HPR Patients’ perspectives, functioning and health (descriptive: qualitative or quantitative)

METHODS:

Methods: In this study, volunteer patients aged between 40-65 years who had undergone THA surgery and at least 1, a maximum 3 years after surgery were included. Artificial joint awareness was evaluated with the Forgotten Joint Score-12 (FJS-12) scale. It is a scale that questions awareness of artificial joint during various daily living activities from the patient’s perspective in order to determine the ability of patients to forget artificial hip joints after THA surgery [2]. High scores indicate how much (%) the patient can forget the operated side – i.e. a low degree of awareness. A 5-point Likert system is used in the scoring. The emotional status of patients was determined by Hospital Anxiety and Depression Scale (HADS). It includes anxiety (HADS-A) and depression (HADS-D) subscales. It consists of a total of 14 items, 7 of which are about anxiety and 7 of which are investigating symptoms of depression [3]. Pearson correlation analysis was used according to distribution of the data to determine relationship between the variables. The significance level was accepted as p<0.05.

RESULTS:

Results: Sixty patients with THA, aged 53.46±7.9 years, were included in the study. Mean FJS-12, HADS-A, and HADS-D scores were 32.68±6.54, 7.27±3.2, and 5.27±2.5, respectively. A moderately and statistically significant correlation was found between FJS-12 and HADS-A and HADS-D (r=0.466, p=0.004; r=0.483, p=0.003 respectively).

CONCLUSION: The results of the current study showed that the adaptation of the artificial limb to daily life is poor and was correlated with emotional status. These results may show that worsening of patients’ emotional status may contribute to development of artificial joint awareness. Therefore, also take into consideration the emotional state of patients with THA while applying therapeutic approaches. Several participants expressed that the type of intervention should be a general offer for all patients with IA. Having access to a physiotherapist and an occupational therapist with rheumatology experience for exercise support adapted to the participants’ needs and abilities was especially important for them.

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