

**“Pediatric hip disease increases the risk for analgesic drug use in adulthood: the long-term burden of pain and depression”**

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Background: Legg-Calvé-Perthes disease (LCPD) and Slipped Capital Femoral Epiphysis (SCFE) can result in painful deformation of the hip joint with impaired range of motion and early development of secondary osteoarthritis (OA). It has not been investigated whether exposure to LCPD and SCFE is associated with increased use of pain- or antidepressant drug prescriptions later in life.

Objectives: We aimed to investigate if patients with a history of LCPD or SCFE have an increased risk of prescription of analgesics or antidepressant drugs in adulthood compared with matched controls.

Design and Methods: 1,292 adult patients with a history of LCPD, and 1,613 adult patients with a history of SCFE, were identified by the Swedish Patient Register (SPR). These patients were matched for age, sex, and residency with 10 control individuals. Data of prescriptions of first-line analgesic drugs and antidepressant drugs between 2005 and 2011, derived from the Swedish Prescribed Drugs Register (DR).

Results: The adjusted risk (OR) for prescription of analgesics was 1.3 (95% CI: 1.2–1.5) for patients with LCPD, and 1.4 (95% CI: 1.3-1.6) for SCFE diagnosis.

The adjusted risk (OR) for prescription of antidepressants was 1.0 (95% CI: 0.8–1.2) for patients with LCPD, and 1.2 (95% CI: 1.1 -1.4) for SCFE diagnosis.

Conclusion: Patients with LCPD or SCFE during childhood have an increased risk of requiring analgesic medication in adulthood. Seemingly, patients with LCPD do not have an increased risk for antidepressant drug therapy in adulthood whereas we did see an increased risk in patients with previous SCFE compared with the general population.