

# Associations of Aerobic Capacity and Dietary Attitudes to Metabolic Syndrome

Jesse R. Littlefield, MS, ATC, Madeleine E. Przybyl, MS, ATC, Gary B. Wilkerson, EdD, ATC



## BACKGROUND AND PURPOSE

- NFL linemen have a 52% higher risk of cardiovascular disease (CVD) mortality than the general population<sup>1</sup>
  - Heart disease mortality is 3.7X more likely among offensive and defensive linemen than other football players
- Previous studies of cardiometabolic risk for professional and college linemen have not addressed dietary habits<sup>1-4</sup>
  - Convenience and lack of education are major determinants of athletes' dietary practices<sup>5</sup>
- Identification of metabolic syndrome provides an opportunity to reduce risk for CVD and type 2 diabetes<sup>6</sup>
  - Maintaining optimal lean body mass promotes long-term health while enhancing performance capabilities
- The purpose of our study was to determine whether or not an association exists among performance capabilities, dietary attitudes, and metabolic status among college football linemen

## PARTICIPANTS AND PROCEDURES

- 13 NCAA Division I-FCS football players: 8 offensive linemen (OL) and 5 defensive linemen (DL)
  - Age (20.6 ±1.6 yrs), Height (188.9 ±3.5 cm), Weight (126.6 ±9.8 kg)
- Dietary habits and attitudes classified on the basis of responses to survey questions
  - 3-question dietary habits stage (Prochaska transtheoretical model of behavior change); 3-level classification
    - 1 = pre-contemplation + contemplation; 2 = preparation; 3 = action + maintenance
  - 40-question Eating Attitudes Test (EAT-40)
- VO<sub>2</sub>Max was estimated using the Uth-Sørensen-Overgaard-Pedersen equation: VO<sub>2</sub>Max = 15 · (HRmax/HRrest)
  - 4 mph with a 6% grade; increased 1 mph and 2% every 3 minutes to fatigue
- Metabolic syndrome (MetS) testing performed same day as dietary habits and attitudes analysis
  - Blood analysis: Cholestech LDX<sup>®</sup> blood analyzer (Alere, Inc., Waltham, MA)
  - ATP-III definition: ≥ 3 positive factors<sup>7</sup>
    - Waist circumference (WC) >102 cm
    - Systolic and diastolic BP (SBP & DBP) ≥135/85
    - High density lipoproteins (HDL) <40 mg/dL
    - Triglycerides (TRG) ≥150 mg/dL
    - Fasting blood glucose (FBG) ≥110 mg/dL
- Receiver operating characteristic (ROC) analysis used to identify cut-points for dichotomized associations

Table 1

EAT-40 Item (0 = Never to 5 = Always)	Score	Odds Ratio
1. Like eating with other people	≤ 3	7.00*
8. Cut my food into small pieces	≤ 1	4.50
11. Feel bloated after meals	≤ 1	4.00
18. Like my clothes to fit tightly	≤ 2	12.14*
25. Am preoccupied with the thought of having fat on my body	≤ 1	4.67
34. Give too much time and thought to food	≤ 1	4.67
36. Feel uncomfortable after eating sweets	= 0	4.50

\* Estimated OR: 0.05 added to each 2X2 cell to avoid division by zero

## RESULTS

- 62% of linemen (8/13) had MetS, which is associated with elevated cardiometabolic risk
  - 8 cases: high TRG (157.25 ±75.28), high WC (113.38 ±7.17), high SBP (138.00 ±7.67), low HDL (37.13 ±5.54)
- VO<sub>2</sub>Max <40 mL/kg/min predicted 75% of MetS cases; associated with 4.5X greater odds for MetS (Figure 1)
- Some EAT-40 components were found to provide substantial predictive value, whereas others did not
  - 7 of the 40 items were strong predictors of MetS (Table 1)
    - 7-item sum score ≤12 identified attitudes that appear to have an association with MetS (Figure 2)
- Logistic regression yielded a 3-factor prediction model (Nagelkerke R<sup>2</sup>=.416) (Table 2)
  - Cut-points: low fruits/vegetables category =1, 7-item score ≤12, and VO<sub>2</sub>Max <40 mL/kg/min (Figure 3)
    - ≥2 factors positive: Sensitivity =100%; Specificity =60%; Fisher's one-sided p =.035; Odds Ratio =23.8\*
  - Alternative prediction models were evaluated to potentially simplify screening (Figure 4)
    - Dichotomized EAT-40 responses for items #1, #18, and #25 yielded an alternative 3-factor model
    - ≥2 factors positive: Sensitivity =88%; Specificity =80%; Fisher's one-sided p =.032; Odds Ratio =28

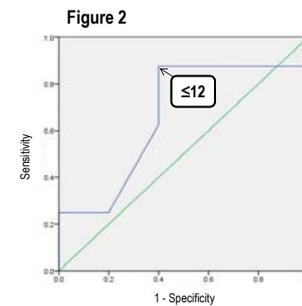
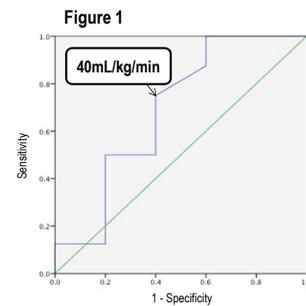
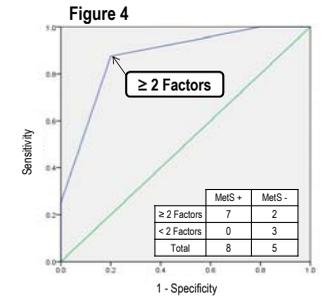
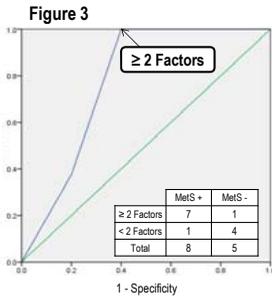


Table 2

Factor	Univariable OR	Adjusted OR
Eat-7 ≤ 12	10.50	9.40
VO <sub>2</sub> Max < 40	4.50	5.89
Lo Fruit/Veg = 1	2.00	2.06



## CLINICAL RELEVANCE

- MetS prevalence in general US population is 22.9%, whereas 62% of the linemen were positive for MetS
- The EAT-40 survey was designed to assess eating disorder risk, but also appears to have MetS screening value
  - Dichotomized EAT-40 responses for 3 items provided 90% sensitivity
- Assessment that included 7 EAT-40 items, aerobic capacity, and dietary habits category provided 100% sensitivity
  - Cut-point identified for VO<sub>2</sub>Max corresponded to "average" aerobic fitness standard; ≥ 40 mL/kg/min<sup>8</sup>
- Aerobic capacity and dietary behaviors appear to have a profound effect on metabolic status
  - Impaired glucose metabolism adversely affects long-term health, and possibly performance capabilities
- Further research is needed to identify strategies for dietary behavior change and to assess possible benefits of aerobic training for improvement of the metabolic status of offensive and defensive linemen

## REFERENCES

- Sneldon MA, Helzberg JH, et al. Cardiometabolic abnormalities in current national football league players. *Am J Cardiol*. 2009;103(7):969-971.
- Borchers JR, Clem KL, et al. Metabolic syndrome and insulin resistance in division I collegiate football players. *Med Sci Sports Exerc*. 2009;41(12):2105-2110.
- Dobrosielski DA, Rosenbaum DA, et al. Assessment of cardiovascular risk in collegiate football players and nonathletes. *J Am Coll Health*. 2010;59(3):224-227.
- Wilkerson GB, Bullard JT, Bartal DW. Identification of cardiometabolic risk among collegiate football players. *J Athl Train*. 2010;45(1):67-74.
- Jonnalagadda SS, Rosenbloom CA, Skinner R. Dietary practices, attitudes, and physiological status of collegiate freshman football players. *J Strength Cond*. 2001;15(4):507-513.
- Grundy SM, Cleeman JI, et al. Diagnosis and management of the metabolic syndrome: an American Heart Association/National Heart, Lung, and Blood Institute Scientific Statement. *Circulation*. 2005;112(17):2735-2752.
- Expert Panel on Detection, Evaluation, and Treatment of High Cholesterol in Adults (Adult Treatment Panel III). Executive summary of the third report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Cholesterol in Adults (Adult Treatment Panel III). *JAMA*. 2001;285(19):2486-2497.
- Shvartz E. Endurance fitness and orthostatic tolerance. *Aviat Space Environ Med*. 1996;67(10):935-939.