MORBIDITY AND PREVENTION

1. Which of the following statements is not true about prevalence rates:
2. They include only cases existing at the beginning of the time period in the numerator. \*
3. They are influenced by the duration of disease.
4. They include new and existing cases in the numerator.
5. Which of the following rates is calculated as: Number of all registered cases of tuberculosis in a year / Mid-year population x 100,000?
6. Case-fatality rate of tuberculosis
7. Period prevalence of tuberculosis\*
8. Incidence of tuberculosis
9. Which indicator is calculated as: Number of all registered cases of pneumonia in a year / Mid-year population x 100,000?
10. General indicator for morbidity
11. Cause-specific indicator for morbidity\*
12. Standardized indicator
13. Diseases with the highest rate of GP consultation among children are:
14. Respiratory diseases\*
15. Cardio-vascular diseases
16. Injuries and poisoning
17. DALYs express:
18. The years of life lived in a good health
19. The years of life free of disability
20. The years of life lost due to premature death and years lived with a disability, adjusted for the severity of the disability\*
21. Iceberg of morbidity is the difference between prevalence and incidence rate
22. True B. False\*
23. Iceberg of morbidity is the difference between point prevalence and period prevalence
24. True\* B. False
25. The difference between point prevalence and period prevalence is:
26. Iceberg of morbidity\*
27. Incidence rate
28. Prevalence rate
29. Low accessibility of health services/care:
30. Increase the iceberg of morbidity\*
31. Decrease the iceberg of morbidity
32. Doesn’t affect the iceberg of morbidity
33. Low prevalence rate is always an indicator for good population health
34. True B. False\*
35. Point prevalence could be calculated using data from
36. Prophylactic (regular) check-ups\*
37. Medical documentation
38. Both statements are true
39. International classification of diseases (ICD) makes disease registers of different countries comparable.
40. True\* B. False
41. The Oncology Register in the town A with population of 100 000 people, includes 40 people with lung cancer diagnosed for first time during the year 2019 and 60 patients with the same disease, diagnosed during a previous period of time. Incidence rate of lung cancer is:
42. 40 per 100000 people\*
43. 60 per 100000 people
44. 100 per 100000 people
45. The Oncology Register in the town A with population of 100 000 people, includes 40 people with lung cancer diagnosed for first time during the year 2019 and 60 patients with the same disease, diagnosed during a previous period of time. Period prevalence rate of lung cancer is:
46. 40 per 100000 people
47. 60 per 100000 people
48. 100 per 100000 people\*
49. The Oncology Register in the town A with population of 100 000 people, includes 40 people with lung cancer diagnosed for first time during the year 2014 and 60 patients with the same disease, diagnosed during a previous period of time. Iceberg of morbidity of lung cancer is:
50. 40 per 100000 people
51. Cannot be calculated\*
52. 100 per 100000 people
53. The aim of primordial prevention is:
54. Identification of high-risk groups in population
55. Early diagnosis of disease
56. Non-admission of risk factors in population\*
57. Early diagnosis of disease is aim of:
58. Primary prevention
59. Secondary prevention\*
60. Tertiary prevention
61. Prevention paradox is a phenomenon typical for:
62. Primordial prevention
63. High-risk strategy of primary prevention
64. Population strategy of primary prevention\*
65. Human Papilloma Virus immunisation is an example of:
66. Primary prevention\*
67. Secondary prevention
68. Tertiary prevention

1. Which of the following is a characteristic of high-risk strategy of primary prevention?
2. People are highly motivated for participation
3. It is suitable to reduce behaviour risk factors\*
4. It provides a utility/benefit for total population
5. Which of the following is a characteristic of population strategy of primary prevention?
6. People are highly motivated for participation
7. It is suitable to reduce behaviour risk factors
8. It provides a utility/benefit for total population\*
9. In which strategy of primary prevention people are highly motivated for participation
10. High-risk strategy\*
11. Population strategy

1. Which strategy of primary prevention people provides a utility/benefit for total population

A. High-risk strategy

B. Population strategy\*

1. Which of the following is a disadvantage of population strategy of primary prevention?
2. It is suitable to reduce behaviour risk factors
3. It provides an utility/benefit for total population
4. It gives distinct results after a long period of time\*
5. Which of the following are necessary criteria for instituting screening programme?
6. Effective treatment of disease during the latency period
7. Simple and cheap screening test
8. All of the above\*
9. Which characteristic of the screening test express the proportion of truly ill people in the screened population who are identified as ill by the test:
10. Sensitivity\*
11. Specificity
12. Negative predicted value
13. Positive predicted value
14. The proportion of truly healthy people in the screened population identified by the test
15. The proportion of truly ill people in the screened population identified as ill by the test
16. The probability of the person having the disease when the test is positive\*
17. Which of the following statements is true about prevalence rates?
18. They include only cases existing at the beginning of the time period in the numerator.
19. They are not influenced by the duration of disease.
20. They include new and existing cases in the numerator\*
21. The years of life lost due to premature death and years lived with a disability, adjusted for the severity of the disability is measured by:
22. Disability Adjusted Life Years (DALY) \*
23. Health Adjusted Life Expectancy (HALE)
24. Quality Adjusted Life Years (QALY)
25. Which of the following rates is calculated as: Number of new cases of cases of cancer during a given year / Mid-year population x 1000?
26. Period prevalence of cancer
27. Point prevalence of cancer
28. Cancer incidence rate\*
29. Diseases with the highest rate of GP consultation among adult people are:
30. Cardio-vascular diseases\*
31. Nervous system diseases
32. Mental disorders
33. Iceberg of morbidity is:
34. The difference between period prevalence and incidence rate
35. The difference between point prevalence and incidence rate
36. The difference between point prevalence and period prevalence\*
37. Which of the following is true about prophylactic (regular) check-ups?
38. They present an active method of studying morbidity
39. They allow calculation of point prevalence
40. Both statements are true\*
41. The prophylactic (regular) check-ups is example of:
42. Active method of studying morbidity\*
43. Passive method of studying morbidity
44. Source of studying morbidity

1. The scientific research is example of:
2. Active method of studying morbidity\*
3. Passive method of studying morbidity
4. Source of studying morbidity
5. Studying morbidity by data from causes of death is:
6. Active method of studying morbidity
7. Passive method of studying morbidity\*
8. Improvement of medical technologies for prolonged surveillance of patients increase prevalence rate.
9. True\*
10. False
11. Which of the following conditions increases prevalence rate?
12. Low accessibility of health care
13. Poor diagnostic practices
14. Emigration of healthy people\*
15. Which of the following conditions doesn’t increase prevalence rate?
16. Low accessibility of health care\*
17. Emigration of healthy people
18. Immigration of ill people
19. Improvement of medical technologies for early diagnosis:
20. Increase prevalence rate\*
21. Decrease prevalence rate
22. Doesn’t affect prevalence rate
23. High prevalence rate is always an indicator for poor population health
24. True B. False\*
25. In the 10-th revision of the International classification of diseases (ICD) they are organized in 21 classes
26. True\* B. False
27. The Oncology Register in the town A, with population of 100 000 people, in the year 2019 includes 100 people with colon cancer. 30 of them have been diagnosed during the same year. The Incidence rate of colon cancer is?
28. 100 per 100000
29. 30 per 100000\*
30. 130 per 100000
31. The Oncology Register in the town A, with population of 100 000 people, in the year 2019 includes 100 people with colon cancer. 30 of them have been diagnosed during the same year. The period prevalence rate of colon cancer is?
32. 100 per 100000
33. 30 per 100000
34. 130 per 100000\*
35. The Oncology Register in the town A, with population of 100 000 people, in the year 2019 includes 100 people with colon cancer. 30 of them have been diagnosed during the same year. Iceberg of morbidity of colon cancer is?
36. Cannot be calculated\*
37. 100 per 100000
38. 30 per 100000
39. Prevention paradox is a phenomenon typical for:
40. Primary prevention\*
41. Secondary prevention
42. Tertiary prevention
43. Which of the following makes the disease appropriate for instituting screening programme?
44. Short latency period
45. Effective treatment of disease during the clinically manifested period\*
46. Unknown prevalence

1. Which of the following is a characteristic of population strategy of primary prevention?
2. People are highly motivated for participation
3. It is suitable to reduce behaviour risk factors\*
4. There is a necessity of screening to identify high-risk people
5. Which of the following is a disadvantage of high-risk strategy of primary prevention?
6. It is not suitable to eradicate behaviour risk factors\*
7. It provides a good cost – benefit ratio
8. It gives distinct results after a long period of time
9. Screening programme for early diagnosis of cervix cancer is an example of:
10. Primordial prevention
11. Primary prevention
12. Secondary prevention\*
13. The aim of tertiary prevention is:
14. Identification of high-risk groups in population
15. Reduction of harmful effect of risk factors
16. Reduction of negative consequences of disease\*
17. Sensitivity of a screening test is described by:
18. The proportion of truly healthy people in the screened population identified by the test
19. The proportion of truly ill people in the screened population identified as ill by the test\*
20. The probability of the person having the disease when the test is positive
21. The proportion of truly ill people in the screened population who are identified as ill by the test is
22. Sensitivity\*
23. Specificity
24. Positive predicted value
25. The proportion of truly healthy people in the screened population who are identified as healthy by the test is
26. Sensitivity
27. Specificity\*
28. Positive predictive value
29. Specificity of a screening test is described by:

A. The proportion of truly healthy people in the screened population identified by the test\*

1. The proportion of truly ill people in the screened population identified as ill by the test
2. The probability of the person having the disease when the test is positive
3. The probability a person with positive screening test to be ill is measured by:
4. Positive predictive value\*
5. Negative predictive value
6. Sensitivity
7. The probability a person with negative screening test to be healthy is measured by:
8. Positive predictive value
9. Negative predictive value\*
10. Sensitivity
11. Total population, selected groups and individuals at high risk are target groups of:
12. Primary prevention\*
13. Secondary prevention
14. Tertiary prevention
15. Individuals with established disease in asymptomatic stage are target groups of:

A. Primary prevention

B. Secondary prevention\*

C. Tertiary prevention

1. Measures that inhibit the emergence of environmental, economic, social and behavioural conditions are typical for:

A. Primary prevention

B. Primordial prevention\*

C. Tertiary prevention

1. Measures for protection of health by personal and communal efforts, such as enhancing nutritional status, providing immunizations, and eliminating environmental risks are typical for:

A. Primary prevention\*

B. Secondary prevention

C. Tertiary prevention

1. Measures available to individuals and communities for early detection and prompt intervention to control disease and minimize disability (e.g. through screening programs) are typical for:

A. Primary prevention

B. Secondary prevention\*

C. Tertiary prevention

1. Measures aimed at softening the impact of long-term disease and disability; minimizing suffering; maximizing potential years of useful life.are typical for:

A. Primary prevention

B. Secondary prevention

C. Tertiary prevention\*

1. The aim of primary prevention is to establish and maintain conditions that minimize hazards to health.
2. True
3. False\*
4. The aim of primary prevention is to reduce the prevalence of disease by shortening its duration.

A. True

B. False\*

1. Reduction of number and/or impact of complications is the aim of tertiary prevention:

A. True\*

B. False

1. The purpose of primary prevention is to limit the incidence of disease by controlling specific causes and risk factors.

A. True\*

B. False

1. Secondary prevention aims to reduce the more serious consequences of disease through early diagnosis and treatment.

A. True\*

B. False

1. The process of using tests on a large scale to identify the presence of disease in apparently healthy people is:
2. Diagnostic procedure
3. Screening\*
4. Secondary prevention
5. Screening which involves people or groups with specific exposure is:
6. Mass screening
7. Targeted screening\*
8. Opportunistic screening
9. Screening which aims to involve total population is:
10. Mass screening\*
11. Targeted screening
12. Opportunistic screening
13. Which of the following is a criteria for socially significant disease
14. Low prevalence rate
15. Low burden of disease (measured by DALYs)
16. High mortality rate\*
17. Which of the following is a requirement for instituting a screening programme:
18. Acceptable and cost-effective test\*
19. Short latency period of the disease
20. Lack of effective treatment
21. Which of the following is not a requirement for instituting a screening programme:
22. Acceptable and cost-effective test
23. Long latency period
24. Lack of effective treatment\*
25. Which of the following is not a criteria for socially significant disease:
26. Low burden of disease (measured by DALYs)\*
27. High proportion in hospital admission and hospital expenditure
28. High mortality rate
29. Which of the following is an example for socially significant disease in developed countries:
30. Measles
31. Poliomyelitis
32. Breast cancer\*
33. Which of the following is not example for socially significant disease in developing countries:
34. Measles\*
35. Breast cancer
36. Diabetes
37. Fixed individual characteristics as age, gender, genetic factors could be defined as:
38. Modifiable risk factors
39. Unmodifiable risk factors\*
40. Secondary risk factors
41. The relative impact of genetic risk factors on health is evaluated as:
42. 49-53%
43. 18-20%\*
44. 8-10%
45. The relative impact of behaviour risk actors on health is evaluated as:
46. 49-53%\*
47. 18-20%
48. 8-10%
49. Which of the following risk factors belongs to the group of community risk factors:
50. Sex
51. Air pollution\*
52. Age
53. Which of the following risk factors belongs to the group of individual risk factors:
54. Hypertension\*
55. Poor water supply
56. Air pollution

***Табл. Настройки на теста***

|  |  |
| --- | --- |
| Име на теста | Test Morbidity and Prevention |
| Брой на случайно генерирани въпроси  | 20 |
| Време за отваряне на теста | 08 юни 2020, 18:30  |
| Време за затваряне на теста | 08 май 2020, 19:30  |
| Време за решаване на теста | 15 мин. |
| Брой разрешени опити за теста | 1 |
| Парола за достъп до теста\* | Test-mor-2020 |
| Да се показва ли грешните (да/не) | Да |
| Да се показва ли верните (да/не) | Не |

 ***Табл. Скала за оценяване на тестовете по дисциплината***

|  |  |
| --- | --- |
| **Ниво на успеваемост** | **Оценка** |
| 90 – 100 % | 6.00 |
| 76 – 89 % | 5.00 |
| 63 – 75 % | 4.00 |
| 50 – 62 % | 3.00 |
| 0 – 49 % | 2.00 |

**Май, 2020 Изготвил,**

 **/Проф. д-р С. Янкуловска, дмн/**