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Press release 2

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ENABLING THE DIAGNOSIS OF SARCOPENIA: THE FIRST STEP TO IMPROVED TREATMENTS

BOSTON, MASSACHUSETTS, April 23, 2015. At a symposium held today at the International Conference on Frailty and Sarcopenia Research in Boston, Massachusetts, international experts on sarcopenia backed a proposal to establish a diagnostic code for the condition as an essential step towards the development of new treatments.

Sarcopenia, the age-related loss of skeletal muscle mass and strength, affects around 30% of adults over age 60 and as many as half of those over age 80, leading to loss of mobility, an increased risk of falls and fractures, and an increased risk of developing other disabling chronic conditions. In the United States alone, annual healthcare costs attributable to sarcopenia were estimated at about \$18.5 billion in the year 2000, and have risen substantially since then. However, despite recognition of the importance of sarcopenia in older adults, and impressive advances across the scientific community in understanding the disease and developing a range of interventions, effective management of the condition has been hampered by lack of a clear and widely accepted definition.

In 2011, the Alliance for Aging Research established the Aging In Motion (AIM) Coalition, and began a process to establish a diagnostic code for sarcopenia. With the International Classification of Diseases (ICD) - 10th revision set to replace the existing diagnostic codes in October 2015, the coalition has been working hard to forge an international consensus on clinically relevant aspects of the disease that will enable consistent diagnosis and collaboration in research and clinical studies. The ICD is used by health care providers, researchers, policy-makers, insurers, patient organizations, and others to enable the collection of comparable data for a variety of research and clinical purposes. AIM's efforts resulted in a proposal to the Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) that urged the addition of an ICD-10 diagnosis code for sarcopenia.

"We are optimistic that having an ICD-10 code for sarcopenia will improve diagnosis of the condition by physicians and further recognition of sarcopenia among other healthcare professionals," said Cynthia Bens, vice president of public policy of the Alliance for Aging Research and executive director of the Aging In Motion Coalition. Bens said that the next step will be an educational effort to inform health care providers of the code, which the Coalition hopes will be in use by October, 2017.

Stephanie Studenski, M.D., M.P.H., Chief of the Longitudinal Studies Section in the Translational Gerontology Branch at the National Institute of Aging said that inclusion of sarcopenia in the ICD-10 should facilitate improved research and care. "An ICD-10 code will increase the ability of clinicians to be recognized and reimbursed for managing care of older persons with sarcopenia," she said. "From a research perspective, such a code will also promote further efforts to discover mechanisms and novel treatments."

Bens added, "It is our hope that routine diagnosis of the condition will eliminate a major barrier to treatment, help us better understand the people impacted by the condition, and how we can better serve their complex health needs."
