European dietitians' perspectives on coffee consumption

European Federation of the Associations of Dietitians (EFAD) member's survey into current awareness and attitudes on coffee and health





Contents

1.	Sum	nmary	3	
2	Intro	oduction	5	
3.	S. Foreword			
4.	Findings			
	4.1.	Coffee is a popular beverage throughout Europe	7	
	4.2.	Moderate coffee consumption is considered to be beneficial to health by dietitians	7	
	4.3.	The majority of dietitians acknowledge a positive association between coffee consumption and aspects of mental performance	7	
	4.4.	Coffee consumption is considered to support sports performance	7	
	4.5.	The associations between coffee intake and key non-communicable diseases are often unknown amongst dietitians	8	
	4.6.	The potential associations between coffee consumption and health are not widely known by the general public	8	
	4.7.	Time of day for coffee consumption	9	
	4.8.	Coffee and hydration	9	
	4.9.	Dietitians advise some groups to limit coffee intake	9	
5.	Con	clusion	11	
6.	Notes			
	6.1.	About EFAD	14	
	6.2.	About ISIC	15	
7.	References 1			

1. Summary

The European Federation of the Associations of Dietitians (EFAD), supported by the Institute for Scientific Information on Coffee (ISIC), undertook a member's survey into current awareness and attitudes towards coffee and health. 585* dietitians from across 26** European countries completed the closed-response survey, with the aim of:

- Understanding the general views of European dietitians in relation to coffee consumption and health
- Understanding the attitudes towards coffee consumption and health amongst their patients/clients
- Identifying what advice dietitians currently share with their patients/ clients on the role of coffee consumption





Key findings from the survey of EFAD members include:

- The majority of dietitians believe coffee in moderation has clear health benefits
- Coffee consumption amongst their patients mainly falls into one of two categories; either 'up to 3 cups of coffee a day', or '3-5 cups a day'. Less than a quarter suggested their patients don't drink coffee, and very few consume over five cups a day
- Awareness of associations between coffee consumption and health outcomes, including a range of non-communicable diseases, are often unknown amongst the dietitians who responded
- Patients who are pregnant are often advised to avoid coffee by dietitians, who also sometimes advise caution for specific populations such as those with Gl disorders and adolescents
- Dietitians suggest that the general public are largely unaware of the potential health benefits of coffee

2. Introduction

Coffee is one of the most popular beverages in the world, with around 2 billion cups consumed every day in 2021¹. Coffee beans are roasted and ground to deliver unique aromas, tastes and flavours that are enjoyed in a cup of coffee. One of the main compounds in coffee is caffeine, with a typical cup of coffee providing around 75mg of caffeine.

A vast amount of research has reviewed associations between coffee intake and health, in many cases concluding that a moderate intake of coffee is associated with a reduced risk of some non-communicable diseases including type 2 diabetes, and cardiovascular, liver and neurodegenerative diseases. Coffee (principally caffeine) is also associated with an increase in alertness and concentration. However, some individuals may experience some less desirable effects, such as wakefulness, particularly when coffee is consumed later in the day.

Emerging research has suggested a potential 'protective effect' on cardiometabolic activity, associated with the anti-inflammatory and

antioxidant compounds found in coffee, including polyphenols, diterpenes, chlorogenic acids (CGAs), and caffeine². Whilst a detailed understanding of the mechanisms is unclear, coffee remains an important consideration in relation to a number of inflammatory conditions².

EFAD, supported by ISIC, conducted a study of the view of 585* registered dietitians across Europe** during the summer of 2022 to assess their overall opinion on coffee and health, including awareness of specific associations between coffee and health and advice commonly given to patients about coffee consumption.

ISIC publish detailed evidence-based summaries of scientific research reviewing associations between coffee and health. These are available on the 'Coffee and Health' website, and specific links relating to the topics discussed in this report are provided in the 'About ISIC' section at the end of the report.



3. Foreword

"Dietitians have an important role in supporting clients in making healthy decisions about their lifestyle choices. At EFAD, we fully support our members in their pursuit to provide evidence-based advice to all clients and encourage continuous knowledge development. This survey has helped to identify the understanding around current knowledge of coffee and health and suggests that coffee continues to be a popular beverage of choice for clients. However there seem to be some differences between dietitians' knowledge of the relationship between coffee and health, particularly in relation to non-communicable diseases. Sharing and discussing scientific research on the role of coffee and health can be valuable to further support dietitians in their daily practice"

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EFAD EXECUTIVE DIRECTOR

4. Findings

- 4.1. Coffee is a popular beverage throughout **Europe**, with dietitians across Europe reporting that the majority of their clients consume coffee regularly.
- ▲ 43% reported intakes amongst patients of up to 3 cups a day, and the same amount reported intakes of 3-5 cups a day. 14% suggested their patients don't drink coffee, and very few (2%) reported consumption levels over 5 cups a day.

These intakes are broadly in line with the European Food Safety Authority's (EFSA) Scientific Opinion on the Safety of Caffeine³, which states that 400mg of caffeine (approximately 3-5 cups of coffee) per day can be considered safe for most individuals. A cup of coffee typically provides around 75mg caffeine per day.

- 4.2. Moderate coffee consumption is considered to be beneficial to health by dietitians
- ▲ 62% of the dietitians surveyed believe that coffee consumption in moderation has clear health benefits for most individuals.

This is supported by European research in over 500,000 participants which found a significant association between higher coffee consumption (calculated as more than 3 cups per day with 1 cup equal to 237ml) and lower risk of all-cause mortality4. The strongest associations were identified with digestive disease and mortality, mainly due to a lower risk of dvina from liver conditions in both men and women^{4,5}. Research has also considered associations between coffee intake and non-communicable disease such as type 2

diabetes⁶ and cardiovascular disease (CVD)^{7,8}. and neurodegenerative conditions9, with some beneficial associations observed.

- 4.3. The majority of dietitians acknowledge a positive association between coffee consumption and aspects of mental performance
- 86% of the dietitians surveyed agreed that a regular, moderate intake of coffee improves alertness, and 61% agreed that it improves mood.

These findings reflect a previous consumer survey conducted by ISIC during the lockdown of 2020¹⁰.

Research suggests that coffee and caffeine consumption are associated with improved mood, memory and cognitive function¹¹. EFSA, in their review of the scientific research, concluded that a 75mg serving of caffeine had been demonstrated to increase attention¹².

- 4.4. Coffee consumption is considered to support sports performance
- Two thirds (67%) of dietitians who responded agreed that coffee consumption is associated with an improvement in sports performance with half (51%) of dietitians stating that coffee may be beneficial prior to exercise.

This is line with EFSA which concluded that there is an association between caffeine consumption and an increase in endurance performance, endurance capacity and a reduction in the rated perceived effort or exertion during exercise¹².

Further specific research findings into the impact of coffee in a number of different sports concluded that improvements can be seen in alertness and reaction time generally¹³, performance and accuracy in tennis¹⁴, enhanced physical performance in football^{15,16} and improved performance in middle distance running^{17,18}.

4.5. The associations between coffee intake and key non-communicable diseases are often unknown amongst dietitians

Cardiovascular disease - 39% of respondents agreed that regular, moderate coffee consumption may be associated with a reduced risk of cardiovascular disease (CVD), although 38% were unsure of an association. Furthermore, almost half (49%) considered coffee consumption to be associated with raised blood pressure.

Overall, the scientific research concludes that there is no association between moderate coffee drinking (<400mg caffeine per day³) and an increased risk of CVD7,8, including no long-term adverse effects on blood pressure, although caffeine consumption has been observed to acutely raise blood pressure in the short-term¹⁹. Some research has suggested that potential cardioprotective effects are observed for overall risk of CVD and CVD mortality risk^{5,20}. Furthermore, both the European Society of Hypertension (ESH)²¹ and the European Society of Cardiology (ESC)²² have officially highlighted these potential benefits.

▲ Type 2 diabetes - 30% of the dietitians surveyed consider coffee is associated with a reduced risk of type 2 diabetes, with a majority (43%) being unsure of an association.

Compelling evidence suggests that moderate coffee consumption of either caffeinated or decaffeinated coffee is associated with a statistically significant reduced risk of developing type 2 diabetes⁶. Whilst a plausible explanation for this association is still lacking, some research suggests coffee components including chlorogenic acids and trigonelline may be key⁶.

✓ Neurodegenerative conditions – 41% of respondents consider coffee consumption to be associated with a reduced risk of cognitive decline, whilst a larger proportion (46%) were unsure of any association.

Research suggests that a lifelong, regular and moderate intake of coffee/caffeine may have an effect on physiological, age-related cognitive decline^{23,24}. Further research suggests that coffee consumption may be associated with a reduced risk of development of Alzheimer's^{25,26} and Parkinson's^{26,27} diseases, although further work is required in this area.

4.6. The potential associations between coffee consumption and health are not widely known by the general public

Only 25% of dietitians believe their patients are aware of the potential benefits of coffee consumption.

However, previous research conducted by ISIC revealed that coffee has garnered significantly more scientific and media attention over the last year, with a huge increase observed in global searches on the health benefits of coffee in general (650% in 2021/22) and more specifically in black coffee (1,450% over the same period)²⁸. Despite the interest in online

information, there is clearly an opportunity to improve knowledge and awareness amongst the general public, based on credible scientific information from experts including dietitians.

4.7. Time of day for coffee consumption

✓ The time of day when coffee consumption may be helpful was also considered. 25% of respondents suggested coffee could be beneficial as the first drink of the day or the first drink at work, by contrast almost all respondents (99%) considered coffee drinking least helpful before bedtime.

EFSA have concluded that a 75mg serving of caffeine is associated with an increase in attention²⁹. Caffeine works as an adenosine receptor antagonist with a similar structure to adenosine; caffeine may bind to the adenosine receptors, acting as an imposter and blocking the actions of adenosine, leading to feelings of alertness^{9,30}. This effect may cause sleep disturbance in some^{31,32}, but may also help in situations that require increased alertness, e.g. night shifts, long distance driving, and jet lag³³⁻³⁷.

4.8. Coffee and hydration

✓ Just over a quarter (28%) of respondents stated that they consider that coffee might be helpful as a source of fluid in the diet, whilst in contrast, just over a third (36%) consider it to cause dehydration.

Whilst there is some indication of a short-term diuretic effect of caffeine, this effect does not counter-balance the effects of the fluid intake from coffee drinking³⁸. Coffee drinks typically contain 80-90% water and drinking caffeinated coffee in moderation can therefore help to maintain adequate fluid balance³⁹.

4.9. Dietitians advise some groups to limit coffee intake

The survey results revealed that there are some conditions where dietitians routinely advise their patients to limit intakes of coffee and caffeine.

✓ Pregnancy - almost half (46%) of respondents reported that they advise avoidance of coffee consumption during pregnancy.

It is widely accepted that any effects of coffee consumption on reproductive health are likely to be linked to caffeine rather than to coffee consumption per se, and to date the evidence regarding coffee intake and some pregnancy issues remains inconclusive⁴⁰. EFSA in their 'Scientific Opinion on Caffeine', published in 2015, advised that pregnant women should limit their caffeine intake to 200mg per day³. This is in line with the National Health Service (NHS) in the UK41 and the March of Dimes in the USA42, who both advise an upper limit for pregnant women of 200mg of caffeine per day from all sources. A regular cup of coffee contains approximately 75mg caffeine.

✓ GI disorders - coffee is often considered to be associated with some GI problems and just over half (55%) of dietitians surveyed stated they advised those with GI disorders to avoid coffee.

Coffee is a complex variable mixture of many compounds whose effects on the digestive tract may vary according to their origin, processing, bioavailability, and possible synergistic and/or antagonistic effects^{43,44,45}.

Research in this area suggests that there is no association between coffee intake and conditions such as dyspepsia, reflux disease, peptic and duodenal ulcers, gastritis and IBS⁴⁶. There is evidence to suggest that coffee drinking is associated with a reduced risk of gallbladder and liver disease⁴⁷⁻⁴⁹. Further research suggests that coffee may help to stimulate the digestive process, particularly the digestive hormone gastrin and hydrochloric acid present in gastric juice, both of which may help the breakdown of food in the stomach⁴⁴.

More recently, interest has focused on gut microbiota with studies suggesting that polyphenols present in coffee may induce positive changes in the composition of the gut microbiota, mainly at the population level of Bifidobacteria, that support the immune system49.

▲ Adolescents - a quarter (26%) of respondents also expressed caution about coffee intake in adolescents.

Caffeine can be provided by a number of different beverages and foods including coffee in this age group. The effect of caffeine on alertness and concentration could be useful for this age group, whilst the association between daily caffeine intake, reduced sleep quality, and increased daytime sleepiness could be an issue. Indeed, EFSA recommend that regular caffeine consumption (up to about 3mg/kg per day) does not appear to cause issues but higher caffeine intakes (10mg/kg/day) may increase anxiety and adversely affect sleep patterns in adolescents³.

5. Conclusion

Overall, these results provide a detailed review of the awareness of associations between coffee intake and health amongst European dietitians, concluding that coffee is a popular beverage choice for patients. However, gaps do exist in the knowledge of associations with some health conditions amongst those who responded.

Opportunities exist to support the sharing of scientific information with dietitians across Europe to ensure that the knowledge of associations between coffee and health is evidence-based, particularly in areas of type 2 diabetes, CVD and neurodegenerative diseases. The awareness of the role of coffee in supporting alertness and concentration, and sports performance are also key areas of knowledge.

Research suggests that certain population groups be advised to limit their intakes of caffeine. For instance, those who are pregnant are advised by EFSA to limit intakes to 200mg caffeine per day, and this is echoed by the dietitians who share this advice. Others, who were identified by the dietitians surveyed as individuals who may be advised to limit coffee and caffeine on a case-by-case basis, included those with GI problems and adolescents.

Although research in these areas is mixed, dietitians have the skills to advise on an individual basis appropriate to the needs of specific patients.

6. Notes

*Of 585 recipients, 329 reported being currently employed in clinical services, including oncology, diabetes, weight management, gastroenterology, geriatrics, paediatrics, critical care, inpatient services, surgery, allergy and food intolerance. The remaining 256 reported current employment in sports, education, wellbeing, food services and/or are freelance.

**Countries included Austria, Belgium, Croatia, Cyprus, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Luxembourg, Netherlands, North Macedonia, Poland, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland, Turkey and the UK.

Questions asked were:

1. \	Vhat is your overall view on coffee	as a	choice of beverage? (tick one)				
	Unlimited coffee intake is acceptable						
	Coffee in moderation has some clear health benefits						
	3-5 cups of coffee a day can be part of a healthy balanced diet						
	After water, coffee is the preferred beverage in a healthy balanced diet						
	No more than 3 cups of coffee a day should be consumed						
	Coffee intake should be limited to once a day						
	Coffee should be avoided						
2. I		nt (groups to avoid coffee? (tick all that apply)				
	Cardiovascular disease (CVD)		3				
	Stomach issues		Overweight				
	Elderly						
	Athletes		Pregnant women				
	Cancer		Adolescents				
2 1	dow oware do you think your nation	. +o <i>i</i>	are shout the impact of coffee consumption on their				
3. How aware do you think your patients are about the impact of coffee consumption on their health? (tick one)							
	Very aware	П	Unaware				
	Aware		Not sure				
4. Have you seen an increase in patients asking about the health impact of coffee since the onset							
(of the pandemic in 2020? (tick one))					
	Yes, I've seen a significant increase in the number of questions regarding coffee consumption						
	and health						
	Yes, I've seen some increase in the number of questions regarding coffee consumption and health						
	No, I've not seen any increase in the number of questions regarding coffee consumption						
	and health						
	No, this is not something my patier	ıts r	nave ever asked about				
	Not sure						

 5. Which of the following statements do you agree with? (tick one) The majority of my patients drink a moderate amount of coffee per day (approx. 3-5 cups) The majority of my patients don't drink coffee The majority of my patients drink less than 3 cups of coffee a day The majority of my patients drink over 5 cups a day and I advise them to cut down N/A I don't have a view on this 							
6. Are there specific times when you consider coffee might be helpful? (tick all that apply)							
□ Before exercise	☐ After lunch						
As the first drink of the day	☐ Mid-morning						
☐ As the first drink at work							
☐ As a source of fluid	□ Bedtime						
7. To what extent do you agree or disagree with the following statements regarding coffee and various health conditions?							
	Strongly agree						
S .	Agree						
	Not sure						
• Disagree							
 Strongly disagree 							
a Regular moderate intake of coffee	a. Dogular moderate intoke of coffee is accepiated with						
b. Improved alertness and concentr	Regular moderate intake of coffee is associated with						
c. Increased bone fractures	·						
d. Reduced risk of type 2 diabetes							
	Increased stomach/gut problems such as IBS						
f. Improved sports performance							
g. Increased heartburn							
h. Reduced risk of CVD							
i. Raised blood pressure							
j. Improved liver function	•						
k. Dehydration	·						
I. Improved mood							
•	n. Reduced risk of cognitive decline, Alzheimer's and Parkinson's disease						
n. Raised cholesterol							
o. Increased risk of cancer							

6.1. About EFAD

Established in 1978, The European Federation of the Associations of Dietitians (EFAD) is a not-for-profit organisation that aims to be 'The Voice of European Dietetics', by supporting the leadership role of registered dietitians in positively impacting the nutritional health of their clients, patients and the wider community. EFAD ensures every European citizen has access to safe and appropriate dietary and nutritional interventions.

EFAD members represent more than 35,000 registered dietitians, across 28 European countries. As well as a further 40 education associate members from two further EU countries.

For more information about the important work of EFAD, please visit efad.org.



6.2. About ISIC

The Institute for Scientific Information on Coffee (ISIC) is a not-for-profit organisation founded in 1990. ISIC is devoted to the study and disclosure of science related to coffee and health, including:

- Study of scientific matters related to coffee and health
- Evaluation of studies and scientific information about coffee and health
- Support of independent scientific research on coffee and health
- Dissemination of balanced coffee and health scientific evidence and knowledge to a broad range of stakeholders

ISIC respects scientific research ethics in all its activities and all of ISIC's communications are based on sound science and rely on scientific studies derived from peer-reviewed scientific journals and other publications.

ISIC members are six of the major European coffee companies: illycaffè, Jacobs Douwe Egberts, Lavazza, Nestlé, Paulig, and Tchibo. For more information about ISIC and to view the latest research into coffee, caffeine and health, please visit our **new** website www.coffeeandhealth.org.

The relationship between coffee and a number of specific health-related topics have been considered in this report, and further detailed evidence-based summaries are available on the ISIC website. The links below provide direct access to specific scientific research summaries on the topics covered.

Cardiovascular disease

Type 2 diabetes

Neurodegenerative conditions

Mental performance

Hydration and fluid balance

Pregnancy

GI function

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7. References

- 1. British Coffee Association (BCA) (2022). Coffee is the most popular drink worldwide with around two billion cups consumed every day. Available at: https://britishcoffeeassociation.org/coffeeconsumption/.
- 2. Ribeiro M, et al. (2022). The magical smell and taste: Can coffee be good to patients with cardiometabolic disease? Critical Reviews in Food Science and Nutrition. DOI: 10.1080/ 10408398.2022.2106938.
- 3. European Food Safety Authority (EFSA) Panel on Dietetic Products, Nutrition and Allergies (NDA). (2015). Scientific opinion on the safety of caffeine. EFSA Journal. 13(5):4102.
- 4. Gunter M.J. et al. (2017) Coffee drinking and mortality in 10 European countries, Ann Int Med. 167(4):236-47.
- 5. Crippa A. et al. (2014) Coffee consumption and mortality from all causes, cardiovascular disease, and cancer: a dose-response meta-analysis. Am J Epidemiol. 180(8):763-75.
- 6. Carlstrom M. & Larsson S.C. (2018) Coffee consumption and reduced risk of developing type 2 diabetes: a systematic review with meta-analysis. Nutr Revs. 76(6):395-417.
- 7. Rodriguez Artalejo F. & Lopez Garcia E. (2017) Coffee consumption and cardiovascular disease: a condensed review of epidemiological evidence and mechanisms. J Agric Fd Chem. 66(21):5257-
- 8. O'Keefe J.H. et al. (2018) Coffee for cardioprotection and longevity. Prog Cardiovasc Dis. 61(1):38-42.
- 9. Nehlig A. (2016) Effects of coffee/caffeine on brain health and disease: What should I tell my patients? Pract Neurol. 16(2):89-95.
- 10. Institute for Scientific Information on Coffee (ISIC) (2022) Legacy of lockdown on mental wellbeing and the role of coffee to support mood. Available at: https://www.coffeeandhealth.org/ information-campaign/legacy-of-lockdown-onmental-wellbeing-and-the-role-of-coffee-tosupport-mood.
- 11. Haskell-Ramsey C.F. et al. (2018) The acute effects of caffeinated black coffee on cognition and mood in healthy young and older adults. Nutrients. 10(10):1386.
- 12. European Food Safety Authority (EFSA) Panel on Dietetic Products, Nutrition and Allergies (NDA) (2011) Scientific opinion on the substantiation of health claims related to caffeine and increase in

- physical performance during short-term highintensity exercise (ID 737:1486, 1489), increase in endurance performance (ID 737, 1486), increase in endurance capacity (ID 1488) and reduction in the rated perceived exertion/effort during exercise (ID 1488, 1490) pursuant to Article 13(1) of Regulation (EC) No 1924/2006. EFSA Journal. 9(4):2053.
- 13. Calvo J.L. et al. (2021) Caffeine and cognitive functions in sports: a systematic review and meta-analysis. Nutrients. 13(3):868.
- 14. Poire B. et al. (2019) Effects of caffeine on tennis serve accuracy. Int J Exerc Sci. 12(6):1290-301.
- 15. Mielgo-Ayuso J. et al. (2019) Caffeine supplementation and physical performance, muscle damage and perception of fatigue in soccer players: a systematic review. Nutrients. 11(2):440.
- 16. Apostolidis A. et al. (2020) Caffeine supplementation is ergogenic in soccer players independent of cardiorespiratory or neuromuscular fitness. J. Int. Soc. Sports Nutr. 17(1).
- 17. Clarke N.D. & Richardson D.L. (2021) Habitual caffeine consumption does not affect the erogenicity of coffee ingestion during a 5 km cycling time trial. Int J Sport Nutr Exerc Metab. 31(1):13-20.
- 18. Whalley P.J. et al. (2019) The effects of different forms of caffeine supplement on 5-km running performance. Int J Sports Physiol Perform. 1-5.
- 19. Xie C. et al. (2018). Coffee consumption and risk of hypertension: a systematic review and dose-response meta-analysis of cohort studies. J Hum Hypertens. 32(2):83-93
- 20. Ding M. et al. (2014) Long-term coffee consumption and risk of cardiovascular disease: a systematic review and a dose-response metaanalysis of prospective cohort studies. Circ. 129(6):643-59.
- 21. Borghi C. et al. (2020) Nutraceuticals and blood pressure control: a European Society of Hypertension position document. J Hypertens. 38(5):799-812.
- 22. European Society of Cardiology (ESC) (2021) ESC guidelines on cardiovascular disease prevention in clinical practice. Eur Heart Jour. 42:3227-337.
- 23. Santos C. et al. (2010) Caffeine intake and dementia: systematic review and meta-analysis. J Alzheimers Dis. 20(1):S187-204.

- 24. Arab L. et al. (2013) Epidemiologic evidence of a relationship between tea, coffee, or caffeine consumption and cognitive decline. Adv Nutr. 4:115-122.
- 25. Eskelinen M.H. & Kivipelto M. (2010) Caffeine as a protective factor in dementia and Alzheimer's disease. J Alz Dis. 20(1):S167-74.
- 26. Wierzejska R. (2017) Can coffee consumption lower the risk of Alzheimer's disease and Parkinson's disease? A literature review. Arch Med Sci. 13(3).
- 27. Qi H. et al. (2014) Dose-response meta-analysis on coffee, tea and caffeine consumption with risk of Parkinson's disease. Geriatr Gerontol Int. (2):430-9.
- 28. Institute for Scientific Information on Coffee (ISIC) (2022) People 'waking up' to coffee as part of a healthy lifestyle, with interest increasing 650% over the last year. Available at: https://www. coffeeandhealth.org/news-alerts/people-wakingup-to-coffee
- 29. European Food Safety Authority (EFSA) Panel on Dietetic Products, Nutrition and Allergies (NDA) (2011) Scientific opinion on the substantiation of health claims related to caffeine and increased fat oxidation leading to a reduction in body fat mass (ID 735, 1484), increased energy expenditure leading to a reduction in body weight (ID 1487), increased alertness (ID 736, 1101, 1187, 1485, 1491, 2063, 2103) and increased attention (ID 736, 1485, 1491, 2375) pursuant to Article 13(1) of Regulation (EC) No 1924/2006.
- 30. Fredholm B.B. et al. (1999). Actions of caffeine in the brain with special reference to factors that contribute to its widespread use. Pharmacol Rev, 51:83-133.
- 31. Porkka-Heiskanen T. (2011) Methylxanthines and sleep. Handb Exp Pharmacol. 200:331-48.
- 32. Clark I. & Landolt H.P. (2016) Coffee, Caffeine, and Sleep. Sleep Med Rev. 31:70-78.
- 33. Ker K. et al. (2010) Caffeine for the prevention of injuries and errors in shift workers. Cochrane Database SystRev. (5):CD008508.
- 34. Philip P. et al. (2006) The effects of coffee and napping on night time highway driving: a randomized trial. Ann Intern Med. 144:785-91.
- 35. Mets M.A. et al. (2012) Effects of coffee on driving performance during prolonged simulated highway driving. Psychopharmacol. 222(2):337-42.
- 36. McHill A.W. et al. (2014) Effects of caffeine on skin and core temperatures, alertness, and recovery

- sleep during circadian misalignment. J Biol Rhythms. 29(2):131-43.
- 37. Arendt J. (2009) Managing jet lag: Some of the problems and possible new solutions. Sleep Med Rev. 13:249-56.
- 38. Maughan R.J., et al (2003) Caffeine ingestion and fluid balance: a review. Journal of Human Nutrition Dietetic, 16:411-20.
- 39. Food Standards Agency, Public Health England, McCance and Widdowson's The Composition of Foods, 7th edn. Cambridge, Royal Society of Chemistry. 2014.
- 40. Surma S. & Witek A. (2022) Coffee consumption during pregnancy - what the gynaecologist should know? Review of the literature and clinical studies. Ginekol Pol. Epub ahead of print. PMID: 35894479.
- 41. National Health Services (NHS) UK. Choices 'Foods to avoid in pregnancy'. Available at: https:// www.nhs.uk/conditions/pregnancy-and-baby/ pages/foods-to-avoid-pregnant.aspx/close#.
- 42. March of Dimes USA. 'Caffeine in Pregnancy'. Available at: https://www.marchofdimes.org/ pregnancy/caffeine-in-pregnancy.aspx.
- 43. Boekema P.J. (1999) Coffee and gastrointestinal function: facts and fiction. A review. Scand J Gastroenterol. 230:35-9.
- 44. Nehlig A. (2022) Effects of coffee on the gastrointestinal tract: a narrative review and literature update. Nutrients. 14(2):399.
- 45. Iriondo-DeHond A. et al. (2020) Effects of coffee and its components on the gastrointestinal tract and the brain-gut axis. Nutrients, 13(1), 88.
- 46. Shimamoto T. et al. (2013) No association of coffee consumption with gastric ulcer, duodenal ulcer, reflux esophagitis, and non-erosive reflux disease: a cross-sectional study of 8,013 healthy subjects in Japan. PLoS One. 8(6):e65996.
- 47. Leitzmann M.F. et al. (1999) A prospective study of coffee consumption and risk of symptomatic gallstone disease in men. JAMA. 281:2106-12.
- 48. Leitzmann M.F. et al. (2002) Coffee intake is associated with lower risk of symptomatic gallstone disease in women. Gastroenterol. 123:1823-30.
- 49. Saab S. et al. (2014): Impact of coffee on liver disease a systematic review. Liver Int. 34(4):495-504.