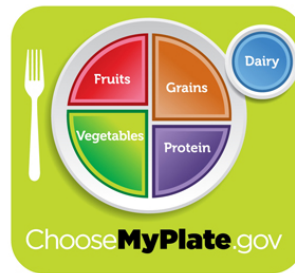


# Translating Science from the Bench to the Dietary Guidelines

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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



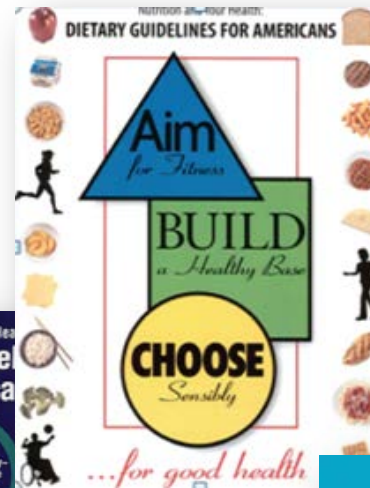
1985



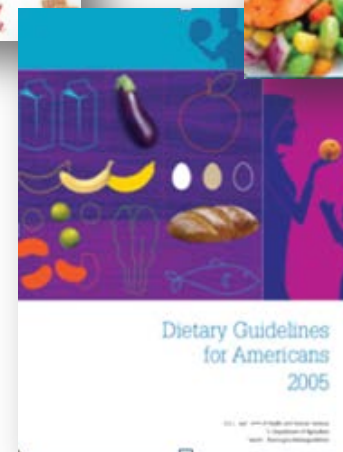
1990



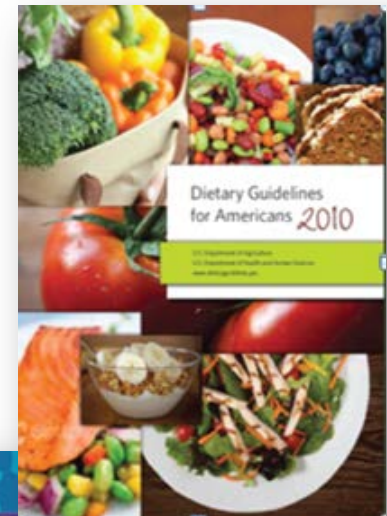
1995



2000



2005



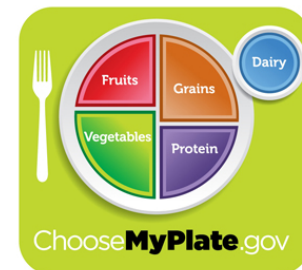
2010

# Dietary Guidelines for Americans

## ***Legislative Mandate:***

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

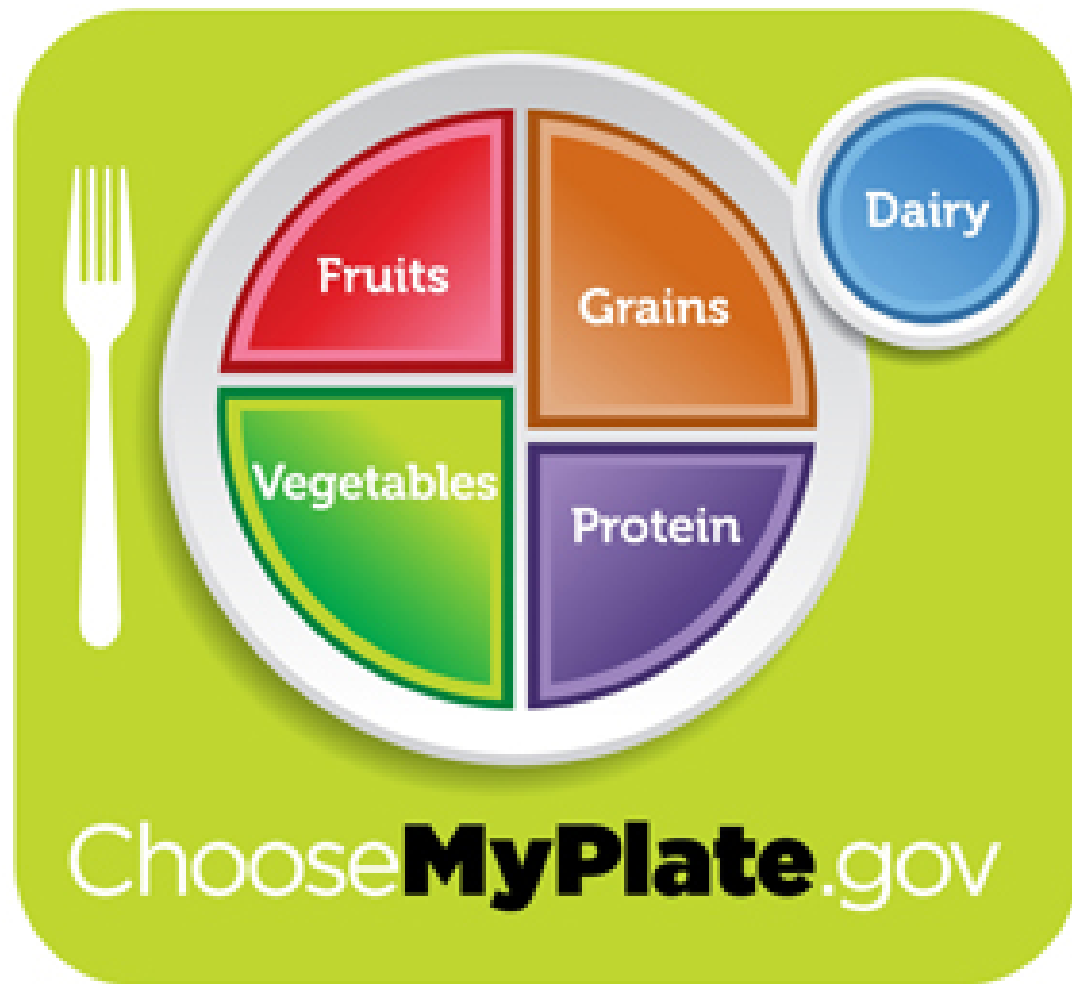
- Dietary guidelines must be issued every 5 years
- Dietary guidance issued by the Federal government for the general public is to be reviewed by the Secretaries of Agriculture, and Health and Human Services. (Departments alternate the lead role.)



<http://www.myplate.gov>

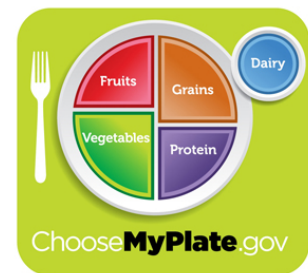
# What the Guidelines Do

- 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.



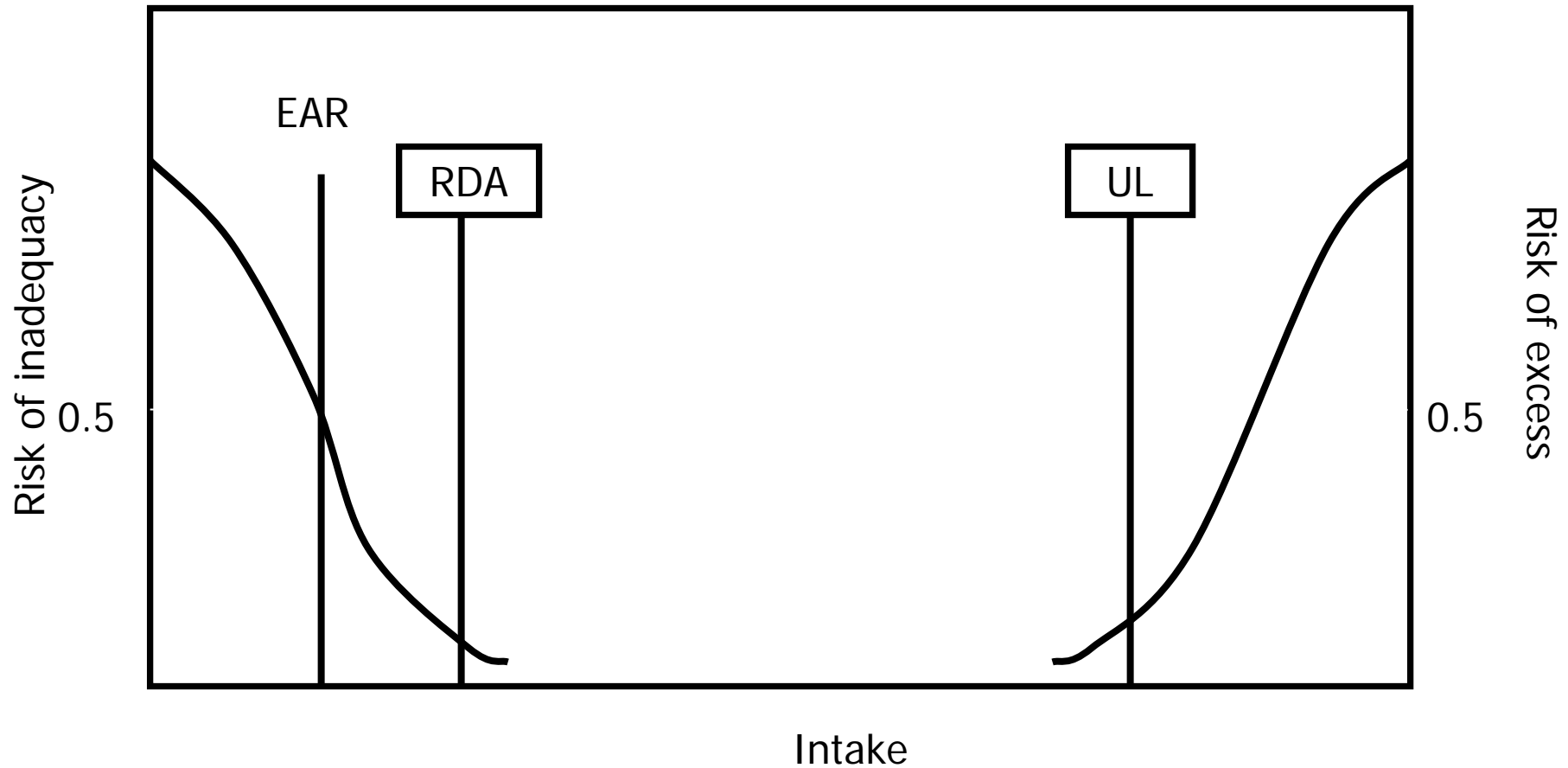
<http://www.myplate.gov>



# 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)*

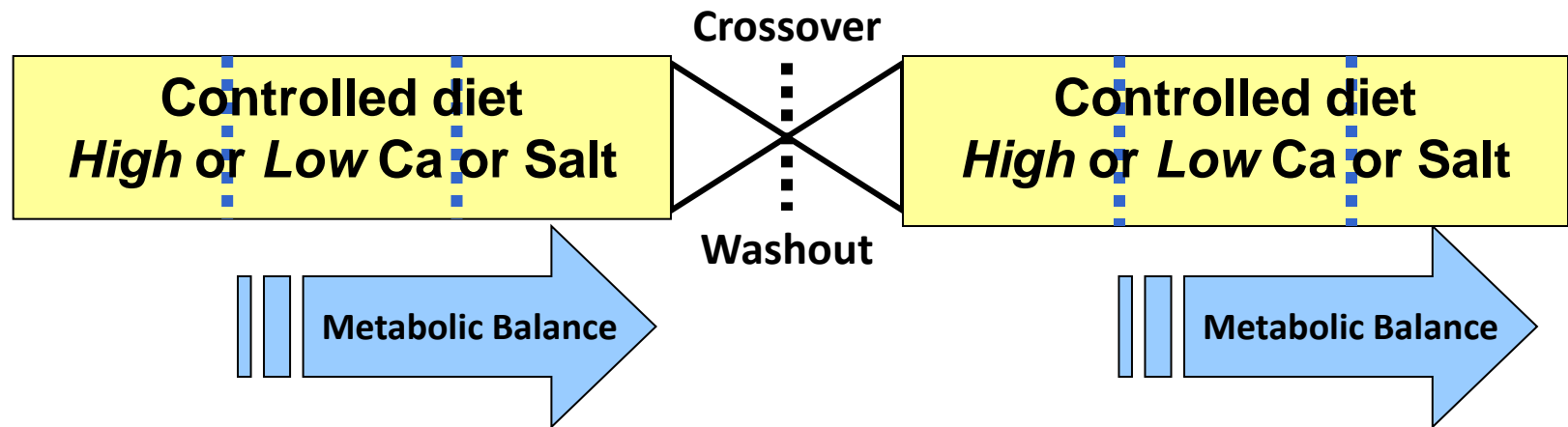




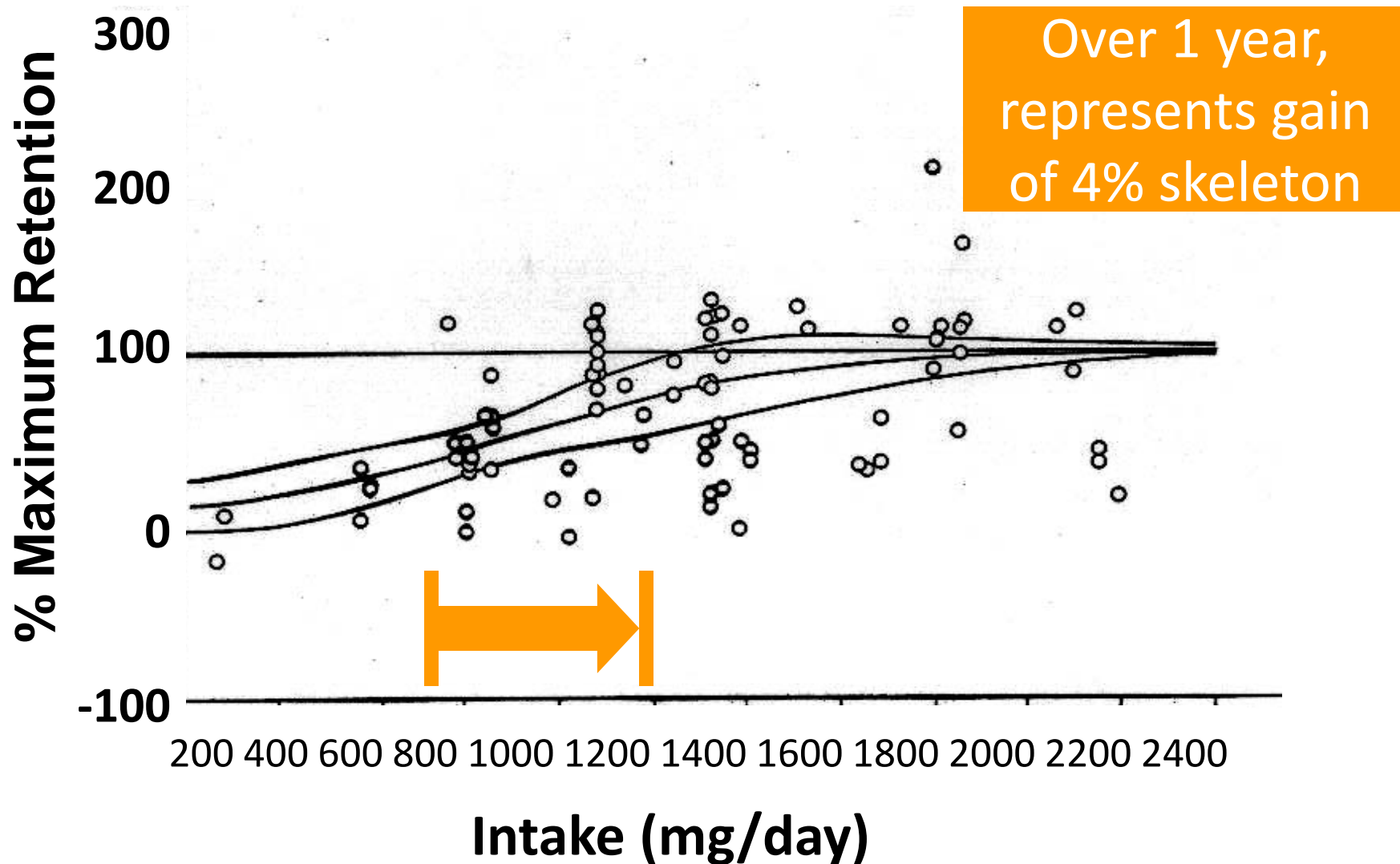




# Study Design



# Maximal Calcium Retention as a Function of Intake



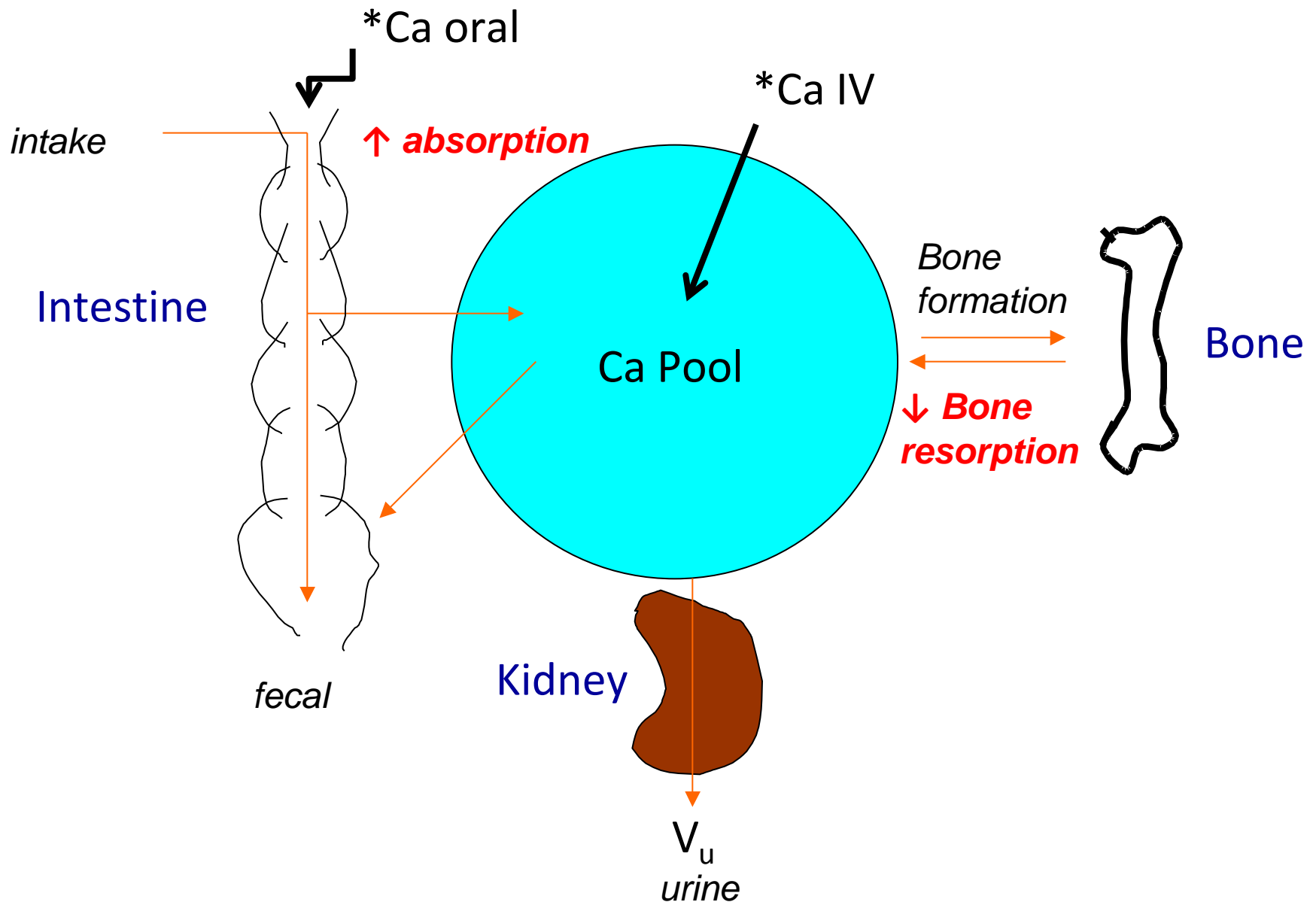
Estimated bone gain from our model  
increasing Ca intake from 800 → 1300 mg/d:

**10 % increase** in peak bone mass

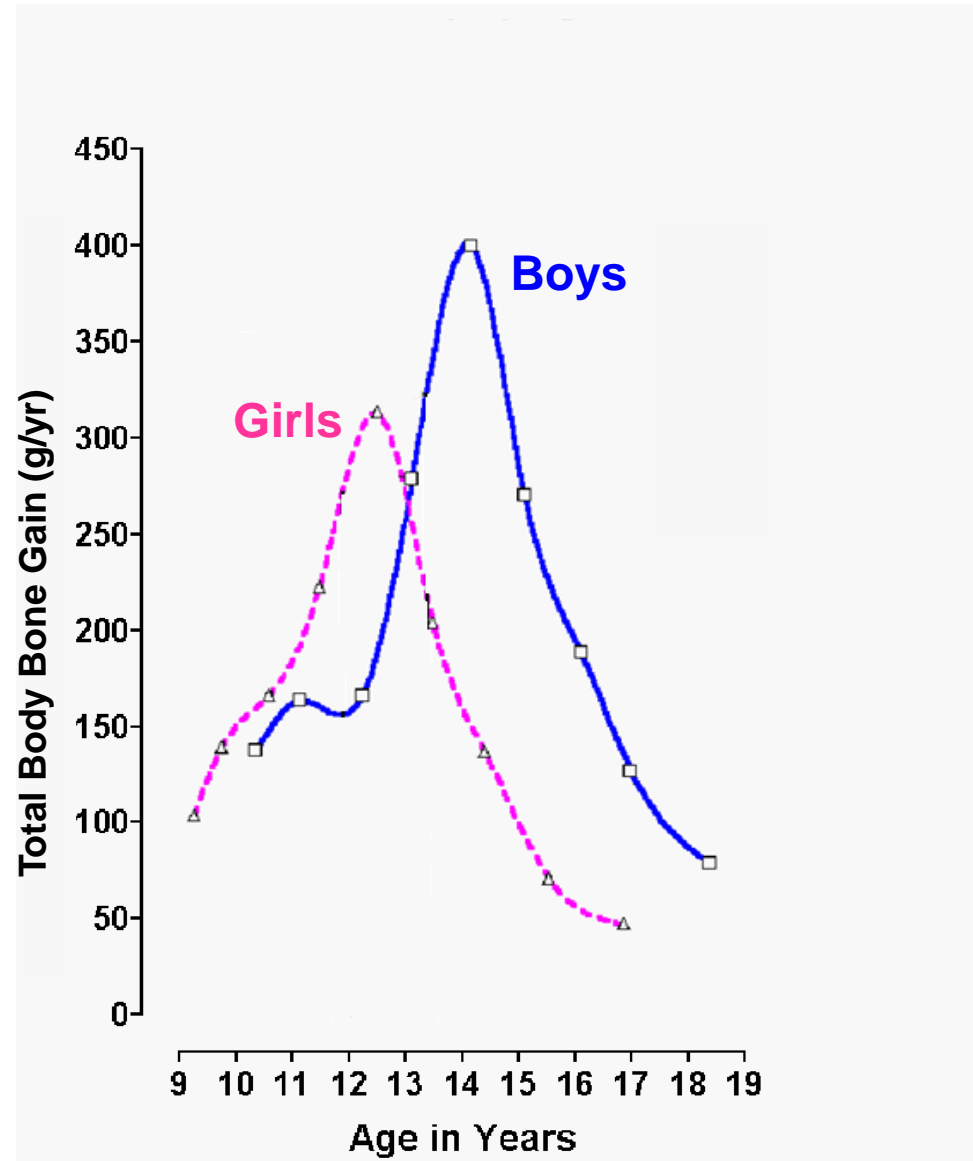
This could delay onset of  
*osteoporosis* by **13 years** and  
decrease risk of *fracture* in  
postmenopausal women by **50 %**



# 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**

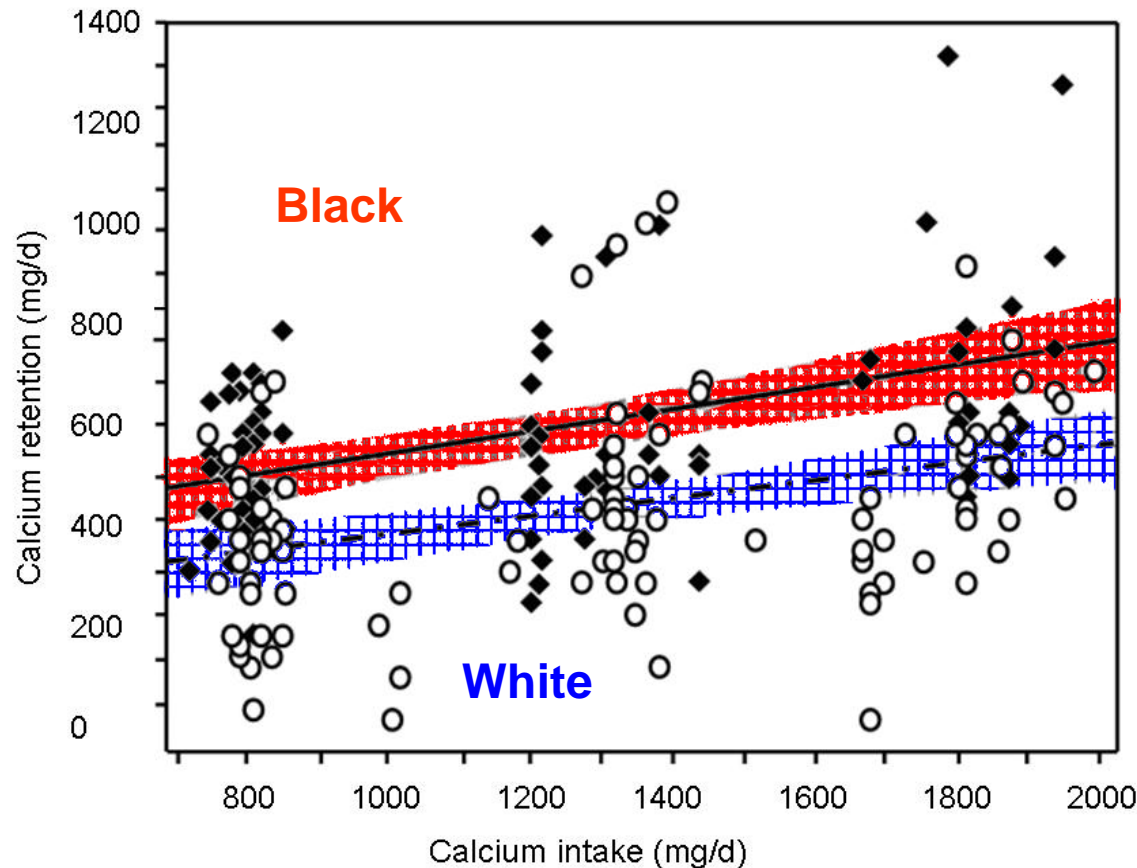


Role of Race?

# Differences in Regulators of Calcium Metabolism

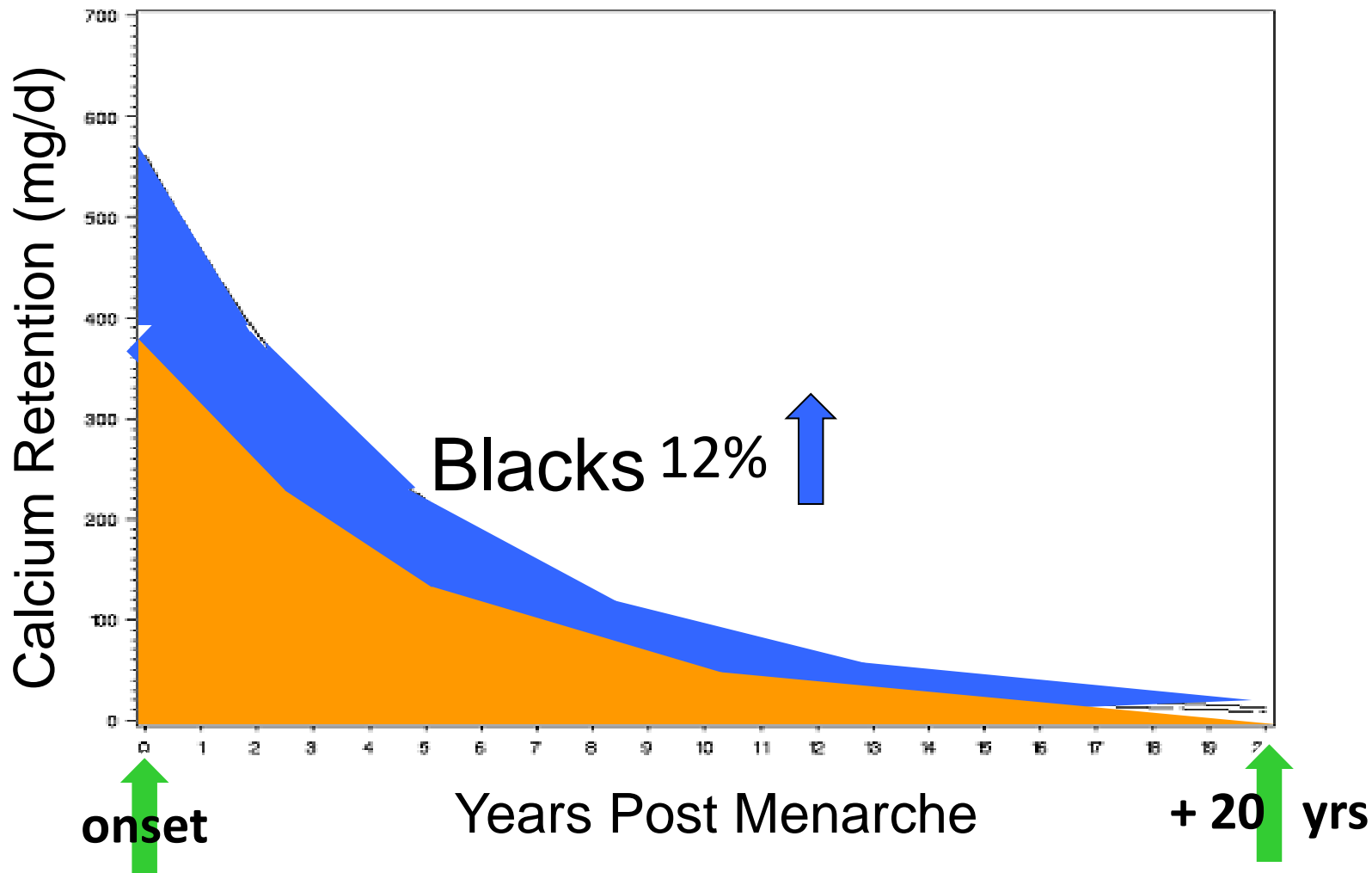
Whites have higher Ca intake and Vitamin D status, but lower PTH than other groups.

# 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.*

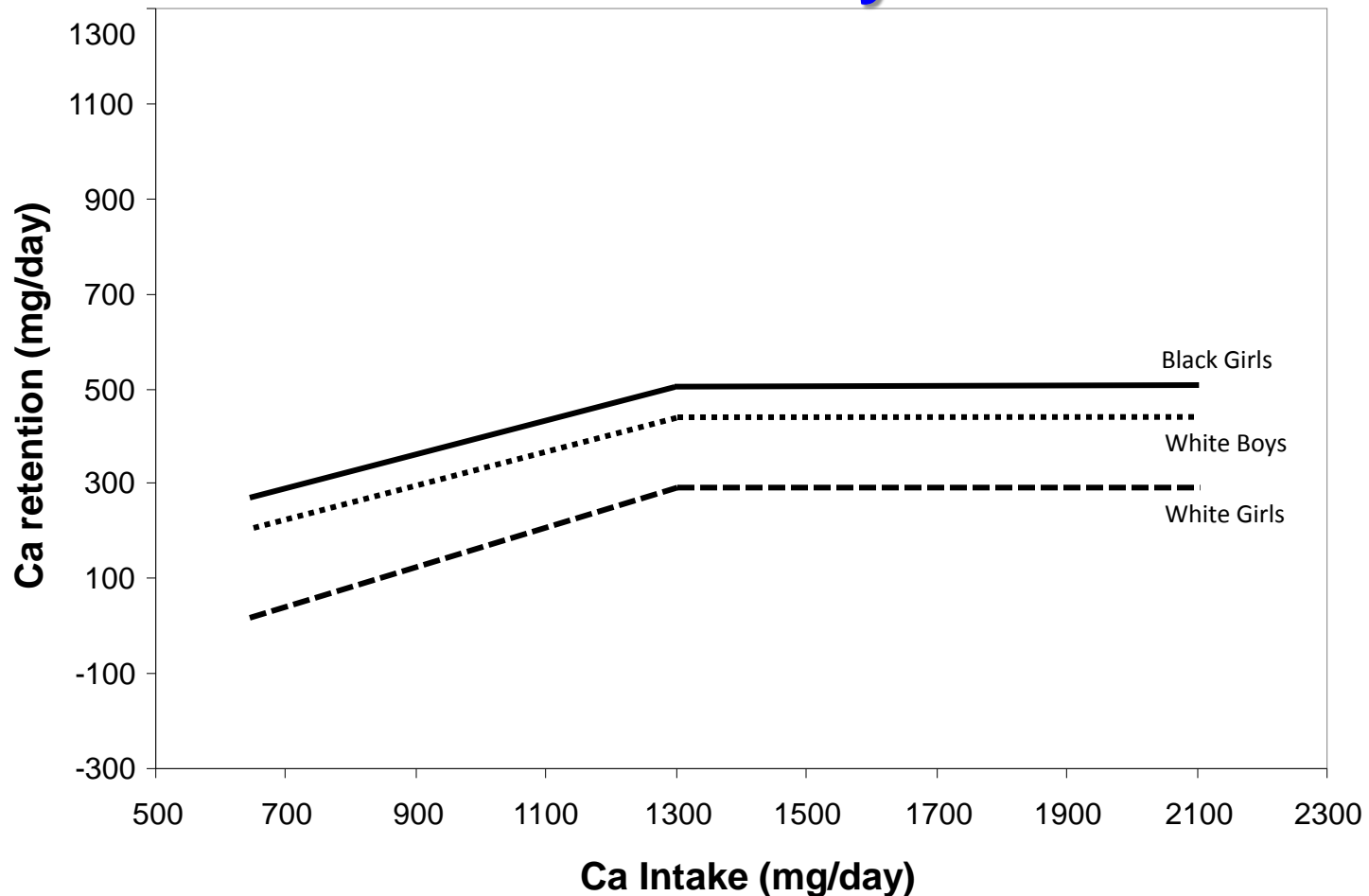
**In NHANES III,**

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



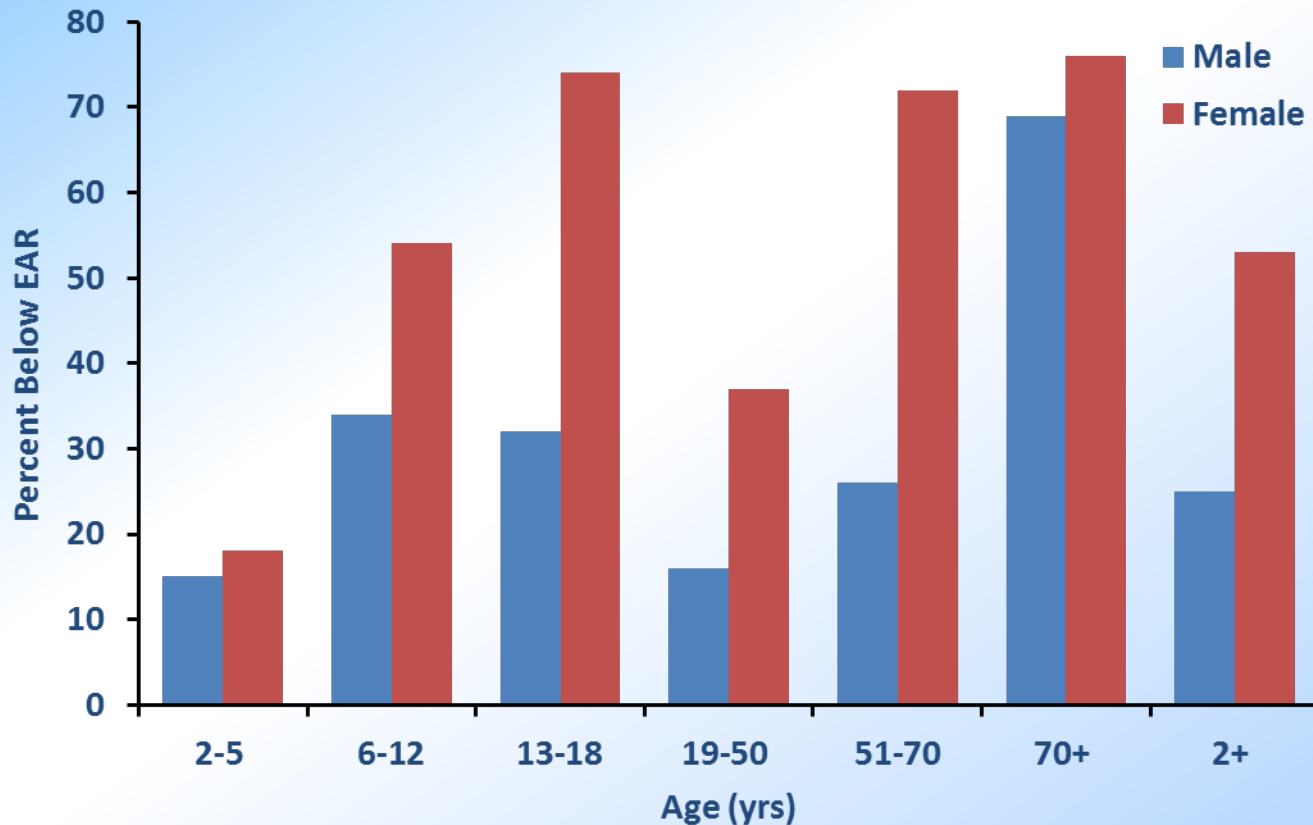
# Summary

## 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



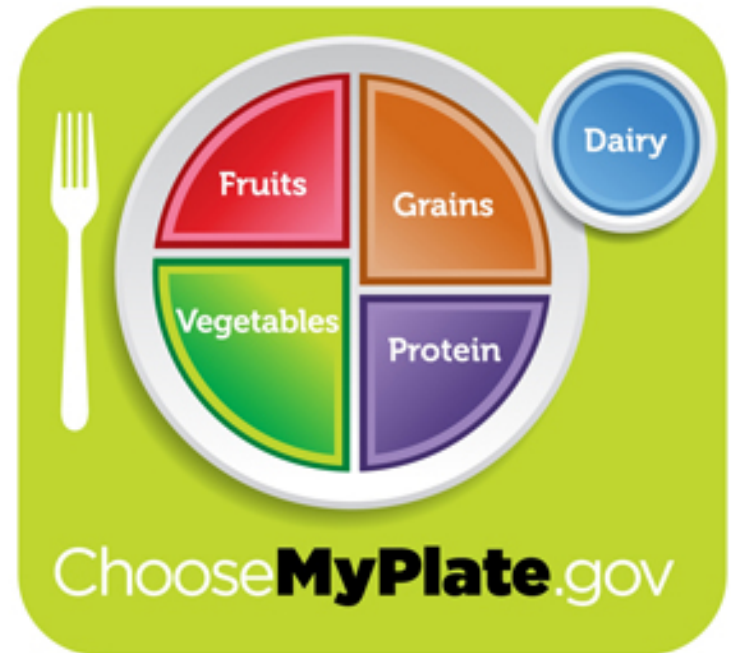
## 3 cups low-fat milk provide about:

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

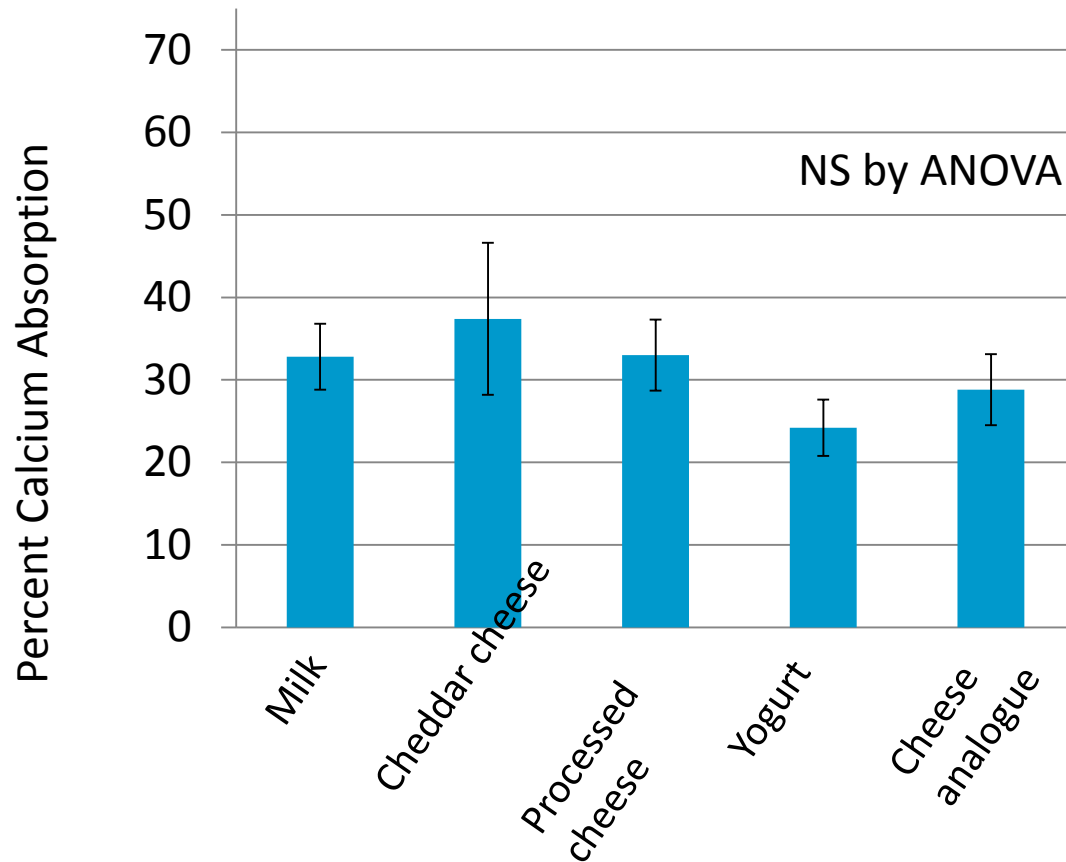
Lifestage

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%

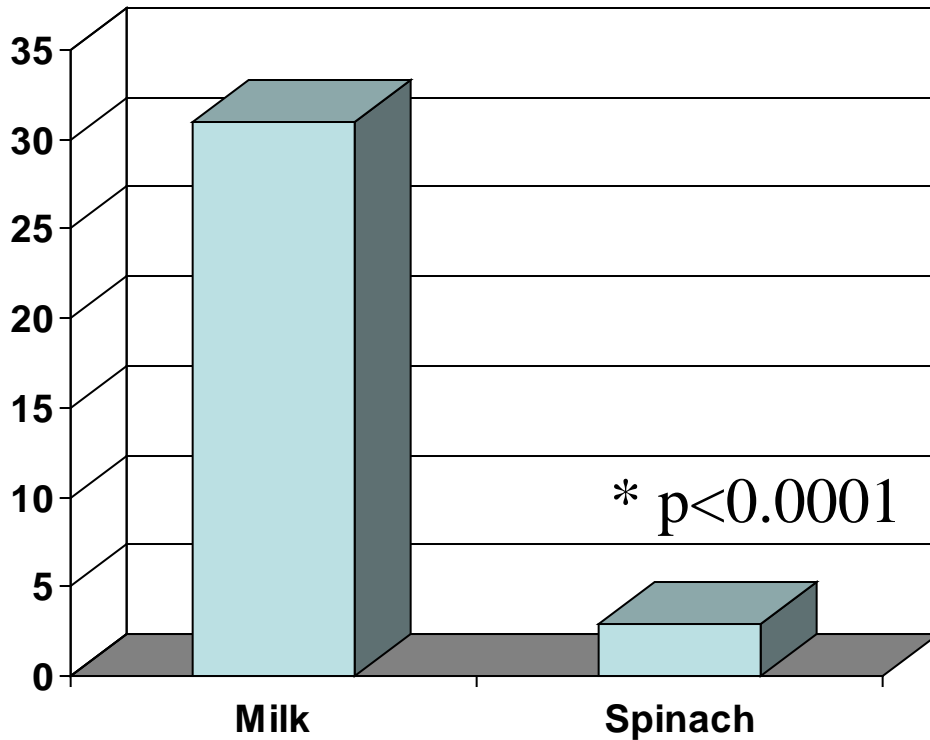
Calcium  
Absorption ~25%



Calcium  
Absorption ~80%



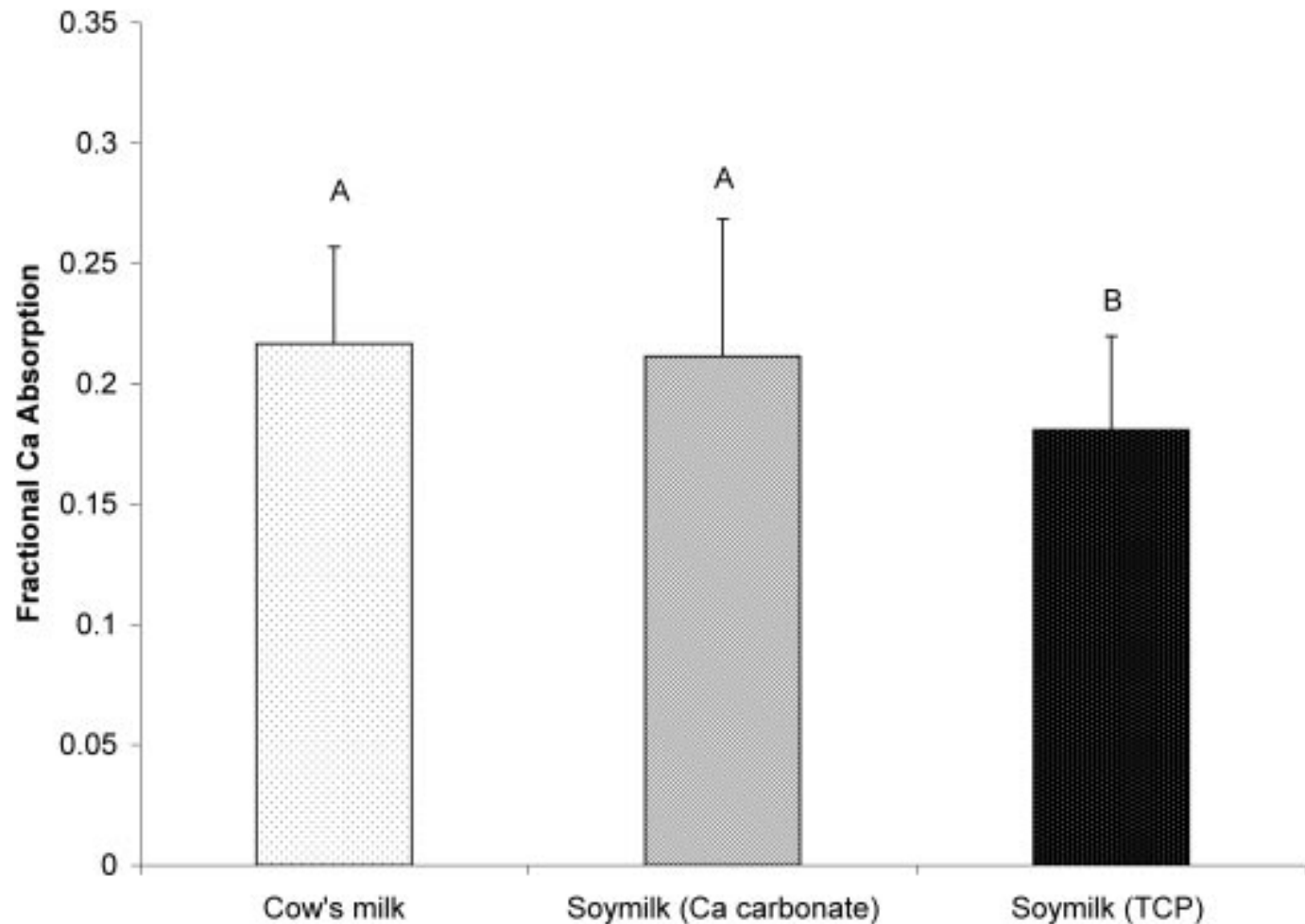
# Calcium Absorption (%)



*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

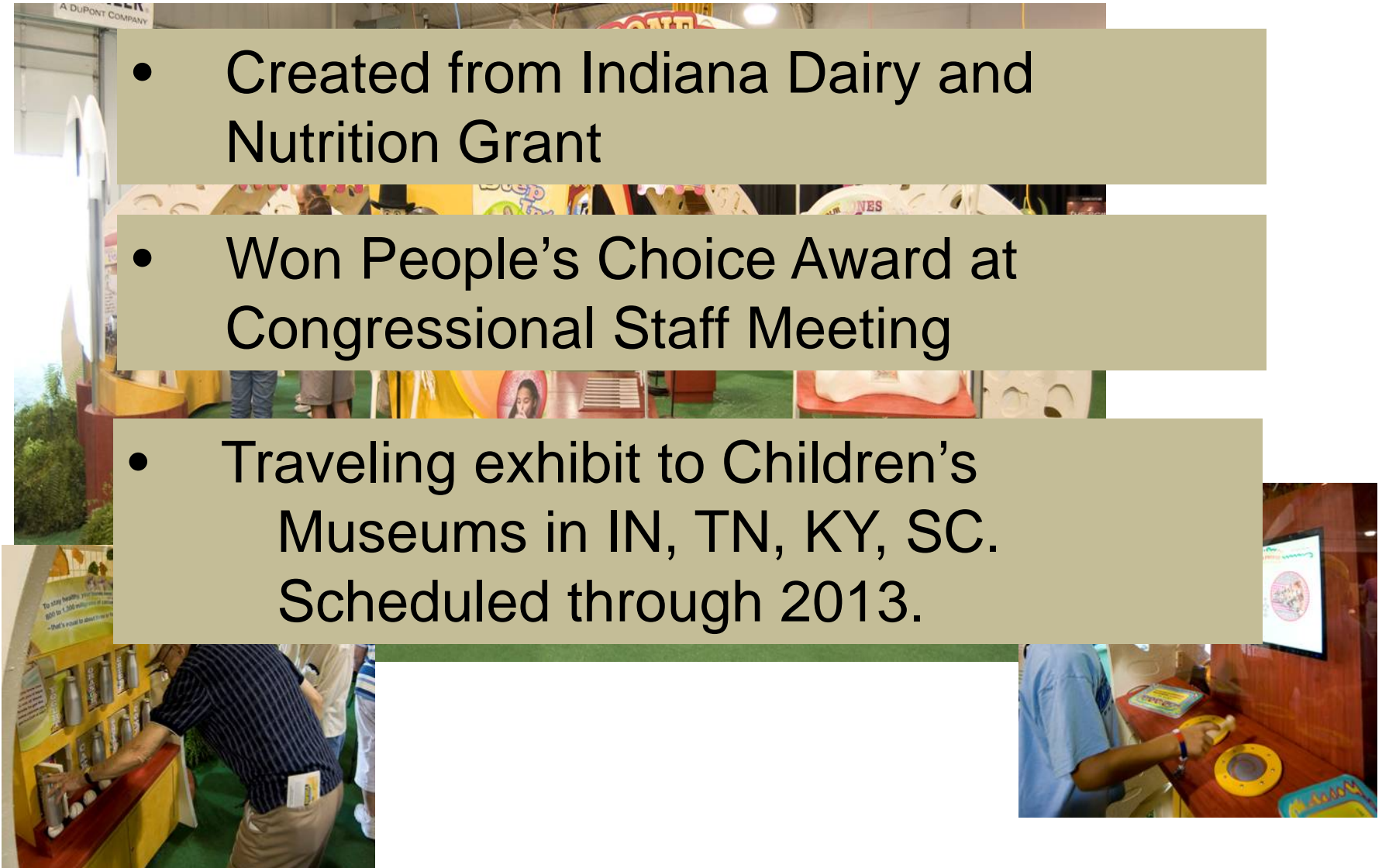
Data determined the calcium requirements for adolescents for North America – 1997

Used for 2004 Surgeon General's Report on Bone Health

Used for 2005 Dietary Guidelines

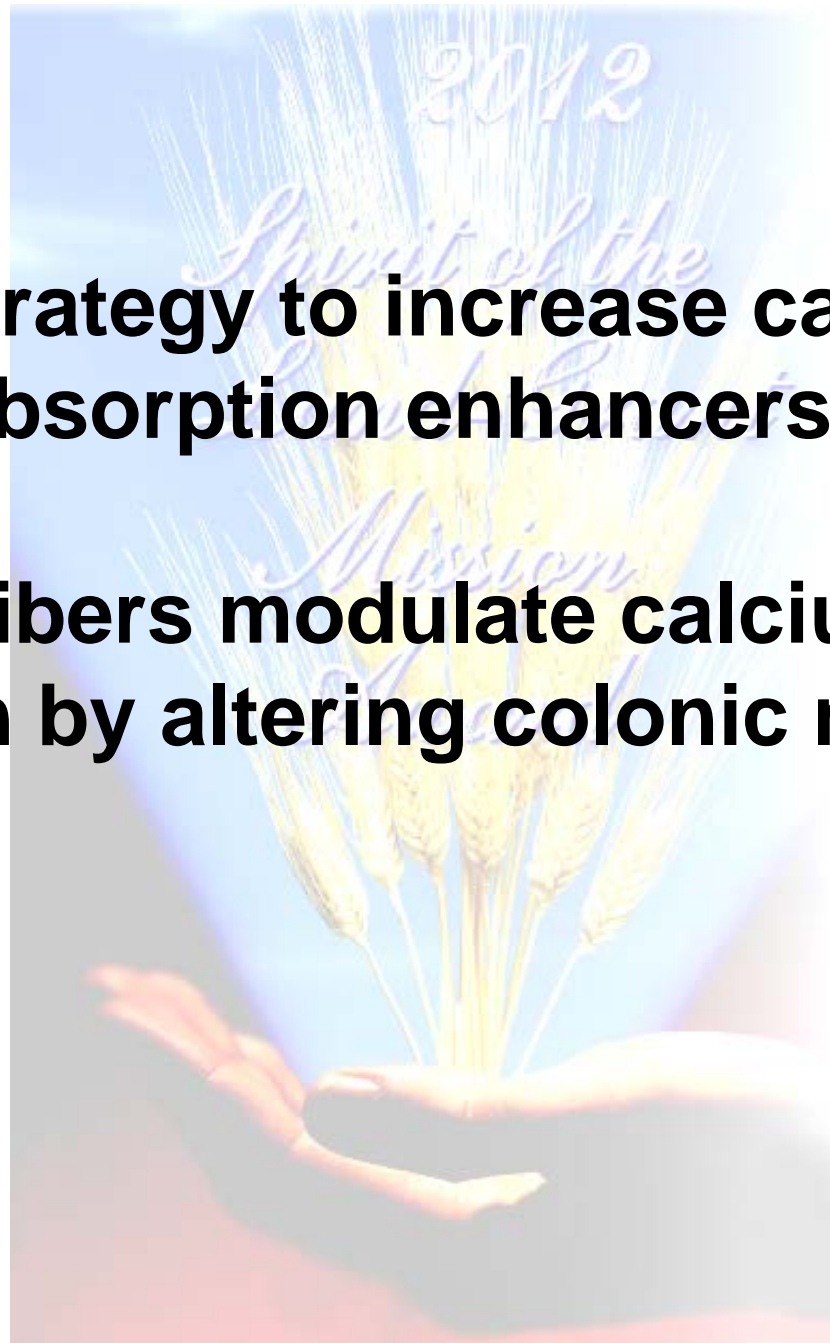
# 2008 State Fair Exhibit *The Bone Zone*

- 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.



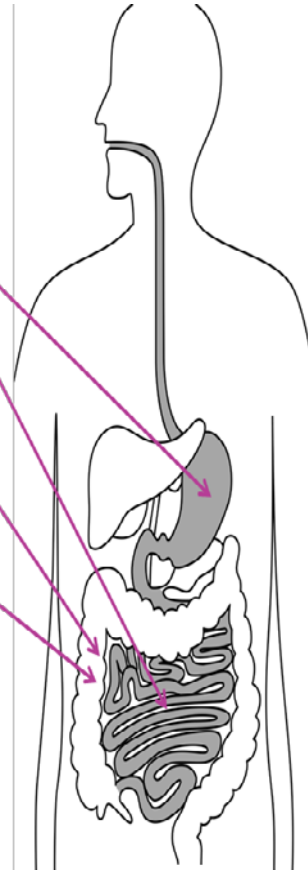
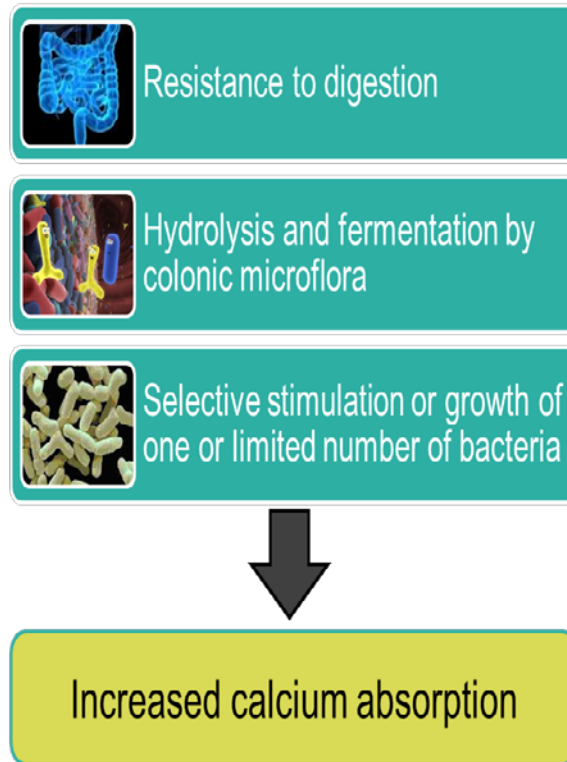
**Another strategy to increase calcium  
nutrition absorption enhancers**

**Prebiotic fibers modulate calcium  
absorption by altering colonic microbiota**



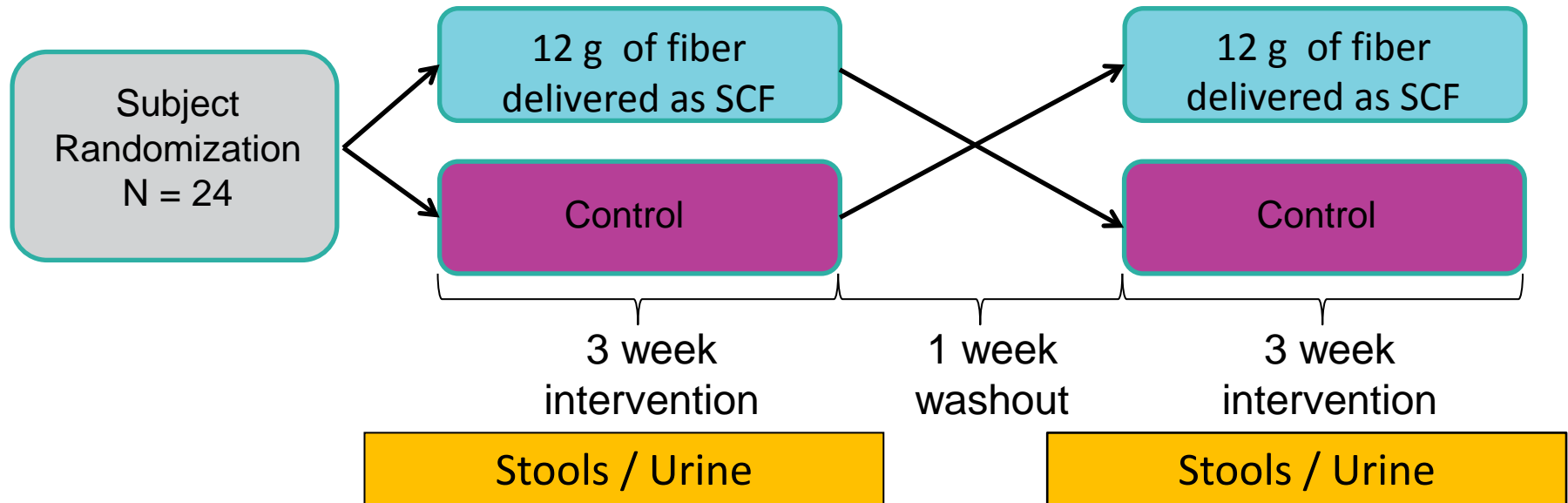
# Functional Fibers and Mineral Metabolism

- 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

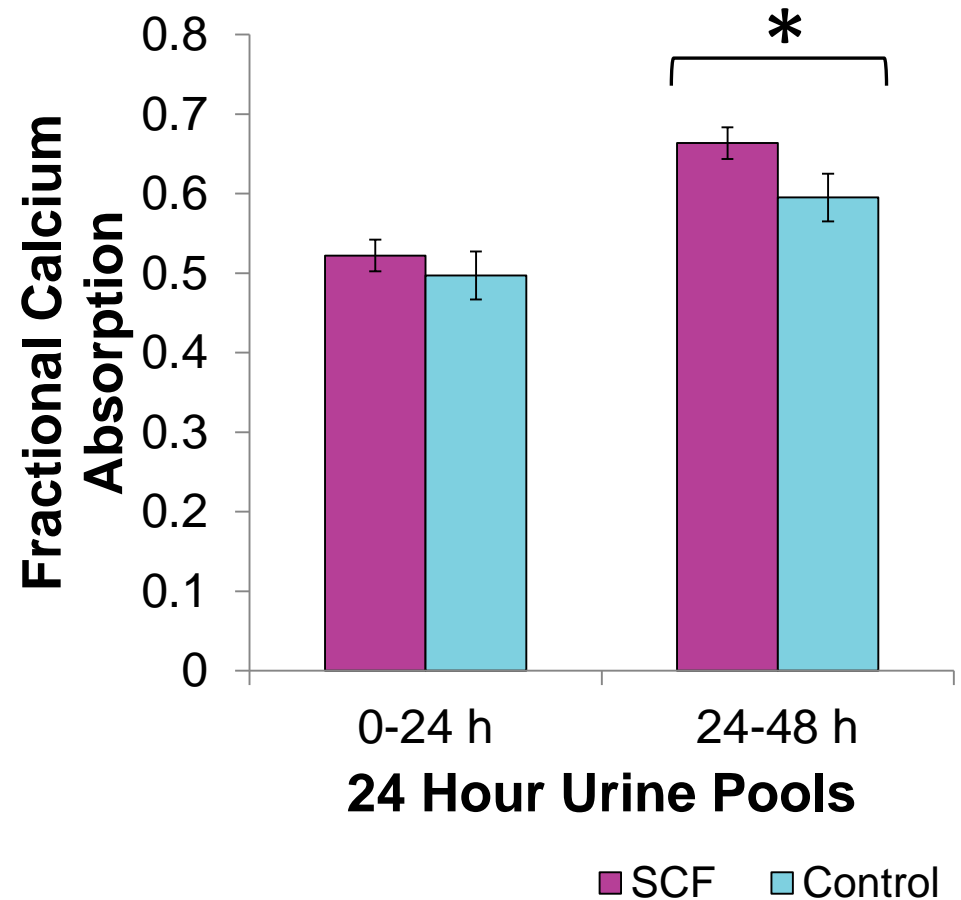
- Adolescent girls (n=9; age 12-14 y) and boys (n=15; age 13-15 y)
- Double-blind, randomized controlled crossover
- Two 3-week metabolic balance periods
- Controlled diets with 600 mg/d calcium
- and 20 g/d fiber (not including SCF)
- PROMITOR® SCF in fruit snacks





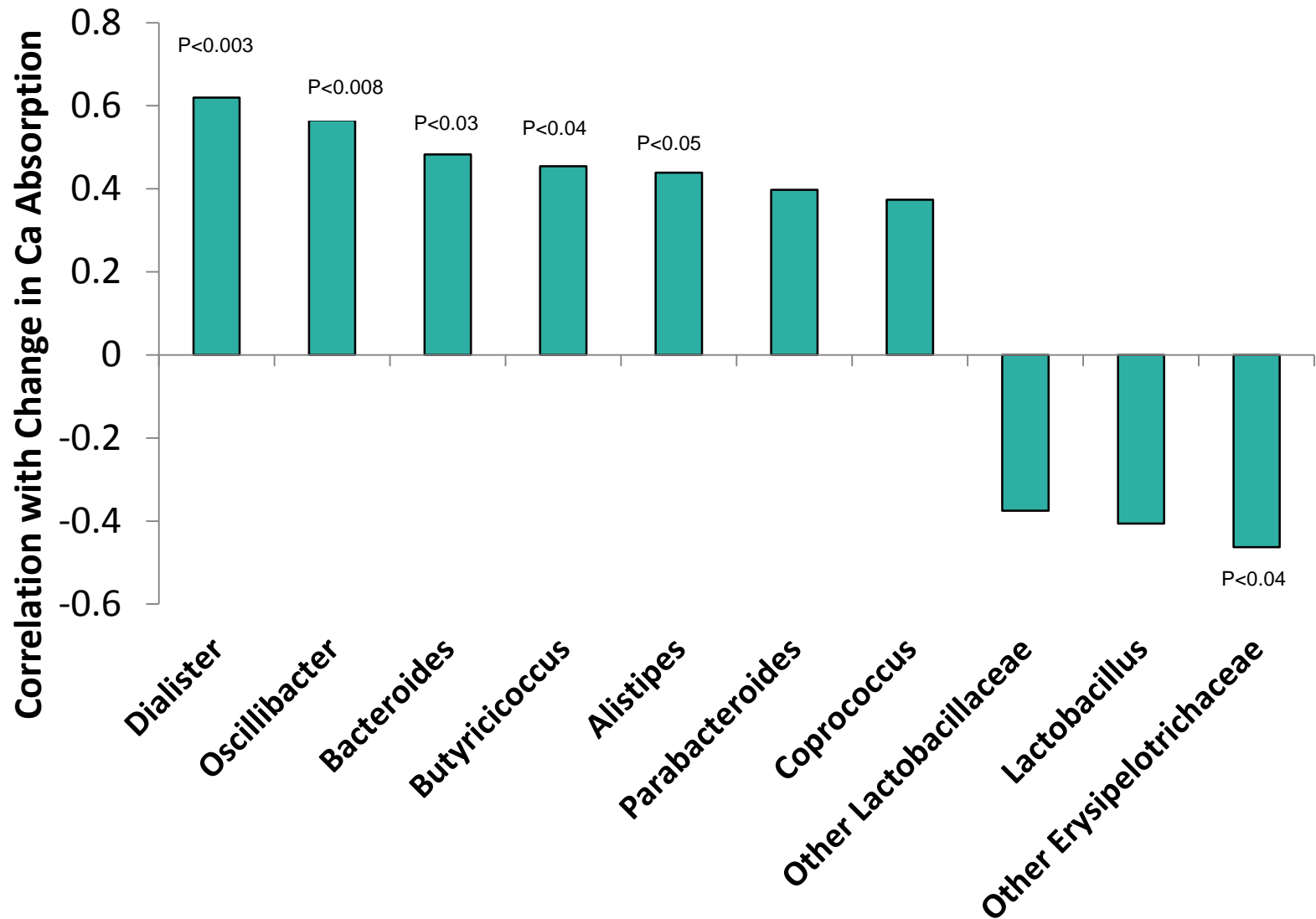
# SCF influenced late phase absorption

- 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

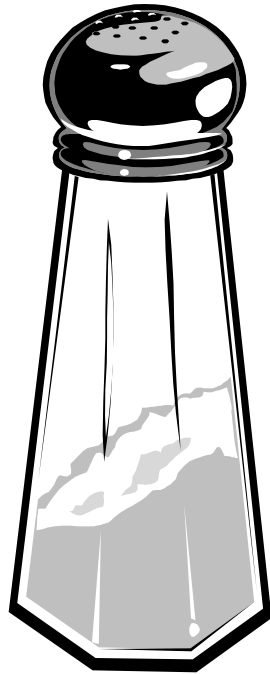


# Conclusions

- **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

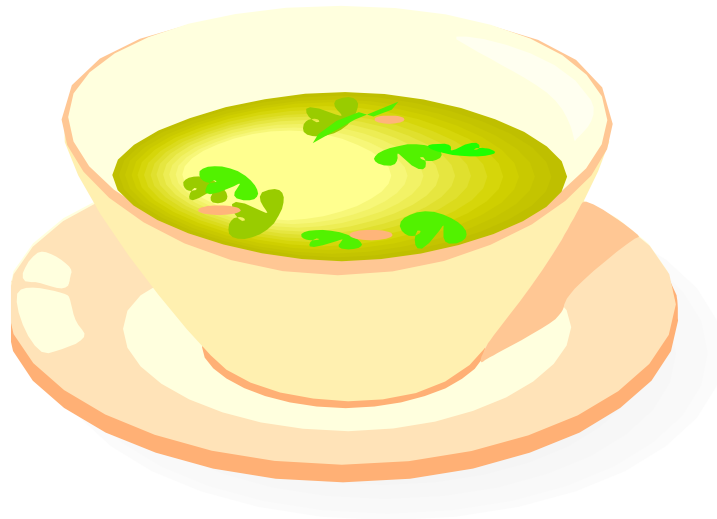


- Metabolic balance study
  - Randomized order  
high/low salt
- Adolescent black and white subjects matched for size and sexual maturity

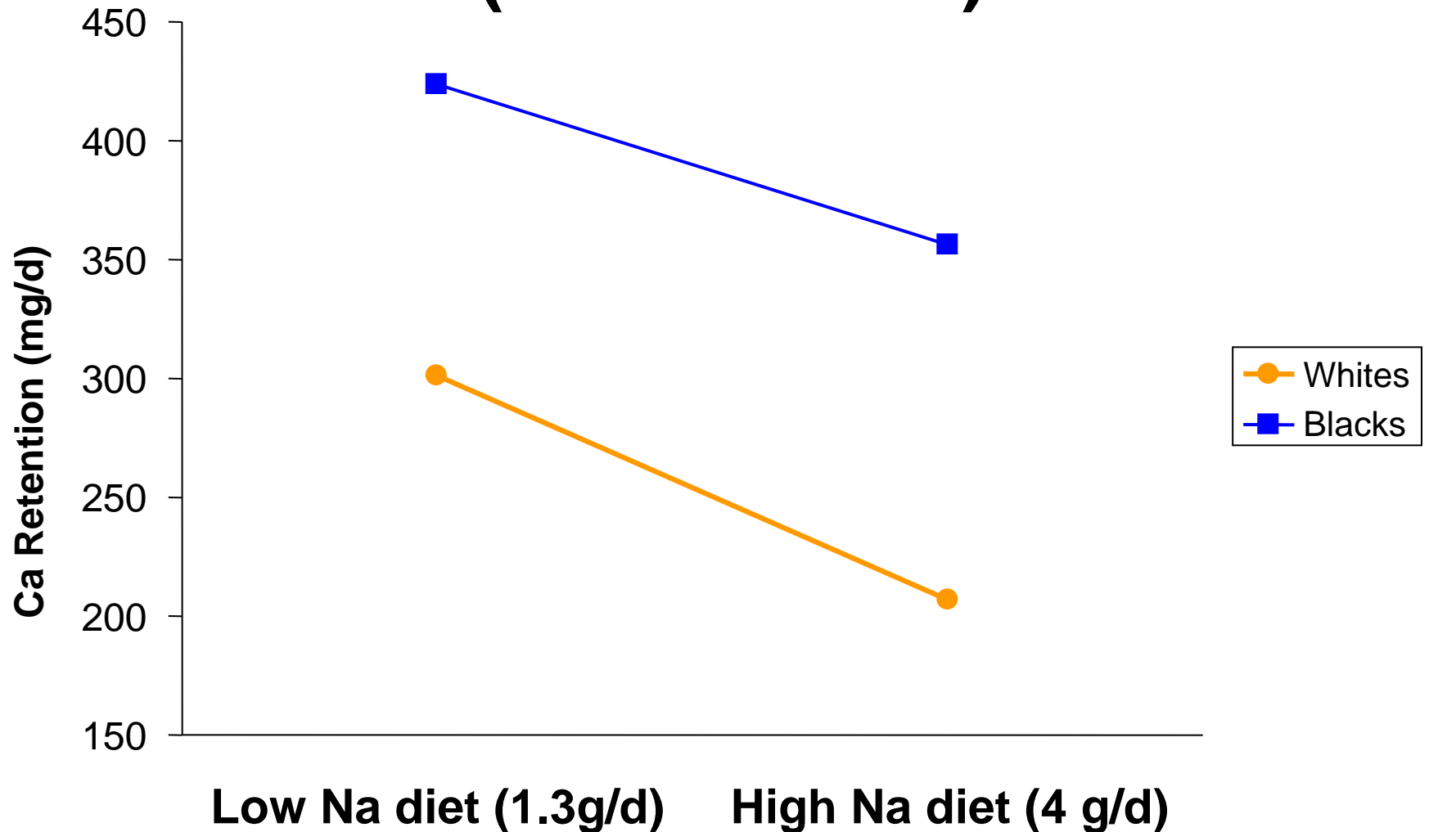
# Dietary salt varied



**Low Na diet  $\rightarrow$  1.3 g/d**  
**High Na diet  $\rightarrow$  4 g/d**

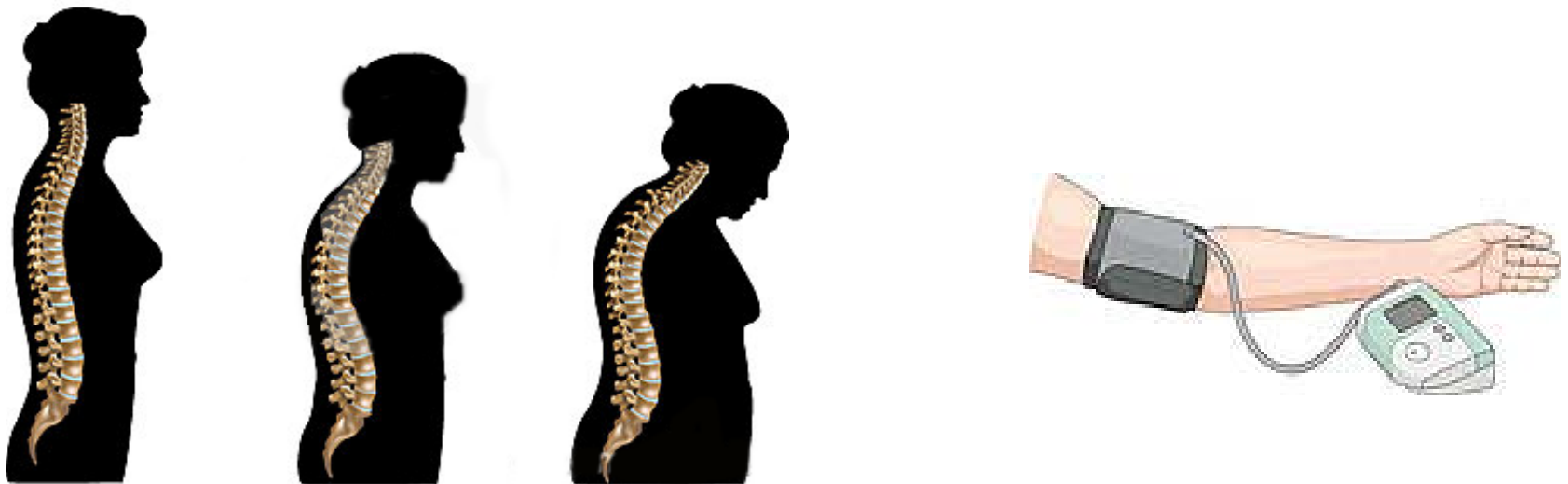


# Calcium retention (Mean $\pm$ SEM)

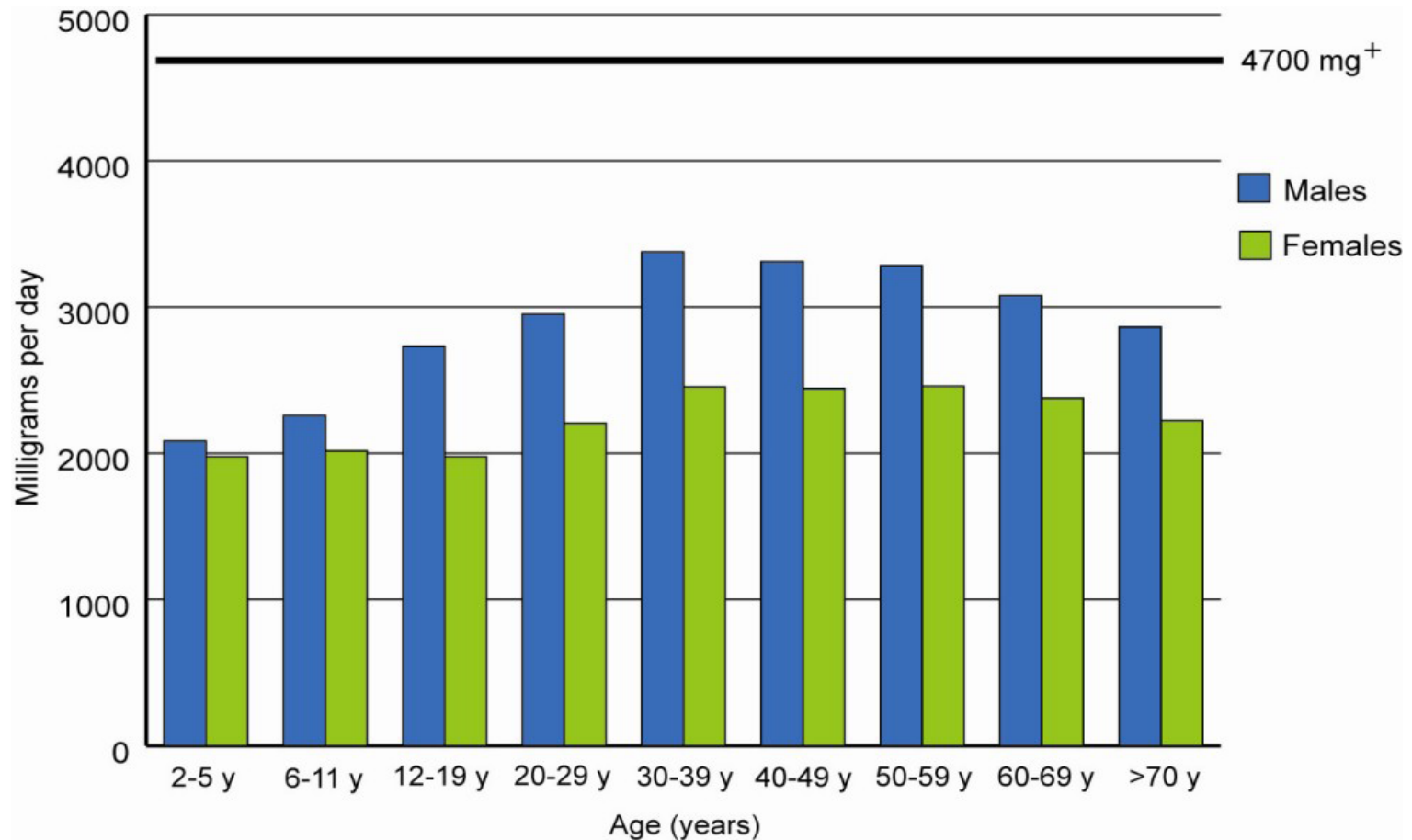


\*  $p < 0.05$  for diet and race

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.

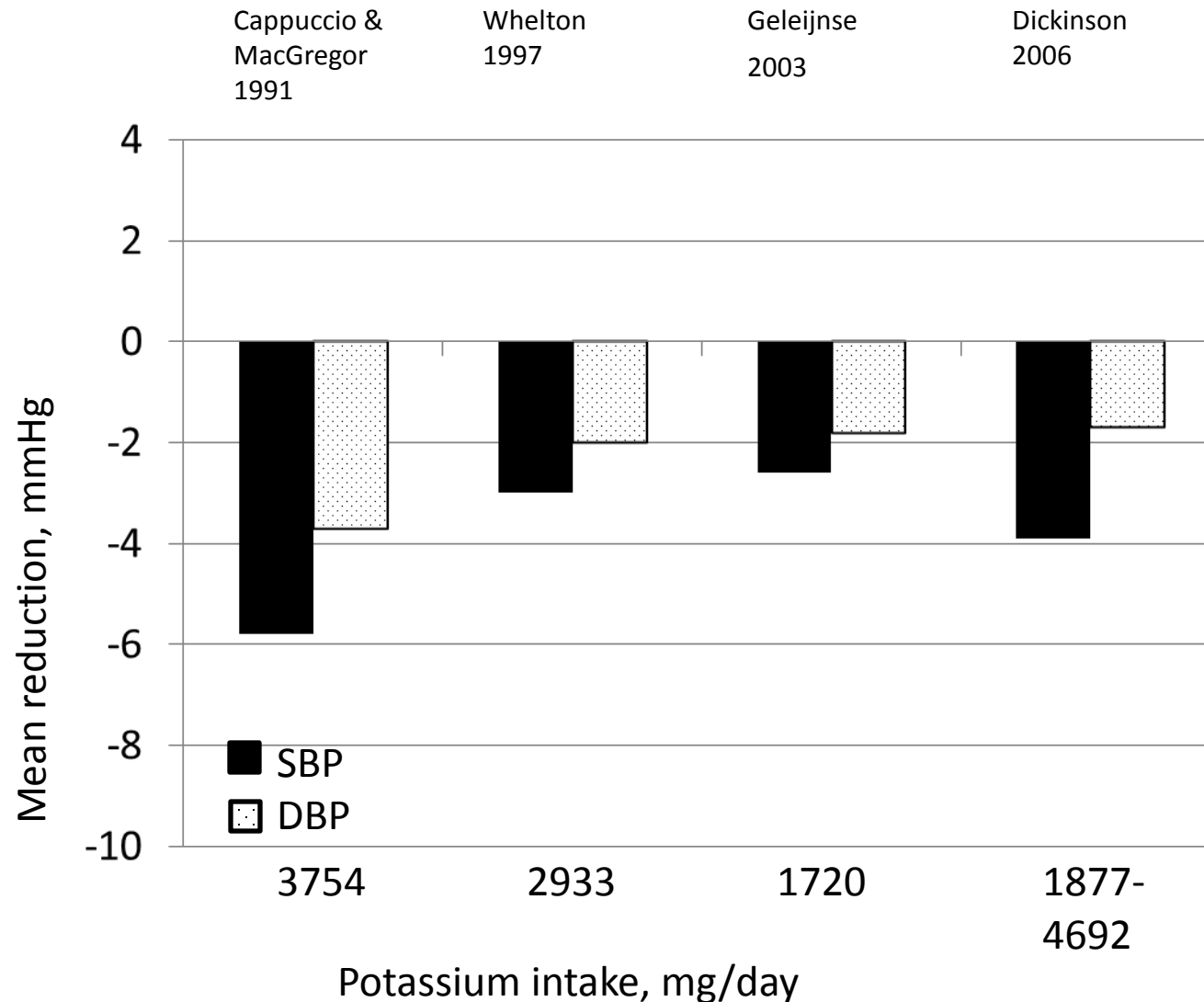
Source: USDA, ARS, 2005-2006. WWEIA, NHANES. <http://www.ars.usda.gov/Services/docs.htm?docid=13793>.



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

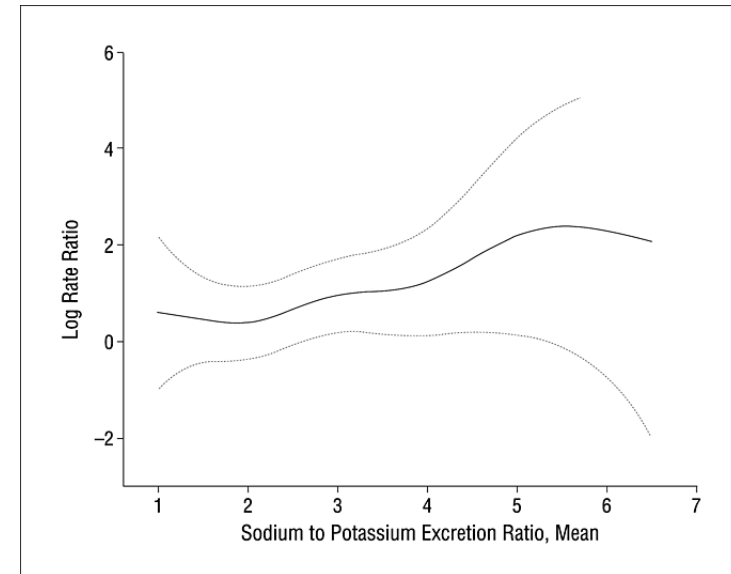


# Nutrient Interactions

## Urinary Na/K Ratio

- Benefits:

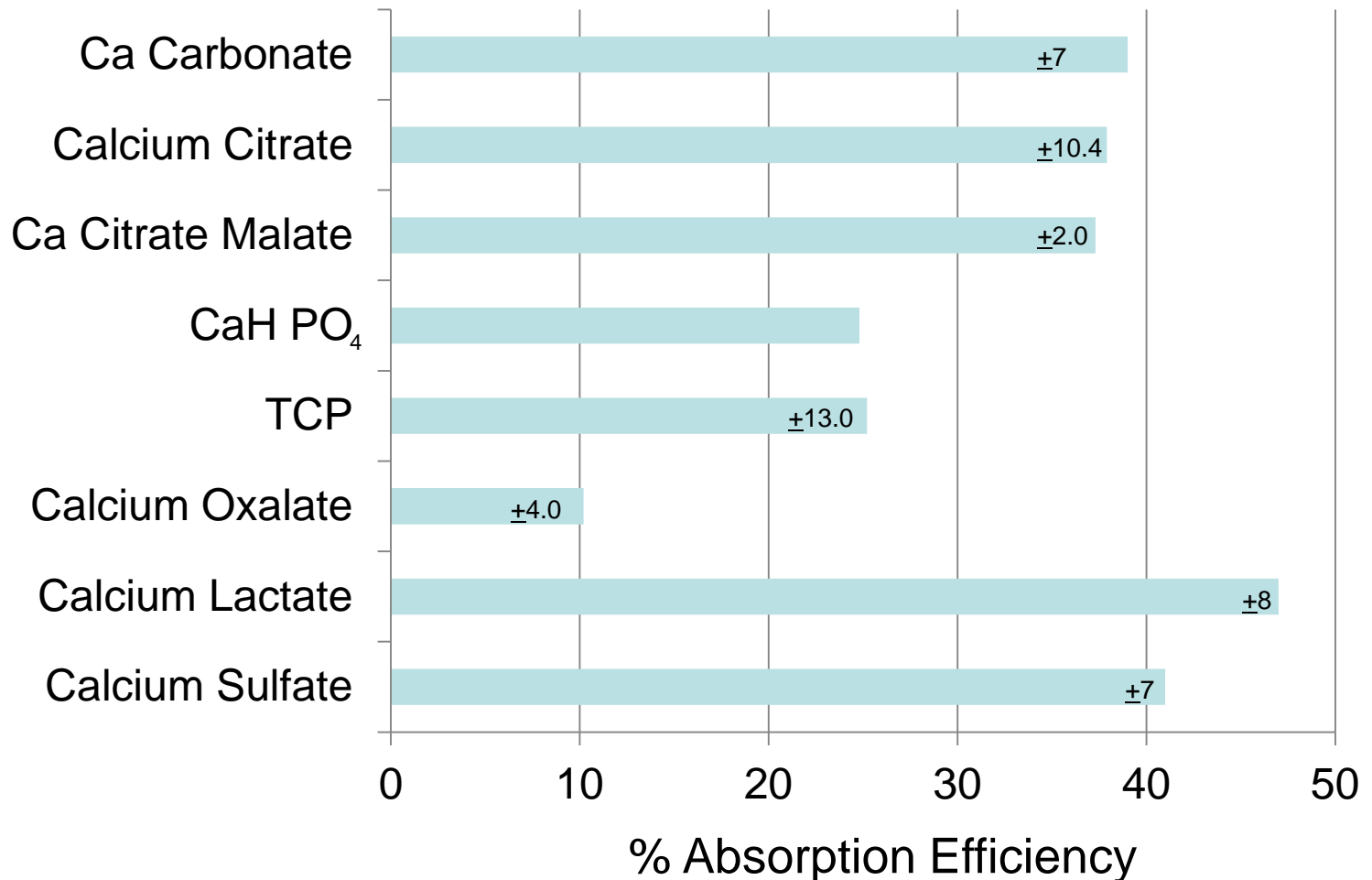
- Incorporates both Na and K
- “Corrects” for incomplete urine collections
- Was shown to predict BP more strongly and consistently than Na excretion in several studies (including INTERSALT and TOHP I)
- Was shown to predict CVD better than Na or K excretion alone in the TOHP trials



# Does the source matter?



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

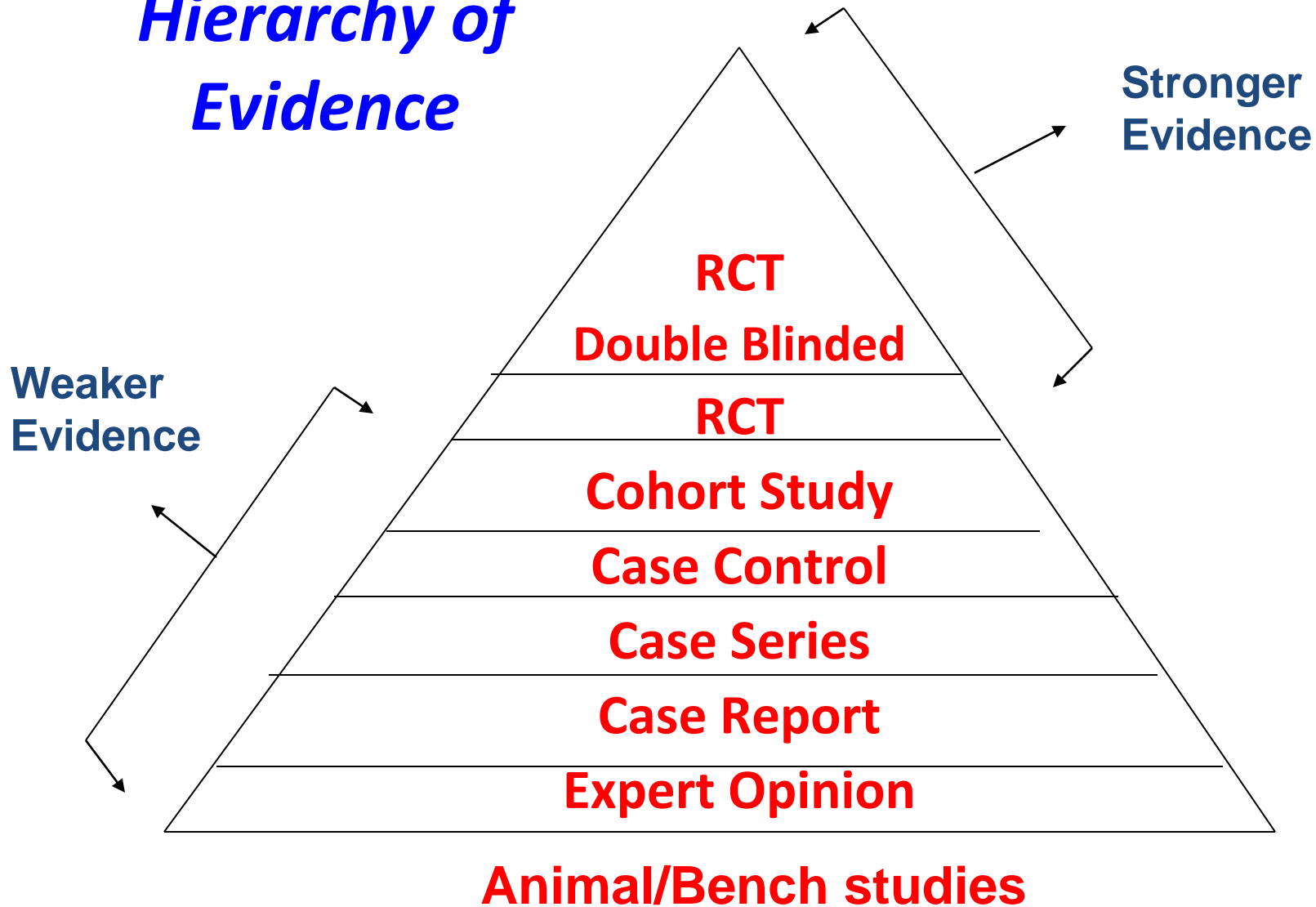


# DIETARY GUIDELINES FOOD PATTERNS BASED ON

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

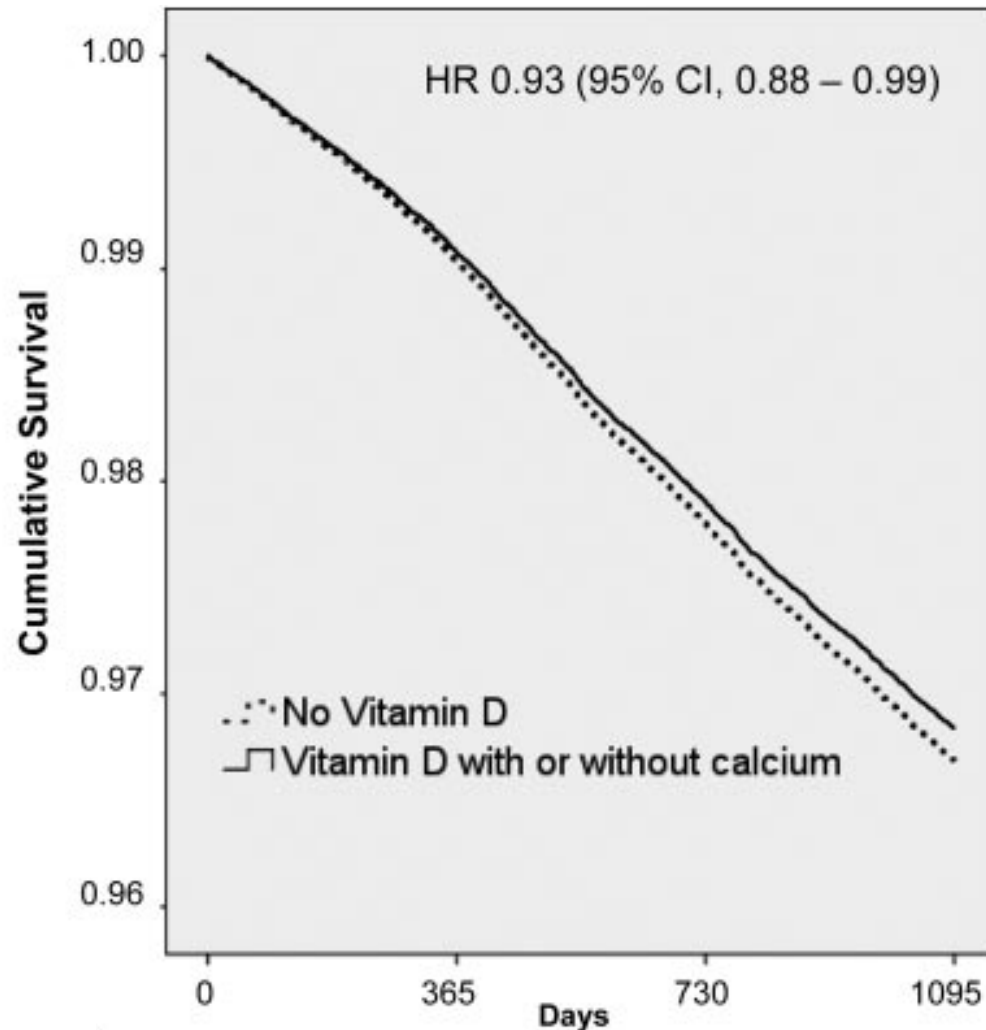


# ***Hierarchy of Evidence***

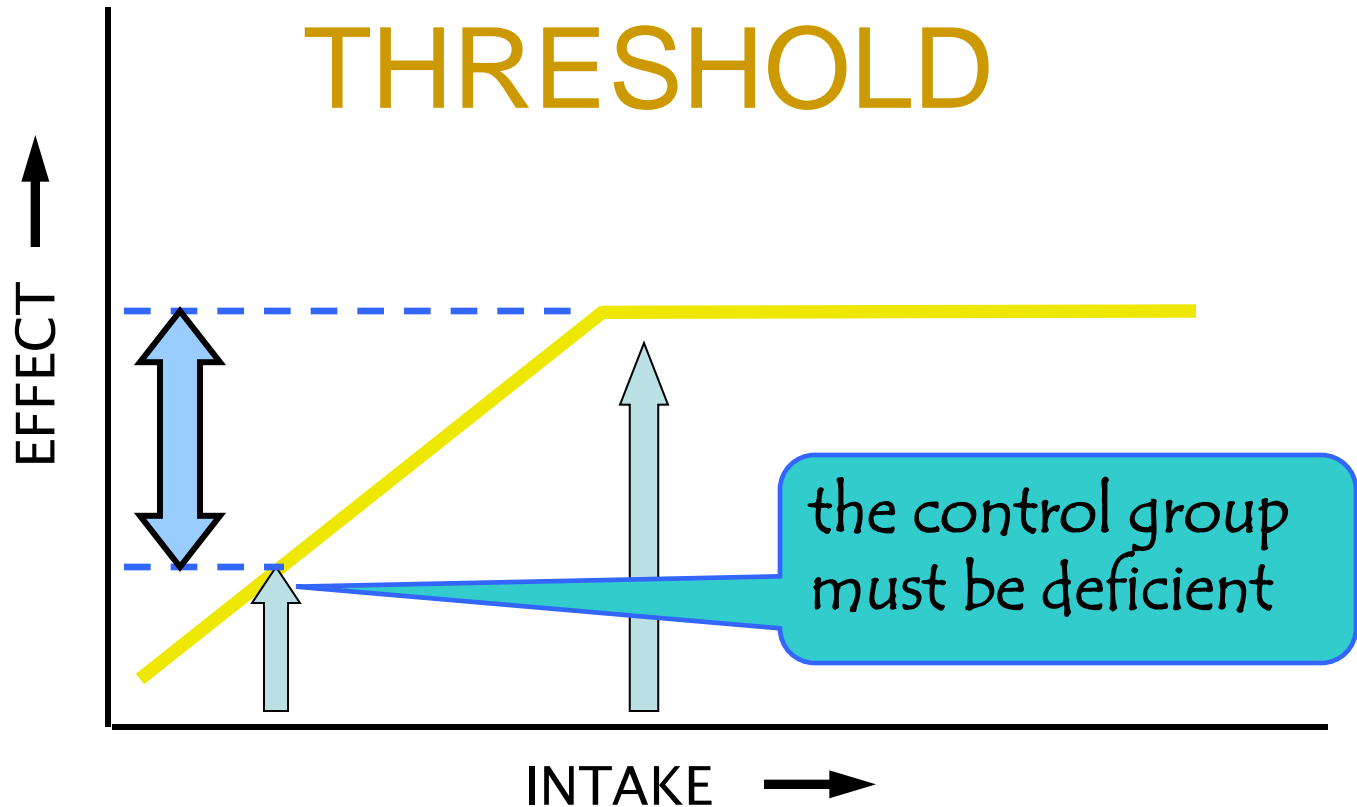




## Vitamin D and Ca Supplements Reduced All Cause Mortality by 7% compared to placebo in >70,000 median age 70y



# STUDY DESIGN & THE THRESHOLD



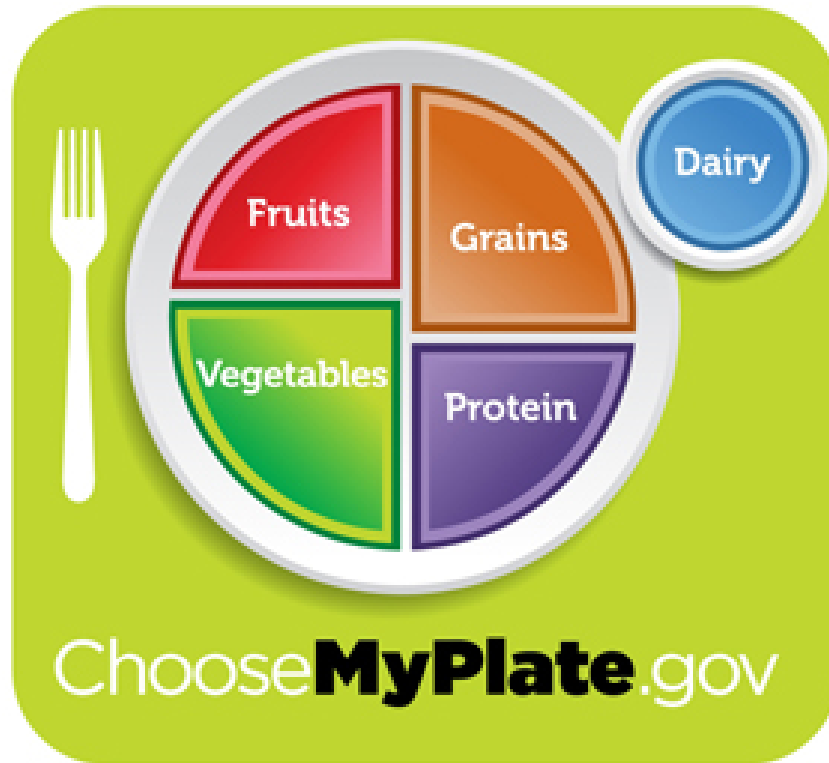
# THE ETHICAL PROBLEM

- 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.

*<http://www.myplate.gov>*

# Many kinds of evidence

**How  
does it  
work?**

**Can it be  
studied in  
people?**

**Specific  
effects?**

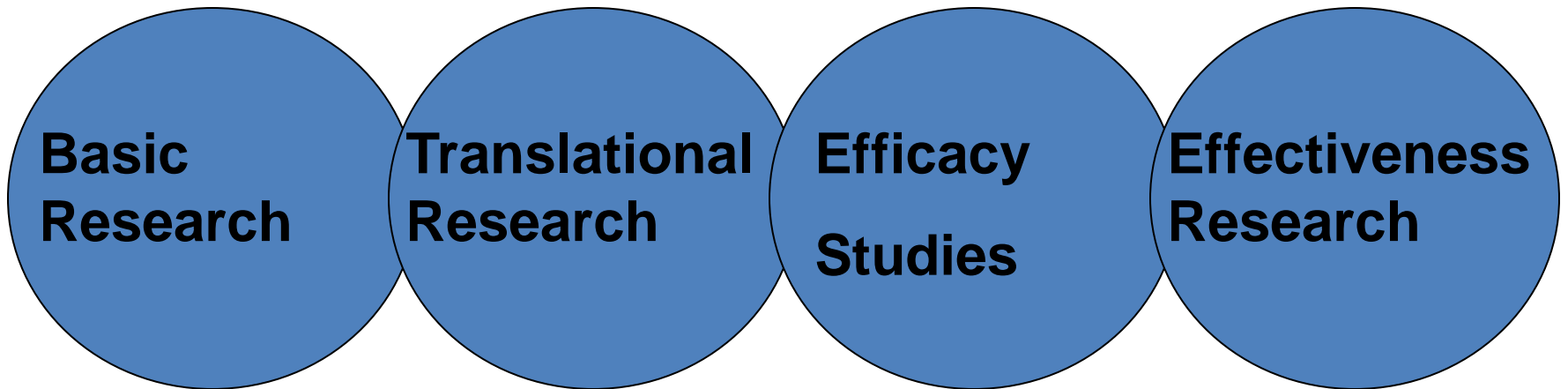
**How good  
is the  
translation?**

**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 assess to health food – responsibility of everyone.