

GAME:

Question: Could you tell me what causes epilepsy?
C-jya tell me

Negative: I haven't got a non-compliance issue
A-havn-go

Question: **Do you** blame your headaches on stress?
↓
Jya – blame

Statement:


You need to seek advice from your doctor
Ya-nee-ta seek


ELIMINATION

1. Logic of Elimination in OET
2. Questions: Practice elimination
3. Vocabulary

2. As explained in the protocol, the position of the RUM container will ideally

(A) encourage participation in the scheme.

opposite  emphasise the value of recycling.

opposite  facilitate public access to it. *They dont have access!*

position RUM will ideally.. what?

Easy way to change a statement into a question

Unwanted medicine: pharmacy collection protocol

A Returned Unwanted Medicine (RUM) Project approved container will be delivered by the wholesaler to the participating pharmacy.

The container is to be kept in a section of the dispensary or in a room or enclosure in the pharmacy to which the public does not have access. The container may be placed in a visible position, but out of reach of the public, as this will reinforce the message that unwanted prescription drugs can be returned to the pharmacy and that the returned medicines will not be recycled.

Needles, other sharps and liquid cytotoxic products should not be placed in the container, but in one specifically designed for such waste.

1. Read the stem
2. Simplify
3. Read & think about Question
4. Eliminate
5. Choose (within 2 mins)

REASON TO TAKE AN OPTION:

- Not given
- Opposite
- *Partially: how?*
- Doesn't answer question
- It should be / own knowledge

Partially:

- A. Time
- B. Part / whole
- C. Who
- D. What
- E. Bait and switch
- F. If

<p>What will you buy?</p> <p>A Cat B Dog C Fish</p>	<p>If I had money, I would buy a cat.</p>
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OET:

<p>What is the answer?</p> <p>A Cat B <i>You should help dogs in pain</i> C Fish</p>	<p><i>A dog is in pain</i></p>
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PART C



“Beauty is an iron mine,” once remarked the Australian mining **magnate**, Gina Reinhart. She was talking about a precious resource, but iron is also **profoundly** important to living organisms: from bacteria and fungi, to mammals like us. Iron acts as a key to numerous metabolic functions within our bodies. But iron deficiency remains as one of the top global health risks recognised by the World Health Organization (WHO). Iron deficiency has become the most prevalent micronutrient disorder worldwide, and *COVID may be worsening the problem.*

Vocab:

Magnet: piece of metal that attracts other metal

Magnate: a person who is influential and a successful businessman / woman

Profoundly: deep

Prevalent: common / occurring / frequent

Iron is hard to get

The type of iron we mine is different from the “free-form” iron that can be used biologically. Free-form iron has a propensity to jump between two chemical states, allowing it to bind to various molecules, and participate in all sorts of essential reactions within our bodies. We believe in experts. We believe knowledge must inform decisions. **But we see a different story again during food digestion.** Inside our upper small intestine where iron is most effectively absorbed, free-form iron tends to bind to oxygen, other minerals and food components. This often results in rock-like, insoluble clumps (which are like the ones we mine!). These are too big to pass through or between our cells. This means that even when we consume enough iron, typically only ~15–35% of it is absorbed. It also means iron availability can be improved, or inhibited depending on how we eat it or what we eat it with.

Inhibited = to slow down, prevent, make someone shy

Propensity = tendency to / ‘habit’ / prone to

For example, heme iron from animal flesh has a cage-like structure, which carries the iron in a soluble form that prevents it from clumping during absorption. In many Western countries, heme iron only accounts for 10% of the iron eaten, but two thirds of the total iron absorbed.

Getting sufficient iron sounds like simple maths: we want to add enough to our dietary intake to make up for the iron being lost from the body, such as through faeces, skin shedding, menstruation (for women) and sweat. **But the two sides of the equation can change depending on who and where we are throughout our lifetime. Generally, iron deficiency occurs when our body’s stores of iron are depleted from not having consumed or absorbed enough iron to meet our needs. This can happen when people restrict their diets, such as for religious, social or medical reasons.** Some people also have a tough time keeping up when their iron needs increase, such as pregnant women and growing children.

1 What issue is the writer **highlighting** here?

- A iron controls all living creatures *Partially*
- B Covid 19 is exacerbating iron deficiency *Doesn't answer question*
- C A lack of iron is one of the top health issues today
- D Iron is a resource like beauty *Does not answer the question*

2 In the second paragraph, the writer suggests that

- A minerals have a tendency to move between two states
- B in digestion iron often combines in a way that is not useful
- C iron can be used for almost anything in the body
- D. food production tells us a story about iron

3 In the third paragraph, the **main idea is that**

- A Iron issues are prevalent if we do not eat enough iron
- B Your age affects the amount of iron that you need – *Medical knowledge*
- C. Lifestyle and culture can affect iron levels. ANSWER
- D. Pregnant women have problems due miscalculation

But iron deficiency can also happen when the body has enough iron, but can't effectively transport it into cells. This is common in those with both acute and chronic infections, heart and autoimmune conditions, and cancers. In these cases, the underlying disease needs to be treated first, rather than improving iron intake.

The table below summarises some common causes of iron deficiency. Sometimes multiple causes may occur simultaneously – for example, for many elite athletes (35% of women and 11% of men), iron deficiency results from reduced absorption due to inflammation, on top of increased loss through sweat and breakdown of blood cells.

COVID hasn't helped

The ongoing COVID epidemic has also introduced multiple risk factors for iron deficiency.

We know severe infection with SARS-CoV-2 (the virus that causes COVID) may change the way some people metabolise iron, leading to lower iron levels up to two months after infection. This contributes to symptoms commonly reported after infection, such as fatigue and lethargy.

Recovery from the pandemic itself has also exacerbated food supply issues, as well as the rising global income inequality.

This means more people face barriers to food security – and the nutrient-dense foods that help boost our iron intake like red meat or leafy greens may be unavailable or unaffordable for them.

Read more: [Why we should take a women-centred approach to diagnosing and treating iron deficiency](#)

Before you pick up a pill

It may be tempting to pick up one of the many widely available iron supplements to attempt to boost your intake. However, we have to keep in mind that conventional iron supplementation is associated with some negative side effects.

These include damage to our gut lining, nausea, diarrhoea and constipation. Iron supplementation has also been linked to changes in the gut microbiome, a critical determinant of health.

The WHO has recommended two other approaches: diet diversification and food fortification.

Diet diversification is exactly as it sounds: having a diet with a variety of wholefoods such as fruits and vegetables, grains and legumes, meat, dairy, and nuts and seeds.

This approach not only ensures sufficient levels of iron are found in the foods we eat, but also that they come with different forms or “vehicles” to improve absorption. This approach works even with plant-based foods.

What is? A White dogs go to park	Black dogs go to park
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Partially:

Part / whole

Who

What

Time

Quality...

Surreal