1,2,*}

Science Translational Medicine. 18 Apr 2018: Vol. 10, Issue 437, eaap8562. DOI: 10.1126/scitranslmed.aap8562

Abstract

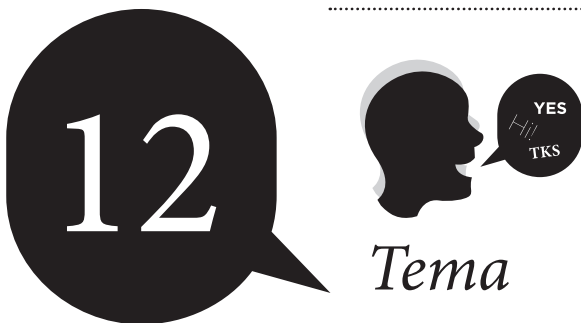
Diagnosis marks the beginning of any successful therapy. Because many medical conditions progress asymptotically over extended periods of time, their timely diagnosis remains

difficult, and this adversely affects patient prognosis. Focusing on hypercalcemia associated with cancer, we aimed to develop a synthetic biology-inspired biomedical tattoo using engineered cells that would (i) monitor long-term blood calcium concentration, (ii) detect onset of mild hypercalcemia, and (iii) respond via subcutaneous accumulation of the black pigment melanin to form a visible tattoo. For this purpose, we designed cells containing an ectopically expressed calcium-sensing receptor rewired to a synthetic signaling cascade that activates expression of transgenic tyrosinase, which produces melanin in response to persistently increased blood Ca^{2+} . We confirmed that the melanin-generated color change produced by this biomedical tattoo could be detected with the naked eye and optically quantified. The system was validated in wild-type mice bearing subcutaneously implanted encapsulated engineered cells. All animals inoculated with hypercalcemic breast and colon adenocarcinoma cells developed tattoos, whereas no tattoos were seen in animals inoculated with normocalcemic tumor cells. All tumor-bearing animals remained asymptomatic throughout the 38-day experimental period. Although hypercalcemia is also associated with other pathologies, our findings demonstrate that it is possible to detect hypercalcemia associated with cancer in murine models using this cell-based diagnostic strategy.

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<http://www.sciencemag.org/about/science-licenses-journal-article-reuse>

Texto	Partes	Marcadores discursivos que orientan el reconocimiento	Interpretación	Tipo de "abstract"	Interpretación del título relacionándolo con el objetivo de la investigación



PRELECTURA

Leemos los dos textos presentados a continuación y completamos los datos pedidos sobre ambos.

TEXTO 1

Cosmetics 2017, 4(3), 24; DOI: [10.3390/cosmetics4030024](https://doi.org/10.3390/cosmetics4030024)

Review

[1]

Safety And Efficacy Of Nail Products³⁰

Harleen Arora * and Antonella Tosti

[2]

Department of Dermatology and Cutaneous Surgery, Miller School of Medicine,
University of Miami Hospital, University of Miami, Miami, FL 33125, USA

[3]

* Correspondence: Tel.: +1-305-243-6704

[4]

Received: 27 June 2017 / Accepted: 12 July 2017 / Published: 15 July 2017

[5]

Abstract:

Over the past several decades, the commercialization of nail cosmetics has increased. From nail polishes to artificial nails, different methods of nail beautification have become popularized. However, the impact of these products remains largely unknown. Governments have passed legislation in attempts to *regulate* nail cosmetics, but these regulations may not be adequate and are difficult to enforce. Knowledge of the safety and efficacy of nail products remains limited due to the relative dearth of literature published on the topic. This review serves to *summarize* and *interpret* the data available regarding common nail products and their safety and efficacy. Nail products such as nail polish, nail polish removers, and artificial nails have shown to have some adverse effects through case reports and studies. Harmful substances such as toluenesulfonamide-formaldehyde resin and methacrylates have been identified in commercial nail products, leading to several adverse effects, but in particular, allergic contact dermatitis. Exposure to substances such as acetonitrile found in removers may have more toxic and caustic effects, especially if ingested. In addition, for nail technicians there are negative effects linked with occupational exposure. Compounds used in nail products may become aerosolized and lead to asthma, eye and throat irritation, and even neurocognitive changes.

Keywords:

Nail care products; safety assessment; efficacy evaluation; nail disorders

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MDPI and ACS Style

Arora, H.; Tosti, A. Safety and Efficacy of Nail Products. *Cosmetics* 2017, 4, 24.

Show more citation formats

Note that from the first issue of 2016, MDPI journals use article numbers instead of page numbers. See further details [here](#). [6]

TEXTO 2

Jan Journal Of Advanced Nursing [A]

Original Research [B]

Factors Interfering With The Microflora On Hands: A Regression Analysis Samples From 465 Healthcare Workers³¹

Mette Fagernes & Egil Lingaas

[C]

Accepted for publication 13 August 2010

[E]

Correspondence to M. Fagernes:e-mail: mette.fagernes@siv.no

[D]

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and Institute of Nursing and Health Sciences, University of Oslo, Norway

Egil Lingaas MD

PhD Head Department of Infection Prevention, Rikshospitalet University Hospital, Oslo,
Norway

[G]

FAGERNES M. & LINGAAS E. (2011). "Factors Interfering With The Microflora On Hands: A Regression Analysis Of Samples From 465 Healthcare Workers." *Journal Of Advanced Nursing* 67(2), 297–307. DOI: 10.1111/j.1365-2648.2010.05462.x

[F]

Abstract

This paper is a report of a study of the impact of finger rings, wrist watches, nail polish, length of fingernails, hand lotion, gender and occupation on hand microbiology of healthcare workers.

The impact of the above mentioned variables on hand microbiology of healthcare workers is not well defined. Large scale studies suitable for multivariate analysis are needed *to elucidate* their role.

Both hands of 465 Norwegian healthcare workers were sampled by the glove juice method during two study periods (2004 and 2007), and examined for total number of bacteria and presence of *Staphylococcus aureus*, *Enterobacteriaceae* and non-fermentative Gram-negative rods. Multiple regression analysis was performed.

The use of a wrist watch was associated with an enhanced total bacterial count on hands compared to hands without a watch [(B) 3.25 (95% CI: 1.73–6.07), P < 0.001], while the use of one plain finger ring increased the carriage rate of *Enterobacteriaceae* [odds ratio 2.71 (95% CI: 1.42–5.20), P = 0.003]. The carriage rate of *Staphylococcus aureus* was enhanced with fingernails longer than 2 mm [odds ratio 2.17 (95% CI: 1.29–3.66), P = 0.004] and after recent use of hand lotion [odds ratio 22.52 (95% CI: 4.05–125.30), P < 0.001]. No effect of nail polish was observed. We found an association between occupation and carriage rate of *S. aureus* and *Enterobacteriaceae*.

Health care workers should remove finger rings and watches at work. Fingernails should be shorter than 2 mm, nail polish may be used.

© 2010 Blackwell Publishing Ltd.

[H]

1. Completamos:

	Texto 1	Texto 2
género discursivo		
trama		
tema que aborda		
palabras claves que determinan la respuesta		
destinatario previsto		

2. Observamos y analizamos las partes recuadradas y señaladas con letras o números para comentar la función de cada una.

3. Observemos ahora las frases subrayadas en ambos “*abstracts*”, ¿qué información presentan, ¿se relacionan con algún paratexto? Justificamos.

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REFLEXIÓN LINGÜÍSTICA

4. Las cuatro frases que están resaltadas en cursiva en ambos textos, ¿qué función cumplen? Elegimos la opción correcta:

- Indicar un propósito.
- Indicar una condición.
- Indicar una consecuencia.

Justificamos y las interpretamos en contexto

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5. ¿Existen otras maneras de expresar ideas similares? Justificamos con ejemplos extraídos de este u otros textos trabajados previamente.

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6. Consideramos ambos “*abstracts*” y mencionamos:

a. ¿Qué profesiones ligadas al ámbito de las ciencias de la salud acreditan los autores de estos artículos de investigación?

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b. ¿Cuáles son los marcadores discursivos que se usaron para señalar las distintas secciones del “*abstract*”? Los señalamos

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POSLECTURA

7. Continuamos trabajando sobre ambos textos y los interpretamos.

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8. Interpretamos ambos títulos, ¿de qué manera se relacionan con los objetivos de las investigaciones?

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Segunda Integración

TEXTO 1

Persistent, Microscopic Blood In Urine Associated With Increased Risk Of Kidney Disease³²

Date: August 17, 2011

Source: JAMA and Archives Journals

Summary: Adolescents and young adults who had persistent, microscopic blood in their urine (hematuria) were more likely to develop end-stage renal disease over a follow-up period of about 20 years, although the absolute risk was low, according to a new study.

Full Story

Adolescents and young adults who had persistent, microscopic blood in their urine (hematuria) were more likely to develop end-stage renal disease over a follow-up period of about 20 years, although the absolute risk was low, according to a study in the August 17 issue of JAMA.

³² Disponible: <<https://www.sciencedaily.com/releases/2011/08/110816162306.htm>>.

Fecha de consulta: 25 de mayo de 2018.

“Persistent asymptomatic isolated microscopic hematuria is a frequent incidental finding on routine examination of children, adolescents, and young adults. The most recent American Academy of Pediatrics guidelines rescinded the recommendation for urine screening during the second decade of life,” according to background information in the article. “Microscopic hematuria can be either an isolated finding accompanied by other kidney abnormalities or part of a systemic condition. It also can be transient or persistent.” Few data are available on long-term outcomes among adolescents and young adults with persistent asymptomatic isolated microscopic hematuria.

Asaf Vivante, *M.D.*, of the Edmond and Lily Safra Children’s Hospital, Tel Hashomer, Israel, and *colleagues* conducted a nationwide, population-based study in Israel to evaluate the risk of treated end-stage renal disease (ESRD) in adolescents and young adults with persistent asymptomatic isolated microscopic hematuria. The study included medical data from 1,203,626 persons aged 16 through 25 years (60 percent male) who were examined for fitness for military service between 1975 and 1997 and who were linked to the Israeli treated ESRD registry. Incident cases of treated ESRD from January 1980 to May 2010 were included.

Persistent asymptomatic isolated microscopic hematuria was diagnosed in 3,690 of the 1,203,626 eligible individuals (0.3 percent). The condition at enrollment was twice as prevalent among male as female participants (0.4 percent and 0.2 percent). During 21.9 years of follow-up, treated ESRD developed in 26 individuals (0.70 percent) with and 539 (0.045 percent) without persistent asymptomatic isolated microscopic hematuria. A multivariate model adjusted for age, sex, paternal country of origin, year of enrollment, body mass index, and blood pressure at baseline revealed a significantly increased risk of developing ESRD associated with persistent asymptomatic isolated microscopic hematuria. However, *the researchers* note that the incidence and absolute risk of ESRD were quite low.

“A substantially increased risk for treated ESRD attributed to primary glomerular disease was found for individuals with persistent asymptomatic isolated microscopic hematuria compared with those without the condition. The fraction of treated ESRD attributed to microscopic hematuria was 4.3 percent,” *the authors* write.

“...demonstrating that persistent isolated microscopic hematuria is a risk marker for ESRD highlights the importance of early detection of pre-dialysis chronic kidney disease for the application of current and future strategies to slow the deterioration to ESRD. It also shows the importance of considering complications and comorbid conditions across the range of chronic kidney disease.”

“In light of our findings, future studies are warranted to evaluate the utility of population screening in improving clinical outcomes,” *the researchers* conclude.

Editorial: Has The Time Come To Include Urine Dipstick Testing In Screening Asymptomatic Young Adults?

In an accompanying editorial, Robert S. Brown, *M.D.*, of Beth Israel Deaconess Medical Center, Boston, writes that “in the United States, because the prevalence of chronic kidney disease (CKD) is estimated to be from 70- to 200-fold greater than the prevalence of treated ESRD, perhaps an argument could be made for the inclusion of [urine] dipstick testing for hematuria as part of routine screening of young adults.”

“The early identification of persons at risk for CKD also should promote other healthy interventions for smoking, hypercholesterolemia, glycemic control, and reduction of sodium intake. The U.S. Preventive Services Task Force has no current recommendation for CKD screening, but the topic is under consideration.”

“...it appears that the time may have arrived for routine urine dipstick screening in adolescents and adults, at least at all initial examinations and perhaps every 5 to 10 years thereafter,” *Dr. Brown* writes.

Story Source:

Materials provided by **JAMA and Archives Journals**.

Journal References:

A. Vivante, A. Afek, Y. Frenkel-Nir, D. Tzur, A. Farfel, E. Golan, Y. Chaiter, T. Shohat, K. Skorecki, R. Calderon-Margalit. “Persistent Asymptomatic Isolated Microscopic Hematuria in Israeli Adolescents and Young Adults and Risk for End-Stage Renal Disease.” *JAMA: The Journal of the American Medical Association*, 2011; 306 (7): 729 DOI: 10.1001/jama.2011.1141

R. S. Brown. “Has the Time Come to Include Urine Dipstick Testing in Screening Asymptomatic Young Adults?” *JAMA: The Journal of the American Medical Association*, 2011; 306 (7): 764 DOI: 10.1001/jama.2011.1193

Cite This Page:

1. **MLA**
2. APA
3. Chicago

JAMA and Archives Journals. “Persistent, microscopic blood in urine associated with increased risk of kidney disease.” *ScienceDaily*, 17 August 2011. www.sciencedaily.com/releases/2011/08/110816162306.htm.

Actividades

1. ¿Qué profesiones ligadas al personal de salud y del ámbito académico se han resaltado en cursiva?

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2. ¿Verdadero o falso? Justificamos las declaraciones falsas.

a. Este estudio se llevó a cabo a nivel nacional en Israel para evaluar el riesgo de la enfermedad renal en etapa terminal en adolescentes y adultos jóvenes con episodios aislados y asintomáticos de hematuria.

b. El organismo estadounidense ‘‘ Preventive Services Task ’’ tiene recomendaciones para su población sobre las enfermedades crónicas renales.

c. La hematuria se desarrolla en adolescentes y adultos jóvenes que, durante períodos intermitentes a lo largo de veinte años o más, orinan con cantidades microscópicas de sangre.

d. La hematuria es crónica y asintomática.

e. Los análisis de orina rutinarios pueden ser valiosos para detectar la hematuria en adolescentes y adultos.

3. Respondemos:

a. ¿Qué problemática aborda el texto?, ¿cuándo y dónde se llevó a cabo el estudio?

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b. Sobre la metodología de investigación: ¿qué metodología usaron los investigadores?, ¿se mencionan los participantes, instrumentos o materiales? Si hay participantes: ¿quiénes son?, ¿cuántos son?, ¿cuáles son sus características básicas?, ¿cómo fueron seleccionados?, ¿hubo exclusiones?, ¿sabían que eran parte de una investigación?, ¿recibieron pago?, ¿hubo un grupo control?, ¿se

mencionan las variables de la investigación?, ¿se puede describir el procedimiento de la investigación?, ¿cuáles fueron los pasos que se siguieron? Nota: en todos los casos en los que las respuestas a las preguntas de sí o no sean afirmativas ampliamos detalladamente.

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c. ¿ Cuáles son los resultados que se mencionan?

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d. ¿Qué conclusiones se comentan?

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e. ¿Cómo interpretamos el título del texto?, ¿de qué manera se relaciona con el objetivo de la investigación?

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5. Leemos ahora un “*abstract*” relacionado con la problemática leída antes y realizamos las actividades sugeridas debajo

PubMed

US National Library of Medicine National Institutes of Health

Format: Abstract

Send to Eur J Pediatr. 2017 Jun; 176(6):787-790. DOI: 10.1007/s00431-017-2911-2. Epub 2017 Apr 22.

Evidence Of A Link Between Fever And Microscopic Hematuria In Children.³³

Schwartz R1,2, Distal R3,4, Shapiro A5, Waisman Y6,3.

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Abstract

Despite the common conception that febrile illnesses are associated with microscopic hematuria in children, a review of the literature failed to disclose supportive evidence. The aim of this study was to evaluate this relationship. Background data were collected for a convenience sample of children aged 4-18 years who presented to the emergency department (ED) of a tertiary pediatric medical center. Vital signs were measured and a midstream urine specimen was collected. Specimens positive for the presence of blood (>5 erythrocytes/ μ l; Combur 10 Test Strips) were examined microscopically. Patients found to have microscopic hematuria (>5 erythrocytes/high power field) were asked to undergo repeated urine testing within 3 weeks or at least 1 week after the fever (if present) resolved. A telephone interview was conducted 9-10 years after the ED visit, for all children with microscopic hematuria. Data were coded and transferred to Microsoft Excel 2007 (Raymond Wa), and then analyzed using SPSS 15 (SPSS Inc., Chicago, IL). Six hundred sixty patients were enrolled in the study; 161 were febrile (mean temperature $39.2 \pm .08$ °C), and 499 were afebrile (mean temperature 36.7 ± 0.4 °C) ($p < 0.001$). The febrile group was significantly younger than the afebrile group (mean age 8 ± 3.6 years versus 9.4 ± 3.7 years, respectively, $p < 0.001$). There was no significant between-group

³³ Disponible: <<https://www.ncbi.nlm.nih.gov/pubmed/28434051>>.

Fecha de consulta: 6 de mayo de 2018.

8. Comentamos el título del texto, ¿de qué manera se relaciona con el o los objetivos de los autores del “research paper”?

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TEXTO 2

Leemos el siguiente texto y realizamos las actividades sugeridas debajo.

Study Adds Lung Damage To Harmful Effects Of Arsenic³⁴

Date: August 22, 2013

Source: University of Chicago Medical Center

Summary: Exposure to low to moderate amounts of arsenic in drinking water can impair lung function. Even low doses of arsenic in well water produced lung damage comparable to decades of smoking tobacco.

Full Story



³⁴ Disponible: <<https://www.sciencedaily.com/releases/2013/08/130822194232.htm>>. Fecha de consulta: 25 de mayo de 2018.

A new study confirms that exposure to low to moderate amounts of arsenic in drinking water can impair lung function. Doses of about 120 parts per billion of arsenic in well water—about 12 times the dose generally considered safe—produced lung damage comparable to decades of smoking tobacco. Smoking, especially by males, made arsenic-related damage even worse.

This is the first population-based study to clearly demonstrate significant impairment of lung function, in some cases extensive lung damage, associated with low to moderate arsenic exposure.

“Restrictive lung defects, such as we saw in those exposed to well-water arsenic, are usually progressive and irreversible,” said the study’s *senior author*, Habibul Ahsan, MD, MMedSc, *Director* of the Center for Cancer Epidemiology and Prevention at the University of Chicago Medicine. “They can lead over time to serious lung disease.”

The study, conducted in Bangladesh and published early online in the *American Journal Of Respiratory And Critical Care Medicine*, adds to a growing list of arsenic-related health problems that includes skin, bladder and lung cancers, cardiovascular disease, cognitive deficits and premature death. An estimated 77 million people—nearly half of the residents of Bangladesh, the world’s eighth most populous country—live in areas where groundwater wells contain harmful amounts of arsenic.

Less is known about exposure to elevated arsenic levels from well water or foods in other parts of the world, including regions in Mexico and the United States. *Researchers* have recently begun to re-examine foods, such as rice syrup and apple juice, that contain more arsenic than the 10 parts per billion that is allowed in U.S. drinking water.

“It is challenging to conduct rigorous biomedical research in a place like Bangladesh that lacks the infrastructure for such projects,” Ahsan said, “but over the last 12 to 15 years we have learned how to meet those challenges. We now have a large series of related findings that map out exposures and illustrate the severity of the problem.”

“Our findings reinforce the growing interest in looking more carefully at arsenic-exposure issues in the United States,” he added.

The study, coordinated by Ahsan and *co-author* Faruque Parvez, *DrPH*, of Columbia University, was the next step in the Health Effects of Arsenic Longitudinal Study (HEALS), a long-term Bangladesh-based project, begun in 2000 and expanded in 2006.

A nation of major rivers and low-lying plains, Bangladesh is prone to frequent floods, which, along with sanitation shortcomings, have historically contaminated the nation's drinking water. This led to high rates of infectious disease and child mortality. In the 1960s, more than 250,000 Bangladeshi children died each year from waterborne diseases.

To protect those children, international charity organizations launched a massive humanitarian effort to provide clean drinking water. They installed roughly 10 million hand-pumped wells to bring up water from deep underground.

Nearly 20 years later, by the early 1990s, *scientists* realized that this well-intentioned plan had gone astray. Though the underground water was free from the bacterial contamination of surface sources, it was tainted with inorganic arsenic, a toxic element. This was “the largest mass poisoning of a population in history,” according to the World Health Organization.

The HEALS team follows about 20,000 people in Araihaazar, a region of central Bangladesh, about 20 miles east of the capital, Dhaka, with a wide range of arsenic levels in drinking-water wells. Between 2005 and 2010, *the researchers* evaluated 950 individuals who reported respiratory symptoms such as cough and shortness of breath to HEALS *clinic doctors*. *The researchers* tested each patient's lung function and documented his or her arsenic levels.

They divided the patients into three groups according to arsenic exposure, using two related measures: how much arsenic was in their drinking water and how much was in their urine.

Then, local *physicians* trained by *pulmonologist* Christopher Olopade, MD, of the University of Chicago, rigorously measured each patient's lung function using a spirometer with a focus on two standard lung-function tests: forced expiratory flow (FEV1, the amount of air a person can expel in one second) and forced vital capacity (FVC, the total volume of air exhaled after fully filling the lungs).

Both measures showed that arsenic's effects were dose-dependent. After they corrected for possible confounders, *the researchers* found that:

- One-third of the participants had been exposed to the lowest arsenic levels, less than 19 parts per billion in water. They had no detectable arsenic-related loss of lung function.
- One-third had been exposed to drinking water with a relatively low arsenic dose, 19 to 97 parts per billion. Their lung function, as measured by FEV1 and FVC, decreased slightly but was not significantly different from the group with the lowest arsenic level in water.
- One-third were exposed to a moderate dose, more than 97 parts per billion. For this group, both spirometric variables were significantly decreased. Their FEV1 decreased by about three times as much as those exposed to 19 to 97 parts per billion and their

FVC fell by about six times as much. • Smoking amplified the damage. About 90 percent of the men tested smoked.

“These results clearly demonstrate significant impairment of lung function associated with lower concentrations than previously reported,” Ahsan said. “Those most affected were older, thinner, less educated and more likely to use tobacco. Many of these people have limited excess lung capacity. It made a significant difference in their lives.”

“This suggests that a large proportion of the country’s population are at increased risk of developing serious respiratory disease, including COPD, bronchitis and interstitial lung disease in the future,” *the authors* conclude.

“This is not just a problem for South Asia,” Ahsan said. “About 13 million people in the United States get water from a private well that contains more arsenic than the legal limit. And we are becoming more and more aware that exposure through certain foods might be a bigger issue than drinking water. No comparable, large, prospective study has been done in this country.”

Story Source:

Materials provided by **University of Chicago Medical Center**.

Journal Reference:

Christopher OLOPADE, Faruque Parvez, M Eunus, T Islam, A Ahmed, R Hassan, Habibul Ahsan. “Arsenic Impairs Lung Function: Findings From The Health Effects Of Arsenic Longitudinal Study”. *American Journal Of Respiratory And Critical Care Medicine*, September 2013

Cite This Page:

- **MLA**
- APA
- Chicago

University of Chicago Medical Center. “Study Adds Lung Damage To Harmful Effects Of Arsenic.” *ScienceDaily*, 22 August 2013. www.sciencedaily.com/releases/2013/08/130822194232.htm.

Actividades

1. ¿Qué profesiones ligadas al personal de salud y del ámbito académico se han resaltado en cursiva?

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2. Encerramos la opción correcta para cada aseveración y justificamos.

- la palabra “*populous*” es un cognado:

“*An estimated 77 million people —nearly half of the residents of Bangladesh, the world’s eighth most populous country— live in areas where groundwater wells contain harmful amounts of arsenic*”

SÍ NO

- la palabra “*major*” es un cognado:

“*A nation of major rivers and low-lying plains, Bangladesh is prone to frequent floods, which, along with sanitation shortcomings, have historically contaminated the nation’s drinking water*”

SÍ NO

- la frase “*the largest*” es un cognado:

“*This was “the largest mass poisoning of a population in history,” according to the World Health Organization*”

SÍ NO

4. ¿Falso o verdadero? Justificamos las declaraciones falsas.

- La problemática planteada por el artículo es principalmente de interés para los países del sudeste asiático.

- b. Los fallas de pulmón observadas por este estudio pueden provocar enfermedades pulmonares serias a largo plazo.
- c. Bangladesh es una nación con prevalencia problemas sanitarios como consecuencia de inundaciones que históricamente han contaminado el agua potable.
- d. Existen bombas instaladas por organizaciones de caridad que extraen agua no contaminada.
- e. Beber agua que contenga 120 partes por billón de arsénico equivale al daño que provoca fumar por décadas.
- f. Si se bebe agua contaminada con arsénico y se fuma el daño es mayor.
- g. El agua contaminada con arsénico es una problemática en Bangladesh en tanto todos los residentes viven en áreas con napas contaminadas con arsénico

5. Respondemos:

- a. ¿Qué problemática aborda el texto?, ¿Cuándo y dónde se llevó a cabo el estudio?,

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- b. Sobre la metodología de investigación: ¿qué metodología usaron los investigadores?, ¿se mencionan los participantes, instrumentos o materiales? Si hay participantes: ¿quiénes son?, ¿cuántos son?, ¿cuáles son sus características básicas?, ¿cómo fueron seleccionados?, ¿hubo exclusiones?, ¿sabían que eran parte de una investigación?, ¿recibieron pago?, ¿hubo un grupo control?, ¿se mencionan las variables de la investigación?, ¿se puede describir el procedimiento de la investigación?, ¿cuáles fueron los pasos que se siguieron?. Nota: en todos los casos en los que las respuestas a las preguntas de sí o no sean afirmativas ampliamos detalladamente.

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c. ¿Cuáles fueron los resultados o hallazgos obtenidos?

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d. ¿Qué conclusiones se mencionan?

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e. ¿Cómo interpretamos el título del texto?, ¿de qué manera se relaciona con el o los objetivos de la investigación?


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6. Leemos ahora un “*abstract*” relacionado con la temática presentada arriba y realizamos las actividades sugeridas debajo.



Journal of
Environmental and Public Health

Indexed
in Web of
Science

J Environ Public Health, v.2009; 2009 PMC2778828
 J Environ Public Health. 2009; 2009: 216470.
 Published online 2009 Aug 25. DOI: 10.1155/2009/216470
 PMCID: PMC2778828
 PMID: [19936127](#)

Arsenic In Water Resources Of The Southern Pampa Plains, Argentina³⁵

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Recommended by Kirby C. Donnelly
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 This article has been cited by other articles in PMC.

Abstract

Confronted with the need for accessible sources of good quality water and in view of the fact that the threat to public health posed by arsenic occurs mainly through the ingestion of contaminated drinking water, the presence and distribution of arsenic was evaluated in the southern Pampa Plains of Bahía Blanca district in Argentina. The findings show variable

35 Disponible: <<https://www.ncbi.nlm.nih.gov/pubmed/19936127>>.

Fecha de consulta: 12 de mayo de 2018.

concentrations of arsenic in a complex distribution pattern. Complementary information is provided on the behavior of the groundwater resource and its salinity in terms of dissolved ions. Groundwater is the most severely affected, 97% of the samples exceeding the guideline value for arsenic in drinking water as recommended by the WHO (Guidelines for Drinking Water Quality, 2004) and showing maximum concentrations of up to 0.30 mg/L. Informing those responsible for preventive medicine and alerting the community at large will facilitate measures to mitigate exposure and ensure the safety of drinking water.

Actividades

7. Señalamos las partes del ''abstract'' marcando las palabras o frases que orientan a respuesta.

8. Interpretamos el ''abstract''

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9. Interpretamos el título, ¿de qué manera se relaciona con el o los objetivos de la investigación?

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TEXTO 3

Leemos el siguiente texto y realizamos las actividades sugeridas debajo.

Effects Of Prenatal Smoking On Infant Neurodevelopment May Be Worse Than Feared³⁶

Date: August 22, 2011

Source: University of Chicago Press Journals

Summary: In one of the largest studies of its kind to date, *researchers* have found that babies born to mothers who smoke while pregnant face substantial delays in early neurological development, and the effects may be stronger than *researchers* had previously thought.

Full Story

In one of the largest studies of its kind to date, *researchers* have found that babies born to mothers who smoke while pregnant face substantial delays in early neurological development, and the effects may be stronger than *researchers* had previously thought.

According to the study, published in the *Journal Of Human Capital*, smoking may cause as much as a 40 percentage point increase in the probability of being at risk of developmental problems in babies between 3 and 24 months old. The effects were strongest among children from poor families, the research found.

“This study underscores the dangers of prenatal smoking,” said George Wehby, *a professor* at the University of Iowa’s College of Public Health and the study’s *lead author*. “We hope it also highlights the need for continued efforts to discourage expectant mothers from smoking.”

Study subjects were recruited from health clinics in Argentina, Brazil, and Chile. In all, nearly 1,600 children were included, making this one of the largest studies of prenatal smoking and neurodevelopment. *The researchers* surveyed mothers about their smoking habits, and neurological screening, which included cognitive tests and assessments of communication and basic neurological function, were administered to children by trained *physicians*.

Nearly 11 percent of mothers in the sample had smoked during pregnancy.

36 Disponible: <<https://www.sciencedaily.com/releases/2011/08/110822111740.htm>>. Fecha de consulta: 25 de mayo de 2018.

Part of the reason smoking affects poor children to a greater degree is that poor mothers who smoke tend to do so in greater quantity, the study found. But the number of cigarettes doesn't fully explain the difference. "Being of higher socioeconomic status may offset some of the adverse smoking effects through better health behaviors and improved access to prenatal care," Wehby said.

"Previous studies have found similar adverse effects of prenatal smoking, but no previous work has tried to isolate the smoking effect from other potentially confounding factors," *the researchers* say. For example, mothers who smoke may also be more likely to drink and engage in other activities that could harm their babies. If that's the case, then studies may overestimate the adverse effects of cigarettes. On the other hand, women who have high risk pregnancies have an extra incentive to avoid smoking, but still have babies with reduced neurodevelopment. If that's the case, then studies may underestimate the effects of smoking.

Wehby and his team used a statistical technique that helps to account for these biases, which are difficult to observe directly. They took advantage of differences in smoking behaviors across the geographic locations of the mothers. Geographic differences in smoking are expected to be caused by variation in cigarettes prices and smoking policies, but are unlikely to be related to the unobservable individual-level preference for taking risk. This control allows *the researchers* to pin-point the smoking effect specifically.

With the controls in place, the smoking effect was found to be stronger than without them, suggesting previous studies that didn't use such controls had actually underestimated the effects of smoking.

Despite increased awareness of the dangers of smoking, rates of prenatal smoking remain surprisingly high. According to the Centers for Disease Control and Prevention, 12 percent of pregnant American women reported that they smoked while pregnant in 2005.

"Given the importance of early child health and neurodevelopment for future wellbeing, targeted interventions to reduce prenatal smoking may result in significant improvements in child development and long-run human capital," Wehby said.

Story Source:

Materials provided by **University of Chicago Press Journals**.

Journal Reference:

George L. Wehby, Kaitlin Prater, Ann Marie McCarthy, Eduardo E. Castilla, Jeffrey C. Murray. "The Impact Of Maternal Smoking During Pregnancy On Early Child Neurodevelopment". *Journal Of Human Capital*, 2011; 5 (2): 207 DOI: 10.1086/660885

Cite This Page:

- **MLA**
- APA
- Chicago

University of Chicago Press Journals. “Effects Of Prenatal Smoking On Infant Neurodevelopment May Be Worse Than Feared.” *ScienceDaily*, 22 August 2011. <www.sciencedaily.com/releases/2011/08/110822111740.htm>.

Actividades

2. ¿Qué profesiones ligadas al personal de salud y al ámbito académico se han resaltado en cursiva?

3. Encerramos la opción correcta para cada aseveración y justificamos.

- la palabra “*actually*” es un cognado:

“With the controls in place, the smoking effect was found to be stronger than without them, suggesting previous studies that didn’t use such controls had actually underestimated the effects of smoking”

SÍ NO

- la palabra “*confounding*” es un cognado:

“*Previous studies have found similar adverse effects of prenatal smoking, but no previous work has tried to isolate the smoking effect from other potentially confounding factors, the researchers say*”

SÍ NO

- la palabra “*expectant*” es un cognado:

“We hope it also highlights the need for continued efforts to discourage expectant mothers from smoking.”

SÍ NO

4. ¿Verdadero o falso? Justificamos las declaraciones falsas.

- a. Las madres que fuman son más proclives a beber e involucrarse en otras actividades que podrían dañar a sus bebés.
- b. Previamente a este estudio existieron otros con el mismo objetivo: aislar el efecto del cigarrillo de otros factores adversos similares durante el período prenatal.
- c. La población más vulnerable es, según la investigación, la conformada por las familias menos pobres.
- d. Este estudio es uno de los más largo que se han realizado sobre la problemática abordada.
- e. Los niños de madres que fuman durante el embarazo poseen deterioros en su salud mayores a los que los científicos pensaron inicialmente.

5. Respondemos:

- a. ¿Qué problemática aborda el texto?

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- b. Sobre la metodología de investigación: ¿qué metodología usaron los investigadores?, ¿se mencionan los participantes, instrumentos o materiales? Si hay participantes: ¿quiénes son?, ¿cuántos son?, ¿cuáles son sus características básicas?, ¿cómo fueron seleccionados?, ¿hubo exclusiones?, ¿sabían que eran parte de una investigación?, ¿recibieron pago?, ¿hubo un grupo control?, ¿se mencionan las variables de la investigación? , ¿se puede describir el procedimiento de la investigación?, ¿cuáles fueron los pasos que se siguieron?. Nota: en todos los casos en los que las respuestas a las preguntas de sí o no sean afirmativas ampliamos detalladamente

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c. ¿Qué resultados o hallazgos se pueden destacar?

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d. ¿Qué conclusiones se mencionan?

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e. ¿Cómo interpretamos el título del texto? ¿de qué manera se relaciona con el objetivo de la investigación?

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6. Leemos ahora un “*abstract*” relacionado con la problemática tratada arriba y realizamos las actividades sugeridas debajo.

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 Published in final edited form as:
 Tob Control. 2015 Jan; 24(1): 89–93.
 Published online 2013 Jun 12. DOI: 10.1136/tobaccocontrol-2012-050711
 PMCID: PMC4102660
 NIHMSID: NIHMS589771
 PMID: 23760657

An Empirical Analysis Of Cigarette Demand In Argentina³⁷
 Eugenio Martinez, 1; Raul Mejia, 2; and Eliseo J Pérez-Stable, 3.

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3. Division of General Internal Medicine, Department of Medicine, Medical Effectiveness Research Center for Diverse Populations, Helen Diller Family Comprehensive Cancer Center, University of California, San Francisco, California, USA ude.fscu.enicidem@sposesile

Actividades

7. Marcamos las partes del “*abstract*” señalando las palabras o frases que orientan a respuesta.
8. Interpretamos el “*abstract*”

³⁷ Disponible: <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4102660/>>.
 Fecha de consulta: 12 de mayo de 2018.

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9. Interpretamos el título, ¿de qué manera se relaciona con el o los objetivos de la investigación?

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TEXTO 4

Leemos ahora el siguiente texto y realizamos las actividades sugeridas debajo

New Survey Finds Huge And Unnecessary Variation Of Salt Levels In Bread Nutritional scientists urge governments to take action and protect health³⁸

Date: March 15, 2018

Source: University of Toronto

Summary: Bread features heavily in many diets worldwide, and is one of the biggest sources of salt in diets. A new survey has revealed shocking levels of salt present in this essential staple.

38 Disponible en: < <https://www.sciencedaily.com/releases/2018/03/180315093820.htm>>. Fecha de consulta: 10 de octubre de 2017

Full Story

Bread features heavily in many diets worldwide, and is one of the biggest sources of salt in diets. A new survey (4) by World Action on Salt and Health (WASH), based at Queen Mary University of London, has revealed the shocking levels of salt present in this essential staple. WASH surveyed over 2,000 white, wholemeal, mixed grain and flat breads from 32 countries and regions, including over 500 products from Canada collected by *Professor Mary L'Abbe's* lab at the University of Toronto.

Researchers found that the saltiest bread in the survey—Rosemary Focaccia by ACE Bakery, available in Canada—had a shocking 2.65g of salt (1060mg sodium) per 100g, which is saltier than seawater (1). In fact, 73% of Canadian breads exceeded Health Canada's 2016 targets for sodium in bread products and 21% were above recommended maximum levels.

In Canadians more than 1 year of age, bread contributes the most sodium to dietary intakes (14%), primarily because it is consumed in large quantities (7). While voluntary sodium reduction benchmark targets exist in Canada, there is currently no federal or provincial sodium-monitoring program to track the food industry's progress, although aggregate data was published by Health Canada earlier this year (8).

Previous research by *Professor L'Abbe's* lab has examined industry's progress between 2010 and 2013 and found only a 6.6% reduction in bread products (9). Reducing salt in bread is an easy and effective way of lowering salt intake across the whole population — research has shown that the salt content of bread could be lowered by 25% over 6 weeks and consumers would not notice the difference (10).

More than 40% (44%) of white breads included in the WASH survey had more salt than the UK's maximum salt target. The Republic of Macedonia produced white breads with the highest salt content, averaging 1.42g/100g, compared to China which had the lowest average salt content of 0.65g/100g. Canadian breads in this category had an average salt content of 1.23g/100g, ranging from 0.43g/100g to 2.65g/100g.

Despite the UK's progress with salt reduction to date (5), the average salt content of wholemeal breads from Qatar, China, Costa Rica and South Africa (0.78g/100g–0.92g/100g) were lower than the average salt content of wholemeal breads in the UK (0.93g/100g). This suggests that mandatory salt reduction targets, such as those put in place in South Africa (6), may be more effective than voluntary targets.

Although mixed grain breads had the lowest salt content of the bread categories, there was still a huge variation within this category. The highest salt bread available in Bulgaria had a salt content of 2.50g/100g, compared to the lowest salt bread available in Costa Rica with a salt content of 0.09g/100g, a massive 27-fold difference in salt content. In Canada the highest salt bread in this category had a salt content of 1.69 g/100g and the lowest 0.46 g/100g.

A recent survey by WASH11 found that a third of respondents felt that the WHO could do more to encourage countries to lower salt intakes. However, the majority of respondents felt that their country's government should take primary responsibility.

Professor Mary L'Abbe at the University of Toronto says: "Although recent Health Canada data has documented some progress in the reduction of sodium in prepackaged foods, Canadian bread products surveyed here demonstrate that more work is needed to meet recommended levels."

Mhairi Brown, Nutritionist at WASH, says: "This survey clearly demonstrates the progress still to be made to lower salt intake by 30% by 2025, in line with WHO recommendations. Bread is an essential staple food in many countries but is still a key source of salt in our diets due to the frequency with which we eat bread. Globally we must do more to reduce salt intake, and a simple way to do this is to lower salt in our staple foods."

Graham MacGregor, Professor of Cardiology at Queen Mary, University of London, and *WASH Chairman* says: "Eating too much salt puts up our blood pressure, the major cause of strokes, heart attacks and heart failure, the leading cause of death and disability worldwide. Reducing salt intake around the world would save millions of lives each year and all countries should be working towards reducing salt intake by 30% by 2025. Our survey has shown that many bread manufacturers internationally are still adding huge and unnecessary amounts of salt to their products. Governments must act now and reinvigorate salt reduction work in the food industry."

References

1. Atlantic seawater contains 1.0g of sodium per 100g, which equates to 2.5g of salt per 100g
2. Public Health England have issued guideline salt targets for over 80 categories of food, which the food industry are encouraged to follow on a voluntary basis. The maximum target for salt levels in bread and bread rolls, without high salt additions, is 1.13g/100g pdf" title="pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/604338/Salt_reduction_targets_for_2017.pdf title="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/604338/Salt_reduction_targets_for_2017.pdf">

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3. Health Canada. Bureau of Nutritional Sciences. Food Directorate, Health Products and Food Branch. 2012. Guidance for the Food Industry on Reducing Sodium in Processed Foods.
4. Data on UK fresh, packaged breads were collected from all supermarkets (Aldi, ASDA, Co Op, Iceland, Lidl, Marks & Spencer, Morrisons, Sainsburys, Tesco and Waitrose) in October 2017. Product data was collected in store from product packaging using the FoodSwitch Data Collector App, and where not available, captured online from the retailers' website.

Between August 2017 and January 2018, WASH members collected nutrition data from fresh, packaged white, wholemeal, mixed grain and flat breads and rolls, using information printed on packaging or available online via supermarket or manufacturers websites. In Oman, Saudi Arabia and Serbia, salt content was determined using laboratory analysis.

2,318 bread products from 32 countries and regions were included. The survey was not intended to be a comprehensive survey of all available packaged breads in each country but rather to give an indication of salt levels present in widely available breads worldwide. Data was provided by:

- Argentina - Lorena Allemandi, FIC Argentina
- Australia - Clare Farrand, The George Institute, and The Victorian Health Promotion Foundation
- Belgium - Sigrid Laurysen and Letizia Ceragioli, Test Achats
- Brazil - Eliana Bistrice Giutini, Food Research Centre
- Bulgaria - Vesselka Duleva, National Centre of Public Health and Analyses Bulgaria
- Canada - Mary L'Abbe, University of Toronto
- China - Yuan Li, The George Institute China
- Costa Rica - MSc. Adriana Blanco Metzler and Jaritza Vega Solano, INCIENSA
- Denmark - Natasha Selberg, Danish Heart Foundation
- Ecuador - Enrique Teran, Universidad San Francisco de Quito and Isabel Hernandez, Pontificia Universidad Catolica del Ecuador
- Finland - Satu Mannisto, Sanni Aalto and Liisa Valsta, National Institute for Health and Welfare
- Greece - Joanna Avakian, University of Thessaly

- Hong Kong S.A.R., China - Tai Hing Lam, Shiu Lun Au Yeung, Zhi-Ming Mai and Ho Ching Yeung, The University of Hong Kong
- Hungary - Barbara Nagy, National Institute for Pharmacy and Nutrition
- India - Ashok Kanchan, Consumer Voice India
- Italy - Pietro Modesti, University of Florence
- Japan - Naoko Adachi, University of Tokyo, and Yukiko Okami, Hiromi Yamauchi and Katsuyuki Miura, Shiga University of Medical Science
- Kuwait - Nawal M. Al Hamad and Shahad B. Al-Muneer, Public Authority for Food and Nutrition
- Malaysia - Suzana Shahar, Universiti Kebangsaan Malaysia
- Morocco - Abdelfettah Derouiche, Université HassanII Mohammedia FSBM Casablanca
- New Zealand - Helen Eyles, University of Auckland, and UniServices
- Nigeria - Bashir Garba Ahmad, Muhammad Abdullahi Wase Specialist Hospital, Kano State
- Oman - Dr Salima Almamary, Ministry of Health
- Qatar - Roula Malas, Ministry of Public Health
- Republic of Macedonia - Igor Spiroski, Institute of Public Health
- Saudi Arabia - Hessah Abdullah Al-Hussaini, Ministry of Health
- Serbia - Milka Popovic, University of Novi Sad
- South Africa - Pamela Naidoo, Heart and Stroke Foundation South Africa
- Spain - Cecilia Fernandez, OCU, and Lourdes Samaniego Vaesken, Universidad CEU - San Pablo
- Sweden - Veronika Ohrvik, Livsmedelsverket
- UK - WASH
- USA - Abby Dilk, CSPI

5. WHO recommended salt intake for adults is 5g/day: pdf” title=“pdf”>http://apps.who.int/iris/bitstream/10665/77985/1/9789241504836_eng.pdf” title=“http://apps.who.int/iris/bitstream/10665/77985/1/9789241504836_eng.pdf”>http://apps.who.int/iris/bitstream/10665/77985/1/9789241504836_eng.pdf”>http://apps.who.int/iris/bitstream/10665/77985/1/9789241504836_eng.pdf”>http://apps.who.int/iris/bitstream/10665/77985/1/9789241504836_eng.pdf”>http://apps.who.int/iris/bitstream/10665/77985/1/9789241504836_eng.pdf

6. The UK’s salt reduction programme set clear targets for the food industry to achieve and, as a result, the salt content of processed food was gradually reduced. As this was done slowly, the public did not notice the difference in taste and there was no reduction in sales. Salt intake fell by 15% in the UK between 2001-2011, preventing thousands of strokes and heart attacks each year

7. Department of Health South Africa. Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972): Regulations relating to the reduction in certain foodstuffs and related matters. Pretoria: Government Gazette, 2013
8. Garriguet D. Statistics Canada: Health Reports. 2 Vol. 18. Ottawa: Health Statistics Division; 2007. Sodium consumption at all ages.
9. Health Canada. 2018. Sodium Reduction in Processed Foods in Canada. An evaluation of progress toward voluntary targets from 2012 to 2016. <https://www.canada.ca/en/health-canada/services/food-nutrition/legislation-guidelines/guidance-documents/guidance-food-industry-reducing-sodium-processed-foods-progress-report-2017.html>
10. Arcand J, Jefferson K, Schermel A, Shah F, Trang S, Kutlesa D, Lou W, L'Abbe MR. 2016. "Examination Of Food Industry Progress In Reducing The Sodium Content Of Packaged Foods In Canada: 2010 To 2013". *Appl Physiol Nutr Metab*. 2016 Jun;41(6):684-90.
11. Girgis, S., Neal, B., Prescott, J., Prendergast, J., Dumbrell, S., Turner, C. et al. (2003). A one-quarter reduction in the salt content of bread can be made without detection. *European Journal of Clinical Nutrition*, 57, 616 - 620. DOI:10.1038/sj.ejcn.1601583
12. In January 2018, WASH issued a survey via Survey Monkey to WASH members, and placed on social media pages, asking for responses to the following questions:

- What salt reduction activities are currently in place in your country?
- Who is responsible for salt reduction in your country?
- Is enough being done to lower salt reduction in your country?
- Who should take more action to lower salt intake in your country?
- Which country is setting the best example with salt reduction and could be used as a model for other countries?

WASH received 59 responses to the survey.

Story Source:

Materials provided by **University of Toronto**.

Actividades

1. ¿Qué profesiones ligadas al personal de salud y al ámbito académico se han resaltado en cursiva?

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2. Justificamos si en las siguientes declaraciones

- la palabra “*mandatory*” es un cognado

“Despite the UK’s progress with salt reduction to date (5), the average salt content of wholemeal breads from Qatar, China, Costa Rica and South Africa (0.78g/100g - 0.92g/100g) were lower than the average salt content of wholemeal breads in the UK (0.93g/100g). This suggests that mandatory salt reduction targets, such as those put in place in South Africa (6), may be more effective than voluntary targets”

SÍ NO

3. ¿Verdadero o falso? Justificamos las declaraciones falsas.

- Aunque en Canadá existen protocolos de referencia opcionales sobre la ingesta de sal, no existen programas de monitoreo federales o provinciales que regulen el accionar de la industria alimenticia al respecto.
- Un modo eficaz de reducir la ingesta de sal de la población es a través del pan, puesto que la investigación ha demostrado que, si se hace progresivamente, en seis semanas los consumidores no notarían la diferencia.
- China produce pan blanco con los niveles más altos de sal.

4. Respondemos:

- ¿Cuándo y dónde se llevó a cabo el estudio?
- Sobre la metodología de investigación: ¿qué metodología usaron los investigadores?, ¿se mencionan los participantes, instrumentos o materiales? Si hay participantes: ¿quiénes son?, ¿cuán-

tos son?, ¿cuáles son sus características básicas?, ¿cómo fueron seleccionados?, ¿hubo exclusiones?, ¿sabían que eran parte de una investigación?, ¿recibieron pago?, ¿hubo un grupo control?, ¿se mencionan las variables de la investigación? , ¿se puede describir el procedimiento de la investigación?, ¿cuáles fueron los pasos que se siguieron?. Nota: en todos los casos en los que las respuestas a las preguntas de sí o no sean afirmativas ampliamos detalladamente

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c. ¿Qué resultados o hallazgos son mencionados?

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d. ¿Qué conclusiones son comentadas?

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e. ¿Cómo interpretamos el título del texto? ¿de qué manera se relaciona con el objetivo de la investigación?

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5. Leemos ahora un “*abstract*” relacionado con la temática presentada arriba y realizamos las actividades sugeridas debajo

Journal List

Cardiovasc Diagn Ther

v.5(3); 2015 Jun

PMC4451319



Cardiovasc Diagn Ther. 2015 Jun; 5(3): 197–206.

DOI: 10.3978/j.issn.2223-3652.2015.04.01

PMCID: PMC4451319

PMID: 26090331

Sodium Content In Processed Foods In Argentina: Compliance With The National Law³⁹

Lorena Allemandi,¹ María Victoria Tiscornia,¹ Miguel Ponce,¹ Luciana Castronuovo,¹ Elizabeth Dunford,² and Verónica Schoj¹

[Author information](#) ▶ [Article notes](#) ▶ [Copyright and License information](#) ▶ [Disclaimer](#)

This article has been cited by other articles in PMC.

Abstract

Despite the body of evidence that documents the unfavorable effects of excessive sodium consumption on blood pressure and cardiovascular health, public health efforts to decrease sodium consumption have been limited to a few countries. Argentina is the first country in Latin America to regulate sodium content of processed foods by means of a national law. The objective of this cross-sectional quantitative study is to provide a baseline comparison against the reduction targets set by the national law before its entry into force.

Data were collected in February 2014 in a leading supermarket chain located in Buenos Aires. Nutrient data from package labels were analysed for 1,320 products within 14 food groups during the study period. To compare sodium concentration levels with the established maximum levels we matched the collected food groups with the food groups included in the law resulting in a total of 292 products. Data analysis was conducted using SPSS version 20 software.

³⁹ Disponible: <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4451319/>>.

Fecha de consulta: 12 de mayo de 2018.

Food groups with the highest median sodium content were sauces and spreads (866.7 mg/100 g), meat and meat products (750 mg/100 g) and snack foods (644 mg/100 g). Categories with the highest sodium content were appetizers (1,415 mg/100 g), sausages (1,050 mg/100 g) and ready-made meals (940.7 mg/100 g). We also found large variability within products from the same food categories. Products included in the national law correspond to 22.1% (n=292) of the surveyed foods. From the 18 food groups, 15 showed median sodium values below the established targets. Products exceeding the established maximum levels correspond to 15.1% (n=44) of the products included in the analysis.

This study is the first analysis of food labels to determine sodium concentrations of processed foods in Argentina and to provide a baseline against the national law standards. Upon the completion of this analysis, maximum levels have been achieved by most of the food groups included in the law. Thus, the introduction of further reductions for the existing maximum levels and the establishment of sodium targets for all relevant product categories not included in the law should be considered as the next steps in the process.

Keywords:

Sodium reduction, processed foods, public health policies, Argentina, Latin America

Actividades

6. Señalamos las partes del “*abstract*” indicando las palabras o frases que orientan la respuesta.

7. Interpretamos el “*abstract*”

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8. Interpretamos el título, ¿de qué manera se relaciona con el o los objetivos de la investigación?

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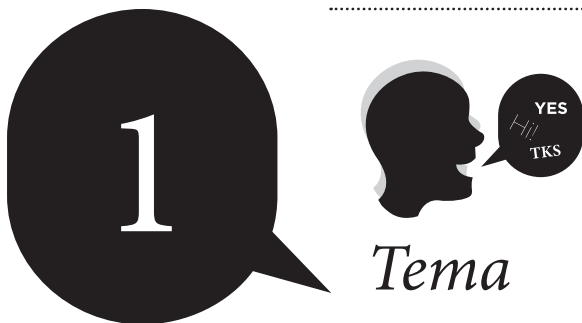
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Inglés Aplicado a

Ciencias de la Salud

2



PRELECTURA

Observamos el siguiente texto y realizamos las actividades sugeridas debajo.

Open access peer-reviewed	[1]
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Research article	[2]
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Save	Citation
4	0
551	0
View	Share
	[3]



Intensive Care Treatments Associated With Favorable Discharge Outcomes In Argentine Children With Severe Traumatic Brain Injury: For The South American Guideline Adherence Group¹

¹ Disponible: <<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0189296>>. Fecha de consulta: 27 de mayo de 2018.

Monica S. Vavilala , Silvia B. Lujan, Qian Qiu, Michael J. Bell, Nicolás M. Ballarini, Nahuel Guadagnoli, María Alejandra Depetris, Gabriela A. Faguaga, Gloria M. Baggio, Leonardo O. Busso, Mirta E. García, Osvaldo R. González Carrillo, Paula L. Medici, [...], Gustavo J. Petroni, [view all] [4]

Published: December 15, 2017 <https://doi.org/10.1371/journal.pone.0189296> [5]

Abstract

Objective

Little is known about the critical care management of children with traumatic brain injury (TBI) in low middle income countries. We aimed to identify indicators of intensive care unit (ICU) treatments associated with favorable outcomes in Argentine children with severe TBI.

Methods

We conducted a secondary analysis of data from patients previously enrolled in a prospective seven center study of children with severe TBI *who* were admitted to an ICU in one of the seven study centers. Severe TBI was defined by head AIS ≥ 3 , head CT with traumatic lesion, and admission GCS < 9 . Seven indicators of best practice TBI care were examined. The primary outcome was discharge Pediatric Cerebral Performance Category Scale [PCPC] and Pediatric Overall Performance category Scale [POPC]. We also examined variation in ICU care and in-patient mortality.

Results

Of the 117 children, 67% were male and 7.5 (4.3) years on average, 92% had isolated TBI. Hypotension (54%) was more common than hypoxia (28%) and clinical or radiographic signs of high intracranial pressure (ICP) were observed in 92%. Yet, ICP monitoring occurred in 60% and hyperosmolar therapy was used in only 36%. Adherence to indicators of best TBI practice ranged from 55.6% to 83.7% across the seven centers and adherence was associated with favorable discharge PCPC (aRR 0.98; 95% CI [0.96, 0.99]), and POPC (aRR 0.98; 95% CI [0.96, 0.99]). Compared to patients *whose* adherence rates were below 65%, patients *whose* adherence rates were higher between 75%–100% had better discharge PCPC (aRR 0.28; 95% CI [0.10, 0.83]) and POPC (aRR 0.32; 95% CI [0.15, 0.73]). Two indicators were associated with favorable discharge PCPC: Avoidance of hypoxia (aRR 0.46; 95% CI [0.23, 0.93]), and Nutrition started in 72 hours (aRR 0.45; 95% CI [0.21, 0.99]). Avoiding hypoxia was also associated with favorable discharge POPC (aRR 0.47; 95% CI [0.22, 0.99]).

Conclusion

There is variation in Argentine ICU practice in the care of children with severe TBI. Second insults are common and hyperosmolar therapy use is uncommon. Adherence to best practice TBI care by avoiding hypoxia and providing timely nutrition were associated with significantly

favorable discharge outcomes. Implementing strategies that prevent hypoxia and facilitate early nutrition in the ICUs are urgently needed to improve pediatric TBI outcomes.

Citation: Vavilala MS, Lujan SB, Qiu Q, Bell MJ, Ballarini NM, Guadagnoli N, et al. (2017) Intensive Care Treatments Associated With Favorable Discharge Outcomes In Argentine Children With Severe Traumatic Brain Injury: For the South American Guideline Adherence Group. PLoS ONE 12(12): e0189296. [6]

<https://doi.org/10.1371/journal.pone.0189296> [5]

Editor: Iratxe Puebla, Public Library of Science, FRANCE

Received: March 9, 2017; Accepted: November 24, 2017; Published: December 15, 2017 [7]

Copyright: © 2017 Vavilala et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. [8]

Data Availability: Identifiable data are with South American investigators. Deidentified data are with Dr. Vavilala and team at Harborview Injury Prevention and Research Center. Local South American IRBs do not allow for making data available without special permission. Although we at UW have deidentified data, we will respect the wishes of our South American colleagues and not share unless specific local (South American approvals from all 7 sites) approvals are obtained. The 7 sites are: Hospital de Niños Víctor J. Vilela, Rosario, Argentina (Secretaria Salud Pública Municipalidad de Rosario); 2) Hospital El Cruce, Florencio Varela, Argentina (Hospital Alta Complejidad El Cruce Dr. Nestor Carlos Kirchner); 3) SAMIC Hospital de Niños Sor María Ludovica, La Plata, Argentina (Hosp de Niños de la Plata Sup Sor Maria Ludovica IRB); 4) Hospital de Niños “Dr. Orlando Alassia”, Santa Fe, Argentina (Comité de Etica en Investigación); 5) Hospital J. B. Iturraspe Hospital Interzonal Especializado Materno Infantil Dr. Vitorio Tetamanti, Mar del Plata, Argentina (Consejo Institucional de Revisión de Estudios de Investigación); 6_ Hospital de Niños de la Santísima Trinidad, Córdoba, Argentina (Comité Insitucional de Etica de la Investigacion en salud del Niño y del Adulto); and 7) Polo Hospitalario Hospital Pediátrico Dr. Humberto Notti, Mendoza, Argentina (Hospital Central IRB). Researchers can apply to access the data by contacting the study coordinators Dr. Petroni (gustavopetroni@gmail.com) and Dr. Lujan (silviablujan@gmail.com). [9]

Funding: The authors received no specific funding for this work. [10]

1. Analizamos y comentamos:

- tema que aborda el texto
- destinatario previsto
- dénero discursivo

2. Comentamos la información presentada en los paratextos señalados con los números entre corchetes de 1 a 10

3. Observamos especialmente la organización presentada a continuación, visible en la versión online de este texto, ¿qué partes del artículo de investigación se muestran?, ¿Qué información principal nos brinda cada una de ellas? Justificamos.

Article
Abstract
Introduction
Materials and
Methods
Results
Discussion

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4. ¿Con qué nombre se conoce este formato?

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5. ¿Todos los artículos de investigación tienen este mismo formato? Justificamos.

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REFLEXIÓN LINGÜÍSTICA

6. Señalamos los marcadores discursivos de las distintas partes que componen el “*abstract*”

7. En ese sector se han resaltado tres palabras en cursiva en las secciones “*Methods*” y “*Results*”:

- ¿Qué función cumplen?
- ¿Con qué información se relacionan?
- ¿Cómo se interpretan en español?
- ¿son las únicas palabras que se usan para cumplir la función comentada antes?

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8. Leemos una de las partes que componen este artículo de investigación, ¿sobre qué sección trabajaremos en este caso?, ¿qué palabras o frases son las indicadoras de esta sección? Las marcamos en el texto

Materials and methods

Overview

As previously described, this is an international collaboration of seven Argentine pediatric trauma centers which formed a network to study TBI care and outcomes (15). The present study

is a secondary analysis of prospectively collected data from this network. All seven study sites have Federal Wide Assurance approval. Hospitals and their respective ethics committees are: 1) Hospital de Niños Víctor J. Vilela, Rosario, Argentina (Secretaria Salud Pública Municipalidad de Rosario); 2) Hospital El Cruce, Florencio Varela, Argentina (Hospital Alta Complejidad El Cruce Dr. Nestor Carlos Kirchner); 3) SAMICHospital de Niños Sor María Ludovica, La Plata, Argentina (Hosp de Niños de la Plata Sup Sor Maria Ludovica IRB); 4) Hospital de Niños “Dr. Orlando Alassia”, Santa Fe, Argentina (Comité de Etica en Investigación); 5) Hospital J. B. IturraspeHospital Interzonal Especializado Materno Infantil Dr. Vitorio Tetamanti, Mar del Plata, Argentina (Consejo Institucional de Revisión de Estudios de Investigación); 6_ Hospital de Niños de la Santísima Trinidad, Córdoba, Argentina (Comité Insitucional de Etica de la Investigacion en salud del Niño y del Adulto); and 7) Polo Hospitalario Hospital Pediátrico Dr. Humberto Notti, Mendoza, Argentina (Hospital Central IRB).

The study and the consent process were approved by the local ethical committees which were responsible for study oversight and the consent/assent process in Spanish. Consent was obtained in writing from the next of kin, caretakers, or guardians on behalf of the minors/ children enrolled in our study, and written child assent was attempted and obtained when possible for all children age 7 years and older). We documented consent processes and consents and stored consent forms in a secure file accessible only to investigators.

Study center characteristics

All seven pediatric study centers are designated as high complexity hospitals and are level 1 trauma centers. All Ped ICUs provide multidisciplinary care to patients with serious or complex diseases, including medical, surgical or traumatic conditions. Level 1 pediatric trauma center ICUs are located in pediatric hospitals or general hospitals of high complexity. These pediatric ICUS provide pediatric specialties and subspecialties, both medical and surgical, that contribute to meeting the physiological and emotional needs of critically ill children.⁽³⁾ Specifically, all seven trauma hospitals have capacity and are approved to provide intracranial pressure (ICP) monitoring, have a TBI champion, and are public hospitals which are located in large urban areas. All seven centers have computed tomography scanning capacity, a pediatric intensive care unit with 8–24 beds, and 24 hour neurosurgeon availability. Typically, all children with severe TBI patients receive a head CT scan within first 24 hours of injury. The current healthcare system does not sustain a complex, expensive rehabilitation program. Survivors are discharged to their families. The burden of illness is particularly poignant for pediatric TBI patients, as these children cannot return to school or engage in productive activities in their communities. In most of patient, in the post-acute care the family provides home-based care. If ICP monitoring was not performed, clinicians used CT findings to diagnose herniation, per local practice.

Data sources and data collection

Data sources were a prospective study, which evaluated the effectiveness and sustainability of a new post TBI discharge trauma care protocol among 308 children who survived to discharge with TBI and of 58 patients who underwent local hospital's standard of care.

The instrument and data collection variables were developed according to the National Institute of Neurological Disorders and Stroke Common Data Elements project [20]. Data were collected on paper and then entered into a password protected web based database. Data cleaning was in real time by Argentine data managers. Site visits were conducted every 3 months to ensure data collection. For this study, data were analyzed by QQ, and MSV. All patient evaluation, data collection and entry, quality control, and local administration were conducted by this group.

Study population

Eligible participants for this analysis who were patients between 0–18 years of age admitted to one of the center ICUs with a diagnosis of severe TBI (admission Glasgow Coma scale score [GCS] ≤ 8 and traumatic injury on head CT scan on admission, and head AIS > 3) and were followed up to hospital discharge between August 2011 to June 2013. Since this study focuses on ICU care and subsequent outcomes, participants who died in the ED were excluded.

9. Respondemos:

- ¿Qué información se brinda en esta sección?
- ¿Cómo se la ordenó?
- ¿Qué información ya dada por los autores suele repetirse en esta parte del “*research paper*”? ¿se repite aquí?

Marcamos en todos los casos los marcadores discursivos que orientan la respuesta

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10. ¿Qué tiempo verbal es más recurrente en la descripción del experimento o proceso?, ¿en qué voz? Justificamos.

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11. Encerramos la opción correcta para cada aseveración, extraídas de las dos secciones del paper trabajadas hasta el momento (el “abstract” y la Metodología). Justificamos.

a. En términos medicos, la palabra “insults” es un cognado:

“Second insults are common and hyperosmolar therapy use is uncommon”

SÍ NO

b. La palabra “injury” es un cognado:

“Typically, all children with severe TBI patients receive a head CT scan within first 24 hours of injury”

SÍ NO

c. La palabra “current” es un cognado:

“The current healthcare system does not sustain a complex, expensive rehabilitation program. Survivors are discharged to their families”

SÍ NO

POSLECTURA

12. Interpretamos el “abstract”

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13. Respondemos: ¿cuál es el origen de la muestra?, ¿cómo se eligió?

¿Se mencionan los participantes, instrumentos o materiales?

Si hay participantes: ¿quiénes son?, ¿cuántos son?, ¿cuáles son sus características básicas?, ¿cómo fueron seleccionados?, ¿hubo exclusiones?, ¿sabían que eran parte de una investigación?, ¿recibieron pago?, ¿hubo un grupo control?, ¿se mencionan las variables de la investigación?.
NOTA: En todos los casos en que las respuestas a las preguntas de sí o no sean afirmativas ampliamos detalladamente.

Señalamos en todos los casos cuáles son las palabras o frases que orientan las respuestas

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14. Interpretamos el subtítulo de la sección metodológica “*Study Center Characteristics*”

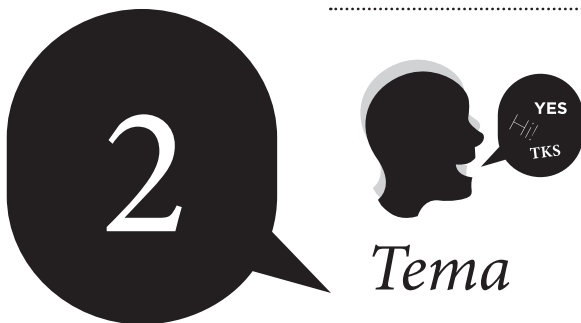
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PRELECTURA

Leemos el texto presentado a continuación y realizamos las actividades sugeridas

Silent Dissemination Of HTLV-1 In An Endemic Area Of Argentina. Epidemiological And Molecular Evidence Of Intrafamilial Transmission²

María C. Frutos , Rene Gastaldello, Marcos Balangero, Carlos Remondegui, Sebastián Blanco, Koko Otsuki, Ana Carolina Paulo Vicente, David Elías, Arnaldo Mangeaud, Silvia Nates, Sandra Gallego



Published: April 6, 2017

<https://doi.org/10.1371/journal.pone.0174920>

Abstract

Background

Molecular and epidemiological studies of transmission routes and risk factors for infection by HTLV-1 are extremely important *in order to* implement control measures, especially because of the high prevalence of HTLV-1 in several regions of the world. San Salvador de Jujuy, Northwest Argentina, is a highly endemic area for HTLV-1 and foci of tropical spastic paraparesis/HTLV-1-associated myelopathy.

Objective

To gain further insight into the role of intrafamilial transmission of HTLV-1 in a highly endemic region in Argentina.

Methods

Cross-sectional study in Northwest Argentina. Epidemiological data and blood samples were collected from 28 HTLV-1 infected subjects (index cases) and 92 close relatives/cohabitants. HTLV-1 infection was diagnosed by detection of antibodies and proviral DNA. The LTR region was sequenced and analyzed for genetic distances (VESPA software), in addition to determination and identification of polymorphisms *to* define HTLV-1 family signatures.

Results

Fifty seven of the 120 subjects enrolled had antibodies against HTLV-1 and were typified as HTLV-1 by PCR. The prevalence rate of HTLV-1 infection in family members of infected index cases was 31.52% (29/92). The infection was significantly associated with gender, age and prolonged lactation. Identity of LTR sequences and presence of polymorphisms revealed high prevalence of mother-to-child and interspousal transmission of HTLV-1 among these families.

Conclusion

There is an ongoing and silent transmission of HTLV-1 through vertical and sexual routes within family clusters in Northwest Argentina. This evidence highlights that HTLV-1 infection should be considered as a matter of public health in Argentina, *in order to* introduce preventive measures as prenatal screening and breastfeeding control.

1. Analizamos y comentamos:

- tema que aborda el texto
- destinatario previsto
- género discursivo

1. Observemos la imagen presentada a continuación de la versión online de este texto, ¿qué paratextos de este artículo de investigación muestra?

- Article

VVV

- Abstract
- Introduction
- Materials and methods
- Results
- Discussion
- Author Contributions
- References
- Reader Comments (0)
- Media Coverage (0)
- Figures

2. ¿Es una investigación original o una revisión? Si es original, ¿sigue el formato IMRaD?

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3. Leamos ahora la sección titulada ''*Results*'' de este artículo de investigación y respondemos las preguntas presentadas debajo:

Results

Fifty-seven of the 120 subjects enrolled in this study (including the 28 HTLV-1 index cases) had antibodies against HTLV-1. All these cases were confirmed and typified as HTLV-1. The prevalence of HTLV-1 infection in close relatives/cohabitants of the infected index cases was 31.52% (29/92).

The overall genetic distance observed on HTLV-1 LTR (552bp) considering all infected family members ranged from 0.0 to 1.4%.

Except for two families (J54 and J11), genetic distance between viral isolates of each family group was 0.0%, showing 100% identity. Epidemiological data, *along with* molecular results evidenced that familial transmission of HTLV-1 occurred in 19 of the 28 (67.9%) family groups. In all these families, at least two members were infected with HTLV-1 ([Fig 1](#)).

Sexual transmission was demonstrated in Families J02 and J47 showing 100% sequence identity between spouses.

The isolates from Family J03 were 100% identical. *Furthermore*, a common family polymorphism at position 561 on LTR respect to ATK reference strain was observed ([Table 1](#)). In this family, vertical and sexual transmission was demonstrated.

The isolates from the infected brothers of Family J11 (J11/02, J11/04, J11/05) showed 100% sequence identity between them and with their HTLV-1 positive mother (J11/01, index case); all of them had a common polymorphism at position 212 on LTR respect to ATK reference strain ([Table 1](#)). Despite the fact that intrafamilial transmission of the virus was demonstrated in most of the members in this family, subject J11/03 probably acquired the infection outside the intimate circle, since he showed 0.4% genetic distance respect to the other members of the family *as well as* absence of polymorphism at position 212 on LTR.

Genetic distance was 0.0% between J13/01 (HTLV-1 infected mother) and J13/05, demonstrating vertical transmission; *moreover*, the epidemiological data showed that daughter J13/05 had been breastfed for more than 1 year.

Mother (J14/01-index case) and son (J14/02) of Family J14 presented 100% viral sequence identity, demonstrating vertical transmission. *Moreover*, a common family polymorphism at position 711 on LTR respect to ATK reference strain was found ([Table 1](#)). The son J14/02 had been breastfed for 1 year.

In Family J16, isolates from mother (J16/01-index case) and son (J16/03) had 100% viral sequence identity, indicating vertical transmission. *Moreover*, a common family polymorphism at position 632 on LTR respect to ATK was identified ([Table 1](#)). Although it was not possible to study her husband, the epidemiological history of J16/01 referred that she had worked as a prostitute and had history of other sexually transmitted disease such as syphilis and gonorrhoea.

The isolates from spouses of Family J17 had 100% sequence identity, showing a family polymorphism at position 441 on LTR respect to ATK ([Table 1](#)). Thus, sexual transmission of the infection was demonstrated.

Vertical transmission was demonstrated *also* in the mother of Family J19 (J19/01-index case) and her son (J19/03). They had 100% sequence identity and the epidemiological data showed that the child had been breastfed for 2 years.

In Family J20, LTR sequence identity of 100% was found between mother (J20/02) and daughter (J20/01-index case), who had been breastfed for more than 1 year. *Moreover*, common polymorphisms at positions 212 and 646 on LTR respect to ATK were detected ([Table 1](#)).

In Family J22, sexual transmission between spouses J22/01 and J22/02 was observed (0.0% genetic distance) and two common polymorphisms at positions 233 and 628 on LTR respect to ATK were found ([Table 1](#)). *Both* spouses had history of blood transfusions.

In Family J25, vertical and sexual transmission of the virus (100% sequence identity) was demonstrated. Epidemiological data showed that the infected son (J25/05) had been breastfed by his mother (J25/01) for more than 2 years.

Vertical transmission was demonstrated from mother (J28/02-index case) to son (J28/03) in Family J28 (100% sequence identity); the son had been breastfed during 2 years.

In Family J29, vertical transmission was established since the daughters (J29/02 and J29/03) had 100% sequence identity compared to their mother (J29/01); they were breastfed for more than 1 year.

In Family J30, there was 100% identity between virus from mother (J30/02-index case) and daughter (J30/01), demonstrating vertical transmission. The same route of transmission was observed in Family J35 between mother (J35/02-index case) and daughter (J35/03), *also* with 100% of LTR sequence identity.

Sexual transmission was demonstrated in Family J43, with 100% sequence identity between spouses (J43/01 and J43/02). *Moreover*, an insertion of 20 nucleotides at positions 663–682 on LTR was exclusively observed in *both* isolates ([Table 1](#)).

Higher genetic distance was noticed between isolates of Family J54, in which virus sequence from mother (J54/03) and daughter (J54/01) were 100% identical and the genetic distance between the virus from mother (index case) and son (J54/02) was 1.4%. Thus, the son J54/02 would have acquired the infection outside the family ([Fig 1](#)).

From the 9 family groups that had only one infected subject (data not shown), familial transmission was demonstrated only for the index case of Family J15 (J15/01) and individual transmission for Family J41 (J41/02).

Index case J15/01 was daughter of the index case of Family J14 (J14/01) ([Fig 1](#)). There was 100% sequence identity between their viruses and J15/01 *also* had the polymorphism common

for Family J14 at position 711 on LTR respect to ATK reference strain ([Table 1](#)). This issue, *along with the fact that she had been breastfed for more than 5 years*, demonstrated vertical transmission of the virus from mother to daughter.

On the other hand, individual transmission of HTLV-1 was demonstrated in one of the subjects of Family J41 by the absence of HTLV-1 infection in all family members (parents and brothers of J41/02). J41/02 probably acquired infection through the sexual route, since his partner had history of intravenous drug usage ([Fig 1](#)). No data about HTLV-1 conditions were available for his sexual couple.

Vertical and sexual transmission occurred in 14 (73.7%) and 7 (36.8%) of the 19 families, respectively. Vertical transmission was confirmed in 20 (40%) of the 50 mother/children pairs, while sexual transmission occurred in 8 (50%) of the 16 couples. Thereby, there were not significant differences between sexual and vertical routes for HTLV-1 transmission in this population (95% CI: 0.0034 to 0.5299 $p = 0.057$). *Moreover*, no significant differences were found in the frequency of transmission from mothers to daughters (50%, 11/22) compared to mothers to sons (32.1%, 9/28) (95% CI: 0.1333 to 0.4904 $P = 0.3228$) ([Table 2](#)).

Most of the infected subjects were females (37/57; 65.0%), mean age: 36.3 years ($SD \pm 22.1$), ranging from 3 to 83 years; the majority of them (49.1%) were aged between 30 and 60 years.

The bivariate analysis showed that HTLV-1 infection was significantly associated with female sex, age over 18 years, and length of lactation ([Table 3](#)). Prolonged breastfeeding from a HTLV-1 positive mother constituted a risk factor for HTLV-1 infection. Its extension for more than 1 year was observed in most (70%) of the seropositive relatives and less than 1 year in 57.14% of seronegative ones (95% CI: 1.49 to 6.63 $p = 0.0026$) ([Table 3](#)).

Despite the fact that prevalence of HTLV-1 in wives (80%, 8/10) was higher than in husbands (57.1%, 8/14), this difference was not significant (95% CI: 0.2158 to 0.673 $P = 0.4642$) ([Table 2](#)). All the couples declared a stable relationship with an average length of 13.9 years in cases of seronegative spouses and 28.3 years in seropositive ones.

The HTLV-1 genetic analysis determined that all sequences belonged to Cosmopolitan subtype HTLV-1a Transcontinental subgroup A, in Latin American cluster (data not show). These results are in agreement with data previously reported by our group [[12](#)].

- ¿Qué información suele repetirse en esta sección del artículo de investigación?
- ¿Qué información nueva compone esta sección?,
- ¿Cómo puede ser presentada la información?
- ¿Puede esta sección tener incluida otra sección?

REFLEXIÓN LINGÜÍSTICA

4. Señalamos cuáles son los marcadores discursivos de la sección Resultados
5. Señalamos cuáles son los marcadores discursivos de cada parte del “*abstract*”
6. En el “*abstract*” se señalaron palabras o frases en cursiva, ¿qué función cumplen todas?, ¿hay alternativas para esta misma función?

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7. En la sección Resultados del punto 3 se señalaron palabras o frases en cursiva, ¿qué función cumplen todas?, ¿hay alternativas para esta misma función? Justificamos

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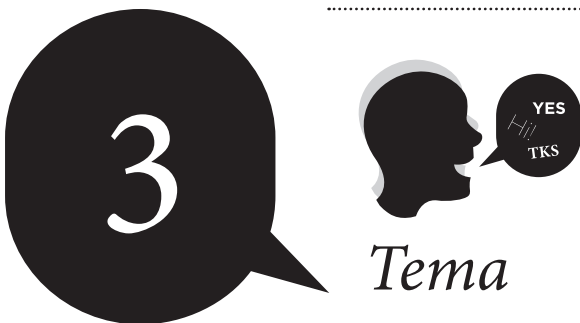
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8. Justificamos si en las siguientes declaraciones extraídas de la sección, “*Results*”

- la palabra “*spouses*” es un cognado

“Sexual transmission was demonstrated in Families J02 and J47 showing 100% sequence identity between spouses”



PRELECTURA

Leemos el texto presentado a continuación y realizamos las actividades sugeridas debajo

Med J Aust. 2012 Jan 16;196(1):46-9.

Energy drinks: health risks and toxicity³

Gunja N1, Brown JA.

Author information

1 NSW Poisons Information Centre, The Children's Hospital at Westmead, Sydney, NSW. naren.gunja@sydney.edu.au

³ Disponible en: <https://www.mja.com.au/journal/2012/196/1/energy-drinks-health-risks-and-toxicity>. Fecha de consulta: 10 de mayo de 2018

Abstract

OBJECTIVES

To describe the epidemiology and toxicity of caffeinated energy drink exposures in Australia.

DESIGN, SETTING AND SUBJECTS

Retrospective observational study analysing data from calls regarding energy drink exposures recorded in the database of an Australian poisons information centre over 7 years to 2010.

MAIN OUTCOME MEASURES

Type of exposure; co-ingestants; symptoms reported; and reported hospitalisations.

RESULTS

Callers reported 297 exposures to energy drinks, which showed an increasing annual trend from 12 in 2004 to 65 in 2010. Median age for the 217 subjects with recreational exposure was 17 years (interquartile ratio [IQR], 15-21; range, 11-60) and 57% were male. One hundred recreational users co-ingested other substances, predominantly alcohol (50) or other caffeinated products (44). The number of energy drinks consumed in one session varied greatly (median, 5 units; IQR, 3-8; range, 1-80). Most subjects who reported recreational use reported experiencing symptoms (87%). The most common symptoms were palpitations, agitation, tremor and gastrointestinal upset. Twenty-one subjects had signs of serious cardiac or neurological toxicity, including hallucinations, seizures, arrhythmias or cardiac ischaemia. At least 128 subjects (57 with no co-ingestants) required hospitalisation.

CONCLUSIONS

Reports of caffeine toxicity from energy drink consumption are increasing, particularly among adolescents, warranting review and regulation of the labelling and sale of these drinks. Educating adolescents and increasing the community's awareness of the hazards from energy drinks is of paramount importance.

1. Analizamos y comentamos:

- tema que aborda el texto
- destinatario previsto
- género discursivo

2. ¿Cuál de los textos presentados a continuación se asocia con el presentado arriba? Justificamos

TEXTO 1**DISCUSSION AND POLICY IMPLICATIONS**

This paper examined cigarette demand in Argentina employing monthly data over the period 1994–2010. Cointegration techniques were applied to estimate both long-term and short-term income and own-price elasticity of demand for cigarettes. Finally, the importance of short-term deviations was presented using VECM estimation. The empirical results suggest that in the long-term period (3 months) the demand for cigarettes was affected by changes in real income and real price. The value of income elasticity was equal to 0.43, while the value of price elasticity was equal to -0.31 . The results of VECM estimation show that the income elasticity in the short term (1 month) in Argentina is equal to 0.25 and the short-term (1 month) price elasticity of the demand for cigarettes is -0.15 .

These income and price elasticity results for Argentina fall in between the elasticity estimates made for the other South American countries. Studies of elasticity estimates for cigarette demand in Bolivia for the period 1988–2002 found an income elasticity of 0.71 and an own-price elasticity of demand of -0.85 .¹³ Data obtained from Brazil estimated that the price elasticity of cigarette demand for long term and short term were -0.42 and -0.25 , respectively, from 1991 to 2003.¹⁴ An innovative approach estimated income and own-price elasticity of cigarette demand in Chile comparing conventional models with the myopic addiction model. Using the conventional models of long-term demand elasticity, this was equal to 0.23 for income elasticity and -0.21 for own-price elasticity.¹⁵ When the authors applied the myopic addiction model, results for the long-term and short-term own-price elasticity were -0.45 and -0.22 , respectively, and results for the income elasticity were 0.22 and 0.11, respectively.¹⁵ Analyses of the demand for legal cigarettes in Uruguay using quarterly time series for the period 1991–2003 showed a price elasticity of -0.55 for the long term and -0.49 for the short term; income elasticity values were 0.73 and 0.65 for the long term and short term, respectively.¹⁶

Argentina has undergone steady economic expansion with annual growth rates as high as 9% since 2003. Despite this expected expansion of purchasing power, the price of cigarettes has remained stagnant and thus these economic policies may be counterproductive to tobacco control. Although smoking prevalence has decreased somewhat, the potential for greater impact by raising cigarette prices to keep up with per capita income has not been realised. Our estimates of elasticity provide valuable information for policy makers on the possible impact of an increase in final retail price of cigarettes (through a tax) on the amount smoked either by encouraging cessation, delaying initiation or decreasing the amount each smoker smokes (intensity). Raising the price of cigarettes simply to keep up with the expanded economic capacity of the population is recommended as a minimum measure based on these data. However, our results show there is a wide margin to increase the cigarette price without revenues from cigarette tax decreasing.

It is important that public health policy makers make their decisions using information from empirical studies based on their own country's data. Therefore, this paper makes a contribution in two ways by providing the estimation of income and price elasticity for Argentina and by addressing the gap caused by the lack of empirical information on cigarette demand in Argentina.

This policy of increasing cigarette prices through taxation is part of Article 6 of the Framework Convention from WHO that was signed but not ratified by Argentina. The results of the simulation exercise suggest that an increase in cigarette prices would permit the government to increase its revenues from taxes imposed on cigarettes to 38%, while at the same time expecting a decrease in consumption. This would be achieved by raising the price by 110% or slightly more than twice the current price in Argentina.

The results of our analysis and the simulation model suggest that increases in cigarette prices by higher tax in Argentina can be an effective instrument for reducing tobacco consumption. Furthermore, the income elasticity estimates in the long term imply that a substantially higher cigarette consumption pattern would be expected as the real income of Argentineans converges with the income of the households from high-income countries. Finally, Argentina is currently working on different antismoking programmes and policies and trying to implement the Framework Convention from WHO even without formal legislative ratification. Policy makers and tobacco control advocates could benefit from the findings of this study that provides useful information on the characteristics of the cigarette market in Argentina and supports proposals to increase taxes.

What this paper adds

- Using available public data from the Ministry of Economics and Production of Argentina between 1994 and 2010, this econometric analysis showed that the demand for cigarettes was affected by changes in real income and the real average price of cigarettes.
- Using these values in a simulation exercise showed that increasing the price of cigarettes by 110% through additional taxes would both maximise government revenues and result in a potentially large decrease in total cigarette consumption. This would potentially lead to thousands of saved lives in future.

TEXTO 2**Discussion**

Our study demonstrates the extent of the growing problem in Australia with energy drink consumption and toxicity, particularly among adolescents. Serious adverse effects and toxicity are seen with energy drinks containing variable amounts of caffeine. The phenomenon of mixing energy drinks with alcohol, stimulants and other co-ingestants is clearly occurring and is a serious concern.

In 2009, the energy drink industry spent nearly \$15 million on marketing alone in Australia. Value growth in the convenience sector had increased by 20% *as compared with* 10% for carbonated beverages on the whole.⁹ The target population for these types of drinks clearly includes adolescents and young adults, *as well as* professionals.¹⁰ Consumers are likely to be unaware of the variation in chemical composition and caffeine dosage in energy drinks, and with little or no warnings on products, the potential for overdose and poisoning remains ever-present.

A typical can of energy drink may contain up to 300 mg of caffeine, from added caffeine and natural sources such as guarana.¹¹ Guarana, an extract from the plant *Paullinia cupana*, contains caffeine, theobromine and theophylline in varying quantities. Some studies have suggested that the caffeine content of guarana (40–80 mg per gram of extract) is not always declared in packaging and is additional to the listed caffeine content of energy drinks.⁸ Hence, the caffeine dose may be higher than that listed on the beverage ingredients list. However, Australian Food Standards Code 2.6.4 requires labelling of the total amount of caffeine from all sources, pure and naturally occurring.¹² Guarana is currently thought to have no adverse effects other than potential caffeine toxicity.¹³ Similarly, taurine, an amino acid found in many energy drinks, is purportedly inotropic, and considered to be non-toxic at typical doses. Ginseng, a herbal extract famous for its purported stimulant and aphrodisiac properties, is present in energy drinks below common daily doses, and has not been reported to be toxic. Ginseng, however, has multiple and important drug interactions that may become clinically relevant depending on the amount of ginseng ingested and the dose and frequency of the drugs that might interact with it.¹⁴

Even *as little as* 50 mg of caffeine can induce tachycardia and agitation. In overdose, caffeine toxicity can mimic amphetamine poisoning and lead to seizures, psychosis, cardiac arrhythmias and, potentially but rarely, death.^{15,16,17,18,19,20} In 2009, a caffeine-related death from energy drinks was reported.²¹ Electrocardiograms showed that the patient had acute myocardial ischaemia that was probably brought on by caffeine-induced coronary vasospasm. It has been postulated that the pathophysiology of such coronary events involves increased platelet aggregation and reduced endothelial functionality.²²

In our study, calls regarding toxicity from energy drinks fell into a bimodal distribution: accidental ingestion in young children, and recreational use in adolescents. It is concerning that the trend of misuse and toxicity appears to be increasing among teenagers and that the number of energy drink units ingested far exceeds recommended maximum levels. Some manufacturers suggest 200 mg/day of caffeine *as a maximum*, which equates to roughly one and a quarter 500 mL cans of energy drink. The variety of symptoms reported in our study was consistent with caffeine overdose and, potentially, stimulant misuse. Nearly 60% of calls reporting recreational use came from EDs, suggesting that hospitalisation is warranted in a significant proportion of cases. Although it occurred in a minority of subjects, serious toxicity leading to cardiac complications (coronary ischaemia, arrhythmias) and neurological complications (hallucinations, psychosis, seizures) is of grave concern both to the community and clinicians.

Studies among American college students called attention to the mixing of energy drinks with alcohol.^{3,23} Young people, particularly adolescents, appear to be least concerned with this dangerous phenomenon.^{4,24} This was evident in our results, in that almost one-quarter of calls reporting recreational consumption involved co-ingestion of alcohol. Nearly 30% of calls involved co-ingestion of caffeine tablets or other stimulants *such as* amphetamines. This suggests that knowledge of energy drink effects and toxicity is poor, and mixing of substances is not seen *as a problem* in this cohort of adolescents and young adults.

Data on caffeine-related toxicity have been reported from poison centres in the United Kingdom and United States.^{17,25} We are not aware of other studies specifically reporting poison control centre data on toxicity from energy drinks. However, misuse by adolescents of caffeine in non-prescription medication *as well as* in energy drinks has been commonly reported to regional poison centres in the US.²⁶ Even more alarming is the practice of combining caffeine misuse with other pharmaceuticals, which has been associated with admission to hospital.²⁷ A 1999 Australian survey of NSW school children aged 8–18 years found that energy drink consumption was more prevalent in boys and increased with age in girls.²⁸

Limitations of our retrospective analysis include the non-standardised methods of telephone enquiry and coding that are likely to have resulted in underreporting of exposures, co-ingestants and symptoms. We did not analyse outcomes for subjects who were hospitalised. As the NSWPIC takes roughly 50% of all poisons-related calls in Australia, our results may only partially reflect national trends. With increased call-load sharing between the NSWPIC and other Australian poisons centres, the number of after-hours calls to the NSWPIC has decreased by roughly 20% since 2009. This is also reflected in the drop in the number of calls related to caffeinated energy drinks by a similar percentage in 2010.

Given the clear evidence of toxicity and the growing number of hospitalisations associated with consumption of energy drinks, particularly in a vulnerable adolescent population, health authorities should increase awareness of the problem, improve package labelling and regulate caffeine content. We recommend that labelling and any marketing of these products should include appropriate health warnings and the national poisons hotline number (13 11 26 in Australia). Energy drinks are marketed for similar effects and should carry similar warning labels *as non-prescription, over-the-counter caffeine tablets*. The regulation of caffeinated energy drinks is currently under consideration by the Australia and New Zealand Food Regulation Ministerial Council.²⁹ This review and regulation is timely and essential.

Received 4 July 2011, accepted 15 November 2011

3. ¿Qué parte del “*research paper*” se muestra aquí?, ¿qué información compone habitualmente esta sección?

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ANÁLISIS LINGÜÍSTICO

4. ¿Cuál es la información que se presenta en esta sección?, ¿cuáles son los marcadores lingüísticos que orientan las respuestas?

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1. Todas las frases en cursiva del segundo texto mostrado “*Discussion*” contienen la palabra “*as*”; ¿tiene la misma interpretación en todos los casos? Justificamos

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2. Justificamos si en las siguientes declaraciones extraídas de la sección, “*Discussion*”

- la palabra “*herbal*” es un cognado

Ginseng, a herbal extract famous for its purported stimulant and aphrodisiac properties, is present in energy drinks below common daily doses, and has not been reported to be toxic.

SÍ NO

- la palabra “*mimic*” es un cognado

In overdose, caffeine toxicity can mimic amphetamine poisoning and lead to seizures, psychosis, cardiac arrhythmias and, potentially, but rarely, death.

SÍ NO

- la palabra “*college*” es un cognado

Studies among American college students called attention to the mixing of energy drinks with alcohol

SÍ NO

POSLECTURA

3. Interpretamos el “*abstract*”

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4. Interpretamos la Discusión (texto 2) analizando todas las secciones que la componen.

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PRELECTURA

Leemos el texto presentado a continuación y realizamos las actividades sugeridas debajo

Effects of Birth Order and Maternal Age on Breast Cancer Risk: Modification by Whether Women had been Breast-fed⁴

Nichols, Hazel B.^a; Trentham-Dietz, Amy^{a,b}; Sprague, Brian L.^{a,b}; Hampton, John M.^a; Titus-Ernstoff, Linda^c; Newcomb, Polly A.^{a,d}

Epidemiology: May 2008 - Volume 19 - Issue 3 - p 417-423

doi: 10.1097/EDE.0b013e31816a1cff

Original Article: CANCER

⁴ Disponible en: https://journals.lww.com/epidem/fulltext/2008/05000/Effects_of_Birth_Order_and_Maternal_Age_on_Breast.13.aspx. Fecha de consulta: 10 de junio de 2018

Abstract

Background: Early life risk factors for breast cancer have been investigated in relation to hormonal, nutritional, infectious, and genetic hypotheses. Recent studies have also considered potential health effects associated with exposure to environmental contaminants in breastmilk.

Methods: We analyzed data from a population-based case-control study of women living in Wisconsin. Cases ($n = 2016$) had an incident diagnosis of invasive breast cancer in 2002–2006 reported to the statewide tumor registry. Controls ($n = 1960$) of similar ages were randomly selected from driver's license lists. Risk-factor information was collected during structured telephone interviews. Odds ratios (ORs) and 95% confidence intervals (CIs) were estimated from multivariable logistic regression.

Results: In multivariable models, maternal age and birth order were not associated with breast cancer risk in the full study population. The odds ratio for breast cancer risk associated with having been breast-fed in infancy was 0.83 (95% CI = 0.72–0.96). In analyses restricted to breast-fed women, maternal age associations with breast cancer were null ($P = 0.2$). Increasing maternal age was negatively associated with breast cancer risk among women who were not breast-fed; the odds ratio for breast cancer associated with each 5-year increase in maternal age was 0.90 (0.82–1.00). Higher birth order was inversely associated with breast cancer risk among breast-fed women (for women with 3 or more older siblings compared with first-born women, OR = 0.58 [CI = 0.39–0.86]) but not among nonbreast-fed women (1.13 [0.81–1.57]).

Conclusion: These findings suggest that early life risk factor associations for breast cancer may differ according to breast-feeding status in infancy.

1. Analizamos y comentamos:

- tema que aborda el texto
- destinatario previsto
- género discursivo

2. La sección presentada a continuación es la que le continua al “*abstract*”, ¿cómo se llama? ¿Por qué?

The detection of widespread contamination of human breastmilk with environmental pollutants has raised concerns regarding potential adverse health effects.^{1,2} A number of exogenous chemicals in breastmilk exhibit carcinogenic or xenoestrogenic activity; these chemicals include polychlorinated biphenyls (PCBs), chlorinated dioxins, chlorinated furans, polybrominated diphenylethers, polycyclic aromatic hydrocarbons, dichlorodiphenyltrichloroethane and other pesticides.^{3–6}

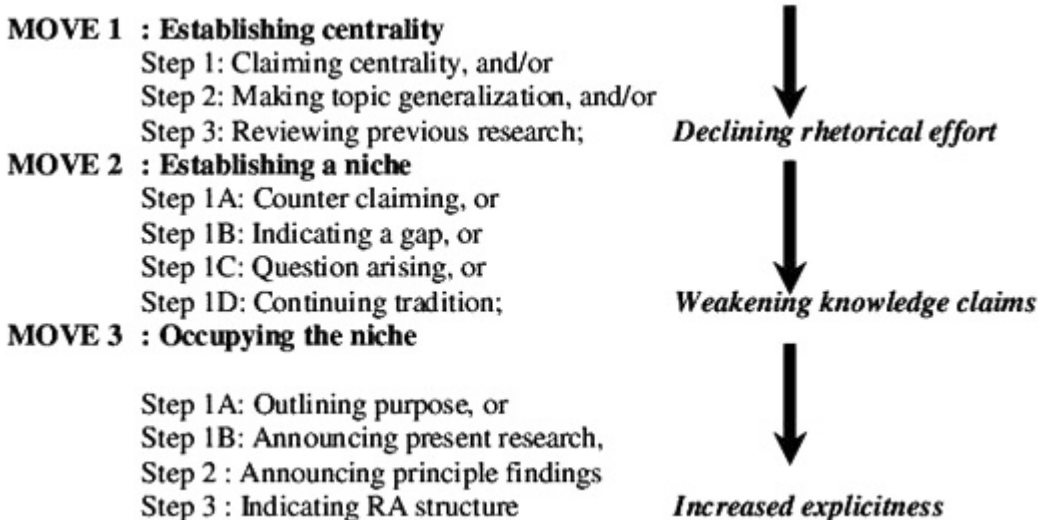
Due to the persistence and accumulation of these chemicals in the human body, maternal age is an important predictor of contaminant levels in breastmilk.⁷ Many of these contaminants are poorly metabolized, leaving breast-feeding as the primary means of excretion.^{2,8} Parity has been inversely associated with breastmilk contaminant levels; first-born infants generally consume higher levels of contaminants relative to later siblings.^{7,9,10}

Breastmilk consumption has been associated with greater levels of PCBs and related organochlorines in adipose tissue samples from children age 1–2 years.¹¹ Studies among adults have hypothesized that organochlorine levels in adipose tissue may be related to increased breast cancer risk,^{12,13} although evidence is currently insufficient to support an association.¹⁴ It is unknown whether exposure to contaminants in breastmilk has the potential to increase cancer risk in adulthood.

A considerable volume of epidemiologic research has examined breastmilk consumption in infancy, birth order, and maternal age as risk factors for adult breast cancer,^{15–55} but no consensus has emerged. Some studies show modest decreases in breast cancer risk associated with having been breast-fed, with higher birth order, and with younger maternal age, while other studies find no association.

We explored whether maternal age and birth order associations for breast cancer risk vary according to exposure to breastmilk in infancy. We hypothesized that, due to less exposure to environmental contaminants in breastmilk, increasing birth order and younger maternal age would be associated with decreased adult breast cancer risk only among women who were breast-fed in infancy. We investigated this relation in a population-based case-control study of women in Wisconsin, USA.

3. ¿Se relaciona el modelo⁵ presentado a continuación con la sección presentada en el punto 2? Justificamos



5 Swales, J. (1990). *Genre analysis. English in academic and research settings*. Cambridge. Applied linguistics.

4. Comentamos las funciones de las partes y subpartes que componen el modelo. ¿De qué manera el autor reformuló esta propuesta?, ¿por qué lo hizo?

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REFLEXIÓN LINGÜÍSTICA

5. ¿Cuáles son las partes que se pueden identificar en esta Introducción?, ¿cuáles son los marcadores discursivos que orientan las respuestas?, ¿cuáles son los tiempos verbales frecuentes en cada una de estas partes?.

6. Justificamos si en las siguientes declaraciones extraídas de la Introducción

- la frase verbal “*to support*” es un cognado

“...evidence is currently insufficient to support an association”

SÍ NO

- la frase palabra “*population*” es un cognado

“We investigated this relation in a population-based case-control study of women in Wisconsin, USA”

POSLECTURA

7. Interpretamos el “*abstract*”

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8. Interpretamos la Introducción

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INTEGRACIÓN

Leemos los textos presentados a continuación y realizamos las actividades sugeridas debajo

TEXTO 1

RESEARCH ARTICLE

Nurse in limbo: A qualitative study of nursing in disasters in Iranian context⁶

- Negar Pourvakhshoori, Kian Norouzi, Fazlollah Ahmadi, Mohammadali Hosseini, Hamidreza Khankeh
- Published: July 31, 2017
- <https://doi.org/10.1371/journal.pone.0181314>

⁶ Disponible en: < <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0181314>> Fecha de consulta: 10 de agosto de 2018

Abstract

Background

An understanding of nurses' experiences in disasters can help to identify their problems in this area. These can be overcome with better planning and preparation. The aim of this study was to explore the experiences and perceptions of disaster nurses regarding their provision of disaster health care services.

Methods

This was a qualitative study using an inductive qualitative content analysis. Participants included 15 Iranian nurses who had experiences of health care delivery in disasters. A purposeful sampling was applied until data saturation was reached. Data were collected using semi-structured interviews and then analyzed based on the principle of inductive content analysis.

Results

Five main categories emerged from the experiences and perceptions of nurses who were involved in providing health care services in disasters: afraid of probability of recurrence, necessity of providing healthcare services for an unknown period of time, challenge of what to prioritize, nurses' own conflicting emotions, and their concern for their own families.

Discussion

There are several factors affecting the delivery of healthcare in disasters. Nurses, who feel better prepared and have some understanding of the ethical implications of working under different standards of care, may be more comfortable with care giving in disasters. Appropriately, training and preparing nurses for disasters is important for optimizing the safe functioning and minimizing emotional and psychological damage.

TEXTO 2

PEER-REVIEWED
RESEARCH ARTICLE

**What causes medication administration errors in a mental health hospital?
A qualitative study with nursing staff⁷**

- Richard N. Keers, Madalena Plácido, Karen Bennett, Kristen Clayton, Petra Brown, Darren M. Ashcroft
- Published: October 26, 2018
- <https://doi.org/10.1371/journal.pone.0206233>

Abstract**Objective**

Medication administration errors (MAEs) are a common risk to patient safety in mental health hospitals, but an absence of in-depth studies to understand the underlying causes of these errors limits the development of effective remedial interventions. This study aimed to investigate the causes of MAEs affecting inpatients in a mental health National Health Service (NHS) hospital in the North West of England.

Methods

Registered and student mental health nurses working in inpatient psychiatric units were identified using a combination of direct advertisement and incident reports and invited to participate in semi-structured interviews utilising the critical incident technique. Interviews were designed to capture the participants' experiences of inpatient MAEs. All interviews were transcribed verbatim and subject to framework analysis to illuminate the underlying active failures, error/violation-provoking conditions and latent failures according to Reason's model of accident causation.

Results

A total of 20 participants described 26 MAEs (including 5 near misses) during the interviews. The majority of MAEs were skill-based slips and lapses ($n = 16$) or mistakes ($n = 5$), and were caused by a variety of interconnecting error/violation-provoking conditions relating to the patient, medicines used, medicines administration task, health care team, individual nurse and working environment. Some of these local conditions had origins in wider organisational latent failures. Recurrent and influential themes included inadequate staffing levels, unbalanced staff

⁷ Disponible en: < <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0206233>>. Fecha de consulta: 14 de junio de 2018

skill mix, interruptions/distractions, concerns with how the medicines administration task was approached and problems with communication.

Conclusions

To our knowledge this is the first published in-depth qualitative study to investigate the underlying causes of specific MAEs in a mental health hospital. Our findings revealed that MAEs may arise due to multiple interacting error and violation provoking conditions and latent 'system' failures, which emphasises the complexity of this everyday task facing practitioners in clinical practice. Future research should focus on developing and testing interventions which address key local and wider organisational 'systems' failures to reduce error

TEXTO 3

OPEN ACCESS

PEER-REVIEWED

RESEARCH ARTICLE

Mortality in nursing home residents: A longitudinal study over three years

- Corinna Vossius, Geir Selbæk , Jurate Daltytė Benth , Sverre Bergh
- Published: September 18, 2018
- <https://doi.org/10.1371/journal.pone.0203480>

Abstract

Objective

Nursing home (NH) stay is the highest level of formal care. With the expected demographic changes ahead, the need for NH placement will put an increasing socioeconomic strain on the society. Survival in NHs and factors predicting survival are important knowledge in order to evaluate NH admission policies and plan future NH capacity.

Methods

We followed 690 NH residents included at admission to NH over a period of three years. Participants were examined at baseline (BL) and every six months. Demographic and clinical data were collected, including comorbidity, severity of cognitive impairment, dependency in activities of daily living (ADL) and neuropsychiatric symptoms. Median survival was calculated

by the Kaplan-Meier analysis, and factors associated with mortality were identified by Cox models with baseline and time-dependent covariates.

Results

Median survival in NH was 2.2 years (95% confidence interval [CI]: 1.9–2.4). Yearly mortality rate throughout the three-year observation period was 31.8%. Mortality was associated with higher age and comorbidity at BL, and more severe dementia, higher ADL-dependency, less severe psychotic symptoms, and a lower BMI throughout the study period. Of the organizational variables, living on a ward with more residents resulted in a higher risk of mortality.

Conclusion

In conclusion, the NH mortality rate remained stable throughout the three-year study period with about one third of the residents deceasing each year. Individual resident characteristics appeared to be more important than organizational variables for predicting mortality risk. The finding of an association between ward size and mortality risk deserves further investigation in future studies.

Actividades

1. Elejimos un “*abstract*” de los tres transcritos arriba y señalamos los marcadores discursivos de cada parte

Usando los enlaces provistos en las notas al pie de los títulos consideramos el artículo de investigación completo que le corresponde a cada “*abstract*” y respondemos:

2. Sobre la sección metodológica: ¿cuál es el origen de la muestra?, ¿cómo se eligió?, ¿se mencionan los participantes, instrumentos o materiales? Si hay participantes: ¿quiénes son?, ¿cuántos son?, ¿cuáles son sus características básicas?, ¿cómo fueron seleccionados?, ¿hubo exclusiones?, ¿sabían que eran parte de una investigación?, ¿recibieron pago?, ¿hubo un grupo control?, ¿se mencionan las variables de la investigación?, ¿se puede describir el procedimiento de la investigación?, ¿cuáles fueron los pasos que se siguieron?. NOTA: en todos los casos en que las respuestas a las preguntas de si o no sean afirmativas ampliamos detalladamente.
3. Sobre los Resultados: ¿cuáles son los principales hallazgos?, ¿cómo fueron presentados?
4. Sobre la Discusión: ¿qué partes componen esta sección? Las detallamos y comentamos
5. Sobre la Introducción: analizamos y comentamos la misma según el modelo de Swales presentado en el Tema 4

TEXTO 4

1. Observamos los textos a continuación y respondemos:

- ¿Qué tipo de texto es?
- ¿De dónde fue extraído?
- ¿A quiénes está dirigido?
- ¿Qué tema abordará?

HEPATOLOGY

Explore this journal >

Autoimmune, Cholestatic and Biliary Disease

Simplified criteria for the diagnosis of autoimmune hepatitis[†]

Elke M. Hennes, Mikio Zeniya, Albert J. Czaja, Albert Parés, George N. Dalekos, Edward L. Krawitt, Paulo L. Bittencourt, Gilda Porta, Kirsten M. Boberg, Harald Hofer, Francesco B. Bianchi, Minoru Shibata, Christoph Schramm, Barbara Eisenmann de Torres, Peter R. Galle, Ian McFarlane, Hans-Peter Dienes, Ansgar W. Lohse

First published: 19 March 2008 [Full publication history](#)

DOI: 10.1002/hep.22322 [View/save citation](#)

Cited by (CrossRef): 530 articles [Citation tools](#) ▼



View issue TOC
Volume 48, Issue 1
July 2008
Pages 169-176

2. Leemos el resumen e indicamos:

Tipo de resumen:

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Fecha de publicación:

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Procedencia:

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Autor/es:

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Palabras claves:

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Tema que abordará el artículo:

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Simplified Criteria For The Diagnosis Of Autoimmune Hepatitis

Authors

Elke M. Hennes, Mikio Zeniya, Albert. J. Czaja, Albert Parés, George N. Dalekos, Edward L. Krawitt,

First published: 19 March 2008 Full publication history

<http://onlinelibrary.wiley.com/doi/10.1002/hep.22322/full>

Abstract

Diagnosis of autoimmune hepatitis (AIH) may be challenging. However, early diagnosis is important because immunosuppression is life-saving. Diagnostic criteria of the International Autoimmune Hepatitis Group (IAIHG) were complex and purely meant for scientific purposes. This study of the IAIHG aims to define simplified diagnostic criteria for routine clinical practice. Candidate criteria included sex, age, autoantibodies, immunoglobulins, absence of viral hepatitis, and histology. The training set included 250 AIH patients and 193 controls from 11 centers worldwide. Scores were built from variables showing predictive ability in univariate analysis. Diagnostic value of each score was assessed by the area under the receiver operating characteristic (ROC) curve. The best score was validated using data of an additional 109 AIH patients and 284 controls. This score included autoantibodies, immunoglobulin G, histology, and exclusion of viral hepatitis. The area under the curve for prediction of AIH was 0.946 in the training set and 0.91 in the validation set. Based on the ROC curves, two cutoff points were chosen. The score was found to have 88% sensitivity and 97% specificity (cutoff ≥ 6) and 81% sensitivity and 99% specificity (cutoff ≥ 7) in the validation set. A reliable diagnosis of AIH can be made using a very simple diagnostic score. We propose the diagnosis of probable AIH at a cutoff point greater than 6 points and definite AIH 7 points or higher. (*Hepatology* 2008.)

Autoimmune hepatitis (AIH) is an inflammatory condition of the liver that can affect patients of all ages, sexes, and races. The diagnosis needs to be considered in any patient with elevated aminotransferases. Timely diagnosis and immunosuppressive therapy contain disease activity in almost all affected patients, and various case series have reported near normal or normal life expectancy in patients diagnosed and treated adequately. Untreated AIH, however, has a 5-year mortality above 50%. Early diagnosis may be difficult because the clinical picture is heterogeneous and there is no specific test applicable for all patients. In particular, in patients with cholestatic autoimmune liver diseases, atypical features or mixed manifestations in the differential diagnosis may be very challenging. Especially in older patients the diagnosis may often be unduly delayed and probably overlooked. A simple and accurate diagnostic scoring

TEXTO 5

1. Leemos el resumen e indicamos:

Tipo de resumen:

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Tema que abordará el artículo:

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Traditional Healers And The HIV Crisis In Africa: Toward An Integrated Approach⁸

Anthropology

The HIV virus is currently destroying all facets of African life. It therefore is imperative that a new holistic form of health education and accessible treatment be implemented in African public health policy which improves dissemination of prevention and treatment programs, while maintaining the cultural infrastructure. Drawing on government and NGO reports, as well as other documentary sources, this paper examines the nature of current efforts and the state of health care practices in Africa. I review access to modern health care and factors which inhibit local utilization of these resources, as well as traditional African beliefs about medicine, disease, and healthcare. This review indicates that a collaboration of western and traditional medical care and philosophy can help slow the spread of HIV in Africa. This paper encourages the acceptance and financial support of traditional health practitioners in this effort owing to their accessibility and affordability and their cultural compatibility with the community.

1. Leemos nuevamente el resumen e incluimos tres palabras claves:

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2. Respondemos:

- ¿Cuál es el objetivo del artículo?
- ¿Qué población se analiza?

⁸ Disponible en: <http://www.umt.edu/ugresearch/umcur/sample_abstracts.php>. Fecha de consulta: 10 de marzo de 2017

- ¿Por qué se decidió abordar este tema?
 - ¿Qué fin propone?
-
-
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-
-
-

Aporte: Karina Ruiz

TEXTO 6



International Journal of Nursing Studies

Volume 44, Issue 3, March 2007, Pages 457-466

Serious mental illness and physical health problems: A discussion paper

Debbie Robson. Richard Gray

**Health Services Research Department, King's College London, Section Of
Psychiatric Nursing, Institute Of Psychiatry, De Crespigny Park, London SE5
8AF, UK**

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<https://doi.org/10.1016/j.ijnurstu.2006.07.013> Get rights and content

Serious mental illness and physical health problems: A discussion paper⁹

Abstract

People with serious mental illness have higher morbidity and mortality rates of chronic diseases than the general population. This discussion paper explores the complex reasons for these disparities in health, such as limitations of health services, the effects of having a serious mental illness, health behaviours and the effects of psychotropic medication. Physical health can be enhanced by improved monitoring and lifestyle interventions initiated at the start of treatment. There are opportunities for mental health nurses to play a significant role in improving both the physical and mental health of people with serious mental illness.

Keywords: Serious mental illness, Physical health, Health behaviours, Lifestyle, Antipsychotic medication

1. Lemos el resumen e indicamos:

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Fecha de publicación:

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Procedencia:

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Autor/es:

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Palabras claves:

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Tema que abordará el artículo:

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Conclusión:

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TEXTO 7**The Role Of The Public Health Nurse In A Changing Society¹⁰**

Authors: Caitriona Aine Nic Philibin, Colin Griffiths, Gobnait Byrne, Paul Horan, Anne-Marie Brady, Cecily Begley

First published: 10 March 2010

DOI: 10.1111/j.1365-2648.2009.05226.x

Cited by (CrossRef): 17 articles

C. Griffiths: e-mail: cgriffi@tcd.ie

Abstract

NIC PHILIBIN C.A., GRIFFITHS C., BYRNE G., HORAN P., BRADY A.-M. & BEGLEY C. (2010) "The Role Of The Public Health Nurse In A Changing Society". *Journal of Advanced Nursing* 66(4), 743–752.

Abstract

Aim. This study is a report of a study to clarify the role of the public health nurse in one Irish community care area in the light of acknowledged problems in defining boundaries of the role.

Background. Demographic developments and planned reorientation towards primary care of the health service in Ireland have changed the workload of public health nurses, which is unique compared with other countries. However, there is a lack of clarity and consequent problems in defining the role of the Irish public health nurse.

Method. A descriptive qualitative study was conducted with 25 representatives of community nursing from one county in Ireland with a population of 209,077 and a complement of 65 full-time equivalent public health nurses. Purposive sampling was used and 21 public health nurses, two registered general nurses, one assistant director and one school nurse participated. Tape-recorded, individual semi-structured interviews were conducted over a 15-month period from 2002 to 2004. The constant comparative method was used for analysis.

Findings. Four themes emerged: 'Jack of all trades: the role of the public health nurse defined and described', 'the essence of the role', 'challenges to the role of the public health nurse' and 'communication'. The first theme is discussed in this paper.

Conclusion. Public health nurses need to define and redesign their role so that they no longer think that they are the catch-all service in the community. This will enable them to deal with the rapid demographic, sociological and cultural changes in the population, a change that has international resonance.

1. Leemos el resumen e indicamos:

Tipo de resumen:

Fecha de publicación:

Procedencia:

Autor/es:.....

Palabras claves:

Tema que abordará el artículo:.....

Información relevante:

TEXTO 8

International Journal of Nutrition, Pharmacology, Neurological Diseases

Review Article

Year: 2012 | Volume: 2 | Issue: 2 | Page: 84–91

Medicinal Plants With A Potential To Treat Alzheimer And Associated Symptoms¹¹

Anil Kumar Singhal, Vijay Naithani, Om Prakash Bangar

Venus Medicine Research Center, Venus Remedies Ltd., Baddi, H.P, India

Correspondence Address:

Anil Kumar Singhal

Venus Medicine Research Center, Venus Remedies Ltd., Baddi, H.P. India

Abstract

Alzheimer disease (AD) is a progressive neurological disease of the brain named after German physician Aloes Alzheimer, who first described it in 1906. Alzheimer is the most common form of dementia and affects an estimated 10 million people worldwide. The most common form of dementia is AD, which demolishes the vital brain cells, causing trouble with memory, thinking, and behavior, brutal enough to affect work, lifelong hobbies, and social life. Recognized factors in Alzheimer disease include acetylcholine deficiency, free radicals, and inflammation of the brain tissue. Many of the current drugs taken to treat the disease, such as, donepezil, have unpleasant side effects and doctors are keen to find alternatives. There is no cure for Alzheimer disease, but drugs designed to slow disease progression are available. Some herbs may help to improve brain function, but scientific evidence to prove that they can treat Alzheimer disease, is limited. Electronic database like MEDLINE, LILACS, Cochrane Library, dissertation Abstract (USA), National Research Register, Current Controlled trials, Centerwatch Trials Database, and PsychINFO Journal Article bases were used to search for information related to studies done on plants in the past years. The objective here is to provide a systematic review of the ongoing evidence pertaining to the use of medicinal herbs in the treatment of Alzheimer disease (AD) and its associated symptoms.

¹¹ Disponible en: < <http://www.ijnpnd.com/article.asp?issn=2231-0738;year=2012;volume=2;issue=2;spage=84;epage=91;aulast=Singhal> > Fecha de consulta: 10 de marzo de 2017

How to cite this article:

Singhal AK, Naithani V, Bangar OP. “Medicinal Plants With A Potential To Treat Alzheimer And Associated Symptoms.” *Int J Nutr Pharmacol Neurol Dis* 2012;2:84-91

How to cite this URL:

Singhal AK, Naithani V, Bangar OP. “Medicinal Plants With A Potential To Treat Alzheimer And Associated Symptoms.” *Int J Nutr Pharmacol Neurol Dis* [serial online] 2012 [cited 2014 Oct 4];2:84-91

Available from: <http://www.ijnpnd.com/text.asp?2012/2/2/84/95927>

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Autor/es:

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Palabras claves:

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Tema que abordará el artículo:

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Full Text

Introduction

1. Mencionamos las características de la enfermedad de Alzheimer. ¿Qué población es mayormente afectada?
2. Describimos con nuestras palabras el funcionamiento de las neuronas del cerebro según lo mencionado en el texto
3. ¿Existe una cura para la enfermedad de Alzheimer?, ¿cómo puede tratarse?
4. Indicamos la función y las ideas que une la palabra de transición “*although*” en el último párrafo

Alzheimer’s disease (AD) is a brain disorder named after German physician Aloes Alzheimer, who first described it in 1906. Alzheimer’s disease is a progressive and neurodegenerative disease that primarily affects the elderly population of over 65 years of age, and is estimated to account for 50 - 60% of the dementia cases. [1] The prevalence has been found to rise exponentially with age, ranging from 3.0% in patients aged 65 to 74 years to as much as 47.2% in those aged 85 years. [2],[3] This condition is characterized by a progressive loss of memory, deterioration of virtually all intellectual functions, increased apathy, decreased speech function, disorientation, and gait irregularities.

Electronic databases like MEDLINE, LILACS, Cochrane Library, Dissertation Abstract (USA), National Research Register, Current Controlled Trials, Centerwatch Trials Database, and PsychINFO Journal Articles bases were used to search for information related to studies done on plants in the past years. The search combined the terms Alzheimer disease, dementia, cognition disorders, Herbal, and Phytotherapy.

The brain has 100 billion nerve cells (neurons). Each nerve cell connects with many others to form communication networks. Groups of nerve cells have special jobs. Some are involved in thinking, learning, and remembering. Others help us see, hear, and smell. To do their work, brain cells operate like tiny factories. They receive supplies, generate energy, construct equipment, and get rid of waste. Cells also process and store information and communicate with other cells. Keeping everything running requires coordination as well as large amounts of fuel and oxygen.

The beta-amyloid peptide, with 39–42 amino acid residues (BAP), plays a significant role in the development of AD. Although there is no cure for AD, it can be managed with the available drugs, to some degree. Several studies have revealed that natural antioxidants, such as vitamin E, vitamin C, and beta-carotene, may help in scavenging free radicals generated during the initiation and progression of this disease. The loss of memory is considered to be the result of a shortage of the nerve transmitter acetylcholine. It is possible to increase the level of this transmitter in the brain by inhibiting the activity of the enzyme acetylcholinesterase, which splits or breaks down the transmitter substance. Drugs that inhibit the breakdown of the messenger or transmitter acetylcholine delay the development of the disease. [4]

Alzheimer's is the most common form of dementia.

Other Types of Dementia

5. El texto menciona otros trastornos que pueden causar pérdida de memoria, confusión o síntomas asociados a la demencia. Los detallamos y describimos brevemente.

Alzheimer's disease accounts for 50 to 70% of the cases of dementia. Other disorders that can cause memory loss, confusion, and other symptoms associated with dementia include:

Vascular dementia, often considered the second most common type of dementia, refers to impairment caused by reduced blood flow to parts of the brain. One type may develop after a single major stroke blocks blood flow to a large area of brain tissue. Another kind, formerly called 'multi-infarct dementia,' can occur when a series of very small strokes clog tiny arteries. Individually, these strokes are too minor to cause significant symptoms, but over time their combined effect becomes noticeable. Symptoms of vascular dementia can be similar to Alzheimer's disease. They include problems with memory, confusion, and difficulty following instructions. In some cases, the impairment associated with vascular dementia can occur in 'steps' rather than in a slow, steady decline, usually seen in Alzheimer's.

Mixed dementia is a condition in which Alzheimer's disease and vascular dementia occur together. Some experts believe that this combination is also very common. There is some evidence to show that this type of dementia is much more common than once believed.

Parkinson's disease affects the control of movement, resulting in tremors, stiffness, and impaired speech.

Many individuals with Parkinson's also develop dementia at a later stage of the disease.

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Causes and Risk Factor

- 6. ¿Cuál es la principal característica (síntoma) de la enfermedad de Alzheimer en el paciente?
Ejemplifique

- 7. Mencione y describa las etapas de la enfermedad

Memory impairment is the hallmark symptom of Alzheimer’s disease and usually involves behaviors such as forgotten appointments, away from home, misplaced items, and repetitive questions. Along with memory problems, AD can be recognized by insomnia, anxiety, depression, disruptive behavior, and hallucinations. Several studies have found evidence that Alzheimer’s disease is a disease that is caused by or is a result of decreased metabolic activity in the brain.

Alzheimer’s disease has been classified into three stages and each stage has its specific symptoms.

Stage one usually lasts two to four years. It involves confusion, forgetfulness, disorientation, recent memory loss, and mood changes.

Stage two often lasts two to ten years. It is typically characterized by decreased memory reduced attention span, hallucinations, restlessness, muscle spasms, reduced to perform logic, increased irritability, and increased inability to organize thoughts.

Stage three generally lasts one to three years with risk factors that include age, head injury, and most often involve incontinence, swallowing difficulty, the development of skin infections, and seizures.

Diagnosis

8. ¿Por qué es importante un diagnóstico temprano de la enfermedad de Alzheimer?

9. ¿Qué exámenes deben solicitarse?

It is very important to get an early and accurate diagnosis of Alzheimer's disease in order to effectively treat it as early as possible. These treatments should begin (along with regular brain exercises) immediately after diagnosis to maximize the potential of leading a normal and healthy life.

Alzheimer's disease can be reliably diagnosed with a complete examination that includes the following tests:

A complete medical and psychiatric history. A neurological examination. Laboratory tests to rule out anemia, vitamin deficiencies, and other conditions. A mental status examination to evaluate the person's thinking and memory. Talking with family members or caregivers.

Mental Status Examination Diagnostic tests for Alzheimer's disease: One of the key diagnostic tests for dementias such as Alzheimer's is the Mental Status Examination (MSE). The Mini-Cog test takes about three minutes to administer and is often used in Emergency Departments, for people who appear to have some type of dementia like Alzheimer's disease. **Urinalysis** Urine test: Routine analysis of urine is just one of the tests that your doctor will do if Alzheimer's disease or another type of dementia is suspected. Urinalysis (urine tests) screens for abnormalities. Urinalysis can detect a number of diseases or conditions where symptoms may be similar to dementias such as severe renal disease. People with Mild Cognitive Impairment (MCI) may sometimes fear the onset of dementia, whereas, they will be experiencing

mild cognitive impairment. Visual Clues to Dementia Diagnosis There are a number of strong visual clues that can indicate that someone may be suffering from a dementia such as Alzheimer's disease. Appearance, dress, and personal hygiene may deteriorate. Visual clues are important, but provide only one aspect of human behavior and presentation that may lead to diagnosis. Lumbar Puncture test Although uncommon in tests of dementia the lumbar puncture can reveal rare diseases that can mimic the signs of dementia The Mini Mental State Examination (MMSE) is most commonly used to test for memory problems and contributes to a possible diagnosis of dementia. [10] The electroencephalogram (EEG) is a useful tool in the diagnosis of Alzheimer's. Those with the disease have a diffuse and symmetrical slowing of the brain waves that register on the EEG.

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TEXTO 9**Medicinal Herbs To Treat Alzheimer¹²**

1. ¿Qué propiedades ofrecen las hierbas para el tratamiento de la enfermedad de Alzheimer?, ¿cuáles son sus efectos?
2. Completamos el siguiente cuadro con información del texto. Incluimos cinco ejemplos de hierbas.

Hierba	Propiedades	Efecto/impacto en el paciente
<i>Curcuma longa L.</i>		

12 Disponible en: < http://www.ijnpnd.com/article.asp?issn=2231-0738;year=2012;volume=2;issue=2;spage=84;epage=91;aulast=Singhal;aid=IntJNutrPharmacolNeurolDis_2012_2_2_84_95927> Fecha de consulta: 10 de marzo de 2017

A number of scientific researches have been carried out on medicinal herbs. Herbs have anti-inflammatory and antioxidant activities that may be used in the treatment of AD. Alzheimer's patients have an acetylcholine deficiency. Anti-inflammatory herbs may reduce inflammation of the brain tissue in Alzheimer's: German chamomile, ginseng, licorice, turmeric, and white willow bark. Acetylcholine is a neurotransmitter that plays a key role in cognitive function and reasoning. The brains of those with mild-to-moderate Alzheimer's disease, a progressive type of dementia, have abnormally low acetylcholine concentrations. This means that any compound that enhances the cholinergic system in the brain may be useful in treating Alzheimer's disease and similar brain malfunctions. The herbs that inhibit Acetylcholinesterase (AChE) contain natural COX-2 inhibitors, also reported as medicinal herbs, for AD indication.

Some ayurvedic herbs like guduchi, yashtimadhuk, padma (*Nelumbo nucifera*), vacha, *convolvulus pluricaulis*, shankhpushpi, pancha-tikta-ghruta gugguli, amalaki, musta arjun, amalaki, ashwagandha, galio satva, kutaj, and others are excellent herbs for slowing down the brain cell degeneration caused by Alzheimer's. They enhance the brain's ability to function, and therefore, provide stability when used consistently.

***Curcuma longa* L. (Zingiberaceae)**

Curcuma longa (turmeric, harida) has been used as a source of curcumin (*diferuloylmethane*), an orange-yellow component of turmeric or curry powder. Studies have proved that curcumin has anti-inflammatory and antioxidant activities, and it helps in combating Alzheimer's disease (AD). Regular consumption of this herb helps in keeping the mind balanced. [11] The dose of curcumin can be reduced by making it to colon targeting. [12]

***Bacopa monniera* W etts. (Scrophulariaceae)**

Goswami et al., evaluate the effect of *Bacopa monnieri* (brahmi), associated with the Ayurveda system of medicine, on the cognitive functions in Alzheimer's disease patients, and conclude that it could be beneficial in these patients, but more study is needed. [13]

***Centella asiatica* L. (Umbelliferae)**

Extract from the leaves of gotu kola (*Centella asiatica*) has been used as an alternative medicine for memory improvement in the Indian Ayurvedic system of medicine for a long time

***Ginkgo biloba* L. (Ginkgoaceae)**

Ginkgo biloba is the best known herb for Alzheimer's disease and its associated symptoms. In controlled clinical trials, using a placebo and control group, *ginkgo biloba* extracts showed therapeutic benefits in Alzheimer's, similar to prescription drugs such as Donepezil or Tacrin, with minimal undesirable side effects. [14] The chief chemical constituent of ginkgo biloba is ginkgolides and it is a pertinent antioxidant, with neuroprotective and cholinergic activities that help in the management of AD. *Ginkgo biloba* improves protection against A β protein-induced oxidative damages (degrading hydrogen peroxide, preventing lipids from oxidation, and trapping the reactive oxygen species). [15]

Ginkgo biloba is best known for its ability to enhance circulation systemically. Its action is directly related to the vasorelaxing activity. Thus, *ginkgo biloba* can lower blood pressure and inhibit platelet aggregation. Scientific studies have shown its promise on cognition-enhancement (booster), if used during the early stages of Alzheimer's disease.

Salvia officinalis (Lamiaceae)

Sage as it is more commonly referred for Alzheimer's disease treatment. It has been reported to assist the brain in the fight against AD. Sage contains the antioxidants carnosic acid and rosmarinic acid. These compounds are thought to protect the brain from oxidative damage. [16]

Rosmarinus officinalis (Lamiaceae)

Rosemary (satapatrika) contains the following natural COX-2 inhibitors: apigenin, carvacrol, eugenol, oleanolic acid, thymol, and ursolic acid. 'If a synthetic COX-2 inhibitor could prevent Alzheimer's disease, so could a natural COX-2 inhibitor,' according to Duke 2007. In addition, Rosemary contains nearly two dozen antioxidants and another dozen anti-inflammatory compounds. Some of the strongest antioxidant substances in the herb are carnosic acid and ferulic acid, which have even greater reported antioxidant activity than the widely common synthetic antioxidants butylated hydroxytoluene (BHT) and butylated hydroxyanisole (BHA). [17] Rosemary can be used as a tea, in shampoo, or in bath water, because it can be absorbed through the skin. [18]

Matricaria recutita (Asteraceae)

German chamomile is said to stimulate the brain, dispel weariness, calm the nerves, counteract insomnia, aid in digestion, break up mucus in the throat and lungs, and aid the immune system. Chamomile can relieve anxiety, and in higher doses, leads to drowsiness, according to the University of Maryland Medical Center. [19]

Melissa officinalis L. (Lamiaceae)

Historically, *Melissa officinalis* (lemon balm) was believed to sharpen memory. Lemon balm can also temporarily improve cognitive decline as well as improve the mood for Alzheimer's patients. Another study addressing the use of lemon balm for Alzheimer's disease, concluded that *Melissa officinalis* is one of several plants that may be useful in the prevention and treatment of Alzheimer's disease due to its ability to inhibit acetylcholinesterase and its antioxidant activity. [19], [20]

Glycyrrhiza glabra (Fabaceae)

Alzheimer's disease is characterized by neuronal loss and the presence of extracellular senile plaques, whose major constituent is amyloid- β peptide ($A\beta$). In this study, we investigated the effects of a water extract of licorice (Yashti-madhuka) on $A\beta$ 25-35-induced apoptosis in PC12 cells. Results suggest that GW E exerts a protective effect against apoptotic neuronal cell death induced by $A\beta$ fragments. Extract from the licorice root is reported to treat or even prevent brain cell death in diseases like Alzheimer's and its associated symptoms. [21]

***Galanthus nivalis* L. (Amaryllidaceae)**

The chief chemical constituent of the *Galanthus nivalis* L. (common snow drop) is Galanthamine, and this is an isoquinoline alkaloid. Acetylcholinesterase (AChE) inhibitors, which are also called ‘anticholinesterase drugs,’ have been recently approved as a promising treatment approach for AD. Galanthamine has been found to be the long-acting and specific inhibitor of the AChE enzyme and to potentiate cholinergic nicotinic neurotransmission by allosterically modulating the nicotinic acetylcholine receptors, which may be of additional value in the treatment of AD. [22], [23]

***Huperzia serrata* (Lycopodiaceae)**

Huperzia serrata (Thunb. ex Murray) is one of the genera in the *Huperziaceae* family (syn. *Lycopodiaceae* family). This genus, has been used for its memory-enhancing effect since ages in the Traditional Chinese Medicinal system (TCM), and is known to contain a large group of alkaloids called ‘*Lycopodium* alkaloids’. Huperzine A, a novel *Lycopodium* alkaloid extracted from *Huperzia serrata*, is well known as a reversible, potent, and selective AChE inhibitor. It is also known as ‘Qian Ceng Ta’ in China, and Huperzine A has been used as a therapeutic agent for AD from centuries. [24]

As reported by researchers, taking Huperzine-A leads to a significant improvement in memory, concentration, and the learning capacity. Research has also shown that Huperzine-A substantially reduces the abnormally high radical activity both in the brains of elderly animals as well as in the blood of Alzheimer’s patients. An experimental study in monkeys has shown that it reverses scopolamine-induced amnesia, suggesting that it may benefit the cognitive problems in Alzheimer’s patients or those with other cognitive disorders. [25]

***Commiphora wighitti* (Burseraceae)**

Commiphora wighitti (guggulu), a plant resin, contains the major constituent of guggulipid, which is guggulsterone. The guggulipid has been seen to be a potential cognitive enhancer for improvement of memory in scopolamine-induced memory deficits. [26]

Commiphora wighitti acts on impairment in learning and memory and decreased choline acetyltransferase levels in hippocampus. However, *Commiphora wighitti* shows maximum effects on memory functions and the potential for dementia disorder. [27]

***Lepidium meyenii* Walp (Brassicaceae)**

Lepidium meyenii is known as maca. Maca shows beneficial improvement in memory and learning. Black maca improves experimental memory impairment, induced by ovariectomy, due in part, to its antioxidant and AChE inhibitory activities. Results demonstrated that black maca can enhance learning and memory in OVX (ovariectomized) mice and this effect might be related, at least in part, to its ability to reduce LPO (Lipid peroxidation) and AChE in OVX mice. [28]

***Panax ginseng* (Araliaceae)**

Panax ginseng (Ren-shen) contains saponins protopanaxadiol, protopatriol, and oleanolic acid saponins that are reported to have memory-enhancing action for the learning impairment induced by scopolamine. [26] Ginseng grows in Northeastern Asia. The ginseng root has been used in folk medicine in countries like China and Korea, for boosting Qi (energy), from ancient time. Ginseng has a history of medicinal use that goes back thousands of years. The ginseng extract has many uses, and claim to achieve and maintain both physical health and mental well-being. [29]

Research has also suggested that ginseng is able to enhance the psychomotor and cognitive performance, and can benefit AD by improving the brain cholinergic function, reducing the level of AD, and repairing the damaged neuronal networks. [19]

***Acorus calamus* L (Araceae)**

Acorus calamus (sweet flag) (Araceae) possesses a beneficial memory enhancing property for memory impairment, learning performance, and behavior modification. *Acorus Calamus* inhibits the acetylcholinesterase (AChE). *Acorus Calamus* contains a majority of α - and β -asarone. [26] In the Ayurveda medicine system, *Acorus Calamus* has been used for the treatment of memory loss and its related symptoms. *Acorus Calamus* also shows anti-inflammatory, antioxidant, antispasmodic, cardiovascular hypolipidemic, immunosuppressive, cytoprotective, antidiarrheal, antimicrobial, and anthelmintic activities.

***Angelica archangelica* L (umbelliferae)**

Angelica archangelica L., also known as *Dudhachora* (*Laghu coraka*), contains several substances that have the same kind of activity as drugs used for Alzheimer's disease. These substances do not cause the side effects observed with drugs, such as, nausea, stomach ache, insomnia, and so on. The same phytochemicals in *Angelica archangelica* can also increase blood flow in the brain. A study shows that chloromethane sub-fraction of a methanol extract inhibit AChE in-vitro. [30], [31]

***Tinospora cordifolia* (Menispermaceae)**

Tinospora cordifolia (guduchi) possesses a memory enhancing property for learning and memory in normal and memory-deficits animals. *Tinospora cordifolia*'s mechanism for cognitive enhancement is by immunostimulation and synthesis of acetylcholine, this supplementation of choline enhances the cognitive function. [26]

***Magnolia officinalis* (Magnoliaceae)**

The bark of *Magnolia officinalis* (talauma) is used as a traditional memory enhancing agent in Chinese medicine for the treatment of neurosis, anxiety, stroke, and dementia. *Magnolia officinalis* inhibits the memory impairment induced by scopolamine through the inhibition of AChE. The ethanolic extracts of *M. officinalis*, magnolol and honokiol, are reported to have antioxidant activity in vitro and in vivo. [26],[31]

***Collinsonia canadensis* (Lamiaceae)**

Horsebalm (*Monarda*) has been reported to prevent the breakdown of acetylcholine. The chief chemical constituents of horsebalm are carvacol and thymol which are used for AD. Normally our body's protective blood-brain barrier helps prevent harmful substances in the blood from reaching the tissues of the brain. However, it can also prevent helpful medicines from reaching the brain. The horsebalm compounds seem to cross that great divide. Horsebalm is even used as a herbal shampoo by adding a few drops to your normal herbal shampoo. [18]

***Bertholettia excelsa* (Lecythidaceae)**

Although the name is Brazil nut, the most significant exporter of Brazil nuts is not Brazil, but Bolivia. In Brazil these nuts are called castanhas-do-Para. [32] It has a high concentration of lecithin, which contains choline. Choline is a building block for acetylcholine. These building blocks enhance the concentration of acetylcholine in AD patients. Other plants that contain good amounts of lecithin are dandelion flowers, poppy seeds, soybeans, mung beans, horehound, ginseng, cow peas, English peas, and lentils. [18]

***Urtica dioica* L. (Clusiaceae)**

Stinging nettle has been used for centuries to treat allergy symptoms, particularly hayfever, which is the most common allergy problem. It contains biologically active compounds that reduce inflammation. It contains the mineral boron that is reported to enhance the levels of estrogen; which is a hormone in the body, which can be beneficial in short-term memory. Stinging nettle has also been shown to elevate the mood in some Alzheimer's patients. [18], [32]

***Withania somnifera* (Solanaceae)**

Active glycowithanolides of *Withania somnifera* (ashawagandha) have a significant antioxidant function; which is accomplished by increasing the activities of superoxide dismutase, catalase, and glutathione peroxidase. [33] Ashwagandha is also reported as a Nervine tonic that rejuvenates the cells and boosts energy.

The assessment of cholinesterase inhibition was carried out using a colorimetric method based on Ellman's reaction and demonstrated that the *W. Somnifera* extract significantly inhibited AChE in a concentration-dependent manner. [34]

The most common medicinal herbs for the treatment of AD and those reported in literature are *Ginkgo biloba* L. (*Ginkgoaceae*), *Salvia officinalis* L., and *Huperzia serrata* Thunb. (*Lycopodiaceae*). Some others are medicinal herbs that have a beneficial effect in the treatment of Alzheimer's disease (AD) and its associated symptoms are: *Acorus calamus* L. (*Araceae*), *Angelica archangelica* L. (*Umbelliferae*), *Bacopa monniera* W etts. (*Scrophulariaceae*), *Biota orientalis* L. (*Coniferae*) *Cupressaceae*, *Celastrus paniculatus* Willd. (*Celastraceae*), *Centella asiatica* L. (*Umbelliferae*), *Clitoria ternatea* L. (*Leguminosae*), *Codonopsis pilosula* Franch. (*Campanulaceae*), *Convolvulus pluricaulis* Choisy. (*Convolvulaceae*), *Coptis chinensis* Franch. (*Ranunculaceae*), *Crocus sativus* L. (*Iridaceae*), *Curcuma longa* L. (*Zingiberaceae*),

Evodia rutaecarpa (Juss.) Benth. (Rutaceae), *Ginkgo biloba* L. (Ginkgoaceae), *Hypericum perforatum* L. (Clusiaceae) (Hypericaceae), *Magnolia officinalis* Rehd. and Wils. (Magnoliaceae), *Melissa officinalis* L. (Lamiaceae), *Piper methysticum* Frost. (Piperaceae), *Polygala tenuifolia* Willd. (Polygalaceae), *Rheum* spp. L. (Polygonaceae), *Salvia lavandulaefolia* Vahl. (Lamiaceae), *Salvia miltiorrhiza* Bung. (Lamiaceae), *Salvia officinalis* L. (Lamiaceae), *Terminalia chebula* L. (Combretaceae), *Withania somnifera* L. (Solonaceae), and soon.

Conclusion

3. Leemos las conclusiones del artículo y realizamos un punteo de los principales hallazgos del uso de las hierbas medicinales en el tratamiento de la enfermedad de Alzheimer.

Herbs may play a promising role in the early treatment of Alzheimer's and other conditions involving poor memory and dementia. One of the chief benefits is that they have a low toxicity compared to pharmaceutical agents. There is no reason why botanicals cannot be used adjunctively with drugs, or other complementary approaches such as SAME, fish oil, and antioxidant vitamins. A review of the literature indicates that the sooner the treatment is started, the better will be the outcome. Therefore, if clients have family members with a history of Alzheimer's disease, or other states involving poor memory, they may start taking these remedies prior to the onset of symptoms, to delay or possibly prevent the advent of the symptoms. The *acorus/ginkgo* formula mentioned earlier (with salvia and ginkgo) and vinpurazine with naturally extracted huperzine A are two promising long-term therapies for people suffering from memory loss, dementia, and Alzheimer's disease.

The use of herbal medicines in the treatment of AD should be compared with the pharmacological treatment currently in use. Such studies should include identification of the active principle in order to improve the validation of the clinical trial. Further large-scale, multicenter studies are necessary to determine the effectiveness of these substances in the cognitive deterioration of AD. Until then, this review provides some evidence of the benefit of a wide range of herbs (included in the Indian Medicine System, Chinese Medicine System, European Medicine System, etc.) in the treatment of AD.

TEXTO 10

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Adolescent Pregnancy In Argentina: Evidence-Based Recommendations For Public Policies¹³

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Abstract: In Argentina adolescent pregnancy is still regarded as a public health problem or a “social epidemic.” However, it is necessary to ask from which perspective and for whom it is a problem, and what type of problem. This article presents the findings of a large quantitative and qualitative study conducted in five Northern provinces and two metropolitan areas of Argentina in 2003–2004. Based on the results of a survey of adolescent mothers (n=1,645) and ten focus group discussions with adolescent girls and boys, it addresses the connections between school dropout, pregnancy and poverty, and makes recommendations on how to tailor health care and sexuality education to address local realities. The findings indicate a need to develop educational activities to promote safer sex and address gender power relations in programmes working with deprived communities. Sexuality education with a gender and rights perspective, and increasing accessibility to contraceptive methods for adolescent girls and boys is also crucial. Antenatal and post-partum care, as well as post-abortion care, should be improved for young women and viewed as opportunities for contraceptive counselling and provision. Male participation in pregnancy prevention and care also needs to be promoted.

Keywords: adolescents and young people, education, antenatal care, contraception and unplanned pregnancy, Argentina

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In Latin America, pregnancy during adolescence became an issue in the 1970s, a decade later than in Europe and the United States. The construction of adolescent pregnancy as a “social problem” was the result of a variety of factors: the absolute and relative growth of the adolescent population, a smaller reduction in adolescent fertility than in adult women; the increased medicalisation of pregnancy and increased access to health care services by low-income sectors, which gave adolescent mothers greater social visibility; social and cultural changes; and particularly adults’ preoccupation with sexual activity among young people.

In Argentina, the adolescent fertility rate (age 15-19 years) is around 62 per 1,000, lower than the average rate of Latin America and the Caribbean (72.4 per 1,000), lower also than that of neighbouring countries Bolivia, Brazil, Paraguay and Uruguay, but significantly higher than Chile (43,6). Although the rate has steadily declined since 1980, when it peaked at 78 per 1,000, it has not yet fallen back to the levels observed at the beginning of the 1960s (58,4).

In order to better contextualise these data, it is worth taking into account that Argentina’s reproductive health indicators are relatively poor given the development of its public health system and the resources allocated to health (21.3% of the national budget). For instance, its maternal mortality rate (46 per 100,000 births) is higher than that of its neighbours Chile and Uruguay, countries that spend a lower proportion of their budgets on health care.

In addition, reproductive health indicators vary considerably between provinces. Despite the fact that regional differences in adolescent fertility rates have declined during the last decades, they continue to be high, currently ranging from 23,9 per 1,000 in the City of Buenos Aires to 100 per 1,000 in the provinces of Chaco and Misiones. Annually, around 100,000 children are born to teenage mothers in the country, representing 15% of total births.

Adolescent motherhood is a repeated event for a great number of women: 32,5% of adolescent mothers aged 18-19 have more than one child, and 7,6% have three or more children.

Even though nowadays biomedical literature states that pregnancy is risky in biomedical terms only at a very early age (13-14 years), 6-10 the issue is still regarded as a public health problem or a “social epidemic” by public officials, physicians, the press and the general public. In addition, as Luker has shown for the US, the common sense view still tends to regard adolescent pregnancy as a cause of poverty rather than as a consequence of it, and of the lack of resources and alternative projects.

There are certainly very diverse situations that fall into the category of adolescent pregnancy. In some cases, particularly among the youngest girls, pregnancy is the result of non-consensual sex (rape, incest, sexual coercion). In others, lack of sexuality education and friendly health

care services, as well as gender inequalities, prevent teenagers from adopting contraceptive methods or using them effectively. Other adolescents actually seek or welcome pregnancy.

Taking “context” seriously into account, this article therefore aims at identifying priorities for action and providing useful data and ideas for the design of specific interventions that respond to the needs of different groups of adolescents. This is particularly relevant for Argentina, where there is a considerable disconnection between what researchers know and what decision-makers, politicians and the general public think are the facts about adolescent pregnancy. Our research has elicited adolescent’ perspectives and included the views of understudied social actors: young men, educational professionals, psychologists, social workers, youth and women’s health advocates. In order to complete the picture, we seek to consider the long-term impact of adolescent motherhood and fatherhood.

In short, we will try to provide some answers to the question from which perspective and for whom adolescent pregnancy is a problem, and what type of problem.

Actividades

1. Identificamos el sinónimo de las siguientes palabras:

- a. *difficulty*:
- b. *discovery*:
- c. *desertion*:
- d. *disadvantaged*:
- e. *prophylactic*:

2. Tachamos la definición incorrecta para las siguientes palabras y seleccionamos la adecuada para este contexto.

“regard” (v)

- a. estimar
- b. considerar
- c. regalar
- d. contemplar

“address”(v)

- a. Dirigirse
- b. Abordar
- c. Alinear
- d. Agendar

“conduct”S (v)

- a. concluir
- b. conducir
- c. llevar a cabo
- d. dirigir

“tailor”(v)

- a. confeccionar
- b. coser
- c. medir
- d. adaptar

3. Todos los verbos del punto 3 pueden, además, ser sustantivos. Proveamos el equivalente en castellano de cada uno.

regard:

address:

conduct:

tailor:

4. Respondan:

- a. ¿Cuál es el propósito de la investigación?
- b. ¿De qué forma se recabó la información?
- c. ¿A qué conclusiones arribaron los investigadores?

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