

Erosive and Cariogenic Potential of Commercially Available Energy Drinks in Portugal

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Introduction

Energy drink consumption has risen significantly worldwide, particularly among adolescents and young adults. These beverages, often perceived as harmless, are frequently acidic and may contain fermentable sugars, posing a potential threat to oral health through dental erosion and caries. Despite a growing shift toward sugar-free alternatives, concerns remain regarding the role of acidity in enamel demineralization, regardless of whether sugar is present.



This study aimed to evaluate the erosive and cariogenic potential of energy drinks available on the Portuguese market by analysing their pH levels at different temperatures and assessing their implications for enamel integrity.

3 Materials and Methods

- Study design: Ex vivo analysis of 38 commercially available energy drinks.
- Group categorisation: Group A Drinks with acidic preservatives and fermentable sugars \rightarrow Erosive and <u>cariogenic potential</u>

Group B – Drinks with only acidic preservatives \rightarrow <u>Erosive potential only</u>

• pH measurement: Temperatures tested: 4 °C (cold) and 25 °C (room temperature)

Equipment: CRISON[®] pH Meter GLP 21 with pH 50 14 electrode

- Calibration range: pH 2–4
- Temperature measured using C.AT Pt 1000 CRISON[®] probe
- Sampling protocol: 3 samples tested per beverage
 - 5 pH readings per sample
 - Mean pH calculated per beverage, per temperature
- Statistical analysis: Comparison of pH values between temperatures and between groups





4 Results

• Temperature effect: 22 out of 38 beverages showed significantly lower pH at 25 °C (p

13 beverages showed no significant variation 3 beverages had lower pH at 4 °C

- Critical pH threshold: None of the drinks exceeded the critical threshold at either temperature
- Mean pH Group A (acid + sugar): 3.4 ± 0.23 at 4 °C 3.3 ± 0.23 at 25 °C
- Mean pH Group B (acid only): 3.5 ± 0.28 at $4 \,^{\circ}\text{C}$ 3.4 ± 0.26 at 25 °C
- Group comparison: No statistically significant difference between Group A and Group $B \rightarrow Acidity$ alone appears sufficient to compromise enamel integrity

5 Conclusion

The findings challenge common perceptions by demonstrating that sugar-free beverages can be as erosive as those containing sugar, and may also be detrimental to dental structure^{1,2}.

These findings highlight the importance of assessing acidity as an independent risk factor while also recognising the protective function of saliva in the oral environment³.

Saliva plays a crucial role in neutralising acids and supporting enamel remineralisation, thanks to its buffer capacity and the presence of ions such as calcium, phosphate, and fluoride^{4,5}. While pH remains a central indicator of erosive potential, it alone does not capture the full complexity of the process⁶. The interaction between acidic exposure and endogenous defence mechanisms underscores the multifactorial nature of enamel erosion in real-life conditions and reinforces the need for greater public awareness and regulatory oversight regarding these products^{2,7}.

6 References

- 1. Cheng, R., Yang, H., Shao, M. Y., Hu, T., & Zhou, X. D. (2009). Dental erosion and severe tooth decay related to soft drinks: a case report and literature review. Journal of Zhejiang University. Science. B, 10(5), 395–399. <u>https://doi.org/10.1631/jzus.B0820245</u>
- 2.Nadimi, H., Wesamaa, H., Janket, S. J., Bollu, P., & Meurman, J. H. (2011). Are sugar-free confections really beneficial for dental health?. British dental journal, 211(7), E15. https://doi.org/10.1038/sj.bdj.2011.823
- 3. Lussi, A., Schlueter, N., Rakhmatullina, E., & Ganss, C. (2011). Dental erosion--an overview with emphasis on chemical and histopathological aspects. Caries research, 45 Suppl 1, 2–12. https://doi.org/10.1159/000325915
- 4. Piangprach, T., Hengtrakool, C., Kukiattrakoon, B., & Kedjarune-Leggat, U. (2009). The effect of salivary factors on dental erosion in various age groups and tooth surfaces. Journal of the American Dental Association (1939), 140(9), 1137–1143. https://doi.org/10.14219/jada.archive.2009.0341
- 5.Buzalaf, M. A., Hannas, A. R., & Kato, M. T. (2012). Saliva and dental erosion. Journal of applied oral science: revista FOB, 20(5), 493–502. https://doi.org/10.1590/s1678-77572012000500001
- 6. Shellis, R. P., Featherstone, J. D. B., & Lussi, A. (2014). Understanding the Chemistry of Dental Erosion. Erosive Tooth Wear, 163–179. doi:10.1159/000359943
- 7. Tahmassebi, J. F., & BaniHani, A. (2019). Impact of soft drinks to health and economy: a critical review. European archives of paediatric dentistry: official journal of the European Academy of Paediatric Dentistry, 21(1), 109–117. https://doi.org/10.1007/s40368-019-00458-0