

# Dietary Interventions for Prevention of Mineral Related Disorders Postpartum

José E.P. Santos

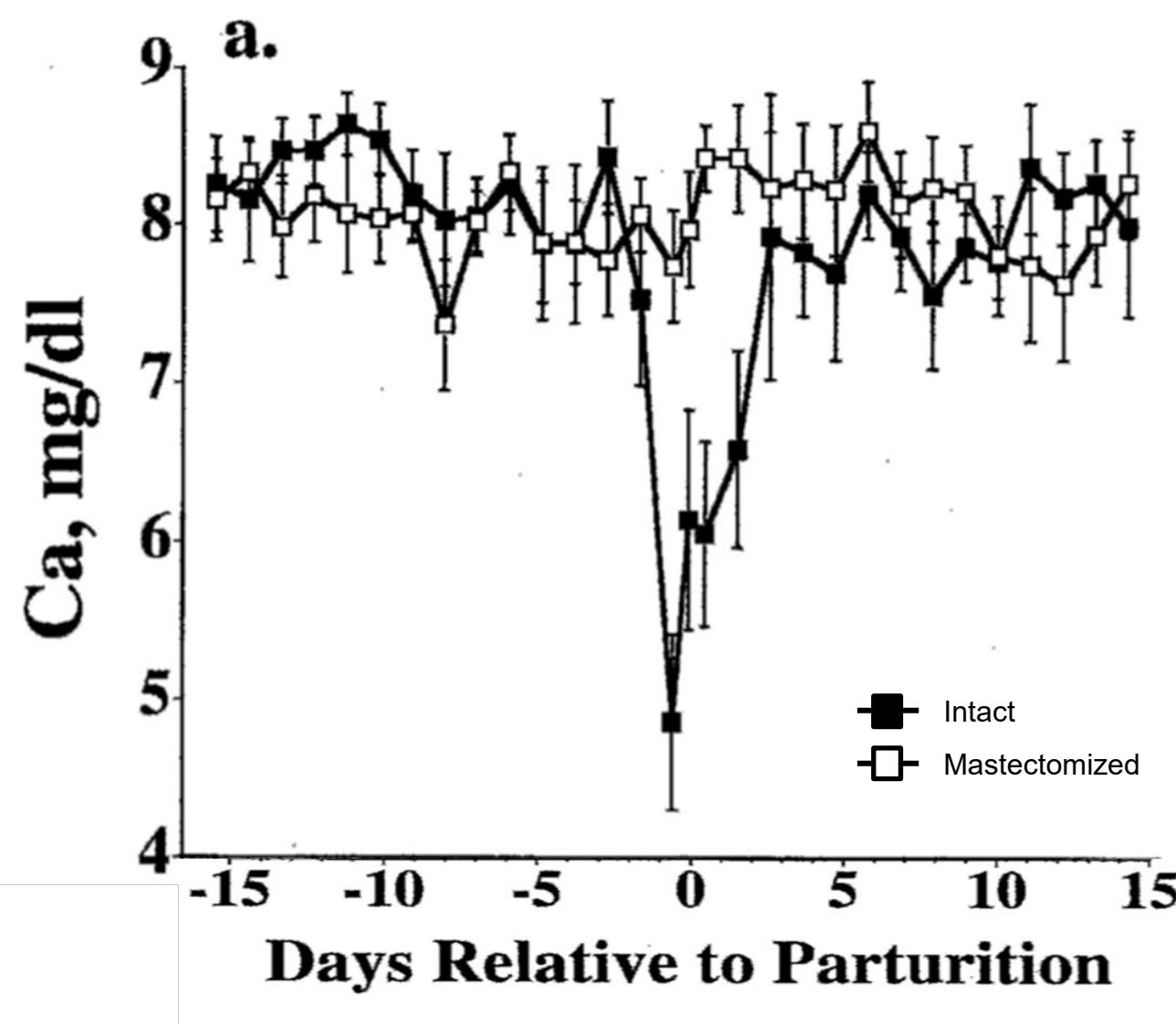
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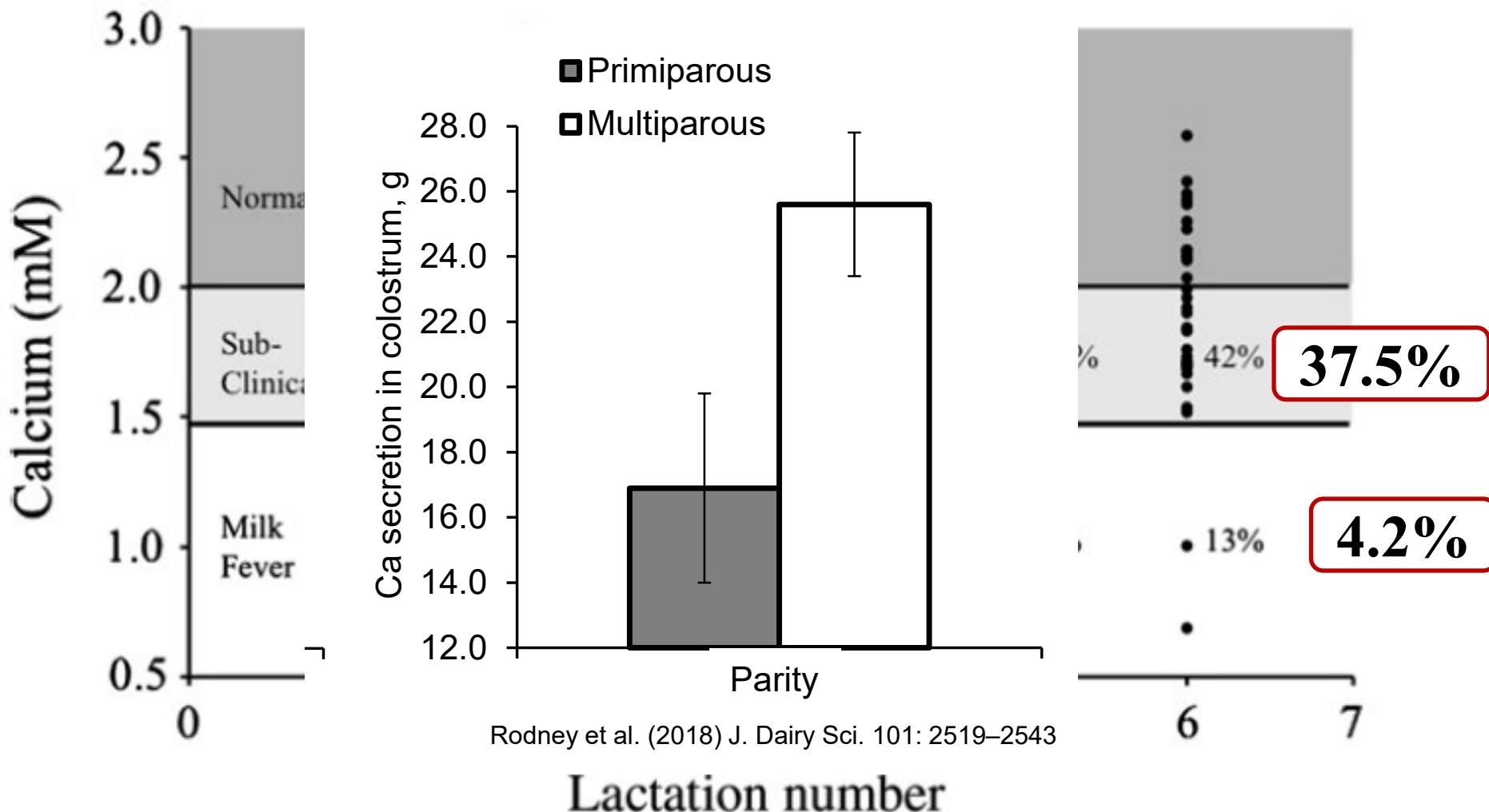
# Outline

- ✓ Why dairy cows develop hypocalcemia
- ✓ Impacts of hypocalcemia on dairy cow health
- ✓ Methods of prevention of hypocalcemia
  - ✓ Restricted Ca absorption
  - ✓ Reduced P intake/absorption and blood phosphate concentrations
  - ✓ Induction of compensated metabolic acidosis
  - ✓ Oral Ca dosing

# Why Dairy Cows Develop Hypocalcemia



# Why Dairy Cows Develop Hypocalcemia

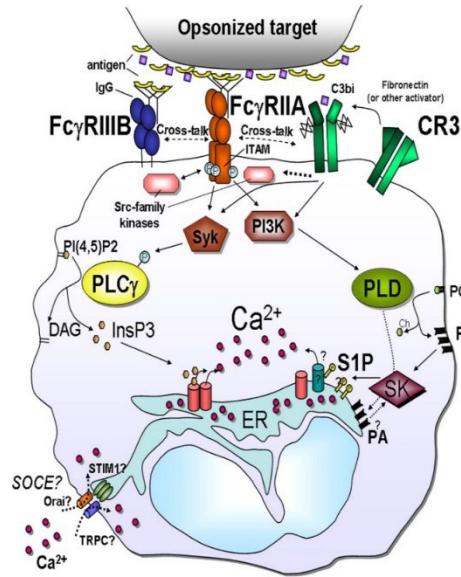


# Why Dairy Cows Develop Hypocalcemia

## ✓ Activation of immune cells?

### Neutrophils

1. Neutrophil no.	3,000,000	per mL
2. Diameter of neutrophil	15	μm
3. Cytosol vol./cell vol.	50%	
4. Blood [iCa]	1.2	mM
5. Neutrophil [iCa] at resting	85	nM
6. Neutrophil [iCa] at activation	400	nM
In 1 mL of blood		
Volume of 1 neutrophil	1,766	cubic μm
Total volume occupied by neutrophils	5,298,750,000	cubic μm
Total volume in 1 mL of blood	1,000,000,000,000	cubic μm
Neutrophils represent	0.53%	
Total iCa in 1 mL	48,000	ng
Increment in iCa upon activation		
	315.00	nM
iCa used upon activ. in 1 L of neu	12,600.00	ng
iCa used upon activ. in 1 mL of neu	12.60	ng
Cytosolic neutr. vol. in 1 mL	0.26%	
Adj. for cyto neutr vol present in 1 mL	0.033	ng
Absolute iCa in 1 mL	48,000.00	ng
iCa used by neutrophil activation in 1 mL	0.033	ng

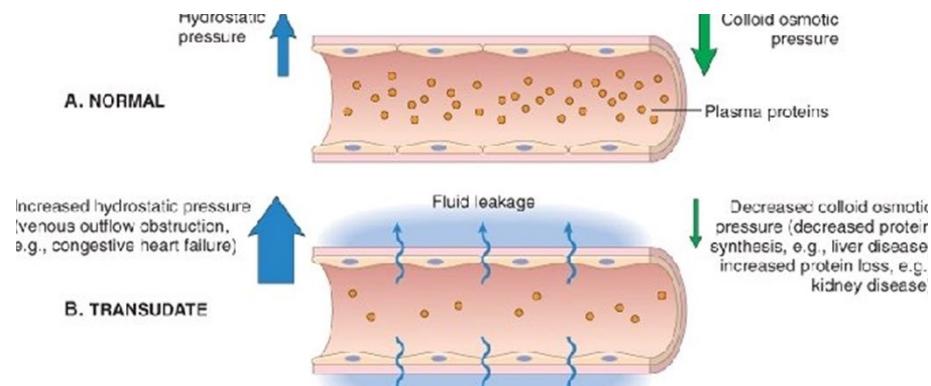


Nunes P , and Demaurex N J Leukoc Biol 2010;88:57-68

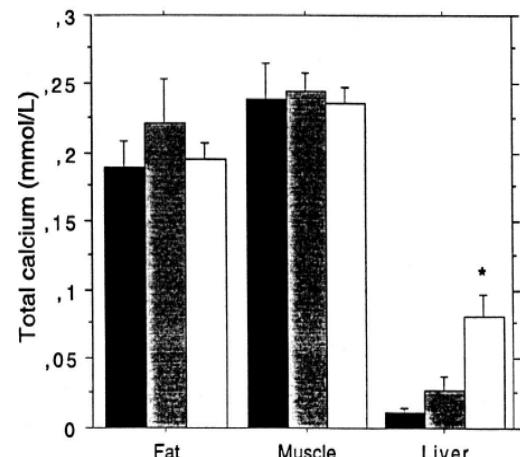
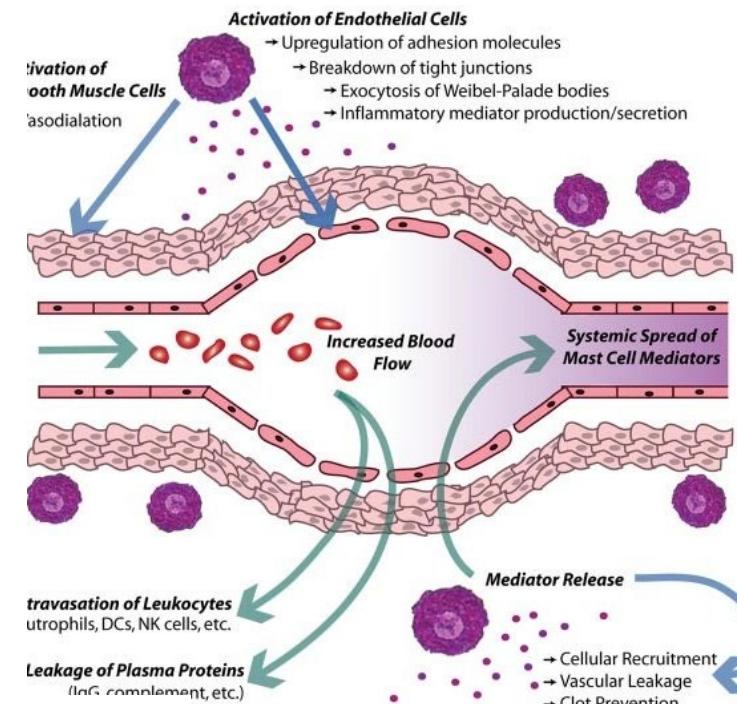
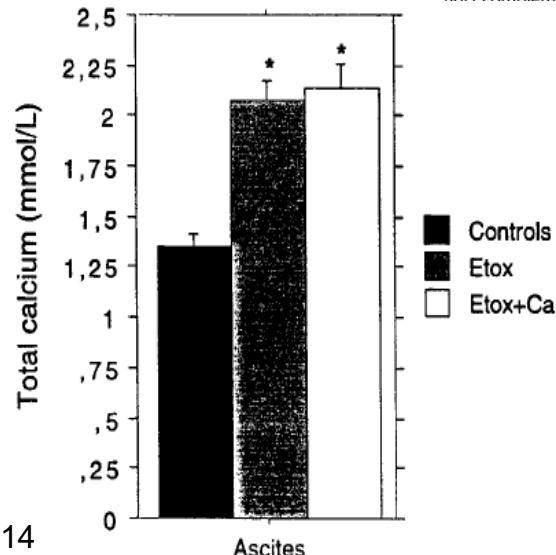
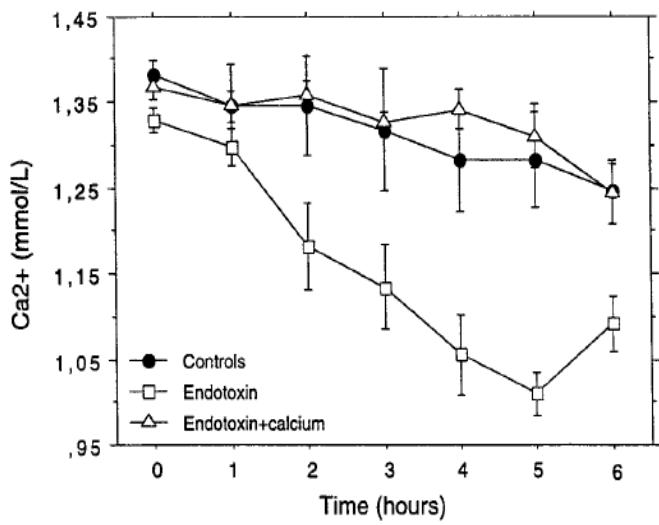
Proportion of iCa used upon activation of 50% of all neutrophils in blood

**0.00007%**

# Inflammation Increases Vascular Permeability



Kunder et al. (2011) Blood 118: 5383-5393

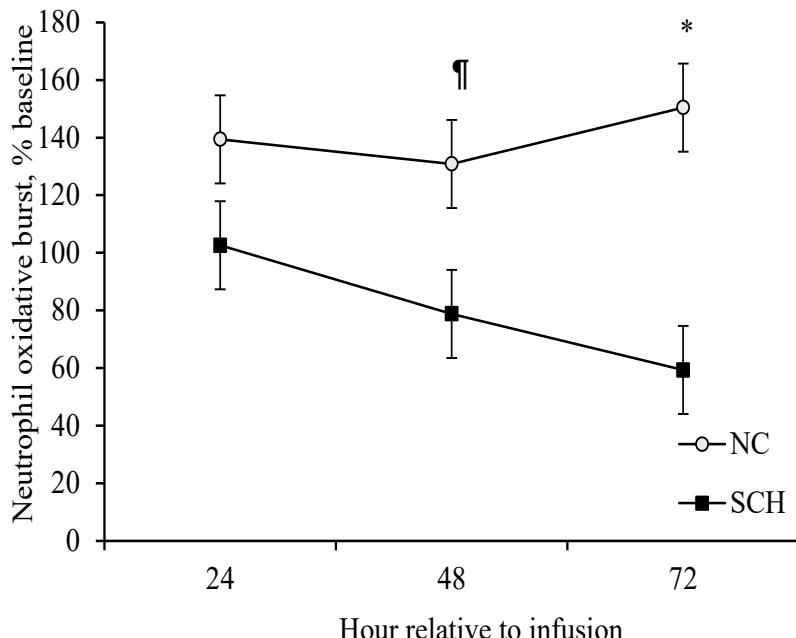
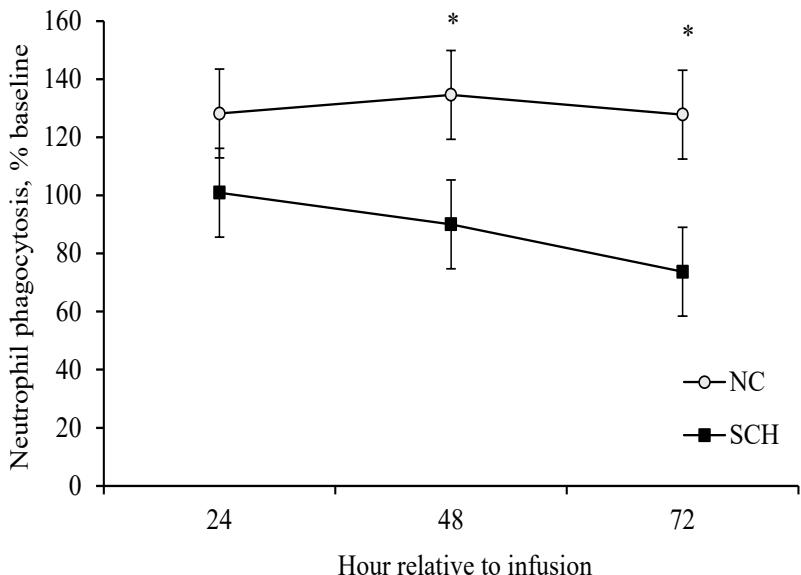
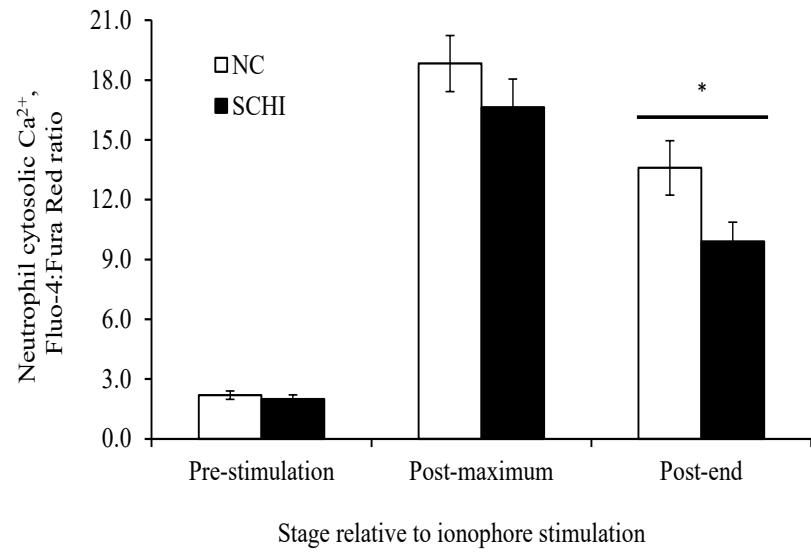
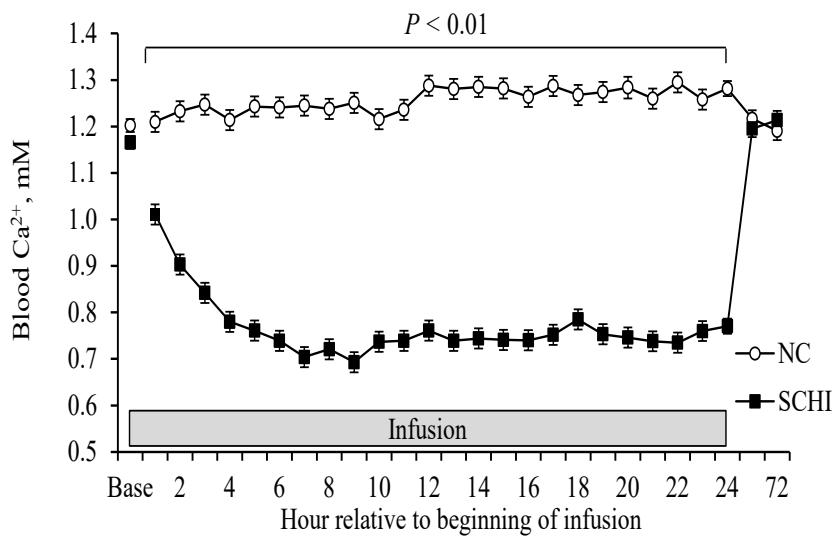


Carlstedt et al. (2000) Crit. Care Med. 28: 2909-2914

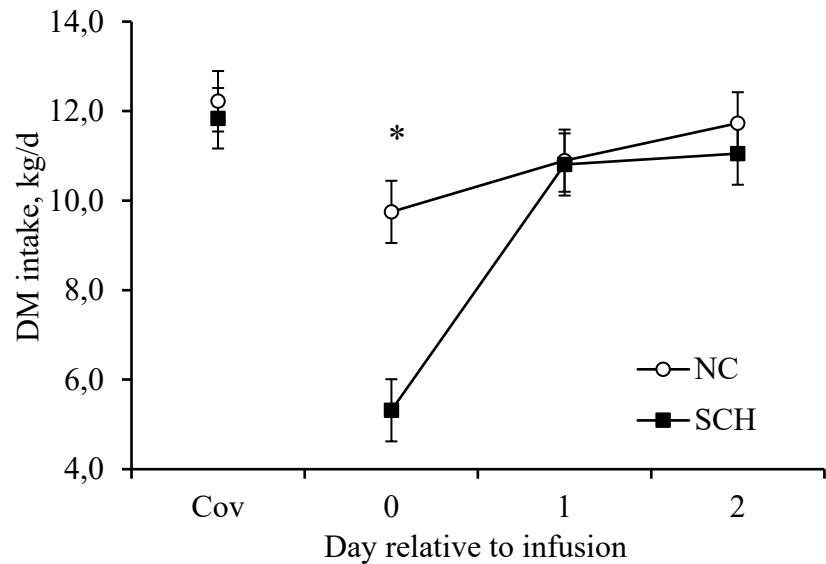
# Prepartum Diet

- ✓ Alkalosis interferes with calciotropic hormones
  - ✓ Intake of K and Na
- ✓ Dietary phosphorus
  - ✓ Increased blood phosphate interferes with calciotropic hormones
- ✓ Dietary magnesium
  - ✓ Magnesium is required for proper activity of calciotropic hormones

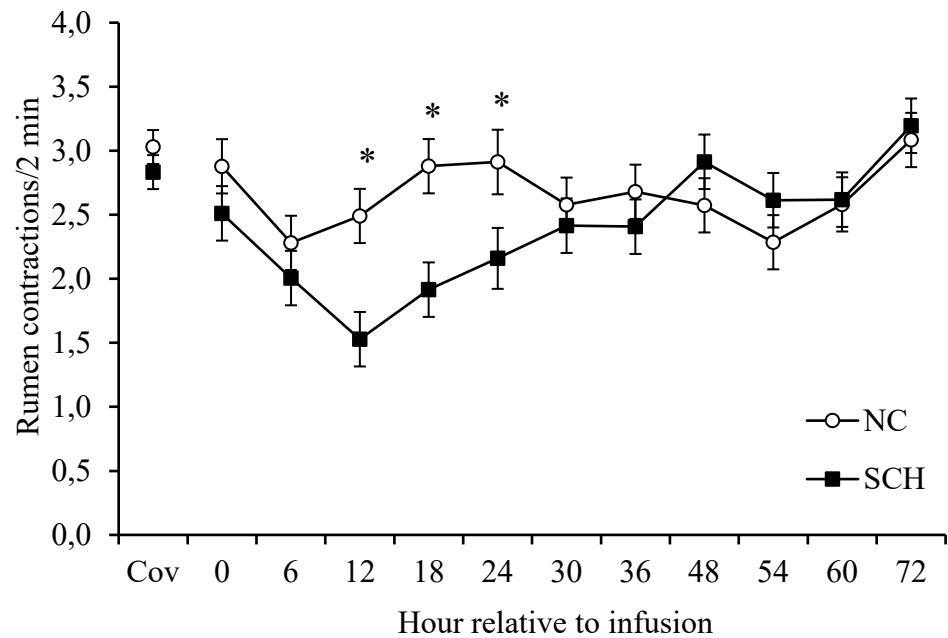
# Induced Subclinical Hypocalcemia in Dairy Cows



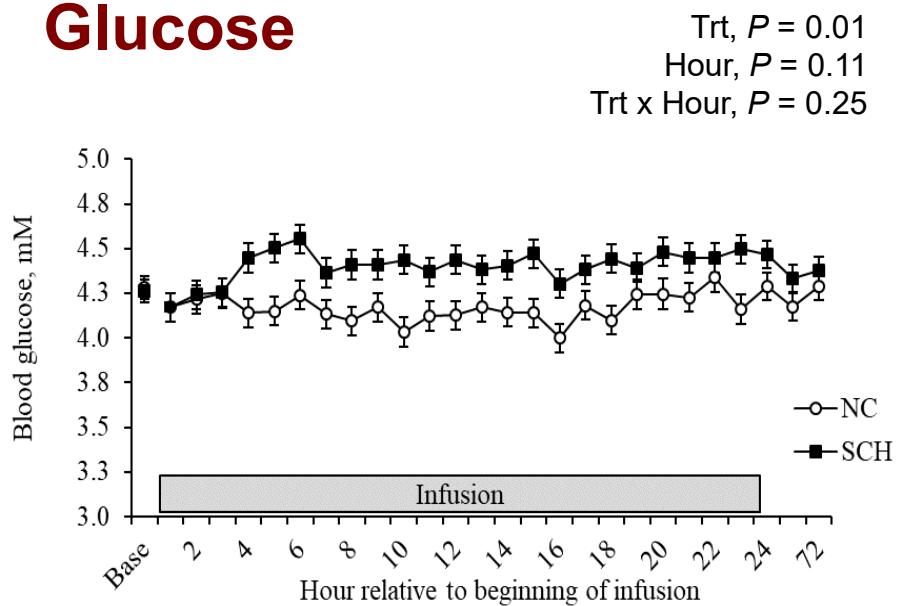
# Subclinical Hypocalcemia Reduces DM Intake and Rumen Motility in Dairy Cows



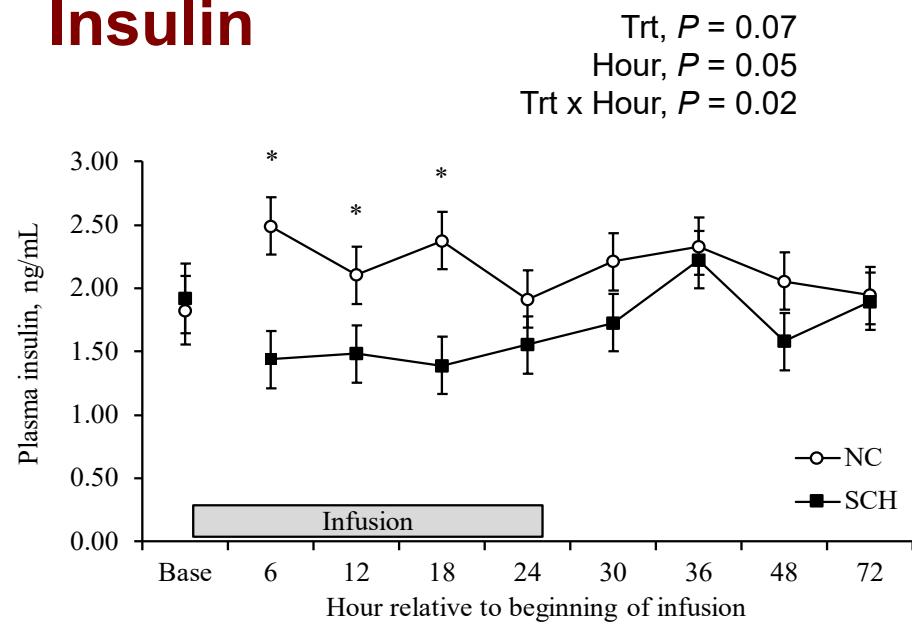
\* P < 0.01



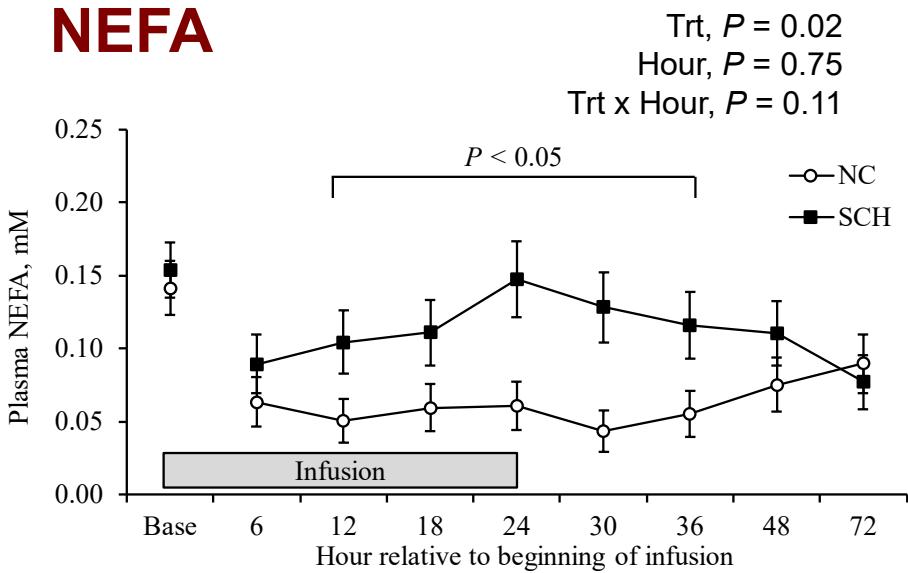
# Glucose



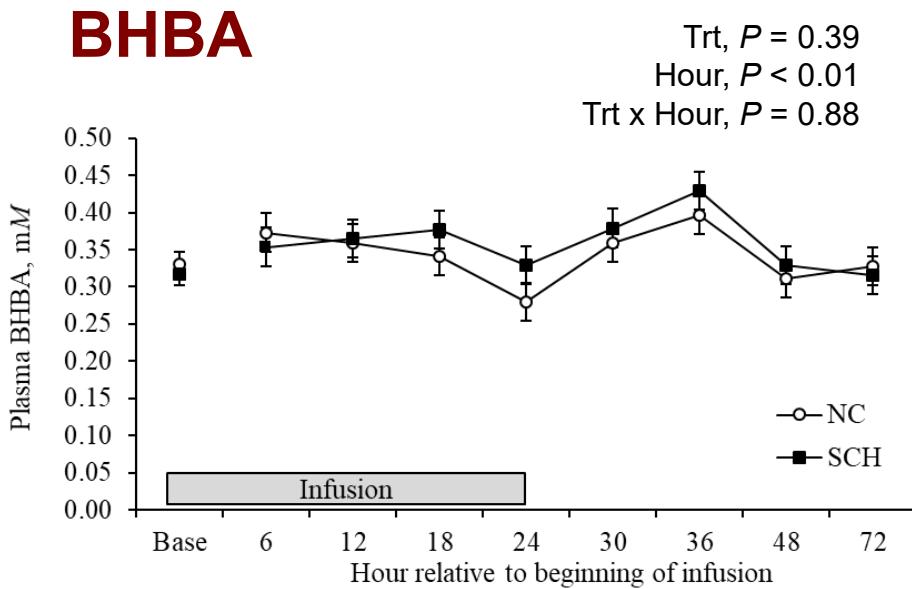
# Insulin

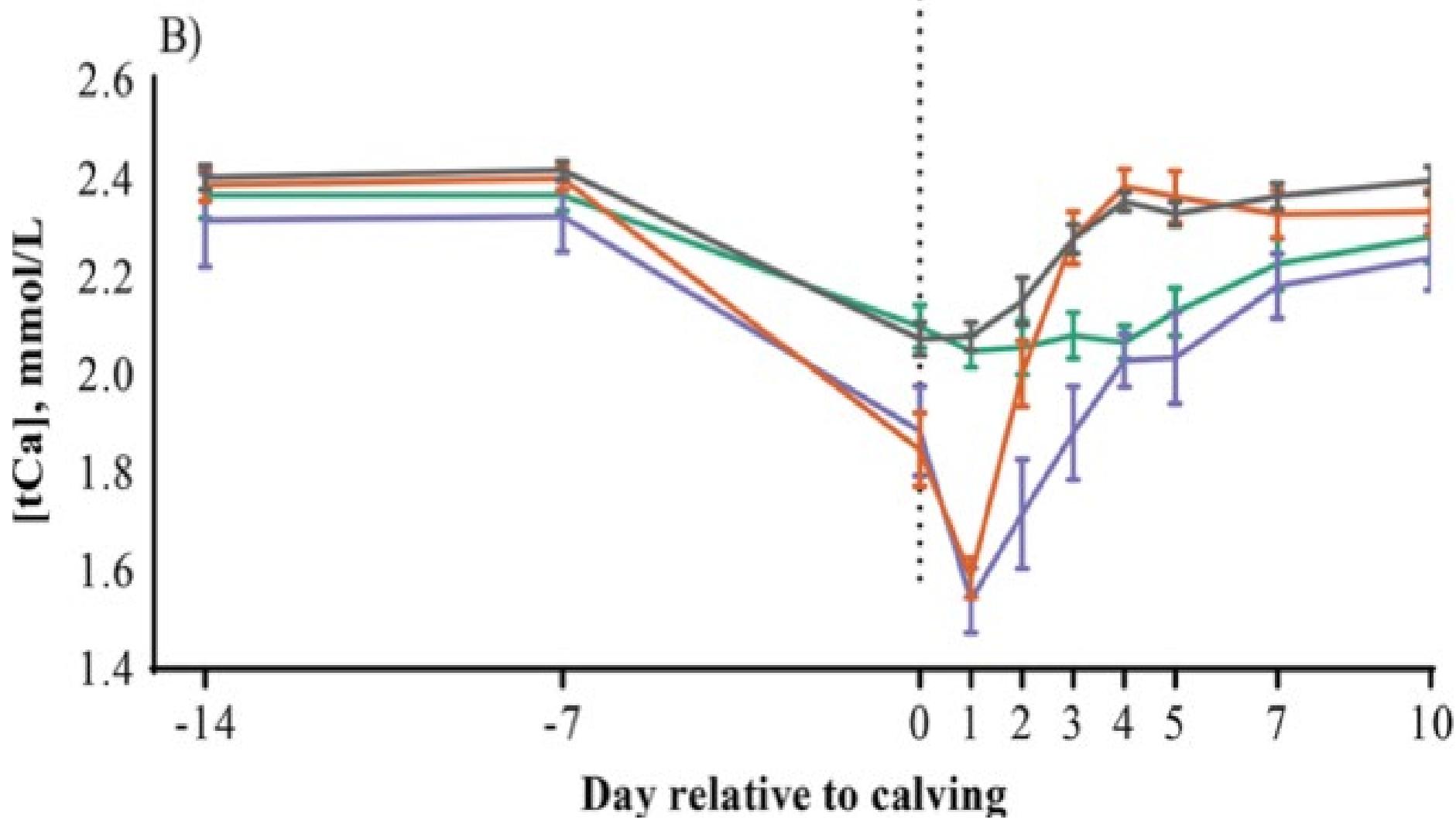


# NEFA



# BHBA



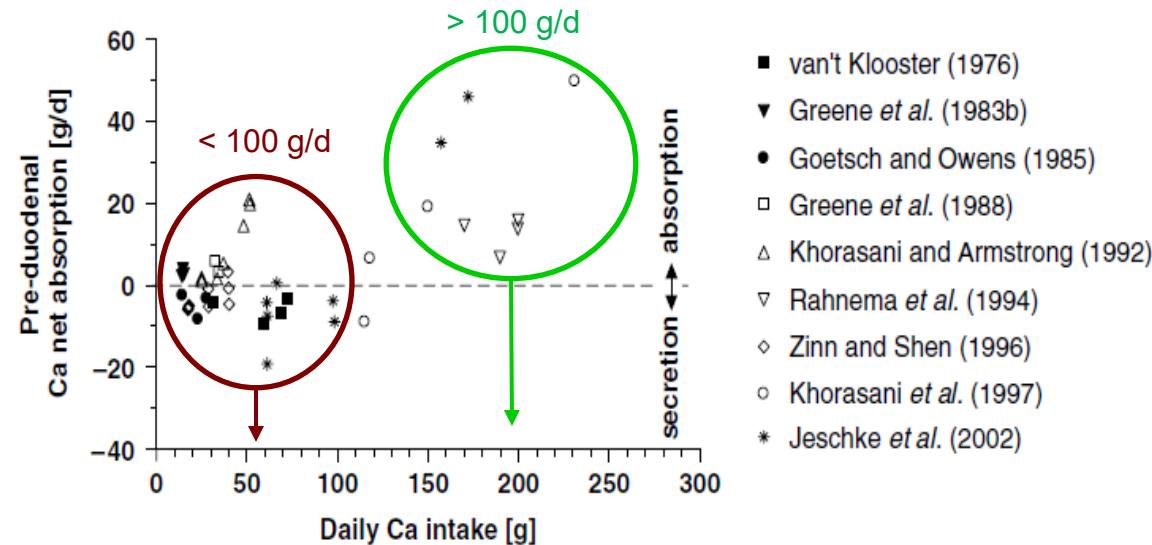


# Strategies Available to Reduce the Risk of Hypocalcemia

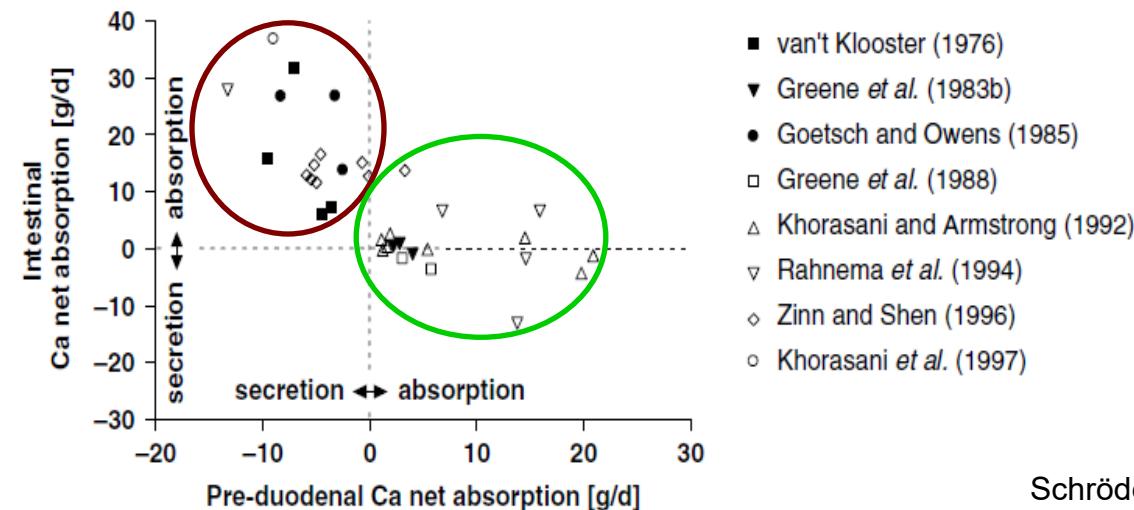
- ✓ Prepartum diets with very low Ca content
- ✓ Reduced intestinal absorption of P and Ca
- ✓ Altered acid-base status by dietary manipulation
- ✓ Administration of Ca at calving

# Site of Ca Absorption in the GIT of Bovine

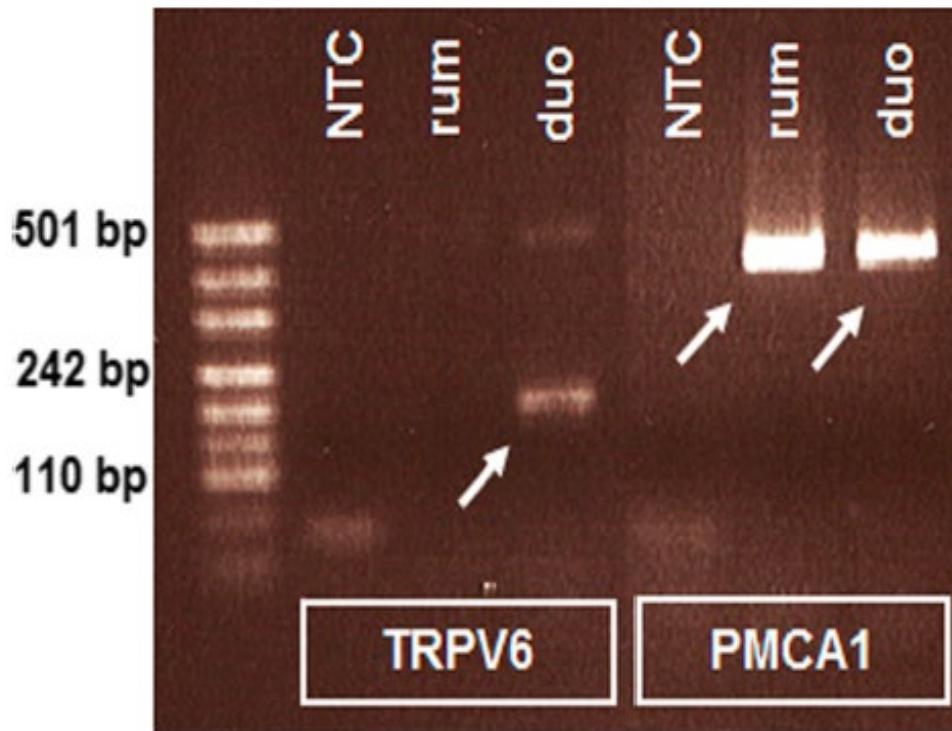
## Pre-duodenum Ca absorption



## Post-abomasum Ca absorption

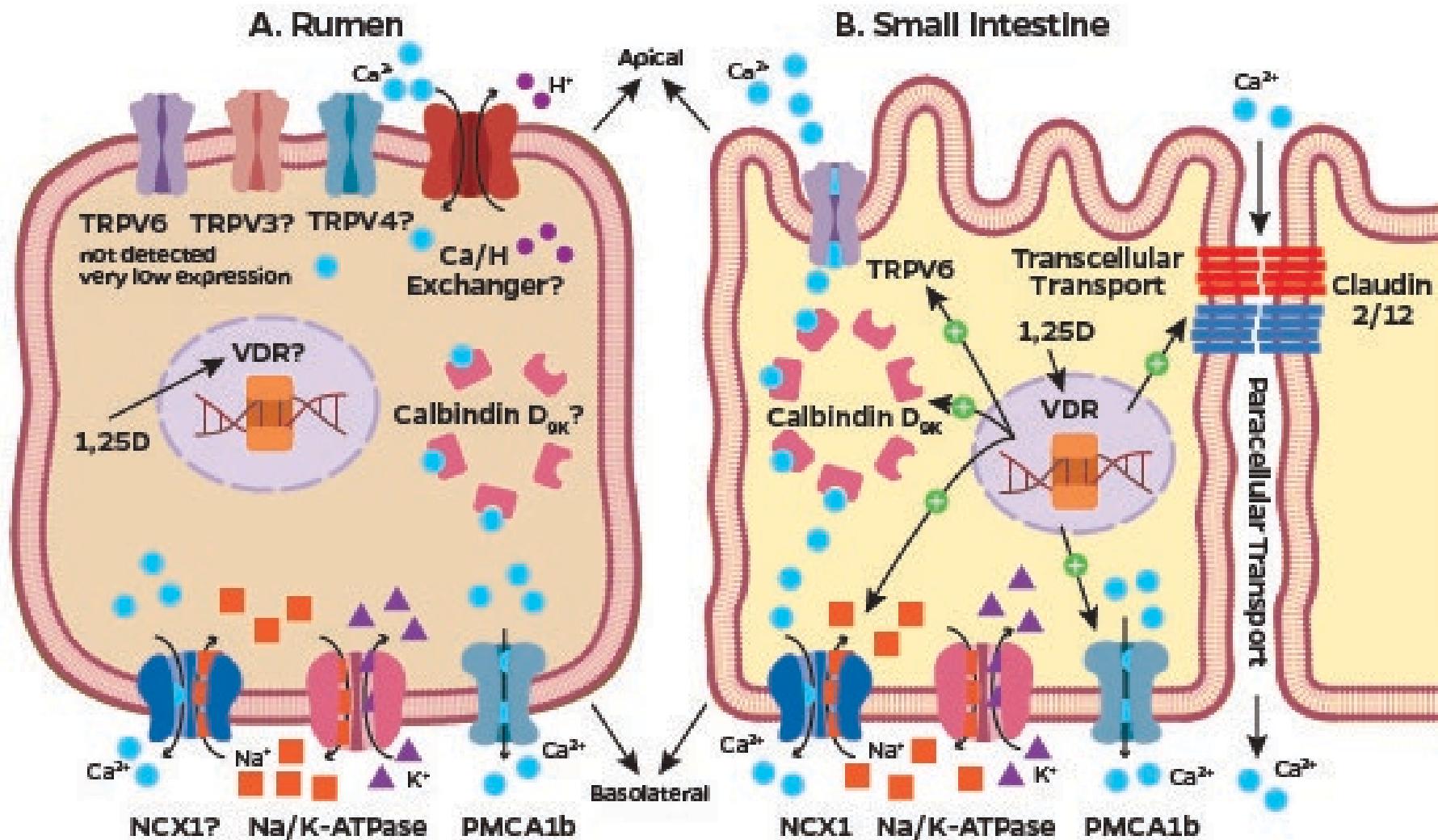


# PCR Products for TRPV6 and PMCA1b in the Rumen and Duodenal Epithelium of Bovine



**Figure 1.** RT-PCR for the detection of products specific for TRPV6 and PMCA1. NTC, no template control; rum, rumen; duo, duodenum.

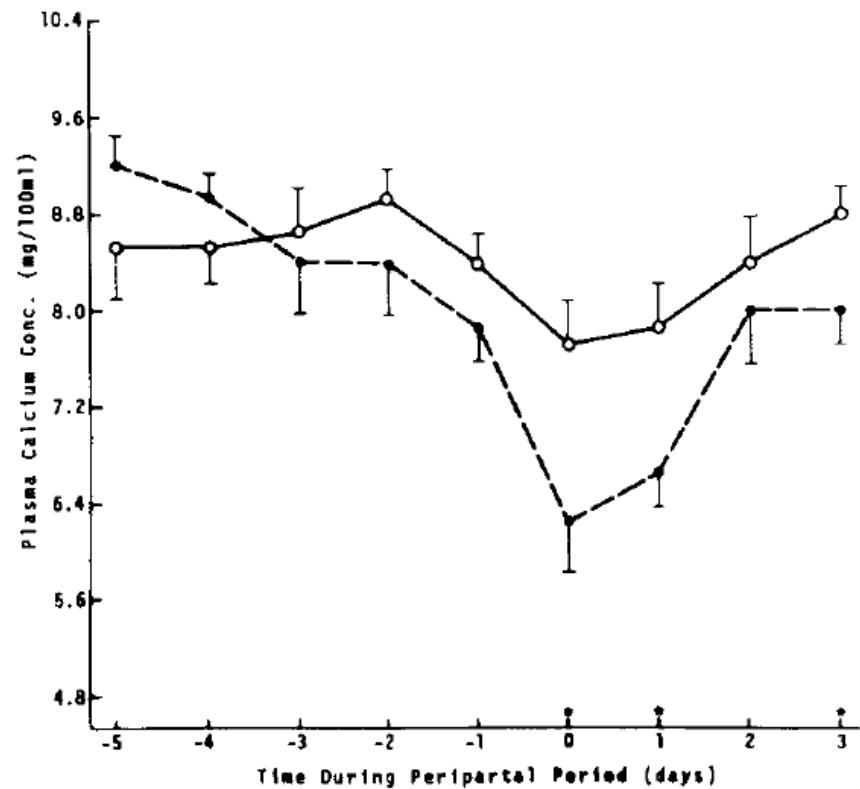
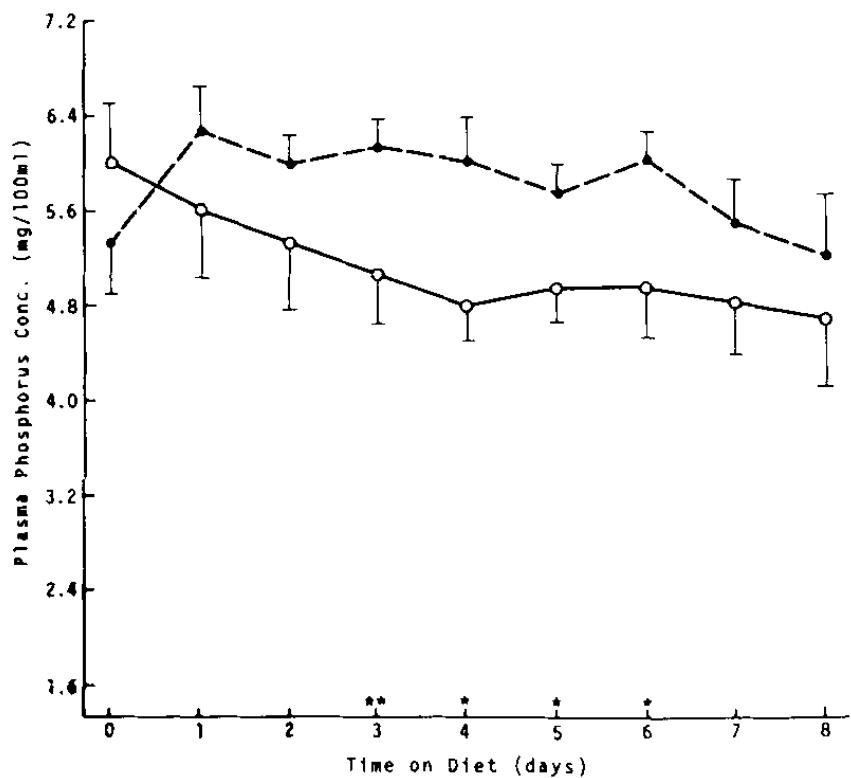
# Mechanisms of Ca Absorption in the Bovine GIT (Ruminants)



# Ca-deficient diets prepartum prevent milk fever

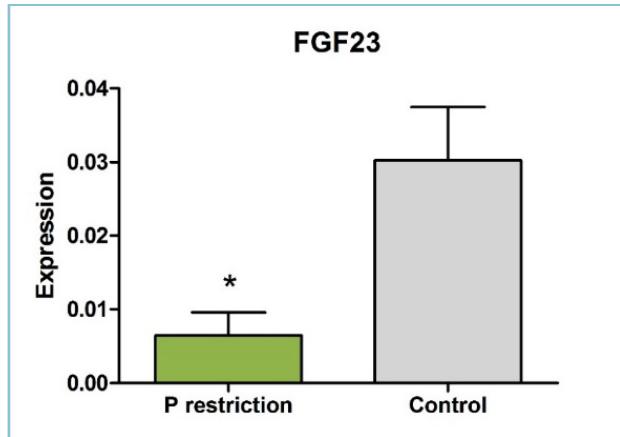
Solid line = 8 g Ca/day prepartum

Dashed line = 80 g Ca/day prepartum

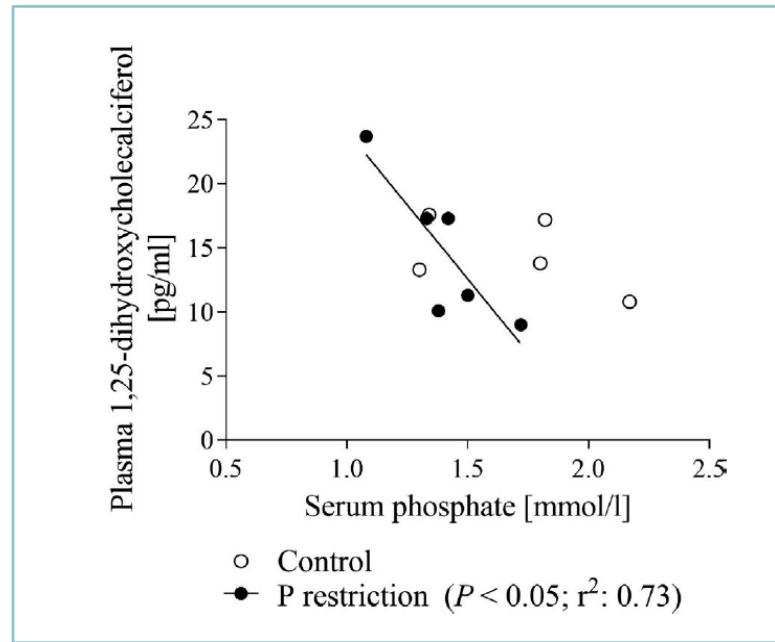


# Dietary P and Ca Homeostasis – Lessons from Sheep

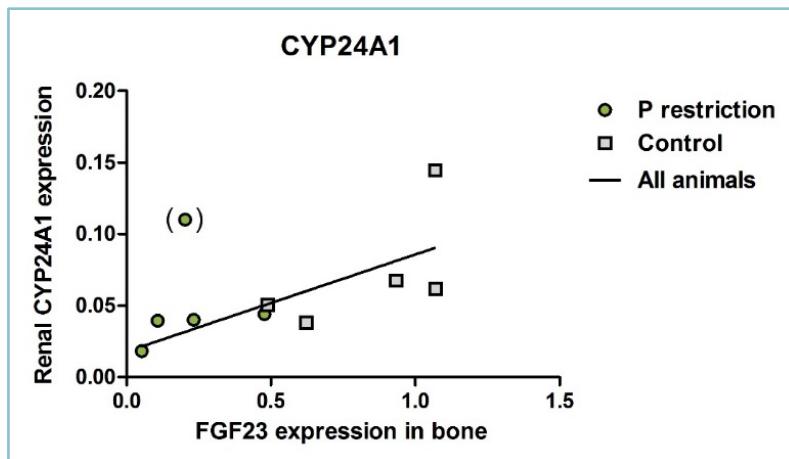
Dietary P restriction reduces FGF23



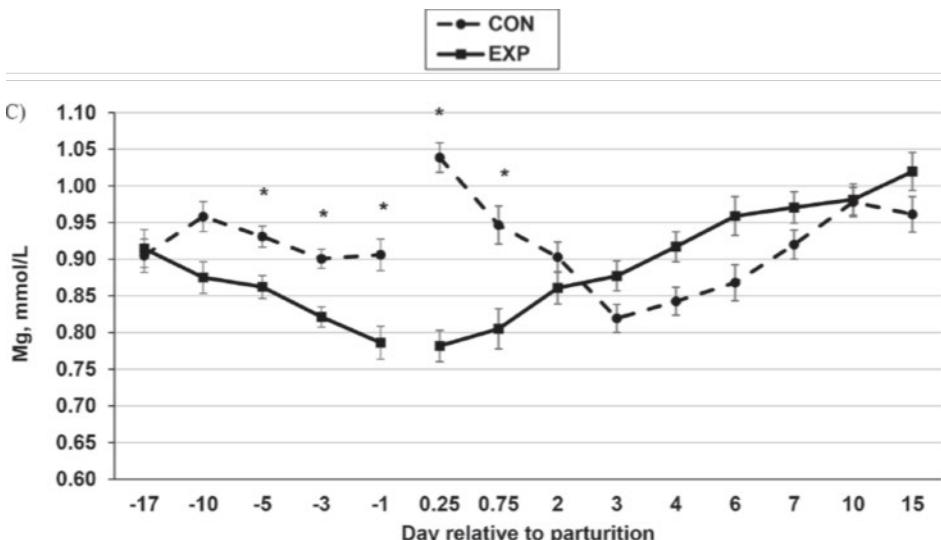
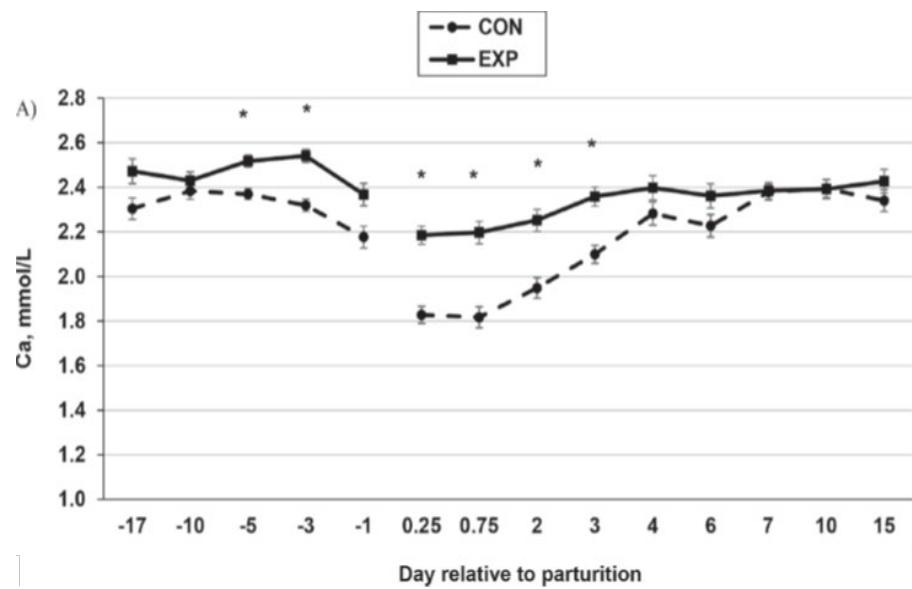
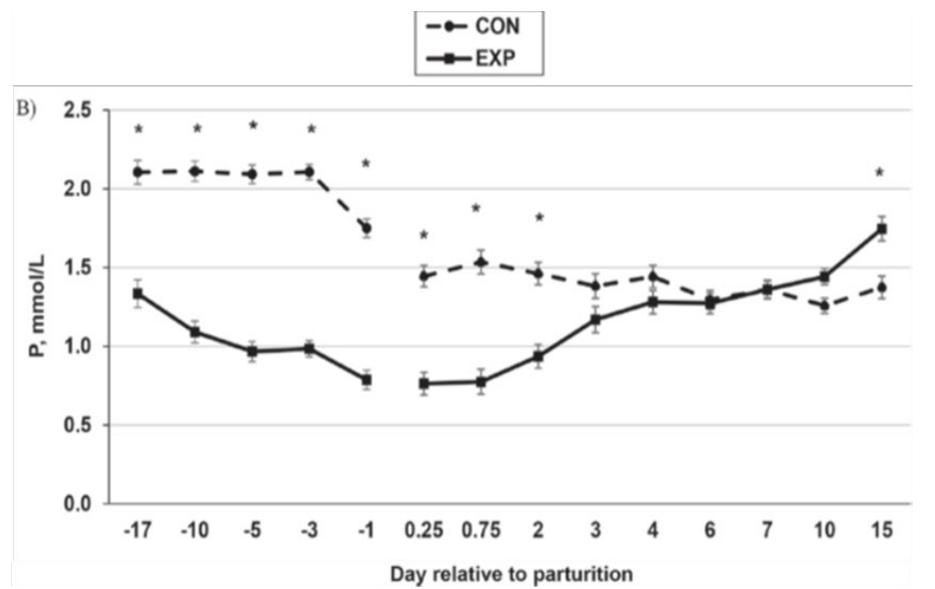
Plasma calcitriol is associated with serum P



FGF23 is associated with CYP24A1 expression

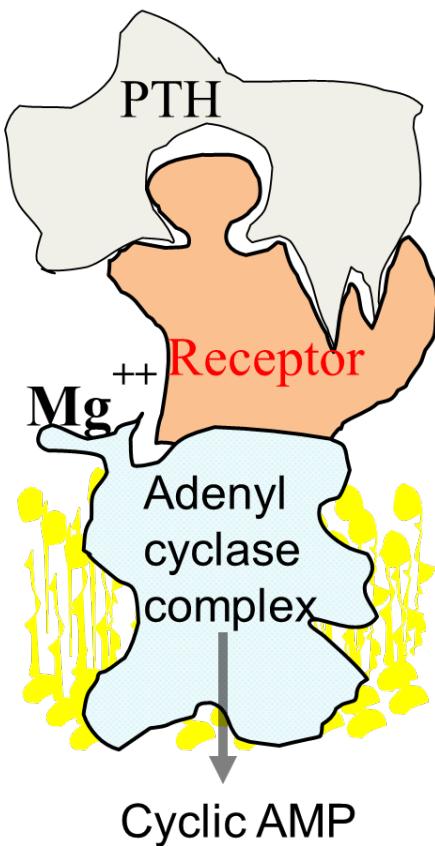


# Feeding Zeolite Reduces Blood P and Improves Blood Ca

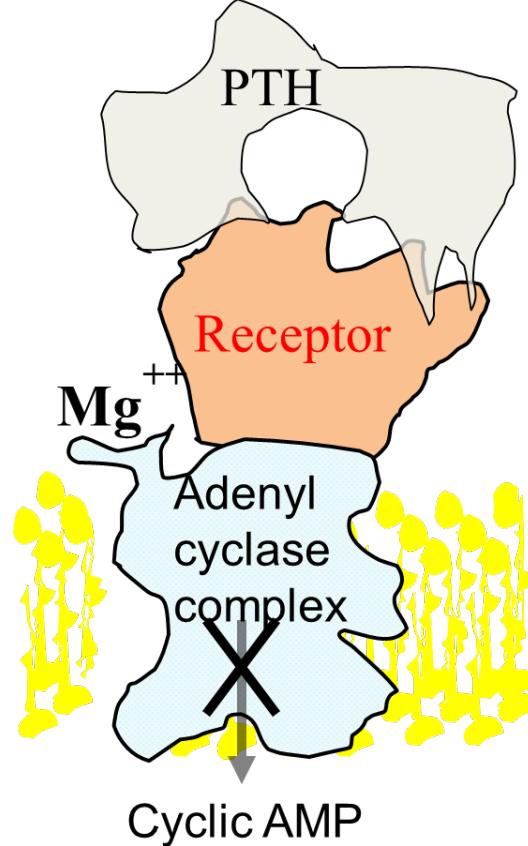


# Illustration of the Role of Acid-Based Balance and Mg Status on PTH Action

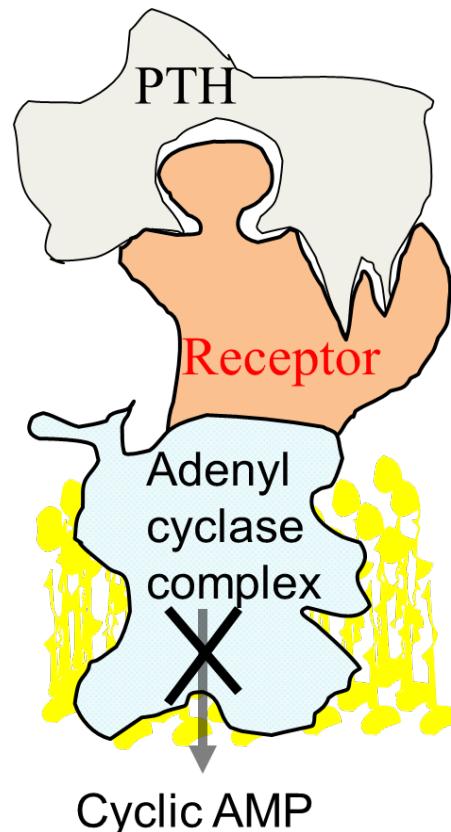
A. pH=7.35  
Normal Mg



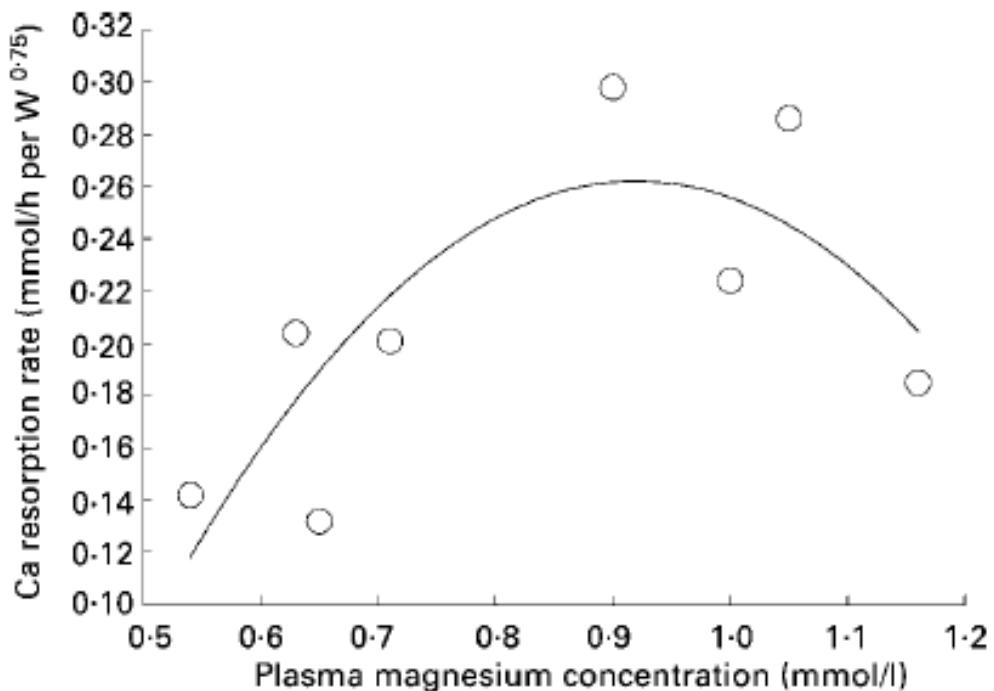
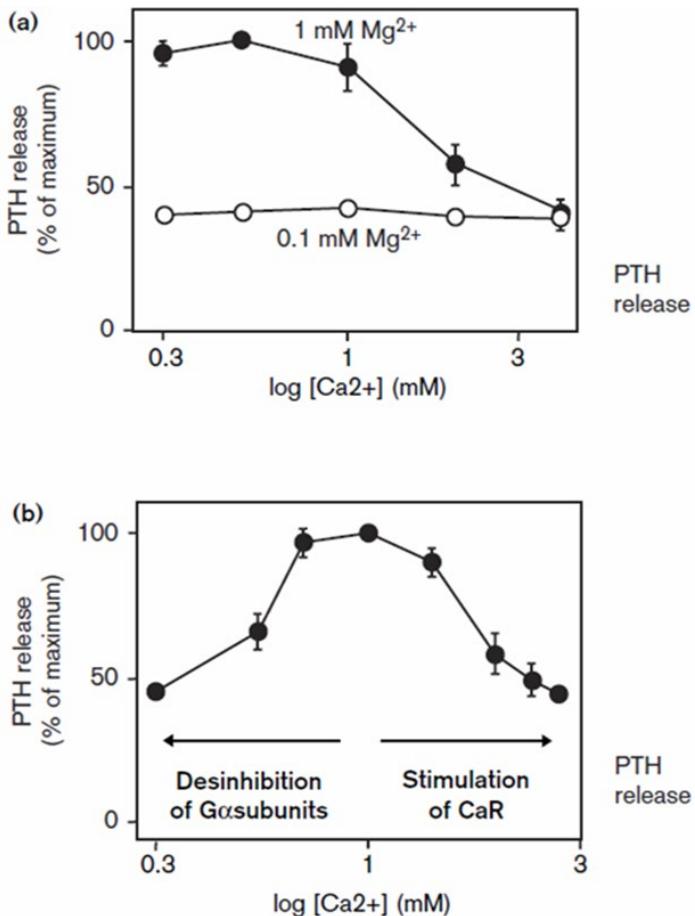
B. pH=7.45  
Normal Mg



C. pH=7.35  
Hypomagnesemia



# Adequate Plasma Mg Improves Ca Resorption from Bones



**Fig. 4.** Mean calcium resorption rate from bone corrected for metabolic live weight ( $R'$ , mmol/h per kg live weight ( $W$ )<sup>0.75</sup>), as a function of plasma magnesium concentration (mmol/l). O, Data from Table 1; —, fitted quadratic equation.

Robson et al. (2004) Brit. J. Nutr. 91: 73-79

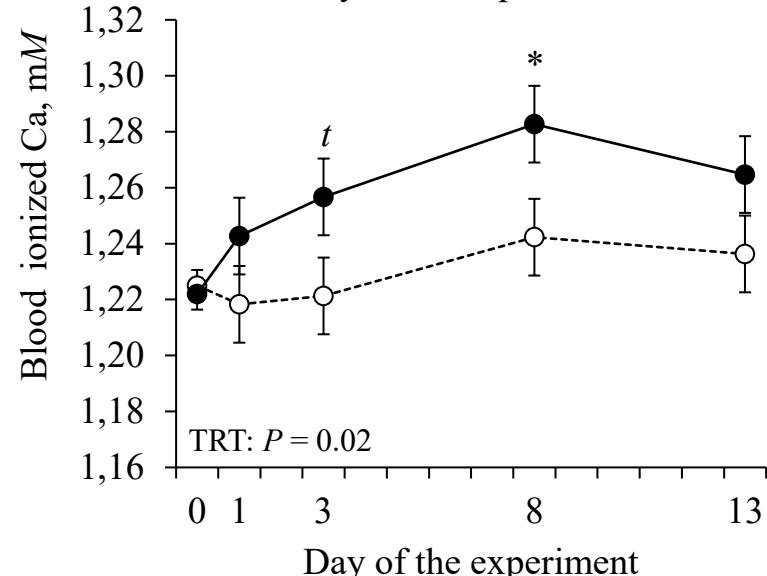
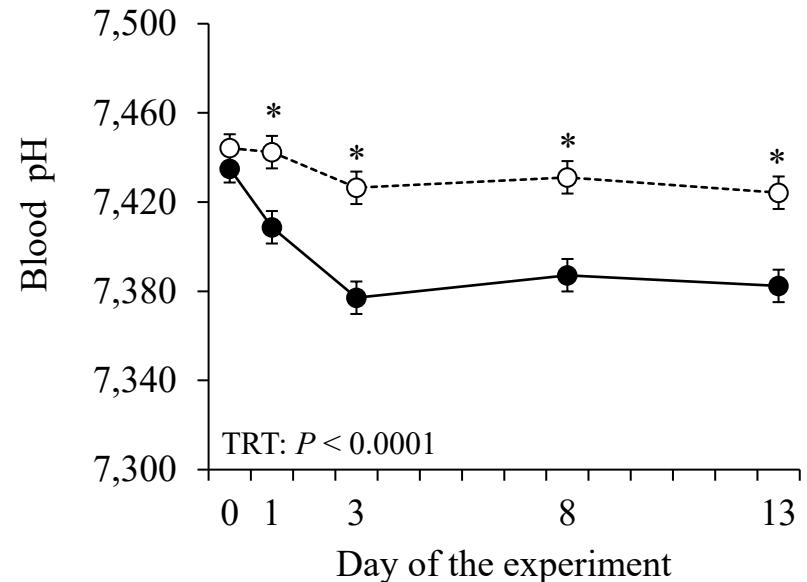
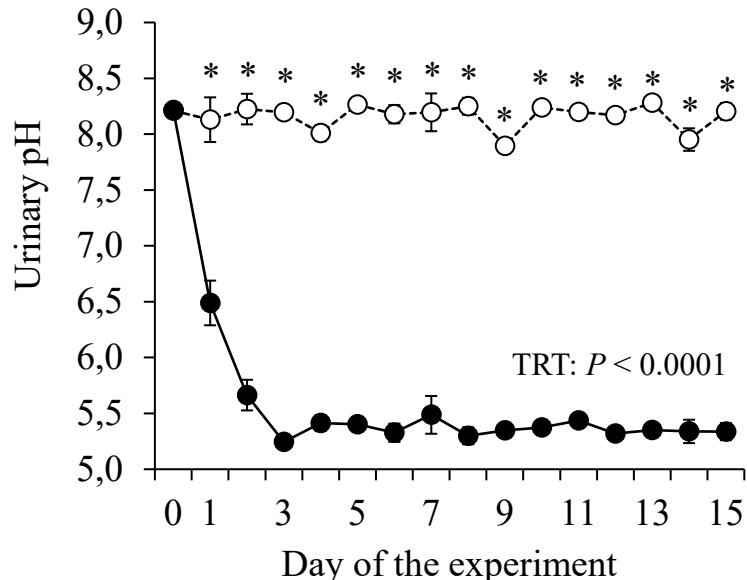
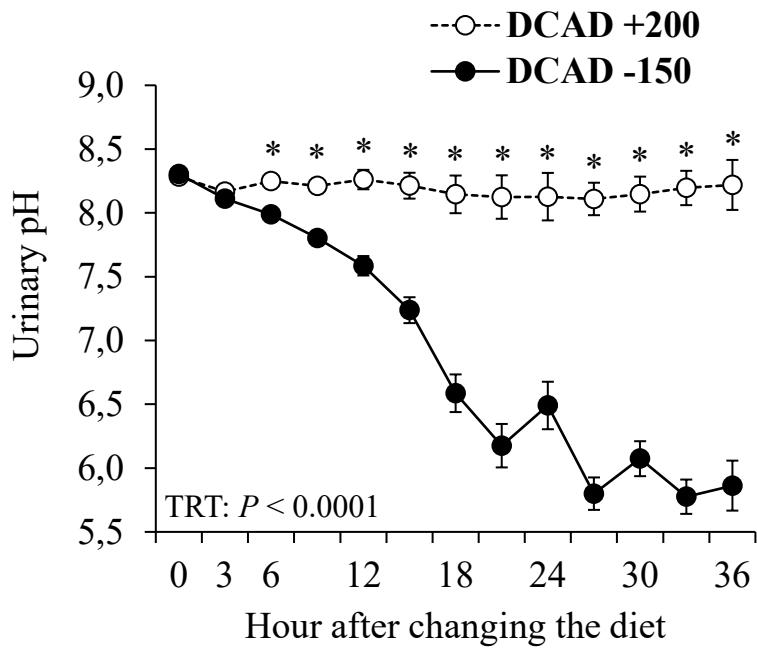
# Peter Stewart's Strong Ion Difference

## ✓ Concept of Electroneutrality

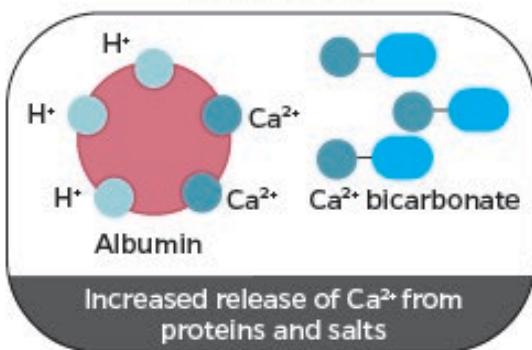
- ✓ In an aqueous solutions, the sum of all positively charged ions must equal to the sum of all negatively charged ions
- ✓ If a positive charge is added to this solution,
  - ✓  $\text{Na}^+$  or  $\text{K}^+$ ,
  - ✓ then the positive charge necessitates loss of  $\text{H}^+$  (a shift in the dissociation of water) making the solution alkaline.
- ✓ If a negative charge is added to the same solution,
  - ✓ such as  $\text{Cl}^-$ ,
  - ✓ then the added negative charge necessitates loss of  $\text{HCO}_3^-$  or gain of  $\text{H}^+$
- ✓ Dietary cations or anions only affect blood pH if absorbed into the bloodstream in relatively large quantities and change the strong ion difference (**SID**) of blood

# How DCAD Affects Blood Acid-Base Chemistry

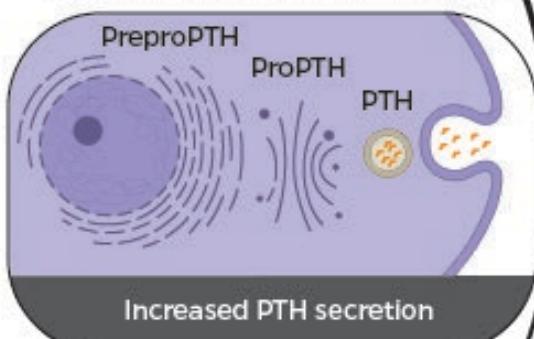
# Diet effects on acid-base status



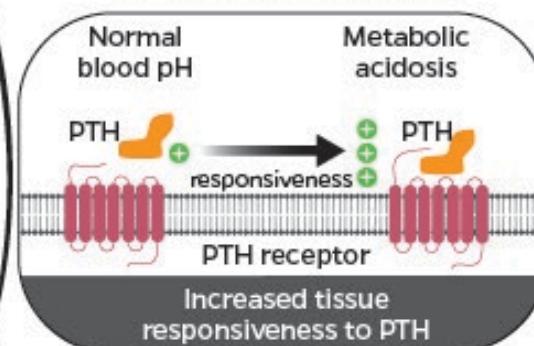
## A. Blood



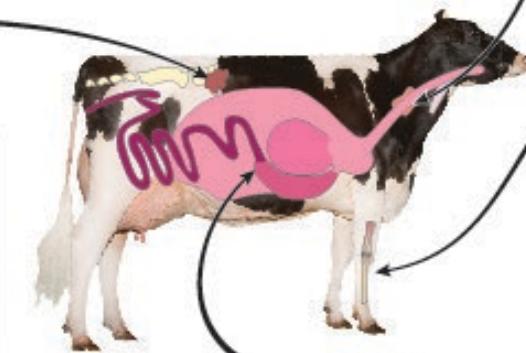
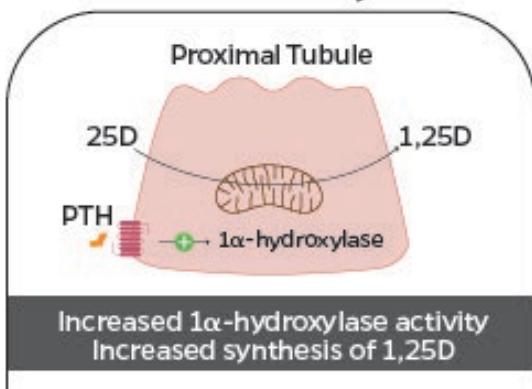
## B. Parathyroid Gland



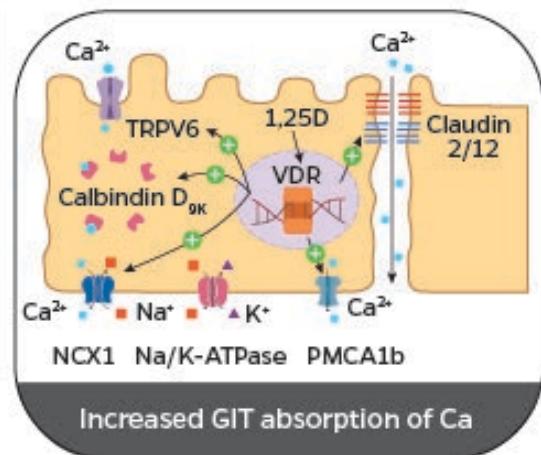
## C. Whole Animal



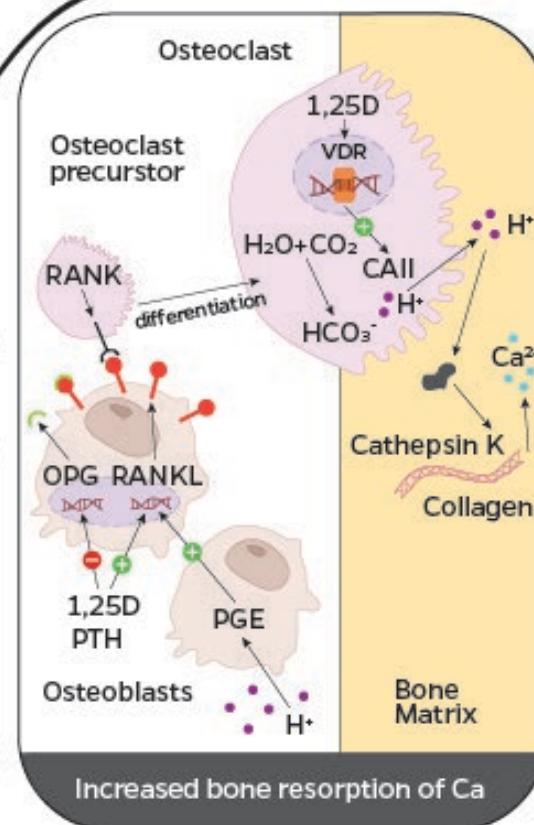
## D. Kidney



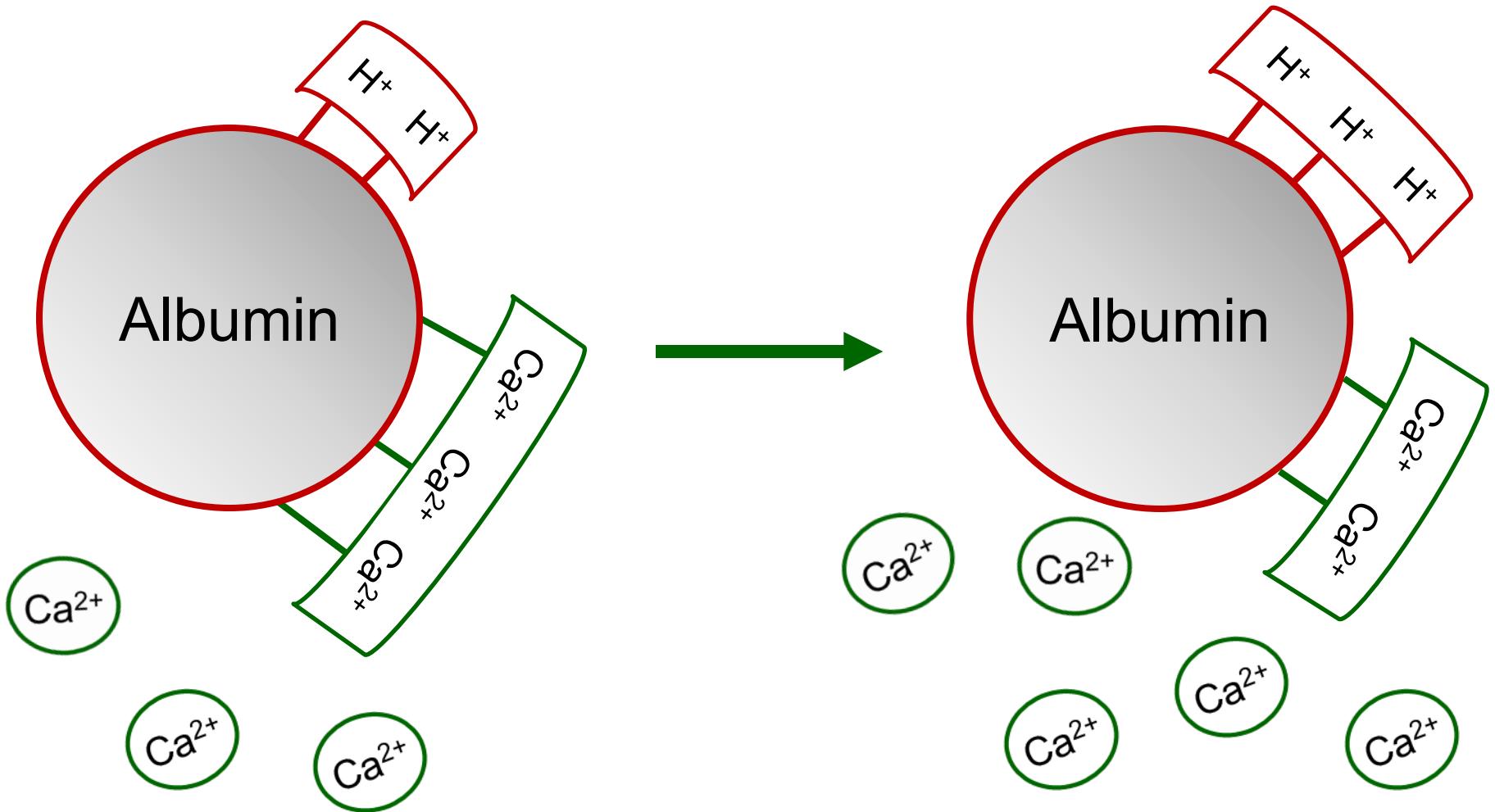
## E. Gastrointestinal Tract



## F. Bone



# Acidemia Displaces $\text{Ca}^{2+}$ from Albumin

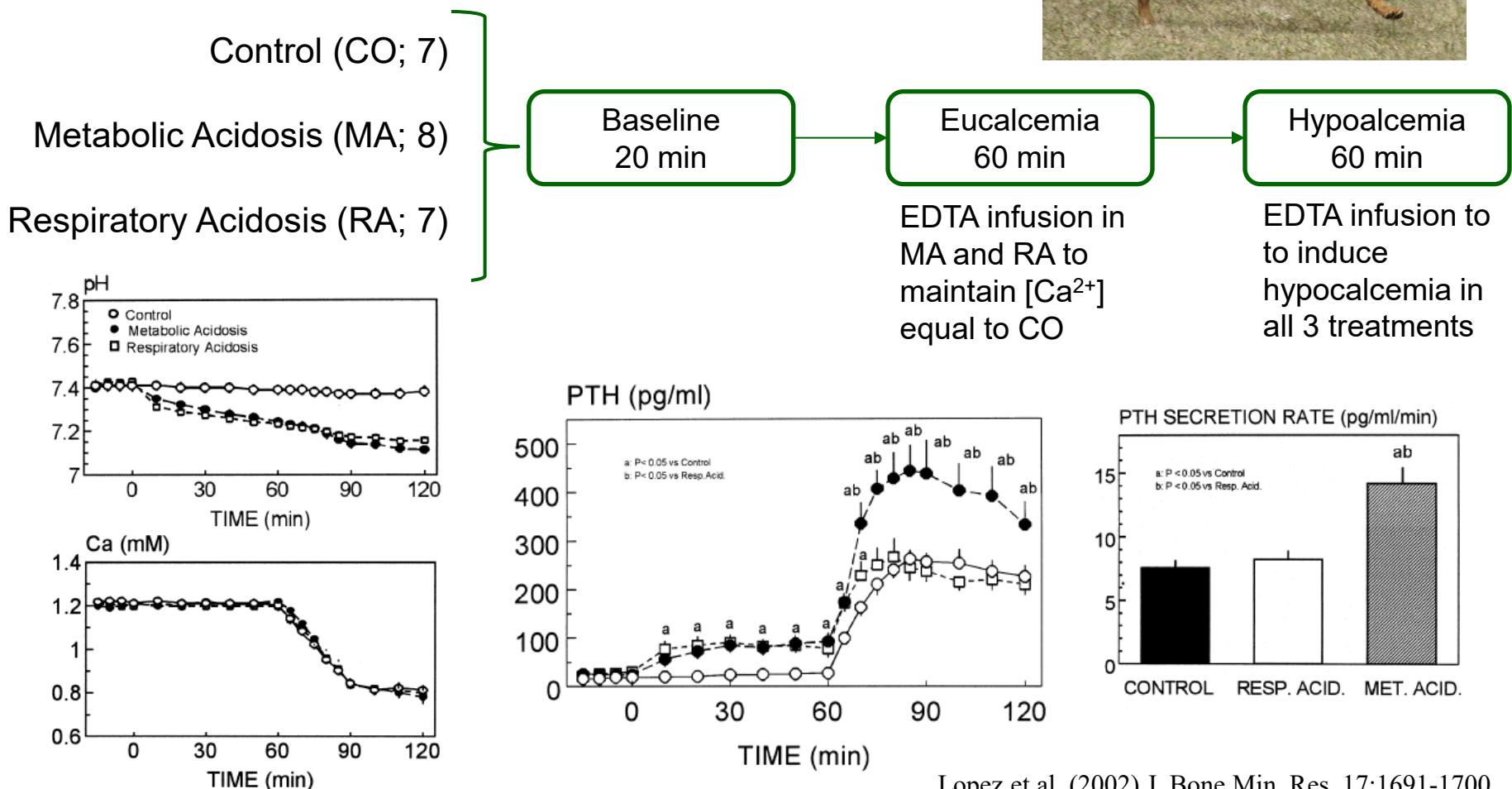


Blood pH of 7.45 to 7.50

Blood pH of 7.35 to 7.40

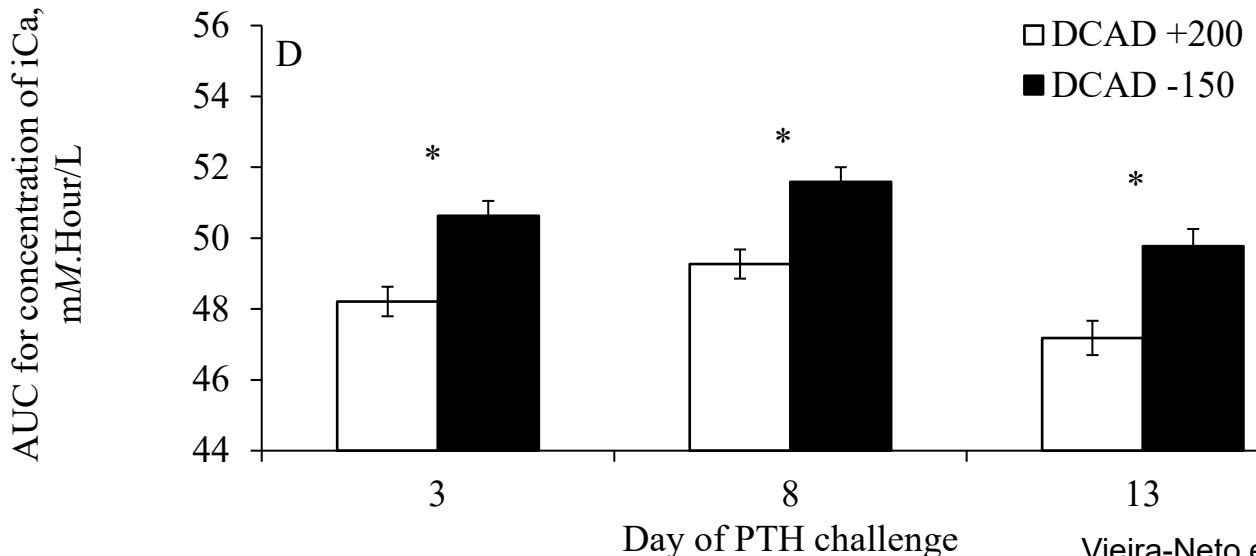
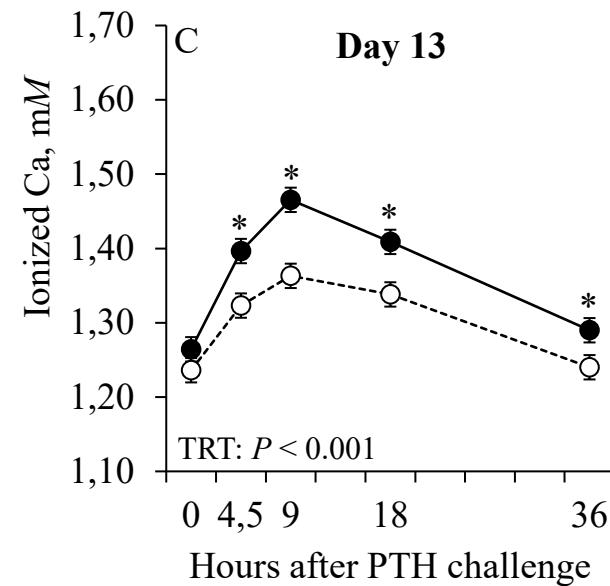
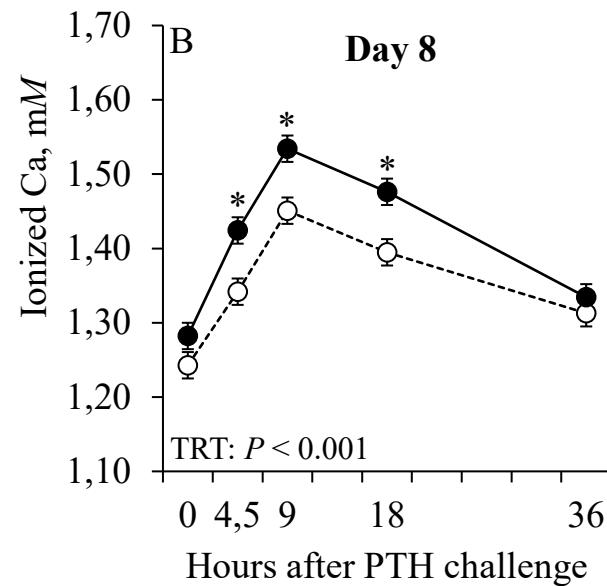
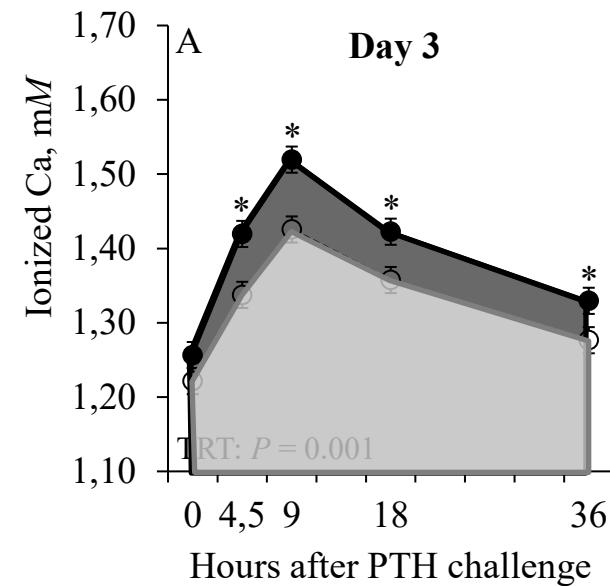
# Metabolic Acidosis Enhances PTH Release

22 dogs randomly assigned to treatments



# Responses in iCa to PTH

--○-- DCAD +200 —●— DCAD -150



TRT:  $P < 0.0001$   
Chall:  $P < 0.0001$   
TRT\*Chall :  $P = 0.94$

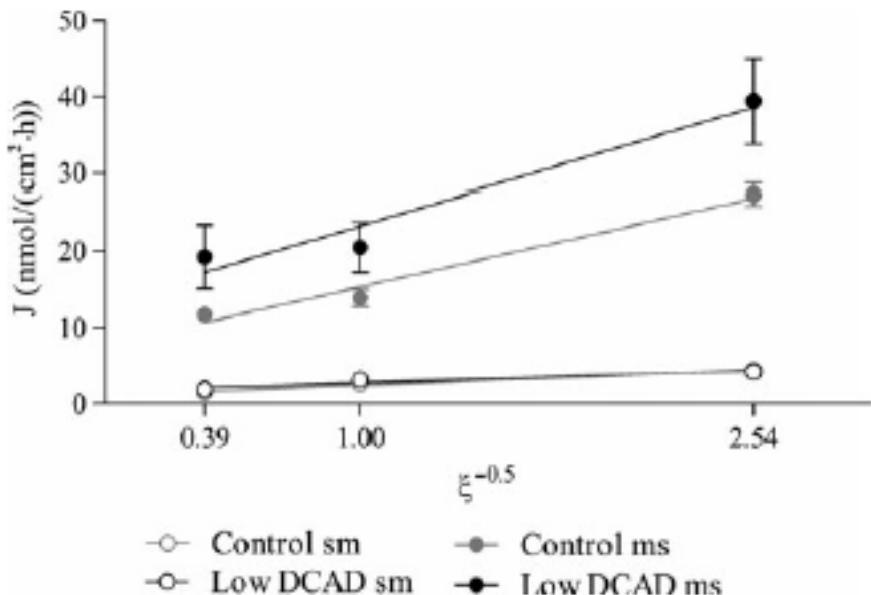
# Acidogenic Diet Increases Gastrointestinal Ca Absorption in Sheep

**Table 2** Composition of the rations as fed during the experimental period. DCAD values are calculated as  $[(\text{meq Na}^+/\text{kg DM} + \text{meq K}^+/\text{kg DM}) - (\text{meq Cl}^-/\text{kg DM} + \text{meq SO}_4^{2-}/\text{kg DM})]$  (Oetzel 1993)

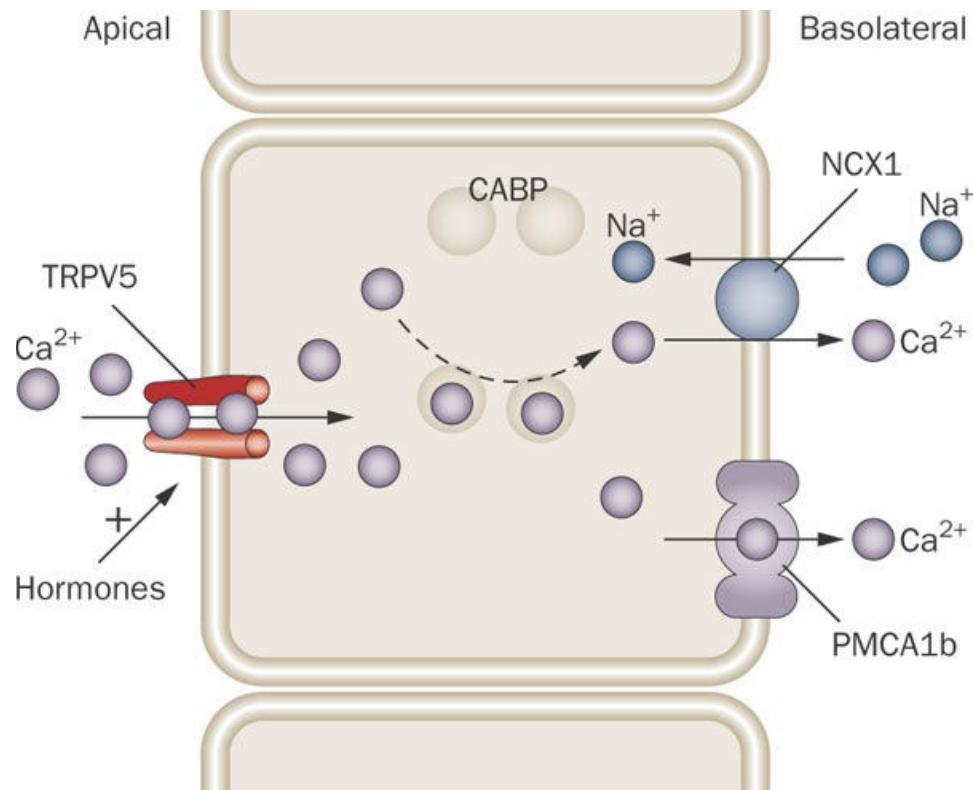
Intake [g]	Series A		Series B	
	Control	Low DCAD	Control	Low DCAD
Dry matter [kg]	1.7	1.7	1.4	1.4
Crude ash	125	134	105	113
Crude protein	191	206	169	182
Crude fat	35	36	30	31
ADF*	602	603	482	482
NDF*	967	967	776	776
Ca	8.8	8.6	7.5	7.3
Mg	4.5	6.7	4.0	5.9
Na	3.1	2.6	2.4	2.0
K	35.1	34.8	29.9	29.6
P	5.6	5.4	5.0	4.7
S	4.5	11.7	3.7	9.9
Cl	17.4	19.9	14.8	16.9
DCAD [meq/kg DM]	+154	-168	+160	-177



Unidirectional flux of Ca (J<sub>Ca</sub>) from serosa to mucosa (SM) or mucosa to serosa (MS)



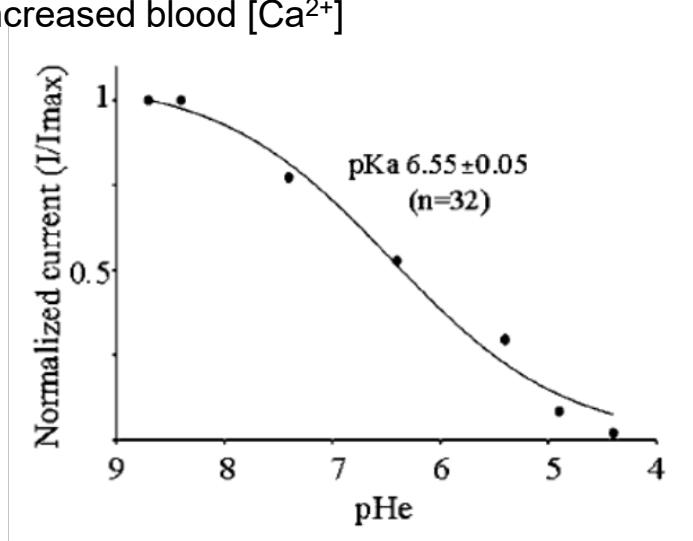
# Renal Ca Reabsorption is Mediated by Transient Receptor Potential V5, Ca Binding Protein, and Plasma Membrane Ca Pump



TRPV5 in the apical membrane of the DCT is the rate-limiting step in  $\text{Ca}^{2+}$  re-absorption from the filtrate

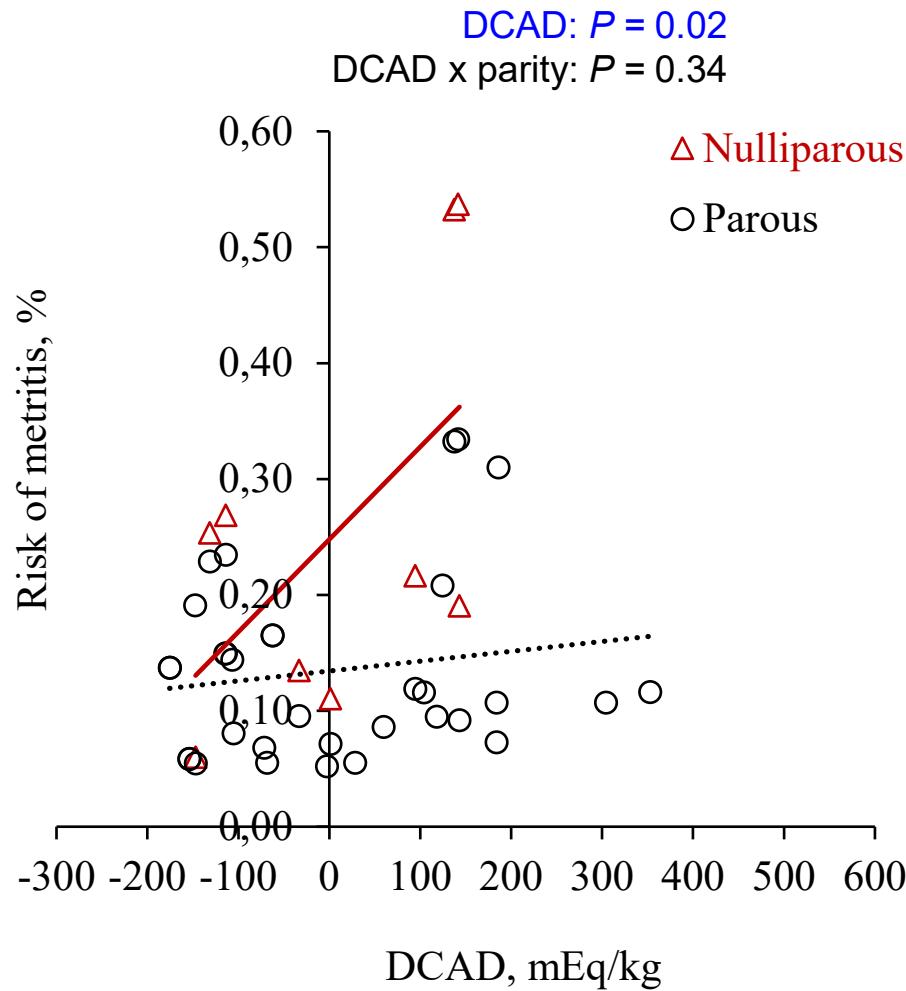
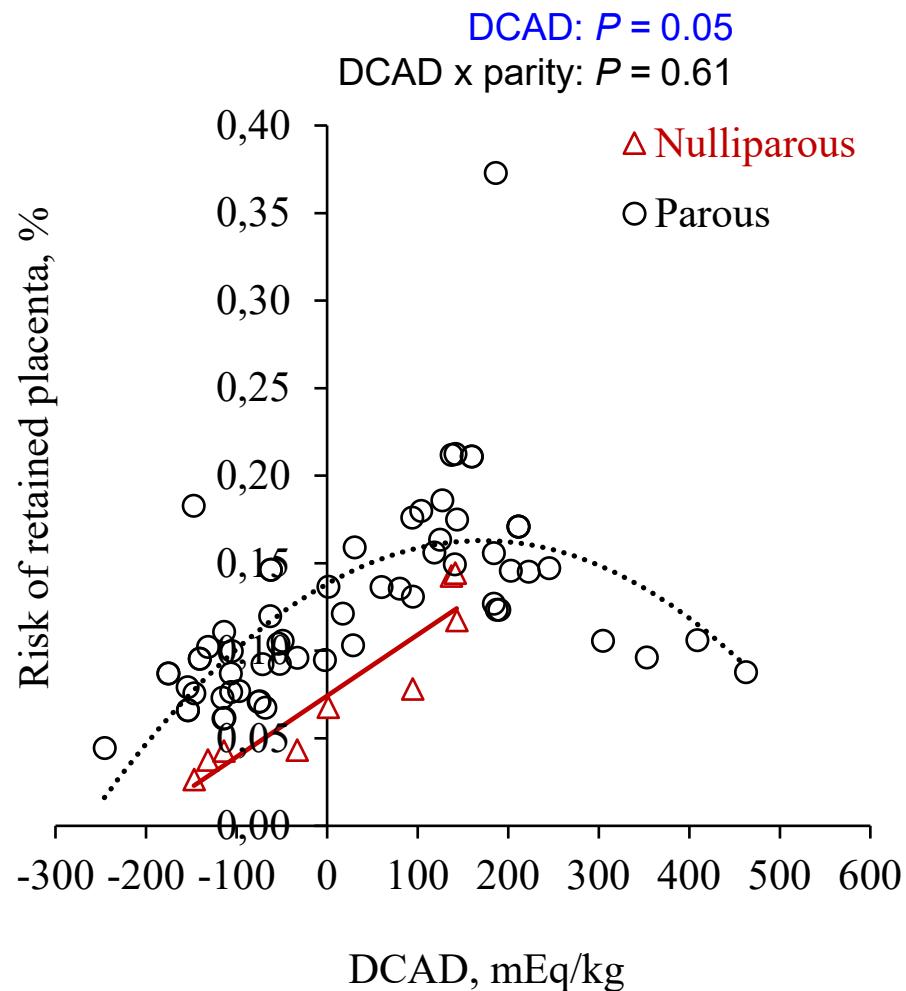
Both  $\text{Ca}^{2+}$  and low pH suppress TRPV5

Acidogenic diets reduce filtrate pH and increase  $\text{Ca}^{2+}$  flux through the nephron because of increased blood  $[\text{Ca}^{2+}]$

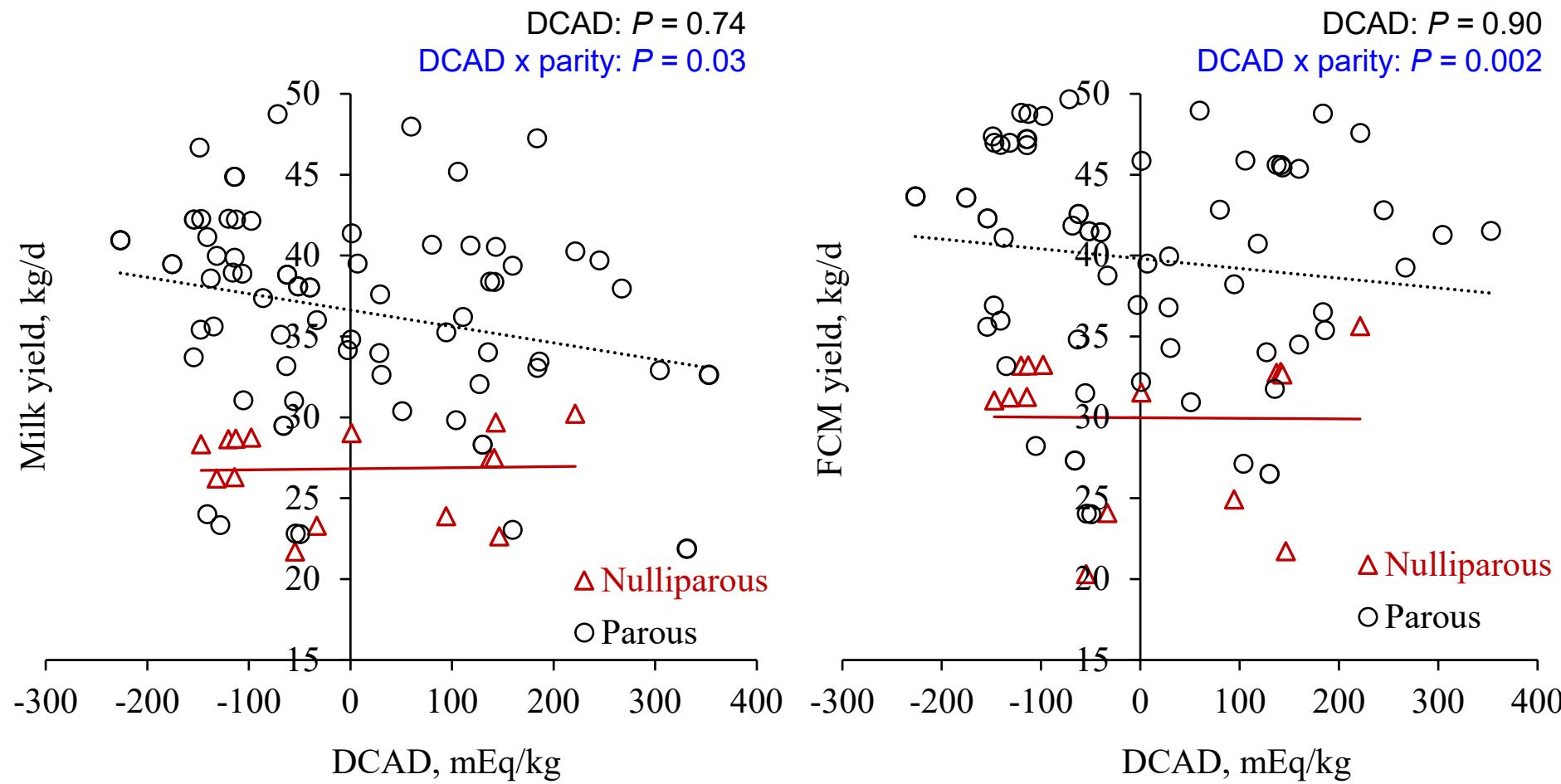


Low extracellular pH reduces current across TRPV5

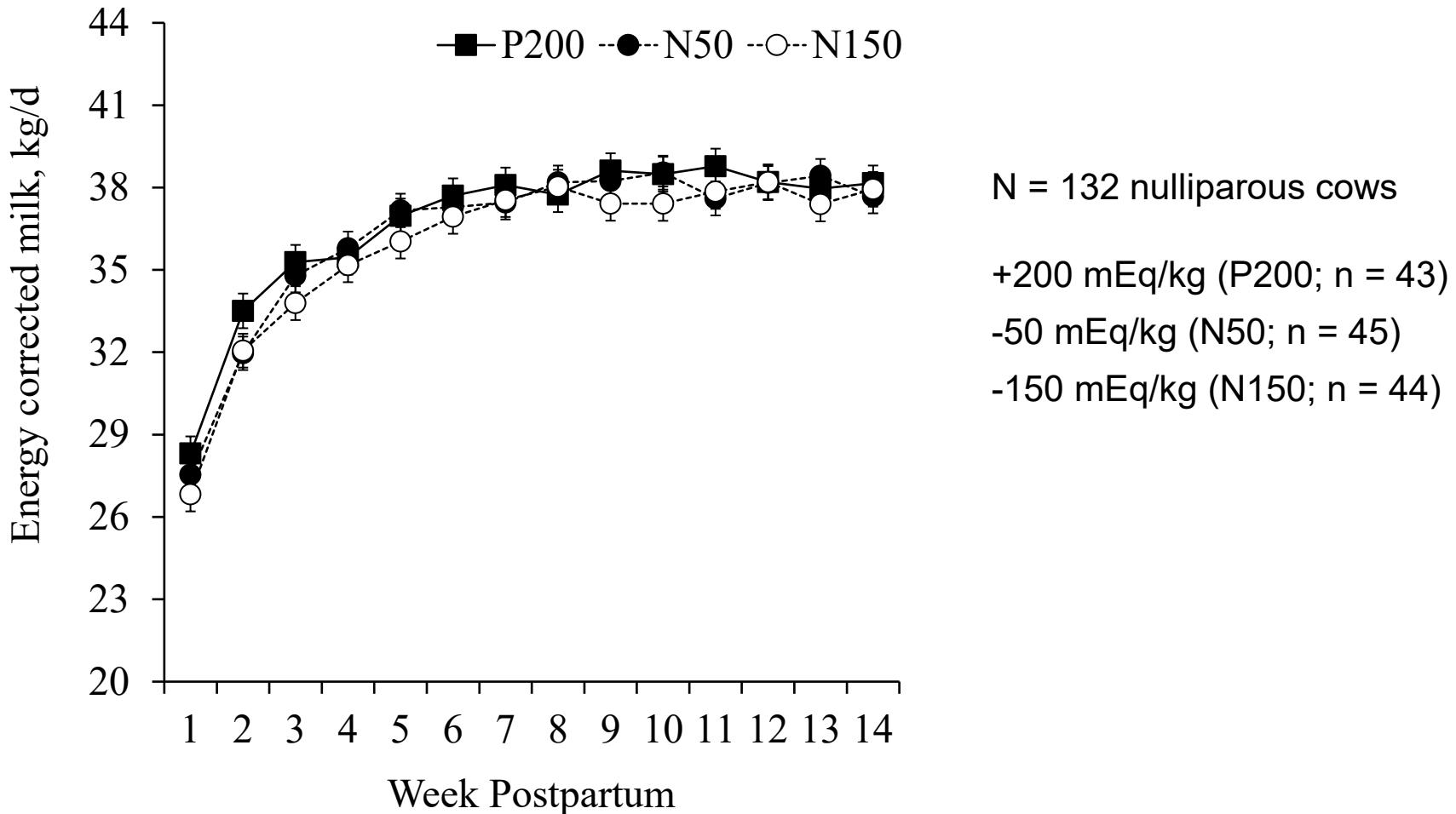
# Effect of DCAD on Risk of Retained Placenta or Metritis



# Effect of DCAD on Yields of Milk and FCM According to Parity



# Effect of Manipulating the Prepartum DCAD fed to Nulliparous on Production



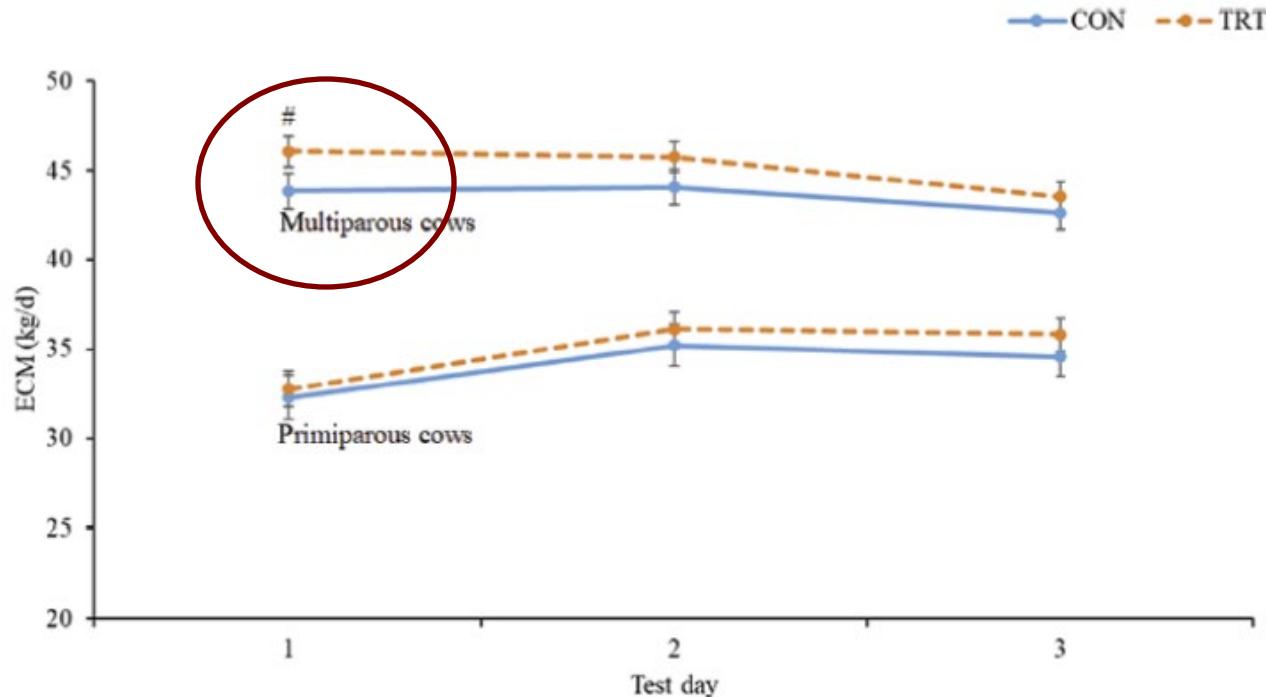
N = 132 nulliparous cows

+200 mEq/kg (P200; n = 43)

-50 mEq/kg (N50; n = 45)

-150 mEq/kg (N150; n = 44)

# On Farm Experiment – Effects on Production and Reproduction

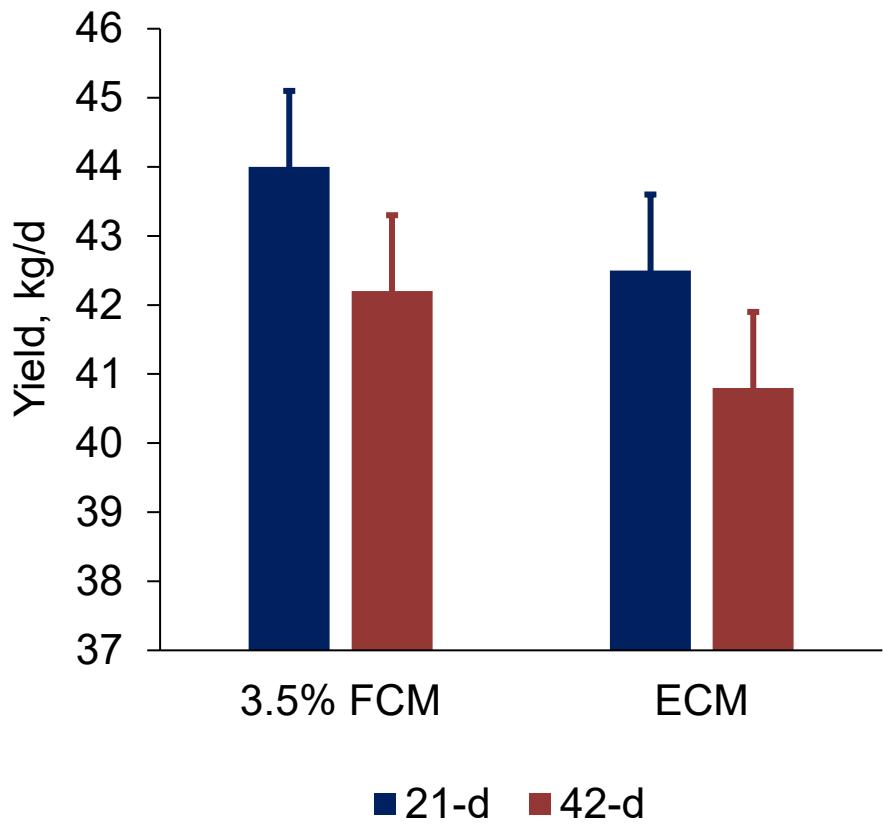
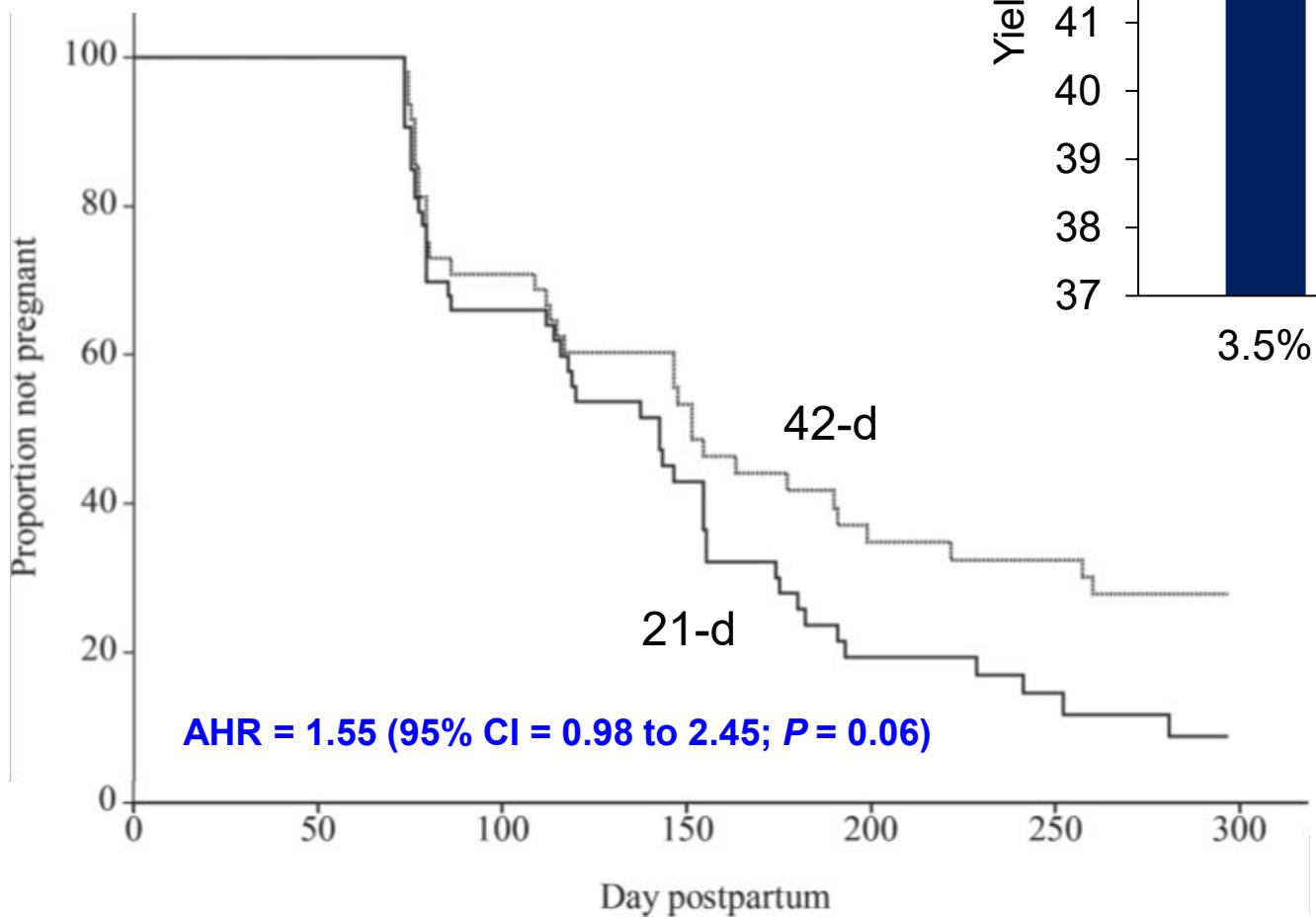


**Table 1.** Summary of multivariable survival analysis and logistic regression models of reproductive performance of Holstein cows in a blinded randomized controlled trial of a negative DCAD dry cow diet in the last 3 wk before calving (TRT; -108 mEq/kg of DCAD) or placebo control (CON; +105 mEq/kg of DM); there were 15 experimental units (8 pen treatments in TRT and 7 in CON)

Outcome	Multiparous cows TRT (n = 455) vs. CON (n = 271)						Primiparous cows TRT (n = 226) vs. CON (n = 134)					
	Relative measures			LSM ± SE			Relative measures			LSM ± SE		
	Estimate <sup>1</sup>	95% CI	P	CON	TRT	Estimate	95% CI	P	CON	TRT	Estimate	95% CI
Time to first AI	HR = 0.96	0.54–1.71	0.89			HR = 0.66	0.27–1.62	0.36				
First-service pregnancy risk (%)	OR = 1.53	1.07–2.21	0.02	32 ± 4	42 ± 3	OR = 0.74	0.47–1.17	0.20	52 ± 5	45 ± 4		
Relative pregnancy rate	HR = 1.20	0.96–1.49	0.11			HR = 0.76	0.59–0.99	0.04				

<sup>1</sup>HR = hazard ratio; OR = odds ratio.

N = 114 cows



# Treatments

Item	T1	T3	T4
Forage %	65.0	65.0	65.0
Concentrate %	34.6	24.8	27.3
Acidogenic product %	-	7.5	7.5
Magnesium oxide, %	0.4	0.2	0.2
Sodium chloride, %	-	-	-
Potassium chloride, %	-	-	-
Na sesquicarbonate, %	-	1.5	-
Potassium carbonate, %	-	1.0	-
K, %	$1.42 \pm 0.09$	$1.71 \pm 0.04$	$1.29 \pm 0.05$
S, %	$0.18 \pm 0.03$	$0.37 \pm 0.04$	$0.39 \pm 0.03$
Na, %	$0.04 \pm 0.02$	$0.54 \pm 0.10$	$0.13 \pm 0.02$
Cl, %	$0.26 \pm 0.01$	$0.89 \pm 0.07$	$0.91 \pm 0.05$
DCAD, mEq/kg	<b><math>196 \pm 20</math></b>	<b><math>192 \pm 27</math></b>	<b><math>-114 \pm 26</math></b>
Acid-base status	<b>Alkalosis</b>	<b>Alkalosis</b>	<b>Acidosis</b>

N = 10/treatment

Zimpel et al. (2018) J. Dairy Sci. 101:8461-8475

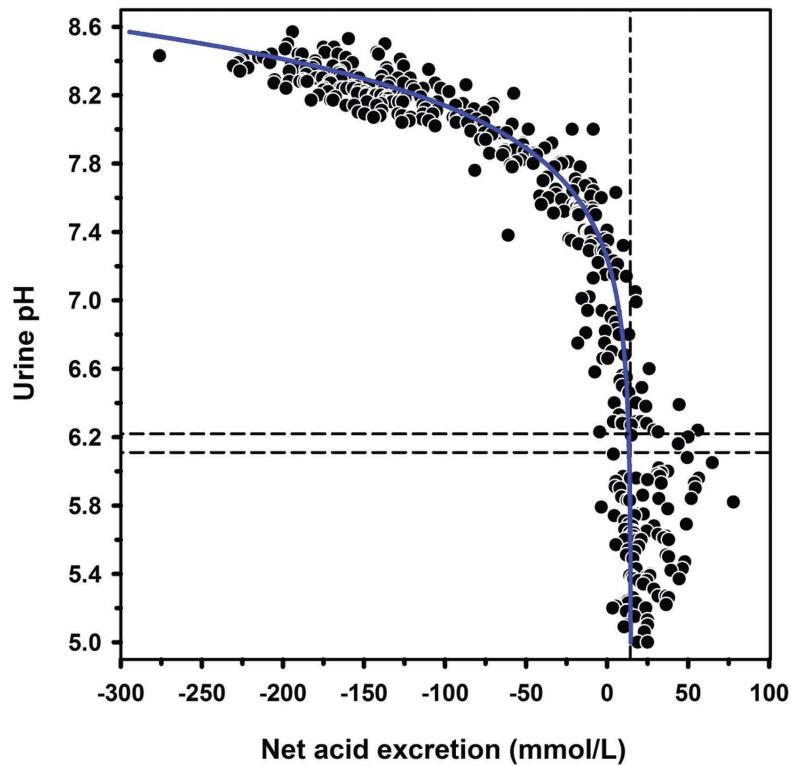
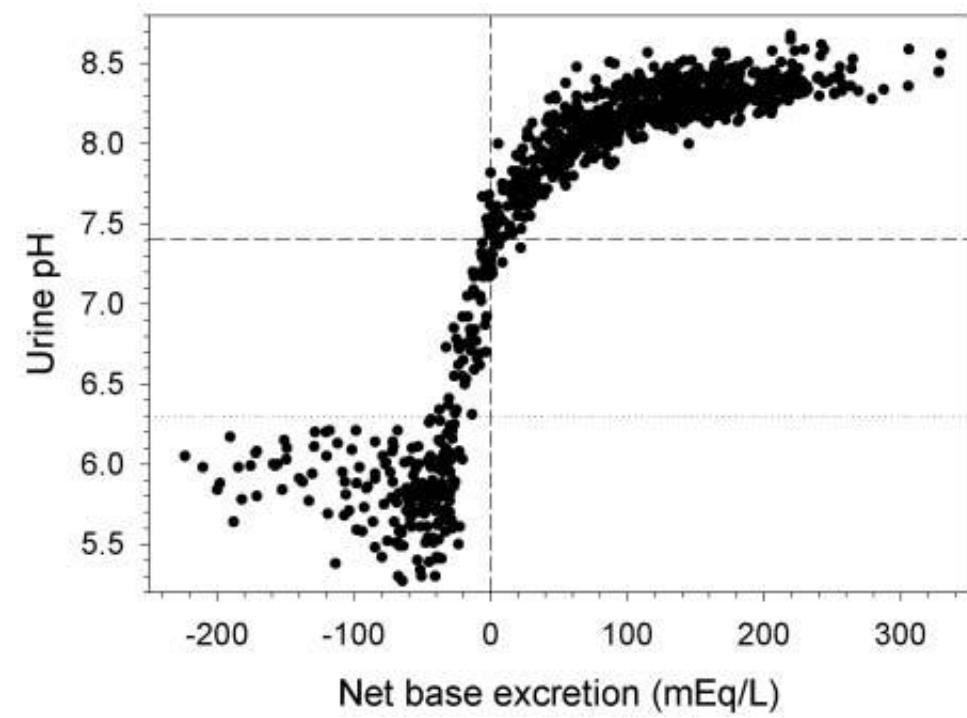
# Depression in Intake is Mediated by Acid-Base Status

Item	Treatment			SE	P-value	
	T1	T3	T4		AP	AB
Urine pH	8.12	7.92	5.65	0.07	< 0.001	< 0.001
Blood pH	7.450	7.435	7.420	0.005	< 0.001	< 0.001
HCO <sub>3</sub> <sup>-</sup> , mM	25.9	25.8	24.3	0.3	0.003	< 0.001
Base excess, mM	1.85	1.45	-0.20	0.32	< 0.001	< 0.001
<b>DM intake, kg/d</b>	10.3	10.2	9.7	0.2	0.02	0.003
<b>DM intake, % BW</b>	1.76	1.74	1.68	0.03	0.03	0.003

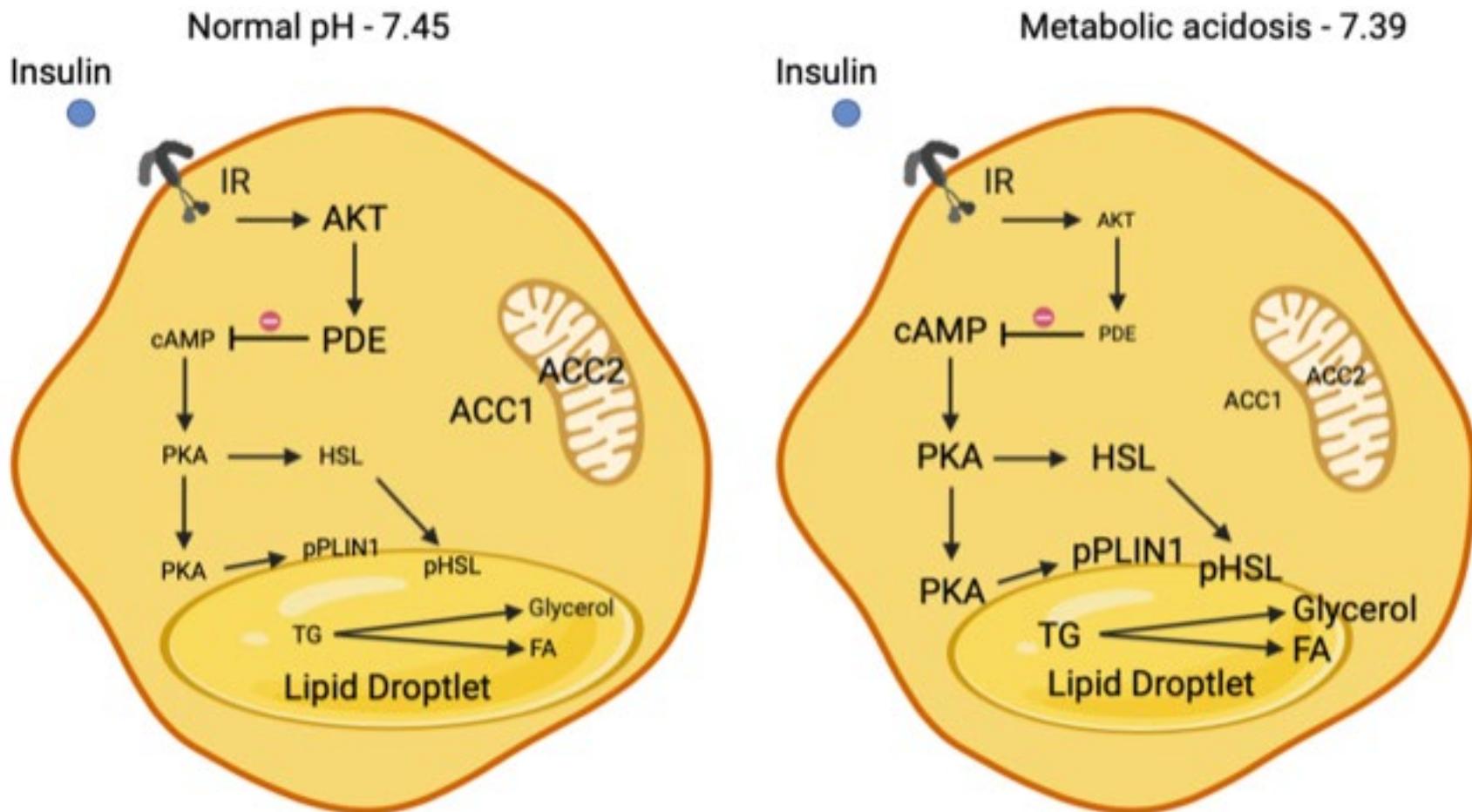
AP (effect of the acidogenic product)= T1 vs. T4

AB (effect of acid-base balance) = T3 vs. T4

# Monitor Urinary pH and Avoid Metabolic Over-Acidification



# Avoid Diets that Cause Excessive Metabolic Acidosis



# Oral Ca Boluses

- ✓ Sufficient evidence from multiple experiments
  - ✓ 40 to 80 g of Ca as salts dosed orally increases plasma Ca 2 to 6 h
  - ✓ Prevents milk fever
  - ✓ Transient effect on subclinical hypocalcemia
  - ✓ Mixed effects according to cohort of cows
    - ✓ Benefits to multiparous, high-risk cows, those with history of high milk production
    - ✓ **Detrimental** effects on primiparous cows
    - ✓ **Detrimental** effects on multiparous cows without calving problems or those with a history of below average milk production within the herd

# Recommendations

- ✓ Select ingredients with low concentration of K and Na
  - ✓ Analyze feedstuffs and use ICP-MS methods for minerals. Do not use NIR values!!
  - ✓ Dietary K < 1.2% and Na = 0.10 to 0.15%
- ✓ Restrict dietary P to < 0.30%
- ✓ Supplement Mg (~ 0.40%)
  - ✓  $\text{MgCl}_2 \cdot 6\text{H}_2\text{O}$  or  $\text{MgSO}_4 \cdot 7\text{H}_2\text{O}$  are better sources of Mg than MgO (problem: they only contain 10 to 11% Mg)
- ✓ Add  $\text{Cl}^-$  to reduce the DCAD to ~ -100 mEq/kg
  - ✓ Keep dietary S at < 0.40%
  - ✓ Keep moderate dietary Ca content (0.60 to 0.80%)
- ✓ Monitor urinary pH twice weekly
  - ✓ Target a mean urine pH of ~6.2 to 6.4 (range of 5.8 to 7.0)
- ✓ Feed from 250 d of gestation to calving
- ✓ If you cannot manage acidogenic diets, then use aluminosilicates (Zeolite) to sequester P combined with a low Ca diet prepartum
  - ✓ Make sure to keep Mg at least 0.40%



# Thank you

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