

EVALUATION OF ACUTE EFFECTS OF COFFEE CONSUMPTION ON ARTERIAL STIFFNESS IN HEALTHY ADULT PEOPLE USING AN OSCILLOMETRIC DEVICE.

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BACKGROUND

Several studies in different populations and conditions shown contradictory results about the effect of coffee on arterial stiffness (AS). Coffee consumption is high around the world and it is very important to define its CV effects.

OBJECTIVE

To evaluate the acute effects on haemodynamic parameters and AS, after consumption of regular coffee or, decaffeinated coffee.

RESULTS USING REGULAR COFFEE

Variable	Baseline	30'	Δ	P Value	60'	Δ	P Value
SBP B (mmHg)*	118.28 ± 10.6	122.16 ± 10.8	3.88	0.013	122.09 ± 11.8	3.81	0.002
DBP B (mmHg)*	74.59 ± 8.5	78.69 ± 7.9	4.09	0.001	77.75 ± 9.3	3.16	0.003
PP B (mmHg)*	43.5 (8.0)	41.5 (8.3)	-2.00	0.536	44.0 (8.3)	0.50	0.455
MAP (mmHg)*	89.22 ± 9.0	93.22 ± 8.5	4.00	< 0.001	92.53 ± 9.9	3.31	0.001
HR (beats/min)*	56.88 ± 9.6	53.69 ± 8.4	-3.19	0.002	51.94 ± 7.8	-4.94	< 0.001
Brachial Aix (%)*	-11.9 (49.1)	7.9 (52.7)	19.85	< 0.001	8.1 (55.1)	20.00	< 0.001
SBP Ao (mmHg)*	113.9 (13.1)	119.6 (15.2)	5.75	0.002	121.5 (20.9)	7.60	< 0.001
DBP Ao (mmHg)*	74.61 ± 8.5	78.68 ± 7.9	4.08	0.002	77.76 ± 9.3	3.16	0.003
PP Ao (mmHg)*	41.6 (10.6)	43.5 (8.8)	1.85	0.110	44.0 (8.7)	2.35	0.002
Aortic Aix (%)*	31.6 (24.8)	41.6 (26.7)	10.05	< 0.001	41.75 (27.9)	10.15	< 0.001
PWV (m/sec)*	7.10 (1.4)	7.00 (1.1)	-0.10	0.253	7.10 (0.9)	0.00	0.861

RESULTS IN MEN USING REGULAR COFFEE

Variable	Baseline		30'		60'		P
	Men	Men	Men	p	Men	p	
SBP B (mmHg)*	119.44 ± 8.3	121.94 ± 9.4	0.174		124.38 ± 10.5	0.002	
DBP B (mmHg)*	76.69 ± 6.2	79.94 ± 6.1	0.038		80.31 ± 6.8	0.010	
PP B (mmHg)*	42.75 ± 5.4	42 ± 5.1	0.535		44.06 ± 5.6	0.255	
MAP (mmHg)*	91 ± 6.5	94 ± 6.9	0.053		94.94 ± 7.8	0.003	
HR (latidos/min)*	55.5 ± 10.7	52 ± 4.2	0.026		49.88 ± 8.2	< 0.001	
Brachial Aix (%)*	-13.55 (34.1)	-13.4 (41.9)	0.004		-17.6 (41.7)	0.017	
SBP Ao (mmHg)*	116.73 ± 10.7	121.78 ± 11.6	0.052		124.01 ± 12.6	0.003	
DBP Ao (mmHg)*	76.69 ± 6.2	81 ± 10.7	0.037		80.33 ± 6.8	0.010	
PP Ao (mmHg)*	40 (7.3)	42 (7.9)	0.379		43.1 (5.3)	0.024	
PP Amplif *	1.039 (0.26)	1.036 (0.27)	0.010		1.068 (0.2)	0.039	
Aortic Aix (%)*	30.75 (17.3)	30.85 (21.3)	0.004		28.7 (21.1)	0.017	
AP*	11.86 ± 6.3	15.42 ± 8.6	0.029		16.25 ± 9	0.021	
ED (ms)*	341.89 ± 23.3	344.69 ± 22.3	0.388		347.5 ± 26.3	0.076	
DRA*	52.75 ± 16.4	53.31 ± 13.5	0.883		59.94 ± 18	0.021	
SAI (%)*	44.65 ± 4.4	44.12 ± 5.2	0.668		43.29 ± 4	0.336	
DAI (%)*	55.35 ± 4.4	55.88 ± 5.2	0.668		56.71 ± 4	0.336	
PWVAo (m/sec)*	7.15 (1.03)	7 (1.1)	0.298		6.95 (0.7)	0.925	
Vasc. Age (years)*	30 ± 12.9	31.69 ± 12.9	0.209		29.38 ± 11	0.757	
RT (ms)*	151.06 ± 18.7	148.81 ± 18.4	0.343		151.44 ± 15.2	0.893	

RESULTS

SBP increased at 30 and 60 min 3.9 mmHg (p=0.013) y 3.8 mmHg (p=0.002) respectively, la DBP increased 4.1 mmHg (p=0.001) y 3.2 mmHg (p=0.003), MAP 4.0 mmHg (p<0.001) y 3.3 mmHg (p=0.001), Heart rate decreased 3.2 (p=0.002) and 5 beats/minute (p<0.001) and aortic SBP increased 5.8 mmHg (p=0.002) and 7.6 mmHg (p=0.003) only with caffeine.

Brachial Aix increased 19.9% at 30 (p<0.001) and 20.0% at 60 minutes (p<0.001). Aortic Aix increased 10.05% (p<0.001) y 10.2% (p<0.001) only with caffeine. PWV was not affected by caffeine (p=0.861).

The shift of these parameters was mainly driven by changes in women.

METHODS

In a prospective, self controlled cohort study, we included 32 healthy p. (46.2±10.4y.o., 16 men (53.5±18) and 16 women (43.0±21)(p=0.186)).

Fourteen regular coffee consumers (87.5%) (p=NS). Haemodynamic parameters and AS were assessed non invasively using oscillometric Arteriograph® (Tensiomed Budapest, Hungary Ltd.).

Each subejct received 14 gr. of excelso coffee (151.2 mg caffeine) and two weeks apart, 14 gr of decaf coffee (3.92 mg) in random order.

Baseline, 30 and 60 min parameters are reported.

RESULTS USING DECAFFEINATED COFFEE

Variable	Baseline	30'	Δ	P value	60'	Δ	P Value
SBP B (mmHg)*	116 (11.9)	115.5 (19.7)	-0.50	0.365	116 (21.8)	0.00	0.933
DBP B (mmHg)*	73 ± 8.8	72.9 ± 9.6	0.0	0.977	74.8 ± 8.3	1.8	0.060
PP B (mmHg)*	43.5 (7.0)	44.5 (10.5)	1.00	0.050	41 (6.8)	-2.50	0.185
MAP (mmHg)*	87.5 ± 8.3	88.3 ± 10.0	0.7	0.542	89 ± 9.3	1.5	0.101
HR (beats/min)*	59.1 ± 9.9	56.1 ± 8.5	-3	> 0.001	55 ± 7.8	-4.1	< 0.001
Brachial Aix (%)*	-25 (52.5)	-22.8 (53.8)	2.15	> 0.001	-10.6 (53.3)	14.30	< 0.001
SBP Ao (mmHg)*	111.5 (21.1)	112.9 (20.6)	1.40	0.125	111.3 (27.8)	-0.20	0.039
DBP Ao (mmHg)*	73 ± 8.8	72.9 ± 9.6	0.0	0.977	74.8 ± 8.3	1.8	0.060
PP Ao (mmHg)*	39.6 (10.3)	40.9 (12.1)	1.35	0.003	39.3 (15.0)	-0.25	0.235
Aortic Aix (%)*	25 (26.5)	26.1 (27.2)	1.10	> 0.001	32.25 (27.0)	7.25	< 0.001
PWV (m/sec)*	6.95 (1.65)	7.00 (1.1)	0.05	0.180	7.10 (1.2)	0.15	0.493

RESULTS IN WOMEN USING REGULAR COFFEE

Variable	Baseline		30'		60'		P
	Women	Women	Women	Women	Women	Women	
SBP B (mmHg)*	117.13 ± 12.7	122.38 ± 12.3	0.043	119.81 ± 12.9	0.149		
DBP B (mmHg)*	72.5 ± 10.1	77.44 ± 9.3	0.019	75.19 ± 10.9	0.109		
PP B (mmHg)*	44.63 ± 5.7	44.94 ± 6.9	0.880	44.63 ± 5	1.000		
MAP (mmHg)*	87.44 ± 10.8	92.44 ± 10	0.017	90.13 ± 11.4	0.092		
HR (beats/min)*	58.25 ± 8.5	55.38 ± 7.2	0.003	54 ± 7	0.006		
Brachial Aix (%)*	-1.29 ± 31.15	12.24 ± 29.21	0.003	13.43 ± 31.4	0.002		
SBP Ao (mmHg)*	116.99 ± 15	124.94 ± 15.1	0.009	122.39 ± 16.4	0.014		
DBP Ao (mmHg)*	72.53 ± 10.3	77.42 ± 9.3	0.021	75.2 ± 10.9	0.113		
PP Ao (mmHg)*	44.47 ± 7.22	47.52 ± 8.5	0.130	47.19 ± 7.8	0.032		
PP Amplif *	0.95 (0.3)	0.89 (0.1)	0.044	0.89 (0.1)	0.109		
Aortic Aix (%)*	36.97 ± 15.9	43.84 ± 14.8	0.003	44.44 ± 15.9	0.002		
AP *	17.15 (14.1)	24.05 (10)	0.006	24.15 (11.9)	0.004		
ED (ms)*	345 ± 15	355 ± 15	0.015	357.5 ± 15	0.014		
DRA*	47.75 ± 9	51.31 ± 14.5	0.314	50.88 ± 12.3	0.318		
SAI (%)*	44.45 (4.5)	44.4 (6)	0.266	43.7 (4.9)	0.063		
DAI (%)*	55.55 (4.5)	55.6 (8)	0.266	56.3 (4.9)	0.063		
PWVAo (m/sec)*	7.05 (1.4)	7.05 (1.4)	0.529	7.2 (3.2)	0.897		
Vasc. Age (years)*	31.5 (20.8)	30.5 (20)	0.665	33.5 (39)	0.674		
RT (ms)*	144 (30.8)	145 (30.2)	0.550	140 (44)	0.776		

CONCLUSION

Caffeine, in a healthy selected population, at usual doses (two "expresos") increased peripheral AS but not aortic PWV.

It seems to be more pronounced in women.