

New guidelines for early detection and treatment of sarcopenia

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Newcastle University experts are chairing a national session on new guidelines for the early detection and treatment of sarcopenia—a loss of muscle strength that affects many older people in the UK.

It is estimated that hundreds of thousands of older people live with the condition in the UK, and identification and [treatment](#) is a major challenge for modern medicine.

Now new guidelines for early detection and treatment of sarcopenia will be launched in the UK on Friday (November 16) at the British Geriatrics Society Autumn Meeting in London.

Newcastle experts' role

Professors Avan Sayer and Miles Witham, from the NIHR Newcastle Biomedical Research Centre, at Newcastle University and Newcastle Hospitals, UK, will chair a session that outlines the process of creating the guidelines with the European Working Group on Sarcopenia in Older People (EWGSOP).

Professor Alfonso Cruz-Jentoft, Director of the Geriatric Department of the Hospital Universitario Ramón y Cajal in Madrid, and lead author of the new guidelines, will discuss the recommendations as part of the session.

Professor Avan Sayer, Director of the NIHR Newcastle Biomedical Research Centre, was a member of the Working Group.

She said: "These guidelines are an update of the previous ones published in 2010 and will provide a step change in how we both recognise and manage sarcopenia.

"They will underpin the growing research activity in this area as well as support the development of new clinical services for older people.

"We are keen to get this message out as widely as possible to patients and the public where sarcopenia is not so well known."

The new consensus is endorsed by a number of international Societies, including the European Geriatric Medicine Society, the European Society for Clinical Nutrition, the European Society for Clinical and Economic Aspects of Osteoporosis Osteoarthritis and Musculoskeletal Diseases, the International Osteoporosis Foundation and International Association of Gerontology and Geriatrics for the European Region.

Sarcopenia research

Studies have shown that sarcopenia increases risk of falls and fractures, impairs ability to perform activities of daily living, lowers quality of life, leads to loss of independence, and is associated with increased mortality rates.

In financial terms, sarcopenia is costly to healthcare systems as among older adults who are hospitalised, those with sarcopenia on admission are five times more likely to have higher hospital costs.

There are a number of important changes to the guidance from 2010, including an easier way to screen for sarcopenia risk using a simple

questionnaire, a systematic way to make the sarcopenia diagnosis, and suggestions for practical tools and tests at each step. The new consensus also underscores the importance of poor physical function as a "red flag" for severe sarcopenia.

The new consensus also highlights areas requiring further research, such as the underlying mechanisms of the disease remain poorly understood.

There may be multiple types of sarcopenia, driven by different underlying risk factors or diseases. The new guidance attempts an important next step in classifying sarcopenia into primary and secondary forms, which should accelerate research in this area.

Professors Sayer and Witham's work at Newcastle University and the NIHR Newcastle Biomedical Research Centre harnesses scientific expertise, input from patients, the public and industry, in order to improve the diagnosis, treatment and prevention of ageing syndromes, including sarcopenia. Their work seeks to understand why muscle becomes weaker with age, identify ways to prevent or reverse sarcopenia, and then test these potential treatments in clinical trials.

Professor Alfonso Cruz-Jentoft said: "There is no doubt that sarcopenia is now well established as an important area of research activity, both within geriatric medicine and increasingly in organ specialities, such as cardiology, respiratory medicine, and oncology.

"Will this research activity translate into clinical activity focused on sarcopenia, as we would like to see? For this to happen, sarcopenia has to be routinely detected and addressed in clinical practice.

"Diagnosing sarcopenia will have to lead to treatment strategies that would otherwise not be triggered as part of current care. The treatments proven to work so far—resistance training and nutrition

intervention—are not unique to sarcopenia and are already indicated for the related syndrome of frailty.

"It may be that for sarcopenia to find a place in daily geriatric medicine practice—and in general medical care—we must wait for specific, effective treatments that merit spending time and effort on making the diagnosis of [sarcopenia](#). As research progresses towards that goal, these new guidelines are an important next step on the road."

Read the *Age and Ageing* paper Sarcopenia: revised European consensus on definition and diagnosis

These new guidelines are an update to the previously published Sarcopenia: European consensus on definition and diagnosis: Report of the European Working Group on Sarcopenia in Older People published in *Age and Ageing* in 2010.

Provided by Newcastle University

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