

A STUDY TO ASSESS THE RELATIONSHIP BETWEEN THE LEVEL OF ANXIETY AND MANAGEMENT OF HYPERTENSION AMONG THE HYPERTENSIVE PATIENTS AT SRM MCH & RC

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ABSTRACT

STATEMENT OF THE PROBLEM

A study to assess the relationship between the level of anxiety and management of hypertension among the hypertensive patients at SRM MCH & RC.

OBJECTIVES

1. To assess the level of anxiety among the hypertensive patients
2. To assess the management of blood pressure among the hypertensive patients
3. To associate the level of anxiety and management of hypertension among the hypertensive patients with their selected demographic variables
4. To correlate the level of anxiety and management of hypertension among the hypertensive patients.

HYPOTHESIS

H1: There will be a significant association between the level of anxiety and management of hypertension among the hypertensive patients with their selected demographic variables.

H2: There will be significant correlation between the level of anxiety and management of hypertension among hypertensive patients.

METHODOLOGY

Quantitative descriptive research design and purposive sampling technique was adopted in this study. The study was conducted at the medical OPD of SRM MCH & RC.

RESULTS

The study findings showed that most of the participants were males, 35% belongs to the age of >65years, 82% were married, 72% belongs to Hindu, 31% has completed graduation, 38.8% were self-employed, 36% had family monthly income of Rs <10,000, 66% of them taking (veg and non veg), 73.8% have no family history of hypertension and majority of 50% they don't following any exercise and 31.3% of the samples were doing walking alone.

There is an association seen between the demographic variables such as occupation, dietary pattern and type of exercise with the level of anxiety and management of hypertension among the hypertensive patients. There is negative correlation seen with the p value of 0.001 which reveals that when the knowledge on management of hypertension increased among the hypertensive patients the level of anxiety decreases and vice versa.

CONCLUSION

The study concluded that the hypertensive patients who does not have the knowledge on management of hypertension will have the increased level of anxiety.

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INTRODUCTION

A person's surroundings, developmental stage, and genes all play a complex role in their overall well-being. Our state of health is determined by internal, not external, forces. Having an optimistic outlook on life, love, courage, optimism, and self-worth, One's years could be prolonged by purpose.[1]

Furthermore, there are strong connections between the body and mind that affect a person's health.

Numerous body processes, such as breathing, heart rate, blood sugar, perspiration, and bowel movements, can be controlled by emotions. motions, as well as eliminating waste. Social and psychological stress can cause or exacerbate a wide range of health issues, including migraines, diabetes, and high blood pressure. Notably, Ayurveda also employs contemporary ideas of mind and spirit in relation to the "physical-body" and the "Suttle mind." [2] The role of psychological conditions in the formation of hypertension Research done over the last 20 years has discovered a variety of evidence suggesting that psychosocial variables influence both the regulation and onset of arterial hypertension. [3] The part that psychological factors play in the development of hypertension

Over the past 20 years, research has shown a range of evidence indicating that psychosocial factors affect the start and management of arterial high blood pressure. Cognitive behavioral therapies combined with customized relaxation methods can result in clinically meaningful blood pressure control (Hänsel & Kanel, 2012). Numerous interrelated sociodemographic and lifestyle factors are linked to blood pressure imbalance, which highlights the importance of maintaining proper hygiene in compliance with universal suggestions made by Masmoudi (2010). [4] Economic impact - Hypertension and the number of outpatient visits required to manage the illness come at a significant financial cost. According to estimates made in 2004, hypertension costs India Rs. 43 billion annually, or 64% of all personal expenses. [5] The role of anxiety with Hypertension - Stuart & Lararia (1995) Anxiety is described in Stuart and Lararia (1995) as Patients with anxiety-related illnesses had a greater risk of hypertension

when compared to normotensive patients, according to studies by Vicario, Martinez, Baretto, Diaz, and Nicolosi (2005). The same study also suggested that the prevalence of cardiovascular diseases was higher among people who suffer from panic disorders. High blood pressure (odds ratio:1.9), heart attack (4.5), and stroke (34.55%) were more likely to occur in this group. Consistent

with previous research, trait anxiety is a predictor of acquiring hypertensive in the future (Noyes & Carney, 2006). Research by Madhav (2012) concluded that anxiety disorders is merely prevalent in India, at a prevalence rate of 18.5%. That shows the value of staying vigilant to regulate anxiety disorders, as they might worsen the country's hypertension issues.

BACKGROUND OF THE STUDY

Global Scenario - Hypertension affects around one billion people globally and accounts for approximately 7.1 million deaths annually. According to the World Health Organization, hypertension, particularly with a systolic blood pressure (SBP) exceeding 115 mm Hg, is a key contributor to ischemic cardiovascular diseases, accounting for 49% of cases. The Seventh Report of The Joint National Committee on Prevention, Detection, Evaluation, and Treatment of Hypertension (JNC 7, 2004) highlighted that insufficient blood pressure control is the leading global cause of death.

International Scenario - Globally, hypertension affects between 20% to 40% of urban populations and around 12% to 17% of rural populations. In India, approximately 33% of men and 32% of women aged 25 and older are affected by hypertension, based on a 2008 WHO estimate. A report by the World Bank in 2010 (Mahal, Karan, Engelgau) showed that hypertension is the most significant risk factor for chronic diseases in India. Despite its prevalence, there is a general lack of awareness and control over hypertension in the country. **National Scenario** - The Ministry of Health and Family Welfare conducted a thorough investigation of blood pressure readings in Tamil Nadu in 2011. The group's average readings revealed a diastolic pressure of about 124 mm Hg and a systolic pressure of around 78 mm Hg. According to the study, 44% of patients had prehypertension, 14% had stage I hypertension, 4% had stage II hypertension, and 38% had normal blood pressure. Men were more likely than women to have stage I and II hypertension, with 21% of them affected. **The necessity of the research** - In 1990, India recorded 2.3 million deaths due to cardiovascular diseases, and experts projected that this figure would increase fourfold by 2020. Hypertension was responsible for nearly half of all stroke-related deaths and a quarter of all deaths from coronary heart disease in the country. Although urban areas in India have seen a steady increase in hypertension prevalence, rural areas continue to have

A STUDY TO ASSESS THE RELATIONSHIP BETWEEN THE LEVEL OF ANXIETY AND MANAGEMENT OF HYPERTENSION AMONG THE HYPERTENSIVE PATIENTS AT SRM MCH & RC

lower rates (Gupta, 2004). Hypertension can be managed effectively through medications, and early diagnosis is key. Strategies to reduce the negative effects of hypertension include early detection, timely treatment,

improving access to primary healthcare, reducing medication costs through insurance and cost-sharing, and enhancing hypertension management through workplace wellness and quality control programs (Vijna & Mishra, 2022).

Hypertension is linked to several cardiac disorders, such as ischemic heart disease, heart failure, stroke, and chronic kidney disease. It contributes to approximately 57% of stroke-related deaths and 24% of coronary artery disease deaths. According to the 2015 Global Burden of Disease report, hypertension was the leading cause of death and disability-adjusted life years (DALYs) lost (Ramakrishnan et al., 2019). Previous studies in Iranian outpatient cardiac wards showed that 5-10% of patients suffered from anxiety, and 15-20% had depression. Patients with hypertension and other chronic conditions are more prone to mental health issues, such as anxiety and depression (Hamrah et al., 2018).

NEED FOR THE STUDY

In 1990, India recorded 2.3 million deaths due to cardiovascular diseases, and experts projected that this figure would increase fourfold by 2020. Hypertension was responsible for nearly half of all stroke-related deaths and a quarter of all deaths from coronary heart disease in the country. During the mid-1950s, surveys of urban populations in India showed a hypertension prevalence rate of 1.2–4.0%, based on the World Health Organization older criteria (blood pressure $\geq 160/95$ mm Hg). Subsequent studies revealed an increase in prevalence, with rates rising from 5% in the 1960s to 12.15% by the 1990s. Although urban areas in India have seen a steady increase in hypertension prevalence, rural areas continue to have lower rates (Gupta, 2004).

In Uttar Pradesh's urban areas, the National Family Health Survey (NFHS-4) reported a hypertension prevalence of 10.5%, obesity at 23.9%, and blood pressure-related issues at 9.9%. The 2015–2016 NFHS-4 data showed hypertension prevalence of 8.3% in urban areas, 10.8% in rural areas, and 8.2% in other areas. This highlights the higher prevalence of these health issues in urban areas compared to rural ones.

Rapid urbanization, an aging population, sedentary lifestyles, and poor dietary habits have led to a network of risk factors contributing to various chronic diseases. Hypertension can be managed effectively through medications, and early diagnosis is key. Strategies to reduce the negative effects of hypertension include early detection, timely treatment, improving access to primary healthcare, reducing medication costs through insurance and cost-sharing, and enhancing hypertension management through workplace wellness and quality control programs (Vijna & Mishra, 2022).

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STATEMENT OF THE PROBLEM

A study to assess the relationship between the level of anxiety and management of Hypertension among hypertension patients at SRM MCH & RC.

OBJECTIVES

1. To assess the level of anxiety among the hypertensive patients
2. To assess the management of blood pressure among the hypertensive patients
3. To associate the level of anxiety and management of hypertension among the hypertensive patients with selected demographic variables
4. To correlate the level of anxiety

A STUDY TO ASSESS THE RELATIONSHIP BETWEEN THE LEVEL OF ANXIETY AND MANAGEMENT OF HYPERTENSION AMONG THE HYPERTENSIVE PATIENTS AT SRM MCH & RC

and management of hypertension among the hypertensive patients

OPERATIONAL DEFINITION

ASSESS

In this study, it refers to the assessment of level of anxiety and management of hypertension among the hypertensive patients at SRM MCH & RC.

ANXIETY

It refers to emotional state of unpleasant experience faced by the hypertensive patients.

BLOOD PRESSURE

It refers to the systolic blood pressure of 140mmHg and diastolic blood pressure 90mmHg at consecutive and intervals.

HYPERTENSION CLIENTS

It refers to the hypertensive patients attending SRM MCH& RC taking regular treatment for hypertension.

SRM MCH & RC

It is one of the tertiary and multispecialty hospital which serves more than 2000 OPD patients and having all the specialty departments.

ASSUMPTION

Patients with hypertension may have increased anxiety.

HYPOTHESIS

- H1:** There will be a significant association between the level of anxiety and management of hypertension among hypertensive patients with their selected demographic variables.
- H2:** There will be significant correlation between anxiety and management of hypertension among hypertensive patients.

DELIMITATION

- The period of data collection is delimited to 1 week.
- The sample size is delimited to 80 samples.
- The study conducts through hypertension patients

who visit at SRM MCH & RC.

REVIEW OF LITERATURE

A detailed literature evaluation is essential to the research process. This entails a thorough and systematic review of previous studies on the subject issue. Before starting a new research field, it is critical for the To build a firm foundation for their work, researchers must first grasp existing information. This process aids in the progression of the investigation. A well-conducted literature review can generate fresh insights. The researcher conducted a thorough literature evaluation to provide a solid foundation for the study, which is split into the following sections:

The Literature Review

is Categorized into Two Sections

:
Section A: Studies on the Prevalence of Hypertension

Section B: Studies on Anxiety Among Patients with Hypertension.

METHODOLOGY

The analysis covers research methods, study design, population, sample methodologies, data gathering, and analytic strategies. The present study goal is to evaluate the interaction between. Anxiety levels with hypertension control among hypertensive patients.

RESEARCH APPROACH, DESIGN, SETTING AND POPULATION.

This study uses a quantitative research approach to meet its objectives. The research design used in this study was descriptive. The study was conducted among the hypertensive patients attending SRM MCH & RC. Hypertensive patients were the target demographic in SRM MCH and RC. Accessible Population Hypertensive patients who visit the OPD at SRM MCH & RC.

SAMPLESIZE,TECHNIQUES,VARIABLE,CRI TERIA FOR SAMPLE SELECTION.

The sample was the hypertensive patients attending OPD at SRM MCH &RC, who satisfied

A STUDY TO ASSESS THE RELATIONSHIP BETWEEN THE LEVEL OF ANXIETY AND MANAGEMENT OF HYPERTENSION AMONG THE HYPERTENSIVE PATIENTS AT SRM MCH & RC

the inclusion criteria. A total of 80 participants constituted the study sample. Purposive sampling method was adopted for the study. Study variable aims to assess anxiety levels and hypertension control among hypertensive individuals. The Demographic variables Factors to consider include age, marital status, gender, religion, education level, work position, monthly family income, dietary habits, and family history of diabetes or hypertension, Levels of Exercise. Hypertensive patients are attending OPD new and old patients. Male and female of age 35-75 years. The patients come with the regular medical treatment for hypertension. The hypertensive patients who can understand Tamil / English. The hypertensive patients who are willing to participate in the study. Samples with Visual / hearing disability Patients with other complications.

DATA COLLECTION PROCEDURE.

The pilot study served as a test run for the research. Written consent from SRM MCH and RC was obtained. The pilot study focused on samples that met the inclusion criteria. The sample was selected via purposive sampling technique. The questionnaire aimed to assess the relationship between hypertension treatment at SRM MCH & RC and patients' levels of worry. It was determined that the primary inquiry could proceed.

This data was collected over the course of one week. Data was acquired from hypertension patients who visited medical OPD. The goal of the study was conveyed to the participants. The purposive sampling technique was applied and the total. There were 80 samples obtained from the medical OPD. The researcher described the instrument and participants chose answers to assess anxiety and manage hypertension. Subjects were given consent, institutional permission, and ethical approval before administering structured multiple-choice questions and the Hamilton anxiety rating scale. Data analysis was completed and evaluated.

DATA ANALYSIS AND INTERPRETATION.

This chapter analyzes data from 80 hypertensive patients at SRM MCH & RC to assess anxiety levels and treatment outcomes.

Frequency distribution of demographic variables of hypertension patients in SRM MCH & RC.

Level of anxiety among the hypertensive patients attending OPD at SRM MCH & RC. Management of hypertension among the hypertensive patients attending SRM MCH & RC. Association between the level of anxiety and management of hypertension among the hypertensive patients with their selected demographic variables. Correlation between the level of anxiety and management of hypertension among the hypertensive patients.

Table: Frequency distribution of demographic variables of hypertensive patients in SRM MCH & RC.

NO = 80

S.N O	Demograph ic Variable	Class	No.Of Patients	Percentag e
1.	Age (in year)	35-45	21	26.3%
		46-55	20	25%
		56-65	11	13.8%
		> 65	28	35%
2.	Gender	Male	41	51.3%
		Female	39	48.8%
3.	Marital Status	Single	14	17.5%
		Married	66	82.5%
4.	Religion	Hindu	60	75%
		Muslim	8	10%
		Christian	12	15%
5.	Educational Status	Illiterate	12	15%
		Primary School	22	27.5%
		Secondary School	21	26.3%
		Graduate and above	25	31.3%
6.	Occupation	Self-Employed	31	38.8%
		Workin g in Compa ny	21	26.3%
		Skilled	15	18.3%
		House wife	13	16.3%
7.	Family Monthly Income (in Rs.)	<10,000	29	36.3%
		15,000-20,000	28	35%
		> 20,000	23	28.8%
8.	Dietary	Vegetarian	17	21.3%

A STUDY TO ASSESS THE RELATIONSHIP BETWEEN THE LEVEL OF ANXIETY AND MANAGEMENT OF HYPERTENSION AMONG THE HYPERTENSIVE PATIENTS AT SRM MCH & RC

	Pattern	Non-Vegetarian	10	12.5%
		Both	53	66.3%
9.	Family history of hypertension	Yes	21	26.3%
		No	59	73.8%
10.	Types of Exercise	Walking	25	31.3%
		Jogging	15	18.8%
		None	40	50%

According to table 1, Most of them were males, 35% belongs to the age of >65yrs, 82% were married, 72% belongs to Hindu, 31% has completed graduation, 38.8% were self-employed, 36% had family monthly income of Rs. <10,000, 66% of them taking (veg and non-veg), 73.8% have no family history of hypertension and majority of 50% they don't follow any exercise and 31.3% of the samples were doing walking alone.

OBJECTIVE 1: To assess the level of anxiety among the hypertensive patients at SRMMCH & RC.

ANXIETY LEVEL

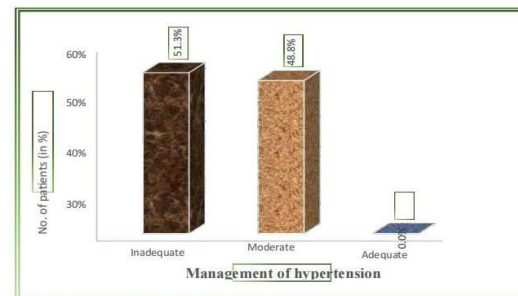
S.No	Level of Anxiety	No. of patients	Percentage
1.	Mild	11	13.8%
2.	Moderate	33	41.3%
3.	Severe	36	45%

The above table infers majority of 45% of the participants have severe Anxiety, which is significant, 41.3% of them have moderate Anxiety, 13.8% of them are having mild Anxiety.

OBJECTIVE 2: To assess the management of blood pressure among hypertensive patients at SRM MCH & RC.

	Gender	Female	14	21	4	8.778	2	0.012*
3.	Marital Status	Single	4	6	4	0.377	2	0.828
		Married	24	27	15			
4.	Religion	Hindu	23	24	13			

MANAGEMENT OF HYPERTENSION



The above table infers 51.3% of them have poor knowledge about management of hypertension, 48.8% of them have moderately adequate knowledge about management of hypertension, none of them have adequate knowledge about management of hypertension which is significant.

OBJECTIVE 3: To associate the level of anxiety and management of blood pressure among the hypertension patients with selected demographic variables NO = 80 (Chi- Square test)

S. No	Demographic Variable	Class	Level of anxiety	Management of Blood pressure	Chi-square Value	D.F	P Value
1.	Age (in year)	35-45	Poor	5	11.827	6	0.066
		46-55	Moderate	11			
		56-65	Good	5			
		> 65		15			
				10			
2.		Male		14			
				12			
				15			

**A STUDY TO ASSESS THE RELATIONSHIP BETWEEN THE LEVEL OF ANXIETY AND
MANAGEMENT OF HYPERTENSION AMONG THE HYPERTENSIVE PATIENTS AT SRM
MCH & RC**

		Muslim	2	4	2	1.513	4	0.824
		Christian	3	5	4			
5.	Educational Status	Illiterate	6	5	1			
		Primary School	10	6	6	11.837	6	0.066
		Secondary School	6	13	2			
		Graduate and above	6	9	10			
6.	Occupation	Self-Employed	13	13	5			
		Working in Company	10	5	6	18.492	6	0.005**
		Skilled	1	6	8			
		House wife	4	5	4			
7.	Family Monthly Income (in Rs.)	<10,000	11	16	2	12.860	4	0.012*
		15,000-20,000	10	12	6			
		> 20,000	7	5	11			
8.	Dietary Pattern	Vegetarian	4	5	8	12.067	4	0.017*
		Non-Vegetarian	4	3	3			
		Both	17	25	11			
9.	Family history of hypertension	Yes	8	5	8	4.645	2	0.098
		No	20	28	11			
10.	Types of Exercise	Walking	1	11	13	25.689	4	0.000**
		Jogging	9	3	3			
		None	18	19	13			

** - Significant at 1% level * - Significant at 5% level

A STUDY TO ASSESS THE RELATIONSHIP BETWEEN THE LEVEL OF ANXIETY AND MANAGEMENT OF HYPERTENSION AMONG THE HYPERTENSIVE PATIENTS AT SRM MCH & RC

In the above table, the p values corresponding to the demographic variables “Dietary pattern and Types of Exercise” are less than 0.001 and are highly significant at 1% level and there is high significant association seen between the demographic variables “Dietary pattern and Types of Exercise” and the knowledge on management of Hypertensive patients.

There is an also association seen between the demographic variables such as occupation, dietary pattern and type of exercise with the level of anxiety and management of hypertension among the hypertensive patients.

OBJECTIVE 4: To correlate the level of anxiety and management of blood pressure among hypertension patients.

(Karl Pearson’s coefficient of correlation)

S.No	Test	N	Mean	SD	R value	P value
1.	Management of hypertension	80	3.29	1.593	-0.360	0.001**
2.	Anxiety	80	23.75	5.038		

** - Significant at 1% level * - Significant at 5% level

There is negative correlation seen with the p value = 0.001 which reveals that when the knowledge on management of hypertension increased among the hypertensive patients the level of anxiety decreases and vice versa.

DISCUSSION

The results of the statistical analysis conducted in compliance with the study's objectives were covered in this chapter. A study to evaluate the association between the degree of anxiety and hypertension management for hypertensive patients at SRM MCH & RC was the problem statement. The study employed a descriptive research design. The sample size consisted of 80 patients with hypertension.

STATEMENT OF THE PROBLEM

A study to assess the relationship between the level of anxiety and management hypertension among the hypertensive patients at SRM MCH & RC.

REGARDING THE DEMOGRAPHIC VARIABLES

According to the study 51.3% were males, 82% were married, 72% belongs Hindu, 31% has completed graduation, 38.8 % self-employed, 36% had family monthly income of Rs. <10,000, 66% of them taking (veg and non -veg), 73.8% have no family history of hypertension and 50% they don't follow any exercise.

As per the first objective, to assess the

level of anxiety among hypertensive patients. The study finding revealed that 11(13.8%) had mild anxiety, 33(41.3%) had moderate anxiety, Majority of 36(45.0%) had severe anxiety. Which is highly significant this was supported by Hamrah et al. (2021) found that 42% of hypertensive patients aged 40–59 experienced moderate- to-severe anxiety during the pandemic. The study identified significant associations seen between anxiety levels and lifestyle factors.

As per the second objective to assess the management of hypertension among hypertensive patients. The study finding reveals that among the hypertensive patients, 51.3% of them have poor knowledge about management of hypertension, 48.8% of them have moderately adequate knowledge about management of hypertension, none of them have adequate knowledge about management of hypertension which is significant. This was supported by BMJ Open, 2023 Done the educational interventions, including workshops, one-on-one counselling, and digital tools, improved key self-management behaviours such as medication adherence, dietary changes, and physical activity. Personalized interventions, especially those led by healthcare professionals, were most

A STUDY TO ASSESS THE RELATIONSHIP BETWEEN THE LEVEL OF ANXIETY AND MANAGEMENT OF HYPERTENSION AMONG THE HYPERTENSIVE PATIENTS AT SRM MCH & RC

effective. Secondary outcomes showed better blood pressure control and improved quality of life among participants. Interventions delivered through group-based sessions combined with digital health tools demonstrated significant behavior changes in managing hypertension.

As per the third objective, association between level of anxiety and management of hypertension among the hypertensive patients with selected demographic variable. The demographic variable such as occupation, Dietary pattern, and Type of Exercise had an association with a p value of less than 0.01. Hence the H1 is accepted. This was supported by Brown et al., 2021 involving 10,652 hypertensive patients, anxiety was found to significantly impact hypertension management, particularly treatment adherence. The study showed that 38% of patients with moderate-to-severe anxiety had poor medication adherence, which adversely affected blood pressure control. Younger patients (under 50) and women were more likely to report higher anxiety levels, which correlated with less effective management. Additionally, socio-economic and geographic factors, such as living in urban areas or lacking access to healthcare, were linked to higher anxiety and worse hypertension outcomes. The study highlights the importance of integrating mental health assessments into hypertension care to improve treatment efficacy.

As per the fourth objective, to correlate the level anxiety and management of hypertension among the hypertensive patients. The negative correlation showed with the p value less than 0.01 reveals that the value of knowledge is increasing, the value of anxiety will decrease and vice versa. That is, the patients who have more knowledge on management of Hypertension have less anxiety and the patients who have less knowledge have more anxiety. Hence the H2 is accepted. This was supported by Somaili et al. (2021) explored the relationship between anxiety, depression, and hypertension management. They found that 57% of hypertensive patients experienced

anxiety, which negatively influenced their treatment adherence. Anxiety was linked to poor medication adherence, leading to ineffective hypertension management. Demographic variables such as gender, age, and socio-economic status played significant roles. Women and older patients showed higher anxiety levels, which correlated with lower medication adherence and worse blood pressure control. This study emphasizes the importance of addressing mental health symptoms in hypertensive patients to improve overall management.

CONCLUSION

This summary was concluded to assess the level of anxiety and management of hypertension among the hypertensive patients at SRM MCH & RC. The purpose of the study was to identify the level of anxiety and management of hypertension among the hypertension patients.

The researcher provided implications for nursing practice, administration, education, and research based on the findings.

More research is needed to provide effective hypertension education for nurses and patients. This study will provide valuable information to future scholars. Research can help nurses address hypertension morbidity and mortality rates more effectively and efficiently.

A similar study might be undertaken on a bigger population. Interventions can help manage hypertension and anxiety.

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A STUDY TO ASSESS THE RELATIONSHIP BETWEEN THE LEVEL OF ANXIETY AND MANAGEMENT OF HYPERTENSION AMONG THE HYPERTENSIVE PATIENTS AT SRM MCH & RC

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