

How to Assess the Zinc Status of a Population

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The Challenge:

Zinc is one of the most prevalent nutrient deficiencies world-wide.

YET---

- **No specific biomarker of zinc status**
 - **Hinders zinc public health interventions**
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**Why isn't there a specific
biomarker of zinc status?**

Zinc is a Type 2 Nutrient

Golden, M.H. SCN News 1995; (12): 10-14.

Nutrient deficiencies and growth:

- **Type 1: Growth continues by consuming body reserves and then functional forms of the nutrient.**

Examples: Most of micro-nutrients: iron, selenium, copper, vitamin C, vitamin A, folate

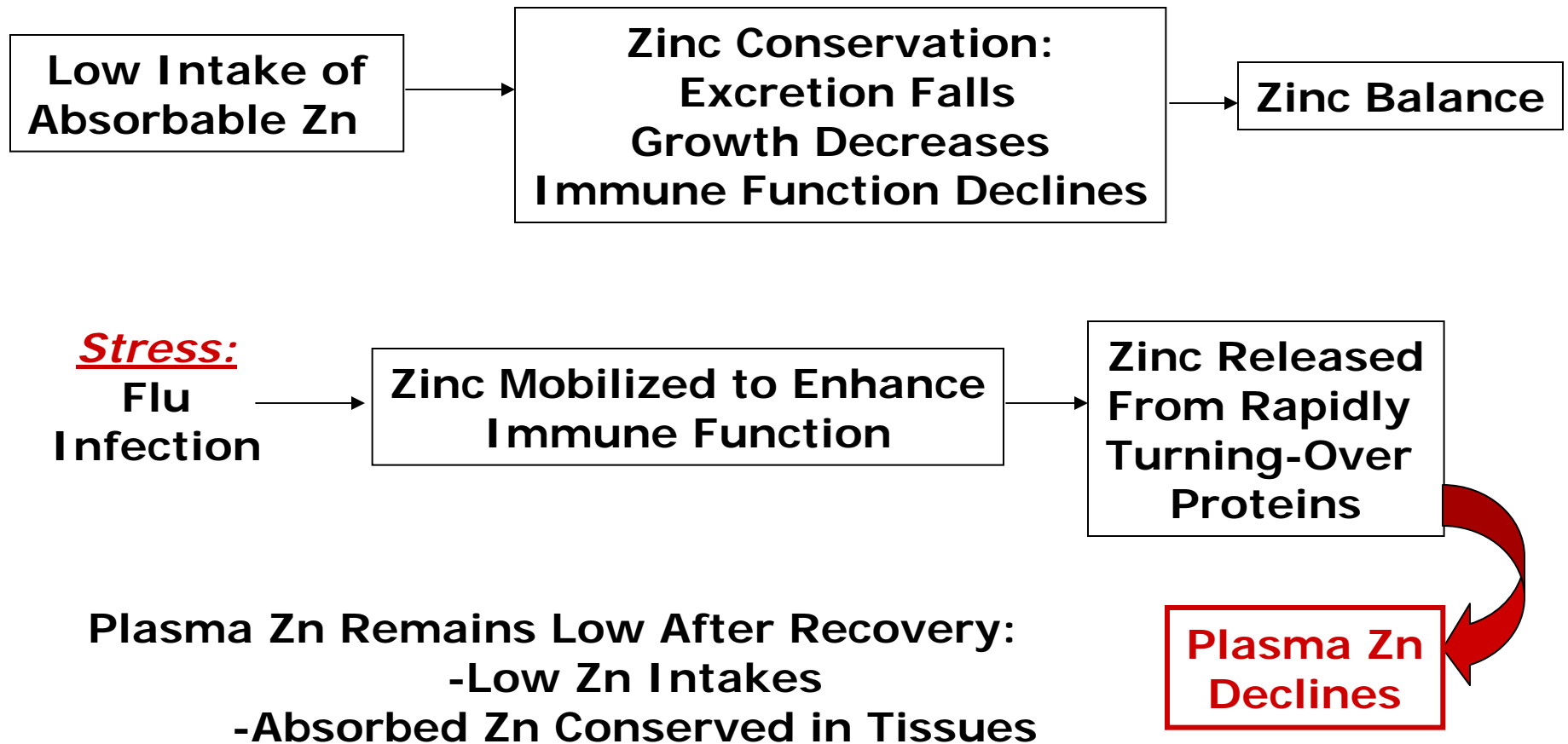
Assessment of status: biochemical markers

- **Type 2: Growth stops to avidly conserve the nutrient to maintain tissue concentrations and functions**

Examples: Protein, potassium, and **zinc**

Assessment of status: anthropometric changes (stunting)

Development of Human Zinc Depletion



Symptoms of Zinc Depletion

Clinical signs—general, non-specific

- **Poor growth or stunting**
- **Decreased immune function or increased infection**

Low Endogenous Fecal Zinc

Low Serum Zinc Concentrations

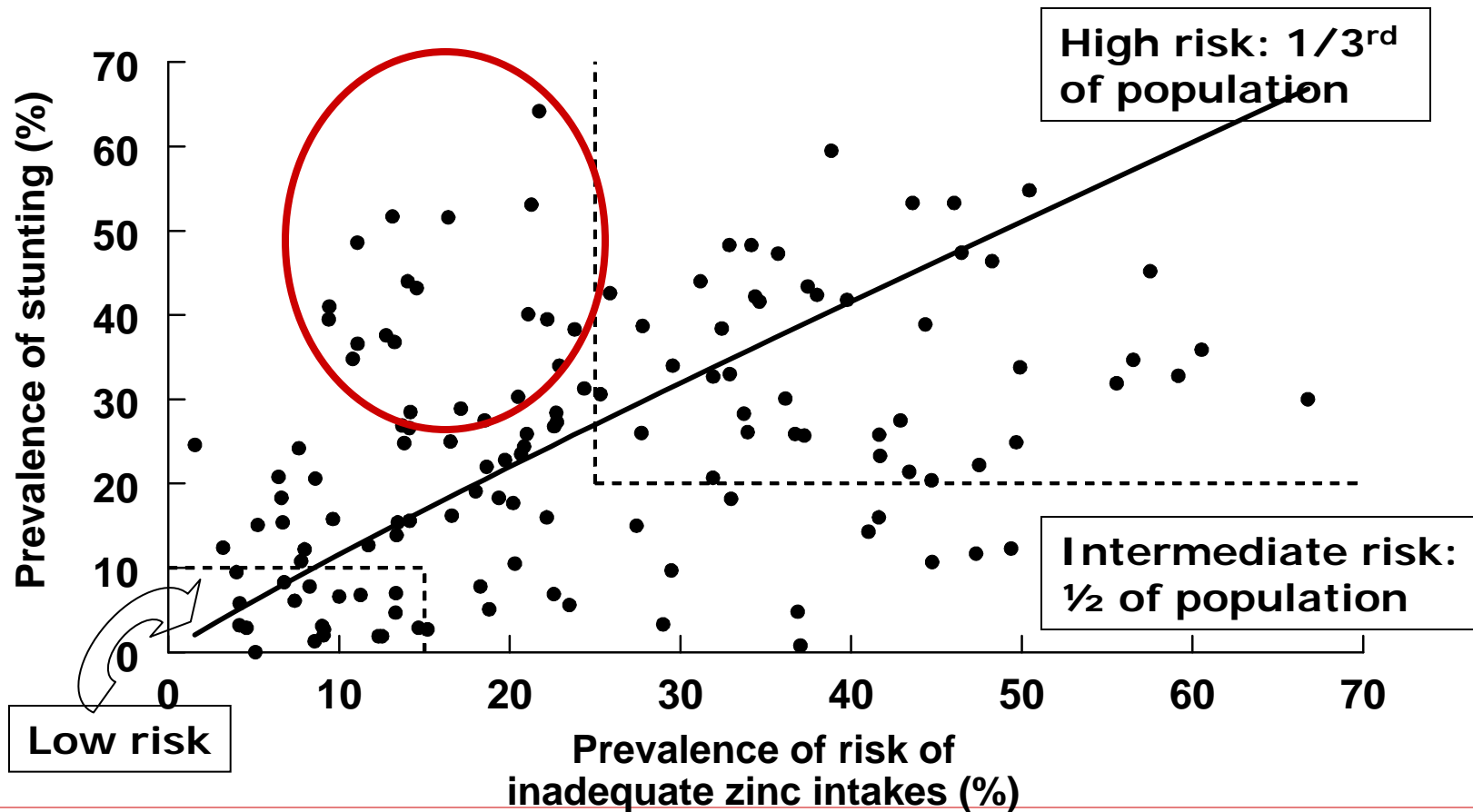
- **Exchangeable zinc pool size also decreases, but more slowly than serum zinc**
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Components of Zinc Assessment

- **Intake of Absorbable Zinc**
 - **Stunting**
 - **Serum Zinc Concentration**
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Inadequate Zinc Intakes and Stunting are Related

($r^2 = 0.37$, $p < 0.001$)



Low Serum Zinc *Confirms* the Presence of a Zinc Deficiency in a Population

If funds are limited, could focus on high risk groups:

Infants, children

Pregnant women

Few countries collect serum zinc data:

Those data are essential for explaining the cause(s) of stunting

Criteria for Identifying Populations at Risk for Zinc Deficiency

- Based on data from USA NHANES Survey
- Cut-off: 2.5th percentile
- High risk: >20% of population below the cut-off

	Serum Zinc, $\mu\text{g}/\text{dl}$		
Age	<10 yr	≥ 10 yr	
	Children	Females	
		Non-Preg	Pregnant
AM-Fasting	na	70	Tr 1: 56 Tr 2&3:
AM-Other	65	66	50
PM	57	59	

Beware of Physiological States that Lower Serum Zinc

- **Infection**
 - Serum zinc is mobilized to the liver & bone marrow for immune function
 - Serum C-reactive protein—a biomarker for infection
 - **Hypoalbuminemia**
 - Albumin transports ~ 65% of serum zinc
 - Conditions lowering albumin: severe malnutrition, cachexia, acute infection, sepsis, liver cirrhosis, cancer
 - **Hemodilution (plasma volume expansion)**
 - Pregnancy
 - Steroids/oral contraceptives
 - Over hydration
 - **Food Intake**
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Avoid Falsely Increased Serum Zinc Values

- **Hemoconcentration**
 - Dehydration
 - Applying the tourniquet for >1 minute
 - **Hemolysis**
 - Weaken blood cell membranes—Sickle cell disease
 - Blood cells lysis during blood draw
 - Serum separation delayed >1 hr; can reduce with refrigeration
 - **Contamination**
 - Avoid rubber; use polyethylene tubes & stoppers
 - For plasma zinc, be sure anti-coagulant is zinc-free
 - Acid-wash all equipment
 - Cover/seal all tubes, materials, and equipment
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Other Potential Zinc Biomarkers

- **Urinary Zinc**
 - Increases with supplemental zinc
 - No evidence of a decline with low zinc intakes
- **Hair Zinc**
 - Increases with supplemental zinc
 - May decline in children with chronic marginal zinc deficiency

When should zinc interventions be considered?

- 1. Low Absorbable Zinc Intake:**
>25% of population below mean requirement
- 2. Stunting:**
>20% of children under 5 years have Ht/Age Z-scores below -2
- 3. Serum zinc:**
>20% of population below cut-off values

Unanswered Questions

- **Zinc dose?**
 - Consider amount provided by usual diet
 - Avoid nutrient-nutrient interactions
 - Potential range: 5-15 mg/d
 - **Zinc form and mode of administration?**
 - With or without food
 - Supplement/fortificant/diet modification
 - **How to assess immune function in a field setting?**
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References

IZiNCG Technical Bulletins

#1—Zinc assessment

#2—Serum zinc measurement

#3—Assessing zinc intake

Available from IZiNCG Website:

www.izincg.org
