

## PONTIFÍCIA UNIVERSIDADE CATÓLICA DO RIO GRANDE DO SUL ESCOLA DE HUMANIDADES - CURSO DE LETRAS

# PROVA DE PROFICIÊNCIA EM LÍNGUA INGLESA PARA ALUNOS DE MEDICINA, ODONTOLOGIA, FARMÁCIA, ENFERMAGEM, NUTRIÇÃO, FISIOTERAPIA. GRADUAÇÃO - 2019/2

Nome:	
Curso:	
Instruções gerais:	
1. Apresentar documento de identidade com foto.	
2. Responder às questões em <u>língua portuguesa</u> , com <u>caneta azul ou preta</u> .	
3. É permitido consultar dicionários e gramáticas em papel.	
4. Não é permitido utilizar <u>celulares, laptops, notebooks, tablets e canetas tradutoras</u> .	
5. Entregar a prova no prazo máximo de <u>duas (2) horas</u> .	
6. Serão considerados aprovados os candidatos que demonstrarem proficiência, com aproveitamento igual ou superior <u>a 70% de acertos.</u>	

## I - Responda às questões 1 − 3 de acordo com o texto 1, abaixo:

**Text 1: Abstract** – "Dietary carbohydrate restriction as the first approach in diabetes management: Critical review and evidence base".

(Published in January, 2015-https://www.sciencedirect.com/science/article/pii/S0899900714003323)

The inability of current recommendations to control the epidemic of diabetes, the specific failure of the prevailing low-fat diets to improve obesity, cardiovascular risk, or general health and the persistent reports of some serious side effects of commonly prescribed diabetic medications, in combination with the continued success of low-carbohydrate diets in the treatment of diabetes and metabolic syndrome without significant side effects, point to the need for a reappraisal of dietary guidelines. The benefits of carbohydrate restriction in diabetes are immediate and well documented. Concerns about the efficacy and safety are long term and conjectural rather than data driven. Dietary carbohydrate restriction reliably reduces high blood glucose, does not require weight loss (although is still best for weight loss), and leads to the reduction or elimination of medication. It has never shown side effects comparable with those seen in many drugs. Here we present 12 points of evidence supporting the use of low-carbohydrate diets as the first approach to treating type 2 diabetes and as the most effective adjunct to pharmacology in type 1. They represent the bestdocumented, least controversial results. The insistence on long-term randomized controlled trials as the only kind of data that will be accepted is without precedent in science. The seriousness of diabetes requires that we evaluate all of the evidence that is available. The 12 points are sufficiently compelling that we feel that the burden of proof rests with those who are opposed.

**Keywords:** Diabetes; Carbohydrate; Low-carbohydrate diet; Ketogenic diet; Triglyceride; Hemoblobin A1c.

1.	Por que os autores apontam a necessidade de uma reavaliação das diretrizes alimentares? (1 ponto)
2.	De acordo com o texto, quais os benefícios da restrição de carboidratos na dieta alimentar? (1 ponto)
3.	<u>Traduza,</u> para o <u>Português,</u> o seguinte segmento do texto 1. (1 ponto)
	Here we present 12 points of evidence supporting the use of low-carbohydrate diets as the first proach to treating type 2 diabetes and as the most effective adjunct to pharmacology in type 1."

### II - Responda às questões 4-8 de acordo com o texto 2, abaixo.

#### Texto 2 - Heart Disease

(Published in September, 2019- Harvard Medical School - <a href="https://www.health.harvard.edu/topics/heart-disease-overview">https://www.health.harvard.edu/topics/heart-disease-overview</a>)

#### **Heart Disease**

The heart beats about 2.5 billion times over the average lifetime, pushing millions of gallons of blood to every part of the body. This steady flow carries with it oxygen, fuel, hormones, other compounds, and a host of essential cells. It also whisks away the waste products of metabolism. When the heart stops, essential functions fail, some almost instantly.

Given the heart's never-ending workload, it's a wonder <u>it</u> performs so well, for so long, for so many people. But it can also fail, brought down by a poor diet and lack of exercise, smoking, infection, unlucky genes, and more.

A key problem is atherosclerosis. This is the accumulation of pockets of cholesterol-rich gunk inside the arteries. These pockets, called plaque, can limit blood flow through arteries that nourish the heart — the coronary arteries — and other arteries throughout the body. When a plaque breaks apart, it can cause a heart attack or stroke.

Although many people develop some form of cardiovascular disease (a catch-all term for all of the diseases affecting the heart and blood vessels) as **they** get older, it isn't inevitable. A healthy lifestyle, especially when started at a young age, goes a long way to preventing cardiovascular disease. Lifestyle changes and medications can nip heart-harming trends, like high blood pressure or high cholesterol, in the bud before they cause damage. And a variety of medications, operations, and devices can help support the heart if damage occurs.

### Heart diseases include:

- coronary artery disease: the accumulation of cholesterol-filled plaque in the arteries that nourish heart muscle
- heart attack (myocardial infarction): the sudden stopping of blood flow to part of the heart muscle
- heart failure: the inability of the heart to pump as forcefully or efficiently as needed to supply the body with oxygenated blood
- heart rhythm disorders: heartbeats that are too fast, too slow, or irregular
- heart valve disorders: problems with the valves that control blood flow from one part of the heart to another part of the heart or to the body.
- sudden cardiac arrest: the sudden cessation of the heartbeat
- cardiomyopathy: a disease of the heart muscle that causes the heart to become abnormally enlarged, thickened, and/or stiffened
- pericarditis: inflammation of the pericardium, a thin sac that surrounds the heart
- myocarditis: inflammation of the myocardium, the middle layer of the heart wall
- congenital heart disease: heart diseases or abnormalities in the heart's structure that occur before birth.

4. "O coração bate cerca de 2,5 bilhões de vezes durante a vida de um indivíduo, empurrando milhões de litros de sangue para todas as partes do nosso corpo". Quais os componentes carregados através deste fluxo sanguíneo constante? (1 ponto)
5. De acordo com o texto 2, o que é <u>aterosclerose</u> ? (1 ponto)
6) A quem/ que se referem as palavras <u>it</u> e <u>thev</u> (2° e 4° parágrafos respectivamente, em negrito e sublinhadas)? (1 ponto)
7. <u>Traduza para o Português</u> o segmento extraído do texto 2: "Given the heart's never-ending workload, it's a wonder <u>it</u> performs so well, for so long, for so many people. But it can also fail, brought down by a poor diet and lack of exercise, smoking, infection, unlucky genes, and more". (2 pontos)
8. <u>Cite e explique 3</u> doenças cardíacas mencionadas no texto? (2 pontos)