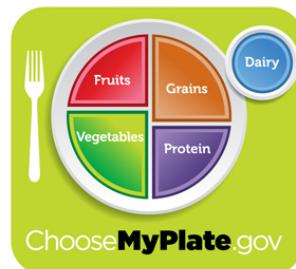


Translating Science from the Bench to the Dietary Guidelines

Connie M. Weaver, Ph.D.
Distinguished Professor
Department Head, Nutrition Science
Director, Women's Global Health Institute



<http://www.myplate.gov>

Disclosures

Boards –

NOF

ILSI

Showalter

Pharmavite

Grants –

NIH

Dairy Research Institute

Nestle

Tate and Lyle

3 Levels of Decision about Nutrition/Diet Recommendations

1. Individual



2. Physician – Clinical Guidelines



3. Population – DRI/
Dietary Guidelines



Dietary Guidelines for Americans: The Core of Nutrition Policy



1980



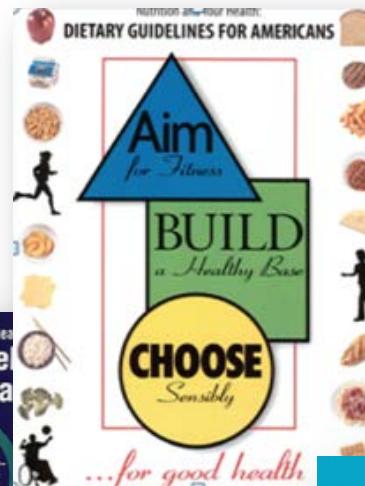
1985



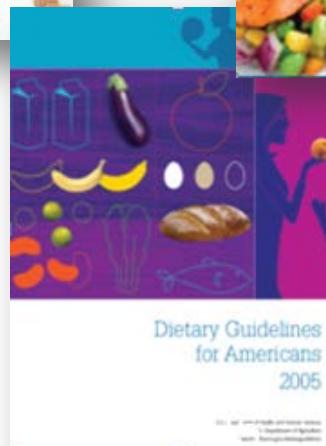
1990



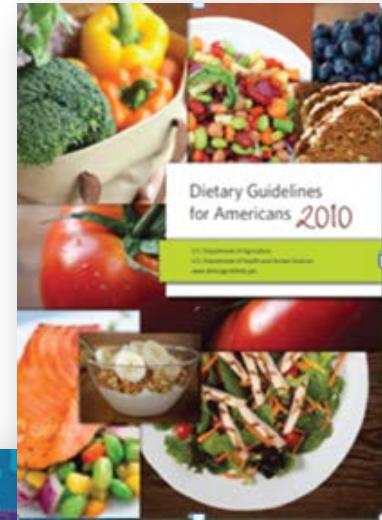
1995



2000



2005



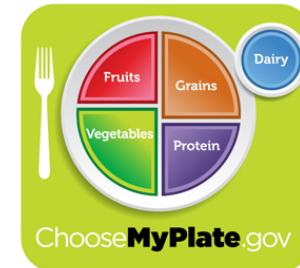
2010

Dietary Guidelines for Americans

Legislative Mandate:

National Nutrition Monitoring and Related Research Act of 1990 (1990) Public Law 445, Section 301

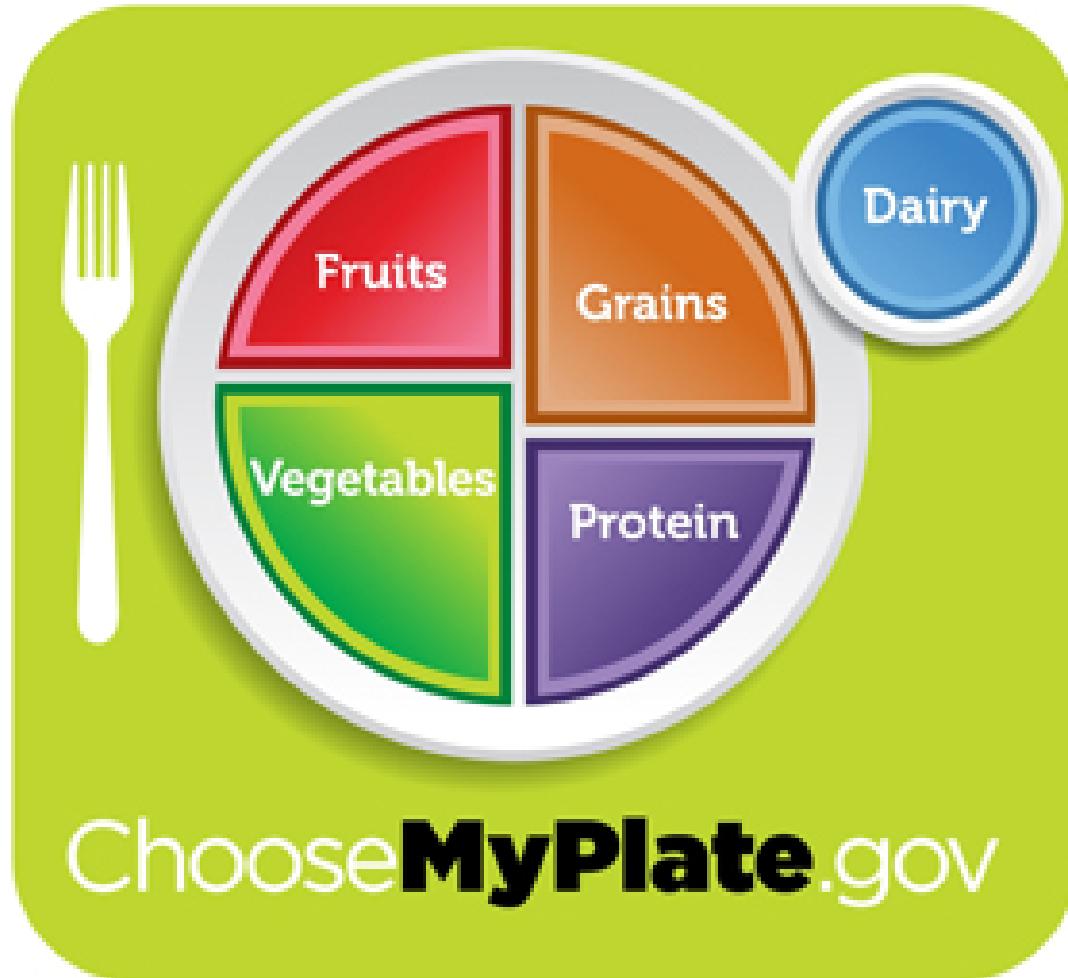
- Dietary guidelines must be issued every 5 years
- Dietary guidance issued by the Federal government for the general public is to be reviewed by the Secretaries of Agriculture, and Health and Human Services. (Departments alternate the lead role.)



<http://www.myplate.gov>

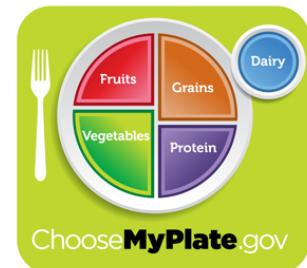
What the Guidelines Do

- Provide dietary advice to consumers
- Set policy for food assistance programs (e.g., school lunches, elderly nutrition)
- Establish overarching goals for
 - National health objectives
 - Nutrition monitoring
 - Nutrition research
- Set framework for standards in
 - Food labeling/ fortification
 - Food product development



<http://www.myplate.gov>

MyPlate starts with 12 patterns that Americans eat on average and makes changes needed to achieve nutrient recommendations without exceeding calories.

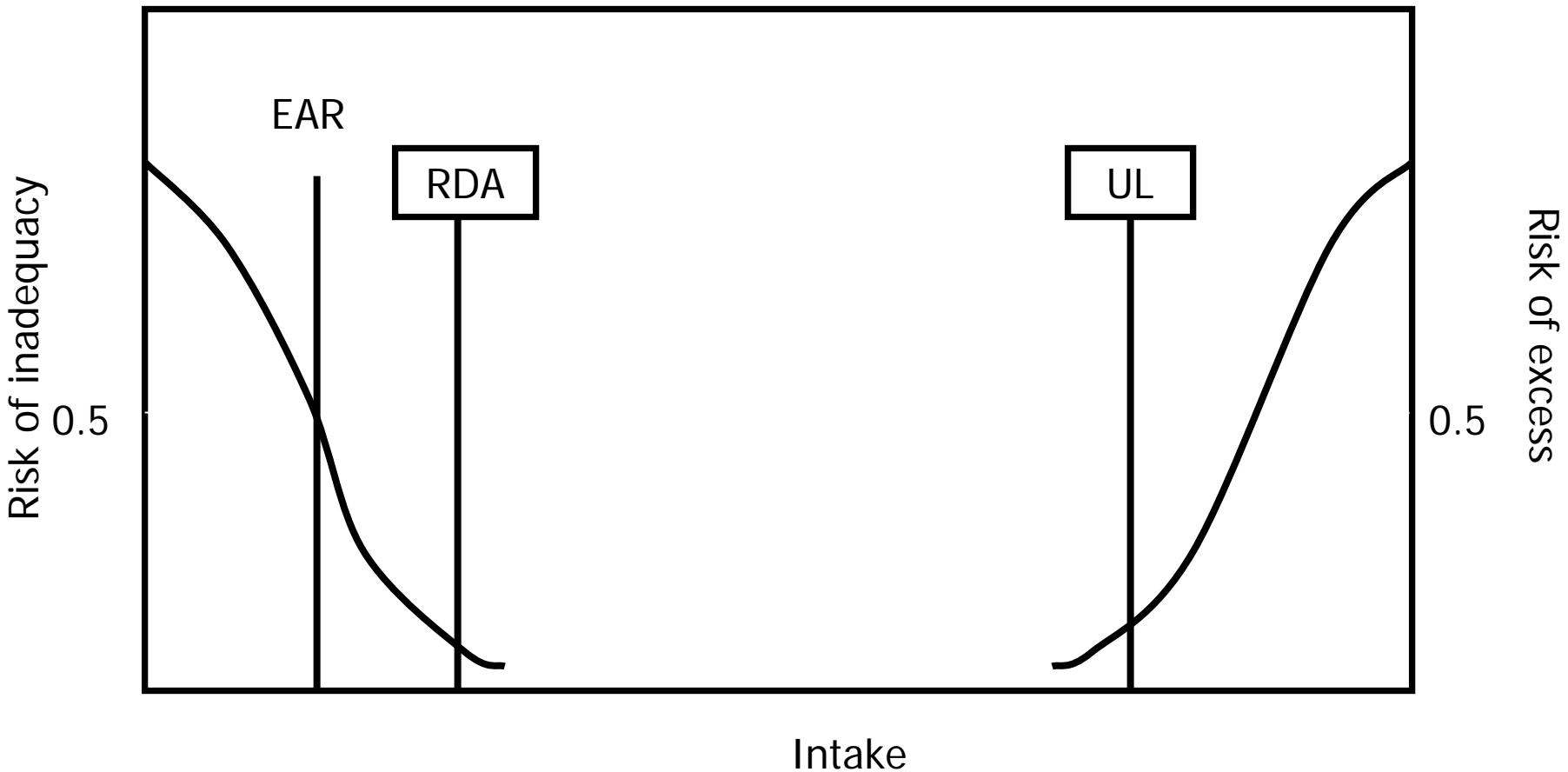


<http://www.myplate.gov>

DIETARY GUIDELINES FOOD PATTERNS BASED ON

- Food modeling to meet DRIs
- Evidence of relationship of food intake dose to health-RCTs priority

Dietary Reference Intakes



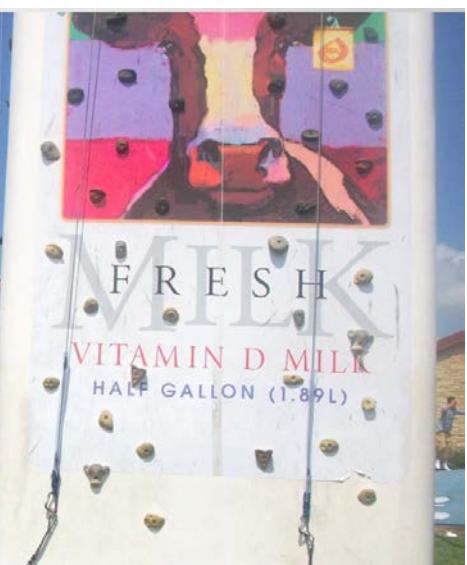
Camp Calcium

Metabolic Studies

What are calcium requirements
in adolescents?

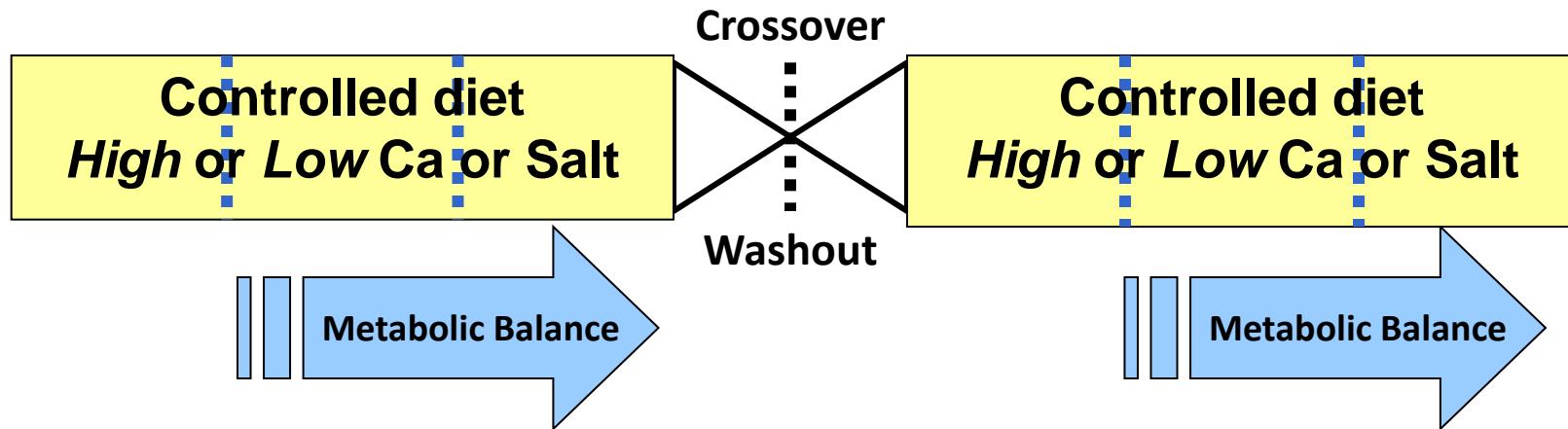
Funded by NIH (NIAMS)



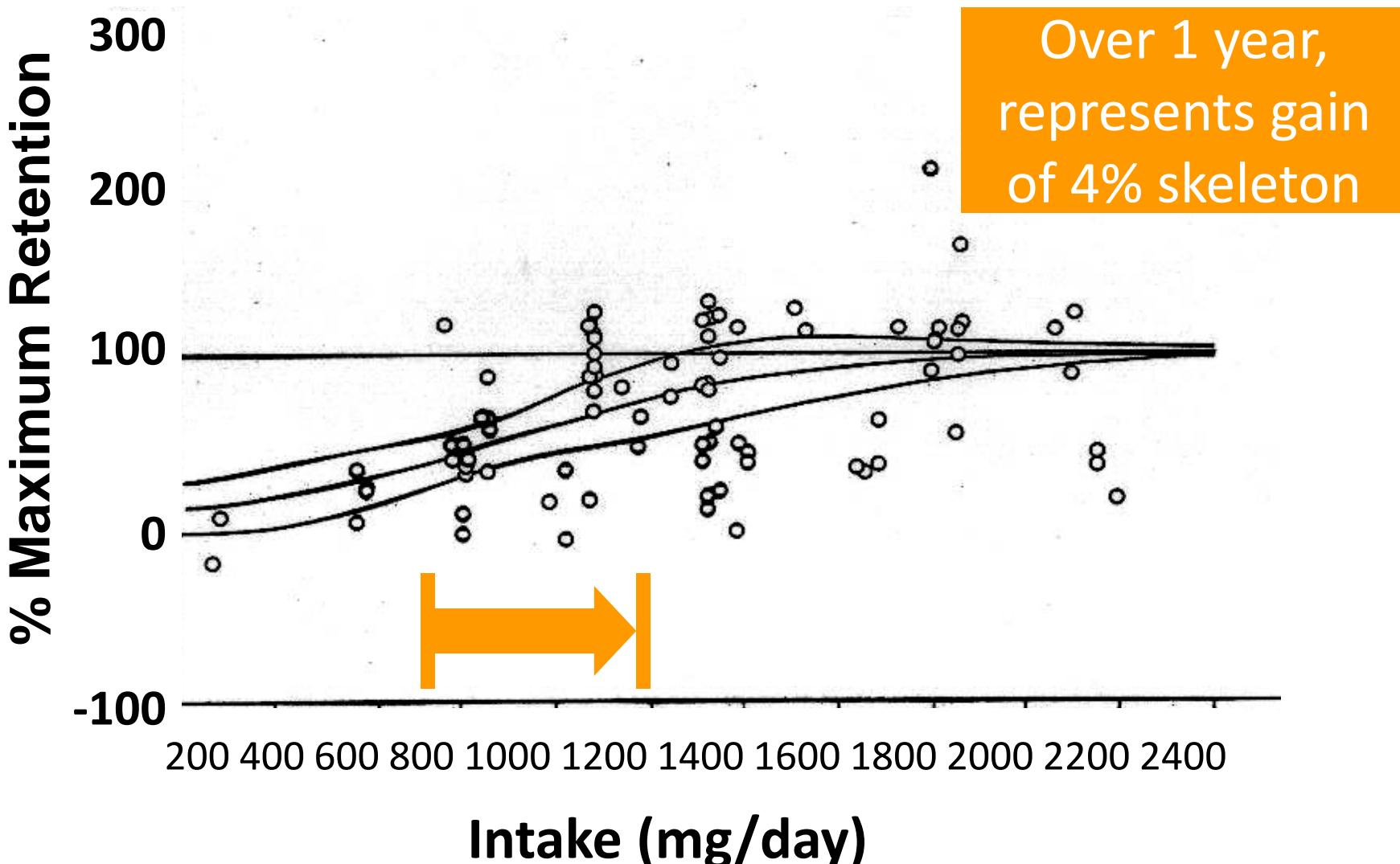




Study Design



Maximal Calcium Retention as a Function of Intake

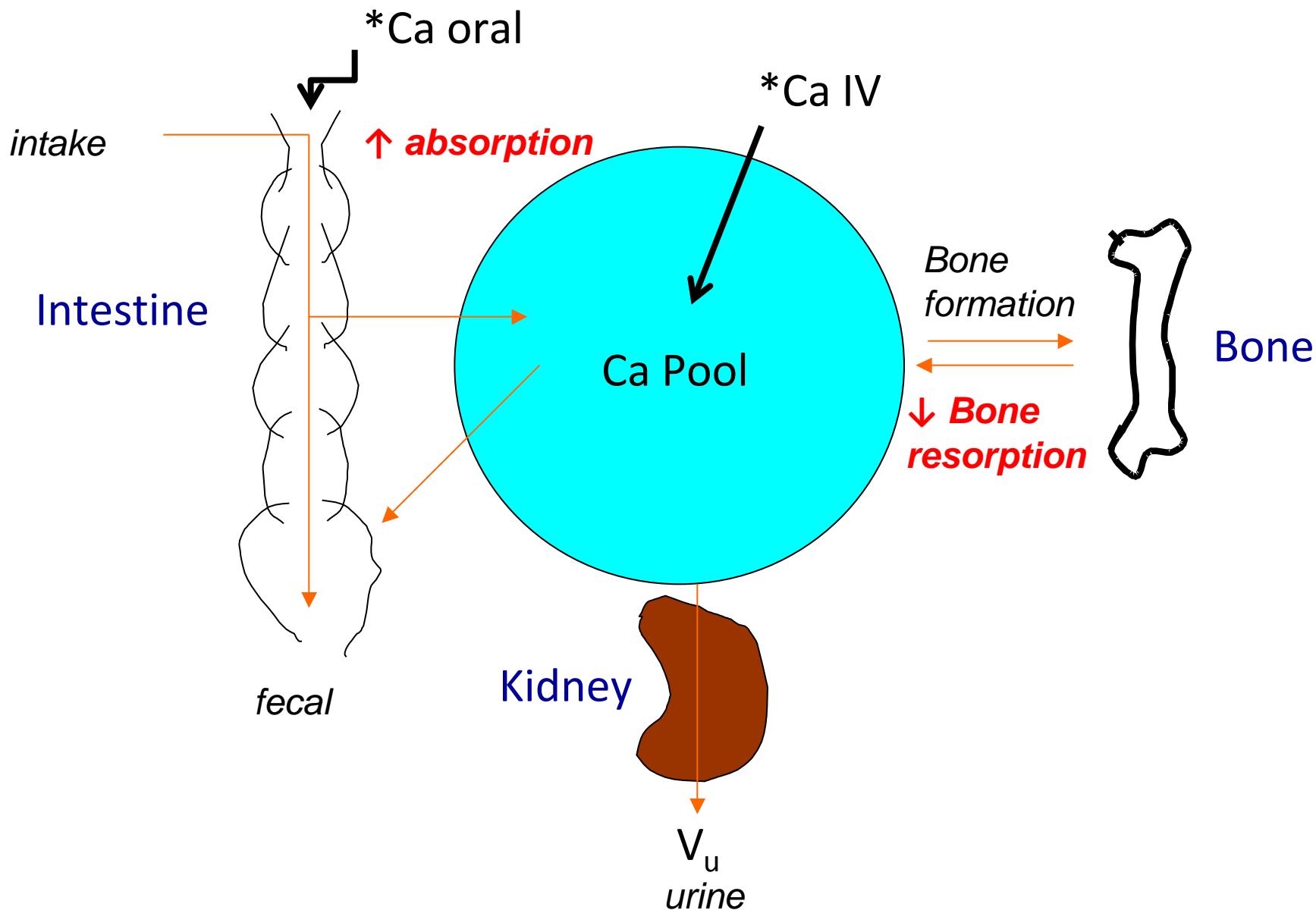


**Estimated bone gain from our model
increasing Ca intake from 800 → 1300 mg/d:**

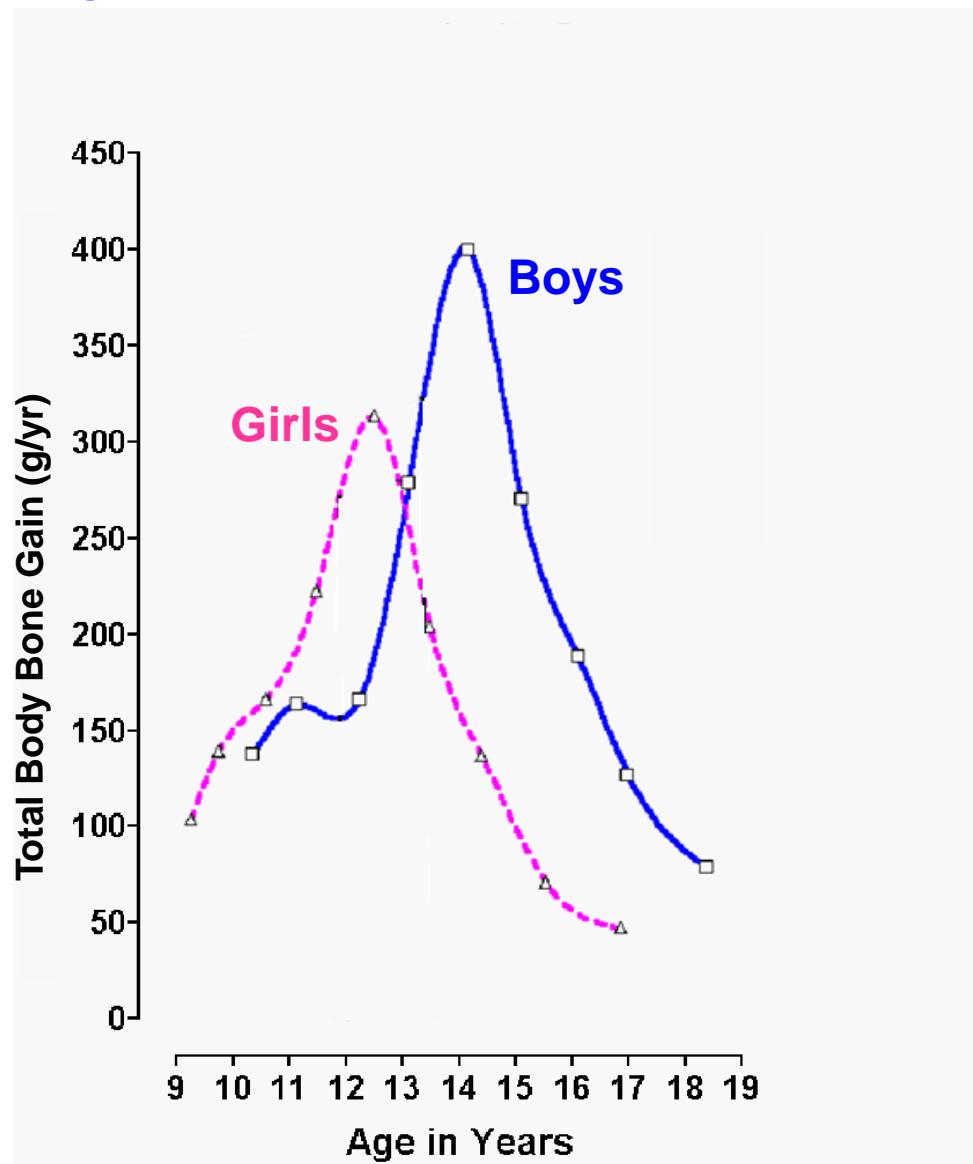
10 % increase in peak bone mass

This could delay onset of
osteoporosis by **13 years** and
decrease risk of *fracture* in
postmenopausal women by **50 %**

Effect of Increasing Dietary Calcium



Boys have higher bone accretion than girls



Camp Calcium tested whether boys require more calcium for their larger skeletons



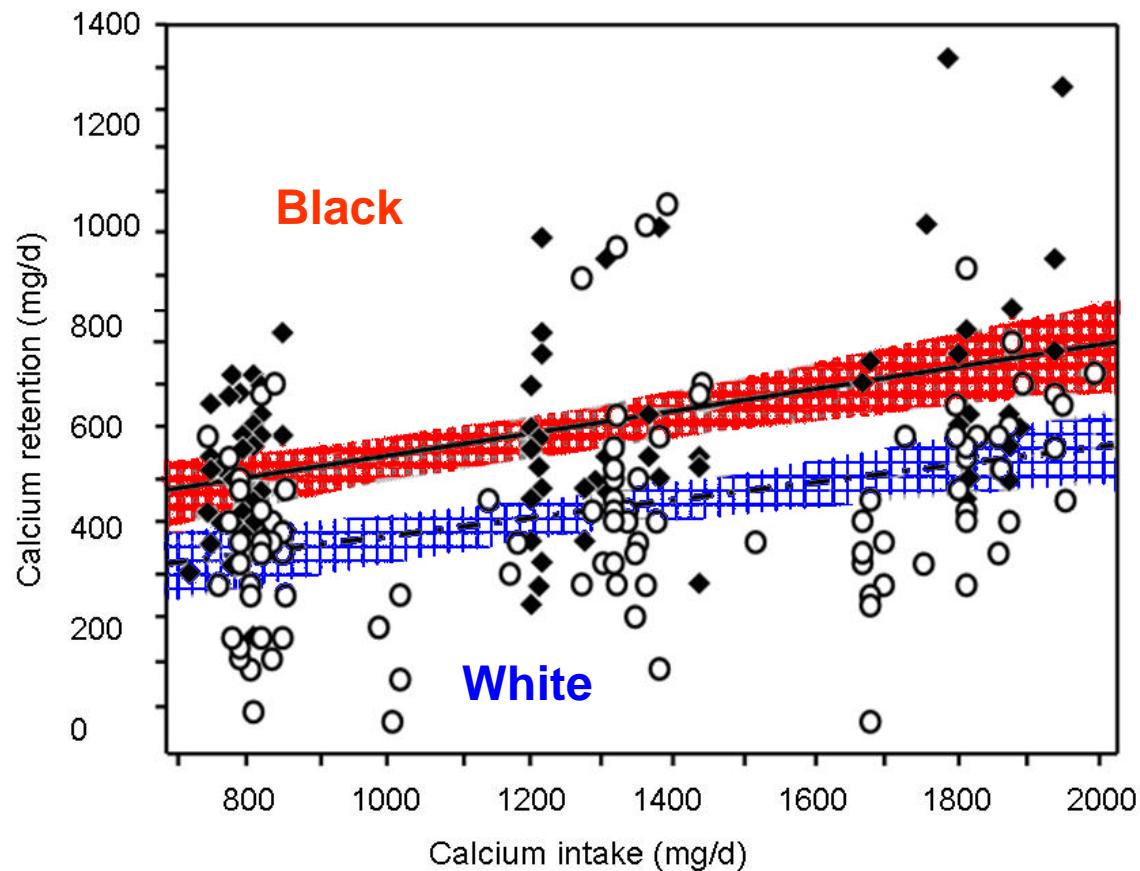
Boys matched for Tanner
Stage to girls
~3.6

Role of Race?

Differences in Regulators of Calcium Metabolism

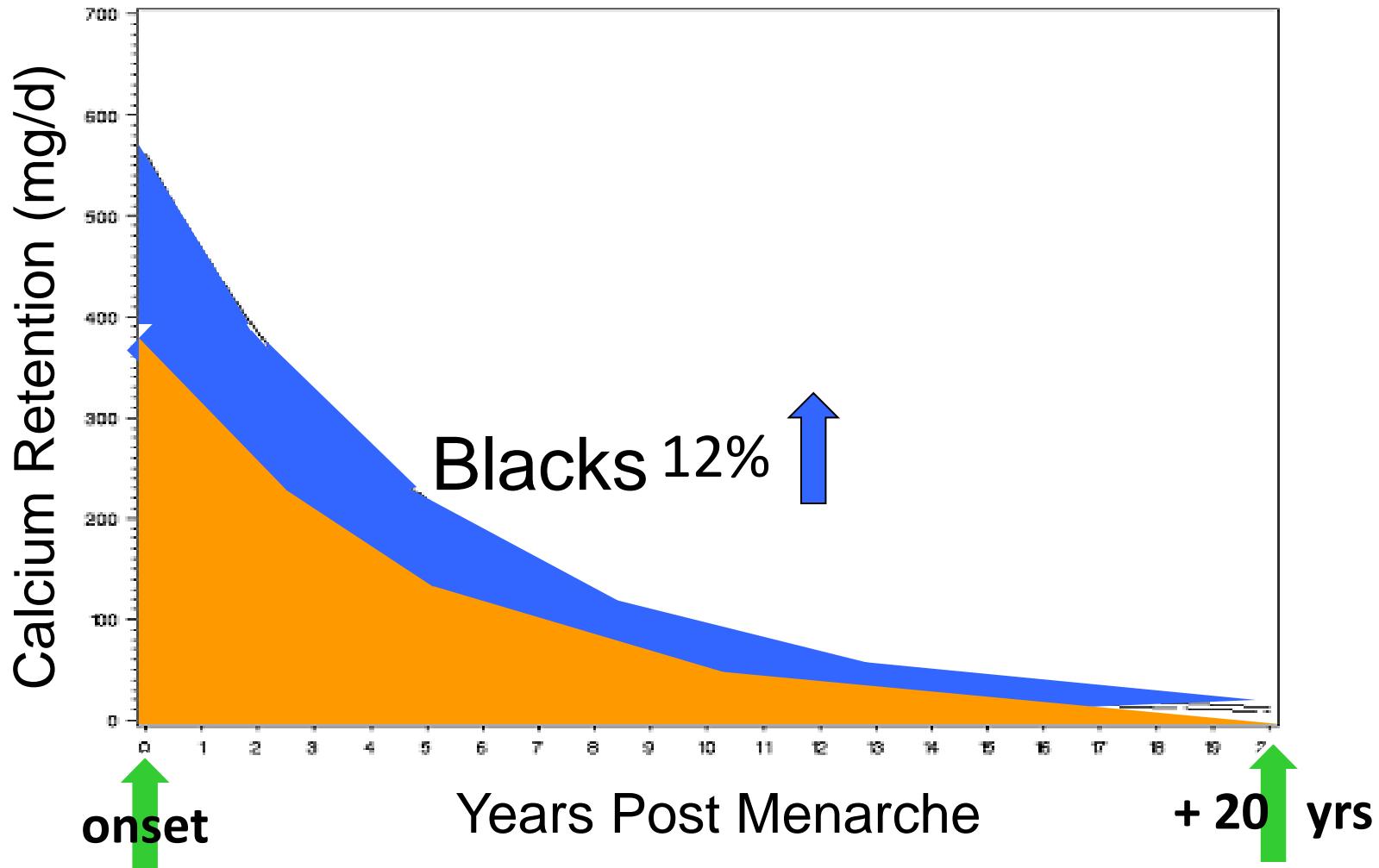
Whites have higher Ca intake and Vitamin D status, but lower PTH than other groups.

Diet and race effects on Ca retention in adolescent girls



Ca Intake
explained 12.3%
and Race
explained 13.7%
Ca retention in
adolescent girls

Calcium Retention as a function of postmenarcheal age in black and white females



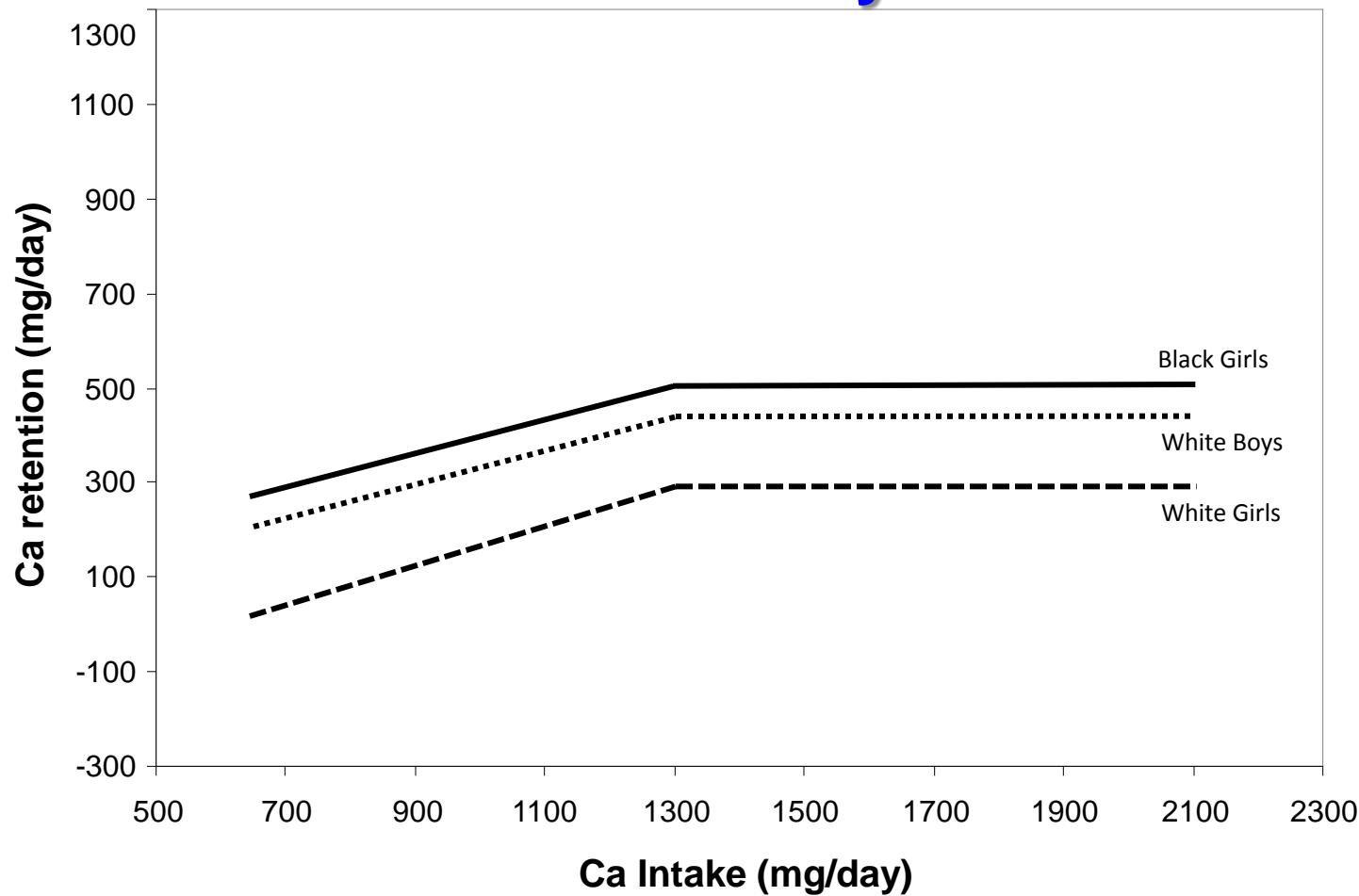
Bryant et al. JCE&M 88:1043, 2003.

In NHANES III,

**Femoral neck BMC and BMD
was 10% and 13% higher,
respectively, in adult black
than white women**

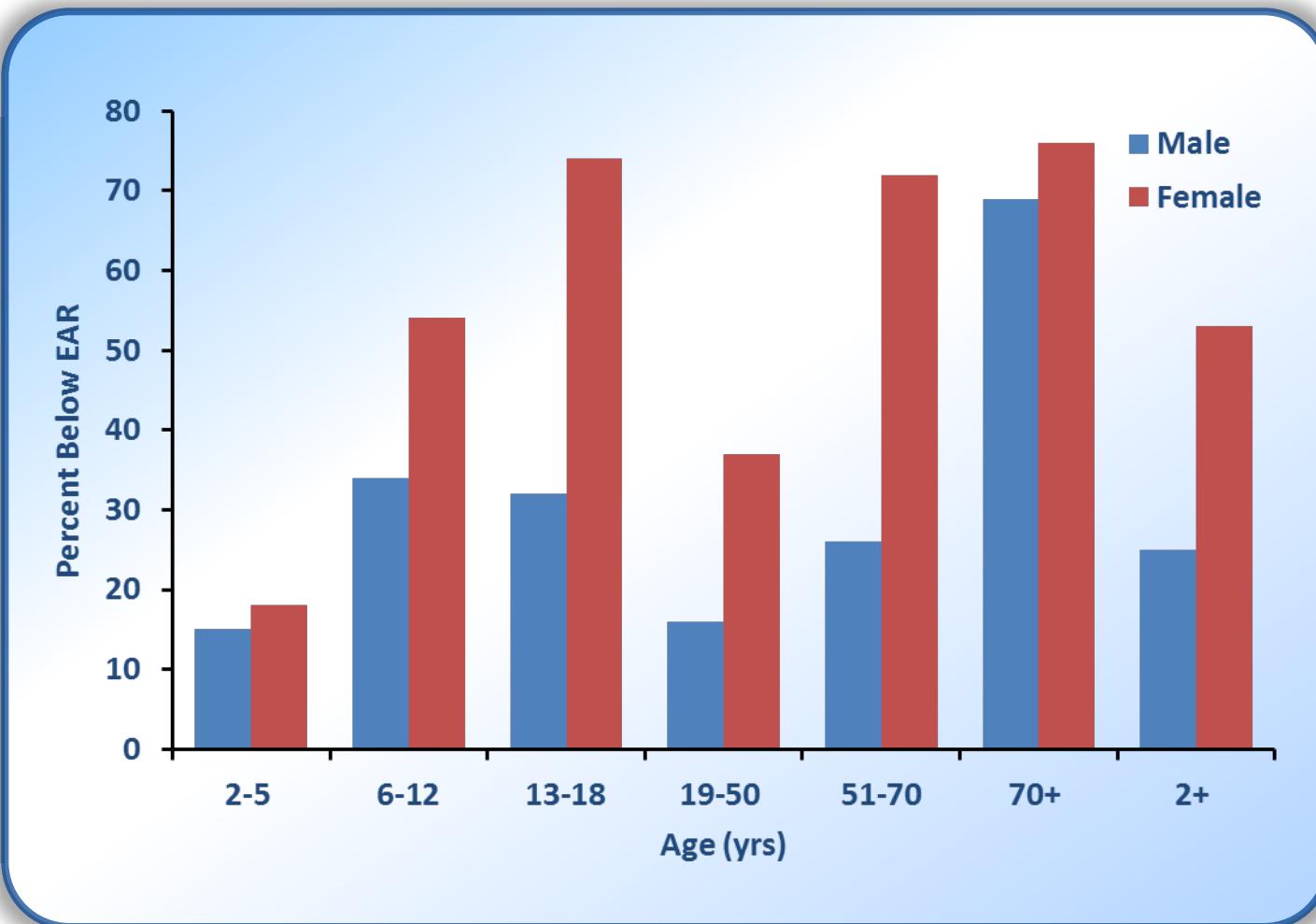
Summary

Calcium retention varies by sex and race



- Blacks acquire more bone mass than whites and boys more than girls
- Calcium retention is influenced by calcium and salt intake and BMI

Nearly 4 out of 10 Americans Don't Consume Enough Calcium



Dietary Guidelines for Americans – 2010

- Shortfall food groups and related nutrients for children and adults

Vegetables

}Vit A, C, K, Mg

Fruits

Fiber

Whole grains

Fluid milk and milk products

Ca, K, Vit D, Mg, P

Oils –Vit E

Milk Provides Essential Nutrients



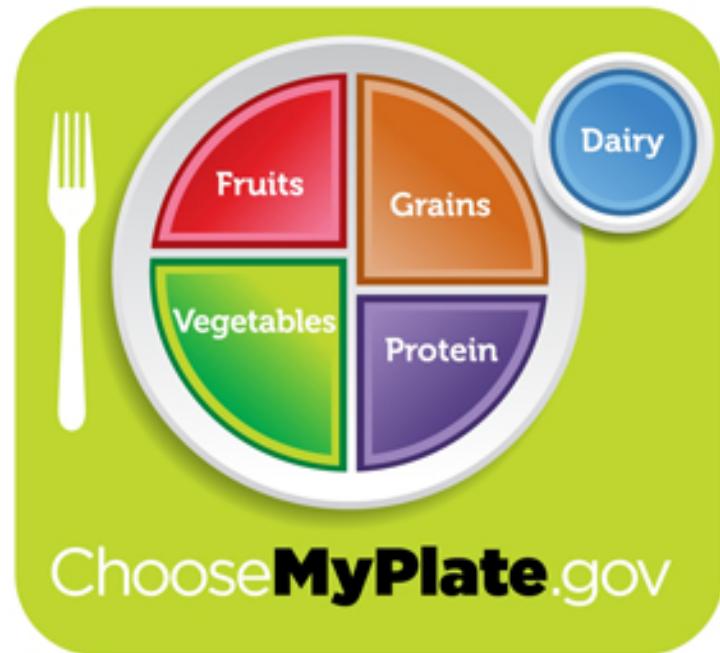
3 cups low-fat milk provide about:

Calcium	>100%
Phosphorus	99%
Vitamin D	86%
Protein	54%
Riboflavin	32%
Potassium	28%
Magnesium	25%

Vit B, Vit A, Zinc, and more...

Majority of Americans Falling Short of Dairy Recommendations

- **Dietary Guidelines 2010 recommend 3 cups milk products per day (871/mg Ca)**
 - Go low-fat or fat-free
 - If you don't or can't consume milk, choose lactose-free products or other calcium sources
- **Median Milk Equivalent Intakes in US**
 - 1.6 – adult men
 - 1.2 – adult women
 - 2.3 – adolescent boys, aged 14 - 18 y
 - 1.5 – adolescent girls, aged 14 to 18 y
 - 2.4 – boys, aged 9 to 13 y
 - 1.9 – girls, aged 9 to 13 year



Factors Affecting Bioavailability

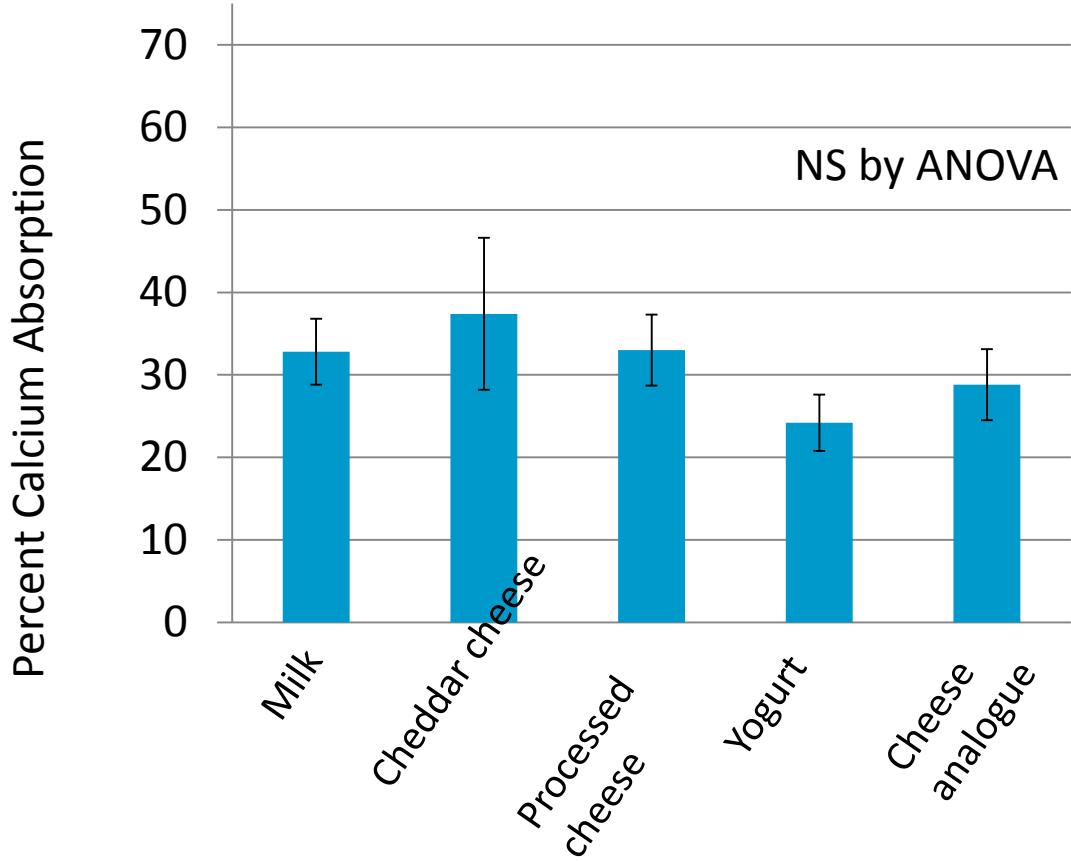
Lifestage

Load

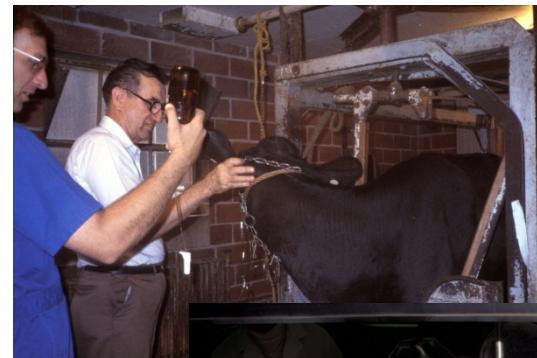
Status

Presence enhancers and inhibitors

Calcium Bioavailability from Dairy Products



- Healthy white women aged 24-42 y
- Milk intrinsically labeled with stable Ca isotopes



Calcium Bioavailability from Milk at Different Lifestages



Calcium
Absorption ~40%

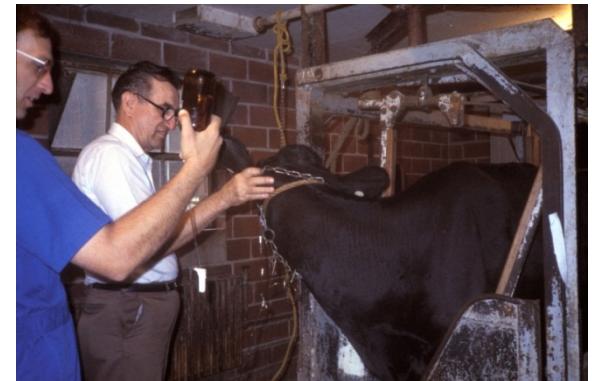
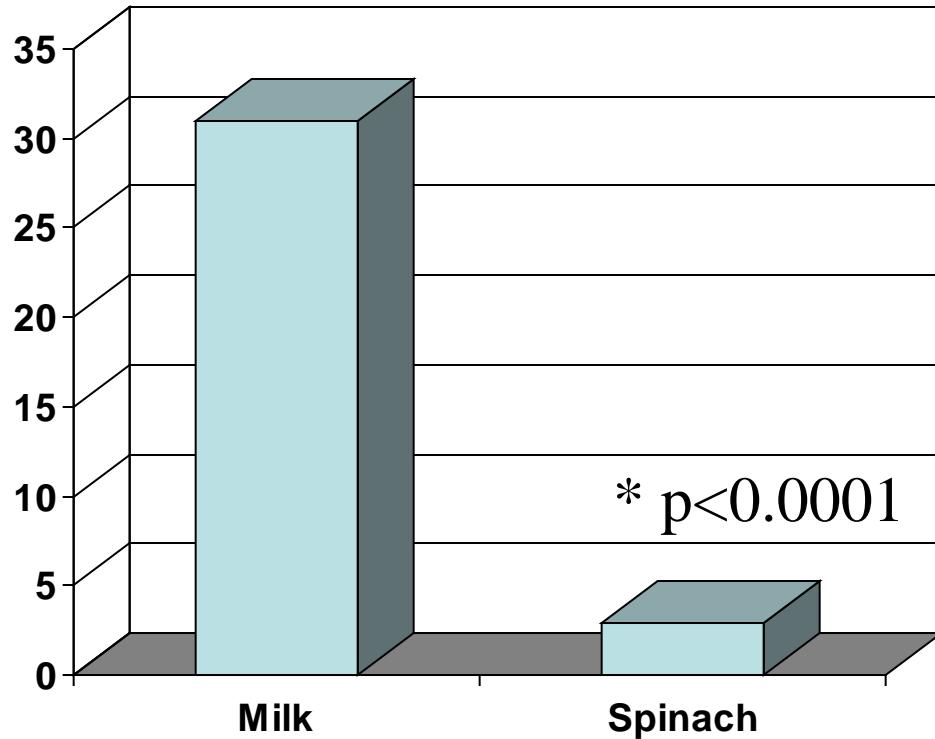
Calcium
Absorption ~30%

Calcium
Absorption ~25%



Calcium
Absorption ~80%

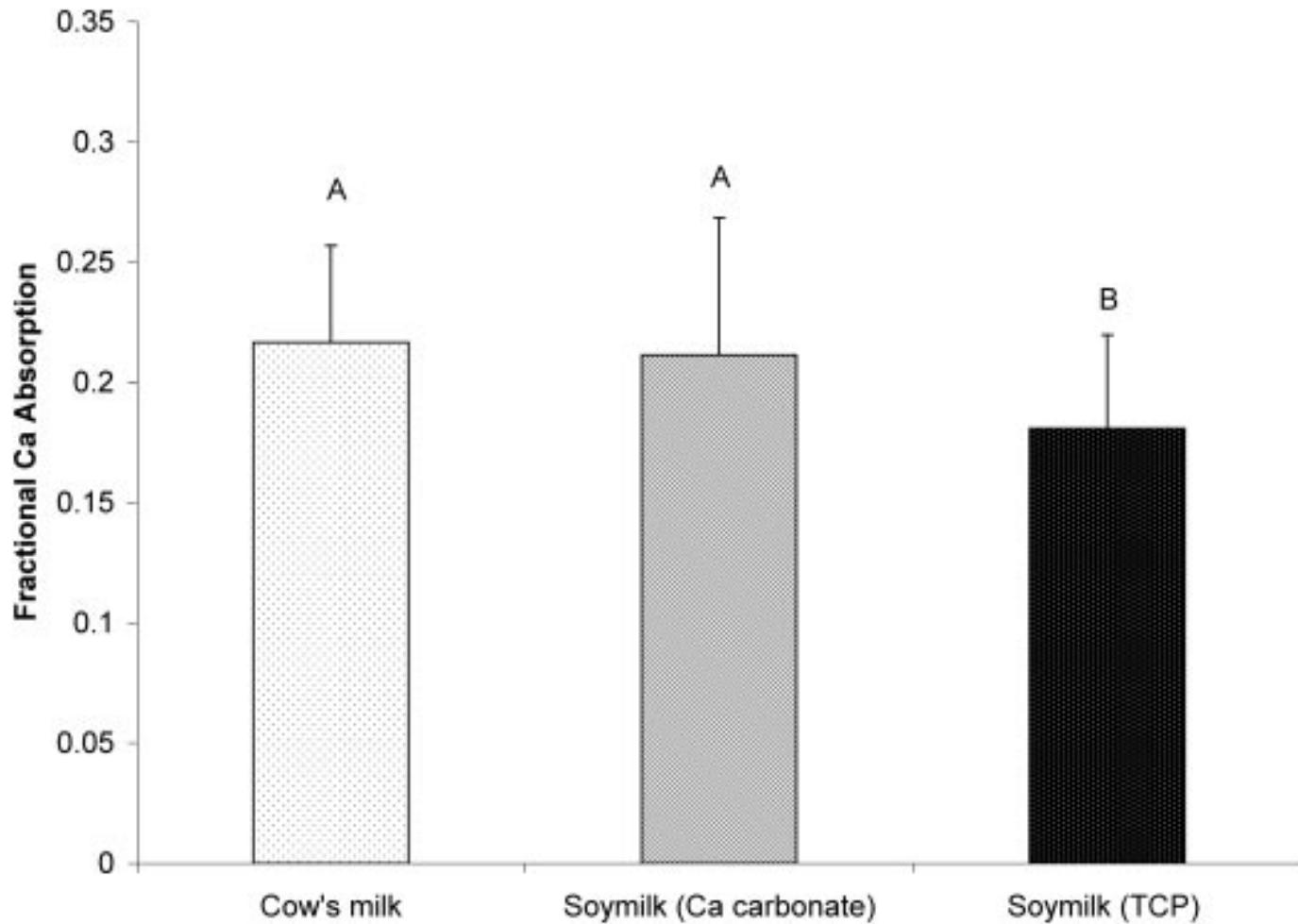
Calcium Absorption (%)



Nickel et al. *J Nutr* 126:1406, 1996

Weaver and Heaney *Calcif Tissue Int.* 49:244, 1991

Fractional calcium absorption from fortified soy beverage compared to milk in young women



This led to inclusion in school lunch program.

Public Impact

Data determined the calcium requirements
for adolescents for North America – 1997

Used for 2004 Surgeon General's Report on
Bone Health

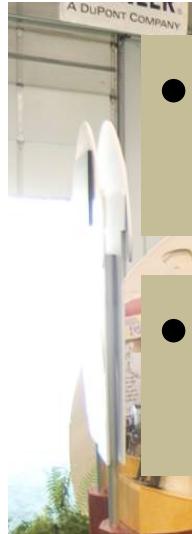
Used for 2005 Dietary Guidelines

2008 State Fair Exhibit *The Bone Zone*

- Created from Indiana Dairy and Nutrition Grant

- Won People's Choice Award at Congressional Staff Meeting

- Traveling exhibit to Children's Museums in IN, TN, KY, SC. Scheduled through 2013.

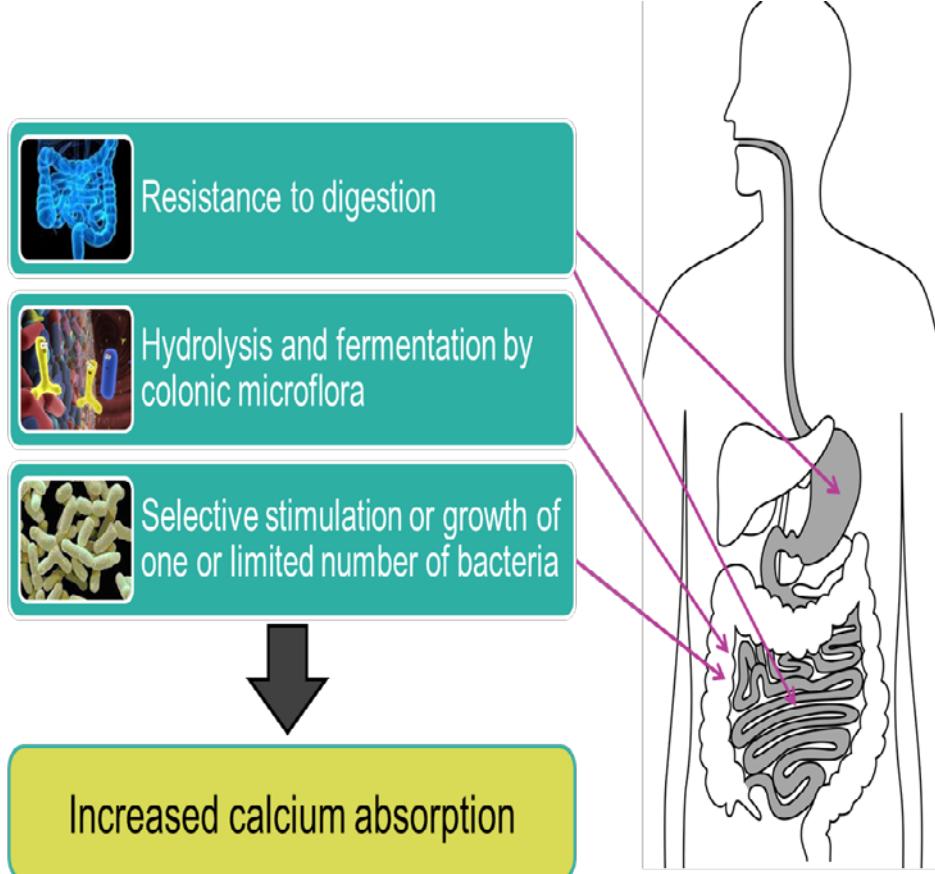


Another strategy to increase calcium nutrition absorption enhancers

Prebiotic fibers modulate calcium absorption by altering colonic microbiota

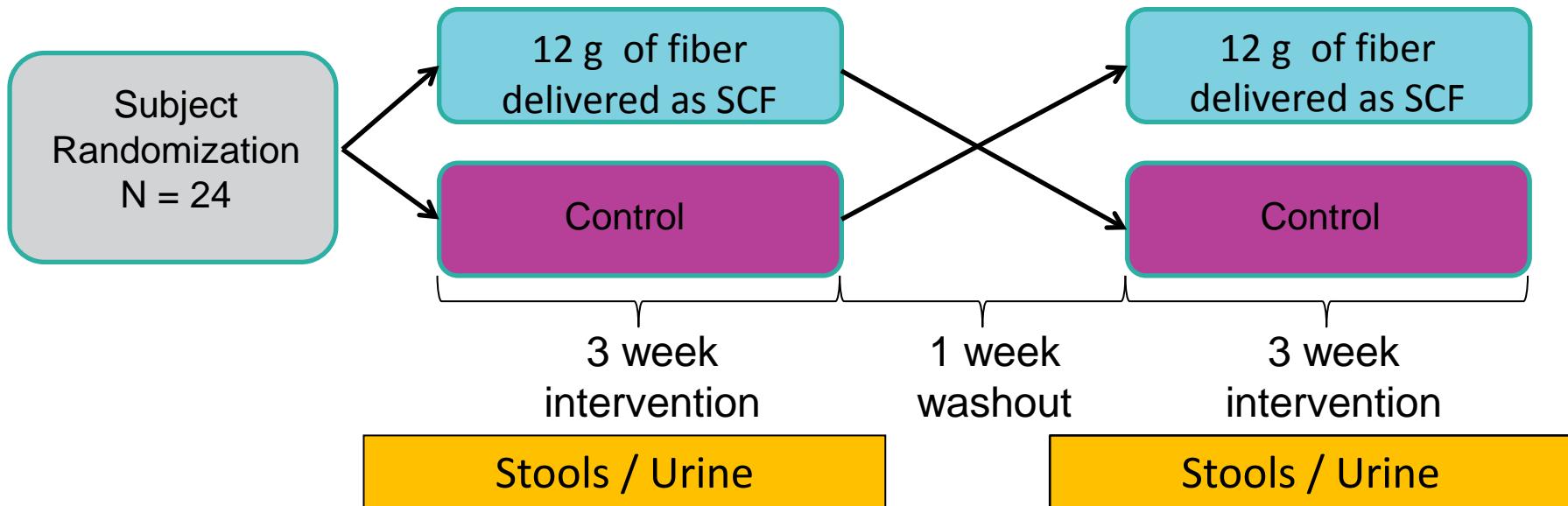
Functional Fibers and Mineral Metabolism

- Novel dietary fibers / prebiotics improve mineral absorption through unique interactions with colonic microflora.
- PROMITOR® Soluble Corn Fiber (SCF) increases calcium absorption in adolescent boys and girls.
- Precise mechanism by which SCF influences calcium utilization in adolescents has not been elucidated.



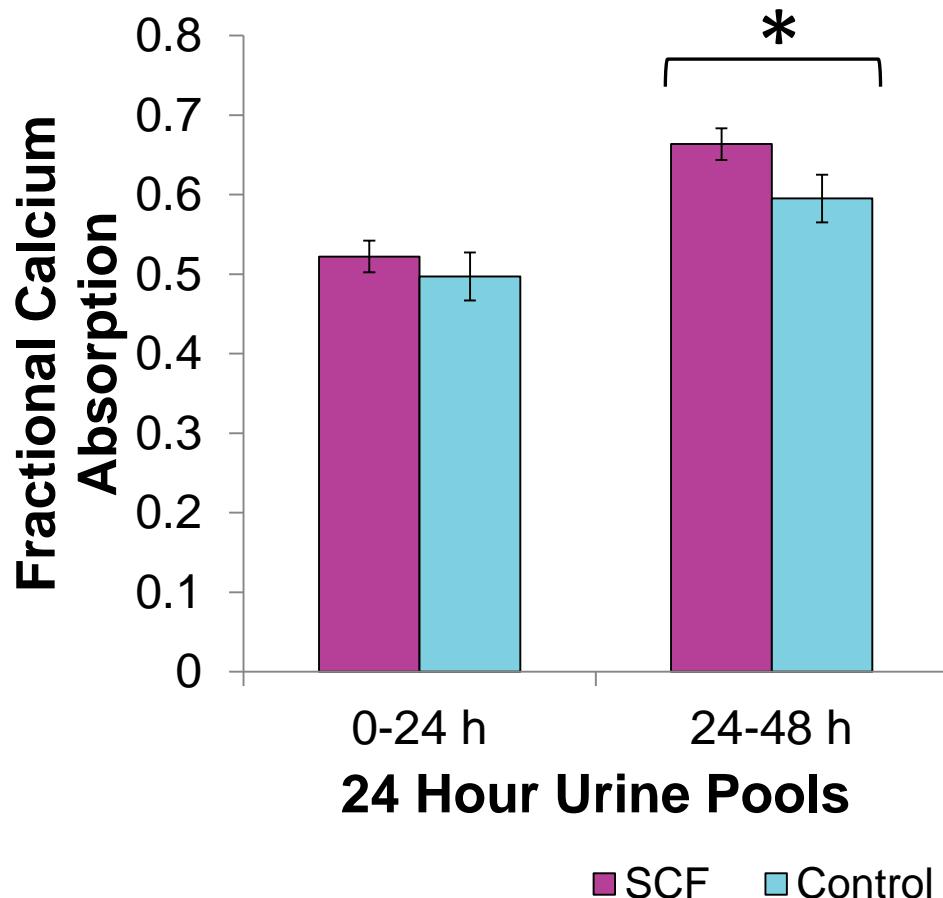
Study Design Testing Soluble Corn Fiber

- Adolescent girls (n=9; age 12-14 y) and boys (n=15; age 13-15 y)
- Double-blind, randomized controlled crossover
- Two 3-week metabolic balance periods
- Controlled diets with 600 mg/d calcium and 20 g/d fiber (not including SCF)
- PROMITOR® SCF in fruit snacks

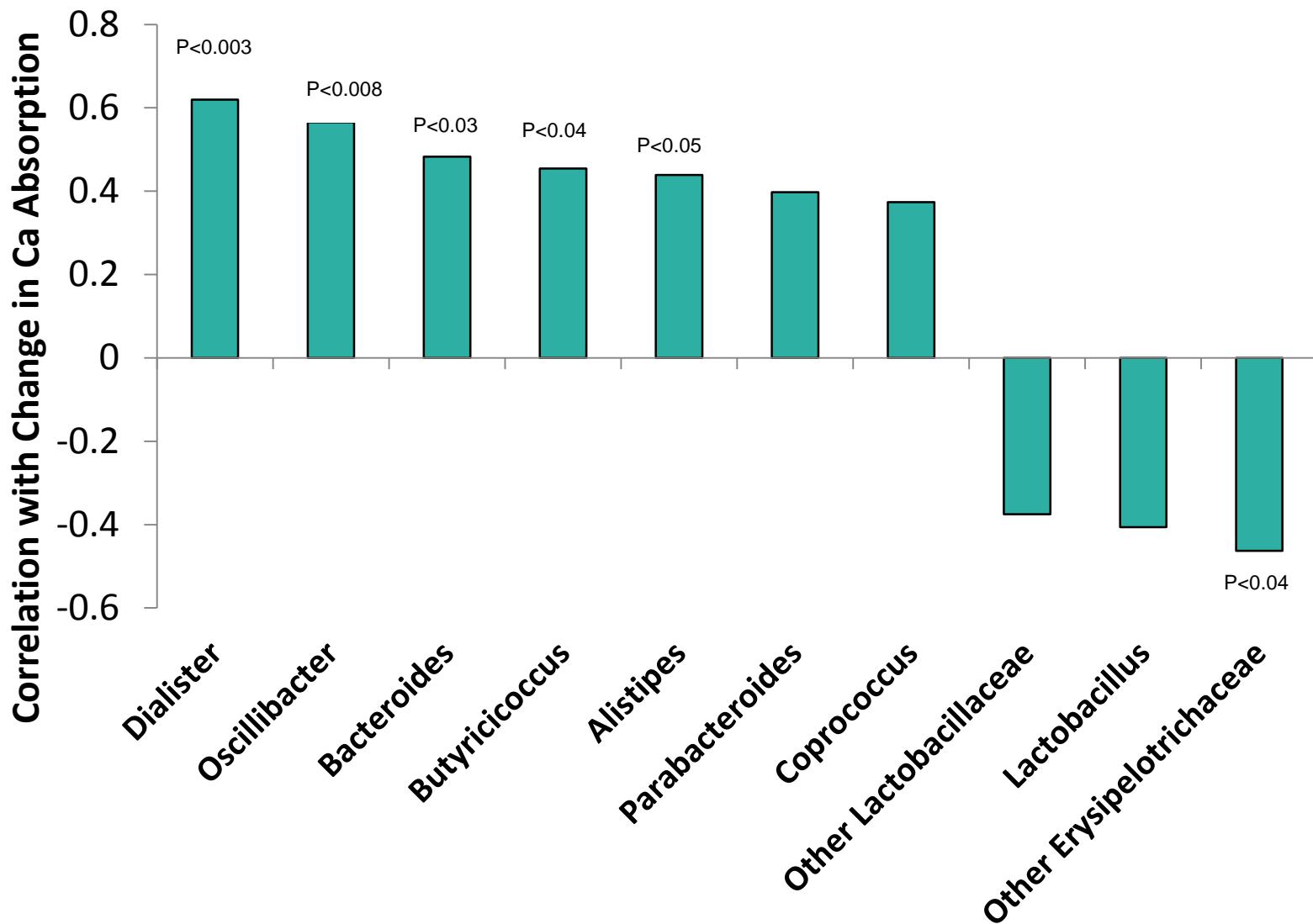


SCF influenced late phase absorption

- **Calcium absorption increased by 12% with SCF consumption compared to Control**
- **Calcium absorption for SCF was higher than for Control at 24-48 h ($*P=0.02$)**
- **Time effect consistent with lower gut absorption**



Calcium Absorption correlated with Fermenters



Conclusions

- **First study to show that increases in these specific bacteria were significantly correlated with the observed increase in calcium absorption.**
- **SCF may be acting through short chain fatty acid mechanisms to increase calcium absorption.**
- **Consuming PROMITOR® SCF during the adolescent growth spurt poses a potential opportunity to influence peak bone mass via increasing calcium absorption.**

Nutrient Interactions

Calcium and Sodium



Effect of dietary salt in calcium retention



- Metabolic balance study
 - Randomized order high/low salt
- Adolescent black and white subjects matched for size and sexual maturity

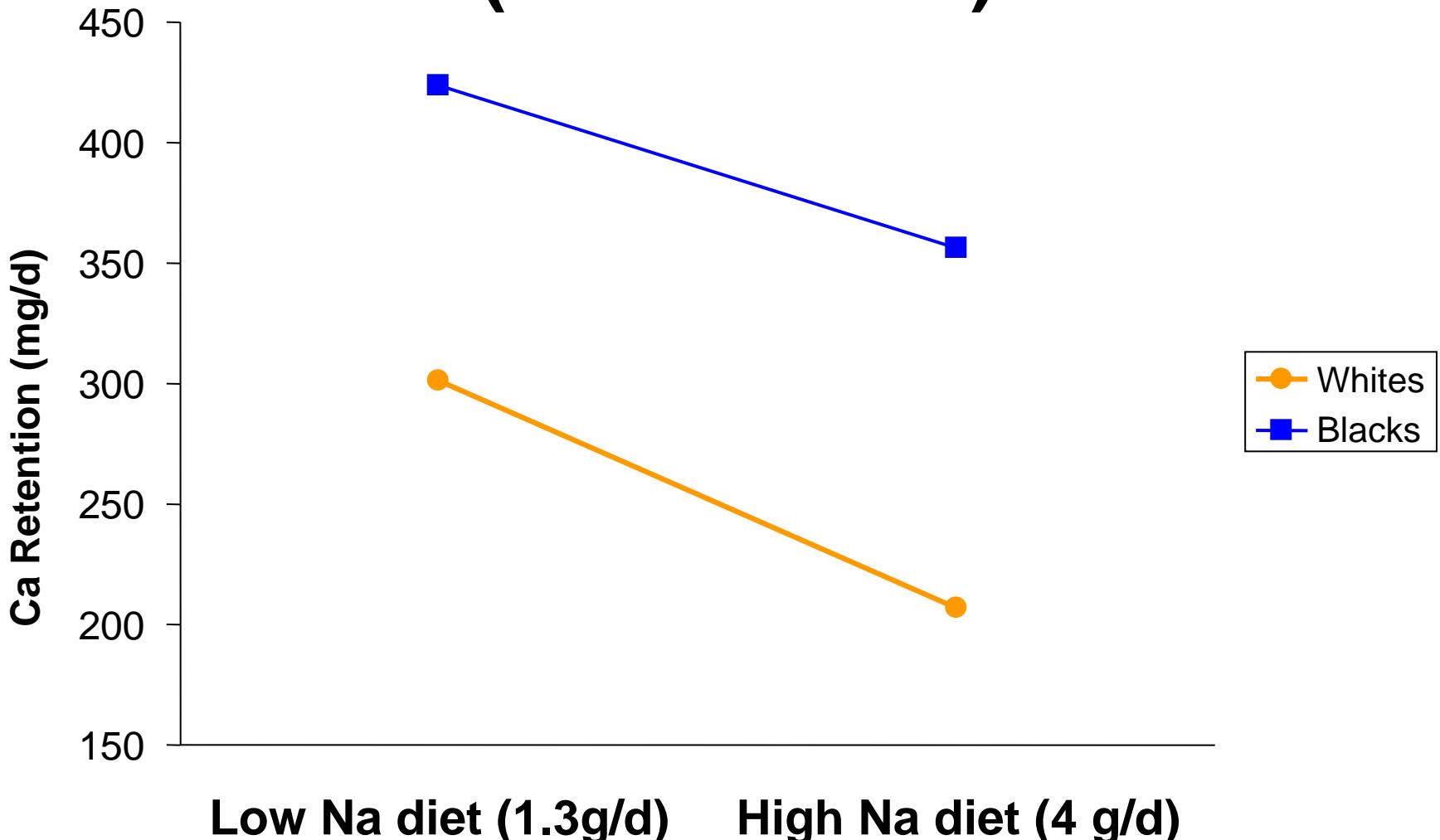
Dietary salt varied



Low Na diet → 1.3 g/d
High Na diet → 4 g/d

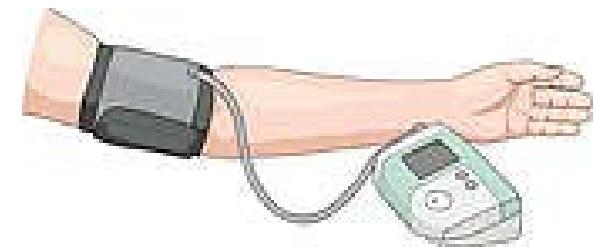
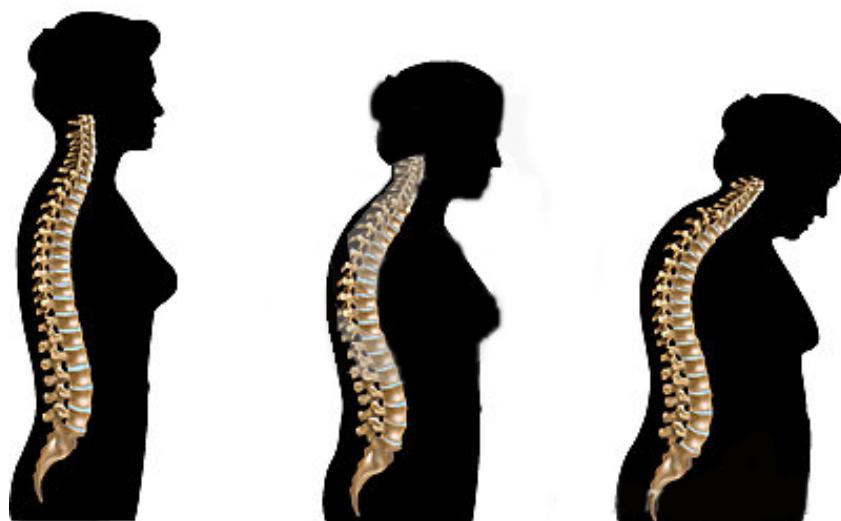


Calcium retention (Mean \pm SEM)

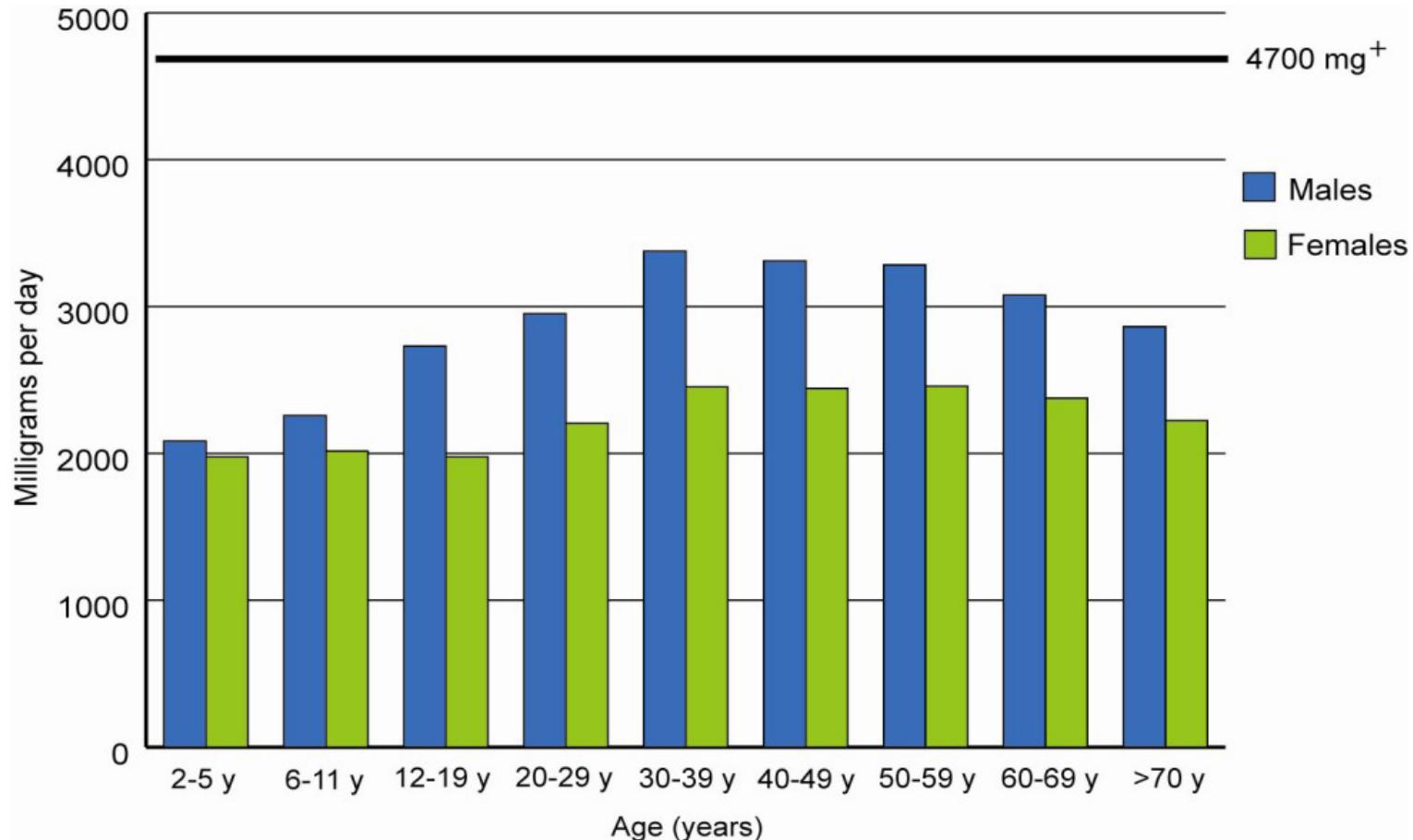


* p<0.05 for diet and race

Calcium and sodium metabolism in adolescent white and black girls appears to predict racial differences in prevalence of hypertension and osteoporosis.



Average K Intake Compared to Recommended Intakes



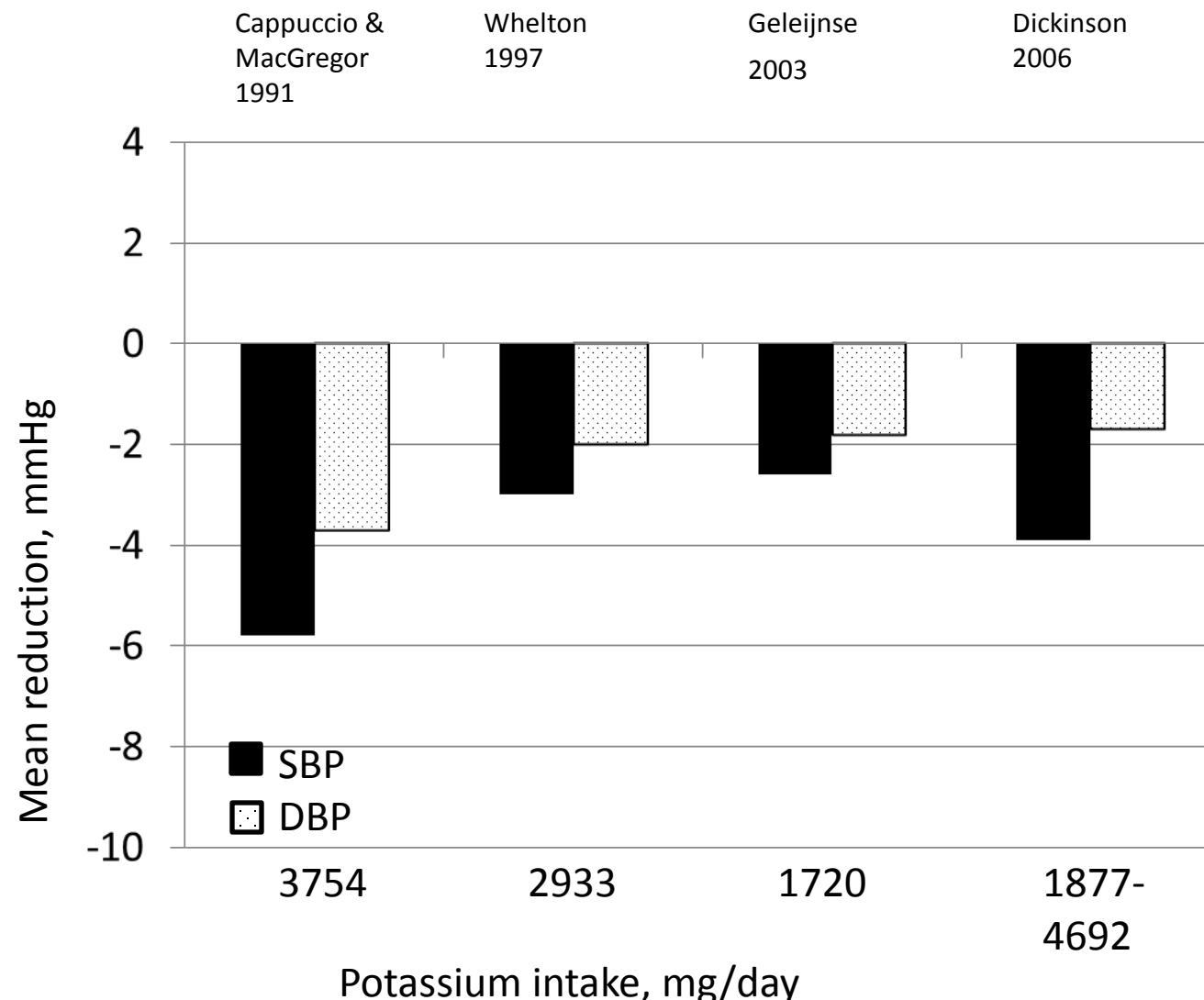
⁺ 4700 mg is the Adequate Intake (AI) for potassium intakes set by the IOM. For children younger than 14 years old, the AI is less than 4700 mg per day.

Source: USDA, ARS, 2005-2006. WWEIA, NHANES. <http://www.ars.usda.gov/Services/docs.htm?docid=13793>.

Only 3 % of Americans met the AI
for potassium 2003-2006
NHANES

Fulgoni et al., J Nutr 141:1847, 2011

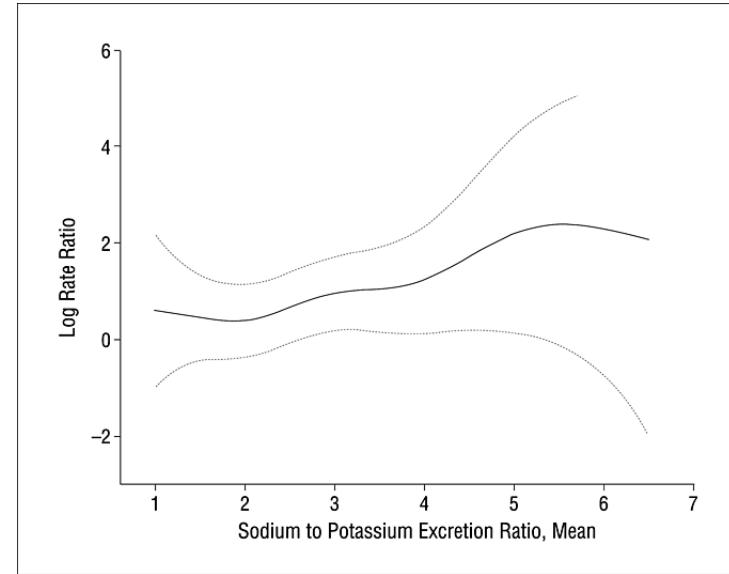
Meta-analyses of studies investigating the blood pressure-lowering effects of potassium



Nutrient Interactions

Urinary Na/K Ratio

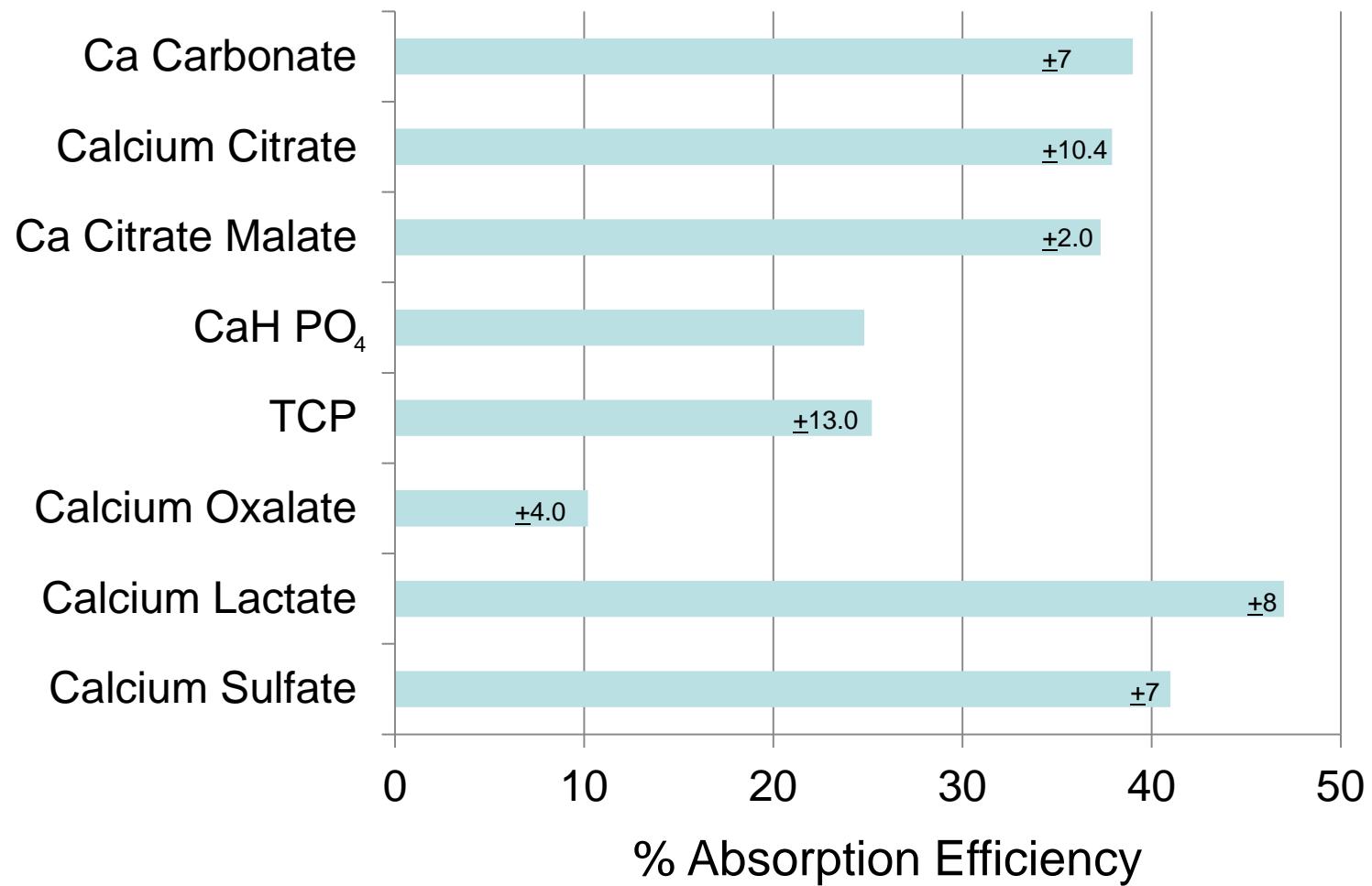
- Benefits:
 - Incorporates both Na and K
 - “Corrects” for incomplete urine collections
 - Was shown to predict BP more strongly and consistently than Na excretion in several studies (including INTERSALT and TOHP I)
 - Was shown to predict CVD better than Na or K excretion alone in the TOHP trials



Does the source matter?



Calcium Absorption Efficiency from Various Salts at Loads of 200-300 mg in Premenopausal Women

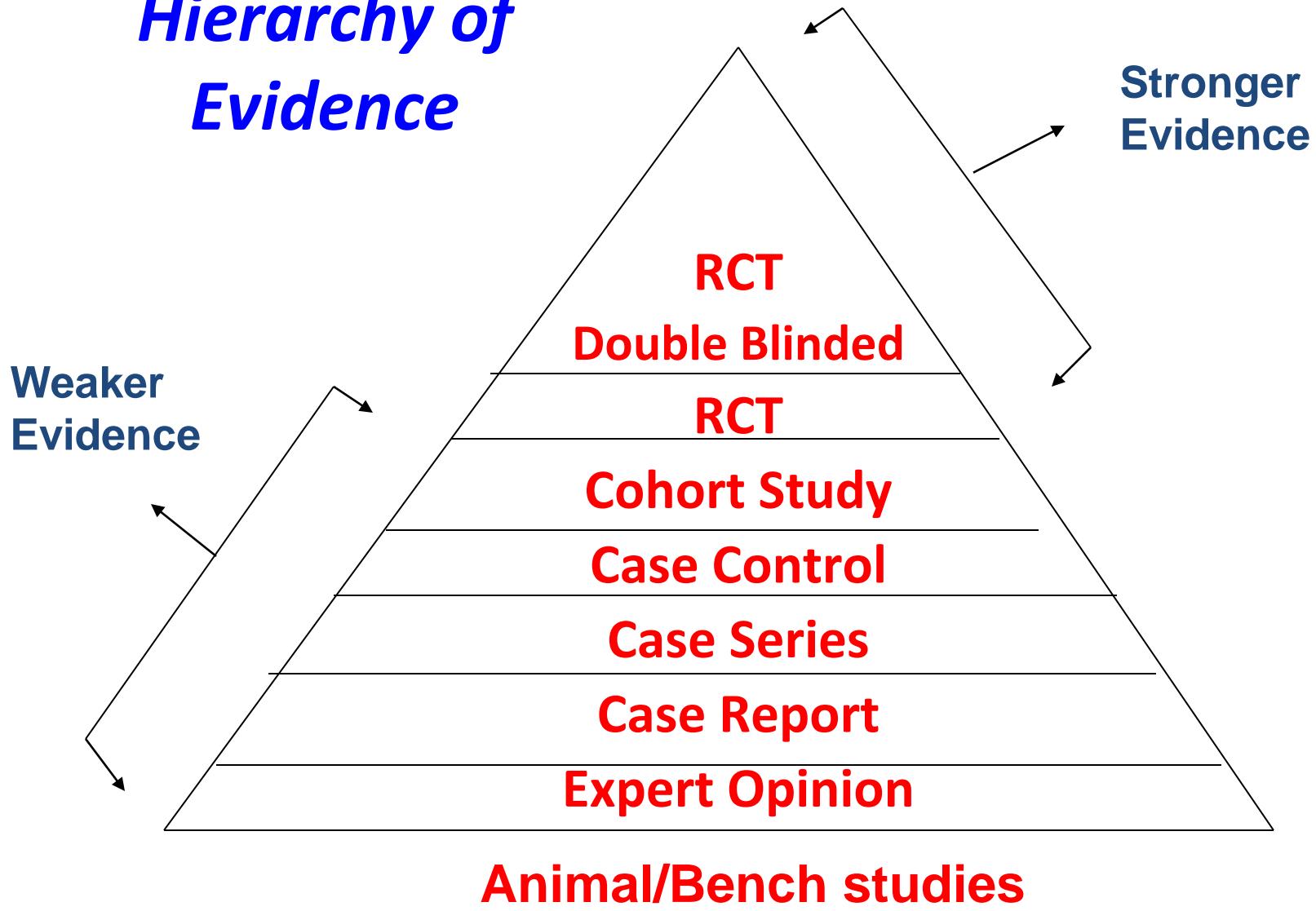


DIETARY GUIDELINES FOOD PATTERNS BASED ON

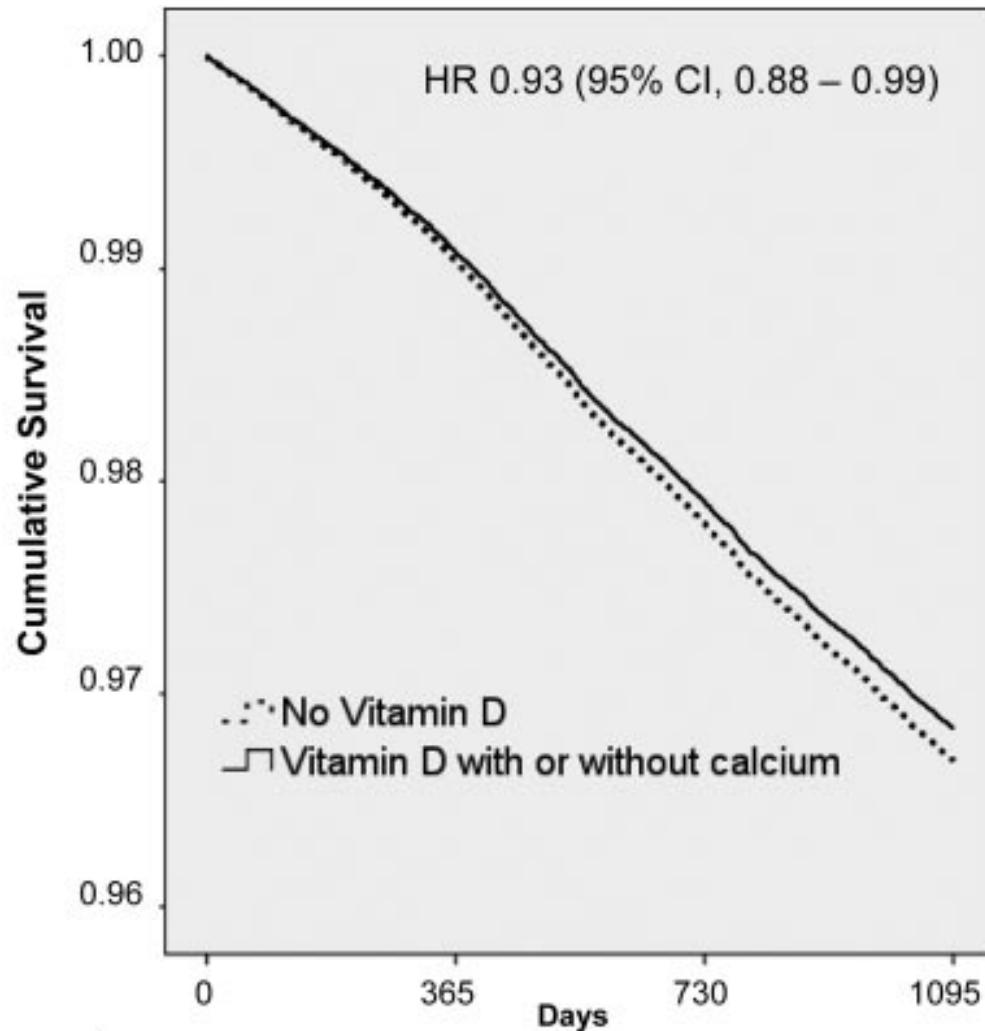
- Food modeling to meet DRIs
- Evidence of relationship of food intake dose to health



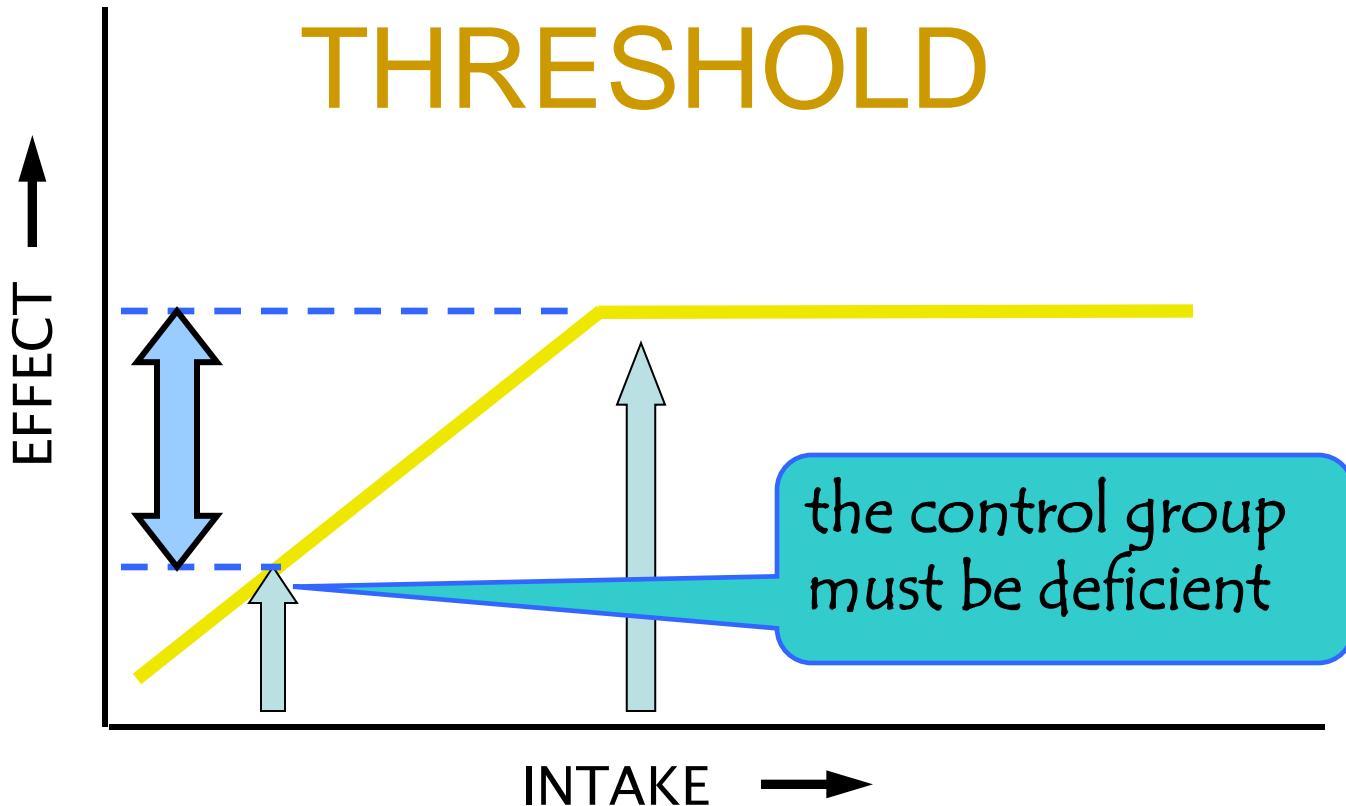
Hierarchy of Evidence



Vitamin D and Ca Supplements Reduced All Cause Mortality by 7% compared to placebo in >70,000 median age 70y



STUDY DESIGN & THE THRESHOLD



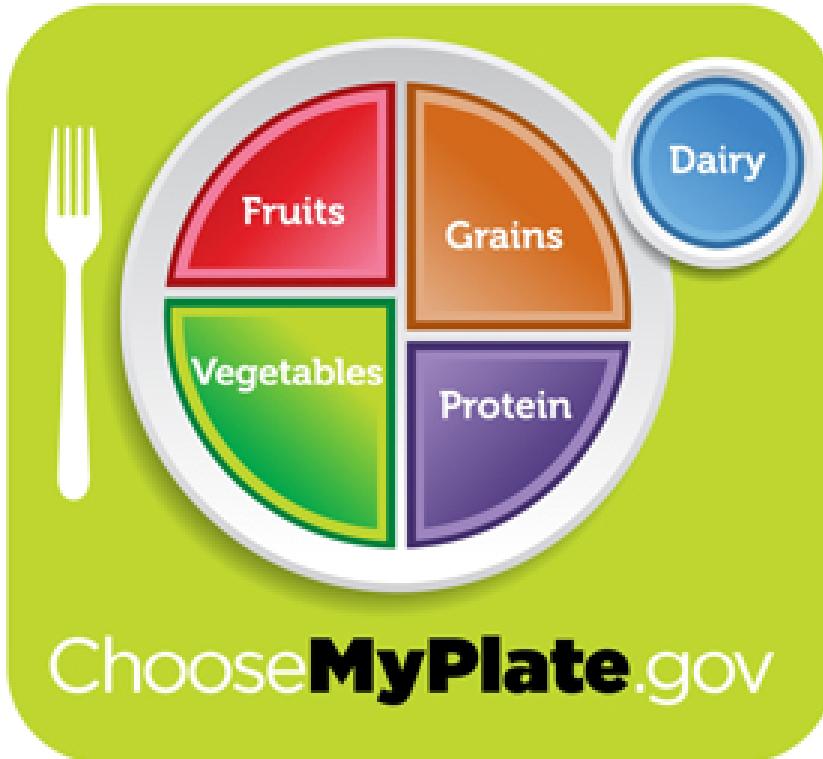
THE ETHICAL PROBLEM

- placing the control group on a clearly inadequate intake

ETHICALLY ACCEPTABLE?

Milk products and health

US 2010 Dietary Guidelines recommend 3 cups milk products per day (871/mg Ca)



- For every missing dairy product equivalent, take a 300 mg Ca supplement.

Wont' get too much.

Many kinds of evidence

How
does it
work?

Can it be
studied in
people?

Specific
effects?

How good
is the
translation?

Basic
Research

Translational
Research

Efficacy
Studies

Effectiveness
Research

Best recommendations
use the totality of
evidence with liberal
doses of critical thinking
and LOGIC!

Future Needs

- Good biomarkers for intake and health outcome measures are critical for understanding the relationship of diet and health.
- RCTs to determine requirements of nutrients/diet based on supplements and populations who are not deficient give incomplete answers.
- Improving healthy diets requires access to healthy food – responsibility of everyone.