The effect of high intakes of casein and casein phosphopeptide on calcium absorption in the rat

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The effect of the level or source of dietary protein or protein-derived peptides on Ca absorption is not well understood. We determined, therefore, the influence of habitual dietary casein level, meal casein and meal casein phosphopeptide (CPP) on Ca absorption in the rat. True fractional Ca absorption was investigated in male 7-week-old rats, Wistar strain, in three separate studies using a faecal ⁴⁷Sc : ⁴⁷Ca ratio method. In studies A and C, rats (n 8 per group) were fed on a purified diet containing 200 g casein/kg for 2 weeks. Rats were then given a ⁴⁷Ca-labelled meal (10 g) containing (per kg) either 0, 100, 200, or 300 g casein (study A) or 0, 100, 200, 350 or 500 g CPP (study C). In study B, rats (n 24 per group) were fed on a purified diet containing (per kg) either 200, 350 or 500 g casein for 2 weeks. Each group was then further randomized into three groups (n 8 per group) and given a ⁴⁷Ca-labelled meal (10 g of the same diet) containing (per kg) either 200, 350 or 500 g casein. Ca absorption from a meal was unaffected by increasing meal casein concentration from 0 to 300 g/kg (study A), but was increased with a meal casein content of 500 g/kg (study B). Fractional Ca absorption decreased with increasing usual dietary casein intake in the range 200–500 g/kg (study B), suggesting intestinal adaptation. Ca absorption was unaffected by inclusion of 100 g CPP/kg in a single meal but was significantly (P < 0.001) reduced by 200, 350 and 500 g CPP/kg meal, with no evident dose-relationship. Thus, while Ca absorption was enhanced by high-casein meals, the mechanism remains unclear.

Calcium absorption: Casein: Casein phosphopeptide

The effect of the level or source of dietary protein or protein-derived peptides on Ca absorption is not well understood. We determined, therefore, the influence of habitual dietary casein level, meal casein and meal casein phosphopeptide (CPP) on Ca absorption in the rat. True fractional Ca absorption was investigated in male 7-week-old rats, Wistar strain, in three separate studies using a faecal ⁴⁷Sc : ⁴⁷Ca ratio method. In studies A and C, rats (n 8 per group) were fed on a purified diet containing 200 g casein/kg for 2 weeks. Rats were then given a ⁴⁷Ca-labelled meal (10 g) containing (per kg) either 0, 100, 200, or 300 g casein (study A) or 0, 100, 200, 350 or 500 g CPP (study C). In study B, rats (n 24 per group) were fed on a purified diet containing (per kg) either 200, 350 or 500 g casein for 2 weeks. Each group was then further randomized into three groups (n 8 per group) and given a ⁴⁷Ca-labelled meal (10 g of the same diet) containing (per kg) either 200, 350 or 500 g casein. Ca absorption from a meal was unaffected by increasing meal casein concentration from 0 to 300 g/kg (study A), but was increased with a meal casein content of 500 g/kg (study B). Fractional Ca absorption decreased with increasing usual dietary casein intake in the range 200–500 g/kg (study B), suggesting intestinal adaptation. Ca absorption was unaffected by inclusion of 100 g CPP/kg in a single meal but was significantly (P < 0.001) reduced by 200, 350 and 500 g CPP/kg meal, with no evident dose-relationship. Thus, while Ca absorption was enhanced by high-casein meals, the mechanism remains unclear.

Calcium absorption: Casein: Casein phosphopeptide

The early work of Mellander and colleagues demonstrated that, in the absence of vitamin D, casein phosphopeptides (CPP) derived from the intestinal digestion of casein enhanced bone calcification in rachitic children (Mellander, 1950) and chicks (Mellander & Olsson, 1956). CPP have also been shown to have beneficial effects on bone in rats (Lee et al. 1992; Tsuchita et al. 1993, 1996). Such CPP have the capacity to chelate Ca and to prevent the precipitation of Ca phosphate salts (Berrocal et al. 1989), thereby increasing the amount of soluble intraluminal Ca available for absorption across the mucosa (Kitts & Yuan, 1992). Although the
influence of CPP on Ca absorption in the rat and chick intestine has been demonstrated using in situ and in vitro models (rat intestine: Lee et al. 1979, 1980; Sato et al. 1986; Nagasawa et al. 1991; Yuan & Kitts, 1991; Kitts et al. 1992; chick intestine: Mykkanen & Wasserman, 1980), studies in intact animals have produced conflicting results. Some studies have failed to find a significant enhancement in Ca absorption with the addition of CPP to the diets (in pigs: Pointillart & Guégen, 1989; in vitamin D replete minipigs: Scholz-Ahrens et al. 1990; in vitamin D replete and deficient rats: Shah et al. 1990; Brommage et al. 1991; Yuan & Kitts, 1991; Kopra et al. 1992). However, only one of these (Brommage et al. 1991) has investigated the effect of CPP on Ca absorption from a meal. Others have reported that Ca absorption in rats was enhanced by the addition of CPP to the diets (Lee et al. 1992; Tsuchita et al. 1993; Hansen et al. 1996; Saito et al. 1998) or to aqueous phytate-containing Ca solutions (Hansen et al. 1996).

Controversy also exists in terms of the effect of CPP on Ca absorption in humans. Two studies in healthy adult subjects reported no enhancement by CPP of fractional Ca absorption from single meals (Hansen et al. 1997a,b). However, it should be noted that in the study by Hansen et al. (1997b), CPP addition to a rice-based infant cereal meal significantly increased the total quantity of Ca absorbed (i.e. mg Ca). Furthermore, Heaney et al. (1994) reported that CPP administration was associated with better absorption of co-ingested Ca by postmenopausal women with low basal absorptive performance. Therefore, the effect of CPP on Ca absorption from a single meal remains unclear.

The objective of the present studies was to determine the influence of habitual dietary casein level, meal casein and meal CPP on Ca absorption in the rat.

Materials and methods

Preparation of casein phosphopeptide

Sodium caseinate (862 g protein/kg) was obtained from Dairygold Ltd, Mitchelstown, Co. Cork, Ireland. Ca determination kits and Chelex-100 were obtained from Sigma Chemical Co. Ltd, Poole, Dorset, UK. A sodium caseinate hydrolysate was prepared using bioprotease N100L (Bacillus subtilis, Batch no. S9806499, a gift from Quest International, Carragaline, Cork, Ireland) as described by McDonagh & FitzGerald (1998). CPP were enriched from hydrolysate using the Ca aggregation and ultrafiltration protocols as outlined by Brule et al. (1982). Ca determination and CPP decalcification was performed as described by McDonagh & FitzGerald (1998). The organic P content of the CPP, as measured according to International Dairy Federation (1990) provisional standard 42B, was 34.9 g/kg powder. The Na content of the CPP, measured using a flame photometric method after wet acid digestion, was 22 g/kg powder. The protein content (N equivalent) of the CPP, measured using the Kjeldahl method (International Dairy Federation, 1995), was 892 g/kg powder and the N : P value was 4:0 (for more information about the purity and composition of the CPP used in the present study see McDonagh & FitzGerald, 1998).

Preparation of Ca-labelled meals

Labelled CaCO₃ was prepared by mixing ⁴⁷Ca (as ⁴⁷CaCl₂ in NaCl (9 g/l), specific activity 7.9 GBq/g; Forskningscenter Riso, 4000 Roskilde, Denmark) with 2 m-CaCl₂, addition of a slight molar excess of Na₂CO₃ to precipitate CaCO₃, and washing the precipitate on a filter, followed by drying at 100°C. ⁴⁷Ca-labelled meals containing 5 g Ca/kg were prepared by substituting ⁴⁷Ca-labelled CaCO₃ for CaCO₃ and adding 0.1 g Sc/kg as ScCl₃ (Aldrich Chemical Co., Milwaukee, WI, USA) (as a carrier for ⁴⁷Sc) in the AIN-76 diet outlined in Table 1.

Table 1. Composition of the modified AIN-76 diet (American Institute of Nutrition, 1977)

<table>
<thead>
<tr>
<th>Ingredient*</th>
<th>Content (g/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casein</td>
<td>200.0</td>
</tr>
<tr>
<td>DL-Methionine</td>
<td>3.0</td>
</tr>
<tr>
<td>Maize starch</td>
<td>150.0</td>
</tr>
<tr>
<td>Sucrose</td>
<td>487.5</td>
</tr>
<tr>
<td>Fibre</td>
<td>50.0</td>
</tr>
<tr>
<td>Maize oil</td>
<td>50.0</td>
</tr>
<tr>
<td>AIN mineral mix†</td>
<td>35.0</td>
</tr>
<tr>
<td>AIN vitamin mix‡</td>
<td>10.0</td>
</tr>
<tr>
<td>Calcium carbonate</td>
<td>12.5</td>
</tr>
<tr>
<td>Choline bitartrate</td>
<td>2.0</td>
</tr>
</tbody>
</table>


† Contained (g/kg): potassium dihydrogen phosphate 376, dipotassium hydrogen phosphate 160, sodium chloride 74, magnesium oxide 24, manganous carbonate 3.5, ferric citrate 6, zinc carbonate 1.6, cupric carbonate 0.3, potassium iodate 0.01, sodium selenite 0.01, chromium potassium sulphate 0.55, sucrose 354.

‡ Contained (per kg): nicotinic acid 3 g, calcium pantothenate 1.6 g, riboflavin 600 mg, thiamin-HCl 600 mg, pyridoxine-HCl 700 mg, folic acid 200 µg, biotin 20 µg, cyanocobalamin 1 mg, cholecalciferol 2.5 mg, menaquinone 5.0 mg, retinyl palmitate 120 mg, DL-α tocopheryl acetate 5000 mg.

Calcium absorption studies

Three studies were carried out using male rats, 7-weeks-old, Wistar strain, which were obtained from the Biological Services Unit, University College, Cork, Ireland. In study A, thirty-two rats (average weight 201 g), were fed ad libitum on a purified diet (AIN-76) containing (g/kg): Ca as CaCO₃ 5.0, P 4.0, casein as sodium caseinate 200 (Kerrymore Milk Products Ltd., Listowel, Co. Kerry, Ireland) and given distilled water ad libitum for 14 d. Feed
was provided at 17.00 hours each day. On the fifteenth day rats were randomized by weight into four groups of eight rats each and placed in individual cages with a grid-floor and a facility for separate collection of faeces and urine. After fasting for 10 h (09.00–19.00 hours), animals were given overnight (19.00–09.00) a radiolabelled meal (10 g AIN-76 diet), containing (per kg), either 0, 100, 200, or 300 g casein as the sole protein source (in replacement of sucrose), 5 g Ca as ⁴⁷Ca-labelled CaCO₃ (0.037 MBq ⁴⁷Ca/10 g meal) and 0.2 g of the food-dye Fast Green FCF (Sigma Chemical Co. Ltd). The dye permitted easy identification of the radioactive faeces. On the following morning the radiolabelled meal was removed and any remaining feed was weighed, and after 4 h, the rats were replaced on the AIN-76 diet to which they had been adapted.

In study B, seventy-two rats (average weight 209 g) were randomized by weight into three groups of twenty-four rats each and fed ad libitum on a purified diet (AIN-76) containing (g/kg): Ca as CaCO₃ 5.0, P 4.0 and no additional or 150 or 300 g additional casein (in replacement of sucrose) (representing a total casein content of 200, 350 and 500 g/kg diet respectively), for 14 d. On the fifteenth day each group was then further randomized into three groups of eight rats each (average weight 230 g). As described for study A, the animals were placed in individual cages, fasted and given overnight a radiolabelled meal (10 g), but in this case containing (per kg), either no additional casein or 150 or 300 g additional casein (in replacement of sucrose) (representing a total casein content of 200, 350 and 500 g/kg meal respectively) and 0.2 g Fast Green FCF (Sigma Chemical Co Ltd). As in study A, on the following morning consumption of the radiolabelled meal was monitored and the animals replaced on the AIN-76 diet to which they had been adapted.

Study C was similar in design to study A, except that in this study forty-eight rats (average weight 193 g) were randomized by weight into six groups of eight rats each and fed overnight on a radiolabelled meal (10 g) consisting of either a modified casein-free AIN-76 diet, containing CPP at a level of 0, 100, 200, 350 or 500 g/kg diet as the sole protein source (in replacement of sucrose), or a control AIN-76 diet containing 200 g casein/kg, and 0.2 g Fast Green FCF (Sigma Chemical Co Ltd) per kg diet. Based on the theoretical yield of CPP from casein of approximately 100 g/kg (Kopra et al. 1992) it can be estimated that the diets containing 100, 200, 350 or 500 g CPP/kg diet, represented about two-, four-, seven- and ten-fold the CPP content of the diet containing 500 g casein/kg in study B. Furthermore, in the study of Tsuchita et al. (1996) a positive effect on bone (i.e. prevention of bone loss in aged ovariectomized rats) was observed with CPP added at a level of 125 g/kg diet. As in study A, on the following morning consumption of the radiolabelled meal was monitored and the animals replaced on the AIN-76 diet to which they had been adapted.

In all three studies Ca absorption was determined by modification of the ⁴⁷Sc: ⁴⁷Ca ratio method of Brommage & Binacua (1991) and McCredie et al. (1984). This method is based on the fact that ⁴⁷Ca decays to ⁴⁷Sc which is not absorbed by the adult rat intestine and thus acts as an inert marker for estimation of the intestinal absorption of ⁴⁷Ca. In this ⁴⁷Sc: ⁴⁷Ca ratio method, quantitative collections of green-coloured faeces were carried out daily for 3 d immediately after administration of the radiolabelled meals. ⁴⁷Ca and ⁴⁷Sc in the daily faecal samples and in radiolabelled meal samples were determined in a well γ-counter (Compugamma, LKB Wallac, LKB Instruments Ltd, South Croyden, Surrey) using energy ranges of 144–178 keV and 1144–1295 keV for ⁴⁷Sc and ⁴⁷Ca respectively. Using these counting windows neither isotope contributes to the counts for the other and complete discrimination between the isotopes is achieved.

Fractional absorption of ⁴⁷Ca was calculated using the following equation:

\[
\text{Fractional absorption} (\%) = \frac{(\text{⁴⁷Sc: ⁴⁷Ca})_{\text{faeces}} - (\text{⁴⁷Sc: ⁴⁷Ca})_{\text{meat}}}{(\text{⁴⁷Sc: ⁴⁷Ca})_{\text{faeces}} - (\text{⁴⁷Sc: ⁴⁷Ca})_{\text{meat}} + (\text{⁴⁷Sc: ⁴⁷Ca})_{\text{meat}} \times e^{-\frac{t}{t_{\frac{1}{2}}}}}
\]

where \( e^2 = e^{(\lambda - \lambda_{\text{Sc}}) \times t} \) (\( t \) is the time elapsed after initial administration of isotope (\( t=0 \)), \( \lambda = \log 2/t_{\frac{1}{2}}, t_{\frac{1}{2}} \) is the radioactive half-life of the element (for ⁴⁷Sc and ⁴⁷Ca are 3.43 and 4.53 d respectively).

In order to obtain an estimate of urinary losses of ⁴⁷Ca, complete urine collections were made for each group of animals (in study B) for each of the first 3 d after feeding the radiolabelled meal.

Endogenous loss of ⁴⁷Ca in faeces was calculated from the slope of the plot of log ⁴⁷Ca retention v. time, from day 3 to day 7 after feeding the radiolabelled meal, estimated from the loss of ⁴⁷Ca in quantitative faecal collections.

At the end of the ⁴⁷Ca absorption study (study C), all animals were killed by over-exposure to diethyl ether and femora (from the right side of each animal) were harvested, cleaned of adhering soft tissue and ⁴⁷Ca was determined.

**Statistical methods**

Data are presented as means with their standard errors. ⁴⁷Ca absorption data was subjected to one-way ANOVA (in studies A and C) with variation attributed to meal casein content and meal CPP content respectively, and to two-way ANOVA (in study B) with variation attributed to dietary casein content and meal casein content (Snedecor & Cochran, 1967). Urinary ⁴⁷Ca data (from study B) was subjected to two-way ANOVA with variation attributed to dietary casein content and meal casein content. Femur ⁴⁷Ca deposition data (from study C) was subjected to one-way ANOVA with variation attributed to meal CPP content. To follow up the ANOVA, all pairs of means were compared by the method of least significant difference (Snedecor & Cochran, 1967).

**Results**

The effect of meal casein content on fractional absorption of meal Ca is shown in Tables 2 and 3. In study A, increasing meal casein content from 0 to 300 g/kg had no effect on Ca absorption in 9-week-old male rats. Two-way ANOVA of the data (from study B) showed that fractional absorption of meal Ca was significantly affected by previous dietary casein intake and meal casein content (in the range 200–500 g/kg meal), and that the influence of one of these variables was dependent on the other, as evident by the significant two-way interaction between dietary casein and...
Mean values were significantly different from those of the AIN-76 control meal (by least significant differences): P.

AIN-76 control meal contains 200 g casein/kg diet as the sole protein source.

* For details of diets and procedures, see Table 1 and pp. 674–675.

Table 2. Effect of meal casein content on fractional absorption of $^{47}$Ca from a meal in 9-week-old rats (study A)*

<table>
<thead>
<tr>
<th>Meal casein (g/kg)</th>
<th>n</th>
<th>Mean SE</th>
<th>Measured (g Ca/kg meal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (protein-free)</td>
<td>8</td>
<td>44.1 2.5</td>
<td>0.75 1.0 0.75</td>
</tr>
<tr>
<td>100</td>
<td>8</td>
<td>42.3 2.4</td>
<td>0.75 1.0 0.75</td>
</tr>
<tr>
<td>200</td>
<td>8</td>
<td>43.5 3.4</td>
<td>1.00 2.00 1.00</td>
</tr>
<tr>
<td>300</td>
<td>8</td>
<td>47.8 1.7</td>
<td>1.50 2.50 1.50</td>
</tr>
</tbody>
</table>

ANOVA (one-way); P value 0.47

* For details of diets and procedures, see Table 1 and pp. 674–675.

Table 3. Effect of dietary casein intake and meal casein content on fractional $^{47}$Ca absorption and urinary $^{47}$Ca loss in 9-week-old rats (study B)*

<table>
<thead>
<tr>
<th>Dietary casein (g/kg)</th>
<th>Meal casein (g/kg)</th>
<th>n</th>
<th>Absorption (%)</th>
<th>Urinary loss (%)¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>200</td>
<td>200</td>
<td>8</td>
<td>39.0 1.9</td>
<td>2.3 0.1</td>
</tr>
<tr>
<td></td>
<td>350</td>
<td>8</td>
<td>44.4 1.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>500</td>
<td>8</td>
<td>59.6 2.0</td>
<td></td>
</tr>
<tr>
<td>350</td>
<td>200</td>
<td>8</td>
<td>36.6 2.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>350</td>
<td>8</td>
<td>35.8 2.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>500</td>
<td>8</td>
<td>41.8 3.0</td>
<td></td>
</tr>
<tr>
<td>500</td>
<td>200</td>
<td>8</td>
<td>29.5 2.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>350</td>
<td>8</td>
<td>29.8 3.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>500</td>
<td>8</td>
<td>39.5 2.7</td>
<td></td>
</tr>
</tbody>
</table>

Pooled SEM 2.3 0.1

Significance (P) of variance ratio, effect of:

Dietary casein <0.001 0.003

Meal casein <0.001 0.37

Dietary casein × meal casein 0.03 0.33

Least significant difference (P < 0.05) 5.6 0.9

* For details of diets and procedures, see Table 1 and pp. 674–675.

† Representing cumulative urinary $^{47}$Ca loss over first 3 d after administration of isotope, expressed as a percentage of absorbed $^{47}$Ca.

Table 4. Effect of casein phosphopeptide (CPP) content in a meal on fractional absorption of $^{47}$Ca from a meal and $^{47}$Ca deposition in bone (femur) in 9-week-old rats (study C)*

<table>
<thead>
<tr>
<th>Meal</th>
<th>CPP content (g/kg)</th>
<th>n</th>
<th>$^{47}$Ca absorption (%)</th>
<th>Administered dose (%)</th>
<th>Absorbed dose (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIN-76†‡</td>
<td>0</td>
<td>8</td>
<td>35.0 4.5</td>
<td>1.6 0.1</td>
<td>3.7 0.3</td>
</tr>
<tr>
<td>CPP - 0</td>
<td>0</td>
<td>8</td>
<td>37.3 2.0</td>
<td>1.3 0.1</td>
<td>3.0 0.2</td>
</tr>
<tr>
<td>CPP - 100</td>
<td>100</td>
<td>8</td>
<td>32.5 2.6</td>
<td>1.9 0.1</td>
<td>3.8 0.1</td>
</tr>
<tr>
<td>CPP - 200</td>
<td>200</td>
<td>8</td>
<td>24.8 1.4</td>
<td>1.4 0.1</td>
<td>4.4 0.2</td>
</tr>
<tr>
<td>CPP - 350</td>
<td>350</td>
<td>8</td>
<td>18.7 2.3</td>
<td>1.0 0.1</td>
<td>4.0 0.5</td>
</tr>
<tr>
<td>CPP - 500</td>
<td>500</td>
<td>8</td>
<td>27.7 2.4</td>
<td>1.0 0.1</td>
<td>3.0 0.4</td>
</tr>
</tbody>
</table>

ANOVA (one-way); P value <0.001 <0.001 0.10

* For details of diets and procedures, see Table 1 and pp. 674–675.

† AIN-76 control meal contains 200 g casein/kg diet as the sole protein source.

‡ Mean values were significantly different from those of the AIN-76 control meal (by least significant differences); P < 0.05.

§ Mean values were significantly different from those of the protein-free meal (by least significant differences); P < 0.05.
Increasing the concentration of CPP in the meal from 0 to 100 g/kg had no significant effect on \(^{47}\)Ca deposition (expressed as percentage administered or percentage absorbed dose) in femurs of 9-week-old rats relative to the protein-free meal. However, increasing the CPP content further to 200, 350 or 500 g/kg meal significantly reduced the percentage of administered (but not the percentage of absorbed) \(^{47}\)Ca dose which was deposited in bone relative to the protein-free meal (Table 4).

Endogenous loss of \(^{47}\)Ca in faeces was negligible (less than 0.3 % per d) in each of the studies. Furthermore, there were no significant differences in endogenous loss of \(^{47}\)Ca in faeces between the different dietary treatments in any of the three studies.

### Discussion

The rat was used in the present series of studies because the absorption mechanisms for Ca are similar in rats and in human subjects (Bronner, 1987; Norman, 1990) and a number of dietary and physiological factors affect Ca absorption similarly in the two species (e.g. age, pregnancy, lactation, 1,25-dihydroxycholecalciferol, oxalic acid, phytate: Mahoney & Hendricks, 1985; Brommage & Binacua, 1991; Cashman & Flynn, 1996), although some exceptions to this have also been reported (e.g. lactose, phosphate: Mahoney & Hendricks, 1978; Hegsted et al, 1981; Tremaine et al. 1986; Miller, 1989).

#### Effect of meal protein content

In part B of the present study, fractional absorption of Ca from a meal was significantly affected by the casein content of the meal and also by the casein content of the usual diet, with a significant interaction between these two variables (as shown by two-way ANOVA). For example, increasing the casein content of a meal from 200 to 500 g/kg meal significantly increased fractional Ca absorption (by 53 %) in rats previously adapted for 2 weeks on a diet containing 200 g casein and 5 g Ca/kg diet. On the other hand, increasing the casein content of the meal from 200 to 350 g/kg had no significant enhancing effect on Ca absorption. Similarly, there was no effect of meal casein content in the lower range 0–300 g/kg on Ca absorption (part A of the present study), unlike the study of Brommage et al. (1991) which showed that fractional Ca absorption from a single meal, in rats previously adapted for 3 weeks on a diet containing 2 g Ca and 180 g casein/kg diet, was increased by 26 % when the casein content of the meal was increased from 90 to 270 g/kg meal. This discrepancy between the studies may be influenced by the lower habitual Ca intake and meal Ca content used in the study of Brommage et al. (1991). It may be possible that an enhancing effect of casein on Ca absorption at lower levels (up to 270 g/kg meal) is more evident under conditions of marginal dietary Ca levels as used in the study by Brommage et al. (1991).

#### Effect of dietary protein content

While fractional Ca absorption was enhanced by high-casein meals in the present study, continued feeding of a high-casein diet over 2 weeks resulted in adaptation, leading to a reduction in the efficiency of Ca absorption. This reduction in efficiency of Ca absorption with increased dietary casein intake was, most likely, effected through a down-regulation of the vitamin D-dependent active transcellular route of Ca absorption, similar to that observed when dietary Ca intake is increased (Ireland & Fordtran, 1973; Pansu et al. 1981; Cashman & Flynn, 1996). Although not measured, one could postulate that it is likely that the initial enhancement in the efficiency of Ca absorption by high-casein meals leads to an increase in plasma ionized-Ca concentration, which in turn results in a decrease in plasma parathyroid hormone levels and consequently, to a decrease in 1,25-dihydroxycholecalciferol levels in plasma. Reduced plasma 1,25-dihydroxycholecalciferol levels result in lower production of the intestinal Ca binding protein, calbindin D9-K, which reduces the rate of active transcellular Ca transport. However, it should be emphasized that high-protein diets have been shown to cause other gastrointestinal adaptive effects. For example, high-protein diets (500 g casein/kg diet) fed over 2–3 weeks have been shown to significantly increase the rate of gastric emptying in rats (Shi et al. 1997), and this might influence Ca absorption.

Such adaptive responses may explain the lack of effect of casein on apparent Ca absorption in metabolic balance studies. For example, Allen & Hall (1978) found no effect of casein on apparent Ca absorption in rats when the casein content of a diet (containing 6 g Ca/kg) was increased from 180 to 360 g/kg for 4 weeks. Similarly, Howe & Beecher (1981) reported that apparent Ca absorption was unaffected by increasing the casein content of a diet (containing 9 g Ca/kg) from 250 to 450 g/kg diet for 7 weeks. More recently, Yuan & Kitts (1994) found that apparent Ca absorption was similar in rats fed on either 60 or 200 g casein and 5 g Ca/kg diet for 6 weeks.

#### Effect of meal casein phosphopeptide content

The mechanism of casein-induced enhancement of Ca absorption is unclear. CPP, formed by proteolytic digestion of casein, have been shown to enhance Ca absorption in some studies with intact rats (Lee et al. 1992; Tsuchita et al. 1993; Hansen et al. 1996; Saito et al. 1998). However, the findings of the present study showed that increasing the concentration of CPP in a single meal from 0 to 100 g/kg meal had no effect on fractional absorption of meal Ca relative to the protein-free meal. Based on the theoretical yield of CPP from casein of approximately 10 g/kg (Kopra et al. 1992) it can be estimated that the diet containing 100 g CPP/kg contained about twice the CPP content of the diet containing 500 g casein/kg in study B which was shown to stimulate Ca absorption. These findings may suggest that the enhancing effect of high-casein meals on Ca absorption is not due to its CPP yield in the gastrointestinal tract. However, as the doses of CPP used in the present study were at least twice the CPP content of the diet containing 500 g casein/kg, the possibility of an enhancing effect of CPP at lower doses cannot be excluded. It should be noted, however, that several studies which have examined the effect of lower doses of dietary CPP (in the range 18–86 g/kg) on apparent Ca absorption in the rat have also reported a lack of...
effect (Pointillart & Guégen, 1989; Shah et al., 1990; Yuan & Kitts, 1991; Kopra et al., 1992). Furthermore, Brommage et al. (1991) failed to find any significant effect of CPP on true intestinal Ca absorption in rats which were pre-adapted on a diet containing 180 g casein and 5 g Ca/kg diet and fed a single meal containing whey protein alone or with CPP at a level of either 38 or 76 g/kg meal.

Saito et al. (1998) have recently suggested that, based on their findings which showed that CPP supplementation (in the range 0.7–3.5 g CPP/kg diet) enhanced Ca absorption under conditions of marginal dietary Ca (3-5 g/kg), the Ca content of the diet might be an important factor in determining the effect of CPP on Ca absorption. However, while some studies which have found an effect of CPP on Ca absorption have fed marginal Ca levels (3-5 g/kg diet; Saito et al., 1998), others have used adequate Ca levels (5 g Ca/kg (Tsuchita et al., 1993)). Furthermore, studies which have failed to find an effect of CPP on Ca absorption have fed both high and low levels of dietary Ca (1, 3 and 5 g Ca/kg (Tsuchita et al., 1993), 3 and 9 g Ca/kg (Kopra et al., 1990)).

Similar controversy exists in reports on studies on human subjects. For example, Hansen et al. (1997a) found that Ca absorption from high- or low-phytate meals was not significantly influenced by the addition of CPP in healthy adult subjects. The same group also reported that fractional Ca absorption was not affected by CPP added to a rice-based infant cereal or a whole-grain infant cereal in healthy adult subjects (Hansen et al., 1997b), but CPP addition to a rice-based infant cereal meal significantly increased the total quantity of Ca absorbed (i.e. mg Ca). Furthermore, Heaney et al. (1994) reported that CPP administration was associated with better absorption of co-ingested Ca by postmenopausal women with low basal absorptive performance.

Our findings in vivo contrast with those from studies that demonstrated an enhancement of Ca absorption by CPP in the rat intestine using in vitro and in situ techniques (Lee et al., 1979, 1980; Sato et al., 1986; Nagasawa et al., 1991; Yuan & Kitts, 1991). One possible explanation for this could be that the CPP do not remain intact long enough in the intestine in vivo (Sinivasan & Rao, 1979; Van der Meer et al., 1988). They may be dephosphorylated by the intestinal phosphatase (E.C. 3.1.3.1), making the peptides more susceptible to proteolysis. However, in vivo rat studies, in which CPP had been given orally, showed that CPP remained in the ileum 1 h after intubation (Brommage et al., 1991). It should also be noted that the Ca-binding properties of CPP may differ significantly between preparations (McDonaugh & FitzGerald, 1998) and this could influence the interaction of Ca and CPP in the intestine. For example, Tsuchita et al. (1996) found that decalcified CPP was less effective in preventing ovariectomy-induced bone loss in aged rats compared with a Ca-containing CPP.

The reasons for the reduction in fractional Ca absorption with the high-CPP containing meals in the present study is unclear. Interestingly, Hansen et al. (1997a) found that addition of 1000 mg CPP to a low-phytate–high-Ca meal significantly reduced fractional Ca absorption in human adult subjects when compared with that from the same meal type but containing 0 or 250 mg CPP. The authors suggested that the reduction in fractional Ca absorption may have been due to the Ca contribution from added CPP (i.e. 1000 mg CPP supplied 21% additional Ca above that in the control diet). However, this could not have been the case in the present study as the CPP were de-calcified and therefore provided no extra Ca in the meals. It may be that the lower fractional absorption of Ca observed in the present study when CPP were added in high amounts was due to an impaired release of Ca ions from the CPP–Ca complexes at the intestinal lumen. Li et al. (1989), in a study of intestinal Ca transport in rat ileum, found that the CPP–Ca complex was not absorbed and remained on the mucosal side of the tissue. Another possibility is that the reduction in fractional Ca absorption with the high-CPP-containing meals is due to the increased P : Ca ratio from 0:8 : 1 to 4:3 : 1 as a consequence of the increasing amounts of CPP from 0 to 500 g/kg meal. Howe & Beecher (1981) found that Ca absorption in rats was significantly reduced with increasing dietary P content. Similarly, Mahoney & Hendricks (1978) reported that changing the P : Ca ratio from 1 : 1 to 2 : 1 by addition of P to diets led to significantly decreased levels of Ca absorption.

It could be that the effect of casein on Ca absorption may be due to a general effect of protein as suggested by Brommage et al. (1991) who observed a stimulatory effect on Ca absorption in rats by both soybean protein and casein. The effect of CPP on 47Ca deposition in bone expressed as a percentage of administered dose reflects the effect of CPP on 47Ca absorption, in that bone 47Ca uptake was unaffected by meal CPP at a level of 100 g/kg but was reduced by meal CPP in the range 200–500 g/kg. However, bone 47Ca uptake, expressed as a percentage of absorbed dose, was unaffected by any level of CPP indicating that CPP had no direct acute effect on bone calcification.

**Urinary 47calcium loss**

Overall, urinary 47Ca loss was small, with only about 1% of the absorbed dose lost in urine in the first 3 d after isotope administration. These findings are similar to those of McCredie et al. (1984) and Cashman & Flynn (1996), who reported that only 1–7–3–9% of the 47Ca administered to young growing rats as either an oral dose of CaCl2 or in the AIN-76 diet respectively, appeared in urine within 2–3 d. When urinary 47Ca loss was expressed as percentage of absorbed dose, it was found that increasing dietary casein, but not meal casein content, significantly increased the urinary 47Ca losses. This effect of dietary casein on urinary 47Ca excretion is consistent with the findings of other studies which showed that urinary Ca is significantly increased in rats fed on high-casein diets (Allen & Hall, 1978; Whiting & Draper, 1980; Howe & Beecher, 1981). A similar effect of dietary protein on urinary Ca loss is observed in human subjects (Allen et al., 1979; Hegsted et al., 1981; Mahalko et al., 1983; Pannemans et al., 1997) and has been attributed to an increased glomerular filtration rate and a decreased tubular Ca reabsorption caused by catabolism of S-containing amino acids native to the protein (Kim & Linkswiler, 1979; Schuette et al., 1980).

**Conclusions**

The present studies have shown that Ca absorption was enhanced by high-casein meals (i.e. 500 g/kg diet) in rats,
but at high-dietary casein intakes Ca absorption efficiency was reduced, probably due to either adaptation in the active transcellular Ca transport or an acceleration in the rate of gastric emptying. Ca absorption from a meal was unaffected by inclusion of 100 g CPP/kg in a single meal but was significantly reduced by CPP added at levels of 200, 350 and 500 g/kg meal, with no evident dose-relationship. Thus, while Ca absorption was enhanced by high-casein meals, the mechanism remains unclear. The effects of casein and CPP on Ca absorption demonstrated in the present studies in rats may have significance for human nutrition but these findings would need to be confirmed in studies on human subjects.

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References


