# Effect of caffeinated beverages on college students: A cross-sectional study 

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Caffeine is generally consumed all over the world and legitimately recognized as a psychoactive ingredient in many beverages and considered a drug. The penalty area of this research was to assess how much college students are dependent on caffeine drinks and to identify knowledge and attitude of students toward the effects of caffeinated beverages on their health. Also, our research aimed to measure the effects of caffeinated beverages on some medical parameters before and after 2 hours of drinking. An authorized survey was distributed haphazardly to 221 students aged between 17 and 22 years. The survey was performed using a pre-validated 15 items questionnaire. Some medical parameters as body mass index, glucose level, and blood pressure were measured. Out of 217 students in the study, the majority of them ( $98.2 \%$ ) drank caffeinated beverages in the form of coffee drinks with $23.96 \%$, tea drinks by $11.1 \%$, energy drinks ( $14.7 \%$ ), carbonated drinks ( $34.6 \%$ ) and $15.7 \%$ of them drinking all caffeinated beverages. Furthermore, $76.0 \%$ of them think caffeine addiction is a health issue. Additionally, caffeinated beverages have antagonistic physiological effects on the level of blood glucose and blood pressure after two hours of consumption ( $\mathrm{P}<0.001$ ). Finally, the highest percent of the overweight and obese students were shown in carbonated drinks consumption group then in energy drinks consumption. Consumption of caffeine-containing drinks in higher doses has undesirable effects on health, so self-control and surveillance are necessary for daily intake.

Keywords: Caffeine, Knowledge, Body mass index, Blood glucose level, Blood pressure.

## INTRODUCTION

Caffeine is the most extensively used psychoactive ingredient over the world by both kids and adults, which is lawful, plain to obtain and socially acceptable to consume. Extra than $55 \%$ of the adult inhabitance drinks coffee or tea (Bhojaraja et al., 2016 and Uddin et al., 2016). Distant from water, tea and coffee have become world's popular beverages in the greatest of the
individual's life as a daily habit. Consuming energy drinks and carbonated drinks have a crowd to be massive exercise worldwide, normally between youthful populations (Guo et al., 2014).

Caffeine is a significant nervous system stimulant of methylxanthene alkaloid class, naturally occurring in tea leaves, coffee beans, yerba-mate leaves, cola nuts, guarana seeds, and cocoa beans. Temperate consumption of caffeine
that is $200-300 \mathrm{mg}$ per day are profitable to health (Uddin et al., 2016). An unscathed quantity of everyday caffeine intake is considered as one not override 400 mg per day (Bhojaraja et al., 2016). Overstated daily consumption upstairs 400 mg can also lead to agitation, irritability, anxiety, sleep disturbances, and nervousness (Marmorstein, 2016).Frequent long-range and exaggerated consuming may cause addiction and counteractive health influence (Uddin et al., 2016). Many researchers have reported that caffeine has a psychoactive effect and established that caffeine can have both affirmative and adverse effects on health. Moreover, Caffeine like sugar, may excite the dopaminergic system and consequently result in addiction (Abou-Atme et al., 2019). The undesirable influence of caffeine on health are even more substantial in children and teenagers all over the world (Bhojaraja et al., 2016).

Furthermore, various studies have explored the negative influence of caffeine or coffee on cardiac arrhythmia, heart rate, and blood pressure. Also, several epidemiological studies have deeply concentrated on the link between coffee intake and cardiovascular risk factors, inclusive serum cholesterol and blood pressure levels (Nowak et al., 2018).

## MATERIALS AND METHODS

## Objectives

The goal of the current study was to appreciate how much university students are dependent on caffeinated beverages, causes for intake and to identify knowledge and attitude of them against the special effects of the caffeinecontaining drinks on their health. Besides that, the researchers tried to reconnoiter the physiological effects of caffeinated beverages on the blood pressure, blood glucose, and body mass index.

## Methods

A cross-sectional descriptive study was utilized including 221 students enrolled in the Faculty of Nursing, Menoufia University, Egypt. A survey was performed using a pre-validated 15 items questionnaire, on students aged between 17 and 22 years. The questionnaire was distributed into 3 parts including general information, practices, knowledge, and attitude of the study groups as a previous study conducted by Bhojaraja et al. (2016). Also, the effects of caffeinated beverages on some medical parameters as blood pressure, blood glucose
level, and body mass index (BMI) were measured before and after 2 hours of drinking.

## Inclusion criteria of sampling

1. Students who free from any disease can affect blood pressure.
2. Communicate effectively.
3. Agree to have participated in the study.

## Maneuver

- The researchers primarily assess personal data of the studied sample then assess practice, knowledge, and attitude of them related to caffeinated beverages consumption.
- The researchers measure each student height and weight. These values were used to calculate the BMI $\left(\mathrm{kg} / \mathrm{m}^{2}\right)$, then it was classified according to Holley et al. (2016).
- The researchers measure each student's blood pressure and blood glucose level before drinking, then after two hours from caffeinated beverages drinking.


## Data analysis

Data were collected, coded, and entered to package of Social Sciences (SPSS) version 24. After data analysis by Chi-square test, numerical variables were expressed as mean $\pm$ standard deviation, frequencies, and percentages. P -value $<0.001$ considered as significant.

## Ethics and Human Subjects Issues

Ethical clearance from the Institutional Ethics Committee was obtained and then the questionnaire was given to the students. Also, informed consent was taken from participated students before involving in the study and after the explanation of the aims of the study. Students assured that all data will be highly confidential, anonymity will be also assured through assigning, a code number for each participant instead of names to save their privacy. The researchers confirmed that participation in the current study was entirely voluntary.

## RESULTS

Out of 217 students in the study, more than half of students ( $55.2 \%$ ) were female and $42.8 \%$ were males in which all of the studied students ( $100 \%$ ) were aged between 17-22 years. Among these, $98.2 \% ~(~ n=217, ~ p<0.001) ~ o f ~ t h e m ~ d r i n k ~$ caffeinated beverages in the form of coffee (23.9\%), tea (11.0\%), energy drinks (14.7\%),
carbonated drinks (34.6 \%) and all of the above (15.7 \%) (Table 1).

Less than twenty percent of students (18.9\%) started consuming the caffeinated beverages when they were aged less than 10 years and $55.8 \%$ (121) before 15 years of age while the rest of them $25.3 \%$ started consuming the caffeinated beverages before 20 years of age.

Approximately more than one-third of the students (38.7\%) drink caffeinated beverages 3
times daily and $30.4 \%$ of the students drink more than 3 times daily while $23.50 \%$ drink 2 times per day. Approximately $7.4 \%$ of them consume caffeinated beverages at one time per day.

The main causes of consuming these beverages were to release headache (31.3\%), to keep them awake (29.0\%), for energy \& keeping refreshed ( $23.0 \%$ ). Moreover, more than half them ( $55.3 \%$ ) consuming these beverages at night while $44.7 \%$ consuming during the day (Table 1 ).

Table 1; Students' practices regarding the consumption of caffeinated beverages

| Students' practices | Male | Female | Total | Percent |
| :---: | :---: | :---: | :---: | :---: |
| Preferred caffeinated beverages |  |  |  |  |
| Coffee | 20(9.2\%) | 32(14.7\%) | 52 | 23.9\% |
| Tea | 10(4.6\%) | 14(6.5\%) | 24 | 11.0\% |
| Energy drinks | 25(11.5\%) | 7(3.2\%) | 32 | 14.7\% |
| Carbonated drinks | 25(11.5\%) | 50(23.0\%) | 75 | 34.6\% |
| All of the above | 15(6.9\%) | 19(8.8\%) | 34 | 15.7\% |
| Not preferred | 0(0.00\%) | 4(1.8\%) | 4 | 1.8\% |
| Age of start consuming caffeinated beverages/ years of age |  |  |  |  |
| Before 10 | 30(13.8\%) | 11(5.1\%) | 41 | 18.9\% |
| Before 15 | 43(19.8\%) | 78(35.9\%) | 121 | 55.8\% |
| Before 20 | 22(10.1\%) | 33(15.2\%) | 55 | 25.3\% |
| Frequency of consuming caffeinated beverages per day |  |  |  |  |
| One time/ day | 6(2.8\%) | 10(4.6\%) | 16 | 7.4\% |
| 2 times/ day | 10(4.6\%) | 41(18.9\%) | 51 | 23.5\% |
| 3 times/ day | 48(22.1\%) | 36(16.6\%) | 84 | 38.7\% |
| More than 3 times/ day | 31(14.3\%) | 35(16.1\%) | 66 | 30.4\% |
| Causes of consuming caffeinated beverages |  |  |  |  |
| Keep them awake | 23(10.6\%) | 40(18.4\%) | 63 | 29.0\% |
| For energy \& refreshed | 25(11.5\%) | 25(11.5\%) | 50 | 23.0\% |
| Release headache | 33(15.2\%) | 35(16.1\%) | 68 | 31.3\% |
| All the previous | 14(6.5\%) | 22(10.1\%) | 36 | 16.6\% |
| Preferred time for caffeinated beverages |  |  |  |  |
| During the day | 38(17.5\%) | 59(27.2\%) | 97 | 44.7\% |
| At night | 57(26.3\%) | 63(29.0\%) | 120 | 55.3\% |
| After joining university, Caffeine consumption increasing |  |  |  |  |
| Yes | 78(35.9\%) | 100(46.0\%) | 178 | 82.0\% |
| No | 17(7.8\%) | 22(10.1\%) | 39 | 18.0\% |
| Stopping caffeine consumption from 48-72 hours |  |  |  |  |
| Yes | 10(4.61\%) | 25(11.52\%) | 35 | 16.12\% |
| No | 85(39.17\%) | 97(44.70\%) | 182 | 83.87\% |
| Feeling headache and inability to concentrate without drinking caffeinated beverages |  |  |  |  |
| Yes | 71(32.7\%) | 94(43.3\%) | 165 | 76.0\% |
| No | 24(11.0\%) | 28(12.9\%) | 52 | 24.0\% |

Table 2; Students' knowledge and attitude regarding the consumption of caffeinated beverages

| Students' knowledge and attitude | Male | Female | Total | Percent |
| :--- | :---: | :---: | :---: | :---: |
| Awareness of the ingredients contained in energy and carbonated drinks |  |  |  |  |
| Yes | $51(23.5 \%)$ | $89(41.0 \%)$ | 140 | $64.5 \%$ |
| No | $44(20.3 \%)$ | $33(15.2 \%)$ | 77 | $35.5 \%$ |
| The 'safest' amount of caffeine consumption per day |  |  |  |  |
| $100-200 \mathrm{mg}$ | $17(7.8 \%)$ | $39(18.0 \%)$ | 56 | $25.8 \%$ |
| $200-400 \mathrm{mg}$ | $73(33.6 \%)$ | $73(33.6 \%)$ | 146 | $67.3 \%$ |
| More than 400mg | $5(2.3 \%)$ | $10(4.6 \%)$ | 15 | $6.9 \%$ |
| Caffeine consumption has increased over the years |  |  |  |  |
| Yes | $81(37.3 \%)$ | $111(51.1 \%)$ | 192 | $88.5 \%$ |
| No | $14(6.5 \%)$ | $11(5.1 \%)$ | 25 | $11.5 \%$ |
| Caffeine addiction is a health issue in society today |  |  |  |  |
| Yes | $68(31.3 \%)$ | $97(44.7 \%)$ | 165 | $76.0 \%$ |
| No | $25(11.5 \%)$ | $27(12.4 \%)$ | 52 | $23.9 \%$ |

Table 3; Body Mass Index of the studied students according to the type of caffeinated beverages consumption

|  | Gender | Underweight | Normal weight | Overweight | Obese |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Coffee | Male | $6(2.8 \%)$ | $7(3.2 \%)$ | $4(1.8 \%)$ | $3(1.4 \%)$ |
|  | Female | $2(0.9 \%)$ | $21(9.7 \%)$ | $5(2.3 \%)$ | $4(1.8 \%)$ |
| Tea | Male | $5(2.3 \%)$ | $5(2.3 \%)$ | $0(0.0 \%)$ | $0(0.0 \%)$ |
|  | Female | $6(2.8 \%)$ | $4(1.8 \%)$ | $3(1.4 \%)$ | $1(0.5 \%)$ |
| energy drinks | Male | $0(0.0 \%)$ | $4(1.8 \%)$ | $16(7.4 \%)$ | $5(2.30 \%)$ |
|  | Female | $0(0.0 \%)$ | $1(0.5 \%)$ | $6(2.8 \%)$ | $0(0.00 \%)$ |
| carbonated <br> drinks | Male | $0(0.0 \%)$ | $2(0.9 \%)$ | $13(6.0 \%)$ | $10(4.6 \%)$ |
|  | Female | $0(0.0 \%)$ | $0(0.0 \%)$ | $33(15.2 \%)$ | $17(7.83 \%)$ |
|  | Female | $0(0.0 \%)$ | $0(0.0 \%)$ | $12(5.5 \%)$ | $3(1.4 \%)$ |

Table 4; blood glucose level difference before and after caffeinated beverages consumption among studied students

|  | Gender | Blood glucose level (mg/ dl) | P-value |
| :---: | :---: | :---: | :---: |
| Before drinking( fasting) |  |  |  |
| Coffee | Male | $79.5 \pm 9.1$ | $P>0.001$ |
|  | Female | $83.1 \pm 7.8$ | $P>0.001$ |
| Tea | Male | $77.1 \pm 6.5$ | $P>0.001$ |
|  | Female | $81.3 \pm 5.8$ | $P>0.001$ |
| energy drinks | Male | $94.5 \pm 4.9$ | $\mathrm{P}<0.001^{*}$ |
|  | Female | $84.1 \pm 8.2$ | $P>0.001$ |
| carbonated drinks | Male | $97.9 \pm 8.1$ | $\mathrm{P}<0.001^{*}$ |
|  | Female | $93.1 \pm 7.8$ | $\mathrm{P}<0.001^{*}$ |
| Consuming all of the above | Male | $95.1 \pm 4.9$ | $\mathrm{P}<0.001^{*}$ |
|  | Female | $91.14 \pm 6.32$ | $\mathrm{P}<0.001^{*}$ |
| After 2 hours |  |  |  |
| Coffee | Male | $99.6 \pm 4.3$ | $\mathrm{P}<0.001^{*}$ |
|  | Female | $102.3 \pm 5.6$ | $\mathrm{P}<0.001^{*}$ |
| Tea | Male | $98.7 \pm 3.9$ | $\mathrm{P}<0.001^{*}$ |
|  | Female | $105.5 \pm 5.6$ | $\mathrm{P}<0.001^{*}$ |
| energy drinks | Male | $128.7 \pm 5.8$ | $\mathrm{P}<0.001^{*}$ |
|  | Female | $122.6 \pm 7.5$ | $\mathrm{P}<0.001^{*}$ |
| carbonated drinks | Male | $118.7 \pm 8.5$ | $\mathrm{P}<0.001^{*}$ |
|  | Female | $132.6 \pm 7.5$ | $\mathrm{P}<0.001^{*}$ |
| Consuming all of the above | Male | $123.2 \pm 4.8$ | $\mathrm{P}<0.001^{*}$ |
|  | Female | $124.1 \pm 4.9$ | $\mathrm{P}<0.001^{*}$ |

Values are expressed in mean $\pm$ S.D.
$P$-value $<0.001$ considered as significant.

## Table 5; Blood pressure readings before and after caffeinated beverages consumption among studied students

|  | Gender | Blood pressure | $P$-value |
| :---: | :---: | :---: | :---: |
| Before drinking( fasting) |  |  |  |
| Coffee | Male | 122.2/83.6 $\pm$ (5.6/4.3) | $\mathrm{P}>0.001$ |
|  | Female | 110.4/65.9 $\pm$ (5.3/6.1) | $P>0.001$ |
| Tea | Male | 118.3/83.6 $\pm$ (5.6/4.4) | $P>0.001$ |
|  | Female | 110.4/70.0 $\pm$ (4.3/5.1) | $\mathrm{P}>0.001$ |
| energy drinks | Male | 125.4/78.0 $\pm$ (5.8/5.0) | $\mathrm{P}>0.001$ |
|  | Female | 110.4/65.7 $\pm$ (5.3/6.1) | $P>0.001$ |
| carbonated drinks | Male | $122.2 / 83.6 \pm$ (5.6/4.3) | $P>0.001$ |
|  | Female | 110.4/65.1 $\pm$ (5.3/6.0) | $P>0.001$ |
| Consuming all of the above | Male | 127.7/85.5 $\pm$ (5.6/4.3) | $P>0.001$ |
|  | Female | 115.4/75.0 $\pm$ (4.3/6.1) | $\mathrm{P}>0.001$ |
| After 2 hours |  |  |  |
| Coffee | Male | 140.7/90.1 $\pm$ (8.5/5.2) | $\mathrm{P}<0.001^{*}$ |
|  | Female | 117.2/73.6 $\pm$ (5.3/6.1) | $\mathrm{P}<0.001^{*}$ |
| Tea | Male | 130.3/97.0 $\pm$ (7.5/5.2) | $\mathrm{P}<0.001^{*}$ |
|  | Female | 115.2/70.5 $\pm$ (5.3/6.7) | $\mathrm{P}>0.001$ |
| energy drinks | Male | 140.7/90.1 $\pm$ (8.5/5.2) | $\mathrm{P}<0.001^{*}$ |
|  | Female | 120.5/78.4 $\pm$ (4.9/4.5) | $\mathrm{P}<0.001^{*}$ |
| carbonated drinks | Male | 138.57/96.1 $\pm$ (7.5/5.4) | $\mathrm{P}<0.001^{*}$ |
|  | Female | 117.25/73.6 $\pm$ (6.2/4.1) | $\mathrm{P}<0.001^{*}$ |
| Consuming all of the above | Male | 140.52/104.1 $\pm$ (6.0/5.5) | $\mathrm{P}<0.001^{*}$ |
|  | Female | 124.25/80.6 $\pm$ (6.0/5.0) | $\mathrm{P}<0.001^{*}$ |

Values are expressed in mean $\pm$ S.D.
$P$-value $<0.001$ considered as significant.

Majority of students ( $82.0 \%$ ) had the opinion that their caffeine consumption has been elevated after joining the university and $83.9 \%$ of students cannot go $48-72$ hours without consuming caffeine-containing beverages. Furthermore, $76.0 \%$ of students have headache and inability to concentrate if they don't consume their regular caffeinated beverage (Table 1).

Regarding students' knowledge and attitude towards consumption of caffeinated beverages, nearly two-thirds of them ( $64.5 \%$ ) aware of the ingredients contained in energy and carbonated drinks. Also, $67.3 \%$ of students were aware of the safest amount of caffeine consumption per day. Moreover, $88.4 \%$ of students think that caffeine consumption has increased over the years. Finally, more than three-quarters of them (76.0\%) know that caffeine addiction is a health issue in society today (Table 2).

According to table 3, the BMI of students considered as underweight only on students drinks coffee (3.7\%) and tea (5.1\%). Also, normal weight found in both students consuming coffee (12.9\%) and tea (4.2\%) but small percent was shown in energy drinks consumption (2.3\%) and carbonated drinks consumption group ( $0.9 \%$ ). However, the highest percent of the overweight
was shown in carbonated drinks consumption group (21.01\%) then in energy drinks consumption (10.1\%). Also, (12.4\%) of them were obese students found in carbonated drinks consumption.

Table (4) showed that there were statistically significant ( $P>0.001$ ) between blood glucose level of the studied students and caffeinated beverages drinking before and after 2 hours.

Table (5) illustrated that there were statistically significant ( $\mathrm{P}<0.001$ ) between blood pressure readings of the studied students and caffeinated beverages consumption before drinking and after 2 hours.

## DISCUSSION

There is mounting popularity for caffeinated beverages which are consumed at all ages due to their accessibility, popularity and stimulating impact. It is cherished global even through adolescents. Huge jeopardy on health precipitated with the aid of their extra consumption has been set up in many research (Bhojaraja et al., 2016).

The current study reveals, that consumption of caffeinated beverages is a tremendous practice amongst the students, mainly during studies, to release headache, to keep them awake, and also
for energy and refreshed. A similar survey was once carried out in the University of Life sciences, Poland comparing between middle school students and university students. They pronounced that cola drinks were generally consumed by both groups ( $97 \%$ school students and $93 \%$ university students) to improve wellbeing and to enhance intellectual or physical performance (Bhojaraja et al., 2016 and Uddin et al., 2016). On the other hand, a previous study done by Bhojaraja et al. (2016) reported that students consumed more coffee and tea.

Our study established that less than one-third of the students consuming carbonated drinks then coffee. Another research was proceeded by Abdulrahman et al. (2014) associated with the consumption of energy drinks between adolescents. Around half of the adolescents consumed energy drinks once or more each week and believed that these drinks furnish instant energy. Moreover, Abdulrahman et al. (2014) revealed that half of the adolescents had no knowledge of the ingredients in energy drinks, and they also did not know that these drinks contain caffeine.

While our results proved that more than half of the college students had been conscious of the ingredients especially in the energy and carbonated drinks. Also, a previous study conducted by Bhojaraja et al. (2016) notified that the majority of the students had been conscious of the ingredients mainly in the energy and carbonated drinks.

Also, our study showed that the majority of the students suppose that caffeine consumption has accelerated over the years and greater than half of them have the knowledge that caffeine addiction is a health issue in today's society. The results of a previous study carried out by Bhojaraja et al. (2016), established that most of the student confirmed that most of the scholar tested that caffeine addiction is a health issue in today's society.

Within both genders, the frequency of coffee consumption used to be now not affected in BMI. However, the consuming of carbonated and energy drinks were negatively associated with BMI in both male and female. In agreement with our study, Eney et al. (2017) reported that multiplied soda drinking was related to the increase in BMI.

In the present study, we tried to comprehend the changes occurring in blood pressure after the intake of caffeinated beverages. Our results were in the same line with a previous conducted by

Nowak et al. (2018).
Nowak et al. (2018) confirmed that caffeine upsurges systolic blood pressure to $17 \%$ and mean arterial blood pressure to $11 \%$. The elevation in systolic blood pressure attributed greater to the accelerated stiffness of the aorta and larger blood vessels a substitute than prolonged stroke volume. The expand of aortic stiffness is authorized to the amplified production of angiotensin II and catecholamines doubtlessly noradrenaline. These variations are attributable to the repression of adenosine A2a receptors activity in the smooth muscles of blood vessels. The concomitant extent in the release of rennin from the kidneys owing to the direct energizing by using caffeine and parallel activity on sympathetic ganglions discharging noradrenaline participate in the increase in vascular smooth muscles activity (Soares et al., 2017).

Also, Vera et al., (2019) informed that the acute intake of coffee and caffeine upsurges blood pressure. Caffeine is the key active ingredients in caffeinated beverages. Furthermore, several epidemiologic reports have proved contradictory findings concerning the link between blood pressure and coffee consumption (De Giuseppe et al., 2019 and Hirakawa, 2019).

Our results have established that the drinking of caffeinated beverages significantly ( $p<0.001$ ) increased the level of blood glucose, which can have adverse health effects. Our study was in agreement with Nowak et al., (2018) who reported that acute consuming of energy drinks participated in the elevation of blood glucose level. Moreover, energy drink look to provide the consumer with a blood glucose increase that may stimulate an insulin response and enhance the glucose pool in body cells (Ehlers et al., 2019).

The consumption of excessive levels of sugar causes numerous detrimental effects on health, especially prompting insulin resistance, which is strictly associated with the upgrowth of metabolic disorders such as diabetes type 2 or obesity (MacDonald, 2016 and González-Domínguez et al., 2017). Furthermore, some previous studies have evidenced that caffeine may play a remarkable function in the regulation of insulin release and associated metabolic disorders. Also, González-Domínguez et al. (2017) informed that healthy young adults who consumed sugarsweetened drinks with caffeine had a significant upsurge in blood glucose and insulin levels after 20-30 min. The authors established that antagonistic effects may be the outcome of the synergic effect of caffeine and sugar (Nowak et
al., 2019)

## CONCLUSION

College students drink caffeinated beverages variable from different sources. Consumption of caffeine-containing drinks in higher doses has undesirable effects on health. There were statically significant between blood glucose level, blood pressure readings of the studied students and caffeinated beverages consumption before drinking and after 2 hours.

## Recommendation

Based on the results of the current study, we recommended the following:

1. Self-control and surveillance are necessary for each day intake. This can be attained via awareness programs associated with the excessive consumption of caffeine on health.
2. Additional studies on a larger population are required to provide adequate data and evidence.

## CONFLICT OF INTEREST

The authors declared that present study was performed in absence of any conflict of interest.

## ACKNOWLEGEMENT

The authors would like to thank students enrolled in this study at the Faculty of Nursing, Menoufia University, Egypt for their good response.

## AUTHOR CONTRIBUTIONS

All authors have read and agreed to the content and the publication of this paper.

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