

<b>Paper Category:</b>	Others
<b>Paper Title:</b> (Arial Font; 14 Pt Size)	<b>A comparison of the prevalence of sarcopenia among urban and rural Indian adults and the associated factors - a cross-sectional study</b>
<b>Abstract Body:</b> (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> <li>• Background</li> <li>• Objectives</li> <li>• Method</li> <li>• Results</li> <li>• Discussions and Conclusions</li> </ul>
<p><b>Background:</b> Asia is the fastest ageing region in the world and has the second highest burden of elderlies contributing 8.6% to the global elderly population; of these, ~78% reside in rural areas. There is very limited data on sarcopenia &amp; its determinants from India.</p> <p><b>Objective:</b> To assess the prevalence of sarcopenia in urban and rural adults from 40-65 years and determine factors associated with sarcopenia.</p> <p><b>Methods:</b> This cross-sectional study included 745 adults (M=345, F=400) from urban (U) and rural (R) areas near Pune, Western India-(18°N). Assessments included socio-demography, diet by 24-hr recall, physical activity (Global Physical Activity Questionnaire), anthropometry (height, weight), measurement of Muscle mass (MM) by Dual Energy X-ray Absorptiometry (DXA), Muscle Strength-Grip strength (GS) by JAMAR Hand Dynamometer &amp; Muscle function (MF) by Short Physical Performance Battery. Appendicular Skeletal Muscle Index (ASMI) was calculated as <math>ASMI / (height\ in\ m)^2</math>. Sarcopenia was defined by Asian Working Group on Sarcopenia-2019 guidelines.</p> <p><b>Results:</b> Mean age of population was 53±7.6yrs. Urban participants were taller and heavier. MM, GS, and MF were higher in urban than rural participants (Mean ASMI (kg/m<sup>2</sup>)-UM=7.8±0.9, UW=6.7±0.8 vs RM=7.4±0.9, RW=6.1±0.8; Mean grip strength-(kg) UM=31.1±6.2, UW=18.9±4.8 vs RM=25.6±6.5, RW=15.5±3.8, Mean muscle function score-UM=11.1±1.5, UW=11.08±1.2 vs RM=10.8±1.4, RW=10.8±1.4, p&lt;0.05 for all). Overall prevalence of sarcopenia was 14.3%. Sarcopenia was higher in rural (14.8%) than urban (6.8%) area with higher prevalence in men (12.5%) than women (8%). Age, rural residence, inadequate protein intake, and lower socio-economic status were independently associated with sarcopenia. Physical inactivity was found to be associated only in urban population.</p> <p><b>Discussion and Conclusion:</b> Around 15% of the study populations was sarcopenic; rural residence, older age, lower socioeconomic status and low protein intake were important risk factors. There is urgent need for comprehensive community-based studies to address sarcopenia and plan community health promotion programs in developing countries like India.</p>	

Date of Submission: 15/08/2023

Total number of words: 300 (Abstract body). 321(Including Title)

