Effect of whey protein isolate on strength, body composition and muscle hypertrophy during resistance training

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Abstract

Purpose of Review: Sarcopenia (skeletal muscle wasting with aging) is thought to underlie a number of serious age-related health issues. While it may be seen as inevitable, decreasing this gradual loss of muscle is vital for healthy aging. Thus, it is imperative to investigate exercise and nutrition-based strategies designed to build a reservoir of muscle mass as early as possible.

Recent Findings: Elderly individuals are still able to respond to both resistance training and the anabolic signals provided by protein ingestion, provided specific amino acids, such as leucine, are present. Whey proteins are a rich source of these essential amino acids and rapidly elevate plasma amino acids, thus providing the foundations for preservation of muscle mass. Several studies involving supplementation with whey protein have shown to be effective in augmenting the effects of resistance exercise, in particular when supplementation occurs in the hours surrounding the exercise training.

Summary: While further work is required, particularly in elderly people, simple dietary and exercise strategies that may improve the maintenance of skeletal muscle mass will likely result in a decrease in the overall burden of a number of diseases and improve the quality of life as we age. *Key Words:* resistance exercise, protein supplementation, muscle hypertrophy, sarcopenia

Introduction

Athletic performance and vanity aside, there are many important reasons for needing to know more about how to build muscle mass (hypertrophy), not the least being the underestimated role of muscle mass in healthy aging. Aside from a negative impact on health, functional ability and lifestyle quality, an age-related decline in muscle mass is thought to underlie conditions that shorten lifespan such as type-2 diabetes and cardiovascular disease [1-3, 4**]. It has been long known that resistance exercise is still effective in even very elderly populations [5] and current research shows that some of these undesirable diseases can be partially reversed by resistance training [6*,7**]. While some leading researchers in this area believe that sarcopenia may be reversible (at least to a certain extent) [8*], others recommend that tomorrows older adults should be concerned with building a greater "starting reserve capacity" of muscle mass today to ensure they avoid the unknown threshold that precedes physical frailty and compromised health [9].

In this review we highlight the role that protein supplementation may play in the development of muscle strength and hypertrophy. We also feature the results obtained with whey protein isolate (WPI); one particular type of protein supplement that appears to have advantages over others in terms of promoting muscle accretion. Finally, we briefly identify and discuss other compounds namely creatine monohydrate and glucose, that have been shown to provide an additional beneficial effect greater than WPI supplementation alone.

The role of protein supplementation in the development of muscle hypertrophy

Resistance exercise (RE) training is considered an integral component of any attempt to build strength and promote muscle hypertrophy, and offset age-related changes in body composition, strength and functional ability [10,11]. Although RE is fundamentally anabolic, a net gain in muscle mass is only possible via an interaction with protein-containing meals [12]. For this reason, there has been a greater research focus on specific nutritional strategies that may enhance the acute anabolic response (i.e., stimulation of muscle protein synthesis) to RE which in turn may augment chronic physiological adaptations such as muscle hypertrophy and strength [13]. For example, supplementation with protein does affect muscle and whole body protein anabolism and accretion, and this is apparent in both young and older adults [14, 15*]. Data from both acute response studies [15*, 16-19] and longer term (6-12 wk) investigations [20, 21*, 22, 23**, 24*] provide a foundation that suggests the strategic use of protein supplements can play a vital role in the development of muscle hypertrophy during RE training. In fact, supplementation may be vital to restoring the diminished acute response to anabolic stimuli (such as RE or meal consumption) that is characteristic of aging [25-26]. Additionally, the strategic consumption of a supplement containing whole proteins or essential amino acids (EAA) close to RE is consistently shown to dramatically enhance the acute anabolic response to this activity by providing a higher stimulation of protein synthesis and net protein balance compared to placebo treatments [17,18]. Recent data also suggests that supplementation between regular meals may provide an additive effect on net protein accretion due to a more frequent stimulation of muscle protein synthesis [16, 27].

Characteristically, the anabolic response to protein containing meals is diminished in older adults when compared to younger adults [25]. However, some data suggests that strategic supplementation may attenuate this and help restore the acute anabolic response to meals. Using old (22 month) and young (8 month) rats, Combaret et al., 2005 [28] demonstrated that when the

older rodent's diet was supplemented with leucine (a key amino acid in anabolic activation) the ability of feeding to block protein breakdown was rejuvenated. This has subsequently been confirmed in both aged rats [29**] and elderly humans [30,31]. Thus, in older adults, strategic supplementation that is rich in certain amino acids, such as leucine, may help restore the acute anabolic response to meals [25,28-31]. Therefore, protein supplementation appears to have at least three prominent roles in augmenting muscle accretion and promoting hypertrophy. Firstly, by supplementing close to RE to ensure a greater stimulation of muscle anabolism in response to this activity. Secondly, some data suggests that supplementation between meals may promote more frequent stimulation of muscle protein synthesis, thereby promoting a higher net gain in muscle protein on a daily basis. Finally, strategic supplementation with protein that is rich in EAA and in particular, leucine may help restore the acute anabolic response to meals with aging.

Whey Protein Supplementation

It has been established that certain types of protein affect whole body protein anabolism and accretion [14] and therefore, have the potential to affect muscle and strength development during RE training [32*]. The type of protein consumed may influence results from RE training due to variable speeds of absorption, differences in amino acid profiles, unique hormonal response, or positive effects on antioxidant defense [33]. Whey protein (WP) is the collective term for the soluble protein fractions extracted from dairy milk. WP supplements, that is, 80%+ protein concentrates (WPC 80) or 90%+ protein isolates (WPI 90) have become popular among athletes and others interested in gaining muscle mass [33]. Rather than merely increasing the quantity of protein in the diet, these particular proteins may also provide some unique nutritional advantages. Characteristically, these WP supplements contain a very high concentration of EAA (45-55g/100g of protein) with minimal fat, carbohydrate and lactose. They are the richest known source of branch chain amino acids (BCAA), in particular, leucine (up to 14g/100g protein) [34]. Leucine is an established modulator of muscle protein metabolism and has been identified as a key regulator in the translation initiation pathway of muscle protein synthesis [35]. The importance of a leucine rich diet to promote muscle anabolism, healthy blood glucose metabolism and the management of a healthy weight are now recognized [36]. In a similar manner to BCAA administration, supplementation with WPI (25grams) is shown to augment the phosphorylation of p70-S6k; a major regulatory kinase in the activation of muscle protein synthesis in response to RE [37]. That is, supplementation with WPI after RE resulted in greater activation of key proteins in the translation initiation complex that stimulate muscle protein synthesis. Additionally, in this study, supplementation resulted in significantly greater (eccentric) strength after 12 weeks of training (25% greater than placebo) in young but not in older adults [37]. However, the WPI-treated older participants demonstrated greater phosphorylation (activation) of the translational protein kinase p70-S6K1 after 12 weeks of RE when compared to the placebo group. Also, the older adults given WPI demonstrated a 17.3-fold increase in the Pax7 gene (marker of muscle-growth activation) compared to a 2.6-fold increase in the placebo group [37].

Aside from strategic supplementation after exercise, regularly incorporating WP supplements into the daily diet may also promote the maintenance of lean body mass (LBM). WP supplements are a rich rare source of cyst(e)ine residues; up to 4-fold higher than other high quality proteins such as casein and soy [34]. A series of cross-sectional studies and intervention trials involving humans living with and without cachectic conditions strongly suggest that the hepatic catabolism of cyst(e)ine (cysteine and its disulphide twin, cystine) is a key regulator of whole body protein metabolism and changes in muscle mass [38-40]. Briefly, an abundant supply of cyst(e)ine in the blood is necessary for hepatic catabolism of this AA into sulfate and protons; a process that down-regulates urea production, promotes glutathione synthesis and shifts whole body nitrogen disposal in favor of preserving the muscle AA pool (which is synonymous with muscle anabolism) [38-40]. WP supplementation (up to 1g/kg/day) is the only protein source shown to augment this pathway of protein metabolism [40, 41]. And, it may do so possibly in a dose-dependant manner [42]. Aside from a favorable amino acid profile for the preservation of muscle mass, WP supplements possess rather unique digestion/absorption kinetics. The acute response to a single dose of WP is a very high (but transient) blood AA peak and stimulation of (whole body) protein synthesis when compared to other high quality protein sources such as casein (the other major bovine milk protein). What is more relevant is that when WP supplements are consumed as part of a mixed-macronutrient meal, this protein's rapid absorption kinetics and ability to stimulate a very high rate of muscle protein synthesis is unaltered but the result is a more prolonged state of anabolism and inhibition of protein degradation as well as a higher net gain in whole body protein [14]. This virtue has been demonstrated in both young and older adults, in direct comparison to isonitrogenous meals containing casein [14]. Due to its amino acid profile and ability to promote higher net protein accretion, the incorporation of WP into the diet may enhance the development of muscle hypertrophy and improve body composition during RE training.

Whey protein isolate and resistance training

Several human [20, 21*, 24*, 40] and rodent trials [43-45] demonstrate WP's ability to improve body composition (increase in muscle mass and/or a decrease in fat mass) as well as promote a physiological response that may explain these changes. For example, in a group of healthy adults, in direct comparison to supplementation with casein, WP supplementation (30 grams/day) improved body composition (maintain lean mass, reduce fat mass) via enhanced antioxidant (GSH) status. This improvement was obtained without exercise training [40]. In rodents, WP administration is shown improve body composition via more efficient fat oxidation in the hours after exercise [43], enhanced muscle insulin sensitivity [44] and the suppression of hepatic fatty acid synthesis along side an increased in fat utilization by muscle [45]. With regard to RE training specifically, one study reported that a dose of WPI (1.2g/kg/day) in RE-trained individuals resulted in an almost 2-fold higher gain (2.1 vs. 1.2kg) in LBM and a better gain in bench press strength compared to a CHO-supplemented group [20]. In another double-blinded study that used two groups of matched, RE-trained young men, our laboratory has also demonstrated a significantly greater gain in LBM and strength in a group provided WPI (1.5g/kg/day) compared to a matched group given an equivalent dose of casein [21*]. To our knowledge, this study is the first to directly compare the effects of two different protein sources on body composition and strength changes during a structured, supervised RE training program using experienced participants. In our investigation [21*] dietary analyses concurred that the participant's eating patterns were characteristic of bodybuilders, i.e., they consumed a high energy/protein intake divided into small, frequent, mixed macronutrient meals over the 24 hour period. The supplement dose (120 grams per day for an 80kg individual) was divided into 4 small doses and consumed with meals throughout the day. In comparison to an equivalent dose of casein, treatment with the WPI resulted in a 5-fold better gain in LBM and better gains in strength after the 10 week RE training program. To date, this is the only study that has examined the effects of replacing a large portion of dietary protein with one particular source, such as WPI, in athletic individuals undertaking an intense exercise training.

Although a number of RE training studies involving supplementation have reported changes in strength and body composition, very few have compared the changes alongside hypertrophy responses at the cellular level, such as fiber-specific (i.e., type-I, IIa, IIx) hypertrophy as well as the sub-cellular level, such as contractile protein content. Therefore, based on our previous work [21*] our laboratory completed a series of studies [22-24*] that aimed to

examine the effects of WP alone and in combination with other compounds on three different levels of physiology; body composition, muscle fiber cross-sectional area, and contractile protein accrual. Using groups of adult males (under 35 yrs) two of these trials examined the effects of WPI and creatine monohydrate (CrM) supplementation both separately and in combination during structured RE programs [22, 24*]. The groups consumed 1.5gram/kg/day of protein supplement, CrM treatment involved the addition 0.3-0.1g/kg/day of CrM to the supplement (a protocol used in many other CrM supplementation studies). Assessments after the 10-11 week RE program revealed that supplementation provided significantly greater 1RM strength improvements compared to a CHO-treated group. However, the hypertrophy responses among the groups varied at the three levels assessed. For example, although strength improvements among the CrM and WPI treated groups were similar, the presence of CrM resulted in much greater gains in body weight, lean body mass and muscle hypertrophy [22, 24*] The resounding conclusion from these trials was that if maximum gains in body weight and muscle mass are desired during an RE program, the addition of CrM to a WP supplement is highly beneficial. However, if strength improvements are desired with only a moderate increase in muscle mass, then supplementation with WPI (without CrM) may be more appropriate. The beneficial effects of protein supplementation have been further confirmed at the cellular level by a recent study that showed greater increases in fat-free mass, muscle strength and myosin heavy chain gene expression following 10 weeks of resistance training and ingestion of a whey/casein/amino acid mixture compared to a dextrose placebo [46].

Supplement-timing (i.e., the strategic consumption of a protein supplement before and/or after each workout) is thought to be the ideal strategy for promoting muscle hypertrophy from RE [13]. However, studies are yet to examine whether this strategy may provide greater muscle hypertrophy or strength development compared to supplementation at other times during the day. Therefore, using a WPI-based protein supplement, our laboratory recently completed a trial that examined the effects of supplement-timing on muscle hypertrophy in comparison to supplementation in the hours not close RE [23**]. In this study, the resistance-trained males were randomly matched for strength, completed a fully supervised 10 week RE program and consumed their supplement (1g/kg/body wt containing WPI and CrM) immediately before and after RE (PRE-POST). The second group (MOR-EVE) consumed the same dose of the same supplement in the morning and late evening (times that were at least 4-5 hours outside of training). No other supplementation was permitted and the athletes followed their regular eating patters. Results showed that the group who performed the supplement-timing strategy (PRE-POST) demonstrated

a gain in lean body mass that was almost double the MOR-EVE group. This group also demonstrated a greater improvement in 1RM strength, which were supported by a greater increase in hypertrophy of the type-II fibers and muscle contractile protein content in this group [23**]. Therefore, supplement-timing with WPI-based supplement represents a simple but effective strategy that enhances the adaptations that are desired from RE-training. Clearly, this strategy would be of benefit to most healthy adults that perform RE. However, this protocol may also have important implications for populations that require improvements in strength and body composition but have a reduced capacity for exercise such as, the frail elderly, cardiac rehabilitation patients or others living with conditions that compromise health such as HIV, cancer and the various muscular dystrophies. Importantly, aged individuals showed the same significant elevation in amino acid levels within 2 hours of ingesting a protein-rich meal as their young counterparts [47**] and also displayed the same elevation in acute protein synthesis. Thus, it is likely that supplementing the diet with essential amino acids surrounding a resistance training session would similarly augment the effects of training in elderly individuals, although further work is required in this area.

Conclusion

Some important roles that protein supplementation may play in the development of muscle strength and hypertrophy have been identified in this review. However, different types of protein may have the potential to affect muscle and strength development during resistance training. In this review we have highlighted the results obtained with WPI supplementation during RE. WP supplements in general appear to have several advantages over other protein sources in terms of promoting muscle accretion and hypertrophy. These include a profile rich in the amino acids known to promote muscle anabolism as well as rapid digestion/absorption kinetics (even when consumed in mixed macronutrient meals) shown to promote higher net gains in whole body protein. In trials involving healthy participants, supplementation with WPI is shown to promote better gains in strength, lean body mass and muscle fiber hypertrophy compared to equivalent does of protein or carbohydrate. The addition of CrM to WP is shown to provide an even greater benefit particularly in terms of gains in body mass and muscle fiber hypertrophy. Additionally, the strategic consumption of a WPI-based supplement just before and immediately after RE represents a simple but effective strategy that enhances muscle hypertrophy and strength gains during RE-training.

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