The usefulness of anthropometric measures

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Based on EWGSOP guidelines, muscle mass should be evaluated using the DEXA or bioelectrical impedance analysis (BIA) [1]. In our study, it was not possible to assess all participants using DEXA or BIA. Therefore, muscle mass was estimated using the measurement of the mid-arm muscle circumference (MAMC) [2].

Indeed, anthropometric measures are generally considered poor markers of muscle mass, and their role in the assessment of sarcopenia is debatable [3]. For example, Faisy et al. [4] suggested that BIA might be superior to MAMC in predicting malnutrition and negative outcomes among patients with chronic obstructive pulmonary disease and acute respiratory failure. However, as previously demonstrated, MAMC provides a simple measure of body composition. Moreover, muscle mass as assessed by MAMC was shown to be independently associated with mortality in elderly subjects [5, 6]. MAMC estimates performed by expert personnel have shown excellent reliability [7].

Mid-arm muscle circumference estimation could be a practical and useful tool for the assessment of nutritional status and sarcopenia in older adults. In fact, it is simple, quick, inexpensive, noninvasive, and easy to use, valuable especially in those settings where DEXA and BIA are not available (i.e., nursing homes and long-term care settings). It is essential to recognize the relevance of the clinical assessment of sarcopenia and to reach a large and

consolidated consensus on the recommended tools to measure body composition when DEXA and BIA are not accessible. Anthropometric measures (MAMC and/or calf circumference) could represent a simple and reliable instrument for the clinical assessment of nutritional status and sarcopenia.

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