# Caffeine: beneficial or adverse for health?

Alim-un-Nisa<sup>1</sup>, Naseem Zahra<sup>2</sup>\*, Shamma Firdous<sup>1</sup>, Nusrat Ejaz<sup>1</sup> and Sajila Hina<sup>1</sup> <sup>1</sup> Food and Biotechnology Research Centre, <sup>2</sup>Pakistan Institute of Technology for Minerals of Advanced Engineering Materials, PCSIR Labs Complex, Ferozpure Road, Lahore, Pakistan

**Abstract:** Caffeine is probably the most widely used drug, a xanthine alkaloid compound. The use of caffeine is too excessive these days, making it the world's most popular substance. The utilization of caffeine is mostly in various beverages such as tea, coffee, cola-flavored carbonated beverages and in chocolate products. Caffeine is also added to a variety of other carbonated beverages and is an ingredient in a number of non-prescription drugs such as headache, cold, allergy, pain relief, and stay-awake pills. Although Caffeine is a useful compound but its erroneous use makes it harmful. Here in this research article, a brief discussion is given regarding its adverse and beneficial effects on human health.

Keywords: Caffeine, intoxication, beverages, beneficial, tea, energy drinks, soft drinks. Received: June 15, 2011 Accepted: September 18, 2011 \*Author for Correspondence: naseem.zahra1981@gmail.com

#### INTRODUCTION

Caffeine is probably the most frequently ingested, pharmacologically active, mood altering and psychoactive substance in the world. Chemically, it is an alkaloid belonging to family, methylxanthine. Its chemical and systematic name is 1, 3, 7 trimethyl xanthine. In pure state it is an intensely bitter, white, fleecy, glistening needles or powder. It is the most important Purine base having stimulating and vitalizing effect which varies from person to person depending upon the factors such as age, time of day and weight<sup>1,2</sup>.

#### Sources

Caffeine is present in tea leaves (camellia sinensis) in amount of 3 - 5 % (3, 4) in guarana seeds (Paulinia cupana-Kunt) in amount of 3-5% that sometimes can exceed 6 %. Similarly the seeds of cola plants, mainly nitida and accuminata species have caffeine content of 1.5-2.5 and 0.8-1.3 %, respectively. Many other artificial sources of caffeine are black tea, green tea, white tea, tisanes (i.e. herbal teas). In herbal teas caffeine content depends on the herb, e.g. chamo have no caffeine while yerba mate and guarana contain varying quantities. Energy drinks, soft drinks, pill (caffeine) buck fast tonic wine, jolt gum, bawls etc. are also main sources of caffeine. It plays an integral role in the flavor profile of cola soft drinks and consequently it is added as an ingredient to approximately 70% of soft drinks in the USA. Caffeine constitutes a substantial portion of many over-the-counter medications, such as cold tablets, allergy or analgesic preparation, appetite suppressants, diuretics, and stimulants<sup>5-8</sup>.

### Mechanism of action

Several mechanisms have been proposed to explain the physiological effects of caffeine. Physiological effects of caffeine can be seen in adults at doses of only 100-200 mg. Caffeine is

primarily an antagonist of the central nervous system's receptors for the neurotransmitter adenosine. the bodies of individuals that regularly consume caffeine adapt to the continuous presence of the drug by substantially increasing the number of adenosine receptors in the central nervous system<sup>9-11</sup>. First, the stimulatory effects of caffeine are substantially reduced, a phenomenon known as a tolerance adaptation. Second, because these adaptive responses to caffeine make individuals much more sensitive to adenosine. a reduction in caffeine intake will effectively increase the normal physiological effects of adenosine, resulting in unwelcome withdrawal symptoms in tolerant users<sup>12,13</sup>. Caffeine's principal mode of action is as an antagonist of adenosine receptors in the brain<sup>14</sup>.



#### Beneficial effects of caffeine

Beneficial aspects of caffeine were observed in both withdrawn consumers and in non-consumers. A number of recent studies have suggested that caffeine only improves mood and cognitive performance. endurance during prolonged, exhaustive exercise in regular caffeine consumers<sup>15,16</sup>. It is the most intensively studied food constituent, has unequivocal beneficial effects on<sup>17,18</sup> sustained vigilance and in sleep deprived individuals. It is also useful for competitive and recreational athletes who perform resistance training<sup>19</sup>. Athletic performance has also been shown to improve significantly with consumption of moderate and high concentrations of caffeine. The studies showed that consumption of six and eight cups of caffeinated coffee resulted in increased muscle endurance during brief, intense exercise, and improved performance in timed trials, respectively. It has been found that addition of caffeine to aspirin has significant beneficial consequences with respect to mood and performance<sup>18</sup>.It also associated with increased subjective alertness, improved reaction time for both visual and auditory stimuli and improved performance of manual task such as driving and encoding of new information<sup>20</sup>. It has been concluded by many experiments that behavioral changes due to caffeine are merely the reversal of negative effects of long period of caffeine abstinence. Similarly caffeine containing beverages are also popular due to their effects of decreasing fatigue, increasing mental activity and improving cognitive functioning, an improvement in exercise performance in sub maximal endurance activities, following the intake of moderate doses. Because of its potential use as an ergogenic aid its use in sports is regulated by most sanctioning  $bodies^{21,22}$ . It has been found that men who regularly consume caffeinated drinks have a lower risk of PD (Perkin's Disease) than non-drinkers. It may protect against PD by blocking adenosine receptors increasing the amount of dopamine in the brain. Further more high amount of caffeine are also used by athletes to increase temporary strength and stamina, therefore many students find caffeine useful for keeping them alert and paying attention in class, while the business world finds caffeine more suitable for a morning and afternoon jolt<sup>23</sup>. It also increases the level of circulating fatty acids, enhances fat oxidation and has been used for many years by runners and endurance people to enhance fattv acid metabolism<sup>24</sup>. In the same way according to a team of researchers for the University Of Minnesota School of Public Health has been reported that postmenopausal women who consumed six cups of coffee or more each day lowered there chance of 2 diabetes by 22 % and also observed that the risk of diabetes continued to drop as regular consumption increased<sup>25</sup>.

# Adverse effects of caffeine

On the other hand it has been found from many literatures that caffeine withdrawal cannot kill people but it can be very painful. Cessation of regular consumption may cause dependence and abrupt discontinuation produces irritability, drowsiness, fatigue and Lethargy<sup>26</sup>.

Moderate daily caffeine intake at doses up to 400mg/day was associated with adverse effects, such as general toxicity, cardiovascular effects, effects on bone and calcium balance, change in adult behavior, increases the incidence of cancer and effects on male fertility Actually when caffeine intake is reduced, body becomes oversensitive to adenosine (A naturally occurring xanthine in the brain used as a neurotransmitter at some synapses), in response to this, blood pressure drops dramatically causing an excess of blood in the head, leading to a head ache, body also shows restless, nervousness and feeling sleepy, in extreme cases, nausea and vomiting has been also reported<sup>27</sup>. Studies showed that unfiltered caffeinated and decaffeinated coffee contains lipids which raised serum cholesterol also.

# Toxic dose

Caffeine can be lethal at very high doses i.e. 5-10 grams but in some literature 13-19 grams for oral administration, that varies from individual to individual according to weight. Ingestion of 150 mg/kg of caffeine seems to be the LD-50 for all people (LD-50 refers to amount of caffeine in take for a 50% chance of death). The minimum lethal dose ever reported is 3.2 gm<sup>24</sup>.

# Caffeine limit

The popularity of energy drinks has risen considerably over the past few years, especially for younger adults, and thus there is interest in monitoring levels in beverages such as coffee, tea, soft drinks, energy drinks and insuring intakes do not exceed recommended levels. It is thus imperative for consumers to be knowledgeable about the caffeine content of these beverages. According to the recommendation at the Ministry of public health (MOPH) the upper limit of caffeine in energy drinks must not exceed 50 milligram per bottle.

The limit of caffeine content depends on the country. In United State there is a limit of 6 mg of caffeine per liquid ounce in beverages. Diet pills and stimulants often contain 100 to 200 milligrams caffeine. Diet pills and stimulants often contain 100 to 200 milligrams caffeine, such as Vivrin pill contains 200 mg of caffeine. Pre-teens should not consume high caffeine drinks and it is highly desirable to discourage there use by people in their early teens<sup>27</sup>.

# Caffeine intoxication

Caffeine intoxication usually occurs with consumption above 250 milligrams (equivalent to about 2, ½ cups of coffee). Some signs of caffeine intoxications are the heart racing / palpitation, fatigue that worsens during the day, hyperactivity, an over stimulated mind, facial flushing etc. Some conditions that suggest caffeine intoxication are diuretic, (causes increased urination as a result of which dehydration occurs). Chronic dehydration may results from long term of caffeine intoxication. Minerals and vitamins are distributed throughout our body and if we consume lot of caffeine, they can not be absorbed properly. Some of the common deficiencies from chronic dehydration include lack of vitamin B12, Iron deficiency, Folic Acid deficiency etc. According to another research the recommended maximum daily intake reported is 450mg caffeine per day only. In UK an average cola drink contains about 7mg of caffeine/100 ml serving, 27mg for 100ml of tea and 40mg for 100ml of instant coffee Caffeine drinks especially energy drinks are widely consumed among construction workers who believe that it would give them more energy and make them alert. Caffeine in coffee also decreases the quality of sleep and in this way it is one of the leading causes of sleep disturbance. Its excess levels also cause<sup>27</sup> Restless Leg Syndrome (RLS). Allergic rhinitis/Hav fever. Post nasal drip. PVC's (Pre-venticular contractions), Angina. Anemia (Iron deficiency). Many research showed that drinking coffee causes a significant loss of several vitamins and minerals, including Vitamins B and C, Calcium, Iron, and Zinc. Another kind of coffee knows as decaf, which contains significant amounts of vitamin K, which is an important factor for blood coagulation. So people at high risk of blood clots strokes and heart attacks should avoid coffee and decafe. It also stimulates gastric or peptic ulcers, raises adrenal levels, (as a result of which adrenal glands are no longer able to adequately respond to stress by releasing enough adrenaline), chronic fatigue, fibromyalgia syndrome, cystitis, bacterial bladder infection, panic attacks, Hypoglycemia, increased risk of bladder cancer, increased risk of coronary disease, increased risk of pancreatic cancer, increased risk of ovarian cancer, increased risk of kidney cancer<sup>28</sup>.

Coffee should absolutely be avoided during breast feeding, because fetuses and new born can not metabolize caffeine in their livers, so, it remains in their bodies for up to four days, stimulating their nervous system the entire time, causing irritability and premenstrual syndrome, male infertility (having five cups a day) appears to make sperms sluggish) and Female infertility. Research has indicated that women who drank more than one cap of coffee a day reduced their likelihood of conceiving by 50%. It was also reported that people suffering from insomnia often have an elevated caffeine level compared to normal sleepers. It is commonly believed that caffeine can cause or make tremors worse in those who are sensitive<sup>29</sup>. According to many experimental evidences it was found that use of caffeine is not a factor to be concerned about in glaucoma management, however, taking a single dose of caffeinated coffee, (but not decaffeinated coffee) can increase intraocular pressure in persons with glaucoma<sup>30,31</sup>.

In an experiment of 882 randomly selected men (65-80 years old), coffee consumption was found to be associated with an increased risk of enlarged prostate<sup>32</sup>.

An increased risk of developing hypertension was also found associated with drinking five or more cups of coffee per day in a large study of former white male medical students followed an average age of 33 years, actually caffeine raises the production of adrenal hormone cortical, which causes the blood vessels to constrict and the heart to pump harder, which leads to high blood pressure<sup>33</sup>.

# Effect of caffeine on pregnant woman

Some substances like caffeine and some pesticides easily cross the placenta from women body to her fetus. Human studies have found an increase rate of miscarriage, stillbirths, breech births, delivery of low birth babies, causing a mal-formation in fetus, when given in doses greater than 300mg (an amount equal to three cups of coffee or consuming as little as 100mg of caffeine per day. Pregnant women are also three times slower to metabolize caffeine than non-pregnant women. Therefore, they should consume less than this amount and advised to avoid energy drinks especially during the first trimester (three months) pregnancy and coffee should be completely avoided during pregnancy and breast feeding. Another important fact that the use of large amounts of caffeine by a mother during pregnancy may cause problems with the heart beat of fetus. Caffeine crosses the placenta and enters the fetal circulation and its use at a pharmacological level has been associated with low birth weight. Excessive consumption during lactation may cause irritability and wakefulness in a breast- fed baby<sup>34</sup>. In addition to this it has been recently reported that higher intake may be related to higher levels of homo cysteine. This may in turn contribute to the increased risk of spontaneous abortion in moderate coffee drinkers<sup>35</sup>.

## Effect of caffeine on children

It has been observed that children are no more sensitive to the effects of caffeine than adults and consume much less caffeine as compare to adults, even in proportion to their minor sizes<sup>36-38</sup>. They metabolize caffeine more quickly than adults. There are little evidences signifying that children, whose nervous systems are still developing, are at risk of negative effects of caffeine. The daily caffeine intake by children should be limited to 2.5 mg/kg body weight as recommended by Health Canada<sup>39</sup>.

## Levels of caffeine

Different levels of caffeine (40-42) in different things are as given below:

| Cup of coffee      | 90-150 mg |
|--------------------|-----------|
| Instant coffee     | 60-80 mg  |
| White Tea          | 30-70 mg  |
| Black Tea          | 50 mg     |
| Green Tea          | 30 mg     |
| Mate               | 25-150 mg |
| Cola               | 30-45 mg  |
| Chocolate bar      | 30 mg     |
| Stay-awake pill    | 100 mg    |
| Vivarin            | 200 mg    |
| Cold relief tablet | 30 mg     |
| Energy drinks      | 50-160 mg |
| Soft drinks        | 30-60 mg  |
| Cocoa beverage     | 3-32 mg   |
| G 00 1 1 1         |           |

#### Caffeine withdrawal

Regular use of caffeine decreases sensitivity to caffeine. Normally the people who reduce caffeine intake are reported of being irritated, unable to work, fatigue, nervous, restless, and feeling sleepy, flu, as well as having a headache. In extreme cases, nausea and vomiting has also been reported<sup>43-47</sup>. When caffeine intake is reduced, the body becomes oversensitive to adenosine. In response to this over sensitiveness, blood pressure drops dramatically, causing an excess of blood in the head (though not necessarily on the brain), leading to a headache<sup>24,47,48</sup>. This headache, well known among coffee drinkers, usually lasts from one to five days, and can be alleviated with analgesics such as aspirin. It is also alleviated with caffeine intake (in fact several analgesics contain caffeine dosages).

## Is caffeine safe?

From the above study it is debatable that Caffeine is safe when used conscientiously in moderation. If it is used properly it can make people alert, precise and stay up longer periods of time. At the same time Caffeine is an addictive drug and its regular use can lead to dependency with unknown long-term effects.

However, sensitive sub-populations, including pregnant women, children and older individuals, and those with a history of heart disease, may experience effects at lower levels of caffeine and should limit their consumption to three cups of coffee per day, or no more than 300mg/day, to avoid adverse effects<sup>41</sup>. These individuals should consult a physician about caffeine consumption. For the healthy adult population, moderate caffeine consumption of 300mg/day is safe and can even have beneficial

health implications as part of a healthful diet and physically active lifestyle.

### CONCLUSION

From the above discussion it can be anticipated that future research with caffeine will provide further valuable insights into the worlds most widely consumed mood altering drug, as well as insights into drug leaving effects more generally. However successive researches have shown that moderate caffeine consumption poses no risk to health. There are certain emerging areas of science that need to work regarding caffeine and health including improved immune function, control of different diseases and acquiring other benefits from caffeine.

#### REFERENCES

- Nawrot P, Jordan S, Eastwood J, Rotestein J, Hugenholtz A and Feeley M. Effect of caffeine on human health. *Food Addit. Contam.*, 2003; 20: 1-30.
- Kendler KS and Prescott CA. Caffeine intake, tolerance and withdrawal in women. A population-based study. *Am. J. Psychiat.*, 1990; 156: 223-228.
- Firdous S, Abdullah N, Ejaz N and Nisa A. Comparative study of physico chemical parameters of different brands of tea. *Pak. J. Biochem. Mol. Biol.*, 2002; 35: 105-108.
- Ejaz N, Nisa A, Akmal J and Muhammad A. Comparative study of physico- chemical parameters of different samples of non-branded tea, *Pak. J. Biochem. Mol. Biol.*, 2004; 37: 17-20.
- Nisa A, Ejaz N, Firdous S, Abdullah N and Akmal J. Determination of Caffeine levels in carbonated soft drinks, energy drinks and chocolate coated ice creams, *Pak. J. Biochem. Mol. Biol.*, 2007; 40: 223-226.
- International Agency for Research on Cancer. Coffee, tea, mate, methylxanthines and methylglyoxal. Lyon: International Agency for Research on Cancer; (Monographs on of Carcinogenic Risks to Humans) 1991; 91.
- 7. Griffiths RR and Vernotica EM. Is caffeine a flavoring agent in cola soft drinks? *Arch. Fam. Med.*, 2000; 9: 727-734.
- http://www.biologyonline.org/articles/caffeine\_consumption\_during\_pregnanc y/introduction.html
- 9. http://www.ncbi.nlm.nih.gov/pubmed/12834577
- 10. http://www.nadhealthministries.org/gcnc/caffeine/caffeine.ht m
- 11. http://en.wikipedia.org/wiki/Caffeine
- Green RM and Stiles GL. Chronic caffeine ingestion sensitizes the A1 adenosine receptor-adenylate cyclase system in rat cerebral cortex. J. Clin. Invest., 1986; 77: 222-227.
- 13. http://en.wikipedia.org/wiki/File:Caffeine\_and\_adenosine.sv g
- 14. http://en.wikipedia.org/wiki/Adenosine
- Natchaporn P, Wisit PH, Chaveepojnkamjorn DVM, Pattama MPH, Khobjit V and Veerachai SD. Energy drinks consumption in male construction workers. J. Med. Assoc. Thai., 2004; 87: 1454-1458.
- 16. Smith A, Sutherland D and Christopher G. Effect of caffeine in overnight-withdrawn consumers and non-consumers. *Nutr. Neurosci.*, 2006; 9: 63-71.

- 17. Lieberman HR. Nutrition, brain function and cognitive performance, *Appetite*, 2003; 40: 245-254.
- Lieberman H. R., Wurtman R. J., Emde G. G. and Coviella I. L., The effect of caffeine and aspirin on mood and performance, J. Clin. Psychopharmacol., 7 (1987) 315-320.
- Beck TW, Housh TJ, Schmidt RJ, Johnson GO, Housh DJ, Coburn JW and Malek MHJ. The acute effects of a caffeinecontaining supplement on strength, muscular endurance, and anaerobic capabilities. *Strength. Cond. Res.*, 2006; 20: 506-510.
- Smith A, Sutherland D and Christopher G. Effects of repeated doses of caffeine on mood and performance of alert and fatigued volunteers. J. Psychopharmacol., 2005; 19: 620-626.
- 21. Tanda G and Goldberg S. Alteration of the behavior effects of nicotine by chronic caffeine exposure. *Pharmacol. Biochem. Behav.*, 2000; 66: 47-64.
- 22. Keisler B. D. and Armsey T.D., Caffeine as an ergogenic aid, *Curr. Sports Med Rep.*, 5 (2006) 215-219.
- Ascherio A, Chen H, Schwarzschild MA, Zhang SM, Colditz GA and Speizer FE. Caffeine, postmenopausal estrogen, and risk of Parkinson's disease. *Neurology*, 2003; 60: 790-795.
- James JE. Caffeine and Health, Academic Press, 1991. Progress in Clinical and Biological Research Volume 158. Spiller GA, Ed. Alan R. Liss Inc, 1984. available at http://coffeefaq.com/caffaq.html
- Pereira MA, Emily A, Parker D and Aaron RI. Coffee Consumption and Risk of Type II Diabetes Mellitus, *Arch Intern. Med.*, 2006; 166: 1311-1316.
- Satel SI. Caffeine addictive? A review of the literature, *Am. J. Drug Alcohol Abuse*, 2006; 32: 493-502.
- Lutz EG. Restless Legs, Anxiety and Caffeinism. J. Clin. Psychiat., 1978; 39: 693-698.
- Kerr D, Sherwin RS, Pavalkis F, Fayad PB, Sikorski L, Rife F, Tamborlane WV and Matthew J. Effect of caffeine on the recognition and responses to hypoglycemia in Humans, *Ann. Intern. Med.*, 1993; 119799-119804.
- Tffin H, Astton R, Marsh F, Kamali HA and Marsh R. Pharmacokinetic and pharmacodynamic responses to caffeine in poor and normal sleepers. *Psychopharmocology*, 1955; 121494-121502.
- Avisar E and Weinberger D. Effect of coffee consumption on intraocular pressure. *Ann. Pharmacother.*, 2002; 36: 992-995.

- 31. The Analyst, Caffeine/Coffee Avoidance, *Editorial in Ophthalmology*, 97 (1990) 965-966.
- 32. Benign GR. The opposite effects of alcohol and coffee intake. *BJU International*, 2002; 90: 649-654.
- Klag MJ, Wang N, Meoni LA, Frederick S, Brancati L, Cooper AL, Liang K, Younbg JH and Daniel EF. Coffee intake and risk of hypertension. *Arch. Intern. Med.*, 2002; 162: 657-662.
- Eva MH. Coffee and caffeine FAQ: Does dark roast coffee have less caffeine than light roast? *Nutrition*, 1988; 4: 351.
- Knight CA, Knight I, Mitchell DC and Zepp JE. Beverage caffeine intake in US consumers and subpopulations of interest: Estimates from the Share of Intake Panel survey. *Food Chem. Toxicol.*, 2004; 42: 1923-1930.
- Dews PB. Caffeine Research: An International Overview. Paper presented at a meeting of the International Life Sciences Institute (ILSI). Sydney, Australia, July 1986.
- Leviton A. Behavioral correlates of caffeine consumption by children. *Clin. Pediatr.*, 1992; 31: 742-750.
- <sup>38.</sup> Nawrot P, Jordan S, Eastwood J, Rotstein J, Hugenholtz A and Feeley M, Effects of caffeine on human health. *Food Addit Contam.* 20 (2003) 1-30.
- Fraser MC. *The Merck Veterinary Manual*, 7th ed. Rahway NJ: Merck & Co., Inc., (1991) 1643-1644.
- 40. IFIC Foundation. IFIC Review: Caffeine and Health: Clarifying the Controversies, (1998).
- 41. Mayo Clinic, 2005 http://www.mayoclinic.com/health/caffeine/AN01211.
- Juliano LM and Griffiths RR. A critical review of caffeine withdrawal: empirical validation of symptoms and signs, incidence, severity, and associated features. *Psychopharmacology*, 2004; 176: 1-29.
- Lane JD and Phillips BG. Caffeine deprivation affects vigilance performance and mood. *Physiol. Behav.*, 1998; 65: 171-175.
- 44. Evans SM and Griffiths RR. Caffeine withdrawal: a parametric analysis of caffeine dosing conditions. J. *Pharmacol. Exp. Ther.*, 1999; 289: 285-294.
- 45. Stringer KA and Watson WA. Caffeine withdrawal symptoms. *Am. J. Emerg. Med.*, 1987; 5: 469.
- Rubin GJ and Smith AP. Caffeine withdrawal and headaches. *Nutr. Neurosci.*, 1999; 2: 123-126.
- 47. Guieu R, Devaux C and Henry H. Adenosine and migraine. *Can. J. Neurol. Sci.*, 1998; 25: 55–58.