WEIGHT LOSS-INDUCED SKELETAL MUSCLE LOSS: ACCURATE ESTIMATION BY BIOIMPEDANCE ANALYSIS (BIA)

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Practical Implications:

- Tanita BIA measurements can be used to measure loss of skeletal muscle in obese subjects during diet programs.
- Tanita BIA measurements can be used to monitor group skeletal muscle changes in weight loss studies.

ABSTRACT

Results:

- **Objective:** Loss of skeletal muscle (SM) is a characteristic body composition change associated with weight reduction treatment. Prevention of dieting-SM atrophy with appropriate food composition or exercise is an important research goal.
- Design: This study evaluated the accuracy of BIA (50kHz) in monitoring leg SM changes in a group of 71 obese women (X±SD, age, 40.0±7.3 yrs; BMI, 31.1±2.8kg/m²) undergoing 16 week weight loss treatment on conventional low calorie diet.
- Materials & Method: Leg-to-leg impedance, adjusted for stature (Ht²/Z), was measured with contact electrode BIA system at the beginning and end of weight loss. Leg SM prediction model was developed in second group of 135 normal women using dualenergy X-ray absorptiometry as reference for leg SM [leg SM (kg)=0.25xHt²/Z-0.03xAge+3.5; SEE = 1.42 kg, r=0.79, p<0.001].



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Subjects lost mean of 4.9 kg body mass,

4.3 kg as fat and 0.6 kg as fat-free mass.

Pre-weight loss there was a strong correla-

tion between predicted (Pr) and measured

loss (r=0.89, p<0.001; Pr=15.7±2.3 kg vs.

significant correlation between predicted

and measured change in leg SM (r=0.45,

p < 0.001) and the mean change in Pr leg

Conclusion: These results strongly support the use

weight loss studies.

SM (-0.20±0.79 kg) was not significantly different from M leg SM (-0.22±0.52 kg).

of BIA for leg SM prediction in obese

subjects and suggest a role for BIA in

monitoring group SM changes in

 $M=15.8\pm3.4$ kg; p=NS). There was a

(M) leg SM (r=0.86, p<0.001;

Pr=15.9±2.3 kg vs M=16.0±3.4 kg; p=NS). Similarly, agreement between Pr and M leg SM was good at post-weight

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