SARCOMANIA

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Abstract

Sarcomania can be defined as "an excessive preoccupation with muscle morphology, function and/or strength exhibited by lay persons, their care givers and/or health care professionals." Sarcomania occurs in younger adults, mostly men, who are fond of body building. It may be precipitated by an insult, real or perceived, to one's physical or psychosocial health. Sarcomania presents excessive time spent on resistance exercises, with repeated measurement of muscle mass and function.It may lead to abuse of anabolic drugs and muscle injury

An extreme variant of sarcomania is sarcomania nervosa. This can be defined as an excessive preoccupation with muscle morphology, function and/or strength, exhibited by lay persons, their care givers and/or health care professionals, which leads to significant dysfunction in personal, social or professional health. Public awareness, as well as sensitization of all health care professionals about sarcomania is of utmost importance. Muscle dysmorphia should be identified and addressed in a timely manner.

Keywords: Health education, muscle health, person centred care, sarcopenia, sarcophobia .

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Introduction

The times that we live in are characterized by a paradox. On one hand we face newer environmental and behavioural health. On the other, there is a greater understanding of what health means, and what is our responsibility. Balancing these opposing phenomena, along with the (mis)information circulated through social media, often becomes a challenge.

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Muscle Health

Muscle health is an important part of overall health and well-being. Muscles help us move, survive and thrive, as individuals and as a species. It is astonishing, therefore, to note that we still do not have consensus on the exact number of muscles in the human body. It is also surprising that the term 'sarcopenia' was developed just 35 years ago (in 1989).[1] Even today, we do not have unified global criteria to diagnose the condition. The South Asian Working Group on sarcopenia (SWAG SARCO) has proposed the most inclusive definition so far. This describes sarcopenia as a syndrome in which at least two of the following three- reduced muscle function, reduced muscle strength, and reduced muscle mass-are present.[2]

Definition

As part of the evolving trends in health and health-related attitudes, a new behavioural dysfunction has emerged. We term this as sarcomania. This may be defined as "an excessive preoccupation with muscle morphology, function and/or strength exhibited by lay persons, their care givers and/or health care professionals"

Etiopathogenesis

Sarcomania occurs in younger adults, mostly men, who are preoccupied with fitness.[3] Body builders and gym enthusiasts are more prone to this disease. While it can occur spontaneously, it may be contagious, i.e., acquired from family members, friends or fellow sportspersons, Sarcomania may be precipitated by an insult, real or perceived, to one's physical or psychosocial health. Advice from a health care professional to focus on muscle health, or a sarcastic remark regarding one's muscle morphology/strength can precipitate excessive preoccupation with muscle building.

Clinical Presentation And Complications

Sarcomania presents with various symptoms. These include excessive time spent on resistance exercises, with repeated measurement of muscle mass and function (through objective anthropometry, subjective visual assessment, and body composition). Abuse of anabolic drugs,[4] subfertility, narcissism and body image disorders are some of the complications of sarcomania. Other complications such as muscle injury and tears may occur due to unregulated exercise. Body builders' nephropathy

may occur due to excessive protein intake.[5]

Sarcomania Nervosa

An extreme variant of sarcomania is sarcomania nervosa. This can be defined as an excessive preoccupation with muscle morphology, function and/or strength, exhibited by lay persons, their care givers and/or health care professionals, which leads to significant dysfunction in personal, social or professional health.

Other forms of the disease exist as well. Health care providers, such as fitness trainers may focus excessively on muscle morphology, while neglecting other facets of well-being. This may manifest as an exclusive emphasis on muscle building, while ignoring flexibility, balance and aerobic fitness. It may also show up as nonscientific prescriptions of high protein supplements, or nonevidence based alternative therapy, in a search for those elusive biceps or pectorals.

Sarcophobia

Sarcophobia may exhibit in a negative perspective as well. Unfounded fear of muscle-related symptoms with statin, anti-obesity medication or corticosteroids is a type of sarcomania that prevents optimal usage of these classes of drugs [6].

Prevention

The management of sarcopenia needs to be multimodal. Public awareness, as well as sensitization of all health care professionals (HCPs) is of utmost importance. HCPs must speak the same language, advocating for muscle health, while avoiding the extremes of over-emphasis (and its attendant drug abuse as well as psychosocial implications) as well as under-playing (leading to low muscle strength). These efforts should occur concurrently at the community and clinical level.[5]

While general health messaging should target the community at large (primordial prevention), more focussed messaging is required for person at risk (primary prevention). These include gym goers and athletes, especially those working with unregulated coaches. One must be careful to avoid suggestions which dissuade citizens from performing any exercise at all. Information regarding the dangers of anabolic androgenic steroid use must be shared firmly and unambiguously. Muscle dysmorphia should be identified and addressed in a timely manner.[7]

Management

Those who develop sarcopenia may benefit from patient counselling and support (secondary prevention). A reappraisal of health related and life goals, along with nutritional and exercise advice usually suffices. Very few patients may need short term psychotropic medication, with the supervision of a qualified mental health professional, (tertiary prevention). Specialist care will also be required for persons with musculoskeletal injury.

It is necessary as we have already mentioned, to ensure scientific rigor and discipline while labelling someone as having sarcomania. This term does not exist in current medical literature. However, it may correspond to body image disorder, or to a coping disorder. The right terminology should be used, and contemporary diagnostic criteria followed, until the term sarcomania gains currency (quaternary prevention).[2]

The most important intervention of all, however, is to combat misinformation, and promote right knowledge, regarding muscle health (quinary prevention). This will ensure optimization of musculoskeletal, as well as metabolic health.[2,8] .

Take Home

Sarcomania is a gradually increasing phenomenon in clinics and fitness centres. We must be aware of this, and take action to curb its Impact in our health.

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