Author’s response to reviews

Title: Acute Kidney Injury and Hepatitis Associated with Energy Drink Consumption

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Author’s response to reviews:

Dear Reviewers,

Thank you for your comments. Please see my answers below. I did not include all information below in my revised manuscript. Please let me know after reviewing if you want me to include any missing information.

Reviewer #1 (Answers)

1- All changes in red, I added a new table and language corrected.

2- usually patient under hospice does not undergo investigations, why were the labs done? In the inpatient unit where the focus is on the treatment of acute symptoms we may order labs to look for treatable factors, especially when patients have new onset of delirium, if within the patient's goals of care. Labs are sometimes also used to aid in estimating prognosis and to help infer progression of illness.

3- How much volume of fluid does each can of ED contain? 16-oz drinks contains almost 473 ml of water. Did the patient receive enough hydration through these drinks? Yes, She drank 5-6 cans of a 16-oz drinks (16 oz almost 473 ml: 2365 ml to 2838 ml per day from energy drinks alone). If the patient did not receive enough hydration, that itself can explain AKI and not necessarily the nephrotoxic effects (please see the new table for ingredients)

4 - Please provide all pertinent history -

PMHx: COPD, anxiety, depression, tobacco abuse, past history of anorexia and bulimia. Cervical spine fusion. Shoulder surgery.

FamHx: Father: esophageal cancer; Mother: diabetes mellitus; Brother: gastric cancer.
Medications at time of admission to inpatient unit:

nebulized ipratropium/albuterol QID

nebulized albuterol every 4 hours as needed for shortness of breath

lorazepam 2 mg at bedtime and 0.5 mg AM

benzonatate 100 mg TID

citalopram 40 mg daily

hydromorphone 2 mg every 4 hours as needed for pain

methadone 5 mg BID

ondansetron 4 mg every 4 hours as needed for nausea

olanzapine 5 mg BID (started 1 week prior to admission for nausea and delirium)

5- What stage was the malignancy? Limited Stage Small Cell Lung Carcinoma (SCLC) of the left lung at time of diagnosis one year earlier. were there any mets to liver? No. And also none seen on scans 6 months after this event.

6- what is the amount of taurine and niacin in each can of the ED? Taurine 2000 mg and niacin 40 mg per can. Did the total amounts exceed the daily allowable dose? Yes, her intake exceeded daily allowance of 14 mg of niacin and 2000-3000 mg of taurine.

7- If the patient regained appetite with hydration, could she have possibly lost appetite due to dehydration? Appetite had been poor for weeks which led to intake of only fluids, and was not an acute change. if this is the case, what's the role of EDs?

8- what medications were given for treatment of nausea and delirium? scheduled olanzapine and as needed haloperidol

9- was the ceftriaxone given for suspected UTI although there were no convincing symptoms? Delirium and lethargy are sometimes the only symptoms of UTI in our patient population. Her U/A was equivocal with increased WBCs and her CBC also showed elevated WBC. Given her worsening clinical condition and desire to treat infection Ceftriaxone was started empirically.

10- when were the Eds stopped? They were stopped upon transfer to the inpatient unit. Family reported at least 2-3 weeks of excessive daily intake prior to admission, and possibly longer.

Reviewer #2 (Answers):
Felt that medical H/o, past and Psycho social history need to be mentioned.

PMHx: COPD, anxiety, depression, tobacco abuse, past history of anorexia and bulimia. Cervical spine fusion. Shoulder surgery.

FamHx: Father: esophageal cancer; Mother: diabetes mellitus; Brother: gastric cancer.

Psycho social Hx: Ex-smoker of 40 pack years, has no significant alcohol or illicit drug use history. She lives by herself but has a strong family and friends support.