

Patients with Symptoms of Depression Demonstrate Low Achievement of the Patient Acceptable Symptom State after Hip Arthroscopy

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INTRODUCTION:

Hip arthroscopy has become a common and successful surgical intervention for patients with femoroacetabular impingement syndrome (FAIS). However, the impact of anxiety and depression on outcomes following hip arthroscopy remains unclear. The aim of this study was to examine the associations of anxiety and depression on patient-reported outcomes and clinical threshold achievement rates among patients who underwent hip arthroscopy for FAIS.

METHODS:

A retrospective review was conducted of a prospectively-collected database of patients who underwent hip arthroscopy for FAIS with minimum 1-year follow up. The modified Harris Hip Score (mHHS), Nonarthritic Hip Score (NAHS), and Hospital Anxiety and Depression Scale (HADS) were recorded preoperatively, and follow up was obtained at 6-months and 1-year postoperatively. The HADS is a validated mental health metric that supplies two scores for symptoms of depression and anxiety. Based on the preoperative HADS, patients with borderline or abnormal depressive symptoms (Bd-D, Case-D) and anxiety (Bd-A, Case-A) were identified. Achievement of the minimal clinically important difference (MCID), substantial clinical benefit (SCB), and patient acceptable symptom state (PASS) were compared based on group allocation. Multivariable regression analysis was used to evaluate associations between anxiety/depression and postoperative outcomes.

RESULTS:

Seventy-nine patients (age: 36.5±11.4 years; 68.5% female) were included. Overall, 6.3% (n=5) were classified as Bd-D, 10.1% (n=8) as Case-D, 21.5% (n=17) as Bd-A, and 17.7% (n=14) as Case-A. There were no significant differences in age (p=0.218), sex (p=0.339), or BMI (p=0.770) between patients with and without psychiatric symptoms. There were no significant baseline differences in mHHS with respect to anxiety (Case-A < Bd-A < normal; p=0.083), but Bd-D and Case-D patients had significantly poorer preoperative scores (Case-D < Bd-D < normal; p<0.001). There were no significant differences between 6-month and 1-year improvement of mHHS and NAHS between those with and without symptoms of anxiety or depression. There were no Case-D or Bd-D patients who achieved the PASS at 1-year, compared to 71.4% of those without depressive symptoms (p=0.019). Upon multivariable regression analysis, there were no significant associations found with respect to anxiety or depression category on MCID, SCB, and PASS, nor 6-month or 1-year improvement in mHHS/NAHS.

DISCUSSION AND CONCLUSION:

Anxiety was not observed to limit patients' abilities to experience improvements at short-term follow up, but there were no patients with symptoms of depression who achieved the PASS at 1-year follow up. These associations indicate that increased psychosocial support may be necessary for select patients in order to maximize the benefit of surgical intervention.