Nitrogen balance study in young Nigerian adult males using levels of protein intake

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 The present study was carried out to estimate precisely, via the nitrogen balance technique, requirement of Nigerians (earlier estimated via the obligatory N method) using graded levels intake.

Fifteen medical students of the University of Ibadan who volunteered to participate in the studgraded levels of protein (0·3, 0·45, 0·6 and 0·75 g/kg body-weight per d) derived from foods similar to t

consumed by the subjects.

3. Each subject was given each of the dietary protein levels for a period of 10 d. Subjects were divided and the feeding pattern followed a criss-cross design with one group starting with the highest levintake (0.75 g) and the second group starting with the lowest level of protein intake (0.3 g). In intake during each of the eleven experimental periods was maintained at 0.2 MJ/kg per d. After a adaptation period in each experimental period, 24 h urine and faecal samples were collected in marke for five consecutive days for N determination.

4. Mean N balance during consumption of the four protein levels (0·30, 0·45, 0·6 and 0·75 g/kg) v (sp 8·07), -9·90 (sp 6·64), +9·70 (sp 4·15) and +5·13 (sp 4·62) respectively. Using regression analys daily N requirement was estimated at 110·25 mg N/kg body-weight (0·69 g protein/kg body-weight). allowances for individual variations to cover 97·5% of the population adjusted this value to 0·75 g body-weight. Net protein utilization for the diet at maintenance level was estimated at 57·5.

The available internationally accepted information on protein requirements is premises not related to the physical biological and social factors unique to the environment. The frequently cited minimum physiological nutrient requirer amount that is consistent with optimal health and above which no further improhealth occurs) is at best a statistical approximation and usually derived from privileged healthy Caucasians living under protected conditions.

The often-quoted studies of Nicol & Phillips (1976) in Nigeria suggested that is be adaptive changes in protein requirements in chronically undernourished Nigeria studies, conducted in the late 1950s, showed that Nigerian males were in positive balance during short-term periods on a rice-protein intake of 0.44 g/kg body-wei Ever since the study by Nicol & Phillips (1976) relatively few studies have been Nigeria in this interesting area of nutrient requirement, which for several reason further examination. In a recent study by Atinmo et al. (1985), protein requirement, healthy Nigerian males were estimated, via the obligatory N loss method, to be per d. Compared with the recommended value of 0.57 g/kg per d proposed by FAO/WHO ad hoc Expert Committee on Energy and Protein Requirement Health Organization, 1973) this level of requirement is quite high.

The obligatory N loss method of estimating protein requirement is, however

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in that it assumes many factors. It has been demonstrated in healthy adults the cannot be obtained by providing high quality protein at an N level that is summated total obligatory N losses (Calloway & Merger, 1971; Young Additional N is usually required. Thus the N balance technique of giving gr protein has been suggested to be the most direct way of estimating protein neethe assessment of N balance responses to graded levels of protein intake, withis submaintenance to maintenance N intake for adults or children over a ralevels that is close to those required for maintenance and normal growth 1977; Kishi et al. 1978; Oddoye & Margen, 1979). This method, in principle, the effect of non-physiological conditions in the factorial method.

Considering the advantage of the N balance method, and above all the fac requirements differ among similar individuals, just as food protein sources capacity to meet these protein requirements (Garza et al. 1977, Kishi et al. deemed necessary to define more precisely the protein requirements of Nigeria ordinary local mixed foods under customary conditions of daily life. This

objective of the present study.

MATERIALS AND METHOD

Subjects

Fifteen healthy medical students of the University of Ibadan were recruited i They were aged 19–21 years and weighted between 54 and 69 kg (average 60 health status was evaluated on the basis of medical history, physical exa routine laboratory tests. The subjects were fully informed of the aim, nature the experiment and they signed consent forms. They were studied unconditions with close medical supervision. Daily body-weights were reco hours throughout the entire study under standardized conditions (prep voiding and with light indoor clothing). The subjects were engaged in their n daily activities while maintaining a reasonable constant level of physical activities tudy period. The physical activities of the subjects were closely monitored checking a diary of daily activities which was kept by each subject.

Diet and experimental design

Diets were standardized, based on foods usually consumed by subjects (Table in a meal pattern, three times daily at 07.00-08.00, 13.00-14.00 and 19.00 Complete vitamin and mineral supplements were added to ensure that n minerals were limiting. The study lasted 54 d and consisted of four exp periods, each of 10 d duration in which four different dietary protein levels we 0.45, 0.60 and 0.75 g protein/kg per d).

All the subjects were tested on the different levels of protein intake. To ac some of the subjects (subjects OS, AS, FA, KU, MA, OP, DU and HA) we an ascending sequence of dietary protein intake while the rest were assigned t sequence. Their energy intake was carefully determined by the dietician base history of dietary habits, body-weight and evaluation of the physical activity subjects. This was fixed at a level of 0.2 MJ/kg body-weight per d the

experiment.

A protein-free diet was given on the 1st day before the beginning of each to promote rapid adaptation to the experimental diet. A 3 d break period wit diet separated each of the four experimental diet periods. During the experiods, the subjects were required to adhere to the experimental diet and th food prepared by the dietician.

		Amount provided (g/d)	
10	Cassava (Manihot esculenta) grated	130	
	Beef	116	
	Vegetables	14	
	Rice (cooked)	400	
	Bread	120	
	Refined sugar	30	
	Magarine	30	
	Tomatoes (fresh)	80	
	Palm oil	40	
	Onions	40	
	Peppers (dried)	4	
	Salt	Added to taste	
	Orange drink	Three bottles	
	Nutrient content	711100 0011100	
	Protein (g)	45.22	
OF STREET	Energy (MJ)	11.87	

Sampling and analysis

Complete 24 h urine samples were collected daily thoughout the entire experimen using hydrochloric acid as the preservative. Completenes of the urine colle evaluated by analysing the urine for creatinine.

During each of the last 5 d of the 10 d period of each experimental diet, comp samples were collected in individual containers, stored frozen and later coml homogenized as a 5 d pooled sample for each subject. A carmine dye capsule we the faecal marker in each period. Food samples were collected in plastic bags, homogenized and portions taken and frozen.

N determination in food, urine and faecal samples was by a micro-Kjedahl t modified by Munro & Fleck (1969). Values obtained were evaluated statistically, regression analysis and analysis of variance (ANOVA).

For the last 5 d of each 10 d experimental diet period, N balance was calcul intake, and faecal, urine and miscellaneous losses (skin N loss was taken as 7.46 body-weight per d from a previous determination (Atinmo et al. 1985)).

Estimates of individual N requirements was by linear regression equation intake to balance (Rand et al. 1979). The protein intake at which N balancequilibrium was estimated as the N requirement. The biological value (BV) at protein utilization (NPU) of the diets were calculated by conventional methods. (urinary and faecal N losses were taken as 43.42 and 18.32 mg N/kg respecti Atinmo et al. (1985).

RESULTS

Table 2 shows the N excretion and balance of individual subjects. All subjects derrincrease in urinary N levels with increases in N intake. These changes were staignificant (P < 0.05; Table 3). N balance became more positive with increasing The changes in individual apparent N balance for each of the subjects is as show 2 while the estimated true balance is summarized in Table 3. As a group, subject negative N balance when on a daily protein intake level of 0.30 and 0.45 g/kg both per d. The degree of negative balance at each of these two levels of protein in significantly different when the order in which the protein was given was consider

Table 2. Nitrogen excretion and balance (mg/kg body-weight per d) in Nigi

N intake Subject	55.55				77-42			100-36			
	UN	FN	В	UN	FN	В	UN	FN	В	UN	
os	48-83	25.32	-18-19	70-13	25.12	-15.38	_	_	Carrie	106-14	
AS	71-16	10.73	-27-55	71.81	23.36	-17-19	78-39	31-34	+1.95	103-42	
FA	45.04	21.61	-16.2	63.90	18.58	-10.60	75.68	22.96	+1.02		
KU	53.51	16.80	-14.44	74.08	23.68	-19.07	74.58	27.12	+6.02	99.66	
MA	45.51	29.11	-17.53	73.37	27.07	-19.97	81.20	25.36	+3.69	111.39	
OP	55.67	16.03	-15.51	63.77	30.09	-13.47	83.20	26.05	+0.54	107.64	
DU	48.47	17.46	-15.64	54.83	29.38	-12.34	64.76	25.97	+7.52	90.28	
HA	48.39	19.28	-12.86	66.40	23.03	-10.99	80.22	27.65	+0.89	104.03	
IW	35.58	25.32	-3.89	62.32	19.80	-2.97	66.80	23.39	+6.76	96,46	
EG	54.23	17.82	-16.96	59.49	18.57	-3.23	69.87	26.78	-4.50	91.49	
OM	43.83	17.76	-4.59	60.83	20.30	-2.60	69.79	32.58	-5.90	90.84	
OB	40.31	14.87	-2.11	59.82	18.46	-4.01	64.99	19.22	+7.3	89.20	
OR	43.11	15.27	-4.83	57.28	19.56	-4.22	67.83	26.02	-3.49		
UD	47.85	16.27	-3.44	63.50	25.88	-8.21	78.16	23.60	-1.94	106.57	
EK	49.06	16.29	-5.11	61.80	24.82	-4.12	73.62	26.00	+3.35	98.51	
Mean	48-14	18-38	-11-02	65-32	23-38	-9.90	72.75	25.89	+1.97	100-09	
SD	8.18	4.75	8-07	6-32	3.86	6.64	6-15	3-18	4.15	7-15	

UN, urinary N; FN, faecal N; B, N balance.

Table 3. Daily nitrogen values (mg/kg body-weight per d) with increasing Nigerian college students

(Mean values and standard deviations for fifteen subjects)

NI		UN		FN		APP.NB	
Mean	SD	Mean	SD	Mean	SD	Mean	SD
55-55	2.80	48-1	8-18	18-38	4.75	-11-02	8-07
77-42	3.29	65.32	6.32	23.38	3.86	-9.90	6-64
100.36	6.76	72.75	6.15	25-89	3-18	+1-97	4.15
130-34	4.96	100-09	7-15	25-38	2.72	+5.13	4.62

NI, N intake; UN, urinary N; FN, faecal N; APP.NB, apparent N balance (NI-UN-estimated true N balance assuming N losses from sweat as 7-46 mg N/kg body-weight per estimates by Calloway & Merger (1971).

Within vertical columns, mean values were significantly different from the other values (one P < 0.05

4). On a protein intake of 0.60 g/kg body-weight per d, ten of the subject apparent positive N balance and, when placed on a daily protein intake of 0° weight, all subjects except one were in positive N retention. The range of t (excluding estimated losses through sweat) was -0.30-15.8 mg N/kg body-0.75 g/kg body-weight level of protein intake.

Estimated true balance (that includes estimated skin N loss of 7.46 mg N/k per d) resulted in a mean negative N balance of -2.3 mg N/kg per d ever protein intake level of 0.75 g protein/kg body-weight.

Table 4. Nitrogen balance (mg/kg body-weight per d) according to order of prot

(Mean values and standard deviations)

N intake (mg/kg body-wt per d)		55-5		77-42		100-36	
Order*	Subjects	Mean	SD	Mean	SD	Mean	SD
Ascending	OS-HA	-17-3	4.5	-14-9	3.6	3.1	2.8
Descending Statistical	IW-EK	- 5.9	5.0	- 4.2	1.9	-1.9	5.0
significance (t test): P <		0.001		0.00	NS		

NS, Not significant.

Table 5. Linear regresssion equations relating nitrogen balance (Y) to N intake each of the Nigerian college students studied

marcale Lin	Subject	Regression equation	Predicted mean intake to achieve N balance
	os	Y = 0.27X - 34.85	129.11
	AS	Y = 0.42X - 49.34	117-47
	FA	Y = 0.35X - 34.41	98-32
	KU	Y = 0.34X - 37.41	110-02
	MA	Y = 0.31X - 38.03	122-69
	OP	Y = 0.23X - 29.14	126-4
	DU	Y = 0.43X - 39.1	90-93
	HA	Y = 0.21X - 25.0	118-96
	IW	Y = 0.18X - 14.39	79.93
	EG	Y = 0.33X - 32.7	98-94
	OM	Y = 0.26X - 22.93	88:20
	OB	Y = 0.19X - 13.68	72.02
	OR	Y = 0.04X - 7.49	187.18
	UD	Y = 0.10X - 12.32	123-29
	EK	Y = 0.22X - 19.84	90-20
	Mean	Y = 0.22X - 19.82	110·25 (sp 27.9)
		Pooled regression	Y = 0.186X - 20.12; if $Y = 0$, X = 108.18 mg/kg

Results of individual regression analysis of N balance (apparent) on N into shown in Table 5. Mean intake predicted to achieve N-balance was 108·18 mg N weight per d with a range of 72·02–187·18 mg N/kg body-weight. The mea requirement, including the estimated sweat and skin losses of 7·46 mg N/kg body was estimated as 117·71 mg N/kg body-weight per d.

Calculations of the maintenance protein requirement were performed with the values using the principle of the multiple-level individual responses method of F (1979).

The mean protein requirement of the subjects was thus 110.25 mg N/kg bodyd or 0.60 g protein/kg per d. Estimates for individual variations to cover 97.5 population adjusted this value to 0.75 g protein/kg body-weight per d.

^{*} Order of intake of dietary protein, from 55:55 to 130:34 or from 130:34 to 55:55 mg N/kg per d.

Table 6. Biological value (BV), net protein utilization (NPU) and true and digestibilities of the diet at different levels of protein intake for Nigerian coll (Mean values and standard deviations)

	Level of protein						Diges	tibility	
	intake (g/kg body-wt	BV		NPU		Apparent		Tr	
	per d)	Mean	SD	Mean	SD	Mean	SD	Mear	
TACK.	0.30	91.77	11.75	90-79	11-04	66-28	8.57	99.42	
	0.45	71-47	7.91	67-19	9.16	70-17	481	93.87	
	0.60	68-24	4.88	63-10	5-58	74-19	3.31	92-2	
	0.75	54-63*	4.92	51.82*	5.14	80·75NS	1.53	94-821	

NS, not significant, P > 0.05.

The BV, NPU and the true and apparent digestibilities for the dietary \mathfrak{p} different levels of N intakes are summarized in Table 6. The BV and NPU were reduced (P < 0.05) with increase in protein intake. Digestibilities (true and at not significantly affected by increasing protein intake. However, values digestibility were relatively lower at low-protein intake levels than at higher

DISCUSSION

The N balance method was used in the present study to estimate the protein of Nigerian adult males. Apart from the earlier studies made by Nicol & Philli obligatory N loss method was used recently to estimate the protein revision (Atinmo et al. 1985). The subjects who participated in the preser young, healthy, medical students and thus provided a basis for comparison with those of other studies elsewhere in the world. In particular, since none of had any disease condition that could contribute to an increased protein require the whole period of the experiment, our results can be compared w Caucasians.

N balance was observed with increasing protein intake level from the subm the maintenance level. Although the criss-cross design adopted here for the f different protein levels has its advantages, it is pertinent to note that the order subjects received the protein did influence their response in terms of N balance; a higher to a lower protein level seemed to have a different effect on N balance from a lower to a higher level of protein intake. The individual responses to levels of N intake could not strictly be defined by a straight line according t model (Rand et al. 1979). Studies in experimental animals and man have als N balance response is not linear throughout the entire submaintenance range 1973; Young et al. 1973). Nonetheless, the variation in the individual respon in the present study, seem to underscore the fact that at lower protein intake lemechanisms tend to occur and that such adaptive mechanisms may also be the order in which the protein levels are given.

The subjects showed a cumulative apparent positive N balance from inta 0.60-0.70 g protein/kg body-weight. The sum of obligatory urinary and metal losses with an appropriate allowance for sweat and integumental losses of

^{*} Mean values were significantly different from the other values in the column (one-way ANt

recent study by Atinmo et al. (1985) was 69·23 mg N/kg body-weight. This much lower than that of 110·25 mg N/kg body-weight per d obtained in the present through regression analysis of the values for individual subjects on N balance. Fur it is necessary to point out that the present study did not include the esting miscellaneous N losses, thus the real maintenance requirement, taking into con an average skin N loss of 7·46 mg N/kg obtained from the study by Atinmo et would be 117·71 mg N/kg per d. This difference in estimates emphasizes the impursing total losses of N in estimating requirements levels. As pointed out by Walla error inherent in the N balance method could lead to an underestimation of total and thus to an overestimation of N retention and underestimation of protein requirements and those of Atinmo et al. (1985), it seems that the obligate method tends to underestimate the minimum requirement for protein, if adaptive changes occur throughout the submaintenance range of protein intakes.

The present estimate of 0.69 g protein/kg per d is higher than values obtai single protein sources for Caucasians and orientals (Young et al. 1973; Huang & but compares favourably with results from orientals receiving a mixed-vege

(Huang & Lin, 1982).

The safe level of protein or N intake includes an allowance for covering variation. This is the mean requirement plus two standard deviations which is t satisfy the needs of nearly all (97.5%) the population. From our results, such a of intake was estimated as 0.75 g protein/kg body-weight. This value, even where for the quality of the protein consumed, is much higher than that of 0.57 g protein weight recommended by the Joint FAO/WHO ad hoc Expert Committee c Requirements, (World Health Organization, 1973) and corresponds to the value gis most recent report of the Food and Agriculture Organization/World Healt zation/United Nations University, 1985).

Utilization of protein-N in the diets was high at 0.38 g protein/kg body-v decreased significantly with increasing protein intake, as suggested by the BV estimates. This inferred a decreased efficiency in protein utilization as the mainter of protein intake was approached. These results fully support the findings of Yo (1973) and those of Inoue et al. (1973). Utilization of protein consumed at a adequate to meet requirements is, however, significantly less efficient than assumed from biological determinations of protein value in animals and ma borne out by the need to supply more protein to achieve N balance than measurement of total obligatory N loss would predict (Young et al. 1973). Ba present study, the NPU of Nigerian local diets at near maintenance levels may be as the mean value of NPU at the protein intake levels of 0.6 and 0.75 g/kg, that kg. This value compares favourably with that of egg protein, as given by Kishi e and Huang & Lin (1982). From these findings the efficiency of dietary protein at the maintenance level may be considered to be about 60% in young Nigeri

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