



**Service Priorities and Programmes**  
**Electronic Presentations**

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**Submitting author:** Ms Katherine Pui Yee CHAN

**Post title:** Occupational Therapist I, Alice Ho Miu Ling Nethersole Hospital, NTEC

**Beyond conventional education, the importance of psychosocial factors in achieving successful self-management in Integrated Care and Discharge Support (ICDS) patients**

*Chan PYK, Wong KMR, Yuen KLC, Au LYF, Louie TMF, Ko SLF, Leung HY, Lo KM, Tang WSM, Hui E, Li P*

*(1)Occupational Therapy Dept and COST of AHNH (2)Occupational Therapy Dept and COST of SH (3)Occupational Therapy Dept and COST of NDH*

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**Introduction**

Frequent admission and high utilization of accident and emergency department (AED) service by some patients with chronic disease may not always be due to condition changes but rather result from the perception of severity by the patient +/- their caregivers and their lack of confidence and knowledge in self-management. The psychosocial factors of these patients can often become a barrier to the effectiveness of conventional patient education in self-management.

**Objectives**

To review the effect of minimizing psychosocial barriers prior to conventional education on achieving effective self-management.

**Methodology**

Single case study of an ICDS patient with psychosocial barrier of anxiety was recruited under occupational therapy case manager in Nov 2012 for 8 weeks. Background: Patient has known hypertension and atrial fibrillation and was recruited after stroke. In the past 2 months, patient directly attended AED 5 times, 4 of which were for heel and neck pain. Also, patient had multiple history of attending AED for flu symptoms which did not require hospitalization. Chief problem: 'Knee jerk responses' compatible with exaggerated stress responses serving as automated catalyst to call for emergency medical assistance. Intervention: Aimed to break health seeking pattern through habitual changes, which are achieved by: 1) Enhancing patient's awareness of stress responses and associated physiological changes 2) equipping patient with stress coping skills 3) empowering patient with first line skills to assess own condition and possible community based management, providing indicators for urgent medical alerts 4) lifestyle modification, incorporating leisure pursuit with music appreciation and exercise habit 5) enhance confidence and sense of control in

self-management.

**Result**

1) Decreased AED consultation frequency by 150%. Prior to ICDS program, attended AED 5 times in 2 months. During ICDS program, patient attended AED 2 times in 2 months. 2) More appropriate health seeking behavior. First AED attendance was for high BP, later for which clinical admission was required and arranged. Second AED attendance for flu symptoms but patient had consulted general practitioner twice prior to approaching AED.