Top Ten Things to Know  
**Added Sugars and Cardiovascular Disease Risk in Children**

1. While intake of added sugars has decreased slightly in recent years, they still contribute 16% calories consumed by U.S. children daily.

2. Poor lifestyle behaviors are leading causes of preventable diseases globally. Added sugars contribute to a diet that is energy dense but nutrient poor and increase the risk of developing obesity, cardiovascular disease (CVD), hypertension, obesity-related cancers, and dental caries.

3. The purpose of this statement is to review the available evidence on added sugars intake and CVD risk in children and adolescents, to identify research gaps, and to make recommendations that will promote further reductions in added sugars intake and reductions in CVD risk.

4. Strong evidence supports an association of added sugars with increased cardiovascular disease risk in children through increased energy intake, increased adiposity, and dyslipidemia.

5. Foods and beverages each contribute approximately half of the added sugars in children’s diets, 40 g and 38g, respectively. The top contributors to added sugars intake include soda, fruit-flavored and sports drinks, and cakes and cookies.

6. Children and adolescents who consume high intakes of dietary sugars (specifically from sugar-sweetened beverages [SSBs] and added sugars) tend to have higher daily energy intakes compared with similar populations with lower intakes of dietary sugars. Higher SSBs and added sugars intake has been strongly linked to excess weight gain and increased risk of obesity.

7. Added sugars appear to be associated with insulin resistance in children who are overweight; however, this finding was not demonstrated in normal weight children.

8. Studies are needed to further elucidate a safety threshold of added sugars intake; to determine whether risks of added sugars differ when consumed as a solid or liquid; to determine whether NNS result in metabolic effects in children; and more.

9. There is consistent evidence that cardiovascular risk increases as added sugars consumption increases. Very low consumption (0.1 oz of SSBs per day) is associated with lower CVD risk indicators. Associations between added sugars and increased CVD risk factors among US children are present at levels far below current consumption levels.

10. Children and adolescents should limit daily calories from added sugars to ≤25 grams (100 calories or ~6 tsp) and limit their intake of SSBs to ≤ one 8-ounce beverage per week. Added sugars should not be in the diet of children under the age of 2 years.