



Effect of whey protein-derived decapeptide on mood status and blood variables in healthy adults: a randomized, double-blind, placebo-controlled cross-over trial

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Abstract

Purpose The importance of maintaining good mental health with overall well-being has recently drawn attention from various fields. Functional peptides found from various protein sources reportedly reduce mental health problems. We found a new decapeptide (AJI-801) from whey proteins, which can possibly improve mood status and increase blood acetyl-L-carnitine (ALC) and fibroblast growth factor 21 (FGF21) levels. In this study, we assessed the effects of a single intake of whey protein hydrolysate containing a high amount of AJI-801 (WPH) on blood variables and mood status.

Methods A randomized, double-blind, placebo-controlled cross-over trial of two doses of WPH (100 and 500 mg) was conducted. Participants, aged between 20 and 59 years with fatigue were allocated to two groups based on the WPH doses received, and set first test food in each study. The blood ALC and FGF21 levels at baseline and after 60, 120, and 180 min of test food intake were analyzed and the responses to the questionnaire items for mood status were obtained at baseline and after 60 and 180 min of test food intake.

Results There were no significant differences in the blood ALC and FGF21 levels between the two groups. As mood status, intake of 500-mg WPH (including 2.5-mg AJI-801) showed significant improvement in Depression/Dejection of the Profile of Mood States Questionnaire second edition and visual analog scale score for depression, as compared to the placebo.

Conclusions Intake of AJI-801 500-mg WPH (including 2.5-mg AJI-801) contributes to the improvement of feeling down in healthy persons with fatigue.

Trial registration University Hospital Medical Information Network Clinical Trial Registry (UMIN 000046829).

Keywords Whey peptide · Mental health · Feeling down · Healthy persons with fatigue

Introduction

Recently, psychological stress has increased due to the changes in social structure, and the number of people with mental health problems, such as feeling down or anxiety, has grown [1]. Furthermore, the recent coronavirus disease 2019 pandemic has caused mental health issues in various sectors of the global population [2]. A systematic review

and meta-analysis has reported a global prevalence estimate of 28.0% for depression, 26.9% for anxiety, 24.1% for post-traumatic stress symptoms, 36.5% for stress, 50.0% for psychological distress, and 27.6% for sleep problems [3]. Although pharmacological and psychological therapies are available for these symptoms, taking preventive measures in daily life is also important to reduce stress and alleviate minor mental abnormalities.

To improve mental health and maintain good mood status in daily life, it is important to eat food with the necessary nutrients as well as to exercise and engage in lifestyle habits. For example, it is recommended to follow a Mediterranean, traditional Japanese, or a Norwegian diet, or to take in supplements with omega-3 fatty acids, vitamin B12, choline, iron, zinc, magnesium, and vitamin D to maintain a good mental health [4]. Conversely, research on functional

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ingredients in foods has reported that several food ingredients (GABA, theanine, rosmarinic acid, and so on) contribute to mental health improvement, reduced mental stress, diminished negative mood, and improved motivation. They might also be useful for improving daily mood status [5–8].

Regarding the functional ingredients in foods, research and commercial development of peptides produced by the hydrolysis of edible proteins, such as soybeans, rice, and milk, are progressing due to their various health benefits [9]. Additionally, research on their impact on mental health has been increasing. For example, the antidepressant or anxiolytic effects of peptides found from soy protein, rice protein, casein, or whey from milk-derived proteins have been investigated [10–13]. And among them, oligopeptide from β -conglycinin in soy protein or rice endosperm protein have been confirmed to improve the effect on negative mood status in humans [14, 15]. It has been suggested that their mechanism of action is the brain pathway mediated by 5-HT_{1A}, followed by D₁ and GABA systems, via gut–brain communication [11, 16].

We found the 10-amino acid residue peptide (LIVTQTMKGL) “AJI801,” which has shown a new function from the sequences in β -lactoglobulins of whey proteins. The oral intake of this peptide was shown to suppress the increase in postprandial blood glucose, intestinal barrier function and to modulate the index associated with fatigue or stress [17]. Additionally, a single intake of the peptide was confirmed to increase the serum fibroblast growth factor 21 (FGF21) and acetyl-L-carnitine (ALC) concentrations, which have been suggested to have neuroprotective effects in the brain or cognitive functions [18, 19]. Especially, ALC physiologically works as a donor of acetyl groups, which is involved in maintaining neurotransmitter (acetylcholine) concentration, and the ingestion of ALC has been documented to prevent cognitive impairment or delay the progressive decline of patients with Alzheimer’s disease [20]. In mental health, the blood level of ALC is significantly lower in patients with depression than in healthy persons [21, 22], and the supplementation of ALC decreases the depressive symptoms in several clinical studies [23]. Furthermore, the beneficial effect of the supplementation of ALC on mental fatigue has also been reported [24]. These findings indicate several benefits on mood status, e.g., improvement of fatigue, feeling down, or anxiety relative index, associated with the blood concentration of ALC or FGF21 through ingestion of AJI801 in humans.

Therefore, the present study aimed to examine whether a single intake of whey protein hydrolysate containing a high amount of AJI801 (WPH) increases the blood ALC or FGF21 level. It also exploratorily aimed to assess whether WPH has positive effects on the mood status of healthy individuals experiencing fatigue, using several related questionnaires.

Materials and methods

All participants provided informed consent before study participation. The study was conducted in accordance with the guidelines stipulated in the Declaration of Helsinki and with the approval of the Institutional Review Board of Shiba Palace Clinic Ethics Review Committee (approval number: 148025–31174) and the Ethics Committee of Ajinomoto Co., Inc ((approval code: 2021–020). The study was registered in the University Hospital Medical Information Network Clinical Trial Registry (https://center6.umin.ac.jp/cgi-open-bin/ctr/ctr_view.cgi?recptno=R000053431, accessed on 15 July 2022, ID: UMIN 000046829).

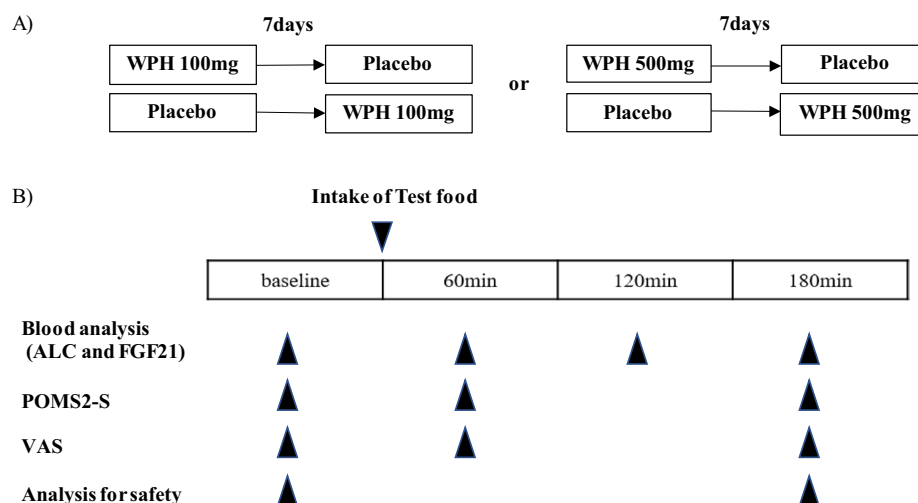
Study design

This randomized, double-blind, placebo-controlled cross-over trial was conducted between January and March 2022 in Tokyo, Japan. The study was performed with two parallel trials of two different doses of whey peptide. The study outline is shown in Fig. 1. After the participants took the test food in the morning after an overnight fast, they were asked to stay in a resting position during the test period. Blood samples were collected at baseline and after 60, 120, and 180 min of test food intake. The short version of the Profile of Mood States Questionnaire second edition (POMS2-S) Japanese version (Kaneko Shobo Co., Ltd., Tokyo, Japan) and visual analog scale (VAS) for fatigue, depression, sleepiness, and motivation were used to evaluate the participants’ mood status at baseline and after 60 and 180 min of test food intake. To evaluate the safety of the test food, blood biochemistry (AST, ALT, γ -GTP, LDH, TG, T-cho, LDL-cho, HFL-cho, CK, TP, Alb, Creatinine, Glucose and Free fatty acid) and hematological tests (White blood cell, Red blood cell, Hemoglobin, Hematocrit and Platelet), urinalysis (Urine specific gravity and Urine pH), blood pressure measurement, and medical check-ups were performed at baseline and after 180 min of test food intake. After a 7-day washout phase, the participants were cross over to the other test foods.

Participants

The study participants were healthy Japanese men and women aged 20–59 years at the time of obtaining consent. The eligibility criteria for study inclusion were as follows: (1) healthy persons aged 20–59 years; (2) those who answered that they experienced fatigue daily in the questionnaire; (3) those who were able to use electric diary; and (4) those who fully understood and agreed to the purpose of study and voluntarily participated in this study. The

Fig. 1 The outline of the present study **A** Cross-over study schedule. **B** The details of the treatment schedule



exclusion criteria were as follows: (1) those who were diagnosed with or received medical treatment for mental disorder, such as depression; (2) those taking health foods, such as supplements, claimed to be antistress or to improve mental health status daily; (3) those consuming a large amount of milk, milk protein, or related products; (4) those engaging regularly in strenuous exercise; (5) those with an irregular life cycle; (6) those who might change their lifestyle such as a long trip, etc. during study; (7) those with gastrointestinal weakness or history of gastrointestinal illness; (8) heavy drinkers; (9) those with a smoking habit; (10) those who took part in another clinical study within 3 months prior to the start of the present study or were participating in another clinical study; (11) those who had donated > 200 mL of blood within the last 4 months; (12) those with a history of negative outcomes after blood collection; (13) those who might have allergy to milk or soy or have lactose intolerance; (14) pregnant or breast-feeding women or women planning to be pregnant; (15) those with a history of serious hepatic, renal, or cardiac disease; (16) those with a history of hepatitis or severe anemia; (17) those regularly treated for any kind of illness; and (18) those who are judged to be inappropriate as participants based on the medical check-ups, including the blood test results, in the eligibility screening by the investigators.

After screening for eligibility, the participants were divided into two study groups according to WPH dose received, and set first test food in each study to be equivalent of plasma ALC and FGF21 concentration, Fatigue/Inertia (FI) of POMS2-S, age, sex and BMI in each allocation.

Sample size

Given that there was no data on the impact of WPH intake on plasma ALC levels, we calculated the sample size by simulation, assuming that the change in plasma

ALC concentration before and after WPH intake is similar to that of intake of supplements containing ALC [25]. We generated the simulation data under the assumptions that the plasma ALC concentration at baseline was $6.05 \pm 1.53 \mu\text{M}$ (mean $\pm$ standard deviation) [25], that the post-dose concentration was $8.56 \pm 2.12 \mu\text{M}$ [25], and that the correlation of pre- and post-administration was 0.7. Based on the simulation data obtained, we estimated a 1.45 ± 0.32 -fold increase in the plasma ALC concentration before and after WPH ingestion. Assuming a 1.10 ± 0.32 -fold increase in the placebo group, a required sample size to detect the difference between these two groups was estimated to be 15 per group using a two-sided test with a significance level of 5% and a statistical power of 80%. Given that the actual effect of WPH on increasing the blood ALC concentration was probably smaller than that of ALC supplementation, we set the sample size at 20 in each group in the end.

Test food

WPH was produced by hydrolyzation of whey protein (Provon190, Glanbia Nutritionals) and freeze-drying and prepared as test foods (capsules) containing 0.5-mg or 2.5-mg AJI-801. The components of the test foods are shown Table 1. The placebo was replaced with WPH with the similar amount of cellulose.

Outcomes

The primary outcomes of this study were plasma ALC and FGF21 concentrations. The secondary outcome was mood status (POMS2-S and VAS for fatigue, depression, sleepiness, and motivation).

Table 1 The contents of test food (per 1 capsule)

Contents	WPH capsule	Placebo capsule
WPH	108.0 mg (AJI801 0.5 mg)	0 mg
Cellulose	12.2 mg	135.2 mg
Starch	35.0 mg	35.0 mg
Calcium stearate	3.2 mg	3.2 mg
Silicon dioxide	1.6 mg	1.6 mg

WPH: whey protein hydrolysate containing a high amount of AJI-801

Primary outcome

The plasma ALC and FGF21 concentrations were set as an objective index to confirm the physiological action in body after the test food intake, since increased plasma concentrations of ALC and FGF21 after AJI801 intake were observed in a previous study [17]. These concentrations were measured from the blood samples collected at baseline and after 60, 120, and 180 min of test food intake. To determine the concentration of plasma ALC, the plasma (50 µL) was mixed with 100-µL acetonitrile/0.2% (v/v) formic acid to each sample to precipitate the proteins, and the constituents were mixed by vortexing for 1 min. The precipitate was removed by centrifugation at 18,000 g for 5 min at 4 °C. The supernatant was injected into the LC–QTOF/MS/MS

system (AB SCIEX Exion LCAC/Q-TOF X500B) for analysis (Table 2). The plasma FGF21 concentration was determined by Enzyme-Linked immuno Sorbent Assay (Human FGF-21 Quantikine ELISA Kit, R&D SYSTEMS).

Secondary outcomes

Subjective daily mood sensations were recorded using POMS2-S and VAS for fatigue, depression, sleepiness, and motivation at baseline and after 60 and 180 min of test food intake. POMS2-S has 35 questions in the self-reported measurement instrument, which were classified into the following seven mood subscales: (1) Anger/Hostility (AH), (2) Confusion/Bewilderment (CB), (3) Depression/Dejection (DD), (4) Fatigue/Inertia (FI), (5) Tension/Anxiety (TA), (6) Vigor/Activity (VA), (7) Friendliness (F), and Total Mood Disturbance (TMD). VAS scores for fatigue, motivation, sleepiness, and depression were recorded at the time points after test food intake. The score was presented on a scale ranging from 0 to 100 mm.

Statistical analysis

Data were summarized as means standard deviations (SDs). All statistical analyses were performed separately for each dose. All statistical analyses were performed using R

Table 2 The analysis conditions of LC–QTOF/MS/MS

LC method	
HPLC	SCIEX ExionLC™
Column	Intakt Scherzo SM-C18 3×150 mm, 3 µm
Mobile phase	A 0.1% (v/v) formic acid B 0.1% (v/v) formic acid/acetonitrile
Flow rate	0.3 mL/min
Column oven	50 °C
Injection volume	5 µL
Auto sampler	4 °C
Gradient profile	0–0.5 min B2%, 0.5–4.0 min B2-90%, 4.0–6.0 min B90%, 6.0–9.0 min B2%
Q-TOF/MS method	
Q-TOF/MS	SCIEX X500B QTOF
Ionization	Electro-Spray Ionization (ESI), Positive mode
Detection mode	Multiple Reaction Monitoring (MRM)
m/z retention	ALC 204.1 → 85.0 2.9 min
Ion source gas1	60 psi
Ion source gas2	50 psi
Curtain gas	25 V
Temperature	400 °C
Collision Gas	7 V

HPLC: High Performance Liquid Chromatography, Q-TOF/MS: Quadrupole time-of-flight mass spectrometer, m/z: Mass-to-charge ratio

software [26]. *P* values < 0.05 were considered statistically significant.

The plasma concentrations of ALC and FGF21 were analyzed at each time point by a mixed analysis of variance (ANOVA) model for the differences from time 0 (baseline) to times 60, 120, and 180 min, with the sequence effect as a between-subjects factor and the treatment effect and the period effect as within-subjects factors. POMS2-S and VAS scores were analyzed at each time point by using the above-mentioned mixed ANOVA model for the differences from baseline to times 60 and 180 min.

Results

Participants

The participants' background characteristics are shown in Table 3. An overview of the test periods is provided in the

flow chart in Fig. 2. Among the 51 study participants, there was no discontinuation or dropout. In each of the 100-mg and 500-mg intake trials, blood sampling in one participant could not be performed at 180 min after test food intake, thus these two participants were excluded, and the remaining 25 participants in the 100-mg WPH intake study and 24 participants in the 500-mg WPH intake study were set as the analysis target.

Blood marker

The plasma ALC and FGF21 concentration at baseline and the amount of the changes at 60, 120, and 180 min after the test food intake in each intake study are shown Table 4. The changes in blood ALC concentration tended to increase over time with all intake studies, but there was no significant difference in the changes between the WPH and placebo groups in each study. In the changes of blood FGF21 concentration, there was no significant difference in the data between the

Table 3 Background of the participants

Test group (<i>n</i>)	Male	Female	Age (years)	Height (cm)	Weight (kg)	BMI (kg/m ²)	Plasma ALC conc. (μM)	Plasma FGF21 conc. (pg/mL)	POMS2-S (FI)
WPH 100 mg study	12	13	48.6 ± 9.9	163.5 ± 8.7	59.5 ± 11.0	22.1 ± 2.8	7.5 ± 3.4	149.6 ± 99.4	60.9 ± 8.1
WPH 500 mg study	12	12	48.7 ± 10.1	163.1 ± 7.5	61.8 ± 12.4	23.1 ± 3.7	7.1 ± 4.2	152.5 ± 143.6	58.0 ± 6.2

The mean and standard deviation (SD) of sex, age, height, weight, BMI, Blood ALC and FGF21 conc., FI in POMS2-S are shown. BMI: body mass index. ALC: acetyl-L-carnitine, FGF21: fibroblast growth factor 21, FI

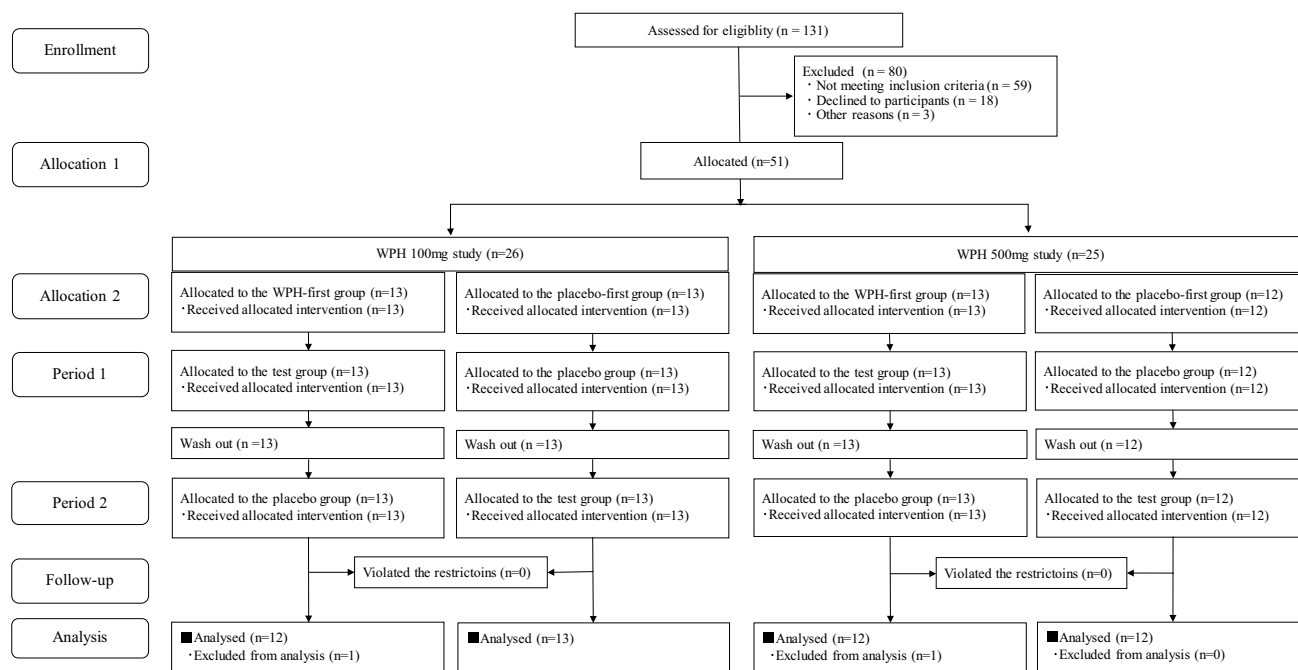


Fig. 2 The study flow diagram. WPH: whey protein hydrolysate containing a high amount of AJI-801

Table 4 Changes of Plasma ALC and FGF21 conc

			WPH 100 mg	Placebo	Sequence	P-value treatment	Period
ALC	μM	Baseline	4.87±4.14	4.51±2.88			
ΔALC	μM	60 min	1.04±2.60	1.25±2.78	0.324	0.757	0.465
		120 min	1.52±3.46	2.09±2.91	0.652	0.417	0.430
		180 min	3.10±4.02	2.62±2.95	0.913	0.542	0.411
FGF21	pg/mL	Baseline	228.3±149.0	226.8±157.9			
ΔFGF21	pg/mL	60 min	−50.3±56.6	−72.6±63.5	0.787	0.094	0.265
		120 min	−77.0±80.2	−86.4±82.3	0.765	0.625	0.946
		180 min	−56.0±119.7	−72.9±85.7	0.975	0.504	0.736
			WPH 500 mg	Placebo	Sequence	P-value treatment	Period
ALC	μM	Baseline	5.72±2.82	5.30±4.00			
ΔALC	μM	60 min	0.33±2.01	0.43±2.24	0.818	0.757	0.465
		120 min	1.65±2.53	0.86±3.18	0.548	0.417	0.430
		180 min	2.76±3.30	2.04±3.93	0.894	0.542	0.411
FGF21	pg/mL	Baseline	242.1±225.4	242.5±322.6			
ΔFGF21	pg/mL	60 min	−61.1±100.1	−53.2±128.0	0.839	0.708	0.052
		120 min	−80.7±120.6	−70.0±153.4	0.993	0.697	0.107
		180 min	−71.1±133.5	−71.0±196.3	0.799	0.998	0.033

(A, B) The mean and standard deviation (SD) of plasma ALC and FGF21 conc. baseline and their changes from baseline in each study
P-value means the results by repeated ANOVA in comparison of WPH and Placebo

WPH and placebo groups in each study. The plasma ALC and FGF21 concentrations in each time point of all studies are shown in Supplemental Table S1.

Mood status

Table 5 shows the values (T-scores) of each mood status in POMS2-S at baseline and the amount of changes at 60 and 180 min after test food intake in each intake study. In the statistical analysis on the treatment effect, there were significant differences in the changes in AH ($p=0.024$), FI ($p=0.021$), and TMD ($p=0.024$) of POMS2-S at 180 min after test food intake from baseline between the placebo and 100-mg WPH groups. Contrarily, the change in DD of POMS2-S at 180 min after intake of 500-mg WPH from baseline was significantly lower than that of placebo intake ($p=0.007$). No sequence and period effect were observed for any of these variables excluding period effect of AH change at 60 min after intake in 500 mg-intake trial. The amount of change in DD, showing improvement by intake of 500-mg WPH, at 180 min after intake from baseline was correlated with those of AH ($p=0.0673$), FI ($p=0.0024$) and TA ($p=0.0017$) based on the analysis using the Pearson's correlation coefficient test, respectively. The T-scores in POMS2-S in each time point of all intake studies are shown in Supplemental Table S2.

Table 6 shows the VAS scores at baseline and the amount of changes at 60 and 180 min after intake of the test foods in

each study. In the statistical analysis on the treatment effect, there was a significant difference in the change in fatigue ($p=0.035$) VAS score at 180 min from baseline between the 100-mg WPH and placebo groups. Contrarily, the amount of change in depression VAS score was significantly lower in the 500-mg WPH group at 60 min after test food intake ($p=0.023$) than in the placebo group, and the trend was similar at 180 min after intake, although not statistically significant ($p=0.0523$). No sequence and period effect were observed for any of these variables. The VAS scores in each time point of all intake studies are shown in Supplemental Table S3.

Safety evaluations

No abnormal fluctuations were observed in the clinical laboratory values, urinalysis, vital signs, indicating the absence of any safety concerns with the single test food intake. Safety was assessed through medical interviews with each participant, and no issues related to these interventions were reported. The measured values for safety evaluations VAS scores in each time point of all intake studies are shown in Supplemental Table S4 and S5.

Table 5 Changes of T-scores in POMS2 short form

		WPH 100 mg	Placebo	Sequence	P-value treatment	Period
AH	Baseline	53.92 ± 9.14	56.20 ± 9.26			
ΔAAH	60 min	− 2.16 ± 7.62	− 4.00 ± 7.66	0.625	0.121	0.902
	180 min	− 2.08 ± 8.05	− 5.24 ± 8.03	0.586	0.024	0.844
CB	Baseline	58.20 ± 12.36	58.36 ± 9.56			
ΔCB	60 min	− 1.48 ± 6.70	− 1.88 ± 5.37	0.044	0.762	0.697
	180 min	− 2.20 ± 6.11	− 3.52 ± 6.17	0.340	0.204	0.115
DD	Baseline	56.92 ± 10.63	57.04 ± 9.78			
ΔDD	60 min	− 1.68 ± 6.56	− 1.16 ± 5.44	0.290	0.547	0.497
	180 min	− 2.12 ± 6.70	− 3.04 ± 6.02	0.230	0.352	0.559
FI	Baseline	57.12 ± 9.30	57.72 ± 9.01			
ΔFI	60 min	− 2.60 ± 5.87	− 2.96 ± 6.01	0.247	0.739	0.657
	180 min	− 3.52 ± 6.14	− 5.76 ± 6.78	0.696	0.021	0.151
F	Baseline	46.52 ± 7.77	47.40 ± 8.45			
ΔF	60 min	0.24 ± 7.78	0.72 ± 6.10	0.095	0.791	0.287
	180 min	− 0.56 ± 7.90	− 0.40 ± 5.48	0.090	0.928	0.308
TA	Baseline	55.56 ± 8.78	55.92 ± 7.06			
ΔA	60 min	− 1.76 ± 8.21	− 2.48 ± 5.67	0.639	0.518	0.947
	180 min	− 3.32 ± 9.66	− 4.12 ± 7.15	0.977	0.571	0.487
VA	Baseline	45.24 ± 6.63	45.36 ± 7.71			
ΔVA	60 min	0.80 ± 7.15	0.84 ± 4.80	0.021	0.974	0.412
	180 min	0.28 ± 5.35	1.12 ± 4.24	0.103	0.500	0.734
TMD	Baseline	87.84 ± 9.04	58.64 ± 8.61			
ΔTMD	60 min	− 2.20 ± 6.26	− 2.88 ± 5.81	0.537	0.432	0.744
	180 min	− 2.92 ± 6.89	− 4.92 ± 6.89	0.650	0.024	0.391
		WPH 500 mg	Placebo	Sequence	P-value treatment	Period
AH	Baseline	50.67 ± 9.68	51.67 ± 10.15			
ΔAH	60 min	− 1.58 ± 4.81	− 2.00 ± 4.18	0.460	0.721	0.037
	180 min	− 3.04 ± 4.55	− 3.29 ± 5.02	0.439	0.810	0.355
CB	Baseline	55.83 ± 10.83	54.13 ± 11.16			
ΔCB	60 min	− 3.00 ± 5.73	− 0.17 ± 5.98	0.229	0.151	0.100
	180 min	− 4.13 ± 5.71	− 2.54 ± 5.51	0.011	0.230	0.219
DD	Baseline	54.71 ± 9.92	53.83 ± 9.13			
ΔDD	60 min	− 2.67 ± 4.87	− 0.50 ± 3.64	0.226	0.112	0.130
	180 min	− 4.33 ± 5.25	− 2.00 ± 4.00	0.827	0.007	0.618
FI	Baseline	52.83 ± 8.84	51.50 ± 8.45			
ΔFI	60 min	− 1.88 ± 4.93	− 0.88 ± 4.81	0.430	0.482	0.288
	180 min	− 3.00 ± 4.65	− 3.50 ± 5.41	0.475	0.659	0.269
F	Baseline	45.96 ± 10.56	48.08 ± 11.97			
ΔF	60 min	− 1.00 ± 6.55	− 1.79 ± 4.24	0.539	0.575	0.178
	180 min	− 1.04 ± 7.58	− 1.46 ± 4.50	0.168	0.797	0.537
TA	Baseline	52.79 ± 9.34	51.83 ± 8.65			
ΔA	60 min	− 2.75 ± 5.35	− 1.88 ± 4.86	0.216	0.494	0.349
	180 min	− 4.54 ± 5.52	− 3.83 ± 6.42	0.875	0.511	0.587
VA	Baseline	45.42 ± 8.09	46.58 ± 8.16			
ΔVA	60 min	− 0.92 ± 3.89	− 1.00 ± 3.04	0.091	0.923	0.292
	180 min	0.21 ± 5.83	− 0.88 ± 3.96	0.084	0.294	0.879
TMD	Baseline	54.63 ± 9.92	53.50 ± 9.65			
ΔTMD	60 min	− 2.42 ± 3.76	− 0.88 ± 4.09	0.705	0.183	0.103
	180 min	− 4.04 ± 3.98	− 3.04 ± 4.53	0.831	0.156	0.186

(A, B) The mean and standard deviation (SD) of T-scores in POMS2-S baseline and their changes from baseline in each study

P-value means the results by repeated ANOVA in comparison of WPH and Placebo

Table 6 Changes of VAS for fatigue, sleepiness, motivation and depression

		WPH 100 mg	Placebo	Sequence	P-value treatment	Period
Fatigue	Baseline	68.0 ± 13.2	69.4 ± 11.5			
ΔFatigue	60 min	− 8.08 ± 12.44	− 8.48 ± 13.21	0.983	0.890	0.530
	180 min	− 5.92 ± 13.14	− 14.6 ± 16.47	0.705	0.035	0.292
Sleepiness	Baseline	62.3 ± 13.2	63.2 ± 12.7			
ΔCB	60 min	3.48 ± 17.15	− 0.84 ± 16.55	0.728	0.320	0.171
	180 min	0.52 ± 20.00	− 5.64 ± 19.80	0.645	0.198	0.536
Motivation	Baseline	58.2 ± 14.8	60.4 ± 11.8			
ΔMotivation	60 min	− 0.80 ± 13.51	− 7.08 ± 11.67	0.319	0.066	0.101
	180 min	− 4.24 ± 13.69	− 9.28 ± 13.40	0.269	0.175	0.078
Depression	Baseline	59.1 ± 14.9	55.4 ± 14.4			
ΔFI	60 min	− 7.80 ± 15.19	− 6.60 ± 10.14	0.167	0.732	0.839
	180 min	− 7.64 ± 15.32	− 8.48 ± 12.05	0.190	0.783	0.808
		WPH 500 mg	Placebo	Sequence	P-value treatment	Period
Fatigue	Baseline	59.4 ± 19.3	56.9 ± 18.3			
ΔFatigue	60 min	− 3.29 ± 15.37	− 6.17 ± 11.30	0.526	0.437	0.709
	180 min	− 8.29 ± 14.83	− 4.67 ± 11.18	0.502	0.268	0.963
Sleepiness	Baseline	54.0 ± 18.6	52.2 ± 17.8			
ΔCB	60 min	− 0.67 ± 13.20	6.25 ± 19.11	0.693	0.143	0.866
	180 min	0.88 ± 19.35	− 1.00 ± 17.08	0.830	0.660	0.505
Motivation	Baseline	52.3 ± 21.1	47.3 ± 18.2			
ΔMotivation	60 min	− 4.58 ± 18.36	1.88 ± 16.68	0.431	0.262	0.455
	180 min	− 6.71 ± 15.25	− 0.58 ± 16.38	0.379	0.219	0.873
Depression	Baseline	51.0 ± 18.9	47.8 ± 18.2			
ΔFI	60 min	− 8.63 ± 12.46	− 1.25 ± 11.00	0.224	0.023	0.575
	180 min	− 9.67 ± 12.80	− 3.38 ± 8.88	0.422	0.052	0.662

(A, B) The mean and standard deviation (SD) of VAS and their changes from baseline in each study

P-value means the results by repeated ANOVA in comparison of WPH and Placebo

Discussion

Our randomized, double-blind, placebo-controlled trial investigated the effects of single intake of original whey-derived peptide, AJI-801, on the blood ALC or FGF21 levels and mood status in healthy humans with fatigue. A single intake of 500-mg WPH, including 2.5 mg of the AJI-801 peptide, significantly improved two different depression related indexes, i.e., T-score change of DD in POMS2-S and change in VAS depression score, as compared with those of the placebo. Each mean T-score of POMS2-S in the participants were 50–60 in the negative indices FI, AH, DD, CB and TMD, and 40–50 in the positive indices VA and F, indicating that most of our study participants had slight or mild mood problems, but not severe mental disorders. Therefore, the intake of 500-mg WPH is probably expected to be effective in healthy persons with feeling down in daily life based on our study results. Given that positive effects were not observed the administration of 100-mg WPH, including 1.5 mg of AJI-801, 500 mg (2.5 mg of AJI801) is

considered to be the required dosage to achieve the effects of AJI-801. Additionally, because of evaluation of whey protein hydrolysate as a test food, the effect of peptides, other than AJI-801, in WPH is completely undeniable. However, in our previous basic study, we have confirmed that the effects of a pure AJI-801 compound and WPH containing the same amount of AJI801 are comparable (data not shown). Therefore, most of the effects of WPH on mood status is considered to be based on the effects of AJI801.

ALC is mainly produced by the acetylation of carnitine in the skeletal muscle during energy metabolism, such as β -oxidation of fatty acid, and released to the blood [27]. ALC has multiple functions related to neuroplasticity [19], and it is an antidepressant substance with a significant potential [23]. There were no differences in the plasma ALC changes among the test foods in this study. Fasting increases the blood free fatty acid (FFA) level and stimulates β -oxidation after the incorporation of FFA in each tissue, enhancing ALC production. Therefore, detecting changes in plasma ALC concentration after WPH intake might be

difficult in a fasting condition. The release of FGF21 from the liver is also enhanced in fasting conditions, and its blood level changes are reported to have a circadian variation [28]. To precisely examine these changes post-AJI801 intake in a human study, a modified study design, i.e., control of dietary conditions, might be needed. Contrarily, a statistical correlation of the changes in mood status and plasma ALC or FGF21 levels at 60 or 180 min post-500-mg WPH intake from baseline were not observed in this study. Previous basic studies have confirmed the effects of AJI-801 intake on mood status and an increase in plasma ALC and FGF21 levels (data not shown). Based on these findings, we hypothesized that changes in mood status following a WPH intake might be influenced by increased blood ALC or FGF21 levels. However, the association between these parameters could potentially be independent. Thus, the effects of a single intake of AJI801 on mood status is suggested to be based on other physical mechanisms.

POMS2-S has 35 questions in the self-reported measurement instrument, which are categorized into negative and positive mood subscales; AH, CB, DD, FI, and TA are the negative mood scales, whereas VA and F are the positive mood scale. The correlations of amount of change in DD, showing improvement by intake of 500-mg WPH, at 180 min after intake from baseline with AH, FI and TA may indicate that the effects of 500-mg WPH intake on mood status not only improved the depression-like phenomenon but also affected the other negative mood status. Thus, the effects of 500-mg WPH intake on mood status are suggested to be achieved in healthy adults with feeling fatigue. The improvement in T-score of DD in POMS2-S after food intake in healthy adults with feeling fatigue has been reported in a previous clinical study [29, 30].

Regarding the mechanism of the functional peptide, several studies have been performed depending on each length of the peptide with their physical functions. For example, 2–4 amino acid residues of peptides are considered to be absorbed into the blood vessel through peptide transporters in the gut, approaching each target tissues and expressing their functions, such as hypotensive action or support of dopamine production in the central nervous system [31–33]. AJI801 is a decapeptide, and it is expected to be difficult to be absorbed into the blood vessel in its intact form. As an analogic compound, oligopeptide from β -conglycinin in soy protein or rice endosperm protein have previously been examined to determine its antidepressant-like effects in animal and human studies. The effects of these peptides are blocked by vagotomy in an animal study, which was suggested to act on the gut after its administration, and its signal is transferred to the brain via the vagus nerve [11, 16]. Recently, the anxiolytic or antidepressant effects of microbiota or food-derived

materials are also suggested due to the activation of the gut–brain interaction via the vagus nerve [34–36]. The mechanism of action of AJI801 in improving depression should be clarified in the future, specifically investigating whether it has an analogical mode, as described above.

This study has some limitations. First, because the trial was designed with blood ALC as the primary endpoint, it can be still disputable whether it is optimal for assessing mood status, for example, in terms of sample size. Several human studies on mood status used a similar sample size [6, 37], suggesting that the sample size in the present study might be also adequate. Even though, additional studies with an appropriate design to re-evaluate the effect of AJI801 on mood status are required. Second, the present study was conducted in a fasting condition to evaluate the blood parameters. Thus, we need to set the study protocol in consideration of energy metabolism in humans in the next trial for blood parameter evaluation after WPH intake. Finally, given that we only used a single intake of each test food. Another study that will evaluate the effects of continuous intake of WPH is required in the future.

Conclusions

Our study data highlight the potential effects of a single intake of WPH including the original decapeptide on mood status and related blood parameters among healthy individuals with fatigue. Our findings suggest that taking 500-mg WPH with 2.5-mg AJI-801 has the potential to contribute to the improvement of depressive symptoms in healthy persons with mild fatigue. However, future clinical studies will be needed to clarify the mechanism of action and the effects of continuous intake of AJI-801 on mental health in a larger sample.

Supplementary Information The online version contains supplementary material available at <https://doi.org/10.1007/s00394-024-03464-1>.

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Data Availability All data sets generated during and/or analyzed during the present study are not publicly available but are available from the corresponding author on reasonable request.

Declarations

Conflict of interests This study was supported by Ajinomoto Co., Inc. All authors are employees of Ajinomoto Co., Inc. All authors declare that the findings of the present study are presented clearly, honestly and without fabrication, falsification, or inappropriate data manipulation.

Ethical approval This study was conducted under approval by the Institutional Review Board of Shiba Palace Clinic Ethics Review Committee (approval number: 148025–31174 on December 23, 2021) and the Ethics Committee of Ajinomoto Co., Inc ((approval code: 2021–020 on December 22, 2021).

Human and Animal Rights All procedures performed in the study involving human participants were in accordance with the ethical standards of the institutional and national research committee, and with the 1964 Helsinki declaration and its later amendments.

Consent to participate Informed consent was obtained from all subjects involved in the study.

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