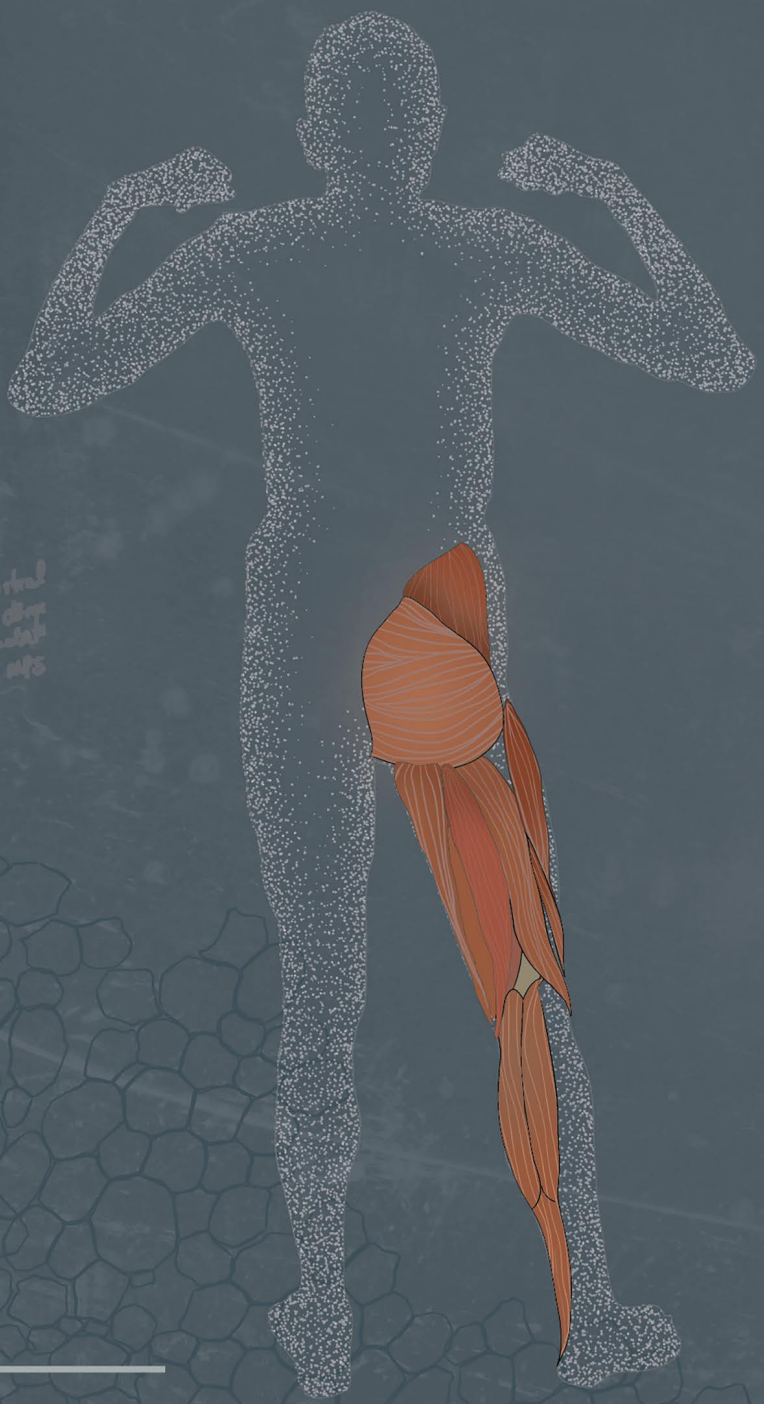
DIETARY PROTEIN TO SUPPORT ACTIVE AGING

Andrew M. Holwerda



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Chapter 3

Leucine co-ingestion augments the muscle protein synthetic response to the ingestion of 15 g protein following resistance exercise in older men

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Submitted

Abstract

Background Older adults have shown an attenuated post-exercise increase in muscle protein synthesis rates following ingestion of smaller amounts of protein when compared to younger adults. Consequently, it has been suggested that older adults are required to ingest more protein to increase post-exercise muscle protein synthesis rates when compared to younger adults.

Objective We investigated whether co-ingestion of 1.5 g free leucine with a single, 15 g bolus of protein further augments the post-prandial muscle protein synthetic response during recovery from resistance-type exercise in older men.

Methods Twenty-four healthy older men (67 ± 1 y) were randomly assigned to ingest 15 g milk protein concentrate (MPC80) with (15G+LEU; n = 12) or without (15G; n = 12) 1.5 g free leucine after performing a single bout of resistance-type exercise. Post-prandial protein digestion and amino acid absorption kinetics, whole-body protein metabolism, and post-prandial myofibrillar protein synthesis rates were assessed using primed, continuous infusions with L-[*ring*-$^{2}H_5$]-phenylalanine, L-[*ring*-$^{2}H_2$]-tyrosine and L-[1-^{13}C]-leucine combined with the ingestion of intrinsically L-[1-^{13}C]-phenylalanine labeled milk protein.

Results A total of 70 ± 1 % (10.5 ± 0.2 g) and 75 ± 2 % (11.2 ± 0.3 g) of the protein-derived amino acids were released in the circulation during the 6 h post-exercise recovery phase in 15G+LEU and 15G, respectively (P < 0.05). Post-exercise myofibrillar protein synthesis rates were 16 % (0.058 ± 0.003 vs 0.049 ± 0.002 %·h^{-1}; P < 0.05; based upon L-[*ring*-$^{2}H_5$]-phenylalanine) and 19 % (0.071 ± 0.003 vs 0.060 ± 0.003 %·h^{-1}, P < 0.05; based upon L-[1-^{13}C]-leucine) greater in 15G+LEU when compared with 15G.

Conclusions Leucine co-ingestion further augments the post-exercise muscle protein synthetic response to the ingestion of a single 15 g bolus of protein in older men.

Introduction

The age-related decline in skeletal muscle mass and strength, termed *sarcopenia*, is accompanied by impairments in functional capacity and an increased risk of developing chronic metabolic diseases (4). Whereas basal muscle protein synthesis and breakdown rates appear to be unaffected by age (27), the muscle protein synthetic response to the main anabolic stimuli, namely food intake and physical activity, seem to be blunted in older individuals (41). This *anabolic resistance* is now considered as a central factor contributing to the progression of sarcopenia.

A single session of resistance-type exercise strongly increases muscle protein synthesis rates (30) and therefore represents an effective strategy to compensate for anabolic resistance. For older individuals, ingestion of more than 20 g protein is required to augment post-exercise muscle protein synthesis rates (10, 30, 47). Older individuals possess the capacity to further increase the post-exercise muscle protein synthetic response by ingesting larger protein doses, with ingestion of 40 g protein further enhancing the muscle protein synthetic response (47, 48). However, older individuals seldom consume 40 g protein in a single meal (34, 35). Therefore, data are warranted to determine nutritional strategies that can augment the muscle protein synthetic response to ingestion of small(er) amounts of protein during recovery from resistance-type exercise in older adults.

Leucine has been established as one of the most anabolic amino acids due to its ability to phosphorylate key anabolic signaling proteins (*i.e.*, mTORC1 and S6K) in skeletal muscle tissue (3, 13). Previous work has demonstrated that co-ingestion of free leucine augments the muscle protein synthetic response to protein or amino acid ingestion in older individuals at rest (7, 9, 42) and after a bout of resistance-type exercise (2, 7, 9). More recently, it was demonstrated that leucine co-ingested with the main meals augments the integrated anabolic response to resistance-type exercise over multiple days (24). What remains unclear, however, is the effect of free leucine co-ingestion on post-prandial protein handling of the ingestion of a small amount of protein during post-exercise recovery in older individuals. Therefore, in the present study we assessed post-prandial protein handling and the muscle protein synthetic response to the ingestion of a single 15 g bolus of protein with or without additional free leucine (1.5 g) during recovery from a single bout of resistance-type exercise in older individuals.

We hypothesized that co-ingestion of 1.5 g free leucine with a single bolus of 15 g protein further increases post-exercise muscle protein synthesis rates when compared to the ingestion of 15 g protein. To test our hypothesis, we selected 24 healthy older (67 ± 1 y) men who ingested 15 g protein with or without 1.5 g free leucine during recovery from a single bout of resistance-type exercise. By combining the ingestion of specifically produced intrinsically L-[1-^{13}C]-phenylalanine and L-[1-^{13}C]-leucine labeled milk protein concentrate with the administration of primed continuous infusions of L-[*ring*-$^{2}H_5$]-phenylalanine, L-[1-^{13}C]-leucine and L-[*ring*-$^{2}H_2$]-tyrosine, we were able to assess protein digestion and amino

acid absorption kinetics, the stimulation of post-exercise muscle protein synthesis rates and the post-prandial incorporation of dietary protein-derived amino acids during recovery from exercise in older individuals.

Materials and methods

Subjects

A total of 24 healthy, normoglycemic, older men (67 ± 1 y) were selected to participate in the present study. Subjects' characteristics of the study participants are presented in **Table 3.1**. Subjects were randomly assigned to ingest either 15 g protein (15G: *n* = 12) or 15 g protein with 1.5 g crystalline free leucine (15G+LEU: *n* = 12) after completing a single bout of whole-body resistance-type exercise. All subjects were informed of the nature and possible risks of the experimental procedures before their written informed consent was obtained. The study was approved by the Medical Ethical Committee of the Maastricht University Medical Centre, The Netherlands, and conformed to standards for the use of human subjects in research as outlined in the most recent version of the Helsinki Declaration. This study is part of a greater project, which was registered at the Netherlands Trial Registry as NTR4492. Data from the 15G group have been previously published as part of a protein dose-response study conducted in older men (Chapter 2).

Table 3.1 *Subjects' characteristics*[1]

	15G (*n* = 12)	**15G+LEU (*n* = 12)**	***P***
Age, y	69 ± 2	66 ± 2	0.45
Total body mass, kg	78.8 ± 3.2	79.0 ± 2.4	0.96
Total lean mass, kg	57.6 ± 2.3	58.1 ± 1.5	0.86
Appendicular lean mass, kg	24.9 ± 1.1	25.6 ± 0.7	0.64
Percentage body fat, %	23.9 ± 0.9	23.2 ± 1.2	0.62
Height, m	1.75 ± 0.02	1.78 ± 0.01	0.23
BMI, $kg \cdot m^{-2}$	25.8 ± 0.8	24.9 ± 0.8	0.43
HbA1c, %	5.3 ± 0.1	5.3 ± 0.1	0.80
Resting glucose, $mmol \cdot L^{-1}$	5.8 ± 0.2	6.2 ± 0.2	0.13
Resting insulin, $mU \cdot L^{-1}$	9.3 ± 0.9	8.4 ± 1.2	0.59
HOMA-IR	2.4 ± 0.2	2.4 ± 0.4	1.00
MVPA, min	145 ± 31	160 ± 33	0.95
1RM - Leg press, kg	179 ± 8	166 ± 6	0.23
1RM - Leg extension, kg	86 ± 6	88 ± 2	0.79
1RM - Lat pulldown, kg	60 ± 4	62 ± 4	0.78
1RM - Chest press, kg	60 ± 6	58 ± 5	0.77

[1]*Values are mean ± SEM. n = 12 per treatment group. 15G: 15 g dietary protein, 15G+LEU: 15 g dietary protein + 1.5 g crystalline leucine. 1RM: one repetition maximum, HbA1c: glycosylated hemoglobin, MVPA: moderate-to-vigorous physical activity, Resting: resting and fasted values. Data were analyzed with a student's unpaired t-test. No differences were detected between groups.*

Pretesting

Participants arrived at the laboratory at 0830 h by car or public transport in an overnight fasted state. Upon arrival, body weight, body composition, and bone mineral content were measured with DEXA (Dual-energy X-ray absorptiometry, DEXA; Discovery A; Hologic, Bedford, MA). Thereafter, all participants performed an oral glucose tolerance test (OGTT). Plasma glucose and insulin concentrations were measured to determine oral glucose intolerance and/or the presence of type 2 diabetes according to 2006 American Diabetes Association guidelines (1). All subjects were screened on medical issues and excluded if any gastrointestinal, neurological or renal diseases were present.
Subjects were cleared to perform resistance-type exercise by a cardiologist who examined electrocardiograms (ECG) measured at rest and during submaximal cycling (performed at 70 % of age-predicted heartrate max). The subjects were then familiarized with the exercise equipment and physical activity protocol. Subjects first performed a 10-min cycling warm-up at 70 % of their age-predicted heart rate max before completing an estimation of their 1RM (one repetition maximum) on the leg press and leg extension exercises using the multiple repetitions testing procedure (22). For each exercise, subjects performed 10 submaximal repetitions to warm-up and become familiarized with the equipment and to have lifting technique critiqued and corrected. Subjects then performed sets at progressively increasing loads until failing to complete a valid repetition, judged by their inability to complete the full range of motion for an exercise. Ideally, subjects failed within 3–6 repetitions during the last and heaviest set. A 2-min resting period between subsequent attempts was allowed. The pretesting and experimental trials were separated by a period of at least 7 days.

Diet and physical activity

All volunteers were instructed to refrain from any exhaustive physical activity and to keep their diet as consistent as possible 72 h prior to the trial. Subjects filled in dietary records for 48 h immediately before the experimental trial. Subjects consumed 8.6 ± 0.5 $MJ \cdot day^{-1}$ on average, with 47 ± 1 energy% (En%) as carbohydrate, 33 ± 1 En% as fat, and 18 ± 1 En% as protein. Dietary protein intake averaged 1.1 ± 0.1 $g \cdot kg^{-1}$ bodyweight. On the evening before the experiment, all subjects consumed a standardized meal (22.0 ± 0.6 $kJ \cdot kg^{-1}$ bodyweight, consisting of 55 En% as carbohydrate, 20 En% as protein, and 25 En% as fat).

Experimental Protocol

At 0800 h, participants reported to the lab in a fasted and rested state and had Teflon catheters inserted into the antecubital veins of one arm and the top of the opposite hand. At 0830 h (t = -150 min), a background blood sample was taken prior to the initiation of the tracer infusion protocol. The plasma and intracellular phenylalanine and leucine pools were primed with a single, intravenous dose (priming dose) of L-[*ring*-$^{2}H_5$]-phenylalanine (3.6

μmol·kg^{-1}), L-[*ring*-$^{2}H_2$]-tyrosine (1.10 μmol·kg^{-1}), L-[1-^{13}C]-leucine (7.19 μmol·kg^{-1}). Once primed, the continuous stable isotope infusion was initiated (infusion rate: 0.06 μmol·kg^{-1}·min^{-1} L-[*ring*-$^{2}H_5$]-phenylalanine, 0.018 μmol·kg^{-1}·min^{-1} L-[*ring*-$^{2}H_2$]-tyrosine, 0.12 μmol·kg^{-1}·min^{-1} L-[1-^{13}C]-leucine; Cambridge Isotopes Laboratories, Andover, MA). Participants rested for 1.5 h until 1000 h (*t* = -60 min), when the participants completed the resistance-type exercise session. At 1100 h (*t* = 0 min), immediately after the resistance-type exercise session, subjects had a blood sample and muscle biopsy collected from a randomized leg. Subsequently, subjects ingested a 500 mL beverage containing 15 g intrinsically L-[1-^{13}C]-phenylalanine and L-[1-^{13}C]-leucine labeled milk protein (MPC80) alone (15G) or with (15G+LEU) an added 1.5 g of crystalline free leucine. The beverages contained 1.5 mL vanilla extract to improve palatability (Dr. Oetker, Amersfoort, the Netherlands). Blood samples (10 mL) were subsequently taken at *t* = 30, 60, 90, 120, 180, 240, 300, 360 min after protein ingestion. A second muscle biopsy was obtained from the contralateral leg at 1700 h (*t* = 360 min), signifying the end of the experimental trial.

Blood samples were collected in EDTA containing tubes and centrifuged at 1000 *g* for 10 min at 4 °C. Aliquots of plasma were frozen in liquid nitrogen and stored at –80 °C. Muscle biopsies were obtained from the middle region of the *M. vastus lateralis*, 15 cm above the patella and approximately 4 cm below entry through the fascia, using the percutaneous needle biopsy technique (5). Muscle samples were dissected carefully and freed from any visible non-muscle material. The muscle samples were immediately frozen in liquid nitrogen and stored at –80 °C until further analysis.

Resistance-type exercise protocol

The exercise protocol consisted of 60 min of moderate-to-high intensity whole-body resistance-type exercise. After 10 min of self-paced cycling at 100 W with a cadence of 60–80 RPM, subjects performed 5 sets of 10 repetitions on the horizontal leg press machine (Technogym BV, Rotterdam, Netherlands), 2 sets of 10 repetitions on the lat pull down machine (Technogym BV), 2 sets of 10 repetitions on the chest press machine and 5 sets of 10 repetitions on the leg extension machine (Technogym BV). The first set of the lower body exercises were performed at 50 % 1RM and sets 2–5 were performed at 75-80 % 1RM. All sets on the upper body exercises were performed at 75-80 % 1RM. Subjects were allowed to rest for 2 min between all sets.

Preparation of tracer and production of intrinsically-labeled protein

The stable isotope tracers L-[*ring*-$^{2}H_5$]-phenylalanine, L-[1-^{13}C]-leucine and L-[*ring*-$^{2}H_2$]-tyrosine were purchased from Cambridge Isotopes (Andover, MA) and dissolved in 0.9 % saline before infusion (Basic Pharma, Geleen, the Netherlands). Continuous intravenous infusions were performed using a calibrated IVAC 598 pump (San Diego, CA, USA).

Intrinsically L-[1-^{13}C]-phenylalanine and L-[1-^{13}C]-leucine labeled milk protein (MPC80) was extracted from whole milk obtained during the constant infusion of L-[1-^{13}C]-phenylalanine (455 μmol·min^{-1}) and L-[1-^{13}C]-leucine (200 μmol·min^{-1}) for 96 h in a lactating dairy cow (8, 38). The milk was collected, processed, and fractionated into the MPC80 similarly to what has been previously described (15, 31, 38). The L-[1-^{13}C]-phenylalanine and L-[1-^{13}C]-leucine enrichments in MPC80 were measured by gas chromatography-combustion-isotope ratio mass spectrometry (GC-C-IRMS; MAT 252, Finnigan, Breman, Germany) and averaged 38.3 mole percent excess (MPE) and 10.8 MPE, respectively. The proteins met all chemical and bacteriological specifications for human consumption.

Plasma and muscle analysis

Plasma glucose and insulin concentrations were analyzed using commercially available kits (GLUC3, Roche, Ref: 05168791 190, and Immunologic, Roche, Ref: 12017547 122, respectively). Plasma amino acid concentrations and enrichments were determined by gas chromatography-mass spectrometry analysis (GC-MS; Agilent 7890A GC/5975C; MSD, Wilmington, Delaware, USA). Myofibrillar protein-bound L-[*ring*-$^{2}H_5$]-phenylalanine enrichments were determined by GC-MS analysis, whereas the L-[1-^{13}C]-phenylalanine and L-[1-^{13}C]-leucine enrichments were determined by GC-C-isotope ratio mass spectrometer analysis (GC-C-IRMS; Trace GC Ultra, IRMS model MAT 253; Thermo Scientific). For complete details, see the *Materials and methods* section in *Chapter 2.*

Western blotting

Muscle was homogenized as previously described (40), 10 μL of protein was loaded and standard SDS-PAGE procedures were followed. Antibodies included total and phosphorylated mTOR (Ser^{2448}), S6 protein kinase 1 (S6K1; Thr^{389}), RS6 (Ser^{235}/Ser^{236}), anti-phospho-eukaryotic translation initiation factor 4E-binding protein-1 (4E-BP1; Thr$^{37/46}$), anti-mTOR, anti-S6K1, anti-ribosomal protein S6 (RS6), and anti-4E-BP1, which were purchased from Cell Signaling Technology (Danvers, MA). α-tubulin (Abcam) was used as a loading control. All samples for a given protein were detected on the same membrane using chemiluminescence and the FluorChem HD imaging system (Alpha Innotech, Santa Clara, CA, USA).

Calculations

Ingestion of L-[1-^{13}C]-phenylalanine labeled protein, intravenous infusion of L-[*ring*-$^{2}H_5$]-phenylalanine, and blood sample enrichment values were used to assess whole-body amino acid kinetics in non-steady state conditions. Total, exogenous, and endogenous phenylalanine rates of appearance (R_a) and plasma availability of dietary protein-derived

phenylalanine that appeared in the systemic circulation as a fraction of total amount of phenylalanine that was ingested, (Phe_{plasma}) were calculated using modified Steele's equations (6, 11, 46). Myofibrillar protein fractional synthetic rate (FSR) was calculated using the standard precursor-product method. For complete details, see the *Materials and methods* section in *Chapter 2.*

Statistics

All data are expressed as mean+SEM. Baseline characteristics between groups were compared using a *student's* unpaired t-test. A two-factor repeated measures ANOVA (time x treatment) with time as within-subjects factor and treatment group as between-subjects factor was performed for the analysis of plasma amino acid concentrations, plasma tracer enrichments, whole-body kinetics and glucose and insulin concentrations. The analysis was carried out for the period starting at the time of protein administration, between $t = 0$ and 360 min. Upon identification of a significant time x treatment interaction, Tukey *post hoc* testing was used to identify time points in which the treatments differed. Non time-dependent variables (*i.e.,* Whole-body metabolism, FSR values, L-[1-^{13}C]-phenylalanine myofibrillar enrichments) were compared between treatment groups using Student's unpaired *t*-tests. Statistical significance was set at $P < 0.05$. All calculations were performed using SPSS 21.0 (IBM, Chicago, Illinois, USA).

Results

Plasma concentrations

Plasma glucose (**Figure 3.2A**) and insulin (**Figure 3.2B**) concentrations after protein ingestion did not differ between the PRO and PRO+EX groups ($P > 0.05$). Plasma insulin concentrations increased after protein ingestion in both treatments, reaching peak levels 30 min after protein ingestion.

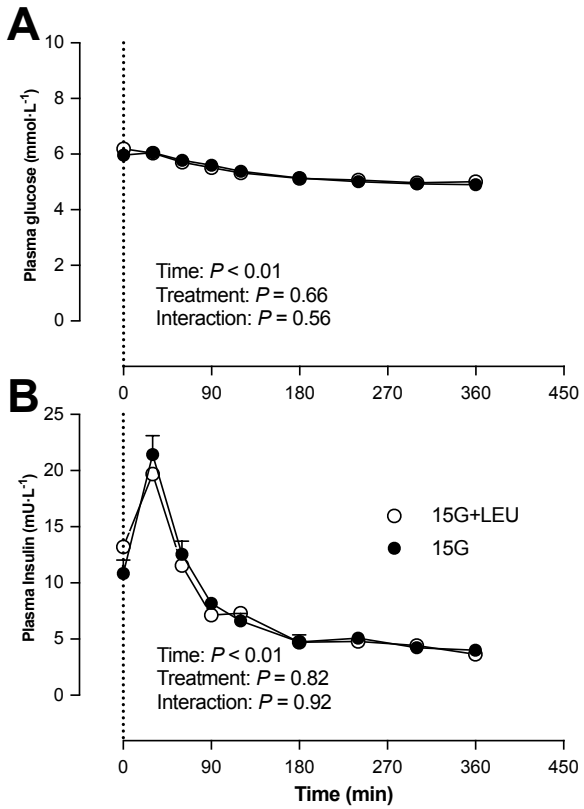

Figure 3.2 *Plasma glucose (A, mmol·L^{-1}) and insulin concentrations (B, mU·L^{-1}) following ingestion of 15 g milk protein (15G; n = 12) or 15 g milk protein with 1.5 g free leucine (15G+LEU;* n *= 12) after resistance-type exercise in older men. The dotted line represents the ingestion of the beverage. Values represent means + SEM. Data were analyzed with repeated measures (time x treatment group) ANOVA. A; time effect: P < 0.01, treatment effect: P > 0.05, time x treatment group: P > 0.05. B; time effect: P < 0.01, treatment effect: P > 0.05, time x treatment group: P > 0.05.*

Plasma leucine concentrations (**Figure 3.3A**) increased rapidly following protein ingestion ($P < 0.01$), but were greater in 15G+LEU (peak values: 407 ± 23 μmol·L^{-1}) when compared to 15G (peak values: 234 ± 16 μmol·L^{-1}, respectively, $P < 0.01$). Area under the curve (AUC) analysis revealed that plasma leucine availability over the 6 h post-prandial was approximately 1.8-fold greater in the 15G+LEU group when compared to the 15G group ($P < 0.001$). Plasma phenylalanine concentrations (**Figure 3.3C**) increased rapidly following

protein ingestion ($P < 0.01$), but did not differ between groups ($P > 0.05$). Plasma tyrosine concentrations (**Figure 3.3D**) increased following protein ingestion ($P < 0.01$) but did not differ between groups ($P > 0.05$).

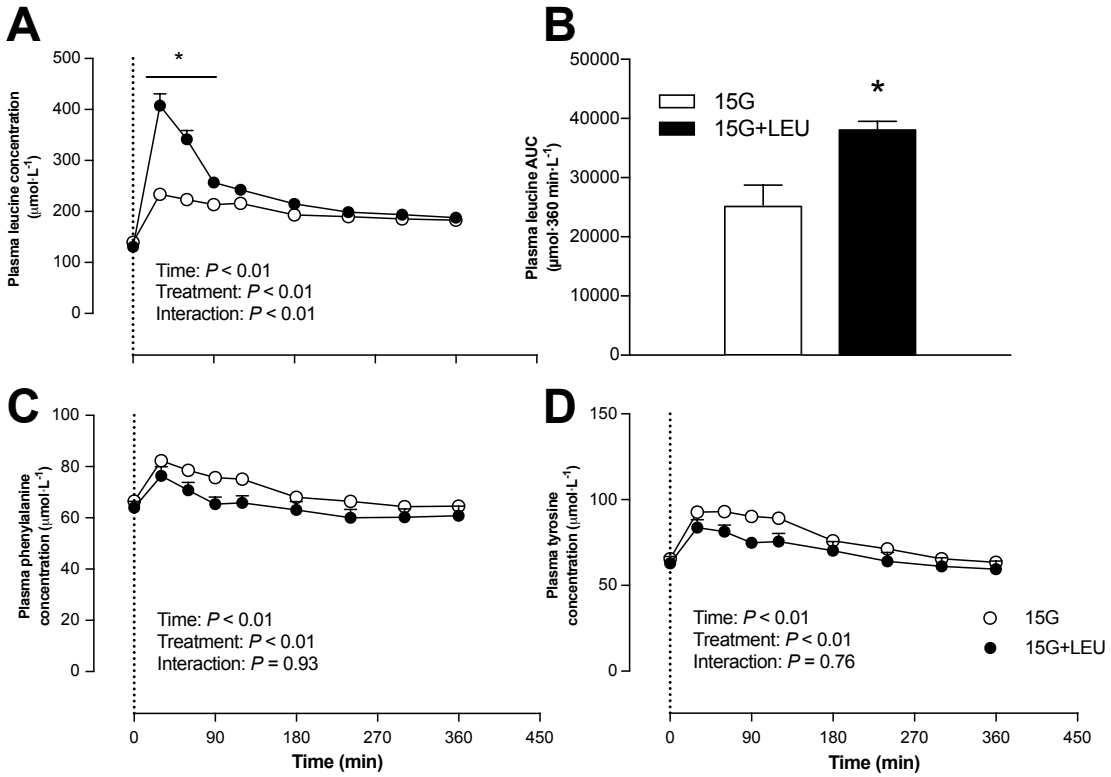

Figure 3.3 *Plasma leucine (A), phenylalanine (B) and tyrosine (C) concentrations (µmol·L^{-1}) following ingestion of 15 g milk protein (15G; n = 12) or 15 g milk protein with 1.5 g free leucine (15G+LEU; n = 12) after resistance-type exercise in older men. The dotted line represents the ingestion of the beverage. Values represent means + SEM. Data were analyzed with repeated measures (time x treatment group) ANOVA. A; time x treatment group: P < 0.01. B; time x treatment group: P > 0.05. C; time x treatment group: P > 0.05. Plasma leucine area under the curve over 360 min (B, µmol·360 min·L^{-1}) and analyzed with a student's unpaired t-test. *Significant difference (P < 0.05) from 15G.*

Plasma amino acid enrichments

Plasma enrichments from ingested (L-[1-^{13}C]-phenylalanine), infused (L-[*ring*-$^{2}H_5$]-phenylalanine) and ingested and infused (L-[1-^{13}C]-leucine) amino acid tracers did not differ between treatments before protein ingestion (t = 0 min; $P > 0.05$). After protein ingestion, plasma L-[1-^{13}C]-phenylalanine enrichments, originating from the ingested protein, increased in both groups reaching peak values at t = 60 min in 15G (9.6 ± 0.5 MPE) and t = 120 min in 15G+LEU (8.7 ± 0.5 MPE) in 15G+LEU. Plasma L-[*ring*-$^{2}H_5$]-phenylalanine enrichments decreased after protein ingestion in both groups ($P < 0.001$), but no significant group effect was detected ($P > 0.05$). Plasma L-[1-^{13}C]-leucine enrichments increased after protein ingestion ($P < 0.001$), but no significant group effect was detected ($P > 0.05$).

Whole-body amino acid kinetics

Exogenous phenylalanine appearance rates (**Figure 3.4A**) increased following protein ingestion with peak levels being reached at t = 60 min in both treatment groups (15G: 0.19 ± 0.01, 15G+LEU: 0.16 ± 0.02 µmol Phe·kg^{-1}·min^{-1}; $P > 0.05$). Dietary protein-derived amino acid availability, calculated as a fraction of the total amount of ingested protein (**Figure 3.4B**), was higher in 15G (75 ± 2 %) when compared to 15G+LEU (70 ± 1 %; $P < 0.05$).

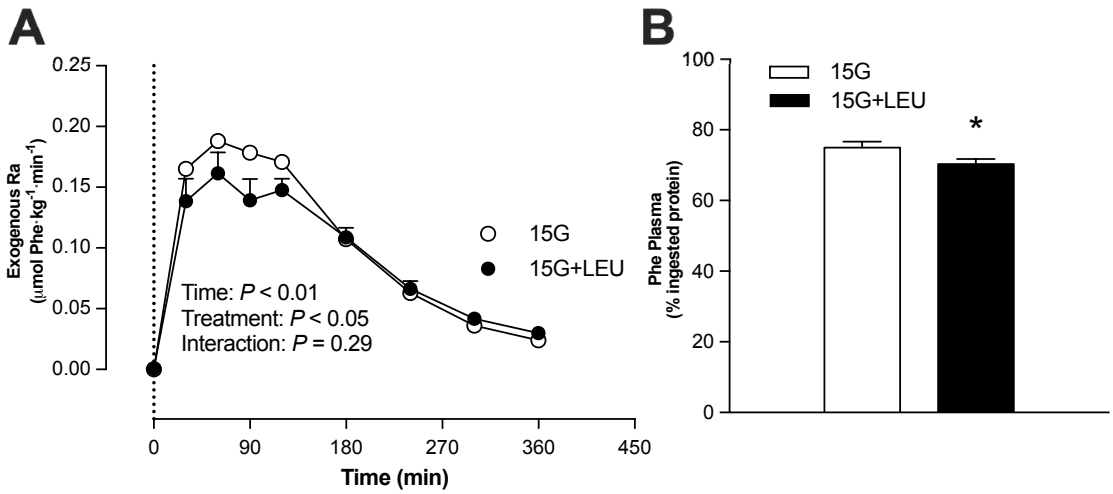

Figure 3.4 *Exogenous phenylalanine rate of appearance (A, Ra) expressed in µmol·phenylalanine·kg^{-1}·min^{-1} following ingestion of 15 g milk protein (15G; n = 12) or 15 g milk protein with 1.5 g free leucine (15G+LEU; n = 12) after resistance-type exercise in older men. The dotted line represents the ingestion of the beverage. Values represent means + SEM. Data were analyzed with repeated measures (time x treatment group) ANOVA. Time x treatment group: P < 0.01. C; time x treatment group: P < 0.01. Dietary protein-derived amino acid plasma availability (B), calculated as a fraction of the total amount of ingested protein (% ingested protein). *Significantly different (P < 0.05) from 15G+LEU.*

Whole-body protein synthesis rates did not differ between the treatment groups (15G: 0.60 ± 0.01, 15G+LEU: 0.59 ± 0.01 µmol Phe·kg^{-1}·min^{-1}; $P > 0.05$). Whole-body protein breakdown rates did not differ between the treatment groups (15G: 0.49 ± 0.01, 15G+LEU: 0.49 ± 0.01 µmol Phe·kg^{-1}·min^{-1}; $P > 0.05$). Protein ingestion resulted in a positive whole-body protein net balance, with no differences observed between the treatment groups (15G: 0.108 ± 0.004, 15G+LEU: 0.105 ± 0.003 µmol Phe·kg^{-1}·min^{-1}; $P > 0.05$). Furthermore, leucine co-ingestion did not appear to influence whole-body phenylalanine oxidation rates (15G: 0.049 ± 0.003, 15G+LEU: 0.046 ± 0.002 µmol Phe·kg^{-1}·min^{-1}; $P > 0.05$).

Myofibrillar fractional synthesis rates and protein-bound enrichments

Myofibrillar L-[1-^{13}C]-leucine and L-[*ring*-$^{2}H_5$]-phenylalanine enrichments were measured in muscle samples collected immediately before protein ingestion and after the 6 h post-prandial period. The post-prandial increase in myofibrillar protein bound L-[1-^{13}C]-leucine enrichments tended to be greater in 15G+LEU when compared to 15G (0.0360 ± 0.0016 vs 0.0314 ± 0.0016 MPE, respectively; $P = 0.055$). The post-prandial increase in myofibrillar protein bound L-[*ring*-$^{2}H_5$]-phenylalanine enrichment was greater in 15G+LEU when compared to 15G (0.0330 ± 0.0015 vs 0.0278 ± 0.0011 MPE, respectively; $P < 0.05$).
Myofibrillar protein FSR (in %·h^{-1}) was calculated using L-[*ring*-$^{2}H_5$]-phenylalanine (**Figure 3.5A**) plasma and muscle protein-bound enrichments and using L-[1-^{13}C]-leucine (**Figure 3.5B**) plasma and muscle protein-bound enrichments. When FSR was calculated using L-[*ring*-$^{2}H_5$]-phenylalanine, myofibrillar protein FSR was approximately 16 % greater in 15G+LEU (0.0575 ± 0.0032 %·h^{-1}) when compared with 15G (0.0495 ± 0.0021 %·h^{-1}; $P < 0.05$). When FSR was calculated using L-[1-^{13}C]-leucine, myofibrillar protein FSR was approximately 19 % greater in 15G+LEU (0.0710 ± 0.0048 %·h^{-1}) when compared with 15G (0.0598 ± 0.0030 %·h^{-1}; $P < 0.05$). L-[1-^{13}C]-phenylalanine myofibrillar protein-bound enrichments (**Figure 3.6**) were not different in 15G+LEU (0.0205 ± 0.0022 MPE) when compared with 15G (0.0171 ± 0.0017 MPE; $P = 0.24$).

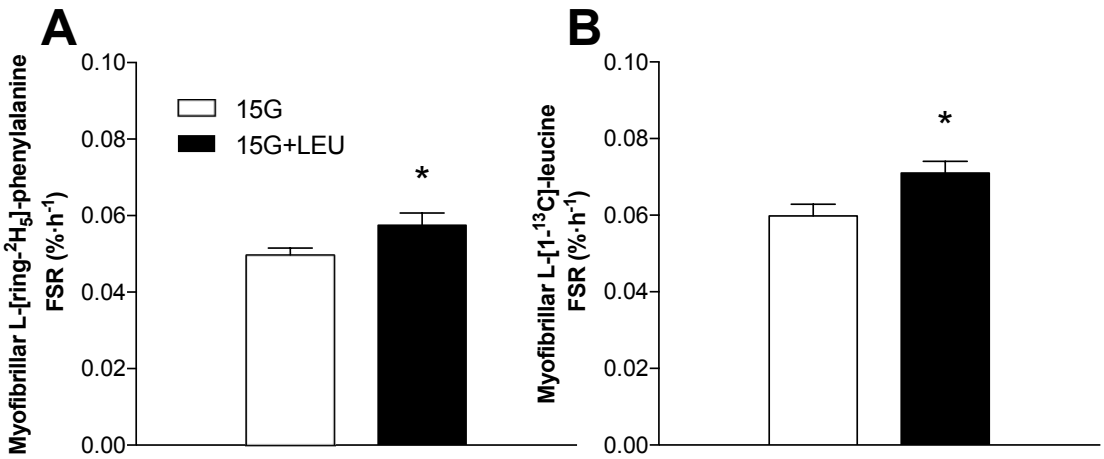

Figure 3.5 *Myofibrillar protein fractional synthetic rates (FSR in %·h^{-1}) assessed using L-[ring-$^{2}H_5$]-phenylalanine (A) and L-[1-^{13}C]-leucine (B) and following ingestion of 15 g milk protein (15G; n = 12) or 15 g milk protein with 1.5 g free leucine (15G+LEU; n = 12) after resistance-type exercise in older men. Values represent means + SEM. Data were analyzed with a student's unpaired t-test. *Significantly different (P < 0.05) from 15G.*

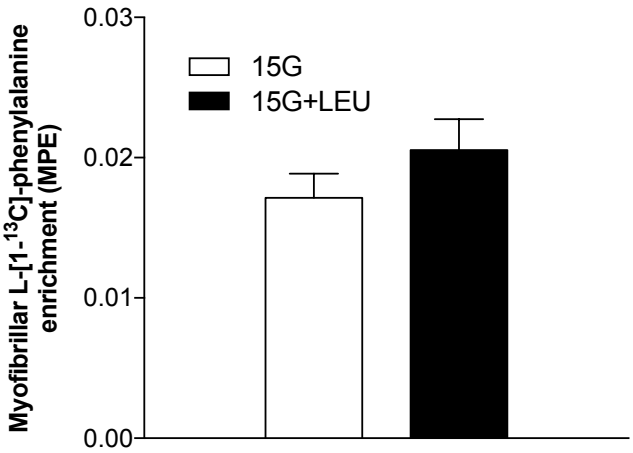

Figure 3.6 *L-[1-^{13}C]-phenylalanine incorporation into myofibrillar protein following ingestion of 15 g milk protein (15G; n = 12) or 15 g milk protein with 1.5 g free leucine (15G+LEU; n = 12) after resistance-type exercise in older men. No significant differences between groups (P = 0.24). Values represent means + SEM. Data were analyzed with student's unpaired t-test.*

Cellular signaling analyses

The phosphorylation status (ratio of phosphorylated to total protein) of key proteins involved in the initiation of muscle protein synthesis are presented in **Figure 3.7**. Phosphorylation of S6K (**Figure 3.7B**) decreased in both groups over time (time effect, $P < 0.01$). Phosphorylation of 4E-BP1 (**Figure 3.7D**) increased over time and to a greater extent in 15G compared with 15G+LEU ($P < 0.01$).

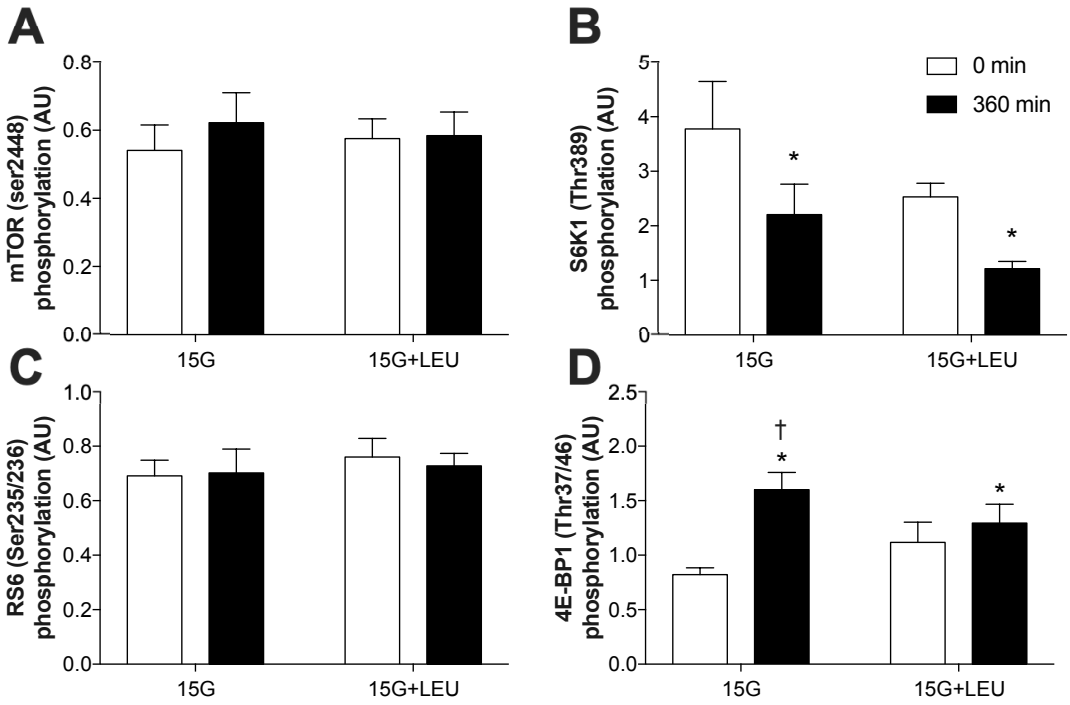

Figure 3.7 *Muscle phosphorylation status (ratio of phosphorylated to total protein) of mammalian target of rapamycin (mTOR; A) S6 protein kinase 1 (S6K; B), ribosomal protein S6 (RS6; C), and eukaryotic translation initiation factor 4E-binding protein-1 (4E-BP1; D) in older men after resistance-type exercise (0 min) and 360 min after the ingestion of 15 g milk protein (15G; n = 12) or 15 g milk protein with 1.5 g free leucine (15G+LEU; n = 12). Values represent means + SEM. Data were analyzed with repeated measures (time x treatment group) ANOVA. A; time effect: P > 0.05, treatment effect: P > 0.05, time x treatment group: P > 0.05. B; time effect: P > 0.01, treatment effect: P > 0.05, time x treatment group: P > 0.05. C; time effect: P > 0.05, treatment effect: P > 0.05, time x treatment group: P > 0.05. D; time effect: P < 0.01, treatment effect: P > 0.01, time x treatment group: P < 0.01 *Significantly different (P < 0.05) compared to t = 0 min. †Significant difference (P < 0.05) from 15G+LEU at the same time point.*

Discussion

In the present study, we examined the impact of free leucine co-ingestion on post-prandial protein handling and the subsequent muscle protein synthetic response following the ingestion of 15 g protein during recovery from resistance-type exercise in older men. We observed that 70-75 % of the dietary-derived amino acids were absorbed into the circulation after ingestion of 15 g protein. Co-ingesting 1.5 g free leucine with 15 g protein further increased post-exercise myofibrillar protein synthesis rates, but did not detectably increase the incorporation of dietary protein-derived amino acids in myofibrillar protein.

We administered a primed, continuous intravenous infusion of L-[*ring*-$^{2}H_5$]-phenylalanine, L-[*ring*-$^{2}H_2$]-tyrosine and L-[1-^{13}C]-leucine throughout a 6 h post-exercise recovery period in older individuals. Following exercise, participants ingested either 15 g intrinsically L-[1-^{13}C]-phenylalanine labeled milk protein with or without 1.5 g free leucine. With this experimental protocol, we were able to assess *in vivo* protein digestion and amino acid absorption kinetics, whole-body protein metabolism, myofibrillar protein synthesis, and the incorporation of dietary protein-derived amino acids in muscle protein (8). After protein ingestion, we observed a rapid rise in circulating plasma amino acid concentrations (**Figure 3.3**) and an increase in the rate of exogenous phenylalanine appearance (**Figure 3.4A**), demonstrating rapid protein digestion and subsequent absorption of dietary protein-derived amino acids during post-exercise recovery. As expected, fortification with 1.5 g free leucine resulted in a greater peak plasma leucine concentration (407 ± 23 vs 234 ± 16 μmol·L^{-1}, $P < 0.01$) at t = 30 min, and 1.8-fold greater plasma leucine availability over the entire 6 h post-prandial period, when compared to the ingestion of 15 g protein ($P < 0.01$). We observed 70-75 % of dietary protein-derived amino absorption into the circulation over the 6 h post-prandial period in both groups. This represents a high degree of protein absorption in comparison to recent work from our lab using the same methodology (16, 28, 29). The discrepancy is likely attributed to the relatively small amount of dietary protein that was provided in the present study along with the extended 6 h post-prandial assessment period, implying that more protein derived amino acids can be absorbed during a 6 h post-prandial period when the ingested protein bolus is smaller (Holwerda *et al.*, accepted). Free leucine fortification seemed to compromise protein digestion and/or amino acid absorption as dietary protein-derived phenylalanine availability was lower following leucine co-ingestion when assessed over the entire 6 h post-prandial period (10.5 ± 0.2 vs 11.2 ± 0.3 g; $P < 0.05$). This was attributed to a mild attenuation of exogenous amino acid appearance rates observed between t = 30-120 min (**Figure 3.4A**). It could be speculated that the added free leucine may have stimulated splanchnic amino acid retention of dietary-protein derived amino acids during first pass. In agreement, prior work in neonatal pigs has demonstrated that free leucine co-ingested with a low protein dose stimulates an increase in jejunum, but not liver protein synthesis (23, 33). Altogether, our data demonstrate that free leucine co-ingestion

further increases the post-prandial rise in leucine concentrations but attenuates the rate of appearance of dietary protein-derived amino acids into the circulation.

By administering a primed, continuous intravenous infusion of L-[*ring*-$^{2}H_5$]-phenylalanine and L-[*ring*-$^{2}H_2$]-tyrosine and providing intrinsically L-[1-^{13}C]-phenylalanine labeled protein, we were able to assess post-prandial whole-body protein synthesis, breakdown, net balance and oxidation. In both groups, protein ingestion resulted in a positive whole-body net protein balance during post-exercise recovery. However, fortification with free leucine did not further impact whole-body post-prandial protein synthesis, breakdown or net balance. These findings are in agreement with prior work in older men at rest (32) and in younger men during post-exercise recovery (19). Despite previous reports that leucine administration lowers whole-body amino acid oxidation rates (18, 26), we did not observe this effect. These studies achieved far greater plasma leucine availability in comparison to the present study, which may lead to a reduction in protein breakdown rates (26, 36) and thereby lower the availability of amino acids for oxidation (19, 36). Our present data align with recent work administering similar, meal-like amounts of leucine (~4.5 g total) (32), and demonstrate that leucine co-ingestion does not impact whole-body phenylalanine oxidation rates.

Changes in whole-body protein metabolism do not necessarily reflect changes on a muscle level. Therefore, we also collected skeletal muscle biopsies to directly assess the impact of leucine fortification of a low protein dose on intramuscular signaling and the muscle protein synthetic response to feeding. Resistance-type exercise and protein ingestion activate intramuscular signaling proteins that regulate protein translation with mTOR and its downstream targets, S6 kinase, RS6 and 4E-BP1 being of particular relevance. We observed no differences in mTOR or RS6 phosphorylation, but detected a decrease in S6 kinase phosphorylation over time. These findings align with previous work showing a rapid increase in S6 kinase activity following exercise, which subsides over 3-6 h (20, 45). Considering that biopsy timing was intended to assess the muscle protein synthetic response during the entire post-prandial period, it is most likely that transient increases in signaling activity had subsided by 6 h. However, 4E-BP1 phosphorylation increased over time in both groups, and to a greater extent after the ingestion of 15 g protein when compared with the ingestion of 15 g with leucine. We speculate that the higher leucine availability in 15G+LEU may have transiently activated 4E-BP1 at an earlier time in comparison to 15G (12, 14, 17), which steadily activated 4E-BP1 over the 6 h post-prandial period (20, 43).

Combining stable isotope labeled amino acid infusions with ingestion of intrinsically-labeled protein, we were able to assess muscle protein synthesis rates under both steady-state (L-[1-^{13}C]-leucine) as well as non-steady state (L-[*ring*-$^{2}H_5$]-phenylalanine) precursor conditions (8). Previous work has demonstrated that the ingestion of a low protein dose (< 20 g) following resistance-type exercise does not further stimulate an increase in muscle protein synthesis rates in older individuals (47, 48). In the present study, free leucine co-ingested with a low protein dose (15 g) increased myofibrillar protein synthesis rates by 16 % (L-[*ring*-$^{2}H_5$]-phenylalanine, **Figure 3.5A**) and 19 % (L-[1-^{13}C]-leucine**, Figure 3.5B**) when compared

with the ingestion of 15 g protein. These findings are in line with multiple studies demonstrating that free leucine co-ingestion can further increase the muscle protein synthetic response to protein ingestion in older individuals at rest (2, 9, 24, 42) and during recovery from resistance-type exercise (2, 7, 9, 24). In the present study, participants ingested intrinsically L-[1-^{13}C]-phenylalanine labeled protein, allowing us to directly assess the metabolic fate of the dietary protein-derived amino acids (16, 38, 42). Despite the greater post-prandial muscle protein synthetic response following the co-ingestion of free leucine, we did not observe a significantly greater L-[1-^{13}C]-phenylalanine enrichment in myofibrillar protein in 15G+LEU compared with 15G (**Figure 3.6**). The absence of a difference in the incorporation of dietary protein-derived amino acids in myofibrillar protein may be related to the mild attenuation in dietary-protein derived phenylalanine availability in the circulation when free leucine was co-ingested (**Figure 3.4**).

The muscle protein synthetic response to protein ingestion has been shown to be impaired in older (41) and/or more clinically compromised populations (25, 44). Resistance-type exercise is an effective strategy to improve the sensitivity of skeletal muscle to the anabolic properties of dietary protein. However, recent work from our group has demonstrated that ingestion of less than 30 g protein does not further increase the muscle protein synthetic response during post-exercise recovery in older men (Holwerda *et al.*, accepted). We (28) and others (47, 48) have shown that increasing protein intake can compensate for this anabolic resistance, with as much as 45 g of protein being required to achieve a robust anabolic response during exercise recovery in older individuals. However, ingesting such large protein amounts may not be feasible in older and/or more clinically compromised populations. The current data extend upon previous findings and show that free leucine co-ingestion can augment the post-exercise muscle anabolic response to protein ingestion (2, 7, 9, 24). Therefore, leucine co-ingestion may increase the efficiency by which ingestion of low protein doses enhance the muscle protein synthetic response during recovery from exercise. Simply adding leucine to a post-exercise snack may represent an effective strategy to maintain muscle mass in the older population without the need to ingest large doses of protein. However, few long-term intervention studies have assessed the anabolic effect of leucine co-ingestion on skeletal muscle adaptation. Whereas leucine supplementation does not seem to increase muscle mass in older individuals in resting conditions (21, 39), it has been suggested that leucine supplementation might augment resistance training-induced skeletal muscle adaptation (37). Nonetheless, more work is needed to assess the long-term anabolic effects of leucine co-ingestion in combination with exercise training in the older population.

In conclusion, leucine co-ingestion augments the post-exercise muscle protein synthetic response to ingestion of a small amount of protein in older men.

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