

RESEARCH ARTICLE**Acute impact of a single dose of Dynamine®, TeaCrine®, caffeine, and their combination on systemic hemodynamics and associated measures in men and women****Authors**

Richard J. Bloomer, Matthew Butawan, Jacquelyn Pence

Affiliations

Center for Nutraceutical and Dietary Supplement Research, School of Health Studies, University of Memphis, Memphis, TN, USA

Correspondence

Richard J. Bloomer, PhD

106 Roane Fieldhouse, University of Memphis, Memphis, TN 38152, 901-678-4316

Email: rbloomer@memphis.edu

Abstract

Background: Dietary supplements purported to improve focus and “energy” often contain stimulants, which elevate both heart rate (HR) and blood pressure (BP). We evaluated the safety profile of the purine alkaloid methylxanthine (Dynamine®) with regards to resting HR, BP, respiratory rate (RR), and body temperature (BT).

Methods: 6 men (aged: 24±4) and 6 women (aged: 22±3) ingested methylxanthine (Dynamine®; Compound Solutions, Inc.) at 25mg (M25) and 100mg (M100), caffeine at 150mg (C150), M100+C150, M100 + theacrine (Teacrine®, Compound Solutions, Inc.) at 50mg (M100+T50), and M100+T50+C150. All conditions were assigned using a Latin square design, with approximately one week separating the six different assignments. HR, BP, RR, and BT were collected at baseline and 0.25, 0.5, 1, 1.5, 2, 4, 6, 8, 24, and 48 hours post-dose. Subjective mood was also recorded. Meal replacement bars and shakes were provided after hours 3 and 6.

Results: For SBP and DBP, condition effects were noted ($p<0.05$), with all three caffeine conditions higher than those without caffeine. Condition effects were noted for attentive ($p=0.02$) and energetic ($p=0.02$), with M100+C150 greater than M100+T50; and moody ($p<0.01$), with M100 and M100+T50 greater than M100+C150. Main effects of time were noted for HR ($p<0.001$), BT ($p<0.01$), SBP ($p<0.01$), DBP ($p<0.01$), and focused ($p=0.02$), but no statistically significant interactions were noted.

Conclusion: Methylxanthine, alone or in combination with caffeine and/or theacrine, does not result in any significant increase in HR, BP, RR, or BT in healthy adults and has little impact on subjective mood. These findings should be considered with the understanding that subjects began testing in the early morning hours while in a fasted and rested state and were provided with two meals (hours 3 and 6) during the evaluation period, which may have impacted subjective mood.

Key Words: methylxanthine, theacrine, caffeine, blood pressure, heart rate

1. Introduction

Dietary supplements designed to increase energy and focus are quite common, in particular within the sports supplement market. These are sold in many retail establishments and appeal to a wide variety of consumers for various purposes. Recently, two novel plant-based ingredients have made their way into the dietary supplement market: purine alkaloids known as theacrine and methylxanthine.

Theacrine (1,3,7,9-tetramethyluric acid) is a metabolic derivative of caffeine found in the leaves of *Camellia Kucha*, *Coffea dewevrei*, *Coffea liberica*, and *Coffea abeokutae* and to a lesser degree in the seeds of cocoa, yerba mate, and Cupuaçu.¹⁻⁴ Theacrine, which is commercially available as TeaCrine®, has been found safe for human consumption and results in improved subjective feelings without significant physiological changes to heart rate (HR) or blood pressure (BP).⁵⁻⁷

Methylxanthine (2-methoxy-1,7,9-tetramethyluric acid) is thought to be a metabolic derivative of theacrine and a precursor to liberine in some coffee leaves.⁴ Like theacrine, methylxanthine is found in *Coffea dewevrei*, *Coffea liberica*, and *Coffea abeokutae*. Methylxanthine is commercially available as Dynamine® and has been shown to be safe in rats.⁸ Little scientific research has been done on methylxanthine, however it is hypothesized that it will act similarly to theacrine, but with a more rapid and brief effect.⁸

Due to the structural similarities between caffeine and the above plant-based ingredients, some concern has been expressed over the potential pressor effects of these agents. It is well-described that caffeine can either raise⁹⁻¹⁰ or lower^{9,11} HR and increase BP in a dose-dependent manner.¹⁰⁻¹¹ Previous studies have found increases in systolic BP (SBP) and diastolic BP (DBP) of 5-15 mmHg and 5-10 mmHg,

respectively for caffeine consumption greater than 250 mg.⁹ Additionally, small changes in HR have been observed with caffeine consumption over 150 mg, but these were found to be insignificant and diminish with acclimation. Consuming up to 400 mg caffeine daily is considered safe. While the change is typically small, certain individuals may have heightened sensitivity and responsiveness to caffeine and consequently experience a more robust increase in both HR and BP following acute caffeine ingestion. As previous research has indicated, the lack of significant pressor effects in subjects consuming theacrine^{5-7,12-13} makes these compounds potential alternatives to caffeine in hypersensitive individuals.

While we have not worked directly with methylxanthine, we have conducted prior studies with theacrine and caffeine alone and in combination (with each other and with additional ingredients) and noted only small increases in HR and BP.^{6,12-13} For example, in a study of 20 healthy men and women ingesting theacrine (100mg) and/or caffeine (150mg), HR and BP were largely unaffected by treatment (e.g., HR was 3-5 beats per minute (bpm) lower in the hours following ingestion; BP was 1-2 mmHg higher in the hours following ingestion).⁶ More recently, in a study of 50 healthy men and women ingesting theacrine or caffeine, only marginal increases (HR ~3 bpm; BP was ~3 mmHg higher) were noted following ingestion.¹²

Other investigators have also studied theacrine. In a double-blinded crossover study of 15 men and women, no significant changes in HR and BP were observed between placebo and theacrine (200 mg) over a 3 hour period.⁷ An 8 week study on the safety of regular consumption of theacrine by 60 healthy men and women split between placebo, 200 mg theacrine,

and 400 mg theacrine also found no effects on HR or BP.⁵

There have been very limited controlled laboratory investigations using methyllicberine by itself or in combination with other supplements.^{8,14} Murbach et al. studied the toxicological effects of methyllicberine in rats, with no-observed-adverse-effect level noted to be 150 and 225 mg/kg bw/day for males and females, respectively. To our knowledge, no studies have determined the impact of the combination of methyllicberine, theacrine, and caffeine—which has now become the focus of many fitness-specific dietary supplements that are being sold on the market (e.g., Stimpact®, Mr. Hyde® Icon, and ALPHAGEN®). Since methyllicberine is being used in many product formulations, alone and in combination with theacrine and caffeine, it is important to understand the potential acute impact of these agents on both HR and BP. We determined the effect of a single dose of methyllicberine (as Dynamine®), theacrine (as Teacrine®), caffeine, or their combination on HR and BP in healthy men and women.

2. Materials and Methods

2.1 Subjects

A total of 6 men and 6 women were recruited to complete this study. A prime focus of this study was to determine the pharmacokinetics of the various ingredients alone and in combination (data in preparation and presented elsewhere). Therefore, the sample size of 12 individuals was appropriate and representative of men and women within the stated age range. Subjects were/had:

- age 18-50 years
- male or female
 - males had a body mass between 70-90kg
 - females had a body mass between 50-65kg

- body mass index (BMI) between 18-29.9 kg/m² (not obese)
- non-smoker
- no diagnosed history of diabetes
- no diagnosed history of cardiovascular disease
- no diagnosed history of neurological disease
- no consumption of alcohol within 48 hours of testing
- no consumption of caffeine-containing beverages within at least 48 hours of testing
- no consumption of grapefruit-, poppy seed-, or quinine-containing substances within 14 days of enrollment
- normal vital signs (heart rate, systolic and diastolic blood pressure, respiratory rate, and oral temperature)
- non-drug user (e.g., cannabinoids, amphetamines, benzodiazepines, cocaine, opioids, phencyclidine, barbiturates, cotinine)
 - verbal confirmation
- no history of illicit drug or other substances of abuse within 12 months of the screening visit
- no tobacco use for ≥ 90 days prior to screening
- consume < 400mg caffeine daily
- 12-lead ECG without clinically significant abnormalities and blood parameters within normal limits
- physically active: two or more days per week of structured physical activity for a minimum of 30 minutes each day
- if female, not pregnant

Health history, medication and dietary supplement usage, and physical activity questionnaires were completed by all subjects and reviewed by an investigator. Prior to participation, each subject was

informed of all procedures, potential risks, and benefits associated with the study through verbal and/or written form. They signed informed consent, as approved by the University of Memphis Institutional Review Board for Human Subjects Research (Proposal # FY2018-490).

2.2 Initial Laboratory Visit: screening visit

During the initial visit to the laboratory, subjects' HR, BP, height, weight, waist, and hip circumference were measured. A blood sample was taken and analyzed for metabolic panel and lipid panel. A 12-lead resting electrocardiogram was obtained. Women were asked to perform a urine pregnancy test to confirm that they were not pregnant. Upon completion of the screening and confirmation of all measures, eligible subjects were scheduled for their initial testing visit.

2.3 Independent Variable

The dietary ingredient known as methylloberine was evaluated, alone and in conjunction with caffeine and/or theacrine. Methylloberine (Dynamine®) and theacrine (Teacrine®) are ingredients of Compound Solutions, Inc. (Carlsbad, CA) and were provided by this company. A contract manufacturer produced all capsules in accordance with Good Manufacturing Practices. Capsules were of similar appearance and provided in unlabeled bottles. Subjects ingested the assigned condition on each of the six test days in the presence of investigators. Only one capsule was ingested each test day. The following conditions were included and assigned in double-blind manner using a Latin square design:

1. 25 mg methylloberine (M25)
2. 100 mg methylloberine (M100)
3. 150 mg caffeine (C150)

4. 100 mg methylloberine + 150 mg caffeine (M100 + C150)
5. 100 mg methylloberine + 50 mg theacrine (M100 + T50)
6. 100 mg methylloberine + 50 mg theacrine + 150 mg caffeine (M100 + T50 + C150)

The dosage of each studied ingredient was based on prior work ^{6,12-13} using the ingredients alone and in combination with one another, in addition to anecdotal observations of human subjects ingesting these ingredients alone and in combination. No true placebo condition was used in this experiment, as we used the caffeine only condition (150mg) as our control.

2.4 Test Visit Procedures

Subjects reported to the lab a total of six times during the morning hours. Testing began at approximately 6:00am. Subjects reported in a 10-hour fasted state, without having consumed alcohol or caffeine within the past 48 hours. Subjects were instructed to obtain at least 7 hours of sleep during the night prior to testing. Subjects were instructed to refrain from strenuous physical exercise for 24 hours prior to and during the test day. The time of day was matched for each lab visit, and approximately 7 days separated lab visits.

Resting HR and BP were obtained using an automated unit (Omron HEM 907XL), following a 5-minute seated rest period, with duplicate measures taken at each time. In addition, respiratory rate was counted in one minute and oral temperature was measured using a digital thermometer. Subjective feelings of attentive, energetic, motivated, irritable, focused, jittery, and moody were obtained using a 100mm visual analog scale, with 0 representing the lowest rating (none at all; feeling at the absolute lowest value on this scale for the select variable) and 100 representing the highest

rating (extreme; feeling at the absolute highest value on this scale for the select variable). All data were collected at baseline (pre-dose), and 0.25, 0.5, 1, 1.5, 2, 4, 6, 8, 24, and 48 hours post-dose.

2.5 Dietary Intake and Physical Activity

All subjects were instructed to consume their usual diet throughout the study period and to record all food and drink consumed during the 24 hours prior to each test day. Dietary records were analyzed using Food Processor SQL, version 9.9 (ESHA Research, Salem, OR). Meal replacement food bars (Clif Builder's[®]) or shakes (Orgain Organic Nutrition[™]) were provided to subjects after data collection at hour 3 and hour 6 on test days. Subjects were also provided with adequate meal replacement bars (3) and shakes (3) to consume following the 8 hour data collection (during their time outside of the lab between hours 8 and 24). No food other than what was provided to subjects was allowed during each test day. The only beverage that subjects were permitted was water. Subjects returned the following mornings for the 24 and 48 hour data collection, again in a 10 hour fasted state. The same amount of meal replacement bars or shakes were consumed by each subject during each visit (both in lab and outside of lab). Subjects were instructed to maintain typical physical activity levels throughout the study period, with the exception of refraining from strenuous physical activity during the 24 hours prior to each test day and for the actual test day itself.

2.6 Data Analysis

The data are presented as mean \pm SD. Data were scanned for outliers prior to

being analyzed. Dietary data were analyzed using a 6 (condition) x 2 (gender) analysis of variance (ANOVA). Physiological data were initially analyzed using a 6 (condition) x 2 (gender) x 11 (time) ANOVA, and were reanalyzed using a 2-way design without gender after verifying no significant three-way interactions. Tukey post hoc testing was used in the event of a significant main effect. Analyses were performed using JMP software (SAS, Cary, NC) and statistical significance was set at $p \leq 0.05$.

3. Results

3.1 Overview

All 12 subjects successfully completed all aspects of the study. Descriptive characteristics are provided in Table 1. No subject reported an adverse event and the conditions were well-tolerated. Other than the expected gender differences in dietary data, no differences were noted during the day prior to each test day across conditions ($p > 0.05$). Data can be seen in Table 2.

3.2 Outcome Measures

As expected, we noted the usual gender differences in HR and BP, with women generally having higher HR and lower BP as compared to men. However, no three-way interactions were noted ($p > 0.05$) and data were analyzed without including gender in the model. No condition x time interactions were noted for any variable ($p > 0.05$).

In order to limit hydration effects, subjects' water intake was regulated during lab testing of each condition. Men and women consumed 44 ± 9 oz and 45 ± 10 oz, respectively.

Table 1. Characteristics of 12 healthy men and women

| Variable | Men | Women | P value |
|-----------------------------|-----------|-----------|---------|
| Age (years) | 24±4 | 22±3 | 0.51 |
| Height (cm) | 175±3 | 163±3 | <0.01 |
| Weight (kg) | 77±6 | 58±4 | <0.01 |
| BMI (kg·m ⁻²) | 25±1 | 22±2 | 0.01 |
| Waist Circumference (cm) | 83±9 | 72±4 | 0.03 |
| Hip Circumference (cm) | 99±8 | 97±6 | 0.53 |
| Waist/Hip Ratio | 0.83±0.03 | 0.75±0.02 | <0.01 |
| Resting HR (bpm) | 65±9 | 73±8 | 0.14 |
| Resting SBP (mm Hg) | 127±8 | 114±5 | 0.01 |
| Resting DBP (mm Hg) | 73±11 | 71±5 | 0.73 |
| Glucose (mg/dL) | 86±5 | 85±9 | 0.78 |
| Cholesterol (mg/dL) | 169±22 | 148±24 | 0.15 |
| HDL-C (mg/dL) | 48±9 | 46±7 | 0.45 |
| LDL-C (mg/dL) | 107±25 | 91±21 | 0.65 |
| Triglycerides (mg/dL) | 68±34 | 55±23 | 0.45 |
| Anaerobic Exercise (yrs) | 3±2 | 3±3 | 0.59 |
| Anaerobic Exercise (hrs/wk) | 3±3 | 1±1 | 0.15 |
| Aerobic Exercise (yrs) | 4±3 | 6±4 | 0.36 |
| Aerobic Exercise (hrs/wk) | 3±2 | 3±1 | 0.74 |
| Caffeine Intake (mg/day) | 155±85 | 230±103 | 0.20 |

Values are Mean ± SD

Table 2. Dietary data of men and women during the 24 hours prior to each test day

| Variable | Methyliberine 25mg | Methyliberine 100mg | Caffeine 150mg | Methyliberine+ Caffeine 100mg+ 150mg | Methyliberine + Theacrine 100mg+ 50mg | Methyliberine + Theacrine+ Caffeine 100mg+ 50mg+ 150mg |
|------------------|-----------------------|------------------------|-------------------|---|--|---|
| MEN | | | | | | |
| Kilocalories | 2026±743 | 2185±988 | 1594±569 | 2001±589 | 1783±866 | 1907±754 |
| Protein (g) | 91±31 | 120±62 | 77±28 | 91±37 | 78±43 | 96±55 |
| Carbohydrate (g) | 241±76 | 253±123 | 189±77 | 254±49 | 201±89 | 213±78 |
| Fiber (g) | 17±6 | 18±14 | 15±11 | 17±5 | 15±8 | 16±8 |
| Sugar (g) | 62±37 | 71±32 | 62±24 | 68±22 | 65±31 | 53±15 |
| Fat (g) | 78±41 | 78±53 | 60±32 | 70±34 | 76±40 | 75±43 |
| Vitamin C (mg) | 37±27 | 68±99 | 32±32 | 42±28 | 41±28 | 64±91 |
| Vitamin E (mg) | 3±2 | 7±12 | 1±1 | 3±2 | 2±2 | 8±12 |
| Vitamin A (RE) | 229±237 | 1081±1425 | 148±152 | 492±313 | 404±357 | 759±1330 |
| WOMEN | | | | | | |
| Kilocalories | 1551±491 | 1302±342 | 1360±390 | 1268±451 | 1585±326 | 1638±485 |
| Protein (g) | 67±26 | 59±25 | 64±22 | 51±28 | 75±25 | 68±28 |
| Carbohydrate (g) | 178±88 | 154±69 | 162±69 | 174±86 | 181±82 | 188±77 |
| Fiber (g) | 22±10 | 18±8 | 22±7 | 19±9 | 20±7 | 21±14 |
| Sugar (g) | 61±50 | 47±23 | 54±39 | 41±27 | 58±42 | 54±26 |
| Fat (g) | 64±20 | 53±18 | 57±20 | 43±14 | 64±8 | 70±22 |
| Vitamin C (mg) | 120±76 | 74±29 | 78±51 | 90±80 | 111±86 | 95±83 |
| Vitamin E (mg) | 6±3 | 5±2 | 5±3 | 4±2 | 7±6 | 5±4 |
| Vitamin A (RE) | 263±254 | 324±298 | 493±438 | 369±383 | 405±232 | 435±486 |

Values are mean ± SD

Other than expected gender differences, no differences of statistical significance were noted between conditions ($p>0.05$).

For HR, a time effect was noted ($p<0.01$), with values highest between hours 4 and 8, likely in response to the feeding at hours 3 and 6. HR was very stable within the first few hours following ingestion for all conditions, did not appear impacted by treatment, and increased slightly starting at hour 4 for all conditions. Gender-specific data for HR are shown in Table 3, and Figure 1A shows the same data collapsed across genders.

For SBP, a condition effect was noted ($p<0.01$), as was a time effect ($p<0.01$). For the condition effect, M100 +

C150 was higher than M25, M100, and M100 + T50, while M100 + T50 + C150 was also higher than M100 + T50—highlighting the impact of caffeine on SBP. For the time effect, in a similar manner as with HR, values were highest between hours 4 and 8, likely in response to the feedings at hours 3 and 6. SBP increased to the greatest degree in the M100 + C150 condition (approximately 10 mm Hg at the 2hr time). Data for SBP are shown in Table 4 (genders included) and Figure 1B (genders collapsed).

Table 3. Heart rate (bpm) data of men and women ingesting methyllicberine, caffeine, theacrine, or their combination

| Variable | Methyllicberine 25mg | Methyllicberine 100mg | Caffeine 150mg | Methyllicberine+ Caffeine 100mg+ 150mg | Methyllicberine+ Theacrine 100mg+ 50mg | Methyllicberine+ Theacrine+ Caffeine 100mg+ 50mg+ 150mg |
|--------------|-------------------------|--------------------------|-------------------|---|---|--|
| MEN | | | | | | |
| Pre | 64±8 | 66±9 | 67±10 | 64±9 | 65±7 | 66±7 |
| 0.25hr | 65±10 | 65±11 | 65±6 | 60±6 | 65±9 | 64±7 |
| 0.5hr | 64±10 | 66±5 | 69±7 | 63±8 | 65±8 | 61±8 |
| 1hr | 60±8 | 68±9 | 62±8 | 59±5 | 63±6 | 60±8 |
| 1.5hr | 61±7 | 63±5 | 63±6 | 59±7 | 62±8 | 62±4 |
| 2hr | 62±9 | 63±9 | 66±10 | 60±5 | 62±7 | 63±6 |
| 4hr* | 72±7 | 71±8 | 70±8 | 68±5 | 67±11 | 70±9 |
| 6hr | 67±8 | 68±9 | 68±7 | 67±10 | 66±10 | 66±5 |
| 8hr* | 69±10 | 73±12 | 74±12 | 68±7 | 70±6 | 70±8 |
| 24hr | 68±8 | 68±8 | 72±6 | 66±5 | 67±8 | 66±8 |
| 48hr | 70±9 | 71±4 | 69±8 | 70±7 | 68±6 | 69±8 |
| WOMEN | | | | | | |
| Pre | 77±16 | 72±5 | 72±9 | 78±11 | 76±7 | 72±10 |
| 0.25hr | 76±12 | 70±7 | 70±9 | 76±9 | 73±8 | 65±12 |
| 0.5hr | 76±12 | 72±6 | 69±9 | 74±11 | 70±8 | 67±7 |
| 1hr | 75±12 | 70±8 | 68±6 | 69±10 | 72±8 | 66±11 |
| 1.5hr | 75±9 | 66±8 | 68±7 | 75±11 | 73±6 | 66±9 |
| 2hr | 73±12 | 66±7 | 70±9 | 73±10 | 73±7 | 70±11 |
| 4hr | 79±13 | 76±8 | 82±14 | 75±12 | 77±12 | 73±6 |
| 6hr | 76±8 | 72±8 | 75±7 | 76±13 | 76±12 | 71±11 |
| 8hr | 75±7 | 72±5 | 76±5 | 79±11 | 77±10 | 76±8 |
| 24hr | 77±9 | 74±4 | 74±7 | 73±9 | 74±6 | 70±8 |
| 48hr | 76±7 | 71±3 | 76±5 | 74±9 | 74±6 | 72±8 |

Values are mean ± SD (* time effect with values significantly higher than other time points ($p < 0.01$)).

For DBP, a condition effect was noted ($p=0.02$), as was a time effect ($p < 0.01$). For the condition effect, M100 + C150 and M100 + T50 + C150 were both higher than M100 + T50; however, values for all conditions were very similar. DBP also increased to the greatest degree in the

M100 + C150 condition (approximately 6 mm Hg at the 2hr time). Data for DBP are shown in Table 5 (genders included) and Figure 1C (genders collapsed). Only negligible increases in SBP and DBP were noted with methyllicberine ingestion alone.

Table 4. Systolic blood pressure (mm Hg) data of men and women ingesting methylloberine, caffeine, theacrine, or their combination

| Variable | Methylloberine 25mg | Methylloberine 100mg | Caffeine 150mg | Methylloberine+ Caffeine 100mg+ 150mg | Methylloberine+ Theacrine 100mg+ 50mg | Methylloberine+ Theacrine+ Caffeine 100mg+ 50mg+ 150mg |
|--------------|------------------------|-------------------------|-------------------|--|--|---|
| MEN | | | | | | |
| Pre | 121±7 | 122±8 | 123±7 | 122±8 | 124±6 | 126±9 |
| 0.25hr | 121±9 | 125±10 | 125±7 | 124±10 | 123±5 | 127±8 |
| 0.5hr | 121±11 | 125±7 | 130±4 | 132±8 | 124±9 | 132±4 |
| 1hr | 127±7 | 126±10 | 133±7 | 134±6 | 124±7 | 131±7 |
| 1.5hr | 117±9 | 123±8 | 124±5 | 133±6 | 124±4 | 131±16 |
| 2hr | 123±9 | 126±8 | 127±5 | 135±7 | 122±4 | 132±8 |
| 4hr* | 127±5 | 127±6 | 135±8 | 126±7 | 128±9 | 132±7 |
| 6hr | 131±12 | 122±7 | 126±8 | 132±7 | 124±10 | 131±11 |
| 8hr* | 131±4 | 129±4 | 135±9 | 134±12 | 126±9 | 133±10 |
| 24hr | 127±4 | 127±5 | 127±9 | 125±4 | 125±5 | 128±5 |
| 48hr | 122±4 | 126±4 | 128±9 | 128±6 | 126±6 | 128±10 |
| WOMEN | | | | | | |
| Pre | 112±7 | 108±7 | 111±6 | 111±4 | 110±5 | 111±4 |
| 0.25hr | 113±10 | 106±11 | 113±8 | 116±4 | 109±5 | 111±7 |
| 0.5hr | 116±7 | 111±6 | 113±4 | 114±8 | 111±5 | 117±5 |
| 1hr | 114±5 | 109±2 | 114±8 | 114±7 | 110±9 | 114±8 |
| 1.5hr | 111±4 | 110±6 | 115±9 | 116±7 | 108±5 | 116±6 |
| 2hr | 109±7 | 112±9 | 117±7 | 120±7 | 113±8 | 109±5 |
| 4hr | 118±8 | 117±9 | 118±5 | 117±9 | 113±9 | 116±4 |
| 6hr | 115±8 | 113±5 | 115±5 | 115±4 | 112±3 | 113±5 |
| 8hr | 117±6 | 118±4 | 115±8 | 121±13 | 112±7 | 114±5 |
| 24hr | 115±9 | 111±4 | 112±5 | 113±6 | 112±5 | 112±6 |
| 48hr | 113±8 | 111±5 | 112±8 | 116±4 | 113±6 | 108±3 |

Values are mean ± SD (* time effect with values significantly higher than other time points (p<0.01).

Table 5. Diastolic blood pressure (mm Hg) data of men and women ingesting methyliberine, caffeine, theacrine, or their combination

| Variable | Methyliberine 25mg | Methyliberine 100mg | Caffeine 150mg | Methyliberine+ Caffeine 100mg+ 150mg | Methyliberine+ Theacrine 100mg+ 50mg | Methyliberine+ Theacrine+ Caffeine 100mg+ 50mg+ 150mg |
|--------------|-----------------------|------------------------|-------------------|---|---|--|
| MEN | | | | | | |
| Pre | 70±9 | 74±5 | 72±6 | 71±8 | 71±9 | 74±8 |
| 0.25hr | 75±7 | 73±6 | 74±2 | 74±10 | 71±5 | 78±6 |
| 0.5hr | 72±7 | 75±5 | 79±7 | 76±10 | 72±8 | 80±5 |
| 1hr | 76±5 | 75±6 | 77±6 | 79±8 | 74±5 | 77±8 |
| 1.5hr | 75±9 | 75±7 | 76±6 | 78±6 | 72±6 | 76±6 |
| 2hr | 75±8 | 72±6 | 74±8 | 83±11 | 72±4 | 81±9 |
| 4hr | 72±9 | 75±8 | 75±6 | 72±6 | 70±7 | 75±6 |
| 6hr | 76±10 | 73±5 | 73±7 | 74±12 | 71±5 | 76±8 |
| 8hr | 73±6 | 75±4 | 75±5 | 73±5 | 76±5 | 76±8 |
| 24hr | 74±7 | 75±6 | 72±6 | 73±6 | 74±5 | 76±6 |
| 48hr | 71±8 | 76±5 | 75±5 | 76±4 | 74±5 | 74±8 |
| WOMEN | | | | | | |
| Pre | 74±7 | 70±7 | 70±8 | 71±6 | 71±8 | 70±4 |
| 0.25hr | 70±7 | 72±3 | 72±9 | 75±7 | 69±5 | 70±11 |
| 0.5hr | 75±11 | 72±4 | 73±8 | 77±9 | 72±4 | 73±8 |
| 1hr | 74±8 | 74±6 | 76±10 | 75±7 | 73±5 | 76±7 |
| 1.5hr | 70±10 | 74±7 | 74±9 | 75±9 | 72±5 | 74±9 |
| 2hr | 71±10 | 72±8 | 75±9 | 73±6 | 73±4 | 69±6 |
| 4hr | 74±7 | 72±5 | 72±3 | 70±8 | 68±10 | 68±8 |
| 6hr | 70±6 | 69±9 | 74±9 | 69±8 | 68±4 | 69±8 |
| 8hr | 69±7 | 68±5 | 73±6 | 72±10 | 71±8 | 68±6 |
| 24hr | 73±5 | 71±4 | 71±7 | 71±5 | 70±7 | 71±5 |
| 48hr | 73±4 | 73±3 | 70±7 | 71±6 | 68±3 | 73±5 |

Values are mean ± SD

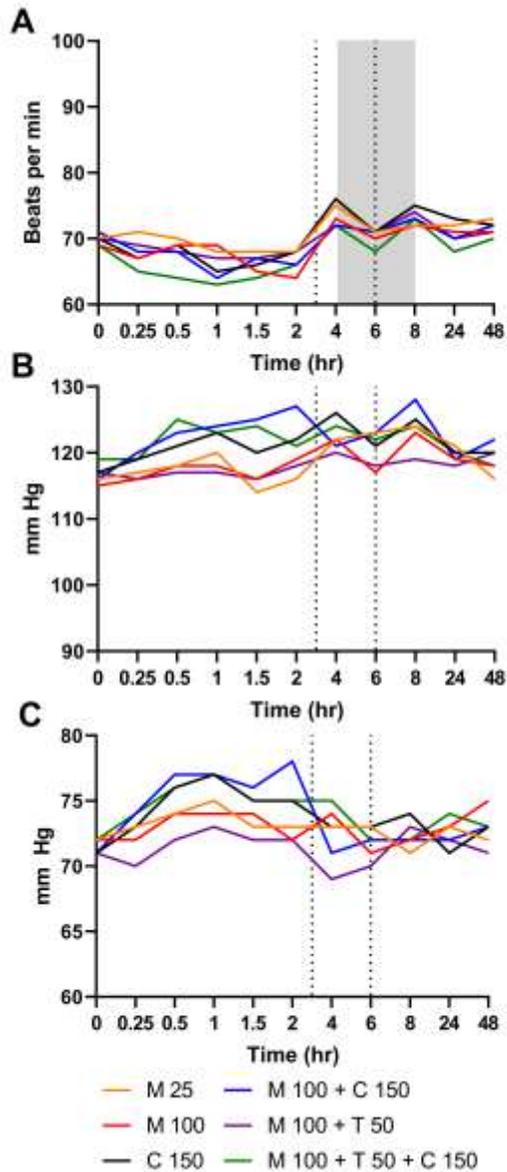


Figure 1. Heart rate (A), systolic (B) and diastolic (C) blood pressure of men and women ingesting methylxanthines, caffeine, theacrine, or their combination. Note: 25 mg methylxanthine (M 25), 100 mg methylxanthine (M 100), 150 mg caffeine (C 150), 100 mg methylxanthine + 150 mg caffeine (M 100 + C 150), 100 mg methylxanthine + 50 mg theacrine (M 100 + T 50), and 100 mg methylxanthine + 50 mg theacrine + 150 mg caffeine (M 100 + T 50 + C 150). Vertical dashed lines indicate feedings. Grey box indicates time in which time effects were observed.

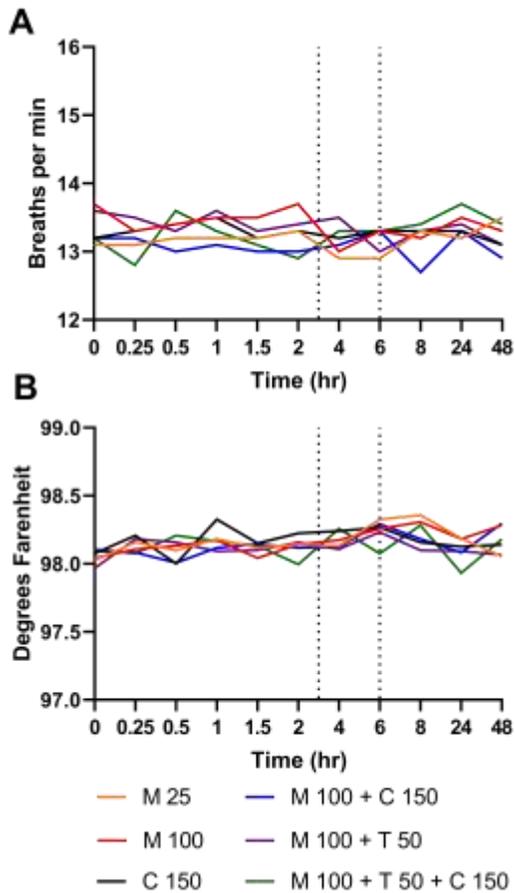


Figure 2. Respiratory rate (A) and body temperature (B) of men and women ingesting methyllicberine, caffeine, theacrine, or their combination. Note: 25 mg methyllicberine (M 25), 100 mg methyllicberine (M 100), 150 mg caffeine (C 150), 100 mg methyllicberine + 150 mg caffeine (M 100 + C 150), 100 mg methyllicberine + 50 mg theacrine (M 100 + T 50), and 100 mg methyllicberine + 50 mg theacrine + 150 mg caffeine (M 100 + T 50 + C 150). Vertical dashed lines indicate feedings.

Both respiratory rate (RR) and body temperature (BT) remained nearly identical across time for all conditions, with only a time effect noted for BT ($p < 0.01$). Values remained relatively constant across time and

very close to 98 degrees for all conditions at all times. Data are shown in Tables 6 and 7, as well as Figure 2A and Figure 2B, respectively.

Table 6. Respiration (breaths per minute) data of men and women ingesting methylphenidate, caffeine, theacrine, or their combination

| Variable | Methylphenidate 25mg | Methylphenidate 100mg | Caffeine 150mg | Methylphenidate+ Caffeine 100mg+ 150mg | Methylphenidate+ Theacrine 100mg+ 50mg | Methylphenidate+ Theacrine+ Caffeine 100mg+ 50mg+ 150mg |
|--------------|-------------------------|--------------------------|-------------------|---|---|--|
| MEN | | | | | | |
| Pre | 12.5±0.8 | 13.3±1.4 | 13.2±1.2 | 13.0±1.3 | 13.3±1.0 | 13.2±0.8 |
| 0.25hr | 12.7±1.0 | 13.0±0.6 | 13.3±1.2 | 13.0±1.1 | 13.7±0.5 | 12.7±0.8 |
| 0.5hr | 12.8±1.0 | 13.2±1.0 | 13.5±1.4 | 12.8±0.8 | 13.3±0.8 | 13.8±0.8 |
| 1hr | 13.0±1.1 | 13.5±1.2 | 13.8±1.0 | 12.7±1.0 | 13.7±1.4 | 13.0±0.9 |
| 1.5hr | 12.8±0.8 | 13.7±1.2 | 12.8±1.0 | 12.8±0.8 | 13.2±0.8 | 12.8±1.0 |
| 2hr | 13.0±1.3 | 13.8±1.7 | 13.5±1.2 | 12.8±1.2 | 13.5±0.5 | 12.7±0.8 |
| 4hr | 12.5±0.8 | 13.0±1.1 | 13.0±0.9 | 12.8±1.2 | 13.7±1.0 | 13.3±1.5 |
| 6hr | 12.2±0.8 | 13.2±0.8 | 13.2±1.0 | 13.2±1.0 | 12.8±0.8 | 13.2±1.7 |
| 8hr | 13.0±0.9 | 13.0±1.1 | 13.5±0.8 | 12.7±1.2 | 13.2±1.0 | 13.3±1.2 |
| 24hr | 12.5±0.8 | 13.5±0.5 | 13.3±1.2 | 13.0±0.9 | 13.5±0.8 | 13.7±1.0 |
| 48hr | 13.3±1.0 | 13.2±1.2 | 13.2±1.2 | 12.5±1.0 | 13.0±0.9 | 13.2±1.3 |
| WOMEN | | | | | | |
| Pre | 13.7±1.4 | 14.0±1.7 | 13.2±0.8 | 13.3±1.0 | 13.8±0.8 | 13.2±1.2 |
| 0.25hr | 13.5±0.8 | 13.5±0.8 | 13.2±0.8 | 13.3±1.0 | 13.3±0.5 | 13.0±0.6 |
| 0.5hr | 13.5±1.0 | 13.7±1.0 | 13.3±0.8 | 13.2±1.0 | 13.2±0.8 | 13.3±1.2 |
| 1hr | 13.3±0.8 | 13.4±0.9 | 13.2±0.8 | 13.5±0.8 | 13.5±0.8 | 13.7±0.5 |
| 1.5hr | 13.5±0.8 | 13.3±1.2 | 13.5±0.5 | 13.2±1.0 | 13.5±0.8 | 13.3±0.8 |
| 2hr | 13.7±0.8 | 13.5±1.0 | 13.2±0.8 | 13.2±1.0 | 13.3±0.8 | 13.2±0.8 |
| 4hr | 13.3±1.0 | 13.0±0.9 | 13.3±0.8 | 13.3±1.2 | 13.3±0.8 | 13.3±0.8 |
| 6hr | 13.7±1.4 | 13.5±0.8 | 13.3±0.5 | 13.3±1.2 | 13.2±0.8 | 13.3±0.8 |
| 8hr | 13.5±1.0 | 13.3±1.5 | 13.0±0.9 | 12.8±0.8 | 13.5±0.5 | 13.5±1.0 |
| 24hr | 13.8±1.0 | 13.5±1.0 | 13.2±0.4 | 13.7±0.5 | 13.3±0.8 | 13.7±1.4 |
| 48hr | 13.7±1.0 | 13.5±0.5 | 13.0±0.9 | 13.2±0.8 | 13.2±1.2 | 13.6±1.3 |

Values are mean ± SD

Table 7. Body temperature (degrees Fahrenheit) data of men and women ingesting methylxanthines, caffeine, theacrine, or their combination

| Variable | Methylxanthine 25mg | Methylxanthine 100mg | Caffeine 150mg | Methylxanthine+ Caffeine 100mg+ 150mg | Methylxanthine+ Theacrine 100mg+ 50mg | Methylxanthine+ Theacrine+ Caffeine 100mg+ 50mg+ 150mg |
|--------------|------------------------|-------------------------|-------------------|--|--|---|
| MEN | | | | | | |
| Pre | 98.0±0.3 | 98.0±0.3 | 98.1±0.3 | 98.2±0.2 | 98.0±0.4 | 98.0±0.2 |
| 0.25hr | 98.1±0.3 | 98.1±0.2 | 98.1±0.4 | 97.9±0.2 | 98.1±0.2 | 98.0±0.4 |
| 0.5hr | 98.1±0.2 | 98.0±0.6 | 98.0±0.2 | 98.1±0.1 | 98.1±0.4 | 98.2±0.4 |
| 1hr | 98.1±0.2 | 98.1±0.3 | 98.3±0.3 | 98.0±0.3 | 98.1±0.2 | 98.1±0.3 |
| 1.5hr | 98.1±0.3 | 97.8±0.3 | 98.1±0.2 | 98.1±0.3 | 98.1±0.2 | 98.0±0.5 |
| 2hr | 98.0±0.3 | 97.9±0.4 | 98.2±0.3 | 98.1±0.2 | 98.2±0.2 | 97.9±0.3 |
| 4hr | 98.1±0.3 | 98.1±0.2 | 98.2±0.4 | 98.1±0.4 | 98.1±0.3 | 98.2±0.3 |
| 6hr | 98.3±0.2 | 98.1±0.2 | 98.2±0.5 | 98.4±0.1 | 98.1±0.3 | 98.2±0.3 |
| 8hr | 98.3±0.3 | 98.2±0.3 | 98.1±0.2 | 98.1±0.6 | 98.0±0.4 | 98.2±0.4 |
| 24hr | 98.1±0.2 | 98.2±0.1 | 98.2±0.3 | 98.1±0.3 | 98.2±0.4 | 97.9±0.3 |
| 48hr | 98.1±0.2 | 98.3±0.3 | 98.2±0.2 | 98.3±0.3 | 98.0±0.2 | 98.2±0.1 |
| WOMEN | | | | | | |
| Pre | 98.1±0.3 | 98.1±0.4 | 98.1±0.4 | 98.0±0.4 | 97.9±0.4 | 98.2±0.4 |
| 0.25hr | 98.2±0.2 | 98.1±0.3 | 98.3±0.6 | 98.2±0.2 | 98.2±0.2 | 98.2±0.2 |
| 0.5hr | 98.1±0.5 | 98.2±0.2 | 98.0±0.2 | 98.0±0.3 | 98.2±0.2 | 98.3±0.2 |
| 1hr | 98.3±0.2 | 98.3±0.2 | 98.4±0.2 | 98.3±0.2 | 98.1±0.3 | 98.2±0.2 |
| 1.5hr | 98.2±0.2 | 98.3±0.2 | 98.2±0.2 | 98.2±0.2 | 98.1±0.3 | 98.3±0.1 |
| 2hr | 98.4±0.2 | 98.4±0.3 | 98.3±0.3 | 98.1±0.2 | 98.1±0.2 | 98.1±0.3 |
| 4hr | 98.2±0.1 | 98.3±0.4 | 98.3±0.4 | 98.2±0.2 | 98.1±0.3 | 98.3±0.2 |
| 6hr | 98.3±0.4 | 98.5±0.5 | 98.3±0.4 | 98.2±0.3 | 98.4±0.2 | 98.4±0.2 |
| 8hr | 98.4±0.3 | 98.4±0.5 | 98.3±0.3 | 98.3±0.1 | 98.2±0.3 | 98.4±0.3 |
| 24hr | 98.3±0.3 | 98.2±0.3 | 98.0±0.5 | 98.1±0.2 | 98.0±0.2 | 98.0±0.4 |
| 48hr | 98.0±0.3 | 98.3±0.3 | 98.1±0.4 | 98.3±0.2 | 98.1±0.2 | 98.2±0.5 |

Values are mean ± SD

With regards to the subjective mood measures, no interactions were noted ($p>0.05$). Condition effects were noted for attentive ($p=0.02$) and energetic ($p=0.02$), with M100 + C150 greater than M100 + T50; and moody ($p<0.01$), with M100 and M100 + T50 greater than M100 + C150. A time effect was noted for focused ($p=0.02$), with a pattern of increase observed from baseline through 4 hours post ingestion, with the three caffeine conditions appearing most

influential in driving this effect. Values followed a very similar pattern within all conditions, in that they improved from baseline through 8 hours, likely due to the early morning start time. As subjects “woke up” and started feeling better throughout the day, values improved. While very little noted differences in the subjective mood measures were noted, data are shown in Table 8.

Table 8. Subjective mood data of men and women ingesting methylloberine, caffeine, theacrine, or their combination

| A. Attentive | | | | | | |
|--------------|------------------------|-------------------------|-------------------|--|--|---|
| Variable | Methylloberine 25mg | Methylloberine 100mg | Caffeine 150mg | Methylloberine+ Caffeine 100mg+ 150mg | Methylloberine+ Theacrine 100mg+ 50mg | Methylloberine+ Theacrine+ Caffeine 100mg+ 50mg+ 150mg |
| MEN | | | | | | |
| Pre | 51±34 | 54±39 | 58±32 | 60±36 | 48±36 | 53±34 |
| 0.25hr | 58±32 | 56±36 | 63±29 | 63±31 | 47±33 | 55±36 |
| 0.5hr | 62±32 | 69±32 | 64±26 | 66±29 | 51±35 | 60±34 |
| 1hr | 60±33 | 64±32 | 66±24 | 68±26 | 51±35 | 58±33 |
| 1.5hr | 58±34 | 63±33 | 68±25 | 66±26 | 52±33 | 62±35 |
| 2hr | 62±34 | 66±29 | 71±26 | 70±26 | 58±32 | 61±34 |
| 4hr | 62±31 | 64±30 | 73±21 | 67±27 | 54±35 | 67±34 |
| 6hr | 61±33 | 64±28 | 66±25 | 65±31 | 59±31 | 60±35 |
| 8hr | 57±35 | 56±33 | 65±25 | 63±32 | 53±34 | 56±35 |
| 24hr | 52±36 | 55±37 | 61±29 | 60±34 | 47±36 | 54±35 |
| 48hr | 27±18 | 57±36 | 54±34 | 41±26 | 47±36 | 66±32 |
| WOMEN | | | | | | |
| Pre | 67±21 | 49±28 | 51±21 | 64±15 | 52±31 | 56±26 |
| 0.25hr | 57±27 | 45±22 | 51±24 | 61±19 | 53±23 | 57±24 |
| 0.5hr | 57±27 | 53±21 | 56±21 | 64±14 | 51±25 | 58±22 |
| 1hr | 57±21 | 47±19 | 59±20 | 68±13 | 53±22 | 65±20 |
| 1.5hr | 57±24 | 57±17 | 58±18 | 68±15 | 53±19 | 69±19 |
| 2hr | 54±21 | 59±23 | 60±16 | 68±14 | 50±22 | 67±16 |
| 4hr | 59±24 | 56±28 | 61±20 | 65±16 | 59±19 | 61±21 |
| 6hr | 56±27 | 54±18 | 60±23 | 57±14 | 60±14 | 68±18 |
| 8hr | 54±25 | 47±19 | 62±23 | 58±23 | 61±16 | 64±22 |
| 24hr | 65±23 | 54±18 | 53±27 | 69±21 | 54±21 | 60±29 |
| 48hr | 53±30 | 54±25 | 50±26 | 66±14 | 55±23 | 52±23 |

Values are mean ± SD

Table 8. Subjective mood data of men and women ingesting methylloberine, caffeine, theacrine, or their combination

| B. Energetic | | | | | | |
|--------------|------------------------|-------------------------|-------------------|--|--|---|
| Variable | Methylloberine 25mg | Methylloberine 100mg | Caffeine 150mg | Methylloberine+ Caffeine 100mg+ 150mg | Methylloberine+ Theacrine 100mg+ 50mg | Methylloberine+ Theacrine+ Caffeine 100mg+ 50mg+ 150mg |
| MEN | | | | | | |
| Pre | 45±36 | 47±35 | 57±33 | 57±39 | 45±35 | 51±37 |
| 0.25hr | 52±36 | 54±36 | 61±29 | 63±30 | 45±32 | 56±35 |
| 0.5hr | 58±34 | 66±34 | 63±28 | 65±29 | 51±34 | 59±34 |
| 1hr | 59±34 | 61±32 | 64±25 | 69±25 | 52±35 | 61±33 |
| 1.5hr | 60±33 | 62±32 | 66±25 | 69±26 | 51±33 | 62±35 |
| 2hr | 65±33 | 62±28 | 72±26 | 71±26 | 53±33 | 66±34 |
| 4hr | 62±31 | 64±31 | 78±18 | 65±29 | 54±32 | 62±33 |
| 6hr | 57±34 | 62±30 | 52±37 | 61±34 | 56±32 | 59±35 |
| 8hr | 60±37 | 57±34 | 68±27 | 63±32 | 55±34 | 62±36 |
| 24hr | 49±37 | 50±36 | 61±30 | 59±36 | 45±32 | 52±35 |
| 48hr | 24±16 | 59±36 | 57±33 | 38±27 | 49±35 | 60±40 |
| WOMEN | | | | | | |
| Pre | 60±22 | 39±28 | 48±26 | 57±25 | 51±29 | 53±30 |
| 0.25hr | 55±24 | 40±26 | 51±29 | 56±23 | 51±23 | 51±23 |
| 0.5hr | 54±23 | 49±22 | 57±21 | 65±15 | 51±24 | 56±18 |
| 1hr | 48±21 | 48±22 | 52±26 | 68±14 | 49±28 | 58±17 |
| 1.5hr | 54±20 | 53±18 | 57±22 | 68±13 | 55±19 | 63±20 |
| 2hr | 50±17 | 58±23 | 57±22 | 63±15 | 52±21 | 62±17 |
| 4hr | 53±24 | 52±25 | 59±26 | 65±16 | 58±18 | 57±19 |
| 6hr | 53±29 | 46±20 | 61±26 | 53±13 | 59±15 | 65±14 |
| 8hr | 51±26 | 46±18 | 62±25 | 58±24 | 60±13 | 57±22 |
| 24hr | 56±27 | 42±22 | 47±34 | 74±14 | 53±30 | 54±28 |
| 48hr | 55±31 | 60±33 | 50±30 | 63±13 | 51±30 | 39±25 |

Values are mean ± SD

Table 8. Subjective mood data of men and women ingesting methylloberine, caffeine, theacrine, or their combination

| C. Motivated | | | | | | |
|--------------|------------------------|-------------------------|-------------------|--|--|---|
| Variable | Methylloberine 25mg | Methylloberine 100mg | Caffeine 150mg | Methylloberine+ Caffeine 100mg+ 150mg | Methylloberine+ Theacrine 100mg+ 50mg | Methylloberine+ Theacrine+ Caffeine 100mg+ 50mg+ 150mg |
| MEN | | | | | | |
| Pre | 54±35 | 51±38 | 60±31 | 58±37 | 46±29 | 57±36 |
| 0.25hr | 59±31 | 55±35 | 62±28 | 60±34 | 43±33 | 58±33 |
| 0.5hr | 63±32 | 61±33 | 59±36 | 63±32 | 51±34 | 61±34 |
| 1hr | 61±32 | 59±28 | 67±23 | 68±25 | 54±33 | 61±33 |
| 1.5hr | 61±33 | 63±32 | 68±25 | 67±27 | 57±30 | 66±34 |
| 2hr | 64±32 | 65±31 | 74±22 | 69±26 | 61±30 | 65±33 |
| 4hr | 66±31 | 67±32 | 79±17 | 67±28 | 60±31 | 69±34 |
| 6hr | 61±33 | 63±27 | 67±23 | 62±34 | 62±28 | 60±35 |
| 8hr | 61±37 | 58±33 | 69±26 | 52±40 | 60±33 | 61±34 |
| 24hr | 54±36 | 54±36 | 54±36 | 58±35 | 47±30 | 54±36 |
| 48hr | 24±16 | 57±38 | 53±36 | 36±25 | 58±35 | 63±35 |
| WOMEN | | | | | | |
| Pre | 56±25 | 40±33 | 48±27 | 65±22 | 51±31 | 53±38 |
| 0.25hr | 55±29 | 44±29 | 51±25 | 56±25 | 47±29 | 56±32 |
| 0.5hr | 48±31 | 50±24 | 54±21 | 61±18 | 49±29 | 57±24 |
| 1hr | 50±29 | 48±20 | 57±22 | 63±15 | 51±26 | 62±23 |
| 1.5hr | 55±28 | 56±21 | 56±22 | 67±15 | 53±4 | 63±19 |
| 2hr | 51±26 | 59±23 | 57±23 | 66±18 | 52±25 | 66±22 |
| 4hr | 55±28 | 52±26 | 59±29 | 66±18 | 61±20 | 64±20 |
| 6hr | 53±33 | 52±17 | 60±25 | 48±17 | 59±18 | 66±20 |
| 8hr | 51±28 | 45±18 | 58±28 | 57±22 | 58±22 | 59±26 |
| 24hr | 55±36 | 41±24 | 46±34 | 68±22 | 50±36 | 55±28 |
| 48hr | 52±34 | 54±33 | 48±31 | 62±19 | 51±32 | 47±33 |

Values are mean ± SD

Table 8. Subjective mood data of men and women ingesting methylloberine, caffeine, theacrine, or their combination

| D. Irritable | | | | | | |
|--------------|------------------------|-------------------------|-------------------|--|--|---|
| Variable | Methylloberine 25mg | Methylloberine 100mg | Caffeine 150mg | Methylloberine+ Caffeine 100mg+ 150mg | Methylloberine+ Theacrine 100mg+ 50mg | Methylloberine+ Theacrine+ Caffeine 100mg+ 50mg+ 150mg |
| MEN | | | | | | |
| Pre | 15±32 | 13±21 | 19±39 | 11±16 | 19±30 | 13±23 |
| 0.25hr | 18±38 | 20±40 | 19±36 | 20±39 | 25±34 | 18±38 |
| 0.5hr | 19±38 | 23±43 | 19±38 | 20±40 | 31±42 | 18±39 |
| 1hr | 16±36 | 18±38 | 20±39 | 20±39 | 28±40 | 17±40 |
| 1.5hr | 17±38 | 17±35 | 20±38 | 19±39 | 28±42 | 17±36 |
| 2hr | 18±38 | 17±32 | 24±40 | 19±39 | 27±40 | 17±37 |
| 4hr | 15±30 | 17±30 | 22±41 | 19±39 | 18±33 | 16±35 |
| 6hr | 15±32 | 20±35 | 22±37 | 20±39 | 24±38 | 15±32 |
| 8hr | 17±36 | 21±38 | 20±38 | 19±39 | 22±40 | 14±31 |
| 24hr | 13±28 | 17±33 | 9±13 | 4±6 | 17±31 | 15±33 |
| 48hr | 13±18 | 12±25 | 7±9 | 3±6 | 19±34 | 20±37 |
| WOMEN | | | | | | |
| Pre | 8±11 | 11±14 | 4±5 | 3±3 | 14±20 | 15±23 |
| 0.25hr | 6±9 | 9±12 | 2±4 | 4±4 | 11±18 | 6±7 |
| 0.5hr | 6±7 | 4±4 | 4±5 | 3±3 | 7±11 | 6±7 |
| 1hr | 5±5 | 5±5 | 4±5 | 4±4 | 7±11 | 5±7 |
| 1.5hr | 4±4 | 7±7 | 3±3 | 3±4 | 7±7 | 4±3 |
| 2hr | 3±3 | 3±3 | 4±6 | 4±4 | 4±3 | 9±13 |
| 4hr | 4±4 | 4±5 | 2±2 | 3±4 | 8±14 | 6±8 |
| 6hr | 8±12 | 8±10 | 2±2 | 1±1 | 4±6 | 8±12 |
| 8hr | 3±3 | 7±11 | 2±3 | 1±1 | 5±8 | 3±4 |
| 24hr | 3±3 | 14±24 | 10±11 | 4±3 | 5±7 | 18±26 |
| 48hr | 2±1 | 3±3 | 5±8 | 2±1 | 5±6 | 10±11 |

Values are mean ± SD

Table 8. Subjective mood data of men and women ingesting methylloberine, caffeine, theacrine, or their combination

| E. Focused | | | | | | |
|------------|------------------------|-------------------------|-------------------|--|--|---|
| Variable | Methylloberine 25mg | Methylloberine 100mg | Caffeine 150mg | Methylloberine+ Caffeine 100mg+ 150mg | Methylloberine+ Theacrine 100mg+ 50mg | Methylloberine+ Theacrine+ Caffeine 100mg+ 50mg+ 150mg |
| MEN | | | | | | |
| Pre | 48±33 | 49±39 | 53±35 | 57±39 | 43±34 | 48±36 |
| 0.25hr | 52±31 | 50±34 | 63±25 | 63±33 | 43±35 | 52±35 |
| 0.5hr | 63±32 | 62±35 | 67±24 | 63±32 | 49±35 | 59±34 |
| 1hr | 60±36 | 57±33 | 67±23 | 61±30 | 51±36 | 54±38 |
| 1.5hr | 60±37 | 62±31 | 70±22 | 67±28 | 58±33 | 63±34 |
| 2hr | 59±35 | 65±30 | 73±22 | 68±28 | 59±30 | 64±37 |
| 4hr | 64±31 | 60±35 | 78±19 | 68±33 | 55±37 | 65±33 |
| 6hr | 64±34 | 61±31 | 71±22 | 57±42 | 60±30 | 57±35 |
| 8hr | 56±36 | 57±33 | 64±29 | 56±41 | 51±34 | 53±32 |
| 24hr | 47±37 | 54±38 | 47±32 | 50±44 | 43±32 | 50±34 |
| 48hr | 29±20 | 55±37 | 54±36 | 37±29 | 49±34 | 62±37 |
| WOMEN | | | | | | |
| Pre | 51±28 | 40±36 | 43±28 | 58±28 | 48±34 | 44±31 |
| 0.25hr | 51±32 | 44±30 | 48±30 | 58±24 | 48±30 | 50±35 |
| 0.5hr | 49±32 | 50±24 | 52±24 | 57±20 | 52±29 | 51±30 |
| 1hr | 52±31 | 51±22 | 57±23 | 66±16 | 50±27 | 61±25 |
| 1.5hr | 55±29 | 57±16 | 58±20 | 65±15 | 55±24 | 62±24 |
| 2hr | 48±28 | 61±20 | 58±22 | 66±18 | 55±29 | 61±22 |
| 4hr | 51±32 | 60±28 | 62±29 | 67±17 | 54±21 | 67±19 |
| 6hr | 51±37 | 54±18 | 60±28 | 51±18 | 58±19 | 60±26 |
| 8hr | 46±31 | 46±19 | 60±29 | 57±25 | 60±22 | 57±24 |
| 24hr | 50±36 | 39±29 | 36±37 | 67±24 | 51±33 | 56±29 |
| 48hr | 52±30 | 48±32 | 53±32 | 64±15 | 49±34 | 39±32 |

Values are mean ± SD

Table 8. Subjective mood data of men and women ingesting methylloberine, caffeine, theacrine, or their combination

| F. Jittery | | | | | | |
|------------|------------------------|-------------------------|-------------------|--|--|---|
| Variable | Methylloberine 25mg | Methylloberine 100mg | Caffeine 150mg | Methylloberine+ Caffeine 100mg+ 150mg | Methylloberine+ Theacrine 100mg+ 50mg | Methylloberine+ Theacrine+ Caffeine 100mg+ 50mg+ 150mg |
| MEN | | | | | | |
| Pre | 15±33 | 10±18 | 8±10 | 7±11 | 14±26 | 10±21 |
| 0.25hr | 16±33 | 19±39 | 10±15 | 19±40 | 17±28 | 17±38 |
| 0.5hr | 17±37 | 23±43 | 12±17 | 21±44 | 23±35 | 18±39 |
| 1hr | 18±38 | 20±39 | 11±20 | 19±40 | 23±34 | 23±39 |
| 1.5hr | 17±38 | 18±35 | 17±30 | 22±39 | 22±32 | 25±40 |
| 2hr | 18±35 | 18±31 | 20±34 | 23±40 | 24±37 | 24±40 |
| 4hr | 15±31 | 19±40 | 19±33 | 23±39 | 18±31 | 19±36 |
| 6hr | 17±35 | 21±39 | 16±31 | 20±39 | 18±32 | 14±31 |
| 8hr | 18±36 | 19±40 | 27±37 | 19±40 | 18±32 | 13±27 |
| 24hr | 13±28 | 15±31 | 4±6 | 4±6 | 20±35 | 13±29 |
| 48hr | 1±1 | 12±24 | 7±8 | 3±6 | 15±32 | 19±34 |
| WOMEN | | | | | | |
| Pre | 14±19 | 20±21 | 14±21 | 4±4 | 7±7 | 10±11 |
| 0.25hr | 6±9 | 12±16 | 6±7 | 5±4 | 5±4 | 6±7 |
| 0.5hr | 6±7 | 4±6 | 6±5 | 4±3 | 2±2 | 9±6 |
| 1hr | 5±4 | 4±7 | 5±3 | 4±3 | 4±4 | 9±12 |
| 1.5hr | 5±4 | 5±4 | 3±3 | 4±4 | 3±3 | 13±16 |
| 2hr | 5±3 | 2±2 | 3±5 | 10±13 | 4±6 | 13±19 |
| 4hr | 6±6 | 3±3 | 3±3 | 5±4 | 6±9 | 11±13 |
| 6hr | 3±3 | 7±11 | 3±2 | 3±5 | 2±2 | 7±10 |
| 8hr | 2±2 | 7±10 | 2±3 | 2±1 | 5±8 | 3±4 |
| 24hr | 3±2 | 15±20 | 5±7 | 6±9 | 4±5 | 8±10 |
| 48hr | 3±2 | 8±8 | 3±2 | 3±2 | 2±2 | 8±10 |

Values are mean ± SD

Table 8. Subjective mood data of men and women ingesting methyllicberine, caffeine, theacrine, or their combination

| G. Moody | | | | | | |
|----------|-------------------------|--------------------------|-------------------|---|---|--|
| Variable | Methyllicberine 25mg | Methyllicberine 100mg | Caffeine 150mg | Methyllicberine+ Caffeine 100mg+ 150mg | Methyllicberine+ Theacrine 100mg+ 50mg | Methyllicberine+ Theacrine+ Caffeine 100mg+ 50mg+ 150mg |
| MEN | | | | | | |
| Pre | 7±15 | 11±14 | 5±5 | 5±6 | 7±7 | 8±17 |
| 0.25hr | 8±13 | 10±12 | 6±8 | 5±6 | 12±13 | 9±16 |
| 0.5hr | 4±4 | 25±34 | 4±5 | 4±6 | 14±14 | 7±12 |
| 1hr | 7±11 | 14±19 | 6±7 | 4±4 | 19±19 | 4±6 |
| 1.5hr | 3±3 | 9±11 | 8±8 | 4±7 | 14±16 | 5±9 |
| 2hr | 2±3 | 7±6 | 9±9 | 19±38 | 12±17 | 8±14 |
| 4hr | 6±9 | 3±3 | 8±10 | 3±3 | 8±9 | 6±11 |
| 6hr | 7±12 | 7±7 | 8±11 | 3±2 | 11±16 | 7±11 |
| 8hr | 4±4 | 10±12 | 7±12 | 3±4 | 9±13 | 8±9 |
| 24hr | 4±3 | 7±8 | 3±4 | 3±3 | 9±14 | 6±10 |
| 48hr | 20±33 | 6±8 | 5±4 | 2±4 | 6±7 | 4±5 |
| WOMEN | | | | | | |
| Pre | 6±7 | 13±13 | 7±7 | 3±3 | 14±18 | 10±17 |
| 0.25hr | 6±5 | 9±11 | 4±5 | 4±4 | 8±8 | 5±6 |
| 0.5hr | 7±7 | 5±8 | 4±4 | 5±4 | 6±6 | 6±9 |
| 1hr | 7±6 | 6±9 | 5±6 | 4±3 | 7±8 | 6±10 |
| 1.5hr | 5±6 | 6±7 | 7±9 | 4±3 | 5±6 | 5±6 |
| 2hr | 5±5 | 4±5 | 4±6 | 3±3 | 5±5 | 13±28 |
| 4hr | 5±5 | 6±8 | 13±20 | 6±5 | 18±21 | 7±11 |
| 6hr | 5±6 | 9±14 | 3±2 | 2±2 | 3±2 | 5±6 |
| 8hr | 3±3 | 6±6 | 4±4 | 4±3 | 7±9 | 5±8 |
| 24hr | 5±4 | 12±18 | 8±8 | 4±3 | 7±7 | 14±16 |
| 48hr | 2±2 | 4±6 | 3±3 | 3±3 | 3±4 | 15±13 |

Values are mean ± SD

4. Discussion

Caffeine is a common ingredient contained within dietary supplements marketed to boost energy, performance, and weight loss.¹⁵ There is considerable variation in the caffeine content of pre-workout dietary supplements, although the average of the 100 most popular supplements is approximately 250 mg per serving.¹⁶ As mentioned above, 250 mg is enough to elicit an increase in BP.⁹ While 400 mg of caffeine is considered safe for

healthy adults, there is some concern about adverse effects that may occur with interactions with other supplement ingredients or additional caffeine consumption.¹⁷ On a survey on pre-workout supplements, over a third of respondents reported that they consume additional caffeine with their pre-workout supplement at least some of the time. Moreover, nearly 20% reported that they sometimes use pre-workout supplements more than once a day,¹⁸ suggesting the amount of caffeine

consumed by some respondents could exceed the recommended caffeine limit. The supplement dosage may also be unsafe for those who are caffeine naïve, sensitive to caffeine, or have certain health conditions such as hypertension.¹⁹⁻²² Therefore, while most supplements contain a putatively safe level of caffeine, ingestion of caffeine at the provided doses in combination with other ingredients or with additional caffeine may lead to adverse health outcomes.

Theacrine, and more recently methylxanthine, have been explored for their potential for boosting “energetic feel” without augmenting undesirable physiological effects associated with caffeine (e.g., increase in BP). Theacrine has repeatedly been found to have little effect on HR and BP while having a positive effect on psychometric parameters.^{5-7,12-13}

In the current study, we sought to determine whether methylxanthine consumption led to pressor effects alone or in conjunction with caffeine and theacrine, as these are co-ingredients in some dietary supplements. Additionally, we sought to determine whether methylxanthine presented similar subjective mood enhancing properties observed in previous studies with theacrine.⁵⁻⁷

Similar to what was previously observed with theacrine,¹²⁻¹³ methylxanthine either alone or in combination with caffeine had no significant effect on HR and BP when compared to caffeine alone. Furthermore, we found no significant changes in HR and BP with the addition of theacrine to methylxanthine and caffeine (M100 + T50 + C150 versus M100 + C150). In a previous study, methylxanthine did not result in a significant change in HR and BP.¹⁴ Both the current and the previous study also found no significant differences in HR and BP with the addition of theacrine to methylxanthine.¹⁴ These findings suggest methylxanthine has little to no significant

pressor effect alone or in combination with theacrine.

All conditions that lead to higher BP were associated with the presence of caffeine. The combination of caffeine and methylxanthine resulted in an increase in SBP compared to non-caffeinated treatments, and the combination of theacrine, methylxanthine, and caffeine had an increased SBP compared to the combination of methylxanthine and theacrine. Caffeine and methylxanthine with or without theacrine resulted in a higher DBP compared to the combination of theacrine and methylxanthine. The presence of caffeine within all treatments with higher BP suggests that caffeine is the main factor for the increased BP.

The time effects observed for HR and BP appear to be due to experimental design rather than actual treatments, as no time x condition effects were noted. The HR increase at 4 and 8 hours is most likely associated with feedings from the previous hours. The initial increase in BP, particularly during the first hour of the experiment, may be explained by the waking phenomenon.

The current study also explored the effects of methylxanthine on subjective moods. Subjects using methylxanthine with caffeine felt modestly more energetic and attentive than when they were using methylxanthine with theacrine, with no improvement compared to methylxanthine alone or other caffeinated combinations. The combination of methylxanthine and caffeine was also found to augment mood compared to treatments with the higher dose of methylxanthine (100 mg) with or without theacrine (50 mg). This suggests that methylxanthine and caffeine may have a synergistic relationship that may improve subjective moods. Unlike theacrine which has repeatedly been shown to have positive effects on subjective mood,^{5-7,12} methylxanthine alone was not found to

positively alter subjective mood compared to other treatments. Without a negative control, we can't definitively state whether methylxanthine altered subjective moods. Previous work exploring combinations of methylxanthine (as Dynamine®) and theacrine (as Teacrine®) versus placebo also found changes in main effects for energy, alertness, productivity, and motivation to perform mental tasks, although it was unclear which treatments were different.¹⁴ However, both of these studies were relatively small, 12 subjects with 6 treatments in a crossover design (current study) and 24 subjects split separately into five treatment groups.¹⁴ A larger study will be necessary to assess whether or not methylxanthine, either at the current or higher doses, positively alters subjective moods.

While the known physiological effects of caffeine are relatively mild and generally well-tolerated, some degree of caffeine hypersensitivity (likely due to genetic differences in the polymorphic cytochrome P450 1A2 enzyme) is known to exist, leading to more robust changes in HR and BP in some individuals. The lack of significant pressor effects of theacrine and methylxanthine in current studies therefore suggest that these compounds could be alternatives to caffeine for sensitive individuals. Caffeine derivatives such as theacrine and methylxanthine may also be used to boost the desirable effects of caffeine when the latter is used in lower doses. However, because the currently available information on theacrine and methylxanthine is universally derived from studies using small numbers of subjects, we

cannot rule out that higher doses of these substances could lead to pressor effects. Additionally, it is possible that some degree of hypersensitivity to these compounds may exist in the general population, as this is unlikely to be captured in studies using small numbers of participants.

5. Conclusion

Acute ingestion of methylxanthine alone at doses up to 100mg does not result in a significant increase in HR, BP, respiratory rate, or body temperature in a sample of healthy men and women. Future, larger-scale studies are needed to further evaluate the mood-enhancing effects of methylxanthine, alone and in combination with other dietary ingredients.

6. Authors' contributions

RJB was responsible for the study design, data analysis, and manuscript preparation. MB was responsible for study coordination, subject recruitment, data collection, and data entry. JP was responsible manuscript preparation. All authors read and approved the final manuscript.

7. Conflict of Interest Statement

RJB has been a Consultant for and/or Principal Investigator on research studies funded by various dietary ingredient and supplement companies. Other authors declare no competing interests.

8. Acknowledgments

Funding for this work was provided in part by Compound Solutions, Inc. and the University of Memphis.

References

1. Zheng X-Q, Ye C-X, Kato M, Crozier A, Ashihara H. Theacrine (1,3,7,9-tetramethyluric acid) synthesis in leaves of a Chinese tea, kucha (*Camellia assamica* var. kucha). *Phytochemistry*. 2002;60(2):129-134. doi:[10.1016/S0031-9422\(02\)00086-9](https://doi.org/10.1016/S0031-9422(02)00086-9)
2. Ashihara H, Kato M, Crozier A. Distribution, Biosynthesis and Catabolism of Methylxanthines in Plants. In: *Methylxanthines*. Vol 200. Berlin, Heidelberg: Springer Berlin Heidelberg; 2011:11-31. doi:[10.1007/978-3-642-13443-2_2](https://doi.org/10.1007/978-3-642-13443-2_2)
3. Maier HG, Weidner M. Minor alkaloids in caffeine containing stimulants. *Deutsche Lebensmittel-Rundschau*. 2000;96(10):363-368.
4. Petermann JB, Baumann TW. Metabolic Relations between Methylxanthines and Methyluric Acids in *Coffea* L. *Plant Physiol*. 1983;73(4):961-964. doi:[10.1104/pp.73.4.961](https://doi.org/10.1104/pp.73.4.961)
5. Taylor L, Mumford P, Roberts M, et al. Safety of TeaCrine®, a non-habituating, naturally-occurring purine alkaloid over eight weeks of continuous use. *J Int Soc Sports Nutr*. 2016;13(1):2. doi:[10.1186/s12970-016-0113-3](https://doi.org/10.1186/s12970-016-0113-3)
6. Kuhman D, Joyner K, Bloomer R. Cognitive Performance and Mood Following Ingestion of a Theacrine-Containing Dietary Supplement, Caffeine, or Placebo by Young Men and Women. *Nutrients*. 2015;7(11):9618-9632. doi:[10.3390/nu7115484](https://doi.org/10.3390/nu7115484)
7. Ziegenfuss TN, Habowski SM, Sandrock JE, Kedia AW, Kerksick CM, Lopez HL. A Two-Part Approach to Examine the Effects of Theacrine (TeaCrine®) Supplementation on Oxygen Consumption, Hemodynamic Responses, and Subjective Measures of Cognitive and Psychometric Parameters. *Journal of Dietary Supplements*. 2017;14(1):9-24. doi:[10.1080/19390211.2016.1178678](https://doi.org/10.1080/19390211.2016.1178678)
8. Murbach TS, Glávits R, Endres JR, et al. A Toxicological Evaluation of Methylxanthines (Dynamine®). *Journal of Toxicology*. 2019;2019:1-25. doi:[10.1155/2019/4981420](https://doi.org/10.1155/2019/4981420)
9. Nawrot P, Jordan S, Eastwood J, Rotstein J, Hugenholtz A, Feeley M. Effects of caffeine on human health. *Food Additives and Contaminants*. 2003;20(1):1-30. doi:[10.1080/0265203021000007840](https://doi.org/10.1080/0265203021000007840)
10. Passmore AP, Kondowe GB, Johnston GD. Renal and cardiovascular effects of caffeine: A dose-response study. *Clinical Science*. 1987;72(6):749-756. doi:[10.1042/cs0720749](https://doi.org/10.1042/cs0720749)
11. Quinlan PT, Lane J, Moore KL, Aspen J, Rycroft JA, O'Brien DC. The Acute Physiological and Mood Effects of Tea and Coffee. *Pharmacology Biochemistry and Behavior*. 2000;66(1):19-28. doi:[10.1016/S0091-3057\(00\)00192-1](https://doi.org/10.1016/S0091-3057(00)00192-1)
12. Butawan M, Stockton MB, and Bloomer RJ. Effects of a single dose of Theacrine, caffeine, or their combination on subjective feelings, cognitive performance, and hemodynamics in men and women. Poster presented at 14th Annual Conference of the International Society of Sport Nutrition; June 22-24, 2017; Phoenix, AZ.
13. He H, Ma D, Crone LB, et al. Assessment of the Drug-Drug Interaction Potential Between Theacrine and Caffeine in Humans. *Journal of Caffeine Research*. 2017;7(3):95-102. doi:[10.1089/jcr.2017.0006](https://doi.org/10.1089/jcr.2017.0006)
14. Stratton M, Holmes A, et al. A72. Effect of Dynamine™ with and without TeaCrine® over four weeks of

- continuous use on cardiovascular function, and psychometric parameters: a pilot study. *J Int Soc Sports Nutr.* 2018;15(256) doi: [10.1186/s12970-018-0256-5](https://doi.org/10.1186/s12970-018-0256-5)
15. Gurley BJ, Steelman SC, Thomas SL. Multi-ingredient, Caffeine-containing Dietary Supplements: History, Safety, and Efficacy. *Clinical Therapeutics.* 2015;37(2):275-301. doi:[10.1016/j.clinthera.2014.08.012](https://doi.org/10.1016/j.clinthera.2014.08.012)
16. Jagim A, Harty P, Camic C. Common Ingredient Profiles of Multi-Ingredient Pre-Workout Supplements. *Nutrients.* 2019;11(2):254. doi:[10.3390/nu11020254](https://doi.org/10.3390/nu11020254)
17. Eudy AE, Gordon LL, Hockaday BC, et al. Efficacy and safety of ingredients found in preworkout supplements. *American Journal of Health-System Pharmacy.* 2013;70(7):577-588. doi:[10.2146/ajhp120118](https://doi.org/10.2146/ajhp120118)
18. Jagim AR, Camic CL, Harty PS. Common Habits, Adverse Events, and Opinions Regarding Pre-Workout Supplement Use Among Regular Consumers. *Nutrients.* 2019;11(4):855. doi:[10.3390/nu11040855](https://doi.org/10.3390/nu11040855)
19. Boulenger J-P. Increased Sensitivity to Caffeine in Patients With Panic Disorders: Preliminary Evidence. *Arch Gen Psychiatry.* 1984;41(11):1067. doi:[10.1001/archpsyc.1983.01790220057009](https://doi.org/10.1001/archpsyc.1983.01790220057009)
20. Cheung M, Quach J, Chan A, Nguyen NN, Shah SA. Effects of Energy Shots on Blood Pressure in Caffeine-Naïve Versus Caffeine-Consuming Healthy Volunteers. *Journal of Caffeine Research.* 2016;6(4):148-153. doi:[10.1089/jcr.2016.0013](https://doi.org/10.1089/jcr.2016.0013)
21. Mesas AE, Leon-Muñoz LM, Rodriguez-Artalejo F, Lopez-Garcia E. The effect of coffee on blood pressure and cardiovascular disease in hypertensive individuals: a systematic review and meta-analysis. *The American Journal of Clinical Nutrition.* 2011;94(4):1113-1126. doi:[10.3945/ajcn.111.016667](https://doi.org/10.3945/ajcn.111.016667)
22. Svatikova A, Covassin N, Somers K, et al. Potentiated blood pressure responses to energy drink intake in caffeine naïve healthy adults: a double blind randomized controlled study. *Journal of the American College of Cardiology.* 2015;65(10):A1432. doi:[10.1016/S0735-1097\(15\)61432-2](https://doi.org/10.1016/S0735-1097(15)61432-2)