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Optimizing Weight: Balancing CVD and Sarcopenia Risks

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Weight management in patients with chronic kidney disease (CKD) is challenging because body weight reflects not only adiposity, but also muscle mass and fluid status. Although obesity is a well-established cardiovascular risk factor, the relationship between body mass and clinical outcomes in CKD is more complex, as illustrated by the “obesity paradox,” in which a higher body mass index (BMI) has been associated with improved survival in patients with advanced CKD and those undergoing dialysis. However, BMI alone cannot distinguish adiposity from lean body mass or fluid overload and therefore may inadequately capture metabolic and functional risk in this population. A growing body of evidence has highlighted the high prevalence and prognostic importance of sarcopenia and sarcopenic obesity in CKD. These conditions are associated with impaired physical performance, frailty, increased hospitalization, and higher mortality. Accordingly, optimal weight management in CKD should not focus solely on weight reduction, but rather on improving body composition by reducing excess adiposity while preserving skeletal muscle mass and physical function. The pathophysiologic mechanisms underlying altered body composition in CKD include chronic inflammation, insulin resistance, metabolic acidosis, physical inactivity, and uremic toxin-mediated catabolism. In this context, individualized nutritional strategies, exercise interventions, and the emerging role of anti-obesity pharmacotherapy warrant consideration. A body composition-centered approach to weight optimization in CKD may improve cardiometabolic health while minimizing the risks of sarcopenia and frailty.

Keywords: obesity, sarcopenia, frailty, chronic kidney disease