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The top 5 Selling UK Energy Drinks implications for dental and general health

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ABSTRACT

Aim

Energy drinks are widely consumed worldwide, and are recognised for their adverse health effects, usually due to their high caffeine content. However, little is known about their impact on oral and general health. The aim of this investigation was to review the most popular energy drinks sold in the UK, for their possible effect on oral health and contribution to obesity.

Materials and Methods

Five drinks constituting 75% of the UK energy drinks market were purposively selected (Lucozade, Redbull, Monster, Rockstar and Relentless). pH and sugar content were measured and their ingredients reviewed in the context of oral and general health, focussing on dental caries and erosion and obesity.

Results

All 5 energy drinks investigated had pH values below the critical value (5.5) associated with dental erosion; the lowest pH was 2.72 (Lucozade), the highest pH was 3.37 (Monster). The drinks also contained excessive amounts of free sugars, ranging from 25.5g (Red Bull) to 69.2g (Rockstar). Differences in sugar content were mainly explained by portion size. Other ingredients contained within the energy drinks, caffeine and various acids are also linked to oral and general health.

Conclusion

Regular consumption of energy drinks could contribute to dental erosion and the development of obesity. Lucozade and Rockstar were found to potentially have the greatest impact on oral health and obesity.

Achieving a healthy product by reformulation is highly unlikely due to the very high initial free sugar content. Thus health professionals need to acknowledge the popularity of these products and help their clients to reduce their use. This is the first study which compares in detail the potential oral and general health consequences of overuse of a selection of energy drinks popular in the UK.

Key Words

Energy Drinks; Oral Health; Obesity; pH; Sugar; dental caries; dental erosion

INTRODUCTION

Energy drinks contain high proportions of free sugars and have a very low pH; these have implications for oral and wider public health in terms of dental caries¹, dental erosion² and overweight and obesity³. These drinks can provide functional benefits by boosting energy and alertness, thus are popular among athletes and students⁴. The drink's functionality is obtained from ingredients such as glucose, caffeine or taurine⁵. The stimulants contained within energy drinks are a cause for concern as they are associated with hypertension, anxiety and heart palpitations⁶.

Energy drinks are a growing global public health problem as their popularity is increasing substantially, especially amongst adolescents⁷. Total sales of energy drinks have grown in the UK alone by £255 million from 2011 to 2015, giving an average increase of £51 million a year, with sales predicted to further increase in forthcoming years⁸.

The largest consumers of energy drinks in the UK are males aged 25-34, although their popularity is increasing amongst females, with 38% of women aged 16-44 reporting using them on an at least a weekly basis. Another core consumer group of energy drinks are 18-24 year-olds, who make up the bulk of the student population, 51% drink them and 29% drink them at least once a week⁹.

Energy drinks contain free sugars and acids, hence these drinks have the ability to cause both dental caries and erosion. There is a strong relationship between eating foods high in "free" sugars (defined as any mono or disaccharides added to a food or drink by someone, e.g. a manufacturer, cook, or consumer, as well as sugars naturally found in syrups, fruit juices and honey) and dental caries¹. Free sugars are converted by acid producing bacteria (such as *Streptococci Mutans* and *Lactobacilli*) into lactic acid. The lactic acid causes demineralisation of the tooth enamel thus causing carious lesions¹⁰. Many energy drinks have also been found to have a pH of below 5.5, which is the critical pH for the demineralisation of enamel, hence causing erosion². In addition, intake of free sugars or sugar sweetened beverages is a determinant of body weight³. As obesity is associated with greater risks of type 2 diabetes mellitus, hypertension, coronary artery and other diseases the UK Government focussed on reducing the recommended maximum percentage energy provided by free sugars in 2015¹¹.

Much of the existing literature on energy drinks relates to studies of sugar sweetened beverages (SSBs) incorporating energy drinks as well as sports drinks and sodas^{13,14} or single brand case studies, e.g. Red Bull or RockStar^{13,14}. Further, many of the previous studies concentrate on the detrimental effects of the ingredients without considering the product as a whole and the sensory preferences of the consumers.

To our knowledge this is the first study which compares in detail the potential health consequences of overuse of a selection of energy drinks popular in the UK.

The aim of this study was to investigate the five top selling energy drinks in the UK, measuring their individual ingredients and pH, relating this to the evidence base of possible health effects.

MATERIALS AND METHODS

The top five energy drinks according to MINTEL's 2016 UK review of the market⁸ were purposively selected for this study. These five drinks represent over ¾ of the UK market as outlined below:

Product	Manufacturer	% UK market share
Lucozade Energy	Lucozade Ribena Suntory Ltd., Uxbridge, UK	29
Redbull	Redbull GmbH., Fuschl am See, Austria	24
Monster Energy	Monster Beverage Corporation, Corona, California	12
Rockstar	A.G. Barr plc., Cumbernauld, Scotland	6
Relentless	The Coca-Cola Company, Atlanta, Georgia	5

One variety (*original flavour*, if this was unavailable the first available flavour) of each of the energy drink brands were purchased from a major online UK supermarket in November 2016. The drinks were then analysed for their pH and sugar content using the standard methodologies described below. The ingredients as declared on the product labels were noted.

The drink samples at room temperature were decanted into five separate glasses, each with a column length of 10cm. The drinks had not been previously opened, in case the loss of carbon dioxide affected the drinks pH¹⁵. The pH was analysed using a *testo 206-pH2 (Testo AG, Germany)* pH meter.

The sugar content of the same drink samples were then measured using a *CETI DIGIT 0-32 ATC Sugar pocket refractometer (Medline Scientific., Oxfordshire, UK)*. The refractometer uses Brix as a measurement; the percentage of total solids in solution, in grams of solute/100 g of solution (g/g)¹⁶. A 1ml sample of the drink at room temperature was transferred using a pipette onto the refractometer following the manufacturer's instructions.

An average of 3 readings were taken for each drink for both pH and sugar analysis. Both the pH meter and the refractometer were washed thoroughly with clean water after each use to prevent any cross contamination and dried to prevent any dilution of the samples.

The drink's primary packaging was reviewed and the ingredients list recorded as they appeared on the label¹⁷.

The sugar content, based on refractometry and label declaration, was calculated using the can/bottle as the serving size. This was compared against national guidelines on free sugar intake and UK food based dietary guidelines^{11,18}.

RESULTS

pH values of the selected energy drinks ranged from 2.72 for Lucozade Energy to 3.37 for Monster Energy. All five drinks were more acidic than the critical pH value recognised as contributing to dental erosion (pH 5.5, Figure 1).

The free sugar content of the drinks ranged from 10.83g/100ml for Relentless to 16.50g/100ml for Lucozade Energy (Figure 2). Table 1 highlights the free sugar content of the drinks per serving size and relates this to current UK nutritional recommendations¹¹.

The serving size of the selected drinks varied from 250ml (Redbull) to 500ml (Monster, Rockstar, Relentless, Table 1). All of the single serving sizes except Redbull exceeded the 37g maximum daily recommendation for free sugar intake amongst males aged 19-24¹¹. The smaller Redbull serving size was the only factor contributing to its lower sugar content; even so one can a day would provide more than 2/3 of this recommended free sugar intake. Rockstar had the highest free sugar content with 69.2g per serving, 187% of the daily maximum recommendation.

Table 2 provides the ingredients list of each of the energy drinks, as transcribed from the label. The ingredients which have been evidenced as having detrimental effects on oral and/or wider public health are indicated.

Carbonated water was the main constituent of all the drinks surveyed. Free sugars were the second largest component; predominantly sucrose and/or glucose. Citric, malic and/or lactic acid was present in all the energy drinks for flavouring. Rockstar contained all three, Lucozade contained two (Lactic and Citric acid), whilst Monster, Redbull and Relentless contained only citric acid. Acids were also present in smaller quantities as a preservative (ascorbic, benzoic and sorbic acid).

All the drinks contained the stimulant caffeine, the content was indicated on all but Lucozade energy as 0.03%. Lucozade did not declare the caffeine percentage. Other stimulants included Guarana extract, in 3 products and ginseng root extract, in 1 product (Table2).

Other ingredients were present as preservatives (potassium sorbate, sodium bisulphite), acidity regulators (e.g. sodium carbonate, sodium citrate), Vitamins (e.g. B vitamins and in the case of Rockstar vitamin E) and colours (e.g. caramel, riboflavin, sunset yellow, Ponceau 4R, anthocyanins, black carrot concentrate).

DISCUSSION

The results from this study are unusual as the energy drinks surveyed constituted a single serving unlike other studies of high fat, salt and sugar (HFSS) products where individually consumed portion sizes could vary from recommendations on the packet (e.g. breakfast cereals commonly state 30g as a portion size^{19,20}). The energy drinks were sold to be drunk as "one drink", the serving size though ranged from 250-500ml.

Irrespective of the serving size the sugar content exceeds present dietary recommendations, of no more than 5% of energy from free sugars^{11,21}. The new recommendations for free sugar consumption are based on a maximum percentage of total energy, but this varies according to age, gender, weight and physical activity. The sugar in grams per serving ranged from 26g (6.5 tsps) to 69g (17tsps). NHS Choices²² advise that adults should have no more than 30g of free sugars a day and children aged 7-10 have no more than 24g. A single serving of Red Bull energy drink could give an average adult nearly all their free sugar allocation whereas Lucozade, Monster or RockStar could give over twice the allocation in a single serving. For children aged 7-10 a single serving of each of the drinks provides in excess of their daily maximum for free sugar, with most providing more than double. Rockstar with a sugar content of 69.2g per serving provides almost treble their maximum daily allowance.

Glucose syrups, an ingredient in 3 of the drinks, have a high viscosity, which can hinder their clearance from the mouth meaning teeth are exposed to sugar and acidic conditions for a longer period of time^{23,24}. Furthermore, the constituents of the glucose syrup (various starch sources, commonly potatoes or corn) can vary²⁵ and this too can affect acid production in the mouth²⁴ which can further promote dental caries and erosion.

The only artificial sweetener, Sucralose (Splenda), was present in Monster Energy. Sucralose is a non-fermentable, non-caloric sugar substitute²⁶, with lower cariogenic properties than sugar^{27,28}. A study by Mandel and Grotz²⁹ found that sucralose in its pure form was non cariogenic, whilst research by Giacaman et al.,³⁰ indicated sucralose caused enamel demineralisation and loss of enamel hardness but to a far less degree than sucrose. However, the presence of sucralose in this drink was in addition to over 60g of free sugar per 500ml portion, which would not result in any appreciable reduction of either calories or cariogenic/erosive potential. Furthermore its use is just promulgating the existence of a sweet tooth³¹.

In this study all the energy drinks were well below the critical pH value of 5.5, known to cause dental erosion or dissolution of enamel³². Furthermore, they were all more acidic than orange juice (pH of 3.75); sports drinks (pH of 3.78) and on a par with Cola (pH of 2.74)³³. The reason for their low pH is the addition of a number of different ingredients.

Carbon dioxide or carbonated water were ingredients in all of the drinks studied. All of the energy drinks were fizzy, unlike sports drinks where many are available in a still, uncarbonated form⁹. When Carbon dioxide (CO₂) is added to an aqueous solution, it dissociates into carbonic acid (H₂CO₃) by mixing with water (H₂O), thus making the solution more acidic¹⁵. A study by Abraham *et al.*³⁴ found that carbonic acid significantly reduced the micro-hardness of dentine, which is essential for the support of enamel.

Acids, such as Citric, Lactic and Malic, were prominent in the drinks studied. These are added by manufacturers as both flavourings and preservatives with the result of further lowering the pH²⁸. Bacteria and moulds struggle to survive in such acid conditions, thus the addition of acids to energy drinks to prolong the shelf life³⁵. Although deemed as safe to deliver this technological function by the EU and other regulatory bodies³⁶ these acids have consistently been found to decrease enamel hardness and cause demineralisation of the teeth³⁷⁻³⁹.

Ascorbic Acid (vitamin C) added by the manufacturers of Lucozade Energy and Rockstar presents a paradox in regards to oral health. Its deficiency can lead to the development of scurvy which can severely effect gum health, potentially leading to the loss of teeth⁴⁰ whilst as an acid it can cause

dental erosion⁴¹. However, apart from cases of severe malnutrition scurvy is virtually unheard of in the UK⁴².

Caffeine is widely recognised as having adverse health effects such as increasing blood pressure and exacerbating insomnia^{6,7}. There is some emerging evidence that sugar sweetened beverages (SSBs) with caffeine seem to be more cariogenic and erosive when compared with those without⁴³, this is thought to be due to the diminishing effect caffeine has on salivary flow. Salivary flow plays a vital role in maintaining oral health as it can neutralise and clear dietary acids as well as washing away residue and acting as a lubricant⁴⁴.

All the energy drinks studied have the potential to be detrimental to oral health. It should be noted however, that only one sample of each energy drink was used in this study. Internal quality control at each company means that the individual samples are unlikely to differ from one another⁴⁵. In addition, whilst there are other factors that can influence energy drinks effects on oral health and obesity such as the duration, quantity and frequency of consumption, these were not investigated. It is of concern that products like energy drinks are used as **additions to people's normal diets** as opposed to replacing other foods. Thus, increasing total energy intake (which could lead to overweight/obesity) and exposure to highly cariogenic/erosive ingredients, detrimental to oral health⁴⁶.

CONCLUSION

All 5 of the energy drinks tested have the ability to negatively impact upon oral health and cause unwanted weight gain, with Lucozade and Rockstar being the most potentially detrimental. The study indicates that a number of ingredients contribute to the potential adverse effects on oral and wider health.

The fact that energy drinks are so popular, but so far away from present dietary recommendations on free sugars indicates that they should have no part in a healthy diet. This justifies further the decision for a UK excise duty on sugar sweetened beverages including energy drinks brought into effect in April 2018⁴⁷. Other possible public health measures that could be considered include setting a maximum limit for caffeine per serving of any energy drink; restricting sales of energy drinks to children and adolescents; or consideration of industry-wide standards for responsible marketing of energy drinks including ensuring that the risks associated with energy drink consumption are well known^{48, 49}.

Manufacturers have started to reformulate, voluntarily, in preparation for the sugar levy. However, these drinks are starting at such a high sugar content, accompanied by supersized portions, achieving a healthy product by reformulation is highly unlikely. In addition, market reports indicate that the largest consumers of these drinks are the least likely to select low or no sugar versions⁹.

Health professionals need to acknowledge the popularity of these products and help their clients to reduce their use, they could be well placed to screen for dangerous energy drink consumption, both alone and with alcohol.

REFERENCES

1. Moynihan PJ, Kelly SM. (2014) Effect on caries of restricting sugars intake: systematic review to inform WHO guidelines. *J Dent Res.* 93(1):8–18.
 2. Pinto, S., Bandeca, M., Silva, C., Cavassim, R., Borges, A. and Sampaio, J. (2013). Erosive potential of energy drinks on the dentine surface. *BMC Research Notes*, 6(1), 67.
 3. Te Morenga L, Mallard S, Mann J. (2013). Dietary sugars and body weight: systematic review and meta-analyses of randomised controlled trials and cohort studies. *BMJ.* 346:e7492.
 4. Kumar, G., Park, S. and Onufrak, S. (2015). Perceptions About Energy Drinks Are Associated With Energy Drink Intake Among U.S. Youth. *American Journal of Health Promotion*, 29(4), 238-244.
 5. British Soft Drinks Association (2017) Energy Drinks <http://www.britishsoftdrinks.com/Energy-Drinks> [accessed 4/06/2018]
 6. Harris, J. and Munsell, C. (2015). Energy drinks and adolescents: what's the harm?. *Nutrition Reviews*, 73(4), 247-257.
 7. Seifert, S., Schaechter, J., Hershorin, E. and Lipshultz, S. (2011). Health Effects of Energy Drinks on Children, Adolescents, and Young Adults. *Pediatrics*, 127(3), 511-528.
 8. MINTEL. (2016). *Sports & Energy Drinks - UK - August 2016*. Available: <http://academic.mintel.com.ezproxy.cardiffmet.ac.uk/display/785492/> [accessed 4/6/2018].
 9. MINTEL. (2017). *Sports & Energy Drinks - UK - August 2016* <https://store.mintel.com/uk-sports-and-energy-drinks-market-report> [accessed 4/6/2018]
 10. Public Health England and Department of Health (2017) Delivering better oral health: an evidence-based toolkit for prevention Third edition. London. Public Health England. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf [accessed 4/6/2018].
- Scientific Advisory Committee on Nutrition - SACN. (2015). Carbohydrates and Health. The Stationary Office: London. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf [accessed 4/6/2018].
11. Faculty of Public Health FPH (2018) A duty on sugar sweetened beverages: a position statement. <http://www.fph.org.uk/uploads/Position%20statement%20-%20SSBs.pdf> [accessed 4/6/2018].
 12. Faculty of Public Health FPH (2018) A duty on sugar sweetened beverages: a position statement. <http://www.fph.org.uk/uploads/Position%20statement%20-%20SSBs.pdf> [accessed 4/6/2018].
13. Alford, C., Cox, H., & Wescott, R. (2001). The effects of red bull energy drink on human performance and mood. *Amino Acids*, 21(2), 139-50.
 14. Astorino, T., Matera, A.J., Basinger, J., Evans, M., Schurman, T., Marquez, R. (2011). Effects of Red Bull Energy Drink on Repeated Sprint Performance in Women Athletes. *Amino acids*. 42. 1803-8.
 15. Somersalo, E., Occhipinti, R., Boron, W. and Calvetti, D. (2012). A reaction–diffusion model of CO₂ influx into an oocyte. *Journal of Theoretical Biology*, 309, 185-203.
 16. Son, H., Hong, Y., Park, W., Yu, M. and Lee, C. (2009). A Novel Approach for Estimating Sugar and Alcohol Concentrations in Wines Using Refractometer and Hydrometer. *Journal of Food Science*, 74(2), C106-C111.

17. Quantitative Ingredient Declaration. (1996). The Food Labelling Regulations 1996. <https://www.food.gov.uk/sites/default/files/multimedia/pdfs/quid.pdf> [accessed 4/6/2018].
18. Department of Health (2017) Eatwell guide <https://www.gov.uk/government/publications/the-eatwell-guide> [accessed 4/6/2018]
19. Faulkner, G., Pourshahidi, L., Wallace, J., Kerr, M., McCrorie, T., & Livingstone, M. (2012). Serving size guidance for consumers: Is it effective? *Proceedings of the Nutrition Society*, 71(4), 610-621. doi:10.1017/S0029665112000766
20. Tal, A., Niemann, S., Wansink, B (2017) Depicted serving size: cereal packaging pictures exaggerate serving sizes and promote overserving. *BMC Public Health*.17:169 DOI: 10.1186/s12889-017-4082-5 <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-017-4082-5> [accessed 4/6/2018].
21. World Health Organisation WHO. (2015) Information note about intake of sugars recommended in the WHO guideline for adults and children. WHO: Geneva. http://www.who.int/nutrition/publications/guidelines/sugar_intake_information_note_en.pdf [accessed 4/6/2018]
22. NHS Choices (2018) How does sugar in our diet affect our health? <https://www.nhs.uk/live-well/eat-well/how-does-sugar-in-our-diet-affect-our-health/> [accessed 4/6/2018]
23. Brudevold, F., Goulet, D., Attarzadeh, F. and Tehrani, A. (1988). Demineralization Potential of Different Concentrations of Gelatinized Wheat Starch. *Caries Research*, 22(4), 204-209.
24. Grenby, T., & Mistry, M. (2000). Properties of maltodextrins and glucose syrups in experiments in vitro and in the diets of laboratory animals, relating to dental health. *British Journal of Nutrition*, 84(4), 565-574.
25. Hull, P. (2010). *Glucose syrups*. 1st energy drinks. Chichester, U.K.: Wiley-Blackwell Pub.
26. Sharma A, Amarnath S, Thulasimani M, Ramaswamy S. (2016) Artificial sweeteners as a sugar substitute: Are they really safe? *Indian J Pharmacol* [serial online] 48:237-40.
27. Matsukubo, T. and Takazoe, I. (2006). Sucrose substitutes and their role in caries prevention. *International Dental Journal*, 56(3), 119-130.
28. Nadimi, H., Wesamaa, H., Janket, S., Bollu, P. and Meurman, J. (2011). Are sugar-free confections really beneficial for dental health? *BDJ*, 211(7), E15-E15.
29. Mandel, D., Grotz, L. (2002) Dental Considerations in Sucralose Use. *Journal of Clinical Dentistry*, 13(3), 116–118.
30. Giacaman, R., Campos, P., Muñoz-Sandoval, C. and Castro, R. (2013). Cariogenic potential of commercial sweeteners in an experimental biofilm caries model on enamel. *Archives of Oral Biology*, 58(9), 1116-1122.
31. Reed D and McDaniel A (2006) The Human Sweet Tooth. *BMC Oral Health* (Suppl 1):S17
32. Sirimaharaj V, Brearley Messer L, Morgan MV. (2002) Acidic diet and dental erosion among athletes. *Aust Dent J*. 47(3): 228-236.

33. Wongkhantee, S., Patanapiradej, V., Maneenut, C. and Tantbirojn, D. (2006). Effect of acidic food and drinks on surface hardness of enamel, dentine, and tooth-coloured filling materials. *Journal of Dentistry*, 34(3), 214-220.
34. Abraham, S., Kamble, A., Gupta, P., Satpute, A., Chaudhari, S., & Ladhe, P. (2016). In vitro Evaluation of the Efficacy of 2% Carbonic Acid and 2% Acetic Acid on Retrieval of Mineral Trioxide Aggregate and their Effect on Microhardness of Dentin. *The Journal of Contemporary Dental Practice*, 17(7), 568-73.
35. Sultana, T., Rana, J., Chakraborty, S., Das, K., Rahman, T. and Noor, R. (2014). Microbiological analysis of common preservatives used in food items and demonstration of their in vitro anti-bacterial activity. *Asian Pacific Journal of Tropical Disease*, 4(6), 452-456. 1.
36. European Food Safety Authority EFSA (2018) Sweeteners <https://www.efsa.europa.eu/en/topics/topic/sweeteners> [accessed 4/6/2018]
37. Attin, T., Meyer, K., Hellwig, E., Buchalla, W. and Lennon, A. (2003). Effect of mineral supplements to citric acid on enamel erosion. *Archives of Oral Biology*, 48(11), 753-759.
38. Zheng, J., Xiao, F., Qian, L. and Zhou, Z. (2009). Erosion behavior of human tooth enamel in citric acid solution. *Tribology International*, 42(11-12), 1558-1564.
39. Do, D., Orrego, S., Majd, H., Ryou, H., Mutluay, M., Xu, H. and Arola, D. (2013). Accelerated fatigue of dentin with exposure to lactic acid. *Biomaterials*, 34(34) 8650-8659.
40. NHS Choices (2018) Scurvy <https://www.nhs.uk/conditions/scurvy/> [accessed 4/6/2018]
41. Mithra, H., Suchetha, K., Nidarsh, H., Shilpa, S. (2013) Relation Between Salivary and Serum Vitamin C Levels and Dental Caries Experience in Adults – A Biochemical Study. *Nitte University Journal of Health Science*. 3(4) 30-33.
42. Bates B, Lennox A, Prentice A, Bates C, Page P, Nicholson S, Swan G. (2014). National Diet and Nutrition Survey Results from Years 1, 2, 3 and 4 (combined) of the Rolling Programme (2008/2009 – 2011/2012). PHE:London. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/594361/NDNS_Y1_to_4_UK_report_full_text_revised_February_2017.pdf [accessed 4/6/2018]
43. Hildebrandt, G., Tantbirojn, D., Augustson, D. and Guo, H. (2013). Effect of Caffeinated Soft Drinks on Salivary Flow. *Journal of Caffeine Research*, 3(3), 138-142.
44. Mulic, A., Tveit, A., Songe, D., Sivertsen, H. and Skaare, A. (2012). Dental erosive wear and salivary flow rate in physically active young adults. *BMC Oral Health*, 12(1).
45. Hui, Y., Meunier Goddik, L., Hansen, A., Josephsen, J., Nip, W., Stanfield, P. and Toldrá Vilardell, F. (2004). *Handbook of food and beverage fermentation technology*. 1st energy drinks. Estados Unidos: Marcel Dekker.
46. Gibson S, Shirreffs SM. (2013) Beverage consumption habits “24/7” among British adults: association with total water intake and energy intake. *Nutrition Journal*. 2013;12:9.
47. Food Foundation (2017) The UK’s sugar levy - International Learning Series file:///C:/Users/ac0338/AppData/Local/Microsoft/Windows/INetCache/IE/Z9W83371/2-Briefing-Sugar-Levy_vF.pdf [accessed 4/6/2018]

48. Breda, J.J., Whiting, S.H., Encarnaç o, R., Norberg, S., Jones, R., Reinap, M., Jewell, J. (2014) Energy drink consumption in Europe: a review of the risks, adverse health effects, and policy options to respond. *Front. Public Health*, 2; 134. <https://doi.org/10.3389/fpubh.2014.00134> [accessed 9/10/2018].

49. Department of Health and Social Care (2018) Consultation on proposal to end the sale of energy drinks to children. London. Department of Health and Social Care. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/736398/consultation-on-ending-the-sale-of-energy-drinks-to-children.pdf [accessed 1/10/2018].