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Summary

The walking frail patient: Clinical impact and prognosis

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Primary Care | Hepatobiliary

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The speaker presented three distinct but overlapping conditions—malnutrition, sarcopenia, and frailty—that are commonly missed in routine hepatology practice but carry major prognostic implications across the spectrum of chronic liver disease, particularly in decompensated cirrhosis and liver transplant candidates.

KEY POINTS

- The speaker stated that malnutrition, sarcopenia, and frailty are not interchangeable; malnutrition is inadequate intake or absorption, sarcopenia is loss of muscle strength and mass with poor quality, and frailty is a multidimensional syndrome of reduced functional reserve across many systems.
- The speaker reported that around 20% of patients are malnourished or sarcopenic even in non-cirrhotic states, with prevalence rising to two-thirds in liver transplant candidates, though wide variation exists due to differing definitions and tools.
- The speaker stated that sarcopenia does not predict first hepatic decompensation in compensated cirrhosis, but after decompensation it doubles the risk of further events, mortality, and waitlist mortality in transplant candidates.
- The speaker reported that the Liver Frailty Index, a three-minute bedside test combining handgrip, chair stands, and balance, independently predicts waitlist mortality beyond MELD-sodium and that changes over time refine risk stratification.
- The speaker stated that myosteatosis is more prevalent than sarcopenia alone (around 70% in one Italian study) and adds prognostic information beyond muscle quantity, predicting one-year mortality and hospitalisation.
- The speaker recommended assessing muscle mass and strength before weight-loss treatment with incretin drugs, noting that semaglutide trial data showed decreased lean mass without worsening handgrip strength or sarcopenic obesity prevalence.

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