

# Suplementação de nitrato dietético, desempenho aeróbico e potencial de ganhos marginais – uma breve revisão

# Dietary nitrate supplementation, aerobic performance and potential marginal gains - a brief review

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Resumo: Nos últimos anos, a suplementação de nitrato, obtido principalmente via suco de beterraba, tornou-se um dos recursos ergogênicos nutricionais mais populares na nutrição esportiva. Supõe-se que o nitrato aumente a biodisponibilidade de óxido nítrico, melhorando a entrega de oxigênio muscular e o desempenho aeróbico. No entanto, esses efeitos da suplementação com nitrato parecem estar relacionados ao nível de aptidão física dos indivíduos. Contudo, em atletas, a suplementação de nitrato exerce ganhos marginais no desempenho aeróbico que podem definir a vitória. Esta revisão tem como objetivo apresentar uma breve atualização sobre os efeitos ergogênicos da suplementação de nitrato no desempenho aeróbico e como o nível de condicionamento físico pode influenciar os efeitos do nitrato. Os mecanismos pelos quais a suplementação de nitrato melhora o desempenho aeróbico e as implicações práticas para ganhos marginais da suplementação de nitrato em um ambiente competitivo também são discutidos.

**Palavras-chave:** Suco de beterraba; Recursos ergogênicos; Nitrato, Desempenho esportivo; Suplemento.

Abstract: In recent years, nitrate supplementation, obtained primarily via beetroot juice, has become one of the most popular nutritional ergogenic resources in sports nutrition. The nitrate is supposed to increase nitric oxide bioavailability, improving muscle oxygen delivery and aerobic performance. However, these effects of nitrate supplementation seems to be related to the physical fitness level of individuals. In athletes, nitrate supplementation exerts marginal gains in aerobic performance which may define victory. This review aims to present a brief update on the ergogenic effects of nitrate supplementation in aerobic performance, and how the physical fitness level might influence the nitrate effects. The mechanisms by which nitrate supplementation improves aerobic performance and practical implications for marginal gains from nitrate supplementation in a competitive setting, are also discussed.

Key words: Beetroot Juice; Ergogenic; Nitrate; Sports performance; Supplement.

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### 1. Introduction

Ergogenic resources that, directly and/or indirectly, maximize physical and competitive performance have been widely investigated in the last decades. They are used to improve energy use efficiency, to recovery body composition, and resistance to peripheral and central fatigue. Nutritional ergogenic resources are obtained by modulating the dietary composition and/or supplementation use (intake of a nutrient or dietary component above the usual)¹. Nutritional ergogenic resources improve athletes' adaptations to physical training and may represent the difference between victory and defeat in a competition.

The International Society of Sports Nutrition considers a nutrient/dietary component ergogenic when: (1) the basic science behind the supposed ergogenic agent presents theoretical evidence; (2) it is legal and safe, and (3) there is robust scientific evidence to support this effectiveness <sup>2</sup>. To date, only five nutritional ergogenic resources are recognized by the International Association of Athletics Federations<sup>3</sup> and International Olympic Committee<sup>4</sup>: beta -alanine, sodium bicarbonate, caffeine, creatine, and nitrate.

In recent years, nitrate (NO<sub>3</sub>-) supplementation, obtained via beetroot juice or inorganic nitrate, has become one of the most popular nutritional ergogenic resources in sports nutrition. NO<sub>3</sub>- is supposed to increase nitric oxide (NO) bioavailability improving muscle oxygen delivery and aerobic performance<sup>5,6</sup>. NO is a free radical that plays a pivotal role in cellular functions with worthwhile effects to exercise performance, such as vasodilatation and improvements in mitochondrial respiration, glucose uptake, and skeletal muscle contractility. Because the NO molecule is highly unstable, there is a constant need for its regeneration<sup>7,8</sup>.

The spotlight on beetroot juice occurred almost accidentally. It resulted from a search for a natural food source for NO<sub>3</sub>- supplementation to substitute the nitrate salts that are not approved for use in many countries<sup>5</sup>. Beetroot and green leafy vegetables such as spinach, arugula, watercress, lettuce, celery, radish, and chard are the food sources with the highest levels of NO<sub>3</sub>- (250mg/100g) <sup>9</sup>. After their intake, NO<sub>3</sub>- is reduced to nitrite (NO<sub>2</sub>-) and subsequently to NO, which becomes available to tissues. The NO synthesis through the NO-synthase enzyme (NOS) is oxygen-dependent, whereas NO<sub>2</sub>- reduction to NO is potentiated by acidosis and hypoxia. Therefore, this last pathway for NO synthesis is preferred during exercise (Fig. 1)<sup>8,10</sup>.

Nutritional supplements developed to increase the NO availability focus on the NOS-dependent pathway. Thereby, supplements with arginine amino acid as their base became popular. However, scientific evidence has shown that, although plasma arginine increases after intake of these supplements, no significant increase in NO production is observed in response to exercise<sup>2,11</sup>. The first study that highlighted the benefits of NO<sup>3</sup>-dietary intake on aerobic performance was a randomized, double-blind, placebo-controlled crossover clinical trial conducted by Larsen et al. <sup>12</sup>. The trial evaluated nine well-trained men which performed a graded exercise testing on a cycle ergometer (45 to 80% of the peak oxygen consumption - VO<sub>2peak</sub>) after sodium NO<sup>3</sup>-supplementation (0.1 mmol/kg<sup>-</sup>-

<sup>1</sup>/day) or placebo for 3 days. The previous supplementation reduced oxygen consumption without an increase in lactate concentration during the submaximal aerobic physical test, indicating that energy production had become more efficient.

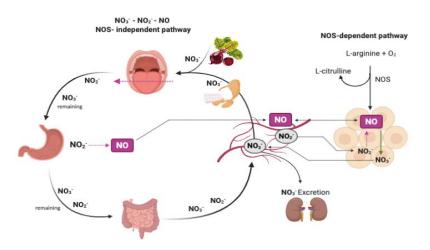


Figure 1 - The pathways of nitric oxide (NO) production.

Legend: In the **NO** synthase (**NOS**)–dependent pathway, L-arginine and O<sub>2</sub> produce NO in a reaction catalyzed by the NOS enzymes. After its production, NO can be rapidly oxidized to form NO<sub>2</sub><sup>-</sup> and NO<sub>3</sub><sup>-</sup>. In the **NOS**-independent pathway, the ingestion of NO<sub>3</sub><sup>-</sup> from dietary sources is swallowed and rapidly absorbed across the upper gastrointestinal tract into the systemic circulation, where it mixes with endogenous NO<sub>3</sub><sup>-</sup>. Approximately 70% of ingested NO<sub>3</sub><sup>-</sup> is excreted by kidneys whereas 25% of the circulating NO<sub>3</sub><sup>-</sup> is actively taken up by the salivary glands. When salivary NO<sub>3</sub><sup>-</sup> is secreted into the oral cavity with dietary NO<sub>3</sub><sup>-</sup>, anaerobic bacteria reduce NO<sub>3</sub><sup>-</sup>  $\rightarrow$  NO<sub>2</sub><sup>-</sup> via NO<sub>3</sub><sup>-</sup> reductase enzymes. NO<sub>2</sub><sup>-</sup> -rich saliva is then swallowed and further reduce  $\rightarrow$  to NO nonenzymatically in the acidic stomach in a reaction that is greatly enhanced by the presence of vitamin C and polyphenols. Some NO<sub>2</sub><sup>-</sup> escapes acidic reduction in the stomach and enters the system circulation. However, most of the remaining NO<sub>2</sub><sup>-</sup> and NO<sub>3</sub><sup>-</sup> are absorbed in the intestine and directly enter the systemic circulation, generating NO in blood and tissues<sup>10</sup>. Figure created with BioRender.com.

The amount of NO<sub>3</sub> supplementation used in the studies from Larsen et al.<sup>12</sup> was similar to that found in 150 to 250g of NO<sub>3</sub> vegetable sources. According to classical knowledge, oxygen consumption is fixed for each submaximal workload with a minimal inter-individual variation. Thus, the discovery that a dietary component could influence oxygen consumption was unexpected<sup>8,13</sup>. In subsequent years, it was also investigated whether NO<sub>3</sub>, specifically from beetroot, would be exclusively responsible for the reduction in oxygen consumption during submaximal exercise since this plant contains other bioactive compounds such as bioflavonoids and carotenoids<sup>14</sup>. Lansley et al.<sup>15</sup> did not observe a reduction in VO<sub>2</sub> consumption during submaximal exercise when individuals were previously supplemented with beetroot juice placebo (depleted in NO<sub>3</sub>-), confirming

that NO<sub>3</sub> is the primary constituent responsible for the physiological effects of beetroot juice supplementation.

Although extremely popular, the increase in aerobic performance induced by NO<sub>3</sub> supplementation was not seen in highly trained subjects and elite athletes<sup>16,17</sup>. It seems that the effects of NO<sub>3</sub>- supplementation are influenced by training status (aerobic fitness) and muscle fiber type ratio <sup>18</sup>. Therefore, this brief review aims to present (1) a synthesis of the studies evaluating the effect of NO<sub>3</sub>- supplementation on aerobic performance; (2) the mechanisms by which NO<sub>3</sub>- supplementation favors aerobic performance according to physical fitness level and (3) practical implications for marginal gains from NO<sub>3</sub>- supplementation in a competitive setting.

### 2. Methods

A literature search was performed in English, until July 31th 2022, independently by the authors using MEDLINE, ScienceDirect, Web of Science, and Google Scholar databases. The search was not restricted by date. Three blocks of concepts were used (these keywords were used individually and/or combined): the first, with terms related to the effect of NO<sub>3</sub> supplementation and the mechanisms by which NO<sub>3</sub> supplementation favors aerobic performance (NO3, nitrate, "beetroot juice", supplementation, aerobic, performance, ergogenic); the second, with terms related to the type of the study design (trial, random); and the third, terms related to the group of interest ("physical fitness", "aerobic fitness", "training status", "highly trained subjects", "elite athletes"; competition). The articles were selected by two reviewers (CSS and DRM), initially based on reading of the title, then on reading of the abstracts, and subsequently the full articles. In case of disagreement between the two reviewers, a third reviewer had the final decision on inclusion (EAE). The bibliographic references of the studies found in these databases were also reviewed. In order to clarify the available scientific evidence regarding the effect of NO<sub>3</sub> supplementation on aerobic performance, the authors inclusion articles of systematic review with meta-analysis published so far and summarized the results. For the other topics, relevant studies were combined and analyzed to provide an overview of the available research, besides with practical implications for marginal gains from NOssupplementation in a competitive setting.

### 3. Results

Chart 1 presents the summary of the meta-analysis studies evaluating the effect of NO<sub>3</sub>- supplementation on aerobic performance. In addition, we present the characteristics of the physical exercise test protocols used in clinical trials to evaluate the effect of NO<sub>3</sub>- supplementation as follows: (1) time trial test: exercise is performed in the shortest time possible over a predetermined distance; (2) graded-exercise test: exercise is performed with a systematic and linear increase in workload over time until the individual is unable to maintain or tolerate the exercise and (3) exhaustion test (open-ended test): exercise is performed at constant intensity until the individual reaches voluntary fatigue.

Hoon et al.<sup>19</sup> and McMahon, Leveritt e Pavey<sup>20</sup> analyzed the effect of NO<sub>3</sub>-supplementation on aerobic performance during different physical exercise test protocols in women and men (age ranged from 16.7 to 64 years). Both authors observed that NO<sub>3</sub>-supplementation was ergogenic only when aerobic performance was assessed by the exhaustion test. The analyses presented by these authors need to be considered carefully since the ergogenic effect of NO<sub>3</sub>- did not consider the physical fitness level. Therefore, grouping all individuals regardless of physical fitness level may have led to an incorrect interpretation since NO<sub>3</sub>- supplementation does not seem to benefit well-trained individuals<sup>21,22,23</sup>. In the meta-analysis carried out by Van De Walle e Vukovich<sup>24</sup>, NO<sub>3</sub>- supplementation was ergogenic, improving aerobic performance in both graded-exercise and exhaustion tests. However, when the effects of supplementation were assessed according to the level of physical fitness (well-trained, recreationally active, athletes and untrained subjects - defined by each study), the aerobic performance was significantly increased only in untrained individuals.

Campos et al.  $^{16}$  evaluated whether the effect of NO3 $^{-}$  supplementation on aerobic performance was dependent on the individual's physical fitness levels (adult subjects). The authors assessed 64 trials with well-trained subjects (VO2máx 61.1±1.8 ml kg $^{-1}$  min $^{-1}$ ) and 43 trials with non-athletes subjects (VO2max 50.5±1.8 ml kg $^{-1}$  min $^{-1}$ ). The NO3 $^{-}$  supplementation was ergogenic only in non-athletes with superior effects in non-athletes performing the long-duration test (> 180 seconds, characterized by a predominance of the aerobic pathway) than in non-athletes performing the long-term exhaustion test. To consolidate these results, the authors evaluated the effect of NO3 $^{-}$  supplementation on aerobic performance according to 5 levels of physical fitness. Individuals classified at the lowest levels (1 and 2) showed a significant increase in performance after the supplementation. However, this increase did not occur in individuals at the highest levels (4 and 5).

The most recent review by Senefeld et al.<sup>25</sup> included an evaluation of the effects of NO₃- on individuals with different fitness levels as part of their secondary analyses. The authors assessed 80 trials with healthy subjects (age ranged from 18 to 40 years). The pooled analysis considering all studies included in the quantitative synthesis revealed a very small effect size (0.174; CI95% 0.120 − 0.229, p < 0,001) of NO₃- supplementation on aerobic performance. Subgroup analyses demonstrated that the ergogenic effect of NO₃- supplementation on aerobic fitness was not observed in well-trained endurance athletes (≥65 ml kg⁻¹ min⁻¹). Although the small effect size in the pooled analysis, for the authors, an enhancement of exercise performance by ~3% with NO₃- supplementation in the context of a competitive setting may be highly meaningful (e.g., 48 seconds in 16.1 km cycling time trial across many different exercise modalities and performances¹₅) and is not dissimilar to the potential ergogenic effect of new running shoes with embedded carbon fiber plates ²₆.

In general, results from meta-analysis studies demonstrate that the ergogenic effects of NO<sub>3</sub>- supplementation are more likely observed in less-trained than in highly-trained individuals. In non-athlete subjects, these effects seem to be more pronounced when aerobic performance is assessed by the exhaustion test. Exhaustion tests are considered

more accurate than graded-exercise tests in evaluating exercise tolerance. However, exhaustion tests do not apply to most sports competitions that require athletes to complete a specific course as fast as possible. These results suggest a strong link between the subjects' training status and the ergogenic effects of NO<sub>3</sub>- supplementation.

**Chart 1** – Summary of meta-analysis studies that evaluated the ergogenic effect of NO<sub>3</sub> supplementation on aerobic performance.

Reference	Subjects and	Experimental design	Main results
	Nitrate protocol		
	Subjects: 184 well-trained		
	and recreationally fit		
Hoon et al. <sup>19</sup>	supplementation: predominant of beetroot juice	Effect of NO <sub>3</sub> - supplementation assessed according to performance in physical exercise test protocols:	NO <sub>3</sub> - supplementation was ergogenic when aerobic performance was assessed in the
	<b>Dose</b> : between 5.0 and 9 mmol	- time trial test: 8 clinical trials - exhaustion test: 4 clinical trials - graded-exercise testing: 5	exhaustion test: effect size 0.79; CI95% 0.23 – 1.35 (p = 0.006).
	Dose duration: acute (<1	clinical trials	
	day) and prolonged period		
	(until 15 days)		
		Effect of NO <sub>3</sub> supplementation assessed according to performance in physical	
	Subjects: 581 (VO <sub>2max</sub> > 28.1 ml kg <sup>-1</sup> min <sup>-1</sup> )	exercise test protocols: - time trial test: 28 clinical trials	
McMahon, Leveritt e Pavey <sup>20</sup>	NO <sub>3</sub> -supplementation: predominant of beetroot juice	<ul><li>- exhaustion test: 22 clinical</li><li>trials</li><li>- graded-exercise testing: 8</li><li>clinical trials</li></ul>	NO <sub>3</sub> - supplementation was ergogenic when aerobic performance was assessed in the
	<b>Dose</b> : between 4.1 and 19.5 mmol	Effect of NO <sub>3</sub> supplementation assessed according to:	exhaustion test: effect size 0.33; CI95% 0.15 – 0.50 (p<0,01).
	Dose duration: acute (<1 day) and prolonged period (until 15 days)	Exercise type: cycling and others  NO₃ supplementation: beetroot juice and others  Dose duration: acute (< 6 hours) e and prolonged period (≥ 6 hours)	

		<b>Dose:</b> <6.5 mmol and ≥6.5	
		_	
		mmol	
		Fitness level (VO <sub>2max</sub> ): low (<	
		44.0 ml kg <sup>-1</sup> min <sup>-1</sup> ) e high	
		(> 45.0 ml kg <sup>-1</sup> min <sup>-1</sup> )	
	Subjects: 324 (well-trained,	Effect of NO <sub>3</sub> - supplementation	
	recreationally active,	assessed according to	
	athletes and untrained -	performance in physical	NO <sub>3</sub> - supplementation
	defined by each study)	exercise test protocols:	was ergogenic when
	demica by caer stady)	- time trial test: 38 clinical trials	aerobic performance was
	NO3 supplementation:	- exhaustion test: 22 clinical	assessed in the
Van De	predominant of beetroot	trials	exhaustion test and
Walle e	1	- graded-exercise testing: 16	
	juice	clinical trials	graded-exercise testing:
Vukovich <sup>24</sup>	D 1 4 42 140 5		effect size 0.28 (CI 95%:
	<b>Dose</b> : between 4.2 and 19.5	The effect of NO <sub>3</sub> -	0.08 - 0.47; p = 0.006) and
	mmol	supplementation was assessed	untrained: effect size
		according to the level of	0.32 (CI95%: 0.10 – 0.53;
	<b>Dose duration:</b> acute (<1	physical fitness:	p = 0.004).
	day) and prolonged period	Trained and untrained (defined	
	(until 15 days)	by each author)	
		Effect of NO <sub>3</sub> supplementation	NO <sub>3</sub> - supplementation
		assessed according to:	was ergogenic in:
	Subjects: 662 non-athletes	Ü	
	(VO <sub>2máx</sub> 50.5±1.8 ml kg <sup>-1</sup> min <sup>-</sup>	Physical fitness: non-athletes	- non-athletes: effect size
	1) and athletes (VO <sub>2máx</sub>	(43 clinical trials) and athletes	0.25; CI95% 0.11 – 0.38
	61.1±1.8 ml kg <sup>-1</sup> min <sup>-1</sup> )	(61 clinical trials)	(p< 0.05);
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(**************************************	(F 5155))
	NO <sub>3</sub> - supplementation:	Test duration	- non-athletes to long-
	predominant of beetroot	Short: < 180 seconds	duration tests: effect size
Campos et	juice	(non-athletes: 18 clinical trials	0.33; CI95% 0.15 – 0.51
al. <sup>16</sup>	Juice	and athletes: 17 clinical trials)	(p< 0,05)
ai.	<b>Dose</b> : between 4.0 and 19.5	Long: ≥ 180 seconds	(p< 0,03)
			man athletes to lone
	mmol	(non-athletes: 25 clinical trials	- non-athletes to long-
	Dan dan Constant	and athletes: 44 clinical trials)	duration, exhaustion
	Dose duration: acute (<1	m t t	<b>test:</b> effect size 0.47;
	day) and prolonged period	Physical exercise test protocols	CI95% 0.23 – 0.71(p<
	(until 15 days)	(untrained):	0.05)
		- time trial test: 4 clinical trials	
		- exhaustion test: 14 clinical	Percentage of trials
		trials	reporting increased

		- graded-exercise testing: 5	aerobic performance in
		clinical trials	individuals classified
		Physical fitness level:	into different fitness
		Level 1: VO <sub>2max</sub> <45.0 ml/kg/min	level:
		Level 2: VO <sub>2max</sub> between 45.0	Level 1: 50%
		and 54.9 ml/kg/min	Level 2: 56%
		Level 3: VO <sub>2max</sub> between 55.0	Level 3: 37%
		and 64.9 ml/kg/min	level 4 and 5: did not
		Level 4: VO <sub>2max</sub> between 65.0	significantly increase
		and 71.0 ml/kg/min	
		Level 5: VO <sub>2max</sub> > 71.0 ml/kg/min	
		Effect of NO <sub>3</sub> supplementation	NO <sub>3</sub> - supplementation
		assessed according to:	was ergogenic:
		Ü	
		Biological sex: 1.179 men and	Pooled analysis
		156 women	considering all studies:
			the effect size was very
		Physical fitness level:	small – 0.174; CI95%
	Subjects: 1.335 healthy, age between 18 and 40 years and VO <sub>2máx</sub> between <45 and > 65 ml kg <sup>-1</sup> min <sup>-1</sup> NO <sub>3</sub> supplementation: predominant of beetroot juice	Level 1: VO <sub>2max</sub> <50.0 ml/kg/min	0.120 – 0.229, p < 0,001)
		Level 2: VO <sub>2max</sub> between 50.0	
		and 54.9 ml/kg/min	Biological sex: not
		Level 3: VO <sub>2max</sub> between 55.0	observed in studies with
		and 59.9 ml/kg/min	only women
		Level 4: VO <sub>2max</sub> between 60.0	
		and 64.9 ml/kg/min	Physical fitness level:
Senefeld et		Level 5: VO <sub>2max</sub> > 65.0 ml/kg/min	not observed in well-
al. <sup>25</sup>	<b>Dose</b> : between 1.0 and 28.7 mmol		trained endurance
		Fraction of inspired oxygen	athletes ( $VO_{2max} > 65.0$
		(FiO2) during	ml/kg/min)
	Dose duration: acute (40 and 210 min before exercise initiation) and prolonged period (until 15 days)	exercise: comparison of hypoxic	
		and normoxic conditions	FiO2: not modulated by
			hypoxia vs normoxia
		Mean exercise time:	
		< 300 seconds	Mean exercise time:
		301 – 600 seconds	revealed heterogeneous
		601 – 999 seconds	results for exercise type
		> 1000 seconds	and limited effect in
			long-duration exercise
		Exercise type: cycling, handgrip,	(> 1000 seconds).
		knee extension, rowing and	
		running	NO3 dosage and timing:

		any dose between
	NO <sub>3</sub> dosage and timing	5.1 and ~25 mmol·d <sup>-1</sup> ; at
		least 1 day of
		supplementation;
		ingestion 2 – 3.5 hours
		before initiation of
		exercise

### 4. Discussion

## Mechanisms associated with improvements in aerobic performance after NO<sub>3</sub>-supplementation

The mechanisms by which NO<sub>3</sub><sup>-</sup> supplementation might improve performance are still debated. Previous studies have reported that dietary supplementation with sodium nitrate or NO<sub>3</sub><sup>-</sup> -rich beetroot juice:

- elevates plasma [NO<sub>2</sub>-] providing oxygen through a pathway independent of NO synthase<sup>6,27</sup>;
- increases the store of  $NO_{3^-}$  and  $NO_{2^-}$  in skeletal muscle with levels far exceeding those observed in the blood<sup>28,29</sup>;
  - reduces oxygen uptake during skeletal muscle contractions<sup>12,15,30,31</sup>;
- may improves calcium (Ca<sup>2+</sup>) handling in the skeletal muscles through pathways involving calsequestrin1 and dihydropyridine receptor<sup>32,33,34</sup>;
  - increases oxygen transport across active muscle fibres<sup>6</sup>;
- increases blood flow to skeletal muscle and slows the reduction of oxygen partial pressure in microvascular tissues<sup>34,35</sup>;

Taken together, these studies indicate  $NO_{3^-}$  as a potential supplementation to improve the balance between muscle oxygen delivery and metabolic demand, particularly in the contracting skeletal muscles where the acidic and hypoxic milieu might compromise NOS-derived NO, but potentiate  $NO_{2^-}$ -derived NO production<sup>6</sup>.

Nevertheless, the increase in NO availability does not always lead to an improvement in performance in all individuals. What would explain the absence of ergogenic properties of beetroot juice supplementation in highly trained subjects and elite athletes? Compared to less trained athletes, these subjects may have higher baseline NO<sub>2</sub>-levels but lower rising in plasma NO<sub>3</sub>- and NO<sub>2</sub>- after NO<sub>3</sub>- supplementation<sup>36,37</sup>. One possible explanation for this higher baseline NO<sub>2</sub>- levels and this blunted responsiveness to NO<sub>3</sub>- supplementation in well-trained athletes might be their greater habitual energy intake which is associated with more healthy eating patterns, including (NO<sub>3</sub>--rich) vegetable consumption. Despite the popularity of beetroot juice, many other NO<sub>3</sub>--rich vegetables exist, such as spinach, rocket salad (arugula), and other green leafy vegetables.

The ingestion of such vegetables increase  $NO_3^-$  and  $NO_2^-$  bioavailability just as effectively as beetroot juice<sup>38</sup>. However, Jonvik et al.<sup>39</sup> reported a modest  $NO_3^-$  intake and a significant inter-individual variation in  $NO_3^-$  consumption (19-525 mg/d) in elite Dutch athletes. Furthermore, the intake was similar to that reported in general population.

It seems the ergogenic effect of NO<sub>3</sub>- supplementation is somehow related to the fiber type ratio in skeletal muscles<sup>18</sup>. In experimental animals, NO<sub>3</sub>- supplementation increased the development of strength in type II muscle fiber (MF) (fast-twitch glycolytic fibers type IIx - ) but not in type I MF (slow-twitch oxidative fibers)<sup>32</sup>. Compared to type I MF, type II MF has a lower blood supply and a lower oxygen delivery<sup>40</sup>. Long-duration high-intensity exercise and intermittent high-intensity exercise increase muscle hypoxia and acidosis, especially in type II MF41 which may disrupt the function of NOS-derived NO and favor the NO<sub>3</sub>-- NO<sub>2</sub>--NO pathway<sup>42</sup>. The NO<sub>3</sub>- supplementation does not seem to improve performance in highly trained cyclists<sup>22,43</sup>, runners<sup>21,44</sup> and cross-country skiers<sup>23</sup>. These endurance-trained athletes seem to have a higher type I MF ratio than non-trained, recreationally active athletes<sup>18,45</sup>, physically inactive population and elderly<sup>46</sup>. In contrast, the supplementation improved performance in highly trained kayakers and rowers<sup>47,48</sup>. In fact, it is recognized that upper body muscles (e.g., biceps brachii, triceps brachii, deltoid, trapezius, or latissimus dorsi) have a higher type II MF ratio than type I MF49,50,51. For example, highly trained athletes in rowing<sup>52</sup> and kayaking<sup>53</sup> develop hypertrophy and have increased type II MF ratio<sup>54</sup>. The specific adaptations in type II MF and the high aerobic capacity of these athletes may explain the lower ergogenicity of DN supplementation in some highly trained athletes<sup>38</sup>.

### NO3 supplementation and marginal gains in athletes

The International Association of Athletics Federations<sup>3</sup> and the International Olympic Committee<sup>4</sup> recognize that NO<sub>3</sub><sup>-</sup> supplementation may increase the performance in exhaustion tests (open-ended test) and in time trial tests (sports modalities lasting <40 minutes) by 4-25% and 1-3%, respectively. Ergogenic effects are generally seen within 2–3 hours following a NO<sub>3</sub><sup>-</sup> bolus of 310–560 mg and prolonged periods of NO<sub>3</sub><sup>-</sup> intake (> 3 days), nevertheless, for elite athletes and exercises lasting <12 minutes the evidence are limited.

The effects of NO<sub>3</sub>- supplementation in elite athletes are not yet completely elucidated, especially due to methodological limitations that hinder the detection of small but relevant effects. The main problem is that a large sample size of elite athletes is difficult to obtain. Also, from the perspective of more ecologically valid situations (e.g., sports competitions), an enhancement on performance less than 1% may define the winner. Thus, such small differences in performance are challenging to detect in a laboratory setting <sup>38,55</sup>.

In **Chart 2**, we present some clinical trials investigating the effect of NO<sub>3</sub>-supplementation on athlete's aerobic performance during time trial tests (some clinical trials included in the meta-analyses discussed in the previous session). In some clinical

trials, NO<sub>3</sub> supplementation did not improve performance on time trial tests (no statistical differences were detected between supplemented and non-supplemented subjects). However, the individuals supplemented with NO<sub>3</sub> presented a time to complete the time trial tests 0.7 seconds to 1.2 minutes lower than the placebo group. Considering a competitive setting, a difference of a few seconds, even if not statistically significant, has clinical relevance. To exemplify the importance of this small difference, we presented in the last column in Chart 2, the time and the corresponding distances of the first places' athletes in some competitions from the Brazilian Olympic games in 2016<sup>56</sup>. As shown, a small difference in time defined the winner.

Chart 2 – The ergogenic effects of NO<sub>3</sub> supplementation on athletes' aerobic performance assessed in time trial tests.

Reference	Subjects	Nitrate	Test	Main result	Brazilian Olympics
		protocol	distance		(2016)
Callahan et al. <sup>58</sup>	Cyclists $VO_2$ de 65.2 $\pm$ 4.2 ml kg <sup>-1</sup> min <sup>-1</sup>	3 days  Dose 5,0  mmol  Pre-test dose:  60 min	4 km time trial Cycle ergometer	Supplementation:  337.4±17.1 sec  ( ↓ 0.7 sec)  Placebo:  338.1±18.0 sec	Cycling track 4 km (team pursuit men)  19: 03:51:94 minutes
McQuillan et al. <sup>59</sup>	Cyclists VO2 de 63 ± 4 ml kg <sup>-1</sup> min-	8 days  Dose 4 mmol  Pre-test dose:  120 min	4 km time trial Cycle ergometer	Supplementation:  343.6±14.3 sec  (	(↓ 4 seconds from 2nd place) 2º: 03:55:39 minutes 3º: 03:55:60 minutes
Nyakayiru et al. <sup>60</sup>	Cyclists and triathletes $VO_2$ de $65 \pm$ $4$ ml kg $^{-1}$ min $^{-}$	6 days Dose 12.9 mmol Pre-test dose: 240 min	10 km time trial Cycle ergometer	Supplementation:  1004±61 sec  (↓ 16 sec)  Placebo:  1017±71 sec	Athletics 10 km (men)  1º: 27:05:17 minutes (↓ 47 milliseconds from 2nd place)
Shannon et	Distance runners and triathletes	1 day Dose 12.5 mmol	10 km time trial treadmill	Supplementation: 2643.1±324.1 sec (↓ 6 sec)	2º: 27:05:64 minutes 3º: 27:06:26 minutes 4º: 27:06:27 minutes 5º: 27:08:92 minutes

	VO <sub>2</sub> de 62.1 ± 8.1 ml kg <sup>-1</sup> min <sup>-1</sup>	Pre-test dose: 180 min		Placebo: 2649.9±319.8 sec	
Mosher et al. <sup>43</sup>	Cyclists VO2 de 60.8 ± 7.4 ml kg <sup>-1</sup> min <sup>-1</sup>	3 days Dose 12.8 mmol Pre-test dose: 180 min	40km time trial Cycle ergometer	Supplementation: 4098.0±209.8 sec (↓ 63.9 sec) Placebo: 4161.9±263.3 sec	Cycling road 54.6 km (men)  1º: 01:12:15 hour (\dagger 47 milliseconds
Wilkerson et	Cyclists VO2 de 63 ± 8 ml kg <sup>-1</sup> min-	1 day Dose 6.2 mmol Pre-test dose: 150 min	80km time trial Cycle ergometer	Supplementation:  136.7±5.6 min  (↓ 1.2 min)  Placebo:  137.9± 6.4 min	from 2nd place) 2º: 01:13:02 hour 3º: 01:13:17 hour 4º: 01:13:21 hour 5º: 01:13:25 hour

Legend: VO<sub>2max</sub>: maximal oxygen uptake.

## **Pratical Applications**

Therefore, considering that such few time difference defines the winner in a competitive setting, how to investigate the effects of NO<sub>3</sub>- supplementation in elite athletes? For Jonvik et al.<sup>38</sup>, to detect small but relevant differences, it would be preferred to measure time performance repetitively in the same athlete instead of comparing time performance in different groups. Accordingly, some studies found no statistical effects of NO<sub>3</sub>- supplementation in elite athletes but someones seemed to respond very positively to NO<sub>3</sub>- supplementation<sup>21,22</sup>.

In sports science, researchers have been discussing alternatives to the probability value (p-value) that varies depending on the sample size and the magnitude of the association. Some authors suggest the approach based on the Bayesian method and adaptations to make statistical inference based on the magnitude of quantifying and interpreting effects and calculating probabilities to make decisions based on chances of benefits and risks. These authors encourage the use of these methods, which are appropriate for analyzing small samples and provide indications about the 'minimum clinical difference' between sample groups<sup>62,63</sup>. Moreover, the authors argue that the statistical inference method allows using small samples to form larger samples which contribute to meta-analysis studies. Instead, some researchers consider this method controversial and do not recommend its use<sup>64,65</sup>. Although this discussion is far from over, we cannot forget that statistical inference can help to form conclusions, but it cannot replace the reasoning and the approximation with clinical relevance.

For Hlinský, Kumstát e Vajda<sup>17</sup>, it is evident that translating athlete-NO<sub>3</sub><sup>17</sup> supplementation outcomes into practical interventions requires determining their

translational potential. For Close, Kasper e Morton<sup>66</sup>, elite sport is dynamic, unpredictable and often chaotic, thus, the results not always can be interpreted by a two-way ANOVA or predicted from the controlled laboratory environment. In this sense, these authors recently proposed an excellent 9 step framework, that may assist practitioners in the proper evaluation of sports nutrition research and applying the findings into practice.

In addition, in the real world, athletes and coaches have understood the impact of small margins of difference in a competitive setting and also have found advantages in aerobic performance with these small margins. Therefore, could be the dietary NO<sub>3</sub>-supplementation a strategy to maximize an athlete's performance through marginal gains?

#### 5. Conclusion

Dietary NO<sub>3</sub>- supplementation promotes ergogenic effects on aerobic performance of individuals with less physical fitness, mainly when evaluated in stress tests until exhaustion (open-ended test). In athletes, although scientific evidence demonstrates that NO<sub>3</sub>- supplementation did not lead to statistically significant effects on aerobic performance, more controlled studies are needed in which the clinical significance of small differences is considered. In practice, these small differences may define the winner in a competitive setting.

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