facts about osteosarcopenia in gerontological physiotherapy

Osteosarcopenia is an emerging 'geriatric giant'

Osteosarcopenia is the concurrent presence of osteoporosis and sarcopenia and its health and economic implications are expected to rise. Sarcopenia is defined as:

- loss of muscle mass and reduced muscle strength
- poor physical performance
- loss of muscle strength in hand grip and sit-to-stand test.



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Early recognition and intervention improve outcomes

Clinical practice guidelines for non-pharmacological management of osteoporosis recommend:

- early detection and intervention
- DEXA analysis for bone mass and muscle mass
- early screening for decreasing bone density and muscle loss in younger individuals
- management programs to be implemented before functional decline occurs.





Osteosarcopenia is a subset of frailty

Osteosarcopenia is associated with lifestyle-related risk factors such as:

- low protein intake and low levels of calcium and vitamin D
- low levels of physical activity
- smoking and alcohol consumption
- comorbid conditions, eg, osteoarthritis, cancer, endocrine dysfunction
- non-modifiable risk factors including older age, female gender and Caucasian race.







Physiotherapy management of osteoporosis and sarcopenia must:

- target bone mineral density
- increase muscle strength and physical performance
- improve balance and reduce falls risk
- include high-intensity, weight-bearing, impactloading exercises.

individualised management

Osteosarcopenia screening is part of a broader geriatric assessment, potentially involving geriatricians, dietitians, occupational therapists and psychologists. Recommendations may include:

- smoking cessation
- alcohol restriction
- adequate intake of vitamin D, calcium and protein
- pharmacotherapy.

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