May 20th, 12:30 PM

Social Support and Total Joint Replacement: Differences Preoperatively between Patients Living Alone and Those Living with Others

Celeste Lemay  
*University of Massachusetts Medical School*

Leslie R. Harrold  
*University of Massachusetts Medical School*

Wenjun Li  
*University of Massachusetts Medical School*

*See next page for additional authors*

Follow this and additional works at: [https://escholarship.umassmed.edu/cts_retreat](https://escholarship.umassmed.edu/cts_retreat)

Part of the [Community Health and Preventive Medicine Commons](https://escholarship.umassmed.edu/cts_retreat), [Medicine and Health Commons](https://escholarship.umassmed.edu/cts_retreat), [Orthopedics Commons](https://escholarship.umassmed.edu/cts_retreat), [Rehabilitation and Therapy Commons](https://escholarship.umassmed.edu/cts_retreat), [Social Psychology and Interaction Commons](https://escholarship.umassmed.edu/cts_retreat), and the [Translational Medical Research Commons](https://escholarship.umassmed.edu/cts_retreat)

Lemay, Celeste; Harrold, Leslie R.; Li, Wenjun; Ayers, David C.; and Franklin, Patricia D., "Social Support and Total Joint Replacement: Differences Preoperatively between Patients Living Alone and Those Living with Others" (2014). *UMass Center for Clinical and Translational Science Research Retreat*. 75.  
[https://escholarship.umassmed.edu/cts_retreat/2014/posters/75](https://escholarship.umassmed.edu/cts_retreat/2014/posters/75)

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in UMass Center for Clinical and Translational Science Research Retreat by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Presenter Information
Celeste Lemay, Leslie R. Harrold, Wenjun Li, David C. Ayers, and Patricia D. Franklin

Comments
Abstract of poster presented at the 2014 UMass Center for Clinical and Translational Science Research Retreat, held on May 20, 2014 at the University of Massachusetts Medical School, Worcester, Mass.

Creative Commons License
This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 3.0 License.

This is available at eScholarship@UMMS: https://escholarship.umassmed.edu/cts_retreat/2014/posters/75
Social support and total joint replacement: Differences preoperatively between patients living alone and those living with others

Celeste Lemay¹ RN MPH, Leslie Harrold¹ MD, MPH; Wenjun Li² PhD, David Ayers¹ MD, Patricia D. Franklin¹ MD MBA MPH

UMass Medical School ¹department of Orthopedics and Physical Rehabilitation, ²department of Preventive and Behavioral Medicine, Worcester, MA

Corresponding Author: Celeste Lemay, RN MPH, Sr. Project Director
Department of Orthopedics and Physical Rehabilitation, UMass Medical School
Phone: 508-856-4251; Email: celeste.lemay@umassmed.edu

Introduction: Social relationships affect mental health, physical health, and mortality risk. Little is known about social support and patients electing to have total joint replacement (TJR) surgery. We explored the differences between participants living alone and those living with at least one other adult prior to TJR surgery.

Materials & methods: Preoperative and 6 month postoperative FORCE-TJR Registry survey data were collected from 6269 primary unilateral TJR patients between May 2011 and December 2013. Data included demographics, comorbid conditions, operative joint pain severity (HOOS/KOOS), musculoskeletal disease burden, physical function (SF-36 PCS), and mental health (SF36 MCS).

Results: Participants living alone were more likely to be older, female, on Medicare, with a high school education or less, and a racial/ethnic minority. Prior to surgery, they reported a greater number of comorbid conditions and non-surgical joints causing pain. Those living alone also had lower mean MCS summary measure, lower Social Functioning Scale score and a lower HOOS/KOOS Activities of Daily Living score before TJR. There were no differences preoperatively in mean BMI, mean PCS, or HOOS/KOOS surgical joint pain, symptoms, or quality of life scores between the two groups. Six months postoperatively, those living alone had lower mean PCS and MCS, but were more likely to report less pain and symptoms in the surgical joint. Unadjusted analyses of mean change over time found less improvement in PCS for those living alone compared to those not living alone.

Conclusion: Recognizing differences in social support prior to TJR surgery could inform interventions and potentially influence patient reported outcomes postoperatively.