



S.C. Gestione e Sviluppo delle Risorse Umane

**CONCORSO PUBBLICO, PER TITOLI ED ESAMI, PER LA COPERTURA A TEMPO
INDETERMINATO DI N.1 POSTO DELL'AREA DEI PROFESSIONISTI DELLA SALUTE E
DEI FUNZIONARI - RUOLO SANTIARIO – PROFESSIONI TECNICO SANITARIE:
DIETISTA**

Domanda attinente al profilo

1. Cosa è il Nutritional Risk Screening (NRS 2002)
2. Quali sono gli alimenti ad alto contenuto di potassio?
3. Quali sono le cause della stipsi?
4. La terapia dietetica della cirrosi epatica: punti salienti
5. Quali sono i fabbisogni proteici contemplati dalle linee guida ESPEN?
6. Consigli per prevenire il decadimento nel paziente sarcopenico
7. Quali sono gli alimenti ad alto contenuto di fosforo
8. Quali sono le principali carenze di micronutrienti nel morbo celiaco
9. Secondo le linee guida ESPEN come vengono trattati i pazienti con pancreatite cronica
10. Secondo i Larn 4, quale è l'incremento ponderale per le donne obese in gravidanza?
11. Cosa si intende la sindrome da refeeding?
12. Cosa prevede il protocollo ERAS per un intervento nutrizionale?
13. Indicazione del paziente candidato alla nutrizione artificiale
14. Il BMI uguale a 20 cosa indica
15. Quali sono le raccomandazioni per il trattamento della litiasi calcica
16. Indicazioni dietetica per mucosite orale da terapia radiante
17. Cosa è il MNA?
18. Quali sono gli alimenti a basso contenuto di colesterolo?
19. Quale minerale è funzionale per la funzionalità tiroidea
20. Cosa è l'impedenziometria?
21. Cosa è l'indice glicemico di un alimento?

Domanda di informatica

1. Cosa significa l'acronimo PEC?
2. Quali file hanno come estensione ".xls"?
3. È possibile inserire tabelle nei documenti Word?
4. "Come si chiama l'operazione che permette di scaricare un file da un sito internet sul proprio personal computer?"
5. Quale rischio si corre nell'aprire un allegato di posta elettronica?
6. cos'è lo SPID?
7. Nel programma Microsoft Word il simbolo del floppy in alto a sinistra serve a?
8. Come deve essere costruita una password per essere efficace?
9. Quale non è l'estensione di un file di Microsoft Word?
10. Dove si trova il comando per riavviare il sistema operativo Windows?
11. È possibile installare lo stesso software su più computer?
12. Uno scanner serve per?
13. Il software antivirus necessita di aggiornamenti?
14. Quale può essere un veicolo di virus? (software o hardware)
15. In generale è possibile recuperare anche i file cancellati dal Cestino?
16. "La cancellazione dei file non equivale alla rimozione effettiva di essi dal computer"
17. "Che cosa accade se invio un messaggio di PEC (Posta Elettronica Certificata) ad una casella



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tradizionale (non PEC)?"

18. Il backup dei dati serve ad eseguire
19. Microsoft Word è?
20. Microsoft Excel è?
21. Cos'è una connessione wireless?

Domanda lingua inglese

1. "Irritable bowel syndrome (IBS) is a chronic functional gastrointestinal disorder with a complex and multifactorial aetiology that can be explained by mechanisms including changes in the nervous system pathways in connection with the gut, dysbiosis, altered gut permeability, genetics, among other physio/physiological factors and/or of social nature "
2. "Dietary therapy is considered a first line of treatment for IBS (irritable bowel syndrome) patients . In recent years, short-chain carbohydrates have increasingly been pointed out as nutrients that can potentially impact the onset of symptoms characteristic of IBS."
3. "FODMAPs (fermentable oligosaccharides, monosaccharides, disaccharides and polyols) have a slow and incomplete absorption in the small intestine, contributing to an increase of the osmotic gradient in the lumen and lead to bacterial fermentation that are part of intestinal microbiota "
4. "A diet rich in FODMAPs (fermentable oligosaccharides, monosaccharides, disaccharides and polyols) leads to an increased presence of water and gas in the intestinal lumen, which in combination with other factors (of physiological, psychosocial nature and/or from an environmental source) can trigger symptomatology characteristic of an IBS (Irritable bowel syndrome) diagnosis"
5. "This evidence supports a low FODMAP diet compounds as an effective dietary approach to IBS treatment. Despite recent evidence, some aspects of this diet are still controversial, namely its efficiency when compared to a standard diet, maintenance in a medium/long term and its nutritional efficacy"
6. "However, studies performed in populations of Mediterranean origin are scarce. The present study, performed in a population of Mediterranean origin, suggests a low FODMAPs diet as a therapeutic approach, supported by the assessment of its effectiveness in improving symptoms and quality of life of individuals with IBS"
7. "Our findings suggest that the exclusion of foods rich in FODMAPs can lead to a significant improvement of IBS symptoms, with higher impact when compared to the standard diet. Supported by other authors, we found the LFD (: Low FODMAP Diet) is effective in controlling symptoms of IBS, especially at the level of pain, abdominal distension and diarrhea "
8. "By including individuals with all subtypes of IBS, namely diarrheic, constipated, and mixed, our study allowed us to compare the effectiveness of the LFD in individuals with distinct symptoms alongside their respective clinical results"
9. "As observed in previous studies, the LFD was less effective in the control of constipation.
On the contrary, in case of diarrhea, the restriction of FODMAPs leads to a decreased osmolarity and, consequently, decreased water content in the intestinal lumen, which in turn becomes an advantageous consequence for this subtype of IBS."
10. "LFD can also be effective in the reduction of intraluminal fermentation and consequent control of symptoms such as pain and abdominal distension, frequently present in any subtype of IBS. Therefore, the choice of the dietary approach should always be individualized, according to several factors."
11. "No differences were previously observed in the efficacy of the approaches regarding quality of life, with both leading to a significant improvement in the overall score . However, our study showed higher effectiveness for LFD in improving individuals QOL according to the IBS-QOL scores."
12. "At 10 weeks, although no statistically significant difference compared to the second moment of



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assessment, the overall score of QOL kept a positive progression. Even though the improvement of symptoms is swiftly noticeable, this may reflect a more gradual change in everyday life and in the attitude of the individuals towards himself and those who surround them."

13. This study fails to assess the long-term QOL, which may be a better indicator of the real impact of the interventions, as well as addressing the possible change of effectiveness of the given diets
14. "For the duration of the initial four weeks, and as expected, the ingestion of all classes of FODMAPs was significantly reduced in the LFD group, supporting this diet as a sustainable diet with a good adherence level and effective nutritional approach model (via coaching/advice and support material)."
15. "Both diets in this study led to a significant reduction of the intake of energy and carbohydrates for four weeks, results often observed in similar studies. Although the energy restriction has not been the object of our intervention, it may be a consequence from following a personalized dietary plan."
16. "Furthermore, both dietary approaches led to a significant reduction in body weight and body mass index. Considering the high prevalence of overweightness in the initial sample, the given results can be seen as a positive indicator."
17. "The observed weight loss, reduced abdominal perimeter, and decrease in the fat mass index at the four-week mark was more accentuated in the LFD Group, possibly due to the more restrictive nature of this approach."
18. At 10 weeks, the anthropometric parameters for the LFD group stabilized, suggesting the absence of nutritional risk increased in the long-term dietary approach. Both diets did not alter significantly the fibre intake, calcium, potassium, and magnesium.
19. "However, the intake of these nutrients was below the DRI from the time of initial evaluation. The intake of fibre and iron was lower for individuals who were following the LFD. The lower intake of overall fibre in the LFD Group should be considered as an explanatory hypothesis of higher symptom improvement, rather than just the restriction of FODMAPs. "
20. In the medium and long term, regardless of the chosen dietary approach, further nutritional assessments should take place in order to improve the intake of fibre and overall micronutrients (e.g., fortified foods and/or supplementation).
21. "Additionally, in LFDs the reintroduction phase should give room for a detailed assessment of the individual tolerance to each food allowing a greater choice of foods while in remission to prevent any nutritional deficiency and potentially higher adherence."