Frailty and sarcopenia are important syndromes in older people and are associated with poor outcomes. Assessment and prevention of frailty and sarcopenia are of particular importance during the COVID-19 pandemic. Since 2020, the pandemic has been a new risk factor for frailty and sarcopenia. Strict lockdown measures to protect frail older adults may worsen the frailty and sarcopenia and lead to social isolation, depression, malnutrition, and reduced access to care. In the present issue, Das et al investigate the association between frailty and sarcopenia in West Bengal, India. Frail participants are six times more likely to be sarcopenic than non-frail people. Further study on Asian populations is warranted to determine the best management strategies.

Feeding problems are common among older patients who had a stroke, advanced dementia, neurologic degenerative diseases (parkinsonism), or sarcopenic dysphagia. Although careful hand feeding is implemented in some geriatric units, nasogastric tube feeding is common in Hong Kong, particularly in residential care homes. The gold standard to confirm placement of the nasogastric tube is radiography, whereas the first-line method for bedside checking is pH testing of the aspirated gastric juice. However, pH testing has limitations, and obtaining an aspirate is not always feasible. Drugs such as H2 blockers and proton pump inhibitors may interfere pH values. If the pH test is uncertain, radiography is required to confirm tube position. This may lead to a delay in resumption of feeding and drug administration. In community settings, failure to confirm tube position may result in unnecessary emergency attendance. In the present issue, Cheng and Lee report that Colourimetric capnometry has high specificity in verifying doubtful tube placement and thus may mitigate the need for radiography to confirm tube position. It may help to speed up resumption of nasogastric tube feeding and reduce unnecessary emergency attendance.

Cancela et al investigate Pilates exercise as rehabilitation therapy for patients with Parkinson disease. Rehabilitation has beneficial effects on motor and swallowing function, activities of daily living, and quality of life in patients with Parkinson disease. Pilates exercise seems to be useful to improve balance and motor function of patients with Parkinson disease.

REFERENCES

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