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Consultant Pharmacist Continuing Education Series

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Risk factors

Risk factors for sarcopenia include:

- Older age
- Gender
- Level of physical activity
- Nutrition

Reduced physical activity due to frailty may lead to loss of muscle mass, resulting in lower weight.

Low vitamin D levels may be associated with sarcopenia and low physical activity. Weight loss, either intentional or unintentional, may also be associated with sarcopenia.

Older age, low muscle mass, and low physical activity are highly associated with sarcopenia.

Older people with sarcopenia have a 60% increased risk of falls and a 70% higher chance of fractures. Sarcopenic obesity is associated with lower bone mineral density and a higher risk of non-vertebral fractures, compared with older people without sarcopenia, without obesity, and only obesity.

An increased risk of depression in people with sarcopenic obesity has been reported.

Symptoms

Symptoms of sarcopenia may include:

- Decreased muscle size
- Muscle weakness
- Loss of endurance
- Poor balance
- Trouble climbing stairs

Interventions

One of the first interventions for people with sarcopenia and frailty is to ensure correct and sufficient nutrition. Early satiety and reduced appetite are common among older people – the ‘anorexia of ageing’. Nutritional supplements with high protein content may be warranted. Difficulty swallowing or dysphagia should result in referral to speech pathologist.

Physical activity, particularly resistance exercise, is a protective factor for the prevention and management of sarcopenia.

For sarcopenic obesity, a combination of resistance training and a normal or high protein hypocaloric diet may improve muscle strength, endurance, aerobic capacity, balance and functional capacity.

Medications

Medication reviews can identify medicines that impact on appetite and food intake, such as dry mouth, anorexia, gastro-oesophageal reflux disease (GORD), and gastritis. Constipation can impact on appetite and should be proactively managed. Stimulant laxatives will be appropriate for most people prescribed opioids.