

**PREVALENCE AND CLINICAL IMPLICATIONS OF
SARCOPENIC OBESITY AMONG
COMMUNITY-DWELLING OLDER ADULTS:
RESULTS FROM TAICHUNG COMMUNITY HEALTH
STUDY FOR ELDER**

**社區老人肥胖型肌少症之盛行率及相關因素：
台中老人社區健康研究之發現**

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Recent evidence shows that sarcopenic obesity might related to more physical functional decline, higher risk for metabolic syndrome and higher mortality. However, due to lack of a standard definition of sarcopenic obesity, the prevalence differs substantially among current studies. The aim of the present study was to examine the prevalence of sarcopenic obesity among community-dwelling older adults in Taiwan, by using different indices, and its relationship with obese group. This population-based, cross-sectional study recruited 865 participants aged 65 years or older. Participants who meet both criteria for sarcopenia and obesity were classified as having sarcopenic obesity. Sarcopenia was defined according to the Asian Working Group for Sarcopenia consensus criteria, and sarcopenic participants with low height-adjusted or weight-adjusted appendicular skeletal muscle mass (ASM) were classified as having h-sarcopenia or w-sarcopenia, respectively. Lean soft tissue mass and fat mass were determined by dual-energy X-ray absorptiometry. Obesity was defined as body-mass index (BMI) $>24 \text{ Kg/m}^2$.

Of the 865 participants initially identified, the prevalence of h-sarcopenic

obesity, w-sarcopenic obesity and obese was 3%, 12.8%, and 48.4% respectively. Both h-sarcopenic obesity and w-sarcopenic obesity group are older and heavier than non-sarcopenic obesity group, and the prevalence of sarcopenic obesity also increased with age. Sarcopenic obesity subjects are even older, heavier, more central obesity, more total fat and less lean muscle mass than non-sarcopenic obese subjects. All participants with h-sarcopenic obesity (N=26) also meet criteria of w-sarcopenic obesity. The present study revealed older adults with sarcopenic obesity are more aged, higher BMI, and more central obesity than either normal or obese population. Using weight-adjusted skeletal muscle index might be more properly than height-adjusted in evaluation of sarcopenic obesity groups.