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ADHERENCE TO A MEDITERRANEAN DIET IS NOT ASSOCIATED WITH SARCOPENIC SYMPTOMATOLOGY IN OVERWEIGHT AND OBESE OLDER ADULTS

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There is evidence to suggest that adherence to a Mediterranean Diet (MedDiet) is inversely associated with sarcopenic symptomology. This cross-sectional analysis examined the association between adherence to MedDiet and risk of sarcopenic symptomology in overweight and obese community-dwelling older adults. For confirmation of sarcopenia, low appendicular skeletal muscle (ASM: males, ≤ 7.25 kg/m²; females, ≤ 5.5 kg/m²) was accompanied with either low handgrip strength (males, ≤ 30kg; females, ≤ 20 kg) or low physical performance (Short Physical Performance Battery: ≤ 8; or gait speed: ≤ 0.8 m/sec). Adherence to a MedDiet was determined using the Mediterranean Diet Adherence Screener (MEDAS). Data is presented according to categories of adherence. Sixty-five overweight and obese older adults (mean ± SD: 68.7 ± 5.6 years; body mass index (BMI): 33.7 ± 4.8 kg/m²) were included in the final analyses. Zero participants were identified as sarcopenic.

No significant differences between level of adherence to a MedDiet and the proportion of participants presenting below diagnostic criterion cut-offs for markers of sarcopenia were observed (Physical performance: low adherence: 7.1%; high adherence: 13%; P = 0.657; Muscle strength: low adherence: 21.4%; high adherence: 13%; P = 0.515; Gait speed: low adherence: 31%; high adherence: 39%; P = 0.587). When adjusted for all variables, sarcopenic symptomology was not related to greater adherence to a MedDiet (Physical Performance: OR = 0.20; 95% CI: 0.01-3.1; P = 0.234; Muscle strength: OR = 1.81; 95% CI: 0.32-10.15; P = 0.499; Gait speed: OR = 0.58; 95% CI: 0.13-2.50; P = 0.468). Overall, sarcopenic symptomatology is not related to adherence to a MedDiet.

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