READING PRACTICE TEST 22

Answer Key and Explanations – Parts B and C

Answer Summary and Supporting Evidence

Q	Answer	Supporting Evidence
1	**B**	"Stop the transfusion immediately … keep intravenous access available; do not flush the existing line."
2	**C**	"Arrange further investigation or specialist referral when red-flag features are present, including … iron-deficiency anaemia."
3	**A**	"Base the next dose on the actual interval since the previous administration rather than on the displayed clock time alone."
4	**B**	"When movement quality deteriorates or symptoms increase … the exercise dose should be reduced and the programme reviewed."
5	**C**	"Meal timing may be useful, but it cannot compensate for inadequate sleep opportunity, missed rest breaks or unsafe levels of fatigue."
6	**A**	"Couples must continue their usual reliable contraceptive method until the research team confirms that … sperm concentration has reached the study threshold."
7	**D**	"Sleep and mood influence each other in both directions."
8	**B**	"A shift worker who allows only five hours for sleep may be sleep deprived without having insomnia."
9	**C**	"Insomnia can persist after the original precipitant improves," and compensatory behaviours may then help maintain it.
10	**A**	"Both problems should be assessed and, where indicated, treated."
11	**D**	Longer time in bed can create "longer periods of wakefulness", while the bedroom becomes associated with "alertness and frustration".
12	**B**	Medicines "can reduce symptoms more rapidly", whereas CBT-I produces "more gradual change" with gains often maintained after treatment.
13	**A**	Insomnia improved across low, moderate and high depressive symptom levels; "greater initial mood burden did not eliminate the sleep benefit."
14	**C**	The writer proposes digital, guided, brief and specialist formats that retain active components and "a route to clinical review".
15	**C**	Rosacea may disrupt work and social life, and recognition can be delayed when erythema is less visually obvious in darker skin tones.
16	**B**	Clinicians use a phenotype-based approach, and "treatment is matched to the features present".
17	**A**	Avoidance "may reduce the frequency or intensity of episodes without removing the underlying tendency to rosacea."
18	**D**	Demodex occurs in people without rosacea and may be "one possible contributor within a susceptible host".
19	**C**	The paragraph describes neurovascular dysregulation, immune signalling and barrier dysfunction, then states that "these systems influence one another".
20	**B**	"One therapy rarely controls every phenotype," so "combination treatment is common".
21	**D**	"Persistent centrofacial erythema with periodic intensification … [is] considered [a] diagnostic phenotype."
22	**A**	"Clinician-rated severity and patient burden do not always move together."

Detailed Explanations – Part B

1. B

Evidence: *"Stop the transfusion immediately … keep intravenous access available; do not flush the existing line."*

Why B is correct: The notice requires the blood administration to stop while intravenous access is retained for assessment and any necessary treatment.

Why A is not correct: The existing access is to be kept available, not removed as the initial response.

Why C is not correct: The bag and giving set must be retained because they may be required for investigation.

2. C

Evidence: *"Arrange further investigation or specialist referral when red-flag features are present, including … iron-deficiency anaemia."*

Why C is correct: Iron-deficiency anaemia is explicitly listed as a red flag, and the recent change in bowel habit adds further reason for investigation.

Why A is not correct: This profile is compatible with a positive IBS diagnosis because the symptoms fit the pathway and no red flags or abnormal tests are present.

Why B is not correct: This profile also fits the pathway for a positive diagnosis after normal initial investigations; bloating and altered stool form are compatible features.

3. A

Evidence: *"Base the next dose on the actual interval since the previous administration rather than on the displayed clock time alone."*

Why A is correct: The central safety message is to preserve the clinically intended interval despite the one-hour clock change.

Why B is not correct: The record may still be used; the notice says it will update automatically.

Why C is not correct: Pumps are expected to continue at their programmed rates and should not be altered to compensate for the clock change.

4. B

Evidence: *"When movement quality deteriorates or symptoms increase … the exercise dose should be reduced and the programme reviewed."*

Why B is correct: The programme is to be adjusted in response to poor movement quality or symptoms that persist, rather than completed rigidly.

Why A is not correct: The note specifically advises against pushing a person to complete a fixed workload when technique or symptoms worsen.

Why C is not correct: The type of exercise depends on current function; passive exercise is one option, not a universal starting point.

5. C

Evidence: *"Meal timing may be useful, but it cannot compensate for inadequate sleep opportunity, missed rest breaks or unsafe levels of fatigue."*

Why C is correct: The brief presents meal and caffeine timing as supportive measures within a wider fatigue-management approach.

Why A is not correct: Smaller meals or snacks overnight are suggested; complete fasting is not advised.

Why B is not correct: The text does not identify one principal cause of fatigue and states that the evidence does not support a single dietary solution.

6. A

Evidence: *"Couples must continue their usual reliable contraceptive method until the research team confirms that … sperm concentration has reached the study threshold."*

Why A is correct: The gel becomes the study contraceptive only after semen testing confirms that the required suppression threshold has been reached.

Why B is not correct: Absence of an immediate side effect does not demonstrate contraceptive suppression.

Why C is not correct: Stopping the previous method is a consequence of research-team confirmation, not the condition that establishes efficacy.

Detailed Explanations – Part C, Text 1

7. D

Evidence: *"Sleep and mood influence each other in both directions."*

Why D is correct: The paragraph describes a reciprocal relationship: disrupted sleep can affect mood and low mood can, in turn, disrupt sleep.

Why A is not correct: Medication is not discussed in the first paragraph.

Why B is not correct: The paragraph argues against treating the complaints as separate or sequential problems.

Why C is not correct: The writer explicitly describes connected, bidirectional processes rather than independent development.

8. B

Evidence: *"A shift worker who allows only five hours for sleep may be sleep deprived without having insomnia."*

Why B is correct: The phrase separates an inability to sleep despite sufficient opportunity from insufficient sleep caused by limited time available.

Why A is not correct: The paragraph gives a diagnostic distinction, not a claim about what most adults do.

Why C is not correct: No objective test is presented as a requirement.

Why D is not correct: Daytime impairment is described as part of the diagnosis, not a secondary issue.

9. C

Evidence: *"Insomnia can persist after the original precipitant improves," and compensatory behaviours may then help maintain it.*

Why C is correct: The term refers to insomnia becoming self-maintaining even when the initial cause has improved or disappeared.

Why A is not correct: The text allows for a clear initial precipitant.

Why B is not correct: Functionally independent insomnia can still be comorbid with another condition.

Why D is not correct: The passage supports direct treatment rather than waiting for the other condition to resolve.

10. A

Evidence: *"Both problems should be assessed and, where indicated, treated."*

Why A is correct: The writer contrasts the old "secondary symptom" model with an approach that directly addresses each clinically significant condition.

Why B is not correct: This is the historical assumption that the writer says evidence has weakened.

Why C is not correct: The passage rejects automatic postponement of insomnia treatment.

Why D is not correct: The new approach recognises chronic insomnia as a comorbid disorder when criteria are met.

11. D

Evidence: *Longer time in bed can create "longer periods of wakefulness", while the bedroom becomes associated with "alertness and frustration".*

Why D is correct: The attempted solutions can reduce sleep pressure and condition the person to become alert or anxious in bed.

Why A is not correct: The text says longer time in bed may reduce sleep pressure rather than reliably increase it.

Why B is not correct: Napping is presented as a possible maintaining behaviour, not a corrective one.

Why C is not correct: The paragraph does not limit this concern to established chronic insomnia.

12. B

Evidence: *Medicines "can reduce symptoms more rapidly", whereas CBT-I produces "more gradual change" with gains often maintained after treatment.*

Why B is correct: The contrast is between quicker symptom relief from medication and the slower, potentially longer-lasting effects of CBT-I.

Why A is not correct: The passage states that their speed of effect differs and does not compare cost.

Why C is not correct: Clinical assessment remains necessary, particularly when comorbidities or risks are present.

Why D is not correct: Therapy sessions describe CBT-I delivery, not a method of making medication sustainable.

13. A

Evidence: *Insomnia improved across low, moderate and high depressive symptom levels; "greater initial mood burden did not eliminate the sleep benefit."*

Why A is correct: The cohort showed substantial sleep improvement despite differences in baseline depressive symptom severity.

Why B is not correct: Benefit was reported across all three levels, not only mild symptoms.

Why C is not correct: The principal finding described is substantial improvement in insomnia.

Why D is not correct: The passage does not report a faster response among those with more severe symptoms.

14. C

Evidence: *The writer proposes digital, guided, brief and specialist formats that retain active components and "a route to clinical review".*

Why C is correct: A stepped-care approach can expand access while directing complex or risky presentations to appropriate clinical assessment.

Why A is not correct: The paragraph describes several provider and delivery options, not a GP-only model.

Why B is not correct: Digital treatment is one option for suitable cases, not a universal replacement.

Why D is not correct: Sleep hygiene alone is explicitly described as inadequate treatment for chronic insomnia.

Detailed Explanations – Part C, Text 2

15. C

Evidence: *Rosacea may disrupt work and social life, and recognition can be delayed when erythema is less visually obvious in darker skin tones.*

Why C is correct: The paragraph stresses both non-cosmetic burden and the risk that disease may be missed when redness is harder to see.

Why A is not correct: The condition is described as chronic and inflammatory, with medical and psychosocial effects.

Why B is not correct: The writer specifically notes that recognition can be more difficult in darker skin tones.

Why D is not correct: Ocular symptoms are listed among possible manifestations without being restricted to severe facial disease.

16. B

Evidence: *Clinicians use a phenotype-based approach, and "treatment is matched to the features present".*

Why B is correct: The text consistently supports individualised management directed at the patient's visible, sensory and ocular features.

Why A is not correct: Oral doxycycline is one option for more extensive inflammatory lesions, not a universal first step.

Why C is not correct: Trigger management is described as only one part of care.

Why D is not correct: The passage explicitly moves away from fixed subtypes.

17. A

Evidence: *Avoidance "may reduce the frequency or intensity of episodes without removing the underlying tendency to rosacea."*

Why A is correct: The writer distinguishes factors that provoke episodes from the biological predisposition that remains between flares.

Why B is not correct: The paragraph separates triggers from the underlying disease process.

Why C is not correct: Trigger patterns are described as individual rather than universal.

Why D is not correct: Avoidance can be helpful when based on the patient's own pattern.

18. D

Evidence: *Demodex occurs in people without rosacea and may be "one possible contributor within a susceptible host".*

Why D is correct: The paragraph presents mite density and immune response as possible contributors, while rejecting Demodex as a necessary or diagnostic cause.

Why A is not correct: The mites are stated to live in follicles of many people without rosacea.

Why B is not correct: The text rejects a single-cause explanation.

Why C is not correct: Finding the organism alone does not establish the diagnosis.

19. C

Evidence: *The paragraph describes neurovascular dysregulation, immune signalling and barrier dysfunction, then states that "these systems influence one another".*

Why C is correct: The paragraph integrates several mechanisms to account for the mixture of redness, lesions and sensory symptoms.

Why A is not correct: The paragraph explains pathophysiology rather than disputing the diagnostic framework.

Why B is not correct: Vascular change is only one of several interacting mechanisms.

Why D is not correct: The mechanisms are used to explain facial and sensory manifestations, not eye-only disease.

20. B

Evidence: *"One therapy rarely controls every phenotype," so "combination treatment is common".*

Why B is correct: Different treatments are linked to different manifestations, making combined or sequential management appropriate for some patients.

Why A is not correct: Improvement in one feature is not assumed to control the whole condition.

Why C is not correct: Oral therapy is presented as conditional, not universal.

Why D is not correct: Vasoconstrictors reduce erythema temporarily and are not described as curative.

21. D

Evidence: *"Persistent centrofacial erythema with periodic intensification … [is] considered [a] diagnostic phenotype."*

Why D is correct: The passage identifies this feature as independently diagnostic rather than merely supportive.

Why A is not correct: Papules and pustules are major features but are not presented here as independently diagnostic in isolation.

Why B is not correct: The text states that no single laboratory test establishes rosacea.

Why C is not correct: Diagnosis does not require every major feature to be present.

22. A

Evidence: *"Clinician-rated severity and patient burden do not always move together."*

Why A is correct: The passage argues that assessment should include patient priorities and symptoms, not visible severity alone.

Why B is not correct: No single phenotype is said to account for most psychosocial burden.

Why C is not correct: The patient's goals are specifically included in treatment planning.

Why D is not correct: Different features can respond differently, so visible improvement does not guarantee symptom relief.

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