

# Stronger than Sarcopenia



## Sarcopenia and Healthy Aging: A Guide for Patient Conversations

**Sarcopenia is common but often overlooked.** Starting at age 30, the body naturally starts to lose 3–5% of muscle per decade. If muscle loss continues, it can advance to a condition called sarcopenia. Sarcopenia (saar-ko-pee-ni-uh) is the loss of muscle and strength that can happen when someone gets older and does less physical activity. This may cause trouble with daily activities like standing from a chair, walking, twisting the lid off a jar, or carrying groceries.

Over time, loss of strength can lead to falls or other injuries.



### Opportunities to Screen for Sarcopenia

Routine appointments provide natural opportunities to [screen patients](#) for sarcopenia, especially:

- **During annual wellness visits:** Incorporate simple questions about strength, balance, and function.
- **During perimenopause and menopause discussions:** Midlife women may experience early muscle loss due to hormonal changes; discussing sarcopenia can raise awareness and promote prevention.
- **After reports of falls or functional decline:** Screen patients who mention new difficulty with everyday tasks.
- **For patients with chronic conditions:** Individuals with diabetes, cancer, cardiovascular disease, or extended periods of inactivity are at higher risk.



### Why Early Diagnosis Matters

Although officially recognized as a clinical diagnosis since 2016 (ICD-10: M62.84), many providers are still not routinely screening for sarcopenia. Increased awareness and routine screening can help close this gap.

- **Slow progression.** Early identification allows timely intervention to slow or even reverse muscle loss with exercise, nutrition, and lifestyle changes.
- **Reduce risks.** Diagnosing sarcopenia helps prevent falls, fractures, disability, and hospitalizations.
- **Personalize a plan.** Diagnosis helps tailor care based on the stage and severity of muscle loss.
- **Involve specialists.** Collaborate with physical therapists, nutritionists, and other providers to create safe, effective strength-building plans.
- **Improve overall outcomes.** Proactive management supports independence and reduces long-term health care costs.

## Simple Screening Tools Are Available

A commonly used early screening tool in both research and clinical practice is the [SARC-F](#) questionnaire. It assesses a patient's difficulty with lifting objects, walking, rising from a chair, climbing stairs, and their risk of falling.

## Starting the Conversation with Patients

A simple, supportive conversation can help patients feel comfortable discussing muscle loss and open the door to early screening and prevention. Use these sample conversation starters to help begin the discussion with your patients.

- “Let’s talk about your nutrition and muscle health — both play a big role in helping you stay strong and independent.”
- “Have you noticed any changes lately, like feeling weaker when walking, standing up, or carrying things around the house?”
- “There’s a simple screening we can do today that helps us check your muscle strength and make sure you stay as strong as possible.”
- “Have you noticed significant [weight loss](#) (more than 5% of body weight) in the past 6-12 months?”
- “How often do you participate in activities that use your muscles, like lifting or pushing?”
- “Has your activity level changed or been limited in the past year?”
- “What does a typical day of eating look like for you? Do you eat protein with your meals?”
- “Have you experienced any problems with chewing, swallowing, or changes in appetite?”
- “Have you noticed changes in strength or activity levels in the years leading up to, during, or after menopause?”
- “Has anyone talked to you about how menopause can impact your muscle mass or strength?”



## Addressing Sarcopenia

- **Physical activity:** Recommend strength and resistance exercises 1–2 times per week (e.g., bands, weights, bodyweight) to help maintain muscle mass. Refer to physical or occupational therapy as needed for individualized plans.
- **Nutrition:** Advise 1.2–1.6 grams of protein per 2 pounds of body weight daily, with more than 30 grams per meal. Recommend high-quality sources like lean meats, fish, eggs, dairy, legumes, nuts, and seeds.
- **Women and menopause:** Highlight the increased risk of muscle loss due to hormonal changes. Emphasize the importance of protein and resistance training in peri- and postmenopausal women.
- **Specialist referrals:** Consider referring to dietitians, physical/occupational therapists, or geriatric specialists for more comprehensive patient care.

## Learn More About Sarcopenia

The U.S. Department of Health and Human Services, Office on Women’s Health partnered with Medscape Education to develop a free CME activity, “*Building Strength: A Guide for Prescribing Lifestyle Interventions for Sarcopenia*,” authored by Roger Fielding, PhD, a senior scientist in the Metabolism and Basic Biology of Aging Directive and a professor of nutrition and medicine at the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University. Visit [Building Strength: A Guide for Prescribing Lifestyle Interventions for Sarcopenia](#) to access the activity.

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