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# Mental health and quality of life in shoulder pain patients and hip pain patients assessed by patient reported outcome ☆

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**KEYWORDS**
CMD-SQ;
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**Abstract** ***Introduction:*** Pain in the shoulder is a common complaint for people in the western world. The remedy offered is typically surgery but patients are not always satisfied with the outcome. In contrast, patients with hip pain are often very satisfied with the outcome of surgery. The study aimed to compare mental health, quality of life and outcomes of Oxford Shoulder Score and Oxford Hip Score as reported by patients with shoulder pain and patients with hip pain.

***Method:*** Our cross-sectional study included 629 patients of which 401 had pain in the shoulder and 228 had hip pain. All patients completed the Common Mental Disorder Screening Questionnaire, Euroqol and the Oxford Shoulder Score or the Oxford Hip Score questionnaire in the outpatients department.

***Results:*** Significant differences between the two groups were found by all the mental health scales except alcohol abuse and anxiety even when these were adjusted for age, gender and body mass index.

***Conclusion:*** Compared to hip patients, patients with shoulder pain were significantly more burdened by problems regarding their quality of life, depression, anxiety, concern and somatoform disorders.


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Editor's comment
This interesting study provides a new perspective on the impact chronic shoulder pain can have on individuals. What it seems to illustrate most importantly for the orthopaedic practitioner is the support patients require during the process of coming to conclusions about the source of and reasons for the pain and in understanding what treatment options are available. Shoulder pain is often intractable, especially when compared to hip pain, and the psychological impact of having little hope of improvement can be devastating in numerous ways. JS-T

## Introduction

Pain in the shoulder is a widespread complaint in populations across the western world, causing problems such as tiredness, stiffness, headache and poor muscle strength (Videncenter for Arbejdsmiljø, 2011; Luo et al., 2004; Leijon et al., 2009; Badcock et al., 2003; van der Windt et al., 2000). Earlier studies have shown that shoulder problems are influenced by a number of factors such as age, lifestyle, smoking, obesity, mental stress, mental health, heavy work load, awkward posture, physical exercise, job satisfaction, psychosocial work environment and job strain (Miranda et al., 2001; Rechardt et al., 2010; Andersen et al., 2011; Harcombe et al., 2010; Nilsen et al., 2011; Kimura et al., 2006; Kamwendo et al., 1991; van der Windt et al., 2000).

Orthopaedic patients with shoulder pain are typically offered surgery, but more than 20 per cent are disappointed by or dissatisfied with the operation, as measured by the Euroqol (EQ-5D) (Jansson and Granath, 2011; Rees et al., 2010). However, results based on the Oxford Shoulder Score (OSS) instrument do not corroborate this finding as significant increases in post-operation scores suggest that their condition has improved (Rees et al., 2010). It is important, therefore, to understand the reasons for poor patient satisfaction after surgery. Research has found a correlation between depression and shoulder and neck pain (Ektor-Andersen et al., 1999; Dyrehag et al., 1998) and that general musculoskeletal pain is more common in depressed than non-depressed patients (Rajala et al., 1995).

In contrast to patients with shoulder pain, patients with hip pain typically enjoy excellent outcomes of surgery. Over the last 10 years the success rate has consistently been above 90 per cent (Arden et al., 2011). Less than 10 per cent of hip patients showed continuing symptoms after a total hip arthroplasty (THA) and even patients who experienced preoperative anxiety or depression were less troubled by pain after the operation (Rolfson et al., 2009). Psychosocial risk factors that predispose patients to developing musculoskeletal pain include: being under diagnosis and treatment (especially when there are conflicting diagnoses), health care utilisation, dependency on passive treatment and advice to withdraw from daily activities or work (Gatchel and Turk, 1999). Many of these factors may be present when shoulder pain patients come to the outpatients department for an orthopaedic surgeon's opinion, whereas diagnosis of patients with hip pain is relatively uncomplicated and there is a well-documented treatment for their complaint (Kjaersgaard-Andersen et al., 2006).

THA patients' programs tend to follow a structured fast-track program for the operation (Husted et al., 2010), whereas the shoulder patients undergo a lengthy process before they may be scheduled for an operation. This may take up to one or two years and, even then, the conclusion may be that the surgeon cannot offer them an operation or a give them a reason for or a diagnosis of their shoulder pain. It is important to understand if the processes these two patients experience have an influence on their experience of pain or mental health.

A single study has compared quality of life (SF-36) in shoulder patients and hip patients (Boorman et al., 2003). While both groups experienced improvements in QoL, the preoperative scores of hip patients were significantly better than those of shoulder patients. Although the study suffered from selection bias, it is apparent that the shoulder patients are under greater mental strain than patients with hip pain. The aim of the study reported here was to compare mental health, quality of life and patient-reported outcomes of the Oxford Shoulder Score or Oxford Hip Score questionnaires in patients with shoulder pain and in patients with hip pain.

## Method

This is a cross-sectional study involving screening of 401 shoulder pain patients and 228 hip pain patients. It took place from October 2010 to