THE LANCET
August 17, 2024

EFFECT OF HIGH VERSUS STANDARD PROTEIN PROVISION ON FUNCTIONAL RECOVERY IN PEOPLE WITH CRITICAL ILLNESS

An investigator-initiated, double-blinded, multicentre, parallel-group, randomised controlled trial.

1%

EuroQoL 5-Dimension 5-level (EQ-5D-5L) health utility score during 180 days after randomisation (assessed at 30 days, 90 days, and 180 days), was lower in patients allocated to the high protein group than in those allocated to the standard protein group.
A mean difference of –0·05 (95% CI –0·10 to –0·01; p=0·031)

The probability of mortality was 0·38 (SE 0·02) in the standard protein group and 0·42 (0·02) in the high protein group
(hazard ratio 1·14, 95% CI 0·92 to 1·40; p=0·22)

There was a higher incidence of symptoms of gastrointestinal intolerance in patients in the high protein group
(odds ratio 1·76, 95% CI 1·06 to 2·92; p=0·030)

High enteral protein provision compared with standard enteral protein provision resulted in worse health-related quality of life in critically ill patients and did not improve functional outcomes during 180 days after ICU admission.