

Paper Category:	Prevention and Public Health
Paper Title: (Arial Font; 14 Pt Size)	Adapting the Asian Working Group for Sarcopenia (AWGS) 2019 guidelines for Community-dwelling Older Adults in Singapore
Abstract Body: (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> • Background • Objectives • Method • Results • Discussions and Conclusions
<p>(Maximum word limit - 300 words)</p> <p>Background: The recently introduced Singapore Clinical Practice Guidelines for Sarcopenia endorsed the AWGS2019 diagnostic algorithm, with recommendations for case-finding, assessment for possible sarcopenia, and its confirmatory diagnosis.</p> <p>Objectives: We compare the prevalence and agreement of sarcopenia established using AWGS2019, against AWGS2014, EWGSOP1 and EWGSOP2. Given the low sensitivity of SARC-F in case-finding, we examined whether varying SARC-F cut-offs and its exclusion (AWGS2019-modified) affect diagnostic re-classification. Finally, we compared AWGS2019 and AWGS2019-modified sarcopenia on frailty and functional performance.</p> <p>Method: In this cross-sectional analysis, 1084 community-dwelling older adults >55 years completed frailty (FRAIL, Fried), sarcopenia, functional and physical performance assessment. Sarcopenia-related measures included SARC-F, handgrip strength, 5-time chair-stand, gait speed, short physical performance battery, and body composition (multi-frequency segmental Bioelectrical Impedance Analysis). Functional performance was assessed using Barthel's index (BI), Lawton and Brody, and Life Space.</p> <p>Results: Mean age was 67.7 (SD=6.89) years, with 72.8% female. AWGS2019 and EWGSOP2 identified 3.7% and 2.8% of participants as "possible/probable sarcopenia" respectively. Prevalence of confirmed sarcopenia was 6.8% on AWGS2014 and EWGSOP1, 0.9% on AWGS2019 and 0.8% on EWGSOP2.</p> <p>There was poor agreement in sarcopenia diagnosis between AWGS2014 and AWGS2019 (Kappa=0.108 [p=0.002]). Lowering the SARC-F cut-off to 2 did not improve agreement between AWGS2014 and AWGS2019 (Kappa=0.086 [p=0.017]), but excluding SARC-F (AWGS2019-modified) did (Kappa=0.210 [p<0.001]).</p> <p>Under AWGS2019-modified, 253 individuals (34.2%) were reclassified from "non-sarcopenic" to "possible sarcopenia". These individuals were more likely older, have lower education, impaired cognition, and poorer mood.</p>	

Both AWGS2019, AWGS2019-modified diagnosed sarcopenia were significantly associated with frailty and functional status on BI.

Discussion and Conclusion: Removing SARC-F from the diagnostic algorithm increases the number of “possible sarcopenic” individuals, while retaining the predictive ability of sarcopenia on frailty and BI. Our results suggest that AWGS2019 algorithm that begins with case-finding using SARC-F may under-detect sarcopenia in the at-risk population in Singapore, especially in individuals with cognitive impairment and depression.

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