Caffeine consumption and Parkinson’s disease: a mini-review of current evidence

Consumo de cafeína e doença de Parkinson: uma mini-revisão das evidências recentes

Consumo de cafeína en la enfermedad de Parkinson: una mini revisión de la evidencia

Daniella Balduino Victorino¹, Marcia Jonathas Guimarães-Marques¹, Astrid Nehlig²

1. Discipline of Neuroscience, Department of Neurology and Neurosurgery, Universidade Federal de São Paulo, Escola Paulista de Medicina, São Paulo-SP, Brazil. Institut du Cerveau (ICM), Sorbonne Université, Paris, France.
2. INSERM U1129, Paris/Strasbourg, France.

Resumo
Na ausência de tratamentos eficientes para a doença de Parkinson (DP), a pesquisa se concentrou na identificação de fatores ambientais potenciais, cuja modulação pode prevenir ou retardar a progressão deste distúrbio neurodegenerativo. Evidências epidemiológicas convergentes sugerem que o consumo de cafeína está inversamente associado ao risco de desenvolver DP. Outros achados experimentais demonstraram que a cafeína, ao direcionar particularmente os receptores de adenosina A2A (A₂AR), protegeu os modelos animais de DP contra a perda de neurônios dopaminérgicos. A ação antagônica da cafeína nos receptores de adenosina não apenas desacelerou a neurodegeneração relacionada à DP, mas também melhorou os sintomas motores e não motores da DP e modelos animais. Aqui, revisamos os mecanismos de ação potenciais pelos quais a cafeína pode desempenhar um papel na redução do risco de DP. Também revisamos as evidências atuais dos benefícios do consumo de cafeína nos sintomas motores e não motores da DP. Finalmente, apontamos como esses achados promissores podem levar à identificação de novas abordagens para o tratamento eficaz da DP.

Unitermos. cafeína; Doença de Parkinson; distúrbios neurodegenerativos

Abstract
In the absence of efficient disease-modifying treatments for Parkinson’s disease (PD), research has focused on identifying potential environmental factors whose modulation may prevent or slow the progression of this neurodegenerative disorder. Compelling epidemiological evidence suggests that caffeine consumption is inversely associated with the risk of developing PD. Further experimental findings demonstrated that caffeine, by particularly targeting adenosine A₂A (A₂AR) receptors, protected PD animal models against the loss of dopaminergic neurons. The antagonistic action of caffeine on adenosine receptors not only slowed PD-related neurodegeneration, but also improved motor and nonmotor symptoms of PD in animal models. Here, we review the potential action mechanisms by which caffeine might play a role in reducing the risk of PD. We also review current evidence of the benefits of caffeine consumption in motor and nonmotor symptoms of PD. Finally, we point out how these promising findings could lead to the identification of new approaches for effective treatment of PD.

Keywords. Caffeine; Parkinson’s disease; neurodegenerative disorder

Resumen
En ausencia de tratamientos eficientes para la enfermedad de Parkinson (EP), la investigación se ha centrado en identificar posibles factores ambientales cuya modulación puede prevenir o retardar la progresión de este trastorno neurodegenerativo. Evidencias epidemiológicas convincentes sugieren que el consumo de cafeína está inversamente asociado con el riesgo de
develop EP. Other experimental findings demonstrated that caffeine, by targeting specifically the adenosine A2A receptors (A2AR), protects the animal models with EP against dopaminergic neuron loss. We also revisited the possible mechanisms of action by which caffeine could play a role in reducing the risk of EP. We also revisited the actual evidence of the benefits of caffeine consumption on the motor and non-motor symptoms of the EP. Finally, we highlighted how these interesting findings could lead to the identification of new approaches for the effective treatment of EP.

**Palabras clave.** cafeína; Enfermedad de Parkinson; trastorno neurodegenerativo

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**INTRODUCTION**

Over the last years, around 165 million 60-kilogram bags of coffee were globally consumed ([https://www.statista.com/statistics/292595/global-coffee-consumption/](https://www.statista.com/statistics/292595/global-coffee-consumption/)), which makes coffee one of the most widely consumed beverages worldwide (FoodData Central- USDA). Coffee contains more than a thousand bioactive compounds, including the psychoactive agent caffeine (FoodData Central- USDA). Its composition varies depending on the type of bean (e.g., Arabica and Robusta) and how it is produced (e.g., the level of roasting and grind setting) and prepared for drinking (e.g., filter coffee, dripfilter, plunger coffee, and espresso machine) (FoodData Central- USDA). Besides coffee, caffeine also naturally occurs in a variety of plants, such as cacao beans, tea leaves, and guarana berries (FoodData Central- USDA)\(^1\). Synthetic caffeine can also be added to food, beverages, and...
medications, such as soft drinks, energy drinks, and painkillers (FoodData Central-USDA).

Caffeine is by far the most studied biologically active compound of coffee. Compelling evidence supports beneficial effects of caffeine consumption on both brain health and disease\(^2\). Low to moderate doses of caffeine (50–200 mg) enhance alertness, reduce reaction time, and promote good mood\(^2\). Drinking moderate amounts of coffee regularly is also associated with a lower risk of all-cause death, as well as with a reduced risk of developing neurological disorders, such as Parkinson’s disease (PD)\(^2\).

Parkinson's disease is a neurodegenerative disorder characterized by the degeneration of dopaminergic neurons in the *substantia nigra pars compacta* (SNc)\(^3\). This disorder is the fastest growing in prevalence, disability, and deaths. In fact, the number of persons with PD worldwide has more than doubled over the past decades (from about 2.5 million people in 1990 to up to 6.1 million people in 2016) and it is expected to double again by 2050\(^3\). Yet, no disease-modifying therapies capable of stopping or slowing PD progression have been developed\(^3\).

In this study, we provide a mini-review of the potential action mechanisms by which caffeine may reduce the risk of developing PD. We also provide current evidence of the benefits of caffeine consumption in motor and nonmotor symptoms of PD. Finally, we discuss how these findings may open novel avenues for advancing therapeutic strategies in PD.
Caffeine metabolism

Chemically, caffeine is a methylxanthine (1,3,7-trimethylxanthine). The absorption of caffeine takes place mainly in the stomach and small intestine, and it is almost completely absorbed within 45 minutes\(^4\). After ingestion, caffeine reaches peak plasma concentrations of 0.25 to 2mg/l (or approximately 1 to 10μM) within 15 to 120 minutes\(^4\). Given caffeine’s lipophilicity, it readily crosses the blood-brain barrier and reaches brain concentrations up to 70μM after moderate intake levels\(^1\). Most neurobehavioral effects of caffeine are bell-shaped: while low to moderate caffeine consumption produces beneficial effects, high intake levels may lead to deleterious outcomes\(^1\).

Caffeine is metabolized by the liver cytochrome P-450 (CYP) oxidase system, wherein CYP1A2 activity accounts for more than 90% of caffeine metabolism\(^4\). Caffeine is primarily metabolized to paraxanthine (1,7-dimethylxanthine), theobromine (3,7-dimethylxanthine) and theophylline (1,3-dimethyl-7H-purine-2,6-dione)\(^4\). Paraxanthine is the major metabolite of caffeine (70-80%) in humans. It shows half-life similar to that of caffeine (caffeine’s half-life is highly variable among subjects, but it usually ranges from 2.5 to 5 hours in healthy individuals), whereas theobromine and theophylline show longer half-lives\(^4\). Paraxanthine also reaches peak plasma concentrations 10-fold larger than those of theophylline or theobromine. Only 1 to 5% of caffeine is excreted as unchanged (caffeine is nearly entirely
reabsorbed by the renal tubule), thereby explaining the slow clearance of its metabolites⁴.

Caffeine metabolism was found to be affected by various physiological and pharmacological factors⁴. For example, smoking decreases caffeine half-life by up to 50%, whereas oral contraceptives may double it⁴. Pregnancy also greatly decreases caffeine clearance and increases its half-life, particularly in the third trimester, wherein caffeine half-life can be up to 15 hours⁴.

Modulation of adenosine receptors in brain physiology and Parkinson’s disease pathogenesis

Caffeine is a competitive, non-selective antagonist of adenosine receptors, which belongs to the G-protein-coupled receptor (GPCR) family⁵. Three classes have been used to classify these receptors: A₁, A₂, and A₃⁵. Adenosine A₁ (A₁R) and A₂A (A₂AR) receptors are the commonest types of adenosine receptors found in the brain⁶, wherein both A₁R and A₂AR are mostly located in synapses, particularly in the excitatory (glutamatergic) ones⁶. The A₁R is highly expressed in the cortex, hippocampus, and cerebellum, whereas A₂AR is primarily found in the basal ganglia, although it can also be found at low levels in other brain regions, such as the hippocampus and cortex⁶. The consumption of 3 to 4 cups of coffee per day is sufficient to occupy nearly 50% of A₁R and A₂AR for at least several hours¹.

While A₂AR is mostly coupled to Gₛ proteins, A₁R is primarily coupled to Gᵢ/o proteins, whose activation leads to
excitatory and inhibitory effects, respectively. For example, the activation of A\textsubscript{2A}R by extracellular adenosine increases gamma-aminobutyric acid (GABA) uptake by astrocytes, which decreases tonic GABAergic inhibition and enhances excitatory tonus\textsuperscript{6}. On the other hand, A\textsubscript{1}R activation inhibits GABA transport into astrocytes, thereby increasing extracellular concentrations of GABA and depressing excitatory drive\textsuperscript{6}. In neurons, postsynaptic activation of A\textsubscript{1}R inhibits N-methyl-D-aspartate (NMDA) receptor-mediated currents\textsuperscript{6}, and it may also lead to membrane hyperpolarization via G-protein–dependent activation of inwardly rectifying K\textsuperscript{+} channels (GIRKs)\textsuperscript{6}. Conversely, the presynaptic activation of A\textsubscript{1}R inhibits the release of several neurotransmitters (e.g., glutamate, GABA, acetylcholine, and monoamines) probably via G-protein–coupled inhibition of Ca\textsuperscript{2+} channels at the nerve terminals\textsuperscript{6}. In general, the most prominent inhibitory effect mediated by adenosine is at the level of excitatory synapses, whereas adenosine-mediated inhibition of GABAergic transmission is less frequently observed. Therefore, the net effect of adenosine receptor activation is to decrease excitability throughout the brain\textsuperscript{2}. This is consistent with findings of caffeine-induced EEG changes during arousal, in which caffeine, by antagonizing the effects of endogenous adenosine, increases neuronal firing rate\textsuperscript{2}.

Caffeine’s ability to modulate dopaminergic neurotransmission in basal ganglia by targeting A\textsubscript{2A}R has attracted considerable attention over the last decades,
particularly because of its potential as a symptomatic therapy for PD. Increasing evidence indicates that the overactivation of A2A receptor due to increased extracellular adenosine levels by ATP release may contribute to the pathogenesis of PD. In fact, pharmacological and genetic blockade of A2A receptor prevents PD-associated neurodegeneration and motor dysfunction in experimental models. This increase in extracellular adenosine is accompanied by increased levels of glutamate release from presynaptic neurons and astrocytes, thereby contributing to glutamate-mediated excitotoxic damage to dopaminergic neurons. The overactivation of A2A receptor was also associated with increased levels of pro-inflammatory cytokines and activated microglia, which have been shown to be involved in PD neurodegeneration. Such findings demonstrate the functional role of endogenous adenosine via A2A receptor activation in modulating neuroinflammation and brain injury. They also suggest that the antagonism of A2A receptor may be a promising strategy in PD.

**Neuroprotective benefits of caffeine in Parkinson’s disease**

Coffee and caffeine consumption has long been associated with reduced risk of developing PD. For example, a 30-year follow up study involving 8004 Japanese-American male individuals (aged 45-68 years) found that subjects who consumed 3.5 cups of coffee or more per day had a significantly lower risk of developing PD than subjects who
were non-drinkers of coffee. A further study involving 47,351 men and 88,565 women also linked moderate consumption of coffee with reduced risk of developing PD. Interestingly, a U-shaped association between coffee consumption and risk of PD was found in the female subgroup, wherein women who reported drinking 1 to 3 cups of coffee/day had the lowest risk of developing PD. More recently, a meta-analysis involving 13 cohort studies showed that caffeine consumption was significantly associated with a lower risk of developing PD in the healthy cohort, as well as with a lower rate of PD progression in the PD cohort. Since the consumption of decaffeinated coffee was not significantly linked to a lower risk of PD, the inverse association between coffee drinking and PD was particularly attributable to caffeine itself rather than to other coffee components.

The potential neuroprotective effects of caffeine are further supported by mounting evidence from experimental studies, particularly in neurotoxin-induced PD models. For example, the administration of caffeine protected against 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP)-induced loss of nigrostriatal dopaminergic neurons in PD animal models. This effect was mimicked by several A2AR antagonists, which suggest that caffeine may attenuate MPTP-induced neurotoxicity by A2AR blockade. Importantly, caffeine was also found to protect against the loss of dopaminergic neurons in a chronic progressive rat model of MPTP-induced PD even when treatment was initiated 1 or 3 weeks after the beginning of MPTP infusions. Similar
neuroprotective effects of caffeine were also observed in 6-hydroxydopamine (6-OHDA)-lesioned rats\textsuperscript{13}, as well as in rats chronically exposed to pesticides\textsuperscript{14}.

The neuroprotective benefits of caffeine have also been observed in α-synuclein (α-Syn)-mediated pathology. A recent study showed that chronic caffeine consumption (at the levels regularly consumed by humans) attenuated α-Syn inclusion pathology in a mouse model of PD by attenuating α-Syn-induced apoptosis, microglial activation, and reactive astrogliosis in the striatum\textsuperscript{15}. Findings from Yan and colleagues revealed that caffeine acts in synergy with eicosanoyl-5-hydroxytryptamide (EHT), a fatty acid derivative of serotonin found in coffee, to protect against neuronal damage and neuroinflammation in mouse models of α-synucleinopathy\textsuperscript{16}. The coadministration of caffeine and EHT also improved behavioral performance in mice better than each treatment alone\textsuperscript{16}. Such neuroprotective effects of caffeine and EHT were associated with increased methylation levels of brain protein phosphatase 2A (PP2A), a kinase involved in α-Syn dephosphorylation\textsuperscript{16}.

Caffeine analogues have also been shown to protect dopaminergic nigrostriatal neurons against neurodegeneration by potently inhibiting monoamine oxidases (MAOs), particularly monoamine oxidase B (MAO-B). In fact, the modulation of MAO-B activity by the caffeine analogue 8-(3-chlorostyryl)caffeine (CSC) was found to attenuate neurotoxicity mediated by MPTP\textsuperscript{17}, as well as to rescue 6-OHDA-induced motor deficits in experimental...
models of PD\textsuperscript{18}. This modulatory effect seemed to be independent of its well-established antagonistic action on A\textsubscript{2A}R\textsuperscript{18}, although CSC, when administered in combination with other antagonists, was found to be more effective in ameliorating motor deficits in PD animal models\textsuperscript{17}.

The production of pro-inflammatory-related molecules was also found to be modulated by caffeine consumption. For example, interleukin 1β (IL-1β) and tumor necrosis factor α (TNF-α), which may be among the major factors involved in neuroinflammation, showed lower levels of immunoreactivity in the SNc and striatum of 6-OHDA-lesioned rats treated with either 10 or 20 mg/kg caffeine for 2 weeks than in those of untreated 6-OHDA-lesioned rats\textsuperscript{13}. A better understanding of the potential mechanisms by which caffeine (and its analogues) modulates survival of dopaminergic neurons as well as neuroinflammation may lead to the identification of novel drug targets and strategies for PD.

**Benefits of Caffeine in motor symptoms of Parkinson’s disease**

Caffeine consumption seems to play a beneficial role in improving parkinsonian motor deficits. A preliminary 6-week open-label pilot study showed that caffeine twice daily improved motor symptoms in PD patients\textsuperscript{19}. A further 6-week randomized, placebo-controlled, double-blind clinical trial involving 61 patients confirmed the potential motor benefits of caffeine in subjects with PD\textsuperscript{20}. A more recent cross-sectional study involving 196 early-stage, treatment-naïve
PD patients found that coffee drinkers had lower Unified Parkinson’s Disease Rating Scale (UPDRS) motor scores than non-coffee drinkers\textsuperscript{21}. Consistent with these findings, preclinical studies also reported beneficial effects of coffee consumption on motor function in PD animal models. For example, 6-OHDA-lesioned rats treated with caffeine showed an increase in locomotor activity, as well a decrease in apomorphine-induced contralateral rotations when compared with untreated 6-OHDA-lesioned rats\textsuperscript{13}.

Findings from clinical studies have pointed to an important role that caffeine may play in preventing levodopa-induced dyskinesia. Patients with PD who consumed more than 12 ounces of coffee per day had a lower risk of developing dyskinesia than those consuming less than 4 ounces of coffee per day\textsuperscript{22}. A further multicenter case-control study involving 485 patients with PD found that levodopa-induced dyskinesia was inversely associated with coffee drinking\textsuperscript{23}. A significant trend of decreasing risk of dyskinesia with increasing number of cups per day was also reported\textsuperscript{23}. These findings suggest that moderate consumption of caffeine may reduce the long-term risk of levodopa-induced dyskinesia in PD.

Despite promising data on the role of caffeine in PD risk and progression, whether an inverse relationship exists between caffeine consumption and PD remains inconclusive. A nested case-control study involving 476 PD patients and 2370 control subjects found no association between coffee consumption and PD\textsuperscript{24}. In a more recent double-blind,
multicenter, parallel-group, controlled trial involving 121 PD patients, Postuma et al reported no substantial change in motor parkinsonism severity in PD patients receiving caffeine 200 mg twice daily for 6 months\textsuperscript{25}. Genetic polymorphism, sex, and differential absorption, metabolism, or clearance of caffeine have been shown to influence the effects of caffeine on PD pathophysiology\textsuperscript{26,27}, and thus may contribute to the inconsistent results reported in the literature. For example, plasma caffeine concentration was 76\% lower in Leucine-rich repeat kinase 2 (LRRK2) mutation carriers with PD than those without PD\textsuperscript{26}. Levels of caffeine metabolites (paraxanthine, theophylline, and 1-methylxanthine) were even lower in LRRK2 mutation carriers with PD than those without PD\textsuperscript{26}. Angelopoulou et al detected a negative association between coffee drinking and risk of early- but not later-onset PD. Given that LRRK2 mutations are considered major causes of PD, and that early-onset PD is more likely to be genetic than later-onset PD, these studies highlight a potential role of gene-environment interactions in PD etiology. Further research on the inverse association between coffee consumption and PD should take into account a potential genetic role in individual responses to caffeine (and possibly to other adenosine receptor modulators).
Benefits of Caffeine in nonmotor symptoms of Parkinson’s disease

Several observational studies have examined the relationship between drinking coffee and nonmotor symptoms in PD, such as mood disorders. In a cross-sectional study involving 196 drug-naive patients with early-stage PD, it was found that the severity of symptoms such as social isolation, lack of motivation, anhedonia, and lack of pleasure was lower in coffee drinkers compared with nondrinkers\textsuperscript{21}. An inverse association between coffee consumption and depressive mood in PD patients was also found\textsuperscript{21}. On the other hand, in a double-blind, multicenter, parallel-group, controlled trial involving 121 PD patients, caffeine was associated with worse cognitive testing scores in PD patients who received 200 mg caffeine twice daily compared with those who received placebo, although this may simply be a result of chance as it resulted from exploratory analysis (secondary outcomes)\textsuperscript{25}.

The effects of caffeine consumption on excessive daytime somnolence (EDS) in PD patients have also been examined by previous studies. For example, it was reported that PD individuals with excessive somnolence who received up to 200 mg caffeine twice daily over a 6-week period showed a borderline improvement in EDS compared to those who received matching placebo\textsuperscript{20}. A recent n-of-1 trial identified that espresso coffee intake exerted beneficial effects on daytime somnolence in some patients with PD, although care must be taken in the extrapolation of this
finding to the general PD population with daytime somnolence\textsuperscript{28}.

The consumption of caffeine has also been hypothesized to enhance cognitive performance, especially in the elderly. In animal models of PD, caffeine at the doses of 0.1 and 0.3 mg/kg reversed cognitive impairments in MPTP-lesioned rats compared to control rats\textsuperscript{29}. Caffeine at doses up to 30.0 mg/kg also reversed deficits in social recognition memory of reserpine-treated rats compared to control rats\textsuperscript{30}. This modulatory effect is likely dependent on A\textsubscript{2A}R signaling, since the A\textsubscript{2A}R antagonist ZM241385 but not the A\textsubscript{1}R antagonist DPCPX was also found to rescue reserpine-induced deficits in social recognition memory\textsuperscript{30}. Importantly, beneficial effects of caffeine (as well as A\textsubscript{2A}R antagonist ZM241385) cannot be explained by improvements in locomotor activity of MPTP- and reserpine-treated rats since no behavioral changes were observed in these animals\textsuperscript{29,30}. Although the underlying mechanisms by which caffeine promotes benefits on cognitive performance need further elucidation, current evidence suggests that this psychostimulant agent and other A\textsubscript{2A}R antagonists might play a role in symptomatic therapy for cognitive dysfunction in PD.

**CONCLUSION**

Based on the link between caffeine consumption and reduced risk of PD, we briefly discussed current evidence of potential protective effects of caffeine against neurodegeneration, as well as its benefits on motor and
nonmotor symptoms of PD. The findings outlined here may have important clinical implications, especially because there are no disease-modifying therapies capable of stopping or slowing PD progression.

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