Older African-Americans with osteoarthritis of the knee preferred to avoid total knee replacement surgery


What are the preferences and expectations of older urban African-Americans regarding total knee replacement (TKR) for osteoarthritis (OA) of the knee?

DESIGN
Qualitative study based on the theory of reasoned action as a model of behaviour.

SETTING
Communities in northern Manhattan, New York, USA.

PATIENTS
94 African-Americans >50 years of age (mean age 71 y, 84% women) with medical insurance, who had pain or stiffness in one or both knees that made walking difficult or slow during the previous 6 months, and who lived or attended church or a senior centre in Harlem. 13% of patients had had TKR.

METHODS
Data were collected during 45–75 minute structured face to face or telephone interviews that included both closed and open-ended questions. Responses to open ended questions were recorded and transcribed verbatim. Major themes were developed through a process of categorisation.

MAIN FINDINGS
Preference for natural remedies. 36% of patients thought that OA was caused by cold or dampness, either to the joint or from the environment. They tended to think that OA was a natural, irremediable, inevitable deterioration and a sign of ageing. A strong trend toward an external locus of control of their illness was suggested: “I do not claim arthritis. God has not told me I have it. You have to claim it to have it.” Most respondents believed that their bodies should remain intact and that the body would give evidence of what it could endure. Patients also spoke of believing in home remedies for conditions such as OA, and some identified specific natural remedies they used, including keeping the knees warm, green alcohol, sliced potatoes, liniment, kerosene (paraffin), and various herbal creams and rubbing lotions.

Negative expectations of TKR. 52% of patients perceived that surgery was ineffective either for themselves or others. Common reasons included feeling that surgery was “hard to accept,” could cause more problems, “doesn’t last,” and was a method of “last resort.” Many noted that competence of the surgeon was the most important factor affecting success. Those with a positive view of surgery tended to view it as a technology used only in extreme situations. Patients also stated that general health, a positive attitude, weight, and cooperation of others in the household influenced the effectiveness of surgery. Sources of information included family members, friends from church, and the attending physician.

Beliefs in God’s control. Patients objected to questions that asked them to choose situations that might increase their risk of death, stating that God controls the length of their lives. However, they did not cite belief in God’s control with regard to outcome of surgery. Patient or physician factors were cited more often as reasons for complications or unsuccessful surgical outcomes.

Preferences for continuing their current state. Prominent fears expressed included “being cut,” death, hospitals, doctors, becoming “crippled” in nursing homes, pain, and the unknown. Patients preferred to continue in their current, known state: “I know what I have, I don’t know what I am going to get.”

CONCLUSIONS
Older urban African-Americans with osteoarthritis of the knee preferred to continue in their current state, with use of natural remedies supported by beliefs in God’s control.
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