



# Creatine Supplementation in the 21<sup>st</sup> Century:

## What We Know and What We Don't Know



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## **I. BRIEF BACKGROUND**

## **II. WHY DOESN'T CREATINE ALWAYS WORK?**

## **III. WHAT CAN CREATINE DO?**

- Performance
- Body Composition
- Metabolic
- Cardiovascular
- Hormonal
- Other

## **IV. SPECIFIC POPULATIONS**

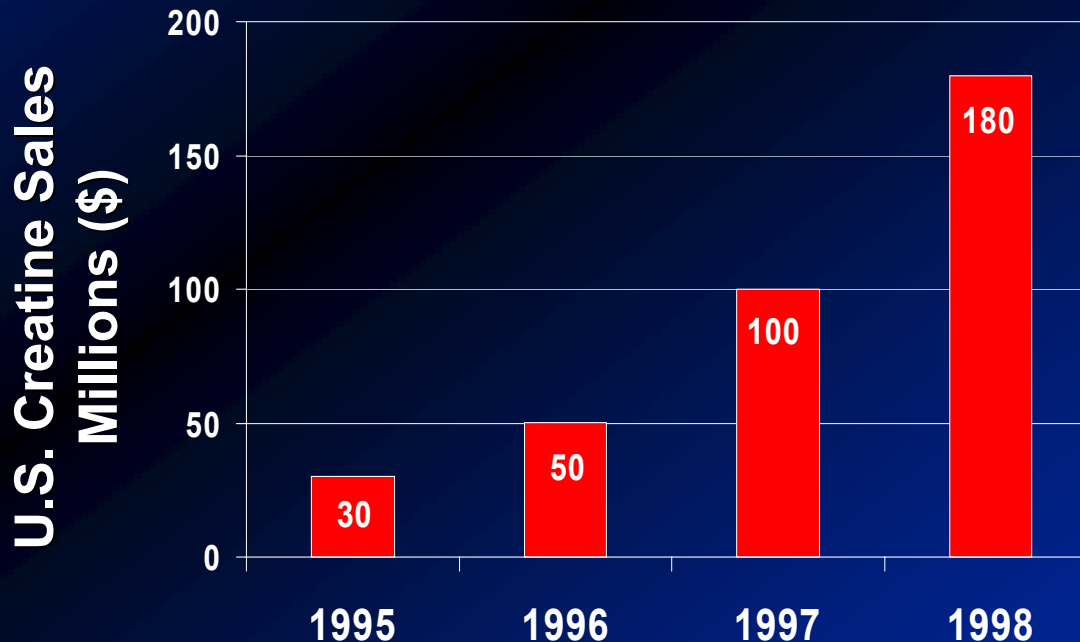
- Adolescents
- Elderly
- Women
- Vegetarians
- Disease States

## **V. SAFETY ISSUES**

## **VI. FUTURE RESEARCH**

# USE OF CREATINE

- 16% of high school athletes (*Ray et al, '01*)
- 14% of high school male athletes (*Smith and Dahm, '00*)
- 41% of Division I athletes (*Greenwood et al, '00*)
- 48% (M): 4% (F) Division I athletes (*LaBotz et al, '99*)
- 45% of Norwegian power athletes (*Ronsen et al, '99*)



# WHAT IS CREATINE?

- *Cr is NOT a vitamin or mineral*
- *Cr is NOT a steroid*
- *Cr is NOT an amino acid, peptide, or protein*

Creatine is a non-essential, naturally-occurring, organic, nitrogen-containing compound made in the body from amino acids but also obtained in the diet.

## SIMPLE YET COMPLEX!

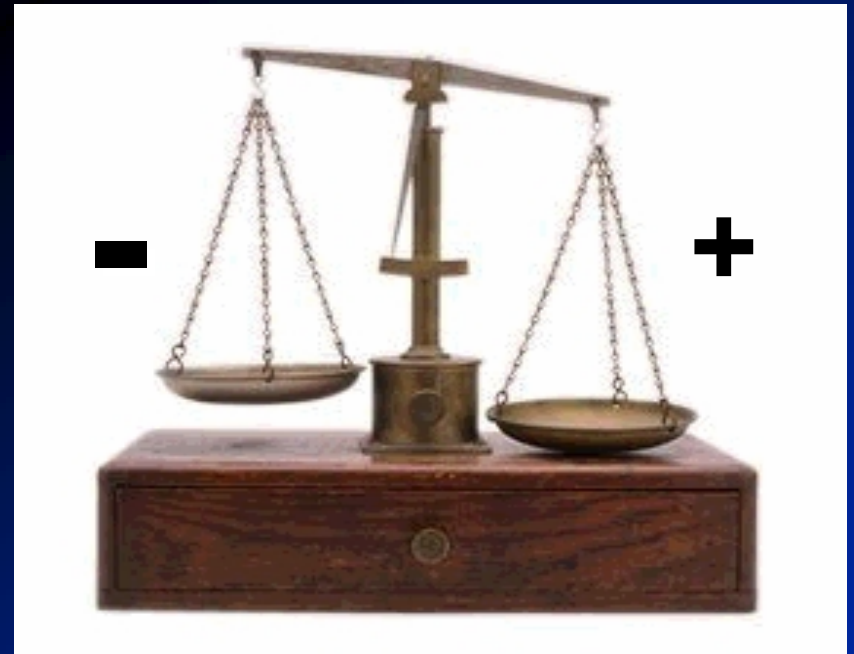
Creatine is involved in one simple chemical reaction and functions to replenish ATP during periods of RAPID energy turnover (temporal energy buffer):



# *What can creatine do?*

# **PERFORMANCE**

- **Cycling protocols**
- **Running protocols**
- **Swim protocols**
- **Loaded/unloaded jumping**
- **Bench press**
- **Squat**
- **Knee extension**
- **Elbow flexion**
- **Rowing**
- **Endurance protocols**
- **Tennis: No  $\Delta$  stroke performance**
- **Soccer:  $\uparrow$  sprint performance**
- **Hockey:  $\uparrow$  spring skating**



# WHY DOESN'T CREATINE ALWAYS WORK?

## RESEARCH VARIABLES IN HUMAN STUDIES

### SUBJECTS:

- Age
- Gender
- Number
- Body composition
- Training status
- Motivation
- Genetics
- Circadian rhythms
- Illness
- Learning effects

### NUTRIENT PARAMETERS:

- Dosage
- Time of administration
- Mode of administration
- Bioavailability of nutrient
- Single or multiple nutrients
- Form of nutrient

### DIET:

- Caloric intake/Diet composition
- Hydration status

### STUDY DESIGN:

- Single-Blind/Double-Blind
- Proper measurement parameters
- Length of study
- Time-course measurements
- Cross-over/matched

### MEASUREMENTS:

- Reproducibility/Precision/Sensitivity

### EXERCISE:

- Type/Duration/Intensity/Frequency

### RESULTS:

- Statistical vs. Practical

# WHY DOESN'T CREATINE ALWAYS WORK?

- Inadequate statistical power
- Variability in initial muscle creatine stores?
- Performance tests are unreliable?
- Performance tests are the wrong tests?
- Creatine effects are too weak to be detected?
- Failure to increase muscle creatine levels

# What can creatine do?

## **BODY COMPOSITION**

(not dependent on training)

### Acute (<7 days):

- Body mass (*greater in men*) ↑
- Fat-free mass (*greater in men*) ↑
- Fat mass No  $\Delta$
- Total body water ↑
- Intracellular/extracellular water ?

### Chronic (>7 days):

- Body mass ↑
- Fat-free mass ↑
- Muscle fiber cross sectional area ↑
- Fat mass No  $\Delta$
- Total body water ↑
- Intracellular/extracellular water ?



# LONG-TERM CREATINE AND LBM

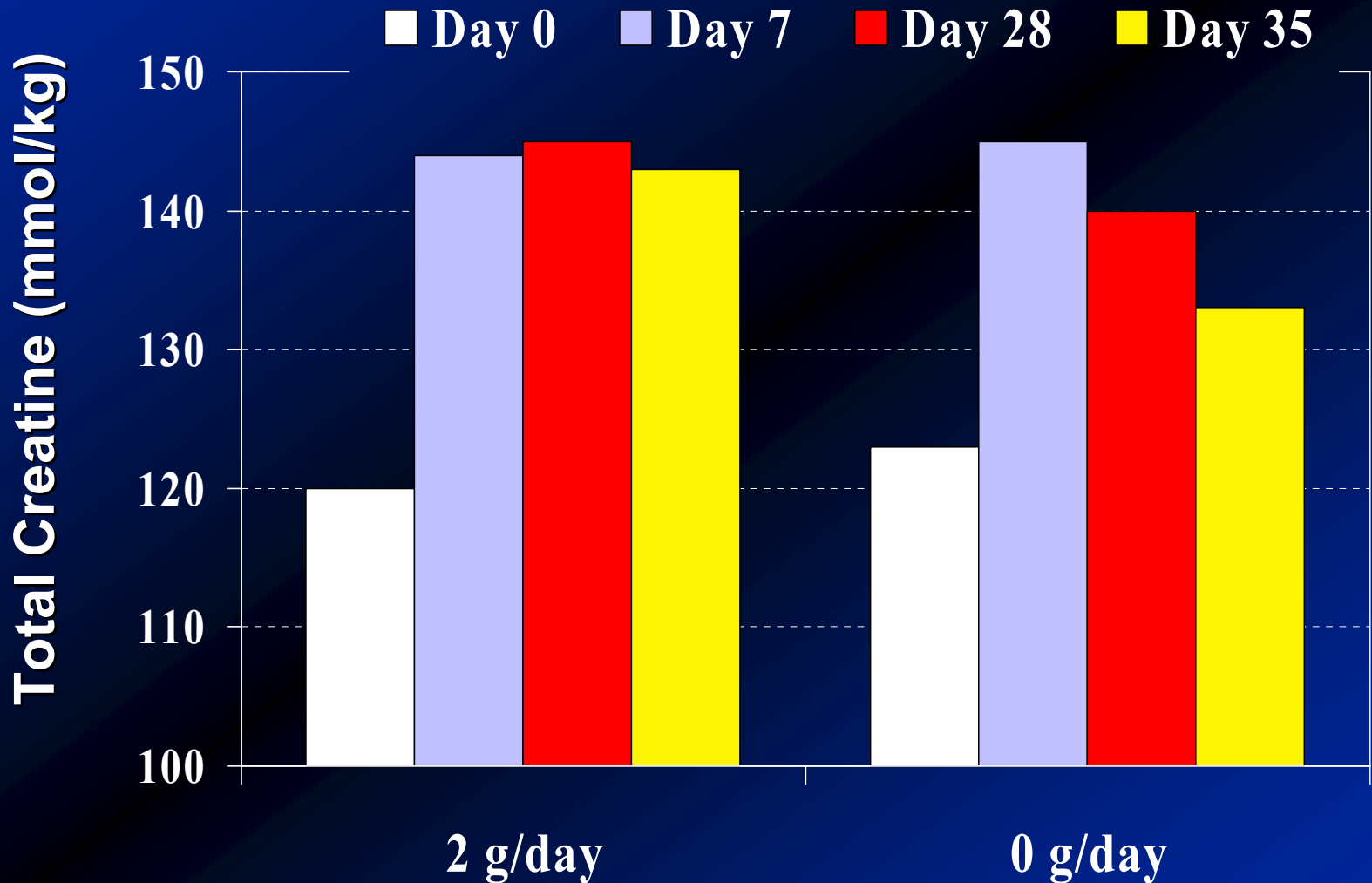
REFERENCE	DAYS	METHOD	$\Delta$ CR	$\Delta$ PL
Becque et al. '00	42	HW	1.6	-0.1
Berman et al. '98	52	SF	0.0	0.4
Earnest et al. '95	28	HW	1.6	-0.5
Kelly et al. 98	25	SF	2.5	?NS
Kirksey et al. '99	42	HW	2.6	1.0
Kreider et al. '98	28	DEXA	2.4	1.3
Noonan et al. '98	56	HW	3.2	1.5
Noonan et al. '98	56	HW	2.2	1.5
Pearson et al. '99	70	SF	0.3	-1.3
Peeters et al. '99	42	SF	2.7	0.2
Peeters et al. '99	42	SF	2.2	0.2
Rawson et al. '99	30	HW	0.6	0.1
Stone et al. '99	35	HW	5.3	1.4
Stone et al. '99	35	HW	2.9	1.4
Vandenbergh et al. '97	74	HW	2.6	1.6
Volek et al. '99	84	HW	4.3	2.1

# What can creatine do?

## METABOLIC

- Total muscle creatine (*↑ by exercise and insulin*) ↑
- Muscle glycogen ↑  
*Muscle with ↑ creatine levels can store more glycogen during a 3-day glycogen depletion/repletion protocol*
- Muscle/blood lactate Variable
- Whole body/mixed muscle PRO synthesis No  $\Delta$
- Leucine oxidation (*men only*) ↓
- Phosphocreatine resynthesis rate ↑
- Amonia/hypoxanthine accumulation ↓
- Muscle GLUT 4 (*insulin sensitivity?*) ↑

# Muscle creatine after ingesting 20 g/day for 6 days followed by 2 g/day or nothing



*What can creatine do?*  
**CARDIOVASCULAR**

- **Blood pressure** No  $\Delta$
- **Heart rate** No  $\Delta$
- **Oxygen consumption** No  $\Delta$
- **Cholesterol** ↓ or No  $\Delta$
- **Triglycerides** ↓ or No  $\Delta$

# *What can creatine do?*

## **HORMONAL**

- **Growth hormone**
- **Testosterone**
- **Cortisol**
- **Others:**

↑ ?

**No Δ**

**No Δ**

Aldosterone

↑ ?

Renin

**No Δ**

Angiotensin

**No Δ**

Atrial peptide

**No Δ**

Insulin

**No Δ**

# PROPOSED MECHANISMS

- Energy metabolism
- Protein metabolism
  - ↓ whole body protein catabolism
  - ↑ actin & myosin synthesis *in vitro*
- ↑ Cell swelling
- ↑ Satellite cell mitotic activity in rodents
- ↑ Membrane Integrity (*intramuscular or intravenous PCr*)
- ↓ Muscle relaxation time

# SAFETY ISSUES

➤ **Kidney/Liver**

➤ **Blood Lipids**

➤ **GI**

➤ **Muscle Cramping**

➤ **Cardiovascular**

**No scientific evidence  
but anecdotal  
claims persist**

➤ **↑ Anterior compartment pressure during/after exercise**

# SPECIFIC POPULATIONS

- **Adolescents (*few data*)**
- **Elderly (*mixed results*)**
- **Women (*↑ performance and LBM*)**
- **Vegetarians (*↑ performance and LBM*)**
- **Disease States**



# THERAPEUTIC USE OF CREATINE IN DISEASE

- Myopathies & neuromuscular disorders associated w/ ↓ muscle creatine (*gyrate atrophy, mitochondrial pathologies, muscular dystrophy, etc.*)
- Animal models of Parkinson's and Huntington's disease
- Neuroprotective effects from hypoxia and energy-related brain pathologies in animal models
- Guanidinoacetate methyltransferase deficiency
- Heart disease
- Rehabilitation after disuse atrophy
  - ↑ myogenic transcription factor
  - ↑ GLUT 4

# FUTURE RESEARCH

- Pharmacokinetic research in order to optimize dosing regimens
- Clinical trials in individuals w/ neuromuscular disorders
- Interaction with other nutrients
- Characteristics of “nonresponders”
- Matrix of delivery, timing of intake, & variability in Cr accumulation
- Long-term safety
- Responses in different populations
- Mechanistic research:
  - Specific myosin & actin-specific fractional synthetic & breakdown rates and isoform-specific mRNA content
  - Cellular hydration

**Thank  
you**