Caffeine is found naturally in some 60 plant species of which coffee beans, cocoa beans, kola nuts, and tea leaves are the most well-known. It is also added to some soft drinks, foods and medicines. A main effect of caffeine in the body is as a mild stimulant of the central nervous system. Caffeine intake is associated with an increase in alertness and when taken in moderate amounts, has mostly positive effects on both mental and physical endurance performance. However, caffeine may cause sleep problems in some individuals, although caffeine avoidance during the afternoon may help to improve sleep.

Research also suggests that lifelong caffeine consumption may decrease the risk of neurodegenerative conditions such as age-related cognitive decline, Alzheimer’s Disease and Parkinson’s Disease. Moderate caffeine consumption through coffee has not been shown to have significant adverse effects on cardiovascular function, nor does it lead to dehydration. Caffeine is not a drug of dependence. Brain mapping technology indicates that caffeine is not linked to the brain circuit of dependence. This is supported by the fact that individuals do not develop tolerance to the stimulant effects of caffeine.

The American Psychological Association has recognized Caffeine Withdrawal as a syndrome that may affect some individuals. The symptoms are short lived and can be avoided altogether if caffeine intake is decreased progressively.

Moderate caffeine consumption, considered to be 400mg from all sources, typically corresponds to 5 regular-sized cups of coffee per day. Intake should be decreased to 200mg of caffeine per day from all sources in pregnant women and those who are breastfeeding.

Overall, research shows that caffeine consumed in moderation can form part of a healthy, balanced diet and active lifestyle, as well as possibly conferring positive health effect.
References


3. 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. EFSA Journal; 9(4):2054.


