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Modelling the associations between fat-free mass, resting metabolic rate and energy intake in the context of total energy balance

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Running title: Resting metabolic rate, appetite & energy intake

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# **Conflict of Interest:**

The authors declare no conflict of interest.

## **1 ABSTRACT**

2

Background: The relationship between body composition, energy expenditure and *ad libitum*energy intake has rarely been examined under conditions that allow any interplay between
these variables to be disclosed.

6 **Objective:** The present study examined the relationships between body composition, energy 7 expenditure and energy intake under controlled laboratory conditions in which the energy 8 density and macronutrient content of the diet varied freely as a function of food choice. **Methods:** Fifty nine subjects (30 men: mean body mass index =  $26.7 \pm 4.0 \text{ kg/m}^2$ ; 29 9 women: mean body mass index =  $25.4 \pm 3.5 \text{ kg/m}^2$ ) completed a 14 day stay in a residential 10 11 feeding behaviour suite. During days 1 and 2, subjects consumed a fixed diet designed to 12 maintain energy balance. On days 3-14, food intake was covertly measured in subjects who 13 had ad libitum access to a wide variety of foods typical of their normal diets. Resting 14 metabolic rate (respiratory exchange), total daily energy expenditure (doubly labelled water) 15 and body composition (total body water estimated from deuterium dilution) were measured 16 on days 3-14.

17 Results: Hierarchical multiple regression indicated that after controlling for age and sex, both
18 fat-free mass (p < 0.001) and resting metabolic rate (p < 0.001) predicted daily energy intake.</li>
19 However, a mediation model using path analysis indicated that the effect of fat-free mass
20 (and fat mass) on energy intake was fully mediated by resting metabolic rate (p < 0.001).</li>

21 Conclusions: These data indicate that resting metabolic rate is a strong determinant of energy
22 intake under controlled laboratory conditions where food choice is allowed to freely vary and
23 subjects are close to energy balance. Therefore, the conventional adipocentric model of
24 appetite control should be revised to reflect the influence of resting metabolic rate.

#### **25 INTRODUCTION**

26 Over the last 60 years there has been great interest in physiological signals that regulate 27 appetite and energy balance (1). Numerous models predict that certain components of energy 28 and nutrient balance act as negative feedback signals in appetite and body weight control (1). 29 Specific aspects of nutrient balance such as carbohydrate oxidation (2) or stores (3), fat stores 30 (4) or body weight per se (5) have been proposed as key peripheral signals that exert negative 31 feedback on energy intake (EI). The discovery of leptin (6) appeared to provide a molecular 32 basis for Kennedy's 'lipostasis' concept (4, 7), and stimulated intense focus on adipose 33 derived signals in energy balance regulation. However, while the importance of leptin should 34 not be underplayed, secular trends in obesity prevalence (8, 9) indicate that adipose tissue 35 accumulation does not exert strong negative feedback to restore energy balance, at least from 36 the point of excess EI. Indeed, despite this focus on leptin and other adipose derived feedback 37 signals (5, 10, 11), there is remarkably little evidence in humans on the extent to which 38 changes in adipose tissue exert feedback on EI at the whole body level.

39

40 Evidence in humans suggests that the metabolism or storage of specific macronutrients fails 41 to exert powerful negative feedback on EI (1, 12, 13). However, models that include all 42 macronutrients explain greater variance in EI. Therefore it is important to examine how 43 changes in nutrient stores and metabolism collectively influence EI. Despite the critical role 44 of protein-energy relationships for survival time during under nutrition (14-16), few have 45 analysed energy expenditure (or its determinants) as major sources of feedback in appetite 46 control (17, 18). Therefore, while intuitive to speculate that EI is driven by energy needs, it 47 has not been convincingly demonstrated that energy expenditure influences the control of ad 48 *libitum* energy intake.

49 Recently it has been shown that fat-free mass (FFM), but not fat mass (FM), predicts ad 50 *libitum* meal size and daily EI in overweight and obese individuals (19). These findings are in 51 agreement with earlier observations (20, 21) and have been independently replicated (22). 52 Therefore, it has been proposed that FFM, as the main determinant of resting metabolic rate-53 (RMR), drives EI at a level proportional to basal energy requirements (23). In support of this, 54 RMR was found to predict hunger and objectively measured EI in overweight and obese 55 subjects (24). However, these findings need to be confirmed in the context of total energy 56 balance, particularly as FFM and RMR co-vary strongly and little is known about their 57 individual contributions to EI. Therefore, the present study aimed to examine the 58 relationships between body composition, energy expenditure and *ad libitum* EI under 59 controlled laboratory conditions in which food choice was allowed to vary freely.

## 60 SUBJECTS AND METHODS

#### 61 Subjects

62 Fifty nine volunteers (30 men and 29 women) were recruited from the Aberdeen area (Table 63 1). Subjects were stratified into three age categories (20-35 years, 36-50 years and 51-65 years) and two BMI categories (BMI 20-25 kg/m<sup>2</sup> and BMI >25 kg/m<sup>2</sup>). Subjects were non-64 65 smokers, free from disease and not taking medication known to effect metabolism or appetite. 66 Menopausal and physical activity status were not included as part of this exclusion criteria. 67 Prior to the start of the study written informed consent was obtained and ethical approval was 68 granted by the Joint Ethical Committee of the Grampian Health Board and the University of 69 Aberdeen. Subjects were informed that the purpose of the study was to examine the 70 relationships between diet and lifestyle.

71

Table 1 here

72 Study Design

73 Daily energy and macronutrient intake was objectively measured during a 14-day residential 74 stay in the Human Nutrition Unit (HNU) at the Rowett Institute of Nutrition and Health. 75 During days 1-2, subjects consumed a fixed diet designed to maintain energy balance, with EI 76 estimated at 1.5 and 1.6 times RMR for women and men, respectively. The proportion of 77 energy contributed by fat, protein and carbohydrate to daily EI was 35%, 15% and 55%, 78 respectively. During days 3-14, food intake was covertly measured in subjects who had ad 79 *libitum* access to a wide variety of foods typical of their normal diets. Resting metabolic rate 80 (respiratory exchange) and body composition (total body water estimated from deuterium 81 dilution) was measured on day 3, while total daily energy expenditure (doubly labelled water) 82 was measured over days 3-14. During their residence subjects were asked to maintain their 83 normal behaviour as much as possible. Subjects were able to move freely around the HNU 84 and associated grounds (under supervision of a member of staff), and had access to an 85 exercise bike and treadmill during their stay. Subjects were also free to leave the HNU during 86 the study, but were accompanied and observed by a member of staff at all times. The current 87 analysis is based on a previous study examining the accuracy of food intake reporting (25), 88 which had no *a priori* hypotheses about the relationship between physiological and 89 behavioural measurements.

90

#### 91 **Procedures**

## 92 **Resting Metabolic Rate**

Resting metabolic rate was measured by indirect calorimetry over 30–40 minutes using a
ventilated hood system (Deltatrac II, MBM-200, Datex Instrumentarium Corporation,
Finland). Subjects laid on a bed in a thermo-neutral room and were instructed to lie still but
not to fall asleep. Resting energy expenditure was calculated from minute-by-minute data
using the mean of 15 minutes of stable measurements, with the first and last 5 minutes

98 excluded. The equations of Elia and Livesey (26) were used to derive RMR. Details of

99 calibration burns and repeatability testing have been described previously (27).

# **100 Body Composition**

Stature was measured to the nearest 0.5 cm on day 3 of the study using a portable stadiometer.
Body mass was measured to the nearest 0.01 kg on days 3-14 after voiding using calibrated
digital scales (DIGI DS-410; CMS Weighting Equipment). Total body water was measured
by deuterium dilution (see below) as described by Pullicino, Coward, Stubbs & Elia (28) and
Coward (29). Fat-free mass was then subsequently estimated by assuming a hydration factor
of 0.73 and that total body fat is hydrophobic. Fat mass was estimated as body mass minus
FFM.

# **108 Total Daily Energy Expenditure**

109 Total daily energy expenditure was measured on days 3-14 using doubly labelled water. On 110 the morning of day 3, subjects were woken (07.00 hours), emptied their bladders and 111 weighed. At 09.00 hours, subjects provided a baseline urine sample, which was used 112 alongside two background samples collected during days 1 and 2 to provide information on 113 the pre-dose isotopic enrichment of the subjects' body water pools. Immediately after the 09.00 hour sample subjects consumed orally a pre-prepared dose of  ${}^{2}\text{H}_{2}{}^{18}\text{O}$ , and 100 ml of tap 114 115 water to prevent the isotope being lost from the buccal cavity. The dose levels were 0.15 g/kgbody mass of a 99%  $^{2}$ H<sub>2</sub>O–H<sub>2</sub>O mixture and 1·5 g/kg body mass of a 10·0% H<sub>2</sub> $^{18}$ O–H<sub>2</sub>O 116 117 mixture for subjects one to 42 and 44. Dose levels of oxygen 18 were reduced to 0.9 g/kg118 body mass for the remaining nineteen subjects because of the world shortage in doubly 119 labelled water at the time of the experiment. Following this dose, subjects collected urine 120 samples at 4, 5 and 6 hours post administration to enable the plateau to be individually 121 measured.

122 On days 4-14, subjects provided urine samples at 11.00 hours under supervision and these 123 were frozen (-20°C) until analysis. To calculate energy expenditure, urine samples were used 124 for a multi-point stable-isotope analysis using gas isotope ratio MS. The log transformed data 125 of enrichment by time were extrapolated back to time 0, giving a theoretical enrichment at 126 time 0, which provided information on the individual's size of the body water pool assuming 127 the dilution principle. Isotopic enrichment of the post-dose urine samples was analysed 128 relative to the original background amounts. Pool sizes and flux rates were calculated as 129 described by Coward (29). Energy expenditure was calculated from  $CO_2$  production using the 130 Weir equation (30):

•  $EE = 4.63CO_2 + 16.49(CO_2/\text{ respiratory quotient}),$ 

The food quotient was substituted for respiratory quotient as it was assumed to be equivalent (31). The food quotient was calculated from macronutrient intakes taken from the laboratory weighed intakes after adjusting for changes in fat stores resulting from energy imbalance over days 3-14, and assuming an energy value of 29 MJ/kg and that all changes in body stores were in the form of fat (31). This energy cost was for the purposes of estimating the respiratory quotient in calculation of energy expenditure from doubly labelled water only and not for estimating the cost of weight gain or loss.

# 139 Energy and Macronutrient Intake

On days 3-14, food intake was covertly and objectively measured in subjects who had *ad libitum* access to a wide variety of foods from their normal diet. Food intake was measured
overtly by subjects for two, 3-day periods during days 3-14 (with the order randomized).
Based on 7-day diet histories and shopping list records collected prior to the start of the study,
an inventory of foods and beverages typically consumed by each subject in their normal diet
was purchased. If subjects reported an item usually consumed in their habitual diet was
missing, this was subsequently purchased and made available.

147

148 During days 3-14, each subject had access to their own individual kitchen, which consisted of 149 a fridge, freezer and a cupboard containing their pre-selected foods and beverages. Subjects 150 only had access to their own kitchen. Subjects were able to freely select what and when they 151 wanted to eat (based on their own foods and beverage items), and meals were cooked by 152 subjects in their own kitchens. Subjects were instructed to leave all food waste, peelings and 153 packaging in special bins in their kitchens. Dishes/cooking utensils used were placed in a 154 specific section of their kitchen and subjects were instructed not to wash these.

155

Each morning a researcher entered the kitchens before the subjects woke and re-weighed all
the food items and any left-overs, peelings and packaging to the nearest 0.1 g (Soehnle model
820; Soehnle-Waagen GmbH or Ravencourt model 333; Ravencourt). These weighed intakes
were used to calculated 24 hour EI, with energy and nutrient content calculated using dietary
analysis software (Diet 5, Robert Gorden University, Aberdeen).

161

# 162 Statistical Analysis

163 Data are reported as mean  $\pm$  SD unless otherwise stated. Statistical analyses were performed 164 using IBM SPSS for windows (Chicago, Illinois, Version 21). A paired t-test was used to 165 examine for differences between mean daily EI and mean daily energy expenditure. 166 Furthermore, a Bland and Altman plot was used to compare the deviations between the 167 methods used for the assessment of energy balance. To examine the relationships between 168 body composition, energy expenditure and daily EI, hierarchical multiple regression was 169 used. Three separate models were tested for the prediction of EI. In model 1, RMR was 170 examined after adjusting for energy density. In model two, RMR was tested as an 171 independent predictor of EI after FFM and FM were included. In model three, RMR was

examined with total daily energy expenditure. Given their known effect on EI, sex and agewere included as covariates in all models.

174

175 A path analysis was conducted to further examine the associations between FFM, FM, RMR 176 and EI. A model was tested examining whether the associations between body composition 177 (FFM and FM – independent, exogenous variables) and EI (dependent, endogenous variable) 178 would be mediated by RMR (endogenous mediator variable). The significance of the 179 regression coefficients and fit statistics were calculated using the Maximum Likelihood 180 estimation method. The following recommended goodness of fit indices were analysed to test for the adequacy of the mediation model: Chi-square ( $\gamma^2$ ), Tucker Lewis Index (TLI), 181 182 Comparative Fit Index (CFI), and Root-Mean Square Error of Approximation (RMSEA),

183 with 95% confidence interval (32, 33).

184

185 The assumptions of uni and multivariate normality of errors were assessed by skewness and 186 kurtosis coefficients. There was no severe violation of the normal distribution (33), with 187 skewness values ranging from 0.35 (FM) to 1.07 (EI), and with kurtosis values ranging from 188 0.67 (FFM) to 2.49 (EI). The significance of the direct, indirect and total effects was assessed 189 using Chi-Square tests (33). The Bootstrap resampling method was further used to test the 190 significance of the mediational paths, using 2000 Bootstrap samples and 95% bias-corrected 191 confidence intervals (CI) around the standardized estimates of the effects. Effects were 192 regarded as significantly different from zero (p < 0.05) if zero was not included in the interval 193 between the lower and the upper bound of the 95% bias-corrected CI (33). The software 194 AMOS (Analysis of Momentary Structure, software version 18, SPSS Inc. Chicago, IL) was 195 used to estimate the path analysis.

196

| 198 | Validation of the Laboratory-Weighed Intakes  |
|-----|---|
| 199 | Table 2 here  |
| 200 |   |
| 201 | Mean daily EI, energy expenditure, energy balance and the rate of body mass change can be       |
| 202 | seen in Table 2. In order to examine the validity of the laboratory weighed intakes, daily EI   |
| 203 | was compared to daily energy expenditure. This validation is based on the principle that:       |
| 204 | • EI = total energy expenditure $\pm \Delta$ body stores.                                       |
| 205 | No significant differences existed between mean daily EI and the mean daily energy              |
| 206 | expenditure (t = $0.731$ , df = 58, p = $0.468$ ). Furthermore, the relationship between EI and |
| 207 | energy expenditure was expressed using a Bland-Altman plot in order to illustrate the spread    |
| 208 | of the differences (EI - energy expenditure) against the mean of the two methods. As can        |
| 209 | been seen in Figure 1, there was a good spread in the data and there were no systematic         |
| 210 | trends. Further details of the relationships between EI - energy expenditure and energy         |
| 211 | balance estimated from change in body mass are given in a previous publication and online       |
| 212 | supplementary materials (25). These data indicate that the procedures used in the present       |
| 213 | study provided a valid measure of daily ad libitum EI.  |
| 214 |   |

214

#### 215 **Predictors of Daily Energy Intake**

216 In order to examine the relationships between body composition, energy expenditure and EI,

217 three separate hierarchical multiple regression models were used (Table 3). In Model 1,

218 energy density was added in the first step ( $F_{(1,57)} = 20.045$ , p < 0.001), and accounted for

219 26.0% of the variance in daily EI. The addition of RMR (step 2) significantly improved the

model ( $F_{(2, 56)} = 45.140$ , p < 0.001;  $R^2 = 0.617$ ), accounting for a further 35.7% of unique 220

221 variance in EI. During this final step, both energy density ( $\beta = 0.390$ ; p < 0.001) and RMR ( $\beta$ 

222 = 0.610; p < 0.001) independently predicted EI (Figure 2).

12

- 224 In Model 2, step 1 accounted for 29.9% of the variance in daily EI ( $F_{(2,56)} = 11.947$ , p < 225 0.001), with FFM ( $\beta = 0.514$ ; p < 0.001), but not FM ( $\beta = 0.096$ ; p = 0.410), independently predicting EI. Again, the addition of RMR further improved the model (Step 2;  $F_{(3,55)} =$ 226 16.769, p < 0.001;  $R^2 = 0.478$ ), accounting for an additional 17.9% of unique variance in EI. 227 228 During this final step, only RMR independently predicted EI ( $\beta = 0.675$ ; p < 0.001). 229 Table 3 here 230 In Model 3, RMR was added in the first step and accounted for 47.4% of the variance in EI  $(F_{(1,57)} = 51.358, p < 0.001)$ . In step 2  $(F_{(2,56)} = 28.661, p < 0.001; R^2 = 0.506)$ , the addition 231 of total daily energy expenditure failed to further improve the model ( $\Delta R^2 = 0.032$ ; p = 232 233 0.063), with RMR the only independent predictor of EI ( $\beta = 0.536$ ; p < 0.001). For each 234 model, age, BMI and sex were also entered in a final Step. However, the addition of these 235 variables failed to influence the reported outcomes, and therefore, these variables were not 236 included for analysis in the reported models. 237 Figure 2 here 238 **Path Analysis** 239 The hypothesised model was tested through a fully saturated model that included 14 240 parameters. Results indicated that the paths regarding the direct effects of FM on EI ( $b_{FM}$  = -241 0.018; SEb = 0.034; Z = -0.529; p = 0.597;  $\beta$  = -0.055), and FFM on EI ( $b_{FFM}$  = 0.013; SEb =
- 242 0.041; Z = 0.331; p = 0.740;  $\beta = 0.05$ ), exceeded the critical value for two-tailed statistical
- significance at the 0.05 level (Figure 3). These non-significant paths were removed and the
- 244 model was recalculated.
- 245
- 246 Results showed that the adjusted model presented an excellent model fit, with a non-
- significant chi-square [ $\chi^2_{(2)} = 0.415 \text{ p} = 0.813$ ], and as supported by the other selected fit

- statistically significant (p < 0.05), and the model accounted for 47% of EI variance. Fat mass
- and FFM were significantly correlated and accounted for 61% of RMR, with a direct effect of

251 0.224 ( $b_{FM}$  = 32.942; SEb = 12.526; Z = 2.630; p = 0.009) and 0.691 ( $b_{FFM}$  = 88.123; SEb =

- 252 10.849; Z = 8.123; p < 0.001), respectively. Only RMR presented a significant direct effect ( $\beta$
- 253 = 0.688) on EI ( $b_{RMR}$  = 0.002; SEb = 0.000; Z = 7.229; p < 0.001).
- 254

255 Regarding the mediational tests, results indicated that FM presented an indirect effect of

- 256 0.154 on EI mediated by increased RMR. Also, FFM predicted increased EI with an indirect
- effect of 0.476, again through increased RMR. According to the Bootstrap resampling

258 method, the estimates of the indirect effects of FM (CI = 0.045 to 0.278, p = 0.006) and FFM 259 (CI = 0.312 to 0.610, p = 0.001) on EI, framed by a CI of 0.95%, were significantly different

- from zero.
- 261
- 262

# Figure 3 here

## 263 **DISCUSSION**

This study examined the relationship between body composition, energy expenditure and EI in subjects at or close to energy balance under *ad libitum* feeding conditions. Resting metabolic rate was found to be a strong independent predictor of EI when the energy density and macronutrient composition of the diet varied freely as a function of food choice. These data suggest a fundamental (and robust) associations between RMR and the energy acquired through food, and add to previous research indicating that the energy needs of the body may well play an important role in day-to-day food intake (19-22, 24). 272 Some theories of appetite control embody the view that episodic and tonic inhibitory signals 273 arising from adipose tissue and gastrointestinal peptides modulate a constant excitatory drive 274 to eat (34). However, the source of this excitatory drive has been poorly defined, with current 275 models of appetite control better able to account for the inhibition rather than initiation of 276 feeding (35). Furthermore, such models do not incorporate energy expenditure as putative 277 signals of food intake. Importantly, the present findings indicate that the energy expenditure 278 arising from RMR stimulates food intake, and helps account for this excitatory drive. This 279 tonic signal of energy demand would help 'tune' EI to energy expenditure and ensure the 280 execution of key biological processes (23).

281

282 While lean tissue acts as an orexigenic feedback signal following semi-starvation (36, 37), 283 there has been less attention on the role that skeletal or lean mass plays in day-to-day food 284 intake. Previous studies have reported that FFM, the main determinant of RMR (38), predicts 285 food intake in obese individuals (19, 20, 22). In agreement with these studies, FFM (but not 286 FM) predicted daily EI in the present study. However, once RMR was included in the 287 regression model, FFM failed to independently predict EI. As such, the effect of FFM on EI 288 appeared to be mediated by, rather than independent of, RMR. These effects were confirmed 289 by a mediation model using path analysis in which the effect of FM and FFM on EI was fully 290 mediated by RMR. While path analysis is a robust statistical procedure that allows tests for 291 hypothesized causal relationships to be conducted, caution must be taken when using 292 relatively small samples (33). Nonetheless, the model complexity and data used followed 293 required assumptions to conduct the analysis, and the estimation technique applied has been 294 found to provide valid and stable results in simulation studies with samples with similar 295 dimensions (32).

296

297 Resting metabolic rate has previously been shown to a determinant of *ad libitum* meal size 298 and daily EI (24), although food choice was restricted in this study. In contrast, subjects in 299 the present study had *ad libitum* access to a wide range of foods typical of their normal diet, 300 and dietary energy density and macronutrient composition varied as a function of food choice. 301 This is of importance as energy density is a potent determinant of EI (39). Indeed, a positive 302 association was seen between energy density and EI-energy expenditure (r = 0.491; p < 100303 0.001). When energy density and RMR were included in the same regression module (Table 304 3), both variables were found to independently predict mean daily EI. However, under the 305 conditions of the current study RMR was found to be a stronger predictor of EI than energy 306 density.

307

308 In the present data and that of others (19, 20), no direct relationship was found between FM 309 and EI. These findings are not consistent with the traditional adipocentric view of appetite 310 control. However, they should not be taken to imply that FM does not play a role in appetite 311 regulation. Indeed, a negative association between the FM index and daily EI has been 312 reported (22), which is consistent with an inhibitory role for FM in appetite control. 313 Furthermore, in the path analysis used in the present study indicated that FM indirectly 314 influenced EI via its effect on RMR. Therefore, future research should look to further define 315 how FM, FFM and RMR operate in concert under varying conditions of energy balance. 316 Furthermore, the present findings reflect appetite regulation under conditions close to energy 317 balance in moderately active individuals (1.69 x RMR). They do not therefore provide insight 318 into the mechanisms controlling EI during dynamic periods of energy change. Such 319 distinctions are important as rate and extent of energy deficit and weight loss can alter 320 physical structure and function (e.g. body composition), which in turn may influence EI and

323

321

322

324 It has previously been suggested that the energy demand of tissues (such as the liver) might 325 be expressed through tonic hunger signals (35). While not measured in the present study, 326 FFM (21) and RMR (24) have been found to be associated with daily hunger. Interestingly, 327 no such associations were found in obese individuals (41), with the authors suggesting that 328 elevated levels of FM could blunted the orexigenic drive arising from FFM. However, 329 appetite and body weight regulation appears asymmetrical (42), with the inhibitory action of 330 FM weaker at higher levels of adiposity (potentially due to leptin and insulin resistance). Indeed, this attenuation in tonic inhibition with increased FM could contribute to 331 332 overconsumption in obese individuals, as the drive to eat arising from energy needs, elevated 333 due to a higher RMR, would remain unabated (23). However, the cross-sectional nature of 334 the present study means that inferences cannot be made regarding how systematic changes in 335 body composition or RMR influence EI. 336 337 A strength of the present study was the level of precision used to measure EI, energy 338 expenditure and body composition. There was good agreement between the independently 339 assessed components of energy balance, indicating that the procedures used provided a valid

expenditure. Therefore, it is possible that other regulatory signals (such as leptin) may feature

more predominantly in appetite control during sustained energy deficit (40).

340 measure of EI. As can be seen in figure 1, variability existed in mean daily energy balance.

However, while there is a paucity of data on day-to-day variability in energy balance, studies

342 covertly manipulating food or energy expenditure show that such imbalances are not

343 uncommon (39, 43-51). Interestingly, after accounting for RMR, total daily energy

344 expenditure did not explain any further variance in EI. However, total daily energy

345 expenditure was measured during a 14-day residential stay, and therefore is unlikely to reflect

'free-living' expenditures (although the mean daily PAL in the present study was 1.69 x
RMR). Under conditions where energy expenditure is more variable, the influence of total
daily energy expenditure on EI may be stronger (but this effect would not likely be mediated
by FFM as individuals exhibit a range of total energy expenditures for a given level of body
composition or RMR).

351

#### 352 CONCLUSIONS

353 These data indicate that RMR is a strong determinant of EI under conditions where food 354 choice varied freely, and suggests that the energy expenditure associated with RMR may act 355 as a feedback signal that drives habitual food intake at a level proportional to basal energy 356 requirements. In contrast, no such relationship existed between FM and EI, suggesting that 357 the conventional adipocentric model of appetite control should be revised to reflect the 358 infuence of RMR on EI. The influence of RMR, in addition to signals stemming from adipose 359 tissue and gastrointestinal peptides, provides a stronger account of the role of whole-body 360 peripheral signals in human appetite control.

361

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- 375 Conflict of Interest
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#### **Figure Legends**

**Figure 1:** Bland and Altman plot illustrating the difference between mean daily energy intake (laboratory weighed food intakes) and energy expenditure (doubly labelled water) against the mean of the two measures (n = 59).

**Figure 2:** Scatter plots and standardised beta coefficients to illustrate the relationship between energy density on daily energy intake and resting metabolic rate on daily energy intake. Hierarchical multiple regression indicated that together, energy density and resting metabolic rate accounted for 61.7% of the variance in energy intake ( $F_{(2, 56)} = 45.140$ , p < 0.001).

**Figure 3:** Path diagram for the mediation model with the standardized parameter coefficients for the direct effects of fat mass and fat-free mass on resting metabolic rate and resting metabolic rate on energy intake, the indirect effect of fat mass and fat-free mass on energy intake mediated by resting metabolic rate, and the squared multiple correlations ( $R^2$ ) for resting metabolic rate and energy intake. The mediation model indicates that the effect of fat mass and fat-free mass on energy intake was fully mediated by resting metabolic rate.