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## **Muscle Matters:**

Protein Requirements for Muscle  
Preservation During Ageing



# 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.<sup>1</sup>



## 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*’.



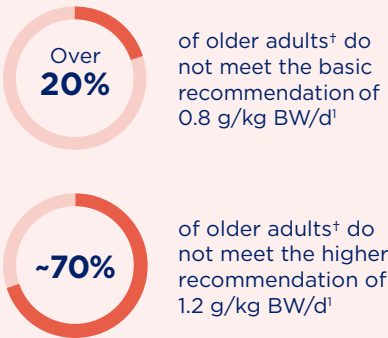
## High Prevalence of Suboptimal Protein Intake Among Older Adults

### Protein intake recommendations

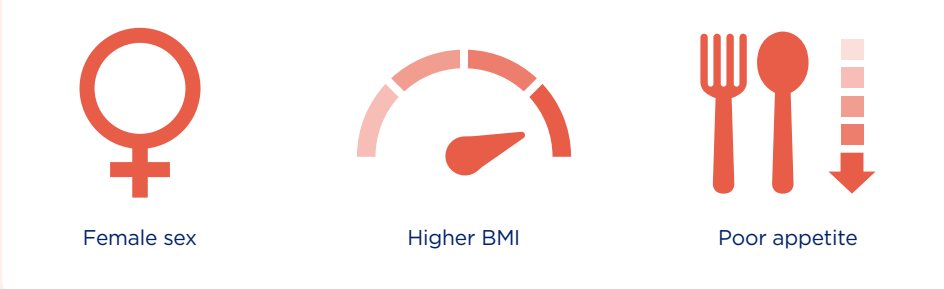
| Current RDA for all adults <sup>2</sup> | Expert recommendation for older adults (>65 years) <sup>3</sup> |  |  |
|---|---|--|--|
| 0.8 g/kg BW/d for all adults            | 1.0–1.2 g/kg BW/d<br>minimum intake for healthy older people    | 1.2–1.5 g/kg BW/d<br>in acute or chronic disease | Up to 2.0 g/kg BW/d<br>in severe illness* or injury or marked malnutrition |

\*Patients with severe kidney disease not on dialysis may need to limit protein intake<sup>3</sup>

### Consumption reality



### Higher prevalence of suboptimal protein intake was associated with:<sup>1</sup>



<sup>1</sup>Data derived from surveys in community-dwelling adults aged ≥55 years (94% of participants aged ≥65 years)<sup>1</sup>

## Healthcare Professionals Can Help Fill the Gaps in Patient Knowledge

In a European survey of 1,825 adults aged ≥65 years:<sup>4</sup>



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

### 1 »

#### 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

### 2 »

#### Perform a nutritional assessment to capture potential low protein intake

**Social indicators**

- Poor food access
- Food insecurity
- Career stress
- Social isolation
- Bereavement
- Limited nutrition or cooking skills
- Fixated eating
- Unnecessary food restrictions

### 3 »

#### Educate about importance of muscle health

### 4 »

#### Recommend adjustments to optimise protein intake

**Spread protein intake** across the day, aiming for 25–30 g per meal<sup>5,6</sup>

**Consume high-quality protein** (e.g., 20 g protein supplement) immediately after exercise sessions to maximise muscle protein synthesis<sup>2</sup>

**Maximise protein synthesis with even distribution of protein throughout the day's meals<sup>5</sup>**

Protein (g)

Breakfast Lunch Dinner

Equal protein distribution

Unequal protein distribution

### 5 »

#### Provide tangible examples of nutrition with higher protein content (including suggested quantities)<sup>7</sup>

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

### 6 »

#### Supplement, e.g., recommend high-protein drinks<sup>7</sup>

**Meat**

- 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

**Fish**

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

**Other**

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

### 7

#### Demonstrate easy ways to be active and reduce sedentary time

Balance exercises/  
gait training

Power exercises

Aerobic exercises/  
walking

Resistance training

## Abbreviations

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

## References

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## 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.

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