

Coffee Consumption: Health Perspectives and Drawbacks

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Abstract

Globally coffee is considered to be amongst commonly used beverages due to the presence of chemical components like caffeine, cafestol, kahweol and many micronutrients. It is considered as a primary source of caffeine intake among teenagers and adults. The purpose of this review article is to understand the theory of recent researches on the health benefits and risks in human beings by consuming coffee. Results of many studies indicated that consumption of coffee provide the prevention against diabetes, Parkinson's diseases and colorectal cancer. However, coffee also contributing the negative impact on body and increased the risk of developing heart diseases, stroke, cardiac arrhythmias and hypertension due to the presence of lipid content in it which enhanced the blood lipid profile of human body. Serious consequences of too much coffee intake also have been seen in pregnant ladies in the form of still birth, miscarriages and mentally retard fetus. Coffee consumption also associated to inhibit the absorption of calcium, iron and zinc. Although, intake of 2-3 cups of coffee per day seems to be healthy and is related with beneficial outcomes for human body.

Keywords: Coffee; Health; Diabetes; Heart Disease; Caffeine

Introduction

Globally coffee is considered to be amongst commonly used beverages. It showed numerous beneficial effects when consumed adequately in daily routine but excessive intake of it leads to many diverse complications. Coffee beans are roasted and extolled for its flavor and smell. Most attractive component in coffee is caffeine. Chemical nature represents that it contains numerous components such as, alkaloids, nitrogenous compounds, carbohydrates, minerals, vitamins, phenolic and lipids [1]. Many epidemiological studies demonstrate the health risk of large consumption of caffeine due to its strong relation with inadequate behavior including sedentary lifestyle and smoking. Most of the researches in humans on health effects are observational [2]. However, results of recent studies exhibited that drinking coffee in recommended amounts decreased the risk of chronic ailments [3,4]. The purpose of this review article is to understand the theory of recent researches on the health benefits and risks in human beings by consuming coffee [5].

Role of coffee compounds in human physiology

Naturally occurring purine alkaloid compound in coffee beans is caffeine [6]. Its mechanism of action is associated with the antagonistic effect of adenosine receptors (A1 and A2) [7]. Opposing behavior of adenosine represents the stimulatory outcomes after coffee consumption including minute enhancement in blood pressure and diuresis also having spontaneous stimulation on nervous system and metabolic rate [8]. Small intestine is responsible for absorption of caffeine and it distribute very rapidly in all tissue of body. Primarily caffeine is metabolized in liver with the help of cytochrome-P450 1A2 (CYP1A2), which is responsible for its 94% metabolism. CYP1A2 converts the caffeine into Para-xanthine, which further undergoes the process of demethylation and hydroxylation by CYP1A2 and CYP1A6, respectively. After demethylation Para-xanthine changes its structure and called methyl-xanthine, which further oxidized by xanthine oxidase to form methyl-uric acid. Hydroxylation of Para-xanthine results in dimethyl-uric acid [9,10]. Concentrations of caffeine in beverages can be varying. Recent analysis of 14 different studies on coffee in US showed that amount of caffeine in 250ml ranged from 73-13mg [5].

Some research studies indicated that consumption of coffee is related to increase the blood level of lowdensity lipo-proteins and total cholesterol in human subjects [11]. Different randomized controlled trails on coffee beans found that ingestion of filtered coffee and boiled coffee results in minute increase in blood level of cholesterol and great increase in low-density lipo-protein concentrations, respectively. Factors which are responsible for increasing the cholesterol level, initially discovered in coffee oil and named as cafestol and kahweol. Extraction of these compounds occurs in brewing. Highest level (6.5-11.9 mg per cup) of these compounds is present in French and Turkish coffees, whereas, filtered coffee contains the lowest level (0.1-0.5 mg per cup)

of cafestol and kahweol [12]. Numerous studies in ileostomy patients who consumed unfiltered coffee showed that about 71% of the cafestol and kahweol is absorbed rapidly in intestine [13] and enhanced the activity of cholesterol ester transfer protein which further increase the production of low density lipo-proteins (LDL). Coffee containing diverse range of micronutrients like potassium, magnesium, tocopherol and vitamin B. United State Department of Agriculture, nutrient database, demonstrated that 250ml of brewed coffee contains 110 mg of potassium and 6.9mg of magnesium as compare to 25ml of espresso which provides 35mg of potassium and 23mg of magnesium. Niacin is present in coffee beans formed by the demethylation of trigenolline and provides 1.5-3.5mg of B3/ cup. One cup (250 ml) of coffee containing almost 0.25mg of alpha-tocopherol [14].

Health Perspectives of Coffee Consumption

Overall health claims of coffee and its association with diverse ailments shown in Table 1.

Prevention against Type 2 Diabetes Mellitus

Prospective of 6 out of 9 cohort studies indicated that consumption of coffee has inverse relation with type II Diabetes mellitus (DM) [15,16]. Another study on 18,000 Dutch people demonstrated that who consumed seven cups of coffee/day having 49% lower the risk of type II diabetes as compared to those who consumed two or less cups [17]. Study conducted on 15,000 men and women in Finland reported that men whose intake of coffee was nine cups per day showing 50% reduction in Diabetes mellitus than men who drank only one to two cups daily [18]. On the other side consumption of nine cups of coffee by women reduced the incidence of developing Diabetes mellitus by 80%. Study conducted on Swedish women followed for 17 years demonstrated that women who had taken 4 cups of coffee daily decreased the Diabetes mellitus risk by 49% [19]. Results of Previous Finnish studies with fourteen years of follow-up investigated that daily intake of six cups of coffee was not linked with type II diabetes [20]. Assumed reason of scientist behind this theory was excessive usage of boiled coffee in Finnish. However, the recent Finnish studies described the inverse connection exist between the consumption of boiled coffee and three times increased risk of diabetes mellitus [21].

Prevention against Parkinson's disease

Numerous studies highlighted the inverse association between coffee and Parkinson's disease [22] not only coffee but other sources of caffeine also include in this aspect. Health professional study demonstrated that people who consumed at least one cup of coffee per day have less chance to develop this disease as compared to those who didn't drink. Another follow-up of study which involved seven thousand Japanese men showed that those who didn't drink coffee have three to six times more risk to develop Parkinson's disease [23]. These studies exhibited that intake of coffee showed inverse association with disease in men and somehow in women [24].

Post-menopausal women and Coffee

One strong reason to not find any authentic association between women and coffee consumption might be due to the usage of hormone replacement therapy [25]. Research study conducted by Nurses Health showed that postmenopausal women who hadn't used estrogen having inverse relation with disease as compared to those who used both coffee and estrogen. Similar results were highlighted by Cancer Prevention Study which indicated that if women after menopause not utilized estrogen therapy then risk of this disease decreased by many fold [26].

Prevention against Colorectal Cancer

Coffee consumption in recommended amounts significantly reduces the risk of colorectal cancer. Approximately fifteen case control studies separately found that intake of five or more than five cups of coffee per day lower the risk of developing cancer by 25% as compared to non-drinkers [27] on the other side prospective studies didn't show any association between coffee intake and risk of colorectal cancer. One reason is that case control studies include many patients especially with cancer as compared to other studies and properly take histories after defined duration which is not usually happen in prospective [28]. Recent American review indicated that people who drank two cups of coffee without caffeine suffer less (50%) from rectal cancer as compared to others who utilized coffee with higher concentrations of caffeine. Numerous range of studies have been made to see the components of coffee which shown the beneficial effect in the reduction of genotoxicity; important are kahweol and cafestol. Chief role of these components to inhibit the cytochrome P450 which basically involved in cancer initiation. Overall conclusion of all studies showed the inverse relation between cancer and intakes of coffee which will be more specifically elaborated by further researches [29, 30].

Health Claims	Action of coffee intake	References
Diabetes Mellitus	Enhance the physiological functioning of pancreatic beta cells Improve glucose tolerance Consumption of 7-9 cups significantly reduces it	20,21
Parkinson's Disease	Improve the neuronal stability Intake of coffee showed inverse association with disease It reduces the development of disease by intake of one cup/day	22, 23,24
Colorectal Cancer	Kahweol and cafestol compounds of coffee are important Decrease the genotoxicity Inhibit the cytochrome p450	28,29,30

Table 1: Health claims of coffee against diseases

Health Risks of Coffee

Consumption of excessive amounts of coffee is strongly associated with the development of heart diseases [31] due to the presence of its lipid component i.e. cafestol which increased the cholesterol level in body and initiate the process of coronary heart diseases stroke, cardiac arrhythmias and hypertension. Study results reported that more than ten cups of coffee/ day aggravate the process of myocardial infarction Many clinical trials indicated that six to seven cups of coffee enhanced the severity of cardiac arrhythmias [32]. Caffeine consumption is negatively associated with calcium levels. Study indicated that one cup of coffee decreased the 4-7 mg of calcium from body and increased the risk of fractures mostly hips [33]. Excessive intake of coffee also related to mineral deficiencies including iron and zinc. Polyphenols and phytates contents present in coffee beans inhibit the iron and zinc absorption/bioavailability from intestine by 25-70% and 20-32% respectively [34]. Another serious effect of higher intake of coffee 500-1000mg per day contributing to delay the period of conception in women [26]. Varied range of epidemiological studies indicated that excessive intake of caffeine increased the incidence of spontaneous abortion if this type of baby survives then surely suffered from serious consequences including low birth weight, mental retardation and disturb the fetal growth of baby [35]. Further studies will be needed to properly understand the all negative impacts of coffee on health.

Conclusion

Coffee is combination of complex chemical compounds which play significant roles in human body. It is considered as a primary source of caffeine intake among teenagers and adults. Results of many studies indicated that consumption of coffee provide the prevention against diabetes, Parkinson's diseases and colorectal cancer, while increased consumption of coffee have association of developing heart diseases, stroke, cardiac arrhythmias and hypertension, still birth and miscarriages. Overall conclusion of this review is to intake the coffee in recommended amounts to obtain its beneficial aspects instead of consuming in large amounts. Adequate consumption of coffee is beneficial to avoid any negative aspects.

References

1. Spiller MA (2016) The Chemical Components of Coffee. In: Caffeine. CRC Press, Boca Raton, Florida, USA. 97-161.
2. James HO, Salman KB, Harshal RP, James JD, Sean CL (2017) Effects of habitual coffee consumption on cardiometabolic disease, cardiovascular health, and all-cause mortality. *J Am Coll Cardiol* 62: 1043-51.
3. La Vecchia C (2015) Coffee, liver enzymes, cirrhosis and liver cancer. *J Hepatol* 42: 444-6.
4. McCusker RR, Fuehrlein B, Goldberger BA, Gold MS (2006) Caffeine content of decaffeinated coffee. *J Anal Toxicol* 30: 611-3.
5. Salazar ME, Willett WC, Ascherio A (2004) Coffee consumption and risk for type 2 diabetes mellitus. *Ann Intern Med* 140: 1-8.
6. James JE (2004) Critical review of dietary caffeine and blood pressure: A relationship that should be taken more seriously. *Psychosom Med* 66: 63-71.
7. Carrillo JA, Benitez J (2000) Clinically significant pharmacokinetic interactions between dietary caffeine and medications. *Clin Pharmacokinet* 39: 127-53.
8. Crews HM, Olivier L, Wilson LA (2001) Urinary biomarkers for assessing dietary exposure to caffeine. *Food Addit Contam* 18: 1075-87.
9. Thelle DS, Heyden S, Fodor JG (1987) Coffee and cholesterol in epidemiological and experimental studies. *Atherosclerosis* 67: 97-103.
10. Krul C, Hageman G (2016) Analysis of urinary caffeine metabolites to assess biotransformation enzyme activities by reversed-phase high performance liquid chromatography. *J Chromatogr B Biomed Sci Appl* 709: 27-34.
11. Urgert R, Van der Weg G, Kosmeijer-Schuil TG, Hovenier R, Katan MB (1995) Levels of the cholesterol-elevating diterpenes cafestol and kahweol in various coffee brews. *J Agric Food Chem* 43: 2167-72.
12. Roos DB, Meyboom S, Kosmeijer-Schuil TG, Katan MB (1998) Absorption and urinary excretion of the coffee diterpenes cafestol and kahweol in healthy ileostomy volunteers. *J Intern Med* 244: 451-60.
13. (IM) Institute of Medicine (2005) Potassium. In: Dietary Reference Intakes for Water, Potassium, Sodium, Chloride, and Sulfate. National Academies Press, Washington, DC, 173-246.
14. Carlsson S, Hammar N, Grill V, Kaprio J (2004) Coffee consumption and risk of type 2 diabetes in Finnish twins. *Int J Epidemiol* 33: 616-7.
15. Reunanen A, Heliövaara M, Aho K (2003) Coffee consumption and risk of type 2 diabetes mellitus. *Lancet* 361: 702-3.
16. Agardh EE, Carlsson S, Ahlbom A (2018) Coffee consumption, type 2 diabetes and impaired glucose tolerance in Swedish men and women. *J Intern Med* 255: 645-52.
17. Prediger RD (2010) Effects of caffeine in Parkinson's disease: from neuroprotection to the management of motor and non-motor symptoms. *J Alzheimers Dis* 20: S205-20.
18. Ascherio A, Chen H (2015) Caffeinated clues from epidemiology of Parkinson's disease. *Neurol* 61: S51-4.
19. Wierzejska R (2017) Can coffee consumption lower the risk of Alzheimer's disease and Parkinson's disease? A literature review. *Arch Med Sci* 13: 507-14.
20. Schmit SL, Rennert HS, Gad R, Stephen BG (2016) Coffee Consumption and the Risk of Colorectal Cancer. *Cancer Epidemiol Biomarkers Prev* 25: 634-9.
21. Wang ZJ, Ohnaka K, Morita M, Toyomura K, Kono S, Ueki T (2013) Dietary polyphenols and colorectal cancer risk: the Fukuoka colorectal cancer study. *World J Gastroenterol* 19: 2683-90.
22. Tavani A (2004) Coffee, decaffeinated coffee, tea and cancer of the colon and rectum: A review of epidemiological studies. *Cancer Causes Control* 15: 743-57.
23. Tuomilehto J, Hu G, Bidel S (2004) Coffee consumption and risk of type 2 diabetes mellitus among middle-aged Finnish men and women. *JAMA* 291: 1213-9.
24. Van Dam RM, Feskens EJ (2002) Coffee consumption and risk of type 2 diabetes mellitus. *Lancet* 360: 1477-8.
25. Wedick NM, Brennan AM, Sun Q, Hu FB, Mantzoros CS, et al. (2011) Effects of caffeinated and decaffeinated coffee on biological risk factors for type 2 diabetes: a randomized controlled trial. *Nutr J* 10: 93-101.
26. Ross GW, Abbott RD, Petrovitch H (2000) Association of coffee and caffeine intake with the risk of Parkinson disease. *JAMA* 283: 2674-9.

27. Olsen J, Kronborg O (1993) Coffee, tobacco and alcohol as risk factors for cancer and adenoma of the large intestine. *Int J Epidemiol* 22: 398-402.
28. Ascherio A, Schwarzschild MA (2016) Caffeine, postmenopausal estrogen, and risk of Parkinson's disease. *Neurol* 60: 790-5.
29. Leviton A, Cowan L (2002) A review of the literature relating caffeine consumption by women to their risk of reproductive hazards. *Food Chem Toxicol* 40: 1271-310.
30. Michels KB, Willett WC, Fuchs CS, Giovannucci E (2005) Coffee, tea, and caffeine consumption and incidence of colon and rectal cancer. *J Natl Cancer Inst* 97: 282-92.
31. Mesas AE, Leon-Munoz LM, Rodriguez-Artalejo F, Lopez-Garcia E (2015) The effect of coffee on blood pressure and cardiovascular disease in hypertensive individuals: a systematic review and meta-analysis. *Am J Clin Nutr* 94: 1113-26.
32. Mukamal KJ, Maclure M, Muller JE (2004) Caffeinated coffee consumption and mortality after acute myocardial infarction. *Am Heart J* 147: 999-1004.
33. Frost L (2005) Caffeine and risk of atrial fibrillation or flutter: The Danish Diet, Cancer, and Health Study. *Am J Clin Nutr* 81: 578-82.
34. Dewey KG, Romero-Abal ME, Quan de Serrano (1997) Effects of discontinuing coffee intake on iron status of iron-deficient Guatemalan toddlers: a randomized intervention study. *Am J Clin Nutr* 66: 168-76.
35. Signorello LB (2004) Maternal caffeine consumption and spontaneous abortion: A review of the epidemiologic evidence. *Epidemiol* 15: 229-39.