A COMPREHENSIVE REVIEW OF ENERGY DRINKS AND THEIR HEALTH CONSEQUENCES

Burhanuddin Kanorewala¹, Yogesh Suryawanshi²*

¹ Shifa Khana, Pune ²Vishwakarma University, Pune

ABSTRACT

Energy drinks (EDs) have become a popular choice among younger generations, offering a quick boost in energy, improved alertness, and enhanced physical stamina. Widely consumed for academic, athletic, and social purposes, their ease of access and aggressive marketing have contributed to rising dependency and misuse. While EDs may provide short-term benefits when consumed within permissible limits, their high content of caffeine, sugar, guarana, aspartame, and other stimulants poses significant health risks. Overconsumption has been linked to adverse effects such as cardiovascular complications, neurological issues, behavioral changes, gastrointestinal disturbances, dental deterioration, and metabolic disorders like diabetes and obesity. Additionally, misconceptions about EDs as sports drinks exacerbate their misuse, particularly among adolescents and young adults. This review explores the current trends in ED consumption, highlighting its exponential growth globally, driven by modern lifestyles, marketing strategies, and a false perception of health benefits. It also examines the long-term health hazards associated with excessive ED intake and the societal implications, including addiction and behavioral concerns. To mitigate these risks, measures such as public awareness campaigns, stricter regulations on sales and promotions, educational initiatives in schools and colleges, and enhanced labeling standards are recommended. Addressing these challenges requires a coordinated effort from health professionals, regulatory bodies, and community stakeholders. By promoting informed consumption and implementing preventive measures, the adverse effects of energy drink misuse can be minimized, fostering a healthier and more aware society.

KEYWORDS: Caffeine consumption, Health risks, Overconsumption effects, Younger generations, Cardiovascular complications, Behavioural changes

INTRODUCTION

Energy drinks (ED) have become a staple in today's fast-paced world, especially among young people looking for a quick energy boost. Gone are the days when a cup of tea or coffee was the go-to morning pick-me-up. Now, many reach for an energy drink to feel awake and supercharged, ready to tackle their day or gear up for a game. With a variety of flavors and formulas, these drinks are everywhere—from convenience stores to gym vending machines—promoted as the ultimate solution for fighting fatigue, staying alert, and improving stamina.

What started as a niche product quickly exploded into a multibillion-dollar global industry. Although ED in some form have been around for over a century, the modern version we know today originated in Japan during the 1960s and gained traction worldwide by the 1980s. The primary target? Young adults, college students, and athletes—essentially anyone needing a burst of energy to power through their activities.

But here's the catch: while they're labeled as "energy drinks," that term is a bit misleading. The "energy" doesn't come from food-based nutrients but from high levels of caffeine—a stimulant that temporarily boosts cognitive and physical performance. In fact, the average energy drink contains 80–150 mg of caffeine per 8-ounce serving, which is similar to what you'd find in a small cup of coffee or two cans of soda. Some brands also include other stimulants and market their products as "herbal" by adding ingredients like ginseng or guarana.

However, the primary active component remains caffeine, which stimulates the brain and body (Alsunni, 2015).

ED are aggressively marketed to emphasize improved sports performance, increased alertness, and enhanced stamina (Al-Shaar et al., 2017). With flashy packaging, catchy slogans, and high-profile sponsorships of sports and fitness events, it's no surprise that young people are drawn to these beverages. The promise of staying energized and focused all day makes them a tempting option, even though many consumers are unaware of the risks associated with excessive caffeine intake.

The numbers speak volumes—global energy drink sales reached an estimated \$118.71 billion in 2023, and projections suggest this could soar to \$311.15 billion by 2031. Despite their popularity, several countries, including Lithuania, Latvia, Denmark, Norway, and Saudi Arabia, have banned or restricted their sales, especially to minors. Others, like France and Poland, have imposed specific regulations, such as setting age limits or caffeine caps.

Why the concern? High levels of caffeine, sugar, and stimulants in ED have been linked to several health issues, including increased heart rate, elevated blood pressure, and more serious problems like heart palpitations and arrhythmias. Overconsumption—especially when combined with alcohol—has also been associated with headaches, anxiety, insomnia, seizures, hallucinations, and even strokes. Long-term effects can include diabetes, kidney issues, and gastrointestinal problems. While moderate consumption may not pose



Volume: 11 | Issue: 1 | January 2025 | | Journal DOI: 10.36713/epra2013 | | SJIF Impact Factor 2024: 8.402 | | ISI Value: 1.188

immediate risks, the potential for addiction and adverse effects raises red flags for health experts and regulators alike.

2. Common Ingredients in Energy Drinks

ED are a mix of ingredients carefully combined to give you that instant energy kick, boost your stamina, and keep you mentally sharp. Let's break down the key players that make these drinks so effective—and sometimes controversial:

2.1 Caffeine

Caffeine is the star of the show in energy drinks. It's a natural stimulant that works wonders for improving focus, beating fatigue, and boosting endurance (Giles et al., 2012). College students often swear by it for its ability to fight stress and keep them alert (Pettit and DeBarr, 2011). The caffeine content in ED can vary widely—from 47–80 mg in an 8-ounce can to as much as 207 mg in a 2-ounce shot (Generali, 2013). While up to 400 mg a day is considered safe (McLellan et al., 2016), caffeine acts as a stimulant by blocking adenosine receptors and triggering dopamine release in your nervous system. This explains the sharper focus, elevated mood, and even mild euphoria some people experience after drinking it (O'Mathuna, 2021). But beware—higher doses can also raise blood pressure while lowering heart rate.

2.2 Taurine

Taurine is an amino acid naturally found in the brain and heart. It's known for supporting heart function, reducing oxidative stress, and acting as a performance booster in ED (Beyranvand et al., 2014). Most ED contain 1–2 grams of taurine per serving (Childs, 2014).

2.3 Guarana

Guarana is a plant extract that's essentially another source of caffeine. In fact, 1 gram of guarana contains about 40 mg of caffeine (Al-Shaar et al., 2017). It's a popular ingredient in ED for its stimulant properties, thanks to its high caffeine content (Heckman et al., 2010). Guarana also boasts antioxidant and anti-inflammatory effects (Schimpl et al., 2013). But here's the catch: manufacturers often don't disclose exactly how much guarana is in their drinks. If it's listed as an ingredient, the total caffeine content is probably higher than what's on the label.

2.4 Ginseng

Ginseng has been used for centuries as a medicinal herb. It's prized for its anti-stress, anti-aging, and memory-enhancing properties. While moderate intake (around 200 mg per day) is considered safe, going overboard can lead to side effects like slow heart rate, excessive uterine bleeding, mania, or liver issues (Ratan et al., 2021).

2.5 Sugar

ED are loaded with sugar—sometimes alarmingly so. A 500 ml can might pack in 54 grams of sugar (Higgins et al., 2010), far exceeding the recommended daily limit of 32 grams. Excessive sugar intake is linked to obesity, diabetes, and heart problems. This issue is so significant that even the World Health Organization (WHO) has flagged it as a major health concern (WHO, 2015).

Other ingredients like yerba mate, acai berry, ginkgo biloba, vitamins, minerals, herbal extracts, and amino acids are often added to make the product stand out as a "healthier" option. Some brands also use artificial sweeteners like aspartame and sucralose instead of sugar. While these sweeteners cut calories, they've been associated with side effects like headaches, mood swings, and memory issues (Lindseth et al., 2014).

3. Health Risks of Over consuming Energy Drinks

ED may offer a quick energy boost, but overindulgence can have some serious consequences for your health. Let's dive into how excessive ED consumption affects the body, especially the heart and brain.

3.1 Impact on Cardiovascular Health

Drinking too much ED can wreak havoc on your heart. A study by Grasser et al. (2014) showed that consuming just 355 ml of ED led to increased heart rate, higher systolic and diastolic blood pressure, and raised cardiac output in healthy individuals. This isn't just a one-off concern—over time, regular overconsumption has been linked to consistently elevated blood pressure, as seen in a 2016 meta-analysis of 15 studies (Shah et al., 2016).

Artificial sweeteners like aspartame, often found in energy drinks, add to the problem. Research by Martinez-Morales et al. (2015) noted that high doses of aspartame (54.8 mg per kg of body weight per day) led to increased blood pressure, higher triglyceride levels, and elevated plasma glucose—all of which are major cardiovascular risk factors. Similarly, Prokic et al. (2014) found that aspartame consumption significantly raised blood glucose, cholesterol, and lipid levels in controlled studies.

Caffeine toxicity is another major concern. Exceeding 400 mg of caffeine per day for adults, 100 mg for teens aged 12–18, or 2.5 mg per kg of body weight for children under 12 can result in severe cardiovascular complications (Seifert et al., 2013). These include symptoms like dysrhythmia, seizures, and rapid breathing (tachypnea), as reported by the US National Poison Data System. Alarmingly, over 4,800 energy drink-related calls were recorded between October 2010 and September 2011. Children and teens, in particular, showed signs of agitation, anger, and tremors after accidental or recreational ED consumption (Gunja and Brown, 2012).

3.2 Neurological Issues

Overdoing ED doesn't just strain your heart—it can also mess with your brain.

Headaches

If you've ever had a pounding headache after too much caffeine, you're not alone. Studies have shown that consuming three or more caffeinated drinks a day can trigger severe, recurring headaches due to hyperactivity in the brain's cortical centers (Espinosa and Sobrino, 2017; Mostofsky et al., 2019).

Seizures

For those sensitive to caffeine, even moderate overdoses can lead to epileptic seizures (Dikici et al., 2013).

IschemicStroke

Regularly drinking 500 ml of ED per week can raise your heart



٩

Volume: 11| Issue: 1| January 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2024: 8.402 || ISI Value: 1.188

rate by 5–7 beats per minute and increase systolic blood pressure by up to 10 mm Hg. Mixing ED with alcohol or drinking it on an empty stomach can further elevate these risks, potentially leading to ischemic strokes. Other factors, such as iron-deficiency anemia caused by hemorrhoids, can also contribute to strokerisk(Dikicietal.,2013). On a cellular level, high aspartame intake has been linked to appetite increases and weight gain in animal studies, causing histological damage to brain and liver cells. Aspartame metabolites, like aspartic acid, have also been implicated in neuronal degeneration (Hassan, 2016; Rycerz and Jaworska-Adamu, 2013).

Hallucinations

Consuming more than 300 mg of caffeine daily raises cortisol levels, the stress hormone. Elevated cortisol can lead to hallucinations and heightened stress responses (Crowe et al., 2011).

3.3 Effects on the Physical Body

• Restlessness

ED are notorious for causing restlessness due to caffeine intoxication. A meta-analysis comparing control groups found significant instances of insomnia and irritability in individuals consuming high doses of caffeine (Nadeem et al., 2021). The Diagnostic and Statistical Manual of Mental Disorders (5th edition) even recognizes caffeine intoxication as a clinical syndrome, highlighting restlessness as a common symptom.

• MuscleTwitching

High caffeine intake can cause muscle twitching, as it disrupts the normal function of motor nerve fibers. Strenuous exercise, dietary deficiencies, stress, and anxiety can exacerbate this condition, which falls under nervous system disorders (Medline Plus, 2021).

Sleeplessness

Regular energy drink consumption disrupts the body's natural sleep-wake cycle by increasing adrenaline levels, leading to chronic sleeplessness. This, in turn, is linked to mental health problems like anxiety and mood instability (Kaur et al., 2020).

3.4 Behavioral Changes

• Anxiety

Studies comparing students who consume ED with those who don't reveal significantly higher anxiety levels in the consumers. Regular drinkers of ED experience even greater anxiety than occasional consumers, suggesting a dose-dependent relationship (Hofmeister et al., 2010).

Depression

Long-term energy drink consumption—especially for two or more years—has been associated with depression, anxiety, and stress, particularly in male consumers (Kaur et al., 2020). Research also links the combination of aspartame and caffeine in ED to mood swings, neurodegeneration, and memory loss, further destabilizing mental health (Czarnecka et al., 1957).

3.5 Effects on Kidney Health

ED can strain the kidneys in several ways:

Dehydration

Caffeine in ED acts as a diuretic, increasing urine output and causing dehydration. Unlike sports drinks that replenish

electrolytes, ED disrupt fluid absorption and gastrointestinal functions (Higgins et al., 2010).

• KidneyDamage

Excessive energy drink consumption has been linked to increased blood pressure, heart rate, and renal failure, as well as decreased blood flow to the brain. For instance, drinking 750 ml of ED like Red Bull can potentially lead to kidney injury or failure due to taurine content, though further research is needed to confirm this role (Greene et al., 2014; Chesney et al., 2010).

Nephrotoxicity

Aspartame, another common ingredient in energy drinks, has been shown to cause nephrotoxicity—damage to the kidneys—based on studies (Martins et al., 2007; Bahr and Zaki, 2014).

3.6 Gastrointestinal Disturbances

Excessive energy drink consumption can affect the liver, leading to overproduction of liver enzymes, jaundice, and abdominal pain. These issues have been reported in cases like that of a woman (Vivekanandarajah et al., 2011) and a 36-year-old man (Huang et al., 2014). However, more evidence is needed to establish a definitive link between ED consumption and liver ailments.

3.7 Effects on Dental Health

ED have been strongly associated with tooth damage. The high sugar content and acidic pH levels in these beverages erode tooth enamel, leading to dental hypersensitivity (Hasselkvist et al., 2010). Studies have found that the "smear layer" of teeth is eroded, exposing sensitive areas and increasing the risk of decay (Pinto et al., 2013).

3.8 Cancer Risk

Energy drinks, with their high glycemic index and artificial additives, may contribute to the risk of various cancers. Elevated insulin resistance and obesity, linked to the high sugar content in EDs, have been associated with breast cancer, liver cancer, and other metabolic-related cancers (Chazelas et al., 2019). Compounds like methylimidazole (used in caramel coloring) and aspartame raise additional concerns regarding potential carcinogenic effects.

3.9 Diabetes and Obesity

The sugar content in ED typically ranges from 21 to 34 grams per ounce, making regular consumption a major contributor to obesity and type 2 diabetes (Bedi et al., 2014). Excessive sugar reduces the activity of gut bacteria and alters gene expression, which can increase the risk of metabolic syndrome (Greenblum et al., 2012). Caffeine in EDs further reduces insulin sensitivity, causing elevated blood glucose levels (Ragsdale et al., 2010). Studies on aspartame, a common artificial sweetener, have found links to diabetes mellitus and harmful biochemical changes in animal models (Czarnecka et al., 1957; Abu-Taweel, 2016; Zafar et al., 2017; Collison et al., 2012).



3.10 Toxic Effects of Caffeine

While caffeine is a natural stimulant, its excessive intake can have dangerous effects. Blood caffeine levels of $80-100 \,\mu\text{g/ml}$, which can result from consuming around 10 grams of caffeine, are considered toxic (Murray and Traylor, 2020). Common side effects of caffeine toxicity include disturbed sleep, anxiety,

restlessness, and muscle stiffness (Juliano et al., 2012). Individuals consuming more than 200 mg of caffeine daily are particularly at risk for these disorders, alongside gastrointestinal disturbances and episodes of extreme exhaustion (Bedi et al., 2014). Here is the summary of all adverse effects:

	Increased heart rate, elevated blood pressure, raised cardiac output, dysrhythmia, seizures, tachypnea, elevated cholesterol, glucose, and triglycerides.	Grasser et al. (2014), Shah et al. (2016), Martinez-Morales et al. (2015), Prokic et al. (2014), Seifert et al. (2013), Gunja and Brown (2012).
	degeneration.	Espinosa and Sobrino (2017), Mostofsky et al. (2019), Dikici et al. (2013), Crowe et al. (2011), Hassan (2016), Rycerz and Jaworska-Adamu (2013).
Physical Body	Restlessness, muscle twitching, sleeplessness, irritability, anxiety, mood instability.	Nadeem et al. (2021), Medline Plus (2021), Kaur et al. (2020).
Behavioral	Anxiety, depression, stress, mood swings, neurodegeneration, memory loss.	Hofmeister et al. (2010), Kaur et al. (2020), Czarnecka et al. (1957).
Kidneys	Dehydration, kidney damage, nephrotoxicity, reduced blood flow to the brain.	Higgins et al. (2010), Greene et al. (2014), Chesney et al. (2010), Martins et al. (2007), Bahr and Zaki (2014).
	Overproduction of liver enzymes, jaundice, abdominal pain, gastrointestinal disturbances.	Vivekanandarajah et al. (2011), Huang et al. (2014).
Teeth (Dental Health)	Tooth enamel erosion, dental hypersensitivity, increased risk of tooth decay.	Hasselkvist et al. (2010), Pinto et al. (2013).
Cancer Risk	Increased risk of breast cancer, liver cancer, and other metabolic-related cancers due to high glycemic index and artificial additives.	Chazelas et al. (2019).
(Diahetes &	Obesity, type 2 diabetes, altered gut bacteria, reduced insulin sensitivity, elevated blood glucose.	Greenblum et al. (2012), Ragsdale et al. (2010), Czarnecka et al. (1957), Abu-Taweel (2016), Zafar et al. (2017), Collison et al. (2012).
Caffeine Loxicity	Disturbed sleep, anxiety, restlessness, muscle stiffness, gastrointestinal disturbances, exhaustion.	Murray and Traylor (2020), Juliano et al. (2012), Bedi et al. (2014).

4. Benefits from Energy Drinks

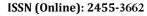
ED, when consumed responsibly and within recommended limits—such as the 500 ml per day guideline often noted on containers can provide several health benefits. Research has shown that EDs can enhance physical stamina, particularly during exercise, by combating lethargy and delaying exhaustion. For instance, studies have demonstrated improved endurance and longer workout durations on treadmills after consuming EDs (Walsh et al., 2010). The ingredients in these drinks, such as taurine, are known to improve mood and overall mental well-being (Childs, 2014). Caffeine, a key component, significantly boosts cognitive functions, increasing focus and attention, especially in sleep-deprived individuals (Wesnes et al., 2013). Additionally, caffeine stimulates metabolic activity, which can aid in weight management when consumed in controlled doses, although the effects are dose-dependent (Tabrizi et al., 2019). ED have also been found to improve athletic performance by enhancing reaction time, delaying fatigue, and stimulating the central nervous system, helping athletes perform better in endurance and high-intensity activities. When consumed within safe limits, caffeine, up to 400 mg per day, has been associated with positive effects such as reduced heart rate, improved well-being, and heightened alertness (McLellan et al., 2016; O'Mathuna, 2012). Furthermore, ingredients like guarana, which contains significant amounts of caffeine (1 g equals 40 mg of caffeine), offer antioxidant properties that reduce fatigue and help manage depression (Moustakas et al., 2015). Additional components such as ginseng, yerba mate, acai berry, vitamins, and herbal extracts contribute to the health benefits of EDs, supporting overall vitality and mental performance. While ED should not replace a balanced diet or proper sleep, consuming them within permissible limits can provide short-term advantages, such as enhanced focus, improved stamina, and better cognitive

functioning. However, moderation is essential to ensuring that these potential benefits are not overshadowed by the risks associated with excessive consumption, making adherence to recommended guidelines crucial for their safe use.

5. Current Scenario For Consumption of Energy Drinks

The consumption of ED is surging globally, particularly among male adults aged 18 to 35 years, who make up the primary consumer base. Teenagers are also becoming regular users, drawn to these beverages for their perceived ability to boost cognitive performance during studies, enhance stamina during physical activities, and improve endurance in sports. The trend of energy drink consumption has been on the rise since 1997.. Many young people, especially those dealing with sleep deprivation, rely on these drinks to stay fresh and alert throughout the day. Unfortunately, this reliance often leads to overconsumption—more than the recommended 500 ml per day—which, as research shows, can have detrimental effects on health. The primary drivers of this trend are rooted in modern lifestyles, characterized by poor sleep patterns, unhealthy eating habits, and high levels of stress caused by the pressure to achieve goals quickly. These factors push younger generations to seek quick fixes like energy drinks, further increasing dependency.

Today, a growing number of consumers, including night-shift workers, long-distance drivers, and corporate professionals, rely on ED to stay awake and focused for extended periods. Adding to this concern is the rising trend of mixing alcohol with ED during social events. This combination is particularly dangerous as it masks the symptoms of alcohol intoxication, such as drowsiness and impaired motor coordination, creating a false sense of control. The result is often excessive consumption of both substances, leading to severe health





Volume: 11 | Issue: 1 | January 2025 | | Journal DOI: 10.36713/epra2013 | | SJIF Impact Factor 2024: 8.402 | | ISI Value: 1.188

consequences and contributing to accidents, sexual misconduct, non-social behavior, crime, and violence in society.

The instant effects of energy drinks—such as heightened alertness and stamina—make them particularly appealing to young people, but excessive consumption shifts the balance toward harmful outcomes. Some studies have even likened the withdrawal symptoms of ED to those of drug addiction, though ED addiction has yet to be formally recognized in any diagnostic manual. This growing dependency and its associated risks have turned energy drink overconsumption into a significant global health issue, especially among younger populations. Addressing this problem requires not only raising awareness about the dangers of overuse but also reevaluating the ease of access and marketing strategies that target vulnerable demographics.

6. The Future of Energy Drinks: A Rapidly Growing Industry

The energy drink (ED) market is on an exponential growth trajectory, with global consumption expected to soar between 2024 and 2029. Forecasts indicate a staggering increase of over 11.34%, reaching a total volume of 31.9 billion liters by 2029. The United States leads the global market with a per capita consumption of 29.69 liters in 2023, followed by the UK at 14.13 liters and Russia at 0.33 liters. India, too, has witnessed remarkable growth, consuming 570 million liters of EDs in 2023—a thirtyfold increase since 2018. Globally, energy drink sales are projected to reach \$86.1 billion by 2027, with an average annual growth rate of 7.1%.

This surge in demand is fueled by modernization, increased disposable incomes, and a growing focus on health and wellness. A post-pandemic emphasis on immunity-boosting products and the fast-paced lifestyle of younger adults and teenagers have made ED increasingly attractive. Red Bull®, the world's largest-selling ED brand, exemplifies this growth, with sales jumping from 4 billion cans in 2011 to an impressive 12.1 billion cans in 2023. According to Delvel Insight, the global ED market is expected to grow at a compound annual growth rate (CAGR) of 8.13% between 2024 and 2030, driven by evolving consumer behavior and market dynamics.

One major factor contributing to this rising demand is the convenience and functionality of energy drinks, offering users an instant energy boost. Additionally, the growing focus on health consciousness has pushed manufacturers to develop innovative formulations. Products now feature herbal extracts, vitamins, minerals, and other additives, catering to a broader audience, though caffeine remains the key ingredient. Sugarfree alternatives with artificial sweeteners have also gained traction, though concerns over their long-term health impacts persist.

The market is further revolutionized by creative packaging, diverse flavor options, and targeted marketing strategies. ED are no longer aimed solely at younger consumers; brands now target diverse age groups based on lifestyle needs. Fitness enthusiasts turn to ED as pre-workout supplements, while older adults consume them to enhance cognitive performance. Manufacturers are capitalizing on this shift by introducing

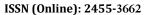
unique formulations at competitive prices with transparent labeling to capture market share in the dynamic ED industry. Key drivers of sales include consistent product innovation, strategic brand promotion, and effective marketing, advertising, and distribution plans. The widespread availability of ED in retail stores, coupled with online sales and promotional campaigns, has also contributed to their growing popularity. Collaborations with sports institutes, gyms, wellness centers, and health clubs, as well as sponsorships for sports events and individual athletes, are further propelling consumption.

As the energy drink market continues to evolve, its unprecedented growth highlights the importance of balancing consumer demand for convenience and wellness with potential health implications. This dynamic industry will likely remain a significant player in the global beverage market, driven by innovation, adaptability, and an ever-expanding consumer base.

7. Measures to Address Community Health Concerns Related to Energy Drinks

To mitigate the adverse health effects associated with ED, a multifaceted approach is needed. Here are some key measures that can be implemented to safeguard community health:

- 1. **Raising Awareness:** Conduct widespread campaigns in schools, colleges, and other educational institutions to educate young people about the harmful effects of excessive ED consumption.
- 2. **Promoting Healthier Alternatives:** Teach younger generations about healthier ways to enhance energy, focus, and stamina through proper nutrition, exercise, yoga, pranayama, and sleep habits (Kanorewala & Suryawanshi, 2022; Pote & Suryawanshi, 2022; Suryawanshi et al. 2022).
- 3. **Professional Guidance:** Health professionals, including doctors, nutritionists, dieticians, gym trainers, sports physiotherapists, and health coaches, should take responsibility for providing accurate information about the risks and appropriate use of EDs.
- 4. **Government Regulations:** Implement stricter regulations on the marketing, sale, and purchase of EDs to prevent unethical promotions targeting vulnerable groups like teenagers.
- 5. **Legal Restrictions:** Introduce laws prohibiting the easy accessibility of EDs to teenagers and banning their sale near schools, colleges, and universities.
- 6. **Regulation of Marketing Strategies:** Food and Drug Administrations should draft clear regulations to limit mass promotions, sponsorships, and advertising campaigns that glamorize ED consumption.
- Central Monitoring Body: Establish a central authority to track and address health cases related to ED addiction and adverse effects.
- 8. **Parental Education:** Educate parents about the potential health hazards of ED addiction and encourage them to monitor their children's consumption.
- 9. **NGO Involvement:** Encourage NGOs and welfare organizations to conduct programs highlighting the abusive use of EDs and their long-term consequences.





Volume: 11| Issue: 1| January 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2024: 8.402 || ISI Value: 1.188

- 10. **Transparent Labelling:** Mandate clear and specific labeling on ED packaging to inform consumers of potential health risks, especially related to overconsumption.
- 11. **Media Campaigns:** Use mass media platforms, including radio, cinemas, and social media, to broadcast informative messages about the dangers of ED misuse.
- 12. **School Curriculums:** Integrate information about EDs into school curriculums and organize workshops to educate students on the risks of misusing these beverages.
- 13. **Influencer Advocacy:** Collaborate with famous sports personalities and athletes to promote responsible ED consumption through public service announcements.
- 14. **Warning Labels:** Introduce color-coded warning labels to explicitly prohibit ED use by pregnant women, children, and teenagers.
- 15. **Alcohol Ban:** Enforce a strict ban on combining EDs with alcohol, given the severe health risks associated with this practice.

Implementing these measures requires collaboration among governments, health organizations, educational institutions, and community groups. A coordinated effort can help reduce the dependency on EDs and foster healthier choices among individuals, especially younger generations.

CONCLUSION

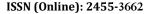
In conclusion, ED have become a popular choice among younger generations, often used to improve alertness, boost energy, and enhance physical stamina. Whether it's staying awake for all-night study sessions, preparing for sports, or socializing late into the night, EDs are consumed frequently and sometimes in quantities exceeding the recommended limits. The ease of access and lack of awareness make youth particularly vulnerable to habitual consumption. However, the high levels of caffeine, sugar, guarana, aspartame, and other stimulants present in EDs pose significant health risks. Many individuals fail to differentiate between EDs and sports drinks, leading to misconceptions about their purpose and safe usage. Unlike tea or coffee, which can be consumed slowly, EDs are often consumed quickly, resulting in rapid absorption of their active ingredients and intensifying their effects. This has led to physical, mental, and social health issues, including violent behavior in some youth.

Despite the presence of age restriction labels, their impact remains minimal due to a lack of enforcement and awareness. Minors often have unrestricted access to EDs, contributing to misuse and overconsumption. This review has highlighted the various risks associated with excessive ED intake, but there remain many aspects to explore and address. Measures such as raising awareness among minors, teenagers, and young adults about the health hazards of ED overconsumption, implementing stricter FDA regulations on their sale and promotion, and introducing education about EDs in schools and colleges are crucial steps toward mitigating these risks.

ED may offer a quick and convenient boost, but their overuse mirrors other habits that promise shortcuts to well-being, often leading to addiction and severe health complications. Without proactive intervention, the rising dependency on EDs could contribute significantly to the declining health of younger populations. It is imperative to act before the widespread deterioration of youth health becomes an accepted norm. By taking collective measures, including education, regulation, and awareness campaigns, the community can address this growing issue and encourage healthier lifestyle choices.

REFERENCES

- 1. 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
- 2. Al-Shaar, L., Vercammen, K., Lu, C., Richardson, S., Tamez, M., & Mattei, J. (2017). Health effects and public health concerns of energy drink consumption in the United States: A mini-review. Frontiers in Public Health, 5, 1–4.
- 3. Czarnecka, K., Pilarz, A., Rogut, A., Maj, P., Szymańska, J., Olejnik, Ł., & Szymański, P. (2021). Aspartame True or false? Narrative review of safety analysis of general use in products.
- 4. Dikici, S., Saritas, A., Besir, F. H., Tasci, A. H., & Kandis, H. (2013). Do energy drinks cause epileptic seizure and ischemic stroke? American Journal of Emergency Medicine, 31(2), 271–274.
- 5. Giles, G. E., Mahoney, C. R., Brunyé, T. T., Gardony, A. L., Taylor, H. A., & Kanarek, R. B. (2012). Differential cognitive effects of energy drink ingredients: Caffeine, taurine, and glucose. Pharmacology Biochemistry and Behavior, 102(4), 569–577.
- 6. Kaur, S., Christian, H., Cooper, M. N., Francis, J., Allen, K., & Trapp, G. (2020). Consumption of energy drinks is associated with depression, anxiety, and stress in young adult males: Evidence from a longitudinal cohort study. Depression and Anxiety, 37(11), 1089–1098.
- 7. Nadeem, I. M., Shanmugaraj, A., Sakha, S., Horner, N. S., Ayeni, O. R., & Khan, M. (2021). Energy drinks and their adverse health effects: A systematic review and meta-analysis. Sports Health, 13(3), 265–277.
- 8. Pinto, J. T., & Zempleni, J. (2016). Riboflavin. Advances in Nutrition, 7(5), 973–975.
- 9. Ratan, Z. A., Haidere, M. F., Hong, Y. H., Park, S. H., Lee, J. O., Lee, J., & Cho, J. Y. (2021). Pharmacological potential of ginseng and its major component ginsenosides. Journal of Ginseng Research, 45(2), 199–210.
- Schimpl, F. C., da Silva, J. F., Gonçalves, J. F., & Mazzafera, P. (2013). Guarana: Revisiting a highly caffeinated plant from the Amazon. Journal of Ethnopharmacology, 150(1), 14-31
- 11. Seifert, S. M., Seifert, S. A., Schaechter, J. L., Bronstein, A. C., Benson, B. E., Hershorin, E. R., Arheart, K. L., Franco, V. I., & Lipshultz, S. E. (2013). An analysis of energy-drink toxicity in the National Poison Data System. Clinical Toxicology, 51(6), 566–574.
- 12. Shah, S. A., Chu, B. W., Lacey, C. S., Riddock, I. C., Lee, M., & Dargush, A. E. (2016). Impact of acute energy drink consumption on blood pressure parameters: A meta-analysis. Annals of Pharmacotherapy, 50(10), 808–815.
- 13. Tabrizi, R., Saneei, P., Lankarani, K. B., Akbari, M., Kolahdooz, F., Esmaillzadeh, A., & Asemi, Z. (2019). The





Volume: 11 | Issue: 1 | January 2025 | | Journal DOI: 10.36713/epra2013 | | SJIF Impact Factor 2024: 8.402 | | ISI Value: 1.188

- effects of caffeine intake on weight loss: A systematic review and dose-response meta-analysis of randomized controlled trials. Critical Reviews in Food Science and Nutrition, 59(17), 2688-2696.
- 14. Vivekanandarajah, A., Ni, S., & Waked, A. (2011). Acute hepatitis in a woman following excessive ingestion of an energy drink: A case report. Journal of Medical Case Reports, 5, 867:105-113.
- 15. Ragsdale, F. R., Gronli, T. D., Batool, N., Haight, N., Mehaffey, A., McMahon, E. C., Nalli, T. W., Mannello, C. M., Sell, C. J., McCann, P. J., Kastello, G. M., & Wilson, T. (2010). Effect of Red Bull energy drink on cardiovascular and renal function. Amino Acids, 38(4), 1193-200. https://doi.org/10.1007/s00726-009-0330-z
- 16. Wesnes, K. A., Barrett, M. L., & Udani, J. K. (2013). An evaluation of the cognitive and mood effects of an energy shot over a 6-hour period in volunteers: A randomized, doubleblind, placebo-controlled crossover study. Appetite, 67, 105-113.
- 17. Walsh, A. L., Gonzalez, A. M., Ratamess, N. A., Kang, J., & Hofman, J. R. (2010). Improved time to exhaustion following ingestion of the energy drink Amino ImpactTM. Journal of the International Society of Sports Nutrition, 7,
- 18. McLellan, T. M., Caldwell, J. A., & Lieberman, H. R. (2016). A review of caffeine's effects on cognitive, physical, and occupational performance. Neuroscience Biobehavioral Reviews, 71, 294-312.
- 19. Beyranvand, M. Z., Khalaf, M. K., Roshan, V. D., Choobineh, S., Parsa, S. A., & Piranfar, M. A. (2014). Effect of taurine supplementation on exercise capacity of patients with heart failure. Journal of Cardiology, 57(1), 33-37.
- 20. Heckman, M., Sherry, K., Mejia, D., & Gonzalez, 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.
- 21. Higgins, J. P., Tuttle, T. D., & Higgins, C. L. (2010). Energy beverages: Content and safety. Mayo Clinic Proceedings, 85(11), 1033.
- 22. Lindseth, G. N., Coolahan, S. E., Petros, T. V., & Lindseth, P. D. (2014). Neurobehavioral effects of aspartame consumption. Research in Nursing and Health, 37(3), 185-193.
- 23. Crowe, S., Barot, J., Caldow, S., d'Aspromonte, J., Dell'Orso, J., Di Clemente, A., et al. (2011). The effect of caffeine and stress on auditory hallucinations in a nonclinical sample. Personality and Individual Differences, 50(4), 626-630.
- 24. Hofmeister, E. H., Muilenburg, J. L., Kogan, L., & Elrod, S. M. (2010). Over-the-counter stimulant, depressant, and nootropic use by veterinary students. Journal of Veterinary Medical Education, 37(4), 403-416.
- 25. Greene, E., Oman, K., & Lefer, M. (2014). Energy drinkinduced acute kidney injury. Annals of Pharmacotherapy, 48(10), 1366-1370.
- 26. Martins, M. R. I., & Azoubel, R. (2007). Effects of aspartame on fetal kidney: A morphometric and stereological study. International Journal of Morphology, 25(4), 689-
- 27. Huang, B., Kunkel, D., & El Kabany, M. (2014). Acute liver failure following one year of daily consumption of a sugarfree energy drink. ACG Case Reports Journal, 1, 214.

- 28. Hasselkvist, A., Johansson, A., & Johansson, A. K. (2010). Dental erosion and soft drink consumption in Swedish children and adolescents and the development of a simplified erosion partial recording system. Swedish Dental Journal, 34(4), 187-195.
- 29. Pinto, S. C., Bandeca, M. C., Silva, C. N., Cavassim, R., Borges, A. H., & Sampaio, J. E. (2013). Erosive potential of energy drinks on the dentine surface. BMC Research Notes, 6, 67.
- 30. Chazelas, E., Srour, B., Desmetz, E., Kesse-Guyot, E., Julia, C., Deschamps, V., Druesne-Pecollo, N., Galan, P., Hercberg, S., Latino-Martel, P., Deschasaux, M., & Touvier, M. (2019). Sugary drink consumption and risk of cancer: Results from Nutri Net-Santé prospective cohort. BMI, 366, 12408.
- 31. Bedi, N., Dewan, P., & Gupta, P. (2014). Energy drinks: Potions of illusion. Indian Pediatrics, 51(7), 529-533.
- 32. Greenblum, S., Turnbaugh, P. J., & Borenstein, E. (2012). Metagenomic systems biology of the human gut microbiome reveals topological shifts associated with obesity and inflammatory bowel disease. Proceedings of the National Academy of Sciences, 109(2), 594-599.
- 33. Juliano, L. M., Evatt, D. P., Richards, B. D., & Griffiths, R. R. (2012). Characterization of individuals seeking treatment for caffeine dependence. Psychology of Addictive Behaviors, 26(4), 948.
- 34. Moustakas, D., Mezzio, M., Rodriguez, B. R., Constable, M. A., Mulligan, M. E., & Voura, E. B. (2015). Guarana provides additional stimulation over caffeine alone in the planarian model. PLoS ONE, 10(4), e0123310.
- 35. Kanorewala, B. Z., & Suryawanshi, Y. C. (2022). The Role of Alternate Nostril Breathing (Anuloma Viloma) technique in regulation of blood pressure. Asian Pacific Journal of Health Sciences, 9(2), 48-52.
- 36. Pote, A. M., & Suryawanshi, Y. C. (2022). Importance of Naad yoga for reducing the stress. Naad-Nartan J. Dance Music., 10(2), 53-58.
- 37. Suryawanshi, Y., Parekh, Z., Jain, H., Pote, A., Kanorewala, B., Patil, K., & Chumchu, P. (2022) Pranayama Dataset: An Extensive Dataset of Correct and Incorrect Postures of Breathing Exercises. Available at SSRN 4473586.