Correction to: Abstracts of the 15th International Congress of the European Geriatric Medicine Society

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The Editorial Office of EGM has been informed that the abstract P-706 is not correct.

The correct version of the abstract P-706 is the following:

The assessment of clinical applicability of polish version of SARC-F as a sarcopenia case-finding tool

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Introduction: Sarcopenia is a prevalent yet potentially reversible syndrome, hence the need for a simple screening method. SARC-F questionnaire for case finding is a five-item instrument introduced into the European Working Group on sarcopenia in Older People 2 (EWGSOP2) algorithm for diagnosis of sarcopenia.

Methods: We used data from a cross-sectional study aimed at cultural and clinical validation of the Polish translation of SARC-F in community-dwelling subjects ≥ 65 years. Diagnosis of sarcopenia was based on the 2018 EWGSOP2 consensus. Hand grip and 4-m gait speed were measured, and the Polish version of SARC-F was administered.

Results: The mean (SD) age of 73 participants (21.9% men) was 77.8 (7.3) years. Seventeen participants (23.3%) fulfilled the EWGSOP2 criteria of sarcopenia, and 9 (12.3%) criteria for severe sarcopenia. Fourteen (19.2%) participants fulfilled the SARC-F criteria for clinical suspicion of sarcopenia. The Cronbach's alpha coefficient for internal consistency of the SARC-F test was 0.84. With EWGSOP2 sarcopenia as gold standard, the sensitivity of SARC-F was 35.3% (95% CI 14.2–61.7, $p=0.33$) and specificity was 85.7% (95% CI 73.8–93.6, $p<0.0001$). The corresponding PPV and NPV were 42.9% ($p=0.79$) and 81.4% ($p<0.0001$), respectively. The probability of false positive result was 14.3% (95% CI 6.4–26.2, $p<0.0001$) and the probability of false negative result was 64.7% (95% CI 38.3–85.8, $p=0.33$). Overall, the predictive power of SARC-F was low (the ROC 0.64).

Key conclusions: SARC-F is currently recommended for sarcopenia case finding in the general population of older adults. However, due to the low sensitivity, despite high specificity its further development seems to be needed.

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¹ <https://www.springer.com/journal/41999>