Quality of life and sarcopenia in the elderly

Calidad de vida y sarcopenia en el anciano

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Dear Editor

The present comments are resultant of a strong motivation after reading the content of the review about sarcopenia in the old age group recently published in this Journal.[1] The term sarcopenia has been utilized since 1989 and currently it mainly refers to the progressive generalized changes of the skeletal muscle functions in people older than 60 years, with diagnosis based on decreased muscle mass, strength, and functionality.[1-8] Sarcopenia is associated with gradual loss of the functional independence, difficulty to walk and to perform the basic daily actions, besides major risk of falls causing lesions.[1] While quality of life involves the individual perception about their own positions in the cultural and value systems in which they live, and to their objectives and expectations;[1] a scale for sarcopenia (SarQol) evaluates the health-related quality of life (HRQol).[1-8] The authors stressed the geronto-geriatric consultations and periodic assessment of both the functional capacity and sarcopenia staging to control disability and complications.[1] According to recent estimative, approximately 13% of 50 million sarcopenic individuals have 60 to 70 years of age, and the projected doubling of the global population over 60 years old by 2050 may propitiate the enhance of these great threats to public health.[6]

With the growing number of the elderly people in almost the whole world, an increased interest about the causes, consequences and better control of sarcopenia is appropriate. A study utilizing the SarQol, sarcopenia criteria, and sarcopenic obesity criteria among 95 women aged ≥ 70 years and the mean age 76.0 ± 5.7 years, revealed 7 (7.3%) with sarcopenic obesity, 21 (22.1%) with sarcopenia, and 67 (70.5%) without sarcopenia.[3] The total SarQol score resulted higher among the women without sarcopenia (66.5) than those with sarcopenia (56.6), as well as those with sarcopenic obesity (7.9); therefore, the quality of life was poorer in women with sarcopenia, mainly in those with obesity.[3] In a study about the HRQoL including 142 Korean sarcopenic females with 60 years of age or older, their mean age was 72.77 years and 51.3% were over the age of 75 years.[4] Prevalent diseases were osteoporosis (38.0%) and diabetes mellitus (27.5%); 37.3% had normal weight, 30.5% were overweighted, and 29.3% were obese; 72.3% of them were unemployed, and 54.2% were in the lower household income group. Their difficulty to climb stairs or work, and perceive the health status influenced with a power of 56.0%.[4] The healthcare system must advice elderly women to maintain daily physical activities and encourage all women to exercise from middle age to prevent the sarcopenia begin.[4] A study of 22 people with average age of 71.9 years and participating in a Full-Body in-Bed Gym program three times a week for two months, showed an enhancement in their quality of life by the 12-Item Short Form Health Survey Mental Component Summary; and improvement in pain levels, with no significant improvement in sarcopenia risk.[5] However, the patient compliance with the exercise protocol over six months showed its feasibility and sustainability, even in the long term, which merit further evaluations to better clear its role in prevention and rehabilitation of the age-related muscle losses.[5]

An Iranian study including demographic and anthropometric data of 2369 people aged 60 years and over and utilizing the Short Form 12, Patient Health Questionnaire-9, Activities of Daily Living, and Instrumental Activities of Daily Living,

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compared the groups with and without osteosarcopenia to identify variables related to the HR-QoL.[7] The results showed that 22.5% of individuals had osteosarcopenia, and the significant different HR-QoL measures occurred mainly in physical functioning and physical component summary scores. Male gender, advanced age, and chronic diseases were linked to lower physical and mental HR-QoL scores in those with osteosarcopenia; females with a history of fractures and physical disability were related to lower scores.[7]

A Chinese study of 2877 people aged 65 years and over, utilizing the EuroQoL Five Dimensions questionnaire, educational attainment, occupation and household income, besides daily dietary habits including tea, alcohol, diet, and volume of water ingestion.[8] Association of HRQoL, socioeconomic status, and lifestyle was analyzed, and potential role of age, body mass index, and waist circumference with the risk of sarcopenia; high HRQoL and household income levels were inversely associated with a sarcopenia risk.[8] The authors highlighted that low HRQoL and household income levels, more intake of salt and spicy food, and alcohol drinking are related to higher risk of sarcopenia, while skipping some breakfast is associated with lower risk of sarcopenia in the older aged.[8] The evaluation of sarcopenia stage and quality of life among older age groups should be the major items of the geriatric patient care to prevent their disability and dependency.[1]

The first referenced article increased the general interest about relevant current concerns reaching a global dimension.

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Authorship

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