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Out-patient chronic pain service in Hong Kong: prospective study

香港為慢性痛症病人提供的門診服務：前瞻性研究

Objective. To examine the profile and referral pattern of patients attending an out-patient pain management service in Hong Kong.
Design. Prospective cross-sectional survey.
Setting. Regional public hospitals, Hong Kong.
Patients. All patients attending out-patient pain management clinics in the New Territories East public hospitals between 1 September and 31 December 2002.
Main outcome measures. Demographic profiles, referring specialty, pain diagnosis, pain sites, duration and severity of pain, treatment modality, litigation, compensation, and social welfare status. Data were collected using a standardised questionnaire.
Results. Two hundred and forty-eight patients were interviewed. Most patients (70%) were middle-aged, with 21% over 60 years. Seventy-nine percent of patients were referred to the clinics either from orthopaedic surgeons (64.1%), general and other surgeons (14.9%), or general practitioners (3.6%). The median (range) duration of pain was 2.3 (0.08-26.7) years. The most common pain diagnoses were musculoskeletal back pain (46.4%) and neuropathic pain (27.8%). A total of 11.3% of the patients had two pain diagnoses, while 40.7% complained of pain in more than one location. Pain in the limbs was the most frequent complaint followed by the head, neck, and back. Approximately 38% of patients had tried four or more treatment modalities. Oral medication was the most common method (86.7%) of pain-relief treatment. More than half of the patients had also tried physiotherapy and traditional Chinese medicine. Approximately 37% of the patients were unemployed, while 31% were receiving social security subsidy. Eighty-six patients had pain associated with a work-related injury, and of these patients, 80% were involved in compensation claims.
Conclusions. The profile of patients referred to the pain management clinics was complex. Patients were mainly referred from specialists. The economic implication in this group of patients is likely to be significant as many patients utilised multiple treatment modalities, were unemployed and on social welfare benefits, and were involved in compensation and litigation proceedings.

目的：檢視在香港接受痛症門診治療的病人，其特點和轉介模式。
設計：前瞻性的交叉研究。
安排：分區公立醫院，香港。
患者：2002年9月1日至12月31日期間，曾在新界東各公立醫院接受痛症門診治療的病人。
主要結果測量：以一份標準化問卷進行調查，搜集下列數據：人口特徵、轉介的專科部門、痛症的診斷、疼痛部位、患上痛症的時間長短和疼痛程度、治療方法、訴訟、賠償和接受社會福利援助的情況。
結果：共有248位病人接受問卷調查。大部分受訪者（70%）為中年人，其中21%超過60歲。79%受訪者由醫生轉介，其中由骨科醫生轉介的有64.1%，其他外科醫生佔14.9%，還有3.6%屬普通科醫生轉介。患上痛症的時間中位數為2.3年，分佈值為0.08至26.7年。醫生診斷的痛症以肌肉骨骼背痛（46.4%）和神經痛（27.8%）最為普遍。受訪的病人中，11.3%曾接受過兩次的診斷，40.7%身體不止一處感到疼痛，以四肢為最常見的部位，頭、頸、背部次之。大約有38%的病人曾接受過四種或以上的療法治療，鎮痛的方法以口服藥物最多（86.7%），也有半數以上的病人曾接受物理治療和中醫治療。受訪者中，37%為無業，31%領取綜合社會保障援助金生活；86人因工傷引致痛症，當中80%已提出賠償要求。
結論：轉介接受痛症門診治療的病人的特點頗為複雜，他們主要由專科醫生轉介。

Key words:
Health care surveys;
Pain;
Pain clinics

關鍵詞：
保健調查；
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痛症專科診所

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這類病人對經濟的影響相當明顯，因為他們當中許多人已接受過多種療法的治療、無業，並接受社會福利的各種援助，也有提出索償的訴訟。

Introduction

Chronic pain is increasingly recognised as a major health problem in many countries. It has been shown to affect psychological health, social and economic well-being, and health-related quality of life in different communities.[1-4] As a result, chronic pain and its consequences have been reported to cause considerable burden to the health care cost. In the United States and United Kingdom, the economic cost for back pain was estimated to exceed US$54-86 billion and US$20 billion a year, respectively.[5,6] Similarly in the Netherlands, neck pain alone was estimated to cost US$686 million.[7]

Chronic pain is a common condition in adults with a median prevalence of 15% (2%-40%) across different countries worldwide.[8] A recent local survey reported a similar prevalence of chronic pain of 10.8% in Hong Kong.[9] The authors found that 38% of those respondents who were working, complained that their work was affected, while 70% stated that the pain had interfered with their daily life. About 20% of this group took an average of 5 days off work during the 12 months prior to the survey. Absence from work due to chronic pain therefore represented a significant economic cost resulting from decreased productivity. In another local telephone survey, 37.1% of the respondents complained of recurrent headache.[10] These studies suggested that chronic pain is a common occurrence in the local population that may often affect the lives of those affected and give rise to significant economic implications.

At present there are inadequate local epidemiological data on chronic pain. This lack of information has concealed the severity of the problem and its implication on society. Consequently little attention is focused on this area of health care locally. The objective of this study is to examine the profile and referral pattern of patients attending the out-patient pain management clinics in a regional health area in Hong Kong. The economic implication of chronic pain conditions is also explored.

Methodology

Our chronic pain management service provides out-patient and in-patient chronic pain consultation and management at three acute pain hospitals, including the Prince of Wales Hospital, North District Hospital, and Alice Ho Miu Ling Nethersole Hospital, in the New Territories East (NTE) region of Hong Kong. The Prince of Wales Hospital is the teaching hospital of the Chinese University of Hong Kong and is the tertiary referral hospital for the region. The North District Hospital and Alice Ho Miu Ling Nethersole Hospital are smaller acute pain general hospitals with between 400 and 600 beds. The three hospitals serve a population of about 1.2 million in the NTE region. The out-patient pain management clinics at each of the three hospitals are primarily staffed by the same team of anaesthesiology-based pain physicians. At three regular out-patient clinic sessions per week, the patients are seen by different disciplines at the same time. These are multidisciplinary clinic sessions with clinical psychologists, pain nurses, physiotherapists, neurosurgeons, oncologists and/or palliative care physicians. Input from other relevant disciplines such as orthopaedic surgery, neurology, psychiatry, rheumatology, and occupational therapy is available and easily accessible.

Prior to the survey, local Research Ethics Committee approval was obtained. Over a 4-month period, all prospective patients attending the out-patient pain management clinics were surveyed. Patients who attended any of the clinics on more than one occasion during the study period only had their survey data collected at the first visit. All patients who consented to the survey were interviewed by one of our nurses at the pain management clinics. Data were collected using a standardised questionnaire (Appendix). Most questions were multiple-choice and required only a circle to indicate the selection. Some of the selections were grouped together where appropriate for analysis and presentation. Before the survey, the nurses were instructed on how to conduct the interview to ensure uniformity. Patients who could not cooperate were excluded from the survey.

Data collected include the patients' demographic profiles, history of co-existing medical disease, referring specialty, pain diagnosis, pain sites, duration and severity of pain (using a numeric rating scale), previous treatment modality, current medication, use of traditional Chinese medicine, current compensation claim or legal proceedings, and whether they are on social welfare. Treatment outcome was not an objective of the survey as it would have been difficult to correlate it to the numerous treatment modalities the patients had tried, and was therefore not measured. These results are presented as descriptive data.

Results

Between 1 September and 31 December 2002, 295 patients were seen at the out-patient clinics and 248 patients consented to be interviewed for the survey. Data from all patients surveyed were available for analysis. The demographic data are presented in Table 1. Forty-six percent of patients were recruited from North District Hospital clinic, while 38% and 16% were from Prince of Wales Hospital and Alice Ho Miu Ling Nethersole Hospital clinics, respectively. Seventy percent of patients were

middle-aged (31-60 years), although 21% were over 60 years. There were similar numbers of male and female patients. Seventy-nine percent of patients were referred to the clinics either from orthopaedic surgeons (64.1%) or other surgeons (14.9%) at the three acute pain hospitals. Only 3.6% were referred from private general practitioners.

The median (range) duration of pain was 2.3 (0.08-26.70) years. Over 80% of the patients had been in pain for over 12 months. The most common pain diagnoses were musculoskeletal back pain (46.4%) and neuropathic pain (27.8%). Twenty-eight (11.3%) patients had two pain diagnoses. Pain in the limbs was the most frequent complaint followed by pain in the head and neck, and back (Table 2). One hundred and one (40.7%) patients complained of pain in more than one location, while 111 (44.8%) patients had a history of one or more co-existing medical disease. The types of pre-existing medical conditions are shown in Table 3.

In our survey, 37.9% of patients had tried four or more treatment modalities for their pain management. Western medical treatment modalities were used by 241 (97.2%) patients. Oral medication was the most common method (86.7%) of pain-relief treatment (Table 4). More than half of the patients had either physiotherapy (65.7%) or interventional therapy (54.4%), while a similar proportion of patients (55.6%) also tried traditional Chinese medicine (TCM) for pain management. Acupuncture (35.5%) and herbal medicine (32.7%) were the most popular TCM therapies. Although 68 (27.4%) patients were not on any oral medication at the time of the survey, 20 (8.1%) patients were on three or more analgesics. The types of medication taken commonly by the patients for their pain relief are shown in Table 5.

Overall, 92 (37.1%) patients were unemployed and 77 (31%) patients were receiving social security subsidy either in the form of Comprehensive Social Security Assistance (CSSA) or Disability Allowance (DA) schemes. Of those who were unemployed, 48 (52.2%) patients were receiving social security. Eighty-six (34.7%) patients had pain resulting from an injury sustained at work. Of these patients, 69 (80.2%) were involved in compensation claims resulting from their injury.

Discussion

In our survey, we found that most of our patients were referred by specialists and only 3.6% of our patients were referred from general practitioners. This was in contrast to other surveys where a large proportion of patients were referred to pain medicine specialists by general practitioners.[11] The low referral rate was also surprising as Ng et al[9] had earlier found that 45% and 23% of their respondents with chronic pain sought advice from their general practitioner and specialist, respectively. This referral pattern of our service reflects the traditional trend

Table 1. Demographic data (n=248)

Demographic data	Patients*† No. (%)
Mean age (standard deviation) [years]	48.7 (15.0)
Sex (male/female)	115 (46.4) /133 (53.6)
Education level	
None	34 (13.7)
Primary	64 (25.8)
Secondary	127 (51.2)
Tertiary	9 (3.6)
Postgraduate	14 (5.6)
Current employment	
Unskilled manual labour	28 (11.3)
Skilled trade	19 (7.7)
Clerical	14 (5.6)
Managerial	4 (1.6)
Professional	13 (5.2)
Housewife	25 (10.1)
Retired/students	44 (17.7)
Casual/part-time employment	9 (3.6)
Unemployed	92 (37.1)
Referring doctor	
Orthopaedic surgeons	159 (64.1)
General and other surgeons	37 (14.9)
Physicians	20 (8.1)
Private general practitioners	9 (3.6)
Others	23 (9.3)
Median (range) duration of pain (years)	2.3 (0.08-26.70)
Median (range) number of pain sites	1 (1-4)
Median (range) number of different treatments	4 (0-7)
Median (range) number of medications	1 (0-4)

* Data are shown as mean (standard deviation), or median (range) as otherwise specified

† Because of rounding, not all percentages total 100

Table 2. Pain diagnosis and location (n=248)

Pain diagnosis/location	Patients* No. (%)
Diagnosis	
Musculoskeletal back pain	115 (46.4)
Neuropathic pain	69 (27.8)
Joint pain	23 (9.3)
Other muscle pain	38 (15.3)
Chronic headache	4 (1.6)
Chronic pelvic pain	5 (2.0)
Cancer pain	4 (1.6)
Others	18 (7.3)
Location	
Limb	109 (44.0)
Head and neck	62 (25.0)
Back	50 (20.2)
Chest	16 (6.5)
Abdomen	9 (3.6)
Others	2 (0.8)

* Some patients had more than one diagnosis or location

Table 3. Pre-existing medical problems (n=111)

Pre-existing medical problem	Patients* No. (%)
Cardiovascular diseases	54 (48.6)
Diabetes mellitus	23 (20.7)
Cardiac diseases	15 (13.5)
Obstructive airway disease	12 (10.8)
Psychiatric illness	12 (10.8)
Gastrointestinal disease	10 (9.0)
Endocrine/autoimmune disease	9 (8.1)
Others	15 (13.5)

* Some patients had more than one medical problem

Table 4. Type of pain relief therapy tried by patients (n=248)

Pain relief therapy	Patients* No. (%)
Oral medications	215 (86.7)
Physiotherapy	163 (65.7)
Interventional therapy	135 (54.4)
Transcutaneous electrical nerve stimulation	81 (32.7)
Occupational therapy	69 (27.8)
Psychotherapy	49 (19.8)
Others	28 (11.3)
Traditional Chinese medicine	138 (55.6)
Acupuncture	88
Herbal medicine	81
Tui Na Massage	62
Bonesetter	45
Moxibustion	37
Others	5

* Some patients tried more than one pain therapy

Table 5. Type of oral medication currently taken by patients for pain relief (n=180)

Medication for pain relief	Patients* No. (%)
Tricyclic antidepressants	71 (39.4)
Anticonvulsants	67 (37.2)
Simple analgesics and non-steroidal anti-inflammatory drugs	54 (30.0)
Opioids	40 (22.2)
Serotonin reuptake inhibitor	1 (0.5)

* Some patients took more than one medication

of general practitioners to refer patients with a chronic condition to the most relevant primary specialist first. In addition, pain medicine is neither registered nor recognised as a medical specialty in Hong Kong and medical practitioners from different specialties manage their own patients who have chronic pain. There are several pain management clinics within the public health care system but these chronic pain management services are usually low-key and attract little attention. As a result, the procedure for referral from general practitioners has not been clear.

Most of our patients were referred from the orthopaedic teams. It is likely that the referrals from orthopaedics were most frequent because common chronic pain conditions are often orthopaedic in nature as reflected by the frequent diagnosis of musculoskeletal back pain (46.4%). It was however interesting to note that the prevalence of neuropathic pain in our patients was 27.8%. Neuropathic pain is defined as pain that is initiated or caused by a primary lesion or dysfunction in the nervous system.[12] The prevalence of neuropathic pain has been reported to be 1% in the general population in the United Kingdom.[13] Although our prevalence of neuropathic pain may be biased because the patients seen at the pain management clinics have been pre-selected by the referring doctors, it is important to appreciate the high prevalence of this type of complex and difficult pain. There is currently no other local data on this type of pain that is often difficult to treat.

Although our patients were from the NTE region of Hong Kong, our patients may be representative of the 6.8 million Chinese population in Hong Kong. Our out-patient pain clinic services operate on a similar referral structure as the other clinics in other parts of Hong Kong. The referral pattern is likely to be governed by the common causes of chronic pain conditions (orthopaedics) and the habits of referral by various general practitioners and specialists.

This survey highlighted the diverse nature and complexity of chronic pain patients seen at the pain management clinics. We found that chronic pain not uncommonly occurs in more than one location and patients may have more than one pain diagnosis at the same time. Our findings mirror that of other local and overseas studies.[9,14,15] In addition, 44.8% of our patients have a history of one or more co-existing medical disease that may complicate their general health condition. Most of our patients also have had their pain condition for some time. The median duration of pain in our patients was 2.3 years and the patient with the longest duration of pain had had his pain for over 26 years. When there is a delay in satisfactory pain management, many patients may develop significant psychosocial impairment.[16-18] The consequent pain behaviour and associated disability make the pain condition very difficult to manage. Overseas experience had suggested that there are often patients who could benefit from the expertise of pain management clinic staff.[19] Greater communication and cooperation between the parent specialties and the pain management clinic doctors have been recommended as they will lead to sharing of knowledge and expertise with greater patient benefits.[11] While it is unnecessary to refer all patients with chronic pain to a pain medicine specialist, it is prudent to refer difficult and complicated pain patients early to a multidisciplinary pain management facility where an integrated approach to patient management is available.

Over 37% of patients surveyed had tried four or more treatment modalities for pain management. This is not surprising given the complexity of chronic pain and its management. The most common treatments were pain-relief medications, physiotherapy, interventional therapies such as injections or nerve blocks and TCM. Of the pain-relief medications, simple analgesics and non-steroidal anti-inflammatory drugs (30.0%), tricyclic antidepressants (39.4%), and anticonvulsants (37.2%) are most commonly used. The high usage of antidepressants and anticonvulsants not only reflects the prevalence of neuropathic pain (in which these groups of medications are more effective), but also the complexity of chronic pain management where a combination therapy may be necessary to provide adequate pain relief. The prescription of opioid medication is also quite common especially with oral formulations such as a dextropropoxyphene/paracetamol combination. As these drugs are addictive, special precautions should be taken when they are prescribed long term to patients with chronic pain. Strict guidelines should be observed during treatment.

Usually a contractual agreement between the doctor and patient is made to terminate treatment if the patient does not satisfy the contract, in order to prevent drug abuse.[20,21]

Over half of our patients had also tried TCM indicating the important role played by local tradition and TCM practitioners in chronic pain management. With the recognition and introduction of TCM into the mainstream health care system locally, this treatment modality is likely to become more popular, especially when western treatment of chronic pain remains difficult and unsatisfactory. Despite the recent surge in interest in TCM, at present there is insufficient evidence to suggest that any of the TCM modalities are more effective than current western treatment or placebo.[22-24]

Most of our patients in the survey were of working age and there was a high rate (37.1%) of unemployment among them at the time of the survey. The gloomy local economy and high overall unemployment rate at over 7% during the survey period may explain the high rate in our patients, but physical and psychological disabilities of chronic pain may be contributory factors too. Chronic pain has been found to cause major loss in productivity in other settings and in other countries.[5,6] This loss in productivity is associated with a high unemployment rate which may in turn affect psychological health and social ability, with employment and financial implications. Ng et al[9] also found a similar incidence (26.5%) of unemployment in their respondents with chronic pain.

It was also possible that difficulty in finding employment has led to a greater reliance on social welfare. Patients with chronic conditions including chronic pain that affect their ability to work may apply for CSSA or DA schemes. These allowances range from HKD1605 to 3720 for single adult under 60 years old.[25] In this study, 51% of our patients were either on CSSA or DA schemes.

Over 34% of our patients had pain related to injury at work and of these, 80% were involved in compensation claims. This was somewhat different from the findings of an earlier local survey where 21% of the respondents had a work-related injury and 1% were involved in litigation related to the pain condition.[9] We received most of our referrals (64.1%) from orthopaedic surgeons who are more likely to deal with work-related musculoskeletal injury assessment and management. Compared to the general population, our patients may therefore be biased towards work-related chronic pain and compensation claims. Although we do not have data to confirm whether this is the trend in other public hospitals, it is likely that similar patient profiles do occur in other hospitals. Our results highlighted the significant cost of compensation and litigation associated with a large proportion of the chronic pain sufferers.

Conclusion

The current study found that the profile of patients referred to the pain management clinics was complex. Patients were mainly referred from other specialists. The economic implication in this group of patients is likely to be significant as a large proportion of patients utilised multiple treatment modalities, were unemployed and on social welfare benefits, and were involved in compensation and litigation proceedings.

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Appendix. Survey questionnaire

Circle as appropriate ***DATA COLLECTION QUESTIONNAIRE***

Hospital	PWH / NDH / AHNH
Gender/Age	
First onset of pain	
Referral specialty	Ortho / G Sur / Urology / Cardiothoracic / Paed Sur / Neurosurg / Dental / ENT / EYE / Onco / Obs & Gynae / Gen Med / Neurology / Psychiatric / Endo / Rheumato / GP / Private specialist / Others (specify)
Marital status	Single / Married or De facto / Separated or divorced / Others
Current employment	Unskilled manual labour / skilled trade / clerical / managerial / professional / household work / part-time work / casual work / volunteer work / retired / student / unemployed
Employed but on sick leave	Yes / No
Previous employment if unemployed	Unskilled manual labour / skilled trade / clerical / managerial / professional / household work / part-time work / casual work / volunteer work / retired / student / none
Education	Nil / Primary / Secondary / Vocational or Tertiary / Postgraduate
Pre-existing medical problems	Hypertension / IHD / Arrhythmias / CCF / PVD / DM / COAD or Asthma / Renal impairment / Bleeding disorder / Others (specify)
First seen at Pain Clinic	/ /
Currently pain diagnosis	
Location of pain	Head / Neck / Upper limb / Lower limb / Back / Chest / Abdomen / Perineum / Buttock
Injury at work place	Yes / No
Compensation claimed	Yes (In progress / Completed) / No
Currently on CSSA or DA	Yes / No
Treatment tried	Medications / Physiotx / TENS / Occup tx / Psychotx / Nerve blocks / TP injection / Epidural steroid injection / Implanted device / Others (specify)
Current pain medications	NSAIDs or paracetamol / TCA / Anticonvulsants / Serotonergics / Opioids / comb weak opioid + paracetamol / Steroid / Muscle relaxant / Others (specify)
Previously tried Traditional Chinese Medicine	No / Yes Acupun / Oral herbs / Moxi & Cupping / Tui Na Massage / Bone-setter / Others (specify)