Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg
Caring for Health | À l'écoute de notre santé

EXECUTIVE SUMMARY – CAFFEINE FREE

Name of Expert Review Group:

Medicine RD Network

Rationale:

Caffeine free diet recommendations were reviewed to determine current best practice guidelines. The goal of the Medicine RD Network was to review current literature regarding clinical guidelines and nutritional management specifically for:

1. Need for caffeine free diet

Guidelines:

1. Caffeine free diet is only required for a short duration (usually 24 hours) in most patients, therefore it is recommended that the diet criteria be maintained.

2. For patients not undergoing diagnostic testing and requesting a caffeine free diet the dietitian may choose a caffeine free diet or remove caffeine containing foods through preferences.

Evidence Review:

Patients scheduled for myocardial perfusion imaging (MIBI) have traditionally been required to avoid all methylxanthine (including caffeine) for 24 hours before their test to avoid the increased likelihood for false negative imaging results which could result in improper patient management and subsequent adverse clinical outcomes[1].

There is some research to suggest small consumption of caffeine (1 cup coffee >1 hours prior to the test) does not alter the results significantly and question whether the test requires cancelling/rescheduling if patients have not complied to the abstinence of caffeine for 24 hours[2.] Most experts in the field of MIBIs still recommend the discontinuation of any methylxanthine prior to dipyridamole, adenosine and regadenoson MIBI.

The WRHA current practice still requires the abstinence of caffeine 24 hours prior to a MIBI and therefore the caffeine free diet should remain part of the compendium[3].

Recommendations/Anticipated Impact:

No change from current practice required.

Practice Changes:

No change to current practice anticipated.

Diets Included in the Review:

Caffeine free	

References:

1) Smits P, Corstens FH, Aengevaeren WR, Wackers FJ. False-negative dipyridamole-thallium-201 myocardial imaging after caffeine infusion. Nuclear Medicine 1991;32(8),1538.

2) Hage FG, Iskandrian AE. The effect of caffeine on adenosine myocardial perfusion imaging: Time to reassess? American Society of Nuclear Cardiology 2012;19(3),415-419.

3) Avery L, Gierys K. WRHA Cardiac Sciences Program. MIBI Scan. www.umanitoba.ca/faculties/health_sciences/medicine/units/cardiac_sciences/mibiinfor.htm

Grading of Evidence:
Level C – The conclusion is supported by limited evidence or expert opinion. The evidence consists of results from studies of strong design for answering the question addressed, but there is substantial uncertainty attached to the conclusion because of inconsistencies among the results from different studies. The support for this conclusion is based on statements of informed, respected authorities based on their experiences, descriptive studies of reports of

expert panels.

Members:	**Site:**
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These recommendations have been reviewed by:

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