

Study reveals joint replacement surgery inequities

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The provision of publicly-funded hip and knee total joint replacement (TJR) procedures varies between District Health Boards (DHBs) and national rates have not increased since 2007, new University of Otago research has found.

The Dunedin School of Medicine study, which appears in the latest edition of the *New Zealand Medical Journal*, examined rates of elective TJR procedures between 2006 and 2013.

Study principal investigator Dr Helen Harcombe says that geographically-based inequities emerged from the research.

"Even taking into account age and ethnicity, rates of TJR procedures varied between DHBs, with DHBs covering larger populations tending to have lower rates than smaller ones," Dr Harcombe says.

The study also showed that while there has been an increase in the number of TJR procedures carried out in the public system between 2007 and 2013, rates are barely keeping pace with a growing population. The number of publicly-funded TJR procedures increased by six percent over this period, but New Zealand's growing population meant the surgery rate per head of population (aged over 20 years) actually decreased by 0.6 per cent.

The research, funded by Arthritis New Zealand, found that the highest rate of publicly-funded joint replacement procedures was for those aged

75–84 years followed by 65–74-year-olds.

Dr Harcombe says that nearly one-third of New Zealanders aged over 65 are diagnosed with osteoarthritis, which is the most common reason for [joint replacement surgery](#). She notes that 14 per cent of the population is currently in this age group, but this is predicted to increase to 27 per cent by 2063.

"This means demand for TJR surgeries is likely to increase markedly in coming years, and the public health system will need to be adequately resourced to meet future demand."

Provided by University of Otago

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