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Research Article

Health seeking behavior for Gout in South Asia: A Systematic Review

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Received Date: March 27, 2026 | Accepted Date: April 03, 2026 | Published Date: April 10, 2026

Citation: Rizwana Shahid, Inayat U. Amin, Majid A. Yousafzai, Narjis Zaidi, Yasir Bari RM, (2026), Health seeking behavior for Gout in South Asia: A Systematic Review, *Clinical Trials and Case Studies*, 5(2); **DOI:**10.31579/2835-835X/128

Abstract:

Background: Gout is a non-communicable disease that is raising head in South Asian regions concomitant with rapid lifestyle transition and comorbidities. The current global burden calls for urgent attention to his problem as it may hinder the achievement of health-related Sustainable Development Goals (SDGs). The present study is aimed to determine the heath seeking behavior and barriers to gout treatment and to suggest practical recommendations to policy.

Methods: A systematic literature was carried out by using databases of PubMed, ScienceDirect, Scopus and Pak Medi Net on 24th October 2025. The searching was done with keywords of health seeking behavior, gouty arthritis and South Asia to filter out the eligible studies that were rigorously and methodically evaluated for useful findings.

Results: Only 6 studies fulfilled the eligibility criteria that included 3 quantitative studies, 1 qualitative and 2 systematic reviews. Urate lowering drugs were used by 49.7% or the gout patients while 97.3% were facing financial catastrophe due to this disease. Self-management of gout was done by Indians through traditional methods. The variation in cultural beliefs and food intake was linked with ethnicity. Apart from language and cultural hindrances, financial constraints and distance from healthcare facility were also barriers to seek health care for gout. Healthcare providers also need to be trained for educating and guiding the patients for managing gouty arthritis. There is scarcity of interventional studies on gout in South Asian population.

Conclusion: Gouty arthritis is subjecting the cases to substantial economic burden. Although self-medication prevails but drugs should be prescribed precisely to suppress the symptoms.

Keywords: acute gouty arthritis; health seeking behavior; south asia; self-management

Introduction

Gout is commonly prevailing inflammatory arthritis across the globe that not only drastically impairs the quality of life but also preludes to cardio-metabolic comorbidities in case of inadequate management [1]. Its burden has significantly been escalated over the last decade that has mainly been attributed to demographic variations and lifestyle modifications [2]. Moreover, genetic predilection and rapid urbanization seemed to have association with growing gout propensity among South and East Asian residents of the world [3]. According to a meta-analysis, variance in urate levels were chiefly attributed to genetics [4].

A longitudinal survey (2006-2017) carried out in United States elucidated that Asians residing there were having 2.7 times increased likelihood of gout diagnosis compared to those of Caucasians [5]. Acute gouty arthritis is substantially linked with intolerable joint pain that predominantly affects the lower limbs and significantly deteriorates the daily life activities [6]. This ailment has been reported with increased absenteeism and diminished work productivity that are related to amplified economic burden of any society [7]. The accumulation of uric acid crystals in the joints and ligaments can also adversely affect multiple joints including those of upper limbs that in extreme cases may lead to surgical management of the complicated cases [8].

South Asian Region of the globe is subjected to multiple gout related challenges not only due to diverse characteristics of its inhabitants but also due to its exclusive healthcare system where despite need assessment and formulation of robust policies, majority of the public has to avail healthcare facilities by out of pocket payment. The increased reliance on

traditional medications for relief of gouty arthritis in our society primarily seems to be due to poor socioeconomic status and inadequate access to the healthcare amenities. Moreover, self-medication, reliance on superstitions and pursuing traditional healers is very commonly practiced by general public for numerous chronic illnesses [9]. The present study aims to determine the health seeking behavior for gouty arthritis and to summarize the treatment patterns of the patients in South Asian regions. This study also intends to map the evidence gaps and to identify health system level barriers and facilitators to appropriate gout care. The resultant financial strains on general public due to this ailment will also be scrutinized. This would prove valuable in guiding suitable recommendations for long-term control of gout.

Despite 22% rising global age-standardized incidence of gout since 1990 [10], it is still among neglected health problems that has been overlooked in various national and international health programs [11]. South Asian countries are subjected to dietary and epidemiological transitions that seems to be a key contributing factor towards escalating incidence of non-communicable diseases [12]. Many reviews have in South Asian countries including Pakistan have emphasized the need to strengthen primary healthcare deliverance to cater the most prevailing non-communicable diseases like diabetes, cancer, chronic respiratory diseases and cardiovascular disorders [13] but gout epidemic has rarely been addressed. Reviewing the health seeking behavior among population residing in South Asian regions pertaining to gout would enable to have an insight not only into their treatment plans by also about severity of this illness. Various aspects of life influencing the gout management would also be brought to the limelight. Appraisal of cultural attitudes towards health, barriers in accessing healthcare and educational gaps would enable the strategic planners and policy makers to develop some tailored management plans for improved healthcare outcomes.

The paper is organized as follows. The next section describes the materials and methods followed by the results in section 3. The results are discussed in section 4 while section 5 concludes the paper.

Materials & Methods

This systematic review has been registered with PROSPERO (ID: CDR420251152433) on 21st September 2025 to avoid duplication of similar reviews. The methodology of our systematic review is given below with various sections that are illustrative of the phases of work done to ensure its authenticity.

Data Sources & Search Strategy

Various electronic databases like PubMed, Medline, Scopus, Google Scholar and ScienceDirect were systematically searched on 24th October 2025. Non-electronic sources were the published books on gout management guideline. The review timeline mentioned for this review was 7th November 2025. Both full text articles and abstracts were reviewed. Our search keywords were 1) acute gouty arthritis 2) health seeking behavior and 3) South Asia that were used with various Boolean operators (AND, OR, NOT). The relevant published articles of Pakistan, India, Bangladesh, Nepal, Sri Lanka, Maldives, Bhutan and Afghanistan were reviewed. Rayyan software was used to avoid data duplication.

Inclusion & Exclusion Criteria

All original studies both observational and interventional studies along with systematic reviews and audits published 2000 onwards in English and based on quantitative or qualitative findings of adult gouty arthritis with respect to health seeking were included. All case reports, editorials, letter to the editors, commentary reviews were excluded. Moreover, grey literature like conference proceedings, thesis / dissertation and data from Non-Government Organizations (NGOs) were also excluded. The review was done in accordance with PRISMA 2020 reporting guidelines [14]. All the published studies based on adult gout cases of aforementioned countries and databases were identified and screened for relevant findings as illustrated below in PRISMA Flow Diagram (Figure 1).

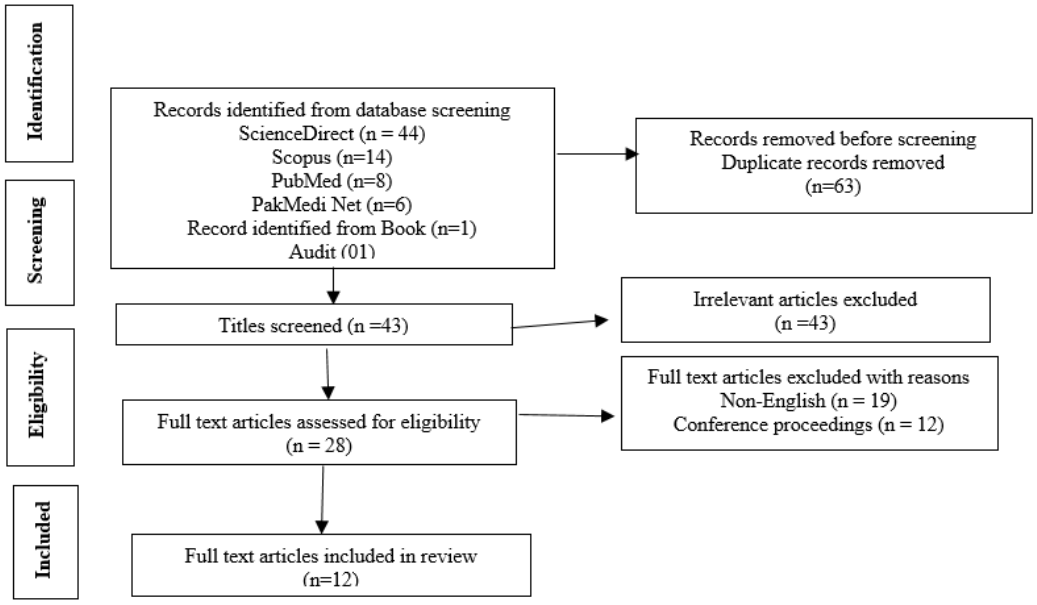

Figure 1: PRISMA Flow Diagram

Data Extraction

The data was extracted from the relevant studies by means of different aforementioned search engines that encompassed various attributes pertaining to the included studies like authors, year of publication, country, title of journal, study design, sample size, demographics (age, gender), types of intervention, results or outcomes in terms of health seeking behavior and delay in treatment. Where information pertaining to certain variables like population characteristics, study population or sampling techniques were uncertain, assumptions were made from the relevant declarations within the searched literature. The risk of bias

ascertained in the searched studies by using GRADE (Grading of Recommendations Assessment, Development and Evaluation) framework. The study limitations were also reviewed as given below in Table 1:

Sr #	Author & Year of study	Journal (Title, Volume (Issue), page No.	Country /setting	Study design, Methodology, sample size	Study objectives	Results / key Findings	Bias / Risk assessed
1	Ashiq et al., 2022	Pakistan Journal of Medicine & Dentistry, 11(2), 76-82	Lahore, Pakistan	Cross-sectional descriptive study was done among 203 gout cases of Lahore. quantitative data collection was done by means of structured questionnaire	To determine knowledge, attitude and practices of gout patients pertaining to their disease	• Multiple joints of gout patients were involved although majority (40.39%) had mild pain • 49.75% patients were on urate lowering drugs • 93.6% were subjected to extra financial strain due to gout	According to the literature, gout has strong genetic predisposition but family history of the gout cases was not ruled out.
2	Sivasegaran et al., 2023	Malaysian Family Physician, 18, 72	Malaysia	A qualitative study was done by purposive sampling among 20 gout cases of which there were 9 Malay, 6 Chinese and 5 Indian. In-depth interviews were taken form study participants pertaining to their experience with gout, type of self-management of gout and variables affecting self-management	To determine perceptions and practices of self-management of gout cases by using Health Belief model as conceptual framework	• Self-management by most gout cases was done by dietary control and traditionally by consuming juices of fruits and vegetables • There was ethnic variation in their beliefs and food cultures	• Self-management practices of gout patients were studies only in urban settings • Patients were not advised to make their food diary for recording dietary intake • Need to dig out the barriers and facilitators to counseling of the gout cases in primary healthcare settings.
3	Poudel et al., 2023	International Journal of Health Sciences and Research, 13(4), 97-105	Nepal	A cross-sectional descriptive study was done among 221 general public that was residing in a district of Nepal. Health seeking behavior of the study participants was ascertained for various systemic problems including musculoskeletal & neurological disorders.	To determine the association of health seeking behavior of Nepalese community with selected variables	• 53.5% used to seek healthcare within 24 hours of illness • 82.4% prefer to get modern medication for relief of symptoms • 1.6% use traditional medicines • 75% and 25% use ayurvedic and homeopathic drugs	Lack of awareness in the general population was found to be the main obstacle in accessing health care services with absence of financial and family support

						• 47.3% get information about healthcare services from friends and relatives • 50% of the community does not get access to health care services due to far distance while 38.2% had financial constraints • Not statistically significant association between health seeking behavior and age, sex, religion, family and ethnicity of the study participants	
4	Rai et al., 2018	Rheumatology, 57, 1282-1292	Qualitative studies from USA, UK, Netherlands, Australia & New Zealand were included	Total 20 studies were included in systematic review and thematic analysis in accordance with PRISMA 2009 checklist	• To determine knowledge of the gout cases about disease • To analyze the attitude of the patients towards gout management • To identify barriers to long-term care	• Limited time given by healthcare providers to educate the gout patients • Need of financial support to patients for continuity of gout care • Language and cultural obstacles were also identified as barriers to optimal gout care • Improper education of a patients for gout care was attributed to gap in knowledge of healthcare providers	• Publication bias • Purposive sampling of qualitative studies
5	Rathore et al., 2022	Annals of King Edward Medical University, 28(1), 109-118	Pakistan	34 articles were reviewed literature-based survey. 31 articles were based on data of Pakistani cases	• To identify research gaps in management of gout and hyper-uricemia cases • To increase the awareness about gout in population • To plan better	Most (64.5%) of the researches on gout are published as original research work with gross lack of interventional studies	• There is shortage of Randomized Controlled Trial (RCT) on gout management and to compare different drugs used for managing hyperuricemia from published

					treatment strategies		literature of Pakistan • There is limited evidence about gout associated metabolic disorders in South Asia and health seeking behavior for them7
6	Kanwal et al., 2018	GSC Biological and Pharmaceutical Sciences, 05(01), 050-055	Pakistan	Epidemiological data pertaining to gout from United States, United Kingdom, New Zealand, China, Germany and Asian countries was reviewed	• To determine the prevalence and pathophysiology of gout • To explore the diagnosis, management and treatment of gout	• The greatest number of hospitals' visits due to gout was among Asian population • Economic burden due to gout is likely to increase in UK due to suboptimal management. • Gout clinically manifest with joint inflammation • Although gout is more common among males older than 45 years, its risk multiplies many times in postmenopausal women • Diagnosis is done by clinical assessment rather than by aspiration of urate crystals. • Prevention can be done by lifestyle modification • Uric acid lowering agents help to reduce serum uric acid < 6 mg/dl	• Due to multiple comorbidities, it is difficult to estimate gout-related economic burden accurately
7	Chaudhary et al., 2022	World Journal of Advance Healthcare Research, 6(2), 135-141	Nepal	A prospective study was done among 110 gout cases who were above 20 years of age and non-hospitalized	• To determine number and pattern of drugs prescribed for treatment of gout • To explore the demograp	• Gout is common among men after 40 years of age and females after menopause • Most of the gout patients were alcoholics rather than smokers • Gout prevailed more among Brahmins • Most of the gout cases were	• Lack of the patients' follow up • Study conduction in only one hospital • Difficulty in communication with the

					hics of gout cases • To study the prescribed drugs in accordance with WHO indicators	businessmen and hypertensive • Prescribing combination therapy was more common than monotherapy	patients due to this study amidst COVID-19 pandemic
8	Thapa et al., 2015	Journal of Pharmaceutical Research, 12(4): 902-912	Nepal	Prospective and descriptive hospital-based study was done among 103 non-hospitalized gout cases	• To identify the risk factors and prescription pattern for acute gout • To estimate the cost of acute gout treatment	• 62.1% of the gout patients were alcoholics • 84.5% used to take purine rich diet • 33% were hyperlipidemic and 6.8% were hypertensive • 38.8% had positive family history • 53% were taking combination of colchicine and febuxostat for gout management • Estimate treatment cost / month was Rs. 600.	• Single center study • Patients enrolled in the study by non-randomized sampling
9	Parvin et al., 2012	Journal of Applied Pharmaceutical Science, 2(5), 49-51	Bangladesh	A cross-sectional multicenter study was done among 150 gout cases who were visiting 4 teaching hospitals of Bangladesh for their treatment. Patients without signs and symptoms of gout were excluded	• To determine the pattern and treatment for gout among people of Bangladesh	• 62% of the gout patients were above 50 years of age and presented with common signs and symptoms • Body weight was the major contributing factor • 65.33% cases had high blood pressure • Primary gout was prevalent in 70.6% • Viral hepatitis was the cause of gout among 50% cases	• As patients were not followed up, so lack of data regarding gout-related complications and disease progression
10	Sidharthan et al., 2020	Indian Journal of Applied Research, 9(12), 46-48.	India	An audit was carried out among 350 gout cases 34-82 years of age visiting 3 tertiary care facilities of India	• The prescriptions written by GPs, physicians and orthopedic surgeons were audited. • The clinical parameters considered were weight, height, BMI,	• 7 cases were put on urate lowering therapy during acute attack of gout • NSAIDs were given to remaining 343 cases. • Of the 343 cases, 9 patients received combination of steroids & NSAIDs • 5 patients took combination of NSAIDs with colchicine • 3 patients received oral steroids alone	• Although patients were segregated depending on the type of gout like monoarticular or polyarticular gout but the joints affected by uric acid crystals

					blood pressure, blood urea, creatinine, uric acid, HbA1c, lipid profile. • Ultrasonographic findings of renal system were also appraised		were not mentioned in the study
11	Paul et al., 2009	Clinical Journal of Rheumatology, 4(4): 149-152	Kerala, India	A prospective study was done among 83 gout cases of which 14 lost to follow up. Finally, data was collected from 69 patients who were also subjected to clinical / musculoskeletal examination	• To determine the occurrence of gout attack • To study the frequency of joint involvement • To explore the correlation of gout with life style factors • To study the effect of gout on renal functions	• Majority of the males has first attack of gout during 5th decade • 1st metatarsophalangeal joint was involved in 91.3% of the cases • 10% had polyarticular involvement • Mean serum uric acid level was 9.26 mg/dl • 40.5% and 46.3% were hypertensive and obese respectively • 16% had renal calculi but none had renal failure • None had secondary gout	• Need of Multi-center study on large sample size to improve generalizability and to support Evidence-Based Practice (EBP)
12	Shah et al., 2023	Pak J Med Res, 61(4), 150-153.	Peshawar, Pakistan	A descriptive cross-sectional study was done among 323 gout cases who visited a tertiary care hospital of Peshawar.	• To determine the frequency of comorbidities among gout cases of Peshawar • To share the results with healthcare professionals for prompt diagnosis and treatment of gout	• Mean age of the gout cases was 42 ±12.49 years. • Hypertension and obesity prevailed among 61.6% and 68.1% of the patients respectively. • Vitamin D deficiency prevailed significantly followed by osteoarthritis, spondylitis and radiculopathies.	• There could be biasness due to patients' self-reported symptoms • Cases were insufficient to determine the causal association of Vitamin-D with gout. • Medical reports of comorbidities were not available

Table 1: Summary Table of the Reviewed Articles

Results

A cross-sectional study carried out among gout patients of Lahore revealed involvement of their multiple joints although pain among most (40.39%) of the patients was mild. Majority (49.75%) were using urate lowering medications as prescribed by physicians for relief of symptoms while 15.27% opted intake of prudent diet. About 77.3% of the patients consulted rheumatologists for gouty arthritis. Moreover, gout patients also felt financial strain due to management of this disease [15]. Likewise, a systematic review of gout cases among multiple western countries including those of Asian region elucidated escalating economic burden among Asians due to increased hospital visits for disease management. Moreover, this review emphasized the risk of gout many times greater among postmenopausal cases. As gout cases were consulting the healthcare professionals for multiple comorbid states, so accurate cost estimation for gout treatment is cumbersome [16].

A qualitative study was done among Malay, Chinese and Indian gout cases of a primary care center though in-depth interviews about their perceptions and practices for self-management of gout. Most of them were having self-regulated dietary control. Healthcare professionals can better manage the gout cases individually by appraising the health beliefs and food cultures as there exists diverse ethnic differences among people belonging to different regions of the globe [17]. A cross-sectional study conducted in general population of Nepal not specifically suffering from gout but diagnosed with cardiovascular, respiratory, gastrointestinal and neurological disorders elucidated the mix of health seeking behavior. About 82.4% were dependent on modern medicines while 1.6% sought relief by using complementary and alternative remedies. The chief caveat in the study was lack of adequate knowledge about accessing healthcare facilities with limited resources [18].

A prospective study among Nepalese people was illustrative of high incidence of gout among Brahmins race. Moreover, businessmen specifically those indulged in alcoholism and hypertensive were found to be the main sufferers [19]. A prospective and descriptive study among Nepalese gout patients explicated the intake of purine rich food among more than 80% of the cases. Family history among 38.8% of the gouty arthritis cases. About 53% of the patients were taking combination of urate lowering drugs and estimated monthly cost for treatment of gout was approximately 600 rupees [20]. Devising insurance mechanism for facilitating the gout cases in getting gout medication can be a great instrumental support to reduce the financial burden on general public.

A systematic review and thematic analysis done by using studies from 5 countries across 3 major continents was illustrative of inadequate counseling of the gout patients by healthcare providers for case management. Moreover, scarcity of financial support was also found to be the major hindrance in continuity of healthcare. Training of healthcare workforce is also required to equip them with all essential information for long-term management of the patients by overcoming the language and cultural barriers [21]. A literature-based survey by Rathore et al emphasized the need for more researches on gout as there is negligible research on health seeking behavior for gout in Pakistan. This survey also stressed on planning of clinical trials to compare the efficacy of different hyperuricemic drugs. Such studies would definitely prove beneficial in mitigating the complications of gout cases as gout prevalence is on rise in LMICs due to lifestyle and dietary factors [22].

No doubt, this is an era of non-communicable diseases and hyperuricemia is frequently occurring among obese, diabetics and hypertensive people in the community. A cross-sectional study done among gout cases visiting the four teaching hospitals of Bangladesh elucidated that obese individuals have greater predisposition to gout as excessive deposition of adipose tissue is accompanied with insulin resistance, which impairs uric acid clearance. More than half of the gouty arthritis cases were hypertensive. A strange finding of that multicenter study was linkage of viral hepatitis with gout that should meticulously be investigated among diverse ethnicities for establishing the association [23]. A prospective study carried out among 83 gout cases of Kerala state emphasized the impregnation of uric acid crystal in the first metatarsophalangeal joint of about 91.3% gout cases. However, 10% patients reported involvement of their multiple joints and their mean serum uric acid was 9.2 mg/dl. Apart from history of hypertension and obesity, 16% of the gout patients were found to have renal calculi although none of them had renal failure. This study seemed to be quite authentic as in addition to relying on the medical history of the cases, their musculoskeletal examination was also done that is valuable in distinguishing inflammatory, degenerative and metabolic conditions [24].

A study among gout cases of Peshawar also revealed the occurrence of obesity and hypertension among more than 60% of the gout patients. Moreover, vitamin D deficiency was also identified significantly in addition to other arthropathies [25]. A multicenter study done among 350 gouty arthritis cases of India revealed the prescription of NSAIDs and steroids alone or in combination for relief of the arthralgia and arthritis [26]. Although these medications are useful in reducing joint damage and improving joint mobility; yet, lifestyle modification for reversing obesity and hypertension can help a great deal to prevent the complications of various metabolic disorders.

Discussion

Most of the studies on gout in Asian countries have been carried out to delineate the risk factors with an intent to diminish the frequency of cases. Likewise, as systematic review was done during 1990-2021 that was primarily aimed to determine the disparities in the rise of gout incidence and risk factors among regions with varied Socio-Demographic Index (SDI) [27]. Health seeking behavior of any society is driven by its physical, socio-economic, cultural and political traits. Hence, adequate appraisal of these traits of any community is necessitated for arranging health promotional campaigns through intersectoral collaboration regarding the rising propensity of gout, preventive measures against this disease and need to consult physician or rheumatologist for treatment [28]. Limited studies are available on health seeking behavior of gout cases from South Asian countries that reflects the extensive research gap due to weak surveillance system. Strengthening the health surveillance system nationwide is high priority need to detect high risk population and to track geographic hotspots for timely interventions.

The global incidence of gout cases is projected to rise up to 70% by 2050 compared to those reported in 2020. Being unexplored and inconclusive disease, gout should methodically be studied in low-middle- income countries to predict the likelihood of resultant disabilities [29]. Specific and evidence-based guidelines have been formulated for clinical appraisal and management of the gout by American College of Rheumatology [30] and European Alliance of Associations for Rheumatology [31]. The guidelines for gout management in developing or third world countries have recently been established with great emphasis on carrying out interventional studies to mitigate the frequency of disabilities as financial constraints make it impossible for Lower-Middle-Income Countries (LMICs) to manage the resultant joint deformities and impaired quality of life [32]. This latest formulation of gout management guidelines for developing nations is descriptive of enhanced focus on this disease like other non-communicable diseases as this is the need of time to curb its mushroom growth. This will be a small but remarkable step towards achieving health related Sustainable Development Goals that are to be attained by all countries by 2030.

A systematic review and meta-analysis in India emphasized the need of determining health seeking behavior for non-communicable diseases due to their steep rise worldwide and fear of confrontation with horrible and irreversible consequences. It is imperative to understand the significance of socio-economic and cultural factors in addition to attributes of healthcare system that may influence the access of general public to healthcare services [33]. A narrative review underscored the need to empower the Community Health Workers (CHWs) in South Asian regions to ensure universal health coverage through health counselling and community-based services. These are mainly targeted to improve the maternal, neonatal and child health due to suboptimal reproductive health indicators. Integrating CHWs into Primary Health Care would really help to lessen the frequency of non-communicable diseases through health education and life style modification [34]. Moreover, home-to-home visits by CHWs will also enable to garner data about health seeking practices for such silent epidemics.

Catering the healthcare needs and existing problems of a common man intelligently through providing desired clinical support and acquainting them with relevant e-Health services is also a cost-effective approach that would enable to get real-world statistical image of gout [35]. Target 3.4 in SDGs is meant to reduce premature mortality from commonly presenting non-communicable diseases by one third till 2030 [36]. Although gout has not been prioritized for stringent prevention and control, but it may result in premature death in co-existence with cardiovascular and renal related comorbidities [37]. The qualitative studies on gout by gathering information about lived experiences, health seeking behavior and barriers to treatment among South Asian patients would really be valuable to grasp the truth as biomedical quantitative data alone is insufficient to perceive the gravity of this health problem. Fulfilling this widespread research gap would definitely ensure equitable policy making to facilitate marginalized and vulnerable people of the society.

Conclusion & Recommendations

There is scarcity of data on health seeking behavior of gout patients in South Asian countries. Strengthening the role of Community Health Workers by incentivizing them and incorporating e-health services either by sending health messages at doorstep or by practicing Telemedicine can be advantageous in developing rapport with gout cases and determining their health seeking behavior. Detailed history taking along with clinical assessment of the patients is imperative for meticulous prescription of drugs.

There is need to explore the grey literature pertaining to gout in order to get an insight about Out of Pocket (OOP) expenditure for this disease as SDG 3.8 is directly addressing the achievement of Universal Health Coverage (UHC) by 2030 in all United Nations member states. There is substantial dearth of qualitative studies regarding health seeking behavior for gout in South Asian countries. Although prevalence of gout in South Asia is very low; yet discussion with the patients will uncover the pain severity in extremities associated with gout along with functional limitations and emotional distress.

Conflicts Of Interest: The authors declared no conflict of interest.

Source Of Funding: The author(s) received no financial support for the research, authorship and or publication of this article.

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