PRUEBAS DE CERTIFICACIÓN

COMPRENSIÓN DE LECTURA

Apellidos: ....

Nombre: ....

Completa la información:

Alumno/a **OFICIAL** (Indica el nombre de tu profesor/a-tutor/a durante el curso 2016-2017: ....)
Grupo: ....

INSTRUCCIONES PARA LA REALIZACIÓN DE ESTE EJERCICIO:

o Duración: **75 minutos.**

o Este ejercicio consta de **dos tareas**. Deberás realizar las dos.

  o <u>En la tarea 1</u> deberás leer un texto, completar cada enunciado con una de las opciones dadas (A, B, C o D) y escribir la opción correcta en la casilla indicada.

  Obtienes: <u>1 punto</u> por cada respuesta correcta; <u>0 puntos</u> por cada respuesta incorrecta o no dada.

  o <u>En la tarea 2</u> deberás leer un texto y completar cada hueco con la oración correspondiente. Hay dos oraciones que no debes utilizar.

  Obtienes: <u>1 punto</u> por cada respuesta correcta; <u>0 puntos</u> por cada respuesta incorrecta o no dada.

  Muy importante: al final, comprueba que has elegido una sola opción (como en los ejemplos); si eliges dos opciones, se anulará la respuesta para ese ítem.

o **No escribas en los espacios sombreados** destinados a la calificación de las tareas.

o Sólo se admiten respuestas escritas con **bolígrafo azul o negro**.

NO ESCRIBAS AQUÍ

PUNTUACIÓN DEL EJERCICIO: _____ **/18**

CALIFICACIÓN: ☐ Superado   ☐ No Superado

TAREA 1 – 10 puntos: Read the following article about the prevention of heart disease and answer the questions on pages 5 and 6.

THE POWER OF SIMPLE LIFE CHANGES TO PREVENT HEART DISEASE

Billions of dollars are spent every year on medications that reduce the risk of heart disease — the No. 1 killer in the United States.

But some people feel powerless to prevent it: many of the risk factors seem baked into the cake at birth. Genetic factors can have a huge impact on people's chances of dying of heart disease, and it has long been thought that those factors are almost always outside of one's control.

Recent research contradicts this, though, and that should give us all renewed hope.

Since the 1930s, we've recognized that heart disease runs in families. For the last decade, we've been able to identify specific genes that are linked to coronary artery disease. In fact, these genes seem to have a cumulative effect. People who have more of them are at greater risk.

Familial factors are some of the strongest arguments for using drugs like statins widely. After all, there's only so much you can do about your cholesterol through diet and exercise changes. Some people can see reductions in cholesterol only through pharmacological intervention.

Still, we tend to treat those at low risk with lifestyle changes, while those at high risk get more intensive therapy. A new study in *The New England Journal of Medicine* argues that thinking may be wrong.

Researchers gathered data from four large prospective cohort studies that followed thousands of people for years, looking at the relationships between various risk factors and heart disease. The first began enrolling patients in 1987 and the last in 2008. Even though specific genes of interest weren't known when these studies began, data were available that allowed scientists to evaluate genetic risk decades later. Using about 50 different variations — single-nucleotide polymorphisms (otherwise known as SNPs) — researchers created a risk score.

They also looked at how lifestyle factors were associated with outcomes. These included not smoking cigarettes, not being obese (having a B.M.I. less than 30), performing physical activity at least once a week and having a healthful diet pattern.

That last criterion was defined as doing at least half of the following recommendations: eating more fruits, nuts, vegetables, whole grains, fish and dairy products and eating less refined grains, processed meats, unprocessed red meats, sugar-sweetened beverages, trans fats and sodium. Every one of the four lifestyle factors was associated with a decreased risk of coronary events.

That's the first bit of good news. Doing any one of these things makes a difference.

But the effect is cumulative. The researchers divided people into three groups based on these factors. "Favorable" required at least three of the four factors, "intermediate" required two of them, and "unfavorable" required one or none. Across all studies, those with an unfavorable lifestyle had a risk that was 71 percent to 121 percent higher than those with a favorable lifestyle.

More impressive was the reduction in coronary events — heart attacks, bypass procedures and death from cardiovascular causes — at every level of risk. Those with a favorable lifestyle, compared with those with an unfavorable lifestyle, had a 45 percent reduction in coronary events among those at low genetic risk, a 47 percent reduction among those with intermediate genetic risk, and a 46 percent reduction among those at high genetic risk.

What does this mean in real-world numbers? Among those at high genetic risk in the oldest cohort study, 10.7 percent could expect to have a coronary event over a 10-year period if they had an unfavorable lifestyle. That number was reduced to 5.1 percent if they had a favorable lifestyle. Among those at low genetic risk, the 10-year event rate was 5.8 percent with an unfavorable lifestyle and 3.1 percent with a favorable lifestyle. In the other cohort studies, similar relative reductions were seen.

These differences aren't small. The risk of a coronary event in 10 years was halved. The absolute reduction, more than 5 percentage points in the genetic group at high risk, means that lifestyle changes are as powerful as, if not more powerful than, many drugs we recommend and pay billions of dollars for all the time.

There are caveats, of course. All of the participants in these analyses were white, because there are few well-validated genetic studies in black populations. But the researchers also saw similar findings in the black population of the oldest cohort. These aren't randomized controlled trials, and there could be other factors at play that we aren't measuring. But the results were consistent over a number of studies, and the effect size is large.

There are important lessons to be learned. These results should encourage us that genetics do not determine everything about our health. Changes in lifestyle can overcome much of the risk our DNA imposes.

Lifestyle changes are hugely important not only for those at low risk, but for those at high risk. The relative reductions in events were similar at all levels of genetic risk.

Moreover, given how changes in lifestyle will also reduce your risk of other diseases like cancer (the No. 2 killer), it's clear that a healthier lifestyle could have huge implications for many, many more people.

It's important to acknowledge that these lifestyle recommendations are even less constrictive than those I've discussed in the past. You need only be a current nonsmoker; past smoking doesn't exclude you. You can also be overweight, just not obese. And in contrast with most physical activity recommendations, it requires only once-a-week exercise, not the 30 minutes for five days that most professional organizations like the American Heart Association endorse.

Source: www.nytimes.com

TAREA 2 – 8 puntos: Read the text about modern matchmakers and find the appropriate sentence for each gap. You will find the sentences on page 6.

THE MODERN MATCHMAKERS

INTERNET DATING SITES CLAIM TO PAIR OFF SUCCESSFULLY. BUT DO THEY?
___(0)___ Whether those others were parents, priests, friends or bureaucrats, their motive was largely the same: they thought they knew what it took to pair people off better than those people knew themselves.

Today, though, there is a new matchmaker: the internet. It differs from the old ones in two ways. First, its motive is purely profit. ___(1)___ For internet dating sites promise two things that neither traditional matchmakers nor chance encounters at bars, bus-stops and bar mitzvahs offer. One is a vastly greater choice of potential partners. The other is a scientifically proven way of matching suitable people together, enhancing the chance of "happily ever after".

The greater choice is unarguable. But does it lead to better outcomes? And do the algorithms actually work, and deliver the goods in ways that traditional courtship (or, at least, flirtation) cannot manage? These are the questions asked by a team of psychologists led by Eli Finkel in a paper released a few days before St Valentine's day. This paper reviews studies carried out by many groups of psychologists since the earliest internet dating site, *Match.com*, opened for business in 1995. ___(2)___

BLUEPRINT FOR A PERFECT PARTNER?

Commercially, that is fair enough. ___(3)___ But this makes claims of efficacy impossible to test objectively. There is thus no independent scientific evidence that any internet dating site's algorithm for matching people together actually does enhance the chance of their hitting it off when they meet. What papers have been published on the matter have been written by company insiders who do not reveal how the crucial computer programs do their stuff.

It is, though, possible to test the value of a claim often made for these algorithms: that they match people with compatible personality traits. No doubt they do, given the number of questions on such matters on the average application form. ___(4)___ To examine this proposition, Dr Finkel draws on a study published in 2010 by Portia Dyrenforth of Hobart and William Smith Colleges, in Geneva, New York.

Dr Dyrenforth asked more than 20,000 people about their relationships, and also assessed their personalities. ___(5)___ But the difference was not exactly huge. It was 0.5%. As Dr Finkel puts it, "I wouldn't have a problem with companies claiming that their matching algorithm could increase the chances of developing a lasting relationship by a tiny amount; I get concerned, though, when companies claim they can find your soul mate for you."

Surely, however, the chances of finding that magic other are increased by the second thing internet dating brings: oodles of choice? But here, too, things are not as simple as they might seem.

Some dating-site algorithms do not take the high-handed "we know best" approach but, rather, let the punter decide what he or she is looking for and then offer as many matches to those criteria as are on the website's books. ___(6)___ That, it is true, is an assumption behind all consumer decisions. But changing your mind about a book or a washing machine chosen over the internet is not as emotionally fraught as changing your mind about a potential sexual partner. And here, too, the data suggest people are not good at knowing what they want. One of Dr Finkel's own studies, for example, showed that when they are engaged in internet dating's cousin, speed dating, people's stated preferences at the beginning of the process do not well match the characters of the individuals they actually like.

Indeed, even the very volume of alternatives may be a problem. ___(7)___ Half a dozen bonbons, or a dozen bottles, are easier to pick between than 30 or 40 and an internet dating site may come up with not just a few dozen, but thousands of allegedly suitable matches.

THE SUPERMARKET OF LOVE

Not surprisingly, the difficulty of choosing from abundance seems to apply to choice of people, too. Dr Finkel could find no study which addressed the question directly, in the context of internet dating. But speed-dating once again provided an answer. Here, he found studies which showed that when faced with abundant choice, people pay less attention to characteristics that require thinking and conversation to evaluate and more to matters physical.

___(8)___ That is not a reason not to use it. But you may be just as likely to luck out in the local café, or by acting on the impulse to stop and talk to that stranger on the street whose glance you caught, as you are by clicking away with a mouse and hoping that, one day, Cupid's arrow will strike.

Source: www.economist.com

JUNTA DE ANDALUCIA

Apellidos y Nombre: ....

TAREA 1 – 10 puntos: Read the article and choose the right answer to complete the following sentences about it. Only one of the answers is correct. Number zero is an example. You will get 1 point per correct answer.

PUNTOS: / 10

Example: **0. Most people feel they can't do much to prevent heart disease because...** *A. they believe genes play an important role in the chances of developing a heart condition.* B. medication doesn't effectively reduce the risk of heart disease. C. medication to reduce heart disease is expensive. D. heart disease is connected with food ingestion after birth.	**A**	✓
1. Patients who have genes linked to coronary disease... A. are more likely to reduce cholesterol through diet and physical activity. B. may currently need to rely on medicines to reduce cholesterol. C. produce more statins than other patients. D. usually have strong arguments with their families due to their use of drugs.		
2. A new study in *The New England Journal of Medicine* defends... A. intensive therapy for patients with familial factors. B. lifestyle changes for low-risk patients. C. a combination of both intensive therapy and lifestyle changes for all patients. D. a different approach to the one doctors have favoured up till now.		
3. This new study... A. started back in 1987. B. was carried out between 1987 and 2008. C. relied on the results of previous research. D. has helped to discover new genes that were unknown decades ago.		
4. The study.... A. focused on lifestyle factors because genetic risk will be evaluated at a later stage. B. concluded that genes and diet are the most important factors to evaluate heart disease risk. C. concluded that lifestyle factors have a significant impact on the occurrence of coronary events. D. found out that being healthy in at least two of the four lifestyle areas defined in the study was necessary to improve chances of decreasing the risk of coronary events.		
5. The researchers in this study... A. carried out three separate studies for people with three different lifestyles. B. found that all the studies considered concluded that 71% of people had unfavorable lifestyles. C. found that all the studies considered led to the same conclusion about lifestyle and heart disease risk. D. found that all the studies considered concluded that you have a 121% higher risk of having a heart disease if you have an unfavorable lifestyle.		
6. According to this study... A. only people who are at high genetic risk can reduce their chances of having a heart attack by having a healthy lifestyle. B. people who are at intermediate risk and have a healthy lifestyle have much higher chances of reducing risk of coronary events than those at high genetic risk. C. people who are at low risk of coronary disease do not need to worry much about their lifestyle. D. genes do not have any influence on the impact lifestyle has on reducing the chances of coronary events.		

7. The study suggests that...
    A. there may be a cheaper way to fight coronary disease than our current approach.
    B. the researchers recommend some expensive drugs to fight coronary disease.
    C. those at risk of having a coronary event in a 10-year period will halve that period if they do not have any drugs.
    D. the reductions of coronary event risk were only relative and not important.	

8. The results of the study should be taken with some caution because...
    A. black participants were old.
    B. there were some methodological problems.
    C. the results of the black participants were not validated correctly.
    D. lifestyle factors were not properly measured.	

9. According to the article,...
    A. there is little we can do to beat our genes if we are at high genetic risk of developing a heart condition.
    B. the results of the new study can have implications for the prevention of other diseases different from heart disease.
    C. the results of the study show that genetic risk is not relevant when developing a heart disease.
    D. the results of the study highlight how our DNA conditions our life.	

10. According to the journalist, the recommendations for a favourable lifestyle in the study are...
    A. similar to those suggested by important health institutions in the US.
    B. similar to the ones he defended in the past.
    C. quite limiting for both current and past smokers.
    D. easier to follow than other health advice.	

TAREA 2 – 8 puntos: Read the text and find the appropriate sentence for each gap. Write your answer in the chart given. There are 2 sentences you do not need to use. Number 0 is an example. 1 point per answer.

A	For as log as humans have romanced each other, others have wanted to meddle.
B	Being interested in matchmaking is for sure a really new human behaviour.
C	Many firms preserve their intellectual property as trade secrets, rather than making it public by patenting it, and there is no reason why internet dating sites should not be among them.
D	In it, Dr Finkel and his colleagues cast a sceptical eye over the whole multi-billion-dollar online dating industry, and they are deeply unconvinced.
E	Studies on consumer choice, from boxes of chocolates to restaurant wine lists, have shown that less is more.
F	The upshot of Dr Finkel's review is thus that love is as hard to find on the internet as elsewhere.
G	What is assumed, but not tested, however, is that this is a good thing that those with compatible personalities make more successful couples than those without.
H	The crucial assumption here, of course, is that what people think they want is what they actually need.
I	Second, single wannabe lovers are queuing up to use it, rather than resenting its nagging.
J	Figures show that when it comes to having options to choose from, the more the better.
K	Members of couples with similar personalities were indeed happier than those whose partners were dissimilar.

	0	1	2	3	4	5	6	7	8
	A								
	✓								

PUNTOS: / 8