

## Posters

### **Calcium bioavailability from dairy and non-dairy sources: possible suppression by paracetamol (Acetaminophen)**

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**Background** - Dietary calcium is now being linked to the control of adiposity. We have previously shown that a high dairy breakfast meal resulted in a greater postprandial fat oxidation. It was important to establish whether a greater calcium bioavailability was the key to this finding.

**Objective** - To determine the bioavailability of 3 test meals, using 3 standard approaches: serum ionised calcium (iCa) (Method 1), intact parathyroid hormone (iPTH) suppression (Method 2) and urinary excretion of calcium (UC) (Method 3).

**Design** - 16 subjects (6 F, 10 M), (mean  $\pm$  SEM, age  $54.1 \pm 1.7$  yr, BMI  $33.5 \pm 1.0$  kg/m<sup>2</sup>) participated in a randomised, single blind, 3-way crossover design over 6 h. Subjects were provided a low calcium-low vitamin D meal (LD), a high dairy calcium-high vitamin D meal (high dairy, HD) and a high calcium (calcium citrate) meal with orange juice (high calcium, HC). 8 of these subjects co-ingested 1000 mg Paracetamol with every meal, as a marker of gastric emptying. Data was expressed as percent change from baseline, and analysed as a repeated measures ANOVA with the use of paracetamol as a between-subject factor.

**Outcomes** - Gastric emptying was similar between meals. Methods 2 ( $P=0.009$ ) and 3 ( $P=0.02$ ), but not Method 1 (iCa), detected a significant difference between the 3 test meals. However, the rank order of effects was similar across all the 3 methods with LD<HD<HC (iCa  $1.4 \pm 3.3$ ,  $3.6 \pm 6.0$ ,  $9.6 \pm 4.2$  %; iPTH  $52.9 \pm 29.8$ ,  $6.4 \pm 40.6$ ,  $-70.5 \pm 37.2$  %; urinary calcium  $58.5 \pm 25.7$ ,  $154.1 \pm 74.8$ ,  $243.8 \pm 73.8$  %). There was no significant effect of paracetamol, nor a diet x paracetamol interaction. However, a consistent trend with all 3 methods suggested that co-administration of paracetamol may have suppressed calcium bioavailability.

**Conclusions** - Bioavailability of non-dairy calcium was better relative to dairy calcium. This may indicate the involvement of other bioactive components in dairy which influence fat oxidation. Paracetamol may interfere with calcium bioavailability.

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### **Postprandial lipid metabolism and insulin sensitivity following sequential meals: effect of dairy calcium and vitamin D**

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**Background** - Insulin sensitivity varies within the day in relation to meal composition, and influences substrate utilization accordingly. It is lower following a second meal, with a rapid release of chylomicrons into circulation. A high calcium, high vitamin D breakfast increased fat oxidation and thermogenesis following lunch.

**Objectives** - (1) To document the effect of sequential meal ingestion on insulin sensitivity, triacylglycerol (TG) and chylomicron concentrations and, (2) to examine whether higher calcium and vitamin D at breakfast modified the response to lunch.

**Design** - Eight subjects (mean  $\pm$  SEM, age  $55.5 \pm 1.2$  yr and BMI  $28.9 \pm 1.6$  kg/m<sup>2</sup>) participated in a single blind within-subject study. Subjects were randomised to high dairy calcium, high vitamin D breakfast (HCB) or low dairy calcium, low vitamin D breakfast (LCB). The same very low calcium standard lunch (SL) was ingested four hours after each breakfast. Glucose, insulin, TG and apolipoprotein B<sub>48</sub> were measured at baseline and on the hour for eight hours. HOMA-R was calculated for each time point. Postprandial responses were calculated as % change from fasting values ( $\Delta$ ). A 2x2 repeated measures design, for diet effects (HCB+SL vs. LCB+SL), meal effects (breakfast vs. lunch) and diet x meal interaction was used for statistical purposes.

**Outcomes** - The change in glucose, insulin and HOMA-R scores were significantly higher after lunch compared to breakfast ( $P < 0.05$ ). There was no statistical difference in  $\Delta$ TGs between diets, but a doubling of the breakfast response was observed after lunch.  $\Delta$ apoB<sub>48</sub> was significantly higher after lunch compared to breakfast ( $P < 0.05$ ). The TG:apoB<sub>48</sub> ratio was similar between meals, but overall was 50% lower following the HCB+SL diet.

**Conclusions** - The study confirmed that greater TG and chylomicron concentrations accompanied the deterioration of insulin sensitivity after lunch. Calcium and vitamin D intake at breakfast may affect chylomicron size by modulating the amount of TG within the particle.

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