



## ORIGINAL ARTICLE

# Quality of life in patients with knee and hip osteoarthritis<sup>☆</sup>



M. Bernad-Pineda<sup>a,\*</sup>, J. de las Heras-Sotos<sup>b</sup>, M.V. Garcés-Puentes<sup>c</sup>

<sup>a</sup> Servicio de Reumatología, Hospital Universitario La Paz, Madrid, Spain

<sup>b</sup> Servicio de Traumatología. Hospital Universitario La Paz, Madrid, Spain

<sup>c</sup> Servicios Integrales de Gestión Médica (SIGEMED), Madrid, Spain

Received 4 February 2014; accepted 9 April 2014

### KEYWORDS

Knee osteoarthritis;  
Hip osteoarthritis;  
Quality of life;  
WOMAC  
Osteoarthritis Index

### Abstract

**Objective:** To evaluate the quality of life in patients with knee and hip osteoarthritis through self-assessment and those made by the physician.

**Materials and methods:** An observational and cross-sectional multicenter study in which 628 traumatologists or rheumatologists evaluated 1849 patients with knee and/or hip osteoarthritis, aged  $\geq 50$  years old, and representative of 49 Spanish provinces. Each researcher evaluated three patients and also completed the SF-12v2 health questionnaire. The patients completed the WOMAC and SF-12v2 questionnaires.

**Results:** The patients were  $68.5 \pm 9.5$  years old, 61.5% had knee osteoarthritis, 19% had hip osteoarthritis, and 19.5% in both locations. Older patients and those who had both knee and hip osteoarthritis had a poorer quality of life, according to patients and researchers. Physical health perceived by the researchers was better than patients reported ( $36.74 \pm 8.6$  and  $35.21 \pm 8.53$ ; respectively,  $p < 0.001$ ), and the mental health score was similar between physicians and patients. Kellgren/Lawrence scale and test Timed Up & Go predict better the quality of life, assessed by WOMAC and SF-12v2 questionnaires.

**Discussion:** This is the Spanish study on quality of life in osteoarthritis of the knee and hip of larger amplitude and number of patients.

**Conclusion:** These results could be considered as reference values of Spanish population aged  $\geq 50$  years with knee or hip osteoarthritis.

© 2014 SECOT. Published by Elsevier España, S.L.U. All rights reserved.

<sup>☆</sup> Please cite this article as: Bernad-Pineda M, de las Heras-Sotos J, Garcés-Puentes MV. Calidad de vida en pacientes con artrosis de rodilla y/o cadera. Rev Esp Cir Ortop Traumatol. 2014;58:283–289.

\* Corresponding author.

E-mail address: [mbernadp@hotmail.com](mailto:mbernadp@hotmail.com) (M. Bernad-Pineda).

**PALABRAS CLAVE**

Artrosis de rodilla;  
 Artrosis de cadera;  
 Calidad de vida;  
 Cuestionario WOMAC

**Calidad de vida en pacientes con artrosis de rodilla y/o cadera****Resumen**

**Objetivo:** Evaluar la calidad de vida de pacientes con artrosis de rodilla y cadera a través de autovaloraciones y las realizadas por el médico.

**Material y método:** Estudio observacional, transversal y multicéntrico en el que 628 traumatólogos o reumatólogos evaluaron a 1.849 pacientes con artrosis de rodilla y/o de cadera con edad mínima de 50 años, distribuidos en 49 provincias españolas. Cada investigador evaluó a tres pacientes y cumplimentó el cuestionario de salud SF-12v2. Los pacientes respondieron los cuestionarios WOMAC y SF-12v2.

**Resultados:** Los pacientes tenían de  $68,5 \pm 9,5$  años de edad, el 61,5% tenía artrosis de rodilla, el 19% de cadera y el 19,5% en ambas localizaciones. Los pacientes de más edad y los que tenían artrosis de rodilla y de cadera presentaban peor calidad de vida, según la opinión de los pacientes y los investigadores. La salud física percibida por los médicos fue mejor que la manifestada por los pacientes ( $36,74 \pm 8,6$  y  $35,21 \pm 8,53$ ; respectivamente,  $p < 0,001$ ) y la puntuación del componente mental de salud asignada por los pacientes y los médicos fue similar. La Escala de Kellgren/Lawrence y el test Timed Up & Go pronostican mejor la calidad de vida evaluada con los cuestionarios WOMAC y SF-12v2.

**Discusión:** Este es el estudio español sobre calidad de vida en artrosis de rodilla y cadera de mayor envergadura por amplitud y número de pacientes.

**Conclusiones:** Estos resultados podrían ser considerados como valores de referencia de población española de 50 años o mayores con artrosis de rodilla y/o de cadera.

© 2014 SECOT. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

**Introduction**

Quality of life is defined as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns".<sup>1</sup> Health-related quality of life (HRQoL) covers, among other factors, pain, functional capacity and emotional well-being.<sup>2</sup>

Osteoarthritis (or arthrosis) significantly decreases the quality of life of patients who suffer it. It is the most prevalent arthropathy throughout the world and knee and/or hip involvement is the most common reason for walking disability among the elderly, from all races and geographical areas. In industrialized countries, 80% of the population aged over 65 suffers osteoarthritis,<sup>3</sup> with a higher prevalence being observed in the group aged between 70 and 79 years, and 33.7% of cases affecting the knee.<sup>4</sup>

The prevalence of osteoarthritis of any joint among the general Spanish population is of 24%, with a male:female ratio of 3:1 among those older than 60 years.<sup>5</sup> The prevalence of symptomatic knee osteoarthritis among patients aged over 20 years is of 10.2%, whilst radiological osteoarthritis could reach 34%. Coxarthrosis is relatively frequent after the ages of 50–55 years. According to the series, at this age it can be appear in between 20% and 30% of the population. If we take into account the fact that the hip fulfills a key role in the balance and support of the body, coxarthrosis can be considered as one of the most disabling types of osteoarthritis.

Clinically, osteoarthritis is characterized by joint pain, morning rigidity for a period <30 min, limitation of mobility, crepitus, joint instability, functional disability, occasional

hemorrhage and a variable degree of local inflammation. The symptoms are insidious and remit with rest. Once the disease advances, pain can be constant when any physical activity is performed and persist for several hours afterwards. Pain, which is accompanied by functional disability, has a mechanical origin, is triggered by use of the joint, especially after it has been inactive, decreases with exercise, reappears when the activity is prolonged and improves with rest until its disappearance.

The progression of osteoarthritis causes a limitation of the activity of the affected joint which, if persistent, will become a permanent functional disability, with all the negative consequences for the patient, whose daily life and work activity, and therefore quality of life will be affected. Osteoarthritis cannot be cured definitively, so treatment strategies aim to reduce the pain and improve the function of the affected limb.

There are no Spanish reference data which estimate the quality of life of patients with osteoarthritis, so the objective of this study was to assess the quality of life of patients with knee and hip osteoarthritis through self-assessments and to determine the perception of physicians about the quality of life of these patients.

**Material and methods**

This was an observational, cross-sectional, multicenter study, whose initial calculated population was of 2100 patients who fulfilled the following inclusion criteria: age 50 years or over, having been diagnosed with knee and/or hip osteoarthritis prior to the study through radiological assessment, and who attended consultation at the various

Download English Version:

<https://daneshyari.com/en/article/4087262>

Download Persian Version:

<https://daneshyari.com/article/4087262>

[Daneshyari.com](https://daneshyari.com)