

Post-op PTSD tied to reduced elective lumbar fusion benefit

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Postoperative posttraumatic stress disorder symptoms are strongly correlated with reduced clinical benefit from elective lumbar spinal fusion, according to a study published in the Aug. 1 issue of *Spine*.

(HealthDay)—Postoperative posttraumatic stress disorder (PTSD) symptoms are strongly correlated with reduced clinical benefit from elective lumbar spinal fusion, according to a study published in the Aug. 1 issue of *Spine*.

Robert Hart, M.D., from the Oregon Health and Science University in Portland, and colleagues evaluated patients undergoing elective lumbar <u>spinal fusion</u>. Participants completed the PTSD Checklist-Civilian Version (PCL-C) at thee, six, nine, and 12 months postoperatively as well as the short-Form 36 and the Oswestry Disability Index (ODI) both preoperatively and at one year postoperatively.



The researchers found that 22 percent of the cohort reported PTSD symptoms. PTSD symptoms were significantly associated with reduced surgical benefit as measured by final and total change in ODI scores and physical composite scores (PCS). For patients reporting PTSD symptoms, the likelihood of reaching minimal clinically important difference for both ODI scores and PCS was also significantly reduced. Only final ODI scores were significantly correlated with a preoperative psychiatric diagnosis. There was a significant correlation with final ODI scores and PCS and preoperative mental composite scores. The mental composite scores were also correlated with final change from preoperative and likelihood of reaching minimal clinically important difference for PCS, but not for ODI scores.

"Postoperative <u>psychological distress</u> was strongly correlated with reduced <u>clinical benefit</u> among patients who underwent elective lumbar <u>arthrodesis</u>, and seemed to be a stronger predictor of reduced clinical benefit than either major psychiatric diagnosis or preoperative mental composite scores," the authors write.

More information: Abstract

Full Text (subscription or payment may be required)

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