Kids Should Not Consume Energy Drinks, and Rarely Need Sports Drinks, Says AAP

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Sports and energy drinks are heavily marketed to children and adolescents, but in most cases kids don’t need them – and some of these products contain substances that could be harmful to children.

In a new clinical report, the American Academy of Pediatrics (AAP) outlines how these products are being misused, discusses their ingredients, and provides guidance to decrease or eliminate consumption by children and adolescents. The report, “Sports Drinks and Energy Drinks for Children and Adolescents: Are They Appropriate?” is published in the June 2011 issue of Pediatrics (published online May 30).

“There is a lot of confusion about sports drinks and energy drinks, and adolescents are often unaware of the differences in these products,” said Marcie Beth Schneider, MD, FAAP, a member of the AAP Committee on Nutrition and co-author of the report. “Some kids are drinking energy drinks – containing large amounts of caffeine – when their goal is simply to rehydrate after exercise. This means they are ingesting large amounts of caffeine and other stimulants, which can be dangerous.”

Sports drinks and energy drinks are different products, said Holly J. Benjamin, MD, FAAP, a member of the executive committee of the AAP Council on Sports Medicine and Fitness, and a co-author of the report. Sports drinks, which contain carbohydrates, minerals, electrolytes and flavoring, are intended to replace water and electrolytes lost through sweating during exercise. Sports drinks can be helpful for young athletes engaged in prolonged, vigorous physical activities, but in most cases they are unnecessary on the sports field or the school lunchroom.

“For most children engaging in routine physical activity, plain water is best,” Dr. Benjamin said. “Sports drinks contain extra calories that children don’t need, and could contribute to obesity and tooth decay. It’s better for children to drink water during and after exercise, and to have the recommended intake of juice and low-fat milk with meals. Sports drinks are not recommended as beverages to have with meals.”

Energy drinks contain substances not found in sports drinks that act as stimulants, such as caffeine, guarana and taurine. Caffeine – by far the most popular stimulant – has been linked to a number of harmful health effects in children, including effects on the developing neurologic and cardiovascular systems. Energy drinks are never appropriate for children or adolescents, said Dr. Schneider and Dr. Benjamin. In general, caffeine-containing beverages, including soda, should be avoided.
The report contains tables listing specific products available today and their contents.

“In many cases, it’s hard to tell how much caffeine is in a product by looking at the label,” Dr. Schneider said. “Some cans or bottles of energy drinks can have more than 500 mg of caffeine, which is the equivalent of 14 cans of soda.”

AAP recommendations include:

- Pediatricians should highlight the difference between sports drinks and energy drinks with patients and their parents, and talk about the potential health risks.

- Energy drinks pose potential health risks because of the stimulants they contain, and should never be consumed by children or adolescents.

- Routine ingestion of carbohydrate-containing sports drinks by children and adolescents should be avoided or restricted, because they can increase the risk of overweight and obesity, as well as dental erosion.

- Sports drinks have a limited function for pediatric athletes; they should be ingested when there is a need for rapid replenishment of carbohydrates and/or electrolytes in combination with water during prolonged, vigorous physical activity.

- Water, not sports drinks, should be the principal source of hydration for children and adolescents.

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. For more information, visit www.aap.org.