

# Oasis for Elderly Pain Management

## 「緩痛綠洲」長者痛症管理計劃



Funded by The Community Chest

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## Outline



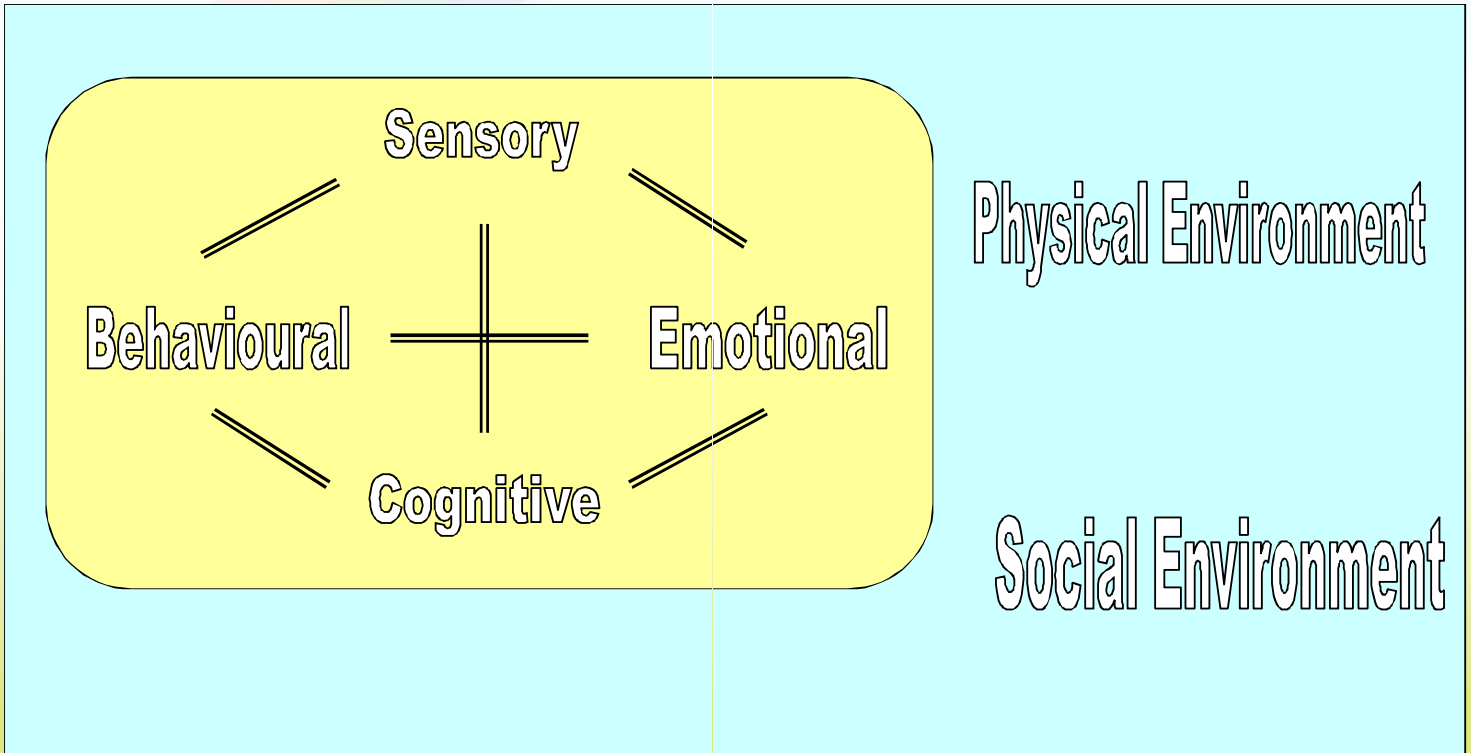
- I. Re-conceptualization of Pain:  
Biopsychosocial Model of Pain
- II. New Insights that Inform Practice
- III. Oasis for Elderly Pain Management

# Re-conceptualization of Pain



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- A Biopsychosocial Model of Pain:



# Re-conceptualization of Pain



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- A Biopsychosocial Model of Pain:
  - Chronic pain involves a combination of biological or physiological factors, psychological factors (cognitive, emotional, and behavioral), and social-environmental factors
  - It is important to understand that each of these factors cannot be considered in isolation. That is, each element interacts with and is affected by every other element

## Biopsychosocial Model of Pain: Elements



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- **Sensory:**
  - Refers to the physical sensations that make up the experience of pain
- **Emotional:**
  - Includes all of the emotional states that accompany the experience of pain as well the effects of pain on your life
- **Cognitive:**
  - Includes awareness of pain, focus of attention, memory of pain and other experiences expectations regarding the pain condition and your ability to cope with it, perceptions of ongoing life events, attitudes toward yourself and others

## Biopsychosocial Model of Pain: Elements



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- **Behavioral:**
  - Refers to immediate expressions of pain, the various ways in which pain is communicated, actions taken to cope with pain and changes in behavior as a result of chronic pain
- **Physical Environment:**
  - Includes all aspects of the physical environment that affect your awareness of pain or ability to cope with pain, e.g. weather conditions, housing conditions, physical objects such as beds and chairs, means of transportation
- **Social Environment:**
  - Refers to individuals who can affect and are affected by your pain condition. It includes family and friends, medical care professionals, employees and colleagues, etc

# Voice from Elders



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o video 1a

video 1b

## Re-conceptualization of Pain:



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Dimension	Medical Model	Biopsychosocial Model
Responsibility	Resides primarily with a health care practitioner	<ul style="list-style-type: none"><li>•Places primary responsibility on the person with the chronic pain condition</li></ul>
Goal/Expectation	Correct diagnosis and sufficient treatment to produce a complete cure → reduction in pain intensity	<ul style="list-style-type: none"><li>•Reduction in pain intensity is attributed to the elder's own coping efforts rather than to something done to or for the elder by a professional</li><li>•Direct coping efforts toward surviving the intense pain episode rather than immediate pain reduction</li><li>•Other aspects of the person's physical, psychological, and social condition are addressed and given greater importance</li></ul>

# New Insights that Inform Practice



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## 1. From treatment and eradication (治療/消除) to management and care (自我關顧/多面角度)

- The distinction between cure and management is crucial, because for many chronic pain problems a complete cure is unlikely and coping/acceptance will always be required

# New Insights that Inform Practice



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## 2. Relieve Sufferings from Pain

- Pain [in Chinese] = 痛苦 → 苦 [Sufferings] 與痛 [Pain]
- 痛 [Pain]: Sensation, physical injury
- 苦 [Sufferings]: negative influence from pain, personal and subjective experience of pain
- A pain management approach offers the elders to be more hopeful: the pain may never completely disappear, they can still reduce its negative influence on their daily lives
- Pain will not totalize their life and self

## New Insights that Inform Practice



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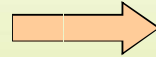
3. When we have a different understanding on pain:

**Pain : medical symptoms**



**Belief : pain is** (at least partially)  
**subject to the patient's control**

*Unalterable / Uncontrollable*



*Manageable / Changeable*

## New Insights that Inform Practice



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4. When we have a different understanding on pain:

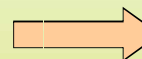
**Responsibility :**  
**placed on professionals**



**Emphasizing the elder's**  
**ability to alleviate much of**  
**his sufferings**

→ **Enhance self-efficacy**

*Helplessness / Hopelessness*



*Acceptance / Sense of Mastery*

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## Community Education 社區教育

Education Talk 專題講座

Outreaching Program 外展活動

Pain Management Workshops 實踐工作坊

## Pain Relief Corner 緩痛天地

Physiotherapy 物理治療

Acupuncture 針灸服務

## Mutual Support Network 互助網絡

Stress Relief Activity 同路人減壓活

Volunteer Training & Service 義工訓練及培訓

Mutual Support Group 互助小組

## Clinical Service 臨床服務

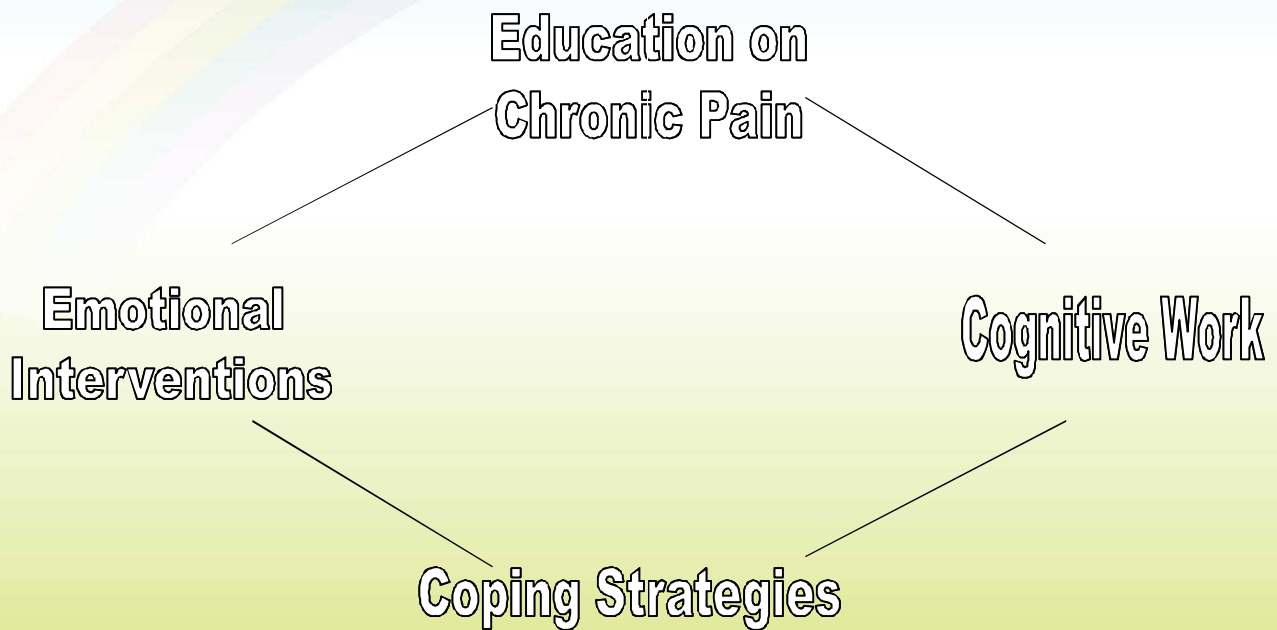
Counseling & Casework 個人心理輔導

Pain Management Group 與痛同行小組

# Core Components of Pain Management



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# Core Components of Pain Management



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## • Tasks for each aspect:

Education on Chronic pain	<ul style="list-style-type: none"> <li>• Discuss the impact of pain</li> <li>• Explore and understand the pain cycle</li> <li>• Review common myths about pain among older adults</li> <li>• Discuss goals of chronic pain management</li> </ul>
Cognitive Work	<ul style="list-style-type: none"> <li>• Understand automatic thoughts</li> <li>• Discuss how thoughts lead to emotions</li> <li>• Explore the relationship between emotion and pain</li> <li>• Introduce the ABC model</li> <li>• Identify examples of Self-enhancing Thoughts and of Self-defeating Thoughts that elders typically experience</li> </ul>



# Core Components of Pain Management



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- **Tasks for each aspect:**

Coping Strategies	<ul style="list-style-type: none"><li>• Introduce relaxation and breathing techniques as effective pain management strategies</li><li>• Pleasant activities scheduling</li><li>• Physiotherapy: hot and cold treatment; encourage exercise as part of pain management; discuss the problem of de-conditioning, types of exercise, tips for starting exercise program</li><li>• Introduce options like Traditional Chinese Medicine Aromatherapy</li><li>• Introduce the importance of pacing</li></ul>
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# Core Components of Pain Management



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- **Tasks for each aspect:**

Emotional Interventions	<ul style="list-style-type: none"><li>• Introduce the concept: emotions do not cause pain but do affect it by either increasing intensity levels or undermining coping abilities</li><li>• Introduce deep breathing and relaxation skills to re-touch or defuse the emotions</li></ul>
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## To Relieve the Sufferings of Chronic Pain

- Background of Oasis
  - Responding to the service gap more proactively, Integrated Elderly Service of ELCHK has started a support program for community dwelling elders suffering from chronic pain in 2004. It has laid a substantial groundwork for us to go further.

# Oasis

## for Elderly Pain Management



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- Background of Oasis
  - Supported by The Community Chest, a 3-year Pioneer Project – Oasis for Elderly Pain Management (「緩痛綠洲」長者痛症管理計劃) has been launched since 2007.

# Oasis

## for Elderly Pain Management



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- Characteristics of Oasis
  - Adopting a more holistic framework and with active collaboration with multi professional disciplines
  - Strengthen the support for older adults with chronic pain and to reduce its negative influence on their quality of life
- Core components:
  - Pain Management Workshop
  - Pain Management Group
  - Pain Relief Corner
  - (Non-pharmacological intervention is the major mode of service delivery)

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## for Elderly Pain Management



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- **Walk with Pain** Pain Management Group  
「與痛同行」長者痛症管理小組
  - No. of Session : 8
  - Duration : 2 hours/session
  - No. of Group member : 8-10
  - Target :
    - age 50 or above
    - with chronic pain
    - suffer from emotional distress
    - with limited coping strategies

# Walk with Pain



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Session	Main Content
1	Introduction of Pain and Concept of Sufferings Exercise: Muscle relaxation
2	PT Session: Rehabilitation/Stretching Exercise
3	PT Session: Daily Caring Skills
4	Awareness of vicious cycle of chronic pain Exercise: Progressive Autogenic Relaxation

# Walk with Pain



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Session	Main Content
5	Awareness of internal voice
6	Awareness of pain message
7	Self-acknowledgement
8	Consolidation and Conclusion

# Walk with Pain



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- Program Evaluation:
  1. Pre and Post Test
    - The Chinese Version of Pain Self-efficacy Questionnaire (PSEQ-HK)
      - 10-item self-report inventory that assesses the strength and generality of a patient's self-efficacy beliefs and his or her confidence to accomplish a range of activities despite chronic pain
      - Belief in self-efficacy influences the use of pain-coping strategies, physical and psychological function, and rehabilitation outcome in chronic pain patient

# Walk with Pain



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- Program Evaluation:
  - The Chinese Pain Catastrophizing Scale (HK-PCS)
    - 13-item self-report questionnaire consisting of three subscales : rumination, magnification, and helplessness
    - Catastrophizing in pain is related to physical and emotional health indices, such as pain intensity, pain-related disability, pain-related fear and psychological distress.

# Walk with Pain



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- Program Evaluation:
  2. Feedback from user
    - Increase in use of relaxation
    - Decrease in negative emotions, e.g. excessive worry
    - Learn exercise as part of pain management
    - Develop new lifestyle for living with chronic pain

video 2

video 3    video 4

# Oasis

## for Elderly Pain Management



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- Pain Management Workshop [實踐工作坊]
  - Collaborated with different professionals, various pain management workshops were organized to facilitate the elders to learn more practical skills for pain relief.
  - “Practical and Skillful” are the major feedback to our workshops.

# Pain Management Workshop

## [實踐工作坊]



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### Examples:

Physiotherapist	Back Pain Exercise Class (腰酸背痛及護脊工作坊) Knee Exercise Class (膝關節運動班) Self Acupuncture Class (自我穴位按摩工作坊)
Social Worker & Aroma therapist	Aromatherapy and Relaxation (鬆弛技巧及香薰工作坊)
TCM Practitioner	Chinese Medicine Treatment for Back Pain (中醫治療腰痛) Chinese Medicine Treatment for Gout (中醫治療痛風) Chinese Medicine Treatment for Arthritis (中醫治療關節痛)
Swimming Teacher with special training	Hydro Musculoskeletal Rehabilitation Workshop (水中機能訓練班)
Dietician	Tips of Nutrition for Gout (痛風有營有辦法)
Senior Tai Chi Practitioner	Pain Relief in Tai Chi (緩痛太極工作坊)
Hypnotherapist	Hypnotherapy for Pain Relief Workshop (催眠治療體驗工作坊)

# Pain Management Workshop

## [實踐工作坊]



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### 中醫湯水茶療工作坊

學識煲啱自己痛症嘞湯水，  
仲學識原來用中藥泡茶療，  
方法簡單，真係好有用!

我最鍾意係第五堂中醫師教我的  
穴位按摩方法，好實際!

好開心中醫師好有心機，學識多  
咗好多有關我痛症嘅藥材，有得  
睇、有得試飲，同聽講座好唔同，  
容易記好多!

# Pain Management Workshop

## [實踐工作坊]



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### 香薰及按摩工作坊

開頭完全唔知香薰係咩，但原來香薰除佐可以聞，又可以浸、又可以敷、又可以按摩、每次上堂練習完，我都成個人放鬆晒，敷完後痛楚真係減輕咗!

試完香薰熱敷的方法真係令我好舒緩，成個人都跟住放鬆晒!

# Pain Management Workshop

## [實踐工作坊]



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### 水中機能訓練班

係水中行路令我對腳好輕、感覺到好放鬆!最鍾意就係在水中踏單車，我從來都冇諗過我對腳咁樣，都仲可以做到!

我對腳本來因為變左形分得好開，上左幾個療程之後已經合理左好多!

起初都好擔心，醫生叫我去游下水，話對我的痛症好，但係原來唔識游水都唔駛怕!



# Pain Relief Corner

[「緩痛天地」物理治療及針灸服務]



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- All elders aged 50 or above who suffered from chronic physical pain are eligible to enroll in our PRC service. Service is packaged in 8 sessions, each for 45-minutes: 1 initial assessment and 7 clinic visits
- Manual therapy, therapeutic exercise and the application of electro-physical modalities are core interventions by the Physiotherapist.

# Pain Relief Corner

[「緩痛天地」物理治療及針灸服務]



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- Knowledge of pain condition(s) and pain(s) management is enhanced. Mastery of self-help skills and wisdom to cope with the pain are also improved. They find it most useful to have heightened alertness to some harmful exercises or daily movements (habits) which they used to have misconceptions that they are good for their health.

# Pain Relief Corner

## [「緩痛天地」物理治療及針灸服務]



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- Through out these 2 and half years, 92.0% and 90.7% of elderly joined our service, found improvement in their pain intensity with Self-reported Pain Visual Analogue Scale (VAS) and pain management skill representatively. While, 7.8% and 9.3% of elderly found their pain intensity and pain management skill remains the same.

# Pain Relief Corner

## [「緩痛天地」物理治療及針灸服務]



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There are 4 issues inside the pain management skill:

1. **Understanding of pain** including diagnosis, pathology, sign and symptom, and common treatment method his/her own condition.
2. **Understanding pain treatment of physiotherapy** which including physiotherapy treatment method, effect and its corresponding indications.
3. **Self care management skill** which including understanding of self treatment and exercise.
4. **Awareness of daily life** which including all general advice in daily life, using proper helping aids, walking aids, proper posture or methods in dealing of domestic work, proper footwear.

# Practice Wisdom



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- Experiential and practical
- Active Engagement and empathy to users
- Multi-level and interdisciplinary collaboration / mobilization
- Community Education is no less important than direct service
- Learning Team and knowledge-based practice
- Effective downstream and upstream communication and orientation

# Limitations and Challenge



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1. Older adults as an unique user group
  - requires thoughtful, user-oriented detail-minded service delivery,
  - requires both psychological support and tangible support (escort, material supply and practical advices)
2. Changes in venue, borrowed venue
  - requires coordination, though it is within the same agency
  - less flexibility
3. Time limited funding
4. Pioneer service, lack of local reference
5. Medical model is still the mainstream (Difficult to engage funding/system)

## Way Forward



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- With the consistent, positive feedbacks from users and proven effectiveness, the pain management service will be sustained to a workable extent so as to fill service gaps, to provide more options and user-oriented service to needy elders in the community
- Pain Corner (Physiotherapy / acupuncture)
  - to sustain the service with Self Financing Mode
  - fee charging : less than private market
  - service more responsive and user oriented: facilities / service packages
  - concern: how to support the low-income elders, finding sponsorship for specific groups

## Way Forward



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- Pain Management Groups / Psychosocial Counseling of Cases Suffering from Chronic Pain
  - to be integrated in existing service, particularly in counseling team
  - with smaller scale vs funded project
- Continue to explore alternative working approach: TCM / hypnotherapy / Music Therapy / Horticulture)
  - build on strengths of service team, ELCHK
- Explore interface and collaboration with Medical System / Paramedical

## Way Forward



- Continue to develop knowledge-based and evidence-based practice
- Community education : to reach a wider group and advocacy for more concern on chronic pain
- consolidation of practice wisdom via publication and sharing sessions for professionals are taken as valued elements of the project

## Ending Note



- With adequate social support, more understanding of chronic pain from others and the older adults themselves, timely professional intervention, more knowledge-based care plans, ownership shared; with less negligence and misconceptions, older adults can be much better supported to relieve physical unease and further sufferings from chronic pain.

# 痛而不苦

即使痛不能改變，但是可藉改變行爲、解除習氣、放棄執著、調整意念、接觸情緒，從苦痛中解脫出來，痛不能除，苦卻可以消。

苦者，人的主觀體會，所謂境隨心轉：山不轉，路轉；路不轉，人轉；人之轉，心亦轉之。

心轉是以覺知與痛同在，以正念與痛同行，那麼，我們便能對疼痛說：「嗨！我的疼痛。我知道你在哪裡，我會在這兒注視你，好好地照顧你，並且以恩慈擁抱你。」

吸氣，向疼痛問好；呼氣，對它微笑。

## Relieve Sufferings From Pain



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### *Smiling To My Old Friend*

May not get rid of you forever  
Let me be liberated from the sufferings of pain  
To change some acts  
Undo harmful habits  
Let go embedded but unhelpful beliefs and thoughts  
Suffering is real, personal and often subjective  
Can't move the huge mountains, I choose other roads  
When roads not found fit the right way  
I change myself, echoing to my internal voices and refreshed thoughts.  
Pain is still there, yet with less suffering

Enlightened -- pain is my old friend  
Why not taking her as a companion along the journey  
Gently have a nice talk with her  
“ Hay, my old friend  
I know you are there  
I will keep an eye on you  
Take good care of you  
Embrace you with tender and kindness . . . . . “  
Breathe in, say hello to my old friend  
Relieved, and  
Smile to her.

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# Thank You