

Decision aids may not reduce odds of hip, knee arthroplasty

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group in optimal propensity score-matched models). Patient characteristics associated with the likelihood of knee arthroplasty included diabetes (odds ratio, 0.84) and depression (odds ratio, 1.54). Compared with non-Hispanic/Latino white patients, black/African-American and Hispanic Latino [patients](#) had reduced odds of [knee arthroplasty](#) (odds ratios, 0.48 and 0.60, respectively) and hip arthroplasty (odds ratios, 0.40 and 0.26, respectively).

"Health care systems that adopt decision aids developed for use in shared decision making and used in conjunction with hip and knee osteoarthritis consultations should not expect reduced surgical utilization," the authors write.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Use of decision aids developed for shared decision-making does not appear to reduce the odds of hip and knee arthroplasty in patients with osteoarthritis, according to a study published in the January issue of *Health Affairs*.

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Vanessa B. Hurley, Ph.D., from Georgetown University School of Nursing and Health Studies in Washington, D.C., and colleagues analyzed data for 2012 to 2015 for patients within the 10 High Value Healthcare Collaborative member systems who were exposed to condition-specific decision aids within the context of consultations for hip and knee osteoarthritis. The aids, which included paper, video, and web-based tools, are intended to support shared decision-making.

The researchers found that patients exposed to decision aids had increased odds of undergoing [hip surgery](#) and [knee surgery](#) compared with unexposed patients (odds ratios, 2.59 and 1.77, respectively, for undergoing arthroplasty six months after a consultation relative to the control

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