

TABLE 2
STOP-BANG questionnaire*

STOP

S (snore)	Do you <i>snore</i> loudly (louder than talking or loud enough to be heard through closed doors)?	Yes/No
T (tired)	Do you often feel <i>tired</i> , fatigued, or sleepy during daytime?	Yes/No
O (observed)	Has anyone <i>observed</i> you stop breathing during sleep?	Yes/No
P (blood pressure)	Do you have or are you being treated for high blood <i>pressure</i> ?	Yes/No

BANG

B (body mass index [BMI])	<i>BMI</i> > 35 kg/m ² ?	Yes/No
A (age)	<i>Age</i> > 50 years?	Yes/No
N (neck)	<i>Neck</i> circumference > 40 cm?	Yes/No
G (gender)	<i>Gender</i> male?	Yes/No

Yes to ≥ 3 questions = high risk of obstructive sleep apnea

Yes to < 3 questions = low risk of obstructive sleep apnea

*Adapted from Chung et al.²⁰

Stop Bang Questionnaire

Rebeca Kane

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the author's name.

Stop Bang Questionnaire

STOP, THAT and One Hundred Other Sleep Scales Azmeh Shahid, Kate Wilkinson, Shai Marcu, Colin M Shapiro, 2012-01-06 There are at least four reasons why a sleep clinician should be familiar with rating scales that evaluate different facets of sleep. First, the use of scales facilitates a quick and accurate assessment of a complex clinical problem. In three or four minutes, the time to review ten standard scales, a clinician can come to a broad understanding of the patient in question. For example, a selection of scales might indicate that an individual is sleepy but not fatigued, lacking alertness with no insomnia, presenting with no symptoms of narcolepsy or restless legs but showing clear features of apnea, exhibiting depression, and a history of significant alcohol problems. This information can be used to direct the consultation to those issues perceived as most relevant and can even provide a springboard for explaining the benefits of certain treatment approaches or the potential corollaries of allowing the status quo to continue. Second, rating scales can provide a clinician with an enhanced vocabulary or language, improving his or her understanding of each patient. In the case of the sleep specialist, a scale can help him to distinguish fatigue from sleepiness in a patient or elucidate the differences between sleepiness and alertness, which is not merely the inverse of the former. Sleep scales are developed by researchers and clinicians who have spent years in their field, carefully honing their preferred methods for assessing certain brain states or characteristic features of a condition. Thus, scales provide clinicians with a repertoire of questions, allowing them to draw upon the extensive experience of their colleagues when attempting to tease apart nuanced problems. Third, some scales are helpful for tracking a patient's progress. A particular patient may not remember how alert he felt on a series of different stimulant medications. Scale assessments administered periodically over the course of treatment provide an objective record of the intervention, allowing the clinician to examine and possibly reassess her approach to the patient. Finally, for individuals conducting a double-blind crossover trial or a straightforward clinical practice audit, those who are interested in research will find that their own clinics become a source of great discovery. Scales provide standardized measures that allow colleagues across cities and countries to coordinate their practices. They enable the replication of previous studies and facilitate the organization and dissemination of new research in a way that is accessible and rapid. As the emphasis placed on evidence-based care grows, a clinician's ability to assess his or her own practice and its relation to the wider medical community becomes invaluable. Scales make this kind of standardization possible, just as they enable the research efforts that help to formulate those standards. The majority of Rating Scales in Sleep and Sleep Disorders 100 Scales for Clinical Practice is devoted to briefly discussing individual scales. When possible, an example of the scale is provided so that readers may gain a sense of the instrument's content. Groundbreaking and the first of its kind to conceptualize and organize the essential scales used in sleep medicine, Rating Scales in Sleep and Sleep Disorders 100 Scales for Clinical Practice is an invaluable resource for all clinicians and researchers interested in sleep disorders.

Increasing Recognition of Obstructive Sleep Apnea in Primary Care Brendan Glowacki, 2019

Impact of the STOP-Bang Questionnaire on the Assessment of Sleep Apnea in Hospitalized Adults with Acute Decompensated Heart Failure (ADHF) Rebeca Kane, 2018 Background Over half the patients diagnosed heart failure have co existing sleep apnea New guidelines in the treatment of heart failure recommend early recognition and assessment of sleep apnea Evidence shows that adequate treatment of sleep apnea decreases morbidity and mortality in high risk patients with heart failure Using a valid and reliable assessment tool like the STOP Bang c Sleep Apnea Questionnaire can help identify patients in need of further assessment Current practice at the bedside does not use a systematic approach to screen patients with heart failure for sleep apnea Methods An evidence based project was piloted consisting of educational sessions on the use of the STOP Bang c Sleep Apnea Questionnaire followed by the implementation of the tool on two cardiac telemetry units A retrospective chart review was conducted to determine the impact of the questionnaire on referrals to the sleep center when compared to current standard practice Evaluation The DNP student compared the number of referrals to the sleep center pre and post implementation of the STOP Bang c Sleep Apnea Questionnaire over a three week pilot Conclusion Early assessment of sleep apnea with a validated questionnaire allows for an increase number of referrals for polysomnograms leading to early identification and differentiation of sleep disorders Based on risk health care providers can formulate appropriate referrals for better outcomes Further research to evaluate outcomes such as mortality and readmissions based on sleep apnea treatment is needed Keywords sleep apnea heart failure STOP Bang c questionnaire obstructive sleep apnea central sleep apnea

Practice Assessment for Adoption of the STOP-Bang Screening Tool Scott Patrick Rosenfield, 2017 Patients undergoing surgery with unrecognized obstructive sleep apnea OSA are at greater risk of complications Ninety percent of those affected in the United States remain undiagnosed To improve identification screening tools such as the STOP Bang questionnaire Chung et al 2008 provide anesthesia providers a method of detecting undiagnosed OSA The purpose of this study is to assess anesthesia providers practice of preoperative screening for OSA An email survey was conducted at a Level III trauma center in Phoenix Arizona The survey consisted of a 13 question 5 point Likert scale questionnaire It was sent to 29 Certified Registered Nurse Anesthetists CRNA A total of 8 CRNA s responded Respondents were either neutral or disagreed that current methods of OSA screening works well and generally agree that the STOP Bang tool would provide an advantage over the current methods accurately detect OSA and inform their anesthetic plan over current methods Respondents leaned towards strong agreement that improving the recognition of undiagnosed OSA is needed However they were generally neutral on agreement that the STOP Bang is necessary at their facility Respondents agreed that the STOP Bang tool is easy to use and interpret However most agreed that integrating the tool would add complexity to the preanesthesia evaluation but they remained neutral on whether it would add significant time to this process Respondents were neutral on their observations that the STOP Bang tool would improve early detection of OSA or reduce perianesthesia complications Just 25% of respondents reported being aware of the existence of the STOP Bang tool and none reported having used it In conclusion this project demonstrates that some providers have not used the STOP Bang screening tool to detect undiagnosed OSA but agree this tool is preferred over their current method Results from the survey brought insight to a potential quality improvement strategy related to improving the perianesthesia care of patients with undiagnosed OSA Improving knowledge through dissemination of evidence illustrates the value of the STOP Bang prior to piloting the tool The rates of perioperative complications justify the implementation of perioperative strategies such as the STOP Bang as a tool for anesthesia providers

GeNeDis 2020 Panayiotis Vlamos,2022-01-01 The 4th World Congress on Genetics Geriatrics and Neurodegenerative Diseases Research GeNeDis 2020 focuses on the latest major challenges in scientific research new drug targets the development of novel biomarkers new imaging techniques novel protocols for early diagnosis of neurodegenerative diseases and several other scientific advances with the aim of better safer and healthier aging The increase in the average length of life leads to the development of various diseases in the elderly population This volume focuses on the sessions from the conference on Geriatrics

Revised Protocol for Application of the Stop Bang Screening Tool and Utilization of Stop Bang Scores at and Ambulatory Surgery Center Tamera Lee Hansen,2023 Obstructive sleep apnea OSA occurs when the airway of a patient becomes anatomically obstructed or collapsed and is often accompanied by periods of paused breathing called apnea leading to cardiac difficulties that affect the heartbeat heart rate and the development of thrombus It is reported that up to 60% of preoperative patients have undiagnosed OSA More than one billion people in the world suffer from OSA and in the United States more than 80% of patients who have OSA are undiagnosed and untreated In Utah over 33% of adults report shortened sleep cycle which is a symptom of OSA and in Washington county in southern UTah over 32% of adults report this same problem When surgical patients present to an ambulatory surgical center for elective surgery they should be screened for OSA quickly and easily because many of them have not been properly screened prior to this and if OSA is present then those patients are at risk for serious complications The purpose of this project is to raise educational awareness and competency within the staff at the surgery center surrounding the use of the STOP Bang questionnaire SBQ for proper risk assessment for OSA and to revise the OSA assessment process with the use of the complete SBQ and then utilize those SBQ scores to improve patient awareness and education on their risk for OSA

Increasing the Rates of Referrals for Sleep Studies by Implementing the Stop-bang Questionnaire Into Primary Care Practice Anna Perlik,2022 Obstructive sleep apnea OSA is a growing pandemic in the United States affecting about 9% of middle aged women and 24% of middle aged men Meng et al 2016 Currently OSA screening is not considered a part of the regular patient evaluation in primary care settings The disease contributes to a variety of detrimental comorbidities and increased mortality rates if left untreated The purpose of this 11 week evidence based project was to implement routine screening for OSA in primary care facility using Stop Bang Questionnaire SBQ in individuals over the age of 18 to increase the rate of referrals for sleep studies by at least 80% One hundred fifty one adult patients from a medium size primary care office were recruited Results supported a positive OSA screen for moderate disease in 42% of the participants and for severe disease in 15% of participants An 86% referral rate exceeded the established benchmark by 6% Screening for OSA with SBQ was a reliable tool for disease detection This project aside from diagnosing the illness also offered a chance to educate the adult population about various aspects of the disease and means of testing and contributed to increase in the patient knowledge base Keywords apnea hypopnea obstructive sleep apnea OSA Stop Bang Questionnaire SBQ screening tool Abstract

Application of the STOP-Bang Questionnaire to Improve Patient Outcomes Matt Molinaro (B.S.N.),2016 The principle investigator developed a net learning module to assess CRNAs and RNAs level of knowledge on the use of the STOP Bang questionnaire to identify patients at risk for OSA during preoperative screening In order to assess learning outcomes during the study a pretest and posttest were used In order to assess learning outcomes during the study a pretest and posttest were used from the abstract

Use of STOP-BANG Screening Questionnaire in Outpatient Setting: Increasing Both Identification of Obstructive Sleep Apnea Patients and Polysomnography Referral Accuracy Cherie Little,Angela McElroy,Kenneth Smith,Alyssa Turner,2017

Obstructive Sleep Apnea in Adults Alain Lurie, 2011 Peer reviewed by internationally recognized experts This book aims to provide a comprehensive and clear review of the current knowledge of the relationship between obstructive sleep apnea OSA and cardiovascular and metabolic diseases a subject of concern to a wide range of specialists and general practitioners Separate chapters describe the definition symptoms and sequelae of OSA and the diagnostic strategies and treatment options for adults with OSA according to the American Academy of Sleep Medicine pathogenic mechanisms by which OSA may contribute to the development and progression of cardiovascular and metabolic disorders including inflammation oxidative stress and thrombosis links between OSA and obesity alterations in glucose metabolism metabolic syndrome and liver injury relationships between OSA endothelial dysfunction autonomic dysfunction and cardiovascular disorders and the results of studies investigating the effect of treatment for OSA on the concomitant cardiovascular disease Each chapter summarizes the essential information and is illustrated by tables and figures which will aid the readers in their understanding of the complex systemic interactions involved in this disease Reviewed by internationally recognized experts this publication will be of benefit to clinicians and scientists in the fields of pulmonology cardiology endocrinology and neurology as well as to sleep specialists and general practitioners

Chalk Talks in Internal Medicine Somnath Mookherjee, Lauren A. Beste, Jared W. Klein, Jennifer Wright, 2020-09-30 This book provides teaching scripts for medical educators in internal medicine and coaches them in creating their own teaching scripts Every year thousands of attending internists are asked to train the next generation of physicians to master a growing body of knowledge Formal teaching time has become increasingly limited due to rising clinical workload medical documentation requirements duty hour restrictions and other time pressures In addition today's physicians in training expect teaching sessions that deliver focused evidence based content that is integrated into clinical workflow In keeping with both time pressures and trainee expectations academic internists must be prepared to effectively and efficiently teach important diagnostic and management concepts A teaching script is a methodical and structured plan that aids in effective teaching The teaching scripts in this book anticipate learners misconceptions highlight a limited number of teaching points provide evidence to support the teaching points use strategies to engage the learners and provide a cognitive scaffold for teaching the topic that the teacher can refine over time All divisions of internal medicine e g cardiology rheumatology and gastroenterology are covered and a section on undifferentiated symptom based presentations e g fatigue fever and unintentional weight loss is included This book provides well constructed teaching scripts for commonly encountered clinical scenarios is authored by experienced academic internists and allows the reader to either implement them directly or modify them for their own use Each teaching script is designed to be taught in 10 15 minutes but can be easily adjusted by the reader for longer or shorter talks Teaching Scripts in Internal Medicine is an ideal tool for internal medicine attending physicians and trainees as well as physician's assistants nurse practitioners and all others who teach and learn internal medicine

A Prediction Rule to Screen Patients with Moderate-To-Severe Obstructive Sleep Apnea Emma Grigor, 2018 Introduction

Obstructive sleep apnea OSA is a common breathing disorder with numerous health consequences including greater risk of complications perioperatively. Undiagnosed OSA is known to place surgical patients at a higher risk of serious adverse events including stroke and death. Polysomnography PSG assessment is the current gold standard test for diagnosing OSA. However, due to the significant time commitment and cost associated with PSG, a substantial number of OSA patients go undiagnosed before the perioperative period. Although the STOP Bang questionnaire screening tool is currently used to help detect OSA patients, the low specificity to screen people without the disease is considered a major limitation. There is a clear need to develop a quick and effective prediction rule with higher overall accuracy to help streamline OSA diagnosis. Tracheal breathing sound analysis in awake patients at the bedside has shown potential to screen OSA patients with higher specificity compared to the STOP Bang questionnaire. To date, no screening tools exist to detect OSA patients that combine the results of breathing sound analysis and STOP Bang Objectives. The present study aimed to develop a prediction rule using both breathing sound analysis and variables in the STOP Bang questionnaire to better streamline the diagnosis of OSA.

Methods: This prospective cohort study recruited patients referred for PSG at the Ottawa Hospital Sleep Centre from November 2016 to May 2017. The study conduct was approved by the Ottawa Health Science Network Research Ethics Board 20160494 01H. After obtaining informed consent, anthropomorphic breathing sound recordings and STOP Bang questionnaire data was collected from over 400 consenting patients. All patients that met the eligibility criteria were included. The breathing sound analysis and STOP Bang results were utilized to design a prediction rule using logistic regression. Sensitivity, specificity, and likelihood ratio were used to compare the diagnostic performance of the final model.

Results: Of the 439 consenting study participants, 280 study participants' data were eligible for inclusion in the logistic regression analysis. Physician sleep specialists diagnosed 114 participants (41%) with moderate to severe OSA and 166 participants (59%) with normal to mild OSA. At a predicted probability of moderate to severe OSA greater than or equal to 0.5, breathing sound analysis had a similar sensitivity of 75.9% (95%CI 65.4-82.0) and higher specificity of 74.5% (95%CI 68.5-82.0) when compared to STOP Bang with a sensitivity and specificity of 68.4% (95%CI 58.9-76.6) and 63.2% (95%CI 55.0-70.1) respectively. The sensitivity and specificity for the Safe OSA rule obtained by combining breathing sound analysis and STOP Bang variables were determined to be 75.4% (95%CI 65.4-82.0) and 74.5% (95%CI 68.5-82.0) respectively. A sensitivity analysis using a likelihood ratio test showed that breathing sound analysis contributed significantly to the performance of the Safe OSA rule. The Safe OSA rule was determined to be reasonably discriminative and well calibrated. The five-fold cross validation showed similar results for the final model in the derivation and testing subsamples, which provides support for the internal validity of the Safe OSA rule in our study population.

Conclusion: The present study lends further support for the future testing of tracheal breathing sound analysis as a potential method to screen for moderate to severe OSA to help streamline patient care in the perioperative setting.

Trial registration: ClinicalTrials.gov identifier NCT02987283

The Rational Clinical Examination: Evidence-Based Clinical Diagnosis David L. Simel, Drummond Rennie, 2008-04-30 The ultimate guide to the evidence based clinical encounter This book is an excellent source of supported evidence that provides useful and clinically relevant information for the busy practitioner student resident or educator who wants to hone skills of physical diagnosis It provides a tool to improve patient care by using the history and physical examination items that have the most reliability and efficiency Annals of Internal Medicine The evidence based examination techniques put forth by Rational Clinical Examination is the sort that can be brought to bear on a daily basis to save time increase confidence in medical decisions and help decrease unnecessary testing for conditions that do not require absolute diagnostic certainty In the end the whole of this book is greater than its parts and can serve as a worthy companion to a traditional manual of physical examination Baylor University Medical Center BUMC Proceedings 5 STAR DOODY S REVIEW Physical diagnosis has been taught to every medical student but this evidence based approach now shows us why presenting one of medicine s most basic tenets in a new and challenging light The format is extraordinary taking previously published material and updating the pertinent evidence since the initial publication affirming or questioning or refining the conclusions drawn from the data This is a book for everyone who has studied medicine and found themselves doubting what they have been taught over the years not that they have been deluded but that medical traditions have been unquestionably believed because there was no evidence to believe otherwise The authors have uncovered the truth This extraordinary one of a kind book is a valuable addition to every medical library Doody s Review Service Completely updated with new literature analyses here is a uniquely practical clinically relevant approach to the use of evidence in the content of physical examination Going far beyond the scope of traditional physical examination texts this invaluable resource compiles and presents the evidence based meanings of signs symptoms and results from physical examination maneuvers and other diagnostic studies Page after page you ll find a focus on actual clinical questions and presentations making it an incomparably practical resource that you ll turn to again and again Importantly the high yield content of The Rational Clinical Examination is significantly expanded and updated from the original JAMA articles much of it published here for the first time It all adds up to a definitive ready to use clinical exam sourcebook that no student or clinician should be without FEATURES Packed with updated new and previously unpublished information from the original JAMA articles Standardized template for every issue covered including Case Presentation Why the Issue Is Clinically Important Research and Statistical Methods Used to Find the Evidence Presented The Sensitivity and Specificity of Each Key Result Resolution of the Case Presentation and the Clinical Bottom Line Completely updated with all new literature searches and appraisals supplementing each chapter Full color format with dynamic clinical illustrations and images Real world focus on a specific clinical question in each chapter reflecting the way clinicians approach the practice of evidence based medicine More than 50 complete chapters on common and challenging clinical questions and patient presentations Also available JAMAEvidence.com a new interactive database for the best practice of evidence based medicine

Anesthesia and Perioperative Care of the High-Risk Patient Ian McConachie, 2014-09-04 A concise summary of perioperative management of high risk surgical patients bridging the gap between the operating theatre and ICU

Core Topics in Airway Management Ian Calder, Adrian Pearce, 2010-12-16 Every anaesthetist reaches the end of their career with a collection of difficult airway experiences Managing airway challenges relies on a combination of good clinical practice knowledge of relevant basic sciences and critical evaluation of every aspect of airway care This new edition of Core Topics in Airway Management provides any trainee or consultant involved in airway techniques with practical clinically relevant coverage of the core skills and knowledge required to manage airways in a wide variety of patients and clinical settings All new procedures and equipment are reviewed and detailed chapters advise on airway issues in a range of surgical procedures This edition also contains a series of practical questions and answers enabling the reader to evaluate their knowledge Written by leading airway experts with decades of experience managing difficult airways Core Topics in Airway Management 2nd edition is an invaluable tool for anaesthetists intensivists and emergency physicians

Drug-Induced Sleep Endoscopy Nico de Vries, Ottavio Piccin, Olivier M. Vanderveken, 2020-11-11 The definitive resource on the innovative use of DISE for obstructive sleep apnea Obstructive sleep apnea is the most prevalent sleep related breathing disorder impacting an estimated 1.36 billion people worldwide In the past OSA was almost exclusively treated with Continuous Positive Airway Pressure CPAP however dynamic assessment of upper airway obstruction with Drug Induced Sleep Endoscopy DISE has been instrumental in developing efficacious alternatives Drug Induced Sleep Endoscopy Diagnostic and Therapeutic Applications by Nico de Vries Ottavio Piccin Olivier Vanderveken and Claudio Vicini is the first textbook on DISE written by world renowned sleep medicine pioneers Twenty four chapters feature contributions from an impressive group of multidisciplinary international experts Foundational chapters encompass indications contraindications informed consent organization and logistics patient preparation and drugs used in DISE Subsequent chapters focus on treatment outcomes the role of DISE in therapeutic decision making and upper airway stimulation pediatric sleep endoscopy craniofacial syndromes advanced techniques and more Key Highlights Comprehensive video library highlights common and rare DISE findings A full spectrum of sleep disordered breathing and OSA topics from historic to future perspectives Insightful clinical pearls on preventing errors and managing complications including concentric and epiglottis collapse Discussion of controversial DISE applications including oral appliances and positional and combination therapies This unique book is essential reading for otolaryngology residents fellows and surgeons Clinicians in other specialties involved in sleep medicine will also benefit from this reference including pulmonologists neurologists neurophysiologists maxillofacial surgeons and anesthesiologists

Management of Obstructive Sleep Apnea Ki Beom Kim, Reza Movahed, Raman K. Malhotra, Jeffrey J. Stanley, 2021-01-04 This book provides comprehensive information on the etiology pathophysiology medical implications diagnosis and surgical and nonsurgical treatment of obstructive sleep apnea OSA Divided into five parts the book begins with principles and fundamentals of OSA and its diagnostic considerations Subsequent parts then address non surgical management surgical management and maxillomandibular advancements for OSA Chapters seek to approach this common disorder from the viewpoint of multiple specialties thereby promoting the development of a broad strategy for the evaluation and management of OSA patients that draws on each of them An invaluable reference Management of Obstructive Sleep Apnea An Evidence Based Multidisciplinary Textbook meets the needs of advanced dental and medical students orthodontic maxillofacial ENT neurology and plastic surgery residents and sleep medicine and pulmonary physicians

Blood Pressure Aise Seda Artis,2018-11-14 Since the discovery of blood pressure by Stephen Hales in 1733 scientific interest in blood pressure regulation particularly in hypertensive population has not lost its popularity The importance of the interactive effects of blood pressure shifts in different clinical conditions is well understood We know many contributing factors regulate the pressure of the blood within the arteries However crucial blood pressure control and the exact mechanisms involved are still under debate The present book aims to cover blood pressure from its measurement to various factors of its control with valuable contributions from different authors in the light of contemporary data from bench to bed

Breathing Disorders in Sleep W. T. McNicholas,Eliot A. Phillipson,2002 Provides a reference for all those involved in the clinical investigation and care of patients with sleep related respiratory disorders

6MWT and Stop Bang Index for the Preoperative Evaluation of Obese Patients Viviana Micciche,2017 6MWT and STOP BANG INDEX for the preoperative evaluation of obese patients
BACKGROUND AND GOAL OF STUDY Obese patients have a higher perioperative risk than other patients because of pathophysiological changes and technical difficulties related to high weight A prospective pilot study was conducted to assess the possibility to use a functional test the Six Minute Walk Test 6MWT 1 and a questionnaire the STOP BANG 2 in the preoperative risk evaluation of obese patients scheduled for non cardiac surgery MATERIALS AND METHODS At the preoperative visit 6MWT was performed and the distance travelled in meters recorded obstructive sleep apnea was evaluated by STOP BANG questionnaire and Stop Bang Score was calculated Postoperative cardiopulmonary complications were monitored for 48h from surgery Statistical analysis between groups was performed with the Mann Whitney test by setting the level of statistical significance for p 0.05 RESULTS 45 obese patients were operated and completed the follow up 15 males and 30 females aged 60 u00b1 10.7 Six obese patients developed postoperative cardiopulmonary complications 4 hypoxic respiratory failures 1 supraventricular arrhythmia 1 angina at rest The distance travelled during the 6 MWT by patients who developed any cardiopulmonary complications is significantly shorter and always less than 400meters than the distance travelled by patients who did not developed these complications Moreover the Stop Bang Score was significantly higher for obese patients who developed postoperative complications CONCLUSIONS 6MWT and STOP BANG predict the risk of cardiopulmonary complications in obese surgical population Further studies are needed to confirm these results REFERENCES 1 tAcquistapace F et al Monaldi Arch Chest Dis 2009 Mar 72 1 3 9 2 tChung F et al Anesthesiology 2008 May 108 5 812 21

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