

THE EFFECT OF SHORT-TERM PROTEIN DEPRIVATION ON PLASMA LIPIDS OF NIGERIAN ADULTS

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ABSTRACT

The effect of short-term deprivation (10 days) on plasma cholesterol, triglyceride, phospholipids, free-fatty acids, high density lipoprotein cholesterol (HDLC) and low density lipoprotein cholesterol (LDLC) were investigated in seven medical students (Urban adults) aged between 21 and 24 years and eight Village Adults aged between 30 and 40 years.

There were significant falls in all the plasma lipids except free fatty acids and the plasma triglycerides of the village adults. Plasma proteins in all subjects were reduced while the fall in albumin was significant only for the urban adults.

Positive correlation of M body fat with plasma lipids was only significant for HDLC in the urban adults and triglycerides for the village adults. There was no correlation between plasma proteins and lipids except with HDLC for village adults. The village adults however, were observed to show a less stressful effect on plasma lipids than the Urban adults though they reacted to the short-term deprivation more or less in the same manner.

The fall in plasma lipids have been attributed to a fall in the lipo-protein fractions which are the chief carriers of cholesterol, triglycerides and phospholipids while free-fatty acids were not affected within the short period of the experiment.

Key words: Protein Deprivation Plasma Lipids

Introduction

The setting of safe dietary allowances for protein by Food and Agricultural Organisation/World Health Organisation (FAO/WHO) are based in part on estimates of obligatory nitrogen losses in which protein is deprived on a short-term basis. A subject deprived of protein is unable to maintain nitrogen equilibrium leading to a steady depletion of body proteins. Associated with this condition are changes in body cell mass and a decreased synthesis and fractional turnover of some secretory proteins such as albumin and a decrease in the size of the body urea pool. However, the effect of this deprivation on lipid metabolism has often been ignored. Maclean *et al*² reported that protein deficiency might

interfere with the optimum utilization of energy by interfering with fat absorption. It is also clear that a diet low in protein will result in poor lipid metabolism since nutrient requirements appear to be inter-dependent. The deficiency or excess of one nutrient can modify the utilization of another.

Therefore, our understanding of the changes in the general body metabolism that occur with altered nutrient intake basic to the critical evaluation of approaches used for estimating human protein at in different population groups. The purpose of the present study was to determine the effect of a short-term protein deprivation on the plasma lipids of some Nigerian rural and urban adults.

Experimental

Subjects and Experimental Design

Seven College Students of the College of Medicine, University of Ibadan aged between 21 and 24 years and eight rural adults in Osegere (a village 45km from the University of Ibadan, Ibadan) aged between 30 and 40 years consented to participate in the study after been fully informed of the purpose, nature and design of experimentation.

The subjects were free of any abnormalities detectable by medical history, physical examination and routine laboratory tests.

The village subjects (Rural Adults) were camped together at the rural Health Centre throughout the period of the study under close medical supervision while the usual level of physical activities were maintained through in-door games, story telling, light cleaning etc. whereas the medical students (Urban Adults) were studied on an outpatient basis living in the nearby medical hostel in the hospital premises and under close medical supervision. This group of subjects continued their normal daily routines which included their full academic schedules but refrained from any unusual physical activity.

The diet was essentially proteinfree being less than 0.1g protein/kg body weight and calorie intake maintained at 45 Kcal/kg body weight/day. Tables I & II show the diet composition of the rural and urban groups respectively. Diets were standadized based on local food usually consumed and given in a meal pattern at 8-9 a.m. 1.00-2.00 p.m. and 7.00-8.00 p.m. Complete vitamin and mineral supplements were provided to ensure no vitamin and mineral were lacking.

The experimental period lasted ten days and during this period subjects were requi-

red to adhere to the experimenter's diet, eat only food prepared by the experimenter and consumed under her supervision.

Samples and Measurements

Daily weight of each subject was taken under standardized conditions (pre-voiding and stripped to undress) obtained before breakfast. Anthropometric measurements like height, arm muscle circumference, mid upper arm circumference, skinfold thickness measurements at biceps, triceps, subscapular and iliac crest sites according to the technique⁴ were taken at the beginning of the study.

From the anthropometric measurements arm muscle circumference, mid upper arm circumference, skinfold thickness index⁵ and percentage body fat calculated.

Venous blood samples were taken before breakfast at the beginning of the experimental dietary period. Plasma was separated and stored at -20°C and assayed for lipids and protein.

Analytical Procedure

Plasma proteins was measured by the biuret method⁶ and albumin by the method of Doumas and Billis⁹ based on the binding capacity of plasma albumin for cresol green.

Plasma total cholesterol was measured by the modification of the method of Bergquist,¹⁰ phospholipid by the method of King and Woolley,¹¹ triglyceride¹², free fatty acid,¹³ high density lipoprotein cholesterol¹⁴ while lipo-protein cholesterol was measured indirectly by the method of Goldstein *et al.*¹⁵

All analytical methods were standardized and validated with the use of serum (Wellcome Series) at the same time for ten batch determination.

PROTEIN DEPRIVATION AND PLASMA LIPIDS

TABLE I

THE COMPOSITION OF THE LOW PROTEIN DIET (GM/PERSON/DAY) FOR RURAL ADULTS

<i>Ingredients</i>	<i>Amount (GM)</i>	<i>Protein (G)</i>	<i>Energy (KCAL)</i>
Cassava (Grated)	200	2.0	674
Custard Flour	100	0.6	354
Refined Cane Sugar	30	-	120
Pepper Dried	2	0.24	6.6
Tomato Fresh	20	0.2	4.4
Onion Fresh	20	0.24	8.2
Red Palm Oil	40	-	360
Okro	28	1.4	8
Orange Drink	360	-	360
Caloreen Powder (Glucose Polymer)	100	-	400
 Total		4.68	2295.2

TABLE II

THE COMPOSITION OF THE LOW PROTEIN DIET (GM/PERSON/DAY) FOR URBAN ADULTS

<i>Ingredients</i>	<i>Amount (GM)</i>	<i>Protein (G)</i>	<i>Energy (KCAL)</i>
Cassava (Grated)	200	2.0	674
Custard Flour	100	0.6	354
Refined Cane Sugar	50	-	200
Pepper Dried	2	0.24	6.6
Tomato Fresh	20	0.2	4.4
Onion Fresh	20	0.24	8.2
Red Palm Oil	40	-	360
Okro	28	1.4	8
Orange Drink	360	-	360
Caloreen Powder	200	-	800
 Total		4.68	2775.2

Statistical Analysis

Statistical analysis of results was carried out with the aid of the computer facilities of the International Institute of Tropical Agriculture (IITA) Ibadan, Computing Centre using the SPSS Programme (IBM). The standard Student t-test was used to test differences. A difference was considered to be statistically significant if P-Value was less than 0.05.

Results

Body Weight

The daily weight changes during the period of experiment is illustrated in Fig. 1. A continuous fall in the body weight was found throughout the study in both groups. The mean weight loss for the urban adults did not exceed the fall of 2.955% observed for the rural adults ($P < 0.05$).

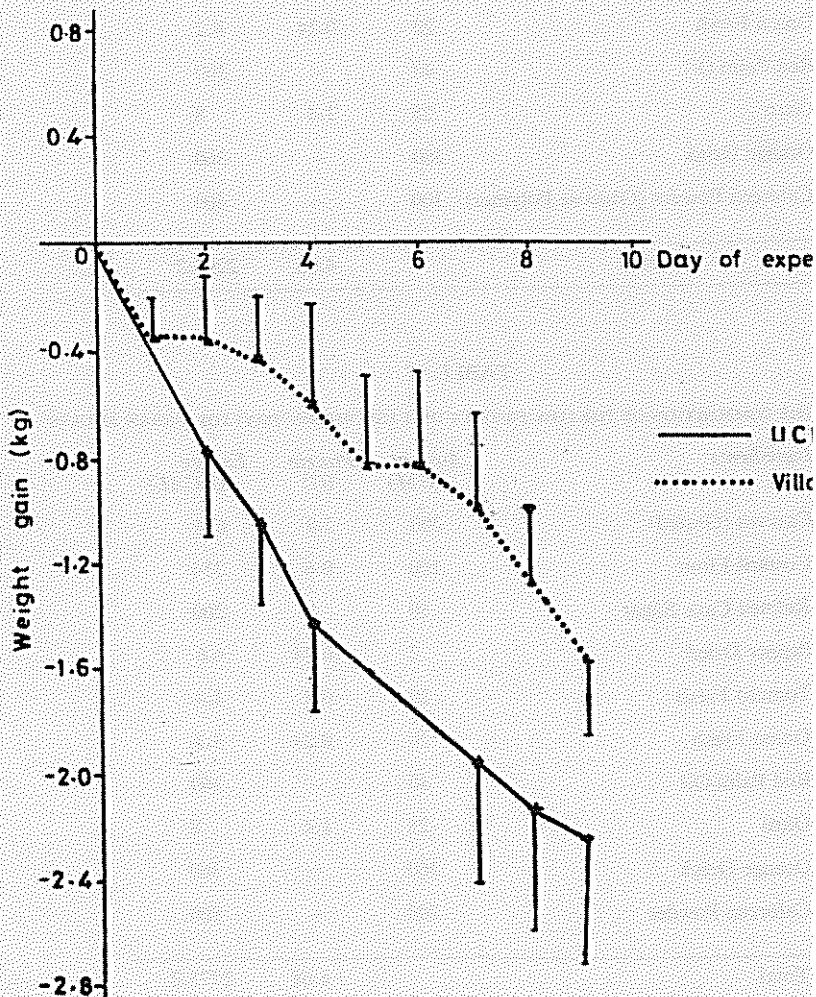


Fig. 1: Weight changes During The Low Protein Period

Height, Weight, Quatelet Indices, Muscle Circumference and Percentage Body Fat

The mean heights, weights, quatelet indices and muscle circumference are shown in Table III. On the average, the rural adults were another shorter and weighed less than the urban adults. Mean quatelet index and percentage body fat were higher ($P < 0.005$) for urban adults but the falls observed in both groups were not statistically different. Muscle circumference was not different in both groups ($P < 0.1$) but the fall at the end of the low protein diet was significant only for the urban adults. However, the different fall in muscle circumference was found not statistically different ($P < 0.5$).

Protein and Albumin

Table IV shows the fall in the plasma proteins and albumin. Plasma proteins of all the subjects were reduced but the reduction in albumin was significant only for the urban adults. However, a higher reduction in both proteins and albumin was observed for the urban adults ($P < 0.001$).

Lipo-Proteins

Table V represents the effect of the low-protein diet on plasma lipo-proteins. Both HDLC and LDLC were reduced and the percentage falls of these lipo-proteins at the end of the dietary regime were not statistically different between the two groups.

Cholesterol, Triglyceride, Phospholipids and Free Fatty Acids

Table VI shows the effect of the protein free diet on mean plasma cholesterol, triglycerides, phospholipids and free fatty acids.

Though the mean plasma cholesterol triglyceride and phospholipids as well as the falls observed at the end of the protein free diet were higher for the Urban adults, yet they were not statistically different from that of the rural adults.

The reduction in plasma triglyceride at the end of the protein free diet was significant only for the urban adults.

Free fatty acids however, showed a significantly higher mean plasma level for the urban adults while the falls in values at the end of the diet regime for both groups were not significant. Percentage fall in both groups did not differ statistically.

Relationship between % body Fat and Plasma Lipids

Table VII shows the correlation coefficient of lipids with percentage body fat with their probabilities. A significant positive correlation was observed with high density lipo-protein cholesterol.

This correlation was still maintained even at the end of the low-protein diet but lower for the urban adults. On the other hand the village adults showed a positive correlation with triglyceride at the beginning and end of the protein free diet.

Correlation Between Proteins and Albumin to Plasma Lipids

The rural adults showed a positive correlation between proteins and albumin with plasma HDLC, the correlation however was not significant for albumin at the end of the low protein diet (Table VIII).

TABLE III
ANTHROPOMETRIC CHARACTERISTIC OF SUBJECTS

Study	<i>RURAL ADULTS</i>		<i>URBAN ADULTS</i>
	<i>Day 1</i>	<i>Day 10</i>	<i>Day 1</i>
MEAN HEIGHT (M)	1.64=0.03**	1.64=0.08	1.79=0.03
MEAN WEIGHT (KG)	51.70=2.20**	50.11=2.02	67.03=2.45
MEAN QUATELET INDEX (KG/M ²)	19.27=0.31**	18.69=0.26*	21.26=0.53
MEAN MUSCLE CIRCUMFERENCE	24.97=0.85	24.67=0.47	26.10=0.54
MEAN % BODY FAT	10.90=0.48**	10.31=0.49*	13.44=0.52

* Significantly lower than Day 1 at P<0.05
 ** Significantly lower than Value for Urban Adults at P<0.05
 *** Fall significantly lower than for Urban Adults at P<0.05

TABLE IV
PROTEIN FREE DIET AND CHANGES IN PLASMA PROTEINS AND ALBUMIN

Study	<i>RURAL ADULTS</i>		<i>URBAN ADULTS</i>
	<i>Day 1</i>	<i>Day 10</i>	<i>Day 1</i>
PROTEIN (9g/dl)	6.92**	6.72(***)	7.70
S.E.	0.18	0.18	0.22
ALBUMIN (g/dl)	3.88**	3.81***	4.42
S.E.	0.11	0.10	0.13

* Significantly lower than Day 1 at P<0.05
 ** Significantly lower than Value for Urban Adults P<0.05
 *** Fall Significantly lower than for Urban Adults P<0.05

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TABLE V

EFFECT OF THE PROTEIN DIET ON PLASMA HIGH DENSITY LIPO-PROTEIN CHOLESTEROL (HDL_C) AND LOW DENSITY LIPO-PROTEIN CHOLESTEROL (LDL_C)

	<i>RURAL ADULTS</i>		<i>URBAN ADULTS</i>	
	<i>Day 1</i>	<i>Day 10</i>	<i>Day 1</i>	<i>Day 10</i>
MEAN LDL _C (mg/dl)	93.68	79.06*	108.65	78.44**
S. E.	5.49	4.22	10.54	7.57
MEAN HDL _C (mg/dl)	48.30	46.02*	53.42	47.33**
S. E.	0.71	0.87	3.11	3.10

Significantly lower than Day 1 P<0.05

**Significantly lower than Value for Urban Adults P<0.05

***Fall significantly lower than for Urban Adults P<0.05

TABLE VI

THE EFFECT OF THE PROTEIN DIET ON MEAN PLASMA TOTAL CHOLESTEROL, TRIGLYCERIDE, PHOSPHOLIPIDS AND FREE FATTY ACIDS

	<i>RURAL ADULTS</i>		<i>URBAN ADULTS</i>	
	<i>Day 1</i>	<i>Day 10</i>	<i>Day 1</i>	<i>Day 10</i>
MEAN TOTAL CHOLESTEROL (mg/dl)	159.48	142.10*	181.49	143.33**
S. E.	5.60	4.10	10.18	5.97
MEAN TRIGLYCERIDES (mg/dl)	87.47	85.13	97.05	87.71*
S. E.	2.41	5.10	5.40	3.78
MEAN PHOSPHOLIPIDS (mg/dl)	205.16	196.54*	217.43	203.18*
S. E.	6.14	3.73	6.27	6.64
MEAN FREE FATTY ACIDS (mg/dl)	15.17**	13.87	19.18	19.00
S. E.	1.09	0.85	0.86	0.74

*Significantly lower than Day 1 at P<0.05

**Significantly lower than Value for Urban Adults P<0.05

***Fall significantly lower than Urban Adults P<0.05

TABLE VII

CORRELATION CO-EFFICIENTS OF LIPIDS WITH PERCENTAGE BODY FAT DURING LOW PRO
% BODY FAT

	DAY 1		DAY 10
	r-VALUE	P	r-VALUE
<i>CHOLESTEROL</i>			
URBAN	-0.412	0.179	-0.6642
VILLAGE	-0.0054	0.495	-0.0657
<i>HDLC</i>			
URBAN	+0.8446	0.008*	0.7376
VILLAGE	-0.4744	0.117	0.0039
<i>LDLC</i>			
URBAN	+0.3503	0.221	-0.1602
VILLAGE	0.0652	0.459	-0.1685
<i>TRIGLYCERIDE</i>			
URBAN	-0.3054	0.253	-0.3628
VILLAGE	0.9418	0.000*	0.3351
<i>PHOSPHOLIPIDS</i>			
URBAN	0.4990	0.127	0.5928
VILLAGE	-0.3606	0.190	-0.2749
<i>FREE FATTY ACID</i>			
URBAN	0.3961	0.136	0.4753
VILLAGE	-0.3961	0.166	-0.2703

* Significant at P<0.05

TABLE VIII
CORRELATION OF PLASMA PROTEINS (AND ALBUMIN) WITH PLASMA LIPIDS FOR THE LOW PROTEIN DIET

	PROTEIN				ALBUMIN			
	DAY 1 r-VALUE P	DAY 10 r-VALUE P						
<i>CHOLESTEROL</i>								
URBAN	-0.307 0.252	0.483 -0.211	0.136 0.307	-0.106 -0.326	0.410 0.215	0.653 -0.077	0.056 0.427	
RURAL	-0.237 0.285	-0.211 -0.307						
<i>HDL C</i>								
URBAN	0.199 0.925	0.334 0.000*	0.080 0.667	0.043 0.035	0.117 0.922	0.040 0.00*	0.333 0.591	0.232 0.061
RURAL								
<i>LDL C</i>								
URBAN	-0.343 -0.334	0.600 0.208	0.362 -0.299	0.212 0.235	-0.014 -0.415	0.382 0.305	0.641 -0.193	0.060 0.323
RURAL								
<i>TRIGLYCERIDE</i>								
URBAN	-0.088 -0.364	0.425 0.137	-0.172 -0.305	0.355 0.231	0.041 -0.439	0.465 0.138	0.139 -0.031	0.038 0.470
RURAL								
<i>PHOSPHOLIPIDS</i>								
URBAN	-0.163 -0.017	0.363 0.484	-0.070 -0.058	0.044 0.445	-0.374 0.105	0.204 0.401	-0.318 0.083	0.243 0.422
RURAL								
<i>FREE FATTY ACIDS</i>								
URBAN	-0.346 -0.116	0.203 0.391	0.047 -0.103	0.460 0.321	-0.312 -0.80	0.247 0.425	0.463 0.376	0.147 0.179
RURAL								

* Significant at $P < 0.05$

Discussion

In Table III, the mean heights, weights, Quetelet's indices percentage body fat as well as the arm muscle circumference of the rural adults were slightly but significantly lower except the arm muscle circumference than that of urban adults. Though this difference is small it may indicate either genetic differences or previous nutritional status of the rural adults^{16, 17, 18}. Both groups were affected more or less in the same way on the low protein diet by the decline in their body weight, Quetelet's indices and percentage body fat (index of energy reserve) which did not differ significantly from each other, though higher falls were recorded for all parameters for the urban adults. This implies that their socio-economic status, age and so rural adults play no role in the effect of protein deprivation on a short-term basis on their physical measurements.

Plasma proteins and albumin are strong indicators of the nutritional state of proteins in man. Both urban and rural adults showed normal plasma levels with the urban adults having higher values. The reduction at the end of the low protein diet was significant for both protein and albumin except albumin in the rural adults. This probably is due to the fact that the effect of protein depletion during the low protein diet must have been more drastic in the urban adults while the rural adults showed a better adaptation to the low protein, since albumin is a good example of an adaptive mechanism to low protein intake¹⁹.

The Urban adults exhibited mean values higher than those found in the rural adults for all the plasma lipids except free fatty acids where the difference was not significant. However, the changes

observed at the end of the low diet for both groups did not differ significantly, though higher falls were for the urban adults.

All plasma lipids except free fatty acids for both urban and rural adults as the triglyceride of the rural adults significantly.

The fall observed in the plasma has been attributed to a fall in protein (HDLc) and (LDLc) the chief carrier proteins of triglyceride, cholesterol and phospholipid. Free fatty acids however, are chiefly by albumin in plasma and not significantly affected by the effect of the short-term deprivation. Albumin was not very severely depressed by the adaptive nature of albumin to supply of amino acids¹⁹. Both groups were affected more or less in the same way by the protein deprivation. Rural adults showed a less stressful response probably due to a better adaptation to a low protein diet.

A high correlation factor was observed between HDLc and albumin and proteins for the rural group. High density lipo-protein has a high concentration of proteins and any fall in protein synthesis will bring about a reduction in its fraction. The correlation value was significant with the low protein diet with albumin which is adaptively increased.

However, no other significant correlation was obtained among the plasma with protein and albumin for the two groups. The Urban adults showed a positive correlation with HDLc and percentage body fat. This could be a protective mechanism against arteriosclerosis since the higher the HDLc the less the chances of the coronary

The rural adults however, showed a positive correlation with triglyceride and percentage body fat. The higher the % body fat the higher the adipose stored and therefore the higher the triglyceride released.

From the present study it has been observed that lipids are also affected during the short-term protein deprivation used for obligatory nitrogen losses in estimating safe protein level of allowances.

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