

Management of chronic musculoskeletal pain in Hong Kong

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Chronic musculoskeletal pain is a common and disabling condition, with significant physical, psychological, and social impairments.¹ According to the Census and Statistics Department of the Hong Kong Special Administrative Region, it is estimated that the number of Hong Kong residents aged ≥ 65 years will increase from 0.9 million in 2011 (13% of the population) to around 2.6 million in 2041 (30% of the projected population).² A local study in 2016 reported the prevalence of chronic pain of 28.7% in the general population; 83.1% reported more than one site of pain, and 5.8% reported eight or more sites of pain around the body.³ The prevalence is higher in the older population, with 70% adults aged ≥ 60 years reported having chronic pain of moderate intensity; the most common sites were the knee (48.3%), back (34.7%), and shoulder (28.1%).⁴ It is expected that individual and socio-economic burdens of chronic musculoskeletal pain will increase with the ageing population in Hong Kong, requiring a multi-level integrated response.

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Chronic musculoskeletal pain is commonly encountered in primary care.⁵ The role of primary care physicians is to assess, to diagnose and to manage treatable and modifiable causes. They also act as gatekeepers, identifying suitable candidates for secondary care. More importantly, primary care physicians help individuals with chronic pain to maintain the optimal quality of life.⁶ Chronic musculoskeletal pain, whether a result of trauma, infection, tumours, or other orthopaedic conditions with surgical implications, is managed by orthopaedic surgeons. For refractory pain, patients will be referred to pain clinics for more invasive interventions such as nerve blocks or spinal injections.⁷ The majority of residents in Hong Kong have Chinese ethnicity, so traditional Chinese medicine also plays an important role in the care

of chronic musculoskeletal pain with treatments such as acupuncture and joint manipulation.⁸ Other allied health professionals, such as physiotherapists, occupational therapists, pain nurses, dietitians, psychologists, pharmacists, prosthetists, and orthotists also contribute substantially to the management and rehabilitation of various chronic musculoskeletal pain conditions. Despite having groups of experts in different fields in Hong Kong, there are major challenges to pain care, including over-reliance on the biomedical view of pain, inadequate emphasis on the biopsychosocial approach, a lack of service models to streamline communication, and a lack of cooperation and collaboration among disciplines.

Multidisciplinary care for chronic musculoskeletal pain

As healthcare systems internationally and in Hong Kong shift from promoting biomedical models of chronic pain to biopsychosocial models, multidisciplinary or interdisciplinary pain management models are encouraged.⁹ The team consists of multiple health providers from different disciplines with sufficient professional breadth that integrates through frequent communication and common goals to comprehensively address the biopsychosocial model of pain.¹⁰ The treatment- and cost-effectiveness of such pain management programmes have been well documented in the scientific literature, and their implementations have been successful.¹¹ However, most of these programmes have been operated either in secondary or even tertiary care, where pain conditions are already chronic, complicated, and refractory. Therefore, we believe effective models of care should also be implemented in primary care. Timely and comprehensive management initiated in primary care can potentially avoid the course of development into chronicity. One example is “Turning Pain into Gain,”¹² a multidisciplinary chronic pain programme implemented in one of the Primary Health

Network in South East Queensland, Australia. This programme resulted in significant improvements in medication management, participant self-efficacy, and self-reported hospitalisations.¹²

Newer concepts for model development

The traditional model of medicine and medical science, which attempts to attribute musculoskeletal symptoms to a pathological diagnosis, has hindered the development of a more rational and effective approach to chronic pain care. This approach considers pain as the only guide to the underlying pathology and overemphasises diagnosis and attempts at cure. This approach ignores the status of pain and its related disability which warrant assessment and management of its own.¹³ There is a conceptual shift to place symptoms and their impact on daily life at the centre of primary care management.¹⁴ Furthermore, care should focus on individuals with co-morbidity rather than a distinctive single musculoskeletal diagnosis, incorporating psychological and social context in the management.¹⁵ Musculoskeletal pain is almost inevitable in the lifetime of an individual,¹⁶ and the resulting disability may diminish the opportunity for active and positive approaches to care. Therefore, promotion of active self-management, exercise and positive thinking are essential in supporting individuals with chronic pain.^{17,18} Platforms that facilitate communication between physicians, surgeons, and allied healthcare professionals enhance knowledge exchange and ultimately improve chronic pain care.¹⁹ Because managing chronic musculoskeletal pain is one of the largest workloads in primary care, knowledge, training, and enthusiasm must be strengthened.^{6,14} Other directions are possible alternatives, such as supporting and training healthcare professionals other than doctors to undertake the role of gatekeeper, such as permitting direct access for patients to advice from physiotherapists and pharmacists. These could be especially effective in areas where access to medical care is difficult.^{20,21}

Reference framework of chronic musculoskeletal management in primary care

In addition to shifts in focus from unidisciplinary to multidisciplinary care, from passive treatment to active self-management, and from the complete cure of pain to living with the pain, another important change is from secondary to primary care. Primary care management should be holistic and evidence-based. Recent high-quality guidelines are available; however, there continues to be a relative lack of high-quality primary care-focused research in

chronic pain. Further education, research, and resourcing targeted at primary care management of chronic pain are required to ensure efficient and effective evidence-based care. To facilitate all these, a task force formed by a group of experts is now working on a new reference framework for chronic musculoskeletal pain management in primary care settings. This reference framework aims to identify guidelines, models, and projects that represent the most comprehensive approach to managing chronic musculoskeletal pain, using the best available evidence that is relevant to the local healthcare context. The framework will determine successful elements in treating chronic musculoskeletal pain, as well as preventive strategies and blueprints for the promotion of overall musculoskeletal health.

Author contributions

All authors contributed to the Editorial, approved the final version for publication, and take responsibility for its accuracy and integrity.

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