

IRYCIS OUTSTANDING PUBLICATION

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CITATION

Alfonso J Cruz-Jentoft, Gülistan Bahat, Jürgen Bauer, Yves Boirie, Olivier Bruyère, Tommy Cederholm, Cyrus Cooper, Francesco Landi, Yves Rolland, Avan Aihie Sayer, Stéphane M Schneider, Cornel C Sieber, Eva Topinkova, Maurits Vandewoude, Marjolein Visser, Mauro Zamboni, Writing Group for the European Working Group on Sarcopenia in Older People 2 (EWGSOP2), and the Extended Group for EWGSOP2; Sarcopenia: revised European consensus on definition and diagnosis.

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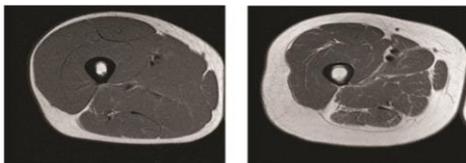
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Age 25

Age 63



SARCOPENIA: REVISED EUROPEAN CONSENSUS ON DEFINITION AND DIAGNOSIS

In 2010, the European Working Group on Sarcopenia in Older People (EWGSOP) published a sarcopenia definition that aimed to foster advances in identifying and caring for people with sarcopenia. This publication currently has over 3000 citations. In early 2018, the Working Group met again (EWGSOP2) to update the original definition in order to reflect scientific and clinical evidence that has built over the last decade. This paper presents the updated findings.

Sarcopenia is a muscle disease (muscle failure) rooted in adverse muscle changes that accrue across a lifetime; is common among adults of older age but can also occur earlier in life. This consensus paper: (1) focuses on low muscle strength as a key characteristic of sarcopenia, uses detection of low muscle quantity and quality to confirm the diagnosis, and identifies poor physical performance as indicative of severe sarcopenia; (2) updates the clinical algorithm that can be used for case-finding, diagnosis and confirmation, and severity determination and (3) provides clear cut-off points for measurements of variables that identify and characterise sarcopenia.

With these new recommendations, EWGSOP2 calls for healthcare professionals who treat patients at risk for sarcopenia to take actions that will promote early detection and treatment. They also encourage more research in the field of sarcopenia in order to prevent or delay adverse health outcomes that incur a heavy burden for patients and healthcare systems.

Why do you highlight this publication?

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 focussed on sarcopenia, as the authors of the guideline 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 and commendable next step on the road.

“Sarcopenia is now well established as an important area of research activity, both within geriatric medicine and increasingly in organ specialities”

- Dr. Alfonso José Cruz-Jentoft -
