

Review Article

Emerging Trends in Sports Cardiology: The Role of Micronutrients in Cardiovascular Health and Performance

Biswajit Sharma¹ and Kishore Mukhopadhyay^{2*}

¹Research Scholar, Shri Venkateshwara University, Gajraula, Distt. Amroha, U.P, India

²Associate Professor, Union Christian Training College, Berhampore, Murshidabad, W.B, India

Abstract

Micronutrients are critical components of an athlete's diet, affecting both performance and cardiovascular health. This review summarizes current studies on the importance of micronutrients in sports cardiology, focusing on their effects on energy metabolism, antioxidant defense, and cardiac function. Key findings emphasize the relevance of micronutrient sufficiency in improving athletic performance and avoiding long-term health issues linked to strenuous training programs. Micronutrients like B vitamins help energy generation pathways, while antioxidants like C and E reduce exercise-induced oxidative damage. Minerals like magnesium and iron are important for muscle function and oxygen delivery, which are required for endurance and recovery. Effective nutritional practices include balancing food intake and, if required, supplementing under medical supervision to address individual needs and enhance performance results. Future research paths will focus on individualized nutrition techniques based on genetic and metabolic profiles, allowing for more precise food recommendations for athletes. Collaboration between sports medicine and nutrition disciplines is critical for establishing evidence-based practices and improving cardiovascular health in athletes.

Introduction

Sports cardiology is a specialist field of medicine that focuses on athletes' cardiovascular health. It combines cardiology principles with the specific physiological demands of sports and exercise [1-3]. Sports medicine specialists caring for athletes, who are participating in regular physical activities in a systematic way, must understand the changes that are common to the athletic heart as well as screening and risk stratification practices of athletes with and without known cardiac diseases [4,5]. The cardiovascular system undergoes many physiological changes in response to specific demands of exercise on the heart and it is important to distinguish those physiological changes from pathology [6].

The purpose of the review research is to discuss the importance of micronutrients in sports performance with special emphasis on the heart health of athletes. Based on different research reports, this topic further highlights the effect of deficiencies of micronutrients on sports cardiology and athletic performance. It also focuses on the effects of micronutrients on energy metabolism, antioxidant defences, and heart function, summarizing recent research on the significance of these nutrients in sports cardiology.

More Information

*Address for correspondence:

Kishore Mukhopadhyay, Associate Professor, Union Christian Training College, Berhampore, Murshidabad, W.B, India,
Email: kishore.km2007@gmail.com

 <https://orcid.org/0000-0001-5384-837X>

Submitted: August 27, 2024

Approved: September 05, 2024

Published: September 06, 2024

How to cite this article: Sharma B, Mukhopadhyay K.

Emerging Trends in Sports Cardiology: The Role of Micronutrients in Cardiovascular Health and Performance. *J Sports Med Ther.* 2024; 9(3): 073-082. Available from:

<https://dx.doi.org/10.29328/journal.jsmt.1001086>

Copyright license: © 2024 Sharma B, et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Keywords: Micronutrients; Sports cardiology; Cardiovascular health



Background

Sports cardiology includes the evaluation, diagnosis, and treatment of cardiovascular diseases in athletes competing at different levels and in different sports [1,7]. According to M. G. Wilson, et al. [8], it targets athletes' long-term cardiovascular health during their careers and beyond, in addition to preventing cardiovascular incidents during activity. Advances in exercise physiology, diagnostic methods, and knowledge of the cardiovascular responses to training have led to a considerable evolution in the area [1].

Cardiovascular diseases can affect athletes in a number of ways, from acquired disorders, including arrhythmias and coronary artery disease to congenital heart problems [9]. The athlete's high level of physical activity may present particular issues since these factors might disguise symptoms or change the results of diagnostic tests. Experts in sports cardiology are educated to interpret diagnostic tests within the framework of athletic physiology, guaranteeing precise evaluation and suitable treatment [1,3].

Importance of cardiovascular health in athletic performance

Cardiovascular health is essential for athletic performance



in all sports and disciplines [10]. The heart and circulatory system are responsible for providing oxygenated blood to muscles, eliminating metabolic waste, and controlling body temperature during exercise [11]. Athletes with excellent cardiovascular function have stronger aerobic capabilities, greater endurance, and shorter recovery periods than individuals with poor cardiovascular health [2].

Optimizing cardiovascular health and general well-being can lead to enhanced performance, and athletes may benefit from increased strength, resilience, endurance, and recovery. Improved adherence to healthy lifestyle practices may lead to decreased risk of injury and improved musculoskeletal functions [12].

Current trends in sports cardiology

The connection between cardiovascular health and sports performance is a complex phenomenon [7]. Athletes have to undergo strenuous training sessions that force the cardiovascular system to adapt and enhance efficiency [3]. However, physiological stress raises the risk of cardiovascular problems, especially in athletes with underlying cardiac abnormalities or predispositions [9]. As a result, maintaining cardiovascular health through frequent monitoring and appropriate therapies is critical for long-term athletic performance and lowering the risk of adverse events [1,7].

Recent advances in sports cardiology have centered on individualized ways of assessing and managing cardiovascular risk in athletes [10]. Advanced imaging modalities (e.g., cardiac MRI) and genetic testing enable more accurate diagnosis of cardiac defects and risk factors. This individualized method allows sports cardiologists to adapt preventative tactics, training advice, and medical treatments based on individual athlete profiles [8].

Furthermore, there is increased attention to the impact of lifestyle variables like diet, sleep, and stress management on enhancing cardiovascular health in athletes [10]. According to the research report of Borjesson et.al. [2], comprehensive lifestyle interventions may accompany standard medical therapy and enhance overall cardiovascular outcomes in athletes.

Sports cardiology is critical to maintaining athletes' cardiovascular health and performance. Sports cardiologists can successfully treat and minimize cardiovascular risks while improving athletic performance by combining specialist cardiology knowledge with the particular physiological demands of sports [1,7]. It is imperative that contemporary sports cardiology prioritizes both the safety of routine exercise and the needs of the patient. Within this framework, the individualized exercise prescription is essential to the core curriculum and clinical practice of sports cardiology program experts. It is true that a customized exercise prescription calls for specialized clinical knowledge and should take into

account a patient's medical history, current medications, individual response to exercise, and an accurate assessment of their clinical status and illness stage [13]. The prescription of exercise is based on the so-called "FITT-VP" model (frequency, intensity, time, type, volume, and progression) which is used to provide guidelines to different individuals about the effectiveness and safety [14].

Continued research and collaboration across cardiology, sports medicine, and exercise physiology are critical to developing the profession and improving athlete outcomes globally.

Micronutrients and cardiovascular health

Micronutrients, which encompass vitamins, minerals, and antioxidants, are essential for preserving cardiovascular health and general well-being.

Essential micronutrients

Micronutrients are necessary nutrients that the body needs in tiny amounts for a variety of physiological processes, including heart health. They fall into three general categories: minerals, vitamins, and antioxidants.

- A. Vitamins:** These chemical molecules play an important role in antioxidant defence and are essential for metabolic activities [15]. Vitamins C, E, and the B-complex (B1, B2, B6, B12, etc.) are a few examples.
- B. Minerals:** Inorganic elements are necessary for enzyme processes, neural transmission, and muscular function. Calcium, magnesium, potassium, and zinc are key minerals for cardiovascular health [16].
- C. Antioxidants:** These chemicals protect cells from free radical-induced oxidative damage, which can lead to cardiovascular disease [17]. Vitamins C and E, as well as beta-carotene and selenium, are all common antioxidants.

Cardiovascular health

Micronutrients contribute to cardiovascular health through several mechanisms:

- **Antioxidant defence:** Vitamins C and E, as well as minerals such as selenium, aid in neutralizing free radicals and minimizing oxidative stress, which has been linked to the development of atherosclerosis and other cardiovascular illnesses [17].
- **Blood pressure regulation:** Minerals such as potassium, magnesium, and calcium help to maintain electrolyte balance and the appropriate function of vascular smooth muscle cells, which influences blood pressure control [16].
- **Heart rhythm stability:** Electrolytes such as potassium



and magnesium are essential for good cardiac conduction and rhythm, which prevents arrhythmias [16].

- **Vascular health:** Vitamin C promotes collagen production, which is critical for preserving vascular integrity and flexibility, which is required for proper blood vessel function [18].

Micronutrient deficiency and cardiovascular diseases

Several studies have emphasized the influence of micronutrient deficits on cardiovascular health.

- **Vitamin D and cardiovascular risk:** An elevated risk of heart failure, coronary artery disease, and hypertension has been related to low levels of vitamin D [19].
- **Magnesium deficiency and arrhythmias:** A higher risk of arrhythmias and sudden cardiac death has been associated with inadequate magnesium consumption [16].
- **Antioxidants and atherosclerosis:** Atherosclerosis is a major risk factor for heart attacks and strokes, and its development and progression have been linked to oxidative stress caused by insufficient consumption of antioxidants (such as vitamins C and E) [17].
- **B Vitamins and homocysteine levels:** A higher risk of cardiovascular events, such as stroke and coronary artery disease, is caused by elevated homocysteine levels brought on by deficiencies in vitamins B6, B12, and folate [20].

Micronutrients are essential for cardiovascular health because they assist in antioxidant defence, blood pressure management, heart rhythm stability, and vascular health. Vitamin, mineral, and antioxidant deficiencies can all play a role in the development and progression of cardiovascular disease. Thus, providing appropriate micronutrient intake through a well-balanced diet or supplementation may provide major advantages in the prevention and treatment of cardiovascular disease.

Impact of micronutrients on athletic performance

Micronutrients serve critical roles in energy metabolism, antioxidant defence, and general physiological function, all of which are required for peak athletic performance.

Specific micronutrients and energy metabolism

Energy metabolism in athletes is strongly reliant on micronutrients, notably B vitamins, which are involved in a variety of metabolic pathways:

- A. **Vitamin B:** B vitamins (B1, B2, B3, B5, B6, B7, B9, and B12) are key coenzymes in energy metabolism,

particularly in the generation of ATP (adenosine triphosphate), the fundamental energy currency of cells [21]. They are essential for converting carbs, lipids, and proteins into energy for muscles to use during exercise [22].

- B. **Iron:** Iron is essential for oxygen delivery and use in muscle cells, which promotes aerobic energy generation during endurance activities [23]. Iron deficiency can impede exercise performance by decreasing oxygen transport to the muscles, resulting in tiredness and diminished endurance capacity.

- C. **Magnesium:** Magnesium is important in both ATP generation and muscular contraction. It promotes muscular function and energy metabolism, making it necessary for both strength and endurance athletes [24].

Role of antioxidants in reducing oxidative stress

Exercise produces reactive oxygen species (ROS) as a natural consequence, resulting in oxidative stress. Antioxidants serve an important function in neutralizing ROS and reducing oxidative damage to cells and tissues.

- **Vitamin C and E:** These vitamins are powerful antioxidants that scavenge free radicals generated during exercise and minimize oxidative stress [25]. Vitamin C also improves iron absorption, which is essential for proper oxygen delivery during exercise [26].
- **Selenium:** Selenium is a trace mineral that contributes to antioxidant enzymes such as glutathione peroxidase, which protect cells from oxidative damage [27].
- **Polyphenols:** Polyphenols, which are found in plant-based foods and drinks such as fruits, vegetables, and tea, have antioxidant qualities that can help reduce exercise-induced oxidative stress [28].

Tables 1 and 2 represent the role of vitamins and minerals in the human body with recommended dietary allowances.

Effect of micronutrient deficiencies on exercise capacity and recovery

To function properly, the body needs carbohydrates, proteins, fats (especially polyunsaturated omega-3 fatty acids), vitamins, and minerals. Long-duration relatively high-intensity exercise that occurs regularly may lead to increased excretion of micronutrients from the body. Athletic performance may require additional hydration and energy before and during physical activity, as well as adequate intake of nutrients needed to support recovery. Many micronutrients play a vital important role in energy cycling. During intense physical exercise, energy loss in skeletal muscle can be up to 100 times higher than the residual value [50]. Although

**Table 1:** Recommend Dietary Intake and functions of Vitamin.

Vitamin	RDI	Functions	Deficiencies
Vitamin A	900 µg (males) 700 µg (female) [29]	free radicals' damage produced during exercise and lowering fatigue. [35]	Decrease the elimination of ROS and foster muscle damage during prolonged exercise.
Vitamin D	1500-2200 IU [30]	It decreases inflammation and pain and increases muscle recovery [36].	Elevated musculoskeletal damage, low concentrations of vitamin D with an increased risk of cardiovascular disease, particularly heart attack [37-41]
Vitamin E	15 µg [31]	Reduction of vascular oxidant stress and maintain normal blood vessel tone. It increases cardiovascular function and normal blood flow [31].	Decreased post-exercise recovery, blood flow, and immunity [42].
Vitamin K	120 µg (males) 90 µg (female) [29]	Decreased the hardening of the blood vessels	Increase the risk of fracture and increase the hardening of blood vessels.
Thiamin (B1)	1.2 mg (male) 1.1 mg (female) [34]	Increase the activities of neurotransmitters.	Increase oxidative stress.
Riboflavin (B2)	1.3 mg (male) 1.1 mg (female) [32]	Transportation of oxygen and RBC production.	Riboflavin deficiency can lead to an increase in the chance of anemia and complications in the circulatory system.
Niacin (B3)	16 mg for males 14 mg for females [33]	Reduces exercise capacity and increasing homocysteine levels [32]	May increase exercise Capacity [29].
Pyridoxine (B6)	1.3 mg [29]	Increase strength, and aerobic capacity in the lactic acid and oxygen systems.	No effect
Folic acid (B9)	400 µg [34]	Aid in circulatory function and RBC formation.	Impairing red blood cells
Cyanocobalamin (B12)	2.4 µg [34]	Energy metabolism, nervous system function, and reduce the risk of cardiovascular disease, in particular, stroke.	-----
Vitamin C	90 mg (male) 75 mg (female) [31]	Antioxidant properties, cell membrane integrity, and immune function	Vitamin C aids in blood pressure regulation and may protect against high blood pressure and strokes [43]

Table 2: Recommend Dietary Intake and Functions of Minerals

Minerals	RDA	Functions	Deficiencies
Calcium (Ca)	1500 mg [44,45]	Maintains blood vessel contraction and relaxation and cardiac rhythm and helps to regulate blood clotting.	Abnormal cardiac rhythm facilitates muscle spasms.
Potassium (K)	3500 mg for males [46] 2500 mg for females	Depletion of lactic acid in the stored muscle and aid in the breakdown of carbohydrates for energy. Maintain blood pressure and heartbeat.	Muscle fatigue and abnormal heart rhythm, high blood pressure, and stroke.
Iron (Fe)	8 mg for males [47] 18 mg for females	It helps in the production of haemoglobin and myoglobin. Aid in oxygen transport and storage, mitochondrial function, and enzyme activity	Reduced systolic function and cardiac performance. Reduced Ejection Fraction and heart failure.
Magnesium (Mg)	400 mg for males 310 mg for females [48]	Modulating vascular tone, improving lipid profile, and reducing atrial stiffness.	May increase the risk of hypertension, atherosclerosis, diabetes mellitus, osteoporosis, and cancer occurrence [49]
Zinc (Zn)	8 mg for males 11 mg for females [44]	Zinc can affect cardiac contractility; it helps to prevent cardiovascular disease (CVD).	Zinc deficiency is associated with poorer heart contractility and relaxation and thickening of the ventricular wall.

adequate vitamin and mineral status is essential for normal health, marginal deficiencies may not occur until the metabolic rate is high. Current research suggests that adequate dietary supplementation with nutrients such as amino acids, carbohydrates, vitamins, and minerals can enhance athletic performance, facilitate recovery from physical fatigue after exercise, and eliminate immune deficiency [51].

Micronutrient deficits can decrease exercise performance and prolong recovery because they have roles in energy metabolism, antioxidant defence, and muscle function (Table 2).

- **B vitamin deficiencies:** Inadequate B vitamin consumption can impair ATP synthesis, resulting in low energy levels and poor exercise performance [22].
- **Iron deficiency:** Iron deficiency is common among athletes and lowers oxygen-carrying capacity, resulting in tiredness, diminished endurance, and poor recovery [23].
- **Antioxidant deficiencies:** Inadequate antioxidant

intake can enhance oxidative stress, decrease muscle regeneration, and increase recovery time after vigorous exercise [25].

Micronutrients such as B vitamins, iron, and antioxidants are essential for athletes' energy metabolism, oxidative stress reduction, and exercise performance optimization. Deficiencies in certain micronutrients can impair sports performance, recuperation, and general health. As a result, obtaining appropriate intake through a balanced diet or supplementation suited to individual needs is critical for optimizing athletic performance and sustaining long-term health.

Anything too much is too bad, over-micronutrient consumption or storage in the body creates toxicity in the body. Table 3 shows the adverse effects of over-micronutrients.

Trends of micronutrient research in sports cardiology

Recent studies have explored the effects of micronutrient supplementation on various aspects of athletic performance (Table 4):

**Table 3:** Adverse Effect of excess consumption of micronutrients

Micronutrients	Effect of Excess Consumption
Iron	The consumption of an excessive amount of iron can result in iron overload, hence posing significant health hazards [52]. It can lead to arrhythmia (irregular heartbeat) and Heart failure. [53]
Zinc	Excessive consumption of zinc can increase the risk of hypertension and decreased renal function [54,55].
Magnesium	Low blood pressure, a loss of central nervous system (CNS) control, cardiac arrest, and possibly death [56,57].
Calcium	Increase cardiac arrhythmias, decrease blood flow, and increase the risk of stroke, hypertension, or heart attack [58].
Potassium	Hyperkalemia may lead to diabetes, heart failure, and kidney disease [59].
Iron	Excessive iron stores can cause heart, liver, and endocrine gland damage.
Vitamin D	Excessive vitamin D can lead to a condition called hypercalcemia which can lead to coronary artery disease (CAD), high blood pressure, and abnormal heart rhythms [60].
Vitamin E	Consuming too much vitamin E can cause bleeding and interfere with blood clotting, which can be fatal [61].
Niacin (B3)	Too much niacin may cause skin flushes. Long-term excessive use may lead to liver damage [62].
Vitamin C	Excessive vitamin C may increase the risk of diabetes and heart disease [63].

Table 4: Micronutrients and Sports Performance

Micronutrients	Sports Performance
Vitamin B	Because of the roles that thiamine, riboflavin, and vitamin B-6 play in producing energy during exercise, it is generally assumed that individuals with poor status have a reduced ability to perform physical activity. Several studies have examined the effect of vitamin deficiency on work performance [69-73].
Antioxidants such as vitamin C, Vitamin E, and beta-carotene	Vitamin C and E can help prevent oxidative damage to plasma caused by soccer [74]. vitamin C, vitamin E, and beta-carotene can protect cells from exercise-induced oxidative damage and reduce muscle soreness after exercise [75,76].
Vitamin D	Vitamin D levels are positively associated with muscle strength and physical performance, [77].
Calcium	Low calcium intake is associated with lower bone density and increased risk of stress fractures. Optimal calcium intake for bone health is especially important for weight-bearing athletes [78].
Magnesium	Weight-conscious athletes, such as wrestlers, dancers, boxers, and gymnasts, have been shown to have inadequate magnesium intake. This mineral is particularly important because it is involved in many metabolic processes, and deficiency can lead to muscle cramps and decreased muscle performance [79].
Iron	Endurance athletes with normal hemoglobin levels who want to increase red blood cell and hemoglobin levels are thought to potentially benefit from iron supplementation
Zinc	Low zinc levels may impair heart and lung function, as well as muscle strength and endurance [80].
Chromium	Chromium may support insulin action at the cellular level, stimulating muscle glucose uptake [81].

A. Vitamin D supplementation: Studies indicate that taking vitamin D supplements may enhance immune system performance, increase muscular strength, and lower the incidence of stress fractures in athletes [64].

B. Omega-3 fatty acids: It has been demonstrated that omega-3 supplements may help athletes recover from rigorous exercise by lowering inflammation, enhancing cardiovascular health, and promoting healing [65].

C. Antioxidant supplementation: Research on antioxidants such as vitamin C, vitamin E, and polyphenols have shown conflicting outcomes in terms of their capacity to lower oxidative stress and improve post-exercise recovery [66].

D. Genetic testing and individualized nutrition: According to an athlete's genetic profile and metabolic predispositions, customized nutrition advice based on genetic testing advances optimize nutrient intake for improved cardiovascular health and performance [67].

E. Micronutrient assessment tools: A more precise evaluation of athletes' micronutrient status is made possible by the development of novel biomarkers and diagnostic instruments, which allows for more focused therapies to address deficiencies and enhance performance [68].

F. Nutrigenomics: The study of how nutrients interact with genes to influence athletic performance and cardiovascular outcomes is an emerging field within sports cardiology, offering insights into personalized nutrition strategies [67].

Case studies of micronutrients and cardiovascular health

Several case studies have illustrated the potential benefits of micronutrient interventions in improving cardiovascular health and athletic performance:

A. Magnesium and heart health: Supplementing with magnesium enhanced cardiac function and exercise capacity in research including endurance athletes, indicating a potential role in avoiding cardiac arrhythmias and improving endurance [24].

B. Vitamin B and exercise performance: B vitamin supplementation has been demonstrated in studies to improve energy metabolism, lessen tiredness, and increase endurance in athletes with inadequate micronutrient status [81].

C. Antioxidants and recovery: Research has shown that athletes who supplement with antioxidants after intense exercise experience faster recovery times and less pain in their muscles, which may have positive effects on their overall performance [25].



The latest studies demonstrate how important micronutrients are for maximizing athletic performance and preserving cardiovascular health in athletes. Micronutrient supplements have been shown in studies to have the ability to improve muscular function, lower oxidative stress, and aid in overall recovery. Sports cardiology is seeing a rise in individualized nutrition strategies based on genetic and biomarker evaluations, which is expanding our knowledge of the role micronutrients play in cardiovascular health and athletic performance.

Nutritional strategies and recommendations for athletes

Micronutrients are an important component of nutrition, which is necessary to promote general health and maximize athletic performance. This section includes suggestions for incorporating foods high in micronutrients into training regimens, stresses the value of balanced diets and supplementation under medical supervision, and gives athletes advice on micronutrient consumption.

Guidelines for athletes regarding micronutrient intake

Athletes require adequate intake of micronutrients to support energy metabolism, muscle function, and recovery. Here are some guidelines:

- A. Vitamin B:** Eat foods such as whole grains, lean meats, dairy products, and leafy green vegetables to ensure that you are getting enough B vitamins (such as B1, B2, B6, and B12). B vitamins are necessary for the production of energy and the health of neurons [82].
- B. Vitamin D:** Maintaining ideal vitamin D levels is important for athletes' immune systems, bone health, and muscle power. Sources include sunshine exposure, fatty fish (salmon, mackerel, etc.), and fortified dairy products [64].
- C. Iron:** Iron is necessary for muscles to use and transport oxygen. Incorporate foods high in iron, such as beans, poultry, lean meats, and dark green vegetables, into your diet. Based on blood tests and medical guidance, iron supplementation should be implemented [23].
- D. Antioxidants:** To receive antioxidants such as polyphenols and vitamins C and E, eat a range of fruits, vegetables, nuts, and seeds. These aid in recovery and counteract oxidative damage brought on by exercise [83].

Importance of balanced diets and supplementation under medical supervision

While a balanced diet should provide the most essential nutrients, supplementation may be necessary under certain circumstances:

- **Individual needs:** Athletes with limited diets (for

example, vegetarians/vegans) or with certain medical concerns may benefit from tailored supplementation to address any deficiencies [78].

- **Medical supervision:** Consultation with a sports nutritionist or healthcare professional is essential for tailoring supplements to individual needs, monitoring nutritional levels, and ensuring safety and efficacy [84].
- **Quality and safety:** Choose supplements that have been thoroughly evaluated for purity and quality by reliable third-party agencies. Excessive amounts of some minerals are not recommended since they can be detrimental [78].

Practical considerations for integrating micronutrient-rich foods into training regimens

Athletes can incorporate micronutrient-rich foods into their training diets in practical ways:

- A. Pre-exercise meals:** Include carbohydrate-rich meals (e.g., whole grains, fruits) for energy, as well as sources of B vitamins (e.g., lean meats, dairy) and antioxidants (e.g., berries) to boost performance and lower oxidative stress. [85]
- B. Post-exercise recovery:** Eat a variety of protein (e.g., lean meats, dairy, legumes) and carbs (e.g., whole grains, fruits) to restore glycogen reserves and aid in muscle repair. Include antioxidant-rich foods such as citrus fruits and almonds.
- C. Hydration:** Adequate hydration promotes nutrition delivery and cell function. Consider electrolyte-fortified drinks such as potassium and magnesium before and after exercise to maintain fluid balance and muscular function [22].

Optimizing micronutrient consumption through a balanced diet and, if necessary, supplementation under medical supervision is critical for athletes looking to improve performance and preserve long-term health. Athletes may optimize their athletic potential by concentrating on nutrient-dense diets and individualized dietary methods that promote energy metabolism, muscular function, and recuperation.

Challenges and future directions in micronutrient optimization for athletes

Micronutrient optimization is critical for athletes seeking peak performance and general health. However, various problems impede appropriate intake, and there are significant research gaps and future initiatives that might transform individualized nutrition treatments for athletes.

Barriers to optimal micronutrient intake in athletes

- A. Dietary patterns:** A lot of athletes, particularly those with high energy requirements, may prioritize



consuming foods heavy in macronutrients (carbs, proteins, and fats) while ignoring foods abundant in micronutrients [86].

- B. Food availability and access:** It might be difficult for athletes to get a variety of nutrient-dense meals when they are training in distant areas or traveling often, which can affect their capacity to satisfy micronutrient requirements [87].
- C. Personal choices and restrictions:** Allergies or personal dietary choices (veganism, vegetarianism, etc.) might restrict the range of foods that can be eaten, which may result in micronutrient shortages [88].
- D. Supplement misconceptions:** Without expert advice, athletes may rely too much on supplements, which might result in inappropriate or needless use and potentially dangerous dosages [89].

Research gaps and areas for future studies

- I. Long-term effects of supplementation:** To fully comprehend the long-term impacts of micronutrient supplementation on recovery, athletic performance, and long-term health outcomes, further longitudinal research is required [83].
- II. Individualized nutritional strategies:** According to German, et al. [90], research should concentrate on creating customized nutrition plans based on genetic profiles, metabolic reactions to exercise, and particular sports needs.
- III. Impact of micronutrients on injury prevention:** Researching how micronutrients, such as bone density and ligament/tendon strength, affect musculoskeletal health and injury prevention may shed light on how to maximize performance longevity [64].
- IV. Nutrient timing and periodization:** Researching how micronutrient consumption is timed and grouped in relation to training cycles (such as before, during, and during rest days) may improve knowledge of how these factors affect performance and recuperation.

Potential innovations in personalized nutrition approaches for athletes

- I. Genetic testing and nutrigenomics:** According to Mullins, et al. [91], improvements in genetic testing have made it possible to create individualized nutrition programs based on an athlete's genetic propensities for nutrient absorption and utilization.
- II. Microbiota analysis:** Studies on the contribution of the gut microbiota to the immune system and nutrient absorption may result in tailored dietary guidelines meant to enhance gut health and general functioning [92].

III. Technology integration: Real-time modifications to individualized nutrition regimens might be made easier by using wearable technology and smartphone applications to monitor nutritional intake, metabolic reactions, and performance measures [88].

V. Education and counseling: Educating athletes, coaches, and medical professionals on the value of evidence-based supplements and balanced diets will help them make more educated decisions [93].

Progressing sports performance and health outcomes requires removing obstacles to the ideal micronutrient intake, closing research gaps, and adopting cutting-edge customized nutrition strategies. Through overcoming obstacles, advancing scientific understanding, and utilizing technological innovations, customized nutrition can enable athletes to reach their maximum potential while preserving their long-term health.

Conclusion

Micronutrients have a critical role in both cardiovascular health and athletic performance. They are essential for long-term health outcomes, antioxidant defence, energy metabolism, and cardiovascular health. B vitamins enhance appropriate performance during exercise by being crucial for pathways involved in the synthesis of energy. Polyphenols and vitamins C and E function as antioxidants that lessen the oxidative stress brought on by exercise, lowering inflammation and promoting healing. Sufficient consumption of micronutrients not only improves sports performance right away but also lowers the risk of chronic illnesses linked to inflammation and oxidative stress in the cardiovascular system over the long run. It is imperative that sports medicine and nutritionists continue their research and work together for a number of reasons. Working together promotes sustainable practices by educating athletes, coaches, and medical professionals on the vital role nutrition plays in both short- and long-term health and sports performance.

Acknowledgement

We declare the use of AI-assisted technology for tracking the paraphrasing if any. To remove the duplicate parts, Plagiarism Remover - AI-Based Plagiarism Fixer Online, (<https://www.plagiarismremover.net/>) was used.

After the application of an AI-assisted tool of paraphrasing remover, those parts have been edited and reviewed. We are taking responsibility for the publication's content.

References

1. Baggish AL, Battle RW, Beckerman JG, Bove AA, Lampert RJ, Levine BD, et al. Sports Cardiology. *J Am Coll Cardiol*. 2017;70(15):1902-1918. Available from: <https://doi.org/10.1016/j.jacc.2017.08.055>
2. Borjesson M, Urhausen A, Kouidi E, Dugmore D, Sharma S, Halle M, et al. Cardiovascular evaluation of middle-aged/ senior individuals engaged

- in leisure-time sport activities: position stand from the sections of exercise physiology and sports cardiology of the European Association of Cardiovascular Prevention and Rehabilitation. *Eur J Cardiovasc Prev Rehabil.* 2011;18(3):446-58. Available from: <https://doi.org/10.1097/hjr.0b013e32833bo969>
3. Harmon KG, Zigman M, Drezner JA. The effectiveness of screening history, physical exam, and ECG to detect potentially lethal cardiac disorders in athletes: A systematic review/meta-analysis. *J Electrocardiol.* 2015;48(3):329-338. Available from: <https://doi.org/10.1016/j.jelectrocard.2015.02.001>
 4. Rakhit D, Marwick TH, Prior DL, La Gerche A. Sports cardiology – a bona fide sub-specialty. *Heart Lung Circ.* 2018;27:1034-1036. Available from: <https://lirias.kuleuven.be/2036282?limo=0>
 5. Battle RW. Sports cardiology: a discipline emerged. *Clin Sports Med.* 2015;34 Available from: <https://doi.org/10.1016/j.csm.2015.04.002>
 6. Dineen EH, Peritz DC. What is Sports Cardiology? American College of Cardiology. Available at: Available from: <https://www.acc.org/Latest-in-Cardiology/Articles/2019/03/20/12/33/What-is-Sports-Cardiology>. Accessed 2019 May 23.
 7. Sharma S, Drezner JA, Baggish A, Papadakis M, Wilson MG, Prutkin JM, et al. International recommendations for electrocardiographic interpretation in athletes. *Eur Heart J.* 2017;39(16):1466-1480. Available from: <https://doi.org/10.1093/eurheartj/ehw631>
 8. Wilson MG, Basavarajaiah S, Whyte GP, Cox S, Loosemore M, Sharma S. Efficacy of personal symptom and family history questionnaires when screening for inherited cardiac pathologies: the role of electrocardiography. *Br J Sports Med.* 2007;42(3):207-211. Available from: <https://doi.org/10.1136/bjism.2007.039420>
 9. Zorzi A, Perazzolo Marra M, Rigato I, De Lazzari M, Susana A, Niero A, et al. Nonischemic left ventricular scar as a substrate of life-threatening ventricular arrhythmias and sudden cardiac death in competitive athletes. *Circ Arrhythm Electrophysiol.* 2016;9(7). Available from: <https://doi.org/10.1161/circep.116.004229>
 10. Pelliccia A, Sharma S, Gati S, Bäck M, Börjesson M, Caselli S, et al. ESC Scientific Document Group. 2020 ESC Guidelines on sports cardiology and exercise in patients with cardiovascular disease. *Eur Heart J.* 2021 Jan 1;42(1):17-96. Available from: <https://doi.org/10.1093/eurheartj/ehaa605>
 11. Powers SK, Howley ET. Exercise physiology: Theory and Application to Fitness and Performance. 10th ed. New York: McGraw-Hill Education; 2018. Available from: <https://accessphysiotherapy.mhmedical.com/content.aspx?bookid=2460§ionid=193998798>
 12. Garba DL, Jacobsen AP, Blumenthal RS, Martinez MW, Ndumele CE, Coslick AM, et al. Assessing athletes beyond routine screening: Incorporating essential factors to optimize cardiovascular health and performance. *Am Heart J Plus: Cardiol Res Pract.* 2024;44:100413. Available from: <https://doi.org/10.1016/j.ahjo.2024.100413>
 13. Cavigli L, Olivetto I, Fattirolli F, Mochi N, Favilli S, Mondillo S, et al. Prescribing, dosing and titrating exercise in patients with hypertrophic cardiomyopathy for prevention of comorbidities: Ready for prime time. *Eur J Prev Cardiol.* 2021 Aug 23;28(10):1093-1099. Available from: <https://doi.org/10.1177/2047487320928654>
 14. D'Ascenzi F, Ragazzoni GL, Boncompagni A, Cavigli L. Sports cardiology: A glorious past, a well-defined present, a bright future. *Clin Cardiol.* 2023 Sep;46(9):1015-1020. Available from: <https://doi.org/10.1002/clc.24112>
 15. Ames BN. Micronutrient deficiencies: a major cause of DNA damage. *Ann NY Acad Sci.* 1999;889(1):87-106. Available from: <https://doi.org/10.1111/j.1749-6632.1999.tb08727.x>
 16. Rosanoff A, Weaver CM, Rude RK. Suboptimal magnesium status in the United States: are the health consequences underestimated? *Nutr Rev.* 2012;70(3):153-164. Available from: <https://doi.org/10.1111/j.1753-4887.2011.00465.x>
 17. Lobo V, Patil A, Phatak A, Chandra N. Free radicals, antioxidants and functional foods: Impact on human health. *Pharmacogn Rev.* 2010;4(8):118. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3249911/>
 18. Ashor AW, Lara J, Mathers JC, Siervo M. Effect of vitamin C on endothelial function in health and disease: A systematic review and meta-analysis of randomised controlled trials. *Atherosclerosis.* 2014;235(1):9-20. Available from: <https://doi.org/10.1016/j.atherosclerosis.2014.04.004>
 19. Kunadian V, Ford GA, Bawamia B, Qiu W, Manson JE. Vitamin D deficiency and coronary artery disease: A review of the evidence. *Am Heart J.* 2014;167(3):283-291. Available from: <https://doi.org/10.1016/j.ahj.2013.11.012>
 20. Wierzbicki AS. Homocysteine and cardiovascular disease: a review of the evidence. *Diabetes Vasc Dis Res.* 2007;4(2):143-149. Available from: <https://doi.org/10.3132/dvdr.2007.033>
 21. Williams M. Dietary supplements and sports performance: amino acids. *J Int Soc Sports Nutr.* 2022;2(2). doi: 10.1186/1550-2783-2-2-63. Available from: <https://jissn.biomedcentral.com/articles/10.1186/1550-2783-2-2-63>
 22. Convertino VA, Armstrong LE, Coyle EF, Mack GW, Sawka MN, Senay LC, Sherman WM. Exercise and fluid replacement. *Med Sci Sports Exerc.* 1996;28(1). Available from: <https://doi.org/10.1097/00005768-199610000-00045>
 23. Beard J, Tobin B. Iron status and exercise. *Am J Clin Nutr.* 2000;72(2):594S-597S. Available from: <https://doi.org/10.1093/ajcn/72.2.594s>
 24. Nielsen FH, Lukaski HC. Update on the relationship between magnesium and exercise. *PubMed.* 2006;19(3):180-189. Available from: <https://pubmed.ncbi.nlm.nih.gov/17172008>.
 25. Braakhuis AJ. Effect of vitamin C supplements on physical performance. *Curr Sports Med Rep.* 2012;11(4):180-184. Available from: <https://doi.org/10.1249/jsr.0b013e31825e19cd>
 26. McAnulty SR, Nieman DC, McAnulty LS, Lynch WS, Jin F, Henson DA. Effect of mixed flavonoids, n-3 fatty acids, and vitamin C on oxidative stress and antioxidant capacity before and after intense cycling. *Int J Sport Nutr Exerc Metab.* 2011;21(4):328-337. Available from: <https://doi.org/10.1123/ijsnem.21.4.328>
 27. Rayman MP. Selenium and human health. *Lancet.* 2012;379(9822):1256-1268. Available from: [https://doi.org/10.1016/s0140-6736\(11\)61452-9](https://doi.org/10.1016/s0140-6736(11)61452-9)
 28. Cao G, Zuo J, Wu B, Wu Y. Polyphenol supplementation boosts aerobic endurance in athletes: systematic review. *Front Physiol.* 2024;15. Available from: <https://doi.org/10.3389/fphys.2024.1369174>
 29. Al-Qurashi TM, Aljaloud KS, Aldayel A, Alsharif YR, Alaql AI, Alshuwaier GO. Effect of rehydration with mineral water on cardiorespiratory fitness following exercise-induced dehydration in athletes. *J Men's Health.* 2022;18:206. Available from: <https://oss.jomh.org/files/article/20221109-208/pdf/jomh1810206.pdf>
 30. Marley A, Grant MC, Babraj J. Weekly vitamin D3 supplementation improves aerobic performance in combat sport athletes. *Eur J Sport Sci.* 2020;21:379-387. Available from: <https://onlinelibrary.wiley.com/doi/10.1080/17461391.2020.1744736>
 31. Ksiażek A, Zagrodna A, Słowińska-Lisowska M, Lombardi G. Relationship between metabolites of vitamin D, free 25-(OH)D, and physical performance in indoor and outdoor athletes. *Front Physiol.* 2022;13:1211. Available from: Available from: <https://doi.org/10.3389/fphys.2022.909086>
 32. Jordan SL, Albracht-Schulte K, Robert-McComb JJ. Micronutrient deficiency in athletes and inefficiency of supplementation: Is low energy availability a culprit? *PharmaNutrition.* 2020;14:100229. Available from: <https://doi.org/10.1016/j.phanu.2020.100229>
 33. Mesquita EDL, Exupério IN, Agostinete RR, Luiz-de-Marco R, da Silva JCM, Maillane-Vanegas S, et al. The Combined Relationship of Vitamin

- D and Weight-Bearing Sports Participation on Areal Bone Density and Geometry Among Adolescents: ABCD - Growth Study. *J Clin Densitom.* 2022;25(4):674-681. Available from: <https://doi.org/10.1016/j.jocd.2022.09.001>
34. Brzezianski M, Pastuszek-Lewandoska D, Migdalska-Sek M, Jastrzebski Z, Radziminski L, Jastrzebska J, et al. Effect of Vitamin D3 Supplementation on Interleukin 6 and C-Reactive Protein Profile in Athletes. *J Nutr Sci Vitaminol (Tokyo).* 2022;68(5):359-367. Available from: <https://doi.org/10.3177/jnsv.68.359>
 35. Chen LY, Wang CW, Chen LA, Fang SH, Wang SC, He CS. Low vitamin D status relates to the poor response of peripheral pulse wave velocity following acute maximal exercise in healthy young men. *Nutrients.* 2022;14:3074. Available from: <https://doi.org/10.3390/nu14153074>
 36. Kurnatowska I, et al. Effect of vitamin K. *Pol Arch Med Wewn.* 2015;125:631-640. Available from: <https://doi.org/10.20452/pamw.3041>
 37. Fraser A, Williams D, Lawlor DA. Associations of serum 25-hydroxyvitamin D, parathyroid hormone and calcium with cardiovascular risk factors: analysis of 3 NHANES cycles (2001-2006). *PLoS One.* 2010;5(11):e13882. Available from: <https://doi.org/10.1371/journal.pone.0013882>
 38. Giovannucci E. 25-hydroxyvitamin D and risk of myocardial infarction in men: a prospective study. *Arch Intern Med.* 2008;168(11):1174-1180. Available from: <https://doi.org/10.1001/archinte.168.11.1174>
 39. Lee JH, O'Keefe JH, Bell D, Morrow JD, Winters C, Lee H, et al. Vitamin D deficiency: An important, common, and easily treatable cardiovascular risk factor? *J Am Coll Cardiol.* 2008;52(24):1949-1956. Available from: <https://doi.org/10.1016/j.jacc.2008.08.050>
 40. Kendrick J, Targher G, Smits G, Chonchol M. 25-Hydroxyvitamin D deficiency is independently associated with cardiovascular disease in the Third National Health and Nutrition Examination Survey. *Atherosclerosis.* 2009;205(1):255-60. Available from: <https://doi.org/10.1016/j.atherosclerosis.2008.10.033>
 41. Forman JP, Giovannucci E, Holmes MD, Bischoff-Ferrari HA, Tworoger SS, Willett WC, et al. Plasma 25-hydroxyvitamin D levels and risk of incident hypertension. *Hypertension.* 2007;49(5):1063-9. Available from: <https://doi.org/10.1161/hypertensionaha.107.087288>
 42. Rowe S, Carr AC. Global vitamin C status and prevalence of deficiency: A cause for concern? *Nutrients.* 2020;12:2008. Available from: <https://doi.org/10.3390/nu12072008>
 43. Higgins MR, Izadi A, Kaviani M. Antioxidants and exercise performance: With a focus on vitamin E and C supplementation. *Int J Environ Res Public Health.* 2020;17:8452. Available from: <https://doi.org/10.3390/ijerph17228452>
 44. Chauhan RC. Calcium as a boon or bane for athletes: A review. *Asian J Res Mark.* 2022;11:1-8.
 45. Kunstel K. Calcium requirements for athletes. *Curr Sports Med Rep.* 2005;4:203-206. Available from: <https://doi.org/10.1097/01.csmr.0000306208.56939.01>
 46. Song J, She J, Chen D, Pan F. Latest research advances on magnesium and magnesium alloys worldwide. *J Magnes Alloy.* 2020;8:1-41. Available from: <https://doi.org/10.1016/j.jma.2020.02.003>
 47. Carlsohn A, Müller J, Dapp C. Position of the working group sports nutrition of the German Nutrition Society (DGE): Minerals and vitamins in sports nutrition. *Dtsch Z Sportmed.* 2020;71:208-215.
 48. Maret W, Sandstead HH. Zinc requirements and the risks and benefits of zinc supplementation. *J Trace Elem Med Biol.* 2006;20:3-18. Available from: <https://doi.org/10.1016/j.jtemb.2006.01.006>
 49. Michalak M, Pierzak M, Kręcisz B, Suliga E. Bioactive compounds for skin health: A review. *Nutrients.* 2021;13:203. Available from: <https://doi.org/10.3390/nu13010203>
 50. Maughan RJ. Nutritional ergogenic aids and exercise performance. *Nutr Res Rev.* 1999;12(2):255-280. Available from: <https://doi.org/10.1079/095442299108728956>
 51. Trushina EN, Mustafina OK, Nikitiuk DB, Kuznetsov VD. Immune dysfunction in highly skilled athletes and nutritional rehabilitation. *Vopr Pitaniia.* 2012;81(2):73-80. Available from: <https://pubmed.ncbi.nlm.nih.gov/22774482/>
 52. Hider RC, Kong X. Iron: effect of overload and deficiency. In: *Interrelations between Essential Metal Ions and Human Diseases.* 2013;229-294. Available from: https://doi.org/10.1007/978-94-007-7500-8_8
 53. McDowell LA, Kudravalli P, Chen RJ, et al. Iron Overload. [Updated 2024 Jan 11]. In: *StatPearls [Internet].* Treasure Island (FL): StatPearls Publishing; 2024. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK526131/>
 54. Knez M, Glibetic M. Zinc as a biomarker of cardiovascular health. *Front Nutr.* 2021;8:686078. Available from: <https://doi.org/10.3389/fnut.2021.686078>
 55. Kitala K, Tanski D, Godlewski J, Krajewska-Włodarczyk M, Gromadziński L, et al. Copper and zinc particles as regulators of cardiovascular system function - A review. *Nutrients.* 2023;15(13):3040. Available from: <https://doi.org/10.3390/nu15133040>
 56. Ware M. Why do we need magnesium? [Internet]. *Medical News Today.* 2023. Available from: <https://www.medicalnewstoday.com/articles/286839>
 57. DiNicolantonio JJ, Liu J, O'Keefe JH. Magnesium for the prevention and treatment of cardiovascular disease. *Open Heart.* 2018;5:e000775. Available from: <https://doi.org/10.1136/openhrt-2018-000775>
 58. Reid IR, Birstow SM, Bolland MJ. Calcium and cardiovascular disease. *Endocrinol Metab (Seoul).* 2017;32(3):339-349. Available from: <https://doi.org/10.3803/enm.2017.32.3.339>
 59. imon LV, Hashmi MF, Farrell MW. Hyperkalemia. [Updated 2023 Sep 4]. In: *StatPearls [Internet].* Treasure Island (FL): StatPearls Publishing; 2024. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470284/>
 60. de la Guía-Galipienso F, Pérez-Gómez J, García-Prieto A, et al. Vitamin D and cardiovascular health. *Clin Nutr.* 2021;40(5):2946-2957. Available from: <https://doi.org/10.1016/j.clnu.2020.12.025>
 61. Owen KN, Dewald O. Vitamin E Toxicity. [Updated 2023 Feb 13]. In: *StatPearls [Internet].* Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK564373/>
 62. O'Mary L. Excess vitamin B3 linked to increased risk of heart disease. [Internet]. *WebMD.* 2024 Feb 20. Available from: <https://www.webmd.com/heart-disease/news/20240220/excess-vitamin-b3-linked-increased-risk-of-heart-disease>
 63. Abdullah M, Jamil RT, Attia FN. Vitamin C (Ascorbic Acid). [Updated 2023 May 1]. In: *StatPearls [Internet].* Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK499877/>
 64. Larson-Meyer DE, Willis KS. Vitamin D and athletes. *Curr Sports Med Rep.* 2010;9(4):220-226. Available from: <https://doi.org/10.1249/jsr.0b013e3181e7dd45>
 65. Da Boit M, Hunter AM, Gray SR. Fit with good fat? The role of n-3 polyunsaturated fatty acids on exercise performance. *Metabolism.* 2017;66:45-54. Available from: <https://doi.org/10.1016/j.metabol.2016.10.007>
 66. Powers SK, Jackson MJ. Exercise-induced oxidative stress: cellular mechanisms and impact on muscle force production. *Physiol Rev.* 2008;88(4):1243-1276. Available from: <https://doi.org/10.1152/physrev.00031.2007>



67. Guest NS, Horne J, Vanderhout S, El-Sohemy A. Sport nutrigenomics: Personalized nutrition for athletic performance. *Front Nutr.* 2019;6:8. Available from: <https://doi.org/10.3389/fnut.2019.00008>
68. Brown MA, Stevenson EJ, Howatson G. Whey protein hydrolysate supplementation accelerates recovery from exercise-induced muscle damage in females. *Appl Physiol Nutr Metab.* 2018;43(4):324-330. Available from: <https://doi.org/10.1139/apnm-2017-0412>
69. Soares MJ, Satyanarayana K, Bamji MS, Jacob CM, Ramana YV, Rao SS. The effect of exercise on the riboflavin status of adult men. *Br J Nutr.* 1993;69(4):541-551. Available from: <https://doi.org/10.1079/bjn19930054>
70. Suboticanec K, Stavljenic A, Schalch W, Buzina R. Effects of pyridoxine and riboflavin supplementation on physical fitness in young adolescents. *Int J Vitam Nutr Res.* 1990;60:81-88. Available from: <https://pubmed.ncbi.nlm.nih.gov/2387675/>
71. van der Beek EJ, van Dokkum W, Schrijver J, Wedel M, Gaillard AW, Wesstra A, et al. Thiamin, riboflavin, and vitamins B-6 and C: impact of combined restricted intake on functional performance in man. *Am J Clin Nutr.* 1988;48(6):1451-62. Available from: <https://doi.org/10.1093/ajcn/48.6.1451>
72. van der Beek EJ, van Dokkum W, Wedel M, Schrijver J, van den Berg H. Thiamin, riboflavin, and vitamin B6: impact of restricted intake on physical performance in man. *J Am Coll Nutr.* 1994;13:629-640. Available from: <https://doi.org/10.1080/07315724.1994.10718459>
73. Powers HJ, Bates CJ, Lamb WH, Singh J, Gelman W, Webb E. Effects of a multivitamin and iron supplement on running performance in Gambian children. *Hum Nutr Clin Nutr.* 1985;39C:427-437. Available from: <https://pubmed.ncbi.nlm.nih.gov/4077578/>
74. Tauler P, Ferrer MD, Sureda A, Pujol P, Drobnic F, et al. Supplementation with an antioxidant cocktail containing coenzyme Q prevents plasma oxidative damage induced by soccer. *Eur J Appl Physiol.* 2008;104(5):777-85. Available from: <https://doi.org/10.1007/s00421-008-0831-6>
75. Bryer SC, Goldfarb AH. Effect of high dose vitamin C supplementation on muscle soreness, damage, function, and oxidative stress to eccentric exercise. *Int J Sport Nutr Exerc Metab.* 2006;16(3):270-80. Available from: <https://doi.org/10.1123/ijsnem.16.3.270>
76. Luden ND, Saunders MJ, Todd MK. Postexercise carbohydrate-protein-antioxidant ingestion decreases plasma creatine kinase and muscle soreness. *Int J Sport Nutr Exerc Metab.* 2007;17(1):109-23. Available from: <https://doi.org/10.1123/ijsnem.17.1.109>
77. Ceglia L. Vitamin D and skeletal muscle tissue and function. *Mol Aspects Med.* 2008;29(6):407-414. <https://doi.org/10.1016/j.mam.2008.07.002>
78. Williams MH. Dietary supplements and sports performance: minerals. *J Int Soc Sports Nutr.* 2005;2(1):43-49. <https://doi.org/10.1186/1550-2783-2-1-43>
79. Otten JJ, Hellwig JP, Meyers LD, editors. *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements.* 1st ed. Washington, DC: National Academies Press; 2009.
80. Lukaski HC. Vitamin and mineral status: effects on physical performance. *Nutr.* 2004;20(7-8):632-644. Available from: <https://doi.org/10.1016/j.nut.2004.04.001>
81. Lee M, Hsu Y, Shen S, Ho C, Huang C. A functional evaluation of anti-fatigue and exercise performance improvement following vitamin B complex supplementation in healthy humans: a randomized double-blind trial. *Int J Med Sci.* 2023;20(10):1272-1281. Available from: <https://doi.org/10.7150/ijms.86738>
82. Micha R, Peñalvo JL, Cudhea F, Imamura F, Rehm CD, Mozaffarian D. Association between dietary factors and mortality from heart disease, stroke, and Type 2 diabetes in the United States. *JAMA.* 2017b;317(9):912-924. Available from: <https://doi.org/10.1001/jama.2017.0947>
83. Clemente-Suárez VJ, Bustamante-Sanchez Á, Mielgo-Ayuso J, Martínez-Guardado I, Martín-Rodríguez A, Tornero-Aguilera JF. Antioxidants and Sports Performance. *Nutrients.* 2023;15(10):2371. Available from: <https://doi.org/10.3390/nu15102371>
84. Sawka MN, Burke LM, Eichner ER, Maughan RJ, Montain SJ, Stachenfeld NS. American College of Sports Medicine position stand: exercise and fluid replacement. *Med Sci Sports Exerc.* 2007;39(2):377-390. Available from: <https://doi.org/10.1249/mss.0b013e31802ca597>
85. Jeukendrup AE, Killer SC. The myths surrounding pre-exercise carbohydrate feeding. *Ann Nutr Metab.* 2010;57(Suppl 2):18-25. Available from: <https://doi.org/10.1159/000322698>
86. Ghazzawi HA, Hussain MA, Raziq KM, Alsendi KK, Alaamer RO, Jaradat M, et al. Exploring the Relationship between Micronutrients and Athletic Performance: A Comprehensive Scientific Systematic Review of the Literature in Sports Medicine. *Sports (Basel).* 2023;11(6):109. Available from: <https://doi.org/10.3390/sports11060109>
87. Reilly T, Waterhouse J, Burke LM, Alonso JM. Nutrition for travel. *J Sports Sci.* 2007;25(sup1):S125-34. Available from: <https://doi.org/10.1080/02640410701607445>
88. Heikura IA, Uusitalo AL, Stellingwerff T, Bergland D, Mero AA, Burke LM. Low energy availability is difficult to assess but outcomes have large impact on bone injury rates in elite distance athletes. *Int J Sport Nutr Exerc Metab.* 2018;28(4):403-411. Available from: <https://doi.org/10.1123/ijsnem.2017-0313>
89. Petróczi A, Naughton DP. Supplement use in sport: is there a potentially dangerous incongruence between rationale and practice? *J Occup Med Toxicol.* 2007;2(1):4. Available from: <https://doi.org/10.1186/1745-6673-2-4>
90. German JB, Zivkovic AM, Dallas DC, Smilowitz JT. Nutrigenomics and personalized diets: what will they mean for food? *Annu Rev Food Sci Technol.* 2011;2(1):97-123. Available from: <https://doi.org/10.1146/annurev.food.102308.124147>
91. Mullins VA, Bresette W, Johnstone L, Hallmark B, Chilton FH. Genomics in personalized nutrition: can you "eat for your genes"? *Nutrients.* 2020;12(10):3118. Available from: <https://doi.org/10.3390/nu12103118>
92. Li Q, Zhou J. The microbiota-gut-brain axis and its potential therapeutic role in autism spectrum disorder. *Neuroscience.* 2016;324:131-139. Available from: <https://doi.org/10.1016/j.neuroscience.2016.03.013>
93. Fiorini S, De Cassya Lopes Neri L, Guglielmetti M, Pedrolini E, Tagliabue A, Quatromoni PA, Ferraris C. Nutritional counseling in athletes: a systematic review. *Front Nutr.* 2023;10:1250567. Available from: <https://doi.org/10.3389/fnut.2023.1250567>