

# Best Evidence Summaries of Topics in Mental Healthcare

## **BEST** *in* **MH** *clinical question-answering service*

### **Question**

“In adults with psychosis, how effective is yoga, compared to treatment as usual, in improving patient outcomes?”

### **Clarification of question using PICO structure**

*Patients:* Adults with psychosis

*Intervention:* Yoga

*Comparator:* Treatment as usual

*Outcome:* Improving patient outcomes

### **Clinical and research implications**

Evidence identified by one good quality systematic review was found to be insufficient to support recommendations on the use of yoga in patients with schizophrenia; meta-analyses included in this review showed no significant difference in effect on symptoms between yoga and usual care, or between yoga and exercise. Two additional RCTs, both with significant methodological weaknesses, provided some contradictory evidence supporting an improvement in symptoms for patients with psychosis/schizophrenia treated with yoga compared to those treated with exercise or a waiting list control group. All studies included in this summary assessed the effectiveness of yoga as an adjunct to pharmacological therapy. Given the apparent contradictions in the available data, it is not currently possible to draw firm conclusions regarding the effectiveness of yoga in patients with psychosis. Further large, high quality RCTs are needed to inform this question, particularly for patients with diagnoses other than schizophrenia. An up-date to the systematic review and meta-analyses, including recently published studies, may also be informative.

### **What does the evidence say?**

*Number of included studies/reviews (number of participants)*

We identified one systematic review,<sup>1</sup> and three additional randomised controlled trials (RCTs),<sup>2,3,4</sup> which reported data relevant to this evidence summary. The systematic review included five studies, with a total of 337 participants with schizophrenia and reported data on symptoms, cognitive and social function, and quality of life for yoga compared to usual care and for yoga compared to exercise.<sup>1</sup> All three RCTs assessed the effectiveness of yoga as an adjunct to pharmacotherapy.<sup>2,3,4</sup> One RCT compared yoga to exercise in patients with a diagnosis of functional non-affective psychosis and reported measures of symptoms, depression and clinical global impression at 2 and 6 weeks.<sup>2</sup> The second RCT compared yoga to usual care in patients with schizophrenia and reported data on general well-being, basic living skills and disability severity at one month; symptom scores were a

specified outcome, but no data were reported.<sup>3</sup> The final RCT was a three arm study comparing yoga, exercise and a waiting list control in patients with schizophrenia; this study reported data on symptom scores and social and occupational functioning at four months follow-up, but between group comparisons were only reported for selected symptom measures.<sup>4</sup>

### *Main Findings*

The systematic review found no statistically significant differences between yoga and exercise on any outcome measure.<sup>1</sup> Two studies, using different quality of life scores (WHO QOL-BREF and GQOLI-74) both showed a small positive effect associated for yoga compared to usual care; pooled effect estimate SMD 2.28 (95% CI: 0.42 to 4.14),<sup>1</sup> but there were no significant differences between yoga and usual care for symptom scores, or cognitive and social functioning.<sup>1</sup> The RCT which compared yoga to exercise found no significant differences between the treatment groups at two weeks.<sup>2</sup> At six weeks, participants in the yoga group had lower mean scores than those in the exercise group on Clinical Global Impression (CGI), Hamilton Depression Rating Scale (HDRS), total Positive and Negative Syndrome Scale (PANSS) and PANSS general psychopathology subscore; there were no statistically significant differences in PANSS positive or negative scores.<sup>2</sup> The RCT which compared yoga to usual care reported greater improvements in measures of general well-being, basic living skills and severity of disability in the yoga group, however, numerical data were poorly reported and there were no data supporting between group comparisons.<sup>3</sup> The three arm RCT, which compared yoga with exercise and a waiting list control, reported that yoga was associated with significant improvements in PANSS scores from baseline to four months and both yoga and exercise were associated with significant improvements in social and occupational functioning.<sup>4</sup> The odds ratios (ORs) for obtaining improvement in PANSS negative scores were 5.00 (95% CI: 1.01 to 24.74) for yoga versus exercise and 5.17 (95% CI: 1.32 to 20.1) for yoga versus waiting list control.<sup>4</sup> The OR for improvement in total PANSS score, for yoga versus waiting list control was 6.58 (95% CI: 1.69 to 25.66).<sup>4</sup> No between group comparisons were reported for PANSS positive score, SOFS score, or for yoga versus exercise on total PANSS score.<sup>4</sup>

### *Authors Conclusions*

The systematic review concluded that there was only moderate evidence for short-term effects of yoga on quality of life and that the evidence was insufficient to support recommendations on yoga as a routine intervention for patients with schizophrenia. Three additional RCTs concluded that yoga may be beneficial, for patients with psychosis/schizophrenia, when used in addition to pharmacological treatment.

### *Reliability of conclusions/Strength of evidence*

One good quality systematic review, reported some data suggesting a small beneficial effect on quality of life measures for yoga compared to usual care in patients with schizophrenia, but concluded that evidence was insufficient to support recommendations on the use of yoga in these patients; this conclusion accurately reflected the data presented.<sup>1</sup> Three additional RCTs were identified, which appeared to have been published subsequent to the date of the systematic review searches.<sup>2,3,4</sup> All three RCTs assessed the effectiveness of yoga as an adjunctive treatment to pharmacotherapy. One small RCT, of very poor methodological quality, reported that yoga was associated with improvements in measures of general well-being, basic living skills and severity of disability in patients with schizophrenia, when compared with usual care, however, the data presented were not adequate to support these observations.<sup>3</sup> Two larger RCTs, both with significant methodological weaknesses, provided some evidence to support an improvement in symptoms for

patients with psychosis/schizophrenia treated with yoga compared to those treated with exercise or a waiting list control group.<sup>2,4</sup> There was evidence of selective reporting of those outcome measures which showed a statistically significant treatment effect for yoga.<sup>3,4</sup>

### **What do guidelines say?**

Neither NICE nor SIGN guidelines discuss the use of yoga as an intervention for psychosis.

The evidence contained in this summary does not add substantially to current guidelines.

**Date question received:** 19/11/2013

**Date searches conducted:** 19/11/2013

**Date answer completed:** 2/12/2013

### **References**

#### **SR**

1. Cramer, H., Lauche, R., Klose, P., Langhorst, J. and Dobos, G. (2013) Yoga for Schizophrenia: a systematic review and meta-analysis. *BioMedCentral Psychiatry* 12 (32)

#### **RCT**

2. Manjunath, R.B., Varambally, S., Thirthalli, J., Basavaraddi, I.V. and Gangadhar, B.N. (2013) Efficacy of yoga as an add-on treatment for in-patients with functional psychotic disorder. *Indian Journal of Psychiatry* 55 (3) s374-378.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3768215/>

3. Paikkatt B, Singh AR, Singh PK, Jahan M. Efficacy of yoga therapy on subjective well-being and basic living skills of patients having chronic schizophrenia. *Ind Psychiatry J* 2012;21:109-14

<http://www.industrialpsychiatry.org/article.asp?issn=0972-6748;year=2012;volume=21;issue=2;spage=109;epage=114;aulast=Paikkatt>

4. Varambally, S., Gangadhar, B.N., Thirthalli, J., Jagannathan, A., Kumar, S., Vankatasubramanian, G., Muralidhar, D., Subbakrishan, D.K. and Nagendra, H.R. (2012) Therapeutic efficacy of add-on yogasana intervention in stabilized outpatient schizophrenia: Randomized controlled comparison with exercise and waitlist. *Indian Journal of Psychiatry* 54 (3) pp.227-232.

<http://europepmc.org/articles/PMC3512358;jsessionid=PjSlfpRa7LpE2Buinsv6.38>

## Results

### Systematic Reviews

| Author (year)        | Search Date | Inclusion criteria   | Number of included studies    | Summary of results  | Risk of bias   |
|----------------------|-------------|--|-------------------------------|---|--|
| Cramer et al. (2013) | 28/08/2012  | <p><i>Participants:</i><br/>Adults with schizophrenia according to DSM, RDC, ICD, or other clinician based diagnosis criteria. Participants with unclear diagnostic criteria, who were currently being treated for schizophrenia were also eligible. No exclusion criteria were reported.</p> <p><i>Intervention:</i><br/>Yoga, including at least one of the following: physical activity, breath control, meditation, and/or lifestyle advice (based on yoga theory and/or traditional yoga practices). Studies on multimodal interventions, such as mindfulness-based stress reduction and mindfulness-based cognitive therapy that include yoga were excluded; other co-interventions were allowed.</p> <p><i>Comparator:</i><br/>Usual care, exercise, or other non-pharmacological interventions</p> <p><i>Outcomes:</i><br/>Outcomes included measures of symptoms, quality of life, cognitive and social function, and number and duration of hospital admissions.</p> <p><i>Study design:</i></p> | 5 studies, n=337 participants | <p>The review aimed to assess the effectiveness of yoga in patients with schizophrenia.</p> <p>Included participants had a median age of 32.5 years (range 28.2 to 48.1) and between 31 and 60% of participants in each study were female. The median duration of illness was 88.6 months (range 76.4 to 129.7 months) and all study participants were stabilised on antipsychotic medication.</p> <p>All yoga interventions included yoga postures, breath control, and meditation/Relaxation. Yoga was taught by clinicians, physical or occupational therapists, or certified yoga instructors. Intervention duration varied from a single 30 minute session to 25 45-minute sessions over one month, followed by three months of home-based yoga. Where the yoga intervention was compared to exercise, exercise interventions were matched to yoga in terms of frequency and duration.</p> | <p>The review reported a clear objective and inclusion criteria were fully defined.</p> <p>Searches included five bibliographic databases, without language restrictions, and were supplemented by reference screening, reducing the likelihood of relevant studies being omitted. However, only studies published as full journal articles were included, raising the potential for</p> |

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|  |  | <p>RCT</p> |  | <p>All studies assessed short term outcomes (defined as the time point closest to 12 weeks after randomisation) only.</p> <p>Yoga compared to usual care:<br/> Yoga showed no statistically significant treatment effect on positive symptoms (2 studies), negative symptoms (2 studies), cognitive function (1 study), or social function (3 studies). Two studies, using different quality of life scores (WHO QOL-BREF and GQOLI-74) both showed a small positive effect associated with yoga; pooled effect estimate SMD 2.28 (95% CI: 0.42 to 4.14).</p> <p>Yoga compared to exercise:<br/> No statistically significant difference was found between yoga and exercise on any short term outcome measure assessed (positive symptoms (2 studies), negative symptoms (2 studies), quality of life (1 study), cognitive function (1 study), social function (2 studies)).</p> | <p>publication bias; the small number of included studies meant that publication bias could not be formally assessed.</p> <p>All stages of the review process included measures to minimise error and/or bias (involvement of at least two reviewers).</p> <p>The methodological quality of included studies was assessed using the Cochrane risk of bias tool.</p> <p>Appropriate meta-analytic methods were used.</p> |
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## RCTs

| Author (year)           | Inclusion criteria  | Number of participants                                   | Summary of results  | Risk of bias  |
|-------------------------|---|--|---|---|
| Manjunath et al. (2013) | <p><i>Participants:</i><br/>Newly admitted (within one week) adult patients with a diagnosis of functional non-affective psychosis, according to DSM-IV, who's status permitted participation in yoga/exercise.</p> <p><i>Intervention:</i><br/>Yoga therapy, one hour daily for two weeks (at least 10 sessions), delivered by a fully trained yoga therapist. After two weeks, patients were directed to practice daily for a further four weeks.</p> <p><i>Comparator:</i><br/>Exercise therapy sessions, of the same duration and frequency, also delivered by a trained yoga therapist.</p> <p><i>Outcomes:</i><br/>Severity of clinical state (PANSS, HDRS, CGIS), extrapyramidal side-effects (SAS). Assessments were undertaken at baseline and at two and six weeks.</p> | n = 88, n=44 (yoga group, n=44 physical exercise group). | <p>This study aimed to compare the effects of yoga or exercise as adjunct treatments to antipsychotic medication, in newly admitted patients with functional non-affective psychosis.</p> <p>Patients received antipsychotic and anti-parkinsonian medication at the discretion of the treating psychiatrist.</p> <p>The mean age of study participants was 31 years and 44% were female. Participants in the yoga and exercise groups were comparable at baseline on all demographic, diagnostic, clinical (CGIS, PANSS, HDRS) and treatment characteristics assessed. At week two, 5 patients in the exercise group and 1 patient in the yoga group had dropped out. . At week six, 19 patients in the exercise group and 9 patients in the yoga group had dropped out.</p> <p>There were no statistically significant differences between the two groups at two weeks, on any outcome measure.</p> <p>At 6 weeks patients in the yoga group had lower mean scores than those in the exercise group on CGIS (3.11±0.7 versus 3.96±0.7, p&lt;0.01), HDRS (4.71±1.8 versus 6.12±2.0, p&lt;0.01), total PANSS (25.37±11.2 versus 32.76±12.90, p&lt;0.05) and PANSS general psychopathology subscore (10.62±4.90 versus 14.12±6.30, p&lt;0.05). There were no statistically significant differences in PANSS positive or negative symptom scores.</p> | <p>Group allocation used a randomisation table; there was no indication of allocation concealment.</p> <p>No blinding of study participants, personnel, or outcome assessors was reported.</p> <p>Only participants who completed the six week study were included in the analyses.</p> |

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|                        |   |   |   | Data were reported for all specified outcome measures.  |
| Paikkatt et al. (2012) | <p><i>Participants:</i><br/>Adult males with a diagnosis of chronic schizophrenia according to International Classification of Diseases-10 criteria, a minimum duration of illness of 2 years, positive and negative syndrome scale (PANSS) scores ranging from mild to moderate, who were admitted to a psychiatric ward in Ranchi. Patients with major physical problems, co-morbid psychiatric disorders, history suggestive of MR, epilepsy, head injury, concurrent active medical disorder, or an active psychopathology that could interfere with following and understanding instructions were excluded from the study.</p> <p><i>Intervention:</i><br/>Yoga therapy alongside pharmacotherapy, 1.5 hours daily (except holidays) for one month. The rationale and positive effects of yoga were explained at the start of each session.</p> <p><i>Comparator:</i><br/>Pharmacotherapy alone.</p> | n=30, (n=15 yoga group n=15 control group). | <p>This study aimed to assess the efficacy of yoga therapy on subjective well-being, basic living skills, self-care, interpersonal, communicational and routine functions in patients with schizophrenia.</p> <p>Study participants were aged between 20 and 50 years. There were no statistically significant differences in demographic characteristics between the yoga and control groups. One participant each, in the yoga and control groups, did not complete the study.</p> <p>At the end of one month participants in the yoga group showed statistically significant benefits, compared to those in the control group for some measures of general well-being, basic living skills, and communication and understanding.</p> <p>General well-being:<br/>The yoga group showed significant improvement, from baseline to one month, in numbers reporting feeling happiness, feeling good, anger control, and feeling worthiness. Both the yoga and control groups showed improvements in numbers feeling satisfaction and feeling healthy. Adequate sleep was significantly improved only in the control group. No numerical data were reported for</p> | <p>The article reported that participants were randomly assigned to yoga or control groups, but no details of the randomisation procedure were provided.</p> <p>No details of allocation concealment were reported.</p> <p>No blinding of study participants, personnel, or outcome assessors was reported.</p> |






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|                          | <p><i>Outcomes:</i><br/>General wellbeing (PGI), positive and negative symptoms (PANSS), disability due to mental disorder (IDEAS), and a 4 point scale assessing basic living skills. Outcomes were assessed at baseline and at one month.</p>  |   | <p>between group comparisons.</p> <p>Basic living skills checklist:<br/>The article reported that the yoga group showed significant improvement in the areas of personal hygiene in terms of toileting, brushing, bathing, hair care, nail care, eating habits and housekeeping, whereas in the control group significant improvement was noted only in few areas (mainly toileting and eating habits). However, these results were unclear, as the tabulated numerical data were reported in a way which appeared to indicate decline rather than improvement. No numerical data were reported for between group comparisons.</p> <p>Indian disability evaluation assessment scale (IDEAS):<br/>Both the yoga and control groups showed significant improvements in levels of dysfunction, with respect to self care, interpersonal activities and routine work, from baseline to one month. Only the yoga group showed improvement in levels of dysfunction with respect to communication and understanding. No numerical data were reported for between group comparisons.</p> | <p>Only participants who completed the study were included in the analyses.</p> <p>No data on PANSS scores were reported.</p> |
| Varambally et al. (2012) | <p><i>Participants:</i><br/>Adult patients attending outpatient services with a diagnosis of schizophrenia by DSM IV, confirmed by a psychiatrist. Inclusion criteria; receiving antipsychotic medication without a change in dose in previous three months, rated as moderately symptomatic with a score of</p> | n=95 (n=39 yoga, n=22 exercise, n=34 waitlist). | <p>This study aimed to compare the efficacy of yoga, as an adjunct to pharmacotherapy, to exercise or a waiting list control, in outpatients with schizophrenia.</p> <p>There were no statistically significant differences in demographic characteristics between the three groups.<br/>There were no statistically significant differences in baseline clinical characteristics, for participants who completed the</p>   | <p>Randomisation (using random numbers) was undertaken by one investigator who was not involved in</p>                        |





















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|  | <p>three or more on clinical global impression, not received ECT in previous three months</p> <p><i>Intervention:</i><br/>Yogasana, 25, 45 minute sessions in the first month. Regimen included certain postures and breathing patterns (no meditation), delivered by a certified yoga instructor. Continued practice at home was expected.</p> <p><i>Comparator:</i><br/>Exercise (same frequency and duration as for yoga, also with continued practice at home) or waitlist.</p> <p><i>Outcomes:</i><br/>Schizophrenic phenomena (PANSS), social and occupational functioning (SOFS), extra-pyramidal symptoms. Outcomes were assessed at baseline and at four months follow-up.</p> |  | <p>study, between the three groups. At four month follow-up, 24 participants had dropped out; 4 from the yoga group, 14 from the exercise group, and 3 from the waiting list control group.</p> <p>Only the yoga group showed statistically significant improvements in PANSS scores (positive, negative and total), from baseline to one month. Both the yoga and the exercise groups, but not the waiting list control, showed statistically significant improvements in SOFS score from baseline to four months. The odds ratios (ORs) for obtaining improvement in PANSS negative scores were 5.00 (95% C: 1.01 to 24.74) for yoga versus exercise and 5.17 (95% CI: 1.32 to 20.1) for yoga versus waiting list control. The OR for improvement in total PANSS score, for yoga versus waiting list control was 6.58 (95% CI: 1.69 to 25.66). No between group comparisons were reported for PANSS positive score, SOFS score, or for yoga versus exercise on total PANSS score.</p> | <p>treatment or assessment.</p> <p>Allocation was concealed till randomisation; only the social worker and the yoga therapist were informed of allocation at the start of the intervention and the rest of the research team was unaware of allocation.</p> <p>Outcome assessment was undertaken blind to group allocation.</p> <p>Only participants who</p> |
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|  |  |  |  | <p>completed the four month follow-up were included in the analyses.</p> <p>Data were reported for all specified outcome measures, but between group comparisons were only reported for selected measures.</p> |
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### Risk of Bias: SRs


| Author (year)        | Risk of Bias  |   |   |   |   |
|----------------------|---|---|---|---|---|
|                      | Inclusion criteria  | Searches  | Review Process  | Quality assessment  | Synthesis   |
| Cramer et al. (2013) |  |  |  |  |  |

### RCTs

| Study                    | RISK OF BIAS  |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|
|                          | Random allocation   | Allocation concealment  | Blinding of participants and personnel  | Blinding of outcome assessment  | Incomplete outcome data   | Selective Reporting   |
| Manjunath et al. (2013)  |  |  |  |  |  |  |
| Paikkatt et al. (2012)   |  |  |  |  |  |  |
| Varambally et al. (2012) |  |  |  |  |  |  |

 Low Risk

 High Risk

 Unclear Risk

## Search Details

| Source                           | Search Strategy   | Number of hits | Relevant evidence identified |
|----------------------------------|---|----------------|------------------------------|
| <b><i>SRs and Guidelines</i></b> |   |                |                              |
| NICE                             | (schizophrenia OR psychosis) AND (relaxation OR yoga OR exercise)   | 113            | 0                            |
| DARE                             | MeSH DESCRIPTOR Yoga EXPLODE ALL TREES 48 Delete<br>2 MeSH DESCRIPTOR Relaxation Therapy EXPLODE ALL TREES 115 Delete<br>3 (psycho*) IN DARE 3818 Delete<br>4 (schizo*) IN DARE 591 Delete<br>5 MeSH DESCRIPTOR Psychotic Disorders EXPLODE ALL TREES 138 Delete<br>6 MeSH DESCRIPTOR Schizophrenia EXPLODE ALL TREES 458 Delete<br>7 (yoga OR meditat* OR pranayama or asanas) IN DARE 157 Delete<br>8 (relaxation adj2 therap*) IN DARE 131 Delete<br>9 #1 OR #2 OR #7 OR #8 282 Delete<br>10 #3 OR #4 OR #5 OR #6 4286 Delete<br>11 #9 AND #10 | 166            | 1                            |
| <b><i>Primary studies</i></b>    |   |                |                              |
| CENTRAL                          | #1 MeSH descriptor: [Psychotic Disorders] explode all trees 1414<br>#2 Enter terms for search psychosis or psychoticpsychosis or psychotic 4734<br>#3 Enter terms for search "psychotic disorders""psychotic disorders" 1582<br>#4 Enter terms for search #1 or #2 or #3#1 or #2 or #3 4734<br>#5 Enter terms for search yogayoga 706<br>#6 MeSH descriptor: [Yoga] explode all trees 267   | 1              |                              |

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|          | #7Enter terms for search#5 or #6706<br>#8Enter terms for search#4 and #7 42<br>Central only 1  |    |  |
| PsycINFO | 53. PsycINFO; exp PSYCHOSIS/; 88950 results.<br>54. PsycINFO; yoga.ti,ab; 1448 results.<br>55. PsycINFO; YOGA/; 937 results.<br>56. PsycINFO; 54 OR 55; 1530 results.<br>57. PsycINFO; 53 AND 56; 28 results.<br>58. PsycINFO; exp PSYCHOSIS/; 88950 results.<br>59. PsycINFO; yoga.ti,ab; 1448 results.<br>60. PsycINFO; YOGA/; 937 results.<br>61. PsycINFO; 59 OR 60; 1530 results.<br>62. PsycINFO; 58 AND 61; 28 results.<br>63. PsycINFO; (psychosis OR psychotic).ti,ab; 48720 results.<br>64. PsycINFO; "psychotic disorder*".ti,ab; 5499 results.<br>65. PsycINFO; schizophrenia.ti,ab; 74804 results.<br>66. PsycINFO; 58 OR 63 OR 64 OR 65; 124440 results.<br>67. PsycINFO; 61 AND 66; 42 results.<br>68. PsycINFO; 67 [Limit to: Publication Year 2012-Current]; 4 results. | 4  |  |
| Embase   | 35. EMBASE; exp PSYCHOSIS/; 205750 results.<br>36. EMBASE; yoga.ti,ab; 2464 results.<br>37. EMBASE; YOGA/; 3499 results.<br>38. EMBASE; 36 OR 37; 3827 results.<br>39. EMBASE; 35 AND 38; 97 results.<br>47. EMBASE; (psychosis OR psychotic).ti,ab; 54700 results.<br>48. EMBASE; "psychotic disorder*".ti,ab; 7429 results.<br>49. EMBASE; schizophrenia.ti,ab; 96753 results.<br>50. EMBASE; 35 OR 47 OR 48 OR 49; 224366 results.<br>51. EMBASE; 38 AND 50; 103 results.<br>52. EMBASE; 51 [Limit to: Publication Year 2012-Current]; 38 results.  | 38 |  |

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|---------|---|----|--|
| Medline | 53. MEDLINE; exp PSYCHOSIS/; 38569 results.<br>54. MEDLINE; yoga.ti,ab; 1967 results.<br>55. MEDLINE; YOGA/; 1547 results.<br>56. MEDLINE; 54 OR 55; 2388 results.<br>57. MEDLINE; 53 AND 56; 6 results.<br>58. MEDLINE; (psychosis OR psychotic).ti,ab; 40931 results.<br>59. MEDLINE; "psychotic disorder*".ti,ab; 5041 results.<br>60. MEDLINE; schizophrenia.ti,ab; 78090 results.<br>61. MEDLINE; 53 OR 58 OR 59 OR 60; 124700 results.<br>62. MEDLINE; 56 AND 61; 41 results.<br>63. MEDLINE; 62 [Limit to: Publication Year 2012-Current]; 17 results. | 17 |  |
| Summary | NA  | NA |  |

### Disclaimer

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