

**TEA UP**

***TWO CUPS OF TEA A DAY ASSOCIATED WITH 40% REDUCTION IN MORTALITY***

Two cups of tea a day is associated with a 40% reduction in risk of mortality from all causes according to new research just published in the American Journal of Nutrition.[[1]](#footnote-1)

Commenting on the new research, Dr Catherine Hood from the Tea Advisory Panel (TAP) notes: “Tea is a major source of flavonoid compounds in the British and indeed the Australian diet where this research data was undertaken. Higher intakes of specific flavonoids and flavonoid-rich drinks (e.g., tea), flavonoid-rich foods (e.g., fruit, vegetables and chocolate) have been linked to reduced mortality from specific vascular diseases and cancers.

“The aim of this study was to explore the association between flavonoid intake and risk of mortality over five years from all causes by using two comprehensive food composition databases to assess flavonoid intake.

“The study population included 1063 randomly selected women aged over 75 years. All-cause mortality as well as death from cancer, and cardiovascular disease were assessed over a five year of follow-up.

“During the five year follow-up period, 129 (12%) deaths were documented. Participants with high total flavonoid intake were at lower risk of five year all-cause mortality than those with low total flavonoid consumption. Similar beneficial relationships were observed for both cardiovascular disease mortality and cancer mortality. More than 80% of flavonoids were provided by black tea consumption according to the USDA database.

“Of particular note was that a higher flavonoid intake of around 350 mg, equivalent to approximately 2 cups of tea, was associated with a 40% lower risk of all-cause mortality. The protective link extended to both major causes of mortality. Thus, high total flavonoid consumers displayed a 40–50% reduced risk of CVD and cancer mortality compared with those with the lowest intake.”

Dr Hood from TAP adds: “These findings are good news for British tea drinkers many of whom are the same age as the women in this study. A minimum flavonoid intake equivalent to just two cups of tea daily could reduce the risk of mortality by 40% and this benefit extended to both cardiovascular death and death from cancer. Older women at present drink just over two cups of tea daily on average but one in five don’t drink any tea and could benefit their health by doing so. More than half of cancer deaths occur in the over 75s with lung and breast cancer being the top two risks for women, according to Cancer Research UK[[2]](#footnote-2). Heart disease is the second most likely cause of death after cancer in older women. As part of a healthy diet and active lifestyle, more tea drinking could help older women reduce the health risks associated with cancer and heart disease”.

“As a result, this latest data together with many other published studies continue to suggest that Britain’s’ favorite beverage is good for our health and wellbeing, as well as keeping our hydration levels well topped up.”

***TEA CONSUMPTION ASSOCIATED WITH REDUCED RISK OF LUNG CANCER***

Both black and green tea consumption are associated with reduced lung cancer risk in a large recently published meta-analysis. [[3]](#footnote-3)

Commenting on the study, Dr Tim Bond from the Tea Advisory Panel notes: “This was a robust, well-executed meta-analysis using carefully chosen statistics. The meta-analysis included 38 studies with 59,041 cases of lung cancer and 396,664 controls. Total black and green tea consumption reduced the risk of lung cancer by 22 per cent. Subgroup analyses showed that tea consumption was associated with a 24 per cent reduced risk for lung cancer in women. Both green tea and black tea were separately associated with reduced risk. Green tea reduced lung cancer risk by 25 per cent and black tea by 18 per cent. [[4]](#footnote-4)

“This research is not the first to find a beneficial link between tea and the risk of cancer overall with other work showing a link between tea and the polyphenols it contains and the prevention of cancer. However, this new meta-analysis is the first to demonstrate a benefit of tea overall and black and green tea separately in reducing the risk of lung cancer.

“Tea is the second most commonly consumed beverage in the world after water and the findings from this study are good news for tea drinkers everywhere. These findings indicate that it doesn’t matter whether you prefer black tea or green tea or a mixture of both. Tea consumption in this study is linked with a reduced risk of lung cancer.”

-ENDS-

**The Tea Advisory Panel:** The Tea Advisory Panel is supported by an unrestricted educational grant from the **UK TEA & INFUSIONS ASSOCIATION**, the trade association for the UK tea industry. The Panel has been created to provide media with impartial information regarding the health benefits of tea. Panel members include nutritionists; dieticians and doctors.

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1. Kerry L Ivey, Jonathan M Hodgson, Kevin D Croft, Joshua R Lewis, and Richard L Prince. Flavonoid intake and all-cause mortality. Am J Clin Nutr 2015;101:1012–20. [↑](#footnote-ref-1)
2. <http://www.cancerresearchuk.org/health-professional/cancer-statistics/mortality/age#heading-Nine> [↑](#footnote-ref-2)
3. # [Wang L](http://www.ncbi.nlm.nih.gov/pubmed/?term=Wang%20L%5BAuthor%5D&cauthor=true&cauthor_uid=25194612), [Zhang X](http://www.ncbi.nlm.nih.gov/pubmed/?term=Zhang%20X%5BAuthor%5D&cauthor=true&cauthor_uid=25194612), [Liu J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Liu%20J%5BAuthor%5D&cauthor=true&cauthor_uid=25194612), [Shen L](http://www.ncbi.nlm.nih.gov/pubmed/?term=Shen%20L%5BAuthor%5D&cauthor=true&cauthor_uid=25194612), [Li Z](http://www.ncbi.nlm.nih.gov/pubmed/?term=Li%20Z%5BAuthor%5D&cauthor=true&cauthor_uid=25194612). Tea consumption and lung cancer risk: a meta-analysis of case-control and cohort studies

   [Nutrition.](http://www.ncbi.nlm.nih.gov/pubmed/25194612?dopt=Abstract) 2014 Oct;30(10):1122-7. [↑](#footnote-ref-3)
4. Yang CS, Ju J, Lu G, Xiao H, Hao X, Sang S, et al. Cancer prevention by tea and tea polyphenols. Asia Pac J Clin Nutr 2008;17(Suppl 1):245–8. [↑](#footnote-ref-4)