



Caffeine ingestion by students at the Brazil faculty of medicine: a prospective observational cross-sectional study

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Abstract

Introduction: In higher education, the consumption of stimulant substances such as coffee is increasing intensely due to the high demand of concentration and disposition of individuals. This occurs mainly among medical students. **Objective:** It was to quantify and analyze caffeine intake and its effects on medical students at the Faculty of Medicine of Catanduva, Centro Universitário Padre Albino (UNIFIPA). **Methods:** This study followed a prospective observational cross-sectional model, following the rules of clinical research of the STROBE. Data collection took place from June 2019, through an objective questionnaire and self-application, which was answered by students from the first to the sixth year of FAMECA who were interested in answering and contributing to the research, which had as objective to quantify and analyze the use of caffeine, in addition to its motivations and side effects on the physiology of these students. This study was analyzed and approved by the Research Ethics Committee according to a substantiated opinion number 5,347,594, and obtaining the Informed Consent Form. For data analysis, a common descriptive analysis was performed, obtaining the values of total N, and statistical percentage (%) for all predictors. The One-Way test (ANOVA) was applied, adopting the α level lower than 0.05, with a statistically significant difference for the 95% CI. **Results and Conclusion:** The results of this study revealed that a very large number of university students ingest caffeine. Most of the students started consumption in the pre-college course and in college, with the aim of compensating for sleep, because they like the taste of energy drinks and improve academic

performance, due to the intense routine due to the high workload requires greater attention, in order to to meet the demand for studies. Most students consume moderately caffeine, which is not harmful to health. However, a minority ingest excessive amounts of substances that contain caffeine and side effects are noted. Among these, the ones that stood out were stomach problems, anxiety and tachycardia. Thus, even representing the minority, it is of fundamental importance to carry out more studies on this topic. With this, it will be possible to provide more information to the population so that it is able to assess the impacts of the use of stimulants in clinical practice, in order to minimize possible adverse effects. Finally, the population will be able to use caffeine properly, according to the recommended dose, avoiding major health problems.

Keywords: Medical students. Stimulants. Coffee. Academic achievement. Effects.

Introduction

Over the years, there has been a great increase in the consumption of stimulant substances in order to compensate for the loss of sleep and maintain mental performance. These substances are able to increase alertness, motivation, in addition to improving mood and cognitive performance [1-3]. The main stimulants used for these purposes are caffeine, MDMA, methylphenidate, modafinil, piracetam, energy drinks and amphetamines [4].

Caffeine is one of the most consumed psychoactive substances worldwide and can be found in large amounts in coffee seeds, tea leaves, caffeine-based

medicines, cocoa, guarana, soft drinks and yerba mate. [5-8]. Chemically, caffeine is a fast-acting alkaloid in the human body, being rapidly absorbed by the gastrointestinal system, as it has almost 100% bioavailability [10].

In the body, it acts by blocking adenosine receptors in the brain and spinal cord, in addition to acting on the release of adrenaline, which stimulates the central nervous system (CNS), reducing the feeling of fatigue in the short term, increasing the ability to perform certain tasks, resulting in great physical and intellectual performance and reducing the reaction time to sensory stimuli [9-11]. On the other hand, the consumption of high doses of this substance can cause dependence and tolerance, which can cause anxiety, irritability, tachycardia, tinnitus, nervousness, muscle tremors, as well as negative effects on motor control and sleep quality [7,12].

In higher education, the consumption of stimulant substances is increasing intensely due to the high demand of concentration and disposition of individuals. This occurs mainly among medical students, who have an intense routine due to the high workload of the course and the need to stay alert for longer, in order to meet the demand for studies [13].

Thus, the unbridled use of stimulants by students, without strict nutritional and medical criteria, can directly affect the school performance and health of these individuals. Therefore, considering the above, the present study quantified and analyzed the use of caffeine by medical students, of all periods, from Padre Albino University Center in the city of Catanduva, Sao Paulo, Brazil.

Therefore, the present study aimed to quantify and analyze caffeine intake and its effects on medical students at the Faculty of Medicine of Catanduva, Padre Albino University Center (UNIFIPA).

Methods

Study Design

This study followed a prospective observational cross-sectional model, following the rules of clinical research of the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology), available on: <https://www.strobe-statement.org/>. A descriptive cross-sectional study was carried out with a qualitative-quantitative and field approach, with medical students from the city of Catanduva, in the interior of the state of Sao Paulo.

Questionnaire

Data collection took place from June 2019, through

an objective questionnaire and self-application, which was answered by students from the first to the sixth year of FAMECA who were interested in answering and contributing to the research, which had an objective of quantifying and analyzing the use of caffeine, in addition to its motivations and side effects on the physiology of these students. Data were collected at the institution itself and also through an online questionnaire for students in the last two years, considering the time availability of each class. Specific instructions were given for the survey to be answered correctly, in addition to consent and participation terms.

Ethical Approval

This study was analyzed and approved by the Research Ethics Committee according to a substantiated opinion **number 5.347.594**, and obtaining the Informed Consent Form according to CNS/CONEP Resolution 466/12.

Statistical Analysis

For data analysis, a database was built in a Microsoft Excel spreadsheet that was exported to the Minitab 18® statistical program (version 18, Minitab, LLC, State College, Pennsylvania, USA) (Minitab®) and also to OriginPro® 9 (DPR Group, Inc., Northampton, Massachusetts, USA) (Moberly, Bernards, Waynant, 2018). A common descriptive statistical analysis was performed, obtaining the values of total N, and percentage (%) for all predictors. The One-Way test (ANOVA) was applied, adopting the α level lower than 0.05, with a statistically significant difference for the 95% CI.

Results

The sample consisted only of women, and the total number of responses obtained was 121. Therefore, the sample space consisted of medical students from the Faculty of Medicine of Catanduva whose average age is 21 years and 3 months (max.= 38 years; min.=17 years). Regarding the class, the students who answered the questionnaire belong to classes 45, 46, 47, 48, 49, and 50 (first to the sixth year), with the first year (class 50) being responsible for 42.14% of the answers, the second year (class 49) responsible for 33.88%, the third year (class 48) responsible for 14.04%, the fourth year (class 47) responsible for 5.78%, the fifth year (class 46) responsible for by 3.3%, and the sixth year (class 45) was responsible for 0.82% of the total responses.

In terms of caffeine consumption, 108 women

consume it (89.25%) and 13 do not (10.74%). Regarding the use of haystacks, cigarettes, and the like, 17 people use them (14.05% of the total) and 104 do not (85.95%). As for the pattern of consumption of products containing caffeine, the following were listed: coffee, Coca-Cola, caffeine capsules, energy drink, mate tea, and black tea, with N being the number of people who reported consuming such products. **Table 1** shows these data.

Table 1. Consumption patterns of products containing caffeine were listed: coffee, Coca-Cola, caffeine capsule, energy drink, mate tea, and black tea, adopting the α level lower than 0.05, with a statistically significant difference for the 95% CI.

<i>Consumption pattern of products containing caffeine</i>	<i>N</i>	<i>%</i>
COFFEE	93	55.35
COKE	40	23.8
CAFFEINE CAPSULE	5	2.97
ENERGETIC	24	14.28
CAPPUCCINO	2	1.19
YERBA MATE TEA	2	1.19
BLACK TEA	2	1.19
p-value	p<0.05*	
	* Between the variable "coffee" and the others	

The study also related how many days a week individuals used caffeine. **Table 2** below shows how many days a week people ingest caffeine, with N being the number of people who reported consuming such products.

Table 2. Days in the week of caffeine intake, adopting the α level lower than 0.05, with a statistically significant difference for the 95% CI.

<i>Number of days in the week that caffeine consumption occurs</i>	<i>N</i>	<i>%</i>
1 Day	6	5.55
2 Days	12	11.11
3 Days	12	11.11
4 Days	18	16.66
5 Days	18	16.66
6 Days	11	10.18
7 Days	31	28.7
p-value	p<0.05*	
	* Between the variable "7 Days" and the others	

The number of times caffeine consumption occurs per day was also addressed, with the number of 57

people (47.1%) who claimed to consume it once a day; 35 people (28.92%) 2 times a day, and 17 people (14.04%) claimed to consume 3 times or more a day. As for the amounts of caffeine, the following information presented in **Table 3** below was collected. Considering N the number of people who reported consuming such products in certain portions.

Table 3. Amount of caffeine ingested, adopting the α level lower than 0.05, with a statistically significant difference for the 95% CI.

<i>Portion of caffeine</i>	<i>N</i>	<i>%</i>
<i>American Cup</i>	48	36.92
<i>large cup</i>	17	13.07
<i>small cup</i>	46	35.38
<i>Capsule</i>	3	2.3
<i>Tin</i>	16	12.3
p-value	p<0.05*	
	* Between the variables "American glass" and "small cup" and the others	

As for the reasons that led individuals to ingest caffeine, they were listed as cram school, school, college, family, and the internet. N is the number of people who reported consuming products containing caffeine. This is represented in **Table 4**.

Table 4. Reasons leading to caffeine intake, adopting the α level lower than 0.05, with a statistically significant difference for the 95% CI.

<i>What motivated caffeine intake</i>	<i>N</i>	<i>%</i>
<i>School</i>	2	1.39
<i>Prep school</i>	59	41.25
<i>Faculty</i>	37	25.87
<i>Family</i>	41	28.67
<i>Internet</i>	4	2.79
p-value	p<0.05*	
	* Between the variable "Prep school" and the others	

Regarding the purpose of caffeine use, the following reasons were listed: sleep compensation, liking the taste, reducing exhaustion, improving academic performance, and reducing stress. Considering N the number of people who reported consuming caffeine for this purpose. Such data are shown in **Table 5**.

Table 5. Purpose of caffeine use, adopting the α level lower than 0.05, with a statistically significant difference for the 95% CI.

Purpose of caffeine consumption	N	%
<i>sleep compensation</i>	64	25.39
<i>like the taste</i>	66	26.19
<i>decrease exhaustion</i>	42	16.66
<i>Improve academic performance</i>	66	26.19
<i>decrease stress</i>	14	5.55
p-value	p<0.05*	
*Among the variables "Sleep compensation"; "Like the taste"; "Improve academic performance" and others		

The study found a statistically significant association between caffeine consumption and the most common side effects. N is the number of people who reported having such effects. This association is shown in **Table 6**.

Table 6. Caffeine consumption and side effects.

Side effects	N	%
<i>Insomnia</i>	22	11.16
<i>Headache</i>	27	13.7
<i>Irritation</i>	11	5.58
<i>Anxiety</i>	43	21.82
<i>stomach problems</i>	53	26.9
<i>Tachycardia</i>	37	18.78
<i>None</i>	4	2.03
p-value	p<0.05*	
* Among the variables "Anxiety"; "Stomach problems" and others		

The effects perceived by individuals after caffeine ingestion were analyzed and quantified, as shown in **Table 7**. N is the number of people who claimed to have had such effects.

Discussion

From the data collected on the age of the research participants, it can be seen that it is in agreement with the results found by other authors [1-3]. On the other hand, a study showed a predominance of the age group above 25 years old [14]. Regarding the year in the medical course, the first three classes (50, 49, and 48) are more relevant for the present study, as there was a greater number of responses. The authors Menezes, Nomerg, and Lenz [14], observed that students in the initial periods consumed more caffeine.

Table 7. Perceived effects after caffeine ingestion.

Perceived effects after caffeine ingestion	N	%
<i>well-being improvement</i>	38	15.26
<i>sleep reduction</i>	88	35.34
<i>Fatigue reduction</i>	48	19.27
<i>improvement of concentration</i>	47	18.87
<i>improvement of reasoning</i>	17	6.82
<i>stress reduction</i>	9	3.61
<i>None</i>	2	0.8
p-value	p<0.05*	
*Between the variable "Sleep reduction" and the others		

Although caffeine has no nutritional value and causes several effects that can be beneficial or not, it is part of the daily routine for many people, which makes it the most used stimulant drug in the world [15]. In addition, the lifestyle of medical students contributes to the use of stimulant substances to meet the demand for studies [16]. Thus, such data are in agreement with the results found, in which there was a prevalence of women who consume caffeine.

As for the pattern of consumption of products that contain caffeine, those with the highest results were coffee (55.35%) and Coca-Cola (23.8%). Recent studies have shown that regular coffee intake can help fight chronic and degenerative diseases, such as Parkinson's disease and cardiovascular diseases [17-20], in addition to preventing Type 2 Diabetes Mellitus [21]. It was also observed that about 14.28% of the students consumed energy drinks, which can present a health risk, since these drinks have high levels of caffeine compared to other substances that compose it, such as taurine, caffeine, guarana, ginseng, glucuronolactone, and vitamins [22].

Consumption of a cup of Brazilian coffee (60 mL) can contain between 85 mg and 125 mg of caffeine, with an average intake of around 50.4 mg. Studies recommend that caffeine be consumed in moderate doses, that is, from 200 to 300 mg/day), as it can induce effects such as increased physical, cognitive, and concentration performance. While doses above 600mg are characterized as excessive consumption, they can cause harmful effects such as nervousness, tremors, and mental confusion, among other actions. Therefore, the results of the present study showed that because most medical students make continuous use of caffeine (7 days), between 1 or 2 times a day, using portions that are equivalent to a cup of coffee or an American

cup (190mL), does not imply a potential health risk, as they consume moderate amounts of caffeine. However, in some students, there may be neutralization of the effects expected by caffeine, as it is possible to infer that there was certain habituation to it since there is chronic ingestion of 100mg/day, which is equivalent to one or two cups of coffee [15].

The main reasons that encouraged the consumption of caffeine were prep courses, family, and college. Similar results were obtained by Plumber et al. 2021 [23], in which family and friends influenced coffee and tea consumption.

Regarding the purpose of using caffeine, the participants evidenced sleep compensation (25.39%), improvement in academic performance 26.19% and the taste of flavor 26.19%. Similar results were observed in the study conducted by the authors O'Connor PJ, Kennedy DO, Stahl, 2021 [24], in which the consumption of energy drinks was aimed at sleep deprivation (38%) because they liked the taste of the drink (32%).

Also, the authors Wikoff et al., 2017 [25] reported that caffeine, when ingested by people sensitive to it or consumed in excess, causes several side effects, such as insomnia, headaches, irritation, anxiety, memory impairment, and nausea, gastrointestinal discomforts, muscle tremors, tachycardia, and tinnitus. In addition, caffeine acts by directly stimulating the myocardium, which leads to an increase in the force of contraction, cardiac performance, and especially frequency. Therefore, this action can result in tachycardia. These facts are consistent with the results found in this study, in which stomach problems, anxiety, and tachycardia, respectively, were the most common side effects associated with caffeine consumption. It was possible to observe in other studies adverse effects different from those reported in greater relevance in this project, with insomnia corresponding to the highest percentage, followed by headache, irritation, other symptoms, tachycardia, blurred vision, dry mouth, and nausea.

It was observed that the most perceived effect among the participants was the reduction of sleep (35.34%), followed by Reduction of tiredness 19.27, Improved concentration 18.87%, and well-being 15.26%. A possible explanation for this result lies in the mechanism of action of caffeine, which consists of blocking adenosine receptors. This has a calming effect on neurons, acts to decrease cellular activity, and its receptors are found in various tissues [26]. In this way, when caffeine binds to its receptors, it acts oppositely, increasing the action of the sympathetic nervous system and accelerating neural activities.

Still, other authors have confirmed in their article some effects of caffeine, such as increased mental attention, increased concentration, increased release of catecholamines, increased mobilization of free fatty acids, increased use of muscle triglycerides, improved mood and decreased reaction time [27]. A similar result was presented in a study with psychostimulants, with an improvement in concentration, 81.2% (n = 91), reduction in sleep, 58.0% (n = 65) reduction in fatigue, 54.0% (n = 60) and improved well-being, 56.1% (n = 59) [4].

Conclusion

This study aimed to quantify and analyze caffeine intake and its effects on medical students at the Faculty of Medicine of Catanduva, Padre Albino University Center. The results of this study allow us to conclude that the number of university students who ingest caffeine is very large. Most of the students started consumption in the pre-college course and college, to compensate for sleep, because they like the taste of energy drinks and to improve academic performance, due to the intense routine due to the high workload requires greater attention, to meet the demand for studies. Most students consume moderate caffeine, which is not harmful to health. However, a minority ingest excessive amounts of substances that contain caffeine, and side effects are noted. Among these, the ones that stood out were stomach problems, anxiety, and tachycardia. Thus, even representing the minority, it is of fundamental importance to carry out more studies on this topic. With this, it will be possible to provide more information to the population so that it can assess the impacts of the use of stimulants in clinical practice, to minimize possible adverse effects. Finally, the population will be able to use caffeine properly, according to the recommended dose, avoiding major health problems.

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Funding

Not applicable.

Ethical approval

This study was analyzed and approved by the Research Ethics Committee according to a substantiated opinion number 5.347.594, and obtaining the Informed Consent Form according to CNS/CONEP Resolution 466/12.

Informed consent

The patient signed the consent form.

Data sharing statement

No additional data are available.

Conflict of interest

The authors declare no conflict of interest.

Similarity check

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References

1. Boutrel B, Koob GF. What Keeps Us Awake: the Neuropharmacology of Stimulants and Wakefulness- Promoting Medications. 2004, *SLEEP*, v. 27, n. 6, p. 1181–1194.
2. Kumar R. Approved and Investigational Uses of Modafinil An Evidence-Based Review. *Drugs*, 2008, v. 68, n. 13, p. 1803–1839.
3. Volkow N. et al. Effects of Modafinil on Dopamine and Dopamine Transporters in the Male Human Brain Clinical Implications. *Jama*, 2009, v. 301, n. 11, p. 1148–1154.
4. Morgan HL. et al. Consumo de Estimulantes Cerebrais por Estudantes de Medicina de uma Universidade do Extremo Sul do Brasil: Prevalência, Motivação e Efeitos Percebidos. *Revista brasileira de educação médica*, 2017, v. 41, n. 1, p. 102–109.
5. Bucci LR. Selected herbals and human exercise performance. *American Society for Clinical Nutrition*, 2002, v. 72, p. 624–636.
6. Caudle AG, Gu Y, Bell LN. Improved analysis of theobromine and caffeine in chocolate food products formulated with cocoa powder. *Food Research International*, 2001, v. 34, p. 599–603.
7. Felipe L. et al. Avaliação do efeito da cafeína no teste vestibular. *Revista brasileira de otorrinolaringologia*, 2005, v. 71, n. 6, p. 758–762.
8. Maria CAB, Moreira RFA. Cafeína: revisão sobre métodos de análise. *Química Nova*, 2007, v. 30, n. 1, p. 99–105.
9. Lino MFS, Silva CM. Bebidas energéticas: uma questão educacional. *Brazilian Journal of Development*, 2019, v. 5, n. 6, p. 4483–4492.
10. Snyder SH, Sklar P. Behavioral and molecular actions of caffeine: Focus on adenosine. *Journal of psychiatric research*, 1984, v. 18, n. 2, p. 91–106.
11. Ribeiro JA, Sebastiao AM, De Mendonca A. Receptores de adenosina no sistema nervoso: implicações fisiopatológicas. *Progresso na neurobiologia*, 2002, v. 68, n. 6, p.377-392.
12. Smith A. Effects of caffeine on human behavior. *Food and Chemical Toxicology*, 2002, v. 40, p. 1243–1255.
13. Guilherme F, Silva ER, Flavigna A. Use of methylphenidate among medical students: a systematic review. *Revista da Associação Médica Brasileira*. 2013, v.59, n. 3, p. 285-289.
14. Menezes ASS, Nomerg KO, Lenz RV. O Uso de Psicoestimulantes Por Acadêmicos de Uma Instituição de Ensino Superior do Estado de Rondônia. 2017. 13 f. Monografia (Especialização) - Curso de Farmácia, Faculdade de Ciências Biomédicas de Cacol - Facimed, Rondônia, 2017.
15. Vidal, R. G., & Prado, D. M. Avaliação do potencial ergogênico do café no desempenho de praticantes de boxe Chinês/Sanda. *RBNE - Revista Brasileira De Nutrição Esportiva*, 2021, 14(84), 27-32.
16. Fallah G, Moudi S, Hamidia A, Bijani A. Stimulant use in medical students and residents requires more careful attention. *Caspian J Intern Med*. 2018 Winter;9(1):87-91. doi: 10.22088/cjim.9.1.87. PMID: 29387325; PMCID: PMC5771366.
17. Camandola S, Plick N, Mattson MP. Impact of Coffee and Cacao Purine Metabolites on Neuroplasticity and Neurodegenerative Disease. *Neurochem Res*. 2019 Jan;44(1):214-227. doi: 10.1007/s11064-018-2492-0. Epub 2018 Feb 8. PMID: 29417473; PMCID: PMC6082740.
18. Socała K, Szopa A, Serefko A, Poleszak E, Wlaź P. Neuroprotective Effects of Coffee Bioactive Compounds: A Review. *Int J Mol Sci*. 2020 Dec 24;22(1):107. doi: 10.3390/ijms22010107. PMID: 33374338; PMCID: PMC7795778.
19. Grosso G, Godos J, Galvano F, Giovannucci EL. Coffee, Caffeine, and Health Outcomes: An Umbrella Review. *Annu Rev Nutr*. 2017 Aug 21;37:131-156. doi: 10.1146/annurev-nutr-071816-064941. PMID: 28826374.
20. Chieng D, Kistler PM. Coffee and tea on cardiovascular disease (CVD) prevention. *Trends Cardiovasc Med*. 2021 Aug 9:S1050-

- 1738(21)00088-8. doi:
10.1016/j.tcm.2021.08.004. Epub ahead of print.
PMID: 34384881.
- 21.** Ni J, Wang P, Zheng T, Lv L, Peng H. Consumption of Coffee and Risk of Gestational Diabetes Mellitus: A Systematic Review and Meta-Analysis of Observational Studies. *Front Nutr.* 2021 Sep 20;8:739359. doi: 10.3389/fnut.2021.739359.
- 22.** Marinoni M, Parpinel M, Gasparini A, Ferraroni M, Edefonti V. Psychological and socio-educational correlates of energy drink consumption in children and adolescents: a systematic review. *Eur J Pediatr.* 2022 Mar;181(3):889-901. doi: 10.1007/s00431-021-04321-7.
- 23.** Plumber N, Majeed M, Ziff S, Thomas SE, Bolla SR, Gorantla VR. Stimulant Usage by Medical Students for Cognitive Enhancement: A Systematic Review. *Cureus.* 2021 May 22;13(5):e15163. doi: 10.7759/cureus.15163.
- 24.** O'Connor PJ, Kennedy DO, Stahl S. Mental energy: plausible neurological mechanisms and emerging research on the effects of natural dietary compounds. *Nutr Neurosci.* 2021 Nov;24(11):850-864. doi: 10.1080/1028415X.2019.1684688.
- 25.** Wikoff D, Welsh BT, Henderson R, Brorby GP, Britt J, Myers E, Goldberger J, Lieberman HR, O'Brien C, Peck J, Tenenbein M, Weaver C, Harvey S, Urban J, Doepker C. Systematic review of the potential adverse effects of caffeine consumption in healthy adults, pregnant women, adolescents, and children. *Food Chem Toxicol.* 2017 Nov;109(Pt 1):585-648. doi: 10.1016/j.fct.2017.04.002.
- 26.** van Dam RM, Hu FB, Willett WC. Coffee, Caffeine, and Health. *N Engl J Med.* 2020 Jul 23;383(4):369-378. doi: 10.1056/NEJMra1816604.
- 27.** Nieber K. The Impact of Coffee on Health. *Planta Med.* 2017 Nov;83(16):1256-1263. doi: 10.1055/s-0043-115007.



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