Knee and health-related quality of life of people with patellofemoral pain: a systematic review.

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Patellofemoral Pain (PFP)

PFP is common among young and active populations and is not a self-limiting condition.



[Image: www.saanichtonphysio.com] [Rathleff CR et al, 2013]

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PFP diagnosed in more than 50% of knee pain consultations



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PFP may form a disease continuum with patellofemoral OA

[Image: www.saanichtonphysio.com] [Rathleff CR et al, 2013; Molgaard et al 2011; Collins et al., 2016]

What does the literature tell us about PFP?

- Symptoms
- Impairments







[Images: www. Goodhausekeeping.com www.steadystrength.com www.athsvic.org.au www.poisedandbalanced.com]

Health-related quality of life (HRQOL)

Refers to the influence of a person's health status on their perceived well-being

[Filbay SF et al 2013]

- Patient-reported outcomes commonly used to assess HRQOL
 - SF-36 and KOOS-QoL



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No systematic review has investigated HRQOL in individuals with PFP to date

[Images: www. completesportscare.com.au]

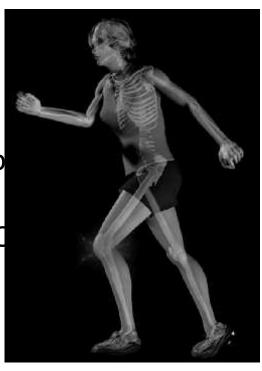
Aims

To investigate:

HRQOL in individuals with PFP compared to population norms and healthy control group

If interventions to treat PFP impact on HRQQ

Other factors that are related to HRQOL in people with PFP



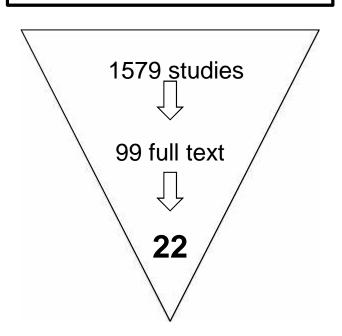
[Image: www.visualsunlimited.com]

Nethods

[Image: www.123rf.com]

5 databases

Cochrane Review strategy



Included studies

- ➤ Mean age <50 years
- > PFP
- > HRQOL outcome
- Peer reviewed

Methodological quality

RCT intervention

Cross-sectional

Repeated measures

Reliability & validity

Downs & Black Checklist for methodological quality of intervention studies (1998)

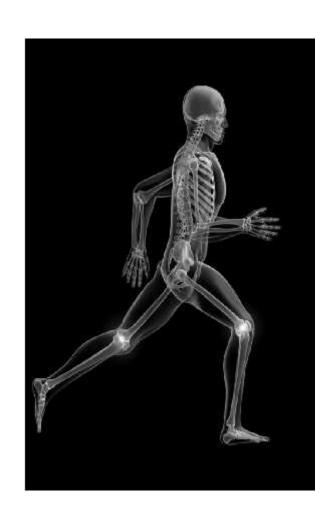
- Usually 27 items
- Modified to 15 items
- Percentage



[Image: www.visualsunlimited.com]

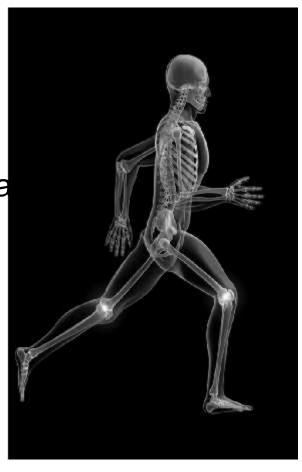
Data Management

- > Extracted data
 - Age
 - ❖ BMI
 - ❖ Sex
 - Mean and SD
- Outcomes normalised
- > BMI calculated
- > Means combined



Statistical Analysis

- > Random effects meta-analysis
 - ❖ Aim 1: Baseline mean
 - Aim 2: Mean closest to end of trea
- Meta-regression analysis variables:
 - Age
 - ❖ BMI
 - Methodological quality score
 - Sample size
 - Other scales of KOOS



Results

Participant Characteristics

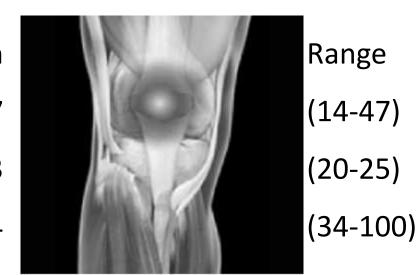
1174 individuals with PFP 100 healthy controls 5/22 reported QOL as primary outcome

Mean

Age=27

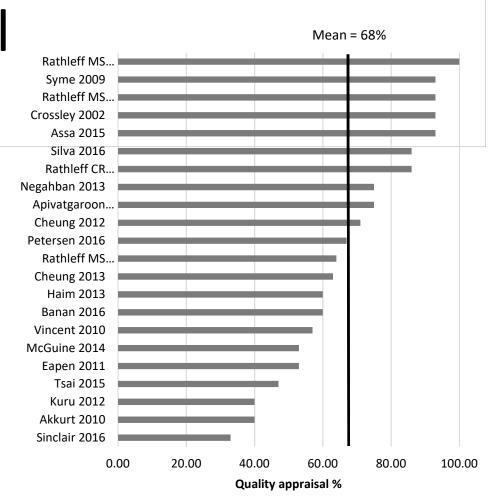
BMI=23

% Female=64



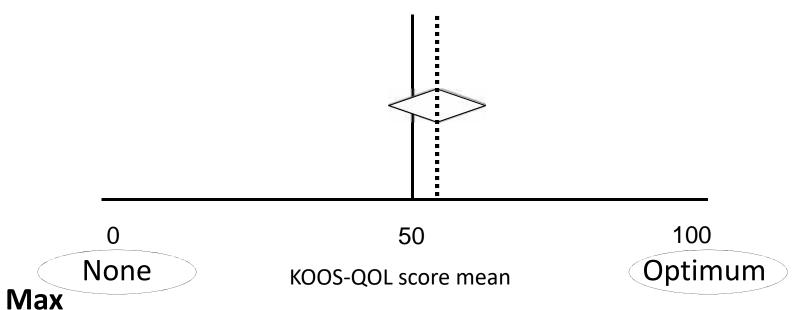
Methodological quality

Range of scores33-100%



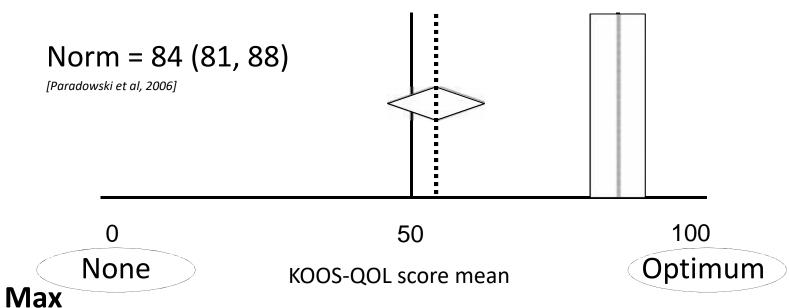
HRQOL for individuals with PFP KORS-QOL

PFP-pooled mean = 55 (47,63)



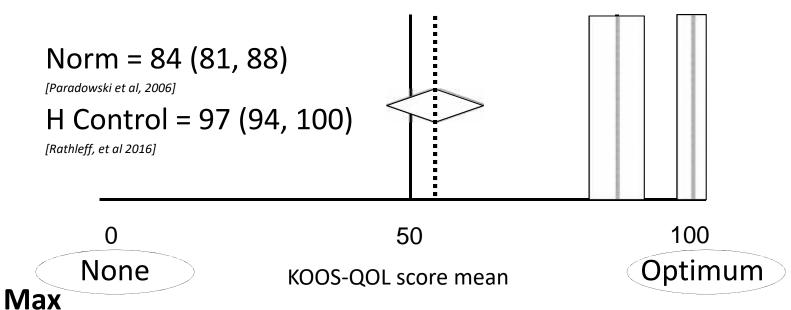
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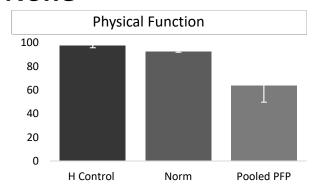


HRQOL for individuals with PFP KORDS-QOL

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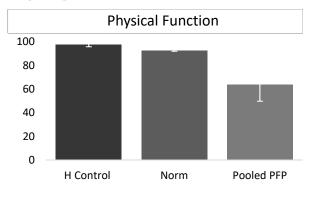
SE-36-Physical domains



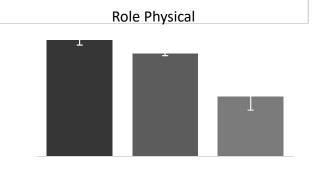
100 = Maximum

Max

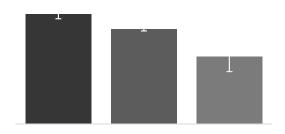
SE-36-Physical domains



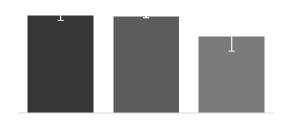
100 = Maximum



Bodily Pain



0 = Poor

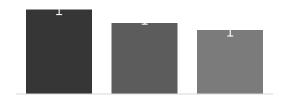


General Health

SE-36-Mental domains

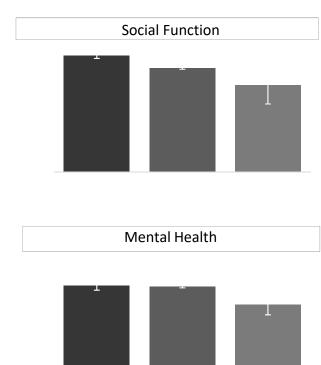
Vitality

100 = Maximum

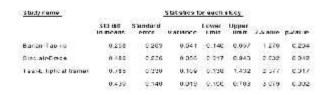


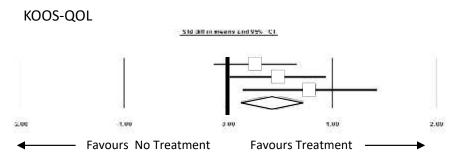
SE-36-Mental domains





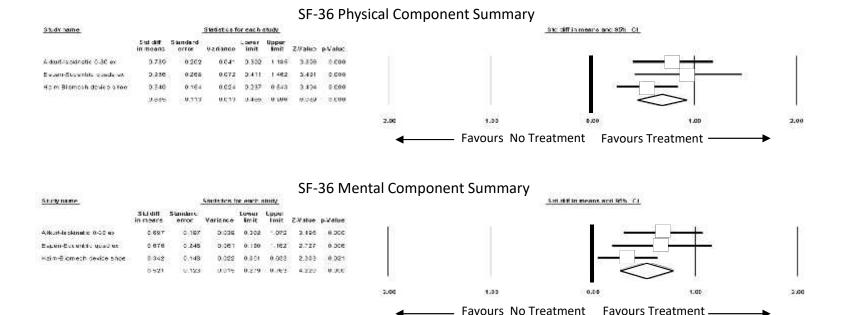
Effect of interventions on HRQL Repeated measures studies





Effect of interventions on HRQL

Repeated measures studies



Effect of interventions on HRQL

Randomised controlled trials

	minerveninon			Countor 3			SIL Wear Difference	Sitt. Mean Unierence
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	IV, Random, 95% CI	IV, Random, 95% CI
2.2.1 Physical Function		- 7.7	77.7					
Crossley 2002 Physio	79	17	36	82	12	35	-0.20 [-0.67, 0.27]	
2.2.2 Role Physical								
Crossley 2002 Physio	80	31	36	79	32	35	0.03 [-0.43, 0.50]	
2.2.3 Bodily Pain								
Crossley 2002 Physio	77	17	36	72	20	35	0.27 [-0.20, 0.73]	·
2.2.4 General Health								
Crossley 2002 Physio	78	1.9	36	7.7	16	35	0.06 (-0.41, 0.52)	
2.2.5 Vitality								
Crossley 2002 Physio	64	18	36	63	18	35	0.05 [-0.41, 0.52]	
2.2.6 Social Function								
Crossley 2002 Physio	75	19	36	80	20	35	-0.26 [-0.73, 0.21]	
2.2.7 Role Emotional								
Crossley 2002 Physio	85	30	36	89	20	35	-0.15 [-0.62, 0.31]	
2.2.8 Mental Health								
Crossley 2002 Physio	82	1.1	36	81	12	35	0.09 [-0.38, 0.55]	
							F.	2 1 0 1
							**	2 -1 0 1 Favours control Favours treatment

Effect of interventions on HRQL Randomised controlled trials

	intervention			Control			stu. mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	IV, Random, 95% CI	IV, Random, 95% CI
2.1.1 SF-36 PCS								
Syme 2009 Quad	54.26	12.33	23	40.38	18.46	23	0.87 [0.26, 1.48]	B
Syme 2009 VMO	53,11	10.27	23	40.38	18.46	23	0.84 [0.23, 1.44]	1
2.1.2 SF-36 MCS								
Syme 2009 Quad	50.32	7.51	23	49.33	11.79	23	0.10 [-0.48, 0.68]	3
Syme 2009 VMO	46 32	10.38	23	49.33	11.79	23	-0.27 [-0.85, 0.31]	i
2.1.3 KOOS QoL Knee								
Petersen 2016 Brace	68.39	16.38	78	59.98	20.47	78	0.45 [0.13, 0.77]	ŋ — —
Rathleff 2014 Physio	62	34.15	62	54	9.8	59	0.31 [-0.05, 0.67]	1 1
								
								-2 -1 0 1 Favours control Favours treatment

Factors related to HRQOL

	KOOS	SF-36	SF-36	SF-36	SF-36	SF-36	SF-36	SF-	SF-
	QOL	PF	RP	BP	GH	V	SF	36RE	36MH
Age									
ВМІ									
KOOS-ADL									
KOOS-SPORT									

$R^2 > 0.7$	R ² 0.4-0.7

Max

Summary

- > HRQOL is reduced in people with PFP
- ➤ An intervention may improve HRQOL how are too few studies to be certain
- Sport and ADL participation, age and BM to HRQOL



Summary

➤ HRQOL is reduced in people with PFP

➤ An intervention may improve HRQOL how are too few studies to be certain

Sport and ADL participation, age and BM to HRQOL

People with PFP have reduced HRQOL and should be a consideration in management.

[Image: www.visualsunlimited.com]