



Reply to comment on “Hyperuricemia may be associated with muscle wellness in older adults”

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Editor,

We thank the authors for their contribution to our article [1].

To start with, the fact that there is only one measurement value of uric acid was criticized in our study, but our study is a retrospective cross-sectional study and we mentioned this in our limitations. Although prospective and multiple measurements are required to elaborate this point of view, our results are remarkable because they are among the first studies to emphasize these considerations.

In addition, as mentioned, our study did not include the nutritional habits and nutritional content of the patients, which is another limitation of our study. However, patients using drugs that may affect blood uric acid levels were excluded according to the study's exclusion criteria. Likewise, we added obesity and ESC score elevation to patient characteristics along with our comorbid conditions. Smoking and LDL levels are among the calculation parameters of the ESC score [2].

Furthermore, according to the EWSGOP criteria, the 4-m walking test is a reliable test in determining the severity of sarcopenia [3]. For this reason, the 4-m walking test was used in the diagnosis of sarcopenia. In addition, a study reveals the striking relationship between the 4-m walking test result and mortality [4]. Therefore, we use the 4-m walking test in our geriatric practice.

Moreover, since our study was a retrospective cross-sectional study, the parameters evaluated in the comprehensive geriatric assessment [5] were used in our study. Although they did not reflect the antioxidant level, ESR and CRP values were evaluated in terms of giving information about the inflammatory state. Although a single value was obtained for ESR and CRP,

patients with malignancy and acute or chronic inflammatory disease were excluded.

In conclusion, we thank the authors for the opportunity to respond to the issues raised. In addition, prospective cohort studies are needed to support this relationship between hyperuricemia and sarcopenia in older adults.

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Data availability The raw data supporting the conclusions of this article will be made available by the authors without undue reservation.

Declarations

Conflict of interest The authors declare that they have no conflicts of interest.

Patient and other consents Not required.

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