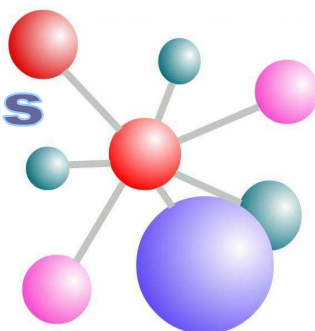


Inglês



Ciências da Saúde

Instruções

- | | |
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| 1 | Confira se os dados contidos na parte inferior desta capa estão corretos e, em seguida, assine no espaço reservado para isso.
Se, em qualquer outro local deste Caderno, você assinar, rubricar, escrever mensagem, etc., será excluído do Exame. |
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| 8 | Utilize para rascunhos o verso de cada página deste Caderno. |
| 9 | Você dispõe de, no máximo, três horas, para responder as 5 questões que constituem a Prova. |
| 10 | Antes de retirar-se definitivamente da sala, devolva ao Fiscal este Caderno. |

Assinatura do Candidato: _____

As questões de 01 a 05, cujas respostas deverão ser redigidas EM PORTUGUÊS, referem-se ao texto abaixo.

Relationship of Functional Health Literacy to Patients' Knowledge of Their Chronic Disease - A Study of Patients With Hypertension and Diabetes

Mark V. Williams; David W. Baker; Ruth M. Parker; Joanne R. Nurss

INTRODUCTION

CHRONIC DISEASES such as hypertension and diabetes require patient education to achieve adequate control and prevent adverse health outcomes. Patients with hypertension may need to understand how to properly take multiple medications and modify their lifestyle (eg, low salt diet, weight loss, or exercise) to achieve adequate blood pressure control.¹ The intricacies of the diabetic diet, insulin injection, and home glucose level monitoring place even greater educational requirements on patients. Patient education also plays a critical role in facilitating patients' acceptance of their diagnosis and understanding behavioral changes required for active participation in treatment.

Traditional patient education relies heavily on written material about disease processes, medical management, and self-care instructions. Despite the availability of extensive health education materials with relatively consistent content, many are written at too high a level for low-literate patients to comprehend essential points. Thus, patients with inadequate literacy may not benefit from such educational efforts. This may explain why some patient education programs have been unsuccessful.

This problem may be more common than many health care providers realize; reading skills are deficient in 46% to 51% of adult US citizens according to the National Adult Literacy Survey. We previously documented that 35.1% of English-speaking patients and 61.7% of Spanish-speaking patients seeking care at 2 public hospitals lack literacy skills adequate to function in the health care settings. We and others showed that lower literacy skills also correlate with poorer self-reported health status. Because of their worse health, patients with poor literacy skills are likely to have even greater educational needs. However, the impact of literacy on patients' knowledge of their own illnesses and self-management skills has not been elucidated.

To examine the relationship between literacy and knowledge of chronic disease, we focused on patients with hypertension and diabetes. In addition to being prevalent, these chronic diseases require daily attention to self-care and have standard markers of disease control (levels of hemoglobin [Hb] A_{1c} and blood pressure). In this study we measured the functional health literacy of patients with diabetes or hypertension and evaluated the relationship of patients' literacy levels to knowledge of their chronic disease and markers of disease control. Understanding the role of functional health literacy in disease management and patient education should enhance efforts to improve patients' knowledge of their disease and adherence to treatment plans.

PATIENTS AND METHODS

This study was conducted at 2 urban public hospitals. Harbor-UCLA Medical Center is a 500-bed public hospital in Torrance, Calif, operated by the Los Angeles County Department of Health Services. The hospital serves an extremely diverse patient population; approximately 40% are Latino, 30% black, 25% white, and 5% other ethnic minorities. Grady Memorial Hospital is an approximately 900-bed public hospital in Atlanta, Ga. The vast majority of its patients are black indigent residents of Fulton and DeKalb Counties. The study design, contact, and consent forms were approved by the human investigations committees at both institutions. Patients were enrolled during a 3-month period from June 1994 through August 1994. All research assistants underwent 15 hours of training explaining the rationale and study design, interviewing techniques, and procedures for knowledge and functional health literacy test administration. A project coordinator conducted ongoing quality control of the research assistants.

At Harbor-UCLA Medical Center, all patients with hypertension or diabetes presenting to the General Medicine Clinic on weekdays during regular appointment hours were eligible if they were

currently being treated with daily medication. Patients were identified by review of their medical chart and the diagnosis was confirmed with the nurse in the clinic. Patients with both type 1 and type 2 diabetes were included in the study; the vast majority had type 2. Exclusion criteria were prior enrollment in this study or other literacy studies, age younger than 18 years, unintelligible speech, overt psychiatric illness, lack of cooperation, police custody, and being too ill to participate. Patients were recruited after they had been registered into the clinic and were waiting to see a physician. To diminish selection bias, eligible patients were enrolled sequentially from the medical charts of patients waiting to be seen.

Disponível em: <http://archinte.ama-assn.org/cgi/content/full/158/2/166>. Acesso em: 27 set. 2011

Questão 1

De acordo com o texto, o que os pacientes com hipertensão e diabetes podem fazer como parte do conhecimento para o controle de sua doença?

Espaço para Resposta

Questão 2

Qual o problema apontado pelos autores com os programas tradicionais de educação de pacientes sobre suas doenças?

Espaço para Resposta

Questão 3

O que foi medido pelos autores no estudo relatado?

Espaço para Resposta

Questão 4

Descreva (a) os hospitais envolvidos, (b) a população de pacientes que participaram e (c) os critérios de exclusão do estudo apresentado.

Espaço para Resposta

