

# Deterioration in Hip Function Whilst Awaiting THA during Lockdown

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### Introduction

- There has been reduced provision of elective orthopaedic surgery throughout the COVID-19 pandemic
- The percepttion of THA was seen as luxury, so was considered low priority for healthcare provision
- However limited ability to exercise and socialise under lockdown restrictions contributes to arthritic joint disease
- Awaiting elective arthroplasty described as "worse than death"

## Aims

Quantify progression of deterioration in quality of life in patients awaiting total hip arthroplasty (THA) delayed due to COVID-19.

#### Methods

- 1. Data was collected from 51 patients at the top of the waiting list for THA via telephone questionnaires for 6-month data timepoints.
- 2. Demographics, Oxford Hip Score (OHS) and analogue quality-of-life scores were documented both currently and from 6 months previously.
- 3. Young patients (<40y) and those who underwent a THA in the interim period were excluded.

Table 1 - Patient demographics.

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Demographic	No (%)
Male	19 (38)
Female	32 (64)
Diabetic	7 (14)
Non-diabetic	44 (88)
BMI>25	39 (78)
BMI<25	12 (24)
	Demographic  Male  Female  Diabetic  Non-diabetic  BMI>25

## Results

- Mean OHS deteriorated from 19 9 to 16 0 over the 6month lockdown (p<0.001) (Figure 1)
- The analogue quality-of-life index deteriorated from 63.6 to 53.8 (p<0.001) (Figure 1)

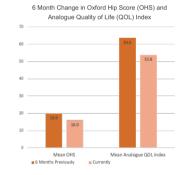
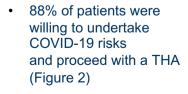
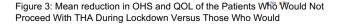


Figure 1: Mean Reduction in OHS and Analogue QOL Index Over the 6 Months





## Conclusions

EQ5D Mean Responses

Figure 4: Mean response to each domain of EQ5D

Despite Covid-19 Would You Proceed With THA

During Lockdown?

88.2%

Figure 2: Patient Responses to the

with THA during lockdown despite

Question - "Would you proceed

the Covid-19 pandemic?"

Yes

- Statistically significant reduction in quality of life and hip function observed in patients awaiting THA
- Most patients willing to undergo THA despite risks concerning COVID-19
- Follow up of these patients will determine their post-operative improvement

#### References

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