

Influence of Depression On Recovery After Major Surgical Operations. Do Surgeons Take This Data into Account? a Prospective Cohort Study.

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Introduction. Depression is one of the main causes of disability in the Western countries. This evidence presents new challenges for somatic medicine, such as surgery.

Objectives. To determine the influence of patients' depression on (i) length of hospital stay (LOS, which is a proxy of recovery) after major surgery, and (ii) LOS anticipated by surgeon preoperatively.

Aims. To explore the influence of depression on recovery after major surgery, and whether and how surgeons take into account patients' emotional and psychological status in the care of their patients.

Methods. Prospective multicentre observational study. Depression was assessed with HADS (HADS > 8 showing the presence of significant depression). Two cox PH models were fitted to evaluate the influence of depression on patients' LOS (first model) and anticipated LOS (second model). Adjustment variables were (i) preoperative (age, sex, anxiety, diagnosis, BMI, biology), (ii) intraoperative (blood transfusion, length of intervention), (iii) postoperative (morbidity).

Results. Of 372 recruited patients (which had undergone major liver surgery), 69 (18,5%) had HADS>8. After adjustment, depression was a risk factor for a prolonged LOS (HR 1.96, 95%CI 1.44–2.63). However, depression was unrelated to the anticipated LOS (HR 1.26, 95%CI 0.90–1.66).

Conclusions. 1 in 5 patients presented a significant level of depression. Depression was independently associated to longer LOS (ie. longer recovery time after surgery). However this data was not taken into account by surgeons, which failed to integrate that in their previsions. A psychiatric culture and education need to be developed in surgery, as well as more collaboration.