Effect of oligofructose or dietary calcium on repeated calcium and phosphorus balances, bone mineralization and trabecular structure in ovariectomized rats*

Katharina E. Scholz-Ahrens1†, Yahya Açil2 and Jürgen Schrezenmeir1

1Institute of Physiology and Biochemistry of Nutrition, Federal Dairy Research Centre, Hermann Weigmann Str. 1, D-24103 Kiel, Germany
2Department of Oral and Maxillofacial Surgery, Kiel University Hospital, Germany

(Received 30 August 2001 – Revised 25 March 2001 – Accepted 3 May 2002)

We investigated the effects of dietary oligofructose and Ca on bone structure in ovariectomized rats, using microradiography and histomorphometry. Ninety-six animals were allocated to seven experimental groups: G1, sham-operated; G2–G7, ovariectomized. Semi-purified diets containing 5 g Ca/kg (recommended content) without oligofructose (G1, G2) or with 25, 50 or 100 g oligofructose/kg (G3, G4, G5) or 10 g Ca/kg (high content) without oligofructose (G6) or with 50 g oligofructose/kg (G7) were fed for 16 weeks. At the recommended level of Ca, high oligofructose (G5) increased femur mineral levels in ovariectomized rats, while medium oligofructose did so at high Ca. Increasing Ca in the absence of oligofructose did not increase femur mineral content. Trabecular bone area (%) analysed in the tibia was 10.3 (SEM 1.2) (G1), 7.7 (SEM 0.6) (G2), 9.3 (SEM 0.7) (G3), 9.4 (SEM 1.0) (G4), 9.5 (SEM 0.7) (G5), 10.2 (SEM 0.8) (G6), and 12.6 (SEM 0.8) (G7). At the recommended level of Ca, 25 g oligofructose/kg prevented loss of trabecular area due to increased trabecular thickness, while 50 or 100 g oligofructose/kg increased trabecular perimeter. At high Ca, oligofructose prevented loss of bone area due to increased trabecular number but similar thickness (G7 v. G6). When Ca was raised in the presence of oligofructose (G7), trabecular area and cortical thickness were highest, while loss of trabecular connectivity was lowest of all groups. At the same time, lumbar vertebra Ca was higher: 44.0 (SEM 0.8) (G7) compared with 41.6 (SEM 0.8) (G2), 41.4 (SEM 0.7) (G4), and 40.5 (SEM 1.0) mg (G6). We conclude that ovariectomy-induced loss of bone structure in the tibia was prevented but with different trabecular architecture, depending on whether dietary Ca was increased, oligofructose was incorporated, or both. Oligofructose was most effective when dietary Ca was high.

Oligofructose: Calcium and phosphorus balance: Osteoporosis: Trabecular structure: Bone quality

Certain groups of carbohydrates are not digested by gastrointestinal enzymes but are fermented by the microbial flora in the large intestine (Roberfroid et al. 1998). Non-digestible oligosaccharides (NDO), including inulin, oligofructose and fructo-oligosaccharides, and galacto-oligosaccharides, as well as lactulose, maltitol and resistant starch, were studied for their gastrointestinal effects. Several effects of NDO on the colonic milieu, composition of the microflora, production of microbial metabolites (Gibson et al. 1995) and mineral metabolism have been described (for reviews, see Scholz-Ahrens et al. 2001, 2002). A potential for benefits to the host’s health was postulated. In this regard, consensus was achieved that there is promising evidence for positive effects on mineral metabolism and thus a potential for prevention of osteoporosis (van Loo et al. 1999).

Most of the scientific evidence for the effects of NDO is based on the results of experiments with rats, where these carbohydrates increase the availability of Ca (Delzenne et al. 1995; Ohta et al. 1995a, 1998b,c; Chonan & Watanuki, 1996), Mg (Ohta et al. 1994b, 1995b; Delzenne et al. 1995), Fe (Delzenne et al. 1995; Ohta et al. 1995b, 1998c) and Zn (Delzenne et al. 1995). Particularly Ca,

Abbreviations: NDO, non-digestible oligosaccharides; T.Ar, bone tissue area; Tb.Ar, bone trabecular area; Tb.N, trabecular number; TBPf, trabecular bone pattern factor; Tb.Pm, trabecular perimeter; Tb.Th, trabecular thickness.

*Part of this work has been presented in abstract form: American Journal of Clinical Nutrition (2001) 73, 498S.
† Corresponding author: Dr K. E. Scholz-Ahrens, fax +49 431 609 2472, email scholz-ahrens@bafm.de
Mg, and Zn are important for bone mineralization and bone health (Heaney, 1996). In rats, Ca retention was greater after 11 d supplementation of NDO, but no longer after 25 d (Ohta et al. 1994b). This may explain why weight, total ash content and Ca content of the femur were not affected (Ohta et al. 1994b, 1997). In single-meal studies with human subjects, inulin, oligofructose or lactulose stimulated Ca absorption in some cases (Coudray et al. 1997; van den Heuvel et al. 1998a, 1999; Griffin et al. 2002) but not in all (van den Heuvel et al. 1998b; Griffin et al. 2002).

The significance of improved Ca absorption for postponing or preventing osteoporosis can be demonstrated only on the basis of long-term experiments including a focus on bone mineralization. Moreover, the stability of bone and thus bone quality may be associated more closely with the structure of the trabecular network than with bone mineral content alone (Kapadia et al. 1998), particularly under conditions comparable with those in postmenopausal women, i.e. oestrogen deficiency.

The aim of the present study was to investigate the long-term effects of low, medium, and high doses of oligofructose in the presence of the recommended dietary intake of Ca, and of medium-dose oligofructose in the presence of high dietary Ca on repeated Ca and P balances, bone mineralization and on bone quality, i.e. on tibia trabecular structure and mineral distribution between cortical and trabecular bone. The experiment was done in adult ovariectomized rats, an accepted animal model for human postmenopausal osteoporosis (Kimmel, 1996). Mineral content was analysed in femora and lumbar vertebrae as representing predominantly cortical and trabecular bone, respectively. Furthermore, these bones are characterised by different physical loading and mechanical anisotropy (Sugita et al. 1999), which may be important factors for determining the target of mineralization. The hypothesis was that oligofructose impedes ovariectomy-induced loss of bone mineral content and preserves bone architecture due to stimulated apparent Ca absorption.

### Materials and methods

#### Animals and diets

The study was performed with virgin female, ovariectomized Fisher-344 rats. Ninety-six weanling rats were purchased from Harlan/Winkelmann (Borchen, Germany). Animals were fed *ad libitum* a standard rat diet with 8 g Ca/kg fresh matter and 5 g P/kg fresh matter, until the age of 5 months. The content of DM was 89·0 %. Then (at week 1) animals were divided into seven groups (G1–G7) as matched by body weights, and were sham-operated (G1) or ovariectomized (G2–G7; Table 1). At the same time, semi-purified diets with 5 g P/kg were fed that contained 5 g Ca/kg (recommended content) without oligofructose (G1 and G2), 5 g Ca/kg plus 25 g oligofructose/kg (G3, low dose), 50 g oligofructose/kg (G4, medium dose) and 100 g oligofructose/kg (G5, high dose) or 10 g Ca/kg (high content) either without oligofructose (G6) or with 50 g oligofructose/kg (G7). The content of DM was 91·0 %. Ca at 5 g/kg is equivalent to the recommended concentration for growth and maintenance in laboratory rats (National Research Council, 1995). The form of Ca used was tri-calciumdicitrate tetrahydrate (C₁₂H₁₀Ca₃O₁₄·₄H₂O). Oligofructose (Raftilose® P95; Orafti, Tienen, Belgium) is a preparation of 95 % purity and is described in detail elsewhere (Roberfroid et al. 1998). Operations were done under anaesthesia with intraperitoneal injection of xylazinhydrochloride and ketaminhydrochloride (Rompun®/Ketavet®).

A restricted feeding regimen is needed to guarantee strict pair-feeding. Rats had free access to a feed reservoir throughout the 16 weeks. The reservoir was filled twice a week with 24 g of fresh feed matter for 3 d and 32 g for 4 d, respectively, equivalent to 8 g fresh matter/d. In earlier pilot studies, this amount of feed was found to represent a restricted feed intake for about 30 % and an *ad libitum* intake for 70 % of the animals, i.e. feed was consumed completely by all animals, by 30 % of the animals 12 h before the next feeding, and by 70 % of rats before the

#### Table 1. Experimental groups and body weights*

(Mean values and standard errors of the mean)

<table>
<thead>
<tr>
<th>Group number</th>
<th>n</th>
<th>Operation</th>
<th>Ca (g/kg diet)</th>
<th>Oligofructose† (g/kg diet)</th>
<th>Live body weights (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Week 0</strong> (n = 12–14)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mean</td>
</tr>
<tr>
<td>G1</td>
<td>12</td>
<td>Sham</td>
<td>5</td>
<td>0</td>
<td>159</td>
</tr>
<tr>
<td>G2</td>
<td>14</td>
<td>O VX</td>
<td>5</td>
<td>0</td>
<td>154</td>
</tr>
<tr>
<td>G3</td>
<td>14</td>
<td>O VX</td>
<td>5</td>
<td>25</td>
<td>161</td>
</tr>
<tr>
<td>G4</td>
<td>14</td>
<td>O VX</td>
<td>5</td>
<td>50</td>
<td>164</td>
</tr>
<tr>
<td>G5</td>
<td>14</td>
<td>O VX</td>
<td>5</td>
<td>100</td>
<td>164</td>
</tr>
<tr>
<td>G6</td>
<td>14</td>
<td>O VX</td>
<td>10</td>
<td>0</td>
<td>163</td>
</tr>
<tr>
<td>G7</td>
<td>14</td>
<td>O VX</td>
<td>10</td>
<td>50</td>
<td>162</td>
</tr>
</tbody>
</table>

Sham, sham-operated; O VX, ovariectomized.

*For details of animals and procedures, see p. 366.
† Raftilose® P95.
next feeding. The feed reservoirs and thus the feed consumption were inspected twice daily. The speed of feed consumption was not affected by the diet but reflected individual variation. The composition of the semi-synthetic diets for all groups was identical except for the Ca and oligofructose contents, which were given at the expense of maize starch (Table 2).

The animals were housed individually in stainless-steel wire mesh cages in a room with controlled temperature (20–21°C) and humidity (60–70 %), and a 12 h dark–light cycle. All animals had free access to demineralized water. Mineral balances were performed with 7 d collections after the rats had been on the experimental diets for 4, 8, and 16 weeks to investigate the short-term and long-term effect of treatments. Seven animals per group (except group 1, with n = 6) were killed by desanguination under anaesthesia with intraperitoneal injection of xylazine-hydrochloride and ketaminhydrochloride (Rompun®/Actavet®) after 8 and 16 weeks on the experimental diets. Lumbar vertebrae, tibiae and left femora were collected and adherent soft tissue was removed carefully. Lumbar vertebra and femora were stored at −20°C, tibia transferred to ethanol.

**Analyses**

Ca was measured by atomic absorption spectrometry (Perkin-Elmer 1100) using an air–acetylene flame at 248.3 nm. Ca in faecal samples was measured after grinding and wet-ashing in a mixture of nitric acid (14-4 mol/l) and perchloric acid (11.8 mol/l) in a ratio 1:1.7 (v/v). A Ca standard solution was obtained from Merck (Titrisol; Merck, Darmstadt, Germany) and used as reference. The within-day CV of Ca faecal samples was 0.97%. The between-days CV was 1.50%.

Apparent absorption and retention (mg/d) were calculated as follows:

\[
\text{Apparent Ca absorption} = \text{Ca intake} - \text{faecal Ca},
\]

\[
\text{Ca retention} = \text{Ca intake} - (\text{faecal Ca} + \text{urinary Ca}).
\]

Ca in bone was measured after ashing at 450°C in a muffle furnace for 16 h and solubilization in hydrochloric acid (6.0 mol/l). For analysis of lumbar vertebrae, lumbar vertebrae 1 + 4 were ashed together. The within-day CV of bone samples was 1.01%. The between-days CV was 1.54%.

P in urine was analysed as inorganic P with an automatic analyser (Cobas Bio; Hoffmann La-Roche, Basel, Switzerland) using the kit Unimate 7 PHOS (Hoffmann La-Roche, Basel, Switzerland). P in the diets, faeces and bones was measured in the solutions used for the measurement of Ca.

**Microradiography and histomorphometry**

This method has been applied to describe Ca bioavailability from different diets (Hein, 1997; Scholz-Ahrens et al. 1997) and to visualise sinus floor augmentation following dental implants (Terheyden et al. 1999). The proximal third of the left tibiae were cleaned of any adherent soft tissue before dehydration in ascending concentrations of ethanol for storage. Undecalcified tibia sections were embedded in methylmethacrylate, sawn, polished and ground as described (Donath, 1988). Semi-thick longitudinal sections of 100–150 μm were taken with a saw microtome with a diamond-tipped cutting blade (model 1600; Leica, Bensheim, Germany). Contact microradiographs (Fixitron X-Ray-Systems; Hewlett Packard, Manville, USA) were made under constant conditions (18 kV, 5 mA, 8 min exposure time) and documented on high-resolution plates (Microchrome Technology, San Jose, USA; Fig. 1). The quantitative assessment of trabecular structure was determined by computer-supported image analysis of video-scanned microradiographs (TK 1280 E; JVC, Berlin, Germany) connected to a light microscope (Mikrophot FXA; Nikon, Düsseldorf, Germany) and computer. The image was digitised into 256 different grey values and analysed with the software Leica Quantimet 500 MC (Leica, Bensheim, Germany). Calibration of the system was done (1 pixel was equivalent to 6.73 μm) and ‘bone’ was defined automatically according to a threshold grey value, the ‘cut-off’ line, which separated mineralised from non-mineralised bone tissue (Fig. 2). The intensity of grey-staining on high-resolution plates correlates with the degree of mineralization. Different parameters of bone structure were then analysed on the negative binary image by sequential interactive

<table>
<thead>
<tr>
<th>Component</th>
<th>g/kg diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casein</td>
<td>160</td>
</tr>
<tr>
<td>Soya oil</td>
<td>50</td>
</tr>
<tr>
<td>Cellulose</td>
<td>50</td>
</tr>
<tr>
<td>Ca-free mineral premix (including P)*</td>
<td>118 (5)</td>
</tr>
<tr>
<td>Ca premix (including one of the levels of Ca)†</td>
<td>60 (5;10)</td>
</tr>
<tr>
<td>Vitamin premix‡</td>
<td>10</td>
</tr>
<tr>
<td>Oligofructose premix§</td>
<td>100</td>
</tr>
<tr>
<td>Maize starch</td>
<td>452</td>
</tr>
<tr>
<td>Total</td>
<td>1000</td>
</tr>
</tbody>
</table>

* Contained minerals equivalent to (g/kg diet): Mg(HPO4)2·H2O, 5.31; NaHPO4·2H2O, 4.22; K2HPO4, 13.53; KCl, 2.82; MgSO4·7H2O, 1.59; C12H10Ca3O14·4H2O, 338 mg; MnSO4·H2O, 162 mg; CuSO4·5H2O, 40 mg; KI, 1.66 mg; NaN3, 10.2 mg; NH4Al(SO4)2·12H2O, 3.64 mg; ZnSO4·7H2O, 221 mg; Na2SeO3·5H2O, 0.23 mg; KBr, 20.1 mg; NiSO4·6H2O, 8.5 mg; NaN3·3H2O, 5.06 mg; Na2MoO4·2H2O, 0.23 mg; KBr, 20.1 mg; NiSO4·6H2O, 8.5 mg; CoSO4·7H2O, 5.06 mg; Na2MoO4·2H2O, 0.23 mg; Na2MoO4·2H2O, 0.23 mg; H2O, 50 mg; H2O, 50 mg; BaCl2·10H2O, 1.56 mg; CrCl3·6H2O, 0.89 mg. All mineral components were from Merck (Hessisch Oldendorf, Germany).

† Contained Ca as follows: G1–G5, 5 g/kg diet; or G6 and G7, 10 g/kg diet from C2H10Cl3·Ca2O4·4H2O at the expense of maize starch.

‡ Contained vitamins equivalent to (mg/kg diet): vitamin A (500 IE/mg, 9.1); vitamin D3 (5000 IE/mg), 2.33; vitamin E (50 %), 68.4; vitamin K1 (100 %), 11.4; choline (50 %), 2280; folic acid (100 %), 1.2; niacinic acid (98 %), 23.3-; pantothenic acid (98 %), 9.3; riboflavin (96 %), 3.6; thiamin (98 %), 4.7; pyridoxine (98 %), 7.0; cobalamin (0-10 %), 57.0; biotin (2 %), 22.8. Vitamins were purchased from Synopharm (Germany) except vitamins K₃ (Sigma, Deisenheim, Germany), and vitamins A, C, E (Deutsche Vilomix, Hessisch Oldendorf, Germany).

§ Contained one of the levels of oligofructose (0, 25, 50, or 100 g/kg diet at the expense of maize starch).
steps (Fig. 3 (a–d)). All analyses were done within a constant 13.75 mm² frame of measure and the values given are related to this defined area. Cortical bone thickness (μm) was analysed manually at 90° to the long axis of cortical bone as indicated in Fig. 3(a). Values are the mean distance of six interactive measurements at regular intervals. The epiphysis was excluded (Fig. 3(b)), and the remaining bone was ‘filled’ and referred to as bone tissue area (T.Ar, μm²; Fig. 3(c)). Trabecular bone area (Tb.Ar, μm²; Fig. 3(d)) was gained from Fig. 3(b) after cortical bone and primary trabeculae were removed. Fig. 3(d) was the basis for the following analyses, which were performed automatically: Trabecular number (Tb.N); trabecular bone area (Tb.Ar/T.Ar, %); trabecular perimeter (Tb.Pm, mm); anisotropy (a measure of directional orientation of the trabeculae). Mean trabecular thickness (Tb.Th, μm) was calculated using the formula presented by Olah (1974); namely, Tb.Ar/Tb.Pm × 2. The trabecular bone pattern factor (TBPf, /mm) was calculated as a measure of trabecular connectivity as described by Hahn et al. (1992). Briefly, two consecutive measurements of Tb.Ar and Tb.Pm were made, the second after computer-simulated dilatation of all structures by 1 pixel. Thereby, the area is enlarged but the perimeter may become smaller or larger, depending on the average shape of the trabeculae. A structure with more separated trabeculae (more convex surface area of particles) would enlarge the perimeter after dilatation, while more connected trabeculae (more concave surface area) would decrease the value. The following formula is then used for calculation: TBPf = (P1 − P2)/(A1 − A2), where P1 and A1 are perimeter and area before computer-simulated dilatation, and P2 and A2 are perimeter and area after dilatation. According to this definition, higher values for TBPf indicate a loss of connectivity. The within-day CV (and between-days CV) for some primary structure parameters were 1.15 % (1.91 %) for Tb.Ar/T.Ar, 4.84 % (5.92 %) for Tb.N, and 2.26 % (2.71 %) for Tb.Pm.

All analyses were done blinded and in duplicate.

**Statistics**

The program Statgraphics plus 4.1 was used. The dietary effects on bone mineral and bone structure were analysed by multifactorial analysis of variance (MANOVA) on pooled data (n 12–14) gained after 8 weeks (n 6–7) and 16 weeks (n 6–7), after testing for interaction between experimental groups (G1–G7) and time (8 and 16 weeks), which was not significant. Least-squares means with their pooled SEM are displayed in Figs. 4 and 5. Furthermore, ANOVA was performed separately for mineral balance after 4, 8 and 16 weeks and for bone mineral after 8 and 16 weeks to test whether effects were transient or developed gradually. These data are displayed in Tables 3 and 4 or, along with their least-squares means and individual SEM are described in the text. The following factors were analysed for significance after selection of the respective groups: ovariectomy, selecting G1 and G2; oligofructose with recommended Ca content of the diet, selecting G2, G3, G4, and G5; oligofructose with high Ca content of the diet, selecting G6 and G7; Ca content...
of the diet in the absence or in the presence of oligofructose, selecting G2, G4, G6 and G7. Significance was tested by the F test followed by a subsequent 2-tailed Newman–Keuls test. Differences were regarded as significant if \( P \) was <0.05.

The experiment was approved by the German institution for legalisation of animal experiments (Ministerium für Umwelt, Natur und Forsten des Landes Schleswig-Holstein).

**Results**

**Body weight**

The live body weight was not affected by ovariectomy, or by the level of oligofructose or Ca at any time (Table 1). The lower body weights in all groups after 8 weeks reflect the combined effect of operation and the switch from commercial rat chow fed ad libitum to restricted feeding (8·0 g feed/d) of semi-purified diets.

**Effect of ovariectomy**

Completeness of ovariectomy was confirmed by absence of ovarian tissue and lower uterus weight with 0·09 (SEM 0·01) g compared with intact animals with 0·23 (SEM 0·01) g. Ovariectomy caused slightly lower femur Ca (Fig. 4) and significantly lower Tb.Ar/T.Ar and Tb.Pm in the tibia (Fig. 5, G2 v. G1). These effects developed gradually. Tb.Ar/T.Ar was 12·26 (SEM 2·05) % for sham-operated and 8·53 (SEM 1·04) % for ovariectomized rats after 8 weeks (\( P > 0·05 \)). Tb.Ar/T.Ar was 8·43 (SEM 0·36) % for sham-operated and 6·85 (SEM 0·28) % for ovariectomized rats after 16 weeks (\( P < 0·05 \)). Tb.Pm was 44·96 (SEM 4·68) % for sham-operated and 35·46 (SEM 3·26) % for ovariectomized rats after 8 weeks (\( P > 0·05 \)). Tb.Pm was 34·20 (SEM 2·14) % for sham-operated and 27·03 (SEM 1·55) % for ovariectomized rats after 16 weeks (\( P < 0·05 \)). Furthermore, oestrogen-deficient rats had higher values for TBPf; i.e. less trabecular connectivity with 22·89 (SEM 1·50)/mm compared with sham-operated rats with 17·33 (SEM 1·61)/mm (\( P < 0·05 \)).

**Effects of oligofructose at the recommended level of dietary calcium**

Compared with the control group (G2), only the highest
dose of oligofructose (100 g/kg, G5) increased Ca in femora significantly (Fig. 4), and P in femora after 16 weeks, when the P content was 38.61 (SEM 0.40) mg in the presence and 34.49 (SEM 1.48) mg in the absence of oligofructose (P, 0.05). The Ca and P contents of lumbar vertebrae were not affected. The higher value for femur Ca was gained mainly between weeks 5 and 16, indicated by significantly higher apparent Ca absorption and retention in week 8 (Table 3). P retention was higher for 100 g of oligofructose after 4 weeks, which was due to reduced P excretion in urine (Table 4), and for 50 g of oligofructose after 8 weeks.

Low-dose (25 g/kg; G3) and high-dose oligofructose (100 g/kg; G5) given at the expense of starch in a diet with 5 g Ca/kg increased bone area significantly (Tb.Ar/T.Ar) compared with the control group (G2), and thus prevented ovariectomy-induced loss of bone area (Fig. 5(a)). The effect of medium-dose oligofructose (50 g/kg; G4) on bone area was not significant because of larger variation within that group, while the means of Tb.Ar/T.Ar at different doses of oligofructose were almost the same. The larger Tb.Ar/T.Ar at a low dose of oligofructose was due to higher Tb.Th (Fig. 5(d)). At medium and high doses of oligofructose, the larger Tb.Ar/T.Ar was due to larger Tb.Pm (Fig. 5(c)). Anisotropy was not affected (results not shown).

Effects of oligofructose at a high level of dietary calcium

When 50 g oligofructose/kg was fed with a high level of dietary Ca, apparent Ca absorption was slightly higher
Table 3. Effect of diets containing different concentrations of oligofructose on repeated calcium balances in ovariectomized rats
(Least square means and standard errors of the means)

<table>
<thead>
<tr>
<th>Dietary group...</th>
<th>G1 (Sham)</th>
<th>G2</th>
<th>G3</th>
<th>G4</th>
<th>G5</th>
<th>G6</th>
<th>G7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake (g Ca and oligofructose)</td>
<td>Mean SEM</td>
<td>Mean SEM</td>
<td>Mean SEM</td>
<td>Mean SEM</td>
<td>Mean SEM</td>
<td>Mean SEM</td>
<td>Mean SEM</td>
</tr>
<tr>
<td>5; 0</td>
<td>5; 0</td>
<td>5; 25</td>
<td>5; 50</td>
<td>5; 100</td>
<td>10; 0</td>
<td>10; 50</td>
<td></td>
</tr>
<tr>
<td>Intake (mg/7 d)</td>
<td>280</td>
<td>280</td>
<td>280</td>
<td>280</td>
<td>280</td>
<td>560§</td>
<td>560§</td>
</tr>
<tr>
<td>Balance week 4 (n 12–14)</td>
<td>Faecal (mg/7 d)</td>
<td>280·07 4·58 271·40 4·22 290·68* 3·51 280·03 3·79 268·03 4·30 543·79* 6·76 536·33*† 4·16† 4·94</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urinary (mg/7 d)</td>
<td>5·72 0·27 8·17 0·38 8·14 0·46 9·47* 0·46 11·60* 0·63 13·57* 0·86 19·52*† 0·63</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Absorption (mg/7 d)</td>
<td>0·07 4·58 8·60 4·22 -10·68* 3·51 0·03 3·79 11·97 4·30 16·21 6·76 23·67*† 5·22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Retention (mg/7 d)</td>
<td>-7·78 4·61 0·43 3·48 -18·81* 3·68 -9·50 4·38 0·38 4·43 2·64 6·71 4·16† 4·94</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance week 8 (n 12–14)</td>
<td>Faecal (mg/7 d)</td>
<td>266·56 17·00 273·99 10·36 246·95 10·72 254·23 12·42 236·57* 10·34 466·99* 13·97 439·04*† 15·44</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urinary (mg/7 d)</td>
<td>7·18 0·33 7·26 0·27 8·07 0·49 8·91* 0·34 11·43* 0·62 15·19* 1·06 22·29*† 1·09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Absorption (mg/7 d)</td>
<td>13·44 17·00 6·01 10·36 33·05 10·72 25·77 12·42 43·44* 10·34 93·01* 13·97 120·96*† 15·44</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Retention (mg/7 d)</td>
<td>6·15 17·00 -1·25 10·26 18·81* 3·58 9·50 4·38 32·01* 10·31 77·58* 14·05 96·87*† 15·79</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance week 16 (n 6–7)</td>
<td>Faecal (mg/7 d)</td>
<td>235·06 4·77 242·40 3·53 237·03 3·22 236·74 2·62 234·50 6·46 475·82* 3·82 458·27*† 6·17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urinary (mg/7 d)</td>
<td>5·31 0·30 5·52 0·52 6·74 0·54 7·15* 0·41 11·44* 0·76 13·00* 0·79 18·69*† 0·95</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Absorption (mg/7 d)</td>
<td>44·94 4·77 37·60 3·53 42·97 3·22 43·26 2·62 45·50 6·46 84·18* 1·37 101·73*† 6·17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Retention (mg/7 d)</td>
<td>39·63 4·62 32·08 3·55 36·22 3·55 36·11 2·52 34·07 5·82 71·18* 2·26 83·05*† 6·31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mean values (by ANOVA) were significantly different (P < 0·05): *different from G2; †different from G4; ‡different from G6; §different from G1-G5.

Table 4. Effect of diets containing different concentrations of oligofructose on repeated phosphorus balances in ovariectomized rats§
(Least square means and standard errors of the means)

<table>
<thead>
<tr>
<th>Dietary group...</th>
<th>G1 (Sham)</th>
<th>G2</th>
<th>G3</th>
<th>G4</th>
<th>G5</th>
<th>G6</th>
<th>G7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake (g Ca and oligofructose/kg feed)</td>
<td>Mean SEM</td>
<td>Mean SEM</td>
<td>Mean SEM</td>
<td>Mean SEM</td>
<td>Mean SEM</td>
<td>Mean SEM</td>
<td>Mean SEM</td>
</tr>
<tr>
<td>5; 0</td>
<td>5; 0</td>
<td>5; 25</td>
<td>5; 50</td>
<td>5; 100</td>
<td>10; 0</td>
<td>10; 50</td>
<td></td>
</tr>
<tr>
<td>Intake (mg/7 d)</td>
<td>300</td>
<td>300</td>
<td>300</td>
<td>300</td>
<td>300</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>Balance week 4 (n 12–14)</td>
<td>Faecal (mg/7 d)</td>
<td>164·58 3·26 164·78 2·84 166·09 3·13 162·86 2·91 163·44 2·81 234·50 6·46 475·82* 3·82 458·27*† 6·17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urinary (mg/7 d)</td>
<td>124·79 3·34 116·44 3·15 117·63 3·90 117·20 4·65 102·77* 3·69 69·11* 0·76 57·21*† 0·95</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Absorption (mg/7 d)</td>
<td>136·42 3·26 136·23 2·84 134·91 3·13 138·14 2·91 137·56 2·81 87·80* 2·47 76·25*† 2·45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Retention (mg/7 d)</td>
<td>11·63 2·81 19·78 4·59 17·28 4·06 20·94 4·57 34·79* 4·34 18·69 2·26 19·04 2·71</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance week 8 (n 12–14)</td>
<td>Faecal (mg/7 d)</td>
<td>163·95 9·04 166·13 4·15 170·99 5·47 153·13 6·40 165·67 8·53 206·06* 7·36 210·69*† 9·96</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urinary (mg/7 d)</td>
<td>91·50 4·80 96·12 3·53 92·03 2·52 89·46 2·77 89·89 2·93 48·92* 6·51 43·51*† 1·55</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Absorption (mg/7 d)</td>
<td>145·08 5·90 137·55 3·63 134·09 6·29 131·33 6·13 136·32 4·97 99·75* 4·20 90·09*† 3·39</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Retention (mg/7 d)</td>
<td>20·64 9·27 41·20 5·06 20·49 4·14 40·23* 6·69 33·50 8·87 41·87 10·45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance week 16 (n 6–7)</td>
<td>Faecal (mg/7 d)</td>
<td>155·92 5·90 163·45 3·63 166·92 6·29 169·67 6·13 164·68 4·97 201·25* 4·20 210·91*† 3·39</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urinary (mg/7 d)</td>
<td>137·55 3·63 134·09 6·29 131·33 6·13 136·32 4·97 99·75* 4·20 90·09*† 3·39</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Absorption (mg/7 d)</td>
<td>41·43 5·84 42·06 4·43 41·87 7·93 46·44 6·75 50·83 10·27 46·58 3·53</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mean values (by ANOVA) were significantly different (P < 0·05): *different from G2; †different from G4; ‡different from G6. §For details of diets and procedures, see Table 2 and p. 366.
after 4 and 8 weeks and significantly higher after 16 weeks (Table 3). The Ca contents of femora and lumbar vertebrae were significantly higher (Fig. 4, G7 v. G6). The preservation of femur Ca occurred mainly within the first 8 weeks and, to a smaller extent, thereafter, while in lumbar vertebrae the preservation was moderate but persistent (results not shown). When dietary Ca was raised from 5 to 10 g/kg in the absence of oligofructose (G6 v. G2), apparent Ca absorption and retention were higher after 8 and 16 weeks (Table 3), but this was not associated with respective changes in bone mineral. However, if the increase in dietary Ca occurred in the presence of oligofructose (G7 v. G4), apparent Ca absorption and retention were stimulated persistently, but most at weeks 8 and 16 (Table 3). A greater Ca content was observed in lumbar vertebrae (Fig. 4).

When the diet contained 10 g Ca/kg, the exchange of starch for oligofructose raised Tb.Ar/T.Ar and Tb.Pm significantly (Fig. 5(a) and (c), G7 v. G6). Both were due to significantly higher Tb.N (Fig. 5(b)) with similar or smaller size, since Tb.Th was slightly lower (Fig. 5(d)). There was a tendency for thicker corticalis (Fig. 5(f), P=0.08) and higher trabecular connectivity (Fig. 5(e), P=0.07).

When dietary Ca was increased from 5 to 10 g/kg in the absence of oligofructose (G6 v. G2), Tb.Ar/T.Ar was higher in spite of lower Tb.N, due to thicker trabecules (Fig. 5(a), (b) and (d)). However, if dietary Ca was increased in the presence of oligofructose (G7 v. G4), Tb.Ar/T.Ar was higher due to thicker trabecules (Fig. 5(a) and (d)), but without reduction in Tb.N (Fig. 5(b)). Only the diet containing a moderate dose of oligofructose and a high level of dietary Ca prevented loss of connectivity significantly (Fig. 5(e)), increased cortical bone thickness (Fig. 5(f)) and anisotropy with 1.93 (SEM 0.08) compared with G2 with 1.67 (SEM 0.07).
Effects of time

In ovariectomized rats, the femur Ca content was significantly lower after 16 weeks (n 42), at 85·20 (SEM 0·96) mg compared with 90·11 (SEM 0·96) mg at 8 weeks (n 42; P, 0·001). This effect was mainly due to changes in G2, G4, and G7. No decrease was observed in sham-operated animals. The femur P content was significantly lower in ovariectomized rats after 16 weeks, at 36·64 (SEM 0·20) mg, compared with 41·43 (SEM 0·20) mg at 8 weeks (P<0·001), and this occurred in all groups. Lower values were also observed in sham-operated animals. The weights of femora increased with time from 440 (SEM 10) mg after 8 weeks to 470 (SEM 10) mg after 16 weeks (P<0·05), indicating higher values for non-mineralised organic matter with time, since there was no time-dependent

Fig. 5. Effect of a low, a medium and a high dose of oligofructose with the recommended level of dietary Ca or a medium dose of oligofructose with a high level of dietary Ca on (a), trabecular bone area as the percentage of bone tissue area (Tb.Ar/T.Ar); (b), trabecular number (Tb.N); (c), trabecular perimeter (Tb.Pm); (d), trabecular thickness (Tb.Th); (e), trabecular connectivity (TBPf); (f), cortical thickness (C.Th) in ovariectomized rats. Least-squares means and pooled SEM of all animals (8 weeks and 16 weeks on diets) were obtained by multifactorial ANOVA. The experimental groups were fed semi-purified diets with 5 g Ca/kg (recommended level) without oligofructose (G1 and G2), or with 25 g/kg (G3), 50 g/kg (G4) or 100 g oligofructose/kg (G5), or 10 g Ca/kg (high) either without oligofructose (G6) or with 50 g oligofructose/kg (G7). G1 animals were sham-operated, and G2–G7 were ovariectomized. Mean values were significantly different (P<0·05): *different from G2; †different from G4; ‡different from G6.
change of DM (results not shown). In contrast, no change occurred in Ca or P content of lumbar vertebrae, but weight decreased, from 270 (SEM 4) mg after 8 weeks to 240 (SEM 4) mg after 16 weeks, indicating higher mineral density in lumbar vertebrae with time.

In ovariectomized rats (mean ± pooled SEM, n 42), some parameters of bone structure were significantly lower after 16 weeks compared with 8 weeks. This was true for Tb.Ar/T.Ar (8-76 v. 11-17 (SEM 0-54) %; P<0-001), Tb.N (42-50 v. 56-71 (SEM 2-44), P<0-01), and Tb.Pm (33-51 v. 45-51 (SEM 1-92) mm, P<0-001). Tb.Th became significantly higher with time (61-70 v. 57-46 (SEM 1-32) μm; P<0-05).

Discussion

It is known from fluoride and bisphosphonate therapy that bone mineral content or bone density does not always correlate well with bone stability or fracture risk (Cummings et al. 1996; Meunier, 1996; Turner, 1996). Parameters other than density, particularly trabecular structure, may reflect bone quality or stability in a more valuable way (Kapadia et al. 1998). Therefore, we investigated the short- and long-term effects of low, medium, and high doses of oligofructose at the recommended level of dietary Ca, and of a medium dose of oligofructose in the presence of a high level of dietary Ca on Ca and P balances, and on bone mineralization, with the emphasis on trabecular structure and architecture.

Methods: animal model, effect of ovariectomy, microradiography and histomorphometry

In the present study, the lower femur Ca content in ovariectomized compared with sham-operated animals was not significant, presumably because cortical and trabecular bone are ashed and analysed together. However, the main changes following oestrogen deficiency occur at skeletal sites with high rates of bone turnover, i.e. in the trabecular bone (Gallagher, 1996). In young rats, trabecular bone metabolism is characterised predominantly by modelling, i.e. bone volume is still increasing. This process is parallel with that of ovariectomy-induced loss of bone mineral, making the interpretation of results more difficult than from adult rats, as they were used in the present study.

Ca retention was not significantly lower following ovariectomy, indicating a lack of sensitivity of the metabolic balance to the small effects of oestrogen deficiency in adult rats. Reports on the effect of ovariectomy on Ca absorption are equivocal (Thomas et al. 1988; O’Loughlin & Morris, 1994; Gaumet et al. 1997), depending on the study design. In general, a significant loss of cancellous bone area is associated with a loss of Tb.N in ovariectomized rats (Kimmel, 1996; Kapadia et al. 1998). In some cases, loss of bone area was not significant (Kalu & Orhii, 1998). In the present experiment, ovariectomized rats had 33 %, but non-significantly, lower trabecular area (Tb.Ar/T.Ar) after 8 weeks and 19 %, significantly, lower trabecular area after 16 weeks compared with sham-operated rats, demonstrating that the dietary intervention in this experiment was done in an animal model with ovariectomy-induced loss of trabecular bone.

Ballock et al. (1999) reported a decrease of bone area of similar magnitude (about 35 %) for aged rats 8 weeks after ovariectomy, using the standard histomorphometry after van Kossa staining. We conclude that microradiography and histomorphometry is a valid method to detect ovariectomy-induced oestrogen deficiency. The loss of bone area was the result of decreased Tb.N at constant thickness (Ballock et al. 1999). The decrease in trabecular area after ovariectomy we observed was associated with significantly lower trabecular connectivity (higher TBPF) and of Tb.Pm as a result of slightly, but not significantly, lower Tb.N and Tb.Th (Fig. 5). The reason for the equivocal results of different experiments may be due to differences in study protocol, like strain and the age of rats (Kimmel, 1996), time post ovariectomy (Abe et al. 1999), or skeletal site studied (Kimmel, 1996; Baldock et al. 1999). Cortical thickness was not affected by ovariectomy, which is in accord with observations made by Peng et al. (1999). It is assumed that in ovariectomized rats, mineral apposition rate and bone formation rate are increased compared with the rates in sham-operated rats, thus preventing a loss of cortical bone (Peng et al. 1999).

Effect of oligofructose at the recommended level of dietary calcium on mineral balance and bone mineral

In contrast to young growing rats (Ohta et al. 1994b), 50 g oligofructose/kg diet given with the recommended level of dietary Ca was too low a dose to stimulate apparent Ca absorption or retention in the adult ovariectomized rats used in the present experiment. Only the highest dose of oligofructose stimulated Ca retention. This effect became significant after 8 weeks in spite of higher urinary Ca, and persisted long enough to prevent the loss of Ca content in the appendicular skeleton. (Fig. 4). The better responsiveness of young, compared with aged rats may be explained by decreased intestinal and renal functions, known to be associated with ageing in the rat (Armbrecht et al. 1980; Gaumet et al. 1997), and by additional effects on mineral retention by increases in bone mass during growth. Urinary Ca increased with increasing dose of oligofructose, due to the higher apparent Ca absorption and not to increased bone resorption, as indicated by Ca balance (Table 3), femur Ca content (Fig. 4), and tibia Tb.Ar/T.Ar (Fig. 5). The lower sensitivity of metabolic Ca balance compared with bone mineral content is presumably due to the small daily effect of Ca retention compared with a prominent cumulative effect in bone over weeks. Oligofructose did not affect apparent P absorption, confirming results obtained in young rats after 1 or 3 weeks (Ohta et al. 1994a). The depression of urinary P on the highest dose of oligofructose lasted long enough to prevent the loss of P from the femur.

Effect of oligofructose at the recommended level of calcium on bone structure

To our knowledge, this is the first report on the long-term effect of oligofructose on parameters of bone architecture
in the adult ovariectomized rat, and therefore a wide variation of oligofructose was tested, although 10% of oligofructose might be high for human nutrition. We observed that ovariectomy-induced loss of Tb.Ar/T.Ar was prevented by oligofructose at the recommended levels of dietary Ca, and was most prominent at high doses (Fig. 5(a)), confirming the results of the Ca balance, and the Ca and P content of femur. With respect to bone area and Tb.Th, it might be concluded that 25 g oligofructose/kg is a sufficient level to prevent loss of trabecular bone.

Effects of oligofructose at a high level of dietary calcium on mineral balance and bone mineral

In contrast to the small effect of a medium dose of oligofructose on bone Ca at the recommended level of dietary Ca, bone Ca was increased significantly by oligofructose with a high level of dietary Ca. Similar observations have been reported by others (Rémesy et al. 1993; Chonan & Watanuki, 1996). The moderate, although non-significant, effect of oligofructose on Ca retention was high enough and sufficiently persistent to reduce bone loss in the axial and appendicular skeleton (Fig. 4). Furthermore, we observed significantly higher femur Ca after 8 weeks and Ca in lumbar vertebrae after 16 weeks if dietary Ca was increased, but only in the presence of oligofructose. These results indicate that in adult oestrogen-deficient rats, a medium level of oligofructose was more effective if the dietary Ca level was high, and higher levels of oligofructose are needed for comparable results with diets providing the recommended level of Ca.

Effect of oligofructose at high levels of calcium on bone structure

Increasing the level of dietary Ca in the absence of oligofructose caused greater trabecular area, due to fewer but broadly thicker trabecules. When a medium dose of oligofructose was added to the high-Ca diet, trabecular area and perimeter were increased further to the highest level of all groups, due to a greater number of trabecules. Increasing dietary Ca in the presence of a medium dose of oligofructose caused the greatest trabecular area of all groups with thicker trabecules but similar number compared with rats given a moderate dose of oligofructose with the recommended level of dietary Ca. Only with a combined intake of moderate oligofructose and high Ca (G7), were cortical thickness and anisotropy higher, and loss of connectivity (Fig. 5(e)) lower, compared with those seen with the recommended level of Ca without oligofructose (G2) or, for cortical thickness, with a medium dose of oligofructose (G4). Trabecular connectivity was found earlier to correlate with other variables of bone architecture (Croucher et al. 1996) and therefore may prove to be a good predictor of trabecular perforation, which was indicated as being lowest in G7. Thus, prevention of ovariectomy-induced loss of bone area was obviously associated with different bone architecture, depending on whether bone loss was prevented by increasing dietary Ca, by incorporation of oligofructose, or by both.

Mechanisms

The speed of feed consumption was not different between groups and thus cannot explain the differences in bone structure in the presence or in the absence of oligofructose. Microradiography-based histomorphometry of trabecular bone detects mineralised bone tissue with great sensitivity. Mineralised bone tissue reflects the combined effect of ‘bulk’ mineral incorporation and accumulation (like Ca, P and, to some extent, Mg) into bone matrix and of functional properties of trace minerals in the matrix and thus structure formation. Zn, Mn and Cu are essential metallic cofactors of enzymes involved in the synthesis of various bone matrix constituents and the cross-linking of collagen (Heaney, 1996). Absorption of Zn and Cu was stimulated by the β(2-1) type fructans (Delzenne et al. 1995; Lopez et al. 2000). This may explain the different bone architecture gained after increasing solely Ca, after adding oligofructose, or both. Increasing the level of dietary Ca delivers ‘bulk mineral’ but can impair trace mineral absorption (Wood & Zheng, 1997). Oligofructose may counteract this negative effect, especially in diets with high levels of Ca. Consequently, low concentrations of oligofructose can affect trabecular architecture significantly, while the effect on total bone mineral is borderline and even smaller on Ca balance.

The potential of fructo-oligosaccharides to stimulate bone mineralization or to preserve bone mineral content is due to increased apparent Ca absorption, and might be favoured if solubility of Ca is limited, as at a high dietary concentration (Brommage et al. 1993). The underlying mechanism was described in detail elsewhere (Scholz-Ahrens et al. 2001, 2002). In brief, under these conditions, a higher proportion of insoluble Ca would reach the colon. Fructo-oligosaccharides, such as oligofructose, are fermented in the caecum and colon to short-chain fatty acids with a consequent luminal acidification (Roberfroid et al. 1998). At lower pH, the solubility of Ca is higher and therefore its absorption is facilitated (Levrat et al. 1991). Limitation of solubility may explain the effect of oligofructose on bone Ca in rats on low levels of dietary Ca (0·3 %) if rats were gastrectomized (Ohta et al. 1998b). Gastrectomy depresses gastric acid production and thus solubility of Ca.

Fructo-oligosaccharides are known to increase caecal and colonic weight, villus height and the number of mucosal cells (Levrat et al. 1991; Rémesy et al. 1993; Campbell et al. 1997), and thus resorptive surface, probably by direct stimulation through short-chain fatty acids, especially butyrate. The production in the caecum of butyrate, a favoured candidate to stimulate colonic epithelial cell proliferation (Lupton & Kurtz, 1993), was persistently higher after 27 weeks on oligofructose (Le Blay et al. 1999). A direct effect of short-chain fatty acids on colonic Ca absorption was observed (Trinidad et al. 1993). Calcium acetate and propionate pass across cell membranes even more readily than ionised Ca alone (Trinidad et al. 1996). Moreover, an increased expression of mucosal Ca-binding protein (calbindin-D9k) in the large intestine may be involved (Ohta et al. 1998a).

We conclude that supplementing diets with oligofructose increases bone mineral and impedes ovariectomy-induced bone loss of bone area was obviously associated with different bone architecture, depending on whether bone loss was prevented by increasing dietary Ca, by incorporation of oligofructose, or by both.
loss of bone structure due to stimulated apparent absorption of macro and micro minerals and thus may help to improve bone health in periods with high demands, such as after menopause, when bone loss occurs following oestrogen deficiency.

Acknowledgements

Part of this work was performed in the laboratory of Professor Dr F. Harle, Department of Oral and Maxillofacial Surgery, Kiel University Hospital, Germany. We thank Mrs K. Gonda, Mrs M. Hermann, Mrs S. Kaschner, Mrs E. Köpke, and Mrs A. Westphal for excellent analytical assistance, and J. Kunze and H. Fischer for expert animal care. We are grateful to Professor Dr E. Bruns, Institute of Animal Breeding and Animal Genetics, University of Göttingen, for professional advice. This work was supported by ORAFTI, Tienen, Belgium.

References


