Sarcopenia prevalence: reply to comment by Perez-Zepeda et al

R. Patil · K. Uusi-Rasi · M. Pasanen · P. Kannus ·
S. Karinkanta · H. Sievänen

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Dear Editor,

As we discussed in our paper [1], our study population consisted of 70- to 80-year-old home-dwelling women who voluntarily participated in the DEX randomized controlled trial [2], and it is likely that the prevalence of sarcopenia in the unselected Finnish population of elderly women would have been higher than that reported by us.

We estimated muscle mass with dual-energy X-ray absorptiometry, which is the preferred method for research and clinical use [3]. In the study by Arango-Lopera and colleagues, muscle mass was determined by calf circumference [4]. Diagnostic criteria (including

those used in the European Working Group on Sarcopenia in Older People algorithm) need to be standardized and consistently applied before they can be deemed worthy of comparison. Unless this is done, diagnosis and prevalence rates of sarcopenia are difficult to compare and do not hold credibility.

We also explored the rationale behind measuring muscle mass to predict the onset of disability in older adults. The result was that muscle mass and derived indices of sarcopenia were not related to measures of physical function. It seemed that an appropriate and standardized functional ability test battery might be better suited to detect changes in physical function and, consequently, reveal the onset of disability.

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R. Patil (✉) · K. Uusi-Rasi · M. Pasanen · P. Kannus ·
S. Karinkanta · H. Sievänen
The UKK Institute for Health Promotion Research,
Tampere, Finland
e-mail: radhika.patil@uta.fi

K. Uusi-Rasi
Research Department, Tampere University Hospital,
Tampere, Finland

P. Kannus
Medical School, University of Tampere,
Tampere, Finland

P. Kannus
Division of Orthopaedics and Traumatology,
Department of Trauma, Musculoskeletal Surgery and Rehabilitation,
Tampere University Hospital,
Tampere, Finland

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