

LETTERS TO THE EDITOR

COMMENTS

LOW BODY MASS INDEX AS A RISK FACTOR FOR FUNCTIONAL DEPENDENCY IN FRAIL INDIVIDUALS


To the Editor: We read the article by Kosar and colleagues with great interest¹. The authors studied the effect of obesity on outcomes of older adults admitted to skilled nursing facilities for hip fracture postacute care. We have some comments and questions on this comprehensive article.

First, we would like to ask whether the residents were examined for sarcopenia. Sarcopenia is a risk factor for falls. Rather than obesity, it may be that sarcopenic obesity was problematic in these individuals. The authors noted that obesity might be associated with weakness and poor lower extremity function. These are probably the consequences of lower extremity sarcopenia, which is in part due to lack of lower extremity use with knee and hip osteoarthritis. Hence, integration of sarcopenia analyses would add a substantial contribution to this important study. Otherwise, this lack should be noted as a limitation.

Second, some studies have suggested that low body mass index (BMI) is a risk factor for functional dependency², especially in frail individuals^{3,4}. This was overlooked in the article. Also, the 1989 report of the American Committee on Diet and Health suggested that the optimal range of BMI for American older adults is 24.0 to 29.0 kg/m²⁵, but in the Kosar study, residents were divided into 4 BMI categories. The authors defined the first group as having a BMI between 18.5 and 29.9 kg/m² and designated it as “nonobese.” This is a very heterogeneous group. Moreover, a BMI between 18.5 and 20.0 kg/m² is regarded as borderline by ESPEN (The European Society for Clinical Nutrition and Metabolism) underweight and such individuals are at high risk of adverse outcomes and complications after fractures because of malnutrition^{6,7}. We suggest that the authors perform additional statistical analyses after excluding this group.

In the results section, there were some parameters with wide standard deviations. Median scores should be given such that readers can have a better overview of the data. Another point is whether the authors had deep vein thrombosis, polypharmacy, and antipsychotic and opiate use data. These factors are important determinants of hospital readmission, and some may be more prevalent in obese people. This analysis would contribute to the data interpretation, and if not present, it should be discussed as a limitation.

Finally, the authors noted that they made regression models that were adjusted for age and age squared. This might cause multicollinearity, resulting from the repetition of the same kind of variable.

Asli Tufan, MD 

Division of Geriatrics, Department of Internal Medicine, Marmara University Hospital, Istanbul, Turkey

Gulistan Bahat, MD

Division of Geriatrics, Department of Internal Medicine, Istanbul Medical School, Istanbul University, Istanbul, Turkey

ACKNOWLEDGMENTS

Conflict of Interest: No conflicts of interest.

Author Contributions: The authors are solely responsible for this manuscript's content.

Sponsor's Role: This study involved no external funding.

REFERENCES

1. Kosar CM, Thomas KS, Gozalo PL, Ogarek JA, Mor V. Effect of obesity on postacute outcomes of skilled nursing facility residents with hip fracture. *J Am Geriatr Soc* 2018;66:1108–1114.
2. Bahat G, Tufan F, Saka B et al. Which body mass index (BMI) is better in the elderly for functional status? *Arch Gerontol Geriatr* 2012;54:78–81
3. Imai K., Gregg EW, Chen YJ, Zhang P, De Rekeneire N, Williamson DF. The association of BMI with functional status and self-rated health in US adults. *Obesity (Silver Spring)* 2008;16:402–408.
4. Galanos AN, Pieper CF, Cornoni-Huntley JC et al. Nutrition and function: Is there a relationship between body mass index and the functional capabilities of community-dwelling elderly? *J Am Geriatr Soc* 1994;42:368–373.
5. Ham RJ. Indicators of poor nutritional status in older Americans. *Am Fam Physician* 1992;45:219–228
6. Batsis JA, Huddleston JM, Melton LJ III et al. Body mass index (BMI) and risk of noncardiac postoperative medical complications in elderly hip fracture patients: A population-based study. *J Hosp Med* 2009;4:E1–E9.
7. Prieto-Alhambra D, Premaor MO, Avilés FF et al. Relationship between mortality and BMI after fracture: A population-based study of men and women aged ≥40 years. *J Bone Miner Res* 2014;29:1737–1744

CONTINUING THE EFFORT TO PREDICT RISK OF FUTURE UNPLANNED HEALTHCARE USE IN OLDER ADULTS

To the Editor: We applaud Gelder and colleagues' goal of developing a prognostic model to identify vulnerable older adults presenting to the emergency department (ED) who are at risk of revisit,¹ but we question their conclusion that their model's poor predictive performance is evidence that no predictive model can be developed. Some limitations of their study design could explain its poor discriminatory ability. Although the authors intended to measure variables that could feasibly be measured in an ED setting, several important predictors were omitted. Discharge disposition (e.g., to a