

## DXA, BIA, anthropometry and skinfolds methodology in body composition

Jéssica J. Rivadeneyra-Posadas<sup>1</sup>, Esther Cubo<sup>2</sup>, Carla Collazo<sup>1</sup>, Lucía Simón<sup>1</sup>, María Soto-Célix<sup>3</sup>, Alejandro Rodríguez<sup>4</sup>, Javier Raya-González<sup>3</sup>, Daniel Castillo<sup>3</sup>, Bernhard Landwehrmeyer<sup>5</sup>, Alzbeta Muehlbaeck<sup>5</sup>, Vitória S. Fahed<sup>6</sup>, Emer P. Doheny<sup>6</sup>, Laura Mills<sup>7</sup>, Monica Busse<sup>7</sup>, Madeleine M. Lowery<sup>6</sup> on behalf of the Domino-HD consortium

<sup>1</sup>Unidad de Investigación, Hospital Universitario de Burgos, Spain <sup>2</sup>Servicio de Neurología, Hospital Universitario de Burgos, Spain <sup>3</sup>Facultad de Ciencias de la Salud, Universidad Isabel I, Spain <sup>4</sup>Facultad de Ciencias de la Actividad Física y del Deporte, Universidad de León, Spain <sup>5</sup>Department of Neurology, Ulm University, Germany <sup>6</sup>School of Electrical and Electronic Engineering, Insight Centre for data Analytics, University College Dublin, Ireland <sup>7</sup>Centre for Trials Research, Cardiff University, United Kingdom

Background



Body composition is a strong indicator of nutritional and health status. Dual energy X-ray absorptiometry (DXA), multifrecuency bioelectrical impedance analysis (BIA), anthropometry and, skinfolds are non invasive methods to assess body composition with different levels of reliability. The validity of anthropometric and skinfolds to estimate body composition in Huntington Disease (HD) is still controversial.



To determine and compare body composition according to DXA, BIA, anthropometry and, skinfolds estimates in HD.

Whereas DXA is a method where is necessary to have technical staff and qualified in the handling of X-rays equipment, rarely used in routine clinical practice. BIA has limitations due to the chemical composition of fat free mass because of considerable inter- and intraindividual variability.

The accuracy of BIA measurements is high when predictive equations and standardized specific measurement protocols are utilized (Image N<sup>o</sup>2).

Anthropometry and skinfolds are very-low COSt, accesible to health personnel in routine clinical practice, with good sensitivity and specificity in the adult, healthy population. The results of this study will be presented.



Cross-sectional, multicenter and, national study. 20 genetically confirmed HD patients and, 10 gender gender-aged paired controls. Body composition was assessed under standardized conditions using the DXA (Prodigy of General Electric Healthcare); and BIA (Body Composition Analyzer Seca mBCA 525).

Skinfold thicknesses were measured by Holtain skinfold caliper (Image N<sup>o</sup>1).



Image Nº2.- Brand electronic scale with height rod (left), and measuring mat and electrode cables of bioimpedance analysis with the patient in a lying position.



Image Nº1.- Skinfold thickness caliper

Circumferences at waist, hip, calf, arm were measured using soft non stretchable tape Seca and, weight and heigth by Seca brand electronic scale with height rod (Image  $N^{\circ}2$ ).

To analize the accuracy of BIA, anthropometrics, and skin folds against DXA, correlations and receiver operating curve analysis will be performed.

The results will help to estimate body composition with low-cost methods easy to use to prevent malnutrition and sarcopenia in HD.



1.- Shepherd JA, Ng BK, Sommer MJ, Heymsfield SB. Body composition by DXA. Bone. 2017 Nov;104:101-105. doi: 10.1016/j.bone.2017.06.010

2.- Borga M, West J, Bell JD, Harvey NC, Romu T, Heymsfield SB, Dahlqvist Leinhard O. Advanced body composition assessment: from body mass index to body composition profiling. J Investig Med. 2018 Jun;66(5):1-9. doi: 10.1136/jim-2018-000722

We gratefully acknowledge to DOMINO-HD Study Management Group, Fundación de la Salud-Hospital Universitario de Burgos and, Fundación La Caixa-Fundación Caja de Burgos for financial support to this study. DOMINO-HD is funded though the EU joint program for Neurodegenerative Disease Research as part of the JPND funding from Alzheimer's Society, Secretary of State for Health and Social Care, Health and Care Research Wales, Public Health Agency Northern Ireland, Jacques and Gloria Gossweiler Foundation, Bundesministerium für Bildung und Forschung, Narodowe Centrum Badań i Rozwoju, Swiss National Science Foundation (SNF), 32ND30\_185548 and Health Research Board (JPND-HSC-2018-003).