

## CORRELATION BETWEEN MUSCLE STRENGTH, CALF CIRCUMFERENCE, VITAMIN D, AND IGF-1 ON DEPRESSION IN THE ELDERLY

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### ABSTRACT

Depression in the elderly is a multifaceted issue influenced by various physiological factors. This study investigates the correlation between muscle strength, calf circumference, Vitamin D, and Insulin-like Growth Factor 1 (IGF-1) levels and their collective impact on depression among the elderly. This study aims to understand the correlation between muscle strength, calf circumference, Vitamin D, and IGF-1 levels on depression to develop targeted interventions to improve mental health outcomes in this demographic. This cross-sectional study involved 82 older people at RPTRA Krendang. Depression is measured using the Geriatric Depression Scale (GDS). Data were analyzed using Spearman's Rho to see the Correlation between Muscle Strength, Calf Circumference, Vitamin D, and IGF-1 on Depression in the Elderly. The study found most respondents were female (78%), with an average age of 74.34 years, and according to the Geriatric Depression Scale, the majority (59.8%) of respondents were normal. This study highlighted significant correlations between muscle strength, calf circumference, and decreased Vitamin D and IGF-1 levels with higher depression scores. These findings suggest that diminished physical health markers and nutrient deficiencies are associated with increased depressive symptoms in the elderly. Measuring muscle strength, calf circumference, Vitamin D, and IGF-1 levels is a good approach to understanding depression in the elderly that will lead to effective interventions by health workers and improve quality of life.

**Keywords:** Calf Circumference; Depression; IGF-1; Muscle Strength; Vitamin D.

### INTRODUCTION

Depression is the most prevalent and severe mental disorder worldwide among the elderly, seriously affecting their quality of life. As a global public health problem, it dramatically burdens international health care. (Khanal et al., 2024; Liu et al., 2024) The global prevalence rate of depression among the elderly ranges from 3% to 30%. Depression among

the elderly may lead them to suicide. (Giri et al., 2016; Idaiani & Indrawati, 2021; Obuobi-Donkor et al., 2021) About 20% of the population will suffer from depression at some point in their lives. (Malhi & Mann, 2018; Sepehrmanesh et al., 2016) Symptoms of depression include persistent sadness, emptiness, and hopelessness. Patients may lose

interest in previously engaging activities (anhedonia), changes in appetite, and sleep disturbances. Other manifestations include psychomotor retardation or agitation, chronic fatigue or loss of energy, pervasive feeling of being trapped, inability to concentrate, suicidal ideation, or self-harm behaviour. The high prevalence of depression in older adults is a serious concern because untreated depression can dramatically reduce the quality of life and contribute to increased morbidity and mortality. (Maier et al., 2021; Susy Olivia et al., 2024)

Depression in the elderly is a multifactorial condition with an etiology involving a complex interplay between genetic, environmental, and psychological factors. Among the various factors, physical health markers such as muscle strength and calf circumference are associated with depression in the elderly. (Ganipineni et al., 2023; Smith et al., 2018; Tan et al., 2022) Age-related loss of muscle mass and strength (sarcopenia) occurs naturally and can eventually lead to frailty, increased risk of falls and injuries, and loss of independence. The psychological impact of the loss of physical capabilities can lead to a sense of powerlessness and social isolation, both of which are known to be risk factors for depression. (Champaiboon et al., 2023; Ganipineni et al., 2023; Larsson et al., 2019; Tan et al., 2022)

Besides their role in the body's physiological health, Vitamin D and IGF-1 are pivotal in maintaining mental health, particularly in older adults. Vitamin D is known to play a role in mood and cognition. Vitamin D deficiency is common in older adults and has been associated with an increased risk of depressive disorders. Its role in

neurotransmitter synthesis, neuroplasticity, and other central nervous system processes highlights its importance in mood stabilization. Similarly, IGF-1, a hormone involved in growth and development, is increasingly recognized for contributing to brain health and cognitive function. Abnormal IGF-1 levels may also be reflective of underlying metabolic or endocrine disorders, which in turn may contribute to mood disorders in the elderly. (Ceolin et al., 2023; Chigogora et al., 2016; Okereke & Singh, 2016)

Understanding the interplay between muscle strength, calf circumference, Vitamin D, and IGF-1 is essential, as these factors offer critical insights into the health and functional capacity of the elderly population. The purpose of this study is to explore the correlation of these physical and biochemical parameters with depression in the elderly. Through this exploration, this study hopes to provide an understanding and further contribution to the early recognition of depression and its related health problems that will lead to effective interventions by health workers and improve the quality of life.

## LITERATURE REVIEW

Depression represents a complex mood disorder characterized by pervasive sadness, anhedonia, and disturbances in sleep and appetite regulation. Its clinical manifestations extend beyond affective symptoms, considerably impacting cognitive performance, physical health, and overall quality of life. Among older adults, the burden of depression is particularly pronounced, with multiple biological and physiological determinants implicated in its pathogenesis. Notably, sarcopenia, vitamin D

insufficiency, and diminished levels of anabolic mediators such as insulin-like growth factor-1 (IGF-1) have emerged as critical risk factors, underscoring the interplay between musculoskeletal decline, endocrine dysregulation, and late-life mood disorders. (Bağ et al., 2022; Güney et al., 2008; Idaiani & Indrawati, 2021)

Sarcopenia, defined as the age-associated loss of skeletal muscle mass and strength, constitutes one of the most prominent contributors to depression in later life. Reduced muscle function frequently limits physical activity, which in turn fosters social withdrawal and isolation, both well-established drivers of depressive symptomatology. Beyond functional decline, the systemic inflammation that often accompanies sarcopenia exerts profound neurobiological effects, particularly on neurotransmitter systems such as serotonin and dopamine that regulate mood. Elevated circulating levels of pro-inflammatory cytokines, including interleukin-6 (IL-6) and tumor necrosis factor-alpha (TNF- $\alpha$ ), have been consistently associated with disturbances in affective regulation, thereby linking sarcopenia-induced inflammation with an increased vulnerability to depression. (Kim et al., 2010; Tsaras et al., 2021; Yu et al., 2022)

Vitamin D also plays a pivotal role in both mental health and musculoskeletal integrity, and its deficiency, which is highly prevalent among older populations, has been consistently associated with an elevated risk of depression. The underlying mechanisms are multifactorial and involve widespread vitamin D receptors (VDRs) distributed in skeletal muscle and critical brain regions,

particularly the hippocampus, which is central to mood regulation. Insufficient vitamin D availability may impair neurotransmitter pathways, most notably serotonin synthesis and signaling, thereby predisposing individuals to affective disturbances. Furthermore, vitamin D exerts potent anti-inflammatory effects; inadequate levels are linked to heightened systemic inflammation through increased expression of pro-inflammatory cytokines such as interleukin-6 (IL-6), which have been implicated in the pathophysiology of depression. Significantly, vitamin D deficiency may exacerbate sarcopenia, creating a synergistic cycle of muscle weakness, inflammation, and neurochemical dysregulation that further amplifies susceptibility to late-life depression. (Cordeiro et al., 2020; Yap et al., 2017; Zhang & Tian, 2022)

Insulin-like growth factor-1 (IGF-1) is another critical determinant of both musculoskeletal and neurocognitive health. As a peptide hormone involved in muscle growth, regeneration, and neuronal function, IGF-1 is fundamental in maintaining resilience against age-related decline. Reduced circulating IGF-1 levels, a common feature of aging, have been consistently associated with heightened vulnerability to depression. Mechanistically, IGF-1 supports neuroplasticity—the brain's capacity to adapt, remodel, and repair neuronal circuits—which is essential for emotional regulation and stress resilience. Insufficient IGF-1 impairs the integrity of limbic neural pathways, disrupting mood regulation, while also diminishing its neuroprotective and anti-inflammatory functions within the central nervous system. This dual impact—loss of synaptic adaptability and increased neuroinflammation—

represents a convergent mechanism linking IGF-1 deficiency to late-life depression. Notably, the co-occurrence of low IGF-1 levels and sarcopenia may exert synergistic effects, further amplifying depressive risk in older adults. (Jin et al., 2022; Monk et al., 2013; Yu et al., 2022).

## RESEARCH METHODS

This study was conducted in 2024 with a cross-sectional design that involved 82 older people at Kelurahan Krendang, recruited using purposive sampling. Those eligible for inclusion were people aged 60 or older with the cognitive capability to understand the study requirements and to give consent to participate, including blood taking. Respondents were excluded if they had severe cognitive impairment (e.g., dementia), which made them unable to understand or participate in the study. People taking medication known to have the potential to impact muscle strength or mood (e.g., high-dose corticosteroids, antidepressants, or mood stabilizers) were excluded, as well as those taking high-dose Vitamin D supplements.

This study includes measurement of muscle strength, calf circumference, vitamin D, and IGF-1. Muscle strength was measured with Omron Handgrip Strength in kilograms (kg). Calf circumference was measured with tape and recorded in centimetres (cm).

Vitamin D and IGF-1 levels were measured with the ELISA method, presented in nanograms per millilitre (ng/mL). The depression variable was measured with the Geriatric Depression Scale (GDS). The GDS is a tool used to find depressive symptoms in the elderly and questions about mood, activity, and daily activities employing 15 'Yes' or 'No' questions. GDS score is divided into 4 categories: normal (0-4), mild (5-8), moderate (9-11), and severe (12-15) depression. All devices were calibrated before use to ensure accuracy. Standard protocol was also used to provide the reliability and validity of the measurements and results obtained.

In this study, data analysis using SPSS v.26 was carried out to process univariate and bivariate data quantitatively. The normality of the data was tested using the Kolmogorov-Smirnov test. Spearman's Rho test was used to determine the relationship between muscle strength, calf circumference, vitamin D, IGF-1, and depression in the elderly. The Spearman's Rho test is a test to determine the non-parametric correlation test with a significant value of  $p < 0.05$ . The size of the correlation is negligible (0.00-0.10), weak (0.10-0.39), moderate (0.40-0.69), strong (0.70-0.89), and very strong (0.90-1.00). The characteristics of the respondents were presented in the form of means and standard deviations.

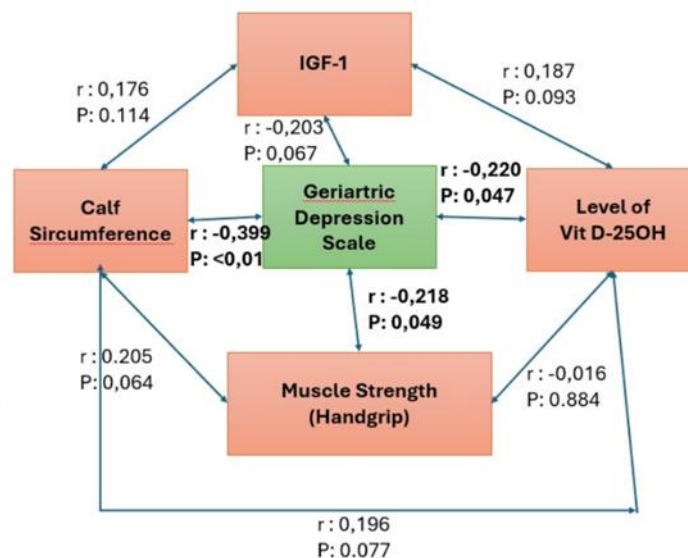
## RESEARCH RESULTS

Table 1. Respondent Characteristics

Parameter	Results
Gender	
• Male	18 (22%)
• Female	64 (78%)
Age (SD) (years)	74.34 (9.26)
Handgrip strength (SD) (kg)	10.57 (6.5)
Vitamin D (25(OH)D) (SD) (ng/mL)	9.75 (4.7)
Insulin-like Growth Factor (IGF) (SD) (ng/mL)	14.43 (14.25)
Calf Circumference (SD) (cm)	18.58 (4.61)
Geriatric Depression Scale (SD)	4.46 (4.35)
• Normal	49 (59.8%)
• Mild	16 (19.5%)
• Moderate	8 (9.8%)
• Severe	9 (11%)

The study included 82 respondents, and their characteristics are shown in Table 1. Most respondents were female (78%), with an average age of 74.34 years. Handgrip strength averaged 10.57 kg, and Vitamin D 25(OH) and Insulin-like Growth Factor (IGF) levels were 9.75 and 14.43,

respectively. The average calf circumference was 18.58 cm. According to the Geriatric Depression Scale, the majority (59.8%) of respondents were normal, while 19.5% had mild depression, 9.8% had moderate depression, and 11% had severe depression.



\*Note: Handgrip uses the dominant hand (right)

Figure 1. Correlation between Muscle Strength, Calf Circumference, Vitamin D, and IGF-1 on Depression in the Elderly Population

Normality testing of data distribution was conducted using the Kolmogorov-Smirnov test, which is suitable for samples over 50. The results showed that all variable's results were distributed abnormally. Further, the results showed significant correlations between many factors and GDS, with particular emphasis on the impact of muscle-related factors on depression in the elderly. Calf circumference was shown to correlate negatively with depression ( $r = -0.399$ ,  $p < 0.01$ ), with the amount of muscle on the legs contributing to the score on the depression scale. The muscle strength expressed by hand grip also correlated negatively with depression ( $r = -0.218$ ,  $p = 0.049$ ),

## DISCUSSION

Sarcopenia, defined as low muscle mass and strength, is common in the elderly. Low muscle strength is associated with more depressive symptoms, possibly due to systemic inflammation, as low muscle strength is also associated with higher levels of pro-inflammatory cytokines. These cytokines tend to increase with less handgrip strength. The pro-inflammatory cytokines inhibit the synthesis of serotonin, glutamate, and dopamine neurotransmitters, which are responsible for mood regulation, especially joy. (Danese & J Lewis, 2017; Marques et al., 2020; Remes et al., 2021) At the same time, skeletal muscles are supposed to secrete myokines that affect the brain to improve mood and cognition and protect cells from neuronal damage, suggesting a muscle-brain interaction. People with sarcopenia are 49% more likely to develop new depressive symptoms compared to those without sarcopenia. (Gao et al., 2021)

indicating that muscle strength served to prevent depression. While IGF-1 affects muscle growth, its effect on muscle structure, as indicated by calf circumference, was not confirmed. Still, a weak negative correlation with depression was seen ( $r = -0.203$ ,  $p = 0.067$ ), providing evidence for an indirect contribution. The level of vitamin 25(OH)D3 also correlated negatively with depression ( $r = -0.220$ ,  $p = 0.047$ ), indicating an indirect contribution to depression severity. These results indicated the importance of these physical and biochemical factors in depression in the elderly.

On the other hand, Vitamin D is implicated in the pathophysiology of depression. (Santoso et al., 2024) As an anti-inflammatory agent, vitamin D mitigates the expression of inflammatory cytokines, and its deficiency may result in an elevation of cytokines that can be incriminated in depression. (Bakhtiari-Dovvombaygi et al., 2021; Holick et al., 2023) In addition, Vitamin D can also affect serotonin production by regulating the expression of tryptophan hydroxylase and the expression of antioxidant genes, including nuclear factor-erythroid-2-related factor 2 (NRF2),  $\gamma$ -glutamyl transpeptidase ( $\gamma$ -GT), glutathione reductase (GR), glutathione peroxidase (GPx), which can protect neurons from oxidative damage. Consequently, a deficiency in Vitamin D (25-OH-D3) can elevate the risk of depression. (Grozić et al., 2022; Kim et al., 2020; Sabir et al., 2020)

IGF-1 may play a role in the symptoms of depression by modulating inflammatory processes.

It inhibits inflammatory markers, including IFN- $\gamma$ , IL-1 $\beta$ , TNF- $\alpha$ , iNOS, and GFAP, and pro-inflammatory agents, such as IL-4, IL-10, and BDNF. IGF-1 can also affect various cerebral processes, including synaptic plasticity, adult neurogenesis, neuronal differentiation, etc. The disruption of the IGF-1 gene can lead to neuronal loss in the hippocampus, striatum, and dentate gyrus in rats. It can cause an age-dependent decrease in the differentiation of newborn cells into neurons. (Levada & Troyan, 2017; Qiao et al., 2024)

These findings collectively underscore the complex interplay between muscle health, Vitamin D, and IGF-1 levels in influencing depression among the elderly population. However, several limitations should be considered when interpreting the results. The cross-sectional nature of this study does not allow for a causal relationship to be established and only shows an association at a single point in time. Furthermore, the older adults assessed were Krendang, Jakarta residents, and may not be generalized to other older adult populations or settings. Finally, potential confounding variables such as nutritional status.

## CONCLUSION

Measuring muscle strength, calf circumference, Vitamin D, and IGF-1 levels is a good approach to understanding depression in the elderly because it emphasizes the relationship between physical health markers and mental health. Interventions to improve muscle strength and optimize Vitamin D and IGF-1 levels may play a key role in ameliorating depressive symptoms in older adults. Future studies are recommended to use intervention studies to evaluate the effects of

physical exercises, nutritional supplements, or treatments to modify these factors and their impact on depression.

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