

# **SARCOPENIC DYSPHAGIA AT THE BODY-MIND INTERFACE: ASSOCIATION WITH DEPRESSION AND DEMENTIA - LITERATURE REVIEW**

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## **RESUMO**

**ABSTRACT** Introduction: Population aging has intensified in recent decades, being associated with an increase in chronic diseases and geriatric syndromes, such as sarcopenia, characterized by the progressive loss of muscle mass, strength, and function. Among its clinical manifestations, sarcopenic dysphagia stands out, defined as impaired swallowing resulting from systemic muscle loss and the loss of orofacial muscles involved in this process. This condition is related to malnutrition, aspiration pneumonia, and increased mortality. In parallel, mental disorders such as depression and dementia have a high prevalence in the elderly and are associated with multiple geriatric syndromes, including sarcopenia and dysphagia. Objective: To analyze sarcopenic dysphagia as an influential factor in cognitive decline, highlighting the importance of depression and dementia in swallowing function and sarcopenia in the elderly. Materials and Methods: This is an integrative literature review based on studies previously selected from the PubMed and SciELO databases, prioritizing studies from the last 5 years, supplemented by recent evidence on dysphagia, depression, and dementia. Studies addressing sarcopenia, dysphagia, oral function, mental health, and geriatric syndromes were included. Results: Sarcopenic dysphagia results from the loss of overall muscle mass and function, including muscles of the tongue, masseter, and pharyngeal structures, compromising swallowing efficiency and food security. Reduced tongue pressure and masticatory force are associated with poorer food intake and progression of malnutrition, contributing to the worsening of sarcopenia. In this context, dementia is strongly associated with geriatric syndromes such as dysphagia, sarcopenia, and malnutrition, being more prevalent in these individuals. Evidence suggests that brain atrophy and reduced neuronal volume may contribute to decreased skeletal muscle mass, indicating a bidirectional relationship between brain and muscle function. Furthermore, manifestations such as involuntary weight loss and reduced mobility precede the diagnosis of dementia, reinforcing frailty as a possible triggering factor. In the psychosocial context, dysphagia significantly impacts mental health. Patients frequently report fear of choking, embarrassment, and avoidance of eating in public, resulting in social isolation and a decline in quality of life. Depression and anxiety are associated with dysphagia and can influence the perception of swallowing difficulties, even in the absence of evident structural changes. These factors contribute to reduced food intake and worsen nutritional status, favoring the progression of sarcopenia. Conclusion: Sarcopenic dysphagia should be understood as a multifactorial condition integrating physical, cognitive, and psychosocial aspects. The association with dementia and depression reinforces its role as a possible early marker of functional and cognitive decline in older adults. The inclusion of mental health assessment in clinical practice is essential for a more accurate diagnosis and for the development of multidisciplinary therapeutic strategies that promote a better quality of life.

Palavras-chave: Dysphagia; Sarcopenia; Cognitive Decline; Depression; Dementia.