

# Health-care providers and patients differ on views of knee replacement

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Total knee replacement (TKR) is a common treatment for osteoarthritis, a disease affecting more than 20 million Americans. However, the surgery poses risks and both patients and physicians must carefully assess its potential benefits and harm. Studies have shown that doctor-patient communication is correlated with outcomes and that patient satisfaction and commitment to treatment are usually higher when the doctor and patient are able to agree on a number of factors. However, despite the increased emphasis on informed decision making, few studies have examined communication factors affecting the decision to have joint replacement surgery.

A new study examined whether communication factors affect health care providers and patient agreement on the need for, risks of and benefits of TKR and whether this agreement predicted patient satisfaction and the intent to follow the treatment recommendations. The study was published in the January issue of *Arthritis & Rheumatism* (Arthritis Care & Research) ([www3.interscience.wiley.com/journal/77005015/home](http://www3.interscience.wiley.com/journal/77005015/home)).

Led by Richard L. Street, Jr. of Texas A&M University, the study involved 27 health care providers and 74 patients with severe osteoarthritis. The results showed that in almost one in five encounters, providers and patients differed on whether they thought TKR was recommended or not. Although providers and patients mostly agreed on the importance of TKR and its potential benefits, there were considerable differences regarding the severity of the patient's condition

and concerns about complications, with providers generally seeing these as less serious issues than patients did.

The study also showed some evidence that patients were more satisfied with their care and were more likely to follow treatment recommendations when they were more in agreement with their providers on whether they would benefit from TKR.

"Discrepancies in provider-patient beliefs about the risks, benefits and need for TKR are not only a barrier to informed decision making, but such differences also can affect postconsultation outcomes," the authors state. While patients and providers in the study may have spent considerable time discussing the nature of TKR, they may not have adequately discussed the need for the surgery in the first place. The authors note that decision making can be improved by communication that includes more active patient participation, greater agreement on the severity of the patient's arthritis and more agreement on the benefits of TKR. "More research is needed on effective information giving so that all the requirements of informed decision making are met," they state.

Article: "(Mis)Understanding in Patient-Health Care Provider Communication About Total Knee Replacement," Richard L. Street, Jr., Marsha N. Richardson, Vanessa Cox, Maria E. Suarez-Almazor, *Arthritis & Rheumatism (Arthritis Care & Research)*, January 2009; 61:1; pp. 100-107.

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