

HYPERACTIVITY AND INATTENTION- A SUCCESSFUL RESPONSE TO TABLE COFFEE

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INTRODUCTION

Psycho stimulant drugs have been the main stay of treatment for children with Attention Deficit and Hyperactivity Disorder (ADHD).¹ The use of stimulant drugs results in an immediate and often dramatic improvement in behaviour. Psycho stimulants such as methylphenidate, dextroamphetamine with amphetamine and dextroamphetamine are the best known drug treatment for ADHD.¹ However, these drugs are not available in our environment.

Caffeine is a psychoactive substance available in table coffee. When consumed in a low to moderate doses, it leads to increased alertness, energy and ability to concentrate.^{2,3} This communication is to report a child with hyperactivity Disorder whose hyperactivity was successfully controlled by use of table coffee.

A 5-year old boy was brought to the neurology clinic because of his hyperactivity and inattention. He was delivered at home following a term supervised pregnancy. Pregnancy, delivery and immediate neonatal period were uneventful. At 2 ½ years of age, he developed a febrile illness that was associated with convulsion and neck stiffness, for which he was admitted in a general hospital and discharged after 1 month. He remained stable until 6 months after Hospital discharge when he started exhibiting features of hyperactivity, going to bed very late and wakes up very early. He is easily distractible, loose interest and attention easily. He is however not aggressive, plays with his peers without fighting or beating them. Patient was then taken to a Psychiatric hospital where the parents were advised to bring the child to our Paediatric Neurology clinic in view of the past history suggestive of meningitis. He is the 7th child of a monogamous non-consanguineous marriage. There was no history of similar illness in the family. Examination revealed a hyperactive child who is easily distracted but obeys command. There is no obvious facial dysmorphism.

Systemic examinations were essentially normal.

Patient was prescribed methylphenidate 0.3mg/kg/day which could not be found. Parent made serious effort to procure the drug but to no avail. Out of frustration, parent defaulted from the clinic but returned when the child developed a generalised tonic-clonic convulsion with a frequency of 2-3 times /week. Patient was commenced on sodium valproate with prompt cessation of seizure activities but remained hyperactive and inattentive. Patient was then started on table coffee 1 level tea spoon per tea cup daily and gradually increased to 2 level tea spoon of coffee per tea cup twice a day. He responded dramatically with cessation of hyperactivity with sustained attention. He can now complete any given task. He has remained stable on 2 level tea spoon of coffee per tea cup twice a day for the past 2 years now.

DISCUSSION.

Caffeine is a widely used psychoactive substance which is available in coffee, tea, cola drinks and chocolate. Notable behavioural effects after consumption of low to moderate caffeine (30-300mg) include increased alertness, energy and ability to concentrate, while higher doses induces negative effects such as anxiety, insomnia and tachycardia^{2,4}

The content of caffeine per cup of coffee varies and is dependent on the size of the serving, the mode of coffee preparation (e.g. Boiled, filtered, percolated, instant etc). It also depends on the type of coffee used (e.g., Arabica or Robusta).^{3,4} The coffee used in this patient is Robusta which is the common table coffee available in shops in our environment under the trade name of "Nescafe"

Coffee was given to this patient because of its psycho stimulant effect following parent's inability to obtain the prescribed methylphenidate. Although the precise caffeine content (mg/l) given to this child cannot be stated, 2 levelled tea spoon per tea cup twice daily is low to moderate consumption of caffeine.

Moderate consumption of caffeine rarely leads to health risk^{2,3} Also even the negative effects of caffeine associated with high consumption of caffeine are seen in a small group of individuals who are sensitive to caffeine.^{2,3} Our patient did not report any side effect of caffeine such as anxiety, restlessness and insomnia. The clinical usefulness of caffeine available as table coffee in children with hyperactivity and inattention need to be fully evaluated. It is hoped that this observation can translate to clinical usefulness for children with hyperactivity disorder, particularly, in an environment like ours where availability of certain drugs can be a serious problem.

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ERRATUM

In our last issue we published an article-

Omoti CE: A smouldering/ indolent myeloma with extensive Abdominal presentation - case report *Niger J. Clin. Pract*:2006 June Vol 9(1) 91-93

The Proper title should read CE.Omoti, M E Enosolease: A smouldering/ indolent myeloma with extensive Abdominal presentation - case report *Niger J. Clin. Pract*:2006 June Vol 9 (1):19-93