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 UNIVERSITY OF MICHIGAN



SOCIAL HISTORY CASE PRESENTATION FACULTY PACKET

Faculty Introduction to the Case

The overall objective of this case is to focus on culture and how that can be ascertained during the social history and have the students demonstrate the relevance of the social history to taking care of patients.

Session Overview & Format:

This is a phased case comprised of 3 components:

Small Group Discussion (total time one hour and 15 minutes)

- **Component 1** (small group discussion 25 minutes) - This component students review the thought questions and work to define “culture”. However, more importantly they should be confronted with the reality of the importance of culture within the context of the patient-doctor interaction. This session will concentrate on the areas of the medical history and more specifically the social history; in addition to how it can shape the differential diagnosis and the importance it has in the patient’s perception of their illness.
- **Components 2A & 2B** (small group discussion 50 minutes) - Ms. Graupera’s personal, social and medical history case presentation.

Lecture (total time 30 minutes)

- **Component 3** - (lecture – 30 minutes) -

Intended Learning Outcomes (ILOs):

- Gain knowledge, respect, and validation of differing values, cultures, and beliefs, including sexual orientation, gender, age, race, ethnicity, and class
- Communication, interaction, and interviewing skills
- Identify questions about health practices and beliefs that might be important in a specific local community
- Elicit a culture, social, and medical history, including a patient's health beliefs and model of their illness
- Recognize and manage the impact of bias, class, and power on the clinical encounter
- Demonstrate respect for a patient's cultural and health beliefs

Component #1 – Faculty Instructions

Session Format:

Small group discussion (25 minutes):

Topic:

Culture Discussion

Small Group Activities:

Please spend the small group sessions focusing on the following:

- The definition of culture (allow the students to brainstorm about the definitions of culture.)
- The contents of a social history
- How the social context can shape the differential diagnosis and impact the medical encounter

Your small group session should be divided into two parts:

- 1) Discussion on culture
- 2) Ms. Graupera's case presentation
 - Part 2A - developing a Differential Diagnosis from clues from her personal history
 - Part 2B - Ms. Graupera's social and past medical history its diagnostic implications

PART 1 – QUESTIONS (25 minutes):

Why are social issues important in the caring for patients of all cultures?

What would a social history include to ensure emphases on the social and cultural aspects of health?

What is culture?

Who has a “culture?”

How is culture relevant to the medical and social history?

Component #2A – Faculty Instructions

Session Format:

Small group discussion (25 minutes)

Topic:

Case Presentation: Ms. Graupera’s Personal History

The remainder of the small group should be spent on the case of Ms. Graupera. This is a graduated case that should be handout in phases. There are 3 separate handouts for this session. Begin with student handout #1. This should be given to the students at the start of the session. It has the questions regarding culture and the specific details of the case.

The facilitators’ role should be to shape the discussion regarding the impact of culture as identified in the social history on potential medical scenarios. Please allow the students to work through the concepts of Nervios. They will receive more details on this illness at the end of the small group session.

PART 2A - QUESTIONS:

- Provide several examples of open-ended (listening and follow-up) questions you would ask at the beginning of every encounter with a patient or now after the HPI
- How would you identify clues for the differential diagnosis?
- What do you think is going on?
- What more do you want to know?
- What parts of the physical exam do you want to focus on?
- What is the best approach when the physician and patient do not share a common language?

Small Group Guidance: Students should be curious as to Ms. Graupera’s background. They should develop their interview skills by coming up with appropriate questions that demonstrate respect while exploring sensitive issues regarding culture and family relations.

The use of translators in the medical encounter will be discussed in great detail with the students’ in their second and third year. However, this is an opportunity to review that using family in these situation is far from ideal. It limits the physician’s ability to have an ‘unbiased’ report that is truly reflective the patient’s attitudes and beliefs. In this case there are no interpreters available, so students might want to address how they might deal with this situation themselves.

Briefly explore the pertinent abdominal history questions:

What type of pain?

Does it radiate?

What makes it better or worse?

Does anything relieve the pain?

What have you tried to do to improve the discomfort?

Describe the pain?

Etc.

Sample Questions:

These will be reviewed as part of the lecture also...

- "I'd like to get to know you more today. Could you tell me about yourself?"
- What causes you the most stress?
- Are you involved in any religious or social group?
- Where are you from originally? When did you come to this town?
- What made you decide to come to this country?
- What is medical care like there compared with here?
- Are you concerned about the cost of medical treatment?
 - F/U - Do you feel that you're not able to afford food, medications or medical expenses?
- Do you ever feel that you are treated unfairly by health care system for any reason?
- Do you have trouble reading your medications bottles or other patient information?
- Do you have trouble with reading in general?
- What do you think has caused your problems?
- Why do you think they started when they did?
- What do you think the sickness does to you?
- What are the major problems the sickness has caused?
- What have you done for the illness until now?
- What kind of treatment do you think you should receive?
- Is there anything else that could be done either by you or by others (e.g., family, priest, etc.)?
- What are the most important results you hope to achieve from these treatments?
- What do you fear most about your sickness?
- What do you fear most about the treatment?
- Who should be consulted or involved in your care?

Component #2B – Faculty Instructions

Session Format:

Small group discussion (25 minutes):

Topic:

Case Presentation: Ms. Graupera’s Social and Medical History

Once the questions from component 2A have been discussed, distribute student handout #2B. This has the details of Ms. Graupera’s social history. This is the bread and butter of this case. It should provide the students with insight into the impact the social history has on a patient’s medical care, their concept of illness and potential etiologies of disease. The students may also want to explore the economic dimensions of immigration/refugee status due to civil war. In addition, how her insurance status and access to medical care may or may not effect her presentation.

Supplemental Information:

- Detailed description of Nervios (with an attached reference)
- History of El Salvador.

The supplemental information provided at the end of this document should also be distributed to the students near the conclusion of the session. This will provide them with additional background on these issues. Answers to the questions will be provided to students during the final case lecture. Faculty should keep in mind that the diagnosis is the least important part of the case. How one would explore the social history and how it reveals important aspects of the patient’s history is the take home message for this component.

After passing out the second handout please focus on:

PART 2B - QUESTIONS:

- What are common physical findings in patients with abdominal pain?
- If you take Ms. Graupera’s social context into account, what might explain her reluctance to seek medical attention earlier?
- How would you elicit the patient's illness model? (*identify 3-4 specific questions with which you are comfortable to perform this task*)
- What is the relevant social context?

Ms. Graupera has a history of Nervios...discuss with the students how they might figure out what that is? What type of questions would they use to explore this concept that this perfectly clear to the patient but may be quite unfamiliar to the physician. The concept of ‘nervios’ or those similar are not isolated to a specific ethnic group or culture. Certain aspects of this phenomenon are seen in all cultures across genders. This point should be highlighted to the students.”

Ms. Graupera has a questionable history of depression, perhaps the husband is correct in thinking this is psychosomatic or perhaps there is a physical etiology of her pain. Either way, have the students explore how they might tease this apart with the patient themselves. It is clear from the history that she might have been dramatically effected by the deaths of her brothers and growing up in the mist of a

Civil War in El Salvador. Faculty should allow the students to explore how this might impact her current presentation or current symptoms.

Component #3 – Faculty Instructions

Session Format:

Lecture (30 minutes):

Topic:

Final Case Presentation

Accompanying PowerPoint Presentation

THE COMPONENTS OF THE SOCIAL HISTORY

Student Handout #1

Preparation: (Prior to class session)

Required readings:

Carrillo JE, Green AR, Betancourt JR. Cross-cultural primary care: A patient-based approach. *Annals of Inter Med.* 1999;130:829-834.

Swartz, MH. *Textbook of Physical Diagnosis: History and Physical Examination*, 4th Edition. Philadelphia, PA: Saunders Publishers, 2002.

Session Format

Small group discussions:

- Discussion #1 (30 minutes)
- Discussion #2A & 2B (30 minutes)

Intended Learning Outcomes

Students should begin to:

- Gain knowledge, respect, and validation of differing values, cultures, and beliefs, including sexual orientation, gender, age, race, ethnicity, and class
- Communication, interaction, and interviewing skills
- Identify questions about health practices and beliefs that might be important in a specific local community
- Elicit a culture, social, and medical history, including a patient's health beliefs and model of their illness
- Recognize and manage the impact of bias, class, and power on the clinical encounter
- Demonstrate respect for a patient's cultural and health beliefs.

Please use the time in small groups to discuss the following:

Thought Questions

- 1) Why are social issues important in the caring for patients of all cultures?
- 2) What would a social history include to ensure emphases on the social and cultural aspects of health?

PART 1 - Discuss the following questions

- 1) What is culture?
- 2) Who has a "culture?"
- 3) How is culture relevant to the medical and social history?

THE COMPONENTS OF THE SOCIAL HISTORY

Student Handout #2A

Ms. Graupera's Personal History

The Patient

Chief Complaint: “Dolor De Estómago” “Stomachache”

Ms. Graupera is 51-year-old woman who presented to her family doctor with abdominal pain and fever.

History of Present Illness: Ms. Graupera's husband supplies the history in broken English. He appears nervous and concerned, and appears to be an accurate historian. Ms. Graupera was in her usual state of good health until 2 weeks ago. Since that time, she has complained of almost continuous abdominal pain. Her husband states that she has not been herself. She has not wanted to eat, and generally feels uneasy. She tells her husband that she is also having loose stools. Mr. Graupera comments off the cuff that she has not even done her usual work around the house. “As soon as she comes home from work she goes right to bed.”, he says. The pain is worse under her right breast. She thought she just had really bad “gas” due to changes in her diet.

Concerning to you, however, is the fact that for the past 2 days she has had chills and sweats.

Past medical history: “*Nervios*”

Past obstetric history: She has had 3 pregnancies and 2 live births

Medications: Vitamins

Allergies: NKDA

Family History:

Mother *Nervios*

Sister with hypertension

PART 2A – Discuss the following questions:

- Provide several examples of open-ended (listening and follow-up) questions you would ask at the beginning of every encounter with a patient or now after the HPI
- How would you identify clues for the differential diagnosis?
- What do you think is going on?
- What more do you want to know?
- What parts of the physical exam do you want to focus on?
- What is the best approach when the physician and patient do not share a common language?

THE COMPONENTS OF THE SOCIAL HISTORY

Student Handout #2B

Ms. Graupera's Social & Medical History

Social History:

Ms. Graupera is a 51-year-old woman from Santa Cruz, El Salvador. She came to the United States 19 years ago for better opportunities. She fled her country because it had been torn apart by wars. The most notable were the Soccer Wars when she was young and the country's most recent civil war. Ms. Graupera immigrated without any other family members, leaving her grandfather and sisters behind. She first arrived in Los Angeles, but found it very difficult to find work. She then heard from some friends that in Michigan it was possible to find work with limited skills and so she moved there. She has been working in a plant packing boxes for the past 18 years.

Early in her arrival she met and married her husband Julio. They have been married for 16 years and have one 16 year old son, Orestes. They currently live in a 2-room apartment. One room served as the kitchen, dining room and son's bedroom, and the other room is both living room and bedroom for Ms. Graupera and her husband.

Life Story:

Ms. Graupera comes from a family of 6 (3 boys and 3 girls). Her mother died when she was 4 and her father abandoned the family several months before her mother's death. She had once heard that he left to fight in the "futbol" war. Her grandfather raised her and her sisters after her brothers had been killed during the Civil War. Her grandfather died 10 years ago and she was not able to go back for the funeral. This led to her first episode of 'los nervios'.

Her sisters are still in El Salvador. She went home to Santa Cruz this past summer for two months to help one of sisters. Her sister became very ill with a stomach illness and needed to be hospitalized. While she went to care for her sister, she also thought this would be an excellent opportunity for her son Orestes to learn about her hometown during his summer vacation.

Review of Symptoms:

An extensive review of symptoms was negative except for a history of recurrent night terrors. Ms. Graupera often wakes up in the middle of the night screaming and yelling. She is unable to recall many of these events. Ms. Graupera thinks that she has been quite sad lately and reports she has had these bouts of depression in the past. Her husband thinks her stomach pain is related to her 'nervios'.

Physical Exam:

General appearance uncomfortable

T 100 P85 BP 130/65 Respirations 18 weight 175 pounds, 62 inches tall

Lungs: Clear to auscultation bilaterally

Cardiovascular: Regular Rate and rhythm, , no murmurs or rubs. JVD not appreciated

Abdomen: Normal bowel sounds, soft, nondistended, no rebound tenderness or shifting dullness, tender in the RUQ, voluntary guarding, could not appreciate any hepatosplenomegaly

Extremities: No edema

Labs:

Creatinine	0.9	(0.9-1.3 mg/dL)
BUN	15	(8-20 mg/dL)
Potassium	4.0	(3.5-5 mg/dL)
Blood glucose	73	(73-100 mg/dL)
Hemoglobin	14.2	(13-17 G/dL)
Platelets	342	(150-450 K/mm ³)
Leukocytes	14.0	(4-10 K/mm ³)

- % Neutrophils 70% (45-75)
- % Lymphocytes 32% (15-40)
- % Eosinophils 6% (0-7%)
- % Basophiles 0.6% (0-2%)

Alkaline phosphate	155	(30-130 U/L)
AST	45	(12-50 U/L)
ALT	55	(21-72 U/L)
LDH	150	(98-192 U/L)

Indirect Haemagglutination test was positive (1:1024).

PART 2B - Discuss the following questions:

- What are common physical findings in patients with abdominal pain?
- If you take Ms. Graupera's social context into consideration, what might explain her reluctance to seek medical attention earlier?
- How would you elicit the patient's illness model? (*Identify 3-4 specific questions with which you are comfortable asking to perform this task*)
- What is the relevant social context?

NERVIOS INFORMATION¹

Nervios is a powerful idiom of distress used by Latinos from a variety of Caribbean, Central and South American countries to describe a state of unease – either physical, social, or emotional. Nervios can overlap with a variety of Western conditions – from stress to anxiety to irritable bowel to fibromyalgia to family discord. In short, when Latinos say they have “nervios” they can be expressing physical symptoms, emotional states, and changes in their social sphere. Thus, it is important to elicit a history that can inform the provider more specifically about what the patient means when they say they have “nervios.”

SPANISH

- “Que quiere decir con eso?”
- “Donde siente los nervios?”
- “Se siente nerviosa or ansiosa?”
- “Le esta preocupando algo?”
- “Como se siente emocionalmente?”
- “Como esta la familia?”
- “Como le va con su trabajo?”
- ”Pasa algo en la familia que le esta dando angustio?”

ENGLISH

- What do you mean by that?
- Where do you feel nervios?
- Do you feel nervous or anxious?
- Is anything making you worry?
- How do you feel emotionally?
- How is the family?
- How is work?
- Is something going on in the family that could be causing you anguish?

It is important to keep in mind as you hear the patient’s account of her nervios is that Latinos tend to attribute most symptoms to their diet, personal relationships, or spiritual beliefs above physiologic or psychological considerations. In order to have the Latino patient ever consider your explanation for their symptoms, you must first hear what they think explains their nervios and place your explanation into that context:

- “Porque le parece usted que tiene nervios?” Why do you think you have nervios?

¹ Baer, RD et al. “A cross-cultural approach to the study of the folk illness Nervios”. *Cult Med & Psych.* 2003; 27:315-337.

Guarnaccia, PJ, Farias P. “The social meaning of Nervios: A case study of a Central American woman”. *Soc. Sci Med.* 1988;26: 1223-1231.

NERVIOS INFORMATION (continued)

Susceptibility, per Latino belief

Adult onset – common in the elderly
 Women more common than men
 Mainly emotionally or physically fragile people

People with weak will
 Relatives of someone with it are more susceptible

Causes per Latino belief

Poor diet
 “Mal de ojo” – spell
 Alcoholism or other excesses
 Parasites
 Extremes of emotion – good or bad
 “El Diablo” – the devil

Spiritual possession
 Interpersonal disputes
 Witnessing or experiencing a physical or emotional trauma
 By being exposed to drafts/wind/air

Symptoms

Crying
 Difficulty sleeping
 Sadness & depression
 Hopelessness
 Agitation
 Wt. loss
 Muscle ache and pains

Headaches
 A bad temper
 Convulsion or Seizure
 Diarrhea
 Abdominal cramps
 Fatigue

Treatments used by Latinos to treat nervios

***Herbal medications (*vary by culture*)
 “ventosas” – cupping
 teas
 dietary changes
 Exorcism or removal of spell/”mall de ojo”
 Sedatives
 Trying to relax
 Prayer

Massage
 Doctor
 Psychiatrist/ Psychologist
 Vitamins
 Chills, sweats
 Anxiety
 Intrusive thoughts

THE COMPONENTS OF THE SOCIAL HISTORY

Student Handout #3

Session Format

30 minutes Lecture (*see accompanying PowerPoint presentation*)

Diagnosis: Extra intestinal *Entamoeba Histolytica* amebiasis²

Specifically: Amebic liver abscess

The protozoan *Entamoeba histolytica* can cause Amebiasis. It often affects 40-50 million people worldwide. In the US this is often seen in travelers to and from endemic countries in addition to those who migrate. In most the infection is without symptoms but you can see amebic liver abscess, dysentery and other more rare manifestations.

“The parasite exists in two forms, a cyst stage which is the infective form, and a trophozoite stage which is the form that causes invasive disease. Amebic liver abscess is the most common extra intestinal manifestation of amebiasis. Amebae establish hepatic infection by ascending the portal venous system.”

Symptoms —

Liver abscess

- Acutely ill for 1-2 weeks
- Fever
- Right upper quadrant pain
- Diarrhea in only 30% of patients but some for some it has been ongoing
- Jaundice is uncommon
- 8-20 weeks after presentation to endemic area, longer lag times have been reported
- May present chronically with a months of fever, weight loss and abdominal pain, hepatomegaly and anemia

EXAM –

- Uncomplicated liver abscess will reveal hepatomegaly and point tenderness in 50%
- Clinical jaundice in <10%
- Clinical peritonitis (2-7%) due to the abscess rupture

Diagnosis —

² Leder, K, Weller, PF. Extraintestinal *Entamoeba histolytica* amebiasis. Available at: (<http://www.utdol.com/utd/content/topic.do?file=parasite/8435&type=A&selectedTitle=1~3>). Accessed August 18, 2008.

- Leukocytosis ($>10,000/\text{mm}^3$) without eosinophilia
- Elevated alkaline phosphatase
- Hepatic transaminases
- Fecal microscopy only positive for amebae in only 18 percent of cases

Imaging — Looking liver abscess usually RUL in 70-80% of cases

- Ultrasound
- Computed tomography (CT)
- Magnetic resonance imaging (MRI)

Diagnostic Approach

- Clinical history (fever, RUQ pain, relevant epidemiology and suspicious imaging)
- Therapeutic aspiration may be needed if high risk of rupture

Treatment

“[Metronidazole](#) (500 to 750 mg orally three times daily for 7 to 10 days) cure rate of more than 90 percent”.

SUPPLEMENTAL INFORMATION HANDOUTS

1. Taylor JS. Confronting "Culture" in medicine's "Culture of No Culture". Acad Med. 2003; 78:555-559.
2. Guarnaccia, PJ, Farias P. "The social meaning of Nervios: A case study of a Central American woman". Soc. Sci Med. 1988;26: 1223-1231.
3. El Salvador: History, Geography, Government & Culture. Infoplease. Available at: <http://www.infoplease.com/ipa/A0107489.html>. Accessed August 18, 2008.
4. Baer RD et al. "A cross-cultural approach to the study of the folk illness Nervios". Cult Med & Psych. 2003; 27:315-337.
5. Leder K, Weller, PF. Extraintestinal Entamoeba histolytica amebiasis. Available at: (<http://www.utdol.com/utd/content/topic.do?file=parasite/8435&type=A&selectedTitle=1~3>). Accessed August 18, 2008.
6. Carrillo JE, Green AR, Betancourt JR. Cross-cultural primary care: A patient-based approach. Annals of Inter Med. 1999;130:829-834.
7. Swartz, MH. Textbook of Physical Diagnosis: History and Physical Examination, 4th Edition. Philadelphia, PA: Saunders Publishers, 2002.
8. Bickley LS, Hoekelman RA. Bates' Guide to Physical Examination and History Taking. Philadelphia, PA: Lippincott Williams & Wilkins, 1999
9. Kleinman A, Eisenberg L, Good B. Culture, illness, and care: Clinical Lessons from Anthropologic and cross-culture research. Annals of Inter Med. 1978;88:251-258.
10. Martinez-Schallmoser L, MacMullen NJ, Telleen S. Social support in Mexican American childbearing women. JOGNN. 2005;34:755-760.

DEFINITIONS OF CULTURE³

The word **culture**, from the Latin *colere*, with its root meaning "to cultivate", generally refers to patterns of human activity and the symbolic structures that give such activity significance.

Different definitions of "culture" reflect different theoretical bases for understanding, or criteria for evaluating, human activity. Anthropologists most commonly use the term "culture" to refer to the universal human capacity to classify, codify and communicate their experiences symbolically

The system of shared beliefs, values, customs, behaviors, and artifacts that the members of society use to cope with their world and with one another, and that are transmitted from generation to generation through learning

The attitudes and behavior that are characteristic of a particular social group or organization; "the developing drug culture"; "the reason that the agency is doomed to inaction has something to do with the FBI culture

Government Definition of Culture:

U.S. Department of the Interior, National Park Service "Culture (is) a system of behaviors, values, ideologies, and social arrangements. These features, in addition to tools and expressive elements such as graphic arts, help humans interpret their universe as well as deal with features of their environments, natural and social. Culture is learned, transmitted in a social context, and modifiable. Synonyms for culture include lifeways,' customs,' traditions;' social practices;' and folkways.' The terms folk culture' and folklife' might be used to describe aspects of the system that are unwritten, learned without formal instruction, and deal with expressive elements such as dance, song, music and graphic arts as well as storytelling." <http://www.cr.nps.gov/nr/publications/bulletins/nrb38/nrb38%20apendix%201.htm>

However remember people do not live in consonance with shared cultural models—their culture can change and be modified.

1. "Some authors stress that a "**culture**" is not a static and timeless thing but is constantly changing as people make use of their cultural resources in creative and sometimes surprising ways.
2. Others emphasize that "**culture**" is multifaceted, encompassing linguistic, religious, educational, class, and many other dimensions of difference, which intersect in complex ways in the life experience and identity of any one individual.
3. It is also argued that "**culture**" must be situated in relation to "social" factors such as literacy or socioeconomic class standing.
4. The point has also been made repeatedly that not only patients and their communities have **cultures**, but that there is also a "**culture**" of medicine."

³ Taylor JS. Confronting "**Culture**" in medicine's "**Culture of No Culture**". Acad Med. 2003; 78:555-559.

BRIEF EL SALVADORIAN HISTORY⁴

The Pipil Indians, descendants of the Aztecs, likely migrated to the region in the 11th century. In 1525, Pedro de Alvarado, a lieutenant of Cortés, conquered El Salvador.

El Salvador, with the other countries of Central America, declared its independence from Spain on Sept. 15, 1821, and was part of a federation of Central American states until that union dissolved in 1838. For decades after its independence, El Salvador experienced numerous revolutions and wars against other Central American republics. From 1931 to 1979 El Salvador was ruled by a series of military dictatorships.

In 1969, El Salvador invaded Honduras after Honduran landowners deported several thousand Salvadorans. The four-day war became known as the “futbol” or Soccer War because it broke out during a soccer game between the two countries.

In the 1970s, discontent with societal inequalities, a poor economy, and the repressive measures of dictatorship led to civil war between the government, ruled since 1961 by the right-wing National Conciliation Party (PCN), and leftist antigovernment guerrilla units, whose leading group was the Farabundo Martí National Liberation Front (FMLN). The U.S. intervened on the side of the military dictatorship, despite its scores of human rights violations. Between 1979 and 1981, about 30,000 people were killed by right-wing death squads backed by the military. José Napoleón Duarte—a moderate civilian who was president from 1984 to 1989—offered an alternative to the political extremes of right and left, but Duarte was unable to end the war. In 1989, Alfredo Cristiani of the right-wing Nationalist Republican Alliance (ARENA) was elected. On Jan. 16, 1992, the government signed a peace treaty with the guerrilla forces, formally ending the 12-year civil war that had killed 75,000.

In 1998, Hurricane Mitch devastated the country, leaving 200 dead and over 30,000 homeless. In Jan. and Feb. 2001, major earthquakes struck El Salvador, damaging about 20% of the nation's housing. An even worse disaster beset the country in the summer when a severe drought destroyed 80% of the country's crops, causing famine in the countryside.

In 2004, Antonio Saca of ARENA was elected president. The nation implemented a free-trade agreement (CAFTA) with the U.S. in March 2006, the first Central American country to do so.

⁴ El Salvador: History, Geography, Government & Culture. Infoplease. Available at: <http://www.infoplease.com/ipa/A0107489.html>. Accessed August 18, 2008.