

No association between depression and outcome in pain after participation in a first-line intervention program for hip and knee osteoarthritis. A study from the Swedish Osteoarthritis Register

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Aim: To describe characteristics of individuals with and without depression who were referred to participate in first-line interventions for hip or knee osteoarthritis (OA). Additionally, the study aimed to examine whether depression was associated with poorer patient-reported outcome in pain following the intervention.

Methods: This observational register-based study from the Swedish Osteoarthritis Register followed patients with hip and knee OA, in a standardized first-line intervention program (patient education and exercises), between 2008-2016. The association between depression and poorer patient-reported outcome in pain (improvement of ≤ 1 on a numeric rating scale) between baseline and 3-month follow-up was tested using multivariable logistic regression analyses.

Results: The study included 44,311 individuals with hip (n=13,787) or knee OA (n=30,524), of which 16% were identified with depression before the intervention program. Individuals with depression were overall younger and had more comorbidities than those without depression. Higher proportions of those with depression were women, obese, had multiple joint OA, and had frequent joint pain compared with individuals without depression. The multivariable analyses showed no association between depression and poorer outcome in pain after the intervention program for hip OA (OR; 0.97 [0.88–1.07]), or knee OA (OR; 1.03 [0.96–1.10]) (Table 1).

Conclusions: Characteristics of individuals with depression entering a first-line OA intervention program differed from those without depression. Depression was not associated with poorer outcome in pain following the intervention. Clinicians should continue to recommend first-line interventions to patients with hip OA or knee OA, regardless of the presence of depression.