

How much protein do I need, Doc?

What every physician should know about malnutrition in seniors.

The question of how much protein is optimal in an average diet comes up often in clinical practice, especially as more evidence links nutrition to frailty, sarcopenia,¹ and overall health in older adults. Malnutrition is a common yet often overlooked issue in seniors, and the following recommendations set out what every physician should know about this issue.

Screen for malnutrition risk² using recommended validated tools (e.g., SCREEN-14, Mini Nutritional Assessment – Short-Form).

Recognize that protein requirements increase with age. While the recommended dietary allowance for protein is 0.8 g/kg/day, most seniors require 1–1.2 g/kg/day due to poorer absorption and other medical conditions. More recent studies^{3,4} recommend up to 1.6–1.8 g/kg/day. This needs to be individualized, especially in cases of renal disease to balance kidney function without protein overloading.

Identify barriers to adequate intake, including decreased appetite, mobility, and social activity; poorer dentition; more effort needed to prepare meals; onset of taste changes in dementia; and medication side effects. Any significant weight changes (more than 5% over 6–12 months) must be investigated to rule out other causes (e.g., cancer, sarcopenia). Weight loss can portend increased mortality.^{5–7} Hence, weight change may be a better indicator for estimating disease risk in seniors than body mass index (BMI).⁷

Interpret BMI with context.⁷ In Canada, the normal-weight or low-risk BMI range may be higher and wider for elderly people (e.g., 22–29 kg/m²) than for younger adults (18.5–24.9 kg/m²).⁶ Higher BMI allows more reserve in case of illness, but some older adults may have difficulty maintaining weight (e.g., from sarcopenia) or losing weight (e.g., sarcopenic obesity).

Recognize food insecurity,⁸ which is exacerbated by fixed incomes.

Physicians need to be aware of and proactively screen for malnutrition risk in seniors, using BMI alongside weight trends. Protein requirement depends on fitness and activity levels, medical comorbidities, weight trends, and other factors. Stage of life (e.g., an active community-dwelling 70-year-old versus a long-term-care-bed-bound 85-year-old) and goals of care will shape dietary plans. Dietitians are essential partners in this work, but physicians

Continued on page 300

BOX. Additional resources on older adult nutrition.

For health care providers

• Screening tools:

- Explanations of nutrition screening: *Older Adult Nutrition Screening* (<https://olderadultnutritionscreening.com>).
- Nutrition screening tools for community-dwelling older adults (https://nutritioncareinCanada.ca/sites/default/uploads/files/Pathways/Guide_to_Nutrition_Screening%20Tools%20for_Community-Dwelling_Older%20.pdf).
- Malnutrition screening by the Canadian Malnutrition Task Force (CMTF) (https://nutritioncareinCanada.ca/sites/default/uploads/files/CMAW2024-ENG/PrimaryCare_ENG.pdf).
- CMTF Malnutrition Toolkit (<https://nutritioncareinCanada.ca/resource-library/primary-community-care/malnutrition-toolkit>).

• Nutrition care plans:

- Alberta Health Services, *Nutrition Guideline Seniors Health Overview (65 Years and Older)* (www.albertahealthservices.ca/assets/info/nutrition/if-nfs-ng-seniors-health-overview.pdf).
- CMTF, *Basic Nutrition Care Plan: For Healthcare Providers* (https://nutritioncareinCanada.ca/sites/default/uploads/files/Pathways/Basic%20Nutrition%20Care%20Plan%20for%20Healthcare%20Providers_V10.pdf).

For patients

- Explanations of nutrition screening: *Older Adult Nutrition Screening* (<https://olderadultnutritionscreening.com/resources-for-older-adults/>).
- HealthLinkBC: Dietitian services providing free, up-to-date, evidence-based nutrition advice and counseling with more than 100 consumer nutrition-based brochures and 22 nutrition topics (www.healthlinkbc.ca/search?kw=dietitian).

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Continued from page 299

the temporary modifications. Four weeks later, your patient successfully returned to regular work duties and regained full function. They maintained their physical fitness and resilience to future injury with ongoing self-directed exercise and regular activity. ■

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Continued from page 298

should have a foundational understanding of seniors' nutrition. Early recognition can prevent decline and improve quality of life. See the **Box** for additional resources on older adult nutrition, and increase your nutritional knowledge following National Seniors Day (1 October). ■

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