Williams et al (1987) have demonstrated that maximal motor unit activation, defined as the integral of the electromyogram during maximal contraction, was not significantly increased by caffeine ingestion. Thus it appears that caffeine ingestion resulted in plasma concentrations which were too low to elicit effects on performance and/or that any caffeine-induced effects were masked by the response to the exercise bout.

In summary, these results that acute caffeine ingestion does not appear to increase one’s maximal ability to generate power during short-term cycling exercise. Further, caffeine does not alter the rate or magnitude of fatigue during high intensity, dynamic exercise.

References

BOOK REVIEW
Title: THE NEW CASE FOR EXERCISE
Authors: P. H. Fentem, E. J. Bassey and N. B. Turnbull
Price: £2.95 40 pages No Index No figures 241 references Paper cover ISBN 0 903652 55 22

To the readers of this journal, the booklet putting the case for exercise is preaching to the converted. The benefits of exercise are described in easily-understood terms for growth and development in the young, for helping the asthmatic and diabetic child, and for the middle-aged men the cardiovascular effects already described so well in extensive investigations on bus crews and civil servants by Jerry Morris and many others. Inactive athletes are at the same risk as inactive men of the same age, so the lesson is to keep up exercise, even of a different type from the athlete’s heyday. The value of exercise following myocardial infarction is described, but strangely there is no mention, either to support or to condemn, the vigorous post-infarction programmes of Canadian authors such as Roy Shephard or his co-workers, Banniser and Kavanagh. Moderate exercise in pregnancy is advocated, but the risk of a week’s prematurity and a light-weight baby after extremely heavy exercise programmes are mentioned. No adverse effect has been found in the literature of carefully prescribed exercise in the elderly or the obese. Most cardiac incidents occur as a result of pre-existing disease, ignoring warning symptoms (and doctors are particularly bad examples of this!), or engaging in unfamiliar, stressful exercise without prior training.

The most valuable part of this booklet is the reference section, with 241 references listed, mainly from American journals, and the most of the authors being the Scandinavian authorities so well known to us in the UK. The book would appear to be written essentially for doctors and other health professionals, as some terms such as “CHD” and “VQ”, without definition, would not be understood by many laymen. A valuable reference to show to patients, and to provide an unequalled bibliography on the benefits of exercise.

Henry E. Robson
The New Case for Exercise

Henry E. Robson

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