The Impact of Depression on Patient Outcomes in Hip Arthroscopic Surgery.


Author information

1. Rangos School of Health Sciences, Duquesne University, Pittsburgh, Pennsylvania, USA.
2. Center for Sports Medicine, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania, USA.
4. Department of Orthopaedic Surgery, Drexel University College of Medicine, Philadelphia, Pennsylvania, USA.
5. Washington Orthopaedics & Sports Medicine, Washington, DC, USA.
6. Department of Orthopedic Surgery, Rush University Medical Center, Chicago, Illinois, USA.
7. Thomas Jefferson University, Philadelphia, Pennsylvania, USA.
8. Orthopedic One, Columbus, Ohio, USA.
9. Ohio Orthopedic Surgery Institute, Columbus, Ohio, USA.
10. Dublin Methodist Hospital, Dublin, Ohio, USA.
11. OrthoIllinois, Rockford, Illinois, USA.
12. Chicago Blackhawks, Chicago, Illinois, USA.
13. DISC Sports & Spine Center, Marina del Rey, California, USA.
14. Peachtree Orthopedics, Atlanta, Georgia, USA.

Abstract

Background:
Mental health impairments have been shown to negatively affect preoperative self-reported function in patients with various musculoskeletal disorders, including those with femoroacetabular impingement.

**Hypothesis:**

Those with symptoms of depression will have lower self-reported function, more pain, and less satisfaction on initial assessment and at 2-year follow-up than those without symptoms of depression.

**Study Design:**

Cohort study; Level of evidence, 3.

**Methods:**

Patients who were enrolled in a multicenter hip arthroscopic surgery registry and had 2-year outcome data available were included in the study. Patients completed the 12-item International Hip Outcome Tool (iHOT-12), visual analog scale (VAS) for pain, and 12-item Short-Form Health Survey (SF-12) when consenting for surgery. At 2-year follow-up, patients were emailed the iHOT, the VAS, and a rating scale of surgical satisfaction. Initial SF-12 mental component summary (MCS) scores <46.5 and ≤36 were used to qualify symptoms of depression and severe depression, respectively, as previously described and validated. Repeated-measures analysis of variance was performed to compare preoperative and 2-year postoperative iHOT-12, VAS, and satisfaction scores between those with and without symptoms of depression.

**Results:**

A total of 781 patients achieved the approximate 2-year milestone (mean follow-up, 735 ± 68 days), with 651 (83%) having 2-year outcome data available. There were 434 (67%) female and 217 (33%) male patients, with a mean age of 35.8 ± 13.0 years and a mean body mass index of 25.4 ± 8.8 kg/m². The most common procedures were femoroplasty (83%), followed by synovectomy (80%), labral repair (76%), acetabuloplasty (58%), acetabular chondroplasty (56%), femoral chondroplasty (23%), and labral reconstruction (19%). The mean initial SF-12 MCS score was 51.5 ± 10.3, with cutoff scores indicating symptoms of depression and severe depression in 181 (28%) and 71 (11%) patients, respectively. Patients with symptoms of depression scored significantly (P < .05) lower on the initial iHOT-12 and VAS and 2-year follow-up iHOT-12, VAS, and rating scale of surgical satisfaction.

**Conclusion:**

A large number of patients who underwent hip arthroscopic surgery presented with symptoms of depression, which negatively affected self-reported function, pain levels, and satisfaction on initial assessment and at 2-year follow-up. Surgeons who perform hip arthroscopic surgery may need to identify the symptoms of depression and be aware of the impact that depression can have on surgical outcomes.

**KEYWORDS:**
hip arthroscopic surgery; mental health; outcome; patient satisfaction

PMID: 30480015
PMCID: PMC6240974
DOI: 10.1177/2325967118806490