



# KOWLOON WEST CLUSTER



# 九龍西醫聯網



## New Model of Care: A Multidisciplinary Patient Empowerment Program for OA Knee in Primary Care Setting in Hong Kong

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### Introduction:

Osteoarthritis of the knees (OA knee) is particularly common among Hong Kong Chinese, affecting up to 7% of men and 13% of women aged 50 years and above<sup>1</sup>. This chronic degenerative joint disease frequently leads to reduced mobility, impaired social functioning and decreased quality of life. In addition, the condition is associated with increased risk of depression and cardiovascular disease. The overall impact of OA knee on community health and health care cost is substantial.

Lifestyle modification, quadriceps exercises, physiotherapy and weight control have been recommended by current clinical guidelines to improve pain control and decrease disability of OA patients<sup>2</sup>. However, previous study showed that general practitioners in Hong Kong often prescribed analgesics as first-line treatment for OA knee with little emphasis on these non-pharmacological interventions<sup>3</sup>. Our patients' knowledge on these valuable interventions remained unknown to primary care providers, and their satisfaction towards knee symptom control was yet to be determined.

### Objectives:

1. To assess patients' knowledge on various non-pharmacological interventions for OA knee
2. To assess patients' satisfaction towards knee symptom control
3. To identify area(s) for improvement in current management of OA knee in primary care setting and formulate new model of care

### Methodology:

A pilot cross-sectional survey was conducted at Cheung Sha Wan JC GOPC from August to October 2010 where all attendants with knee pain were invited to participate on voluntary basis. Patients fulfilling the American College of Rheumatology (ACR) criteria for OA knee were recruited to complete a detailed questionnaire. Outcome measures included (1) demographic data, (2) knowledge on different non-pharmacological interventions for OA knee, (3) satisfaction towards knee symptom control.

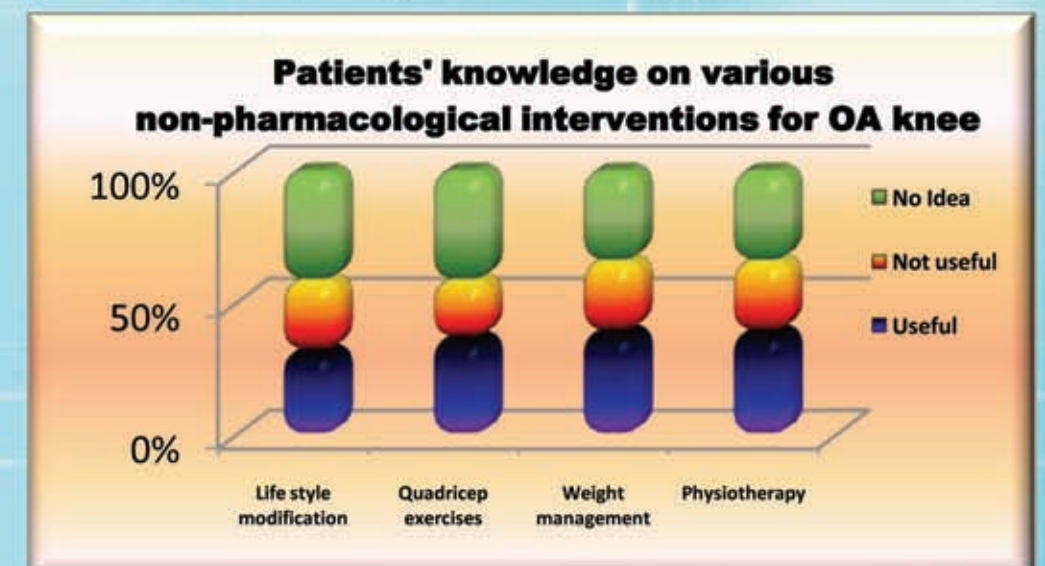
### Results:

41 patients fulfilling the ACR criteria for OA knee participated in this study.

Patient characteristics	
Age (mean)	69 years
<b>Gender</b>	
Male	9 (22%)
Female	32 (78%)
<b>Education level</b>	
No formal education	10 (24%)
Primary education	25 (61%)
Secondary education or above	6 (15%)
<b>Co-morbidities</b>	
Overweight / Obesity	24 (59%)
Hypertension	36 (88%)
Diabetes Mellitus	13 (32%)
Cardiovascular diseases (IHD / CVA)	5 (12%)
Depression	1(2%)

The participants were moderately distressed about their knee symptoms; the average Visual Analogue Scale (VAS) measured 5.60/10. The mean WOMAC pain and function score of the group was 4.01/10 and 3.61/10 respectively.

The majority of participants did not know about the importance of lifestyle modification (68%), quadriceps exercise (63%), physiotherapy (61%) or weight management (61%) in the management of OA knee.



49% of participants were not satisfied with current management for their OA knee symptoms.

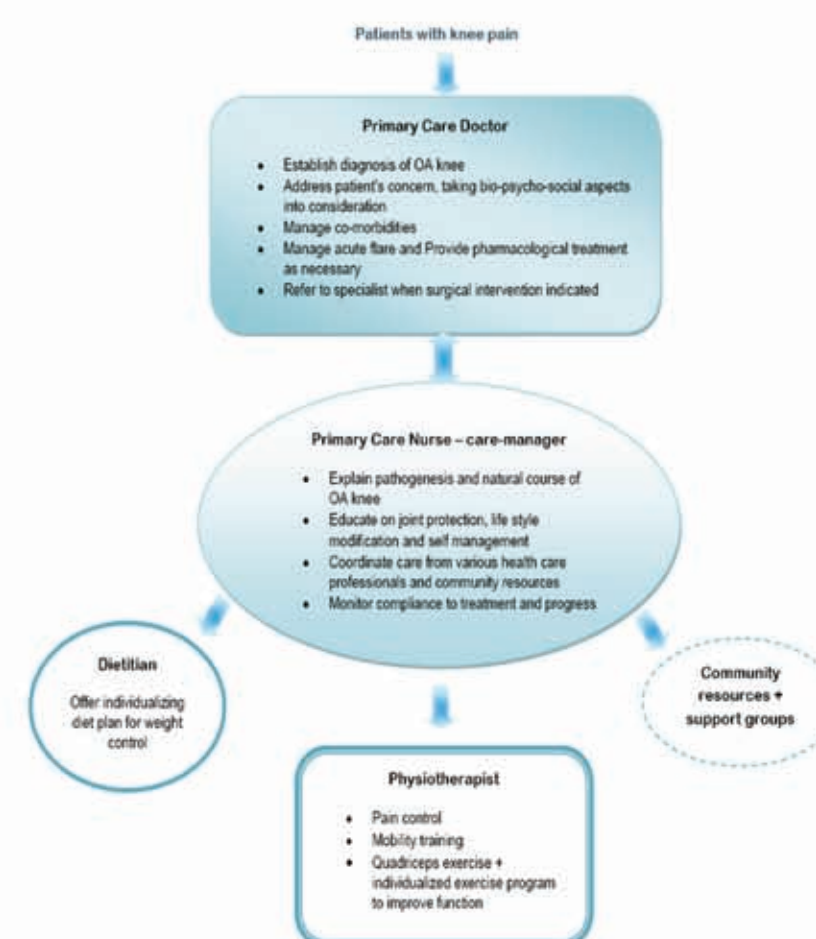


### Conclusion:

Our participants have little knowledge about various non-pharmacological interventions that are proven useful in reducing their suffering and, are not satisfied. The potential negative impact of this phenomenon on community health and health care cost cannot be underestimated.

Tailored education on the importance of various non-pharmacological interventions for OA knee can empower our patients to be responsible for their knee symptoms control, whereas improved availability to these interventions is essential to optimize patients' outcome and satisfaction. While consultation time is tight for primary care doctors, the best approach would involve a multidisciplinary program – where various allied health professionals collaborate to tackle specific aspects of OA knee management according to their expertise. This new model of care would enable provision of holistic patient care in a cost-effective manner, and ultimately contribute to a healthier community.

A Multidisciplinary Patient Empowerment Program for OA Knee



### References:

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3. Lee A, Tsang CKK, Siu HK. GP management of osteoarthritic pain in Hong Kong. Australian Family Physician 2008; 37(10):874-878.