



Année universitaire 2019/2020

Sujet examen

Session : Décembre 2019

Année de formation : M2 EOPS

Intitulé et code de l'épreuve : Anglais Scientifique SIESA1B1

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Durée de l'épreuve : 1 heure

Documents ou matériels autorisés

Documents non autorisés

Lisez soigneusement chaque texte avant de répondre aux QCM s'y rapportant. Les réponses sont toujours à trouver dans le texte. Cochez seulement la case correspondant à une proposition qui vous semble vraie. Il peut y avoir plusieurs propositions vraies par QCM.

Chaque réponse correcte vous accorde un point, chaque réponse fautive vous en ôte et ne pas répondre ne coûte rien. Ne répondez donc pas au hasard.

Pain is usually transitory, lasting only until the noxious stimulus is removed or the underlying damage or pathology has healed, but some painful conditions, such as rheumatoid arthritis, peripheral neuropathy, cancer and idiopathic pain, may persist for years. Pain that lasts a long time is called chronic or persistent, and pain that resolves quickly is called acute. A popular alternative definition of chronic pain, involving no arbitrarily fixed durations, is "pain that extends beyond the expected period of healing".

Q1. How many kinds of pain are there in medicine?

- A. 1
- B. 2
- C. 3
- D. 4

Q2. Acute pain

- A. Has no definite duration
- B. Lasts until healing of the damage
- C. Can persist for years
- D. Starts when the damage has healed

Q3. When the damage is healed

- A. There is no more acute pain
- B. There is no more chronic pain
- C. There can be acute pain
- D. There can be chronic pain

Chronic pain may originate in the body, or in the brain or spinal cord. It is often difficult to treat. Various nonopioid medicines are recommended initially, depending on whether the pain originates from tissue damage or is neuropathic. Some people with chronic pain may benefit from opioid treatment while others are harmed. Psychological treatments including cognitive behavioral therapy, and acceptance and commitment therapy may be effective for improving quality of life in those with chronic pain.

Q4. Chronic pain

- A. Can only be treated with medicines
- B. Is a pain for which opioid treatments are always recommended
- C. Responds to psychological treatments
- D. Cannot be treated

Q5. Psychological treatments

- A. Are always effective for chronic pain
- B. May improve quality of life for the patients
- C. Cannot be used for chronic pain
- D. Is used only for acute pain

Q6. Chronic pain

- A. Originates only in the spinal cord
- B. Is always easy to treat
- C. Should be treated first with nonopioids medicine when possible
- D. Never originates from tissue damage

Pain management is the branch of medicine employing an interdisciplinary approach to the relief of pain and improvement in the quality of life of those living with pain. The typical pain management team includes medical practitioners (particularly anesthesiologists), clinical psychologists, physiotherapists, occupational therapists, physician assistants, and nurse practitioners. Acute pain is usually managed with medications such as analgesics and anesthetics. Caffeine when added to pain medications such as ibuprofen, may provide some additional benefit. Ketamine can be used instead of opioids for short term pain. Acute pain usually resolves with the efforts of one practitioner; Management of chronic pain, however, is more difficult, and may require the coordinated efforts of a pain management team, which typically includes medical practitioners, clinical pharmacists, clinical psychologists, physiotherapists, occupational therapists, physician assistants, and nurse practitioners. Complete and sustained remission of many types of chronic pain is rare, though something can be done to improve quality of life.

Q7. Pain management

- A. Is doing research studies to find the right medication for each kind of pain
- B. Involves only Medical Doctors
- C. Is the job of the hospital administration
- D. Involves often the coordination of many people

Q8. Management of acute pain

- A. Is more difficult than management of chronic pain
- B. Involves mostly the use of analgesics and anesthetics
- C. Can often be done by one practitioner only
- D. Always involves the use of opioids for short term pain

Q9. Interdisciplinary approach

- A. Excludes anesthesiologists
- B. Is more important for the management of chronic pain
- C. Includes nurse practitioners only for acute pain relief
- D. Always includes physiotherapists

A person's self-report is the most reliable measure of pain. Some health care professionals may underestimate pain severity. "Pain is whatever the experiencing person says it is, existing whenever he says it does". To assess intensity, the patient may be asked to locate their pain on a scale of 0 to 10, with 0 being no pain at all, and 10 the worst pain they have ever felt. When a person is non-verbal (such as babies) and cannot self-report pain, observation becomes critical, and specific behaviors can be monitored as pain indicators. Behaviors such as facial grimacing indicate pain, as well as an increase or decrease in vocalizations (such as moaning), changes in routine behavior patterns and mental status changes.

Q10. Pain can be assessed

- A. By the patient him/herself
- B. By the medical practitioner
- C. Only through observation by health care professionals
- D. Only when people can verbally describe it

Q11. Pain is

- A. A very personal experience
- B. Impossible to communicate to medical practitioners
- C. A sensation that can be reported on a scale of 0 to 10
- D. Reliably self-reported

Q12. Facial grimacing

- A. Decreases when pain increases
- B. Cannot indicate pain for babies
- C. Increases when pain increases
- D. Is not linked to pain severity

It has been suggested that catastrophizing may play a role in the experience of pain. Pain catastrophizing is the tendency to describe a pain experience in more exaggerated terms than the average person, to think a great deal more about the pain when it occurs, or to feel more helpless about the experience. People who score highly on measures of catastrophization are likely to rate a pain experience as more intense than those who score low on such measures.

Q13. Catastrophizing

- A. Tends to be high for people who feel pain more intensely
- B. Leads to an exaggerated description of pain
- C. Describes the action of thinking less about pain
- D. Describes the action of feeling in control when pain occurs

Q14. Individuals who tend to catastrophize

- A. Report lower levels of pain
- B. Report higher levels of pain
- C. Negatively evaluate their own ability to deal with pain
- D. Cannot be measured on pain experience

Perception of pain is the end result of the neuronal activity of pain transmission and where pain becomes a conscious multidimensional experience. The pain impulse is transmitted from the original painful site, to the spinal cord and to the brain via ascending pathways. The brain does not have a discrete pain center, so when impulses arrive in the brain they are directed to multiple areas in the brain where they are processed.

Q15. Perception of pain is felt

- A. At the original painful site
- B. In the spinal cord
- C. In the pain center
- D. In multiple areas in the brain

Q16. Perception of pain

- A. Ascends to the brain through pathways in the spinal cord
- B. Comes from impulses in the brain center
- C. Comes from impulses processed in multiple areas in the brain
- D. Is an unconscious experience of the patient

A central mechanism in the spinal cord, called 'wind-up', also referred to as hypersensitivity or hyperexcitability, may occur. Wind-up occurs when repeated, prolonged, noxious stimulation causes the neurons in the spinal cord to transmit progressively increasing numbers of pain impulses. The patient can feel intense pain in response to a stimulus that is not usually associated with pain, for example, touch. This is called allodynia.

Q17. Allodynia

- A. Is an intense pain felt by an individual in response to a benign stimulus
- B. Is a mechanism that takes place in the brain
- C. Comes from a hypersensitivity of the neurons in the spinal cord
- D. Is a disease of touch perception

Q18. "Wind up" is

- A. Characteristic of normal pain perception
- B. A mechanism taking place in the pain center in the brain
- C. Responsible for feelings of intense pain
- D. The mechanism causing allodynia

A pain stimulator works like a pacemaker in a sense that it stimulates the spine, using electricity the same way a pacemaker stimulates the heart. Once inserted into the lower back, leads are connected to the area causing pain. Patients can control the amount of electrical stimulation through a remote device. The goal is to try to block the neural impulses that go along the spinal cord before they reach the brain.

Q19. A pain stimulator

- A. Is used to stimulate the heart
- B. Is controlled by the patient according to the amount of pain experienced
- C. Inhibits the neural impulses going to the brain
- D. Cannot be used for patients with heart disease

Q20. Electrical impulses from a pain stimulator

- A. Must reach the brain in order to give a sensation of pain
- B. Are controlled through a remote device
- C. Inhibit neural impulses in the spinal cord
- D. Are a painful but efficient therapy to block pain