



Published in final edited form as:

Science. 2021 August 13; 373(6556): 808–812. doi:10.1126/science.abe5017.

Daily Energy Expenditure through the Human Life Course

A full list of authors and affiliations appears at the end of the article.

Abstract

Total daily energy expenditure (“total expenditure”, MJ/d) reflects daily energy needs and is a critical variable in human health and physiology, yet it is unclear how daily expenditure changes over the life course. Here, we analyze a large, globally diverse database of total expenditure measured by the doubly labeled water method for males and females aged 8 days to 95 yr. We show that total expenditure is strongly related to fat free mass in a power-law manner and identify four distinct metabolic life stages. Fat free mass-adjusted daily expenditure accelerates rapidly in neonates (0-1yr) to ~46% above adult values at ~1 yr, declines slowly throughout childhood and adolescence (1-20 yr) to adult levels at ~20 yr, remains stable in adulthood (20-60 yr) even during pregnancy, and declines in older adults (60+ yr). These changes in total expenditure shed new light on human development and aging and should help shape nutrition and health strategies across the lifespan.

One Sentence Summary:

Expenditure varies as we age, with four distinct metabolic life stages reflecting changes in behavior, anatomy, and tissue metabolism.

All of life’s essential tasks, from development and reproduction to maintenance and movement, require energy. Total expenditure is thus fundamental to understanding both daily nutritional requirements and the body’s investment among activities. Yet we know surprisingly little about the determinants of total expenditure in humans or how it changes over the lifespan. Most large ($n > 1,000$) analyses of human energy expenditure have been limited to basal expenditure, the metabolic rate at rest (1), which accounts for only a portion (usually ~50-70%) of total expenditure, or have estimated total expenditure from basal expenditure and daily physical activity (2–5). Measurements of total expenditure in humans during daily life, outside of the laboratory, became possible in the 1980’s with the advancement of the doubly labeled water method, but doubly labeled water studies to date have been limited in sample size ($n < 600$), geographic and socioeconomic representation, and/or age (6–9).

Body composition, size, and physical activity change over the life course, often in concert, making it difficult to parse the determinants of energy expenditure. Total expenditure increases with age as children grow (10), but the relative effects of increasing physical

*co-lead corresponding author. †co-corresponding author.
#see supplementary materials

Conflict of interest

The authors have no conflicts of interest to declare.

activity (11–13) and age-related changes in tissue-specific metabolic rates, as have been reported for the brain (14), are unclear. Total and basal expenditure increase from childhood through puberty, but much of this increase is attributable to increased fat free mass, and the role of endocrine or other effects is uncertain (15). The decline in total expenditure beginning in the sixth decade of life corresponds with a decline in fat free mass (9) and “physical activity level”, PAL (the ratio of total/basal expenditure), but may also reflect age-related reductions in organ metabolism.

We investigated the effects of age, body composition, and sex on total expenditure and its components, using a large ($n = 6,421$; 64% female), geographically and economical diverse ($n = 29$ countries) database of doubly labeled water measurements for subjects aged eight days to 95 years (16), calculating total expenditure from isotopic measurements using a single, validated equation for all subjects (17). Basal expenditure, measured *via* indirect calorimetry, was available for a $n = 2,008$ subjects, and we augmented the dataset with additional published measures of basal expenditure in neonates and doubly labeled water-measured total expenditure in pregnant and post-partum women (Methods; Table S1).

We found that both total and basal expenditure increased with fat free mass in a power-law manner ($TEE = 0.677FFM^{0.708}$, $r^2 = 0.83$ Figures 1, S1, S2, Table S1). Thus, body size, particularly fat free mass, accounted for most (83%) of the variation in daily expenditure, requiring us to adjust for body size in subsequent analyses of expenditure across subjects and cohorts to isolate potential effects of age, sex, and other factors. Notably, analyses indicated an exponent < 1 , meaning that the ratio of energy expenditure/mass does not adequately control for body size because the ratio inherently trends lower for larger individuals (Figure S1 (18)). Instead, we used regression analysis to control for body size (18). A general linear model with \ln -transformed values of energy expenditure (total or basal), fat free mass, and fat mass in adults 20 – 60 y (Table S2) was used to calculate residual energy expenditures for each subject. We converted these residuals to “adjusted” expenditures for clarity in discussing age-related changes: 100% indicates an expenditure that matches the expected value given the subject’s fat free mass and fat mass, 120% indicates an expenditure 20% above expected, *etc.* (Methods). Using this approach, we also calculated the portion of adjusted total expenditure attributed to basal expenditure (Figure 2D; Methods). Segmented regression analysis of (Methods) revealed four distinct phases of adjusted (or residual) total and basal expenditure over the lifespan.

Neonates (0 to 1 y):

Neonates in the first month of life had size-adjusted energy expenditures similar to adults, with adjusted total expenditure of $99.0 \pm 17.2\%$ ($n = 35$) and adjusted basal expenditure of $78.1 \pm 15.0\%$ ($n = 34$; Figure 2). Both measures increased rapidly in the first year. In segmented regression analysis, adjusted total expenditure rose $84.7 \pm 7.2\%$ per year from birth to a break point at 0.7 years (95% CI: 0.6, 0.8); a similar rise ($75.5 \pm 5.6\%$) and break point (1.0 y, 95% CI: 0.9, 1.1) were evident in adjusted basal expenditure (Table S4). For subjects between 9 and 15 months, adjusted total and basal expenditures were nearly ~50% elevated compared to adults (Figure 2).

Juveniles (1 to 20 y):

Total and basal expenditure, along with fat free mass, continued to increase with age throughout childhood and adolescence (Figure 1), but body size-adjusted expenditures steadily declined. Adjusted total expenditure declined at a rate of $-2.8 \pm 0.1\%$ per year from $147.8 \pm 22.6\%$ for subjects 1 – 2 y (n = 102) to $102.7 \pm 18.1\%$ for subjects 20 – 25 y (n = 314; Tables S2, S4). Segmented regression analysis identified a breakpoint in adjusted total expenditure at 20.5 y (95% CI: 19.8, 21.2), after which it plateaued at adult levels (Figure 2). A similar decline ($-3.8 \pm 0.2\%$ per year) and break point (18.0 y, 95% CI: 16.8, 19.2) were evident in adjusted basal expenditure (Figure 2, Text S1, Table S4). No pubertal increases in adjusted total or basal expenditure were evident among subjects 10 – 15 y. In multivariate regression for subjects 1 to 20 y, males had a higher total expenditure and adjusted total expenditure (Tables S2, S3), but sex had no detectable effect on the rate of decline in adjusted total expenditure with age (sex:age interaction $p=0.30$).

Adults (20 to 60 y):

Total and basal expenditure and fat free mass were all stable from age 20 to 60 (Figure 1, 2; Tables S1, S2; Text S1). Sex had no effect on total expenditure in multivariate models with fat free mass and fat mass, nor in analyses of adjusted total expenditure (Tables S2, S4). Adjusted total and basal expenditures were stable even during pregnancy, the elevation in unadjusted expenditures matching those expected from the gain in mothers' fat free mass and fat mass (Figure 2C). Segmented regression analysis identified a breakpoint at 63.0 y (95% CI: 60.1, 65.9), after which adjusted TEE begins to decline. This breakpoint was somewhat earlier for adjusted basal expenditure (46.5, 95% CI: 40.6, 52.4), but the relatively small number of basal measures for 45 – 65 y (Figure 2D) reduces our precision in determining this breakpoint.

Older adults (>60 y):

At ~60 y, total and basal expenditure begin to decline, along with fat free mass and fat mass (Figures 1, S3, Table S1). Declines in expenditure are not only a function of reduced fat free mass and fat mass, however. Adjusted total expenditure declined by $-0.7 \pm 0.1\%$ per year, and adjusted basal expenditure fell at a similar rates (Figure 2, Figure S3, Text S1, Table S4). For subjects in their nineties, adjusted TEE was ~26% below that of middle-aged adults.

In addition to providing empirical measures and predictive equations for total expenditure from infancy to old age (Tables S1, S2), our analyses bring to light major changes in metabolic rate across the life course. To begin, we can infer fetal metabolic rates from maternal measures during pregnancy: if body size-adjusted expenditures were elevated in the fetus, then adjusted expenditures for pregnant mothers, particularly late in pregnancy when the fetus accounts for a substantial portion of a mother's weight, would be likewise elevated. Instead, the stability of adjusted total and basal expenditures at ~100% during pregnancy (Figure 2B) indicates that the growing fetus maintains a fat free mass- and fat mass-adjusted metabolic rate similar to adults, which is consistent with adjusted expenditures of neonates (both ~100%; Figure 2) in the first weeks after birth. Total and basal expenditures, both

absolute and size-adjusted values, then accelerate rapidly over the first year. This early period of metabolic acceleration corresponds to a critical period in early development in which growth often falters in nutritionally-stressed populations (19). Increasing energy demands could be a contributing factor.

After rapid acceleration in total and basal expenditure during the first year, adjusted expenditures progressively decline thereafter, reaching adult levels at ~20 yr. Elevated adjusted expenditures in this life stage may reflect the metabolic demands of growth and development. Adult expenditures, adjusted for body size and composition, are remarkably stable, even during pregnancy and post-partum. Declining metabolic rates in older adults could increase the risk of weight gain. However, neither fat mass nor percentage increased in this period (Figure S3), consistent with the hypothesis that energy intake is coupled to expenditure (20).

Following previous studies (21–25), we calculated the effect of organ size on basal expenditure over the lifespan (Methods). At rest, the tissue-specific metabolic rates (Watts/gram) of the heart, liver, brain, and kidneys are much greater than those of the muscles and other lean tissue or fat (21–25). Organs with a high tissue-specific metabolic rate, particularly the brain and liver, account for a greater proportion of fat free mass in young individuals, and thus organ-based basal expenditure, estimated from organ size and tissue-specific metabolic rate, follows a power-law relationship with fat free mass, roughly consistent with observed basal expenditures (Methods, Figure S6). Still, observed basal expenditure exceeded organ-based estimates by ~30% in early life (1 – 20 y) and was ~20% lower than organ-based estimates in subjects over 60 y (Figure S6), consistent with previous work indicating that tissue-specific metabolic rates are elevated in children and adolescents (22, 24) and reduced in older adults (21, 23, 25).

We investigated the contributions of daily physical activity and changes in tissue-specific metabolic rate to total and basal expenditure using a simple model with two components: activity and basal expenditure (Figure 3; Methods). Activity expenditure was modeled as a function of physical activity and body mass, assuming activity costs are proportional to weight, and could either remain constant at adult levels over the lifespan or follow the trajectory of daily physical activity measured *via* accelerometry, peaking at 5 – 10 y and declining thereafter (11, 26, 27) (Figure 3). Similarly, basal expenditure was modeled as a power function of fat free mass (consistent with organ-based BEE estimates; Methods) multiplied by a “tissue specific metabolism” term, which could either remain constant at adult levels across the lifespan or follow the trajectory observed in adjusted basal expenditure (Figure 2). For each scenario, total expenditure was modeled as the sum of activity and basal expenditure (Methods).

Models that hold physical activity or tissue-specific metabolic rates constant over the lifespan do not reproduce the observed patterns of age-related change in absolute or adjusted measures of total or basal expenditure (Figure 3). Only when age-related changes in physical activity and tissue-specific metabolism are included does model output match observed expenditures, indicating that variation in both physical activity and tissue-specific metabolism contribute to total expenditure and its components across the lifespan. Elevated

tissue-specific metabolism in early life may be related to growth or development (22, 24). Conversely, reduced expenditures in later life may reflect a decline in organ level metabolism (23, 25, 28).

Metabolic models of life history commonly assume continuity in tissue-specific metabolism over the life course, with cellular metabolic rates increasing in a power-law manner (Energy = $a\text{Mass}^b$) and the energy available for growth during the juvenile period made available for reproduction in adults (29, 30). Measures of humans here challenge this view, with size adjusted metabolism elevated ~50% in childhood compared to adults (including pregnant females), and ~25% lower in the oldest subjects. It remains to be determined whether these fluctuations occur in other species. In addition to affecting energy balance, nutritional needs, and body weight, these metabolic changes present a potential target for clinical investigation into the kinetics of disease, pharmaceutical activity, and healing, processes intimately related to metabolic rate. Further, there is considerable metabolic variation among individuals, with TEE and its components varying more than $\pm 20\%$ even when controlling for fat free mass, fat mass, sex, and age (Figure 1, 2, Table S2). Elucidating the processes underlying metabolic changes across the life course and variation among individuals may help reveal the roles of metabolic variation in health and disease.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Authors

Herman Pontzer^{1,2,†,*}, Yosuke Yamada^{3,4,†}, Hiroyuki Sagayama^{5,†}, Philip N. Ainslie⁶, Lene F. Andersen⁷, Liam J. Anderson^{6,8}, Lenore Arab⁹, Issaad Baddou¹⁰, Kweku Bedu-Addo¹¹, Ellen E. Blaak¹², Stephane Blanc^{13,14}, Alberto G. Bonomi¹⁵, Carlijn V.C. Bouten¹², Pascal Bovet¹⁶, Maciej S. Buchowski¹⁷, Nancy F. Butte¹⁸, Stefan G. Camps¹², Graeme L. Close⁶, Jamie A. Cooper¹³, Richard Cooper¹⁹, Sai Krupa Das²⁰, Lara R. Dugas¹⁹, Ulf Ekelund²¹, Sonja Entringer^{22,23}, Terrence Forrester²⁴, Barry W. Fudge²⁵, Annelies H Goris¹², Michael Gurven²⁶, Catherine Hambly²⁷, Asmaa El Hamdouchi¹⁰, Marjije B. Hoos¹², Sumei Hu²⁸, Noorjehan Joonas²⁹, Annemiek M. Joosen¹², Peter Katzmarzyk³⁰, Kitty P. Kempen¹², Misaka Kimura³, William E. Kraus³¹, Robert F. Kushner³², Estelle V. Lambert³³, William R. Leonard³⁴, Nader Lessan³⁵, Corby Martin³⁰, Anine C. Medin^{7,36}, Erwin P. Meijer¹², James C. Morehen^{37,6}, James P. Morton⁶, Marian L. Neuhouser³⁸, Theresa A. Nicklas¹⁸, Robert M. Ojiambo^{39,40}, Kirsi H. Pietiläinen⁴¹, Yannis P. Pitsiladis⁴², Jacob Plange-Rhule⁴³, Guy Plasqui⁴⁴, Ross L. Prentice³⁸, Roberto A. Rabinovich⁴⁵, Susan B. Racette⁴⁶, David A. Raichlen⁴⁷, Eric Ravussin³⁰, Rebecca M. Reynolds⁴⁸, Susan B. Roberts²⁰, Albertine J. Schuit⁴⁹, Anders M. Sjödin⁵⁰, Eric Stice⁵¹, Samuel S. Urlacher⁵², Giulio Valenti^{12,15}, Ludo M. Van Etten¹², Edgar A. Van Mil⁵³, Jonathan C. K. Wells⁵⁴, George Wilson⁶, Brian M. Wood^{55,56}, Jack Yanovski⁵⁷, Tsukasa Yoshida⁴, Xueying Zhang^{27,28}, Alexia J. Murphy-Alford⁵⁸, Cornelia Loechl⁵⁸, Amy H Luke^{59,†}, Jennifer Rood^{30,†}, Dale A. Schoeller^{60,†}, Klaas

R. Westerterp^{61,†}, William W. Wong^{18,†}, John R. Speakman^{62,27,28,63,*†}, IAEA DLW database consortium[#]

Affiliations

¹Evolutionary Anthropology, Duke University, Durham NC, USA ²Duke Global Health Institute, Duke University, Durham, NC, USA ³Institute for Active Health, Kyoto University of Advanced Science, Kyoto, Japan ⁴National Institute of Health and Nutrition, National Institutes of Biomedical Innovation, Health and Nutrition, Tokyo, Japan ⁵Faculty of Health and Sport Sciences, University of Tsukuba, Ibaraki, Japan ⁶Research Institute for Sport and Exercise Sciences, Liverpool John Moores University, Liverpool, UK ⁷Department of Nutrition, Institute of Basic Medical Sciences, University of Oslo, 0317 Oslo, Norway ⁸Crewe Alexandra Football Club, Crewe, UK ⁹David Geffen School of Medicine, University of California, Los Angeles ¹⁰Unité Mixte de Recherche en Nutrition et Alimentation, CNESTEN-Université Ibn Tofail URAC39, Regional Designated Center of Nutrition Associated with AFRA/IAEA ¹¹Department of Physiology, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana ¹²Maastricht University, Maastricht, The Netherlands ¹³Nutritional Sciences, University of Wisconsin, Madison, WI, USA ¹⁴Institut Pluridisciplinaire Hubert Curien. CNRS Université de Strasbourg, UMR7178, France ¹⁵Phillips Research, Eindhoven, The Netherlands ¹⁶Institute of Social and Preventive Medicine, Lausanne University Hospital, Lausanne, Switzerland ¹⁷Division of Gastroenterology, Hepatology and Nutrition, Department of Medicine, Vanderbilt University, Nashville, Tennessee, USA ¹⁸Department of Pediatrics, Baylor College of Medicine, USDA/ARS Children's Nutrition Research Center, Houston, Texas, USA ¹⁹Department of Public Health Sciences, Parkinson School of Health Sciences and Public Health, Loyola University, Maywood, IL, USA ²⁰Friedman School of Nutrition Science and Policy, Tufts University, 150 Harrison Ave, Boston, Massachusetts, USA ²¹Department of Sport Medicine, Norwegian School of Sport Sciences, Oslo, Norway ²²Charité – Universitätsmedizin Berlin, corporate member of Freie Universität Berlin, Humboldt-Universität zu Berlin, and Berlin Institute of Health (BIH), Institute of Medical Psychology, Berlin, Germany ²³University of California Irvine, Irvine, California, USA ²⁴Solutions for Developing Countries, University of the West Indies, Mona, Kingston, Jamaica ²⁵University of Glasgow, Glasgow, UK ²⁶Department of Anthropology, University of California Santa Barbara, Santa Barbara, CA, USA ²⁷Institute of Biological and Environmental Sciences, University of Aberdeen, Aberdeen, UK ²⁸State Key Laboratory of Molecular developmental Biology, Institute of Genetics and Developmental Biology, Chinese Academy of Sciences, Beijing, China ²⁹Central Health Laboratory, Ministry of Health and Wellness, Mauritius ³⁰Pennington Biomedical Research Center, Baton Rouge, Louisiana, USA ³¹Department of Medicine, Duke University, Durham, North Carolina, USA ³²Northwestern University, Chicago, IL, USA ³³Health through Physical Activity, Lifestyle and Sport Research Centre (HPALS) Division of Exercise Science and Sports Medicine (ESSM), FIMS International Collaborating Centre of Sports Medicine, Department of Human Biology, Faculty of Health Sciences, University of Cape Town ³⁴Department

of Anthropology, Northwestern University, Evanston, IL, USA ³⁵Imperial College London Diabetes Centre, Abu Dhabi, United Arab Emirates and Imperial College London, London, United Kingdom ³⁶Department of Nutrition and Public Health, Faculty of Health and Sport Sciences, University of Agder, 4630 Kristiansand, Norway ³⁷The FA Group, Burton-Upon-Trent, Staffordshire, UK ³⁸Division of Public Health Sciences, Fred Hutchinson Cancer Research Center and School of Public Health, University of Washington, Seattle, WA, USA ³⁹Moi University, Eldoret, Kenya ⁴⁰University of Global Health Equity, Rwanda ⁴¹Helsinki University Central Hospital, Helsinki, Finland ⁴²University of Brighton, Eastbourne, UK ⁴³Department of Physiology, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana ⁴⁴Department of Nutrition and Movement Sciences, Maastricht University, Maastricht, The Netherlands ⁴⁵University of Edinburgh, Edinburgh, UK ⁴⁶Program in Physical Therapy and Department of Medicine, Washington University School of Medicine, St. Louis, Missouri, USA ⁴⁷Biological Sciences and Anthropology, University of Southern California, California, USA ⁴⁸Centre for Cardiovascular Sciences, Queen's Medical Research Institute, University of Edinburgh, Edinburgh, UK ⁴⁹University of Wageningen, Wageningen, The Netherlands ⁵⁰Department of Nutrition, Exercise and Sports, Copenhagen University, Copenhagen, Denmark ⁵¹Stanford University, Stanford CA, USA ⁵²Department of Anthropology, Baylor University, Waco, TX, USA ⁵³Maastricht University, Maastricht and Lifestyle Medicine Center for Children, Jeroen Bosch Hospital's-Hertogenbosch, The Netherlands ⁵⁴Population, Policy and Practice Research and Teaching Department, UCL Great Ormond Street Institute of Child Health, London, UK ⁵⁵University of California Los Angeles, Los Angeles, USA ⁵⁶Max Planck Institute for Evolutionary Anthropology, Department of Human Behavior, Ecology, and Culture ⁵⁷Growth and Obesity, Division of Intramural Research, NIH, Bethesda, MD, USA ⁵⁸Nutritional and Health Related Environmental Studies Section, Division of Human Health, International Atomic Energy Agency, Vienna, Austria ⁵⁹Division of Epidemiology, Department of Public Health Sciences, Loyola University School of Medicine, Maywood Illinois, USA ⁶⁰Biotech Center and Nutritional Sciences University of Wisconsin, Madison, Wisconsin, USA ⁶¹Department of Human Biology, University of Maastricht, Maastricht, The Netherlands ⁶²Center for Energy Metabolism and Reproduction, Shenzhen Institutes of Advanced Technology, Chinese Academy of Sciences, Shenzhen, China ⁶³CAS Center of Excellence in Animal Evolution and Genetics, Kunming, China

Acknowledgements

The DLW database, which can be found at <https://doubly-labelled-water-database.iaea.org/home> or <https://www.dlwdatabase.org/>, is generously supported by the IAEA, Taiyo Nippon Sanso and, SERCON. We are grateful to these companies for their support and especially to Takashi Oono for his tremendous efforts at fund raising on our behalf. The authors also gratefully acknowledge funding from the US National Science Foundation (BCS-1824466) awarded to Herman Pontzer. The funders played no role in the content of this manuscript.

Data Availability

All data used in these analyses is freely available via the IAEA Doubly Labelled Water Database (<https://doubly-labelled-water-database.iaea.org/home> or <https://www.dlwdatabase.org/>).

References

1. Henry CJ, Basal metabolic rate studies in humans: measurement and development of new equations. *Public Health Nutr*8, 1133–1152 (2005). [PubMed: 16277825]
2. FAO, Human energy requirements: report of a joint FAO/ WHO/UNU Expert Consultation. *Food Nutr Bull*26, 166 (2005). [PubMed: 15810802]
3. Westerterp KR, de Boer JO, Saris WHM, Schoffelen PFM, ten Hoor F, Measurement of energy expenditure using doubly labelled water. *Int J Sport Med*5, S74–75 (1984).
4. Klein PD et al. Calorimetric validation of the doubly-labelled water method for determination of energy expenditure in man. *Hum Nutr Clin Nutr*38, 95–106 (1984). [PubMed: 6423577]
5. Speakman JR, *Doubly Labelled Water: Theory and Practice*. (Chapman and Hall, London, 1997).
6. Black AE, Coward WA, Cole TJ, Prentice AM, Human energy expenditure in affluent societies: an analysis of 574 doubly-labelled water measurements. *Eur J Clin Nutr*50, 72–92 (1996). [PubMed: 8641250]
7. Dugas L et al. Energy expenditure in adults living in developing compared with industrialized countries: a meta-analysis of doubly labeled water studies. *Am J Clin Nutr*93, 427–441 (2011). [PubMed: 21159791]
8. Pontzer H et al. Constrained Total Energy Expenditure and Metabolic Adaptation to Physical Activity in Adult Humans. *Curr Biol*26, 410–417 (2016). [PubMed: 26832439]
9. Speakman JR, Westerterp KR, Associations between energy demands, physical activity, and body composition in adult humans between 18 and 96 y of age. *Am J Clin Nutr*92, 826–834 (2010). [PubMed: 20810973]
10. Butte NF, Fat intake of children in relation to energy requirements. *Am J Clin Nutr*72, 1246s–1252s (2000). [PubMed: 11063466]
11. Wolff-Hughes DL, Bassett DR, Fitzhugh EC, Population-referenced percentiles for waist-worn accelerometer-derived total activity counts in U.S. youth: 2003 - 2006 NHANES. *PLoS One*9, e115915 (2014). [PubMed: 25531290]
12. Schmutz EA et al. Physical activity and sedentary behavior in preschoolers: a longitudinal assessment of trajectories and determinants. *Int J Behav Nutr Phys Act*15, 35 (2018). [PubMed: 29618360]
13. Hnatiuk JA, Lamb KE, Ridgers ND, Salmon J, Hesketh KD, Changes in volume and bouts of physical activity and sedentary time across early childhood: a longitudinal study. *Int J Behav Nutr Phys Act*16, 42 (2019). [PubMed: 31088455]
14. Kuzawa CW et al. Metabolic costs and evolutionary implications of human brain development. *Proc Natl Acad Sci U S A*111, 13010–13015 (2014). [PubMed: 25157149]
15. Cheng HL, Amatory M, Steinbeck K, Energy expenditure and intake during puberty in healthy nonobese adolescents: a systematic review. *Am J Clin Nutr*104, 1061–1074 (2016). [PubMed: 27629054]
16. Speakman J et al. The International Atomic Energy Agency International Doubly Labelled Water Database: Aims, Scope and Procedures. *Ann Nutr Metab*75, 114–118 (2019). [PubMed: 31743893]
17. Speakman J et al. A standard calculation methodology for human doubly labeled water studies. *Cell Rep Med*2, 100203 (2021). [PubMed: 33665639]
18. Allison DB, Paultre F, Goran MI, Poehlman ET, Heymsfield SB, Statistical considerations regarding the use of ratios to adjust data. *Int J Obes Relat Metab Disord*19, 644–652 (1995). [PubMed: 8574275]

19. Alderman H, Headey D, The timing of growth faltering has important implications for observational analyses of the underlying determinants of nutrition outcomes. *PLoS One*13, e0195904 (2018). [PubMed: 29694431]
20. Blundell JE et al. The drive to eat in homo sapiens: Energy expenditure drives energy intake. *Physiol Behav*219, 112846 (2020). [PubMed: 32081814]
21. Gallagher D, Allen A, Wang Z, Heymsfield SB, Krasnow N, Smaller organ tissue mass in the elderly fails to explain lower resting metabolic rate. *Ann N Y Acad Sci*904, 449–455 (2000). [PubMed: 10865788]
22. Hsu A et al. Larger mass of high-metabolic-rate organs does not explain higher resting energy expenditure in children. *Am J Clin Nutr*77, 1506–1511 (2003). [PubMed: 12791631]
23. Wang Z et al. Specific metabolic rates of major organs and tissues across adulthood: evaluation by mechanistic model of resting energy expenditure. *Am J Clin Nutr*92, 1369–1377 (2010). [PubMed: 20962155]
24. Wang Z et al. A cellular level approach to predicting resting energy expenditure: Evaluation of applicability in adolescents. *Am J Hum Biol*22, 476–483 (2010). [PubMed: 20058259]
25. Wang Z, Heshka S, Heymsfield SB, Shen W, Gallagher D, A cellular-level approach to predicting resting energy expenditure across the adult years. *Am J Clin Nutr*81, 799–806 (2005). [PubMed: 15817855]
26. Wolff-Hughes DL, Fitzhugh EC, Bassett DR, Churilla JR, Waist-Worn Actigraphy: Population-Referenced Percentiles for Total Activity Counts in U.S. Adults. *J Phys Act Health*12, 447–453 (2015). [PubMed: 24905055]
27. Aoyagi Y, Park S, Cho S, Shephard RJ, Objectively measured habitual physical activity and sleep-related phenomena in 1645 people aged 1-91 years: The Nakanojo Community Study. *Prev Med Rep*11, 180–186 (2018). [PubMed: 29992084]
28. Yamada Y et al. Extracellular water may mask actual muscle atrophy during aging. *J Gerontol A Biol Sci Med Sci*65, 510–516 (2010). [PubMed: 20133393]
29. West GB, Brown JH, Enquist BJ, A general model for ontogenetic growth. *Nature*413, 628–631 (2001). [PubMed: 11675785]
30. Brown JH, Gillooly JF, Allen AP, Savage VM, West GB, Toward a metabolic theory of ecology. *Ecology*85, 1771–1789 (2004).
31. Montgomery RD, Changes in the basal metabolic rate of the malnourished infant and their relation to body composition. *J Clin Invest*41, 1653–1663 (1962). [PubMed: 14475547]
32. Brooke OG, Cocks T, Resting metabolic rate in malnourished babies in relation to total body potassium. *Acta Paediatr Scand*63, 817–825 (1974). [PubMed: 4215279]
33. Butte NF et al. Energy requirements derived from total energy expenditure and energy deposition during the first 2 y of life. *Am J Clin Nutr*72, 1558–1569 (2000). [PubMed: 11101486]
34. Hernández-Triana Met et al. Total energy expenditure by the doubly-labeled water method in rural preschool children in Cuba. *Food Nutr Bull*23, 76–81 (2002). [PubMed: 12362819]
35. Summer SS, Pratt JM, Koch EA, Anderson JB, Testing a novel method for measuring sleeping metabolic rate in neonates. *Respir Care*59, 1095–1100 (2014). [PubMed: 24255159]
36. Butte NF et al. Energy expenditure and deposition of breast-fed and formula-fed infants during early infancy. *Pediatr Res*28, 631–640 (1990). [PubMed: 2284162]
37. Gilmore LA et al. Energy Intake and Energy Expenditure for Determining Excess Weight Gain in Pregnant Women. *Obstet Gynecol*127, 884–892 (2016). [PubMed: 27054928]
38. Goldberg GR et al. Longitudinal assessment of energy expenditure in pregnancy by the doubly labeled water method. *Am J Clin Nutr*57, 494–505 (1993). [PubMed: 8460604]
39. Butte NF, Wong WW, Treuth MS, Ellis KJ, O'Brian Smith E, Energy requirements during pregnancy based on total energy expenditure and energy deposition. *Am J Clin Nutr*79, 1078–1087 (2004). [PubMed: 15159239]
40. Weir JB, New methods for calculating metabolic rate with special reference to protein metabolism. *J Physiol*109, 1–9 (1949). [PubMed: 15394301]
41. Team RC, R: A language and environment for statistical computing. R Foundation for Statistical Computing. (Vienna, Austria, 2020).

42. Muggeo VMR. . Segmented: an R package to fit regression models with broken-line relationships. *R News*8/1, 20–25 (2008).
43. Elia M, in *Physiology, Stress, and Malnutrition*, Kinney JM, Tucker HN, Eds. (Raven Press, Philadelphia, 1997), pp. 383–411.
44. Holliday MA, Potter D, Jarrah A, Bearg S, The relation of metabolic rate to body weight and organ size. *Pediatr Res*1, 185–195 (1967). [PubMed: 4965967]
45. Holliday MA, Metabolic rate and organ size during growth from infancy to maturity and during late gestation and early infancy. *Pediatrics*47, Suppl 2:169+ (1971).
46. Molina DK et al. Organ Weight Reference Ranges for Ages 0 to 12 Years. *Am J Forensic Med Pathol*40, 318–328 (2019). [PubMed: 30969175]
47. Sawabe M et al. Standard organ weights among elderly Japanese who died in hospital, including 50 centenarians. *Pathol Int*56, 315–323 (2006). [PubMed: 16704495]
48. Kwon S, Honegger K, Mason M, Daily Physical Activity Among Toddlers: Hip and Wrist Accelerometer Assessments. *Int J Environ Res Public Health*16, (2019).
49. Hager E et al. Toddler physical activity study: laboratory and community studies to evaluate accelerometer validity and correlates. *BMC Public Health*16, 936 (2016). [PubMed: 27600404]
50. Silva P et al. Lifespan snapshot of physical activity assessed by accelerometry in Porto. *J Phys Act Health*8, 352–360 (2011). [PubMed: 21487134]
51. Doherty A et al. Large Scale Population Assessment of Physical Activity Using Wrist Worn Accelerometers: The UK Biobank Study. *PLoS One*12, e0169649 (2017). [PubMed: 28146576]
52. Blair P et al. Childhood sleep duration and associated demographic characteristics in an English cohort. *Sleep*35, 353–360 (2012). [PubMed: 22379241]
53. Kohyama J, Mindell JA, Sadeh A, Sleep characteristics of young children in Japan: internet study and comparison with other Asian countries. *Pediatr Int*53, 649–655 (2011). [PubMed: 21199167]
54. Iglowstein I, Jenni OG, Molinari L, Largo RH, Sleep duration from infancy to adolescence: reference values and generational trends. *Pediatrics*111, 302–307 (2003). [PubMed: 12563055]
55. Brambilla P et al. Sleep habits and pattern in 1-14 years old children and relationship with video devices use and evening and night child activities. *Ital J Pediatr*43, 7 (2017). [PubMed: 28257638]

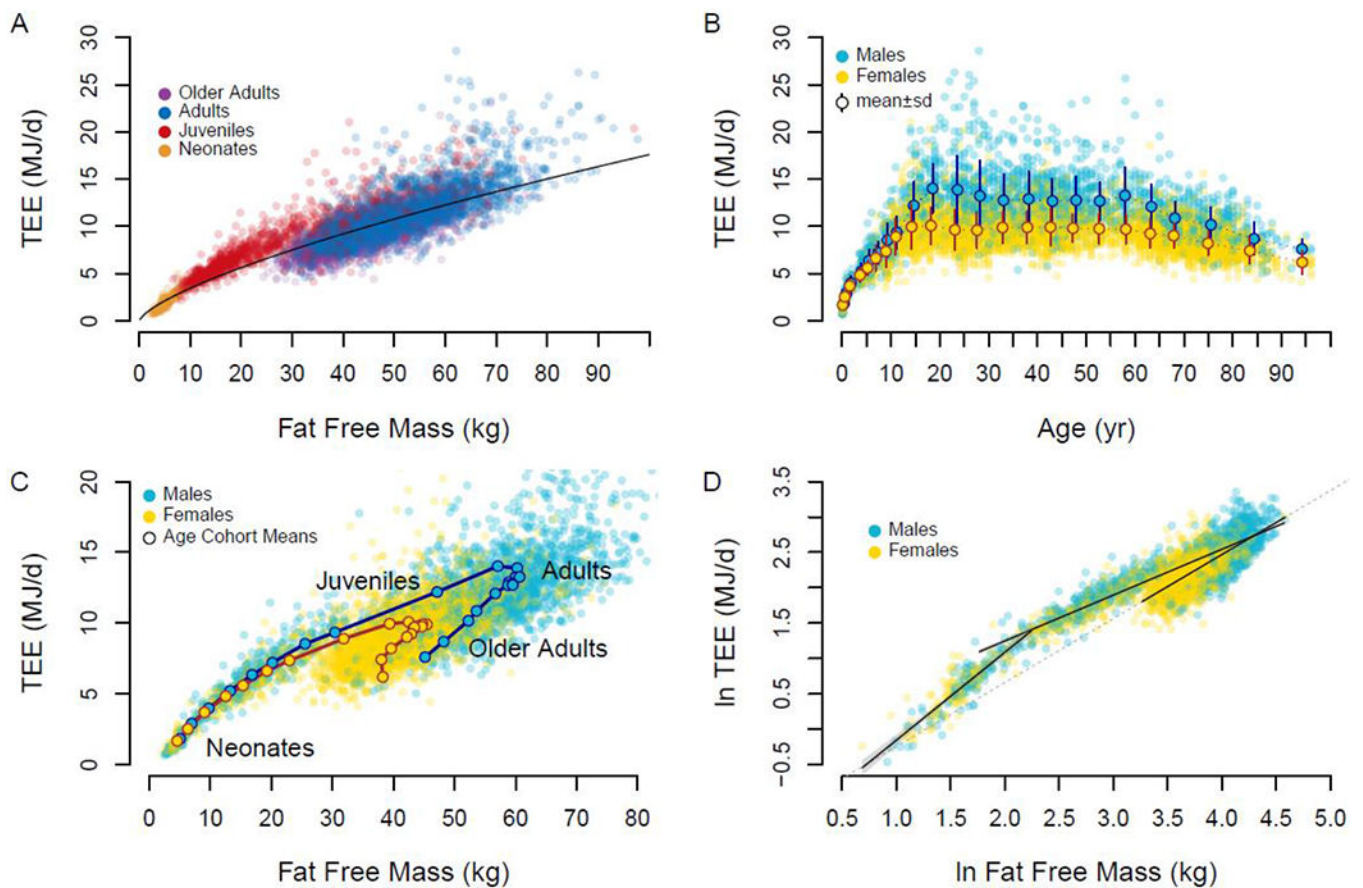


Figure 1.

A. Total expenditure (TEE) increases with fat free mass in a power-law manner, but age groups cluster about the trend line differently. **B.** Total expenditure rises in childhood, is stable through adulthood, and declines in older adults. Means \pm sd for age-sex cohorts are shown. **C.** Age-sex cohort means show a distinct progression of total expenditure and fat free mass over the life course. **D.** Neonate, juveniles, and adults exhibit distinct relationships between fat free mass and expenditure. The dashed line, extrapolated from the regression for adults, approximates the regression used to calculate adjusted total expenditure.

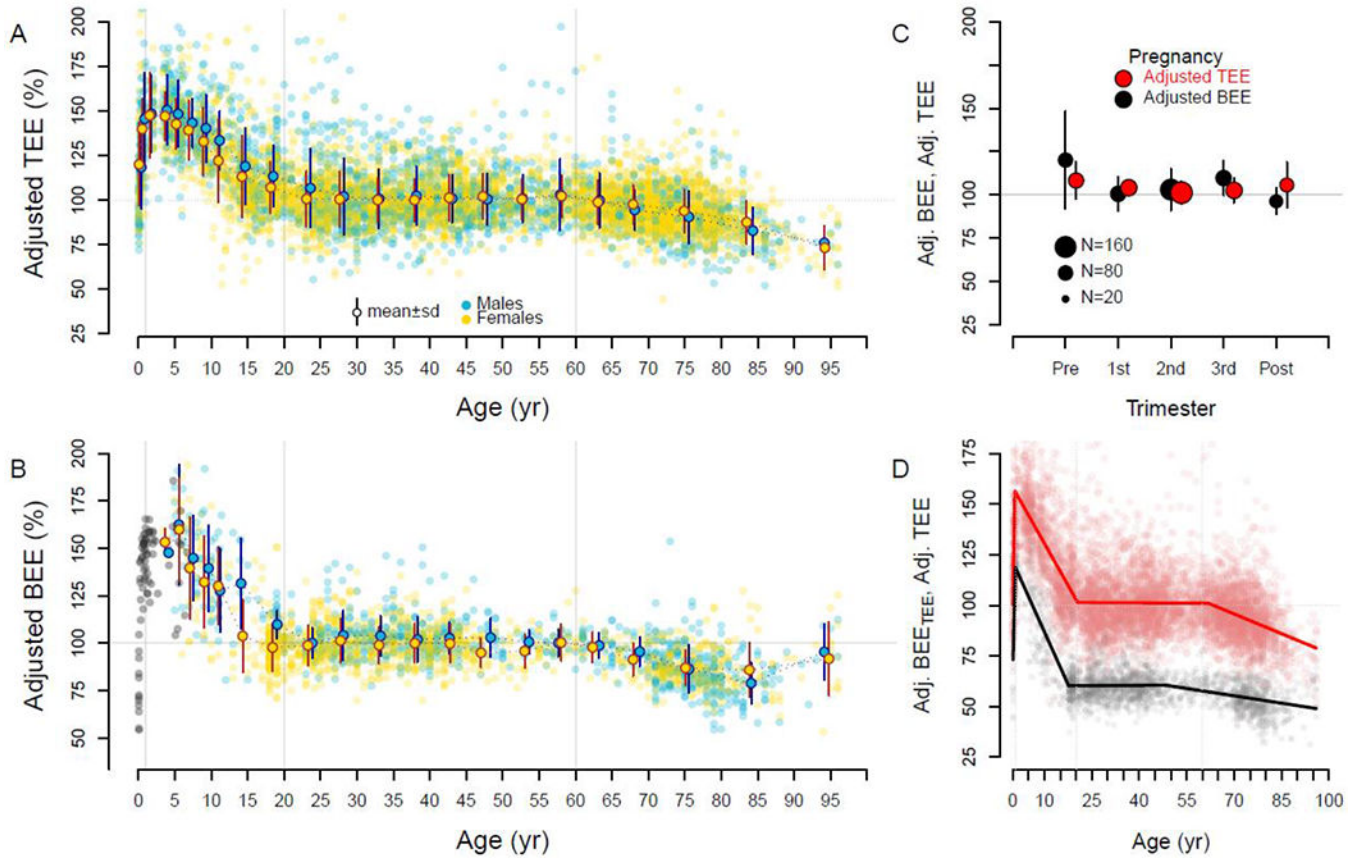


Figure 2. Fat free mass- and fat mass-adjusted expenditures over the life course. Individual subjects and age-sex cohort mean \pm SD are shown. For both total (Adj. TEE) (A) and basal (Adj. BEE) expenditure (B), adjusted expenditures begin near adult levels (~100%) but quickly climb to ~150% in the first year. Adjusted expenditures decline to adult levels ~20y, then decline again in older adults. Basal expenditures for infants and children not in the doubly labeled water database are shown in gray. C. Pregnant mothers exhibit adjusted total and basal expenditures similar to non-reproducing adults (Pre: prior to pregnancy; Post: 27 weeks post-partum). D. Segmented regression analysis of adjusted total (red) and adjusted basal expenditure (calculated as a portion of total; Adj. BEE_{TEE}; black) indicates a peak at ~1 y, adult levels at ~20 y, and decline at ~60 y (see text).

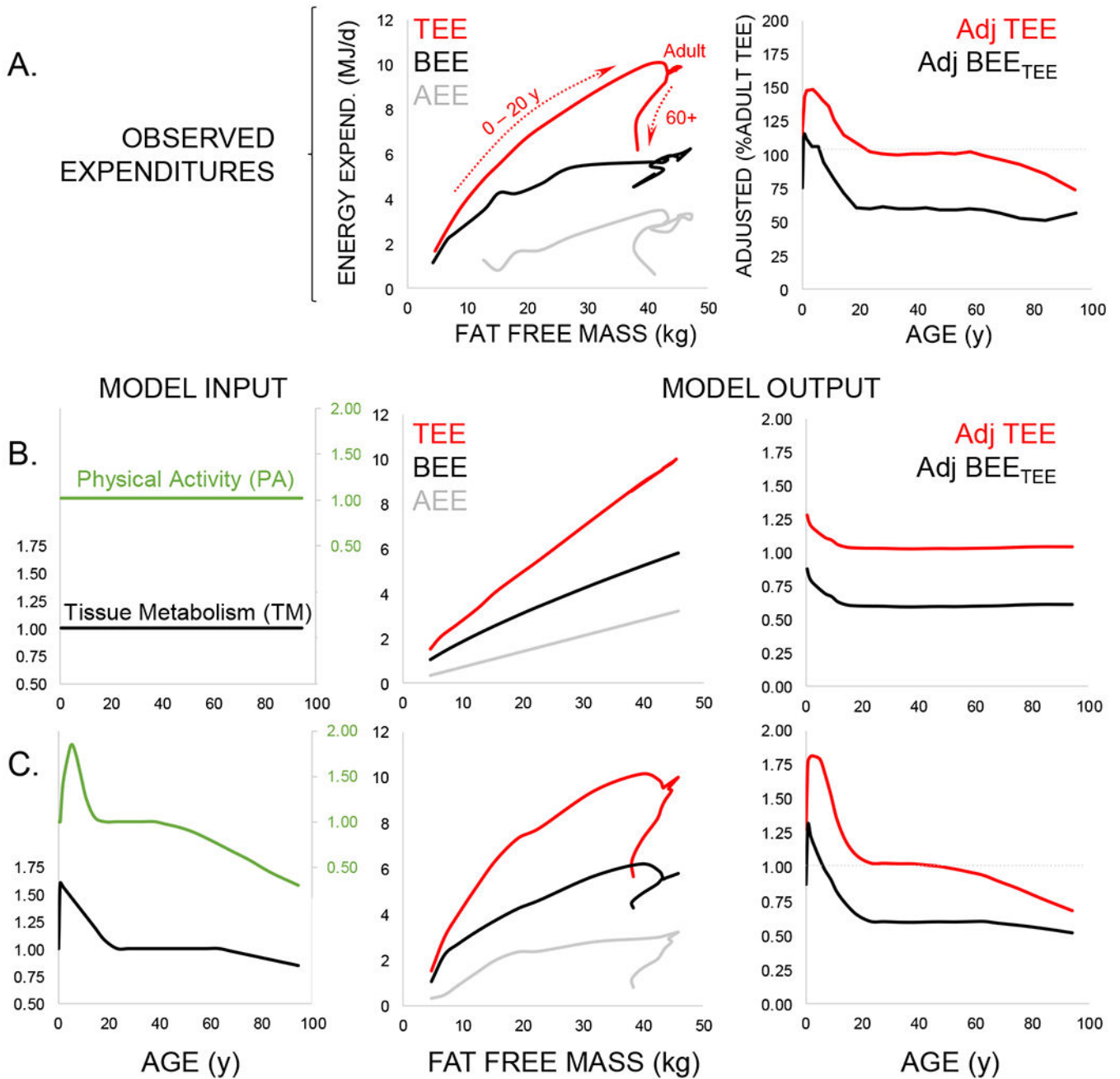


Figure 3. Modeling the contribution of physical activity and tissue-specific metabolism to daily expenditures. **A.** Observed total (TEE, red), basal (BEE, black), and activity (AEE, gray) expenditures (Table S1) show age-related variation with respect to fat free mass (see Figure 1C) that is also evident in adjusted values (Table S3; see Figure 2D). **B.** These age effects do not emerge in models assuming constant physical activity (PA, green) and tissue-specific metabolic rate (TM, black) across the life course. **C.** When physical activity and

tissue-specific metabolism follow the life course trajectories evident from accelerometry and adjusted basal expenditure, respectively, model output is similar to observed expenditures.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript