AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution:509
(A-24)

Introduced by: Senior Physicians Section

Subject: Addressing Sarcopenia and its Impact on Quality of Life

Referred to: Reference Committee E

Whereas, sarcopenia, the progressive loss of skeletal muscle mass, strength, and function typically associated with aging, poses significant health challenges to the rapidly growing senior population[1]; and

Whereas, sarcopenia contributes to increased risk of falls, fractures, disability, decreased mobility, increased cardiovascular morbidity and mortality, cognitive decline, diminished length and quality of life and increased healthcare costs[2,3,4]; and

Whereas, sarcopenia is estimated to affect 10-16% of persons worldwide, especially the elderly and malnourished[5]; and

Whereas, the prevalence of sarcopenia will predictably continue to rise in the aging population, necessitating proactive measure to mitigate its impact; and

Whereas, sarcopenia is a potentially modifiable, multifactorial condition influenced by factors such as inadequate nutrition, sedentary lifestyle, chronic diseases, hormonal changes and inflammation[6]; and

Whereas, early detection, prevention, and management strategies are crucial measures in addressing sarcopenia and its adverse consequences; therefore be it

RESOLVED, that our American Medical Association collaborate with appropriate entities to develop and implement educational awareness targeting healthcare professionals, caregivers, and the elderly population to increase knowledge about sarcopenia, its risk factors and consequences, in order to facilitate prevention, early recognition and evidence-based management as a routine part of clinical practice with elderly patients (Directive to Take Action); and be it further

RESOLVED, that our AMA (1) support nutritional interventions aimed at optimizing protein intake, essential amino acids, and micronutrients; (2) promote regular physical activity, including resistance training, aerobic exercise, and balance exercises, tailored to individual capabilities and preferences (New HOD Policy); and be it further

RESOLVED, that our AMA support allocation of resources for research initiatives aimed at advancing our understanding of sarcopenia, its pathophysiology, risk factors, and treatment modalities (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for policy changes to support reimbursement for sarcopenia screening, diagnosis, and interventions (Directive to Take Action); and be it further

RESOLVED, that our AMA collaborate with all stakeholders to integrate sarcopenia prevention and management into public health agendas and aging-related initiatives. (Directive to Take Action)

Fiscal Note: $101,420: Contract with third parties to develop educational content and advertise beyond standard AMA channels.

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REFERENCES

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2. Damluji, A. A., Alfaraidhy, M., AlHajri, N., Rohant, N. N., Kumar, M., Al Malouf, C., ... & Goyal, P. (2023). Sarcopenia and cardiovascular diseases. *Circulation, 147*(20), 1534-1553.
3. Yuan, S., & Larsson, S. C. (2023). Epidemiology of sarcopenia: Prevalence, risk factors, and consequences. *Metabolism*, 155533.
4. Hida, T., Harada, A., Imagama, S., & Ishiguro, N. (2014). Managing sarcopenia and its related-fractures to improve quality of life in geriatric populations. *Aging and disease*, *5*(4), 226.
5. Yuan, S., & Larsson, S. C. (2023). Epidemiology of sarcopenia: Prevalence, risk factors, and consequences. *Metabolism*, 155533.
6. Gao, Q., Hu, K., Yan, C., Zhao, B., Mei, F., Chen, F., ... & Ma, B. (2021). Associated factors of sarcopenia in community-dwelling older adults: a systematic review and meta-analysis. *Nutrients*, *13*(12), 4291.

RELEVANT AMA POLICY

H-425.994 Medical Evaluations of Healthy Persons
The AMA supports the following principles of healthful living and proper medical care: (1) The periodic evaluation of healthy individuals is important for the early detection of disease and for the recognition and correction of certain risk factors that may presage disease. (2) The optimal frequency of the periodic evaluation and the procedures to be performed vary with the patient's age, socioeconomic status, heredity, and other individual factors. Nevertheless, the evaluation of a healthy person by a physician can serve as a convenient reference point for preventive services and for counseling about healthful living and known risk factors. (3) These recommendations should be modified as appropriate in terms of each person's age, sex, occupation and other characteristics. All recommendations are subject to modification, depending upon factors such as the sensitivity and specificity of available tests and the prevalence of the diseases being sought in the particular population group from which the person comes. (4) The testing of individuals and of population groups should be pursued only when adequate treatment and follow-up can be arranged for the abnormal conditions and risk factors that are identified. (5) Physicians need to improve their skills in fostering patients' good health, and in dealing with long recognized problems such as hypertension, obesity, anxiety and depression, to which could be added the excessive use of alcohol, tobacco and drugs. (6) Continued investigation is required to determine the usefulness of test procedures that may be of value in detecting disease among asymptomatic populations.
[CSA Rep. D, A-82; Reaffirmed: CLRPD Rep. A, I-92; Reaffirmed: CSA Rep. 8, A-03; Reaffirmed: CSAPH Rep. 1, A-13; Reaffirmed: CMS Rep. 03, I-17]