



Letter to the Editor

Comment on “Cut-off points to identify sarcopenia according to European Working Group on Sarcopenia in Older People (EWGSOP) definition”



S U M M A R Y

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Bahat and colleagues presented cut-off values for muscle mass and strength and calf circumference for correct application, in Turkish population, of European Working Group on Sarcopenia in Older People criteria. The work is important to assess this condition on the basis of population-specific data. Ageing care represents a target of modern medicine and sarcopenia, consequence of it, can worsen the quality of life. Assessing this, considering population characteristics, as authors described, is very functional in medical practice. We would suggest consideration of people older than 90 years as different elderly subclass and application of technological tools to monitor muscular performance.

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Dear Editor,

We have read with great attention and interest the paper by Bahat and colleagues “Cut-off points to identify sarcopenia according to European Working Group on Sarcopenia in Older People (EWGSOP) definition” [1]. Authors defined cut-off values for muscle mass, muscle strength and calf circumference for correct application of EWGSOP criteria in Turkish population. They measured high and weight, used bioimpedance analysis to assess body composition and Jamar hand dynamometer to study grip strength.

In our opinion, the work by Bahat and colleagues is very important and useful in order to assess sarcopenia through population-specific data. Ageing is a theme currently representing a hot topic because the number of old people in the world is growing and this situation is a burden for health care system. Hence, modern medicine will meet, more and more, this issue. For this reason, one of the goals of Medicine is prediction of physical and mental decline and providing diagnostic tools, treatments and appropriate rehabilitation programs in order to get a healthy old age.

Sarcopenia is a known consequence of ageing and it represents a cause of illness and low quality of life in elderly. The paper by Bahat and colleagues is very significant, because every population may present different characteristics, linked to genes, environment and habits. Understanding the cut-off values for a specific population may allow a correct evaluation of sarcopenia and ageing.

Authors enrolled old patients with age between 65 and 99 years. We would suggest the possibility to consider this age break composed by two smaller subgroups: 65–89 and > 90 years. Nonagerians, meaning the people of the second subgroup, represent an

infrequent condition, but they could be considered persons with a successful ageing [2]. In future studies, understanding their specific features, performing separated analysis for each subgroup, could provide information about the possible differences between ageing and “ultra-ageing” (i.e. age >90 years) and specific cut-off values. These data may allow a better patient management in accordance to the particular age category, with an effective care and health system cost saving. Finally, for the diagnosis of sarcopenia, EWGSOP recommends to bear in mind the presence of both muscle mass impairment and muscle function impairment (strength or performance). In this case, the association with advanced investigation of clinical patterns, like use of actigraphs, activity monitors or other low-cost technologic instruments, should be considered to quantify, not only the simple movement, but even the muscular performance in specific tasks [3].

We wonder to know authors' consideration about our suggestions, in particular the difference between “ultra-ageing” and “younger” old people.

Conflict of interest

No conflict of interest.

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