Universidad Nacional Experimental "Francisco de Miranda"
Área Ciencias de la Salud
Programa de Medicina
U.C. Inglés Instrumental II

Workshop

1.) Read the following conversation between a doctor and a patient. After you reading answer the following questions.

a) Identifica la categoría gramatical de las siguientes palabras, según su uso en la conversación:

Today (línea 1)	Extremely (línea 4)	suppose (línea 14)
Very (línea 2)	Drank (línea 4)	sick (line 3)
Doctor (línea 6)	Symptoms (línea 4)	illness (line 2)

b) Diga brevemente con sus propias palabras de que trata la conversación.

2.) Comprehension: Select the option that corresponds to the statement in the extract below.

I have not felt well since yesterday afternoon. The symptoms began with a headache and a gradual sore throat. I drank tea with lemon and honey, and I went to bedearly. However, I am extremely exhausted, and I don't feel any better today.

1. *No me encuentro bien desde ayer por la tarde. Los síntomas comenzaron con un dolor de cabeza y un gradual dolor de garganta. Bebí té con limón y miel y me acosté pronto. Sin embargo, estoy agotadísima y hoy no me siento mejor.*

2. *No me encuentro bien desde ayer por la tarde. Los síntomas comenzaron con un dolor de cabeza y un gradual dolor de garganta. Bebí té con limón y azúcar y me acosté pronto. Sin embargo, estoy triste y hoy no me siento mejor.*

3.) Realice un resumen en español con sus propias palabras con una extensión de 350 palabras del texto proporcionado. *"Diabetes Mellitus"*

Dialogue

1. **Doctor Klein:** Good morning, Cecilia, how are you feeling today?
2. **Cecilia:** I do not feel very well, Doctor Klein. I hope that you can treat my illness.
3. **Doctor Klein**: I'm sorry that you feel very sick. Tell me some of your symptoms so that Ican give you a proper diagnosis.
4. **Cecilia**: I have not felt well since yesterday afternoon. The symptoms began with a headache and a gradual sore throat. I drank tea with lemon and honey, and I went to bedearly. However, I am extremely exhausted, and I don't feel any better today.
5. **Doctor Klein**: I have seen these symptoms recently in some of my other patients. I'll check your temperature and examine your throat in order to give you a proper

diagnosis.

6. **Cecilia**: Thank you, Doctor.
7. **Doctor Klein**: Open up and say “Ahhhhhh...”
8. **Cecilia**: “Ahhhhhh...”
9. **Doctor Klein**: Oh, my! I can already see that your throat is very red. Your temperature of100 degrees indicates that you are running a mild fever. I am afraid that you might have the flu.
10. **Cecilia:** What is the best way to cure my symptoms?
11. **Doctor Klein**: You will need plenty of rest, and you should drink fluids frequently in orderto stay hydrated. You’ve also just started to show symptoms, so I can prescribe you a medication that can reduce fever and shorten the duration of your illness.
12. **Cecilia**: Should I stay home from work as well?
13. **Doctor Klein**: Yes, you should remain in bed until the fever breaks. You should also wait until 24 hours after the fever has broken before you return to work. You do not want to riskgetting your coworkers sick as well.
14. **Cecilia:** I suppose I will just take it easy and relax for a couple of days. Thank you, doctor,for all of your help!
15. **Doctor Klein**: No problem! Try your best to rest for a couple of days. I hope you feel bettersoon!

DIABETES MELLITUS

Diabetes mellitus is a group of metabolic diseases in which there are high blood sugar levels over a prolonged period, usually due to a combination of hereditary and environmental causes, resulting in **hyperglycemia** (abnormally high blood sugar levels).

Blood glucose levels are controlled by a complex interaction of multiple chemicals and hormones in the body, including the hormone **insulin** made in the beta cells of the pancreas. Diabetes is due to either the pancreas not producing enough insulin or the cells of the body not responding properly to the insulin produced. There are three main types of diabetes mellitus:

- Type 1 DM results from the pancreas's failure to produce enough insulin. This form was previously referred to as "insulin-dependent diabetes mellitus" (IDDM) or "juvenile diabetes". The cause is unknown.
- Type 2 DM begins with insulin resistance, a condition in which cells fail to respond to insulin properly. As the disease progresses a lack of insulin may also develop. This form was previously referred to as "non insulin-dependent diabetes mellitus" (NIDDM) or "adult-onset diabetes". The primary cause is excessive body weight and not enough exercise.
- Gestational diabetes, is the third main form and occurs when pregnant women without a previous history of diabetes develop high blood-sugar levels.

All forms of diabetes have been treatable since insulin became medically available in 1921, but there is no cure. The injections by a syringe or insulin pump are the basic treatment

of type 1 diabetes. Type 2 is managed with a combination of dietary treatment, exercise, medications and insulin supplementation.

Signs and symptoms

The classic symptoms of untreated diabetes are weight loss, polyuria (increased urination), polydipsia (increased thirst), and polyphagia (increased hunger). Symptoms may develop rapidly (weeks or months) in type 1 DM, while they usually develop much more slowly and may be subtle or absent in type 2 DM.

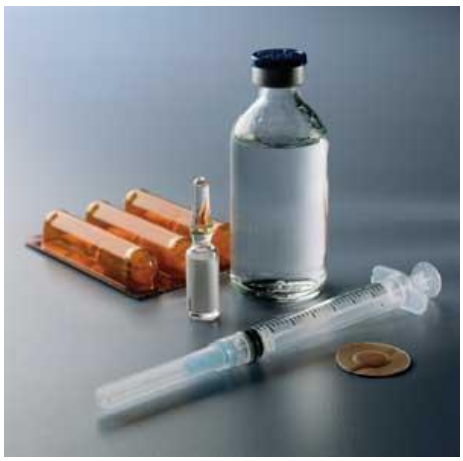
Several other signs and symptoms can mark the onset of diabetes, although they are not specific to the disease. In addition to the known ones above, they include blurry vision, headache, fatigue, slow healing of cuts, and itchy skin. Prolonged high blood glucose can cause glucose absorption in the lens of the eye, which leads to changes in its shape, resulting in vision changes. A number of skin rashes that can occur in diabetes are collectively known asdiabetic dermadromes.

Diabetes and its treatments can cause many complications such as cardiovascular disease, chronic renal failure, retinal damage (which can lead to blindness), nerve damage, and microvascular damage, which may cause erectile dysfunction and poor wound healing. Poor healing of wounds, particularly of the feet, can lead to gangrene, and possibly to amputation.

Diagnosis

The diagnosis of type 1 diabetes, and many cases of type 2, is usually prompted by recent-onset symptoms. These symptoms typically worsen over days to weeks; about a quarter of people with new type 1 diabetes have developed some degree of diabetic ***ketoacidosis*** by the time the diabetes is recognized.

The diagnosis of other types of diabetes is usually made in other ways. These include ordinary health screening; detection of hyperglycemia during other medical investigations; and secondary symptoms such as vision changes or unexplainable fatigue. Diabetes is often detected when a person suffers a problem that is frequently caused by diabetes, such as heart attack, stroke, neuropathy, poor wound healing or a foot ulcer, certain eye problems, certain fungal infections, or delivering a baby with macrosomia or hypoglycemia.



Diabetes mellitus is characterized by recurrent or persistent hyperglycemia, and is diagnosed by demonstrating any one of the following:

- Fasting plasma glucose level at or above 126 mg/dL (7.0 mmol/l).
- Plasma glucose at or above 200 mg/dL (11.1 mmol/l) two hours after a 75 g oral glucose load as in a glucose tolerance test.
- Symptoms of hyperglycemia and casual plasma glucose at or above 200 mg/dL (11.1 mmol/l).

Glycated hemoglobin is better than fasting glucose for determining risks of cardiovascular disease and death from any cause.

The rare disease diabetes insipidus has similar symptoms to diabetes mellitus, but without disturbances in the sugar metabolism (insipidus means "without taste" in Latin) and does not involve the same disease mechanisms. Diabetes is a part of the wider condition known as metabolic syndrome.

Adequate treatment of diabetes, as well as increased emphasis on blood pressure control and lifestyle factors, may improve the risk profile of most of the chronic complications. In the developed world, diabetes is the most significant cause of adult blindness in the non-elderly and the leading cause of non-traumatic amputation in adults, and diabetic nephropathy is the main illness requiring renal dialysis.