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University Medical Center in Washington, D.C. Scientists have known that brain structure and function look different in people with dyslexia, Eden said, but they haven't known why. "This study makes an important step in that direction," she said. "It gets to the true characteristics of the properties of the neurons [cells] in these brain regions, not just their outward appearance."

People with dyslexia have consistent problems with language skills, especially reading. According to the International Dyslexia Association, as much as 15 percent to 20 percent of the population has symptoms of dyslexia -- including "slow" reading, poor spelling and writing skills, and problems deciphering words that are similar to each other.

The new study aimed to see whether "neural adaptation" might play a role. Adaptation is how the brain improves its efficiency. Perrachione offered an example: When you speak to someone for the first time, the brain needs a little time to get used to that person's voice, speaking rhythms and pronunciation of words, for instance.

But then the brain adapts and stops working so hard to process the other person's speech. In people with dyslexia, however, that adaptation seems to be hindered. "Their brains are working harder to process these sensory inputs," Perrachione said.

The new findings are based on functional MRI scans of adults and children with and without dyslexia. The scans were used to capture the study participants' brain activity as they performed a series of tasks. In one experiment, the participants listened to a series of words, read either by a single speaker or several different ones. Overall, the researchers found, people without dyslexia adapted to the single voice, but not to multiple speakers. In contrast, people with dyslexia showed much less adaptation in their brain activity, even when listening to a single speaker. The same pattern was seen when study participants viewed written words.

But the differences went beyond words: People with dyslexia showed less brain adaptation in response to images of faces and objects. That's "surprising," Eden said, since the disorder does not involve apparent problems with recognizing faces or objects. Perrachione speculated on a reason for the findings: The reduced brain adaptation may only "show up" when it comes to reading, because reading is such a complex skill. The brain has no dedicated "reading" area. "Reading is a tool, or technology, that we've invented," Perrachione pointed out. Learning to use that technology requires a complex orchestration of different brain "domains," he explained. And yet, because everyone is expected to read, most people probably do

not realize what an accomplishment it is, Perrachione said. Eden agreed. "Learning to read is an astonishing feat and one that we often take for granted," she said.

## Questions 15-22

**15. The author describes dyslexic people's brain differences as**

- a) More varied than many people realize
- b) Easier to understand than people expect
- c) having wide-reaching effects
- d) Absolute

**16. What new information did the study reveal?**

- a) That their brains are more plastic.
- b) That their ability to recognize faces and objects is underdeveloped.
- c) It confirmed that they have problems recognizing written words.
- d) That their brains are less flexible in several ways not considered previously

**17. What is implied by the chicken-and-egg question in Paragraph 2?**

- a) The impossibility of discovering the true cause of dyslexia.
- b) The fact that many studies constantly reveal various findings about the differences in the brain structure
- c) The fact that it is impossible to identify whether alternations are the cause or consequence of dyslexia.
- d) The fact that the brain's structure and function are both the cause and consequence of dyslexia.

**18. Why has the study been called "groundbreaking"?**

- a) Because previously scientists hadn't been able to understand the brain bases of dyslexia.
- b) Because so far scientists couldn't understand as before why dyslexic brains are different.
- c) Because it reveals the brain basis of dyslexia.
- d) Because it makes progress in understanding the basis of dyslexia in the human brain

**19. What is the main problem with people with dyslexia according to Perracchione?**

- a) There is no neural adaptation.
- b) Their brains take much longer to adapt.
- c) Adaptation occurs instantly.
- d) There is no sensory adaptation

**20. What does the experiment in seventh paragraph reveal?**

- a) That people with dyslexia experience difficulties when listening to multiple speakers.
- b) That it was difficult for both people with and without dyslexia to adapt to multiple speakers.
- c) That people with dyslexia have difficulty processing listening as well as written words.
- d) That brains of people with dyslexia have difficulty adapting to listening as well as reading.

**21. When is dyslexia most apparent?**

- a) During the process of reading.
- b) In face recognition.
- c) In face and object recognition.
- d) When reading is used as a tool or technology

**22. Which of the following is not true about reading?**

- a. It is a very complex skill.
- b. It can be located in one centre of the brain
- c. It requires communication among different areas in the brain.
- d. It is an amazing achievement

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## Answer Key - Reading Test-7

### PART B & C

#### Answer Keys

##### Part B

	Correct Answer
Q1	A
Q2	C
Q3	B
Q4	A
Q5	B
Q6	C

##### Part C

Q7	C
Q8	B
Q9	A
Q10	B
Q11	C
Q12	C
Q13	D
Q14	C

##### Q15

A

##### Q16

D

##### Q17

C

##### Q18

D

##### Q19

B

##### Q20

D

##### Q21

A

##### Q22

B

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## Reading Test-8

### Clinical Depression

#### PART A

##### TEXT 1

**Clinical depression** is a prolonged period of feeling sad, hopeless and lacking interest in activities that used to be enjoyable. It is normal for people to experience these symptoms at some stage, but if they are continuous for more than two weeks, then it is likely that the person is suffering from depression.

**Levels of depression** are considered to be mild, moderate and severe. A person with severe depression may need admitting to hospital for treatment and to reduce the risk of self-harm.

**Suicidal thoughts** may be experienced by someone with clinical depression, especially if it is severe.

##### TEXT 2

##### Clinical assessment

- Carry out a detailed mental health assessment
- Check for psychological symptoms and the duration they have been experienced for
- Symptoms include
  1. feeling sad, down or empty
  2. reduced enjoyment from normal activities
  3. becoming withdrawn from friends
  4. feelings of worthlessness or guilt
  5. suicidal thoughts
  6. tearfulness for no reason
- Check for physical symptoms which include:
  1. low energy, fatigue and reduced activity
  2. difficulty sleeping
  3. increased alcohol intake
  4. loss of appetite or weight
  5. trouble concentrating
  6. slowed thinking
  7. hand-wringing
  8. digestive problems

##### Management

- Consider blood tests to eliminate anaemia and hypothyroidism



**For mild depression**

1. encourage joining a self-help group
2. starting or increasing a programme of exercise

**For mild to moderate depression**

1. advise options recommended for mild depression
2. refer for counselling for cognitive behaviour therapy (CBT)

**For moderate to severe depression**

1. anti-depressant medication
2. CBT
3. talking therapies
4. referral to mental health service

**TEXT 3****Medication options**

- Selective serotonin reuptake inhibitors (SSRIs) help increase the level of a natural “good mood” chemical in the brain called serotonin.
- Tricyclic antidepressants (TCAs) work by raising the levels of the chemicals serotonin and noradrenaline in the brain to help lift the mood.
- Serotonin-noradrenaline reuptake inhibitors (SNRIs) change the levels of serotonin and noradrenaline in your brain
- Lithium carbonate or lithium citrate can be used if all other medication options have not worked

**Medication withdrawal symptoms**

- Medications should not be stopped suddenly unless there are bad side effects
- Medications should be reduced gradually. This is to prevent withdrawal symptoms that include:
  1. an upset stomach
  2. flu-like symptoms
  3. anxiety
  4. dizziness
  5. vivid dreams at night
  6. sensations in the body that feel like electric shocks

**TEXT 4****Non-medication options**

- A talking therapy is very helpful for most people with clinical depression.