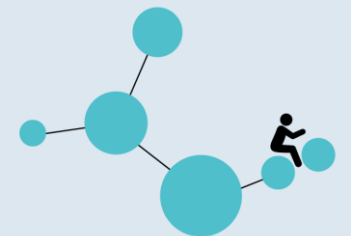


# Reaching new heights: Ketones to improve adaptations to exercise & high altitude?

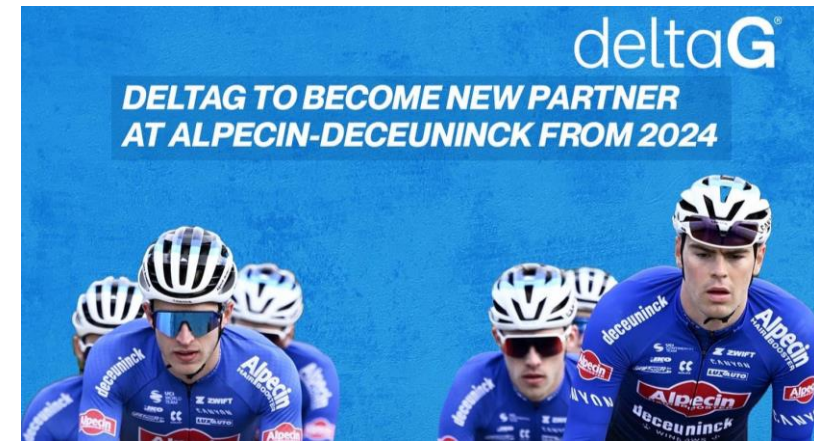
**Chiel Poffé, PhD**

Exercise Physiology Research Group

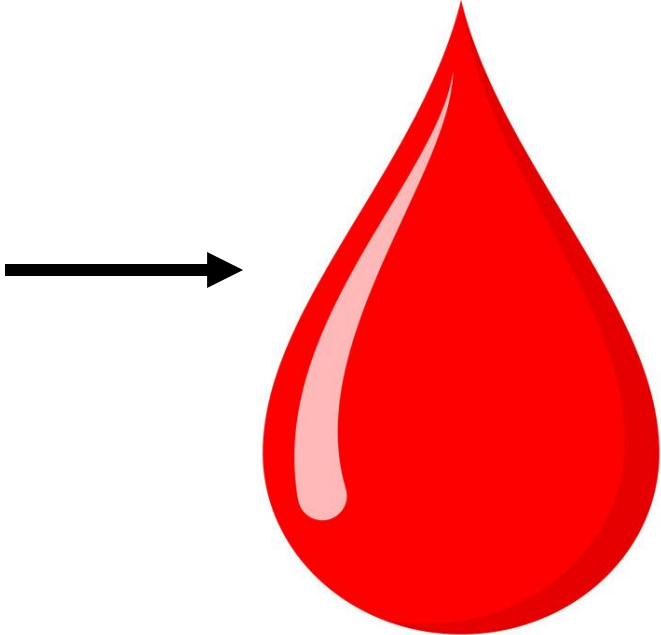
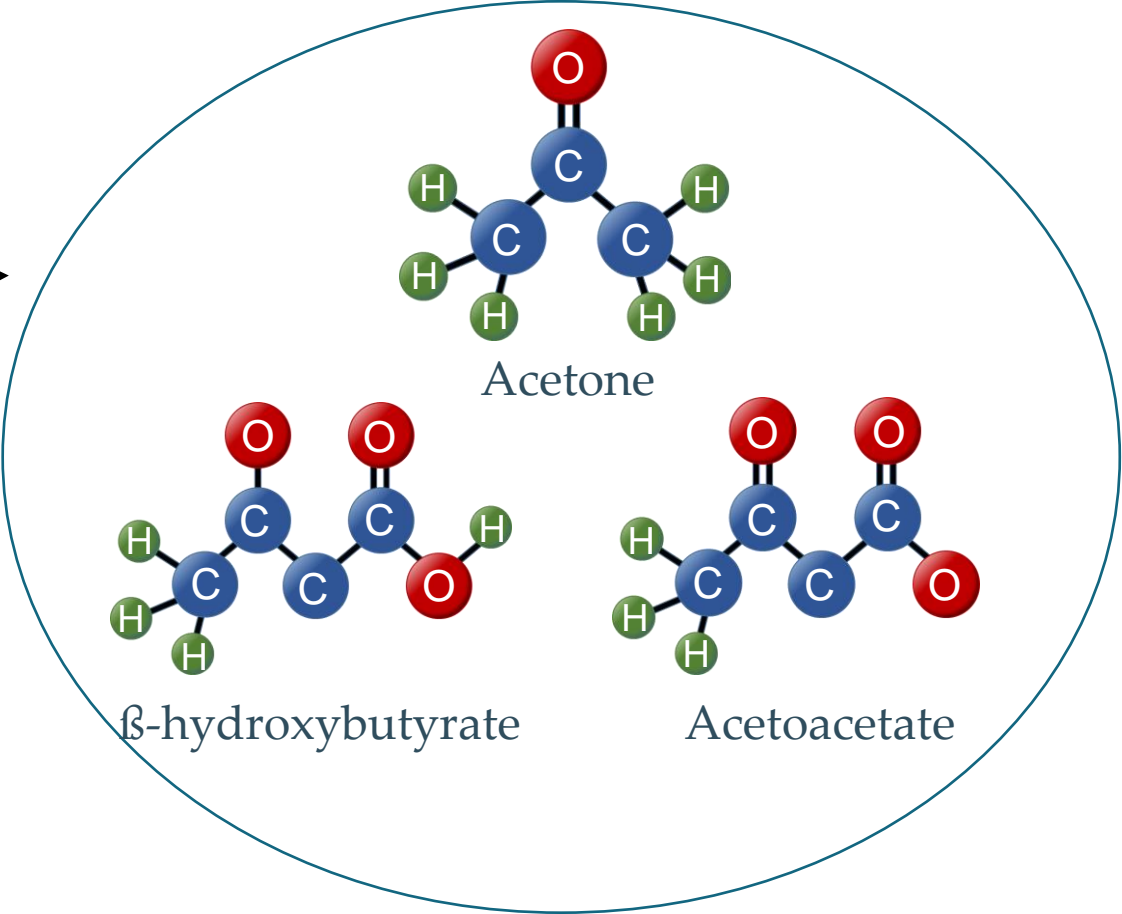
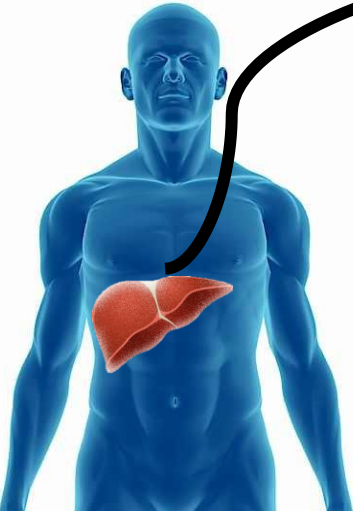
KU Leuven (Belgium)



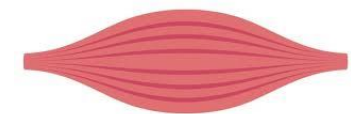
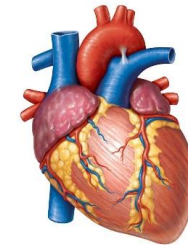
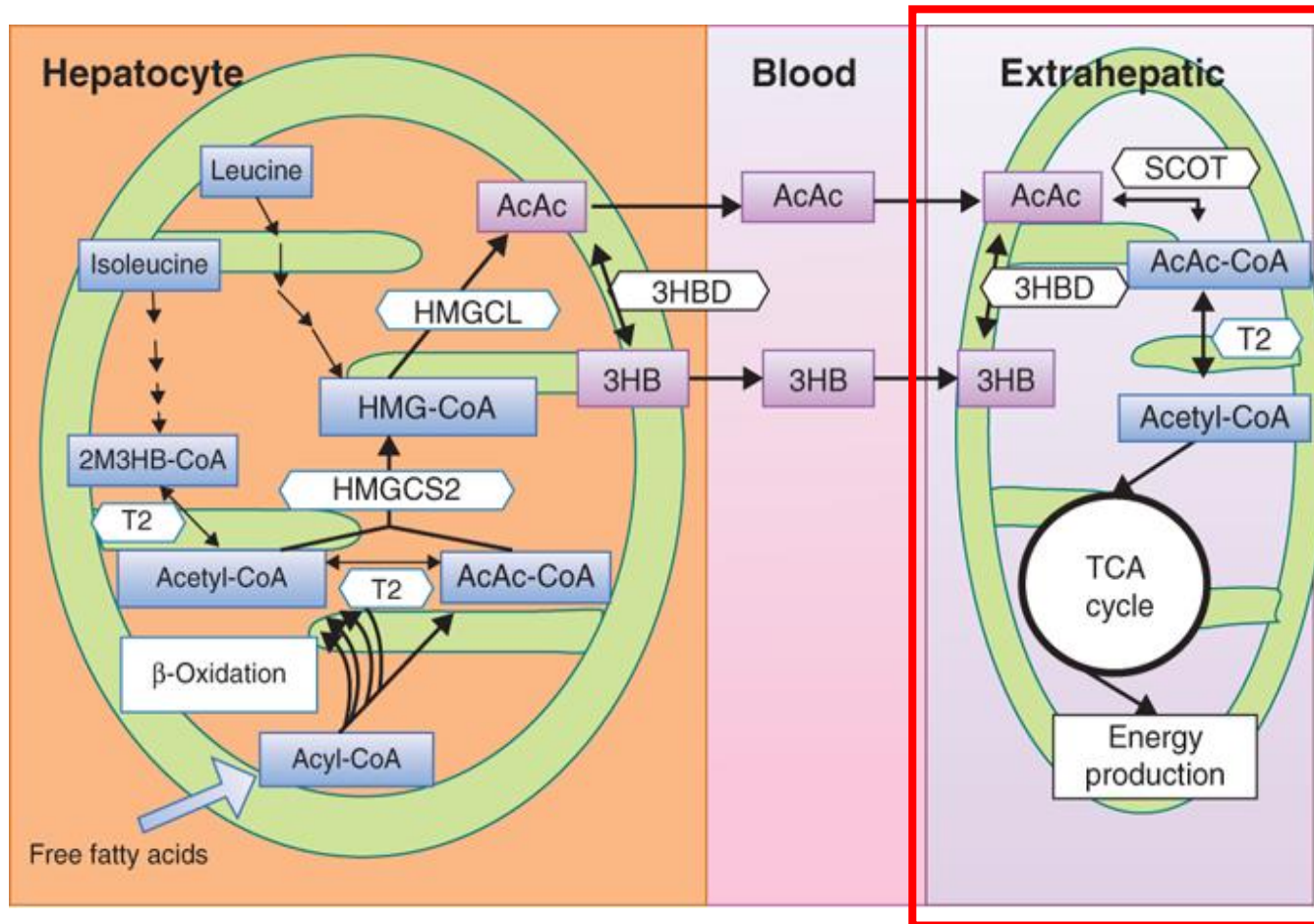
# Ketone supplements are widely used in the peloton



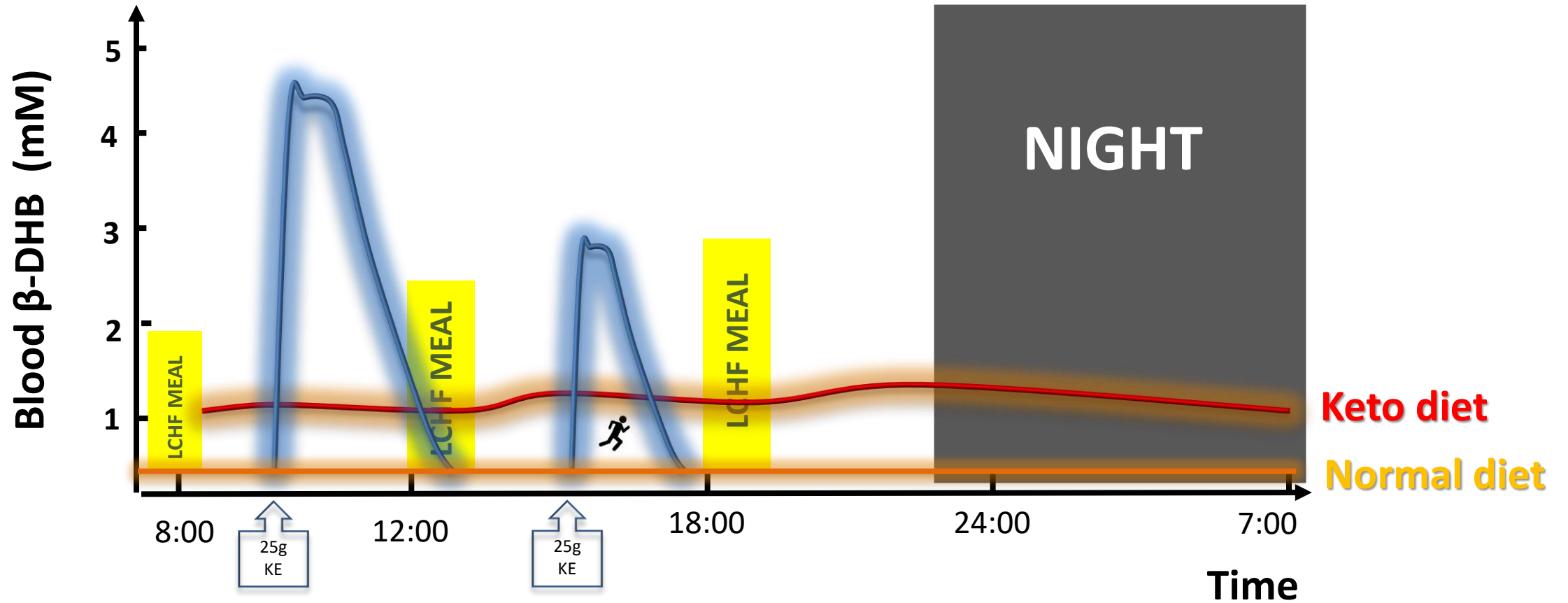
# What are ketone bodies?



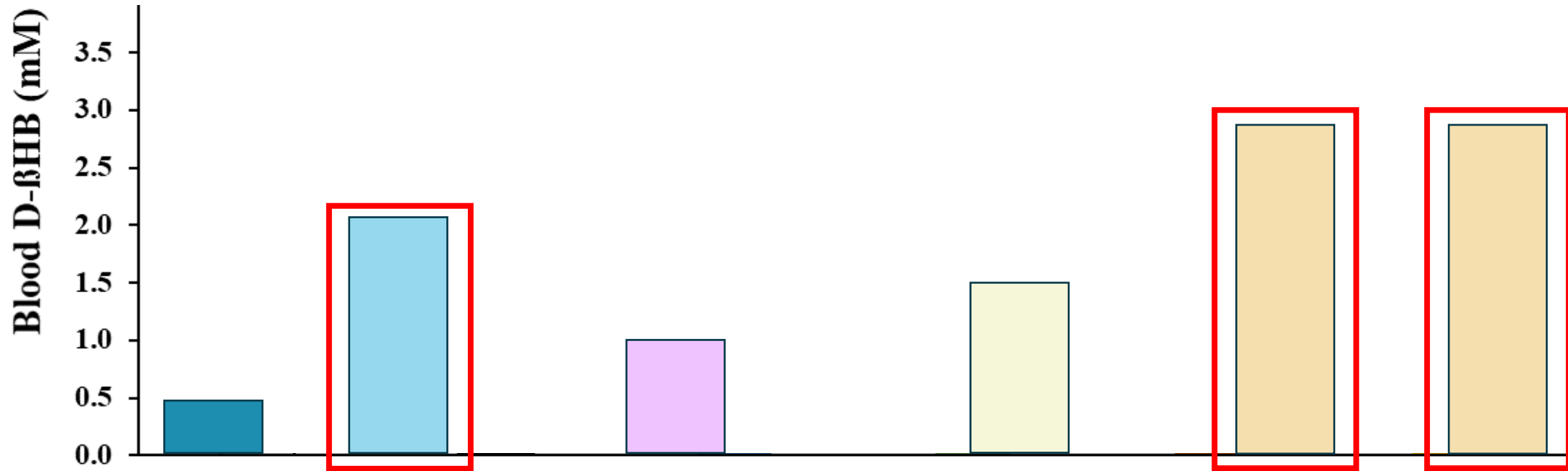
# Ketone bodies: 'the fourth fuel'



# Ketone supplements vs. ketogenic diet



# Ketone supplements: which one to choose as an athlete?



Ketone precursors



Ketone salts



Ketone di-esters



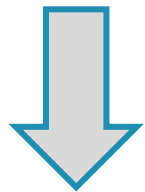
Ketone mono-esters



# Fake 'keto' supplements



# How to use ketones to improve performance?



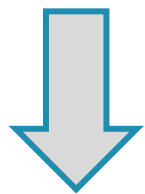
During exercise  
to improve  
endurance exercise performance



After exercise  
to improve  
training adaptation and recovery



# How to use ketones to improve performance?



**During exercise  
to improve  
endurance exercise performance**

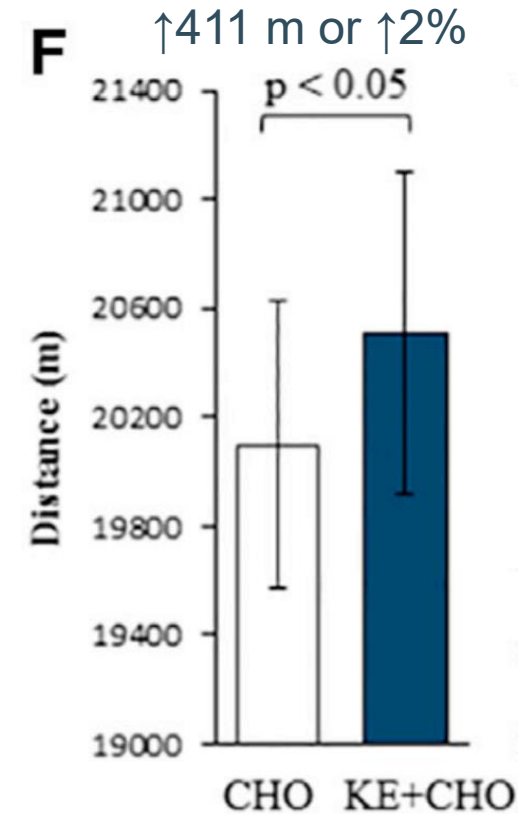
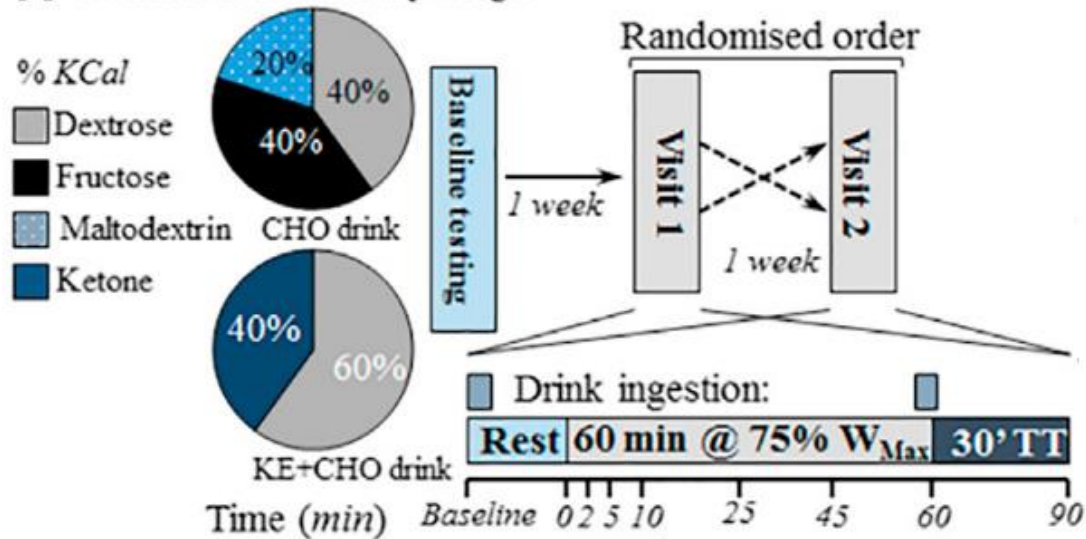


**After exercise  
to improve  
training adaptation and recovery**

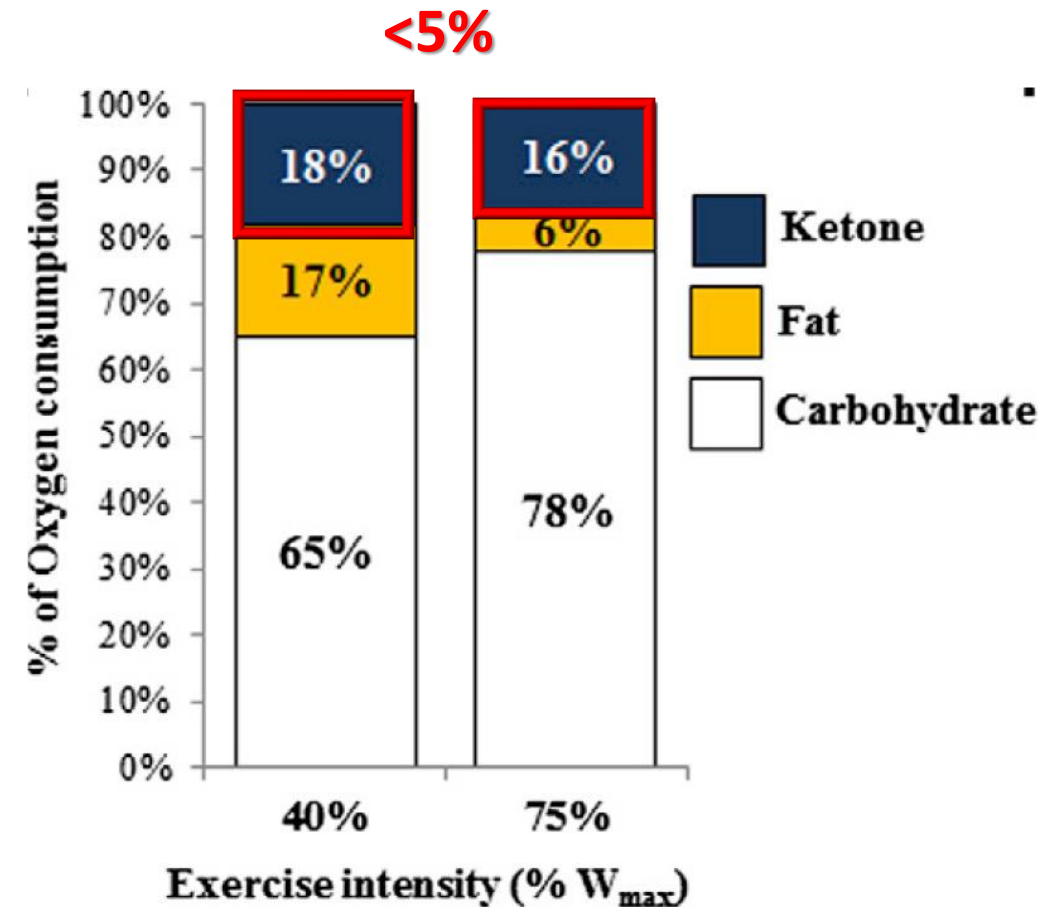
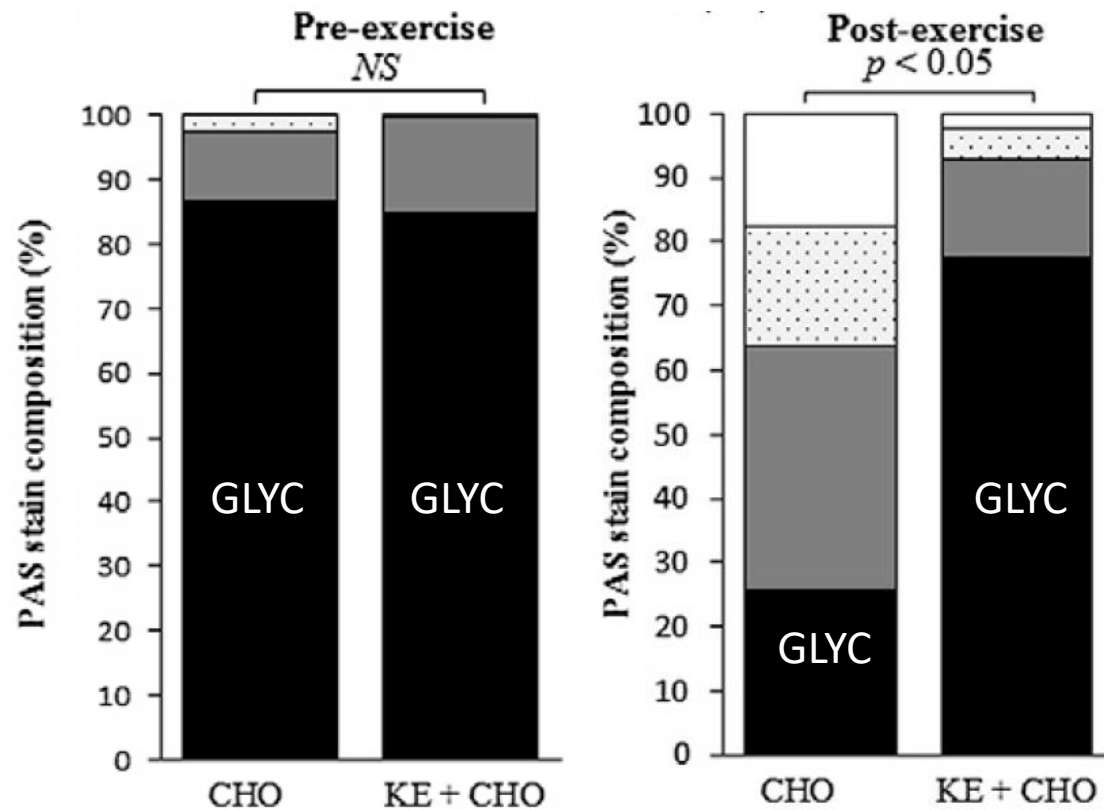
# KE intake improved cycling time-trial performance



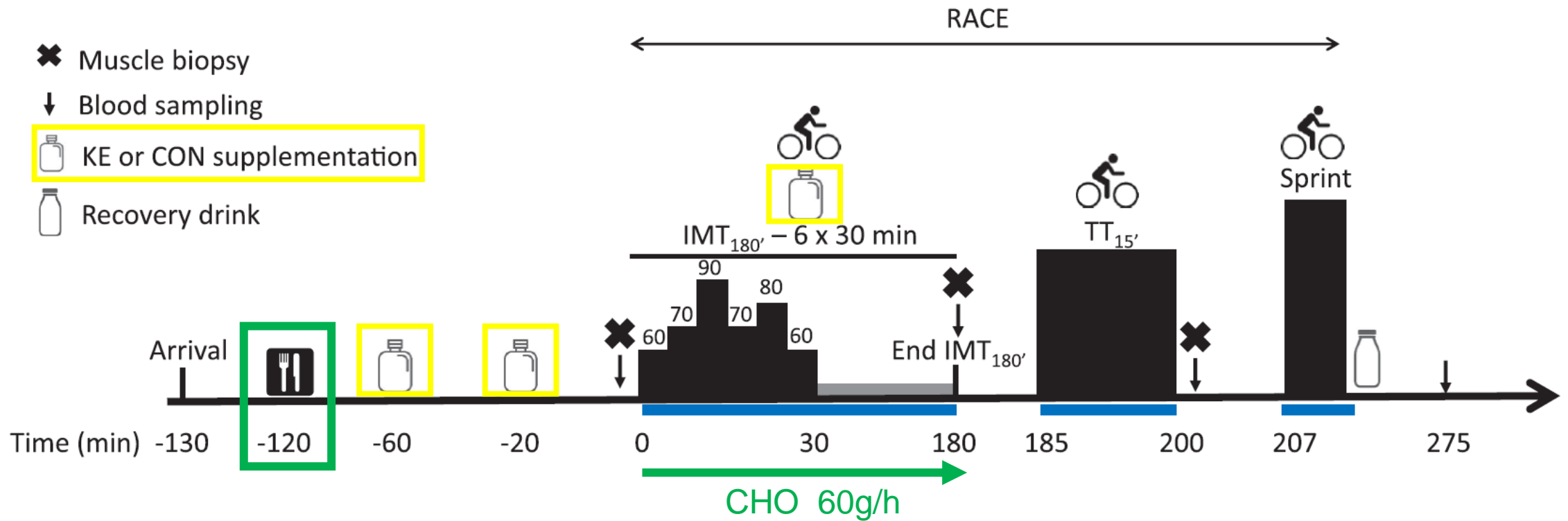
## A Protocol visits and study design



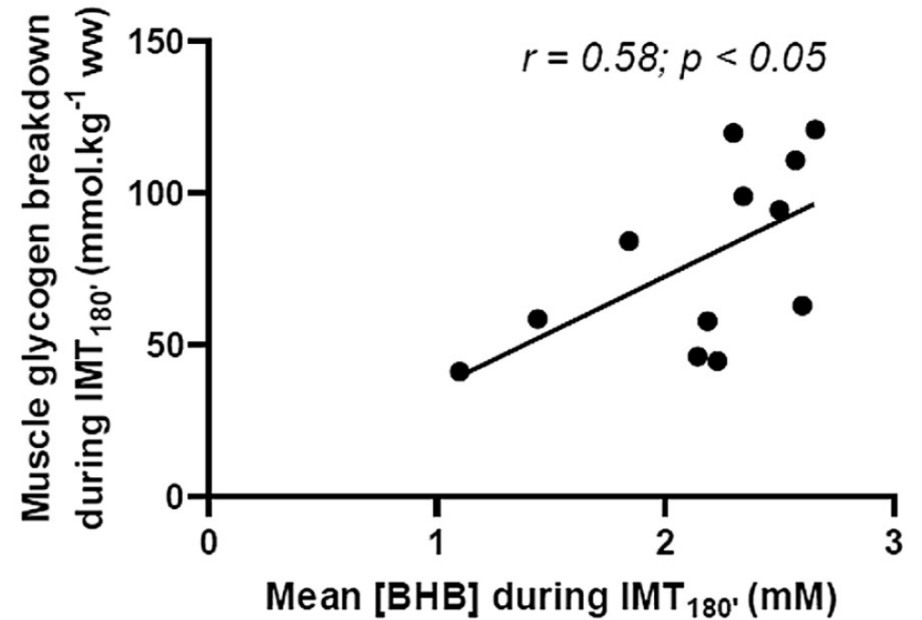
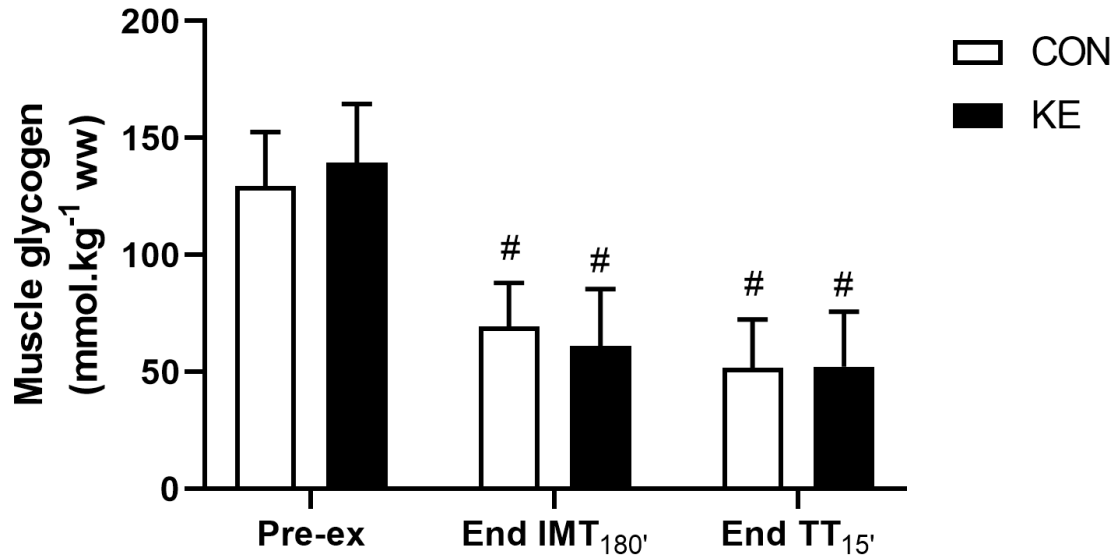
# Mechanism: glycogen sparing + extra energy source



# Glycogen sparing in simulated cycling race?

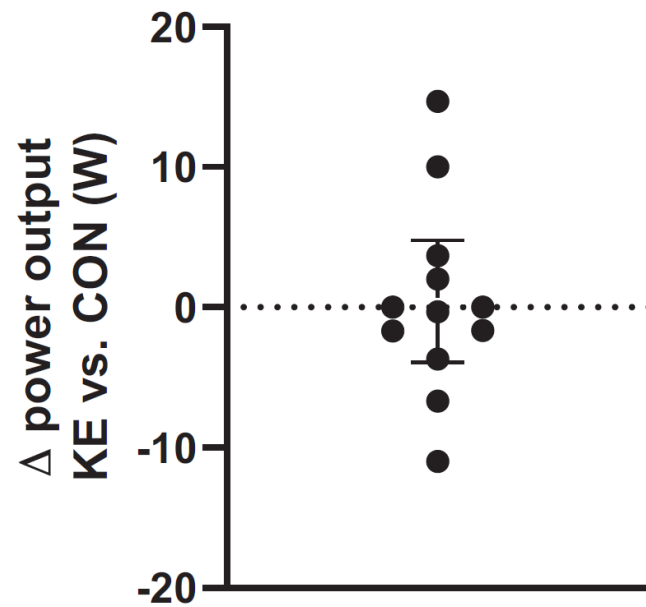


# No glycogen sparing effect

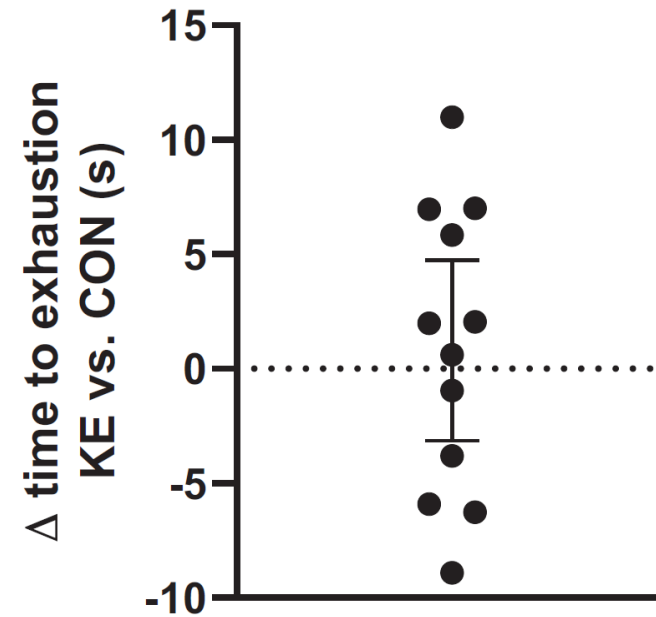


# No performance effect

## 15-min TT



## Sprint



# Should you take ketones during exercise/cycling?



15s



Evans et al., *MSSE* (2018)  
Waldman et al., *Appl Physiol Nutr Metab* (2018)



20 min



Leckey et al., *Front Physiol* (2017)  
Poffé et al., *MSSE* (2020)  
McCarthy et al., *Int J Sport Nutr Exerc Metab* (2023)

60 min



3h + 15 min TT



Poffé et al., *J Appl Physiol* (2020)  
Poffé et al., *MSSE* (2021)  
Robberechts et al., *J Appl Physiol* (2022)

**When CHO intake is adequate**

# Should you take ketones during exercise/cycling?



15s



20 min



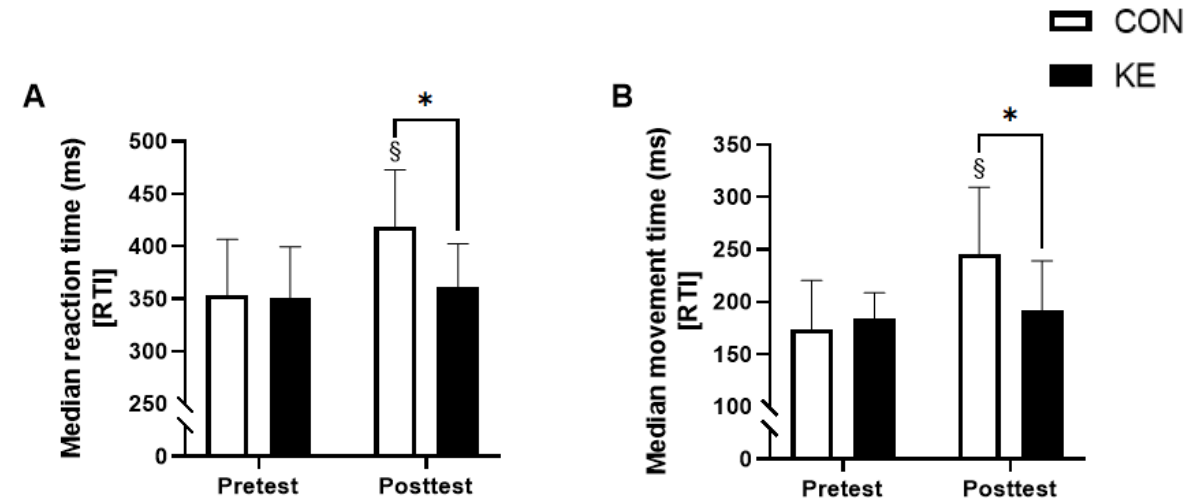
60 min

3h + 15 min TT



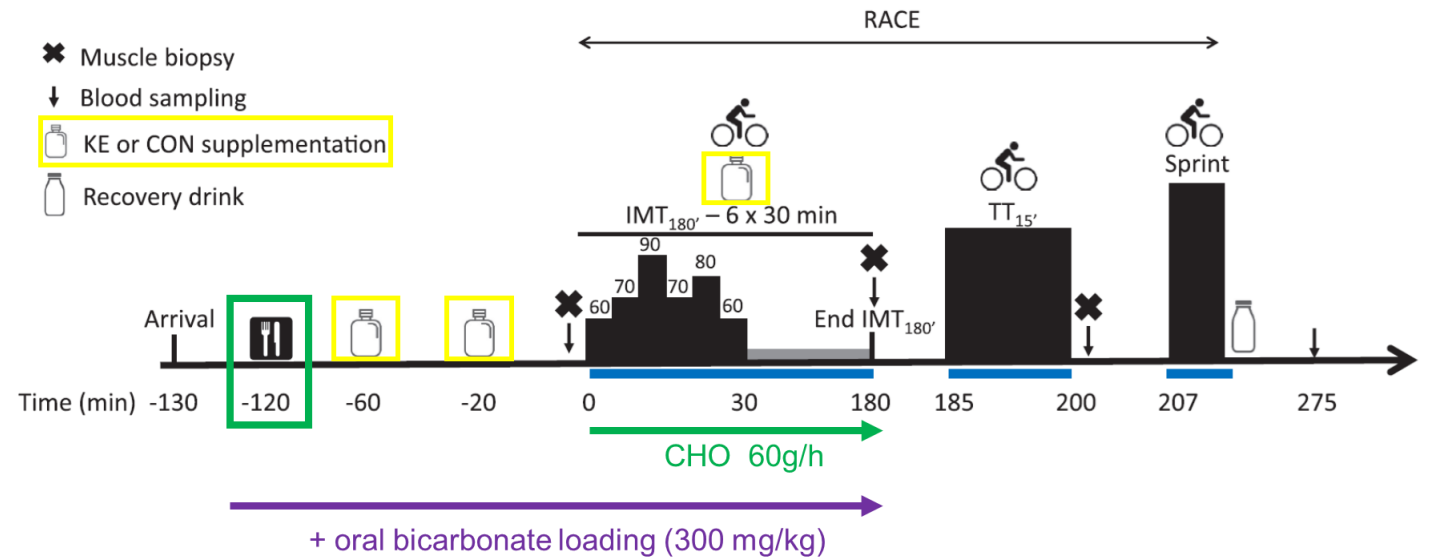
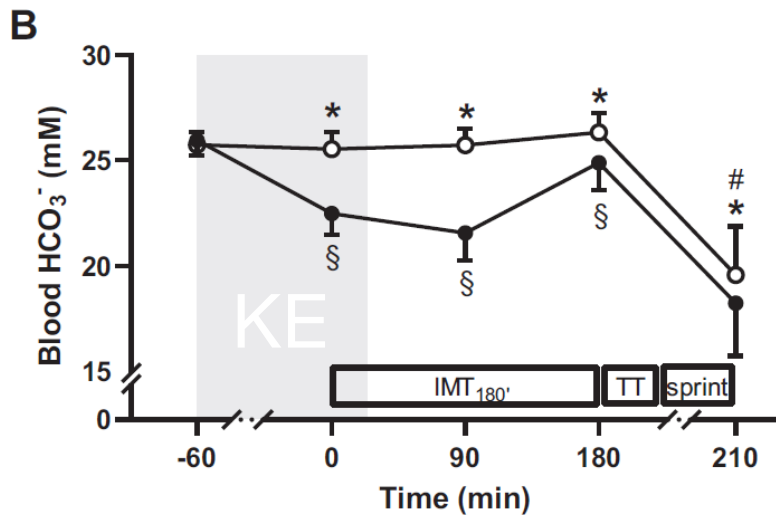
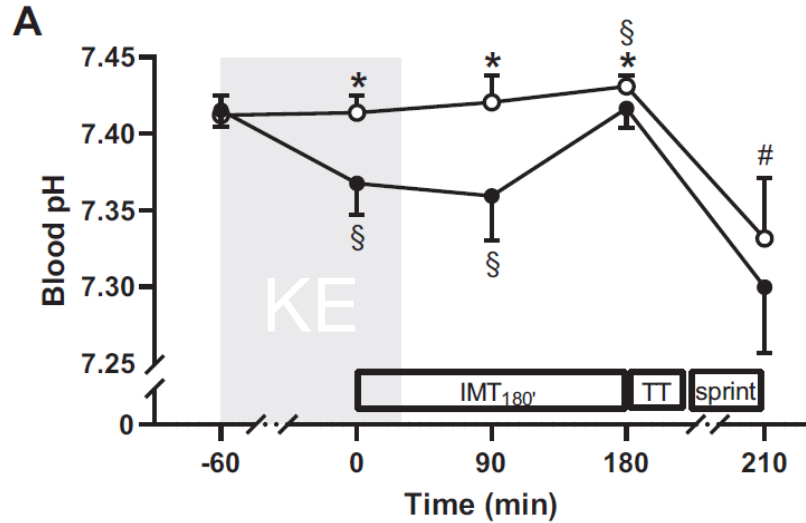
100km ultrarun

25g KE/h vs. placebo



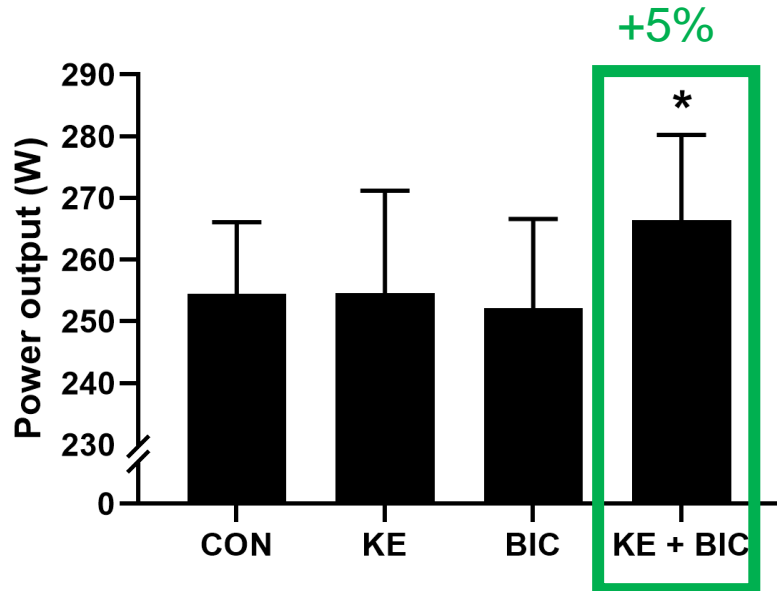


# KE induces acidosis



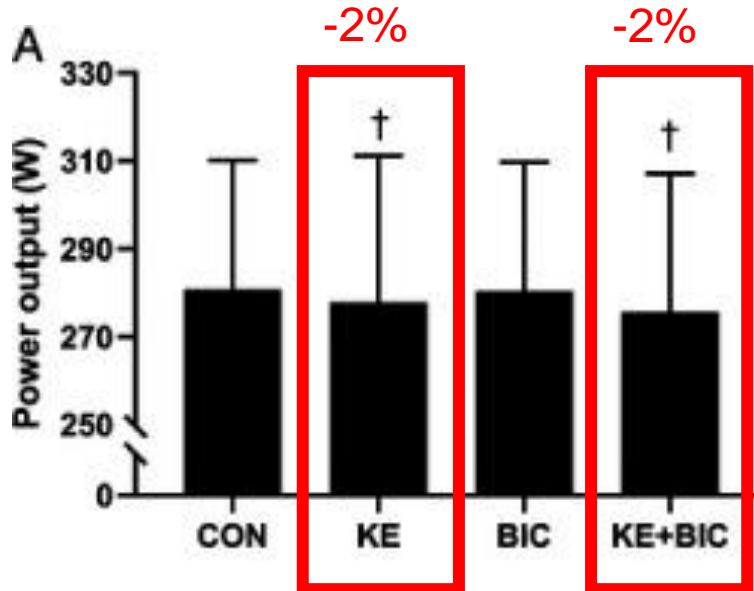
# Ketone + bicarbonate: some evidence pro

3h + 15 min TT



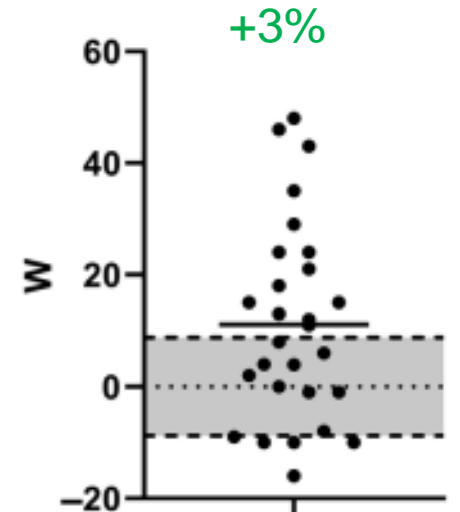
*Poffé et al., MSSE (2021)*

30 min TT



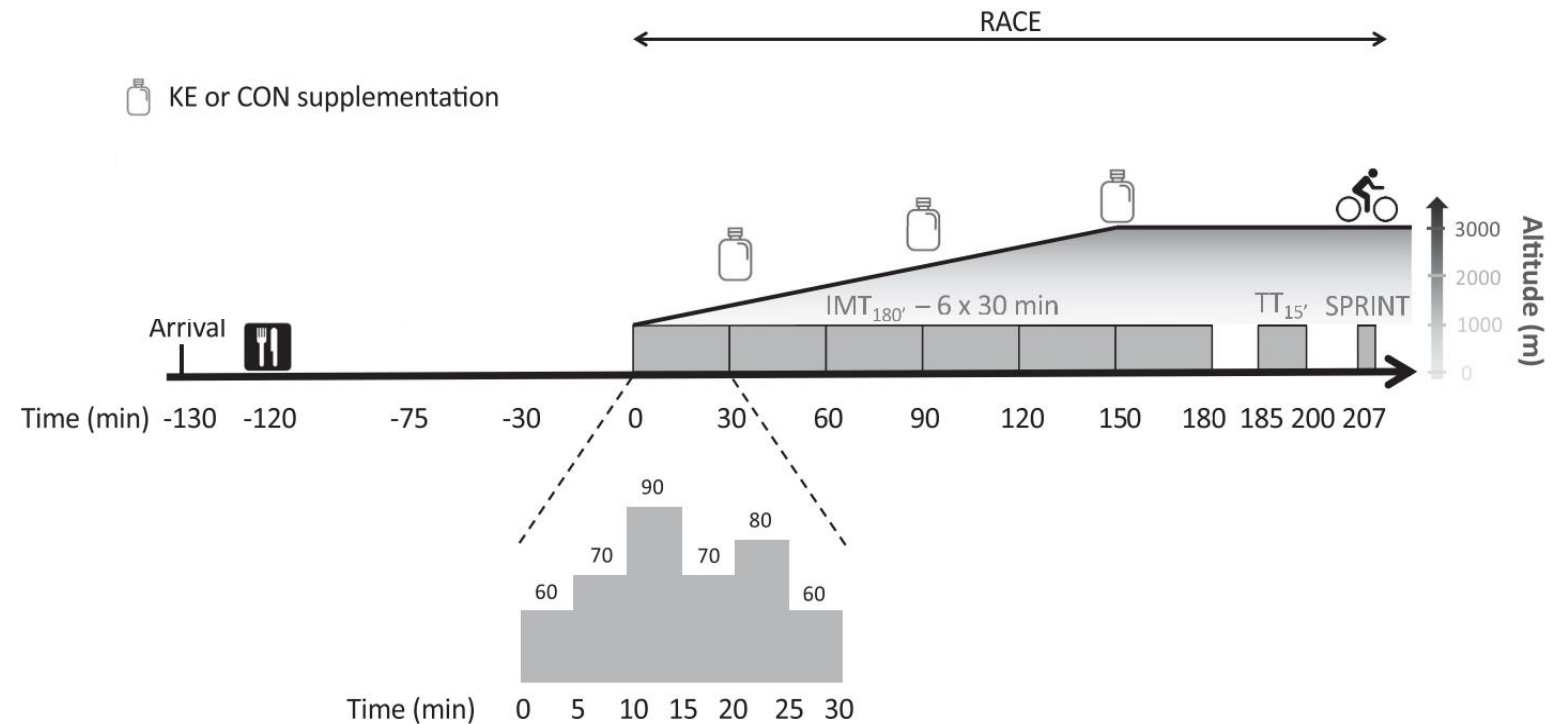
*Poffé et al., MSSE (2021)*

8 min TT  
(WorldTour cyclists)

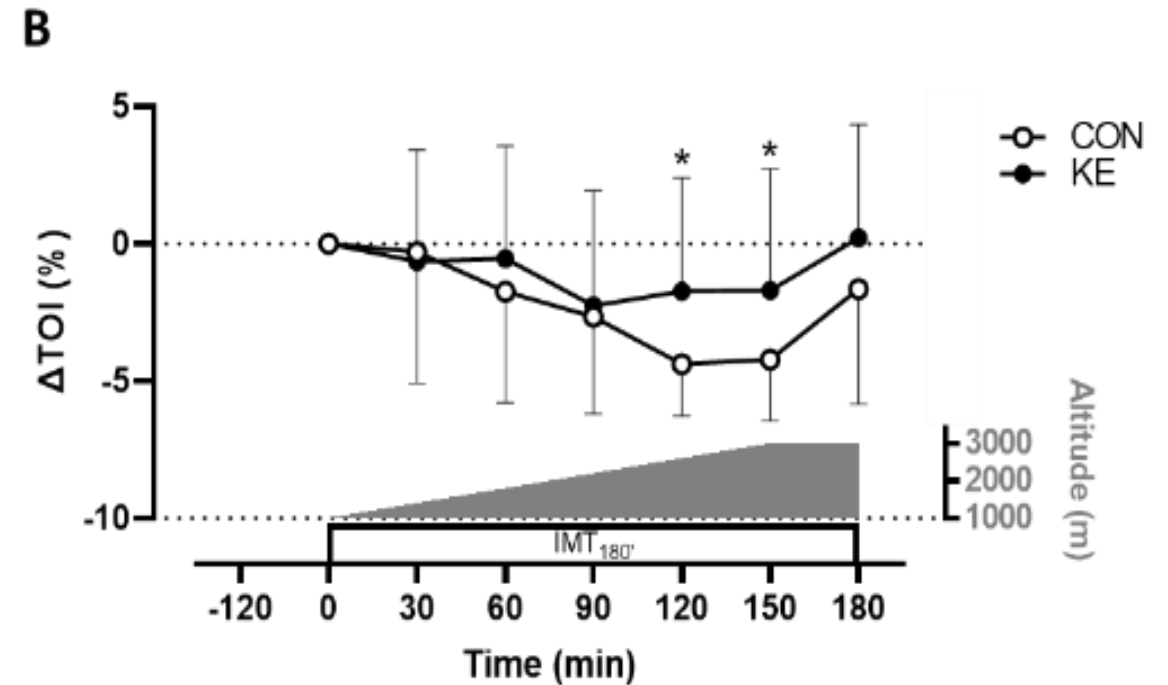
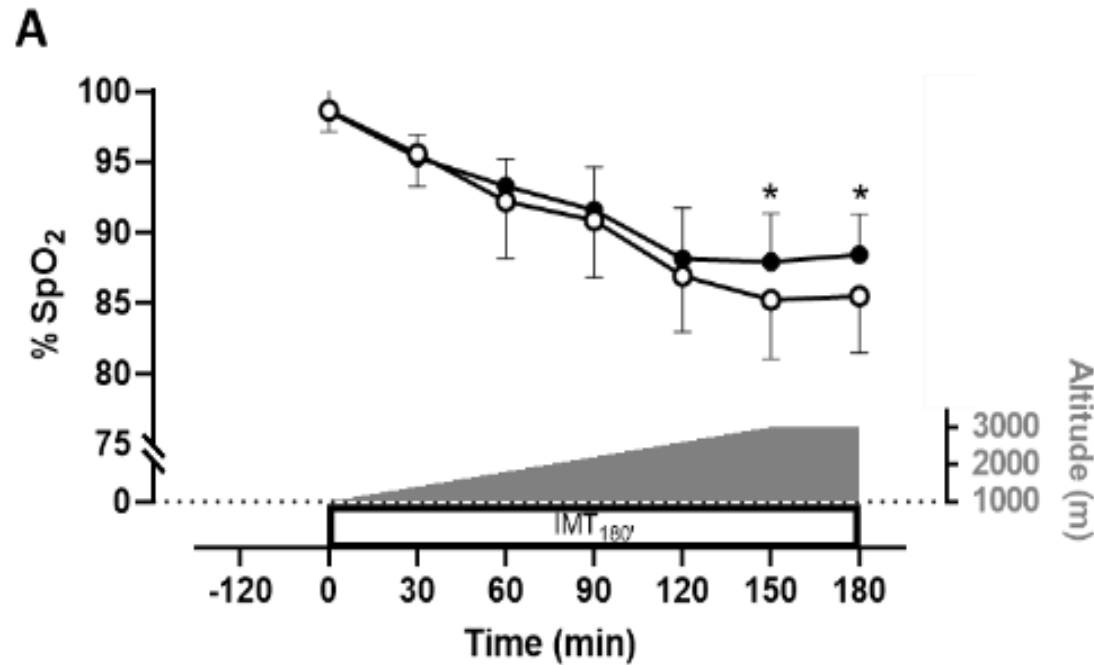
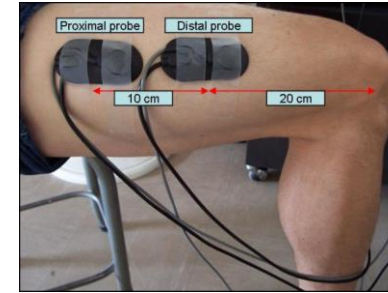


*Ramos-Campo et al., IJSNEM (2023)*

# Effect during cycling in hypoxia?

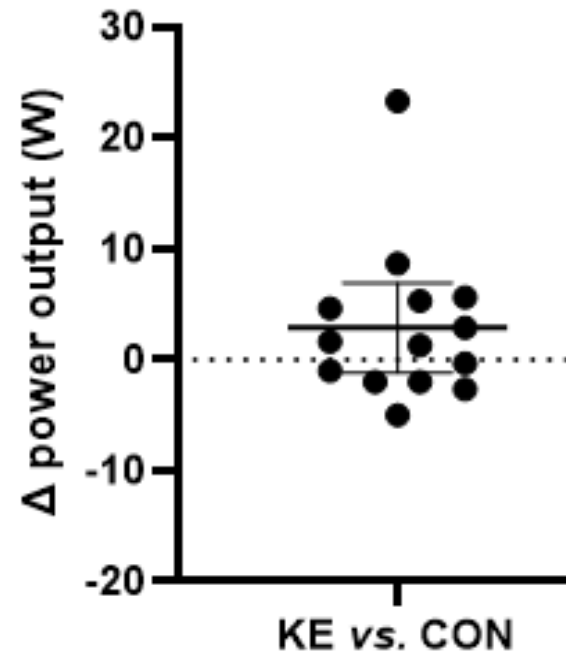


# KE attenuates oxygen desaturation during submax exercise



# But does not improve performance

15 min TT



# Beneficial effect on high-altitude sickness?



**Acute Mountain  
Sickness  
(AMS)**

2500m : ~25% of individuals

4000m: ~50% of individuals



Headache



Nausea



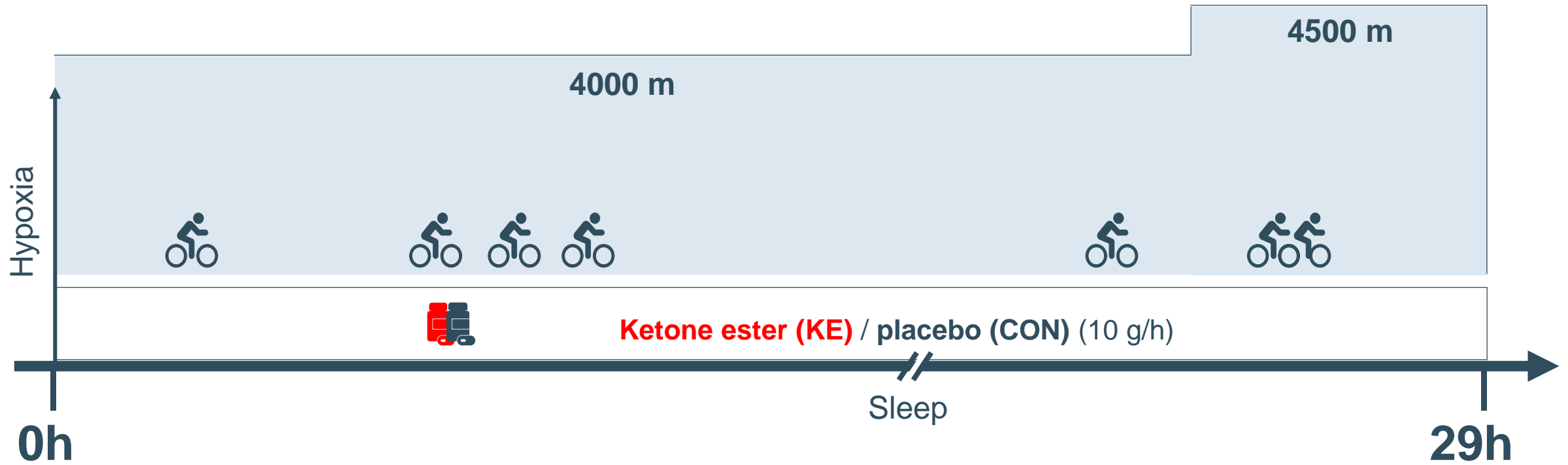
Dizziness



Fatigue



n = 14  
18-35 years old, male  
Cross-over design

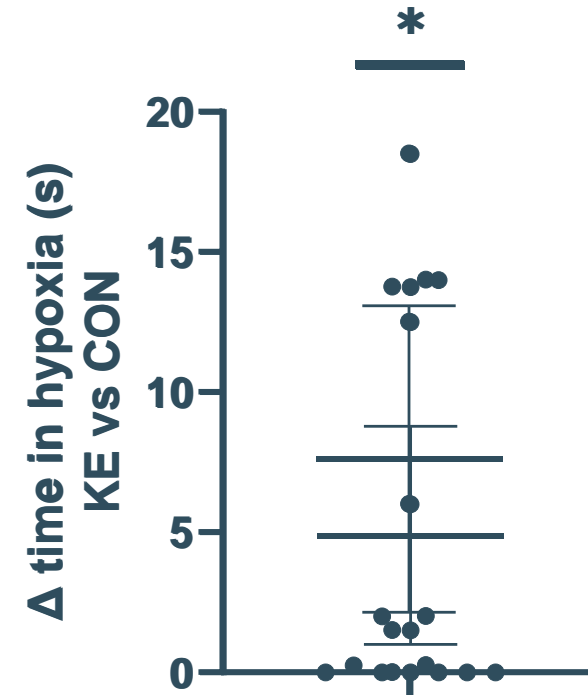
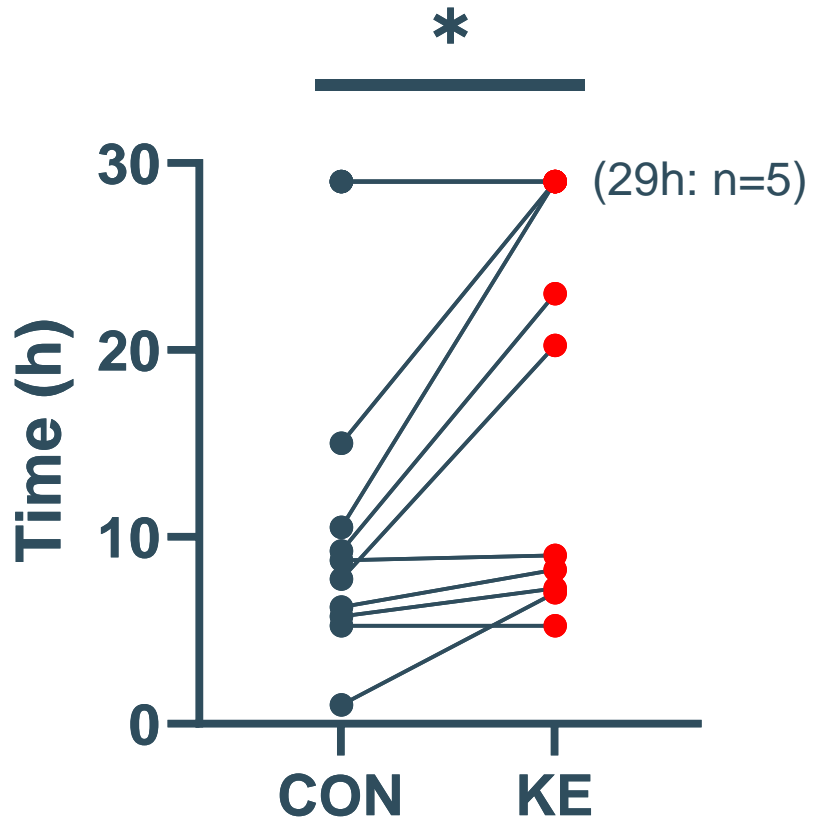


# KE increases hypoxic tolerance

All participants: **+32%**

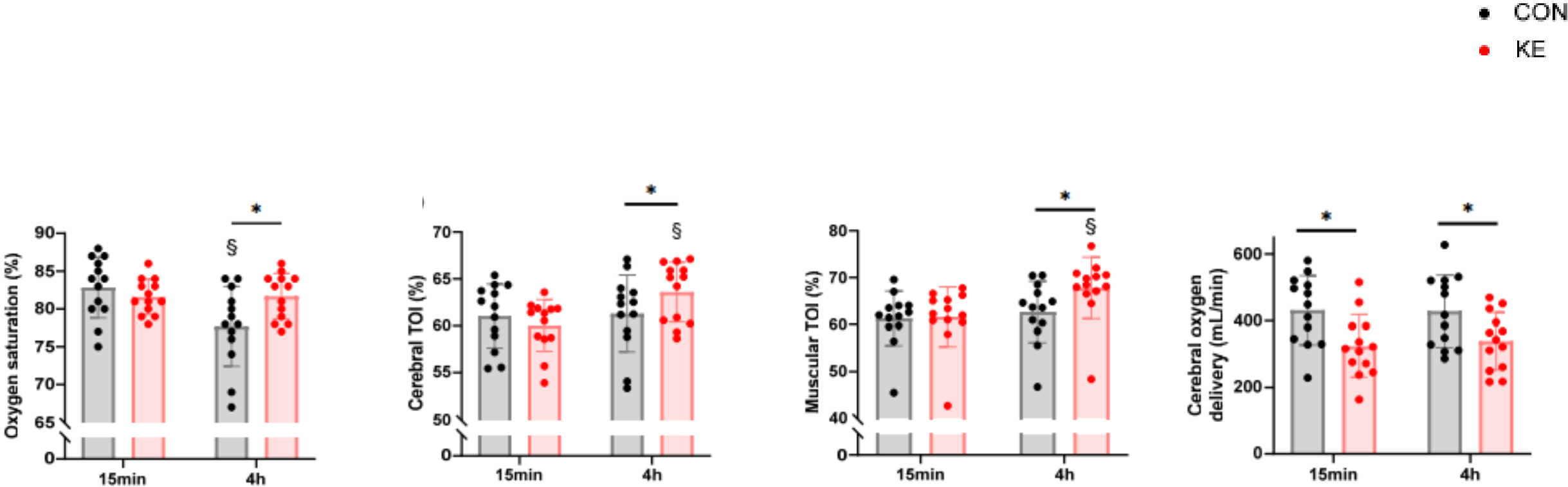
AMS sensitive participants: **+99%**

● CON  
● KE

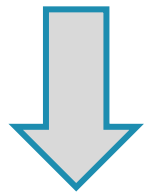




# KE attenuates arterial, cerebral and SkM oxygen desaturation



# How to use ketones to improve performance?



During exercise  
to improve  
endurance exercise performance

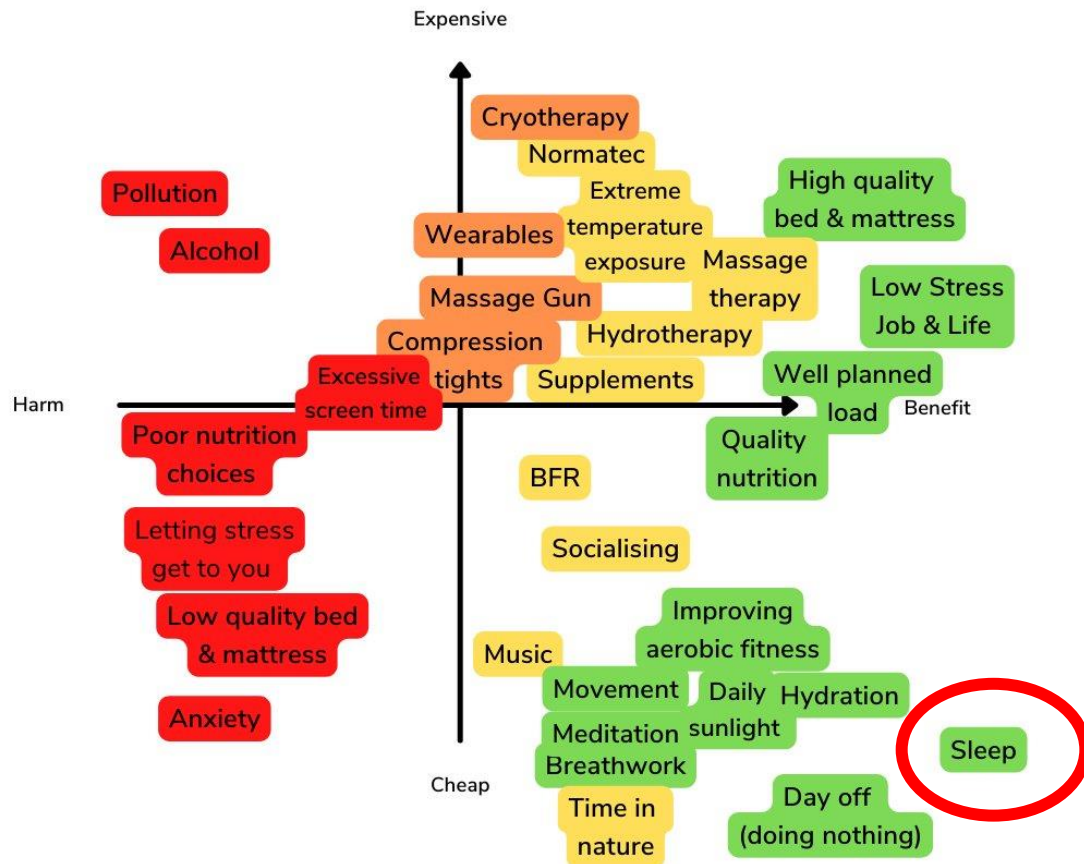


After exercise  
to improve  
training adaptation and recovery

# Sleep as a central aspect of exercise recovery

## Cost-Benefit Recovery Quadrant

@drpeter Tierney

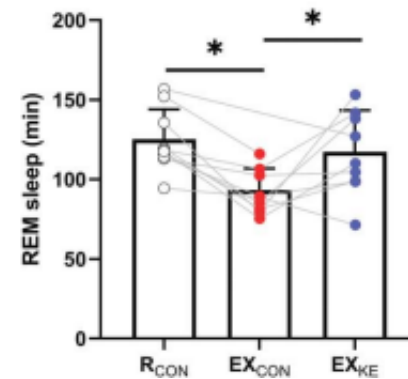
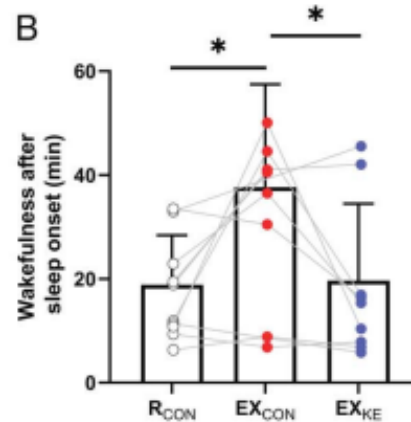
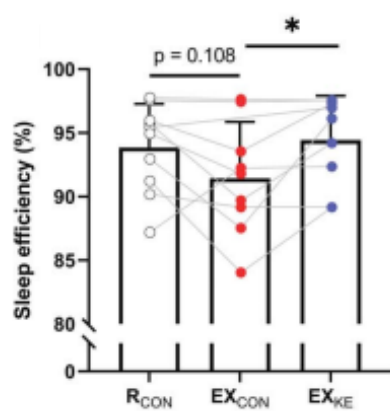


Sleep is disturbed by

- Intensified training period
- Late evening exercise
- High altitude (>1600m)



# Ketone ester: more sleep, less awakenings



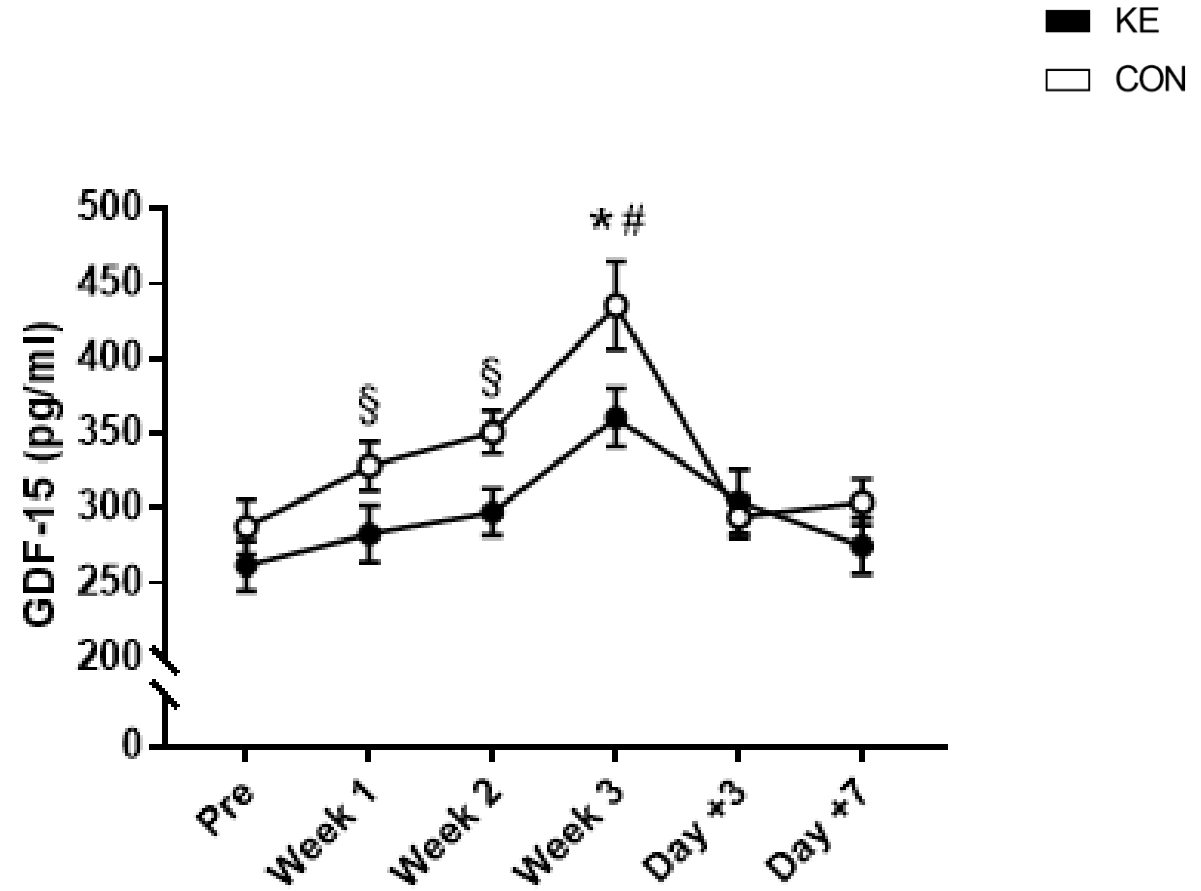
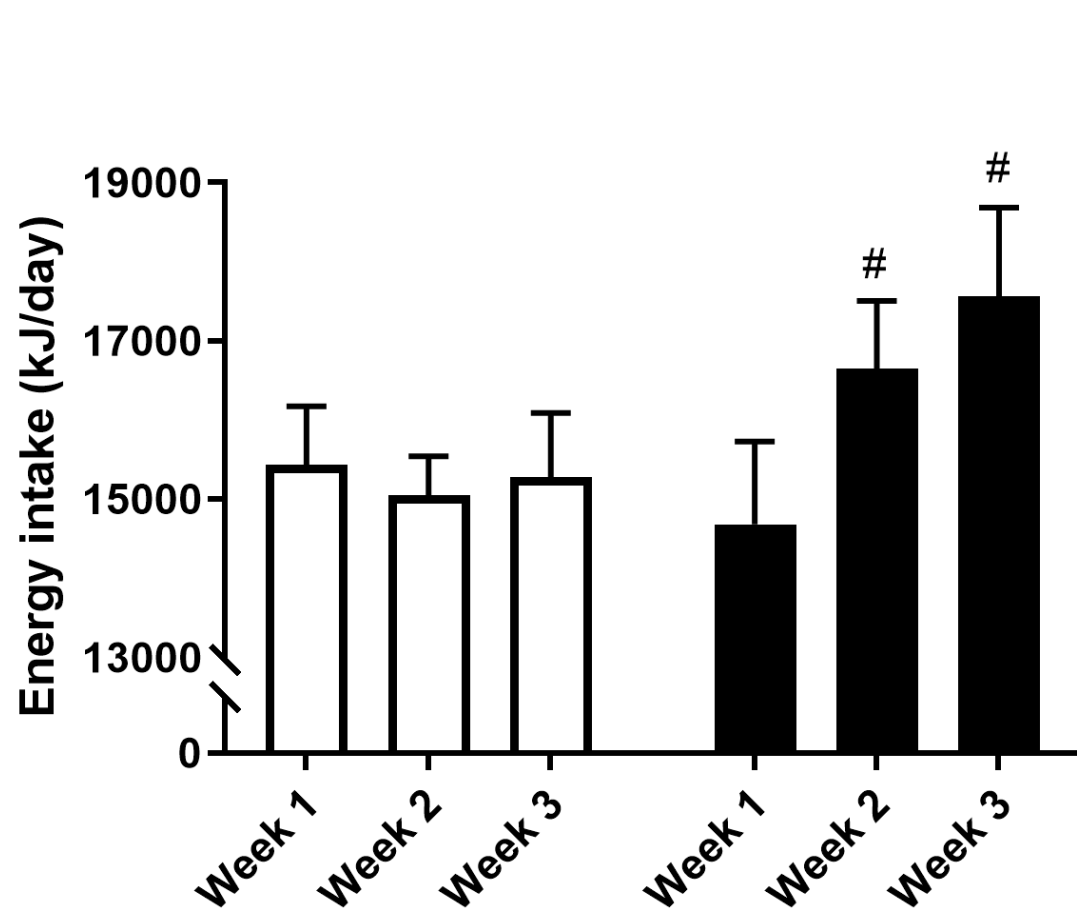
# Ketone ester as a recovery drink during a 'Tour de France'

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Week 1	AM	70 min <b>IMT</b> 100/55%	Rest	30 min <b>HIIT</b>	70 min <b>IMT</b> 100/55%	30 min <b>HIIT</b>	70 min <b>IMT</b> 100/55%	<i>Test Wk1</i>
	PM	Rest	Rest	60 min <b>ET</b> 70%	60 min <b>ET</b> 70%	60 min <b>ET</b> 70%	60 min <b>ET</b> 70%	60 min <b>ET</b> 77.5%
Week 2	AM	70 min <b>IMT</b> 100/65%	Rest	30 min <b>HIIT</b>	70 min <b>IMT</b> 105/65%	30 min <b>HIIT</b>	70 min <b>IMT</b> 110/80%	<i>Test Wk2</i>
	PM	Rest	Rest	90 min <b>ET</b> 77.5%	60 min <b>ET</b> 85%	90 min <b>ET</b> 80%	60 min <b>ET</b> 90%	90 min <b>ET</b> 85%
Week 3	AM	120 min <b>HIIT &amp; ET</b> 85%	Rest	70 min <b>IMT</b> 110/80%	120 min <b>ET-TT<sub>30min</sub></b> 85% - 30' all-out	70 min <b>IMT</b> 110/80%	70 min <b>IMT</b> 110/85%	<i>Posttest Test Wk3</i>
	PM	Rest	Rest	90 min <b>ET</b> 90%	Rest	120 min <b>ET</b> 95%	150 min <b>HIIT &amp; ET</b> 92.5%	Rest

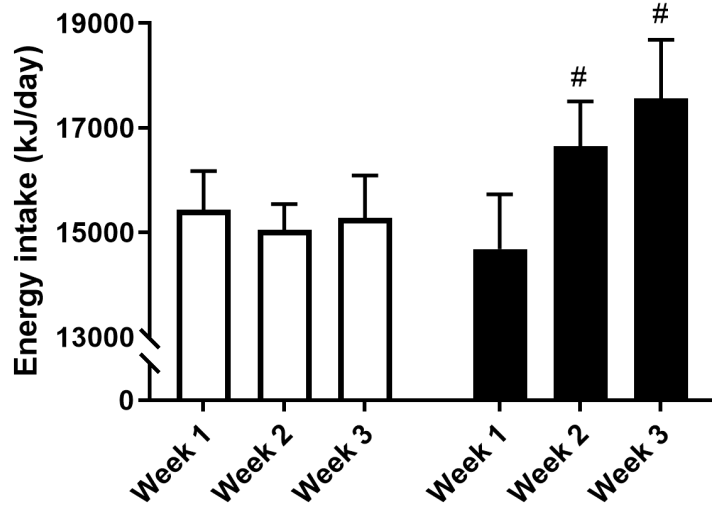
**+ 25g KE/PL doses**

**2-3 \* daily**

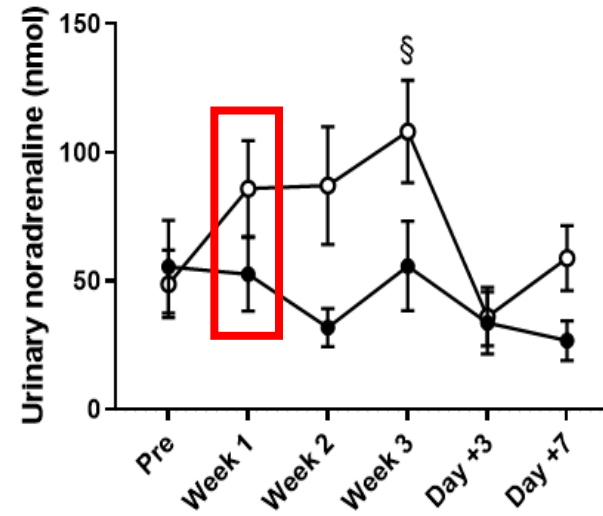
# KE stimulated spontaneous energy intake



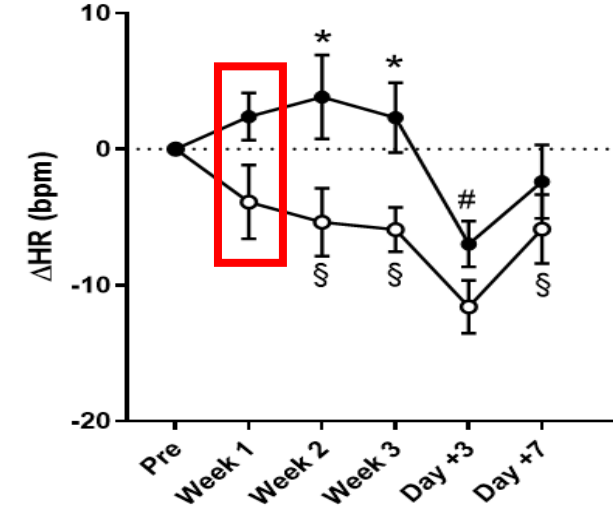
# KE suppressed heart rate drop



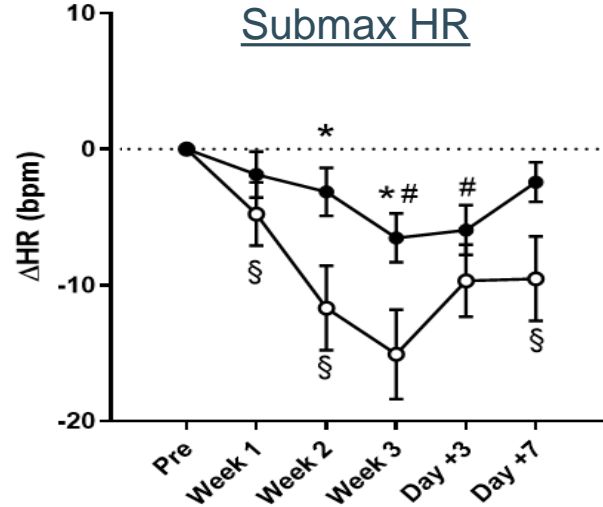
Nocturnal noradrenalin excretion



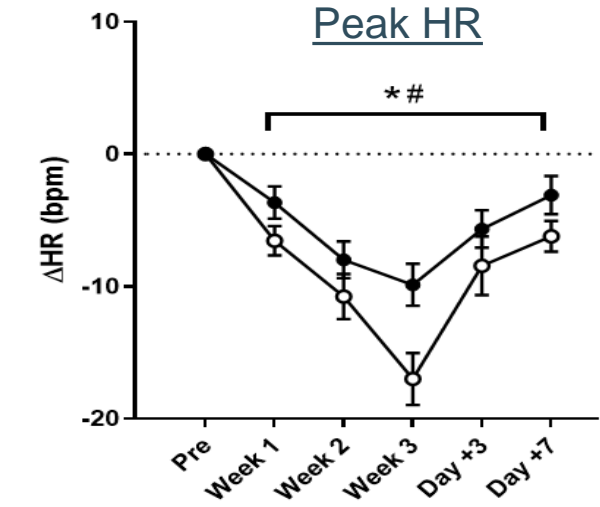
Resting HR



Submax HR

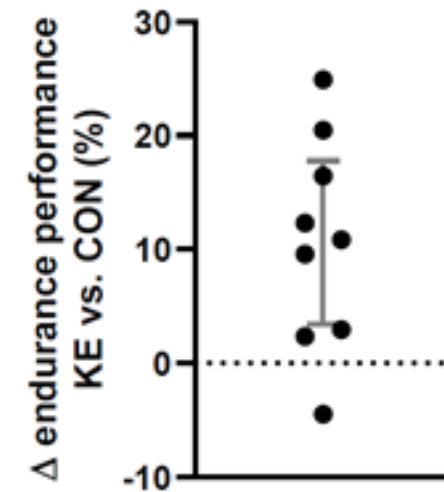
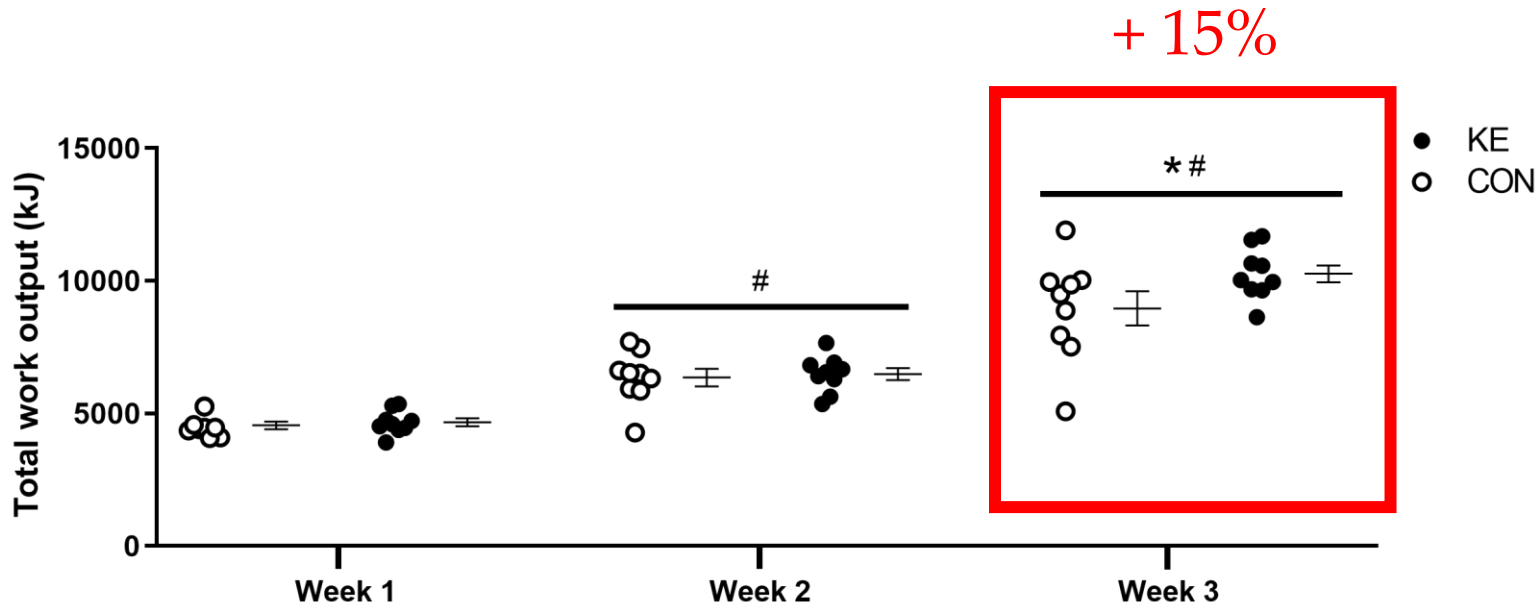


Peak HR



- KE
- CON

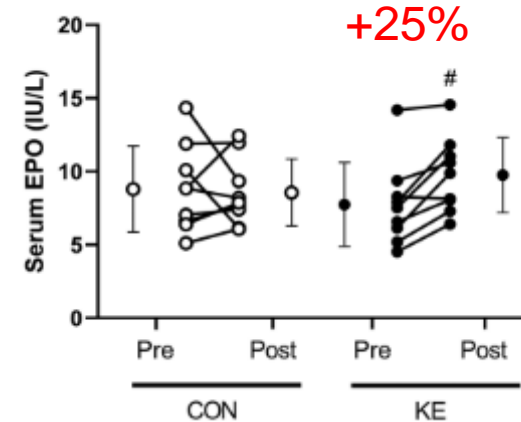
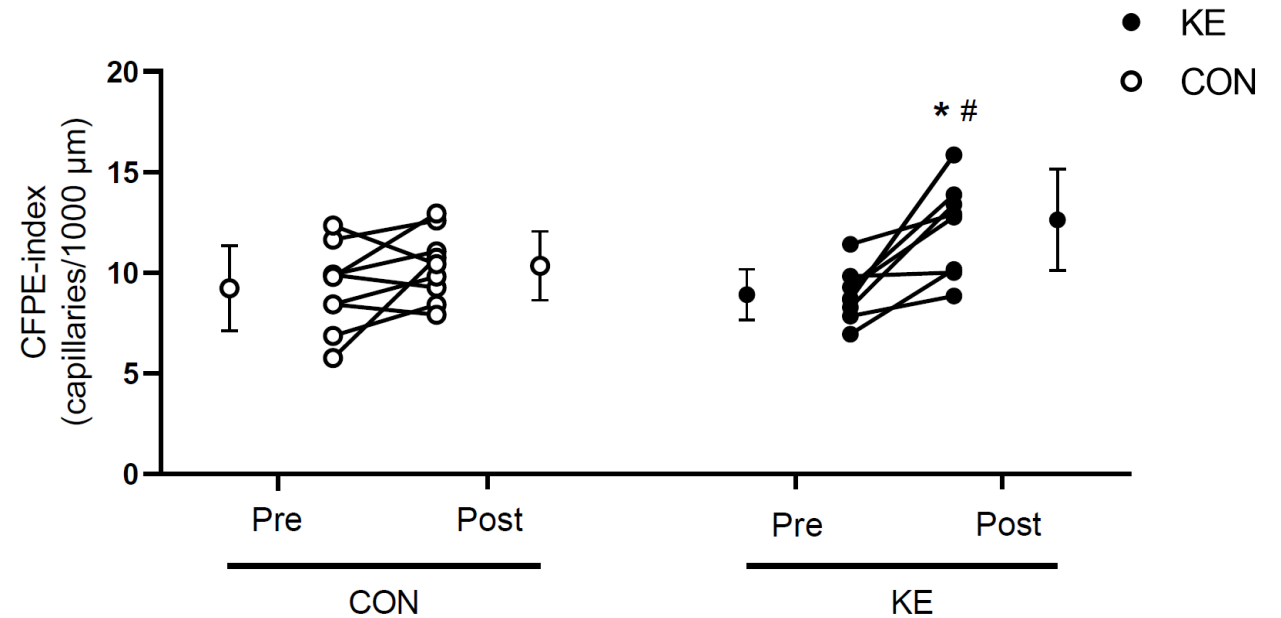
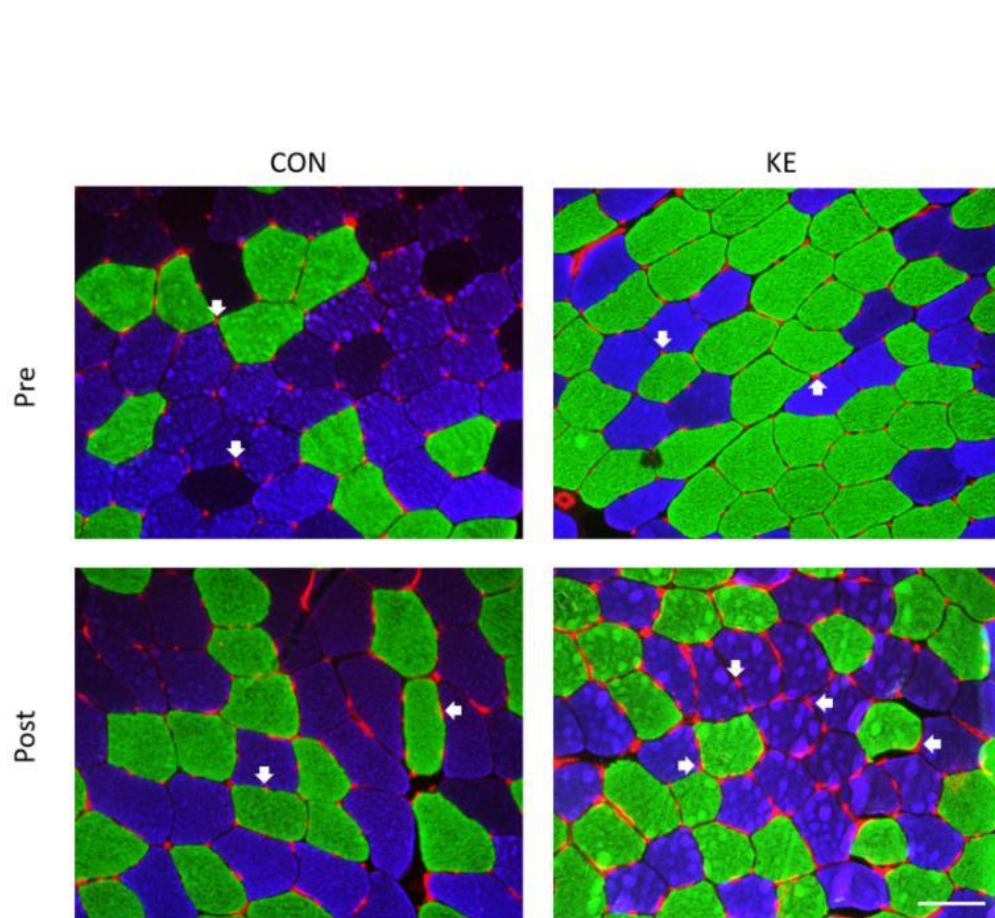
# KE increased sustained training workload



- Training workload
- 30 min TT
- 120 min training + 30 min TT



# KE increased skeletal muscle capillarization



- Muscle angiogenesis
- Muscle oxidative capacity
- Hematopoiesis

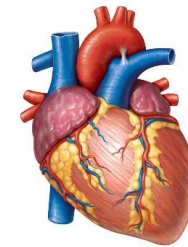
# Safety

8 weeks – 50-75g KE/day



Echocardiography at rest  
& during exercise

(Prof. Guido Claessen)



Stroke volume  
Cardiac output  
Left ventricular global longitudinal strain  
Arrhythmias

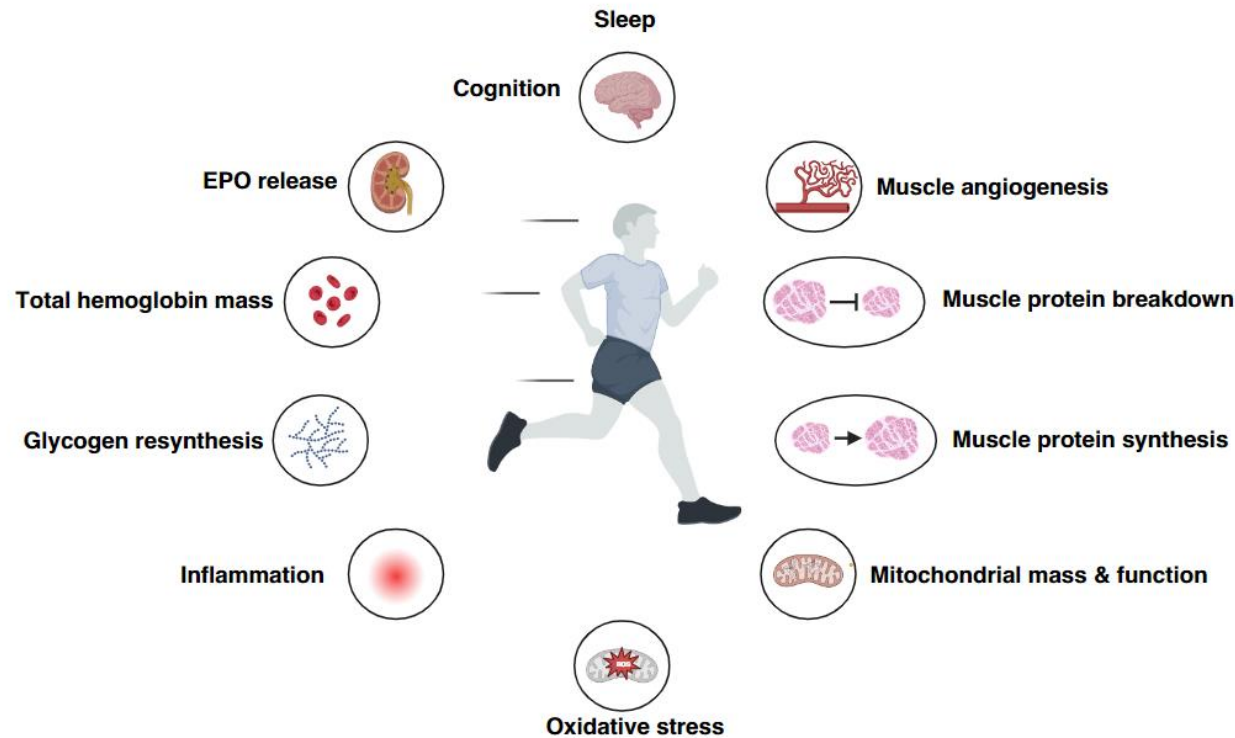
# Conclusion



~20-25g KE post-exercise & pre sleep

- Grand tours
- Training camps
- ↓ REM sleep
- (High-altitude)

mem  
2.4  
10:56  
Ket 27.5  
L  
GlucoMen 2820



## Exercise Physiology Research Group

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