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Commentary

Dietary Habits and Per-Meal Protein Intake among Older Adults

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ABOUT THE STUDY

There is some evidence that the amount of protein consumed per meal influences the anabolic benefits of protein. Biomarkers of protein dietary status are frequently used visceral proteins. However, relationships between visceral proteins and various characteristics of protein consumption, such as per meal protein intake and protein sources, are rarely investigated. Nutritional changes during ageing, often viewed as the so-called 'anorexia of ageing', alter body composition and metabolism in ways that can decrease the need for and intake of energy. Other aspects of ageing for instance, low physical activity, pain and/or discomfort, gastrointestinal changes, swallowing difficulties and poor dental status can also affect food intake.

Social networks are also of importance for maintaining health and physical function, and the feeling of loneliness is associated with malnutrition. Thus, the loss of social relations (e.g. living alone instead of with one's family) may affect food intake. Beyond that, the loss of physical function, psychological health problems, and cognitive decline among older adults can affect their ability to prepare food. A shift to consumption of readymade food is associated with the risk of insufficient protein intake. Decreased intake and energy requirements may make it harder to get sufficient amounts of nutrients. Although older adults indeed have decreased energy requirements, their need for some nutrients, including protein, increases.

Another aspect affecting the health benefits of protein is the protein quality, i.e. the amino acid content and digestibility. For example, animal proteins have a more complete amino acid profile than plant proteins, and fish proteins are liable to have different properties from those in meat from other animals. According to the Norkost study, sources of protein among adults in Norway include meat (27% of total protein intake), bread (18%), fish (11%), milk or yoghurt (11%), cheese (10%) cereal products (4%), and eggs (3%). Meat and fish are traditionally eaten at dinner in Norway, whereas breakfast and lunch more often include bread, milk or yoghurt, cheese and eggs.

Nutritional status can be assessed by using screening tools, anthropometric measures and various biomarkers. In particular, visceral plasma proteins for example, albumin, prealbumin and Retinol-Binding Protein (RBP) have been regarded important for assessing malnutrition of protein status. Risk of malnutrition, as measured with MNA, was not associated with energy intake, protein intake. Albumin and prealbumin were significantly lower among individuals evaluated to be at risk of malnutrition by the Mini Nutritional Assessment (MNA) than among those not at risk. In a cross-sectional study conducted in Italy in 2006, albumin, prealbumin and RBP were all shown to correlate with fat-free body mass in healthy underweight, normal weight and overweight older adults. Low serum values for those visceral proteins, even within the reference range, could suggest poor nutritional status. However, the number of participants at risk of malnutrition in our study was low (n=7), and we emphasize that they were classified as being at risk of malnutrition rather than having malnutrition. By entering the reported foods into a Norwegian diet programme, calorie and protein consumption per meal and overall were estimated. Breakfast, lunch, dinner, and evening meals were classified as part of the multiple-pass technique.

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