

CAPS: Increasing Muscle Capillarization to Enhance Responses to Strength Training in Sarcopenia



Samuel Blumenthal
 samuel.j.Blumenthal@gmail.com
 Science, Discovery, and the Universe
 Philosophy Major

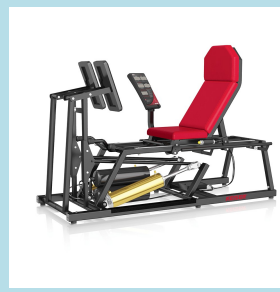
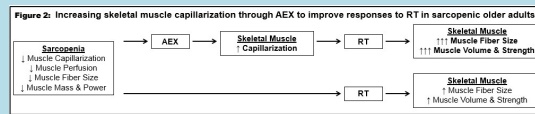
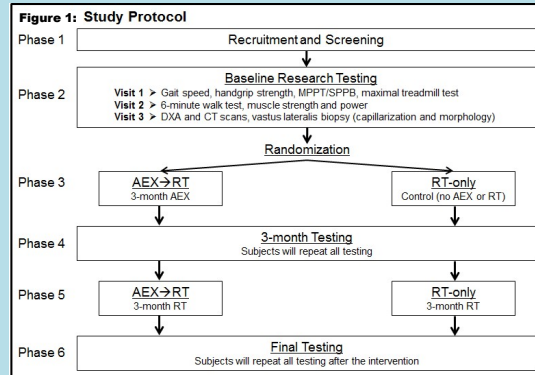


What is Sarcopenia?

- Sarcopenia, defined as the loss of skeletal muscle mass and function,
- more prevalent among older^{1,2,3} individuals, >60.
- May be an underestimate since it is underdiagnosed⁴
- It is clinically identified by low muscle mass and low gait speed^{2,3,4}
- It is diagnosed using a dual energy x-ray absorptiometry (DEXA)^{4,5}
- Current standard of care is physical activity, nutritional intervention, hormone and vitamin supplements⁵
- in some cases anabolic steroids or angiotensin-converting enzyme (ACE) inhibitors^{3,5}

Why is it important?

- Sarcopenia is present in 5-13% of people age 60-70 and 11-50% of people over age 80^{3,5}
- loss of muscle mass reduces physical function and overall quality of life⁴
- Sarcopenia is also a predictor of disability and risk of injuries⁴
- In addition treatment and care for sarcopenic patients is costly at \$18.5B (2000-2001) accounting for 1.5% of healthcare spending⁶



<https://www.ketner.com/fitness-equipment/strength-training/air300log.aspx>



<https://www.biodesx.com/physical-medicine/products/dynamometer/system-4-pro>

Figure 3: Expected Outcomes

	Aim 1: Primary Outcomes		Aim 2: Primary Outcomes	
	Muscle CPFE	Muscle Fiber CSA	Thigh Muscle Volume	Muscle Strength
RT	↔	↑	↑	↑
AEX → RT	↑↑↑	↑↑↑	↑↑↑	↑↑↑

Proposal

- study aims: to test whether aerobic training followed by resistance training is more effective than resistance training alone.
- Eligible participants will be age 65-88, normal to overweight (BMI 18-29.9), non-smoker
- Subjects with chronic medical conditions, such as diabetes, COPD, cancer, renal disease, cardiac disease
- In addition, participants who are either non-ambulatory or perform regular vigorous exercise will be excluded to avoid confounding the study data.
- Measurements of skeletal muscle morphology, volume, and strength will be assessed at the Veterans Affairs Hospital Baltimore.

Expected Outcomes

- Blood flow is critical for increasing and maintaining muscle mass^{7,8}
- Sarcopenic subjects have lower capillarization, i.e. less blood flow, smaller muscle fiber size^{7,8}
- The experimental group will undergo 3 months of aerobic training aimed to increase capillarization, leading to increase in muscle mass.
- We expect that the group that had aerobic training along with resistance training will show greater benefit than the group who have resistance training alone⁷
- Hopefully this will translate to a better treatment for sarcopenia.

1. PubMed Central PMCID: PMC5434551.
2. Santilli V, Bernetti A, et al. Clinical definition of sarcopenia. Clin Cases Miner Bone Metab. 2014;11(3):177-180.
3. von Haehling, Stephan et al. "An overview of sarcopenia: facts and numbers on prevalence and clinical impact." Journal of cachexia, sarcopenia and muscle vol. 1,2 (2010): 129-133.
4. Fielding, Roger A et al. "Sarcopenia: an undiagnosed condition in older adults. Current consensus definition: prevalence, etiology, and consequences. International working group on sarcopenia." Journal of the American Medical Directors Association vol. 12,4 (2011): 249-56. doi:10.1016/j.jamda.2011.01.003
5. Morley, J. E. "Sarcopenia: Diagnosis and Treatment." The Journal of Nutrition Health and Aging, vol. 12, no. 7, 2008, pp. 452-456., doi:10.1007/bf02982705.
6. Janssen, I., Shepard, D.S., Katzmarzyk, P.T. and Roubenoff, R. (2004). The Healthcare Costs of Sarcopenia in the United States. Journal of the American Geriatrics Society, 52: 80-85. doi:10.1111/j.1532-5415.2004.52014.x
7. Snijders, Tim et al. "Muscle fibre capillarization is a critical factor in muscle fibre hypertrophy during resistance exercise training in older men." Journal of cachexia, sarcopenia and muscle vol. 8,2 (2017): 267-276. doi:10.1002/jcsm.12137
8. Prior, Steven J et al. "Sarcopenia Is Associated With Lower Skeletal Muscle Capillarization and Exercise Capacity in Older Adults." The journals of gerontology, Series A, Biological sciences and medical sciences vol. 71,8 (2016): 1096-101. doi:10.1093/gerona/gjw017