

# The Use of Nutritional Supplements Among Male Collegiate Athletes

Leila Darvishi<sup>1,2</sup>, Gholamreza Askari<sup>1,2</sup>, Mitra Hariri<sup>1,2</sup>, Maryam Bahreynian<sup>1,2</sup>, Reza Ghiasvand<sup>1,2</sup>, Simin Ehsani<sup>1,2</sup>, Nafiseh Shokri Mashhadi<sup>1,2</sup>, Parva Rezai<sup>3</sup>, Fariba Khorvash<sup>1,2</sup>

<sup>1</sup>Food Security Research Center, Isfahan University of Medical Sciences, Isfahan, Iran, <sup>2</sup>Department of Community Nutrition, School of Nutrition and Food Science, Isfahan University Of Medical Sciences, Isfahan, Iran, <sup>3</sup>Child Growth and Development Research Center, Isfahan University of Medical Sciences, Isfahan, Iran

#### Correspondence to:

Dr. Reza Ghiasvand,
Department of Community
Nutrition, School of Nutrition and
Food Sciences, Isfahan University
of Medical Sciences, Isfahan, Iran.
E-mail: ghiasvand@hlth.mui.ac.ir

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#### **ABSTRACT**

Background: The consumption of nutritional supplements is high in various sports, whereas, there are not enough documents supporting the beneficial effects of supplements in athletes. In addition, there is no information about taking supplements by Iranian students who participate in sports. Therefore, the goals of this study were to assess the type and prevalence of supplement use, the frequency of use, and relationships between consumption and age, body mass index, training load and type of sport.

**Methods:** One hundred ninety two male students from "Isfahan University of Medical Sciences" participated in this study, voluntarily. A questionnaire that included questions about type and effects of supplements, recommendation resources, place of obtaining, and type of sports were sent to students. Descriptive data were calculated as frequencies (%). Chi-square ( $\chi$ 2) analysis was used to analyze the correlation between supplement use and the study variables.

**Results:** Forty-five percent of respondents used some forms of supplements. Supplement users consumed 14 different supplements and each used as many as  $1.8 \pm 1.2$  various supplements during the past six months. Multivitamins (64%) and vitamin C (42%) were the most popular supplements. Students, who participated in individual sports, were more likely to consume dietary supplements (P < 0.05) and ergogenic aids (P < 0.01), but "team sports" athletes, took more recovery nutrients (P < 0.01). Fifty seven point five percent of student bought their products from pharmacies, 40% from "sport supplements stores" and 2.5% from their friends.

**Conclusions:** It can be concluded that less than half of these students consumed supplements and their information resources were inappropriate.

Keywords: Nutritional supplementation, students, sport

# INTRODUCTION

The use of nutritional supplements by athletes has been widespread in various sports and is growing rapidly.<sup>[1,2]</sup> Extra

energy providing, performance improvement, prevention of fatigue, and compensation for insufficient diet, are among major reasons reported for supplement use by athletes, [3-8] whereas, there is little scientific evidence that confirms the beneficial effects of nutritional supplements in athletes. [9,10] Furthermore, there is some risks of an unintentional doping as a result of supplement use, too. [11-14]

Several studies also have demonstrated some adverse effects of dietary supplements use such as cardiovascular, hematological, metabolic, and neurological problems. [15-17] Nevertheless, nutritional supplements manufacturers claim that their products are safe and improve performance of athletes.

In the United States, consumers spending on supplements was increased from 6.5 billion \$ in 1996 to 18 billion \$ in 2002. [18]

The prevalence of "Nutritional Supplements" consumption includes dietary supplements, ergogenic aids, recovery nutrients, and sport foods among athletes is 46% to 100%. [19,20-26] Some of these supplements may cause harm or have potential health problems if use inappropriate. [27]

As our knowledge, there are not reports on nutritional supplements use by Iranian university athletes; therefore, the aims of this study were to assess the prevalence and type of supplement use, the reasons for use, the frequency of use, and relationships between use and age, body mass index, training load and type of sport.

# **METHODS**

One hundred and ninety two male students from "Isfahan University of Medical Sciences" were enrolled in this study. At first, the objectives of the study were explained and informed consent was obtained from all students.

A questionnaire draft was sent to five athletes who are playing for Sepahan Novin Sports Club to determine clarity, in the beginning. The questionnaire included questions about supplementation patterns, type of sports, effects and side effects of consumption, place of obtaining, and recommendation resources. The questionnaires were anonymous. The contact details of the researchers were included at the end of questionnaire for any possible question. Approximately one week was allowed for return

of the questionnaires. Questions were about supplements usage within the past six months.

In the data analyses, supplements were defined as "dietary supplements" (proteins, amino acids, carbohydrates, slimming products, fish oils), "ergogenic aids" (creatine, caffeine), and "recovery nutrients" (vitamins, minerals, glucosamine/chondroitin sulphate).

Statistical analyses were conducted using the Statistical Program for the Social Sciences (SPSS version 13, Inc., Chicago, IL) computer software package. Data are presented as means  $\pm$  standard deviation. Statistical significance was accepted at P < 0.05 in all cases. Descriptive data were calculated as frequencies (%). Pearson analysis was used to analyze the correlation between supplement use and the study variables.

#### RESULTS

A total of 173 questionnaires were received, so that response rate was 90%. The characteristics of the students are shown in Table 1 and type of products and frequency of use are presented in Table 2.

Overall, 45% of respondents (78 students) used some forms of nutritional supplements. No significant relationship was observed between the use of the supplements and age (P=0.3), body mass index (P=0.24), and training volume (P=0.18). These athletes used a total of 14 different nutritional supplements [Table 2]. Each athlete, however, took as many as 1.8  $\pm$  1.2 different supplements during the past six months. The most popular supplements were multivitamins (64%) and vitamin C (42%), respectively.

Athletes, who participated in individual sports, were more likely to use dietary supplements (P < 0.05) and ergogenic aids (P < 0.01). On the other hand, "team sports" athletes used more recovery nutrients (P < 0.01).

Table 3 shows that 45 supplement users (57.5%)

**Table 1:** General characteristics of the respondents

Team sports
sports
109
22.1±2.4
21.4±1.5
7.5±2.5
2

**Table 2:** Type of supplements and frequency of use

Supplement	Mean frequency of	Number of	Percentage of users
	use (per week)	subjects	
Dietary			
supplements			
Protein	2.4	12	15.4
powders			
Amino acids	1.2	4	5.1
powders/			
caplets/tablets			
Carbohydrates	0.6	1	1.3
Slimming	0.8	3	3.8
products			
Fish oils	2.8	9	11.5
Ergogenic			
aids			
Creatine	3.1	21	26.9
Caffeine	0	0	0
Recovery			
nutrients			
Multivitamins	3.4	50	64.1
Vitamin B	1.5	8	10.2
complex			
Vitamin C	2.6	33	42.3
Vitamin E	0.5	1	1.3
Calcium	3.5	6	7.7
tablets			
Iron tablets	3.5	7	9
Glucosamine/	2.4	4	5.1
Chondroitin			
sulphate			
•			

**Table 3:** Correlation between supplement use and age, BMI and training volume in individual and team sports

Correlation	Individual sports	Team
	Supplement use	sports
Age (year)	NS	NS
BMI (kg/m <sup>2</sup> )	P<0.01	P<0.05
	r=0.2	r = -0.1
Training	NS	NS
volume (h/week)		

BMI=Body mass index

obtained their supplements from pharmacies, 31 (40%) from "sport supplements stores" and 2 (2.5%) from their friends. Seventy-seven percent of them (60) had been recommended to take supplements by their friends, followed by their trainers (11.5%) and advertisements (11.5%) [Table 4].

**Table 4:** Place of supplements obtaining by users

Number	Percent (%)
45	57.5
31	40
2	2.5
78	100
	45 31 2

Table 5: Sources of recommendation

Number	Percent (%)
60	77
9	11.5
9	11.5
78	100
	9

The most frequent positive effects that reported from dietary supplements consumption included improved performance (34.6%), reduced fatigue (23%), and faster recovery (14.1%).

#### **DISCUSSION**

Supplement consumption was 45% among university athletes in Isfahan University of Medical Sciences. The trend was not similar to that observed in previous studies. <sup>[28,29]</sup> This diversity may be explained by methodological differences such as data collection methods and definition of supplements. Meanwhile, athletes in our study were not professional and they had physical activity alongside their study courses. In this study, supplement intake was not influenced by age, BMI, and training volume.

Respondents took an average of 1.8 different products. These findings are similar to those of Slater and Tan and Nieper.<sup>[29,30]</sup>

This study, however, was conducted in male students, merely, and results might be different than a general population. Students were also asked to recall only the past six months when estimating their supplement use because some of students were in first trimester.

The most popular supplements consumed by athletes participated in team sports were the "recovery nutrients". Such supplements were also popular in other studies. [18,20,22,31] This might be explained by the finding that many vitamins and minerals have possible positive effects on aerobic capacity. [32] Athletes participated in individual sports used "dietary supplements" and "ergogenic aids" more than the team sports athletes.

These findings are supported by the Sundgot-Borgen *et al.* study.<sup>[33]</sup> This is not similar with the Slater findings that only one athlete, a canoeist, used creatine.<sup>[30]</sup>

Although some studies show that creatine have ergogenic effects, [34] nevertheless, these substance may have side effects. Gastrointestinal distress, water retention and nephritis have been reported with creatine consumption in some studies. [35-37]

Thereisnoenoughscientificdocumentssupporting the consumption of nutritional supplements in a healthy athlete following a balanced diet, but side effects are likely if supplements are consumed more than prescribed dosages. [34,38] The American College of Sports Medicine (ACSM), the American Dietetic Association (ADA), and the Canadian Dietetic Association, have declared that if energy intake of athletes is sufficient to maintain body weight at the time of training or competition, they do not require vitamin/mineral supplementation. [39]

However, a study showed an increasing inclination among athletes to use vitamin/mineral supplements more than general population.<sup>[28]</sup>

None of the supplement users in our study sought information on supplements from reliable resources such as healthcare professionals or textbooks [Table 5]. Consistent with these results, 77.6% and 41% of the athletes in Herbold and Jacobson studies obtained information from family members, friends and the media. [21,40]

Most trainers and friends have little or no knowledge on sports nutrition; therefore, their advice may be inaccurate or inappropriate. [41]

We did not consider sport foods such as sport drinks and sport bars and selected only male athletes; these were the main limitations of our study.

## **CONCLUSIONS**

Use of nutritional supplements was average among the population studied. They had been recommended to take supplements by inappropriate resources but most of them, supplied the products from reliable places such as pharmacies.

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#### REFERENCES

- Rodriguez NR, Di Marco NM, Langley S. American College of Sports Medicine position stand. Nutrition and athletic performance. Med Sci Sports Exerc 2009;41:709-31.
- 2. Sundell J, Hulmi J, Rossi J. Whey protein and creatine as nutritional supplements. Duodecim 2011;127:700-5.
- 3. Spriet LL, Perry CG, Talanian JL. Legal pre-event nutritional supplements to assist energy metabolism. Essays Biochem 2008;44:27-43.
- 4. Artioli GG, Gualano B, Smith A, Stout J, Lancha AH Jr. Role of beta-alanine supplementation on muscle carnosine and exercise performance. Med Sci Sports Exerc 2010;42:1162-73.
- 5. Millman RB, Ross EJ. Steroid and nutritional supplement use in professional athletes. Am J Addict 2003;12:S48-54.
- Thomson JS, Ali A, Rowlands DS. Leucine-protein supplemented recovery feeding enhances subsequent cycling performance in well-trained men. Appl Physiol Nutr Metab 2011;36:242-53.
- Ferguson-Stegall L, McCleave EL, Ding Z, Doerner PG 3<sup>rd</sup>, Wang B, Liao YH, et al. Postexercise carbohydrate-protein supplementation improves subsequent exercise performance and intracellular signaling for protein synthesis. J Strength Cond Res 2011;25:1210-24.
- Beis L, Mohammad Y, Easton C, Pitsiladis YP. Failure of glycine-arginine-α-ketoisocaproic acid to improve high-intensity exercise performance in trained cyclists. Int J Sport Nutr Exerc Metab 2011;21:33-9.
- Geyer H, Parr MK, Mareck U. Analysis of non-hormonal nutritional supplements for anabolic-androgenic steroids: Results of an international study. Int J Sports Med 2004:25:124-9.
- Tang JE, Lysecki PJ, Manolakos JJ, MacDonald MJ, Tarnopolsky MA, Phillips SM. Bolus arginine supplementation affects neither muscle blood flow nor muscle protein synthesis in young men at rest or after resistance exercise. J Nutr 2011;141:195-200.
- 11. Geyer H, Mareck-Engelke U, Reinhart U. Positive doping cases with norandrosterone after application of contaminated nutritional supplements. Dtsch Z Sportmed 2000;5:378-82.
- 12. Baylis A, Cameron-Smith D, Burke LM. Inadvertent doping through supplement use by athletes: Assessment and management of the risk in Australia. Int J Sport Nutr Exerc Metab 2001;11:365-83.

- 13. Scally MC, Hodge A. A report of hypothyroidism induced by an over the counter fat loss supplement (Tiratricol). Int J Sport Nutr Exerc Metab 2003;13:112-6.
- Heikkinen A, Alaranta A, Helenius I, Vasankari T. Use of dietary supplements in Olympic athletes is decreasing: A follow-up study between 2002 and 2009. J Int Soc Sports Nutr 2011;8:1.
- Foxford RJ, Sahlas DJ, Wingfield KA. Vasospasm-induced stroke in a varsity athlete secondary to ephedrine ingestion. Clin J Sports Med 2003;13:183-5.
- 16. Palmer ME, Haller C, McKinney PE, Klein-Schwartz W, Tschirgi A, Smolinske SC, *et al.* Adverse events associated with dietary supplements: an observational study. Lancet 2003;11:101-6.
- 17. NBJ's Annual overview of the nutrition industry VII. Nutr Bus J 2002;7:1-10.
- Burns RD, Schiller MR, Merrick MA, Wolf KN. Intercollegiate student athlete use of nutritional supplements and the role of athletic trainers and dietitians in nutrition counseling. J Am Diet Assoc 2004;104:246-9.
- 19. Manore M, Meeusen R, Roelands B, Moran S, Popple AD, Naylor MJ, *et al.* BJSM reviews: A-Z of nutritional supplements: Dietary supplements, sports nutrition foods and ergogenic aids for health and performance--Part 16. Br J Sports Med 2011;45:73-4.
- 20. Froiland K, Koszewski W, Hingst J, Kopecky L. Nutritional supplement use among college athletes and their sources of information. Int J Sport Nutr Exerc Metab 2004; 14:104-20.
- 21. Herbold NH, Visconti BK, Frates S, Bandini L. Traditional and non-traditional supplement use by female varsity athletes. Int J Sport Nutr Exerc Metab 2004;14:586-93.
- 22. Kristiansen M, Levy-Milne R, Barr S, Flint A. Dietary supplement use by varsity athletes at a Canadian university. Int J Sport Nutr Exerc Metab 2005;15:195-210.
- 23. Carlsohn A, Cassel M, Linné K, Mayer F. How much is too much? A case report of nutritional supplement use of a high-performance athlete. Br J Nutr 2011;25:1-5.
- 24. Ghiasvand R, Askari GH, Malekzadeh J, Hajishafiee M, Daneshvar P, Akbari F, et al. Effects of Six Weeks of β-alanine Administration on VO<sub>2 max</sub>, time to exhaustion and lactate concentrations in physical education students. Int J Prev Med 2012;8:559-63.
- Askari G, Ghiasvand R, Karimian J, Feizi A, Paknahad Z, Sharifirad G, et al. Does quercetin and vitamin C improve exercise performance, muscle damage, and body composition in male athletes? J Res Med Sci 2012;4:328-31.
- 26. Ghiasvand R, Djalali M, Djazayery S, Keshavarz S, Hosseini M, Askari G, et al. Effect of Eicosapentaenoic Acid (EPA) and Vitamin E on the blood levels of inflammatory markers, antioxidant enzymes, and lipid

- peroxidation in Iranian basketball players. Iran J Public Health 2010;1:15-21.
- Ziegler PJ, Nelson JA, Jonnalagadda SS. Use of dietary supplements by elite figure skaters. Int J Sport Nutr Exerc Metab 2003;13:266-76.
- 28. Knez WL, Peake JM. The prevalence of vitamin supplementation in ultraendurance triathletes. Int J Sport Nutr Exerc Metab 2010;20:507-14.
- Nieper A. Nutritional supplement practices in UK junior national track and field athletes. Br J Sports Med 2005;39:645-9.
- 30. Slater G, Tan B. Dietary supplementation practices of Singaporean athletes. Int J Sport Nutr 2003;13:320-32.
- 31. Green GA, Uryasz FD, Petr TA, Bray CD. NCAA study of substance use and abuse habits of college student athletes. Clin J Sport Med 2001;11:51-6.
- 32. Aguiló A, Tauler P, Sureda A, Cases N, Tur J, Pons A. *et al.* Antioxidant diet supplementation enhances aerobic performance in amateur sportsmen. J Sports Sci 2007;25:1203-10.
- 33. Sundgot-Borgen J, Berglund B, Torstveit MK. Nutritional supplements in Norwegian elite athletes impact of international ranking and advisors. Scand J Med Sci Sports 2003;13:138-44.
- 34. Juhn MS. Popular sports supplements and ergogenic aids. Sports Med 2003;33:921-39.
- 35. Ostojic SM, Ahmetovic Z. Gastrointestinal distress after creatine supplementation in athletes: are side effects dose dependent? Res Sports Med 2008;16:15-22.
- 36. Francaux M, Poortmans JR. Side effects of creatine supplementation in athletes. Int J Sports Physiol Perform 2006;1:311-23.
- 37. Schröder H, Terrados N, Tramullas A. Risk assessment of the potential side effects of long-term creatine supplementation in team sport athletes. Eur J Nutr 2005;44:255-61.
- 38. Schwenk TL, Costley CD. When food becomes a drug: Nonanabolic nutritional supplement use in athletes. Am J Sports Med 2002;30:907-16.
- American College of Sports Medicine; American Dietetic Association; Dietitians of Canada. Joint Position Statement: nutrition and athletic performance. Med Sci Sports Exerc 2000;32:2130-45.
- 40. Jacobson BH, Sobonya C, Ransone J. Nutrition practices and knowledge of college varsity athletes: A follow-up. J Strength Cond Res 2001;15:63-8.
- 41. Zinn C, Schofield G, Wall C. Evaluation of sports nutrition knowledge of New Zealand premier club rugby coaches. Int J Sport Nutr Exerc Metab 2006;16:214-25.

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