

05_CONCORSO PUBBLICO, PER TITOLI ED ESAMI, PER LA COPERTURA A TEMPO DETERMINATO, DELLA DURATA DI CINQUE ANNI PER N. 1 POSTO DI RICERCATORE SANITARIO, CAT. D, LIVELLO D SUPER DA ASSEGNARE ALLA UOC DI RICERCA NEUROLOGIA, SALUTE PUBBLICA E DISABILITÀ

PROVA 1

1. Cefalee: caratteristiche cliniche e impatto

2. Cosa è in Access una "Query"?

3. Leggere e tradurre il testo di seguito

Patient-reported outcome measures: the need for new and reliable tools

New patient-reported outcome tools must also measure and define the clinical minimal important difference, which is the smallest change in patient-reported outcome score that is perceived to be important by patients. This value is crucial for power calculations for clinical studies and trials, as well as for interpretability: the keystone of success for a patient-reported outcome tool in clinical care and comparative research. Moreover, high-quality patient-reported outcome data with defined minimal importance differences should allow health-care organisations to do robust cost-effectiveness and utility analyses by using incremental cost-effectiveness ratios and calculating a patient-reported outcome quality-adjusted life-year—ie, the additional cost of an intervention to achieve 1 year of perfect health-related quality of life.

(From Patient-reported outcome measures: the need for new and reliable tools Ankur Khajuria
Published:THE Lancet Neurology March, 2020DOI:[https://doi.org/10.1016/S1474-4422\(20\)30020-X](https://doi.org/10.1016/S1474-4422(20)30020-X))

Two handwritten signatures in black ink. The first signature on the left is cursive and appears to be 'leel'. The second signature on the right is more stylized and appears to be 'Ankur Khajuria'.

FRANCESCA GIULIA MAGNANI

23/11/2021

PROVA NON ESTRATTA

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PROVA 2

1. Invecchiamento: identificare elementi principali per definirne gli aspetti di ricerca e l'impatto
2. In Excel cosa è una "funzione"?
3. Leggere e tradurre il testo di seguito

Coma and disorders of consciousness

Patients in coma, vegetative state/unresponsive wakefulness syndrome, and in minimally conscious states pose medical, scientific, and ethical challenges. As patients with disorders of consciousness are by definition unable to communicate, the assessment of pain, quality of life, and end-of-life preferences in these conditions can only be approached by adopting a third-person perspective. Surveys of healthcare workers' attitudes towards pain and end of life in disorders of consciousness shed light on the background of clinical reality, where no standard medical-legal framework is widely accepted. On the other hand, patients with locked-in syndrome, who are severely paralyzed but fully conscious, can inform about subjective quality of life in serious disability and help us to understand better the underlying factors influencing happiness in disease. In the medico-legal arena, such ethical issues may be resolved by previously drafted advance directives and, when absent, by surrogate representation. Lately, functional medical imaging and electrophysiology provide alternative means to communicate with these challenging patients and will potentially mediate to extract responses of medical-ethical content. Eventually, the clinical translation of these advanced technologies in the medical routine is of paramount importance for the promotion of medical management of these challenging patients.

(Bruno MA, Laureys S, Demertzi A. Coma and disorders of consciousness. Handb Clin Neurol. 2013;118:205-13. doi: 10.1016/B978-0-444-53501-6.00017-2. PMID: 24182379.)



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23/11/2024

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PROVA 3

1. Disordini di Coscienza: principali caratteristiche e temi di ricerca

2. Che cosa calcola la seguente formula Excel “=SOMMA(B1:B10)”

3. Leggere e tradurre il testo di seguito

Clinical factors influencing the impact of cluster headache from a prospective multicenter study.

Although many patients with cluster headaches (CH) are disabled by their condition, few studies have examined this in detail. This cross-sectional, multicenter observational study prospectively collected demographic and clinical questionnaire data from 224 consecutive patients with CH. We assessed headache impact using the six-item Headache Impact Test (HIT-6) and evaluated the factors associated with the impact of CH. Participants with a HIT-6 score ≥ 60 were classified into a severe impact group. The majority (190, 84.8%) of the participants were classified into the severe impact group. These patients were characterized by younger age, earlier onset of CH, longer duration of each headache attack, higher pain intensity, more cranial autonomic symptoms, a higher proportion of depression or anxiety, higher score of stress, and lower score of quality of life. The anxiety (OR = 1.19, 95% CI: 1.08–1.31, $p = 0.006$), greater pain intensity (OR = 1.06, 95% CI: 1.02–1.10, $p = 0.002$), and age (OR = 0.99, 95% CI: 0.99–1.00, $p = 0.008$) were significant predictors for a severe impact of CH patients. According to the HIT-6 results, most of the CH patients were significantly affected by CH. As well as pain intensity, anxiety and age modulated CH's impact on their lives.

(From : Sohn, JH., Park, JW., Lee, M.J. et al. Clinical factors influencing the impact of cluster headache from a prospective multicenter study. Sci Rep 10, 2428 (2020). <https://doi.org/10.1038/s41598-020-59366-9>)



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