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Underlooked Syndrome in Geriatric Age Group: Malnutrition Sarcopenia Syndrome

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Description

Malnutrition Sarcopenia Syndrome (MSS) term was first suggested by Dewoude, et al. in 2012 [1]. Over the past decade, only little is added in the literature regarding the importance of MSS in clinical practice. Although malnutrition and sarcopenia are two intertwined syndromes, MSS is independently associated with poorer functional independence, health outcomes and increased mortality compared to either alone [2].

Sarcopenia and malnutrition share multiple common points in terms of pathophysiology, etiology, prognosis and treatment. Interventions targeting MSS treatment mainly include dietary modifications, exercise, supplementations, and hormones, similarly to sarcopenia and malnutrition. There is no single and precise method for treating MSS eligible for every individual, and not every individual treated for MSS have a satisfactory clinical response; instead, MSS is a syndrome rarely with complete remission. Treatment is long-lasting, costly, unsatisfactory and patient dependent.

MSS affects short term, midterm and long term medical decision making and every level of preventive healthcare measures starting from primary prevention. MSS is usually with frailty and decreased anticipated survival, bringing one of the main principles of geriatric decision making "start low, go slow" forefront, especially when treating acute diseases and reaching to target levels of chronic diseases. MSS sharing parallel features with frailty also makes individuals susceptible to infectious diseases, so once diagnosed; vaccination of the old adult should be looked over as soon as possible. In addition to frailty, MSS already shortens the anticipated survival of the patient, making cancer screening of the individual questionable, both from the aspects of complications of screening and even when cancer diagnosis may not help the individual live longer or healthier. Advanced directive plans of the patients are another issue that should be looked over once the diagnosis of MSS is held.

The economic burden is another challenging aspect of MSS and is still open to research. To our knowledge, there is no satisfactory data regarding the cost of MSS; when we search the literature for the economic burden of sarcopenia and malnutrition to have an opinion: Sarcopenic individuals are reported to have up to $20000 of increased costs per hospitalization when compared to nonsarcopenic individuals [3] Healthcare costs of sarcopenia are up to 2% of total healthcare expenditures in the United States. As the population gets older, the burden of MSS, a prevalent geriatric syndrome, seems to increase parallelly.

MSS, once diagnosed, affects every aspect of the clinical approach, and is diagnosed without any invasive measures, practically. Every hospitalized individual in the geriatric age group should be screened for MSS. Health care centers, including acute care, subacute care and nursing care, should have protocols regarding prevention, diagnosis and treatment of MSS and clinicians, regardless of their speciality, should be aware of MSS since measures for treatment should be applied for the syndrome and modest clinical approach will be necessary when compared to patients without MSS.

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