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A meta-analysis on the effects of caffeine ingestion on swimming performance

This is the Accepted version of the following publication

Grgic, Jozo (2022) A meta-analysis on the effects of caffeine ingestion on swimming performance. Nutrition and Food Science. ISSN 0034-6659

The publisher's official version can be found at
<https://www.emerald.com/insight/content/doi/10.1108/NFS-01-2022-0019/full/html#:~:text=The%20present%20meta%2Danalysis%20found%20that%20caffeine%20ingestion%20has%20a,to%20complete%20a%20given%20event.>
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1 A meta-analysis on the effects of caffeine ingestion on swimming performance

2 **Abstract**

3 **Purpose** – Caffeine is a popular ergogenic aid, but its effects on swimming performance are
4 not yet fully clear. Therefore, the aim of this review was to examine the effects of caffeine on
5 swimming performance.

6 **Design/methodology/approach** – Crossover placebo-controlled studies that explored the
7 effects of caffeine on swimming performance were included. Six databases were searched to
8 find relevant studies with additional forward and backward citation tracking. The data were
9 pooled in a random-effects meta-analysis.

10 **Findings** – Eight studies were included in the review. The main meta-analysis showed a
11 significant ergogenic effect of caffeine ingestion on swimming performance (Cohen's d : –
12 0.20; 95% confidence interval: –0.32, –0.08; $p = 0.0008$; –1.7%). In the analysis for short-
13 distance swimming events, caffeine ingestion had a significant ergogenic effect on swimming
14 performance (Cohen's d : –0.14; 95% confidence interval: –0.27, –0.01; $p = 0.03$; –1.4%). An
15 ergogenic effect of caffeine was also found in the analysis for moderate-to-long swimming
16 distance events (Cohen's d : –0.36; 95% confidence interval: –0.67, –0.05; $p = 0.02$; –2.2%).

17 **Originality/value** – The present meta-analysis found that caffeine ingestion decreases the
18 time needed to complete a given swimming event. While these ergogenic effects may be
19 classified as small, they are likely important in swimming, where narrow margins commonly
20 determine placings.

21 **Keywords:** supplements; exercise; performance; nutrition

22

23

24 **1. Introduction**

25 Caffeine is a highly popular ergogenic aid (Grgic *et al.*, 2020). The performance-enhancing
26 effects of caffeine are well-established for various components of exercise performance,
27 including muscular strength and muscular endurance, power, jumping performance, and
28 aerobic endurance (Grgic *et al.*, 2020). Most commonly, caffeine is provided in doses from 3
29 to 6 mg/kg, though even lower doses may be ergogenic (Grgic, 2021). In research, caffeine is
30 frequently provided in caffeine capsules or as caffeine anhydrous mixed in with liquid (e.g.,
31 part of an “energy drink”) (Guest *et al.*, 2020). However, even other forms of caffeine, such as
32 caffeinated chewing gums and gels, may also enhance performance (Venier *et al.*, 2019;
33 Wickham *et al.*, 2018). Caffeine has a similar molecular structure to adenosine (McLellan *et*
34 *al.*, 2016). After consumption, caffeine binds to adenosine receptors and alleviates feelings of
35 fatigue, which contributes to improvements in exercise performance (McLellan *et al.*, 2016).
36 Therefore, it is generally accepted that caffeine exerts its effects by blocking adenosine
37 receptors (McLellan *et al.*, 2016).

38 Competitive swimming is a single-bout event. It includes swimming at varying
39 distances (e.g., 100-m swimming, 200-m swimming) using different styles. In competitive
40 swimming, narrow margins commonly determine final placings (Trewin *et al.*, 2004). This
41 notion is illustrated by the results of the finales in the 200-m butterfly stroke at the 2016
42 Olympic Games, where the difference between first and second place was 0.04 s (1:53.36 vs.
43 1:53.40-min). Due to the small differences in placings observed in competitive swimming, the
44 use of ergogenic aids in this sport is likely to be of substantial practical importance. Indeed, it
45 is reported that swimmers commonly use a high number of dietary supplements (Shaw *et al.*,
46 2016). One highly popular supplement is caffeine, which is used by athletes from many
47 different sports (Aguilar-Navarro *et al.*, 2019). Several reviews concluded that swimmers are
48 likely to benefit from caffeine supplementation (Derave and Tipton, 2014). However, while

49 the ergogenic effects of caffeine on different components of exercise performance (e.g.,
50 aerobic and muscular endurance, jumping performance) are well-established, closer scrutiny
51 of the current body of evidence highlights that the effects of caffeine on swimming
52 performance are not yet clear.

53 One study reported that caffeine ingestion (3 mg/kg) 60 min before exercise reduced
54 the time needed to complete 75-m of swimming by 0.36 s (Goods *et al.*, 2017). However,
55 other studies reported no significant difference between the effects of caffeine and placebo on
56 swimming performance (Alkatan, 2020; Pruscino *et al.*, 2008). While factors such as caffeine
57 dose and timing of ingestion may explain these contrasting findings, it should also be
58 considered that small sample sizes are a mainstay in studies exploring the effects of
59 supplements on exercise performance (Maughan *et al.*, 2018). Indeed, one of the studies that
60 explored the effects of caffeine on swimming performance and did not observe an ergogenic
61 effect included a sample of only six swimmers (Pruscino *et al.*, 2008). This might have led to
62 a type II error, especially since the data highly favored the caffeine trial (Cohen's *d*: -0.42; -
63 1.1%).

64 The limitation of small sample sizes can be addressed by conducting a meta-analysis,
65 which allows pooling outputs from different studies on a given topic (Maughan *et al.*, 2018).
66 While several meta-analyses examined the effects of caffeine on different components of
67 exercise performance, such an analysis for swimming is currently absent (Grgic *et al.*, 2018;
68 Polito *et al.*, 2016; Shen *et al.*, 2019). One meta-analysis examined the effects of caffeine on
69 reducing the time needed to complete different endurance events and reported an ergogenic
70 effect of this supplement (Christiansen *et al.*, 2017). However, out of the ten included studies,
71 only one evaluated swimming performance, while all other studies used either running or
72 rowing tasks. Given the outlined limitations in the literature, this review aimed to conduct a
73 meta-analysis examining the effects of caffeine supplementation on swimming performance.

74

75 **2. Materials and methods**

76 *2.1 Search strategy*

77 The search for studies that explored the effects of caffeine on swimming performance was
78 carried out in two phases. Initially, the search was performed through six bibliographic
79 databases, including: Networked Digital Library of Theses and Dissertations, Open Access
80 Theses and Dissertations, PubMed/MEDLINE, Scopus, SPORTDiscus, and Web of Science.
81 The search syntax in all of these databases included the following keywords: (caffeine OR
82 coffee) AND (swim OR swimming OR swimmers). The search in the databases was
83 performed on September 20th 2021. Then, as a part of the second phase, reference lists from
84 all included studies were screened, and forward citation searching was conducted using the
85 Google Scholar database (examining the studies that cited the included studies).

86

87 *2.2 Inclusion criteria*

88 Studies were included in the review if they satisfied the following criteria: (1) examined the
89 effects of caffeine supplementation on single-bout swimming performance, expressed as the
90 time needed to complete a given swimming event; (2) utilized a placebo-controlled and
91 crossover study design; and (3) included humans as study participants.

92

93 *2.3 Data extraction*

94 From each included study, the following data were extracted: (1) year of study publication
95 and lead author name; (2) participants characteristics (e.g., sex, training status); (3) caffeine

96 supplementation protocol; (4) swimming performance test; and (5) mean \pm standard deviation
97 for the swimming time from the caffeine and placebo trials.

98

99 *2.4 Methodological quality*

100 The 11-item PEDro checklist was utilized to evaluate the methodological quality of the
101 included studies (Maher *et al.*, 2003). This checklist assesses different methodological
102 aspects, including inclusion criteria, randomization, allocation concealment, blinding of
103 participants and assessors, attrition, and data reporting. All items of the PEDro checklist are
104 scored as “1” (criterion is satisfied) or “0” (criterion is not satisfied). Because the first item is
105 not included in the total score, the maximum possible number of points is 10. Studies were
106 classified as poor, fair, good, or excellent quality if they scored ≤ 3 points, 4–5 points, 6–8
107 points, and 9–10 points, respectively (Grgic, 2018).

108

109 *2.5 Statistical analysis*

110 The meta-analysis was performed using effect sizes (Cohen’s *d*). In order to calculate Cohen’s
111 *d* effect sizes, the following data are needed: (1) mean \pm standard deviation swimming time
112 from the caffeine and placebo trials; (2) sample size; and (3) correlation between the trials. As
113 the correlation between the trials was not reported among the included studies, these values
114 were estimated per recommendations provided in the Cochrane Handbook (2011). In the main
115 meta-analysis, data from all studies were pooled. In a sensitivity analysis, the pooled effects
116 were examined after excluding the data from one study that was not published (i.e., thesis)
117 and that provided caffeine supplementation in the form of caffeinated chewing gum (Serpa,
118 2018). Subgroup meta-analyses explored the effects of caffeine in short-distance swimming
119 tests (25 to 75-m swimming) and in moderate-to-long distance events (200 to 1500-m

120 swimming). The interpretation of effect sizes was based on the following thresholds: trivial
121 (<0.20), small ($0.20-0.49$), medium ($0.50-0.79$), and large (≥ 0.80) (Cohen, 1992). Negative
122 Cohen's d values denote favoring of the caffeine (i.e., decrease in the time needed to complete
123 the swimming test). Meta-analyses were performed using the random-effects model. I^2
124 statistic was used to evaluate heterogeneity. I^2 values were interpreted as low ($<50\%$),
125 moderate ($50-75\%$), and high heterogeneity ($>75\%$). The statistical significance threshold
126 was set at $p < 0.05$. All analyses were performed using the Comprehensive Meta-analysis
127 software, version 2 (Biostat Inc., Englewood, NJ, USA).

128

129 **3. Results**

130 *3.1 Search results*

131 In the first phase of the search process (i.e., database searching), there were 815 results. Out
132 of this pool of articles, 14 full-text studies were read, and six studies (Goods *et al.*, 2017; Lara
133 *et al.*, 2015; MacIntosh and Wright, 1995; Potgieter *et al.*, 2018; Pruscino *et al.*, 2008; Vanata
134 *et al.*, 2014) were included. In the screening of the reference lists, there were 315 search
135 results, but none of these studies were found to satisfy the inclusion criteria. Finally, out of the
136 324 results in the forward citation searching phase, two studies (Alkatan, 2020; Serpa, 2018)
137 were additionally included (Figure 1). Thus, a total of eight studies were included in the
138 review and meta-analysis (Alkatan, 2020; Goods *et al.*, 2017; Lara *et al.*, 2015; MacIntosh
139 and Wright, 1995; Potgieter *et al.*, 2018; Pruscino *et al.*, 2008; Serpa, 2018; Vanata *et al.*,
140 2014).

141

142 *3.2 Summary of studies*

143 Sample sizes in the included studies ranged from 6 to 30 participants. The pooled number of
144 participants across all studies was 124 (30 female and 94 males). The training status of the
145 participants varied, with studies including national level or Division II collegiate swimmers,
146 distance swimmers, triathletes, or elite swimmers. For the performance events, studies used
147 freestyle swimming distances of 25 m, 45.7 m (50 yards), 50 m, 75 m, 200 m, and 1500 m.
148 For studies that provided supplementation relative to body mass, caffeine doses ranged from 3
149 to 6 mg/kg. Two studies (Alkatan, 2020; Serpa, 2018) used absolute doses of 250 or 300 mg.
150 Caffeine was most commonly provided 60 min before exercise, even though one study (Serpa,
151 2018) used caffeine chewing gum provided 5 min before exercise. Timing of ingestion in
152 other studies was 30, 45, or 90-120 min before swimming events (Table 1).

153

154 *3.3 Methodological quality*

155 Six studies scored 9 points on the PEDro checklist and were classified as having excellent
156 methodological quality (Table 2). Two studies scored 7 points and were classified as having
157 good methodological quality (Table 2).

158

159 *3.4 Meta-analysis results*

160 In the main meta-analysis, there was a significant ergogenic effect of caffeine ingestion on
161 swimming performance (Cohen's d : -0.20 ; 95% confidence interval: $-0.32, -0.08$; $p =$
162 0.0008 ; $I^2 = 54\%$; -1.7% ; Figure 2). These results remained consistent in the sensitivity
163 analysis. In the analysis for short-distance swimming events, there was a significant ergogenic
164 effect of caffeine ingestion on swimming performance (Cohen's d : -0.14 ; 95% confidence
165 interval: $-0.27, -0.01$; $p = 0.03$; $I^2 = 39\%$; -1.4%). An ergogenic effect of caffeine was also

166 found in the analysis for moderate-to-long swimming distance events (Cohen's d : -0.36 ; 95%
167 confidence interval: $-0.67, -0.05$; $p = 0.02$; $I^2 = 64\%$; -2.2%).

168

169 **4. Discussion**

170 The main finding of this meta-analysis is that caffeine supplementation has a significant
171 ergogenic effect on swimming performance. Specifically, it was observed that caffeine
172 ingestion reduces the time needed to complete a given swimming event. In addition, subgroup
173 analyses that explored distance-dependent effects found an ergogenic effect in short-distance
174 and moderate-to-long swimming distances. While these ergogenic effects may be classified as
175 small (Cohen's d : -0.14 to -0.36 ; -1.4% to -2.2%), they are likely important in swimming,
176 where narrow margins commonly determine placings. In all included studies, the effects were
177 toward the "favors caffeine" side of the forest plot, which highlights that the data are
178 convincingly suggesting an ergogenic effect of caffeine consumption on swimming
179 performance.

180 A study by Trewin *et al.*, (2004) modeled world-ranking time and best time from the
181 2000 Olympic Games for top-50 world-ranked swimmers. Analysis of these data reported that
182 improvements in swimming performance as small as 0.6% might have a practically relevant
183 effect on event outcomes (Trewin *et al.*, 2004). When comparing these data with the findings
184 observed herein, it seems clear that caffeine may be a worthwhile supplement for swimmers.
185 However, before making such direct generalizations, we first need to consider the
186 characteristics of the participants in the included studies. Studies generally included collegiate
187 or national levels swimmers, but they were not world-ranked swimmers. One study (Pruscino
188 *et al.*, 2008) involved elite male freestyle swimmers and did not report an ergogenic effect of
189 caffeine, which might be due to the small sample size ($n = 6$) and not training status *per se*.

190 This may indeed be the case, given that the data highly favored the caffeine trial (1.35 s
191 reduction in swimming time compared to placebo). Overall, caffeine ingestion improves
192 swimming performance and is likely a worthwhile supplement for swimmers, even though
193 future studies are needed to explore these effects in elite swimmers.

194 An ergogenic effect of caffeine was found in the analysis for short-distance swimming
195 events (Cohen's d : -0.14) and moderate-to-long distances (Cohen's d : -0.36). Based on this
196 comparison of results, it seems that the overall effects of caffeine are greater in longer
197 distance events. This notion has support from a physiological perspective, given that caffeine
198 primarily improves performance by attenuating exercise-induced fatigue (Glade, 2010).
199 Indeed, data also indicate that the effects of caffeine on endurance performance in cycling and
200 running increase along with the increasing duration of the time-trial event (Shen *et al.*, 2019).
201 Nevertheless, it also needs to be considered that the 95% confidence intervals reported in the
202 different subgroup analyses overlapped, which does not allow us to make firm conclusions
203 about the distance-specific effects of caffeine. Therefore, this gap should be addressed in
204 future studies, which may consider using multiple distances in the same cohort of athletes to
205 evaluate swimming performance. Another option to explore the distance-specific effects of
206 caffeine is to use a long-distance event (e.g., 1500-m swimming) and analyze the splits for
207 each distance (e.g., every 500 m). Such an approach was adopted by one study (MacIntosh
208 and Wright, 1995) where caffeine reduced the time to complete 0–500-m, 500–1000-m, and
209 1000–1500-m swimming by 5 s, 6 s, and 12 s, respectively. Based on these results, it seems
210 caffeine may indeed have greater effects in longer distance events, even though a limitation
211 with this approach is the use of different pacing strategies (i.e., all-out effort might not occur
212 at each split) (Lara and Del Coso, 2021).

213 The present meta-analysis only explored the effects of caffeine on single-bout
214 swimming. This approach was adopted given that competitive swimming is a single-bout

215 event. However, these data do not provide insights into the effects of caffeine on interval
216 swimming, which is relevant for the interval-based training practices of swimmers (Sperlich
217 *et al.*, 2010). One of the included studies explored the effects of caffeine on swimming
218 performance in 6 × 75-m swimming events interspersed with 10-min rest intervals (Goods *et*
219 *al.*, 2017). This study reported that caffeine ingestion was ergogenic in interval swimming,
220 with the largest effect sizes observed in intervals 3 and 4 (Cohen's *d*: 0.84–1.02), likely owing
221 to the caffeine-induced attenuation of fatigue with repeated intervals. Therefore, it seems that
222 caffeine ingestion enhances single-bout and interval swimming performance, highlighting that
223 this supplement may be used both in competition and training.

224 It is reported that swimmers commonly use a high number of dietary supplements. For
225 example, one study reported an average use of 9 different dietary supplements among 39 elite
226 Australian swimmers (Shaw *et al.*, 2016). Given the high number of supplements ingested by
227 swimmers, future studies are needed to explore the effects of caffeine in combination with
228 other supplements on swimming performance (Burke, 2017). A recent meta-analysis (Grgic
229 and Mikulic, 2021b) reported that sodium bicarbonate ingestion reduces the time needed to
230 complete 200 to 400-m swimming (Cohen's *d*: –0.22; –1.3%). When ingested in isolation,
231 both caffeine and sodium bicarbonate seem to have similar effects on swimming performance
232 (Grgic *et al.*, 2021). Therefore, future studies may consider exploring if their combined
233 ingestion has any additive effects. Besides sodium bicarbonate, future studies may consider
234 exploring the effects of caffeine combined with creatine, taurine, beta-alanine and other
235 ergogenic aids (Karayigit *et al.*, 2021; Maughan *et al.*, 2018).

236 Chronic caffeine consumption has been associated with an upregulation of adenosine
237 receptors (Svenningsson *et al.*, 1999). Due to these effects, it is suggested that caffeine's
238 ergogenic effects may attenuate over time (Guest *et al.*, 2021). Indeed, some studies have
239 reported an absence/attenuation of caffeine's ergogenic effects among habitual caffeine users,

240 even though the evidence base on the topic is equivocal (Bell and McLellan, 2001; Grgic and
241 Mikulic, 2021a; Karayığit *et al.*, 2021). Among the included studies, an ergogenic effect of
242 caffeine was observed among low and high habitual caffeine users (Lara *et al.*, 2015;
243 Potgieter *et al.*, 2018). However, the included studies also varied in other methodological
244 aspects that could impact the treatment effect independent of habitual caffeine intake (e.g.,
245 caffeine dose, swimming test). Therefore, future studies should consider directly comparing
246 the effect of caffeine among swimmers with varying habitual caffeine intakes. Finally, as the
247 included studies differed in caffeine doses provided to the participants, future dose-response
248 studies are needed to establish the optimal dose of caffeine on swimming performance.

249

250 *4.1 Methodological quality*

251 The included studies were classified as good or excellent methodological quality. Therefore,
252 the findings presented herein are not confounded by the inclusion of studies with poor
253 methodological quality. Of the eight included studies, six used a double-blind design, while
254 two used a single-blind design (Goods *et al.*, 2017; Vanata *et al.*, 2014). However, these
255 differences in blinding did not likely influence the results as the pooled effects in the two
256 single-blind studies (Cohen's *d*: 0.06 and 0.36) were very similar to the effects reported in
257 double-blind studies (Cohen's *d*: 0.06 to 0.57). Even though the participants were blinded to
258 the treatments in all studies, only three studies (Goods *et al.*, 2017; Lara *et al.*, 2015; Pruscino
259 *et al.*, 2008) explored the effectiveness of this blinding. These studies reported that 36% to
260 66% of the participants correctly identified the caffeine and placebo trials, suggesting a
261 moderate success in blinding. Future studies also need to incorporate this procedure, given
262 that correct supplement identification may influence exercise outcomes and lead to bias in the
263 results (Saunders *et al.*, 2016).

264

265 **5. Conclusion**

266 The present meta-analysis found that caffeine ingestion has a significant ergogenic effect on
267 swimming performance. Specifically, this analysis found that caffeine ingestion decreases the
268 time needed to complete a given event. In addition, an ergogenic effect of caffeine was found
269 on swimming performance in short distances and moderate-to-long distances. While these
270 ergogenic effects may be classified as small, they are likely important in swimming, where
271 narrow margins commonly determine placings.

272

273 **Conflict of interest:** no potential conflicts of interest in the development and publication of
274 this article.

275

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