Sarcopenia Gets a Code of Its Own

On Oct. 1, sarcopenia received its own International Classification of Disease, Tenth Revision, Clinical Modification (ICD-10-CM) code. The assigned code, M62.84, can now be used by PA/LTC practitioners to diagnose sarcopenia, and will improve access to research data, help advance new therapies, and improve physician reimbursements for treatment.

Although the muscle wasting condition has been widely recognized in geriatric practice, it wasn’t until 2010 when a consensus of European physicians redefined the definition to include “loss of function in the presence of loss of muscle mass,” wrote Li Cao, MD, from the Center of Gerontology and Geriatrics, West China Hospital, Sichuan University, Chengdu, Sichuan, China, and John E. Morley, MB, BCh, from the division of geriatric medicine and endocrinology, Saint Louis University School of Medicine, St. Louis, MO, in an editorial appearing in the August issue of *JAMDA* ([http://www.jamda.com/article/S1525-8610%2816%2930181-5/fulltext](http://www.jamda.com/article/S1525-8610%2816%2930181-5/fulltext)). The condition may also be considered to include muscle loss due to congestive heart failure, chronic obstructive pulmonary disease, and cancer, they wrote.

Sarcopenia has been found to predict functional decline, hospitalization, and mortality in long-term care residents and community-dwelling elderly individuals. The authors noted that an important diagnostic distinction exists among individuals in different ethnic groups, in addition to obese individuals with sarcopenia.

Age-related sarcopenia may be caused by “decreased nerve input, age-related declines in testosterone, vitamin D, growth hormone, and insulin growth factor-1, and cytokine elevation, decreased food intake and activity, poor blood flow to the muscles, and a decline in growth derived factor-11” according to the authors. The condition occurs in between 50% to 70% of individuals with frailty.

The SARC F questionnaire, a component of the Rapid Geriatric Assessment, can reliably be used to identify elderly individuals with sarcopenia. Sarcopenia can be treated with sustained resistance exercise, and a diet that includes adequate whey protein intake, essential amino acids, and vitamin D. Pharmacological options have not yet been shown to be particularly effective in treating sarcopenia.