# Associations between B vitamin and amino acid intake, MTHFR genotype, atherogenic indices, and homocysteine levels in postmenopausal women

Agata Muzsik, 1 Agata Chmurzynska 1

<sup>1</sup>Institute of Human Nutrition and Dietetics, Poznań University of Life Sciences, Poznań, Poland

#### **INTRODUCTION**

It has been hypothesized that insufficiency of one-carbon metabolism may aggravate lipid metabolism disturbances.

Lipid metabolism abnormalities and metabolic syndrome (MetS)—which is associated with abnormally high levels of triglycerides and low levels of high-density lipoproteins—often occur in postmenopausal women.

The purpose of this study was thus to determine the relationships between amino acid and B vitamin intake, *MTHFR* genotype, lipid profile, and atherogenic indices in postmenopausal women.

## MATERIAL AND METHODS



N = 131 postmenopausal women age—61.48 ± 5.62 y

waist circumference—96.27 ± 12.44 cm

- ► The mean macronutrient, amino acid, and B vitamin intake was evaluated using dietary records.
- ▶ Lipid profile and concentrations of apolipoprotein A1 and B in serum were measured using the colorimetric method.
- ► The total homocysteine (tHcy) and glutathione (GSH) level in plasma were measured using high-performance liquid chromatography.
- ► MTHFR genotype (rs1801133) was determined using a single tube TaqMan SNP Genotyping Assay.
- ► Castelli's risk index I and II, the atherogenic coefficient, and the TG/HDL ratio were calculated.

#### **RESULTS**

#### **MetS**

No association was found between MetS and tHcy or GSH concentrations.

#### MTHFR genotype and folate intake

MTHFR genotype and folate intake also did not affect tHcy, GSH, lipid profile, or atherogenic indices. tHcy level in plasma.

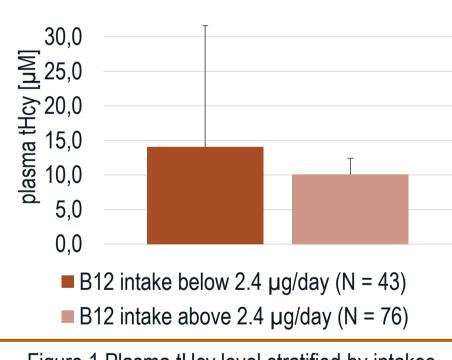


Figure 1 Plasma tHcy level stratified by intakes below or above B<sub>12</sub> intake recommendations

Table 1 Associations between plasma tHcy concentrations and daily intake of protein, amino acids and dietary indexes in postmenopausal women.

Daily intakes	Low plasma tHcy N = 58	High plasma tHcy N = 63	<i>p</i> -value
Protein, total [g]	75.99 ± 3.16	73.08 ± 4.51	< 0.001
Animal protein/plant protein ratio	2.13 ± 0.17	1.56 ± 0.08	< 0.01
Protein/carbohydrates ratio	$0.33 \pm 0.02$	$0.27 \pm 0.01$	< 0.001
Methionine, total [g]	1.74 ± 0.07	1.51 ± 0.06	< 0.01
Lysine, total [g]	4.96 ± 0.22	4.28 ± 0.16	< 0.01
Arginine, total [g]	3.62 ± 0.18	$3.30 \pm 0.13$	< 0.05
Glycine, total [g]	$3.02 \pm 0.14$	2.75 ± 0.11	< 0.05
Tryptophan, total [g]	$0.94 \pm 0.04$	$0.82 \pm 0.03$	< 0.01

Subjects with tHcy levels over the median had lower total protein intake, animal protein/plant protein ratio, and protein/carbohydrates ratio, higher amino acid intake (methionine, lysine, arginine, glycine, and tryptophan) than did subjects with lower tHcy levels.

Women who failed to meet their vitamin B<sub>12</sub> intake needs had almost **40% higher levels of tHcy** than women who did met those needs.

2015/17/N/NZ9/04133

### CONCLUSIONS

MTHFR genotype, folate intake, and tHcy levels in plasma are not associated with lipid metabolism in postmenopausal women. tHcy levels may depend on the intake of vitamin  $B_{12}$ , and of protein or particular amino acids.



