

## Hubungan Profil Obesitas dengan Komponen Sarkopenia pada Pasien Geriatri di Rawat Jalan = Association of Obesity Profiles with Sarcopenia Components among Geriatric Outpatients

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### Abstrak

Latar Belakang: Sarkopenia dan obesitas sering ditemukan pada populasi lanjut usia (lansia). Kombinasi sarkopenia dan obesitas, yaitu obesitas sarkopenia, memiliki morbiditas dan mortalitas lebih tinggi dibandingkan salah satu entitas saja.

Tujuan: Penelitian ini bertujuan untuk mengetahui hubungan antara obesitas perifer dan sentral dengan komponen sarkopenia.

Metode: Studi potong-lintang ini memakai data sekunder dari penelitian validasi skor Sarcopenia Quality of Life (SARQoL) terhadap lansia 60 tahun di Poliklinik Geriatri Rumah Sakit Cipto Mangunkusumo, Jakarta, Indonesia, periode April–Juni 2018. Analisis multivariat dilakukan terhadap obesitas (indeks massa tubuh [IMT] dan lingkar pinggang [LP]) dan komponen sarkopenia (kekuatan genggam tangan [KGT], indeks massa otot [appendicular skeletal muscle mass per tinggi badan kuadrat, ASMM/TB2], dan kecepatan berjalan) untuk disesuaikan dengan perancu (usia, diabetes melitus, dan aktivitas fisik). Nilai potong diagnostik masing-masing komponen sarkopenia memakai panduan the Asian Working Group on Sarcopenia (AWGS) 2019.

Hasil: Rerata usia dari 120 subjek adalah 71,89 (6,11) tahun, dengan proporsi wanita 61,70%. Seluruh subjek menunjukkan rerata IMT 22,48 (4,60) kg/m<sup>2</sup>; median LP 91,48 (65,40-113,00) cm; rerata ASMM/TB2 6,88 (0,96) kg/m<sup>2</sup>; median KGT 20 (10,00-40,00) kg; dan rerata kecepatan berjalan 0,76 (0,23) meter/detik. KGT rendah ditemukan lebih sedikit pada kelompok obesitas perifer dibandingkan nonobesitas perifer (adjusted odds ratio OR 0,419; interval kepercayaan IK 95% 0,183-0,959; p=0,040). ASMM/TB2 rendah lebih sedikit pada kelompok obesitas sentral dibandingkan nonobesitas sentral (adjusted OR 0,087; IK 95% 0,029-0,262; p <0,001).

Simpulan: Terdapat efek protektif obesitas perifer dan sentral terhadap sarkopenia, tetapi hubungan ini terbatas pada IMT <30 kg/m<sup>2</sup>.

.....Background: Increasing number of elderly is accompanied by increasing prevalence of sarcopenia and obesity. Combination of sarcopenia and obesity, which is called as sarcopenic obesity, associated with higher morbidity and mortality compared to either obesity or sarcopenia alone. Objectives: This study aimed to determine the association between obesity profiles and sarcopenia components.

Methods: This cross-sectional study was using data from the validation study of Sarcopenia Quality of Life (SARQoL) score, of which conducted in geriatric outpatient clinic of Cipto Mangunkusumo Hospital, Jakarta, Indonesia. Multivariate analysis between obesity (body mass index [BMI] and waist circumference [WC]) and sarcopenia components (handgrip strength [HGS], muscle mass index [appendicular skeletal muscle mass/ height square, ASMM/h<sup>2</sup>], and gait speed was adjusted to age, diabetes mellitus, and physical activities.

Results: Out of 120 subjects, there was 61.70% women. All subjects had mean of age 71.89 (6.11) years old; mean of BMI 22.48 (4.60) kg/m<sup>2</sup>; median of WC 91.48 (65.40-113.00) cm; mean of ASMM/h<sup>2</sup> 6.88 (0.96)

kg/m<sup>2</sup>; median of HGS 20 (10.00-40.00) kg; and mean of gait speed 0.76 (0.23) meter/second. Low HGS was found statistically significant in lower proportion for peripheral obesity group than non-peripheral obesity group (adjusted odds ratio OR 0.419, 95% confidence interval CI 0.183-0.959, p=0.040); and low muscle mass index was lower in central obesity group than non-central obesity group (adjusted OR 0.087, 95% CI 0.029-0.262, p <0.001).

Conclusion: There were protective effects of peripheral and central obesity against sarcopenia