OCCUPATIONAL ENGLISH TEST
LISTENING PRACTICE NO.07

Part A

In this part of the test, you hear two different extracts.

In each extract, a health professional is talking to his patient. For questions 1 to 24 complete the notes with the information you hear.

Now, look at the notes for extract 1.

Extract 1: Questions 1 to 12

- https://youtu.be/2EuAUfpV4hQ

You hear a doctor talking to a patient called Mrs. Melissa. For questions 1 to 12, complete the following notes with a word or short phrase.

You now have 30 seconds to look at the notes.

Patient	: Mrs. Melissa
Age	: 48
Symptoms & disease	: sudden onset of pain on left hip
Patient's description of symptoms	: got a sudden onset of pain on left hip when lifting a weight of (1)_____ : constant pain and worsens while sitting, twisting, lifting or riding in a car : pain improves after resting : depressed, lost interest in all activities, gets insomnia, lack of (2)_____ : fatigue and loss of (3)_____ : had flu vaccine two years ago and (4)_____ five years ago : not attending work : stopped smoking but drinks socially
Family history of illness	: Father had a (5)_____ stroke and hypertension. : Mother had a (6)_____ history of heart failure and died at the age of 70.
Medical history	: Had an appendectomy (7)_____ ago and a cholecystectomy three years ago.
Diagnosis	: MRI shows (8)_____ herniated nucleus pulposus at L4/5. Bulge at L3/4. there is a (9)_____ paracentral. : Herniated nucleus pulposus at L5/S1. There is an entrapment of the Superior Gluteal Nerve in the aponeurosis of the Gluteus Medius-Left. Depression and sleep disorder.

: There is an entrapment of the Superior Gluteal Nerve in the aponeurosis of the

: Gluteus Medius, Left. depression and suffering from (10)_____

Further treatment : Baclofen 10 mg before bedtime, Flurbiprofen 100 mg twice a day, hydrochlorothiazide 25 mg once in a day and Klonopin 0.5 mg (11)_____

Further diagnosis : to order for a diagnostic or (12)_____ depending on patient's condition after three weeks,

Extract 2: Questions 13 to 24

- https://youtu.be/a05iys-IXK8

You hear a physician talking to a patient called Rasputin. For questions 13 to 24, complete the following notes with a word or short phrase.

You now have thirty seconds to look at the notes.

Patient	Rasputin
Age	36
Patient's description of symptoms	: working as a phlebotomist and (13)_____. : when attempting to do a (14)_____, had his left index finger pricked with needle contaminated with Hepatitis C
Diagnosis	: Found to be a carrier for Hepatitis C : Had periodic (15)_____ and blood tests : Had 3 (16)_____ for Hepatitis B and had titers drawn showing (17)_____ : Had tetanus
Medical history	had (18)_____ disease in the back
Medications	: Nexium
Allergies	: IV contrast
Physical examination	: temperature is 97.2 degrees, (19)_____ is 84, respirations 14 and unlabored : (20)_____ 102/70 : (21)_____ for HIV : No other symptoms suggesting (22)_____ : liver function is normal. No signs of infection
Impression	Developed acute (23)_____ due to blood-borne (24)_____ secondary to contaminated needlestick

Part B

In this part of the test, you'll hear six different extracts. In each extract, you'll hear people talking in a different healthcare setting.

For questions 25-30, choose the answer (A, B or C) which fits best according to what you hear. You'll have time to read each question before you listen. Complete your answers as you listen.

- https://youtu.be/rL_GiP7BmlM

Now look at question 25.

Questions 25-30

25. You hear a monologue by a physician explaining to his staff about Cutaneous manifestations.

Which of the following is a cutaneous sign of vomiting?

A. Telogen effluvium
B. Knuckle calluses
C. Xerosis

26. You hear a monologue by a physician explaining to his staff about symptoms of anorexia nervosa.

Which of the following statements is correct?

A. Mitral valve prolapse can cause chest pain.
B. Abnormal ejection fraction was seen in most patients with anorexia nervosa
C. Long standing hypovolemia cannot be seen in the patients.

27. You hear a discussion between a physician and his nurse about endometriosis

Endometriosis occurs;

A. when the endometrial tissue forms inside the uterine cavity
B. when the tissue of the lining of uterus grows outside of the uterine cavity
C. when the hormonal changes of the menstrual cycle impact the misplaced endometrial tissue

28. You hear a discussion between a physician and his nurse about the treatments for the signs of eating disorders.

Topical tocopherol is effective in the treatment of

A. Russell's sign
B. Acne
C. Angular stomatitis

29. You hear a discussion between a physician and his junior about pain transmission.

Non-nociceptive signals are carried by the;

A. Large nerve fibers
B. Small nerve fibers
C. Projection neuron

30. You hear a discussion between a physician and his nurse about subclinical seizures.

Which of the following statements is incorrect?

A. Unusual electrical activity in the brain causes a subclinical seizure.
B. Electroencephalogram is a treatment method for autism.
C. Signs such as aggression or meltdowns were seen in the autistic patient.

Part C

In this part of the test, you'll hear two different extracts. In each extract, you'll hear health professionals talking about aspects of their work.

For questions 31-42, choose the answer (A, B or C) which fits best according to what you hear. Complete your answers as you listen. Now look at extract one.

Extract 1: Questions 31-36

- https://youtu.be/iXad0vYOWjE

You hear the doctor briefing to his staff about Guidelines for the Early Detection of Cancer. You now have 90 seconds to read questions 31-36.

31. Colon and rectal cancer screening is suggested to;

A. The people up to the age of 75, if maintaining good health.

B. The people up to the age of 85, if maintaining good health.

C. People above 85, if maintaining good health.

32. PAP screening is suggested once in every 3 years for the woman whose age group is;

A. 30 to 65

B. 21 to 29

C. Above 65

33. A PAP test in addition to HPV test is recommended for;

A. The women above 65 years

B. The women between 30 and 65

C. The women who had a total hysterectomy

34. Mammograms once every two years is recommended for the age group;

A. 40 to 44

B. Above 55

C. 45 to 54

35. Yearly screening of lung cancer is recommended for the person who

A. keeps smoking for 15 years.

B. are above 74 years old.

C. have a smoking history of a minimum of 30 pack per year

36. Which of the following statements is correct;

A. Research hasn’t proven that the risk factors outweigh the benefits of screening yet.

B. Men of over 50s should decide to be screened by themselves.

C. All men should be screened to avoid the risk of prostate cancer.

Extract 2: Questions 37-42

- https://youtu.be/ZUDMQRnetEg

You hear the doctor giving a lecture on the effect of disrupting gut-brain communication.
You now have 90 seconds to read questions 37-42.

37. Which of the following statements is incorrect?

A. Gut-brain communication damages our memory and learning abilities.

B. Gut has a strong communication with our brain.

C. Gut is considered as the second brain.

38. A long nerve called vagus nerve

A. lies inside the gastrointestinal tract.

B. lies inside the brain.

C. communicates with our brain directly.

39. Feeding behavior is initiated by;

A. The signals from the gastrointestinal tract.

B. hippocampal activity

C. vagal nerve stimulation

40. Signals to stop eating is transmitted from

A. Brain to gut

B. Gut to brain

C. From hippocampus to gastrointestinal tract

41. When the gut-brain pathway was detached;

A. The rats could effectively access spatial memories provoked by the gastrointestinal system

B. The rats could still access the food with their spatial memory

C. The rats could access the food with the help of activated vagus nerve

42. What is the conclusion of this research?

A. More research should be done for this subject.

B. Endogenous connection from gut to the hippocampus mediates the cognitive pathway.

C. vBLOC therapy has been effective in weight loss by electrically disrupting the vagus nerve.

Answer Key

PART A: QUESTIONS

1. 40 pounds
2. concentration
3. energy
4. pneumonia (vaccine)
5. cerebro vascular
6. congestive
7. seven(7) years
8. small central
9. shallow left
10. sleep disorder
11. before bedtime
12. therapeutic intervention

PART A: QUESTIONS 13-24

13. respiratory therapist
14. blood gas
15. screening
16. shot series
17. protected antibodies
18. degenerative disc
19. pulse rate
20. blood pressure
21. negative
22. acute hepatitis
23. intestinal illness
24. pathogen exposure

PART B: QUESTIONS 25-30

25. B
26. A
27. B
28. C
29. A
30. B

PART C: QUESTIONS 31-36

31. A
32. B
33. B
34. B
35. C
36. A

PART C: QUESTIONS 37-42

37. A
38. C
39. B
40. B
41. C
42. A

Dictation Practice

Part A Extract1

F Good morning, Doctor.

M Good morning. Please be seated. May I ask why you have come to see me?

F Well, I have had a **(1)**_____ a way of about £40 at my workplace. I have developed pain on my **(2)**_____.

Although the pain is dull, it is **(3)**_____. The severity ranges from **(4)**_____.

The pain is present constantly and worsens while **(5)**_____.

The pain improves **(6)**_____.

Sleep alteration due to pain is positive and I wake up after getting to sleep.

I'm **(7)**_____ all the time due to this persistent pain and have lost my interest in all activities.

I get **(8)**_____ and loss of energy.

M Do you have pain on your **(9)**_____?

F Yes, Doctor.

M Your age?

F 48, Doctor.

M Are you attending your work?

F No, Doctor. I am not going to work.

M Have you been immunized before?

F Yes, Doctor. I had **(10)**_____ and pneumonia vaccine five years ago.

M Do any of your family members have a history of illness?

F My father is 79 and had a **(11)**_____ and hypertension. My mother had a **(12)**_____ and died at the age of 70.

M Tell me if you have any past medical history.

F I had an **(13)**_____ and a cholecystectomy three years ago.

M Do you drink or smoke?

F I used to smoke before, but I have stopped smoking nowadays and I drink socially.

M What medications are you taking now?

F I am taking **(14)**_____ 10 milligrams whenever I get pain.

M Are you allergic to any medication?

F No, Doctor.

M Well, your MRI shows small **(15)**_____ at L4/5, Bulge at L3/4. There is a shallow left paracentral herniated nucleus pulposus at L5/S1.

There is an entrapment of the Superior Gluteal Nerve in the aponeurosis of the Gluteus Medius-Left.

And you are also suffering with depression and sleep disorder.

So I would recommend you take a treatment for **(16)**_____, Left. I am going to prescribe you **(17)**_____ 10 milligrams before bedtime, flurbiprofen 100 milligrams twice a day, hydrochlorothiazide 25 milligrams once in a day and **(18)**_____ 0.5 milligrams before bedtime.

Continue these medications for **(19)**_____ and meet me there after for a scheduled follow up for medical management and re-evaluation of your condition.

Depending on your condition after three weeks, I will decide if any diagnostic or therapeutic intervention is required or not.

F Okay. Thank you, doctor.

Part A Extract2

M Good morning. Please take a seat. Tell me about your problem.

P Good morning, doctor. I currently work as a **(1)**_____ in a hospital. When I was attempting to do a blood gas, I had my **(2)**_____ over the pulse and I was inserting the contaminated needle using my right hand's.

I was wearing protective clothing and gloves. As I advanced the contaminated needle, I jerked away, causing me to pull out of the arm and **(3)**_____.

I was seen and evaluated at the emergency ward immediately.

In the diagnosis, I was down to be a **(4)**_____ and **(5)**_____.

I had a periodic screening, including blood tests. I completed three shot series for **(6)**_____ and had titers drawn that shows protected antibodies. I am up to date on my immunization, including tetanus.

M What's your age?

P 36, Doctor.

M What medications are you taking?

P **(7)**_____.

M Any previous medical history or surgeries?

P I had **(8)**_____ in my back.

M Are you allergic to any medications?

P I am allergic to **(9)**_____.

M Are you continuing your work?

P Yes, Doctor.

M Well, your temperature is 97.2 degrees. Pulse rate is 84, respirations 14 and unlabored and blood pressure **(10)**_____. You're negative for HIV.

You have no other symptoms suggesting **(11)**_____.

Your **(12)**_____ is normal at 18 and you have no signs of infection.

You have developed **(13)**_____ due to blood-borne pathogen exposure secondary to contaminated needle stick.

Continue with Nexium 20 milligrams a day until the condition improves. Otherwise you're medically fit and no need for further diagnosis or treatment.

Transcript

Part A Extract1

F Good morning, Doctor.

M Good morning. Please be seated. May I ask why you have come to see me?

F Well, I have had a sudden onset of pain by lifting a way of about £40 at my workplace. I have developed pain on my left hip. Although the pain is dull, it is aching and stabbing. The severity ranges from mild to severe. The pain is present constantly and worsens while sitting, twisting, lifting or riding in a car. The pain improves after resting. Sleep alteration due to pain is positive and I wake up after getting to sleep. I'm feeling depressed all the time due to this persistent pain and have lost my interest in all activities. I get insomnia, lack of concentration, fatigue and loss of energy.

M Do you have pain on your spine?

F Yes, Doctor.

M Your age?

F 48, Doctor.

M Are you attending your work?

F No, Doctor. I am not going to work.

M Have you been immunized before?

F Yes, Doctor. I had flu vaccine two years ago and pneumonia vaccine five years ago.

M Do any of your family members have a history of illness?

F My father is 79 and had a cerebral vascular stroke and hypertension. My mother had a congestive history of heart failure and died at the age of 70.

M Tell me if you have any past medical history.

F I had an appendectomy seven years ago and a cholecystectomy three years ago.

M Do you drink or smoke?

F I used to smoke before, but I have stopped smoking nowadays and I drink socially.

M What medications are you taking now?

F I am taking lortab10 milligrams whenever I get pain.

M Are you allergic to any medication?

F No, Doctor.

M Well, your MRI shows small central herniated nucleus pulposus at L4/5, Bulge at L3/4. There is a shallow left paracentral herniated nucleus pulposus at L5/S1. There is an entrapment of the Superior Gluteal Nerve in the aponeurosis of the Gluteus Medius-Left. And you are also suffering with depression and sleep disorder. So I would recommend you take a treatment for Superior Gluteal Nerve Block, Left. I am going to prescribe you baclofen 10 milligrams before bedtime, flurbiprofen 100 milligrams twice a day, hydrochlorothiazide 25 milligrams once in a day and klonopin 0.5 milligrams before bedtime. Continue these medications for three weeks and meet me there after for a scheduled follow up for medical management and re-evaluation of your condition. Depending on your condition after three weeks, I will decide if any diagnostic or therapeutic intervention is required or not.

F Okay. Thank you, doctor.

Part A Extract2

M Good morning. Please take a seat. Tell me about your problem.

P Good morning, doctor. I currently work as a phlebotomist and respiratory therapist in a hospital. When I was attempting to do a blood gas, I had my left hand finger over the pulse and I was inserting the contaminated needle using my right hand's. I was wearing protective clothing and gloves. As I advanced the contaminated needle, I jerked away, causing me to pull out of the arm and accidentally pricked my index finger. I was seen and evaluated at the emergency ward immediately. In the diagnosis, I was down to be a carrier for hepatitis C and negative for HIV. I had a periodic screening, including blood tests. I completed three shot series for hepatitis B and had titers drawn that shows protected antibodies. I am up to date on my immunization, including tetanus.

M What's your age?

P 36, Doctor.

M What medications are you taking?

P Nexium.

M Any previous medical history or surgeries?

P I had degenerative disc disease in my back.

M Are you allergic to any medications?

P I am allergic to IV contrast.

M Are you continuing your work?

P Yes, Doctor.

M Well, your temperature is 97.2 degrees. Pulse rate is 84, respirations 14 and unlabored and blood pressure 102/70. You're negative for HIV. You have no other symptoms suggesting acute hepatitis. Your liver function test is normal at 18 and you have no signs of infection. You have developed acute intestinal illness due to blood-borne pathogen exposure secondary to contaminated needle stick. Continue with Nexium 20 milligrams a day until the condition improves. Otherwise you're medically fit and no need for further diagnosis or treatment.

P Thank you, Doctor.

Part B Question 25

M Cutaneous manifestations are the medical consequences of starvation, vomiting, abuse of drugs such as diuretics and laxatives, and of psychiatric morbidity. These manifestations include lanugo-like body hair, xerosis, carotenoderma, telogen, effluvium, acne, seborrheic dermatitis, hyperpigmentation, acrocyanosis, petechiae, perniosis, livedo reticularis, interdigital intertrigo, paronychia, generalized pruritus, acquired striae distensae,slower wound healing, prurigo pigmentosa, edema, linear erythema craquele, acral coldness, pellagra, scurvy, and acrodermatitis enteropathica. The most characteristic cutaneous sign of vomiting is knuckle calluses, called Russell's sign. Symptoms arising from laxatives or diuretics abuse include adverse reactions to drugs. Symptoms arising from psychiatric morbidity include the consequences of self-induced trauma.

Part B Question 26

M Multiple studies of anorexia nervosa patients have revealed a decreased left ventricular mass , cardiac output, left ventricular index and left ventricular diastolic and systolic dimensions. Long standing hypovolemia has also been seen in the patients. Mitral valve motion abnormalities, including mitral valve prolapse, were also seen in a distinct minority that can cause chest pain and palpitations. But the ejection fraction seems to remain preserved in most patients. However, weight restoration had a significant impact in normalization of cardiac dimensions.

Part B Question 27

P Hello, doctor. What is endometriosis?

M Well, endometriosis is a disorder when the tissue that forms the lining of uterus grows outside of the uterine cavity. It is abnormal for endometrial tissue to spread beyond the pelvic region. This condition is known as an endometrial implant. The hormonal changes of the menstrual cycle impact the misplaced endometrial tissue, causing the region to become painful inflamed and making the tissue grow thicker and finally break down. At one stage, the broken tissue has nowhere to go and becomes trapped in the pelvis.

Part B Question 28

P Hello, doctor. What kinds of treatment measures do you suggest for the signs caused due to eating disorders?

M Although skin signs of the patients with eating disorders improve as they gain weight, the dermatologist is responsible to treat the dermatological conditions as well. Antibacterials or as azelaic acid is effective to treat acne that these may be described as monotherapy or in combinations. Combinations zinc with antibacterials such as erythromycin are also suggested because zinc deficiency can be a possible cause for this sign. Angular stomatitis, Cheilitis and nail fragility can be treated with Topical tocopherol. Xerosis improves with moisturizing ointments. Ointments that contain urea are effective in decreasing the size of Russell's sign.

Part B Question 29

F Hello, doctor. What is the theory of pain transmission?

M Well, the nerve fibers that are connected to the receptors in the skin, muscles and organs called primary afferent axons transmits the pain signals to the brain and spinal cord. These axons of various sizes may be myelinated or unmyelinated that are classified into different groups based on their size, namely A-alpha, A-beta, A-delta, and C-nerve fibers. All of the A-afferent axons fibers are myelinated. While C-afferent axons vipers are unmyelinated. The thickness of a fiber determines the speedy transmission of information. According to the gate control theory of pain, the pain is a function to balance between the information traveling into the spinal cord through large and small nerve fibers. Small nerve fibers transmit nociceptive information of the pain, whereas large nerve fibers carry non-nociceptive information. The large and small acts on nerve fibers synapse on projection neuron cells to the brain and on inhibitory interneurons within the dorsal horn of the spinal cord. The firing of the projection neuron signals pain to the brain. The inhibitory interneuron decreases the chances of the firing of the projection neuron.

Part B Question 30

F Hello, doctor. When do subclinical seizures occur?

M Well, subclinical seizures occur due to unusual electrical activity within the brain. Often the symptoms are unnoticed even by the patient. The only method to detect subclinical seizures is performing an electroencephalogram to measure the electrical activity of the brain. That can capture the seizure activity. At times, subclinical seizures are mistaken for the abnormal behavior of artistic patients. For instance, an autistic student showed good cognitive development in his studies last year. However, this year his progress has slowed down. Signs such as aggression or meltdowns were seen in the patient. He used to daydream and ignore others when anyone asked him anything. This condition was mistaken by his parents for autism. All such signs are often mistaken for behavioral issues linked with autism that can actually be connected with a subclinical seizure. According to findings, subclinical seizures may be the cause of psychiatric disorders, or compulsive and behavioral disorders, or even schizophrenic criminal and anti social activities.

Part C Extract1

F: ***Guideline for the Early Detection of Cancer***: I am going to explain to you the guidelines for screening different types of cancers. These screening tests are suggested you detect cancer before the patient develops any symptoms.

Colon and rectal cancer and polyps. Starting regular screening at the age of 45 is suggested for people at average risk of colon and rectal cancer. The screening can be performed either with a sensitive test that examines for cancer signs in the stool of the person or with an exam to look at the colon and rectum. This gonna be done either with a sensitive test that looks for signs of cancer in a person's stool or with an exam that looks at the colon and rectum.

If the person is maintaining good health, he should continue with regular screening through to the age of 75. For people aged 76 to 85, they should confirm with the physician whether continuing with the screening is right or not. People above 85 should no longer get colorectal cancer screenings. If the person wishes to be screened with a test other than a colonoscopy, any abnormal results should be followed up with a colonoscopy.

Cervical cancer. Cervical cancer screening should begin at age 21. However, women below 21 years should not be screened. Women between 21 to 29 should have a PAP screening done once in every three years. However, HPV screening should not be performed for this age group unless it is required after an abnormal PAP test results. Women between 30 to 65 should have a PAP test in addition to HPV test termed as co-testing done every five years. This is the most suggested approach. However, having a PAP test alone is also okay for this age group. Women above 65 who have had regular cervical cancer screening for the past 10 years with normal results should not be tested for cervical cancer. Once screening is (this) continued, it should not be started again. Women with a history of severe cervical pre-cancer should continue screening for at least 20 years after that diagnosis, even if testing goes past age 65. The women whose uterus and cervix have been removed total hysterectomy for reasons not related to cervical cancer and without any cervical cancer history or severe pre-cancer should not be screened. Women vaccinated against HPV should still follow the screening recommendations for their age groups. Women with a history of HIV infection, organ transplants, DES exposure, etcetera may require a different screening schedule for cervical cancer.

Breast cancer. Women from 40 to 44 should have the choice to start annual breast cancer screening with mammograms. Women from 45 to 54 should get yearly mammograms. Women above 55 may get

mammograms once in every two years. Screening should continue as long as a woman is in good health and is expected to live more than 10 years. Women should be well informed with the known benefits, potential harms and limitations linked to breast cancer screening. Certain women with a genetic tendency, family history or certain other factors should get screened with MRI's along with mammograms.

Endometrial cancer. I would recommend that during menopause, every woman should be informed about the risks and symptoms of Endometrial cancer. Certain women with the disease history may need to opt for a yearly Endometrial biopsy.

Lung cancer. I would recommend yearly lung cancer screening with a low dose CT scan for certain people prone to lung cancer who meet the following criteria; Aged between 55 to 74 years, and maintaining good health and stopped smoking in the past 15 years, and having a minimum of 30 packs per year smoking history.

Prostate cancer. I would recommend that men make an informed decision after consulting with the physician whether to be screened for prostate cancer. Research has not yet proven that the benefits of screening outweigh the harms of testing and treatment. Therefore, I believe that men should not be screened without understanding about the risk factors and benefits of screening and treatment.

Starting from the age of 50, men should consult a physician about the risk factors and benefits of screening so that they can decide if screening is right for them or not. If they are African American or have a father or brother who had prostate cancer before the age of 65, one should consult a physician right from the age of 45. If one decides to be screened, he should get a prostate specific antigen blood test, with or without erectile exam. How often he will be tested will depend on his prostate specific antigen level.

Part C Extract2

M: According to research findings, disrupting gut-brain communication may affect memory and learning abilities. The link between memory and food is a fundamental human experience that we all can relate to. However, the findings have unveiled an intriguing explanation behind this phenomenon, illustrating how strongly the second brain in our gut communicates with our brain.

A massive mesh of neurons termed as second brain lies inside our gastrointestinal tract. While this neural control system primarily functions independently to manage our digestive system, the study reveals that this neuronal control system communicates with the brain directly through a long nerve called the vagus nerve.

The vagus nerve mediates a great deal of metabolic communication between the gut and the brain. For instance, the study revealed how feeding behavior initiated by hippocampus activity is directly activated by vaginal nerve stimulation, mediated by signals from the gastrointestinal tract. It appears obvious that signals from the gut would be communicating with the brain in this way, allowing us to know when we should stop eating. But one of these gut to hippocampus communications covered satiety clues or more than simple hunger. Could they also impact cognitive and other memory processes regulated by the hippocampus?

A study conducted two on this topic that utilized a novel rodent model that terminates about 80% of gut to hippocampus communicators while still retaining fundamental brain to gut motor signaling. The study revealed that when this gut brain pathway was detached, the rats displayed impaired, episodic and spatial working memory. That means the rants could not effectively generate an access spatial memories provoked by the gastrointestinal system. With this disrupted pathway, a fascinating link between our gut and memory is prophesized. When rats locate and eat meals, the vagus nerve is activated and this global positioning system is engaged. Therefore, it would be advantageous for an animal to remember their external environment to locate the food again.

The artificial electrical stimulation of the badges nerve can increase memory function. However, this is the first study to find an endogenous connection from the gut through to the hippocampus that mediates this cognitive pathway. Interestingly, this study revealed that the specific vagus nerve disruption studied here did not affect social learning, body weight or anxiety.

The study concluded by raising a concern over the lack of research in the subject, it is recommended that common bariatric surgeries such as a gastric bypass have been found to reduce the effectiveness of vagus nerve signaling to the hippocampus. Moreover, a recently approved FDA obesity treatment called vBLOC therapy has been effective in weight loss by electrically disrupting the vagus nerve.