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Submitting author: Ms Peggy CHENG

Post title: Nurse Consultant, YCH, KWC

A preliminary result of a cross-sectional study: Pain and related situations among frail older adults in Yan Chai Hospital

Cheng PPP (1), Tse MYM (2)

(1) Central Nursing Division, Yan Chai Hospital; (2) Hong Kong Polytechnic University

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Introduction

Pain is a subjective experience. Older adults usually experience chronic pain with a prevalence rate of over 40%. Studies put forward that physical and psychosocial well-being of patients is negatively affected by chronic pain. And, the intensity of pain experienced by older adults with frailty is significantly higher than those categorized as pre-frail and non-frail. Thus, chronic pain and frailty appear to evolve in causing negative health outcomes.

Objectives

To examine pain and related situations for frail older adults.

To investigate the results in formulating care and education plan in pain management

Methodology

It is a joint-handed program with Hong Kong Polytechnic University. By voluntary basis, the participants were recruited from medical rehabilitation wards as well as Geriatric Day Hospital (GDH) of Yan Chai Hospital. They were aged 60 or above, did not need surgical treatment and post-operative rehabilitation.

Abbreviated Mental Test (AMT) was used to screen the cognitive status; Pain situation and Quality of Life were measured by Brief Pain Inventory (Chinese version) and the World Health Organization Quality of Life-BREF(WHOQOL-BREF), while Abbey Pain Scale and the Quality of life - Alzheimer' s Disease (QOL-AD) were used for participants with cognitive impaired or cannot verbalize; Fried Frailty Index and Frail Scale for measuring frailty; Subjective Happiness Scale(Chinese version) for measuring happiness and a set of questions about demographic data and pain-related situations

The entire interview was performed individually and in private in order to avoid potential confounding effects of peer pressure

Result

From July - Dec of 2016, 300 participants were recruited (140 from clinical

wards; 160 from GDH) in which 130 male & 170 Female, with mean age of 75.8; the mean score of AMT-10 was 7.43

Participants from GDH had higher cognitive level than those from rehabilitation ward (AMT mean score 8.67 ± 1.59 and 5.75 ± 2.81) ($p < 0.05$). 66.2% of the participants were married and 27.2% were widowed. 72.8% had no religion status and had relatively low educational level (40.4% primary school level and 34.4% non-educated).

The commonly reported medical history included hypertension (57%), stroke at 41.7%, diabetes mellitus at 28.5% and heart diseases at 23.2%

The average pain score were 4.35 (cognitive intact) and 4.34 (cognitive impaired) out of 10 marks. About 50% of participants experienced pain all the time.

Pain sites are mainly included joint (20.6%), neck (20.6%) and back (18.7%). Nearly half of them adopted either pharmacological strategies or non-pharmacological strategies for pain relief, and it was disturbing to find that about 25% did not use any pain relief measures.

Frail participants reported significantly lower quality of life and happiness level than robust and pre-frail groups. There were significant negative correlations ($p < 0.05$) between pain and happiness, pain and quality of life, frailty and happiness, and frailty and quality of life. Pain management is suggested to focus more on psychosocial well-being in the care plan.