

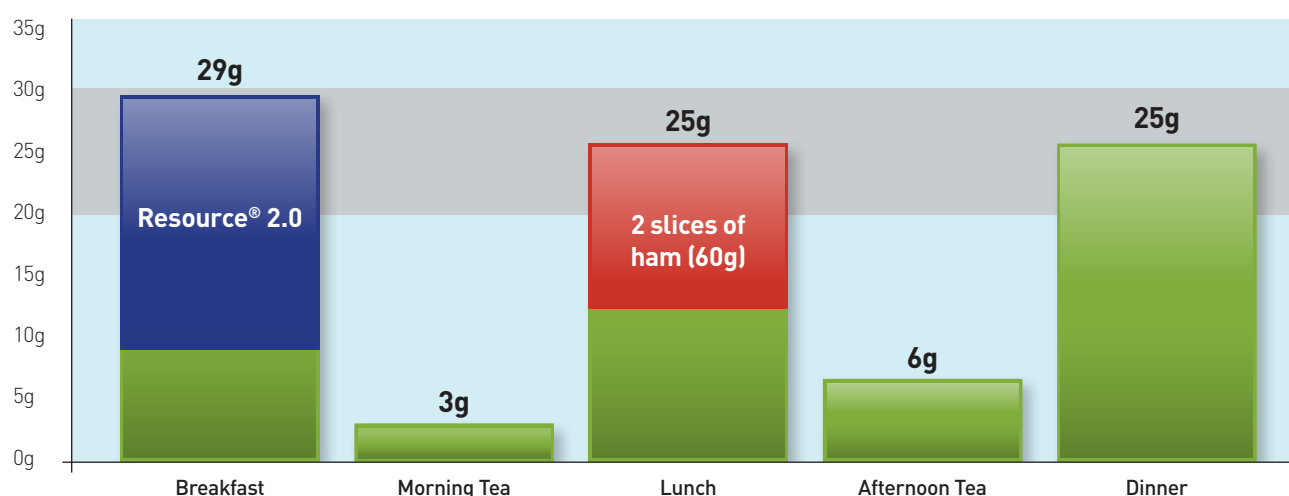
How can frail older adults improve their protein intake?

Ensuring that every meal and snack contains 1-2 sources of protein will assist in meeting protein needs. These may include:

- Eggs
- Milk
- Meat
- Cheese
- Yoghurt
- Fish

If an older adult is unable to consume enough protein through food alone to meet his or her protein requirements, supplementation with a product such as **Resource® 2.0** or **Sustagen® Hospital Formula** can be beneficial.

By adding a Resource® 2.0 drink to breakfast and 2 slices of ham to the cheese sandwich at lunch, the ideal 20-30g of protein is achieved.



Total = 88g protein (reaching 100% of RDI for males over 70 years)

Nutritional Screening

Early detection of inadequate nutritional intake is important. The MNA® Screening Tool can aid in identifying patients who are malnourished or at risk of malnutrition.

For more information on the MNA® Screening Tool, visit www.mna-elderly.com



References: 1. Zhu et al. JNHA 2010;14(9):723-729. 2. Payette H, Gray-Donald K, Cyr R, Boutier V. Predictors of dietary intake in a functionally dependent elderly population in the community. Am J Public Health. 1995;85:677-683. 3. Dawson B et al. Nutr Diet 2008;65:151-156. 4. Kant AK and Schatzkin A. J Am Coll Nutr 1999;18(1):69-76. 5. NHMRC Nutrient Reference Values 2005. 6. Paddon-Jones D, Rasmussen B. Curr Opin Clin Nutr Metab Care 2009;12:86-90. 7. Xyris Foodworks 2007 Professional Edition v 7.0.3016.

Protein and the older adult

Nutritional supplements can only be of assistance where dietary intake is inadequate. Please seek advice on your individual dietary needs from an Accredited Practising Dietitian or your healthcare professional. Sustagen® Hospital Formula is a formulated meal replacement and cannot be used as a total diet replacement. Resource® products are food for special medical purposes and are specifically formulated for medical conditions where nutritional needs cannot be met through diet modification alone. Must be used under the supervision of a healthcare professional. Printed January 2015.

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Protein and the older adult



NestléHealthScience

The changes of ageing

There are various changes to the body that occur with ageing, which include:



Lean Body Mass



Bone Density



Body Fat



Total Body Water

Nutrition plays a very important role in minimising these changes to the body, which can impact significantly on quality of life. As well as other key nutrients, protein is essential in helping to maintain muscle mass and strength, and therefore helping to decrease age-related decline.

Nutrient intake of older adults

Due to physiological changes associated with ageing, appetite and food intake can diminish as people grow older. This is known as the 'anorexia of ageing'. Factors that can lead to reduced appetite include:

- **Changes in hormones which can lead to abnormal signalling**
- **Decreased cues for thirst and hunger**
- **A feeling of fullness early during mealtime (early satiety).**

Each of the above may result in nutrient deficiency.

A reduction in appetite can lead to a decreased dietary intake, which over time may put individuals at risk of developing protein, energy and micronutrient deficiencies. Research into the nutrient intakes of 911 Australian women conducted over a period of 7 years (70-84 yrs of age at baseline) showed a significant reduction in vegetables, milk and bread intake and a significant reduction in carbohydrates, protein and fat (although saturated fat remained the same) and most micronutrients¹.

Adequate nutrition: Challenge for the older adult

Consuming adequate nutrition from a variety of foods can be challenging for the older adult due to numerous reasons. These include the following factors²:

- **Physical:** eg. Chronic and acute disease, functional disability, appetite, medications, prescribed diet, motor capacity
- **Psychological:** eg. Depression, health perception, food beliefs and attitudes, psychological determinants of appetite, nutritional awareness
- **Social:** eg. Social isolation, eating alone.



Consequences of insufficient protein intake

An inadequate protein intake is associated with³:

- **Reduced rate of wound healing**
- **Risk of fractures**
- **Increased risk of infection**
- **Functional decline**

Sufficient protein intake in combination with exercise is essential for older adults to help decrease the risk of sarcopenia and functional decline.

Older people have 25% greater protein requirements⁴

How much protein do older adults need?

The recommended dietary intake (RDI) for protein is 81g per day (1.07g/kg) for men and 57g per day (0.94g/kg)⁵ for women over the age of 70 years, however recent evidence indicates it may be important to spread this protein intake evenly over the day aiming for **20-30g per meal**.⁶

Following is an example of a typical dietary intake of an older male adult, which may be lacking in variety and quantity.

Breakfast



- 1 x bowl of cornflakes with milk
 - 1 x cup of tea with milk
- = 9g protein**

Morning Tea



- 1 x cup of tea with milk
 - 1 x scotch finger biscuit
- = 3g protein**

Lunch



- 1 x cheese sandwich
- = 12g protein**

Afternoon Tea



- 1 x cup of tea with milk
 - 1 x slice fruit cake
- = 6g protein**

Dinner



- Small serve of salmon mornay
 - 1 small potato mashed
 - 1 bowl of ice-cream with peaches
 - 1 cup of tea with milk
- = 25g protein**

This meal plan provides 55g of protein⁷, which is only 70% of the RDI for men.

As well as not meeting the RDI, the majority of his protein intake is from dinner, with the smallest intake of protein in a meal being at breakfast.