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Grace Kleinvachter

Lauren Fischer

Kelsey Rajewsky

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# **Effectiveness of Early Intervention Programs Addressing Mental Health Issues Caused by Long-Haul COVID-19 in Older Adults**

Grace A. Kleinvachter, OTS, Lauren A. Fischer, OTS, & Kelsey M. Rajewsky, OTS

*Department of Occupational Therapy, University of North Dakota, Grand Forks, North Dakota, United States*

Please direct correspondence to Grace Kleinvachter at [grace.kleinvachter@und.edu](mailto:grace.kleinvachter@und.edu)

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### **Focused question**

To what degree does implementing early intervention programs addressing coping strategies for older adults (50 years +) with mental health issues due to long-haul COVID-19 impact their quality of life.

### **Case Scenario**

Since the COVID-19 outbreak, the world has been trying to understand this disease and the long-term effects of the pandemic. Older adults have one of the lowest occurrence rates, yet they have the highest death toll, confirming they are the most susceptible to the disease (Statistica, 2022a; Statistica 2022a; World Health Organization, 2020). These individuals are not only battling long-haul COVID-19 symptoms but also the ramifications of the pandemic, including grieving their loved ones, financial burdens, loss of employment, and social isolation (Aiyegbusi et al., 2021; Goveas & Shear, 2020; Tilburg & Steinmetz 2021). Older adults were chosen for this critically appraised topic as they are the most susceptible to COVID-19 and its mental health implications. However, they are the least likely to utilize resources as they may struggle to access resources and face stigmas (Liu et al., 2020; Polacsek et al., 2019). Mental health issues include depression, anxiety, stress, and post-traumatic stress disorder (PTSD) for this critically appraised topic. Our population of older adults includes those over 50+ years of age.

### **Primary Symptoms**

A vaccine is available to prevent COVID-19. However, there are gaps in the research on the long-term effects of those previously infected. Long-haul COVID-19 is defined as symptoms that last twelve weeks from initial infection, and symptoms can be new or reoccurring (Center for Disease Control, 2021; Wilcox & Frank, 2021). Symptoms are most often triggered by stress and physical or mental activity, contributing to long-term health consequences, which can interfere further with one's mental well-being for months after initial infection (Lannigan & Tyminski, 2021; Wilcox & Frank, 2021). These symptoms also appear multisystem, nonspecific, and are unassociated with the severity of the infection (Wilcox & Frank, 2021). The Center for Disease Control (CDC) (2021) reiterates that the duration of long-haul COVID-19 symptoms varies, and the symptoms experienced can include mental health issues such as anxiety, depression, hallucinations, and post-traumatic stress disorder (PTSD). These symptoms of psychological distress are most prevalent during the first six months and are present in those without a previous diagnosis (Taquet et al., 2021). Since early studies, evidence of these issues has been present, with psychological distress as one of the most reported symptoms (Halpin et al., 2020). Like COVID-19, individuals who had severe acute respiratory syndrome (SARS) experienced higher stress levels during and even a year after the SARS outbreak, without signs of decreasing (Lee et al., 2007). Although we do not have the same data as the SARS outbreak due to lack of time past, the same trend is being seen in those who have had COVID-19, with higher levels of depression, anxiety, and PTSD, as well as stress (Lamontagne et al., 2021; Malik et al., 2022; Taquet et al., 2021; Wilcox & Frank, 2021).

### **Secondary Symptoms**

Along with these symptoms, researchers are discovering secondary symptoms that include employment struggles, financial burdens, and social isolation, which can lead to poor quality of life (Aiyegbusi & Hughes et al., 2021). The COVID-19 pandemic had immediate



negative impacts and dramatically increased loneliness, especially for older adults with more robust social networks (Krendl & Perry, 2021). The pandemic has caused people to isolate themselves for prolonged periods, causing them to become socially isolated and deprived of social interactions, which are essential in overall health and well-being (Hocking, 2019; Hooper & Wood, 2019). The socioemotional selectivity theory considers the social and temporal aspect of goals and emotions they hold. These periods of isolation left individuals feeling as though there was no end in sight and that they would never see their loved ones again (Fung & Carstensen, 2006). Tilburg & Steinmetz (2021) discussed that the losses and concerns that came along with the pandemic caused distrust in society, which increased the mental health issues seen with long-haul COVID-19. The primary and secondary symptoms of COVID-19 impact all occupations of older adults, including basic activities of daily living, social participation, and health maintenance, which have led to poor quality of life (Halpin et al., 2020; Malik et al., 2022; Sinclair et al., 2020; Vanichkachorn et al., 2021; Wilcox & Frank, 2021).

### ***Other Implications***

For this CAT, the population of focus is older adults (50 +). This population was among the most impacted by the pandemic. Along with COVID-19 impacting these individuals, they also have pre-existing problems receiving care for mental health (Bergman et al., 2020). A recent study found that 70% of older adults with mood disorders do not utilize services (Byers et al., 2012). This avoidance may be due to stigmas related to the label of a diagnosis (Reynolds et al., 2020). Older adults also face difficulties navigating the healthcare system, financial concerns, and institutional barriers, such as residing in a skilled nursing facility (Polacsek et al., 2019; Reynolds et al., 2020). These pre-existing issues and the increased severity of long-haul COVID-19 lead to older adults being a population of concern.

### **Theoretical Viewpoint**

When considering a theory, Dunn's (2017) Ecological Human Performance Model (EHP) closely aligns with our focus question. EHP focuses on the individual's performance range, which is the number and types of tasks available to the person based on their personal factors and contextual variables. When used in occupational therapy, Ecology looks at the interrelationship of humans, their contexts, and the effect of this relationship on performance. The EHP model provides a framework that emphasizes how essential context is in participation. It also focuses on the importance of the relationships between person, context, and task to further our understanding of performance (Dunn, 2017). Dunn (2017) also discusses interventions used in EHP, specifically the prevent intervention approach from this model in which therapists try to influence the course of events by changing person, context, or task variables in order to prevent adverse outcomes. The COVID-19 pandemic contributes to ever-changing social environments, which alters occupational participation forcing people to change their occupational choices, habits, and roles, making their range of performance smaller as their context becomes limited (Dunn, 2017; Hooper & Wood, 2019). Occupational independence is essential in maintaining the quality of life. After further research, it was found that implementing early coping strategies may decrease prolonged mental health issues and increase the quality of life (Hocking, 2019). This decrease in performance range in older adults negatively impacts their mental health, further supporting the need to create and implement a preventative intervention approach.

### **Purpose statement**



Lannigan & Tyminski (2021) shared that occupational therapy practitioners are ready to address the many complications that COVID-19 has caused, including emotional issues, by encouraging engagement in healthy occupations in their day-to-day lives. Occupational therapists have specific skills to combat these issues, help others reclaim their occupational identity, and improve quality of life (Lannigan & Tyminski, 2021; Wilcox & Frank, 2021). Symptoms of long-haul COVID-19 have greatly impacted the valued occupations of those over 50 years old, leading to an occupational justice need for further investigation. Occupational therapists should then use that knowledge to understand the degree of impact the disease has and then develop helpful intervention strategies (Wilcock & Townsend, 2019). Then use that knowledge to develop and work towards implementing helpful interventions (Malik et al., 2022; Wilcock & Townsend, 2019). This critically appraised topic aims to determine the effectiveness of early interventions addressing coping strategies for mental health issues to improve quality of life.

## Methodology

### Quality of Evidence Critique

Due to the recent COVID-19 pandemic, there is limited access to the quality and amount of research compared to other topics. The pandemic affected everybody in a multitude of ways. Some individuals became infected multiple times throughout its course, others not at all. Each individual had a unique experience with this pandemic leading to difficulties in developing level I and II studies. An initial literature search was conducted from March 1<sup>st</sup>, 2022 to March 7<sup>th</sup>, 2022. Searches occurred on occupational therapy, medicine, and multidisciplinary databases, which included Cumulative Index to Nursing and Allied Health Literature (CINAHL), American Occupational Therapy Association (AOTA), American Journal of Occupational Therapy (AJOT), and PUBMED. In the beginning, an initial search into google was conducted to gain an understanding into COVID-19 and what the long-haul version was. Then the following terms were used to search the databases: “occupational therapy,” “COVID-19,” “long-haul COVID-19,” “post-COVID-19 Syndrome,” “long COVID-19,” “long term,” “adults,” “older adults,” “mental health,” “depression,” “anxiety,” “grief,” and “loss”. To create a more defined search “AND” or “OR” were added between keywords to create search phrases.

While developing this CAT 32 articles were reviewed, only five level I and II studies were found. The most rigorous study found was a level one systematic review. This systematic review only included twelve articles proving that there is a gap in the research. Level III research studies were quite scarce as well. Level IV research studies were the most accessible quantitative research studies found, with ten being reviewed. This may be due to the lack of rigor which makes them faster to complete. In comparison, the availability of qualitative data was much more affluent, with thirteen being reviewed. There was a multitude of case studies that provided excellent information. This abundance may be due to the uniqueness of each individual's experience with COVID-19. Despite the literature being less rigorous, all research on COVID-19 is essential, as it will guide future studies and practice implications. Additionally 6 sources were used to provide definitions for this CAT.

**Table 1**  
*Articles Reviewed*

Type of Level	Authors	Research Question	Population
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<b>Level I</b>  Type: Systematic Review	Aiyegbusi et al., 2021	What are the symptoms, complications and management of long COVID?	Living Systematic Review database articles that described persistent COVID-19 symptoms
Type: Narrative Review	Giorgi et al., 2020	What are the COVID-19-related mental health effects in the workplace?	Workers and employees impacted by COVID-19 or SARS during the pandemic
Type: Systematic Review	Malik et al., 2022	What is Post-acute COVID-19 syndrome (PCS) and its effect on health-related quality of life?	Hospitalized COVID-19 patients with a mean age of approximately 60 years  The mean age of adults in metaanalysis was 58.75 (44–65) years old.
<b>Level II</b>  Type: Static Group Comparison with Follow-up	Lee et al., 2007	Prevalence of stress and psychological distress among SARS survivors 1 year after the outbreak?	112 people
Type: Self Report Measure with Control Group	Lamontagne et al., 2021	Is there evidence of mood and cognitive impairment due to post-acute COVID-19 ?	100 50 control 50 COVID19
<b>Level III</b>  Type: Online Questionnaire	Bergman et al., 2020	What are the COVID-19 health worries and anxiety symptoms among older adults?	243 Jewish Israelis
Type: Phone Interview	Fung & Carstensen, 2006	What are the lessons learned from older adults, the September 11 attacks and Sars?	698 participants who participated in Phase 1, 370 agreed to take part in Phase 2
Type: Phone Interview	Krendl & Perry, 2021	What is the impact of sheltering in place during the COVID-19 pandemic on older adults' social and mental well-being ?	Older adults, primarily white (96.7%) and well-educated (87% w/college degree)



Type: Online Survey	Liu et al., 2020	What is the perceived discrimination and mental distress amid the COVID-19 pandemic ?	3,665 individuals older than 18 years
Type: Retrospective cohort study	Taquet et al., 2021	What is the incidence, co-occurrence, and evolution of long-COVID features?	All patients over the age of 10 who had the index event (COVID19 or influenza) on or after January 20, 2020 (the date of the first recorded COVID-19 case in the USA) and who were still alive at the end of follow-up (December 16, 2020).
Type: Online Survey	Tilburg et al., 2021	Prevalence of loneliness and its effect on mental health during the COVID-19 pandemic?	Dutch community-dwelling participants aged 65–102 years
<b>Level IV</b> Type: Interview	Byers et al., 2012	Is there low use of mental health services among older Americans with mood and anxiety disorders?	348 participants aged 55 years and older who met criteria for prevalent DSM-IV mood and anxiety disorders from the National Comorbidity Survey Replication (NCS-R),
Type: Telephone Interview	Halpin et al., 2021	What are the post-discharge symptoms and rehabilitation needs in survivors of COVID-19 infection ?	100
Type: Cohort	Vanichkachorn et al., 2021	What are the conditions of Post-COVID-19 Syndrome?	Consisted of 100 patients with mean age, 45.414.2 years
<b>Level N/A</b> Type: Research Report Article	Naqvi, 2020	Mental health changes due to COVID-19 and is this the new norm?	N/A
Type: Position Paper	Sinclair et al., 2020	Are occupational therapists needed to address the COVID-19 crisis?	N/A
Type: Editorial	Taggart et al., 2021	Trauma, Mental Health, and COVID-19 Crisis: Are we really in this all together?	N/A
<b>Qualitative</b>	Goveas & Shear 2020	What is the Prevalence grief and the COVID-19 pandemic in older adults?	One



Type: Ethnographic	Lannigan, G. E., & Tyminski, Q.,	What is occupational therapy's role in addressing the psychological and social impact of COVID-19?	population-wide
Type: Grounded Theory	Polacsek et al., 2019	What are the help seeking experiences of older adults with a diagnosis of moderate depression?	32 older adults with a mean age of 71.3 years. 19 females and 13 males.
Type: Phenomenological	Reynolds, K. et al., 2020	What are the narratives of older adults when seeking mental health services?	15 adults ages 61-86 who sought psychological treatment
Type: Case Study	Wilcox & Frank 2021	What is Occupational therapy's role for the long haul of post-COVID syndrome?	One

*Note.* This table demonstrates the level of evidence, authors, research question, and population of each article reviewed for this CAT. Additional resources were also used for definitions of terms and the foundation of our theoretical base.

## Synthesis

### Impact of COVID-19 on Occupational Participation

#### *Primary mental health symptoms*

Primary symptoms for this CAT are defined as symptoms directly resulting from the illness or appearing in the initial stage (American Psychological Association, n.d.). The Center for Disease Control ([CDC] 2021) stated that symptoms of psychological distress are the most prevalent and reported post-diagnosis and can be seen in the development of anxiety, depression, hallucinations, and post-traumatic stress disorder (PTSD). The symptoms of these illnesses can be seen in those without diagnosis, and COVID-19 increases the risk of being diagnosed with a mental health problem later on (Taguet et al., 2021). The pandemic and its relation to mental health can be viewed through a trauma lens because lockdowns can create conditions and symptoms related to PTSD (Taggart et al., 2021). Symptoms of PTSD can be feeling trapped and having a loss of control which are similar to symptoms of anxiety and depression (Taggart et al., 2021). Anxiety symptoms include worrying thoughts and negative anticipation of future events, and depression symptoms include low energy, mood disturbances, low sense of control, and feelings of guilt and hopelessness towards the future (Naqvi, 2020). Post-Traumatic Stress Disorder also often leaves people with an increased risk of mental health diagnoses of depression, anxiety, and bipolar, although bipolar has not been linked to COVID-19 (Taggart et al., 2021).

#### *Secondary mental health symptoms*

For this CAT, secondary symptoms are defined as conditions indirectly due to COVID-19, such as changes in context. The COVID-19 pandemic has dramatically impacted society in many ways and has altered the way people live their lives forever. Mandatory lockdowns, social





distancing, and quarantine have impacted social habits. Along with social isolation from others, there are many other consequences that this pandemic has caused. These consequences include financial burdens, unemployment issues, and lack of independence, which negatively impact mental health, leading to lower quality of life (Aiyegbusi & Hughes et al., 2021; Giorgi et al., 2020; Lannigan & Tyminski, 2021). Another secondary symptom is the changes in a person's context, which significantly impacts performance range. The four areas of context in the EHP model are temporal, physical, social, and cultural (Dunn, 2017). Using this theoretical lens we can further investigate specific changes in an individual's context. Based on the literature reviewed for this CAT, the temporal change in context of a person's health status due to COVID-19 has either left them hospitalized or with long-haul symptoms. The physical context changed from the workplace to working from home, giving individuals a new perspective. This shift, along with communities shutting down, impacted social context. The cultural context has also been changed in the way people operate, not knowing the norms of the new expectations or rules of the new world. Social isolation has impacted each of these contexts leading to a limited performance range (Dunn, 2017).

### **Current Interventions**

There are few current interventions targeting mental health issues in older adults due to long-haul COVID-19, despite the evident need for occupational therapy services (Lannigan & Tyminski, 2021; Sinclair et al., 2020; Vanichkachorn, 2021; Wilcox & Frank, 2021). Many current interventions target the performance of activities of daily living (ADLs) and heavily focus on physical symptoms (Vanichkachorn et al., 2021; Wilcox et al., 2021). However, there are few interventions for older adults with mental health as a primary target. This could lead to those with ongoing mental health concerns being overlooked, despite the evidence that mental health is directly related to quality of life (Wilcox & Townsend, 2019). Early evidence shows that coping strategies for mental health issues may positively impact one's recovery (Wilcox et al., 2021; Wilcox & Frank, 2021). However, more research needs to be done to fill the research gaps on coping strategies addressing mental health in older adults.

### **Appropriateness for Audience**

#### ***Theoretical base***

The goal of this CAT is to understand the effects of mental health issues in older adults (50+), then use this information to understand the effectiveness of coping strategies. The Ecological Human Performance model (EHP) lens was used to understand these topics better. The literature reviewed provided evidence that mental health issues are present and are among the most pressing (Haplin et al., 2020). Mental health issues due to long-haul COVID-19 should be considered a higher priority with the development of new knowledge through research. Older adults who developed long-haul COVID-19 reported a variety of symptoms. Primary symptoms of depression, anxiety, PTSD, and stress lead to the inability to perform previous tasks (Lamontagne et al., 2021; Lanningan & Tyminski, 2021; Malik et al., 2022; Taggart et al., 2021; Taquet et al., 2021; Wilcox & Frank, 2021). Secondary symptoms such as unemployment, financial burden, social isolation, and death of a loved one change an individual's context (Aiyegbusi & Hughes et al., 2021; Giorgi et al., 2020; Lannigan & Tyminski, 2021). These symptoms lead to a decrease in an individual's performance range and quality of life, leading to a need for occupational therapy interventions (Dunn, 2017). EHP's create and prevent approaches may be the most appropriate to use when developing interventions (Dunn, 2017). Since this topic



is relatively new, the create intervention would help occupational therapists to develop interventions specific for the older population. Implementations of these early interventions potentially could prevent or reduce the severity of mental health issues from COVID-19.

## **Role of Occupational Therapy in Long-haul COVID-19 Management**

### ***Benefits***

Occupational therapists are individuals trained in many areas of health, including physical, social, and emotional (Lannigan & Tyminski, 2021). These unique sets of skills enable occupational therapists to target areas of concern and help individuals work towards independence in occupational engagement. It was discovered that mental health issues are one of the many effects of long-haul COVID-19, with new symptoms lasting months (Lamontage, 2021; Taquet et al., 2021). An occupational therapist has the training to address mental health issues in various populations. Evidence shows that older populations are less likely to seek mental health treatment which makes them a more vulnerable population (Byers et al., 2012). Occupational therapists primarily take a top-down approach focusing holistically on the individual rather than their ailment (Hooper & Wood, 2019; Lannigan & Tyminski, 2021). This holistic approach leads to individualized care that improves one's quality of life. The occupational therapist can take a remedial, preventive, or adaptive approach enabling them to combat mental health symptoms of long-haul COVID-19. As well as address common barriers seen within the population of older adults (Dunn, 2017).

### ***Limitations***

Limitations of this CAT could be the lack of awareness of occupational therapy. Providers or individuals may not refer to occupational therapy or confuse it with other professions such as physical therapy. This discrepancy can lead to gaps in the care between those who may benefit from these services. Another limitation is the gap in the research due to the pandemics' recentness. Because of this, not enough time has passed for many researchers to study the effects of long-haul COVID-19 thoroughly.

### **Summary**

The COVID-19 pandemic has impacted everybody in different ways. Due to the uniqueness of people's experiences, current evidence has been focused on qualitative research designs. Occupational therapists also take a holistic and client-centered approach. They treat each individual based on their needs. Occupational therapists are well-equipped to combat the mental health issues of long-haul COVID-19 in older adults (Hocking, 2019; Lannigan & Tyminski, 2021). As seen through the lens of the EHP model, COVID-19 has created changes in a person's abilities and context, this leads to a decrease in performance range (Dunn, 2017). These changes are due to primary symptoms of long-haul COVID-19, such as depression, anxiety, stress, PTSD, etc. (CDC, 2021). These changes can also be due to secondary symptoms such as loss of employment, loss of a loved one, social isolation, and financial burdens. (Aiyegbusi & Hughes et al., 2021; Giorgi et al., 2020; Lannigan & Tyminski, 2021). Despite the early evidence of mental health issues being a symptom of long-haul COVID-19, there are few interventions with mental health as the focus. With mental health as the focus, previous evidence has shown that older adults struggle in obtaining and using mental health resources. Based on the literature reviewed for this CAT, the gap seen supports a need for occupational therapists to use intervention strategies of the EHP model. Much like a person's individual contexts, the pandemic is proving to be dynamic, ongoing, and continuously changing. The evidence gathered leads



toward supporting early intervention in mental health to positively impact the outcome an individual has. This, when combined with the knowledge that older adults struggle getting mental health care leads to the need for early implementation of mental health interventions. However since the pandemic is recent and ever-changing there is not enough evidence stating to what degree these coping strategies would be effective.

### **Clinical bottom line**

To what degree does implementing early intervention programs addressing coping strategies for older adults (50 years +) with mental health issues due to long-haul COVID-19 impact their quality of life?

Because the COVID-19 pandemic happened so recently, there is little literature and research into the long-term effects of the disease, especially on mental health. The research which connected long-haul COVID-19 and mental health issues stressed that there is and will continue to be a need to follow up with those who suffered from the illness to check for mental health implications (Malik et al., 2022; Naqvi, 2020; Taggart, 2021). Older adults are among the most impacted by the COVID-19 pandemic, and they are the population with the highest death toll. Older adults often struggle with a lack of access to resources and negative stigmas about mental health, preventing them from receiving mental health help (Byers, 2012; Reynolds, 2020). Wilcox (1999) noted the importance of working to improve aspects of occupational deprivation, alienation, imbalance, and injustice. Focusing on these issues should improve personal well-being, prevent illness, and make their ecology more sustainable. This author also stated that the relationship between participation in meaningful occupations and personal health is continuously interacting, and the outcomes are directly related. When these symptoms go unaddressed individuals become occupationally deprived (Wilcox, 1999). Since occupational therapists work in a wide variety of settings with many skills, they are best equipped to implement coping strategies immediately to take a preventative approach (Dunn, 2017; Lannigan & Tyminski 2021).

To understand the mental health effects of COVID-19 on older adults, the EHP model was used to analyze the relationship between humans and their contexts and the effect of this relationship on performance range (Dunn, 2017). The daily lives of older adults were significantly impacted due to the social isolation and anxiety surrounding the pandemic. Older adults typically rely more on their social groups and had higher rates of worry due to the pandemic (Aiyegbusi & Hughes et al., 2021; Bergman et al., 2020). Older adults are strongly impacted by the primary and secondary mental health symptoms of COVID-19, including anxiety, depression, hallucinations, PTSD, financial burdens and employment problems, futuristic worries and fears, and social isolation (Aiyegbusi & Hughes et al., 2021; CDC, 2021; Giorgi et al., 2020; Lannigan & Tyminski 2021). Creating resources to prevent the impact of a mental health diagnosis is extremely important because of the uncertainty around the recent COVID-19 disease and the long-term impact it will have.

Occupational therapists are trained in many areas of health, including physical, social, and emotional well-being, which allows them to target areas of concern and guide individuals towards independence in their occupations (Lannigan & Tyminski, 2021). Occupational therapy practitioners have a unique way of addressing mental health by fostering occupational engagement, strengthening self-efficacy, and addressing coping skills across the lifespan (Lannigan & Tyminski, 2021). Considering their unique viewpoint on meaningful activity



participation, occupational therapists relate to the reasoning of the socioemotional selectivity theory, which predicts that people will prioritize emotionally meaningful goals and focus on emotionally close social partners (Fung & Carstensen, 2006). Occupational therapists use holistic and occupation-based practices. This approach allows them to thoroughly address COVID-19's mental health consequences of emotional distress, grief, stress, social isolation, and the impact of societal inequalities on occupational performance in each unique context (Lannigan & Tyminski, 2021). Articles reviewed for this CAT, supported the need for more research into mental health related to COVID-19. However, there was insufficient evidence on how effective early intervention using coping strategies to address mental health issues in older adults is. This left the implication that occupational therapists should conduct further research in this area since mental health is becoming a more prominent topic for the profession throughout various age groups. Due to the particular vulnerability of older adults to COVID-19 stress and symptoms, this age group would benefit from further research and additional resources about mental health care and support.



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