Preoperative NarxCare Overdose Risk Scores Greater Than 100 Are Associated with Worse 1-Year PROMs and Dissatisfaction After Primary TKA

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INTRODUCTION:

The NarxCare Overdose Risk Score (ORS) is a weighted scalar measure of patient-specific prescription drug use. It is calculated using a complex algorithm based on dose, duration, and dispensation of narcotics, sedatives, and stimulants. The score can range from 0-999 with higher scores suggesting worse prescription drug use patterns. While a preoperative NarxCare ORS of ≥ 300 has been linked with increased healthcare utilization following total knee arthroplasty (TKA), there are no studies on the impact of ORS on patient reported outcome measures (PROMs). Therefore, this study aimed to evaluate the association of preoperative NarxCare ORS with (1) achievement of clinically meaningful improvements in PROMs, and (2) self-reported patient satisfaction at 1-year.

METHODS:

All patients who underwent primary TKA at a USA tertiary healthcare system from November 2018-December 2022 were eligible. Patients with incomplete PROMs or missing Narx score at any time point were excluded. This led to 4,687 patients being enrolled in this study. Data were collected using the Orthopaedic Minimal Data Set Episode of Care, a validated data-collection system for all elective orthopedic surgical interventions taking place within the health care system. Continuous variables were summarized using medians and interquartile ranges, while categorical variables were summarized using counts and percentages. Multivariable linear regression models were used to assess the relationship between baseline Risk score and 1-year PROMs. The PROMs evaluated included the Knee Disability and Osteoarthritis Outcome Score (KOOS) Pain, Physical Function Shortform (PS), Joint Replacement (JR), and Veteran RAND-12 mental component score (VR-12 MCS). Clinically relevant improvements were determined by the minimal clinically important difference (MCID) and Patient Acceptable Symptom State (PASS) thresholds. All models were controlled for pre-specified demographics and surgical confounding variables. All statistical tests were two-sided with a Type I error rate of 0.05. Cohort characteristics are detailed in **Table 1**.

RESULTS:

A preoperative ORS of 200-299 is significantly associated with failure to achieve MCID in KOOS PS (OR 1.34; CI 1.05 – 1.70; p=0.017), while the ORS has to increase to 300-399 before it becomes associated with failure to achieve MCID in KOOS JR (OR 1.60; CI 1.07, 2.4; p=0.023) (**Table 2**). Preoperative ORS of 100-199 is significantly associated with failure to reach PASS threshold in KOOS Pain (OR 1.20; 1.02 – 1.41; p=0.025), PS (OR 1.23; 1.05 – 1.44; p=0.012) and JR (OR 1.26; CI 1.07, 1.49; p=0.007), with the odds of failure continually increasing as the ORS increases (**Table 3**). Patients with a preoperative ORS of 200-299 are 27% more likely to be dissatisfied at 1-year (OR 1.27; CI 1.01,1.59; p=0.038) compared to opioid naïve patients. The likelihood of dissatisfaction increases to 177% in those with an ORS score of \geq 500 (OR 2.77; CI 1.39 – 5.51; p=0.004) (**Table 2**).

DISCUSSION AND CONCLUSION:

Increasing preoperative NarxCare ORS, a measure of prescription drug use, has a dose-dependent association with adverse clinical outcomes after TKA. An ORS of just 100 may significantly decrease the chances of clinically meaningful improvements in knee pain and function, as well as satisfaction at 1-year. This is lower than the previously stated ORS of 300 associated with increased healthcare utilization. A multidisciplinary approach is warranted to nullify the detrimental effects of sedatives, opioids, or stimulant drug use and subsequently lower patient ORS. While the ORS does not qualify as a basis for surgical ineligibility as it's a reflection of drug-use patterns rather than health status, surgeons may use the quantitative score to guide a patient centered discussion regarding possible postoperative clinical improvements.

Variable	Level	m=4663	0 (n=1970)	1-99 (n=145)	100-199 (n=1345)	200-289 (n=775)	333-389 (n=307)	400-499 (n=107)	-500 (n=38)	P-volue
100		68.0 (62.0;74	00.0 (63.0;75.0)	63.0 [63.0;74.0]	68.0 [62.0;73.0]	67.0 [62.0;73.0]	68.0 [61.0;72.0]	64.0 [58.0;70.0]	66.0 [59.2)99.5]	<0.001
iex	*	2959 (63.1%)	1197 (60.8%)	93 (64.1%)	873 (64.9%)	499 (63.1%)	209 (68.1%)	72 (67.3%)	26 (68.4%)	0.085
	n	1728 (36.9%)	773 (29.2%)	52 (35.9%)	472 (35.1%)	289 (26.9%)	98 (31.9%)	35 (32.7%)	12 (31.6%)	
SMI		(27.5;38 .9)	30.8 [27.1;86.2]	31.9 [29.2;36.3]	31.5 [27.5;35.9]	32.0 [27.9;36.6]	31.5 [28.1;36.2]	33.0 [28.0;38.7]	30.6 [28.5;36.2]	<0.001
		14.0 (12.0;16 .0)	14,0 [12.0;16.0]	14.0 [12.0;16.0]	14.0 [12.0;16.0]	14.0 [12.0;16.0]	14.0 [12.0;16.0]	14.0 [12.0;16.0]	14.0 [12.0;15.0]	<0.001
NDI		53.0 (34.0;73	50.0 (33.0.69.0)	58.0 [81.0;76.0]	54.0 [86.0;73.0]	55.0 [86.0;74.8]	60.0 [40.5;77.0]	63.0 [40.5;78.0]	43.5 [84.0(70.5]	<0.001
Race		4023 (00.0%)	1687 (07.3%)	129 (89.6%)	1152 (86.7%)	653 (85.1%)	271 (88.9%)	88 (83.0%)	33 (99.8%)	0.457
		610 (13.2%)	247 (12.7%)	15 (10.4%)	177 (13.3%)	114 (14.9%)	34 (11.1%)	18 (17.0%)	5 (13.2%)	
Smoking		(56.5%)	1196 (93.7%)	81 (55.9%)	765 (56.9%)	49.4 (52.1%)	152 (49.5%)	58 (54.2%)	13 (34.2%)	0.001
		243 (5.18%) 113	79 (4.01%)	11 (7.59%)	64 (4.76%)	51 (6.50%)	23 (7.49%)	8 (7.48%)	7 (18.4%)	
		(2.41%)	35 (1.78%)	1 (0.65%)		23 (2.97%)	11 (3.58%)	1 (0.93%)	2 (5.26%)	
			660 (33.5%)	52 (35.9%)	476 (85.4%)	297 (38.3%)	121 (39.4%)	40 (37.4%)	16 (42.1%)	
			1.00 (0.00;2.00)	1.00 [0.00;2.00]	1.00 [0.00;2.00]	1.00 [0.00;3.03]	1.00 [0.00;2.00]	1.00 [0.00;2.00]	1.00 [0.25;2.00]	<0.001
nsurance		3101 (66.2%)	1315 (96.8%)	101 (69.7%)	099 (64,4%)	511 (65.9%)	211 (58.7%)	71 (66.4%)	26 (58.4%)	0.686
	Commer classSelf- pay	1584 (33.8%)	654 (33.2%)	44 (30.3%)	478 (35.6%)	264 (24.1%)	96 (31.3%)	36 (33.6%)	12 (31.6%)	
Xagnosis		118 (2.52%)	38 (1.93%) 1950	7 (4.83%)	32 (2.38%)	23 (2.97%) 752	8 (2.61%)	6 (5.61%)	4 (10.5%)	0.004
	OA	4560 (97.5%)		(96.2%)	(97.6%)	(97.0%)	299 (97.4%)	101 (94.4%)	34 (99.5%)	
Anosthosia			334 (17.0%)		278 (20.7%)	172 (22.2%)	68 (22.1%)	32 (29.9%)	14 (36.8%)	0.002
	Spinol.	(77.4%)	(79.9%)	105 (73.1%)	(76.7%)	583 (75.2%)	234 (76.2%)	73 (68.2%)	23 (90.5%)	
	Other	(2.77%)	61 (3.10%)	6 (4.14%)	35 (2.60%)	20 (2.58%)	5 (1.63%)	2 (1.87%)	1 (2.63%)	
Phencoype		1078 (23.0%)	302 (15,3%)	55 (37.9%)	(24.7%)	(29.7%)	95 (30.9%)	43 (40.2%)	21 (55.3%)	<0.001
		(23.9%)	606 (20.8%)	15 (10.3%)	303 (22.5%)	131 (16.9%)	51 (16.6%)	9 (8.41%)	3 (7.89%)	
		(15.1%)	327 (16.6%)	23 (15.9%)	185 (13.8%)	103 (13.5%)	51 (16.0%)	11 (10.3%)	4 (10.5%)	
		165 (3.52%)	81 (4.11%)	5 (3.45%)	45 (3.35%)	20 (2.50%)	10 (3.20%)	3 (2.80%)	1 (2.63%)	
		167 (3.56%)	53 (2.00%)	8 (5.52%)	47 (3.49%)	40 (5.16%)	16 (5.21%)	3 (2.80%)	0 (0.00%)	
	PS+MUS	400 (8.53%)	188 (9.54%)	12 (8.28%)	109 (8.10%)	67 (8.65%)	18 (5.89%)	5 (4.67%)	1 (2.63%)	
		394 (8.41%)	141 (7.16%)	16 (11.0%)	129 (9.55%)	65 (8.39%)	25 (8.14%)	16 (15.0%)	2 (5.26%)	
	MCS+		272 (13.8%)	11 (7.69%)	195 (14.5%)	114 (14.7%)	41 (13,4%)	17 (16.9%)	6 (15.8%)	
Baseline Overall		110 (0.00;20	0.00 (0.00;0.00)	60.0 [30.0;80.0]	140) [110;190]	230 [210;270]	330 [310;360]	430 [410;450]	690 [520;578]	0.000

	Pass (No)		MCID KOOS Pain		MCID KOOS PS		MCID KOOS JR	
Predictors	OR (95%CI)	P value						
Baseline Risk Score (1-99 v 0)	1.28 (0.83 – 1.98)	0.271	0.81 (0.37 – 1.80)	0.611	1.20 (0.72 – 1.99)	0.480	1.67 (0.93 – 2.99)	0.088
Baseline Risk Score (100-199 v 0)	1.14 (0.94 – 1.38)	0.187	1.14 (0.86 – 1.50)	0.360	1.08 (0.88 – 1.32)	0.484	1.16 (0.89 – 1.51)	0.263
Baseline Risk Score (200-299 v 0)	1.27 (1.01 – 1.59)	0.038	1.30 (0.94 – 1.80)	0.109	1.34 (1.05 – 1.70)	0.017	1.31 (0.97 – 1.78)	0.082
Baseline Risk Score (300-399 v 0)	1.23 (0.90 – 1.70)	0.196	1.39 (0.89 – 2.15)	0.145	1.11 (0.78 – 1.59)	0.552	1.60 (1.07 – 2.40)	0.023
Baseline Risk Score (400-499 v 0)	1.89 (1.19 – 2.98)	0.007	1.53 (0.76 – 3.09)	0.237	1.41 (0.80 – 2.46)	0.234	1.75 (0.92 – 3.30)	0.086
Baseline Risk Score (>=500 v 0)	2.77 (1.39 – 5.51)	0.004	2.19 (0.81 – 5.91)	0.122	2.24 (0.96 - 5.23)	0.063	1.52 (0.51 – 4.51)	0.452

	KOOS Pain PASS		KOOS PS I	PASS	KOOS JR PASS	
Predictors	OR (95%CI)	P value	OR (95%CI)	P value	OR (95%CI)	P value
Baseline Risk Score (1- 99 v 0)	1.23 (0.85 – 1.79)	0.280	1.15 (0.79 – 1.67)	0.452	1.39 (0.95 – 2.04)	0.090
Baseline Risk Score (100-199 v 0)						0.007
Baseline Risk Score (200-299 v 0)			1.51 (1.25 – 1.82)			<0.00
Baseline Risk Score (300-399 v 0)						0.002
Baseline Risk Score (400-499 v 0)	1.59 (1.04 – 2.42)	0.031	2.05 (1.34 – 3.14)	0.001	1.99 (1.29 – 3.07)	0.002
Baseline Risk Score (>=500 v 0)	2.42 (1.22 – 4.80)	0.012	4.69 (2.13 – 10.33)	<0.001	2.65 (1.27 - 5.54)	0.010

This model was adjusted for Age, Sex, BMI, Race, Education, Smoking, ADI, CCI, Insurance, Diagnosis, Anesthesia, PROM Phenotype

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