# A Comprehensive Review on Pharmacological Potentials of Caffeine

Vijay K. Sharma<sup>1\*</sup>, Anu Sharma<sup>1</sup>, Krishan K. Verma<sup>1</sup>, Praveen K. Gaur<sup>1</sup>, Rahul Kaushik<sup>1</sup>, Baitullah Abdali<sup>2</sup>

# ABSTRACT

Caffeine is a naturally occurring methylxanthine compound found in various plants, such as coffee beans, tea leaves, and cocoa beans. It is widely consumed worldwide in the form of beverages, dietary supplements, and medications. Caffeine exerts its pharmacological effects primarily through its interaction with adenosine receptors, resulting in widespread physiological and neurological changes. In the field of medicinal chemistry, caffeine has been extensively studied due to its diverse pharmacological actions and potential therapeutic applications. This abstract highlights the key pharmacological actions of caffeine and its relevance in medicinal chemistry research. Caffeine acts as a non-selective antagonist of adenosine receptors, particularly the A1 and A2A subtypes. By inhibiting adenosine binding, caffeine prevents the activation of these receptors, leading to increased neural activity and the release of neurotransmitters such as dopamine and glutamate. This mechanism of action underlies caffeine's stimulant effects, including increased alertness, reduced fatigue, and improved cognitive function. Caffeine exhibits broncho dilatory effects by acting as a phosphodiesterase inhibitor, primarily targeting phosphodiesterase type 4 (PDE4). Inhibition of PDE4 prevents the breakdown of cyclic adenosine monophosphate (cAMP), leading to smooth muscle relaxation and bronchodilation. This property of caffeine has been utilized in the treatment of asthma and chronic obstructive pulmonary disease (COPD). Furthermore, caffeine possesses diuretic properties by inhibiting the reabsorption of sodium in the renal tubules. This leads to increased water excretion and urine production. The diuretic effects of caffeine have found applications in the management of fluid overload conditions, such as edema and heart failure. Additionally, caffeine has been investigated for its potential anticancer properties. Several studies have shown that caffeine can enhance the cytotoxic effects of certain chemotherapeutic agents, inhibit DNA repair mechanisms, and induce apoptosis in cancer cells. These findings have sparked interest in caffeine as an adjuvant therapy for cancer treatment, although further research is needed to establish its clinical efficacy and safety. In conclusion, caffeine exhibits a wide range of pharmacological actions, making it a versatile compound in medicinal chemistry research. Its interactions with adenosine receptors, phosphodiesterase, and renal tubules contribute to its stimulant, broncho dilatory, diuretic, and potentially anticancer effects. The understanding of caffeine's pharmacological actions provides valuable insights for the development of novel drugs and therapeutic approaches in various fields of medicine.

**Keywords:** Caffeine, Adenosine receptors, Stimulant, Bronchodilator, Diuretic, Medicinal chemistry. *Journal of Applied Pharmaceutical Sciences and Research*, (2023); DOI: 10.31069/japsr.v6i3.04

# INTRODUCTION

Caffeine, which is a broadly consumed substance across the globe, is the most prevalent stimulant that has a psychoactive effect on the central nervous system of the human body.<sup>1</sup> Belonging to the category of xanthine alkaloids, this secondary metabolite is present in over 60 Plant species, but it can also be artificially synthesized. Caffeine is a widely recognized ingredient in several food and drink items, including coffee, green and black tea, and chocolate. It is also used as a food additive in various soft drinks and bottled water. The amount of caffeine present in these products varies significantly, ranging from as little as 2 mg caffeine per 100 mL in cocoa-based beverages to as high as 200 mg caffeine per 100 mL in strong espresso coffee. For a comprehensive list of caffeine content in popular food products, refer to an overview Some food and herbs which contains Caffeine are presented in Figure 1.<sup>2</sup>

Although various pathways may lead to the production of caffeine in plants, only a single prevalent biosynthesis route has been identified. However, it has been observed that specialized enzymes in different species act as catalysts for this process. The process of caffeine biosynthesis <sup>1</sup>Metro College of Health Sciences and Research, Greater Noida, Uttar Pradesh, India.

<sup>2</sup>Department of Surgery, Faculty of Medicine, Paktiya University, Afghanistan.

**Corresponding Author:** Vijay K. Sharma, Metro College of Health Sciences and Research, Greater Noida, Uttar Pradesh, India, Email: vs1425720@gmail.com

How to cite this article: Sharma V, Sharma A, Verma KK, Gaur PK, Kaushik R, Abdali B. A Comprehensive Review on Pharmacological Potentials of Caffeine. Journal of Applied Pharmaceutical Sciences and Research. 2023; 6(3):16-26

Source of support: Nil

Conflict of interest: None

Received: 01/08/2023; Accepted: 13/09/2023; Published: 05/12/2023

starts with Xanthosine, which undergoes enzymatic N7-methylation while being simultaneously deribosylated to form 7-methylxanthine. This compound undergoes an additional methylation step at N3 to produce theobromine. Finally, enzymatic N1-methylation of theobromine results in the formation of caffeine. Caffeine occurs naturally in several plant species, where it acts as a defense mechanism against

<sup>©</sup> The Author(s). 2023 Open Access This article is distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) (https://creativecommons.org/licenses/by-nc-sa/4.0/)

insects that feed on the plant. This is achieved by inhibiting insect phosphodiesterase, which leads to the buildup of cyclic adenosine monophosphate inside insect cells, ultimately resulting in the death of the insect.<sup>3</sup>

Typically, high-performance liquid chromatographytandem mass spectrometry (HPLC-MS/MS) is used to determine the concentration of caffeine. This method has been performed on various human biological samples including urine, breast milk, and meconium. In the case of analyzing caffeine in beverages like coffee and tea, gas chromatography-nitrogen phosphorus detection (GC-NPD) or high-performance liquid chromatography-photodiode array detection (HPLC-PDAD) is commonly used. While caffeine has been studied in various matrices such as chocolate using gas chromatography-tandem mass spectrometry (GC-MS/ MS), limited research has been conducted to assess caffeine concentration in tobacco. However, a gas chromatographymass spectrometry (GC-MS) technique has shown measurable concentrations of caffeine in tobacco, which could be possibly due to the addition of cocoa powder to cigarettes.<sup>4</sup>

In addition to its other effects, caffeine is known to inhibit phosphodiesterase (PDE) activity. PDE is an enzyme that breaks down cyclic adenosine monophosphate (cAMP) to its noncyclic form, 5'-AMP. By inhibiting PDE, caffeine increases the concentration of cAMP in cells, which in turn can elevate blood pressure.<sup>5</sup>

According to the classification by the US Food and Drug Administration (FDA), caffeine is generally considered safe for consumption. Toxic doses of caffeine, which exceed 10 gm per day for adults, are significantly higher than the typical daily dosage of under 500 mg.<sup>6</sup>

According to the European Food Safety Authority (EFSA), the consumption of up to 400 mg of caffeine per day (equivalent to approximately 5.7 mg/kg of body weight) is considered safe for non-pregnant adults. Additionally, intake of up to 200 mg per day for pregnant and lactating women is also deemed safe without raising concerns for the well-being of the fetus or breastfed infants.<sup>7</sup>

#### **Historical Background**

The use of caffeine dates back centuries, with evidence of its consumption found in various cultures around the world. The origins of caffeine can be traced to the ancient civilizations of Africa and Asia, where it was consumed in the form of coffee and tea, respectively. The stimulant properties of caffeine were recognized early on, leading to its popularization as a beverage additive.<sup>8</sup>

#### Prevalence

Today, caffeine is one of the most commonly consumed psychoactive substances globally. It is found in a wide

range of products, including coffee, tea, soft drinks, energy drinks, and certain medications.<sup>9</sup>The prevalence of caffeine consumption has increased significantly in recent decades, with a growing number of individuals relying on its stimulating effects to enhance their daily performance and combat fatigue.<sup>10</sup>

#### **Psychoactive Properties**

Caffeine acts primarily by blocking adenosine receptors in the brain, which inhibits the relaxing and sedative effects of adenosine. By doing so, it promotes wakefulness and increases neural activity.<sup>11</sup> Caffeine's effects are felt relatively quickly, with peak levels reached within 30 to 60 minutes after consumption. The duration of its effects varies among individuals, but they generally last for a few hours.<sup>12</sup>

In addition to its stimulant properties, caffeine has been found to affect various physiological processes in the body. It can increase heart rate and blood pressure, enhance cognitive performance, improve athletic endurance, and even have mood-altering effects.<sup>13</sup> However, it is important to note that individual responses to caffeine can vary, with some people experiencing negative side effects such as anxiety, insomnia, and gastrointestinal disturbances.<sup>14</sup>

#### **Pharmacokinetics of Caffeine**

This section focuses on the absorption, distribution, metabolism, and elimination of caffeine in the human body, including its half-life and clearance mechanisms. Caffeine is a widely consumed psychoactive substance that is found in various beverages and foods, most commonly in coffee and tea. Its pharmacokinetics, which refers to the processes of absorption, distribution, metabolism, and elimination in the body, have been extensively studied. Here is an overview of the pharmacokinetics of caffeine.<sup>15-17</sup>

#### Absorption

After oral ingestion, caffeine is rapidly and almost completely absorbed from the gastrointestinal tract. The peak plasma concentration is typically reached within 30 to 60 minutes after consumption. Factors such as the formulation (e.g., solid or liquid), presence of food, and individual variations can influence the rate and extent of caffeine absorption.<sup>18,19</sup>

#### Distribution

Caffeine is distributed throughout the body, as it readily crosses cell membranes due to its lipophilic nature. It is distributed into various body tissues and fluids, including the brain, muscle, adipose tissue, and breast milk. Caffeine readily crosses the blood-brain barrier, which contributes to its central nervous system stimulant effects.<sup>20</sup>

Overview Caffeine is a widely consumed psychoactive substance with a long history of use. Its prevalence continues to rise as more people rely on its stimulating effects to boost performance and combat fatigue. Understanding the historical background, prevalence, and psychoactive properties of caffeine is essential for comprehending its impact on human physiology and behavior. In the subsequent sections of this review article, we will delve deeper into the various aspects of caffeine, including its metabolism, health effects, potential benefits, and risks.



Figure 1: Food and Herbs containing caffeine

# Metabolism

The primary site of caffeine metabolism is the liver, where it undergoes biotransformation by cytochrome P450 enzymes, primarily CYP1A2. Caffeine is metabolized into three primary metabolites: paraxanthine (80% to 84% of the dose), theobromine (12% to 16%), and theophylline (4% to 7%). These metabolites a.lso possess pharmacological activity but to a lesser extent compared to caffeine itself.<sup>21,22</sup>

# Elimination

Caffeine and its metabolites are primarily eliminated via renal excretion. The elimination half-life of caffeine can vary widely among individuals due to genetic and environmental factors. In healthy adults, the average half-life ranges from 3 to 5 hours, but it can be shorter in infants and longer in pregnant women or individuals with liver disease. The clearance of caffeine is influenced by various factors, including age, liver function, smoking, pregnancy, and certain medications (e.g., oral contraceptives and certain antibiotics).<sup>23-25</sup>

#### **Clearance Mechanisms**

The clearance of caffeine involves both hepatic metabolism and renal excretion. The metabolites of caffeine, such as paraxanthine, theobromine, and theophylline, are also subject to further metabolism and elimination.<sup>26</sup> The rate of clearance can be influenced by factors that affect the activity of the metabolizing enzymes, such as genetic variations in CYP1A2 enzyme activity or drug interactions that inhibit or induce CYP1A2.<sup>27</sup>

It is important to note that individual responses to caffeine can vary due to factors such as genetic variations in caffeine metabolism, tolerance, and sensitivity. Additionally, chronic caffeine consumption can lead to adaptive changes in the body, including increased enzyme activity and changes in clearance rates.<sup>28</sup>

This overview provides a general understanding of the pharmacokinetics of caffeine in the human body. However, for a more comprehensive and detailed understanding, it is recommended to refer to specific review articles or primary research studies that focus on caffeine pharmacokinetics.<sup>29</sup>

# **Molecular Targets of Caffeine**

Caffeine, a widely consumed psychoactive substance, acts on several molecular targets in the human body. Its effects are primarily attributed to its ability to antagonize adenosine receptors, inhibit phosphodiesterase, modulate ion channels, interact with neurotransmitter systems, and affect other relevant proteins. Let's explore each of these molecular targets in more detail:<sup>30</sup>

# **Adenosine Receptors**

Caffeine exerts its primary effect by blocking adenosine receptors in the brain. Adenosine is an inhibitory neurotransmitter that promotes relaxation and sleep. By binding to adenosine receptors and preventing adenosine from binding, caffeine enhances wakefulness, alertness, and reduces the feeling of fatigue.<sup>31</sup>

# Phosphodiesterase (PDEs)

Caffeine inhibits certain types of phosphodiesterase, particularly PDE 1, 2, and 3. Phosphodiesterase are enzymes that break down cyclic adenosine monophosphate (cAMP) and cyclic guanosine monophosphate (cGMP). By inhibiting PDEs, caffeine increases the levels of cAMP and cGMP in cells, leading to various physiological effects, such as smooth muscle relaxation, increased heart rate, and increased release of neurotransmitters.<sup>32</sup>

# Ion Channels

Caffeine affects several ion channels in the body. It can block certain adenosine-sensitive ion channels, resulting in the release of excitatory neurotransmitters like dopamine and glutamate. Caffeine also modulates calcium channels, which can influence muscle contractions, neurotransmitter release, and other cellular processes.<sup>33</sup>

# **Neurotransmitter Systems**

Caffeine affects various neurotransmitter systems in the brain. It blocks the inhibitory effects of adenosine on the release of neurotransmitters such as dopamine, norepinephrine, serotonin, and acetylcholine. This action leads to increased release and availability of these neurotransmitters, resulting in heightened arousal, improved mood, and enhanced cognitive performance.<sup>34,35</sup>

#### **Other Relevant Proteins**

Apart from the above targets, caffeine interacts with other proteins in the body. For example, it can bind to

"Overview effects of caffeine on cardiovascular function can vary depending on individual factors such as caffeine sensitivity, regular caffeine consumption, overall health status, and the amount of caffeine ingested. Some individuals may be more sensitive to the cardiovascular effects of caffeine, while others may develop tolerance over time with regular use".

GABA (gamma-aminobutyric acid) receptors, which are involved in inhibitory signaling in the brain. This interaction may contribute to caffeine's stimulatory effects. Caffeine also affects certain enzymes, such as protein kinase and cytochrome P450, which play roles in cellular signaling and drug metabolism, respectively.<sup>36</sup>

It's important to note that the effects of caffeine can vary depending on the concentration, duration of exposure, individual sensitivity, and overall health status. While moderate caffeine consumption is generally considered safe for most individuals, excessive intake or caffeine sensitivity can lead to adverse effects like restlessness, anxiety, sleep disturbances, and gastrointestinal issues.

#### **Adenosine Receptor Modulation**

Caffeine is a well-known antagonist of adenosine receptors, which means it blocks the action of adenosine at these receptors. Adenosine is a naturally occurring nucleoside in the body that acts as a neuromodulator, playing a role in various physiological processes, including sleep regulation, vasodilation, and neurotransmitter release.<sup>37</sup>

There are four subtypes of adenosine receptors: A1, A2A, A2B, and A3. Caffeine primarily acts as an antagonist at the A1 and A2A subtypes, although it can also have some effects on the other subtypes. Let's explore the molecular interactions and downstream signaling pathways involved in caffeine's antagonistic effects on adenosine receptors:<sup>38,39</sup>

#### **Molecular Interactions**

When adenosine binds to its receptors, it triggers a cascade of intracellular events by activating specific signaling pathways. Caffeine, structurally similar to adenosine, competes with adenosine for binding to the adenosine receptors without activating the downstream signaling. It binds to the receptor without activating it, effectively blocking the receptor from interacting with adenosine.<sup>40</sup>

#### **Downstream Signaling Pathways**

The antagonistic effects of caffeine on adenosine receptors result in several downstream signaling pathway alterations:

#### cAMP Pathway

One major signaling pathway affected by adenosine receptors is the cyclic adenosine monophosphate (cAMP) pathway. Adenosine binding to A1 receptors inhibits adenylyl cyclase, an enzyme responsible for converting ATP into cAMP. By blocking the A1 receptors, caffeine prevents this inhibition, leading to increased cAMP production. Elevated cAMP levels can have various effects, including increased alertness and increased release of neurotransmitters like dopamine and glutamate.<sup>41,42</sup>

#### **Dopamine Pathway**

Adenosine receptors, particularly the A2A subtype, are closely linked to the dopamine pathway. Adenosine normally inhibits the release of dopamine in the brain. By antagonizing A2A receptors, caffeine disinhibits dopamine release, leading to increased dopaminergic activity. This increased dopamine release contributes to caffeine's stimulant effects and can promote wakefulness.<sup>43</sup>

#### Neurotransmitter Release

Caffeine's antagonistic effects on adenosine receptors can modulate the release of other neurotransmitters. By blocking adenosine receptors, caffeine enhances the release of neurotransmitters such as glutamate, acetylcholine, norepinephrine, and serotonin. This increased release of excitatory neurotransmitters can further contribute to caffeine's stimulating effects.<sup>44,45</sup>

It's important to note that the effects of caffeine on adenosine receptors are complex, and the precise mechanisms and downstream effects may vary depending on the specific receptor subtype and brain region involved. Additionally, caffeine can have other non-adenosine receptor-related effects in the body.

Understanding the antagonistic effects of caffeine on adenosine receptors provides insights into its stimulant properties and its ability to promote wakefulness and counteract drowsiness.

However, it's worth considering that prolonged and excessive caffeine consumption can lead to tolerance, dependence, and potential negative effects on sleep quality and overall health.

#### **Effects on Central Nervous System**

The central nervous system effects of caffeine, such as alertness, wakefulness, and cognitive enhancement, are discussed in this section, along with the underlying mechanisms.<sup>46</sup>

Caffeine is a stimulant drug that affects the central nervous system (CNS) in various ways, leading to its well-known effects on alertness, wakefulness, and cognitive enhancement. Here are some of the key effects of caffeine on the CNS and the mechanisms underlying them:<sup>47</sup>

- Alertness and Wakefulness: Caffeine acts as an adenosine receptor antagonist. Adenosine is a neurotransmitter that promotes sleep and relaxation by binding to its receptors in the brain, inhibiting neuronal activity. By blocking adenosine receptors, caffeine prevents adenosine from exerting its inhibitory effects, resulting in increased alertness and wakefulness.<sup>48,49</sup>
- Cognitive Enhancement: Caffeine can enhance cognitive function, including attention, memory, and reaction time. It achieves this by affecting several neurotransmitter systems in the brain:<sup>50</sup>
- Adenosine Receptors: As mentioned earlier, caffeine blocks adenosine receptors, which can indirectly lead to increased release of other neurotransmitters like dopamine, norepinephrine, and glutamate. These neurotransmitters are involved in cognitive processes and can contribute to the cognitive-enhancing effects of caffeine.<sup>51</sup>

- **Dopamine:** Caffeine indirectly increases dopamine release in the brain by blocking adenosine receptors. Dopamine is associated with reward, motivation, and attention, and its increased availability contributes to the feeling of alertness and improved cognitive performance.<sup>52</sup>
- **Norepinephrine:** Caffeine also enhances the release of norepinephrine, a neurotransmitter that plays a role in arousal, attention, and learning. Increased norepinephrine levels can improve cognitive functions such as vigilance and focus.<sup>53</sup>
- Acetylcholine: Caffeine may also increase the release of acetylcholine, a neurotransmitter important for learning, memory, and attention. By enhancing acetylcholine activity, caffeine can improve cognitive performance.<sup>54</sup>
- **Psychomotor Performance:** Caffeine can also affect psychomotor performance, including motor coordination and reaction time. By stimulating the CNS and increasing arousal, caffeine can enhance motor performance and decrease the perception of fatigue.<sup>55,56</sup>

#### **Cardiovascular Effects of Caffeine**

Caffeine, a naturally occurring stimulant found in various foods and beverages, has been known to have effects on cardiovascular function. Let's explore its impact on heart rate, blood pressure, and vascular tone:<sup>57</sup>

**Heart Rate:** Caffeine consumption can increase heart rate. It achieves this by blocking the adenosine receptors in the body, which are responsible for slowing down the heart rate. With these receptors blocked, the heart can beat faster, resulting in an increased heart rate. However, the effect is usually modest and temporary, especially in individuals who regularly consume caffeine.<sup>58,59</sup>

**Blood Pressure:** Caffeine can also temporarily raise blood pressure. It achieves this by stimulating the release of adrenaline, a hormone that can cause constriction of blood vessels and increase cardiac output. This combination of effects can result in a transient increase in blood pressure. However, the impact on blood pressure tends to be more pronounced in individuals who are not regular caffeine consumers or those who consume caffeine in large amounts.<sup>60</sup>

**Vascular Tone:** Caffeine has been shown to affect vascular tone, primarily by causing vasoconstriction, or narrowing of blood vessels. This constriction is due to the antagonistic effect of caffeine on adenosine receptors in the smooth muscle cells lining the blood vessels. By blocking these receptors, caffeine inhibits the natural vasodilatory effects of adenosine, leading to vasoconstriction and potentially reduced blood flow to certain areas.<sup>61,62</sup>

It is also worth mentioning that moderate caffeine consumption (usually defined as up to 400 milligrams per day) is generally considered safe for most healthy individuals. However, excessive caffeine intake or pre-existing cardiovascular conditions may warrant caution or moderation in consumption. It is always advisable to consult with a healthcare professional for personalized advice, especially if you have any underlying cardiovascular concerns.

### Caffeine's Metabolic Effects:

Caffeine, a natural stimulant found in coffee, tea, and various other beverages and foods, has been shown to have effects on metabolism, energy expenditure, and certain endocrine systems.<sup>63</sup> Here are some of the key influences of caffeine on these processes:

- Metabolism: Caffeine has been found to increase metabolic rate, which refers to the rate at which your body burns calories to produce energy. Studies have shown that caffeine can temporarily boost metabolism by increasing thermogenesis (the production of heat) and fat oxidation (the breakdown of fat for energy). This effect may be more pronounced in lean individuals compared to obese individuals.<sup>64</sup>
- Energy expenditure: Caffeine can increase energy expenditure through its effects on the sympathetic nervous system. It stimulates the release of catecholamines such as adrenaline, which can lead to an increase in heart rate, blood pressure, and overall energy expenditure. This can contribute to a temporary increase in alertness and physical performance.<sup>65</sup>
- **Insulin and glucose:** Caffeine has been found to affect insulin sensitivity and glucose metabolism. Some studies suggest that acute caffeine intake can impair insulin sensitivity, leading to higher blood glucose levels. However, the long-term effects of caffeine on insulin and glucose control are still not fully understood and may vary depending on individual factors.<sup>66,67</sup>
- **Thyroid hormones:** Caffeine has been shown to influence thyroid hormone levels. Research suggests that caffeine intake can lead to a transient increase in thyroid hormone secretion, specifically thyroxine (T4) and triiodothyronine (T3). However, these effects are typically short-lived, and there is no evidence to suggest that caffeine intake significantly alters thyroid function in the long term.<sup>68,69</sup>

It's worth noting that the effects of caffeine can vary depending on the individual's sensitivity, habitual caffeine intake, and overall health status. Furthermore, the impact of caffeine on metabolism and endocrine systems may also be influenced by factors such as the dose of caffeine consumed, the timing of consumption, and interactions with other substances or medications.

If you have specific health concerns or conditions related to metabolism, energy expenditure, or endocrine function, it's advisable to consult with a healthcare professional who can provide personalized advice based on your individual circumstances.

#### **Caffeine and Neurodegenerative Disorders**

Caffeine, a widely consumed psychoactive substance, has been the subject of extensive research regarding its potential effects on neurodegenerative disorders, including

Parkinson's and Alzheimer's diseases. While the exact mechanisms are not yet fully understood, several studies have suggested that caffeine may have neuroprotective properties and could potentially reduce the risk or delay the onset of these disorders.<sup>70,71</sup>

Parkinson's disease is characterized by the degeneration of dopamine-producing neurons in the brain. Caffeine has been found to interact with adenosine receptors in the brain, inhibiting their activity. Adenosine is a neurotransmitter that inhibits the release of dopamine. By blocking adenosine receptors, caffeine increases dopamine release, which may help compensate for the loss of dopamine-producing neurons in Parkinson's disease. Some epidemiological studies have shown that regular caffeine consumption is associated with a reduced risk of Parkinson's disease, suggesting a potential protective effect.72,73

Alzheimer's disease is characterized by the accumulation of amyloid-beta plaques and neurofibrillary tangles in the brain, leading to neuronal damage and cognitive decline. Studies have indicated that caffeine may have multiple mechanisms of action that could be beneficial in Alzheimer's disease. Caffeine has been found to reduce the production of amyloid-beta and inhibit the enzymes involved in its accumulation. It may also enhance the clearance of amyloidbeta from the brain. Additionally, caffeine has been shown to have anti-inflammatory and antioxidant properties, which could help protect against neurodegenerative processes.<sup>74,75</sup>

While the evidence suggests a potential protective role of caffeine in neurodegenerative disorders, it's important to note that more research is needed to fully understand the complex relationship between caffeine consumption and these diseases. Additionally, individual factors such as genetics, overall lifestyle, and other dietary components may influence the effects of caffeine on neurodegeneration. It's also worth mentioning that excessive caffeine consumption can have negative effects on sleep, anxiety, and other aspects of health, so moderation is key.<sup>76,77</sup>.

"Overview current research suggests that caffeine may have neuroprotective properties and could potentially reduce the risk or delay the onset of neurodegenerative disorders such as Parkinson's and Alzheimer's diseases. However, further studies are needed to confirm these findings and to understand the optimal dosage, duration, and potential interactions with other lifestyle and genetic factors".

#### As antioxidant

Researchers investigated the potential antioxidant properties of caffeine by employingadenine as a biological model compound and the hydroxyl radical as the causative agent of oxidative stress. To carry out the experiment, equal concentrations of adenine and caffeine were combined in water to generate equimolar binary aqueous solutions. These solutions were then subjected to the hydroxyl radical, which was generated either through gamma irradiation of water or UV-photolysis in the presence of H2O2.The findings of the

study demonstrated that caffeine effectively protections2 adenine from oxidative degradation.Nevertheless,this protective effect cannot be solely attributed to caffeine and adenine acting as scavengers, as both compound exhibit similar reaction rate with the hydroxyl radical. Furthermore, previous research has shown that caffeine does not possess the ability to restore oxidized adenine products by reducing them back to their original form. To gain a better understanding of this phenomenon, additional experiments were conducted to investigate the reaction products of caffeine with the hydroxyl radical. These reaction products were identified using high-performance liquid chromatography (HPLC). During the experiments, it was noted that certain products derived from the hydroxylation and/or demethylation of caffeine exhibited strong antioxidant properties. These compounds were found to have the ability to regenerate oxidized adenine products through a reparative effect. The study determined that caffeine's ability to safeguard adenine from oxidative degradation is a result of multiple contributing factors. This includes the scavenging effect of caffeine itself, as well as the reparative properties exhibited by certain products resulting from the interaction of caffeine with the hydroxyl radical. This combined effect is referred to as the "cascade effect."78-81.

#### Application of caffeine as an antioxidant

- Caffeine havean ability to release Neurotransmitters like acetylcholine, dopamine, noradrenaline, gammaaminobutyric acid (GABA), and serotonin have the ability to generate signal which stimulate our body to do work. These neurotransmitters play a role in enhancing mood, stimulating the organism, improving concentration, and reducing physical fatigue.<sup>82</sup>
- Caffeine play an important role in cosmetic such as in skin care (such as in body scrub, face cleanser) and for hair care also (shampoo, conditioners) and other role of caffeine in skin carer is body lotion, face cream [83].
- Caffeine also play an important role in diet product and supplement which boost our immune system and provide a physical strength improve ability to increaseour concentration power.84
- Caffeine has various effects on systemic metabolism, oxidative-inflammatory pathways, and exercise performance.85



Figure 2: Structure of Caffeine

 Caffeine has the ability to protect the skin from oxidative stress-induced senescence by activating autophagy.<sup>85</sup>

#### Structure-Activity Relationships and Drug Design

Structure-activity relationships (SAR) play a crucial role in drug design and development. By studying the relationship between the chemical structure of a compound and its biological activity, researchers can gain insights into the key features necessary for pharmacological effects. Caffeine and its analogs have been extensively studied in terms of SAR, providing valuable information for designing new drugs with similar or improved properties.

Caffeine, a naturally occurring alkaloid found in coffee, tea, and other plants, is widely known for its stimulant properties. It acts as an antagonist of adenosine receptors in the brain, which leads to increased wakefulness and alertness Structure of Caffeine is presented in Figure 2. SAR studies on caffeine and its analogs have revealed several key chemical features responsible for its pharmacological activity:

**Aromaticity:** Caffeine contains three fused aromatic rings, namely two imidazole rings and a pyrimidine ring. The presence of these aromatic rings is crucial for caffeine's binding to adenosine receptors and its stimulant effects. Alterations to these aromatic rings can significantly impact caffeine's activity.

**N-Methyl Groups:** Caffeine has three methyl groups attached to the nitrogen atoms in its structure. These methyl groups enhance the lipophilicity of the molecule, facilitating its passage through biological membranes. The presence of N-methyl groups also contributes to the antagonist activity at adenosine receptors.

**Hydrogen Bond Acceptors and Donors:** Caffeine contains several hydrogen bond acceptor and donor sites, including nitrogen and oxygen atoms in its structure. These functional groups are involved in specific interactions with adenosine receptors, influencing caffeine's affinity and selectivity for different receptor subtypes.

**Substituent Positioning:** The positions of functional groups on the caffeine molecule are critical for its activity. For example, the presence of hydroxyl (-OH) groups at specific positions can influence caffeine's adenosine receptor binding and its metabolism in the body.

SAR studies have led to the development of various caffeine analogs with modified structures to explore their effects on pharmacological activity. These analogs aim to retain or enhance the desired properties of caffeine while minimizing undesirable side effects. For instance, modifications to the caffeine structure have been made to improve selectivity for specific adenosine receptor subtypes, prolong the duration of action, or reduce potential toxicity.

Furthermore, SAR studies on caffeine analogs have paved the way for the design of new drugs targeting adenosine receptors for various therapeutic purposes beyond caffeine's stimulant effects. These include drugs for the treatment of sleep disorders, migraines, asthma, and neurodegenerative diseases.

#### **Caffeine's Pharmacological Actions**

Caffeine's primary mode of action involves antagonizing adenosine receptors, leading to increased neuronal activity and arousal. By blocking the inhibitory effects of adenosine, caffeine promotes wakefulness, enhances cognitive function, and improves mood. Additionally, it stimulates the release of neurotransmitters such as dopamine, norepinephrine, and serotonin, further contributing to its psychoactive properties.

The cardiovascular effects of caffeine are also noteworthy, as it acts as a vasoconstrictor, increasing blood pressure and heart rate. This property can have both positive and negative implications, depending on individual circumstances and dosage. Furthermore, caffeine exhibits broncho dilatory effects, which have therapeutic implications in the management of respiratory disorders such as asthma.

Metabolically, caffeine is known to stimulate lipolysis and increase metabolic rate, making it a common ingredient in weight loss and energy-enhancing products. Its impact on the liver, however, warrants caution, as excessive consumption may lead to hepatotoxicity and interfere with drug metabolism.

Moreover, caffeine demonstrates potential as an analgesic, modulating pain perception through adenosine receptor interactions. This property has implications in the management of certain types of headaches and pain syndromes.

While caffeine is generally recognized as safe for consumption in moderate amounts, it is important to note that individual sensitivity and habitual use can influence its effects and potential risks. Excessive consumption may lead to adverse effects such as insomnia, anxiety, gastrointestinal disturbances, and tolerance development.

# CONCLUSION

This review article has examined the diverse pharmacological actions of caffeine, highlighting its effects on the central nervous system, cardiovascular system, metabolism, and analgesic properties. Caffeine acts primarily by antagonizing adenosine receptors, resulting in increased neuronal activity and arousal. It enhances cognitive function, promotes wakefulness, and improves mood. Additionally, caffeine influences neurotransmitter release, such as dopamine, norepinephrine, and serotonin, contributing to its psychoactive effects.

Caffeine also affects the cardiovascular system by acting as a vasoconstrictor, leading to increased blood pressure and heart rate. Its broncho dilatory effects have implications in respiratory disorders. Metabolically, caffeine stimulates lipolysis and boosts metabolic rate, making it a common ingredient in weight loss products. However, caution is necessary due to its potential hepatotoxicity and interference with drug metabolism.

Furthermore, caffeine exhibits analgesic properties, modulating pain perception through adenosine receptor interactions. This characteristic may have implications in pain management. While moderate caffeine consumption is generally considered safe, it is important to recognize individual variations and potential risks associated with excessive intake. Adverse effects such as insomnia, anxiety, gastrointestinal disturbances, and tolerance development may occur with prolonged and high-dose use.

Overall, understanding the pharmacological actions of caffeine is essential for optimizing its therapeutic benefits and minimizing potential risks. Further research is warranted to explore its precise mechanisms of action and to uncover novel applications in the field of medicinal chemistry.

# References

- Völker JM, Koch N, Becker M, Klenk A. Caffeine and Its Pharmacological Benefits in the Management of Androgenetic Alopecia: A Review. Skin Pharmacol Physiol. 2020;33(3):93-109. doi: 10.1159/000508228. Epub 2020 Jun 29. PMID: 32599587.
- Völker JM, Koch N, Becker M, Klenk A. Caffeine and Its Pharmacological Benefits in the Management of Androgenetic Alopecia: A Review. Skin Pharmacol Physiol. 2020;33(3):93-109. doi: 10.1159/000508228. Epub 2020 Jun 29. PMID: 32599587.
- Faudone G, Arifi S, Merk D. The Medicinal Chemistry of Caffeine. J Med Chem. 2021 Jun 10;64(11):7156-7178. doi: 10.1021/acs.jmedchem.1c00261. Epub 2021 May 21. PMID: 34019396.
- Lisko JG, Lee GE, Kimbrell JB, Rybak ME, Valentin-Blasini L, Watson CH. Caffeine Concentrations in Coffee, Tea, Chocolate, and Energy Drink Flavored E-liquids. Nicotine Tob Res. 2017 Apr 1;19(4):484-492. doi: 10.1093/ntr/ntw192. PMID: 27613945; PMCID: PMC5568045.
- Herman A, Herman AP. Caffeine's mechanisms of action and its cosmetic use. Skin Pharmacol Physiol. 2013;26(1):8-14. doi: 10.1159/000343174. Epub 2012 Oct 11. PMID: 23075568.
- Heckman MA, Weil J, Gonzalez de Mejia E (April 2010). "Caffeine (1, 3, 7-trimethylxanthine) in foods: a comprehensive review on consumption, functionality, safety, and regulatory matters". *Journal of Food Science*. **75** (3): R77–R87. doi:10.1111/j.1750-3841.2010.01561.x. PMID 20492310.
- 7. EFSA Panel on Dietetic Products, Nutrition and Allergies (2015). "Scientific Opinion on the safety of caffeine". *EFSA Journal*. **13** (5): 4102. doi:10.2903/j.efsa.2015.4102.
- 8. Fredholm, Bertil B. (2011). [Handbook of Experimental Pharmacology] Methylxanthines Volume 200 || Notes on the History of Caffeine Use. , 10.1007/978-3-642-13443-2(Chapter 1), 1–9. doi:10.1007/978-3-642-13443-2\_1.
- 9. Reyes CM, Cornelis MC. Caffeine in the Diet: Country-Level Consumption and Guidelines. Nutrients. 2018 Nov 15;10(11):1772. doi: 10.3390/nu10111772. PMID: 30445721; PMCID: PMC6266969.
- 10. Knapik, J.J., Steelman, R.A., Trone, D.W. *et al.* Prevalence of caffeine consumers, daily caffeine consumption, and

factors associated with caffeine use among active duty United States military personnel. *Nutr J* **21**, 22 (2022). https://doi.org/10.1186/s12937-022-00774-0.

- 11. "Caffeine". DrugBank. University of Alberta. 16 September 2013. Archived from the original on 4 May 2015. Retrieved 8 August 2014.
- 12. https://www.medicalnewstoday.com/articles/321784
- 13. Green PJ, Kirby R, Suls J. The effects of caffeine on blood pressure and heart rate: A review. Ann Behav Med. 1996 Sep;18(3):201-16. doi: 10.1007/BF02883398. PMID: 24203773.
- 14. Winston, A., Hardwick, E., & Jaberi, N. (2005). Neuropsychiatric effects of caffeine. *Advances in Psychiatric Treatment*, 11(6), 432-439. doi:10.1192/apt.11.6.432.
- 15. Grzegorzewski J, Bartsch F, Köller A, König M. Pharmacokinetics of Caffeine: A Systematic Analysis of Reported Data for Application in Metabolic Phenotyping and Liver Function Testing. Front Pharmacol. 2022 Feb 25;12:752826. doi: 10.3389/fphar.2021.752826. PMID: 35280254; PMCID: PMC8914174.
- 16. Grzegorzewski J., Brandhorst J., Green K., Eleftheriadou D., Duport Y., Barthorscht F., et al. (2020). Pk-db: Pharmacokinetics Database for Individualized and Stratified Computational Modeling. *Nucleic Acids Res.* 49, D1358–D1364. 10.1093/nar/gkaa990 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- 17. Perera V, Gross AS, Xu H, McLachlan AJ. Pharmacokinetics of caffeine in plasma and saliva, and the influence of caffeine abstinence on CYP1A2 metrics. J Pharm Pharmacol. 2011 Sep;63(9):1161-8. doi: 10.1111/j.2042-7158.2011.01326.x.Epub 2011 Jul 6. PMID: 21827488.
- 18. Huang NN, High RH. Comparison of serum levels following the administration of oral and parenteral perparations of penicillin to infants and children of various age groups. J Pediatr 1953; 42: 657–68.
- White JR Jr, Padowski JM, Zhong Y, Chen G, Luo S, Lazarus P, Layton ME, McPherson S. Pharmacokinetic analysis and comparison of caffeine administered rapidly or slowly in coffee chilled or hot versus chilled energy drink in healthy young adults. Clin Toxicol (Phila). 2016;54(4):308-12. doi: 10.3109/15563650.2016.1146740. PMID: 27100333; PMCID: PMC4898153.
- 20. Grzegorzewski J, Bartsch F, Köller A, König M. Pharmacokinetics of Caffeine: A Systematic Analysis of Reported Data for Application in Metabolic Phenotyping and Liver Function Testing. Front Pharmacol. 2022 Feb 25;12:752826. doi: 10.3389/fphar.2021.752826. PMID: 35280254; PMCID: PMC8914174.
- 21. Amchin J, Zarycranski W, Taylor KP, Albano D, Klockowski PM. Effect of venlafaxine on CYP1A2-dependent pharmacokinetics and metabolism of caffeine. J Clin Pharmacol. 1999 Mar;39(3):252-9. PMID: 10073324.
- 22. Perera V, Gross AS, Xu H, McLachlan AJ. Pharmacokinetics of caffeine in plasma and saliva, and the influence of caffeine abstinence on CYP1A2 metrics. J Pharm Pharmacol. 2011 Sep;63(9):1161-8. doi: 10.1111/j.2042-

7158.2011.01326.x.Epub 2011 Jul 6. PMID: 21827488.

- 23. Sadek P, Pan X, Shepherd P, Malandain E, Carney J, Coleman H. A Randomized, Two-Way Crossover Study to Evaluate the Pharmacokinetics of Caffeine Delivered Using Caffeinated Chewing Gum Versus a Marketed Caffeinated Beverage in Healthy Adult Volunteers. J Caffeine Res. 2017 Dec 1;7(4):125-132. doi: 10.1089/ jcr.2017.0025. PMID: 29230348; PMCID: PMC5724581.
- 24. Aranda JV, Beharry KD. Pharmacokinetics, pharmacodynamics and metabolism of caffeine in newborns. Semin Fetal Neonatal Med. 2020 Dec;25(6):101183. doi: 10.1016/j.siny.2020.101183. Epub 2020 Nov 26. PMID: 33293242.
- 25. Banks NF, Tomko PM, Colquhoun RJ, Muddle TWD, Emerson SR, Jenkins NDM. Genetic Polymorphisms in ADORA2A and CYP1A2 Influence Caffeine's Effect on Postprandial Glycaemia. Sci Rep. 2019 Jul 19;9(1):10532. doi: 10.1038/s41598-019-46931-0. PMID: 31324842; PMCID: PMC6642114.
- 26. Guest N, Corey P, Vescovi J, El-Sohemy A. Caffeine, CYP1A2 Genotype, and Endurance Performance in Athletes. Med Sci Sports Exerc. 2018 Aug;50(8):1570-1578. doi: 10.1249/ MSS.00000000001596. PMID: 29509641.
- Nehlig A. Interindividual Differences in Caffeine Metabolism and Factors Driving Caffeine Consumption. Pharmacol Rev. 2018 Apr;70(2):384-411. doi: 10.1124/ pr.117.014407. Epub 2018 Mar 7. PMID: 29514871.
- Cappelletti S, Piacentino D, Sani G, Aromatario M. Caffeine: cognitive and physical performance enhancer or psychoactive drug? CurrNeuropharmacol. 2015 Jan;13(1):71-88. doi: 10.2174/1570159X13666141210215 655. Erratum in: CurrNeuropharmacol. 2015;13(4):554. Daria, Piacentino [corrected to Piacentino, Daria]. PMID: 26074744; PMCID: PMC4462044.
- 29. Daly JW. 1993. Mechanism of action of caffeine. In: Garattini S, editor., ed. Caffeine, Coffee, and Health. New York: Raven Press. Pp.97–150.
- Do HN, Akhter S, Miao Y. Pathways and Mechanism of Caffeine Binding to Human Adenosine A<sub>2A</sub> Receptor. Front Mol Biosci. 2021 Apr 27;8:673170. doi: 10.3389/ fmolb.2021.673170. PMID: 33987207; PMCID: PMC8111288.
- 31. Nehlig A, Daval JL, Debry G. Caffeine and the central nervous system: mechanisms of action, biochemical, metabolic and psychostimulant effects. Brain Res Brain Res Rev. 1992 May-Aug;17(2):139-70. doi: 10.1016/0165-0173(92)90012-b. PMID: 1356551.
- 32. Ribeiro JA, Sebastião AM. Caffeine and adenosine. J Alzheimers Dis. 2010;20 Suppl 1:S3-15. doi: 10.3233/JAD-2010-1379. PMID: 20164566.
- 33. https://www.thebioneer.com/caffeine-affectsneurotransmitters-profoundly-changes-brain/
- 34. Ribeiro JA, Sebastião AM. Caffeine and adenosine. J Alzheimers Dis. 2010;20 Suppl 1:S3-15. doi: 10.3233/JAD-2010-1379. PMID: 20164566.
- 35. Yu L, Coelho JE, Zhang X, Fu Y, Tillman A, Karaoz U, Fredholm

BB, Weng Z, Chen JF. Uncovering multiple molecular targets for caffeine using a drug target validation strategy combining A 2A receptor knockout mice with microarray profiling. Physiol Genomics. 2009 May 13;37(3):199-210. doi: 10.1152/physiolgenomics.90353.2008. Epub 2009 Mar 3. PMID: 19258493; PMCID: PMC2685498.

- Daly JW, Shi D, Nikodijevic O, Jacobson KA. The role of adenosine receptors in the central action of caffeine. Pharmacopsychoecologia. 1994;7(2):201-213. PMID: 25821357; PMCID: PMC4373791.
- Rivera-Oliver M, Díaz-Ríos M. Using caffeine and other adenosine receptor antagonists and agonists as therapeutic tools against neurodegenerative diseases: a review. Life Sci. 2014 Apr 17;101(1-2):1-9. doi: 10.1016/j. lfs.2014.01.083. Epub 2014 Feb 13. PMID: 24530739; PMCID: PMC4115368.
- Ribeiro JA, Sebastião AM. Caffeine and adenosine. J Alzheimers Dis. 2010;20 Suppl 1:S3-15. doi: 10.3233/JAD-2010-1379. PMID: 20164566.
- Antonioli L, Fornai M, Blandizzi C, Pacher P, Haskó G. Adenosine signaling and the immune system: When a lot could be too much. Immunol Lett. 2019 Jan;205:9-15. doi: 10.1016/j.imlet.2018.04.006. Epub 2018 Apr 24. PMID: 29702147.
- 40. Linden, J. New Insights Into the Regulation of Inflammation by Adenosine. J Clin Invest (2006) 116:1835–7. doi: 10.1172/ JCI29125.
- 41. Pacini ESA, Satori NA, Jackson EK, Godinho RO. Extracellular cAMP-Adenosine Pathway Signaling: A Potential Therapeutic Target in Chronic Inflammatory Airway Diseases. Front Immunol. 2022 Apr 11;13:866097. doi: 10.3389/fimmu.2022.866097. PMID: 35479074; PMCID: PMC9038211.
- Wang L, Han L, Xue P, Hu X, Wong SW, Deng M, Tseng HC, Huang BW, Ko CC. Dopamine suppresses osteoclast differentiation via cAMP/PKA/CREB pathway. Cell Signal. 2021 Feb;78:109847. doi: 10.1016/j.cellsig.2020.109847. Epub 2020 Nov 24. PMID: 33242564; PMCID: PMC8691485.
- Nehlig A, Daval JL, Debry G. Caffeine and the central nervous system: mechanisms of action, biochemical, metabolic and psychostimulant effects. Brain Res Brain Res Rev. 1992 May-Aug;17(2):139-70. doi: 10.1016/0165-0173(92)90012-b. PMID: 1356551.
- 44. Alasmari F. Caffeine induces neurobehavioral effects through modulating neurotransmitters. Saudi Pharm J. 2020 Apr;28(4):445-451. doi: 10.1016/j.jsps.2020.02.005. Epub 2020 Feb 17. PMID: 32273803; PMCID: PMC7132598.
- 45. Cunha, R.A.; Agostinho, P.M. Chronic caffeine consumption prevents memory disturbance in different animal models of memory decline. J. Alzheimers Dis., 2010, 20 (Suppl 1), 95-116. 10.3233/JAD-2010-1408.
- 46. Einöther, S.J.; Giesbrecht, T. Caffeine as an attention enhancer: reviewing existing assumptions. Psychopharmacology (Berl), 2013, 225(2), 251-274. http:// dx.doi.org/10.1007/s00213-012-2917-4.

- 47. Ferré S. An update on the mechanisms of the psychostimulant effects of caffeine. J Neurochem. 2008 May;105(4):1067-79. [PubMed] [Reference list]
- 48. Fisone G, Borgkvist A, Usiello A. Caffeine as a psychomotor stimulant: mechanism of action. Cell Mol Life Sci. 2004 Apr;61(7-8):857-72. [PubMed] [Reference list]
- 49. Alasmari F. Caffeine induces neurobehavioral effects through modulating neurotransmitters. Saudi Pharm J. 2020 Apr;28(4):445-451. doi: 10.1016/j.jsps.2020.02.005. Epub 2020 Feb 17. PMID: 32273803; PMCID: PMC7132598.
- 50. Fiani B, Zhu L, Musch BL, Briceno S, Andel R, Sadeq N, Ansari AZ. The Neurophysiology of Caffeine as a Central Nervous System Stimulant and the Resultant Effects on Cognitive Function. Cureus. 2021 May 14;13(5):e15032. doi: 10.7759/cureus.15032. PMID: 34150383; PMCID: PMC8202818.
- 51. Cauli O, Morelli M. Caffeine and the dopaminergic system. BehavPharmacol. 2005 Mar;16(2):63-77. doi: 10.1097/00008877-200503000-00001. PMID: 15767841.
- 52. Lane JD, Pieper CF, Phillips-Bute BG, Bryant JE, Kuhn CM. Caffeine affects cardiovascular and neuroendocrine activation at work and home. Psychosom Med. 2002 Jul-Aug;64(4):595-603. doi: 10.1097/01.psy.0000021946.90613. db. PMID: 12140349.
- 53. Cappelletti S, Piacentino D, Sani G, Aromatario M. Caffeine: cognitive and physical performance enhancer or psychoactive drug? CurrNeuropharmacol. 2015 Jan;13(1):71-88. doi: 10.2174/1570159X13666141210215 655. Erratum in: CurrNeuropharmacol. 2015;13(4):554. Daria, Piacentino [corrected to Piacentino, Daria]. PMID: 26074744; PMCID: PMC4462044.
- McLellan TM, Caldwell JA, Lieberman HR. A review of caffeine's effects on cognitive, physical and occupational performance. NeurosciBiobehav Rev. 2016 Dec;71:294-312. doi: 10.1016/j.neubiorev.2016.09.001. Epub 2016 Sep 6. PMID: 27612937.
- 55. Childs E, de Wit H. Enhanced mood and psychomotor performance by a caffeine-containing energy capsule in fatigued individuals. Exp Clin Psychopharmacol. 2008 Feb;16(1):13-21. doi: 10.1037/1064-1297.16.1.13. PMID: 18266548.
- 56. Robertson, D., and P.W.Curatolo 1984. The cardiovascular effects of caffeine. Pp. 77–85 in Caffeine, P.B.Dews, editor. , ed. New York: Springer-Verlag.
- 57. Flueck JL, Schaufelberger F, Lienert M, Schäfer Olstad D, Wilhelm M, Perret C. Acute Effects of Caffeine on Heart Rate Variability, Blood Pressure and Tidal Volume in Paraplegic and Tetraplegic Compared to Able-Bodied Individuals: A Randomized, Blinded Trial. PLoS One. 2016 Oct 24;11(10):e0165034. doi: 10.1371/journal. pone.0165034. PMID: 27776149; PMCID: PMC5077167.
- 58. Gonzaga LA, Vanderlei LCM, Gomes RL, Valenti VE. Caffeine affects autonomic control of heart rate and blood pressure recovery after aerobic exercise in young adults: a crossover study. Sci Rep. 2017 Oct 26;7(1):14091.

doi: 10.1038/s41598-017-14540-4. PMID: 29075019; PMCID: PMC5658389.

- 59. Green PJ, Kirby R, Suls J. The effects of caffeine on blood pressure and heart rate: A review. Ann Behav Med. 1996 Sep;18(3):201-16. doi: 10.1007/BF02883398. PMID: 24203773.
- Echeverri D, Montes FR, Cabrera M, Galán A, Prieto A. Caffeine's Vascular Mechanisms of Action. Int J Vasc Med. 2010;2010:834060. doi: 10.1155/2010/834060. Epub 2010 Aug 25. Erratum in: Int J Vasc Med. 2019 Nov 20;2019:7480780. PMID: 21188209; PMCID: PMC3003984.
- 61. Echeverri, D., Montes, F. R., Cabrera, M., Galán, A., & Prieto, A. (2010). *Caffeine's Vascular Mechanisms of Action. International Journal of Vascular Medicine, 2010, 1–10.* doi:10.1155/2010/834060
- 62. Nehlig A. Interindividual Differences in Caffeine Metabolism and Factors Driving Caffeine Consumption. Pharmacol Rev. 2018 Apr;70(2):384-411. doi: 10.1124/ pr.117.014407. Epub 2018 Mar 7. PMID: 29514871.
- 63. Acheson KJ, Gremaud G, Meirim I, Montigon F, Krebs Y, Fay LB, Gay LJ, Schneiter P, Schindler C, Tappy L. Metabolic effects of caffeine in humans: lipid oxidation or futile cycling? Am J Clin Nutr. 2004 Jan;79(1):40-6. doi: 10.1093/ ajcn/79.1.40. PMID: 14684395.
- 64. Fiani B, Zhu L, Musch BL, Briceno S, Andel R, Sadeq N, Ansari AZ. The Neurophysiology of Caffeine as a Central Nervous System Stimulant and the Resultant Effects on Cognitive Function. Cureus. 2021 May 14;13(5):e15032. doi: 10.7759/cureus.15032. PMID: 34150383; PMCID: PMC8202818.
- Moon SM, Joo MJ, Lee YS, Kim MG. Effects of Coffee Consumption on Insulin Resistance and Sensitivity: A Meta-Analysis. Nutrients. 2021 Nov 8;13(11):3976. doi: 10.3390/nu13113976. PMID: 34836231; PMCID: PMC8619770.
- 66. Dewar L, Heuberger R. The effect of acute caffeine intake on insulin sensitivity and glycemic control in people with diabetes. Diabetes MetabSyndr. 2017 Dec;11 Suppl 2:S631-S635. doi: 10.1016/j.dsx.2017.04.017. Epub 2017 Apr 23. PMID: 28935543.
- Pietzner M, Köhrle J, Lehmphul I, Budde K, Kastenmüller G, Brabant G, Völzke H, Artati A, Adamski J, Völker U, Nauck M, Friedrich N, Homuth G. A Thyroid Hormone-Independent Molecular Fingerprint of 3,5-Diiodothyronine Suggests a Strong Relationship with Coffee Metabolism in Humans. Thyroid. 2019 Dec;29(12):1743-1754. doi: 10.1089/ thy.2018.0549. Epub 2019 Nov 11. PMID: 31571530; PMCID: PMC6918876.
- Spindel E, Arnold M, Cusack B, Wurtman RJ. Effects of caffeine on anterior pituitary and thyroid function in the rat. J Pharmacol Exp Ther. 1980 Jul;214(1):58-62. PMID: 6104718.
- 69. Kolahdouzan M, Hamadeh MJ. The neuroprotective effects of caffeine in neurodegenerative diseases. CNS NeurosciTher. 2017 Apr;23(4):272-290. doi: 10.1111/

cns.12684. PMID: 28317317; PMCID: PMC6492672.

- Zhou X, Zhang L. The Neuroprotective Effects of Moderate and Regular Caffeine Consumption in Alzheimer's Disease. Oxid Med Cell Longev. 2021 Aug 17;2021:5568011. doi: 10.1155/2021/5568011. PMID: 34447487; PMCID: PMC8384510.
- Ren X, Chen JF. Caffeine and Parkinson's Disease: Multiple Benefits and Emerging Mechanisms. Front Neurosci. 2020 Dec 17;14:602697. doi: 10.3389/fnins.2020.602697. PMID: 33390888; PMCID: PMC7773776.
- 72. Ren X, Chen JF. Caffeine and Parkinson's Disease: Multiple Benefits and Emerging Mechanisms. Front Neurosci. 2020 Dec 17;14:602697. doi: 10.3389/fnins.2020.602697. PMID: 33390888; PMCID: PMC7773776.
- Londzin P, Zamora M, Kąkol B, Taborek A, Folwarczna J. Potential of Caffeine in Alzheimer's Disease-A Review of Experimental Studies. Nutrients. 2021 Feb 6;13(2):537. doi: 10.3390/nu13020537. PMID: 33562156; PMCID: PMC7915779.
- 74. Arendash GW, Cao C. Caffeine and coffee as therapeutics against Alzheimer's disease. J Alzheimers Dis. 2010;20 Suppl 1:S117-26. doi: 10.3233/JAD-2010-091249. PMID: 20182037.
- 75. Kolahdouzan M, Hamadeh MJ. The neuroprotective effects of caffeine in neurodegenerative diseases. CNS NeurosciTher. 2017 Apr;23(4):272-290. doi: 10.1111/ cns.12684. PMID: 28317317; PMCID: PMC6492672.
- 76. Hong CT, Chan L, Bai CH. The Effect of Caffeine on the Risk and Progression of Parkinson's Disease: A Meta-Analysis. Nutrients. 2020 Jun 22;12(6):1860. doi: 10.3390/ nu12061860. Erratum in: Nutrients. 2023 Jan 30;15(3): PMID: 32580456; PMCID: PMC7353179.
- 77. Kolahdouzan M, Hamadeh MJ. The neuroprotective effects of caffeine in neurodegenerative diseases. CNS Neurosci. Ther. 2017;23(4):272-290. http://dx.doi. org/10.1111/cns.12684

- Devasagayam TPA, Kamat JP, Mohan H, et al. Caffeine as an antioxidant: inhibition of lipid peroxidation induced by reactive oxygen species. Biochim. Biophys. Acta 1996; 1282(1):63-70. https://doi.org/10.1016/0005-2736(96)00040-5
- 79. Vieira, A. J. S. C., Gaspar, E. M., & Santos, P. M. P. (2020). Mechanisms of potential antioxidant activity of caffeine. Radiation Physics and Chemistry, 108968. doi:10.1016/j. radphyschem.2020.10
- Ikram M, Park TJ, Ali T, Kim MO. Antioxidant and Neuroprotective Effects of Caffeine against Alzheimer's and Parkinson's Disease: Insight into the Role of Nrf-2 and A2AR Signaling. Antioxidants (Basel). 2020 Sep 22;9(9):902. doi: 10.3390/antiox9090902. PMID: 32971922; PMCID: PMC7554764.
- 81. Smith A: Effects of caffeine on human behavior. Food Chem Toxicol2002;40:1243– 1255.
- Herman A, Herman AP. Caffeine's mechanisms of action and its cosmetic use. Skin Pharmacol Physiol. 2013;26(1):8-14. doi: 10.1159/000343174. Epub 2012 Oct 11. PMID: 23075568.
- 83. Gaskins AJ, Chavarro JE. Diet and fertility: a review. Am J Obstet Gynecol. 2018 Apr;218(4):379-389. doi: 10.1016/j. ajog.2017.08.010. Epub 2017 Aug 24. PMID: 28844822; PMCID: PMC5826784.
- 84. Barcelos RP, Lima FD, Carvalho NR, Bresciani G, Royes LF. Caffeine effects on systemic metabolism, oxidativeinflammatory pathways, and exercise performance. Nutr Res. 2020 Aug;80:1-17. doi: 10.1016/j.nutres.2020.05.005. Epub 2020 May 16. PMID: 32589582.
- 85. Li YF, Ouyang SH, Tu LF, Wang X, Yuan WL, Wang GE, Wu YP, Duan WJ, Yu HM, Fang ZZ, Kurihara H, Zhang Y, He RR. Caffeine Protects Skin from Oxidative Stress-Induced Senescence through the Activation of Autophagy. Theranostics. 2018 Nov 10;8(20):5713-5730. doi: 10.7150/ thno.28778. PMID: 30555576; PMCID: PMC6276298.