

Patient reported outcomes following upper extremity arthroplasties in RA - a report from the Swedish National Register of Rheuma Surgery (RAKIR)

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Conclusions

Long term follow-up with PROMs showed that patients with RA, in need of arthroplasty in the upper extremity, are satisfied, experience pain relief as well as improved function and HRQoL as long as 2-6 years after surgery. However, the response rate in a register is dependent on the patients' benignity and may influence the results.



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Background

RAKIR, the Swedish National Register of Rheuma Surgery was created to follow joint surgery in patients with RA (rheumatoid arthritis).

Objectives

The aim of this study was to analyze PROMs (patient reported outcome measures) from RAKIR concerning HRQoL (health related quality of life), pain and function in RA patients admitted for arthroplasty in the upper extremity. A secondary aim was to study expectations and satisfaction related with these procedures.

Methods

106 (87 women, age mean 63, SD 13 years) patients with RA admitted for arthroplasty in the upper extremity, followed in RAKIR from 2007-2011, were included. All patients were asked to answer the questionnaires SF-36, HAQ and QDASH preoperatively, 6 months postoperatively and at a 2-6 year follow-up in 2013. Questions concerning expectations and satisfaction were asked at the same time. Data at the different follow-up times compared with baseline were analyzed with Wilcoxon signed rank test.

Results

RA patients operated on with arthroplasty in the upper extremity (shoulder n=36, elbow n=20, wrist n=21 and MCP n=29) showed an improvement in HRQoL, pain and function 6 months after surgery ($p \leq 0.05$, n=61). The improvement remained 2-6 years later (n=50). The patients' expectations concerning pain relief was fulfilled, the expectations concerning improvement in ADL and function was surprisingly low but in an even greater extent fulfilled.

Expected improvement and satisfaction with arthroplasty

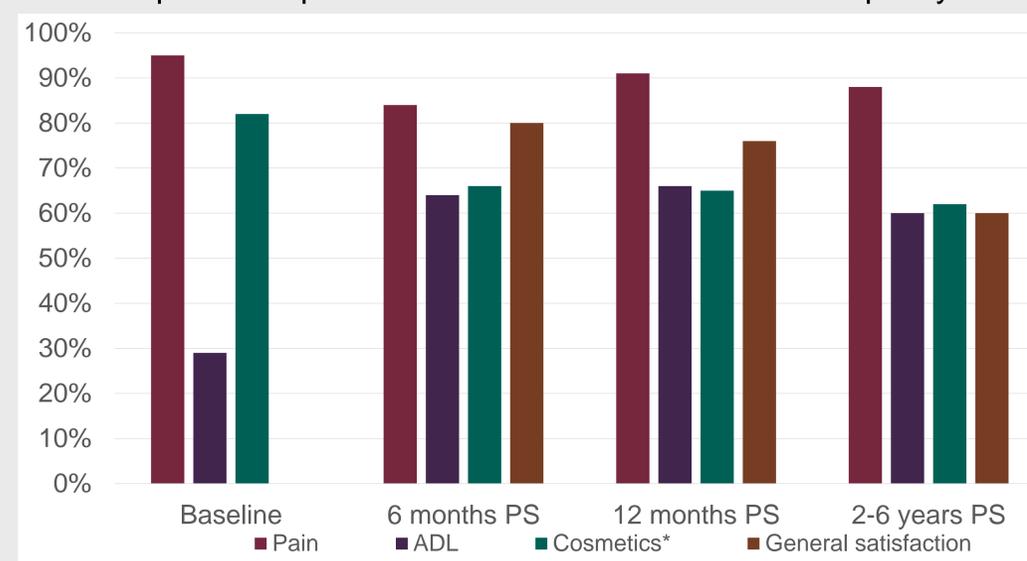


Figure. Percentage of patients who expected improvement in pain, ADL and cosmetics and the percentage of patients who reported fulfilled expectations at follow-up. *Only MCP surgery, n=29.

Table. Change in PROMs post surgery (PS) compared with baseline.

PROMs	Baseline n=106 mean (SD)	6 months n=61 mean (SD)	6 months vs. baseline p	12 months n=56 mean (SD)	12 months vs. baseline p	2-6 years n=50 mean (SD)	2-6 years vs. baseline p
HAQ	1.3 (0.6)	1.2 (0.6)	0.008	1.2 (0.7)	0.021	1.0 (0.7)	0.002
QDASH	49.7 (21.5)	43.4 (17.9)	<0.000	47.2 (19.4)	0.086	43.0 (19.2)	0.002
SF-36, PF	47.7 (24.2)	48.8 (24.5)	0.002	48.9 (29.0)	0.034	50.3 (28.3)	0.926
SF-36, RP	30.2 (37.9)	37.9 (39.5)	0.011	44.5 (40.5)	0.006	36.2 (43.3)	0.265
SF-36, BP	35.2 (16.7)	45.5 (24.7)	0.001	49.1 (21.4)	0.000	52.6 (19.2)	0.000
SF-36, GH	52.7 (20.1)	53.1 (21.7)	0.750	54.0 (22.1)	0.717	51.7 (23.4)	0.091
SF-36, VT	49.1 (22.5)	57.1 (23.9)	0.052	53.5 (22.8)	0.036	54.5 (24.4)	0.425
SF-36, SF	70.0 (24.5)	77.9 (25.0)	0.002	73.9 (27.0)	0.024	76.5 (22.8)	0.134
SF-36, RE	57.9 (45.3)	62.1 (45.6)	0.401	71.7 (44.0)	0.034	68.1 (44.0)	0.796
SF-36, MH	70.3 (20.0)	77.8 (19.1)	0.005	75.0 (20.6)	0.021	77.1 (19.7)	0.044

(Wilcoxon signed rank test).