





Original article

Evaluation of the quality of life of patients undergoing hemiarthroplasty of the hip*



Eduardo Lima de Abreu, Medre Henrique Araújo de Oliveira*

Fundação Hospital Adriano Jorge, Manaus, AM, Brazil

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ABSTRACT

Objective: This was a comparative analysis on the quality of life of patients who underwent hemiarthroplasty of the hip, assessed before the operation and 3 and 6 months after the operation, by means of the SF-36 questionnaire (Medical Outcomes Study 36-Item Short Form health survey).

Methods: A prospective study was conducted on 12 patients with femoral neck fractures who underwent partial hip arthroplasty between June 2013 and July 2014. Female patients predominated (58.3%). The mean age was 83 years and, in 91.7%, the fracture was due to falling from a standing position. The SF-36 questionnaire was applied before the operation and 3 and 6 months after the operation.

Results: With regard to physical health, the patients presented low scores for functional capacity and physical aspects. They had good scores for the subitem of general state and high scores regarding pain. Vitality, social aspect and mental health had moderate scores and emotional aspects had a low score.

Conclusion: With the sample analyzed here, we can say that the hip hemiarthroplasty procedure for cases of unstable femoral neck fractures, in patients with low functional demands analyzed over a postoperative period of 6 months, does indeed allow quality of life to be maintained.

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Avaliação da qualidade de vida dos pacientes submetidos à hemiartroplastia do quadril

RESUMO

Palavras-chave: Qualidade de vida Artroplastia de quadril Fratura do colo femoral Objetivo: Análise comparativa da qualidade de vida dos pacientes submetidos à hemiartroplastia do quadril, no pré-operatório, com três e seis meses de operados, por meio do questionário SF-36 (Medical Outcomes Study 36-Item short form health survey).

Métodos: Estudo prospectivo em 12 pacientes com fratura do colo do fêmur, submetidos à artroplastia parcial do quadril, de junho de 2013 a julho de 2014. Houve predomínio do sexo

E-mail: medrehenrique@hotmail.com (M.H.A. de Oliveira).

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^{*} Work performed in the Orthopedics and Traumatology Service, Fundação Hospital Adriano Jorge, Manaus, AM, Brazil.

Corresponding author.

feminino, com 58,3%. A média de idade foi de 83 anos e em 91,7% foi decorrente de queda da própria altura. Foram aplicados os questionários SF-36 no pré-operatório e três e seis meses do pós-operatório.

Resultados: Com relação à saúde física, os pacientes apresentaram baixa pontuação na capacidade funcional e nos aspectos físicos. Boa pontuação no subitem estado geral e alta pontuação no quesito dor. A vitalidade, os aspectos sociais e a saúde mental tiveram pontuações moderada e baixa no que diz respeito aos aspectos emocionais.

Conclusão: Com a amostra analisada, podemos dizer que o procedimento de hemiartroplastia do quadril, nas fraturas do colo do fêmur instáveis, em pacientes com baixa demanda funcional analisados no período pós-operatório de seis meses, permite, sim, a manutenção da qualidade de vida.

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Introduction

The advance of medicine, with regard to controlling silent diseases, particularly cardiopulmonary, endocrine and vascular disorders, has led to improvements in patients' conditions and quality of life, thus also improving the population's mean life expectancy. According to the Brazilian Institute for Geography and Statistics (Instituto Brasileiro de Geografia e Estatística, IBGE), one in every 10 individuals is 60 years of age or over and it has been estimated that, by 2050, this ratio will have risen to one in five worldwide. In Brazil, elderly individuals corresponded to 8.6% of the population in 2000 and by 2020 they are expected to correspond to 14%, i.e. around 31 million people.

This increase in the population's life expectancy brings along the problems of this age group, such as fractures of the proximal femur, and particularly of the femoral neck.² Hungria Neto et al.¹ observed their prevalence in individuals with one or more associated comorbidities. Female patients predominated (2:1), with a mean age of 78.2 years. However, greater risk was associated especially with the age group of 81–85 years, and this applied to both men and women. Men presented slightly lower prevalence (75.5 years).

The energy of this trauma is typically low and is related to factors such as osteoporosis, malnutrition, decreased activities of daily living, diminished visual acuity, decreased reflexes and weakened musculature.^{3–5}

Porter et al.⁶ demonstrated that the main factor that leads to an increase in the incidence of these fractures above the age of 60 years is the presence of osteoporosis, as well as greater incidence of falls. Approximately one third of Caucasian women above the age of 65 years have osteoporosis⁷ and 30% of elderly women fall at least once a year.⁸ It has been estimated that six million individuals worldwide will suffer fractures of the proximal femur every year by 2050.⁶

Treatment options include percutaneous fixation, open reduction, internal fixation and partial or total hip arthroplasty.⁹

Decisions regarding treatment for femoral neck fractures are commonly based on two factors. The first is the patient's clinical condition, which includes age, level of activity, mental state and comorbidities that may interfere in the surgical procedure and/or rehabilitation. The second is the type of fracture

and, more specifically, whether it is stable or instable. Physiologically elderly patients with unstable femoral neck fractures, who place low demand on these structures, are treated by means of hip hemiarthroplasty.¹⁰

Some studies have correlated the results from treating femoral neck fracture with the surgical technique used. ^{9,11} However, little has been described regarding the quality of life after surgery of patients who underwent surgical treatment. ¹²

The present study had the main objective of comparing the quality of life of patients who underwent hip hemiarthroplasty, by means of the SF-36 questionnaire applied before surgery and 3 and 6 months after the procedure.

Materials and methods

The present study was submitted to the Ethics Committee for Research Involving Human Beings and was approved under CAAE No. 04298712.2.0000.0007.

The population studied was composed of 12 patients who had suffered femoral neck fracture and then underwent partial hip arthroplasty, between June 2013 and July 2014.

Their ages ranged from 72 to 93 years, with a mean of 83 years. Five patients (41.7%) were male and seven (58.3%) female.

The inclusion criteria among these elderly patients were that they needed to have a radiographic diagnosis of femoral neck fracture, underwent hip hemiarthroplasty and voluntarily agreed to participate in the study by signing a free and informed consent statement.

Patients who were not elderly and elderly patients who did not accept participation in the study were excluded, along with patients who underwent treatment with methods other than hip hemiarthroplasty.

On admission to the hospital, the patients underwent radiographic examinations of the hip in anteroposterior (AP) view, and were categorized in accordance with the classification proposed by Garden.¹³ The radiographic analysis and clinical evaluation were handed over to the patients, along with the consent statement, for them to authorize application of the SF-36 questionnaire. After authorization had been given by either the patient or the guardian, the evaluations began.

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