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March 4, 2014

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 support with great enthusiasm the pending legislation that will ban the sale and possession of Energy Drinks by minors in the State of Maryland. Energy Drinks are a billion dollar a year industry with hazardous health consequences to children and to vulnerable populations. The vulnerable patient populations that this legislation will protect include (i) children and adolescents who are survivors of childhood heart disease, (ii) children and adolescents with undiagnosed heart disease, and (iii) children and teens who take stimulants for other medical conditions such as ADHD and Asthma.

Survivors of Childhood Heart Disease

It is estimated that there will be 2 million adolescent and adult survivors of childhood heart disease by 2015 and many of these people, especially teenagers, are not aware of any risk related to intake of Energy Drinks or even of their own vulnerable state. These are people who likely have more fatigue, lower energy, and sometimes difficulty making it through the day, compared with others, and will, therefore, be most likely to consume Energy Drinks. The Energy Drink companies target their marketing at these vulnerable children and teens.

Children With Undiagnosed Heart Conditions

Individuals with underlying heart disease put themselves at risk by consuming Energy Drinks. A sub-population of children and teenagers, by virtue of their youth, has underlying heart conditions that have not yet been diagnosed. Children and teenagers are the exact population to whom the marketing of Energy Drinks is aimed. This legislation will protect our



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children who may have undiagnosed heart conditions from the dangers of consuming energy drinks.

Children and Teenagers Who Take Stimulants For Other Medical Conditions

In Maryland and throughout the United States, there are a growing number of children and teenagers who are prescribed stimulants for conditions such as ADHD and Asthma. The medical community is concerned that the combination of Energy Drinks and stimulants in these individuals can trigger arrhythmias and other life threatening cardiac events.

The Ban on the Sale and Possession of Energy Drinks Is Necessary to Protect Maryland Children

A 2011 Clinical Report published by the American Academy of Pediatrics¹ provides that: “Rigorous review and analysis of the literature reveal that caffeine and other stimulant substances contained in energy drinks have no place in the diet of children and adolescents” and encourages pediatricians to:

“Understand that energy drinks pose potential health risks primarily because of stimulant content; therefore they are not appropriate for children and adolescents and should never be consumed.”

There are now reported deaths and a marked increase in caffeine intoxication presentations to emergency rooms and to physician offices -- particularly pediatric and cardiology practices.

Energy drinks are poorly labeled, and poorly understood as supplements. For example, most people are unaware that guarana contains caffeine. Alone and combined, these ingredients can lead to arrhythmias, especially in patients with underlying structural heart disease. There are numerous case reports outlining new onset seizures, muscle breakdown that can be severe, and rapid heart rhythms after consumption.

Caffeine intoxication is usually seen in doses over 300mg, approximately 2-3 standard energy drinks in a full size adult and much less in children. Physical effects include increased urination, gastrointestinal disturbance, seizure, irregular heart rate, and low blood pressure. Taurine can cause rapid heartbeats and a drop in blood pressure. Guarana contains high amounts of caffeine. Ginseng is an herb that is marketed to treat cancers, GI problems and to slow aging. Side effects include hypotension, arrhythmia, insomnia, and hypoglycemia. Taken together and

¹ American Academy of Pediatrics, “Clinical Report-Sports Drinks and Energy Drinks for Children and Adolescents: Are They Appropriate?” May 29, 2011. (available at <http://pediatrics.aappublications.org/content/early/2011/05/25/peds.2011-0965.full.pdf+html> as of February 20, 2014).

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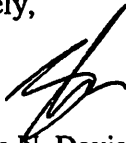
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in large amounts, these substances could lead to cardiac arrhythmias, sudden death, seizures and kidney failure. Currently, the FDA does not effectively regulate these drinks, and there are no warnings for patients with underlying heart disease. Numerous FDA Adverse Event Reports have been filed indicating specific instances where Energy Drink consumption may have caused life-threatening illnesses or death. Recent MRI data shows clear changes in LV strain with energy drinks, and not with caffeine-coffee alone.

Maryland has outstanding medical care and an incident case of energy drink consumption associated with death. Maryland should be the first to educate and protect its children and vulnerable populations; and should demand increased responsibility for transparency in food and nutritional products. Parents need to be aware of a real threat to children. Children and those with connective tissue diseases, those requiring the use of stimulants, and those with structural heart disease are vulnerable members of our society and make up a significant percent of our population. These individuals need the protection that this Legislation will provide.

I strongly support House Bill 1273 and Senate Bill 0986 which will prohibit the sale of energy drinks to minors.

Sincerely,



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