



**UNIVERSIDADE FEDERAL FLUMINENSE**  
**Instituto de Saúde Coletiva**  
**Mestrado Acadêmico em Saúde Coletiva**

**Processo de Seleção – Edital 2024**  
**Data: 01 de julho de 2024**  
**Prova de Inglês**

## **GABARITO**

**Candidato/a,**

**Você está recebendo uma prova contendo um texto de referência e dez questões a serem respondidas. As questões devem ser respondidas à caneta (azul ou preta).**

**Você terá 2 (duas) horas para a realização da prova, que permite consulta a dicionário. Será permitido entregar a prova após transcorrida a primeira hora do tempo total da avaliação.**

**A tolerância para atraso será de até 15 minutos após o horário de início da avaliação.**

**Não assine a sua prova, ou faça qualquer outra identificação, sob risco de anulação da prova.**

**Sua prova será identificada com um código, no momento da entrega.**

**Boa prova!!**

Prezado (a) candidato (a),

Trechos do seguinte artigo, publicado na revista Lancet em fevereiro do presente ano, compõem essa prova:

NCD Risk Factor Collaboration **Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population-representative studies with 222 million children, adolescents, and adults**. The Lancet, volume 403, issue 10431, p1027-1050. [https://doi.org/10.1016/S0140-6736\(23\)02750-2](https://doi.org/10.1016/S0140-6736(23)02750-2)

Escolha a melhor alternativa para cada questão. Boa prova!

### TRECHO 1 – RESUMO

**Background** Underweight and obesity are associated with adverse health outcomes throughout the life course. We estimated the individual and combined prevalence of underweight or thinness and obesity, and their changes, from 1990 to 2022 for adults and school-aged children and adolescents in 200 countries and territories. **Methods** We used data from 3663 population-based studies with 222 million participants that measured height and weight in representative samples of the general population. We used a Bayesian hierarchical model to estimate trends in the prevalence of different BMI categories, separately for adults (age  $\geq 20$  years) and school-aged children and adolescents (age 5–19 years), from 1990 to 2022 for 200 countries and territories. For adults, we report the individual and combined prevalence of underweight (BMI  $< 18.5$  kg/m<sup>2</sup>) and obesity (BMI  $\geq 30$  kg/m<sup>2</sup>). For school-aged children and adolescents, we report thinness (BMI  $< 2$  SD below the median of the WHO growth reference) and obesity (BMI  $> 2$  SD above the median). **Findings** From 1990 to 2022, the combined prevalence of underweight and obesity in adults decreased in 11 countries (6%) for women and 17 (9%) for men with a posterior probability of at least 0.80 that the observed changes were true decreases. The combined prevalence increased in 162 countries (81%) for women and 140 countries (70%) for men with a posterior probability of at least 0.80. In 2022, the combined prevalence of underweight and obesity was highest in island nations in the Caribbean and Polynesia and Micronesia, and countries in the

Middle East and north Africa. Obesity prevalence was higher than underweight with posterior probability of at least 0·80 in 177 countries (89%) for women and 145 (73%) for men in 2022, whereas the converse was true in 16 countries (8%) for women, and 39 (20%) for men. From 1990 to 2022, the combined prevalence of thinness and obesity decreased among girls in five countries (3%) and among boys in 15 countries (8%) with a posterior probability of at least 0·80, and increased among girls in 140 countries (70%) and boys in 137 countries (69%) with a posterior probability of at least 0·80. The countries with highest combined prevalence of thinness and obesity in school-aged children and adolescents in 2022 were in Polynesia and Micronesia and the Caribbean for both sexes, and Chile and Qatar for boys. Combined prevalence was also high in some countries in south Asia, such as India and Pakistan, where thinness remained prevalent despite having declined. In 2022, obesity in school-aged children and adolescents was more prevalent than thinness with a posterior probability of at least 0·80 among girls in 133 countries (67%) and boys in 125 countries (63%), whereas the converse was true in 35 countries (18%) and 42 countries (21%), respectively. In almost all countries for both adults and school-aged children and adolescents, the increases in double burden were driven by increases in obesity, and decreases in double burden by declining underweight or thinness. **Interpretation** The combined burden of underweight and obesity has increased in most countries, driven by an increase in obesity, while underweight and thinness remain prevalent in south Asia and parts of Africa. A healthy nutrition transition that enhances access to nutritious foods is needed **to address** the remaining burden of underweight while curbing and reversing the increase in obesity.

1) No início do resumo, os autores informam que apresentarão os indicadores epidemiológicos para os seguintes grupos populacionais, **exceto**:

a) adultos

**b)** idosos

c) crianças em idade escolar

d) adolescentes

2) Em relação ao aspecto metodológico do estudo, podemos afirmar que:

a) 222 milhões de estudos foram incluídos na análise

b) 2022 estudos foram incluídos nas análises

**c)** 3663 estudos foram incluídos nas análises

d) 3663 participantes foram incluídos nas análises

- 3) Em relação a interpretação dos resultados, os autores afirmaram que:
- a) houve um aumento do baixo peso na maioria dos países
  - b)** a dupla carga de doença (baixo peso e obesidade) aumentou na maioria dos países
  - c) a obesidade não foi relevante em partes da África
  - d) a obesidade aumentou em todos os países
- 4) No trecho “... *nutritious foods is needed to address the remaining burden* ...” o verbo **to address** poderia ser substituído por:
- a)** enfrentar
  - b) aumentar
  - c) controlar
  - d) reverter

## TRECHO 2 – PARTE DA DISCUSSÃO

The finding that obesity increased, and double burden **shifted** from underweight-dominated to obesity-dominated, earlier in adults than in children and adolescents<sup>40</sup> might be due to two phenomena: first, adults began to eat away from home earlier than children and adolescents,<sup>41–43</sup> and second, the mechanisation of work and transport, while providing many health benefits, also reduced energy expenditure, and **hence** contributed to weight gain among adults.<sup>44</sup> The shift in onset of obesity to younger ages over these three decades could be because eating away from home and access to commercial and processed foods in school-aged children and adolescents followed that of adults over this period.<sup>45</sup> It has also been hypothesized that some leisure-time play and sports have been replaced by sedentary activities, but data on trends are scarce.<sup>46</sup> Breastfeeding, which improves child survival and development, has also been associated with a lower risk of obesity in observational studies but the findings from randomised trials are mixed, possibly because of reverse causality.<sup>47,48</sup> In all regions except the Middle East and north Africa, optimal breastfeeding has increased **slightly**.<sup>49</sup> However, any benefits of these improvements in reducing obesity are likely to have been overwhelmed by much larger changes in other aspects of nutrition. The reasons for the small decline in obesity among women in France and Spain, **which** was also seen in middle-age and older ages (approximately age  $\geq 60$  years) in other studies that used measurement data,<sup>50–52</sup> are not known but could be related to changes in eating and exercise, following changes in social norms and roles.<sup>53</sup>

5) No início do parágrafo, o verbo **shifted** traz a noção de:

- a) contradição
- b) alteração
- c) oposição
- d) conclusão

6) Em relação à mecanização do trabalho e do transporte, os seguintes aspectos são levantados pelos autores, **exceto**:

- a) não trouxe benefícios para saúde
- b) reduziu o gasto de energia
- c) trouxe benefícios para a saúde
- d) contribuiu para o ganho de peso em adultos

7) Ainda no mesmo trecho, a palavra **hence** poderia ser substituída por:

- a) somente
- b) portanto
- c) contanto
- d) entretanto

8) No trecho “*In all regions except the Middle East and north Africa, optimal breastfeeding has increased **slightly***”, a palavra **slightly** se assemelha em significado a:

- a) levemente
- b) bruscamente
- c) lentamente
- d) amplamente

9) Na última frase do trecho acima, a palavra **which** faz referência a:

- a) o pequeno declínio da obesidade
- b) França
- c) Espanha
- d) mulheres de meia idade

10) No fim do trecho, os autores citam alguns aspectos que, segundo eles, podem estar relacionados com o baixo declínio da obesidade em mulheres na França e Espanha, **exceto**:

a) mudança no padrão de consumo alimentar

b) mudança no padrão de atividade física

c) mudança nas normas sociais

d) metodologia de coleta de dados