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Sarcopenia: a deserving recipient of an Australian ICD-10-AM code

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Title	Sarcopenia: a deserving recipient of an Australian ICD-10-AM code
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Sarcopenia: a deserving recipient of an Australian ICD-10-AM code

TO THE EDITOR: In July 2019, sarcopenia — a progressive and generalised skeletal muscle condition involving loss of skeletal muscle mass and function¹ — was awarded a code in the International Classification of Diseases, tenth revision, Australian modification (ICD-10-AM). This recognition has arrived 30 years after Irwin Rosenberg first described the condition in 1989.²

Sarcopenia is independently associated with poor quality of life, falls, fractures, institutionalisation and mortality.¹ About 13–19% of community-dwelling older adults may have this condition, and prevalence is highest among those living in residential care.¹

All individuals experience declines in muscle mass and function during ageing, but only those who meet the criteria described in the Box are considered to have sarcopenia. The definition currently promoted by the Australian and New Zealand Society for Sarcopenia and Frailty Research is the initial European Working Group on Sarcopenia in Older People definition,³ which was adopted after a Delphi consensus.⁵ Measures of muscle strength and physical performance such as grip strength, chair stands and gait speed are cost-effective and easy to perform in clinical practice. Obtaining measures of muscle and lean mass may be challenging outside of the research setting. Therefore, in individuals with low muscle strength or physical performance, in the absence of other potential causes (eg, osteoarthritis), sarcopenia should be suspected and safe and effective interventions can be offered.

Patients with, or at risk of, sarcopenia should be recommended exercise therapy, in particular, progressive resistance training.¹ This type of training prescribed by treating clinicians can be implemented by allied health professionals, including exercise physiologists and physiotherapists. Protein supplementation can prevent loss of muscle, but this is most beneficial when combined with progressive resistance training.¹ A number of randomised controlled trials are underway examining different therapeutics for the treatment of sarcopenia.¹

With the advent of the ICD-10-AM code, primary care clinicians, allied health staff, and members of the public will begin observing sarcopenia diagnoses on medical correspondence. Hospital funding models may adjust in line with the ICD-10-AM code and in recognition of the increased complexity and risk of complications that comes with caring for patients with sarcopenia. An understanding of this condition, its implications and treatment is key in providing evidence-based care to patients living with sarcopenia.

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[Insert box]

Diagnostic tools and measurements to diagnose sarcopenia* using the initial European Working Group on Sarcopenia in Older People (EWGSOP) definition^{†3}

Component	Thresholds and equipment
Low muscle strength	Hand grip strength using dynamometer: ▪ Men: < 30 kg ▪ Women: < 20 kg
Low physical performance	Men and women over 4 m course: ▪ Gait speed: ≤ 0.8 m/s
Low lean mass	ALM using whole-body DXA (adjusted for height, m ²): ▪ Men: < 7.26 kg/m² ▪ Women: < 5.50 kg/m²

ALM = appendicular lean mass; DXA = dual x-ray absorptiometry. * Diagnosis of sarcopenia is based on low lean mass **and** low physical performance **or** muscle strength. † The EWGSOP have developed a revised definition for sarcopenia (known as EWGSOP2);⁴ however, this has not yet been recommended for use in Australia.