

Most patients who have an artificial joint implanted suffer from osteoarthritis. Other reasons for joint replacement include rheumatoid arthritis, fractures in or near the joint, infection or sequelae resulting from childhood joint diseases. Joint replacement surgery is indicated when pain keeps the patient awake at night (pain at rest), when it becomes difficult to walk up or down stairs, or when it becomes difficult to carry out everyday activities.

Background

The Norwegian Arthroplasty Register registered 14,500 primary hip or knee replacements due to disease in the joint in 2015. In total, 8,400 primary hip replacements and 6,100 primary knee replacements were carried out on patients of all ages.

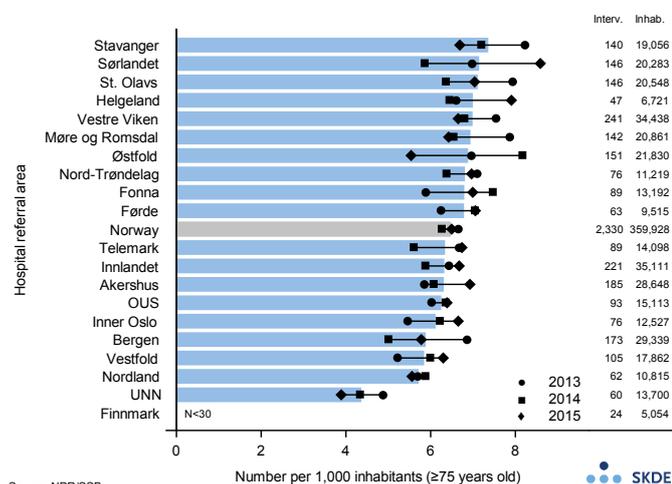
Elderly patients currently account for more than one in four hip or knee replacements. The number of elderly is now expected to double by 2040. For this reason, it is reasonable to expect an increasing need for joint replacement surgery.

A hip or knee prosthesis is expected to last for between 10 and 20 years. Replacing a prosthesis is a far more complicated procedure than a primary joint replacement, and is not always successful.

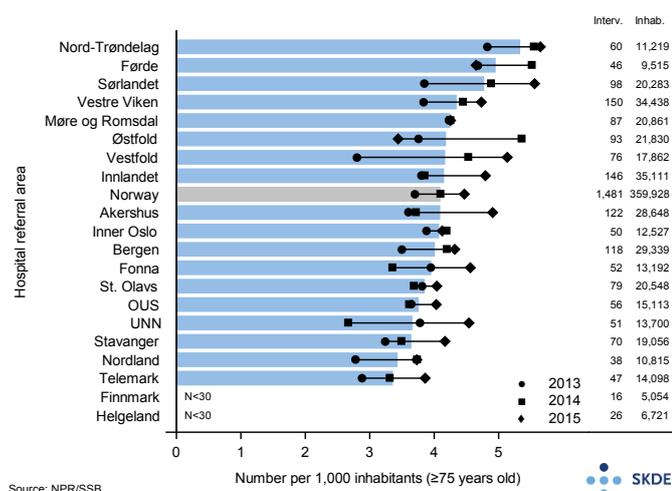
Results

Approx. 2,300 primary hip prostheses are implanted in nearly the same number of elderly patients each year. Women are in the majority (71%), and the average age is 80.3 years. Residents of Stavanger hospital referral area have 70% more hip replacements than residents in the UNN area. For Norway as a whole, the number of primary hip replacements remained stable during the period.

Approx. 1,500 primary knee prostheses are implanted in nearly the same number of elderly patients each year. Women are in the majority (65%), and the average age is 79.4 years. Residents of Nord-Trøndelag hospital referral area have 60% more knee replacements than residents of the Telemark area. The number of primary knee replacements has gone up for Norway as a whole and for most of the hospital referral areas during the period.



Source: NPR/SSB
Primary hip replacement, number of procedures per 1,000 population, adjusted for gender and age. Av. number of procedures and population per year.



Source: NPR/SSB
Primary knee replacement, number of procedures per 1,000 population, adjusted for gender and age. Av. number of procedures and population per year.

Comments

There is some variation between Norwegian hospital referral areas in terms of hip and knee replacement in elderly patients. The low number of joint replacements in elderly patients and large variation between years make it highly likely that much of the observed variation is random.

Joint replacement surgery is not life-saving treatment, but improves function and quality of life and prevents diseases caused by inactivity. Joint replacement surgery is not supply-driven to any great extent. This means that it is probable that the variation is not due to patient choice, but rather to how the services are organised or to a lack of standardised assessment of when surgery is indicated, even when the medical indications for initiating treatment are reasonably clear. Capacity in terms of available hospital beds, operating theatres, and the internal prioritisation of available capacity in each health trust probably all have a bearing on decisions on whether a patient gets a joint prosthesis.

The variation between hospital referral areas in joint replacement in the elderly is deemed to be small. However, there is reason to ask whether too few joint replacements are performed. Based on a recommendation from the regional health authorities, the Ministry of Health and Care Services has made it a goal to increase the number of knee replacements in the Norwegian population as a whole.