# Capter 128

# Creatine and physical resistance exercises: positive effects and changes in the years: an integrative review

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Isabela Limaverde Gomes UNIFAMETRO-FORTALEZA

**Camila Pinheiro Pereira** UNIFAMETRO-FORTALEZA

Alane Nogueira Bezerra UNIFAMETRO-FORTALEZA

**Livia Carolina Amancio** UECE-State University Of Ceará

Karla Pinheiro Cavalcante UNIFAMETRO-FORTALEZA

Larissa Pereira Aguiar UNIFAMETRO-FORTALEZA

**Bruno Barros Pereira** UNIFAMETRO-FORTALEZA

**Pedro Henrique Bernardino De Freitas** UNIFAMETRO-FORTALEZA

**Gustavo Pereira Souza** UNIFAMETRO-FORTALEZA

**Raquel Teixeira Terceiro Paim** UNIFAMETRO-FORTALEZA

#### ABSTRACT

A supplement widely used in resistance training is creatine, which is composed of three amino acids

#### **1 INTRODUCTION**

Creatine supplementation is beneficial in increasing muscle mass, and its content in muscles assists in the development, of maximum strength, strength during exercise, and less fatigue during training sessions. Athletes who benefit the most are those who perform high-intensity and short-term exercises (e.g., sprints, jumps) (VEGA, et al 2019).

primarily in skeletal muscle (95%) and plays an important role in the rapid supply of energy during muscle contraction via the ATP-CP system. Because of this, in this study, an integrative literature review was carried out, to understand the positive effects and renal changes of creatine in physical exercises. The research was carried out between September 2021 and May 2022, with searches in PubMed and Scielo databases. The following descriptors from the DeCS (descriptors in health science created by BIREME) and MESH (medical subject headings) were used: supplementation", "dose-dependent "creatine creatine", "creatine", "Creatine Supplementation and Exercise Training". Most studies have shown that creatine supplementation (CR) is important for resistance training and muscle performance and is an effective resource in increasing energy, as creatine is involved in one of the metabolic energy delivery systems, in which Adenosine bisphosphonates (ADP) are enzymatically linked to phosphocreatine (CP) to regenerate adenosine triphosphate (ATP), the main energy currency. After creatine supplementation, there is more CR in the muscles, which favors an increase in energy supply through ATP resynthesis

(arginine, glycine, and methionine). It is found

**Keywords:** creatine supplementation, creatine and physical exercise

There are several supplements used to promote muscle recovery by replacing energy substrates such as creatine monohydrate (CrM) or  $\beta$ -hydroxy  $\beta$ -methyl butyrate (HMB). Monohydrate creatine (CrM) improves aerobic capacity mainly by increasing the flow of "creatine-phosphocreatine" (Cr-PCr), which leads to a higher yield of myocellular ATPases, an increase in the synthesis of PCr, the accumulation of inorganic phosphorus, Ca2 +H + and ADP, greater availability of amino acids, inhibition of glycolysis and possible increased neuromuscular performance (FERNÁNDEZ-LANDA *et al.*, 2020).

Exogenous creatine supplements are often consumed by athletes in amounts up to 20 g/day for a few days, followed by 1 to 10 g/day for weeks, months, and even years. Typically, consumers do not report any adverse effects. However, gastrointestinal disorders and muscle cramps have occasionally been reported in healthy individuals, but the effects are anecdotal. Liver and kidney dysfunctions have also been suggested, based on small changes in markers of organ functions and occasionally reported cases, but well-controlled studies on the adverse effects of exogenous creatine supplementation are almost nonexistent. Studies that followed liver changes during the use of medium-term creatine (4 weeks) in young athletes have not shown any evidence of dysfunction based on serum enzymes and urea production. In the short-term (5 days), medium to ln go (9 weeks) and long-term (up to 5 years) small groups of athletes were observed whose renal function was monitored by methods of clearance and rate of protein excretion in the urine, and in them, no adverse effects on renal function was found (JACQUES R. POORTMANS *et al.*, 2000).

In contrast to most studies that did not report a direct association between renal dysfunction and long-term creatine supplementation, few investigations have revealed a slight but not clinically significant increase in creatinine. For example, Taner et al. (2011) reported an 18-year-old man referred to the hospital with the main complaint of nausea, vomiting, and gastric pain. As a bodybuilder, I had supplemented creatine with the dose of 20 g/d for 5 days followed by 1 g/d for the next 6 weeks. Regarding the laboratory data of the patient at admission, serum urea (39.98 mmol / L), serum creatinine (201.55 mmol / L), and uric acid values (0.37 mmol / L) were high. Other biochemical parameters and hemo gram were normal. A urine test revealed only proteinuria and protein excretion in urine in 24 hours was 284 mg. Although there were no abnormalities in the kidneys by ultrasound, renal biopsy was suggestive of acute tubular necrosis (CHARLOTTE LANHERS et al 2016).

.The day before the above, this study, had the purpose of contributing to the improvement of knowledge with efficient dosages of creatine supplementation, to promote an improvement in markers and performance of athletes practicing resistance exercise.

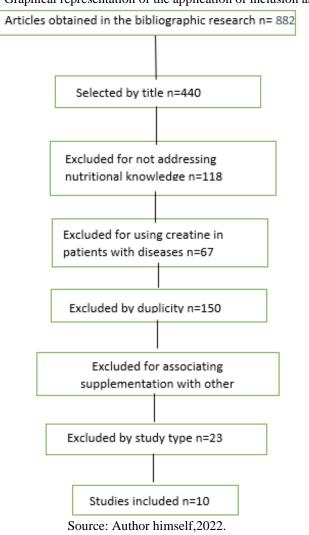
### **2 METHODOLOGY**

This is an Integrative Literature Review. To achieve it, it took six stages: 1- Identify the theme and formulate the guide question 2 - establishment of inclusion and exclusion criteria for studies; 3- Definition the information extracted from the selected studies and Additional classification; 4- Evaluation of the

review

studies included in the review; 5- Interpretation of the results 6- Introduction to the review and synthesis and condition. For the first stage, the following guide question was formulated, which involves "the answers in creatine supplementation dosages in hypertrophy and possible changes in the row". Eligibility criteria were then established. The scientific survey was conducted between April and May 2022, with articles published in the last 10 years (2012 to 2021) in the PubMed databases, medical literature analysis and retrieval, scielo, *Journal of the International Society of Sports Nutrition (JISSN*), National Center for Biotechnology Information.

The inclusion criteria were the scientific articles available in the ígra, the studies published in national and international journals, in English, Portuguese, and Spanish; the studies had to be clinical, randomized, using individuals practicing resistance exercise, non-vegetarian, and using creatine. The following descriptors were used in the DeCS (descriptors in health science created by BIREME) and MESH (medical subject headings): "creatine supplementation", "creatine dependent dose", "creatine", "Creatine Supplementation and Exercise Training". The Boleano operator of choice was "AND" and "OR".





Methodology focused on the area of interdisciplinarity:

Creatine and physical resistance exercises: positive effects and changes in the years: an integrative

review

#### **3 RESULTS AND DISCUSSION**

Most studies have shown that creatine (CR) supplementation is important for muscle endurance and performance training and is an effective resource in increasing energy because creatine is involved in one of the metabolic energy supply systems, in which adenosine bisphosphonates (ADP) are encresteredly bound to phosphocreatine (CP) to regenerate adenosine triphosphate (ATP), the main energy currency. After creatine supplementation, there is more CR in the muscles, which favors the increase in energy supply through atp resynthesis

The combination of keywords related to the theme was searched in the databases, in which 882 articles were found, of these 872, was excluded because they did not fit the inclusion requirements, resulting in 10 articles for analysis. Of the 10 articles analyzed in Chart 1, 9 were performed by double-blind randomized control case method and 1 by single-blind. The research locations found were: Europe (Spain), South America (Brazil and Colombia), North America (USA and Canada), and Asia (Taiwan). The types of creatine used were: creatine monohydrate and creatine magot. Regarding the characteristics of the individuals selected to carry out the studies, the majority were male, with a total of 272 men and with ages ranging from 20-76 years, while in females, a total of 19 women were found, aged 57-64 years.

Of the included articles, two (6 and 9°) did not present significant changes in the supplemented group compared to placebo, both with protocol times of 6 and 8 weeks and with different creatine supplementation strategies, 0.07g/Kg, and 5g, respectively. The other 8 articles (1, 2, 3, 4, 5, 7, 8, and 10), which, despite presenting different protocol times, being the lowest of 5 days (article 1) and the largest of 12 months (Article 4), presented positive results, in the strength to perform a repetition with the maximum load compared to individuals who received placebo.

In addition to the force markers to perform a maximum repetition, in exercises such as leg press, supine, knee extension, and squat. 2 studies (5th and 9th) reported a greater gain in muscle mass in creatine intake (post:  $80.0 \pm 18.3$  kg)) compared to pre-training intake (pre: $78.3 \pm 17.3$  kg). These indicate that creatine supplementation possibly has a synergistic effect with training, but supplementation may play an important role in the activity intensity and duration of training.

|   |                 | sample                        |                   |  | supp                        | lementation      | l           |  |  |
|---|-----------------|-------------------------------|-------------------|--|-----------------------------|------------------|-------------|--|--|
|   | characteristics |                               |                   | type of  |                             |                  | findings    | main<br>conclusions  |  |
| author/site                                       | ( <b>n</b> )    | Age                           | Sex               | study/method   | Kind                        | Dose             | Interventio |  |  |
|   |                 | (±DP)                         |                   |  |                             |                  | n period:   |  |  |
| Diego A.<br>Bonilla.<br>2021                      | 27              | (26.1 ±<br>7.6 years          | m                 | single-blind<br>three-arm<br>controlled<br>randomized<br>study | creatine<br>monohydrate     | 0.1<br>g·kg-1    | 8 weeks     | Significant<br>improvements<br>were observed<br>after the CS-RT<br>program in the<br>participants<br>supplemented<br>with or without<br>CrM in the main<br>variables<br>studied(e.g.,<br>percentage of<br>total body fat,<br>fat mass, full-<br>body LGM,<br>lower limbs fat<br>mass, and<br>lower- sulfate<br>MLG). | Men trained in<br>resistance<br>following a<br>high protein<br>diet and a CS-<br>RT program<br>with orwithout<br>CrM<br>supplementatio<br>n improved<br>body<br>composition<br>and strength-<br>related<br>variables in the<br>lower limbs<br>after eight<br>weeks |
| Darren G<br>Candow-<br>Saskatoon<br>, SK.<br>2020 | 46              | 49-58<br>years<br>old         | m                 | double-blind   | creatine<br>monohydrate     | 0.05g/kg         | 12 months   | Overall, creatine<br>supplementation<br>didn't affect<br>bone, muscle, or<br>strength<br>changes. Any<br>positive changes<br>in thesevariables<br>were therefore<br>related to the<br>resistance<br>training<br>program.   | results showed<br>no effectof<br>creatine<br>supplementatio<br>n on bone<br>mineral density  |
| Patric<br>k<br>Berna<br>t.2019                    | 27              | 60-76<br>years old            | m                 | randomized<br>clinical trial                                   | creatin<br>e<br>monohydrate | 0.1 g·kg         | 8 weeks     | Creatine<br>supplementation<br>produced higher<br>leg press gains<br>and total lower<br>bodystrength<br>(leg press, knee<br>flexion,<br>combined knee<br>extension)  | Both groups<br>significantly<br>similarly<br>increased body<br>mass over time<br>(CR: 1.80 kg;<br>95% CI<br>[0.73, 2.86];<br>PLA: 0.96<br>kg; CI 95% [-<br>0.22,<br>2.16]; p =<br>0.011; ES:<br>0.04).   |
| Sarah<br>johan<br>nsme                            | 40              | M: 58.0<br>± 3.0<br>F: 57.6 ± | (21<br>m,19<br>f) | double-blind   | creatin<br>e<br>monohydrate | (0.1<br>g/kg/day | 12 weeks    | The results<br>showed that<br>drop-set<br>resistance   | The RC group<br>experienced a<br>significant<br>increase in  |

Table 1 - Synthesis matrix used in this integrative review.

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| yer.<br>2018                               |     | 5.0                           |                   |              |   |                      |          | training<br>increased<br>musclemass,<br>strength,<br>endurance, and<br>functionality<br>tasks, and  | weight over<br>time (pre:<br>$78.3 \pm 17.3$ kg,<br>post:<br>$80.0 \pm 18.3$ kg)<br>without<br>alteration for  |
|--|-----|-------------------------------|-------------------|--------------|---|----------------------|----------|---|--|
|  |     |                               |                   |              |   |                      |          | creatine<br>supplementation<br>increased the<br>gains<br>mass and<br>muscle strength  | the PLA group<br>(pre: 81.8 ±<br>18.9,post: 81.2<br>± 18.4 kg).  |
| Chia-Chi-<br>Wang,<br>Taiwan.<br>2018      | 330 | 20± 2                         | M                 | double-blind | creatin<br>e<br>monohydrate                           | 5 5g                 |          | the strength in<br>the Cr group was<br>significantly<br>highercompared<br>to the<br>Pla group after<br>training (178.33<br>$\pm$ 16.86 kg<br>vs.<br>165.66 $\pm$ 14.62<br>kg, p <<br>0.05, ES =<br>0.80). | creatine<br>supplementatio<br>n duringthe<br>training<br>protocol<br>applied in this<br>study may<br>result in<br>Increase<br>maximum<br>muscle strength<br>after 4weeks of<br>training and<br>reduce muscle<br>damage caused<br>by complex<br>training. |
| João<br>Pedro<br>Nunes,<br>BRAZIL.<br>2017 | 43  | (22.7 +<br>3.0 years          | М                 | double-blind | creatine<br>monohydrate<br>capsule form of<br>0.625 g | 0 0.3<br>g/kg perday |          | the group<br>achieved higher<br>increases<br>compared to<br>PLA.<br>However, no<br>major effect<br>of time has been<br>revealed on<br>body fat  | Cr<br>supplementatio<br>nproduces non-<br>uniform<br>hypertrophic<br>effectsbetween<br>body segments,<br>with the<br>greatest change<br>observed in the<br>upperlimbs.   |
| Sarah<br>Johan<br>nsmey                    | 40  | M: 58.0<br>± 3.0<br>F: 57.6 ± | (21<br>m,19<br>f) | double-blind | creatin<br>e<br>monohydrate                           | (0.1<br>g/kg/day     | 12 weeks | The results<br>showed that<br>drop-set  | The RC group<br>experienced a<br>significant   |
| er,  |     | 5.0                           | ,                 |              |   |                      |          | resistance  | increase in  |

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|   | USA.      |     |           |   |              |              |         |          | training          | weight over               |
|---|-----------|-----|-----------|---|--------------|--------------|---------|----------|-------------------|---------------------------|
|   | 2016      |     |           |   |              |              |         |          | increased         | time (pre: 78.3           |
|   |           |     |           |   |              |              |         |          | muscle mass and   | ± 17.3 kg,                |
|   |           |     |           |   |              |              |         |          | strength.         | post: 80.0 ±              |
|   |           |     |           |   |              |              |         |          |                   | 18.3 kg)                  |
|   |           |     |           |   |              |              |         |          | Creatine          | without                   |
|   |           |     |           |   |              |              |         |          | supplementation   | alteration for            |
|   |           |     |           |   |              |              |         |          | increasedgains    | thePLA group              |
|   |           |     |           |   |              |              |         |          | mass and          | (pre: 81.8 ±              |
|   |           |     |           |   |              |              |         |          | muscle strength   | 18.9, post:               |
|   |           |     |           |   |              |              |         |          |                   | $81.2~\pm~18.4$           |
|   |           |     |           |   |              |              |         |          |                   | kg).                      |
| ſ | Jose      | 19  | 3.1 ±2.9  | m | Control case | creatine     | 5g      | 4 weeks  | The results of    | In conclusion,            |
|   | Antonio,  |     |           |   |              | monohydrate  |         |          | this study        | post- workout             |
|   | BRAZIL.20 |     |           |   |              |              |         |          | suggest that      |                           |
|   | 13        |     |           |   |              |              |         |          | creatine          | creatine                  |
|   |           |     |           |   |              |              |         |          | monohydrate       | supplementatio            |
|   |           |     |           |   |              |              |         |          | consumption       | n for 4weeks in           |
|   |           |     |           |   |              |              |         |          | improves.         | recreational              |
|   |           |     |           |   |              |              |         |          | body              | bodybuilders              |
|   |           |     |           |   |              |              |         |          | composition.      |                           |
|   |           |     |           |   |              |              |         |          |                   | mayproduce                |
|   |           |     |           |   |              |              |         |          |                   | superior gains            |
|   |           |     |           |   |              |              |         |          |                   | in LgM and                |
|   |           |     |           |   |              |              |         |          |                   | strength                  |
|   |           |     |           |   |              |              |         |          |                   | compared                  |
|   |           |     |           |   |              |              |         |          |                   | topre-workout             |
|   |           |     |           |   |              |              |         |          |                   | supplementatio            |
|   |           |     |           |   |              |              |         |          |                   | n                         |
|   | Stanislaw | 10  | 21.2±3.3  | М | double-blind | Creatine     | 0.07 g. | 6 weeks  | The aerobic       | Use of                    |
|   | Sterkowi  |     | years     |   |              | Malyth       | Kg      |          | power index       | supplementatio            |
|   | cz1.2012  |     |           |   |              |              |         |          | decreases, in the | nof                       |
|   |           |     |           |   |              |              |         |          | case ofpeople     | creatine marate           |
|   |           |     |           |   |              |              |         |          | who have not      | does notcause             |
|   |           |     |           |   |              |              |         |          | supplemented      | an increase               |
|   |           |     |           |   |              |              |         |          | but the           | body mass                 |
|   |           |     |           |   |              |              |         |          | differences were  | greater than              |
|   |           |     |           |   |              |              |         |          | not significant   | in the control            |
| - |           | 4.2 | 20.0      |   | <u> </u>     |              |         | <b>-</b> | L C               | group                     |
|   | MIK<br>EL | 19  | age, 20.8 | М | Clinical     | creatin<br>e | 220 g   | 5 5d     | In Cr             | the study<br>demonstrated |
|   | ZQU       |     | and       |   | rehearsal    | monohydrate  |         |          | individuals,      | that short-term           |
|   | IERD      |     | 23.6 5    |   |              |              |         |          |                   | Cr                        |

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| 0-         | years | randomized,  | 1RM increased supplementatio                |
|------------|-------|--------------|---|
| Ma<br>drid |       | double-blind | significantly n (20 g·d<br>1 by 5 d) led to |
| ,          |       |              | from significant                            |
| SP         |       |              | 133 11.9 to improvements                    |
| AIN        |       |              | 147.7 14.1 kg in the                        |
| .200<br>2  |       |              | (P 0.001) during maximum strength of the    |
|            |       |              | the lower body,                             |
|            |       |              | supplementation                             |
|            |       |              | period.On the                               |
|            |       |              | other hand, no                              |
|            |       |              | significant                                 |
|            |       |              | changes were                                |
|            |       |              | observed in the                             |
|            |       |              | 1Rm of placebo                              |
|            |       |              | subjects during                             |
|            |       |              | theentire                                   |
|            |       |              | experimental                                |
|            |       |              | period.                                     |

Table 02- of publication of selected articles

#### **4 FINAL CONSIDERATIONS**

Given the content of the exposure and the results obtained in this study, it can be concluded that creatine supplementation is an effective resource of energy increase for high-intensity exercises. Creatine works in one of the metabolic pathways for energy supply and replacement, allowing individuals to improve training performance, repetitions, and strength and delay fatigue during the final stages of exercise, thereby increasing muscle damage and mass development. In addition, water retention in muscle cells caused by supplementation can be perceived to produce a stimulus that increases protein synthesis. The dose used and the time of use is necessary to provide the synergistic effect of creatine, highlighting that doses between 3 grams and 5 grams for a minimum period of 4 to 5 weeks. Thus, some changes are already observed, which are enough to increase creatine stocks in muscle. The safety of supplements is highlighted, as there is no convincing scientific evidence of harmful effects with short or long-term use of the selected articles, the complications reported, were between a slight feeling of nausea or intestinal discomfort. Regarding the combination of Cr supplements with other substances (carbohydrates, beta-alanine/or protein) to potentiate the effect, this practice may be beneficial for increasing cr absorption in muscles, but there does not seem to be a greater impact on performance than Cr alone.

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