Table 4	. Mycoprotein	effect on serum	uric acid leve	ls and gut health.
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Effect of mycoprotein on gut health								
Author/ vear	Aim of study	Study characteristics	No of participants	Duration of study	Place of study	Procedure/ Intervention	Result/Outcomes	Conclusion/ Remarks
<u>year</u> (48)	The effects of replacing mycoprotein with highly processed red meat on gastrointestinal and cardiometabolic health.	Investigator- blind randomized crossover control trial	20	8 weeks	England	The study comprised of 3 phases Phase 1 (2 weeks) red and processed meat (Meat) Wash out (4 weeks) Phase 2 (2 weeks) mycoprotein based foods participants consumed 240g (uncooked 2121 weight) of either red and processed meat products or equivalent weight of mycoprotein	Stool weight: Phase 1: Significant decrease $(-51.01 \pm 13.40, P < 0.01)$ Phase 2: Non-significant increase $(+32.63 \pm 15.70g, P = 0.12)$ Microbial composition: (Change in relative abundance from baseline) Significant influences on number of genera Lactobacillus spp. (+0.02) Roseburia spp (-2.01) Oscillibacter spp . (+0.04)	RemarksThis workdemonstratedanenhancement inthe genusLactobacillifollowingchronicmycoproteinconsumption.mycoproteinmay be abeneficialalternative tomeat in thecontext of guthealth.Howeverfurther largerscale humanrandomizedtrials areneeded
Author/	Aim of study	Ei Study	No of	study	uric acid con	ncentration Procedure/	Posult/Outcomo	Conclusion/
year (43)	To study the effect of mycoprotein ingestion on blood uric acid in a dose response manner	characteristics Randomized, single-blind, cross-over design	participants 15	duration 240 minutes	England	Intervention Intervention group: Mass-matched bolus of mycoprotein MYC (20, 40, 60 or 80g) Control group: 20 g milk protein	Fasting plasma uric acid concentration similar in all conditionsPostprandial period:MYC20: significant decrease at 150 min (77±4)MYC40- remained unaltered (85±7)MYC60- increased modestly by 30 to 150 min (86±5)MYC80- increase by 30 min, remaining elevated throughout	remarks The study suggested that moderate does of mycoprotein (≤40 g) does not modulate serum uric acid concentrations.

							the post parranda period (90±6) MIK20-(82±6)	
(44)	To investigate the impact of replacing mycoprotein with meat/fish (either low/high nucleotide content) during a one-week intervention on blood uric acid levels in healthy adults.	Randomized parallel group trial	20	7 days	England	Intervention group: nucleotide- depleted mycoprotein (LN-MYC; n = 10) nucleotide- rich mycoprotein (HN-MYC) Control Group: Meat/fish (CON; n = 10) With a total daily intake of (1.2 g per kg)	Constant serum uric acid concentration in the CON (~296 μ mol. L-1) and LN- MYC (~282 μ mol. L-1) groups In HN-MYC, serum uric acid concentrations steadily increased from baseline (295 ± 55 μ mol. L-1) at 2 (402 ± 59 μ mol. L-1; P < 0.05)	A high dietary nucleotide diet resulted in a sustained increase in blood uric acid levels. There was no effect on insulin sensitivity or glycemic control, however.
(45)	To investigate how a nucleotide-rich mixed meal affected postprandial circulatory uric acid levels.	Randomized, controlled, double-blind, crossover trial	10	24hrs	England	Intervention: High nucleotide MYC meal. (H-NU) 8.83% of MYC dry weight Control: MYC depleted mycoprotein meal/ (L-NU) 1.96% of MYC dry weight	Intervention (H- NU) 12% increase from 284 \pm 13 to 319 \pm 12 µmol·L -1 after 210 min) Control (L-NU) Decreasing by 7% (from 279 \pm 16 to 257 \pm 14 µmol·L -1)	A nucleotide- rich mixed meal causes an increase in blood uric acid concentrations for around 12 hours before returning to normal after 24 hours.
(47)	The effect of twice-daily nucleotide-rich mixed-meal consumption on postabsorptive blood uric acid levels was studied for one week.	Randomized, controlled, parallel-group trial	20	7 days	England	Nucleotide rich meal, thrice daily, 7 d fully controlled eucaloric diet Intervention: High nucleotide MYC meal. (H-NU) 8.83% of MYC dry weight	Serum uric acid levels remained unchanged in low Diet group Increase in uric acid concentration in high group (from 295 ± 17 to $472 \pm 29 \ \mu mol \ L^{-1}$ by day 6; $P < 0.05$)	According to the findings, consuming nucleotide mixed meals causes postabsorptive blood uric acid levels to rise over clinically tolerable limits.

Control: MYC
depleted
mycoprotein
meal/ (L-NU)
1.96% of
MYC dry
weight