

Review of: "[Review] Sarcopenia in Coronavirus Disease (COVID-19): All to Know from Basic to Nutritional Interventions from Hospital to Home"

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This review underscores the importance of proactive nutritional measures to address the risk of sarcopenia in COVID-19 hospitalized patients. Muscular wasting in COVID-19 cases is associated with poor prognosis. COVID-19 cases with sarcopenia have muscular fiber atrophy, inflammation, and immune cell infiltration. Identifying its treatment and prevention is key to proper health care, especially for older adults. There are several areas in which this review could be improved to make it more useful to healthcare providers and researchers.

The highlights of the paper deserve attention. It is mentioned:

- Nutritional therapy can be the key intervention in stopping sarcopenia.

Could nutritional interventions stop sarcopenia? Does the literature support this concept?

- Some interventions are better to be continued for months after the discharge.

This highlight needs to be more specific to benefit the readers.

A section on methods would be helpful. An explanation of the strategies used in the data search, such as the databases used and keywords used, is required. Apparently, there is no consideration of the weight of scientific evidence based on study design, possible bias, and study limitations of the articles included in the review.

Considering the emphasis authors placed on nutrition to control sarcopenia, a table summarizing the literature on nutritional interventions may be useful.

English needs to be carefully reviewed. Some parts of the paper are difficult to understand. The article's organization needs improvement.

Minor points

Figure 1 appears after Figure 2. Please consider reordering the figures.

In the section Mechanism of COVID-19, it is indicated among the eating complications "sore mouth (xerostomia)". Xerostomia is low salivary flow (dry mouth). It does not necessarily indicate a sore mouth.

The statement “There is also evidence that even diet patterns is associated with a higher risk of COVID-19 hospitalization” is unclear.

A footnote with the abbreviations is required in Table 1.