LETTER TO THE EDITOR

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RESPONSE TO “RE: COMMENTS REFERRING TO THE ARTICLE «COMPREHENSIVE NUTRITIONAL STATUS IN SARCO-OSTEOPOROTIC OLDER FALLERS»

Dear Editor,

We wish to thank Drs. Ilich & Kelly for their comments regarding our recently published paper “Comprehensive Nutritional Status in Sarco-osteoporotic Older Fallers” (1). We appreciate their insight and agree with many of their comments regarding our study. There were questions regarding the methodology and potential further analysis and we have done our best to address them below.

We agree that further an examination between obesity, sarcopenia, osteoporosis and nutritional status is necessary. However, performing a comprehensive analysis of body fat, which as suggested by Drs. Ilich and Kelly should include quantification of fat infiltration of muscle and bone, goes beyond the original aims of our study.

The criteria for diagnosing sarcopenia has changed numerous times, and will continue to change with new research groups identifying population groups where an adjusted criteria or cut-off is required. Although studies have suggested that a new method based on the negative residuals of the appendicular lean mass adjusted for height and body fat would more accurately determine sarcopenia (2, 3), we chose to not use this method for several reasons. Firstly, these findings have only been found in a small number of studies. Secondly, a significant proportion of our patients were not obese (32%). Therefore, for our study we have decided to utilize the widely accepted criteria for sarcopenia: handgrip strength and appendicular lean mass (derived from DXA) adjusted for squared height (4-6).

In regards to the question as to how osteopenia/osteoporosis

was diagnosed, in accordance with the World Health Organization, the T-score of left femoral neck was used for all patients.

In letter, Dr. Ilich and Kelly clearly denote their focused interest on the association between fat and osteosarcopenia. From our perspective, osteosarcopenic obese patients are just a sub-group of osteosarcopenic individuals showing high BMI and increased levels of fat mass. Evidence indicating that those patients are at higher risk of poor outcomes is limited due to the small number of published studies, which are mostly weakened by small sample sizes. Nevertheless, we agree with the authors’ statement that “there are no universally accepted criteria for diagnosing any of these newly defined conditions” therefore larger studies are still needed.

References

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