Hip Osteoarthritis More Common Than You Think

Consider these statistics: 202,500 total hip replacements were done in 2003. In that same year, 36,000 total hip replacements were operated on again to revise, remove, or replace the first implant. The number of between the ages of 30 and 65 who will develop osteoarthritis is expected to increase two to 10 times the current rate.

With the rising problem of obesity in the United States and the aging population, it is predicted that these figures will increase. For example, it is estimated that by the year 2030, the number of primary (first) hip replacements will increase by 174 per cent. And the number of revision procedures will double in number.

We have always known that hip osteoarthritis is a common problem and one that can be very disabling. But the pace at which the need for hip replacement is rising has taken the orthopedic community by surprise. All previous estimates of future numbers of primary and revision total hip replacements have been way under par.

How do we know the number of cases of total hip replacement has exceeded the projected estimates? Hospitals keep data that is logged into a national data base. Hospital administrators use this information to plan ahead for future needs (e.g., personnel, supplies, facilities) based on current trends.

Not only are more adults being affected by osteoarthritis resulting in hip degeneration, but the age at which the need (the demand!) has occurred has declined. In other words, more and more younger adults (younger than 55 years old) are getting total hip replacements. And that trend is expected to continue into the future as well.

The cost of these procedures is not small. There are direct medical costs (e.g., doctor visits, the surgery, the hospital bill) but also indirect costs. Indirect medical costs refer to lost wages, decreased productivity, and time spent in doctor offices. The cost of care from complementary and/or alternative care must be factored in too. This could include supplements, acupuncture, massages, and energy medicine (e.g., Reiki, BodyTalk, Therapeutic Touch, Touch for Healing).

Finally, there are intangible effects and "costs" of hip osteoarthritis. The effects of pain, loss of motion, reduced function, and decreased quality of life have been measured. For example, researchers have asked patients how many years of life they would give up in exchange for a "cure" of their hip problems. Other studies have assessed the value people place on their health and willingness to pay the cost of a hip replacement.

Not surprisingly, patients who have to pay out-of-pocket (insurance does not cover the cost of the joint replacement) are less likely to give up years of life or money to be free of their symptoms. Whether or not patients heading toward a life of hip pain and loss of function will be willing to take measures to avoid a hip replacement remains unknown.

With the trend toward increasing numbers of people with hip osteoarthritis severe enough to need (or want) an expensive hip replacement surgery, this type of social research will be important. Long-term results of hip replacement (including improvements in quality of life) at all ages will eventually be available.

Those outcomes may further confirm the need for early prevention and willingness on the part of Americans. This will especially be true for those individuals who have a condition known as femoroacetabular impingement (FAI). The shape of their hip from birth puts them at increased risk for

degenerative disease later in life. With proper weight management and appropriate exercise this upward trend of osteoarthritis (with or without the impingement problem) may be slowed or possibly even halted. Time will tell.

Reference: Shane J. Nho, MD, MS, et al. The Burden of Hip Osteoarthritis in the United States: Epidemiologic and Economic Considerations. In Journal of the American Academy of Orthopaedic Surgeons. July 2013. Vol. 21. Supplement 1. Pp. S1-S6.