Macro and Micronutrients

Carbohydrates / Proteins / Lipids Vitamins / Minerals / Trace Elements

GNT Block

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Objectives

- Understand the nutritional importance of dietary macro and micronutrients
- Identify major dietary sources and RDAs of macro and micronutrients
- Evaluate the nutritional quality of proteins, the types of dietary carbohydrates, fibers and fats and their benefits
- Discuss the role of macronutrients in causing diseases or conditions such as nitrogen imbalance, diabetes, obesity, atherosclerosis and heart disease
- Understand the functions of micronutrients and the diseases due to their deficiencies

Overview

- What are macro and micronutrients?
- Types
- Functions
- Sources and RDAs
- Diseases and conditions due to their deficiency

Macronutrients

- Nutrients needed by the body in large amounts (proteins, carbohydrates, fats)
- They provide energy and building blocks for proteins, carbohydrates and fats

Micronutrients

- Nutrients needed by the body in small amounts (vitamins, minerals, trace elements)
- Required for maintaining normal health and preventing various diseases
- They do not provide energy

Energy Content of Food

- Body obtains energy as ATP
- ATP is used for all body functions
- The energy content of food is measured in calories (Kilocalories)
- One calorie is the heat required to raise the temperature of 1 gm. of water by 1°C
 - □ Proteins \rightarrow 4 kcal/g
 - □ Carbohydrates \rightarrow 4 kcal/g
 - \square Fat \rightarrow 9 kcal/g

Acceptable Macronutrient Distribution Range (ADMR) Adequate intake of macronutrients to prevent the risk of disease



AMDR for adults: CHOs: 45-65% Proteins: 10-35% Fats: 20-35%

Figure 27.8

Influence of nutrition on some common causes of death in the United States in the year 2000. Red indicates causes of death in which the diet plays a significant role. Blue indicates causes of death in which excessive alcohol consumption plays a part. (*Diet plays a role in only some forms of cancer.)

Nutritional Importance of Proteins

- Proteins supply amino acids and amino nitrogen for the body
- Essential amino acids: Body can't synthesize, must be supplied in the diet
 - PVT TIM HALL: <u>P</u>heylalanine, <u>V</u>aline, <u>Tryptophan, Threonine, Isoleucine,</u> <u>Methionine, Histidine, Arginine, Lysine,</u> <u>Leucine</u>
- Non-essential: body can synthesize

Nutritional Quality of Proteins

- A measure of a protein's ability to provide the essential amino acids required for tissue maintenance
- Measured in PDCAAS units (Digestibility-Corrected Amino Acid Scoring)
- High value indicates more digestibility and high quality (maximum score 1.0)
- Proteins from animal sources: 0.82–1.0
- Proteins from plant sources: 0.4

Sources and RDA

Sources and RDA:

- Meat, poultry, fish, milk, wheat, corn, beans, nuts
- RDA (g / kg body weight)
 Normal adults: 0.8
 Athletes: 1.0
 Pregnancy / lactation: up to 30
 Children: 2.0

Nitrogen Balance

- Normal Nitrogen Balance
 - In a healthy person, the nitrogen intake is equal to nitrogen loss
- Negative nitrogen balance
 - When nitrogen loss is more than intake
 - Occurs in burns, trauma, illness, metabolic stress
- Positive nitrogen balance
 - When nitrogen intake is more than loss
 - Occurs in growth, pregnancy, lactation, recovery from illness



Protein-Energy Malnutrition

Malnutrition:

- A condition or disease caused by not eating enough food or not eating a balanced diet
- Malnutrition due to inadequate intake of proteins or energy
- Two conditions:
 - Marasmus
 - Kwashiorkor

	Marasmus	Kwashiorkor
Cause	Inadequate intake of energy with adequate protein intake	Inadequate intake of proteins with adequate energy intake
Age and food intake	 1-3 year Mother's milk is supplemented with food (cereals) deficient in calories 	After weaning (at about 1 year)Diet mainly contains CHOs
Symptoms	 Arrested growth Extreme muscle wasting Weakness Weight loss No edema or changes in plasma proteins 	 Edema Distended abdomen Diarrhea Dermatitis / thin hair Enlarged fatty liver Low plasma albumin

Carbohydrates

- Their major role in diet is energy production
- RDA: 130 grams/day for adults and children
- Types in the diet:
 - Simple CHOs: sucrose, fructose, lactose, corn syrup
 - Complex CHOs: whole grains, pasta, wheat, starch
- CHO intake above RDA causes weight gain or obesity due to increased fat storage in adipose tissue

Protein-Sparing Effect

- Dietary protein requirement and CHO diet are related to each other
- CHO have protein-sparing effect
 - □ They inhibit gluconeogenesis from amino acids
 - That way amino acids are used for repair and maintenance of tissue protein and not for gluconeogenesis
- If CHO intake is less than the RDA (130 g/day)
 more proteins will be metabolized
 - □ more gluconeogenesis will take place

Dietary Fiber

- The component of food that cannot be broken down by human digestive enzymes
- RDA (gm/day): Men: 38, Women: 25

Benefits:

- Lowers serum LDL levels
- Reduces constipation
- Promotes feeling of fullness
- Slows gastric emptying (long-term glucose control in patients with diabetes mellitus)
- Reduces exposure of gut to carcinogens

Fats in the Diet

- A concentrated source of energy (9 kcals/gram)
- Supply essential fatty acids such as linoleic and linolenic acids
- Provide phospholipids for membrane function
- Source of fat-soluble vitamins (A, D, E, K) and help in their absorption
- RDA (gm/day): Total fats: 65, Saturated: 20
- Excessive fat intake can cause
 - □ Atherosclerosis/heart disease
 - Obesity



- - \Box α -linolenic acid (ω -3 fatty acid)
 - □ linoleic acid (ω -6 fatty acid)
- Deficiency causes: scaly skin, dermatitis, reduced growth (most common in infants)
- Used for eicosanoids synthesis which appear to have cardioprotective effects
 - decrease blood clotting
 - decrease blood pressure

Omega-3 Fatty Acids



- Mainly found in cold-water ocean fish such as: albacore, mackerel, salmon, sardines, tuna, whitefish
- Play an important role as:
 - Structural membrane lipids



Modulator of ω-6 fatty acid
 metabolism



Recommendations for Omega-3 Fatty Acid Intake American Heart Association Guidelines

Population

 Patients without coronary heart disease (CHD)

Patients with CHD

Recommendation

- Fatty fish twice a week
- Include oils and foods rich in α-linolenic acid (flaxseed, canola and soybean oils; flaxseed and walnuts)
- 1 gm of EPA+DHA per day from fatty fish

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EPA+DHA supplements

 Patients who need to lower triglycerides (fats)

2 to 4 grams of EPA+DHA per day

Omega-6 Fatty acids





Omega-3 Fatty acids



Plants

 Fish oil containing docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA)

Effects

- Suppress cardiac arrhythmias
- ↓ Serum triacylglycerols
- ↓ Tendency to thrombosis
- Lower blood pressure
- ↓ Risk of cardiovascular mortality
- Little effect on LDL or HDL levels

Trans Fatty Acids

- Unsaturated fatty acids, behaving more like saturated fatty acids in the body
 - increase serum LDL (but not HDL)risk of CVD
- Not found in plants (animals only)
- Formed during hydrogenation of liquid vegetable oils
- Found in baked food: cookies, cakes, deep-fried foods

Vitamins

- Organic compounds present in small quantities in different types of food
- Help in various biochemical processes in cell
- Important for growth and good health
- Essential
- Noncaloric
- Required in very small amounts

Vitamins - Classified Based on Solubility

Fat-Soluble Vitamins

□ A, D, E, and K (stored in the body)

Water-Soluble Vitamins

- Ascorbic acid (vitamin C)
- Thiamin (vitamin B₁)
- Riboflavin (vitamin B₂)
- Niacin (vitamin B₃)
- Pyridoxine (vitamin B₆)
- Biotin
- Pantothenic acid
- Folate
- Cobalamin (vitamin B₁₂)

Vitamin E

- Antioxidant: prevents oxidation of cell components by molecular oxygen and free radicals
- May have a role in fertility and anti-aging effect
- α -Tocopherol is the most active form in the body

Sources and RDA (mg/day):

- Vegetable Oil, nuts, seeds, vegetables
- Adults: 15, Children: 7

Deficiency: (mostly observed in premature infants)

- Defective lipid absorption
- Anemia due to oxidative damage to RBCs
- Neurological problems
- Male infertility

Functions of Vitamin B_1 (Thiamin)

- Active form: Thiamin pyrophosphate (TPP)
- Coenzyme for transketolase and oxidative decarboxylation reactions
- In thiamin deficiency, the activity of these two dehydrogenases is decreased
- Causing: Low ATP production and defective cellular function
- Sources and RDA (mg/day)
- Plants, cereals, meat
- Adults: 1.2, Children: 0.6

Disorders of Vitamin B_1 (Thiamin) Deficiency

Beriberi

- A type of chronic peripheral neuritis due to severe thiamin deficiency causes weakness, neuropathy, disorderly thinking, paralysis
- Thiamin has a role in nerve conduction
- Neuropathy affects glial cells (astrocytes) of the brain and spinal cord causing neuron death

Wernicke-Korsakoff syndrome

- Common in alcoholics due to defective intestinal absorption of thiamin or dietary insufficiency
- Causes apathy, loss of memory



Functions of Vitamin C



- Powerful antioxidant (prevents some cancers)
- Helps in dentine, intercellular matrix and collagen formation
- Increases iron absorption
- Helps in the maturation of RBCs
- Promotes wound healing
- Stimulates phagocytic action of leukocytes
- Reduces risk of cataract formation



Disorders of Vitamin C Deficiency



Sources and RDA (mg/day):

- Citrus fruits, tomatoes, melon, peppers
- Men: 90, Women: 75, Children: 15-25

Deficiency:

Scurvy

- Abnormal collagen production
- Gums become painful, swollen and spongy
- The pulp is separated and the teeth are lost

Scorbutic gums in vitamin C deficiency. Gums are swollen, ulcerated, and bleeding due to vitamin C-induced defects in oral epithelial basement membranes and periodontal collagen fiber synthesis.



Minerals and **Trace Elements**

Macrominerals

(>100 mg/day)

- Calcium
- Phosphorous
- Sodium
- Potassium
- Chloride
- Magnesium

Microminerals

- (<100 mg/day) Molybdenum
- Iron
- lodine
- Copper
- Manganese Silicon
- Zinc
- Cobalt



- Selenium
- Fluoride
- Chromium

Iron Functions

- Oxygen transport and metabolism
- Part of hemoglobin, myoglobin, cytochromes
- Body stores iron as ferritin, hemosiderin and transferrin
- Adult women have much lower iron storage than men

Sources and RDA (mg/day):

- **Heme iron:** Animal products (meat, liver), 25% absorption
- **Nonheme iron:** Plants (spinach, beans), 5% absorption
- Men: 8, Women: 18, Children: 7-15

Iron Deficiency

Iron deficiency anemia is most common

 Growing children, pregnant, lactating and menstruating women need more iron

Hemosiderosis (iron overload disorder)

- Due to iron excess (toxicity)
- Hemosiderin (Iron stored in complex with ferritin protein in liver and spleen)
- Occurs in persons receiving repeated blood transfusions

Take home message

- Macro and micronutrients are essential for energy and maintaining good health
- Various diseases are associated either with malnutrition or excessive intake of these nutrients

References

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