Muscle Matters:

Protein Requirements for Muscle Preservation During Ageing

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Introduction

Muscle health plays a vital role in maintaining overall well-being and quality of life as individuals age.1



Aim

This infographic aims to raise awareness among healthcare providers about the importance of protein intake for muscle preservation in older adults, highlighting that 'muscle matters'.



High Prevalence of Suboptimal Protein Intake Among Older Adults

Protein intake recommendations

Current RDA **Expert recommendation for** for all adults² older adults (>65 years)3 8.0 1.0-1.2 1.2-1.5 Up to 2.0 g/kg BW/d g/kg BW/d g/kg BW/d g/kg BW/d for all adults minimum in acute in severe intake for or chronic illness* or healthy older disease iniury or marked people malnutrition

*Patients with severe kidney disease not on dialysis may need to limit protein intake³

Consumption reality

Over 20%

of older adults† do not meet the basic recommendation of 0.8 g/kg BW/d1



of older adults† do not meet the higher recommendation of 1.2 a/ka BW/d1

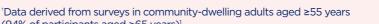
Higher prevalence of suboptimal protein intake was associated with:



(94% of participants aged ≥65 years)¹

Female sex Higher BMI





Healthcare Professionals Can Help Fill the Gaps in Patient Knowledge

In a European survey of 1,825 adults aged ≥65 years:⁴ = = = = # +



did not know what dietary protein is

Among those who did indicate awareness of dietary protein (n=1,180):



were aware that having just one meal per day with a good protein source is insufficient



of all participants indicated that they would increase protein intake if recommended by a healthcare professional (i.e., physician or dietician)

Take Action Now to Preserve Mobility and Quality of Life Later: Seven Steps to Support Patients in Achieving Adequate Protein Intake

Look and listen for red flags suggesting malnutrition or risk



Visual Indicators

- · Unintentional weight loss
- Visible fat or muscle loss
- Other visual signs of poor nutrition



Clinical indicators

- · Loss of appetite
- · Swallowing difficulty
- Poor dentition
- · GI or bowel issues · Medication side effects
- Polypharmacy Low mood
- · Chronic disease

Social indicators

Poor food access

Food insecurity

· Social isolation

Career stress

Bereavement

· Fixated eating

Perform a nutritional assessment to capture potential low protein intake

· Limited nutrition or cooking skills

Unnecessary food restrictions





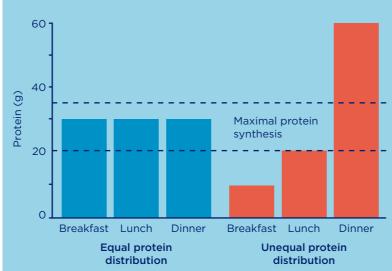
Educate about importance of muscle health



Recommend adjustments to optimise protein intake



Maximise protein synthesis with even distribution of protein throughout the day's meals



Provide tangible examples of nutrition with higher protein content (including suggested quantities)7

Poor appetite

10 g of protein are in:



Vegetable-based products

- 2 handfuls of nuts
- 16 tablespoons of oatmeal
- 400 g of cooked rice • 250 g of cooked pasta
- 125 g of cooked pulses
- 3 slices of bread
- 1.5 slices of cooked tofu



Cheese

- 0.5 bowl of cottage cheese
- 2 slices mozzarella
- 1.5 slices Gouda cheese

Supplement, e.g., recommend high-protein drinks⁷



- 33 g cooked beef
- 33 g cooked liver
- 33 g cooked chicken breast
- 3 slices of ham
- 2 slices of roast beef · 4 slices of chicken breast

- 50 g smoked salmon
- 4 canned sardines
- 45 g baked trout



Other

- 2 eggs
- 1.5 glasses of milk
- 1.5 bowls of yoghurt

Demonstrate easy ways to be active and reduce sedentary time



Balance exercises/

exercises



Aerobic

Abbreviations

BMI: body mass index; GI: gastrointestinal; g/kg BW/d: grams per kilogram of body weight per day; RDA: recommended dietary allowance.

References

- 1. Hengeveld LM et al. Prevalence of protein intake below recommended in community-dwelling older adults: a meta-analysis across cohorts from the PROMISS consortium. J Cachexia Sarcopenia Muscle. 2020;11(5):1212-22.
- 2. European Food Safety Authority (EFSA) Panel on Dietetic Products, Nutrition and Allergies, Scientific opinion on dietary reference values for protein, EFSA, Journal, 2012;10(2):2557. mendations for optimal dietary protein intake in older people: a position paper from the PROT-AGE Study Group. J Am Med Dir Assoc. 2013;14(8):542-59. 4. Visser M et al. Protein knowledge of older adults and identification of subgroups with poor knowledge. Nutrients. 2021;13(3):1006.
- 5. Paddon-Jones D, Rasmussen BB. Dietary protein recommendations and the prevention of sarcopenia. Curr Opin Clin Nutr Metab Care. 2009;12(1):86-90.
- 6. Farsijani S et al. Relation between mealtime distribution of protein intake and lean mass loss in free-living older adults of the NuAge study. Am J Clin Nutr. 2016;104(3):694-703.
 7. Prevention Of Malnutrition In Senior Subjects (PROMISS). Recommendations for health professionals. Available at: https://www.promiss-vu.eu/community/health-professionals/. Last accessed: 1 March 2024.

Call to Action

Together, let's recognise that 'muscle matters', and take action to ensure that our ageing patients receive optimal care for maintaining muscle health.

By implementing evidence-based recommendations, enhancing patient knowledge, and employing practical tips, we can make a significant impact on the well-being and quality of life of our ageing population.