

Hong Kong's pain

In the 30 years since the gate theory was first described by Wall and Melzack,¹ research in the field of pain has made significant advances and we now have a better understanding of the mechanisms of pain transmission and modulation, the pharmacology of analgesic drugs, and other effective methods of pain relief. Despite this increased interest in pain management, few would argue that pain and its appropriate management have received the attention that they should. Pain has always been considered a symptom of an underlying disease and treated as such, rather than as an independent entity that may be devoid of any ongoing tissue injury. The series of papers on "Pain and Pain Management" in this issue of the Journal are timely, as they highlight the status and direction of pain management in Hong Kong.

Since the introduction of an anaesthesiology-based acute pain service by Ready et al in 1988,² the management of acute pain in an organised fashion by acute pain teams has become widespread. Even in Hong Kong, acute post-operative pain has been managed safely and effectively by a pain team.³ In this issue, Kwan reports that the proportion of public hospitals in Hong Kong with an acute pain service is comparable to that found in other developed countries.⁴ Despite this, acute pain is still generally under-treated as only a small proportion of surgical patients have access to this service. The availability of this service is limited by a lack of manpower and money to purchase equipment.

It is important that high quality pain relief should be available to all patients after surgery or trauma, as it not only improves patient comfort but also influences the immediate post-operative course and long term outcome.⁵ Although the economics of an acute pain service are difficult to establish, there is social pressure and consumer demand from patients for better post-operative pain relief after surgery.⁶ It is to be expected that acute pain services will develop further and expand in Hong Kong as the demand from patients and surgeons increases.

The incidence of chronic pain in Hong Kong is unknown. In a recent morbidity survey, patients with

painful conditions presenting to general practitioners in Hong Kong accounted for about 4% of complaints.⁷ Cancer pain patients, however, have been estimated to number between 3000 to 5000 annually.⁸ In Hong Kong, most patients with chronic pain conditions are managed by specialists in other fields as the number of specialist pain physicians is small and the chronic pain services available in public hospitals are limited. While some hospital departments have not publicised their pain clinic service because they fear an enormous workload without additional resources allocated for this purpose, others have begun this service on a small scale, without additional funding and have long waiting lists. This is a 'catch-22' situation as the governing body will not provide additional funding without evidence of a high workload.

Chronic pain results in prolonged suffering, greater use of health care services, absenteeism from work with resultant increased demand on social services, and a reduction in overall economic productivity.^{9,10} It is no longer adequate to treat chronic pain patients by providing symptomatic relief alone as it should be the aim of therapy to simultaneously restore the function of the patient. Pain is a multi-dimensional human experience that involves physiological, psychological, and social influences and is most appropriately managed in a multidisciplinary pain facility. A multidisciplinary approach to non-cancer chronic pain management has been shown to be both effective and economical.^{9,11} It has also been established that cancer pain can be relieved in most patients when they are managed in pain clinics or by specialists.^{8,12}

Clearly, not all patients with chronic pain require a multidisciplinary evaluation and treatment, but those who have complex and difficult chronic pain syndromes and have failed conventional therapy, should be managed at a multidisciplinary pain facility. In Hong Kong, the trend in pain management is towards the establishment of organised pain management teams within a multidisciplinary framework.¹³ Additional resources, however, may need to be invested in this area before the benefits can be realised.

There is a need to improve the public's and the medical profession's awareness of pain and pain management techniques. More research is needed to determine the prevalence of various chronic pain conditions as well as the effectiveness of current management in our community. There is a current worldwide trend to develop pain management as a medical specialty as favourable patient outcome and economics data from various pain management centres become available. Hong Kong, which has a high standard of living, deserves and should demand, pain service of the highest calibre. With the prospect of China regaining sovereignty in the coming year, Hong Kong has the opportunity to provide leadership in pain management and research to a large percentage of the world's population.

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