# The effect of hydrolysed pea protein on postprandial blood glucose profile in healthy adults

Submission date	Recruitment status	Prospectively registered
05/05/2025	No longer recruiting	[_] Protocol
Registration date	Overall study status	[] Statistical analysis plan
22/05/2025	Ongoing	[_] Results
Last Edited	Condition category	Individual participant data
06/05/2025	Nutritional, Metabolic, Endocrine	[X] Record updated in last year

### Plain English summary of protocol

#### Background and study aims

After eating a meal, especially one high in carbohydrates like bread or pasta, our blood sugar levels naturally rise. For some people, especially those at risk of type 2 diabetes, these rises can be too high or last too long, which can be harmful over time. What we eat alongside carbohydrates can affect how our body handles sugar. Proteins, including those from plants, may help reduce the rise in blood sugar after eating. Pea protein is a plant-based protein that is popular for being sustainable, allergy-friendly, and suitable for vegetarians and vegans. This study is particularly interested in hydrolysed pea protein, which is a type of protein that has been broken down into smaller units called peptides. These smaller fragments may have enhanced effects on digestion and blood sugar compared to regular pea protein isolate. The study aims to find out whether hydrolysed pea protein helps reduce blood sugar levels after a meal, and how it compares to regular pea protein, whey protein (from animal source), and a control drink (water). It will also look at other substances in the blood that are linked to how the body controls sugar and appetite

Who can participate? Healthy adult volunteers

#### What does the study involve?

The study compares four conditions: a carbohydrate meal with either 30 g pre-hydrolysed pea protein drink, 30 g non-hydrolysed pea protein isolate drink, 30 g whey protein drink, or water (Control). Each participant attended four randomly allocated blinded sessions over two weeks, with standardized carbohydrate content and a minimum of 2 days between sessions for washout.

What are the possible benefits and risks of participating? No benefits and risks given at publication

Where is the study run from? University of Leeds, School of Food Science and Nutrition, UK When is the study starting and how long is it expected to run for? November 2024 to September 2025

Who is funding the study? Libyan Embassy, UK (PhD Scholarship to Arig Elbira)

Who is the main contact? Arig Elbira, fs19aaae@leeds.ac.uk

## **Contact information**

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## Additional identifiers

EudraCT/CTIS number Nil known

IRAS number

**ClinicalTrials.gov number** Nil known

Secondary identifying numbers 2148

# Study information

### Scientific Title

Postprandial glycaemic response to hydrolysed pea protein in healthy adults: a randomised, double-blind, controlled, crossover trial

Acronym HYPP-GLY Study

### **Study objectives**

Hydrolysed pea protein will reduce postprandial blood glucose levels more effectively than nonhydrolysed pea protein when co-ingested with a carbohydrate-rich meal in healthy adults.

## Ethics approval required

Ethics approval required

### Ethics approval(s)

Approved 01/04/2025, Business, Environment, Social Sciences (BESS+ FREC) Faculty Research Ethics Committee (FREC) (University of Leeds, Woodhouse Ln, Woodhouse, Leeds, LS29JT, United Kingdom; +44(0)113 343 0524; ResearchEthics@leeds.ac.uk), ref: 2148

**Study design** Single-centre double-blinded randomized controlled crossover trial

### Primary study design

Interventional

**Secondary study design** Randomised cross over trial

**Study setting(s)** University/medical school/dental school

**Study type(s)** Prevention, Efficacy

**Participant information sheet** See study outputs table

### Health condition(s) or problem(s) studied

Reduction of postprandial glycaemia in healthy adult

### Interventions

The study compared four conditions: a carbohydrate meal consumed together with (1) 30 g prehydrolysed pea protein drink, (2) 30 g non-hydrolysed pea protein isolate drink, (3) 30 g whey protein drink, and (4) water (Control). The total carbohydrate content was standardized to 75 g across all test conditions (white bread and maltodextrin). All four drinks were flavour-masked to ensure a double-blind design. The order of interventions was randomized using pre-generated sequences from an online program. Each participant attended four separate sessions over approximately two weeks, with a minimum of 2 days between sessions to allow for washout.

### Intervention Type

Supplement

### Primary outcome measure

Postprandial glucose levels will be measured using two methods:

- 1. Continuous Glucose Monitor devices (CGMs) for a total of 14 days
- 2. Glucometer using strips at baseline and every 15 min for a total of 3h post-meal

### Secondary outcome measures

1. Insulin and satiety hormones will be measured from capillary blood samples collected via the finger-prick method at baseline and every 15 min for a total of 3h post-meal

2. Blood pressure will be measured using an automatic device at baseline and every 30 min for a total of 3h post-meal

3. Satiety score will be measured using a Visual Analogue Scale (VAS) at baseline and every 30 min for a total of 3h post-meal

### Overall study start date

01/11/2024

Completion date 01/09/2025

# Eligibility

### Key inclusion criteria

1. Adults aged between 18 – 56 years old

2. Normal rage of body weight with BMI <30 kg/m2.

3. Be in general good health (with no known food allergies/intolerances)

4. Normal range of fasting blood glucose levels (<5.6 mmol/L)

5. Not taking any medication/s known to affect blood pressure, blood glucose (like diabetic medication) or cholesterol.

### Participant type(s)

Healthy volunteer

### Age group

Adult

### Lower age limit

18 Years

### Upper age limit

56 Years

Sex

Both

**Target number of participants** 16

### Key exclusion criteria

- 1. BMI >30 kg/m<sup>2</sup>
- 2. Elevated fasting blood glucose (above 5.5 mmol/L)
- 3. Pregnancy
- 4. Smoking
- 5. Chronic diseases

6. Allergies and medication use known to affect food digestion, appetite, food sensory perception, or glucose metabolism

7. Individuals who engage in regular high-intensity athletic training or competitive sports

- 8. Recent blood donation (<3 months)
- 9. Participation in simultaneous studies

### Date of first enrolment

07/04/2025

Date of final enrolment 30/05/2025

## Locations

**Countries of recruitment** England

United Kingdom

**Study participating centre School of Food Science and Nutrition** University of Leeds, Woodhouse Ln, Woodhouse Leeds United Kingdom LS2 9JT

## Sponsor information

**Organisation** University of Leeds

Sponsor details Woodhouse Lane Leeds England United Kingdom LS2 9JT +44 (0)113 343 2876 foodug@leeds.ac.uk

**Sponsor type** University/education

Website https://www.leeds.ac.uk

ROR https://ror.org/024mrxd33

## Funder(s)

**Funder type** Government

**Funder Name** Libyan Embassy

## **Results and Publications**

### Publication and dissemination plan

Planned publication in a peer-reviewed journal by July 2025

### Intention to publish date

15/07/2025

### Individual participant data (IPD) sharing plan

The data generated and analysed during this study will be published as averages rather than individual data or participant identity to ensure anonymity.

### IPD sharing plan summary

Published as a supplement to the results publication