

WHEN STRATIFIED FOR AGE, DO OUTCOME SCORES REFLECT PATIENT SATISFACTION LEVELS?

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Introduction: Rotator Cuff Repairs (RCR) are a common shoulder procedure carried out to improve pain and function. Patient age has been shown to negatively correlate with outcome scores however change in patient demands with age mean this may not reflect patient satisfaction. This study examines if change in outcome scores reflects patient satisfaction when stratified by age.

Methodology: Results from RCR procedures carried out in 2018-19 in one orthopaedic unit were retrospectively reviewed. Oxford Shoulder Score (OSS) and Constant-Murley score (CMS) were recorded pre-operatively and one-year post-surgery. Patient satisfaction was captured at the one-year point. Patients were stratified by age into four groups: 49yrs and under, 50-59yrs, 60-69yrs, and 70-79yrs. Change in pre-postoperative outcome scores was calculated for each group and compared with patient satisfaction.

Discussion: 65 patients were identified. 20 female, 45 male. Average age 60, range 25-79. Groups were similar for Goutallier grade and tear size. The respective average positive change in scores between pre- and postoperative outcomes and satisfaction level were: 49yrs and under: 19.75(OSS) and 40(CS) with 75% VS or S; 50-59yrs: 21.2(OSS), 49.9(CS), and 85% VS or S; 60-69yrs: 15.8(OSS), 39.7(CS) with 95% VS or S and 70-79yrs: 14.2(OSS), 30(CS) and 100% VS or S. Results demonstrated a broadly inverse correlation between increase in outcome score and satisfaction level.

Conclusion: This retrospective study supported previous literature in evidencing both a positive change in outcome scores and one where the magnitude of improvement decreased with age. The decrease change in outcome scores with age was not reflected by patient satisfaction however which improved with increased age. Explanatory factors may include lower functional demands or the appropriate setting of patient expectations. The study highlights the need to consider age stratification in calculations of Minimal Clinically Important Difference (MCID) and similar contemporary measures when assessing procedure efficacy via PROMs.