Irish Section Meeting, 18–20 June 2014, Changing Dietary Behaviour: Physiology Through to Practice

Spot urinary vitamin C and urinary potassium: novel biomarkers of fruit and vegetable consumption?

A. J. McGrath, L. L. Hamill, G. Graham, S. E. C. M. Gilchrist, I. S. Young, M. C. McKinley and J. V. Woodside

Centre for Public Health, Institute of Clinical Science B, Grosvenor Road, Belfast, Northern Ireland, BT12 6BJ, UK

Plasma vitamin C concentration plateaus at higher levels of FV intake⁽¹⁾, therefore spot urinary vitamin C may be a better FV intake biomarker. Potassium (K) is found widely in FV and excreted in urine⁽²⁾. Thus, using data from a randomised FV study, we explored the use of spot urinary vitamin C and K as potential novel biomarkers of FV intake.

Participants were aged 40–65 years and hypertensive (blood pressure of 140–179/90–109 mmHg). Following a one portion FV/day four-week run-in-period, participants were randomised to consume 1, 3 or 6 portions FV/day for eight-weeks. Fasting plasma, spot and 24-hour urine samples were collected pre- and post-intervention. Plasma vitamin C was measured using a fluorimetric method on an automated Cobas Fara centrifugal analyser. Urinary vitamin C was measured on a BMG FLUOstar Optima plate reader. Urinary K was measured on the ion selective electrode module of a Cobas analyser.

A total of 117 subjects completed the 12-week study. Across the intervention groups plasma vitamin C increased, but plateaued between 3 and 6 portions/d. In contrast, spot and 24-hour urinary vitamin C increased as FV intake increased. No statistically significant differences were found between the three groups in spot and 24-hour urinary K excretion.

Urinary vitamin C, but not urinary K excretion, may be a potential biomarker of FV intake.

			1 portions/d $(n_{max} = 29)$	3 portions/d ($n_{max} = 38$)	6 portions/d ($n_{max} = 38$)	<i>p</i> -value
Plasma vitamin C (µmol/l) ¹	Baseline	Mean IQR	23·7 15·5, 34·3	25·7 20·9, 36·7	27·9 19·2, 45·0	0.62
	Change 8 wk	Mean 95% CI	1·09 0·90, 1·32	1·51 1·20, 1·91	1·52 1·26, 1·83	0.06
Spot urinary vitamin C (µmol/l) ¹	Baseline	Mean IQR	141·17 97·55, 211·60	144·95 90·12, 194·65	107·98 68·41, 182·86	0.193
	Change 8 wk	Mean 95% CI	0·93 ^a 0·78, 1·10	1·22 ^{ab} 0·97, 1·52	1.64 ^b 1.24, 2.19	0.001
24-hour urinary vitamin C (μmol/l) ¹	Baseline	Mean IQR	143·97 109·35, 178·72	102·56 78·36, 145·36	107·13 71·45, 180·03	0.112
	Change 8 wk	Mean 95% CI	0.95^{a} 0.81, 1.12	1·17 ^a 0·91, 1·50	2·23 ^b 1·63, 3·03	<0.001
Spot urinary potassium (mmol/l) ²	Baseline	Mean SD	67·2 40·2	63·5 35·4	61·7 43·0	0.71
	Change 8 wk	Mean 95% CI	-16.1 -30.2, -1.9	2·8 -17·5, 23·1	-2.1 -20.3, 16.0	0.428
24-hour urinary potassium (mmol/l) ²	Baseline	Mean SD	36·6 17·1	42·6 20·7	38·5 21·2	0.901
	Change 8 wk	Mean 95% CI	-5.1 -13.6, 3.4	-3.7 -17.8, 10.5	-1.2 -10.3, 7.9	0.604

¹Variables were logarithmically transformed. All baseline values are geometric mean (IQR), and all change values are geometric mean (95% CIs) of the ratio of the week 8 to baseline value. ²All baseline values are mean (SD), and all changes mean (95% CI). Changes were calculated as week 8–baseline; changes were compared between groups using one way analysis of variance with a test for linear trend. Superscripted letters indicate homogeneous subsets.

1. Jenab M, Slimani N, Bictash M, Ferrari P, Bingham SA (2009) Hum Genet 125, 507-525.

2. Bingham SA (2002) Public Health Nutr 5(6A), 821-827.