



THE UNIVERSITY OF  
MELBOURNE

# Food, Nutrition & Musculoskeletal Health – Staying Stronger for Longer

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University of Melbourne / Austin Health

Australian Institute of Musculoskeletal Science

# Disclosures

- Abbott: Advisory board / lecture fees
- UK Dairy Council: Expert group-healthy aging
- European Milk Forum: Travel support / lecture fees
- Nestle Health Sciences: Lecture fees
- Israel Milk Board: Lecture fees
- Dairy Australia: Lecture fees



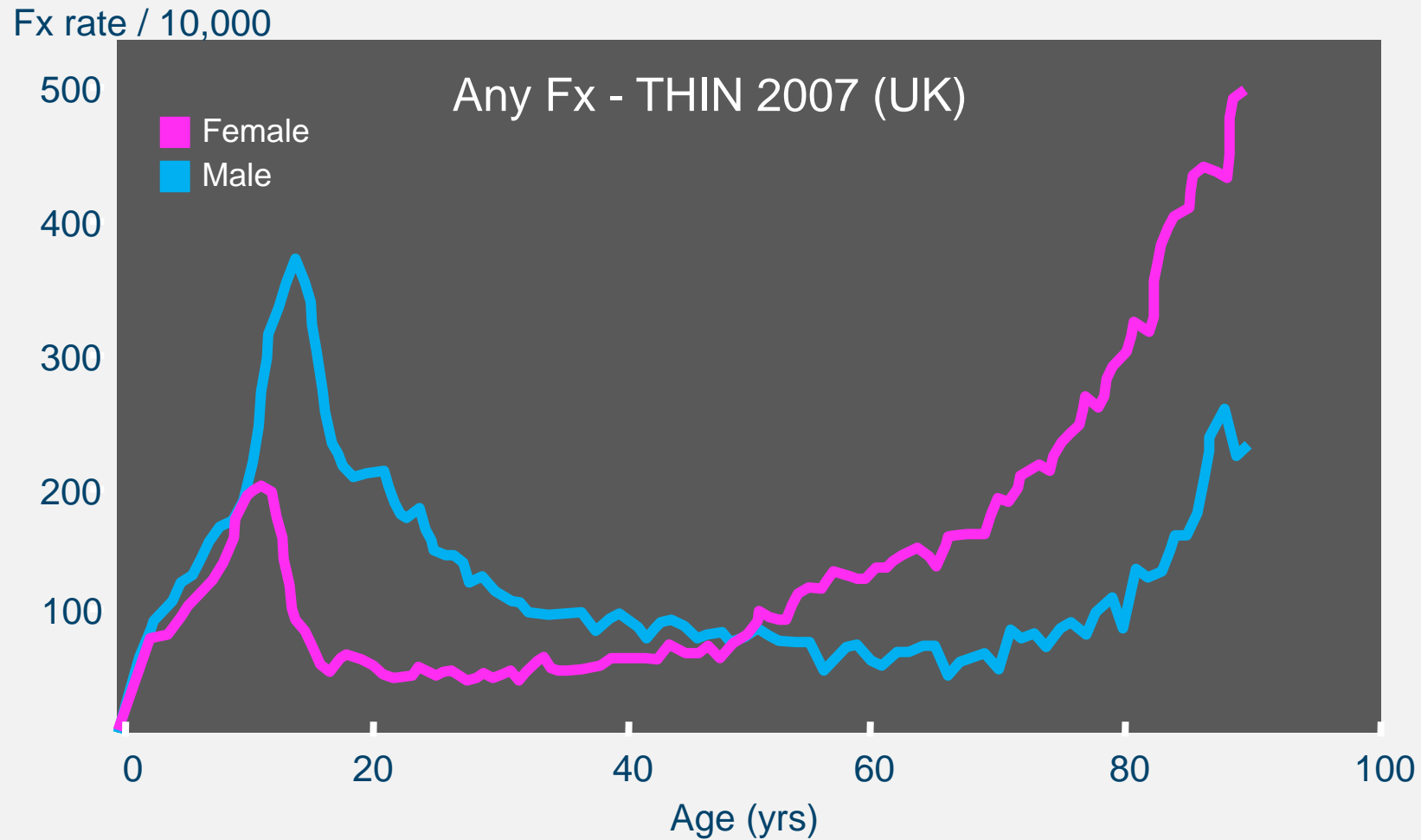
AUSTIN MEDICAL  
RESEARCH FOUNDATION



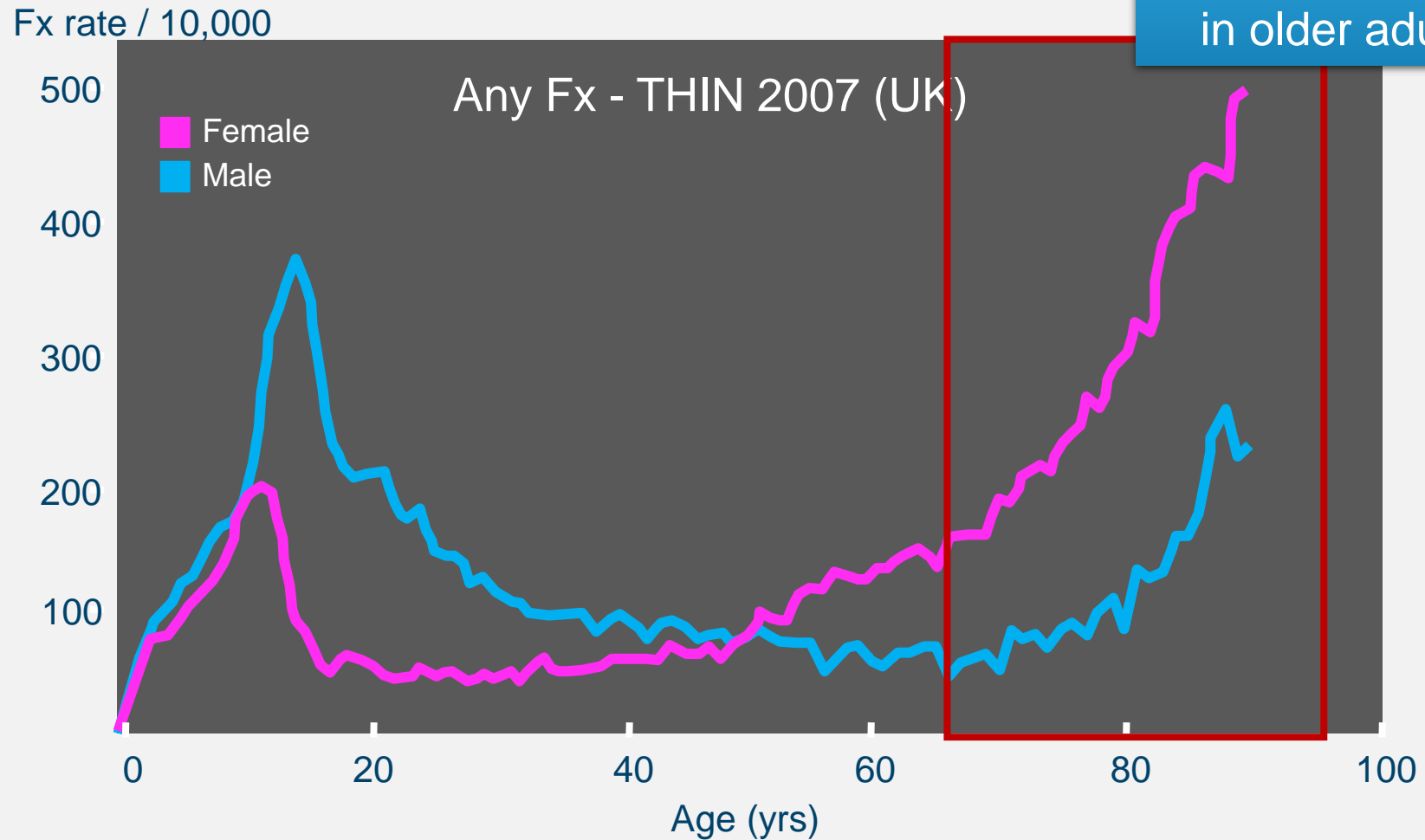
# Overview

- ✓ Population ageing and fractures
- ✓ Bone over the lifespan: growth, adulthood, older age
- ✓ Calcium and bone
- ✓ Dairy and bone over the lifespan
- ✓ Dairy and muscle in older adults
- ✓ Dairy and falls & fractures in older adults
- ✓ Practical considerations to increase dairy consumption

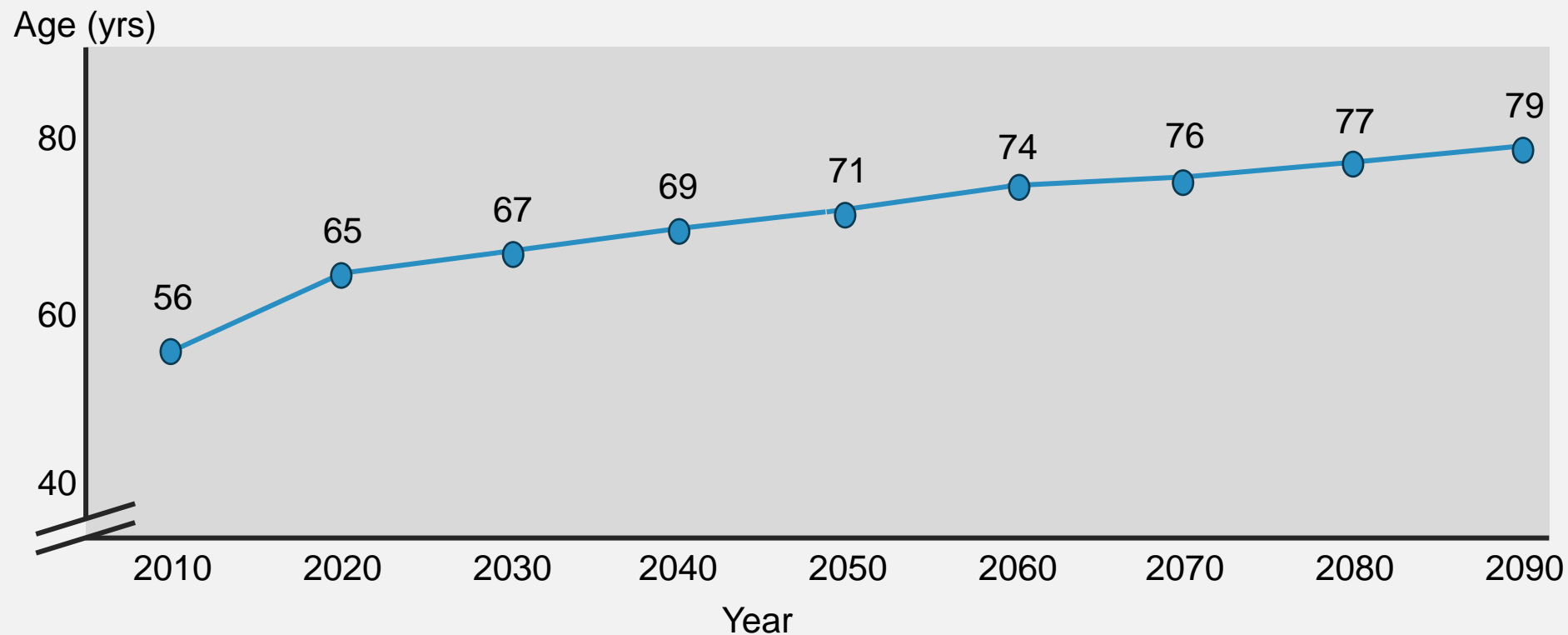
# Fractures over the Lifespan



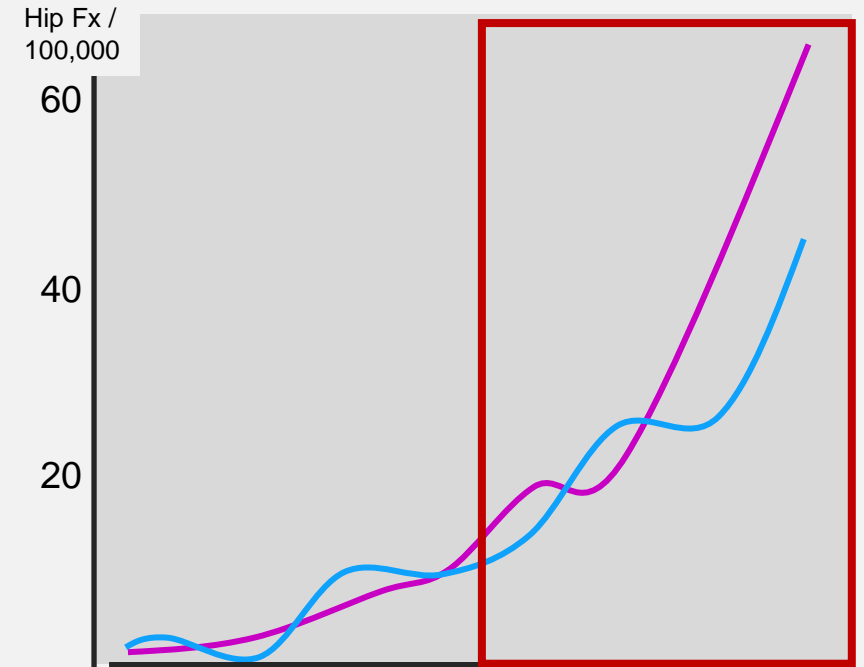
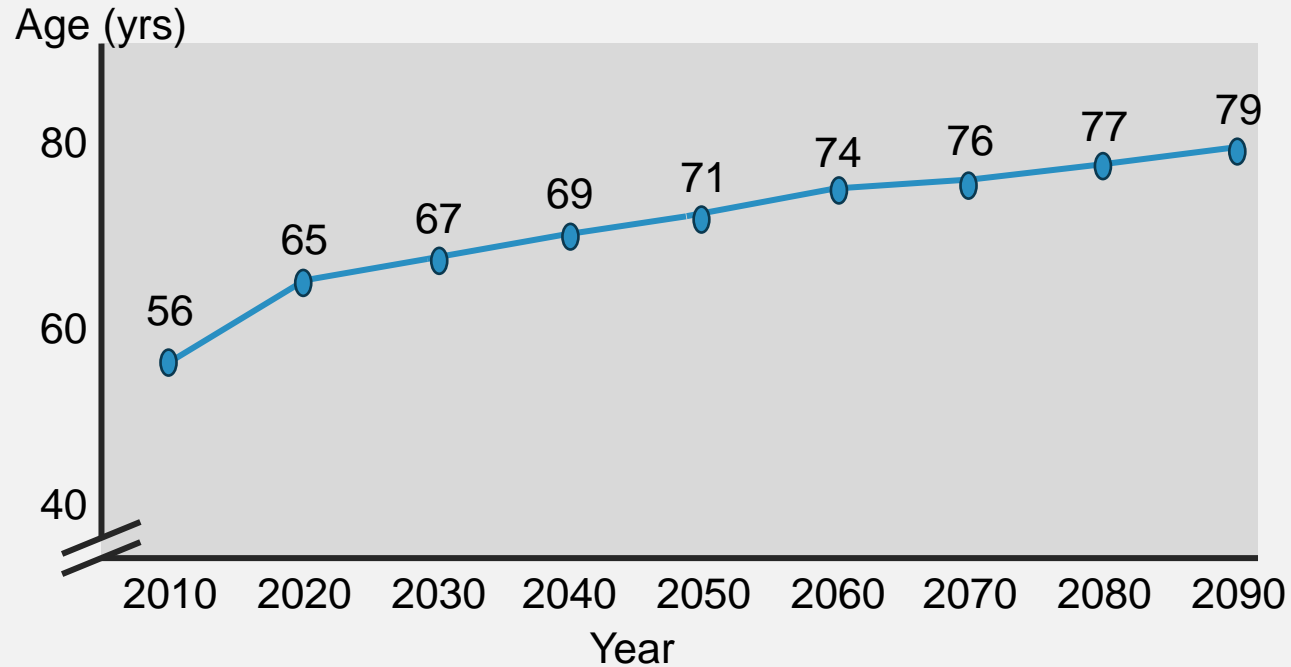
# Fractures over the Lifespan



# Average Life Expectancy in South Africa

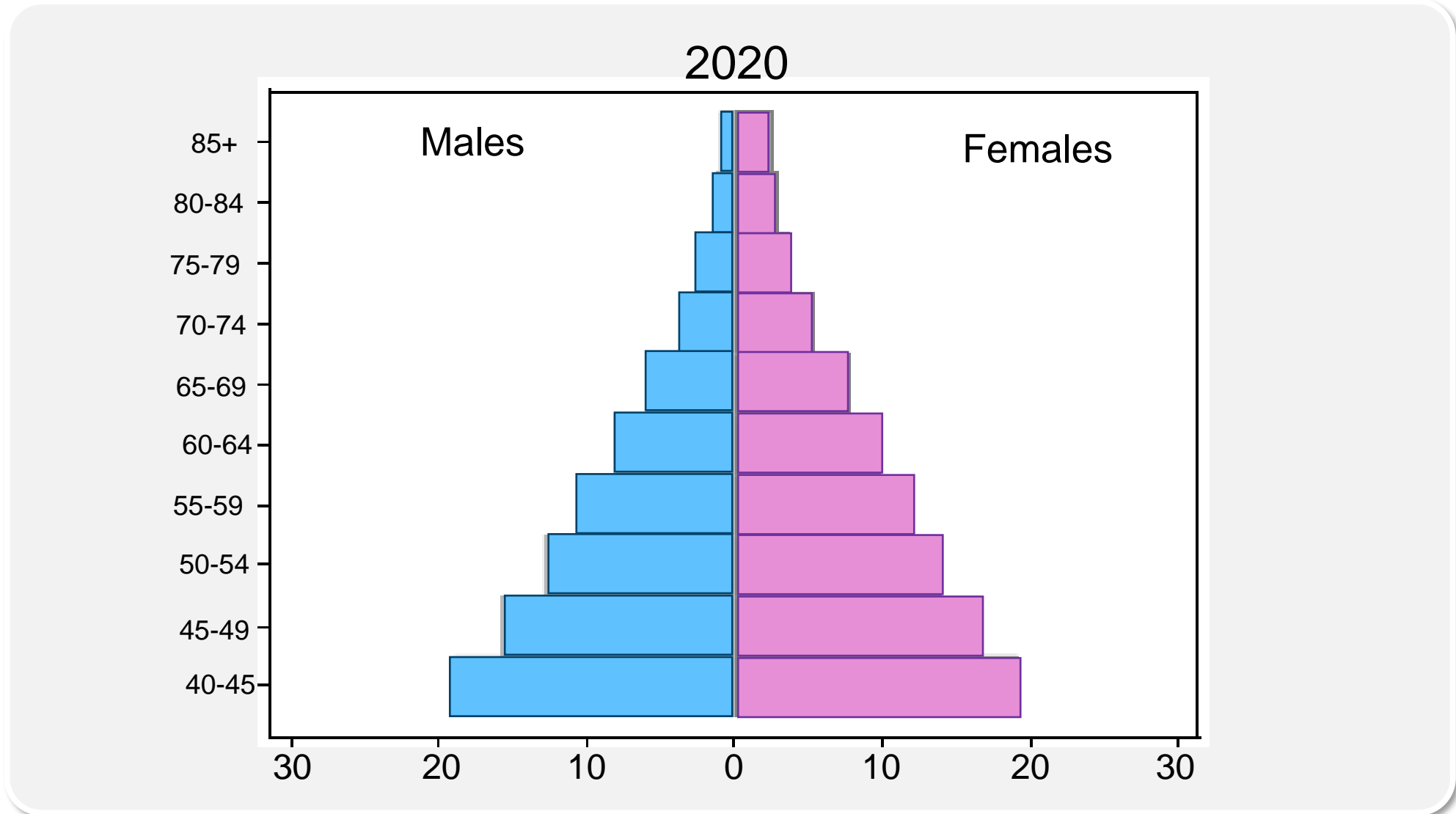


# Average Life Expectancy in South Africa & Fractures



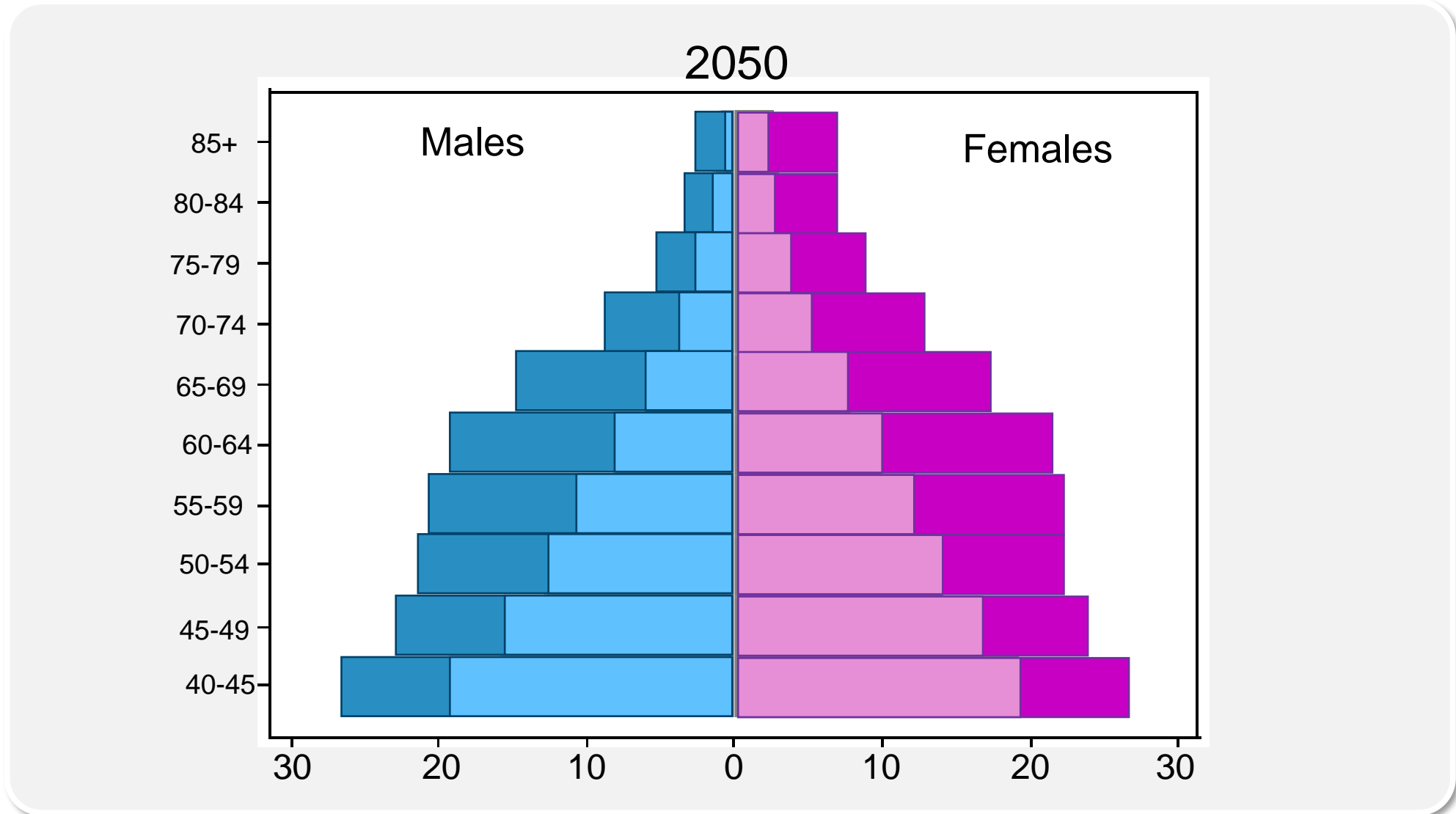
Age Group	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
Female	1.7	2.8	6.8	10.2	19.1	22.8	43.3	66.7
Male	2.8	1.7	10.0	10.0	14.0	25.3	26.7	45.6

# Age Distribution & Fracture Burden

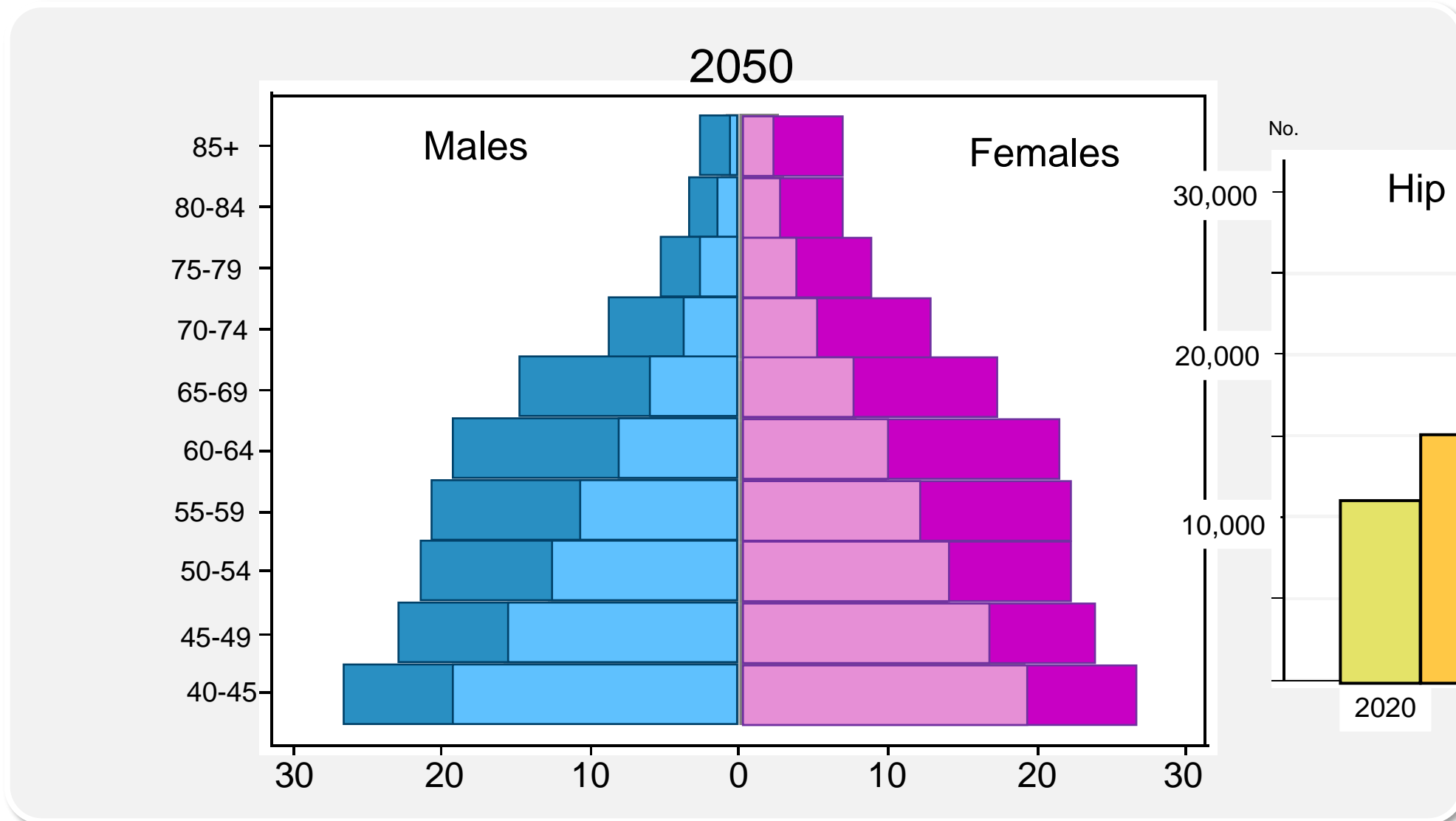




# Age Distribution & Fracture Burden

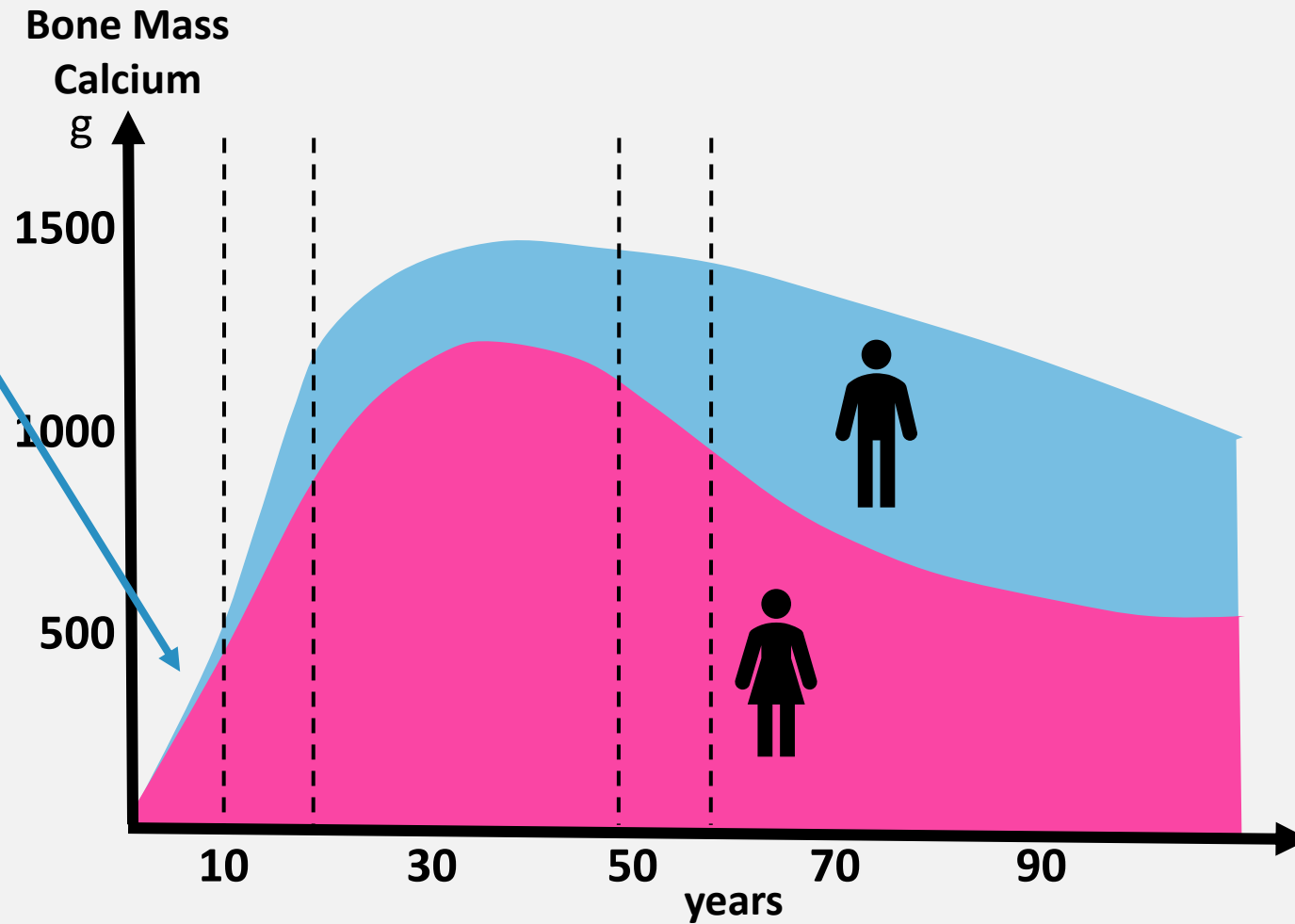


# Age Distribution & Fracture Burden

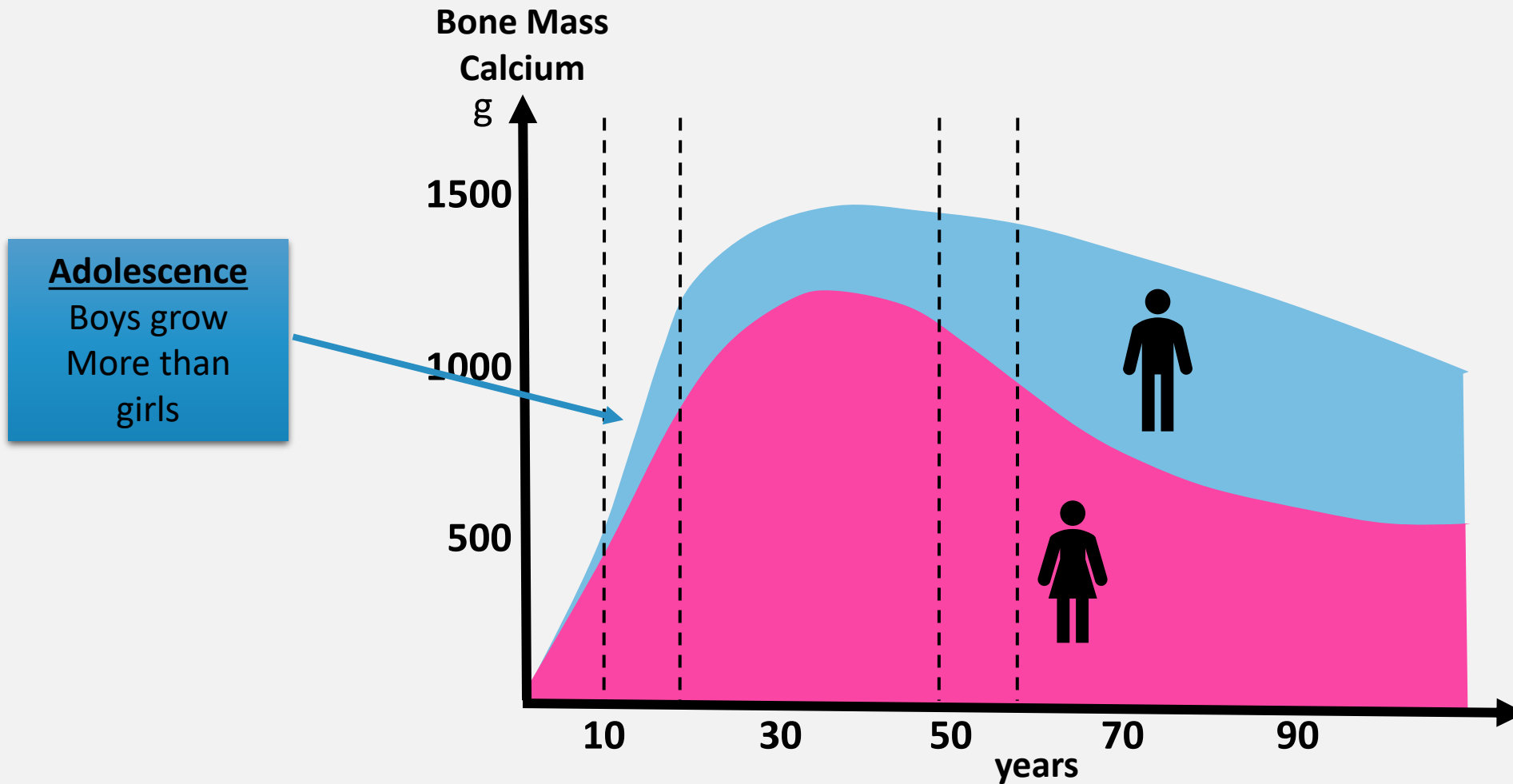


# Bone Mass Over the Lifespan

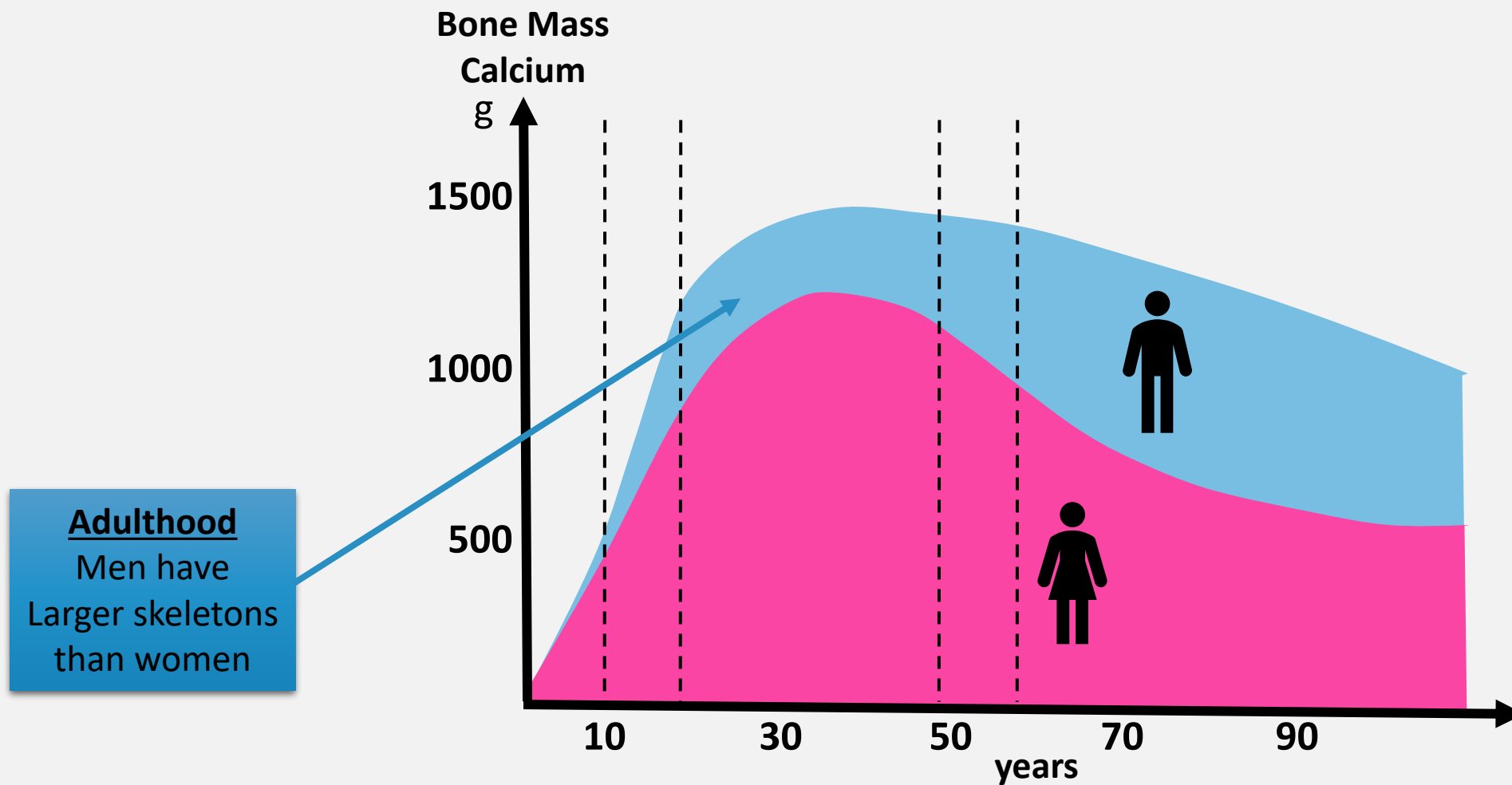
**Childhood**  
Boys & Girls  
are similar



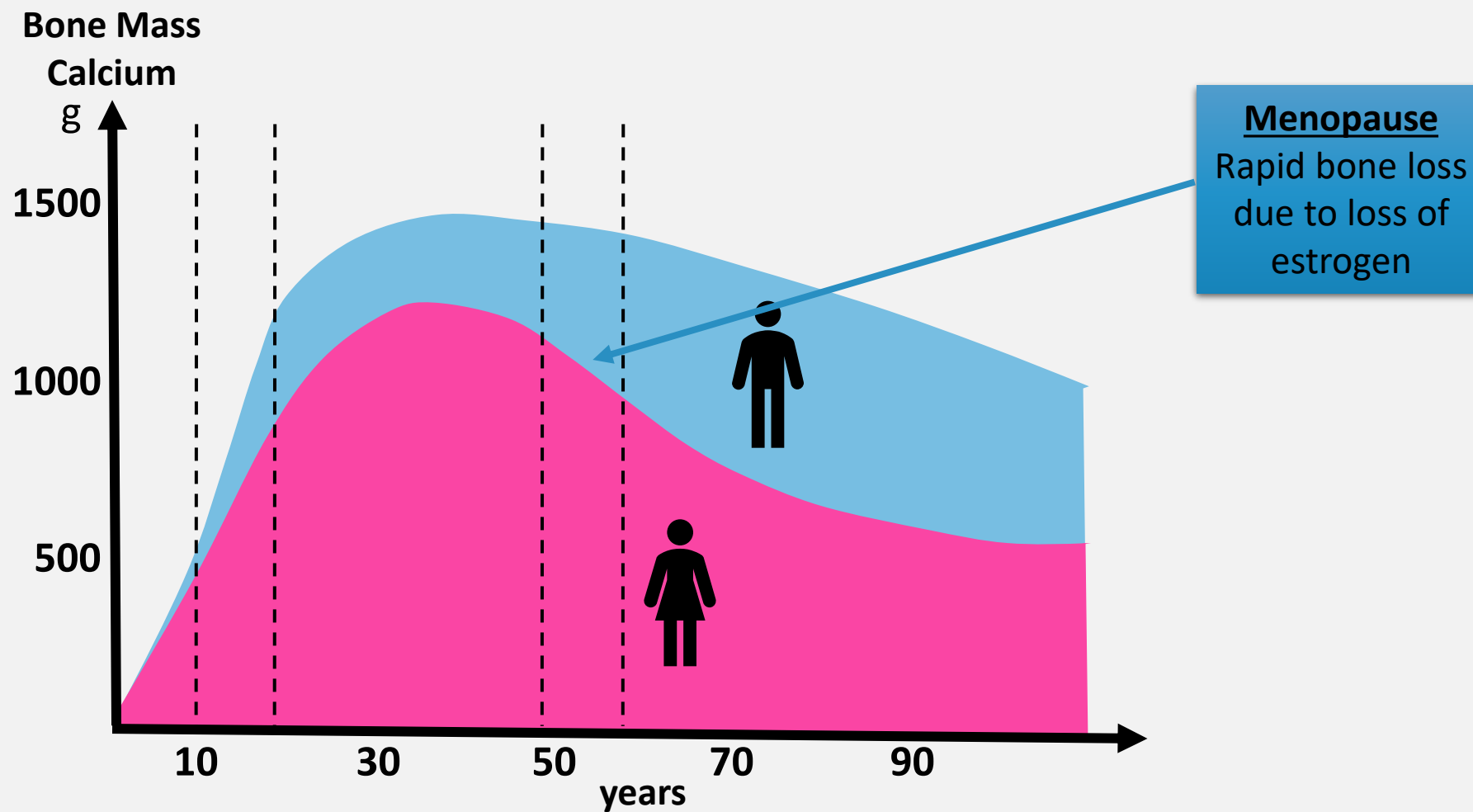
# Bone Mass Over the Lifespan



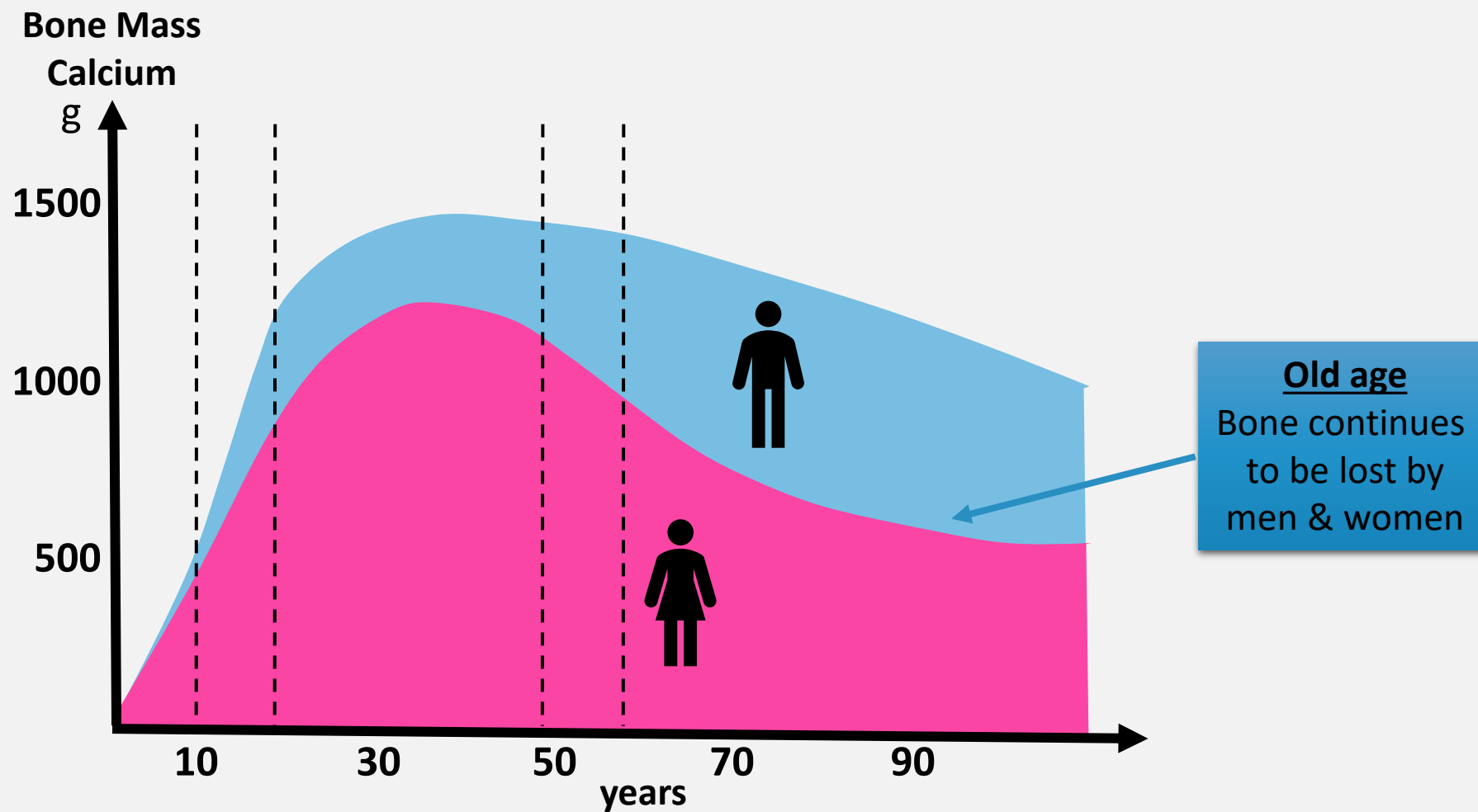
# Bone Mass Over the Lifespan



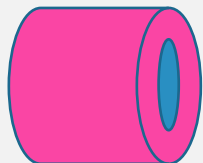
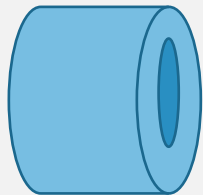
# Bone Mass Over the Lifespan



# Bone Mass Over the Lifespan

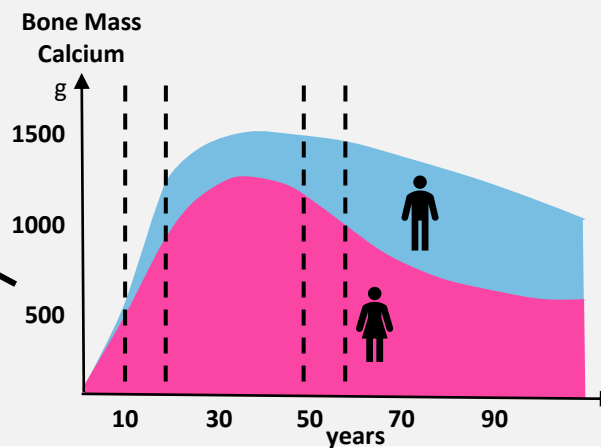


# Bone Structure Over the Lifespan



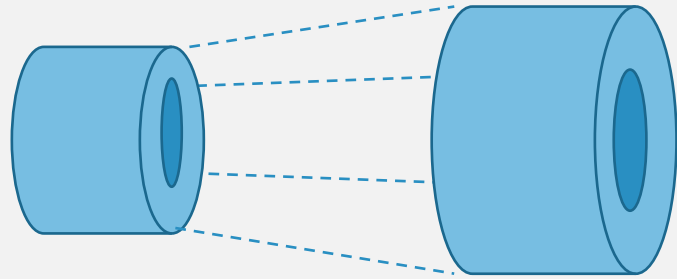
## Childhood

Similar bone size  
between  
boys & girls  
Wider in boys





# Bone Structure Over the Lifespan

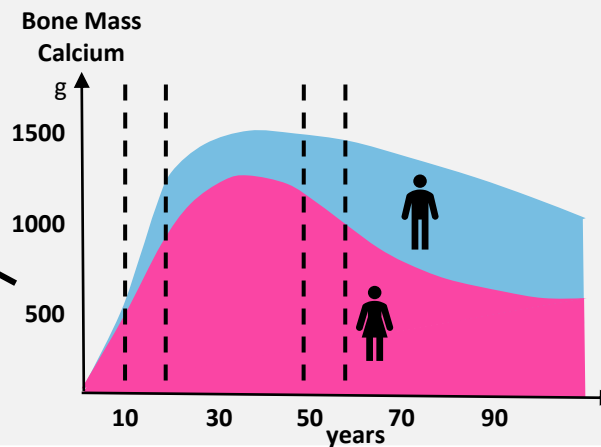


**Adolescents**

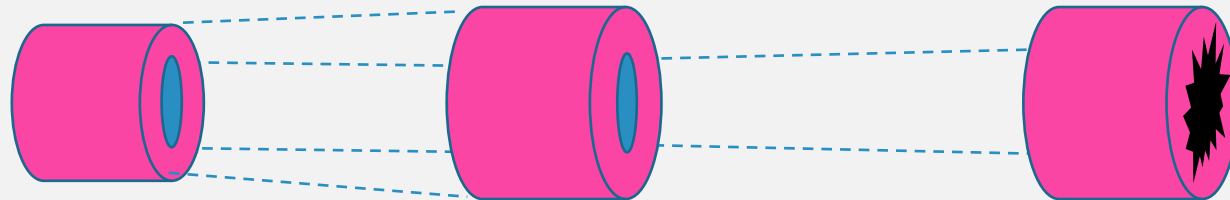
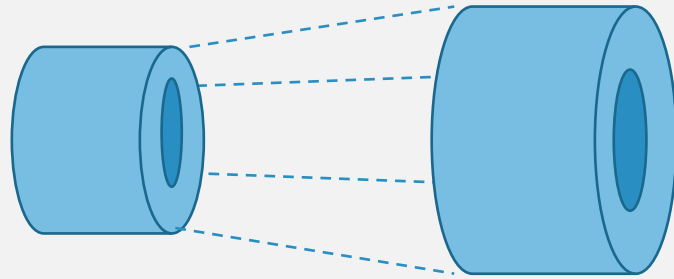
Greater increase  
in boys than girls

**Childhood**

Similar bone size  
between  
boys & girls



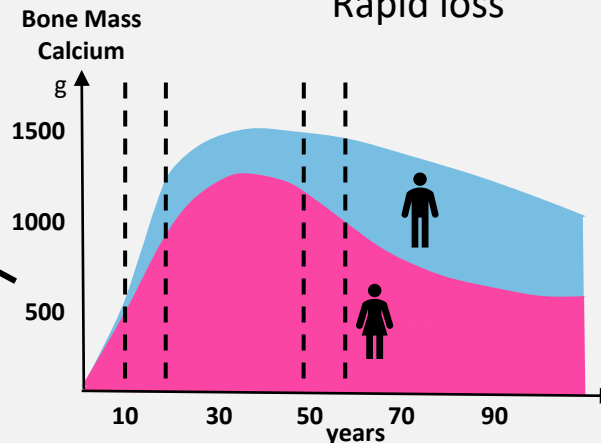
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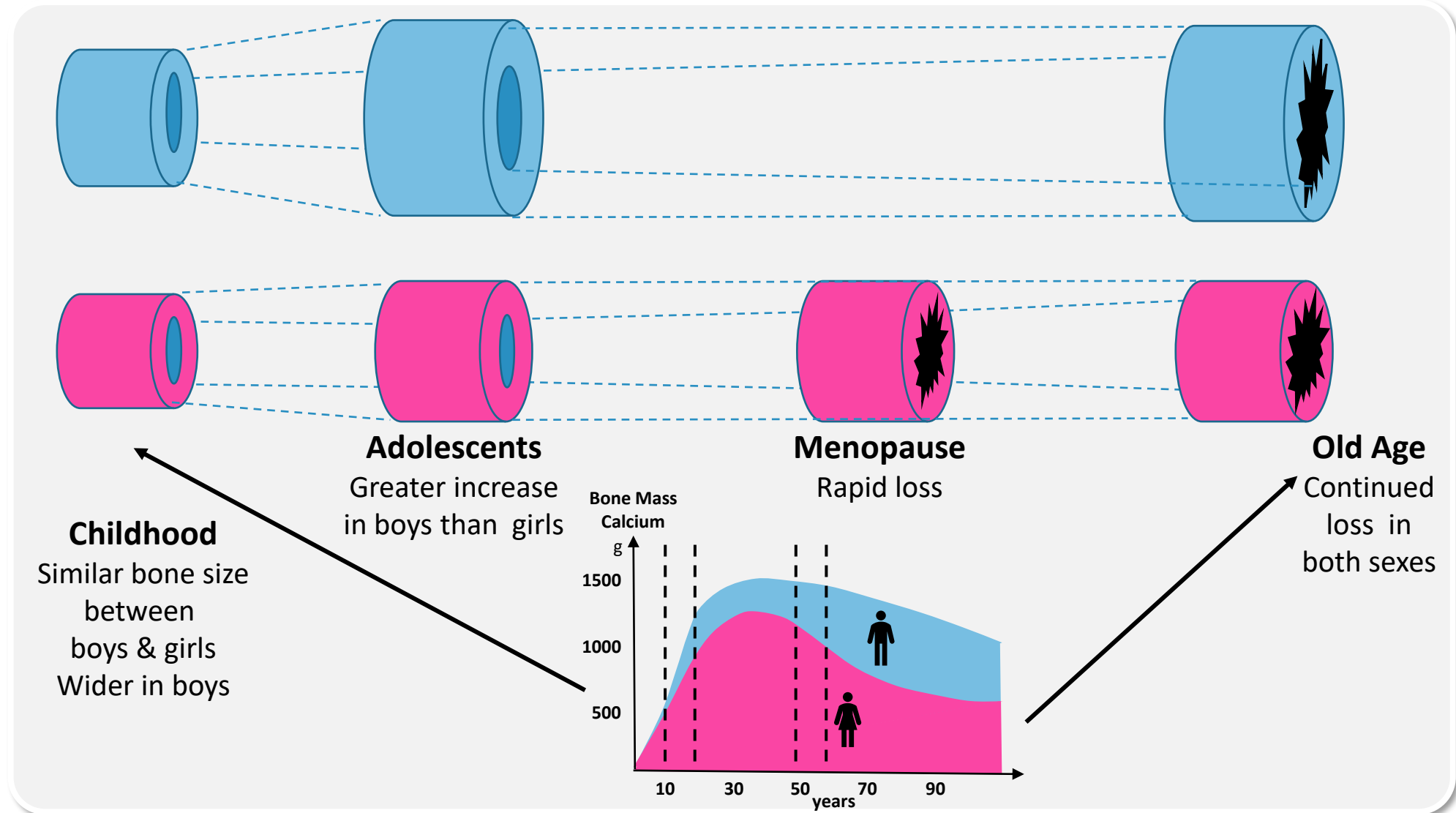
**Childhood**  
Similar bone size  
between  
boys & girls  
Wider in boys

**Adolescents**  
Greater increase  
in boys than girls

**Menopause**  
Rapid loss

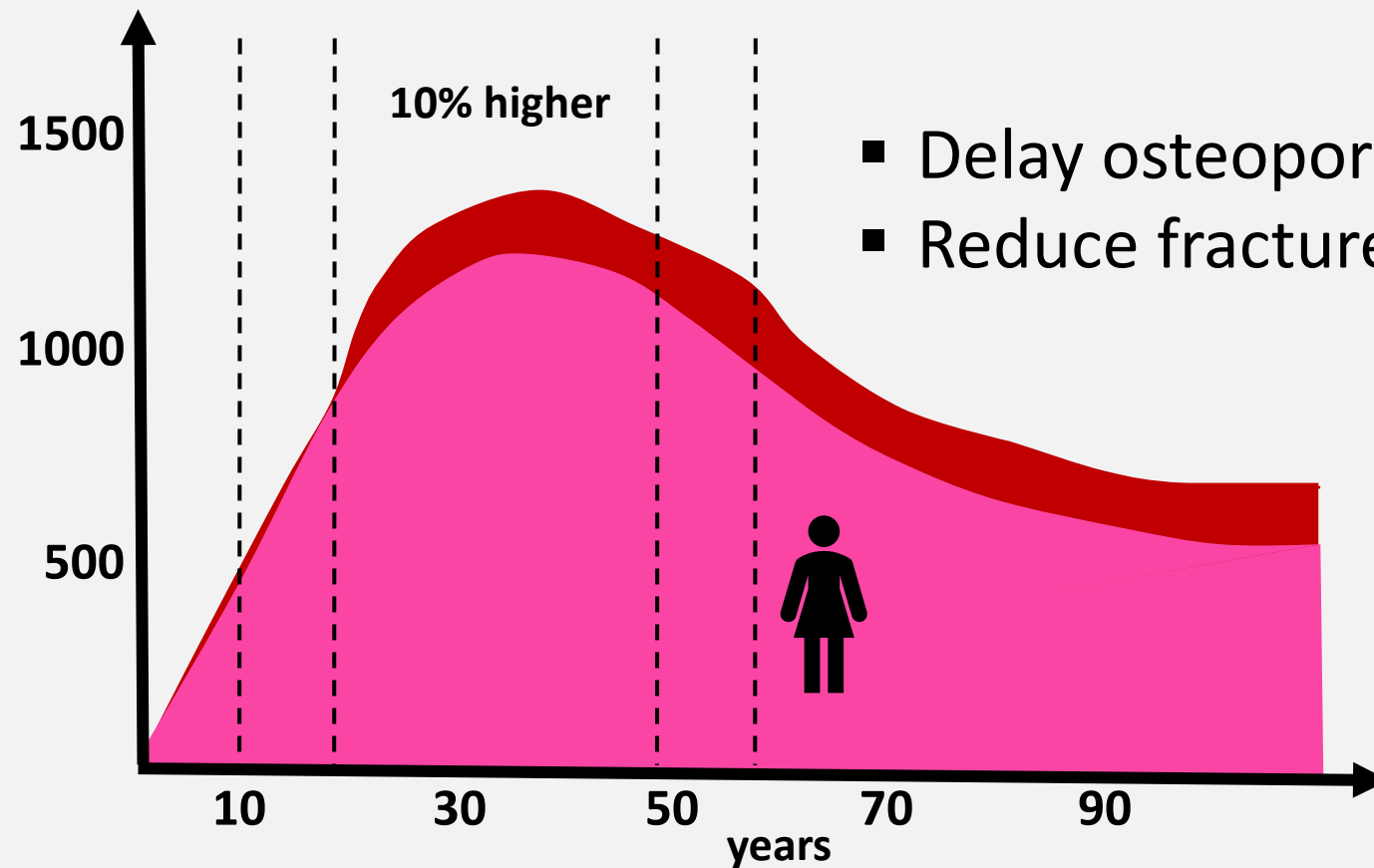


# Bone Structure Over the Lifespan



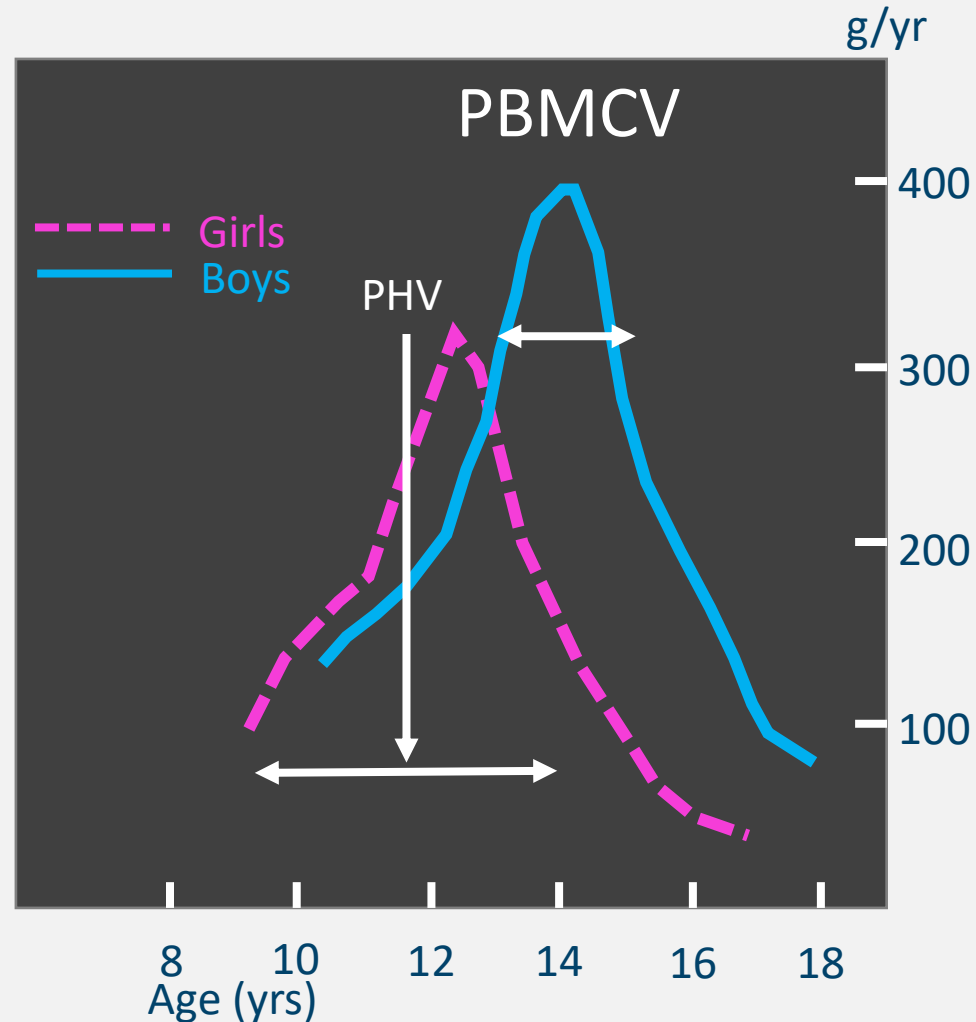
# Peak Bone Mass & Fracture Risk

Bone Density

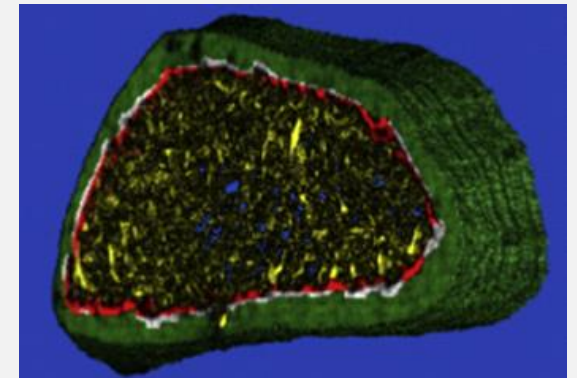


# Bone Mineral Content Accrual During Puberty (PBMCV)

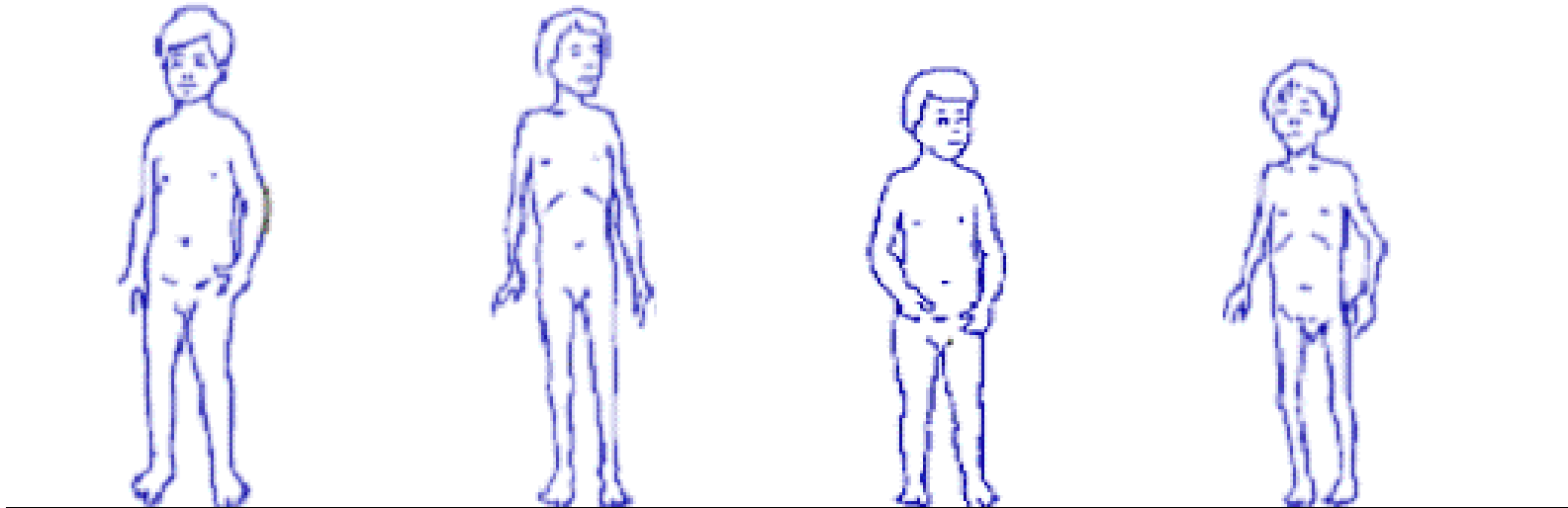
4 years around PHV  
27% of femoral neck  
bone mineral accretion  
Similar amount to that  
lost in adult life



2 years around PBMCV  
26% of adult  
calcium is accrued  
in bone.



# Effect of Protein-Energy Malnutrition on Growth



**Normal**  
Normal weight  
& height

**Wasted**  
Thinner than  
normal

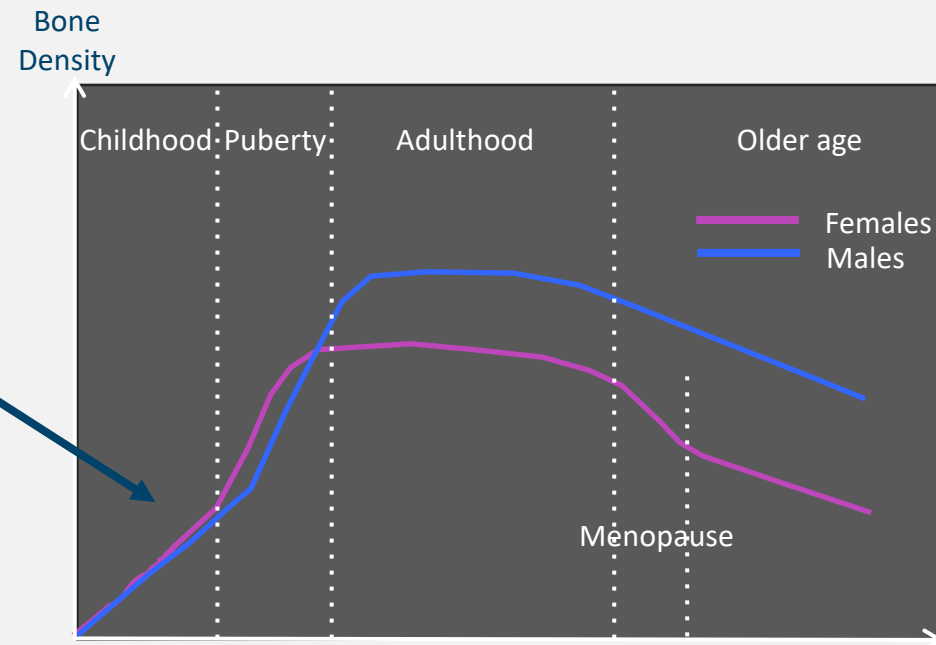
**Stunted**  
Shorter than  
normal

**Wasted & Stunted**  
Thinner & Shorter  
than normal

- Wasting: acute malnutrition
- Stunting: chronic malnutrition

# Skeletal Effects of a Dairy-Free Diet

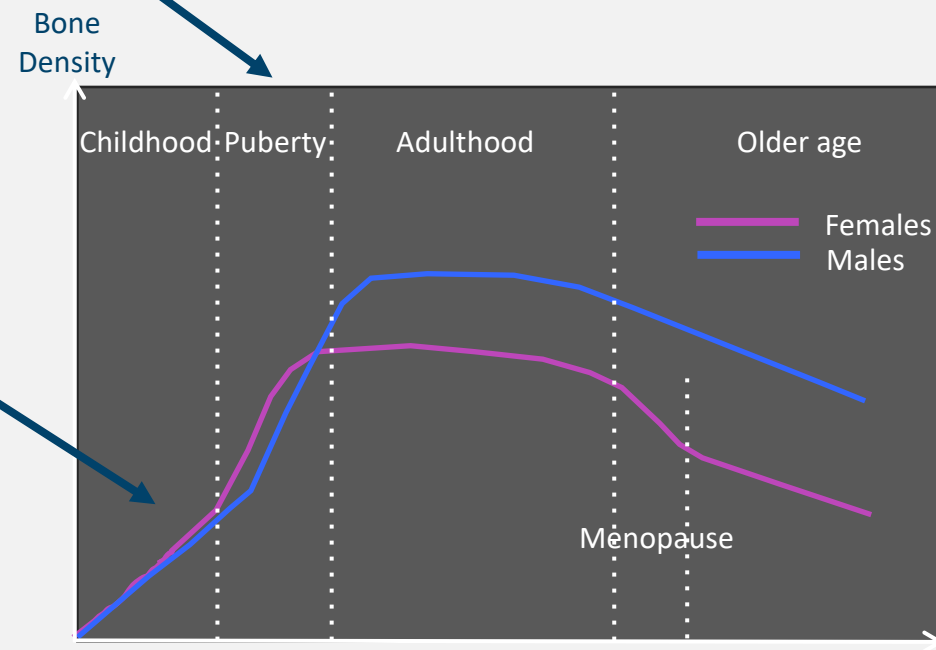
Case-Control  
n=53 Infants  
Macrobiotic diet  
(no dairy)  
55%: symptoms of rickets  
Dagnelie et al. AJCN 1990



# Skeletal Effects of a Dairy-Free Diet

Case-Control  
n=81 Fx Children  
Milk-free diet  
Female: OR 4.6 (1.4, 15.5)  
Konstantynowicz et al. OI 2007

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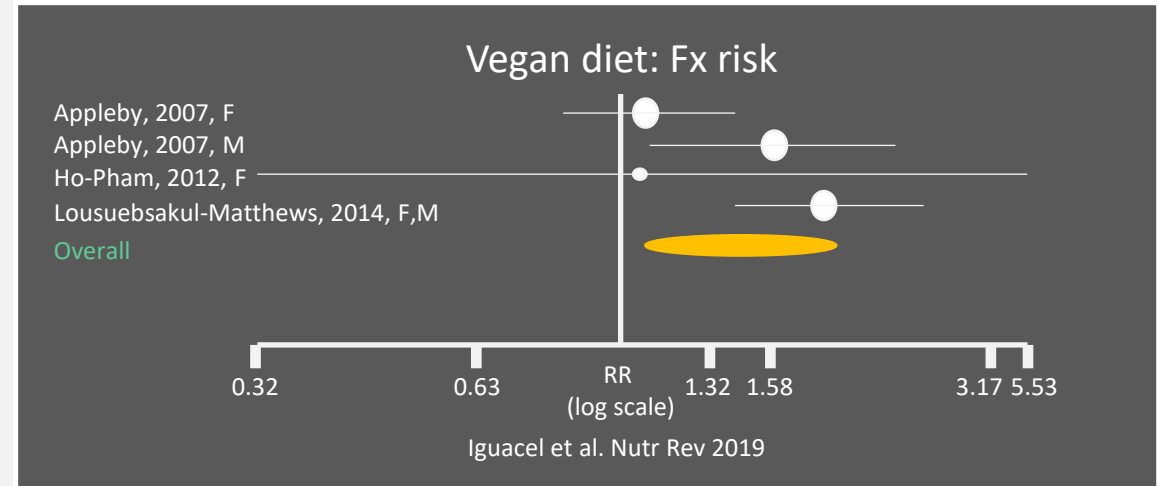




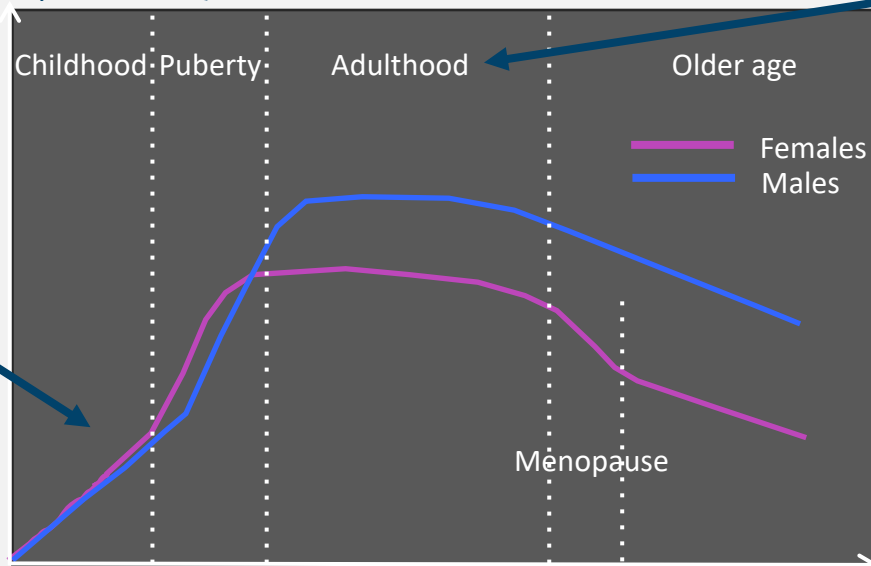
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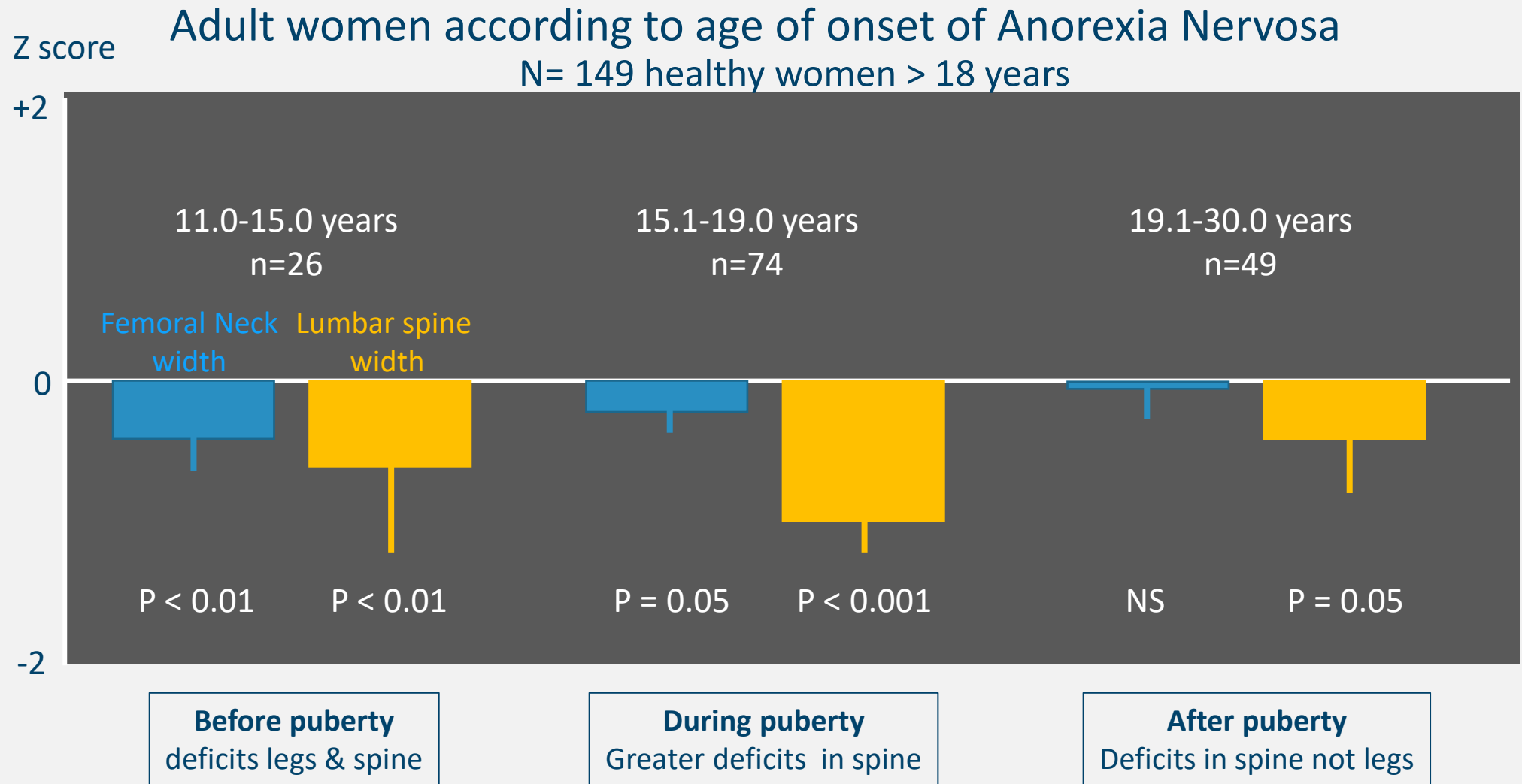
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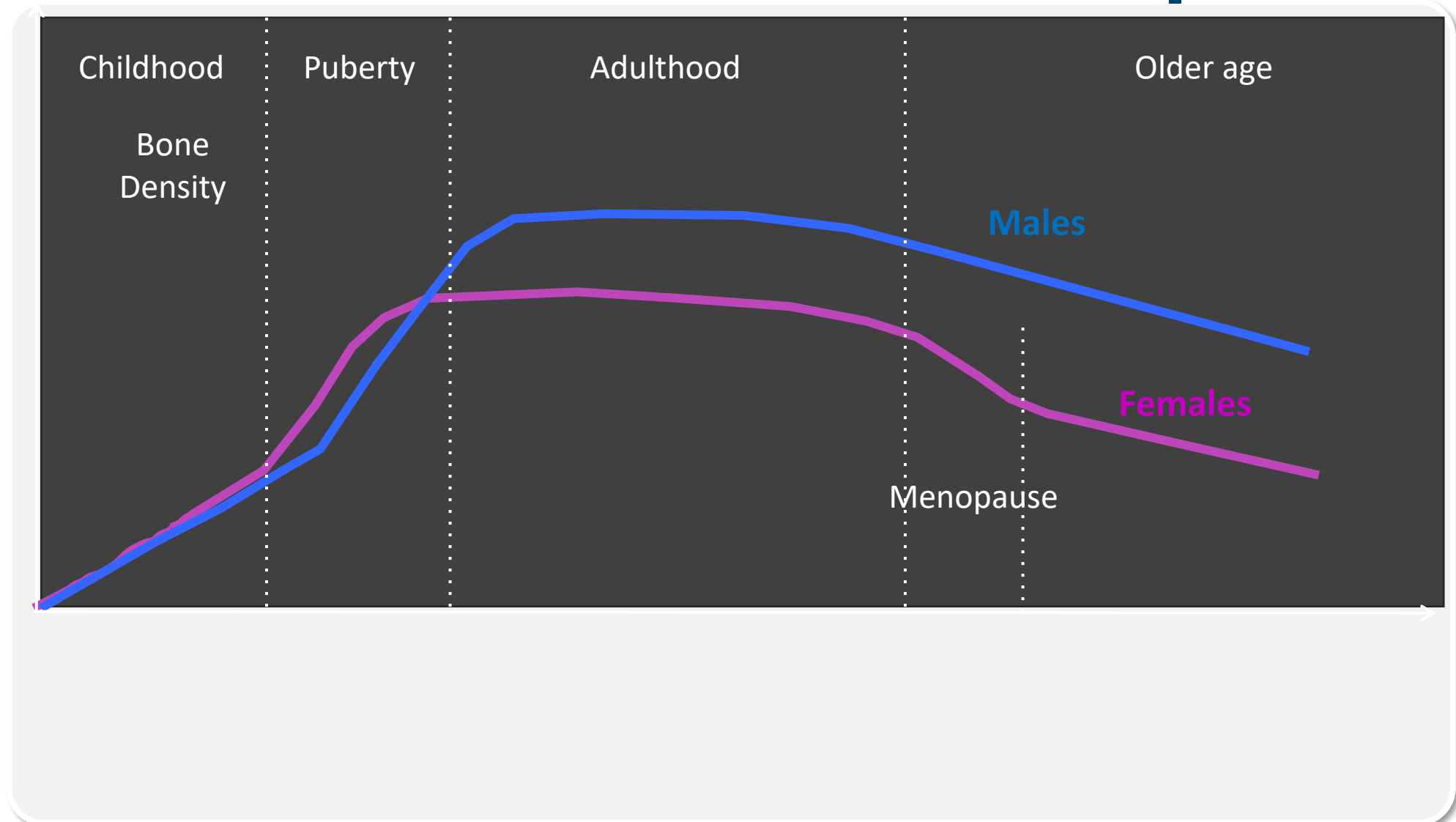
Bone  
Density



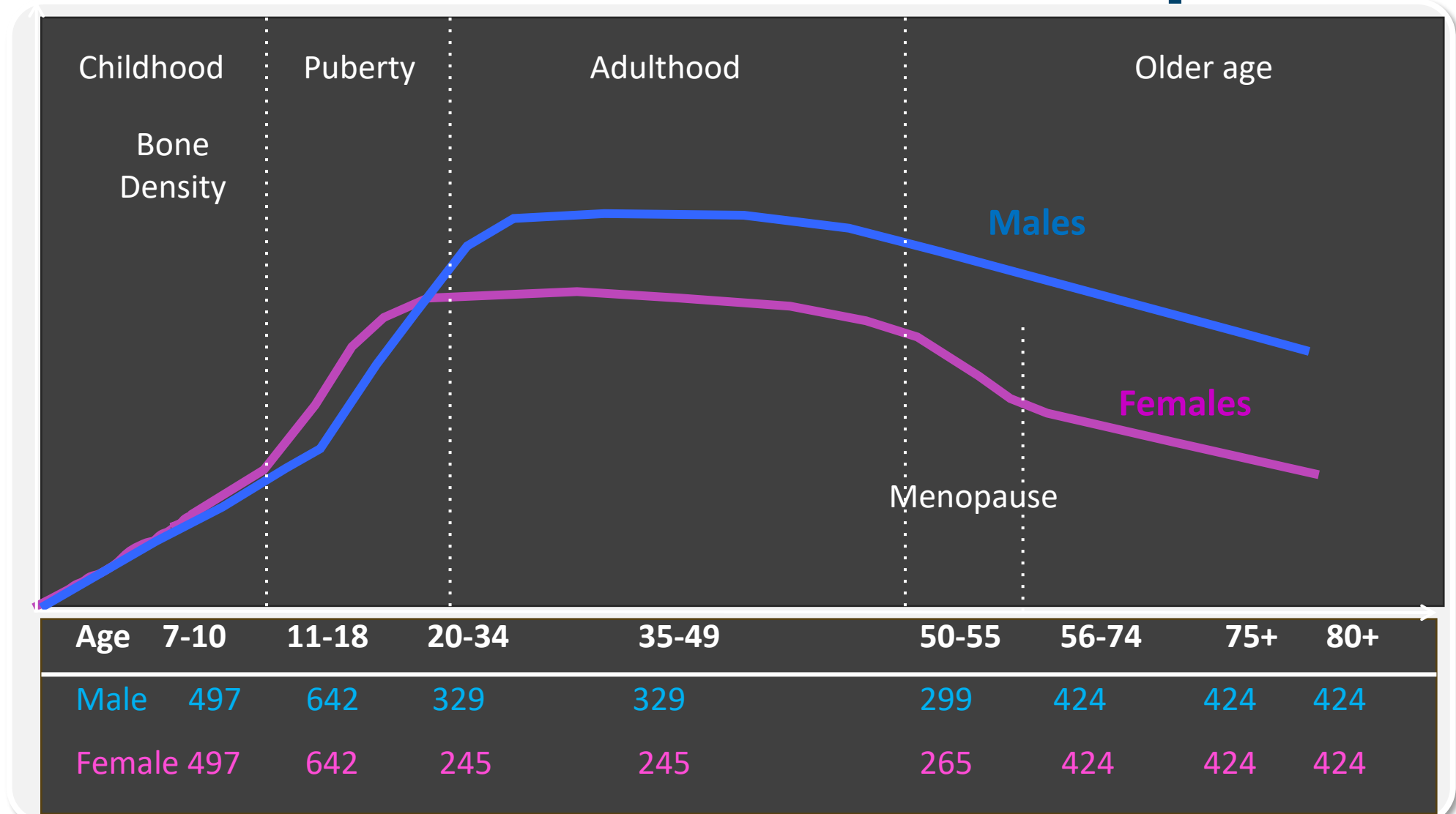
# Effect of Timing of Energy Restriction on Bone



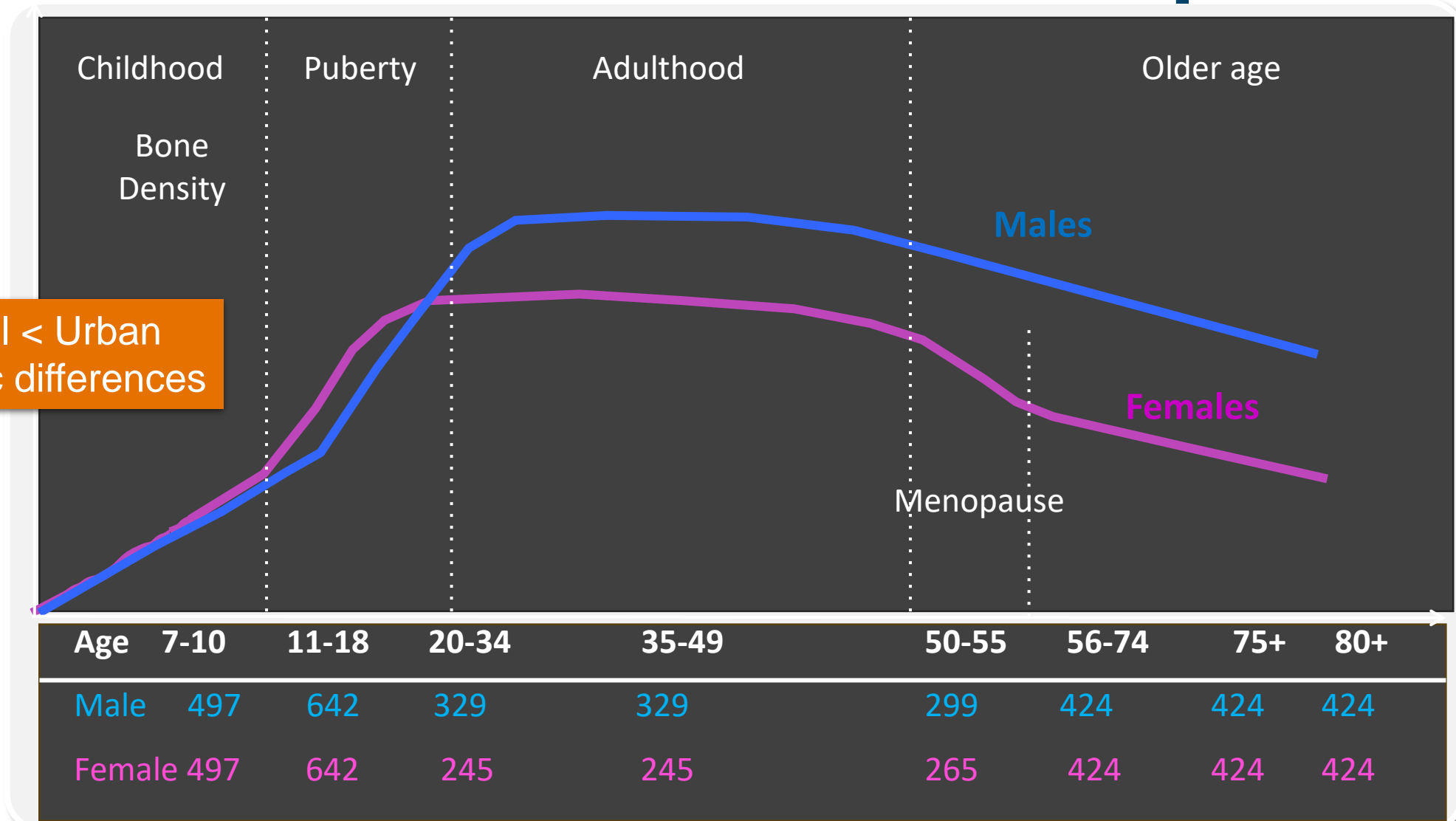
# Calcium Intake Over the Lifespan



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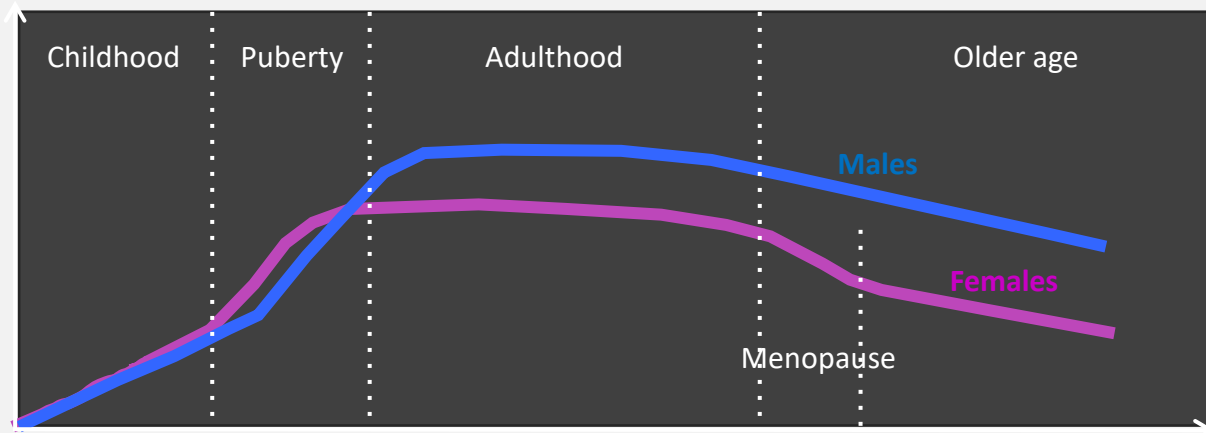
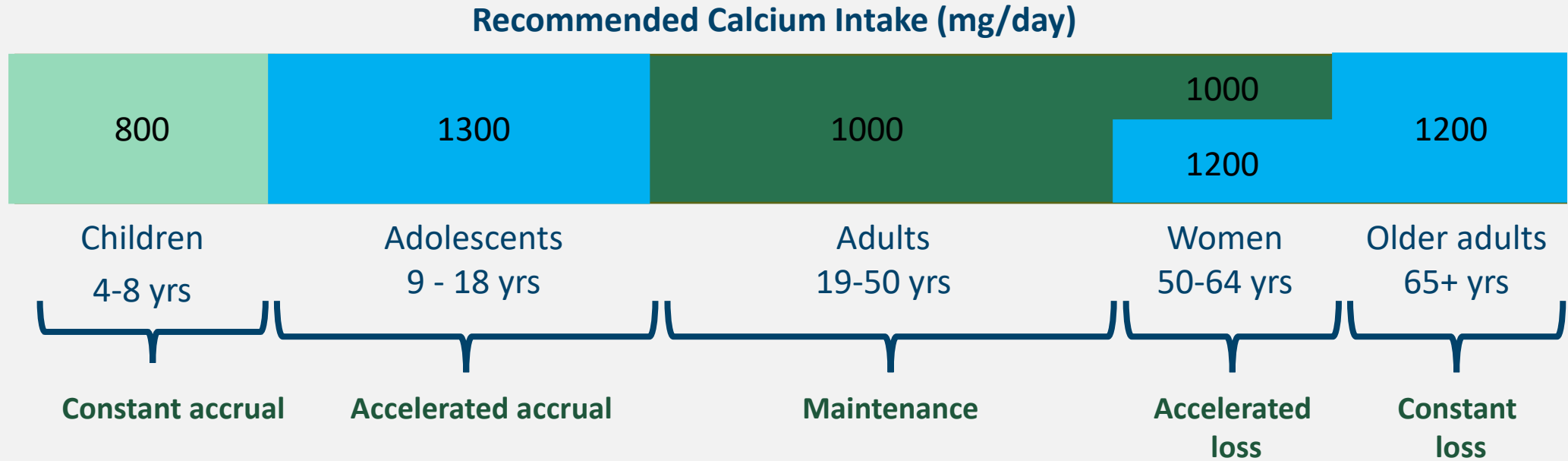


# Calcium Intake Over the Lifespan

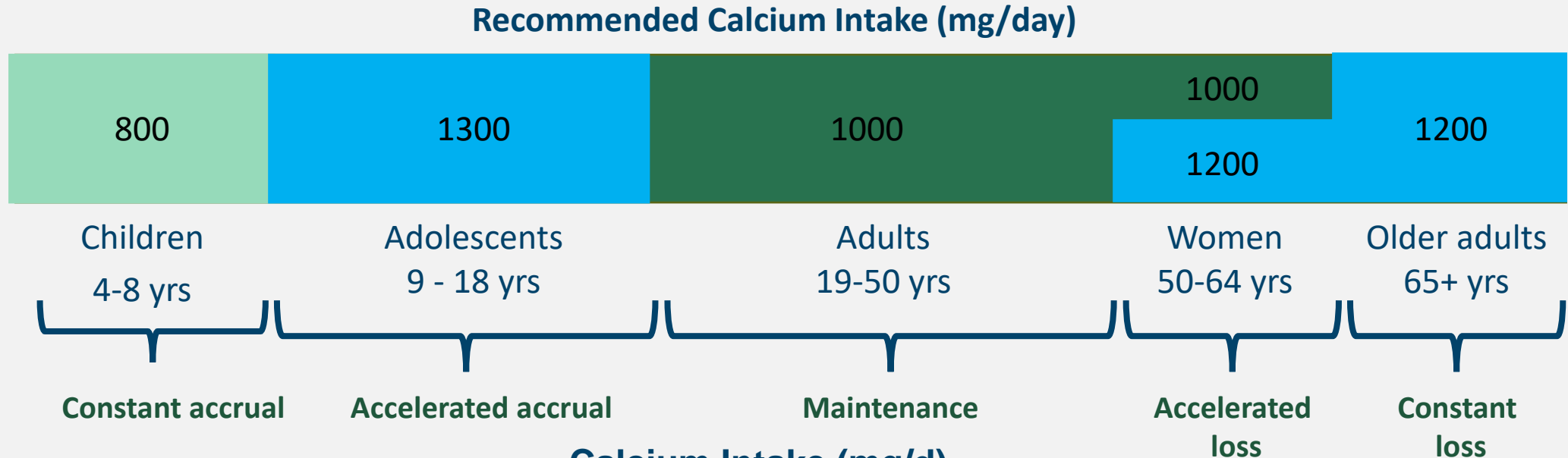


- Rural < Urban
- Ethnic differences

# Bone Mineral Content Accrual & Recommended Calcium Intake



# Bone Mineral Content Accrual & Recommended Calcium Intake



**Calcium Intake (mg/d)**

Age	7-10	11-18	20-34	35-49	50-55	56-74	75+
Male	497	642	329	329	299	424	424
Female	497	642	245	245	265	424	424

# Calcium Requirement & Intake Over the Lifespan

## Calcium Intake (mg/d)

Age	7-10	11-18	20-34	35-49	50-55	56-74	75+	80+
Male	497	642	329	329	299	424	424	424
Female	497	642	245	245	265	424	424	424

## Calcium Requirement (mg/d)

Age	4-8	9-18	19 - 50	51-70	70+
Male	800	1300	1000	1000	1200
Female	800	1300	1000	1200	1200

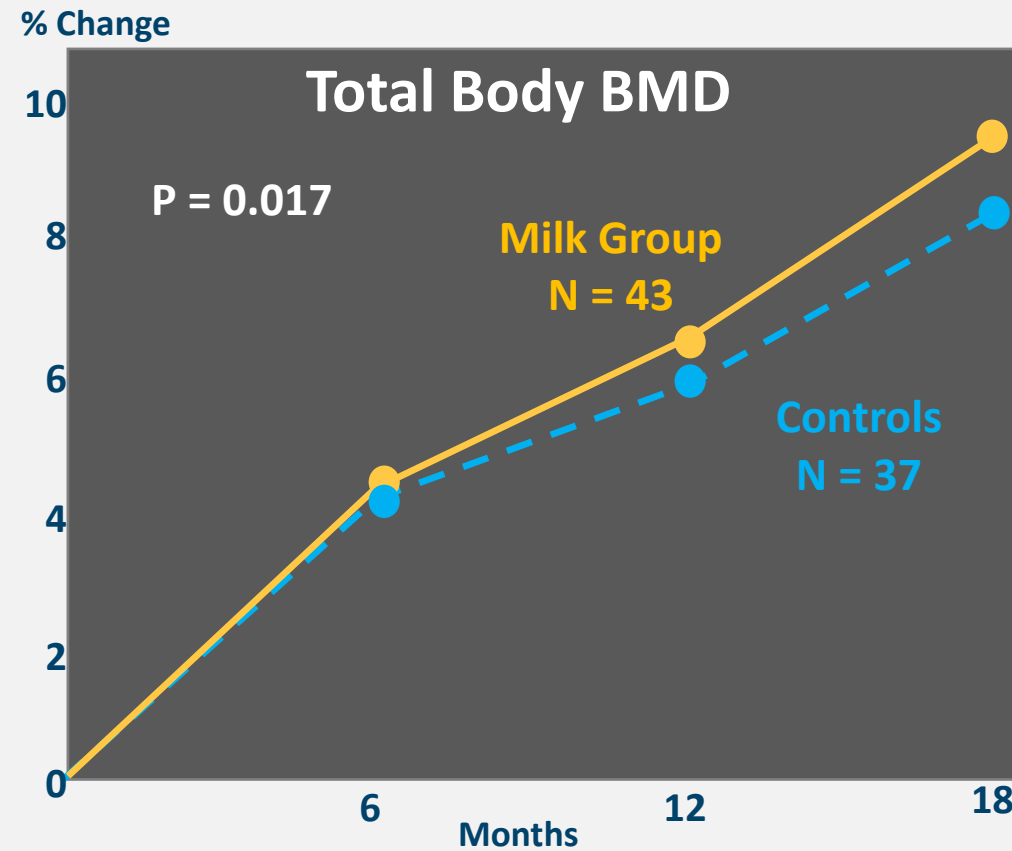
## Recommended dairy intake (servings/d)





# Dairy Supplementation During Growth

- Milk supplement
- Calcium ~ 750mg/d
- Girls only
- Matched for maturity
- Minimal drop-outs
- Consistent compliance



# Studying the side-to-side Differences in Bone

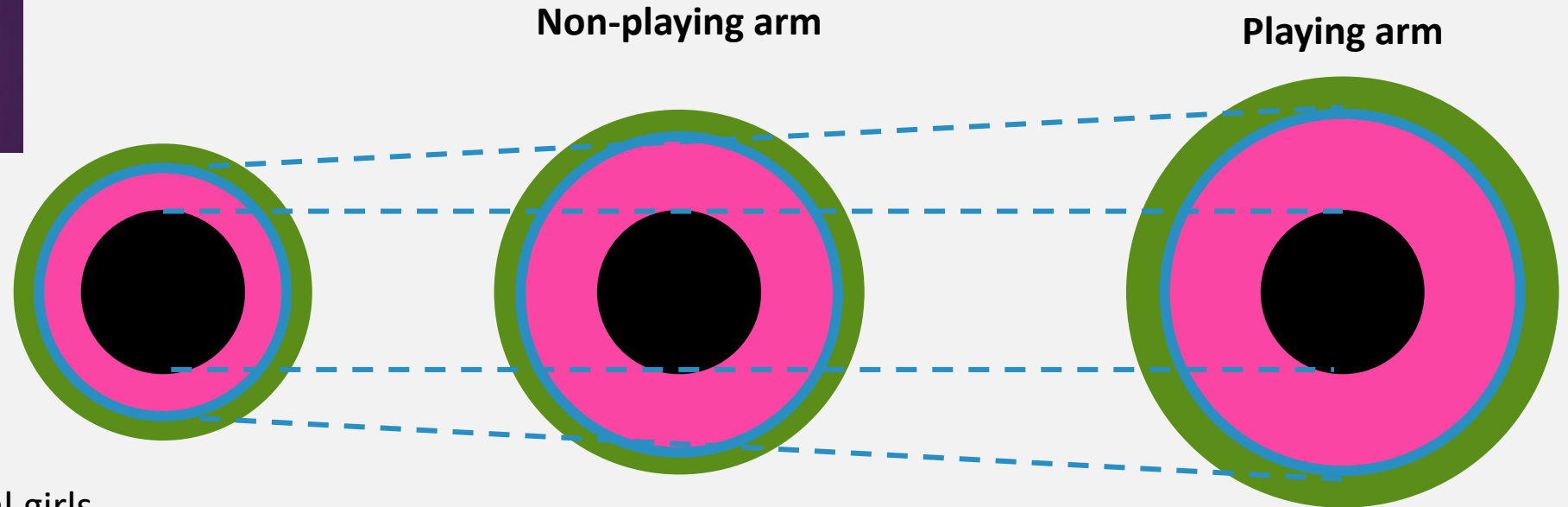
Controls for:

- ✓ Age
- ✓ Maturity
- ✓ Genetics
- ✓ Environment
- ✓ Diet



Apttour.com

# Response to mechanical loading before maturity



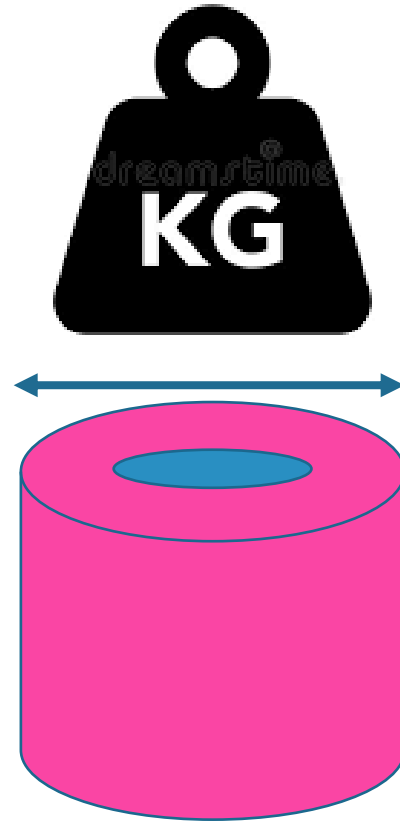
- 13 pre/peri-pubertal girls
- Compare playing arm to non-playing arm
- Increase due to growth (Non-playing arm)
- Greater increase in playing arm due to mechanical loading ( $p < 0.01$ )

Cortical area 10% ↑
Medullary area NS
Muscle area 8% ↑
Total area 8% ↑

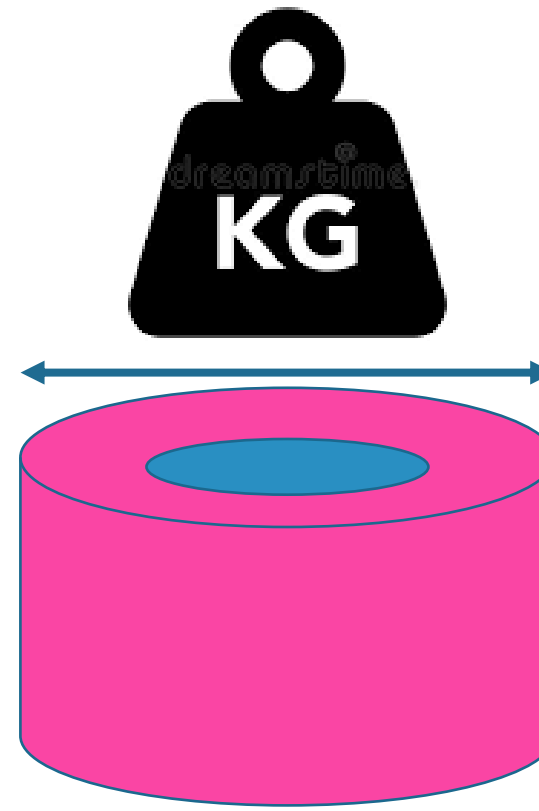
Cortical area 13% ↑
Medullary area NS
Muscle area 13% ↑
Total area 13% ↑

# Which Bone is Stronger and Why?

Non-playing arm

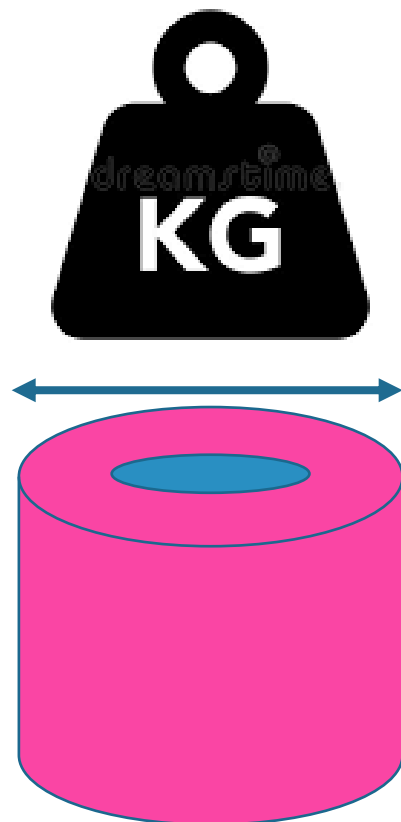


Playing arm

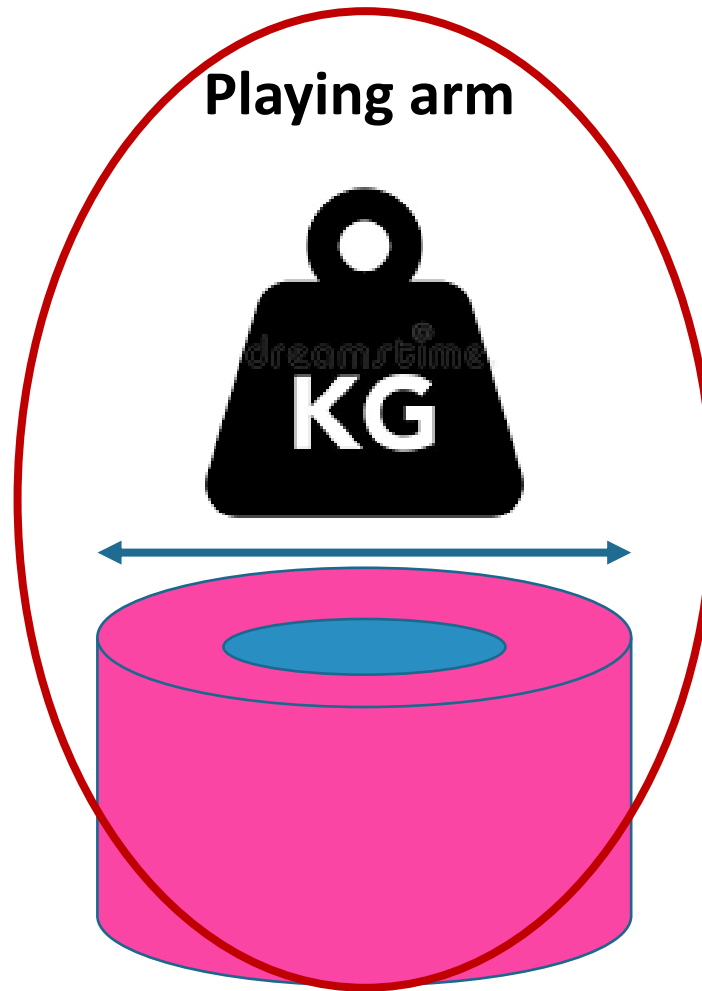


# Which Bone is Stronger and Why?

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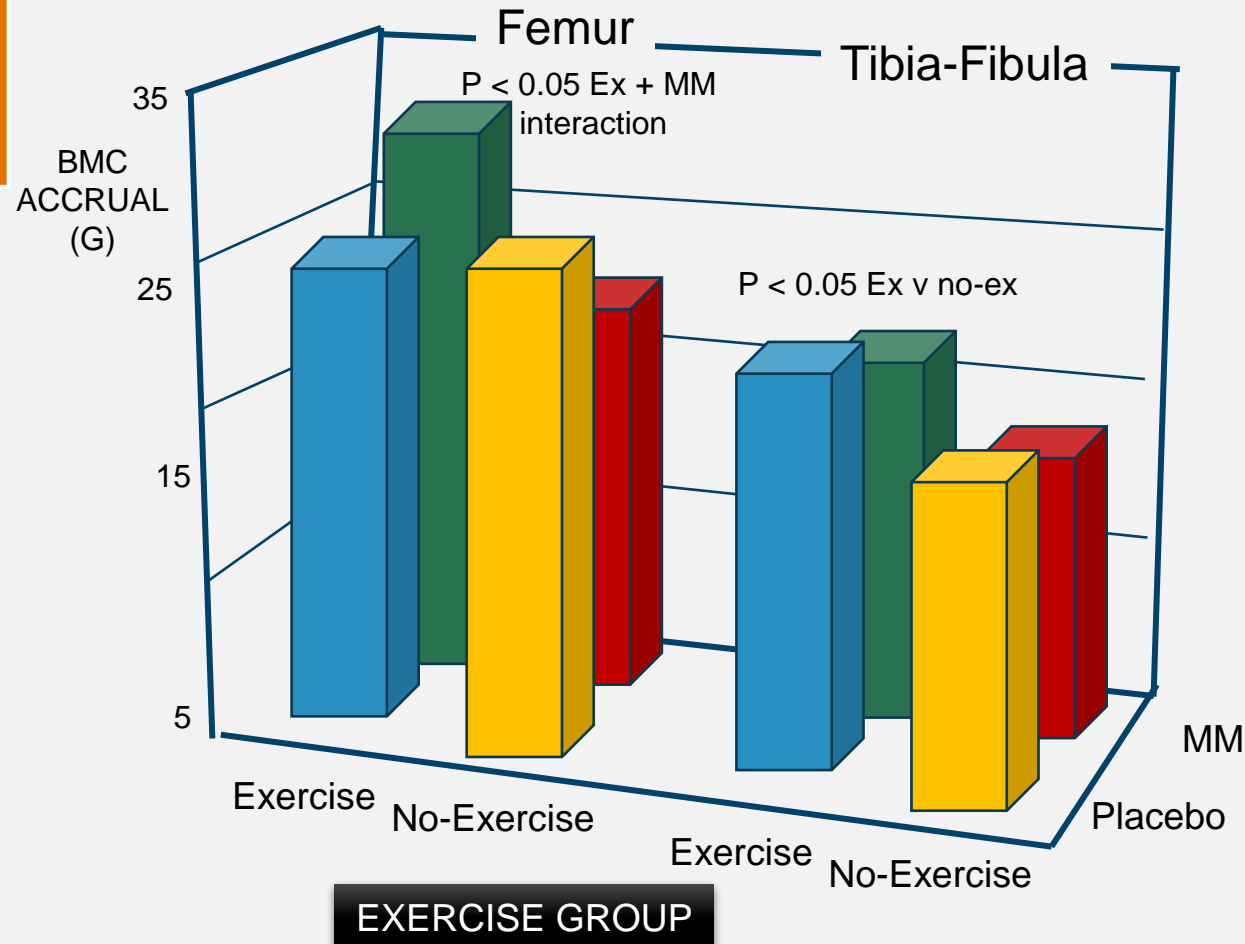
Playing arm



Force spread over a  
Larger surface area

# School-based Exercise & Milk Mineral Program for Bone

9 yo girls  
10 months  
20 min: 3 x week



Improved bone accrual  
high-impact exercise

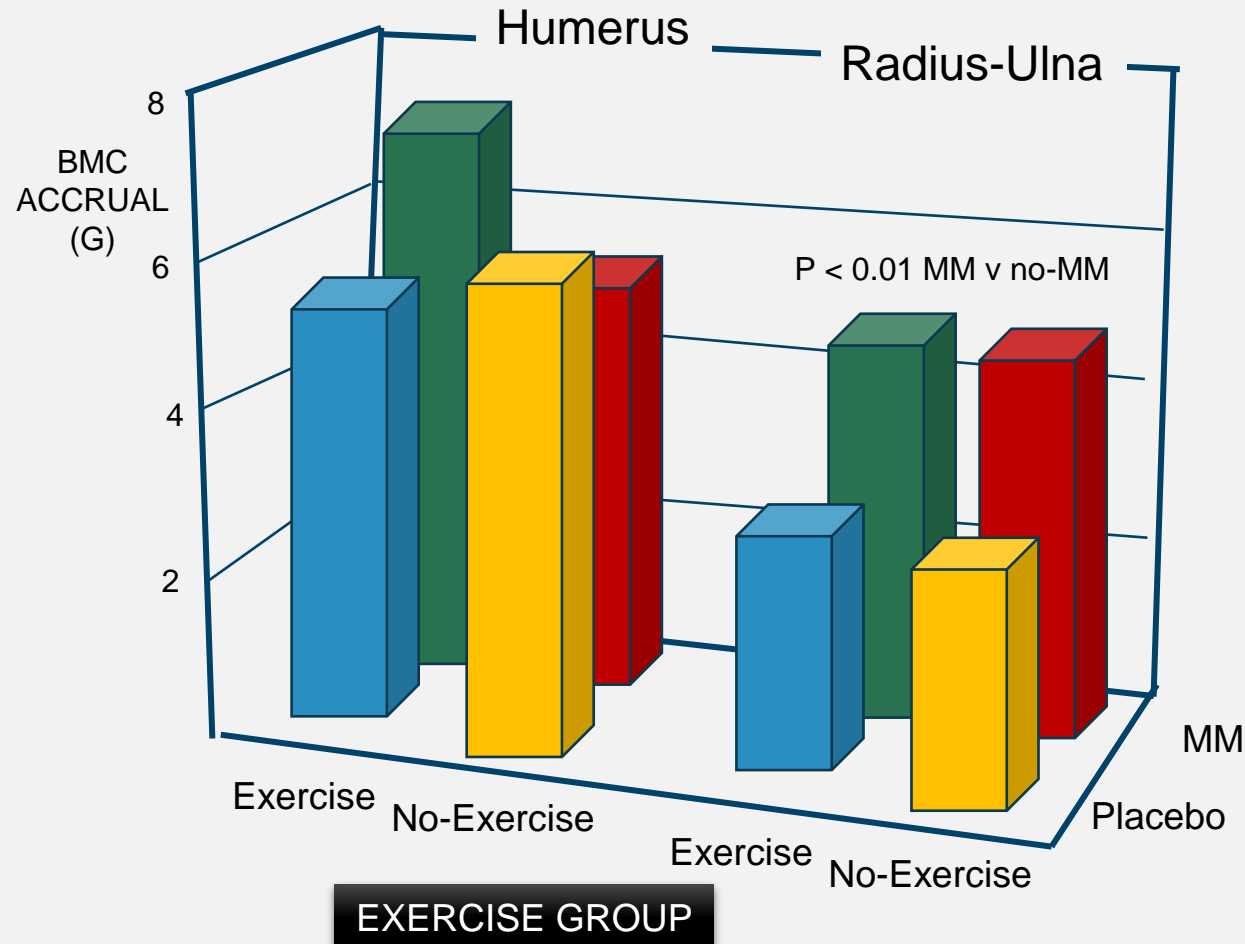
- Skipping
- Hopping
- Step aerobics

P < 0.05

MILK MINERAL  
GROUP

# School-based Exercise & Milk Mineral Program for Bone

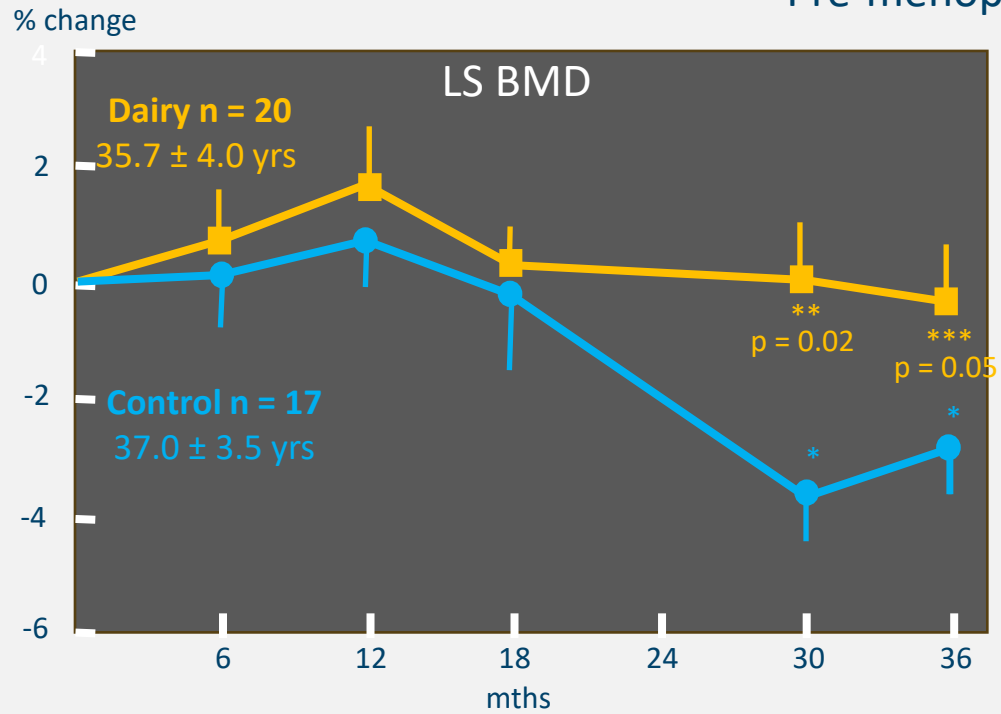
9 yo girls  
10 months



- 2g milk minerals / item
- 10 items per week
- 25 varieties of foods
- Compliance 70%
- Cal: 673 to 1121 mg/d

# Dairy Supplementation During Adulthood

Pre-menopausal women



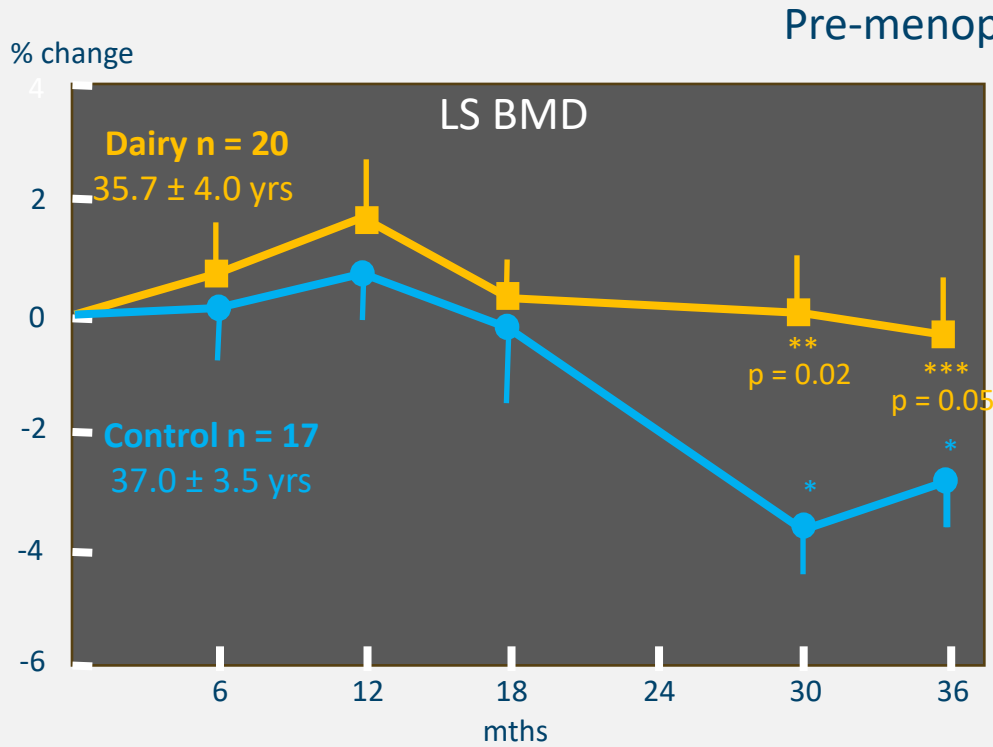
Calcium intake mg/d

Dairy	900	1300	1500
Control	900	800	800

Baran et al. JCEM 1989



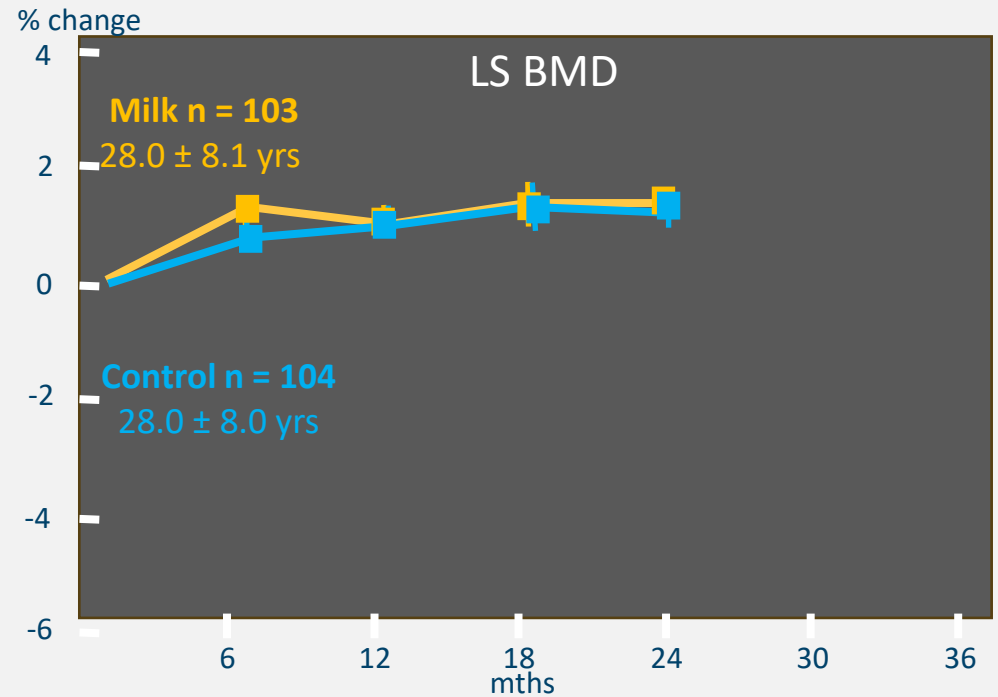
# Dairy Supplementation During Adulthood



Calcium intake mg/d

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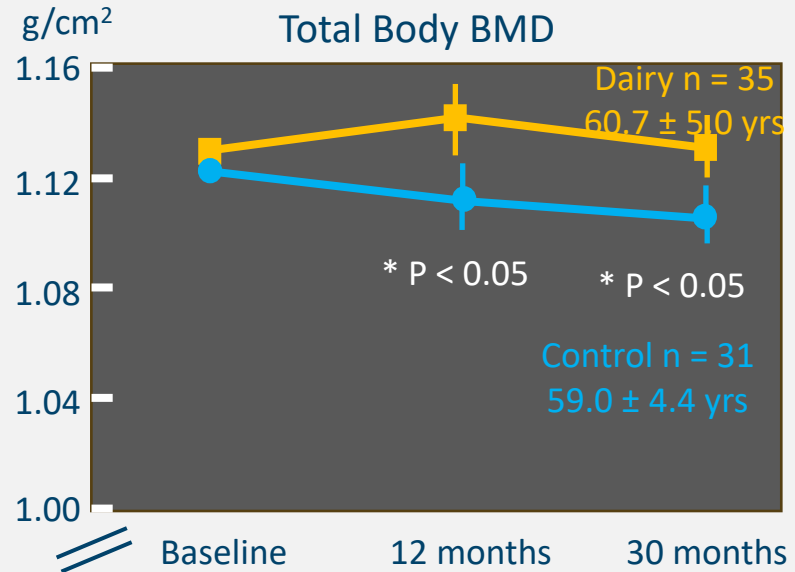
Calcium intake mg/d

Milk	450	1300	900
Control	450	450	400

Compliance  
Yr 1 75%  
Yr 2 45%

Woo et al. J Womens Health 2007

# Dairy Supplementation In Older Adults



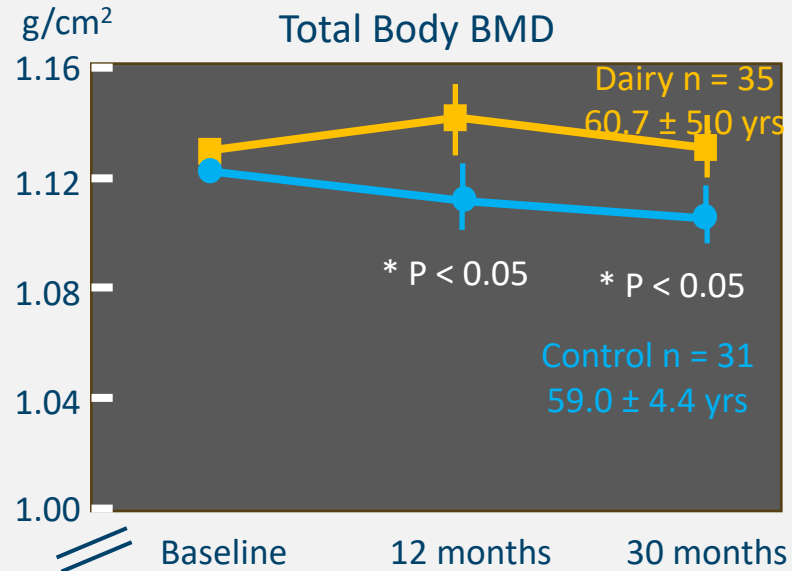
Calcium intake mg/d

Dairy	683	1140	1183
Control	676	750	671

- Dairy (milk, yoghurt) Cal Vit D
- Post Menopausal women

Manios et al Am J Clin Nutr, 2007; Moschonis et al. Br J Nutr 2010

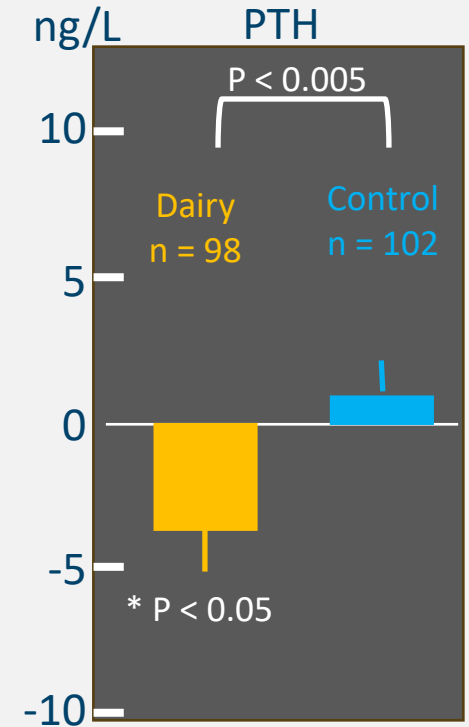
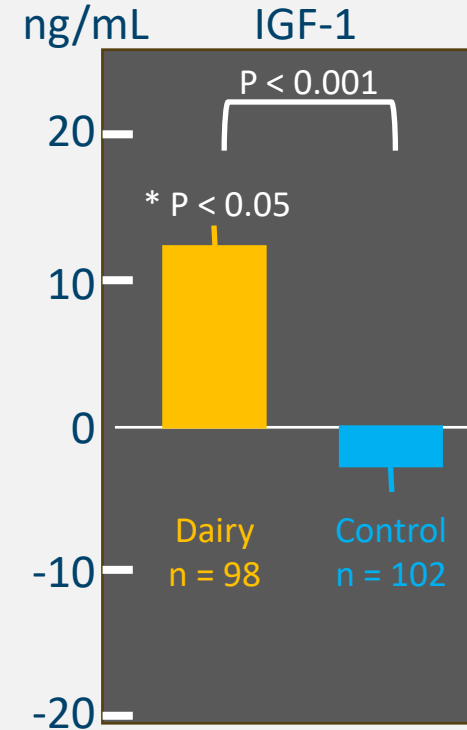
# Dairy Supplementation In Older Adults



**Calcium intake mg/d**

Dairy	683	1140	1183
Control	676	750	671

- Dairy (milk, yoghurt) Cal Vit D
- Post Menopausal women



Δ 12 weeks

- 3 x milk drinks
- Ca/d ~1400mg v 700mg
- Men & Women ~ 65yo

Manios et al Am J Clin Nutr, 2007; Moschonis et al. Br J Nutr 2010

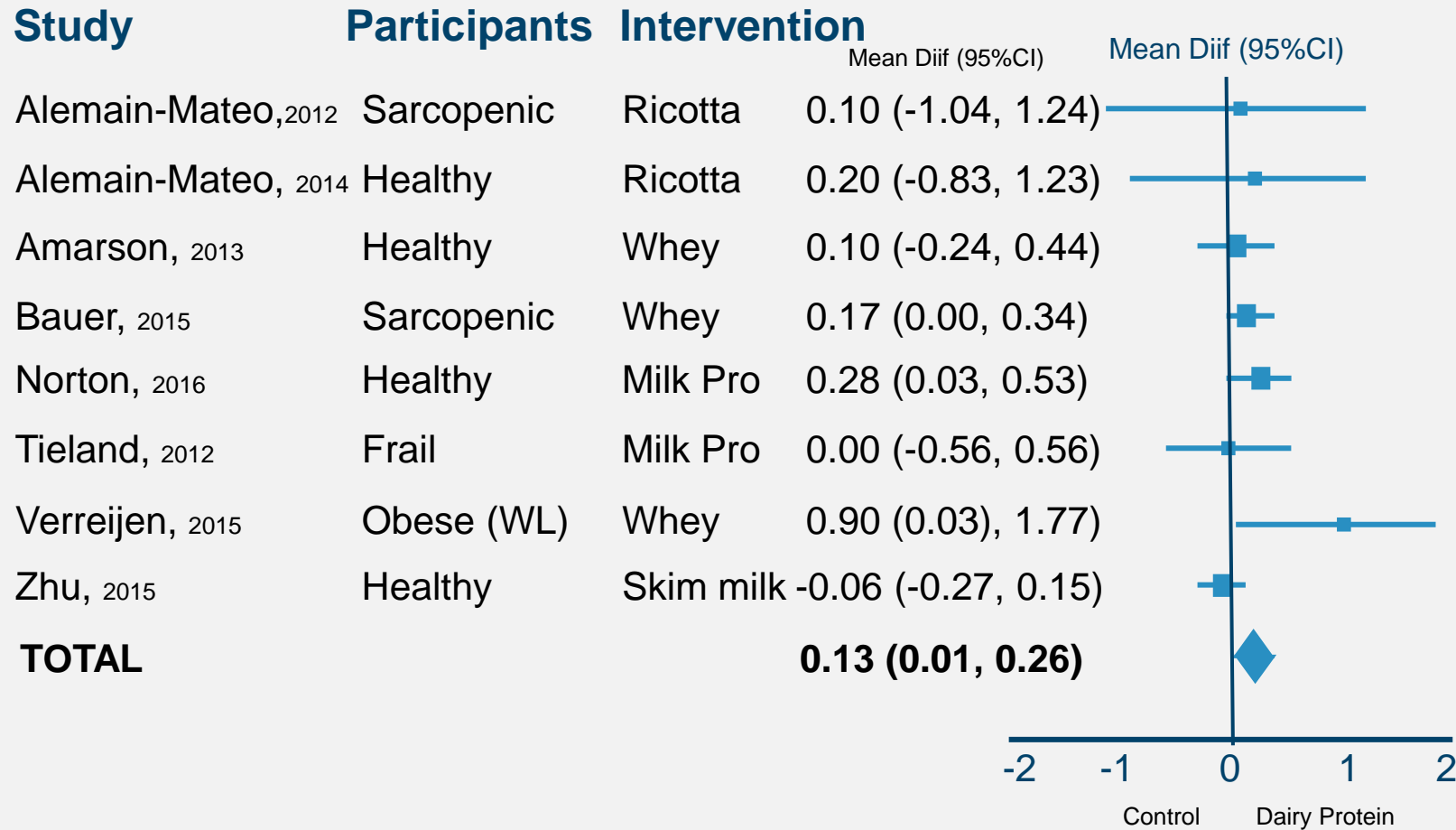
Heaney et al. JADA, 1999

# Protein Requirements In Older Adults

Condition	Daily Needs g/kg BW	
Healthy Adult	0.8	
Older Adult	1.2 – 1.5	} <b>On-going</b>
Stress (trauma / infection / surgery)	1.5 - 2.0	
Presence of wound	1.5	} <b>Hospital</b>
Restore weight lost	1.5	
Correct protein-energy malnutrition	1.5	} <b>Recovery</b>

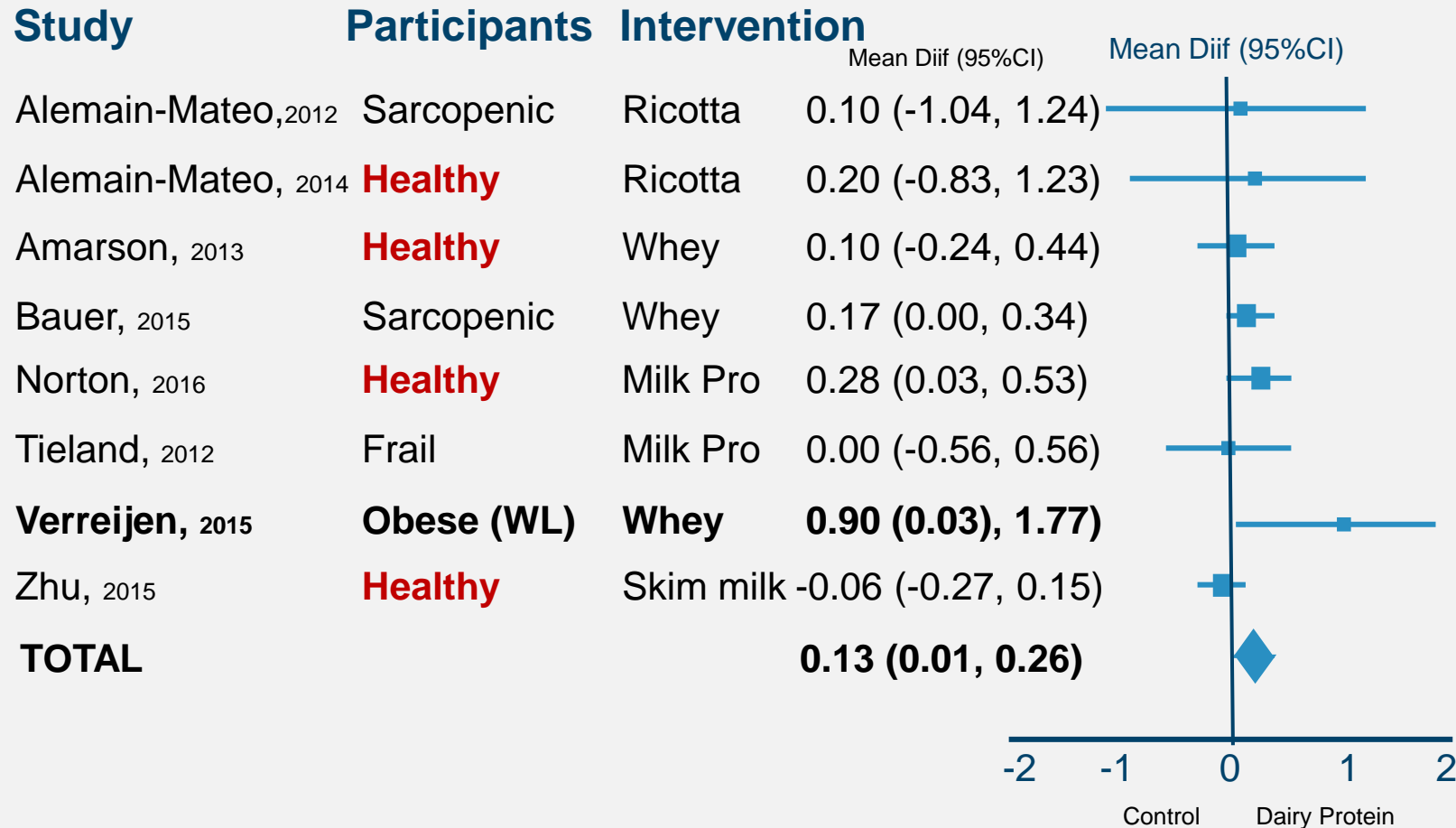
# Dairy Protein & Muscle Mass In Older Adults

## Appendicular Lean Mass



# Dairy Protein & Muscle Mass In Older Adults

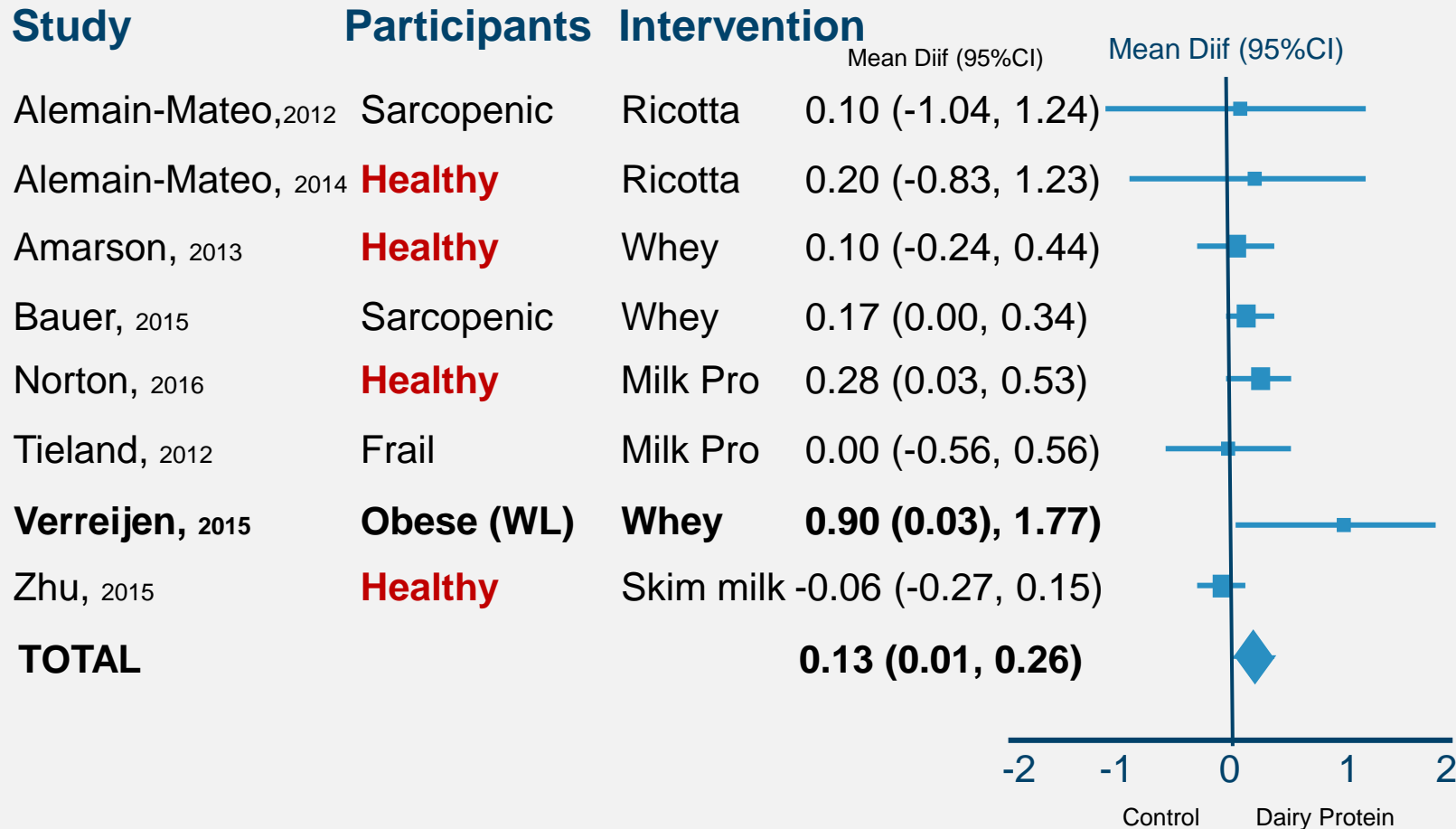
## Appendicular Lean Mass



# Dairy Protein & Muscle Mass In Older Adults

## Appendicular Lean Mass

- Compliance
- Deficiency
- Drop-outs

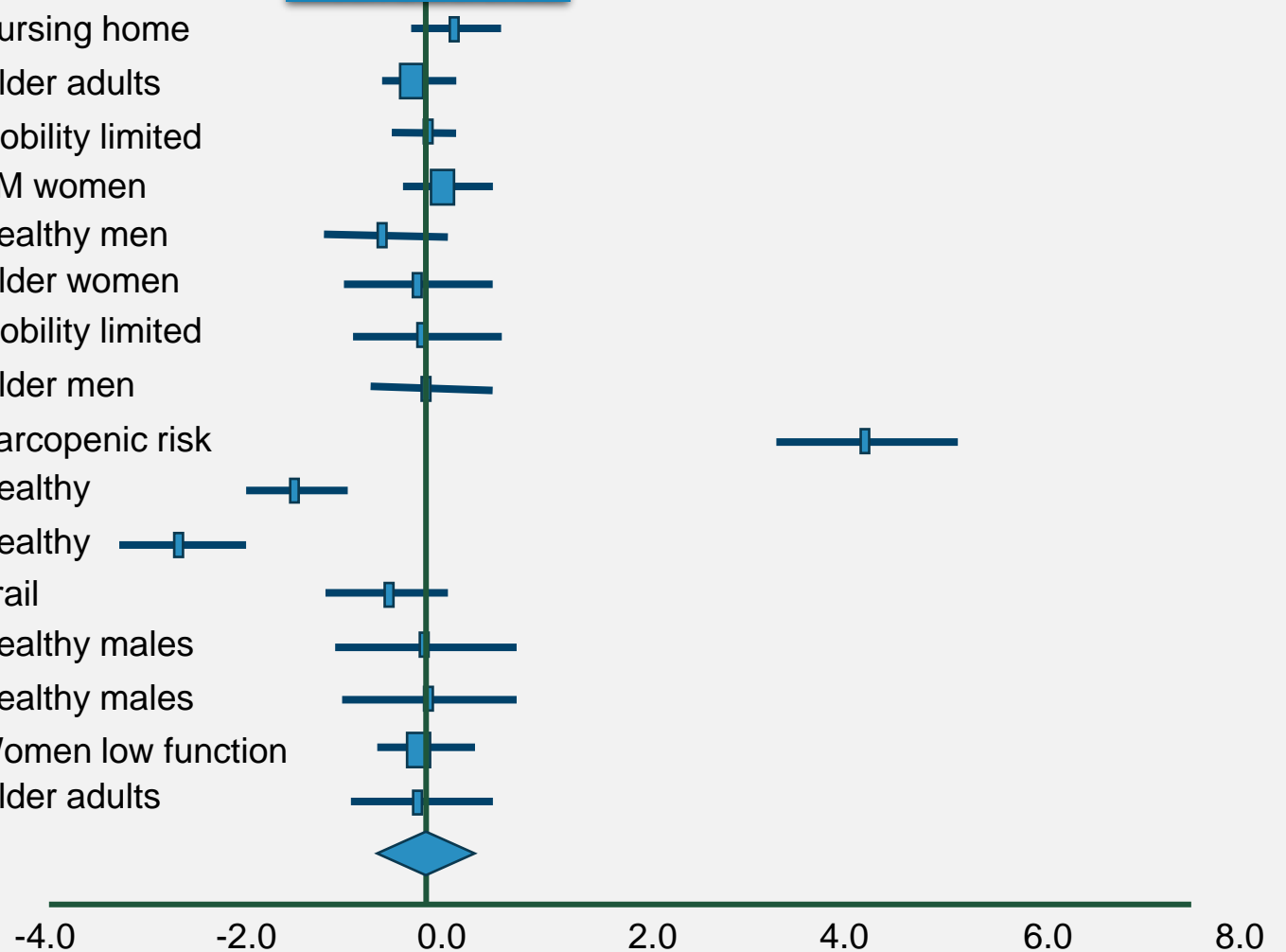


# Whey protein & muscle mass in Older Adults

## Total Lean Mass

Bjorkman 2013	Pro	Nursing home
Arnason 2013	Pro + Exer	Older adults
Chale 2013	Pro + Exer	Mobility limited
Stojkovic 217	Pro	PM women
Holwerda 2018	Pro + Exer	Healthy men
Nabuco 2019	Pro + Exer	Older women
Boutry-Regard 2020	Pro + $\Omega$ 3	Mobility limited
Dulac 2021	Pro + Exer	Older men
Li 2021	Pro	Sarcopenic risk
Mertz 2021	Pro + Exer	Healthy
Mertz 2021	Pro + Exer	Healthy
Roschel 2021	Pro	Frail
Griffen 2022	Pro + Exer	Healthy males
Griffen 2022	Pro	Healthy males
Azhar 2021	Pro	Women low function
Azevado 2022	Pro + Exer	Older adults

## Standardised Mean Difference



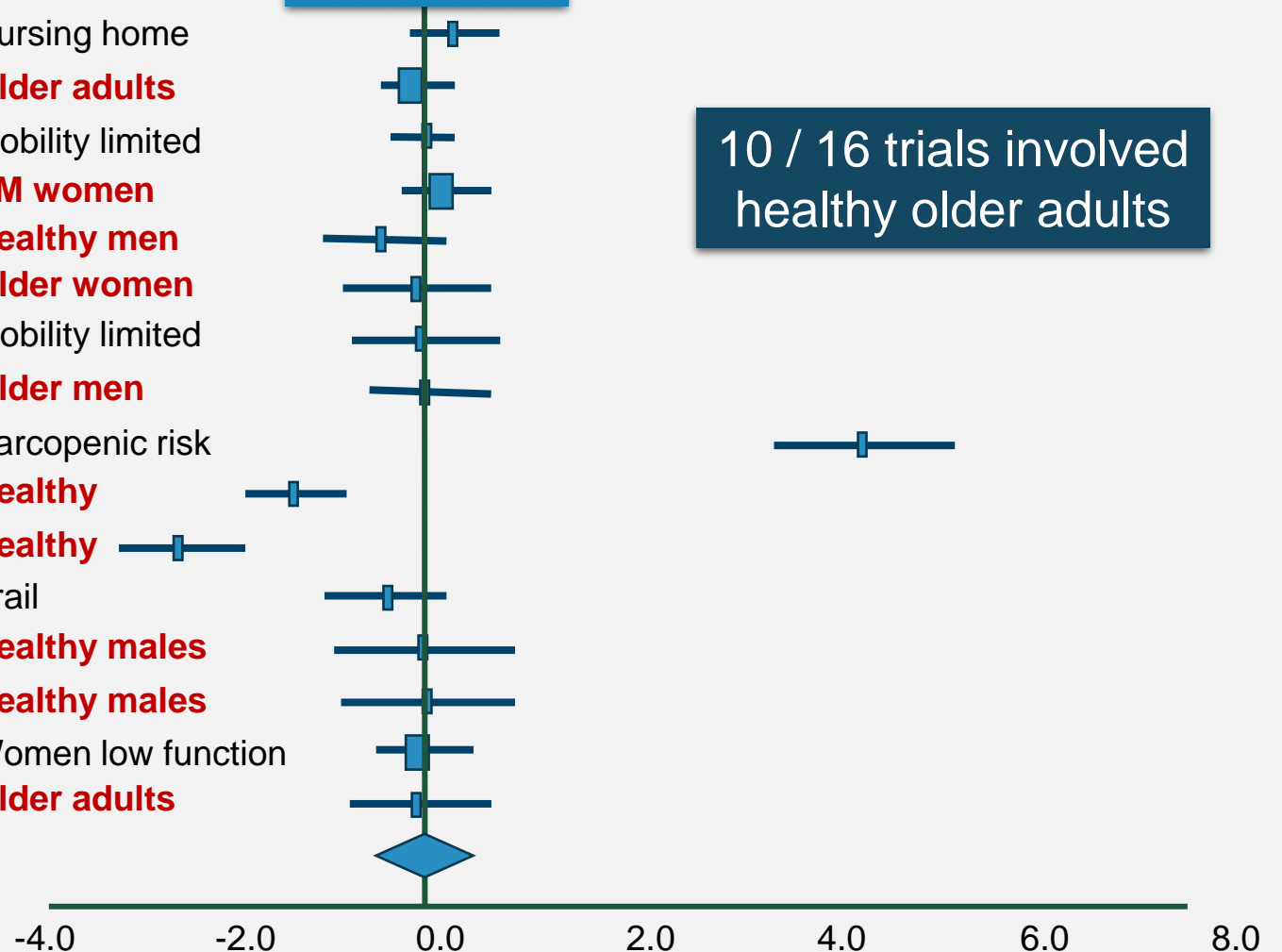


# Whey protein & muscle mass in Older Adults

## Total Lean Mass

Bjorkman 2013	Pro	Nursing home
<b>Arnason 2013</b>	<b>Pro + Exer</b>	<b>Older adults</b>
Chale 2013	Pro + Exer	Mobility limited
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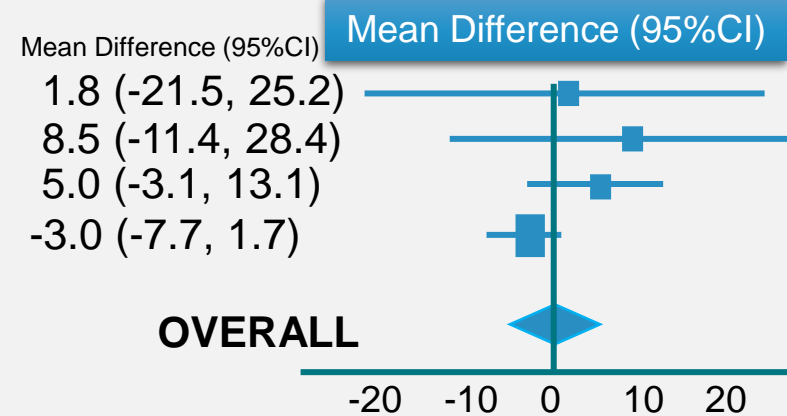
## Standardised Mean Difference



# Dairy Protein & Muscle Strength In Older Adults

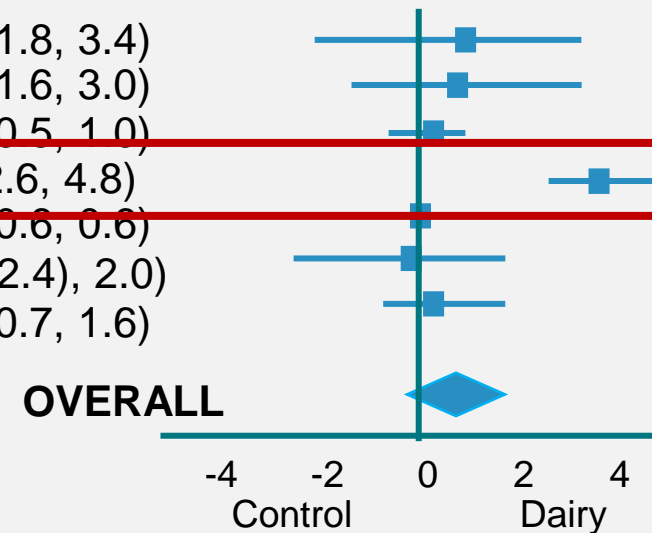
## Leg Press (kg)

Author	Population	Intervention	Mean Difference (95%CI)
Chale, 2012	Low mobility	Pro + Exer	1.8 (-21.5, 25.2)
Karelis, 2015	Older males	Whey + Exer	8.5 (-11.4, 28.4)
Tieland, 2012	Frail	Milk Pro	5.0 (-3.1, 13.1)
Verdijk, 2009	Older males	Pro+D+Exer	-3.0 (-7.7, 1.7)

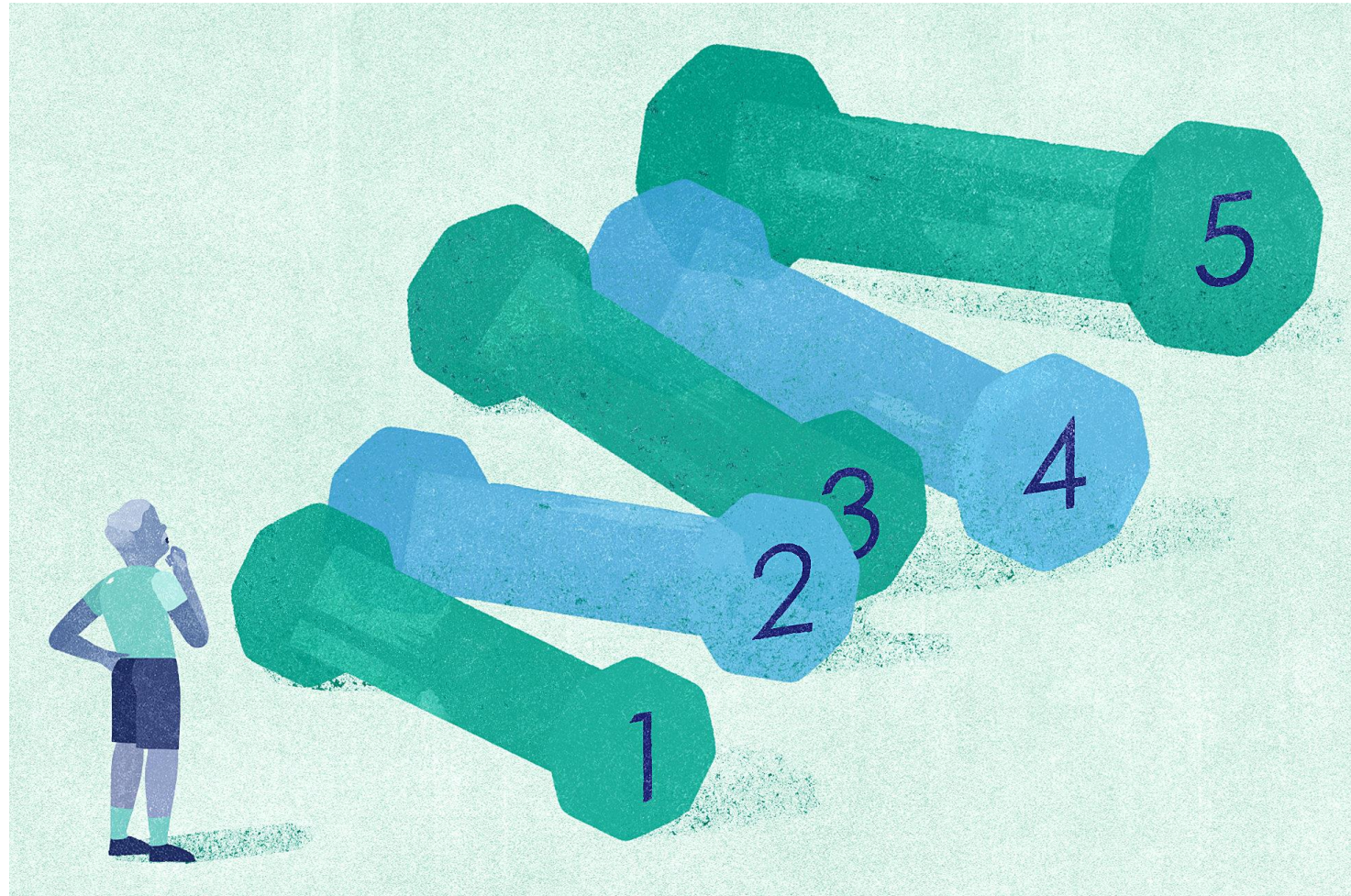


## Handgrip (kg)

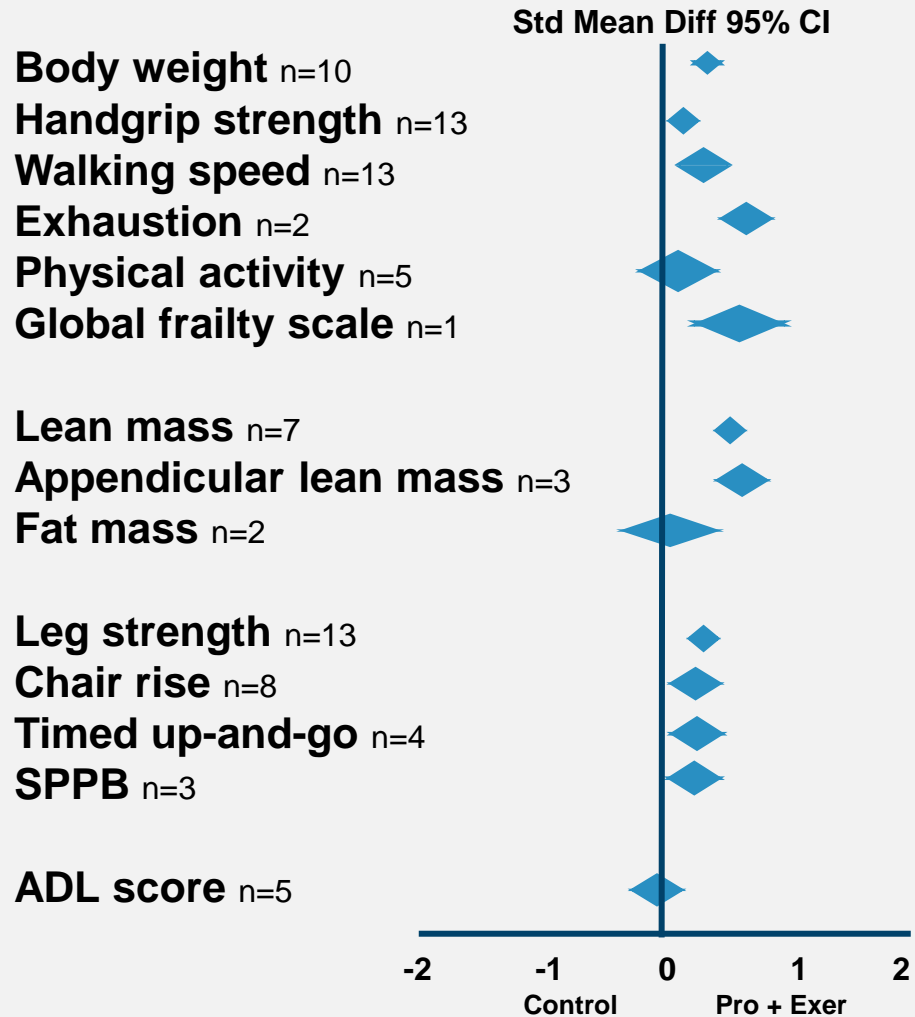
Author	Population	Intervention	Mean Difference (95%CI)
Alemain-Mateo, 2012	Sarcopenic	Ricotta	0.8 (-1.8, 3.4)
Alemain-Mateo, 2014	Healthy	Ricotta	0.7 (-1.6, 3.0)
Bauer, 2015	Sarcopenic	Whey	0.3 (-0.5, 1.0)
<b>Rondanelli, 2016</b>	<b>Sarcopenic</b>	<b>Whey+D+Exer</b>	<b>3.7 (2.6, 4.8)</b>
Tieland, 2012	Frail	Milk Pro	0.0 (-0.6, 0.6)
Verreijen, 2015	Obese (WL)	Whey	-0.2 (-2.4, 2.0)
Zhu, 2015	Healthy	Skim milk	0.4 (-0.7, 1.6)



# Muscle is Plastic

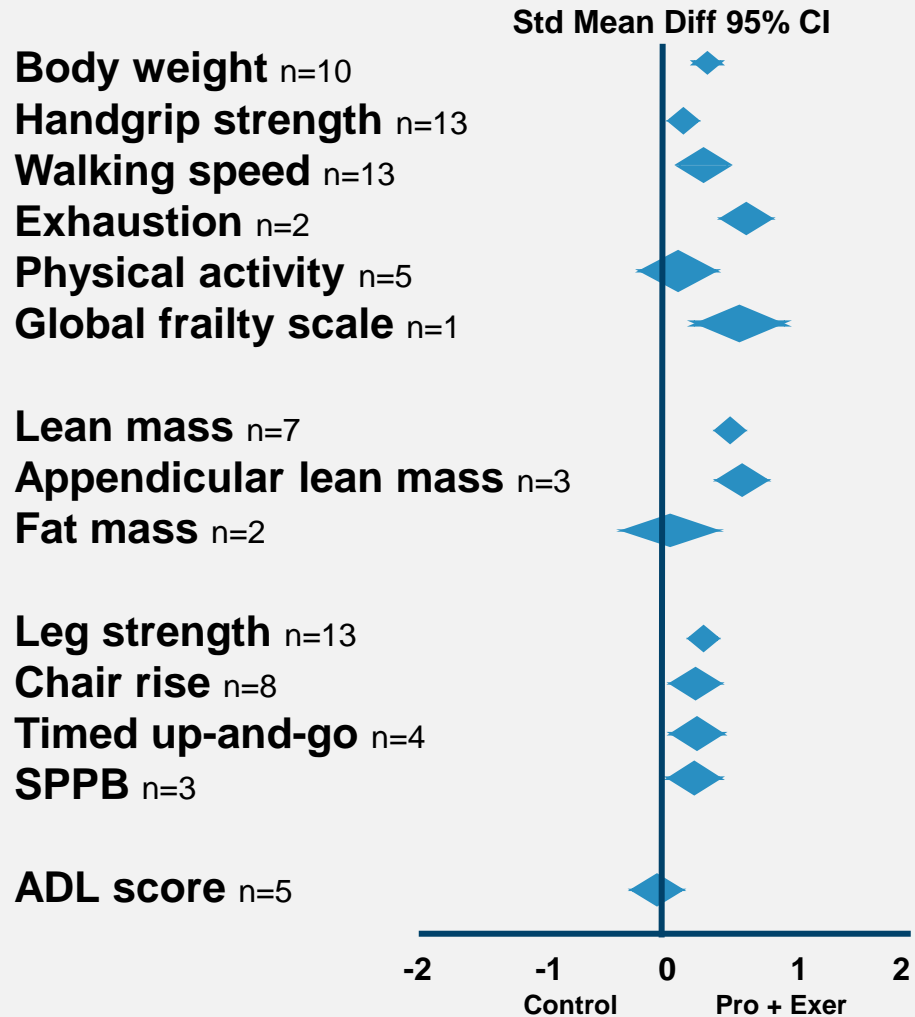


# Protein & Exercise In Frail Older Adults



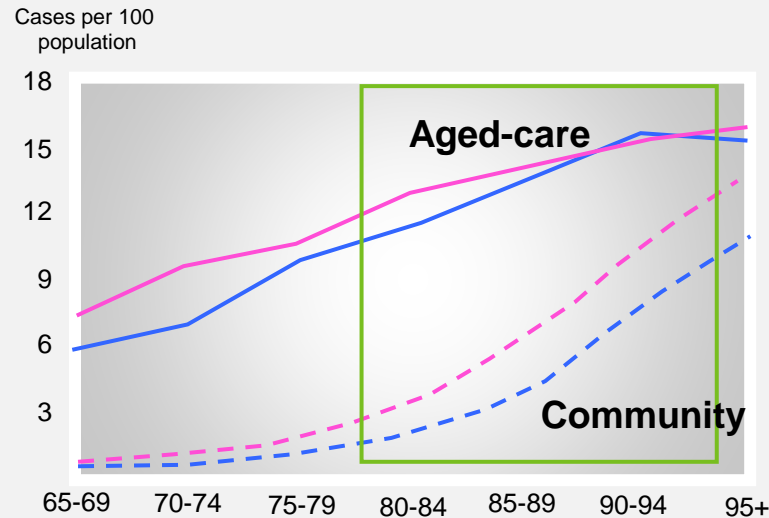


# Protein & Exercise In Frail Older Adults



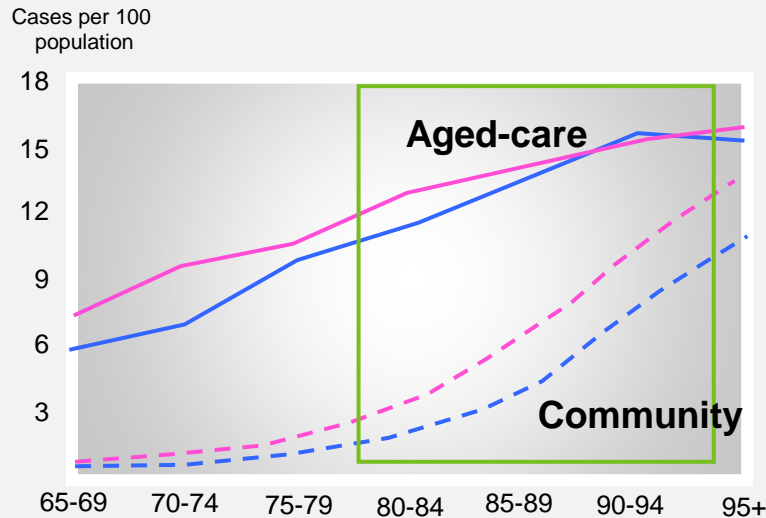
- Combination of exercise & nutritional support (protein) more likely to improve function.
- Need to consider a wholistic approach to care for at-risk older adults

# Falls & Fractures in Older Adults

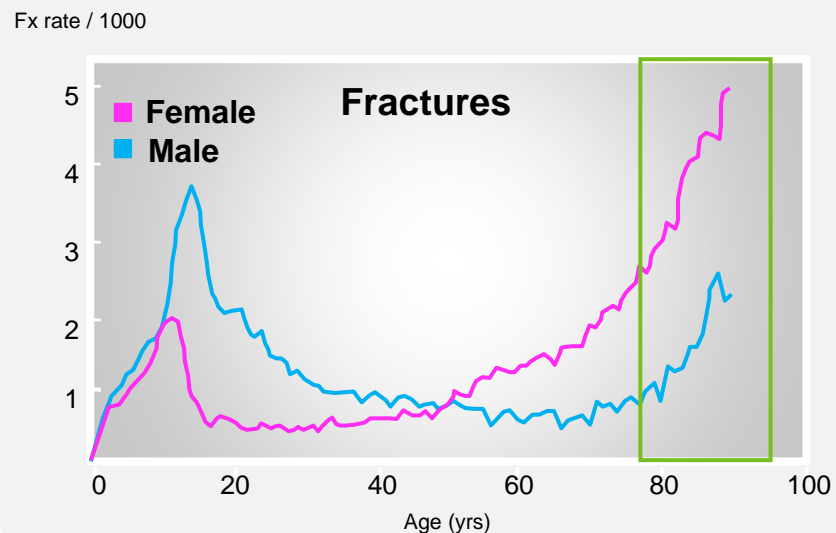


- 22% of older adults fall annually (Sth Afr)
- Falls: leading cause of hospitalized injuries  
67% of injuries were falls-related (Sth Afr)
- Falls rate: 5 x higher in aged care (Aust)

# Falls & Fractures in Older Adults



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67% of injuries were falls-related (Sth Afr)
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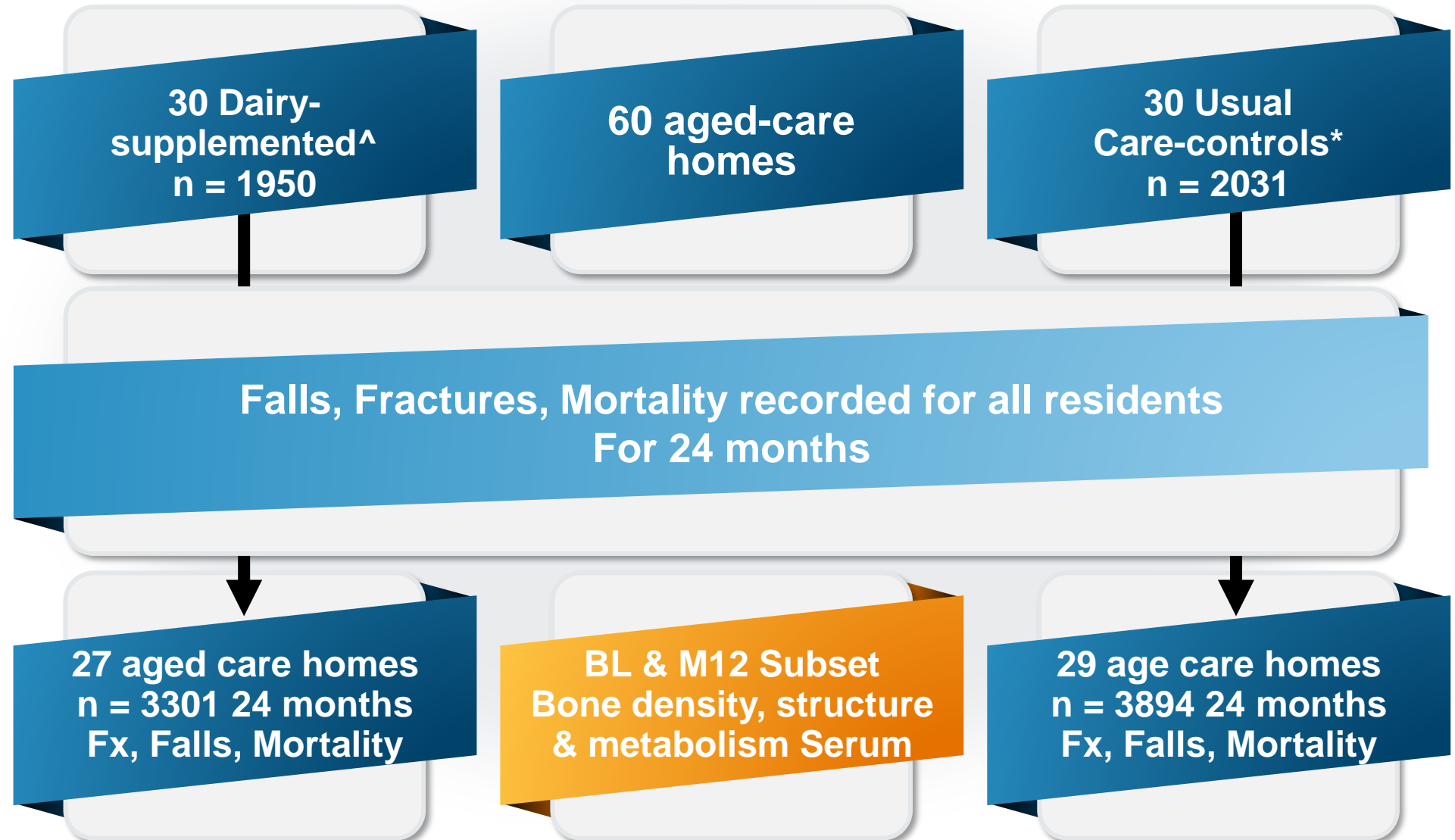
- Fractures: 50% of hospitalised falls (Aust)
- 30% of hip fractures from aged-care (Aust+)
- Hip fractures: R114,428 to health system (SA)

# Can Nutrition Inadequacy in Older Adults be Corrected Using Food to Prevent Fractures and Falls?





# Dairy and Fracture Study



# Study Design

Food service supported  
to increase dairy  
options on the menu

Addition



Fortification



Substitution



Modification

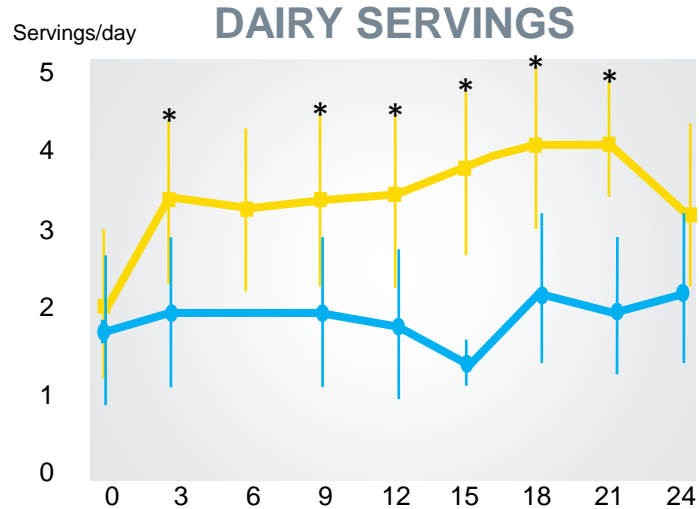


# Demographics of Aged Care Residents

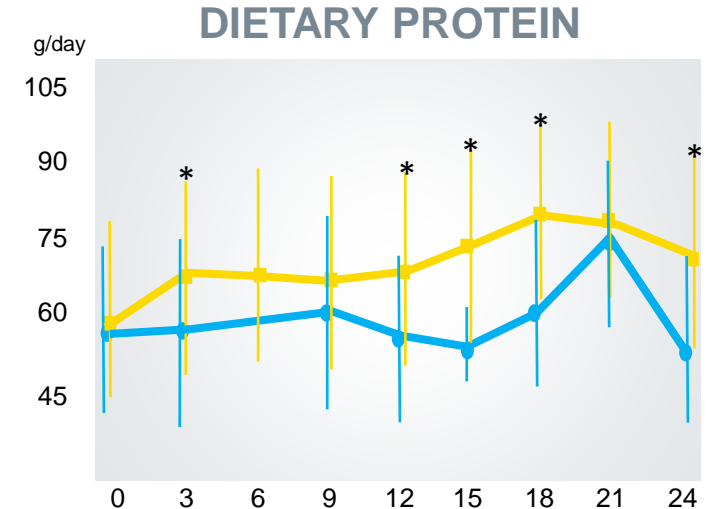
	<b>Intervention</b> <b>n=3301</b>	<b>Controls</b> <b>n=3894</b>
<b>Women (n; %)</b>	2194 (66%)	2680 (69%)
<b>Age (yrs)</b>	87 (8)	86 (8)
<b>Height (m)</b>	1.60 (0.1)	1.60 (0.1)
<b>Weight (kg)</b>	66.5 (15.6)	66.2 (15.8)
<b>Medications (n)*</b>	12 (6)	12 (7)
<b>Medical Conditions (n)*</b>	10 (5)	10 (7)
	n=170	n=130
<b>25(OH)D (nmol/L)</b>	72 (29)	73 (26)

# Improved Nutrient Intake Using Dairy Foods

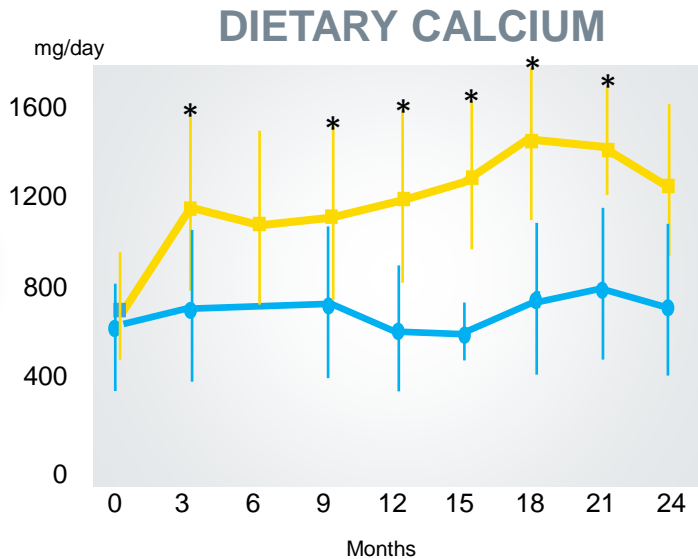
**~3.5**  
Servings  
daily



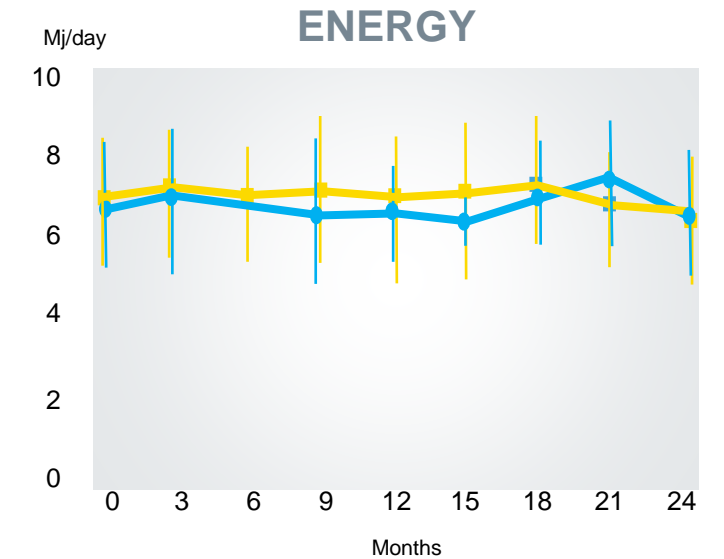
**72g/day**  
**1.1g/kg BW**



**~1100**  
Mg/day

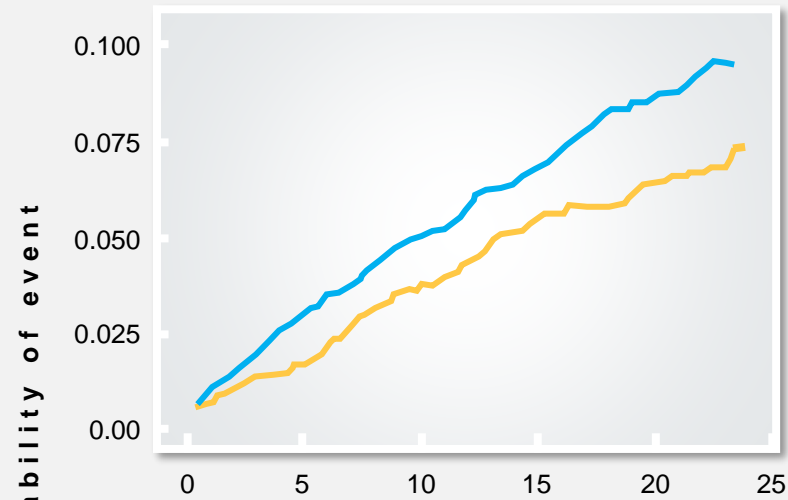


**No**  
**Change**



# Reduced Fractures with Dairy Foods

ALL FRACTURES



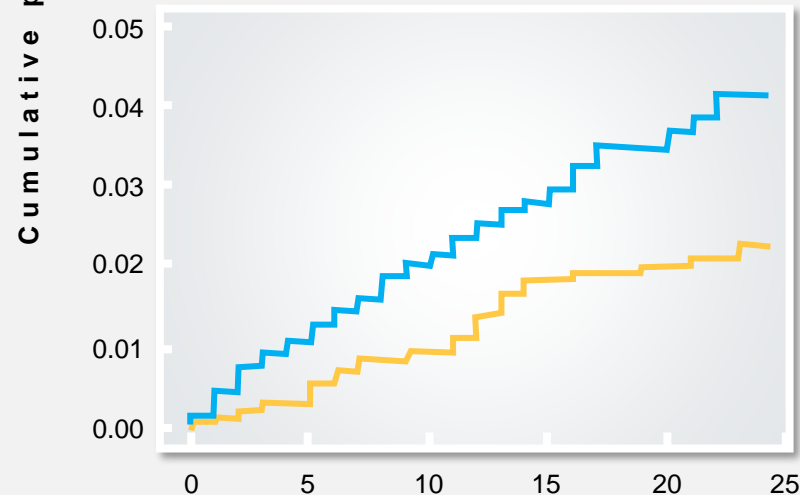
- **33% ↓ in all fractures**

- **Bone density maintained in dairy group, declined in controls**

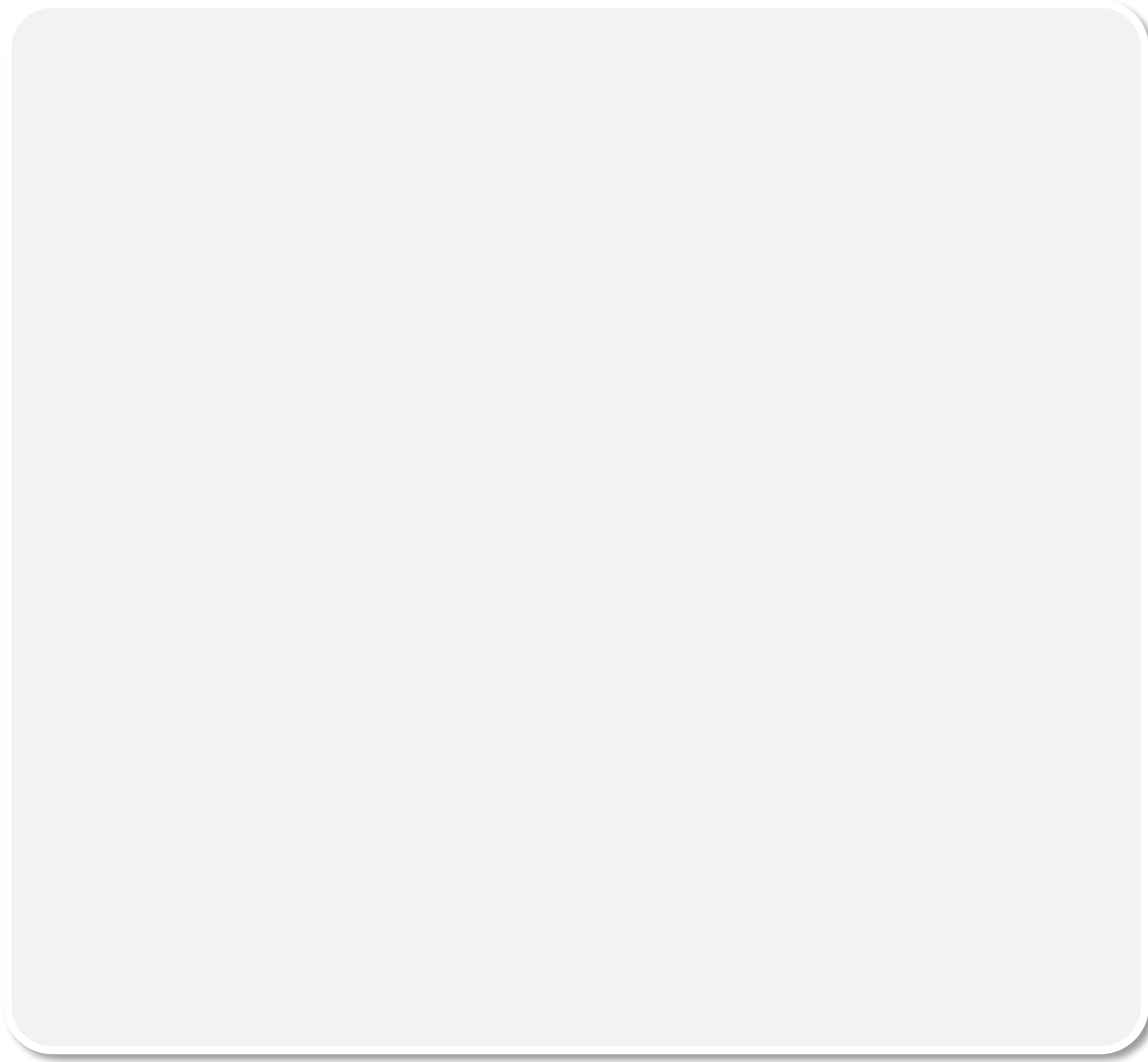
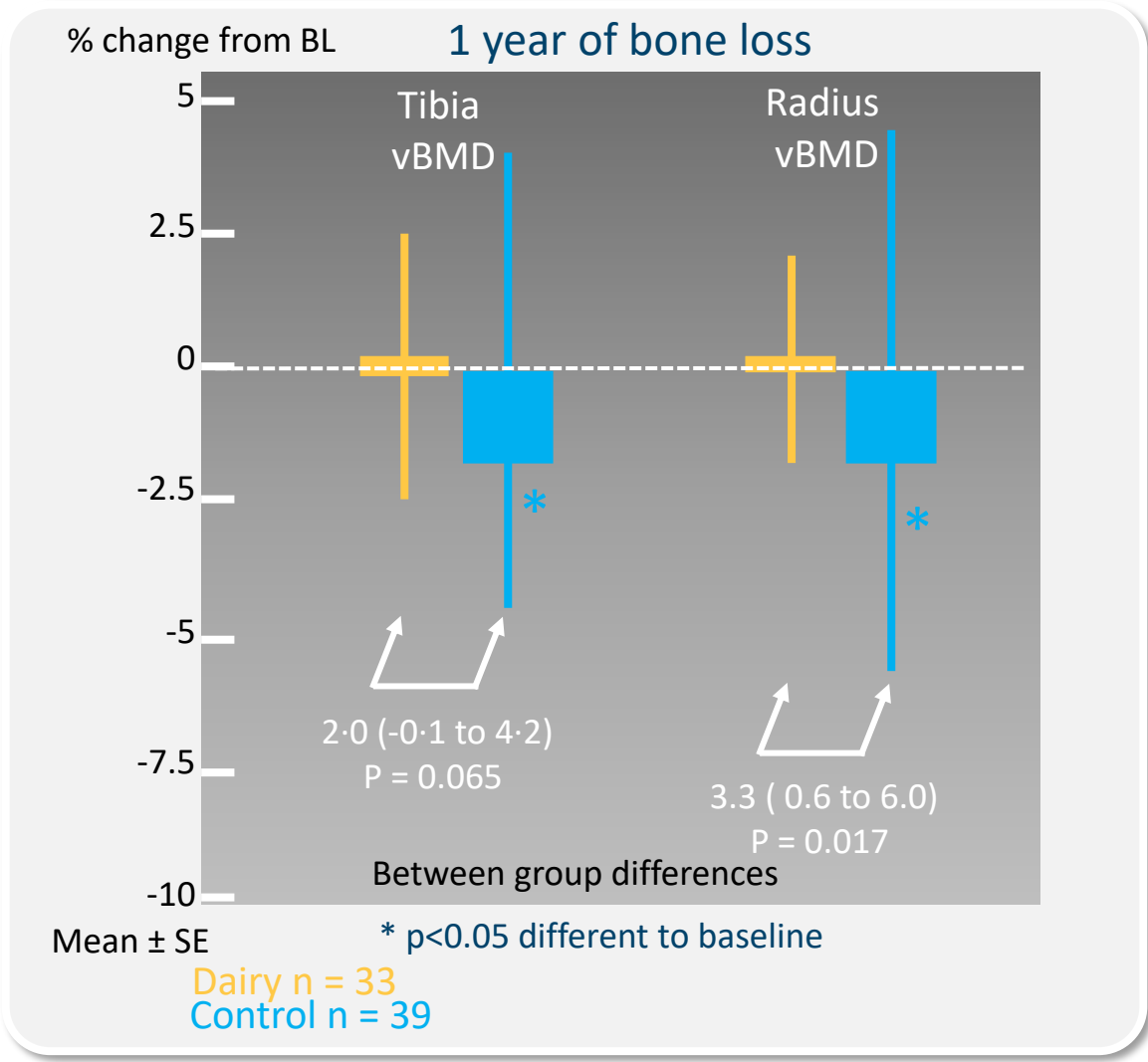
- **Bone resorption maintained in dairy group, increased in controls**

- **46% ↓ in hip fractures**

HIP FRACTURES

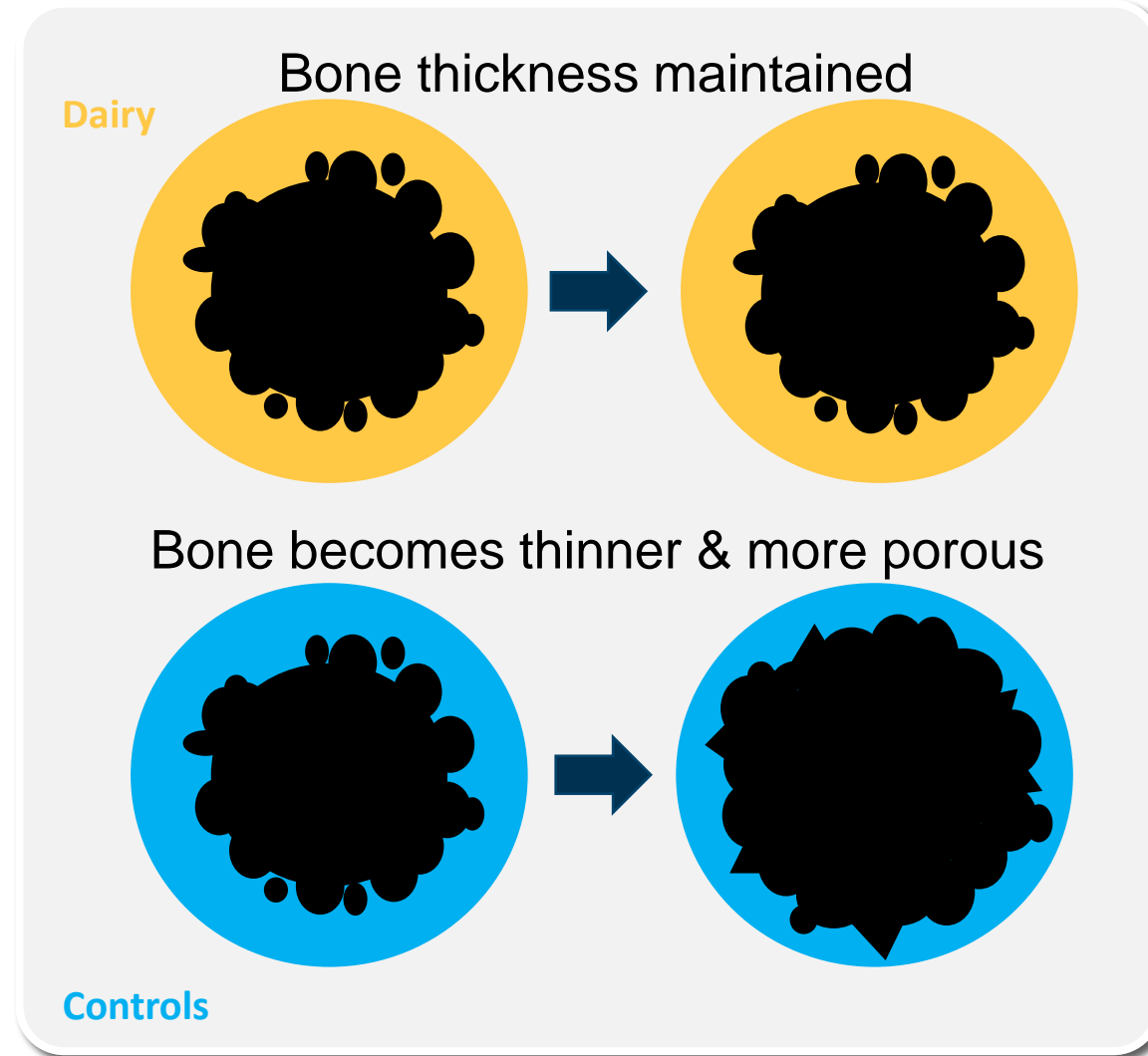
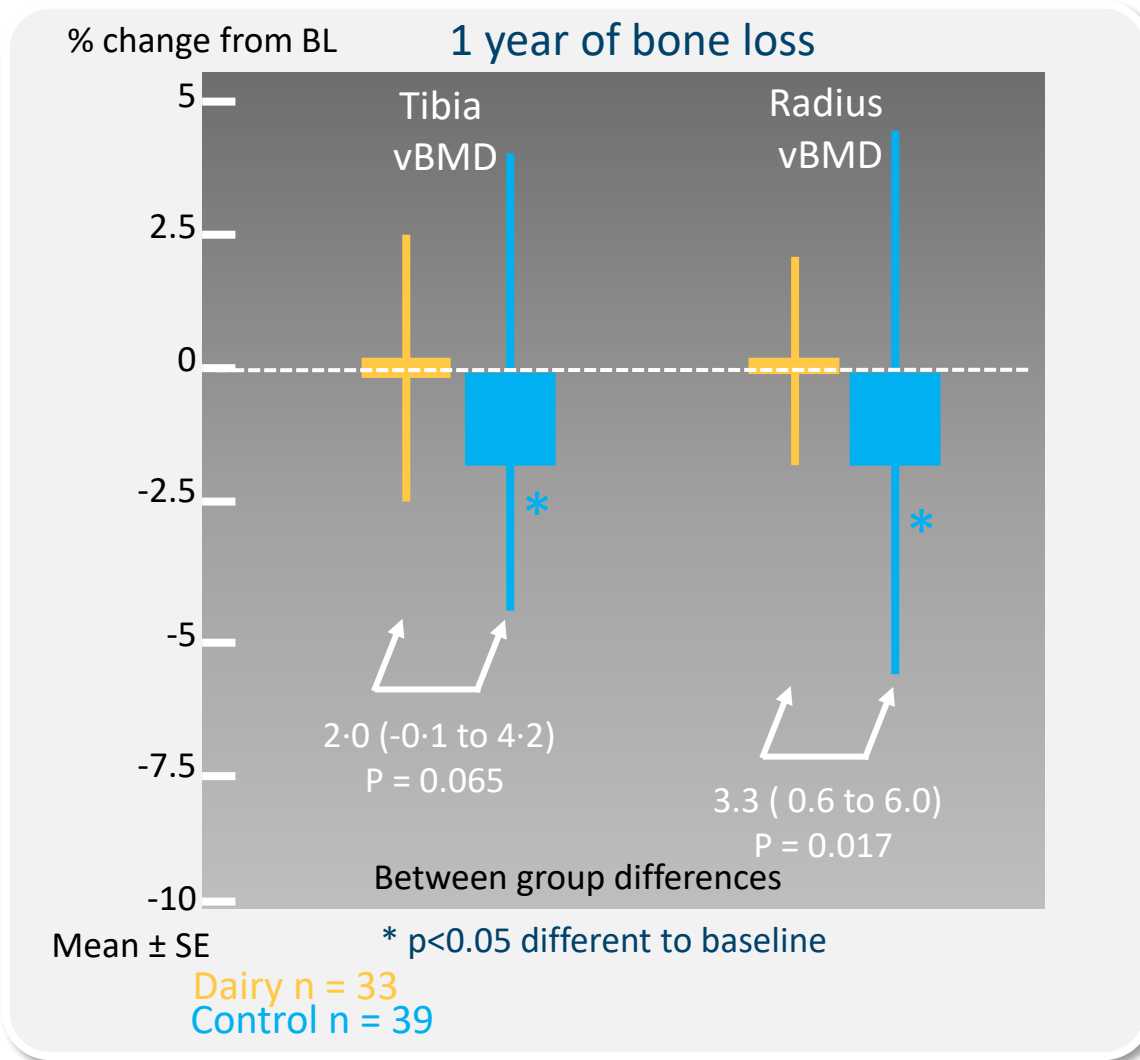


# Dairy Supplementation & Bone in Older Adults

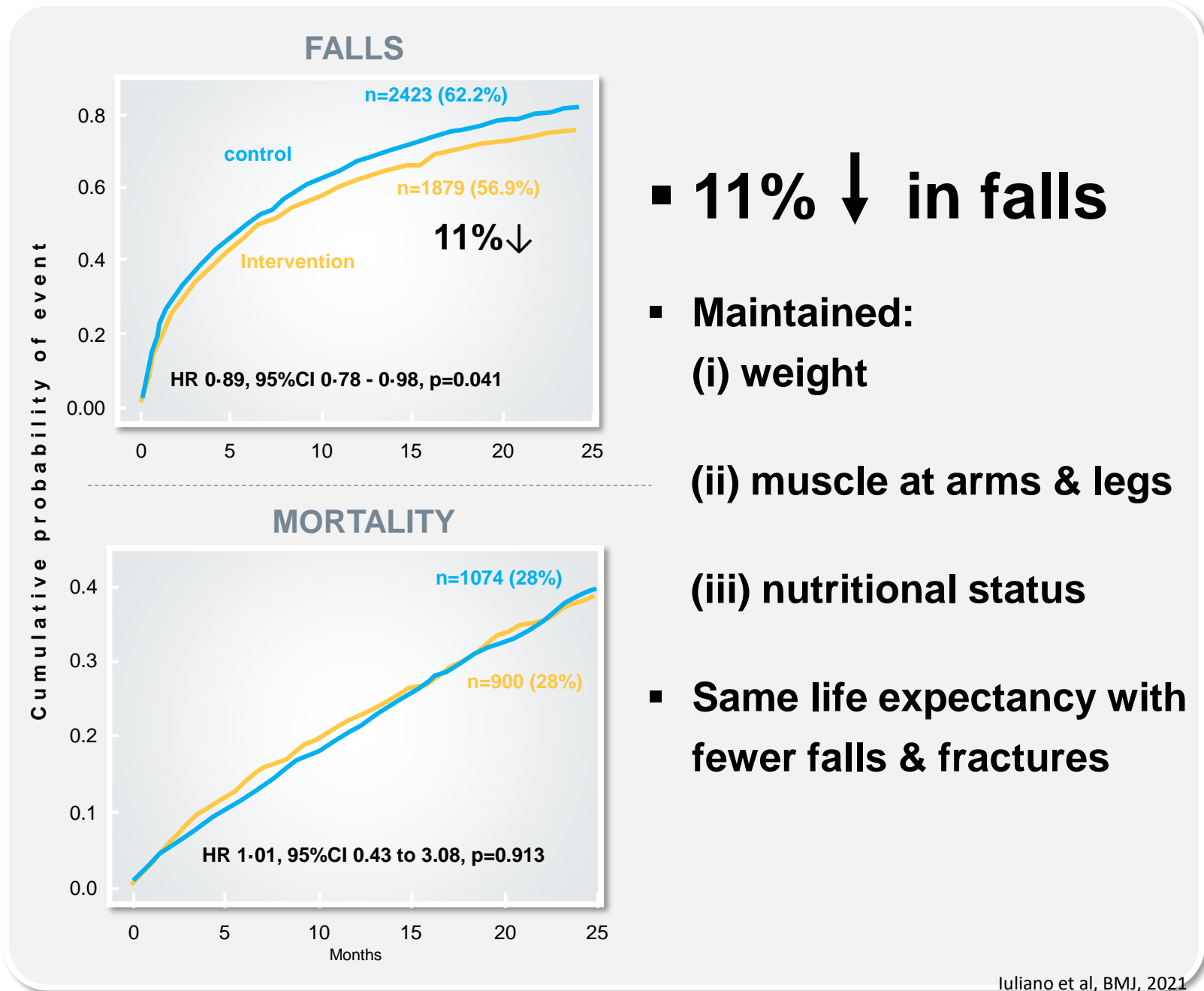




# Dairy Supplementation & Bone in Older Adults

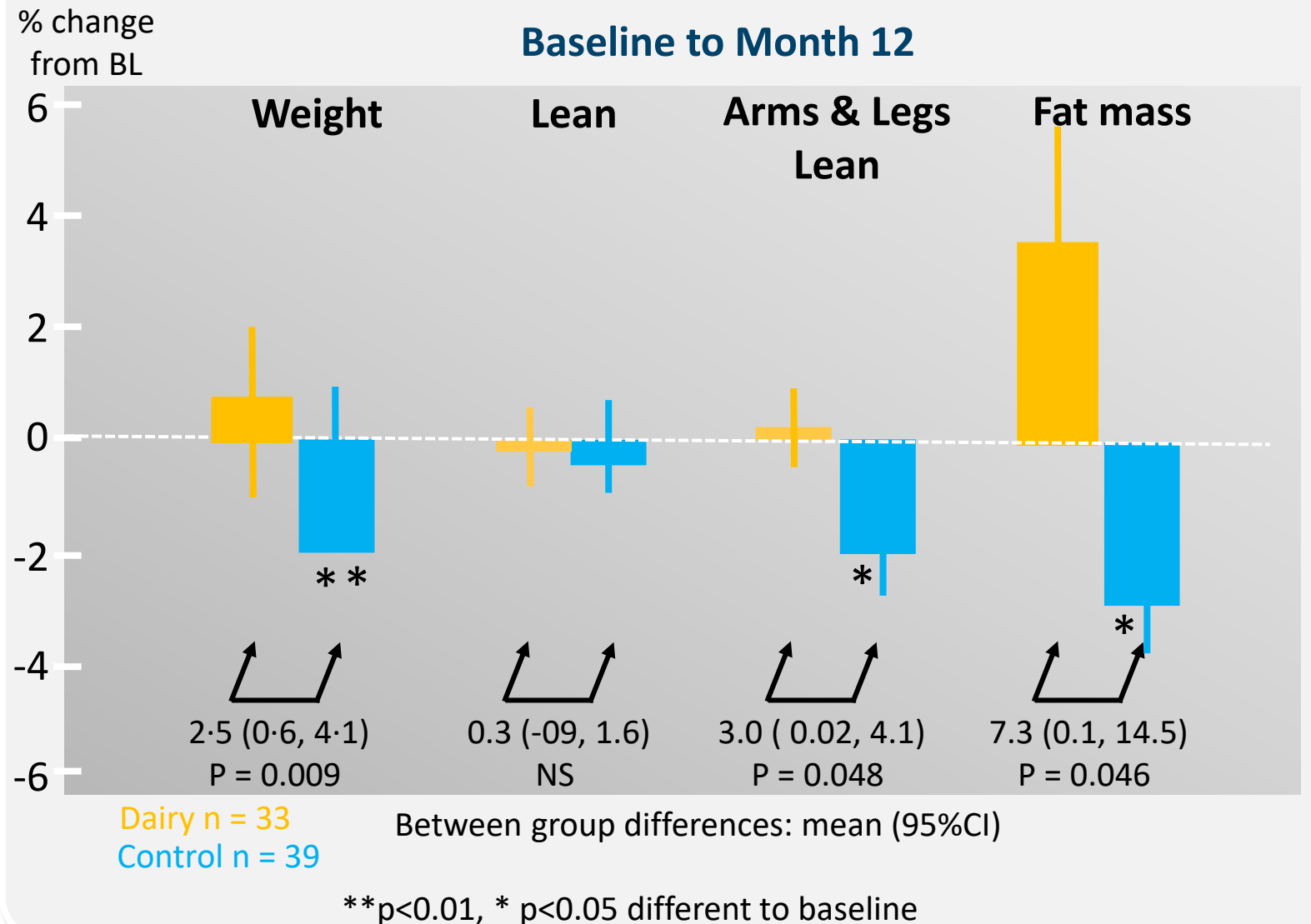


# Reduced Falls & Unchanged Mortality with Dairy Foods



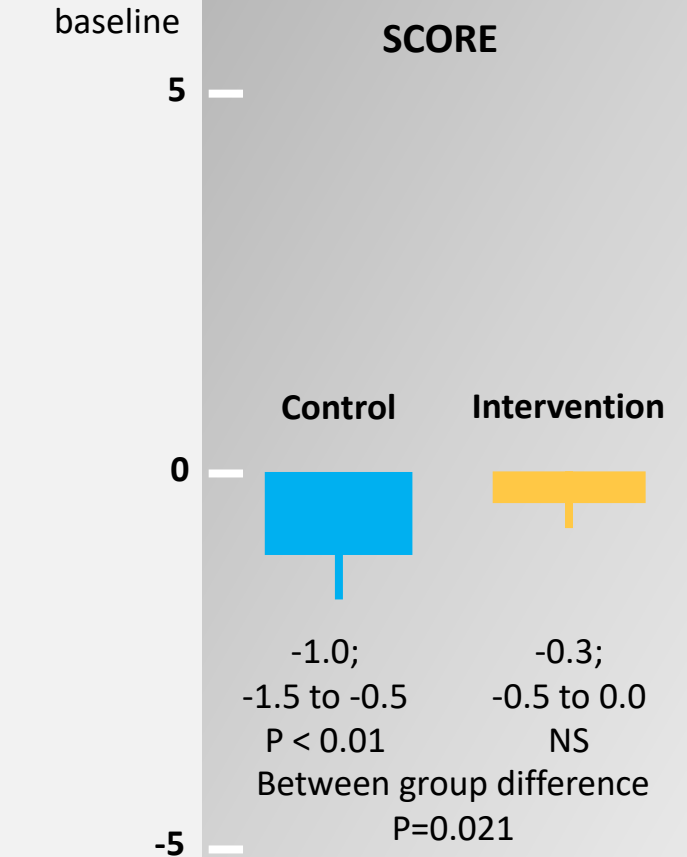


# Weight & Lean Mass of Arms & Legs Maintained with Dairy Foods



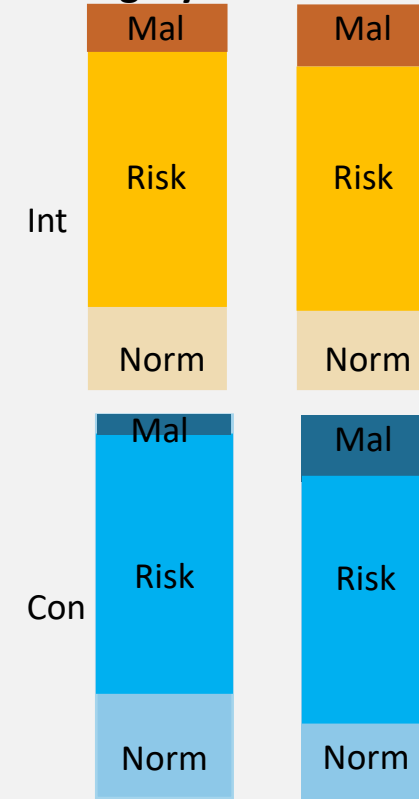
# Nutritional Status & Dairy Supplementation

Change from baseline **Mini Nutrition Assessment**



Mean; 95%CI

Proportion of residents in each category of nutritional status

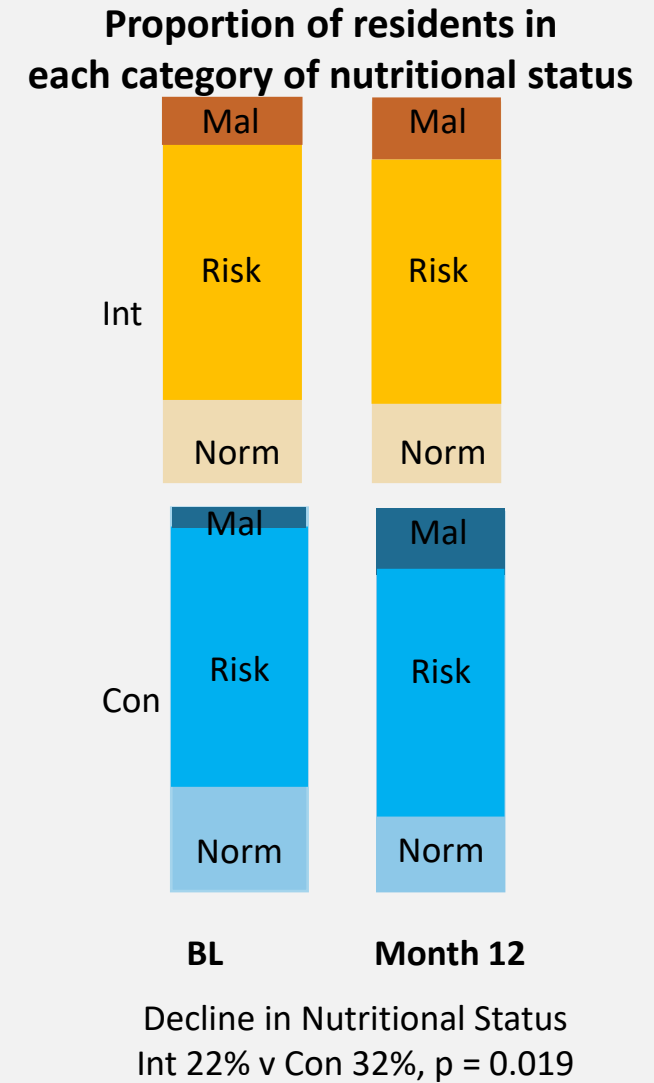
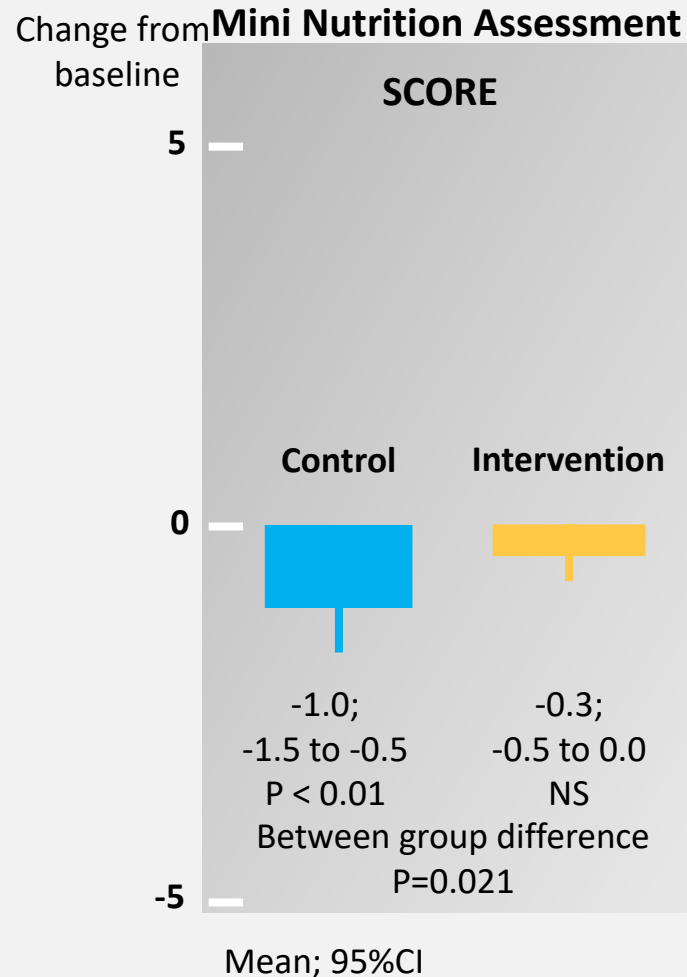
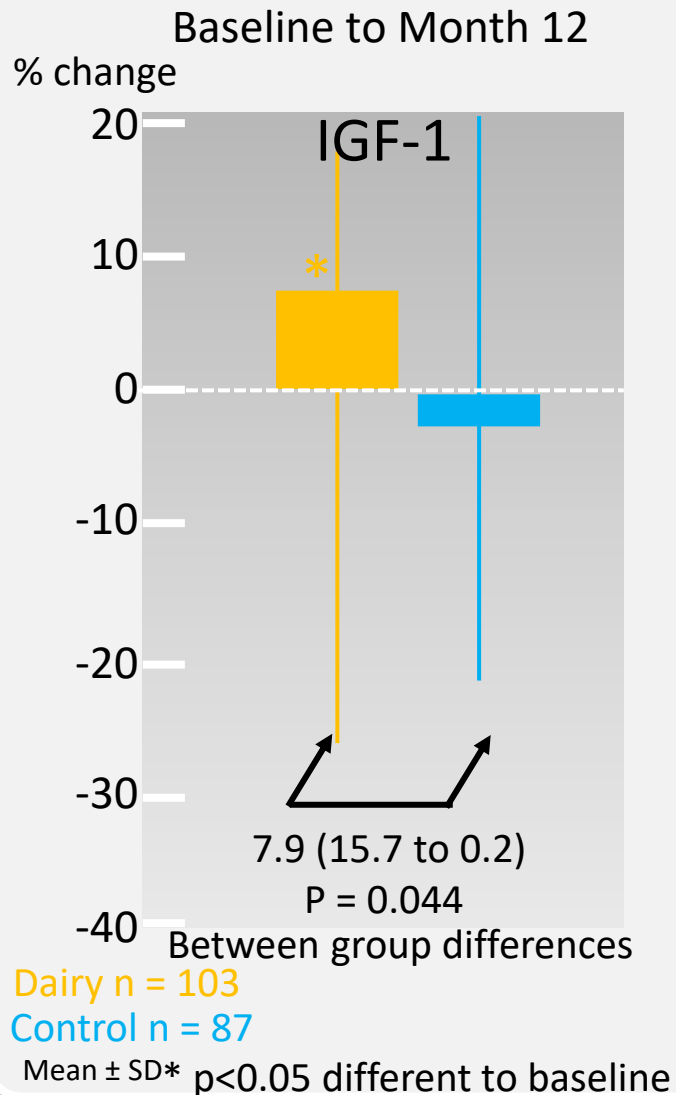


BL

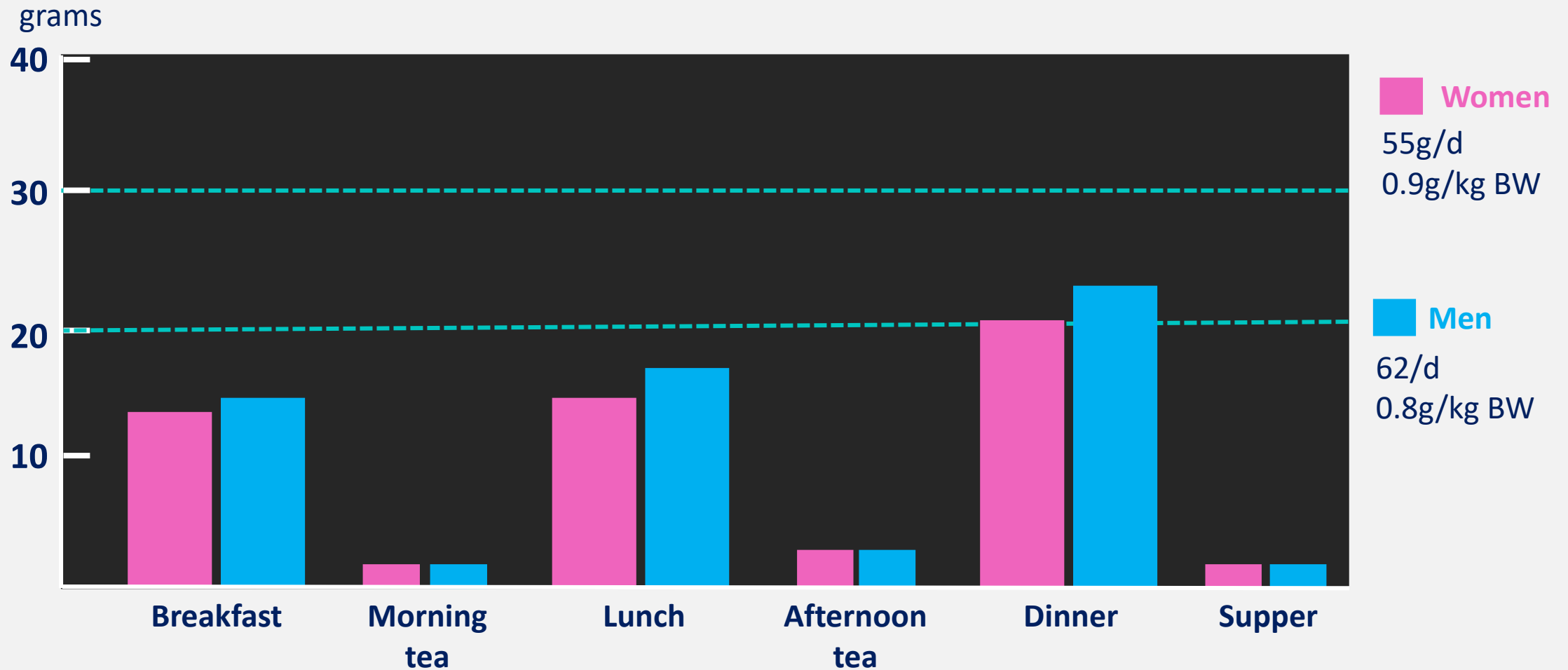
Month 12

Decline in Nutritional Status  
Int 22% v Con 32%, p = 0.019

# Nutritional Status & Dairy Supplementation



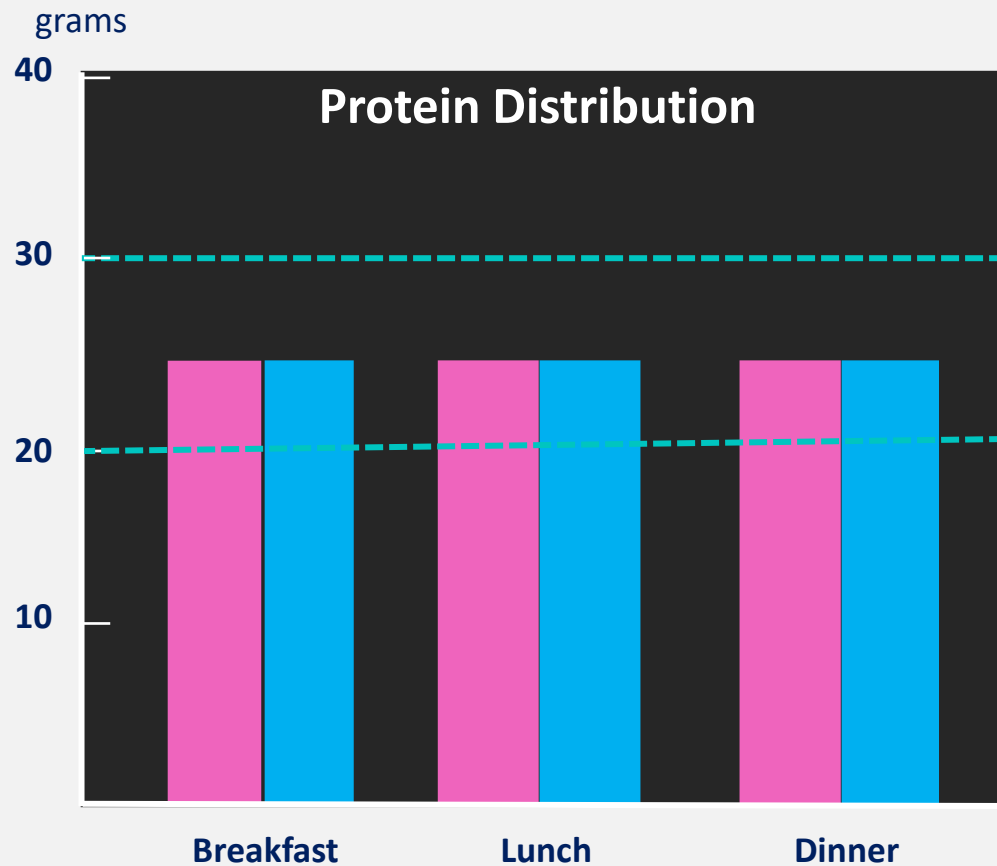
# Protein Intake in Older Adults in Aged Care



50,000 menu items

Sample menu: most consumed items

# Can Protein Adequacy be Achieved In Older Adults?



## Strategies used

- Fortified milk (SMP)
- Dairy-based desserts
- Cheese / white sauce
- Soup with cheese
- Milk-based drinks
- Cheese, yoghurt, for snacks

1.3 and 1.2 g / Kg body weight for women and men

# Practical Considerations to Achieve Calcium Adequacy

Most tubs are not 200g &  
cheese slices not 20g



200g yoghurt



40 g cheese



250 ml milk = 7 cups of broccoli



½ cup evap. milk



½ cup ricotta

Think of recipe ideas



100g almonds

= 64 almonds



100g Firm tofu

Processing  
determines calcium



60g sardines



100g pink salmon

Bones need to be eaten



plant-based beverage

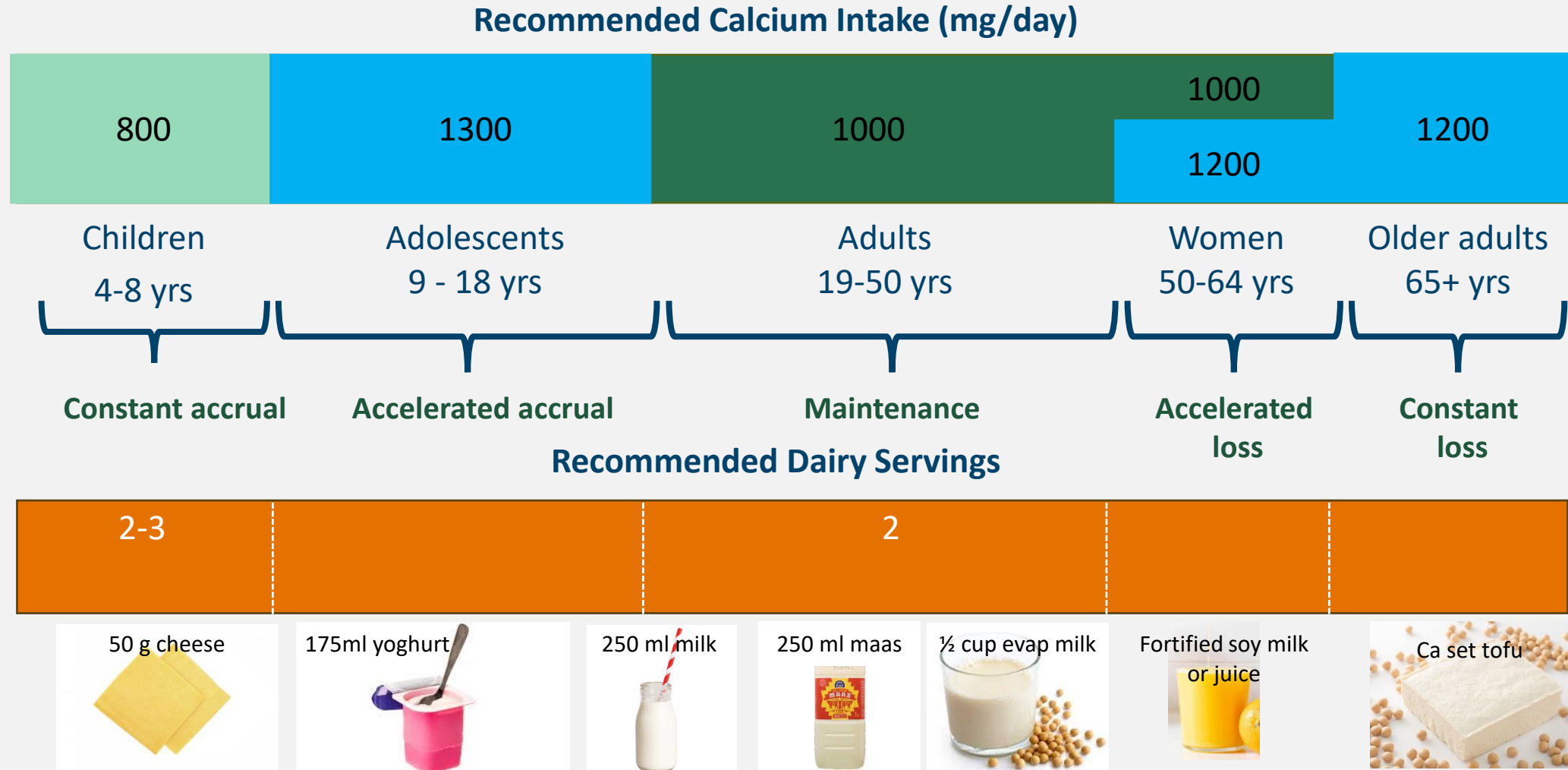
Check it is fortified



Dried figs

1 cup = 1 ½ cup

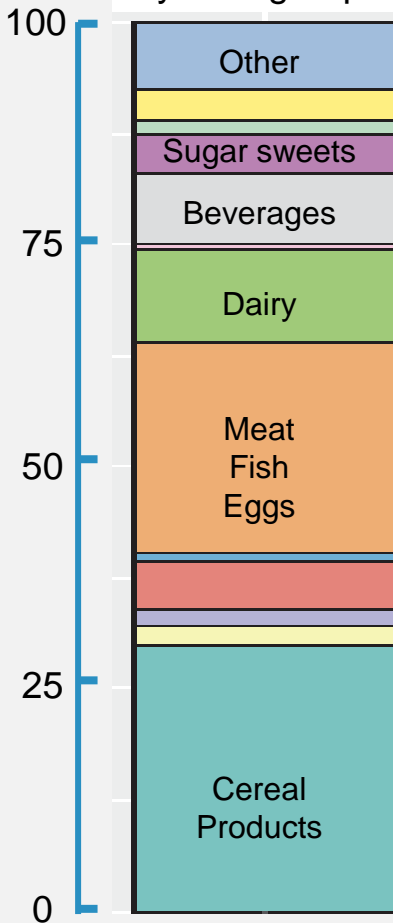
# Bone Mineral Content Accrual & Recommended Calcium Intake



# Household expenditure on food in South Africa\*

30% of total expenditure on Food

% of household expenditure  
by food groups



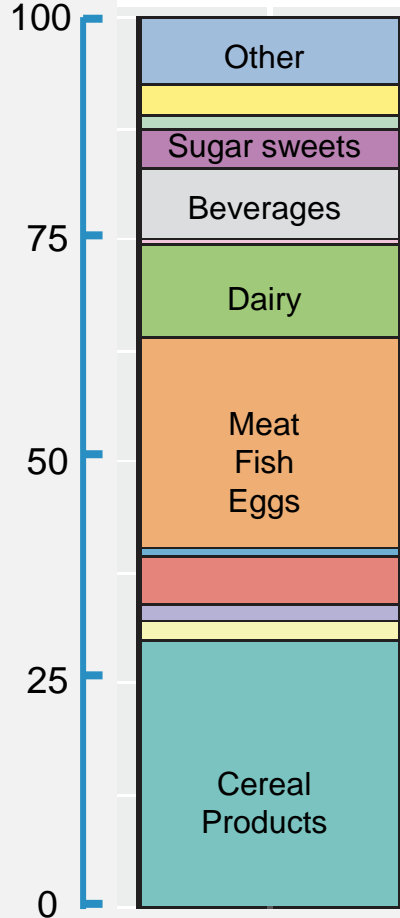
- Inadequacies
- Calcium
  - Iron
  - Vitamin A



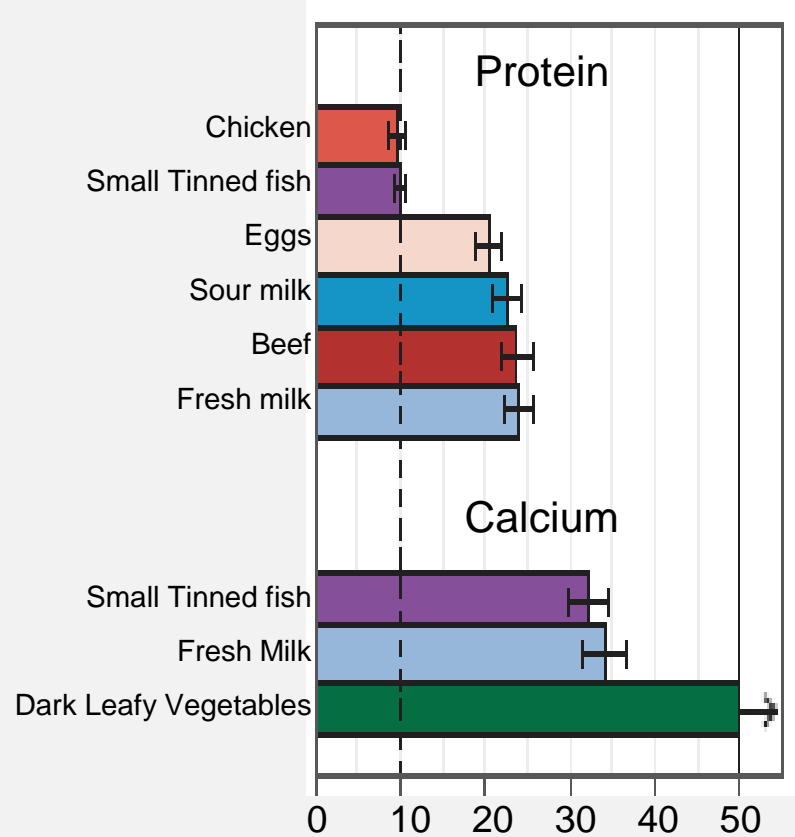
# Household expenditure on food in South Africa\*

30% of total expenditure on Food

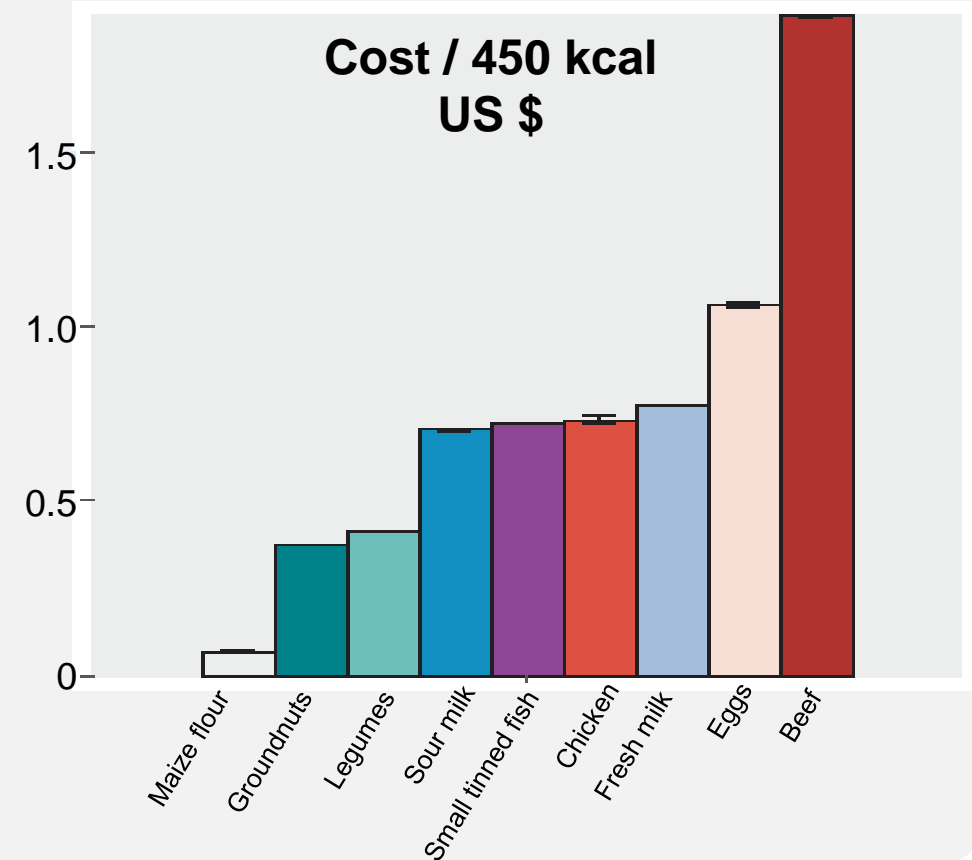
% of household expenditure  
by food groups



Household food expenditure per adult



Inadequacies  
 ■ Calcium  
 ■ Iron  
 ■ Vitamin A



# Cost of Food Items per serve (calcium & protein vs others)

R0.00

R7.50

R15.00



Maas  
R3.56  
200ml



Milk  
R4.68  
250ml



Cheese  
R5.66  
40g



Doughnut  
R6.99  
1 item



Yoghurt  
R7.91  
200ml



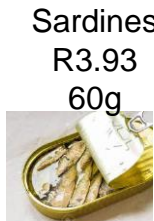
Crisps  
R8.50  
36g



Soft drink  
R11.99  
330ml



Soft drink  
R14.99  
500ml



Sardines  
R3.93  
60g



Chicken  
R4.64  
100g

# Summary

- Bone is added during growth so adequate nutrition (calcium) is needed to maximise peak bone mass
- Adequate dairy consumption in older adults is associated with reduced fractures and falls
- Adequate dairy consumption in combination with exercise is associated with enhanced bone accrual during growth & improved muscle mass and function in older adults
- Consideration needs to be made as to how increases in dairy consumption can be messaged and implemented across the lifespan, particularly in older adults



**Thank you  
&  
Questions**



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