

MEDICALguide



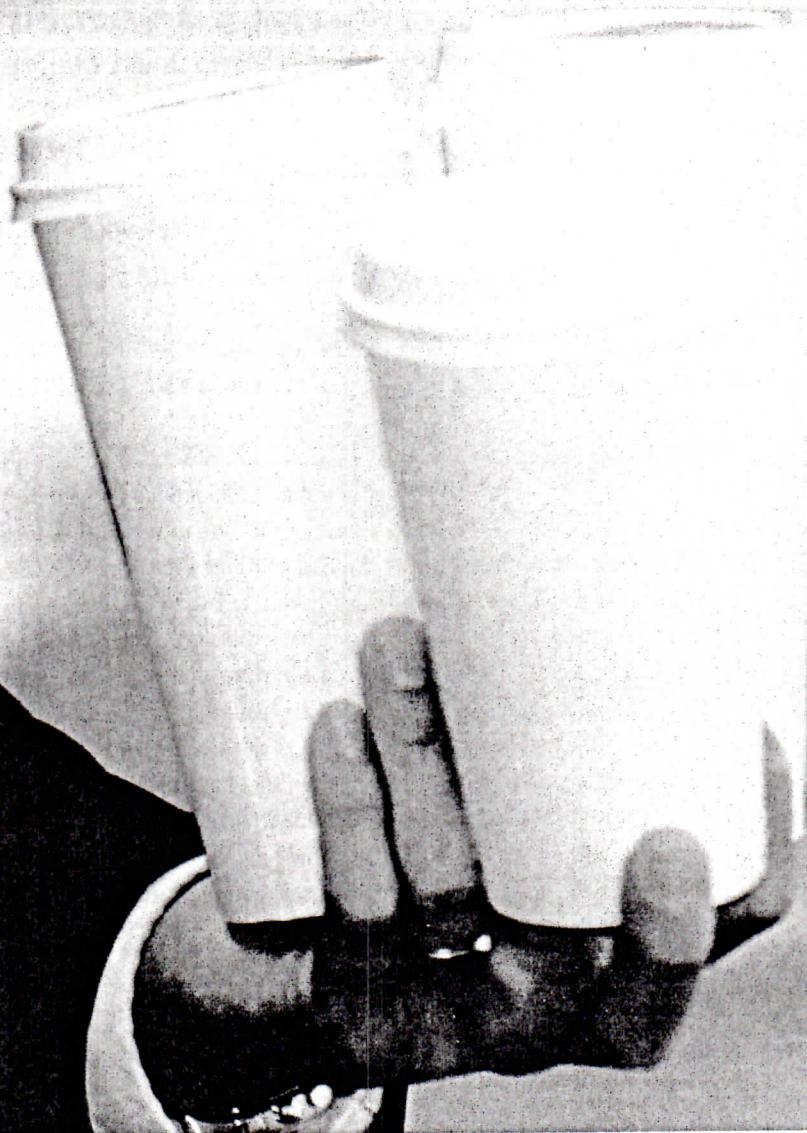
# Coffee. Cravings

BY THEA MARIE ROOD

## Is caffeine our friend or foe?

The comedian Lewis Black does a bit on the proliferation of coffeehouses that goes something like this: The end of the universe happens to be, oddly enough, in Houston, Texas. Because there, you come out of a Starbucks, and right across the street from that Starbucks is (comedic pause)—*another Starbucks*.

Funny thing is, Black's "end of the universe" now has, uh, multiple locations—with several right here in Sacramento. And countless more where you come out of a Starbucks and right across the street is—*another coffeehouse*.



In addition to highly caffeinated coffee available everywhere you go, there are a slew of other caffeine-loaded beverages, from high-octane sodas to "energy drinks," in every grocery store, corner market and vending machine. "We've become a society of caffeine," says Fred Ramos, M.D., an Ob/Gyn with Mercy Medical Group in Natomas. "We drink it at all times of the day."

End-of-the-universe jokes aside, what does this increased consumption mean? Is it good for us? Bad for us? Do we even know how much caffeine we're getting every day? And are there certain groups of people—pregnant or perimenopausal women, kids or teenagers for example—who should really pay attention to their caffeine intake? Some local experts answer these questions—and two local residents give us their take on what it means to be caffeine dependent.

#### The Science

First and foremost, caffeine is a drug—a stimulant, to be exact. "It's in the same family as the ones used in asthma treatments," says Sean Nealon, M.D., chief of pediatrics at Methodist Hospital. "It's very similar to albuterol, which can make you feel jittery, get your heart racing—the same feeling as too much caffeine."

And like any stimulant, it's habit-forming. "Caffeine is the most popular addictive product we have," says Sue Hazeghazam, a registered dietitian at the Sutter Cancer Center. This is not just a psychological dependence, but a physical one, as anyone who's ever tried to quit drinking coffee can attest. "Withdrawal symptoms vary by individual, but can include headache, irritability and depression," she says.

But is caffeine a health hazard? Despite the current coffee craze, for decades attempts to show a correlation between caffeine and serious disease—like heart attacks and cancer—have had no success. "It was generally assumed it was bad for you," says Arthur Klatsky, M.D., a cardiologist and epidemiologist for Kaiser Permanente's division of research.

"But I think there's this kind of puritanical feeling we have in this country that if it feels good, it's probably bad—that's the notion. But epidemiological studies agree in general, on a global measure of health, there is no net effect." What he means by this is if you look at life-threatening illness, drinking moderate amounts of caffeine doesn't matter: it neither increases nor decreases your risks.

More recently, of course, some health benefits have even been bandied about. "There are some conditions for which coffee seems to be protective, such as adult-onset diabetes," says Klatsky, "although it's not yet clear if it's the caffeine or some other compound contained in the coffee." Studies have also begun to show coffee may have the same type of flavonoids found in wine, chocolate and teas that are generally associated with cardiac health.

Then there are the reasons most of us drink it in the first place. "Caffeine improves endurance, performance, alertness and reduces fatigue—to a point," says Hazeghazam.

**Coffee is probably the most benign source of caffeine," says Fred Ramos, M.D. "Because in those energy drinks, for example, it's chemically added, rather than a naturally occurring, plant-derived substance.**

Finally, there have been extensive studies of pregnant women and caffeine. It was long theorized it increased the risk of miscarriage in the first trimester, could cause placental detachment or be harmful to placental blood flow (as cocaine has proved to be), and could be a factor in preterm labor. But none of these theories played out: "You'd have to drink a tremendous amount of coffee to cause the baby harm," says Ramos, "so I tell my pregnant patients, 'you can have one cup of coffee every morning—but that's it.'"

### Too Much of a Good Thing?

Therein lies the rub: that one cup, that moderate consumption. Because while caffeine won't kill you, might protect your health in some ways, may ease Monday morning at the office, it's not all good news: Caffeine has some nasty side effects, particularly for people drinking excessive amounts—anything over 500 mg a day. And unfortunately, many of us fall into this group and don't even realize it.

"Basically, moderate intake is considered 200 to 300 mg a day," says Hazeghazam. "And a cup of coffee has between 80 and 140 mg—depending on how it's brewed, how strong the coffee is. But this is based on an 8-ounce cup. If you're drinking extra-large, 'venti'-sized cups, you need to at least double this figure."

The other barrier to calculating your daily caffeine intake is that it's not readily available information. "It's only recently labels have been required to list caffeine [as an ingredient]," says Hazeghazam. "And they're still not required to list the amount of caffeine. People don't really understand how much they're getting."

Compounding the problem is that caffeine is not just in coffee, but also chocolate, energy drinks, certain sodas, over-the-counter diet aids and cold medications. "Coffee is probably the most benign source of caffeine," says Ramos. "Because in those energy drinks, for example, it's chemically added, rather than a naturally occurring, plant-derived substance. Often it's a synthetic analog of caffeine—and you don't know how much you're getting. It can vary between products or even between cans of the same product—who's regulating that?"

As for those nasty side effects, they include: stomach irritation, heart palpitations, nervousness and anxiety, increased blood pressure, insomnia and increased urination. Not only can you miss tying these symptoms to your caffeine consumption, but—in at least some instances—they may be more than simple annoyances.

### Special Interest Groups

Take the "excessive urination," for example. "You're losing essential minerals, like magnesium, potassium and calcium," says pediatrician Nealon. This means trouble for adults, in many cases, but is even more of a concern for kids, who—like the rest of us—are drinking more and more caffeine. And drinking these coffee concoctions, caffeinated sodas or energy drinks—all of which Nealon claims are "status symbols" on his daughter's junior high campus—

also means they're missing out on a glass of milk, calcium-fortified orange juice or a more nutritious food. "If you're depleting your calcium levels even as a child, you're much more at risk for developing osteoporosis over the long term," he says.

He also worries about the issue of insomnia, or the idea that kids and teens—like their parents—are using caffeine to prop up their overly tired bodies for overly busy days. "We've become this multitasking, hyperactive society, and caffeine is a drug that has social acceptance," Nealon says. "But kids in general are not getting enough sleep, and if they're using caffeine as a remedy, that's just wrong." In fact, he says, caffeine was briefly considered as a drug treatment for children with ADHD (attention deficit hyperactive disorder), but it was ultimately deemed too problematic. "It has too many side effects," he says.

Sleep also is an issue for newborns, of course, who may be unwittingly

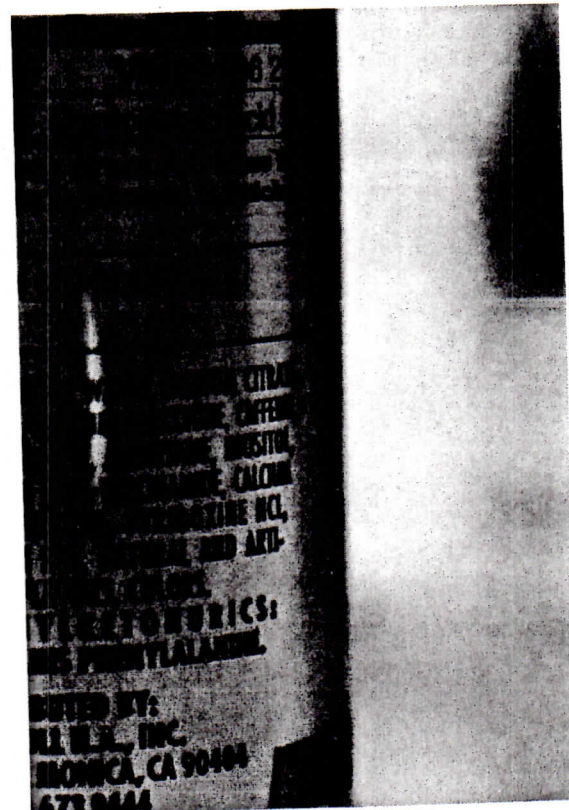


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**Kristi Dillon enjoys her morning coffee from her favorite cup.**

kept awake by their breast-feeding mothers' daily lattes. "If you're a heavy coffee drinker, don't complain about your baby being hyped up," says Ramos. And it's not just an issue for breast-feeding mothers: Perimenopausal and menopausal women might reconsider their caffeine intake as well. "When you're in your 40s, your body is changing, and your ability to clear caffeine

out of your system may be [compromised]," he says, "in the same way you no longer can just eat junk food without thinking, 'I'm going to pay for that.'" There also are the "stresses of [mid]life," as Ramos calls them: growing children, dependent parents, demanding careers. "None of us are sleeping right," he says. Add excessive caffeine to the mix, and you could enter a dangerous cycle—unable to sleep, or sleeping poorly, which has you ordering an even larger coffee from the barista the next day.

Our need for a lift occurs not just in the morning, either: "Around 4 p.m. is your lowest [energy] point," says Ramos. "And if you drink coffee then, you can't sleep well that night." It's no wonder, then, that we're chronically exhausted.

Yet the answer, if it isn't a drinkable pick-me-up, might be something

else: an afternoon nap. "We've forgotten sleep as a necessity in this country," says Ramos. "We've forgotten sleep as a basic need."

Finally, there is a last consideration in our caffeine consumption: "With these coffee drinks, these mochas and lattes, people think, 'I'm just drinking coffee,'" Ramos says. "But anything with a bunch of whipped cream on top of it can't be good for you."

**Caffeine Dependent**

"I started drinking coffee early," says Kristi Dillon, 40, a stay-at-home mother of three and a native of Sacramento. "I can remember driving and picking up coffee in to-go cups at Coco's restaurant when I was 16. There weren't Starbucks then." She remembers—with fondness—the advent of Java City in her mid-20s: "I'd stop every day for a coffee and a raspberry scone on my way to work," she says. More than the caffeine, she feels, it was a morning ritual—a "cozy time to wave at people," to interact casually before starting her day.

It fills the same need now, when she pulls up to her North Folsom Starbucks in her navy blue Suburban, greeting people from her children's school, joking with the barista behind the bar. But her caffeine intake bothers Dillon, increasing as it has beyond that one cup when she was younger. "It's not that I'm any more tired," she says. "I think as my age has progressed, my stress levels have gone up." As has her corresponding need for that comforting ritual, that "treat." In fact, Dillon gave up coffee for two weeks—"went through the terrible headaches and everything"—only to return for primarily

emotional reasons. "I started to say to myself, 'Am I in trouble? Am I on some kind of time-out here? Why am I punishing myself?'" she says, laughing. And soon, she was back to a large cup every morning, and frequently another cup—or a Diet Coke—in the late afternoon.

But Dillon admits "it's a battle," a habit she frequently considers giving up. She also says there are evenings she finds herself "sitting on the couch and I can't calm down," and she particularly dislikes the addictive nature of caffeine. "I don't like to be dependent on anything," she says.

### Caffeine Fan

"I'm only a regular at Starbucks during Pumpkin Spice Latte season," says Wendy Schultz, 41, the mother of 11-year-old twins and an avid coffee drinker. "But they're extending it so it's something like September to February. I've even found [my neighborhood Starbucks] has it longer because they don't do the volume of business [as other locations]."

The rest of the time, Schultz makes her coffee at home—because it saves time and money—but her drinks there are flavored as well. "I never liked coffee, until I found the flavored creamers," she says, adding this was around the time she had her twins. For her, it's all about taste. "It's definitely a treat for me—and it isn't the caffeine, it's the sweetness of it," she says, adding she has no plans to give up her happy habits, which include a morning cup and, frequently, late-afternoon and evening cups as well, though these are often decaf. "On a cold day, there's nothing so satisfying as a warm, sweet coffee drink," she says. And on summer mornings, she mixes up a commercially made mocha mix with some low-fat milk in the blender. "It's basically a milkshake," Schultz says with a grin.



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