

Sarcopenia

A proposal to create a new code for sarcopenia was received from the Alliance for Aging Research. It is part of the Aging In Motion Coalition, which is a group of patient, caregiver, health and aging organizations pressing for greater awareness, regulatory consideration, and improved treatment of sarcopenia.

Sarcopenia as a specific condition was initially identified in 1989. Originally, it referred to the loss of muscle mass that occurs with age, and was seen as a characteristic state almost universal with aging. Over time however, clinical perspectives on sarcopenia have evolved. Particularly because loss of muscle mass by itself does not necessarily correlate with weakness or functional impairment, sarcopenia has now come to be defined as a clinically significant disorder based on distinct findings and functional issues.

The Foundation for the National Institutes of Health Sarcopenia Project recently published its findings of an evidence-based approach to criteria for the diagnosis of sarcopenia.¹ Together with the published findings of the European Working Group on Sarcopenia in Older Persons², and other national and international groups^{3,4,5}, a consensus has emerged based on clinically relevant thresholds. Although there are some regional variations in specific cut points, there is wide conceptual agreement on the base definition.

Sarcopenia is now defined as a combination of low muscle mass together with weakness causing functional problems. The degree of muscle mass is measured by appendicular lean mass (i.e., non-bone lean mass of the limbs), typically assessed by using dual-energy X-ray absorptiometry (DEXA). Strength level is measured using customary protocols for grip strength. Finally, functional issues focus on mobility impairment, using standard tests such as gait speed or the "timed up and go" test.

Patients with sarcopenia typically experience mobility limitations and other functional issues such as an inability to carry out activities of daily living. Low grip strength and slow gait speed are strongly correlated with decreased ability to recover from serious injury, falls, disability, hospital and nursing home admissions, and increased mortality. Conditions which may be associated with sarcopenia include hip fracture, bed rest with immobilization, chronic obstructive pulmonary disease, diabetes mellitus type 2, stroke, Parkinson's disease, and congestive heart failure. While all people lose muscle mass and strength as they age, some older adults may have accelerated loss of muscle and may develop sarcopenia without having any of these conditions.

Establishing a diagnosis of sarcopenia allows for interventions such as nutritional counseling, occupational therapy, and physical therapy such as resistance and strength training to improve muscle strength. It also allows for identification of individuals at risk for falls and future disability, for whom preventive measures may then be taken. Pharmacological interventions are also being considered.

References

1. *Journals of Gerontology (Series A) Biological Sciences, Medical Sciences*, May 2014, 69(5):547-594.
2. Sarcopenia: European Consensus on Definition and Diagnosis: Report of the European Working Group on Sarcopenia in Older People. *Age Ageing*. 2010;39(4):412-423.
3. Fielding RA, Vellas B et al. Sarcopenia: An Undiagnosed Condition in Older Adults. Current Consensus Definition: Prevalence, Etiology, and Consequences. International Working Group on Sarcopenia. *Journal of the American Medical Directors Association*, May 2011; 12(4):249-256.
4. Morley JE, Abbatecola AM, et al. Sarcopenia With Limited Mobility: An International Consensus. The Society on Sarcopenia, Cachexia, and Wasting Disorders Trialist Workshop. *Journal of the American Medical Directors Association*, July 2011; 12(6):403-409
5. Muscaritoli M, et al. (2010) Consensus definition of sarcopenia, cachexia and pre-cachexia: joint document elaborated by Special Interest Groups (SIG) “cachexia-anorexia in chronic wasting diseases” and “nutrition in geriatrics”. *Clinical Nutrition*, April 2010; 29 (2):154–159.

TABULAR MODIFICATIONS

	M62	Other disorders of muscle	
		M62.5	Muscle wasting and atrophy, not elsewhere classified
add note		Excludes1:	... <u>sarcopenia (M62.84)</u>
		M62.8	Other specified disorders of muscle
add note		M62.81	Muscle weakness (generalized) <u>Excludes1: muscle weakness in sarcopenia (M62.84)</u>
new code		<u>M62.84</u>	Sarcopenia Age-related sarcopenia
			Code first underlying disease, if applicable, such as: Primary disorders of muscles (G71.-) Other and unspecified myopathies (G72.-) Disorders of myoneural junction and muscle disease in diseases classified elsewhere (G73.-)
	R53	Malaise and fatigue	
		R53.1	Weakness
add note		Excludes1:	... <u>sarcopenia (M62.84)</u>
	R54	Age-related physical disability	
add note		Excludes1:	... <u>sarcopenia (M62.84)</u>