Aerobic fitness, energy balance and BMI are associated with training load assessed by activity energy expenditure

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Aerobic fitness, energy balance and BMI are associated with training load assessed by activity energy expenditure

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Running head: AEE, VO₂max, energy balance and BMI
Abstract

The present study examined whether activity energy expenditure related to body mass (AEE·kg⁻¹) is associated with maximal aerobic fitness (VO₂max), energy balance and BMI during the two hardest weeks of the military basic training season (BT). An additional purpose was to study the accuracy of the pre-filled food diary (EI). Energy expenditure (EE) with doubly labeled water, EI, energy balance and mis-recording were measured from 24 male conscripts with varying VO₂max. AEE·kg⁻¹ was calculated as (EE x 0.9 – measured basal metabolic rate)/body mass. The reported EI was lower (p<0.001) than EE (15.48 MJ·d⁻¹) and mis-recording of the pre-filled diary was -20%. The negative energy balance (-6 ± 26%) was non-significant, however the variation was high. The subjects with low VO₂max, high BMI and negative energy balance were vulnerable for low AEE·kg⁻¹. However, in the multivariate regression analysis only BMI remained in the model explaining 33% of the variation in AEE·kg⁻¹. During wintertime BT, AEE·kg⁻¹ is affected by energy balance, VO₂max and BMI. From these three factors, overweight limits the most the high-level training. Furthermore, optimal energy balance facilitates physical performance, and enables high training loads to be sustained during the BT season.

Key Words: AEE; PAL; energy intake; underreporting; under-eating; military training
INTRODUCTION

To improve the physical fitness of new conscripts in the Finnish Defense Forces, the amount of physical training during a basic military training period (BT) was doubled in 1998 (Training division of the defence staff, 2003). In contrast, the fitness level of young men entering Finnish compulsory military service has declined, with a concomitant increase in body mass during the last 25 years (Santtila et al., 2006). It is not known whether the overall training load during military service is suitable for the current conscripts, who exhibit varying physical fitness levels.

Aerobic fitness, as measured by maximal oxygen uptake (VO\textsubscript{2max}), is an important component of the physical fitness profile (ACSM, 2001). In addition, aerobic fitness has been found to be an important component of performance, and can thus influence the ability to sustain the training load during BT (Jones & Knapik, 1999), while low aerobic fitness increases the risk of injury and illness leading to limited duty days during BT (Jones & Knapik, 1999; Knapik et al., 2001). However, the measurement of training load and performance over a long period of BT, when training includes different kind of activities, is challenging. A measure of physical activity level known as PAL, an average daily multiple of basal metabolic rate (BMR), is used to classify occupational workload and leisure time physical activity according to the following criteria: sedentary (1.4 x BMR), normal (1.8 x BMR), or active (2.0 x BMR) (Nordic Nutrition Recommendations, 2004). Another way to describe physical activity is the energy cost of activity (AEE) with corrections for differences in body size (Ekelund et al., 2004). AEE includes muscular activity, including shivering and fidgeting as well as purposeful physical exercise (Poehlman, 1989), and it is affected by the intensity and duration of activity as well as by individual differences in movement efficiency (Ainsworth et al., 1993).
All conscripts train together according to the same program throughout BT. Thus the physical activity is not optional and the PAL should be the same regardless of the subject’s fitness status. From another perspective, individuals with low aerobic fitness will experience greater physiological stress relative to their maximum capacity at any given absolute level of aerobic work (Jones & Knapik, 1999). Thus it could be hypothesized that the less fit conscripts will experience more physiological stress during physical activity because they have to work at higher relative intensities, and aerobic fitness is not necessarily related to AEE.

The doubly labeled water (DLW) method has been used as a gold standard for the measurement of total daily energy expenditure (EE) (Schoeller et al., 1986; Westerterp et al., 1995). Several studies have used the DLW method in military operations, for example during rigorous field training exercise (DeLany et al., 1989; Forbes-Ewan et al., 1989; Mudambo et al., 1997; Castellani et al., 2006), in extremely cold environments (Hoyt et al., 1991; Jones et al., 1993), or in the garrison (Mudambo et al., 1997). In combination with the measurement of basal metabolic rate, the DLW method allows the calculation of AEE and PAL over prolonged periods in military environments.

Energy intake (EI) has been found to influence EE and activity level (DeLany et al., 1989; Klein & Goran, 1993; Thompson et al., 1995). In addition, unfamiliar stressful situations have been found to affect energy intake (Popper et al., 1989). Most young men entering the military service will have their first experience of demanding physical training, eating outdoors, and performing overnight exercises in a forest. The common way to assess EI is a self-reported food diary. However, when DLW has been used to validate EI, a discrepancy between self-reported EI and measured EE has been observed, mainly due to underreporting
Underreporting can be divided into mis-recording and under-eating; mis-recording refers to a discrepancy between EI and measured EE with no change in body mass, and under-eating is a discrepancy accompanied by a decline in body mass over the food-recording interval (Goris & Westerterp, 1999), representing a negative energy balance. With a description of mis-recording, an estimate of true energy intake could be obtained.

No studies have examined the associations between soldiers’ maximal aerobic fitness, energy balance, body size, and activity during the BT season in winter conditions. Thus, the purpose of this study was to determine the importance of VO\textsubscript{2max}, energy balance and body size on AEE related to body mass (AEE·kg\textsuperscript{-1}) during the two hardest weeks of the wintertime BT season. In the present study, the activity level (AEE·kg\textsuperscript{-1}) equated to the training load during the entire period of BT. An additional purpose was to study the accuracy of a self-reported pre-filled food diary in the military environment without food weighing, but with known food composition.

**METHODS**

**Subjects**

Voluntary male conscripts (n=24) from the Signal Battalion of Northern Finland with varying VO\textsubscript{2max} levels participated in the present 2-week study. Conscript is a definition of a person who enters compulsory military service, which is strictly performed according to the standard direction of the Defense Command. The subjects were selected from a total of 131 subjects, who volunteered the present study. From the original subjects, 47 were discarded based on cardiorespiratory or musculo-skeletal disorders, and incomplete fulfillment or willingness to perform special duties. The remaining 84 were divided into three categories according to their level of voluntary physical activity before military service. From each category, 20 subjects
were selected, making a total of 60 randomly ordered subjects. Finally, these 60 subjects were
divided into three groups of equal numbers according to their initial VO$_{2\text{max}}$ (ml·kg$^{-1}$·min$^{-1}$)
when entering military service: > 45 ml·kg$^{-1}$·min$^{-1}$ for group 1; 40 - 44.9 ml·kg$^{-1}$·min$^{-1}$ for
group 2; < 39.9 ml·kg$^{-1}$·min$^{-1}$ for group 3. From each group, 8 subjects were randomly
selected making a total of 24 subjects. Subject characteristics are presented in Table 1. The
subjects’ physical fitness characteristics were representative of young Finnish men (Santtila et
al., 2006). All subjects were fully informed of the experimental protocol and gave their
written consent to participate in the study. They were also advised of their right to withdraw
from the investigation at any time. The study protocol was approved by the Finnish Defence
Forces, and the Ethics Committees of the University of Jyväskylä and the Kainuu region,
respectively.

**Study protocol**

The study took place during wintertime in Finland, when daily outdoor temperatures ranged
between -6°C to -19°C, with an average of -11°C (according to the local weather station). The
experimental protocol is presented in Table 2. The overall physical load of the 8-week BT
season was set according to the standard direction of the Defense Command. The study took
place during the last two weeks of BT, which was the most strenuous period of the BT season.
Food and water intake were ad libitum during the study. The average sleeping time at the
garrison was from 10 p.m. to 5:45 a.m. Military education included physically demanding
activities such as marching, combat training and sport related physical training. The
conscripts also carried combat gear weighing 25 kg, including clothing, particularly during
marching and combat training. In addition, the training included an overnight field exercise.
Garrison training involved theoretical education in classroom settings, material handling,
shooting and general military education, such as close order drills. Table 2 provides a more
detailed description of the other activities performed out of garrison.

Maximal oxygen uptake
To determine VO2max, the conscripts performed a maximal treadmill test. The start of the test
involved walking for 3-min at 4.6 km·h⁻¹ and walking/jogging at 6.3 km·h⁻¹ (1% slope) as a
warm-up. Thereafter, exercise intensity was increased every 3-min to induce an increase of 6
mL·kg⁻¹·min⁻¹ in the theoretical VO2max demand of running (ASCM, 2001). This was
achieved by increasing the initial running speed of 4.6 km·h⁻¹ by a mean of 1.2 km·h⁻¹ (range
0.6 – 1.4 km·h⁻¹), and by increasing the initial grade of 1 deg by a mean grade of 0.5 deg
(range 0.0 - 1.0 deg) up to the point of exhaustion  (ASCM, 2001). Pulmonary ventilation and
respiratory gas exchange data were measured on-line using the breath-by-breath method
(Jaeger Oxygen Pro, VIASYS Healthcare GmbH, Hoechberg, Germany), and mean values
were calculated at 1 minute intervals for statistical analysis. Heart rate was continuously
recorded at five-second intervals using a telemetric system (Polar810i, Polar Electro Oy,
Kempele, Finland). Blood lactate was determined 1 minute after completion of the exercise
from a fingertip blood sample using a lactate analyzer (LactatePro®, Arkray, Japan). The
criteria used for determining VO2max were: VO2max and heart rate did not increase despite
an increase in grade and/or speed of the treadmill, a respiratory exchange ratio (RER) higher
than 1.1, and a post-exercise blood lactate higher than 8 mmol·l⁻¹ (ASCM, 2001). All
participants satisfied these criteria.

Anthropometry and body composition
Body mass was measured with an accuracy of 0.01 kg (Inbody720 body composition
analyzer, Biospace Co. Ltd, Korea) at the beginning (BMpre), after one week (BMmid) and at
the end of the experimental period (BMpost). The measurements were performed between 6:00 and 7:00 a.m. after an overnight fast and after voiding, with no exercise for 12 hours before the test. The physical activities in the daily program was planned to be light a preceding day each measurement, and fluid status was estimated to be in balance based on the dietary records of the subjects. The subjects were barefoot and they wore T-shirts and trousers.

The BMmean was presented as an individual average of BMpre, BMmid and BMpost, and the change in BM (ΔBM) was calculated as the difference between BMpost and BMpre. Body height was measured to the nearest 0.5 cm using a wall-mounted stadiometer. Body mass index (BMI) was calculated as BMpre divided by the body height squared. Fat free mass (FFM) was calculated from total body water (TBW) as follows: FFM = TBW/0.732 (Pace & Rathburn, 1945). Fat mass (FM) was calculated as BMpre – FFM, and percentage of body fat as FM/BMpre x 100. TBW was measured with deuterium dilution according to the Maastricht protocol (Westerterp et al., 1995). TBW was calculated as the $^2$H dilution space divided by 1.04, correcting for exchange of the $^2$H label with nonaqueous H of body solids (Schoeller et al., 1980).

**Basal metabolic rate**

The basal metabolic rate (BMR) was measured once, for practical reasons, approximately 19 days before the DLW period. After an 11-h fast, the subject woke up at 5:30 a.m. for BMR measurements performed in a semirecumbent position, lying for 30 min in a quiet room. Oxygen consumption and carbon dioxide measurements were made with the same gas analyzer (Jaeger, Oxygen Pro, Germany) as used in the VO$_2$max test. BMR was automatically calculated from the oxygen and carbon dioxide values as follows: $EE = 1.59 \times VCO_2 + 5.68 \times VO_2 - 2.17 \times$ urinary nitrogen (Weir, 1949), where urinary nitrogen was assumed to be 15...
g/day. In the analysis, BMR was determined during the last 15 min of the 30-min measurement period.

**EE, AEE, AEE·kg⁻¹ and PAL**

EE was measured with DLW according to the Maastricht Protocol. (Westerterp et al., 1995). Briefly, at 10:00 p.m., before the measurements and after collecting a baseline urine sample, the subjects drank a weighed mixture of $^2$H₂O (99.9 atom %) and H$_2^{18}$O (10 atom %) resulting in an initial excess total body water enrichment of 150 ppm for deuterium and 300 ppm for oxygen-18. Total body water was estimated from calculated body composition, based on height, weight, age and gender, with the equation of Deurenberg et al. (1991), assuming a 73% hydration of fat-free mass. Subjects consumed no foods or fluids for 10 hours after dose administration, during the overnight equilibration of the isotopes with the body water. Subsequent urine samples were collected from the second and third voiding in the morning of day 1, and from the first and second voiding in the morning of days 8 and 15. Isotope quantities (deuterium and oxygen-18) in the urine were measured with an isotope ratio mass spectrometer (Optima, VG Isogas, UK), and CO₂ production was calculated from isotope ratios at the baseline, and days 1, 8, and 15, using the equations from Schoeller et al. (1986). CO₂ production was converted to daily metabolic rate using an energy equivalent based on the individual macronutrient composition of the diet (Black et al., 1986). AEE was calculated as EE x 0.9 – BMR, assuming diet-induced thermogenesis of 10% (Poehlman, 1989). To remove the confounding effect of body size (Ekelund et al., 2004), AEE was adjusted for BMmean (AEE·kg⁻¹). PAL was calculated as EE /BMR.
Energy intake

For studying energy intake (EI), the subjects kept a pre-filled food diary for 3-4 days in two phases. Altogether, habitual food intake was obtained from 7 days during the study. The pre-filled food diary included information about the food served in the military. Details of the food and fluids that were served, including their composition, was known beforehand, and this information was written in the pre-filled diary. Thus, the subjects were only required to record the amount of food and fluid that they consumed. The subjects had completed these diaries twice before the study to ensure that they were familiar with reporting food intake. The subjects received detailed verbal and written instructions about common household measures, such as cups and tablespoons, and specific information about the quantity of the measurements. They were asked to record brand names of every non-military food that they consumed, as well as their cooking methods. In addition, they were advised to be as accurate as possible in recording the amount and type of food and fluid consumed. Any questions, ambiguities, or omissions were resolved individually and controlled via personal interviews, which included questions about whether they ate less during the recording period (under-eating) or wrote down everything they consumed (mis-recording). Daily nutritional consumption was quantified by the computer program Nutrica® software (version 3.11, Finland). The recipes of the food that was consumed in military circumstances were added to the database.

Accuracy of the food diary and estimated true energy intake

Estimated true energy intake (TrueEI) was calculated using EI and changes in body energy stores (AES), which was calculated from changes in body mass, assuming that a body mass of 1 kg is equivalent to 30 MJ (75% fat mass, 25% fat-free mass, with 73% water; (Westerterp et
Underreporting, mis-recording, under-eating (energy balance), and TrueEI were calculated as follows:

Underreporting (%) = (EI - EE) / EE x100

Mis-recording (%) = [(EI - ΔES) - EE] / EE x 100

Under-eating (%) = energy balance (%) = [(ΔES / study days) / EE] x100

TrueEI = EI – mis-recording = EI – [(EI - ΔES) – EE] = ΔES + EE

Statistical analysis

Changes in BM were tested by paired samples T-test. FM was log transformed to reduce skewness. To remove the potential effect of body size on VO₂max, FFM adjusted values for VO₂max (VO₂max_FFM) were calculated according to the method described by Toth et al. (1993). Pearson correlation coefficients were computed to determine the linear relationship between EE, AEE, AEE·kg⁻¹, PAL, BMR and VO₂max_FFM (l/min), energy balance and body composition (BMpre, FM, FFM, BMI). To examine the effects of BMI, fitness and under-eating on AEE·kg⁻¹, the subjects were divided into tertiles with equal numbers of subjects according to their BMI (< 22.5 kg·m⁻² for LowBMI; 22.6 – 24.8 kg·m⁻² for ModerateBMI; > 24.9 kg·m⁻² for HighBMI), VO₂max_FFM (< 3.44 l·min⁻¹ for LowFIT; 3.45 – 3.68 l·min⁻¹ for ModerateFIT; > 3.69 l·min⁻² for FIT) and energy balance (< 0.76 MJ·d⁻¹ for Low; -2.16-0.75 MJ·d⁻¹ for Moderate; > -2.17 MJ·d⁻¹ for High under-eating). One-way ANOVA with LSD post hoc test was used to compare the differences in AEE·kg⁻¹, energy-balance and fitness or BMI between the category groups. For further evaluation of the interaction and to identify the predictors of AEE·kg⁻¹ from the independent variables multivariable linear regression analysis was used. The independent variables were VO₂max_FFM (l·min⁻¹), body composition and energy balance. The final model was computed after the multicollinearity diagnostic and the assumptions for regression analysis were fulfilled. All statistical analyses were performed
using SPSS (14.0.1, 2005; SPSS Inc., Chicago, IL). The level of statistical significance was set at $p < 0.05$.

RESULTS

BMR ($7.66 \pm 0.92 \text{ MJ/d}$) represented $50 \pm 5\%$ and AEE ($6.26 \pm 1.21 \text{ MJ/d}$) $40 \pm 5\%$ of the total EE (Table 3). The reported EI of $11.5 \pm 3.2 \text{ MJ/d}$ was significantly lower than the measured EE ($15.5 \pm 1.6 \text{ MJ/d}$), and thus the results revealed significant underreporting ($-26.0 \pm 17.5\%$, $p < 0.001$). The data of reported intake indicated that daily carbohydrate consumption in relation to the total reported EI was $58 \pm 4\%$ ($5.2 \pm 1.6 \text{ g/kg}$), fat $27 \pm 4\%$ ($1.1 \pm 0.4 \text{ g/kg}$), protein $14 \pm 2\%$ ($1.3 \pm 0.4 \text{ g/kg}$), and alcohol $0.3 \pm 0.9\%$ ($0.01 \pm 0.04 \text{ g/kg}$). When the reported EI was corrected for the mis-recording ($-20.4 \pm 26.3\%$), TrueEI did not differ from EE ($-5.6 \pm 25.5\%$, ns.), which indicates a non-significant negative energy balance (under-eating) of the present subjects. However, Figure 1 indicates that few subjects had a negative energy balance, which was negatively related to BMpre ($r = -0.73$, $p < 0.001$), FM ($r = -0.83$, $p < 0.001$) and BMI ($r = -0.80$, $p < 0.001$).

The subjects in the HighBMI group had lower AEE·kg$^{-1}$ ($p < 0.01$) compared with the subjects in the LowBMI and ModerateBMI groups (Figure 2A). The HighBMI subjects had also significantly higher negative energy balance ($-4.2 \pm 3.08 \text{ MJ/d}$) compared with those subjects in the LowBMI ($1.6 \pm 3.23 \text{ MJ/d}$, $p < 0.001$) and the ModerateBMI ($0.11 \pm 3.30 \text{ MJ/d}$, $p < 0.01$) groups. The LowBMI and ModerateBMI groups did not differ according to AEE·kg$^{-1}$, and both energy balance and VO$_{2 \text{maxFM}}$ did not either differ between the three BMI groups. AEE·kg$^{-1}$ was also lower in LowFIT compared with ModerateFIT and FIT ($p < 0.05$) (Figure 2B), but BMI and energy balance did not differ between these three FIT groups. Furthermore, AEE·kg$^{-1}$ was lower among subject in the High under-eating group compared...
with the Low and Moderate under-eating groups (p < 0.01) (Figure 2C). These subjects had also higher BMI (27.8 ± 3.6 kg·m⁻²) compared with subjects in the Low (21.4 ± 2.4 kg·m⁻², p < 0.001) and Moderate (23.6 ± 1.9 kg·m⁻², p < 0.01) under-eating groups and lower VO₂maxFMM (3.43 ± 0.27 l·min⁻¹) compared with the Moderate under-eating group (3.75 ± 0.28 l·min⁻¹, p < 0.05). The Moderate and Low under-eating groups did not differ in AEE·kg⁻¹, BMI or VO₂maxFMM.

VO₂maxFMM was positively related to AEE and AEE·kg⁻¹ (r = 0.44, p<0.05 and r = 0.41, p < 0.05, respectively), but it had no relationship with EE (Table 4). BMI was negatively related to AEE·kg⁻¹ (r = -0.60, p<0.01) but it also had no relationship with EE or AEE (Table 4). In addition, in spite of the fact that BM did not change (-0.4±1.8 kg, ns.) during the two-week training period, energy balance was related to AEE·kg⁻¹ (r=0.58, p<0.01) (Table 4). Table 5 shows the multivariate regression equations for explaining variation in AEE·kg⁻¹. Model included energy balance, VO₂maxFMM and BMI. Only BMI remained in the model by explaining 33% of the variation in AEE·kg⁻¹ with a standard error of estimate (SEE) of 0.02 MJ·d⁻¹·kg⁻¹ or 25 % of the mean AEE·kg⁻¹.

**DISCUSSION**

To our knowledge, there are no previous reports showing a relationship between VO₂max and activity (AEE·kg⁻¹) during the BT season. The hypothesis was that the less fit conscripts would experience more physiological stress during physical activity, and that aerobic fitness would not be related to AEE·kg⁻¹. Our contrary findings might partly be explained by the more intense participation and engagement of fit conscripts in military training. Moreover, in field situations the fit soldiers were often called upon to perform more military tasks. In support of this theory, endurance-trained cyclists have been found to have a significantly

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**Deleted:** In model 2, VO₂maxFMM and energy balance were inserted into the model, and these parameters together increased the explained variation in AEE·kg⁻¹ to 40%.
greater energy cost of cycling at the same relative intensity than untrained, less fit controls. This was due to the lower required workload of the less fit subjects to increase their heart rate to 75% of maximum, and thus their energy expenditure was also low (Horton et al., 1994). In contrast, during high intensity activities, the low absolute work capacity of the least-fit subjects might limit their work ability.

The strength of the present study was the use of a regression-based approach to remove the confounding influences of BM or FFM, rather than a standard ratio approach to express VO2max values relative to BM (ml/kg/min). The ratio method could lead to a significant and positive intercept, resulting automatically in higher values for lighter subjects (Toth et al., 1993). In the present study, the intercept for the regression of VO2max with BM was significantly different from zero (p<0.01), but with FFM it was not. The best predictor of VO2max (l/min) was FFM with the variation of 75% (r=0.87, p<0.001) compared to BM with the respective variation of 35% (r=0.60, p<0.01). We therefore adjusted VO2max for FFM. Very few studies have used DLW to estimate the relationship between AEE or EE and VO2max (Ambler et al., 1998; Brochu et al., 1999). Our results are well in line with the study of Brochu et al. (1999), where they found a significant relationship between VO2max and AEE in older individuals. The total EE in this study was similar (15.5 MJ·d⁻¹) to that measured on hilly terrain with temperatures ranging from -1.1 to 16.1 °C (14.24 MJ·d⁻¹) (DeLany et al., 1989), and to a group of soldiers working in the garrison (Mudambo et al., 1997). However, the present EE was lower than that measured in jungle warfare (Forbes-Ewan et al., 1989), in a winter military training course (Hoyt et al., 1991; Jones et al., 1993), and in a commando field exercise in a hot and dry climate (Mudambo et al., 1997). The mean (±SD) total energy expenditure of all male military personnel (N=424) is reportedly 19.3 ± 2.7 MJ·d⁻¹ across all activities, military occupational specialties, and environments (Tharion et
Comparisons in EE between the present study and other studies should be made with caution. For example, there are possible differences in the body mass of the subjects and in the combat gear that was carried, both of which affect the total energy expenditure.

In the multivariate regression analysis, **only BMI remained in the model**, although the correlation and one-way analysis revealed that also positive energy balance and **good fitness level** were related to higher activity (AEE·kg⁻¹). In other words, the slimmer the subject, the smaller the loss of BM. This also suggests that more active subjects exhibit greater levels of aerobic fitness. This was partly explained by the fact that under-eating (negative energy balance) was negatively related to BMI. Thus, especially the subjects with higher BMI were more prone to lose body mass than their slimmer counterparts. Even though negative energy balance was not significant (-5.6%) at the group level, the individual variation in energy balance ranged from -66.3 to 41.7%. Based on Figure 1, one third of subjects had a negative energy balance. However, in the present subjects, of whom one third (n=8) had a BMI over 25, the acceptable tolerance limits for serious under-eating classification is critical. The positive relationships observed between TrueEI and EE (Figure 1), and between energy balance and AEE·kg⁻¹ are well in line with other studies, where low EI in males was found to be related to low EE (DeLany et al., 1989; Thompson et al., 1995), as well as to spontaneous physical activity (Thompson et al., 1995) when compared to an adequate EI group. Moreover, it has been shown that EE and AEE increase simultaneously with an increase in EI, which might be partly a reflection of EI to BMR (Klein & Goran, 1993). However, Castellani et al. (2006) presented a contrary conclusion. They found that during a short period (54 hours) of physical loading, recruits were able to maintain high EE and PAL despite sustaining substantial energy deficits.
The PAL value of 2.0 obtained during the present wintertime BT is comparable to values from people performing very strenuous work or daily competitive athletic training (Nordic Nutrition Recommendations, 2004). In addition, some subjects also ate less than required. If these stressors, together with other stressors, affect soldiers for a longer period, overtraining symptoms may occur (Meeusen et al., 2006). If the BMI is used as an index of body size, it was not associated with AEE, but was negatively related to AEE·kg⁻¹ and positively to BMR (Table 4). Our findings showed further that BMR did not have any relationship with VO₂max, but it was negatively related to AEE·kg⁻¹. Among children it has been observed that AEE and EE tend to increase more with increasing body size than BMR (Ekelund et al., 2002). However, this was not seen in the present study, in which most military tasks were performed at low-to-moderate intensity levels. This meant that the least-fit subjects were able to perform those tasks well.

An additional purpose of the present study was to investigate the accuracy of a pre-filled food diary. Great care was taken to evaluate energy intake as correctly as possible without food weighing. In spite of the careful guidance and control, mis-recording was as high as -20% and EI was only 74% of EE. It has been found that subjects who accurately reported their food intake at the first attempt were also able to do so at the second attempt (Goris et al., 2001). On the other hand, it is known that accuracy will decrease if the minimum recording time of seven days is extended. This happens due to a decline in motivation in keeping the food diary (Goris et al., 2001). The calculation of under-eating, mis-recording and an estimate of true energy intake were all based on changes in body energy stores, in which the energy content of 30 MJ corresponds to 1 kg of body mass. However, the mass ratio of 30 MJ / 1 kg for storage or mobilization of energy between FM and FFM might differ individually, affecting the present results. We could have measured changes in body energy stores based on changes in
FM and FFM, but two weeks may be too short a period to measure these parameters with sufficient accuracy. A more accurate method to estimate mis-recording and to calculate true energy intake involves a measure of water balance (Goris & Westerterp, 1999), but this method still requires the recoding of food and fluid intake, which are both prone to mis-recording (Goris & Westerterp, 1999; Goris et al., 2001; Westerterp & Goris, 2002; Tharion et al., 2005).

PERSPECTIVES

The fitness level of Finnish young men has decreased with a concurrent increase in body mass (Santtila et al., 2006). Consequently, some conscripts entering compulsory military service have a low fitness level. However, the same program has to be performed by all conscripts in the military environment. The goal of physical training during the basic training season is to increase soldiers’ aerobic fitness and muscle strength to prepare them for demanding military tasks. This leads to the question of whether fitness or body size affects the ability to train. In this study the training load was assessed by relating activity energy expenditure to body mass (AEE·kg⁻¹). The subjects with low VO²max, high BMI and negative energy balance were vulnerable for low AEE·kg⁻¹, but from these three factors only BMI remained in the multivariate regression model. This indicates that overweight may limit the most the high intensity physical training. In order to enhance physical fitness in a group of conscripts who exhibit variable fitness levels, these results suggest that conscripts could be divided into training groups simply based on BMI, rather than aerobic fitness level or a combination of these parameters.

Another issue is the importance of energy balance in sustaining a high training load. The results confirm that during BT, physical performance is affected by aerobic fitness and BMI.
as well as by energy balance. Initially, BMI has to be taken into consideration. Thereafter, energy balance should be optimized to facilitate physical performance, and to allow a high training load to be sustained during the BT season. This situation is comparable with that of athletes: without adequate energy intake, high level training is not possible. Thus, because energy balance influenced AEE·kg⁻¹, conscripts should be advised about adequate energy intake, especially during the most strenuous training period.

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REFERENCES


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FIGURE LEGENDS

FIGURE 1. Relationship between estimated true energy intake (TrueEI) and energy expenditure (EE). The line represents the energy balance.

FIGURE 2. AEE·kg⁻¹ in Low, Moderate and High BMI (A), fitness (B) and under-eating (C) groups. Significant difference as compared with: Low BMI and under-eating ## p<0.01, Moderate BMI and under-eating ** p<0.01, High fitness # p<0.05, Moderate fitness * p<0.05.
The list of changes performed with regard to the manuscript (SJMSS-O-028-08.R1) entitled "Aerobic fitness, energy balance and BMI are associated with training load assessed by activity energy expenditure"

We thank all reviewers' of valuable comments, which have improved greatly our manuscript and concentrated our mind to present results more clearly. We appreciate the reviewers' patience and hopefully the manuscript fulfills the requirement of SJSSM.

Reviewers' Comments to Author:

Reviewer: 1
The original criticism of an excessive reliance on the regression-based analysis remains. Correlations do not necessarily explain physiology or define causality. The response that "the correlation and regression-based analysis are acceptable as far as we understand. Thus, we have done no changes in this regard." in inadequate. Statements such as "The negative relationship between BMI and AEE·kg⁻¹ indicates that high-level training may not be possible in overweight conscripts. Furthermore, optimal energy balance facilitates physical performance, and enables high training loads to be sustained during the BT season." are unsupported.

Answer: We completely agree with your comment. Therefore, we have modified the text as you suggested. We have added the one-way ANOVA analysis to examine the effects of BMI, fitness and energy balance on AEE·kg⁻¹.

Reviewer: 2
Reviewer 1 (My review).
Comment 6. Clarification on how physical training and fluid intake were kept the same was needed.

The authors state that physical training and fluid intake was kept the same. This seems to be clarified. However, I am puzzled how and why the investigators could keep physical training constant the day preceding a measurement but at the same time did not try to control activities overall. See Comment 3 from Reviewer 2 where the authors agree that the more fit were doing more work than the less fit. Given that some control was in place from this comment and one of the major goals of the study was to see if energy balance explained AEE why then was not AEE controlled for?

Answer: We have modified the text according to your comment. “The physical activities in the daily program was planned to be light a preceding day each measurement” (P 8, the paragraph “Anthropometry and body composition”). However, the overall AEE was not controlled, because our purpose was to evaluate whether the conscripts intake enough energy, and if not, has energy balance an effect on AEE.

Comment 9 and 10. Problems understanding Figure 2. The authors state the purpose of this study was to determine the importance of energy balance and body size as well as VO₂ max on AEE. kg⁻¹. The response that Figure 2 illustrates better than just words is correct. However, only 33% of the variance is explained. Because the correlation was significant does not make it overly meaningful. Furthermore, it
appears that a more appropriate analysis or at least a supplementary analysis would be to do an ANOVA to see if significant differences in AEE kg⁻¹ exist between the three BMI groups created. The authors make one of their main conclusions in the abstract from this correlation analysis. Correlation is not causality!

Answer: Thank you of your valuable comment. We agree and have added one-way ANOVA to compare AEE·kg⁻¹ with BMI, fitness and energy balance groups. We had 24 subjects, which is a good number for the used expensive DLW method. If we had divided our subjects into the median of BMI and fitness and further into the basis of the median division, thus four groups (fit & fat, fit & unfat, unfit & fat, unfit & unfat) would have given only 6 subjects for each group. From the statistical point of view this would have not been enough. Thus we decided to compare BMI, fitness and energy balance groups (n=8 / group). In the re-revised manuscript, we have modified the text as you suggested.

When trying to come up with predictors we see from Model 1 that there is an adjusted r-square of .33 for BMI. As an aside, why is VO₂maxFFM and Energy Balance even listed since they are not contributors to this model? They should be deleted. From Model 2 we see that Energy Balance and VO₂max together have an adjusted r-square of .40. But that does not mean now that 73% of the variance in AEE . kg⁻¹ is explained by these three factors. There are collinearity factors with these 3 predictors which is one reason I presume why all three predictors were not put into one equation. But in the abstract the authors mislead the reader because they separate out the correlations of each dependent measure. This is not correct. The authors should use the best regression equation they can come up with as the prediction equation with all the assumptions met and state that as the result. Furthermore, since they state that they are using regression to predict AEE. kg⁻¹ (which is the main use of regression) the equation should be verified on another sample and/or developed on part of this sample and verified on a hold-out sample. Also, should the unit of measure for VO₂maxFFM (l.min⁻¹) be per kg of FFM?

The authors in my opinion did not adequately address Comments 9 and 10.

Answer: You are right. We have rewritten Table 5 and deleted VO₂maxFFM and Energy Balance from Model 1 since they are not contributors to this model. There really were collinearity factors with 3 predictors in Model 2, which was the reason why all three predictors were not forced into one equation. Thus, we deleted this model. In our study, the regression was used to identify the predictors of AEE·kg⁻¹ as well as to evaluate the interaction of the variables on AEE·kg⁻¹. That is why there was no need for verifying the equation. We have also modified the text as you suggested and changed the text in the abstract not to mislead the reader.

The strength of the present study was the use of a regression-based approach to remove the confounding influences of BM or FFM. The ratio method could lead to a significant and positive intercept, resulting automatically in higher values for lighter subjects (Toth et al., 1993). In the present study, the intercept for the regression of VO₂max·FFM (l/min) with FMM was not significantly different from zero (p>0.05) (Discussion, page 13). Thus, indeed we could have used VO₂max ml/FFMkg/min. However, to be as precise as possible, we decided to use FFM adjusted VO₂max (l/min), which is suggested by Toth et al. (JAP1993: 75: 2288-2292) and used in previous studies when energy expenditure has been evaluated (Brochu et al. J Clin Endocrinol Metab. 1999: 84: 3872-3876.).
Reviewer 1 (Other Reviewer’s Review).

Comment 1. Author’s overstate their conclusions. Recommendation to authors is that they temper their conclusions.

Authors made no changes. This is an unacceptable response to this well-founded recommendation. As this reviewer mentions and I mention above, the authors’ conclusions are based on correlations. Correlations are not causes. The sentence in the abstract “During wintertime BT AEE . kg-1 is affected by …..” is attributing cause to correlation results. This is not appropriate and bothersome that the authors did not take this criticism more constructively.

Comment 3. Comment was that more fit soldiers did more work. Authors acknowledge this point, but one of the main conclusions was that high level training may not be possible in overweight conscripts. The authors ignore the point this reviewer was making. From what I understand, perhaps the less fit soldiers chose to do less or were assigned to do less work. Given that work intensity was not controlled for, as the authors acknowledge, how can they determine what was a limit as opposed to what just happened or what work level was assigned to various individuals. It also seems suspect that the investigators had some control over what was performed (see Author’s response to Reviewer 1’s Comment 6) but overall work level was not controlled for. The overall impact of this is that again as this reviewer states, the conclusions are too far-reaching for the results of these analyses.

Answer: We completely agree with your comment. Therefore, we have modified the text of the abstract, conclusion and perspectives. We have added the one-way ANOVA analysis to examine the effects of BMI, fitness and energy balance on AEE·kg⁻¹.
TABLE 1. Physical characteristics of the subjects (N=24). VO$_2$max refers to maximal oxygen uptake.

<table>
<thead>
<tr>
<th></th>
<th>Mean ± SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (yr)</td>
<td>19.6 ± 0.2</td>
<td>19.1 - 20.1</td>
</tr>
<tr>
<td>Height (cm)</td>
<td>171 ± 7.0</td>
<td>155 - 178</td>
</tr>
<tr>
<td>Body mass (kg)</td>
<td>77.6 ± 14.9</td>
<td>56.3 - 111.3</td>
</tr>
<tr>
<td>Body mass index (kg·m$^{-2}$)</td>
<td>24.3 ± 3.8</td>
<td>18.3 - 32.2</td>
</tr>
<tr>
<td>Fat free mass (kg)</td>
<td>59.7 ± 9.4</td>
<td>42.4 - 72.4</td>
</tr>
<tr>
<td>Fat mass (kg)</td>
<td>18.0 ± 9.7</td>
<td>5.5 - 44.0</td>
</tr>
<tr>
<td>Fat %</td>
<td>22.1 ± 7.9</td>
<td>9.4 - 39.5</td>
</tr>
<tr>
<td>VO$_2$max (l·min$^{-1}$)</td>
<td>3.6 ± 0.6</td>
<td>2.4 - 4.5</td>
</tr>
<tr>
<td>VO$_2$max (ml·kg$^{-1}$·min$^{-1}$)</td>
<td>47 ± 7</td>
<td>30 - 58</td>
</tr>
</tbody>
</table>
TABLE 2. The experimental protocol. BMR refers to basic metabolic rate.

<table>
<thead>
<tr>
<th></th>
<th>Days before DLW</th>
<th>Days during DLW assessment period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 1 2 3 4 5 6 7</td>
<td>8 9 10 11 12 13 14 15</td>
</tr>
<tr>
<td>BMR measure</td>
<td>-28... -1</td>
<td></td>
</tr>
<tr>
<td>VO₂ max test</td>
<td>- 9 ... - 5</td>
<td></td>
</tr>
<tr>
<td>DLW dose</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Urine sample</td>
<td>x x x</td>
<td>x x x x x x x x x x</td>
</tr>
<tr>
<td>Body composition</td>
<td>x x x</td>
<td>x x x x x x x x x x</td>
</tr>
<tr>
<td>Dietary record</td>
<td>x x x x</td>
<td></td>
</tr>
<tr>
<td>Overnight field exercise</td>
<td>x x x x</td>
<td></td>
</tr>
<tr>
<td>Skiing march</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Shooting exercise</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Combat shooting exercise</td>
<td>x x</td>
<td></td>
</tr>
<tr>
<td>Combat training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekend leave</td>
<td></td>
<td>x x</td>
</tr>
</tbody>
</table>

Note: BMR refers to basic metabolic rate.
TABLE 3. Energy expenditure (EE), its components and energy intake (EI) variables in 24 conscripts.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean ± SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE (MJ·d⁻¹)</td>
<td>15.48 ± 1.65</td>
<td>12.75 – 18.51</td>
</tr>
<tr>
<td>AEE (MJ·d⁻¹)</td>
<td>6.26 ± 1.21</td>
<td>4.18 – 8.94</td>
</tr>
<tr>
<td>AEE·kg⁻¹ (MJ·d⁻¹·kg⁻¹)</td>
<td>0.08 ± 0.02</td>
<td>0.04 – 0.13</td>
</tr>
<tr>
<td>PAL ²</td>
<td>2.03 ± 0.21</td>
<td>1.68 – 2.47</td>
</tr>
<tr>
<td>BMR (MJ·d⁻¹)</td>
<td>7.66 ± 0.92</td>
<td>5.50 – 9.44</td>
</tr>
<tr>
<td>EI (MJ·d⁻¹) ***</td>
<td>11.52 ± 3.23***</td>
<td>6.73 – 17.77</td>
</tr>
<tr>
<td>Estimated true EI (MJ·d⁻¹)</td>
<td>14.62 ± 4.17</td>
<td>4.90 – 22.35</td>
</tr>
<tr>
<td>Underreporting (%)</td>
<td>-26.0 ± 17.5</td>
<td>-52.4 – 5.6</td>
</tr>
<tr>
<td>Under-eating = energy balance (%)</td>
<td>-5.6 ± 25.5</td>
<td>-66.3 – 41.7</td>
</tr>
<tr>
<td>Mis-recording (%)</td>
<td>-20.4 ± 26.3</td>
<td>-82.9 – 29.5</td>
</tr>
</tbody>
</table>

AEE, activity energy expenditure; AEE·kg⁻¹, activity energy expenditure related to body mass; PAL, physical activity level; BMR, basal metabolic rate.

² calculated as EE/BMR.

*** difference with EE (p<0.001).
TABLE 4. Pearson correlation coefficients between BMI, VO₂max and energy balance and EE, AEE, AEE·kg⁻¹ and BMR.

<table>
<thead>
<tr>
<th></th>
<th>BMI (kg·m⁻²)</th>
<th>VO₂max (l/min)</th>
<th>VO₂max_FMM (l/min)⁴</th>
<th>Energy balance (MJ·d⁻¹)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE (MJ·d⁻¹)</td>
<td>0.30</td>
<td>0.77 ***</td>
<td>0.29</td>
<td>0.29</td>
</tr>
<tr>
<td>AEE (MJ·d⁻¹)</td>
<td>-0.70</td>
<td>0.44 *</td>
<td>0.44 *</td>
<td>0.21</td>
</tr>
<tr>
<td>AEE·kg⁻¹ (MJ·d⁻¹·kg⁻¹)</td>
<td>-0.60 **</td>
<td>-0.16</td>
<td>0.41 *</td>
<td>0.58 **</td>
</tr>
<tr>
<td>BMR</td>
<td>0.58 **</td>
<td>0.66 ***</td>
<td>-0.10</td>
<td>-0.27</td>
</tr>
</tbody>
</table>

p<0.05, ** p<0.01, ***p<0.001

EE, energy expenditure, AEE, activity energy expenditure; AEE·kg⁻¹, activity energy expenditure related to body mass; BMR, basal metabolic rate.

⁴ VO₂max adjusted by fat free mass by using a regression-based approach (Toth et al., 1993).
TABLE 5. Multivariate regression model for explaining the variation in AEE·kg⁻¹ (MJ·d⁻¹·kg⁻¹).

<table>
<thead>
<tr>
<th>Prediction equation</th>
<th>Adjusted R²</th>
<th>SEE</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEE·kg⁻¹ = 0.165 - (BMI x 0.003)</td>
<td>0.33</td>
<td>0.02</td>
<td>0.002</td>
</tr>
</tbody>
</table>

AEE·kg⁻¹, activity energy expenditure related to body mass.
FIGURE 1. The relationship between estimated true energy intake (TrueEI) and energy expenditure (EE). The line represents the energy balance. 

Positive energy balance

$r = 0.44$
$p < 0.05$
$n = 24$

Negative energy balance (under-eating)
FIGURE 2. AEE (kg^-1 in Low, Moderate and High BMI (A), fitness (B) and under-eating (C) groups. Significant difference as compared with: Low BMI and under-eating ## p<0.01, Moderate BMI and under-eating ** p<0.01, High fitness # p<0.05, Moderate fitness * p<0.05.

162x87mm (150 x 150 DPI)