

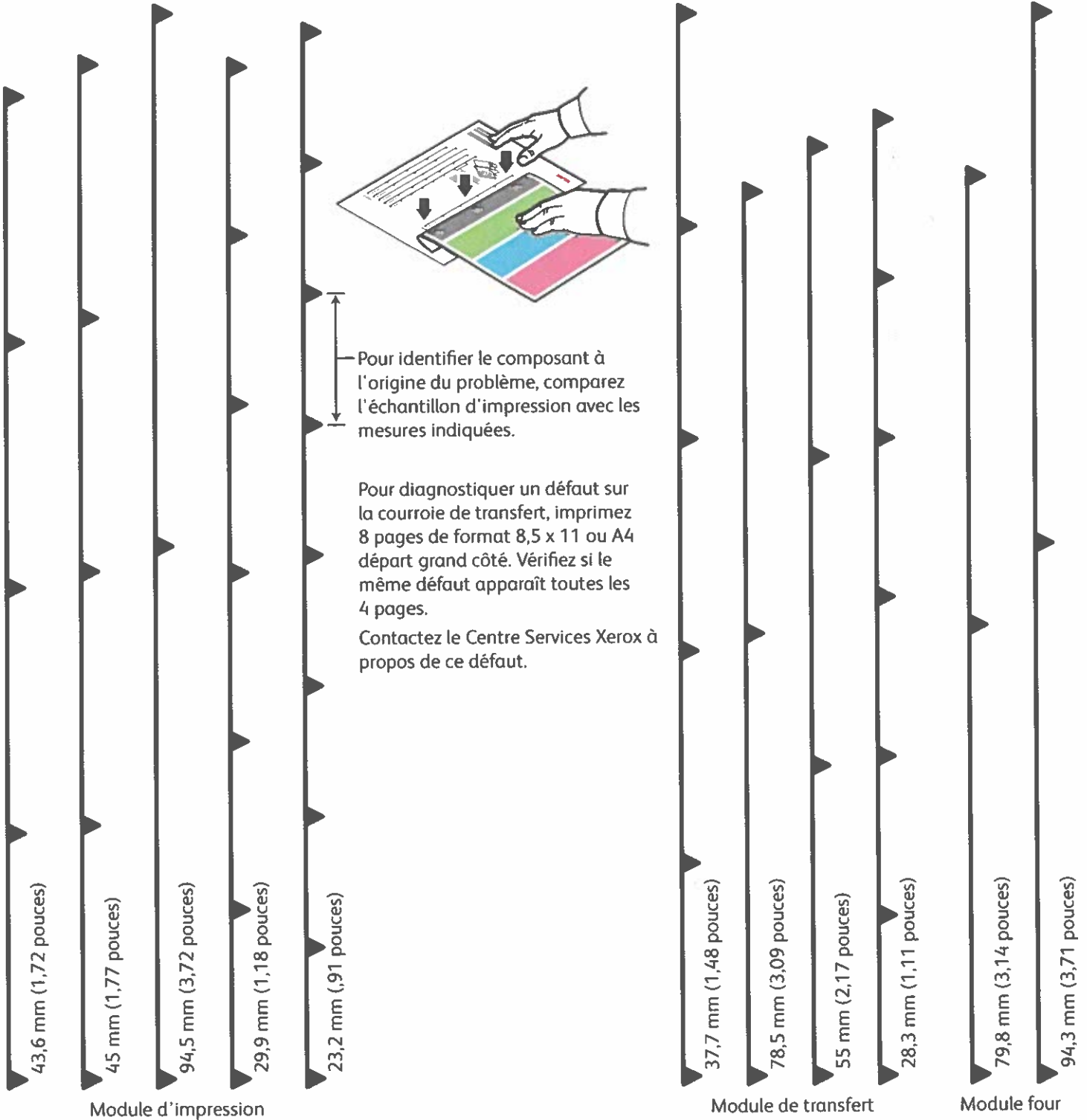
Défauts récurrents

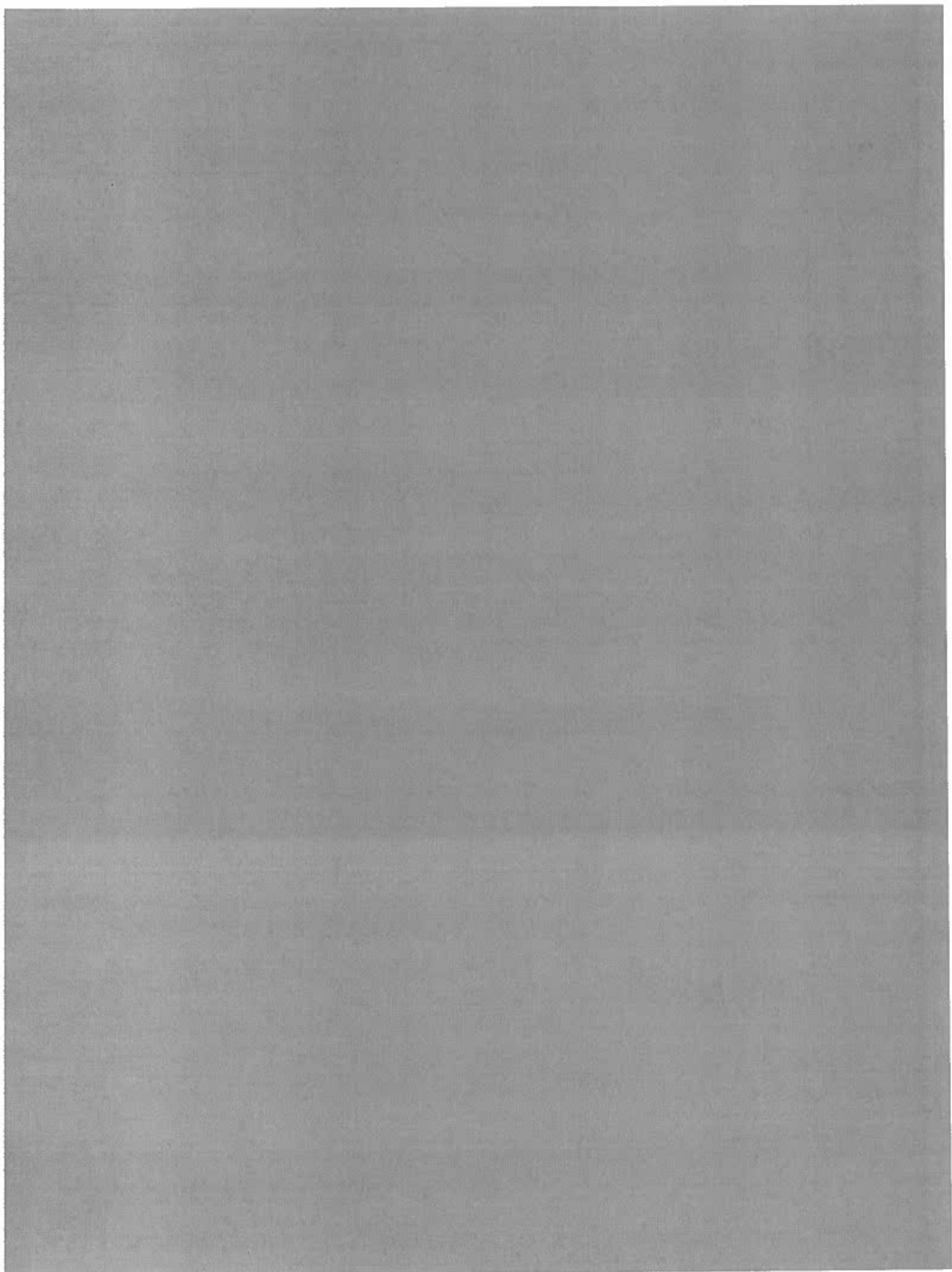


Pour identifier le composant à l'origine du problème, comparez l'échantillon d'impression avec les mesures indiquées.

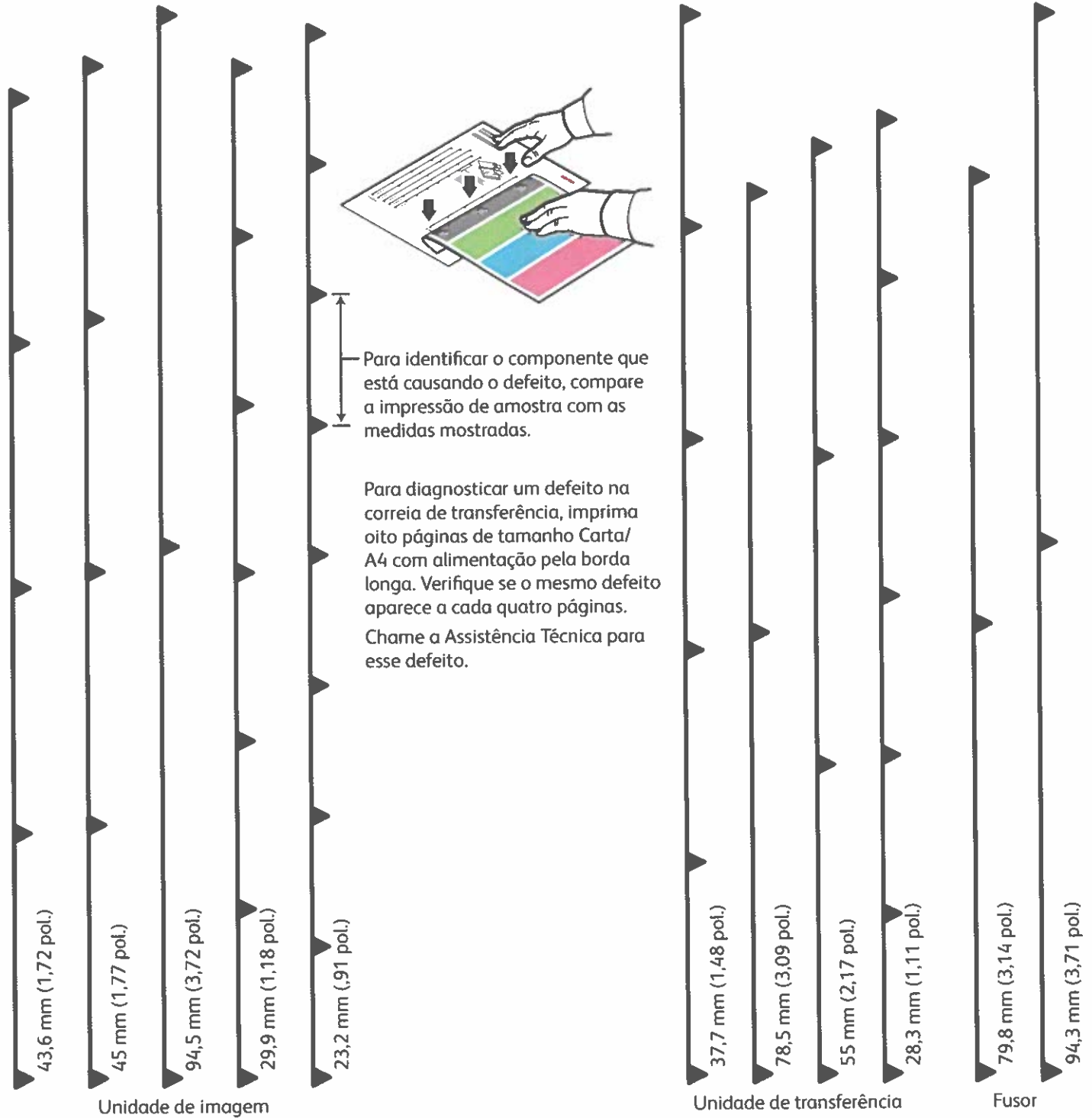
Pour diagnostiquer un défaut sur la courroie de transfert, imprimez 8 pages de format 8,5 x 11 ou A4 départ grand côté. Vérifiez si le même défaut apparaît toutes les 4 pages.

Contactez le Centre Services Xerox à propos de ce défaut.





Falhas recorrentes



the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to address the needs of older people in the UK. The Department of Health (2000) has published a strategy for older people, which sets out a vision for the future of health care for older people. The strategy is based on the following principles: older people should be able to live independently, safely and with dignity; older people should be able to access the services they need; and older people should be able to participate in decisions about their care.

The strategy also sets out a number of key objectives, including: to improve the quality of life of older people; to reduce the number of older people who are in care; to improve the way in which health care is delivered to older people; and to ensure that older people are able to access the services they need. The strategy is a key document for the UK government and for health care providers, and it sets out a clear vision for the future of health care for older people.

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the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion. The number of people aged 65 and over has increased from 200 million to 350 million. The number of people aged 75 and over has increased from 50 million to 100 million.

There are a number of reasons for the increase in the number of people aged 65 and over. One reason is that the number of people who are surviving to age 65 has increased. In 1990, the life expectancy at birth was 47 years for men and 51 years for women. In 2000, the life expectancy at birth was 53 years for men and 57 years for women. This increase in life expectancy is due to a number of factors, including improvements in medical care, better nutrition, and a decline in smoking and alcohol consumption.

Another reason for the increase in the number of people aged 65 and over is that the number of people who are surviving to age 75 has increased. In 1990, the life expectancy at age 65 was 18 years for men and 21 years for women. In 2000, the life expectancy at age 65 was 23 years for men and 26 years for women. This increase in life expectancy is due to a number of factors, including improvements in medical care, better nutrition, and a decline in smoking and alcohol consumption.

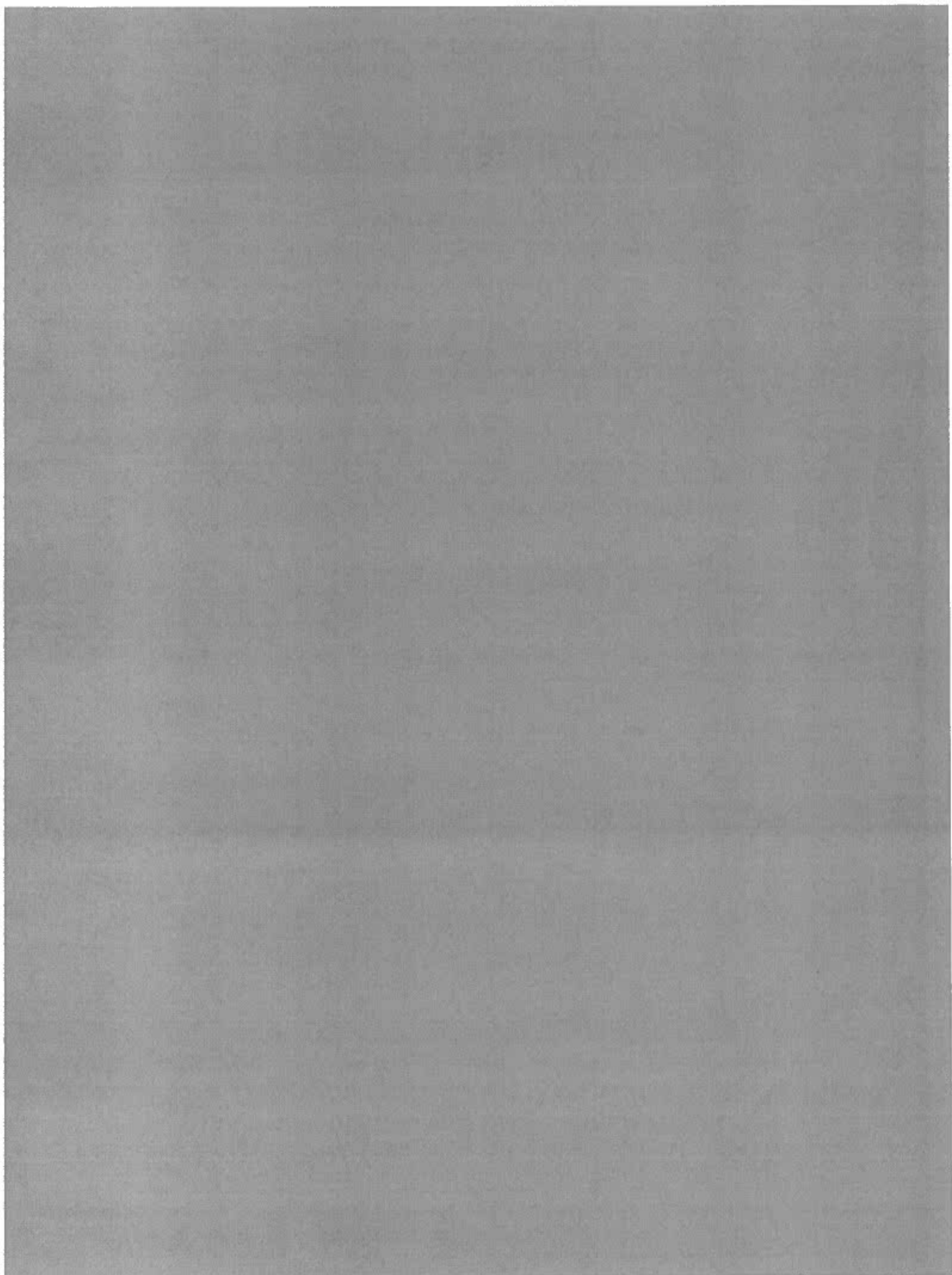
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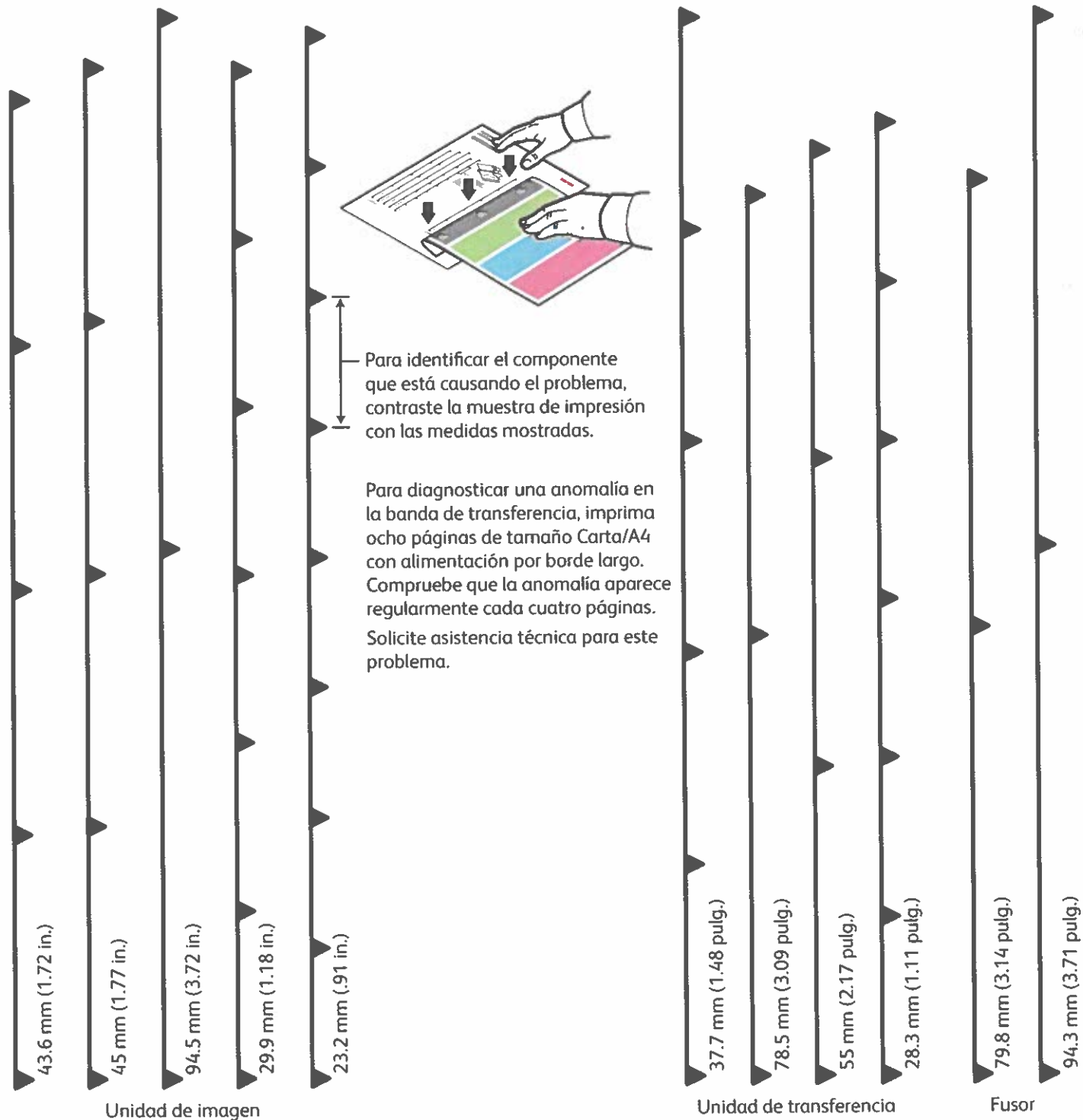
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Defectos recurrentes



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There is a growing awareness of the need to address the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people. The Department of Health (2000) has set out a strategy for the health care system to meet the needs of older people, and the Health Service Research Unit (2000) has set out a strategy for the health care system to meet the needs of older people.

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Table 1. Mean (SD) age, height, weight, and body mass index (BMI) of the 100 children in the study

Age (years)	Height (cm)	Weight (kg)	BMI (kg m ⁻²)
7.0	120.5 (10.0)	25.5 (10.0)	17.8 (3.0)
8.0	130.0 (10.0)	35.0 (10.0)	21.5 (3.0)
9.0	138.0 (10.0)	45.0 (10.0)	24.6 (3.0)
10.0	145.0 (10.0)	55.0 (10.0)	26.2 (3.0)
11.0	150.0 (10.0)	65.0 (10.0)	28.7 (3.0)
12.0	155.0 (10.0)	75.0 (10.0)	30.3 (3.0)
13.0	160.0 (10.0)	85.0 (10.0)	32.8 (3.0)
14.0	165.0 (10.0)	95.0 (10.0)	34.5 (3.0)
15.0	170.0 (10.0)	105.0 (10.0)	35.7 (3.0)
16.0	175.0 (10.0)	115.0 (10.0)	36.9 (3.0)

3.1. Effect of age on the prevalence of overweight

The prevalence of overweight increased with age, from 10.0% in 7-year-olds to 25.0% in 16-year-olds (Table 2). The prevalence of overweight was significantly higher in 16-year-olds than in 7-year-olds ($P < 0.001$). The prevalence of overweight was also significantly higher in 16-year-olds than in 10-year-olds ($P < 0.001$), 11-year-olds ($P < 0.001$), 12-year-olds ($P < 0.001$), 13-year-olds ($P < 0.001$), and 14-year-olds ($P < 0.001$).

3.2. Effect of age on the prevalence of obesity

The prevalence of obesity increased with age, from 0% in 7-year-olds to 10.0% in 16-year-olds (Table 2). The prevalence of obesity was significantly higher in 16-year-olds than in 7-year-olds ($P < 0.001$). The prevalence of obesity was also significantly higher in 16-year-olds than in 10-year-olds ($P < 0.001$), 11-year-olds ($P < 0.001$), 12-year-olds ($P < 0.001$), 13-year-olds ($P < 0.001$), and 14-year-olds ($P < 0.001$).

3.3. Effect of age on the prevalence of overweight and obesity

The prevalence of overweight and obesity increased with age, from 10.0% in 7-year-olds to 35.0% in 16-year-olds (Table 2). The prevalence of overweight and obesity was significantly higher in 16-year-olds than in 7-year-olds ($P < 0.001$). The prevalence of overweight and obesity was also significantly higher in 16-year-olds than in 10-year-olds ($P < 0.001$), 11-year-olds ($P < 0.001$), 12-year-olds ($P < 0.001$), 13-year-olds ($P < 0.001$), and 14-year-olds ($P < 0.001$).

4. Discussion

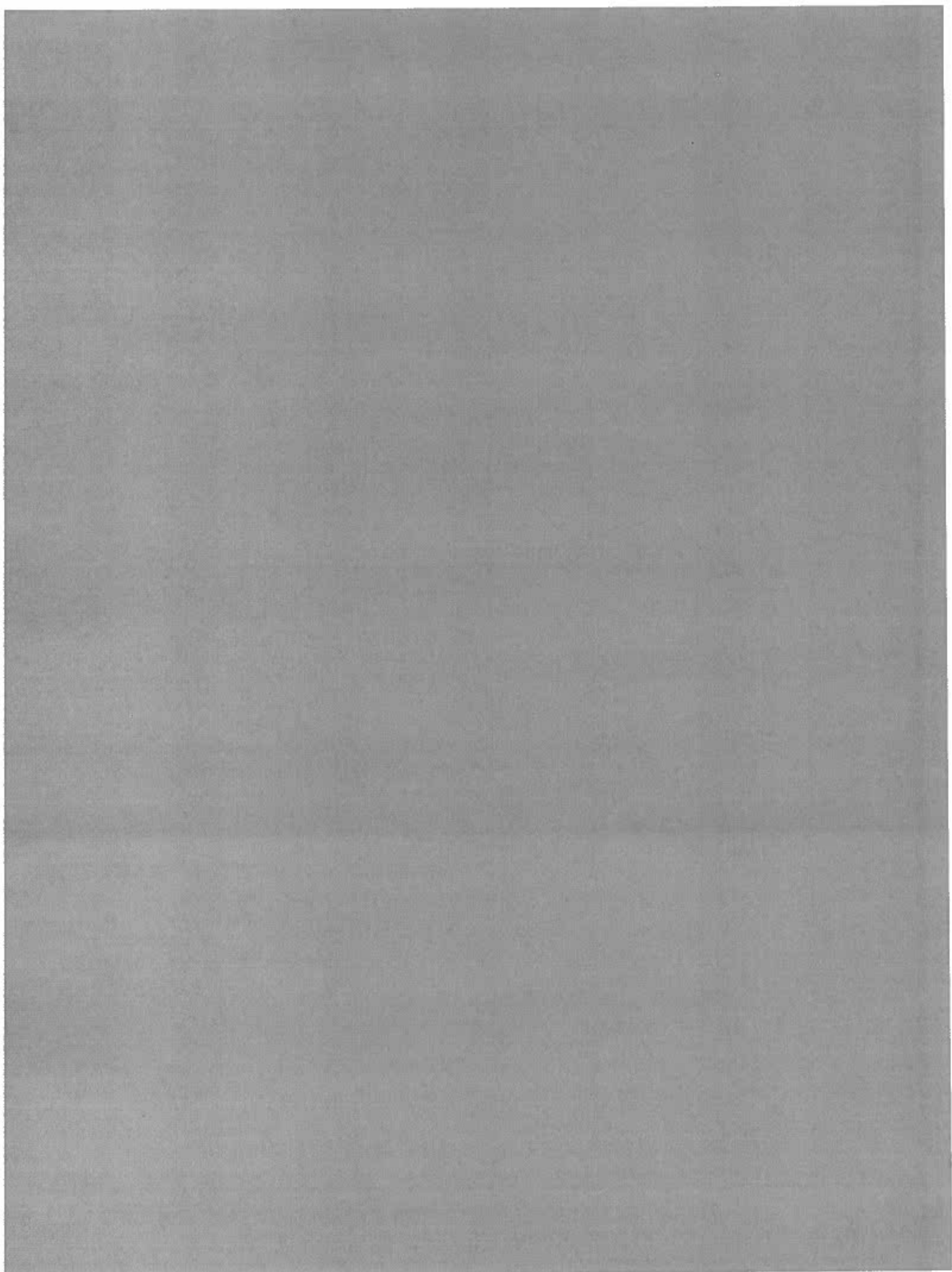
The prevalence of overweight and obesity increased with age in the 100 children in the study. The prevalence of overweight and obesity was significantly higher in 16-year-olds than in 7-year-olds, 10-year-olds, 11-year-olds, 12-year-olds, 13-year-olds, and 14-year-olds.

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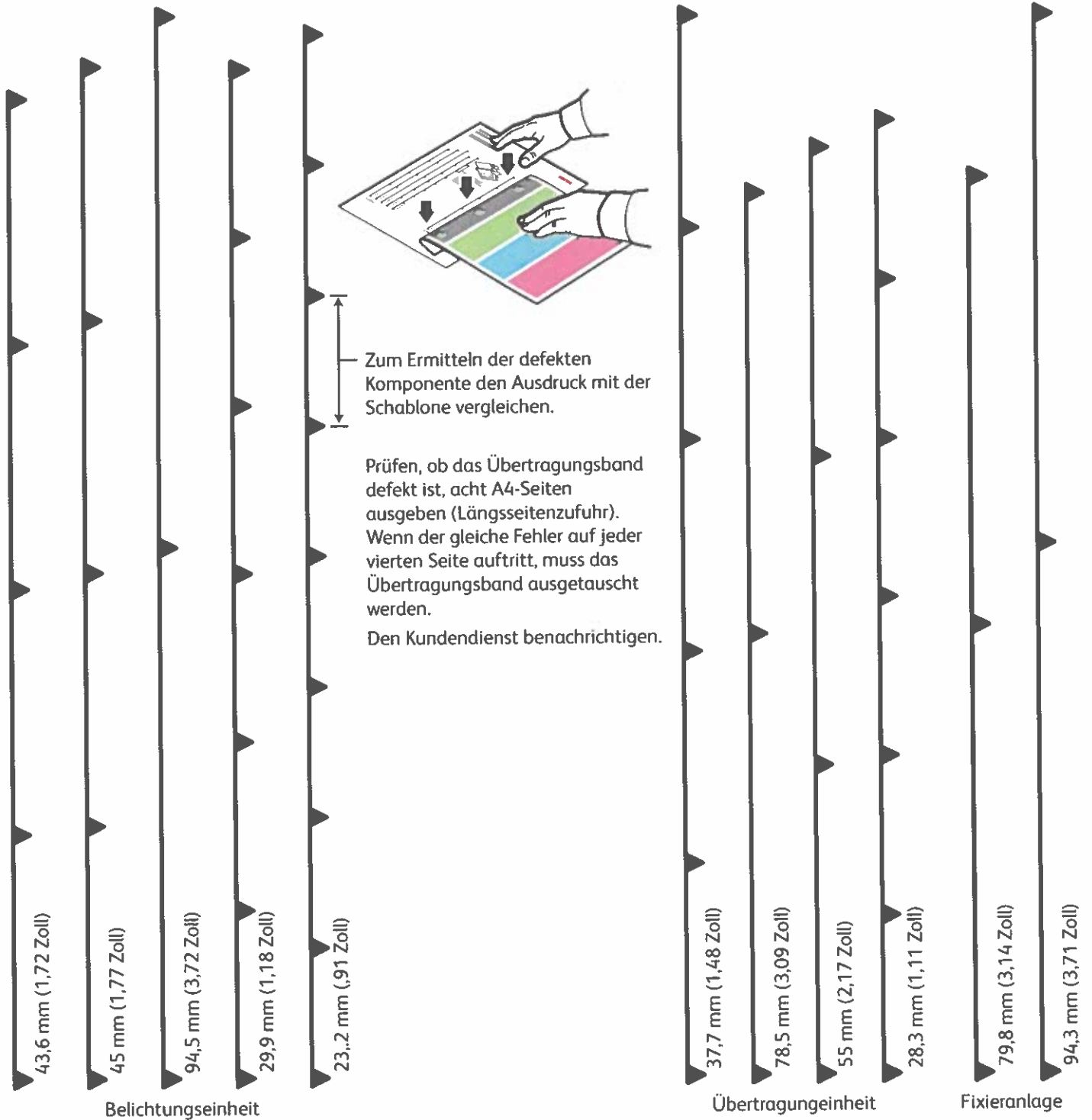
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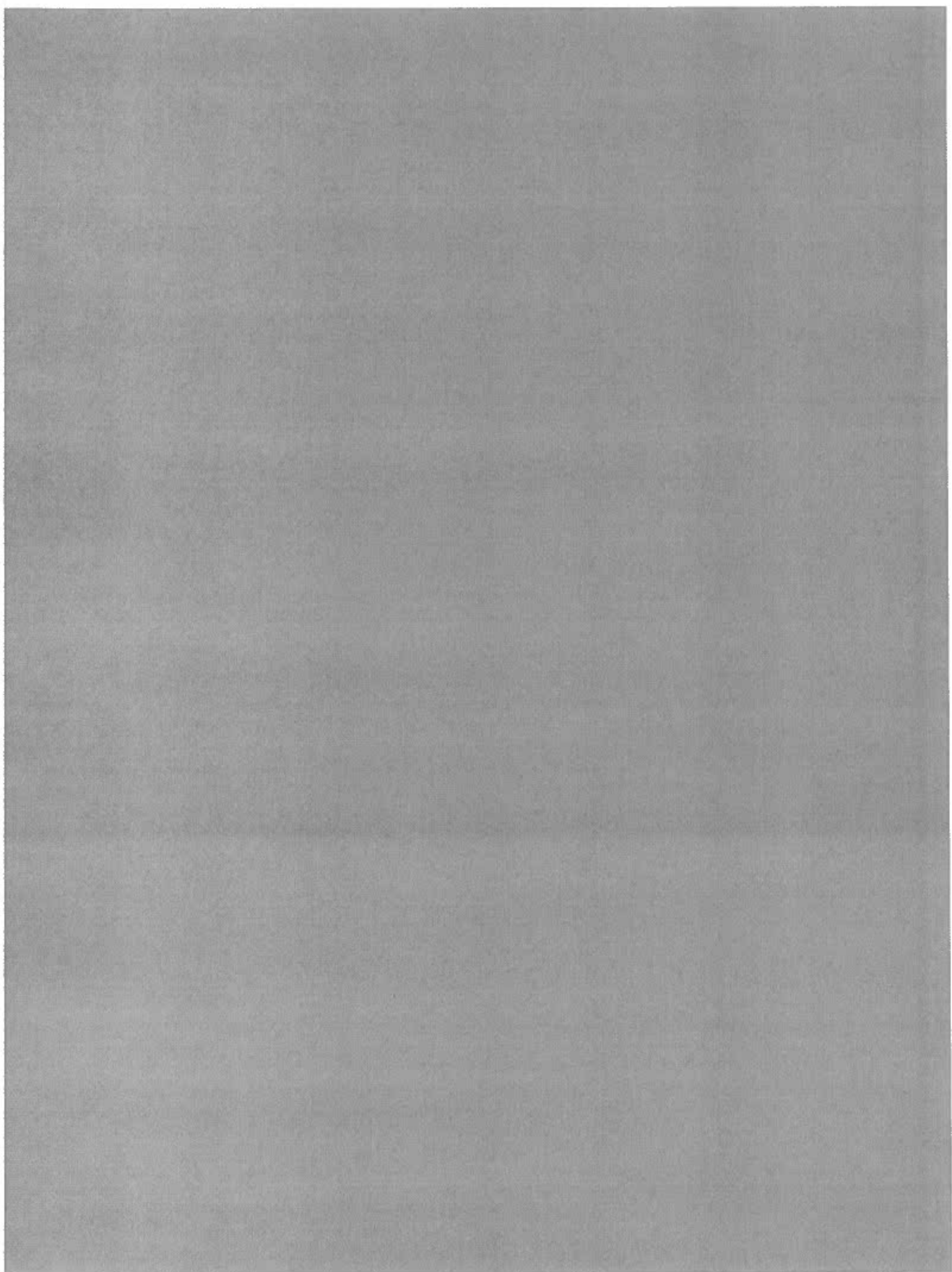
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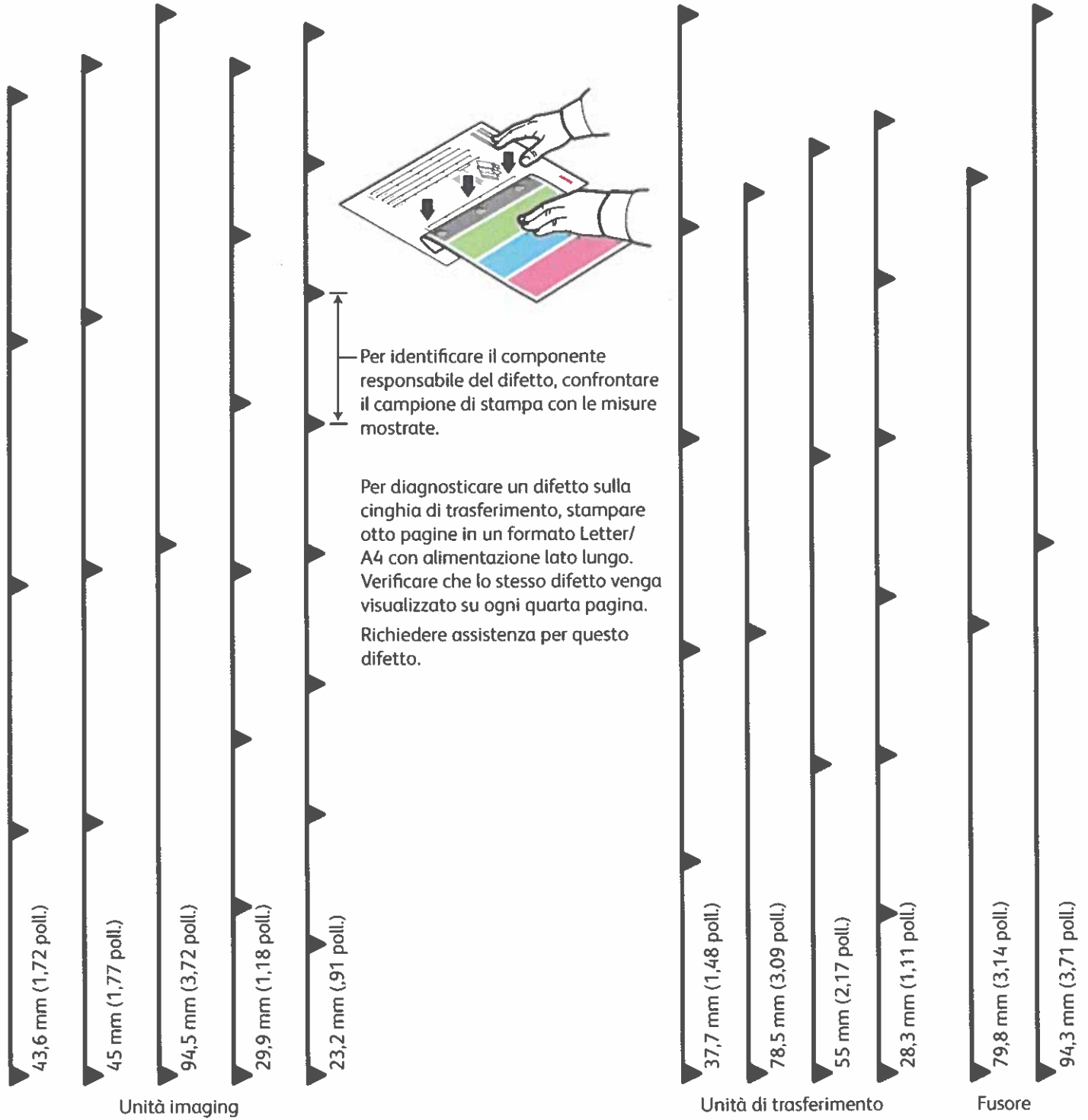


Wiederholte Fehler





Difetti ripetuti



the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million (15.5% of the population).

There is a growing awareness of the need to address the needs of older people, and the Government has set out a strategy for the 21st century in the White Paper on *Ageing Better: The Government's Strategy for Older People* (Department of Health 1999). This strategy is based on the following principles:

- Older people should be able to live independently and actively in their own homes.
- Older people should be able to live in their own communities.
- Older people should be able to live in their own homes and communities for as long as possible.
- Older people should be able to live in their own homes and communities with dignity and respect.

The White Paper also sets out a number of key objectives for the Government, including:

- To ensure that older people are able to live independently and actively in their own homes.
- To ensure that older people are able to live in their own communities.
- To ensure that older people are able to live in their own homes and communities for as long as possible.
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The White Paper also sets out a number of key actions for the Government, including:

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the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion (United Nations 1998).

There are a number of reasons why the number of children in the world is expected to increase. One of the main reasons is the high birth rate in developing countries.

Another reason is the high life expectancy in developing countries. This means that people are living longer, and therefore have more children.

There are also a number of other factors that contribute to the increase in the number of children in the world. These include the high death rate in developing countries, and the high rate of migration from developing countries to developed countries.

The increase in the number of children in the world is a major challenge for the world's governments. They need to ensure that there are enough resources to support the growing population.

One of the main ways that governments can do this is by investing in education. This will help to ensure that children are able to get a good education, and therefore have a better chance of finding a job and supporting themselves.

Another way that governments can do this is by investing in health care. This will help to ensure that children are healthy and able to attend school.

There are also a number of other things that governments can do to help support the growing population. These include providing housing, and creating jobs.

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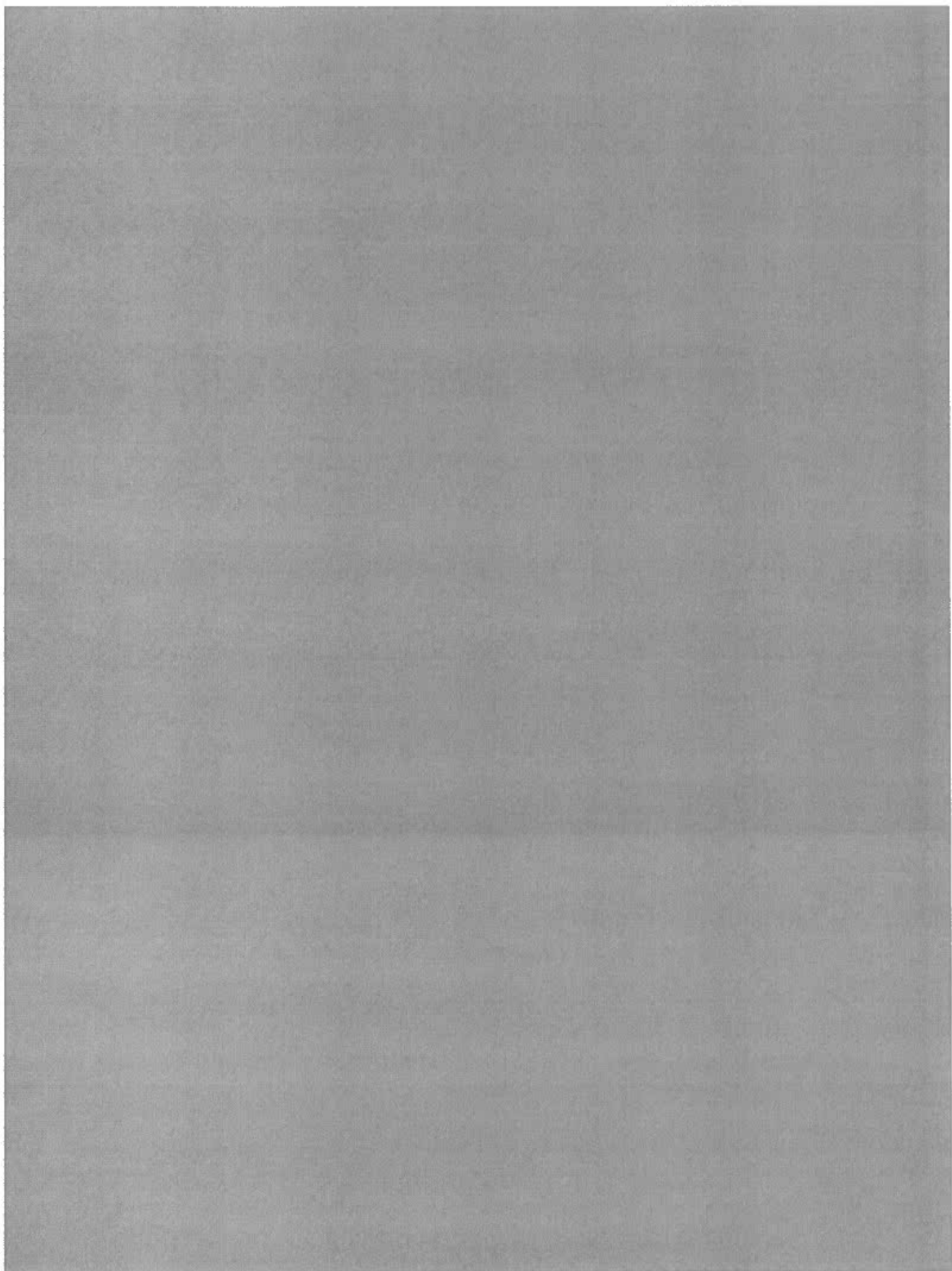
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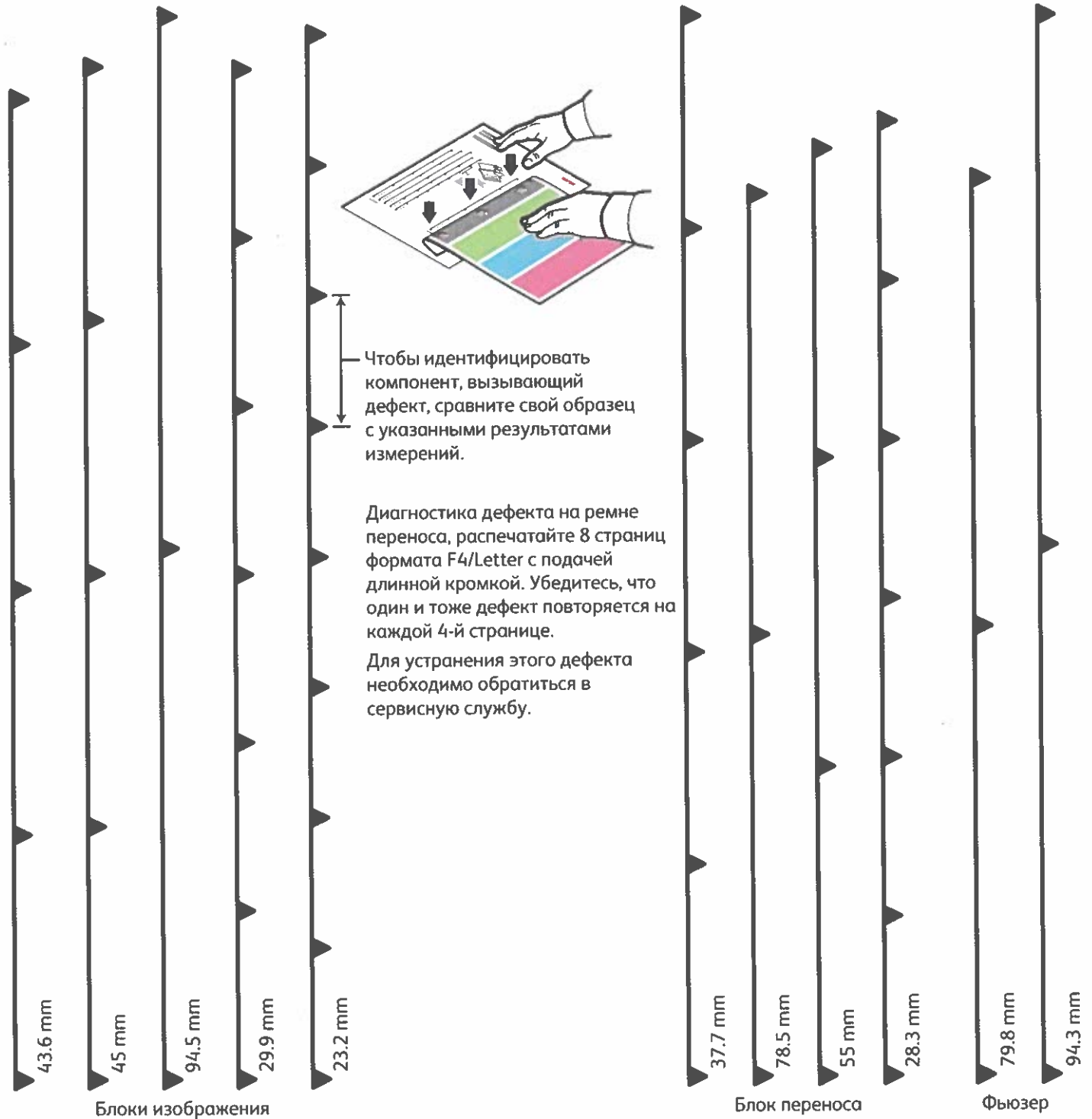
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Повторяющиеся дефекты



the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to address the needs of older people, and the UK Government has set out a strategy for the 21st century (Department of Health 2000). The strategy is based on the following principles: (1) to improve the health and quality of life of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

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the 1990s, the number of people with a diagnosis of schizophrenia has increased in many countries (1).

There is a growing awareness of the need to improve the quality of life of people with schizophrenia. This has led to a focus on the development of psychosocial interventions that can help to reduce the symptoms and improve the functioning of people with schizophrenia (2).

One of the most widely used psychosocial interventions is cognitive behavioural therapy (CBT). CBT is a form of therapy that helps people to change their thoughts and behaviours. It is based on the idea that our thoughts, feelings and behaviours are all interconnected and can influence each other (3).

CBT has been shown to be effective in helping people with schizophrenia to manage their symptoms and improve their functioning. It can help to reduce the severity of symptoms such as hallucinations and delusions, and can help to improve social skills and the ability to manage stress (4).

There are a number of reasons why CBT might be effective in helping people with schizophrenia. One reason is that it helps to challenge and change negative thoughts and beliefs. This can help to reduce the impact of symptoms and improve the person's ability to cope with their condition (5).

Another reason why CBT might be effective is that it helps to develop coping strategies. This can help people to manage their symptoms and improve their functioning in the long term (6).

There are a number of different CBT techniques that can be used to help people with schizophrenia. These include cognitive restructuring, exposure therapy, and behavioural activation (7).

Cognitive restructuring involves identifying and challenging negative thoughts and beliefs. This can help to reduce the impact of symptoms and improve the person's ability to cope with their condition (8).

Exposure therapy involves gradually exposing the person to situations that trigger their symptoms. This can help to reduce the fear and anxiety associated with these situations and improve the person's ability to cope with them (9).

Behavioural activation involves encouraging the person to engage in activities that they enjoy and that can help to improve their mood and functioning. This can help to reduce the symptoms of depression and improve the person's overall quality of life (10).

There are a number of factors that can influence the effectiveness of CBT in helping people with schizophrenia. These include the person's motivation, the quality of the therapy, and the support of family and friends (11).

It is important to note that CBT is not a cure for schizophrenia. It is a form of therapy that can help to manage symptoms and improve functioning, but it does not eliminate the underlying condition (12).

There are a number of reasons why CBT might not be effective in helping some people with schizophrenia. One reason is that the person may not be motivated to engage in the therapy (13).

Another reason why CBT might not be effective is that the person may not have a good understanding of their condition or the therapy (14).

There are a number of ways to improve the effectiveness of CBT in helping people with schizophrenia. These include providing support and encouragement, and ensuring that the person has a good understanding of their condition and the therapy (15).

It is important to note that CBT is not the only form of therapy that can help people with schizophrenia. There are a number of other forms of therapy that can be used, such as family therapy and group therapy (16).

There are a number of factors that can influence the effectiveness of any form of therapy in helping people with schizophrenia. These include the person's motivation, the quality of the therapy, and the support of family and friends (17).

It is important to note that there is no one-size-fits-all approach to the treatment of schizophrenia. The best approach for each person will depend on their individual needs and circumstances (18).

There are a number of things that people with schizophrenia can do to improve their quality of life. These include taking their medication as prescribed, attending therapy, and staying connected with family and friends (19).

It is important to note that there is a lot of research being done into the treatment of schizophrenia. This research is helping to develop new and more effective treatments for this condition (20).

There are a number of things that people with schizophrenia can do to help with their recovery. These include taking their medication as prescribed, attending therapy, and staying connected with family and friends (21).

It is important to note that there is a lot of research being done into the treatment of schizophrenia. This research is helping to develop new and more effective treatments for this condition (22).

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the 1990s, the number of people with a mental health problem has increased in the UK, and the number of people with a mental health problem who are in contact with mental health services has also increased (Mental Health Act Commission 2000).

There is a growing awareness of the need to improve the lives of people with a mental health problem, and to reduce the stigma and discrimination that they experience. This has led to a number of initiatives, including the development of self-help materials, the establishment of self-help groups, and the development of community mental health teams.

Self-help materials are designed to help people with a mental health problem to understand their condition, and to manage their symptoms. They can be used by people who are newly diagnosed, or by people who have been diagnosed for some time. Self-help materials can be used in a number of ways, including reading them on their own, or with the help of a professional.

Self-help groups are groups of people who have a mental health problem, and who meet regularly to discuss their experiences, and to provide support and advice to each other. Self-help groups can be used by people who are newly diagnosed, or by people who have been diagnosed for some time. Self-help groups can be used in a number of ways, including meeting on their own, or with the help of a professional.

Community mental health teams are teams of professionals who work together to provide a range of services to people with a mental health problem. Community mental health teams can be used by people who are newly diagnosed, or by people who have been diagnosed for some time. Community mental health teams can be used in a number of ways, including providing a range of services, including counselling, medication management, and crisis support.

The development of self-help materials, self-help groups, and community mental health teams, has led to a number of improvements in the lives of people with a mental health problem. These improvements include a better understanding of their condition, a better ability to manage their symptoms, and a reduction in the stigma and discrimination that they experience.

There is a need to continue to improve the lives of people with a mental health problem, and to reduce the stigma and discrimination that they experience. This can be achieved by continuing to develop self-help materials, self-help groups, and community mental health teams, and by providing a range of services to people with a mental health problem.

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