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Reply

Reply to Ferreira et al. Limitations of Current Sarcopenia Assessment Tools Beyond Older Populations: A Call for Tailored Criteria in Chronically Ill Adults. Comment on "Almeida et al. Metabolic Dysfunction-Associated Steatotic Liver Disease and Sarcopenia: Influence of Habitual Food. *Diagnostics* 2025, *15*, 2711"

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Thank you for your comment [1]. We agree that the European Working Group on Sarcopenia in Older People (EWGSOP2) consensus [2] was developed for the assessment of sarcopenia in older adults and, therefore, applying its cutoff points to younger populations may result in substantial variability in prevalence estimates. However, at that time, no established consensus was available for the diagnosis of sarcopenia in adults. In November 2025, the updated consensus of the Asian Working Group for Sarcopenia (AWGS 2025) was published, expanding the scope of sarcopenia assessment to include middle-aged adults aged 50–64 years. Nevertheless, its applicability remains limited to Asian populations, and the age range covered is still restricted [3].

Therefore, we chose to use the EWGSOP2 criteria because they are widely used in the scientific literature, allowing for comparisons with other studies. Nevertheless, we acknowledge their limitations when applied to a relatively younger population. We therefore clarify that the cutoff points used in the present study have not been specifically validated in young individuals with metabolic dysfunction-associated steatotic liver disease (MASLD). This represents an important limitation of our study, and the results should therefore be interpreted with caution.

We acknowledge that adequate protein intake, sufficient total energy intake, and regular physical activity are fundamental pillars for maintaining muscle mass and strength and are widely recommended in the management of MASLD [4–6]. Our intention in discussing the observational findings was to highlight that, although protein is biologically essential, the literature reports conflicting results regarding the association between macronutrient intake and sarcopenia [7,8]. In this context, the identification of low micronutrient intake, such as that of calcium, in individuals with probable sarcopenia [9] underscores the importance of assessing overall dietary quality, without diminishing the essential role of adequate protein and energy intake or physical exercise.

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