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Does soy protein supplementation affect body composition in healthy exerciser adults? A

systematic review and meta-analysis of clinical trials

Running title: Effects of soy protein on body composition: A meta-analysis

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Conflict of interest

The authors declare that there is no conflict of interest with respect to this manuscript.

ABSTRACT 1

Z Backgi bunu Objectiv	Background Object	tive
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- The effects of soy protein supplementation on anthropometric parameters and body composition 3
- indices of healthy adults is equivocal. The aims of this systematic review and meta-analysis were 4
- 5 to assess the effects of soy protein supplementation on weight and body composition of healthy
- 6 adults in clinical trial studies.

7 **Methods**

- A systematic search of literature was carried out on clinical trial studies in PubMed, Scopus, 8
- 9 Cochrane's library and ISI Web of Science Direct up until November 2017. From 492 studies
- initially retrieved, only 8 articles with 6, 5 and 4 arms included in the meta-analysis of the effects 10
- of soy protein supplementation on body weight, Fat free mass and Fat mass, respectively, with 11
- 120 participants in the intervention group and 119 participants in the control group. 12

13 **Results**

- Results of the fixed effect model meta-analysis showed that soy protein supplementation had no 14
- significant effects on body weight (0.94 kg, 95% CI: -2.41, 4.30 kg; P=0.58), fat-free mass (0.6 15
- kg, 95% CI: -0.21, 1.41; P=0.14) or fat mass (0.43 kg, 95% CI: -2.18, 3.03; P=0.74) in healthy 16
- exercising adults. 17

18 **Conclusions**

- Results of this meta-analysis study does not confirm any significant beneficial effects of soy 19
- protein supplementation on weight and body composition in healthy adults. 20

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Keywords: soy protein; weight; fat mass; fat-free mass; meta-analysis

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Introduction

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Soy is regarded a high quality protein source, with relatively abundant levels of essential amino acids [1]. Epidemiological studies have confirmed the beneficial effects of soy-foods consumption in lowering the incidence of several chronic diseases, including chronic heart disease, osteoporosis, diabetes type 2 and various hormone-related cancers [2-5]. The protein content of the soy bean comprises approximately 40% of its dried weight[6]; for this reason, soy protein is one of the most popular supplements, alongside whey protein, for active and exercising adults, and is used to facilitate a higher protein intake for the improvement of body composition indices [7, 8]. One clinical trial study in non-resistance training men and women found that consuming whey protein supplements could result in 3.6 Kg increases in lean body mass (LBM) in compared to people consuming isocaloric carbohydrate containing supplements [9]. However, the results of a systematic review and meta-analysis contended this, asserting that whey protein supplementation could only modestly increase LBM, and has no significant effect on total fat mass [10]. The effects of soy protein consumption on anthropometric parameters and body composition are conflicting in several clinical trial studies, conducted on people undergoing physical exercisebased interventions. One study showed that consuming a soy protein supplement, adjunct to nonresistance-based training for 9 months, resulted in 2.6 kg increase in LBM [9]. Whilst further work has shown that adding soy protein to normal milk consumption, in post-menopausal women, combined with resistance training for 16 weeks, significantly increases muscle strength in this population [11]. Contrastingly, Maesta et al concluded that soy protein supplementation does not significantly influence the indices of body composition in post-menopausal women undergoing resistance-based exercise [12]. Due to the equivocality in the literature regarding the

47	effect of soy protein consumption on body composition indices, and a dearth of meta-analytical
48	assessments, the aim of the present study was to systematically review and meta-analyze the
49	effects of soy protein supplementation on weight and body composition of healthy adults in
50	clinical trial studies
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52	Methods
53	Search strategy and study selection
54	The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines
55	were adopted to perform this systematic review and meta-analysis. Initially, two independent
56	researchers conducted a systematic search of literature, using online databases; PubMed, Scopus,
57	Cochrane's library and ISI Web of Science Direct, with now lower date restriction, and an upper
58	date restriction of November 2017, with following terms, as contained in titles, abstracts and
59	keywords: "Obesity OR overweight OR LBM OR FFM OR lean mass OR fat free mass OR body
60	fat OR BMI OR body mass index OR body mass OR adiposity OR body composition OR body
61	size OR fat mass OR lean body mass OR body weight" and "Athlete OR elite OR exercise OR
62	training OR sport" and "Soy OR soya OR soy protein OR soybean". Language restriction was
63	not imposed. Manual search in reference list of relevant articles was also performed to
64	supplement the search process.
65	Inclusion and exclusion criteria
66	To be included in the systematic review and meta-analysis, articles were required to meet the
67	following inclusion criteria; 1) studies were controlled clinical trials of oral supplementation of
68	soy protein, 2) studies reported mean or median values of body weight, fat mass and fat free

69	mass with standard deviation (SD), standard error of the measurement (SEM) or 95% confidence
70	intervals (CI) at the beginning and the end of the study, 3) the study was performed with healthy,
71	exercising adults. Additionally, articles were excluded if; 1) there was combined
72	supplementation of soy protein with other types of protein (whey, egg, etc.), 2) studies had no
73	control or placebo group, 3) studies did not have enough data at baseline and final value of body
74	weight, fat mass, fat free mass, 4) studies were observational.
75	Data extraction and quality assessment
76	Duplicated articles were first removed, then titles and abstracts screened by two independent
77	authors (OA, MZ) for relevance to the topic. Following this, full-texts of selected articles were
78	retrieved and assessed for eligibility. Any disagreement between two researches were discussed
79	and reconciled with the help of third author (EY). Quality assessment of trials was done by use
80	of Jadad scale, which scores trials for reporting randomization, blinding, number and reasons of
81	dropouts [13]. The characteristics of included studies were extracted in a tabulated spreadsheet
82	as; first author's name, year of publication, original country, sample size in intervention and
83	control groups, dosage and duration of soy protein supplementation and study design. The
84	extracted population characteristics were; sex, mean age, BMI, baseline and final value of body
85	weight, fat mass and fat free mass in control and supplementation groups. All anthropometric
86	values were reported as kg.
87	Data synthesis and statistical analysis
88	STATA version 12.0 (Stata Corporation, College Station, TX, USA) was used for all analyses in
89	this study. The mean and SD of anthropometric values at study commencement and post-
90	supplementation in control and intervention groups were used. The reported median values with

91	confidence intervals or ranges were converted to mean and SD using the Hozo et al method [14].
92	Heterogeneity was assessed using Cochran's Q-test (significance set at P<0.05) and the I ² test
93	were used for calculating the percentage of heterogeneity among studies. A fixed effects model,
94	or in the presence of heterogeneity random effects model, was conducted to calculate pooled
95	effect size. Beg test, Egger's regression test and funnel plot were used for assessment of
96	publication bias.

Results

Search results and study selection

In the literature search of PubMed, Scopus, Cochrane's library and ISI Web of Science, a total of 492 articles identified. Following removal of 83 duplicated references, 409 articles were included for title and abstract screening. Subsequently, 384 articles were excluded because they did not meet the inclusion criteria, resulting 25 articles remaining for eligibility assessment. After quality assessment, 8 articles were deemed suitable for inclusion in the meta-analyses of the effect of soy protein supplementation on body weight (6 trials), Fat mass (4 trials) and Fat free mass (5 trials). All of the included studies were randomized, controlled trials. Flowchart of study selection of this meta-analysis is shown in Figure 1.

Study characteristics

Included studies were performed between the years of 2004 and 2017, of varying origin, including; USA [15-17], Canada [18, 19], Germany[20], China[21], and Australia[22], with a total of 120 participants in the intervention group and 119 participants in the control group. The mean ages of participants ranged between 20.44 and 61.7 y and a mean BMI of 21.8 to 27.6 kg·m². Intervention durations of trials were between 4 and 39 weeks, with the average of 12.5

113	weeks. All trials were designed as randomized, controlled clinical trials. The type and dose of
114	soy supplementation varied between studies. The characteristics of the included studies and
115	participants are depicted in Table 1.
116	Meta-analysis
117	Meta-analysis of the effects of soy protein supplementation on body weight, fat free mass and fat
118	mass of healthy adults were carried out in 6, 5 and 4 studies, respectively. Results of the pooled
119	effects size, fixed effect model, meta-analysis showed that soy protein supplementation had no
120	significant effects on body weight (0.94 kg, 95% CI: -2.41, 4.30 kg; P=0.58; test for
121	heterogeneity: $P=0.99$ and $I^2=0.0\%$) (Figure 2), fat mass (0.43 kg, 95% CI: -2.18, 3.03; $P=0.74$
122	test for heterogeneity: $P=0.53$ and $I^2=0.0\%$) (Figure 3) and fat-free mass (0.6 kg, 95% CI: -0.21
123	1.41; P=0.14; test for heterogeneity: P=0.7 and I^2 = 0.0%) (Figure 4) of healthy adults.
124	Publication Bias
125	No publication biases were seen by using Begg test ($P = 0.18$ for body weight, $P = 0.32$ for far
126	free mass and $P = 1.0$ for fat mass) and Egger's regression tests ($P = 0.34$ for body weight, $P = 0.34$
127	0.41 for fat free mass and $P = 0.32$ for fat mass). The funnel plots are shown in Figure 5.
128	Discussion
129	Protein ingestion, especially after resistance training, can improve muscle protein synthesis in
130	exercising adults [23]. However, results of this meta-analytical study was revealed that the
131	consumption of soy protein supplements had no beneficial effects on weight and body

composition of healthy adults.

Several studies have sought to compare the effects of varying sources of protein
supplementation, particularly whey versus soy protein, on muscle mass and strength in response
to an exercise intervention. In this regard, the consumption of skimmed milk after resistance
exercise has been shown to result in gaining greater LBM in comparison to soy-based beverages
with equivalent protein, macronutrient and caloric content [18]; whilst Lacroix and colleagues
revealed greater capacity of milk protein in muscle accretion after resistance exercise [24]. This
phenomenon may be putatively attributed to the higher branched chain amino acids (BCAAs)
exit in milk protein, which can alter the flux of certain amino acids into muscles for protein
anabolism; where some empirical data exists to support the claim that adding BCAAs to soy
protein can improve muscle metabolism in healthy elderly subjects [25]. However, Haub et al., in
a study on older men, comparing different sources of animal and vegetable proteins concomitant
to resistance training, concluded that when protein intake is adequate, both meat- and soy-based
diets could facilitate a significant increase in strength, and induce muscle accretion through
sustaining a positive nitrogen balance [26].
Moeller et al., in a clinical trial study on post-menopausal women lasting 24 weeks, showed that
whilst soy protein supplementation could significantly increase hip lean mass, it cannot prevent
fat deposition in the abdominal cavity [27]. Whereas Thomson et al., showed that soy protein
ingestion during resistance exercise, in healthy older adults, could attenuate muscle strength, and
that this effect may be mediated through the isoflavone content of soy, which can reduce post-
exercise serum levels of testosterone [22]. The results of recent meta-analysis study assessing the
effects of whey protein supplementation on body composition parameters in women, showed that
this supplementation only can increase lean body mass as much as 370 gr, without conferment of

155	significant effects on fat mass. Additionally, the authors noted that energy restriction augmented
156	the beneficial effects of whey protein supplementation [10].
157	It is conceivable that free radicals produced during exercise could induce muscle damage and
158	limit the amount of fat-free mass gain during exercise. It is believed that the isoflavones,
159	saponins and other antioxidant content present in soy protein could neutralize free radicals
160	produced during exercise, and possibly, result in beneficial effects on body composition [28].
161	Another mechanism purportedly justifying the beneficial effects of soy protein consumption on
162	body composition is that isoflavone content of this protein can alter lipoprotein metabolism
163	through interacting with peroxisome-proliferator activated receptors (PPARs), which can affect
164	energy metabolism via influencing the expression of genes involved in metabolic pathways,
165	including fatty acids oxidation and glucose homeostasis [29, 30].
166	Although the results of present meta-analysis showed no heterogeneity between studies included
167	in the final analysis, we performed sub-group analysis based on duration of intervention. The
168	results revealed no significant differences in weight and body composition of healthy adults
169	when the duration of soy protein supplementation was less than 12 weeks, versus studies lasting
170	at least 12 weeks (data are not shown). One limitation of this study is the sparse number of
171	clinical trials that remained in the final step of quantitative synthesis, this was because of the
172	paucity of studies conducted on the topic. Small sample size of subjects in included studies is
173	another limitation of this meta-analysis which can probably justify these insignificant results.
174	Another limitation of our study is assuming lean body mass and fat-free mass are equivalent.
175	Although lean body mass is not the same as fat-free mass, and it have small percent of lipid as
176	essential fat ,which are necessary for normal body functioning [31], for purposes of statistical

177	analyses, we equated lean body mass to fat-free mass, this was due to the lack of standardized
178	reporting in the included studies.
179	Conclusions
180	The results of current meta-analysis study did not suggest any beneficial effects of soy protein
181	supplementation on weight and body composition components in healthy adults.
182	Notwithstanding, it is evident that more, well-controlled and randomized studies are needed in
183	order to better elucidate the effects of soy protein supplementation on body composition indices
184	in healthy adults.

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Table1. Characteristic of included studies in the meta-analyses

Author	Year	Country	Study design	participants	sex	Trial duration (week)	Type and Daily dose of soy supplementation	Placebo	Sample size in interventio n group/cont rol	Jaded score
Brown.EC ⁽⁴⁾	2004	USA	R/DB	healthy volunteers	М	9	protein bar 33 gr/day	none	9/9	4
Hartman.JW ⁽⁹⁾	2007	Canada	R/PC	healthy volunteers	М	12	soy protein drink 500 ml /day	maltodextrin	19/19	3
Berg.A ⁽²⁾	2012	Germany	R	healthy volunteers	M/F	6	soy supplementation 53.3 gr /day	none	15/15	3
Aristizabal.JC ⁽¹								carbohydrate		
)	2014	USA	R/DB	healthy volunteers	M/F	39	soy supplementation 20 gr/day		21/22	3
Candow.DG ⁽⁵⁾			R/PC/D			1		maltodextrin		
	2006	Canada	В	healthy volunteers	M/F	6	soy supplementation 1.2 gr/kg/day		9/9	4
Liu.W ⁽¹⁴⁾	2013	China	R/PC	healthy volunteers	М	4	soy peptide 10 gr/day	placebo	6/7	2
Thomson.RL ⁽²⁹								none		
)	2016	Australia	R	healthy volunteers	M/F	12	soy supplementation 1.2 gr/kg/day		26/23	4
Mobley.CB ⁽¹⁸⁾			R/PC/D		7		soy protein concentrate 78.4	maltodextrin		
	2017	USA	В	healthy volunteers	M	12	gr/day		15/15	4

Abbreviations: DB, double-blinded; PC, placebo-controlled; R, randomized; NR, not reported.

Author Contributions: SS and EY designed and searched systematically for the study. OA and MZ reviewed and selected the articles and extracted data from articles under the supervision of EY. SS performed data analysis and interpretation. EY and SS drafted the manuscript. EF, SJ and CC revised the article for important intellectual content.

Records identified through database searching: PubMed (29), Scopus (202), Cochrane library (60), ISI web of science (201) (n = 492)**Duplicate Records Excluded:** (n =83) Records screened by title/abstracts (n = 409)Records excluded (n = 384)- Not met the inclusion criteria Full-text articles assessed for eligibility (n = 25)Full-text articles excluded, with reasons (n = 17)- Insufficient data available - No relevant data - No control group - Co-supplementation Studies included in qualitative synthesis (n = 8)Studies included in quantitative synthesis (meta-analysis) (n = 8)

Figure 1. Flowchart of study selection for inclusion trials in the systematic review.

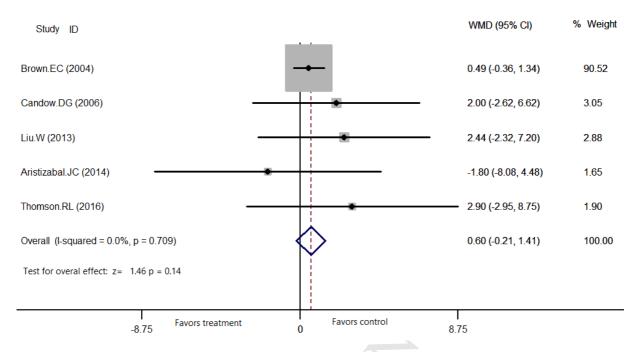


Figure 4. Pooled effect size of fixed effect model of soy protein supplementation on fat free mass (kg).

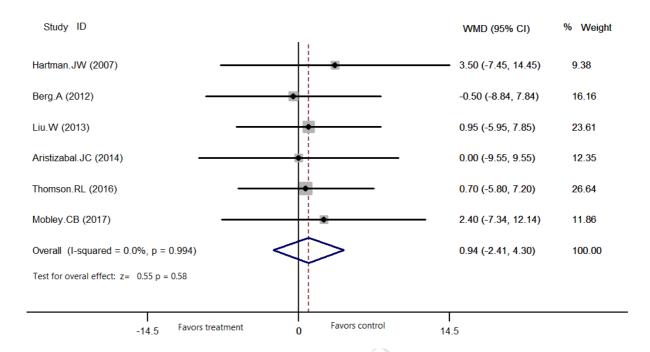


Figure 2. Pooled effect size of fixed effect model of soy protein supplementation on body weight (kg).

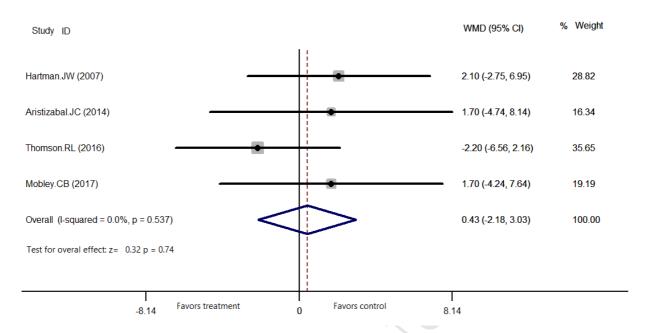
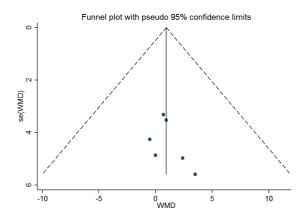
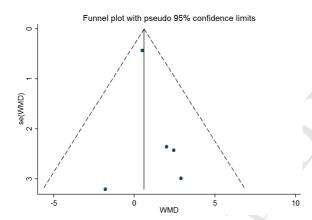


Figure 3. Pooled effect size of fixed effect model of soy protein supplementation on fat mass (kg).

Body weight



Fat free mass



Fat mass

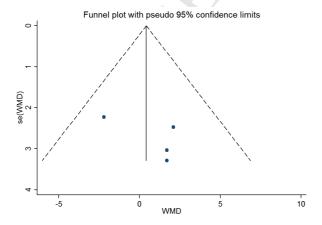


Figure 5. Funnel plots