

出國報告(出國類別：考察)

參與第 9 屆 ACFS 國際研討會
9th Asian Conference for Frailty and
Sarcopenia (ACFS 2023)

服務機關：衛生福利部臺南醫院

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派赴國家/地區：新加坡/新加坡

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摘要

依國發會推估 2022 年老年人口占總人口的 18.4%，而 85 歲以上的比率為 1.9%，預估於 2039 年老年人口將突破 30%。隨著年齡增加下，當多個相互關聯的生理和生物系統的失調超過臨界功能障礙的閾值時，就會嚴重損害體內平衡，在臨床上將可識別出老年人與年齡相關的生理儲備和多個器官系統功能的下降，導致應對日常或急性壓力源的能力受損定義為衰弱(Frailty)，故維持老年人身體功能是避免引起衰弱綜合徵狀(Frailty syndrome)的重要因素。每年舉行一次的亞洲衰弱和肌少症會議 (ACFS) 是一國際學術活動，匯集來自世界各地，涉及肌少症、衰弱和惡病質領域的專家學者，從這些領域的演變到定義，從基礎研究到最新的管理和預防、治療、介入，將成功地增加與會者對衰弱和肌少症的了解。

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壹、背景

依國發會推估 2022 年老年人口占總人口的 18.4%，而 85 歲以上的比率為 1.9%，預估於 2039 年老年人口將突破 30%。隨著年齡增加下，當多個相互關聯的生理和生物系統的失調超過臨界功能障礙的閾值時，就會嚴重損害體內平衡，在臨床上將可識別出老年人與年齡相關的生理儲備和多個器官系統功能的下降，導致應對日常或急性壓力源的能力受損定義為衰弱(Frailty)，故維持老年人身體功能是避免引起衰弱綜合徵狀(Frailty syndrome)的重要因素。

根據 2005 年臺灣地區老人狀況調查結果的分析報告，衰弱被視為老年人功能退化的前兆，亦會降低活動、生活品質、認知功能障礙，還容易有日常生活功能障礙、跌倒、增加入住機構及住院率，嚴重者甚至會造成死亡。衰弱已是不容忽視的老人健康議題之一，且對於老年人的生活功能和生活品質是一個很大的威脅，所以預防衰弱的發生已是刻不容緩的事情。

每年舉行一次的亞洲衰弱和肌少症會議 (9th Asian Conference for Frailty and Sarcopenia, ACFS) 是一國際學術活動，匯集來自世界各地，主要為肌少症、衰弱和惡病質領域的專家學者，從這些領域的演變到定義，從基礎研究到最新的管理、預防、治療和介入，將成功地增加與會者對衰弱和肌少症的了解。在此，醫療保健專業人士分享他們的最新研究成果，實踐和教育中的主要問題進行辯論，以期提升衰弱和肌肉減少症之老年人照護品質。今年研討會新增的內容包括第一天舉辦的研討會，重點在教育與會者了解如何評估和管理衰弱與肌肉減少症的技能，這兩者都與當前和未來的臨床醫療業務有高度相關性，且老年人的照護容易受到這些潛在破壞性條件的影響，故會議上會正式發布新加坡肌肉減少症臨床實踐指南供我們臨床實踐參考。

貳、目的

此次參加研討會的行程，期能達成下列目的：

- 一、 了解國際針對衰弱和肌少症之最新定義、篩檢與介入之進展。
- 二、 學習並了解國際對於衰弱和肌少症相關研究發展。
- 三、 增加學術及醫療體系間之交流，充實新知，培養專業人才。
- 四、 拓展國際視野，即時提升及更新照護品質。

參、參加研討會過程

參與第 9 屆 ACFS 國際研討會 9th Asian Conference for Frailty and Sarcopenia (ACFS 2023)的會議時程為 112 年 10 月 26 日至 29 日於新加坡中央醫院(Singapore General Hospital, SGH) 之 Academia 舉行，由新加坡老年醫學學會 (SGMS) 與亞洲肌少症工作小組(Asian Working Group for Sarcopenia, AWGS)合辦，研討會與會人員包括職與陳秋盈營養師。



新加坡中央醫院(SGH)Academia 地理位置圖

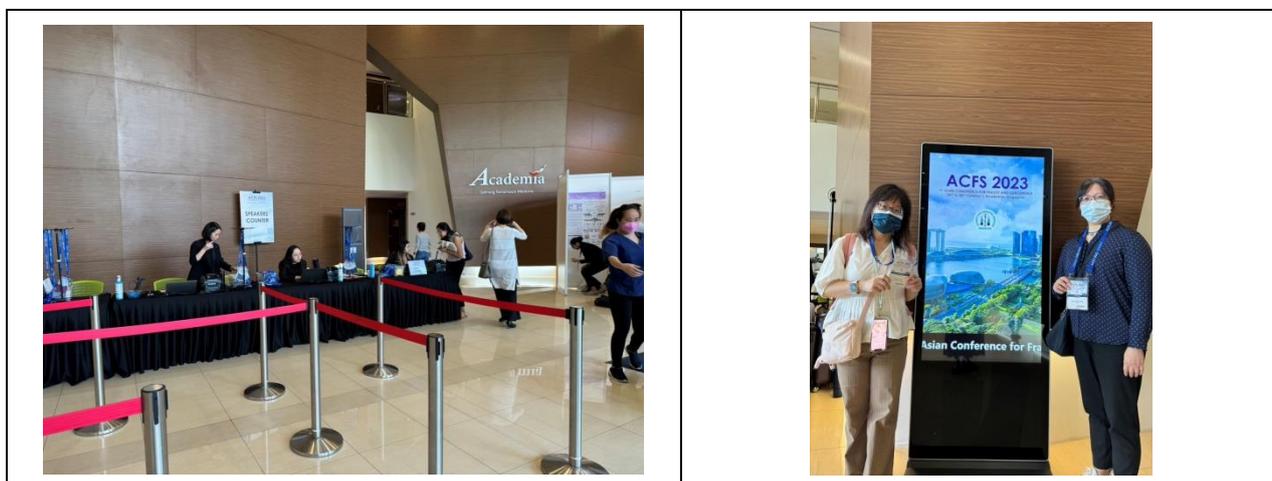


新加坡中央醫院(SGH)Academia 會場外

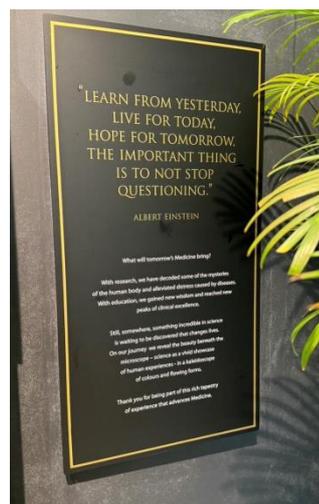
Academia 為病理學、醫學研究和教育方面提供了更有利的環境，以提高更好的醫療保健的水準。其位於新加坡中央醫院(SGH)院區和杜克-新加坡國立大學研究生醫學院的臨床服務附近，是學術醫學領域的一個重要里程碑，擁有充滿活力的網絡和專業合作環境，以發展患者的診斷、治療和創新照護。



步入 Academia 會場大廳報到後，在會場一隅看到設置莊重的捐贈及基金會的芳名錄，布置相當典雅、前衛，芳名錄旁設立了相對論之父-亞伯特·愛因斯坦 Albert Einstein 的名言—“學習過去、活在當下、憧憬未來，重要的是不要停止發問” (Learn from yesterday, live for today, hope for tomorrow. The important thing is not to stop questioning.)。強調出醫療、研究及教育的重要性，內容闡述如下：透過研究，我們解開了人體的一些奧秘，減輕了疾病帶來的困擾；透過教育，我們獲得了新的智慧，達到了臨床卓越的新高峰，儘管如此，一些令人難以置信的顯微鏡下的美麗科學仍持續被發現。

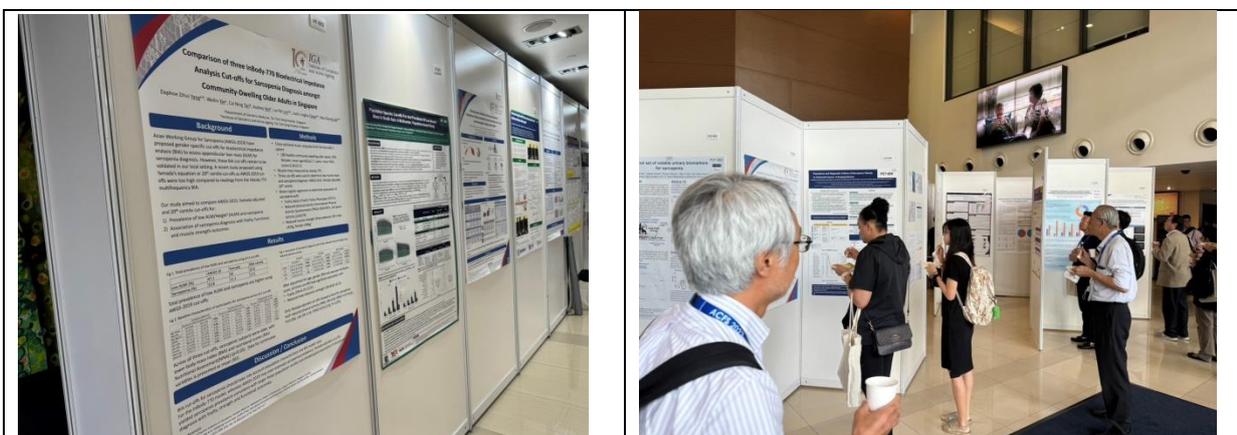


蘇淑芬秘書與陳秋盈營養師與會合照



會場內一隅

ACFS 規劃了(1)海報發表區，展示最新的研究進展及成果，其中包括探討老年人使用生物電阻(InBody-770)測量肌肉質量的變化之常模建立，社區老年人介入復健或運動對肌肉質量之影響，醫院或社區老年人衰弱之相關因素研究，或特殊營養品對老年人肌肉質量之影響等，皆於會場展示相關成果。(2)設置相關廠商及產品攤位，包括維生素D處方用藥(Cholecalciferol, 25000 IU oral solution)的最新治療進展，新加坡飯店式管理之安養中心設施、設備及收費情形，居家照護團隊之服務項目與長照服務之轉銜，骨折術後最新藥物應用，最新研發促進肌肉合成或復原之口服營養品…等。



會場海報展示區



會場廠商攤位區

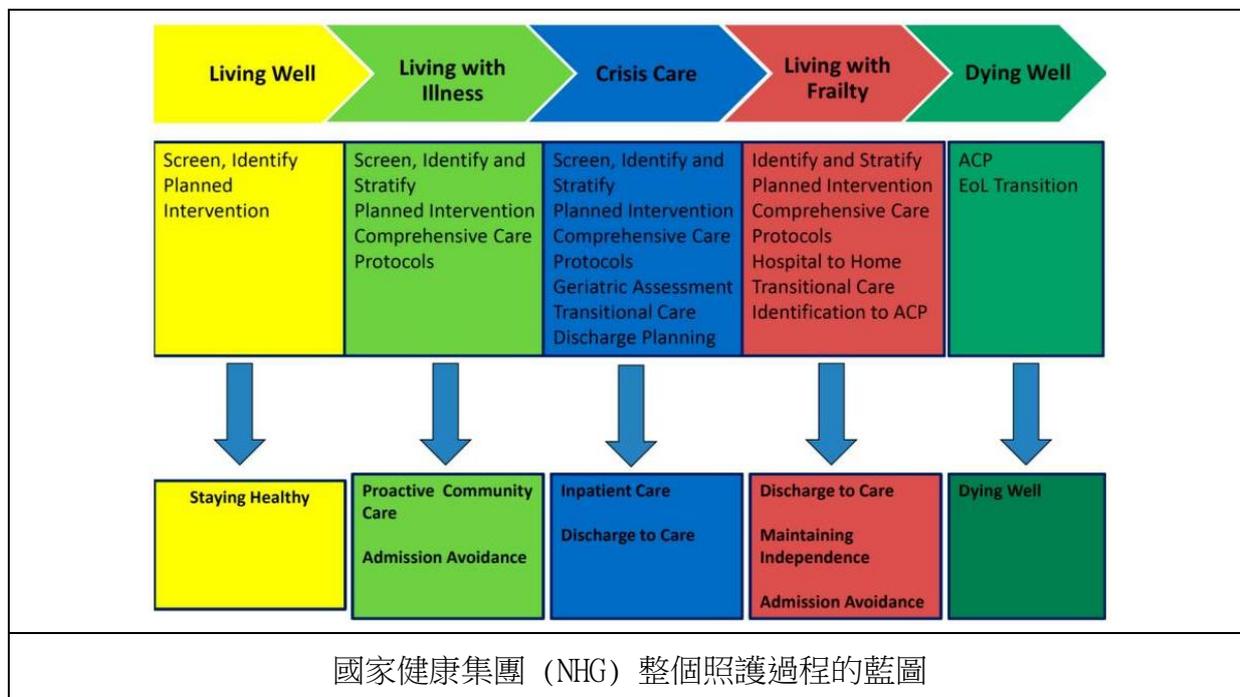
ACFS 議程策劃了 Pre-Conference Workshops 旨在強化實際操作面的經驗分享和略規劃。邀請來自老年醫學、物理治療和營養學的臨床醫生將分享他們的專業知識，並為肌肉減少症和身體衰弱的管理--運動和營養介入提供跨學科的視角和實用方法。社區合作夥伴分享了他們正在進行的衰弱管理計劃，該計劃已成功地將針對居民的循證運動和

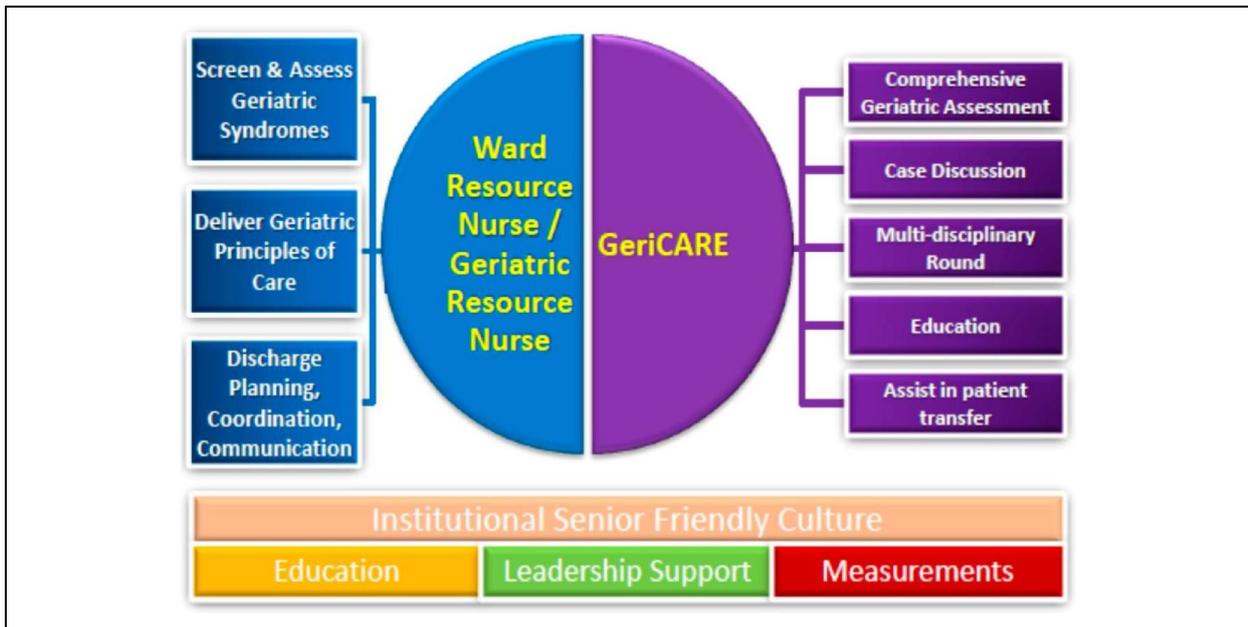
營養介入措施納入在計劃中，並得到了良好的效果。Pre-Conference Workshops 演講的主題方向包括(1)解決超級老化社會中的衰弱性和韌性問題。(2)肌少症的定義、診斷與治療。(3)健康老化和 ICOPE - 從概念到實施。(4)打造一個衰弱而有彈性的健康系統。(5)適合各種衰弱症狀的長者進行運動。(6)衰弱、韌性與成功老化。其中較新的議題為：

- A. 探討口腔衰弱和肌肉減少性吞嚥困難的新興概念，這些條件對於老齡化人口的健康至關重要，但往往未被認識或注意到，它們嚴重影響老年人的整體福祉、營養和生活品質。該領域的專家—日本的 Hidetaka Wakayabashi 教授和 Keisuke Maeda 博士分享了肌肉減少性吞嚥困難和口腔衰弱的新興概念，對於患有吞嚥困難的老年人可能會出現全身骨骼肌和吞嚥相關肌肉的肌肉質量和力量損失，吞嚥困難的治療需要採用多學科方法，首先著重於早期診斷，以預防潛在的併發症。透過講座和案例研究，研討會還討論治療口腔衰弱和肌肉減少性吞嚥困難的多學科治療方法和復健策略。此場工作坊的重點為①老化過程中口腔健康概述，②口腔衰弱：概念、評估與管理，③肌少性吞嚥困難：診斷與治療，④口腔衰弱和肌少症的復健策略。
- B. 針對衰弱和肌少症的跨學科介入策略，這場讓我們了解不同區域對於肌少症和衰弱管理的準則、一般運動處方原則、針對肌肉減少症和身體衰弱的運動處方、需考慮個人的共病和獨特特徵來調整運動方式、針對肌少症和/或體弱人士的實用飲食建議等。雖然衰弱和肌少症現在已被公認為重要的老年綜合徵狀，但許多臨床醫生面臨的困難是如何為老年人提供實際建議，以採取相對應的措施來管理這些狀況。目前專家們傾向對於身體活動、運動和飲食提供建議，但往往無法達到預期結果，可能是因為老年人患有多重合併症和功能障礙，因此需要根據每位患者的獨特特徵，提供個別化的運動和營養建議，這個現實情況使得這項挑戰變得更加複雜及困難。

另外，為期 2 天的大會 Symposium 主題和內容豐富，其中較有興趣的講題和內容概述如下：(1)肌肉質量和肌肉質量評估，重新思考 DXA 與 BIA 的標準：其中提到了加速肌肉分解的因素且肌肉流失將導致免疫力下降的機轉。(2)心臟衰弱-是一種新的老年症候群？因心血管疾病患者經常出現衰弱症狀，且這些患者通常都是老年人，在這種背景下大家已接受” Cardiac Frailty”，但目前仍無解決此問題的方案。A/Prof Angela 在這

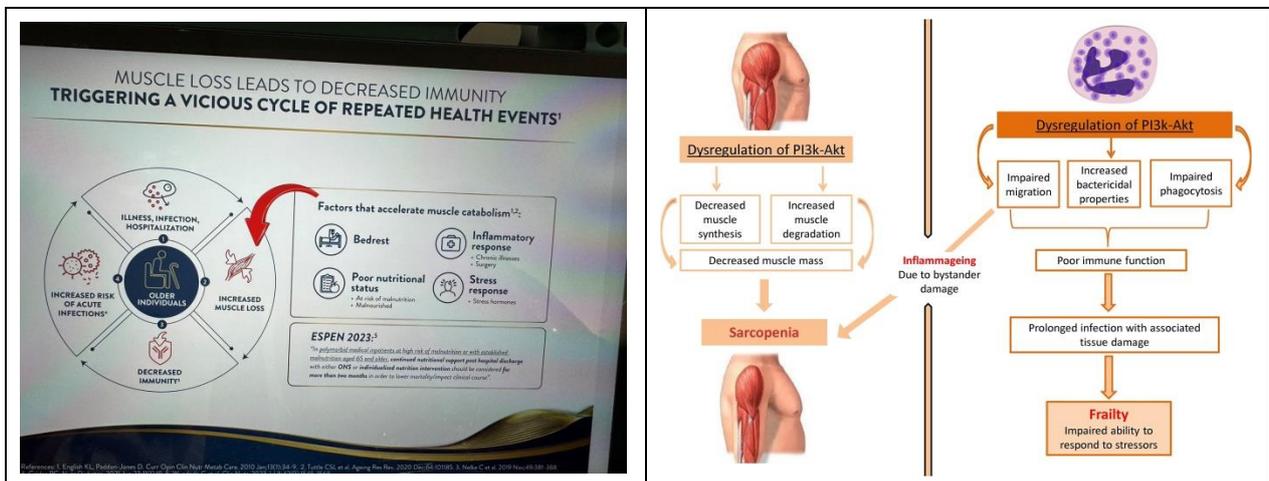
次演講中強調闡明衰弱與心臟之間早期關係的重要性，應優先考慮心血管「健康」，而不是心血管「疾病」。(3)多維介入和社會處方：營養和運動療法相結合來治療肌少症，可能比單獨使用任何一種介入措施更有效。AWGS 在 2019 年表明營養和運動療法的結合，可以改善肌肉力量和功能。EWGSOP2 也指出考慮蛋白質攝取和運動以及積極的生活方式相結合非常重要。國際衰弱和肌少症研究會議(ICFSR)報告亦指出結合營養和運動療法可改善步行速度和膝關節伸展力量。(4)預防社區衰弱的營養介入措施：充足的能量和蛋白質攝取是肌肉少症營養治療的重要因素，如果能量和蛋白質攝取不足，肌肉減少症的改善就困難。改變質地、使用零食和營養補充劑以及調整藥物可能有助於實現足夠的能量和蛋白質攝取量。現在有較多的證據支持營養和飲食在預防身體衰弱方面的作用，但仍需要進行更多亞洲的縱向研究，來確認飲食模式與衰弱的關聯。(5)新加坡打造了一個具有抵禦衰弱性的健康系統：Prof Wee-Shiong 分享老化也是新加坡這一世代最大的社會變革，新加坡和全球的衛生系統一樣在為人口老化衍生出的衰弱的挑戰，努力提供優質的醫療保健，其歷程經歷了三個關鍵的劃時代轉變：A.衰弱的實際(Frailtyreality)醫療保健系統；B.衰弱的預備(Frailty-ready)醫療保健系統； C.抗衰弱(Frailty-resilient)的衛生系統。





衰弱老年人住院照護 (Framework for Inpatient care of the Frail Elderly, FIFE) 模式架構概述

新加坡經歷了以衛生部 (MOH) 的三個超越為基礎的轉型之旅：超越醫療保健到健康、超越醫院到社區、超越品質到價值，制定了各種計劃和舉措，以打造一個涵蓋各個衰弱範圍的衰弱醫療保健系統，範圍包括健康狀況良好（“健康地生活”）、健康狀況良好（“帶病生活”）、身體不適（“衰弱生活”），以及生命的終結（“安祥地死去”），且區域醫療保健系統 (RHS) 的概念是每個 RHS 均由一家急診綜合醫院組成，與該地理區域內的社區醫院、療養院、臨終關懷醫院、居家護理和日間照護中心以及政府綜合診所等密切合作，目的是促進服務的垂直整合，增強協同效應和規模經濟，以提高醫療保健質量，同時維持可負擔的醫療費用。最新的進展還包括照護和 3C 聯繫為基礎的 2023 年成功老化行動計劃，讓初級保健醫生和社區保健合作夥伴成為健康老化實施工作的主要合作夥伴。



Cognitive Frailty (IANA and IAGG, 2013)

- ① Presence of physical frailty and cognitive impairment (CDR=0.5).
- ② Exclusion of concurrent AD dementia or other forms of dementia.

※Reversibility characterizes cognitive frailty.

Kelaiditi E, et al. J Nutr Health Aging. 2013.

The prevalence of cognitive frailty:
 Population-based studies: 1.0–12.1%
 Clinical settings: 10.7–39.7%

Sugimoto T, et al. Ageing Res Rev. 2018

Intervention procedures

Management of metabolic and vascular risk factors
 • diabetes, hypertension, and dyslipidemia were treated in accordance with clinical guidelines.

Group-based physical exercise

- Multicomponent exercise program (90 minutes, once a week for a total 78 sessions) (muscle stretching, muscle strength training, postural balance retraining, aerobic exercise, dual-task training, and group meeting)
- Self-monitoring physical activities using wrist-worn device (Fitbit).

Nutritional counseling

- Face-to-face (3 times) and telephone (12 times) counseling.
- Baseline-6m: Improvement of lifestyle and dietary behavior
- 7m-18m: Guidance on dietary intake required to improve cognitive and physical condition; chewing and swallowing function and oral care; a well-balanced diet and increase dietary diversity.

Cognitive training

- The Japanese version of Brain HQ, which consists of 13 visual exercises
- We set three times intensive training period (for total 9 month).
- encouraged to do this training for 30 minutes per day for 4 or more days per week

Conclusion

- Those who enjoy drinking coffee and tea should continue to enjoy them
- Those who drink sugared beverages should consider replacing them with coffee or tea
- More research needed to identify or confirm if caffeine or other polyphenols in coffee and tea are responsible for the reduction in risk of physical frailty

9th ASIAN CONFERENCE FOR FRAILTY AND SARCOPENIA

SARCOPENIC OBESITY: Controversies, updates and next steps

Dr Lim Jun-Pei
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9th ASIAN CONFERENCE FOR FRAILTY AND SARCOPENIA

Background

Normal ageing

- Common cellular or molecular alterations: Accumulation of oxidative damage, Increase in genomic instability, Increase in apoptosis, Reduction in mitochondrial function, Decrease in autophagy, Loss of proteostasis, Aberrant DNA methylation
- Obesity

Increased factors: IGF-1, IGF-1R, IGF-1R2, IGF-1R3, IGF-1R4, IGF-1R5, IGF-1R6, IGF-1R7, IGF-1R8, IGF-1R9, IGF-1R10, IGF-1R11, IGF-1R12, IGF-1R13, IGF-1R14, IGF-1R15, IGF-1R16, IGF-1R17, IGF-1R18, IGF-1R19, IGF-1R20, IGF-1R21, IGF-1R22, IGF-1R23, IGF-1R24, IGF-1R25, IGF-1R26, IGF-1R27, IGF-1R28, IGF-1R29, IGF-1R30, IGF-1R31, IGF-1R32, IGF-1R33, IGF-1R34, IGF-1R35, IGF-1R36, IGF-1R37, IGF-1R38, IGF-1R39, IGF-1R40, IGF-1R41, IGF-1R42, IGF-1R43, IGF-1R44, IGF-1R45, IGF-1R46, IGF-1R47, IGF-1R48, IGF-1R49, IGF-1R50, IGF-1R51, IGF-1R52, IGF-1R53, IGF-1R54, IGF-1R55, IGF-1R56, IGF-1R57, IGF-1R58, IGF-1R59, IGF-1R60, IGF-1R61, IGF-1R62, IGF-1R63, IGF-1R64, IGF-1R65, IGF-1R66, IGF-1R67, IGF-1R68, IGF-1R69, IGF-1R70, IGF-1R71, IGF-1R72, IGF-1R73, IGF-1R74, IGF-1R75, IGF-1R76, IGF-1R77, IGF-1R78, IGF-1R79, IGF-1R80, IGF-1R81, IGF-1R82, IGF-1R83, IGF-1R84, IGF-1R85, IGF-1R86, IGF-1R87, IGF-1R88, IGF-1R89, IGF-1R90, IGF-1R91, IGF-1R92, IGF-1R93, IGF-1R94, IGF-1R95, IGF-1R96, IGF-1R97, IGF-1R98, 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<p>蘇淑芬秘書報到證明</p>	<p>陳秋盈營養師報到證明</p>

肆、參訪心得

本次職與陳秋盈營養師參加第 9 屆 ACFS 國際研討會(9th Asian Conference for Frailty and Sarcopenia, ACFS 2023)，會場安排在新加坡中央醫院(Singapore General Hospital, SGH) 之 Academia 舉行，該研討會場地鄰近醫院、學術教學及研究單位，會議空間寬敞舒適，讓與會者能有一良好的空間聆聽演講。海報發表區即安排在報到處兩側，演講廳則分布在 1 至 2 樓，與會人員可依照自己的領域或興趣選擇聽講，內容除了瞭解國際上目前對於老年衰弱和肌少症管理之最新進展及研究外，對於同仁來說，是一個學習及拓展視野的極佳機會。本院職及陳秋盈營養師在臺南醫院已多年撰寫並執行衰弱相關研究計畫，透過此次的機會可了解國際專家學者之最新進展及醫學新知，有助於拓展同仁研究視野的深度與廣度，更能確認及提升我們的執行研究水準。

新加坡 Prof Wee-Shiong 分享了新加坡也歷程經歷了三個關鍵的劃時代轉變，並打造一個涵蓋各個衰弱範圍的衰弱醫療保健系統，且區域醫療保健系統 (RHS) 的概念是每個 RHS 均由一家急診綜合醫院組成，與該地理區域內的社區醫院、療養院、臨終關懷醫院、居家護理和日間照護中心以及政府綜合診所等密切合作，目的是促進服務的垂直整合，增強協同效應和規模經濟，以提高醫療保健質量，同時維持可負擔的醫療費用。反觀我們目前對於管理衰弱和肌少症的運作方式，重視程度遠不及新加坡政府的力道，該國的策略及管理架構值的我們借鏡。

“口腔衰弱和肌肉減少性吞嚥困難”為此場研討會的新興觀念，透過講座了解案例

研究、多學科治療方法和復健策略。Prof. Hidetaka Wakayabashi 建議吞嚥困難的治療需要採用多學科方法，首先著重於早期診斷，以預防潛在的併發症。未來若欲進行口腔衰弱的研究相關計畫，可參考使用經過驗證的問卷來進行吞嚥困難篩檢（EAT-10），快速檢測吞嚥障礙的徵兆和症狀，再進行較有技術性的容量-黏度吞嚥試驗、咽-食道測壓、或最大舌壓測試。

研討會中提及針對衰弱和肌少症的跨學科介入策略中所面臨的困難是如何為老年人提供實際建議，以採取相對應的措施來管理這些狀況，甚至老年人可能因患有多重合併症和功能障礙，需提供個別化的運動和營養建議，這個在我們目前的醫療環境需要再提升醫療人員對衰弱和肌少症的重視，畢竟對老年人的照護不再只是有病治病，而是要無病強身了。大會資料袋裡提供了肌少症的篩檢、評估和處方表(三聯複寫紙)，未來亦可參考該表製作出適合本院執行之衰弱和肌少症篩檢評估表，甚至考慮在本院更換資訊系統後納入評估項目中。

SARCOPENIA SCREENING, ASSESSMENT AND INTERVENTION FORM 肌肉減少症篩查、評估和處方表 ¹⁻³			
PATIENTS ID 患者身份證:		GENDER 性別: M 男 / F 女	
HOSPITAL/CLINIC NAME 醫院/診所名稱:		DOCTOR'S NAME 醫生姓名:	
AGE 年齡: years 年		RACE: C 華 / M 巫 / I 印 / O 其他種族	
Height 身高: cm 厘米		DATE 日期:	
Weight 重量: kg 公斤		Weight Status 體重狀況: <input type="checkbox"/> Underweight 減持 <input type="checkbox"/> Normal 正常 <input type="checkbox"/> Overweight 超重 <input type="checkbox"/> Obese 肥胖	
BMI 體重指數:		Exhaustion 疲瘁 <input type="checkbox"/> Low energy 低能量	
Red Flags for Muscle Loss (Check all signs that apply) 肌肉損失的危險信號(檢查所有適用)		<input type="checkbox"/> Weakness 肌肉虛弱 <input type="checkbox"/> Slower Walking Speed 較慢的步行速度 <input type="checkbox"/> Loss of Strength 失去力量 <input type="checkbox"/> Unintentional Weight Loss 無意體重減輕	
STEP 1 CASE FINDING* Presence of any of the following clinical conditions, move to Step 2 Assessment: 觀察到存在以下任何臨床狀況，請轉至第 2 步評估。 • Functional decline or limitation; unintentional weight loss; depressive mood; cognitive impairment; repeated falls; malnutrition. 功能衰退或限制; 無預期體重減輕; 情緒低落; 認知障礙; 反覆跌倒; 營養不良。 • Chronic conditions (heart failure, chronic obstructive pulmonary disease, diabetes mellitus, chronic kidney disease, etc). 慢性病 (心臟衰竭、慢性阻塞性肺病、糖尿病、慢性腎病等) In the absence of above mentioned clinical conditions: Score Item 1A or 1B. If Item 1A or 1B is positive, move to Step 2 Assessment. If negative, screen again in 6 months. 如沒有存在以上任何臨床狀況: 分值項目 1A 或 1B。如果項目 1A 或 1B 對“可能的肌肉減少症”呈陽性，則進行評估。如果為陰性，請在 6 個月之後再次篩查。			
1 A. Calf Circumference 小腿周長		cm 厘米	Cut Off 截止: M 男: <34 cm 厘米; F 女: <33 cm 厘米 Assessment: <input type="checkbox"/> Low 低 (陽性) <input type="checkbox"/> Above cut off 高于截止
1 B. SARC-F		SCORING 評分系統	
i. Strength 力量		QUESTION 問題	Assessment: <input type="checkbox"/> None 无: 0 <input type="checkbox"/> Some 较少: 1 <input type="checkbox"/> A lot or unable 较多/无能力: 2
ii. Assistance in Walking 協助行走		How much difficulty do you have walking across a room? 你走过一个房间的距离有多大的困难?	<input type="checkbox"/> None 无: 0 <input type="checkbox"/> Some 较少: 1 <input type="checkbox"/> A lot, use aids or unable 较多/使用辅助工具/无能力: 2
iii. Rise from A Chair 从椅子上站起来		How much difficulty do you have transferring from a chair or bed? 你从椅子上转移到床上有多困难?	<input type="checkbox"/> None 无: 0 <input type="checkbox"/> Some 较少: 1 <input type="checkbox"/> A lot or unable without help 较多/无法独立完成: 2
iv. Climb stairs 爬楼梯		How much difficulty do you have climbing a flight of ten stairs? 你爬十层楼梯有多难?	<input type="checkbox"/> None 无: 0 <input type="checkbox"/> Some 较少: 1 <input type="checkbox"/> A lot or unable 较多/无能力: 2
v. Falls 摔倒		How many times have you fallen in the last year? 你最近一年跌倒了多少次?	<input type="checkbox"/> None 无: 0 <input type="checkbox"/> Some 较少: 1 <input type="checkbox"/> 4 or more falls 4 次或以上: 2
SARC-F TOTAL 总和		Sum score of item 1B 项目 1B 的总分: i, ii, iii, iv, v	
SARC-F ASSESSMENT SARC-F 评估		SCORE CUT OFF 分数截止: SARC-F ≥ 4	Assessment: <input type="checkbox"/> Low 低 (陽性) <input type="checkbox"/> Above cut off 高于截止
STEP 2 ASSESSMENT (Score Item 2A or 2B) 评估 (分值项目 2A 或 2B)			
2 A. Hand Grip Strength 手攪力		kg 公斤	Cut Off 截止: M 男: <28 Kg 公斤; F 女: <18 Kg 公斤 Assessment: <input type="checkbox"/> Low 低 (陽性) <input type="checkbox"/> Above cut off 高于截止
2 B. Physical Performance (5-time chair stand test) 身体表现 (5次椅子站立测试)		seconds 秒	Cut Off 截止: ≥12 seconds 秒 Assessment: <input type="checkbox"/> Low 低 (陽性) <input type="checkbox"/> Above cut off 高于截止
RESULT 结果: If item 2A or 2B are positive, assess as "Possible Sarcopenia" 如果 2A 或 2B 项为阳性, 则评估为“可能的肌肉减少症” Assessment 评估: <input type="checkbox"/> Possible Sarcopenia 可能的肌肉减少症 <input type="checkbox"/> Not positive for Possible Sarcopenia 可能的肌肉减少症 ¹ 不呈阳性			
STEP 3 PRESCRIPTION 处方			
<input type="checkbox"/> Resistance Exercise 阻力练习 <input type="checkbox"/> Oral Nutrition Supplement 口服营养补充剂: serves/day 份量/天 <input type="checkbox"/> Referral for Diagnosis 转诊诊断:			
STEP 4 FOLLOW-UP 后续预约			
<input type="checkbox"/> 3 months 个月 <input type="checkbox"/> 6 months 个月 <input type="checkbox"/> 12 months 个月 COMMENTS 评论:			
*Opportunistic; e.g. At annual health check-ups or flu vaccination appointments; during clinical consultation for related symptoms; or after the occurrence of major health events such as functional decline after a recent hospitalization. Reference: 1. Chen LK, Wu et al. J Am Med Assoc. 2020 Mar;323(10):307-312. 2. W.S. Lim et al. SPM2020; 49(3): 6-14. 3. Lim WS, Cheung CY, Lim JF, et al. J Frailty Aging. 2022;11(4):348-369.			
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伍、建議事項

本院定位為社區醫院，積極配合中央政策提供長照相關服務，承接長照計畫及擔任長照 A 單位，在院內亦有 52 床日照中心，未來更積極規劃 200 床玉井住宿式長照機構之設置，在參與此國際研討會後，除了瞭解目前針對老年人之衰弱和肌少症之最新研究成果及介入策略外，還有其他創新方向可供未來規劃參考：

- 一、即早做衰弱和肌少症篩檢，早期做介入性管理。
- 二、針對就醫老年人進行吞嚥困難篩檢之可行性。
- 三、本院設有抗衰弱中心，亦可參考新加坡經驗垂直整合相關院內資源，管理衰弱和肌少症的運作方式，增強協同效應和規模經濟，以提高醫療保健質量。
- 四、建議除了同仁自身加強語文聽力與說話能力的訓練外，醫院也能安排一些在職教育訓練課程，供有興趣的同仁參加，增加國際交流之機會。