OASH | Office on Women's Health

Stronger than Sarcopenia

Why **Sarcopenia** Matters

Sarcopenia (saar-ko-pee-ni-uh) is the loss of muscle and strength that can happen when someone gets older and does less physical activity. This may cause trouble with daily activities like standing from a chair, walking, twisting the lid off a jar, or carrying groceries. Over time, loss of strength can lead to falls or other injuries. After age 30, 3–5% of muscle mass is lost per decade without proper exercise and nutrition.

Sarcopenia matters because it can lead to injury and loss of independence by affecting balance and making every day activities difficult. Approximately 10% of adults 60 years of age and older have sarcopenia. In patients who are hospitalized, the rate of sarcopenia in this age group increases to 24%, and for patients in nursing homes, the sarcopenia rate is 31% for women and 51% for men.

Patients with sarcopenia also have higher medical expenses. On average, women with sarcopenia spend an additional $900 per year for health care treatment related to this condition. Patients with sarcopenia are nearly twice as likely to be hospitalized, experience significantly longer hospital stays, and spend over $2,300 more on hospital stays per year than patients without sarcopenia.

Diagnosing Sarcopenia

In 2016, sarcopenia was assigned an ICD-10 diagnostic code as a soft tissue disorder. This code is used to report medical claims and monitor the diagnosis and treatment of sarcopenia. The ICD-10 code for sarcopenia is M62.84.

People with sarcopenia have a 58% higher risk of bone fractures and a 13.8% higher risk of loss of independence than those without sarcopenia.

Screening patients for sarcopenia involves assessing the muscle strength necessary to continue performing everyday activities like walking, standing from a seated position, or climbing stairs with ease. Muscle loss may be a concern for patients who have trouble completing these tasks or have experienced recent falls. To identify and screen for sarcopenia, health care providers can use the SARC-F questionnaire, a 5-question tool assessing the difficulty of everyday activities.

Treating and Managing Sarcopenia

Staying physically active and eating a healthy diet can reduce the risk of sarcopenia. Additionally, while there is no medication to cure sarcopenia, some supplements may help. While more research is needed, protein, amino acids, fish oil, vitamin D, selenium, magnesium, and omega-3 supplements have all shown promising effects to address muscle loss, especially in combination with diet and exercise.

Continuing Medical Education (CME) Course

The Office on Women's Health partnered with Medscape Education to develop a free CME activity called "Recognizing Sarcopenia: The Importance of Muscle Strength in Patient Health," authored by Jack Guralnik, MD. Dr. Guralnik spent 25 years doing epidemiologic research at the National Institute on Aging, National Institutes of Health; was Chief of the intramural Laboratory of Epidemiology, Demography, and Biometry; and is a recognized authority on sarcopenia. This peer-reviewed and accredited CME activity aims to improve health care providers' knowledge and skills related to the screening, evaluation, treatment, and management of sarcopenia. Visit Recognizing Sarcopenia: Muscle Matters for Your Practice to access the course.

Resources from the Office on Women's Health

Fact Sheet: What is Sarcopenia?
This fact sheet provides more information on the condition as well as tips to help older adults get started with an exercise program.

Fact Sheet: Screening for Sarcopenia
This fact sheet introduces the SARC-F screening questionnaire, which helps assess sarcopenia risk.

Tool: Sarcopenia Exam Room Poster
Health care providers can use this educational tool to help patients learn more about sarcopenia and treatment options.

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To learn more, please visit womenshealth.gov/sarcopenia.