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MANCHESTER 1824

# The experiences of those with ankle osteoarthritis and the impact on pain, physical functioning, mental

wellbeing, and quality of life

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# **BACKGROUND**

Osteoarthritis (OA) of the ankle joint is painful and disabling and is associated with life-long joint pain if not properly treated [1]. This may impact on an individual's physical functioning and quality of life [2]. There is little research investigating the non-surgical management of ankle OA and the impact ankle OA has on a person's physical and mental wellbeing.



The pain is horrific. It's just terrible, I wish someone could - you know what, I would have it cut off and a false one there if they could. It's horrendous pain, it's terrible. It's driving me round the bend. I'd go for anything to get rid of this pain, I'd try anything now.

I can get away with doing it, it's afterwards, when I stop, it doesn't, it's endless ... But wow the pain I felt over the following days. It's like we'd go to the park and I don't want to risk it; the not moving tomorrow.

I got quite depressed with it all. I didn't realise that there was such an adverse effect that the pain grinds you down and gives you that low self-esteem and no selfconfidence.

mental

Theme 3 Impact on wellbeing

Theme 1

**Symptoms** 

You can see other people your age doing things but you're not able to. It wears you down mentally and makes you very depressed at times. What you don't realise is that it's not

just physical; it very much affects you mentally.

**METHODOLOGY** 

# The aim of the study was:

To explore the experiences of people with OA ankle and the impact it has on pain, physical functioning, mental wellbeing, and quality of life (QoL).

Design: A qualitative study was carried out to explore the experiences of people with OA ankle.

Methods: Semi-structured interviews were undertaken with patients diagnosed with OA of the ankle.

Sample: Nine participants were recruited from an NHS orthopaedic clinic in North West England and from outside the NHS via snowball sampling. All participants had been diagnosed with OA of the ankle and had received conservative treatment or were awaiting surgical intervention for pain relief. Data Analysis: Interviews were digitally recorded and transcribed verbatim. Thematic analysis was undertaken to identify emerging themes and concepts that surfaced across the transcripts of the participants.

> I'm sat in the house, I can't do nothing. I have no social life. My friends, they all say come and have a pint, but what's the good in going for a pint when I'm sat there, I can't move, I can't go to the bar, I can't get to the toilet.

Theme 2 Impact on function, social activities & QoL

Theme 4

Management and

treatment

I get no enjoyment out of it [dancing] like I used to ... and that means I've stopped doing that, because I'm not sufficiently 'macho' that I will force myself to do it if it hurts.

I have an ankle brace, it's really good ... And of course in the summer time they're not great - That's cos it's hot, and your feet start sweating more. You get sores in your feet with them, so I take them off.

It was gentle exercises, which helped the stiffness in the joint. Doing any kind of mild exercise was unbelievable and the manipulation stuff helped because it kept the joints from freezing up. So, they definitely helped.

**RESULTS** 

Nine semi-structured interviews were undertaken.

8 males, 1 female - mean age 54 years (range 30-70 yrs)

7 had post-traumatic OA

2 had haemophilia related OA

Median duration of symptoms 2 years (range 1 - 20 yrs).

Four themes were identified:

1.Symptoms (Pain, Fear of pain, Swelling, Instability). 2. Impact on function, social activities and quality of life (QoL). 3. Impact on mental wellbeing 4. Management and treatment

## **CONCLUSIONS & RECOMMENDATIONS**

This is the first study to explore the experiences of people with symptomatic OA ankle.

It was found that OA ankle results in severe pain, which has a substantial negative impact on a person's physical and mental wellbeing.

The participants' experienced a mixed response to the nonsurgical management. It is likely that this is due to an absence of guidance on its treatment. Although there is a wide range of conservative interventions available, there is little evidence of their clinical effectiveness to inform the management of this condition. The findings of this study should be used to inform future research.

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