



HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Effects of Mental Health on PROMIS Scores After Primary THA

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INTRODUCTION

- Worldwide trends continue to demonstrate an increase in the number of total hip arthroplasties (THA) performed each year.¹
- THA has proven to be one of the most successful orthopaedic surgical procedures.
- Despite its effectiveness, many patients continue to experience pain and discomfort following surgery.^{2,3}
- Recent work has identified that preoperative mental health may negatively influence postsurgical outcomes.^{4,5}
- To better understand and manage patient-perceived outcomes in terms of surgical success, orthopaedic surgeons have increasingly utilized patient-reported outcome measures (PROMs).⁴

Study Aims

- **To investigate whether preoperative PROMIS mental health scores influence preoperative and postoperative physical function following primary THA.**
- **To better understand the relationship between mental health and the change in physical function following surgery.**

METHODS

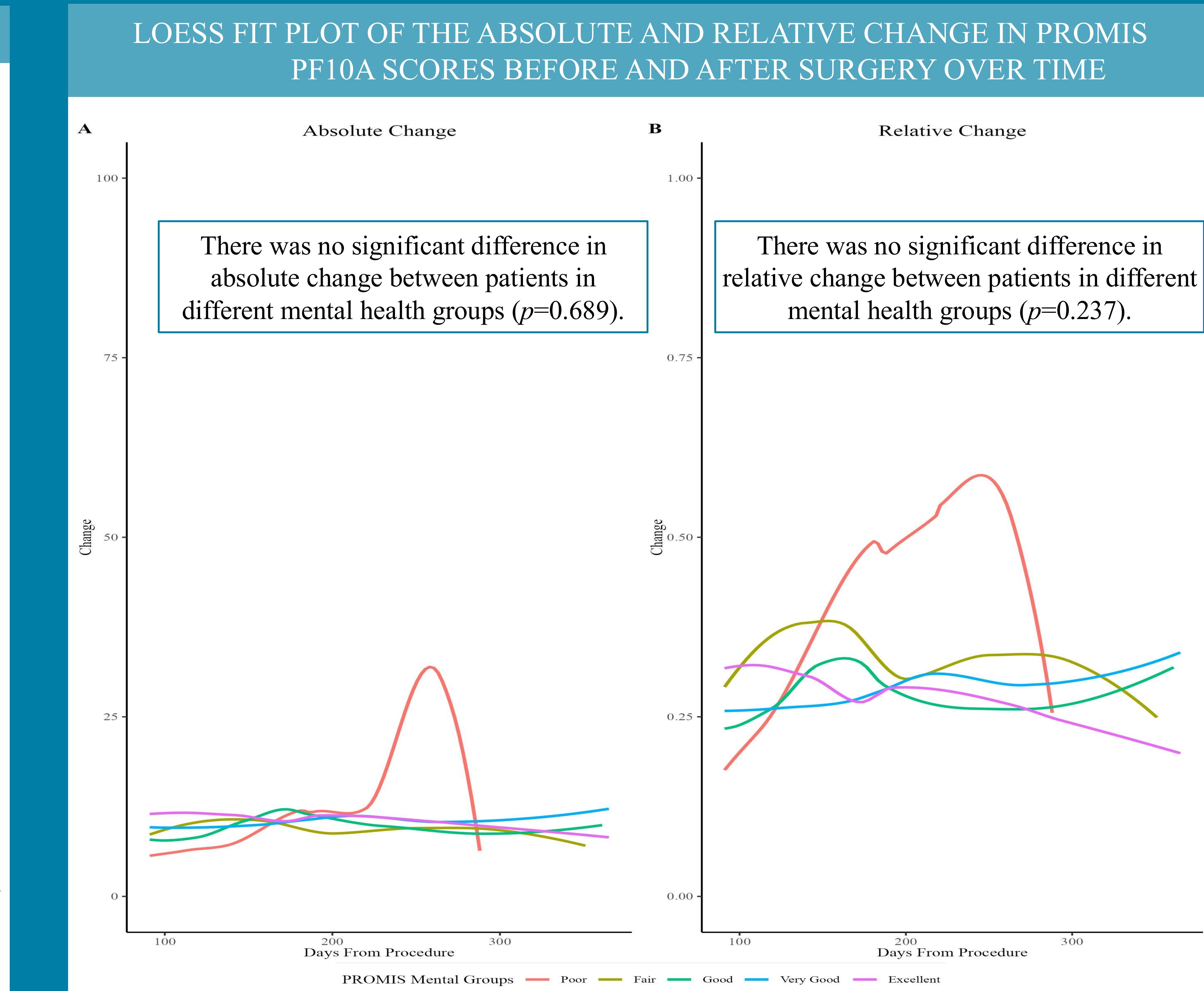
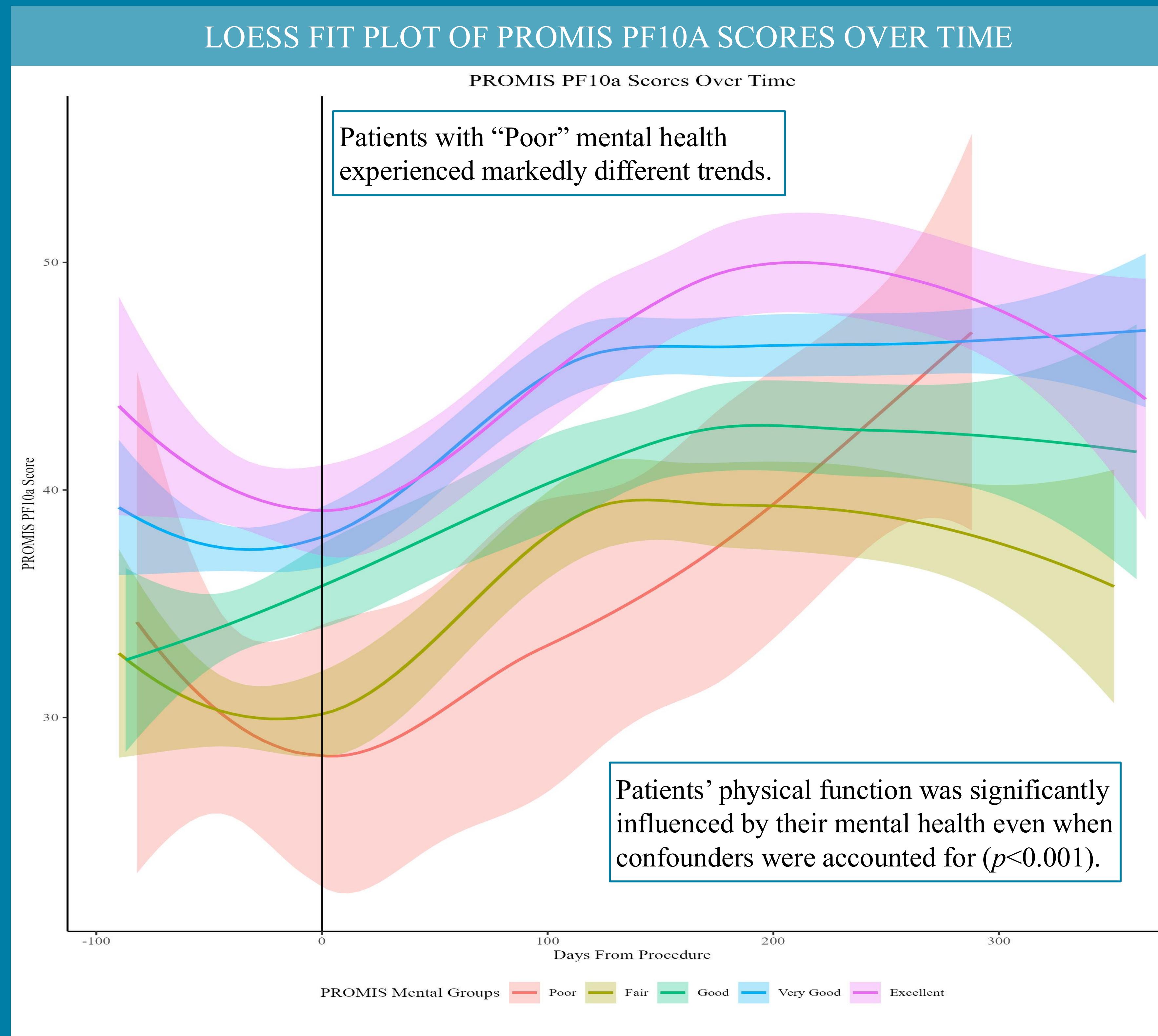
- An arthroplasty registry was queried for patients having undergone **primary THA** between June 2016 and December 2018 at one academic medical center.
- Patients were included in this study if they completed a preoperative PROMIS questionnaire within 3 months of their index surgery and 1 year postoperatively.
- Data from the following **PROM surveys** were collected:
 - PROMIS Scale v1.2 – Global Health (PROMIS Physical and PROMIS Mental)
 - PROMIS Short Form v2.0 – Physical Function 10a questionnaire (PROMIS PF10a)
 - Hip Disability and Osteoarthritis Outcome Score Physical Function Shortform (HOOS-PS)
- **Patients were divided into five categories** based on their baseline PROMIS Mental score: “Poor” (≤ 29), “Fair” (29-40), “Good” (40-48), “Very Good” (48-56), and “Excellent” (> 56).⁷
- Categorical and continuous variables were compared using the Pearson Chi-Squared test and the Wilcoxon signed-rank sum test, respectively.
- Patients grouped by preoperative PROMIS Mental scores were examined using locally estimated scatterplot smoothing (LOESS) curves.
- ANOVA and ANCOVA were used to measure significance. The Kruskal-Wallis test was used when assumptions were not met.



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RESULTS

- A total of 445 primary THA patients consisting of 303 (68%) with a mental health diagnosis (MHD) and 142 (32%) without an MHD were studied.
- The mean age was 64.46 years (standard deviation 10.70), and patients were mainly of white or Caucasian descent (94%).
- Patients with **higher preoperative mental health scores** had **higher preoperative and postoperative physical function scores**.
- There was **no significant difference in absolute change** ($p=0.689$) **or relative change** ($p=0.237$) between patients in different mental health groups.
- Patients with the **poorest mental health exhibited higher physical function score variability** following surgery, but due to the small sample size of this group (n=15), the interpretation of the data may be unreliable.

CONCLUSION

- **Poor mental health should not be a contraindication** for performing primary THA.
- Instead, surgeons should pay close attention to patients with the lowest preoperative mental health scores when considering their postoperative recovery.
- These patients may require more **collaborative care to improve their mental health preoperatively and ensure better patient-reported outcomes** following surgery.

MEAN SURVEY SCORES

	Mental Health Diagnosis (n = 142)		No Mental Health Diagnosis (n = 303)		P Value*	
	Pre- Procedure	Post- Procedure	Pre- Procedure	Post- Procedure	Pre- Procedure	Post- Procedure
Days From Operation Survey Completed (mean \pm std):	31.76 \pm 22.80	193.23 \pm 78.44	31.60 \pm 21.17	193.58 \pm 78.47	0.730	0.830
PROMIS PF10a (mean \pm std):	35.41 \pm 6.45	42.72 \pm 9.00	36.32 \pm 5.54	45.07 \pm 8.22	0.147	0.003
PROMIS PF10a Change (mean \pm std):	7.31 \pm 8.60		8.75 \pm 8.01		0.067	
PROMIS Mental (mean \pm std):	47.00 \pm 10.84	49.66 \pm 10.70	50.42 \pm 9.21	54.40 \pm 8.99	0.002	<0.001
PROMIS Mental Change (mean \pm std):	2.66 \pm 7.87		3.98 \pm 7.78		0.113	

*P values were calculated using the Wilcoxon signed-rank test. The null hypothesis was that the medians of the two groups were the same, whereas the alternate hypothesis was that the medians of the two groups were different.



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DISCLOSURE

- A.P., M.S.S., M.G.R., T.O. have no conflicts to disclose.
- A.F.C., C.M.M., H.S.B., M.H. disclose various conflicts that can be found online.
- No disclosures are relevant to this study.

REFERENCES

1. Singh JA, Yu S, Chen L, Cleveland JD. Rates of Total Joint Replacement in the United States: Future Projections to 2020–2040 Using the National Inpatient Sample. *The Journal of Rheumatology*. 2019;46(9):1134-1140. doi:[10.3899/jrheum.170990](https://doi.org/10.3899/jrheum.170990)
2. Lewis GN, Rice DA, McNair PJ, Kluger M. Predictors of persistent pain after total knee arthroplasty: a systematic review and meta-analysis. *Br J Anaesth*. 2015;114(4):551-561. doi:[10.1093/bja/aeu441](https://doi.org/10.1093/bja/aeu441)
3. Wylde V, Hewlett S, Learmonth ID, Dieppe P. Persistent pain after joint replacement: Prevalence, sensory qualities, and postoperative determinants. *PAIN®*. 2011;152(3):566-572. doi:[10.1016/j.pain.2010.11.023](https://doi.org/10.1016/j.pain.2010.11.023)
4. Singleton N, Poutawera V. Does preoperative mental health affect length of hospital stay and functional outcomes following arthroplasty surgery? A registry-based cohort study. *J Orthop Surg (Hong Kong)*. 2017;25(2):2309499017718902. doi:[10.1177/2309499017718902](https://doi.org/10.1177/2309499017718902)
5. Rasouli MR, Menendez ME, Sayadipour A, Purtill JJ, Parvizi J. Direct Cost and Complications Associated With Total Joint Arthroplasty in Patients With Preoperative Anxiety and Depression. *The Journal of Arthroplasty*. 2016;31(2):533-536. doi:[10.1016/j.arth.2015.09.015](https://doi.org/10.1016/j.arth.2015.09.015)
6. Horn ME, Reinke EK, Couce LJ, Reeve BB, Ledbetter L, George SZ. Reporting and utilization of Patient-Reported Outcomes Measurement Information System® (PROMIS®) measures in orthopedic research and practice: a systematic review. *J Orthop Surg Res*. 2020;15(1):553. doi:[10.1186/s13018-020-02068-9](https://doi.org/10.1186/s13018-020-02068-9)
7. Hays RD, Spritzer KL, Thompson WW, Cella D. U.S. General Population Estimate for “Excellent” to “Poor” Self-Rated Health Item. *J Gen Intern Med*. 2015;30(10):1511-1516. doi:[10.1007/s11606-015-3290-x](https://doi.org/10.1007/s11606-015-3290-x)