

Translation from English into Croatian Language: Problems and Challenges in Translating Texts of Different Genres

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Undergraduate thesis / Završni rad

2016

Degree Grantor / Ustanova koja je dodijelila akademski / stručni stupanj: **University of Rijeka, Faculty of Humanities and Social Sciences / Sveučilište u Rijeci, Filozofski fakultet u Rijeci**

Permanent link / Trajna poveznica: <https://urn.nsk.hr/urn:nbn:hr:186:645706>

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Download date / Datum preuzimanja: **2025-01-25**



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UNIVERSITY OF RIJEKA
FACULTY OF HUMANITIES AND SOCIAL SCIENCES
DEPARTMENT OF ENGLISH

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**PROBLEMS AND CHALLENGES IN TRANSLATING TEXTS OF DIFFERENT
GENRES:**

A TRANSLATION FROM ENGLISH INTO CROATIAN LANGUAGE

Submitted in partial fulfilment of the requirements for the B.A. in English Language and
Literature and Italian Language and Literature at the University of Rijeka

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October 2016

ABSTRACT

This thesis tackles the problems encountered when translating articles representing different genres, writing styles and terminology. After a short introduction on translation in general, and the problems that are often encountered while trying to produce an adequate translation, the thesis offers three source texts in English language, three translations of source texts and three commentaries and analyses. The source texts are of different genres: one is scientific (a medical text concerned with the use of opioid analgesics), the second one is an internet article that deals with how different people handled their breakups on social media, and the third one is a biographical article about Frida Kahlo, one of the most famous female artists of all times. The analysis of each text consists of 12 different points of analysis: genre, source, audience, purpose of writing, authenticity, style, level of formality, layout, content, cohesion, sentence patterns, terminology of the subject and is followed by a brief analysis of the text and the problems encountered in the process of translating. The thesis is closed with a conclusion and a bibliographical note.

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1. INTRODUCTION

According to Vladimir Ivir the subject of translation is a message in a certain language that needs to be translated into another language. After being translated, the message has to remain the same. During translation many problems can occur. Therefore, it is essential to be familiar with the topic of the source text and its context. The aim of this thesis was to produce three translations and, therefore, attempt to understand topics, terms and the issues encountered during the act of translation. The texts used to support this thesis were chosen from different fields in order to point out the difference between their form, language and writing style . The first text was taken from the field of medicine, the second one from the field of journalism with the topic of social media and lifestyle as well as the third one, which was a biographical article about a Mexican artist.

In order to produce a good-quality translation, the translator needs to analyze source texts in detail. The method that I chose in my thesis is the so called Genre Analysis that helps the translator explore the text in detail by using several points of the analysis.

Furthermore, one of the important factors in producing a well-formulated translation is the knowledge of languages, precisely, a sufficient knowledge of the source language and the target language.

The bibliography used were mostly dictionaries: monolingual, bilingual, collocations and phrasal verbs dictionaries, , manuals, thesauruses and the internet.

2. SOURCE TEXT 1

SPECIAL ARTICLE

Trends in Opioid Analgesic Abuse and Mortality in the United States

Richard C. Dart, M.D., Ph.D., Hilary L. Surratt, Ph.D., Theodore J. Cicero, Ph.D., Mark W. Parrino, M.P.A., S. Geoff Severtson, Ph.D., Becki Bucher-Bartelson, Ph.D., and Jody L. Green, Ph.D.

N Engl J Med 2015; 372:241-248 January 15, 2015 DOI: 10.1056/NEJMsa1406143

Abstract

BACKGROUND

The use of prescription opioid medications has increased greatly in the United States during the past two decades; in 2010, there were 16,651 opioid-related deaths. In response, hundreds of federal, state, and local interventions have been implemented. We describe trends in the diversion and abuse of prescription opioid analgesics using data through 2013.

METHODS

We used five programs from the Researched Abuse, Diversion, and Addiction-Related Surveillance (RADARS) System to describe trends between 2002 and 2013 in the diversion and abuse of all products and formulations of six prescription opioid analgesics: oxycodone, hydrocodone, hydromorphone, fentanyl, morphine, and tramadol. The programs gather data from drug-diversion investigators, poison centers, substance-abuse treatment centers, and college students.

RESULTS

Prescriptions for opioid analgesics increased substantially from 2002 through 2010 in the United States but then decreased slightly from 2011 through 2013. In general, RADARS System programs reported large increases in the rates of opioid diversion and abuse from 2002 to 2010, but then the rates flattened or decreased from 2011 through 2013. The rate of opioid-related deaths rose and fell in a similar pattern. Reported nonmedical use did not change significantly among college students.

CONCLUSIONS

Postmarketing surveillance indicates that the diversion and abuse of prescription opioid medications increased between 2002 and 2010 and plateaued or decreased between 2011 and 2013. These findings suggest that the United States may be making progress in controlling the abuse of opioid analgesics. (Funded by the Denver Health and Hospital Authority.)

Article

Whatever the measure, the past two decades have been characterized by increasing abuse and diversion of prescription drugs, including opioid medications, in the United States. An estimated 25 million people initiated nonmedical use of pain relievers between 2002 and 2011.¹ The number of deaths per year attributed to prescription opioid medications reached 16,651 in 2010.² In response to the epidemic, hundreds of local, regional, state, and federal interventions have been implemented. For example, 49 states have enacted legislation to create prescription-drug monitoring programs.³ The U.S. Office of National Drug Control Policy has responded to the epidemic with numerous recommendations, including the need to evaluate “current databases that measure the extent of prescription drug use, misuse, and toxicity.”⁴ In 2013, a Pew Research Center survey showed that only 16% of Americans believed that the United States was making progress in reducing prescription-drug abuse.⁵

The impressive response to the epidemic is heartening, but the effect of these programs is not yet known. Some local and state interventions have described a reduction in the abuse and diversion of prescription opioids after the enactment of state legislation.^{6,7} We used the Researched Abuse, Diversion, and Addiction-Related Surveillance (RADARS) System to describe the diversion and abuse of prescription opioid analgesics, using data from January 2002 through December 2013. Because drug abuse is an illegal activity that is often concealed from authorities, the RADARS System uses a “mosaic” approach, measuring abuse and diversion from multiple perspectives, to describe this hidden phenomenon as comprehensively as possible.⁸

METHODS

Data Sources and Oversight

We used data from five separate RADARS System programs (Table 1). The Poison Center Program records the substances involved in poison-center cases classified as intentional abuse. The Drug Diversion Program records the drugs involved in cases opened by law-enforcement agencies investigating prescription-drug diversion. The Opioid Treatment Program and the Survey of Key Informants' Patients (SKIP) Program query new patients entering substance-abuse treatment about medications that they have abused in the previous 30 days. The College Survey Program is a Web-based survey in which self-identified college students report their nonmedical use of prescription drugs during the previous 30 days. Further information on each program is provided in Table 1, the Supplementary Appendix (available with the full text of this article at NEJM.org), and previous publications.⁹⁻¹³ Several analyses describe the relations among these programs and other information sources such as the Drug Abuse Warning Network and the National Vital Statistics System.^{10,14}

To represent the trends with respect to prescription opioid analgesics, we grouped all marketed products and formulations (branded and generic) of six prescription analgesics: oxycodone, hydrocodone, hydromorphone, fentanyl, morphine, and tramadol. More recent market entrants with smaller market shares (e.g., oxymorphone and tapentadol) were excluded so that the trend analysis involved a consistent profile of analgesics. Sensitivity analyses showed that the results were not materially affected by the exclusion of these products. In addition, we retrieved data on reported heroin use in the past 30 days in the Opioid Treatment, SKIP, and College Survey Programs. (Not all programs include heroin because the RADARS System focuses on prescription opioids.) Because the RADARS Poison Center Program does not collect data on heroin, we obtained counts of heroin-related cases from the National Poison Data System (American Association of Poison Control Centers) and data on reported heroin use in the past 30 days (National Survey on Drug Use and Health).^{15,16} Data on prescription volume were obtained from IMS Health.¹⁷

The RADARS System is independently owned and operated by the Denver Health and Hospital Authority, which operates the public hospital for the city and county of Denver. The system is supported by subscriptions from pharmaceutical companies that produce prescription opioids or stimulants, which use the data for risk management and postmarketing surveillance reporting to the Food and Drug Administration. Subscribers had no role in the conception, execution, or reporting of this analysis. Each program in the RADARS System is approved by the institutional review board of the principal investigator's institution (Tables S1 through S6 in the Supplementary Appendix).

Statistical Analysis

We plotted the quarterly event rate by dividing the total number of events for the prescription-opioid group for each program by the population of the jurisdiction or coverage area of the

program. Population data were obtained from the 2000 and 2010 U.S. Census at the level of the three-digit ZIP Code. Interpolation and extrapolation at this level adjusted for population changes over time. Because the plots were suggestive of a second-degree polynomial fit, we used a Poisson regression model with linear and quadratic terms for time. Quadratic and cubic models were evaluated, and the quadratic model was chosen because it fit the largest number of programs. We computed the time of the maximum predicted value (vertex) of the curve, which indicates when the population rate changed from an increasing to a decreasing trajectory. A negative quadratic coefficient indicates that the quadratic curve is concave (with the apex at the top and the curve opening downward). The t-statistic was used to test whether the quadratic coefficient differed from zero. A significant result indicates that the quadratic term provided a better fit to the data than the linear term.

RESULTS

Trends in Opioid Analgesic Use

Prescription data from IMS Health indicate that at the beginning of 2006, there were 47 million prescriptions dispensed per quarter in the United States for the opioid analgesics included in this study. Prescription volume peaked in the fourth quarter of 2012 at 62 million prescriptions dispensed. Except for this one quarter, the number of prescriptions trended slightly downward from 2011 through 2013, ending at 60 million prescriptions per calendar quarter for study medications (Figure 1A).

In the Drug Diversion Program, the calculated quarterly event rate for prescription opioids increased from approximately 1.5 per 100,000 population in 2002 to 2.9 in 2012 and then decreased to 2.5 by the end of 2013 (Figure 1B). In the Poison Center Program, the quarterly abuse rate for opioid analgesics increased from 0.20 per 100,000 population in 2003 to 0.56 in

2010 and then decreased to 0.35 by the end of 2013 (Figure 1C). In the Opioid Treatment Program, the rate of prescription opioid abuse increased from 1.6 per 100,000 population in 2005 to 7.3 in 2010 and then decreased to 3.5 by the end of 2013 (Figure 1D). In the SKIP Program, the rate of prescription opioid abuse increased from 1.5 per 100,000 population in 2008 to 3.8 in 2011 and then decreased to 2.8 by the end of 2013 (Figure 1E). In the College Survey Program, the rate of nonmedical use increased from 0.14 per 100,000 population in 2008 to 0.35 by the end of 2013 (Figure 1F). Using a Poisson regression model, we found that the quadratic coefficient was negative and significantly different from zero in the Poison Center Program ($P<0.001$), the Drug Diversion Program ($P=0.009$), the Opioid Treatment Program ($P<0.001$), and the SKIP Program ($P=0.001$). Before mid-2010, the rate of diversion or abuse was increasing in each program; however, the rate in each program trended downward by 2013. The only exception was the College Survey Program, in which the quadratic term was not significant ($P=0.41$).

Reported heroin use generally increased over time. In poison centers, as evidenced by data from the National Poison Data System, the rate of heroin-related cases started increasing in 2006 and appeared to accelerate in late 2010 (Figure 2A). In conjunction with increasing heroin use, cases involving the extended-release formulation of oxycodone (OxyContin, Purdue Pharma) decreased substantially after the introduction of an abuse-deterrent formulation (Figure 2A). In the Opioid Treatment Program, the rate of heroin use was flat for the period from 2005 through 2013, and the rate of abuse of reformulated extended-release oxycodone decreased after 2010 (Figure 2B). In the SKIP Program, the rate of heroin use increased in 2011 and remained increased, whereas the rate of abuse of reformulated extended-release oxycodone decreased (Figure 2C). In the College Survey Program, the rate of heroin use was volatile but generally flat, whereas the rate of abuse of reformulated

extended-release oxycodone edged upward (Figure 2D). Reported use of heroin increased after 2005 in the National Survey on Drug Use and Health (Figure 2E).

Opioid-Related Deaths

The rate of death associated with heroin use (data from the National Poison Data System) was inversely related to the rate of death associated with the use of prescription opioid drugs. The rate of opioid-related death increased from 2002 to 2006, plateaued from 2006 through 2008, then decreased slightly from 2009 through 2013 (Figure 3). In contrast, the rate of heroin-related death was flat from 2002 to 2010 but increased each subsequent year through 2013.

DISCUSSION

Our results show a parallel relationship between the availability of prescription opioid analgesics through legitimate pharmacy channels and the diversion and abuse of these drugs and associated adverse outcomes. Availability increased greatly in the 1990s and continued through 2010 but then plateaued from 2011 through 2013. In concert with these findings, four of five RADARS System surveillance programs reported large increases in diversion and abuse from 2002 to 2010. An inflection point was reached in each program, however, and the rates of diversion and abuse of prescription analgesics subsequently decreased.

For the period before 2011, our results are similar to those in other research reports, with increasing rates of opioid analgesic abuse. The Drug Abuse Warning Network reported an increase of 183% in medical emergencies related to opioid pharmaceuticals from 2004 to 2011, the last year for which data are available.¹⁸ The National Survey on Drug Use and Health noted increasing dependence on and abuse of prescription pain relievers from 2002 through 2012, the last year for which data are available.¹⁹ Similarly, admissions for the treatment of opioid dependence and addiction increased through 2011.²⁰ These increases in

drug availability and abuse have been reflected in the numbers of deaths caused by prescription opioids, which increased for 11 consecutive years and reached 16,651 deaths nationally in 2010.²

Few data regarding national trends in prescription-drug abuse and diversion since 2010 have been published. However, emerging data suggest that abuse of prescription opioids may have lessened in some environments. For example, local and state efforts have resulted in a reduction after the enactment of state legislation.⁶ Florida had a substantial decrease in the diversion of prescription analgesics, especially oxycodone, after several interventions were implemented in 2010 and 2011.⁷ Reported prescription-drug abuse was also reduced in a study involving college students.²¹ In contrast, the prevalence of nonmedical use of prescription analgesics remained unchanged in the National Survey on Drug Use and Health through 2012.¹⁹

The observed trends in opioid analgesic abuse could be related to several factors. The flattening rate of prescription volume since 2011 may have limited the availability of prescription opioids for abuse. This trend may be evidence of either a decreased supply, because prescribers have reduced the number of prescriptions that they write, or a decreased demand, because the number of patients requesting these drugs has decreased. Although it may be assumed that the prescribers control the supply of a drug, the supply is influenced by persons who feign a painful illness to acquire a prescription. A decrease in requests by these persons will result in a decrease in the number of prescriptions filled. For example, studies show that the introduction of a less desirable formulation of oxycodone can rapidly decrease demand for that formulation.²²

Another explanation involves the hundreds of programs implemented by local, state, and federal governments to improve opioid prescribing, reduce doctor-shopping, limit

questionable practices by pain clinics, and otherwise improve the use of opioid analgesics in the United States.³ In addition, other organizations have implemented myriad programs such as guidelines for responsible opioid prescribing and educational initiatives designed to decrease experimentation. Prescription-monitoring programs now operate in most states, and early studies indicate their effectiveness.^{23,24} New opioid analgesic formulations that resist tampering have been introduced. Finally, law enforcement has intervened successfully in some cases, such as closing so-called pill mills in Florida.⁷ It seems plausible that these efforts have started to take effect.

The role of switching from the abuse of a prescription opioid to the use of high-purity, low-cost heroin must also be considered.²⁵ Our results support this explanation, as do results from the National Survey on Drug Use and Health, in which reported use of heroin in the previous month increased from 2006 to 2012 (Figure 2E).¹⁹ The introduction of abuse-deterrent OxyContin coincided with a flattening of the trajectory of opioid analgesic prescriptions but occurred after the increase in reported heroin use became apparent. Given that 79.5% of new heroin initiates in the National Survey on Drug Use and Health reported that their initial drug was a prescription opioid and that reported heroin use by patients in a substance-abuse program nearly doubled after the introduction of abuse-deterrent OxyContin, it seems likely that the reformulation of extended-release oxycodone in 2010 has contributed to the increase in reported heroin use.^{26,27}

Whatever the precise cause, changes in rates of opioid analgesic abuse are associated with increasing heroin-related mortality. The similarities between data from the National Survey on Drug Use and Health and data from the National Poison Data System with respect to heroin use and adverse consequences are striking (Figure 2A and 2E, and Figure 3). A better

understanding of the relation between prescription opioid abuse and heroin use is crucial for developing public health policy as well as guiding prevention and treatment initiatives.

The largest threat to the validity of our results is secular change in the study populations. Another concern is methodologic idiosyncrasy resulting in a systematic bias toward reduced diversion and abuse. We believe these explanations for our findings are unlikely because each RADARS program is operated independently by separate principal investigators and each addresses a different aspect of drug abuse. The data source, methods, and data management are different for each program. We cannot identify any programmatic changes that would have created an artifactual decrease in reported opioid use. Further limitations are described in the Supplementary Appendix.

Our results suggest that the United States is making progress in combating the abuse of prescription opioid analgesics. If our observation of decreased abuse is confirmed, changes in public health policy and strategy will be needed.

REFERENCES

1 Results from the 2011 National Survey on Drug Use and Health: summary of national findings. (NSDUH series H-44, HHS publication no. (SMA) 12-4713.) Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

2 National Vital Statistics System. Multiple cause of death file. Atlanta: Centers for Disease Control and Prevention, 2012 (http://www.cdc.gov/nchs/data/dvs/Record_Layout_2012.pdf).

3 Home and recreational safety: laws by state. Atlanta: Centers for Disease Control and Prevention (<http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/laws/state/index.html>).

4 Epidemic: responding to America's prescription drug abuse crisis. Washington, DC: Office of National Drug Control Policy, 2011

(http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/prescription-drugs/rx_abuse_plan_0.pdf).

5 Doherty C. Americans see U.S. losing ground against mental illness, prescription drug abuse. Washington, DC: Pew Research Center, November 13, 2013.

6 Franklin GM, Mai J, Turner J, Sullivan M, Wickizer T, Fulton-Kehoe D. Bending the prescription opioid dosing and mortality curves: impact of the Washington State opioid dosing guideline. *Am J Ind Med* 2012;55:325-331

7 Surratt HL, O'Grady C, Kurtz SP, et al. Reductions in prescription opioid diversion following recent legislative interventions in Florida. *Pharmacoepidemiol Drug Saf* 2014;23:314-320

8 Dart RC. Monitoring risk: post marketing surveillance and signal detection. *Drug Alcohol Depend* 2009;105:Suppl 1:S26-S32

9 Inciardi JA, Surratt HL, Stivers Y, Cicero TJ. FDA approvals of generic drugs: impact on the diversion of opioid analgesics with a potential for abuse. *J Opioid Manag* 2009;5:81-87
Medline

10 Davis JM, Severtson SG, Bucher-Bartelson B, Dart RC. Using poison center exposure calls to predict prescription opioid abuse and misuse-related emergency department visits. *Pharmacoepidemiol Drug Saf* 2014;23:18-25

11 Rosenblum A, Parrino M, Schnoll SH, et al. Prescription opioid abuse among enrollees into methadone maintenance treatment. *Drug Alcohol Depend* 2007;90:64-71

12 Cicero TJ, Inciardi JA, Surratt H. Trends in the use and abuse of branded and generic extended release oxycodone and fentanyl products in the United States. *Drug Alcohol Depend* 2007;91:115-120

13 Dart RC, Bartelson BB, Adams EH. Nonmedical use of tapentadol immediate release by college students. *Clin J Pain* 2014;30:685-692

14 Dasgupta N, Davis J, Jonsson Funk M, Dart R. Using poison center exposure calls to predict methadone poisoning deaths. *PLoS One* 2012;7:e41181-e41181

15 Mowry JB, Spyker DA, Cantilena LR Jr, Bailey JE, Ford M. 2012 Annual report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 30th annual report. *Clin Toxicol (Phila)* 2013;51:949-1229

16 National Survey on Drug Use and Health. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013 (<https://nsduhweb.rti.org/respweb/homepage.cfm>).

17 IMS Institute for Healthcare Informatics. HSRN data brief: Xponent. August 2011 (http://www.imshealth.com/deployedfiles/ims/Global/Content/Insights/Health%20Services%20Research%20Network/Xponent_Data_Brief_Final.pdf).

18 Drug Abuse Warning Network, 2011: national estimates of drug-related emergency department visits. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013 (<http://www.samhsa.gov/data/sites/default/files/DAWN2k11ED/DAWN2k11ED/DAWN2k11ED.pdf>).

19 Results from the 2012 National Survey on Drug Use and Health: summary of national findings. (NSDUH series H-46, HHS publication no. (SMA) 13-4795.) Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

20 Treatment Episode Data Set (TEDS): 2001–2011 — state admissions to substance abuse treatment services. (BHSIS series S-68, HHS publication no. (SMA) 14-4832.) Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

21 McCabe SE, West BT, Teter CJ, Boyd CJ. Trends in medical use, diversion, and nonmedical use of prescription medications among college students from 2003 to 2013: connecting the dots. *Addict Behav* 2014;39:1176-1182

22 Severtson SG, Bucher Bartelson B, Davis JM, et al. Reduced abuse, diversion, and therapeutic errors following reformulation of extended-release oxycodone in 2010. *J Pain* 2013;14:1122-1130

23 Prescription drugs: state monitoring programs provide useful tool to reduce diversion. Washington, DC: General Accounting Office, May 2002 (<http://www.gao.gov/new.items/d02634.pdf>).

24 Reifler LM, Droz D, Bailey JE, et al. Do prescription monitoring programs impact state trends in opioid abuse/misuse? *Pain Med* 2012;13:434-442

25 Unick GJ, Rosenblum D, Mars S, Ciccarone D. Intertwined epidemics: national demographic trends in hospitalizations for heroin- and opioid-related overdoses, 1993-2009. *PLoS One* 2013;8:e54496-e54496

26 Muhuri PK, Gfroerer JC, Christine Davies M. Associations of nonmedical pain reliever use and initiation of heroin use in the United States. *CBHSQ [Center for Behavioral Health*

Statistics and Quality] Data Review. August 2013

(<http://www.samhsa.gov/data/2k13/DataReview/DR006/nonmedical-pain-reliever-use-2013.htm>).

27 Cicero TJ, Ellis MS, Surratt HL. Effect of abuse-deterrent formulation of OxyContin. *N Engl J Med* 2012;367:187-189

2.1 Translation of the source text 1

IZDVOJENI ČLANAK

Trendovi zlouporabe i smrtnosti opioidnih analgetika u SAD-u

Richard C. Dart, dr.med., dr.sc., Hilary L. Surratt, dr.sc., Theodore J. Cicero, dr.sc., Mark W. Parrino, M.P.A., S. Geoff Severtson, dr.sc., Becki Bucher-Bartelson, dr.sc., and Jody L. Green, dr.sc.

N Engl J Med 2015; 372:241-248 15. siječnja 2015. DOI: 10.1056/NEJMsa1406143

Sažetak

POZADINA

Korištenje opioidnih lijekova na recept u Sjedinjenim Američkim Državama u posljednjih se dva desetljeća uvelike povećalo: u 2010. godini 16, 651 smrtnih slučajeva bilo je uzrokovano korištenjem opioida. Kao odgovor na tu situaciju, provedeno je stotine federalnih, državnih i lokalnih intervencija. U ovome radu opisuju se trendovi zlouporabe i smrtnosti opioidnih analgetika koristeći podatke do 2013. godine.

METODE

Koristili smo podatke iz pet programa iz sustava RADARS (Istraživanje i nadzor nasilja, zlouporabe i ovisnosti) kako bismo opisali trendove u razdoblju između 2002. i 2013. godine vezanih uz zluporabu svih proizvoda i pripravaka od sljedećih šest opioidnih analgetika: oksikodon, hidrokodon, hidromorfon, fentanil, morfin i tramadol. Programi prikupljaju podatke od istražitelja zlouporabe droga, centra za kontrolu otrovanja, ustanova za sprečavanje i liječenje ovisnosti te studenata.

REZULTATI

Izdavanje receptata za opioidne analgetike u SAD-u znatno se povećalo u razdoblju od 2002. do 2013. godine, ali se potom lagano smanjilo od 2011. do 2013. godine. Općenito, programi sustava RADARS prijavili su veliki porast stope zlouporabe opioida od 2002. do 2010. godine, no stopa se smanjila u razdoblju od od 2011. do 2013. godine. Stopa smrti uzrokovanih korištenjem opioida je rasla i smanjivala se na sličan način. Među studentima nije došlo do značajne promjene što se tiče nemedicinske uporabe lijekova.

ZAKLJUČCI

Postmarketinški nadzor ukazuje na činjenicu da se zlouporaba prepisanih opioidnih lijekova povećala između 2002. i 2010. godine i smanjila između 2011. i 2013. godine. Ovi rezultati ukazuju na činjenicu da dolazi do napretka kod kontrole zlouporabe opioidnih analgetika. (Financirano od strane Zdrastvene i bolničke uprave Denvera (Denver Health and Hospital Authority)).

Članak

Prema svim podacima, u SAD-u posljednja su dva desetljeća okarakterizirana povećanom zlouporabom lijekova na recept, uključujući i opioidne lijekove. Procjenjeno je da je 25 milijuna ljudi započelo s korištenjem lijekova za smanjenje bolova u nemedicinske svrhe u razdoblju od 2002. do 2011.¹ godine. Broj smrtnih slučajeva uzrokovanih korištenjem opioidnih lijekova 2010. godine je iznosio 16,651.² Kao odgovor na epidemiju provedeno je stotine lokalnih, regionalnih, državnih i federalnih intervencija. Na primjer, 49 država donijelo je zakone kako bi stvorili programe za nadzor nad izdavanjem receptata.³ Ured za suzbijanje zlouporabe droga SAD-a odgovorio je na ovu epidemiju brojnim preporukama, uključujući i potrebu za ocijenjivanjem „trenutnih baza podataka koje se bave mjerenjem podataka o uporabi, zlouporabi i toksičnosti lijekova izdanih na recept“.⁴ U 2013. godini

istraživanje Centra za istraživanje Pew (Pew Research Center) pokazalo je da samo 16% Amerikanaca vjeruje da SAD napreduju u smanjivanju zlouporabe lijekova na recept.⁵

Impresivni odgovor na epidemiju je važan, ali efekt programa još nije poznat. Neke lokalne i državne intervencije zabilježile su smanjenje zlouporabe propisanih opioida nakon donošenja državnog zakona.^{6,7} Koristili smo sustav RADARS kako bismo dokazali zlouporabu opioidnih analgetika koristeći podatke od siječnja 2002. do prosinca 2013. godine. Budući da se zlouporaba droga smatra ilegalnom aktivnošću koja često biva „prikrivena“ od vlasti, sustav RADARS koristi „mozaički“ pristup, sagledavajući zlouporabu iz više perspektiva s ciljem opisivanja ovog skrivenog fenomena što sveobuhvatnije.⁸

METODE

Izvori podataka i nadzor

Koristili smo podatke iz pet zasebnih programa iz sustava RADARS (Tablica 1). Program Centra za kontrolu otrovanja je zabilježio supstance uključene u slučajeve koje je klasificirao kao slučajeve namjerne zlouporabe. Program suzbijanja zlouporabe droga zabilježio je lijekove uključene u slučajeve pokrenute od strane agencija za provedbu zakona koje se bave istraživanjem zlouporabom lijekova izdanih na recept. Program liječenja od opioida (The Opioid Treatment Program) i anketa pacijenata ključnih dopisnika (SKIP) ispituju nove pacijente koji su započeli sa liječenjem od zlouporabe supstanci o lijekovima koje su zlouporabljivali u posljednjih 30 dana. Program sveučilišne ankete (The College Survey Program) je anketa bazirana na internetu u kojoj se studenti mogu izjasniti o svom korištenju lijekova na recept u nemedicinske svrhe u posljednjih 30 dana. Daljnje informacije o svakome od programa date su u Tablici 1, Dopunski prilog (dostupnim uz cijeli tekst vezan uz ovaj članak na stranici NEJM.org) i prijašnjim publikacijama.⁹⁻¹³ Nekoliko analiza opisuje odnose između ovih programa i ostalih izvora informacija kao što su Mreža za otkrivanje zlouporabe

droga (Drug Abuse Warning Network) i Sustav državne zdravstvene statistike (the National Vital Statistics System).^{10,14}

Kako bismo predstavili trend izdavanja opioidnih analgetika, svrstali smo sve proizvode i pripravke (markirane i generičke) nastale od šest opioidnih analgetika: oksikodon, hidrokodon, hidromorfon, fentanil, morfin i tramadol. Noviji tržišni sudionici s manjim tržišnim udjelima (npr. oksmorfon i tapentadol) su isključeni kako bi istraživanje uključivalo dosljedan profil analgetika. Analiza osjetljivosti pokazala je da isključenje tih proizvoda nije bitno utjecalo na rezultate. Osim toga, prikupili smo podatke o izvještenoj uporabi heroina u posljednjih 30 dana programa liječenja od opioida (Opioid Treatment), anketa pacijenata ključnih dopisnika (SKIP) i programa sveučilišne ankete (College Survey Programs). (NE uključuju svi programi heroin budući da se sustav RADARS fokusira na opioide izdane na recept.) Budući da se program centra za kontrolu otrovanja RADARS ne bavi prikupljanjem podataka o heroinu, prikupili smo brojne slučajeve povezane sa heroinom od Nacionalnog sustava podataka o otrovima (National Poison Data System, Američko udruženje centara za kontrolu trovanja, American Association of Poison Control Centers) te podatke o korištenju heroina u posljednjih 30 dana (Nacionalna anketa o zlouporabi droge i zdravlju, National Survey on Drug Use and Health).^{15,16} Podaci o izdanim receptima dobiveni su od strane IMS Healtha.¹⁷

Sustav RADARS je u samostalnom vlasništvu i rukovodstvom zdravstvene i bolničke uprave grada Denvera (Denver Health and Hospital Authority), tijela koje upravlja javnim bolnicama grada i okruga Denver. Sustavu daju potporu pretplate farmaceutskih tvrtki koje proizvode opioide ili stimulanse izdavane na recept, koji koriste podatke za upravljanje rizikom i izvještavanje postmarketinškog nadzora ministarstvu za hranu i lijekove (FDA: Food and Drug Administration). Pretplatnici nisu imali nikakvu ulogu u osmišljavanju, izvršavanju ili izvještavanju u ovoj analizi. Svaki od programa sustava RADARS odobren je od strane

institucionalnog odbora za preispitivanje institucije glavnih istraživača (Tablice S1 do S6 dopunskoga priloga).

STATISTIČKA ANALIZA

Grafički smo prikazali tromjesečnu stopu događanja¹ djeljivom ukupnog broja događanja za grupu korisnika opioida za svaki program sa populacijom područja koje program pokriva. Podaci o stanovništvu dobiveni su putem popisa stanovništva od 2000. do 2010. godine na razini troznamenkastog poštanskog broja. Interpolacija i ekstrapolacija na ovoj razini prilagođena je promjenama stanovništva tijekom vremena. Budući da dijagrami upućuju na drugostupanjsko polinomno uklapanje, koristili smo Poissonov regresijski model s linearnim i kvadratnim pojmovima za vrijeme. Vrednovani su kvadratni i kubični model te je izabran kubični model jer omogućuje uklapanje najvećem dijelu programa. Izračunali smo vrijeme maksimalne predviđene vrijednosti (hvatište) krivulje koje prikazuje kada je putanja stope stanovništva promijenila smijer od povećavanja do smanjenja. Negativni kvadratni koeficijent ukazuje na činjenicu da je kvadratna krivulja konkavna (ispupčena) (sa najvišom točkom na najvišem dijelu i pomakom krivulje prema dolje). Za testiranje je li kvadratični koeficijent različit od nule korištena je metoda t-testa. Značajan rezultat je da je kvadratni model omogućio bolje uklapanje podataka od linearnog modela.

REZULTATI

Trendovi u korištenju opioidnih analgetika

Podaci o izdanim receptima izdati od strane IMSH-a pokazuju da je početkom 2006. godine 47 milijuna recepata za opioidne analgetike koji su uključeni u ovu studiju izdano po kvartalu u SAD-u. Količina recepata je dosegla vrhunac u 4. kvartalu 2012. sa 62 milijuna izdanih

¹ The chosen translation for *event rate* was *stopa događanja* because it can be found in a PowerPoint presentation by prof. dr. sc. Matko Marušić from the University of Split School of Medicine (Medicinski fakultet Split) entitled *Vrste studija u medicini i sestinstvu*.

receptata. Izuzev ovog kvartala, broj receptata se lagano smanjivao od 2011. te kroz 2013., završivši na 60 milijuna receptata po kalendarskom kvartalu za lijekove pod studijom. (Prikaz 1A)

U programu zlouporabe narkotika, izračunata učestalost po kvartalu za opioide za koje je izdan recept se povećala sa 1.5 na 100 000 osoba u 2002. na 2.9 u 2012. te se zatim smanjila na 2.5 do kraja 2013 (Prikaz 1B). U programu centra za kontrolu otrovanja broj zlouporaba po kvartalu za opioidne analgetike se povećao sa 0.2 u 2003. na 100 000 osoba, na 0.56 u 2010. te se zatim spustio na 0.35 do kraja 2013 (Prikaz 1C). U programu za liječenje od opioida, učestalost zlouporabe opioida na recept se povećala sa 1.6 na 100 000 osoba 2005. na 7.3 u 2010. te se tad smanjila na 3.5 do kraja 2013 (Prikaz 1D). u programu SKIP, broj zlouporaba opioida na recept se povećao sa 1.5 na 100 000 osoba 2008. na 3.8 u 2011., te se zatim smanjio na 2.8 do kraja 2013 (Prikaz 1E). U programu sveučilišne ankete broj nemedicinske uporabe se povećao sa 0.14 na 100 000 osoba u 2008. na 0.35 do kraja 2013 (Prikaz 1F). Koristeći model regresije otrova, otkrili smo kako je kvadratni koeficijent negativan te kako se značajno razlikuje od nule u Programu centra za kontrolu otrovanja ($P=0.001$), Programu zlouporabe lijekova ($P=0.009$), Programu liječenja od opioida ($P<0.001$) te SKIP programu ($P=0.001$). Prije sredine 2010. broj zlouporabe se povećavao u svakom programu; međutim, broj u svakom programu se smanjivao do 2013. Jedina iznimka je bio program sveučilišne ankete, u kojem kvadratni iznos nije bio značajan ($P=0.41$).

Prijavljena uporaba heroina se općenito povećavala tokom vremena. U Centrima za kontrolu otrovanja, čemu svjedoče podaci preuzeti od Nacionalnog sustava podataka o otrovima (NPDS) broj slučajeva povezanih s heroinom počeo se povećavati 2006. te se ubrzao 2010. (Prikaz 2A). Povezano s povećanom uporabom heroina, slučajevi u kojima postoji produženo

otpuštanje formulacije Oksikodona (Oksikontin, Purdue Pharma) znatno su se smanjili nakon uvođenja formulacije (Prikaz 2A) za odvratanje od zlouporabe. U programu liječenja od opiorida stopa uporabe heroina nije se mijenjala od 2005. do 2013., a stopa zlouporabe preformuliranog Oxikontina s produženim otpuštanjem smanjila se nakon 2010 (Prikaz 2B). U SKIP programu, broj korisnika heroina počeo se povećavati 2011. te je ostao uvećan, dok se stopa zlouporabe preformuliranog Oksikontina s produženim otpuštanjem smanjila (Prikaz 2C). U programu sveučilišne ankete stopa uzimanja heroina bila je promjenjiva, ali uglavnom stalna, dok se stopa zlouporabe preformuliranog Oksikontina s produženim otpuštanjem blago povećavala (Prikaz 2D). Broj izvještenih uporaba heroina se, prema nacionalnoj anketi o upotrebi narkotika i zdravlju (NSDUH), nakon 2005. povećao (Prikaz 2E).

Smrtni slučajevi povezani sa uzimanjem opiorida

Broj umrlih povezan s uzimanjem heroina, prema podacima iz NPDS-a, bio je obrnuto proporcionalan broju umrlih povezanim s korištenjem opiorida izdanih na recept. Broj smrti povezanih s uzimanjem opiorida povećavao se od 2002. do 2006., stagnirao od 2006. do kraja 2008. te se blago smanjivao od 2009. do 2013 (Prikaz 3). Nasuprot tome, broj umrlih povezanih s uporabom heroina ostao je nepromjenjen od 2002. do 2010., ali se povećavao svake sljedeće godine do kraja 2013.

RAZRADA

Rezultati pokazuju podudarnu vezu s dostupnošću opioridnih analgetika koji se izdaju na recept kroz legitimne farmaceutske kanale i zlouporabu ovih lijekova, kao i s povezanim štetnim posljedicama. Dostupnost se uvelike povećala 1990-tih te se nastavila do kraja 2010.,

ali je tada stagnirala od 2011. do 2013. Zajedno s ovim nalazima, 4 od 5 RADARSovih sustava programa za nadzor su izvijestili velike poraste u zlouporabi od 2002. do 2010. Međutim, u svakom programu došlo je do točke otklona, te su se brojevi zlouporabe analgetika na recept svake sljedeće godine značajno smanjivali.

Za razdoblje prije 2011. naši su rezultati slični onima u drugim izvješćima istraživanja s povećanim brojkama zlouporabe analgetika. Mreža za otkrivanje zlouporabe droga je prošle godine izvijestila povećanje od 183% u hitnim medicinskim slučajevima povezanim sa opioidnim lijekovima od 2004. do 2011., za što postoje i dostupni podaci¹⁸. NSDUH je zabilježila povećanu ovisnost o protuupalnim lijekovima te zlouporabu istih od 2002. do kraja 2012., zadnju godinu za koju su dostupni podaci¹⁹. Jednako tako, broj primljenih pacijenata za liječenje ovisnosti o opioidima se povećavao do kraja 2011²⁰. Ova povećanja dostupnosti narkotika te zlouporabe su se odrazila na broj smrtnih slučajeva povezanih s opioida izdanih na recept, koji se povećavao 11 godina zaredom te dosegao 16 651 smrtni godišnje 2010.²

Do 2010 objavljen je vrlo mali broj podataka povezanih s državnim trendovima zlouporabe lijekova na recept. Međutim, podaci u nastajanju nagovješćuju kako je moguće da se stopa zlouporabe lijekova izdanih na recept smanjila u nekim okruženjima. Primjerice, naponi na lokalnim razinama, kao i oni na državnoj razini, doveli su do smanjenja nakon donesenog zakona⁶. Nakon nekoliko intervencija 2010. i 2011., na Floridi dolazi do značajnog smanjenja zlouporabe lijekova na recept, posebice Oksikodona⁷. Prema studiji u kojoj su sudjelovali studenti izvješteno je smanjenje stope zlouporabe lijekova na recept.²¹ Nasuprot tome, prevladavanje nemedicinske uporabe analgetika na recept ostaje nepromijenjena prema NSDUHu do kraja 2012.¹⁹

Promatrani trendovi zlouporabe opioidnih analgetika mogu se povezati s nekoliko faktora. Stagnirajući broj izdanih recepata od 2011. moguće da je ograničio dostupnost lijekova koji se izdaju na recept. Ovaj trend bi mogao poslužiti kao dokaz za smanjenje ponude (jer su izdavatelji recepata smanjili broj recepata koja ispisuju) ili za smanjenje potražnje (jer se broj pacijenata koji traže taj lijek smanjio). Iako bi se moglo pretpostaviti kako izdavatelji recepata upravljaju ponudom lijeka, na nju utječu osobe koje simuliraju da imaju tešku bolest kako bi došli do recepta. Smanjenje potražnje od strane ovih osoba bi dovelo do smanjenja ispisanih recepata. Primjerice, studije pokazuju da uvođenje manje poželjne formulacije oksikodona može naglo umanjiti potražnju za tom formulacijom.²²

Još jedno objašnjenje uključuje stotine programa koje su primijenile lokalne, savezne i federalne vlade kako bi poboljšale način izdavanja recepata za opioid, umanjile mogućnost posjeta drugim liječnicima u svrhu dolaženja do recepata za lijekove koji tom pacijentu nisu potrebni ili su ilegalni, ograničile sumnjive prakse kliničkih bolničkih centara te općenito poboljšale način korištenja opioidnih analgetika u SAD-u.³ Također, druge organizacije primijenile su mnoštvo programa kao što su upute za odgovorno izdavanje recepata za opioide te obrazovne inicijative dizajnirane kako bi se umanjilo eksperimentiranje. Programi za nadzor nad izdavanjem recepata sada djeluju u većini saveznih država SAD-a a rane studije nagovještaju njihovu učinkovitost.^{23,24} Uvedene su nove formulacije opioidnih analgetika otporne na štetno uplitanje. Konačno, tijela zadužena za provedbu zakona (prije svega policija) uspješno su intervenirala u pojedinim slučajevima, kao što je slučaj zatvaranja tzv. „mlinova za pilule“ na Floridi.⁷ Čini se kako su posljedice svega ovoga truda napokon vidljive.

Treba uzeti u obzir i koju ulogu igra prebacivanje sa zlouporabe opioida na recept, na jeftin heroin visoke čistoće.²⁵ Naši rezultati, kao i rezultati dobiveni od Nacionalne ankete o zlouporabi droge i zdravlju u kojoj se izvještava uporaba heroina u prethodnom mjesecu povećala između 2006. i 2012. (Prikaz 2E), podupiru ovo objašnjenje.¹⁹ Uvođenje Oksikontina koji odvraća od ovisnosti se podudara s ravnom putanjom receptata za opioidne analgetike, ali je do toga došlo tek nakon što je izvještava uporaba heroina postala očita. Uzevši da je 79.5% početnika koji uzimaju heroin za Nacionalnu anketu o zlouporabi droge i zdravlju izjavilo da im je prvotna narkoza oko koje su razvili ovisnost bio opioid izdan na recept te da se broj uporaba heroina kod pacijenata u programu zlouporabe supstanci gotovo udvostručio nakon uvođenja Oksikontina koji odvraća od zlouporabe, čini se vjerojatnim kako je preformulacija Oksikodona s produženim oslobađanjem 2010. pridonijela povećanju izvještene uporabe heroina.^{26,27}

Koji god bio točan uzrok, promjene u broju zlouporabe opioidnih analgetika povezane su s povećanjem smrtnih slučajeva uzrokovanih heroinom. Sličnosti između podataka Nacionalne ankete o zlouporabi droge i zdravlju te podataka iz NPDS-a povezanih s uzimanjem heroina i štetnim posljedicama su izvanredne (Figure 2A i 2E te Figura 3). Bolje razumijevanje odnosa između opioida na recept i korištenja heroina presudno je za razvijanje programa javne zdravstvene zaštite kao i za prevenciju te inicijativa za liječenje.

Najveća prijetnja valjanosti naših rezultata je sekularna promjena u populacijama studija. Još jedna briga je metodološka idiosinkrazija koja rezultira sistematskim pogreškama uzrokovanja² smanjenja zlouporabe. Vjerujemo da ova objašnjenja za naše nalaze nisu vjerojatna jer svakim RADARS programom nezavisno upravljaju odvojeni glavni istražitelji

² The translation *sistematska pogreška uzrokovanja*, or *omaška uzrokovanja*, was found in a PowerPoint presentation by Damir Eterović, a professor from the University of Split School of Medicine (Medicinski fakultet Split) entitled *Pogreške u biomedicinskom istraživanju*.

te se svaki bavi drugim aspektom zlouporabe narkotika. Izvori podataka, metode te upravljanje podacima su drugačiji za svaki program. Ne možemo odrediti nikakve programske izmjene koje bi stvorile neprirodno smanjenje upotrebe opioida. Daljnja ograničenja opisana su u dopunskome prilogu.

Naši rezultati navode na zaključak da SAD napreduju u borbi protiv zlouporabe opioidnih analgetika na recept. Kada bi naš osvrt na smanjenje zlouporabe bio potvrđen, bile bi potrebne izmjene u politici i strategiji javnog zdravstva.

IZVORI

1. Results from the 2011 National Survey on Drug Use and Health: summary of national findings. (NSDUH series H-44, HHS publication no. (SMA) 12-4713.) Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

2. National Vital Statistics System. Multiple cause of death file. Atlanta: Centers for Disease Control and Prevention, 2012 (http://www.cdc.gov/nchs/data/dvs/Record_Layout_2012.pdf).

3. Home and recreational safety: laws by state. Atlanta: Centers for Disease Control and Prevention
(<http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/laws/state/index.html>).

4. Epidemic: responding to America's prescription drug abuse crisis. Washington, DC: Office of National Drug Control Policy, 2011
(http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/prescription-drugs/rx_abuse_plan_0.pdf).

5. Doherty C. Americans see U.S. losing ground against mental illness, prescription drug abuse. Washington, DC: Pew Research Center, November 13, 2013.

6. Franklin GM, Mai J, Turner J, Sullivan M, Wickizer T, Fulton-Kehoe D. Bending the prescription opioid dosing and mortality curves: impact of the Washington State opioid dosing guideline. *Am J Ind Med* 2012;55:325-331
7. Surratt HL, O'Grady C, Kurtz SP, et al. Reductions in prescription opioid diversion following recent legislative interventions in Florida. *Pharmacoepidemiol Drug Saf* 2014;23:314-320
8. Dart RC. Monitoring risk: post marketing surveillance and signal detection. *Drug Alcohol Depend* 2009;105:Suppl 1:S26-S32
9. Inciardi JA, Surratt HL, Stivers Y, Cicero TJ. FDA approvals of generic drugs: impact on the diversion of opioid analgesics with a potential for abuse. *J Opioid Manag* 2009;5:81-87
Medline
10. Davis JM, Severtson SG, Bucher-Bartelson B, Dart RC. Using poison center exposure calls to predict prescription opioid abuse and misuse-related emergency department visits. *Pharmacoepidemiol Drug Saf* 2014;23:18-25
11. Rosenblum A, Parrino M, Schnoll SH, et al. Prescription opioid abuse among enrollees into methadone maintenance treatment. *Drug Alcohol Depend* 2007;90:64-71
12. Cicero TJ, Inciardi JA, Surratt H. Trends in the use and abuse of branded and generic extended release oxycodone and fentanyl products in the United States. *Drug Alcohol Depend* 2007;91:115-120
13. Dart RC, Bartelson BB, Adams EH. Nonmedical use of tapentadol immediate release by college students. *Clin J Pain* 2014;30:685-692

14. Dasgupta N, Davis J, Jonsson Funk M, Dart R. Using poison center exposure calls to predict methadone poisoning deaths. *PLoS One* 2012;7:e41181-e41181
15. Mowry JB, Spyker DA, Cantilena LR Jr, Bailey JE, Ford M. 2012 Annual report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 30th annual report. *Clin Toxicol (Phila)* 2013;51:949-1229
16. National Survey on Drug Use and Health. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013 (<https://nsduhweb.rti.org/respweb/homepage.cfm>).
17. IMS Institute for Healthcare Informatics. HSRN data brief: Xponent. August 2011 (http://www.imshealth.com/deployedfiles/ims/Global/Content/Insights/Health%20Services%20Research%20Network/Xponent_Data_Brief_Final.pdf).
18. Drug Abuse Warning Network, 2011: national estimates of drug-related emergency department visits. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013 (<http://www.samhsa.gov/data/sites/default/files/DAWN2k11ED/DAWN2k11ED/DAWN2k11ED.pdf>).
19. Results from the 2012 National Survey on Drug Use and Health: summary of national findings. (NSDUH series H-46, HHS publication no. (SMA) 13-4795.) Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.
20. Treatment Episode Data Set (TEDS): 2001–2011 — state admissions to substance abuse treatment services. (BHSIS series S-68, HHS publication no. (SMA) 14-4832.) Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

21. McCabe SE, West BT, Teter CJ, Boyd CJ. Trends in medical use, diversion, and nonmedical use of prescription medications among college students from 2003 to 2013: connecting the dots. *Addict Behav* 2014;39:1176-1182
22. Severtson SG, Bucher Bartelson B, Davis JM, et al. Reduced abuse, diversion, and therapeutic errors following reformulation of extended-release oxycodone in 2010. *J Pain* 2013;14:1122-1130
23. Prescription drugs: state monitoring programs provide useful tool to reduce diversion. Washington, DC: General Accounting Office, May 2002 (<http://www.gao.gov/new.items/d02634.pdf>).
24. Reifler LM, Droz D, Bailey JE, et al. Do prescription monitoring programs impact state trends in opioid abuse/misuse? *Pain Med* 2012;13:434-442
25. Unick GJ, Rosenblum D, Mars S, Ciccarone D. Intertwined epidemics: national demographic trends in hospitalizations for heroin- and opioid-related overdoses, 1993-2009. *PLoS One* 2013;8:e54496-e54496
26. Muhuri PK, Gfroerer JC, Christine Davies M. Associations of nonmedical pain reliever use and initiation of heroin use in the United States. CBHSQ [Center for Behavioral Health Statistics and Quality] Data Review. August 2013 (<http://www.samhsa.gov/data/2k13/DataReview/DR006/nonmedical-pain-reliever-use-2013.htm>).
27. Cicero TJ, Ellis MS, Surratt HL. Effect of abuse-deterrent formulation of OxyContin. *N Engl J Med* 2012;367:187-189

2.2 Commentary and analysis

Text 1: *Trends in Opioid Analgesic Abuse and Mortality in the United States*

1. genre: scientific, medical

2. source: the New England Journal of Medicine

3. audience: scientists, medical staff

4. purpose of writing: to analyze the facts and statistics regarding the abuse of analgesics in the US

5. authenticity: authentic article

6. style: informative

7. level of formality: very formal

8. layout: the text is entitled “Special article” with the title “Trends in Opioid Analgesic Abuse and Mortality in the United States” with every word of the title being capitalized. Under the title are listed the names and the authors as well as their academic titles, the date when the article was published and the publication number. It is divided in twenty-four paragraphs with the first four paragraphs (*Background, Methods, Results and Conclusions*) being the parts of the abstract. The article consists of two introductory paragraphs followed by seventeen paragraphs regarding the *Methods (Data Sources and Oversight, Statistical Analysis), Results (Trends in Opioid Analgesic Use, Opioid-Related Deaths)* and *Discussion*. The original text is also complemented with statistical figures that support the claimed facts.

9. content: The content includes four introductions of each paragraph of the article, the methods used in the research of the data regarding opioid abuse in the U.S., statistical analysis

of the phenomenon and the results of the analysis and the discussion regarding the problems of opioid use and drug abuse in the U.S.

10. cohesion: both thematic and lexical cohesion

11. sentence patterns: complex sentences

12. terminology of the subject: medical jargon, statistical terms

The issues that have to be pointed out are the following: names and abbreviations of the systems, centers, programs, networks, associations and surveys. Some examples of these issues were: *RADARS (Research Abuse, Diversion and Addiction-Related Surveillance)* that was translated as *Istraživanje i nadzor nasilja, zlouporabe i ovisnosti, and substance-abuse treatment centers as ustanove za sprečavanje i liječenje ovisnosti*. The *Prescription-drug monitoring programs* was firstly translated in a descriptive way as *program pomoću kojih se može pratiti popisivanje lijekova*, but was changed into *program za nadzor nad izdavanjem receptata*. Some other examples were *Per Research center* that was translated as *Centar za istraživanje Pew*, *The Drug Diversion Program* as *program za suzbijanje zlouporabe droga* and *NPDS (National poison data system)* as *nacionalni sustav podataka o otrovima*. *IMS Health*, for example, was not translated because of the fact that it is the name of the company; the IMS is not an abbreviation in this case.

The next issue that had to be researched and dealt with was the translation of the names of opioid analgesics mentioned in the source text. There were several different newspaper articles that did use the translated form (the academic article entitled “Opioidni analgetici” by B. Zorc uses the translated versions of the terms³) but, on the other hand, it also seemed logical to leave the names of the analgesics as they are because of the fact that the original source text terms in English are also used in other languages and are always

³ Zorc, B. *Opioidni analgetici*. (downloaded on 1 September 2016)

recognized as such. Therefore, *oxycodone*, *hydrocodone*, *hydromorphone*, *fentanyl*, *morphine*, and *tramadol* were translated as *oksikodon*, *hidrokodon*, *hidromorfon*, *fentanil*, *morfin* and *tramadol*.

Poison centers were translated as *Centri za kontrolu otrovanja*. In Croatia, *Centri za kontrolu otrovanja* are institutions that offer a 24-hour medical help via telephone to the people that have been poisoned.⁴ After doing some research on the role of Poison centers in America, the results turned out to be quite similar to the role of *Centri za kontrolu otrovanja*. Poison control centers, or simply Poison centers, are medical facilities that are “able to provide immediate, free, and expert treatment advice and assistance over the telephone in case of exposure to poisonous or hazardous substances”⁵. Because of the fact that the roles of the institutions were similar, the translation *Centri za kontrolu otrovanja* was accepted.

Statistical terms were also one of the issues of the source text: *Poisson regression model*, *polynomial fit*, *quadratic vs. cubic model* and *t-statistic* but when it comes to statistical terms, they are usually fixed expressions that exist in every language. A helpful thing was finding a Croatian-English statistical Dictionary⁶, which made it easier to deal with the terms from the source text. *Poisson regression model* was translated as *Poissonov regresijski model*, *polynomial fit* as *polinomno uklapanje*, *quadratic* and *cubic model* as *kvadratni* and *kubični model*, and *t-statistic* as *t-statistika* (it could also have been translated as *t-omjer*).

Finally, there were terms like *doctor-shopping* and *pill mills* that had to be explained in order to be fully understood because of the fact that they exist as fixed expressions in English but not as such in Croatian. After having done some research on *doctor-shopping*, the term was translated in a form of a definition; *moćnost posjeta drugim liječnicima u svrhu*

⁴ Institut za medicinska istraživanja i medicinu rada. *Centar za kontrolu otrovanja*. (last visited on 1 September 2016)

⁵ Wikipedia. *Poison control center*. (last visited on 1 September 2016)

⁶ *Englesko.hrvatski riječnik statističkog nazivlja*. Verzija 1. (last visited on 1 September 2016).

dolaženja do recepata za lijekove koji tom pacijentu nisu potrebni ili su ilegalni. Pill mills were translated almost literally as *mlinovi za pilule* because of the lack of an adequate metaphor for the act of prescribing narcotics without a valid medical purpose.

3. SOURCE TEXT 2

How Did You Manage Your Breakup on Facebook?

By THE NEW YORK TIMES MARCH 12, 2016

Unfriend? Block? Deactivate? As these readers discovered, there are many different strategies to handle a breakup on Facebook.

I defriended my ex and all her friends. Before defriending her friends, I sent each one an individual note (via Facebook) recounting some time we spent together, apologizing for defriending them and explaining that I just needed my space and that in the future we might be friends again under different circumstances.

Octavio, 45, Brooklyn, N.Y.

At first, my ex-boyfriend simply removed our “anniversary date,” leaving me to do the dirty work of removing our relationship entirely. He quickly deleted photos of us together, which I wish I had had the foresight to save for memory’s sake alone. When he started dating someone new almost immediately after our breakup, he unfriended me. I decided to block both him and his new girlfriend because the clean break feels a lot healthier.

In doing so, much of your interactions are eliminated from each others’ profiles, such as likes or posts including you by others. Blocking on Facebook is much better than Instagram because it also prevents you from searching for the person you blocked — removing the temptation of checking up on his/her profile. I wish Instagram worked this way!

Candace, 25 Boston

After my divorce last year, it took me six months to delete most of my photos with my ex-husband (I kept my wedding photos, but just made them private). I also did not defriend anyone, but chose to unfollow most of his family members, as well as my ex-husband.

Amy, 33, Columbus, Ohio

I broke up a year ago with a long-term boyfriend. We were listed as “in a relationship” on Facebook and did not want others to see that we removed that listing. Therefore, we both put our relationship info to “private” and ended the Facebook version of our relationship. We were both pleased with this solution since “Eva and X ended their relationship” did not show up in our friends’ news feed.

About a week ago, I discovered that Facebook had introduced a list of “life events” on my profile. The start of my previous relationship is listed as a life event, but the end is not. Therefore, it seems as if we are still in a relationship. I have tried to delete or edit this “life event,” but it is impossible. I have reported this to Facebook, so far to no avail.

Eva, 30, Jerusalem

Unfriended ex. Deleted all photos with ex. It took forever! But it was sort of a purge therapy with a box of Kleenex sitting next to me. I have a problem with unfriending his friends and family because I really like them. I’ll let them unfriend me if they want that. Changed profile. Added less personal information and changed settings for people seeing who my friends are.

Jane, 46, Nashville

My then-girlfriend of three and a half years and I had a very visible relationship on Facebook. Lots of pictures, lots of mutual friends. When we broke up, I realized my Facebook had suddenly become a mausoleum to the relationship. I couldn’t find the official breakup tools

that I'd heard rumors about, perhaps because we always felt the "in a relationship with ____" status was redundant with how intertwined our Facebook lives were.

One night, in an emotional state, I decided to deactivate my account to try to gain distance. Facebook makes it hard on you to deactivate. On the confirmation page you're shown pictures of your friends and told they'll miss you. She was one of the pictures, which struck me as accidentally cruel, but predictable, like a terrible snowstorm before your long drive home for Christmas. Turns out all you need to do to reactivate your account is log in, and once I discovered that, the distance gained became meaningless. The best solution I came up with was to manually "hide" all the pictures from my timeline related to us, delete our message thread and unfollow her.

Finally, one day she blocked me (I wasn't sending messages or passively posting jabs at her, for the record), and although I hate to admit it, that went the longest way toward meaningfully separating our Facebook lives.

Arbor, 28, St. Paul

I've found that removing a former romantic partner is more of a message to them, whereas I typically want to give them no indication that I am suffering. So I usually let them remain on my contact list. One abusive relationship did end up with me deleting an ex-boyfriend for obvious reasons. He recently friend-requested me again, and it brought back a lot of bad memories. Otherwise, and maybe it's a bit masochistic, but I never unfollow exes ... I'm too curious. I want to know if they are happy.

Lindsay, 24, San Clemente, Calif.

When I got divorced in 2012, my ex-husband and I had a full conversation dedicated specifically to handling our breakup on Facebook. Previously, we had set our relationship status as married to each other. I knew that if we reset our status to “single” or “divorced,” it would send a message to all our friends, and I was really hoping to avoid a mass notification. So we decided to delete the relationship status category on our walls altogether. This way, it would disconnect our pages quietly. In addition, I told him I planned to unfriend him in order to avoid hurt feelings through seeing happy pictures on the news feed.

Cari, 34, San Diego

I’ve avoided commenting on anything posted by friends of my ex-girlfriend (even though they appear in my feed and I had funny things I’d have otherwise said — I’m a stand-up comedian by profession). I’ve also avoided commenting on anything she posted, even when it might have proved helpful to her, because I don’t want her thinking that I’m thinking about her or interested in getting back together (I’m not). And when I’ve seen some activities that looked interesting but saw that she was going, I guess Facebook has helped me sometimes avoid them.

Shaun Eli, 54, New York

It was painful to see the frequent posts of my ex-boyfriend of a “look how amazing my life is” sort. But at the same time, in a sense I felt paralyzed and could not do anything about that. I probably somehow unconsciously still needed to know everything. Even though it hurt. After a while, he removed our “in a relationship” status (and added the one with his new girlfriend). After a few months, I realized I had enough of those happy posts, they did not do me any good and were not helping me heal, so I unfollowed him (but did not unfriend him).

From that point I didn't see any posts that involved him, unless they also involved one of our many common friends and unless I checked his profile on purpose. (Which I told myself not to!) I guess it was a natural process — if I had unfollowed him before, I would have still been checking his profile on a daily basis; first of all, I had to reach this point when it was my own conscious decision. Now, all recovered and happy, I still don't see his posts but I must admit I do check how he is doing from time to time, out of mere curiosity, that is. Over the years, I have deleted some of our pictures on Facebook, but only very few. Others are still there. Well, it's part of our lives anyway, isn't it? :)

Vaida, 26, Vilnius, Lithuania

3.1 Translation of the source text 2

Kako ste preživjeli prekid na Facebooku?

piše NEW YORK TIMES 12. ožujka 2016.

Obrisati sa popisa prijatelja? Blokirati? Deaktivirati račun? Čitatelji su nam otkrili kako postoje mnogo različitih strategija kako se nositi sa prekidom putem Facebooka.

Obrisao sam sam sa popisa prijatelja svoju bivšu i sve njene prijatelje. Prije nego što sam obrisao njezine prijatelje poslao sam svakome od njih individualnu poruku (putem Facebooka) prisjećajući se vremena koje smo proveli zajedno, ispričavajući se za to što sam prekinuo prijateljstvo, objašnjavajući kako mi je samo bio potreban prostor te govoreći kako bismo u budućnosti mogli ponovno biti prijatelji u drukčijim uvjetima.

Octavio, 45, Brooklyn, New York

Prvo je moj bivši dečko jednostavno uklonio naš datum godišnjice ostavivši meni da se bavim prljavim poslovima uklanjanja naše veze u potpunosti. Na brzinu je obrisao sve naše zajedničke fotografije za koje poželim da sam to mogla predvijeti kako bih ih spremila kao uspomenu. Kada se počeo viđati sa nekim novim, gotovo odmah nakon našeg prekida, obrisao me sa popisa prijatelja. Odlučila sam blokirati njega i njegovu novu djevojku jer je potpuni prekid odnosa djelovao kao bolja solucija.

Postupajući tako većina zajedničkih interakcija briše se sa profila (kao što su lajkovi i postovi od drugih ljudi koji vas uključuju). Opcija blokiranja na Facebooku mnogo je bolja nego ona na Instagramu jer te istovremeno sprečava od pretraživanja osobe koju si blokirao

suzdržavajući te tako od napasti da provjeravaš njegov/njezin profil. Kada bi barem Instagram funkcionirao tako!

Candace, 25, Boston

Nakon prošlogodišnje rastave trebalo mi je šest mjeseci da obrišem većinu slika sa svojim bivšim mužem (sačuvala sam slike sa vjenčanja, ali sam ih učinila privatnima). Također, nisam obrisala nikoga sa liste prijatelja već sam prestala pratiti većinu njegovih članova obitelji i njega.

Amy, 33, Columbus, Ohio

Prije godinu dana prekinula sam sa dečkom s kojim sam bila u dugoročnoj vezi. Ljubavni status na Facebooku bio nam je *u vezi* i nismo htjeli da ostali vide kako smo uklonili taj status pa smo stoga oboje učinili naš ljubavni status *privatnim* i prekinuli Facebook verziju naše veze. Oboje smo bili zadovoljni ovom odlukom budući da se poruka *Eva i X su prekinuli* nije pojavila na početnoj stranici naših prijatelja.

Prije otprilike tjedan dana otkrila sam da je Facebook uveo popis *životnih događaja* na mome profilu. Početak moje bivše veze je naveden kao *životni događaj*, ali kraj naravno nije te stoga izgleda kao da smo još uvijek u vezi. Pokušala sam obrisati ili urediti ovaj *životni događaj*, ali to nije moguće. Prijavila sam to Facebooku no za sada je bezuspješno.

Eva, 30, Jerusalem

Uklonila sam bivšega sa popisa prijatelja. Obrisala sam sve zajedničke fotografije. Trebala mi je cijela vječnost! No bila je to jedna terapija pročišćavanja uz kutiju papirnatih maramica.

Teško mi je ukloniti prijateljstva sa njegovim prijateljima i obitelji jer su mi zaista dragi. Prepustiti ću njima da me uklone sa popisa prijatelja ako to žele. Prilagodila sam profil. Dodala sam manje osobnih informacija i podesila postavke da ljudi ne mogu vidjeti moje prijatelje.

Jane, 46, Nashville

Moja tadašnja djevojka, s kojom sam bio u vezi tri i pol godine, imali smo vrlo uočljivu vezu na Facebooku. Mnogo slika i zajedničkih prijatelja. Kada smo prekinuli shvatio sam da se je moj Facebook profil postao grobnica naše veze. Nisam mogao pronaći službeni „alat za prekid“ o kojemu sam čuo glasine možda upravo iz razloga što je status *u vezi* bio suvišan budući da su se naši „Facebook životi“ toliko ispreplitali.

Jedne sam noći pod jakim utjecajem emocija odlučio deaktivirati svoj račun kako bih se udaljio od svega. Facebook vam dodatno otežava deaktivaciju prikazujući vam na stranici potvrde slike prijatelja i govoreći vam kako ćete im nedostajati. Na jednoj od slika bila je i ona što me poprilično pogodilo, ali to je bilo predvidivo kao neka strašna snježna oluja pred dugu božićnu vožnju kući. Ispostavilo se da sve što trebate učiniti kako biste ponovno aktivirali svoj račun jest prijaviti se. Čim sam to shvatio, otklon koji sam stekao postao je beznačajan. Riješenje koje mi se učinilo najboljim bilo je ručno *skrivanje* svih slika koje imaju veze s nama sa mog profila, brisanje naših poruka i prestanak praćenja.

Jednog me je dana napokon blokirala (samo da se zna, nisam joj slao poruke niti sam joj zadavao udarce svojim objavama) i iako to mrzim priznati, bilo je to najučinkovitije sredstvo za potpuno razdvajanje naših facebook života.

Arbor, 28, St. Paul

Shvatila sam da je *uklanjanje* bivših partnera kao poruka upućena upravo njima, a ja im najčešće ne želim niti na jedan način dati do znanja da patim pa ih obično ostavim u kontaktima. Nakon jedne nasilne veze obrisala sam bivšeg dečka iz očitih razloga. Nedavno mi je ponavno poslao zahtjev za prijateljstvo što je u meni ponovno probudilo puno ružnih sjećanja. Inače, iako je možda to od mene malo mazohistički, nikada ne prestanem *pratiti* bivše. Previše sam znatiželjna. Želim znati jesu li sretni.

Lindsay, 24, San Clemente, California

Nakon rastave 2012. godine, moj bivši muž i ja obavili smo razgovor vezan upravo uz način na koji ćemo se nositi sa našim prekidom na Facebooku. Prije toga, postavili smo naš status veze na *oženjeni*. Znala sam da kada bih promijenila status veze u *slobodna* ili *rastavljena* poslala bih indirektnu poruku svim našim prijateljima, a nadala sam se da postoji način kako bih izbjegla slanje ove masovne obavijesti. Stoga smo odlučili zajedno obrisati kategoriju statusa veze na našim zidovima. Na ovaj bismo način potišo prekinuli vezu između naših facebook stranica. Osim toga rekla sam mu da sam ga planirala obrisati sa popisa prijatelja kako bih izbjegla da se osjećam povrijeđeno gledajući njegove sretne slike na početnoj stranici.

Cari, 34, San Diego

Izbjegavao sam komentiranje bilo čega što bi moja bivša djevojka objavila (iako su se objave pojavljivale na mojoj početnoj stranici i iako sam mogao izreći neke smiješne stvari koje bih inače rekao budući da sam po struci stand-up komičar). Također, izbjegavao sam komentiranje bilo čega što bi ona objavila čak i kada je to njoj moglo biti od koristi, jer nisam htio da pomisli da mislim na nju ili da želim ponovno biti s njom (a ne želim). Kada sam vidio

neke aktivnosti koje su mi izgledale zanimljivo, ali sam vidio da ona ide, Facebook bi mi pomogao da ih ponekad izbjegnem.

Shaun Eli, 54, New York

Bilo je bolno gledati česte objave mog bivšeg dečka tipa „pogledajte kako je moj život nevjerojatan“. No, u isto vrijeme osjećala sam se paraliziranom i nisam mogla učiniti ništa po tom pitanju. Vjerojatno sam nesvjesno još uvijek morala znati sve, iako je bilo bolno. Nakon nekog vremena uklonio je naš status *u vezi* (i dodao onaj sa svojom novom djevojkom). Nakon nekoliko mjeseci shvatila sam da mi je dosta tih sretnih postova zbog kojih sam se samo osjećala loše i koji mi nisu pomagali u prebolijevanju pa sam ga prestala *pratiti* (ali ga nisam uklonila sa liste prijatelja).

Od tada nisam vidjela niti jednu objavu vezanu uz njega osim ako one nisu uključivale jednog od naših mnogih zajedničkih prijatelja te osim ako nisam namjerno otišla provjeriti njegov profil (što sam sama sebi obećala da ću izbjegavati!) Valjda je to tako moralo biti. Da sam ga prestala slijediti prije i dalje bih svakodnevno provjeravala njegov profil. Prije svega, morala sam doseći točku kada je to postala moja svjesna odluka. Danas, potpuno opravljena i sretna još uvijek ne vidim njegove objave, ali moram priznati da s vremena na vrijeme, iz puke znatiželje, provjerim što ima novoga s njim. Proteklih sam godina izbrisala neke naše slike sa Facebooka, no ostale su još uvijek tamo. Pa i to je dio našeg života, zar ne? :)

Vaida, 26, Vilnius, Litva

3.2 Commentary and analysis

Text 2: *How Did You Manage Your Breakup on Facebook?*

1. **genre:** online article, a collection of brief interviews
2. **source:** the New York Times
3. **audience:** readers, general public
4. **purpose of writing:** to inform the readers about the different ways of handling breakups on social media, to amuse the readers
5. **authenticity:** authentic article
6. **style:** simple, informative, comic
7. **level of formality:** informal
8. **layout:** the article is divided in sixteen paragraphs: the introductory paragraph and ten stories from different people talking about their breakups on social media that consist of one to three paragraphs.
9. **content:** 10 different people talk about how they dealt with their breakups on social media
10. **cohesion:** the cohesion is only thematic because the paragraphs are not interrelated, the only thing that the paragraphs have in common is the topic
11. **sentence patterns:** direct speech, spoken language pattern, jargon
12. **terminology of the subject:** social media terms

The problems that came up while translating the article were mostly social media terms that sounded ambiguous when translated into Croatian language. Some of these terms include *timeline* that was translated as *profil* and not as *vremenska crta*, *unfriend* was

translated as *obrisati sa popisa prijatelja*, *likes* as *lajkovi*, *follow* as *pratiti*, *news feed* as *početna stranica*, *life events* as *životni događaji*, *log in* as *prijaviti se*, *unfollow* as *prestatu pratiti* and *friend request* as *zahtjev za prijateljstvo*. It is interesting to notice that, through translation, social media terms became parts of our vocabulary. With the development of social media, the word *like* gained a whole new dimension of meaning. *Like*, as a verb that stands for *being fond of something* gained its new meaning in the virtual world. It could also be considered a kind of a unit of measure for the popularity of a post or a photo shared by someone; the more likes the post gets, the more popular it becomes. According to Facebook, a *Like button* serves for sharing the things you like with your Facebook friends via news feed. Everything that you mark as liked will appear in the news feed and will be visible to the people in your friend list.

Except for the social media terminology, there were a few problems with the title of the article. *How Did You Manage Your Breakup on Facebook?* was firstly translated as *Kako ste preboljeli prekid na Facebooku?* The problematic terms were *manage* and *on Facebook*. The translation *preboljeti* of the verb *manage* was not the best solution because *preboljeti* stands for *getting over* and the verb used in the title was *manage*. To *manage* something means *to handle something* or *to cope with something* but the Croatian past tense of the verb sounded odd (*nositi se - kako ste se nosili*) and therefore the final translation was *preživjeti* in a metaphorical sense. *Preživjeti nešto* (*to survive something*) is a common Croatian phrase. It is not literally surviving but dealing with something in a successful way.

On is a preposition that is often used to describe something that is happening via social media. Translated literally into Croatian it resulted in *na Facebooku* although *putem Facebooka* (*via facebook*) would also be adequate.

Later on in the text the phrase *for memory's sake* appeared that could have been translated in several different ways like *zbog sjećanja*, *da se ne zaboravi* or *kao uspomenu*. The chosen translation was *kao uspomenu* which means *as a memory* because *zbog sjećanja* and *da se ne zaboravi* did not fit well to the logic of the sentence. A *clean break* was also one of the phrases that were difficult to translate because of the fact that those types of phrases are fixed expressions. According to the Collins English Dictionary, a *clean break* stands for a break that is “thorough or complete”. The translation of *thorough* is *temeljit* and of *complete* *potpun*. Therefore, the adjective *complete* was used and translated and the English phrase *clean break* resulted in the Croatian translation *potpuni prekid* (*a complete breakup*).

There were sentences where certain parts had to be repositioned because of stylistic reasons and situations where two sentences were combined into a single sentence. The first example is the sentence “In doing so, much of your interactions are eliminated from each others’ profiles, such as likes or posts including you by others.” The translation of the sentence is *Postupajući tako većina zajedničkih interakcija briše se sa profila (kao što su lajkovi i postovi od drugih ljudi koji vas uključuju)*. In the original sentence “likes or posts including you by others” are at the end of the sentence, in the translated version those elements are also placed at the end of the sentence but in brackets. So the English version of the translated sentence with the repositioned parts would sound like *In doing so, much of your interactions are eliminated from each others’ profiles (such as likes or posts including you by others)*. It is organized in a different way but the meaning of the sentence stayed the same. The two sentences “We were listed as “in a relationship” on Facebook and did not want others to see that we removed that listing. Therefore, we both put our relationship info to “private” and ended the Facebook version of our relationship.” were combined into a longer, single sentence. The result is the following: *Ljubavni status na Facebooku bio nam je „u vezi“ i nismo htjeli da ostali vide kako smo uklonili taj status pa smo stoga oboje učinili naš ljubavni*

status privatnim i prekinuli Facebook verziju naše veze. By using the adverb *so* (in Croatian *pa*) right in the middle to put the two sentences together.

Phrases like *removing the temptation, it took me forever, a terrible snowstorm before a long drive home, went the longest way* and *on a daily basis* seemed a problem at first because of the fact that those phrases do not have the same-form equivalents in Croatian but are different phrases that have a similar meaning. Therefore, *removing the temptation* was translated as *suzdržavajući te tako od napasti (refraining you from the temptation)*, *it took me forever* as *trebala mi je cijela vječnost (it took me an eternity)*, *went the longest way* as *to je bilo najučinkovitije sredstvo (that was the most effective thing)* and *on a daily basis* as *svakodnevno (daily)*, although the literal translation of the phrase *na dnevnoj bazi* is also often used in the colloquial language. On the other hand, the phrase *a terrible snowstorm before a long drive home* (translated as *snježna oluja pred dugu božićnu vožnju kući* was translated literally because of the lack of a similar translation that would remain as picturesque and as complete as the original phrase in the source text. The phrase *breakup tools* was also translated literally as *alati za prekid*.

An interesting example of synecdoche encountered in the text was *Kleenex*. *Kleenex* is a well-known American facial tissue brand that became genericized because of its popularity. The brand name is used today to refer to any type of paper tissue and therefore it was translated as *papirnaté maramice (paper tissues)*.

Lastly, an interesting phenomenon that was noticed in the source text was the use of semicolon, a punctuation mark that is not used in the Croatian language. The semicolon was substituted with a full stop and the beginning of a new sentence so that the sentence which was once a single one was transformed into two sentences. “I guess it was a natural process — if I had unfollowed him before, I would have still been checking his profile on a daily

basis; first of all, I had to reach this point when it was my own conscious decision” was translated as *Valjda je to tako moralo biti, da sam ga prestala slijediti prije i dalje bih svakodnevno provjeravala njegov profil. Prije svega, morala sam doseći točku kada je to postala moja svjesna odluka.*

4. SOURCE TEXT 3

The People's Artist, Herself a Work of Art

By HOLLAND COTTER FEB. 29, 2008

PHILADELPHIA — You really should come down, a friend e-mailed me this summer from Mexico City. She meant, come down for the Frida Kahlo centennial, with a retrospective at the Palacio de Bellas Artes and displays of memorabilia at Casa Azul, the Blue House, Kahlo's home. You should come, she wrote, not just for the art, which looks fabulous, but for the place, the people.

Tens of thousands of Mexicans, young and old, rich and poor, had been standing in line for hours to get a glimpse of Kahlo's paintings and her personal relics: her snapshots, her brushes, her ashes, the steel orthopedic corsets she wore under her peasant blouses and skirts to hold a wrecked body together.

The celebration, one gathers, was not the usual Fridamaniacal crush. It was more a fiesta, a devotional jubilee, an homage to a Mexican saint in the city where she was born in 1907 and died in 1954. I couldn't make the trip, but suspect that the essential Kahlo experience is the same anywhere. Through her art, we travel her life, a shining path of high Modernist adventure and a Via Crucis of physical pain, political passion and amorous torment. Basically, she felt what we all feel, only hugely, terribly. This is what makes her the people's artist she is. And what makes her, to those who don't get her extremist vibe, a romantic cliché.

The lines are also long for "Frida Kahlo" at the Philadelphia Museum of Art, a distillation of the centennial show, with 42 of Kahlo's small number of surviving paintings and a slew of photographs. As surveys go, it's modest and compact, but for that reason quickly absorbed.

That's the way Kahlo enters your system, fast, with a jolt, an effect as unnerving, and even repellent, as it is pleasurable.

Organized by the Kahlo biographer Hayden Herrera and by Elizabeth Carpenter of the Walker Art Center in Minneapolis, the show opens with a single painting, "Self-Portrait With Monkeys" (1943). Kahlo presents herself in half-length, her now-mythical attributes precisely detailed: the handlebar eyebrows, the faint mustache, the dark hair pulled up in a sculptural pile. She's coolly self-contained, but she has company: a quartet of puckish monkeys. One hugs her neck; another tugs at her blouse, as if feeling for a breast. She is unperturbed. She is a nature deity, mistress of beasts; these creatures are her subjects and children. They are also her equals, her friends. She is one of them.

Immediately after this charismatic introduction, the show goes into documentary mode with four rooms of photographs, many from Kahlo's personal collection. Arranged in rough chronological order, they provide a biographical framework, a context for the paintings.

In a family picture of a teenage Kahlo, taken by her father, an immigrant from Germany, she is already tailoring life to her taste: she is wearing a three-piece man's suit. Next we see her in 1929, at 22 — or 19 by her count; she changed her birth year to 1910 to coincide with the beginning of the Mexican Revolution — as the bride of the muralist and fellow revolutionary Diego Rivera, a baby-faced blimp of a man more than 20 years her senior.

By this point Kahlo had been painting for only four years. She started while recuperating from a near-fatal streetcar accident that crushed her spine and pelvis, leaving her permanently crippled and unable to bear children. For her, art always had a therapeutic dimension. It pulled her through crises again and again, which perhaps helps explain why she turned herself into art.

Wearing indigenous Mexican skirts and shawls that minimized the physical evidence of the accident, she became a piece of multicultural theater. As such, she was an irresistibly exotic subject for photographers, and also for herself. Carl van Vechten played up her exoticism; Lola Álvarez Bravo played it down. In Kodachrome pictures by the Hungarian photographer Nickolas Muray she looks like a still life of ripe tropical fruit. In a 1930 painted self-portrait in the show, the exotic look is still in formation. She sits alone in a chair in front of a plain pink wall, staring, evaluating. The props are yet to come.

She had a long affair with Muray, and reputedly a short one with the émigré Leon Trotsky, as well as extended liaisons with several women. Some of these attachments were reactions to a volatile marriage and meant to punish her philandering husband.

That marriage was the pivot of her life, and she did a lot of her best work when it was at its worst. It was on the eve of her divorce from Rivera in 1939 that she painted “The Two Fridas,” one of her largest and most famous images. In it she appears as twins, one dressed in the native attire Rivera doted on, the other in a prim white Victorian gown. On both figures the hearts are exposed, a symbol with Christian and pre-Columbian roots: the sacred heart of Jesus, the heart ceremonially ripped from the chest in Aztec sacrifices.

Kahlo’s art is rich with such symbols. When most of her Mexican colleagues were focused on political murals, she was looking at tiny votive paintings, folk images of catastrophic deaths and miraculous resurrections, and modeling her work on them. She was also collecting pre-Columbian sculpture, as potent to her as any church art. In one particularly beautiful Kahlo painting — she thought highly of it — called “My Nurse and Me” (1937), we see Kahlo reduced to the size of an infant and suckled by a dark-skinned Madonna with a Teotihuacan mask for a face.

Surely there had never been in Western art a Virgin and Child like this one, fusing cultural worlds that otherwise rarely touched. Nor had there ever been an image of the Nativity — or is it a Crucifixion? — like her “Henry Ford Hospital” (1932), in which she lies naked on a blood-spattered bed after one of her several miscarriages and abortions, the dead fetus floating above her like a balloon.

Kahlo’s contemporaries didn’t know what to do with this art, so implacably frank. André Breton called it Surrealism, but Kahlo rejected the term. My painting is real, she said; it’s me, it’s my life. It was only in the 1960s and afterward, with the rise of feminism, gay rights and identity politics, that her work began to make sense. And then it made explosive sense: an artist who had been bending genders, blending ethnicities, making the personal political and revolutionizing the concept of “beautiful” generations earlier.

How she did what she did, even physically, is hard to fathom. Throughout her life she had some 30 surgical procedures, most related to the accident of her youth, none effective. In the 1944 painting called “The Broken Column” she depicts herself weeping big tears, her body split open, her spine a shattered monument. For some viewers this image goes too far, into melodrama, kitsch: Frida, Queen of Martyrs! But if you’ve given yourself over to Kahlo, you’re beyond kitsch, you’ve set aside learned rules of aesthetic decorum. You’ve given her permission to write her own rules. She does. They’re forceful.

The force came and went in her last years. She drank heavily and became addicted to painkillers. Her revolutionary politics went awry: Stalin was a savior; Mao, the hope of the future. She still painted, but mostly still lifes, woozy, citrusy things that would be sweet if they weren’t so bizarre, with their gashed and bleeding fruits.

She finally had her first Mexican solo show in 1953 and went to the opening on a stretcher. She would soon lose a leg to gangrene. In June 1954 she had herself pushed in a wheelchair to join a protest against North American intervention in Guatemala. A few days later she died in the Blue House, officially of pneumonia, though there has always been talk of suicide. Her funeral was at the Palacio de Bellas Artes, where her show hung last summer.

Like any cult figure she has detractors, who scoff at the meticulously calculated self-image in her art, at her opportunistic narcissism. Was she self-aggrandizing? Of course. As she said, she was her art. But her subjectivity was capacious and empathetic. It encompasses so much — politics, religions, sexualities, ethnicities — that it's almost self-effacing. I would suggest that biographical detail is just the beginning for understanding Kahlo's work. It is an art much bigger than the life that made it.

I would also suggest that accusations of megalomania derive partly from social biases. Picasso's art is routinely viewed through the lens of biography, with groups of work said to be evidence of his emotional response to this woman or that, the active element being his genius. Few people seriously complain about this version of art as egomania. Picasso was expanding his creative territory. Kahlo didn't know how to keep her place.

But, of course, she did know how to keep it and still does. That place is pretty much everywhere now, wherever her art is, in Mexico City, in Philadelphia, not to mention on the Internet, where there are countless thousands of Web sites dedicated to her. And because her images, especially her self-portraits, are like no others, they stay with you, travel with you. You want the Kahlo experience? You don't have to wait. Close your eyes, and bring her face into your mind, where you are always first in line.

4.1 Translation of the source text 3

Narodna umjetnica koja je i sama bila umjetničko djelo

Piše HOLLAND COTTER 29. ožujka 2008.

PHILADELPHIA – „Zaista bi trebao doći“, ovaj sam e-mail dobio od svoje prijateljice koja je boravila u Mexico Cityju ovoga ljeta. Time mi je mislila reći kako bih trebao doći vidjeti stogodišnju obljetnicu Fride Kahlo uz retrospektivu u Palači lijepih umjetnosti (Palacio de Bellas Artes) i izložbu memorabilija u Plavoj kući (Casa Azul), domu Fride Kahlo. Trebao bi doći ne samo zbog umjetnosti koja je fantastična, napisala mi je, već i zbog samog mjesta, zbog ljudi.

Deseci tisuća Meksikanaca, mladih i starih, bogatih i siromašnih, stajalo je u redu kako bi uspjeli vidjeti slike Fride Kahlo i njenih osobnih relikvija: njezinih snimaka, četki, pepela, čeličnih ortopedskih korzeta koje je nosila ispod seljačkih bluzi i suknji kako bi održali uništeno tijelo u jednome komadu.

Proslava nije bila tipično okupljanje ljubitelja Fride već više kao fešta, jubilej odanosti, odavanje počasti meksičkoj svetici u gradu gdje je rođena 1907 i umrla 1954. Nisam mogao otići na to putovanje bez sumnje da je suštinski doživljaj Fride Kahlo svugdje jednak. Putem njene umjetnosti putujemo njenim životom, sjajnom stazom avanture visokog modernizma i križnim putem fizičke boli, političke strasti i ljubavne muke. Ona je uglavnom osjećala ono što svi mi osjećamo samo značajnije i strašnije i to je upravo ono što ju čini umjetnicom iz naroda. To je, također, i ono što ju čini romantičnim klišejem u očima onih koji ne shvaćaju njezinu ekstremističku vibraciju.

Dugi su redovi i za izložbu „Frida Kahlo“ u Philadelphijskom muzeju umjetnosti (Philadelphia Museum of Art), blažoj verziji stogodišnje proslave sa 42 slike iz malobrojne zbirke preživjelih slika i mnogobrojnih fotografija Fride Kahlo. Prema anketama, skromna je i

kompaktna no upravo se zbog toga brzo „upija“. Upravo to je način na koji Frida Kahlo ulazi u vaš sustav: brzo, uz trzajeve, istovremeno uznemirujuće i odbojno te ugodno.

Izložba u organizaciji Hayden Herrere, autorice Fridine biografije, i Elizabeth Carpenter iz Umjetničkog centra Walker (Walker Art Center) u Minneapolisu, otvara se sa samo jednom slikom „Autoportret s majmunima“. Kahlo predstavlja samo gornju polovicu svoga tijela popraćene njenim, danas poznatim, izrazito detaljnim atributima: guste, spojene obrve, nježni brčići, tamna kosa svezana u skulpturalnu masu. Sama za sebe predstavlja nezavisnu cjelinu, ali ima i društvo: kvartet vragolastih majmuna. Jedan joj grli vrat, drugi ju vuče za bluzu dodirujući joj grud. Ona izgleda potpuno mirno. Ona je prirodno božanstvo, gospodarica zvijeri: ta stvorenja su njezini subjekti i njena djeca. Oni su joj jednaki, oni su joj prijatelji i ona je jedna od njih.

Nakon karizmatičnog uvoda, izložba postaje dokumentarne prirode: četiri sobe s fotografijama od kojih su mnoge iz Fridine osobne kolekcije. Ugrubo kronološki raspoređene, fotografije pružaju biografski okvir, kontekst za tumačenje djela.

Na jednoj obiteljskoj slici koju je slikao Fridin potac, imigrant iz Njemačke, vidimo Kahlo kao tinejdžericu kako već tada živi na svoj način: nosi trodjelno muško odijelo. Zatim ju vidimo na slici iz 1929. kada je imala 22 godine, ili 19 po njenoj računici budući da je promijenila svoju godinu rođenja na 1910. kako bi se podudarala s početkom meksičke revolucije, kao mladenku dvadeset godina starijeg muralista i kolege revolucionara Diega Rivere koji nalikuje na bebu.

U tom se trenutku Kahlo bavila slikanjem tek četiri godine. Počela je slikati tijekom oporavka od zamalo fatalne tramvajske nesreće koja je rezultirala slomljenom kralježnicom i zdjelicom i ostavila ju trajno osakaćenom i neplodnom. Za nju je umjetnost uvijek imala terapijski

učinak. Stalno ju je iznova izvlačila iz kriza što možda objašnjava zašto je sama sebe učinila umjetničkim djelom.

Noseći autohtone meksičke suknje i marame koje su smanjivale materijalne dokaze o nesreći, postala je dijelom multikulturalnog kazališta. Kao takva, bila je neodoljiv egzotični subjekt fotografima, ali i sama sebi. Carl Van Vechten pojačao je njenu egzotičnost dok ju je Lola Álvarez Bravo ublažila. Na Kodachrome fotografijama mađarskog fotografa Nickolasa Muraya izgleda kao prikaz mrtve prirode zrelog tropskog voća. Na autoportretu iz 1930. sa izložbe egzotični izgled je još uvijek u fazi stvaranja. Sjedi na stolici pred jednostavnim ružičastim zidom, zureći, promišljajući. Rekviziti tek trebaju biti dodani.

Bila je u dugoročnoj vezi sa Murayem, a navodno, i u kraćoj vezi sa emigrantom Lavom Trotskyjem te sa nekoliko žena. Neki od tih odnosa bili su produkt nestabilnoga braka kojima je Frida htjela „kazniti“ svog nevjernog supruga.

Taj je brak bio osovina njezinoga života te je Frida najviše svojih kvalitetnih djela ostvarila kada je bila u najgorim stanjima. 1939., uoči razvoda od Rivere, naslikala je „Dvije Fride“ jedno od njenih najvećih i najpoznatijih djela. Na slici Frida ima blizanku, jedna nosi narodnu nošnju za kojom je Rivera ludovao, a druga ukočenu bijelu viktorijansku haljinu. Na obje slike otkrivena su srca, simbol kršćanskih i pretkolumbijskih korjena: sveto srce Isusovo i srce koje se prilikom asteških ceremonija prinošenja žrtava čupa iz grudi.

Umjetnost Fride Kahlo bogata je upravo takvim simbolima. Većina njenih kolega meksikanaca bila je fokusirana na političke murale dok se ona bavila sitnim zavjetnim slikama, folklornim prikazima katastrofalnih smrti i čudesnih uskrsnuća te je oblikovala svoj rad po njima. Također je prikupljala pretkolumbijske skulpture koja je za nju bila od jednake važnosti kao i ostala crkvena umjetnost. Na jednoj posebno lijepoj Fridinoj slici pod nazivom „Moja dadilja i ja“ iz 1973., o kojoj je i ona sama imala visoko mišljenje, vidimo Fridu

umanjenu na veličinu djeteta koju doji tamnoputa Madonna koja nosi teotihuansku masku na licu.

U zapadnoj umjetnosti zasigurno nikada nije bilo prikaza djevice i djeteta kao što je ovaj gdje se spajaju kulturalni svjetovi koji su se inače rijetko dodirivali. Također nikada nije bilo prikaza rođenja (ili razapinjanja?) sličnih Fridinom djelu „Bolnica Henry Ford (Leteći Krevet)“ iz 1932. na kojem vidimo Fridu kako gola leži na krevetu prekrivenom krvlju nakon jednog od nekoliko pobačaja i mrtvi fetus koji, poput balona, lebdi iznad nje.

Suvremenici Fride Kahlo nisu znali što učiniti sa takvom umjetnošću koja je bila tako neumoljivo iskrena. André Breton nazvao ju je nadrealizmom, ali je Kahlo odbacila taj naziv. „Moje slike su realne“, rekla je, „to sam ja, to je moj život.“ Njen je rad počeo dobivati smisao tek početkom 60-ih i kasnije s razvojem feminizma, gay prava i politike identiteta. Tada je zapravo imao najvećeg smisla: umjetnica koja je miješala spolove, nacionalnosti, pretvarala osobno u političko i revolucionarizirala koncept lijepoga kada to još nije bilo uobičajeno.

Kako je činila to što je činila teško je shvatiti čak i s fizičke strane. Tijekom svoga života imala je 30-ak kirurških zahvata koji nisu imali učinka od kojih najviše onih vezanih uz nesreću iz mladosti. 1944. naslikala je „Slomljeni stup“, sliku na kojoj je prikazala sebe u suzama, s otvorenim, razdvojenim tijelom i kralježnicom kao srušenim spomenikom. Za neke je ova slika pretjerivanje, melodrama čak i kič, a Frida je kraljica mučenika. No, ako ste potpuno predani Fridi Kahlo vi ste iznad pukog kiča, manje su vam bitna pisana pravila estetskog dekoruma. Dali ste joj dozvolu da postavi sama svoja pravila. Ona je to učinila i ona su snažna.

Ista ta snaga kako je došla tako je i otišla u posljednjim godinama njenoga života. Puno je pila i postala je ovisna o analgeticima. Njena revolucionarna politika počela je propadati: Staljin je

postao spasitelj, a Mao nada budućnosti. I dalje je slikala, ali uglavnom mrtvu prirodu, koristila je mutne citrusne motive koji bi mogli biti slatki da nisu bili toliko bizarni (ranjeno voće koje krvari).

1953. napokon je održala svoju prvu meksičku solo izložbu kojoj je prisustvovala na nosilima budući da je uskoro izgubila nogu zbog gangrene. U lipnju 1954. pridružila se je prosvjedu protiv sjevernoameričke intervencije u Guatemali u invalidskim kolicima. Nekoliko dana kasnije umrla je u Plavoj kući, službeno od upale pluća premda je uvijek bilo pretpostavki o samoubojstvu. Pogreb je održan u Palači lijepe umjetnosti (Palacio de Bellas Artes) gdje je prošle godine održana proslava u njenu čast.

Kao i svaki kulturni lik imala je svojih kritičara koji su ismijavali njenu pomno preračunatu umjetničku sliku o sebi te njen oportunistički narcizam. Je li ona bila samodopadna? Naravno da jest. Kako je i sama izjavila, bila je sama svoja umjetnost. No, njezina je subjektivnost bila opsežna, puna suosjećanja i obuhvaćala je toliko mnogo (politiku, religiju, seksualnost i nacionalnost) da je bila gotovo nepretenciozna. Mislim da je biografski detalj samo početak shvaćanja djela Frida Kahlo. To je umjetnost mnogo veća od života koji ju je stvorio.

Također, mislim da optužbe o megalomaniji dijelom proizlaze iz društvenih predrasuda. Umjetnost Picassa se već rutinski promatra kroz biografsku dimenziju sa skupinama dijela koje se smatraju dokazom njegove emocionalne reakcije na ovu ili onu ženu, uzimajući taj časti element kao dokaz njegove genijalnosti. Malo ljudi zamjera ovoj verziji umjetnosti kao egomanije. Picasso je širio svoj kreativni teritorij. Frida nije znala kako prihvatiti svoj položaj.

No, naravno, Frida je to znala i još uvijek zna. Njen je položaj sada gotovo posvuda, gdje god je njezina umjetnost. U Mexico Cityju, u Philadelphiji, da ne spominjem na internetu gdje postoje tisuće i tisuće web stranica posvećene upravo njoj. I upravo zato što su njezine slike, a

posebice njezini autoportreti, poput ničega drugoga, oni ostaju s vama i putuju s vama. Želite iskusiti Fridu Kahlo? Ne morate čekati. Zatvorite oči, zamislite njezino lice i uvijek ste prvi u redu za izložbu.

4.2 Commentary and analysis

Text 3: The People's Artist, Herself a Work of Art

1. **genre:** online article, biography
2. **source:** the New York Times
3. **audience:** readers, general public
4. **purpose of writing:** to inform the reader on the life and work of Frida Kahlo
5. **authenticity:** authentic article
6. **style:** simple, informative
7. **level of formality:** informal
8. **layout:** the article is divided in twenty paragraphs about the life and work of Frida Kahlo
9. **content:** a brief biography of Frida's life, a review of her paintings, exhibitions and a critique of her self-image
10. **cohesion:** the presence of both the thematic (the same subject throughout the text, the chronological presentation of dates regarding Frida's biography) and lexical cohesion (the repetition of words such as *Kahlo, painting, artist, exotic, art*).
11. **sentence patterns:** direct speech, simple sentences, presence of fixed expressions (*the lines are long, to enter the system, to tailor something to one's taste, learned rules, to keep one's place*).
12. **terminology of the subject:** the use of artistic jargon (motifs such as *via crucis, martyr* and terms like *modernist, sculptural pile, muralist, still life and votive paintings*).

The article about the life and work of Frida Kahlo, entitled “The People’s Artist, Herself a Work of Art”, presented a dilemma from the very beginning: its title. Two main problems with the title were the lack of the verb and the lack of the adequate translation of the phrase *the people’s artist*. The concept behind the phrase goes back to the Soviet Union when it stood for a title that was awarded to the artists for their achievements between 1939 and 1991.⁷ This concept was firstly translated as *umjetnica iz naroda*, which referred to Frida Kahlo as an artist that can be identified with the nation, with the small people and its culture. Later on it was changed into *narodna umjetnica* because of her artistic greatness, which is admired years after her death. The second part of the title “Herself a Work of Art”, despite of not containing a verb, was translated as *koja je i sama bila umjetničko djelo*. The final translation would in the source language be similar to “The People’s Artist That Was a Work of Art by Herself”.

Names of the institutions were translated but the original names remained in brackets. *Palacio de Bellas Artes* was, for example, translated as *Palača lijepje umjetnosti (Palacio de Bellas Artes)*. The same sample was, later on, applied to *the Philadelphia Museum of Art* and *the Walker Art Center* that were translated as *Philadelphijski muzej umjetnosti (Philadelphia Museum of Art)* and *Umjetnički centar Walker (Walker Art Center)*. The native house of Kahlo, *Casa Azul* was translated as *Plava kuća (Casa Azul)*.

The topic of the article is Frida Kahlo, but the more general topic is art. Therefore, the author uses a number of terms from the artistic jargon. Some of such terms are *Modernist*, *sculptural pile*, *muralist*, *still life*, and *votive paintings*. He also enlists several artistic themes of the Christian art like *nativity*, *crucifixion*, *the sacred heart of Jesus* and *via crucis*. Terms like *modernist*, *muralist* and *still life* were easy to translate but phrases like *sculptural pile* and

⁷ The translation of the phrase *people’s artist* was found in the Wikipedia article entitled *Narodni umjetnik SSSR-a*.

votive paintings required some research. *Sculptural pile* was translated as *skulpturalna masa* and *votive paintings* as *zavjetne slike*, but only after having done some research on the terms.

Some research also had to be done on the paintings of Kahlo because the article talks about specific works and motifs. There are several Kahlo paintings that are being observed in the article: “Self-Portrait With Monkeys”, “The Broken Column”, “The Two Fridas”, “My Nurse and Me” and “Henry Ford Hospital”. In order to cope with the problems of translation it was essential to take a look at those paintings. Only by going through the paintings something helpful could be noticed and some questions could be answered. In this case it was the painting of Kahlo called “Henry Ford Hospital”. Only after having looked at the painting, one could see that the bed on which Frida is lying is a flying one. The text does not mention that and, in my opinion, it is important because the painting is also known as “The Flying Bed”.

Phrases like *the lines are long* and *first in line* were translated literally as *dugi su redovi i prvi u redu*. The phrase *tailoring life to her taste* was translated in a more general way: *živjeti život na svoj način*.

An interesting problem was the term *vibe* because it is quite informal and, according to the Collins English Dictionary, it stands for “a feeling or a flavor of the kind specified: *a 1970s vibe*.” According to the Merriam-Webster dictionary it is “a feeling that someone or something gives you”⁸. The term is the abbreviation of the noun *vibration* and is usually used in its plural form *vibes* (*good vibes, bad vibes*). It was translated as *vibre*, a shortened and a more colloquial form of *vibracije*, although, in my opinion, it is not so incorporated and used within the Croatian slang as it is within the English.

⁸ Merriam-Webster Dictionary. *Vibe*. (last visited on 1 September 2016).

5. CONCLUSION

The task of a translator is a difficult one because it requires the knowledge of several different fields: the sufficient knowledge of at least two different languages, the knowledge of different techniques of translation, understanding of different cultures and fields. The translator also has to be fluent in both the source and the target language and has to be familiar with the linguistic qualities of each of the languages (starting from the phonology to morphology, syntax and semantics). The translator has to be resourceful and avoid word-for-word translations. He/she also has to be able to decide which translation is an adequate one without failing under the influence of false friends. He/she has to constantly keep up with the news by reading articles and be informed about the recent events and know how to write well. A good translator has to know the jargon as well as the standard language. But above all, the translator has to love working with languages.

I hope to have directed attention to all of the challenges of translation in this short paper.

6. BIBLIOGRAPHY

Ivir, Vladimir. 1978. *Teorija I tehnika prevođenja*. Sremski Karlovci: Centar „Karlovačka gimnazija“.

DICTIONARIES, LANGUAGE GUIDES AND MANUALS:

Anić, Vladimir. 1998. *Riječnik hrvatskog jezika*. Zagreb: Novi Liber.

Bujas, Željko. 2008. *Veliki englesko-hrvatski riječnik*. Zagreb: Nakladni zavod globus.

Butterfield, Summers, Holmes, Daintith, Isaacs, Law, Martin (eds.). *Collins English Dictionary*. 2003. UK: HarperCollins Publishers.

Hornby, A. S. 2010. *Oxford Advanced Learner's Dictionary*. Oxford University Press.

Hands, Walter, Woodford (eds.). *Phrasal Verbs Dictionary*. 2012. Glasgow: HarperCollins Publishers.

McIntosh, Francis, Poole (eds.). *Oxford Collocations Dictionary for students of English*. 2012. Oxford University Press.

Greenbaum, Sidney. Quirk, Randolph. 2006. *Student's Grammar of the English Language*. Longman.

INTERNET SITES AND ONLINE DICTIONARIES:

Merriam-Webster Dictionary. (last visited on 1 September 2016). <http://www.merriam-webster.com/>

Marušić, M. *Vrste studija u medicini i sestrinstvu*. Split. Medicinski fakultet Split. (downloaded on 1 September 2016). Latest PDF version:

http://neuron.mefst.hr/docs/katedre/med_humanistika/IBZ/OZS/Diplomski/Materijali%20po%20danima/1/Vrste%20studija.pptx.

Eterović, D. *Pogreške u biomedicinskom istraživanju*. Split. Medicinski fakultet Split. (downloaded on 1 September 2016). Latest PDF version: <http://neuron.mefst.hr/docs/graduate%20school/ebm/Predmeti/klinicka%20biostatistika/nastavnimaterijali/ISTRAZIVACKE%20POGRESKE.ppt>.

Zorc, B. *Opioidni analgetici*. 2004. Zagreb. Zavod za farmaceutsku kemiju, Farmaceutsko-biokemijski fakultet Sveučilišta u Zagrebu. (downloaded on 1 September 2016)

Latest PDF version: <http://silverstripe.fkit.hr/kui/assets/Uploads/209-216.pdf>

Institut za medicinska istraživanja i medicinu rada. *Centar za kontrolu otrovanja*. (last visited on 1 September 2016). <https://www.imi.hr/organizacija.php?id=1&unit=12&lan=HR>

Englesko hrvatski riječnik statističkog nazivlja. Verzija 1. (last visited on 1 September 2016). http://www.dzs.hr/app/rss/rjecnik_en-hr.html