

Protein intake to support muscle health in a clinical setting

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Propositions belonging to the dissertation entitled:

Protein intake to support muscle health in a clinical setting

- 1) Increasing the portion size of hospital food provided to patients will not alleviate energy and protein malnutrition during hospitalization (this thesis)
- 2) Protein dense products should be incorporated in the hospital diet to increase protein intake during hospitalization (this thesis)
- 3) Nutritional and exercise interventions can be applied to shorten recovery periods following immobilization (this thesis)
- 4) Administration of free amino acids as opposed to intact protein does not have any benefits when ample amino acids or protein are being administered (this thesis)
- 5) Hospital nutrition should be checked, re-evaluated, and eventually adapted for each patient at regular intervals according to the course of the disease, monitored oral intake, and the patient's acceptance (ESPEN guideline on hospital nutrition, Clinical Nutrition, 2021)
- 6) Key aspects of perioperative care include the integration of nutrition in the overall management of the patient and early mobilisation to facilitate protein synthesis and muscle function (adapted from ESPEN guideline: Clinical nutrition in surgery, Clinical Nutrition, 2017)
- 7) Protein requirements are less commonly met than energy requirements, emphasizing the importance of focusing on adequate protein intake in the treatment of undernutrition (adapted from Leistra et al., Clinical Nutrition, 2011)
- 8) The hospital diet should provide at least 3 main meals containing 20-30 g high-quality protein per meal, protein-rich snacks in-between meal moments, a pre-sleep snack and patients need to be stimulated to be physically active between meal moments
- 9) Protein-rich "vlaai" should be provided to patients during their hospital stay in Limburg
- 10) Working hard for something we don't care about is called stress, working hard for something we love is called passion (Simon Sinek)

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