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**ABSTRACT TITLE:** The Effect of Mental Health on Early Postoperative Outcomes in Total Hip Arthroplasty

### **BACKGROUND**

Psychiatric conditions remain underdiagnosed, and as a result, their true influence on total joint arthroplasty has been difficult to assess. Therefore, the purpose of this study was to investigate the relationship between overall mental health and outcomes in the early post-operative period following unilateral total hip arthroplasty (THA).

### **METHODS**

This is a retrospective review of 89 patients who underwent primary elective unilateral THA. Data collection involved diagnosis of depression or anxiety, opioid consumption in MME, LOS, disposition, and outcome scores to include HOOS JR, PROMIS GPH and GMH. Pre-operative GMH and post-operative outcomes were compared using Pearson correlation coefficient, independent t-tests, Pearsons' Chi-Square test, and univariate logistic regression.

### **RESULTS**

No difference was seen in MME consumption, LOS or disposition when comparing patients above and below the 25% quartile for pre-operative GMH. Those in the  $\leq 25\%$  quartile for pre-operative GMH demonstrated a greater improvement in GMH at 6 weeks post-operatively (8.9 vs 2.3,  $p < 0.001$ ), though their overall GMH and GPH scores remained lower (48.3 vs 55.2,  $p < 0.001$ ; 45.9 vs 49.8,  $p = 0.01$ , respectively). When comparing patients with and without depression/anxiety, no difference was seen in any of the outcomes measured.

### **CONCLUSION**

Lower baseline mental health may be a predictor for worse overall patient-reported outcomes following THA. However, these patients can still attain significant benefits without the risks of higher opioid use or altered hospital course. Any lingering disparities in physical or mental health are likely due to underlying psychological distress rather than differences in hip function.