

Letter to the Editor

'Beyond broken bones': the hidden impact of depression on orthopaedic patients-the silent struggle

Sir,

The recognition of the interplay between physical and mental health is of increasing importance in the management of orthopaedic patients. Orthopaedic patients not only encounter physical impairments but also mental health complications such as anxiety and depression. While orthopaedic surgeons traditionally focus on the physical aspects of patients' recovery, recent studies have highlighted the significant impact of psychological factors on functional outcomes and quality of life; thus, necessitating a comprehensive treatment approach.

Here, we present an overview of relevant literature and provide evidence-based recommendations for a comprehensive multidisciplinary approach to improve orthopaedic patients' well-being.

One important aspect to consider is the high prevalence of anxiety among patients with orthopaedic trauma, which can negatively affect their recovery. Studies have reported rates ranging from 20% to 55%, with a higher prevalence among those who have undergone surgery.¹

Depression is another common mental health disorder among orthopaedic patients, with negative impacts on rehabilitation outcomes such as reduced functional status and increased pain. The prevalence of clinically relevant depression approached 45% in a diverse cohort of orthopaedic trauma patients.² Global disability is strongly correlated with depression. Of the injury-specific factors, open fractures were found to have a significant impact on the presence of depression.

Postoperative immobility is a major risk factor for the development of depression and anxiety in orthopaedic patients. Notably, younger orthopaedic patients are particularly susceptible to experience symptoms of depression. The feeling of isolation and decreased physical activity caused by immobility can lead to the development of depression and anxiety. However, early and aggressive physiotherapy has been shown to reduce the risk of depression and anxiety by promoting early mobilization.

To address these issues, early and intensive rehabilitation programs that include both physical and psychological support are recommended. Family members of orthopaedic patients can also experience significant emotional and psychological distress, particularly during the postoperative recovery period. Involving family

members in the rehabilitation process and providing them with psychological support can be beneficial for both patients and their loved ones. Patients with a higher feeling of support from friends and family had an inverse correlation for depression. Employment also seems to have a protective effect against depression.³

The integration of a psychiatric consultation into the multidisciplinary care of orthopaedic patients has been shown to improve clinical outcomes, particularly in patients with pre-existing mental health disorders. Additionally, occupational therapy can help improve patients' ability to perform daily activities and promote their functional independence after surgery. In elective orthopaedic surgeries, engaging in physical activity before and after surgery has been shown to be beneficial for patients' functional outcomes and quality of life. Virtual reality-based interventions have also been shown to be effective in reducing pain and anxiety and improving functional outcomes in orthopaedic patients undergoing physical therapy.

In summary, a multidisciplinary approach that includes preoperative and postoperative psychological counselling, early and aggressive physiotherapy, occupational therapy, and involving psychiatrists and family members in the treatment team can help to improve both physical and mental health outcomes in orthopaedic patients. These interventions can not only enhance patients' functional recovery and quality of life but also reduce the burden of mental health disorders associated with orthopaedic trauma.

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