RECOGNISING **SARCOPENIA**

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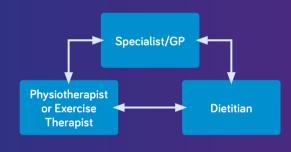


What is sarcopenia?

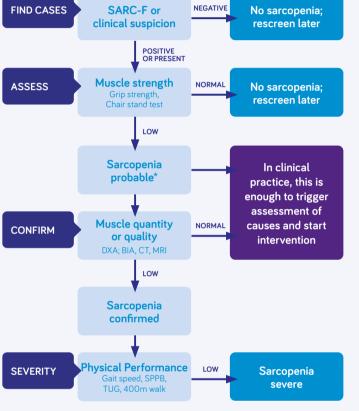
Sarcopenia is an age-associated low muscle mass, muscle strength and walking speed¹. It is prevalent in approximately 30% of older adults² and associated with falls, fractures³ and mortality⁴.

Multidisciplinary approach

A multidisciplinary approach is necessary to prevent, diagnose and treat sarcopenia. The specialist, General Practioner (GP), physiotherapist and Dietitian should collaborate in diagnosing and treating sarcopenia.



European consensus on sarcopenia definition (2019)¹



der other reasons for low muscle strength (e.g. depression, stroke, balance disorders, peripheral vascular disorders).

Muscle strength¹

Handgrip strength

Dynanometer Measure 3x right and 3x left Men: <27 kg Women: <16 kg



Chair-stand test

>15 seconds (total time of 5 reps)

Physical performance¹

4-meter walk test

≤0.8m/s



Short Physical Performance Battery

≤8 points

Timed up and Go test

≥20 seconds

400-meter walk test

≥6 minutes or unable to complete

Muscle mass¹

Dual-energy X-ray absorptiometry (DXA)

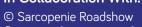
Appendicular lean mass (arms and legs) index: Men: <7.0 kg/m2

Women: <5.5 kg/m2

Bio-electrical impedance (BIA)

Skeletal muscle mass index: Men: ≤10.75 kg/m2

Women: ≤6.75 kg/m2











SARCOPENIA **MANAGEMENT**



Physiotherapist or exercise specialist⁵

Muscle strengthening

Progressive resistance-based training at a high intensity has the most effect on increasing muscle mass and strength.



- The dose-response relationship
- The recovery period
- Co-morbidities (consider to consult a geriatric physical therapist)

Physical exercise recommendations6

Exercises

- 8-10 different large muscle groups
- Muscle groups: arms, legs and trunk

Intensity

- High intensity (BORG 7-8/10)
- 80% of 1RM

Frequency

• 3 or more times per week

Repetition

- 8-12 reps, 1 set
- Rest of approximately 2 minutes in between exercises

Dietitian

Nutritional intervention^{7,8}

The nutritional intervention is based on maintenance and growth of muscle protein. through adequate supply of protein, energy, calcium and vitamin D.

The dietitian translates the nutritional advice into a nutritional plan that is feasible in daily practice and sustainable in the long-term.

Nutritional recommendations

Protein⁷

- 1.2-1.5g/kg bodyweight/day
- Equal amounts spread across 3 meals
- Aim to obtain +/-25g per meal

Energy⁸

• 30kcal/ kg bodyweight/day

Calcium⁹

- 51-70 years: 1100 mg/day
- >70 years: 1200mg/day

Vitamin D10

- Women 51-70 years: 10 mcg/day
- Men and women >70 years: 20mcg/day

The combination of strength training and an adequate protein intake is the most effective intervention to increase muscle mass and muscle strength. The collaboration between the physiotherapist or exercise specialist and the dietitian is essential.

References









