

## Sentence Structure Quiz

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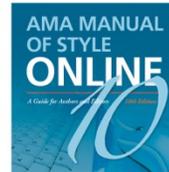
Directions: The following sentences contain confusing comparisons, run-on sentences, or a large amount of data. Rephrase the following single sentences into paragraphs for clarity and easier readability. There is no single correct answer for these exercises. The answers given are just one way to rephrase the sentences.

1. Sample size–weighted remission rates were 66.7% (gastric bypass, n = 428) and 28.6% (gastric band, n = 96) for type 2 diabetes mellitus (glycated hemoglobin level <6.5% without medications); 38.2% (bypass, n = 808) and 17.4% (band, n = 247) for hypertension (blood pressure <140/90 mm Hg without medications); and 60.4% (bypass, n = 477) and 22.7% (band, n = 97) for hyperlipidemia (cholesterol level <200 mg/dL, high-density lipoprotein cholesterol level >40 mg/dL, and low-density lipoprotein cholesterol level <160 mg/dL).
2. Adjustment for covariates had little effect except adjustment for age category (fully adjusted model hazard ratio [HR], 1.26; 95% CI, 1.21-1.32), with stratified adjusted analyses revealing that moderate to severe traumatic brain injury was associated with increased risk of dementia in patients 55 to 64 years old (HR, 1.72; 95% CI, 1.40-2.10) and patients 65 to 74 years old (HR, 1.46; 95% CI, 1.30-1.64), whereas mild traumatic brain injury may be a more important risk factor with increasing age as seen in patients 55 to 64 years old (HR, 1.11; 95% CI, 0.80-1.53) and patients 65 to 74 years old (HR, 1.25; 95% CI, 1.04-1.51).
3. Patients with diabetic ketoacidosis exhibit some degree of hepatic resistance to insulin action, necessitating higher plasma insulin levels (80-100  $\mu$ U/mL) to offset this resistance, meaning that any effective dose of insulin in diabetic ketoacidosis should produce these levels, but the currently recommended standard dose of 0.1 U/kg per hour has been reported to achieve a plasma insulin concentration much higher than the optimal requisite range.
4. Adolescent participants (aged 13-17 years) were recruited from 9 pediatric and family medicine clinics located in 3 urban areas in Washington State in the Group Health system from April 1, 2010, through March 31, 2011, that were selected because of their greater patient diversity and higher number of adolescent patients.
5. On the basis of the results of the RNAseq, 5' RACE, and end-to-end polymerase chain reaction, we designed primers to selectively detect the canonical ZNF804A transcript (forward: TCTCAGCAAGAACGGGAACAA; reverse: CCAGAGCTTTTGCTATGGTATTTTC; probe: ACTCTGGACTATGCTGAGAA) and the newly identified transcript (forward: CAAGCCAAAATGCGAGAAAATATT; reverse: CCTTGTCGAGAGGTAACACAACA; probe: TTGTTAGAAGTGGATTGTCATGA), using Primer Express software (Applied Biosystems), for quantitative analyses by quantitative reverse transcription–polymerase chain reaction performed using the TaqMan Gene Expression Assay on an ABI Prism 7900 system (Applied Biosystems) by the standard curve method.





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6. To ensure that the 2 groups did not differ in levels of mania or depression in the absence of any psychiatric diagnoses, all youth were interviewed using the Young Mania Rating Scale and the Children's Depression Rating Scale–Revised, levels of anxiety were assessed by administering the Multidimensional Anxiety Scale for Children to the parents, global functioning was determined by the Children's Global Assessment Scale, level of trait impulsivity was assessed by the Barratt Impulsiveness Scale, which yielded attentional, motor, and nonplanning subscales, and the Revised Dimensions of Temperament Survey was completed by all parents during euthymia about their offspring's temperament.

