The Impact of Health Literacy on Outcomes After Shoulder Arthroplasty

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INTRODUCTION: Patients with limited health literacy (LHL) have difficulty comprehending musculoskeletal pathology and may be predisposed to worse postoperative outcomes. The purpose of our study was to determine the impact of LHL on the 2-year outcomes after shoulder arthroplasty.

METHODS: We retrospectively identified 175 consecutive patients who underwent elective reverse or anatomic shoulder arthroplasty between January 2018 and May 2020, with 2-years minimum follow-up, from a prospectively maintained single surgeon registry. The health literacy of each patient was assessed preoperatively using the validated 4-item Brief Health Literacy Screening Tool (BHLST). Patients with a BHLST score of 17 or less were categorized as having LHL. Univariate analysis was performed to determine associations with LHL and clinical outcomes including active range-of-motion (ROM), American Shoulder Elbow Surgeons (ASES) score, Single Assessment Numerical Evaluation (SANE) score, Visual analog scale (VAS) for pain, and satisfaction. Multivariable linear regression modeling was used to determine the association between LHL and 2-year ASES scores while controlling for potentially confounding variables. RESULTS: Overall, 37 (21.1%) patients were classified as having LHL. Prior to surgery, these patients had significantly bigher rates of an origin use (R = 002) but did not significantly differ in terms of

higher rates of opioid use (P = .002) and more self-reported allergies (P = .007) but did not significantly differ in terms of other baseline characteristics including diagnosis (P = 0.88) and procedure type (P = 0.16). At 2-year follow-up, patients with LHL had worse final ASES scores (78.3±20.3 vs. 88.2±13.3, P = 0.003) and VAS-pain scores (1.7±2.3 vs. 0.74±1.3, P = 0.002), but demonstrated similar levels of improvement from baseline for these outcomes (Δ ASES: 48.4±21.9 vs. 47.8±21.3, P = 0.893; Δ VAS-pain: 4.9±2.8 vs. 4.7±2.7, P = 0.694). There were no significant differences in improvement from baseline or final SANE score (P=0.332, P=0.723), forward elevation (P=0.253, P=0.17), external rotation (P=0.16, P=0.73), or internal rotation (P=0.16). Additionally, there was no difference in levels of final satisfaction (P=0.1). LHL was independently predictive of worse final ASES score on multivariable linear regression (β , 95% CI: 8.2, [2.6-13.7], P = 0.004).

DISCUSSION AND CONCLUSION: Limited health literacy is associated with significantly worse 2-year ASES and VASpain scores, but similar levels of improvements from baseline for these outcomes. Postoperative ROM, satisfaction, and SANE scores were not associated with LHL.

SANE		scores	S	were	not		a	ssoc
able 1. Univariate Analysis of Patient	Characteristics Asso Limited health	ciated with Health Literacy	1	Table 2. 1 Arthropia	Influence of Health Literacy on 2-year Clin asty	cal Outcomes After	Shoulder	
Parameter	literacy (n = 37)	High health literacy [†] (n = 138)	P - value	Outco	me Health LHL (p=37	Literacy Level HHL (n=138)	- P Value*	
Age at surgery (years)	70.49 (8.85)	68.04 (7.61)	0.095	VAS	pain Score**]
Female eer	10 (51 25)	69 (40 39)	0.822	Post	-op 0.34 (2.33) t-op 1.67 (2.31)	0.74 (1.32)	0.002+	
remaie sex	19(01.50)	08 (49.28)	0.823	Δ	4.91 (2.82)	4.71 (2.69)	0.694	
Non-white race	2 (5.41)	3 (2.17)	0.6	SANE	E Score**			
				Pre-	-op 29.76 (27.5-) 30.48 (25.35)	0.881	
Limited social support [‡]	16 (42.1)	48 (34.78)	0.96	Post	t-op 84.29 (17.7)) 87.09 (14.92)) 55.61 (20.39)	0.352	
p).rr	31 59 (6 54)	20.02 (6.04)	0.143	ASES	Score) 55.01 (29.56)	0.723	
BNU	51.55 (0.54)	23.32 (0.04)	0.145	Pre-	op 30.29 (17.6)	40.23 (17.7)	0.003+	
Smoker	1 (2.7)	4 (2.9)	0.99	Post	t-op 78.32 (20.2:	\$8.16 (13.33)	0.001*	
				Δ	48.36 (21.8)	47.82 (21.25)	0.893	
# Allergies	2.8 (3.2)	1.8 (2.1)	0.007*	Achi	tieved MCID 34 (91.89)	130 (94.2)	0.67	
				Achi	ueved PASS 30 (\$1.08)	114 (82.61)	0.99	
ASA > 2	10 (27.78)	35 (27.56)	0.979	Satisf	faction 0	1 (0.73)		
Dishatas	0 (24 22)	18 (13.04)	0.2	Unit New York	animen 3 (857)	3 (2.17)	0.1	
Disortes) (24.32)	10 (15.04)	0.5	Sati	afied 9 (25.71)	21 (15.22)	0.4	
Hypertension	20 (54.05)	78 (56.52)	0.788	Very	y Satisfied 23 (65.71)	113 (81.9)		
				Forward	ard Elevation (Degrees)			
Hyperlipidemia	21 (56.76)	61 (44.2)	0.174	Pre-	-op 78.11 (30.2)	93.99 (31.41)	0.007*	
Democration	12 (22 42)	20 (21 74)	0.176	Post	t-op 139.38 (19.9	9) 143.27 (16.09)	0.253	
Depression	12 (32.45)	50 (21.74)	0.170	Δ	59.38 (34.8)) 50.64 (30.84)	0.17	
Preoperative opioid use	15 (40.54)	17 (12.3)	0.002*	Extern	an 21.89 (16.3	29.64 (16.98)	0.014*	
				Post	ton 52.03 (17.9)	57.16 (18.26)	0.16	
Prior ipsilateral shoulder surgery	12 (32.43)	34 (24.63)	0.351	Δ	29.53 (24.6) 28.0 (20.99)	0.73	
	10 (63 60)	(0.(20.27)	0.460	Intern	nal Rotation			
Medicare insurance	19 (37.38)	08 (30.37)	0.438	Pre-o	op			
Private insurance	13 (39.39)	62 (45.93)	0.499	Hig	p-L4 36 (97.) 120 (87.0)		
	()	-= (**!**)		L3-	1.712 1 (2.7)	3 (2 17)	0.194	
Workers' Compensation	1 (3.03)	5 (3.7)	0.99	11. Post	11-10 V	2 (2.17)		
				Hit	n-L4 20 (62.) 49 (42.24)		
Diagnosis	22 (22 07)	00 (74 7)		L3	-T12 11 (34.3	8) 61 (52.59)	0.126	
Osteoarthritis	27 (72.97)	99 (/1./)	0.882	TI	1-T8 1 (3.13	6 (5.17)		
rotator curr arthropathy	10(27.03)	39 (28.20)	0.882	Δ				
RSA	31 (83.78)	100 (72.46)	0.159	Lo	oss or no change 9 (28.13)	33 (28.45)		
		()		Ga	ain in 1-3 levels 12 (37.5)	25 (21.55)	0.16	
dI, body mass index: ASA, American	n Society for Anesthe	siologists score: RSA, rev	erse total	Ga	am m 4-0 ievels 8 (25)	7 (6 03)		
oulder arthroplasty				G2	um in /+ ieven 3 (9.38)	A R. Wood Analan S	and CANE.	
Statistically significant at P < 0.05		T1 . 17		Single As	assessment Numeric Evaluation	no, visual Atlatog o	name, where;	
Defined as a score on the Brief Health	h Literacy Screening	1001≤1/		* Denotes	s Statistical Significance			
enned as smigle, divorced, or widov	veu maritar status							1