

Key messages:

- Sarcopenia was observed in 21.7% of older adults at high risk of dementia, indicating a significant burden on this vulnerable population.
- Inadequate adherence to the Mediterranean diet, smoking and poor self-perceived health were associated with sarcopenia.

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Sarcopenia and associated factors among older adults at high risk of dementia

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Background: Sarcopenia and dementia share pathophysiological pathways and risk factors, including advanced age, physical inactivity, unhealthy diet, smoking and diabetes. Older adults at high risk of dementia may face increased susceptibility to sarcopenia, which can also exacerbate cognitive decline. Thus, this study aims to estimate the frequency of sarcopenia and its associated factors within this vulnerable population.

Methods: This cross-sectional analysis includes data from a subset of older adults (≥ 65 years of age) enrolled in the MIND-Matosinhos randomized controlled trial, a community-based cognitive decline prevention program. Per the European Working Group on Sarcopenia in Older People, probable sarcopenia is defined as low muscle strength (handgrip strength < 16 kg for women and < 27 kg for men). Sociodemographic, lifestyle and health-related data were collected via structured questionnaires. To assess factors associated with sarcopenia, odds ratios (OR) and respective confidence intervals (95% CI) were estimated using logistic regression.

Results: A total of 157 participants (58.6% female), with a median age of 73 years (range: 65 to 85 years), were included. The overall prevalence of sarcopenia was 21.7% ($n = 34$). After adjusting for sex, age and education, inadequate adherence to Mediterranean Diet (MD) (OR = 10.90; 95% CI: 1.41-84.52), current smoking status (OR = 5.06; 95% CI: 1.06-24.18) and poorer self-perceived health (OR = 2.74; 95% CI: 1.03-7.28) were positively associated with sarcopenia. No other statistically significant associations were found.

Conclusions: The observed sarcopenia frequency underscores the need for enhanced screening and management of this condition in community settings and among those at dementia risk. Inadequate adherence to MD, smoking and poor self-perceived health, seem to be associated with sarcopenia in older adults at high risk of dementia. Sarcopenia prevention should involve a holistic approach to promoting a healthy lifestyle.