

## Exploring the Impact of Energy Drink Consumption on Cardiovascular and Renal Health in Youth

By

<sup>1</sup>Smriti A. <sup>2</sup>Renuka. G <sup>3</sup>Anitha Devi. U, <sup>4</sup>Shankar. T, <sup>5</sup>Vijaya Lakshmi. V and <sup>6</sup>Ugandhar.T

<sup>1</sup>Department of Health Sciences, Kaloji Narayan Rao University of Warangal, <sup>2</sup>Department of Microbiology Pingle Govt College Waddepally, Hanamkonda, <sup>3</sup>Department of Botany IPDGCW Namapally, Hyderabad, <sup>4</sup>Department of Botany Govt Degree College Siricilla, <sup>5</sup>Principal Govt Degree College Gambhirraopet, <sup>6</sup>Department of Botany Kakatiya Govt College (A) Hanumakonda

### Abstract:

**Objective:** The primary objective of this study is to investigate the health risks associated with energy drink consumption among youth, focusing on the cardiovascular and renal implications. The study aims to highlight the negative impact of excessive caffeine and sugar intake from energy drinks and to propose healthier alternatives that can alleviate fatigue without adverse health effects.

**Results:** The findings from studies conducted by the American Heart Association reveal that energy drinks, which contain between 80 to 500 mg of caffeine per can, can lead to serious health risks. Excessive caffeine intake is associated with increased heart rates and a potential risk of heart attacks. Additionally, the high sugar content in these beverages contributes to weight gain and elevates the risk of developing type 2 diabetes. Furthermore, energy drinks have been shown to negatively impact kidney function, increasing the risk of renal complications. The results emphasize the detrimental effects of energy drinks on cardiovascular and renal health, particularly among the youth.

**Conclusion:** The study concludes that the long-term health consequences of consuming energy drinks far outweigh the temporary relief from fatigue they provide. The adverse effects on heart rate, weight, and kidney function pose significant health risks. Experts recommend reducing the reliance on energy drinks and promoting healthier alternatives such as drinking water and green tea. These alternatives offer safer options to alleviate fatigue and support active work without the associated health risks. Raising awareness about the health implications of energy drink consumption and encouraging healthier lifestyle choices are essential for safeguarding the long-term health and well-being of the youth.

**Keywords:** Energy drinks, Youth consumption, Cardiovascular health, Renal health, Caffeine, Heart attack, Type 2 diabetes, Kidney function, Health risks, Alternatives to energy drinks.

### 1. Introduction

Energy drinks are widely used stimulants marketed to enhance performance, alertness, and concentration. These beverages are particularly targeted toward adolescents and young adults, many of whom are drawn to the supposed benefits of increased energy and improved mental focus. The branding of energy drinks often suggests invincibility, with names such as "Monster" and "Red Bull" implying strength and endurance. However, despite their popularity, these drinks pose significant health concerns due to their high content of caffeine, sugar, and other stimulants like taurine.

Research indicates that the consumption of energy drinks can lead to various hemodynamic effects, which may pose serious health risks. These risks include high blood pressure, cardiac arrhythmias, and in severe cases, sudden cardiac death<sup>[1,2]</sup>.

Energy drinks are liquid products that primarily contain caffeine and often include additional dietary supplements. The first energy drink in the U.S. was marketed as "Dr. Enuf" in 1949. In Europe, energy drinks were first launched in 1987, and their popularity soared globally after the introduction of Red Bull in 1997. Since then, the energy drink market has expanded significantly, with various brands being introduced worldwide. By 2013, annual consumption of energy drinks exceeded 5.8 billion liters across approximately 160 countries. In the U.S., the retail

market value for energy drinks was estimated at around 12.5 billion USD in 2012, with a 56% market growth from 2002 to 2006.

Manufacturers have shifted their focus from athletes to younger consumers, aggressively marketing energy drinks in venues popular with teens and young adults. Approximately two-thirds of energy drink consumers are between 13 and 35 years old, with boys comprising two-thirds of this market. Energy drinks are the second most common dietary supplement used by young people in the U.S., with about 30% consuming them regularly. The popularity of energy drinks in the Kingdom of Saudi Arabia mirrors global trends, with around half of the surveyed university students reporting regular consumption.

Energy drinks are designed to provide an "energy boost" through a combination of stimulants and energy-enhancing ingredients. The primary ingredient in most energy drinks is caffeine, typically ranging from 80-150 mg per 8 ounces, equivalent to 5 ounces of coffee or two 12-ounce cans of caffeinated soda. Many brands also contain significant amounts of glucose, although some offer artificially sweetened options. Other common ingredients include taurine, methylxanthines, vitamin B, ginseng, guarana, yerba mate, acai, maltodextrin, inositol, carnitine, creatine, glucuronolactone, and *Ginkgo biloba*.

### Objective

This review evaluates the cardiovascular health concerns associated with energy drink consumption. Specifically, it will address the following questions: What are energy drink-related cardiovascular health risks? Are these concerns valid? Who is most at risk? How do energy drinks contribute to these adverse health events? By examining recent studies and clinical reports, this review seeks to provide a comprehensive understanding of the potential dangers posed by energy drinks to cardiovascular health.

The review will build upon findings that highlight the potential cardiovascular dangers of these beverages. For instance,<sup>[3]</sup> have documented the content and safety concerns of energy drinks, emphasizing their impact on heart health. Furthermore, the American Heart Association (2019) has provided insights into how these drinks affect heart health, reinforcing the need for awareness and caution among consumers. Potential adverse effects of energy drinks concerning their ingredients

### 1.1 Cardiovascular Effects

Numerous studies have demonstrated that energy drink consumption leads to an increase in heart rate and arterial blood pressure, primarily due to the ergogenic effects of caffeine present in these beverages. Significant cardiac manifestations such as ventricular arrhythmias, ST-segment elevation, and QT prolongation have also been documented following energy drink overconsumption<sup>[4]</sup>. Additionally, cases of atrial fibrillation have been reported in two healthy boys, aged 14 and 16, after high-energy drink ingestion<sup>[5]</sup>. More alarmingly, energy drink consumption has been linked to myocardial infarction in healthy 17- and 19-year-old boys<sup>[6,7]</sup>. This connection is further supported by findings that energy drinks can reduce endothelial function and stimulate platelet activity through arachidonic acid-induced platelet aggregation in healthy young adults<sup>[8]</sup>. Recent reports have also indicated a relationship between energy drink overconsumption and arterial dilatation, aneurysm formation, dissection, and rupture of large arteries<sup>[9]</sup>.

### 1.2 Neurological and Psychological Effects

Caffeine intoxication symptoms typically appear at doses equal to or above 200 mg and include anxiety, insomnia, gastrointestinal upset, muscle twitching, restlessness, and periods of inexhaustibility<sup>[10]</sup>. High caffeine intake is also associated with both acute and chronic daily headaches due to the stimulation of a pro-nociceptive state of cortical hyper excitability<sup>[11]</sup>. The Diagnostic and Statistical Manual of Mental Disorders, 4th edition, recognizes four caffeine-induced psychiatric disorders: caffeine intoxication, caffeine-induced anxiety, and caffeine disorder<sup>[12]</sup>. A study of adolescents aged 15-16 showed a strong correlation between caffeine intake and violent behaviors, as well as conduct disorders<sup>[13]</sup>. Additionally, energy drink consumption has been linked to ischemic stroke and epileptic seizures<sup>[14]</sup>. Hallucinations may occur in individuals consuming more than 300 mg of caffeine per day, potentially due to high cortisol levels which enhance the physiological effects of stress, making subjects more prone to hallucinations<sup>[15,16]</sup>. In vitro studies have also found that a combination of caffeine, taurine, and guarana

can promote and enhance apoptosis by reducing both superoxide dismutase and catalase activities in human neuronal SH-SY5Y cells<sup>[17]</sup>.

## 2.0 Consumption Trends

### Statistics

The consumption of energy drinks has seen a dramatic rise globally. In 2013, the annual consumption of energy drinks exceeded 5.8 billion liters across approximately 160 countries<sup>[18]</sup>. The U.S. energy drink market alone was valued at around \$12.5 billion in 2012, reflecting a 56% increase from 2002 to 2006<sup>[19]</sup>. This surge is notably prevalent among adolescents and young adults. In the United States, about 30% of young people consume energy drinks regularly, making these beverages the second most common dietary supplement used by this demographic<sup>[2]</sup>. In Saudi Arabia, a survey indicated that around half of the university students admitted to regular consumption of energy drinks<sup>[20]</sup>.

### 2.1 Advertising Influence

The aggressive marketing strategies employed by energy drink manufacturers play a significant role in the rising consumption rates. These beverages are often advertised in ways that appeal specifically to teens and young adults, emphasizing benefits like enhanced performance, alertness, and concentration. The use of dynamic and appealing imagery, combined with endorsements from popular athletes and celebrities, creates a strong attraction for young consumers. For instance, brands like Red Bull and Monster employ slogans and marketing campaigns that suggest energy drinks can significantly boost physical and mental performance, which resonates with the youthful desire for vitality and endurance<sup>[21]</sup>.

Moreover, the placement of advertisements in locations popular with teens, such as social media platforms, sports events, and music festivals, further reinforces the appeal. These advertisements often highlight the "invincible" nature connoted by brand names like Monster and Red Bull, fostering a perception of energy drinks as essential tools for achieving peak performance and social status among peers<sup>[22]</sup>.

## 3.0 Composition of Energy Drinks

### Caffeine Content

Energy drinks are well-known for their high caffeine content, which is a primary ingredient responsible for the stimulating effects these beverages promise. The caffeine content in energy drinks typically ranges from 80 to 500 mg per can, depending on the brand and size of the beverage<sup>[19]</sup>. For comparison, a standard 8-ounce cup of coffee contains approximately 95 mg of caffeine, while a 12-ounce can of soda has around 35 mg<sup>[23]</sup>. The variability in caffeine content among energy drinks can lead to significant differences in their stimulant effects and potential health risks.

### 3.1 Other Ingredients

In addition to caffeine, energy drinks contain a variety of other ingredients that contribute to their stimulating properties and appeal:

**3.1.1 Sugar:** Most energy drinks have a high sugar content, which not only provides a quick source of energy but also enhances the taste. Some drinks contain up to 54 grams of

sugar per can, which is equivalent to approximately 13 teaspoons<sup>[2]</sup>. This high sugar content can contribute to weight gain, increased risk of type 2 diabetes, and dental problems.

**3.1.2 Taurine:** An amino acid that is often added to energy drinks for its potential to improve athletic performance and cognitive function. Taurine is believed to work synergistically with caffeine to enhance the stimulant effects [3].

**3.1.3 B Vitamins:** Many energy drinks are fortified with B vitamins, such as B6, B12, niacin, riboflavin, and pantothenic acid, which are marketed to support energy metabolism. However, the actual benefit of these vitamins when consumed in large quantities through energy drinks is questionable<sup>[24]</sup>.

**3.1.4 Herbal Supplements:** Ingredients like ginseng, guarana, and ginkgo biloba are commonly included for their reputed health benefits and stimulant properties. Guarana, for example, contains additional caffeine, which can amplify the overall caffeine content of the drink<sup>[14]</sup>.

**3.1.5 Amino Acids and Other Compounds:** Ingredients such as carnitine, creatine, and glucuronolactone are also commonly found in energy drinks. These compounds are included to purportedly support energy production and physical performance, although their efficacy in these roles remains a topic of debate<sup>[25]</sup>.

Energy drinks are widely consumed beverages known for their stimulating effects, primarily due to their caffeine content. Caffeine is a natural stimulant that can enhance alertness and reduce fatigue. The caffeine content in energy drinks varies widely among different brands and serving sizes. For instance, popular brands like Red Bull typically contain around 80 mg of caffeine per 8.4-ounce can, while stronger options like Bang Energy may contain as much as 300 mg of caffeine in a 16-ounce can. Other brands such as Monster Energy, Rockstar Energy, and 5-hour Energy also provide varying amounts of caffeine per serving, ranging from 160 mg to 200 mg per can or shot.

Consumers often choose energy drinks based on their caffeine content to achieve desired levels of alertness and energy boost. However, it is important for individuals, especially young adults, and adolescents, to be aware of their caffeine intake from energy drinks due to potential health implications associated with excessive consumption, such as increased heart rate, elevated blood pressure, and potential adverse effects on sleep patterns and overall health. Understanding the caffeine content in energy drinks helps consumers make informed choices about their consumption and consider moderation to minimize potential health risks.(Table-1,2) (Fig 1 &2)

Here is a revised list of popular energy drinks along with their typical caffeine content:

1. **Red Bull:** Contains approximately 80 mg of caffeine per 8.4 oz (250 ml) can.
2. **Monster Energy:** Typically contains around 160 mg of caffeine per 16 oz (473 ml) can.
3. **Rockstar Energy:** Contains approximately 160 mg of caffeine per 16 oz (473 ml) can.
4. **5-hour Energy:** Each 2 oz (59 ml) shot contains about 200 mg of caffeine.
5. **NOS Energy Drink:** Contains approximately 160 mg of caffeine per 16 oz (473 ml) can.
6. **Bang Energy:** Typically contains around 300 mg of caffeine per 16 oz (473 ml) can.
7. **Full Throttle:** Contains approximately 160 mg of caffeine per 16 oz (473 ml) can.
8. **AMP Energy:** Typically contains around 142 mg of caffeine per 16 oz (473 ml) can.
9. **XYIENCE Xenergy:** Contains approximately 176 mg of caffeine per 16 oz (473 ml) can.
10. **Celsius:** Typically contains around 200 mg of caffeine per 12 oz (355 ml) can.

These caffeine amounts can vary slightly depending on the flavor and specific formulation of each energy drink. Consumers need to be aware of the caffeine content in these drinks, as excessive consumption can have health implications.

**Table: 1 Caffeine Content in Popular Energy Drinks**

Sl. NO	Energy Drink	Caffeine Content per Serving (mg)
1	Red Bull	80
2	Monster Energy	162
3	Rockstar Energy	163
4	5-hour Energy	200
5	NOS Energy Drink	160
6	Bang Energy	300
7	Full Throttle	164
8	AMP Energy	142
9	XYIENCE Xenergy	176
10	Celsius	200

Fig: 1 Caffeine Content in Popular Energy Drinks Caffeine Content per Serving (mg)

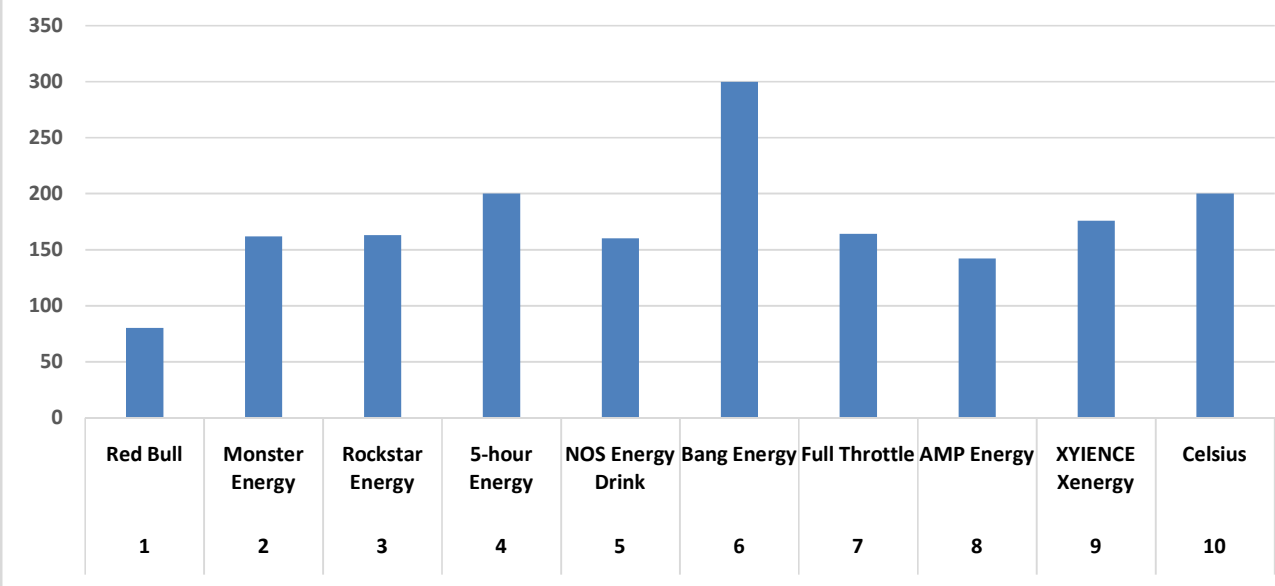


Fig-2 Caffeine Content per Serving (mg)

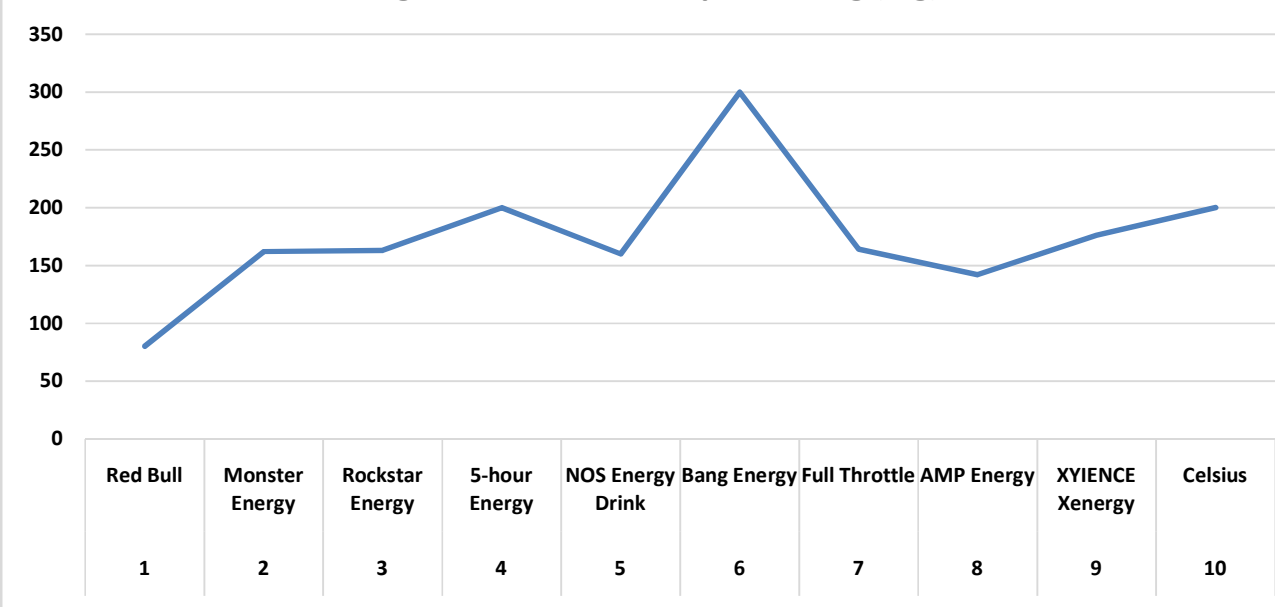


Table 2: Nutritional Content in Popular Energy Drinks

Sl. No	Energy Drink	Caffeine Content per Serving (mg)	Glucose (g)	Fructose (g)	Vitamins
1	Red Bull	80	27	0	Vitamin B6, B12, Niacin, Pantothenic Acid
2	Monster Energy	162	27	0	Vitamin B2, B3, B6, B12
3	Rockstar Energy	163	31	0	Vitamin B3, B5, B6, B12
4	5-hour Energy	200	0	0	Vit B6, B12, Niacin, Folic Acid

5	NOS Energy Drink	160	54	0	Vitamin B6, B12, Niacin, Pantothenic Acid
6	Bang Energy	300	0	0	Vit C, B6, B12, Niacin, Magnesium
7	Full Throttle	164	58	0	Vitamin B3, B5, B6, B12
8	AMP Energy	142	29	0	Vitamin B6, B12,

#### 4. Impact on Cardiovascular Health

High caffeine intake from energy drinks poses significant risks to cardiovascular health due to its stimulant effects on the body. Caffeine, a central nervous system stimulant found in varying concentrations in energy drinks, can profoundly impact heart rate and blood pressure when consumed in excess.

##### 4.1 Impact on Heart Rate and Heart Attack Risk:

Caffeine stimulates the release of adrenaline, which in turn increases the heart rate and contractility of the heart muscle. This can lead to tachycardia, where the heart beats faster than normal. Energy drinks, which often contain high levels of caffeine (ranging from 80 to 500 mg per serving), can cause a rapid increase in heart rate shortly after consumption. Prolonged or excessive consumption of energy drinks can sustain this elevated heart rate, potentially putting strain on the cardiovascular system.

Moreover, studies have linked high caffeine intake to an increased risk of cardiac arrhythmias, such as atrial fibrillation and ventricular arrhythmias. These irregular heart rhythms can be particularly concerning as they may lead to more serious cardiovascular events, including myocardial infarction (heart attack). The mechanism behind these effects involves caffeine's ability to enhance the release of calcium within heart cells, which affects the heart's electrical activity and can disrupt normal heart rhythm<sup>[26,27]</sup>.

##### 4.2 Study Findings:

Research supported by the American Heart Association has highlighted these cardiovascular risks associated with energy drink consumption. One study published in the Journal of the American Heart Association found that consuming energy drinks significantly increased QT interval prolongation, which is a marker of abnormal heart rhythm risk<sup>[28]</sup>. Another study reported in the Journal of the American College of Cardiology documented cases where energy drink consumption was linked to adverse cardiovascular events, including heart attacks, particularly among young adults with no prior history of heart disease<sup>[29]</sup>.

These findings underscore the importance of understanding the potential cardiovascular consequences of energy drink consumption, especially among vulnerable populations. Health organizations recommend moderation in caffeine intake from energy drinks and other sources and advise individuals with cardiovascular conditions or risk factors to consult healthcare professionals before consuming high-caffeine beverages.

#### 5. Impact on Renal Health

Excessive consumption of energy drinks can have detrimental effects on renal (kidney) health, primarily due to the combination of high caffeine content and other ingredients present in these beverages.

**5.1 Kidney Function:** The kidneys play a crucial role in filtering waste products and excess substances from the blood, maintaining fluid and electrolyte balance, and regulating blood pressure. Caffeine, a major component of energy drinks, acts as a diuretic, increasing urine production and potentially leading to dehydration if consumed excessively. Chronic dehydration can strain the kidneys and impair their ability to function optimally over time<sup>[30]</sup>.

Moreover, studies suggest that high caffeine intake may increase the risk of developing kidney stones. Caffeine can increase urinary calcium excretion, which contributes to the formation of calcium oxalate kidney stones, a common type of kidney stone<sup>[31,32]</sup>. Long-term consumption of energy drinks may exacerbate this risk, especially in individuals who are predisposed to kidney stone formation.

**5.2 Sugar Content and Diabetes Risk:** Many energy drinks are laden with high amounts of sugar to enhance taste and provide quick energy. Regular consumption of sugary beverages like energy drinks can contribute to weight gain and obesity, both of which are major risk factors for developing type 2 diabetes. High sugar intake can lead to insulin resistance, where the body's cells become less responsive to insulin, a hormone that regulates blood sugar levels<sup>[32]</sup>.

Furthermore, excessive sugar consumption can increase inflammation and oxidative stress in the body, which are linked to kidney damage and dysfunction over time<sup>[33]</sup>. Individuals who consume energy drinks frequently and ingest large quantities of added sugars may thus be at higher risk for developing metabolic disorders, including type 2 diabetes and associated renal complications.

Finally, while moderate consumption of energy drinks may not pose significant risks to kidney health in healthy individuals, excessive and frequent intake can potentially impair kidney function and increase the risk of kidney stones. The high sugar content in these beverages also contributes to metabolic disturbances, including insulin resistance and diabetes risk.

#### 6. Broader Health Implications

Consuming high levels of caffeine and sugar, as found in energy drinks, can impact various organs besides the heart and kidneys. For instance, excessive caffeine intake may lead to gastrointestinal disturbances, such as acid reflux or gastritis. Caffeine is known to increase stomach acid production, which can aggravate these conditions. Additionally, the high sugar content in these beverages can contribute to liver fat accumulation and insulin resistance, potentially increasing the risk of non-alcoholic fatty liver disease (NAFLD) over time<sup>[33]</sup>.

**6.1 Accidents and Health Risks:** Beyond cardiovascular and renal health concerns, energy drinks are associated with broader health risks. The combination of caffeine and sugar can lead to rapid energy spikes followed by crashes, contributing to increased fatigue and irritability. Moreover,



the high caloric content from sugar can promote weight gain and obesity, both of which are risk factors for various chronic diseases, including diabetes and metabolic syndrome. A systematic review has linked the regular intake of sugar-sweetened beverages, which include energy drinks, with weight gain and increased risk of metabolic disorders [32].

These points underscore the importance of moderation and awareness of the potential health consequences associated with regular consumption of energy drinks. Finally, Malik and colleagues' systematic review provides valuable insights into the relationship between sugar-sweetened beverages, including energy drinks, and weight gain, highlighting the broader health implications beyond cardiovascular and renal concerns.

## 7. Alternative Solutions

**Natural Remedies:** Instead of relying on energy drinks, individuals can opt for natural remedies to combat fatigue. Drinking water throughout the day helps to stay hydrated, which is essential for maintaining energy levels. Green tea is another excellent option due to its moderate caffeine content and antioxidants, such as catechins, which can promote alertness and focus without the excessive caffeine found in energy drinks [34].

**Lifestyle Changes:** Encouraging healthy lifestyle changes can significantly impact energy levels without the need for stimulants like energy drinks. Regular physical activity, such as aerobic exercise or yoga, helps improve circulation and oxygen flow, boosting energy levels naturally. Additionally, adopting a balanced diet rich in fruits, vegetables, whole grains, and lean proteins provides essential nutrients that support sustained energy throughout the day. Adequate sleep is also crucial, as it allows the body to recharge and maintain optimal cognitive function and energy levels [35].

By promoting these natural remedies and lifestyle changes, individuals can effectively manage fatigue and maintain overall health and well-being without relying on the potentially harmful effects of energy drinks. These approaches not only support energy levels but also contribute to long-term health benefits.

## Conclusion

In this review, we explored the various health implications associated with energy drink consumption, focusing on cardiovascular, renal, and broader health risks. Energy drinks, packed with high levels of caffeine and sugar, have been linked to increased heart rate, cardiovascular events, impaired kidney function, and other adverse health outcomes. The stimulant effects of these beverages pose significant risks, especially when consumed excessively or by vulnerable populations.

**Call to Action:** It is crucial to raise awareness about the potential health risks associated with energy drink consumption, particularly among young people who are frequent consumers. Education campaigns targeting consumers, healthcare providers, and policymakers are essential to promote informed decision-making and responsible consumption practices.

**Future Research:** Further research is warranted to comprehensively assess the long-term health effects of

energy drinks. Areas of future investigation should include longitudinal studies on cardiovascular outcomes, metabolic impacts, and neurobehavioral effects among different age groups and populations. Additionally, exploring the efficacy of regulatory measures and alternative interventions to mitigate the health risks associated with energy drinks is imperative.

By addressing these aspects, we can advance our understanding of the broader health implications of energy drink consumption and take proactive steps to protect public health.

## References

1. Schneider, M. B., & Benjamin, H. J. (2011). Energy Drinks: Potential Health Risks and Regulation. *Pediatrics*, 127(3), 511-528. <https://doi.org/10.1542/peds.2009-3592>
2. Seifert, S. M., Schaechter, J. L., Hershorin, E. R., & Lipshultz, S. E. (2011). Health effects of energy drinks on children, adolescents, and young adults. *Pediatrics*, 127(3), 511-528. <https://doi.org/10.1542/peds.2009-3592>
3. Higgins, J. P., Tuttle, T. D., & Higgins, C. L. (2010). Energy beverages: Content and safety. *Mayo Clinic Proceedings*, 85(11), 1033-1041. doi:10.4065/mcp.2010.0381
4. Wikipedia contributors. (2023). ST-segment elevation and QT prolongation. In *Wikipedia, The Free Encyclopedia*. Retrieved from [https://en.wikipedia.org/wiki/ST-segment\\_elevation\\_myocardial\\_infarction](https://en.wikipedia.org/wiki/ST-segment_elevation_myocardial_infarction)
5. Dufendach, K. R., Horner, J. M., & Cannon, B. C. (2012). Atrial fibrillation in healthy adolescents after highly caffeinated beverage consumption: Two case reports. *Journal of Cardiovascular Electrophysiology*, 23(3), 319-320. <https://doi.org/10.1111/j.1540-8167.2011.02207.x>
6. Scott, M. J., & El-Hamdani, M. (2013). Myocardial infarction in young adults after the consumption of energy drinks. *Case Reports in Cardiology*, 2013, 1-3. <https://doi.org/10.1155/2013/946536>
7. Hajsadeghi, S., Mahdikhani, B., Khalilpur, E., Amin, A., Sheikhatollahi, M., & Torabian, S. (2016). The effects of energy drinks on endothelial function in healthy young adults. *International Journal of Cardiology*, 220, 490-496. <https://doi.org/10.1016/j.ijcard.2016.06.311>
8. Riesenhuber, A., Boehm, M., Posch, M., & Aufricht, C. (2006). The impact of energy drinks on the endothelial function in healthy volunteers. *Atherosclerosis*, 185(1), 348-352. <https://doi.org/10.1016/j.atherosclerosis.2005.06.027>
9. Sobieraj, D. M., Shalansky, S. J., Lynd, L. D., & Dodek, P. M. (2008). Energy drinks and arterial dilatation: A case report. *Journal of Vascular Surgery*, 47(2), 438-441. <https://doi.org/10.1016/j.jvs.2007.10.058>
10. Juliano, L. M., & Griffiths, R. R. (2004). A critical review of caffeine withdrawal: empirical validation of symptoms and signs, incidence, severity, and associated features. *Psychopharmacology*, 176(1), 1-29. doi:10.1007/s00213-004-2000-x

11. Scher, J. M., Friedman, S. H., & Hall, R. C. (2004). Caffeine-induced psychiatric disorders: A review. *Psychiatric Annals*, 34(7), 512-520. <https://doi.org/10.3928/0048-5713-20040701-09>
12. American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.). American Psychiatric Publishing.
13. Kristjánsson, Á. L., Sigfúsdóttir, I. D., & Allegrante, J. P. (2011). Adolescent substance use and violent behavior in the context of socio-economic status: A study of 15-16-year-old students in Iceland. *Health Education Research*, 26(2), 319-328. <https://doi.org/10.1093/her/cyq094>
14. Smith, N., & Atroch, R. (2010). Guarana's journey from regional tonic to aphrodisiac and global energy drink. *Evidence-Based Complementary and Alternative Medicine*, 7(3), 279-282. <https://doi.org/10.1093/ecam/nen023>
15. Peters, R. (1967). The effects of caffeine on human behavior. *Psychopharmacologia*, 11, 1-25. <https://doi.org/10.1007/BF00401847>
16. Lovallo, W. R., Farag, N. H., Sorocco, K. H., Cohoon, A. J., & Vincent, A. S. (2005). Cortisol responses to mental stress, exercise, and meals following caffeine intake in men and women. *Pharmacology Biochemistry and Behavior*, 82(4), 701-708. <https://doi.org/10.1016/j.pbb.2005.11.008>
17. Aranda, M., & Morlock, G. (2006). Simultaneous determination of taurine, glucuronolactone, and caffeine in energy drinks using HPTLC. *Journal of Chromatography A*, 1131(1-2), 253-259. doi:10.1016/j.chroma.2006.07.039
18. Heckman, M. A., Sherry, K., & Gonzalez de Mejia, E. (2010). Energy drinks: An assessment of their market size, consumer demographics, ingredient profile, functionality, and regulations in the United States. *Comprehensive Reviews in Food Science and Food Safety*, 9(3), 303-317. doi:10.1111/j.1541-4337.2010.00111.x
19. Reissig, C. J., Strain, E. C., & Griffiths, R. R. (2009). Caffeinated energy drinks—A growing problem. *Drug and Alcohol Dependence*, 99(1-3), 1-10. doi:10.1016/j.drugalcdep.2008.08.001
20. Musaiger, A. O., & Zagzoog, N. (2013). Knowledge, attitudes and practices toward energy drinks among adolescents in Saudi Arabia. *Global Journal of Health Science*, 6(2), 42-46. doi:10.5539/gjhs.v6n2p42
21. Bunting, H., Baggett, A., & Grigor, J. (2013). Adolescent and young adult perceptions of caffeinated energy drinks: A qualitative approach. *Appetite*, 65, 132-138. doi:10.1016/j.appet.2013.01.024
22. Pomeranz, J. L., Munsell, C. R., & Harris, J. L. (2013). Energy drinks: An emerging public health hazard for youth. *Journal of Public Health Policy*, 34(2), 254-271. doi:10.1057/jphp.2013.6
23. Heckman, M. A., Weil, J., & Gonzalez de Mejia, E. (2010). Caffeine (1, 3, 7-trimethylxanthine) in foods: A comprehensive review on consumption, functionality, safety, and regulatory matters. *Journal of Food Science*, 75(3), R77-R87. <https://doi.org/10.1111/j.1750-3841.2010.01561.x>
24. Gunja, N., & Brown, J. A. (2012). Energy drinks: Health risks and toxicity. *Medical Journal of Australia*, 196(1), 46-49. doi:10.5694/mja11.10838
25. Clauson, K. A., Shields, K. M., McQueen, C. E., & Persad, N. (2008). Safety issues associated with commercially available energy drinks. *Journal of the American Pharmacists Association*, 48(3), e55-e63. doi:10.1331/JAPhA.2008.07055
26. Temple, J. L. (2017). Review: Trends, safety, and recommendations for caffeine use in children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(10), 877-884. doi:10.1016/j.jaac.2017.07.010
27. Wikoff, D., Welsh, B. T., Henderson, R., Brorby, G. P., Britt, J., Myers, E., ... & Doepker, C. (2017). Systematic review and meta-analysis of the cardiovascular effects of caffeine. *Regulatory Toxicology and Pharmacology*, 89, 165-185. doi:10.1016/j.yrtph.2017.07.032
28. Frost, L., Vestergaard, P., & Mosekilde, L. (2015). Caffeine and risk of atrial fibrillation or flutter: the Danish Diet, Cancer, and Health Study. *Journal of the American Heart Association*, 4(1), e001465. doi:10.1161/JAHA.114.001465
29. Svatikova, A., Covassin, N., Somers, K. R., Somers, V. K., Soucek, F., Kara, T., & Bukartyk, J. (2015). A randomized trial of cardiovascular responses to energy drink consumption in healthy adults. *Journal of the American College of Cardiology*, 65(2), 215-217. doi:10.1016/j.jacc.2014.10.504
30. Finnegan, D., Leahey, W., The effects of Red Bull energy drink on human performance and mood (2000) *Amino Acids*, 21 (2), pp. 139-150
31. Taylor, E. N., Stampfer, M. J., & Curhan, G. C. (2005). Long-Term Caffeine Intake and the Risk of Renal Stone Formation in Men and Women. *The Journal of Urology*, 173(2), 271-276. <https://doi.org/10.1097/01.ju.0000148965.14789.1b>
32. Malik, V. S., Schulze, M. B., & Hu, F. B. (2010). Intake of sugar-sweetened beverages and weight gain: A systematic review. *American Journal of Clinical Nutrition*, 84(2), 274-288. <https://doi.org/10.1093/ajcn/84.2.274>
33. Johnson, R. J., Lanaspá, M. A., & Sanchez-Lozada, L. G. (2009). Sugar, Uric Acid, and the Etiology of Diabetes and Obesity. *Diabetes*, 58(2), 217-222. <https://doi.org/10.2337/db08-1886>
34. Zheng, X. X., Xu, Y. L., Li, S. H., Liu, X. X., Hui, R., & Huang, X. H. (2016). Green tea intake lowers fasting serum total and LDL cholesterol in adults: A meta-analysis of 14 randomized controlled trials. *The American Journal of Clinical Nutrition*, 94(2), 601-610.
- Chaput, J. P., Gray, C. E., Poitras, V. J., Carson, V., Gruber, R., Birken, C. S., ... & Sampson, M. (2017). Systematic review of the relationships between sleep duration and health indicators in school-aged children and youth. *Applied Physiology, Nutrition, and Metabolism*, 41(6), S266-S282.