

Abstract 1157

Accepted As: Poster

Date/Time: Saturday, March 6 from 11:15am - 12:45pm

Congratulations! Your abstract has been selected for presentation as a Poster at the Annual Meeting of the American Psychosomatic Society, March 3-6, 2004 in Orlando, Florida. If you agree to present at the meeting, your abstract will be printed as a part of the electronic version of Psychosomatic Medicine.

Your poster session is scheduled for Saturday, March 6 from 11:15am - 12:45pm. Please mount your poster at the poster station having that same number. Specific instructions for poster preparation are posted on the APS website: www.psychosomatic.org/2003site/notification/posterinfo.cfm.

Please click [here](#) to complete the Confirmation. Be sure to complete all sections of the confirmation form by December 30, 2003.

We are looking forward to an outstanding program in Orlando, Florida!

If you have any questions, please contact the APS office (703-556-9222) or by email at info@psychosomatic.org.

Sincerely yours,

Julian Thayer, PhD
Program Committee Chair
William Gerin, PhD
Program Committee Co-Chair

PSYCHOSOCIAL FACTORS PREDICT POOR OUTCOMES FROM SPINAL FUSION SURGERY

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Spinal fusion procedures are costly and are being utilized increasingly more often to treat chronic low back pain. To date, the emphasis has been on biological outcomes rather than long term functioning and quality of life (QOL) in patients undergoing these procedures. The purpose of this study was to examine functional and QOL outcomes in a sample of spinal fusion patients, and investigate presurgical correlates of these outcomes. Fifty-six patients who had undergone lumbar fusion surgery completed outcome measures (patient satisfaction, disability status, Roland-Morris Disability Questionnaire, Stauffer-Coventry Index, Short Form Health Survey-36) a mean of 2.6 years post-surgery. Presurgical variables coded for multiple regression analyses were age at the time of surgery, severity rating of presurgical spinal pathology, smoking tobacco, depression, and pursuing litigation at the time of surgery. Although solid fusion was achieved for most patients (84%) at follow-up, 38% were totally disabled with functional status worse than expected. Thirty-eight percent of the patients also indicated their QOL had worsened as a result of the spinal fusion procedure, and nearly 50% felt their pain was worse than what they had expected it to be at follow-up. Multiple regression analyses revealed that presurgical depression, tobacco use, and litigation were consistently predictive ($p < .05$) of poorer patient outcomes, whereas age and spinal pathophysiology ratings were not. The findings support the importance of assessing

patient functioning and QOL, and the potential utility of psychosocial variables in assisting with identification of patients likely to have a poor response to spinal fusion procedures.