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מס' מחברת

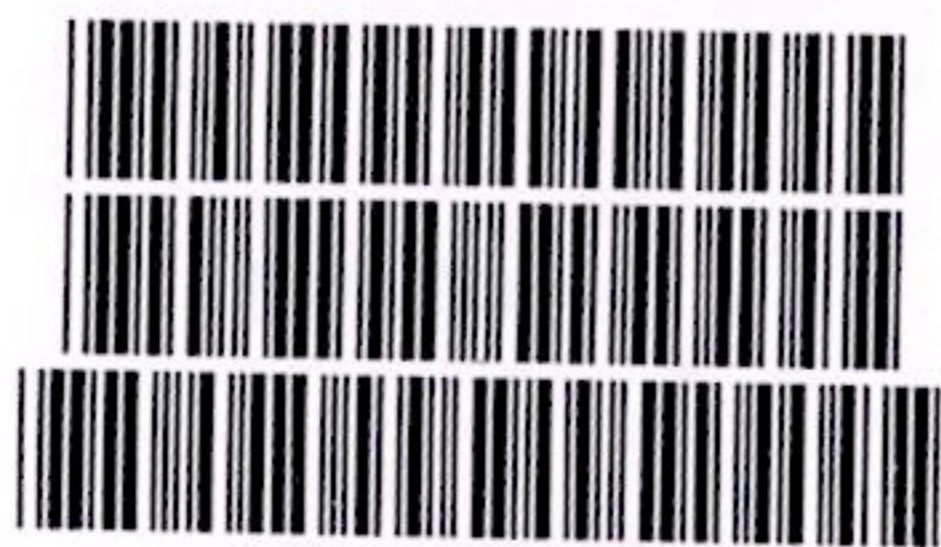
המרכז
האקדמי
לב

מדור בחינות

נבחן/ת יקר/ה, לפני תחילת הבחינה, נא מלא/י את כל הפרטים בכתב יד ברור וקרא/י בעיון את ההוראות:

- יש להכין תעודה מזהה ואישור נבחן על שולחןך.
- יש להניח את כל החפצים בצד, לרבות מכשירי טלפון סלולריים, כשהם כבויים לחלוטין.
- יש להשמע להוראות המשגיחים.
- יש לכתוב את הבחינה בעט כחול כהה או שחור בכתב יד ברור, אין לכתוב בעפרון או בעט שאינו כחול או שחור.
- בחינה שלא תכתב לפי הכללים עלולה לא להיבדק.
- אין לתלוש דפים ממחברת הבחינה ואין לכתוב מעבר לקו האדום משני צדי הדף.
- אין לשוחח עם נבחן/ת אחר/ת במהלך כל הבחינה.
- עזיבת אולם הבחינה, ללא מסירת מחברת הבחינה והשאלון, דינה ציון נכשל (0).
- לפני מסירת מחברת הבחינה יש לסמן את הטיוטא באופן ברור.
- עם הודעת המשגיחים כי תם הזמן, על הנבחן/ת למסור את מחברתו/ה עם השאלון ולצאת מאולם הבחינה. הנוהג/ת בניגוד לתקנון הבחינות, צפוי/ה להעמדה לדיון בתעדת משמעת.

אנא שמור/שמרי על טוהר הבחינה!

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323809012

למילוי ע"י בודק/ת הבחינה:

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ציון

תאריך הבדיקה

חתימה

למילוי ע"י הסטודנט/ית

3	2	3	8	0	9	0	1	2
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מס' תלמיד

שם הקורס אנלי-מקצאים ב'

1	7	9	1	6	6
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מס' הקורס

שם המרצה רוביןשנה"ל תשפ" 2 סמסטר: אלוט, א' ב' ,תאריך הבחינה 25.1.2023מועד: א ב - ג - מיוחד חוג אנלי-

קמפוס: לב/נוה, טל-תבונה, לוסטיג, מבח"ר

אולם הבחינה: פר

90804



שנה"ל תשפ"ג סמסטר א', מועד א'
שאלון בחינה בקורס: אנגלית מתקדמים ב' סיעוד
מספר: 179166

שם המרצה: גב' רובין ברוורמן

תאריך הבחינה: 25/01/2023 בשעה: 13:00

משך הבחינה (בדקות): 120

חומר עזר מותר לשימוש: מילון אנגלית / עברית

מחשבון: מילונית

המבחן כולל סה"כ 10 שאלות, יש לענות על כל השאלות.

את התשובות יש לכתוב ע"ג השאלון.

אסור: מחשב נייד, פלפון, מחשב כף יד

יש לענות על כל השאלות באנגלית

Final grade	/ 100 points
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נא להדק את המבחן בצד שמאל

תלמיד יקר,

1. נוהל הבחינות של המרכז האקדמי לב מחייב אותך, באחריותך לקוראו ולהכירו - בחינה עלולה להיפסל על כל חריגה מהנוהל.
2. אם אינך מבין את כוונת המרצה בשאלה כלשהי, עליך לכתוב בראש התשובה כיצד הינך מבין את השאלה ולפתור בהתאם. המרצה ישקול האם יש מקום להבנה זו ואז ינקד בהתאם.
3. את התשובות יש לכתוב ע"ג השאלון. חובה להחזיר את השאלון.
4. לידיעתך, תורדנה נקודות לא רק על שגיאות, אלא גם על תוספות לא רלוונטיות, העדר נימוק הולם לתשובה, חוסר סדר ותשובה דו-משמעית, כאשר נדרשת תשובה חד משמעית.

בהצלחה רבה !

שים לב! אין לכתוב בשוליים. השוליים יחתכו לצורך סריקת המבחן.

Diagnosing and Managing Migraine Headaches

1. It is estimated that 90% of the U.S. population will develop a headache within their lifetime. An analysis of the Global Burden of Disease Study 2015 found that headache disorders accounted for more disability-adjusted life-years (DALY) worldwide than all other neurologic disorders combined. Since patients with migraines often appear healthy, they are frequently subject to discrimination and stigmatization. People have trouble understanding the debilitating nature of migraines which can negatively affect every aspect of life. The first step in evaluating patients with a headache disorder is to determine whether the disorder is primary or secondary to ensure the patients receive appropriate treatment.

2. This article provides an overview of migraine pathophysiology, occurrence, frequency, diagnosis, and management in the outpatient primary care setting. It also focuses on the essential role of nurses in helping patients achieve long-term control. Nurses are often the patient's first and most frequent clinical contact and are thus critical for optimal patient outcomes.

Question 1

- a) Why would patients who appear healthy and have migraines face discrimination and stigmatization? Infer your answer from the text.

Because people have trouble understanding the debilitating nature of migraines which can have a negative effect every aspect of life

- b) Why is it important for nurses to have a full awareness of migraines? Give 2 different reasons.

- 1) nurses are often the patients first and most frequent clinical contact.
- 2) nurses are helping patients achieve long-term control.

12 points

PRIMARY VS. SECONDARY HEADACHE DISORDERS

3. **Primary headache disorders** are those in which the headache and its associated features constitute the disorder itself. These include tension-type headaches, which is the most common, affecting 38% of the population; migraine, which is the most debilitating, affecting 12% of the population; and cluster headaches. Primary headache disorders are often misdiagnosed and thus, treatment plans fail to help. Although the lifetime consultation rate for migraine is high, many patients report never receiving a diagnosis of "migraine." The International Classification of Headache Disorders (ICHD-3) lists over fourteen primary headache disorders in addition to migraine, tension-type headache, and cluster headache.

4. **Secondary headaches**, unlike primary headaches, often require urgent attention. These include headaches resulting from: head trauma or injury; cranial vascular disorders; nonvascular intracranial disorders; substance use or withdrawal, such as medication overuse headache; infection; disorders of homeostasis, such as hypertension; disorders of the cranium, neck, eyes, ears, nose, sinuses, teeth, mouth, or other facial structures; psychiatric disorders

Question 2

10

- a) Explain the BASIC and GENERAL difference between primary and secondary headache disorders IN YOUR OWN WORDS.

Primary headache disorders are more mental-tension type, and not always diagnosing.
 while secondary headache disorders are more physical and caused because other problems in the body.

- b) We can infer that the treatment for which kind of disorder will be more successful?

primary headache (secondary headache) (circle one)

Explain why.

Because in the secondary headache it is from other problem in the body that we know how to treatment. and in the primary headache the treatment plans fail to help.

-6 12 points

THE HIGH COST OF MIGRAINES

5. While primary headache disorders may not require urgent care, they impose a significant burden in terms of direct and indirect costs, including not only health care resources but also lost productivity. Annual lost productivity costs can be as high as \$36 billion.

6. In a study conducted in 2007, results from a self-administered headache questionnaire of 120,000 households found that the majority (62.7%) of respondents who experienced migraine reported having one to four headache days per month; 53.7% reported experiencing severe impairment or requiring bed rest; and more than 35% indicated that, over a three-month period, they had to restrict activity for at least one day due to headache. Second, anxiety and depression commonly coexist with migraines. Patients may worry about when the next migraine will occur and how it will interrupt their day. Third, a follow-up study published in 2008 focused on self-reported lost work and productivity—that is, the sum of actual missed hours plus reduced productivity hours while at work. The latter accounts for about 75% of headache-related lost productive time.

Question 3

What are the "high costs" of migraines?

-4 10 points

GENERAL TYPE of high cost of migraines	Specific example showing the high price or effect
1) lost productivity - self reported	they missed hours and reduced productivity hours while at work.
2) Decrease in mental health	anxiety and depression
3) rest and activity.	they had to restrict activity.

Burden on family, finances, career, and overall health

7. A survey conducted in 2012 characterized the impact of migraines on a U.S. sample of migraine sufferers. Participants who met the criteria for migraine completed a survey assessing the impact of migraine: on personal and family activities; finances; and overall health of the sufferer. Findings indicated that respondents believed migraines negatively affected many aspects of their lives, with 15% to 20% reporting harmful effects on all types of relationships and on finance, education, and career. About half felt they would be better parents if not for the migraines. One-third indicated that migraines had negatively affected their career and worried about their long-term financial security. More than 3% indicated that migraines had influenced their decision not to have children, to delay having children, or to have fewer children.

Question 4

In context of the text, what do **ALL** the findings have **IN COMMON**?

All the findings have in common that migraines have a harmful effects about a lot of aspect of life (and not only about health.)

7 points

MIGRAINE PATHOPHYSIOLOGY

8. While the pathophysiology of migraine is not completely understood, decades of clinical research have shown that it is not a simple vascular phenomenon, but a multifactorial neurovascular disorder that varies widely in presentation. Neuroimaging and electrophysiological studies show involvement of the hypothalamus, thalamus, cortex, trigeminal nerves, and upper cervical nerves over the various stages of a migraine.

9. **Migraine prodrome** (before the actual migraine starts). Patients may experience a preliminary stage up to **48 hours before other migraine symptoms develop**. Prodromal features commonly include fatigue, difficulty concentrating, neck pain, photophobia, phonophobia, blurred vision, yawning, and paleness.

10. **Migraine aura**. A brief visual, sensory, or other neurological symptom that precedes or accompanies migraine in some patients, the migraine aura is assumed to be the result of a phenomenon known as "cortical spreading depression" (CSD). This aura generally includes visual changes; speech or language difficulty; sensory disturbances, such as numbness; vertigo, tinnitus, or other hearing changes, decreased level of consciousness; motor weakness. It usually lasts 5-60 minutes or up to 72 hours. It can be with or without a headache. After the migraine is over, some patients experience the last stage of the migraine which may last 48 hours. Patients may feel fatigue, problems concentrating, and neck pain.

Question 5

What are the three stages of a migraines? Describe briefly ^{713 77} USING YOUR OWN WORDS.

Pre-migraine It is ~~primary~~ primary from the real migraine with other kind of symptoms - 48 hours before.

During lasts 5-60 mins up to 72 hours - that is the height of the migraine with hard symptoms

Post-migraine may last 48 hours - after the migraine there is symptoms of the end of the migraine like neck pain

9 points

MIGRAINE RISK FACTORS AND COMORBID CONDITIONS

11. The Migraine in America Symptoms and Treatment Study found migraine to be strongly associated with depression, anxiety, insomnia, asthma, gastric ulcers, diabetes, angina, epilepsy, and inflammatory comorbid conditions such as psoriasis.

12. **Risk factors for migraine progression or chronic migraine** include the following: a high baseline headache frequency; overuse of medications to control symptoms; insufficient headache relief and prophylaxis; obesity; depression; low socioeconomic status; stress; sleep disturbances. When discussing a headache treatment plan with patients, nurses should specifically ask about risk factors, including coexisting disorders, and suggest ways to address risks.

Question 6

Regarding ^{אני סיכנתי} migraine risk, what is the importance ⁷⁷⁸ of knowing all the comorbid conditions?

There is importance to know the comorbid conditions because thus people can do their best to prevent the migraine before it develops and to lessen risk factors.

7 points

NURSES ROLE IN ASSESSING AND TREATING MIGRAINES

13. **Signs and symptoms.** Migraine headache is typically a one-sided, throbbing, or pulsing pain of moderate to severe intensity. If untreated or treated ineffectively, episodes may last four to 72 hours and generally worsens with physical activity, which is one of the most helpful diagnostic features to obtain in the history. Migraine is accompanied by nausea, vomiting, photophobia, and phonophobia. A diagnosis of migraine does not require all the "typical" features, and presentation may vary among patients and between episodes.

14. **Imaging and testing.** Migraine is a clinical diagnosis, with no additional laboratory tests or imaging required in most cases. There is no evidence that imaging would reveal any meaningful abnormalities in patients with a typical migraine history and a normal neurologic exam.

15. **Headache history.** A comprehensive headache history is invaluable in determining the correct diagnosis and formulating a comprehensive treatment plan that emphasizes ongoing management. Screening for migraine risk factors and common comorbidities using a validated questionnaire can guide clinicians in

developing individualized headache treatment plans. The presence of other medical disorders, such as cardiovascular disease, renal dysfunction, asthma, or chronic obstructive pulmonary disease, may prevent the use of certain migraine treatments.

Question 7

Which of the above assessments is the most valid? Headch history

Explain why. because it is based on a medical assements.

4.5 8 points

16. Follow-up visits. After a thorough initial history, follow-up visits should assess any changes in headache symptoms and frequency, as patients with migraine may experience several types of headaches at the same time. For example, in patients with chronic migraine, the non-migraine days often meet criteria for tension-type headache. This can make it difficult for patients to answer questions about their headaches and for nurses to determine the full scope of the patient's headache burden.

17. Headache diary. It is recommended to ask patients to describe their most debilitating headache type and, after ensuring they understand the difference between preventive and acute treatments, encouraging them to keep a diary of their headache frequency, symptoms, and severity; and any adverse effects of medication or barriers to obtaining care. It should include a list of headache treatments taken of any type and supplements. It should also note frequency of each headache treatment and track caffeine intake, which contributes to overuse of headache medications. It is a critical part of the patient history.

Question 8

In what way are "follow-up visits" and "keeping a headache diary" effective measures of assessments? Complete the sentence in your own words.

a) In both, the patient may experience several typs of headaches at the same time -

b) What is one challenge nurses might face in getting accurate information from patients?
to determine the full scope of the patient headache burden and to expline him how to do a

4.5 9 points

18. PROPHYLACTIC MIGRAINE TREATMENT

Preventive medication is recommended in the following cases:

- headaches occur four or more days per month
- headaches interfere significantly with daily life even when treated acutely
- acule treatmets are contraindicated, fail to provide sufficient relief, or are overused

19. Preventative treatment can be challenging and include factors such as adverse reactions, difficulty with daily adherence, cost, and perceived lack of effectiveness. It

is important to provide early patient teaching on potential adverse effects and appropriate expectations. Oral medications can require eight weeks to determine their effectiveness. Patients who have a partial response should be informed that the full benefit may occur only in six to 12 months of continued treatment. Migraine is a chronic pain condition and meaningful improvement requires time and patience. There is no "one size fits all" plan for migraine treatment. Each medication has its own potential pros and cons.

Question 9a

Why would a patient need 'time and patience' when using preventative treatments?

The patient needs time because they need to understand what happens
 The patient needs patience because because the treatment take time before they can see results.

- 3 6 points

LIFESTYLE MODIFICATIONS AND NON-MEDICINAL MIGRAINE THERAPY

20. In addition to counseling, medication management, lifestyle modifications, diet, and trigger tracking, patients should be encouraged to take an active role in their pain management by following consistent and adequate sleep-wake schedules and looking for ways to reduce and manage stress. Generally, there is worsened pain with physical activity, but studies suggest that routine exercise may increase levels of endorphins and decrease headache frequency and duration. With the use of a diary, patients can identify patterns and avoid consistent food triggers. Skipping meals or dehydration should be avoided. Common dietary triggers include caffeine (especially withdrawal), artificial sweeteners, alcohol, and aged or smoked meats and cheeses, gluten, histamines, and monosodium glutamate.

21. Non-medicinal acute headache treatments may help patients avoid medication overuse headache. Acute migraine episodes often benefit from rest and relaxation in a dark, quiet place; thermal and electromyographic biofeedback; and cognitive behavioral therapy focused on stress management, relaxation strategies, and mindfulness therapies that help patients control stress and learn skills for coping with chronic pain.

Question 9b

In order to treat migraines without medication, a migraine sufferer

Should rest and relaxation in a dark quiet place.
 Should not stop the treatments- and do not use
Alcohol

- 6 points

American Journal of Nursing March 2022.

Question 10**Writing an opinion response**

Write a brief essay of 6 - 7 complex sentences relating to the following points.

Write clearly and pay attention to grammar, syntax, and sentence structure.

This article discusses the usefulness of keeping a headache diary as a critical part of the patient's history.

Keeping a diary can be useful for healing or improvement in many other ways.

Name a specific skill or ability in your personal, professional, or academic life in which keeping a diary would be beneficial.

- What is it about yourself you would like to improve or develop?
- What parameters would you describe or keep records about?
- Besides you, who would be aware of your diary in order to help you?
- How could this experience help you as a future nurse?

DO NOT write about headaches or anything mentioned in the article.

I want to develop my self confidence. I want to
records about my ~~my~~ diary. I keeping a diary
would be beneficial to my self-confidence.
Every night I need to right in my diary one good
thing I think about me. Every weekend I need to
read what I wrote during the week.
I think that a self confidence will help me
to do my best when I will be nurse.
Now when I student it is also help me.

7 14 points

Total minus	
100 points	— 49

Total	
100 points	51 /100

