Gender Based Differences in Sarcopenia Screening with the SARC-F Questionnaire in Inflammatory Bowel Disease

Ayushi Jain MD¹, Kavita Ramnath BS², Laurie Rosales APRN-CNP³, Beth Kulow APRN-CNP³, Jacob Skeans MD³, MPH, Adeeti Chiplunker MD, MMS³ 1. Department of Internal Medicine 2. The Ohio State University College of Medicine 3. Division of Gastroenterology, Hepatology & Nutrition, The Ohio State University Wexner Medical Center

Background

- Sarcopenia is defined as the loss of skeletal muscle mass and a loss of function
- \succ Sarcopenia is a modifiable condition that affects 27 to 61% of patients with inflammatory bowel disease (IBD)¹
- > Traditional measurements of sarcopenia can be cumbersome and are not rapidly available
- > The SARC-F Questionnaire is a five-item questionnaire that assesses the following: strength, need for assistance with walking, rising from a chair, climbing stairs, and the number of falls in the past year²
- > SARC-F has not previously been studied in IBD patients

Aim

To use a five-item SARC-F questionnaire to assess sarcopenia in patients with IBD

Study Design

- \triangleright Patients (\geq 18 years) seen at the IBD Center with a confirmed diagnosis of IBD without short bowel syndrome were invited to complete the SARC-F questionnaire
- > Retrospective chart review was performed for demographic and disease characteristics for all patients that completed the questionnaire
- \succ For patients with available CT or MRI abdominal imaging within 3 months of completion of the questionnaire, the skeletal muscle index (SMI) was measured using a single slice through the third lumbar vertebra
- \succ Sarcopenia on SARC-F was defined as a score \geq 4 and on SMI as <55cm²/m² for males and <39cm²/m² for females³
- > Statistical analysis was performed using univariate analysis

Results

Table 1: SARC-F Questionnaire

Component	Question	Scoring	
Strength	How much difficulty do you have in lifting and carrying 10 pounds?	None = 0 Some = 1 A lot or unable = 2	
Assistance in walking	How much difficulty do you have walking across a room?	None = 0 Some = 1 A lot, use aids, or unable = 2	
Rise from a chair	How much difficulty do you have transferring from a chair or bed?	None = 0 Some = 1 A lot or unable without help = 2	
Climb stairs	How much difficulty do you have climbing a flight of 10 stairs?	None = 0 Some = 1 A lot or unable = 2	
Falls	How many times have you fallen in the past year?	None = 0 1 - 3 falls = 1 4 or more falls = 2	

Table 2: Patient Characteristics by Presence of Sarcopenia on SARC-F

		No Sarcopenia n=189	Sarcopenia n=44	p - value
SARC-F Total Score [median (IQR)]		0 (0, 1)	5 (4, 6)	<0.001
Age [median (IQR)]		41 (31, 53)	48 (39, 56)	0.046
Gender (%)	Male	37	18.2	0.017
	Female	63	81.8	
Race (%)	African American	4.8	6.8	0.6
	Asian	2.6	0	
	Caucasian	90	93	
	Other	2.6	0	
BMI [median (IQR)]		26 (23, 31)	30 (27, 38)	<0.001
Tobacco use (%)	Never	72	39	<0.001
	Former	24	36	
	Current	3.7	25	
Disease type (%)	Crohn's	65	68	0.7
	Ulcerative Colitis	1.6	2.3	
	Indeterminate	34	30	
Duration [median (IQR)]		11 (5, 20)	13 (7, 23)	0.11
Active Disease (%)		51	55	0.7
History of bowel surgery (%)		33	59	0.001
Steroid use within 3 months (%)		16	25	0.2

- on SARC-F



The Ohio State UNIVERSITY

WEXNER MEDICAL CENTER

Discussion

> 233 patients completed the SARC-F questionnaire and 44 patients met criteria for sarcopenia with a score ≥ 4

> Of the 233 patients included, 58 had recent abdominal imaging available for measurement of SMI and 15 patients met imaging criteria for sarcopenia

> BMI, age, tobacco use, and history of bowel surgery were all associated with sarcopenia on SARC-F

> More females screened positive for sarcopenia on the SARC-F questionnaire than males (23.2% vs 10.3%, p=0.017) while more males screened positive for sarcopenia on SMI, the gold standard, than females (50%) vs 11%, p=0.0017)

> There may be gender bias that could limit accuracy of patient-driven answers to questions regarding physical strength and function

Conclusions

> More females with IBD screened positive on a selfevaluation for sarcopenia despite a higher proportion of males with sarcopenia on the gold standard indicating a possible gender bias that limits the accuracy of patientcompleted questionnaires

References

1. Bamba S, Sasaki M, Takaoka A, et al. Sarcopenia is a predictive factor for intestinal resection in admitted patients with Crohn's disease. PLoS One. 2017;12(6):e0180036.

2. Malmstrom TK, Miller DK, Simonsick EM, Ferrucci L, Morley JE. SARC-F: a symptom score to predict persons with sarcopenia at risk for poor functional outcomes. J Cachexia Sarcopenia Muscle. 2016;7(1):28-36.

3. Fearon K, Strasser F, Anker SD, et al. Definition and classification of cancer cachexia: an international consensus. Lancet Oncol. 2011;12(5):489-495.