

## Consumption of caffeinated beverages among orthodontic students

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**Objective:** To evaluate the frequency of usage of caffeinated beverages among orthodontic students and its relationship with sleep disturbances.

**Methodology:** This cross sectional study was conducted over 3 months and included 100 orthodontic students. Data was collected utilizing a self-administered questionnaire and then analyzed on SPSS version 21.

**Results:** Out of 100 students, 20 (20%) were using caffeinated drinks. Out of 20 students, 40% had no difficulty in falling asleep and 60% had difficulty in sleeping. Mean sleep duration per day

during week days was 7.18 hours and at weekends was 9.18 hours. Final year was having highest percentage of caffeinated drink consumer i.e. 80%. Among users, 70% of males and 30% of females took caffeinated drinks.

**Conclusion:** Consumption of caffeinated drinks was low (20%) among orthodontic students. There was no relationship between caffeinated beverages consumption and sleep disturbances. (Rawal Med J 201;43:161-163).

**Key Words:** Caffeinated drinks, caffeine, dental students.

## INTRODUCTION

Sleep is necessary part of a human's life, and its influence should not be ignored.<sup>1,2</sup> Importance of sleep can be judged from that facts that sleep deprivation (?7 hours per night) can result in daytime sleepiness, lethargy, inattentiveness, risks for obesity, diabetes, CVS disorder, increases mean arterial blood pressure and other health issues. Caffeinated drink, containing caffeine and taurine, if used excessively, can result in body wakefulness, restlessness, anxiety, difficulty in sleeping, irregular heartbeats and detrimental health consequences.<sup>3,4</sup>

In one study on 18-55 year old subjects, it was found that caffeinated drinks, as compared to placebo, had energizing effects, that lasted 30 to 90 minutes after consumption.<sup>5</sup> Caffeine in drinks promoted diuresis, natriuresis, reduced insulin sensitivity and resulted in hypertension.<sup>3-7</sup> In a study on taurine and caffeine in drinks it was found that if given at bed time it had significant effect on sleep.<sup>8</sup>

Sleep disorders have been associated with lower school grades and impaired social interactions.<sup>9</sup> There exists a long standing belief among students that caffeinated drink consumption before examinations gives them good results when compared with students that sleep eight hours per

night.<sup>2</sup> Many studies have examined sleep patterns and quality in Pakistani students. To the best of our knowledge, very few studies have investigated the frequency of usage of such drinks and its relationship with sleep quality and pattern among orthodontic students. Therefore, aim of this study was to evaluate the frequency of usage of caffeinated beverages among orthodontic students and its relationship with sleep disturbances.

## METHODOLOGY

This cross sectional study was conducted after ethical approval at de'Montmorency College of Dentistry, Lahore, Pakistan from January 10, 2017 to April 10, 2017. It included 100 postgraduate orthodontic students, with ages of 27-35 years, selected using purposive sampling technique, after taking informed consent. Data were collected utilizing a self-administered questionnaire. Data were analyzed using SPSS version 21.

## RESULTS

Out of 100 students, 30% were male and 70% were female. Mean age was 31.2±2.16 years. Mean sleep duration per day during week days was 7.18 hours and at weekends was 9.18 hours. 20% students have

been taking caffeinated drinks and 80% were not using them (Table 1).

**Table 1. Demographic data (n=100).**

Age	Mean±S.D.	31.2±2.16
Gender	Male Female	30 (30%) 70 (70%)
Class	First Year Second Year Third Year Fourth Year	18 (18%) 30 (30%) 10 (10%) 42 (42%)
Sleep duration (Hours)	Weekdays Weekends	7.18±1.021 9.18±2.090
Intake	Yes No	20 (20%) 80 (80%)

**Table 2. Effect modifiers and caffeinated drink intake.**

	Yes	No	p
First Year	20%	80%	0.00
Second Year	55%	45%	
Third Year	30%	70%	
Fourth Year	15%	85%	
Difficulty	45%	55%	0.798
Male	70%	30%	0.00
Female	30%	70%	0.00

Final year students had highest percentage of caffeinated drink consumption i.e. 80%. Among users, 55% has no difficulty in falling asleep and 45% had difficulty in sleeping. Among users 70% of males take caffeinated drinks while 30% of females take caffeinated drinks (Table 2).

## DISCUSSION

In our study, 20% students were taking caffeinated drinks and 80% were not using them. Among students, 55% had no difficulty in falling sleep while 45% had difficulty in sleeping. A well-known management for sleep issue is regular exercise.<sup>10</sup> Improvement in sleep quality is beneficial for dental and medical students in their routine, study performance, and health status.<sup>11-15</sup> A modern society may be the reason many medico-dental students overlook significance of adequate sleep. Studies have shown that 34% of 18-24 year old are addicted to caffeinated drinks.<sup>16</sup> Recent US surveys on college students showed that 51% were

consuming at least one caffeinated drink during the previous 30 days; while majority of them were consuming these caffeinated drinks several times per week.<sup>17,18</sup> This is in contrast to our findings, which found that 20% of college students reported using caffeinated drink. Our findings are were not consistent with similar studies done elsewhere.<sup>19</sup>

Our study is an important scientific contribution, focusing on orthodontic students, as local studies are rare on this subject.<sup>20-23</sup> Orthodontic students in Pakistan should be educated of the influence of caffeinated drink uptake on sleep.

There are certain limitations of our study, cross-sectional study design, utilizing of error prone self-administered performa, limited sample size, lack of quantification of dose of caffeinated drink consumption, sample selection from one centre only and, not ruling out effect of routine exercise on sleep pattern. Further multi centric research with larger sample size is suggested

## CONCLUSION

Consumption of caffeinated drinks was low (20%) among Pakistani orthodontic students. There was no relationship between caffeinated beverages consumption and sleep disturbances.

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## REFERENCES

- McKnight-Eily LR, Eaton DK, Lowry R, Croft JB, Presley-Cantrell L, Perry GS. Relationships between hours of sleep and health-risk behaviors in US adolescent students. *Preventive Med* 2011;53:271-3.
- Diekelmann S, Wilhelm I, Born J. The whats and whens of sleep-dependent memory consolidation. *Sleep Med Rev* 2009;13:309-21.
- Mellvain GE, Noland MP, Bickel R. Caffeine consumption patterns and beliefs of college freshmen. *Am J Health Educ* 2011;42:235-44.
- Ficca G, Salzarulo P. What in sleep is for memory? *Sleep*

- Med 2004;5:225-30.
5. Seifert SM, Schaechter JL, Hershorin ER, Lipshultz SE. Health Effects of energy drinks on children, adolescents, and young adults. *Pediatrics* 2011; 127:511-28.
  6. Hughes JR, Hale KL. Behavioral effects of caffeine and other methylxanthines on children. *Exper Clinical Psychopharmacol* 1998;6:87-95.
  7. Trockel MT, Barnes MD, Egget DL. Health-related variables and academic performance among first-year college students: implications for sleep and other behaviours. *J Am Coll Health* 2000;49:125-31.
  8. Colten HR, Altevogt BM. editors. Sleep disorders and sleep deprivation: an unmet public health problem. Washington, DC: National Academic Press; 2006.
  9. Taheri S, Line L, Austin D, Young T, Mignot E, Short Sleep, duration is associated with reduced leptin, elevated ghrelin, and increased body mass index, *PLoS Med* 2004;1(3):210.
  10. Rethorst CD, Sunderajan P, Greer TL, Grannemann BD, Nakonezny PA, Carmody TJ, et al. Does exercise improve self-reported sleep quality in non-remitted major depressive disorder? *Psychol Med* 2013;43:699-709.
  11. Pagnin D, de Queiroz V, Carvalho YT, Dutra AS, Amaral MB, Queiroz TT. The relation between burnout and sleep disorders in medical students. *Acad Psychiatry* 2014;38:438-44.
  12. Schuh-Hofer S, Wodarski R, Pfau DB, Caspani O, Magerl W, Kennedy JD, Treede RD. One night of total sleep deprivation promotes a state of generalized hyperalgesia: a surrogate pain model to study the relationship of insomnia and pain. *PAIN* 2013;154:1613-21.
  13. Hershner SD, Chervin RD. Causes and consequences of sleepiness among college students. *Nat Sci Sleep* 2014;6:73-84.
  14. Abdulghani HM, Al-Drees AA, Khalil MS, Ahmad F, Ponnampuruma GG, Amin Z. What factors determine academic achievement in high achieving undergraduate medical students? A qualitative study. *Med Teacher* 2014;36(sup1):S43-8.
  15. Petrov ME, Lichstein KL, Baldwin CM. Prevalence of sleep disorders by sex and ethnicity among older adolescents and emerging adults: relations to daytime functioning, working memory and mental health. *J Adolescence* 2014;37:587-97.
  16. Heckman MA, Sherry K, Mejia D, Gonzalez E. Energy drinks: an assessment of their market size, consumer demographics, ingredient profile, functionality, and regulations in the United States. *Comprehensive Rev Food Sci Food Safety* 2010;9:303-17.
  17. Malinauskas BM, Aeby VG, Overton RF, Carpenter-Aeby T, Barber-Heidal K. A survey of energy drink consumption patterns among college students. *Nutri J* 2007;6:35. doi: 10.1186/1475-2891-6-35.
  18. Seifert SM, Schaechter JL, Hershorin ER, Lipshultz SE. Health effects of energy drinks on children, adolescents, and young adults. *Pediatrics* 2011;127:511-28.
  19. Lohsoonthorn V, Khidir H, Casillas G, Lertmaharit S, Tadesse MG, Pensuksan WC, et al. Sleep quality and sleep patterns in relation to consumption of energy drinks, caffeinated beverages, and other stimulants among Thai college students. *Sleep Breathing* 2013;17:1017-28.
  20. Ibrahim NK, Iftikhar R. Energy drinks: Getting wings but at what health cost?. *Pak J Med sci* 2014;30:1415.
  21. Usman A, Jawaid A. Hypertension in a young boy: an energy drink effect. *BMC Res Notes* 2012;5(1):591.
  22. Aslam HM, Mughal A, Edhi MM, Saleem S, Rao MH, Aftab A, et al. Assessment of pattern for consumption and awareness regarding energy drinks among medical students. *Arch Public Health* 2013;71:31. doi: 10.1186/2049-3258-71-31.
  23. Santa-María A, Díaz MM, López A, de Miguel MT, Fernández MJ, Ortiz AI. In vitro toxicity of stimulant soft drinks. *Ecotoxicol Environ Safety* 2002;5:70-2.