

Joint replacement may improve osteoarthritis symptoms in older adults

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Older adults who have hip or knee replacement surgery for severe osteoarthritis may take several weeks to recover but appear to have excellent long-term outcomes, according to a report in the July 14 issue of *Archives of Internal Medicine*.

As the U.S. population ages, the number of older adults with osteoarthritis is increasing, according to background information in the article. The disease causes debilitating pain and often restricts older adults' mobility. Non-invasive treatments such as medications and physical therapy appear to be of limited value for the advanced stages of osteoarthritis. However, surgery may be associated with risks and discomfort.

Mary Beth Hamel, M.D., M.P.H., and colleagues at Beth Israel Deaconess Medical Center, Boston, studied medical decision-making and treatment outcomes in 174 patients age 65 and older (average age 75.2) who had severe osteoarthritis of the hip or knee. Participants' arthritis symptoms and functional status were assessed at the beginning of the study, between 2001 and 2004, and again 12 months later. Patients who chose to have joint replacement surgery were assessed six weeks, six months and 12 months after the procedure.

During 12 months of follow-up, 51 patients (29 percent) had joint replacement surgery, including 30 knee and 21 hip replacements. None of these patients died, 17 percent had postoperative complications and 38 percent had pain lasting more than four weeks following surgery.

Patients age 75 and older took about the same amount of time to return to regular activities as those age 65 to 74, with most patients requiring assistance with activities such as shopping and household chores for more than a month.

At the 12-month mark, scores on scales measuring osteoarthritis symptoms improved more significantly in patients who had surgery than in patients who did not have surgery. Close to half (45 percent) of patients who did not have surgery reported that surgery was not offered to them as a potential treatment. Participants who did not have surgery tended to be older, have lower incomes and be more worried about surgical complications and a long recovery than those who did have surgery.

Source: JAMA and Archives Journals

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