NCA Statement on Caffeine Consumption

A 2015 European Food Safety Authority (EFSA) opinion offers guidance on safe caffeine consumption levels, stating that 400 mg per day and 200 mg per day for pregnant women presents “no health concerns”. In the document, EFSA affirms these as safe levels and makes it clear that it is not presenting these levels as limits to safe consumption.

Of course, a single cup of coffee may contain more than 200 mg of caffeine, while three to four cups per day could deliver more than the suggested 400 mg daily intake. The U.S. government recently issued formal recommendations in the Dietary Guidelines for Americans that state that three to five cups of coffee per day “can be incorporated into a healthy eating pattern.” Moreover, the general population has been drinking coffee containing varying caffeine content for centuries with no evidence of concerning effects.

Significantly, a thorough review and evaluation of the extensive scientific literature on caffeine and health confirms that consumption above EFSA’s stated levels is safe. That literature provides extensive evidence that higher levels of caffeine consumption in coffee are not only safe, but also associated with many positive health outcomes. Reduction in the risk of type 2 diabetes, for example, has been shown to increase with added consumption, with five or six cups delivering higher protection than four cups. Five to nine cups of coffee per day provided the same reduction in overall mortality risk as two to four cups per day. Moreover, the abundance of enzymes that metabolize caffeine vary in different individuals. What’s right for one person may be inadequate for others, and higher consumption levels that might be thought appropriate overall might not apply to people who can metabolize caffeine more rapidly than others.

For pregnant women, EFSA posits 200 mg of caffeine per day as a level that does not present a safety concern for the fetus. The EFSA analysis does not address an important physiological fact that confounds all such research. Women with healthy pregnancies develop a natural, hormone-driven aversion to strong smells – part of what’s known as the “pregnancy signal” – and spontaneously avoid drinking coffee. So, it’s those with less viable pregnancies who continue consuming the caffeine in coffee, leading to research results pointing to caffeine rather than sub-optimal pregnancies as the cause of untoward fetal outcomes. Any assessment of caffeine and pregnancy must reflect these considerations.

The broad consensus in the literature is that caffeine ingestion, at the levels commensurate with the amount of coffee typically and routinely consumed by the U.S. population – as well as above the levels identified by EFSA – is safe.
1 Ding M, Bhupathiraju SN, Chen M, van Dam RM, Hu FB. Caffeinated and Decaffeinated Coffee Consumption and Risk of Type 2 Diabetes: A Systematic Review and a Dose-Response Meta-analysis. Diabetes Care 2014;37(2):569-86
