



The UK Food Standards Agency asked their expert scientific Committee on Toxicity to review EFSA's draft opinion of the safety of caffeine in February 2015.

Otherwise known as the COT, they have reviewed various aspects of caffeine toxicity previously and were very much interested in the views of EFSA.

In the UK, we currently advise pregnant and lactating women to consume less than 200mg caffeine per day because of potential effects on the foetus and the possibility of additional sensitivity in babies under six months of age. We do not have specific advice for other sectors of the population but do advise that children and other people who are sensitive to caffeine should consume high caffeine soft drinks and other food products with significant amounts of caffeine, only in moderation.

The COT considered that the opinion was well written and were broadly complementary. Members did question why EFSA had not considered sensitive groups in detail given that some sensitive groups, such as those with hypertension, form a relatively large proportion of the population. They also had some concerns over the lack of reference to acute intakes in the conclusions.

Members considered that the effects of caffeine on behaviour could be usefully expanded and that anxiety was inconsistently reported in the document.

The design of a number of key studies used by EFSA were questioned by the Committee who also concluded that the effect of genetic factors should be brought out more strongly in the opinion.

The COT was generally supportive of EFSA's overall conclusions concerning adults and pregnant women and considered that they were adequately supported by the data. With regards to lactating women, Members noted that the EFSA's conclusions were based on an assessment of the potential exposure through breastmilk but were concerned that EFSA did not appear to consider infants might be more susceptible than adults because of differences in their metabolism.

The COT supported EFSA's approach of extrapolating from adults to children and adolescents on a body-weight basis, given the lack of data in these groups.

Finally the COT indicated that inclusion of more detailed tables and some plots may improve the clarity of the opinion.

The UK looks forward to discussions with other Member States and the Commission on whether any further action should be taken at EU level. At a local level, the FSA will consider whether its current advice on high caffeine products needs to be revised.