

CONNECTICUT FAMILY ORTHOPEDICS



SINGIN' THE BLUES?

Ronald A. Rippss, M.D.

It is a well established fact that people who suffer from chronic knee and hip arthritis have a higher incidence of depression. Whether this is strictly due to the pain and incapacitation of the condition or due to secondary effects such as withdrawal from social activities doesn't matter. It is also accepted that depression is associated with poorer outcomes from surgery.

At this year's meeting of the American Academy of Orthopedic Surgeons, a paper from the Mayo Clinic found that among those patients undergoing hip and knee replacement surgery, those who were on antidepressants had a significantly lower rate of reoperation. They examined 20,000 patients. Surgical complications, revisions (reoperations), and depression were surveyed, and it was found that 8% were on antidepressants. Although the complication rate was the same whether one was on or not on antidepressants, the revision rate (reoperation) was significantly lower in

people on antidepressant meds. It is not clear why the reoperation rate is so much lower in the antidepressant group, but the implication is that it pays for surgeons to be sensitive to and attend to the psychological needs of prospective surgical candidates.

This is especially the case for spine surgery, where the loss of one's work capacity and chronic pain conspire to cause depression- and the depression is compounded by opioid use. Workers Comp often requires psychological clearance before allowing approval for back surgery, but psychologists who "rubber stamp" clearance inappropriately should take some of the responsibility for bad outcomes.

Psychological screening as a preoperative requirement for major elective surgery would benefit both the patient and the surgeon (just as medical screening does). But first we need to overcome the stigma associated with "singin' the blues."

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