SARC-F IN OLDER SUBACUTE PATIENTS

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Please find following a summary of a literature search and relevant results. All articles can be provided in full - email library@monashhealth.org for a list of the articles you require.

QUESTION

What is the available evidence for the use of SARC-F in older patients in subacute care?

RESULTS

ONLINE RESOURCES

GUIDELINES

Daly, R. M., et al. (2022). **Screening, Diagnosis and Management of Sarcopenia and Frailty in Hospitalized Older Adults: Recommendations from the Australian and New Zealand Society for Sarcopenia and Frailty Research (ANZSSFR) Expert Working Group.** *The journal of nutrition, health & aging, 26*(6), 637–651. Click for full-text.

- Concludes insufficient evidence to support a specific screening tool (including SARC-F) exclusively for hospital settings and places emphasis on direct assessment of probable sarcopenia (strength/mass measures) rather than standalone SARC-F screening in inpatients.
- Notes that calf circumference and muscle strength assessments are more informative in such settings.

Cruz-Jentoft, A. J., et al. (2019). **Sarcopenia: revised European consensus on definition and diagnosis.** *Age and ageing, 48*(4), 601. Click for full-text.

- Recommends SARC-F as an initial case-finding / screening tool in older adults before confirmatory strength and muscle mass testing.
- Although focused on diagnostic criteria, it directly supports the use of SARC-F in clinical pathways that are relevant to subacute wards and rehabilitation settings where sarcopenia impacts recovery and discharge planning.

Dent, E., et al. (2018). **International Clinical Practice Guidelines for Sarcopenia (ICFSR): Screening, Diagnosis and Management.** *The journal of nutrition, health & aging*, *22*(10), 1148–1161. Click for full-text.

- Recommend routine annual sarcopenia screening in adults aged ≥65 years and include use of SARC-F as a rapid screening tool (often with gait speed) to identify those who require further assessment. They also emphasise referral for confirmatory muscle mass and strength testing if screening is positive
- While not specifically focused on subacute care, these guidelines are intended for broad clinical settings including community, primary care and transitional care where older patients are seen after acute events.

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PEER-REVIEWED JOURNAL ARTICLES – MOST RECENT FIRST

Articles are grouped by theme:

- Accuracy and validity
- Example use cases

Each article summary contains excerpts from the abstract and an online link.

ACCURACY & VALIDITY

Hoz-San Bartolomé, P., et al. (2025). **The challenge of applying the F-A-C-S pathway from EWGSOP2 for sarcopenia diagnosis in patients with chronic obstructive pulmonary disease: A diagnostic accuracy study.** *Rehabilitacion*, *59*(1), 100879. Request full-text.

The diagnostic accuracy of the SARC-F questionnaire as a screening tool is low and it did not identify sarcopenia in rehabilitation patients with COPD, suggesting that this population could benefit from a direct approach (A-C-S). Handgrip strength determination provided the best diagnostic accuracy in men, with a cutoff point of 30.3kg, and in women, Q-MVIC determination showed better performance for sarcopenia diagnosis, with a cutoff point of 17.3kg.

Yalcin, A., et al. (2024). **Comparison of diagnostic accuracy of the SARC-F, SARC-CalF, and Ishii tests for diagnosis of sarcopenia in hospitalized older patients: A cross-sectional study.** *Nutrition in clinical practice*, *39*(6), 1396–1405. Click for full-text.

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The SARC-F, SARC-CalF, and Ishii tests demonstrated sensitivities of 72%, 88.6%, and 93.5%, respectively, and specificities of 41%, 78.5%, and 30.3%, respectively. SARC-CalF demonstrates the highest performance in terms of sensitivity and specificity compared with the other two tests, making it a valuable tool for detecting sarcopenia in hospital settings.

Dedeyne, L., et al. (2022). **SARC-F Is Inaccurate to Identify Geriatric Rehabilitation Inpatients at Risk for Sarcopenia: RESORT.** *Gerontology, 68(*3), 252–260. Click for full-text.

The SARC-F showed poor diagnostic accuracy in identifying sarcopenia in geriatric rehabilitation inpatients. Assessment of sarcopenia is recommended without screening.

Churilov, I., et al. (2021). **GripBMI - A fast and simple sarcopenia screening tool in post acute inpatient rehabilitation.** *Clinical nutrition, 40(*3), 1022–1027. https://doi.org/10.1016/j.clnu.2020.06.034

The aims of this study were to a) To investigate clinical utility of SARC-F as a European Working Group on Sarcopenia in Older People2 (EWGSOP2) recommended tool for sarcopenia case finding in post acute inpatient rehabilitation. b) To develop an easy and pragmatic screening test for sarcopenia in healthcare settings with limited ability to measure the patients' muscle mass for confirmation of the sarcopenia diagnosis. Two SARC-F questionnaires were administered, for participants' current and, by recall, premorbid status. Screening utility of SARC-F positive status at the time of admission for sarcopenia had ROC of 0.50, and of premorbid SARC-F positive status had ROC of 0.51.

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Voelker, S. N., et al. (2021). **Reliability and Concurrent Validity of the SARC-F and Its Modified Versions: A Systematic Review and Meta-Analysis.** *Journal of the American Medical Directors Association*, *22*(9), 1864–1876.e16. Click for full-text.

Despite the good reliability of the SARC-F, its low to moderate sensitivity and moderate to high specificity make it nonoptimal to use for sarcopenia screening. It is recommended to apply the diagnostic criteria for sarcopenia without screening.

Kotlarczyk, M. P., et al. (2018). **Identifying Sarcopenia in Female Long-Term Care Residents: A Comparison of Current Guidelines.** *Journal of the American Geriatrics Society, 66*(2), 316–320. Click for full-text.

Current consensus criteria from the EWGSOP and FNIH Sarcopenia Project do not agree and have little overlap in older female long-term care residents. The SARC-F questionnaire is a simple tool that could be implemented in long-term care, but it has low sensitivity compared with current consensus guidelines in the identification of sarcopenic individuals.

EXAMPLE USE CASES

Dao, T., et al. (2025). **Sarcopenia Is Poorly Documented in Geriatric Rehabilitation Inpatients: Restoring Health of Acutely Unwell Adults (RESORT).** *Gerontology*, *71*(3), 203–213. Click for full-text.

Compared with patients without sarcopenia documented, patients documented with sarcopenia had lower body mass index and SARC-F scores and higher Clinical Frailty Scale (CFS) scores and were likely to come from nursing homes.

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Formisano, E., et al. (2025). **Prevalence of Dysphagia and Its Health Implications Among Elderly Residents in Long-Term Care Facilities in the Liguria Region (Italy): An Observational Cohort Study.** *Nutrients, 17(*20), 3268. Click for full-text.

Patients aged ≥ 65 years were screened using the 3 oz Water Swallow Test (WST); those with dysphagia were followed for 6 months. Nutritional status was evaluated with the Mini Nutritional Assessment short-form (MNA-SF), the Global Leadership Initiative on Malnutrition (GLIM), and the SARC-F questionnaire. Anthropometric and body composition measurements were also obtained.

Steinmetz, C., et al. (2024). **The prevalence and impact of sarcopenia in older cardiac patients undergoing inpatient cardiac rehabilitation - results from a prospective, observational cohort pre-study.** *BMC geriatrics*, *24*(1), 94. Click for full-text.

A sample of 122 patients ≥75 years undergoing inpatient cardiac rehabilitation (iCR) after cardiac procedure were recruited in four German iCR facilities and followed up 3 months later by telephone. At iCR (baseline), the SARC-F questionnaire was used to identify sarcopenic patients.

Lach, H. W., et al. (2023). **Falls across Health Care Settings: Findings from a Geriatric Screening Program.** *Journal of applied gerontology, 42*(1), 67–75. Request full-text.

This study examined the utility of using the Rapid Geriatric Assessment (RGA) tool to identify fall risks across multiple settings. RGA data was collected at primary care sites, hospitals, long-term care settings, and community events (n = 8686, 65% female, mean age 77.6). Multinomial logistic regression was used to determine predictors of falls using the RGA. The FRAIL, SARC-F, Rapid Cognitive Screen and SNAQ measures all significantly predicted history of falls.

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APPENDIX

SEARCH METHODOLOGY

A systematic search was conducted for literature. The results were screened by librarians using Covidence.

SEARCH LIMITS

- English-language
- Published within the last 10 years

DATABASES SEARCHED

- Medline – index of peer reviewed articles across health sciences and medicine.
- Embase – index of biomed and pharmacological peer reviewed journal articles.
- Emcare – index of nursing, allied health, critical-care medicine and more.
- CINAHL – index of nursing publications.
- PEDro – physiotherapy index of publications and clinical trials.
- UpToDate & BMJ Best Practice – synthesised evidence for patient care.
- Grey literature – Google, Google Scholar, Trip database, Biomed Central Proceedings.

MEDLINE SEARCH STRATEGY

This search strategy was conducted on 04/02/2026 and translated to other databases, as relevant. Searches in each database were conducted on the same day.

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1 (aged or elder* or geriatric* or retired or retiree* or old* or pensioner* or elder* or old age or senior citizen* or later life or sexagenarian* or septuagenarian* or octogenarian* or nonagenarian* or centenarian* or gerontolog* or older adult* or retiree or over sixty five or over seventy or over eighty or over ninety).mp.
2 ((older or senior or aged) adj (adult* or patient* or people* or person* or client or m?n or wom?n or individual*)).mp.
3 exp Aged/ or "Aged, 80 and over"/ or Geriatrics/
4 1 or 2 or 3
5 (sub-acute or subacute or sub-acuity or subacuity or post-acute or post-acuity or postacute or post-acuity).tw,kf.
6 ((step-down or step down or long term or long stay or slow stream or slow-stream) adj3 (care or unit* or service* or ward* or rehab*)).tw,kf.
7 Subacute Care/ or Rehabilitation/ or Hospitals, Rehabilitation/ or exp Neurological Rehabilitation/ or Cardiac Rehabilitation/
8 5 or 6 or 7
9 SARC-F.tw,kf.
10 4 and 8 and 9
11 limit 10 to (english language and ("all aged (65 and over)" or "aged (80 and over)") and last 10 years)

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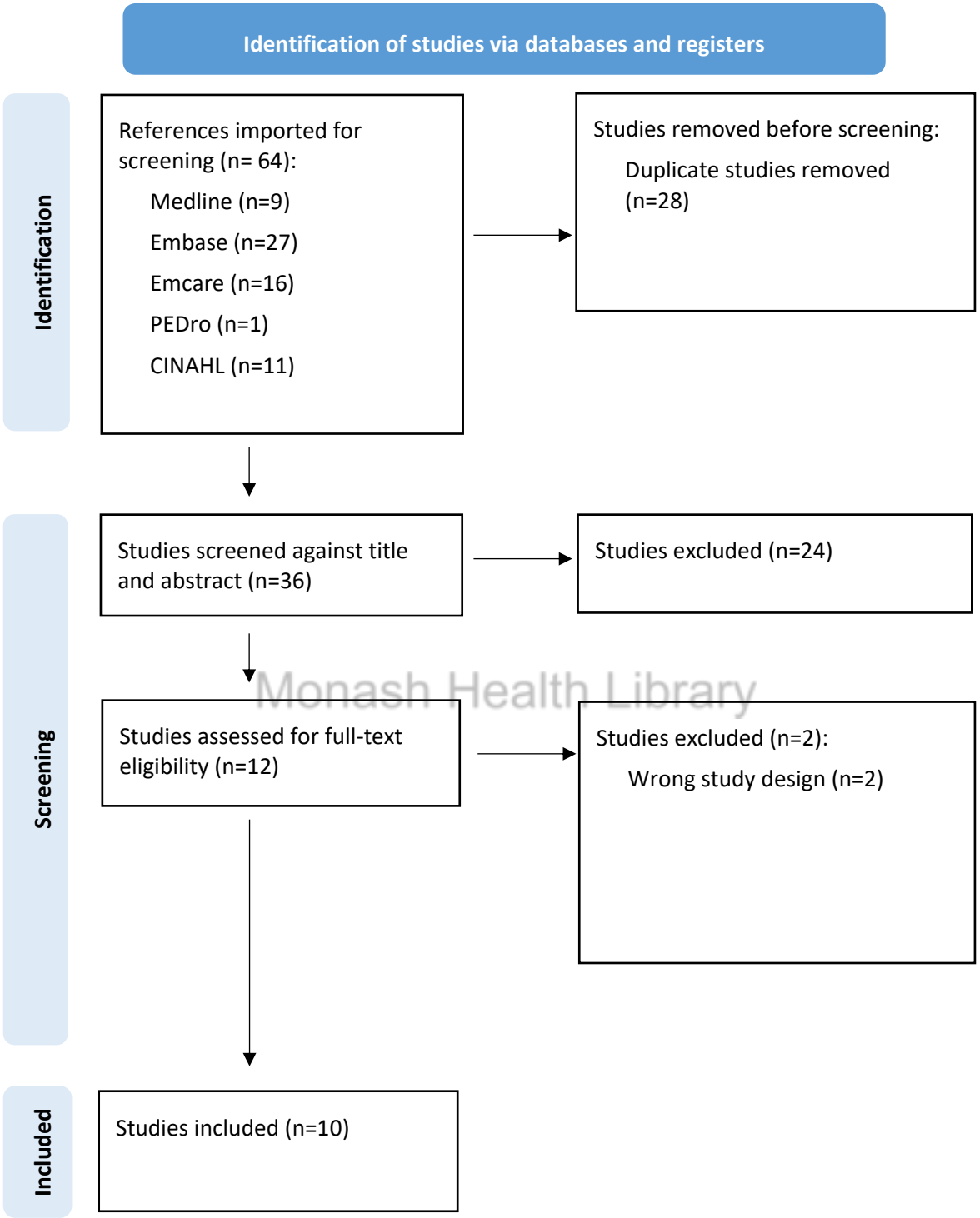

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