COMMON GROUND? THE CONCORDANCE OF SARCOPENIA AND FRAILTY DEFINITIONS

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Rationale: Sarcopenia and frailty are frequently identified in older people and both associated with negative health outcomes. Sarcopenia and frailty are often used interchangeably. However, both have a different construct and require a different therapeutic approach. Treatment of sarcopenia may be focused on the increase of muscle mass by combining exercise and adequate protein intake, whereas frailty may require a focus on the underlying diverse pathophysiology. This study aimed to explore the concordance between definitions of sarcopenia and definitions of frailty in a clinically relevant population of geriatric outpatients.

Methods: Prevalence rates and subsequent concordance evolving from three definitions of sarcopenia and two definitions of frailty were compared in a cross-sectional study of 299 geriatric outpatients (mean age 82.4, SD 7.1). Definitions of sarcopenia included the European Working Group on Sarcopenia in Older People (gait speed, handgrip strength, muscle mass), International Working Group on Sarcopenia (gait speed, muscle mass) and the definition by Janssen et al. (muscle mass). Definitions of frailty included the Fried frailty phenotype (weight loss, exhaustion, physical inactivity, handgrip strength, walk time) and the definition of Rockwood (use of walking aid, activities of daily living, incontinence and cognitive impairment).

Results: Prevalence rates varied between 17% and 22% for sarcopenia and between 29% to 33% for frailty. There was little concordance in intra-individual prevalence rates of sarcopenia and frailty using different definitions. Outpatients with sarcopenia were more likely to be frail than frail outpatients to be sarcopenic.

Conclusion: This study clearly indicates that sarcopenia and frailty are two separate conditions. It is important to diagnose sarcopenia and frailty as separate entities, as each may require specific treatment.

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