



Original Article

Factors Related With the Time to Surgery in Waiting-list Patients for Knee Prostheses[☆]

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ABSTRACT

Objectives: In the year 2006 the Hospital Complex of Jaén began a new model of attention for consultation of knee osteoarthritis (CMAR), to offer quality treatment to the patient based on clinical practice guidelines. The objective of this study was to analyze the efficiency of the unit, in terms of delaying the time until a knee prosthesis is needed.

Patients and methods: An analysis of a retrospective cohort of patients seen at the CMAR was made, with a minimum available data set, and a Kaplan–Meier analysis carried out in order to evaluate the time until the referral of the patient to surgery, as well as a Cox regression analysis in order to study the factors related with the time until the referral.

Results: 224 patients were included, with mean age of 65.7 years (95% CI 64–67), 67.9% women. 48.2% had a stage III affection (Kellgren–Lawrence), 27.5% stage 2, 15.3% stage 4, and 9% stage 1. 90.2% (202) received treatment with viscosupplementation (Hyaluronic acid NASHA). Single joint affection ($P<.0001$; OR 0.267, 95% CI 0.130–0.549), a higher degree of osteoarthritis ($P=.048$; OR 0.410, 95% CI 0.169–0.992), and lower intensity of pain ($P<.0001$; OR 1.091, 95% CI 1.044–1.141) were the factors related with shorter time until surgery. Treatment with viscosupplementation increased the time until surgery in all patients.

Conclusions: Factors like a lower age of the patient and the involvement of a single joint influenced the referral of the patient to surgery. The administration of viscosupplementation delayed the time until the patient was finally referred to surgery.

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Factores que influyen sobre el tiempo hasta la necesidad de intervenir un paciente en la lista de espera para prótesis de rodilla

RESUMEN

Introducción-objetivo: En el año 2006 se inició en el Complejo Hospitalario de Jaén un nuevo modelo de consulta monográfica de artrosis de rodilla (CMAR), para ofrecer al paciente un tratamiento de calidad basado en las guías de práctica clínica. El objetivo de este estudio fue analizar el rendimiento de la unidad, en términos de prolongación del tiempo hasta la necesidad de cirugía protésica de rodilla.

Pacientes y métodos: Se realizó el análisis de una cohorte retrospectiva de pacientes atendidos en la CMAR y que dispusieran de un conjunto mínimo de datos. Se realizaron un análisis de Kaplan–Meier para evaluar el tiempo hasta la derivación del paciente a cirugía y un análisis de regresión de Cox para estudiar los factores relacionados con el tiempo hasta la derivación.

Palabras clave:

Artrosis

Rodilla

Dolor

Viscosuplementación

Prótesis

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Resultados: Participaron 224 pacientes con una edad media de 65,7 años (IC del 95%, 64 a 67), el 67,9% eran mujeres. El 48,2% tenía una afectación de grado 3 (Kellgren–Lawrence), un 27,5% de grado 2, un 15,3% de grado 4, y un 9% de grado 1. El 90,2% (202) recibió tratamiento con viscosuplementación (ácido hialurónico NASHA). La afectación de una sola articulación ($p < 0,0001$; OR = 0,267, IC del 95%, 0,130 a 0,549), la mayor gravedad de la artrosis ($p = 0,048$; OR = 0,410, IC del 95%, 0,169 a 0,992) y la menor intensidad del dolor ($p < 0,0001$; OR = 1,091, IC del 95%, 1,044 a 1,141) fueron los factores relacionados con menor tiempo hasta la cirugía. El tratamiento con viscosuplementación aumentó el tiempo hasta la cirugía en todos los pacientes.

Conclusiones: Factores como la menor edad del paciente y la afectación de una sola articulación influyeron en la decisión de derivación del paciente para cirugía. La administración de viscosuplementación prolongó el tiempo hasta que el paciente fue finalmente derivado a cirugía.

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Introduction

Since 2006 the specialty clinic of knee osteoarthritis (SCKO) has functioned, attached to the section of Rheumatology of the Hospital of Jaén.¹ The objective of the creation of the unit was to provide quality care, reduce the high costs associated with the use of inadequate diagnostic and therapeutic tests, and optimize available resources. After a period of five years it was decided that the time was right for the evaluation of the results, which were analyzed from three points of view: the effectiveness in controlling the symptoms of the patients, the delay with which patients should be operated for joint replacement facilitated by adequate control of symptoms by the SCKO unit and, finally, the economic benefits of our intervention.

Clinical practice guidelines accept several treatment options that aim to control the symptoms of knee osteoarthritis (OA-R).^{2–4} Among these treatments one can find viscosupplementation with intraarticular injections of hyaluronic acid, which in addition to relieving pain leads to a delay in the need for knee prosthesis. In a second stage, the patient may be referred for prosthetic knee surgery.

The monitoring and treatment protocol of the SCKO follow the recommendations of the Spanish Society of Rheumatology² and international recommendations, as published.^{3,4}

During clinical practice we observed that patients treated in the SCKO unit achieved a greater reduction in pain, the longer the patient with knee arthritis (KA) remained in the unit. Empirically viscosupplementation helped control the symptoms, as patients who were not treated with viscosupplementation not only did not improve, but also worsened. For this reason, viscosupplementation was considered as a factor that should be studied, along with others, as something that could influence the final decision to refer patients for knee replacement surgery in our unit. Because viscosupplementation was not widely administered to all patients until the analysis for this study, there were two differentiated groups of patients available, those who received treatment or those who did not. It became necessary to know the value of viscosupplementation in delaying surgery and the advantages or disadvantages of its administration in economic terms, the subject of future communications.

Patients and Methods

Study Design and Ethical Standards

We conducted a retrospective cohort study of patients seen by the SCKO unit, attached to the section of Rheumatology of the Hospital of Jaén. Data were obtained from electronic medical records, which collected homogeneous clinical parameters in all patients being followed. A specialist in rheumatology was trained to complete the survey and entered data into a workbook designed for electronic data collection regarding the study, which had a

verification system. Data entered into the database were validated against the source data from the medical records. Patients selected to complete the study had to meet the selection criteria listed below. Included in the analysis were all cases in the database. The ethical review was requested from the Clinical Research Committee of the Hospital of Jaén study and the classification of the study from the Spanish Drug Agency, which called it a postmarketing study with other designs (EPA-OD), directed at gathering information on drugs or medical devices from the survey data. Due to the retrospective and anonymous nature of the study, no consent was obtained from patients in order to include their data in the analysis.

Criteria for the Selection of Patients

The criteria for selecting patients for the study were: (1) referral to the SCKO; (2) diagnosis of RA was done according to the clinical protocol based on the Consensus recommendations of the Spanish Society of Rheumatology²; (3) no other osteoarthritis mechanical problems in different joints: torsion of cartilage, ligaments affected due to trauma, severe varus or valgus deformity, terminal bone–bone disease; (4) inclusion in the study once for the involvement of the joints; (5) availability of a minimum set of data: age, sex, severity of RA (Kellgren–Lawrence), date of first visit, date of entry into the waiting list for prosthesis, date of prosthetic intervention, last known state of the patient, date of replacement of the prosthesis; (6) the patient should not have had any contraindication to the use of viscosupplementation (hyaluronic acid, NASHA: DUROLANE®) during the follow-up period in the SCKO; (7) viscosupplementation therapy in patients who received it was always with the same product: NASHA hyaluronic acid, DUROLANE®; and (8) the minimum period of follow-up in patients at the SCKO should have been at least one year.

Criteria for Patient Referral due to Knee Prosthesis

Criteria for referral of the patient to Trauma for knee prosthesis surgery were homogeneous for all cases: (1) patients with radiographic knee arthritis grade IV, except those that due to disease or treatment were contraindicated concomitant surgery, and patients older than 75 years of age, or (2) patients with knee osteoarthritis radiographic grade III and who had disabling conditions or disease refractory to standard medical treatment (analgesics, NSAIDs, steroid injections or disease modifying drugs for OA e) provided that they were 60 years of age or older.

Sociodemographic and Clinical Variables

We collected demographic and relevant clinical data that could influence the status and prognosis of the patient as potential confounders or effect modifiers, and data on the affected joint as potential predictors. We registered the origin of the case as being either from primary care or the trauma consultation, as well as the

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