英　語　(60分)

注意事項

1　**試験開始の合図があるまで，中の問題を見てはいけません。**

2　この問題冊子は，表紙を除いて，全部で４ページです。

3　試験中に問題冊子の印刷不鮮明，落丁・乱丁及び解答用紙の汚れ等に気付いた場合は，手を挙げて監督員に知らせてください。

4　**試験開始後，問題冊子と解答用紙に，受験番号を記入してください。**

5　解答は，解答用紙の所定の欄に記入してください。

6　問題冊子の余白は，適宜利用して差し支えありません。

7　解答用紙は，折って使用して差し支えありません。

8　試験終了後，問題冊子と解答用紙をそれぞれ回収します。

受験番号					

問題　2～4 ページの資料は，Diabetes に関する国際調査報告書の一節である。
資料をふまえて，以下の設問に日本語で答えなさい。

問 1　2 ページの下線部 (ア) を日本語に訳しなさい。(30 点)

問 2　2 ページの下線部 (イ) について，資料内で示されている具体例を 3 つ挙げなさい。(30 点)

問 3　3 ページの下線部 (ウ) について，資料に基づき具体的に述べなさい。(40 点)

(注)　記述は，別紙解答用紙の所定の欄を使用し，横書きで書くこと。

資料

Diabetes is a serious, chronic disease that occurs either when the pancreas does not produce enough insulin (a hormone that regulates blood sugar, or glucose), or when the body cannot effectively use the insulin it produces. Diabetes is an important public health problem, one of four priority noncommunicable diseases (NCDs) targeted for action by world leaders. Both the number of cases and the prevalence of diabetes have been steadily increasing over the past few decades.

GLOBAL BURDEN

(ア) Globally, an estimated 422 million adults were living with diabetes in 2014, compared to 108 million in 1980. The global prevalence (age-standardized) of diabetes has nearly doubled since 1980, rising from 4. 7% to 8. 5% in the adult population. This reflects an increase in associated risk factors such as being overweight or obese. Over the past decade, diabetes prevalence has risen faster in low- and middle-income countries than in high-income countries.

Diabetes caused 1. 5 million deaths in 2012. Higher-than-optimal blood glucose caused an additional 2. 2 million deaths, by increasing the risks of cardiovascular and other diseases. Forty-three percent of these 3. 7 million deaths occur before the age of 70 years. The percentage of deaths attributable to high blood glucose or diabetes that occurs prior to age 70 is higher in low- and middle-income countries than in high-income countries.

Because sophisticated laboratory tests are usually required to distinguish between type 1 diabetes (which requires insulin injections for survival) and type 2 diabetes (where the body cannot properly use the insulin it produces), separate global estimates of diabetes prevalence for type 1 and type 2 do not exist. The majority of people with diabetes are affected by type 2 diabetes. This used to occur nearly entirely among adults, but now occurs in children too.

PREVENTING DIABETES

Type 1 diabetes cannot be prevented with current knowledge. (イ) Effective approaches are available to prevent type 2 diabetes and to prevent the complications and premature death that

can result from all types of diabetes. These include policies and practices across whole populations and within specific settings (school, home, workplace) that contribute to good health for everyone, regardless of whether they have diabetes, such as exercising regularly, eating healthily, avoiding smoking, and controlling blood pressure and lipids.

Taking a life-course perspective is essential for preventing type 2 diabetes, as it is for many health conditions. Early in life, when eating and physical activity habits are formed and when the long-term regulation of energy balance may be programmed, there is a critical window for intervention to mitigate the risk of obesity and type 2 diabetes later in life.

No single policy or intervention can ensure this happens. It calls for a whole-of-government and whole-of-society approach, in which all sectors systematically consider the health impact of policies in trade, agriculture, finance, transport, education and urban planning – recognizing that health is enhanced or obstructed as a result of policies in these and other areas.

MANAGING DIABETES

The starting point for living well with diabetes is an early diagnosis – the longer a person lives with undiagnosed and untreated diabetes, the worse their health outcomes are likely to be. Easy access to basic diagnostics, such as blood glucose testing, should therefore be available in primary health-care settings. Established systems for referral and back-referral are needed, as patients will need periodic specialist assessment or treatment for complications.

For those who are diagnosed with diabetes, (ウ)a series of cost-effective interventions can improve their outcomes, regardless of what type of diabetes they may have. These interventions include blood glucose control, through a combination of diet, physical activity and, if necessary, medication; control of blood pressure and lipids to reduce cardiovascular risk and other complications; and regular screening for damage to the eyes, kidneys and feet, to facilitate early treatment. Diabetes management can be strengthened through the use of standards and protocols.

Efforts to improve capacity for diagnosis and treatment of diabetes should occur in the context of integrated noncommunicable disease (NCD) management to yield better outcomes. At a minimum, diabetes and cardiovascular disease management can be combined. Integrated

management of diabetes and tuberculosis and/or HIV/AIDS can be considered where there is high prevalence of these diseases.

(World Health Organization 2016, WHO Library Cataloguing-in-Publication Data: Global report on diabetes 6–7 より引用, 一部改変)