Response to "Effects of Caffeine on Behavior of Schizophrenic Inpatients"

by Alexander P. Hyde

Abstract

This article addresses itself to the apparent conflict between those reports indicating that caffeine affects schizophrenic behavior and the present study which failed to show substantial behavior or medication changes with caffeine. It is suggested that there are important subgroups of schizophrenic patients who are unusually sensitive to caffeine's apparent psychotogenic actions as reported in case reports and data on violence and destruction. It is also suggested that there are subgroups of schizophrenia which seem to require increased medication doses to "cover" caffeine effects.

The recent study by Koczapski et al. (1989) was important and relevant because of its findings that (1) many schizophrenic patients do not seem to respond dramatically to changes in caffeine intake and (2) high-intake caffeine users' levels are lower, presumably due to tolerance, than might be expected.

However, there seem to be subgroups whose behaviors do seem to be sensitive to caffeine. For instance, several articles report a major worsening of behavior of psychotic patients after caffeine intake (Greden et al. 1978; DeFreitas and Schwartz 1979) or the precipitation of severe psychotic symptoms with large caffeine doses (Zazlov et al. 1988).

In addition, at Napa State Hospital in California, Zazlov et al. (1987) have reported a 25 percent decrease in physical assaults against staff and other patients and a 50 percent decrease in destructiveness following the decaffeination of coffee and other soft drinks available to patients by purchase.

Here at the South Carolina State Hospital, we regularly encounter what we believe are clear-cut indications of high doses of caffeine that induce major behavioral change. Typically, a patient receives an 8-ounce jar of powdered caffeinated coffee which is consumed (by the patient alone or with others) within a few hours. The resulting behaviors range from physical violence and fighting to hyperactive, noisy, intrusive nighttime behaviors that upset the whole ward and often require seclusion. Symptoms usually subside within 24 hours, but if these patients were in the community, these caffeine-induced behaviors would certainly be severe enough sometimes to precipitate an admission.

We also hear stories from families about personality change and agitated psychotic behaviors to any caffeine in their schizophrenic family member. A book publisher said, for instance, that he became interested in a book written by a psychiatrist mainly because it reported caffeine hypersensitivity with personality and behavioral change in schizophrenic patients. He had reported these changes in his family member to several psychiatrists, all of whom scoffed at him.

One study suggests that heavy caffeine users require much more antipsychotic medication to "cover" their psychoses that nonusers (Shisslak et al. 1985), which is entirely consistent with my clinical experience. Clinically, these higher

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and whose clinical condition dramatically deteriorates under the influence of caffeine. Koczapski et al. (1989) are to be applauded for a careful, thoughtful study in a clinically important but confusing area.

References

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