Abstract

Background: Knee osteoarthritis (OA) is the most common degenerative joint condition in Hong Kong, and one of the most prevalent causes of disability. Given the city's aging population, it presents a great socioeconomic cost to the health care system. A significant proportion of knee OA patients suffer from psychiatric morbidity, which is associated with poorer disease and treatment outcomes. Psychiatric morbidity should be identified and managed early. However, little is known about the prevalence and associated factors of psychiatric morbidities in knee OA patients at the local level.

Objectives: This study aims to identify the prevalence and associated factors of psychiatric morbidities, and to evaluate the effectiveness of the Hospital Anxiety and Depression Scale (HADS) for screening psychiatric morbidity in knee OA patients at a local orthopedic clinic.

Methods: A cross-sectional study was conducted to examine all of the knee OA patients who attended follow-up appointments in a specialist orthopedic clinic from October 2013 to June 2014. The patients were evaluated for psychiatric diagnoses by a semi-structural psychiatric interview, the Structured Clinic Interview for DSM-IV Axis I Disorders (SCID). The socio-demographic and clinical characteristics of participants with and without psychiatric morbidity were compared. Participants were also evaluated by the HADS, a self-rated questionnaire, the accuracy of which was compared against the psychiatric diagnoses made by the SCID.

Result: Of the 115 participants, 39.1% had current psychiatric disorders. The point prevalence of depressive and anxiety disorders were 28.7% and 24.3%, respectively. The lifetime prevalence of overall psychiatric disorders, depressive disorders and anxiety disorders were 47%, 31.3% and 24.3%, respectively. Major depressive disorder was found to be the most common disorder. Logistic regression analysis revealed that limitation of physical activities in daily living to be an independent factor associated with current overall psychiatric disorders, current depressive disorders and current anxiety disorders. Perceived absence of confidant was an independent factor associated with current overall psychiatric disorders and depressive disorders. Past psychiatric history and follow-ups at orthopedic clinic for 5 years or more were found to be independent factors associated with current overall psychiatric disorders and current anxiety disorders, respectively.

Conclusion: The prevalence of psychiatric morbidity in knee OA patients is significant. Recognising the independent associated factors can help in the early identification of patients who are at risk of developing psychiatric morbidity, so that early appropriate intervention can be given. The HADS can be considered a screening instrument for psychiatric morbidity in these patients.