

# Milk and weight management

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*Human obesity: is insufficient calcium/dairy intake part of the problem?*

# Risk factors for overweight and obesity in adulthood: Results from the Quebec Family Study

Risk factors	Adjusted OR (cross-sectional)	▲ BW (kg) vs reference category (6 y follow-up)
Short sleep duration	3.81*	1.65
High disinhibition eating behavior	3.8*	1.46
Low dietary calcium intake	2.88*	1.3
High susceptibility to hunger behavior	2.2*	1.28
Non-participation in high-intensity physical exercise	2.03*	1.23
High dietary restraint behavior	2.01*	1.09
Non-consumption of multivitamin and dietary supplements	1.86*	0.87
High dietary lipid intake	1.64**	0.61
High alcohol intake	1.37**	0.39

\*p < 0.01, \*\* p < 0.05

How can we explain that low dietary calcium intake has a better predictability of overweight than high dietary lipid intake and non-participation in high-intensity physical exercise?

A story that has begun early  
in the 80s

# Dietary calcium in human hypertension

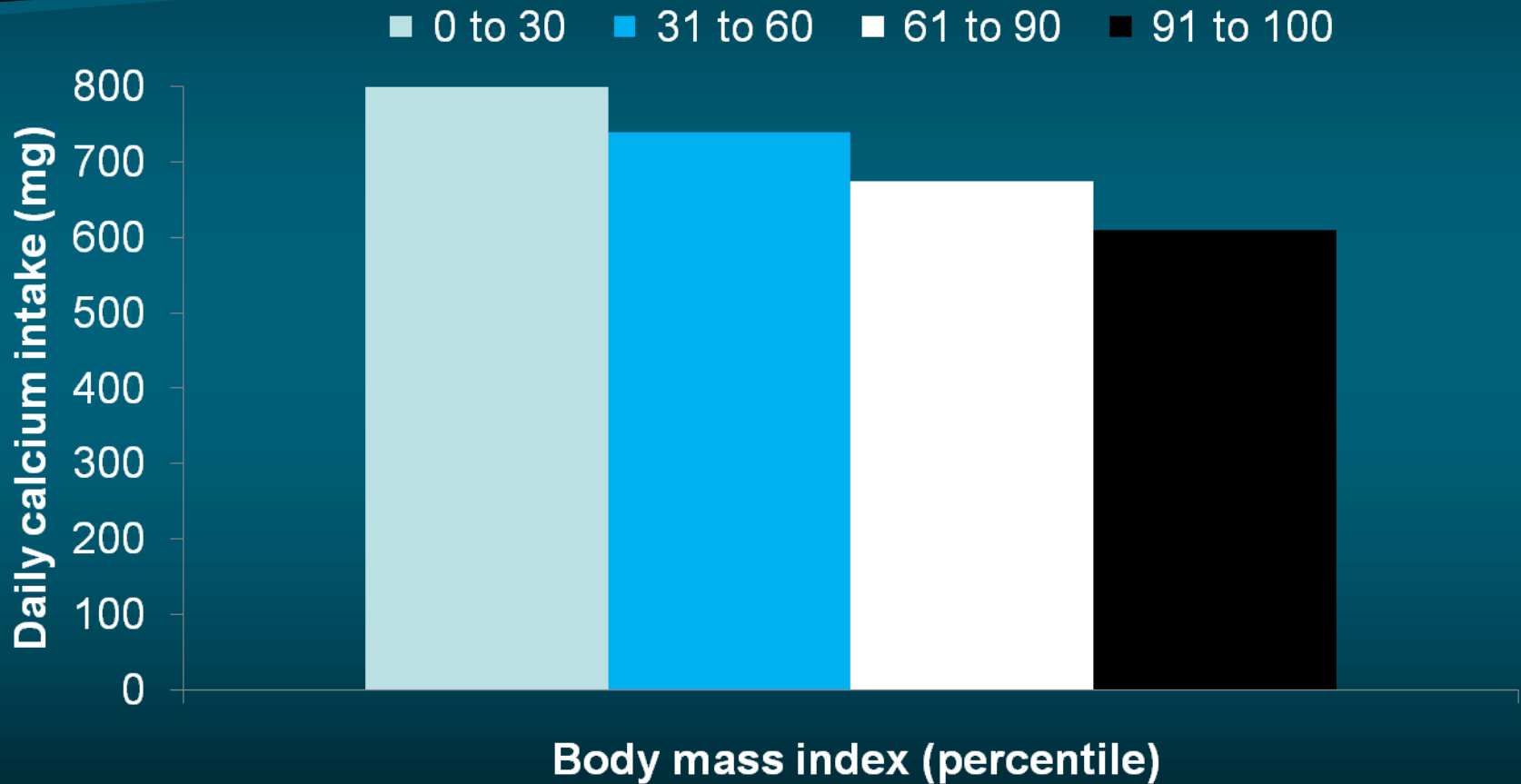
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Subjects	Mean calcium intake (mg/day)
Normotensive controls	886
Hypertensives	668

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From McCarron DA et al, Science 217:2, 1982

# Calcium intake vs. BMI



# 2000 :

- Zemel documents the potential impact of calcium/dairy intake on body weight and fat

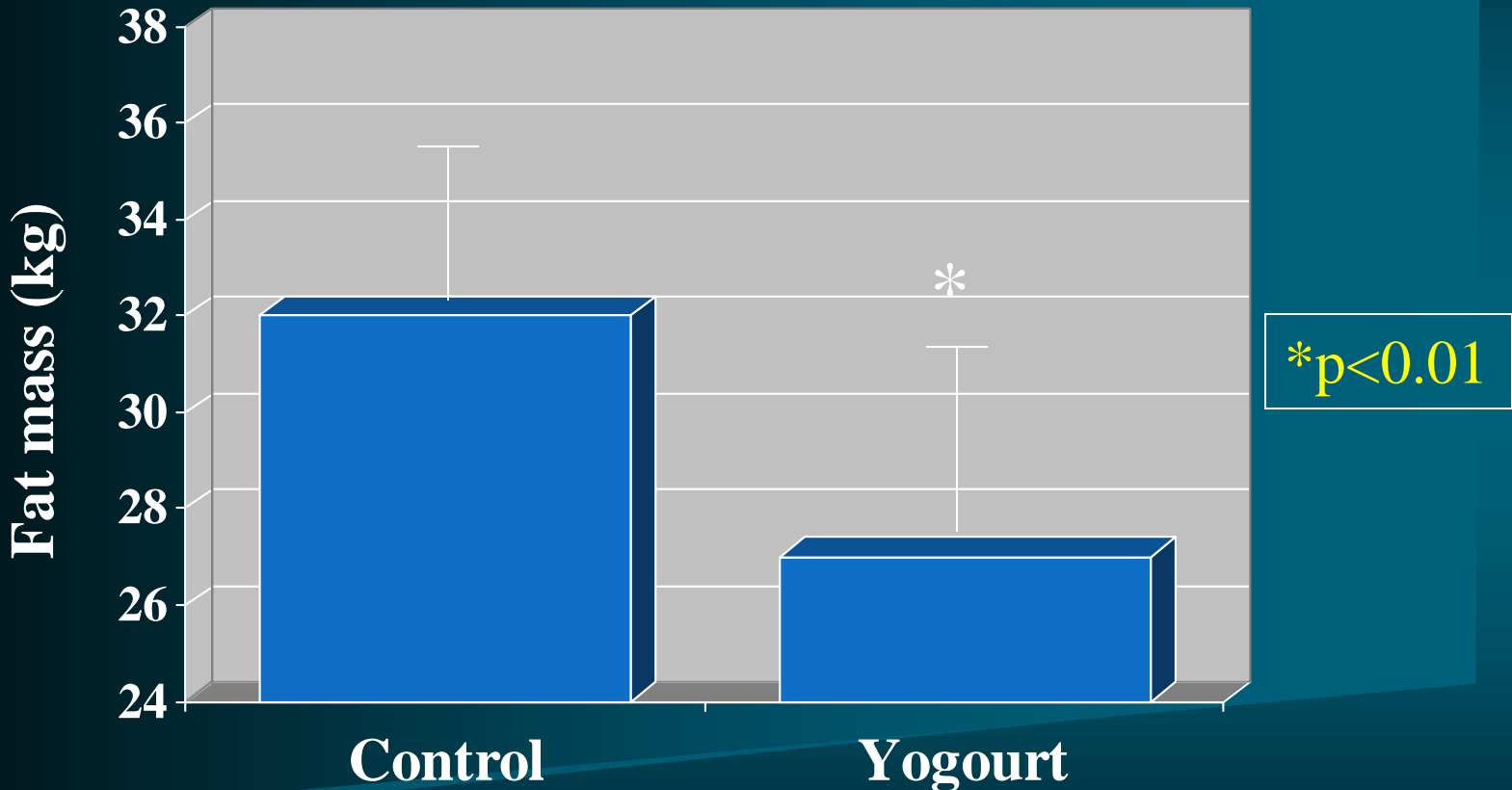
## Effects of calcium or dairy intake on the risk of being in the highest quartile of body fat for women

Quartile of calcium and dairy intake	Calcium intake (mg/day; mean $\pm$ SEM)	Dairy intake (serving/month; mean $\pm$ SEM)	Odds ratio of being in the highest body fat quartile
1	255 $\pm$ 20	14.4 $\pm$ 1.9	1.00
2	484 $\pm$ 13	38 $\pm$ 1.3	0.75
3	773 $\pm$ 28	57.2 $\pm$ 1.0	0.40
4	1346 $\pm$ 113	102.8 $\pm$ 3.6	0.16

Adapted from Zemel *et al.* FASEB J 2000;14:1132-8.



# Calcium and fat loss



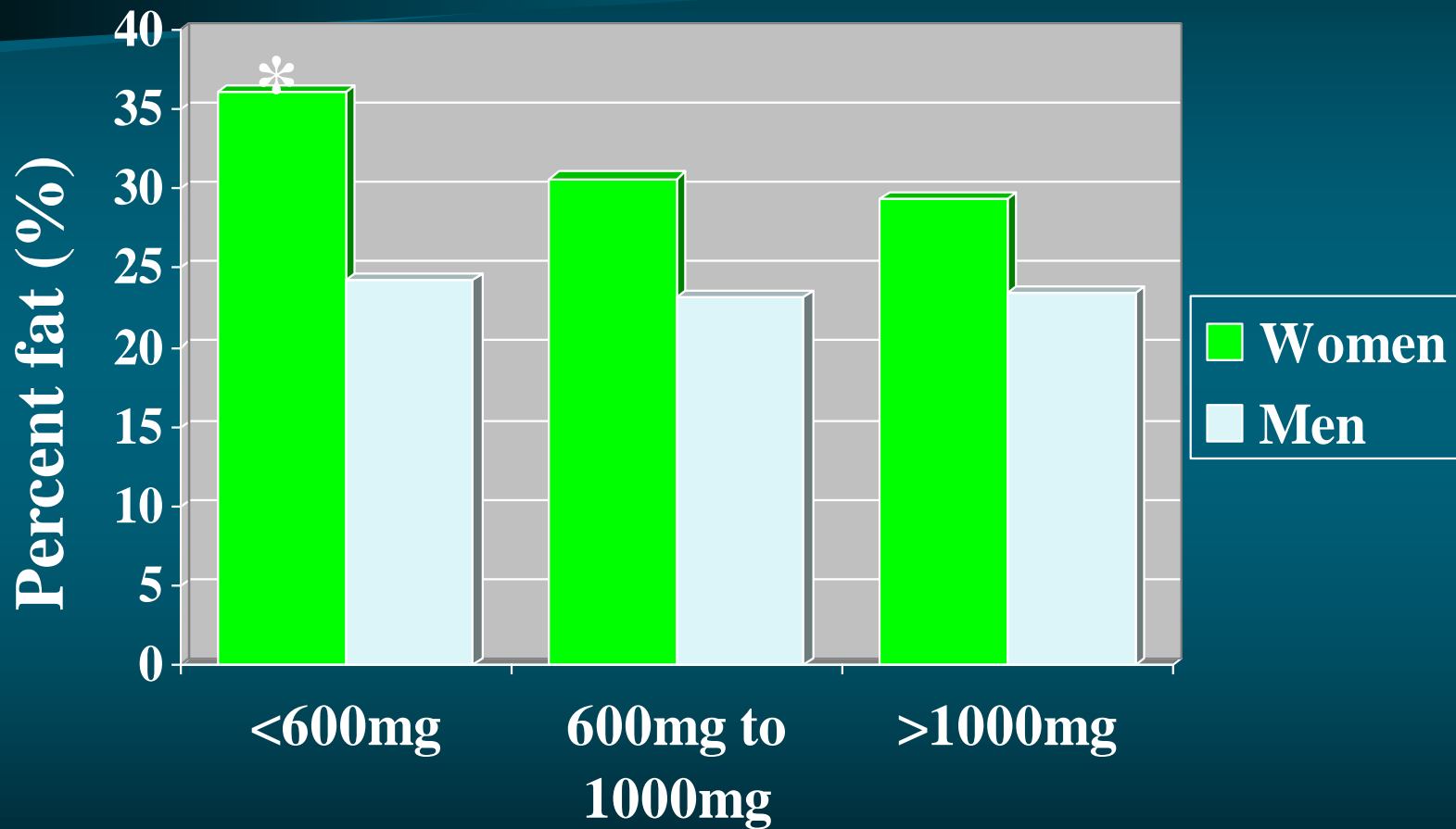
Adapted from Zemel *et al.* FASEB J 2000;14:1132-8.

# Longitudinal calcium intake and body fat in children

- Dietary calcium intake was negatively related to percent body fat.
- Consumption of carbonated beverages and other sweetened beverages were negatively related to calcium intake.

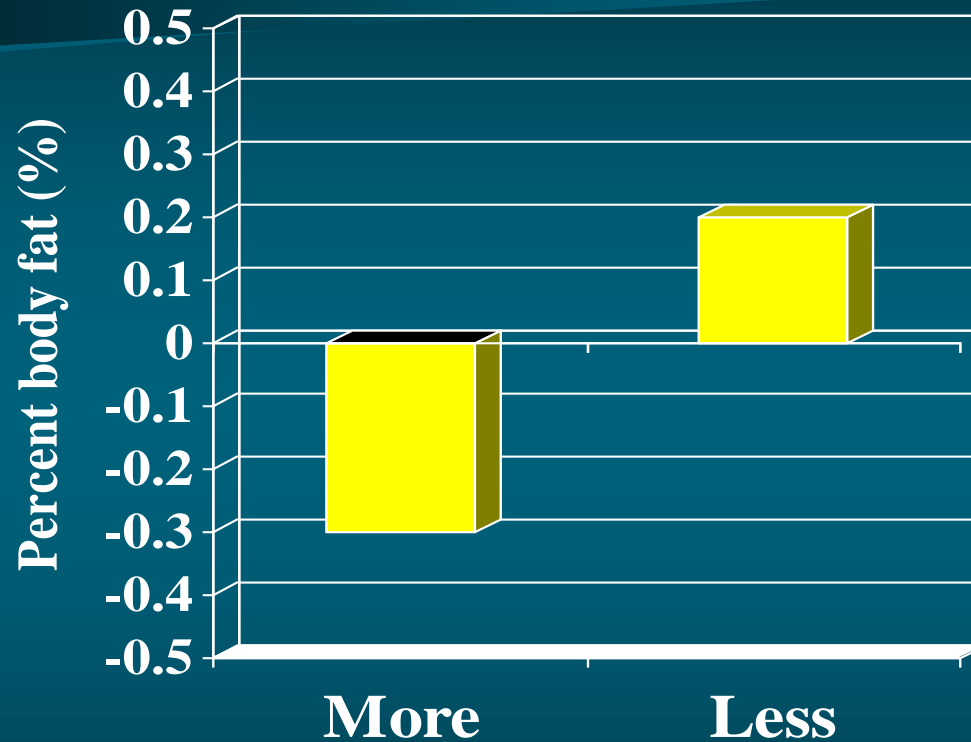
Adapted from Skinner *et al.* J Am Diet Assoc 2003;103(12), 1626-31.

# Percent body fat according to daily calcium intake in adults



\* After adjustment, different from the other two groups in women,  $p < 0.05$

# Changes in percent body fat in relation to changes in milk/dairy intake



Ancova adjusting for age and percent body fat at Phase 2

Drapeau *et al.* Am J Clin Nutr. 2004; 80: 29-37

*Calcium and dairy acceleration of weight and fat loss during energy restriction in obese adults*

*Zemel M, Thompson W, Milstead A, Morris K, and Campbell P.  
Obes Res 12: 582-590, 2004*

*Objective*

*To determine the effects of increasing dietary calcium in the face of caloric restriction in humans*

# Key methodological points

- Recruitment of obese low calcium consumers (500-600mg/d)
- Testing under balanced deficit conditions (500 kcal/d deficit)
- Three testing conditions including a supplemented calcium diet and a high dairy diet containing the same amount of calcium (1200 to 1300 mg/day)
- Duration of the intervention: 24 weeks

Zemel M et al, *Obes Res* 12: 582-590, 2004.

# Mean change in body weight and body fat

	Treatment		
	Low calcium	High calcium	High Dairy
$\Delta$ weight (kg)	6.60	8.58	11.07
$\Delta$ fat (kg)	4.81	5.61	7.16
$\Delta$ fat/ $\Delta$ weight	0.73	0.65	0.65

Adapted from Zemel M et al. *Obes Res* 12: 582-590, 2004.

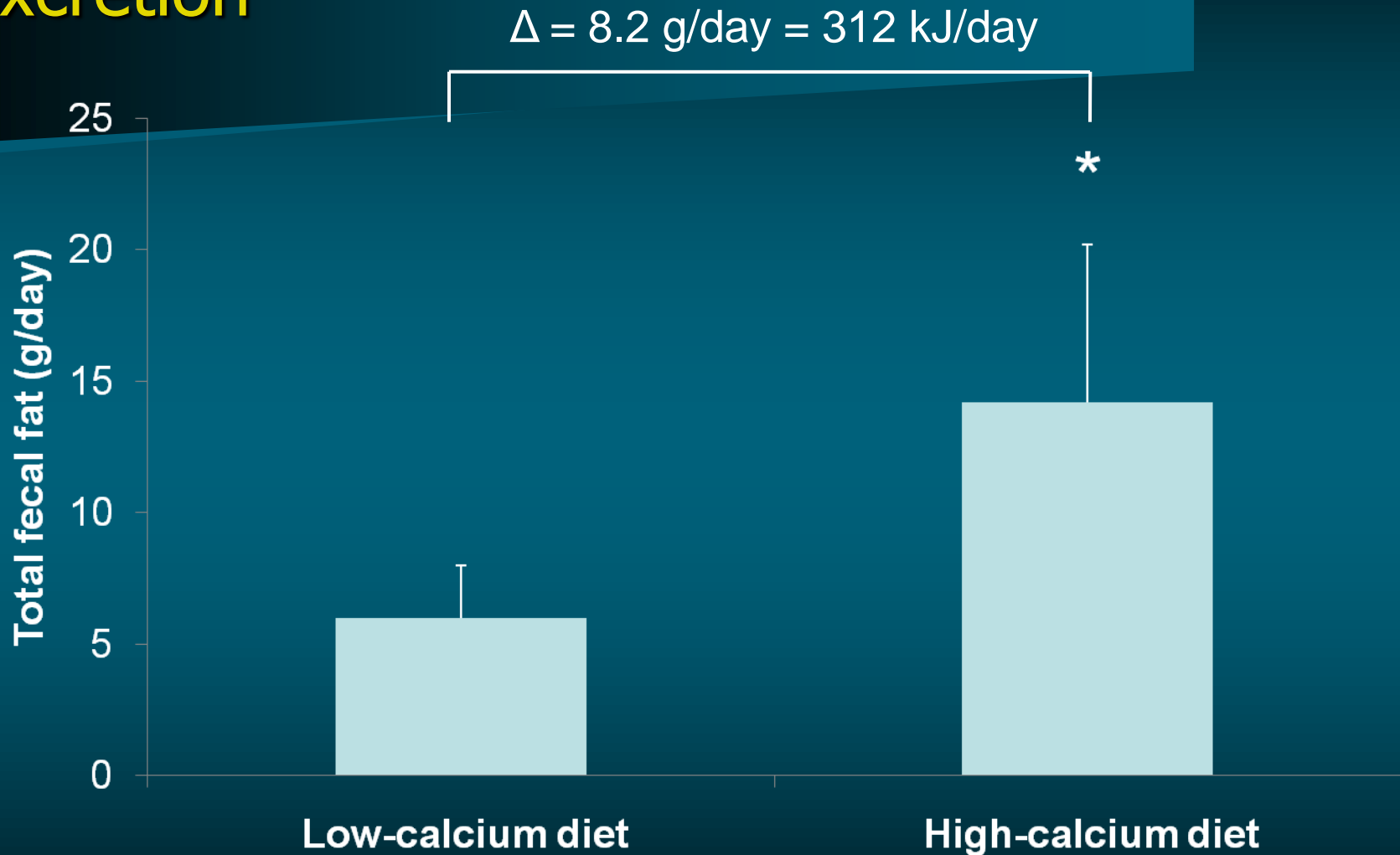
An association between calcium or dairy intake and body composition:

**WHY ?**

Because of an effect on all components of fat balance



# Calcium intake and fecal fat excretion



# Effect of dairy calcium on fecal fat excretion: a randomized clinical trial

Diet	Mean total fecal fat excretion (g/day)
High Ca (2300 mg/day)	11.5*
Low Ca (700 mg/day)	5.4

\* P < 0.001

From Bendtsen NT et al, Int J Obes 32: 1816-24, 2008

# Increased dairy calcium and postprandial lipidemia

- 4 different isocaloric meals (randomized crossover design):

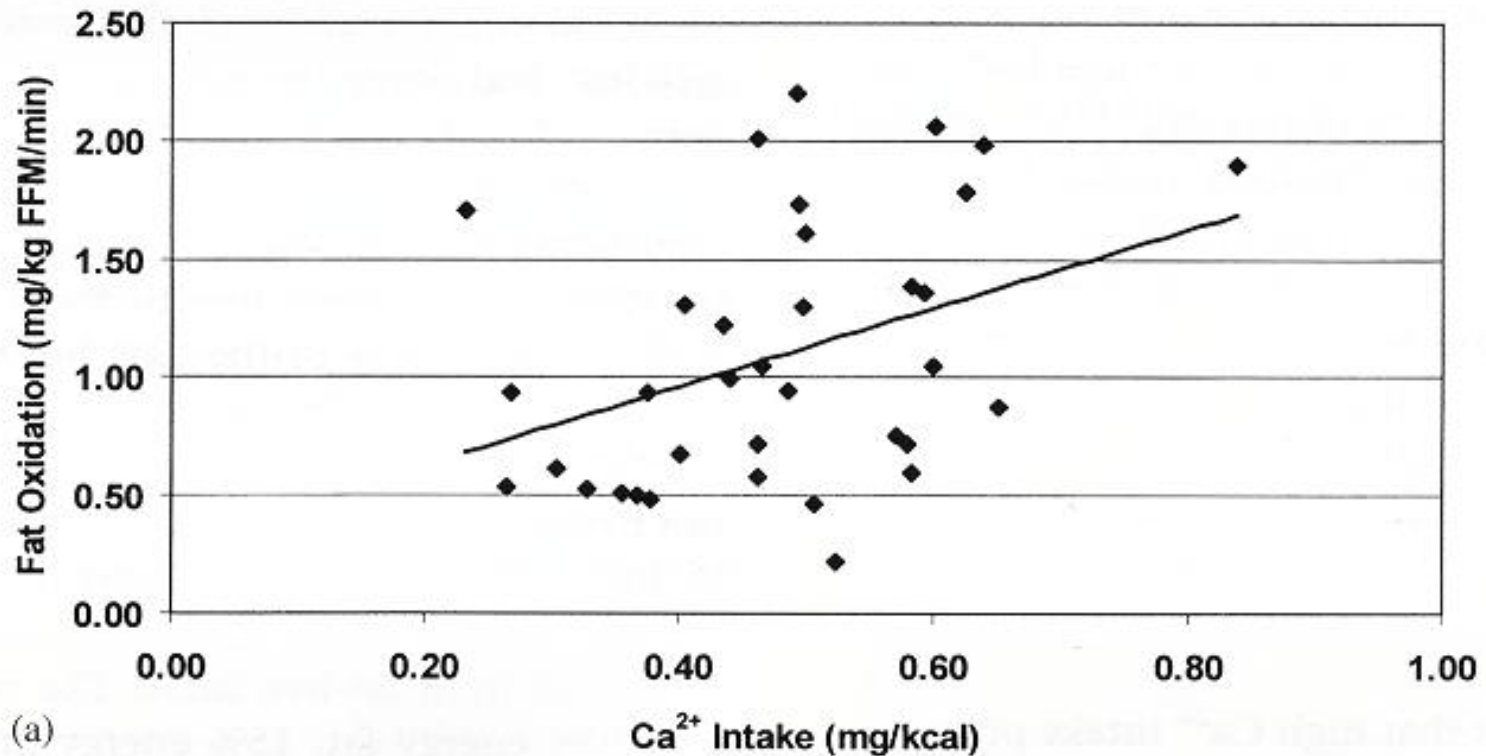
**HC** (172 mg/MJ), **MC** (84 mg/MJ) or **LC** (15 mg/MJ) meals (calcium from dairy products) and **Suppl** (183 mg/MJ) (calcium carbonate supplement

- **HC** → ↓ 19% AUC chylomicron TG vs. **LC** meal
- **MC** → ↓ 17% AUC chylomicron TG vs. **LC** meal
- **HC** → ↓ 17% AUC chylomicron TG vs. **Suppl** meal
- **MC** → ↓ 15% AUC chylomicron TG vs. **Suppl** meal

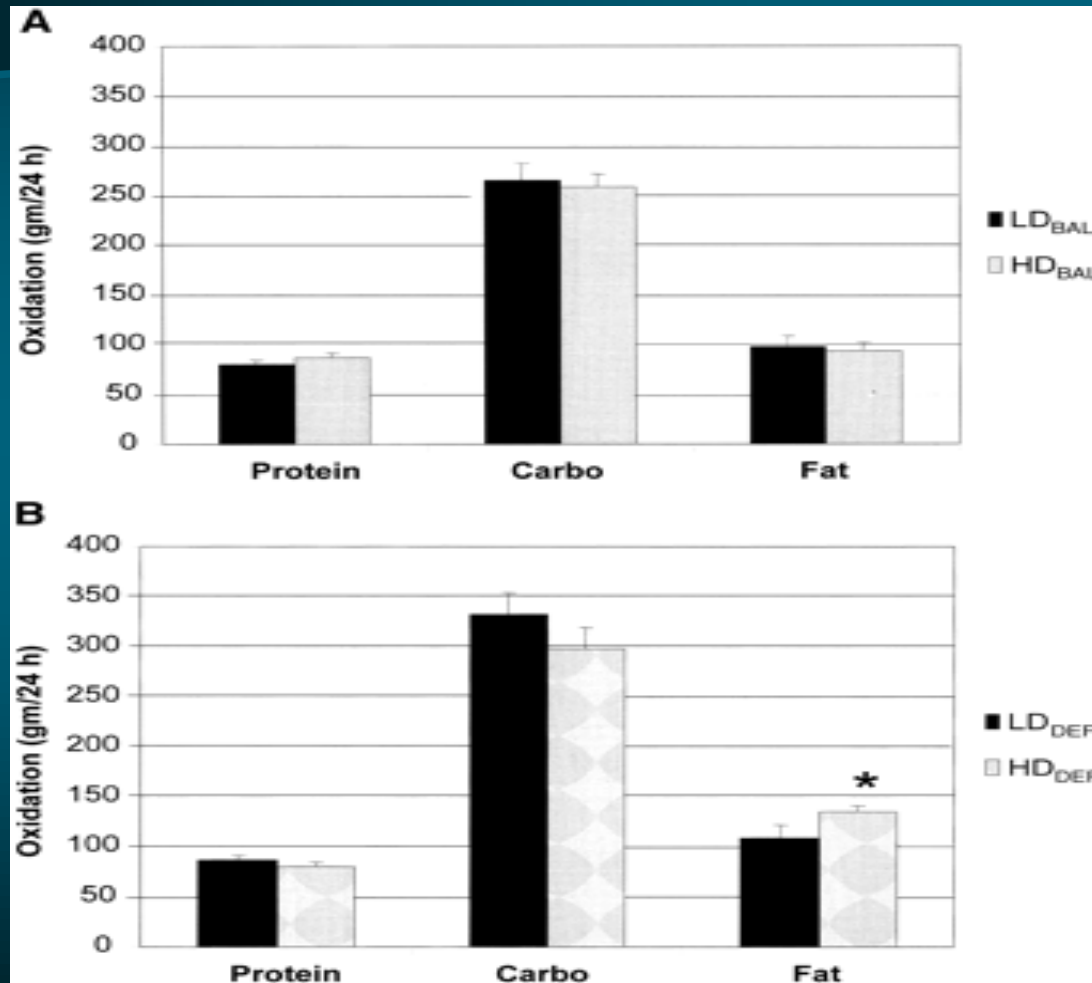
# Relationship between 24-hour fat oxidation and acute calcium intake

Acute Ca<sup>2+</sup> intake vs. 24 h Fat Oxidation

**r=0.38, p=0.03**



# Calcium intake and fat oxidation



« Rats fed with a low-calcium diet during 6 weeks developed a preference for  $\text{CaCl}_2$  solution.

This indicates that rats deprived of an adequate source of calcium developed a calcium appetite ».

Paradis S and Cabanac M, *Physiology & Behavior*, 2005; 85: 259-64

« Calcium appetite is the motivation to seek out or choose calcium-containing items.

Calcium appetite might be compared with the appetite for glucose or energy, because unlike sodium homeostasis, these involve a reservoir (bone for calcium, glycogen and/or fat for glucose and energy)» .

Tordoff MG, *Physiological Reviews*, 2001;81:1567-97.

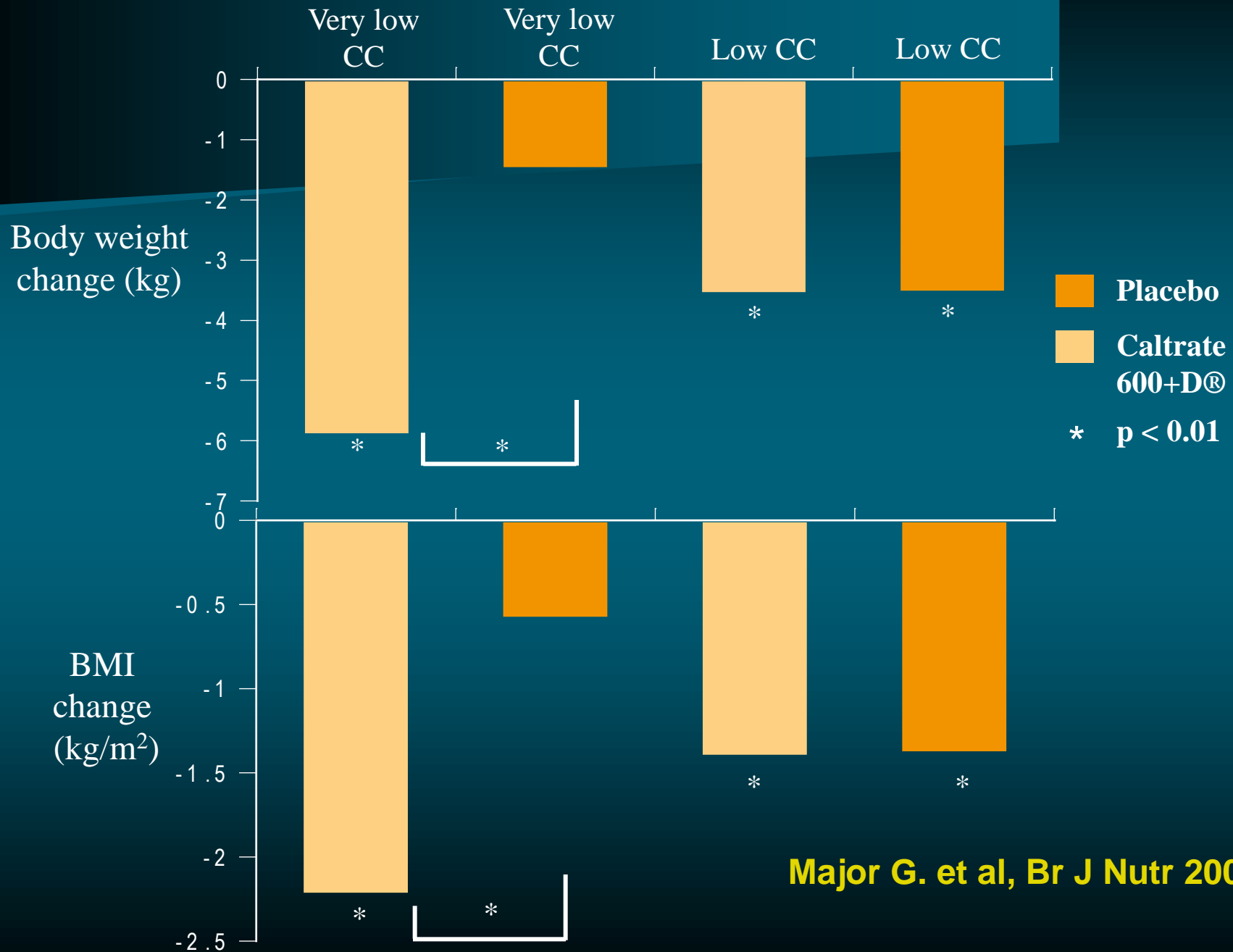
Effect of calcium + vitamin D  
supplementation in obese  
women subjected to a  
weight-reducing program

# Female obese very low-calcium consumers

- were unable to achieve a significant body weight loss despite careful dietary supervision when they received a placebo
- were the best responders in body weight loss when they received calcium + vitamin D supplementation (Caltrate)



# Change in body weight and BMI between treatment groups

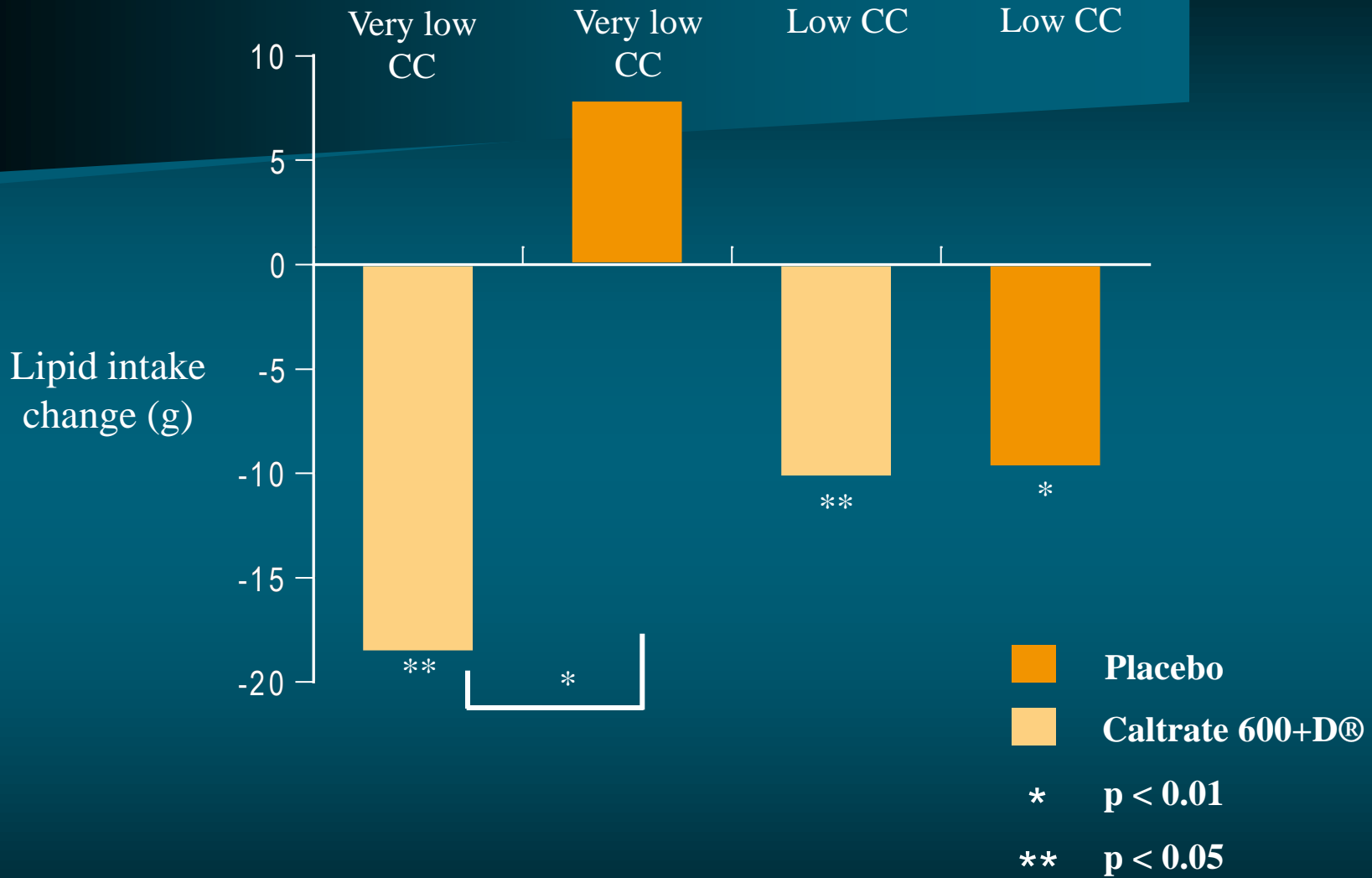


# Partitioning of energy balance in very low calcium consumers subjected to calcium + vitamin D supplementation

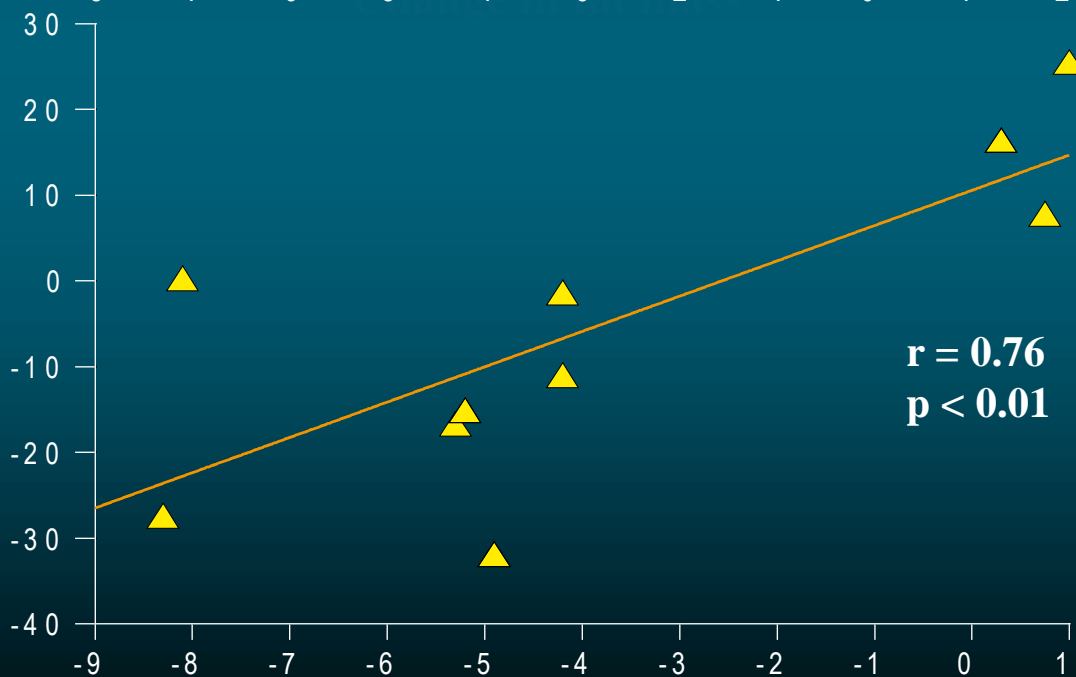
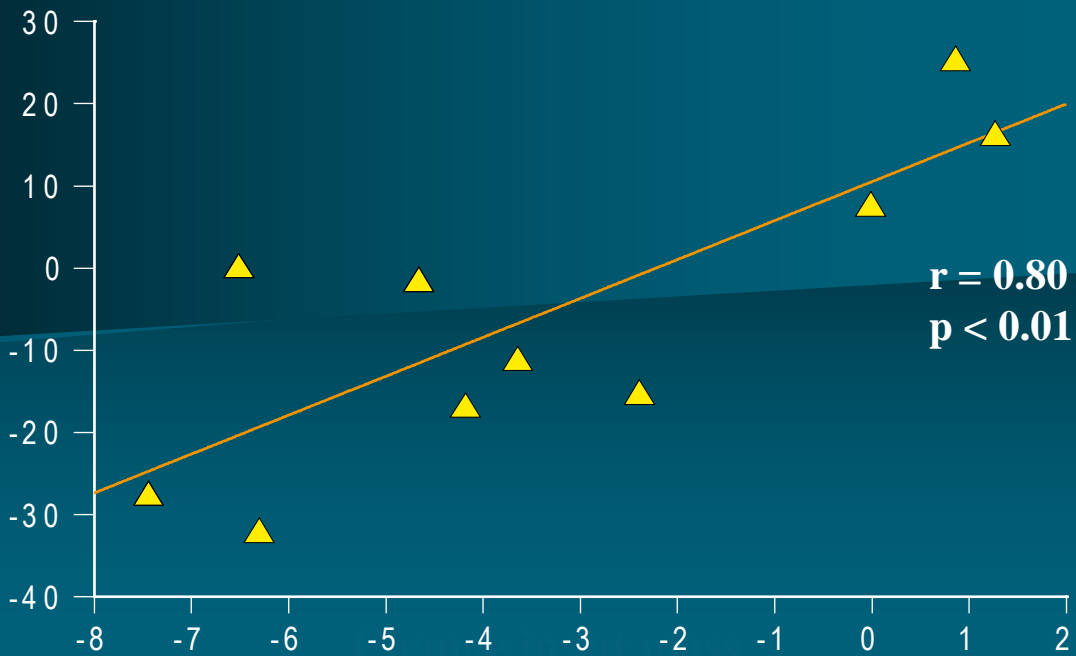
Variable	Calcium + vitamin D	Placebo
$\Delta$ body weight (kg)	- 5.78	- 1.36
$\Delta$ fat mass (kg)	- 4.69	- 1.20
$\Delta$ fat-free mass (kg)	- 1.07	- 0.16
Energy equivalent of weight loss (kcal / 15 weeks)	44773	12821
$\Delta$ RMR (kcal / 15 weeks) <sup>1</sup>	4242	4043
Estimated excess fecal energy loss <sup>2</sup> (kcal / 15 weeks)	7350	—
Unexplained body energy Loss <sup>3</sup> (kcal / 15 weeks)	33181	8778

1) Measured change in daily RMR X 105 days; 2) Estimated excess fecal energy loss x 105 days;  
 3) Energy equivalent of weight loss minus ( $\Delta$  RMR + estimated fecal energy loss)

# Change in lipid intake between treatment groups



**Change in lipid intake**



**Change in body weight**

# Milk supplementation facilitates appetite control in obese women during weight loss: a randomised single blind-controlled trial

Jo-Anne Gilbert, Denis R. Joannisse, Jean-Philippe Chaput, Pierre Miegueu, Katherine Cianflone, Natalie Alméras and Angelo Tremblay

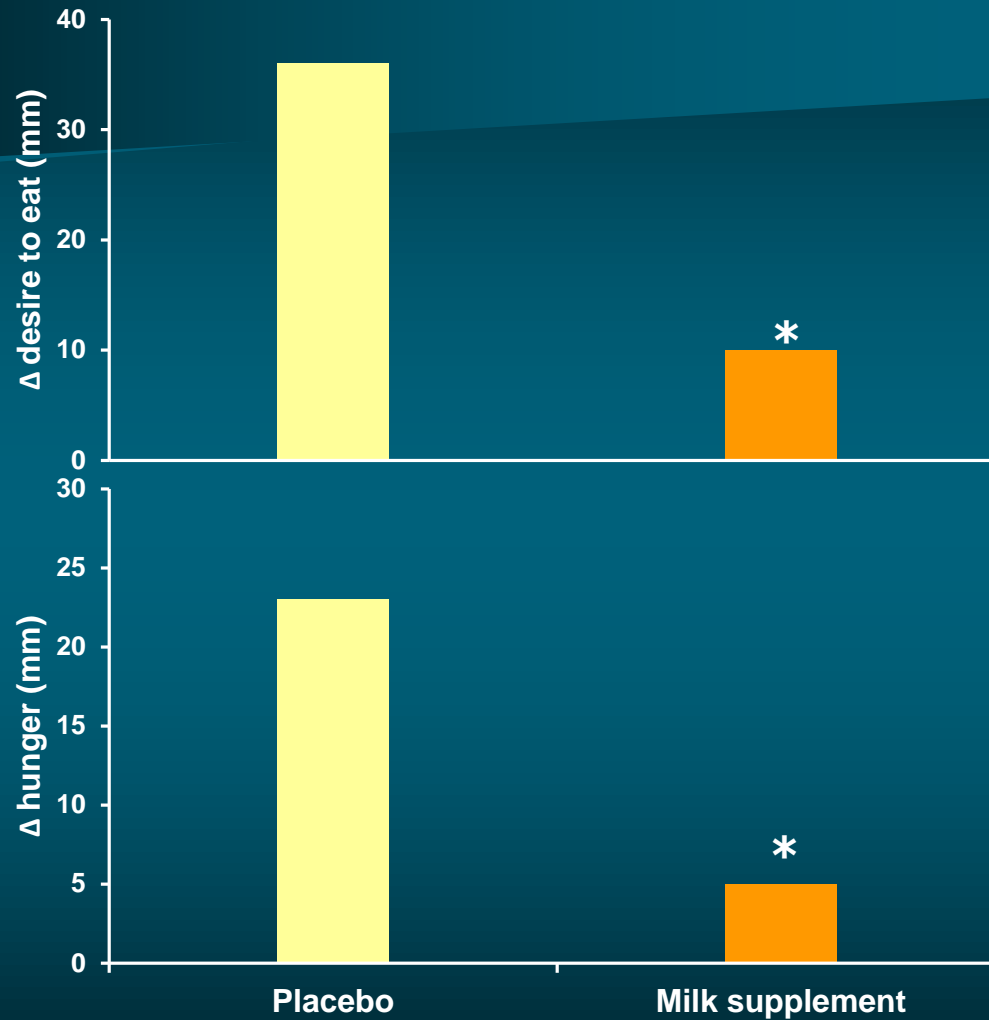
Br J Nutr 2010

# Mean body weight and fat before and after the 6-month weight-reducing program

	<b>Placebo</b>		<b>Milk Supplement</b>	
	Before	After	Before	After
Body weight (kg)	86.2	80.4	87.9	79.9
Fat mass (kg)	41.6	36.6	39.5	33.5

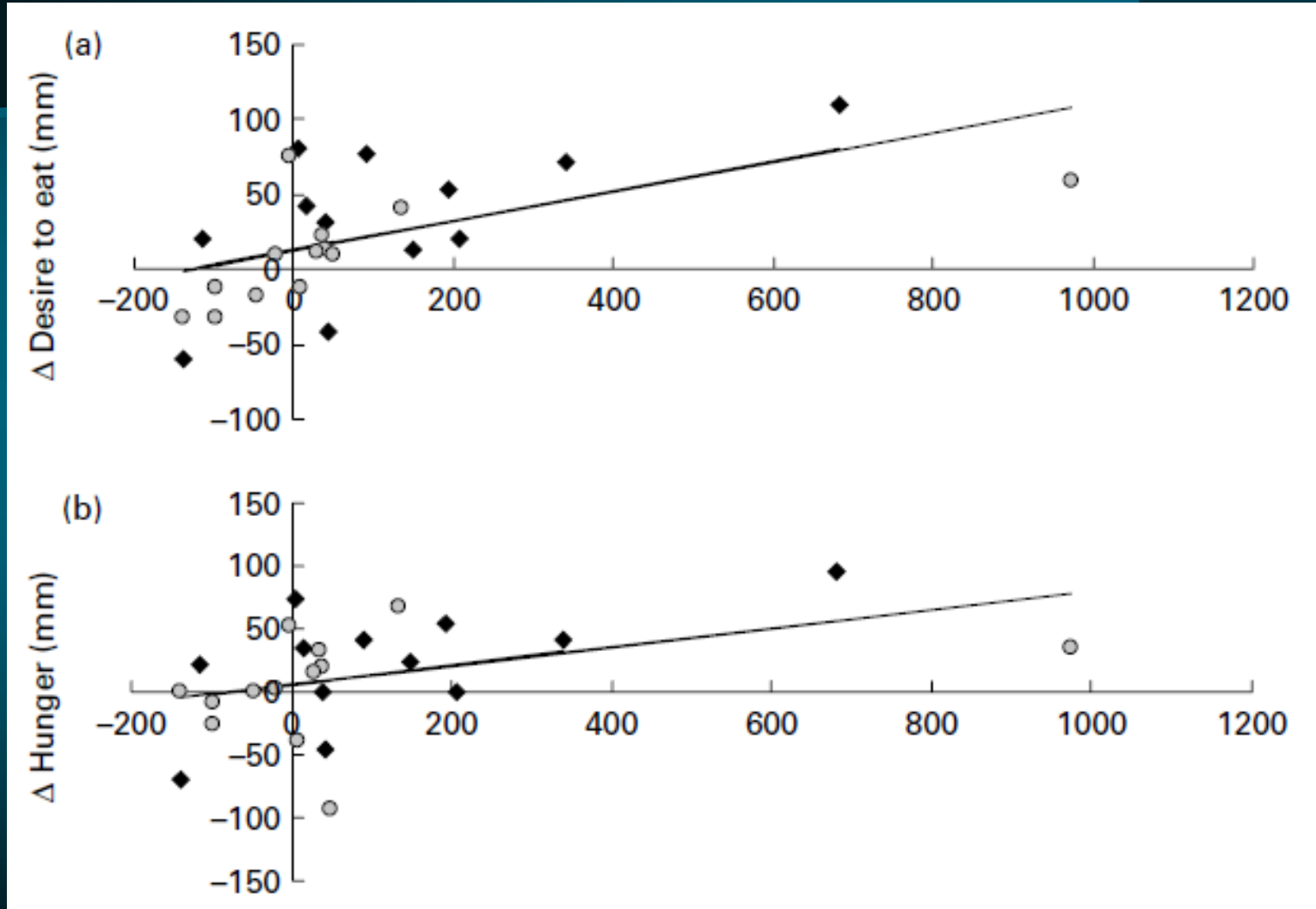
Gilbert, J.-A. et al, Br J Nutr 2010

## Mean change in desire to eat and hunger over the course of the 6-month weight-reducing program



\*  $p < 0.05$  after adjustment for weight loss

Changes in fasting appetite sensations in relation to changes in fasting ghrelin concentrations after 6 months of treatment in placebo and milk-supplemented groups





Human obesity: is insufficient calcium/dairy intake part of the problem? **YES**

- Low calcium/dairy intake increases the risk to gain body fat
- Calcium/dairy supplementation reverses these effects, particularly in low dairy consumers

How can we explain that low dietary calcium intake has a better predictability of overweight than high dietary lipid intake and non-participation in high-intensity physical exercise?

A potential increase in:

- fat oxidation
- intestinal fat loss
- satiety