



## Global Leadership Initiative in Sarcopenia (GLIS) Survey - Round 2

Dear colleague,

Thank you for completing round 1 of the Global Leadership Initiative on Sarcopenia (GLIS) survey.

The GLIS steering committee have now carefully reviewed the results and comments made by respondents in round 1. The results of accepted and rejected statements can be viewed in Table 1 below. The rest of the statements need to be clarified in this second round.

Table 1. Summary of results from N=107 GLIS participants in round 1.

Statement	Agreement	Result
Sarcopenia is a generalised disease of skeletal muscle	85.42%	Accepted
The prevalence of sarcopenia increases with age	98.32%	Accepted
The conceptual definition of sarcopenia should not vary by setting of care (e.g., inpatient vs. outpatient)	91.21%	Accepted
The conceptual definition of sarcopenia should not vary by age or condition (e.g., heart failure, kidney disease, cancer etc.)	83.18%	Accepted
The conceptual definition of sarcopenia should be the same for clinical practice and research	91.96%	Accepted
Muscle mass should be part of the conceptual definition of sarcopenia	89.35%	Accepted
Morphological characteristics of muscle tissue (e.g., muscle fat infiltration, muscle density or muscle texture) should be part of the conceptual definition of sarcopenia	69.91%	Rejected
Muscle strength should be a part of the conceptual definition of sarcopenia	93.08%	Accepted
Muscle power should be part of the conceptual definition of sarcopenia	68.41%	Rejected
Sarcopenia increases the risk of impaired physical performance	97.94%	Accepted
Sarcopenia increases the risk of mobility (walking) limitations	96.07%	Accepted
Sarcopenia increases the risk of mobility (transfer from chair or bed to rising) limitations	94.95%	Accepted
Sarcopenia increases the risk of falls	94.58%	Accepted
Sarcopenia increases the risk of fractures	89.35%	Accepted
Sarcopenia increases the risk of inability to perform instrumental ADLs	88.60%	Accepted
Sarcopenia increases the risk of inability to perform basic (self-care) ADLs	90.65%	Accepted
Sarcopenia increases the risk of hospitalizations	91.03%	Accepted
Sarcopenia increases the risk of new admission to care (nursing) homes	89.53%	Accepted
Sarcopenia increases the risk of poor quality of life	91.78%	Accepted
Sarcopenia increases the risk of mortality	91.59%	Accepted

### Summary of round 1

The steering committee decided to modify the wording/presentation of some statements that had moderate agreement in round 1. There was uncertainty about measures of severity of sarcopenia. In this round, we first explore if the concept of sarcopenia should have levels of severity (i.e., mild, moderate, severe). If it is agreed we do not include them, then no measures of severity are needed. If we do include levels of severity, then we wish to explore which of the components of sarcopenia should be used to define severity. In addition, it was decided to introduce a new statement on the potential to reverse sarcopenia.



## Global Leadership Initiative in Sarcopenia (GLIS) Survey - Round 2

### Information on completing round 2 of the survey

In this survey, there are 8 statements. With each statement, you are asked to rank the statement from 0 (strongly disagree) to 10 (strongly agree) on how much you agree with the statement. Below each statement, a comment box is available to motivate your answer and/or propose any changes to the way the statement is worded. If you are unsure of the content or how to answer, please refer back to the glossary of terms on sarcopenia.

Survey completion time is roughly 10 minutes.

Thank you for your valuable contribution.

### 1. Contact details

Name

Email

Address

For the following statements (2-3), assume that there were perfect, highly feasible assessments for each measure

2. Muscle specific strength (e.g., muscle strength/muscle size) should be part of the conceptual definition of sarcopenia

0 (Strongly Disagree)	1	2	3	4	5	6	7	8	9	10 (Strongly agree)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

3. Physical performance should be part of the conceptual definition of sarcopenia

0 (Strongly Disagree)	1	2	3	4	5	6	7	8	9	10 (Strongly agree)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

### General aspects of the concept of sarcopenia

4. The conceptual definition of sarcopenia should be a potentially reversible disease

0 (Strongly Disagree)	1	2	3	4	5	6	7	8	9	10 (Strongly agree)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

5. The conceptual definition of sarcopenia should include levels of severity of the disease

0 (Strongly Disagree)	1	2	3	4	5	6	7	8	9	10 (Strongly agree)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

If you think that levels of severity should be part of the conceptual definition of sarcopenia, please answer the following statements (6-9) about which components should be used to define severity

6. Muscle mass should be a marker of severity for the conceptual definition of sarcopenia

0 (Strongly Disagree)	1	2	3	4	5	6	7	8	9	10 (Strongly agree)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

7. Muscle strength should be a marker of severity for the conceptual definition of sarcopenia

0 (Strongly Disagree)	1	2	3	4	5	6	7	8	9	10 (Strongly agree)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

8. Muscle specific strength (e.g., muscle strength/muscle size) should be a marker of severity for the conceptual definition of sarcopenia

0 (Strongly Disagree)	1	2	3	4	5	6	7	8	9	10 (Strongly agree)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

## 9. Physical performance should be a marker of severity for the conceptual definition of sarcopenia

0 (Strongly Disagree)	1	2	3	4	5	6	7	8	9	10 (Strongly agree)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Comments