Knee Replacement Surgery Soars

Researchers in Finland found that annual cumulative incidences of partial and total knee arthroplasty, commonly known as knee replacement surgery, rose rapidly over a 27-year period among 30 to 59 year-olds, with the greatest increase occurring in patients aged 50 to 59 years. According to the study, published in *Arthritis & Rheumatism*, incidences were higher in women throughout the study period.

Osteoarthritis (OA) is a joint disease that, according to a 2002 report by the World Health Organization (WHO), is the fourth leading cause of years lived with disability worldwide. In the U.S., experts say more than 10 million adults are affected by OA. For those with advanced effects of the disease, arthroplasty may be the only treatment option to relieve the disabling pain and stiffness, and improve quality of life. In fact, the Agency for Healthcare Research and Quality reports that over 600,000 total knee replacements were performed in the U.S. in 2009 and a previous study estimates that number could grow to 3.48 million procedures by the year 2030.

"OA risk is shown to increase with age, and for severe knee OA arthroplasty is a commonly used treatment option when patients are unresponsive to more conservative therapies," said Dr. Jarkko Leskinen, an orthopedic surgeon at Helsinki University Central Hospital and lead author of the current study. "Despite the more frequent use of replacement surgery, very few data are published on knee arthroplasty incidence and its effects in younger populations." To advance understanding of this issue, researchers obtained data collected by the Finnish Arthroplasty Registry of all unicondylar (partial) and total knee replacements performed between 1980 and 2006. The team analyzed the effects of gender, age group and hospital volume on incidence rates of arthroplasty for knee OA.

Dr. Leskinen concludes, "Our study confirmed rapid growth in incidences of partial and total knee arthroplasty in those less than 60 years of age. Given that younger patients may be at higher risk of artificial knee joint failure, and thus in need of a second replacement surgery, long-term data are needed before widespread use of total knee arthroplasty is recommended for this patient population."

In a related editorial also published in *Arthritis & Rheumatism*, Dr. Elena Losina with Brigham and Women's Hospital and Harvard Medical School in Boston, agrees. "Total knee arthroplasty is an effective intervention for OA with excellent outcomes for patients in their 60s, 70s and 80s. However, past performance may not guarantee future success, and with an increasing number of knee replacement recipients under 60 years old, more intensive study of arthroplasty outcomes in younger patients is warranted," she stated.

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