## Life after MBS:

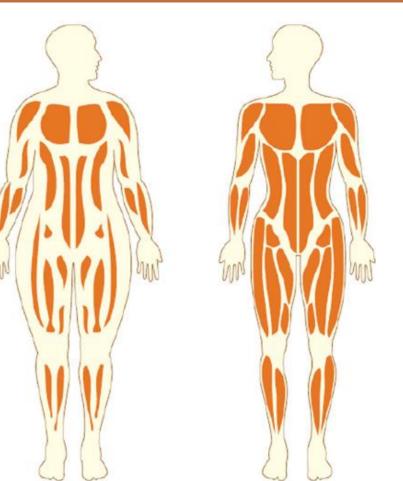
## What clinicians should know about the consequences of skeletal muscle loss

Dr Lauren Hanna, Monash University



PhD, BNutDiet, Accredited Practising Dietitian Research Fellow Department of Nutrition, Dietetics and Food Monash University, Australia







lauren.hanna@monash.edu



@laurenhannaPhD

Image adapted from: Prado et al. J Cachexia Sarcopenia Muscle 2020 doi.org/10.1002/jcsm.12525

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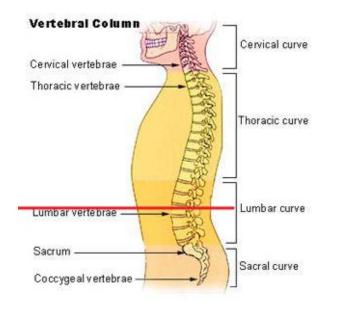
[] I have no potential conflict of interest to report

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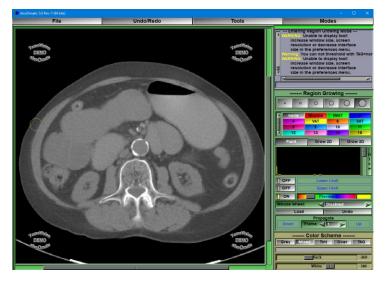


## **CT** imaging analysis for skeletal muscle assessment

Axial plane image at L3 from routine-care CT



Upload to sliceOmatic software and analyse



slice**()**matic **5.0** 

Determine skeletal muscle index: skeletal muscle cross-sectional area (cm<sup>2</sup>) / height (m<sup>2</sup>)

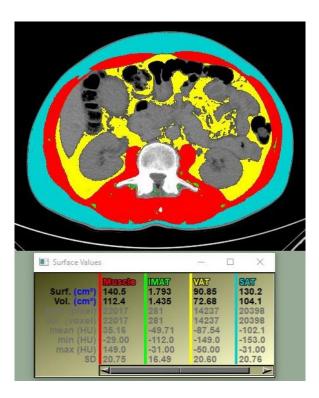


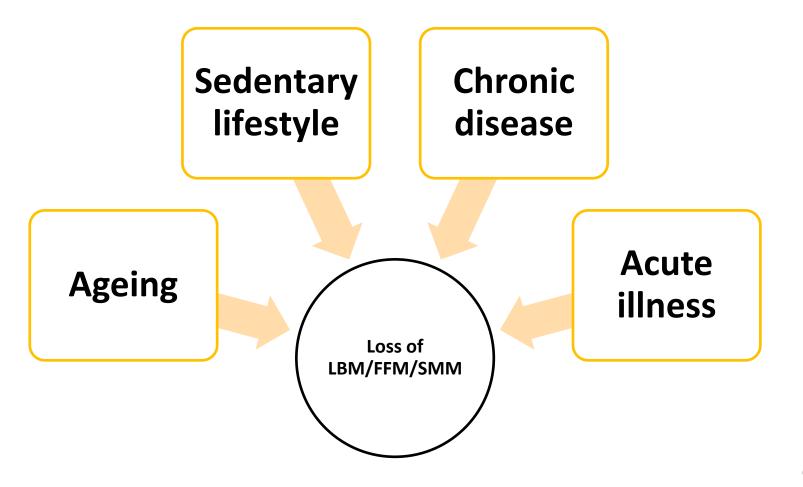
Image adapted from:

National Cancer Institute SEER Training Modules (copyright-free) Sliceomatic: tomovision.com/products/sliceomatic.html

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#### **General causes of lean tissue loss**



Colloca et al. J Geriatric Oncology 2019 Prado et al. Clinical Nutrition 2022

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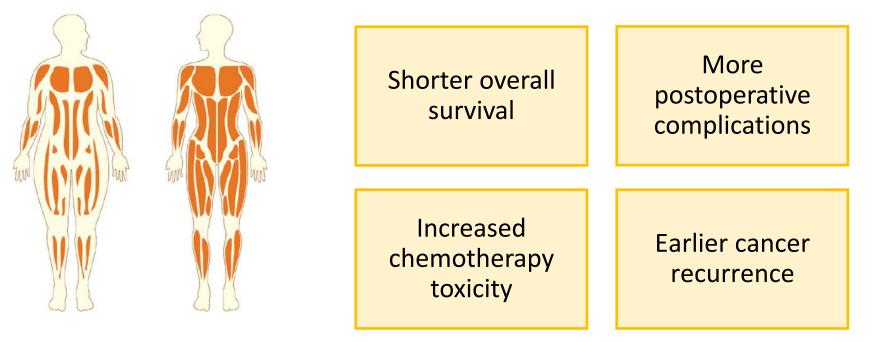


#### **Consequences of lean tissue (skeletal muscle) loss in cancer**

Skeletal muscle index below sex-specific cut points (i.e. low SMM) is associated with poor cancer outcomes:

**Example SMI cut point:** 

41cm<sup>2</sup>/m<sup>2</sup> females 43cm<sup>2</sup>/m<sup>2</sup> males with BMI <25 53cm<sup>2</sup>/m<sup>2</sup> males with BMI  $\ge$ 25



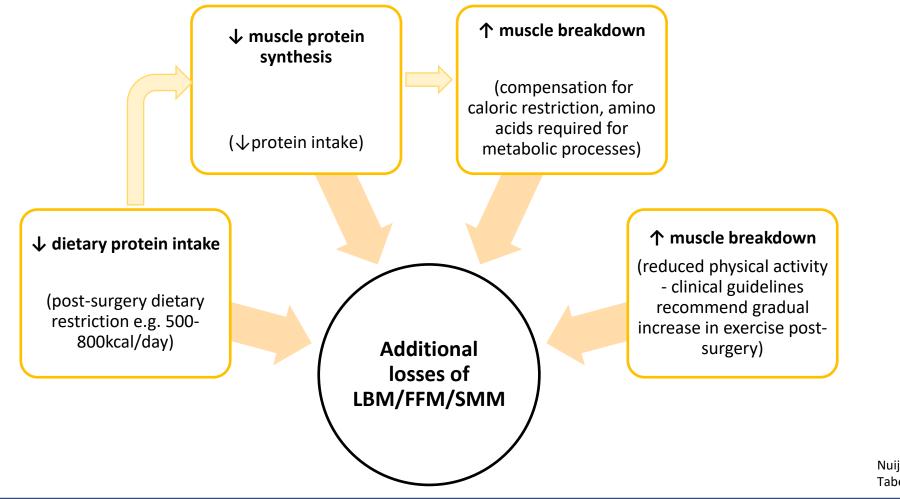
Low SMM occurs independent of BMI

Prado et al. J Cachexia Sarcopenia Muscle 2020 Martin et al. J Clinical Oncology 2013

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## What about bariatric surgery?



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## Melbourne 2024

Nuijten et al. Obesity Reviews 2021 Tabesh et al. Obesity Surgery 2019

## Lean tissue loss after bariatric surgery

Received: 28 June 2021 Revised: 9 Septemb	ber 2021 Accepted: 9 September 2021		
DOI: 10.1111/obr.13370		ODECITY	
BARIATRIC SURGERY/OUT	COMES	Reviews	WILEY
The magnitude and progress of lean body mass, fat-free mass, and skeletal muscle mass loss following bariatric surgery: A			
systematic review	and meta-analysis		
•	Thijs M.H. Eijsvogels <sup>1</sup> 💿   Va	•	I
	Eric J. Hazebroek <sup>3</sup>   Mari		

First published meta-analysis, 59 studies:

- 20 studies measured Fat Free Mass (FFM)
- 37 studies measured Lean Body Mass (LBM, i.e. FFM excluding bone)
- 3 studies measured Skeletal Muscle Mass (SMM, i.e. LBM excluding organs, water)

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## 3 months after bariatric surgery

				<u>LBM</u>		
Study	Ν	Effect	SE		Mean	95%CI
Visit = <3 months Clements (2011) Cole (2017) Diniz-Sousa (2020) Legro (2012) Lubrano (2004) Maimoun (2019) Rabl (2014) Rabl (2014) Tacchino (2003) Werling (2015) Overall effect	284	-6.30 -5.00 -2.90 -5.70 -4.20 -3.60 -0.20 -3.00	8.07 0.97 0.75 2.09 2.17 6.09 3.54 1.24 2.58		-5.80 [-2 -6.30 [ -5.00 [ -2.90 [ -5.70 [ -4.20 [- -3.60 [- -0.20 [ -3.00 [	11.12; -4.28] 1.61; 10.01] -8.21; -4.39] -6.47; -3.53] -6.99; 1.19] -9.95; -1.45] 16.14; 7.74] 10.54; 3.34] -2.63; 2.23] -8.05; 2.05] <b>-6.21; -2.70]</b>
Heterogeneity: $l^2 = 56\%$ , $\tau^2 = 2.1783$ , $\chi_9^2 = 20.49 \ (p = 0.02)$ • -4.45kg LBM within 3 months						

Study Visit = <3 months Busetto (2000) Cole (2017)		Effect	SE		Mean	95%C
Busetto (2000)	6					
. ,	6					
Cole (2017)	0	-5.20	0.98	+	-5.20 [-	7.11; -3.2
	5	-5.80	8.48		-5.80 [-2	2.43; 10.8
Hirsch (2020)	15	-4.10	3.17	-++		0.31; 2.1
Kayser (2017)	21	-6.70	1.92			0.46; -2.9
Kayser (2017)	21	-3.10	1.78		-3.10 [	-6.59; 0.3
Sajoux (2019)	24	-7.40	2.81		-7.40 [-1	2.92; -1.8
Sergi (2003)	6	-1.30	1.28		-1.30 [	-3.80; 1.20
Overall effect	98			\$	-4.25 [-	6.30; -2.20
Heterogeneity: $I^2 = 38\%$ , $\tau^2 =$	= 1.28	860, χ <sub>6</sub> <sup>2</sup> =	: 9.6 (p :	: 0.14)	-	-

<u>SMM</u>	<u>12</u>			
E Mea	E	Effect	N	Study
8 -2.1	18	-2.10 1 le	30 <b>30</b>	
-2.1 n 3-6 months (one study)	n 3-6 mont		plicable	Overall effect Heterogeneity: not ap • -2.10kg

Nuijten et al. Obesity Reviews 2021

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## 12 months after surgery

			LB	M	
Visit = 12	months				
Arhire (201	18) 26	-7.07	3.02	<b>_</b>	-7.07 [-12.99; -1.15]
Bazzocchi	(2015) 29	-5.35	2.75		-5.35 [-10.74: 0.04]
Beckman (	2017) 20	-10.00	2.37		-10.00 [-14.64; -5.36]
Blom-Høge	estøl (2020) 34	-6.20	2.55		-6.20 [-11.19; -1.21]
Brzozowsk	a (2020) 10	-2.80	3.03	-+-	-2.80 [-8.75; 3.15]
Brzozowsk		-5.80	2.44		-5.80 [-10.58; -1.02]
Brzozowsk	a (2020) 7	-6.00	5.32	+	-6.00 [-16.43; 4.43]
Calleja-Fei	rnández (2015) 46	-6.95	1.91		-6.95 [-10.69; -3.21]
Chen (202	1) 49	-12.80	2.12		-12.80 [-16.96; -8.64]
Ciangura (	2010) 42	-9.80	1.58		-9.80 [-12.90; -6.70]
Cole (2017	7) 5	-7.50	7.57 -		-7.50 [-22.33; 7.33]
Coupaye (	2005) 36	-2.90	1.76		-2.90 [-6.34; 0.54]
Diniz-Sous		-10.30		-#-	-10.30 [-12.24; -8.36]
Faucher (2		-8.40			-8.40 [-9.09; -7.71]
Faucher (2		-9.20		*	-9.20 [-10.49; -7.91]
Favre (201		-4.97			-4.97 [-9.13; -0.81]
Favre (201		-6.10			-6.10 [-10.47; -1.73]
Favre (201		-6.67			-6.67 [-12.99; -0.35]
Fjeldborg (		-9.90		— <del>—</del>	-9.90 [-15.98; -3.82]
Hayashi (2		-11.02			-11.02 [-14.75; -7.30]
Hayashi (2		-3.54			-3.54 [-7.01; -0.07]
Legro (201		-11.00			-11.00 [-13.94; -8.06]
Lubrano (2		-4.90			-4.90 [-9.42; -0.38]
Maīmoun (		-10.50			-10.50 [-14.52; -6.48]
Marengo (2			1.07	-	-7.75 [-9.84; -5.66]
Moizé (201		-6.20		-*	-6.20 [-10.50; -1.90]
Moizé (201		-9.30			-9.30 [-15.54; -3.06]
Olbers (20		-3.90			-3.90 [-8.50; 0.70]
Olbers (20		-5.60			-5.60 [-9.85; -1.35]
Tacchino (		-8.70		*	-8.70 [-10.53; -6.87]
Talalaj (20		-10.50			-10.50 [-11.10; -9.90]
Tamboli (2		-13.02			-13.02 [-18.00; -8.04]
Vatier (201		-9.40			-9.40 [-13.21; -5.59]
Vaurs (201		-9.50			-9.50 [-12.22; -6.78]
Vilarrasa (		-7.80	0.94	-	-7.80 [-9.64; -5.96]
Overall ef		2		<b>*</b>	-8.13 [-9.01; -7.26]
Heterogene	ity: $I^2 = 63\%$ , $\tau^2 = 2.914$	$10, \chi_{34}^{-} = 9$	91,71 (p < 0.01)		

- -8.13kg LBM at 12 months
- 55% of LBM loss occurred within first 3 months
- This was **13% of baseline LBM**, 23.4% of total weight loss

		<u>FFN</u>	<u>/</u>	
Visit = 12 months Calleja-Fernández (2015) Carrasco (2009) Cole (2017) Johnson (2017) Khoo (2014) Mingrone (2002) Mingrone (2002) Savastano (2010) Tan (2016)	$\begin{array}{rrrr} 42 & -10.70 \\ 5 & -7.80 \\ 15 & -9.30 \\ 30 & -8.20 \\ 15 & -14.50 \\ 31 & -8.80 \\ 45 & -0.80 \end{array}$	0.70 2.51	- + + + + + + +	-7.31 [-10.96; -3.66] -10.70 [-12.76; -8.64] -7.80 [-23.34; 7.74] -9.30 [-15.31; -3.29] -8.20 [-9.57; -6.83] -14.50 [-19.42; -9.58] -8.80 [-11.37; -6.23] -0.80 [-3.24; 1.64] -7.44 [-13.13; -1.75] -7.74
Tan (2016) Turcotte (2019) <b>Overall effect</b> Heterogeneity: Ι <sup>2</sup> = 79%, τ <sup>2</sup> :	16 -12.30 267	4.94	 	-7.07 [-16.88; 2.74] -12.30 [-21.97; -2.63] -8.23 [-10.74; -5.73]

- -8.23kg FFM at 12 months
- 52% of FFM loss occurred within first 3 months
- This was **13% of baseline FFM**, 20.8% of total weight loss

	<u>SMM</u>	
Visit = 12 months		
Coupaye (2007) 32 -0.90	0 0.82	-0.90 [-2.50; 0.70]
Davidson (2018) 40 -4.80	0 0.92	-4.80 [-6.60; -3.00]
Davidson (2018) 5 -7.30	0 3.66	-7.30 [-14.48; -0.12]
Davidson (2018) 6 -1.10	0 3.19	-1.10 [-7.35; 5.15]
Davidson (2018) 10 -6.30	0 2.54	-6.30 [-11.29; -1.31]
Kenngott (2019) 30 -2.30	0 1.20	-2.30 [-4.66; 0.06]
Overall effect 123		-3.18 [-5.64; -0.71]
Heterogeneity: $I^2 = 64\%$ , $\tau^2 = 2.61$	149, $\chi_5^2 = 13.98 \ (p = 0.02)$	

- -3.18kg SMM at 12 months
- 66% of SMM loss occurred within first 3-6 months
- This was **13% of baseline SMM**, 8.2% of total weight loss

Nuijten et al. Obesity Reviews 2021

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#### **General consequences of lean tissue loss**

% loss of LBM	Associated complications
10%	Decreased immunity Increased risk of infection
20%	Decreased wound healing Increased muscle weakness
30%	Pressure ulcers Pneumonia
40%	Increased risk of death

Colloca et al. J Geriatric Oncology 2019

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# General consequences of low skeletal muscle mass

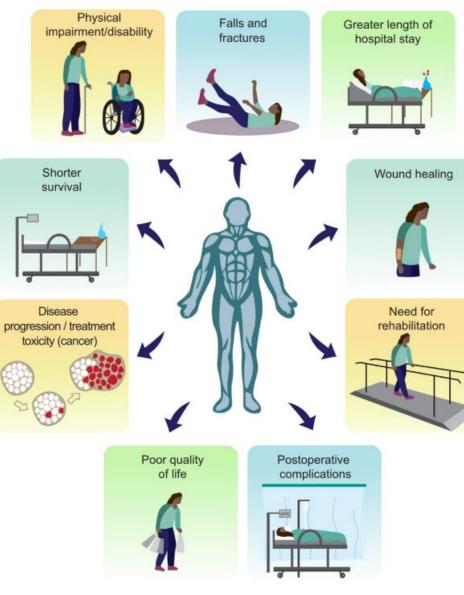
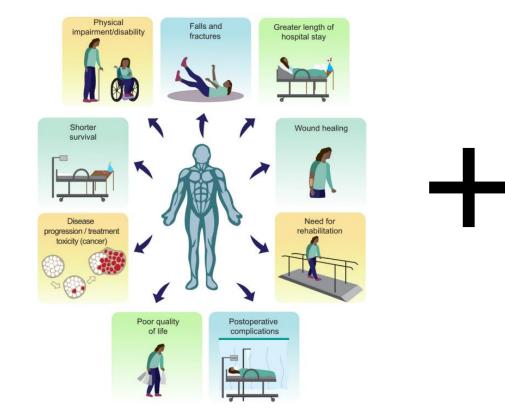


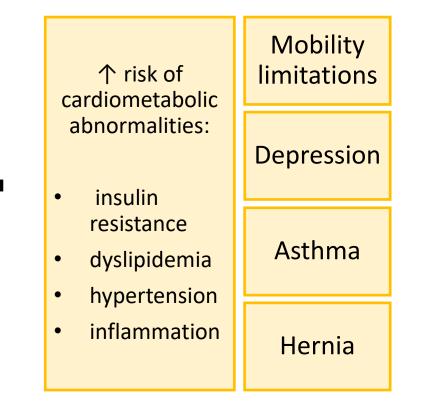
Image: Prado et al. Clinical Nutrition 2022

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#### **Consequences of low skeletal muscle mass in obesity – pre and post bariatric surgery**





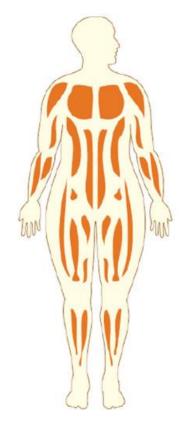


Image: Prado et al. Clinical Nutrition 2022 Koliaki et al. Metabolism 2019 Xiao et al. Clinical Nutrition ESPEN 2018

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Melbourne 2024

Image adapted from: Prado et al. J Cachexia Sarcopenia Muscle 2020 doi.org/10.1002/jcsm.12525

## Lean tissue loss after bariatric surgery compounds an existing issue

Lean tissue may already be declining prior to surgery, therefore risk of increasing prevalence of low SMM



Clinical Nutrition ESPEN Volume 49, June 2022, Pages 436-441



#### Prevalence of low skeletal muscle mass following bariatric surgery

Judith Molero<sup>a</sup>, Romina Olbeyra<sup>b</sup>, Lilliam Flores<sup>abf</sup>, Amanda Jiménez<sup>abc</sup>, Ana de Hollanda<sup>abc</sup>, Alba Andreu<sup>ac</sup>, Ainitze Ibarzabal<sup>d</sup>, Violeta Moizé<sup>abf</sup>, Sílvia Cañizares<sup>e</sup>, José María Balibrea<sup>d</sup>, Amadeu Obach<sup>e</sup>, Josep Vidal<sup>abf</sup>, Silvia

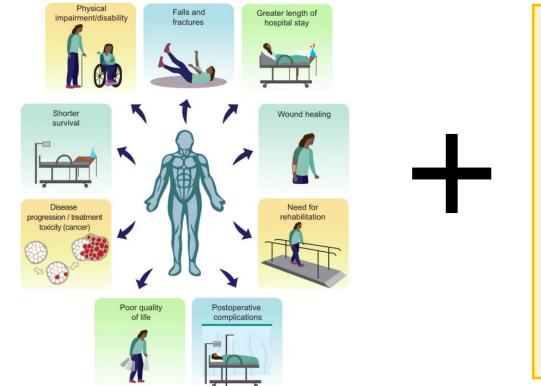
- n=952
- BIA-derived SMM index
- Low SMM classified using standard deviations
  - Pre-surgery: 20.3% had low SMM
  - 5 years post surgery: 22.7% had low SMM



- n=184
- CT-derived skeletal muscle index
- Low SMM classified using published sex-specific mortality-based SMI cut-points
  - Pre-surgery: 8% had low SMM
  - 1 year post surgery: 32% had low SMM

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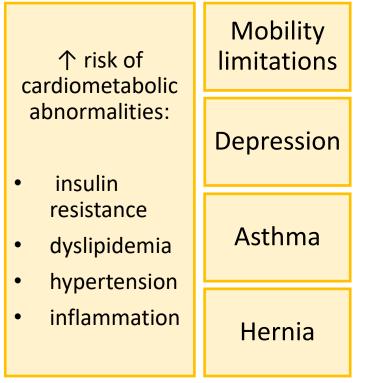




Image adapted from: Prado et al. J Cachexia Sarcopenia Muscle 2020 doi.org/10.1002/jcsm.12525

Image: Prado et al. Clinical Nutrition 2022 Koliaki et al. Metabolism 2019 Xiao et al. Clinical Nutrition ESPEN 2018

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#### Thank you

#### Dr Lauren Hanna PhD, BNutDiet, Accredited Practising Dietitian Monash University, Australia



lauren.hanna@monash.edu



@laurenhannaPhD



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