



Macro and micro nutrients



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.

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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.



Macronutrients and Micronutrients





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) or J.
- Definition of calorie: One calorie is the heat required to raise the temperature of 1 gm of water by 1°C.
 - Proteins = 4 kcal/gm.
 - Carbohydrates = 4 kcal/gm.
 - Fat = 9 kcal/gm.

O Acceptable Macronutrient Distribution Range (AMDR)

- Adequate intake of macronutrients to prevent the risk of disease
- AMDR for adults:
 - CHOs: 45-65%
 - Proteins: 10-35%
 - Fats: 20-35%

This is called a balanced diet.



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.)

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In diseases marked with red, nutrition is playing a significant role.



Proteins

Nutritional Importance of protein

- 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:
 - Phenylalanine, Valine, Tryptophan, Threonine, Isoleucine, Methionine, Histidine, Arginine, Lysine, Leucine. Arginine is conditionally essential (not always essential)
- Non-essential: body can synthesize.
- Under normal conditions carbs are the main source of energy, proteins are source of energy in case of carb depletion.

Nutritional Quality of Proteins

What are the factors that determine the quality of a protein?

- 1-A measure of a protein's ability to provide the essential amino acids required for tissue maintenance.
- 2-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
- Proteins of animal sources have higher score and this makes sense because the proteins of animal sources are similar to those our body needs.

Sources

Meat, poultry, fish, milk, wheat, corn, beans, nuts.

RDA (gms/kg body weight)

- Normal adults: 0.8
- Athletes: 1.0
- Pregnancy / lactation: upto additional 30 g/day
- Children: 2.0

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	1-3 year	After weaning (at about 1 year)	
food intake	Mother's milk is supplemented with food (cereals) deficient in calories	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. 	

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.

Carbohydrates



Their major role in diet is energy production.

Types in the diet:

- Simple CHOs: sucrose, fructose, lactose, corn syrup.
- Complex CHOs: whole grains, pasta, wheat, starch. Are better to be included in diet because breaking them down requires energy (chance of gaining weight when taking simple carbs)

RDA:

- 130 grams/day for adults and children.
- 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.So, you will lose your muscle mass
- If CHO intake is less than the RDA (130 g/day):
 - more proteins will be metabolized.
 - more gluconeogenesis will take place.



Dr. said: These are some scenarios and I

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. It bonds to harmful agent and then get excreted with it.

Fats in the Diet

A concentrated source of energy (9 kcals/gram).

RDA (gm/day):

Total fats: 65, Saturated: 20.

- Excessive fat intake can cause:
 - Atherosclerosis/heart disease.
 - Obesity.
- 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.

Essential Fatty Acids:

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

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.

Amora -2 Eatty acide



The reason behind nomenclature:

α-linolenic acid (ω-3 fatty acid).
the first double bond is ar carbon No.3
linoleic acid (ω-6 fatty acid).
the first double bond at carbon No. 6

Omega-6 Fatty acids

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Sources	 Mainly found in cold-water ocean fish such as: albacore, mackerel, salmon, sardines, tuna, whitefish. Plants such as spanish. Fish oil containing docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA). 	 Nuts. Avocados. Olives. Soybeans. Oils (sesame, cottonseed, corn oil).
Effects	 Play an important role as: Structural membrane lipids. Modulator of ω-6 fatty acid metabolism. Suppress cardiac arrhythmias. ↓ Serum triacylglycerols. ↓ Tendency to thrombosis. Lower blood pressure. ↓ Risk of cardiovascular mortality. Little effect on LDL or HDL levels. 	 ↓ Plasma cholesterol. ↓ LDL. ↓ HDL.



Micronutrients

1. Vitamins

2. Minerals and Trace Elements

Vitamins



- Help in various biochemical processes in cell. •
- Important for growth and good health. Essential. Noncaloric. Required in very small amounts. ullet

classifications			
Fat-soluble vitamins	Water-soluble vitamins		
• A, D, E, and K (stored in the body).	 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			
Function	 Antioxidant: prevents oxidation of cell components by molecular oxygen and free radicals May have a role in fertility and anti-aging effect 		

Active form	• α - tocopherol is the most active form in the body
Sources and RDA	 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

Vitamin B1 (Thiamine)			
Function	 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 		
Active form	• Thiamin pyrophosphate (TPP)		
Sources and RDA	 Plants, cereals, meat Adults: 1.2, Children: 0.6 		
Deficiency	 Beriberi A type of chronic peripheral neuritis due to severe thiamine 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 		
Vitamin C			
Function	 Powerful antioxidant (prevents some cancers) They give it to people who work in dye industry Helps in dentine, intercellular matrix and collagen formation Increases iron absorption 		

Function	 Increases iron absorption Helps in the maturation of RBCs Promotes wound healing Stimulates phagocytic action of leukocytes Reduces risk of cataract formation 	
Sources and RDA	 Citrus fruits, tomatoes, melon, peppers Men: 90, Women: 75, Children: 15-25 in mg 	
Deficiency	 Scurvy Abnormal collagen production Gums become painful, swollen and spongy The pulp is separated and the teeth are lost 	

Minerals and Trace Elements



Iron			
 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. Because cycle 			
Sources and RDA	 Heme iron: Animal products (meat, liver), 25% absorption So,absorption is faster. Nonheme iron: Plants (spinach, beans), 5% absorption So,absorption is slower. Men: 8, Women: 18, Children: 7-15 		
Deficiency	 Iron deficiency anemia is most common in Growing children, pregnant, lactating and menstruating women need more iron Hemosiderosis (iron overload disorder) Due to iron excess (toxicity) excessive storage of iron. Hemosiderin (Iron stored in complex with ferritin protein in liver and spleen) Occurs in persons receiving repeated blood transfusions 		

Take Home Messages



Macro and micronutrients are essential for energy and maintaining good health.



Various diseases are associated either with malnutrition or excessive intake of these nutrients



Summary

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Protein	Function:Proteins supply amino acids and amino nitrogen for the body.Sources:Meat, poultry, fish, milk, wheat, corn, beans, nuts.RDA:- Normal adults: 0.8 Pregnancy / lactation: upto 30 Children: 2.		
Carbohydrates	 Function: energy production. Types: Simple CHOs: sucrose, fructose, lactose, corn syrup. Complex CHOs: whole grains, pasta, wheat, starch. RDA: 130 grams/day for adults and children. 		
Dietary Fibers	 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	 Function: - 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. 		
	E	 Function: - Antioxidant. May have a role in fertility and anti-aging effect. Sources: Vegetable Oil, nuts, seeds, vegetables. RDA (mg/day): Adults: 15, Children: 7. Deficiency: (mostly observed in premature infants) Defective lipid absorption. Anemia due to oxidative damage to RBCs. Neurological problems. Male infertility. 	
Vitamins	B1Function: Coenzyme for transketolase and oxidative decarboxylation reactions. Sources: Plants, cereals, meat. RDA (mg/day): Adults: 1.2, Children: 0.6. Deficiency: - Beriberi.• Wernicke-Korsakoff syndrome.		
	Function: - Powerful antioxidant (prevents some cancers). - Helps in dentine, intercellular matrix and collagen formation.		

Macronutrients

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Minerals and Trace Elements

Iron

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Increases iron absorption.
Helps in the maturation of RBCs.
Promotes wound healing.
Stimulates phagocytic action of leukocytes.
Reduces risk of cataract formation.

Sources: Citrus fruits, tomatoes, melon, peppers.
RDA (mg/day): Men: 90, Women: 75, Children: 15-25.
Deficiency: Scurvy.

Functions:

- Oxygen transport and metabolism.
- Part of hemoglobin, myoglobin, cytochromes.
- Body stores iron as ferritin, hemosiderin and transferrin.

Sources:

Heme iron: Animal products (meat, liver), 25% absorption.
Nonheme iron: Plants (spinach, beans), 5% absorption.
RDA (mg/day): Men: 8, Women: 18, Children: 7-15.
Deficiency: - Iron deficiency anemia.

- Hemosiderosis (iron overload disorder).



1- Which of the following is a micronutrient:

A-Proteins	B-Carbohydrates	C-Fats	D-Vitamins		
2- Which of the following is an o	essential amino acid:				
A-Tyrosine	B-Tryptophan	C-Cysteine	D-Alanine		
3-In which of the following does a negative nitrogen balance occur:					
A-Lactation	B-Recovery from illness	C-Illness	D-Growth		
4- Which is not an effect of Omega-6 Fatty acid:					
A- Lower plasma cholesterol	B- Raise LDL	C- Lower LDL	D- Lower HDL		
5- What is the active form of vitamin B1:					

A- Pyrido>	kal phosphate (PLP)	B- Thiamin pyrophosphate (TPP)	C-α-tocopherol	D- Methylcobalamin		
6- Iron d	eficiency anemia is no					
A- Growin	g children	B- Pregnancy	C- Old age	D- Lactating women		
Answers key						
1- D	2-B 3-	C 4- B 5- B	6- C			

SAQs

1- Give two conditions of malnutrition and mention their cause and 3 of their symptoms.

1-Marasmus:

-Inadequate intake of energy with adequate protein intake.

-No edema or change in plasma proteins, extreme muscle wasting, weight loss, weakness, arrested growth. 2-Kwashiorkor:

-Inadequate intake of proteins with adequate energy intake.

-Edema, low plasma albumin, enlarged liver, distended abdomen, diarrhea, dermatitis\ thin hair.

2- Describe what happens in these 2 scenarios: a-CHO intake is less than RDA: b-CHO intake is more than RDA:

a- More proteins will be metabolized, more gluconeogenesis will take place. b-Weight gain due to increased fat storage in adipose tissue.

3- List 4 functions of Vitamins:

1- help in various biochemical processes in cell

- 2- Important for growth and good health
- 3- Noncaloric
- 4- Required in very small amounts













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Special thanks to Fahad AlAjmi for designing our team's logo.