

The antioxidant effect of beta-alanine or carnosine supplementation on exercise-induced oxidative stress: a systematic review and meta-analysis

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Abstract: The objective of this study was to perform a systematic review and meta-analysis of the articles that addressed the effect BA or carnosine supplementation on Physical exercise (PE)-induced oxidative stress (OS). Before May 2018 we searched throughout PubMed, CAPES Periodic and SPORTDiscus human model peer review, randomized control studies with chronic BA or carnosine supplementation on PE-induced OS. A total of 128 citations were found. Only four articles met criteria for inclusion. All four studies used healthy young sedentary, recreationally active or athletic participants. After a chronic BA (~30 days) or carnosine (14 days) supplementation, the studies evaluated PE-induced OS both immediately and several hours after exercise (0.5 to 48 h). In response to PE-induced OS, when compared to placebo, BA/carnosine supplementation increased total antioxidant capacity [TAC; Effect Size (ES)= 0.35, 95% Confidence Interval (CI) 0.06 to 0.65, p= 0.02] and glutathione (GSH; ES= 0.75, 95% CI 0.32 to 1.19, p= 0.0007) concentrations while decreased direct OS markers (ES= -1.19, 95% CI -1.48 to -0.80, p< 0.01) and superoxide dismutase (SOD) activity (ES= -0.58, 95% CI -1.10 to -0.06, p= 0.03). BA or carnosine supplementation did not prevent the increase in indirect OS markers (ES: -0.20, 95% CI -0.59 to 0.20, p= 0.33). In humans, following PE-induced OS, initial treatment trials of BA or carnosine supplementation seemed to increase TAC and GSH concentrations, while decreasing SOD activity. Also, albeit mitigating the acute increase in direct OS species (reactive nitrogen and oxygen species), treatment did not decrease measured values of indirect OS markers (peroxidation or molecule oxidation).

Keywords: beta-alanine, carnosine, oxidative stress, antioxidant

1. Introduction

It is well known that carnosine is a potent and safe antioxidant [1]. Recent animal models and humans (with type 2 diabetes) studies has been shown that carnosine supplementation can restore glutathione peroxidase (GPx) to normal levels, increase total antioxidant capacity (TAC), catalase

45 (CAT), superoxide dismutase (SOD) activity and reduce lipid peroxidation (LP) [1-4]. All of these
46 changes (in CAT, GPx and SOD) are important for improvement of antioxidant system and
47 simultaneous reduction of oxidative stress (OS) [5]. Antioxidant supplementation is commonly
48 prescribed in disease that presents elevated ROS and RNS (reactive oxygen and nitrogen species,
49 respectively) production, with the intention to improve the antioxidant system and decrease the OS.
50 However, both ROS and RNS are necessary to cellular function, although its high production is
51 detrimental, at the same time their low production is also detrimental to cellular function [6].
52 Therefore, the prescription of antioxidants cannot be indiscriminate.

53 Acute physical exercise (PE) is known to induce high ROS/RNS production and consequently to
54 promote an acute OS milieu [7,8]. Recent evidence has suggested that the acute increase in ROS/RNS
55 production during PE is necessary to promote adaptations (e.g., improve athletic performance and
56 VO_2max) and the improvement in the antioxidant system itself [9,10]. It is also suggested that the use
57 of exogenous antioxidants may be counterproductive in individuals who already have a balanced
58 oxidant/antioxidant system [11]. However, beta-alanine (BA; a rate-limiting precursor in the
59 synthesis of carnosine) and carnosine supplementation are popular ergogenic aids and also
60 prescribed indiscriminately as antioxidant for athletic population. Studies with healthy humans
61 [12-14] and animal models [15,16] have investigated whether increased carnosine in the skeletal
62 muscle (induced by carnosine or BA supplementation) mitigates the high ROS/RNS production (as
63 well as acute OS milieu condition) during exercise. In animal studies, carnosine and BA
64 supplementation were shown to effectively mitigate the OS produced by exercise [15-17]. However,
65 in human studies, the findings were unclear. For instance, both recreationally active men [13]
66 and women [12] who received BA supplementation had reduced LP after an acute bout of physical
67 exercise (when compared to pre-supplementation, but not to placebo condition). Although, in other
68 studies with male athletes, carnosine [18] and BA [14] supplementation did not change/mitigate the
69 increase in LP values after an acute bout of PE, despite increasing the GSH (Glutathione) antioxidant
70 potential when compared to pre-treatment condition. Such studies from the same laboratory showed
71 that improvement in antioxidant system seemed to occur only in women when compared to the pre-
72 supplementation condition [12,13], instead other laboratories shown improvement in men [14,18].
73 Therefore, it is necessary to systematize and meta-analyze studies with humans to evaluate the
74 effectiveness of BA or carnosine supplementation as an antioxidant during PE-induced OS. If BA or
75 carnosine is an efficient antioxidant, this results can shed light to the controversial results such as
76 impairments in endurance physical capacity [19] and VO_2max [20,21] found in some endurance
77 exercise studies.

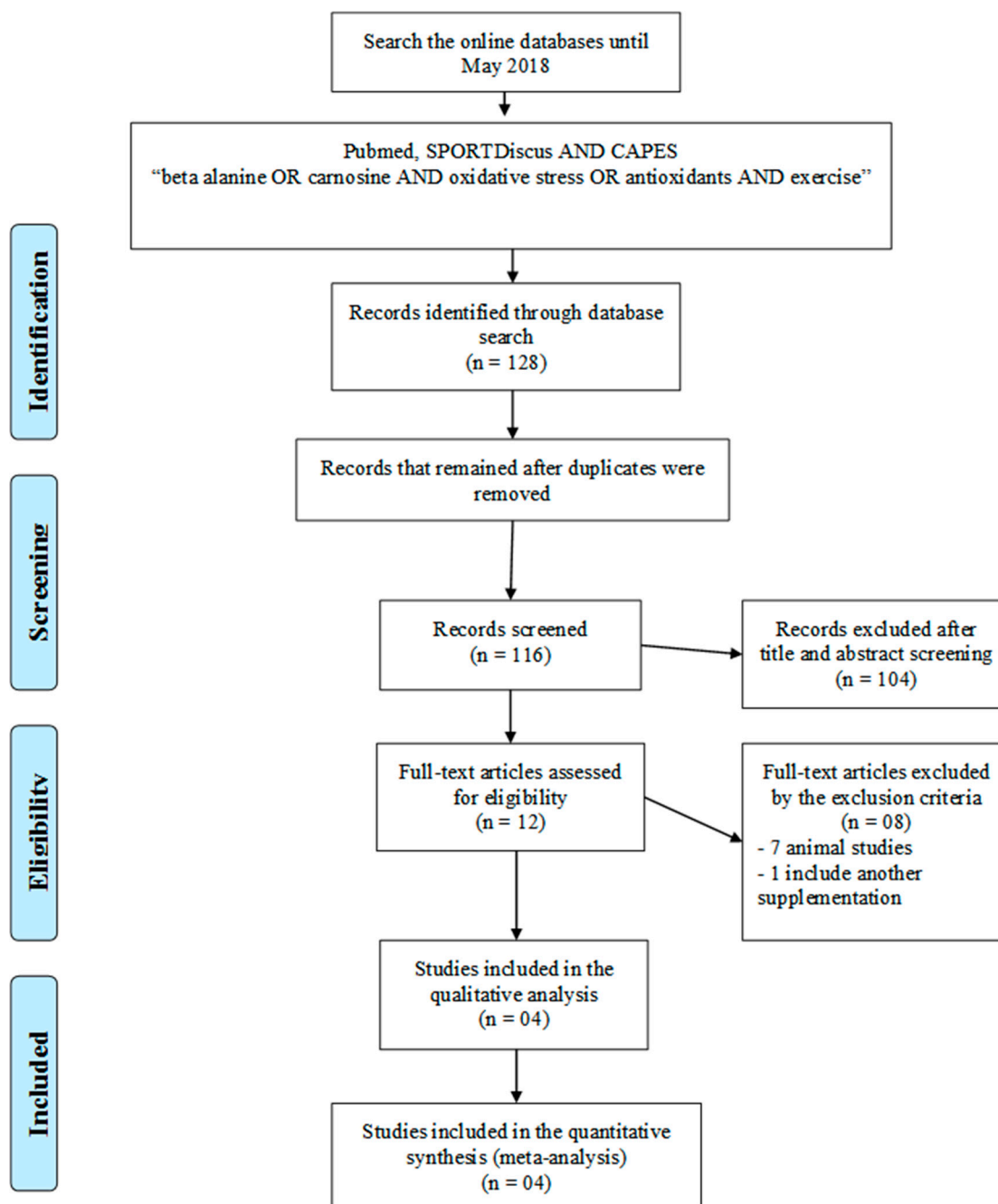
78 However, conditions for alterations in the antioxidant system and OS due to BA or carnosine
79 supplementation were tested using different physical exercise interventions and enrolled participants
80 with different physical fitness levels. In addition, different assessment times were used for PE-
81 induced ROS/RNS and OS markers [8], also, different types of ROS, LP or antioxidant system
82 markers assessed might have influenced the study's results [8]. In this sense, it is necessary to
83 maintain the highest standards in relation to BA/carnosine supplementation on PE-induced
84 ROS/RNS production and OS milieu. Thus, the purpose of this review to carry out a systematic meta-
85 analysis of the randomized controlled studies that investigated the effects of BA or carnosine
86 supplementation on antioxidant system, ROS and OS markers that are induced by PE in healthy
87 individuals.

88 2. Methods

89 2.1. Search Criteria

90 We searched throughout PubMed, CAPES Periodics and SPORTDiscus peer reviewed studies
91 that involved human subjects and were published before May 2018. The following MeSH terms
92 were used: beta-alanine OR carnosine AND oxidative stress OR antioxidants AND exercise
93 (Appendix 1). Independently, two authors (E.F and M.R.) verified titles, abstracts, and full text for
94 the articles identified to verify eligibility for inclusion in the present review. Discrepancies were

95 resolved by group discussion. For the articles that were fully accessed, we searched among the
 96 references for potential studies for inclusion in the analysis. In addition, we searched Google citations
 97 for potential articles that could meet the criteria of this review. A flow diagram for publications
 98 inclusion criteria represented in Fig 1.
 99



100

101 **Figure 1.** Flow diagram for the strategy of searching for the studies

102

103

2.2. Inclusion/Exclusion Criteria

104 The inclusion criteria for the articles were (1) studies with randomized and controlled samples,
 105 (2) language of publication either English, Portuguese or Spanish, (3) studies that performed
 106 intervention with chronic BA (≥ 28 days) or carnosine (> 14 days) supplementation followed by acute
 107 PE (to induce OS). We excluded studies that underwent other interventions in addition to BA (or

108 carnosine) supplementation and PE (e.g., chemotherapy, drugs or other types of antioxidant
109 supplementation).

110 2.3. Identification of Eligible Studies

111 Randomized controlled studies with health human subjects that underwent chronic
112 supplementation of BA or Carnosine (≥ 28 days for BA and >14 days for carnosine)[22] and have
113 accessed OS or AO markers after acute PE. Dosage were ≥ 1.2 to ≤ 6.4 g daily for BA [23] and ≥ 4 g
114 daily for carnosine supplementation [24], known as an athletic ergogenic dosage.

115 2.4. Data Extraction

116 Table 1 describes participants information such as sex, age, training status. Participants
117 described as Trained or Athletes were defined as those with regular training, with at least one year
118 of experience. Participants were described as Recreational if they practiced PE at least 2-3 times per
119 week and Sedentary if their level of PE practice was less than 1 time per week. Also, Table 1 describes
120 the training program (when provided); whether the study had parallel design (two groups) or the
121 same participants (crossover); the number of participants in each group; intervention duration; daily
122 dose supplementation and type of vehicle (i.e. capsules, tablets), dosage distribution over the course
123 of the day and finally the moment of assessment of PE-induced ROS/RNS production and OS as well
124 as the evaluation site (intra- or extra-cellular).

125 2.5. Effect Size Calculation

126 For antioxidant system and OS markers (ROS/RNS, peroxidation and oxidation markers)
127 outcome, effect size (ES) was calculated to represent the pre-exercise–post-exercise change, divided
128 by the pre-exercise standard deviation (SD). A small sample bias adjustment was applied to each
129 ES [25]. The following formula was used to calculate the ES with sample bias adjustment:

$$130 \quad d = \left(1 - \frac{3}{4(\text{Number of subjects} - 1) - 1}\right) \left(\frac{\text{Mean pre} - \text{Mean post}}{\text{Pre test standard deviation}}\right)$$

131 The variance around each ES was calculated using the sample size in each study and mean ES
132 across all studies [26]. ES were classified as trivial (<0.2), small (≥ 0.2 to ≤ 0.6), moderate (≥ 0.6 to \leq
133 1.2), large (≥ 1.2) [27].

134 2.6. Statistical Analyses Results

135 Conditions description (*pre- vs. post-treatment change*) are presented as mean ES followed by 95%
136 confidence interval (CI).

137 Between conditions comparisons were performed using a random effects method. Data is
138 displayed as mean difference with random effects, inverse of variance and 95% CI. Statistical
139 heterogeneity of the treatment effects among studies were assessed using Cochran's Q test and the
140 inconsistency I^2 test, in which values above 25% and 50% were considered indicative of moderate and
141 high heterogeneity, respectively. Review manager 5.3 was used to build the Forest plot graphs and
142 used to carry out the statistical analysis.

143 When sample size was not limited, statistical heterogeneity was explored (with Review manager
144 5.3) by sub-group analysis: the time of assessment (immediately *vs.* 0.5 to 48 hours after the exercise
145 test). Also, multiple linear regressions throughout the stepwise method (using SPSS v. 24) were
146 performed. For this purpose, we used ES from antioxidant system and indirect OS markers outcome
147 as the dependent variable. The independent variables were: (1) training status, (2) sex, (3) moment of
148 assessment, (4) antioxidant and indirect OS markers type, (5) supplementation condition (BA or
149 carnosine), (6) exercise intensity or duration. The statistical significance level was set at $P < 0.05$.

150 Also, multiple sensitivity analyses were performed to determine if any of the results were
151 influenced by the studies that were removed.

152

153

154 **3. Search results**

155 The search of PubMed, SPORTDiscus and CAPES periodic provided a total of 128 citations (titles
156 and abstracts were accessed). 116 articles were removed (both duplicates and articles that met the
157 exclusion criteria). We examined the full text of the remaining 12 articles and only four articles [12-
158 14,18] were included in the review (Fig 1).

159 Seven out of eight studies excluded did not meet the criteria of human subjects (animal models
160 were rats and mice). One study involved chronic training [4] or evaluated acute injected BA [28]. Two
161 studies evaluated PE-induced OS, but had other antioxidants combined with BA [29] or carnosine
162 [17] supplementation. One human study [30] was excluded because it used others AO combined with
163 BA. Three other animal studies who were also excluded which evaluated PE-induced OS after
164 BA/carnosine supplementation [15-17] and were therefore were used in the discussion of this review
165 (Fig 1).

166 *3.1. Participant and Intervention Characteristics*

167 All studies used healthy young adults (mean age from four studies: 21y) who were sedentary,
168 recreationally active or trained participants. Only one study used women as subjects. Only one study
169 used carnosine supplementation, while the other three studies used BA supplementation. All
170 supplementation protocols employed chronic treatment, being 28 days for BA supplementation and
171 16 days for carnosine supplementation (Table 1).

172 Exercise-induce EO involved classic Wingate test (short all-out high-intensity repeated bouts),
173 moderate endurance-running (70-75% of VO₂max) and short high-intensity one bout (2000-m run
174 time trial type) exertion. All physical exercise interventions successfully and significantly induced
175 OS (Table 1).
176

177 *3.2. Antioxidant, direct and indirect OS assessment after BA or carnosine supplementation in exercise-*
178 *induced oxidative stress*

179 As direct OS markers were ROS and RNS (i.e., H₂O₂, Hydrogen peroxide, 3-Nitro, 3-
180 nitrotyrosine and nitric oxide) and PL or molecules oxidation markers as indirect OS (i.e., 8-ISO, 8-
181 isoprostane; MDA, malondialdehyde and; PC, protein carbonyl, GSSG, oxidized glutathione).
182 Antioxidant markers were GSH (glutathione), SOD (superoxide dismutase) and TAC (total
183 antioxidant capacity). All assessment were from blood samples. Therefore, DNA (8-ISO), protein (PC)
184 and cell damage (3-Nitro) as well as lipid peroxidation (MDA) were assessed as indirect markers of
185 OS. H₂O₂ and NO were assessed as direct OS markers. SOD was assessed as endogenous AO; TAC,
186 GSH and GSSG were assessed as exogenous AO. All four studies evaluated PE-Induced OS post-
187 supplementation immediately after exercise. Three out of four studies repeated the assessment after
188 30 min [18], 2h, 4h [12,13], 24h and 48h [18] post exercise (Table 1).

Table 1. Description of studies in the systematic review and meta-analysis.

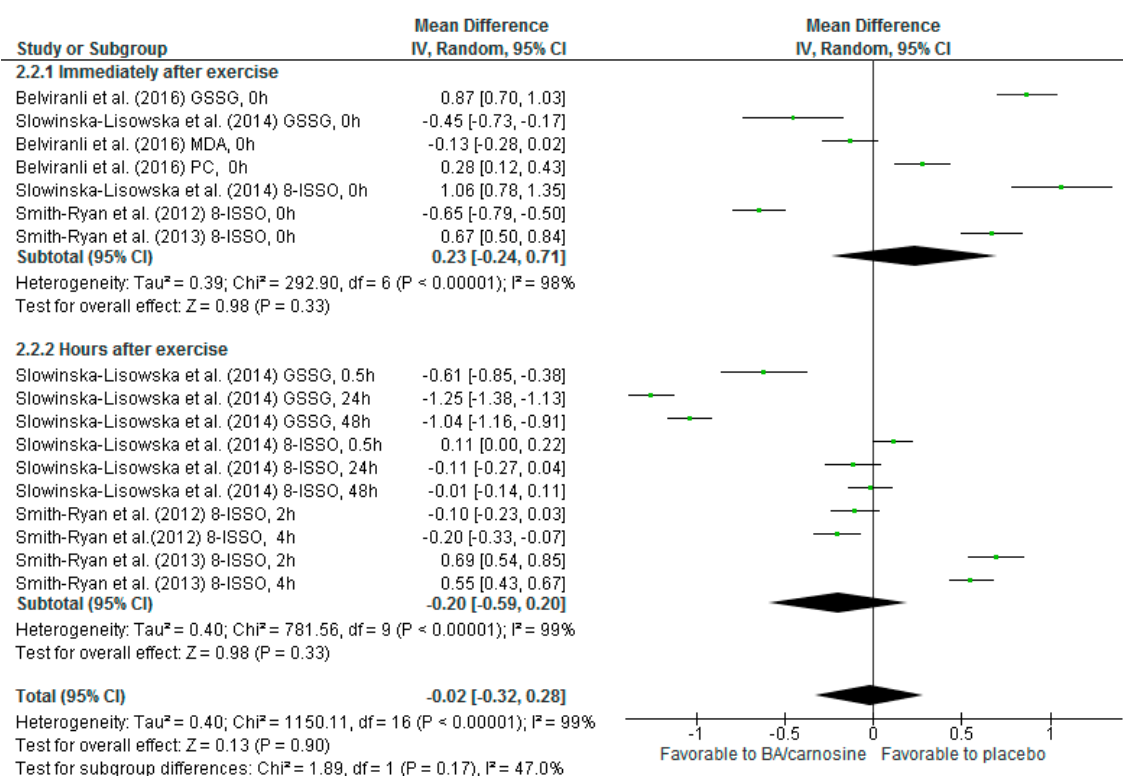
Study	Experimental design	Exercise training or Exercise induce OS	OS or AO markers (method of assessment)
Belviranlı et al. [14]	44 healthy sedentary males (age 21.7 ± 1.9 y, height 175.9 ± 5.9 cm, and body weight 70.9 ± 7.9 kg) randomly assigned to one of 4 groups: PL, BA (1,6g/d 2x day; powder), Creatine (Cr; 10g/d) or BA+Cr supplementation for 22 consecutive days, then four times per day for the following 6 days. Blood plasma OS and AO markers were analyzed before and after Wingate test (WTs) sessions.	Three bouts of 30s Wingate test (all out, against a resistance of 75 g.kg ⁻¹ body weight) with a 2 -minute rest between bouts. The WTs session was performed before and after the period of supplementation	GSSG, PC and MDA, SOD; SOD, TAC and GSSG (colorimetric assay)*
Smith-Ryan et al. [13]	25 healthy recreationally active males (age, 21.9 ± 3.4 y; height, 177.6 ± 5.4 cm; weight, 78.8 ± 9.7 kg) randomly assigned to 28 days of PL or BA (1,6g 3x day, sustained release) supplementation. Blood plasma OS and AO markers were analyzed immediately after, and at 2 and 4 hours after exercise.	40 min on a treadmill at a velocity corresponding to 70%–75% of their measured peak velocity before and after the period of supplementation.	8-ISSO (ELISA)*; SOD, TAC, and GSH (colorimetric assay)*
Smith-Ryan et al. [12]	26 healthy recreationally active women (age, 21.7 ± 1.9 y; height, 165.0 ± 5.7 cm; weight, 61.9 ± 6.7 kg) randomly assigned to 28 days of PL or BA (1,6g 3x day, sustained release) supplementation. Blood plasma OS and AO markers were analyzed immediately after, and at 2 and 4 hours after exercise.	40 min on a treadmill at a velocity corresponding to 70%–75% of their measured peak velocity before and after the period of supplementation	8-ISSO (ELISA)*; SOD, TAC and GSH (colorimetric assay)*
Slowinska-Lisowska et al. [18]	14 elite kayakers and canoeists athletes (age, 21.2 ± 1.3 y; height, 177.4 ± 7.9 cm; weight, 78.9 ± 8.9 kg) in a crossover way assigned to 16 days of PL and Carnosine (2g 2x day) supplementation. Washout was four weeks. Blood plasma OS and AO markers were analyzed immediately after (IP), and at 30min and 24h and 48h after exercise.	During supplementation period athletes underwent a 5day/wk structured schedule training (60% aerobic and 40% strength training). After supplementation athlete performer 2000-m run on kayak or canoe ergometer (exercise induce OS).	GSH [#] , GSSG [#] , TAC [#] , NO [#] , H ₂ O ₂ [#] and SOD* (colorimetric assay); 8-ISSO* and 3-Nitro [#] (ELISA).

Note: 3-Nitro, 3-nitrotyrosine; 8-ISO, 8-isoprostane; BA, beta-alanine; GSH, glutathione; GSSG, oxidized glutathione; H₂O₂, Hydrogen peroxide; MDA, malondialdehyde; OS, oxidative stress; PC, protein carbonyl; PL, placebo; SOD, superoxide dismutase; TAC, total antioxidant capacity. Symbols (*, #) represent the same fabricant commercial assay kit

193 3.3. Meta-analysis

194 3.3.1. Oxidative stress markers

195 Exercise induced moderate increase in indirect OS markers (PC, MDA, 8-ISO and GSSG) in both
 196 conditions (BA/carnosine ES= -0.78, 95% CI -0.19 to -1.37; placebo ES= -0.60, 95% CI -0.12 to -1.08).
 197 Comparisons between conditions revealed that immediately after exercise there was a small ES and
 198 non-significant increase in OS markers in the BA/carnosine group (difference ES: 0.23, 95% CI -0.24
 199 to 0.71, $p=0.33$). However, a small ES and non-significant decrease were observed hours after exercise
 200 was favorable to the BA/carnosine condition (difference ES: -0.20, 95% CI -0.59 to 0.20, $p=0.33$). Sub-
 201 group analysis (immediately after exercise *vs.* hours after exercise) suggests a moderate heterogeneity
 202 ($I^2=47\%$, $p=0.17$) among indirect OS markers depending on the time of assessment (see Fig 2).
 203



204

205 **Figure 2.** Forest plot of the indirect oxidative stress markers induced by physical exercise after
 206 BA/carnosine or placebo supplementation. Acronyms: 3-Nitro, 3-nitrotyrosine; 8-ISO, 8-
 207 isoprostane; GSSG, oxidised glutathione; MDA, malondialdehyde; PC, protein carbonyl. Note:
 208 Author's name and year of study publication is followed by the oxidative stress marker and moment
 209 (hours) of assessment after exercise.

210

211 Independent analysis suggests large and moderate decreases in GSSG concentrations following
 212 PE (BA/carnosine ES= 1.84, 95% CI -0.63 to 4.31; placebo ES= 1.33, 95% CI -0.73 to 3.39, respectively).
 213 Between group comparison showed no difference immediately after PE (difference ES= 0.21, 95% CI,
 214 -1.08 to 1.51, $p=0.75$, $I^2=98\%$), but a significant lower GSSG concentration hours after PE in
 215 BA/carnosine condition (difference ES= -0.99, 95% CI, -1.28 to -0.69, $p<0.01$, $I^2=76\%$). Sub-group
 216 analysis (immediately after exercise *vs.* hours after exercise) indicates a significant effect of time of
 217 assessment ($I^2=83.7\%$, $p=0.01$).

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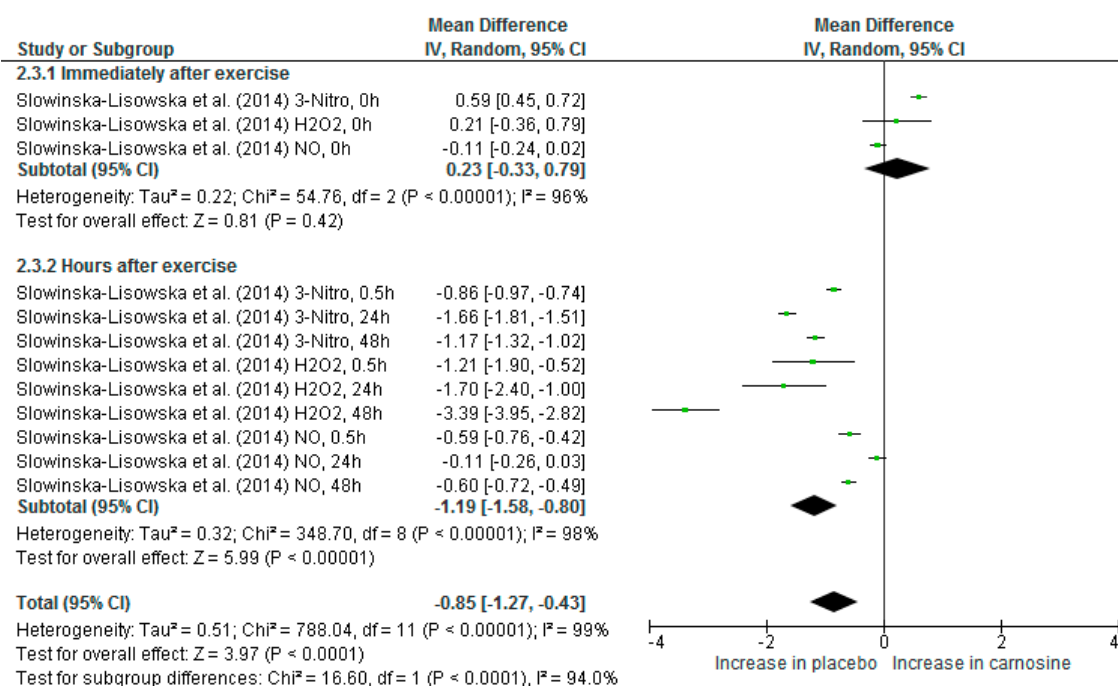
219 Independent analysis of 8-ISSO showed a large increase in immediately after PE in both
 220 condition (BA/carnosine ES= -2.15, 95% CI -6.91 to 2.60; placebo ES= -1.79, 95% CI -4.56 to 0.98,
 221 respectively) and a moderate decrease in both conditions following hours after PE (BA/carnosine ES=
 222 0.62, 95% CI -0.12 to 1.35; placebo ES= 0.54, 95% CI -0.35 to 1.45). Between condition comparison
 reveal a small ES and non-significant increase in 8-ISSO immediately after exercise for BA/carnosine

223 (difference ES= 0.36, 95% CI -0.70 to 1.42, $p=0.51$, $I^2=99\%$) and trivial ES and non-significant decrease
 224 that was measured hours after exercise (difference ES: 0.07, 95% CI -0.59 to 0.45, $p=0.79$, $I^2=97\%$).
 225 Sub-group analysis suggests no effect of time of assessment ($I^2=0\%$, $p=0.48$), however when we
 226 exclude the Smith et al. [12] study (00 hour post exercise), there is a significant effect of time of
 227 assessment ($I^2=87.2\%$, $p<0.01$).

228 Due to insufficient data, PC and MDA independent analysis was not performed.

229 Only the study by Slowinska-Lisowska et al. [18] performed direct OS markers assessment
 230 immediately after plasma collection. Data reanalysis of this study (Fig 3) suggests that immediately
 231 after PE, carnosine supplementation condition (when compared to placebo) did not mitigate the
 232 increase in ROS/RNS production (difference ES: 0.23, 95% CI -0.33 to 0.79, $p=0.42$, $I^2=96\%$; see Fig 3).
 233 On the other hand, when we compared the conditions involving the later hours after the exercise,
 234 carnosine was shown to mitigate the increase in ROS/RNS (difference ES= -1.19, 95% CI -1.48 to -
 235 0.80, $p<0.01$, $I^2=98\%$). There is a significant sub-group (immediately after exercise vs. hours after
 236 exercise) difference ($I^2=94\%$, $p<0.01$) on ROS/RNS markers, see Fig 3.

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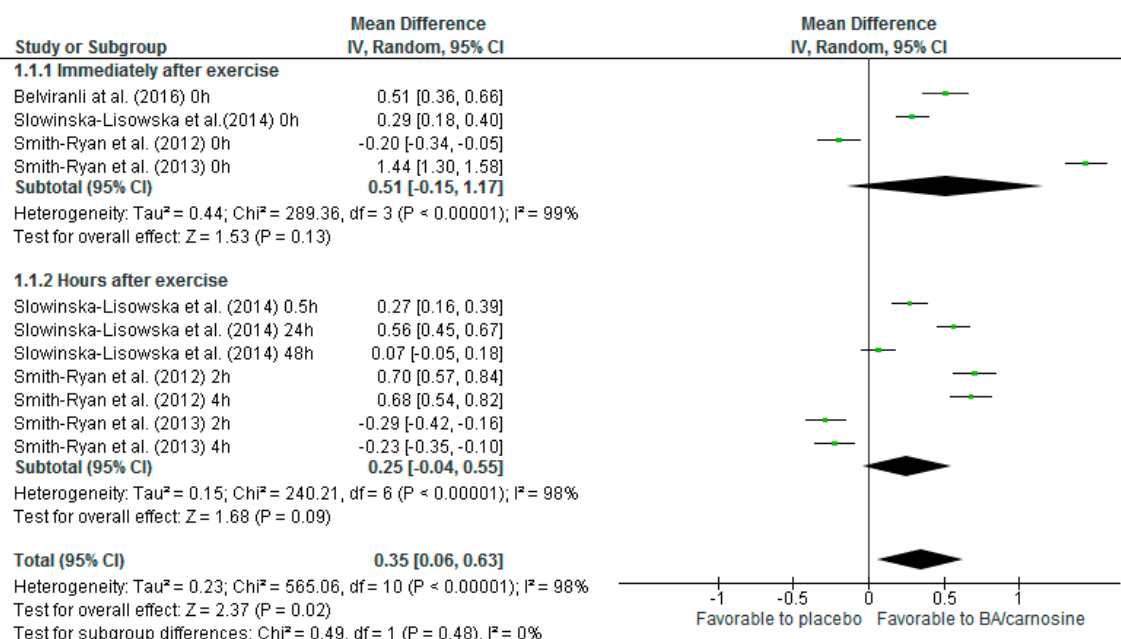
239 **Figure 3.** Forest plot of the plasma reactive oxygen and nitrogen species induced by physical exercise
 240 after carnosine or placebo supplementation. Acronyms: 3-Nitro, 3-nitrotyrosine; H2O2, Hydrogen
 241 peroxide; NO, nitric oxide. Note: Author's name and year of study publication is followed by the
 242 oxidative stress marker and moment (hours) of assessment after exercise.

243

244 3.3.2. Antioxidants

245 ES suggests that there was a moderate increase in TAC concentration in BA/carnosine
 246 supplementations (ES= -0.66, 95% CI -1.44 to 0.12), whereas a trivial decrease occurred in placebo
 247 supplementations (ES= 0.08, 95% CI -0.78 to 0.95) immediately after exercise, but without significant
 248 difference between them (difference ES= 0.51, 95% CI -0.15 to 1.17, $p=0.13$, $I^2=99\%$). Hours after
 249 exercise BA/carnosine presented a trivial increase (ES= -0.13, 95% CI -0.78 to 0.52) and a similar small

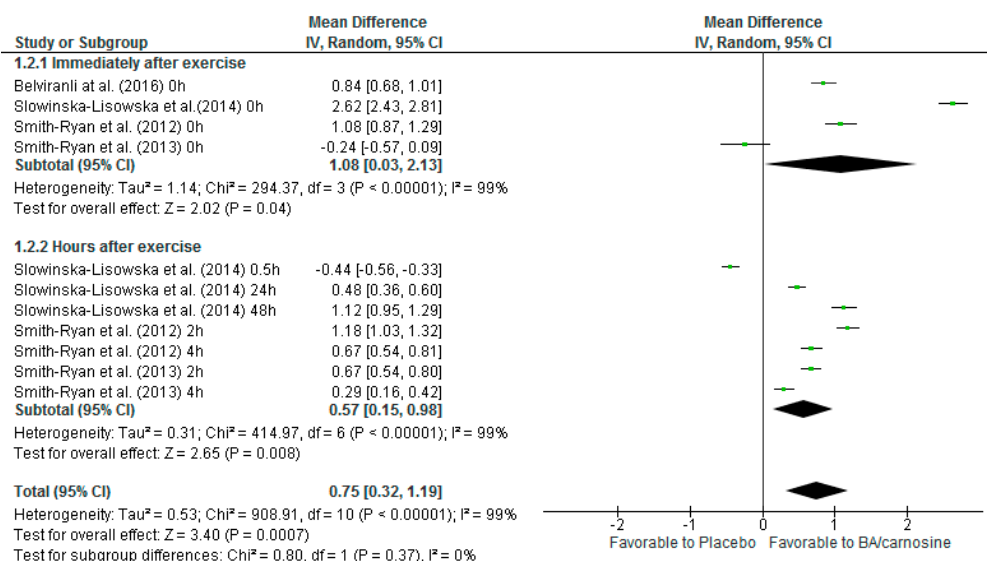
250 decrease occurred in the placebo condition (ES= 0.12, 95% CI -0.42 to 0.66) which showed a tend to
 251 difference between then (difference ES= -0.25, 95% CI -0.04 to 0.55, $p=0.09$, $I^2=98\%$). Overall between
 252 conditions comparison (pooled ES) suggests that BA/carnosine supplementation increases overall
 253 TAC (difference ES= 0.35, 95% CI 0.06 to 0.65, $p=0.02$, $I^2=99\%$; Fig 4) in response to exercise.
 254



255 **Figure 4.** Forest plot of the total antioxidant capacity (TAC) change by physical exercise after
 256 BA/carnosine or placebo supplementation. Note: Autor's name and year of study publication is
 257 followed by the moment (hours) of assessment after exercise.
 258

259
 260
 261 Immediately after exercise there were a trivial and a large GSH decreases in both conditions
 262 (BA/carnosine ES= 0.16, 95% CI -4.68 to 4.99; placebo ES= 1.23, 95% CI -2.00 to 4.44, respectively).
 263 There were also a moderate and a trivial increase following hours after exercise (BA/carnosine ES= -
 264 0.69, 95% CI -1.61 to 0.22; placebo ES= -0.12, 95% CI -0.99 to 0.77, respectively). Between conditions
 265 comparison presented a significant difference in GSH concentration (favorable to BA condition) both
 266 immediately after and several hours following exercise [Overall ES difference= 0.75, 95% CI 0.32 to
 267 1.19, $p=0.0007$, $I^2=99\%$ (Fig 5a)].

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Figure 5. Forest plot of the glutathione (GSH) change by physical exercise after BA/carnosine or placebo supplementation. Note: Autor's name and year of study publication is followed by the moment (hours) of assessment after exercise.

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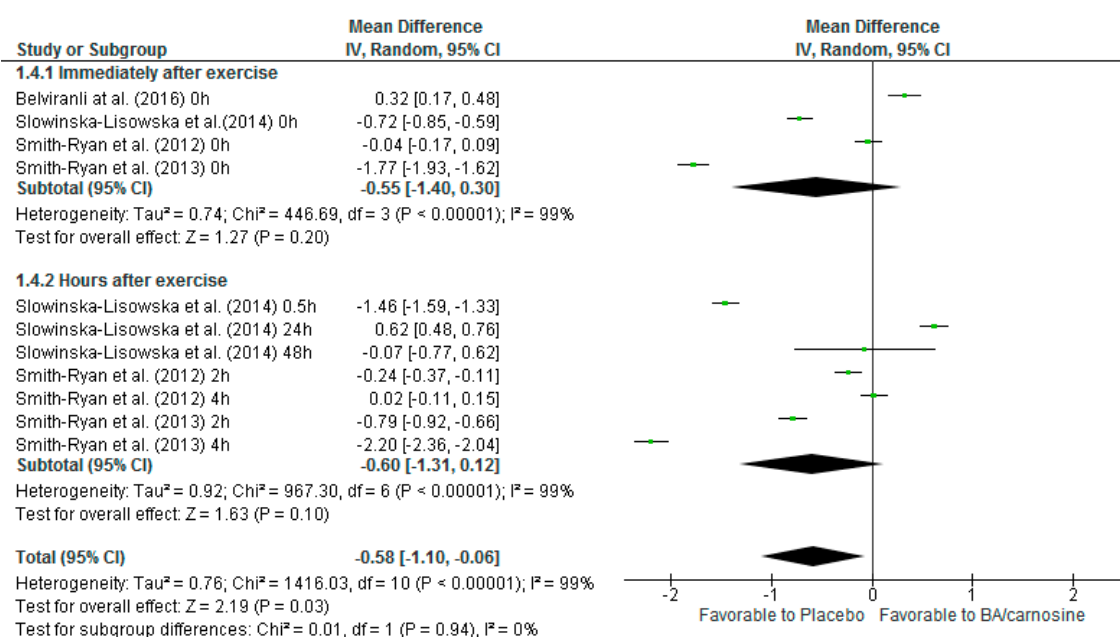
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Immediately after exercise, there were a trivial and a small increase in SOD activity in both conditions (BA/carnosine ES= -0.02, 95% CI -1.15 to 1.12; placebo ES= -0.50, 95% CI -1.29 to 0.30, respectively). Following hours after exercise, there were large increases in SOD activity for both conditions (BA/carnosine ES= -1.39, 95% CI -4.21 to 1.41; placebo ES= -1.72, 95% CI -4.39 to 0.96). Overall between conditions comparison showed that the placebo presented a moderate and significantly greater SOD activity (differences ES= -0.58, 95% CI -1.10 to -0.06, p= 0.03, I²= 99%; Fig 6) when compared to BA/carnosine supplementation.



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Figure 6. Forest plot of the superoxide dismutase change by physical exercise after BA/carnosine or placebo supplementation. Note: Autor's name and year of study publication is followed by the moment (hours) of assessment after exercise.

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287 *3.3.3. Heterogeneity studies, multiple linear regression analysis and risk of bias.*

288 Multiple linear regression shows that in indirect OS markers (8-ISO, MDA, GSSG and PC) the
289 time of assessment, marker type evaluated, exercise type and training status could explain 65% of ES
290 variation ($R^2=0.650$, $p=0.000$). Sex and supplementation conditions (BA or carnosine) were excluded
291 from the model.

292 Furthermore, 39% ($R^2=0.389$, $p=0.000$) of ES variation from antioxidant (SOD, TAC, GSH) results
293 were related to time of assessment, exercise test, training status and antioxidant marker type
294 evaluated. Sex and supplementation conditions were excluded from the model.

295 It was not possible to perform multiple linear regression for ROS/RNS direct markers (H_2O_2 , 3-
296 Nitro and NO) due to insufficient data.

297 The four studies present less than three reported high or unclear risk domains (Appendix 2).
298 Two studies (two high risk) are from the same laboratory and was unable to bling for BA condition
299 (due to paresthesia effect).

300 **4. Discussion**

301 The four studies included in this review observed significant increases in OS after acute physical
302 exercise bouts. Our analyses suggest that immediately after PE-induced OS, BA or carnosine
303 supplementation did not undermine the increase in both ROS an RNS (H_2O_2 , 3-Nitro and NO) or
304 peroxidation (8-ISSO, MDA, and PC) markers that were produced. Monitoring their levels during
305 hours after exercise (0.5 to 48h), BA or carnosine did not appear to impose a greater decrease in 8-
306 ISSO ($p>0.05$) when compared to placebo supplementation. Interestingly, monitoring OS levels after
307 hours (0.5 to 48h) of PE-induced OS, carnosine treatment mitigated the increase of H_2O_2 , 3-Nitro and
308 NO production. It is important to mention that ROS/RNS (H_2O_2 , 3-Nitro and NO) data were obtained
309 from only one study (Slowinska-Lisowska et al. 2014), but such data were in accordance with
310 previous in vitro studies [31,32].

311 Evidence suggests that the largest post-exercise changes involving lipid, protein, glutathione
312 and DNA oxidation occurred 1-4 days after PE (when compared with blood samples of resting
313 condition) [8]. For instance, in an animal study that assessed PE-induced OS after 24h, it was shown
314 that BA or carnosine supplementation decreased LP (thiobarbituric acid reactive substances and
315 MDA markers) in skeletal muscle tissue [15,16]. The only publication that evaluated 24h post-
316 exercise was the Slowinska- Lisowska et al. [18] study. Therefore, studies with a long follow-up
317 period (days to weeks), thus with sufficient time to resolve an acute inflammation caused by
318 moderate-intense exercise [33] are needed to verify whether BA or carnosine may promote clinical
319 changes in the peroxidation markers.

320 Previous reviews [1] and recent animal studies [2-4] had already presented an antioxidant role
321 of carnosine. When compared to placebo, our data suggested that previous BA or carnosine
322 supplementation increased TAC (ES= 0.35, 95% CI 0.06 to 0.65, $p=0.02$; Fig 4) and increase GSH (GSH,
323 ES= 0.75, 95% CI 0.32 to 1.19, $p=0.0007$) after PE-induced OS. These data corroborate with an animal
324 study [16] submitted to PE-induced OS. Such study reported increased in GSH and decreased
325 glutathione peroxidase (GPx) and glutathione reductase after exercise, suggesting that carnosine has
326 buffering the H_2O_2 production. The effect of BA and carnosine supplementation on GSSG
327 concentrations is conflicting. Belviranlı et al. [14] reported increased GSSG after PE-induced OS in
328 sedentary individuals supplemented with BA (suggesting GSH oxidation); on the other hand,
329 Slowinska-Lisowska et al. [18] reported decreased GSSG concentrations in trained individuals
330 supplemented with carnosine (suggesting a carnosine antioxidant effect). More research is needed to
331 highlight the effect of BA/carnosine on GSH/GSSG ratio.

332 Both plasma TAC and GSH presented a large variation in the studies [12-14,18], as evidenced by
333 high heterogeneity (see Fig 4 and 5). Plasma antioxidants evaluation such as GSH and TAC after

334 exercise practice yields conflicting results [8], however, analyzing the results from the four studies, it
335 seems that the increase in muscle carnosine concentration influences these changes. GSH can be
336 delivered to plasma from several tissues and this is influenced by the type of activity exerted as well
337 as by the nutritional status of the participants [8], so, future human studies need to assess GSH from
338 specific tissues known for its large pools of carnosine (such as the skeletal muscle) [16]. TAC assays
339 have a limited capacity to measure the total antioxidant system capacity, excluding, for instance, the
340 contribution of antioxidant enzymes and metal binding proteins, so changes in the TAC values
341 probably does not reflect the carnosine antioxidant content activity in the organism.

342 Our data suggests that BA or carnosine supplementation can mitigate the increase of SOD
343 activity ($ES = -0.58$, $p = 0.03$), a well-known superoxide scavenger. It is plausible that this attenuated
344 increase of SOD activity occurs due to carnosine antioxidant effect (e.g., O_2^- clearance). In vitro
345 studies have shown that carnosine plays an effective role in decreasing ROS and RNS (e.g. H_2O_2 ,
346 superoxide and NO) [31,32]. Studies with animal training also has demonstrated that carnosine or
347 BA supplementation mitigated SOD [19] and GPx [16] activity, when compared to control
348 conditions. Such data are contrary to untrained animal studies [2,3], which showed increased activity
349 of these enzymes and decrease in PL. Such discrepancy suggest that carnosine/BA supplementation
350 enhance antioxidant system at rest condition (*i.e.*, sedentary life style), but not during/after acute
351 exercise. Therefore, it appears that BA or Carnosine supplementation might mitigate the increase in
352 SOD and GPx activity induced by exercise, but has opposite effect in rest condition. Further studies
353 are needed to explore these conflicting results. Also, further studies are needed to verify if chronic
354 BA supplementation might down-regulate the endogenous antioxidant system during physical
355 training.

356 The results observed in this review suggest that increase SOD activity (induced by PE) is
357 mitigated, this occur probably due to the ability of carnosine to directly decrease ROS concentrations.
358 Interestingly, carnosine supplementation associated with endurance training (in rats) decreased
359 exercise tolerance (at 2 wks of training) and both SOD and lactate dehydrogenase activity in the
360 skeletal muscle (at 4 wks of training) [19]. Therefore, future studies are needed to verify (both in an
361 acute and chronic settings) if the changes promoted, such as increased gene expression of enzymes
362 from the endogenous antioxidant system induced by physical exercise [9] are mitigated in the
363 presence of BA or carnosine supplementation, as it is observed in studies with chronic [7] or acute
364 antioxidant supplementation [28]. Moreover, BA supplementation is a well-known ergogenic agent
365 in anaerobic exercises, but not in endurance exercises [20,34]. For instance, early evidence in human
366 studies suggest that BA supplementation delayed lactate production, but reduce aerobic capacity
367 [21]. Therefore, it is important to investigate if BA or Carnosine supplementation might influences
368 negatively endurance adaptations because of their antioxidant effects [11].

369 Our ES evaluations (with antioxidant and oxidative stress markers) showed high heterogeneity.
370 This meta-analysis pooled together studies with participants from different fitness level, enrolled in
371 different PE-induced OS, also, different time points of different oxidative stress markers or
372 antioxidant markers were pooled in the same ES analysis. It is well-known that time-point assessment
373 of PE-induced OS as well as the rising in blood plasma of both oxidative stress markers or antioxidant
374 markers are also time-dependent and this might influence our results [8]. Our sub-group analysis
375 (immediately after exercise *vs.* hours after exercise- 0.5 to 48 hours) showed that the moment of
376 assessment for both indirect (Fig 3) and direct (Fig 4) OS markers is an important confounding
377 variable. Also, multivariable regression shows that time of assessment, the OS marker type evaluated,
378 the exercise type and training status can explain 65% of ES variation ($R^2 = 0.650$, $p = 0.000$). Sub-groups
379 analysis for antioxidant (TAC, SOD, and GSH) markers did not show significant influence of time
380 assessment. But, multivariable regression shows that only 39% ($R^2 = 0.389$, $p < 0.000$) of ES variation
381 from antioxidant results were from time of assessment, exercise test, training status and anti-oxidant
382 type evaluated. This suggest that other variables (e.g. nutritional status or antioxidant system status)
383 may be influencing this heterogeneity in antioxidant results [11]. For example, no study included in
384 this meta-analysis mentioned that their samples were homogenized for OS or antioxidant status

385 (deficient in oxidant status or not), so future studies with antioxidants supplementation need to
386 homogenize their samples as deficient or not for the antioxidant system [11].

387 Practical applications can be drawn from this review. Data from this review suggests that of
388 BA/carnosine supplementation is effective in improving the GSH/GSSG ratio, increasing TAC and
389 decreasing ROS/RNS after PE. Therefore, by identifying these deficiencies in the antioxidant system,
390 supplementation with these substances can help this system to suppress the exacerbate OS induced
391 by PE. Also, future research with BA/carnosine supplementation needs to first check whether its
392 volunteers have antioxidant system deficiencies, as this may affect the rugeness of the study [11].

393 4.1. Limitations

394 This meta-analysis has several limitations. First there are only four studies, two of which are
395 from the same laboratory, decreasing the validity and reliability of the results. Second, we included
396 in the same analysis BA and carnosine studies, the results of the carnosine study significantly
397 influence our TAC results, but do not significantly alter the results of SOD, GSH or OS markers, in
398 addition, meta-regression excluded the type of supplement (i.e., BA or carnosine) used as a source of
399 heterogeneity, so BA or carnosine is not a source of heterogeneity. Third, the high heterogeneity
400 found in this study because the studies analyzed different levels of fitness, sex and different exercise
401 intensity/volume also decrease the reproducibility of these data, but give further evidences that these
402 variables differ in responses to PE-induced OS. And finally, all four studies that performed the
403 assessment of both antioxidant and OS markers in the plasma did it with the assumption that plasma
404 measurements would reflect systemic changes [8]. Animal studies have found consistent changes in
405 the antioxidant/oxidant ratio (in the exercise-induced ROS production) in the skeletal muscle after
406 BA or carnosine supplementation [15-17], as the main stores of carnosine in humans are in the skeletal
407 muscle (99%) [1], future studies need to verify such change at skeletal muscle level.

408 5. Conclusions

409 In conclusion, BA or carnosine supplementation seems to increase TAC and improve GSH/GSSG
410 ratio, but decrease SOD activity following PE-induced OS. Also, albeit it mitigates the acute increase
411 in ROS/RNS, it does not decrease peroxidation markers.

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413

414 **Supplementary Materials:** The following are available online.

415 **Author Contributions:** Paper conceptualization, E.F., M.L.J.M. and E.C.C.; data extraction and methodology
416 design, M.F.R., E.F., M.L.J.M and E.C.C.; Statistical analysis, E.F. and E.C.C.; writing—original draft preparation,
417 E.F., F.S.F., M.L.J.M. and E.C.C.; writing—review and editing, A.R.F., P.A.F.W; supervision, E.C.; project
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424 **References**

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