

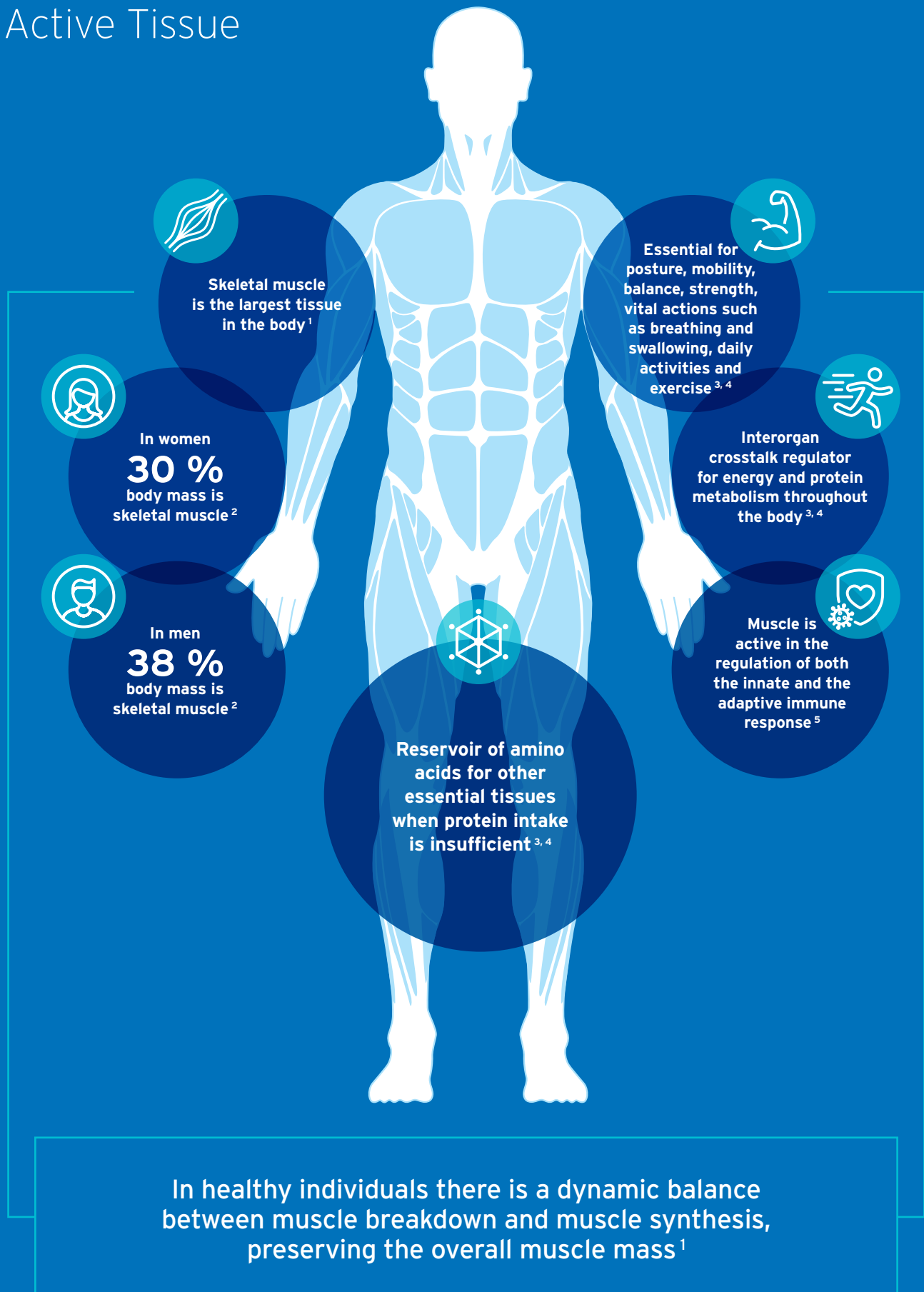
# Fresubin®

It's time for protein



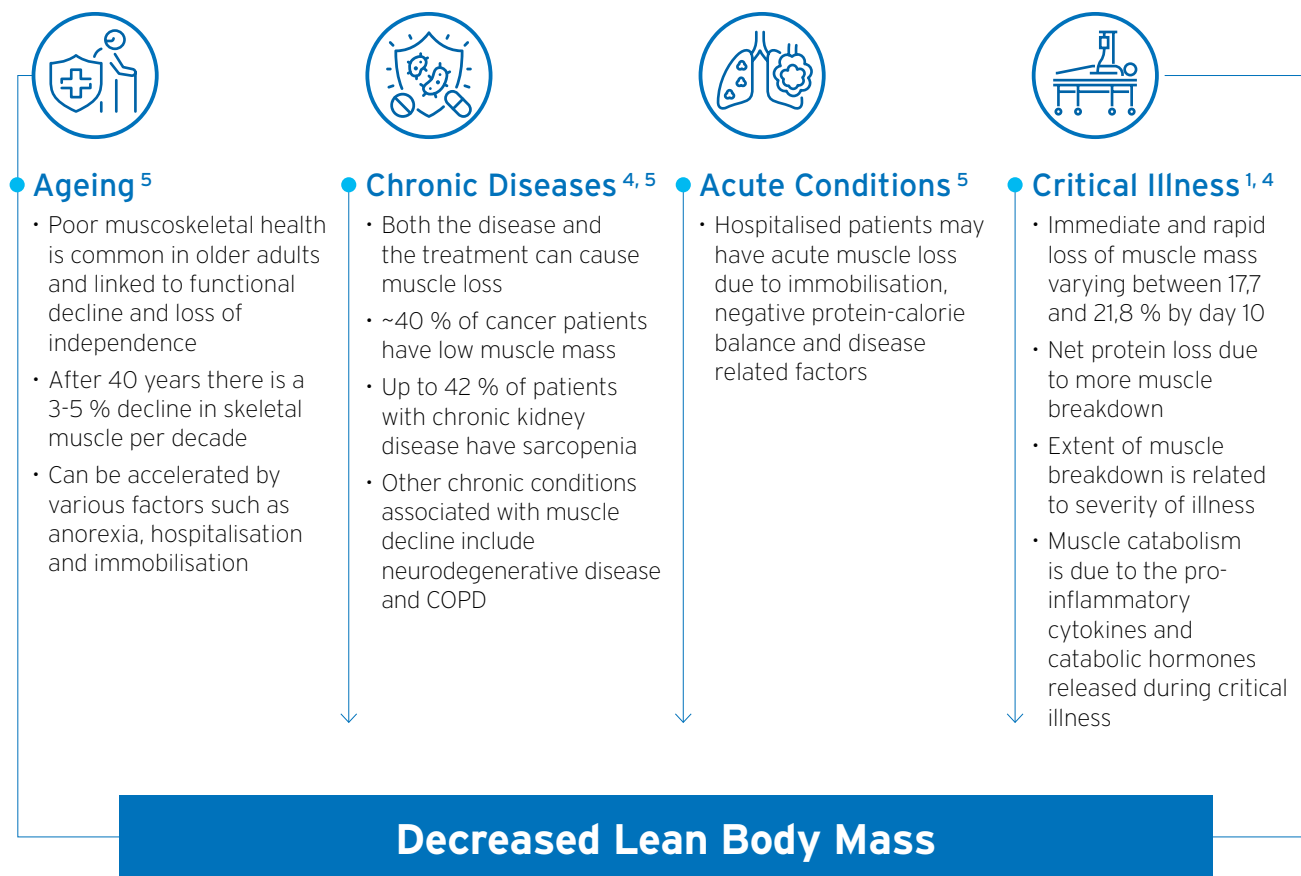
# Lean Body Mass

## Muscle: A Metabolically Active Tissue



# Muscle Loss:

## Causes and Consequences



Loss of lean body mass is associated with muscle weakness, impaired physical function, increased complications and mortality<sup>1, 4</sup>

### Complications increase with greater loss of lean body mass\* <sup>4, 6</sup>

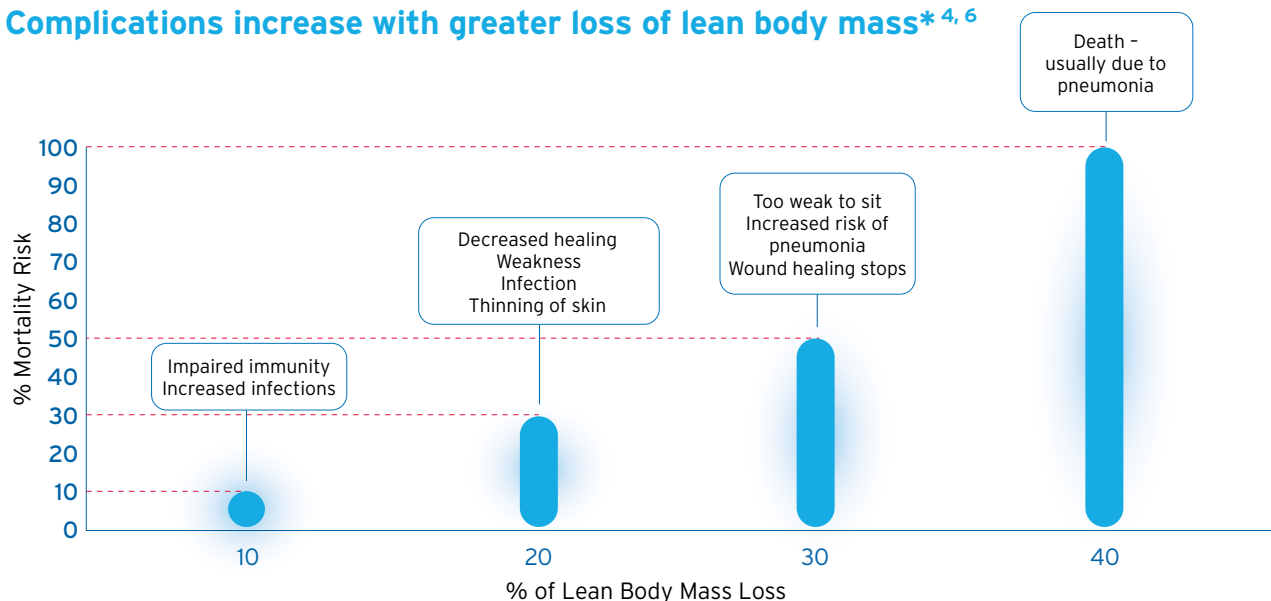


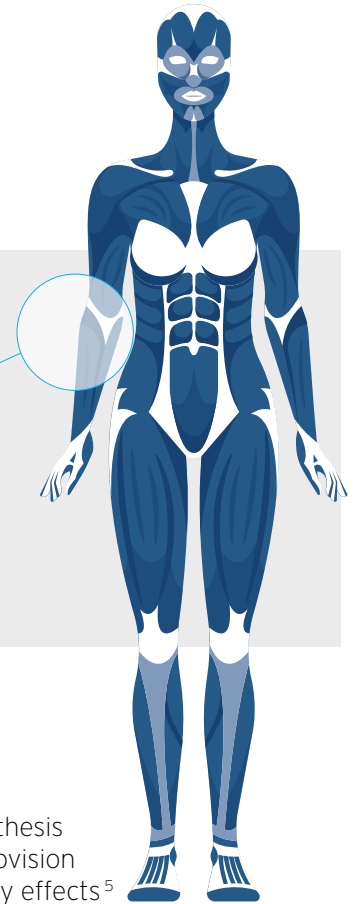
Diagram adapted from Landi *et al.* 2019 and Demling *et al.* 2009.

\* Assuming no preexisting loss

# What can we do to prevent or reverse muscle loss?

Nutrition is key for muscle anabolism, reducing catabolism, and improving outcomes.<sup>5</sup>

Interventions, ideally in combination with exercise, are most beneficial when proactive, early, and continued through recovery.<sup>5</sup>



## Protein

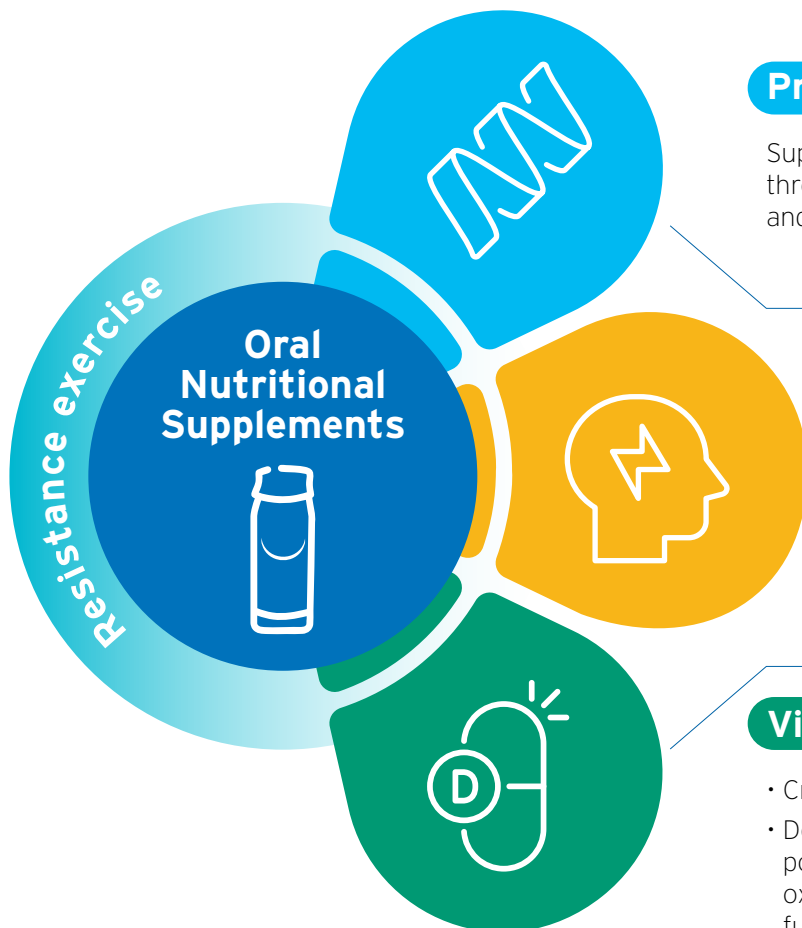
Supports muscle synthesis through substrate provision and anti-inflammatory effects<sup>5</sup>

## Energy

To spare muscle protein and provide adequate substrate for muscle protein synthesis – sufficient energy must be provided<sup>5</sup>

## Vitamin D

- Crucial for bone and muscle health<sup>5</sup>
- Deficiency is linked to muscle dysfunction, potentially due to receptor loss, increased oxidative stress, and impaired mitochondrial function<sup>5</sup>



To achieve adequate protein intake through diet alone can be challenging during illness; oral nutritional supplements (ONS) can help preserve and prevent muscle loss in hospital and community settings.<sup>6</sup>

High-quality protein-enriched ONS have demonstrated benefits, increasing total energy and protein intake without reducing spontaneous food intake, leading to weight gain and prevention of weight loss.<sup>6</sup>

## Oral Nutritional Supplementation

- **Preference for high energy ( $\geq 1,5$  kcal/mL or g) and/or high protein products ( $\geq 7$ g/100 mL or 100 g)<sup>7</sup>**
- **Minimum effective dose: 400 kcal and 20 g Protein<sup>8</sup>**

# Protein **quantity** and **quality** make the difference in muscle health and clinical outcomes



\* Protein requirements in liver disease can differ significantly based on the nutritional status and the type of liver disease and for more detailed information the specific guidelines should be referred to

ABW - Adjusted Body Weight

IBW - Ideal Body Weight

## Quality:

High quality protein shows<sup>16</sup>:

- High proportion of essential amino acids.
- High digestibility and bioavailability

High-quality protein is the most effective way to induce muscle protein synthesis<sup>5</sup>

High-quality protein promotes maintenance of metabolically active muscle and increase in lean body mass

The Fresubin portfolio offers a wide range of products featuring **high-quality protein**, with varying **protein content and energy density**.

The Fresubin portfolio uses high quality protein to provide increased protein content and has solutions for individual needs.

More than 20 % of daily recommended protein need\* could be achieved by taking one product high in protein or a combination of these products



Protein(g)	20	25	32,5	32,5	40	40	45	52,5	52,5	52,5
Protein % of Daily needs	23%	29%	37%	37%	46%	46%	51%	60%	60%	60%
Energy (kcal)	400	500	550	650	600	800	900	850	950	1 050
1 <sup>st</sup> Fresubin for the Day	2 kcal DRINK or 3,2 KCAL Drink	2 KCAL CRÈME	2 KCAL CRÈME	2 kcal Drink or 3,2 KCAL Drink	Fresubin Protein Energy DRINK	2 kcal DRINK or 3,2 KCAL Drink	2 kcal DRINK or 3,2 KCAL Drink	2 KCAL CRÈME	2 kcal DRINK or 3,2 KCAL Drink	2 KCAL CRÈME
2 <sup>nd</sup> Fresubin for the Day		2 KCAL CRÈME	Fresubin Protein Energy DRINK	2 KCAL CRÈME	Fresubin Protein Energy DRINK	2 kcal DRINK or 3,2 KCAL Drink	2 KCAL CRÈME	Fresubin Protein Energy DRINK	2 KCAL CRÈME	2 kcal DRINK or 3,2 KCAL Drink
3 <sup>rd</sup> Fresubin for the Day							2 KCAL CRÈME	Fresubin Protein Energy DRINK	Fresubin Protein Energy DRINK	2 kcal DRINK or 3,2 KCAL Drink

\* Daily protein intake recommendations in total could be as high as 87,5 g  
 Example: 1.25 g/kg/day\* in 70 kg person - 70 kg x 1.25 g/kg = 87,5



# Fresubin high protein standard ONS range

Find your nutritional solution

- Energy content according to individual needs
- High protein content
- Provide all necessary micronutrients
- Some variants with fibre
- Suitable for complete and supplementary nutrition
- Drinkable and spoonable formats to ensure variety
- With most popular milky or fruity flavours for different taste preferences

**Finding the most suitable ONS aids compliance and improves the nutrition status due to disease-related malnutrition**

			Volume	Protein (g)	Energy (kcal)	CHO (g)	Fat (g)	Fibre (g)	Vit D <sub>3</sub> (µg)	Flavour	Protein Source
1,5 kcal/mL	Fresubin Protein Energy DRINK		200 mL	20	300	24,8	13,4	0	5	Vanilla Strawberry	Milk
2 kcal/mL	Fresubin 2 kcal DRINK		200 mL	20	400	45	15,6	0	10	Vanilla	Milk
	Fresubin 2 kcal Fibre DRINK		200 mL	20	400	43,4	15,6	3,2	10	Chocolate	Milk
2 kcal/g	Fresubin 2 KCAL CRÈME		125 g	12,5	250	28,1	9,8	0	6,25	Vanilla	Milk
3,2 kcal/mL	Fresubin 3,2 KCAL Drink		125 mL	20	400	56	20	0,5	10	Mango	Collagen Hydrolysate Milk

## References:

1. Blaauw R, Calder PC, Martindale RG, Berger MM. Combining proteins with n-3 PUFAs (EPA + DHA) and their inflammation pro-resolution mediators for preservation of skeletal muscle mass. *Crit Care*. 2024 Feb 1;28(1):38.
2. Janssen I, Heymsfield SB, Wang ZM, Ross R. Skeletal muscle mass and distribution in 468 men and women aged 18-88 yr. *J Appl Physiol* (1985). 2000 Jul;89(1):81-8. Erratum in: *J Appl Physiol* (1985). 2014 May 15;116(10):1342.
3. Argilés JM, Campos N, Lopez-Pedrosa JM, *et al*. Skeletal Muscle Regulates Metabolism via Interorgan Crosstalk: Roles in Health and Disease. *J Am Med Dir Assoc*. 2016 Sep 1;17(9):789-96.
4. Landi F, Camprubi-Robles M, Bear DE, *et al*. Muscle loss: The new malnutrition challenge in clinical practice. *Clin Nutr*. 2019 Oct;38(5):2113-2120.
5. Prado CM, Landi F, Chew STH, *et al*. Advances in muscle health and nutrition: A toolkit for healthcare professionals. *Clin Nutr*. 2022 Oct;41(10):2244-2263.
6. Demling RH. Nutrition, anabolism, and the wound healing process: an overview. *Eplasty*. 2009;9:e9.
7. Raynaud-Simon A, Revel-Delhom C, Hébuterne X; French Nutrition and Health Program, French Health High Authority. Clinical practice guidelines from the French Health High Authority: nutritional support strategy in protein-energy malnutrition in the elderly. *Clin Nutr*. 2011 Jun;30(3):312-9.
8. Milne AC, Potter J, Vivanti A, Avenell A. Protein and energy supplementation in elderly people at risk from malnutrition. *Cochrane Database Syst Rev*. 2009 Apr 15;2009(2):CD003288.
9. Volkert D, Beck AM, Cederholm T, *et al*. ESPEN practical guideline: Clinical nutrition and hydration in geriatrics. *Clin Nutr*. 2022 Apr;41(4):958-989.
10. Singer P, Blaser AR, Berger MM, *et al*. ESPEN practical and partially revised guideline: Clinical nutrition in the intensive care unit. *Clin Nutr*. 2023 Sep;42(9):1671-1689.
11. McClave SA, Taylor BE, Martindale RG, *et al*. Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically Ill Patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.). *JPEN J Parenter Enteral Nutr*. 2016 Feb;40(2):159-211. Erratum in: *JPEN J Parenter Enteral Nutr*. 2016 Nov;40(8):1200
12. Plauth M, Bernal W, Dasarathy S, *et al*. ESPEN guideline on clinical nutrition in liver disease. *Clin Nutr*. 2019 Apr;38(2):485-521.
13. Wunderle C, Gomes F, Schuetz P, *et al*. ESPEN guideline on nutritional support for polymorbid medical inpatients. *Clin Nutr*. 2023 Sep;42(9):1545-1568.
14. Muscaritoli M, Arends J, Bachmann P, *et al*. ESPEN practical guideline: Clinical Nutrition in cancer. *Clin Nutr*. 2021 May;40(5):2898-2913.
15. Weimann A, Braga M, Carli F, *et al*. ESPEN guideline: Clinical nutrition in surgery. *Clin Nutr*. 2017 Jun;36(3):623-650.
16. McGregor RA, Poppitt SD. Milk protein for improved metabolic health: a review of the evidence. *Nutr Metab (Lond)*. 2013 Jul 3;10(1):46.