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Author(s): Svein Arne Pettersen, Peter Krstrup, Mads Bendiksen, Morten Bredsgaard Randers, Joao Brito, Jens Bangsbo, Yun Jin and Magni Mohr
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Caffeine supplementation does not affect match activities and fatigue resistance during match play in young football players

SVEIN ARNE PETTERSEN¹, PETER KRUSTRUP², MADS BENDIKSEN³, MORTEN BREDSGAARD RANDERS³, JOAO BRITO⁴, JENS BANGSBO³, YUN JIN⁵ & MAGNI MOHR²

¹Faculty of Health Sciences, The Regional Centre for Sport, Exercise and Health–North, University of Tromsø, Tromsø, Norway, ²Sport and Health Sciences, College of Life and Environmental Sciences, University of Exeter, Exeter, UK, ³Department of Nutrition, Exercise and Sports, Copenhagen Centre for Team Sport and Health, University of Copenhagen, Copenhagen, Denmark, ⁴National Sports Medicine Program, Aspetar, Qatar Orthopaedic and Sports Medicine Hospital, Doha, Qatar and ⁵Clarity, School of Computing, Dublin City University, Dublin, Ireland

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Abstract

The study examined the effect of caffeine supplementation on match activities and development of fatigue during a football match. In a randomised, double-blind cross-over design, two experimental football games separated by 7 days were organised between the junior teams of two professional football clubs (17.6 ± 1.1 years (±s), 71.7 ± 6.9 kg, 13.9% ± 5.0% body fat). The players ingested either a capsule of 6 mg · kg⁻¹ b.w. caffeine or placebo (dextrose) 50 min prior to the matches. Match activities were assessed using the ZXY match analysis system, and a Yo-Yo intermittent recovery test–level 2 (Yo-Yo IR2) was conducted immediately post-game. Heart rate was monitored throughout the game, and blood samples were obtained at baseline, half-time and after the game. There were no differences between caffeine and placebo regarding total distance covered (10,062 ± 916 vs 9854 ± 901 m), high-intensity running (557 ± 178 vs 642 ± 240 m), sprinting distance (109 ± 58 vs 112 ± 69 m) or acceleration counts (123 ± 30 vs 126 ± 24). In both trials, players displayed lower (*P* < 0.05) values in total distance and acceleration counts in the last 15 min compared to all other 15-min periods of the matches. Post-game Yo-Yo IR2 performance was not different between game trials (caffeine: 829 ± 322 m; placebo 819 ± 289 m). In conclusion, oral caffeine administration does not appear to have an ergogenic effect in young football players during match play.

Keywords: *intermittent exercise performance, ergogenic effect, Yo-Yo IR2 test, blood lactate, match analysis, soccer*

Introduction

Caffeine supplementation in relation to athletic performance has been studied extensively during the last two decades (see review Tarnopolsky, 2010). Several studies tested the hypothesis that caffeine may have an ergogenic effect during endurance trials and average improvements ranging between 3% and 5% have been reported (Ganio, Klau, Casa, Armstrong, & Maresh, 2009; Hodgson, Randell, Jeukendrup, & Earnest, 2013). Caffeine has in some studies shown to increase fat oxidation during prolonged exercise events (Jeukendrup & Randell, 2011), which may induce glycogen sparing during endurance exercise scenarios. Moreover, caffeine or breakdown products such as paraxanthine and theophylline may also reduce the degree of central fatigue during prolonged exercise (Nybo, 2010).

In addition, caffeine may also increase high-intensity exercise performance due to potential improved muscle interstitial K⁺ regulation (Mohr, Nielsen, & Bangsbo, 2011) and sarcoplasmic Ca²⁺ handling (Fitts, 1994), or central activation (Gandevia, 2001). The above-mentioned mechanisms are all likely to play a role in performance enhancement during football match play (Krustrup et al., 2011; Mohr & Krustrup, 2013; Mohr, Krustrup, & Bangsbo, 2005).

Football match play has been demonstrated to be a physically demanding sport event where prolonged intermittent exercise is conjoined with short periods with high-intensity exercise (Bangsbo, 1994; Mohr, Krustrup, Andersson, Kirkendal, & Bangsbo, 2008). Thus, the physical demands encompass both an endurance component and high-intensity exercise abilities, which involved

different types of fatiguing mechanisms (Bangsbo, Iaia, & Krstrup, 2007; Mohr et al., 2005). Indeed, fatigue has been demonstrated to occur towards the end of a football game in adult players, as well as during the most intense game periods (Krstrup, Zebis, Jensen, & Mohr, 2010; Krstrup et al., 2006; Mohr & Krstrup, 2013; Mohr, Krstrup, & Bangsbo, 2003; Mohr et al., 2010). Similar fatigue patterns have been shown in youth players (Mendez-Villanueva, Buchheit, Simpson, & Bourdon, 2013). The fatigue development in the final stages of a game has been linked to muscle glycogen depletion in individual or subcellular compartments (Krstrup et al., 2006, 2011). Therefore, caffeine supplementation may delay muscle glycogen degradation and the degree of fatigue at the end of a game through elevated fat oxidation (Jeukendrup & Randell, 2011). Moreover, fatigue during the most intense game periods in a football game has suggested to be associated with a high anaerobic energy turnover and/or extracellular K^+ accumulation (Bangsbo et al., 2007; Iaia, Perez-Gomez, Nordborg, & Bangsbo, 2010; Mohr et al., 2005). Since caffeine may increase the glycolytic flux (Graham, 2001) and improve interstitial K^+ regulation (Mohr et al., 2011), fatigue resistance in the most intense periods of the game might be stimulated by caffeine intake.

Thus, the aim of the present study was to evaluate the effects of caffeine supplementation on high-intensity runs, sprinting performance, accelerations and the development of fatigue during and after a football match in high-level young players.

Methods

Participants

Twenty-two players from the reserve teams of two professional Norwegian football clubs (age, 17.6 ± 1.1 years; body mass, 71.7 ± 6.9 kg; body fat percentage, $13.9\% \pm 5.0\%$) participated in the study. The players are competing on regional and national level. Nineteen outfield players took part in two full 90-min experimental matches organised by the researchers. The players represented all playing positions. Goalkeepers were also excluded when analysing performance variables, since their activity pattern is different compared to outfield players. All participants were informed of all potential risks and discomforts associated with the experiment before giving their written consent to participate. The study conformed to the code of Ethics of World Medical Association (Declaration of Helsinki) and was institutionally approved.

Experimental design

In a randomised, double-blind cross-over design, two experimental football matches separated by 7 days were completed towards the end of the competitive season. The players arrived at the stadium 2 h prior to the games. The players were instructed to avoid any demanding exercise the day before the games, as well as intake caffeine containing items on the experimental games. The players were asked to follow the normal pre-game nutritional protocol on the day prior to the games. Also the players were asked to note the food intake prior to game 1 and encouraged to replicate this before game 2. Both games were played outdoors at the same stadium with artificial grass, starting at the same hour in the afternoon. The ambient temperatures at the start of the games were 10.4°C and 11.1°C , and the humidity was 64% and 83% in game 1 and 2, respectively. The pre-game and half-time procedures, as well as the coaching during the game, were similar to competitive game scenarios. The same match officials were refereeing the two games. Within 5 min after the two games, the Yo-Yo intermittent recovery test-level 2 (Yo-Yo IR2) was completed. Fifty minutes prior to the warm-up sessions, either caffeine (Merck, Darmstadt, Germany) or placebo (dextrose) was taken orally in a gelatine capsule ($6 \text{ mg} \cdot \text{kg}^{-1}$ b.w. corresponding to $436 \pm 22 \text{ mg}$ in total). None of the participants were regular coffee-drinkers.

Players were weighed wearing shorts, t-shirt and socks (Seca 750, Hamburg, Germany) both before and after the matches. Each player had a personal 1-L bottle with decilitre markers containing water. Replacement of water was noted to control for the total intake after pre-match weighing. In the 15 min half-time break, players were only allowed to drink water. The individual fluid intake was not controlled during the games, but only assessed.

Post-match body mass was calculated after correction for ingested fluids and urine passed. Body fat percentage was calculated using the four skinfold method (Durnin & Womersley, 1974).

Physiological measurements and testing

Blood glucose (Accu-Check Aviva, Roche, Germany) and lactate concentration (Lactate Pro, Arkray, KDK, Japan) hand-held portable analysers were used to determine blood glucose and lactate concentration levels, respectively, from $5 \mu\text{L}$ samples taken from the index fingertip in a rested state prior to the warm-up, before the start of the game, at the half-time and after the game. Additionally, lactate concentration was drawn

after the Yo-Yo IR2 performed in extension of the games. The Yo-Yo IR2 consists of repeated 2 × 20 m runs back and forth between the start and finish line at a progressively increased speed controlled by audio bleeps from a CD recorder (see Krstrup et al., 2006). Between the running bouts, the participants had a 10-s active recovery period where they jogged around a cone placed 5 m behind the finish line. When the participants twice failed to reach the finish line in time, the distance covered was recorded, which was used as the test result (Krstrup et al., 2006). Heart rate was noted in 5-s intervals (Team System 2, Polar Electro, Kempele, Finland) during the whole experimental setting. Heart rate peak (HR_{peak}) was defined from the highest heart rate value obtained in the Yo-Yo IR2 test.

Match analysis procedures

The activity profiles of the players were monitored by ZXY Sport Tracking System (Trondheim, Norway; Bendiksen et al., 2013). Each player wore a belt with an electronic sensor system at the player's lumbar. The system uses a fixed default resolution of 20 Hz for each belt. High-intensity running is defined as speed >19.8 km · h⁻¹ and sprinting >25.2 km · h⁻¹. Acceleration counts are defined as a positive or negative change in speed more than 2 m · s⁻².

Statistical analyses

Data were analysed using SPSS 21.0 for Windows (SPSS Inc., Chicago, IL, USA). Values are presented as means ± s. Two-way ANOVA for repeated measurements was adopted to analyse the time effect (different measurement points), treatment effect (caffeine and placebo) and their interactions if there was any, regarding performance parameters, heart rate, blood lactate and blood glucose. Mauchly's test of sphericity was deployed; if any effect was found to have violated the

assumption, a correction was made according to the Epsilon to adjust the degree of freedom, so as to result in a different *P* value. Additionally, any effect with *P* value less than 0.05 was examined through pairwise comparisons. Bonferroni adjustments were utilised for multiple comparisons. Differences in post-match Yo-Yo IR2 performance and post-match body weight were evaluated by a Student's paired t-test. Correlations between selected variables were evaluated using Pearson's product moment test. A significance level of 0.05 was chosen. Cohen's *d* was calculated and interpretation of the magnitude of the effect sizes were done according to Hopkins, Marshall, Batterham, and Hanin (2009).

Results

Match activities

No differences were observed between caffeine and placebo in total running, high-intensity and sprinting distance covered, or the number of accelerations during matches (Table I). Total distance and acceleration counts were lower (*P* < 0.05) in the last 15 min within both trials (Figure 1).

No differences were observed between trials when comparing the most intense 5-min periods of high-intensity running, sprinting distance and acceleration counts with the following 5 min, average 5 min and the final 5 min of the match. On the other hand, in all performance parameters within each match, the most intense 5-min periods were different from all the other measuring points (*P* < 0.05; Figure 2). Sprinting distance, high-intensity running and acceleration counts were lower (*P* < 0.05) than average values in the 5-min periods following the peak 5-min period (Figure 2). Acceleration counts in the final 5 min of the game were different (*P* < 0.05) from the average 5-min periods throughout the game (Figure 2).

Table I. Overall match performance, heart rate data and Yo-Yo IR2 performance after the match for the caffeine and placebo groups (*n* = 19).

Group	Total distance (m)	HIR (m)	Sprinting (m)	Acc counts	% of HR _{peak}	Yo-Yo (m)
Caffeine	10,062 (916)	557 (178)	109 (58)	123 (31)	85.6 (4)	829 (328)
Placebo	9854 (901)	642 (240)	112 (69)	126 (24)	86.1 (3)	819 (289)
<i>P</i> -value	0.134	0.140	0.836	0.669	0.670	0.906
<i>d</i>	0.23 (small)	0.40 (small)	0.05 (trivial)	0.11 (trivial)	0.15 (trivial)	0.03 (trivial)

Note: Values are presented as means ± s. Match performance variables include total distance, high-intensity running (HIR), sprinting and the number of accelerations (Acc counts).

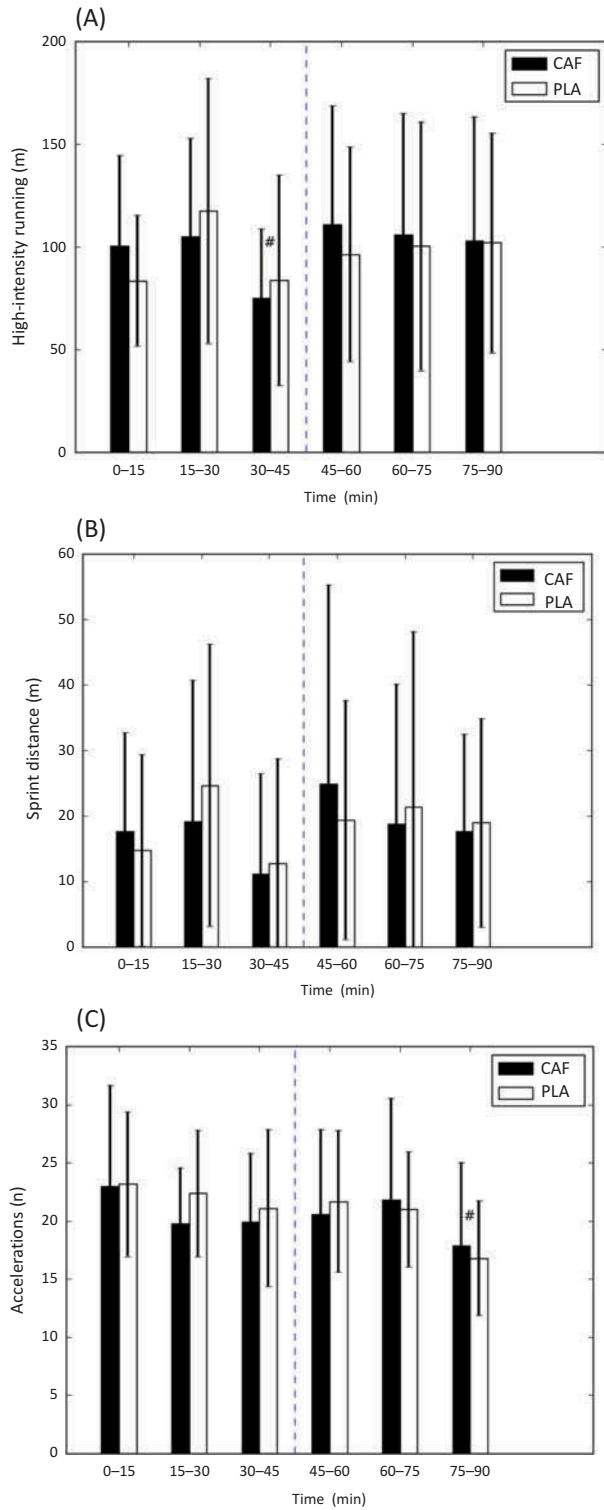


Figure 1. Performance data in two football matches for caffeine and placebo trials ($n = 19$) in 15-min intervals. Variables include (A) high-intensity running (HIR) (no treatments difference; # HIR in the last 15 min in first half is lower than that in 15–30 min ($P = 0.011$) and last 15-min period ($P = 0.021$)); (B) sprinting (no differences between treatments across time or between time periods); and (C) acceleration counts (Acc counts) (# Acc in the last quarter is less than those in other periods except for the 30–45 min period; period 75–90 vs period 0–15 ($P = 0.001$); period 75–90 vs period 15–30 ($P = 0.002$); period 75–90 vs period 45–60 ($P = 0.006$); period 75–90 vs period 60–75 ($P = 0.035$)). Data are presented as means \pm s.

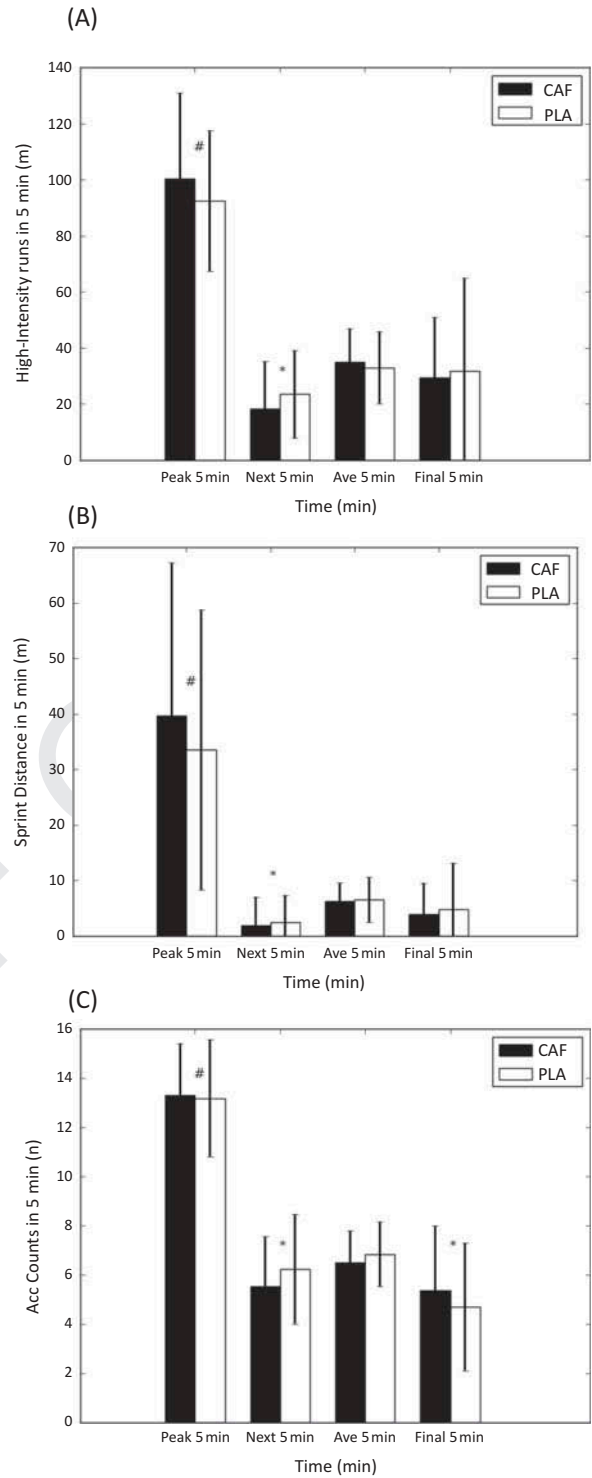


Figure 2. # Different from the other 3 periods * Different from average 5 min (A) high-intensity running (HIR) (peak 5 min > next 5 min ($P = 0.000$); peak 5 min > ave 5 min ($P = 0.000$); peak 5 min > final 5 min ($P = 0.000$); next 5 min < ave 5 min ($P = 0.001$)); (B) sprinting (peak 5 min > next 5 min ($P = 0.000$); peak 5 min > ave 5 min ($P = 0.000$); peak 5 min > final 5 min ($P = 0.000$); next 5 min < ave 5 min ($P = 0.032$)); and (C) acceleration counts in 5-min periods (peak 5 min > next 5 min ($P = 0.000$); peak 5 min > ave 5 min ($P = 0.000$); peak 5 min > final 5 min ($P = 0.000$); next 5 min < ave 5 min ($P = 0.003$); final 5 min < ave 5 min ($P = 0.000$)). Variables are peak 5 min during the game, the 5 min following the peak 5-min period, average 5 min during the game and the final 5 min of the game, with or without caffeine supplementation. Data are presented as means \pm s.

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No differences were detected in peak speed between caffeine and placebo trials (28.4 ± 1.7 vs $28.4 \pm 1.9 \text{ km} \cdot \text{h}^{-1}$, $d = 0$ trivial, in the first half; and 27.9 ± 1.5 vs $28.3 \pm 1.5 \text{ km} \cdot \text{h}^{-1}$, $d = 0.27$ small, in the second half, respectively).

Post-game performance

Post-match Yo-Yo IR2 performance was almost identical in the caffeine and the placebo trial (caffeine: $829 \pm 322 \text{ m}$, placebo: $819 \pm 289 \text{ m}$, $P > 0.05$; Table I).

Blood glucose and lactate

The glucose level was higher ($P < 0.05$) in the caffeine trial than in the placebo group after first half (7.5 ± 2.1 vs $6.3 \pm 1.6 \text{ mmol} \cdot \text{L}^{-1}$, $d = 0.64$ moderate). After the second half, blood glucose levels tended ($P = 0.07$) to be higher in the caffeine trial (6.1 ± 0.7 vs $5.4 \pm 0.4 \text{ mmol} \cdot \text{L}^{-1}$, $d = 1.23$ large). Blood lactate increased in both groups ($P < 0.05$) from $1.6 \pm 0.5 \text{ mmol} \cdot \text{L}^{-1}$ in the caffeine trial and placebo trials at rest, to 7.9 ± 4.8 and $6.1 \pm 3.8 \text{ mmol} \cdot \text{L}^{-1}$ at half-time, and 5.5 ± 2.6 and $5.7 \pm 2.9 \text{ mmol} \cdot \text{L}^{-1}$ at the end of the game. Higher ($P < 0.05$) blood lactate concentrations were detected in the caffeine trial at half-time. No between-trial difference was observed in blood lactate concentrations after the post-match Yo-Yo IR2 (Table II).

Heart rate and weight loss

Mean heart rate during match play was similar in the two trials ($P > 0.05$) being $166 \pm 11 \text{ bpm}$ in the caffeine trial versus $168 \pm 8 \text{ bpm}$ in the placebo trial, corresponding to $85.6\% \pm 3.7\%$ and $86.1\% \pm 2.8\%$ HR_{peak} . HR_{peak} was $192 \pm 8 \text{ bpm}$ in the caffeine group and $192 \pm 5 \text{ bpm}$ in the placebo group (Table I). Weight loss was $1.2 \pm 0.6 \text{ kg}$ independent of treatment, but the caffeine group consumed $0.5 \pm 0.4 \text{ L}$ more fluid compared to the placebo group ($P < 0.05$).

Discussion

The present study is the first to test the hypothesis that caffeine supplementation has an ergogenic effect during football match play in high-level young football players. The principal findings of the study were that caffeine intake did not change game activity profile or the degree of post-game fatigue. Both in the placebo trial and the caffeine trial, the players displayed similar fatigue patterns during and in the final stages of the game. Caffeine administration resulted in higher blood lactate and glucose levels after the first half and elevated the intake of water during the game, while no differences were observed in heart rate loading between experimental trials.

The physical loading, as observed in HR and lactate levels, and the degree of fatigue during the two games are comparable to studies of competitive high-standard games (Bangsbo, 1994; Bradley et al., 2009; Mohr et al., 2003), as well as experimental games (Krustrup et al., 2006; Mohr, Nybo, Grantham, Racinais, & Moran, 2012; Mohr et al., 2010). The average heart rate was $\sim 85\%$ of HR_{peak} , and blood lactate concentrations ranging $6\text{--}8 \text{ mmol} \cdot \text{L}^{-1}$ are of the same magnitude as observed previously (Bangsbo, Norregaard, & Thorso, 1991; Krustrup et al., 2006, 2010; Mohr & Krustrup, 2013; Mohr et al., 2010). Additionally, a marked decline was observed in high-intensity running during the last 15 min of the game as well as after the most intense 5-min intervals, which are similar to the findings for elite players (Bradley et al., 2009; Mohr et al., 2003) and reveal temporary fatigue during the game and fatigue at the end of a game. Thus, the physiological loading and fatigue development of the intervention matches appear to be as high as in competitive elite games.

In present study, the blood lactate and glucose concentrations were higher after the first half in the caffeine trial compared to placebo, as observed in other caffeine studies (Mohr et al., 2011). The higher blood glucose levels may indicate a larger catecholamine response, which may have multiple performance-enhancing effects relating to both central and peripheral mechanisms (Jones, 2008; Klass et al., 2012). For example, $\text{Na}^+\text{-K}^+$ ATPase activity

Table II. Blood glucose and lactate values (means \pm s) with prior ingestion of placebo or caffeine in two football matches at rest, after warm-up, post first half and post second half as well as after the Yo-Yo IR2 test.

		Rest	Pre-game	Post first half	Post second half	Post Yo-Yo IR2
Glucose (mM)	Caffeine	5.6 (0.7)	5.6 (1.0)	7.5 (2.1)	6.1 (0.7)	
	Placebo	5.7 (0.7)	5.4 (0.5)	6.3 # (1.6)	5.4 (0.4)	
Lactate (mM)	Caffeine	1.6 (0.6)	4.6 (3.1)	7.9 (4.8)	5.5 (2.6)	9.5 (3.5)
	Placebo	1.6 (0.5)	3.9 (1.8)	6.1 # (3.6)	5.7 (2.9)	9.2 (3.7)

Note: # Denotes significant difference ($P < 0.05$) between placebo and caffeine ($n = 21$).

330 is stimulated indirectly by caffeine intake via an augmented catecholamine response (Clausen, 2003).
 335 Mohr et al. (2011) also demonstrated higher blood glucose levels after caffeine intake with concomitant
 340 improvement in muscle interstitial K^+ accumulation, which is acknowledged as a potential fatiguing
 345 mechanism during intense exercise (McKenna et al., 2008). The higher blood lactate concentrations after the first half of the game may therefore
 350 be interpreted as a reflection of higher contribution from anaerobic glycolysis to the energy turnover as a
 355 +consequence of improved fatigue resistance. In addition, the physiological effect of caffeine may be
 360 more pronounced during the first than the second half, since neither blood responses after the second
 365 half nor post the Yo-Yo IR2 were different between the two intervention trials. However, no differences
 370 were observed during the first half in any of the match performance variables, indicating no performance-enhancing effects of caffeine despite elevated
 375 blood glucose and lactate concentrations.

380 No differences were observed between the caffeine and the placebo trials in physical match performance indicators such as total distance covered, high-intensity running, sprinting and number of accelerations during the game. This is in contrast to the observations during simulated team sport trials (Stuart, Hopkins, Cook, & Cairns, 2005) and football-specific intermittent exercise protocols (Mohr et al., 2011), where a 16% caffeine-induced increase was shown. The lack of difference between the two trials is not likely to have been caused by inter-game variability, which can be large (Gregson et al., 2010). In order to reduce game-to-game variability of the present study, all game-related procedures and set-up were standardised except for the supplement intervention, meaning that the pre-game preparation, opponents, tactical approaches and playing formations as well as time of the match were the same for the two match days. Moreover, the use of a similar experimental game design has been shown to be sensitive enough to detect an effect of other types of interventions such as altered environmental settings (Mohr & Krstrup, 2013; Mohr et al., 2010; Özgünen et al., 2010). Finally, the activity measurements such as total distance covered, high-intensity running and sprinting performed, as well as heart rate response during the experimental games in the present study are comparable to other reports in high-level young football populations (Buchheit & Mendez-Villanueva, 2013; Castagna, Manzi, Impellizzeri, Weston, & Barbero Alvarez, 2010). Therefore, it is unlikely that the lack of caffeine-induced effect is due to a statistical type 2 error, although such a consequence cannot be conclusively ruled out.

The activity pattern in football is affected by numerous variables, such as physical fitness (Krustrup, Mohr, Ellingsgaard, & Bangsbo, 2005), competitive level (Mohr et al., 2003), surface (Andersson, Ekblom, & Krstrup, 2008), environmental temperatures (Mohr & Krstrup, 2013) as well as ball possession and technical standard (Bradley et al., 2013). Teams with a high technical ability and a possession-based playing type might not have to work as hard during games (Bradley et al., 2013; Rampinini, Impellizzeri, Castagna, Coutts, & Wisløff, 2009). In the present study, technical performances were not assessed, and therefore, players may have had an improved technical match performance in the caffeine trial. This has been demonstrated during more standardised settings such a simulated team-sport game trial (Stuart et al., 2005) and football-specific testing protocols (Mohr et al., 2011).

The players participating in the present study were ~17 years old, which may have played a role for the effect of caffeine. It is well known that the anaerobic capacity of young individuals is lower than of adults (Ratel, Duché, & Williams, 2006). Thus, the youngsters may not respond to caffeine to the same degree as shown in studies with adult participants (Graham, 2001; Mohr et al., 2011; Stuart et al., 2005). In addition, there may be responders and non-responders to caffeine as observed with other drugs (Wiley et al., 2012) and performance-enhancing strategies (Racinais et al., 2012). Figure 3 illustrates the percentage change in high-intensity running and Yo-Yo IR2 performance from the placebo to the caffeine game trial. In this study, high-intensity running and Yo-Yo IR2 performance were not correlated, which may

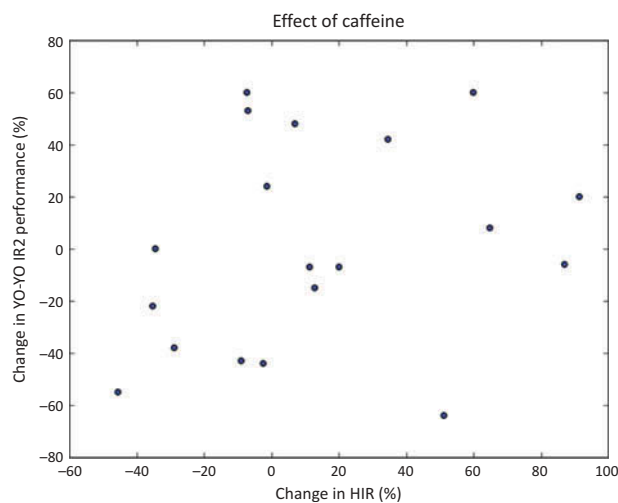


Figure 3. The percentage change in HIR as function of percentage change in Yo-Yo IR2. Individual values are presented.

partly be associated with different caffeine sensitivity.

The emphasis of supplements such as caffeine in elite sports has increased during the last decade, and effects on intense intermittent exercise capacity have been shown (Mohr et al., 2011; Stuart et al., 2005; Wylie et al., 2012). However, the performance effects from drug supplementation are markedly smaller compared to the adaptations demonstrated from exercise training (Mohr et al., 2007; Iaia et al., 2008, 2009), which calls for a critical approach when considering the use of supplements. In conclusion, the present study showed that caffeine intake does not alter the activity pattern and fatigue profile during match play for young male football players despite the physiological effects of caffeine supplementation.

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Conflict of interest

There is no conflict of interest for any of the article authors.

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