

Role of Specialized Oral Nutrition Supplementation Throughout the Continuum of Care

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Editorial

Approximately 40% of body weight is made up of muscles and thus quantitatively it is a critical organ that should not be ignored. In addition to structural function in movement and maintenance of posture and balance, skeletal muscle also contributes to metabolic functions of the body. The muscle constitutes the main reservoir of proteins and amino acids and in particular glutamine is synthesized and stored in the muscle in large amounts. It also participates in the regulation of glucose levels.

Muscle loss occurs naturally with aging, although the rate of decline can vary depending on the peak attained in early life. Beyond ageing, muscle decline is associated with many pathological states and chronic diseases, including malnutrition – this is further accelerated by hospital immobilization and bed rest. Most of these pathological conditions are associated with different degrees of chronic inflammation, which plays a critical role in the onset of muscle atrophy and malnutrition. Loss of muscle is strongly linked to decline physical function, lower quality of life and higher mortality.

Nutrition intervention is vital to help preserve and rebuild muscle. In recent years, an active metabolite of the essential amino acid leucine, β -Hydroxy- β -Methyl-Butyrate (HMB), has attracted interest, with reported anabolic and anti-catabolic effects on muscle. Scientific research has been focused on the use of HMB to maintain or rebuild muscle mass in older populations, especially those at risk of sarcopenia. The impact of early nutritional therapy on muscle mass and physical function has been assessed in hospitalized and community-dweller older subjects. In particular, the benefits of a protein-enriched Oral Nutritional Supplement (ONS) with HMB have been extensively demonstrated. Evidence indicates that the use of such ONS can lead to better nutritional status, as well as improved clinical and functional outcomes in patients.