Special Topics

T18.2 Collaborative Service Programmes in Allied Health 14:30 Room 423 & 424

Multidisciplinary Pain Management Programme for Complex Non-cancer Pain Patients in Alice Ho Miu Ling Nethersole Hospital

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Introduction

Since 2002, the Comprehensive Outpatient Pain Engagement Pogramme" (COPE), a structured six-week (14 whole days) has been introduced with multidisciplinary input from pain specialist, clinical psychologist, nursing specialist, physiotherapist, occupational therapist, medical social worker and chaplain for managing complex chronic non-cancer pain patients at Alice Ho Miu Ling Nethersole Hospital (AHNH).

Objective

This study evaluates the effectiveness of a multidisciplinary pain management programe in handling complex chronic non-cancer pain patients.

Design

A prospective cohort study.

Methods

Data of 158 chronic non-cancer pain patients who had joined the COPE programme from 2002 to 2012 were analysed.

During the six-week programme, different disciplines closely worked together to implement rehabilitation plan for the patients. The team adopted cognitive behavioural approach. Core elements included pain pathophysiology education, medication titration, goal setting, counseling and behavioural activation. The team used cognitive restructuring, relaxation exercise, activity pacing, communication skill training, graded exercise, functional training, and life style modification to help patients get out of chronic pain spiral. At weekly case conferences, the team reviewed patients' progress on their capacity to cope with chronic pain to achieve better daily activities and functions.

Physical outcome measures included tolerance to sitting and standing. Psychological constructs such as mood, catastrophisation, self-efficacy, quality of life, and perceived performance in activities of daily living were measured. Return-to-work rate, hospital admissions, and outpatient visits were also analysed. All outcome measures were taken before and one year after the programme.

Results

There was significant improvement ($p<0.05$) in all psychosocial measures, physical tolerance in sitting and standing, and reduction in medical utilisation despite similar pain intensity. There was also significant increase in return-to-work rate one year after commencement of the programe (35% after vs 17% before the programme; odds ratio=3.01). Logistic regression analysis showed that pain intensity, psychological distress and history of work-related injuries were not related to the likelihood of return to work. But shorter duration of pain and higher physical functioning score in 36-item Short-form Health Survey were prognostic indicators.

Conclusion

Patients with chronic pain who joined the integrated multidisciplinary COPE Pain Management Programme at AHNH showed significant improvement in physical and psychological functions, and return-to-work rate despite their long history of pain.