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Smith, Taylor, "Effects of Psychiatric Comorbidities on the Perioperative Outcomes Following a Primary Total Arthroplasty" (2018). Carroll College Student Undergraduate Research Festival. 54.
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Effects of Psychiatric Comorbidities on the Perioperative Outcomes Following a Primary Total Arthroplasty
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Introduction

- Question: Do patients with psychiatric comorbidities experience different perioperative outcomes following total primary joint arthroplasty than those without psychiatric comorbidities?
- A psychiatric comorbidity is the presence of a psychiatric diagnosis at the same time as the presence of another medical issue in the same individual
- The broader impact of the study is to raise awareness about the impact of psychiatric comorbidities on perioperative outcomes, in an effort to inform practice
- The goals are to attempt to quantify the issue, demonstrate its impact, and suggest ways to move forward in an effort to maximize positive perioperative outcomes of the targeted group
- Psychiatric comorbidities include:
  - Depression
  - Dementia (includes Alzheimer’s),
  - Bipolar disorder,
  - Schizophrenia,
  - Alcohol/drug misuse,
  - Anxiety

Methods

- Literature was reviewed from the database Pubmed
- Inclusion/exclusion criteria
  - Include both patients with and without psychiatric disorder
  - Quantitatively measured outcomes
  - Statistical analysis of findings
  - Ethical considerations and consent
- Seven cohort and case-control studies were reviewed, with the largest sample size of 8.4 million patients

Results

- Results of the review suggest a strong correlation between negative perioperative outcomes and psychiatric conditions
- Higher rates of revision, blood transfusion, mortality, non-traditional discharge, and increased length and cost of stay were observed for patients with diagnosed psychiatric conditions
- Patients with psychiatric comorbidities experienced 15% higher rate of perioperative complications (Rasouli et al., 2016)

Public Health Implications and Recommendations

- More than 1.4 million Americans with diagnosed psychiatric disorders have undergone a total primary arthroplasty. 19.1% of total arthroplasty patients have a diagnosed mental illness (Rasouli et al., 2016)
- Psychiatric comorbidities should be considered a risk factor when planning primary arthroplasty
- If a patient with a psychiatric comorbidity is planning to have a total arthroplasty, treatment plans ought to be implemented with their physician

Acknowledgments

I’d like to thank Dr. Anne Bauer, Katie Wagner, and the Carroll College Health Sciences Department for helping me complete this review.

References