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The effect of tyrosine supplementation on whole-body endurance performance in physically active population:
A systematic review and meta-analysis including GRADE qualification

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Title: The Effect of Tyrosine Supplementation on Whole-Body Endurance Performance in Physically Active Population: A Systematic Review and Meta-Analysis including GRADE qualification

Running Head: Effect of Tyrosine Supplementation on endurance performance

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- 1 **Title:** The Effect of Tyrosine Supplementation on Whole-Body Endurance Performance
- 2 in Physically Active Population: A Systematic Review and Meta-Analysis including
- 3 GRADE qualification

4 **Abstract**

5 Although tyrosine supplementation is well recognized to improve
6 cognitive function, its impact on endurance performance is debatable and needs
7 to be clarified further. The purpose of this systematic review and meta-analysis was
8 to evaluate the effects of tyrosine supplementation on whole-body endurance
9 performance in physically active population. The search strategy follow
10 the Preferred Reporting Items for Systematic Reviews and Meta-Analysis
11 (PRISMA), using four databases (Cochrane Library, Web of Science, Scopus,
12 PsycINFO, and PubMed) until August 3, 2023. The effect of tyrosine
13 (experimental condition) was compared against placebo (control condition).
14 The methodological quality of the included studies was evaluated using the
15 Physiotherapy Evidence Database (PEDro) scale. The Grading of
16 Recommendations Assessment, Development, and Evaluation (GRADE Pro
17 software) System was also used to assess the quality of evidence. A total of 10
18 interventions from 8 studies were included. The sub-group analysis revealed no
19 significant differences between tyrosine and placebo conditions for time to exhaustion
20 (SMD = 0.02; $p = 0.94$) and time trial performance (SMD = -0.04; $p = 0.85$). The
21 level of evidence as qualified with GRADE was moderate. In conclusion,
22 moderate-quality evidence suggests that tyrosine supplementation is ineffective on
23 endurance performance in the physically active population, independently of the
endurance task (TTE or ETT).

24

25 **Keywords:** dietary supplement; exercise; endurance performance; sport nutrition

26 **Clinical Trial Registration:** The study protocol was registered in
the Prospective Register of Systematic Review (PROSPERO) with the
following registration number: (CRD42023386871).

27 **Introduction**

28 The amino acid L-tyrosine (TYR), usually present in protein-rich foods, is the
29 biochemical precursor of catecholamines such as dopamine (DA) and norepinephrine
30 (NE). Physiologically, oral consumption of TYR leads to peak plasma levels between one
31 and two hours after ingestion,, which can remain significantly elevated for up to four
32 hours (Coull et al., 2016). Once passed through the blood-brain barrier (BBB) and then
33 absorbed by the neuronal cells, TYR is converted to L-DOPA through an enzyme called
34 tyrosine hydroxylase (TH) (Daubner et al., 2011). Subsequently, L-DOPA is converted
35 to DA, increasing the DA level in the brain. Additionally, DA can be converted to NE
36 through the enzyme dopamine beta-hydroxylase (DBH) (Daubner et al., 2011). Notably,
37 TH activity increases with oral supplementation of TYR; however, feedback inhibition
38 regulates its activity to prevent significant increases in catecholamine release (Daubner
39 et al., 2011). Over the past few decades, TYR has been used as a supplement to increase
40 the levels of these catecholamines in the brain and potentially providing beneficial
41 effects on cognitive and behavioral performances, which depends on
42 the neurotransmitter's function (Jongkees et al., 2015).

43 The effects of TYR supplementation on cognitive and behavioral performances
44 involve various aspects, including working memory (Colzato et al., 2013), inhibitory
45 control (Colzato et al., 2015), cognitive flexibility (Steenbergen et al., 2015), reaction
46 time, and vigilance (Banderet & Lieberman, 1989). However, the findings regarding the
47 efficacy of TYR supplementation on these outcomes varied considerably, with some
48 studies reporting beneficial effects (Colzato et al., 2013, 2015), while others did not
49 (Chinevere et al., 2002; Sutton et al., 2005). A review by Jongkees et al. (2015), it was
50 reported that TYR supplementation could reverse cognitive decline in short-term stressful
51 situations and cognitively demanding tasks (e. g., heat exposure, cold exposure, cognition

52 challenge, and auditory stress); nevertheless, the efficacy of supplementation may be
53 influenced by the clinical outcomes assessed (e.g., cold exposure, cognition challenged,
54 sleep deprivation, heat exposure) and participant's characteristics
55 (e.g., healthy, parkinson's, depressive, and schizophrenia patients).

56 On the other hand, the consumption of TYR as an ergogenic resource has also
57 been proposed as a potential strategy for improving physical performance and delaying
58 fatigue (Roelands et al., 2015). From a neurochemical perspective, it has been reported
59 that an increase in cerebral dopaminergic activity during prolonged physical exercise can
60 directly activate the motor pathways and delay fatigue by inhibiting brain serotonin
61 synthesis (Meeusen & Roelands, 2018). In addition to its impact on motor areas,
62 dopamine also plays a role in various regions of the prefrontal cortex (PFC), including
63 the anterior cingulate cortex (ACC) and orbitofrontal cortex (OFC), which also play an
64 essential role in decision-making related to pace regulation and exercise cessation
65 during prolonged whole-body endurance (Robertson & Marino, 2016).

66 Previous studies suggested that dopaminergic neurons projecting into the
67 prefrontal cortex may be influenced by the availability of TYR under certain
68 circumstances (Milner & Wurtman, 1986; Tarn & Roth, 1997). Therefore, considering
69 the importance of dopaminergic (mesocorticolimbic) and noradrenergic (locus
70 coeruleus) pathways for motivation and physical performance (McMorris, 2020),
71 nutritional interventions targeting this dopamine precursor could be an interesting
72 strategy to improve endurance performance.

73 However, studies investigating TYR supplementation to improve whole-body
74 endurance performance could not have confirmed this hypothesis, and the available
75 results are conflicting despite an increasing number of publications. For example,
76 Tumilty et al. (2011) demonstrated that TYR administration increased the time to
exhaustion in

77 heat cycling. In contrast, the positive effect of this supplement disappeared when the
78 exercise mode was changed to a time trial (Tumilty et al., 2014). Therefore, it is still
79 unknown whether the effect of TYR could be task-dependent, specifically whole-body
80 endurance tasks because many sports situations are based on dynamic
81 movements involving various joints and muscles; therefore, supplementation of TYR
82 could be more advantageous. Also, the literature suggests that these inconsistent
83 findings may be attributed to factors such as the exercise protocol and dosage
84 of TYR supplementation (Tumilty et al., 2014, 2020). Additionally, possibly even
85 more important is that studies in sports nutrition are frequently conducted with
86 small samples and, therefore, may have low statistical power (Maughan et al.,
87 2018; Tumilty et al., 2020). Thus, conducting a systematic review and meta-
88 analysis utilizing the Grading of Recommendations Assessment,
89 Development, and Evaluation (GRADE) approach may help clarify the
90 inconsistent findings on this topic.

91 Therefore, this systematic review focused on the following research question: “Is
92 TYR supplementation advantageous for improving endurance performance in physically
93 active population?”. So, this article aimed to conduct a systematic review of
94 studies examining the effects of tyrosine supplementation on whole-body endurance
95 performance in physically active adults.

96

97 **Materials and methods**

98 This systematic review was performed following the Preferred Reporting Items
99 for Systematic Review and Meta-Analyses (PRISMA) guidelines (Moher et al.,
100 2009) and was prospectively registered in PROSPERO (ID: CRD42023386871). The
PICOS model, outlined in Table 1, was utilized to define the inclusion criteria.

101

102

*****Insert table 1*****

103

104 *Search Strategy*

105 The search strategy is described in Figure 1. A comprehensive examination was
106 conducted on all randomized controlled trials (RCTs) that involved a
107 comparison between a group receiving TYR supplementation and a group
108 receiving a placebo, employing double-blind assignments. A structured search
109 was conducted in the following databases until August 3, 2023: PubMed, Cochrane
110 Library, Web of Science (WoS), Scopus, and PsycINFO. The study incorporated the
111 following search terms: “Tyrosine” AND “Dietary Supplements” OR “Supplement”
112 OR “Supplementation” AND “Exercise” OR “Exercise Tolerance” OR “Exercise Test”
113 OR “Aerobic Exercise” OR “Time Trial” OR “Time To Exhaustion”
114 OR “Endurance” OR “Physical Endurance” OR “Endurance Training”
115 OR “Physical Fitness” OR “Time To Task Failure” AND “Performance”
116 OR “Athletic Performance”. Search strategies were modified to meet
117 the specific requirements of each database. The search was not limited
118 to specific years. The search was supplemented manually by (a) examining
119 the reference lists of the included studies and (b) examining the studies that cited
120 the included studies (i.e., forward citation tracking). The search for studies
121 was performed independently by two authors (Luiz José Frota Solon-Júnior
and Borja Martinez Gonzalez).

122

Inclusion and Exclusion Criteria

123 To be included, the control group was required to receive a placebo during the
124 supplementation period. The search strategy included studies of healthy men or women,
125 regardless of their level of training, age, supplementation dose, and duration (acute or
126 chronic). Furthermore, in the context of whole-body endurance performance (i.e.,
127 cardiorespiratory or aerobic endurance), the exercise duration for performance
128 assessment had to exceed 75 seconds and be conducted at the maximum achievable
129 intensity (McCormick et al., 2015). This review adopted this eligibility criterion because
130 it is estimated that the relative contribution of the aerobic energy system generally
131 predominates after 75 s of maximum-effort exercise (McCormick et al., 2015). The
132 dependent variables included in this systematic review were the following data (absolute
133 values): (A) time to exhaustion (TTE): endurance exercise at a constant intensity until
134 participants could no longer continue with the effort; and (B) endurance time trial (ETT):
135 completing a set distance in the shortest possible time or target work as quickly as
136 possible. Consequently, the primary outcomes (O) were measured in minutes.
137 Moreover, only original studies and research were included, and studies
138 involving TYR supplementation in conjunction with other supplements (such as
139 caffeine, probiotics, BCAA or any other supplement that alters endurance performance)
140 were excluded.

141

142 *Data Extraction and Analysis*

143 The authors extracted the following data from the included studies: author and
144 year of publication; sample size (n) and participants characteristics (sex, age,
145 and training status); details of the TYR supplementation protocol, including
146 dosage, timing, and method of administration; the specific tests employed to assess
147 endurance performance; outcome variables (TTE or ETT); main findings related
to the effects of TYR on whole-body endurance performance; and side effects.
The authors of the studies included in this

148 review were contacted if crucial data were missing from the original
149 publication. We contacted the authors of the one article (Tumilty et al.,
150 2020) in which endurance performance values were not described.

151

152 *Quality Assessment of Included Studies*

153 The quality assessment of the included studies was conducted using the PEDro
154 scale of 11 items, which includes a "Yes/No" response scale related to the study design
155 (Moher et al., 2009; Verhagen et al., 1998). According to the PEDro checklist, all items
156 except the first one contribute to calculating a summary score ranging from 0 to 10. The
157 PEDro scale was used because it can objectively and reliably assess the internal validity
158 of a randomized controlled trial (RCTs) (Maher et al., 2003). On the basis
159 of the summative scores, the studies were categorized as "excellent quality" (9 to
160 10 points), "good quality" (6 to 8 points), "fair quality" (4–5 points), or
161 "poor" methodological quality (3 points) (Grgic et al., 2020). Two review authors
162 (Luiz José Frota Solon-Júnior and Borja Martinez Gonzalez) conducted the quality
163 assessment independently; any discrepancies between authors' scores
164 were resolved through discussion and consensus.

165 The Grading of Recommendations, Development, and Evaluation
166 (GRADE) method was used to evaluate the overall quality of the evidence gathered with
167 the GRADE pro (Version 20) software developed by McMaster University in 2014.
168 The quality of evidence for RCTs was graded into four levels: very low, low,
169 moderate, or high (Higgins & Green, 2008).

170

Statistical considerations

171 Statistical analyses were performed using the Review Manager software (RevMan
172 5.3.5; Cochrane Collaboration, Oxford, UK). The effect size of each study was
173 calculated as the difference in performance between the experimental (i.e., TYR) and
174 control (i.e., placebo) conditions. It was calculated the mean difference and 95%
175 confidence interval (CI) to measure the intervention effect on continuous outcomes. The
176 raw difference was divided by the within-group standard deviation to standardize the
177 mean differences (SMD). The mean differences and CI weighted by the inverse variance
178 method were measured using a random-effects model. Heterogeneity between studies
179 was assessed using I^2 statistics, as well as the visual inspection of the forest plot.
180 According to Cohen's guidelines, SMD values of 0.2, 0.5, and 0.8 represent small,
181 moderate, and large effect sizes. Statistical significance was set at $P \leq 0.05$. Due to the
182 limited number of studies (≤ 10 trials) available for each comparison, the risk of
183 publication bias was not assessed using funnel plots, as they have low statistical power
184 (Egger et al., 1997).

185

186 **Results**

187 *Overview of Studies Included*

188 A total of 214 papers were initially identified based on the combined descriptors.
189 Initially, 135 original research articles were selected from the 214 papers. Of these 135
190 articles, 31 were removed due to duplication. From the remaining 104 articles screened,
191 Ten articles were excluded because they did not solely investigate TYR supplementation
192 (e.g., combined use of caffeine, theanine, and TYR; Multi-Ingredient Pre-Workout
193 Supplement; Probiotic; Amino Acids) or involved the use of other supplements (e. g.,
194 Methylphenidate, Zinc, glutamine, and alanine). Additionally, two articles were
excluded as they focused on patients with specific diseases (e.g., Parkinson's disease and
anorexia

195 nervosa patients), and six articles were excluded as they did not evaluate physical
196 performance as an outcome (e.g., response execution, inhibitory control, and working
197 memory).

198 In addition, one article was excluded because it involved animal testing,
199 and seventy-five were out of context and did not match the search criteria. Ten full-text
200 papers were then read. One of the ten articles did not assess whole-body
201 endurance performance, and another did not assess the maximal nature of
202 exercise. However, only eight original English-language papers were declared
203 eligible for inclusion in this review.

204

Insert figure 1

205

206

207 *Characteristics of Subjects*

208 There were a total of 83 male participants included in the studies that
209 were evaluated. No study included samples of both sexes or women. The
210 number of trial participants ranged from seven (Tumilty et al., 2014) to
211 twenty (Sutton et al., 2005), with a mean sample size of 9.75 ± 4.23 . The mean
212 ages of the participants ranged from 20 (Tumilty et al., 2014) to 32 (Sutton et
213 al., 2005; Tumilty et al., 2011) years old. Included in the studies were endurance-
214 trained males (Chinevere et al., 2002; Strüder et al., 1998; Tumilty et
215 al., 2014), as well as physically active or recreationally trained men (Coull et al.,
2016; Sutton et al., 2005; Tumilty et al., 2020; Watson et al., 2012).

216

217

Insert table 2

241 Based on the overall analysis, the evidence quality was assessed as
242 moderate, indicating that TYR is ineffective compared to placebo in enhancing
243 endurance performance. The level of evidence for randomized controlled
244 trials (RCTs) was downgraded due to imprecision, i.e., less than 400 participants
245 in the comparison for continuous outcomes. In summary, the analysis
246 shows moderate confidence in the metanalysis quality of evidence.
247 More studies are needed to increase the number of participants in the GRADE
248 analysis, altering from moderate to high-quality evidence (see Table 4).

249

250

*****Insert table 4*****

251

252 *Outcome and Aim of the Studies*

253 All studies shared similar results but with different objectives. The critical
254 dependent variables of the studies were TTE (Strüder et al., 1998; Sutton et al., 2005;
255 Tumilty et al., 2011; Watson et al., 2012) and ETT (Chinevere et al., 2002; Coull et al.,
256 2016; Tumilty et al., 2014, 2020). Five out of the eight included studies aimed to
257 investigate the effects of this supplement on the endurance task in a warm environment
258 (Coull et al., 2016; Tumilty et al., 2011, 2014, 2020; Watson et al., 2012), while three
259 studies were conducted in temperature-controlled ambient conditions (Chinevere et al.,
260 2002; Strüder et al., 1998; Sutton et al., 2005).

261

262 *Effect of TYR Supplementation on Whole-Body Endurance Performance*

263 The systematic search uncovered a total of ten interventions within eight studies
264 that investigated the effects of TYR supplementation on endurance
265 performance (TTE or ETT). As shown in Figure 2, there was no overall effect
266 favoring the TYR condition (standardized mean difference [SMD] = -0.01; 95%
267 CI = -0.32, 0.29; P = 0.93), without significant heterogeneity (P = 0.85 and
268 $I^2 = 0\%$). Subgroup analysis also revealed no significant differences between
269 the TYR and placebo conditions for TTE (SMD = 0.02; 95% CI = -0.45, 0.49; P =
270 0.94) and ETT (SMD = -0.04; 95% CI = -0.44, 0.37; P = 0.85). These results
271 suggest that TYR supplementation does not improve whole-body endurance
272 performances.

273

Insert figure 2

274

275

276 *Side effects*

277 Information on side effects was reported in three of the eight studies (see Table 5
278 for details). Overall, no side effects or gastric discomfort were reported across the three
279 studies.

280

Insert table 5

281

282

283 *Study Limitations*

284 Although the authors did not identify any critical defects in the eight included RCTs,
they did identify some general concerns. When conducting repeated measures

285 trials to determine the effect of nutritional treatment interventions on
286 endurance performance, dietary control is of the uttermost importance. One study did
287 not address dietary control (Strüder et al., 1998), whereas seven studies required
288 participants to replicate their diet for the days preceding performance testing based on
289 dietary records obtained during baseline testing. However, these seven studies that
290 mentioned dietary control did not report the results of the dietary records collected.
291 Also, it is worth noting that only one study (Sutton et al., 2005) requested a list of
292 tyrosine-rich foods for participants to avoid 24 hours before testing. Another
293 consideration that should be addressed is the "Concealed allocation" (item 3 of the
294 PEDro scale) of the participants. Only five studies clearly described the allocation
295 method.

296

Discussion

297 Despite the fact that tyrosine supplementation may not enjoy the same level of
298 popularity as other supplements, such as caffeine and creatine, it is essential to emphasize
299 the need for exhaustive and rigorous research on this topic. The main result from the
300 current systematic review with meta-analysis was that TYR supplementation is inefficient
301 for whole-body endurance performance in physically active adults. Existing reviews have
302 investigated the effects of TYR in different contexts (Jongkees et al., 2015; Meeusen &
303 Decroix, 2018; Meeusen & Roelands, 2018), but none focused on this topic or proposed
304 to evaluate the methodological quality of the included studies when formulating their
305 results, resulting in low confidence in their findings. Previous literature has demonstrated
306 that combining findings from studies without considering their methodological quality

307 can lead to bias (Egger et al., 2002; Schulz et al., 1995). Therefore, to the best of our
308 knowledge, this is the first systematic review with meta-analysis using GRADE to gather
309 the available evidence about the effects of TYR supplementation on whole-body
310 endurance performance (TTE and ETT). Overall, the quality of evidence, as assessed by
311 GRADE, was moderate, indicating that further research is likely to impact our confidence
312 in the estimated effect significantly and will likely change the current estimate (Higgins
313 & Green, 2008).

314 This systematic review and meta-analysis examined the effects of tyrosine
315 supplementation on whole-body endurance performances using ten interventions from
316 eight studies. Although the effects of supplementation with TYR to improve endurance
317 performance are based on its ability to increase circulating concentrations of adrenaline,
318 noradrenaline, and dopamine in the central and periphery nervous systems (Meeusen &
319 Decroix, 2018), our analyses failed to reveal a significant effect of tyrosine on endurance
320 performance when all tasks were combined or when TTE and ETT were used to separate
321 them.

322 Surprisingly, only one study (with high methodological quality) reported a
323 successful outcome (Tumilty et al. 2011). In this study, Tumilty et al. (2011) showed that
324 supplementing with a nutritional dopamine precursor one hour before exercise increased
325 exercise capacity in the heat. On the other hand, the remaining 7 observed no significant
326 effects of TYR supplementation on endurance performance (Table 5). Six studies were

327 classified as excellent quality tests, and only one was considered a good quality test trial.
328 These studies, therefore, did not suggest that TYR supplementation improves
329 performance and delays fatigue during prolonged exercise (Meeusen & Decroix, 2018),
330 regardless of the presence of stressful conditions. On the other hand, Jongkees et al.
331 (2015) suggest that TYR supplementation may promote improvement in physical
332 performance; however, this positive effect occurs only under specific conditions that
333 activate catecholaminergic neurons and involve high cognitive demands, such as attention
334 and cognitive control. Therefore, future studies should consider using TYR
335 supplementation as a potential countermeasure against mental or central fatigue and its
336 subsequent impact on endurance performance.

337 The majority of research examined in this review focused on investigating and
338 observing elevated levels of TRY in plasma or serum following consumption. However,
339 it is essential to note that while peripheral markers are necessary for manipulation checks
340 in sports nutrition, none of the included studies in this review evaluated central markers.
341 Recent literature proposes incorporating electrophysiological and imaging techniques to
342 understand better TYR ingestion's effects on the brain (Meeusen & Roelands, 2018).
343 Such approaches could help researchers to gain insights into the neurological changes
344 following TYR supplementation. Additionally, future studies of TYR could also include
345 indirect behavioral measures (e.g. eye blink rate and pupil diameter) to quantify
346 dopaminergic activity (Dave et al., 2021).

347 This review has some possible limitations, including those within the included
348 RCTs (see session “Study Limitations”). While the PEDro scale has been widely used in
349 systematic review studies involving supplementations and nutritional ergogenic resources
350 (Grgic et al., 2020; McMahon et al., 2017; Quesnele et al., 2014), it is argued that the
351 scale may need to be revised to adequately address methodological issues specific to
352 studies involving supplementation (Quesnele et al., 2014). Some of these methodological
353 issues include the source of obtaining supplementation and details of participants' dietary
354 reports, which also contribute as limitations to our review. Another limitation was the
355 inclusion of only a small number of subjects in most studies, and this makes difficult the
356 estimation of the actual effect.

357

358 **Conclusions and practical implications**

359 In conclusion, the current systematic review and meta-analysis indicate that
360 supplementation with tyrosine did not significantly enhance the endurance performance
361 of physically active individuals. However, further research is needed to explore potential
362 benefits in specific populations and understand the underlying action mechanisms.
363 Specifically, future studies should investigate which subgroups of individuals are more
364 likely to benefit from TYR supplementation, the specific brain areas that are activated
365 with TYR use, and the context of fatigue (whether central, cognitive, or mental) in which
366 supplementation may have a meaningful effect. These areas of investigation will

367 contribute to a deeper understanding of tyrosine's potential role in enhancing endurance
368 performances.

369

370 **Conflict of Interest**

371 The authors declare that the research was conducted in the absence of any commercial or
372 financial relationships that could be construed as a potential conflict of interest.

373

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Table 1. Description of the PICOS strategy (Population, Intervention, Comparison, Outcome, and Study design).

PICOS COMPONENTS	DETAIL
Participants	Physically active (men or women)
Interventions	Tyrosine supplementation
Comparisons	Same conditions with placebo
Outcomes	Endurance performance, ETT, and TTE
Study designs	Double-blind and randomized controlled trials with crossover design or counterbalanced design

Table 2. Characteristics of the studies included.

Study	Participants characteristics	Age	Supplement protocol	Changes in plasma/serum concentration of tyrosine	Exercise protocol (endurance task)
(Strüder et al., 1998)	10 endurance-trained male cyclists	25.5±2.1	10g of TYR 15 min pre-exercise (12:45a.m.) dissolved in water + 10g of TYR after 60 min of exercise duration	Plasma tyrosine increased significantly 30 minutes after the start of exercise	Cycling to exhaustion (unable to maintain a frequency of 50 rpm on the ergometer)
(Chinevere et al., 2002)	9 male competitive cyclists	25 ± 1	25 mg/kg (TYR) 60 min pre-exercise suspended in 5 ml/kg drink	Tyrosine ingestion significantly raised plasma tyrosine after supplementation and before exercise when compared to placebo	Cycled at 70% peak oxygen uptake for 90 min + a time trial [completion of an individual work target as rapidly as possible, that is, Total amount of work for time trial (J) 0.70*Wmax*1,800].
(Sutton et al., 2005)	20 men (Healthy and moderately to highly physically fit)	32 ± 1.1	150 mg/kg 1-crystalline tyrosine in 70 g of apple sauce 30 min pre-exercise	Tyrosine ingestion significantly raised plasma tyrosine after supplementation and before exercise when compared to placebo	Load carriage exercise test (backpack weighted to 30% of his body weight)
(Tumilty et al., 2011)	8 healthy male (regular exercisers involved in competitive team and endurance sports)	32 ± 11	150 mg/kg (TYR) 60 min pre-exercise suspended in 500 mL drink	Plasma tyrosine concentrations increased significantly after supplementation and before	Cycling to exhaustion at a constant exercise intensity (@ 68% VO _{2peak}) in 30°C and 60% relative humidity.
(Watson et al., 2012)	8 trained male (physically active and took part in competitive team or endurance sports)	23 ± 3	75 mg/kg (TYR) 30 min pre-exercise suspended in 150 mL drink + 150 ml consumed every 15 min throughout exercise (total TYR dose: 150 mg/kg)	Serum tyrosine concentrations increased significantly after supplementation and before exercise when compared to placebo	Cycling to exhaustion at 70% VO _{2peak} .
(Tumilty et al., 2014)	7 endurance-trained male (level 3)	20 ± 0	150 mg/kg (TYR) 60 min pre-exercise suspended in 500 mL drink	Plasma tyrosine concentrations increased significantly after supplementation and before exercise when compared to placebo	60 min cycling at 57% ± 4% peak oxygen uptake (VO _{2peak}) + a simulated time trial in 30°C and 60% relative humidity (completion of an individual work target as quickly as possible).

(Coull et al., 2016)	8 recreationally active males (7.1 ± 1.8 h/wk)	23 ± 1	2x 75 mg/kg or 2x 150 mg/kg (TYR) 60 min pre-exercise suspended in 250 mL drink	Not assessed	60-min walk (6.5 km/h) + a 2.4-km time trial carrying a 25-kg backpack (40°C; relative humidity, 30%) (to complete as fast as possible).
(Tumilty et al., 2020)	8 healthy recreationally trained male (level 2)	23 ± 4	150 (TYR), 300 (TYR) and 400 (TYR) mg/kg 60 to 120 min pre time trial suspended in 300 mL drinks.	Plasma tyrosine concentrations increased significantly after supplementation and before exercise when compared to placebo.	60 min constant intensity cycling + a simulated time trial in 30°C and 60% relative humidity (completion of an individual work target as quickly as possible).

PLA = placebo; TYR = Tyrosine; *=difference of the condition PLA

Table 3. Results of the methodological quality assessment using the Physiotherapy Evidence-Based Database (PEDro) scale ratings of the included studies.

Study	1	2	3	4	5	6	7	8	9	10	11	Total
Struder et al. (1998)	No	1	U	1	1	1	1	1	1	1	1	9
Chinevere et al. (2001)	No	1	1	1	1	1	1	1	1	1	1	10
Sutton et al. (2005)	U	1	1	1	1	1	1	1	1	1	1	10
Tumilty et al. (2011)	U	1	1	1	1	1	1	1	1	1	1	10
Watson et al. (2012)	U	1	U	1	1	U	U	1	1	1	1	7
Tumilty et al. (2014)	U	1	1	1	1	1	1	1	1	1	1	10
Coull et al. (2016)	U	1	U	1	1	1	1	1	1	1	1	9
Tumilty et al. (2020)	U	1	1	1	1	1	1	1	1	1	1	10

All but one study had a score of ≥ 7 which indicates good to excellent quality.

Note: 1 = criterion is satisfied; 0 = criterion is not satisfied; U = Unclear (unable to rate).

1, eligibility criteria were specified; 2, volunteers were randomly allocated to groups; 3, allocation was concealed; 4, the groups were similar at baseline regarding the most important prognostic indicators; 5, blinding of all participants; 6, blinding of all therapists who administered the therapy; 7, blinding of all assessors who measured at least one key outcome; 8, measures of one key outcome were obtained from 85% of participants initially allocated to groups; 9, all participants for whom outcome measures were available received the treatment or control condition as allocated or, where this was not the case, data for at least one key outcome were analyzed by “intention to treat”; 10, the results of between-group statistical comparisons are reported for at least one key outcome; 11, the study provides both point measures and measures of variability for at least one key outcome.

Table 4. GRADE table RCTs.

N ^o of studies	Study design	Certainty assessment					N ^o of patients		Effect		Certainty	Importance
		Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	[Tyrosine]	[Placebo]	Relative (95% CI)	Absolute (95% CI)		
8	Randomized trials	Not serious	Not serious	Not serious	Serious*	None	83	83	-	SMD 0.01 SD lower (0.32 lower to 0.29 higher)	⊕⊕⊕○ Moderate	CRITICAL

CI: confidence interval; **SMD:** standardised mean difference.

*. The total number of total participants in this comparison is lower than the Optimal Information Size.

Table 5. Main results and side effects.

Study	Outcome variables	Main results	Side effects?
Struder et al. (1998)	TTE	No significant difference was found in the TTE between the PLA (157 ± 53 min) and TYR (150 ± 42 min) trials.	There was no gastric discomfort
Chinevere et al. (2001)	ETT (work load)	No significant differences were found in time to complete the ETT for PLA (34.44 ± 2.89 min) vs. TYR (32.64 ± 3.05 min).	None reported
Sutton et al. (2005)	TTE	Ingestion of tyrosine did not significantly lengthen total time on the treadmill: 118.9 ± 1.4 min for tyrosine as compared to 119.2 ± 1.2 min for placebo treatment.	There was no gastric discomfort
Tumilty et al. (2011)	TTE	Subjects exercised for $15 \pm 11\%$ longer in TYR compared to PLA (80.3 ± 19.7 min vs. 69.2 ± 14.0 min).	None reported
Watson et al. (2012)	TTE	TYR ingestion had no effect on exercise capacity (PLA 61.4 ± 13.7 min, TYR 60.2 ± 15.4 min).	None reported
Tumilty et al. (2014)	ETT (distance)	ETT performance (34.8 ± 6.5 and 35.2 ± 8.3 min in TYR and PLA, respectively) were similar between trials.	None reported
Coull et al. (2016)	ETT (distance)	No significant difference was observed in ETT completion time between the TYR (19.78 ± 3.44 min) and PLA (20.29 ± 3.55 min) condition.	There was no gastric discomfort
Tumilty et al. (2020)	ETT (distance)	The ETT performance relative to PLA was unaffected by tyrosine ingestion ($p = 0.579$). PLA 34.3 ± 2.5 min LOW (150mg) 35.7 ± 5.9 min MED (300mg) 35.5 ± 5.1 min HIGH (400mg) 36.6 ± 6.0 min	None reported

PLA = placebo; TYR = tyrosine. TTE = Time to exhaustion; ETT= Time trial.

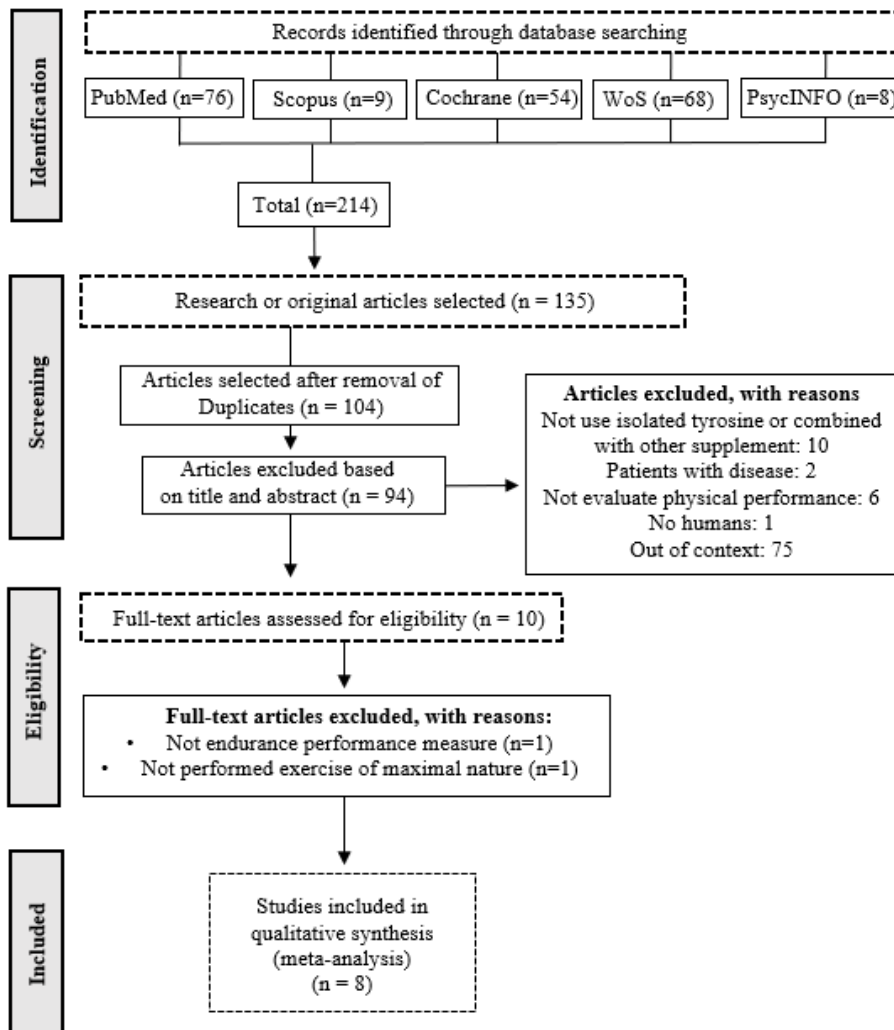


Figure 1.

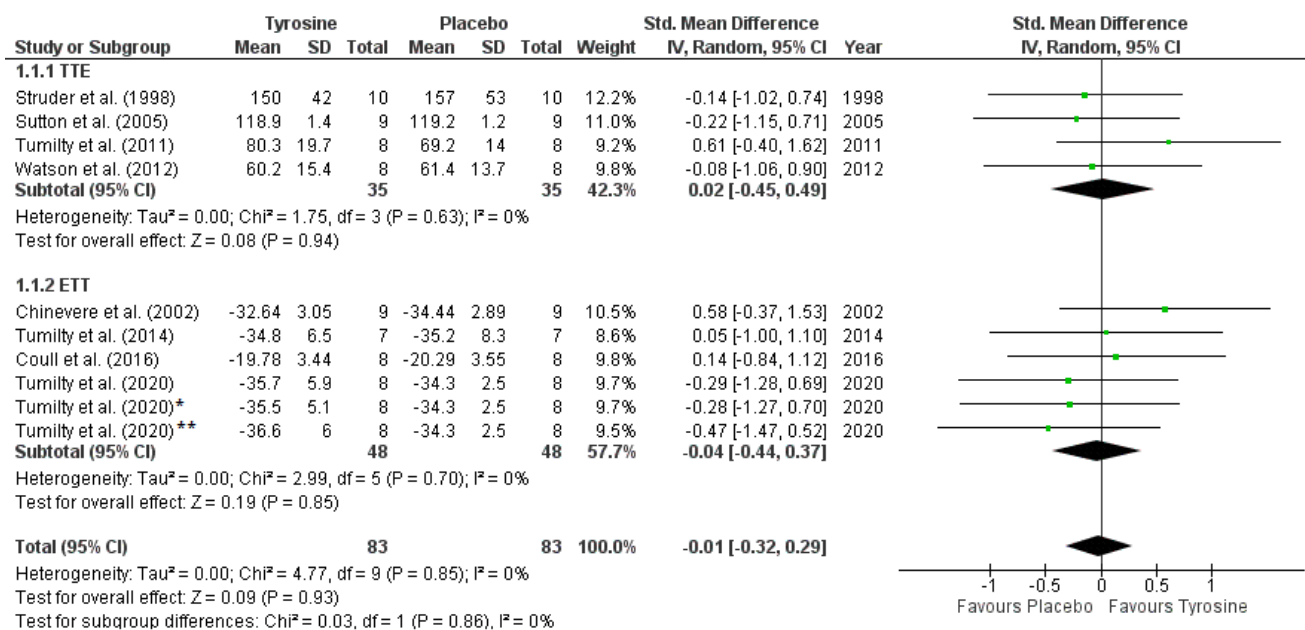


Figure 2.

Figure captions

Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram.

After reviewing a total of 204 search records, 8 studies were included in the review. WoS = Web of science.

Figure 2. Forest plot with endurance performance comparison analyses between placebo and tyrosine.

Note: Tumilty et al (2020): group that received a dose of 150mg of tyrosine; Tumilty et al (2020) *: group that received a dose of 300mg of tyrosine; Tumilty et al (2020) **: group that received a dose of 400mg of tyrosine. The values for TTE were multiplied by -1 in order to invert the values because the shorter the time in the time trial, the better the performance.