



EVALUATION OF THE HEALTH CONDITION OF THE ELDERLY PERSON IN PRIMARY CARE

AVALIAÇÃO DA CONDIÇÃO DE SAÚDE DA PESSOA IDOSA NA ATENÇÃO BÁSICA EVALUACIÓN DE LA CONDICIÓN DE SALUD DEL ANCIANO EN LA ATENCIÓN BÁSICA

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ABSTRACT

Objective: to characterize the Brazilian scientific production on the evaluation of the health condition of the elderly person in primary care. **Method:** this is an integrative review type study. The search for articles published between 2007 and 2017 in national journals in the BDNF, LILACS and MEDLINE databases, and in the VHL and SciELO clinical libraries was carried out using the following descriptors: elderly, health and attention level primary health care. It is reported that the results are presented in figure form and Content Analysis. **Results:** it was shown that socioeconomic and demographic characteristics, functional capacity, health conditions and nutritional status interfere in the self-assessment of the elderly's health and in the planning of services aimed at this public. **Conclusion:** it is understood that the research on the publications in Brazil related to the health condition of the elderly is of fundamental importance, since the population presents a rapid aging, with the increase in the life expectancy and the appearance of chronic diseases and incapacities. **Descriptors:** Elderly health; Primary Health Care; Health Level; Aging; Patient Assistance Team; Nursing.

RESUMO

Objetivo: caracterizar a produção científica brasileira sobre a avaliação da condição de saúde da pessoa idosa na atenção básica. **Método:** trata-se de um estudo tipo revisão integrativa. Realizou-se a busca de artigos publicados entre os anos de 2007 e 2017 em periódicos nacionais nas bases de dados BDNF, LILACS e MEDLINE, e nas bibliotecas vituais BVS e SciELO, e utilizaram-se como descritores: idoso, nível de saúde e atenção primária à saúde. Informa-se que os resultados se apresentam em forma de figura e Análise de Conteúdo. **Resultados:** mostrou-se que as características socioeconômicas e demográficas, a capacidade funcional, as condições de saúde e o estado nutricional interferem na autoavaliação de saúde dos idosos e no planejamento dos serviços voltados para este público. **Conclusão:** entende-se que as pesquisas sobre as publicações no Brasil relacionadas à condição de saúde da pessoa idosa são de fundamental importância, pois a população apresenta um rápido envelhecimento, com o aumento na expectativa de vida e o surgimento de doenças crônicas e de incapacidades. **Descritores:** Saúde do idoso; Atenção Primária à Saúde; Nível de Saúde; Envelhecimento; Equipe de Assistência ao Paciente; Enfermagem.

RESUMEN

Objetivo: caracterizar la producción científica brasileña sobre la evaluación de la condición de salud del anciano en la atención básica. **Método:** se trata de un estudio tipo revisión integrativa. Se realizó la búsqueda de artículos publicados entre los años 2007 y 2017 en periódicos nacionales en las bases de datos BDNF, LILACS y MEDLINE, y en las bibliotecas virtuales BVS y SciELO, y se utilizaron como descriptores: anciano, nivel de salud y atención primaria de la salud. Se informa que los resultados se presentan en forma de figura y Análisis de Contenido. **Resultados:** se mostró que las características socioeconómicas y demográficas, la capacidad funcional, las condiciones de salud y el estado nutricional interfieren en la autoevaluación de salud de los ancianos y en la planificación de los servicios dirigidos a este público. **Conclusión:** se entiende que las investigaciones sobre las publicaciones en Brasil relacionadas a la condición de salud de la persona anciana son de fundamental importancia, pues la población presenta un rápido envejecimiento, con el aumento en la expectativa de vida y el surgimiento de enfermedades crónicas y de incapacidades. **Descriptores:** Salud del Anciano; Atención Primaria de Salud; Estado de Salud; Envejecimiento; Grupo de Atención al Paciente; Enfermería.

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INTRODUCTION

In Brazil, there are several changes related to the demographic profile with the modification of the age pyramid. It is revealed that, once considered a country of young people, today there is another reality, evidencing a significant increase in survival and the consequent increase in the number of people in the elderly.¹

Health care of the elderly of becomes of great concern, considering that this age group presents specific needs that are characterized by their chronicity and complexity, which strongly interfere in their quality of life and demand adequate care.²

Worldwide trend was followed, because in Brazil, chronic non-communicable diseases are the cause of 72% of deaths and 75% of spending on health care in the Unified Health System. In this sense, a change in disease burden is presented, which presents itself as a new challenge for health managers, due to the strong impact of these diseases on the quality of life of affected individuals, the greater possibility of premature death and the adverse economic effects for families, communities and society in general.³

Cardiovascular diseases (heart failure, ischemic heart disease, hypertension, cerebrovascular), neoplasms, chronic respiratory diseases, diabetes mellitus and musculoskeletal diseases are defined as chronic diseases by the World Health Organization. Also included in this list are those diseases that contribute to the suffering of individuals, families and society, such as mental and neurological disorders, oral, bone and joint diseases, genetic disorders and ocular and auditory pathologies.⁴

In Brazil, public policies such as the National Policy of the Elderly (NPE) were instituted and regulated in Brazil, in 1996, with the purpose of guaranteeing the social rights of the elderly, creating conditions to promote their autonomy, integration and effective participation in society.⁵ The Statute of the Elderly was approved by Law No. 10,441 / 2003, with priority being given to standards for the protection of the rights of the elderly.⁶

Elderly health emerges as one of the six priorities agreed in 2006 in the "Pact for Health", in the dimension on the "Pact in defense of life". Portion no. 2,528, which constituted the National Policy on the Health of the Elderly Person (NPHE), was established and established in the same year, with the goal of providing adequate and dignified health care for the elderly, in addition to

recover, maintain and promote autonomy and independence, in accordance with UHS principles. It is highlighted that this ordinance defines that the health care of the elderly will have, as a gateway, Primary Care/Family Health.⁷

It is added, from this perspective, to consider basic care as a gateway to the health system and as responsible for solving most of the problems, using the technologies of lower technological density, considering the bond, accountability and longitudinality of the care, it is expected that the health of the elderly is monitored and considered in its multiple dimensions.²

In view of the above, we considered the relevance of the discussion about the topic for health professionals and researchers in the area, in this research, answer the following guiding question: What is the trend in the Brazilian scientific production about the evaluation of the health condition of the elderly in primary care?

OBJECTIVE

- To characterize the Brazilian scientific production on the evaluation of the health condition of the elderly person in primary care.

METHOD

In order to carry out the study, an integrative review of the literature was used, which is characterized by retrieving and summarizing previous research, allowing conclusions that articulate the results obtained in different studies. The following steps were followed in the review: theme selection and descriptors; definition of databases for search; establishment of criteria for sample selection; identification of the overall picture of the search result; analysis and interpretation of results.⁸

Articles published in national journals indexed in the following databases were sought: Nursing Databases (BDENF); Latin American and Caribbean Literature in Health Sciences (LILACS); Medical Literature Analysis and Retrieval System Online / Virtual Health Library (MEDLINE) and Scientific Electronic Library Online (SciELO). The texts were obtained in full by consulting the portal of the Virtual Health Library (VHL).

The search for the material was made in October 2017, considering the following descriptors: elderly, health level and primary health care. The following criteria were selected for inclusion in the sample: texts in the form of scientific articles available online,

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in full, that addressed the theme in the Portuguese language, with the limit of the elderly and published in the period between 2007 and 2016. They are listed as exclusion criteria: repeated publications or even manuscripts, such as letters to the editor, theses, dissertations, monographs, books, book chapters, manuals and abstracts.

The VHL, using the integrated search, all indices and all sources, was found in 2433 texts, using the Boolean marker "and" and the descriptors above. After filtering through the inclusion criteria, 46 articles were obtained, 32 in LILACS, eight in MEDLINE, three in BDNF and three in SciELO. After publication of the titles and abstracts, all duplicate publications were excluded, as well as those that did not meet the inclusion criteria, leaving 12 articles.

The selected papers were then read in full, and the information was systematized and categorized in order to meet the objective of the proposal. It should be noted that the authors' ideas were fully respected, as recommended by the Copyright Law (9.610 / 98). The presentation of the results and the discussion of the data obtained were

described, allowing the reader to evaluate the applicability of the integrative review elaborated.

A summary table was prepared to summarize and document the information about the publications used in the review, including: title of the article, authors, year of publication, objectives of the studies, name of the journal and main results.

The qualitative analysis of the material was carried out using the Thematic Content Analysis, proposed by Bardin, which is divided into three stages: the first stage, the pre-analysis, which consists in the selection and organization of the material; the second stage covers the exploitation of the material and the third, the processing of the data. It was sought to characterize the productions taking into account the descriptors findings, the year of publication and the approaches that, in turn, gave rise to the construction of three categories. The material was collected and the text was written, establishing an open relationship with the theme and allowing a greater understanding of the subject.⁹

The flowchart of the study's methodological steps is shown.

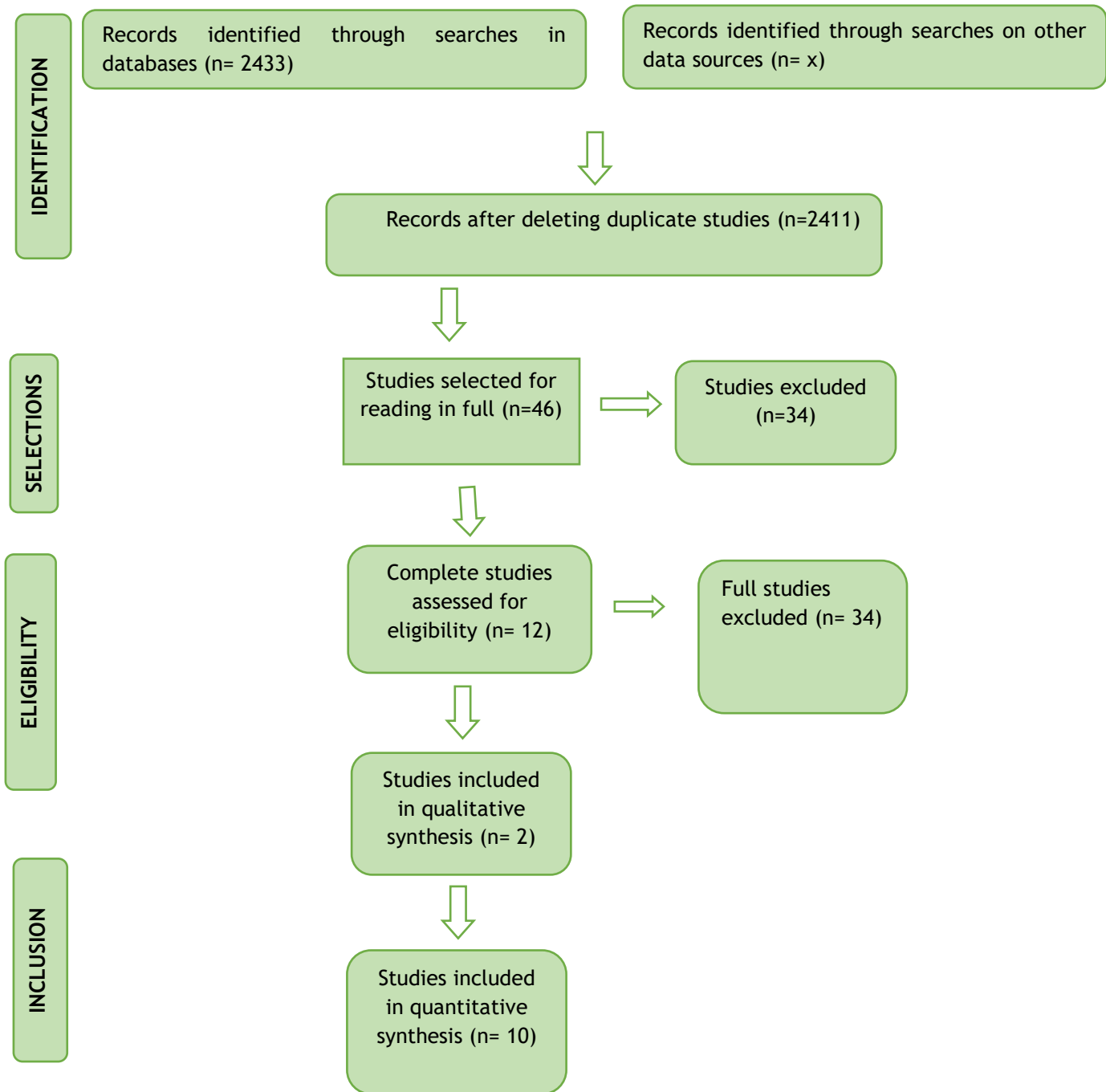


Figure 2. Flowchart of the study selection. João Pessoa (PB) Brazil. 2017.

RESULTS

2433 texts were identified from the selected descriptors and, using the exclusion criteria, 2387 texts were eliminated, remaining 46 articles. It is reported that, after reading the titles and abstracts, the study sample had 12 articles grouped for the analysis that fulfilled all previously established criteria.

The selected studies were distributed in periodicals, with a greater concentration of publications in the *Cadernos de Saúde Pública*. The articles of the following journals originated: *Public Health Booklets* (5); *Science & Collective Health* (3); *Gaúcha Journal of Nursing* (1); *Research Journal: care is fundamental* (1); *Journal of the Brazilian Medical Association* (1) and *Public Health Journals* (1).

Three articles in each year were related to the year of publication in 2009 and 2013; two

in the year 2008 and one in 2011; one in 2012, one in the year 2007 and another in 2014.

The sample of the articles was composed by elderly people in the urban population of small and large cities and in rural areas, users of Basic Health Units, and five articles worked with population base of elderly people only in the urban region.

It is revealed by the objectives found in the researches the researchers' intention to know the elderly in its totality and to relate the socioeconomic and demographic characteristics¹⁰, the functional capacity¹¹, the health conditions¹²⁻¹³ and the nutritional status¹³ interfere in the self-assessment of the health of the the elderly and in the planning of services aimed at this public.

The questionnaire was used as the most used data for socioeconomic and demographic characteristics. The following variables were used: socioeconomic and demographic evaluation constituted by gender, age,

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schooling, race / color, monthly income and marital status. A broad knowledge of the health conditions of the elderly population was made available through information on nutritional status, anthropometric measurement, clinical profile, depression scale, functional capacity assessment,

cognitive assessment, use of health, the characterization of violence and the use of medication.

The information of the studies was systematized and organized according to the distribution of articles, title, authors, year of publication and results, according to figure 2.

Title of the article	Author	Year of Publication	Results
1 Trends in health conditions and use of health services among Brazilian elderly: a study based on the National Household Sample Survey (1998, 2003)	Lima-Costa, Loyola Filho, Matos DL.	2007	The self-reported health conditions of the Brazilian elderly are improved considering the general indicators (health perception, interruption of habitual activities due to health problems in the last two weeks and having been bedridden during this period) and specific (number of chronic diseases, self-reported diseases and functional capacity).
2 Profile of elderly people attending groups in Belo Horizonte, Minas Gerais, Brazil	Borges, Bretas, Azevedo, Barbosa.	2008	Old age groups are attended by women, widows and low schooling. Elderly people are at least comorbid, the use of drugs, frequent medical consultations considering their good health.
3 Breaking the silence and its barriers: a household survey on domestic violence against the elderly in an area covered by the Family Medical Program of Niterói, Rio de Janeiro, Brazil	Moraes, Apratto Júnior, Reichenheim.	2008	Married or widowed women predominated; in the age group between 60-70 years; with low schooling; who cohabit with other people and retired. The prevalence of non-severe physical violence of 7.9% and severe of 6.3% was detected. It is generally inferred that the prevalence of the two types of violence was higher among the youngest, those who lived with more individuals, those with articular disease and those with a history of diabetes.
4 Elderly with hypertension: follow-up difficulties in the Family Health Strategy	Contiero, Pozati, Challouts, Carreira, Marcon.	2009	Male individuals and the age range of 65 to 69 years were predominant. It was found that the majority of the elderly were retired, married and did not practice any physical activity. In relation to the difficulties in adherence to the treatment of arterial hypertension, one of the factors that may be associated is the meaning that these families and the elderly have of the disease since it was identified that most of the interviewees did not know what to define it's hypertension.
5 Spatial distribution of the elderly in a medium-sized municipality in the interior of São Paulo according to some sociodemographic characteristics and morbidity	Campos, Barrozo, Ruiz, César, Barros, Carandina, Goldbaum.	2009	It was verified that the majority of the elderly were female, in the age group between 60 and 70 years old, only had up to the complete elementary education and income of up to three minimum wages, generally, coming from retirement and pensions. It was found that the highest prevalence of self-reported hypertension occurs among women (52.6%). Diabetes Mellitus was self-reported in 13.1% of the interviewed population, being more prevalent in females (15%).
6 Prevalence of stroke in the elderly in the city of Vassouras, Rio de Janeiro, Brazil, through data collection from the Family Health Program	Pereira, Alvarenga, Pereira, Barbosa.	2009	It was found that 50% of the elderly were male, white / Caucasian, married, retired and resident in the urban area, and most of them had ischemic stroke. It was found that

7 Trends in ten years of the health conditions of Brazilian elderly: evidences of the National Survey by Sample of Households (1998, 2003, 2008)	Lima-Costa, Matos, Camargos, Macinko.	2011	the prevalence of stroke in the general population was 0.52% and the prevalence of stroke in people 60 years of age or older was 2.93%. Significant improvement in health self-assessment and a decrease in the prevalence of some diseases or chronic conditions were detected. However, it was verified that the prevalence of functional disability remained stable and there was an increase in arterial hypertension and diabetes.
8 Elderly care: factors that influence the performance of health professionals in basic care	Almeida, Souza, Rodrigues, Silva, Nogueira, Moreira.	2012	In micromanagement, the lack of improvement for the work with the elderly, the low supply of group activities, the disarticulation of the team and the little humanized practices were pointed out. In the mesogestion, the inadequacy and unavailability of material and human resources, inaccessibility and low compliance with the principle of completeness.
9 Evaluation of therapeutic adherence in the elderly treated in primary care	Schmitt Júnior, Lindner, Helena.	2013	The majority of patients reported using continuous medication. It was found that the mean age was 69.04 years. In terms of medical-assistance characteristics, the average number of medications used was 4.3, and circulatory system disorders appeared as a prominence among the underlying diseases, and the prevalence of non-adherence was 35,4%.
10 Factors associated with poor adherence to drug treatment in the elderly	Tavares, Bertoldi, Thumé, Facchini, França, Mengue.	2013	It was inferred that the factors significantly associated with low adherence were: age (65 to 74 years), having no health insurance, having to buy their medications, having three or more morbidities, possessing instrumental incapacity for daily living and using three or more medications.
11 Profile of hospitalizations and associated factors in elderly UHS users	Pagotto, Silveira, Velasco.	2013	The diseases of the circulatory system, in both sexes, were detected as the main cause of hospitalizations in the elderly. It has been found that, in women, infectious and parasitic diseases, respiratory tract and digestive tract appear sequentially in descending order. It was found that, for men, the sequence of the main causes was: digestive, respiratory, endocrine and genitourinary tract. It is pointed out that associated factors are mainly related to economic and social issues; of health conditions, indicating an inequality in access to hospital services.
12 Evaluation of the quality of primary health care from the perspective of the elderly	Araújo, Gama, Nascimento, Oliveira, Azevedo, Almeida Júnior.	2014	It was evidenced that 64% were women and the mean age was 72.4 years, ranging from 60 to 93 years of age. The average score of 5.7 was attributed by the elderly to the service offered in the health units.

Figure 2. Distribution of articles, title, authors, year of publication and results. João Pessoa (PB) Brazil. 2017.

The selected publications were analyzed after the characterization of the articles, identifying the central theme of each study and its relationship with the health condition of the elderly, which gave rise to three themes: 1. Profile of the Brazilian elderly population; 2. Self-perceived health of the elderly and 3. Importance of the Family Health Strategy in attention to the elderly. It is important to mention that inclusion in a theme means an emphasis on a particular theme and not its exclusive approach.

DISCUSSION

The discussion will be based on the analysis topics included in this study.

The number of studies on aging has increased over the years. In Brazil, there is an increase in the number of publications involving this population.¹⁴ It is reported that the journal that concentrated the greatest number of publications was the "Cadernos de Saúde Pública", with A1 classification in collective health¹⁵, and this is important, since it indicates that these researches were published in periodicals with recognized quality.

Theme 1: clinical-epidemiological profile of the Brazilian elderly population

In this subject, a fairly current scenario is pointed out in the 12 publications studied. The evolution of the aging rhythm of the population through the Aging Index (AI), comparing geographic areas and social groups, has been observed, and since 1980 the State of Rio de Janeiro has presented high IE among Brazilian cities. that only in the 2010 Census, Rio Grande do Sul came to occupy the first position among the Brazilian states with Rio de Janeiro in second position¹⁴⁻¹⁶. Rio Grande do Sul was the first Brazilian state to have a proportional number of elderly people (13.6%), compared to Brazil, where this index is 10.8%, and the second place in expectation of life (75.5 years).¹⁷

It is pointed out that, in Brazil, the number of elderly people increased from three million in 1960 to seven million in 1975 and 20 million in 2008, representing an increase of almost 700% in less than 50 years and resulting in the increase of the frequency of aging-related diseases. Due to this change in the Brazilian demographic scenario, there is a greater demand for elderly people for health services in basic health, secondary and tertiary levels.¹⁸

In the studies, the prevalence of chronic non-transmissible diseases is high among the elderly, and consequently, in this group, there

is a longer in-hospital stay, a slower recovery and a higher frequency of rehospitalization and disability. For these factors, higher health care costs of this population are determined in relation to the other age groups. Chronic-degenerative diseases result, in part, from the health risk factors accumulated over the years such as smoking, sedentary lifestyle, alcohol, self-medication, among others.¹¹⁻¹⁹

Non-communicable chronic diseases, such as cardiovascular diseases, hypertension, stroke, diabetes mellitus, chronic obstructive pulmonary disease, cancer, arthritis, osteoporosis, depression, reduced vision/or blindness, amputations, associated with each other and with other factors, as agents that influence the quality of life. These factors are: sex, age, marital status, smoking, excessive alcohol consumption, unsafe sex, physical inactivity, overweight, inadequate nutrition, social stress and poverty.⁴

The elderly may suffer from comorbid changes in several orders favoring a condition of fragility, which is characterized by an increase in vulnerability, a result of decreased physiological reserves, and an increase in functional decline associated with multiple physical changes.²⁰

It is mentioned, in a study about the elderly, that as the age increases, there is an increase in the incidence of falls since the advanced age is closely linked to other exposure factors related to the event fall and both the falls and the fear of falling are syndromes that result, in a serious way, in the behavior of the elderly. It is inferred that such factors have a multifactorial origin and involve intrinsic and extrinsic conditions. The intrinsic factors are those resulting from the physiological changes and extrinsic factors related to unsafe environments, and the early and correct identification of the main risk factors for falls converges to the possibility of preventing this condition and, consequently, to improve the quality of life of the elderly.²¹

Another important factor in a study is the prevalence of different forms of physical violence against the elderly. There are some particularities regarding the occurrence profile of each type of violence in isolation, since, while it is clear the greater prevalence of non-severe physical violence among those referred to as "home", this does not occur in relation to severe physical violence. On the other hand, there is a greater frequency of severe violence among older people with higher schooling and among those who report a memory problem. It is understood, although with a certain proviso, that the two forms of physical violence seem to be less prevalent

among widowers than among those with another marital situation.²²

Theme 2: Self-assessment of elderly health

Refers to the evidence pointed out in this category to the health conditions self-referred by the Brazilian elderly. It is known that health perception, or health self-assessment, is one of the most used indicators in gerontological research. Their use is justified because poorer health perception is a robust and consistent predictor of mortality and, in addition, the risk of mortality associated with poorer health perception is greater than the risk associated with objective measures of health status.²³ Health perception has also been used to examine trends in the health status of the elderly population in countries such as Canada and the United States.²⁴ The National Household Sample Survey (NHSS) in Brazil is the main source of information about the health perception of the elderly population.²⁵

There is a consistent improvement in the self-assessment of Brazilian health observed in all regions of the country, as well as in the three elderly age groups. It is believed that functional capacity is probably the most studied dimension of elderly health and this is because, in addition to personal and family suffering, it increases the demand for medical and social services, with corresponding costs. Functional capacity is usually expressed in population surveys due to the degree of difficulty (or the need for help) to perform activities of daily living (ADL) and/or instrumental activities of daily living (IADL). They include, in the former, the ability to feed, dress, bathe, use the toilet, get up (or transfer from bed to a chair), and sometimes walk in a room in it and the IADL include activities such as managing one's own money, shopping, using transportation and taking care of the home, among others.¹¹⁻²⁶

In one study, the prevalence of inability to eat, shower or go to the bathroom was the most influenced by age, among all the characteristics considered in the studies.¹² In addition to a significant improvement in health self-assessment, research also indicates a decrease in the prevalence of some diseases or chronic conditions, but the prevalence of functional disability remained stable and there was an increase in arterial hypertension and in diabetes.¹¹⁻¹⁹

Theme 3: Importance of the Family Health Strategy in the health care of the elderly

It is explained that the elements listed in this category refer to the fundamental role of

the Family Health Strategy (FHS) for a better health condition of the elderly population.

In 2006, Ordinance 399 was consolidated, thus announcing the pact for health that also contemplates the pact for life. This document presents the health of the elderly as a priority of the three spheres of government.²⁷ The recovery, maintenance, promotion of autonomy and independence of elderly individuals are expected, directing collective and individual health measures for this purpose, in accordance with the principles and guidelines of the Unified Health System - UHS. For this, the FHS is configured as a new paradigm of health promotion, sustained mainly by the establishment of bonds and the creation of bonds of commitment and co-responsibility between health professionals and the population.²⁸

It should be directed, by the health teams, in the exercise of their activities, their practices to attend to the peculiarities of the elderly, thus making them more active, changing concepts already ingrained and using new technologies, with innovation and wisdom in order to achieve, in a fair and democratic manner, equity in the distribution of services and facilities for the fastest growing population group in the country. It is expected that the FHS teams, through different rationalities, organize their work processes, based on a set of caring, resolute and qualified practices, based on the local specificities and the needs of the subjects.²⁹

It is necessary, in order for this to occur, in fact, the qualification of professionals for the differentiated and multidisciplinary care of the elderly population that provides improvements in the quality of life of the elderly. It is noteworthy that few studies have proposed to perform an evaluation of the relationship between professionals and the structures of Basic Health Units with the care provided to elderly users and the main premises and products that result from this relationship.³⁰

It has been emphasized by studies that the FHS, taken seriously, can influence the reduction of the impact of various diseases and determine a better quality of life for the population and the elderly, providing a healthy aging. Data may be provided in Brazil through the FHS for future research and knowledge of the frequency of various diseases. However, there is a reliance on data and results, which require a broad coverage of the population and a well integrated team.³¹⁻

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CONCLUSION

The daily life activities of elderly users of a basic health unit are influenced by health conditions. Therefore, the data of this investigation relevant for understanding the health of the elderly in the different age groups.

The implementation of health promotion and prevention actions is urgent, according to the proposals issued by the Ministry of Health. It is also believed that the data serve as a source of alert, professionals working with elderly people and health managers. services, on the need for attention to preventive measures for the different age groups. It can be concluded that knowledge of the sociodemographic and health characteristics of the elderly favors the implementation of specific actions for this age group by health professionals, especially those who work in primary care, since the population focus, prevention, permanent vigilance and integration between the levels of health care are important for specialized care and for the appropriate management of chronic diseases.

It is considered that the research on the publications in Brazil related to the health condition of the elderly person in primary care are of fundamental importance, since the population presents a rapid aging, with the increase in the life expectancy and the appearance of chronic diseases and incapacities.

The need of elaboration of researches that are directed to the development and analysis of strategies that can contribute to a model of attention to the health of the elderly is also exposed by this study, that presents effectiveness and efficiency in the actions that involve all the levels of education, health promotion, disease prevention, postponement of diseases and rehabilitation of diseases..

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