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Decaffeinated Coffee Caused Only Small Rise in 'Bad' Cholesterol

LEAD: To the Editor:

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The press has brought forth a number of descriptions about the adverse effect of decaffeinated coffee on serum cholesterol levels in a study recently described at the annual meeting of the American Heart Association in New Orleans (A.P. news report, Nov. 15).

Few journalists will take the time to read the original abstract available in the Medical Journal of Circulation, Volume 80, October 1989.

The investigators studied 181 nonsmoking men who drank a national brand of caffeinated coffee brewed in a standard fashion without cream or sugar for two months, consuming three, four, five or six cups of coffee a day. Then they were randomly assigned for two months at the same cup-per-day level to either caffeinated coffee or decaffeinated coffee. The authors found that switching to decaffeinated coffee caused a 4.8-milligram rise in low-density lipoprotein (the so-called "bad" cholesterol). Those who continued to drink caffeinated coffee had a 4.2-milligram drop and those who changed to no coffee had a 4.2-milligram drop.

Now when you analyze this statistically, there is a scientifically, statistically significant change between drinkers of decaffeinated coffee and of the caffeinated variety, as well as the non-coffee drinkers.

Nevertheless, a 4.8-milligram rise would be approximately a 3 percent change in the average American's LDL cholesterol. The error of the determination of this laboratory test is very close to the 2 or 3 percent margin in good hands.

I do not doubt the accuracy of the reported change. The study does suggest that this particular single brand of decaffeinated coffee may have a slightly adverse effect on some LDL cholesterol.

This change is a very small one, and many of the news articles proclaimed a change that would reflect the negative effect of decaffeinated coffee and the beneficial effect of caffeinated coffee. While scientifically acceptable, this is misleading.

The irony of this media hype was that there were a number of excellent scientific studies presented at the Heart Association annual meeting demonstrating that we can cause the regression of human atherosclerotic lesions. These are the more significant findings that should be presented to a health-oriented public who would benefit from the most recent advances in the prevention of coronary artery disease. DAVID T. NASH, M.D. Clinical Professor of Medicine SUNY Health Science Center Syracuse, Nov. 21, 1989