Nutrition in relation to puberty in girls and age at menarche

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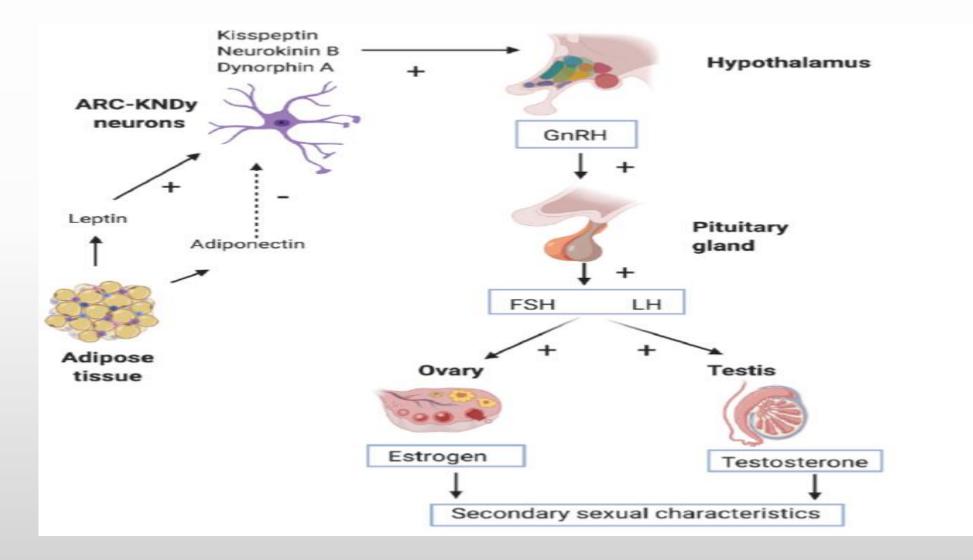


- Puberty
- ✤ Gonadarche
- ✤ Adrenarche
- Precocious Puberty
- Factors for earlier puberty & health consequences
- Diet and time of puberty
 - Maternal nutrition (prenatal factors)
 - Neonatal and early infancy nutrition
 - Childhood nutrition
- Conclusions



- Puberty is a biological process that represents the development of secondary sexual characteristics and attainment of reproductive capacity.
- During the puberty, people experience the transformation from children to adults
- Two physiological processes, <u>gonadarche</u> and <u>adrenarche</u>, govern pubertal transition
- Later in infancy, HPG axis becomes inactive during the first five years of life, until its successive activation in adolescence

Gonadarche

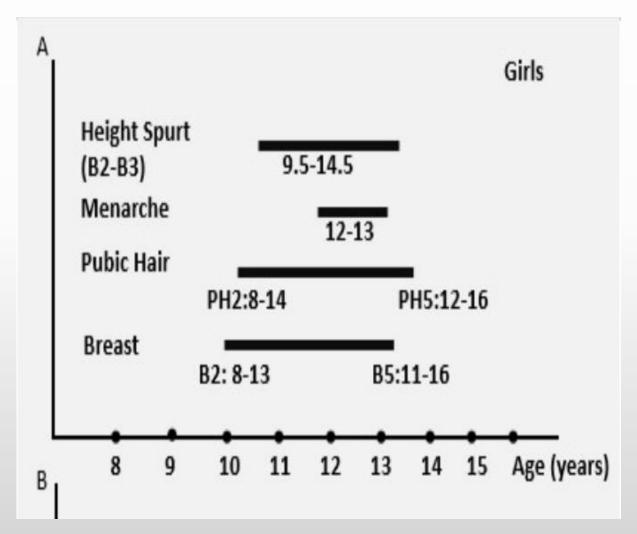




- Adrenarche signifying adrenal pubertal maturation
- Adrenarche typically begins prior to the first visible physical manifestation of gonadarche, breast development, or testicular enlargement
- Adrenarche results in Pubarche (development of pubic hair, axillary hair, apocrine odor)
- Tanner staging is used to describe breast and pubic hair development (5 stages)
- For girls, breast growth, pubic hair development, and menarche are the main secondary sexual characteristics in puberty.

Puberty in girls

- The typical first clinical sign of puberty in girls is the appearance of breast tissue
- Breast development is evident before pubic hair development
- The pubertal growth spurt in girls occurs concurrently with the onset of breast development
- Menarche occurs, on average, 2 to 2.5 years after the onset of breast development





- There are variations in age at onset and tempo of pubertal development.
- Precocious Puberty is defined as the beginning of pubertal development before eight years of life in girls and nine years of life in boys.
- There is a trend that the prevalence of early puberty is increasing worldwide, particularly in girls.

Factors for earlier puberty & health consequences

Increased risk of breast cancer

Psycholocial and

Increased risk of

Lower bone

mineralization

Impaired voice breaks in males

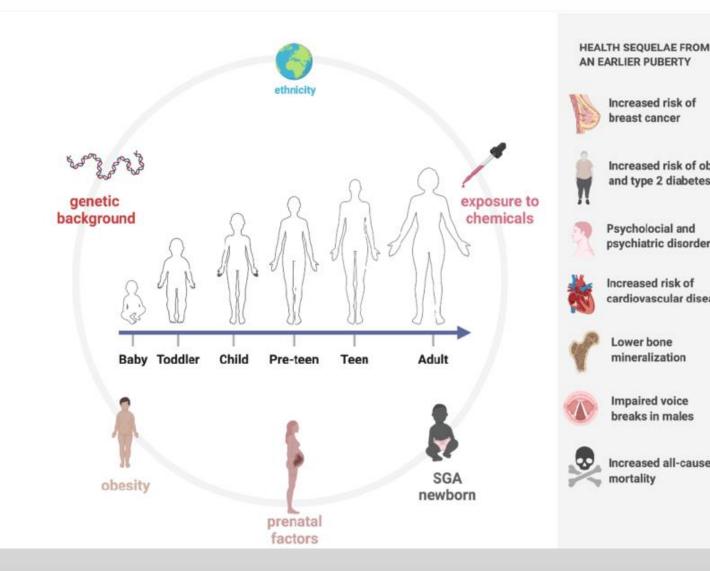
Increased all-cause

mortality

psychiatric disorders

cardiovascular disease

Increased risk of obesity and type 2 diabetes



Determinants :

- Genetic background (50-80%) \checkmark
- Ethnicity (earlier onset of puberty \checkmark in African American and Hispanic)
- endocrine-✓ Exposure to disrupting chemicals
- ✓ Fetal growth (SGA, IUGR)
- ✓ Prenatal factors
- ✓ Early-life childhood and nutrition (25%)

Diet and time of puberty

Maternal nutrition (prenatal factors)

Neonatal and early infancy nutrition

Childhood nutrition

Maternal nutrition

- Some authors reported an inverse linear association between the maternal BMI and the daughter's age at menarche, while others did not find any associations.
- A high **prepregnancy BMI** and a greater **gestational weight gain** are associated with earlier puberty in daughters.
- Excessive calorie intake and high-fat diet during preganancy increase risk of obesity and early puberty in the offspring.
- It is unclear whether dietary intakes of phytoestrogens during pregnancy affect puberty in offspring.

Neonatal and early infancy nutrition

Dietary source	Mechanism of action	BMI dependent and/or independent action	Effect on puberty
Breastfeeding	Overweight preventionMicrobiome balancePositive psychosocial influence	Both	Precocious puberty prevention
Formula feeding	- Overweight development	BMI dependent	Increased risk of precocious puberty
Complementary feeding	- Overweight development in case of age-inappropriate feeding and high protein consumption	BMI dependent	Increased risk for precocious puberty
Soy-based foods	Weak estrogenic effect of soy isoflavones	BMI independent	Uncertain increased risk for precocious puberty

Childhood nutrition & puberty

Childhood Overweight/Obesity and Early Puberty in girls

Groups	No. of studies	Odds ratio (95% confidence interval)	I2 (%)
Early puberty			
Overweight	3	4.67 (1.60, 13.63)	81
Obese	9	2.22 (1.65, 2.99)	94
Early menarche	5	2.28 (1.03, 5.04)	95

Childhood nutrition & puberty

Dietary source	Mechanism of action	BMI denpendet and /or independent	Effect on puberty
High-energy diet	Higher levels of leptin, IGF-1 activation, adrenal androgen overproduction	BMI dependent	Increased risk of precocious puberty
High protein intake	Adiposity rebound, IGF-1 secretion	Both	Increased risk of precocious puberty
High fat intake	 Direct effect on steroidogenesis and mammary gland Indirect effect though induction of low-grade hypothalamic inflammation 	BMI independent	Increased risk of precocious puberty (PUFA) Uncertain increased risk of precocious puberty (MUFA)

Childhood Nutrient Intake & Early Menarche

Nutrient	Risk ratio (95% CI)	I2 (%)		
Increased risk of early menarche				
Higher energy	3.32 (1.74-6.34)	97		
Higher protein	3.15 (2.87-3.44)	0		
Higher PUFA	1.25 (1.05-1.49)	44		
Decreased risk of early menarche				
Higher intake of fiber	0.83 (0.69, 1.00)	31		
Higher intake of MUFA	0.66 (0.50, 0.86)	0		

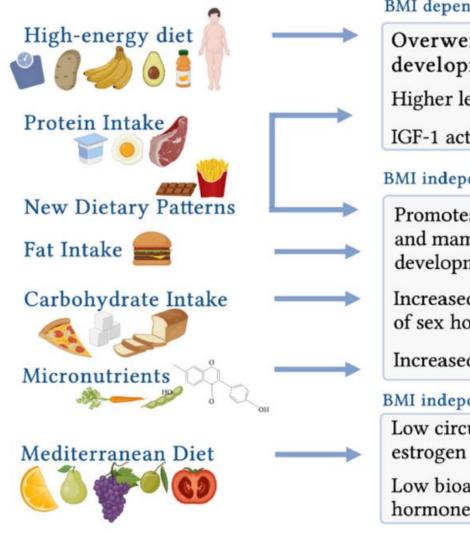
Protein intake and menarche in Iranian girls

- > Higher intake of milk was associated with higher risk of early menarche
- > No association was observed between yogurt intake and early menarche
- ➢ Girls in the middle tertile of cheese intakes had a lower risk of early menarche
- It seems that dairy products including milk, cheese and yoghurt may have different effects on puberty
- > Higher intake of plant protein was assocaited with lower risk of early menarche

High carbohydrate intake & puberty

- The association between carbohydrate intake during childhood and precocious puberty is uncertain.
- It seems that quality of the carbohydrate is important.
- One study demonstrates that a high-glycemic-index diet causes early Puberty
- Sugary drinks predicted an earlier menarche onset in the US girls but not related to the age of menarche among Chinese girls.
- Higher intake of fiber, legumes, and fruits may be associated with lower risk of early menarche.

Childhood nutrition and puberty



BMI dependent risk factors

Overweight and obesity development

Higher levels of leptin

IGF-1 activation

BMI independent risk factors

Promotes steroidogenesis and mammary gland development

Increased bioavailability of sex hormones

Increased levels of IGF-1

BMI independent prevention factors Low circulating levels of

Low bioavailability of sex hormones

Precocious Puberty



- ✓ Nutritional status in early life and childhood may explain over 20% of pubertal timing variation.
- ✓ Early nutritional surveillance and pubertal growth monitoring are essential for all children, especially those at risk (SGA and/or IUGR).
- ✓ Breastfeeding is an important protective factor against early menarche.
- ✓ A diet with high energy, high protein, and high fat during childhood may increase the risk of early puberty.
- ✓ More research is needed to determine how macronutrients (different sources), micronutrients, and the Mediterranean diet associate puberty.