Last Word on Viewpoint: Muscle atrophy is not always sarcopenia

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TREATING SARCOPEenia IS FACILITATED BY AN UNDERSTANDING OF ITS CELLULAR BASIS

TO THE EDITOR: I would like to thank all of the individuals who took the time to respond to my Viewpoint (see Ref. 2), which aims to more clearly define sarcopenia in aid of our mutual efforts to find more effective treatments for this problem of the elderly. In all cases, the comments were appreciated, particularly in regard to the support for keeping the term sarcopenia specific to the muscle atrophy occurring with aging. I would, however, specifically like to address Dr. Delbono’s (see Ref. 2) recommendation that we do not “over define” what is meant by sarcopenia. Although I suspect this comment was motivated by the fact that our understanding of the mechanisms causing sarcopenia continues to evolve, I respectfully suggest that this should not prevent us from employing what we do know in an effort to focus our efforts. Thus the consensus statement of the European Working Group on Sarcopenia in Older People, where no criteria beyond age that are specific to sarcopenia are used in its definition (1), does little to comfort my concern over the current imprecision in the term sarcopenia and I hope the clinical community revisits this statement. Identifying therapeutic strategies clearly requires an understanding of the cellular mechanisms causing sarcopenia. Dr. Delbono surely appreciates this given his important mechanistic contributions to our understanding of sarcopenia over the years. As we have the same overall objective, therefore, it would make sense for the clinical community to embrace a definition of sarcopenia based upon its cellular mechanisms, and this definition should evolve as we further our understanding of what causes sarcopenia. I personally hope that is the case. However, I also appreciate that for this to be successful in the clinic, the medical community needs biomarkers of sarcopenia that can be relatively easily obtained, and it is clear that a muscle biopsy does not qualify in that respect. The comments made by Dr. Emanuele Marzetti (2) on this Viewpoint, which point out new advances in some blood-borne biomarkers that are now emerging, are thus very much appreciated. These and other advances will surely move us forward in meeting our goal of understanding and treating sarcopenia.

DISCLOSURES
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AUTHOR CONTRIBUTIONS
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REFERENCES