Higher Protein but Not Energy Intake Is Associated With a Lower Prevalence of Frailty Among Community-Dwelling Older Adults in the French Three-City Cohort.

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The hypothesis that increasing protein and energy intakes may confer protection against frailty has been suggested, although few studies have examined these associations, especially regarding current protein energy recommendations in the older population.
The aim of the recent study by Bahi et al, INSERM Bordeaux, France, J Am Med Dir Assoc. 2016 Jul 1;17(7):672.e7-672 is to assess the association between frailty and higher protein and energy intakes.
The present study is a secondary, cross-sectional analysis of the French Three-City cohort. Participants were community-dwelling older adults aged 65 and over. Frailty was defined as a score of 3/5 among the 5 Fried criteria: weight loss, exhaustion, muscle weakness, slowness, and physical activity. Protein intake was set at a daily intake ≥1 g/kg body weight and optimal energy intake defined as a daily intake ≥30 kcal/kg. Logistic regressions were performed while adjusting for several sociodemographic and clinical variables. The study sample consisted of 1345 participants [mean age (SD) 74.0 (4.9) years], of whom 55 (4.1%) were identified as frail. After adjusting for sociodemographic and clinical variables, higher protein intake was significantly associated with a lower frailty prevalence [odds ratio (OR) = 0.41, 95% confidence interval (CI) = 0.19-0.89; P = .024] whereas no significant association was observed between an optimal energy intake and the presence of frailty (OR = 0.70, 95% CI = 0.32-1.55, P = .38).
In total A 1 g/kg protein intake was associated with a lower prevalence of frailty in French community-dwelling older subjects. This observation adds to the literature, suggesting increasing the daily protein intake to at least 1 g/kg for older adults aged 65 and more.

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