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Editor's Desk

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Sarcopenia

In elderly patients we see frailty, low muscle mass, functional deterioration of muscle with wasting. All these come under the definition of sarcopenia. All practitioners should be aware of Sarcopenia and manage properly.

sarcopenic obesity:- obese persons may have too low muscle strength relative to their body size. Recognition of obese patients who have associated muscle problems is an essential goal for practitioners.

There is now a valid simple questionnaire to screen for sarcopenia, based on self-reported symptoms called the SARC-F. SARC-F stands for:

- S — Strength.
- A — Assistance with walking.
- R — Rising from a chair.
- C — Climbing stairs.
- F — Falls.

Each factor with a number between 0 and 2. The highest maximum SARC-F score is 10and score of 4 or more warrants more testing.

- Muscle weakness, Loss of stamina.
- Difficulty performing daily activities.
- Walking slowly.
- Trouble climbing stairs.
- Poor balance and falls.
- Decrease in muscle size are the most common symptoms.
- Apart from aging, possible risk factors for sarcopenia include:
- Physical inactivity.
- Obesity.
- Chronic diseases such as chronic obstructive pulmonary disease (COPD), kidney disease, diabetes, cancer and HIV.
- Rheumatoid arthritis.
- Insulin resistance.
- Reduction in hormone levels.
- Malnutrition or inadequate protein intake.
- Decrease in ability to convert protein to energy.

Genetic factors mitochondrial defects, decreased anabolic hormones like testosterone, vitamin D, growth hormone, and insulin growth hormone 1, inflammatory cytokine excess, insulin resistance, decrease protein intake, decrease activity, poor blood flow to muscles, and deficiency of growth derived factor _11 level all are implicated in the pathophysiology of sarcopenia

There has been remarkable increase in our understanding of the molecular biology of muscle which could help us to increase the potential future targets for the treatment of sarcopenia.

At present resistance exercise, protein supplementrition and vitamin D have established as the basic treatment of sarcopenia. Testosterone can be used with caution in selective cases. Other drugs in clinical development include selective androgen receptor molecules, ghrelin agonists, myostatin antibodies, activin IIR antagonists, angiotensin converting enzyme inhibitors, beta antagonists, and fast skeletal muscle troponin activators. As sarcopenia is a major predictor of frailty, hip fracture, disability, and mortality in older persons, the development of drugs to treat it is eagerly awaited.

Prevention

- since the condition happens as part of the natural aging process, may not be able to completely prevent sarcopenia.
- Steps to slow the progression of the disease include:
- Make healthy food choices: high-quality proteins 20 to 35 grams of protein in each meal.
- Exercise: Maintain a physically active lifestyle
- resistance training exercises.
- Routine physicals: consult healthcare provider regularly,

Prognosis

The disease can greatly affect quality of life of old people. This can be reversed with lifestyle changes. If recommended changes are not followed the disease will continue to weaken muscles. Over time, full-time care to live life may be needed.

Let us educate elderly

Strength training can add years of vitality to life. It is never too late to start. "The stronger you are, the more muscle you have, the less likely you are to become sick or die."

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