

Effectiveness of Health Promotion Intervention on Suspected Sarcopenia in Community-Dwelling Older Adults

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Background and Objectives

The world is gradually transitioning into an aging society. According to the United Nations World Population Report, the global population aged 65 and over is projected to increase from 10% in 2022 to 12% in 2030 and further to 16% by 2050. Taiwan is one of the countries experiencing the most rapid growth in the elderly population. In March 2018, it officially entered an aging society with 14% of the population being elderly, a percentage that continues to rise. It is expected to surpass 20% by 2025, marking a "super-aging society." With advancing age, older adults experience decreases in muscle mass, muscle strength, and physical performance, leading to suspected sarcopenia, considered a significant contributor to frailty and disability in the elderly. Therefore, promoting healthy aging and delaying disability among older adults is a critical societal issue. The aim of this study is to explore the effectiveness of health promotion interventions on suspected sarcopenia in community-dwelling older adults.

Methods and Interventions

This study adopts a quasi-experimental research design with community-dwelling older adults in Keelung City, Taiwan. Participants are divided into experimental and control groups based on their residential areas, from July 12, 2023, to August 2, 2023. The experimental group undergoes a 12-week health promotion intervention (home-based resistance band exercise, diverse nutritional education, utilizing communication software for care, self-management nutritional passport, and weekly nutritional counseling). The control group maintains their regular activities. After 12-week intervention, data are collected through demographic variables, physiological indicators, and dietary behavior questionnaires. Statistical analysis is conducted using SPSS 26.0 for Windows, with mean (SD) used for descriptive data. Analysis of covariance (ANCOVA) is employed to assess differences between the two groups in sarcopenia indicators post-intervention, with significance set at $p < 0.05$.

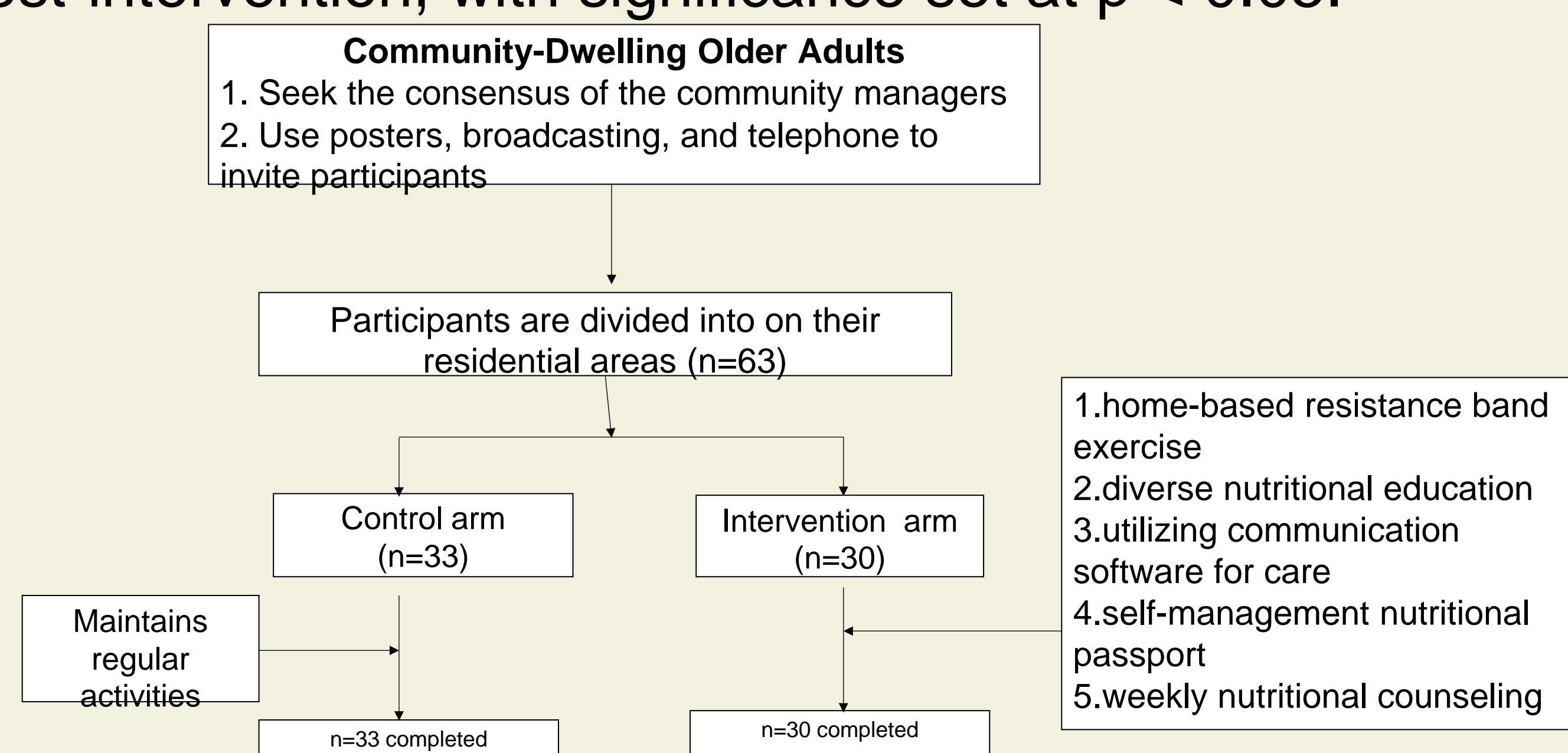


Figure 1. Study design flowchart

Results

A total of 63 participants, with an average age of 74.3 years, mostly female (61 individuals, 96.8%), participated in the study. Statistical tests show no significant differences between the experimental and control groups in terms of demographic characteristics, sarcopenia indicators, and dietary behaviors, indicating high homogeneity between the two groups.

Only vegetable intake in dietary behavior shows a difference. After the 12-week health promotion intervention, paired t-tests within the experimental group reveal significant differences in sarcopenia indicators: grip strength ($t = -3.18$, $p = 0.004$) and 5-time sit-to-stand test ($t = 2.67$, $p = 0.012$). There is also a significant difference in dietary behavior post-intervention, with post-intervention measurements being superior to pre-intervention ones. Additionally, ANCOVA tests show significant effects of the intervention on grip strength ($F(1,60)=4.824$, $p=0.032$, $\eta^2p=0.074$) and 5-time sit-to-stand test ($F(1,60)=0.459$, $p=0.050$, $\eta^2p=0.008$) after controlling for covariates, indicating a moderate explanatory power of the health promotion intervention.

	Total (n=63)	Control (n=33)	Intervention (n=30)	p	Pre-test mean±SD	Post-test mean±SD	p
Age	74.30±7.87	72.67±7.35	76.10±8.16	0.084			
BW (kg)	54.92±6.29	54.67±5.09	55.19±7.46	0.746			
Sex				0.945			
Male	2(3.2)	1(3.0)	1(3.3)				
Female	61(96.8)	32(97.0)	29(96.7)				
Marriage				0.845			
Married	26(41.3)	14(42.4)	12(40.0)				
Unmarried	37(59.7)	19(57.6)	18(60.0)				
Living				0.735			
Solitary living	28(44.4)	14(42.4)	14(46.7)				
Cohabiting	35(55.6)	19(57.6)	16(53.3)				
Children				0.789			
No	7(11.1)	4(12.1)	3(10.0)				
Yes	56(88.9)	29(87.9)	27(90.0)				
Current Drinker				0.336			
No	62(98.4)	32(97.0)	30(100.0)				
Yes	1(1.6)	1(3.0)	0(0)				
Suspected Sarcopenia				0.200			
No	25(39.7)	14(42.4)	11(36.7)				
Yes	38(60.3)	19(57.6)	19(63.3)				
Dietary behaviors							
Whole grains	2.05±0.68	2.03±0.73	2.07±0.64	0.835			
Proteins	3.30±0.82	3.45±0.75	3.13±0.86	0.119			
Vegetables	3.70±0.84	3.91±0.81	3.47±0.82	0.035*			
Nuts	3.02±1.35	3.24±1.42	2.77±1.25	0.164			
Dairy products	3.16±1.22	3.21±1.17	3.10±1.30	0.719			
Fruits	3.63±0.92	3.58±0.90	3.70±0.95	0.597			
Whole grains							
Intervention	2.07±0.64	3.40±0.77	0.000***				
Control	2.03±0.73	2.30±0.64	0.107				
Proteins							
Intervention	3.13±0.86	4.50±0.77	0.000***				
Control	3.45±0.75	3.48±0.76	0.845				
Vegetables							
Intervention	3.47±0.82	4.60±0.62	0.000***				
Control	3.91±0.81	3.61±0.70	0.016*				
Nuts							
Intervention	2.77±1.25	3.97±1.03	0.000***				
Control	3.24±1.42	3.09±1.28	0.169				
Dairy products							
Intervention	3.10±1.30	3.80±1.24	0.010**				
Control	3.21±1.17	3.27±0.72	0.645				
Fruits							
Intervention	3.70±0.95	4.43±0.73	0.001***				
Control	3.58±0.90	3.36±0.74	0.07				
Sarcopenia							
Grip strength							
Intervention	20.17±4.49	22.13±4.82	0.004**				
Control	21.03±3.92	21.36±4.30	0.47				
5-time sit-to-stand							
Intervention	11.05±3.56	10.40±3.65	0.012*				
Control	10.40±2.73	10.11±3.27	0.345				
Six-meter gait speed							
Intervention	1.13±0.29	1.11±0.31	0.454				
Control	1.11±0.21	1.12±0.29	0.091				
SMI							
Intervention	7.51±0.89	7.65±0.96	0.289				
Control	7.52±0.86	7.36±1.04	0.231				

Table 1. Demographic characteristics, sarcopenia indicators, and dietary behaviors. Values are mean (SD) or number (%). The Mann-Whitney U test or Chi-square tests indicated no differences ($P > 0.05$) between the intervention and control at baseline.

Table 2. Comparison of pre- and post-test results in the intervention and control arms

	Effect size (phi/eta ²)	P	95%CI	Effect size (phi/h ²)	P	95%CI
Dietary behaviors						
Whole grains	0.387	<.001***	0.737, 1.447			
Proteins	0.345	<.001***	0.699, 1.472			
Vegetables	0.405	<.001***	-1.023, -0.267			
Nuts	0.383	<.001***	0.802, 1.585			
Dairy products	0.120	0.006**	0.193, 1.090			
Fruits	0.386	<.001***	0.691, 1.358			
Sarcopenia						
Grip strength	0.074	0.032	-0.008, 2.985			
5-time sit-to-stand	0.008	0.050*	-0.704, 1.425			
Six-meter gait speed	0.005	0.592	-0.145, 0.084			

Table 3. Effectiveness of Health Promotion Intervention on Suspected Sarcopenia between-arm analysis.

Conclusion and Experience

The study demonstrates significant differences in sarcopenia indicators before and after the 12-week health promotion intervention, indicating improvements in sarcopenia indicators among the experimental group. Short-term health promotion intervention programs show effectiveness, but post-program, older adults may revert to their original dietary behaviors. Future recommendations include training community volunteers to continuously encourage healthy dietary behaviors among community-dwelling older adults, thereby strengthening their health behaviors.