



UNIVERSITY of MARYLAND
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The Honorable Dereck E. Davis
Chairman, House Economic Matters Committee
House Building, Room 231
6 Bladen Street
Annapolis, MD 21401

Re: SUPPORT - Ban on Sale of Energy Drinks to Minors,
House Bill 1273/Senate Bill 986

Dear Chairman Davis:

I strongly support the pending legislation that will ban the sale to and possession by minors in the State of Maryland of "Energy Drinks". Based upon my experience as a pediatric cardiologist, I have serious concerns about the hazardous health consequences these products may cause to children with known or latent heart disease, and to children with other conditions that would place them at particular risk if exposed to significant doses of caffeine. Most drinks classified as "Energy Drinks" contain doses of caffeine that are quite larger for children, doses that may quickly lead to caffeine toxicity. For the record, in medicine we categorize caffeine as a psychoactive drug with known cardiovascular side effects. The proposed legislation would protect (i) children and adolescents who are survivors of childhood heart disease, (ii) children and adolescents with undiagnosed heart disease, (iii) children and teens who take stimulants for other medical conditions such as ADHD and Asthma, and (iv) children with reduced ability to metabolize and eliminate caffeine from their systems. These protections will reduce the risk of heart rhythm abnormalities and functional cardiovascular impairment, ones which could be life threatening in susceptible children.

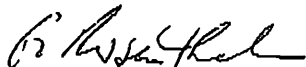
My position is consistent with the recommendations of the American Academy of Pediatrics "Clinical Report: Sports Drinks and Energy Drinks for Children and Adolescents", which stated that Energy Drinks "are not appropriate for children and adolescents" because of the stimulant content of these products. Caffeine and guarana (which releases caffeine) are the primary stimulants in these drinks. Reported caffeine content is as high as 110mg per 8 ounces in some products. As a frame of reference, the same amount of Coca Cola has approximately 25 mg of caffeine. Current recommendations are that, even for children without conditions that render caffeine exposure particularly dangerous, daily consumption of caffeine should not exceed 2.5 mg caffeine per kilogram of body weight. A single 8 ounce dose of some Energy Drinks would result in caffeine doses that exceed this top exposure, even for children who are not particularly vulnerable, for those weighing approximately 45 kg or less. Half of 13 year old boys and girls weigh less than 45 kg, so half of 13 year old children (and even more younger ones) without



predisposition to ill effects of caffeine are exposed to excessive doses of caffeine with even a single "Energy Drink." Children of all sizes who have conditions that may be worsened when exposed to caffeine are at risk for bad health outcomes with a single exposure. In my clinic, we recommend that our patients avoid caffeine as many pediatric heart conditions may be worsened by caffeine exposure.

For these reasons, I strongly support House Bill 1273 and Senate Bill 0986 which will prohibit the sale of energy drinks to minors. Please feel free to contact me if I can be of further assistance as this important pediatric health matter is considered.

Sincerely,



Geoffrey Rosenthal, MD, PhD

