

FC37: Prevalence of depressive symptoms and its association with probable sarcopenia, disability, frailty and comorbidities among older adults.

Author: Emanuele Rocco Villani

Objective: Depression is the most frequent cause of emotional distress in old age and can reduce the quality of life of the elderly. Sarcopenia is a syndrome characterized by the loss of skeletal muscle associated with reduced physical strength/performance. In recent years, some studies have shown correlations between sarcopenia and depression. The aim of the present study is to evaluate the association between depressive symptoms, sarcopenia, functional dependence and comorbidity in the geriatric patient at the first geriatric outpatient evaluation ever performed.

Materials and Methods: older adults (≥ 65 years of age) at their first access to the geriatric outpatient clinic of Modena County (Italy) between October 2020 and June 2021 were enrolled in this cross-sectional study. All participants were evaluated validated scales in order to perform a multidimensional geriatric assessment. The symptomatologic diagnosis of depression was performed through the GDS 4-item (cut-off ≥ 2). Frailty was evaluated through the Clinical Frailty Scale (cut-off ≥ 5). The probability of sarcopenia was evaluated through the SARC-F (cutoff ≥ 4). Functional dependence was assessed through the ADL scale and deemed as severe (ADL 0-2), moderate (ADL 3-5), absent (ADL 6). Comorbidity burden was assessed through CIRS.

Results: 229 patients (mean age 82.4 ± 7.9 years, 67.6% female) were evaluated. Clinically significant depressive symptoms were found in 173 (75.5%) patients. Probable sarcopenia was reported in 118 (51.5%) patients while 100 (43.7%) and 64 (27.9%) patients were moderately or severely dependent, respectively. At multivariate logistic regression, probable sarcopenia (aOR 2.48, 95%CI 1.09-6.40), moderate functional dependence (aOR 2.62, 95%CI 1.17-5.87) but not severe (aOR 2.72, 95%CI 0.79-9.33) were associated with the presence of depressive symptoms. Conversely, frailty (aOR 0.97, 95%CI 0.39-2.40) was not associated with presence of depressive symptoms, while CIRS (aOR 0.79, 95%CI 0.66-0.96) was found to be protective.

Discussion: the study showed that a clinically relevant depressive symptomatology is prevalent among older adults and it is associated with higher probability of sarcopenia and moderate, but not severe, functional dependence. On the contrary, there was no association between depressive symptoms and frailty.

Conclusion: The prevalence of depressive symptoms is high among geriatric outpatient and can both be conditioned by and have an impact on the presence of sarcopenia and functional dependence.