

Effects of Depression and/or Anxiety on Hip Arthroscopy Outcomes for Femoroacetabular Impingement and Labral Tears: A Minimum 5-Year Follow-Up Study

R. Quesada-Jimenez, MD,¹ E. Walsh, B.S.,¹ J. Keane, B.S.,¹ A. Kahana-Rojkind, M.D.,¹ E. Domb¹ B. Domb, M.D.^{1,2}

1. American Hip Institute Research Foundation, Des Plaines, IL 2. American Hip Institute, Des Plaines, IL



Roger Quesada-Jimenez, M.D.

Fellow, AHI Research Foundation

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Elizabeth G. Walsh

Clinical Research Assistant,
American Hip Institute Research Foundation

Disclosures

I (and/or my co-authors) have something to disclose.

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Background



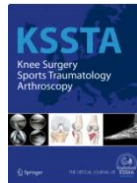
The Impact of Depression on Patient Outcomes in Hip Arthroscopic Surgery

[Rob Roy L Martin](#)^{†,*,*}, [John J Christoforetti](#)^{§,||}, [Ryan McGovern](#)[†], [Benjamin R Kivlan](#)[†], [Andrew B Wolff](#)[¶], [Shane J Nho](#)[#], [John P Salvo Jr](#)^{**}, [Thomas J Ellis](#)^{††,††,§§}, [Geoff Van Thiel](#)^{#,|||,¶¶}, [Dean Matsuda](#)[#], [Dominic S Carreira](#)[♯]

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.

Depression and anxiety are associated with worse baseline function in hip arthroscopy patients

[Samir Kaveeshwar](#)¹, [Michael P Rocca](#)¹, [Brittany A Oster](#)¹, [Matheus B Schneider](#)¹, [Andrew Tran](#)¹, [Matthew P Kolevar](#)¹, [Farshad Adib](#)¹, [R Frank Henn 3rd](#)¹, [Sean J Meredith](#)²



Increasing severity of depression and anxiety correlated with and predicted worse functional status at baseline in hip arthroscopy patients. As compared to clinical diagnosis of anxiety and depression, PROMIS metrics have superior utility in recognizing potentially modifiable mental health concerns that predict worse preoperative status.

Purpose

The aim of this study is to conduct a midterm analysis of the outcomes of patients with depression and/or anxiety who underwent hip arthroscopy for FAI and labral tears, with a secondary comparison of these results to a benchmark control group of patients with no depression and/or anxiety.

Hypothesis

The study hypothesizes that patients with depression and/or anxiety will demonstrate significant improvements in outcomes after hip arthroscopy for FAI and labral tears, however, this improvement is expected to be significantly lower compared to the benchmark control with higher rates of revision surgery and complications.

Methods

- Data was retrospectively reviewed for all patients with a self-reported personal history of depression and/or anxiety who underwent primary hip arthroscopy to treat FAI and labral tear between September 2008 and November 2018.
- Patients were matched in a 1:1 ratio based on age at the time of surgical procedure, sex, BMI, Acetabular Outerbridge grade, labral treatment, and capsular treatment to a benchmark control group of patients with no depression and/or anxiety.

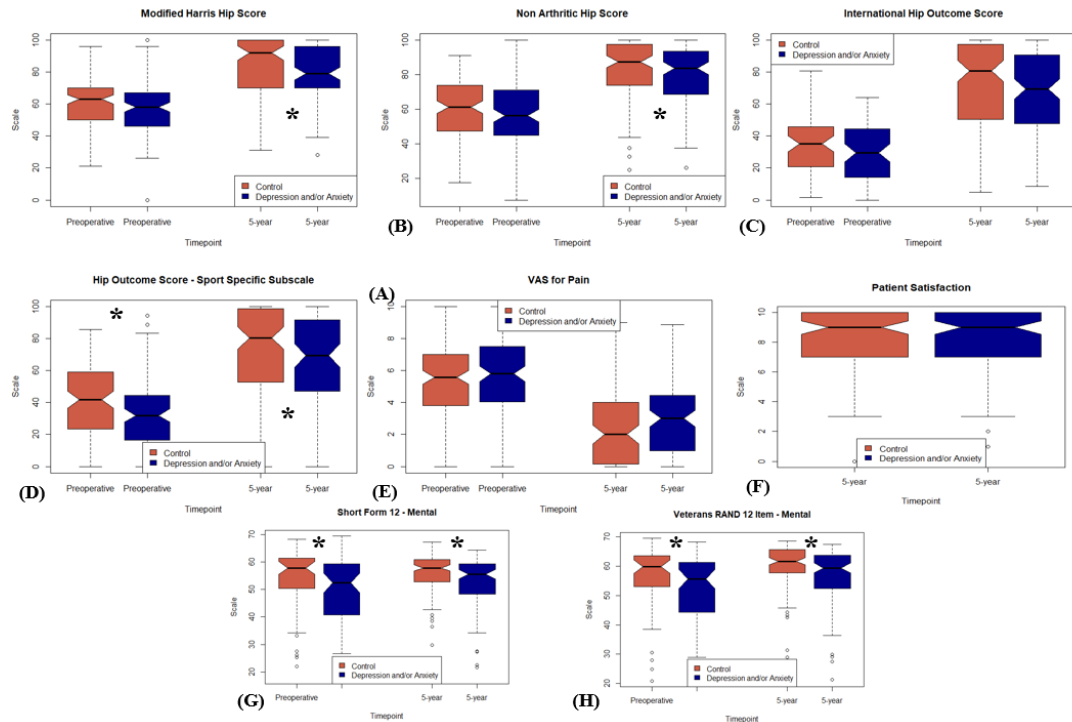
Inclusion Criteria

Complete minimum 5-year follow-up, defined as having completed preoperative and postoperative questionnaires, or a documented endpoint during the study period

Exclusion Criteria

Previous ipsilateral hip pathology
Previous ipsilateral hip surgery
Hip dysplasia (LCEA $<18^\circ$)
Preoperative Tonnis osteoarthritis grade > 1

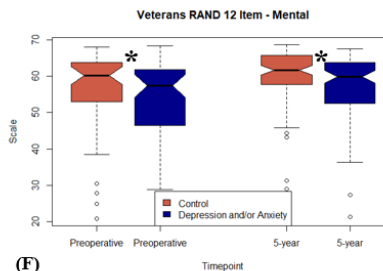
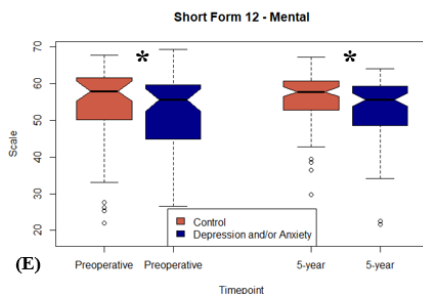
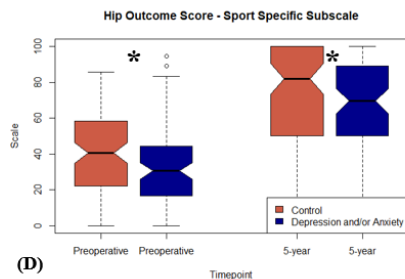
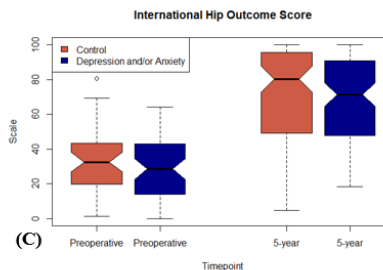
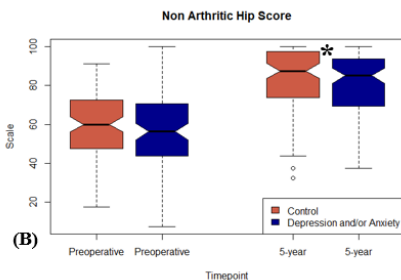
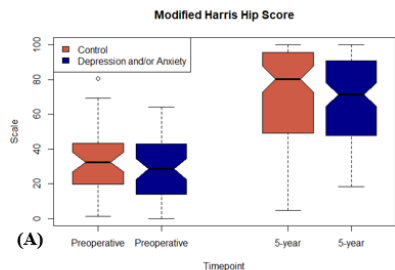
Results



The depression and/or anxiety group started with lower preoperative scores for HOS-SSS, SF-M, and VR-M.

Patients with depression and/or anxiety reached significantly lower postoperative scores for mHHS, NAHS, HOS-SSS, SF-M, and VR-M.

Results (cont.)

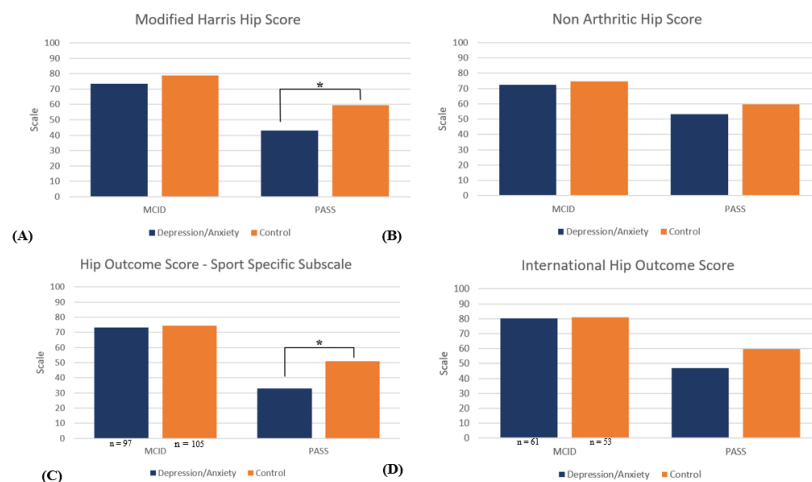


Females with depression and/or anxiety started with lower preoperative HOS-SSS, SF-M, and VR-M compared to females without depression and/or anxiety.

Though similar magnitude of improvement was observed, females with depression and/or anxiety achieved lower postoperative score for mHHS, HOS-SSS, SF-M, and VR-M compared to females without depression and/or anxiety.

Results (cont.)

The anxiety and/or depression group met MCID at similar rates for mHHS, NASHS, HOS-SSS and iHOT-12 compared to the control group. However, they achieved PASS at lower rates for mHHS and HOS-SSS compared to the control cohort.



The anxiety and/or depression group demonstrated similar rates of 5-year arthroplasty free survivorship compared to the control group, with 90.4% of patients in the anxiety and/or depression group surviving and 93.6% surviving in the control group ($p = 0.351$). Both groups also demonstrated similar rates of revision arthroscopy, with 17 (13.6%) hips in the anxiety and/or depression group and 12 (9.6%) hips in the control group requiring a secondary surgery ($p = 0.323$).

Conclusion

Hip arthroscopy for the treatment of FAI and labral tears in patients with depression and/or anxiety resulted in significant midterm improvements in functional and health-related quality of life scales. However, compared to a benchmark control group, functional scores in this patient population started lower and ended lower, and they achieved PASS at a lower rate.

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Roger Quesada-Jimenez, M.D.

Fellow, American Hip Institute Research Foundation

