**Effectiveness of Chronic Pain Management Programme**  
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**Introduction**  
Research findings consistently support the use of cognitive-behavioural treatments in managing chronic pain. Yet, no service-related audit within the Hospital Authority is available.

**Objectives**  
The objective of this study is to evaluate 1) the effectiveness of Chronic Pain Management Programme (CPMP) in Princess Margaret Hospital and 2) the underlying mechanism in terms of cognitive-behavioural parameters.

**Methodology**  
Thirty-four outpatients with chronic pain for >3 months and coping problem were recruited to the 8-session CPMP. Among these patients, 33 (97%) provided analyzable data at initial assessment (T1) and at last session (T2) or 3-month follow-up assessment (T3). Data was extracted on socio-demographic characteristics, and item scores on quality of life (QoL) (indexed by SF-36), measures on pain catastrophizing as well as self-efficacy on each time of measurement.

**Result**  
Results indicated that CPMP is effective, with a significant difference on QoL in terms of Physical Functioning (F(2, 56)=4.61, p=0.014, η²=14%; post-hoc, all ps<0.05), General Health (F(2, 56)=3.21, p=0.048, η²=10%; post-hoc(T1 vs T2), p=0.025) and Role Functioning-Emotional (F(1, 28)=4.67, p=0.039, η²=14%; post-hoc(T1 vs T2), p<0.016). Our findings also demonstrated a significant improvement in terms of pain magnification (F(2, 56)=4.61, p=0.022, η²=13%; post-hoc(T1 vs T2), p=0.008), pain helplessness (F(2, 56)=5.71, p=0.006, η²=17%; post-hoc, all ps<0.05) and
self-efficacy (F(2, 58)=7.42, p=0.001, η²=20%; post-hoc, all ps<0.05). Our findings substantiate the effectiveness of CPMP for managing chronic pain. Our results also lend initial support to the use of cognitive-behavioural model in developing group treatment which improves QoL by reducing pain-related catastrophizing and enhancing self-efficacy. Acknowledgement: A special note of thanks to Dr Barry Tam for his help with data analysis.