

Quality of life for Older Adult Post Hip Joint Replacement

Thesis

*Submitted for Partial Fulfillment of Master Degree In
Nursing sciences (Community Health Nursing)*

By

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List of Abbreviations

<i>Abb.</i>	<i>Full term</i>
<i>AVN</i>	<i>Avascular necrosis</i>
<i>COC</i>	<i>Ceramic on ceramic</i>
<i>DOF</i>	<i>Degree of Freedom</i>
<i>DVT</i>	<i>Deep vein thrombosis</i>
<i>HRQOL</i>	<i>Health related quality of life</i>
<i>MOM</i>	<i>Metal on Metal</i>
<i>MOP</i>	<i>Metal on polyethylene</i>
<i>OA</i>	<i>Older adult</i>
<i>PE</i>	<i>Pulmonary embolism</i>
<i>QOL</i>	<i>Quality of Life</i>
<i>THR</i>	<i>Total hip replacement</i>
<i>THA</i>	<i>Total hip arthroplasty</i>
<i>WHO</i>	<i>World Health Organization</i>

Quality of life for Older Adult Post Hip Joint Replacement

ABSTRACT

By

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Total hip replacement (THR) has evolved into a reliable and suitable surgical procedure to relieve pain and restore function among patients with damaged or degenerated hip joints and chronic pain. **Aim:** Assess quality of life for older adult post hip joint replacement. **Setting:** Outpatient orthopedic clinic at El-Helal Hospital, Egypt. **Sample:** Purposive sample composed of 172 older adults from the previous mentioned setting. **Tools:** *First tool*, an interviewing questionnaire to assess socio-demographic data, older adults' medical history past, present & family history, older adults' knowledge, older adults' practice. *Second tool*, Quality of Life scale. **Results:** The age of older adult with total hip replacement ranged between 60 < 70 and 57.0% of them were female. and 55.2% haven't enough monthly income, 59.3%, 72.7% of them have a history of fracture and 47.7% due to rheumatoid inflammation, 79.1% due to osteoporosis, 57.0% of the older adults had unsatisfactory total knowledge related to hip joint replacement, while older adult done correctly practices related to hip joint replacement protections, while 30.2% of them done incorrectly practices. **Conclusion:** There is a statistically significant relation between socio-demographic of the older adults and their knowledge after hip joint replacement. Also, there is a statistically significant relation between socio-demographic characteristics of the older adults and their practice after hip joint replacement. Moreover, there is highly statistically significant relation between knowledge of the older adults and their quality of life after hip joint replacement. There is a statistically significant relation between practices of the older adults and their quality of life after hip joint replacement. **Recommendations:** Establishing a special rehabilitation program to provide older adults with adequate knowledge and training to overcome older adults' problems.

Key words: Quality of life – older adult - Hip Joint Replacement

INTRODUCTION

Total hip replacement (THR) is a surgical procedure. During the surgery, the joint and part of the femur are replaced by a system of implants (*Kokkori, 2017*).

THR has evolved into a reliable and suitable surgical procedure to relieve pain and restore function among patients with damaged or degenerated hip joints and chronic pain (*Bhatia et al., 2013*). Indications for hip replacement include radiological evidence of joint damage, persistent pain, and/or functional disability that is not adequately relieved by non-surgical treatment such as analgesics or physical therapy (*McDonald et al 2014*). Patients with deterioration due to primary osteoarthritis, fractures, or rheumatoid arthritis constitute the largest group of patients (*Ethgen, 2011*).

On the other hand, as every surgery may fail, so THA could cause complications for a variety of reasons. In Greece, the most common are: aseptic loosening (30%) due to fault design or positioning, fracture of the prosthetic (2%), infections (12%), osteolysis or wear (12%), miscellaneous (9%) and more often dislocations of the implant and instability (35%) due to incorrect alignment (*Kokkori, 2017*).

The predictability of the results of THR is excellent in the older age groups, whereas the longevity of the implant in

young and active patients still remains unsatisfactory, with failure rates ranging from 20% to 42% (*Sochart, 2014*).

World Health Organization (WHO) presented the quality of life (QOL) as multidimensional which evaluating 26 items of people life such physical health, psychological health, social relationships and environment (*WHO, 2014*). QOL assessment has become a main focus to the health care professionals and nursing care providers since last two decades. In elderly people aged 65 year or older, quality of life concept has been used to evaluate the effectiveness of the treatments, reliability of data information in order to allocate health care services and resources, also for making health care decisions based on the individual health needs of the elderly (*Foreman and Kleinpell, 2013*).

Significance of the study

Hip replacement surgery can be a life altering event for the patient with advanced painful hip disease. The role of the community health nurse in the care of the hip replacement patient is to educate, provide safe and competent care, and help coordinate the care provided by the multidisciplinary team. The nurse is a critical link in providing the continuity of care required for these patients throughout the perioperative phase (*Barden & Chandler, 2016*). Also, QOL has become a basic health professionals concern to ensure that elderly people experience meaning in life, not just longer years to live (*Bulter, 2012*).

In Egypt according to statistics **from the information center** at EL HELAL hospital which affiliated to ministry of health and population reported that the number of cases done for THR 344 from 2013 till 2016. This study is important because the THR of older adults is specifically excellent in relieving pain and improving the function of the hip(unpublished data).

After successful THR surgery, patient will have significant improvement of quality of life in terms of physical, psychosocial and spiritual health (*Greene, 2017*).

Hip replacement is the most effective and safest method for treating safer degenerative, traumatic and other diseases of hip joint. From 2000 till 2010 the incidence of primary HR in USA increased from 142.2/ 100,000 to 257/100,000 in patients aged 45 and above (*CMS, 2014*).

AIM OF THE STUDY

The aim of this study was to assess quality of life for older adult post hip joint replacement through:

- Recognizing older adult's knowledge about hip joint replacement.
- Assessing older adult's practices regarding hip joint replacement.
- Assessing older adult's quality of life (physical, social, psychological domains) post hip joint replacement.

Research Questions:

- 1- Is there a relation between older adult's sociodemographic characteristics and their knowledge post hip joint replacement?
- 2- Is there a relation between older adult's sociodemographic characteristics and their practice post hip joint replacement?
- 3- Is there a relation between older adult's knowledge and their QOL?
- 4- Is there a relation between older adult's practice and their QOL?

Part One

OVERVIEW ON OLDER ADULTS

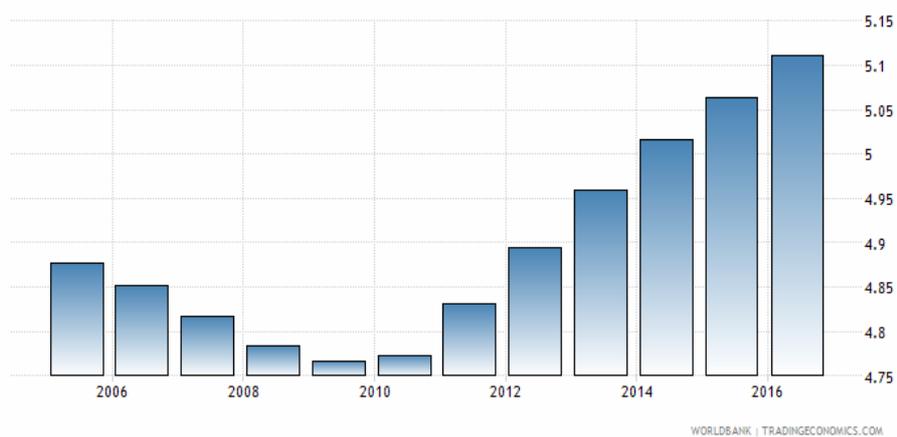
Old age refers to ages nearing or surpassing the life expectancy of human beings, and is thus the end of the human life cycle (*WHO, 2016*).

In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline, which is significant in defining old age. This is in contrast to the chronological milestones, which mark life stages in the developed world (*Dong et al., 2016*).

The population of Egypt represents 1.20 percent of the world's total population which arguably means that one person in every 84 people on the planet is a resident of Egypt. One of the main features of the Egyptian population over the last few decades is the gradual increase in the absolute and relative numbers of older people. This trend is expected to continue over the next decades. Egypt is expected to maintain the highest rank in absolute numbers in both old and oldest populations in the region, in 2050 Egypt is expected to have the largest number of old (23.7 million) and oldest old (3.1 million) populations in the region. The Egyptian census is carried out

every 10 years; census at 2006. The percent of older people “defined as 60 years of age and more” was 4.4% in 1976, 5.75% in 1996, rising to 6.27% in 2006. The percentage is projected to be 6.9% in 2015, 9.2% in 2021, and it is expected to reach 20.8% in 2050. This means that, around 20 million Egyptians will be categorized as elderly by that time; this is a big number that resembles a full nation in some parts of the world (*Egypt Central Agency for Public Mobilization and Statistics, 2016*).

Figure (1): Egypt - Population ages 65 years and above as a share of total population (2016).



(Egypt Central Agency for Public Mobilization and Statistics, 2016)

Aging Process

The term of aging is the process refers especially to human beings, in humans, ageing represents the accumulation of changes in a human being over time, encompassing physical, psychological, and social changes. Reaction time, for example, may slow with age, while knowledge of world events and wisdom may expand (*Dillin et al., 2014*).

The causes of aging are uncertain; current theories are assigned to the damage concept, whereby the accumulation of damage may cause biological systems to fail, or to the programmed ageing concept, whereby internal processes may cause ageing. Programmed aging should not be confused with programmed cell death (*Thurstan et al., 2012 & Finkel et al., 2013*).

Age can result in visual impairment, whereby non-verbal communication is reduced, which can lead to isolation and possible depression. Macular degeneration causes vision loss and increases with age, affecting nearly 12% of those above the age of 80. This degeneration is caused by systemic changes in the circulation of waste products and by growth of abnormal vessels around the retina (*Dong et al., 2016*).

Aging is among the greatest known risk factors for most human diseases. Of the roughly 150,000 people who die each day across the globe, about two thirds—100,000 per day—die