

Besides lack of benefit, of the many possible risks associated with life-long caffeine use, the effect of greatest concern is the likely involvement of the drug in the development of cardiovascular disease. It has long been known that caffeine increases blood pressure. In the past, concern was dampened by the long held belief that these acute effects do not persist (i.e., people develop tolerance) when caffeine is consumed habitually. However, as with performance and mood, improved understanding has come about by extending the traditional drug-challenge paradigm to take account of the everyday use of caffeine. Ours and others' studies show that caffeine-induced increases in blood pressure are not removed by habitual use of the drug. For the average consumer, including men and women across the age span, effects are evident for most of the waking hours of the day.

While caffeine-induced blood pressure effects are persistent, they are modest. The average population effect may be estimated conservatively to be about 2-4 mm Hg, and the question arises as to whether effects of this magnitude have any appreciable impact on population cardiovascular mortality and morbidity. The clearest insight into this question is provided by population statistics of the relationship between blood pressure level and rates of cardiovascular disease. Epidemiologists estimate that a 2 mm Hg reduction in population systolic blood pressure would result in lower mortality of about 7% for coronary heart disease and 10% for stroke. Based on the reasonable assumption that dietary caffeine is responsible for increasing population blood pressure by about 2-4 mm Hg, population-wide cessation of caffeine use could lead to decreases in premature death of up to 14% for coronary heart disease and 20% for stroke. This exceeds the cumulative life-saving benefit of antihypertensive treatments.

So, the hot topic here is that caffeine beverages are not so hot after all.

Impressions from Recent Conferences

Health and Demography in the States of the Former Soviet Union

Five substantive areas were covered:

- * The State of Health*
- * The Reliability of Health Statistics*
- *The Nature of the Health Care System*
- *Social, Political, and Economic Causes and Consequences of Population Decline*
- *Efforts of the International Community to Address Public Health.*

The status of health and its short and long-range demographic implications for the States of the Former Soviet Union were the subject of a Conference held at Harvard University, Cambridge, US, at the end of April 2005. The Conference concentrated on the concerning health trends in Russia and the countries of Eurasia, and in some cases made reference to similar issues in the countries of Central and East Europe. It was made possible by a wide collaborative effort, which included representatives from the Weatherhead Center for International Affairs, from the Davis Center for Russian and Eurasian Studies and the Center for Population and Development at Harvard University. The Conference was held under the auspices of the recently formed *Association for the Study of Health and Demography in the Former Soviet Union*, an affiliate group within the American Association for the Advancement of Slavic Studies, and interested parties are urged to join the Association. The meeting was hosted by Yoshiko Herrera from the Weatherhead Center for International Affairs and by Mark Field from the Davis Center for Russian and Eurasian Studies.

The Conference brought together an international group of some forty scholars

from Russia, Germany, England, Italy and the United States who have been investigating the disturbing health consequences of the sociopolitical and economic changes of past 15 years in this area of the world. On practically every aspect examined at the Conference, whether quantitative or qualitative, there is strong evidence of a deep health crisis in the Former Soviet Union, including a steadily and rapidly declining population, a high mortality rate particularly among males, an increasing morbidity whether it be tuberculosis, HIV/AIDS, cardiovascular diseases and other conditions, and a declining health care system. For example, as several of the authors stressed, the life expectancy at birth in the countries of the FSU is 12 years lower than it is for countries in Western Europe, and continues to decline. The meeting included 23 short presentations, the full papers having been provided ahead of time on the conference web-site, and thus allowed ample time for detailed discussion of the emerging issues.

The first session on the *State of health in the Former Soviet Union*, introduced the specifics of the situation. For example, William Cockerham, expanded upon his previous work on the role of lifestyles in explaining the rising mortality and morbidity in the FSU by underscoring the implications of social stratification and the possible changes that can be expected in a civil society. Nicholas Eberstadt underscored the steep demographic decline in the FSU and its implications for every aspect of life in the area. Murray Feshbach and John Kramer discussed different aspects of the HIV/AIDS situation in these countries; Martin McKee described the characteristics of the Soviet health care system, including its achievements and shortcomings, as well as the different directions of healthcare reform that have been undertaken by the new states. *The nature, quality and reliability of health statistics in the FSU* was discussed by Elizabeth Brainerd, Bridget Butkevich and Michael Makowsky, France Mesle, Jacques Vallin, and Irina Badurashvili and Vladimir Shkolnikov.

The second day of the Conference included panels on *The nature of the health care system in the FSU* with presentations by Cynthia Buckley, Eduardo Gómez, Margaret H. Mills, Michele Rivkin-Fish and Judith Twigg; *The social, political and economic causes and consequences of population decline in the FSU*, with papers by Harley Balzer, Richard Rose and Martin Bobak, Timothy Heleniak, William Pridemore and David Powell; *Efforts of the international community to address public health in the FSU*, presented by Edward Burger, Jr., Andrey Demin, Theodore P. Gerber and Sarah E. Mendelson, Marcy McCullaugh.

Several conclusions emerged from the conference, which can be summarized in that the deepening negative health situation in the area should be a call for urgent expansion of research, health promotion and policy reform to reverse the trends. While overwhelming, the general feeling was that the problems are addressable and reversible, granted, through and extensive cooperative effort from researchers, governmental, non-governmental and international organizations. Plans are being discussed both for the publication or dissemination of the materials of the Conference as well as the organization of a follow-up conference on the question of policy, both in terms of domestic reforms and international assistance. Further information is available from the conference web-site: <http://www.wcfia.harvard.edu/conferences/demography/program.asp>)

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