

***High-protein diet
promotes **a moderate**
postpartum weight
loss in a prospective
cohort of Brazilian
women***

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Introduction

Postpartum recommendations: *energy intake/breastfeeding
(no orientation about diet composition)*

Studies concerning protein consumption

- *non-pregnant women: more effective weight loss diet (Layman & Baum, 2004; Hu, 2005)*
- *Postpartum women: exclusion criterias (Westman et al., 2002; Foster et al., 2003)*

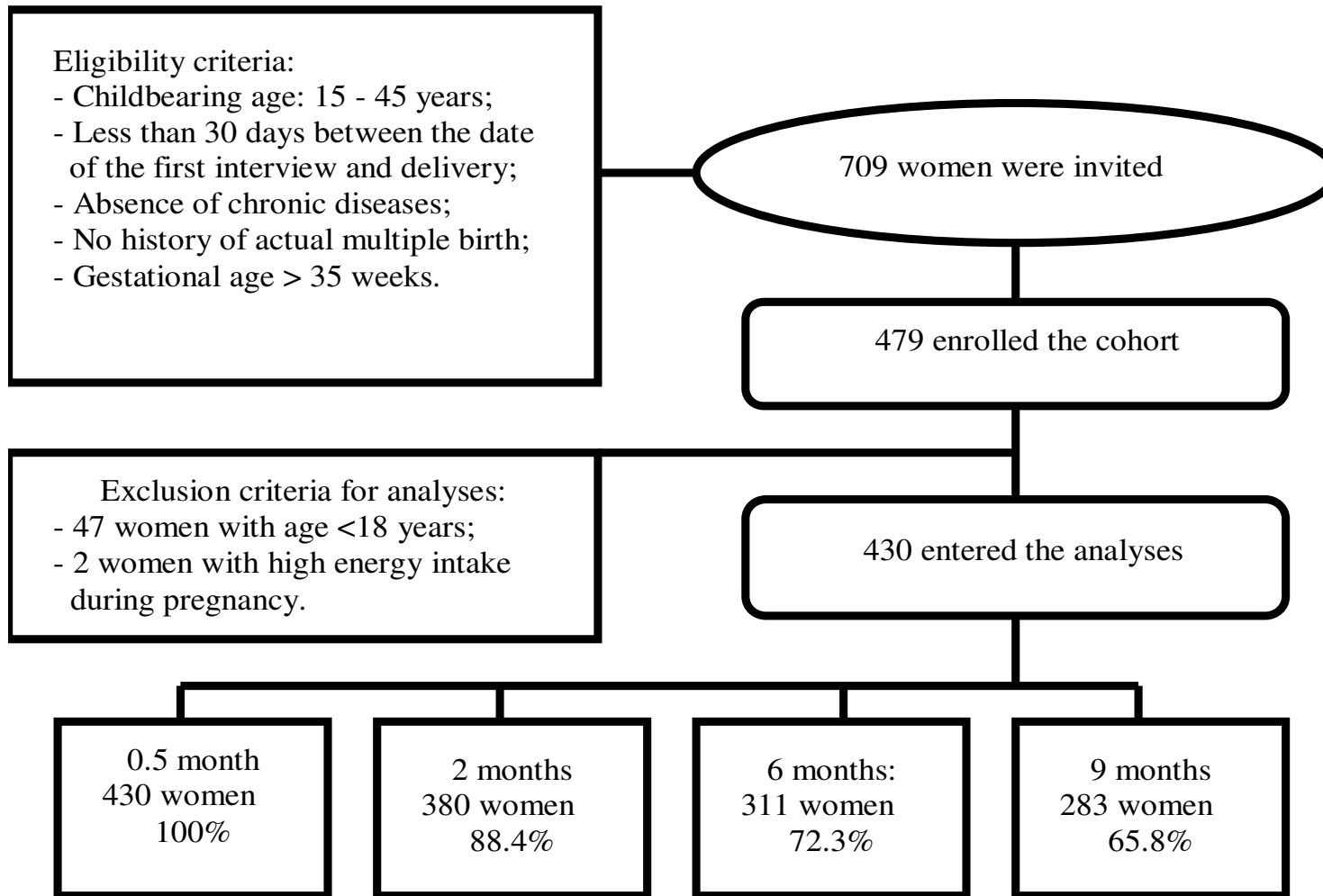
High-protein diets (HP \geq 1.2 g/kg): *occidental standard*

- *Coronarian disease (Tucker et al., 2005; Dauchet et al., 2006)*
- *Cancer incidence (Key et al., 2004; Uauy & Solomons, 2005)*

Prospective study: *diet composition (HP/LP) \Leftrightarrow postpartum weight variation*

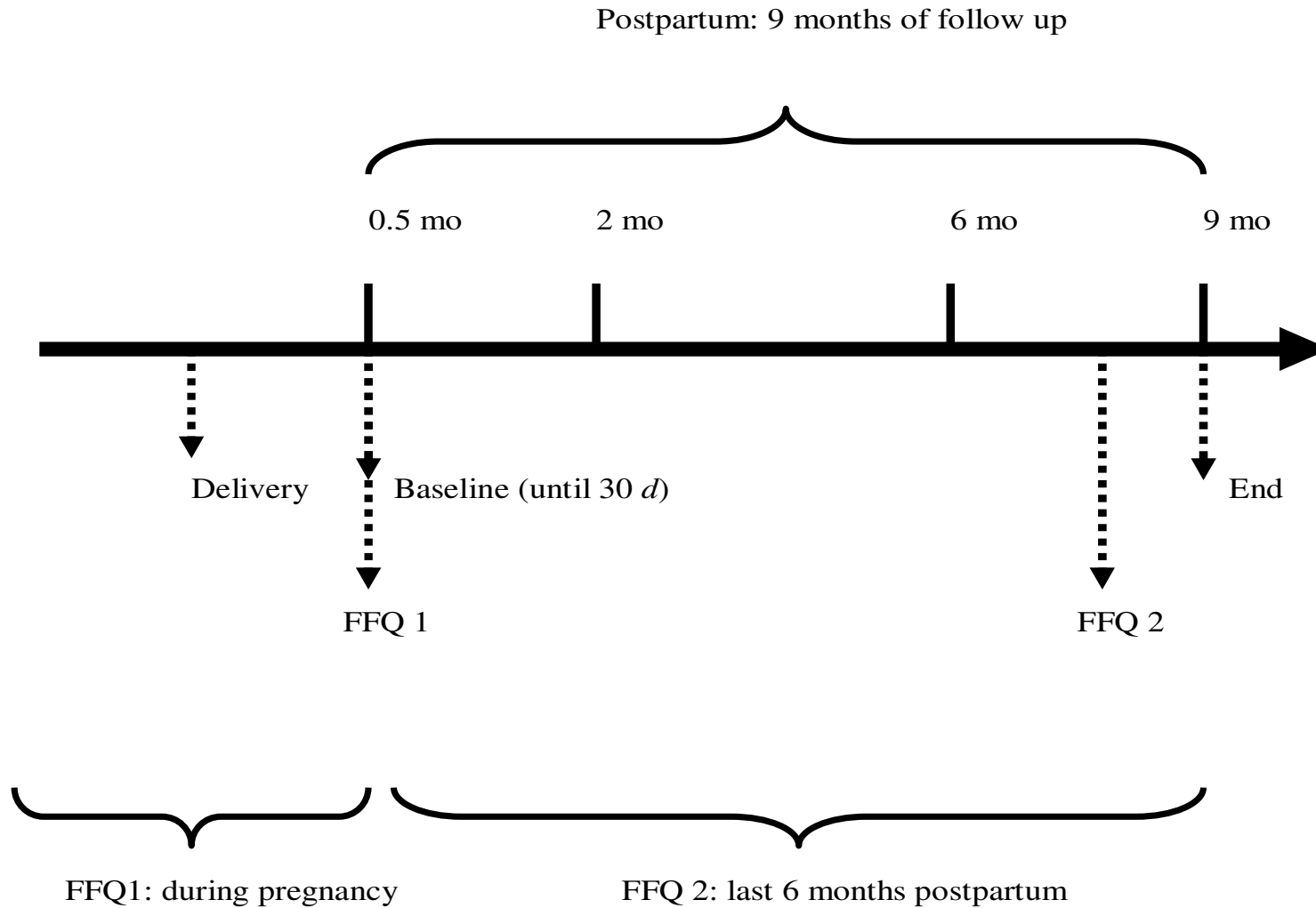
Methods

Figure 1a.



Methods

Figure 1b.



Methods

Models were fitted in five steps as follows:

Model A: unconditional mean model describing partition of the outcome variation

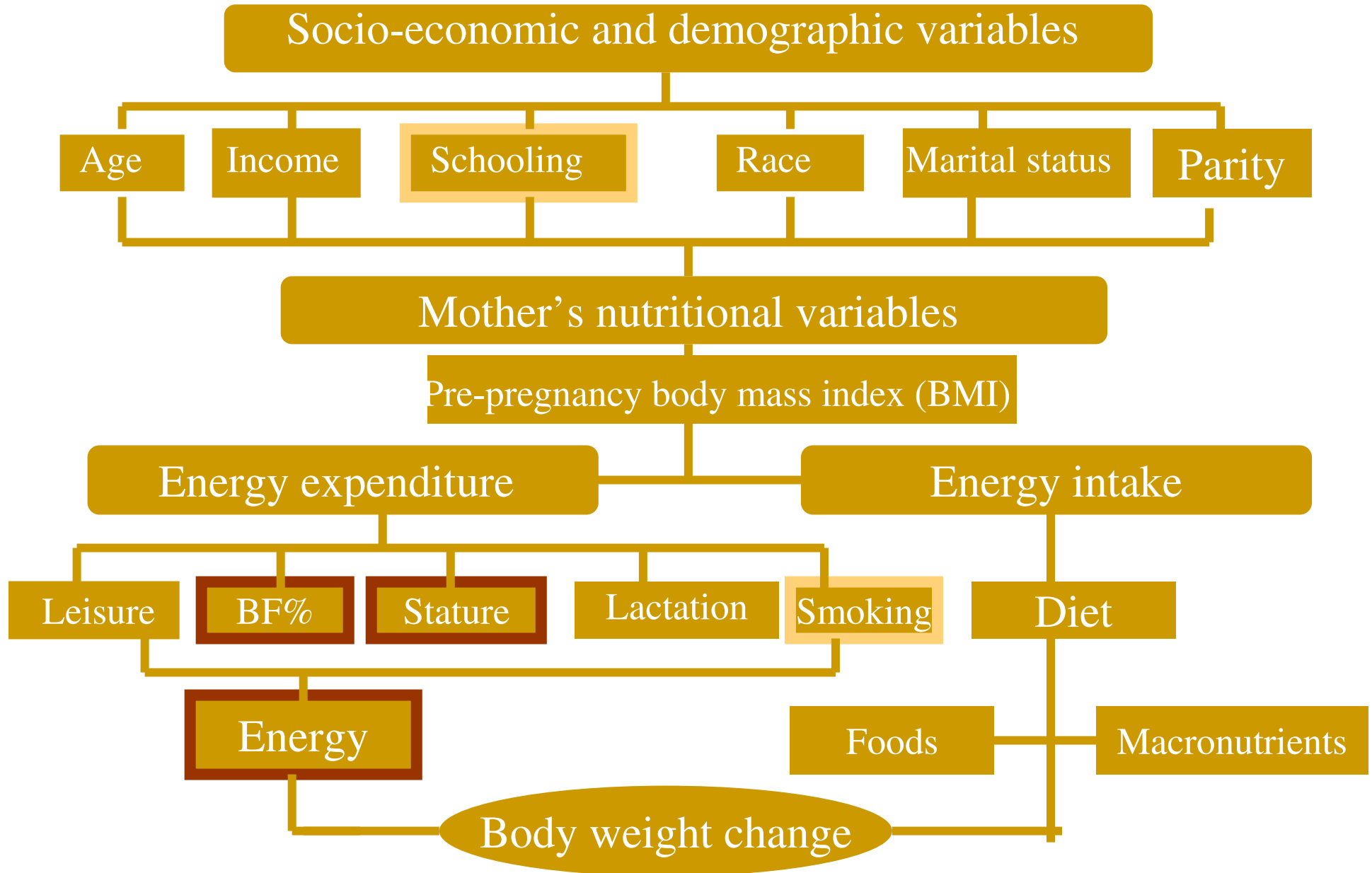
Model B: unconditional growth model which includes time variable

Model C: conditional model that includes the effect of the HP diet

Model D: conditional model adjusted for time-invariant variables: energy intake, percent body fat, stature, age, race, schooling and smoking during postpartum and their interaction with time.

Model E: final model with interactions between stature, age and race with time

Methods



Results

HP/LP at baseline (Table 1)

Weight: *Thinner* ($p < 0.0001$)

Stature: *Lower stature* ($p = 0.0012$)

Body fat: *lower BF% e BMI* ($p < 0.0001$)

Age: *younger* ($p = 0.05$)

Race: *lower proportion of whites* ($p = 0.04$)

Results

HP/ LP intake at baseline (Table 2)

Energy intake: 2623 kcal versus 1791 kcal, $p < 0.01$)

Protein intake: *higher*

Protein intake per kg of body weight (g/kg/d):

1.54 g/kg/d (± 0.32 g/ kg/d) versus 0.83 g/kg/d (± 0.20 g/ kg/d)

Density of the protein: *was higher at HP diet except for chicken and bean*

Figure 2.a - Mean body weight difference in women with high-protein diet (HP): ■ High protein intake during postpartum (≥ 1.2 g/kg/d; n = 97, 97, 97, 87); ● Low protein intake during postpartum (< 1.2 g/kg/d; n = 181, 181, 181, 164); * significant time by group interaction.

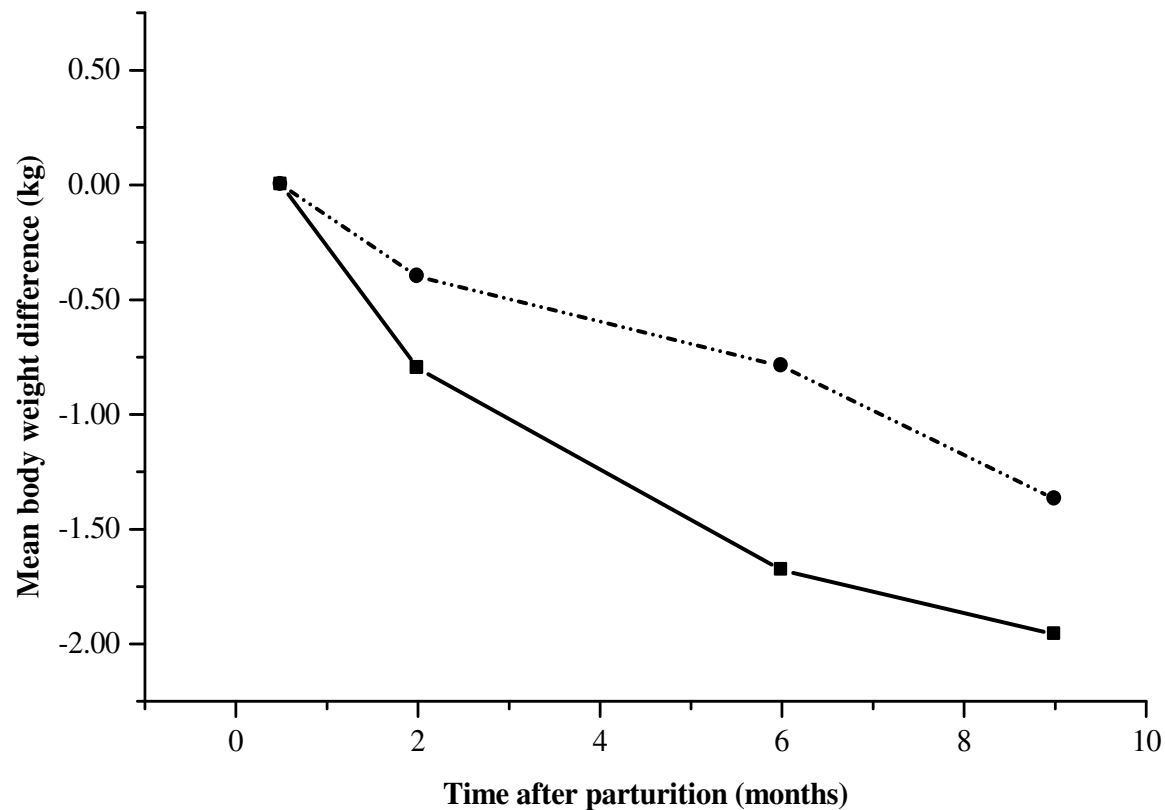


Figure 2.b – Adjusted mean body weight loss by energy intake, energy intake*time, stature, BF%, BF%*time, age, race, smoking, smoking*time, schooling and schooling*time in women with high-protein diet (HP) ■ High protein intake during postpartum (≥ 1.2 g/kg/d; n = 97, 97, 97, 87); ● Low protein intake during postpartum (< 1.2 g/kg/d; n = 181, 181, 181, 164); * significant time by group interaction.

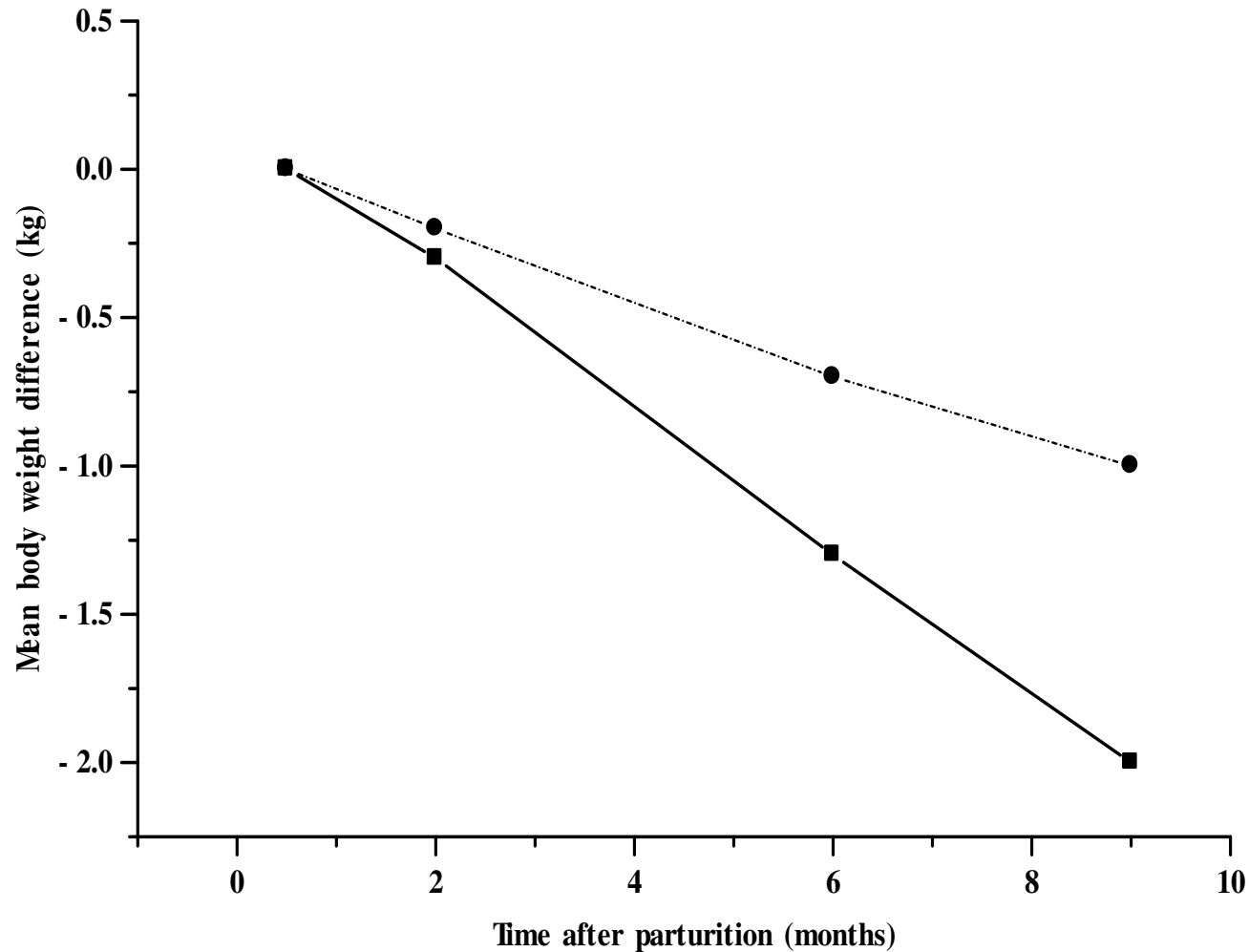


Table 3. Regression coefficients and (standard error) of multilevel models for body weight (n=278) for high (HP)[†] and low (LP)^{††} protein intake during postpartum.

Parameter		Model A	Model B	Protein intake	
				Model C [‡]	Model D ^{‡‡}
<i>Fixed Effects</i>					
Intercept	Weight	62.246** (0.590)	62.757** (0.594)	66.678** (0.865)	63.612** (0.753)
	HP/LP			-10.153** (1.465)	-4.975** (1.023)
Rate of change	Time		-0.153** (0.021)	-0.123** (0.027)	-0.123** (0.027)
	HP/LP			-0.104** (0.047)	-0.103* (0.046)
<i>Variance Components</i>					
Level 1	within-person	5.905** (0.267)	5.591** (0.253)	5.713** (0.285)	5.713** (0.285)
Level 2	between-person	147.53** (10.208)	147.76** (10.216)	131.62** (11.329)	30.538** (2.751)
<u>Goodness-of-fit:</u>					
-2 Res Log Likelihood		8337.8	8289.8	6225.3	5852.6
Akayke Information Criterion		8341.8	8293.8	6229.3	5856.6

[†] HP = Protein intake \geq 1.2 g/kg. ^{††} LP = Protein intake $<$ 1.2 g/kg.

[‡] Unadjusted model. ^{‡‡} Adjusted model. * $p \leq 0.05$; ** $p \leq 0.01$.

Discussion

- **HP**: *higher body weight loss/strategy* (lose and maintain)

Body weight loss ⇔ **Dietary change**
↑ energy restriction/↑ protein

- **Sustantable weight loss**: *small X over time*
- **Nutritional requirements/Lactation**
 - OMS: 0.91 g /kg + 16.0 g
 - IOM: 1.3 g/kg
 - Study: 1.54g/kg

Discussion

Advantages of HP diet

- Promotes body weight loss (*Westman et al., 2002 and others*)
- Preserves body lean mass (*Motil et al., 1998*)
- Satiety (*Mikkelsen et al., 2000; Layman et al., 2003;)*
- Blood lipid profiles (*Westman et al., 2002; Hu, 2005*)
- Energy expenditure (*Mikkelsen et al., 2000*)
- Thermogenesis (*Johnston et al., 2004*)

Losses of follow-up

- *Random* (Kac *et al.*, 2003; Castro *et al.*, 2006)
- *6 months: 72% of participants*

FFQ: *Fatter (underestimate)*

Obese ↓ CH e ↑ protein (Sichieri & Everhart, 1998).



↑ alternative hypothesis

- *Usual consumption, validity and reproducibility* (Erkola *et al.*, 2001)
- *Postpartum* (Rodrigues & Costa, 2001 and others).
- HP: *high proportion of participants*
- Confounding: *adjusted analysis*

- Positive relation: HP/weight loss
- Strategy: loss/maintenance during postpartum
- Clinical trials/prospective studies: risks and benefits