Case Report

Cola and Chinese food addiction: a case report

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ABSTRACT

Cola is an extremely popular caffeinated drink that is consumed worldwide. Fast food addiction has also been implicated as one of the emerging behavioural addictions. Literature on coca cola addiction and fast-food addiction are sparse, and we feel this case will be a useful addition. We discuss here the case of ADHD who developed cola and Chinese food addiction.
Key words: cola, addiction, Chinese food, ADHD.

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INTRODUCTION

Coca Cola is an extremely popular caffeinated soft drink. Some brands have secret recipes. The most popular brand has a declared sugar content of 106 g/L and generally has a caffeine concentration of about 100 mg/L [1-2]. Various searches in the scientific literature as well as more general open literature using PubMed, Google Scholar on 'cola' and 'dependency' and/or 'addiction' yield no papers on the same. There is some reference to excessive cola consumption in patients with caffeine addiction [3]. We report here a case of a 14-year-old teenager with attention deficit hyperactivity disorder (ADHD) that developed cola addiction and Chinese food addiction.

CASE REPORT

A 14-year-old male child came with his mother to the psychiatric outpatient clinic with the complaints of inability to cut down on his cold drink consumption since the past three years. The teenager was a known case of ADHD and Conduct disorder and was maintained on Tablet Risperidone 2 mg, Tab Trihexyphenydyl 2 mg and Tab Oxcarbazepine 300mg. On a follow up visit patient mother complained that the patient had excessive daily consumption of cold drink (Cola) in the last 3 years. Patient started having a mango drink (Mazza) consumption along with his grandfather once in 2 days. He would like its taste and the energy he used to get after its consumption. Gradually within a period of 2 months his consumption increased to daily consumption – 1 bottle a day 200ml. Once in a school party, the patient claimed that he consumed Thumps Up (a cold drink brand). He claimed that he liked its taste more than that of Mazza and used to feel much more attentive and alert. He shifted from that day to Thumps Up cold drink having 1 bottle a day. He would consume 250 ml each day. When he would not be able to consume the cold drink, he would feel irritable, drowsy and uneasy. Within 3-4 months his consumption increased to 1.25 litres of cold drink daily. This pattern of drinking is still present in the last 3 months. Along with this, he also started consumption of one Chinese dish a day that has persisted since the past 6 months. He would become irritable aggressive and abusive towards family members if he would not be able to consume the Chinese dish as well. He would claim to be restless and irritable when he would not be able to consume the Chinese dish.

There is also history of daily coffee consumption by his mother (5 cups a day). This caused huge problems to the patient in terms of craving as not getting cola and Chinese food would cause problems. The patient was evaluated and advised Tab Topiramate 50mg, Tab Atomoxetine 18 mg and Tab Sodium Valproate 400mg (200mg twice a day). On follow up visits, the patient claimed to have decreased his consumption to 250 ml of cold drink once in 3-4 days. The patient was also taught methods to control cravings in follow up visits. He reduced his Chinese food consumption to once a week on Saturdays. He was offered cognitive therapy according to the guidelines for ADHD. During sessions he was informed that his excessive consumption of cola could "negatively affect her brain" and he decided to stop drinking cola completely. However this did not happen. On follow up his attention and focus was much better and he was doing well.

DISCUSSION

It is well known that adolescents with ADHD may experiment with various substances of abuse. The fact that the dependence on cola started after the ADHD and that he could not reduce his consumption of cola by himself, is not sufficient to conclude that his dependence on cola was the primary cause of or rather affected his ADHD. daily caffeine intake as low as 100 mg caffeine (1 cup of coffee or one liter of cola) may result in caffeine dependency and subsequently withdrawal symptoms such as headaches, drowsiness, dysphoric mood, depression and concentration difficulties [4]. The most interesting aspect of the argumentation for the concept of a separate cola addiction is the belief in cola dependency amongst the common man. There are some European countries where 1 in 7 people are addicted to cola [5]. Many also seek help for their addiction. A single anecdotal case report is not valid of the existence of a specific cola addiction, and more research must be carried out in this field, to shed light on the apparent discrepancy between popular belief and the official more reluctant perception among health professionals. Further studies in large populations examining the potential soft drink addiction are needed.

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