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Effect of cinnamon (*Cinnamomum Zeylanicum*) supplementation on serum C-reactive protein concentrations: A meta-analysis and systematic review

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ABSTRACT

Objective: The effect of cinnamon (*Cinnamomum Zeylanicum*) on serum C-reactive protein (CRP), an acute phase protein commonly used as a marker of inflammation, is uncertain. Therefore, the objective of the present study was to conduct a systematic review and meta-analysis of published randomised controlled trials (RCTs) of cinnamon to determine the effect on levels of serum CRP, relative to controls.

Design: Studies were identified by a search of electronic databases including PubMed, Cochrane Library, Google Scholar and Scopus before August 2018. Combined and stratified analyses were used. Weighted mean differences (WMD) and its 95% confidence interval were estimated for net change in serum CRP by using random-effects model. The heterogeneity of meta-analysis was assessed by χ^2 and I^2 test.

Results: Six studies were identified, and data from 285 participants were included. Pooled analysis showed significant reductions in serum CRP (WMD: −0.81 mg/L, 95% CI: −1.36 to −0.26, p = 0.004), with significant heterogeneity between selected studies. Improvements in sub-group analysis were observed when baseline CRP levels were greater than 3 mg/dL, and in trials of > 12 weeks duration. Doses < 1500 mg/day and ≥1500 mg/day were effective in lowering serum CRP (WMD: −0.56 mg/dL, 95% CI: −1.01 to -0.10, p = 0.02 and WMD: −2.13 mg/dL, 95% CI: −4.08 to −0.19, p = 0.03), respectively, with significantly reduced heterogeneity in trials with lower doses of cinnamon < 1500 mg/day (test for heterogeneity: P = 0.22 and I2 = 33%). No changes were found in controls.

Conclusion: Cinnamon supplementation improves levels of serum CRP, particularly in chronic conditions, where basal CRP levels are raised. Further well-designed studies are warranted to confirm or not the above-mentioned findings.

1. Introduction

Cinnamon (*Cinnamomum Zeylanicum*) belongs to the genus Cinnamomum of the Lauraceaeis family, derived from the Hebraic and Arabic term amomon, meaning fragrant spice plant. Comprising over 300 species, it is widely used for its culinary and medicinal properties with Ceylon and Cassia cinnamon being the most abundant in the U.S and EU markets.[1–3] Cinnamon has attracted much attention due to their putative health-related properties, which have been ascribed in part to their polyphenolic content; a diverse group of secondary plant metabolites classified as phenolic acids, flavonoids, stilbenes and lignans.[4] Evidence from experimental studies have shown anti-inflammatory and antioxidative properties, particularly in their ability to reduce reactive oxygen species (ROS), and improve insulin sensitivity and carbohydrate metabolism.[5–8] Clinical studies also indicate improvement in anthropometric parameters, inflammatory mediators, glycemic indices and lipid profiles in patients with type-2 diabetes mellitus (T2DM), non-alcoholic fatty liver disease and rheumatoid arthritis, and those with a BMI ≥ 27 kg/m^2, following cinnamon supplementation.[9]

C-reactive protein (CRP) is an acute phase protein commonly used as a marker of inflammation, and is associated with early stages of several chronic conditions including coronary artery disease (CAD), T2DM, rheumatoid arthritis, pre-diabetes, obesity and nonalcoholic fatty liver disease.[10–13] This increases greatly in inflammation processes

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and shows specific responses in medical conditions such as polycythemia, anemia, and congestive heart failure with no significant changes. However, compared to conventional assessments of inflammation factors such as erythrocyte sedimentation rate (ESR) test, CRP assessment is an ideal indicator in inflammations.[11,12,14,15] Effects of cinnamon supplementation on serum CRP level have been investigated in clinical trial studies. However, evidence from RCTs are limited and remain inconclusive. Therefore, the aim of the present study was to conduct a systematic review and meta-analysis to assess the efficacy of cinnamon supplementation on serum CRP in several chronic inflammatory conditions.

2. Methods and materials

The present meta-analysis was conducted in accordance with PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analysis) requirements for interventional research.[16]

2.1. Search strategy

Four databases, including Pubmed™, Cochrane Library™, Google Scholar™ and Scopus™ were used to identify related publications. Published RCTs were searched from inception to August 2018. Reference lists from retrieved studies were also manually searched for additional relevant publications. The following searches in titles, abstracts and keywords: “CRP or C reactive protein” in combination with “cinnamon” was performed. Studies were included if they followed a RCT study design with cinnamon supplementation as the intervention. Those published in English and/or Persian were included in the study.

2.2. Inclusion and exclusion criteria

The inclusion criteria for selected studies were based on the following; RCTs of oral cinnamon supplementation, those with a duration of more than one week and those reporting mean or median values of serum CRP levels at baseline and by the end of supplementation in control and intervention groups with SD, SEM or 95% CI. The exclusion criteria included duplicated studies, those with no control or placebo group, those with insufficient data at baseline and/or final levels of serum CRP in control and treatment groups, studies with case-control, cohort or cross-sectional design, in vitro and animal studies.

2.3. Data extraction

Data were extracted from published studies independently by three reviewers, and any disagreements were resolved by consensus among the researchers using the standardised extraction forms to guarantee accuracy and consistency. The following key data were extracted: year of publication, country where the intervention was conducted, sample size of both intervention and control groups, clinical condition of subjects, intervention/placebo details and composition including the dosage of cinnamon supplementation (gram or mg per day), treatment duration and significant outcomes. In addition, serum levels of CRP were reported as mg/dL. For papers containing data in mmol/l, a numerical conversion to mg/dL was carried out based on molecular weight. Corresponding authors of trials with no reported mean and SD values for any outcomes of interest were contacted to request their data. Only the studies providing these data were included in the present meta-analysis.

2.4. Quality assessment

We performed a systematic assessment of bias in the included study by using the Cochrane criteria.[17] The items used for each included study assessment were the following ones: adequacy of sequence generation, the allocation concealment, blinding of participants, personnel and outcome assessment, the addressing of drop-outs and incomplete outcome data, selective outcome reporting and other potential sources of bias. According to the recommendations of the Cochrane Handbook, the included studies were rated on each of the items as ‘L’ indicating a low risk of bias, ‘h’ indicating a high risk of bias or ‘u’ when the risk of bias was unclear.[17]

2.5. Statistical analysis

The statistical analyses were performed using Review Manager Software (RevMan 5.3; Cochrane Collaboration, Oxford, England) and Comprehensive Meta-Analysis (version 3.2; Biostat). The pooled weighted mean difference (WMD) and its 95% confidence interval (CI) were estimated to assess the effects of cinnamon on levels of serum CRP. The mean and standard deviation (SD) of levels of serum CRP at baseline and after supplementation in both intervention and control groups were used. Based on the method of Hozo et al. all reported median values with their confidence intervals (CI) or their ranges were converted to mean and SD.[18]. Existence of heterogeneity and the percentage of total variation between studies was assessed by the Cochran’s Q-test at $P < 0.05$ level of significance and I2 test ($I2 < 50\%$). Based on the results (present significant heterogeneity with $p < 0.05$ from $\chi 2$ test), a random eff ;ects model was used if $I2 > 50\%$ and $P < 0.1$. A fixed effects model was used if $I2 < 50\%$ and $P > 0.1$.To identify the influence of modulators, pre-defined subgroup analyses were conducted according to the Cochrane guidelines including treatment duration, dose of intervention, measuring serum CRP/hs-CRP and baseline CRP level. Sensitivity analysis was performed to estimate the effects of each trial on the pooled effect size, in which a single trial was omitted each time and the effect size was re-calculated to assess the influence on the overall effect size. In order to examine potential publication bias, the funnel plot test was performed. If publication bias exists, the funnel plot shows an asymmetric shape. Additionally, Begg’s rank correlation test and Egger’s weighted regression test were used to elucidate possible bias. A P-value < 0.05 was considered statistically significant.

3. Results

3.1. Search results and study selection

A flow chart depicting the process of selection and literature search is presented in Fig. 1. The literature search of electronic databases identified 205 potential relevant articles. After removing duplicates (n = 112), titles and abstracts were screened and sixty-four studies were excluded, as they were not relevant to our analysis or were not in English language. A further 23 studies were excluded after further evaluation due to molecular or animal experiments (n = 11), observational studies (n = 2), reviews or editorial papers (n = 5), not enough data for characterisation of subjects or insufficient reporting of baseline and/or follow-up serum CRP levels in the cinnamon and/or control group (n = 2), and studies with no control group (n = 3). Finally, a total of 6 RCTs were included in this meta-analysis.

3.2. Description of the studies and quality assessment

All trials were published between 2014 to 2018 and were conducted in France, India, Iran and the USA.[19–24] A total of 285 adult participants were re-analysed in the study, of which 144 were allocated to receive cinnamon supplementation and 141 to a control group. Cinnamon dosage ranged from 1200 mg/day to 3000 mg/day, with a median dose of 1850 mg/day.[19–24] Cinnamon capsules, stick and extracts were the formulations used in these trials. Duration of supplementation ranged from 8 weeks to 24 weeks with a median duration of 14 weeks.[19–24] Selected studies enrolled patients with non-alcoholic fatty liver disease, T2DM, metabolic syndrome, obesity, pre-diabetes and rheumatoid

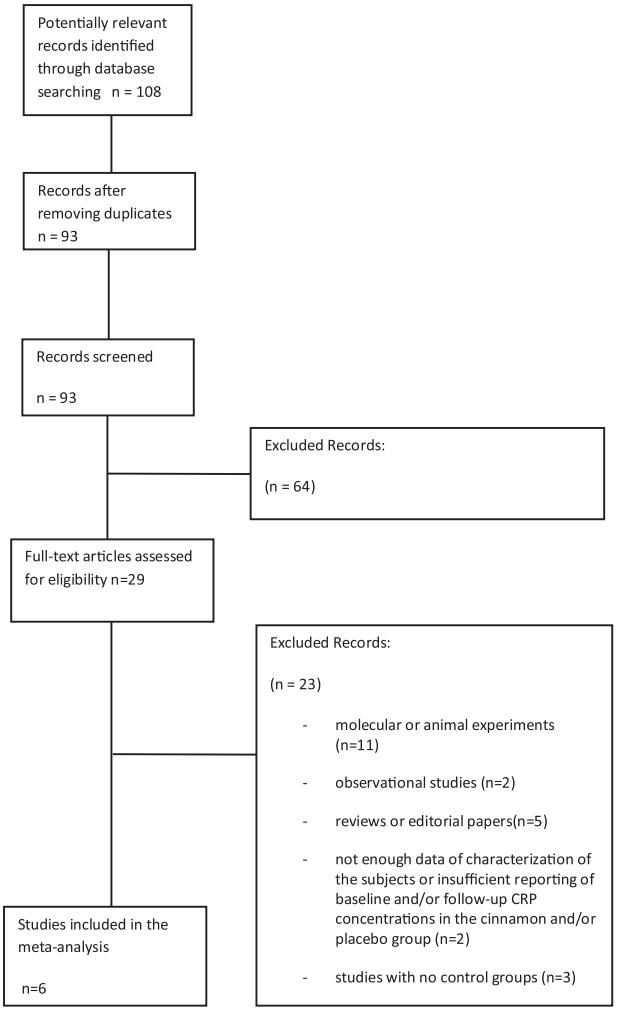

Fig. 1. Meta-analysis Flow Diagram.

arthritis.[19–24]

Baseline level of serum CRP ranged from 1.69 mg/dL to 5.74 mg/dL with a median level of 3.76 mg/dL in the intervention and 3.75 mg/dL in the control groups, respectively. Five of the 6 studies were conducted in both males and females, with one study conducted only in female participants.[19–24] All included trials followed a parallel study design. Three trials evaluated cinnamon in combination with black tea, L-carnosine plus chromium guanylate and a multiple dietary supplement containing cinnamon powder[20,23,24] (Table 1). Cinnamon supplementation was apparently safe and well tolerated by participants in all of the included studies, and no adverse effects were reported.

3.3. Risk of bias assessment

An unclear risk of bias was observed in some of the items including allocation concealment and other potential sources of bias. However, most of the included studies were characterized by adequate information regarding sequence generation, allocation concealment and blinding of participants and personnel. The incomplete outcome data and selective outcome reporting showed a low risk of bias. Details of the quality of bias assessment are presented in Table 2.

3.4. Pooled estimate of the effect of cinnamon supplementation on serum CRP

Significant reductions in the levels of serum CRP were observed following cinnamon supplementation in 3 studies.[21,23,24] Weighted mean difference (WMD) of studies with random effects model analysis showed a significant improvement in serum CRP (WMD: −0.81 mg/L, 95% CI: −1.36 to −0.26, p = 0.004) with a significant heterogeneity between the included trials (test for heterogeneity: P < 0.0002 and I2 = 79%)(Fig. 2).

3.5. Subgroup analyses

Subgroup analysis was performed to determine the potential source of heterogeneity, based on study duration, cinnamon dose, serum CRP and/or high sensitivity CRP (hs-CRP) and baseline CRP following supplementation (Table 3). Results showed that cinnamon supplementation significantly reduced serum CRP levels in participants when the duration of the study was > 12 weeks (WMD: −0.42 mg/L, 95% CI: −0.65 to -0.20, p = 0.0002). The heterogeneity significantly decreased after subgroup analysis by duration of study (test for heterogeneity: P = 0.96 and I2 = 0%). Subgroup analysis on studies with cinnamon doses of < 1500 mg/day and ≥1500 mg/day also significantly influenced levels of serum CRP (WMD: −0.56 mg/dL, 95% CI: −1.01 to −0.10, p = 0.02 and WMD: −2.13 mg/dL, 95% CI: −4.08 to −0.19, p = 0.03), respectively. There was significantly reduced heterogeneity in studies with lower doses of cinnamon supplementation (test for heterogeneity: P = 0.22 and I2 = 33%). Results of subgroup analysis based on baseline serum CRP also showed that cinnamon supplementation decreased levels of CRP in those with baseline CRP levels of more than 3 mg/dL (WMD: −0.42 mg/L, 95% CI: −0.65 to −0.20, p = 0.0002). Moreover, the heterogeneity decreased significantly after subgroup analysis by trials with baseline CRP levels of more than 3 mg/dL.

3.6. Sensitivity analysis

Sensitivity analysis was performed to determine the effect of each study on the estimated pooled effect size. Results of omitting each study on the effect size ranged from -0.55 mg/L (95% CI = -0.98, -0.11) to -1.07 mg/L (95% CI = -1.80,-0.35) (Fig. 3).

3.7. Publication bias

The publication bias of this meta-analysis was assessed by examination of funnel plot. The symmetrical funnel plots suggested that the selection of publication was not a possible source of bias (Fig. 4). The absence of publication bias was confirmed by Egger's linear regression (intercept: −3.9; standard error: 3.82; 95% CI: −5.91, 1.94; t = 1.4, df = 4; two-tailed p = 0.23). Moreover, Begg's rank correlation did not highlight any publication bias (Kendall's Tau with continuity correction: −-0.4; z = 1.12; two-tailed p = 0.25).

4. Discussion

The present meta-analysis included a total of 285 adults presenting with non-alcoholic fatty liver disease, T2DM, metabolic syndrome, obesity, pre-diabetes and rheumatoid arthritis from 6 RCTs. Despite considerable heterogeneity among the studies, our findings indicate improvement in the levels of serum CRP following cinnamon supplementation. To our knowledge, this is the first systematic review that has assessed the effects of cinnamon supplementation on serum CRP.

Significant reductions in serum CRP levels by −0.81 mg/dL were observed following cinnamon supplementation with no detectable changes in the control group. These findings were consistent across four of the individual six RCTs assessed in this study.[19,21–23]. Reductions in the levels of serum CRP, as observed in the present study, are clinically important because levels < 1 mg/dL are associated with a lower risk of cardiovascular events, whereas concentrations > 3 mg/dL are associated with increases in the risk of coronary heart disease up to 58%.[25,26]

Table 1
General characteristics of the included studies in the meta-analysis.

Auther	Year	Country	Design	No. of Subjects in case group	No. of controls	Gender	Age(mean)- case group	Age(mean)-control	Inclusion criteria	Clinical Condition of Subjects	Follow-up Duration (weeks)	Dosage (mg/d)	Co-Supplements or other drugs	Significant Outcome	Baseline CRP level (mg/l)
Askari	2014	Iran	R, DB, PC	23	22	F/M	44.8 ± 8.5	45.4 ± 8.2	Age between 20 and 65 ; ALT not greater than 60 U/L; no alcohol or drug abuse;no chemotherapy	Nonalcoholic fatty liver disease (NAFLD)	12	1500	No co-supplement	FBS, HOMA index, QUICKI index, total cholesterol, triglycerides, ALT, AST, GGT and hs-CRP changed significantly in the treatment group.	5 mg/l
Azimi	2015	Iran	R, SB, PC	40	39	F/M	54.15 ± 1.0	53.64 ± 1.3	Subjects with T2D, aged ≥30 years, overweight, not on insulin therapy, not taking medications except for oral hypoglycemic agents.	Type 2 diabetes	8	3000	Three glasses of black tea	Significant reduction in total cholesterol, LDL, and elevation in HDL levels.	5.74 mg/l
Jain	2017	India	R, DB, PC	58	58	F/M	44.3 ± 7.2	45.1 ± 8.4	Subjects suffering from other chronic diseases (except for metabolic syndrome) or those on medication of lipid lowering drugs were excluded.	Metabolic syndrome	16	3000	No co-supplement	Significantly decrease in weight, WC, WHR, percentage body fat, total cholesterol, serum triglycerides, LDL-C, SBP, DBP and significant increase in HDL-C.	2.8 mg/l
Liu	2015	France	R, DB, PC	26	26	F/M	Not Mentioned	Not Mentioned	Subjects aged between 25 and 65 years, overweight and unwilling to change their usual dietary and activity were included for randomization.	Overweight or Obese Pre-Diabetic	16	456	200 mg/day L-carnosine 2.5 mg/day Chromium guanylate	Insulin secretion, evaluated by HOMA-B%, increased significantly in supplement group.	4 mg/l
Shishehbor	2018	Iran	R, DB, PC	18	18	F	44.66 ± 11.22	49.11 ± 7.45	Having active Rheumatoid Arthritis, being under treatment with DMARDs, not receiving NSAIDs or cytokine inhibitors.	Rheumatoid Arthritis	8	2000	No co-supplement	There was a significant decrease of serum levels of CRP and TNF-a in the cinnamon group. Diastolic blood pressure was also significantly lower in the intervention group.	3.53 mg/l
Soare	2014	USA	R, SB, PC	28	26	F/M	47 ± 5	44 ± 6	Participants were free of chronic disease. Exclusion criteria included chronic use of medications or dietary	Healthy adults	24	1700	100 mg of resveratrol, 800 mg of green, black, and white tea, 250 mg of pomegranate, 650 mg	No significant outcomes.	1.69 mg/l

(*continued on next page*)

Table 1 (*continued*)

Auther	Year	Country	Design	No. of Subjects in case group	No. of controls	Gender	Age(mean) group	Age(mean)- case	Age(mean)-control	Inclusion criteria	Clinical Condition of Subjects	Follow-up Duration (weeks)	Dosage (mg/d)	Co-Supplements or other drugs	Significant Outcome	Baseline CRP level (mg/l)
										supplements, tobacco use, alcohol abuse, and habitual vigorous exercise.				of quercetin, 500 mg l carnitine, 600 mg of lipoic acid, 900 mg of curcumin, 1 g of sesamin and fish oil.		

There was significant heterogeneity between studies in this meta-analysis, and subgroup analysis indicated that cinnamon supplementation could lower the levels of serum CRP when the trial duration was > 12 weeks. Evidence from other meta-analyses assessing the anti-inflammatory properties of complex medicinal herbs (cinnamon, ginger and other traditional herbs) have also demonstrated significant improvements in serum CRP levels with study durations exceeding 6 and 10 weeks[27–29]

Subgroup analysis on studies with cinnamon doses of < 1500 mg/day and ≥1500 mg/day found significant reductions in the levels of serum CRP. It therefore seems likely that lower doses are effective and may be better than using larger doses of cinnamon, which have been associated with certain adverse effects including diarrhea and headache.[30] However, there were no reported adverse effects observed in the included studies in the present meta-analysis. Similar studies have also failed to report any adverse effect or reaction following cinnamon supplementation. Talaei et al. reported beneficial effects of 1000 mg/day cinnamon (*Cinnamomum zeylanicum*) without side effects,[31] and Tjandrawinata et al. reported a lower risk of hypoglycemic episodes with no effect on gastrointestinal symptoms.[27] Due to the concerns of potential hepatotoxicity with high doses of coumarin; a naturally occurring volatile oil (benzo-α-pyrone) found in cassia cinnamon (or Bakers cinnamon), maximum daily limits have been set in the EU based on the Tolerable Daily Intake (TDI) of 0.1 mg of coumarin per kg bodyweight per day. It is therefore recommended that no more than 0.5–1 teaspoon (ca. 3–6 g) of cassia cinnamon (or Bakers cinnamon) be consumed in the diet each day.[32] Based on these guidelines a dosage of 1500 mg cinnamon as indicated in the present study could theoretically be ingested safely in the human diet.

Moreover, subgroup analysis based on baseline levels showed that cinnamon improved serum CRP levels in those with a higher baseline value (i.e. > 3 mg/dL), with heterogeneity decreasing significantly after subgroup analysis. This finding is in agreement with other studies in which vitamin E supplementation significantly reduced circulating levels of serum CRP only in those with a baseline value of > 3 mg/dL.[33] Therefore, the duration of the study and baseline serum CRP levels were considered to be important and potential sources of observed heterogeneity.

CRP, and particularly hs-CRP, is one of the most common and frequently used biomarkers for assessing the inflammatory status, with predictive values for several chronic diseases including CVD.[34–42] The anti-inflammatory properties of cinnamon have been reviewed extensively, and several mechanisms of action have been described.[43–47] There are several studies reported beneficial effects of cinnamon and other nutraceuticals on CRP and blood lipids as well[48–51] In vitro and in vivo studies have reported inhibition of nuclear factor kappa B (NF- κB) by 2`-hydroxycinnamaldehyde isolated from C. cassia bark,[44] and tumor necrosis factor-α (TNF-α) with extracts of cinnamon in a lipopolysaccharide (LPS) model.[45] Inhibition of TNF-α genes by cinnamon water extract via modulation of JNK, p38, ERK1/2 activation and Iκ-Bα degradation have also been demonstrated.[46] Hong et al. reported the inhibition of the expression of TNF-α by polyphenol-rich cinnamon water extract (CWE) fraction containing procyanidins, catechin, epicatechin and ellagic acid.[47] Cinnamon may also downregulate the expression of various NF-κB-regulated pro-inflammatory adipo-cytokines, (i.e. MCP-1, MCP-4, and eotaxin and interleukins), in addition to plasminogen activator inhibitor type-1 (PAI-1), through the inhibition of the transcription factor early growth response (Egr)-1 gene product, which has been closely linked with insulin resistance and obesity.

Some limitations of this meta-analysis include not controlling for confounding factors (i.e. dietary intake, physical activity and medications for several chronic conditions), which may have influenced our results. Most of the RCTs included were of a relatively small sample size to conclude any definite results, and the characteristics of the study population were heterogeneous (i.e. patients with non-alcoholic fatty liver disease, T2DM, metabolic syndrome, obesity, pre-diabetes and

Table 2
Quality of bias assessment of the included trials according to the Cochrane guidelines.

Studies, Year	Sequence Generation	Allocation Concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	selective outcome reporting	other potential sources of bias
Askari;2014	L	L	L	L	L	L	U
Azimi;2015	L	L	L	H	L	L	L
Jain;2017	L	U	L	H	L	L	H
Liu;2015	L	U	L	H	L	L	L
Shishehbor;2018	L	L	L	L	L	H	U
Soare;2014	L	U	H	L	L	L	L

L, low risk of bias; H, high risk of bias; U, unclear risk of bias.

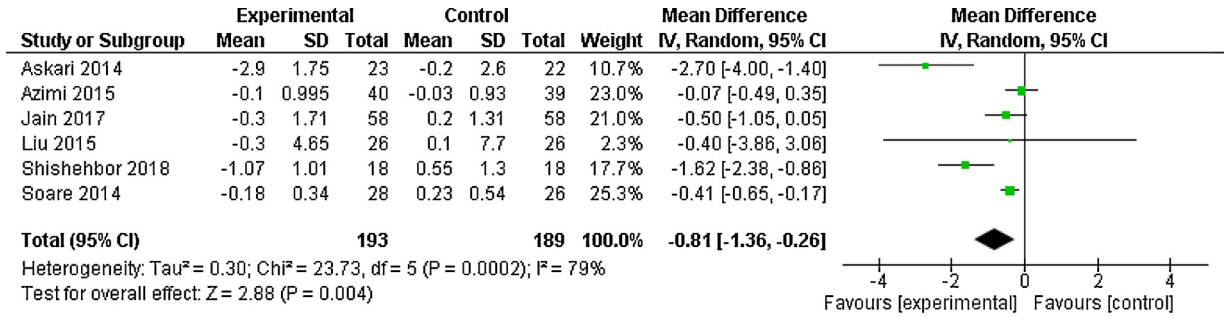

Fig. 2. Forest plots showing the pooled effect size of cinnamon supplementation on serum C-reactive protein (mg/L). Random effects model was used to pool the mean change of indicators. CI, confidence interval; I-squared inconsistency.

Table 3
Subgroup analysis of cinnamon supplementation on serum CRP level.

Subgroup		No	WMD (95% CI)	Test for overall effect	Test for heterogeneity	I2(%)
Duration of study, weeks						
	≤12 weeks	3	−1.37 [-2.86, 0.12]	p = 0.07	p < 0.0001	91
	> 12 weeks	3	−0.42 [-0.65, -0.20]	P = 0.0002	P = 0.96	0
Cinnamon dose, mg/day						
	≥1500 mg/d	4	−0.56 [-1.01, -0.10]	P = 0.02	P = 0.007	76
	< 1500 mg/d	2	−2.13 [-4.08, -0.19]	P = 0.03	P = 0.22	33
CRP/hsCRP						
	CRP	2	−0.96 [-2.14, 0.22]	P = 0.11	P = 0.003	89
	hsCRP	4	−0.83 [-1.78, 0.11]	P = 0.08	P = 0.002	79
Baseline CRP, mg/L						
	< 3	2	−1.26 [-2.62, 0.10]	P = 0.07	P < 0.0001	87
	≥3	4	−0.42 [-0.65, -0.20]	P = 0.0002	P = 0.77	0

*Abbreviations: CRP, C-reactive protein; hsCRP, high-sensitivity C-reactive protein; WMD, weighted mean difference; CI, confidence interval.

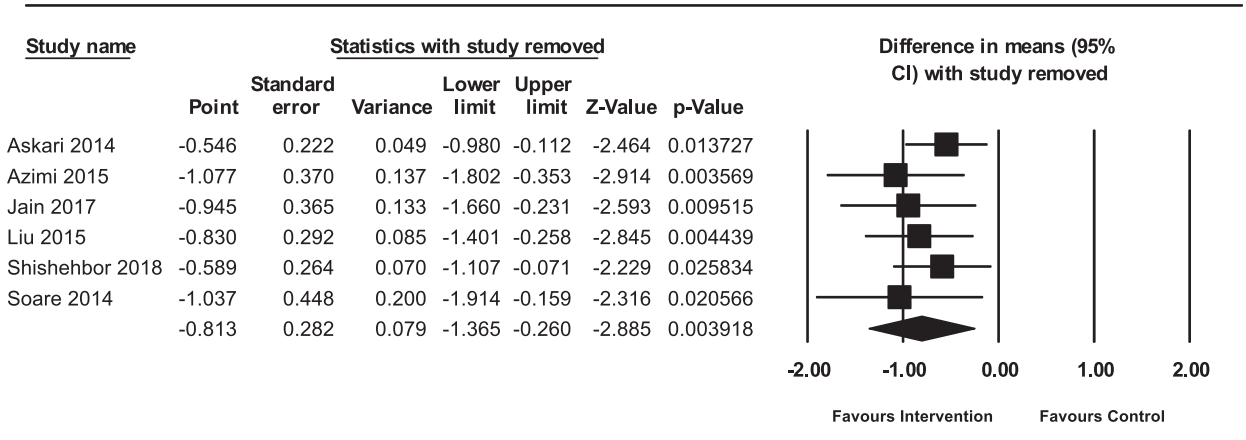

Fig. 3. Sensitivity analysis for the effect of cinnamon supplementation on serum CRP levels.

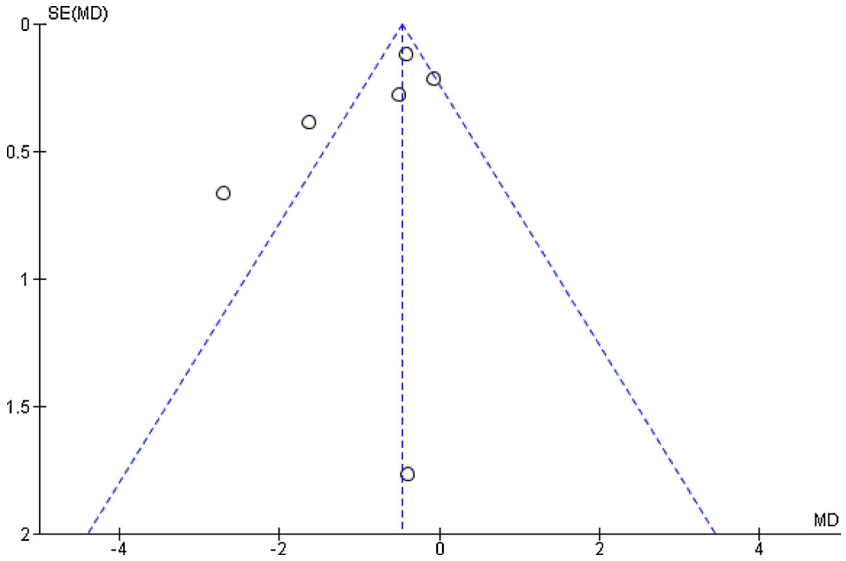

Fig. 4. Funnel plot of included studies measured serum CRP level. MD = Mean Difference, SE = standard error.

rheumatoid arthritis). Despite these limitations, there were several strengths to this study. Firstly, it is to our knowledge, the first time a systematic review and meta-analysis has been performed in the evaluation of cinnamon supplementation on serum CRP levels. A random effects model was used for assessing heterogeneity between studies, and RCTs were assessed using subgroup analysis with performed sensitivity and meta-regression analyses.

5. Conclusion

In conclusion, cinnamon supplementation may exert anti-inflammatory properties, as indicated by the reduction in serum hs-CRP levels. This was particularly evident when basal hs-CRP levels were > 3 mg/L, in trials with a duration > 12 weeks, and with dosages of 1500 mg/daily. However, due to the limited availability and significant heterogeneity of the available RCTs, conclusions cannot easily be drawn and further well-designed studies are warranted to confirm these findings.

Authors' contributions

N.V. and S.J. conceived and planned the experiments. S.J. and A.D. carried out the literature search in databases. S.J. and M.T. and A.D. contributed to quality assessment and statistical analysis. C.T. and N.V. contributed to the interpretation of the results. C.T. took the lead in writing the manuscript. All authors provided critical feedback and helped shape the research, analysis and manuscript.

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Conflict of interest

There is no conflict of interest regarding this manuscript.

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