Long-Term Clinical Outcomes of Patients with History of Psychiatric Disorders Undergoing Hip Arthroscopy for Femoroacetabular Impingement Syndrome: A 10-Year Propensity-Matched Study

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INTRODUCTION: Psychiatric comorbidities have been demonstrated in various areas of orthopedics to be correlated with poorer postoperative outcomes, although causative relationships have yet to be established. There remains a need to define the relationship between psychiatric comorbidities and postoperative outcomes following hip arthroscopy (HA) for femoroacetabular impingement syndrome (FAIS) at long-term follow-up, to determine if existing correlations persist postoperatively. The purpose of this study was to compare patient-reported outcomes (PROs), clinically significant outcomes (CSOs), and reoperation-free survivorship in patients with psychiatric disorders versus patients without psychiatric disorders undergoing HA for FAIS at a mean 10-year follow-up.

METHODS: Patients with psychiatric disorders undergoing primary HA for FAIS between 1/2012-10/2014 with 10-year follow-up were propensity-matched 1:1 to patients without psychiatric disorders controlling for age, sex, and body-mass-index (BMI). Exclusion criteria included revisions, concomitant procedures, congenital hip disorders, non-FAIS pathologies, staged periacetabular osteotomy, and missing 10-year follow-up. Multiple PROs were collected, including Hip Outcome Score-Activities of Daily Living and Sports Subscale (HOS-ADL/HOS-SS), 12-item International Hip Outcome Tool (iHOT-12), modified Harris Hip Score (mHHS), and Visual Analog Scale (VAS) for pain and satisfaction. Minimal clinically important difference (MCID), patient acceptable symptom state (PASS), and reoperation-free survivorship were compared.

RESULTS: Seventy-six hips (73 patients with psychiatric disorders) were matched to 76 hips (75 patients without psychiatric disorders). Demographics, radiographic findings, and procedures performed were similar between groups. Depression (54/76, 71%) and anxiety (32/76, 42%) were the most commonly reported disorders. Preoperative, 5-year, and 10-year PROs were comparable. Patients with psychiatric disorders demonstrated inferior 2-year HOS-SS (62.72±30.34 vs. 75.37±25.01, P=0.013) and mHHS (72.41±18.85 vs. 80.81±25.01, P=0.014) in comparison to those without psychiatric disorders. MCID and PASS achievement were comparable between groups, except for inferior PASS achievement for mHHS amongst patients with psychiatric disorders (55.6% vs. 76.3%, P=0.028). Both groups demonstrated comparable reoperation-free survivorship.

DISCUSSION AND CONCLUSION: This study provides valuable long-term data on the influence of psychiatric disorders on outcomes following HA for FAIS. Patients with a history of psychiatric disorders demonstrated inferior 2-year HOS-SS and mHHS as well as inferior long-term PASS achievement rates for mHHS. However, patients with and without a history of psychiatric disorders demonstrated comparable preoperative, 5-year, and 10-year scores for all PROs, long-term MCID achievement rates, and long-term reoperation-free survivorship. This suggests that the benefits of HA are sustained regardless of psychiatric history. In conclusion, patients with and without a history of psychiatric disorders demonstrated significant improvements across all PROs by final follow-up and comparable reoperation-free survivorship. However, patients with psychiatric history demonstrated inferior short-term HOS-SS and mHHS as well as long-term PASS achievement for mHHS.