

Preoperative Predictors of 3 Month and 1 Year Change in Quality of Life (EQ-5D) Following Multilevel Lumbar Laminectomy and Fusion

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Introduction

There is a paucity of data examining patient characteristics that affect improvement in quality of life following lumbar laminectomy and fusion.

Learning Objectives

The abstract examines preoperative characteristics that are significantly associated with patient improvement in quality of life (EQ-5D). Through this study, we learn that preoperative back disability (ODI), back pain (NRS-Back), anxiety (MSPQ), age, and complications all have an effect on a patients quality of life in the short-term (3-months), long-term (1year), or both.

Methods

332 patients undergoing lumbar laminectomy and fusion in 3 or fewer levels were included in this study. Patient demographics, perioperative data, and 90day postoperative complications were gathered from the medical record. Preoperative, 3-month, and 12-month EQ-5D, ODI, NRS-back pain, NRS-leg pain, ZUNG depression rating, and MSPQ anxiety rating were collected prospectively via our spinal outcomes registry. Multivariate linear regression analysis was performed to assess the association between EQ-5D change scores at 3months and 1-year with age, gender, BMI, ASA grade, blood loss, primary vs. revision surgery, use of an interbody fusion, history of smoking, history of diabetes, 90 -day complications, preoperative ZUNG depression rating, preoperative MSPQ anxiety rating, preoperative NRS-back/leg pain, and preoperative ODI as covariates.

Table 1. Baseline Patient Characteristics (n = 332)							
Age (years)	59.7 ± 11.5						
Male (%)	147 (44)						
Tobacco use (%)	177 (53)						
Diabetes (%)	77 (23)						
BMI	30.8 ± 6.3						
ASA Grade	2.7 ± 0.5						
Indication for surgery, n (%)							
Deformity	15 (5)						
Fracture	5 (2)						
Herniated disc	29 (9)						
Pseudoarthrosis	13 (4)						
Spondylolisthesis	149 (45)						
Spondylosis	5 (2)						
Stenosis	112 (34)						
Baseline PROs							
EQ-5D	0.54 ± 0.21						
ODI	49.6 ± 14.5						
NRS-Back pain	7.1 ± 2.3						
NRS-Leg pain	6.7 ± 2.8						
ZUNG	36.9 ± 9.7						
MSPQ	6.8 ± 4.9						



Predictors of EQ5D Change Score at 1-

year coefficients*										
lodel		В	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound		
1	(Constant)	352	.150		-2.349	.019	647	057		
	Age	.004	.001	.161	2.537	.012	.001	.006		
	Gender	013	.028	025	445	.657	068	.043		
	BMI	002	.002	052	913	.362	007	.002		
	ASA Grade	001	.027	002	029	.977	054	.053		
	Blood Loss	-2.329E-5	.000	037	639	.524	.000	.000		
	Primary vs. Revision	.047	.028	.090	1.635	.103	009	.103		
	Interbody Fusion	.037	.030	.073	1.208	.228	023	.096		
	Number of Levels	.017	.021	.048	.786	.433	025	.058		
	Smoker	.028	.028	.055	.995	.320	027	.083		
	Diabetes	028	.034	047	821	.412	095	.039		
	Preop ZUNG	.001	.002	.033	.449	.654	003	.005		
	Preop MSPQ	013	.003	259	-3.897	.000	020	007		
	90 day complication	052	.019	147	-2.761	.006	090	015		
	Preop ODI	.006	.001	.348	4.815	.000	.004	.008		
	Preop NRS-Leg	.007	.005	.081	1.391	.165	003	.018		
	Preop MPS Back	000	007	091	1 247	170	004	022		



Results

Univariate analysis revealed significant improvement at 3 and 12-month follow-up for EQ-5D, ODI, NRS-back pain, and NRSleg pain (p<0.001). Multivariate analysis at 3-months demonstrated that increased age (p<0.001), increased preoperative NRSback pain (p = 0.001), and worse preoperative ODI (p=0.001) resulted in greater improvement in EQ-5D, whereas increased anxiety (MSPQ, p=0.015) resulted in less improvement in EQ-5D. Multivariate analysis at 1-year demonstrated that increased age (p =0.012) and worse preoperative ODI (p<0.001) resulted in greater improvement in EQ-5D, whereas increased anxiety (MSPQ, p<0.001) and 90-day complications (p=0.006) resulted in less improvement in EQ-5D at 1 year.

Conclusions

Significant improvement occurs in all outcomes measures at 3-months and 1year following lumbar laminectomy and fusion. Additionally, it appears that older patients and those with higher levels of back specific disability (ODI) have greater gains in quality of life at both 3-months and 1-year after surgery. Patients with higher anxiety preoperatively appear to have decreased improvement in quality of life at both 3-months and 1-year postoperatively.