Whey Protein Supplementation Preserves Postprandial Myofibrillar Protein Synthesis during Short-Term Energy Restriction in Overweight and Obese Adults1–3

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Abstract

Background: Higher dietary energy as protein during weight loss results in a greater loss of fat mass and retention of muscle mass; however, the impact of protein quality on the rates of myofibrillar protein synthesis (MPS) and lipolysis, processes that are important in the maintenance of muscle and loss of fat, respectively, are unknown.

Objective: We aimed to determine how the consumption of different sources of proteins (soy or whey) during a controlled short-term (14-d) hypoenergetic diet affected MPS and lipolysis.

Methods: Men (n = 19) and women (n = 21) (age 35–65 y; body mass index 28–50 kg/m2) completed a 14-d controlled hypoenergetic diet (≤750 kcal/d). Participants were randomly assigned, double blind, to receive twice-daily supplements of isolated whey (27 g/supplement) or soy (26g/supplement), providing a total protein intake of 1.3±0.1 g/(kg/d), or isoenergetic carbohydrate (25 g maltodextrin/supplement) resulting in a total protein intake of 0.7±0.1 g/(kg·d). Before and after the dietary intervention, primed continuous infusions of L-[ring-13C6] phenylalanine and [2H5]glycerol were used to measure postabsorptive and postprandial rates of MPS and lipolysis.

Results: Preintervention, MPS was stimulated more (P < 0.05) with ingestion of whey than with soy or carbohydrate. Postintervention, postabsorptive MPS decreased similarly in all groups (all P < 0.05). Postprandial MPS was reduced by 9±6% in the whey group, which was less (P < 0.05) than the reduction in soy and carbohydrate groups (28±5% and 31±5%, respectively; both P < 0.05) after the intervention. Lipolysis was suppressed during the postprandial period (P < 0.05), but more so with ingestion of carbohydrate (P < 0.05) than soy or whey.

Conclusion: We conclude that whey protein supplementation attenuated the decline in postprandial rates of MPS after weight loss, which may be of importance in the preservation of lean mass during longer-term weight loss interventions. This trial was registered at clinicaltrials.gov as NCT01530646. J Nutr 2015;145:246–52.

Keywords: leucine, lean body mass, protein quality, hypocaloric, myofibrillar protein synthesis

Introduction

High quality weight loss is a term used to describe the loss of weight during hypocaloric feeding with the lowest possible ratio of lean body mass (LBM)7 to fat mass. It is well known that LBM is a major contributor to resting energy expenditure, mobility, and glucose disposal (1), whereas excess fat mass, particularly visceral adipose tissue, contributes to inflammation in obesity, which is correlated with increased risk of developing cardiovascular disease and type 2 diabetes (2, 3). We proposed that weight loss plans should aim to maximize retention of LBM and reduction of fat mass in order to achieve the greatest metabolic health benefits.

The maintenance of muscle mass, a large component of LBM, is determined by the balance between myofibrillar protein...
synthesis (MPS) and myofibrillar protein breakdown (MPB) (4). During an energy deficit, rates of MPS are blunted in the postabsorptive (5–7) and postprandial (6) states, which would clearly lead to loss of lean mass. One strategy to promote retention of muscle mass includes the consumption of dietary protein at intakes greater than the RDA of 0.8 g/(kg · d). Multiple studies and meta-analyses showed that consumption of protein at amounts greater than the RDA improves lean mass retention (8–10) and increases fat mass loss during energy restriction (8, 9). Interestingly, Pasiakos et al. (6) reported that postprandial rates of MPS were reduced during energy restriction in participants consuming the RDA for protein, but not when protein intakes were 2 or 3 times the RDA.

The source of protein (animal vs. plant) may also be an important factor affecting body composition changes during weight loss. For example, during energy restriction with exercise, the consumption of higher protein meals (30% of total energy intake) rich in dairy-source proteins promoted greater fat mass loss and lean mass retention (11). Admittedly, the contribution of other constituents of dairy foods responsible for these effects and the underlying physiologic mechanisms are unclear (12). Whey protein is one potential protein component that was speculated to contribute to the bioactivity of dairy (13). The branched-chain amino acid leucine is found in high proportions in whey and was shown to be a potent stimulator of muscle protein synthesis in humans (14, 15). In addition, data exist (at least in adipocytes and muscle cells) to suggest that leucine alone may have a synergistic role in muscle and adipocyte cells because it inhibits adipocyte lipogenesis and stimulates lipolysis (16, 17). Therefore, whey protein (containing leucine) may be a dairy constituent that is important for greater fat mass loss and lean mass retention. However, with regards to lipolysis, little data exist to expand this knowledge in humans. A meta-analysis conducted by Miller et al. (18) found a modest effect from whey protein supplementation on LBM retention and fat mass loss compared with carbohydrate during energy deficit; however, it was noted that currently there are not enough studies to compare whey protein with other protein sources.

The effect of protein source during weight loss requires further study; thus, the aim of this study was to examine the efficacy of supplementation with whey vs. soy protein compared with an isonenergetic control (carbohydrate) in affecting protein turnover. We hypothesized that there would be greater stimulation of MPS before and after weight loss with consumption of whey than with consumption of soy and that both would be more effective than carbohydrate. We also investigated the impact of protein source vs. carbohydrate on lipolysis and hypothesized that the rate of lipolysis would be suppressed with feeding, but less so with the ingestion of whey and soy than with carbohydrate because of the greater insulin response with carbohydrate ingestion.

**Methods**

**Participants.** Baseline anthropometric characteristics of the participants are given in Table 1. A total of 50 participants were recruited through posters and newspaper advertisements. Each participant gave their written, informed consent after being screened for eligibility. Nine subjects declined participation before the trial and 1 terminated participation during the trial for personal reasons. Inclusion criteria were the following: BMI 28–30 kg/m², 35–65 y old, nonsmoker, nondiabetic, and otherwise healthy on the basis of participant responses to a standard medical screening questionnaire. No participants were undertaking a weight loss or exercise program at the time of enrollment. Participants were asked to maintain their regular physical activity level until after study completion. Participants were informed of the experimental procedures to be used, the purpose of the study, and all potential risks before providing written consent. The study was approved by the Hamilton Health Sciences Research Ethics Board and was in accordance with standards set by the Canadian Tri-Council Policy (19) on the use of human participants in research.

Before the study commenced, participants’ height and body mass were measured (Rice Lake Weighing Systems) and participants were asked to complete a 3-d food journal (2 weekdays and 1 weekend day) to provide an estimate of their habitual dietary intake. These records were analyzed with the use of a commercially available software program (The Food Processor, ESHA). Participants were instructed not to consume any vitamin or mineral supplements, particularly calcium or vitamin D, for the duration of the study. Participants also were instructed not to consume alcohol for the duration of the study.

**Study design.** The timeline of the overall study is shown in Supplemental Figure 1A. In a double-blind investigation, 40 men and women were randomly assigned to a hypoenergetic diet with twice daily supplementation with isolated whey protein, isolated soy protein, or an isonenergetic amount of carbohydrate. Groups were matched and stratified by age, sex, and BMI. Participants’ energy requirements were calculated with the use of the Mifflin-St Jeor equation (20), with an appropriate activity factor (calculated for each participant based on an activity log) by a registered dietician. Three days before the start of the experimental infusion trial, participants were provided with a 3-d weight maintenance diet designed to provide 100% of their estimated energy requirements and at a protein intake of 1 g/(kg · d). Participants were supplied with all the food required for the entire duration of the study. To enhance participant compliance, this mainly was in the form of prepackaged meals (Copper County Foods).

After the weight maintenance diet, participants underwent their first infusion trial. Briefly, after an overnight fast, participants consumed a standardized breakfast at 0530 consisting of Ensure Plus (15% protein, 29% fat, 56% carbohydrate; Abbott) providing 6 kcal/kg body mass at home before arriving to the laboratory. Participants arrived at the laboratory at McMaster University at 0730. A 20-gauge catheter was inserted into the antecubital vein of one arm of each participant, and a baseline blood sample was drawn. A second catheter was inserted in the contralateral arm and primed continuous infusions of ring-[¹³C₆]phenylalanine [0.05 μmol/kg · min]; 2.0 μmol/kg prime] and [¹³C₆]glycerol [0.1 μmol/kg · min]; 1.5 μmol/kg prime] (Cambridge Isotope Laboratories) were initiated. After 3 h of tracer infusion, a muscle biopsy was obtained from the vastus lateralis, after which participants consumed their assigned study beverage composed of isonitrogenous quantities of whey (27 g protein; Agropruf Isochill 8800 Whey Protein Concentrate), soy protein isolate (26 g protein; SoyPro950M, International Trade Company), or an isonenergetic amount of carbohydrate (<1 g protein, 25 g maltodextrin; Globe Plus). Protein beverages were enriched with 4% with ring-[¹³C₆]phenylalanine according to their phenylalanine content. After a 3-h postprandial period, a second muscle biopsy (fed state) was obtained from the vastus lateralis (Supplemental Figure 1B).

The day after the infusion protocol, participants consumed prepackaged meals marking the onset of the 14-d weight loss program providing a 750 kcal/d deficit from subjects’ estimated energy requirements based on the Mifflin St. Jeor equation. In addition to the meals,

<table>
<thead>
<tr>
<th>Table 1 Baseline participant characteristics of the whey, soy and carbohydrate groups</th>
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</thead>
<tbody>
<tr>
<td>Whey</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>Sex, M/F</td>
</tr>
<tr>
<td>Age, y</td>
</tr>
<tr>
<td>BMI, kg/m²</td>
</tr>
<tr>
<td>Body fat, %</td>
</tr>
<tr>
<td>Lean mass, kg</td>
</tr>
<tr>
<td>Fat mass, kg</td>
</tr>
</tbody>
</table>

1 Values are means ± SEMs unless otherwise indicated.
participants also consumed study supplements (whey, soy, or carbohydrate), which were included within the energy allowance. Whey and soy supplements were isonitrogenous and both were isoenergetic with the carbohydrate control supplement. The supplements (27 g whey, 26 g soy, or 25 g carbohydrate) were consumed twice a day: midmorning (between breakfast and lunch) and midafternoon (between lunch and dinner). After the 14-d weight loss period, a second infusion was performed. This was identical to the first infusion with the exception of one extra biopsy before the infusion began to account for the new baseline isolate enrichment level.

**Blood analyses.** Plasma amino acid concentrations were determined through use of the Phenomenex EZ:faast amino acid analysis kit with gas chromatography–mass spectrometry (GC Model 6890 Network, Agilent Technologies; MSD model 5973 Network, Agilent Technologies). Insulin concentrations were determined in plasma through use of solid-phase, 2-site chemiluminescence immunometric assays (Immulite; Intermedico) and glucose was measured through use of the glucose oxidase method.

Glycerol concentration and enrichment was measured through use of gas chromatography–mass spectrometry (GC Model 6890 Network, Agilent Technologies; MSD model 5973 Network, Agilent Technologies) to measure whole body lipolysis. Briefly, 50 μL plasma was deproteinized on ice in 500 μL 0.3N Ba(OH)₂ and 500 μL 0.3N ZnSO₄ for 20 min, and then centrifuged at 500 × g for 20 min at 4°C. The supernatant was collected and flowed through an ion exchange column consisting of 1 mL Dowex cationic resin (50WX8–200 resin; Sigma-Aldrich) and 1 mL Dowex anionic resin (1 × 8 chloride form; Sigma-Aldrich). The resin was washed 4 times with 1 mL of distilled deionized water and all flow-through was collected. Samples were then dried. The glycerol rate of appearance (Ra) was calculated through use of different equations in the fasted state (steady state) and after supplement ingestion (nonsteady state) as defined by the Steec equation (21). To calculate fasted glycerol Ra, the glycerol enrichment measured in the first blood sample of the infusion day (0 h) and after 2 h of infusion was used. To calculate fed glycerol Ra between 1 and 2 h after supplement ingestion, both the glycerol concentration and the enrichment 1 and 2 h after consuming the study supplement were used in the equation.

**Muscle analyses.** Approximately 50 mg wet muscle was homogenized on ice in buffer [10 μM MgCl₂, 25 mM Tris 0.5% v/v Triton X-100 and protease/phosphatase inhibitor cocktail tablets (Complete Protease Inhibitor Mini-Tabs, Roche; PhosSTOP, Roche Applied Science]) and centrifuged at 15,000 × g for 10 min at 4°C to separate the supernatant (sarcoplasmic) and pellet (myofibrillar) fractions. The myofibrillar fraction was stored at −80°C for future processing.

To determine myofibrillar protein-bound enrichments, the myofibrillar fraction (pellet) was washed with distilled deionized water and then purified from collagen in sodium hydroxide (NaOH). The myofibrillar fraction was then hydrolyzed for 72 h in 0.1 M HCl and Dowex (50WX8–200 resin; Sigma-Aldrich) at 110°C and mixed on a vortex every 24 h. The free amino acids were purified with the use of Dowex ion exchange chromatography, and the N-acetyl-n-propyl derivative was then hydrolyzed for 72 h in 0.1 M HCl and Dowex cationic resin (50WX8–200 resin; Sigma-Aldrich) at 110°C. The supernatant (sarcoplasmic) and pellet (myofibrillar) fractions. The myofibrillar fraction was stored at −80°C for future processing.

**Body composition.** Body composition changes are shown in Table 3. All groups lost LBM, fat mass, total body mass, and trunk fat mass, with a main effect (P < 0.05) for time; however, there were no significant between-group differences. Because of the significant difference in the energy deficit between the whey and carbohydrate groups, additional statistical analyses were performed (ANCOVA) with the use of energy deficit (difference between foods consumed and estimated requirement) to signify that the small but statistically significant differences in the energy deficit (Table 2) did not affect changes in fat mass or total body mass loss between the whey and carbohydrate groups.

**Plasma glucose and plasma insulin.** Changes in plasma glucose followed expected patterns after ingestion of the respective supplements (Figure 1A and B). AUC for the 3-h sampling period was significantly higher (main effect for treatment, P < 0.001) for the carbohydrate group compared to the whey and soy groups. Despite instruction and provision of prepackaged diets, participants also consumed study supplements (whey, soy, or carbohydrate), which were included within the energy allowance. Whey and soy supplements were isonitrogenous and both were isoenergetic with the carbohydrate control supplement. The supplements (27 g whey, 26 g soy, or 25 g carbohydrate) were consumed twice a day: midmorning (between breakfast and lunch) and midafternoon (between lunch and dinner). After the 14-d weight loss period, a second infusion was performed. This was identical to the first infusion with the exception of one extra biopsy before the infusion began to account for the new baseline isolate enrichment level.

**Dietary intake.** Dietary intake throughout the protocol is shown in Table 2. The whey and soy groups consumed significantly more protein (P < 0.01) than the carbohydrate group, and there were no differences between whey and soy groups. Despite instruction and provision of prepackaged diets, the calculated energy deficit (difference between foods consumed and estimated requirement) was significantly higher (P = 0.007) in the carbohydrate group than in the whey group.

**Statistical analyses.** Statistical analyses were performed with the use of SPSS version 18.0. A univariate (treatment) ANOVA was performed to compare all baseline anthropometric and dietary variables (all dietary variables in Table 2) between groups. A univariate ANCOVA was performed with energy deficit (difference from requirement) as the covariate on changes in body mass and fat mass. A repeated measures ANOVA (treatment × time) was performed for the analyses of plasma amino acid–related variables, glucose and insulin concentration time course and AUC, western blot, and glycerol Ra. A repeated measures ANOVA (time) was performed on the myofibrillar FSR within groups and a repeated measures ANOVA (treatment × time) was performed on the change in myofibrillar FSR from postabsorptive to postprandial states pre- and postdiet. Significant differences in ANOVA were isolated with Tukey’s post hoc test. Significance was set at P < 0.05. Data are presented as means ± SEMs.

**Results**

**Participant characteristics.** Baseline participant characteristics are shown in Table 1. There were no differences between treatment groups (all P > 0.05) for any of the variables.

**Body composition.** Body composition changes are shown in Table 3. All groups lost LBM, fat mass, total body mass, and trunk fat mass, with a main effect (P < 0.05) for time; however, there were no significant between-group differences. Because of the significant difference in the energy deficit between the whey and carbohydrate groups, additional statistical analyses were performed (ANCOVA) with the use of energy deficit (difference from estimated requirement) as a covariate. There were no significant differences between groups in fat mass (P = 0.83) or total body mass change (P = 0.76) indicating that the small but statistically significant differences in the energy deficit (Table 2) did not affect changes in fat mass or total body mass loss between the whey and carbohydrate groups.

**Table II**  Composition of 14-d weight loss diet including supplements consumed by the overweight or obese participants in the whey, soy, and carbohydrate groups

<table>
<thead>
<tr>
<th>Supplement</th>
<th>Whey</th>
<th>Soy</th>
<th>Carbohydrate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein intake, g/(kg · d)</td>
<td>1.3 ± 0.1a</td>
<td>1.3 ± 0.1a</td>
<td>0.7 ± 0.1b</td>
</tr>
<tr>
<td>Fat intake, g/d</td>
<td>48 ± 4a</td>
<td>47 ± 5a</td>
<td>48 ± 4a</td>
</tr>
<tr>
<td>Carbohydrate intake, g/d</td>
<td>206 ± 18a</td>
<td>214 ± 20a</td>
<td>226 ± 14a</td>
</tr>
<tr>
<td>Energy intake, kcal/d</td>
<td>1750 ± 123a</td>
<td>1760 ± 142a</td>
<td>1640 ± 97a</td>
</tr>
<tr>
<td>Estimated energy deficit, kcal/d</td>
<td>−580 ± 37a</td>
<td>−750 ± 38ab</td>
<td>−860 ± 38b</td>
</tr>
<tr>
<td>Protein, en%</td>
<td>29 ± 0.8a</td>
<td>30 ± 1.4a</td>
<td>19 ± 0.6b</td>
</tr>
<tr>
<td>Carbohydrate, en%</td>
<td>47 ± 0.8a</td>
<td>48 ± 0.8a</td>
<td>56 ± 0.3b</td>
</tr>
<tr>
<td>Fat, en%</td>
<td>25 ± 0.4a</td>
<td>24 ± 0.7a</td>
<td>27 ± 0.5b</td>
</tr>
</tbody>
</table>

1 Values are means ± SEMs. Whey and soy groups, n = 14; carbohydrate group, n = 12. Means in a row without a common letter differ between groups, P < 0.05. en%, percentage of energy.
in the carbohydrate group than in the whey and soy groups (Figure 1E). Plasma insulin concentrations had trends that were similar to those for glucose, with the concentrations of insulin in the carbohydrate group significantly greater (P < 0.001) than those in the whey and soy groups pre- and postintervention (Figure 1C and D). Insulin AUC for the 3-h sampling period was significantly higher in the carbohydrate group than in the whey and soy groups (P < 0.001) (Figure 1F).

**Whole body lipolysis.** Glycerol Ra is shown in Figure 2 as a measure of whole body lipolysis. There was a significant effect for time (P < 0.001), with glycerol Ra decreasing in all groups with feeding. The Ra in the carbohydrate group was significantly lower than in the whey and soy groups after supplement ingestion (P < 0.001). There was no significant difference between pre- and postintervention values in any group.

**Plasma amino acid concentrations.** AUC, maximum concentration, time of maximum concentration, and AUC below baseline for total amino acids, plasma leucine, and the sum of essential amino acids are shown in Table 4. The total amino acid, leucine, and sum of essential amino acids AUC and maximum concentration were significantly different between the whey, soy, and carbohydrate groups, with higher values in the whey group than in the soy and carbohydrate groups (P < 0.001), and higher values in the soy group than in the carbohydrate group (P < 0.01).

**Myofibrillar protein synthesis.** Rates of MPS in the fasted (postabsorptive) and fed (postprandial) states are shown in Figure 3A. Baseline postabsorptive rates of MPS were similar across groups. In response to supplement ingestion, MPS increased significantly in the whey (pre- and postintervention, P < 0.001) and soy (preintervention, P = 0.002 and postintervention, P = 0.001) groups before and after the diet. There was no significant effect from ingestion of the carbohydrate supplement on postprandial MPS before (P = 0.67) or after (P = 0.55) the diet. After the weight loss diet, there was a significant decrease in postabsorptive (all groups, P < 0.001) and postprandial (whey, P < 0.001; soy, P = 0.001; carbohydrate, P = 0.022) MPS in all groups. The decrease in postabsorptive MPS did not differ between the whey (−15 ± 4%), soy (−25 ± 4%), and carbohydrate (−20 ± 4%) groups (P > 0.05); however, postprandial rates of MPS were reduced by 9% in the whey group, which was significantly less than the reduction in the soy (−28%); P = 0.021) and carbohydrate (−31%; P = 0.013) groups after the 14-d weight loss intervention. Figure 3B shows the change in MPS from the postabsorptive to the postprandial state before and after the diet. In response to the supplement, FSR increased significantly more after whey ingestion than soy or carbohydrate ingestion (P < 0.001) both pre- and post diet.

**Discussion**

The novel finding from this study was that twice-daily consumption of whey protein resulted in an attenuation of the

### Table 4

<table>
<thead>
<tr>
<th>Component</th>
<th>Pre</th>
<th>Post</th>
<th>Δ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total body mass, kg</td>
<td>98.8 ± 4.4</td>
<td>104 ± 6.6</td>
<td>−2.1 ± 0.3</td>
</tr>
<tr>
<td>Lean body mass, kg</td>
<td>65.6 ± 3.3</td>
<td>62.6 ± 4.1</td>
<td>−0.6 ± 0.4</td>
</tr>
<tr>
<td>Fat mass, kg</td>
<td>35.5 ± 2.4</td>
<td>37.6 ± 3.3</td>
<td>−1.4 ± 0.4</td>
</tr>
<tr>
<td>Trunk fat mass, kg</td>
<td>9.1 ± 0.8</td>
<td>9.6 ± 1.3</td>
<td>−0.5 ± 0.1</td>
</tr>
</tbody>
</table>

1 Values are means ± SEMs. Whey and soy groups, n = 14; carbohydrate group, n = 12. *Post means within a row significantly different from Pre means (P < 0.05).
postprandial decline in MPS during a short-term dietary hypoenergetic diet vs. twice-daily supplementation with soy protein or carbohydrate. This is an important discovery because it indicates that proteins such as whey may be more effective at preserving MPS and potentially LBM in longer-term weight loss interventions. In addition, rates of lipolysis, although suppressed in all conditions, were suppressed to a greater extent after carbohydrate ingestion than with the ingestion of whey or soy protein. Although no group effects were observed for measures of body composition during this trial, this was almost assuredly because of the short-term nature of the intervention and a lack of sensitivity toward detecting changes with the use of DXA.

After the 14-d hypoenergetic diet, postabsorptive rates of MPS decreased in all groups. This finding is consistent with previous studies demonstrating a reduction in postabsorptive rates of MPS after short-term weight loss (5, 7). Interestingly, we observed that supplementation with whey protein resulted in the greatest retention of the postprandial MPS response over soy and carbohydrate after the intervention. Similar findings were demonstrated by Pasiakos et al. (6), who showed that consumption of 2 and 3 times the RDA for protein preserved postprandial MPS rates after an energy deficit, whereas consuming the RDA for protein resulted in an impaired rate of postprandial MPS after the diet. Pasiakos et al. (6) suggested that the amino acids in the RDA group may have been sequestered as a source of energy instead of being used for MPS; consequently, more protein would be required to optimally stimulate MPS. The difference between whey and soy protein supplementation could be the result of the greater leucine content in whey, which results in greater postprandial hyperleucinemia and stimulus for MPS (26). Indeed, our data showed a greater peak and net (AUC) exposure to leucine and essential amino acids with whey than with soy and carbohydrate. There is evidence that whey protein, as opposed to soy protein, results in amino acids being directed more toward peripheral (i.e., muscular) rather than splanchnic tissues (27). Our findings are congruent with this concept and support our earlier work demonstrating a greater MPS response after whey ingestion than with soy protein ingestion (26).

Despite the increased MPS response with whey ingestion compared with soy, no difference in whole body lipolysis was observed between the whey and soy groups. This finding was surprising especially during a hypoenergetic diet, because the energy consuming process of MPS (28) is likely to require energy from endogenous sources (such as fat). In support of this theory, high protein intakes were shown to stimulate greater fat oxidation during energy restriction than do high carbohydrate intakes (29), and lead to greater fat mass loss after 10 wk (30). In addition, we demonstrated that whey protein consumption

### Table 4 Aminoacidemia-related variables for leucine and the sum of essential amino acids and total amino acids after whey, soy, or carbohydrate ingestion in obese or overweight subjects before and after the 14-d diet

<table>
<thead>
<tr>
<th></th>
<th>Leucine</th>
<th>Soy</th>
<th>Carbohydrate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>Pre</td>
</tr>
<tr>
<td></td>
<td>AUCₘₙ, mM · h</td>
<td>28,600 ± 1,890²</td>
<td>26,200 ± 1,100²</td>
</tr>
<tr>
<td></td>
<td>Cmax, mM</td>
<td>361 ± 17²</td>
<td>352 ± 16²</td>
</tr>
<tr>
<td></td>
<td>Tmax, min</td>
<td>54 ± 8²</td>
<td>55 ± 3²</td>
</tr>
<tr>
<td></td>
<td>AUCₘₙ, mM · h</td>
<td>-4 ± 4²</td>
<td>-4 ± 4²</td>
</tr>
<tr>
<td></td>
<td>ΔEAA</td>
<td>AUCₘₙ, mM · h</td>
<td>45,000 ± 3,720²</td>
</tr>
<tr>
<td></td>
<td>Cmax, mM</td>
<td>785 ± 32²</td>
<td>735 ± 19²</td>
</tr>
<tr>
<td></td>
<td>Tmax, min</td>
<td>49 ± 2²</td>
<td>54 ± 2²</td>
</tr>
<tr>
<td></td>
<td>AUCₘₙ, mM · h</td>
<td>-33 ± 23²</td>
<td>-31 ± 31²</td>
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<tr>
<td></td>
<td>ΔTAA</td>
<td>AUCₘₙ, mM · h</td>
<td>123,000 ± 9,540²</td>
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<tr>
<td></td>
<td>Cmax, mM</td>
<td>2100 ± 79²</td>
<td>1980 ± 51²</td>
</tr>
<tr>
<td></td>
<td>Tmax, min</td>
<td>47 ± 3²</td>
<td>55 ± 3²</td>
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<td></td>
<td>AUCₘₙ, mM · h</td>
<td>-91 ± 64²</td>
<td>-74 ± 74²</td>
</tr>
</tbody>
</table>

²Values are means ± SEMs. Means within a row without a common letter differ between groups, P < 0.05. *Mean significantly different from preintervention mean, within that group for that variable, P < 0.05. AUCₘₙ, AUC below baseline; AUCₐₚ, AUC above baseline; Cmax, maximum concentration; EAA, essential amino acid; Post, postintervention; Pre, preintervention; TAA, total amino acid; Tmax, time to maximum concentration.
results in greater plasma hyperleucinemia, which makes it available to peripheral tissues such as muscle and fat. This is significant because leucine administration to a coculture of adipocyte and muscle cells resulted in decreased fatty acid synthase gene expression in adipocytes and increased FA oxidation in muscle cells, resulting in a reduction in energy storage in adipocyte cells and increased energy use (presumably for protein synthesis) in skeletal muscle cells. These results suggest that leucine affects energy partitioning between adipose tissue and lean mass (16). Therefore, mechanistically, whey protein has the potential to be a dairy component known to promote fat loss. Previous work also demonstrated that high protein from dairy promotes greater fat mass loss (11). Future work would be needed to determine the effect of whey protein supplementation on fat and lean mass over a longer-term energy restriction intervention. Interestingly, a recent publication documented that, when combined with exercise, whey protein supplementation was highly effective at reducing visceral adipose tissue mass and increasing LBM (31).

Recently, it was reported that during a short-term hypoenergetic period there was a 60% increase in rates of mixed muscle protein breakdown (32), despite the fact that participants consumed 1.5 g/(kg · d) protein, which is an intake known to preserve lean mass (8). This is a surprising finding, given that both postabsorptive and postprandial rates of MPS are also reduced during a hypocaloric period (5–7) and that in nonpathologic situations, rates of MPS and MPB do not change divergently (33, 34). In fact, if a hypocaloric diet-induced increase in MPB is real, then, to our knowledge, such an increase at the same time that there is a decline in MPS would be the first report of a divergent change in these 2 processes, at least in a nonpathologic state. We estimate that if MPB were elevated by the degree suggested (32), combined with the reductions in MPS that we and others (5–7) observed in both the postabsorptive and postprandial states, then losses of LBM would have been more than 2 times greater than those we observed (Table 3). Thus, we find it difficult to reconcile the apparent large increase in MPB reported (32) at the same time that we and others observed a reduction in MPS. We acknowledge that much of the data on muscle protein turnover are from short-term trials and that, in a longer-term trial, reductions in postabsorptive and postprandial MPS were not observed (35). Clearly, there is a need for further trials in hypoenergetic states to ascertain the relative roles that MPS and MPB play in the determination of muscle mass.

Although all participants lost fat and lean mass, there were no body composition advantages (i.e., lean mass sparing or increased fat mass loss) observed between groups. We propose that the lack of a treatment effect on body composition may be a result of the short duration of the study. Wycherley et al. (8) demonstrated in a meta-analysis and Krieger et al. (9) in a meta-regression that higher protein hypoenergetic diets preserve lean mass in studies lasting 4 wk or longer; thus, we would have had to extend our study to observe differences had they existed.

The use of DXA to measure body composition is one important limitation in this study, and a more accurate model, such as the 4-compartment model, may have been more effective (36). It is likely that 2 wk of this energy-restricted diet was not long enough to elicit body composition changes that were outside the error of measurement of the DXA. In a study of overweight women, the measurement error by the same instrument we used was reported as 1.2% for fat and 1.1% for LBM (37). In our study, this would equate to an average loss of ~0.7 kg lean mass, which was not exceeded by the whey (~0.6kg) or carbohydrate (~0.4kg) groups. Therefore, the variations observed in this study were still within the error of the repeat measurement with use of DXA. Importantly, because the strength of our study was to examine the acute changes with energy restriction, we were underpowered to detect changes in body composition.

In conclusion, our data demonstrated that whey protein supplementation during energy restriction provided greater stimulation of MPS and maintenance of postprandial MPS rates. To show changes in body composition, we would need to have extended our study. These results demonstrate the impact of protein quality on MPS during energy restriction, and may be of importance in the development of nutritional strategies to promote higher-quality weight loss, which involves the loss of a high ratio of fat to LBM.

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FIGURE 3  FSR in the fasted (postabsorptive) and fed (postprandial) states before and after the 14-d diet (A). Means without a common letter differ, *P < 0.05, within groups. *Significantly different (P < 0.01) from soy and carbohydrate groups in the same condition (i.e., fed-state). **Significantly different (P < 0.01) from carbohydrate group in the same condition. Feeding-induced change in FSR from the postabsorptive to postprandial states before and after the 14-d dietary intervention (B). *Both means significantly different (P < 0.01) from soy and carbohydrate groups; †Both means significantly different (P < 0.01) from carbohydrate group. Values are means ± SEs, n = 14 for whey and soy groups, and n = 12 for carbohydrate group. CHO, carbohydrate; FSR, fractional synthetic rate; Post, postintervention; Pre, preintervention.
References


