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## Serum 25-hydroxyvitamin D status and anaerobic performance in female collegiate basketball players

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# *Serum 25-Hydroxyvitamin D Status and Anaerobic Performance in Female Collegiate Basketball Players*

COLLEGE OF  
Saint Benedict



Saint John's  
UNIVERSITY

**Primary Investigator:** Anna Krieger  
**Co-Investigators:** Amy Olson, PhD, RD,  
LD and Mani Campos, PhD



# Vitamin D and Athletes

- Optimal serum 25(OH)D concentration is *at least* **75 nmol/L**<sup>1</sup>
- **Mean 25(OH)D level for U.S. population**<sup>2</sup>: 56 nmol/L
  - *Do all ages/populations demonstrate low vitamin D statuses?*
- **Study in urban Boston hospital**<sup>3</sup>:
  - 42% of adolescents examined had vitamin D deficiency
- **Deficiency rates in athletes:**
  - Gymnasts (83%)<sup>4</sup>
  - Collegiate athletes (63%)<sup>5</sup>
  - Basketball players (94%)<sup>4</sup>

*Does this matter?*



# Personal Study Purpose

## Three-Fold

- *Examine relationship between vitamin D status and anaerobic performance*
- *Determine if the temporary deficiency that occurs during the late fall and winter months is associated with decreased anaerobic performance*
- *Examine the efficacy of 2000 IU vitamin D<sub>3</sub> daily supplementation to maintain and/or improve vitamin D status in female young adults*

# Vitamin D: The Basics

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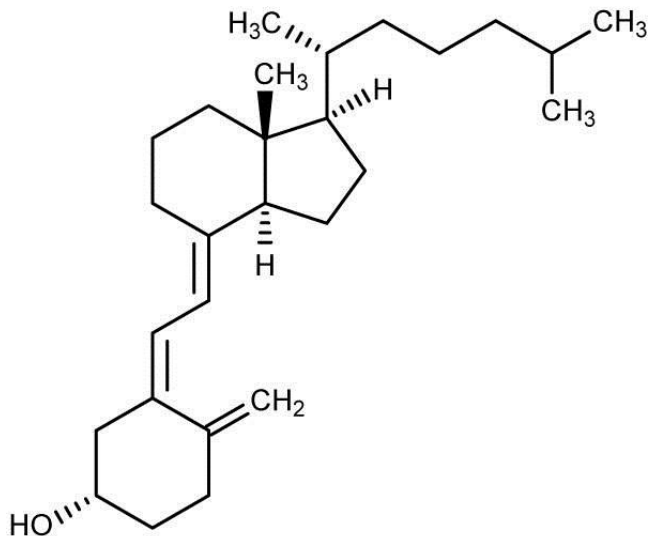
First scientific description of a vitamin D-deficiency (rickets)<sup>6</sup>

Early 1900's – Mid-1990's

“First Wave” of Vitamin D Awareness<sup>7</sup>

Mid-1990's - Present

“Second Wave” of Vitamin D Awareness<sup>7</sup>



**Figure 1.** Vitamin D<sub>3</sub> structure (1930s, Windaus)<sup>7</sup>

## Classical Actions<sup>6</sup>:

Intestinal Ca<sup>2+</sup> absorption  
Bone metabolism  
Parathyroid function

## Non-Classical Actions<sup>8</sup>:

Immune function/disease  
Heart/vascular function  
Pregnancy/lactation  
Obesity  
Cancer  
Muscle function  
Cognitive function

# Vitamin D and Athletes

- Low levels of vitamin D in athletes → decreased muscle strength and increased risk of bone and muscle injuries<sup>9</sup>

**Table 1.** Comparison of vitamin D sufficiency rates throughout year

Population	Latitude	Summer period	Winter period
Polish professional soccer players <sup>9</sup>	51 ° N	50%	16.7%
College athletes <sup>10</sup>	41.3 ° N	75.6%	15.20%
Spanish soccer players <sup>11</sup>	37 ° N	93%	36%




← 37 ° N




# Vitamin D and Athletic Performance

- Higher serum 25(OH)D concentrations are associated with greater muscle strength and athletic performance in some<sup>12,13,14</sup>, but not all studies<sup>14,15</sup>:

 — **Post-menarchal girls:** positive relationship between vitamin D and jump velocity, jump height, power, and force<sup>12</sup>

— **Healthy men and women:** Vitamin D was significantly associated with arm and leg muscle strength when controlling for age and gender<sup>13</sup>

 — **English professional soccer players:** significant change in 10 m sprint times and vertical jump, but no significant change in 30 m sprint times or Illinois agility run<sup>14</sup>

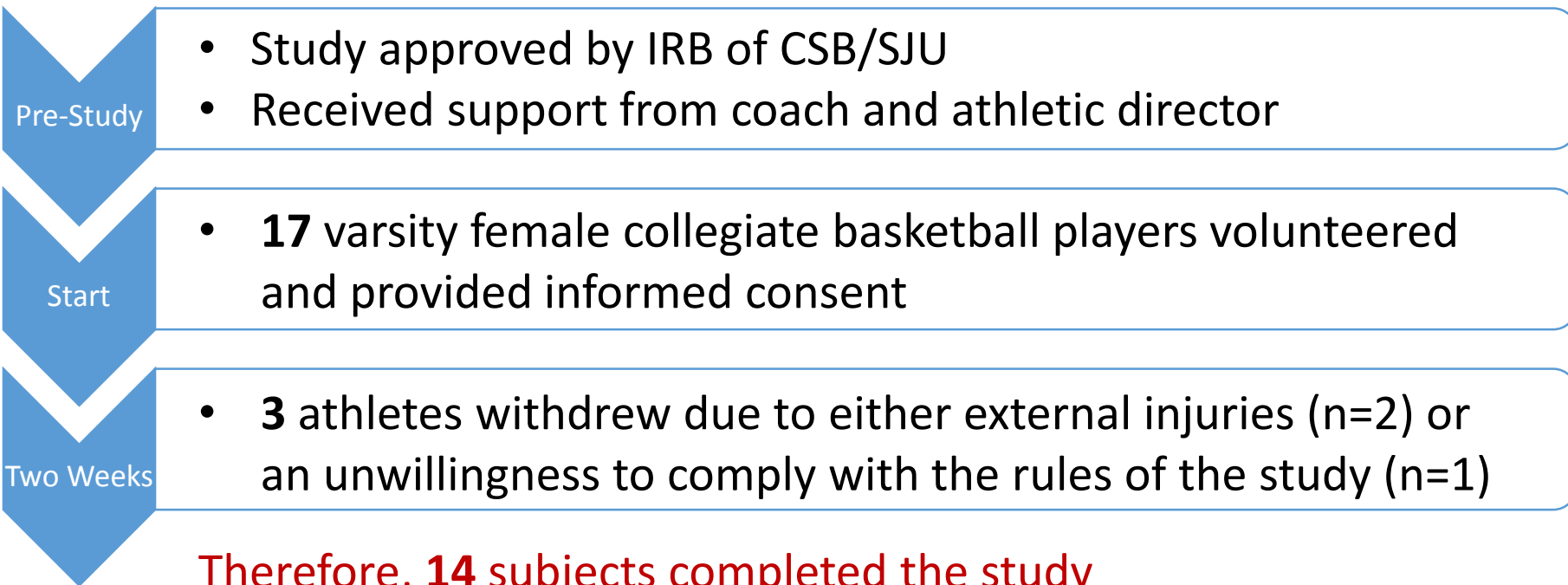
 — **Club-level athletes:** increases in serum 25(OH)D had no significant effect on the physical anaerobic tests<sup>15</sup>



# *PERSONAL STUDY*



# Who were the subjects?



**Table 2.** Descriptive characteristics at baseline (mean  $\pm$  SD)

Supplement group	Age (yr)	Weight (kg)	Serum 25(OH)D (nmol/L)
Placebo (n=7)	20.3 $\pm$ 1.4	72.2 $\pm$ 4.4	67.9 $\pm$ 24.2
2000 IU vitamin D <sub>3</sub> (n=7)	18.7 $\pm$ 1.1	70.4 $\pm$ 9.3	66.9 $\pm$ 26.5

# Research Design

- Double-blind, placebo-controlled study
- Participants were randomly assigned to their respective supplement group

**Baseline**  
(i.e. October)

- Health questionnaire
- Blood collection
- Anaerobic performance tests

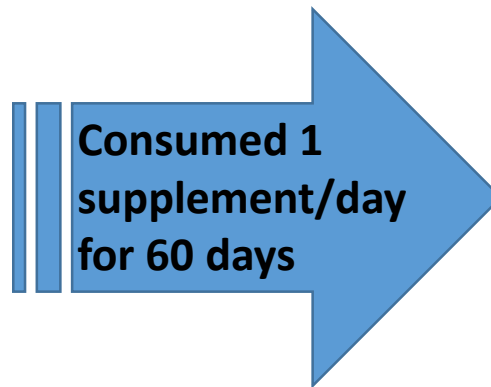


**100 IU**  
**vitamin E**  
(placebo)  
(n=7)



**2000 IU**  
**vitamin D<sub>3</sub>**  
(n=7)

**Supplementation**  
**Period**



**Final**  
(i.e. December)

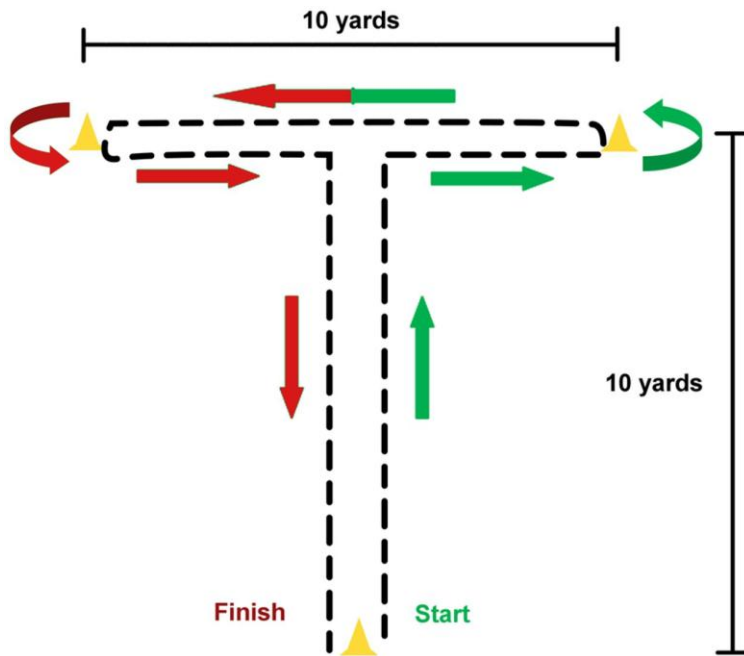
- Health questionnaire
- Blood collection and analysis (ELISA)
- Anaerobic performance tests

**\* Statistical analysis performed using  
SPSS and paired t-tests**

# Anaerobic Tests

- Identical protocols were followed during baseline and final testing sessions

## SPEED/AGILITY



**Figure 2.** T drill agility test

## VERTICAL JUMP



**Figure 3.** Just Jump electronic jump mat

- 2 measurements/test, taken 5 minutes apart → best result used for analysis

## *Assessment of Serum-Hydroxyvitamin D Status*

- Baseline and final resting finger capillaries were collected from each participant
- Serum 25[OH]D quantification was analyzed using an ALPCO 25[OH]D ELISA assay
- Vitamin D status was defined in accordance with the Endocrine Society guidelines

**Table 3. Endocrine Society vitamin D concentration classifications**

Serum 25(OH)D (nmol/L)	Status
< 50	Deficient
50-75	Insufficient
75-125	Optimal

# What were the baseline and final serum total 25(OH)D concentrations?

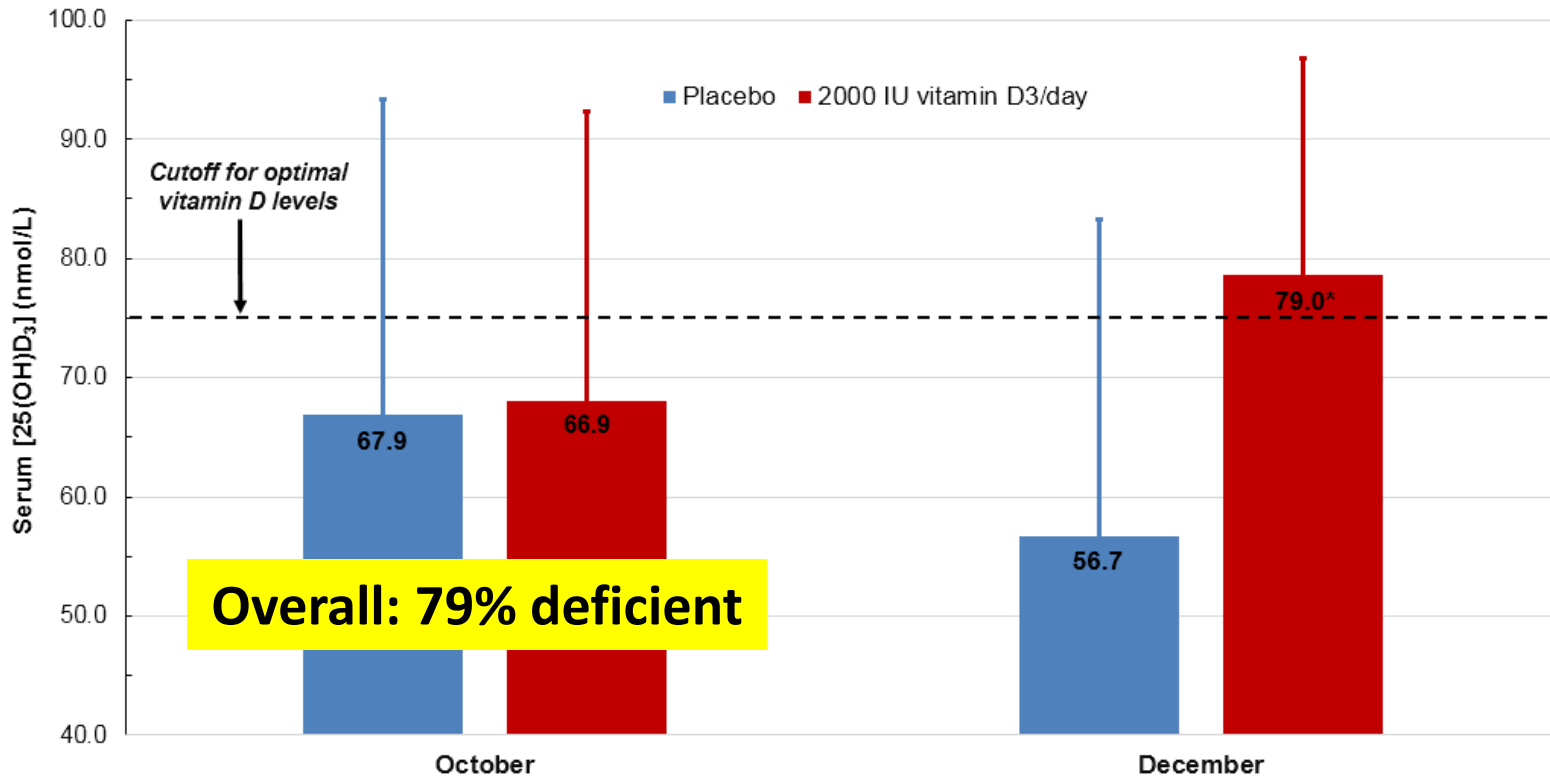
**Table 4.** Serum vitamin D<sub>3</sub> status changes over 60 day supplementation period (mean ±SD)

	Placebo (n=7)	2000 IU vitamin D <sub>3</sub> (n=7)
<b>25(OH)D<sub>3</sub> (nmol/L)</b>		
Pre-supplementation	66.9 ± 26.5	67.9 ± 24.2
Post-supplementation	56.7 ± 26.5	79.0 ± 18.2*
<b>Vitamin D Sufficient (%)</b>		
Pre-supplementation	42.9	14.3
Post-supplementation	42.9	57.1*

\*  $p < 0.05$



# What were the baseline and final serum total 25(OH)D concentrations?



\*  $p < 0.05$

**Figure 4.** Changes in serum 25(OH)D<sub>3</sub> (nmol/L) following 60-day supplementation

# *Did these post-supplementation changes in vitamin D status affect anaerobic performance?*

**Table 4.** Anaerobic performance changes over 60 day supplementation period (mean  $\pm$ SD)

	Placebo (n=7)	2000 IU vitamin D <sub>3</sub> (n=7)
<b>T Drill Agility Test (s)</b>		
Pre-supplementation	11.3 $\pm$ 0.7	11.6 $\pm$ 1.1
Post-supplementation	11.4 $\pm$ 0.3	11.1 $\pm$ 0.6
<b>Vertical Jump (cm)</b>		
Pre-supplementation	47.3 $\pm$ 6.7	47.8 $\pm$ 6.6
Post-supplementation	48.2 $\pm$ 6.2	48.8 $\pm$ 6.2

***There were no changes in any of the performance tests over the 60 day supplementation period.***

# Why were so many participants vitamin D insufficient/deficient at baseline?

- **Causes can be multifactorial:**

- Low UVB exposure
- Low dietary and supplemental intake of vitamin D
  - ✓ Only 14% (n=2) reported taking a daily vitamin D supplement prior to study
  - ✓ Health questionnaire revealed low intakes of vitamin D-rich foods (i.e. milk, fatty fish)

Are you currently taking a supplement that contains vitamin D?

Yes  No  I don't know

How often do you use a tanning bed?

3+ times/week  1-2 times/week

1-3 times/month  Never

How many glasses of milk do you consume per day?

3+ glasses  2-3 glasses  1 glass

<1 glass  I don't drink milk

How often do you eat "fatty fish" (e.g. salmon, tuna, etc.)?

3+ times/week  1-2 times/week

1-3 times/month  I don't eat "fatty fish"

**Figure 5.** Questions taken from baseline health questionnaire

# *Chronic vs. acute vitamin D deficiency effects: does the temporary dip matter?*

- **Threshold effect:**
  - ✓ Lower baseline concentrations result in a greater magnitude of response to vitamin D supplementation<sup>15</sup>
- **The “optimal cutoff” of 75 nmol/L may not be enough for enhanced anaerobic effects:**
  - ✓ The response curve one tissue to a given extracellular signal (i.e. hormone) differs from another<sup>16</sup>
  - ✓ Implies that the optimal 25(OH)D concentration for a perceptible physiological response in one tissue may not be optimal for another
  - ✓ A higher serum total 25(OH)D concentration may be necessary in skeletal muscle
    - Heaney & Holick proposed the range of **120-225 nmol/L** for skeletal muscle<sup>17</sup>

## *Was compliance a factor?*

- Yes
  - ✓ Greatest challenge of study

**Table 4.** Results of final participant questionnaire

Frequency of supplement use	Percentage of participants
5-7 days/week	64% (n=9)
3-5 days/week	29% (n=4)
1-3 days/week	7% (n=1)



## *Other limitations to the study?*

- **Small sample size**
- **Limited number of anaerobic tests**
  - ✓ Additional tests
    - Maximum strength tests (e.g. 1-RM measurements)<sup>12</sup>
    - Short sprints (e.g. 10 m sprint)<sup>11</sup>
  - **Did not monitor changes in training and physical activity**
    - ✓ Training effects and changes in fitness levels throughout the supplementation period may have affected performance tests

## *Next steps: future research*

- **Repeat study with added changes:**
  - ✓ *Incorporate methods to increase compliance*
  - ✓ *Monitor immune health*
    - Vitamin D affects immunity, which in turn affects athletes and their performance<sup>18</sup>
- **Need for randomized controlled trials that examine:**
  - ✓ *Optimal vitamin D levels for peak athletic performance*
  - ✓ *Effects of chronic vs. acute vitamin D deficiencies*



# Take-away messages

- 2000 IU vitamin D<sub>3</sub>/daily over a 60-day period increased serum 25(OH)D<sub>3</sub> to optimal levels
- ✓ The elevated vitamin D status did not improve our chosen measures of anaerobic performance in collegiate female basketball players

May indicate that a chronic deficiency of vitamin D or a more severe deficiency is needed to adversely affect muscle function





*QUESTIONS?*



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# Baseline Questionnaire

ID Number \_\_\_\_\_

Date \_\_\_\_\_

Age \_\_\_\_\_

**Are you currently taking any dietary supplements?**

Yes       No

**If yes, please provide names of supplements (if known):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If yes, how often do you take the supplements?**

Daily       3-5 times/week

1 time/week     <1 time/week

**Are you currently taking a supplement that contains vitamin D?**

Yes       No       I don't know

**If yes, do you know the amount of vitamin D are you taking?**

Yes \_\_\_\_\_ I.U.       I don't know

**Do you wear sunscreen on a daily basis?**

Yes       No

**How often do you use a tanning bed?**

3+ times/week     1-2 times/week

1-3 times/month     Never

**How many glasses of milk do you consume per day?**

3+ glasses       2-3 glasses       1 glass

<1 glass       I don't drink milk

**How often do you eat "fatty fish" (e.g. salmon, tuna, etc.)?**

3+ times/week     1-2 times/week

1-3 times/month     I don't eat "fatty fish"

# Final Questionnaire

Last 4 Digits of Banner ID \_\_\_\_\_

**How often did you take the study's supplement?**

5-7 times/week     1-3 times/week

3-5 times/week     Never

**Did you initially take the supplement, but then stopped?**

Yes             No

**If yes, explain when and why you stopped:**

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**Are you currently taking any other vitamins/minerals?**

Yes             No

**If yes, please provide names of vitamins/minerals (if known):**

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**If yes, how often do you take the vitamins/minerals?**

Daily             3-5 times/week

1 time/week     <1 time/week

**Are you currently taking an additional supplement (i.e. one not provided by the study) that contains vitamin D?**

Yes             No             I don't know

**If yes, do you know the amount of vitamin D you are taking?**

Yes \_\_\_\_\_ I.U.             I don't know

**Do you wear sunscreen on a daily basis?**

Yes             No

**How often do you use a tanning bed?**

3+ times/week     1-2 times/week

1-3 times/month     Never

**Did you travel during the supplementation period?**

Yes             No

**If yes, where? \_\_\_\_\_**

**How many glasses of milk do you consume per day?**

3+ glasses             2-3 glasses             1 glass

<1 glass             I don't drink milk

**How often do you eat "fatty fish" (e.g. salmon, tuna)?**

3+ times/week     1-2 times/week

1-3 times/month     I don't eat "fatty fish"

# ALPCO 25(OH)D ELISA Assay

- Utilized a competitive **ELISA technique** with a selected **monoclonal antibody** recognizing 25(OH)D
- Participants' serum was incubated with a releasing reagent
- Pre-incubated solutions were then transferred to a microplate coated with 25(OH)D and the anti-25(OH)D antibody was added
- During the overnight incubation step, the 25(OH)D in the serum samples and a fixed amount of 25(OH)D bound to the microtiter well *competed* for the binding of the antibody.
- Then, a **peroxidase-conjugated antibody** was added to each microplate well → a complex of 25(OH)D-anti-25(OH)D antibody-peroxidase conjugate if formed
- **Tetramethylbenzidine (TMB)** was used as a peroxidase substrate
- Finally, an acidic stop solution was added to terminate the reaction, whereby the color changes from blue to yellow.
  - ✓ *The intensity of the yellow color was inversely proportional to the concentration of 25(OH)D*

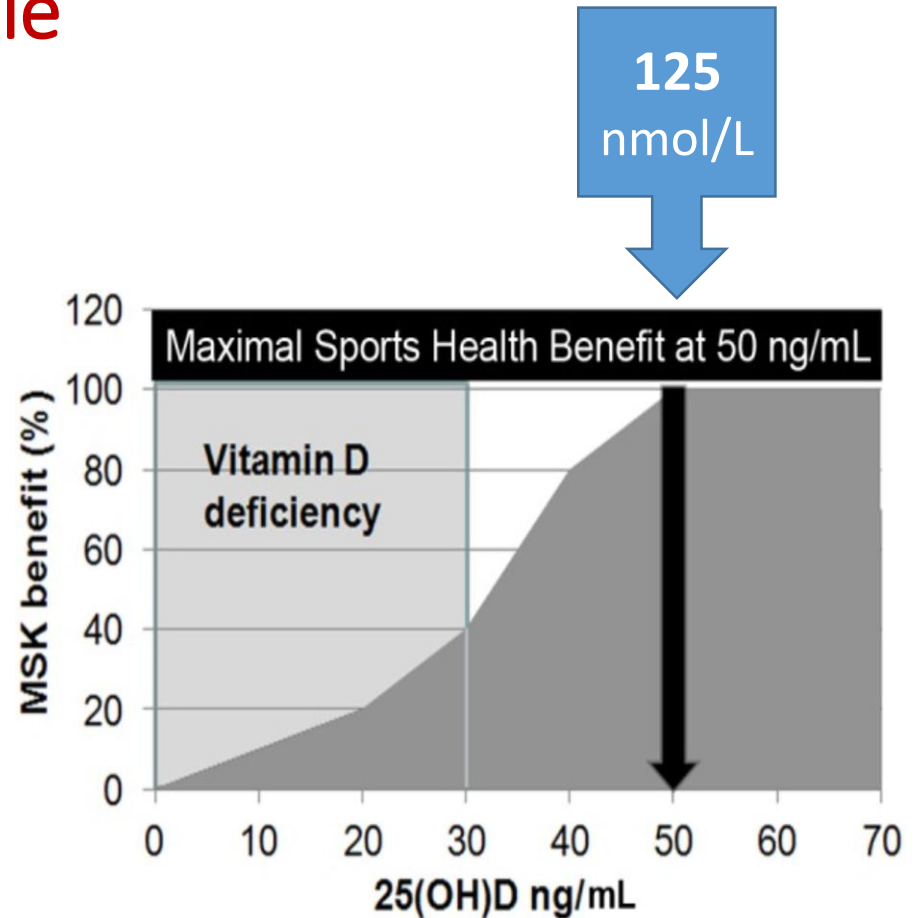
# Vertical jump and agility T-test descriptive data

<b>Group</b>	<b>Agility T Test (s)</b>	<b>Vertical Jump (in)</b>
College basketball players (women)	9.0	21
Competitive college athletes (women)	10.8	16-18.5
Sedentary college students (women)	13.5	8-14

\*The values listed are either means or 50<sup>th</sup> percentile (medians).

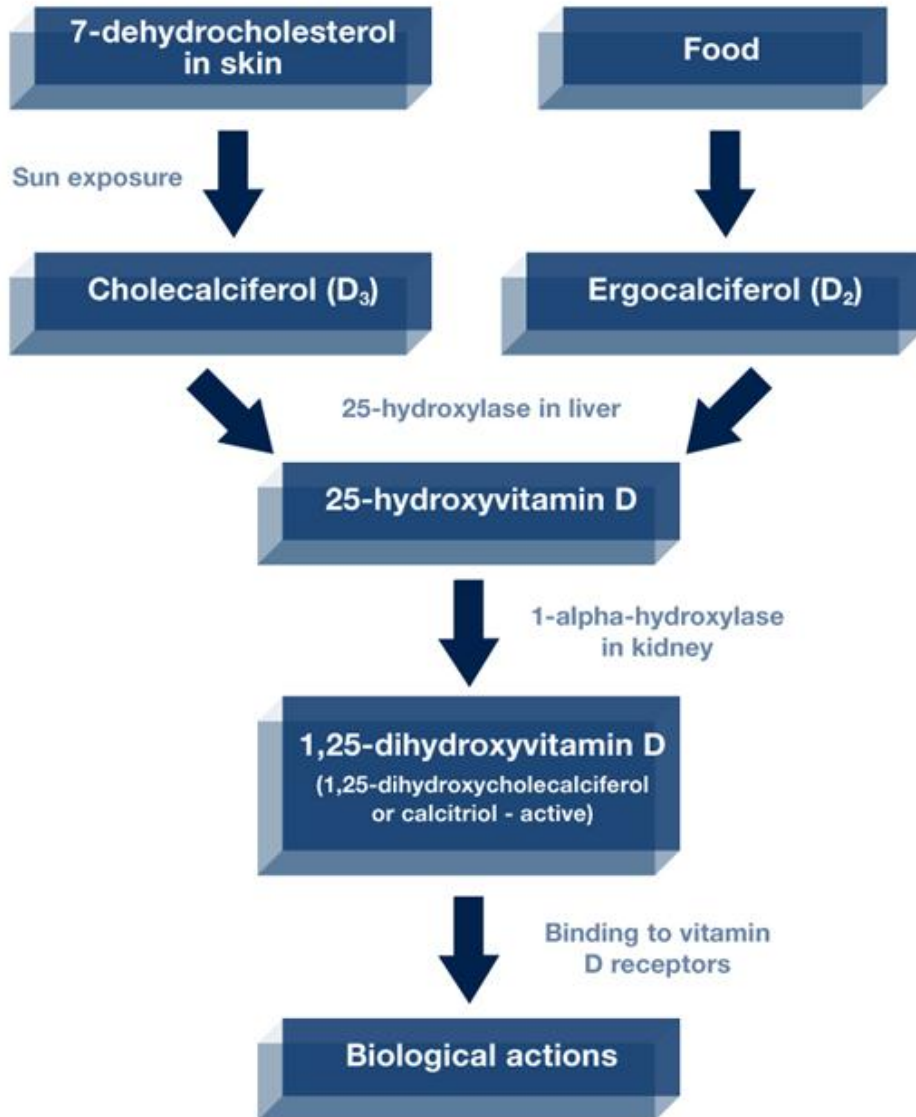
# Role of Vitamin D in Muscle

- Upon activation to 1,25(OH)D, vitamin D-responsive gene expression in muscle is altered
- **These genes affect<sup>4</sup>:**
  - Muscle protein synthesis
  - Muscle strength
  - Muscle size
  - Reaction time
  - Balance
  - Coordination
  - Endurance



*Fig 1. An increase in the storage form of vitamin D is associated with incremental improved musculoskeletal performance<sup>4</sup>*

# Vitamin D Conversion Mechanism



# Illinois Agility Test

